

# Health Equity Matters

Fall 2008

## From the Director and Health Equity Specialist

### Community-based Participatory Approaches

A Community-based participatory approach (CBPA) to promoting health is recognized as a critical strategy in promoting health equity among socially disadvantaged and marginalized communities. From the beginning of a CBPA project, community members are invited to share decision-making authority with all other partners involved.

According to Barbara A. Israel, Department of Health Behavior and Health Education, School of Public Health – University of Michigan, CBPA is based on principles that include:

- Recognizing the community as a unit of identity.
- Building on collective strengths and shared resources.
- Facilitating partnership and capacity building throughout the process.
- Disseminating pertinent information, data and other findings to all participants.
- Involving a long-term process and commitment.

- Addressing health from a positive and ecological perspective.
- Focusing on social inequalities.
- Combining knowledge and action for the benefit of all.

It is important to engage the most trusted members of the community, “gatekeepers,” right from the beginning of the project to ensure the promotion of an intervention. By empowering community leaders through the CBPA, the entire community can help steer the project towards goal achievement.

Although this consensus-driven process is particularly empowering for individuals living in poor communities, it can be challenging. There can be vast differences between what project initiators deem important and what stakeholders view as significant. Finding balance is critical for the success of the project. Patience and flexibility are essential. Perceptions of important stakeholders issues initially brought “to the table” should be the starting point from which to broaden goals that advance health equity.

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The *Health Equity Matters* newsletter is published quarterly by the Virginia Department of Health, Office of Minority Health and Public Health Policy and distributed to constituents to facilitate pursuit of a common interest in advancing health equity in Virginia. This newsletter focuses on inequities related to socioeconomic status, race/ethnicity, geography and living environment, and access to health care.

Please circulate this newsletter freely. An electronic copy is available on the Office of Minority Health and Public Health Policy website ([www.vdh.virginia.gov/healthpolicy](http://www.vdh.virginia.gov/healthpolicy)).

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*“...involving the community in the planning process gains support and sustainability. ‘Buy-in’ leads to sustainability.”*

The cornerstones of CBPA are capacity building and sustainability. A needs assessment is followed by collaborative planning and process implementation. The needs assessment reveals community strengths and resources. This social capital provides the foundation on which to build and expand capacity that eventually leads the community to creating opportunities to be healthy. The psychology of involving the community in the planning process gains support and sustainability. “Buy-in” leads to sustainability.

It is difficult for many health and human services professionals to surrender authority. They often have problems trusting the community to discover substantive health solutions. Further, the funding environment often does not afford grantees the time they need to “get on the same page” community participants. More over, funding can be restrictive. Grant funds may only apply to individual diseases or to specific health concerns. The grants

sometimes fall short because they do not account for all of the complexities and issues that influence health outcomes. Having adequate time to build trust among all participants cannot be emphasized enough. Building and maintaining trust is the life-blood of the CBPA.

CBPA is generally a breath of fresh air for disadvantaged communities. Historically, researchers complete their projects and leave the community without follow-up —without sharing data and without further intervention. CBPA is built on sharing information, good or bad, and the collaborative process. CBPA is a proven consensus-driven process that brings positive solutions to sizable community health challenges.

### Did You Know?

One of the many ways the VDH serves the public and fulfills its mission is through research. VDH frequently conducts research that involves human subjects, and the protection of human subjects is as important as the methodology, research findings or any other component of the research project.

VDH has developed policies and procedures to ensure that the rights and welfare of human subjects involved in research are protected and consistent with both and regulations. A major component of the process for ensuring the protection of the rights and welfare of human subjects involved in VDH research is the Institutional Review

Board (IRB), also known as the research review committee. In general, any human subjects research that is conducted by VDH, by outside investigators in collaboration with VDH, or by outside investigators using VDH data, is required to be reviewed and approved by the VDH IRB. The VDH IRB is housed in the VDH OMHPHP!

For more information about the VDH IRB, determining the need for IRB review and the types of review, procedures for obtaining VDH IRB review and more, please visit [www.vdh.state.va.us/healthpolicy/policyanalysis/irb.htm](http://www.vdh.state.va.us/healthpolicy/policyanalysis/irb.htm).

### Interpretation Calls Cross the 10,000 Mark!

As part of the CLAS Act Initiative, the Virginia Department of Health signed a contract last year with Language Services Associates for a statewide telephonic interpretation and translation service. Recently, a VDH employee requested interpretation services for the 10,000<sup>th</sup> time. This milestone call clearly demonstrates the value of providing culturally and linguistically appropriate health care services.

