# Formative Evaluation

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**Igniting Hope Conference**

**Task Force on Health Disparity in the African American Community**

**July 2018**

# Background:

Health disparities are population-specific differences in disease incidence, health outcomes, quality of care and access to health care services that exist across racial and ethnic groups. Disparities in health care can result from inadequate access to care, poor quality of care, community features (such as poverty and violence) and personal behaviors.

The African American Health Disparities Task Force was established to help eliminate race/ethnicity-based health disparities among communities of color in the Greater Buffalo Region. The task force was formed for the specific purpose of changing public policy that impacts health outcomes. This grassroots initiative has brought together individuals from faith, community and medicine who want to address and improve the health disparities of African Americans in Buffalo.

Members of the task force include representatives from Concerned Clergy of Western New York, Millennium Collaborative Care, Population Health Collaborative of WNY, Erie County Medical Center, University at Buffalo, law enforcement, academia, and labor unions.

# Igniting Hope Conference:

The Igniting Hope Conference was held on Saturday, April 28, 2018. The purpose of this conference was to invite concerned citizens from the Greater Buffalo Community to learn how to develop a movement that will eliminate health disparities in the African-American community.

The conference consisted of two breakout group sessions, one keynote speaker, and one case study presentation. Each session allowed groups to converse and collect information almost as small focus groups. Both the morning and afternoon session consisted of discovering the impact of social determinants of health as well as creation action steps for eliminating those root causes.

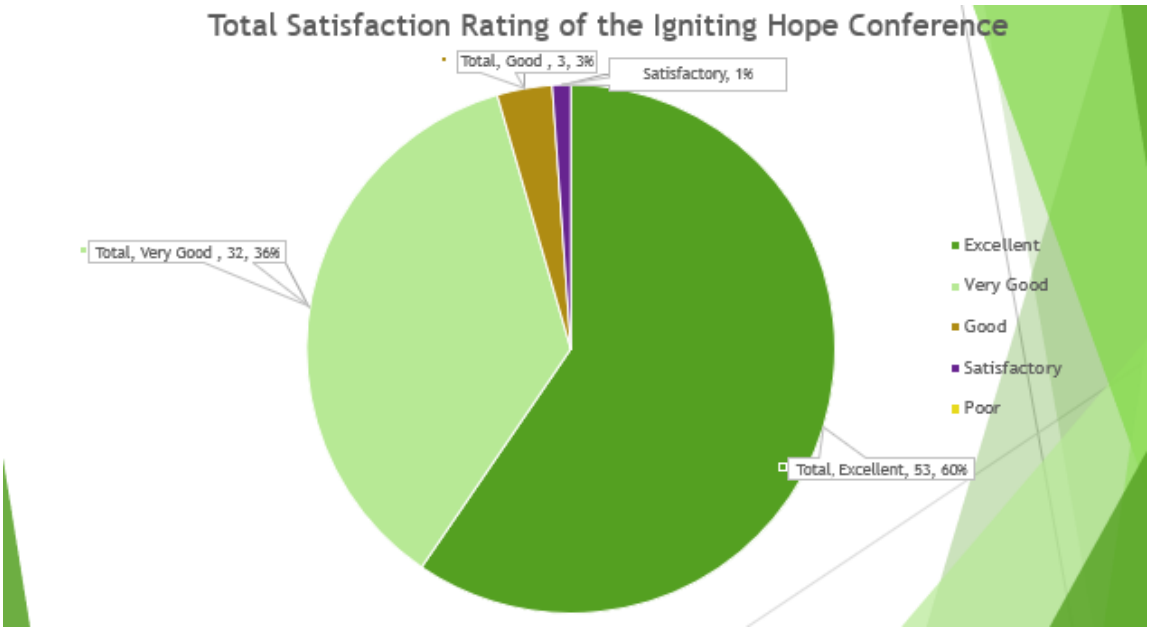
# Evaluation Outcome:

Evaluation consisted of 12 questions. Many of them varied in question type, which allows for diversity within results. The response sets included Likert Scale, Multiple choice options, open ended questions and a dichotomous option. Of 93 completed evaluations, the following information accurately shows results from the 12 questions asked in the evaluation form.

