

Faces of Disparity

An Educational Awareness Presentation Created by the Connecticut Multicultural Health Partnership

Overview

The Multicultural Health Partnership is a statewide coalition working to develop and support an enhanced infrastructure as the focal point for leadership, policy development and coordination, information exchange, coalition and partnership building, advocacy and awareness, and interventions designed to improve the quality of care. These functions carried out effectively will make a positive difference in reducing disparities in health knowledge, access to care, quality of care received, and, ultimately, morbidity and mortality of racial and ethnic populations.

The Faces of Disparity Presentation is designed in a way that creates a step-by-step guide for the facilitating group while still allowing room to adapt to the individual needs of the receiving parties.

Mission of the Partnership

To develop and implement a state plan to identify and address health disparities and multicultural health issues through the effective and systematic collaboration of a diverse, multidisciplinary group (the Partnership). A major focus of the plan will be the implementation of the National Standards on Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) in Connecticut.

Structure of the Partnership

Executive Committee

The central steering body and major workers make up the Executive Committee consisting of the Officers and the Committee Chairs. There are 6 committees as follows: Awareness & Outreach, Communication & Media, Consumer Initiatives, Data, Surveillance & Evaluation, Language Services and Professional Development. Each committee is charged with making recommendations built on the foundation of the CLAS Standards for statewide implementation based on their subject area.

General Members

The General Membership consists of all people who agree to the vision and mission and want to support the work of the Connecticut Multicultural Health Partnership (CMHP). Different people may be able to have different involvement at different times. We respect the variability in members' availability regarding involvement, and welcome everyone in whatever capacity they can engage. All members will be invited to an annual CMHP conference.

In 2009, the Partnership developed a state plan primarily based on the *National Standards on Culturally and Linguistically Appropriate Services (CLAS Standards)*. Though the CLAS Standards are designed specifically for health care, the Partnership is interested in bringing the intent and spirit of the standards to other health and human service agencies as appropriate.

Faces of Disparity: Purpose

The *Face of Disparity* Awareness Campaign consists of two complementary media productions: The *Faces of Disparity* Exhibit and the *Faces of Disparity* Video. The exhibit and video, which may be shown independently or together, raise awareness of health disparities in Connecticut and introduce the CLAS Standards (National Standards on Culturally and Linguistically Appropriate Services) as resources for change. *Faces of Disparity* is suitable for general audiences, policy makers, professionals, educators, and students.

The *Faces of Disparity* Exhibit is a portable display of nine free-standing panels that portray health disparities by means of personal stories. Connecticut residents from various racial, ethnic, cultural, and economic backgrounds describe how health disparities have affected their access to effective care. Each story is followed by relevant public health data and by a CLAS Standard that, if implemented, would improve health care and health outcomes for others.

The *Faces of Disparity* Video is a 15-minute documentary that integrates personal stories of health care consumers with the perspectives of leading experts in health care and public health. The video defines health disparities, identifies contributing factors, and presents CLAS Standards as resources for change.

The *Faces of Disparity* Awareness Campaign is *open source* and available for non-commercial viewing and distribution with appropriate citation of the Connecticut Multicultural Health Partnership. For further information, please visit: www.ctmhp.org.

Getting Started

1. Prior to the event, it is highly recommended that you preview the *Faces of Disparity* Video and complete the Self-Study Guide. A careful reading of the Facilitator Guide should be done along with a second viewing of the video.
2. Make sure to test the *Faces of Disparity* Video ahead of time with your equipment or test the download from the website to avoid unnecessary time delays.
3. Order, pick-up or download the participants handouts. All participants need to sign-in for the event and strongly encourage them to complete the evaluation form and a membership form (if they are not already members or have new information).

