Wendy Ellmo:

So I encourage you to just look at the leaves and imagine yourselves kind of in the outside and Feeling the breeze. And relax. I can always take a moment to take that chill out a little bit. Well, people are uh still joining. I will go ahead and get started. And welcoming everybody. So welcome everybody Happy fall. We are very, very happy that you are here. If you would like, you can put your name, your title, your organization and your email into the chat. That's as always, that's how we keep attendance.

And we would like to give a special welcome to the Health Disparities Advisory Group that we know some members are joining us today we're really Happy to have you. We reached out at the beginning of Tennessee Brighter Futures, which is about two years ago, and We wanted you all, we wanted to kind of join together and join forces because there's a lot of overlap in what we're doing. But you meet at the same time. So it was just never possible. So I'm so happy that you're all that whoever could make it here today. is here. So just to remind you, your hostesses today are all from BrainLinks. I'm Wendy Elmo. Jennifer is there. She's been chatting with you.

Jennifer Rayman: Hello.

Wendy Ellmo: And Paula Denslow is the Brain Links Program Director.

Paula Denslow: Hi, everybody. Thank you for being here.

Wendy Ellmo:

Yeah. So we do love activity in the chat. Sometimes y'all are just chatting away and sometimes it's real quiet. We just never know, but please feel free to share anything in there.

If you want to talk about your Thanksgiving and say what you're going to be doing.

where you're going to be. We especially love conversation as it relates to whatever your system of support is. For us, it's brain injury and minority health. But we'll take anything in there.

So a review of the agenda. So what we're going to be doing is I'm just going to give a few housekeeping updates sort of thing. Then we're going to shift to our topic specific talk, which is

racial and ethnic minority health today, then any questions that you might have about what the speaker shared with us. Then we'll come back and we'll discuss intersectionality

And I'll talk about how first how brain injury is related to minority health. And then we'll stop

recording because we want you to be able to say, I don't know, I'm having problems. Here's something that I did. I probably shouldn't have done it that way. anything that you want to share about the intersection of today's topic and your system of support And then really what we really, really want to get going here is this part in purple too, which is this is systems change. How can we change systems how can we, and I'm not talking necessarily overhauls, I'll show you in a moment about something that we've done as a direct result of last month's talk or two months ago So we'll do that brainstorming. What can we do to make things better?

And then if there's time, we'll share any news in your system of support.

I know for the folks that are from the Health Disparities Advisory Group usually end at 2 central. If you need to jump off, we understand. We go till 2.30 if you're able to hang with us, that would be great. We'd love to have you. And then we'll do closing. And a survey. So here are the rural health resource pages so every meeting, we develop in coordination with the speaker resource pages on that topic. These are meant to be pages that don't have every resource in it, every thought in it about, in this instance, rural health. But they are to be the thing that you would want to hand to a frontline provider let's say someone who worked in a domestic violence shelter or someone who worked in a homeless shelter. someone who worked in a brain trauma program and you would want to want them to have it because these are the things that you want them to know about that area, your area. These are just two of the pages of the Rural Health Resources. They're usually three to four, that's usually kind of average.

So again, not everything and they go through different topics, national, they start with an overview of that area than the intersectionality with brain injury And then they can be different. Usually there's screenings, whatever's relevant to that area. Screenings and resources for education that you can give to the person that you're working with. education for the providers, whatever it is that you want them to know. So these are the rural health ones. Jennifer sent them out on September 11th. So if you haven't sent them on to folks, please send them on to anybody that you'd like to know about the resources. our rural health folks were incredible at sharing. Probably one of the best examples that we've seen. If you'd like to share, if you were here for the rural health one and you'd like to share one thing that you learned from that one or how you shared it please let us know. This is what I was alluding to before.

In our research in preparing for the rural health meeting, we realized that especially people in rural areas don't know that concussions are treatable. So they don't go do anything about it.

We then went and we put together this two page handout it's already been given to, I did a presentation for the Tennessee Academy of Family Physicians, and they were thrilled to get it because a lot of them work in rural areas and it's just some basic, basic information. It's basically a one pager because we had the back. we put some resources on it, but it's really just one page about why you need to get treatment for concussions. And what do they look like. So that was a direct result of these meetings. And that's what we're looking for all of us to be doing.

Just every meeting I just review really quickly the Tennessee Brighter Futures website. So you go to so we're from brain links but it's Tennessee Brighter Futures is a program that we put on

And you go to our brain links website, Tennesseetnisability.org slash brain. And you'll see the Tennessee Brighter Futures logo there. you click there and you'll see a different page come up, a kind of a landing page and you click on that I call it the flower logo up in the middle

And that'll take you to this page, which is all of the systems of support. You click on the one you want to know more about, in this case. I chose substance use. And you click there and you'll see all of those resources come up. On the right hand side there you'll see

the recorded meeting and people can go to those they can, I talked about a survey link earlier

you can they can listen to the recording, click on that survey link at the end, fill it out. It takes less than a minute. And they can receive a certificate of attendance. So in my case, I'm a speech language pathologist. I can use that for my CEUs. So if you have other people that can do that. It's a great way and we know our videos are getting hit there. So in addition to anybody who can be here, there's a lot of people who often can't be here on any given day. they're getting the videos and that was really exciting to see. So you can see the recorded meeting. You can download the PowerPoints for that day, you can see the resource pages

And oh, I have to update this. You're also going to see, I'll show you in a second. you'll see our brand new infographics. And you'll also see a text document of the resource pages.

So without further ado, this is what I was really excited about. This should be on that page too.

So from all of these meetings, what we've done each one so far we have created a brain injury end. infographics so Again, for us, that's our system of support. We are happy to kind of provide a template for you to make your own if you're interested in doing

like substance use and chronic pain or any any you know really digging deeper into the intersectionalities with your group then we'd be happy to help you with. So those are all the ones that exist. They are all in English, Spanish. And in alt text.

