SAGINAW COUNTY HEALTH EQUITY COUNCIL

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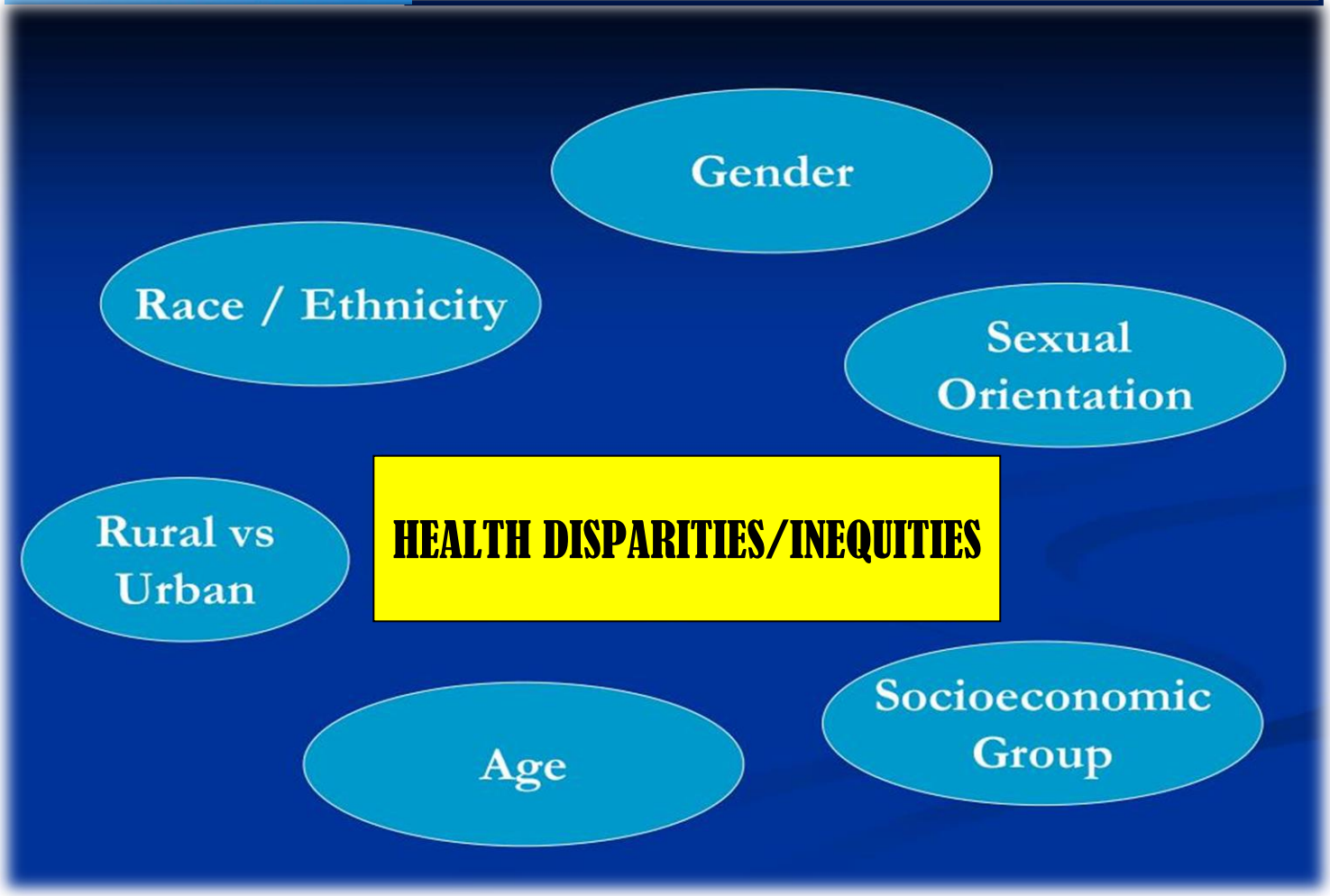
HEALTHCARE DISPARITIES
2023 REPORT



COVID – OBESITY – MENTAL HEALTH & SUBSTANCE ABUSE – INFANT MORTALITY

Prepared By: Terry Pruitt
Dr. Cathy Macomber
January 2024

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Dear Saginaw Friends and Associates:

Joyce Seals, Coordinator
Saginaw Health Equity Council

It is my great honor and privilege to serve as the Coordinator for the Saginaw County Health Equity Council (HEC). It has truly been both an educational and inspirational experience. Further, I've been pleased with the overwhelming cooperation and support we garnered from many of our major healthcare agencies, institutional leaders, and grassroots citizens. A special expression of gratitude to Christina Harrington, Saginaw County Public Health Officer, and the other members of the health department leadership team. We set out on this journey to examine well-documented ongoing disparities and inequities in some aspects of our local healthcare delivery systems that adversely impact certain segments of our community. Our work over the past year and a half has confirmed that findings from other examinations of these issues have consistently revealed. I am absolutely convinced, however, that there is the will and the ability to move aggressively toward correcting these problems.

Going forward, it will require patience, leadership, structural change, and the appropriate allocation of available resources to turn the proverbial "corner." Above all, it will require unity and a sustainable commitment to deliver high quality and equitable healthcare services to all individuals throughout the county. I invite you to join us in making it happen.

The remainder of this report details our finds and conclusions resulting from nearly a year-long effort to collect information from targeted socio-demographic residents about their direct experience with the health care system, how the Covid pandemic impacted them and other members of their families, and how to address obesity and mental health issues prevalent in the community. We also reached out to minority women who had direct or indirect experience in the premature death of an infant child. This part of our effort was truly an emotional and humbling experience.

Finally, thank you for the opportunity to be a part of the leadership with this initiative. Going forward the HEC will need the support and assistance of many others to accomplish our worthwhile mission.

Sincerely,

Joyce Seals

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EXECUTIVE SUMMARY

Introduction

In the spring of 2022, the Michigan Department of Health and Human Services (MDHHS) announced a series of grant awards to eleven geographically dispersed areas of the state to formulate and operationalize Equity Councils (HEC) to aid in addressing recognized health disparities for residents in urban, rural, and underserved areas of the state. The role of the council is to bring together patients, federal, state and local public health organizations, and other advocacy groups to address disparities by strengthening local community organizations that serve targeted populations.

The Saginaw County Health Department is the primary local sponsor of the local Health Equity Council in its pursuit of the five goals set forth by the grantor:

- A reduction in COVID-19 disparities in impacted communities specifically among Michigan's five racial ethnic minority populations:
- Planned reduction of community identified priority risk factors.
- Development of practices and policies to promote equity and reduce health disparities.
- Equitable distribution of available resources to support the elimination of identified disparities.
- Utilize community driven, not agency driven, decision making and priority setting.

The Saginaw Region Health Equity Council was formed in October of 2022. Invitations were extended to a wide range of local stakeholder organizations and individuals who either serve or represent individuals from our target groups. The invitation was accepted by more than three dozen diverse organizations and individuals. Subsequently, Mrs. Joyce Seals was appointed as Coordinator for the Council.

Methodology & Process

The Saginaw HEC initially determined the need to confirm the existence of healthcare disparities in Saginaw County. The primary data collection methodology implemented by the HEC consisted of facilitated listening sessions and a survey designed to collect basic demographic information from respondents.

A total of 10 listening sessions were completed with a total of 111 respondents participating. Respondents represented the diverse range of residents from the targeted marginalized populations identified. HEC organizational partners/members were instrumental in recruiting listening session respondents. In many instances they were able to reach out to their client-base to recruit individuals who fit the required profiles for the research project. All facilitators for the various groups were members of the HEC or a representative of a partner organization.

The demographic profile of listening session respondents indicates that they represent a diverse range of area residents. Study participants represent a cross-section of Saginaw County residents by race, gender,

age, geographic and other socio-economic parameters. The data collected reveals that 59% of the respondents were male, 40% female, 77% African-American and Hispanic collectively, 55% have a household income below $50,000 per year.

Data collected from the listening sessions was assembled and coded to capture the frequency of mention of the various responses provided by respondents. This process aided efforts to analyze the data by identifying key themes and finalizing study conclusions & recommendations.

Listening session respondents were asked to discuss their experiences and opinions regarding three major topic areas:

- **Exploration of respondents Covid-19 experiences.**
- **Exploration of respondents experiences with obesity issues**
- **Exploration of respondents experiences with behavioral healthcare issues and substance abuse issues**

A special listening session was convened exclusively with female participants to examine issues associated with *infant mortality issues in Saginaw County*. These women had personal direct or indirect experience with losing an infant at childbirth or within a year of birth or having a family member or close associate experience the death of a child.

