

Latino/Hispanic Symposium

Achieving Health Equity Through Education, Collaboration & Action

Nuts and Bolts for Community Change



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Minority Health Initiatives



Trillium Health is a local community health center offering primary medical care, specialty HIV care, women's health, and LGBT health services.

We provide on-site pharmacy and lab services, mental health and case management, nutrition counseling, and other support services.

We want everyone who walks through our doors to get the care and support they need to lead a healthy, positive life.

Service options for patients include:

- Regular check-ups
- Chronic disease management
- Specialty HIV care
- Women's health
- LGBT Health
- Mental health/substance use counseling
- Nutrition services
- Care management
- 1:1 health education
- Treatment adherence counseling
- On-site pharmacy and lab services all under one roof

Finger Lakes Health Systems Agency (FLHSA)

Our Mission

We bring focus to community health issues via data analysis, community engagement, and solution implementation through community collaboration and partnership.

Our Vision

Becoming America's healthiest community with health equity for all people in our region, while serving as a national model for continuous improvement in community health and healthcare cost and quality.

Our Strategic Priorities

- Agency Sustainability and Funding
- Data Management and Enhanced Analytics
- Consumer and (Clinician) Engagement
- A Truly Regional Entity and Infrastructure
- System Redesign Including Care Coordination
- Brand Strength and Strategic Communications

Disparities Eliminating on Focus Cross-Cutting

Background

- The Rochester Forum took place on October 9, 2013
- Community stakeholders discussed challenges to health within the Rochester region
- 20 stakeholders were present at this Latino/Hispanic Health Equity Forum
- 14 agencies were represented



October Presenters

- Sady Fischer and Wade Norwood presented on the Social Determinants of Health at the Rochester Regional Forum
 - Addressing Social
 Determinants:

 Turning the Tide on Racial and Ethnic Health Equity



What are Social Determinants of Health?

Social determinants of health are the economic and social conditions (the conditions in which people are born, grow, live, work and age, including the health system) which determine their health. They are "societal risk conditions", rather than individual risk factors that either increase or decrease the risk for a disease.

Examples:

- Poverty
- Environment (i.e. Political, School, Neighborhood Conditions)
- Stigma, Myths, and Misconceptions
- Racism, Sexism, Homophobia

"We need to look at the root causes and not simply the symptoms"



Key Points Addressed during the presentation:

- Power and privilege play a role in how health outcomes are determined.
- Where we live matters, environmental factors determine overall health outcomes.
- There is a need to stop over generalizing the Latino population and recognize that there is diversity within cultures and subcultures.



Priority Issues Identified at the Rochester Forum:

- Housing (The #1 priority issues that the group will work on.)
- Transportation
- Education
- Diabetes Management
- Navigation of Health Care system
- Need for Bilingual Professionals/Interpretation Services
- Prenatal Care Service (Low attendance by Latinas)
- Poverty
- Violence
- Health Professionals need classes on social determinants/health trainings
- Racism discrimination
- HIV AIDS



Barriers Identified at the Rochester Forum:

- Lack of Transportation
- Navigation of health Care system
- Improving Quality of life
- Legal Status
- Lack of insurance
- Lack of substance abuse treatment clinics; there is only one in the area and it has a waiting list
- Lack of Bilingual/Professionals in mental health services
- Lack of consumer education
- Lack of trust between the patient and provider
- Immigration and status back home and diversity
- Doctors not being at the table



Keeping it Real: A Slow Start in Rochester

- At the Rochester Forum a Chair person was selected to lead future community action planning
- Challenges:
 - Point person was no longer available
 - No one wanted/was able to take the lead
 - The majority of the original forum members did not respond to come back to the table

BUT.... a few members did step up to the plate! And were able to gather some data on the great work happening in our region.

Latino Health Coalition

Chaired by Hilda Rosario-Escher, Ibero-American Action League

Engage Latino community leaders as public health thought leaders, coaches and mentors

