

HEALTH EQUITY & COMMUNITY VOICE



UTILIZING COMMUNITY VOICE TO MAKE WASHTENAW
COUNTY A HEALTHIER PLACE TO LIVE, WORK AND PLAY



Ann Arbor Area
Community Foundation

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INTRODUCTION

Washtenaw County is one of the most prosperous counties in Michigan and is often considered a healthy place to live, work, learn, and play. More individuals are employed and educated than in neighboring counties, violent crime rates are significantly lower than in Michigan overall, and Washtenaw hosts more than four times the national number of medical doctors per 100,000 people. In many ways, Washtenaw residents seem to be some of the healthiest and wealthiest in the nation.

But not everyone is sharing in these benefits.

While the life expectancy of a white resident in Ann Arbor is 86, their African American neighbor in Ypsilanti is expected to live an entire decade less, and their average Latino neighbor will survive only until age 58.

The neighborhoods in which people live, work, learn and play impact their health. These differences in health outcomes are **health inequities** — avoidable, unfair, and unjust differences in health status, or in the distribution of health factors, between different population groups. Inequities are sustained over time and generation, and are beyond the control of the individual. Often these population groups are geographic, divided by highways, railroad tracks, and rivers. But they can also be defined by race, ethnicity, gender, disability, and sexuality.

Health is a state of complete physical, mental and social well-being and not merely the absence of disease [1]. As a public entity responsible for assuring the conditions necessary for people to live healthy lives, Washtenaw County Public Health (WCPH) envisions a healthy community in which every resident enjoys the best possible state of health and wellbeing. WCPH must identify and reduce inequities to accomplish this vision. This goal requires that WCPH and other agencies adopt new strategies for confronting and combating growing disparities.

The purpose of this report is to demonstrate the importance of community voice in addressing health inequities. We will identify populations that have been marginalized in Washtenaw County and who face various health inequities, establish the promotion of community voices as an essential component of reducing health inequities, and highlight community-driven projects and processes that are building a healthier Washtenaw.

“Equity is just and fair inclusion into a society in which all can participate, prosper, and reach their full potential.”
-PolicyLink [2]

General Health Status

88% of Washtenaw residents reported being in excellent, very good, or good health status.



Health Insurance

According to the 2015 HIP survey, 8 percent of Washtenaw County residents are uninsured. This is a decrease from 2010, when 11 percent were uninsured.

8% overall

25% adults with <HS degree

14% adults 18-24 yrs

Overweight & Obesity

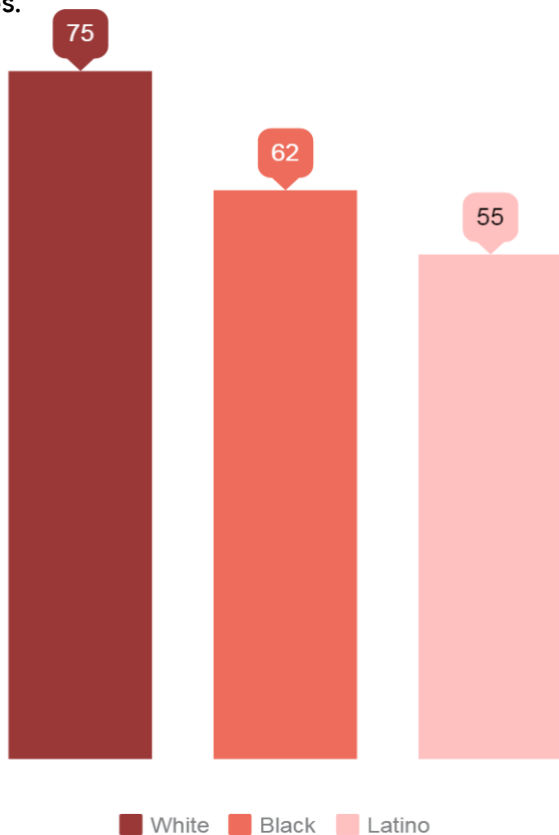
Rates of overweight and obesity declined for the first time since the HIP survey began.