**Question 1: Total satisfaction rating of the Igniting Hope Conference**

Participants were asked to mark each choice with a number between 1-5. 1 being Excellent, and 5 being Poor. From there the participant choices were then organized into a pie chart, visualizing and giving number to the satisfaction rates of the conference attendees.

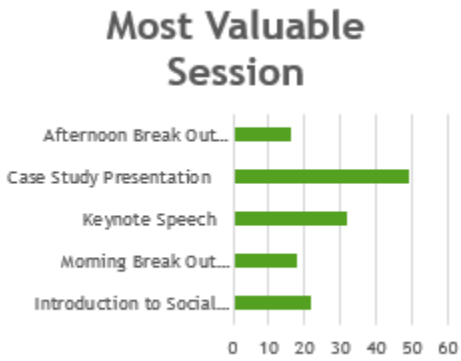
Overall, majority of participants ranked the conference as an excellent experience (with 60% of votes).

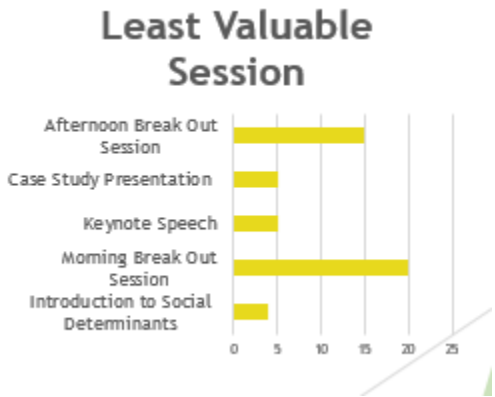



**Question 2: What was the *most valuable* session?**

This was a multiple-choice question to give attendees an option to pick which session they viewed most valuable to them.

Most attendees felt the most valuable session was the case study presentation done by Dr Stephen Thomas from the University of Maryland School of Public Health.




**Question 3: What was the *least valuable* session?**

This was a multiple choice question used to determine which session they viewed as least valuable to their experience at the conference. Unfortunately, this question was not highly answered as compared to the other questions; However, 49 of 93 participants answered this question.

The least valuable session was the morning break out session, closely behind in second was the afternoon breakout session. Question 6, offers more qualitative data regarding this question, which will be reviewed further in that section.

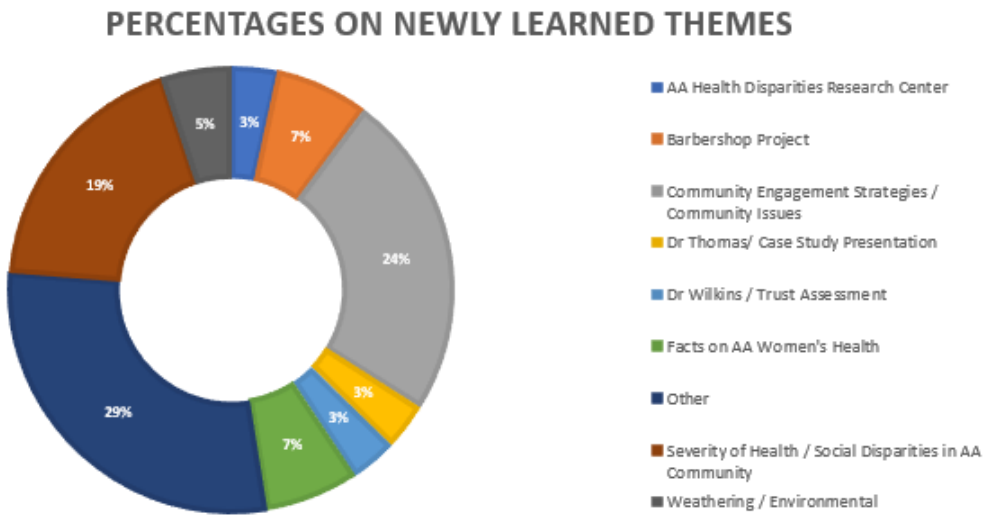
**Question 4: Newly Learned Themes from the conference?**

In this two-part question the responses included both a dichotomous and open-ended response type. While answering "yes" or "no" participants were able to write in what themes were learned. Usine a qualitative approach, the answers were categorized into themes and then given codes to generate quantitative data.

