

Addressing Health Disparities Through Policy and Practice Change: Three Culturally Specific Approaches

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Overview

In 2001 the Minnesota Legislature established the Eliminating Health Disparities Initiative [EHDI] mandating the allocation of competitive grants to local programs to close the gap in the health status of African Americans/Africans, American Indians, Asian Americans, and Hispanic/Latinos in Minnesota compared with whites in eight priority health areas.

The initiative currently supports 40 community grants to implement innovative strategies to address racial/ethnic disparities and social determinants of health. Grants support projects that will change policies and practices within institutions and systems; shifting underlying environmental conditions which influence health outcomes.

POLICY & SYSTEMS CHANGE: SUSTAINABLE SOLUTIONS

Policy change includes the passing of laws, ordinances, resolutions, mandates, regulations, or rules by government bodies, health systems, worksites, schools, and community institutions.

Systems change is a shift in the way that an organization, institution or communities makes decisions about policies, practices, programs, and the allocation of its resources.

A policy and systems change focus acknowledges that:

- Multiple policies and systems — such as neighborhood, employment, medical, transportation, and school systems — impact health.
- Multi-level interventions are needed to address unequal access to healthcare and to foster better health outcomes.
- Specific cultural approaches are needed to shift and align systems and services to meet the unique needs of cultural communities.



Eliminating Health Disparities Initiative (EHDI)



THE FOUR PARTS OF BEING IN TEEN PREGNANCY PREVENTION

DIVISION OF INDIAN WORK (DIW)

DIW, a program of the Greater Minneapolis Council of Churches, serves the American Indian population in South Minneapolis. It offers culturally specific education, advocacy, family/housing support, youth development and a community food shelf.

Teen Pregnancy Disparities Among American Indian (AI) Teens

- AI teen birthrates in Minnesota are almost double that of AI teen birthrates nationwide
- AI teens sexual activity in 12th grade is higher than any other race in Minnesota
- Researchers agree that alarming health statistics for AI youth are a result of historical trauma, generating responses such as survivor guilt, low self esteem resulting in unhealthy, high risk behaviors

Policy and Systems Change

- DIW developed and provides an American Indian culturally specific sexuality education curriculum known as “Live It!”
- American Indian traditional practices are used to teach, guide and encourage youth to live healthy life-styles
- A core component is “the Four-Parts of Being” which helps individuals see themselves as four-parts (Physical, Mental, Emotional and Spiritual) with roles and responsibilities during each stage of life from which they can derive self-respect and encouragement to reach their goals of optimum health and life success
- Live It! curriculum uses a train the trainer model to support American Indian teachers, elders or those with knowledge of American Indian cultural traditions for implementation

Outcomes

- An increase in the number of sites and participants who complete “Live It!”. Between 2010 and 2012 Live It! was implemented by a total of 37 sites serving a total of 370 participants
- Pre-post tests showed an:
 - increase in knowledge of contributors to and methods of preventing teen pregnancy
 - increase in understanding of the teen pregnancy issue from both cultural/traditional and contemporary points of view
 - increase in awareness of the risk factors that impact decision-making skills

HAVING THE HEART TO EAT HEALTHY

BRIAN COYLE CENTER OF PILLSBURY UNITED COMMUNITIES

Located in the Cedar Riverside neighborhood, the Brian Coyle Center serves as a central hub for resettlement assistance, health and wellness advocacy, adult education, employment counseling, youth programming, recreation, essential resources and civic engagement for East African immigrants across the Minneapolis Metropolitan Area.

CHD Disparities among Somali Immigrants

- East African immigrants are particularly vulnerable to health problems due to migration and acculturation stresses and trauma experiences
- Many East Africans, including elders, now find themselves living sedentary lifestyles leading to weight problems and increased incidences of diabetes, high blood pressure and high cholesterol
- Systematic discrimination based on race, immigrant status and religion, cultural taboos, anti-immigrant/anti-Muslim sentiment contribute to greater disparities
- Factors such as poverty, fragmentation of services, lack of culturally appropriate services, stigma, and a distrust of professionals prevent immigrants from seeking treatment

Policy and Practice Changes

- Invited selected restaurants to modify their most popular menu items to make them heart healthy meals, and label these accordingly on their menus
- Evaluated existing restaurant menu items for nutritional values (calories, fat, sodium, carbohydrates, and sugar) and recommended acceptable levels
- Offered training and orientation to restaurant owners and cooks on heart healthy menu options
- Plan to replicate efforts at other restaurants

Outcomes

- Identified the most popular menu items at the two restaurants
- Adopted acceptable levels of calories, fat, sodium, carbohydrates and sugar for each menu
- Designed a new menu for each restaurant with clear labels (heart sign) next to each modified menu item to indicate heart healthy option
- Planning to pilot the new menu and evaluate the number of customers ordering the healthier options

USING COMMUNITY HEALTH CARE WORKERS TO INCREASE ACCESS TO HEALTH CARE OPTIONS

NORTHPOINT HEALTH & WELLNESS CENTER

NorthPoint Health & Wellness Center is a comprehensive health and human services agency located in the heart of North Minneapolis. As a community services organization and a federally qualified community health center, NorthPoint provides a continuum of healthcare and social services at one central site using a “one door” service hub approach.

Diabetes Disparities in North Minneapolis

- Chronic conditions such as diabetes and heart disease disproportionately affect African Americans, American Indians, and Latinos in North Minneapolis
- Diabetes and hypertension are two of the leading causes of morbidity and mortality within the NorthPoint community
- A primary factor contributing to disparities in chronic conditions is the lack of information that allows individuals to understand, navigate and access health care
- Community Health Workers provide individualized education and outreach to North Minneapolis residents

Policy or Practice Changes

- Enhancement of the Health Care Home model (HCH)
- Improvements in internal and external referral processes aimed at reducing barriers to health care (e.g., transportation, finances, housing, food access, etc.)
- Increased collaboration with community agencies to enhance services offered
- HCH model has become an example for other clinics and community partners to follow, as NorthPoint is the first Federally Qualified Health Center in the state to receive Health Care Home Certification

Outcomes

- Provide assistance with coordination of all health care needs
- Provide timely and convenient access to health care
- Improve patient and provider relationship
- Engage clients in full partnership in decisions about their care
- Improve inter-campus communication and referral tracking with Electronic Medical Records



*“It is unreasonable to expect that people will change their behavior so easily when so many forces in the social, cultural and physical environment conspire against change”
— IOM 2003*

