

TABLE OF CONTENTS

Acknowledgements.....2

Welcome Address3

Mission Statement.....5

Mini-Summit Findings.....6

Next Steps.....11

Mini Summit Participants.....12

ACKNOWLEDGMENTS

The Mini-Summit on Minority Health II Proceedings is the result of a collaborative effort from approximately 40 diverse action-oriented community members, key leaders and health professionals to address and improve health outcomes for communities of color on Long Island. The Center for Public Health and Health Policy Research wishes to thank the Mini-Summit Planning Committee for their tireless efforts and assistance to make this event a success. We thank each participant for their expertise, thoughts, suggestions but most importantly their dedication and commitment to improving minority health. Their contributions about important issues facing minority and underserved communities on Long Island, and recommended strategies have provided the roadmap for the development of the Minority Health Coalition to address these issues.

Special recognition needs to be given to Dr. Richard Fine, Dean of the School of Medicine for sponsoring the Mini-Summit on Minority Health. Through their support and commitment to improving public health, we were able to engage diverse health professionals, discuss issues of critical importance to the region and disseminate those findings through these proceedings.

The Center for Public Health and Health Policy Research would like to extend their sincere gratitude for all those involved in the planning, development and implementation of the Mini-Summit and this publication. Our deepest appreciation to Dr. Aldustus Jordan, who continues to provide us with mentorship, guidance, and technical assistance through out this process.

WELCOME ADDRESS

Good morning and welcome. My name is Al Jordan. I am Associate Dean for Student Affairs in the Stony Brook School of Medicine and I am also Clinical Associate Professor in the Stony Brook School of Social Welfare. I would like to begin this morning by asking each of you to introduce yourselves and provide us with your organizational affiliations.

You have been specifically invited to these “Mini-Summits” because you are leaders in dealing with both health disparities and the issues that contribute to and reinforce them. Your attendance today marks what I believe is a powerful testimony that we on Long Island understand and recognize the many ways in which health disparities impact our daily lives. Moreover, your attendance clearly demonstrates that each of you has the courage of your convictions and that you are prepared to make the long term commitment to do something about it.

It is increasingly important that those who have traditionally been most adversely impacted by health disparities and those who have a history of dealing with the problems join forces with those who may have become more recently aware and redouble their efforts to eliminate them. This is the underlying theme that will encompass all our work.

As you know, this is the second in the “Mini-Summits” addressing Health Disparities on Long Island. Our first meeting addressed the issues as defined by you as participants. Each of you has a copy of the “Proceedings of the Meeting of July 25, 2007” which provides the results of your comments along with your priorities. I urge you to read this document because it will serve as an important part of the foundation for our continuing efforts.

Our ultimate goal is to form a knowledgeable and sustainable, action-oriented coalition that will address these issues both within the affected communities and at the policy level. As an organized coalition we will seek accountability from elected officials, corporations and institutions as well as increased direct representation within decision-making bodies and social reform. We will also have a responsibility to inform others outside of the coalition of the issues being addressed and expose or pressure the decision-makers through a variety of means, including those that impact the economy and electoral politics.

Health disparities persist despite a characteristic belief in many communities and institutions that we have made substantial progress in eliminating them. Whether through institutional or structural racism, social class bias, written or unwritten policies or procedures, or attitudes bent on reinforcing long held beliefs about who “deserves” quality care; we continue to see disparities within specific communities, primarily those that are black, brown, and poor. Therefore, we cannot allow the status quo to win by default. It is my strong belief that together we can not only increase the awareness of these issues and state the problems, but we will also take decisive and positive steps to systematically eliminate them. While we are all knowledgeable about the problems, it is extremely important that we move beyond problem statements and begin to deal with concrete and creative solutions.

Any serious attempt to form coalitions or collaborative partnerships between community-based organizations, community organizers, formerly trained experts in the field, and health care agencies

and institutions is a challenge even when these entities agree that it is the right thing to do. Often what is lacking is a disciplined approach as to how best to address the problems at hand and examine them through and organized and systematic lens. Put bluntly, a major challenge is to combine passion with purpose. It is important to note that these terms are not mutually exclusive.

Today we will be taking a major step towards our long term goal of eliminating health disparities on Long Island. Dr. Melody Goodman will present on what is called Community-Based Participatory Research or CBPR. Later, in the day we will all apply it to some of our previously defined priorities. CBPR is action-oriented research that encourages collaboration of “formally trained research” partners from any area of expertise and be fully committed to a partnership of equals and producing outcomes usable to the community.

