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Utilizing findings from a gender-based analysis to address chronic disease prevention and management among African-American women in a Michigan community

Wendy Lombard *, Jodi Burke, Sandra Waddell, Arthur Franke

The National Kidney Foundation of Michigan, 1169 Oak Valley Drive, Ann Arbor, MI 48018, United States

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ABSTRACT

This research note underscores the importance of including strategies to address gender-based disparities when planning and implementing community health improvement programs. Working in collaboration with the Inkster Partnership for a Healthier Community (IPHC), the National Kidney Foundation of Michigan conducted a gender-based analysis as part of its broader community health needs assessment efforts in Inkster, MI. The findings from these studies revealed significant challenges impacting women that were not being adequately addressed within the community. In response to these findings, the IPHC created a strategic action plan to respond to the highest priority needs by increasing community awareness of and linkages to resources that provide supportive services for low-income African-American women.

1. Background

In 2009, the National Kidney Foundation of Michigan (NKFM) collaborated with the Michigan Department of Community Health to facilitate eight Community Conversations on Health Disparities throughout Michigan. Information gathered from these public meetings confirmed that African-American communities have significant concerns about access to needed health care, healthy food, and safe places for physical activity. African-Americans suffer from increased incidence, mortality and burden of chronic diseases, with diabetes and high blood pressure ranked high among their health concerns. While many Michigan communities experience significant hardships due to the struggling state economy, communities predominantly composed of African-Americans have been found to suffer the most. Indeed, Inkster, a largely African-American community located in Wayne County, has been particularly hard-hit. In light of health and economic concerns in Inkster, local organizations, community leaders, citizens, and businesses came together to form the Inkster Partnership for a Healthier Community (IPHC) coalition, with the goal of transforming Inkster into a community that supports the social, economic, and health needs of all residents.

In Inkster, 78% of the total population is African-American, and 55% of the population age 18 years and older is female (US Census Bureau, ACS Demographic and Housing Estimates, 2014). 48% of all families with children under the age of 18 are living below the poverty level (US Census Bureau, Quick Facts, Inkster (city) Michigan, 2014. (US Census Bureau, Selected Economic Characteristics, 2014). 77% of Inkster families with children under 18 and headed by females received public assistance in the past 12 months, compared to 51% nationally (US Census Bureau, Children Characteristics, 2014). With regard to educational status, 17% of Inkster residents over age 25 do not have a high school diploma, compared with 8% of U.S. residents (US Census Bureau, Educational Attainment, 2014). 38% of Inkster residents are illiterate (nearly double the national average) (Reder, 1998), and 16% of residents lack health insurance (US Census Bureau, Selected Economic Characteristics, 2014). Inkster ranked the worst among communities in Wayne County with regard to available resources and the magnitude of stressors affecting its residents, particularly women (Frohardt, 2011; Metzger, 2010). The rate of individuals with diabetes in Inkster is markedly higher than that for the state, 16% and 11%, respectively (National Minority Quality Forum Inc., 2010). The obesity rate in Inkster is 46% (National Minority Quality Forum Inc., 2010).

2. Community needs assessment

In September 2007, the NKFM initiated Healthy Communities Start with You (HCSY), a community-based wellness and risk

* Corresponding author. Tel.: +1 734 222 9800; fax: +1 734 222 9801.
E-mail addresses: wlombard@nkfm.org (W. Lombard), jburke@nkfm.org (J. Burke), swaddell@nkfm.org (S. Waddell), afranke@nkfm.org (A. Franke).

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reduction collaboration in metro-Detroit focused on delivery of four evidence-based programs to underserved women (Chronic Disease Self-Management Program; Tomando Control de su Salud, Diabetes Self-Management Education, and Enhance Fitness). HCSY was funded for three years by the Department of Health and Human Services Office on Women's Health (OWH) through its Advancing System Improvements to Support Targets for Healthy People 2010 (ASIST 2010) grant. The project focus was community partners working together to help women manage and prevent chronic health conditions, including diabetes, through self-management and physical activity. HCSY partners provided interventions that addressed chronic disease among women living in low-income, vulnerable communities across Wayne County (including Inkster).

Building on the innovative partnerships established during HCSY, the NKFM was able to rapidly mobilize the IPHC coalition to focus on health equity for women. The coalition met monthly and established synergy around its objectives by aligning coalition priorities with those of the community. There was a strong commitment from coalition members working toward a common mission by using community partnerships integrated with systems and policy change to address inequities in health and wellness. Coalition members were trained in conducting a Community Health Needs Assessment (CHNA) and, together with NKFM guidance, created an action plan to collectively conduct the CHNAs via focus groups and key informant interviews over a two-month period.

