

Engaged Institutions Initiative (EII)

Racial & Ethnic Health Disparities:

Schools and Graduate Programs of Public Health Respond as Engaged Institutions

Consultation Visit (Eng & Freeman)

MINUTES of September 29, 2006 UH Department of Public Health Sciences and Epidemiology Meeting with Engaged Institutions Initiative Consultants: Dr. Eugenia Eng (UNC School of Public Health) and Dr. Elmer Freeman (Center for Community Health Education Research and Service, Boston, MA)

ATTENDEES: See attached participant list

MINUTES PREPARED BY: Courtney Johnson, MPH—Evaluation Associate at UH Public Health

The agenda for the September 29, 2006 meeting was to be the following:

- A. Ice Breaker with Mr. Freeman
- B. Welcome and Introduction with Dr. Jay Maddock, Department Chair
- C. Case Examples of Community-Campus partnerships-PH Students--Nia Aitaota and Sheryl Raneses
- D. History of CCPH and Engaged Institutions Initiatives with Dr. Eng
- E. Academic overview of health disparities definitions with Dr. Eng
- F. Concept Mapping of Health Disparities Causes in Hawaii with Eng/Freeman
- G. Concept Mapping of Achieving Health Equity with the new School of Public Health
- H. Writing a vision statement for the new School of Public Health—Group Process
- I. Closing: Next Steps for continuing community-campus partnerships with Dr. Valerie Yontz

A. Ice Breaker

Attendees were asked to state their name and the meaning behind it.

B. Welcome and Introduction

The School of Public Health closed in 1999 and was integrated into the Medical School as the Department of Public Health Sciences and Epidemiology. In August 2005, the Centers for Disease Control and Prevention (CDC) awarded funding to the Department of Public Health Sciences to develop a strategic plan to rebuild an Asia-Pacific School of Public Health (SPH).

Much progress has been made in gaining accreditation from the Council on Education in Public health but much more work is needed to develop a new SPH at UH. The department faculty has been hard at work on the strategic plan, which includes community input at last year's Global Public Health Meeting, key informant interviews with deans of Schools of Public Health around the country, and facilitated sessions with the faculty to update the vision, mission, goals and objectives. In this next phase, community input will be emphasized with the concept mapping we will be implementing today.

C. Case Examples of Community-Campus Partnerships

1) Nia Aitaota of Papa Ola Lokahi

- We see individuals versus the department/school/university (Dr. Grove, Dr. Katz, etc)
 - Usually see Dr. Braun as an individual vs. part of UH faculty
- One role of UH is to equip the students to be leaders
- “Researchers need to know their place” with CBPR
 - Not always coming into the community already with a question
 - Both need to meet half way
- We generally stick with who we know and trust

Overall recommendation:

Sponsor/mentor a professor in the community program

2) Sheryl Raneses of Kokua Kalihi Valley and UH Public Health student

- Current CBPR with UH: “Obesity-related health disparities”
- Work with the Department of Native Hawaiian Health and JABSOM
- Completed a community needs assessment
 - Showed that community not utilizing many of the facilities available
- Developing a curriculum based on Diabetes Prevention Program (DPP)
- Want to work with researchers that will stay and help after research completed

Overall recommendation:

UH SPH needs to provide research training to the community partners

D. History of CCPH and Engaged Institutions Initiatives

Community-Campus Partnerships for Health (CCPH) is a nonprofit organization that promotes health (broadly defined) through partnerships between communities and higher educational institutions. Founded in 1996, we are a growing network of over 1,200 communities and campuses across North America and increasingly the world that are collaborating to promote health through service-learning, community-based participatory research, broad-based coalitions and other partnership strategies. These partnerships are powerful tools for improving higher education, civic engagement and the overall health of communities.

Twelve schools and graduate programs of public health are taking on the challenge of becoming engaged institutions focused on eliminating racial and ethnic health disparities as participants in the **Engaged Institutions Initiative** funded by the **W.K. Kellogg Foundation**. The Foundation defines engaged institutions as "institutions that invest in lasting relationships with communities these relationships influence, shape, and promote the success of both the institution and the community." In supporting the Engaged Institutions Initiative, the Foundation seeks to be a catalyst for the development of sustained efforts by schools and graduate programs of public health to eliminate racial and ethnic health disparities in partnership with communities.

