

**University of Hawaii at Manoa Department of Public Health Sciences and Epidemiology**  
**Engaged Institutions Initiative (EII)**  
**Racial & Ethnic Health Disparities:**  
**Schools and Graduate Programs of Public Health Respond as Engaged Institutions**

MINUTES: of May 11, 2007 UH Department of Public Health Sciences and Epidemiology Third Meeting with Community-Campus Partnership

ATTENDEES:

MINUTES prepared by: Courtney Johnson

**Purpose of Community Partnerships:**

- 1) To address racial and ethnic health disparities through development of more service learning/training/research collaboration among community and campus partnerships including more linkages with the State Department of Health
- 2) To strengthen the community network and support that believes and wants to rebuild the UH's Office of Public Health Sciences back into School of Public Health

The agenda for the May 11, 2007 meeting was to be the following:

1. Networking time over lunch
2. Announcements, Upcoming Events: Valerie Yontz
3. Health Disparities Service-Learning Collaboration Grant: Jay Maddock, PhD & Valerie Yontz, PhD
4. Panel Title: Dos and Don'ts of Community Collaboration and Best Practices (Nancy Partika, Moderator)
5. Group Discussion on Panelists' main messages

**1. Networking time over lunch**

Attendees were asked to find one new person that they did not know and introduce themselves.

**2. Announcements, Upcoming Events**

- a. Upcoming conferences and meetings
  - ✓ He Huliau : A Turning Point Eliminating Health Disparities in Native Hawaiians & Pacific Peoples: Health Disparities & Health Policy 2007
    1. May 18-19, 2007 at Hawaii Prince Hotel
    2. Department of Native Hawaiian Health
  - ✓ Pacific Global Health Conference
    1. June 19-21, 2007 at East West Center
    2. Hawaii Public Health Association
  - ✓ American School health Conference
    1. July 9-13 at Ala Moana Hotel
    2. www.ashaweb.org
  - ✓ CCPH Service Learning Institute
    1. July 20-23, 2007 at Leavenworth, WA
  - ✓ 4<sup>th</sup> Community Partnership Gathering, Sept. 28, 2007
  - ✓ APHA Conference

Last modified 2-6-07

1. November 3-7, 2007 at Washington, DC
2. Call for abstracts closed
- ✓ 5<sup>th</sup> Community Partnership Gathering, January 25, 2008
- b. UH Manoa Office of Public Health Website:
  - ✓ <http://www.hawaii.edu/publichealth/index.html>
- c. Other Announcements
  - ✓ Senior companion programs at DHS
    1. Recruiting healthy seniors to care for frail elders
  - ✓ UH MPH certificate program
    1. Rural, underrepresented minorities scholarships available
    2. Some courses in fall, see website (<http://www2.hawaii.edu/~mchtp/>)
  - ✓ National Hepatitis Awareness Month
    1. HIV/AIDS Awareness Day, Fort Street Mall
  - ✓ Kokua Mau (End of life and palliative care coalition)
    1. Trainings in and out of facilities
    2. Speakers Bureau

### 3. Health Disparities Service-Learning Collaboration Grant

- ✓ 1 in 12 national public health programs to receive this grant
- ✓ 1 in 7 to address service learning to address health disparities
- ✓ Includes professional development and training
- ✓ In progress to contract with Dr. Eugenia Eng (UNC School of Public Health) to provide community-based participatory research (CBPR) in photo voice in the Fall
- ✓ Pairs up students and faculty and community

Other announcements:

-Department of Public Health Sciences has been changed to Office of Public Health Sciences)

Huge improvements made for accreditation

- ✓ will know results in October
- ✓ recruiting faculty for new programs

Valerie provided overview of last two meetings

### 4. Dos and Don'ts of Community Collaboration and Best Practices Panel

**Keoni Kealoha Devereaux, Jr., MS, PhD**, Executive Director, Epilepsy Foundation of Hawaii and President, Hawaii Caregivers Institute for Social Responsibility (handout provided)

#### a. History of Health Disparities

1. Persistent differences in health outcomes over time
2. Eugenics (Racial inbreeding)
3. Some think Alzheimer's is mental disorder (esp. Hawaii)
4. What does race measure?