From 2010 to 2011, the coalition members collectively conducted CHNAs and a gender-based analysis (GBA) to identify issues that adversely impact the health of women in Inkster. Focus groups and key informant interviews were conducted in collaboration with the project steering committee, community leaders, block clubs, seniors, parents, and faith-based organizations. The focus groups centered on participants' perceptions of the most important social determinants of health in their community as well as their insights regarding strategies for addressing problems identified.

The CHNAs were completed using the Toolkit for Health and Resilience in Vulnerable Environments (Prevention Institute, 2010) and the Community Health Assessment aNd Group Evaluation Tool (Centers for Disease Control and Prevention, 2010). These tools provided a framework for identifying community strengths and areas for improvement, which helped to identify factors associated with poor health outcomes and stimulated action to remedy the disparities through policy, systems, and environmental change strategies. In addition, the IPHC conducted a GBA to gain an understanding of the community's needs through a gender-sensitive lens and to identify proposed initiatives to improve the health and well-being of women in Inkster. Based on the findings from the CHNAs, GBA and other publicly available data, the IPHC coalition developed a comprehensive strategic action plan to address identified needs, created an implementation plan to increase community capacity, expanded partnerships, and established a public health infrastructure to implement gender-specific, evidence-based interventions.

2.1. Gender-based analysis

The GBA examined the social and health issues impacting women in Inkster. While health promotion programs implemented in Inkster as part of the ASIST 2010 project were focused on serving women, they did not specifically address gender-related barriers to successful chronic disease prevention and management.

2.2. GBA implementation

2.2.1. Instrument development

The coalition developed the GBA instrument. A review of prior studies, including those that focus on a GBA approach, guidance provided by the OWH, publicly available data related to socioeconomic and demographic characteristics of the population in Inkster, and existing gender-based analysis tools were used to generate the assessment items. The questions were tailored to be appropriate for the target audience and consistent with the broader objectives of the IPHC and community health assessment process. Considerations that needed to be addressed in the survey design included limitations related to the target audience (e.g., low literacy levels, hard-to-reach population, poor financial and transportation resources), community survey team capacity, and time constraints relative to other concurrent community activities. Each series of GBA questions was refined to be appropriate for use in different sectors, including the community-at-large, organizations, schools, worksites, and health institutions.

The first of the two-part GBA survey consisted of open-ended questions designed to capture information about: (1) the social issues impacting women in the community, (2) the ways in which those issues impacted women, (3) the reasons why those issues existed, (4) whether those same issues impacted men and in what ways, (5) the most pressing health-related issues for women in the community, (6) whether community services considered how the needs of women and men may be different and in what ways, (7) community strengths in relation to women's health, (8) the impact that a woman's or man's partner has on her or his health, and (9) what contributions individuals make to find solutions for identified issues. These questions were adapted from existing GBA tools and modified during the early stages of the assessment based on feedback from IPHC members and gender experts collaborating with the OWH (Beck, 1999; Brittle & Bird, 2007; Canadian International Development Agency, 1997; Hodgson & Wagner, 2008; Keays, McEvoy, Murison, Jennings, & Karim, 2000; New Zealand's International Aid and Development Agency, 2006; Status of Women in Canada, 2010; World Health Organization, 2002).

In the second part of the survey, respondents were asked to review a list of 64 health issues/conditions affecting women in the community, organized into 12 overarching categories: (1) Access to Health Care, (2) General Health, (3) Sexual Health, (4) Literacy, (5) Health Literacy, (6) Bone Health, (7) Sexual Orientation, (8) Trauma, (9) Cultural Issues, (10) Chronic Illness, (11) Emotional Health, and (12) Social Support Issues. They were then asked to select their top five choices in order of importance. The questions in this survey portion were used with permission from another OWH grantee (Reeves & Lewis, 2011).

2.2.2. Data collection and analysis

The GBA data were collected during focus groups and key informant interviews with adult Inkster residents. Two community focus groups were held at the local YWCA and at an early childhood learning center. A total of 17 women participated, who were recruited through partnering organizations, via flyers, and through Facebook. Focus group participants consisted primarily of African-American women age 18 to 75 and were conducted over a 2-h time period with free childcare offered. In addition, 13 women from community organizations, health institutions, K-12 schools, and worksites participated in one-on-one key informant interviews during the assessment process. Key informants were leaders of community organizations, including school administrators, a hospital diabetes educator, faith-based leaders, and a nurse practitioner. These individuals were identified through an IPHC CHNA workgroup.