



# Strategies to Address Health Disparities Among Black/African American Women in Connecticut

Office of the Commissioner • September, 2014

## Introduction

Within the State of Connecticut, racial and ethnic disparities in health exist among Black/African American women across a wide range of health indicators.<sup>1</sup> These health disparities are influenced by positive and negative determinants across an ecological landscape that includes the Individual, Institutional, Community, and State/Federal levels, and some of these determinants within Connecticut have been described in a companion document, *Issue Brief: Health Disparities Among Black/African American Women in Connecticut*.<sup>2</sup> Strategies to reduce disparities in health among Black/African American women need to build on positive determinants and address negative determinants of health. Opportunities that increase the income level, educational status, and insurance status of Black/African American women are expected to have a strong impact on health disparities. In addition, culturally-sensitive strategies to reduce overweight/obesity are also expected to have a strong impact. The significance of age in risk behaviors and poor health outcomes indicates that all strategies need to be appropriate for the age at risk.

## Ecological Strategies to Reduce Disparities in Health

Described below are some suggested strategies that may address factors associated with health disparities among Black/African American women, and that build on the strengths and help alleviate the weaknesses that exist at each ecological level (see **Ecological Strategies**). These strategies are not intended to be comprehensive and should be used only as a guide. Evidence-based strategies should be implemented whenever possible, and should resonate with committed stakeholders to maximize the possibility of successful implementation.

### Individual Level

Black/African American women can use their internal sense of self and personal resilience to seek out programs that build feelings of self-worth, and that promote self-advocacy and health seeking behavior. Younger Black/African American women can build on existing internal qualities to take advantage of educational opportunities that lead to better jobs and career advancement. With a sense of self-worth and health-seeking behavior, Black/African American women can take advantage of opportunities to develop a life plan that includes getting as healthy and ready for pregnancy as possible, and build a personal culture of healthy eating and active living. Those able could reach outside their own lives to participate in efforts within the community.

---

<sup>1</sup> Stone, CL, Davis, L (2014) Factors associated with health disparities among Black/African American women in Connecticut. Connecticut Department of Public Health, Hartford, Connecticut (<http://www.ct.gov/dph/BRFSS>).

<sup>2</sup> Davis, L, Stone (CL (2014) Issue Brief: Health disparities among Black/African American women in Connecticut. Connecticut Department of Public Health, Hartford, Connecticut.

### Institutional Level

Recommended preventive services by the Institute of Medicine for all women across the lifespan should be explored for incorporation into clinical best practice.<sup>3</sup> Additional support services at the Institutional level include encouraging life/wellness plans and offering nutritional counseling. Services need to be age-appropriate and responsive to younger Black/African American women, and need to be infused with health components that resonate among all Black/African American women. All office staff should practice cultural sensitivity, and patient satisfaction with care needs to be assessed regularly. Novel strategies are needed to help women be as healthy and ready for pregnancy as possible, and prenatal care needs to be enhanced to reduce reported barriers to quality care.<sup>3,4</sup> Institutions need to align resources to coordinate services that close gaps in quality services offered to Black/African American women, and should establish strategies that foster Individual and Community efforts to increase health and wellbeing among this subpopulation of clients. This includes the opportunity for hospitals to align their community needs assessment with community benefits efforts.

### Community Level

The natural strength among Black/African women to cooperate together within a network of sisterhood could be expanded by removing the stigma associated with behavioral health issues to create a shift toward acceptance for women suffering from depression and other emotional issues. The community of Black/African American women, working in partnership with the Institutional level, could build upon existing strengths to encourage health seeking behavior and changes in diet that facilitate healthy weight. Existing programs such as the *Show Your Love* campaign offered by the U.S. Centers for Disease Control and Prevention,<sup>5</sup> and the *Some Day* campaign by DPH,<sup>6</sup> are examples of social marketing campaigns that seek to increase preconception self-worth and health-seeking behavior. Community organizations could work with local hospitals and community health centers to align Community Benefits programs with local projects determined by the community to be of high priority. Promising strategies that are culturally-sensitive and age-appropriate could be implemented broadly within the community to help women be as healthy and ready for pregnancy as possible. Some community members could reach beyond the community to establish and sustain partnerships with other ecological levels.

<sup>3</sup> IOM (Institute of Medicine), 2011. Clinical preventive services for women: Closing the gap, Washington, DC: The National Academies of Press (ISBN 978-0-309-21538-1), (<http://www.iom.edu/Reports/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps.aspx>), accessed on September 3, 2014. Recommended preventive clinical services include patient education and counseling on contraceptive methods, screening and counseling for interpersonal and domestic violence, alcohol misuse counseling, blood pressure screening, BRCA screening and breast cancer preventive medication when appropriate, tobacco use counseling, screening and referral for depression, screening for diabetes, screening and counseling for obesity, and at least one well-woman visit annually. Screening for gestational diabetes and anemia are recommended for pregnant women, and breastfeeding support and counseling is recommended for women with infants. Osteoporosis screening is recommended for women at least 65 years old. Screening for human immunodeficiency virus, human papillomavirus, and syphilis and counseling for sexually transmitted infections are recommended for at-risk women.

<sup>4</sup> Kurz, B, D'Angelo, K, Bryan, J (2013) Focus groups for the State of Connecticut fetal and infant mortality program – prenatal care experiences of women in Connecticut, University of Connecticut School of Social Work, West Hartford, Connecticut. Recommendations to address issues identified in the report include: Educate office staff in cultural competence; increase access to providers by telephone; transform healthcare settings; assist with enrollment in social services; incorporate patient-centered care; raise awareness about the risks of preterm birth; implement age-appropriate and culturally sensitive media campaigns; support efforts to reduce the stigma of behavioral health issues and services; provide trauma-centered care.