This important resource enables public health interpretations and translations in over 200 languages. All health districts and divisions within VDH have 24/7 access to competent interpreters. The top 10 languages for interpretation are Spanish, Burmese, Arabic, Swahili, Karen, Russian, Dari, Vietnamese, Amharic and Somali.

## “Bridging the Gap” Health Interpreter Course

Health care professionals increasingly face the difficult task of communicating effectively with patients of different cultural and linguistic backgrounds. These differences can create misunderstandings that compromise health outcomes or even lead to devastating consequences for both patients and providers.

Using specially-trained bilingual interpreters in the health care setting overcomes such communication barriers. Speaking two or more languages fluently, however, does not qualify a person to be a health care interpreter. Instead, specialized training is just as necessary and important for these professionals as it is for other health care providers.

Bridging the Gap is a nationally-recognized program that trains bilingual persons to serve as accurate, effective



and professional interpreters for both patients and providers. This 40-hour training, developed by the Cross Cultural Health Care Program, equips health care interpreters with the skills and knowledge they need to successfully bridge cultural and linguistic gaps between limited English proficiency (LEP) patients and health care professionals. These trained interpret-

ers then work to ensure that patients and providers receive clear, accurate information needed to achieve successful health outcomes.

The Blue Ridge Area Health Education Center (AHEC) at James Madison University offers Bridging the Gap training to qualified bilingual individuals. Before entering the program, *continued on page 4*

## A Community Based Participatory Approach in Action

### Heal-thy Generations: A Southeast Community Health Movement

Heal-thy Generations: A Southeast Community Health movement began in response to a community health needs assessment conducted by the Peninsula Health District in 2005. Public health professionals in the city of Newport News needed to know more about access and barriers to medical care and ancillary services in the Southeast community to better identify resource and service needs.

Steps in the assessment included individual interviews of key community leaders, focus groups of residents, individual resident surveys, observation of the community and review of health

and health related statistics.

In keeping with priority areas in U.S. Healthy People 2010 and the Virginia Department of Health, the Peninsula Health District's community health assessment focused on identifying needs and perceptions of preventing and controlling chronic diseases, educating the public about chronic disease prevention and improving access to basic chronic disease medical management and affordable medications.

The Peninsula Health District took the lead in sharing the assessment findings, published in 2006, recommended

the formation of a community task force of residents of the Southeast community and stakeholders in local government, health care organizations and community service agencies to focus on the reduction of chronic disease for current and future residents living in the Southeast community. The Peninsula Health District took the lead in sharing the assessment findings with key leaders from the community and local government. Further, it initiated and facilitated the formation of the community task force and provided administrative support for the effort.

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## “Bridging the Gap” Health Interpreter Course *continued from page 3*

candidates must pass a rigorous oral and written exam. This exam ensures that all interpreters are fluent in both English and their target language and have a working knowledge of basic medical terms.

Successful candidates are admitted to the program where they learn how to facilitate and improve cross-cultural health communication. They also receive in-depth training in ethics, memory development, specialized medical terminology and the role of culture in interpretation. Finally, interpreters are taught how to intervene, if necessary, as either cultural broker or to clarify information communicated

by either the patient or provider.

The Blue Ridge Area Health Education Center offers Bridging the Gap training to help address the growing problem of communication barriers in health care settings. As the pool of trained health care interpreters expands, increasing numbers of limited English proficient individuals in Virginia gain equal access to our high quality medical care. Using trained interpreters to ensure such access puts health care providers in compliance with Title VI of the Civil Rights act of 1964. Most importantly, health outcomes improve while potential risks

for patients and providers decline.

This summer, Blue Ridge AHEC was honored to host a special Bridging the Gap course at James Madison University in Harrisonburg. The course was sponsored by the Virginia Department of Health to train their bilingual employees. For additional information on the interpreter training programs and Community Health Interpreter Service (CHIS), contact Blue Ridge Area Health Education Center (540) 568-3011 or visit their website: [www.brahec.jmu.edu](http://www.brahec.jmu.edu).

