The Center for Public Health and Health Policy Research Presents

Mini-Summit on Minority Health
July 25, 2007
Proceedings

Sponsored by
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ACKNOWLEDGMENTS

The Mini-Summit on Minority Health Proceedings is the product of a collaborative effort from approximately 40 diverse action-oriented health professionals to address health disparities on Long Island. The Center for Public Health and Health Policy Research wishes to thank the Mini-Summit Planning Committee for their tireless efforts and contributions to make this event a success. We thank each participant for their expertise, thoughts, suggestions but most importantly their dedication and commitment to improving minority health. Their contributions about important issues facing minority and underserved communities on Long Island, and recommended strategies have provided the roadmap for a sustainable action plan.

Special recognition needs to be given to the Robert Wood Johnson Foundation for sponsoring the Mini-Summit on Minority Health. Through their support and commitment to improving public health, we were able to engage diverse health professionals, discuss issues of critical importance to the region and disseminate those findings through these proceedings.

The Center for Public and Health Policy Research also wishes to thank Raymond L. Goldsteen, who had a vision of bringing people together and developing a sustainable strategic plan to improve public health through the use of health information technology. Our deepest appreciation to Dr. Aldustus Jordan, who provided us with mentorship, guidance and technical assistance through out this process.

The Center for Public Health and Health Policy Research would like to extend their sincere gratitude for all those involved in the planning, development and implementation of the Mini-Summit and this publication.
OVERVIEW

The Mini-Summit on Minority Health Proceedings offers a roadmap for a comprehensive sustainable action plan. This plan is a shared vision to improve health outcomes for minority and medically underserved populations on Long Island. Although we have made progress, a substantial amount of work still needs to be done. The mini-summit is our first step to achieving collective social action that will:

- Educate and empower our communities to become agents of social change
- Guide and inform our elected officials and policy makers on effective culturally appropriate strategies to address health disparities in our region
- Address the social and behavioral risk factors that contribute to the health inequities
- Enhance our existing community resources and capacity to build social capital
- Provide a comprehensive framework to utilize evidence-based research methods
  - Conduct annual community health needs assessment

This informative publication will be disseminated to local health planners and policy makers to give power to unheard voices. Our goal is to form an independent, dedicated community coalition with a shared vision to address the needs of the minority and underserved community and to ensure a healthy future our region.
**FOREWORD**

Long Island is a unique region, with rural, suburban, and urban features with approximately 3 million residents; it encompasses rich diversity, making it one of the most mature suburbs in the nation. It is home to some of the most expensive towns in the nation according to a recent report in Businessweek. Yet its maturity and affluence conceal the existence of health inequities and poor health outcomes within the minority and medically underserved populations that reside on Long Island.

Suffolk County has a population of approximately 1.5 million residents, due to a recent demographic shift there has been an increase in the Hispanic, Asian, African and Caribbean populations. For example, according to the Suffolk County Department of Planning, the African-American populations have experienced a 19% growth and minorities now comprise more that 20% of the total population. Many of our communities are separated by race, class and income. David Rusk has cited Long Island as “the most residentially segregated suburb in the nation” and residential segregation has been established as one of the causes of health disparities between whites and blacks. Therefore, indicators such as median incomes conceal the impact of residential segregation in a suburban environment and how it contributes to health disparities in minority and underserved populations.

Our minority and medically underserved communities continue to experience the historical driven institutional forces of racism, which is evidenced by their inadequate access to medical care. Most of the community health centers are located within communities of color, while most hospitals are located in affluent areas. It has been noted that racial residential segregation serves as a determinant for poor health outcomes, and decreased quality and access to medical care. Segregation drives health disparities, shaping the socioeconomic conditions within the individual, household, neighborhood and community institutions (Williams, Collins 2001). Segregation greatly impacts a community by influencing the quality and quantity of resources, including social capital and mobility, economic and political structures, as well as educational and financial institutions. This environment produces high levels of stress for its low-income residents, triggering maladaptive coping responses, such as drug and alcohol abuse; an increase in crime rates, poverty and violence. There is a significant need to address health disparities and those structural forces that continue to perpetuate their existence and influence medical care and access.

In January 2006, The Center for Public Health and Health Policy Research was created through a memorandum of understanding between the Graduate Program in Public Health at Stony Brook University and the Suffolk County Department of Health Services (SCDHS). With Long Island as its focus, The Center for Public Health and Health Policy Research strives to bridge the gap between community health needs and research by working directly with communities to understand their health issues and the problems they are experiencing and to develop research for prevention and interventions to address these needs.

Dr. Raymond L. Goldsteen, Director, Center for the Public Health and Health Policy Research was awarded a grant from the Robert Wood Johnson Foundation to connect public health to
health information exchanges in the region. The goal was to forge collaboration among the diverse private and public healthcare providers to improve health outcomes, patient safety and efficiency. In his attempt to develop a comprehensive plan, Dr. Goldsteen noticed that there was a gap between the institutions demands and community needs; this glaring disparity led to his vision of bringing community and public health professionals together in a forum to discuss the role of health information technology in addressing the community’s needs.

Dr. Melody S. Goodman, Associate Director, Center for Public Health and Health Policy Research, observed that there was limited data regarding minority health disparities on Long Island. Upon conducting preliminary research on the problem, Dr. Goodman observed that Suffolk County relied upon state and national level data to determine health policies. This is potentially problematic as these levels are far removed from the individual level; where health outcomes are realized. We need to have accurate county level data to better understand the nature and magnitude of health disparities, in order to develop effective strategies to address health disparities; determine the impact of racial/ethnic health disparities on the public health system; monitor trends and progress in reducing disparities; and to develop culturally appropriate strategies to improve minority health for the region.

Our communities of color continue to suffer disproportionately from chronic and infectious illnesses, are more likely to be diagnosed at later stages of disease, are less likely to receive recommended levels of care, and have higher rates of avoidable hospital admissions. Increased data collection efforts and health information technology could substantially improve health outcomes and patient safety for our most vulnerable populations; however it is only a tool, not a panacea for resolving existing health problems. Therefore, we recognized the need to engage and build trust with a diverse group of stakeholders dedicated to this issue.

The Center for Public Health and Health Policy Research reached out to action-oriented individuals to come together and form a unified vision to address the needs of our communities through a comprehensive plan that will:

1. Form a non-partisan, self-sustaining entity designed to address and improve minority health in Long Island
2. Forge collaborations with motivated individuals and organizations
3. Reduce duplication of services and initiatives
4. Identify and address community needs
5. Increase access to resources
6. Provide linkages to resources
7. Increase awareness of community efforts
8. Increase educational and social opportunities for minority youth
9. Develop and implement culturally competent strategies with the community to improve minority health.
WELCOME ADDRESS

Good morning everyone, I am delighted to welcome you to this minority health mini-summit. This is our first step in trying to set an action-orientated agenda for minority health on Long Island.

We would not be in this room today if it were not for the help of some very special people that I would like to quickly acknowledge. Dr. Raymond Goldsteen is the Principal Investigator of the grant that is funding this mini-summit. The Robert Wood Johnson Foundation grant was to create a business plan for how regional health information organizations should be formed. While working on this grant, he noticed that one group was constantly being left out of the discussion and that was the community. In his mind the goal of forming a health information organization is to improve health and health care. Although his grant is ending we thought we would use the opportunity to involve the community in the discussion.

Who could benefit most from the use of technology and the sharing of information in the health sector? Those groups with the poorest health outcomes. However, we felt a broader discussion about what should be done to improve health in these communities needed to happen simultaneously.

