

# Better Beginnings

A Publication of the Perinatal Network of Monroe County

June, 2009

## Rochester Health Equity - A Community Action Plan

Between September, 2008 and January 2009, nearly 100 people from all over our community came together for a series of discussions about how race, and more importantly racism, contributes to inequities in diabetes, hypertension/ cardiovascular disease, inflammatory disease and infection, and low birth weight. We learned from experts and from one another about the reality of health disparities. But we also learned from one another about the ways that the community can create health equity -- how we can diminish the factors that suppress the life course trajectory and enhance the factors that support a positive life course trajectory.

The focus of our discussions was on action: what are the concrete, practical steps that we can take with resources available in this community? We asked participants to propose projects, and to form teams to further develop the ideas. By the end of the four meetings, we had logic models describing 22 action steps. It is a tribute to the vision of the participants that the ideas fall heavily into the categories of systems change and community level intervention.

Perinatal Network and Finger Lakes Health Systems Agency staff then explored each of these ideas to learn whether there were similar efforts already underway and whether there were individuals or organizations ready to take ownership of the project. Our goal is to initiate where there is a gap, support where there is an existing project, and bide our time where there is insufficient support or resources. We knew that not every idea could be implemented, at least in the short term. We are determined to begin with those projects that have sufficient support and that are incremental to current initia-

tives. At the same time, we promised that we would not lose the ideas that are not yet ready for fruition.

We have produced a document, ***Rochester Health Equity, A community action plan***. It is divided into three sections. The first section contains a summary description of each project that is ready to go, grouped by category (public policy, community capacity building, community health education). The second section contains a list of the projects that did not meet the criteria for inclusion in the plan, with a brief explanation (including contact information for those projects already at work). The final section contains all of the original logic models produced during the meetings so that participants can trace the project as described to its origins.

Credit for this plan belongs entirely to the many individuals who invested their time, their energy, and their hearts in its development. Credit for the implementation of the plan will belong to the community of individuals and organizations that makes health equity the defining characteristic of Monroe County. We know this is possible, for what can be created by human beings can be recreated differently by human beings.

This issue of our newsletter is devoted to a summary of the Community Action Plan. The Plan is also posted on our website ([www.pnmc-hsr.org](http://www.pnmc-hsr.org)); if you would like a printed copy, please contact our office.

We recognize that this plan is only a beginning, but then beginnings are what we are all about. To create true health equity, we need the engagement of all. Where do you fit?

*Patricia Brantingham*

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# PUBLIC POLICY

## Advocacy/Change Agent Training

### Responsibility: FLHSA/Pickering

Public policy makers respond to the expressed will of the people, so it is possible to move the community (and the broader society) to policies that support health equity through concerted advocacy. However, most people do not have the skills and knowledge needed to be effective in organizing and delivering such an advocacy message. This initiative will educate community residents about health data and the determinants of health and train them in the skills needed to advocate for policy change at local, state, and federal levels.

The Finger Lakes Health Systems Agency will lead this effort, with support from PNMC and team members. The FLHSA has a curriculum and is currently training community advocates. They will further tap their relationship with the RCSD Parent University for expanded delivery. A meeting is scheduled with the League of Women Voters to link this effort to their voter education program.

### Status: Implementation in process

## Extend Maternity/Family Leave

### Lead: PNMC/McCarthy

The work team identified lack of adequate family leave to take care of a newborn as a significant source of stress that has harmful effects on both mom and baby. Limited leave also interferes with sustained breastfeeding, which in turn contributes to greater stress dealing with a sick baby and missed (unpaid) work. The United States ranks near the bottom of the list for policies that support families, such as required paid extended leave to care for a newborn.

Changing family leave policy in the United States is an enormous task because it would require either public (tax) financing or business expense or some combination. Today's Family Medical Leave Act was hailed as a great advance because it requires SOME employers to provide SOME time off, albeit UNPAID. With that seen as a victory, we clearly have a long way to go.

As a first step, PNMC plans to work through Nazareth College and the Greater Rochester Collaborative Master of Social Work Program to propose a field-work project for a student intern. The project will lay the foundation for an advocacy effort (tapping the community advocacy training among other things). This

first phase will include:

- Document FMLA and NYS Disability requirements/benefits regarding maternity leave
- Research other countries' policies and the impact on infant and maternal health
- Identify any existing initiatives at the state or federal level
- Write a position paper on the cost-effectiveness of a supportive leave policy

After this project is complete, the team will reconvene to determine next steps.