<sup>5</sup> U.S. Centers for Disease Control and Prevention, Preconception Care and Health Care: *Show Your Love* campaign (<http://www.cdc.gov/preconception/showyourlove>), accessed on September 23, 2014.

<sup>6</sup> Connecticut Department of Public Health, Preconception Health: *Some Day* campaign. Contact: Rosa Biaggi, Section Chief, Family Health Section.

## Ecological Strategies To Reduce Health Disparities Among Black/African American Women in Connecticut

### Strategies



#### Individual

- Build on internal resilience to increase self-worth, self-advocacy, & health seeking behavior
- Participate in educational opportunities for job skills & career advancement
- Create a personal culture of life-long learning
- Develop a life/wellness plan & stay current on adult well-visits
- Seek support for behavioral concerns; Increase healthy eating and active living
- Participate in Community strategies



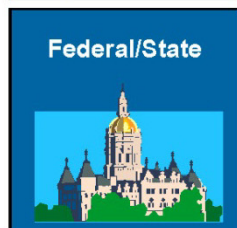
#### Institutional

- Ensure the delivery of quality health care
- Develop policies that incorporate nutritional counseling and support services
- Incorporate recommended clinical preventive services by IOM into best practice
- Provide care coordinators to support service coordination and insurance enrollment
- Collaborate to build an integrated system of care
- Collaborate with Community partners to implement priorities identified in community needs assessment



#### Community

- Create a culture of wellness and health-sustaining behavior
- Increase access to affordable fresh foods; increase physical activity
- Strengthen partnerships with community resources, including faith-based organizations
- Support Individual and Institutional strategies
- Replicate promising strategies to improve birth outcomes



#### Federal/State

- Support affordable housing & healthy homes, improve air quality, and create walkable areas & easy transportation
- Provide technical assistance to implement priorities in state/federal plans (i.e., HP2020, SHIP)
- Lead coordination efforts across multiple ecological levels
- Increase the availability of culturally-sensitive programs
- Foster a diverse workforce of navigators, community health workers, and nurses
- Support strategies with available data (i.e., BRFSS, PRAMS, Vital Records)

IOM—Institute of Medicine. See footnote 3.

HP2020—Healthy People 2020 (<http://www.healthypeople.gov/2020/default.aspx>)

SHIP—State Health Improvement Plan ([http://www.ct.gov/dph/lib/dph/state\\_health\\_planning/sha-ship/hct2020/hct2020\\_state\\_hlth\\_impv\\_032514.pdf](http://www.ct.gov/dph/lib/dph/state_health_planning/sha-ship/hct2020/hct2020_state_hlth_impv_032514.pdf))

BRFSS—Behavioral Risk Factor Surveillance System (<http://www.ct.gov/dph/BRFSS>)

PRAMS—Pregnancy Risk Assessment Monitoring System ([http://www.ct.gov/dph/cwp/view.asp?a=3135&q=492780&dphNav\\_GID=2120](http://www.ct.gov/dph/cwp/view.asp?a=3135&q=492780&dphNav_GID=2120))

Vital Records – Summary-level data from birth and death records

### State and Federal Level

Issues such as affordable and safe housing, improved air quality, walkable communities and convenient transportation need to be supported. Efforts that encourage young women to remain in high school, and other programs that increase educational status are also needed. In addition, existing strengths at the State and Federal level could be contributed to support efforts across ecological levels to reduce disparities among Black/African American women. The state could help facilitate training in cultural sensitivity and coordinate existing statewide initiatives with community efforts. The state should also provide timely summary-level data to support community assessments and monitor program activities.

## Example: Simultaneous and coordinated strategies across multiple ecological levels

Coordinated efforts implemented simultaneously across all ecological levels are expected to have the greatest impact on disparities among Black/African women in the state.<sup>7</sup> For instance, to reduce disparities in overweight and obesity among Black/African American women, and with collaboration among all ecological levels of a given geography, an ecological set of approaches that are age-appropriate and culturally sensitive could be implemented simultaneously as described below.

Individual Level – Train leaders within the community who then mentor others to encourage a personal culture of health and wellness.

Institutional Level – Offer a variety of overweight/obesity counseling at local healthcare centers, hospitals, schools, and local health departments.

Community Level - Offer cooking and nutrition classes in strategic and convenient locations, including local stores, faith-based locations, and community centers.

State and Federal Level – 1) Convene and/or participate in statewide coalitions to reduce obesity, and provide leadership and technical support; 2) Provide technical assistance and access to training programs that increase cultural sensitivity; 3) Conduct age-appropriate social marketing campaigns; and 4) Share timely summary-level data on disparities in overweight and obesity using data from the Behavioral Risk Factor Surveillance System.

## Contact Information

For further information, please contact:

Lisa Davis, MBA, BS, RN  
Deputy Commissioner  
Office of the Commissioner  
Connecticut Department of Public Health  
(860) 509-7101  
[Lisa.Davis@ct.gov](mailto:Lisa.Davis@ct.gov)

Carol L. Stone, PhD, MPH, MA, MAS  
Supervising Epidemiologist  
Health Statistics and Surveillance Section  
Connecticut Department of Public Health  
(860) 509-7147  
[Carol.Stone@ct.gov](mailto:Carol.Stone@ct.gov)

## Suggested Citation

Davis, L, Stone, C (2014) Strategies to address health disparities among Black/African American women in Connecticut. Connecticut Department of Public Health, Hartford, CT.

---

<sup>7</sup> Guyer, B (1998) Problem-solving in public health (Chapter 2), in Epidemiology and Health Services (H.K. Armenian, S. Shapiro, eds), Oxford University Press, New York, New York.