And I'm just going to show you another one. Here is homelessness. They are a front and a back

And they start off by giving some information about the intersectionality between brain injury in that area. And then you'll notice on all of them that these are very, very similar. We have made them, tailored them to that area. But in general, it's letting you know, listen, when our folks come through your door. We want you to be screening so you can finding them. We want you to assess their cognition if they have a brain injury. educate them on, and there's real simple ways to do all of this, educate staff on brain injury, educate the person about brain injury. provide accommodations in your program and then connect them with community resources, which you can find on the brain injury resource pages. So we're kind of everything is dovetailing together. And then on the back, you'll see some very simple common accommodations that you can use within your program some related tools some Tennessee

resources. So they're just they're formatted very much that way. So we're really excited that the information from Tennessee Brighter Futures has been shared over 134,000 times. I hope next time in January when we meet that we'll be able to say it's over 150,000 Because the word is really getting out there we uh like it if you can tell us where you've shared it because we know that this number is much higher. We just don't know what it is because sometimes we stumble upon the resources in somebody's newsletter that we happen to get But we didn't know it was there. So if the person can If you share our things, please reach out to us and let us know, hey, I shared it here with this newsletter and it goes out to 50 people. It goes out to a thousand people, whatever it is. Please let us know. And Jen is sharing when she sends out those resource pages this really nice little tight blurb that you can just lift and put right into your newsletter and that comes out every other month. with the resource pages. So please, please, please share because that's the way all of our work really makes an impact here in Tennessee. And I can also share that some of our work is being shared across the nation.

So just some different ways that you can share it, email blasts, newsletter, share it at a conference, link to Tennessee Brighter Futures on your website, social media sharing, we are going to be posting on the brain links Facebook page. all of the infographics. So give us some time to get that together. And then please share those if you see them. and share the information in a team meeting add it to your training calendars. And again, let us know how many you share it with. That's for our grant. All right.

Without further ado, I want to introduce our speakers for today they have been really great to work with And very gracious with their time. So we thank them very, very much.

Michelle Perry, the director of the Office of Minority Health, the Division of Health Disparities Elimination of the Tennessee Department of Health.

And LaShan Dixon, Director of Faith-Based and Community Engagement, Division of Health Disparities Elimination, Tennessee Department of Health. So without further ado, I will hand it over To them. And thank you so much. I'm going to stop sharing.

Michele Perry:

Thank you, Wendy. And let me share my screen. Can you see that? Yes. Okay, great. Perfect.

Okay, thank you again, Wendy, for the introduction. I'm Michel Perry. And later on, we will be hearing from LaShan Dixon. So we're going to go ahead and get started.

And I have been tasked or we have been tasked with talking to you all today about minority health And also faith-facing and community engagement. And so on today's agenda, just have a couple of points that we're going to touch on, I want to introduce you to briefly to our division. It's the Division of Health Disparities Elimination within Tennessee Department of Health. We'll go over some definitions and terms related to minority health.

I will also talk about why minority health is important, some of the outcomes that we're seeing across the state as it relates to racial and ethnic groups. Also, what we're doing to improve minority health. And then we'll close by talking about engaging minority communities.

and community engagement and practice. And so just a brief introduction about our division.

We have several offices within the Division of Health Disparities Elimination, my office and

And LaShan's being two of those offices. We also have the State Office of Rural Health, which is led by Mindy Goff. We have our lead epidemiologist, which we call Dr. T, but Tamara Chavez Lindell. And then we have our grants management and budgeting expert, which is Timothy Atkinson. I also have Monique Anthony, which is our deputy director of minority health within our office. Okay, so just to begin off with some definitions and terms.

I promise this is the only activity that I'm going to ask everybody to participate in. I really like activities during presentations, so it keeps people engaged. But this will be the only time that I will actually do this. So if you could, because I am sharing, I cannot see the chat. So if we could come off mute. Just to define, let's start off by somebody could give me an example of what minority is or define minority for us. Anyone?

So we have in the chat, it says those that are not the most in the population.

Okay. Okay, any others? Hello. Oh, sorry, go on.

My name is Carla Elliott. I'm Chattanooga, Tennessee. Hello, everyone.

All right.

Carla Elliott:

I've been disabled. Since the age of seven. I'm a sassy 60 years old now. And the word minority

In this day and time we are not, to me, it does not have that was what truly In that category. Okay. It is related to race. And that's been far too long. Because the same black child or that same Latina child or a girl who is hungry, who does not understand your health care providers.

who does not understand their insurance. the strain i've seen. And I was. And I'm grown up with the same white child who suffers from those same disparities. So the word minority

In this day and time. from years past. is not what it should be. is politically correct. but correct.

Okay. Thank you. Thank you for that.

You're welcome.

Wendy Ellmo:

Michel, do you want me to read a few more?

Sure.

Thank you, Carla.

You're welcome.

Wendy Ellmo:

Any small group in society that is different from the rest?

Minority is a culturally, ethnically, or racially distinct group that coexists with but is subordinate to a more dominant group.

And one more minority in parentheses, race and ethnicity as it is used in the US is really the global majority.

Michel Perry:

Okay. Thank you, Wendy. Okay.

All right, let's move on to define health. Can you give me some examples of what your definition of health is?Anyone want to come off mute or type in the chat?

Seeing anything, Wendy?

Wendy Ellmo:

Not yet. Oh, wait. A state of complete physical, mental, and social well-being.

Another one is free from illness or sickness.

Okay, okay.

Okay, so we're going to, we'll move on to the definitions that

Michel Perry:

I researched and found. And so this one is just based off of the Oxford dictionary.

Minority is just a smaller number or apart, especially if less than half of the whole. And then health, I think somebody already mentioned this complete physical, mental, and social well-being and not merely the absence of disease. Or infirmity. And that comes from the World Health Organization. And so when you put the two together, minority health is a distinctive health characteristics of racial and ethnic minority groups. that may have been socially disadvantaged. Carla, I really like your perspective of minority. And so I think you will see

As we go on throughout the presentation that we are working to expand what that definition is of minority and not just related to Okay. racial and ethnic groups, but people that have disabilities. I think someone mentioned earlier to a group of people that are kind of different from the majority of others. We're working to kind of expand that definition of what minority and what minority healthy is. So thank you for that perspective, Carla.

You're welcome.

Okay. And so just some associated terms when we think about minority health

And I'm sure a lot of most of us have already heard of these, but health disparities, which are preventable differences.

impacted by socioeconomic status and a couple of other factors. Also, health determinants or health drivers, and we'll get into the distinction between determinants and drivers later on in the presentation.