CBPR is a collaborative research approach that is designed to ensure and establish structures for participation by communities affected by the issue being studied, representatives of organizations, and researchers in all aspects of the research process to improve health and well-being through taking action, including social change. CBPR emphasizes three main ideas-- “co-learning” by both researchers and community collaborators, “mutual transfer” of expertise and insights, and “sharing in decision-making” along with “mutual ownership” of the processes and outcomes. Ultimately, CBPR capitalizes on the mutual needs and mutual benefits of all parties involved.

As a future coalition, one of our major goals will be to maintain equitable partnerships for sharing power, resources, credit results, and knowledge, as well as, a reciprocal appreciation of each partner's knowledge and skills at each stage of the project, including problem definition/issue selection, research design, conducting research, interpreting the results, and determining how the results should be used for action.

Finally, I am extremely excited by the fact that our efforts are spearheaded by a team of young, intelligent, and progressive young people who are not only energized but committed to getting the job done. I applaud them and pledge my continuing support for their leadership.

Thank you,

Aldustus Jordan, EdD.

Associate Dean, Clinical Associate Professor, School of Medicine

Stony Brook University Medical Center

Mission Statement

The purpose of the Mini-Summit on Minority Health is to unite a select group of action-oriented individuals with a shared vision to improve health outcomes and reduce the health inequities that disproportionately impact communities of color and medically underserved populations on Long Island.

- ❖ Unite key community stakeholders to *improve health outcomes* of Long Island residents by pooling member resources into one comprehensive community network/coalition
- ❖ Increase *social capital* and empower communities of color to become agents of *social change*
- ❖ Promote culturally responsive *community-based participatory research* that explores and addresses health concerns
- ❖ Develop culturally appropriate strategies to incorporate evidence-based research findings into effective, long-term, and sustainable approaches within communities of color in Suffolk County
- ❖ Inform local, state and national bodies about the expressed needs and concerns of minority communities in Suffolk County

THE MINI-SUMMIT FINDINGS

The first Mini-Summit on Minority Health provided a roadmap for a comprehensive sustainable action plan. Participants successfully identified their areas of concern, goals to address those concerns and the recommended strategies to achieving those goals. (Please refer Mini-Summit I Conference Proceedings). To ensure an incremental approach with attainable goals, we identified the four key areas of concern from the previous mini-summit as transportation, insurance, cultural competency/sensitivity and data collection.

Participants at the Mini-Summit on Minority Health II were divided into 5 break-out groups, encouraged to utilize the principles of community based participatory research to address *one* of the aforementioned areas of concern and answer the following questions:

1. How would you improve minority health by addressing your area of concern?
2. How would you leverage existing community resources to address your area of concern?
3. What additional information would you need?
4. What steps would you take to address your area of concern?

Each group was asked to choose a presenter and secretary. All of the collective group responses were compiled to generate the goals and strategies for the action plan. Dr. Cicely Braithwaite facilitated the larger group discussion and provided the next steps.

Through this process, two priority areas of concern emerged as the recommended strategies to address and improve minority health outcomes in Suffolk County: *data collection and cultural competency/sensitivity*. We have utilized the following format to guide and inform our efforts.



Cultural Competency and Sensitivity

QUESTION 1: How would you improve minority health by addressing cultural competency and sensitivity?

Participants identified cultural competency and sensitivity as an essential component to addressing and improving minority health outcomes in Suffolk County. Increasing patient/provider communication, demonstrating respect for cultural differences and building trust with patients will help to elucidate the underlying causes of existing health inequities. When patients experience discrimination, racism or prejudicial treatment within health institutions, they are often reluctant to share vital health information with their providers or comply with treatment plans. Cultural competency and sensitivity can improve minority health by enhancing communication, eliciting important health beliefs and practices, reducing fear among patients who are skeptical of health care institutions and addressing the myriad of challenges that disproportionately impact vulnerable populations.

Also articulated was the impact that cultural competency and sensitivity can have on the health care institution. Participants identified that it can enhance the recruitment of diverse providers, cultivate sensitivity within institutions to recognize barriers and raise awareness to community health concerns. It was also indicated that cultural competency should be a life course event, for example, cultural education and sensitivity should begin in grade school and continue to graduate school. The result will be an educated and empowered community who can voice their concerns to their health care providers.

QUESTION 2: How would you leverage the existing community resources to address cultural competency and sensitivity?