Participant Packets Include

- CMHP Annual Report
- CLAS Brochure
- Evaluation Form
- Membership Form

Learning Strategies

1. Viewers are exposed to the thoughts and perspectives of patients and consumers who experience health disparities.
2. Viewers are exposed to the thoughts and perspectives of health and public health leaders in the state who are addressing health disparities.
3. Viewers are exposed to the CLAS Standards as a vehicle for awareness and action.

Learning Objectives

1. Participants will be able to describe ways the environment impacts health status and outcomes.
2. Participants will understand the concepts of health equity and social determinants of health.
3. Participants will be able to describe ways to promote health equity.
4. Participants will develop and commit to ways they can personally promote health equity through advocacy efforts.

Key Concepts

- 1. Culturally & Linguistically Appropriate Service (CLAS) Standards:** The federal Office of Minority Health developed 14 standards that are organized by themes: Culturally Competent Care (Standards 1-3), Language Access Services (Standards 4-7), and Organizational Supports for Cultural Competence (Standards 8-14). The CLAS Standards can be found in the Appendix.
- 2. Culture** is an integrated pattern of human behavior which includes, but is not limited to: thought, communication, languages, beliefs, values, practices, customs, courtesies, rituals, manners of interacting, roles, relationships, and expected behaviors of a racial, ethnic, religious, social or political group; the ability to transmit the above to succeeding generations; all of which are dynamic in nature.
- 3. Cultural Competence** means: (1) the attainment of knowledge regarding beliefs and values (e.g., related to health, mental health, or child rearing), and disease incidence and prevalence; (2) the ability to communicate effectively for the thorough and accurate exchange of information, perception, instruction, and preferences with regard to the client's presenting condition and related history; and (3) skills and behaviors that will enable practitioners and systems to provide appropriate service for the diverse populations. This is a lifelong learning process that affects the quality of our relationships.
- 4. Diversity** is the differences among people with respect to age, socio-economic status, ethnicity, gender, physical and mental ability, race, sexual orientation, spiritual practices and other human differences.
- 5. Health Disparities** refer to the differences in disease risk, incidence, prevalence, morbidity, and mortality and other adverse conditions, such as unequal access to quality health care, that exist among specific population groups, especially underserved and vulnerable population groups.

6. **Health Equity** is the absence of systematic disparities in health (or in the major social determinants of health) between groups with different levels of underlying social advantage/disadvantage—that is, wealth, power, or prestige. Inequities in health systematically put groups of people who are already socially disadvantaged (for example, by virtue of being poor, female, and/or members of a disenfranchised racial, ethnic, or religious group) at further disadvantage with respect to their health; health is essential to well-being and overcoming other effects of social disadvantage. Equity is an ethical principle; it also is consonant with, and closely related to, human rights principles.
7. **Health Literacy** is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. According to the Agency for Health Care Research and Quality Report, Literacy and Health Outcomes (January 2004), low health literacy is linked to higher rates of hospitalization and higher use of expensive emergency services.
8. **Low or Limited Literacy** is the inability to read or write well enough to perform necessary tasks in society or on the job.