I have to thank the mini-summit planning committee for their hard work to make today happen. Dr. Cicely Horsham-Braithwaite, La’Shawn Brown, Dr. Aletha Maybank, Jewel Stafford and Nikki Stewart, it has been my pleasure to work with this group of like-minded women. It has been both challenging and fun, and I could not have picked a better group to plan with.

I also have to give a special thanks to Dr. Jordan who mentored us through the planning of today’s event, broadening our scope and narrowing our focus when necessary. He was also instrumental in getting some of you here today and we are grateful for what he has done to make today a success.

Lastly I have to thank all of you for taking the time out of your busy schedules to attend this event. Your presence here today demonstrates your commitment to minority health. We know there are a lot of people in Suffolk and Nassau Counties working for the most part in silos as they make strides to improve minority health. There are so many people that we could not invite them all to be a part of this planning process but it is our hope that they will be a part of future efforts. You all were selected because your colleagues have recommended you for your commitment to minority health, your current efforts in reducing disparities, and your willingness to work to make things happen. You are our chosen few! We think this group of forward thinkers can help us move the improvement of minority health and the reduction of health disparities out of the discussion phase, into a plan of action, and then mobilize those necessary to take action.

How great would it be if all banded together to reach a set of collective goals, develop a set of evidence-based best practices and created sustainable change. I know many have had this idea before us and there have been some successes and some failures. Can we use this past knowledge
to move us into the right direction for the future? Can we work together and challenge each other to set priorities and ensure that goals are met?

We are going to start today’s program with a presentation entitled *Black in America: from commodities to disparities, race, class and public health*. We hope this presentation will you give you a back drop of why we feel today is so important. Although our presentation is about blacks, when we speak of minority health we think about all the groups that are disproportionately affected by poor health outcomes. It is our hope that at future summits others will give similar presentations focusing on other groups. We focus on blacks because a great deal of what we will speak about stems from our personal journey as we seek to find our role in making a difference in our community.

I hope that my excitement about today is contagious and you are all ready to have the types of open-minded discussions that are needed to address these issues. We have a lot of work to do today, so let’s get started!

Thank you,

Melody S. Goodman, PHD
Associate Director, Center for Public Health and Health Policy Research
Assistant Professor, Graduate Program in Public Health
Stony Brook University Medical Center
The purpose of the Mini-Summit on Minority Health is to unite a select group of action-oriented individuals with a shared vision to improve health outcomes and reduce the health disparities that are affecting minority and medically underserved populations on Long Island.

One of the goals of the Mini-Summit on Minority Health is to form a coalition with the specific aims to:

- Unite key community stakeholders to improve health outcomes of Long Island residents by pooling member resources into one comprehensive community network
- Increase social capital and empower communities of color to become agents of social change
- Promote culturally responsive community-based participatory research that explores and addresses health concerns
- Develop culturally appropriate strategies to incorporate evidence-based research findings into effective, long-term, and sustainable approaches within communities of color in Suffolk County
- Inform local, state and national bodies about the expressed needs and concerns of minority communities in Suffolk County
To gather information for the comprehensive action plan to improve minority health in Suffolk County, we divided our 40 participants into 5 break-out groups and provided each group with the same list of six thought provoking questions. The answers to the questions were placed in the following format: areas of concern, goals to address those concerns and the recommended strategies to achieving those goals. We believed the following format would establish the framework for the comprehensive action plan.

Area of Concern

Attainable Goals

Recommended Strategies

Mini-Summit Comprehensive Action Plan

Each group was asked choose a presenter and secretaty. Each secretary was responsible for taking notes and placing the responses into the appropriate categories. The presenter was responsible for communicating the breakout groups’ responses at the end of the session to the larger group. All of the collective group responses were compiled to generate the action plan. Dr. Aldustus Jordan and Dr. Cicely Braithwaite facilitated the larger group discussion and provided the next steps. Major themes included comprehensive assessment of community health concerns to identify and address concerns, advocacy, education, and inclusion of community members to participate in sustainable changes that promote social justice.

A detailed description of participant responses are located on pages 10-20. Summarized tables of participant concerns, goals and strategies are located on pages 21-26.
QUESTION 1: What is your perception of the health care system in Suffolk County?

Many of the participants were very candid in their response to this question. The major themes were highlighted. In reflecting on their current experience with the health care system in Suffolk County, the majority of participants perceived our current health care system to be invisible, inadequate, culturally insensitive and discriminating to minorities and medically underserved communities. Participants also identified the need for a paradigm shift in the healthcare system. Health care should be treated as right not a privilege; similar to that of the educational system.

Many of their responses reflected institutional and structural barriers that contribute to existing health disparities.

Institutional Barriers

Transportation was identified as major institutional barrier. While there are 10 hospitals, 8 community health centers and 3 satellite clinics in Suffolk County, serving a population of 1.5 million residents, most of the hospitals are strategically located on the north shore, while the community health centers are located in predominantly minority neighborhoods. Public transportation in Suffolk County, whether by train or bus, generally travels hourly from east to west, and may require multiple transfers. However, minority and underserved communities are centrally located requiring travel from north to south. Transportation impacts choices of providers, access to available services and follow up referrals. For example, the geographic isolation of the East End resident results in limited availability and accessibility to health services especially for Hispanic residents.

Participants identified many of the medical institutions as lacking diversity in their leadership. Clients feel more comfortable when their providers belong to the same cultural, racial/ethnic group. This discomfort increases mistrust, miscommunication and poor health outcomes. When patients do not understand their doctor’s instructions, they are less likely to adhere to recommended levels of treatment and, as a result, will continue to experience poor health outcomes. Vulnerable populations perceive this lack of communication as prejudicial.

Participants also stated that community members are receiving inappropriate levels of support, health resources and information. Medicaid services were provided as an example. Community members articulated their concerns regarding the few existing
Medicaid providers, difficulty obtaining Medicaid insurance, the limitations of specialty services for Medicaid patients and complex procedures associated with prescription services. Many community members also stated that there are stereotypes placed on Medicaid recipients, and those perceptions limit their access to care.

**Structural Barriers**

Structural barriers impact how patients obtain their health services by defining the process within health care institutions. The major identified structural barriers were the lack of interpreters; long wait times to make appointments, inconvenient hours of services, and limited providers. Participants stated that additional resources and health information were needed to help people make informed decisions about their health. Suffolk County is 118 miles long. There is a lot of space, and not enough resources located in equal distances from all populations.
**CONcerns AND FRUSTRATIONS REGARDING Health DISPARITIES**

**QUESTION 2:** What are your current frustrations in dealing/working with minority health issues in Suffolk County?

The majority of the attendees stated that their frustrations in dealing with minority health issues are due to a *lack of cohesion, knowledge and information sharing among organizations*. There is either a duplication of services or a substantial void. For example, there are communities who feel saturated with educational programs, while other geographically isolated communities, are lacking those services. Participants also recognized the need for sustainable funding, as there is currently a high expectation of “foot soldiers.” Recognition and increased support of the community health workers, social workers, educators, and other health professionals that keep long hours to maintain a consistence presence in the communities.

Spheres of influence from organizations that pose turf wars decrease opportunities for collaborative social action. Increased collaboration with our minority and undeserved communities can only enhance our approaches, yet there is fragmentation of services, programs and efforts.