E. Academic overview of health disparities definitions

The following are the various definitions that Dr. Eng cited and showed on powerpoint:

- 1) Differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among specific population groups in the United States. NIH, 2000
- 2) Differences that occur by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation. US DHHS, Healthy People 2010, 2000
- 3) Racial or ethnic differences in the quality of health care that are not due to access-related factors or clinical needs, preferences and appropriateness of intervention. IOM, 2003
- 4) Health Disparities Research (HD) includes basic, clinical and social sciences studies that focus on identifying, understanding, preventing, diagnosing and treating health conditions such as diseases, disorders, and such other conditions that are unique to, more serious, or more prevalent in subpopulations in socio-economically disadvantaged (i.e. low education level, live in poverty) and medically underserved rural and urban communities. NIH, 2003
- 5) “We [Dr. Eng’s School of Public Health in North Carolina] define health disparities as inequities in the health status of populations resulting from differences in socioeconomic status, the environment, economic policies, and social systems and processes which systematically place certain population subgroups* and communities at social, institutional and economic disadvantage. These inequities result in disproportionately higher rates of death, disease and disability and have adverse consequences on the physical, mental, spiritual and social well-being of population groups who historically and currently do not experience equivalent social advantage.” UNC-CH, Draft 2006
 - *For example: African Americans, Native Americans, Hispanics/Latinos, Asian Americans, Hawaiians and Pacific Islanders, People with Disabilities, LGBTQ, people with lower incomes.* UNC-CH, Draft 2006

F. Concept Mapping of Health Disparities Causes

Attendees were given large index cards and asked to complete the sentence below and post the response on the wall. The cards were then clustered into larger subgroups and are listed below.

A major characteristic of health disparities in Hawaii is.....Things to think about:

- What kind of differences are there?
- What is health?
- Health is more than disease and illness

Clusters & Items for Characteristics

1. SES

- a. Cost of living (2)
- b. Financial
- c. Class
- d. Income (2)
- e. Money
- f. Low SES

2. Education and Research

- a. Education

- b. Educational level
 - c. Access to education, housing, cultural support
 - d. Funding for research we don't need
 - e. Lack of data and understanding of the health disparity gap
- 3. Access/Geography**
- a. Maternal and child health
 - b. Lack of health education for minorities without charge
 - c. Teamwork
 - d. Social isolation
 - e. No advocate for new immigrants
 - f. Technology
 - g. Access and availability of:
 - i. Opportunities
 - ii. Care
 - iii. P/A options
 - h. Access to service (cultural, economic, linguistic, geographic barriers)
 - i. Transportation
 - j. Access
 - k. Unequal access to quality care
 - l. Lack of services in rural areas, especially on neighbor islands
 - m. Geography
- 4. Dental**
- a. Poor/No dental care (no teeth)
 - b. Dental
- 5. Language and Diversity**
- a. Racial/ethnic diversity
 - b. People may think different but use the same words
 - c. Many languages: lack of translation and interpretation
 - d. Language barriers
 - e. Lack of free interpreters to access minorities for health and medical/dental
 - f. communication
- 6. Insurance**
- a. Lack of medical and dental insurance for those who don't qualify for Quest or unable to pay
 - b. Medical insurance
 - c. No insurance or inadequate insurance
 - d. Insurance
 - e. Homeless population- No phones or addresses
 - f. housing
- 7. Culture**
- a. Ethnic and cultural differences
 - b. Cultural diet
 - c. Cultural sensitivity
 - d. Cultural-native Hawaiians
 - e. Not culturally sensitive
 - f. Cultural influence
 - g. Language and cultural barriers
 - h. Cultural conflicts

8. Obesity and Chronic Disease

- a. Exercise
- b. Obesity
- c. Mortality from chronic diseases

9. Survivors

- a. People who have stressful lives, trying to survive
- b. Victims of U.S. nuclear testing in the Pacific
- c. People who have experienced historical trauma
- d. People who have been discriminated against
- e. Burden is disproportionately represented in Hawaiian community
- f. Perceptions of health and illness (culture)
- g. Pacific islander/Hawaiian ethnicity

10. Political structure

- a. Huge SES gap between the “haves” and “have nots”
- b. Gap between rich and poor

11. Issues of Medical System

- a. Raising funds for referrals to private MD’s and DDS
- b. No coordination of medical services at low cost clinics

12. Dualism

- a. Reality vs. TV
- b. Simplicity vs. complexity

G. Concept Mapping of Achieving Health Equity with new School of Public Health

To help in the writing of a vision for the new School of Public Health, attendees were asked to complete the sentence below and write on an index card to be placed on the wall. Again, these were clustered into smaller subgroups, which are listed in detail below.

