



connecticut state
innovation model

CT SIM CAB BLACK FAITH COMMUNITY LISTENING SESSION REPORT

CROSS STREET AME ZION CHURCH, MIDDLETOWN:
DECEMBER 12, 2016

PRESENTED BY: MARCIA DUFORE, ROBYN ANDERSON, AND QUYEN TRUONG,
NORTH CENTRAL REGIONAL MENTAL HEALTH BOARD
151 New Park Ave., Suite 14A, Hartford CT 06106

EVENT OVERVIEW

On December 12, 2016 – The State Innovation Model Consumer Advisory Board (SIM CAB), in partnership with the North Central Regional Mental Health Board (NCRMHB) and Church Leaders from Hartford, Middletown, and New Britain organized a Health Equity Listening Session at Cross Street AME Zion Church. The purpose of the event was to engage Black community members to share their experiences with healthcare access, and to rally the community in a call-to-action to address healthcare issues together. The participants sat around tables of 10-12 people each, and ten Black Church Leaders served as facilitators to identify community healthcare concerns.



The Community Conversations engaged approximately 90 attendees. A variety of Black community members attended, including 12 Pastors, many Church Leaders, community members ranging from young adults to older adults, and included people from all walks of life who identified with the Black faith community.

The event kicked off with registration, prayers, and a full three-course, Southern-styled dinner. The keynote speaker was the Director of SIM, Dr. Mark Schaefer. He gave a brief PowerPoint presentation highlighting the major aspects of healthcare challenges in our state, and then shared a powerful, personal account of how issues in the healthcare system affected his family. Among the points he highlighted included how our healthcare system needs reform because it benefits from offering a quantity of healthcare services, but is not currently set up to focus on outcomes or providing quality services. Black community members heartily agreed with his points and shared similar stories.

Afterwards, community members split into eight large dialogue circles. Each group was facilitated by at least one Black Church Leader, who assigned a note-taker to record notes about the conversation. Groups covered an arc of dialogue that included questions about healthcare access specific to the Black community, cultural health concerns, and ideas to address these issues. The Listening Session wrapped up by reconvening the eight groups, and each group presented their discussions to the larger group. The conversations were energizing, inspiring, and helped the participating Black Churches from Hartford, Middletown, and New Britain unite across common healthcare access issues.

KEY FINDINGS:

- Church leaders are interested in developing advocacy skills
- The Black community struggles to connect with Access Health CT and health insurance literacy tools
- African American faith communities agree on the importance of the Affordable Care Act (ACA)
- Church leaders felt it was important to offer education for people regarding their healthcare
- Diabetes affects many Black community members
- The Black community is interested in finding funding to support their efforts
- There is widespread concern about incarceration of Black men due to mental health and addiction issues. We must educate police and work with social service agencies to ensure Black people get the care they need.



EVENT DETAILS

WHAT WE LEARNED:

The dinner dialogues made it apparent that Black pastors and church leaders play an incredibly influential role in the lives of their congregation. Church leaders were the first to hear about mental health or addiction issues, and people who struggled with health often came to their pastors to seek information or support. However, many church leaders did not feel comfortable talking about mental health services nor health insurance because they did not know enough about the system of care or the new healthcare legislation. This listening session allowed space for pastors, church leaders, and congregants to share their questions, to hear what people had to say, and to learn about the SIM efforts as well as discuss mental health and addiction issues with their groups.

Pastors and church leaders have an incredibly important role in being spokespeople for their congregations. They experience every day challenges alongside their parishioners so they are the best equipped to bring these stories to policy makers. Once trained to be community representatives and policy influencers, pastors and church leaders can ensure that state healthcare policy works for their communities. Since pastors and church leaders have such a deep knowledge of their communities' needs, they can serve as advocates to help create systemic change. Pastors and church leaders can provide not only healthcare information and spiritual support, they can also gather stories to offer testimony and meet with legislators to advocate for meaningful change.



