



In-Depth

Executive Summary of a CT Health Evaluation

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CONNECTICUT HEALTH FOUNDATION MULTICULTURAL HEALTH INITIATIVE

Final Evaluation Report

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OVERVIEW

Racial and ethnic health disparities are pervasive and well documented.

Since publication of reports such as the *Race, Ethnicity, Culture: A Supplement to the Surgeon's General's Report* in 1999 and the Institute of Medicine's 2002 *Unequal Treatment Report*, many state, local and federal funding initiatives have reflected the goals of improving health care and health outcomes for diverse racial and ethnic populations.

Consistent with this trend, in 2003 the Connecticut Health Foundation (CT Health) instituted its three-year Multicultural Health Initiative, which funded statewide projects ranging from increasing diversity of the health care workforce, to increasing access to health promotion programs and activities.

This report summarizes overall findings from the qualitative evaluation that examines themes across all grantees. The report focuses specifically on the extent:

- Individual grantees met their stated objectives
- Grantees as a whole fulfilled the short-term and intermediate objectives of the overall Initiative

In particular, the report assesses the extent grantees, individually and as a whole, increased:

- Individual and institutional cultural competence
- Quality and quantity of a diverse health care workforce
- Access and adherence to health promotion activities focused on meeting community needs

Increased disparities awareness on multiple system levels reflects programs' impacts on outcomes.

RESULTS

After analyzing empirical data, 11 overall themes emerged across programs, which fall into one of three categories:

- 1) *Staff characteristics and activities*
- 2) *Program characteristics and impacts*
- 3) *Community responses to the program*

Themes within each of these categories are summarized as follows:

Staff Characteristics and Activities

Common Experience: Hiring staff, who were members of the community and reflected its racial/ethnic makeup, which enhanced credibility and trustworthiness, appreciation of the needs and experiences of the community, and the ability to serve as mentors.

Multiple Roles: Staff willing to be flexible in their roles and responsibilities, enabling them to assist participants with program-related requests and responding to requests exceeding the program's mission.

Empowerment Education: Staff dissemination of information on factors that may contribute to health disparities and instructed participants how to become empowered health care consumers.

Cohesive Multidisciplinary Team: Staff pleased with constellation of people working on their project. Colleagues demonstrated commitment to their work and their skill sets enabled them to implement program objectives.

Program Characteristics and Impacts

Community-driven: Many grantee programs were designed and directed by the community and shaped by community interests considered important by grantees to ensure programs addressed community needs.

Example: The Partners Reducing Effects of Diabetes: Initiatives through Collaboration and Teamwork (PREDICT) program (New Haven, Bridgeport).

Focus: Develop sustainable policies, programs and practices that reduce diabetes-related health disparities in African-Americans.

Results: The program being well received by community members and increasing potential for future community-based participatory research projects and collaborations.



Adapting Traditional Service-delivery Models: Many grantees changed well-established service-delivery and program models to better align them with the community's values and beliefs.

Example: St. Francis Hospital and Medical Center program (Hartford).

Focus: Increase the cultural competence of Hartford Healthy Homes' staff and St. Francis health care providers to reduce miscommunication, increase patient trust and improve the health outcomes of children with asthma, lead poisoning and other injuries/illnesses.

Results: Instituting an innovative interactive interpreter model, providing cultural feedback that increased the physicians' cultural competency.

New Connections or Projects at the Local, State and/or National Levels: Grantee projects led to the development of new connections, collaborations, projects at state, local or national levels.

Example: Adopt-A-Doc (AAD) program (New Haven).

Focus: Provide pediatricians with the knowledge, skills and expertise to address racial, ethnic and cultural disparities in the health and development of children. (CT Health provided funding of the program and a Fellowship in community pediatrics).

Results: A research project evaluating an interactive interpreter model for non-English speaking patients, which could help increase the cultural competence of health professionals.

(continued on page 3)

Institutional Changes: Several respondents discussed changes that represented institutionalizing evaluation mechanisms, including ongoing data collection, electronic management and data analysis.

Example: New Haven Family Alliance We Walk in New Haven (WeWIN) program

Focus: Reduce chronic disease risk factors and improve health status among African and Hispanic Americans through a community-driven, neighborhood-based fitness and nutrition program.

Results: New Haven Family Alliance increased its capacity to collect and analyze data to measure WeWIN's effectiveness among participants. In the process, a commitment to evaluation became institutionalized. The grantee took the initiative to extend evaluation practices to programs beyond the grant.

Awareness of Racial and Ethnic Disparities: Projects led to greater awareness of health disparities, which sparked organizational culture shift to value diversity, cultural competency in institution and community.