But there are a number of factors that impact an individual's health and risk of experience disparity. So social determinants, genetics even. your physical environment, these are the things that can be considered determinants of drivers and then One big term, again, associated with minority health is health equity. And so I believe, or I think I remember in years past when I was working on my master's in public health, the term that was thrown around was health equality. since shifted to more of a health equity stance. And so it's the state in which all people have a fair and just opportunity to attain optimal health status. So that means for whatever status that you're in, whatever services that you need.

that you have an equitable opportunity to receive the support necessary to achieve your version of optimal health.

So those are just some associated terms when we talk about minority health. So going to social drivers of health. This depiction on the left are what they call social determinants of health. So economic stability, education. Healthcare access, social and community contacts in the neighborhood and built environment. And so the social determinants of health are defined as non-medical factors that influence your health. And again, wanting to make this distinction between determinants and drivers and so Determinants kind of imply factors that inevitably determine a particular outcome. Whereas drivers are, okay, make sure I'm looking at my notes correctly, they highlight the opportunity for individuals to improve the outcome of their health. And so determinants means that you know, it kind of figures out or already lays out for you what the end result is going to be related to your health, whereas drivers It may impact your health, but you have the ability to figure out what your optimal health status or what your end goal is going to be as it relates to your health. And so again, social drivers, they just impact the health of communities and populations. And so these are the things that we consider when we talk about minority populations and how different factors can influence their health status.

So why is minority health important? There are a couple of reasons why and so

Just to give you a little background, and we keep saying minority, minority, minority, these are the racial and ethnic groups that we are considering and that as far as groups we're working to expand, as I explained earlier related to Carla's point. But Black and African American, Asian American, Hispanic. American Indian, Alaska Native, and then Native Hawaiian Pacific Islander. These are the groups According to the federal government that we look at and we consider when we talk about minority health. These groups usually experience higher rates of poor health and disease outcomes. And so there's just a list here of some of the chronic conditions that these groups typically have a higher statistic of. And their health outcomes can be attributed to nutritional security. So that's a big thing when it comes to minorities and minority populations. you will find in most cases or in some cases, populations or communities that have a high number of different racial groups or one particular racial group living in one neighborhood are usually living in food deserts or they don't have access to nutritional foods because there are no grocery stores. There are nothing but convenience stores and fast food places. And so nutritional security is one of the big factors when we talk about health outcomes for minority populations. Physical activity opportunities. And so again, thinking about these neighborhoods in which these minority groups are living may not always be the safest. And so there's less of an opportunity to be physically active outside or at a community center safely. And so also other things that impact health outcomes, environmental justice.

Transportation options, you know, if you don't have the transportation to get to the doctor or get to the store, these are the type of things, again, that can affect your health. And then also access to preventive care.

Other things that minority health impacts or that impacts minority health There are economic factors that can come up. So health disparities can lead to higher medical costs, loss of productivity, and premature death. Also growing diversity. And so we, in the literature, it says by a certain year 2050 or so that the population is going to be more diverse, where half of the country will be people of color. And so that's something to consider. As we are working now to implement the programs and the initiatives related to increasing the health of minorities. We do the work now. Once we get to that point where half of the country are people of color.

As a whole, when we look at the health of the entire country or even the entire state of Tennessee, we are at a better health status because we did the work now to make sure that those racial and ethnic groups received the the access to health and things that they need at this point. Disadvantaged communities, and so I mentioned this earlier, you know, these particular racial and ethnic groups have a higher statistic and live in disadvantaged neighborhoods. And also social connections. I need to stop talking so fast. Discrimination in unsafe neighborhoods that can make it difficult again to access the supports. for optimal health. And so to your right, this is from our health disparities report that came out, I think, back in May. It's just a depiction of the state of Tennessee and the percentage of racial and ethnic minorities by county.And so one would think with us having 95 counties and the majority of them being rural. that there really wouldn't be this type of disbursement in terms of racial and ethnic groups, but it's actually the inverse. If you take a look at

Like the lightest color green. There are not a lot of counties that have less than 5% minority.

It's pretty spread out across our state. And again, that's something to consider when we talk about minority health. It's not just talking about our metro counties where we may have or you would think we would have more of a minority population. It's throughout the state.

And so the rural counties represent less than one quarter of the state's population, but many of those counties, again, have an above average percentage of racial and ethnic groups.

So minority health outcomes in Tennessee, and again, a lot of the what's coming up now are a lot of graphs and things related or that can be found in the health disparities report.

But I wanted to touch on poverty and how it impacts minorities. As you probably already understand that, you know, those that are not making much or live at the poverty, have an income below the poverty level. They have a hard time accessing care, even if they have the transportation to get there. the cost factor comes up. And so the top is just depiction of adults that are below the poverty level across the state. And then we see at the graph below that these are adults at the poverty level according to race and ethnicity. And we see a higher statistic with Black, American Indian, Alaskan Native, and Hispanic. And so again, that goes back to the social drivers of health. One of them was economic stability. And so it's something that we highly consider when we talk about minority health. And here in our office, the programs that we try to implement that kind of reduces that barrier of costs for healthcare.

And then this graph here, this is just the percentage of adults that are unable to see a doctor because of cause. And so we see higher statistics again in Black and Hispanic and then other racial groups as well. Some other minority health outcomes, diabetes and obesity, and then so going back to that chronic disease factor, I think a couple of slides back. And how racial and ethnic groups usually have a higher statistic of chronic disease. These are just depictions of that. We see a higher statistic of diabetes among African Americans. We also see a higher rate of overweight and obesity among African Americans and Hispanics. So again, just a depiction of two of the health outcomes related to racial and ethnic groups in Tennessee. We also see a higher statistic of maternal deaths. among African Americans as well.