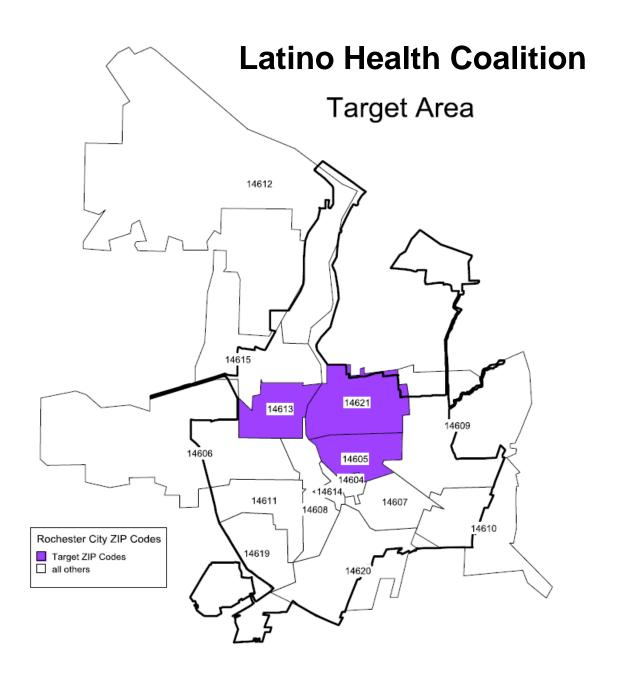
Help Latino leaders increase their knowledge of, and community knowledge of, health risks and healthy behaviors



Community Action Planning Phase Overview

Development Phase

- 1.1 Education
- Identify the problem
- Raise awareness
- Engage key community stakeholders to educate and make aware of problem or priority issue
- Assess how others view the problems or priority issue
- Foster by in and ownership of community and stakeholders
- Develop common language about how to address the issue.



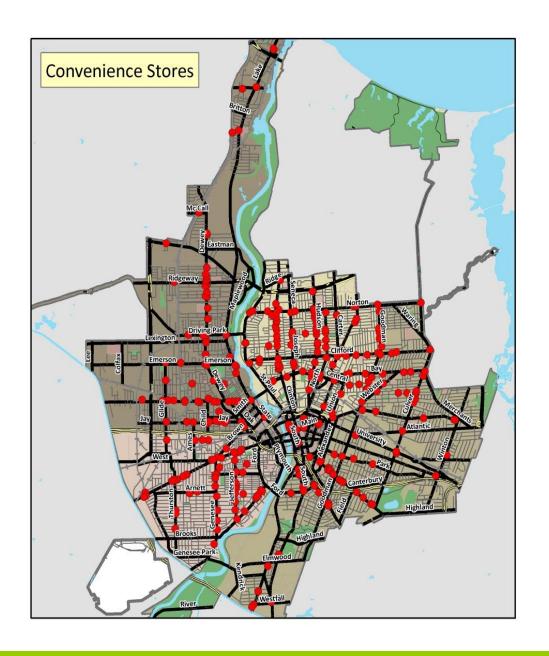
Identifying the Problem

Living Environment and Health Behaviors

 Latinos living in the Target Area face a unique set of environmental conditions. These factors likely have an influence on both the health behaviors and the health outcomes.

Identifying the Problem

A high number of neighborhood "corner stores" (10 stores per every square mile) that lack fresh fruits, vegetables and other health foods. Unhealthy foods high in calories, fat and sugar, as well as alcohol, sugary drinks and tobacco products are likely more accessible than items that promote a healthy lifestyle.

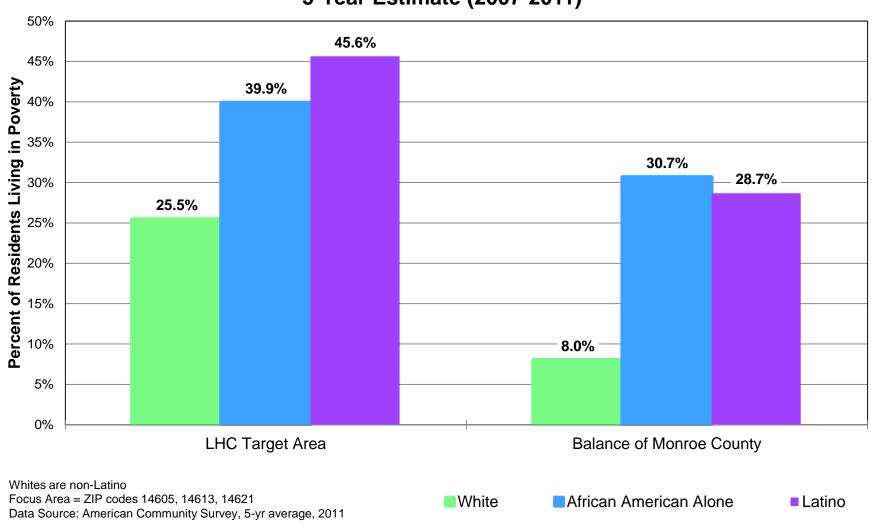


Identifying the Problem

- Inside the Target Area, Latinos experience the highest percentage of poverty in Monroe County, with 46% of this group falling below the threshold.
- Lowest levels of education marked by 44% of Latinos in the Target Area having less than a high school diploma.
- Poor diet and lack of exercise which may contribute to Latinos having a higher rate of obesity (41%) compared to 21% of Whites.