About 97% of attendees stated "yes" to having learned something new at the conference. From those 97% of yes, their responses were divided into 9 common categories to represent the information most newly learned by attendees. The results demonstrated that "other" section and "community engagement strategies" were common learned themes.

"Other" included feedback not widely picked like elimination of food deserts, K-12 support services, uber health transportation and EPI genetics.

24% of responses showed that the community engagement strategies as well as community issues were commonly learned at the conference. Facts on African American (AA) Women's Health and Barbershop Project also were heavily recorded responses.



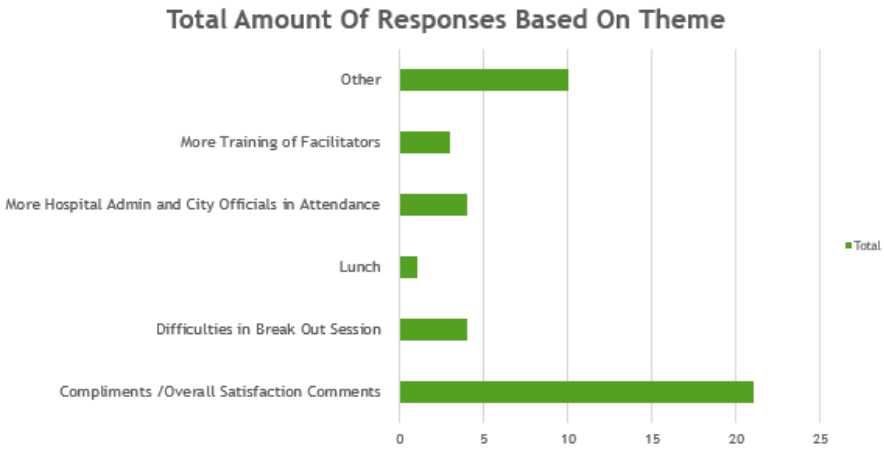
**Question 5: Confidence level of conference success to reducing health disparities?**

This question uses a Likert-type scale to gauge the level of confidence attendees have in the success of reducing health disparities as a result of the conference.

The results of this question proved that participants were mostly *"very confident*" or *"somewhat confident"* in the future effects of this conference in relation to health disparities in AA communities.


**Question 6: Participants were asked to leave comments for the conference organizers.**

In this open-ended question, participants are asked to leave comments for the conference organizers. After sorting through the comments left by attendees, multiple themes were selected that widely represented each of the comments given.




Highly ranked themes included *"compliments and overall satisfaction"* and "*difficulties during breakout session"*.

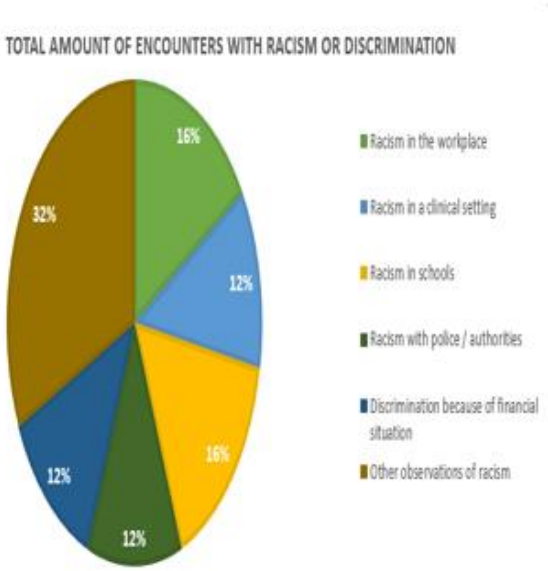
Comments from the *"other"* section included, ideas on how to reduce health disparities like eliminating capitalism, as well as comments on parking difficulty. Qualitative data associated with "*difficulties during the breakout session"* included, suggestions on more preparation, having more spacious rooms for meeting and difficulty hearing during sessions.