Health Consequences of Low Literacy

DIRECT

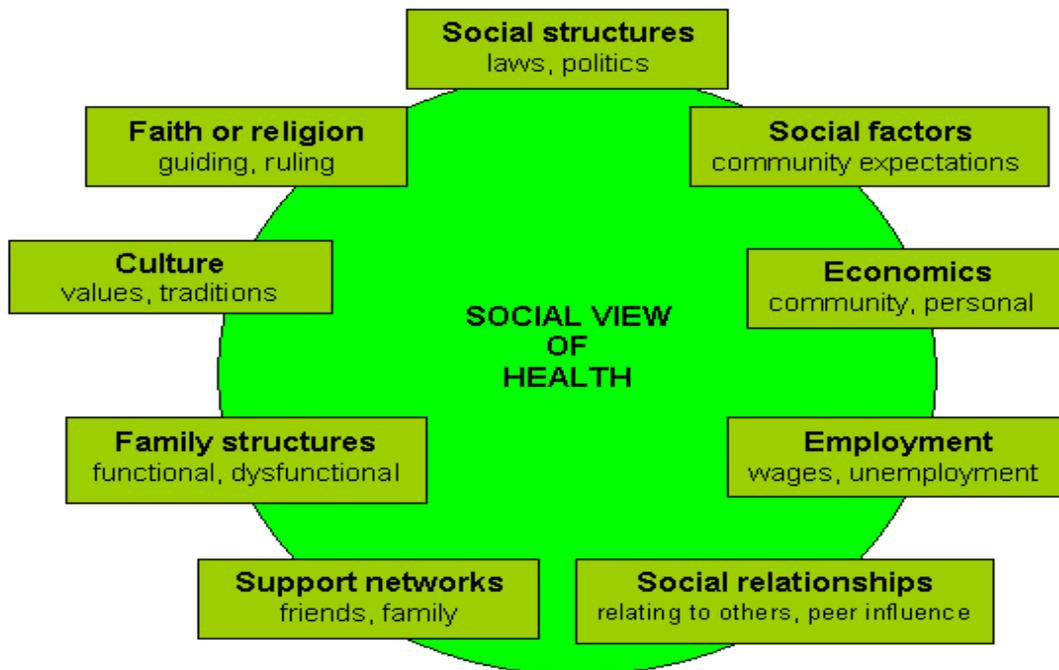
- Incorrect use of medication
- Failure to comply with medical directions
- Safety risks in the community, the workplace and at home

INDIRECT

- Higher rates of poverty
- Higher than average rates of work injuries
- Higher degrees of stress
- Unhealthy lifestyle practice (e.g. smoking, poor nutrition)

9. **Social Determinants of Health** are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are highly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

Social view of health



Source: Aptaped from Mosel-Williams L, *Health, Life and Living Book 2*, Heinemann, 1999.

Group Discussion Activities

1. At the in-service or workshop introduce yourself as the facilitator and briefly describe your involvement and role with the CMHP. Review format of the session.
2. Icebreaker: It will be useful to begin by having everyone introduce themselves and indicate their “position.” In other words, are they a community member, student, faculty, etc. If it is a small group (less than 15) it might also be useful to ask participants to share why they were interested in attending the session. (Tip- *Be careful here, icebreakers can take on a life of their own resulting in limited time for the “work” of the evening. It is recommended you stop the ice breaker after 10 minutes.*)
3. Inform participants that the evaluation results will be published in the Annual Report and available on the website. (<http://www.ctmhp.org/>)
4. Distribute and collect evaluation forms, membership forms and sign-in forms.
5. Return all forms collected to Project Manager, Eastern AHEC, Inc One Sylvandale Rd. Jewett City, CT 06351
Fax (860) 760-6230 Email: projectmanager@ctmhp.org.

GUIDED GROUP DISCUSSION

This activity will help begin an open dialogue between the presentation attendants. Depending on the number of participants, stay as one group or break into dynamic groups representing diverse professional backgrounds (e.g. health care providers, social service & health care organization workers, politicians).

GENERAL DISCUSSION QUESTIONS

1. What comes to your mind when you think of the following concepts:
 - a. Health disparity
 - b. Health equity
 - c. Health literacy
 - d. Cultural competence ~ cultural sensitivity ~ culturally appropriate
 - e. Diversity
 - f. Social determinants of health
2. Why is it important to you that health disparities be addressed?
3. How can you get involved to help close the gap in health outcomes (who would you talk to and what would you want them to do)?
4. What have you learned in this discussion and what do you want to share with others?