To address these frustrations, participants stated that community, faith and health based institutions need to work together with a shared vision and common goals to:

- **I.** Reach out to communities and establish trust
- **II.** Make public proclamation on concerns
  - a. Attend legislative meetings and notify press
- **III.** Have a coalition to push forth these efforts
  - a. Get people involved
  - b. Develop collaborations with confidence
- **IV.** Maintain consistent relationships with community
- **V.** Learn from best practices and unsuccessful endeavors

**QUESTION 3:** What are your top three areas of concern regarding disparities on Long Island? What could/should be done to address these concerns?

Participants were extremely insightful about their key concerns and recommended strategies to address barriers regarding disparities.
CONCERN: LACK OF CULTURAL COMPETENCY AND CULTURAL SENSITIVITY TRAINING

There is a concern about the lack of cultural competency and cultural sensitivity training for community health providers, health practitioners and service providers to enhance their communication and negotiation skills with their minority and medically undeserved patients. With an increasingly diverse population of Hispanic, Asian, African, Black and Caribbean residents, it is imperative for health care providers to understand the social and cultural constructs of health and language barriers. The lack of cultural competent practices can create an environment of missed opportunities to identify and address health problems; receive adequate health care services; and provide education to address the social and behavioral risk factors that contribute to health disparities.

Patients/clients are less likely to communicate their health concerns and medical histories when they mistrust or misunderstand their providers. Health providers find it challenging to diagnose and treat medical conditions without accurate information, such as alternative medications. Language barriers; perceived racism; discrimination; organizational, structural and individual barriers also inhibit the ideal patient-provider relationship. Therefore, providing physicians, staff and management with tools and techniques to enhance their communication with community members can lead to building trust between community members and health providers; increasing patient compliance and improving health outcomes. Participants expressed that cultural competency and cultural sensitivity training is a necessary step to reducing health disparities.

RECOMMENDED STRATEGY: MANDATORY CULTURAL COMPETENCY TRAININGS, INCREASE THE DIVERSITY OF THE HEALTH CARE WORKFORCE

The identified recommended strategy was to implement county wide mandatory training on cultural competency/diversity when working with minority and underserved communities and receiving buy in from the top administration and management levels. Other identified recommended approaches were to increase the availability of culturally competent community educators/ liaisons that understand the community and speak the language to provide health information to targeted communities. Currently, Suffolk County hospitals, health centers and community providers have designated community related personnel. However, participants expressed their concern for a strained community-based health workforce that have limited resources to meet the rising demands of the minority and underserved communities.

CONCERN: ADVOCACY, TRAINING AND EDUCATION

Another identified area of concern was advocacy, training, and education. It was articulated that populations with the poorest health outcomes require the assistance of social change agents to advocate for their needs. It is crucial to address the social and behavioral risk factors that impact our most vulnerable populations. This will entail a multi-level approach that includes the educational, political, social as well as the medical systems. The institutional structures that exist in Suffolk County are vast and complex. Our minority and medically underserved...
populations need assistance navigating through the existing bureaucratic processes. Participants suggested that consumers need to be educated and informed of patient rights, and available resources in their community.

**RECOMMENDED STRATEGY: COMPREHENSIVE PLANNING AND DEVELOPMENT**

The recommended strategy calls for planning and enhancing our existing infrastructure to be more responsive to the needs of our increasingly diverse community. This can be accomplished through the following actions:

I. Engaging key community leaders, politicians, community and faith based organizations, businesses, health and human services to participate in consistent dialogue to recognize the importance of social justice and public health needs

II. Conducting annual community health assessments to identify and address barriers, monitor health trends and provide accurate data on the health status of the communities

III. Investigating the causal pathways to social and behavioral risk factors that contribute to the disproportionate burden of health inequities among minorities and medically underserved populations

IV. Increasing patient education, and health literacy

**CONCERN: INADEQUATE TRANSPORTATION & ITS IMPACT ON HEALTHCARE ACCESS**

As mentioned previously, transportation and its impact on access to healthcare were also articulated as a major barrier. Participants identified that lack of transportation and access to goods and services impact decisions regarding nutrition, employment opportunities, childcare and quality of life. Specifically, geographically isolated east end residents find it increasingly difficult to gain access to timely health care services.

**RECOMMENDED STRATEGIES: COMPREHENSIVE ASSESSMENT, IDENTIFY BARRIERS AND ADVOCATE FOR SUSTAINABLE SOLUTIONS**

I. A comprehensive assessment of transportation services to identify:
   a. gaps in services,
   b. barriers, such as outdated insurance reimbursement models
   c. community concerns

II. Work with local and state agencies, such as the New York State Department of Transportation, Metropolitan Transportation Authority, Nassau and Suffolk County Transit, to develop creative sustainable solutions to better address the needs of minority and medically underserved communities
III. Increase public transportation alternatives and locations for Suffolk County residents. Although there are many residents that commute to New York City, it equally important to address the multi-faceted commuting needs for residents who live, work and access healthcare in Suffolk County.

**CONCERN: RAPID SPREAD OF HIV/AIDS**

The rapid spread of HIV/AIDS in communities of color is a major concern. Long Island has the highest HIV infection rate of any suburb in the nation. Despite the increase in HIV/AIDS, there are limited education programs that provide sexually accurate evidence-based information and approaches. Due to recent federal funding cuts from the Ryan White CARE Act, many organizations are struggling to provide HIV/AIDS programs and services to those populations disproportionately impacted by HIV/AIDS; specifically African-American and Hispanic communities.

Although HIV testing and increased educational programs are effective preventive methods, some of the highest risk behaviors- such as homosexuality- are deeply embedded in social and cultural stigmas. According to the Center for Disease Control, African-Americans represent 13% of the population, and account for more than 50% of diagnosed AIDS cases; Hispanics/Latinos represent 13% of the population and account for 16% of diagnosed AIDS cases. Despite the data, some participants believed that Suffolk County legislative officials need to increase their involvement in this “forgotten crisis.” The HIV/AIDS epidemic on Long Island also demonstrates the need for long-term sustainable approaches that address the unique needs of each community.

**RECOMMENDED STRATEGY: PREVENTION, EDUCATION AND WORKING TOGETHER AS COLLECTIVE SOCIAL CHANGE AGENTS**

I. *Work collectively* with community members; community based organizations; faith-based organizations; policy-makers; legislators; medical, social, and correctional institutions to *identify barriers; develop strategies collectively* that address the unique underlying needs of each community; *evaluate the effectiveness of the program* ensuring that goals are met. HIV/AIDS is a community concern. The groups most disproportionately impacted by this disease have historically struggled for equal access and equality in our society.

II. *Projects that use evidence-based models tailored to communities of color* have been successful in reducing HIV/AIDS. For example, the Center for Disease Control and Prevention has identified programs that have targeted approaches within specific communities to address social stigmas, risk behaviors and social change. Some of the existing models utilize the strengths of the community, establishing support systems, developing goals, and increasing community capacity.

III. *An expansion of human and social resources to increase education, prevention and testing.* There is a direct relationship between funding mechanisms and the provision of
programs and services, this approach creates gaps; we need long – term, sustainable programs that are rooted in the community. Long Island is rich with community members, students and institutions that can enhance their existing infrastructures to provide education and community services. Participants identified the need reach out to key informants, students- not just the student but also the hard-to-engage- and utilize HIV/AIDS survivors to provide testimonials.