So improving minority health. And so this really gets into what we are doing within the Office of Minority Health to try to mitigate these issues among minority populations. And so we are improving racial, the health of racially and ethnic minority populations by developing health policies and programs that address and eliminate health disparities. And I'll give you some examples of those programs and projects here in a bit. We also lead the development and delivery of health equity trainings. And so again, going back to guess in my mind and in my opinion, minority health and health equity just tie in together. You can't have one without the other and so we do a lot of work to push the message of health equity within our department and outside the walls of TDH. And so we're also overseeing a number of grant programs related to health equity and also workforce development. So this is just a short list of some of the programs and the initiatives that we have going on. Our biggest is health disparities grant. And so this has been an ongoing project. since the height of the pandemic. And so it really had a focus on COVID-19 vaccination, but we have since moved forward in expanding it to address all types of health disparities. And so we also Also part of this grant, and again, moving forward away from the COVID-19 aspect. We're looking at the health disparities that have been enhanced or exacerbated by the pandemic through that particular project. We also have the Community Health Workers Initiative. And so these are organizations that have a trusted rapport, a trusted relationship with different minority communities across the state.

And they're helping and addressing barriers to vaccination and other forms of health care access among minority populations.

We also have the Nutrition Security and Food Access Program. And so this, again

Nutrition security is just such a big thing to me when it comes to minority populations, but it's a collaborative where We are working to address the socioeconomic factors. And so we actually have our nutrition security collaborative coming up next week where we have organizations from across the state come together and it's more than just coming to hear about nutrition security and what's going on We're actually doing the work to develop a plan where we can have something that we can actively work on in years to come to address nutrition security and food access among minority populations. So we're really excited about that.

And then the last thing is the access engagement and opportunity team. So this is a special team under my office. This is a group of individuals that facilitate and coach sessions and trainings related to health equity. And so this is how we are driving the message of health equity within the department, you know, they provide those trainings and things like that, but they also do it at requests outside of the Department of Health as well. And so we have some other, which I will get into, other methods in which we address and stress the importance of health equity. We also have the TDH Health Equity Roadmap and the Smarty Goal Training, which again is facilitated by our AEO team. I think everybody knows about SMART goals, but the AEO team worked to add that IE on the end to make it smarty goals. And so we have the factors related to inclusivity and equitable on that training. We also have a community grant writing training and then we contribute to the Tennessee state health planSo just going back to the focus on health equity, we have within OMHC Health Equity Advisory Team, or what we call HEAT.

This is a collective of individuals within the department. And so this is how we collaborate across divisions.with others that have an interest or want to spread the message of health equity. we just try to work together you know at the home base before we go out and branch out outside to make sure that we as a department have a good understanding of what health equity is and how we implement it into our programs. We use the stretch framework when we talk about health equity. And so that's the strategies to restore health. I mean, the strategies to restore equity and transform community health and so If you take a look at the picture on the left, it's all about addressing the root causes of why minority populations and just people, you know, all populations in general are not receiving equitable services. That's the whole purpose of the stretch framework. And so we address it through place-based initiatives. And you can kind of see as you go around the wheel the different ways in which health equity is addressed. So we use that stretch framework in driving that message. And so engaging minority communities. What I wanted to share here was just some tidbits and some things to think about when we are putting together plans and initiatives and we're placing people out into these minority communities.

Things to think about when we are interacting with these different racial and ethnic groups.

typically you would have some type of health educator or health behavior professional. You might also have a community health worker, which we'll get into in the next slide.

And so I have just a couple of tips here because I My background started off working for SNAP and actually the educational component. So it was SNAP ed. I work for that organization, which is run through UT, but I work for the one that's run through TSU. And so in that particular program, we were actually in the field visiting people's homes, visiting community centers, talking to people about how to use their benefits and how to how to make different meals with the food that they bought, you know, with their benefits but These are some of the things that we had to keep in mind when we were engaging with these minority communities.

One of the first things iscommunity members are more receptive to professionals that look like them or share the same culture. And so that's just something to keep in mind. The messages are more are received better when you're talking to someone that looks like you or that

shares the same upbringing, shares the same cultural values. Also being mindful of your attire. And so when we would go out into the field and visit these people's homes or go to community centers. We didn't wear a lot of flashy jewelry or just, you know, things that might

make you look out of place. We also were mindful of our dialect. So the way that we talk to individuals in the community. Making sure that we're talking in layman's terms and not using a lot of convoluted text or anything like that. And two last things to remember when you're working in the community, especially among minority populations, you want to come in

Not with the sense of that you know everything, but that you want to work with them to achieve a collective goal. And then one of the last things is making sure that it's this factor of language accessibility. So making sure that any type of material that you are disseminating to the community is in the language of that community. Making sure if you put a community health worker out there to talk to people in the community that they are well versed in the language or at least fluent. And so again, that has to do with the relatability and people receiving the message well. We just want to make sure that we have a sense of language accessibility.

And so the community health workers, again, this is another example of how we can engage minority communities The biggest function for them is, you know, engagement, that this is their sole purpose is to be that front person that represents our department or our office and engaging with minority communities and helping them find solutions. Hopefully, and sometimes in some cases, community health workers are a part of the communities in which they serve. And so that goes back into like the buy-in factor. I recognize you because, you know, you live down the street or we go to the same church or You know, I've just known you growing up, but then you're working for this organization as a community health worker. I'm more inclined to receive your message, your messages. to receive your education as it relates to nutrition security or anything like that. And again, having somebody as far as a community health worker that's a part of that organization creates buy-in among the people in that community.

And so the Office of Minority Health Community Health Worker Project is where we have partnered with several organizations, including faith-based ones with LaShan and we'll get into here in a minute. These organizations have a history of minority community engagement and they serve as the liaison between the community and the health services. They're also there to raise community awareness about programs and access and things of that nature. And so they really are a huge resource for minority communities. Okay, and so I'm going to pass it over to LaShan. Lashanne, just let me know when you want to Switch slides.

La Shan Dixson:

Will do. And thank you, Michelle. I do want to take this time before I get into community engagement and practice to acknowledge a comment that was made in the chat.

From Tina. And as she stated, nutritional foods are also the most expensive and some minorities aren't able to afford them.

So just want to acknowledge that comment that was made in the chat, as well as excellent advice when working with the minority, with minorities. And so thank you, Tina, for those comments that you made. And so good afternoon, everyone. I am LaShan Dixon, and I serve as the director of the Office of Faith-Based and Community Engagement within the Division of Health Disparities Elimination and Today, I'll be wrapping up this presentation by covering community engagement and practice and the work that my colleagues and I do in supporting communities across Tennessee. However, before we get started, I do want to do a baseline of what community means to you. And I do want to take this time too to acknowledge

Sarah Baus and then also Chelsea Granderson for some of the slides that will be presented today. So next slide. As we talk about community, we're going to be a little interactive once again this afternoon. And I would like for you in the chat to answer the following question.