Major Study Findings

Findings: Covid-19 Discussion Topic

Respondents were asked to respond to a series of questions regarding their experience with Covid-19 and their reactions to vaccine protocols. Another key area of questioning was targeted at understanding the primary sources of information about Covid-19 and the vaccine. Our study findings are summarized below:

- A significant majority of listening session respondents reported they had major exposure to Covid. Their experiences ranged from contacting the coronavirus to witnessing the death of a family member, friend, or co-worker. These respondents fit the commonly reported acknowledgment that the pandemic touched, in part, the lives of the global community.
- Listening session participants consistently reported a significant level of mistrust and misunderstanding of information about Covid. This mistrust was largely directed to the information content and to some extent the messengers. They expressed concern about the variability and reliability of the information.
- A majority of respondents expressed ongoing fear and confusion about Covid. In many instances the fear and confusion has persisted from the beginning of the pandemic and remains prevalent

today. These issues are closely linked to cited mistrust and misunderstanding about information respondents are able to obtain about Covid and/or the vaccines.

- Our study revealed that respondents acquired information about Covid from a variety of sources. The data indicates that in many instances respondents are often very willing to subscribe to information from unconventional and/or unvetted sources. While some individuals looked to professional healthcare practitioners and governmental sources as reliable sources of information about Covid related issues, many were willing to accept advice and direction from family members, friends, social media, television and other either questionable or unreliable sources. It should be noted however, that family, friends and co-workers were also major influencers in getting reluctant individuals to see a doctor or go to the hospital for covid treatment and to take the Covid vaccine.
- Respondents spoke freely and consistently about having to cope with the "forced isolation" from covid. The disconnect from family, friends, co-workers, and others had a major impact on many individuals' mental health and social well-being. A significant portion of our respondents shared comments about the negative consequences of "covid isolation" including the impact on their mental psyche and disruption to typical social connections.

Findings: Obesity Discussion Topic

Listening session respondents were asked to respond to a series of questions aimed at gathering their thoughts about the state of obesity in the community. The study examined how respondents define obesity, the impact that obesity has on the overall physical and mental health, sources of information about obesity issues, and the major causes of obesity. Key themes that emerged from the listening sessions include:

- Respondents to a significant extent associated the term obesity with being excessively overweight or being too fat. Some respondents, to a limited extent, were able to link obesity to the Body Mass Index (BMI). However, in referencing the BMI index most respondent demonstrated limited knowledge of how it is calculated and/or what its true significance represents.
- Respondents demonstrated a high level of recognition that obesity contributes to a wide range of health, physical, and emotional issues. Many pointed to a direct link between obesity and poor health. Diabetes, high blood pressure and cardiovascular problems were common problems associated with obese individuals.
- Study participants articulated consensus regarding the factors contributing to high levels of obesity. Their input listed a number of common causes and issues that result in the fostering of elevated community obesity levels. Respondents reported that poor eating habits, access to healthy food, and limited economic resources contribute substantially to obesity.
- Listening session participants were asked to identify what information sources they consulted regarding obesity. A significant majority of respondents identified healthcare providers and social media was listed as primary information sources. Respondents were also asked to share their

thoughts about what constituted a healthy diet. Many were able to describe the key components of a healthy diet even when they weren't always able to adhere to it.

Findings: Mental Health and Substance Abuse Discussion Topic

Respondents provided responses to questions pertaining to mental health and substance abuse issues concerns in Saginaw County. Our examination was directed to defining mental health, examining possible links between mental health and substance abuse, and how Covid may have exacerbated mental health and substance abuse issues. Our discussions also targeted perceptions about the quality and availability of behavioral care services in the region. Overall, respondents openly discussed the added stress that Covid brought on that impacted their mental health and levels of substance use.

- Comments from listening session participants confirm findings from similar studies indicating that minority behavioral care clients infrequently receive care from behavioral care professionals who have their racial identity. A significant number of respondents addressed the cultural disconnect or mismatch that persists that may impact their quality of care. Further, respondents spoke about the limited access to a behavioral care service provider and the communication challenges experience with their provider(s).
- A significant number of respondents addressed their experiences in navigating behavioral healthcare systems. Respondents reported that individuals with mental health issues are still frequently stigmatized and don't feel they have the ability to change the system so that it is more responsive to their needs. Several felt that they were not being heard by their therapist or practitioner and levels of mistrust of the system persist. Several respondents spoke about their difficulty in coping with personal mental health trauma, while others addressed their resilience in carrying on with their lives despite the weight of mental health problems.
- Several participants identified a link between their mental health issues and increased levels of substance use, particularly alcohol and marijuana.
- Covid directly contributed to increased substance use in particular alcohol and social drugs (marijuana).

Findings: Maternal Health & Infant Mortality Discussion Topic

This special session was convened exclusively with African American female participants to examine issues associated with *infant mortality issues in Saginaw County*. Session participants were screened to represent individuals who had lived experience with losing an infant at childbirth within a year of birth or having a family member or close associate experience the death of an infant child. The session was structured to explore their thoughts about the reasons for the high levels of premature infant deaths in Saginaw County, their experience with the healthcare system through the ordeal, and what should be done to better assist women with pre and post pregnancy problems. Major findings are summarized here:

- Listening session respondents described in explicit detail their experiences in participating in both post and pre-natal healthcare services as well as the moment of delivery of their child. A majority of participants spoke about communication challenges between themselves and healthcare service providers in managing their pre- and post-natal treatment regime. For some women this resulted in what they characterized as a poor or unsatisfactory experience.
- Several participants identified the lack of post-natal trauma support as a significant issue in their ability to cope with the pre-mature death of their child. Respondents indicated they didn't know where or how to secure the appropriate support they felt was needed.
- There was strong consensus among the participants that pregnant women need more and better information about available pre-natal education services in the area. Some also strongly urged that these types of services be expanded.

Report Conclusions and Recommendations

Our study largely confirms that Saginaw County disparate trends are consistent with national data/trends. It is important to address the referenced disparities by increasing access to quality healthcare and behavioral care for marginalized individuals and groups in Saginaw County. In large part, improving the quality of physical and mental healthcare services must ultimately include addressing social determinants of health such as education, poverty, and barriers to adequate insurance coverage. Racial disparities in healthcare are a serious concern without question requiring a multifaceted effort to address.

Racism and associated biases negatively impact the type and quality of physical and mental health of people, limiting their ability to obtain the highest level of health, consequently, affecting the health of our communities and the nation. In the end, eliminating racial and socio-economic disparities in the delivery healthcare will require an extensive and committed effort to address the root causes of the identified disparities. It is acknowledged that eliminating the disparities will be politically sensitive and very challenging. None the less, it is the social and morally right thing to pursue.

HEC has assembled a list of conclusions and recommendations that we feel can be an important part of sustainable solutions to the issues identified with this study.

Cultural Competence Training

Medical and behavioral care providers must be involved in ongoing comprehensive bias/diversity training that is aimed at establishing cultural competency that enhances care and contributes to saving lives and improved service delivery. A key aspect of this recommendation goes beyond just the commitment to engage in training, but that other stakeholders and partners identify and/or create local access to quality diversity training toolkits, trainers, and other related resources.

Provider Diversity Staffing Initiatives

Saginaw County fits a common profile in the lack of diverse healthcare professionals who mirror the increasing number of patients from racial/ethnic minorities and other marginalized groups. There needs to be stated goals in the provider community to alleviate this issue. This most certainly

is a long-term issue, however attention must be given to recruitment and hiring practices and how we educate and incentivize individuals to pursue careers in healthcare.

Community Outreach and Education

Community outreach and the appropriate education can be effective in disrupting healthcare and behavioral care disparities. Organizations and practitioners must understand that addressing the unique needs of diverse groups can mitigate inequities in service delivery. The value of effective communication in healthcare cannot be understated. More importantly, it must be emphasized that we are underscoring the need for targeted cultural and linguistic competence initiatives. In our view this requires that careful consideration must be given to not only the "messaging" but who the messengers are. Credible spokespersons must be a priority. This is not to suggest that people of color or gender orientation can only serve as effective spokespersons.

Social media is a major source of information (education) about healthcare issues and services. A comprehensive plan for targeting different community sectors needs to be constructed. Such a plan would pair respective social media platforms with targeted users.

Community Partnerships

Healthcare providers need to sustain their partnership/relationship with community-based organizations, grassroots citizens, and clients who they serve and other institutions that have the ability to influence healthcare outcomes. These relationships offer needed input in addressing the unique challenges in racially and ethnically based community sectors. Data strongly suggests that these partnerships significantly contribute to the ability of providers to better respond to the needs of the community. It is strongly suggested that an annual planning retreat be conducted with HEC members to examine progress against stated goals and objectives, evaluate the state of healthcare in the community, and establish new priorities.

Policy Review and Reform

There is considerable value in having a diverse stakeholder body engaged in the review and development of policies that address health and behavioral care disparities. The HEC should advocate for policies that foster effective and the equitable provision of healthcare services in the community. To this end, the HEC should understand from providers how services are dispensed, follow-up protocols, how new policies, regulations, and procedures are implemented.