CHALLENGES ABOUT HEALTHCARE:

Church leaders knew how to help friends and parishioners navigate the system and connect with care. For example, one pastor helped a congregation member lose weight so this person can qualify for surgery. Another pastor advocated for health materials to be translated. But Black people still struggled to get Access Health CT to conduct outreach in their community. Congregants discussed how Access Health CT's focus with on-line resources have failed people who need face-to-face advocacy and education in their communities. Most



people felt it was important to hold Access Health CT accountable for educating and engaging Black communities in healthcare. Some church leaders have served as healthcare insurance assistors for Access Health CT until funding ran out, and others met with Access Health CT's outreach contractor, Grossman Heinz, to remind them "not to forget our communities." The faith community members who met with Grossman Heinz asked for funding to help people apply for Affordable Care Act (ACA) coverage.

Many church leaders have actively participated in spreading the news to their communities about the Husky Medicaid reductions, either in person, over emails and phone calls, or by personally taking out ads in local newspapers to alert community members.

In terms of educating people about the ACA – congregants felt it was important to offer education for people regarding their healthcare. People agreed that many Black people do not understand the ACA and feel it is not affordable. This showed a continued need for outreach and education in regards to the ACA in Black communities. Church leaders cited the Urban Alliance, Martha House, Faith Care, and Revitalize Hartford as resources for the community. They also discussed how Hartford Hospital is "95% bilingual" and tends to serve more Latinos, whereas St. Francis serves more Blacks. Nonetheless, most church leaders felt they need more education about healthcare and diagnoses in order to better help their church members. Church leaders had many questions about Medicare and how to support seniors.



In their discussions, church leaders discussed resources to connect with Access Health CT and inquired about any grants they could apply for to do this work. Since most church leaders work full time in addition to their faith-based volunteer activities, finding funding to support their efforts makes a big difference in providing ongoing support. Many church leaders discussed the need to find future funding to continue to support the current Ministerial Health Fellowship.