What does community mean to you? So if you will put that in the chat for us. And then we'll get a couple of volunteers to share out more details about what community means to you.

people and places you feel safe at or with. your people who support you.

support to you and who cares about each other's family, friends, neighbors.

a group of people who share common interests, goals, or values.

A group of people sharing common interests and goals.

people with shared cultural experience and goals.

community to means helping one another to work towards the same goal, our village.

my tribe. I love that.

being a part of something, an environment that is familiar.

All right, we'll move on to the next slide. So as you can see in this definition, all of us in this Zoom room fit into multiple and intersecting communities. So the question arises. What is community engagement and how can we make it work for so many different types of communities? And so this definition of community is a group of people who have a common characteristics or shared identity. Communities can be defined by location, by race.

ethnicity, age, occupation. interest in particular problems or outcomes or similar common bonds. So as we talk about community engagement and combining both the community and engagement work that we do, we really want to look at how we are working collaboratively with groups of people who are affiliated by their geographical proximity or maybe their special interests or similar situations with respect to issues that are affecting their overall well-being.

And so with community engagement, our Office of Faith-Based and Community Engagement, this is something that we are looking at striving towards to do collectively every single day.

And so as we take a deeper dive to look at community engagement, next slide.

We really want to be mindful of the history. And looking at the key principles when it comes to community engagement. So first, being mindful of history. Being mindful of historical and current traumas within the communities that you are seeking to serve or that you're a part of.

Understanding that government and public policy has played enormous roles in perpetrating the very biases and injustices and equities that come with health disparities.

And that the inequities that we seek to address today, we want to be mindful that many communities are still much very affected and experiencing and facing the effects of historical trauma.

So maybe as a public official coming into such a community with a predetermined plan and top-down approach. will not be the route in which you want to take. It will only perpetuate that trauma. Second, we want to go off of your agenda. And so go in with an open mind and truly listen. So avoid going into communities that have had a long history of experiencing health and social inequities. and predetermined agendas. Instead, we want to go with the open mind and simply listen and learn about the lives of the people that we're serving.

This may, of course, sometimes put a little bit of a wrench into our preconceived plans.

But it will force you to go back to the drawing board and help you to really have an understanding of what that community is needing. And then third, certainly last but not least, is building trust.

Trust is the foundation for all health equity work and all work that we do. Trust is the foundation and it ends all sustainability in the work in which we're doing. Building trust does require that we have an open mind. They were also flexible, and we want to listen to people's stories and respect them and integrate traditional ways in helping to engage community leadersand empowering others, which means that we may have to seek change for ourselves and for them within the communities. So I want to start off by talking a little bit about our Office of Faith-Based and Community Engagement and sharing about some of the work in which we're doing. And so we are many programs, but we have one goal. And so our Office of Faith Based and Community Engagement launched in 2020 in the midst of the COVID-19 pandemic as a way and opportunity to help address some of the concerns that were coming specifically in regards to our minority communities, but then also our faith communities as we saw them to be a huge staple within our community.

In 2024, internally, we launched our faith-based engagement working group. Which is a group that is really being pulled together to help look at truly what those needs are of the community. And so with our Office of Faith-Based and Community Engagement, we have six community health workers, one administrative assistant, and myself. And together we provide the support for our community and faith-based organizations. Additionally, we have a team that has been established with the purpose of looking at health equity goals And focusing on three key areas that have really remained in equity, but looking at how we can focus these areas. from our internal faith-based engagement working group, we have currently out a Tennessee Department of Health faith leaders, gifts and needs assessment survey that Dr. Catherine Stout, along with our office is helping to support. So this is a opportunity for us to engage with our faith communities. to see how we can look at resources that they have available, but then also look at their resources they need.And so we'll be placing that information in the chat for you all. If you are a part of a congregation or if you know someone

to share this information with as we continue to have that engagement within the ommunities.

So with our Office of Faith-Based and Community Engagement, I just want to very briefly talk about our mission, vision, and our values. And so our mission is to engage and support faith-based and vulnerable populations in Tennessee. And we do this through our values, which is to help reduce disparities by fostering strong partnerships.

through inclusive outreach efforts and evidence-based interventions through Tennessee.

And we want to make sure that we have our values and our values, number one is trust.

making sure that we're including everyone in the conversation

Having collaborative efforts that we're looking through a health equity lens and that we're having compassion for those that we're working with.

So as we look at our key priorities within our Office of Faith-Based and Community Engagement, we want to look at three different ways in which we approach all of our efforts.

First, that looking at an equity lens, second of an engagement, and then third of education.

And so as we click on equity and we talk about equity, the first thing that we want to do is make sure that we're prioritizing and advancing our health equity.

We do this through several means, which will be shared with you all here today, including helping to increase our health access.

Understanding that, of course, in our amazing state, we have access to health care, but not everyone has those same means to be able to get the transportation to get there.

And then third with equity, making sure that we're improving accessibility for all individuals, regardless of where they live in the state of Tennessee.

As we look at engagement and the work in which our office is doing centered around engagement, we really want to once again ensure that we are looking at it from a health equity lens. And we understand that there will never be enough money or resources

to help move the needle on complex issues or large scale chronic diseases.

And so we understand that we must engage in that not one sector can do this alone. And so we do this through outreach and engagement and supporting our communities and community initiatives and impacts that are impactful events that are taking place.

We work diligently with our Office of Minority Health to look at policies and practices that can help us connect with our local faith-based organizations.

And then third, we also engage with our establishing our collaborative initiatives within our community groups.

And so with those community groups, we want to really look at our health outcomes that may be related to chronic diseases, mental health, and infectious diseases, and how we expand those

And providing access to prevention, treatment, and support services.

And then finally, our last key priority area within our Office of Faith-Based Engagement really looks at education. As we have heard over and over again, education is definitely the key.

Through our partnerships with our Office of Minority Health, we have been able to help successfully train on culturally competent outreach strategies

I'm also working with our Office of Strategic Initiatives and collaborating with them in our Office of Communications and Media Relations

to help provide topics

Also key messaging and delivery mechanisms and really serving as a opportunity

for sharing health resources and educational and materials.