### Status: Planning in process

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## PNMC

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### Programs and Funders

COMPREHENSIVE PRENATAL—PERINATAL SERVICES NETWORK NYS Department of Health, Bureau of Women's Health

HEALTHY START ROCHESTER Federal Health Resources and Services Administration

COMIENZO SANO/HEALTHY START AT CFHC Rochester Primary Care Network

STAYING IN THE RANGE Greater Rochester Health Foundation

IMPROVING BREASTFEEDING AMONG LOW INCOME WOMEN— CBPR University of Rochester/NIH

# COMMUNITY CAPACITY BUILDING

## Neighborhood Stress Reduction

**Lead: PNMC/McCarthy**

This project emerged from a discussion of the impact of stress at the neighborhood, not just personal level. The health consequences of chronic, elevated stress are so severe that an entire neighborhood may suffer from chronic disease and transgenerational poor birth outcomes. The team recognized that we don't know a lot about what research has been done to understand neighborhood-level stressors and stress-relievers. While it is easy to speculate about the more obvious causes of stress, an effective intervention must begin with a reality check to learn what makes various neighborhood residents feel that they do or do not have control over their lives.

Recognizing that this is a major initiative, and that none of the team members is in a position to implement it directly, PNMC has committed to doing a preliminary literature review and some key informant interviews. Depending on what we learn, this effort may provide the foundation for a grant proposal for a community based participatory research project

A community based participatory research project would engage residents in determining what would make a difference at the neighborhood level, pilot the intervention, and document the results.

**Status: planning for phase one in process**

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## Community Resource Building for Children

**Lead: Charles Settlement House/Scott Benjamin**

This project is one component of the creation of a healthy urban village. It will create a systematic, real-time, facilitated referral system to increase the efficiency and effectiveness of the system of referrals for services to families, improving access to care and improved health and psychosocial outcomes.

This project will build on the work done by the Perinatal Network and PeerPlace Networks, LLC to create a maternal-child referral system. P. Brantingham will assist in the process of gathering a community of interest and introducing the Peer Place Network system. Ultimately, we see an opportunity to link the two communities of interest to further expand the community system of care.

**Status: Project development in process**

## Self Management Support/Health Coaches

**Lead: PNMC/Brantingham and FLHSA/Norwood**

One of the projects identified was a system of support to assist individuals living with obesity/diabetes, cardiovascular disease/hypertension, and inflammatory disease/infection (or at risk of acquiring them) to manage their own health (Self Management Support); another idea was to create a cadre of health coaches to assist them in navigating the health care system. These ideas may be combined into a single initiative. Self Management Support recognizes the reality of patient responsibility for the majority of decisions and behaviors that affect their health. It affirms provider responsibility "to" and not "for" patients –to act as a guide to support patients rather than being responsible for their patient's health.

A fully robust self management support initiative would include fielding a cadre of trained guides who would be available to individuals and agencies; activating and training churches, community based organizations of all kinds, and medical providers; publicizing available resources; and media campaigns.

**Status: Planning in process**

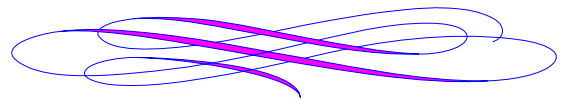
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## Safe Places to Play

**Lead: FLHSA/Pickering**

This project recognizes that it is unreasonable to expect families to increase their activity levels when they live in neighborhoods where there are no safe places to play. While identifying and/or creating safe places to play is an enormous effort, initial steps can be taken. The FLHSA sponsors a team that is looking at indoor and outdoor play spaces. An assessment of the spaces will follow; currently the team is working on identification of appropriate assessment instruments. They will then convene a discussion group to document gaps and identify community needs/desires and a process for moving forward.

**Status: Inventory complete; planning for next steps in process**



## Community Scorecard Promoting Transparency of Ethical Business Practices

**Lead: FLHSA/Norwood and Rochester Re-Entry Initiative/Hardaway**

This team discussed the stress caused when people of color are treated badly by health care providers, businesses, and other service providers. The damage from such stress is especially severe when such treatment is covert, pervasive, and clearly driven by race. The value of a scorecard is dual: first, people could avoid those who are identified as discriminatory, and second, businesses and other organizations would be more likely to change their practices if they were publicly scored on their treatment of their customers/patients and engaged in dialogue about the offensive practices.

