

# Health Equity Matters

Winter 2008

## From the Director Health Equity Matters

Even if we've been fortunate enough to keep our job and house during the current financial crisis, we probably know someone who has been directly affected. I have several neighbors who have lost jobs. One is afraid that he may be let go because sales are down. If that happens, maintaining health insurance will also be a challenge. Worry, stress and sleepless nights are becoming more common. It's easy to understand how times like these might not be good for our health, especially if they continue for a long time.

Now let's suppose we were living in stable economic times. Imagine if worrying about keeping a job, avoiding foreclosure or eviction and having enough food to feed your children were an everyday occurrence. And on top of those worries, you lived in a neighborhood that lacks access to healthy food, is too dangerous to go outside to exercise or socialize with neighbors, the schools are failing, there's no access to quality health care providers and there are environmental hazards such as poor air or housing quality. These and other social determinants of health are the primary root causes

of health inequities in Virginia. They are disproportionately experienced by Virginians who live in rural and inner city neighborhoods and who are from communities of color—the same populations who experience higher rates of disease, disability and death.

As many of us struggle to serve these communities and others who were just getting by before the crisis, with the same or fewer dollars, clichés become words of wisdom—collaborate, think out of the box, pool resources. It is also a time to assure we are getting the

*“Worry, stress and sleepless nights are becoming more common.”*

most out of our programs by evaluating their impact. Most importantly, it is a chance for policy makers to address the current financial crisis in ways that create opportunities for all and focus additional attention on those people who were experiencing an economic and health crisis even before we entered a recession. Health equity matters.

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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## Preventing Infant Mortality

In a speech to the General Assembly in 2007, Governor Kaine stated "... Virginia is a leader in many areas, but health care is not one of them. Perhaps our most glaring health failure is our infant mortality rate. There is no excuse for a state with one of the highest incomes in the nation to have so many babies die in the first year of life."

That same year, 839 babies died in Virginia before their first birthday. Infant mortality is defined by the number of infant deaths before age one per 1,000 live births. The Centers for Disease Control and Prevention ranked Virginia's infant mortality rate as 19<sup>th</sup> highest in the nation. In 2007, there were 7.7 deaths per 1,000 live births in the Commonwealth. The infant mortality rate for African American women, 15.5 per 1,000 live births, was twice the overall rate. In addition,



tion was 2.1 times higher than the risk for women with the most education.

The state's infant mortality rate reflects the health of the mother prior to and throughout pregnancy. The mother's behaviors, family and social support, family and community socioeconomic conditions, access to quality health care across the lifespan, stress and other factors play a significant role in birth outcomes.

Social inequalities, unequal social and

the risk of infant death among women with the lowest level of educa-

economic conditions, greatly increase the risk of infant death. Among disadvantaged populations, the social and economic conditions in which children are born and raised affect health throughout life. Research studies have found a link between childhood poverty and an increased risk of a woman giving birth to a low weight infant as well as experiencing an infant death as an adult. In addition children that are born small or grow up in poverty, are at an increased risk of developing chronic diseases (diabetes, heart disease, high blood pressure).

Governor Kaine has set a target of reducing the state's infant mortality rate below seven by 2010. Healthy Virginians 2010 has a goal of eliminating inequities in infant mortality by 2010.

### Get Informed

Read the Office of Minority Health and Public Policy's 2008 Health Equity Report. The report represents a snapshot of vital events data taken from birth and death certificates of Virginia's populations stratified by socioeconomic status, race/ethnicity, and rural/non-rural geography.

[www.vdh.virginia.gov/healthequity](http://www.vdh.virginia.gov/healthequity)

### Get Involved

Partner with the Office of Minority Health and Public Health Policy to join the national Unnatural Causes dialogue about health inequities. Unnatural Causes is a PBS documentary series produced by California Reel about health equity and a national outreach/impact campaign.

Conduct Unnatural Causes screenings and discussions to address challenges and seek solutions in your community. Training sessions are offered by the Office of Minority Health and Public Health Policy.

Work with policy makers to enact ordinances and legislation that promote health (e.g., healthy neighborhood design, expanded public transportation, early childhood education).

[www.unnaturalcauses.org](http://www.unnaturalcauses.org)

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## Preventing Infant Mortality

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### Take Action

Engage your community. A community-based participatory approach (CBPA) is ideal for addressing the issues associated with infant mortality in socially disadvantaged and marginalized communities across the Commonwealth. CBPA is a consensus driven process. The cornerstones of this process are capacity building and sustainability. From the very beginning, CBPA engages the most trusted members of the community. Members of the community and their partner agencies and organizations share decision-making authority. CBPA is built on sharing information and the collaborative process of bringing positive solutions to challenging health problems.

### Spread the Word

Tell all the women of child-bearing age that you know to control their weight, quit smoking, stop drinking, take vitamins with folic acid and see a dentist.