IV. Provide consistent and accurate messages to dispel myths about HIV/AIDS transmission modes
   a. Projects that use evidence-based models tailored to communities of color

CONCERN: MEDICAID

Many of the participants have identified Medicaid as a source of health inequities for minority and underserved populations, as it limits access to timely and adequate health services and stigmatizes patients. Medicaid is a federal and state program that provides medical insurance to individuals who fit within a certain income, age, disability or resource level (New York State Department of Health). There is a misconception that all low-income groups are eligible for Medicaid, when in fact state governments determine the criteria. Its eligibility guidelines are generally inflexible, confusing, and marginalize vulnerable populations. Participants expressed that the complex bureaucratic process to obtain Medicaid can delay adequate treatments, creating a second tier health system for the disadvantaged populations in Suffolk County.

Although it provides insurance for approximately 52 million individuals and families, Medicaid creates disparities within low-income groups; the uninsured poor and the insured poor. The strict criterion does not take into account the high cost of living or high costs of medical services in New York. Participants shared that Medicaid has unrealistic expectations for their underserved clients/patients experiencing significant levels of poverty. The Center for Health Transformation describes Medicaid as “an anti-patient archaic structure that does not live up to its potential to closing the deeply troublesome gaps”. This sentiment was confirmed as many participants shared stories about their patients or clients who were unable to obtain appropriate medications, forms of transportations, and timely referrals to specialists. Another troubling concern was the scarcity of Medicaid health providers. Due to its current reimbursement structure and complex myriad of forms, many community physicians find it challenging to provide services to Medicaid patients.

RECOMMENDED STRATEGY: INSTITUTIONAL CHANGE

I. Participants suggested developing a “real system” that will address transportation, provider hours of availability, and access regardless of insurance. Changing the eligibility guidelines for Medicaid and other public benefit programs to match the cost of living for the area rather than the Federal Poverty Guidelines

II. Legislative policy action to change current systems in order to provide incentives for doctors to provide services to a certain number of uninsured. It has been documented that the uninsured population over utilize emergency healthcare services and drive up
health care costs. The uninsured population often delay treatments and receive their service in the emergency rooms, where they can not be refused based on their ability to pay. This is often an expensive alternative to preventive care, such as annual check ups.

III. Offering health care services on a sliding scale based on a patients ability to pay

IV. Changing the stereotype associated with Medicaid by getting doctors to stand up and say “I am a Medicaid provider”. It is often hard for Medicaid recipients to find providers that accept their insurance.

CONCERN: LACK OF COUNTY LEVEL DATA COLLECTION SYSTEM

Evidence-based public health practice demonstrates how collaborations between health professionals, community members and researchers can improve community health by recognizing the importance of social justice and public health needs. There is currently a need to obtain local level health information about our minority and medically undeserved communities to demonstrate the nature and magnitude of the existing health disparities in Suffolk County. Enhancing our knowledge about the social and behavioral risk factors that contribute to disease, illness and disability in Suffolk County provides us with an opportunity to address the unique needs of our communities.

RECOMMENDED STRATEGY: ANNUAL COMMUNITY HEALTH ASSESSMENTS

I. Participants suggested having a consistent community health measurement system that holds people accountable. Suffolk County, due to its limited resources for extensive data collection, relies on state and national databases to obtain local level health estimates. Many counties realize that national and state-level population-based surveys are limited in their ability to capture health disparities within communities of color on the local level and have begun county level data collection. The New York City Department of Health and Mental Hygiene and the Nassau County Department of Health have conducted their own community level behavioral risk factor studies to establish benchmarks and study health trends in their communities. Suffolk County must do what other counties have been doing; identifying and addressing our unique health problems that exist in the county

II. The Center for Disease Control and Prevention has recommended steps in the practice of Evidence-Based Public Health:
   a. Assess priority health issues in communities
   b. Develop measurable objectives to assess progress in addressing issues
   c. Choose effective interventions
   d. Implement interventions
   e. Evaluate interventions
   f. Better integration of efforts between the Department Of Health and outside agencies
   g. Use local community resources to disperse information
QUESTION 4: List three major barriers to health care that you, your agency, and/or community have identified that contribute the health disparities on Long Island? To what do you attribute these barriers? Please be specific. Who needs to be involved in eliminating these barriers?

As participants have discussed their concerns in depth in other questions and to avoid duplication, we have listed identified barriers, contributing factors and the multi-level engagement approach.

**Barriers**
- I. Lack of transportation and insurance
- II. Social segregation and discrimination
- III. Complacency
- IV. Lack of education and outreach
- V. Fear of unknown
- VI. Inequities in housing and employment
- VII. Lack of provider access amongst low income residents
- VIII. Lack of adequate transportation
- IX. Difficulty getting access to Medicaid and Family Health Plus
- X. Lack of information

**Who Needs to be Involved?**
- I. Everyone
- II. Community based organizations, community providers, formal and informal leaderships
- III. Health professionals
- IV. Local Politicians
- V. Hospitals
- VI. Higher education institutions
- VII. Regular planning boards
- VIII. Public and private businesses
- IX. Health and Human Services
- X. Legislators
- XI. Hospital leaders
QUESTION 5: How can health information technology (such as electronic medical records) be used to reduce these disparities?

Health information technology is moving healthcare into the 21st century; electronically transporting medical histories, allergies, medication lists, emergency contacts and other forms of important health information found in a medical chart. The benefits of health information technology is the reduced paper work, duplication of tests and treatments, reduction of errors, increased efficiency and effectiveness, but most of all patient safety and quality of care.

Participants identified the following benefits to using health information technology to improving health disparities.

I. Improved health care no matter where the patient is seen. Health providers will have access to patient records only with patient consent, but this will increase the ability to adequately diagnose and treat patients based on full history. For patients with chronic illnesses, such as diabetes or cancer, their health information will be accessible to their multiple providers
   a. Flag important screenings
   b. Provide changes in medication history
   c. Increase efficiency of services
   d. Ensure communication between multiple providers
   e. Increase quality health care

II. Improve data collection efforts so that we identify and address the health disparities in our communities. We will have accurate rates of diseases that disproportionately impact our minority communities. The collected data can demonstrate the unique needs of our community, Suffolk County and on Long Island.

III. We can measure if our community-based interventions are effective by monitoring trends and progress. It can also provide information about the health provider interventions, specifically for Medicaid patients, so we can demonstrate the unique needs of the disadvantaged populations.

IV. Emergency preparedness-as demonstrated by Katrina, if a major disaster occurs we need to have patient health information to adequately address health problems.

V. Personal card for patients. Similar to an ATM card, patients can transport their information to their provider; it will empower the patient to maintain control of their health information. It can enhance patient-provider communication especially for undocumented residents, as the health provider will have the pertinent information to treat patients despite language barriers.
QUESTION 6: What are the opportunities and barriers to creating a coalition in Suffolk?