DISCUSSION QUESTIONS FOR PHYSICIANS, NURSES, OTHER HEALTH CARE PROVIDERS

1. Describe physician and other health care provider practices, behaviors and attitudes that you would consider culturally competent.
 - Assess the cultural beliefs of each patient.
 - Identify the need for language services and document need in the patient's chart.
 - Utilize the Ask Me 3! Patient Safety protocol.
2. Describe ways in which your health care facility and/or private practice supports (or could support) cultural and linguistic differences in its policies and practices?
 - a. Examples
 - Monitor patient satisfaction at meetings.
 - Utilize a patient review team of educational materials.
 - Incorporate health equity into the organization's mission and strategic planning.
 - Allocate resources for credible language services.
 - Identify multiple and diverse cultural resources.
 - Incorporate cultural competence issues/training into employee performance measures.

3. What are the health disparities that you see in your health care facility or private practice?
 - a. Examples
 - Disproportionate number of African Americans with hypertension.
 - Disproportionate number of children from a particular neighborhood with asthma.
4. How are these disparities discussed or addressed in clinical and administrative meetings?
5. How can your organization engage physicians and other health care providers in the conversation of health equity and addressing social determinants of health?
6. How can we engage health care executive leaders and senior administrators in the same discussion?

Discussion Questions for Social Service & Health Care Organizations

Challenges & Emerging Best Practices

1. What are the most challenging priorities of the multi-ethnic and multi-cultural nature of your health care organization?
2. What are the major organizational obstacles (e.g. policies, organizational characteristics) inhibiting ethnic and cultural understanding among staff, patients, and providers, etc.?
3. What are the major organizational characteristics that enhance the multi-ethnic and multi-cultural nature of the health care organization?
4. What has the health care organization done to provide the best care for the multi-ethnic and multi-cultural patient populations (e.g. educating providers in regard to different ethnic/cultural beliefs and practices; use of specific services—interpreters, community liaisons, etc.)?
5. In what ways have you addressed the ethnic and cultural needs of patients as they receive care throughout the continuum (e.g. home health, social services, etc.)?

Community Engagement

6. What relationship does the health care organization have with particular community groups and how have these relationships affected the ethnic/cultural competence effort (community businesses under contract, initiatives with neighborhood health centers, etc.)?
7. What community outreach actions have been taken by the health care organization to include patient populations in the organization's planning and development (e.g. materials and forums for various ethnic/cultural groups, patient satisfaction surveys, exit interviews, board membership training and participation)?

Staff Development

8. What services, programs, etc. are available to staff regarding ethnic/cultural-related issues?
9. In what ways are providers trained and helped to deal with ethnic and cultural issues (e.g. trained to recognize diseases common in certain populations, mechanisms and protocols by which providers can request assistance in dealing with ethnic/cultural patient issues and needs)?
10. In what ways are ethnic and cultural differences recognized throughout the health care organization (e.g. celebration of certain days, programs focused on specific health needs of a particular group)?
11. What, if any, ethnic/cultural professional programs are available to develop staff skills and attract new staff? Are internships targeted toward ethnic professionals? Mentoring programs? What are the challenges in developing and delivering these programs?

Discussion Questions for Consumer

1. Tell us about the types of health care providers – social and medical – from whom you have received services? (e.g. dentists, doctors, social workers, psychiatrists, psychologists, naturopaths, etc.).
2. Generally, what was the race and ethnicity (culture) of the providers?

3. Do you have the option to choose your health care providers?
4. For those of you who chose your health/social service providers or would like the option of choosing your health/social service providers, what criteria did you use or will you use to select a specific provider?
5. What particular professional, cultural, and personal qualities do you or would you look for in a medical or social service provider?
6. When you think about your experiences receiving services or your observations or involvement with relatives or friends who received services from a health or social service provider, what kinds of behaviors, written or oral communication by them did you like (not like) and why?
7. Is the ethnicity or culture of the provider an important consideration in your choice of health/social service providers? Why? Why not?
8. The Federal government is putting resources into programs to increase the cultural competence of health and social service providers or practitioners. Cultural competence has been defined in various ways by a range of professionals. However, we want to know how members of various communities define cultural competence based on their own experiences as service recipients and/or their observations of service provision. Therefore, our question to you is - what does cultural competence mean to you?
9. Based on your experiences, what are the qualities of culturally competent health and social service practitioners? What are the qualities of culturally competent health and social service organizations?
10. What recommendations would you make to your doctor's office, health care facility or social service agency to improve the quality of care you and/or your family receives?
11. Do you have any concerns or issues that have not been addressed?