## Meet Our Interns

### Adia Coleman



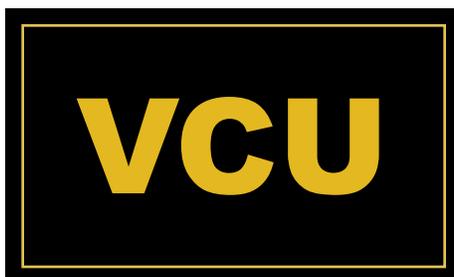
Adia Coleman is a second year MPH student at Virginia Commonwealth University, hailing from North Carolina, with a special interest in health disparities, community health education and nutrition. As an intern with the Division of Health Equity, Adia is working on a number of important projects to help OMHPHP advance health equity:

- Researching, organizing and drafting legislation for the Interagency

Working Group on Health and Public Policy.

- Researching and updating new resources for the CLAS Act website.
- Preparing CLAS Act presentations.
- Utilizing new web resources to inform youth and the general public about CLAS Act.

She will also help organize town hall meetings to inform and engage communities regarding health inequities, with the long term goal of helping them to achieve health equity.



### Amy Ernest



Amy is currently enrolled in a dual-degree Master of Social Work and Master of Public Health program at Virginia Commonwealth University. She completed her undergraduate studies in Cultural and Regional Studies: American Studies at Prescott College in sunny Prescott, Arizona. Amy is interested in integrating a holistic approach to health—biological, psychological, social, and spiritual—with a social justice framework, specifically through the use of community organizing models. Amy is particularly

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## Meet Our Interns *continued from page 4*

interested in working with indigenous populations. During her time with OMHPHP, Amy is developing a pilot project for the 2009 General Assembly Session—Health Impact Assessment (HIA). She is excited to be interning with OMHPHP and looks forward to learning from the wealth of knowledge and experience exhibited by her fellow co-workers. Amy will be with OMHPHP until May of 2009.

### Conschetta Wright



Conschetta Wright is a second year MPH student at VCU. She is a 2007 graduate of the VCU School of Nursing and currently works at CJW Medical Center as a registered nurse. She is also a 2004 graduate of Salem College where she majored in Spanish and mathematics. This semester, Conschetta is completing her internship in the Division of Health Equity. Her goals for the internship are to gain a better understanding of the Office of Minority Health and Public Health Policy and the role it plays in statewide public health, to learn more about the impact of health inequities and to become more familiar with the resources

available to raise awareness. As part of her internship, Conschetta will help plan a community event to promote “Unnatural Causes” in collaboration with VCU’s Center on Health Disparities. Conschetta will also explore the influence of social networking and marketing, using online platforms like Facebook and MySpace to promote the ideals of health equity and its role in the health of Virginians. Finally, she will research funding opportunities that use community based participatory research to address health outcomes in minority populations.

### CLAS Act

The CLAS Act website has been updated with new resources.

### African-American Health

New issues addressed within African-American health are stigmas associated with mental illness and treatment, motivators and barriers to contraceptive use in adolescents, HIV/AIDS education for young women of color, culturally appropriate education on breastfeeding, strategies for reducing infant mortality, and cultural competence among physicians for an African-American client base.

### Native American Health

We have included a culturally-based guide to Type II diabetes counseling and education, and a cancer education and resource database for the Native American community.

### Women’s Health/Maternal and Child Health

The new resource for Women’s Health/Maternal and Child Health focuses on adolescent health, and serves as a guide for adolescent sexual health education among educators, health service providers, and youth leaders.

### New Categories

Two new health categories were created as well, including Geriatric Health and Special Needs Health. These sections were included to address the specific and unique health needs of the ethnically diverse geriatric population and the mentally and physically disabled population.

### Multicultural Health and Human Services Programs

Visitors will also discover four additional Multicultural Health and Human Service Programs listed for Virginia residents. Statewide services include the Department of Minority Business Enterprise, the American Civil Liberties Union-Virginia Affiliate and the League of United Latin American Citizens: State Voter Registration Requirements. Eastern Virginia has its own Minority Business Council based in Virginia Beach.

### Language Resources

In our Language Resource section, visitors can find a new Translated Health and Patient Education resource from the Environmental Protection Agency, which provides multilingual fact sheets for elderly adults on environ-

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## Planning Grants for Behavioral Health and Primary Care Integration in Rural Areas

*“In recent years, health policy experts and health care providers have begun to encourage closer integration of behavioral health and primary care services, especially in rural areas of the U.S. The assumption underlying this push is that integration will increase access to primary and behavioral health care and, simultaneously, increase quality through enhanced coordination of services. In rural areas, where behavioral health workers and primary care givers are often in short supply, integration is vitally important. Integration of these services is one of the most effective strategies for maximizing the use of scarce rural health care resources and improving the quality of care for both behavioral health and primary care patients.”*