#### b. In Hawaii, people generally don't talk about health disparities (we are "aloha"- this is on the surface)

1. Growing animosity towards immigrants
2. Need to educate all groups
3. Need to look at the leaders who make decisions on policies and decisions for all of us

4. Responsibility to teach all incoming immigrants about our culture, laws and protocols (fair services)
- c. Overall, community collaboration related to health disparities starts from within
  1. Must continue to evaluate your personal biases
  2. Most people who never left the islands, truly never had the chance to see effects of disparities
  3. Distrust, ego, animosity take over
  4. Don't blame laws, beurocracy, etc but watch over the people making the decisions

**Joan Dodgson, RN, PhD**, Director of Center for Advancement of Health Disparities Research at UH School of Nursing (see powerpoint)

- 1) Do Your Homework
  - i) What is the history of the community?
    - (1) Historical trauma
    - (2) Proper etiquette to be respectful
    - (3) Epidemiology (health issues)
  - ii) Problems interpreting the culture inappropriately
  - iii) Don't Make assumptions about cultural norms
  - iv) Know stakeholders in the community
  - v) Do prep-work before approaching the Community
- 2) Have respect and build trust
  - i) Recognize:
    - (1) It is a collaborative process
      - (a) Equal partnerships or sometimes less than equal for researchers
        - (i) May need to step back– sometimes community needs more control
      - (b) Takes time and energy
      - (c) Listening and hearing
      - (d) Concessions but no reduction in the quality
      - (e) Quality in the process services everyone
      - (f) Collaboration in all products of the research
    - (2) Know what you bring to the table (researchers)
      - (a) strengths
      - (b) biases
      - (c) What will the community find useful
      - (d) What can be realistically given to community
    - (3) That the community members are the experts about their community
      - (a) Don't assume you know anything about the community
      - (b) Take time to hear what the community needs
      - (c) Their role is to protect their community from researchers who run away
- 3) Essential Perspectives
  - i) Honesty about deliverables
  - ii) Flexibility
  - iii) Comfort with sharing decisions

\*The researcher must meet the needs of the community first then their own- we are not doing this.

\*Do initial visits to meet the need of the community and take meetings slow and get each other.

**Mary Oneha, APRN, PhD**, Director of Quality and Performance at Waianae Coast Comprehensive Health Center (WCCHC) (see powerpoint)

- 1) Do's of Community Collaboration (keep all in mind)
  - a. Value
  - b. Effectiveness
  - c. Sustainability

\*Have turned many researchers away  
\*Support for Public Health very important
- 2) Know what communities value
  - a. Assets, strengths
  - b. What keeps them going
  - c. What makes them proud
  - d. What do they want to know?
- 3) How to define your community
  - a. Sometimes academic issues not a priority issue for that community
- 4) Communities expect:
  - a. Respect
  - b. Shared responsibility
  - c. Time to know them
  - d. Less talking and more listening and asking questions
  - e. Disclosure and transparency
  - f. Equitable resources
- 5) Be Effective
  - a. Make a difference
  - b. Integrate community assets, strengths
    - i. Know challenges, ethnicity, priorities
  - c. Design doable and/or realistic methodology and/or intervention
    - i. Ex. Unsheltered homeless- difficult to conduct longitudinal data
  - d. Involve community members and/or staff
- 6) Focus on sustainability
  - a. Are you coming from the same worldview as the community you would like to have a relationship with
    - i. How do you understand health? Access to health or healthcare access
  - b. Commit to dissemination or knowledge mobilization to benefit the community
    - i. How do academic publications benefit the community
    - ii. Use fact sheets, etc for community
    - iii. Stay vested after publication
    - iv. Write in laymen's terms
- 7) Don'ts of Community Collaboration
  - a. Come into community with a developed proposal already
    - i. Come empty handed (not just \$, trainings, share knowledge)
    - ii. Push unrealistic timeframe
    - iii. Come in and leave once project is completed, be sure there has been some translation to practice
    - iv. Expect staffing, space, equipment, and other resources are readily available

- v. Ask CBO to just sign a pre-formatted support letter (bring example)
- 8) Benefits of Collaborations to communities
  - a. What the University provides
    - i. Expertise that may not be readily available
    - ii. Opportunity to raise questions from different perspectives
    - iii. Access to funding and resources
    - iv. Opportunity to expand the role of health professionals in a community setting
    - v. Assistance to work towards facilitating a healthy and sustainable future for communities
- 9) Benefits of Collaborations to University
  - a. What the Community provides
    - i. Population/data
    - ii. Practice base
    - iii. Expertise in community traditions, governance, access, achievements, challenges, etc
    - iv. Infrastructure
- 10) Conformance
  - a. Price of Conformance (“price” of doing it right)
    - i. Time, resources, money
  - b. Price of Non-conformance (“price” of doing it wrong)
    - i. Cost of waste (COW)
    - ii. Can isolate communities
    - iii. Decrease trust
- “Talk the talk, and walk the walk!”
- “Believe there is light at the end of the tunnel. You can be the light for someone.”