Discussion Questions for Legislative and Policy Makers

1. What government guidelines influence your understanding of initiatives regarding ethnic/cultural diversity and cultural competence in health care?
2. What policies and regulations do you think act as barriers for health care organizations to provide equitable care?
3. What policies and regulations do you think promote, encourage or require health care organizations to provide equitable care?
4. Describe your colleagues' perceptions of health disparities and what needs to be done to eliminate them?
5. What are possible opportunities for legislators and other policy makers to address the social determinants of health and improve health outcomes?



Participant Sign-In

Name	Signature	Job Title/Position	Email Address

Unnatural Causes: Is Inequality Making Us Sick? Episode: Place Matters

Presented by the Awareness & Outreach Committee



Why is your street address such a good predictor of your health? Latino and Southeast Asian immigrants like Gwai Boonkeut have been moving into long-neglected urban neighborhoods such as those in Richmond, California, a

predominantly Black city in the San Francisco Bay Area. Segregation and lack of access to jobs, nutritious foods, and safe, affordable housing have been harmful to the health of long-time African American residents, and now the newcomers' health is suffering too.

Host an Unnatural Causes Community Discussion. Experienced facilitators will guide the discussion to bring awareness of health and health care inequalities, explore ideas and advocate a Call to Action. For more information visit our website: www.ctmhp.org

Faces of Disparity Awareness Campaign

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The Partnership worked with Performance Edge to create the *Faces of Disparity Awareness Campaign*. A special thanks to **Lata Chawla**, President and Senior Consultant of Performance Edge, for all of the hard work and time she put into the project.



PLEASE RETURN TO THE GROUP FACILITATOR TODAY.



Participant Evaluation Form
Group Education/Training for Providers/Professionals

Program Title: _____

Location & City: _____ **Date:** _____

Directions: Using the scale below, please circle the number that best represents your thoughts

Rating Scale	1: Strongly Agree	2: Disagree	3: Neutral	4: Agree	5: Strongly Agree
Learning Objectives					
I am able to describe ways the environment impacts health status.	1	2	3	4	5
I am able to explain the concepts of health equity and social determinants of health.	1	2	3	4	5
I am able to describe ways to promote health equity.	1	2	3	4	5
I intend to commit to promoting health equity through advocacy (i.e., to plead in support of the cause, to take action or to support policies).	1	2	3	4	5
Program Content					
I am satisfied with the content and time allotted to this program.	1	2	3	4	5
I found the video to be a useful educational tool.	1	2	3	4	5
The information presented and discussed was relevant to my current work responsibilities	1	2	3	4	5
My awareness and knowledge of Health Disparities have increased due to this program.	1	2	3	4	5
My attitudes and perceptions about the need to eliminate health disparities have increased due to this program.	1	2	3	4	5
I have gained more skills to address cultural competency issues or changes (i.e., language, policy or training needs) in my work practice.	1	2	3	4	5
Instructor's Facilitation and Teaching Skills					
Was knowledgeable about the subject area	1	2	3	4	5
Responded well to the audience's needs	1	2	3	4	5
Encouraged discussion and feedback	1	2	3	4	5



1. What strategies would you recommend to improve community participation and increase readiness and ability to initiate coordinated community action?