Tell all moms with infants that you know that the baby should sleep alone, sleep on his/her back, sleep in a crib with nothing except the baby—no soft toys, bumper pads or quilts.

## Did You Know?

Infant mortality claims the lives of seven times more children in Virginia each year than motor vehicle accidents.

Yet, infant mortality receives far less attention. To focus on the issue of infant mortality and its prevention, State Health Commissioner Karen Remley, M.D., M.B.A. appointed a working group of medical and health professionals and community and civic leaders to address infant mortality. This diverse group is developing specific strategies and actions that can be taken in the state's local communities over the next several years to improve the health of women of childbearing age, pregnant women, new mothers and infants.

The Commissioner wants to involve more members of the community who have credibility and influence with local families, such as church leaders, local physicians, educators, civic and business officials, grocers and even hair stylists.

While public information campaigns deliver effective broad-based messages to young people about healthy behaviors, Commissioner Remley believes that the counsel they receive from people they know and trust is even more powerful.

To learn more about this initiative, contact Thursa Crittenden ([thursa.crittenden@vdh.virginia.gov](mailto:thursa.crittenden@vdh.virginia.gov)) or Joan Corder-Mabe ([joan.corder-mabe@vdh.virginia.gov](mailto:joan.corder-mabe@vdh.virginia.gov)).

## Health Equity Conference

### September 2009

The Virginia Public Health Association, the Virginia Department of Health, the University of Virginia Department of Public Health Sciences, the Virginia Commonwealth University and University of Virginia Centers on Health Disparities, Virginia Community Healthcare Association, and others will host the first statewide health equity conference September 10 and 11. The conference theme is “Advancing Health Equity: From Theory to Practice.”

The conference will focus on the root cause of inequities in Virginia. A strong emphasis will be placed on policies to alleviate the negative health outcomes for the disadvantaged and to advance health equity through healthy community design. Anyone interested in improving the health of communities is encouraged to attend. A special invitation goes to all public health workers, policy makers, city managers and planners and community representatives.

Eliminating health inequities through healthy community design transcends traditional public health and health care programs. Achieving this vision will require concerted efforts by individuals, families, communities, civic organizations, faith communities, employers, health care providers, public health practitioners, city planners, policy makers and others. This conference will be the first step towards reaching this target.

More information will be online in coming months: [www.vapha.org](http://www.vapha.org).

# Engaging Your Community to Advance Health Equity

## Community-Based Participatory Approaches (CBPA)

### Key Principles

Recognizes community as a unit of identity.

Builds on strengths and resources within the community.

Facilitates collaborative, equitable partnership in all phases of carrying out the project and involves an empowering and power-sharing process that attends to social inequalities.

Promotes co-learning and capacity building among all partners.

Integrates and achieves a balance for the mutual benefit of all partners.

Focuses on problems that affect the health of the targeted community and assesses the multiple social factors that determine health and disease, such as food security, employment, transportation and violence.

Ensures that all information and knowledge gained is shared with all partners and that all partners have opportunities to give input into how all information is shared.

Requires a long-term process and commitment to sustainability.

### Issues in Developing and Following the Key Principles

No one set of principles is applicable to all partnerships.

Each partnership must define its “community.”

All partners must decide what it means to have a “collaborative, equitable partnership” and how to make that happen.

Not everyone will be involved in the same way in all activities.

Establish procedures for sharing information.

Recognize and value priorities identified by the community.

Work with the cultural diversity of the partners involved.

Develop procedures to ensure CBPA principles are followed.

Partnership size must be decided by and appropriate to the community.

Recognize that CBPA principles alone do not dictate the design and methods of an initiative.

Continually evaluate how well CBPA principles are followed.

## What's New on ClasActVirginia.org

ClasActVirginia.org is a cultural competence resource for both health providers and clients. It is regularly updated with materials for health providers including, translated documents, commonly used clinical phrases and a calendar of events. Following are some of the recent additions:

**African-American Health.** Article by Artis, Derrick L Bristow-Jenkins, LeVelle discussing practical steps to culturally competent care and effective

communication with African-American patients.

**American Association of Colleges of Nursing** framework to facilitate the attainment of cultural competence by baccalaureate nursing graduates.

**American Medical Student Association** article discussing medical students' preparation in the area of cultural competence.

**Women's Health.** Harvard Medi-

cal School's Center of Excellence in Women's Health, in conjunction with other organizations developed a Cultural Competence Curriculum for the Department of Health and Human Services' Office on Women's Health. This model curriculum is designed to train health care providers about the unique needs of minority and other underserved women.

## Partnership with the Urban League of Hampton Roads, Inc.

The Virginia Department of Health's Office of Minority Health and Public Health Policy (OMHPPH) and the Urban League of Hampton Roads, Inc. have agreed to partner to address the issues of health equity and infant mortality through a series of two-hour workshops in 2009. These workshops will engage participants in efforts to address pressing health issues in their communities.