**Question 7 & 8: Total amount of encounters with racism or discrimination? & Percentage of influences on your health?**

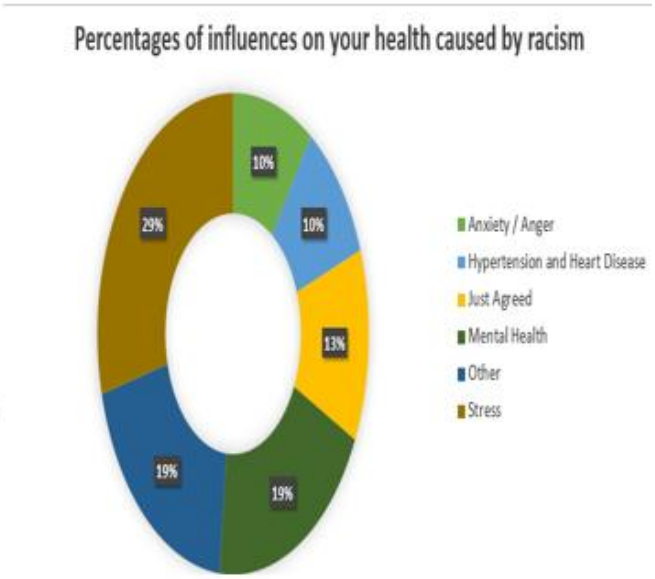
This question set was an open-ended survey, where participants were asked questions about experiencing racism/discrimination and its effects on their health. Like the other open-ended questions, responses were analyzed and grouped into specific but broad themes to find commonalities within attendees' experiences.

The results disclosed that almost half of the encounters of racism were within the workplace, school and in a clinical setting. Participant feedback also suggested that the primary

effect this had on their health was by way of increasing stress and causing other mental health issues.




Question 7




Question 8

Responses from Q7

- "yes, white teachers telling black students they can't succeed "(R Form 90)
- "I see the black women at work with so many more health challenges and less than adequate management. Whether its lack of primary care, quality care or education, they need advocates." (R Form 15)
- "Assuming all African Americans/ minorities are on Medicaid and living in poverty." (R Form 48)
- "I see AA people pulled over at disproportionate rates in Tonawanda" (R Form 61)

Responses from Q8

- "yes, it can trigger anxiety/stress as related to a previous experience or in anticipation that the same could happen to you" (R Form 7)
- "Yes! It angers me causing mental and emotional distress" (R Form 16)
- "Racism in the workplace causes stress and possible job loss" (R Form 39)
- "Emotional trauma has a huge effect on health/ self-management" (R Form 76)

**Questions 9- 12: Participant Demographics**

This question set collected data on conference participant's demographics. The results showed that 48% of attendees identified as white and 43% of attendees identified as African

American or black. 77% of attendees were female, while 23% of attendees were male. The age group most heavily represented at the conference was ages 30-39. But closely behind was the 50-59 and 18-29 age group.

| Table 1. Demographics | | |
|---|---|---|
| **Gender** | | |
| Male | 18 | 23% |
| Female | 61 | 77% |
| **Race/Ethnicity** | | |
| African American or Black | 40 | 43% |
| Middle Eastern | 2 | 2% |
| Asian | 4 | 4% |
| Native American, Pacific Islander or Alaska Native | 3 | 3% |
| White | 44 | 0.48 |
| **Hispanic or Latino/Latina** | | |
| Yes | 1 | 0.01 |
| No | 79 | 99% |
| **Age** | | |
| <18 | 0 | 0% |
| 18-29 | 19 | 21% |
| 30-39 | 21 | 23% |
| 40-49 | 10 | 11% |
| 50-59 | 20 | 0.22 |
| 60-69 | 16 | 0.18 |
| >70 | 4 | 0.05 |

# Morning Session Evaluation:

**Facilitated Root Cause- Break Out Session:**

Session included group break outs that allowed participants to understand the impact of social determinants of health on health outcomes through the following lenses: Scenario, Photovoice, and Community Mapping

**Scenarios:**

Participants were read narratives about African American families or individuals living in Buffalo. They were described as having been affected by several social determinants (e.g., lack of good housing stock, access to healthy food, teen pregnancy, personal security, and employment and financial hardship) that impacted their health and wellness.
The following questions were asked to the groups in which common themes arose:

- **How realistic is this scenario and why do you think it happens or don't think it happens?**
  - Group notetakers commonly noted that the situations were highly realistic. Group also noted personal stories to relate to scenarios. This also correlates with the responses from Q7 & Q8, as responses reflect some personal relation to scenarios read.

- **What do you think are some of the underlying problems or reasons why this may occur to people in the community?**
  - Groups noted that a lack of resources, education and health insurance could be an underlying problem in these communities.