- Meetings in community rooms of congregate housing
- Community forums or meetings at schools, churches and civic locations
- Conduct door-to-door petitions
- Coordinate town hall rallies or a capitol rally
- Train community members as representatives/advocates for non-profit and government advisory and governing boards
- Provide guidance and support to individuals through organizational and/or legal grievance procedures and complaints
- Others (please describe and use addition sheets of paper if necessary)

2. What initiatives, priority issues or next steps would you recommend to the CMHP who sponsored this educational material?

3. Additional Comments:

4. May we contact you for follow up regarding this program? Yes No

If yes, please provide:

- a. Your name: _____
 - b. Email address: _____
 - c. Telephone: _____
 - d. Mailing Address _____
-

**CMHP STAFF: Please send all Evaluation Forms along with Participant Registration & Demographic forms within 1 week of event to: Project Manager, Eastern AHEC, Inc. One Sylvandale Rd. Jewett City, CT 06351
projectmanager@ctmhp.org Fax to (860) 760-6230**



RETURN WITH EVALUATION FORM.

Group Study Demographic Information Form

This information is required by the US-DHHS-Office of Minority Health for funding and evaluation purposes. This will be entered separately from your evaluation data. We thank you for your cooperation.

Please check the categories that best describe you:

Occupation:

- Professional:**
 - a. **Community Health Worker:** _____
 - b. **Nurse:** _____
 - c. **APRN/PA:** _____
 - d. **Clinical Social Worker:** _____
 - e. **Physician:** _____
 - f. **Administrator:** _____
 - g. **Other:** _____

Community Member/ Advocate: _____

Student (level/year): _____

“Race”/Ethnicity:

- Non Hispanic/Latino- White/Caucasian
- Non Hispanic/Latino- Black/ African
- Hispanic/Latino
- Native Hawaiian/Other Pacific Islander
- Asian
- American Indian/Alaska Native
- Other _____

Optional Comments: _____

Age group:

- 13-17 years
- 18-24 years
- 25-64 years
- 65+ years

Gender:

- Female
- Male

PARTICIPANTS: Please return this 1 pg. Demographic Form and your 2 pg. Evaluation Form to today’s facilitator. If unable to return, send to:

Project Manager, Eastern AHEC, Inc. One Sylvandale Rd. Jewett City, CT 06351
projectmanager@ctmhp.org Fax to (860) 760-6230



MEMBERSHIP REGISTRATION FORM- Please Print

Name: _____

Title: _____

Agency/Business Name: _____

Mailing Address: _____

Telephone: (____) _____ Fax: (____) _____ Alternate phone:(____) _____

Email: _____

Primary language: _____ Secondary language: _____

By submitting this form, you are asking the CMHP to **join or confirm Membership** in the CT Multicultural Health Partnership. After completing this form, you will be contacted by someone at the CMHP and also added to our mailing lists. Contact us with questions.

- “**I am already a member** of the Partnership and I would like to get more involved a Committee”: **Yes** **No**

- I would like to **join the following Committee** (Please check one):

- | | |
|---|---|
| <input type="checkbox"/> Awareness & Outreach | <input type="checkbox"/> Communication and Media |
| <input type="checkbox"/> Consumer Initiatives | <input type="checkbox"/> Data Surveillance and Evaluation |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Language Services |

May we have your permission to publish your name, agency name and e-mail in a member directory? **Yes** **No** **Not Sure**

The following information is required by the US-DHHS-Office of Minority Health for funding and evaluation purposes towards eliminating Health Disparities. We appreciate your time and thank you for your cooperation.

