

NATIONAL HIGHLIGHTS



Learning From the Experts: Community Listening Sessions Tap Place-Based Knowledge of Health Needs

The New York State Department of Health, Office of Minority Health and Health Disparities, and the New York State Minority Health Council convened community listening sessions in New York State in 2015, in areas legislatively defined as minority areas. These are areas with 40 percent, or greater, racial and ethnic populations – which bear a disproportionate burden of poor health. The listening sessions provided a platform for community members to voice their concerns on health and access to health care, and allowed public health officials to listen to the concerns of residents. The experience was shared in a March 2016 webinar titled *Voice Your Vision: A Community Engagement Initiative*.

The listening sessions used a community-led, bottom-up approach to identifying and discussing complex health and social problems. This approach was based on the key principle that underlies place-based initiatives: that priorities and action plans are determined by the community – by the people impacted by health inequality – while government agencies and service organizations serve as allies to a “bottom-up” process. This allows the community to create its space, identify and set priorities, and discuss strategies that can achieve improved health and long-standing social change.

The speakers included Yvonne J. Graham, Director, Office of Minority Health and Health Disparities Prevention, New York State Department of Health; Lori V. Quigley, Dean, Esteves School of Education, Professor of Literacy Education, The Sage Colleges, New York; Lenora Reid Rose, Co-Director, Center of Excellence in Culturally Competent

Mental Health Care, Nathan Kline Institute for Psychiatric Research; Kristen Pergolino, Deputy Director, Office of Minority Health and Health Disparities Prevention, New York State Department of Health; and Amen Ptah, Digital Media Specialist/Program Coordinator, Central Library of Rochester and Monroe County, Tele Counselor II, 2-1-1/Lifeline. The speakers convened to discuss the application of a place-based initiative through community-led listening sessions, and to articulate how the lessons learned will be used to develop policies, allocate resources and support an infrastructure that works best for communities across the state.

At the outset, Dr. Yvonne J. Graham provided a contextual framework on health disparities and emerging place-based interventions. Although there have been improvements in population health, racial and ethnic minority populations continue to exhibit substantial differences in disease

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incidence, severity, progression and response to treatment. Quantitative data shows that poor health is not randomly distributed; it is patterned, systematic and actionable.

In 2014, black and Hispanic populations in New York State had the greatest percentage of individuals living in poverty, compared to whites; these populations also experience the highest rates of premature deaths, or deaths before age 75. The highest rates of disease are concentrated in areas with the highest proportion of racial and ethnic minorities, low educational achievement and unemployment. Although progress has been made in diagnosing and treating diseases, not all racial and ethnic groups are progressing at the same rate. Between 2011 and 2013, access to health was also an issue, especially among Hispanics, ages 18-64. Quantitative data is more effective when combined or triangulated with qualitative research, because it shows causal relationships between the lives we lead and health outcomes.

Qualitative research tells us that health outcomes are shaped by a wider set of forces. It makes clear that our health is determined by the circumstances in which we are born, live and age. The determinants of health that are most often discussed are the social, environmental, and physical environment, as well as individual characteristics. When we look more deeply at the factors that cause these differences, we find that there are power and wealth imbalances – a finding that points to the need for a fundamentally new approach to public health and addressing health disparities.

The traditional approach to public health focuses on research and systems management that define the problem through surveillance, identify the problem

through research, test interventions through research application and then implement interventions based on scientific and systematic review. By contrast, a community-driven approach aims to identify root causes of poor health and to drive sustainable change in a direction determined by the local community. Learning about problems through the lens of the community tells us how to develop policies, allocate resources and support the type of infrastructure that works best for those communities.

The first listening session took place in Buffalo, NY, and provided a model for later sessions in Rochester, and in New York’s Capital Region, which includes Albany. The takeaway messages from Buffalo included the community’s desire for neighborhoods to serve as platforms for promoting wellness and providing health care services. Community members also wanted the culture of offices and providers to change, and wanted to redefine our understanding of the terms “office” and “provider.” They shared the belief that, as the population becomes more diverse, it is imperative that disparities be addressed through community engagement, to bring about sustainable social change and outcomes that align with community goals and vision.

The session in the Capital Region took a creative approach, building on the idea of neighbors coming together to discuss the shared challenges of navigating the healthcare system. Informal discussions were held, café-style, with each table discussing a particular topic, such as women’s health, youth and adolescents, and issues related to aging and the elderly. Participants were allowed to select three different table topics that they

wanted to discuss during the day. Volunteers took notes that captured the voices of the community, creating an environment in which people were excited to hear what their neighbors had to say. Participants found it helpful to speak to people who had experienced the same challenges in navigating the healthcare system.

Volunteers took notes that captured the voices of the community, creating an environment in which people were excited to hear what their neighbors had to say. The notes that were taken during the listening session will be shared with the community so that they can identify the health and social problems within the community, set priorities and discuss strategies that can achieve improved health and long-standing social change.

The New York State Health Department learned that they must allow the community to define its key questions and provide their own answers, because it builds local capacity and helps to achieve meaningful, long-lasting change. It also builds a culture of collaboration and allows people to share knowledge. Lastly, it helps communities to leverage resources when they partner together for collective impact.