Participants identified opportunities to capitalize on the existing resources and networks within communities of color. For many of our communities, informal linkages and networks serve as primary sources of social, economic, political and health information. These networks include churches; community based organizations, key leaders and trusted agents, businesses, formal and informal leadership. Therefore, working with these existing community networks, we can gain valuable insight about customary health beliefs and practices that contribute to health inequities.

Participants stated we can address cultural competency and sensitivity through peer education/trainings with existing minority health programs for example, LIMAC and the Witness Project. These health education programs provide culturally appropriate messages that are designed to empower their target audience to make informed health decisions. In addition, the community based organizations and health programs can offer cultural educational programs or trainings to the health care organizations and agencies that provide services to underserved communities.

QUESTION 3: What additional information would you need?

Most participants agreed that it is imperative to conduct a comprehensive needs assessment to identify the community's perceptions, concerns, and frustrations about culturally competency and sensitivity. The survey findings will prove beneficial in establishing community's priorities, informing and guiding the health providers' agenda and developing culturally responsive solutions to identified concerns. Participants also articulated that a directory of organizations should be created and disseminated to serve as a resource for available services and programs within designated communities.

QUESTION 4: What steps would you take to address cultural competency and sensitivity?

The majority of participants agreed that collaboration among community members, key leaders and stakeholders, health professionals and organizations is a vital step in addressing culturally competency and sensitivity. By working with the community, we can demonstrate respect, develop trust and partner with the "knowledge brokers" to properly address the issues. This cadre of diverse members will establish a comprehensive agenda to guide and inform policies, such as making cultural sensitivity trainings mandatory for medical students.

Data Collection

QUESTION 1: How would you improve minority health if you addressed data collection?

Participants cited data collection as the most effective method to identify the magnitude of existing health inequities in Suffolk County. With an evidenced-based approach and consistent health assessments, we can obtain accurate minority health data to understand the impact of racial/ethnic health disparities on the public health system. We can identify and address the region's unique health problems and contributing risk factors that disproportionately burden communities of color as well as identify the community's health concerns. Annual or bi-annual health assessments would allow us to track trends, monitor progress, develop appropriate strategies and evaluate the effectiveness of interventions. Utilizing community based participatory research; we can ensure a collaborative framework that includes community members and researchers working collectively to solve our regions' complex health problems.

QUESTION 2: How would you leverage the existing community resources to address data collection?

Historical practices within the medical institutions have led to mistrust and continue to serve as a barrier to participating in research activities. Therefore, it is necessary to build trust and foster sustainable relationships with key stakeholders and leaders to effectively engage community members. Participants articulated the importance of including community members, networks and organizations at each stage of the process, from developing the questionnaire to disseminating the findings. Suggestions included a task force that is inclusive of community members, health professionals and researchers working collectively to conduct the community health assessment. Other proposals included:

- Obtaining assistance from healthcare providers and their practices
- Work with and get input from various community agencies and organization in the community to aid in the data collection process

QUESTION 3: What additional information would you need?

Although participants agreed that they need pertinent health information from community members they also cited the following sources will ensure a comprehensive community health assessment:

- Patient registries
- Health care, community based, religious organizations
- Nursing homes
- Federal and State agencies
- Businesses
- Community resources

QUESTION 4: What steps would you take to address data collection?

Participants articulated that evidenced based public health approaches should be utilized for the community health assessment; therefore all members should be trained in community based participatory research to ensure a culturally appropriate survey. Mini- Summit Participants proposed the following steps to address data collection in Suffolk County and to safeguard minority and underserved communities in Suffolk County.

- Identify and address barriers/challenges by maintaining a consistent presence in the community
- Ensuring a culturally competent questionnaire that identifies community health needs, barriers, and contributing risk factors to health inequities in Suffolk County
- Clear communications of goals to address fears and increase participation in the data collection process
- Ensure the community health assessment is inclusive, comprehensive and consistent so that we can determine the effectiveness of policies, programs and interventions
- Translate and disseminate findings to community members, community based organizations, health care organizations, legislators and key stakeholders

Next Steps

- ❖ Seek external funding for coalition building efforts
- ❖ Develop formal coalition and by-laws
- ❖ Future Mini-Summits on Minority Health
- ❖ Provide training to coalition members in Community-Based Participatory Research
- ❖ Disseminate comprehensive action plan to community members public health officials, policy makers and legislators
- ❖ Develop Infrastructure for community-based participatory research
- ❖ Perform a Suffolk County Community Health Needs Assessment

MINI-SUMMIT PARTICIPANTS

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