A predecessor step is to understand what data are currently collected about race/ethnicity by providers. The FLHSA is engaged in collecting such information from medical providers and is willing to share the instrument they use to document the data collection with other organizations that wish to assess their own data capture practices.

This project plans to document and report racial disparities in treatment through a community scorecard. The project will identify and engage providers and businesses around issues of unwarranted variations in treatment. The development of the scorecard itself requires input from the community and investigation of possible models. This will be done through three vehicles:

- A literature search for scorecards that are used in other communities
- A series of key informant interviews and focus groups among people of color
- A discussion with youth about how they are treated,

These are only beginning steps of a much bigger project and will need to be integrated into a broader initiative in order to have community-wide impact.

**Status: Data collection assessment in process; other components, planning in process**

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## Assess Parent Knowledge of Childhood Diseases

**Lead: Christel Shaw, Linda Sullivan**

This project is intended to identify gaps in parent knowledge of the causes of childhood disease/poor health so that such gaps could be addressed. The team believes that if parents have better knowledge, they will be better able to adopt a healthy lifestyle, serve as role models for their children, and advocate for their children.

The team is working to implement the project, including:

- Create a multidisciplinary steering committee
- Develop an assessment tool
- Recruit partners to administer the assessment
- Assess current state of parent knowledge
- Determine action steps in response to survey results

**Key Next Step: Team is working to identify a steering committee willing and able to carry the project**

**Status: Planning in process**

## Changing School Climate to Reduce Youth Stress

**Lead: FLHSA/Norwood**

This project is intended to build an understanding of how students, faculty, and key district stakeholders view and experience the climate of the Rochester City School district. The aim of a climate survey is to identify sources of stress and opportunities to support positive life course trajectories through specific changes in school practice or policy.

Recognizing that conducting a survey requires significant commitment by RCSD Board and administration, the team proposes a collaborative approach to engaging the district in the design, administration, and interpretation of the survey. RCSD officials have expressed willingness to participate in this effort. The next step is to review with RCSD officials a survey instrument created at the University of Rochester.

**Status: project in process**

## Health Education in Churches

**Lead: Kidney Foundation/Lloyd**

This project proposed a joint effort by FLHSA, its African American and Hispanic Health Coalition, the Health Agency Coalition (HAC), community leaders, and clergy to identify pathways to stronger relationships with clergy. Such pathways would operate both ways, delivering health information to congregations and sending feedback on health education motivators and priorities. Through HAC, a work group formed that included a majority of the team members and other health educators. This group has developed a best practice for church and community based health screening and education that has been reviewed by clergy and refined. Meetings are currently scheduled with several African American congregations with the aim of implementing health encounters that will be evaluated for both screening and education as well as health follow up by pastors. Successes and challenges will be included in future reports.

**Status: Project in process**

## Unnatural Causes in the Community

**Leader: PNMC/Brantingham and Marrero**

This project grew out of the showing of “Unnatural Causes” at the January planning meeting. The team members were individually so affected by the film and the discussion that followed that they wanted the entire community to have the same experience. They discussed the type of meeting at which such an experience could be replicated and agreed that a wide variety of groups might participate, including churches, libraries, and book clubs. The “Unnatural Causes” developers have created robust discussion guides and other materials to make viewing in a community setting effective.

The project will:

- Acquire a quantity of program DVDs and discussion guides
- Identify and train discussion leaders who are willing to work together in the community
- Create promotion materials describing the importance of the series and the value of participation
- Solicit venues on the model of “what if everyone in Rochester read the same book”

- Generate media support for the mission of broad distribution and discussion
- Promote wide dissemination, especially in the suburbs
- Document the number of groups and individuals who have experienced the program

**Status: Project in process**

## Build Community Awareness of Racial Health Disparities Through Media

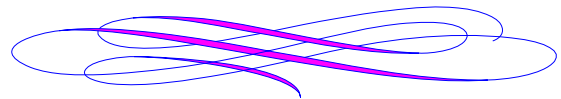
**Lead: PNMC/Brantingham and Elizabeth McDade**

This project also arose from the viewing of “Unnatural Causes.” This team focused on the need for broad exposure of the program through the media – standard broadcast as well as non-standard outlets. Although such viewing lacks the support of guided discussion, it would make the program available to the broadest possible audience. The team saw the broadcast of the program as a means to stimulate community discussion of the relationship between health disparities and race. Such discussion would be facilitated by having the media (broadly defined) not only show the program, but discuss it on their news and commentary shows and in articles in print and on-line media.