- Also mentions of a lack of employment as well as a need for community policing create these issues.

- **What changes do you think should be in place to help this family overcome their hardship?**
  - Groups collectively concluded that there should be improved and more health/education resources in these communities.
  - Community oversight for police is needed
  - Addressing minimal job access in the city of Buffalo.

- **Who or what organizations should be identified as a resource to help solve the problems?**
  - Organizations that need to be identified were the Board of Education, Buffalo Police Department, Buffalo Employment and Training Centers, Planned Parenthood, and community health workers.

**Photovoice:**

During this session, focus groups were provided sets of photos of places in Buffalo. They then identified two photos that felt most personal to them. Finally, they used their selected photos to create a story on how Buffalo's physical and social environments affect the health of those around you including yourself.

Because this exercise heavily relies on personal experience, a few common themes arose: Stress, mental health, gentrification in black communities, and crime/homicide in Buffalo neighborhoods.

Focus groups noted heavy gentrification in the Fruit Belt community. Often expressing that University at Buffalo's impact in the community was negative to the growth of that community. 1000 Questions exercise left many asking why the East side of Buffalo has been ignored.

"East side has been ignored for years!"
***-Participant***

Also, groups noted that environmental differences within the city make it harder for residents to live healthier lives, as displayed in the images.

**Community Mapping:**

Groups were given maps of the City of Buffalo, predominantly the east side of Buffalo. They then used the maps to mark with physical and social features of the environment that affect residents' health in positive or negative ways. Mapping exercise showed significant amounts of food deserts, transportation issues, and segregation within communities

Solutions and ideas to improve these issues included; expansion of transportation services within it the city and increased accessibility to health offices (doctors' office, urgent care, etc.)

This session also allowed groups to present ideas for improving the communities such as, Mobile Health Access, increasing home ownership, improving schooling/education.

## Afternoon Session Evaluation:

**Next Steps / Actions Group Session:**
This breakout session divided participants into selected social determinants of health/root cause groups. From there they created action plan steps for continuing the movement. These groups individually used learned knowledge from the first session to create interest action plans for AAHDTF.

**Digging Deeper, Action Planning around Social Determinants of Health:**

The afternoon session involved groups going deeper into understanding the social determinants of health and began to work on the potential solutions. There were five groups: *Housing, Health & Healthcare, Education and Training, Personal Security, and Employment/Jobs & Financial Hardship.*

Within each of the five groups the following questions were asked:

1. Do we want to address these gaps or collaborate with others who are already working on the problem?
2. What do we want to try to accomplish in the next month? 3 months? 6 months? Year?
3. Who's missing from our group who needs to be involved to help us achieve our goals?

Common ties to these themes were TRUST. In healthcare groups, individuals noted that respecting and understanding cultural differences as well as transparency were needed to find solutions. The lack of cultural sensitivity and competency within each of these groups also makes it hard to find solutions. There needs to be trust built between the community and police (Personal Security). Conversations on financial hardship spoke regarding the need for higher paying jobs and how that would impact the lives of those facing such challenges in the community.

## Conclusion:

Overall, the conference was successful in the mission of educating the population regarding healthcare disparities by making them aware of the health inequities in their own community. It proved to be a good starting ground to assemble key stakeholders and begin to brainstorm solutions to the major themes surrounding the social determinants of health that are negatively effecting the community. When determining the current climate for change it appears that majority of the attendants agree that they are confident such change can occur.

The summation of the information presented supports the notion that a formal office to address African American healthcare disparities is warranted. This suggestion is supported by the willingness of the participants, from a variety of specialties, indicating the need for an office and

awareness of the defined problem. Further conferences, such as these would be beneficial in the future to disseminate information to various stakeholder who could influence decision making and program planning. There were minor, negative responses regarding the breakout session during the conference which included: preparation, having more spacious rooms for meeting and difficulty hearing during sessions. These are minor details that can be rectified and did not impact the overall satisfaction of the conference.

Further, steps to assemble an office of African American Health should include funding for financial stability, identification of key stakeholders and collaborators as well as integration of willing participants from the conference. The key focus areas of that the office should address based off of the analysis of the data should include: Police and community relationships, higher paying jobs in the area, expansion of transportation services and access to quality healthcare facilities.