Client Advocacy and Support

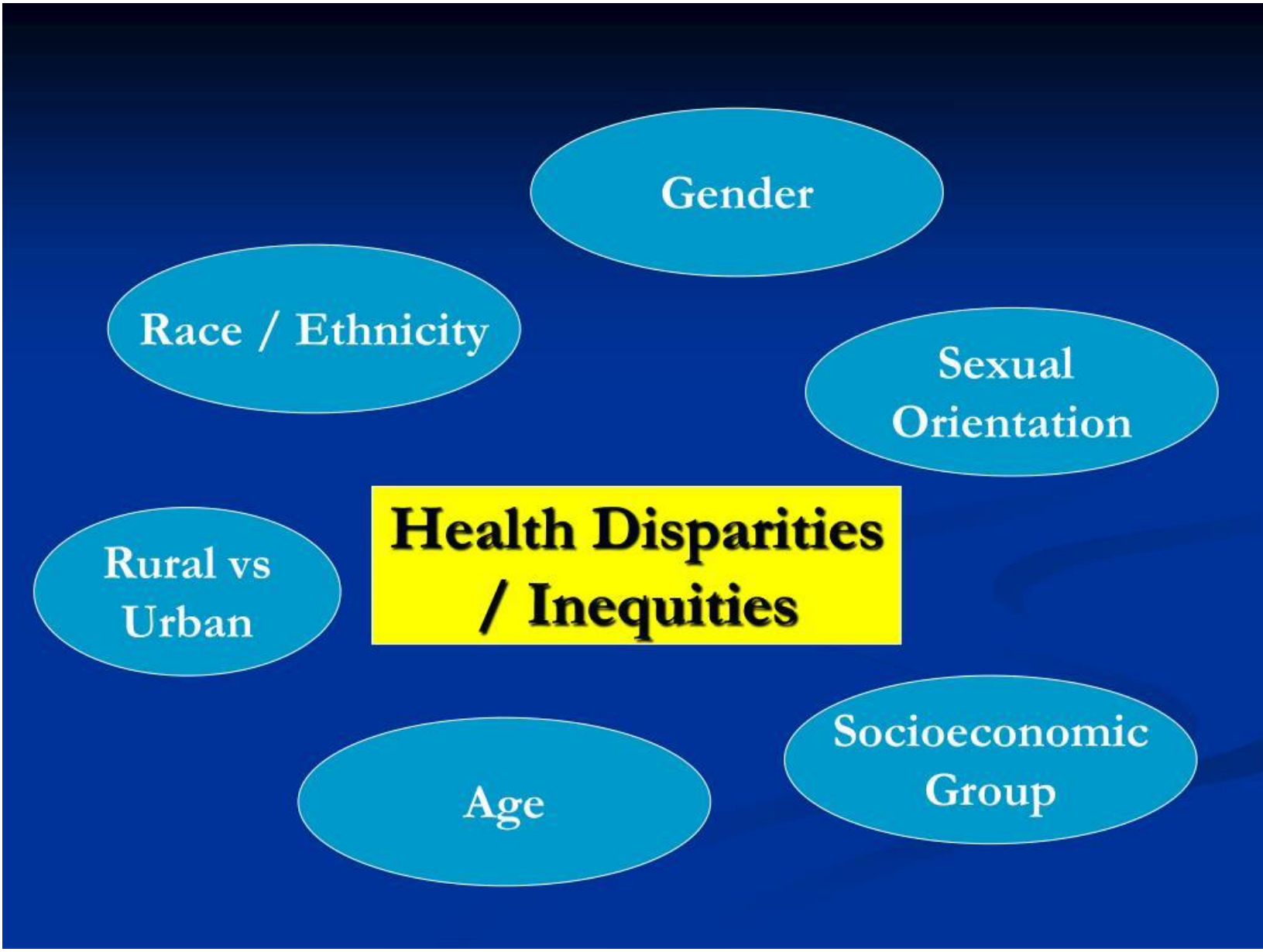
This study confirms that many patients need individual guidance and assistance to navigate the system. Healthcare advocates can help give patients and their families direct, customized assistance in navigating the healthcare system. Though the many layers of healthcare system have dictated a need for a range of healthcare advocacy assistance, we see a need for well-trained culturally competent advocates who can address the needs of racial and ethnically diverse clients.

We recommend that the HED participate with others in developing an advocacy plan that identifies clear community-oriented goals and objectives, target groups and the specific activities to be undertaken, as well as set out stakeholder roles and responsibilities, time frames, expected short-term and long-term outcomes, and available and needed resources.

Sponsored Community Healthcare Forums

Regular local community initiated public forums would afford residents an opportunity to learn about health issues and healthcare services The HEC should work with major institutional healthcare stakeholder organizations to sponsor community forums on an annual basis.

The following pages of this report present our study methodology, findings, conclusions and recommendations in greater detail.



Introduction & Background

There are significant research and data to substantiate the existence of ongoing differences and inequalities in healthcare status due to race/ethnicity, gender, education, geographic location, sexual orientation and other socio-economic determinants. Credible information sources include the annual *National Healthcare Quality and Disparities Report* published by the Agency for Healthcare Research and Quality. The annual report has been published over the past twenty years and presented to Congress (mandated by the

Healthcare Research and Quality Act of 1999 (P.L. 106-129). There are numerous other national and state reports/studies that document major inequalities such as:

- African-American, Hispanics, and Asians have more chronic diseases, cancer, and infections.
- Native Americans are 2-5 times more likely to have diabetes than white citizens.
- African American Women are more likely to die of breast cancer than any other racial group.
- Rural residents have more chronic conditions such as diabetes and are more likely to die of heart attacks.

Similar information developed in this state has documented that Saginaw County has some of the highest obesity and infant mortality rates in the State of Michigan. It is important to note that it is also well documented that these issues are more prevalent in minorities and other socio-disadvantaged groups.

In the spring of 2022, the Michigan Department of Health and Human Services announced the availability of grant funds toward the formation of 11 Regional Health Advisory Councils designed to help combat health disparities in underserved and rural areas in the state. These councils would seek to provide a network of trusted community partners for the purpose of helping to address structural gaps in current and emerging health emergencies including policies, practices and resource flow related to data.

Governmental and healthcare providers view this as a proactive step that will positively contribute to making health care more accessible to all Michigan residents especially those who have been historically disproportionately impacted by the healthcare system. The role of Health Advisory Councils is to bring together patients, federal, state and local public health organizations to address disparities by strengthening local community organizations that serve targeted populations.

In the summer of 2022 eleven Regional Health Equity Councils were established and received initial funding from the Centers for Disease Control and Prevention and Center for State, Tribal, Local, and Territorial Support grant. Councils were established in the following geographic areas of the state. These areas include Genesee County, Ingham County, Kent County, Oakland County, Ottawa County, Macomb County, Muskegon County, Saginaw County, Washtenaw County, and Wayne County.

The Saginaw County Health Department is the primary local support for the Regional Health Equity Council in accomplishing the five key goals set forth by the grantor:

- A reduction in COVID-19 disparities in impacted communities specifically among Michigan's five racial ethnic minority populations:
  - African Americans.
  - American Indians/Alaska Natives.
  - Arab and Chaldean Americans.
  - Asian Americans and Pacific Islanders.
  - Hispanics/Latino Americans.

- Planned reduction of community identified priority risk factors.
- Development and implementation of practices and policies to promote equity and reduce health disparities.
- Equitable distribution and efficient use of resources to support affected communities including organizations and community leaders – both existing and emerging.
- Community driven, not agency driven, decision making and priority setting.

Ultimately by working together with community leaders, tribal governments, and others at the grassroots level we will gain better knowledge to improve services to affected populations in Saginaw County.

Health Equity Council Members & Partners

The Saginaw County Health Equity Council was formed in October of 2022 through the efforts of the Saginaw County Health Department. An important initial step in getting the HEC operational was the appointment of Mrs. Joyce Seals as the Coordinator for the Council. Mrs. Seals is a former Mayor of the City of Saginaw, a City Council member, and current member of the Saginaw Board of Education. Mrs. Seals is well connected with various stakeholders throughout the community including and the leadership of various local healthcare organizations. In addition, she is married to long-term community family physician, Dr. Eugene Seals, whose patients are primarily representative of our target groups.

