

Engaging and Sustaining Selected Community Stakeholders in the Transformation of Wisconsin's Public Health System - Synopsis

Engaging and Sustaining Selected Community Stakeholders in the Transformation of Wisconsin's Public Health System is a special supplemental report to the State Health Plan, *Healthiest Wisconsin 2010*: Each of the five community stakeholder groups formally met with the leadership of the Wisconsin Turning Point Initiative during August 2001 to April 2002. Five stakeholder groups met: African American Community Stakeholders, August 21-22, 2001; Hispanic/Latino Community Stakeholders, October 30-31, 2001; Asian/Hmong Community Stakeholders, November 1-2, 2001; Gay, Lesbian, Bisexual, and Transgendered Community Stakeholders, December 3-4, 2001; and American Indian Tribal Community Stakeholders, April 16-17, 2002.

While all participants provided their views and reactions to the elements of *Healthiest Wisconsin 2010*, attendees went beyond these elements and raised key issues and “big picture” challenges to health and healthy communities that they routinely confront and experience. **The selected community stakeholder groups echoed that a significant transformation is required in away that resources and services are provided to community stakeholder populations.** The outcome was a wealth of insights, fresh ideas, and advice from each community stakeholder forum.

Common themes resulted in recommendations that included (1) relationship building, (2) health communication and outreach, (3) access without barriers, (4) transformation of the public health systems, and (5) collection and monitoring of meaningful data on diverse communities. Similar themes and underlying recommendations have been offered by communities and in some cases are not new.

Provisional Recommendations

1. Relationships

Ensure authentic dialogue with direct benefit to community participants.

- Overcome the current separations by relational bridge building.
- Enhance respect, understanding, and trust through inclusive partnerships, establishing “intervenor” positions, and cultural competence.
- Ensure meaningful inclusion, not tokenism.
- Promote open dialogue on issues and proposed solutions without fear of retaliation.
- Host public meetings in safe and familiar community spaces.
- Honor the perspectives of diverse communities.
- Provide tangible symbols of authentic outreach and connection such as Neighborhood Block Health Watch strategies and connecting to community faith-based organizations.

Guarantee a sustained commitment to working with communities.

- Act upon the advice and recommendations given, when possible, to acknowledge that they were not only heard, but that community involvement and comments are taken seriously.
- Continue public health forums by establishing periodic meetings as determined by the community.

- Formalize a systematic method to foster sustained community engagement to work on public health problems.
- Formalize a process for regular meetings with state and community representatives.

2. Health Communication and Outreach

Avoid oversimplification of widely diverse and rich cultures, and tailor communication, outreach, and program strategies to reflect this reality.

- Demonstrate understanding of targeted communities by including a written description of these communities with concurrence by the persons intended to benefit from the program and all public health program plans.
- Sponsor ethnographic studies of health beliefs and attitudes, concerns, and approaches in communities with a 4 percent or greater population of racial/ethnic minority residents. Similarly complete ethnographic health studies in Lesbian, Gay, Bisexual, and Transgendered communities.

Use culturally appropriate strategies to effectively reach populations and promote behavior change for improved health practices.

- Provide culturally sensitive and culturally competent prevention strategies in both oral and written communications.
- Match public health education programs with the cultural context of communities and use clear and consistent messages.
- Implement effective social marketing principles, including use of ethnically targeted local media and informal communication systems.
- Implement major long-term marketing campaigns to promote good health.

3. Access without Barriers

Promote universal access for all populations without barriers.

- Assure access for all as a key strategy for eliminating disparities.
- Comprehensively address barriers to access, including discrimination, workforce issues, social/economic improvements, mental health, and alcohol and other substance use and addiction.
- Ensure insurance coverage for all.
- Make BadgerCare available to single people.

Increase community-based health systems that are culturally and linguistically appropriate.

- Adopt and enforce standards for delivery of culturally competent services.
- Implement cross-cultural education and cultural competence training.
- Promote community-based leadership to enhance access to care for populations not effectively reached.
- Provide more culturally appropriate mental health services.

Improve social and economic conditions.

- Reduce poverty.
- Address community racism.

Enforce measures to prevent discrimination in health care.

- Treat all consumers with respect and dignity.
- Promote social justice and elimination of social discrimination.
- Hold agencies and organizations accountable for their policies.

Increase the diversity of the health care workforce.

- Increase the number and availability of racial/ethnic health care providers and Lesbian, Gay, Bisexual, and Transgendered health care providers.

4. Transformation of the Public Health System

Statewide and local public health systems must focus with intensity on connecting with each of the stakeholders' communities.

Change the composition of decision-making and policymaking bodies (legislature, health boards, and commissions) to reflect more racial/ethnic and Lesbian, Gay, Bisexual, and Transgendered representation.

Develop the infrastructure and capacity of community-driven health programs.

Fund and sustain nontraditional public health strategies and alternative approaches that are effective in diverse communities.

Encourage a greater emphasis on prevention and community self-reliance.

Develop and support a systematic process for communities to set their own health priorities.

Pilot and implement "Neighborhood Healthwatch Programs" mirrored on neighborhood safety watches structure and process.

5. Collection and Monitoring of Meaningful Health Data on Diverse Communities

Develop data systems that adequately capture the reality of various stakeholder groups, tracking outcomes, and driving resource decisions and program priorities.

- Increase the availability and reporting of reliable and meaningful health data.
 - Survey specific identifiers such as race, ethnicity, primary language, country of origin, residence, age, income, and employment.
 - Develop data systems that adequately capture the reality of various stakeholder groups, tracking outcomes, and driving resource decisions and program priorities.
 - Commit more resources for adequate population survey samples of racial/ethnic and Lesbian, Gay, Bisexual, and Transgendered communities.
 - Collect data on population subgroups.
 - Carry out comprehensive community health assessment to identify unique needs and determine where the disparities exist.
 - Use qualitative data to enhance knowledge of community health.
 - Decrease reliance on phone surveys that do not adequately include important segments of the population.
 - Avoid unnecessary duplication of data collection procedures.
 - Utilize more bilingual and bicultural staff to collect and analyze data.
- Use data to drive resource decisions and program priorities.*
- Ensure that data and health improvement policies go hand-in-hand.
 - Use data collected and reported to shape policy and drive actions.
 - Commit the resources needed to act on the data to improve health for target populations.
 - Analyze and share data.
 - Remember that good policy requires data analysis and then sharing what the data means.
 - Produce an annual report on group-specific health indicators based on community-based organizations and input from members of the affected communities.