56% of Washtenaw adults reported being overweight or obese vs. 59% five years ago

HEALTH INEQUITIES

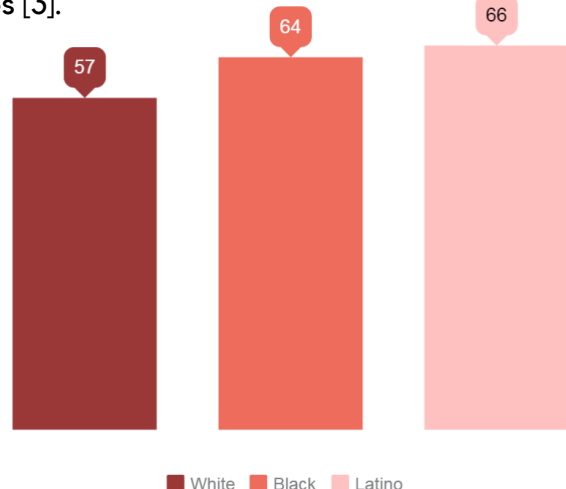
Various surveys and data sources shed light on health in Washtenaw County. WCPH uses these data to identify and invest in populations experiencing, or likely to experience, inequitable health and wellbeing. The Washtenaw County Health Improvement Plan partnership (HIP) used data from the 2015 HIP Survey, Latino Health Survey (EBV), Washtenaw Opportunity Index, and Community Commons (a national data source that provides public access to thousands of meaningful community health data layers), as well as qualitative data and experience with existing community based networks and residents, to identify priority communities that experience systemic, avoidable, unfair, and unjust differences in health status and mortality rates.



Average age of death in Washtenaw County by race/ethnicity (MDHHS 2011)

While data show promising health improvements in Washtenaw County overall, stark inequities remain. For example, in 2015, rates of overweight and obesity in the county decreased for the first time since the HIP survey began. However, white or college-educated residents are generally less likely to be overweight or obese than their black, Latino, or high school-educated neighbors. The 2017 *County Health Rankings* show that Washtenaw has the best clinical care in the state, but ranks 80 out of 83 counties in income inequality.

Inequities in the social determinants of health —built environments, access to healthcare and healthy food, social and community context, education, economic stability, and overall opportunity — often determine inequities in health status. We must address these upstream social, economic, and environmental disparities in order to achieve **health equity**, a state in which all people have full and equal access to opportunities that enable them to lead healthy lives [3].



Percent of Washtenaw County residents who are overweight or obese by race/ethnicity (HIP 2015 and EBV 2014)

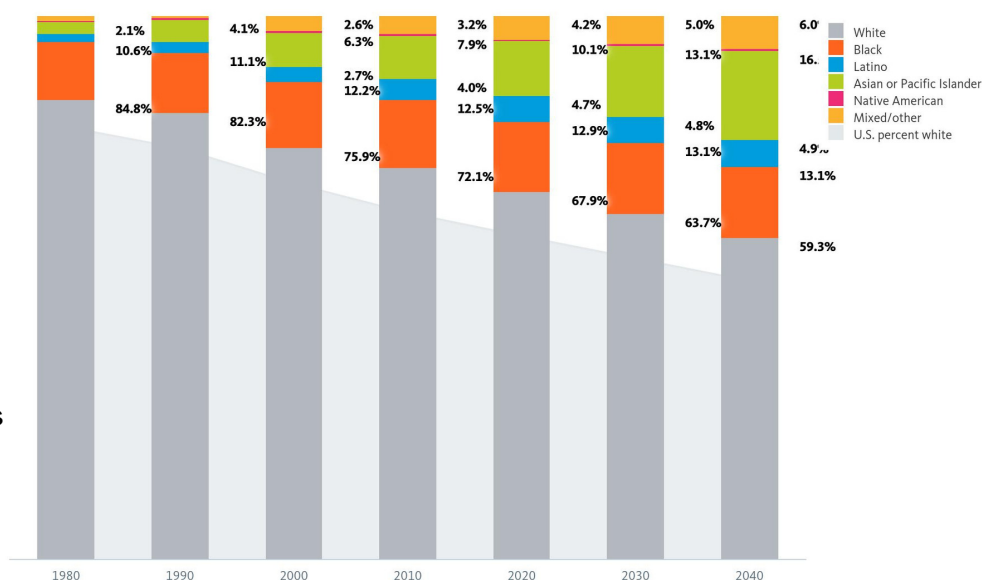
COMMUNITY VOICES

working towards health equity

Structural and educational interventions are decreasing traditional health threats like infectious disease, sexually-transmitted infections, and food-borne illnesses. At the same time, United States population demographics are changing and health outcomes continue to be inequitably distributed. For example, the Latino population and populations of color are increasing, and these groups disproportionately live in poverty and suffer from inequitable health conditions [4]. See the chart below for local historic, current and projected demographic changes [5].