Opportunities for coalition building included:
I. Non-partisan, action-oriented individuals coming to the table with expertise and solutions
II. Opportunities to meet and work with communities in areas where disparities exist
III. Central body that will hold people accountable and will be accountable. To make it work we need consistent follow up and action-oriented people dedicated to the work
IV. Increase bidirectional communication to build trust, enhance community capacity and empower communities to engage in social change
V. Increase dissemination of information to community members
VI. Subcommittees to address specific identified needs of minority and underserved communities

Barriers to coalition building included:
I. Sustainable Funding
II. Large geographic area
III. Interested and motivated parties are over extended
IV. Confidentiality, mistrust, sabotage

To address these barriers participants believed that an action-oriented coalition will need sound leadership and an organizational home to: set the tone for future activities, provide good organization, strategic planning, and motivating others to participate in a democratic process.
## TOPIC I: TRANSPORTATION

<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Goals</th>
<th>Recommended Implementation Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>Make transportation accessible and affordable</td>
<td>Enhance existing transportation mechanisms and companies. Through comprehensive assessments, identify barriers and advocate for sustainable solutions to expand services to underserved communities. Provide shuttles from health centers to affiliated hospitals to ensure timely appointments. Work with community members to plan and develop creative solutions, such as a request for proposals for “Dollar Vans” through government subsidies. Financial incentives for minority businesses, community based organizations and faith based organizations that serve minority and underserved communities to facilitate transportation</td>
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# TOPIC II: LACK OF CULTURAL COMPETENCY AND SENSITIVITY

<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Goals</th>
<th>Recommended Implementation Strategies</th>
</tr>
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<tbody>
<tr>
<td>Lack of cultural sensitivity towards minorities and</td>
<td>Increase cultural competency and sensitivity</td>
<td>County wide mandatory cultural competency training</td>
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<td>underserved communities</td>
<td>trainings</td>
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<td></td>
<td></td>
<td>Provide and repeat consistent health messages to patients. Use</td>
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<td></td>
<td>multiple forms of communication to address language barriers</td>
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<td>literacy concerns and cultural practices. Examples include</td>
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<td>tapes, pictures, and culturally appropriate health literature.</td>
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<tr>
<td>Increase diversity in health care workforce</td>
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<td>Provide incentives through performance reviews</td>
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<td></td>
<td></td>
<td>Hire community educators and liaisons that understand the</td>
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<td>culture and speak the language to provide health information</td>
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<td>to targeted communities.</td>
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<td>Increase patient education, health literacy, and enhance</td>
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<td>knowledge of their rights.</td>
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### TOPIC III: HIV/AIDS

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<tr>
<th>Area Of Concern</th>
<th>Goals</th>
<th>Recommended Implementation Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disproportionate rates of HIV/AIDS in the minority and underserved communities</td>
<td>Increase prevention and education methods</td>
<td>Utilize projects that use evidence-based models tailored to communities of color; work collectively with community members, community based organizations, faith based organizations, policy makers, legislators, medical, social and correctional institutions to identify barriers; develop strategies to collectively address the unique underlying needs of each community. Provide consistent and accurate messages to dispel myths about HIV/AIDS transmission modes.</td>
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<td>An expansion of human and social resources to increase education, prevention, and testing.</td>
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# TOPIC IV: ADVOCACY, TRAINING AND EDUCATION ON HEALTH

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<tr>
<th>Areas of Concern</th>
<th>Goals</th>
<th>Recommended Implementation Strategies</th>
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<tbody>
<tr>
<td>Lack of advocacy, training and education for the needs of our minority and underserved communities</td>
<td>Increase multi-level approach to social change efforts to advocate for communities identified needs</td>
<td>Conduct annual community health assessments to identify and address needs and barriers, monitor health trends and provide accurate data</td>
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<td></td>
<td>Increase and provide culturally competent health education and trainings to inform minority communities</td>
<td>Engage key leaders, community leaders, politicians and faith-based organizations to participate in consistent dialogue to recognize the importance of social justice and public health.</td>
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<td>Investigating causal pathways to social and behavioral risk factors that contribute to the disproportionate burden of health inequities.</td>
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<td>Use churches, community-based organizations, and waiting rooms to educate, provide literature, videos and talks on health education</td>
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# TOPIC V: LACK OF COUNTY LEVEL DATA COLLECTION SYSTEM

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<th>Area Of Concern</th>
<th>Goals</th>
<th>Recommended Implementation Strategy</th>
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<tbody>
<tr>
<td>Lack of county level data to address public health needs</td>
<td>Identify the community health needs, set priorities, and develop measurable objectives to address public health needs</td>
<td>Conduct an annual community health needs assessment</td>
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### TOPIC VI: MEDICAID

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<tr>
<th>Areas of Concern</th>
<th>Goals</th>
<th>Recommended Implementation Strategies</th>
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<tr>
<td>Medicaid Services</td>
<td>To reduce complicated Medicaid services processes, such as application for benefits and prescription services</td>
<td>Utilizing health information technology to reduce duplication and complicated procedures associated with Medicaid services, such as prescription services. It will increase efficiency and reduce paperwork by implementing a computerized system to input health information.</td>
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<tr>
<td>Higher reimbursements for primary care physicians and Medicaid providers</td>
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<td>Develop a system to address transportation, provider hours of availability and access regardless of insurance, changing the eligibility guidelines for Medicaid.</td>
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<tr>
<td>Provide equitable treatment for patients regardless of insurance status</td>
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<td>Pay for Performance. A system that will provide financial incentives to Medicaid providers based on community health improvement.</td>
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<td>Utilize the services of the New York State Medicaid Analytics group to identify and address barriers though evidence –based research methods.</td>
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<td>Advocacy, education and increased awareness to elected official on all levels of government to change policies and stereotypes.</td>
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</table>
REFERENCES


*Demographic, Economic and Development Trends, Suffolk NY* Suffolk County Department of Planning, April 2005

*Medicaid in New York State* New York State Department of Health,

*Revamp Medicaid to help minorities fare better* Center for Health Transformation, 2005

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Next Steps

- Seek external funding for coalition building efforts
- Develop coalition and meet on a regular basis
- Community health needs assessment
- Future mini-summits on specific health topics
- Disseminate action plan to public health officials, policy makers and legislators
- Develop Infrastructure for community-based participatory research
MINI-SUMMIT PARTICIPANTS

Reverend Beresford Adams, Faith Baptist Church
Rev. Dr. Gloria Elena Adams, Stony Brook University Medical Center, School of Social Welfare
Donna Bacon, Nassau County Community College
Humayun Chaudhry Commissioner, Suffolk County Department of Health Services
Dennis Daniel, Stony Brook University Medical Center, School of Medicine
Ann Cotton-DeGrasse, North Fork Breast Health Coalition
Antonio DeGrasse, Stony Brook University Medical Center
Sandra Gil, Suffolk County Department of Health Services, Latino Health Initiative
Raymond Goldsteen Director, Center for Public Health and Health Policy Research
David Graham, Deputy Chief Commissioner, Suffolk County Department of Health Services
Henry Holley, 100 Black Men, Inc
Aldustus Jordan, Associate Dean, Clinical Associate Professor, School of Medicine
Deanna Marshall, County Executive's Office, Co-Chair Suffolk County HIV Commission.
Cheryl McChunguzi, Suffolk County HIV Commission
Saba McChunguzi, Community Liaison, Office of Minority of Health
Simone-Marie Meeks, Nassau County Department of Health
George Myer, Stony Brook University
Angel Ortiz, Reality Check
Jedan Phillips, Arthur Risbrook Medical Society, Inc.
Phyllis Rice, ERASE Racism
Jamie Romeiser, Center for Public Health & Health Policy Research
Marguerite Smith, Cornell Cooperative Extension
Denise Snow, Nassau Suffolk Law Services
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Dr. Gwendolyn Stretch, Medical Director, Elsie Owens North Brookhaven Health Center at Coram
Dr. Margaret Sukram, Office of Minority of Health
Christina Vargas-Law, Director of Diversity and Affirmative Action, Stony Brook University Medical Center
Stacy Villagran, Nassau Suffolk Hospital Council
Jarvis Watson, Academic Advisor, Stony Brook University
Vicky White, Long Island Minority AIDS Coalition
The Center for Public Health & Health Policy Research

Welcomes you to

Mini-Summit on Minority Health III
February 28, 2008

Hamlet Wind Watch Golf & Country Club

Sponsored by:
The Stony Brook University School of Medicine
Dear Mini-Summit Participants:

The official formation of the Suffolk County Minority Health Coalition is a remarkable accomplishment. We congratulate you and offer our enthusiastic support.