Percent of Residents Living in Poverty by Race/Ethnicity and Geography

Monroe County 5-Year Estimate (2007-2011)





Community Action Planning Phase Overview

1.2 Mobilization

- What exists to address the problem (who is doing what private, public and individual perspective?
- Convene community members to assess problems and needs
- Identify unmet needs What additional things need to be done to address the priority issue or problem?
- Define, mission, vision and objectives What do we want to get done?
- Develop a framework for action
- Identify local resources (who should be at the table), allies and partners for engagement
- Who do we need to endorse or support?



What currently exists? Who do we need to endorse or support?

- First steps were to identify resources currently in place in the Rochester region.
- Through this fact finding stage, the Coalition identified several initiatives that were addressing the health needs of Latinos.

Need to Listen "If you build it with them, they will already be there!" – Debra Ness

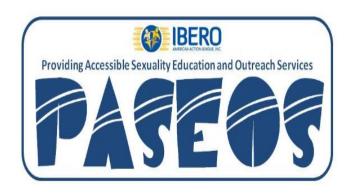






Fact Finding: What resources do we currently have?

 FR=EE is the Facing Race = Embracing Equity initiative in Rochester, NY. Their Housing workgroup's mission "is to reduce racial disparities in housing through greater housing choice throughout Monroe County and improved housing and neighborhood conditions in areas where a majority of the residents are people of color."



- PASEOS is a program that is designed to decrease pregnancy, HIV and STD rates; increase student access and self-efficacy to reproductive and comprehensive health services; increase knowledge and awareness of signs and symptoms of STDs.
- Workshops
- Health Navigating Services
- Peer Leaders
- Family Talk

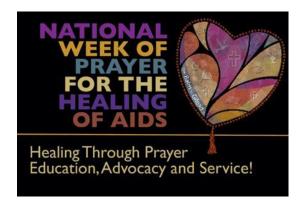
Through grassroots advocacy, Healthi Kids aims to change public policy and practice to support healthier, more active children in Rochester and Monroe County.

Specific goals include ensuring that children in our community have:

- Better school food
- Safer play areas
- Improved food standards at childhood centers
- At least 45 minutes of in-school physical activity

Trillium Health Collaborative Efforts















Get It Done

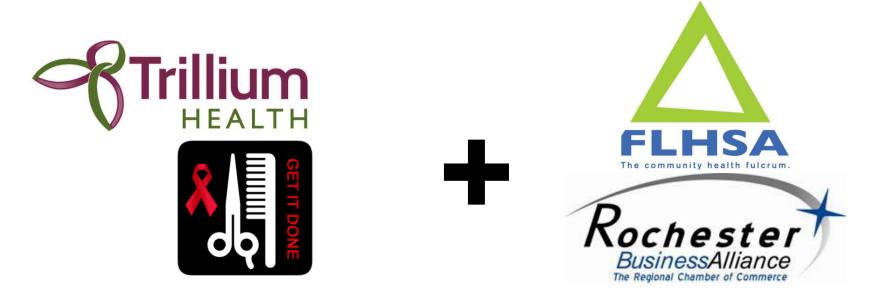
The initiative utilizes African-American and Latino barbers and hair dressers as Community Health Educators (CHEs) to connect patrons to substance abuse treatment and HIV testing and counseling through Trillium Health

Barbers and stylists are powerful advocates and influencers in the communities where they work

CHEs provide information about substance use, HIV testing and STD screenings, community events and resources. They make referrals to our Community Health Workers.

Our Community Health Workers provides convenient access to HIV testing and referrals to substance abuse treatment through the use of Trillium Health's mobile unit.

Collaboration in Action



The high blood pressure campaign in the barbershops is collaboration between Finger Lakes Health Systems Agency, Rochester Business Alliance and Trillium Health.

Through this initiative, Trillium Health's *Get it Done* barbers and stylists are trained community health educators, who offer blood pressure checks and other support to customers who have a history of elevated blood pressure readings.

THANK YOU!

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www.TrilliumHealth.org



Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.

- Margaret Mead





