As community demographics and needs evolve, institutions and organizations must evolve alongside them, shifting resources toward fighting inequity. **Achieving health equity will require agencies to leave their comfort zones and extensively collaborate with new community partners.** It will be the job of 21st century health departments to work for the health of all, through breaking down systems that block many from achieving fully healthy lives.

Racial/ethnic composition: Ann Arbor, MI Metro Area, 1980-2040



U.S. Census Bureau; NHGIS; Woods & Poole Economics, Inc.
PolicyLink/PERE National Equity Atlas, www.nationalequityatlas.org

Community engagement brings together diverse individuals, often breaking traditional boundaries and barriers to participation. It transforms relationships and promotes community ownership of ideas, generating a shared vision when done correctly. This requires fostering inclusive environments in which individuals of oppressed communities can use their voices and speak as full partners in paving the future. **Local community engagement should focus on developing community-institution partnerships guided by community voice to identify challenges and collaborate on opportunities.** Equitable outcomes result when community members are empowered to take ownership of change [6]. The spectrum of public participation below shows the increasing power of different forms of community participation, with empowerment being the greatest [7].



Listening to, and engaging with, community voice cannot be casual and transitory; it must be nurtured and sustained. Supporting community leaders will create long-term partnerships. While community members are a key resource for identifying relevant challenges and opportunities, they are also an untapped source of health-promoting leaders who can support their friends, families, and neighborhoods in creating healthy environments [8].

EMPOWERING COMMUNITY VOICE

Community conversations in Washtenaw County



In the summer of 2016, Washtenaw County Public Health, with support from the Ann Arbor Area Community Foundation (AAACF) and state of Michigan Department of Health and Human Services' Health Disparities Reduction and Minority Healthy Section, organized four community conversations in various Washtenaw County neighborhoods. The goal of these events was to support intense community discussion, planning and action within specific neighborhoods and populations. WCPH used existing networks of community-based organizations to engage neighborhood residents, leaders, and organizations in the **South of Michigan Avenue (SOMA) neighborhood in the City of Ypsilanti**, the **West Willow neighborhood in Ypsilanti Township**, **Whitmore Lake/Northfield Township**, and the **Latino community**.

Each community received a \$3,000 mini-grant as follow up to the community conversations. The goal of these grants was for neighborhoods to take ownership of a health improvement project developed from the neighborhood priorities identified at community conversation events, supporting community member interest in their neighborhood's wellbeing. After the events, neighborhood leaders came together to reflect on priorities and identify and implement community-driven mini-grant projects.

WCPH's community engagement work follows five key principles, as outlined in The Sustainable Communities Initiative's Community Engagement Guide for Sustainable Communities [9]:

- 1 **Honor the wisdom, voice and experience of residents.**
- 2 **Treat participants with integrity and respect.**
- 3 **Be transparent about motives and power dynamics.**
- 4 **Share decision making and initiative leadership.**
- 5 **Engage in continuous reflection and willingness to change course.**

Guided by these principles, WCPH is continuing to reassess resources and priorities to empower communities, develop inclusive processes, and promote health equity across Washtenaw County.

COMMUNITY CONVERSATIONS PROCESS

Key Principals

Community-driven process

Increased focus on up-stream determinants of health

Data-driven analysis

Process

Identify target communities

Engage community voice to identify health priorities

Support place-based and community-driven interventions

- Identify priority communities based on health disparities data (WCPH used HIP Survey, Latino Health Survey, Washtenaw Opportunity Index and Community Commons)
- Take into consideration existing relationships with community-based partners