And then finally, supporting our community workshops and events. And so our community engagement workers

are actively participating in events

Throughout the week and weekends to support our communities by helping facilitating

communications across different channels, but then also working with our faith-based and community leaders

and other nonprofits in the community to make sure that we have guidance and been able to access

some of the programs and services within the Department of Health.

And so once again, going back to that word of trust and making sure that we are building trust and community engagement. And so really looking at what we're doing and meeting people and engaging people outside the walls of the Tennessee Department of Health.

And we really want to be committed to supporting our community organizations and partners.

through various means. And so one additional thing that we're doing is not just the engagement on the external front, but also internally within our Department of Health to ensure that we're not working in silos, but we're working together collectively to let people know about the amazing programs of the Tennessee Department of Health offers.

And so just a quick overview in regards to our Office of Faith-Based and Community Engagement regarding our partners within our faith communities and organizations.

that we work with to help improve the health of Tennessee's through our evidence-based programs. And so a couple of things that we've been able to do, once again is sharing resources on care and access.

Making sure that individuals have that information readily available as our team is out engaging in various

events throughout the week.

Also working with our health councils. And so our health councils are in all of our counties throughout the state. And it's a group of individuals that meet and convene on a regular basis to talk about different health issues and concerns that are taking place within their respective counties.

We also create targeted health campaigns that are shown in various social media platforms as well as

with news and radio.

Our office also helps to lead workshops and presentations such as this one today.

And then we coordinate with health fairs and screenings to support those, but then also to help produce those throughout the year throughout the state.

And then finally, our office does provide promotional educational materials on a various topics that have been supported throughout the Tennessee Department of Health.

And so three key initiatives that I would love to share with everyone, and especially those who are not a part of our Tennessee Health Disparities Advisory Group. So our Tennessee Health Disparities Advisory Group, formerly known as that Health Disparities Task Force.

was established in response to the immediate need to reach minority and vulnerable populations.

And so our purpose with this advisory group is really to encourage collaboration and partnership.

We created this as a platform for bi-directional communication, but also to help increase

that yes, that T word again, trust and transparency with the government to help reduce the burden on stakeholders and fragmentation relative to outreach and community engagement efforts.

And so this group does meet weekly on Thursdays during this time from 1 p.m. to 2 p.m. Central Standard Time. And once again, just want to give a shout out and thank you to those members who did join us for today's call.

Our second key initiative that we have is our Immigrant and Refugee Alliance.

And this is a monthly meeting that focuses on the health needs of immigrant and refugee communities.

We understand that with the immigrant and refugee communities that they face a lot of disparities when it comes to fragmentation and also just increasing that trust and transparency.

We want to help serve as an advisor

to the Tennessee Department of Health on issues related to this and helping to set priorities and looking at grassroot level interventions.

and developing health promotional materials for this community.

And so the Immigrant and Refugee Alliance meets on the last Wednesday of the month at 1 p.m. Central Standard Time to 2 p.m. Central Standard Time. And that meeting is facilitated by one of our very own Betsy Harrigan.

And then finally, probably one of our largest key initiatives.

is our top 10 weekly newsletter. And so this is a newsletter that is published every Friday.

And it features a list of our upcoming health events and training opportunities and funding announcements.

And so if you are interested in being a part of any of these groups or receiving that newsletter, we'll place an information in the chat as well for you to sign up. So this top 10 weekly newsletter goes out to roughly three, anywhere from 2,500 to 3,000 individuals.

on a weekly basis. And once again, it lists our top 10 things of events that are taking place throughout the state.

And so one thing that our division has been very instrumental in is this messaging and in how we are communicating various topics and concerns back to the community.

We've been very instrumental in holding listening sessions alongside with our community health councils to ensure that we are meeting the needs and the demands of those specific communities.

Also, by participating in various campaigns and public service announcements that are shared out through various means.

And then looking at, once again, being a trusted messenger and being able to provide information back out into the community in a timely fashion, but also in a fashion that is understandable for everyone that is receiving that information.

We also provide translation services. As we know, the state of Tennessee is a melting pot.

And we want to make sure that we can be able to provide translations for our various documents that we have that are going out to the public as well as surveys.

And then we provide training and webinar opportunities for individuals within our community. And once again, working with our Office of Communications, looking at communications via our website, social media, and other outlets. And so the two last slides that I have that I just want to stress the importance of is making sure that not only do we have those community engagement strategies that we've talked about within our respective offices, but other community engagement strategies.

Want to see if anyone else has used any of the strategies that are listed. And if you have, you can feel free to place it in the chat. that you have found that have worked for you. And so such as looking at being on advisory boards or committees, which is a community engagement strategy. Looking at community inventory, so looking at what truly do we have here in our community and what are things that we're missing. Through community theater and arts.

That is truly an opportunity to engage because you're able to tell the story of those who may not be able to tell it. But I think having dialogue and conversations. By having focus groups, which is something that we have been involved in over the past 17 years I've not been in public health. I'm looking at public opinion polling. having story circles. And those story circles being able to share those stories. I know a lot of times specifically in our job related job positions that we're in, we just look at the numbers, but the stories tend to tell different stories than sometimes the numbers are telling. having those informal open houses or exhibits. Once again, those listening circles. Also looking at engagement strategies around media strategies and how we are sharing information out with those who need it.

By looking at our public meetings and forums and then surveys and then visioning. And with our visioning, visioning and forecasting towards the future.

And so on my last slide that I have for you all today, just wanted to get a better idea of where we are as organizations, as individuals, and looking at the community engagement continuum.

And so I must give shout out and kudos to one of my previous colleagues. For this slide and for this presentation, because she really hit the nail on the head when talking about

community engagement and looking at our tactics. And so when we talk about community engagement broadly. We really want to look at strategies, but we want to consider there to be a levels to this approach. For some of us, we may be at that inform stage. And then for some of us, we may be at that empower stage. And so this table really does outline that spectrum of where we are and where we probably want to go. And none of these are bad per se.

But as organizations, we want to continue to move forward and move along this spectrum, looking at the engagement and how it truly increases and how it moves us along the spectrum to identify new ways of community engagement. And so as you can see here with our inform.