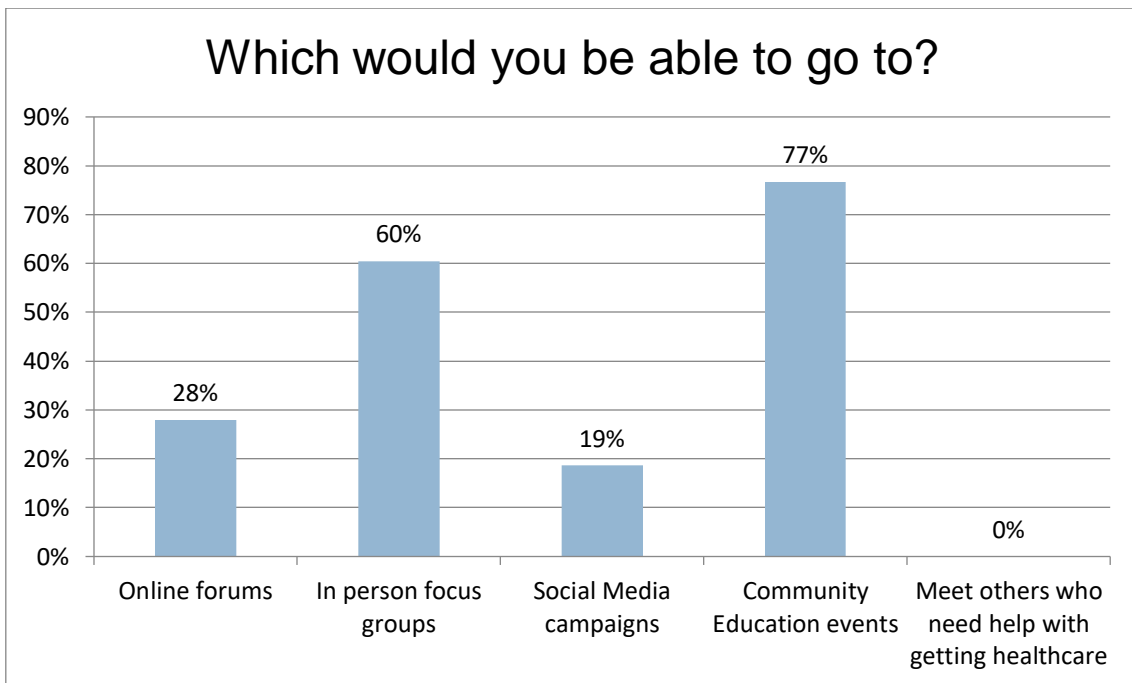
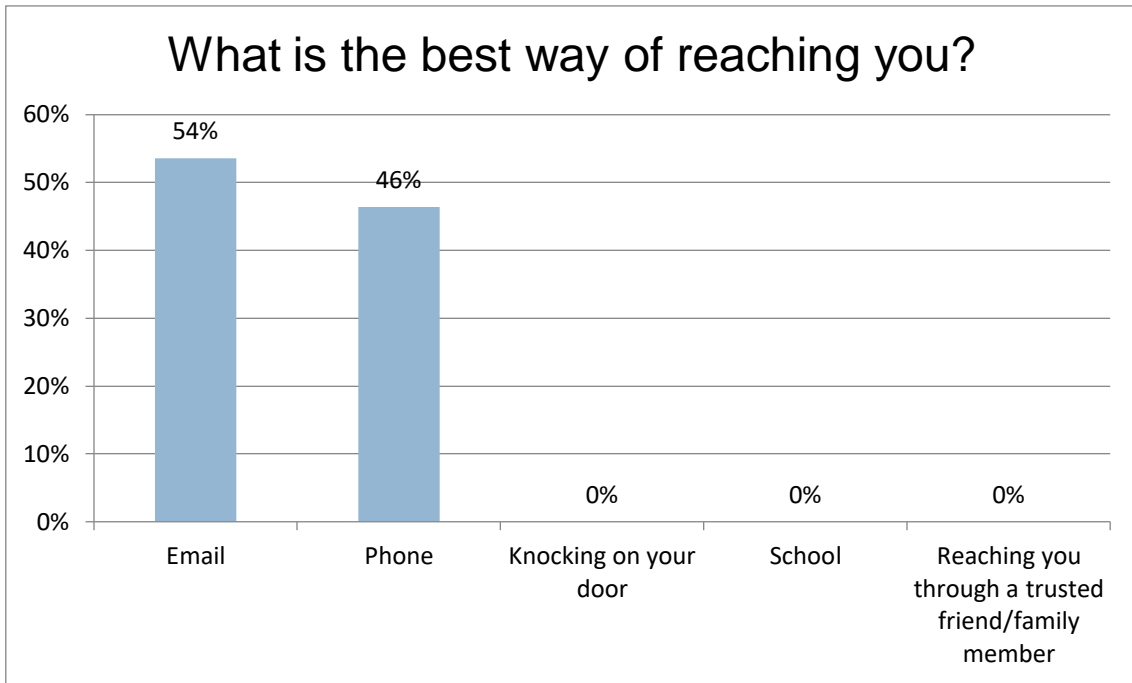
A big topic of conversation revolved around prevention of incarceration due to mental health and addiction concerns. In the Black community, there is a disproportionate number of people who are incarcerated when they should be getting treatment. Without the proper supports or referrals, many Black people do not get diagnosed and do not seek out help until too late. People discussed prevention tactics as well as the need to educate police and to work with social service agencies to ensure Black people get the care they need.

SIM CAB FEEDBACK:

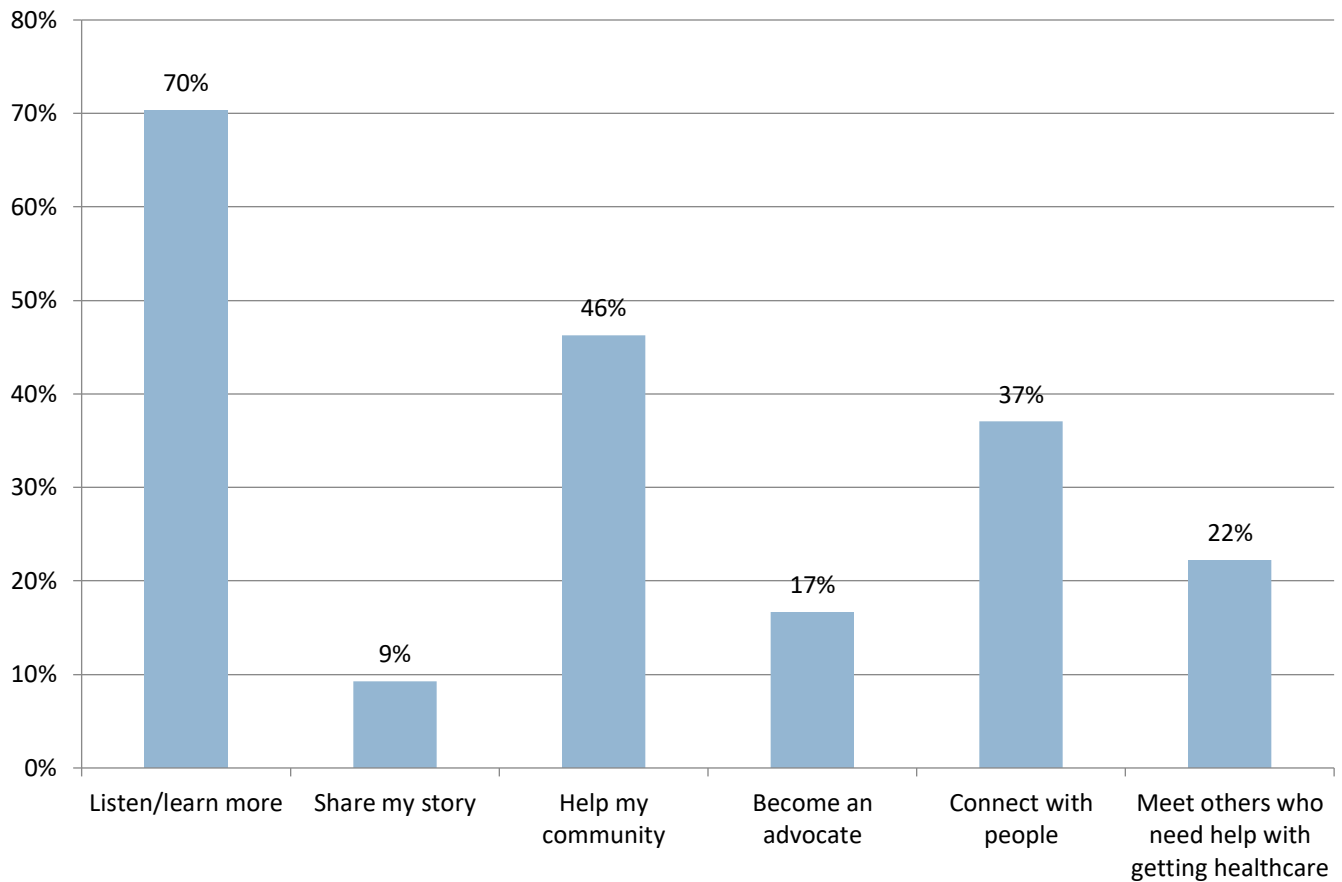
- Hold Access Health CT accountable for educating and engaging Black communities in healthcare.
- Offer education for people regarding their healthcare. Many Black people do not understand health insurance and feel it is not affordable. This showed a continued need for outreach and education in regards to the ACA in Black communities.
- Diabetes is a big problem for many Black community members. We need to address it.
- St. Francis Hospital, the Urban Alliance, Martha House, Faith Care, and Revitalize Hartford are good resources for the Black community.
- Support the role of Ministerial Alliances – so church leaders can continue to meet, exchange information, and share resources.

RECOMMENDATIONS:

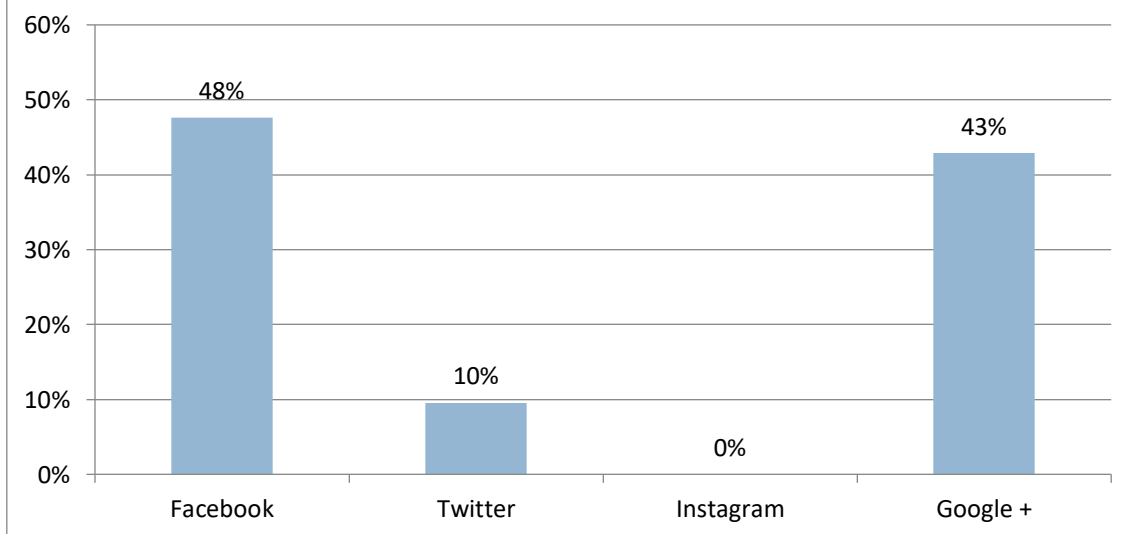
Continue convening monthly Ministerial Health Fellowship meetings: pastors and church leaders stated repeatedly that they felt a strong fellowship with the Ministerial Health Fellowship cohort, and that the meetings gave them information on relevant matters and connected them with useful resources and helpful people. To build this coalition of Black pastors and church leaders, the monthly education dinner meetings must continue. The sense of fellowship developed over dinner and the important networking opportunities for pastors and church leaders are key to building a legislative advocacy coalition and to ensuring that Black communities get improved healthcare access.



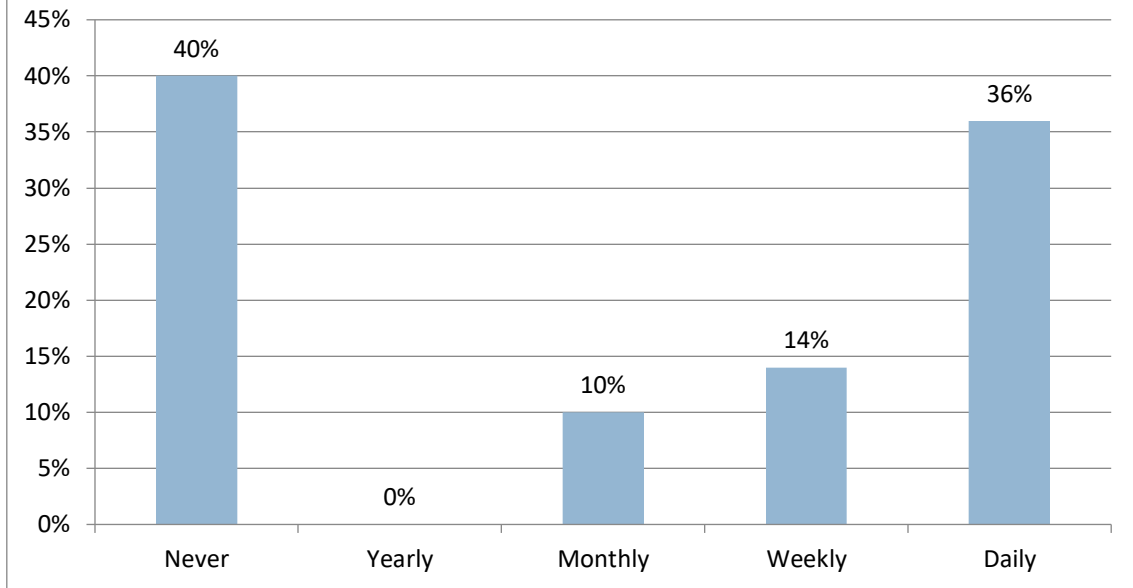
If you attend an event about healthcare, what do you want to get out of it?