The project will confirm with the “Unnatural Causes” developers the process for broadcasting the program and work with them to create a media solicitation package. Likely media outlets will be identified and approached. When at least one showing has been confirmed, the team will begin marketing the program, including generating the commentary described above. This project will be closely linked with the community group viewing project described above.

**Status: Planning in process**

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The series of meetings on racial disparities in health generated a wealth of ideas for action. The teams that worked on these ideas during the meetings were limited in their access to external resources or information about other projects already underway. After the meetings, PNMC staff investigated each idea to determine whether there were similar initiatives in the community and whether there was an agency or individual willing to take leadership of the idea. We committed to including as part of the Community Action Plan only those ideas that promised incremental value and had sufficient support to assure implementation. At the same time, we recognized that some of these ideas are being implemented already and should be shared with the broader community so that we all understand the linkage with the Life Course plan. And some ideas have promise, but do not currently have sufficient sponsorship to move forward; these we want to save so that when sufficient resources become available, they are available to be rejuvenated. What follows is a brief description of each of the ideas that was generated during the planning sessions but not included in the action plan, with an explanation for its exclusion.

## **Public Policy**

### **Require Restaurants to Display Nutrition Information**

This proposal was to document the NYC experience with requiring restaurants to display nutrition information, identify local advocates willing to take a leadership role, and convene advocates to develop a strategy. As a first step, the FLHSA gathered information about the NYC experience. In following up this idea, we learned about the planned Greater Rochester Health Foundation project *Healthy Restaurants*, which will address this issue locally. This will initially be a small project that will grow as word spreads.

## **Community Capacity Building**

### **Roundtable of Client Centered Care**

This proposal was to form a coalition of programs that use a collaborative model with their consumers; the coalition would share information about what works and would identify ways to expand success in the community by sharing client-centered concepts with other programs. None of the team members who proposed this idea is able to take a lead role at this time. Until such time as a more formal effort can be mounted,

PNMC will include discussion of client-centered care in its existing coalitions, including the newly forming consortium.

## **Rochester Role Models**

This project is intended to build on current outreach programs in targeted zip codes, including barber/beauty shop outreach. The Finger Lakes Health System is already working on expanding these efforts to schools and churches and will incorporate them into the self management support work through the African American Health Coalition, so a new initiative is not needed. Their successes and challenges will be included in future reports to the community.

## **Health Coaching**

There are numerous initiatives within existing organizations that incorporate some version of health coaching or patient advocacy. The intention expressed in this project was to expand and operationalize the capacity for such coaching throughout the community. In exploring options for leadership and implementation, we found that it would be most productive to support, link, and enhance some of these existing programs rather than start something new. For example, coaching individuals in their navigation of the health care system is integral to an effective Self Management Support program, so such training will be included with the SMS training that PNMC is planning. The Promotores de Salud program at Ibero is interested in expanding its reach beyond the Latino community. And the Mental Health Promotion Task Force has developed a pilot for a community based participatory research approach to develop methods for identifying and developing neighborhood, informal natural helpers. These projects will continue to be tracked and synergies explored.

## **Baby Link Store for Expectant Families**

This project was intended to reduce stress through easier resource availability for expectant families. Research into existing community initiatives revealed many sources of baby items either for free or low cost; the need for an additional outlet is not clear. Research would have to be done to determine need and feasibility. There is not a champion of this project at this time.

## **Access to Healthy Foods**

It is often difficult for families to choose healthy food when there are no grocery stores but many fast food outlets in their neighborhoods. The project team identified the need to research community food access programs in the community to learn what they are doing and how they are connected. Follow up identified a related initiative at the Greater Rochester Health Foundation. The Foundation has served as convener for the Food Access Group since last summer due to interest expressed from several community-based organizations and groups to get together to discuss issues related to food access. They meet every 3<sup>rd</sup> Thursday of the month at the GRHF office. The following groups are regular attendees: Rochester Roots, SWAN's Growgreen Youth Entrepreneur Program, Friends of the Public Market, SW/Westside Farmers Markets, Cornell Coop Extension, Foodlink, Nutrition Outreach Project, ABC, and FLHSA's HealthiKids (Policy and Advocacy). In addition to networking and learning about each other's activities, the group is examining the Rochester food environment and identifying issues, impact, assets, and possible actions that can be taken to address these issues. Those interested in pursuing this effort are encouraged to contact Gail Newton, Program Officer at GRHF (gnewton@thegrhf.org).