Invitations were extended to a wide range of local stakeholder organizations and individuals who not only serve or represent individuals from our target groups but have sincere interest in addressing disparities

throughout the healthcare system. The invitation was accepted by more than three dozen diverse organizations and individuals. Membership in the Saginaw HEC includes:

NAME	*ORGANIZATION AFFILIATION*
Christina Harrington	Health Officer Saginaw County Public Health Department
Dr. Delicia Pruitt	Medical Director Saginaw County Public Health Department
Tracie Metcalfe	Community Health Improvement Coordinator SCPHD
Joyce Seals	HEC Coordinator Saginaw County Public Health Dept
Brian Jackson	Director of Special Projects Saginaw Community Foundation
Evelyn McGovern	President/Founder Women of Colors, Inc
Dr. Ericka Taylor	Executive Director Early Childhood SISD
Inez Williams	Family & Community Engagement Specialist SPSD
Rob Brown	Executive Director First Ward Community Center
Terry Pruitt	President NAACP Saginaw Branch
Thelma Ruffin	Health Committee Chair NAACP Saginaw Branch
Cathy Macomber	Professor Social Work Saginaw Valley State University
Angelia Williams	Senior Vice President Great Lakes Bay Health Centers
Jill Armentrout	Fund Development Coordinator Great Lakes Bay Health Centers
Wendy Traylor	Executive Administrative Assistant First Ward Community Center
Sandra Robinson	Coordinator Saginaw County Prevention Council
Heidi Tracy	CEO MI Health Improvement Alliance
Kristie Wolbert	Executive Director Clinical Health Services SCCMHA
Larry Gayton	Director of Hispanic Ministry Saginaw Catholic Diocese
Bobby DeLeon	President Saginaw Mexican American Council
Rosa Morales	Editor Latino Banner Newspaper
Robert Shaheed	Imam/Director of Religious Affairs Saginaw Islamic Center
Saleem Mannan	Local Muslim Activist/Member Board of Directors GLBHC
Rev. Craig Tatum	Pastor New Life MBC/ President African-American Pastors Assoc.
Hurley Coleman III	Exe Director Saginaw County Community Action Committee
Scott Ellis	Executive Director Great Lakes Bay Pride
Todd Boone	Founder nTechQuity Community Learning
Angu Khan	Medical Doctor Ascension St. Mary's Hospital
Cynthia Mahan	Senior Administrative Assistant Saginaw County Health Depart
Amanda Schooh	Rural Community Representative
Donisha Maxey	Grassroots Member
Jessica Hernandez	Director Ezekiel Project
Tina Swanton	Director Program Development MI Health Improvement Alliance
Natasha Estil	Native American Community Representative
Yolanda Barrera	Grassroots Member/Eastside Soup Kitchen
Hosiea Ranson	Grassroots Member/Southside Neighborhood Association
Sherry Young	Grassroots Member
Michael Thompson	Independent News Reporter

Many of these organizations have co-existed in various collaborative partnership efforts over the years, especially in the past three years to address local issues associated with the COVID 19 pandemic. The collaborative efforts have included education and distribution of COVID 19 vaccines, membership in the Saginaw County Prevention Council and other local endeavors.

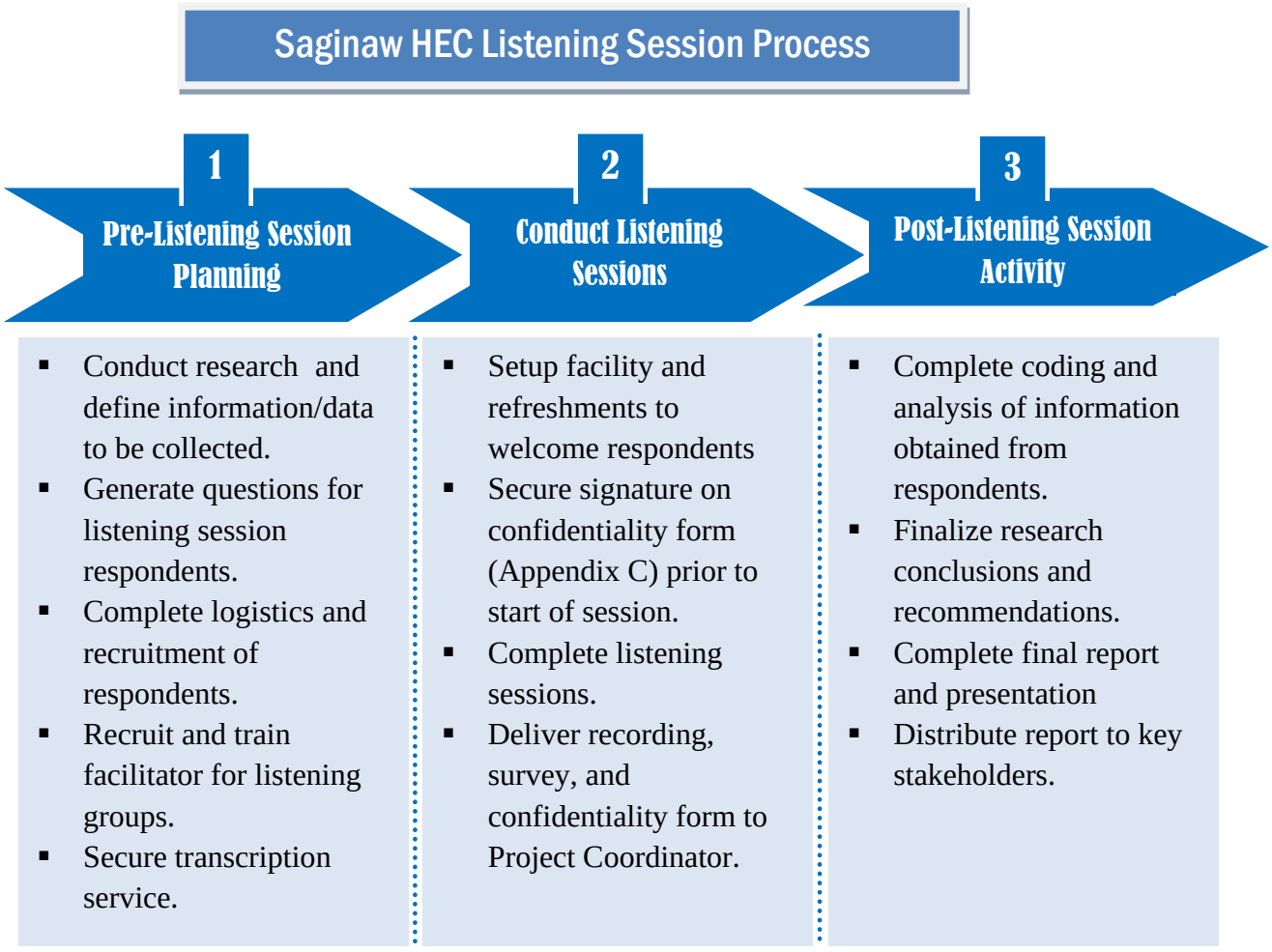
Methodology

Our local effort can best be characterized as a community-based participatory research project (CBPR).

From a formal perspective, CBPR is an approach to health and environmental research meant to increase the value of studies for both researchers and the communities participating in the project. The CBPR approach can be very valuable for public health organizations and professionals attempting to address ongoing problems of healthcare disparities in the priority populations mentioned earlier. This project allowed professional healthcare service providers and community-based organizations to assemble local information to identify issues and barriers encountered by the target populations contributing to identified inequities and disparities. This qualitative research approach is about going directly to recipients of health services throughout Saginaw County to get their experienced-based assessments of their interactions with the healthcare system.

Our information collection methodology primarily consisted of facilitated listening sessions and a survey (Appendix A) designed to collect basic demographic information from respondents.

A formal protocol was developed, detailing the purpose and process for completing the listening sessions. This tool also included a scripted interview guide and detailed instructions for completing the session (Appendix B). The entire process for completing the project consisted of a series of sequential steps to achieve our purpose. The three major steps in the process are graphically depicted below.



Many of the organization collaborating on this project have direct contact with members of the target groups identified for this project, which greatly assisted our effort to recruit participants for the listening sessions.

A total of 10 listening sessions were completed with a total of 111 respondents participating. A descriptive listing of the groups completed is provided below. All facilitators for the various groups were members of the HEC or a representative of a partner organization.

Completed Saginaw HEC Listening Sessions Listing

Group/Facilitators	Listening Session Description
GROUP A C. Tatum/T. Pruitt	Saginaw African-American Clergy Leaders
GROUP B D. Soza/C. Reyes	Members of the Saginaw Latino/Hispanic Community
GROUP C S. Ellis	Members of Saginaw LGBTQ Community
GROUP D H. Ranson/T. Boone	Members Saginaw Socio-Economic Disadvantaged Community
GROUP E T. Ruffin/B. Jackson	Members of Saginaw Retiree/Senior Community
GROUP F R. Shaheen/S. Mannan	Members of Saginaw Muslim Community
GROUP G I. Williams/S. Robinson	Members Saginaw Socio-Economic Disadvantaged Community
GROUP H D. Pruitt/E. Taylor	Local Adult Females Impacted by Infant Mortality
GROUP I C. Macomber	Members of Saginaw County Rural Community
GROUP J T. Pruitt	Local Homeless Adult Males

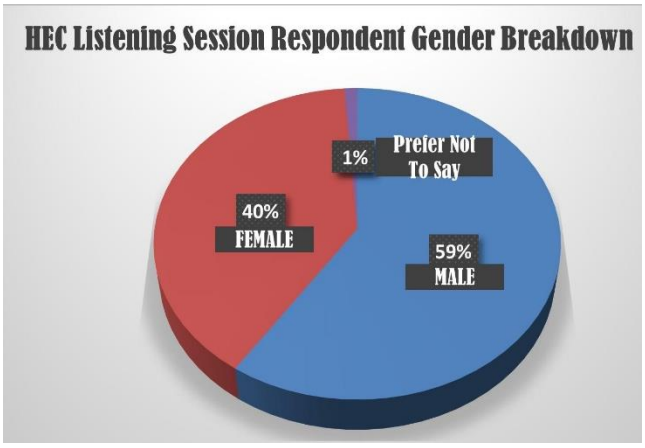
Facilitators were voluntarily assigned to each of the sessions and were required to complete a mandatory training meeting. Prospective facilitators examined the overall objectives of the Health Equity Council research project, reviewed traits and characteristics that aid in making a good facilitator, and completed a detailed review of the protocol designed for the HEC listening sessions that included a role-play wrapped around the scripted interview guide to be used in the various sessions. A copy of the PowerPoint presentation used to guide the training session can be found in Appendix D. Each facilitator was also provided with a $75.00 gift card upon completion of each session.