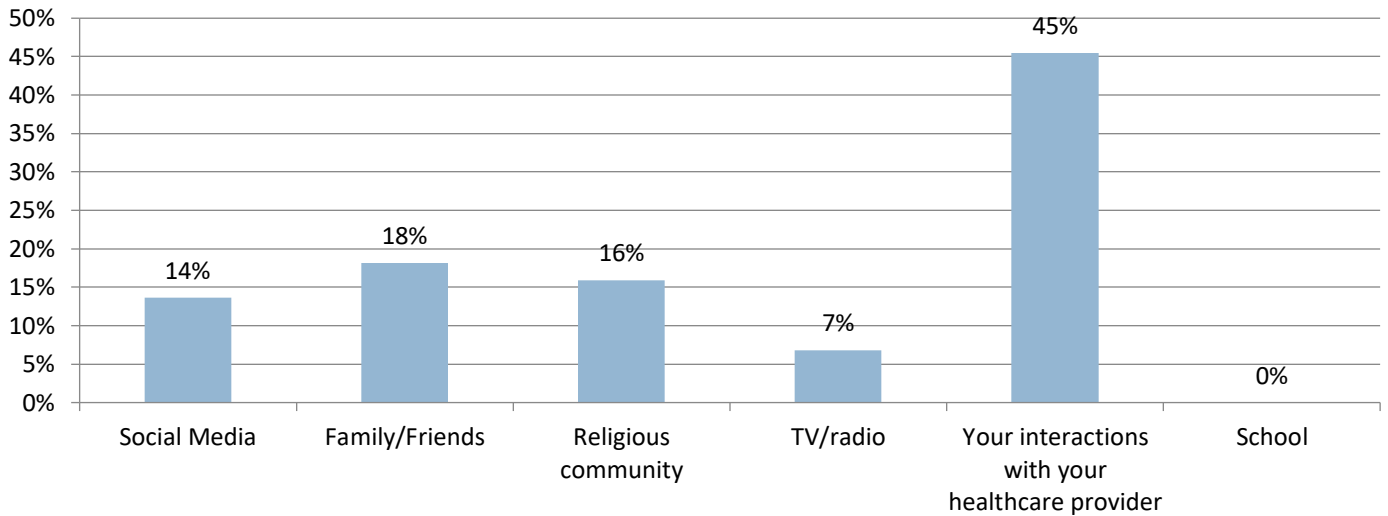
What would you most likely use to learn about or talk about healthcare?