At Stony Brook University, we are committed to educational research and health promotion activities that advance knowledge and provide benefits to our surrounding communities. The social and health inequities that exist for minority and medically underserved populations in Suffolk County must be addressed. We applaud your efforts to unite community members, key leaders, and health professionals in developing a comprehensive strategic plan to improve minority health.

We commend the Center for Public Health and Health Policy Research and the School of Medicine for their vision, dedication, and commitment in enhancing the health care delivery system. We also thank the Long Island Community Foundation for their continued support of community based projects that encourage and promote social justice.

Through a multifaceted, culturally responsive approach, the Suffolk County Minority Health Action Coalition can utilize the power of partnerships as an effective model empowering communities to participate in social change.

We, at Stony Brook University, wish you much deserved success and look forward to working with you on this important initiative.

Sincerely,

Shirley Strum Kenny
President
Dear Mini-Summit Participants.

Congratulations on your success! The Stony Brook University School of Medicine is pleased to support the official formation of the Suffolk County Minority Health Action Coalition.

The School of Medicine shares your collective vision to ensure access to health and educational services to minority and medically underserved communities in Suffolk County. Your coalition will prove beneficial in identifying and addressing the concerns of community members through education, research and advocacy.

We look forward to working with you on developing prevention and intervention strategies that capitalize on the strengths of minority communities and the institutions and agencies that serve them.

Sincerely,

Richard N. Fine, M.D.
Dean, School of Medicine
February 19, 2008

Dear Participants,

Congratulations to you all for becoming Suffolk County Minority Health Action Coalition Members! As the collaborating partner in the Center for Public Health and Health Policy Research, the Suffolk County Department of Health Services is very pleased to support and encourage community coalition building activities to improve the health of minorities in our region. As evidenced by the previous Mini-Summits on Minority Health, a comprehensive action plan is necessary to reduce health disparities among minorities and underserved populations in Suffolk County.

Suffolk County is a unique region with many poorly understood health problems and concerns. It is large in both population and geographic area and contains urban, suburban, and rural areas. In addition, the population is diverse in terms of race, ethnicity, and socioeconomic status. It is essential to collectively engage in activities that enable health promotion and prevention; and evidence-based public health interventions for this complex region.

Our Memorandum of Understanding established our strategic alliance to implement a community-based initiative that promotes evidence-based, region-specific solutions to health problems in Suffolk County. Developing a community coalition with diverse health professionals, to build trust and empower our community members, forge collaborations, as well as address and improve health outcomes is aligned with our mission to safeguard the health of the residents of Suffolk County.

We look forward to working with you all on this important project.

Sincerely yours,

Humayun J. Chaudhry, DO, MS
Commissioner

HJC/kc

cc: K. Aletha Maybank, MD, MPH, Director, Office of Minority Health, Dept. of Health Services
Margaret Sukhram, Ed.D, MA, MPH, NP, Assistant Director, Office of Minority Health, Dept. of Health Svcs.
February 28, 2008

Dear Mini-Summit Participants,

Congratulations on your extraordinary achievement! The Graduate Program in Public Health is proud to support the formation of the Suffolk County Minority Health Action Coalition.

The Graduate Program in Public Health, as a collaborating partner in the Center for Public Health and Health Policy Research has the vision to improve population health in Suffolk County through education, research, and community service. We believe that utilizing evidenced based public health research to address persistent health problems of the community will provide substantial benefits to our region. However, to be effective we must work collectively to identify and address the contributing risk factors that disproportionately impact our communities of color.

As evidenced by the previous Mini-Summits on Minority Health, forging long term collaborative relationships with community members, key stakeholders and health professionals is essential to developing a strategic action plan to improve minority health. The Suffolk County Minority Health Action Coalition will provide the necessary framework to encourage effective and sustainable social change in Suffolk County.

The Graduate Program in Public Health looks forward to working in partnership with you on this important endeavor.

Sincerely,

[Signature]

Raymond L. Goldsteen, DrPH
Professor, Department of Preventive Medicine
Division Head, Evaluative Sciences
Director, Graduate Program in Public Health
Director, Center for Health Services & Clinical Outcomes Research
February 28, 2008

Dear Mini-Summit Participants:

On behalf of the Center for Public Health & Health Policy Research, I am delighted to welcome you to the third mini-summit on minority health. I know the Center has a really long name, even those of you that have been working with us for a while still struggle to get it right, but we hope that soon it will be a name you won’t forget. The theme of today’s summit is the power of partnerships and what an appropriate theme as we announce the formation of the Suffolk County Minority Health Action Coalition (SMHAC).

I would like to thank the Long Island Community Foundation for its support of this initiative and its mission to examine and address the disproportionate burden of poor health outcomes experienced by racial/ethnic and medically underserved populations within our region. Rev. Dr. Martin Luther King Jr. once said “of all the forms of inequality, injustice in healthcare is the most shocking and inhumane”.

Suffolk County is a unique region with urban, suburban, and rural features and a population of approximately 1.5 million. It is one of the most mature suburbs in the nation and as such faces a host of unique public health challenges. The Center for Public Health & Health Policy Research strives to bridge the gap between community health needs and research and will provide a home for SMHAC during the coalition building phase.

I would like to thank the Suffolk County Department of Health Services and Stony Brook University School of Medicine for demonstrating the power of partnership by forming the Center for Public Health & Health Policy Research and the continued support they have provided to this initiative. A special thanks to the planning committee for another successful mini-summit.

I look forward to our continued work with founding members of SMHAC as we develop a sustainable coalition. I know we have a great deal of challenging work ahead of us but I am confident that together we can develop and implement an action orientated plan to reduce racial/ethnic health disparities in Suffolk County.

I would like to wish SMHAC longevity and success, please do not underestimate the power of this partnership!

Thank you,

Melody S. Goodman, Ph.D.
Director, Center for Public Health & Health Policy Research
Assistant Professor, Graduate Program in Public Health
Stony Brook University

Stony Brook, NY 11794-8338 Tel: (631) 444-2074 Fax: (631) 444-3480
Suffolk County Minority Health Action Coalition

The Center for Public Health and Health Policy Research (CPHHPR) is committed to improving the health and well-being of the residents of Long Island through public health policy analysis and rigorous public health research on the most critical public health issues. In January 2006, CPHHPR was created through a memorandum of understanding between the Graduate Program in Public Health at Stony Brook University and the Suffolk County Department of Health Services (SCDHS). We currently have strategic alliances with the SCDHS, Office of Minority of Health, Stony Brook University Medical Center, National Cancer Institute’s Cancer Information Service of New York at Huntington Hospital and key community leaders in Suffolk County. These collaborative relationships demonstrate the capacity to promote public health policy analysis; conduct evidence-based public health practice; address health concerns of significance to Long Island, its residents, and health care providers.

The Long Island Community Foundation has awarded the CPHHPR grant funding to form the Suffolk County Minority Health Action Coalition (SMHAC), a group of action-oriented community members, key leaders and health professionals with a goal to develop a comprehensive sustainable action plan to improve health outcomes, and reduce the health disparities affecting minority and medically underserved populations in Suffolk County. SMHAC will provide the necessary framework to build alliances with diverse stakeholders, pool existing resources and empower minority communities to drive social change.

