Community Conversation
Executive Summary

In the summer of 2009 the Michigan Department of Community Health (MDCH) held statewide community conversations. The MDCH Health Disparities Reduction and Minority Health Section served as the lead for this effort. Conversations were held throughout the state of Michigan to ask community residents their views on health related issues. Residents were asked to respond to several questions such as: What are the most important health issues for your community? What things are most positive and what things are most harmful to your community? What groups or people are working to improve your community? What assets and resources are available in your community? What policy changes are needed to improve the health of your community?

Summaries of what we heard are provided below. They reflect the concerns voiced by members of racial and ethnic minority populations in Michigan that participated in these conversations. The information was helpful for us in developing the Michigan Health Equity Roadmap (www.michigan.gov/minorityhealth).

AFRICAN AMERICAN **-** The African American community was the largest group represented during the community conversations. Participants voiced a list of concerns related to their population. They included violence, available fresh and healthy foods, cost of health care, racism/discrimination, neighborhood decay, environmental health, personal behaviors, the inability to negotiate health services or advocate for personal health care and community resistance to change. The one major concern highlighted in the African American community conversations was the lack of trust for the health care professionals. The participants cited distrust for medical providers as one reason for the high rates of diseases such as cardiovascular disease and diabetes. African American participants often voiced the belief that doctors are more concerned with making money than with making people well. The participants also stated this as the reason for lack of primary health care and the high use of the emergency rooms as a source of health care. Despite this distrust there seemed to be support among the African American participants for universal health care.

ASIAN AMERICAN/PACIFIC ISLANDER **-** The Asian American community conversations participants seemed to classify themselves as a vulnerable population due largely to language and cultural barriers. Represented in the conversations were persons of Chinese, Hmong, Korean and Vietnamese ancestry. The largest representation was from the Chinese American community. One issue discussed is that Asian Americans are often documented as white and so there is little or no data on health information specific to Asian population groups. It was identified that reaching Asian American populations requires a personal and trusted relationship approach. It was also noted that Asian American populations have different cultural expectations. Participant s suggested that asking for help might be considered taboo or shameful. Participants stated that many Asian Americans do not participate in the health care system because health is not necessarily seen as related to health care. Some seemed to have little belief in the ability to change their social conditions.

HISPANIC/LATINO - The second largest population that was represented during the community conversations was the Hispanic/Latino community. The Hispanic/Latino participants emphasized that they were a diverse group inclusive in Michigan primarily of Mexicans, Puerto Ricans, and Salvadorans, etc. They viewed each group as different yet still inclusive of the Hispanic population. There was extremely high concern regarding cultural and language barriers among

the Hispanic/Latino population. Lack of culturally sensitive health care centers and providers, lack of translation services, lack of understanding and fear to request clarification of information provided were a few of the many reasons cited regarding cultural and language barriers.

Hispanic/Latino participants voiced a strong concern related to issues surrounding documented legal status and the difficulty it poses in accessing health care. The participants also spoke about the hierarchy of need as it relates to the Hispanic population, health care was most often considered last on this list. Other concerns cited by the Hispanic/ Latino population included: segregated communities, quality of housing, mental health, nutrition and obesity, anxiety caused from fear of deportation and generational poverty.

NATIVE AMERICAN/AMERICAN INDIAN - The concerns voiced by participants of the Native American /American Indian population had a large focus on lack of acceptance of their spiritual beliefs, practices and culture by other groups. The Native American/American Indian community conversation participants also expressed concerns regarding economics, education, and racism, citing that documentation of facts related to their population was affected by racism. Distrust was also highlighted within the Native American population, issues such as broken treaties and contracts, lack of trust of immunizations, and poor quality of housing were contributing factors to the lack of trust in the Native American/ American Indian community.

An additional concern is related to data collection. Much like documentation of other racial/ethnic populations in Michigan (Arab, Asian, and Hispanic Americans) data collection related to the various Native American populations is scarce due in part to the collective grouping of this ethnically diverse population.

ARAB AMERICAN/CHALDEAN - In addition to concerns relating to culture, stigma, smoking, and language barriers one of the major concerns voiced during the Arab American/Chaldean community conversation is the concern regarding poor treatment of undocumented immigrants and their dependents. The Arab population has deep concerns of being a "non-classified population". Additional issues cited included lack of culturally (Arab or Muslim) appropriate mental health, substance abuse treatment, and nursing home services. There was mention of a noticeable increase in recent years of youth substance abuse issues. Participants felt that there is a need for major reform in addressing issues related to the Arab American/Chaldean population and felt that the community conversation served as a forum to have their concerns communicated to the "State of Michigan."
Collective trends across the five target racial ethnic populations were as followed:

- *Access, Quality, and Cost of Healthcare*
- *Need for Community Health Advocates*
- *Improved Data Collection Practices*
- *Availability of Resources*
- *Need for Education of Cultural and Linguistic Appropriate Services*

UNEXPECTED OUTCOME **-** There was a high level of interest, engagement and commitment from persons who participated in the community conversations. Despite there being some confusion around the purpose of the community conversations due to the national attention and/or focus on health care reform, the participants were very ready to organize and take action. This was an unexpected outcome that came out of the conversations. Each conversation recognized a "Call to Action". Concerns were voiced regarding the constant polling of the communities with lack of follow-up, little or no feedback, and the absence of a recognized action plan to identify measurable outcomes. The call to action raised questions

such as: What are the next steps? What part will the State of Michigan play regarding the recommendations provided? Participants would like to see their recommendations incorporated in the development of future policies that affect their specific communities from the local, state, and federal levels.

RESULTS **-** The MDCH Health Disparities Reduction and Minority Health Section published the Michigan Health Equity Roadmap in June 2010. The Roadmap includes information received from the community conversations to propose five priority recommendations for achieving health equity for the racial and ethnic populations served by this Section. HDRMHS is involved in a host of programs and partnerships aimed at achieving those recommendations. Please visit our website at: www.michigan.gov/minorityhealth