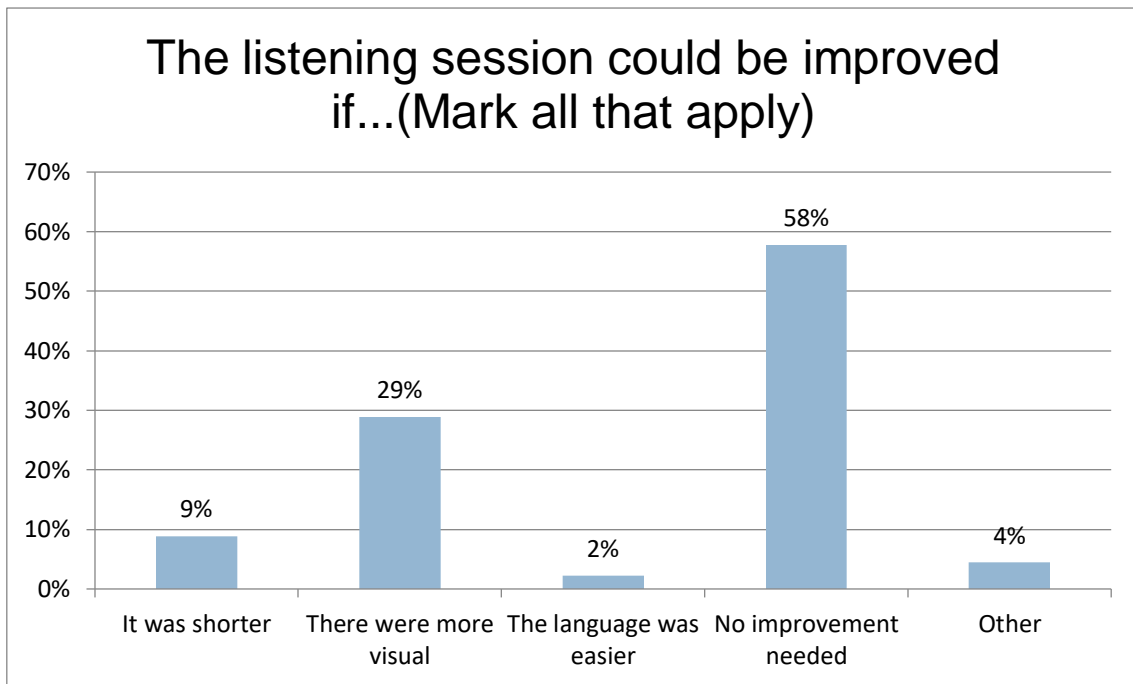
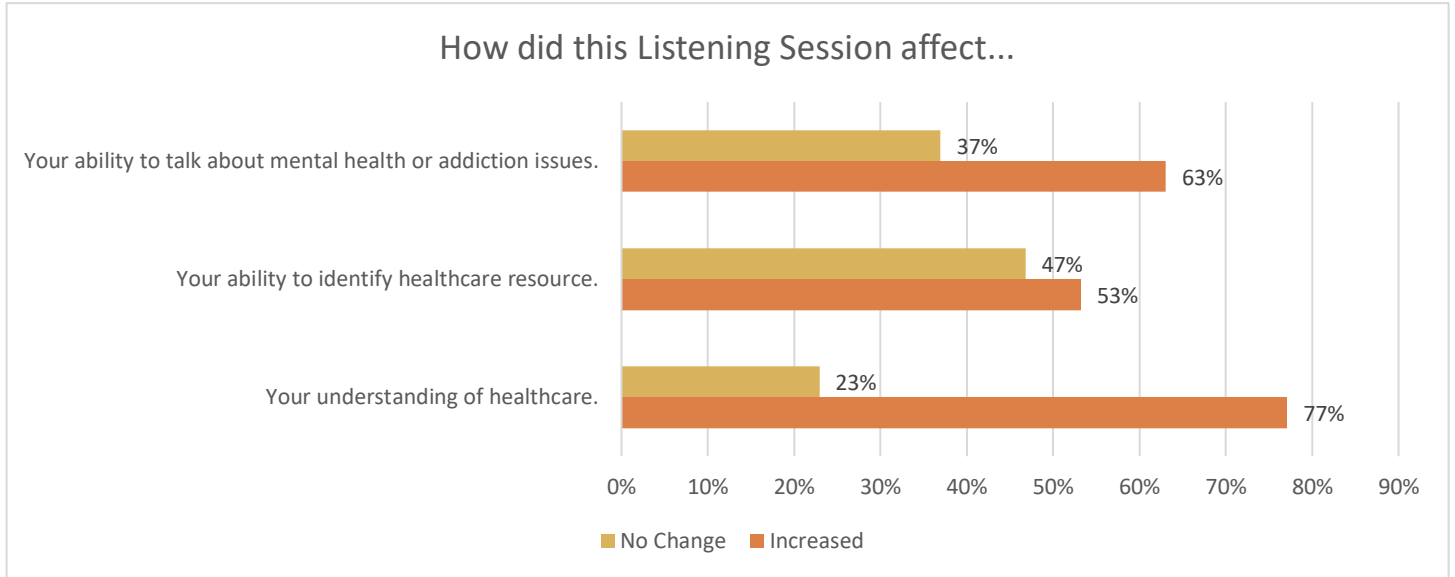
How often do you use social media?



What affects your understanding of healthcare most?



POST SURVEY FEEDBACK



Do you think the listening session was helpful for you? Why?

Answered: 32 Skipped: 18

Allowed me to
Share
Healthcare
Gained
Listening
Aware
Learned
Health
Opportunity to Hear
Community

Describe what you liked most about the listening session? (Mark all that apply)