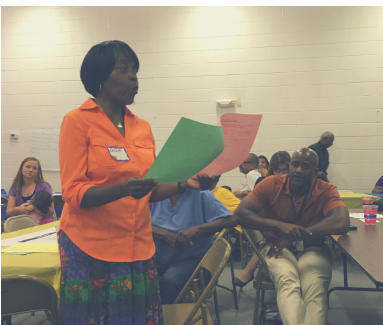
- Ongoing collaboration with community-based partners
- Find funding for community conversations (WCPH received funding from Ann Arbor Area Community Foundation and MDHHS's Health Disparities Reduction and Minority Health Section)
- Brainstorm community conversation facilitators, locations, dates, formats and themes with community partners
- Hold, debrief and follow-up on events
- Pay facilitators for their time, effort, knowledge and skills

- Identify community-driven mini grant projects with community partners, event facilitators and community volunteers
- Present results at a community meeting
- Implement mini grant projects
- Continue to work with community, partners and funders



WASHTENAW COUNTY COMMUNITIES

Through health disparities data and existing networks of community-based organizations, WCPH identified four Washtenaw County Communities to pilot the community conversation process. Although several similarities arose, each community is unique, and therefore none of the community conversations or implementation projects were exactly like another. Below are descriptions of each neighborhood, including quantitative and qualitative data about health needs.



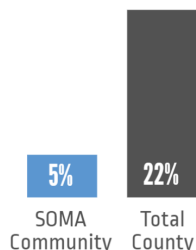
SOUTH OF MICHIGAN AVENUE

The South of Michigan Avenue (SOMA) neighborhood in the city of Ypsilanti is made up of primarily single family homes and is geographically bounded by Michigan Avenue and I-94. The roughly 5,000-person, mostly African American, community has a mix of low- and moderate-income households. The neighborhood boasts a popular community center, newly developed public housing and recently expanded public transportation access, among other community assets.

The community conversation on African-American health on the South Side of Ypsilanti was held at HOPE Clinic in the South Side of Ypsilanti, in partnership with Parkridge Community Center and Eastern Michigan University. Conversation topics included mental health, physical health, safety, access to health care, transportation, and healthy food access. Two of the main needs identified were access to health care services and information, and access to affordable, healthy food. Implementation projects include a lawn care and snow removal program for seniors (to increase safety and social connections for seniors and to employ youth) and a community day with a mobile farm stand and group fitness activities.

Eating Fruits and Vegetables

5% of residents reported eating 5 or more servings of fruits and vegetables daily, significantly less than the countywide proportion.



There are no full-service grocery stores in the City of Ypsilanti.

Housing

1 out of 3 people did not have enough money for housing and utilities during the last year.



The Ypsilanti Housing Commission is currently redeveloping most of its 198 federally-subsidized public housing units.

Access to healthcare services and information

Many residents expressed knowledge about existing services. However, residents found it difficult to understand and navigate the services they qualified for and get transportation to the services they needed. They also found services to be not as useful when they weren't in their neighborhood with a service provider they know and trusted.



Access to affordable, healthy food



A community member used to drive to Eastern Market in Detroit and sell produce out of the back of his truck. The community expressed a desire for something like that again.



“There is a very rich community in the South Side of Ypsilanti. I am proud to have been born and raised there and to come back. With the community conversation, we talked about things that we could have for us.”
-Cherisa Allen, SOMA Community Leader

WHITMORE LAKE

Whitmore Lake is a smaller community in the northeast corner of Washtenaw, straddling both Washtenaw and Livingston Counties. The majority of residents are white, and it is an economically mixed community. Homes are spread out between the residential “hamlet” downtown area and more rural zones. The community’s assets include Whitmore Lake itself, a recently renovated local library, Whitmore Lake Schools, a human services agency and a community center. However, Whitmore Lake’s small population and extended geography across two counties pose challenges to community cohesion and programming.

The community conversation was held at Whitmore Lake Middle School in partnership with Whitmore Lake Schools and Northfield Human Services. Topics of conversation included awareness of existing resources, transportation, health care access, physical activity and food access. Implementation projects included a partnership with a University of Michigan student-run clinic, which put on a flu vaccination clinic, and a coordinated communications project.

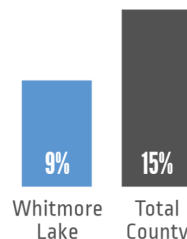
Physical Activity



The majority of Whitmore Lake residents reported that walking areas are **unavailable** in their neighborhood.

Smoking

Smoking rates in Whitmore Lake are **lower** than Washtenaw County overall.



