

Culturally Specific Approaches to Systems & Policy Change to Reduce Health Disparities: Evaluating the EHDl Initiative Experience

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Overview

In 2001 the Minnesota Legislature established the Eliminating Health Disparities Initiative [EHDl] 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 24 community grants to implement innovative strategies to address racial/ethnic disparities and social determinants of health. Grants fund policy and system change projects to support sustained reductions in health disparities.

“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

Eliminating Health Disparities Initiative (EHDl)



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.



Aquí para Tí Staff

BUILDING STRENGTH IN CULTURAL CARE RECRUITING REFUGEE PHYSICIANS

AAFACD

AAFACD is a nonprofit community-based organization established in 2003 with the mission to provide education, advocacy, and services to empower immigrants/refugees to be fully integrated into Minnesota’s growth and development.

- A growing number of Minnesota health care patients bring with them an understanding of medical practices and customs from outside the US.
- Many refugee populations have limited access to doctors with deep knowledge of their language and traditions.
- Research shows that outcomes improve when there is a cultural/racial match between providers and patients.
- Barriers to practice included high testing costs, language, difficulty gaining access to education and professional information, discrimination, and a lack of support.

Policy Change Goals

- Advocate for the integration of qualified foreign trained healthcare professionals (FTHPs) into Minnesota’s workforce by providing FHTPs with clinical experience in the US, increasing the number of medical residency slots in local programs, and increasing access to student loans.

Outcomes

- Improve providers’, professional boards’, and educational institutions’ awareness of the relationship between culture and health, value of FHTP integration in health care
- Advocate for legislation to increase medical residency slots and offer financial assistance
- Increase the number and ethnic distribution of FHTPs hired by mainstream health care providers

BICULTURAL YOUTH DEVELOPMENT INTEGRATING CLINICAL AND COMMUNITY SERVICES

Aquí para Tí

Aquí Para Tí is a comprehensive, clinic-based, bi-cultural, youth development intervention. The clinic provides holistic and integrative health care to Latino youths aged 11 to 24 years and their families.

Latino youth face significant health disparities, including having a high rate of teenage pregnancy. Latino parents, particularly immigrants, often lack the resources and support they need to help their children avoid risky behaviors.

- Disparities include:
- Economic inequality
 - High rates of teen pregnancy
 - Inadequate support for parents
 - Educational inequities coexist with the health inequities

Systems Change Goals

- Formalize the model for integrating clinic and community-based services.
- Establish adolescent friendly clinic policies, protocols, and environments throughout Hennepin County Medical Center.

Outcomes

- Further define the integrated model
- Strengthen a systems care approach
- Improve staff self-efficacy to serve adolescents
- Increase providers’ capacity to offer patient centered care to diverse families

SOCIAL DETERMINANTS OF HEALTH IN NORTH MINNEAPOLIS A COMMUNITY ORGANIZING APPROACH

Neighborhood Hub

The Neighborhood Hub in North Minneapolis empowers area families and individuals by connecting them with employment opportunities, life skills, and human service programs.

The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are shaped by a wider set of forces: economics, social policies, and politics including the distribution of money, power and resources (WHO).

Neighborhood Hub used a community organizing approach to explore social determinants of health for residents of North Minneapolis and to identify potential policy solutions. Their approach raised awareness, encouraged resident engagement, and helped collect “authentic information” to guide future programming.

Policy Change Goals

- Implement a planning process to identify priority health areas and social determinants of health to address community needs.
- Develop and share results and recommendations with the community, build consensus among community members and other stakeholders.

Outcomes

- Convened and trained a group of community residents and advisory partners who demonstrated a high level of cultural competence and knowledge of the African American community in North Minneapolis
- Conducted interviews with “powerful” community leaders in North Minneapolis, policy makers, and community residents
- Identified policy areas recommended for future action.

Lessons Learned

Policy change needs to be grounded in community culture and trust.

If we work with partners who are local, familiar with North Minneapolis, understand how race and culture play a significant role in access to healthcare, and are culturally competent, then residents will participate in efforts to educate themselves and gather to voice their opinions.

Systems change means aligning clinical services to treat families as a system.

Parallel care is needed where clinic staff treat the family as a system — engaging at both ends with parents and teens — instead of providing individualized care. Services should reflect and celebrate the communities we serve.

Policy and system change requires modifying the political context. It takes time and persistence.

Institutions are gradually making changes to policies and systems as a result of advocacy at the community and legislative levels. Visits with influential people have led to greater awareness and funding for FTHP residency slots. This advocacy work will continue.

Interconnections and community partners are key.

Having community partners is essential for the growth and success of our programs. Through working together we are able to complement the work of all the organizations; developing a strong sense of purpose on our quest to eliminate health disparities. Given the complexity of the populations we work with, it is impossible to think that alone we can fulfill all the unmet needs of our communities. Collaborating with other community organizations is the only way to make our efforts more effective.

Evaluating policy and system change — using a different lens

Key questions become:

1. Has the initiative changed the political environment through its activities?
2. Has the initiative produced changes to investment, policy, or practice that will support project goals?