## **Fresh Food Delivery in Neighborhoods**

This idea was to bring fresh fruits and vegetables into the neighborhoods rather than ask people to go to the markets, on the model of the book mobile or ice cream truck. In follow up, we started with Foodlink, the organization most closely linked with access to food in the community. Foodlink is in the process of developing a platform from which better local access could be developed. Wade Norwood has a meeting scheduled with Foodlink to learn more about their initiatives and determine whether there is an opportunity for others in the community to participate. Feedback from this discussion will be included in future reports to the community.

## **Community Health Education**

### **School Health Education**

This proposal was an effort to improve adolescent knowledge of sex and sexuality to increase positive health development, including healthy pre-pregnancy and healthy pregnancies. The team suggested that the school curriculum (specifically RCSD) was not adequate

to this task. There might be evidence-based sex health curriculum alternatives. This project has not been further developed. However, we have contacted Donna M. Hill, Ph.D., R.N., District Coordinator, Student Health Services at RCSD, to enquire about how health education is delivered in the schools. Her response (below) acknowledges the time constraints and expresses a willingness to further discuss how community resources might be brought into the schools. PNMC will continue the discussion with RCSD, determine whether a community initiative is feasible, and report back.

## **Individual Health Education**

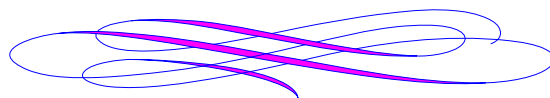
### **Increased Latina Breastfeeding**

This project was intended to address the disparity in the degree to which Latinas initiate and continue breastfeeding, which has negative health consequences for their children. The team identified the need to research barriers and supports to determine what sort of intervention would be effective. There is a related major community initiative addressing breastfeeding initiation and duration, the NIH-sponsored URM research project. One component of that study is a Community Council that is designed to elicit just this information. Rather than duplicate this effort, there is an opportunity to learn from the work of the Community Council while investigating other opportunities to learn about the specific issues working in the Latina community.

## **Healthy Living Program/Vida en Salud**

This is a program of the URM Center for Community Health. They are currently in discussions with the insurance plans about coverage for the costs. The Center is also seeking funding to train city recreation center staff to deliver the program in the rec centers. All of these activities are under discussion, but no conclusions have been reached. We will stay in touch with the Center for Community Health to ensure that if there is an opportunity to expand or replicate the program, it is included in the community action plan.

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## Upcoming Events.....

Date	What it is	Who it is for	For more info contact:
Sept. 10th, 2009	Perinatal Mood Disorder Coalition Meeting	All Current and Prospective Members	Jacqueline Procope-Isaacs 546-4930, ext. 215 <a href="mailto:jisaacs@pnmc-hsr.org">jisaacs@pnmc-hsr.org</a>
Sept. 17th, 2009	Smoking Cessation Coalition Meeting	All Current and Prospective Members	Jacqueline Procope-Isaacs 546-4930, ext. 215 <a href="mailto:jisaacs@pnmc-hsr.org">jisaacs@pnmc-hsr.org</a>
Sept. 29th, 2009	Perinatal Oral Health Coalition Meeting	All Current and Prospective Members	Jacqueline Procope-Isaacs 546-4930, ext. 215 <a href="mailto:jisaacs@pnmc-hsr.org">jisaacs@pnmc-hsr.org</a>
Oct. 22nd, 2009	Smoking Cessation Coalition Meeting	All Current and Prospective Members	Jacqueline Procope-Isaacs 546-4930, ext. 215 <a href="mailto:jisaacs@pnmc-hsr.org">jisaacs@pnmc-hsr.org</a>
Oct. 29th, 2009	Fall Networking Session	All Health and Human Service Providers	Jacqueline Procope-Isaacs 546-4930, ext. 215 <a href="mailto:jisaacs@pnmc-hsr.org">jisaacs@pnmc-hsr.org</a>