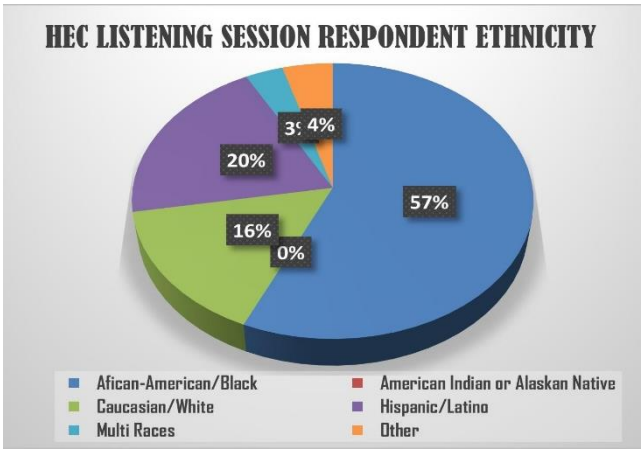
As previously mentioned, HEC organizational partners/members were instrumental in recruiting listening session respondents in that they are direct service providers. Thus, they were able to reach out to their client-base to recruit individuals who fit the required profile for our research project. Other tactics deployed to recruit participants included direct phone contact, visiting or reaching out to locations/events where potential participants either congregate or visit. Word of mouth also proved to be an important recruitment tool for securing participants. Participants were awarded a $50.00 gift card for participating in the listening session.

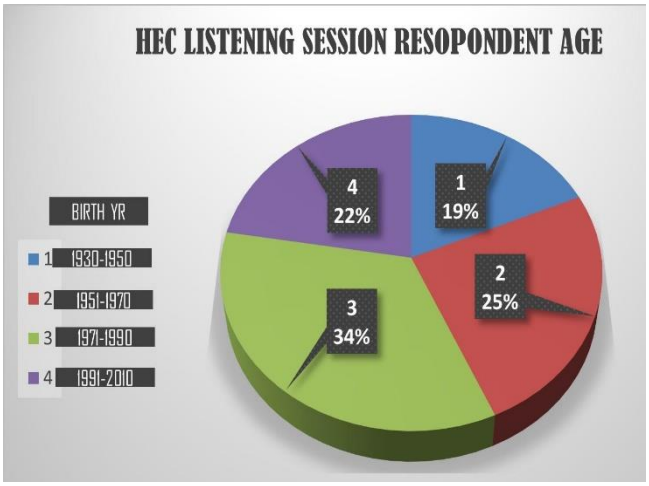
The most valuable part of this process allowed us to build the research effort around county residents whose lived experience is directly associated with the areas of investigation targeted by this project.

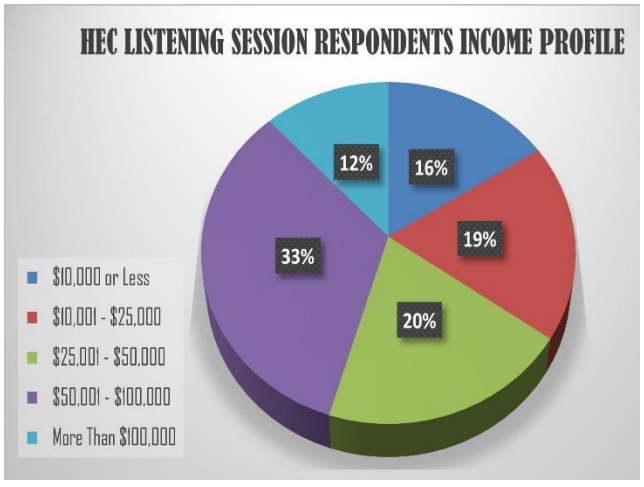
We were able to collect input from a diverse range of area residents. Study participants represent a cross-section of Saginaw County residents by race, gender, age, geographic and other socio-economic parameters. The data collected reveals that 59% of the respondents were male, 40% female, 77% African-American and Hispanic collectively, 55% have a household income below $50,000 per year. The information below provides a summary demographic profile of listening session participants.

Demographic Profile of Saginaw HEC Listening Session Listing

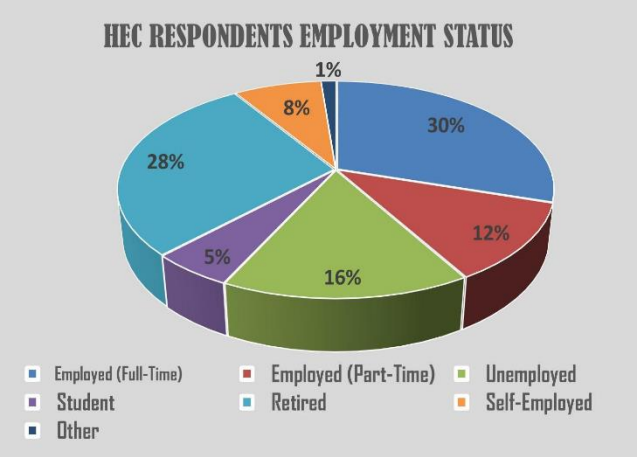


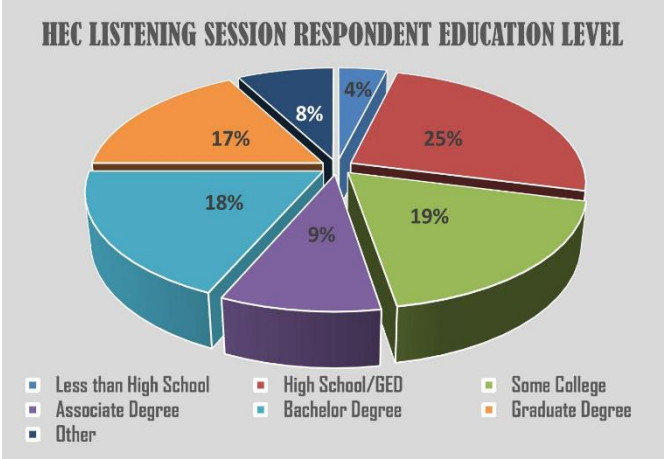


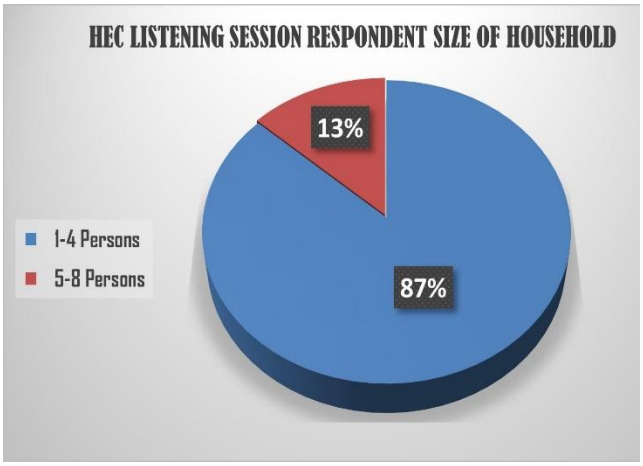


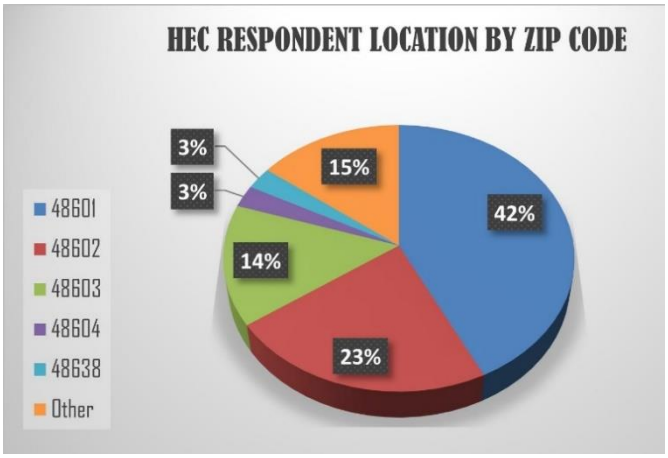


Demographic Profile of Saginaw HEC Listening Session Participants .. Cont'd









Our study effort constructed a group of HEC members to serve on a coding and data analysis team. Members of the team included Terry Pruitt, Dr. Cathy Macomber, Joyce Seals, LaShyra Eiland, and Dr. Delicia Pruitt. In addition, facilitators participated in several sessions to offer their input to aid in confirming what was heard in the sessions. The committee participated in a coding data analysis training program (see Appendix E). An essential part of this effort was assembling a descriptive coding legend utilizing a deductive process to facilitate the coding step. This involved anticipating possible responses from listening session participants based on our secondary research and intuitive experience. The coding legend was designed to be flexible to allow for new codes not included in the preliminary set of codes. Each member of the team was assigned multiple transcripts from the listening sessions to complete coding.