Awareness of Existing Resources

Many services and programs exist in the community. However, there is a lack of communication surrounding the availability of these resources, making it challenging for residents to know how to access services. They are interested in centralizing the information about services and holding more outreach events to get information to the whole community.

Health Care Access



Whitmore Lake used to have a small clinic until a few years ago. There is strong interest in having a small clinic in the community that people can easily get to that would help them with short term needs and prevention services.

“We have almost no healthcare services in Whitmore Lake. We have two dentists, one chiropractor and a veterinarian. I’ve joked that the animals in our community have better healthcare than some of the people do. That’s an issue.”

-Marta Larson, Whitmore Lake Community Leader



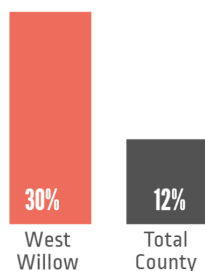
WEST WILLOW

West Willow sits on the Eastern edge of Washtenaw County and is the largest neighborhood in Ypsilanti Township with 1,050 homes and over 3,000 residents. Geographically bounded by I-94, US-12 and the Willow Run Airport, the neighborhood houses a mix of owner- and renter-occupied single family homes. A majority of West Willow residents are African-American, with some white residents. It is an economically mixed community. The neighborhood has a high proportion of both older adults and youth relative to the rest of the county, and both of these groups have unique needs and challenges that came up at the community conversations in the neighborhood. Another primary concern was safety issues.

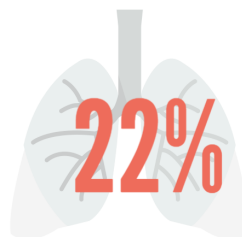
The community conversation was held at the New Covenant Missionary Baptist Church in West Willow, Ypsilanti Township, in partnership with the New West Willow Neighborhood Association (NWWNA) and Habitat for Humanity (H4H). Topics of conversation included neighborhood housing and infrastructure conditions, youth recreation and development activities, and personal and property safety. Implementation projects include youth programming and lawn care and snow removal for seniors (to increase safety and social connections for seniors and to employ youth).

Health Status

Residents were more likely to report their health status as **fair or poor** compared to the county overall.




Child Health



of parents have been told that their child has asthma, higher than Washtenaw County overall.

Neighborhood Conditions



Recent investments by H4H, Washtenaw County Office of Community Economic Development, and Ypsilanti Township have made improvements to housing conditions, the Community Resource Center, walking trails, and other neighborhood elements, but there is a need for more.

Youth Programming and Activities



There are numerous young people in the area, but not enough programs and spaces for them to use.



“When we had our community conversation about health, one of the main things that came up was safety, and that can affect your health. So that's a main thing we started working on.”

-Jo Ann McCollum, West Willow Community Leader



LATINO COMMUNITY

Approximately 16,000 Latinos live in Washtenaw County and the population is growing; from 2000-2010, the proportion of Hispanics increased over 50% in Ypsilanti City and 64% in Ypsilanti Township. WCPH recently completed a 500 household Latino health survey (Encuesta Buenos Vecinos – EBV) in partnership with community members and the University of Michigan. WCPH has supported the development of a Latino Community Leadership Team (CLT) and a subsequent Latino advocacy organization, IDEA Beunos Vecinos (IDEA).

Because the development and distribution of the Latino health survey (EBV) included many formal community conversations, WCPH worked to support two of the community health priorities identified by the survey (poor nutritional habits and lack of community organization), as well as the organizational growth of IDEA by hosting a Latino event at the Ypsilanti Downtown Farmers' Market. In partnership with Growing Hope, MHP Salud, the Ypsilanti Downtown Farmers' Market, and IDEA, WCPH hosted "Encuentros Latinos", a celebration of Latino culture, food and health at the farmers market.

The event introduced Latino households to the Downtown Farmer's Market, healthy food options at the Market, Latino farmers in the area, and the organization IDEA. The event featured free dinner, a healthy cooking demonstration, kids' activities, significant materials in Spanish, Spanish translators on site, and \$20 gift cards for use at the market.

The market had one of its biggest days ever, with over 1,000 customers. WCPH and IDEA hosted a health table where Latino residents provided input on the community health priorities identified in the Latino Health Survey (EBV), got involved with IDEA, and connected with needed services and programs.

