

Working Together to Reduce Health Disparities in Calhoun County

A Project 20/20 Leadership Meeting

March 24, 2010

Burnham Brook, 7:30 a.m.



Welcome and Opening Comments

Talia Champlin opened the meeting with introductions and an overview of the meeting agenda. The topic for the meeting was “Working Together to Reduce Health Disparities in Calhoun County.” Talia reminded attendees that Project 20/20 facilitates these important conversations among leaders and community members. The meeting presenters are the individuals doing the work and need our support. Project 20/20 is in the process of forming strategic alliances with collaborative organizations/coalitions currently addressing Project 20/20’s focus areas: economic development, education, healthcare and youth engagement. Talia then introduced Jill Wise of the Regional Health Alliance, Project 20/20’s strategic alliance partner focused on health.

Jill Wise – Regional Health Alliance

Jill Wise gave an overview of the Regional Health Alliance (RHA). The RHA is a regional public-private partnership working to improve the community’s health. The RHA has six Issue Action Groups working to address the community’s largest health concerns: Maternal and Infant Health, Access to Care, School Wellness Program, Choose Health, Teen Pregnancy Prevention and Minority Health Partnership.

One of the RHA’s goals for 2010 is to address health disparities among vulnerable populations in Calhoun County. The RHA wants every Calhoun County resident to be able to achieve the same quality and years of healthy life, regardless of race, ethnicity, language, gender, age, income and education. Health disparities are defined as “the differences in the incidence, prevalence, mortality, burden of diseases and other adverse health conditions or outcomes that exist among specific population groups” (source: The Michigan Department of Community Health). Examples of health disparities are: 1) African American infant deaths occur almost three times more often than white infant deaths, 2) African Americans and Latinos/Hispanics are 50% more likely to die from heart disease than whites and 3) African Americans are 60% more likely to die from diabetes than whites. These are examples of racial/ethnic disparities. However, health disparities can also be attributed to those that are uninsured and impoverished. The RHA is working to gather information about local disparity statistics in Calhoun County to share with the community. It is recognized that certain filters need to be put into place to collect and separate data to target the areas in need. The RHA is working with providers to ask those questions needed to address this issue.

After several meetings on this topic, the collective shared vision for Calhoun County is that we will have 1) changed health indicators, 2) helped each other grow and heal, 3) established a new expectation of love, kindness, generosity of spirit and 4) helped future generations. The RHA’s goals for 2010 are three –fold. First, there must be increased awareness and enhanced understanding of health disparities. Secondly, the community must be engaged. Lastly, the community must develop intervention strategies to reduce and eventually eliminate this concern.

The RHA has asked each one of their Issue Action Groups to develop at least one strategy to address health disparities in 2010.

All local leaders are needed to address this problem. Each sector can take action to address this issue. To be effective, we need to develop strategies that involve dedicated and coordinated efforts involving all sectors of our county. The healthcare sector can support programs that serve vulnerable populations and promote culturally acceptable prevention disease management. Schools can add preventative messages to their education curriculum. Higher education can work to increase the number of ethnically diverse/culturally competent providers. Businesses can create work-based screening programs and self management education among employees. The media can implement public awareness messages on health disparities. The community can mobilize and promote messages and use of lay health workers among faith-based and other community organizations. These are only a handful of action items that can be implemented. We must identify how policies and programs can be strengthened and identify evidence-based interventions that can be replicated in Calhoun County to reduce health disparities.

Group Discussion and Input

Following the presentation, members were asked to consider the following question: **What ideas do you have to help achieve the three goals for addressing health disparities? What barriers exist?**

An individual from each table shared the top 2 - 4 key points with the group. Please note, the record of all additional notes taken is at the end of this document.

Summary of Key Ideas Reported by Each Group

- Education of middle school students (especially health), bring the message back to parents
- Must be comfortable and confident to talk about race – racial component, constructive conversation about the facts, safe topic to talk about it in health
- Root Causes: misinformation, educational level, employment disparity
- Use AccessVision: to share DVD series with a 3-4 member, racially diverse panel discussion
- Exciting Media Campaign: NOT dull – people will tune out
- Video Project: youth videographers capturing health issues, solutions
- Communication from someone that “looks like me”
- Need for a cross-culture of people to deliver message
- Economics may be as important as race
- Mentoring
- Avoiding pregnancies
- Make sure children have basic life skills
- Replicate the message
- Implement wellness programs in organizations
 - Bring in outside resources to help where appropriate
 - Include multiple aspects to appeal to all (fitness, weight loss, nutrition, long-term health)
 - Make it social and fun (corporate cup, friendly competition)