The purpose is to really look at here's what's happening. And so this may be through website, fact sheets, or mail out. When we get to that consult phase, we want to look at here are some options. And so what do you think? And so this could be meeting, open houses or surveys.

The next is looking at involved, and our purpose there is to look at here is the problem and what ideas do you have? And so Maybe looking at doing some workshops and dialogue and then getting to that collaborative part of working together to solve the problem. And so this could be through our community advisory committees. Our health disparities advisory group that we have building consensus and co-designing. And then finally, looking at Empower.

So within Power, how can you care about this issue and leading their initiatives and how can they support you? And so these are looking at our task force. referendums and then delegate decisions to the community. And so as we look at this community engagement continuum, I want you to tell me how do you feel that you are in this space? So where's your maybe your organization that you're working for? Or do you feel your community is in that? So you can click on the next one. Michel, I think it may pull up the question. So where is your organization? So if you'll just post it in the chat. And once again, there is no wrong or right answer per se. And some of us may just be at the informed stage and some of us could be at that empower stage of where we are.

But where are you in your organization currently?

Empower.

Collaborative.

Collaborative.

Empower.

Well, thank you all for sharing. We're now going to go to our final points and key takeaways.

So we have just given some very basic fundamental information about the Office of Minority Health and the Office of Faith-Based and Community Engagement. And now we want to hear from you of how we can help you. And so as Michel shared with you all, our stretch framework. Looking at how we are identifying health equity and how we're stretching our public health models and the impact in which we're having addressing that root

We want to make sure that in everything that we're doing with our external and internal partners that we have that cross-agency partnership. And so truly looking at what our strengths, weaknesses, opportunities, and threats are. But what we would like to do for the remainder of the call is to really talk through what those opportunities are for us to partner and engage with you. And like I said, we are going to place a lot of this information in the chat.

And we'll also share back with Wendy for her to share too with you all about some of the groups that we have, as well as some of the information that was shared with you all in regards to surveys that we're currently involved in currently. And so Michel, I'll turn it back over to you. For the remainder of the last slides.

Michel Perry:

Thanks.

Just some final points, again, related to minority health, minority health involves and depicts the health status of racial and ethnic groups. And so we went over those specific groups, some slides back. An emphasis on minority health is important because it doesn't have an impact on the general population. And so within Tennessee, a focus on minority health will lead to a healthier scope for Tennesseans as a whole. And just some takeaways, reducing disparities among minority populations requires intentional funding and programs. to overcome barriers. So we need a lot In terms of programs and initiatives that are going to allow minority health to be the focus and allow certain racial and ethnic and other groups be the focus.

of those programs. It also involves collaboration with professionals from multiple sectors and so I am fairly new to my role, just starting back in August. And so what I am learning is that when it comes to minority health and even faith-based and community engagement and rural health, it really takes a collective of professionals and individuals to put together programs and initiatives and plans and really have a well-rounded idea of what the problems are. And so it does take a lot of collaboration from Different professionals of all types of sectors.

And so at this point, we just want to say thank you for taking the time to listen to our presentations. We are grateful to be able to share the messages of our office and our division. Here's our contact information. And if there are any questions. We can take those now. You're welcome to come off mute to ask your question as well. You don't have to type.

Wendy Ellmo:

Beulah raised your hand. You want to come off mute?

Ask your question.

Beulah:

Well, it's not such a question. Well, it is a question. I mean, I put it in the chat. I know that we was talking about food deserts. One of the things that I think that we've lost is the ability to raise our own food. In many high schools around the state and around the country that they limit FFA where the future former of America and hich is future homemakers of America. And they've changed the names to where you really can't find that subject area as you enter into high school I know at my age group, we still had those things. And I learned a lot about canning about gardening through FHA.Future Homemakers of America. And the question is to this group And some of the programs, how closely do you work with our county extension offices across the state, you know, we have 95 counties. There's a University of Tennessee County Extension agencies are in every county of what kind of relationship is there to go into a community to help those individuals that may be living in food deserts.And how that they can raise their own food that you would go to the store and get it so easy to go to the store and get

a box of cereal. a sweet cereal and then to buy some Grits are something else that might be more nutritious for a family two to maybe four people, two children and mother and father.

So my question is They're a relationship there with the county extension offices.

LaShan Dixson:

So I can speak from the Office of Faith-Based and Community Engagement through the work that we do with our county health councils, there are relationships with the University of Tennessee University of UT and TSU Extension agents and As they do participate in those boards. And so we have partnered with them and engaged with them in various sectors and providing education information, but then also Being able to be there to support their various initiatives. As far as the Department of Health goes as well, we do a lot of engagement work within UT Extension with some of the after school programs that they have. And it really just varies depending on the county and what those needs are. And so we look forward to continue to partner with them in that space.

I know next week too, and Michel, I'm going to share if you or someone that maybe from your team wants to speak on the meeting that's taking place with the nutrition summit that is taking place next week. But there have been several relationships that have been formed and we look forward to continuing those. And that's going to be one of the biggest topics for our nutrition security collaborative, which is happening next week. And the whole purpose of trying to get different professionals from organizations across the state to come together to talk about nutrition security and gardening and having those community gardens that will be part of that conversation. I do know that in Hamilton County, the Hamilton County Health Department, they are already in the midst of an initiative where they have a garden. And they are teaching people in those racial and ethnic minority communities within Chattanooga how to garden and grow their own food and what to do with those foods once they're actually harvested. And so I know that there are some of that already going on. And it's not just about the food deserts and not having the access, but actually making your own access by gardening, teaching people how to garden themselves. So I know that those initiatives and things like that are going on. But again, going back to our collaborative that we're doing through Office of Minority Health. That is the whole purpose of us coming together to put together some type of plan that speaks to all aspects of food security. That's open to owners at a specific group.

Could you repeat that? You kind of broke up a little bit.

I was asking, is that program activity that's going to be directed to a specific group or would anybody be able to

LaShan Dixson:

It's open.

It's an open attendance. I would probably send you some information. And if I'm not mistaken

I think registration has closed. I'm not completely sure. I have to get with my nutrition security coordinator, but it's supposed to be open to any organization or individual. Thank you.

Good question. Any other questions?

Yes, I have a question, please.

Yes, Tina.