Subsequently, a coding data collection/analysis tool was developed to capture the frequency of mention of the various responses provided by respondents to our directed questions. This step allowed the team to move forward with identifying key themes and the drafting of preliminary conclusions for examination and consensus by the larger body.

Listening session respondents were asked to discuss their experiences and opinions regarding four major topic areas:

- **Exploration of respondents Covid-19 experiences.**
- **Exploration of respondents' experiences with obesity issues.**
- **Exploration of respondents' experiences with behavioral healthcare and substance abuse issues**
- **A special listening session was convened exclusively with female participants to examine issues associated with *infant mortality issues in Saginaw County*. These women had personal experience with losing an infant at childbirth. within a year of birth or having a family member or close associate experience the death of a child.**

Listening Session Results

Significant findings for each of the topic areas are presented in this section of our report. Direct quotes and/or passages from listening session participants are presented to aid in illustrating our findings.

Findings: Covid-19 Discussion Topic

Respondents were asked to respond to a series of questions regarding their experiences with Covid-19 and their reactions to vaccine protocols. Another key area of questioning for this topic evolved around the primary sources of information about Covid-19 and the vaccine. Key themes emerging from this discussion include:

- **Significant exposure to Covid.**
- **Lack of trust/misunderstanding in available Covid information.**

- **Significant fear and confusion about Covid.**
- **Inconsistent information sources about Covid.**
- **Isolation and mental health impact of Covid.**

Exposure/Experience with Covid

A significant majority of listening session respondents indicated they had major exposure to Covid. Their experiences ranged from contracting the coronavirus to witnessing the death of a family member, friend, or co-worker. Our respondents fit the commonly reported acknowledgment that the pandemic touched, in part, the lives of the global community. Relatively few individuals around the world weren't impacted in one way or another by Covid. Our participants reported their direct experiences and perspectives that confirm our conclusion. Respondents commented:

- *But overall, the covid experience, all I can say is to God, be the glory 'cause I almost died. I almost died. My whole house had it except two of my babies. So we had to put them somewhere. I couldn't breathe. (Group G)*
- *Yeah, I think I caught it like three times now. (Group B)*
- *We did lose two church members to COVID. (Group C)*
- *My father-in-law, he went in, he had went in for something else, but he caught Covid when he was in the hospital. And it affected him. And he started going down and we didn't know why, but we know it. They called us and told us he had died and we didn't know why. And his sister, she died of the same thing. And it just been hard to deal with everything. And when I got out of the hospital having my stroke, this came down all wrong, I think. But other than that, nothing else. (Group G)*
- *Personally, my mom and sister both had Covid. We were actually getting good reports for my sister...for my mom. However, my sister was getting bad reports. She's like, we just started praying cause it's all we knew how to do. (Group G)*
- *And the isolation because I'm used to moving around. It's almost like my mental state changed. I became... Oh, what's the word you want to use? Just depressed. Almost paranoid because you were afraid and sometime my son would go out and I would tell him, "Wash your hands. Put your clothes on wash them, whatever." But I think the most dramatic thing that happened with me was when my youngest son called me. And he*

- ## Exposure/Experience with Covid … cont'd

said, "Mom, I think I have COVID." And I said, "What?" I said, "I don't know." So, he tested himself and tested his family. He and his oldest son had COVID. Of course, that's devastating for me because that's when it was really going. And then the next couple of days he called me and told me his wife and his youngest son so all four of them in the house with COVID. So, I'm praying and in a panic state. So, I said, "Well, I'm coming down to see about you." (Group E)

- *Personally, I experienced COVID on a negative side, three years ago when COVID first came out, we really didn't know how to defend ourselves from it. And my wife was affected, and I was affected also. She spent 15 days in the hospital and right behind her I spent 15 days, and it was a experience that we had personally of how the virus affects the body and how it goes to the vital organs. And if you have some underlying issues already, then it's going to affect you worse than it would somebody else who didn't have those. And so my wife had had not had a heart problem, but COVID found that in her and it started to mess with her heart. Still having problems now. And so, as a result of COVID, about a six months ago she had to have a pacemaker. So we still dealing with the effects of COVID, but thanks to your God that she's doing a whole lot better now. (Group A)*

- *.And then when that center closed, all of a sudden, I was at home. I was at home after like a year and everybody else decided to go back. So, it was kind of odd for me just experiencing it like that, like the opposite of what everybody else was dealing with. I lost my brother-in-law. I lost some other family members and friends. And so, it was rough, right?(Group B)*

- *I had a cousin that was... he was on the news, I don't know if this is too much personal information, but he was the dude that was on the news that was in the hospital for like a year with Covid, and the story, the news that surrounded him, and they got him out.(Group B)*

- *It affected me. It messed up. I was getting ready to get married last year and we had everything set and mess around there and I got dizzy right before we had to fill out the marriage license. They said I passed out. When I looked up paramedics and stuff was all over me, shields everything. My fiancé was on one side, another leg, one side, praying over me. I said, what happened? Well, they tested me, and I didn't want to go. They said, "Well we're going to the hospital". Said No, I'm all right. Right? I didn't go. Had to go the next day, I was still dizzy. Went over to St. Mary's and they tested me, COVID. And I said, they said, well you can't go nowhere. I said, yeah I do. I got; I'm getting married next weekend. They said, no you won't. And they got me up in there and I didn't get married and COVID messed all that up. And so that shifted everything in my life and health wise I had to fight that and other stuff and thank God I'm here. And that had*

- **Exposure/Experience with Covid … cont'd**

messed everything up for me. My family has been through it, my church, different ones had to come pray for them and stuff. Went through COVID. (Group A)

- *I noted it is on leadership and it's on cleaning and I took the vaccine. I didn't want to take it because they experiment on certain people with it and I don't want to take it, but it didn't help me. I still got COVID two years later, still got it. And it's over 100 million. They say they got it and it's over like close to over 1 million, 2 million to die. So that, I don't feel the vaccine has worked or has helped. (Group I)*

➢ , Lack of trust/misunderstanding in available Covid information

Listening session participants consistently reported a significant level of mistrust and misunderstanding regarding information about Covid. This mistrust was principally directed to the information content and to some extent the messengers. They expressed concern about the variability and reliability of the information. Respondents often felt the information was confusing and contradictory. In support of this conclusion below are statements gathered from listening session participants:

- *So, to get information such as that, where would we get that? Is there somebody we can trust to get information like that from? (Group A)*

- *But I think people needed to seek God more during this time, and really trust him more, during this time. It really gave you an exercise of your faith to see if you really believe God. (Group A)*

- *There was a lot of discord in this country, especially misinformation by a certain group of people. And that led to actually worse outcome in a country like this. You can imagine a country like the United States of America, we had more than a million people that died of Covid. That is unacceptable. (Group F)*

- *The problem we faced in this country was politicization of a medical event. Some guys were trying to force the authorities and medical authorities in the country to not to say what is correct, but to say what this big chief thought was the way we should do it. And the big chief had zero knowledge of medicine, zero. He didn't even understand anything. So that's the problem. (Group F)*

➢ , Lack trust/misunderstanding in available Covid information .. cont'd

- *They didn't even believe pandemic is happening in the beginning. They didn't even believe that it's real. (Group F)*
- *It just put in mind me when they may be experimenting on people. They really don't know much about this virus, but we're trying to fight it. So I wanted to wait as long as possible until they kind of got the concoction for the vaccine right. I didn't want to be one of the first people like I'm just in human trial. I wanted to wait until they kind of got it right if I was going to do it. (Group J)*
- *Can I be honest? I feel that people in leadership feel that we are unworthy or niggers. To me, I don't even like that word, but that's the way I would feel about it because they used things on us. So, I feel this COVID, they said it came from China. It's the leadership fault, the governments fault, the society's fault, the police fault, the medical care. That's they fault. It's more blame should go on them than me. That's all. (Group J)*
- *They're going to let you die. And they don't tell people that because these doctors with PhD behind their name, they don't get paid if they remedy of what can keep you alive or what could keep you healthy. So, they got to say, "Oh well your Medicaid don't cover this. You got to pay this kind of copay." Nobody talks about that. (Group G)*
- *That played a lot of games on a lot of people. (Group G)*
- *I thought it was a joke. I'm going to lie. Not necessarily a joke, but I didn't take it as serious especially when it came on the news. (Group G)*
- *Yeah, people just didn't want to take it cause they didn't trust the government. (Group B)*
- *TV news. They saying they came from China. This and this, and this and that. Then about two animals, and so on and so on, right. Anyways, then I got, "Okay, I want the truth," so I went. Then I went in there, and then I found out. So that's where- (Group B)*
- *And hearing so many different thought processes about what was happening, the information was changing. All these buzzwords that were kicked around... It was just like, "I don't know what's happening." And not really being able to have an answer for when people were asking me things like, "I don't know what's going on." Usually, I'm pretty sure of myself with certain stuff, but right now, I don't know. (Group C)*