Continued on next page

Please select the categories that best describe you below:

YOUR TYPE OF ORGANIZATION REPRESENTS (check one of the following categories):

A. Public Institutions (Check One):

Check one: Local State Federal Tribal Entity/government

B. Institutions of Higher Education (Check one):

Historically Black College/ University

Hispanic Serving Institution

Tribal college/ University

Other College/ University

C. Minority-Serving Community- based organization (Check one):

Non-health Focused

Health Focused

Health care entity

Faith based organization

Other _____

D. National Minority Serving Organization (Check one):

Non-health focused

Health focused

Health care entity

Faith based organization

Other _____

E. ALL: If you elected a Health Care area above, can you please specify the following for your occupation:

a. Community Health Worker: _____

b. Nurse: _____

c. APRN/PA: _____

d. Clinical Social Worker: _____

e. Physician: _____

f. Administrator: _____

g. Other: _____

Are you Community Member/ Advocate (Check if yes, specify): _____

Are you a student? (Check if yes, specify level/year): _____

Continued on next page

F. INVOLVEMENT WITH THE CMHP:

1. How did you first learn about the CMHP?

- Email notice CHMP Website CHMP event
 Another Member CHMP Postcard CMHP's Educational Materials

Other: _____

2. Please briefly describe the nature of skills, experiences and/or interests you/your organization intend to bring to the Partnership:

3. Briefly tell us your main personal or professional motivation for becoming a member of the CMHP. (I.e., what do you hope to do, or contribute to the CMHP, and what might the CMHP do for you or your organization?).

4. The CT DPH Office of Multicultural Health is compiling a list of speakers who are able to speak and present on various Multicultural Health and Disparities Issues. If you are able and interested in speaking/presenting please describe your expertise/areas of interest:

5. Only if applicable, are you or will you be acting as a Partner in providing the following? (Check all that apply):

_____ Paid Staff % Time if known _____ \$ contribution if known _____
_____ Volunteer Staff % Time if known _____ \$ contribution if known _____

6. Other Resources, Please Describe:

DEMOGRAPHICS

G. Geographic Area Served by Your Work (Check all that apply):

- Fairfield County Hartford County Middlesex County New Haven County
 New London County Litchfield County Tolland County Windham County
 STATEWIDE

Continued on next page

H. If applicable, please estimate of “race”/ethnicities and ages of the consumer populations served by your work or organization?

(Rank Largest to Smallest numbers of clients served for each list, using numbers # 1-7, and “0” if not applicable).

1. “Race”/Ethnicity:

- Non-Hispanic/Latino- White/Caucasian
- Non-Hispanic/Latino- Black/ African-American
- Hispanic/Latino
- American Indian/ Alaskan Native
- Native Hawaiian/ Other Pacific Islander
- Asian
- Other: _____
- Optional Comments: _____

2. By Age group:

- Newborn to 1 year
- 1-5 years
- 6-12 years
- 13-17 years
- 18-24 years
- 25-64 years
- 65 or over

3. Gender (Total of all percentages should equal 100%):

- % Female
- % Male
- Other

I. Member / Contact- Your own identified “Race”/Ethnicity:

- Non-Hispanic/Latino- White/Caucasian
- Non-Hispanic/Latino- Black/ African -American
- Hispanic/Latino
- Other: _____
- American Indian/Alaskan native
- Native Hawaiian/Other Pacific Islander
- Asian
- Choose not to answer

Optional Comment: _____

J. Your Age group:

- 13-17 years
- 18-24 years
- Choose not to answer
- 25-64 years
- 65+ years

J. Your Gender

- Female
- Male
- Other _____
- Choose not to answer

PARTNERS: Please mail, fax, or email entire form (4 pages) to:

Angela Jimenez, Office of Multicultural Health, CT Dept. of Public Health, MS #13 OMH,
410 Capitol Avenue, Hartford CT 06106 Tel (860) 509-7140, Fax (860) 509-7160

Email: angela.jimenez@ct.gov

(For CMHP Staff only) Type of Membership

- Informal/ Verbal Agreement
- Letter of Invitation/ Letter of Acceptance
- Memorandum of Understanding/Agreement
- Subcontract
- Other

DATE RECEIVED: _____ **STAFF:** _____

(For CMHP Staff only)

- _____ Total % FTEs on project (to nearest .25)
- FT PT Consultant Contractor
- Fee For Service Staff Volunteer (unpd.)

Other: _____