Example: Health Ministry Network (HMN) program (regional).

Focus: Develop health ministry programs in 10 churches and reduce racial and ethnic health disparities in Hartford.

Results: Developed health ministry in 10 local churches, which may have helped promote healthier lifestyles and assisted participants in becoming more discerning health consumers.

Community Responses

Community interest in the projects and their commitment to the initiative are reflected in:

Volunteerism

This translated across several programs into personal sacrifice for individuals who volunteered time and, in one instance, a person's home, to sustain the project.

Community Participation and Recognition

Responses reflected a high level of community participation and investment in the project. This illustrates belief in the program's ability to address needs related to health disparities.

QUALITATIVE SUMMATION

The qualitative themes support the initiative's intermediate outcomes of increasing:

- Cultural competence on various levels
- Diversity of the workforce
- Access to community-driven health promotion programs

More specifically:

- Increased disparities awareness on multiple system levels reflects programs' impacts on outcomes.
- Positive community responses to the programs indicate the initiative was successful in engaging the community and garnering their support.
- Changes in the agencies supporting the programs, reflecting success in achieving the initiative's intermediate goals.
- Because many program elements were incorporated at an institutional level, irrespective of the acquisition of additional funding, components of the programs can be expected to be sustainable in the foreseeable future. Given the evolutionary nature of large-scale systems change, the likelihood that programs will continue to impact elimination of health disparities beyond duration of the initial grant represents a critical benefit.

(continued on page 4)



MULTICULTURAL HEALTH INITIATIVE GRANTEES

Capitol Region Conference of Churches, Inc. (\$199,290)

Two-year grant to establish a Health Ministry Network to reduce racial and ethnic health disparities in the Greater Hartford region and to strengthen the capacity of local faith communities to improve the health of individuals and families

Connecticut Association for United Spanish Action (\$300,000)

Three-year grant to increase public awareness of the risks of diabetes for Hispanics/Latinos in Connecticut and increase the number with or at risk of diabetes who follow self-care guidelines that decrease and delay complications through the Diabetes Information and Action for Latinos project (DIAL)

Khmer Health Advocates, Inc. (\$60,000)

One-year grant to evaluate the use of telemedicine technology to preserve the health of survivors of extreme trauma and increase access to care

Naugatuck Valley Community College Nursing Pro (\$224,675)

Three-year grant to increase the quality and quantity of a diverse health care workforce by expanding the number of Naugatuck Valley Community College African-Americans and Latinos eligible for admission to the institution's associates degree nursing program

New Haven Family Alliance, Inc. (\$525,000)

Three-year grant to reduce risk factors associated with chronic illnesses disproportionately represented among its partner populations by expanding availability of community-based physical activity

Saint Francis Hospital and Medical Center Department of Pediatrics (\$225,000)

Three-year program to reduce racial and ethnic disparities for children with asthma, lead poisoning and injuries

University of Connecticut Health Center (\$160,000)

Three-year grant to increase the number of minority students in Connecticut pursuing an education in the health sciences

Witness Project of Connecticut, Inc. (\$150,000)

Three-year grant to increase awareness, knowledge, screening and early detection behaviors among African-American women in medically underserved areas of Connecticut to reduce mortality and morbidity rates from breast/cervical cancer

Yale University Department of Pediatrics (\$306,673)

Three-year grant to provide pediatricians with the knowledge, skills, expertise and enthusiasm to work throughout their careers to address ethnic and cultural disparities in the health and development of children through the Adopt-a-Doc program

Yale-Griffin Prevention Research Center (\$596,450)

Three-year grant to develop sustainable policies, programs and practices that reduce diabetes-related health disparities in African-Americans in New Haven and Hartford through a program entitled Partners Reducing Effects of Diabetes: Initiatives through Collaboration and Teamwork (PREDICT)

CONCLUSIONS

The report offers the following recommendations to CT Health for designing future multicultural health initiatives:

- Fund programs for a minimum of five years.
- Fund programs already in existence.
- Collaborate with other funding agencies.
- Fund programs with a similar mission.
- Offer ongoing program design, implementation and evaluation workshops.

- Require grantees to formally budget for their evaluations.
- Include questions on Request for Proposals (RFPs) and continuation application to assess program cultural competence.

Evaluations like this one reflect CT Health's commitment to collecting and disseminating knowledge, and ensuring that the foundation continues to pursue the most effective course in achieving its mission of improving the health of Connecticut's residents.

For a copy of the complete report, email: info@cthealth.org.