Tina Fox: Yeah, thank you. I am Tina Fox. I serve as the Director of Community Relations with the Tennessee Coalition to End Domestic and Sexual Violence. And first I want to say to Ms. Dixon and to Ms. Peary, you all did an outstanding job. Particularly when it came to the advice that we should take because we do need to be compassionate and know how to approach and how to change the language So that it is palatable to those who are in our communities. But my ultimate question is, there was a statement about intentional funding.right, intentional funding. And so Ms. Dixson, my question is to you. What are the faith base agencies or churches doing about being intentional with aiding those who are in need, particularly the minority groups when we start talking about food. And as I noted in the chat section.

Oftentimes, minorities just cannot afford the most healthiest foods. And so we do tend to eat the box of cereal. Which is not necessarily healthy. So is there anything that the churches are doing about being intentional in terms of giving? I know that there are some churches in our communities Okay. who do offer food boxes and things of that nature. But even when you look inside those food boxes, they're still not the most nutritious. Just a question there about the churches. Thank you, Ms. Dixon. Again, thank you, Ms. Perry.

LaShan Dixson:

Yes. So when it comes to the foods that we are seeing that our faith-based organizations and spiritual communities are giving out, we do recognize that there is Some opportunities for improvement and growth in those spaces because we tend to, of course, purchase those things that are going to be most cost efficient and that we can also get in a bundle fashion.

And so through education, through our community health workers, but then also providing them with information about These are other maybe opportunities to purchase items in bulk.

that you can be able to share out and have for your congregation and or members that are coming in that needs those foods. Just once again, going back to the education and providing them with that. But then also one thing that we have realized and here recently traveling with our commissioner of health and attending several events across the state in regards to food insecurity and then just the foods that are readily available is the shelf life of that and or people to not knowing how to prepare those foods. And so with that, once again, making sure that we are educating individuals who are receiving those food boxes from those faith or spiritual communities And providing them and equipping them with recipes that they can be able to utilizeto know how to prepare those foods, but then also allowing for people to try new things.

If you're like me, and I believe some of us are, where we don't tend to want to try anything new or anything different, we're used to that routine. And so we're used to those sugary cereals and having that for breakfast. But branching out. And having opportunities. And so one church specifically that I know that we've worked with. They had a program that's called Juice Cooking Mood. And so through that Juice Cooking Move program, they were learning how to juice. And so as we know, minorities typically are not juicing and are not familiar with the term of juicing. They were learning how to juice and the importance of those fresh fruits and vegetables and having those juices come into their body to have those vitamins, but then also providing them with cooking classes. And so cooking classes where the entire family could come in, because as we know, sometimes it may not, the mother and father may not be available to cook, but also letting that child have experience of being in the kitchen and teaching them kitchen safety, but then also providing that physical activity for them. So as a family, they could come out on that Saturday and participate in physical activity, whether it's through dancing or Zumba or some other form of class. There's been several opportunities for us to engage and we're looking for more opportunities to engage. And so that's part of the gifts and needs survey that we are looking to do. And once again, I posted it in the chat. And so if you know of opportunities within those faith or spiritual communities where we can

learn more about what their needs are and how we can come out and support them. That's one thing that we're really wanting to do through that survey.

Tina Fox:

Very good. Thank you. And again, thank both of you.

Yes, ma'am.

Wendy Ellmo:

Thanks for that question, Tina. Michelle, if you don't mind, that was amazing, all of that. If you would come off, share. I'm going to just bring us back to a little bit of the intersectionality and then Anybody has anything else? Any other question, comments? we will go there. Let me go to the next one.

So the intersectionality with brain injury and minority health is that people in racial and ethnic minorities are more likely to have a traumatic brain injury and more likely to have worse outcomes have higher death rates after a TBI And Native American and Alaskan Natives, highest rate of TBI and fatality from TBI. And the reason for the higher rates of traumatic brain injury includeThings like motor vehicle accident, substance abuse, suicide, and domestic violence. Those are the top causes people in minorities tend to have poorer outcomes.

overall functioning, employment, psychosocial functioning. independence and overall satisfaction And within Tennessee, Hispanics have the highest proportion of work-related traumatic brain injuries Hispanics and blacks are more likely to drop out of long-term study so

The problem with that is that we then don't have that long-term outcome data for those populations. So they tend to get lost. they're less likely to receive follow-up careand rehabilitation related to the lack of insurance. And these are Common challenges, all just listed right there. I won't get into all of them that peopleeverybody with a brain injury faces

And then it makes it harder to do things like budget and apply for housing and pay for rent.

remember appointments, remember to take medications.

And so best practice always is screening for prior history of brain injury, screening for deficits.

teaching accommodations and following up with people often and longer. So to make sure that especially if people aren't getting the initial help that they need, let's pick them up at some other point, maybe down the road and get them the help that they need. And then consider maybe telehealth referral. as an option, it's not great, but it might be something.

And then if anybody's working in the communities and doing things like teaching about seatbelt use, reducing substance misuse. reducing suicide, suicidal ideation and reducing domestic violence, you're also reducing, you're preventing brain injuries, which is an awesome thing. It is making a difference Please keep doing that. And then I wanted to bring ACES back into this conversation. So ACEs was the Adverse Childhood Experiences was the very first topic that we covered here with Tennessee Brighter Futures because we knew that it really was the underpinning for everything that was to come. whether it was mental health, substance abuse, domestic violence, ACEs are often intricately related.

So you can go back. It was a great presentation by Melissa McGee of the Tennessee Commission on Children and Youth. You can go back and listen to that recording. And brain injury can often be caused by some of the ACEs like domestic violence. and sustaining a brain injury or living with someone who's had a brain injury when you're a child can kind of act as an ace, even though it's not something that would be listed on the aces But it can be hard to grow up with somebody who has had a brain injury. And so just some more information there if you have lots of ACEs, it's going to lead to to issues with the brain, it often looks like a brain

injury. So just some of that intersectionality. So we want to anybody who is listening on a record the recording, it's going to stop in a moment. So please take that survey and you will get a certificate of attendance that hopefully you can use for CEUs if you need that for your profession and the next meeting. So everybody hang on for a minute who is live here with us.

But just to let everybody else know that the next meeting is going to be on disability health, and that's going to be on January 9th