➢ Lack trust/misunderstanding in available Covid information .. cont'd

- *I'll be honest with you. At first, I was like, "Wait a minute, we don't even know where this stuff is even coming from. How do we already have shots ready just to just lock and load and just put in people? (Group C)*

- *"Okay, wait a minute. Let's give it about another week and let's see what's going to happen. Is there going to be another variant that comes. Doggone, there's another one." (Group C)*

- *I don't understand this COVID stuff because my son's wife works at the Plan G in Flint. And when she came home, she had COVID, and she quarantined and all this stuff. But my son and his daughter never got it and they was right there in the house with her. I mean I just don't understand how you could be right around people sometimes and there are people who've had a mask on, try to be so cautious and all that still end up with COVID. And I just don't understand the concept of all of this stuff. I went on a vacation with my sister. We went on a sister trip and when we got back one of the sisters got COVID. And so all three of us, the other we tested and the other two tested positive. (Group E)*

- *So, I couldn't figure out what happened between that time and now. Was it really researched or was it just a political thing? So, I still want that answer because there was a time when kids go to school, they got the nurse would come out. They checked everybody's card (Group E)*

- *Where other people were lingering and my daughter had it, and she would not get the shot. And she had it and she's healthy, and she lingered for two weeks. I mean, and she really was sick. And that was pretty upsetting and worrying. But then again, to go, like Brenda said, when it comes to my seven-year-old, six-year-old grandson to get the shot, I was like, "I don't think so. No. No. " Because you don't know. (Group I)*

- *I guess my challenge with the Covid and the vaccine or not vaccine. I mean, it's a controversial subject. You don't know what the long-term impacts of either are, from a…. I'm going to identify myself here, but from a rehabilitative perspective, that's the other thing that I really watched. Where a lot of the patients that would come through the healthcare system, and how many of them would have and still have residual brain fog. And a lot of them did not get the vaccine, but they have a lot of long-term impacts from just Covid. (Group I)*

Significant fear and confusion about Covid

A majority of respondents expressed an ongoing fear and confusion about Covid. In many instances the fear and confusion has persisted from the beginning of the pandemic and remains prevalent today. These issues are closely linked to cited mistrust and misunderstanding about information respondents are able to obtain about Covid and/or the vaccines. This would also include information about protocols and guidelines or directives provided by healthcare professionals, political leaders, and others. Comments below represent a range of thoughts on this subject provided by listening session participants.

- *And it is not a common conversation in churches. What the pandemic did, what the Covid did, was exacerbated fear. And if there is one thing that I think affects people's mental health, it is fear. Fear from all different perspectives. (Group A)*
- *You take that another step further, and this is what I wanted to say about the earlier question. When it comes to what happened inside our congregations as a result of the pandemic, the level of fear and anxiety that came over our community has not lifted and it's because of those messages that came out earlier. (Group A)*
- *When it initially happened, everyone was really scared. I mean, I truly felt, the line of work I'm in, we were concerned, we were considered essential workers, so we never closed down at all. And I remember, I actually felt like I was putting my life on the line going and seeing these patients. (Group F)*
- *I am afraid of sometimes contracting it again because it's different for everybody. (Group F)*
- *So many women were not getting vaccinated who were pregnant because they were so afraid of what was going to happen to their babies. I mean you talk about a mom and her kid. That's some other kind of fear. (Group F)*
- *When people were having those bad reactions to them, which pushed me in the direction of not wanting to get it at all because people were getting those COVID vaccines, some people were getting extreme reactions from them that were irreversible and it just scared me a lot though. (Group J)*
- *We shouldn't hurt everybody. So, it was real scary for me. So, I thought I might do something for myself and my family. (Group G)*

➢ Significant fear and confusion about Covid … cont'd

- *I worked in a homeless shelter. So, I had to go to work where everybody, I never was deemed to work at home or lost a job. So that was pretty challenging. Still getting out every day, going to a place and dealing with people you may not know where they come from and us having to administer once. Well, as time progressed, even now, I'm the person in charge of administering Covid tests at our facility of things I have to, you know. (Group G)*

- *My mother did not have Covid, but my mother went through something that we still don't know what she was going through. And my siblings decided to put her at Health Source, not knowing the day they walked her in the door we couldn't go in and see her. You understand what I'm saying? (Group G)*

- *My experience was just, it was frightening going to the stores and people started wearing masks, and it was like a flu, but it was a powerful flu that, it just. It was frightening seeing the news, how people were just dying in New York, just having the graves open, putting bodies in there.(Group B)*

- *Yeah, I think the most scariest part, because I'm involved in the community, 24/7, was the idea that when we started knowing about covid, and everybody wanted to go the hospital, you could not go to the hospital. You had to go back home and suffer the consequences. I lost seven people in my family. Seven. (Group B)*

- *Because we have a son. Both of our twins are preemies, so they have a really hard time with chest colds. So, we were constantly terrified that they would catch it. I have a heart condition, had a pacemaker. (Group C)*

    - *And then when the mayor of New York came on three or four times a day, and they don't .. that was more of a scare tactic. I mean, I'm not saying it didn't happen, but I think that put people in a totally different mindset. (Group I)*

➢ Inconsistent information sources about Covid

Our study effort revealed that respondents acquired information about Covid from a variety of sources. The data indicates that in many instances respondents were often very willing to subscribe to information from unconventional and/or unvetted sources. While some individuals looked to professional healthcare practitioners and governmental leaders as reliable sources of information about a range of Covid-related issues, many were willing to accept advice and direction from family members, friends, social media,

public media and other either questionable or unreliable sources. It should be noted however, that family, friends and co-workers were also influencers in getting reluctant individuals to see a doctor or go to the hospital for covid treatment. Likewise, close associates also played a role in convincing people to take the vaccine. A few respondents expressed religious beliefs as a primary motivator for their courses of action in dealing with Covid and/or the vaccine. Provided below are a series of verbatim comments from listening session participants that help to substantiate our conclusions:

- *And they'll believe just about anything on social media. They don't check who it comes from. And then it's a lack of knowledge about our history. Because I kept hearing the Tuskegee experiments referenced until I explained to them what actually happened in the Tuskegee experiments. Then they realized that that wasn't a valid reason not to take the vaccine (Group A)*

- *And I don't know how it is in other churches, but in churches where there is a strong component of believing that whatever you got, God, you pray about it and God will solve it. (Group A)*

- *And if you got some sickness in your body, you need to get you a good doctor and listen to the doctor. And when the doctor tells you to do this, then you got to do it. And if you don't do it, the consequences. (Group A)*

- *We highly recommended all our employees to get the vaccine, but we also knew that there were certain clauses or exceptions to not take the vaccine. So, whether it's a religious reason or I can't remember exactly what it was, but it was religious or a few other things, then you don't have to. So that was something we have to also face with the vaccine. (Group F)*

- *We have members in human healthcare, so family communicating back and forth and everything. (Group H)*

- *The strangest thing is at my dad's old school. He don't believe in a lot of that s_t. It's all witchcraft, and this guy told me he got the vaccine, and he was pushing me to get the vaccine because I kind of was like, "Oh, he's going to be the last person to get the vaccine. He ain't never going to get it," and he got it, and he kept trying to push me into it. So, finally, we went and got it. Anyway, I had heard a lot of things about the effects, and how it's going to get you sick and all this. It didn't have any effect on me at all. We had three. We had all three of them. (Group B)*