Access to Care

24% of Washtenaw County Latino residents do not have health insurance.

6% have been refused care.



39% have not received needed dental care due to cost.

Cardiovascular Health

9% of Latinos reported high blood pressure, less than half of the countywide proportion.



Latino



County

Physical Activity

Only 16% of Latinos reported exercising for at least 30 minutes 5-7 days per week.



“ Every time we tried to have community meetings in the past, individuals came. But this time, we had families. That by itself was great. ”

-Felipe Riaño, Latino Community Leader

HOW YOU CAN DO IT

Recommendations from national leaders on incorporating community voice to promote health equity in other agencies and organizations

1

Personal recommendations^[10]

- Reflect on your own position and power
- Directly confront racial, class, gender, sexuality and health inequities
- Relinquish some control
- Attend community meetings and cultural events as a participant

2

Short-term organizational recommendations^[10]

- Work through existing networks of community-based organizations
- Translate materials & provide interpretation at community meetings
- Build incentives for engagement & reduce barriers to participation
- Provide opportunities for resident leadership development
- Set aside resources to be decided on by communities
- Listen to communities' concerns to build trust

3

Long-term organizational recommendations^[11]

- Recruit a racially diverse workforce
- Engage in anti-racism training & dialogue
- Support local policies that address root causes, like paid sick leave and a living wage
- Develop long-term relationships with communities
- Develop a public narrative that articulates the relationship between health inequities and underlying social inequities
- Create a community organizer position

DATA SOURCES

HIP Survey - healthsurveys.ewashtenaw.org

The Health Improvement Plan (HIP) community health survey was first completed in 1995 and continues to be conducted every five years. Washtenaw County Public Health and their partners use these data to guide interventions and policies to improve health within Washtenaw County. The HIP survey is conducted by random digit dialing to phone numbers within Washtenaw County. The 2015 HIP Survey successfully interviewed nearly 3,000 adults in Washtenaw County--more people than ever before.

Latino Health Survey (Encuesta Buenos Vecinos / EBV) - healthsurveys.ewashtenaw.org

Nearly 500 Washtenaw County Latinos responded to face-to-face, group, and internet surveys in this 2013 county-specific health survey. The survey included over 130 questions regarding physical and mental health status, social support, access to healthcare, immigration concerns, and neighborhood conditions. Ten community priorities were identified and a community leadership team was established after the survey's completion.

Washtenaw Opportunity Index - opportunitywashtenaw.org

Our biggest health challenges are complex products of the built environment, economic development, housing conditions, healthcare access, social and community context, education and economics. The Opportunity Index quantifies job access, health, economic vitality, education and neighborhood stability on a scale of 1-5 as an indicator of opportunity. These data highlight subpopulations who are more likely to encounter opportunity barriers that shape their social, economic, and health outcomes.

Community Commons - communitycommons.org

Community Commons provides public access to data spanning the United States, including information on equity, economy, education, environment, food and health at any level of geography (state, county, and census tract) from various data sources. These indicators provide context for social determinants of health in Washtenaw County.

County Health Rankings and Roadmaps - countyhealthrankings.org

The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play. The Rankings make it clear that good health relies on factors beyond medical care. They are a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

REFERENCES AND FURTHER READING

1. Our definitions of health and health inequities come from the World Health Organization, www.who.int
2. Our definition of equity comes from PolicyLink, policylink.org
3. Our definition of health equity comes from the Health Equity Institute, healthequity.sfsu.edu
4. "High Achieving Governmental Health Department as the Community Chief Health Strategist by 2020" report, bit.ly/HealthDepartment2020
5. National Equity Atlas, nationalequityatlas.org
6. The Sustainable Communities Initiative's "The Community Engagement Guide for Sustainable Communities" report, bit.ly/SCIcommunityengagement
7. International Association for Public Participation's Public Participation Spectrum, iap2.org
8. Surgeon General's National Prevention Strategy 2011, surgeongeneral.gov
9. The Sustainable Communities Initiative's "The Community Engagement Guide for Sustainable Communities" report, bit.ly/SCIcommunityengagement
10. Many of these recommendations come from PolicyLink, policylink.org
11. Many of these recommendations come from the National Association of County and City Health Officials, naccho.org