If we were to achieve health equity in Hawaii, the UH new School of Public Health would look like.....

Clusters---Items for achieving health equity

1. Integration

- a. Research sites in the community integrated with school of education, social work, medicine and judiciary
- b. Integrate public health into other programs (i.e. education, social sciences)
- c. An integrated interdisciplinary system where resources were known about and shared by all. All would work on parts of the same problem: health disparities
- d. Faculty and staff would reflect ethnic population of the community
- e. Faculty, staff and students represent more native Hawaiians and other Pacific islanders
- f. Have guys

2. Community Based Participatory Research (CBPR)

- a. Cultivate long-term community relationships
- b. Much expanded CBPR
- c. Produce highly skilled graduates for CBPR activities
- d. Community partnerships for training, research, funding and outreach
- e. Vibrant facilitator for cultural interchange

- 3. Increase Skills (i.e. Health education)**
 - a. Produce community health educators
 - b. Increase number of MOH/DrPH working in hawaii communities
- 4. Two-Way sponsorship**
 - a. Reflect communities' realities
 - b. Include adjunct faculty from community who may be without degrees
 - c. Mentor programs that go both ways—community and academics
- 5. Relationship Building and Partnerships**
 - a. Responsive to community identified needs
 - b. Inter-university partnership/coordination
 - c. Place accessible to community and recognized by community as place to partner with on improving their group's health
 - d. Cooperative extension and continuing education development
 - e. Mechanism to reach each faculty member based on needs (central access)
 - f. Community advisory board made up of community agencies for input into community issues and concerns
 - g. UH public health faculty as community resources
 - h. Marketing the university outside of research and education to improve the perception in the community
 - i. Community unable to access a funding mechanism for coordinating multiple grants at different departments/schools at the university
- 6. Healthy Workplace Environment**
 - a. Healthy workplace/gym
 - b. FUN!!
- 7. Funding and Grants**
 - a. Supported by local and national funders
- 8. Culturally sensitive approach and classes**
 - a. Have a strong focus on prevention
 - b. New courses on prevention services
 - c. New technological program for public health students
 - d. Vision: new professors from third world countries
 - e. Have culturally specific/sensitive classes for research, etc
 - f. Oversight training and encouragement of other goals related to changes in science
 - g. A strong track (focus) on issues of discrimination (ethics, social responsibility)
- 9. Health education in elementary and secondary schools**
 - a. Support for sequential K-12 standards based health education, taught by qualified instructors
- 10. Research linkages**
 - a. Research experienced
 - b. Faculty "rewarded" for community research
 - c. Addressing research questions relevant to the communities in the school's sphere of influence
- 11. Utilize vast experience of post/retired faculty and alumni in the community**
- 12. Linkages with countries and people (PI)**
 - a. Representing Asia and the Pacific
 - b. Ties with international community

H. Writing a vision statement for the new School of Public Health

After many suggestions and alterations, the group created a preliminary vision statement for the new SPH. This was based on the development of the clusters from the prior discussion.

Vision Statement (Draft)

The School of Public Health is a thriving, vibrant place where faculty, students and communities collaborate for the equity in health and well being of all people.

I. Closing: Next Steps for continuing community-campus partnerships

Valerie Yontz closed the meeting with suggestions for the next steps to building and continuing the partnerships. Many great ideas from the attendees are listed below.

- Create a list-serv of meeting attendees
- Summarize the day
- List of attendees
- Sharing of resources
- Cross-list courses with outreach college
- Faculty marketing
 - What they offer/expertise
 - Research interest
 - Teaching areas
 - Wish list for faculty and future collaboration
- Neighbor island invite or teleconferencing
- Continue to meet as a group two or three times a year
- Location of the meetings (i.e. in the community)