**Elaine Andrade, RN, MBA, Coordinator of Office of Equity**

List of Do’s and Don’ts provided in handout

- 1) Most accented
  - i) EVALUATE, EVALUATE, EVALUATE
  - ii) Employ customer satisfaction surveys on a regular basis and use feedback to improve program
  - iii) TRAIN, TRAIN, TRAIN capacity of staff and existing providers, administrators, and direct-service staff on cultural competency

**ACTION: Val to send all speaker powerpoints and handouts**

**5. Group Discussion on Panelists’ Main Messages**

Keoni’s comments

- When you start asking questions, the Native Hawaiian community thinks something is wrong with them because they are researched so much
  - Need to look at community collaboration for locals, mainlanders, Filipinos, other Micronesians
  - Holistic approach

- Other disparities—elderly, gay/lesbian
- PH 2010 and this grant/funder says race and ethnic disparities
  - We will focus on others (education, SES)

Take home messages and comments from Toronto conference

- Social change, social justice
- Much on Aborigine culture
- 650 attendees
- 1<sup>st</sup> Nations well represented
- Many different tribes
- Canadians and Americans
- How To's of engaging community and reconcile collaborations
- Both academics and community members sharing trials, tribulations, successes, ideas, suggestions
- Community can help write journal articles

Other comments

- Must be complimentary of population
  - Don't create bias
  - Need infrastructure, relationships, how to put out message effectively
  - Ex. Who are you targeting for the underserved
    - Use stakeholders and find way into that community
- Intimate partner violence at KKV, Kalihi-Palama and WCCHC study
  - Who to contact to conduct focus groups
  - How to maintain “pono” in relationships (verbage appropriateness, safety issues, etc)
  - These are small communities and people know who to go to for specific issues
  - **\*Possible Service Learning Opportunity?**
- Guidelines for “underserved” (federal?)
  - Native Hawaiian
  - Chuukese
  - Ilocano (Filipino)
    - Race vs. language

**ACTION: Val to send Guidelines for Students (Agreement)**

- What help do communities need to apply for grants?
  - Depends on the community
  - Maybe tech support, financials, space, time, etc
- “Data is information, Information is Power”
  - Help communities empower themselves
  - Make information available and understandable
  - How to make data understandable so it's useful
    - Clear, empirical
    - Translate appropriately
  - Individuals/groups from communities requesting data
- Suggestion to formalize the education piece

- Offer cultural competency course
- Community lectures in classes to show experience
- Suggestion to integrate cultural competency into all classes vs. one class on it
- Suggest not use cultural (“loaded” word) competency and use “appropriateness” instead
  - It’s a continuum with no endpoint
  - Always talking about ethnic minorities with cultural competencies
- Teach ethnic minorities about the rest of the world and big picture to address their misunderstandings
- It’s not about minority but what is out there
- Based on stereotyping but many variations within groups
- Can be destructive to focus on specific groups
- Val’s students learned that people are most defined by their values
  - **Comes down to how we treat people**
- A lot of focus on differences vs. similarities or common threads
- Jonathon Mahn- social justice
  - Put people in social justice positions and they will likely take on that role
- Girls should be educated along with boys to effect Women’s Health

**Challenges:**

- What causes disparities?
- How are we interpreting health disparities and are we on the same page
- Remember historical trauma

**6) How to proceed-Next steps**

- a. Change terminology of races
  - i. How to better address smaller groups
  - ii. Language vs. race
- b. More open mind at Health Disparities Conference
- c. How to address schools
  - i. School health needs a lot of health
- d. What is the definition of community?
  - i. Each group of “Native Hawaiians” is different not just by geography (urban vs. rural, island)
- e. Lacking coordination of health disparities but also figuring out what they are doing each day
  - i. A lot of overlapping, need more communication within departments (university) and organizations
- f. A lot of skills within the department that the community does not know about
  - i. Community can tap into resources at department
- g. Many interrelated issues (gender, religion, food, abuse, war, values, pains, dreams)
  - i. Need to be sensitive to these things
- h. Class to show the dynamics of communities and organizations
- i. Sustainability of grant
  - i. We are building relationships and some infrastructure with this grant
  - ii. Only small amount of money
  - iii. Make all projects that come out of this grant sustainable
  - iv. Opportunity for demonstration, then hopefully convert to bigger things

**Action Items:**

- 1) Identify steps to coordinate agencies**
- 2) One-page overview of faculty interests and expertise to share with community**
- 3) List serv**
- 4) Add page to website to show progress and actions of the grant**

**Next Meetings:       Friday, September 28, 2007**  
**Friday, January 25, 2008**