The first workshop, "Tough Love: Love Your Body. Love Yourself." will take place on **Wednesday, March 11, 2009**. This workshop will focus on health outcomes among African American women. It will examine inequities in health status, barriers to opportunities to be healthy and the alarming number of infant deaths in Hampton Roads. Thursa D. Crittenden, Outreach Coordinator for Minority Health Issues, Virginia Department of Health, Office of Minority Health and Public Health Policy, will conduct the workshop.

Urban League of Hampton Roads  
3225 High Street  
Portsmouth, VA 23707  
March 11, 2009  
10:00 a.m.

Contact Renay Peters (757) 627-0864 to reserve your seat.

## EMS in Rural Virginia Highlighted at Upcoming Summit

From navigating mountainous terrain, to low population densities and call volumes, to elongated response and transport times, to often spotty communications through remote areas, rural Emergency Medical Service (EMS) systems face unique challenges. In Virginia, EMS providers are concerned about funding, access and availability of education and training, medical direction, and difficulties with recruitment and retention of personnel.

"At the 2008 Rural Health Summit, we heard very clearly from rural Virginians that they consider EMS to be one of the fundamental building blocks of Virginia's rural health care system. They view it as critical for sustaining and developing strong rural communities. The Virginia State Office of Rural Health is committed to facilitating quality and performance improvements in this area," explained Dr. Kathy Wibberly, Director of the Division of Primary Care and Rural Health in the Virginia Department of Health, Office of Minority Health and Public Health Policy.

This year, the Rural Health Summit will feature a Rural EMS Roundtable which will begin an ongoing dialogue throughout the upcoming year about the unique issues and challenges of rural EMS in Virginia. An interactive discussion will address many difficult questions, including:

- The role of EMS in rural Virginia.
- How to strengthen existing EMS structures in rural Virginia.
- The need for legislative initiatives and policies related to rural EMS issues.
- The responsibility for ensuring the continuity and quality of EMS in rural communities.

The Virginia Office of Rural Health welcomes participation from rural EMS providers, community leaders, hospital officials and other health care providers. The Roundtable takes place on Wednesday, March 11, 2009 from 12:30 p.m. – 5:30 p.m. at the Southwest Virginia Higher Education Center in Abingdon, Virginia.

To receive notices of future opportunities to join the rural EMS discussion as well as other issues surrounding rural health, sign up for the Virginia Rural Health Mailing List, at [www.va-srhp.org/rural-health-list.htm](http://www.va-srhp.org/rural-health-list.htm). Visit the Virginia Rural Health State Plan website [www.va-srhp.org/2009-rural-health-summit.htm](http://www.va-srhp.org/2009-rural-health-summit.htm) to register for the summit. Registration will also be available onsite.

The Virginia Office of Rural Health has established a blog, "Emergency Medical Services in Rural Virginia," at [ruralvaems.wordpress.com](http://ruralvaems.wordpress.com). Residents in rural Virginia are encouraged to share their thoughts about the impact of EMS on them, their friends and family and their communities, EMS providers who have been true heroes in the community and the unique challenges of rural EMS providers.

## Congregational Health Assessments

The Congregational Health Assessments initiative is the result of collaboration between the Office of Minority Health and Public Health Policy (OMHPHP) and Congregational Health Resource, LLC (CHR) of Woodbridge, Virginia since February of 2008. This collaborative effort is funded by the OMHPHP's Federal FLEX Grant.

One of the purposes of the FLEX Grant is to help develop rural health care networks. The FLEX Grant helps facilitate the development of model community-based rural health systems of care by community groups working together collaboratively. The goal is to link rural hospitals with rural congregations and build upon the strengths that both the medical and faith-based communities bring to advancing health equity in the rural communities of Virginia. Four areas have been targeted for this effort. They include the cities of Luray and Woodstock and the counties of Bath and Essex. These areas were chosen because they are serviced by critical access hospitals (CAH) or are part of the Small Rural Hospital Grant Improvement Program (SHIP).

CHR has begun data collection using five Key Informant Surveys that include Clergy, Civic, LHD, Medical Professionals, and Education. So far, the Clergy survey has been completed in Luray and Woodstock. A database has been put together for reporting the survey results. The other four surveys will be implemented in the coming year.

## Working with Muslim Populations Training

The CLAS Act Initiative hosted the final session of its 2008 Culturally Appropriate Public Health Training Series on November 12 with a program on "Working with Muslim Populations." The program was organized by the Office of Minority Health and Public Health Policy. Three University of Virginia faculty members led an in-depth discussion addressing the demographic and cultural characteristics of foreign and U.S. born Muslim populations in Virginia and the U.S. The discussion touched on economic and educational backgrounds, social characteristics, myths, truths, cultural practices related to health, the family concept, the authority concept, hygiene, food and religion. More than 250 people at 31 VDH sites around the state participated by Polycam.

### Credits

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