- 2004 Report to the Secretary: Rural Health and Human Service Issues  
by The National Advisory Committee on Rural Health and Human Services

The VDH OMHPHP Division of Primary Care and Rural Health will make available two to three Planning Grants in amounts from \$2,500 to \$7,500 in the Fall 2008. Grant funds will be for community-based organizations located in rural Virginia to plan innovative, community-based initiatives that promote behavioral health and primary care integration within a rural service area. All areas eligible to apply for HRSA Rural Health Grants ([datawarehouse.hrsa.gov/RuralAdvisor/](http://datawarehouse.hrsa.gov/RuralAdvisor/)) will be eligible to apply for these Planning Grants. These grants will be awarded on a competitive basis.

Rural strategies to address these issues range from diagnosis and treatment by a fully integrated clinical team of primary care and behavioral health providers to the use of telehealth tech-

nologies for linking rural primary care providers with distant mental health professionals. Middle-ground strategies include the co-location of behavioral health and primary care services in physicians' offices, clinics, or hospitals, and the development of formal referral relationships among primary care providers and mental health professionals both within and outside the local community. Dual certification of providers in both primary care and mental health is another potential strategy for integrating services. The methods available to achieve integration will vary depending on the unique needs and resources of each community and its service area.

Planning activities may include needs assessments and community asset

mapping, feasibility studies, community meetings, focus groups, and development of grant proposals for project implementation. Additionally, all grantees will be required to have at least one representative attend the Models of Care: Primary Care & Behavioral Health Integration Training on Friday, March 13, 2009 in Abingdon, VA. Travel related to this requirement may be included in the grant budget request.

*If you would like to receive the Request for Proposals for these Planning Grants, please sign up by visiting [www.va-srhp.org/planning-grants.htm](http://www.va-srhp.org/planning-grants.htm)*

## A Community Based Participatory Approach in Action *continued from page 3*

The task force, **Heal-thy Generations: A Southeast Community Health Movement**, has achieved a great deal over the past two years. It targets three chronic diseases: diabetes, heart disease and asthma. Work groups have been established to address not only physical health concerns, but also social determinants that lead to poor health outcomes.

Following is a sampling of the work groups:

- The **Primary Medical Care Work Group** initially focused on enlarging the capacity of the Peninsula Christian Free Clinic. Unfortunately, the clinic closed. This necessitated action. The work group sought another program to address community needs. It is now a part of Project Care, a program funded by the Riverside Regional Health Foundation, which provides access to primary and specialty care for indigent individuals in the Southeast community and other communities in the region.
- The **Food Cooperative Work Group** was developed in response to questions about the availability of affordable, healthy food choices. The work group, composed of members of the community, has visited other food cooperatives, including the Friendly City Food cooperative in Harrisonburg, Virginia and is seeking a mentor food cooperative.
- The **Body and Soul Work Group** aligns itself with Body and Soul, a program of the American Cancer Soci-



ety and Search Your Heart, a program of the American Heart Association. These programs work in conjunction with African American churches to promote healthy eating at church events and heart health and stroke prevention activities.

- The **Community Residents Work Group** strives to encourage community residents to become part of a steering committee that will eventually take the lead for the entire Heal-thy Generations movement. The work group meets regularly at the Moton Community House.
- The **Health Promoters Work Group** has enjoyed a partnership with an Eastern Virginia Medical student completing her practicum for her Master's Degree in Public Health. A series of six classes have been conducted to educate lay persons about chronic disease and chronic disease prevention. Twenty health promoters have completed the classes and are being trained to facilitate classes within the Southeast community.
- The **Community Education and Support Work Group** conducts community events.

Currently, the group is developing a walking program in partnership with Newport News Parks, Recreation and Tourism and Sentara Healthcare.

Heal-thy Generations is a wonderful example of a community based participatory approach to promote health among at risk communities. It was built with stakeholder collaboration, information sharing, capacity building and social capital. As such, the community based participatory approach cornerstone of sustainability has been met.

For more information about Heal-thy Generations: A Southeast Community Health Movement, contact the Peninsula Health Department at (757) 594-7426.

## CLAS Act

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mental safety precautions that improve health. Featured translations include Arabic, Simplified Chinese, French, Haitian Creole, Korean, Russian, Spanish, Tagalog and Vietnamese.

It is our hope that these resources will not only improve access to and quality of health care, but also empower diverse and marginalized communities in all aspects of life—physical, emotional, economic, and political—in order to achieve the optimum quality of life.