

Moving Toward Reconciliation: A Model to Address Health Disparities

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Bethel University

- Small private liberal arts college
- Suburban location with proximity to major metropolitan area
- 90 nursing students in each class
- 8% diversity – traditional undergraduates
 - Increasing number of non-traditional undergraduates
- Values include reconciliation and peacemaking



Implementing the Mission

Asking the Question

Is Health Care Fair?

“Where systematic differences in health are judged to be avoidable by reasonable action they are, quite simply, unfair. It is this that we label health inequity.” (World Health Organization)

Health Disparities

- An unfair burden in illness, disease and disability brought about by inequalities in society
 - Life expectancy
 - Infant mortality

Community Engagement

Definition: Applying institutional resources to address and solve challenges facing communities through collaboration with these communities (CCPH)

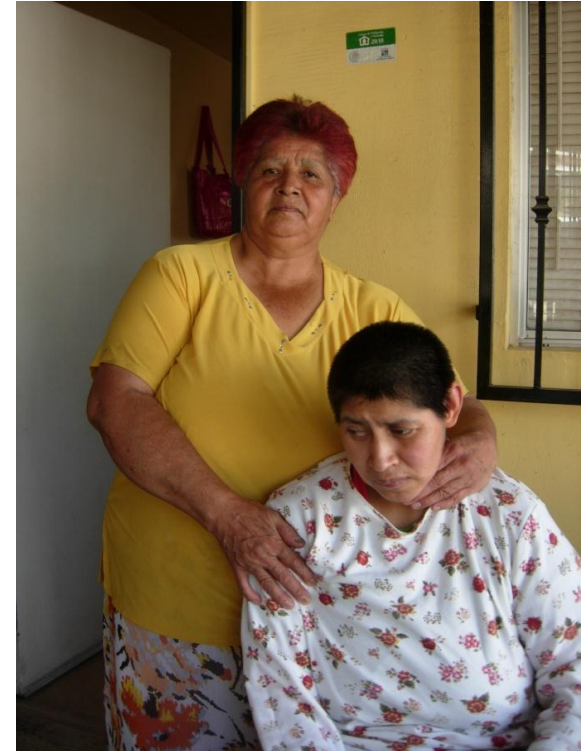
Curricular Goals:

Prepare nurses who will:

- Contribute to reducing health disparities
- Develop cultural sensitivity and competence
- Develop commitment to serving diverse and vulnerable populations

Curricular Foundations

- Health disparities
- Social determinants of health
- Cultural competence
- Social justice



Collaboration: A Strategy for Sustainability

- **Faculty Preparation**
- **Feb - April 2009** - Meetings with community partners to obtain feedback about curriculum and brainstorm about project ideas
- **May 2009** – Lunch with invited community partners and faculty



Continued Collaboration for Community Engagement Implementation

Spring 2010

- Racial Reconciliation Lunches with all nursing faculty
- Matched faculty liaisons to CE sites



Fall 2010

- Lunch and Learn Sessions (Alumni grant)
 - 2 on campus, 4 at Community Engagement sites
 - Community partners invited to all
 - Dialogue about Unnatural Causes DVD series (focus on health disparities) <http://www.unnaturalcauses.org/>
 - Community Engagement Coordinator

Health Factors & Social Determinants of Health

Health Behaviors

Barriers
stress
costly fruits & vegetables
lack of exercise
traditional medicine
lack of access to health care

Solutions
"free" extracurricular learning to manage stress
health education
increased focus on preventive health
people taking charge of their own health

Social & Economic Factors

Barriers
lack of education
income/financial status
"families broken up"
lack of power & control
social isolation
language barriers

Solutions
education
family connections
political involvement
"having a choice"
"realizing that different does not = bad"

Physical Environment

Barriers
cultural disconnect
unfamiliar community
lack of communication

Solutions
available community resources
open forums for community
identify stressors in community

What the Data Tells Us: Health Disparities in Minnesota in 2010

- An 8-year difference in average life expectancy between residents living in our region's highest income areas and residents living in our region's lowest income areas
- Overall, poorer health outcomes were tied to both poverty and lower levels of education
- Average life expectancy varied widely
 - 83 years for Asians
 - 61.5 years for American Indians

Community Engagement Structure

- Students remain in same site for 5 semesters of nursing courses
- 4 to 5 students per site (12 to 15 after 3 years)
- Agency and faculty liaison for each site
- 21 sites
- Sites cover the lifespan and both specific and general health concerns



Community Engagement Strategies

- Students matched to Community Engagement site based on interests
- Community Engagement Advisory Council Meeting-Community Feedback
- Community Partnership Meetings
- Student Community Engagement Council Meetings





Community Engagement Curricular Activities



Course Levels

Sophomore

- Health Assessment

Junior

- Practicum I
- Practicum II

Senior

- Population-Focused Care

- Leadership Development

Learning Experience

- Orientation
- Assess population and environment
- Identify health implications

- Health promotion presentation
- Chronic illness project

- 25-hour group project determined by agency

- Organizational assessment and plan for health improvement

Collaboration for Sustainability: Partnering with Agency Initiatives

- Elimination of Health Disparities Grant
state funds
- Teen Age Pregnancy Prevention Program
public & private funds
- Stairstep Foundation Body & Soul Initiative
private funds





Lessons Learned

#1 *Constraints of Time and Academic Expectations*

- “All the academic stuff” – Frustrating for community partners at times
- Faculty and students learn to “let go” or adapt expected assignments and tasks, given the uncertainty and changing community environment

Lessons Learned

#2 Being in the Community Requires Flexibility



- Nursing faculty and students have learned to cope by “to do lists”
 - In community settings, the “to do list” may change several times within a semester timeframe

Lessons Learned

#2 Working Side by Side



- Building in time to share food and open conversation
- Relationship building is a foundation for planning and implementing the CE curriculum

Lessons Learned

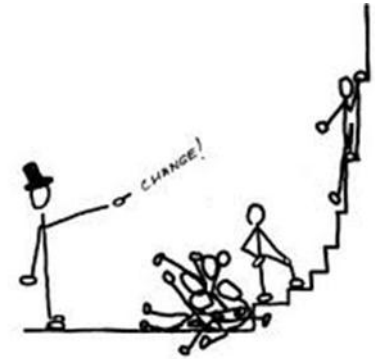
#4 *The Community Teaches Students and Faculty*

- By taking on the role of “coach” faculty members emphasize the learning that comes from being in the community
- Being in the community often requires moving out of one’s “comfort zone”
 - Respond to the norms of the community organization



Lessons Learned

#5 Recognize the “Learning Curve”



- Change is a constant given the differences in roles and settings
- Consistent with how our real world works
- We will also learn from times when the experience does not go as expected

- Comments

- Questions