The Suffolk County Minority Health Action Coalition (SMHAC) has a mission to examine and address the disproportionate burden of health disparities that impact racial/ethnic and medically underserved populations within our region. This coalition will serve as the facilitator, catalyst and organizational hub for collective social action in Suffolk County. and policies

Key Activities:

The key activities for the grant year will include:

(1) Forming an inclusive coalition that will include representation from diverse community, health and faith-based organizations

(2) Develop sustainable governance structure to ensure appropriate guidance and leadership

(3) Develop a comprehensive strategic plan based on recommendations from the participating coalition members

(4) Translate and disseminate information to community members, government officials, community, health and faith-based institutions.
Suffolk County Minority Health Action Coalition

Committee Chairs

Coalition Structure
Aldustus E. Jordan

Cultural Competency
Sandra Gil

Data Collection
La’Shawn Brown-Dudley

Insurance
Denise Snow
The Center for Public Health and Health Policy Research Presents

Mini-Summit on Minority Health
October 10, 2007

Proceedings

Sponsored by
The Robert Wood Johnson Foundation
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ACKNOWLEDGMENTS

The Mini-Summit on Minority Health II Proceedings is the result of a collaborative effort from approximately 40 diverse action-oriented community members, key leaders and health professionals to address and improve health outcomes for communities of color on Long Island. The Center for Public Health and Health Policy Research wishes to thank the Mini-Summit Planning Committee for their tireless efforts and assistance to make this event a success. We thank each participant for their expertise, thoughts, suggestions but most importantly their dedication and commitment to improving minority health. Their contributions about important issues facing minority and underserved communities on Long Island, and recommended strategies have provided the roadmap for the development of the Minority Health Coalition to address these issues.

Special recognition needs to be given to Dr. Richard Fine, Dean of the School of Medicine for sponsoring the Mini-Summit on Minority Health. Through their support and commitment to improving public health, we were able to engage diverse health professionals, discuss issues of critical importance to the region and disseminate those findings through these proceedings.

The Center for Public Health and Health Policy Research would like to extend their sincere gratitude for all those involved in the planning, development and implementation of the Mini-Summit and this publication. Our deepest appreciation to Dr. Aldustus Jordan, who continues to provide us with mentorship, guidance, and technical assistance through out this process.
WELCOME ADDRESS

Good morning and welcome. My name is Al Jordan. I am Associate Dean for Student Affairs in the Stony Brook School of Medicine and I am also Clinical Associate Professor in the Stony Brook School of Social Welfare. I would like to begin this morning by asking each of you to introduce yourselves and provide us with your organizational affiliations.

You have been specifically invited to these “Mini-Summits” because you are leaders in dealing with both health disparities and the issues that contribute to and reinforce them. Your attendance today marks what I believe is a powerful testimony that we on Long Island understand and recognize the many ways in which health disparities impact our daily lives. Moreover, your attendance clearly demonstrates that each of you has the courage of your convictions and that you are prepared to make the long term commitment to do something about it.

It is increasingly important that those who have traditionally been most adversely impacted by health disparities and those who have a history of dealing with the problems join forces with those who may have become more recently aware and redouble their efforts to eliminate them. This is the underlying theme that will encompass all our work.

As you know, this is the second in the “Mini-Summits” addressing Health Disparities on Long Island. Our first meeting addressed the issues as defined by you as participants. Each of you has a copy of the “Proceedings of the Meeting of July 25, 2007” which provides the results of your comments along with your priorities. I urge you to read this document because it will serve as an important part of the foundation for our continuing efforts.

Our ultimate goal is to form a knowledgeable and sustainable, action-oriented coalition that will address these issues both within the affected communities and at the policy level. As an organized coalition we will seek accountability from elected officials, corporations and institutions as well as increased direct representation within decision-making bodies and social reform. We will also have a responsibility to inform others outside of the coalition of the issues being addressed and expose or pressure the decision-makers through a variety of means, including those that impact the economy and electoral politics.

Health disparities persist despite a characteristic belief in many communities and institutions that we have made substantial progress in eliminating them. Whether through institutional or structural racism, social class bias, written or unwritten policies or procedures, or attitudes bent on reinforcing long held beliefs about who “deserves” quality care; we continue to see disparities within specific communities, primarily those that are black, brown, and poor. Therefore, we cannot allow the status quo to win by default. It is my strong belief that together we can not only increase the awareness of theses issues and state the problems, but we will also take decisive and positive steps to systematically eliminate them. While we are all knowledgeable about the problems, it is extremely important that we move beyond problem statements and begin to deal with concrete and creative solutions.

Any serious attempt to form coalitions or collaborative partnerships between community-based organizations, community organizers, formerly trained experts in the field, and health care agencies
and institutions is a challenge even when these entities agree that it is the right thing to do. Often what is lacking is a disciplined approach as to how best to address the problems at hand and examine them through and organized and systematic lens. Put bluntly, a major challenge is to combine passion with purpose. It is important to note that these terms are not mutually exclusive.

Today we will be taking a major step towards our long term goal of eliminating health disparities on Long Island. Dr. Melody Goodman will present on what is called Community-Based Participatory Research or CBPR. Later, in the day we will all apply it to some of our previously defined priorities. CBPR is action-oriented research that encourages collaboration of “formally trained research” partners from any area of expertise and be fully committed to a partnership of equals and producing outcomes usable to the community.

CBPR is a collaborative research approach that is designed to ensure and establish structures for participation by communities affected by the issue being studied, representatives of organizations, and researchers in all aspects of the research process to improve health and well-being through taking action, including social change. CBPR emphasizes three main ideas-- “co-learning” by both researchers and community collaborators, “mutual transfer” of expertise and insights, and “sharing in decision-making” along with “mutual ownership” of the processes and outcomes. Ultimately, CBPR capitalizes on the mutual needs and mutual benefits of all parties involved.

As a future coalition, one of our major goals will be to maintain equitable partnerships for sharing power, resources, credit results, and knowledge, as well as, a reciprocal appreciation of each partner's knowledge and skills at each stage of the project, including problem definition/issue selection, research design, conducting research, interpreting the results, and determining how the results should be used for action.

Finally, I am extremely excited by the fact that our efforts are spearheaded by a team of young, intelligent, and progressive young people who are not only energized but committed to getting the job done. I applaud them and pledge my continuing support for their leadership.

Thank you,

Aldustus Jordan, EdD.
Associate Dean, Clinical Associate Professor, School of Medicine
Stony Brook University Medical Center
The purpose of the Mini-Summit on Minority Health is to unite a select group of action-oriented individuals with a shared vision to improve health outcomes and reduce the health inequities that disproportionately impact communities of color and medically underserved populations on Long Island.

- Unite key community stakeholders to **improve health outcomes** of Long Island residents by pooling member resources into one comprehensive community network/coalition

- Increase **social capital** and empower communities of color to become agents of **social change**

- Promote culturally responsive **community-based participatory research** that explores and addresses health concerns

- Develop culturally appropriate strategies to incorporate evidence-based research findings into effective, long-term, and sustainable approaches within communities of color in Suffolk County

- Inform local, state and national bodies about the expressed needs and concerns of minority communities in Suffolk County
The first Mini-Summit on Minority Health provided a roadmap for a comprehensive sustainable action plan. Participants successfully identified their areas of concern, goals to address those concerns and the recommended strategies to achieving those goals. (Please refer Mini-Summit I Conference Proceedings). To ensure an incremental approach with attainable goals, we identified the four key areas of concern from the previous mini-summit as transportation, insurance, cultural competency/sensitivity and data collection.