- Partner with other groups/organizations (design to create health education and screenings)
- Implement a “community wellness” mentality program
 - Faith-based focus
 - Grassroots/community
 - Beyond messaging through local media
 - School-based involvement
 - Create multiple areas for accessibility

Summary of Key Barriers Reported by Each Group

- Access to higher education
- Pregnancy/crime
- Partnerships between schools and organizations
- Lack of control over poor home situations
- Money/insurance
- Parents don’t have the skills to educate kids
- Location of service
- Financial limitations – lack of resources, limits many people in our community

Members were then asked to share with their group how they could personally help the Regional Health Alliance accomplish their goals. Talia announced that the Regional Health Alliance is also holding a series of Community Dialogue discussions on health disparities. Below is an outline of upcoming events:

Community Dialogue: Health Disparities
Calendar for 2010 Discussions

Date/Time	Agenda
Thursday, May 13, 2010, 7:30 – 9:00am BCHS Outpatient Center Conference Rooms Light breakfast will be served	<ul style="list-style-type: none"> • View “Place Matters” (29 minutes): Where you live predicts your health • Discussion
Thursday, July 15, 2010 Noon-1:30pm Family Health Center of Battle Creek Sanitas Conference Center Lunch will be served	<ul style="list-style-type: none"> • View “In Sickness and In Wealth” (56 minutes): What connections exist between healthy bodies, healthy bank accounts and skin color? • Discussion
Wednesday, September 29, 2010 7:30 – 9:00am Location to be determined Light breakfast will be served	<ul style="list-style-type: none"> • View “Becoming American” (29 minutes): Latino immigrants arrive healthy but don’t stay that way • Discussion
Thursday, November 18, 2010 4:30 – 6:00pm Location to be determined Snacks will be provided	<ul style="list-style-type: none"> • View “Bad Sugar” (29 minutes): Diabetes in two Native American communities • Discussion

Closing Comments

Members were encouraged to attend the next Project 20/20 event on April 20th from 4:30 – 6 p.m., location TBD. The topic for the community forum will be “Developing Community Solutions to Eliminate Health Disparities.” Members were also reminded of the next Leadership Meeting on May 26th from 7:30 – 9 a.m. in the Valentine Room at the Burnham Brook Community Center. The topic for that meeting will be youth engagement.

Members were asked to complete a survey, make a donation, become a fan of Project 20/20 on Facebook or follow our tweets, visit the Project 20/20 website at www.BCProject2020.com and invite others to join us.

Compilation of Additional Ideas Taken from Table Top Note Pads

- Transparency of programs
- Crossing self-inflicting boundaries
- Need one-on-one communications – willingness to take the time to build the relationship
- Insensitivity on the presentation/communication of the messages
- “Grooming” to take leadership in this area
- Chiropractic/alternative care
- Behaviors yield results regardless of race/ethnicity
- Are the supporting dominoes in place?
- Programmatic question – do you address the whole population or only a targeted population?
- Educate: those already engaged in the issues – so we identify root causes before embarking on a major sharing effort of only statistical information
- Promoting Walking Groups: we have the Linear Path – healthy communities walk everywhere (Seattle, Ann Arbor, Madison, WI)
- Utilize Churches and Schools: add content to special events
- Use technology to educate, digital medical information
- Get the data/facts out into the public
- Find the target population and figure out how to reach them, solicit grassroots feedback
- Look at successful communities
- Community collaboration
- Data collection (bottom-up)/dissemination
- Enhanced partnership between groups
- More community dialogue
- Develop a “community mission”
- T.C.C.
- Leadership needs to change the way they do business (healthy = education)
- Preparing vulnerable kids for life (productive)
- Making this issue an action item in the community

Compilation of Additional Barriers Taken from Table Top Note Pads

- Comfort level
- Engagement and empowerment of minority community to create solutions
- Language barrier in medical situations

- Lack of understanding of root causes of disparities
- Confidence that this can be resolved (corresponding efforts)
- Frustration
- Age related issues related to accessing care
- Structural issues related to disparities
- Complexity of issue – alignment of resources
- We don't understand how constant messaging of racism impacts health
- Media promotes unhealthy behavior
- Lack of education
- Existing school curriculum
- Lacking “life skills”
- Access vs. accessibility
- Transportation
- Service that isn't just 9 – 5
- Communication – social media, local media, multiple entry points
- Traditional mindsets vs. current realities
- Impact of food on health/wellness – quality, accessibility, nutritional elements