Participants at the Mini-Summit on Minority Health II were divided into 5 break-out groups, encouraged to utilize the principles of community based participatory research to address one of the aforementioned areas of concern and answer the following questions:

1. How would you improve minority health by addressing your area of concern?
2. How would you leverage existing community resources to address your area of concern?
3. What additional information would you need?
4. What steps would you take to address your area of concern?

Each group was asked to choose a presenter and secretary. All of the collective group responses were compiled to generate the goals and strategies for the action plan. Dr. Cicely Braithwaite facilitated the larger group discussion and provided the next steps.

Through this process, two priority areas of concern emerged as the recommended strategies to address and improve minority health outcomes in Suffolk County: data collection and cultural competency/sensitivity. We have utilized the following format to guide and inform our efforts.

**Area of Concern (1st Mini-Summit)**

**Attainable Goals (1st & 2nd Mini-Summits)**

**Recommended Strategies (1st & 2nd Mini-Summits)**

**Form Minority Health Community Coalition (2nd & 3rd Mini-Summits)**
Cultural Competency and Sensitivity

QUESTION 1: How would you improve minority health by addressing cultural competency and sensitivity?

Participants identified cultural competency and sensitivity as an essential component to addressing and improving minority health outcomes in Suffolk County. Increasing patient/provider communication, demonstrating respect for cultural differences and building trust with patients will help to elucidate the underlying causes of existing health inequities. When patients experience discrimination, racism or prejudicial treatment within health institutions, they are often reluctant to share vital health information with their providers or comply with treatment plans. Cultural competency and sensitivity can improve minority health by enhancing communication, eliciting important health beliefs and practices, reducing fear among patients who are skeptical of health care institutions and addressing the myriad of challenges that disproportionately impact vulnerable populations.

Also articulated was the impact that cultural competency and sensitivity can have on the health care institution. Participants identified that it can enhance the recruitment of diverse providers, cultivate sensitivity within institutions to recognize barriers and raise awareness to community health concerns. It was also indicated that cultural competency should be a life course event, for example, cultural education and sensitivity should begin in grade school and continue to graduate school. The result will be an educated and empowered community who can voice their concerns to their health care providers.

QUESTION 2: How would you leverage the existing community resources to address cultural competency and sensitivity?

Participants identified opportunities to capitalize on the existing resources and networks within communities of color. For many of our communities, informal linkages and networks serve as primary sources of social, economic, political and health information. These networks include churches; community based organizations, key leaders and trusted agents, businesses, formal and informal leadership. Therefore, working with these existing community networks, we can gain valuable insight about customary health beliefs and practices that contribute to health inequities.

Participants stated we can address cultural competency and sensitivity through peer education/trainings with existing minority health programs for example, LIMAC and the Witness Project. These health education programs provide culturally appropriate messages that are designed to empower their target audience to make informed health decisions. In addition, the community based organizations and health programs can offer cultural educational programs or trainings to the health care organizations and agencies that provide services to underserved communities.
QUESTION 3: What additional information would you need?

Most participants agreed that it is imperative to conduct a comprehensive needs assessment to identify the community’s perceptions, concerns, and frustrations about culturally competency and sensitivity. The survey findings will prove beneficial in establishing community’s priorities, informing and guiding the health providers’ agenda and developing culturally responsive solutions to identified concerns. Participants also articulated that a directory of organizations should be created and disseminated to serve as a resource for available services and programs within designated communities.

QUESTION 4: What steps would you take to address cultural competency and sensitivity?

The majority of participants agreed that collaboration among community members, key leaders and stakeholders, health professionals and organizations is a vital step in addressing culturally competency and sensitivity. By working with the community, we can demonstrate respect, develop trust and partner with the “knowledge brokers” to properly address the issues. This cadre of diverse members will establish a comprehensive agenda to guide and inform policies, such as making cultural sensitivity trainings mandatory for medical students.
QUESTION 1: How would you improve minority health if you addressed data collection?

Participants cited data collection as the most effective method to identify the magnitude of existing health inequities in Suffolk County. With an evidenced-based approach and consistent health assessments, we can obtain accurate minority health data to understand the impact of racial/ethnic health disparities on the public health system. We can identify and address the region’s unique health problems and contributing risk factors that disproportionately burden communities of color as well as identify the community’s health concerns. Annual or bi-annual health assessments would allow us to track trends, monitor progress, develop appropriate strategies and evaluate the effectiveness of interventions. Utilizing community based participatory research; we can ensure a collaborative framework that includes community members and researchers working collectively to solve our regions’ complex health problems.

QUESTION 2: How would you leverage the existing community resources to address data collection?

Historical practices within the medical institutions have led to mistrust and continue to serve as a barrier to participating in research activities. Therefore, it is necessary to build trust and foster sustainable relationships with key stakeholders and leaders to effectively engage community members. Participants articulated the importance of including community members, networks and organizations at each stage of the process, from developing the questionnaire to disseminating the findings. Suggestions included a task force that is inclusive of community members, health professionals and researchers working collectively to conduct the community health assessment. Other proposals included:

- Obtaining assistance from healthcare providers and their practices
- Work with and get input from various community agencies and organization in the community to aid in the data collection process

QUESTION 3: What additional information would you need?

Although participants agreed that they need pertinent health information from community members they also cited the following sources will ensure a comprehensive community health assessment:

- Patient registries
- Health care, community based, religious organizations
- Nursing homes
- Federal and State agencies
- Businesses
- Community resources
QUESTION 4: What steps would you take to address data collection?

Participants articulated that evidenced based public health approaches should be utilized for the community health assessment; therefore all members should be trained in community based participatory research to ensure a culturally appropriate survey. Mini- Summit Participants proposed the following steps to address data collection in Suffolk County and to safeguard minority and underserved communities in Suffolk County.

- Identify and address barriers/challenges by maintaining a consistent presence in the community
- Ensuring a culturally competent questionnaire that identifies community health needs, barriers, and contributing risk factors to health inequities in Suffolk County
- Clear communications of goals to address fears and increase participation in the data collection process
- Ensure the community health assessment is inclusive, comprehensive and consistent so that we can determine the effectiveness of policies, programs and interventions
- Translate and disseminate findings to community members, community based organizations, health care organizations, legislators and key stakeholders
Next Steps

- Seek external funding for coalition building efforts
- Develop formal coalition and by-laws
- Future Mini-Summits on Minority Health
- Provide training to coalition members in Community-Based Participatory Research
- Disseminate comprehensive action plan to community members public health officials, policy makers and legislators
- Develop Infrastructure for community-based participatory research
- Perform a Suffolk County Community Health Needs Assessment
MINI-SUMMIT PARTICIPANTS

Beresford Adams, Faith Baptist Church
Gloria Elena Adams, Stony Brook University School of Social Welfare
Frances Aldous-Worley, Stony Brook University
La’ Shawn Brown, Cancer Information Services, Huntington Hospital
Safiya Campbell, Tobacco Action Coalition
Frances Brisbane, School of Social Welfare
Humayun Chaudhry, Suffolk County Department of Health Services
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Jedan Phillips, Arthur Risbrook Medical Society, Inc.
Sabine Rene, American Diabetes Association
Phyllis Rice, ERASE Racism
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