➢ Inconsistent information sources about Covid….cont'd

- *You get information from people that are close to you. Immediate family. (Group J)*
- *All different rumors, you know what I'm saying? The vaccine is killing- (Group D)*
- *I don't know why I didn't want the vaccination. Everybody was saying no. And so I said no. That's why I said no. (Group G)*
- *My logic is that doctors make money after you get sick. So, the vaccine is only supposed to be as usable as much as they need you to. So, you can get back to them to get off their profit. And I think you get what, 15, 25% every time you take one or something like that. And it's not all the way there. That's why you got to take three or something like that. And that's just my logic is, why would I get 33% of something inside my body all of a sudden. Understand that I got to wait this amount of time to just give me 100%. (Group D)*
- *I get my information about covid and vaccine from Google. (Group D)*
- *Oh, I just want to talk about, I guess not how I was getting my information, but the people around me. My dad and stepmom would only really get their information from scrolling on Facebook and they see a news post. Or through YouTube videos from right-leaning sources. And it was really frustrating to trying to convince them, sending them animated videos on how a vaccine works. And it was hard for them to grasp that. And I still haven't been able to convince them to get it because they really only looked at certain sources and they were really close minded in that way.(Group F)*
- *I learned about the vaccines on social media. When people were having those bad reactions to them, it pushed me in the direction of not wanting to get it at all because people were getting those COVID vaccines, some people were getting extreme re-actions from them that were irreversible and it just scared me a lot. (Group J)*
- *It was just good that we have the internet. We can Google so much info and check out... We checked out which one was... What company did what and stuff like that. So, it was good to have the knowledge online about each company and each shot. And then that's when we decided which one to go with. But then there was a lot of controversy with other people, "Don't get this because this is out there, blah blah blah." (Group C)*
- *Well, probably some people thought Dr. Fauci, whatever, was hyping it up and whatever. But no, I truly sat and listened to him, (on TV), and listened to some of the debates about it. And I mean, I'm sure our parents felt the same way about the polio vaccine, or any other vaccine that they've ever recommended that we start getting. There's always that initial. "I don't know what they're going to put in my body, and I don't want to be the*

➢ Inconsistent information sources about Covid….cont'd

guinea pig." But I felt like there has been enough of working on that before this ever finally broke out. I mean, I don't think it was a big shock that something like this was going to happen. It was just a matter of when. So, it's not like they weren't already preparing and working on things. And so, I felt totally comfortable with it. (Group I)

- *I want, you know, I was going to mainstream TV news, for what was going on. (Group D)*
- *Yeah. I would go back and forth at times with the media in certain degrees. But I'll be honest with you, I think I was more in tune with media at that time just because somebody's got to have some answer for what is happening, where you're supposed to know what's going on, what's accurate information, what's really going on right now? That type of thing. (Group C)*
- *I was scared to get it, and then I started watching the news, and they started talking about people that were in their thirties. They'd get the shot. They'd have some kind of a heart problem. I don't know if you remember that. (Group B)*
- *Center for Control and Diseases, and stuff like that. I don't believe the news at all, like him. I don't believe in nothing that the news says. TV and websites for me. (Group B)*
- *I got Covid info from my aunt. She's one of the head nurses at St. Mary's. (Group D)*
- *And I'm grateful for Great Lakes and the health department, cause Dr. Pruit, I'm glad that we have a black woman who was over at the health department because she had to push for some things to happen and even in some ways put herself and her job on the line to make sure that our community had some of the access that we did when it did come. Because from what I understand anyway, they had to fight for some money in order to make it available that they were supposed to be given to all of the county health departments, but they were putting our health department down the line. (Group A)*
- *I was just, for me, I got... My information was based on the CDC website. I try to go back there to always read the updates and stuff like that. I never go off of what people say, not even my mom, my wife or anything. (Group F)*
- *Research. If it's something that's not, I like legit doctors and popular doctors. I will go take their word. I will listen to what they say. (Group G)*

➢ Isolation and mental health impact of Covid

Respondents spoke freely and consistently about having to adjust and cope with "forced isolation" from covid. The disconnect from family, friends, co-workers, or other people in general had a major impact on many individuals' mental health and social well-being. A significant portion of our respondents shared comments about the negative consequences of "covid isolation" including the impact on their mental psyche and disruption of their established social connections. We also found a few individuals who reported that covid had a positive impact on their ability to better connect or re-connect with family and associates. The comments here from our respondents illustrate these points:

- *And then the isolation, you couldn't go nowhere. (Group B)*
- *My experience with Covid is that it was my first time working from home. And also, again, what he said, isolation and minimized social reaction, social, talking to people. And that was a big transition to working from home. (Group B)*
- *I know a lot of people just had to stay home with their love, their significant other, and it caused problems. (Group B)*
- *So, I wasn't sick, and I'm in my bedroom just like, oh my god, there's nothing to do. And she wouldn't come into the room. So, I go to the garage and hang out in the garage for hours, and then wait for everybody to go to bed. And then I got my TV and everything out there. 'Course I want to stay away from everybody like, you can't be around the kids. Get the hell away from them. I wanted them to be next to me, but I'm more worried about kids than myself. (Group B)*
- *So, it brought us closer. We never had the opportunity to spend that much time together and enjoy watching a show. So, we had a little bit of a different experience. And our kids, we had them all at home. (Group B)*
- *trying to find a way to still communicate with people and connect with people, but everything's weird about that. I don't know. It was rough. (Group C)*
- *You know what I mean? I noticed that. So, some relationships, I grew closer, and some are dead, I mean, it was just... The relationship, I think, has changed. So... I'm okay with it. It just is what it is. (Group C)*
- *The isolation, like, when my parents were like, "Don't come home." That's isolation right there. (Group C)*

➢ Isolation and mental health impact of Covid …cont'd

- *Mine was the isolation. By me being single, I usually the older you get, you've got to do things to remember. On Sunday, you go to church. Monday you do this, and they cut church out so that messed up my flow. I couldn't tell Sunday from Monday. Tuesday from Wednesday and you had to be by yourself. I almost walked a hole in the floor from the front to the back looking out the window. And if it hadn't been for the telephone, talking on the phone I guess I would've just gone bonkers because nobody could come (Group E)*

- *The whole socialization process seemed to be a real challenge, at least for me, because we're social people and we like gatherings. (Group F)*

- *It's like when Covid happened, it was like spring break and having Sunday school. And after 20 days when we realized we don't even know which day it is, all the days feel the same.(Group F)*

- *My mother did not have Covid, but my mother went through something that we still don't know what she was going through. And my siblings decided to put her at Health Source, not knowing the day they walked her in the door we couldn't go in and see her. You understand what I'm saying? (Group G)*

- *I just don't know what chapter of my story to share. There were too many things going on at once to have a parent who was in the dying process, and then COVID happening and trying to figure out how can we all be here as a family when we're really not supposed to be together? And then you're scared of your own family members. But at that point, it didn't matter because I would've sacrificed getting it. (Group H)*

- *And then having kids at home and trying to teach them when you didn't have the internet. I'm in a rural area here. I didn't have internet. They had to go online and learn. We didn't really have it. I had 120 kids at work that I had to figure out how to flip in three days. I had to flip everything that I was doing as a teacher, plus kids. So, a lot of people were like, "Oh, we got so much closer." It was a clear divide for me. (Group I)*

- *Just personal stress being around, trying to say, how are we going to make it? How am I going to make it? But us, the way I look at it, we're the type of people that even... We like that kind of challenge because we find a way to get through, whether it's beans and rice and tortillas or whatever. We find a way. (Group B)*

- *For me it was anxiety provoking. To be honest with you, it kind of felt like a big doomsday event in some ways. (Group C)*

- *So, I was going into college, so I was really stressed out and my grandpa passed away and he was a main source of my financial support. So, when all of that happened, I just*

scrambled to find a job and I started therapy, and it was just a lot. It was really stressful. So, I thought therapy really helped me kind of cope and make those transitions (Group F)

Findings: Obesity Discussion Topic

Respondents were asked to respond to a series of questions aimed at gathering their thoughts about the state of obesity in the community. Our query examined how respondents define obesity, the impact that obesity has on an individual's overall physical and mental health, sources of information about obesity related concerns, and primary causes of obesity. Major themes that emerged from the listening sessions include:

- **In defining obesity, it is primarily associated with excessive weight.**
- **Obesity is associated with a range of physical and emotional issues.**
- **Obesity is largely the result of various socio-economic issues including lack of access to healthy food, poor eating habits and lack of economic resources.**
- **Respondents rely on two primary sources for information about obesity, including their healthcare provider and social media. They demonstrated an understanding of what constitutes a healthy diet.**

In defining obesity, it is primarily associated with excessive weight.

Listening group participants were asked to list words or phrases that best define the term "obesity." Respondents to a significant extent associated the term obesity with being excessively overweight or being too fat. Some respondents, to a limited extent, were able to link obesity to the Body Mass Index (BMI). However, in referencing the BMI index most respondent demonstrated only limited knowledge of how it is calculated and/or what its true significance represents. Listed below are verbatim comments obtained from respondents that correspond to these findings and conclusions:

- *Obesity is being overweight. (Group A)*
- *Well not just over overweight, but obesity to me is overweight to a fault. (Group A)*
- *Yeah, obese. It just says, "Do not mean the weight criteria for your body shape or your body and height." I think that's what it's, I believe so. Or obesity can be real big or kind of overweight, I guess. (Group B)*
- *To me, obesity is, or somebody who was obese is somebody who was so big that it impairs your ability to just do daily tasks. (Group B)*
- *For me, I guess there's a clear kind of markup between obesity and overweight. Overweight, we kind of think of, "Oh, I just put on two or three pounds" type of thing. It's measurable. Obesity is kind of over the measurable limit that someone talks about or is known, I guess. I guess that's how I look at it. (Group C)*
- *Being overweight versus obesity. Because, I came to learn that a lot of it had to do with the BMI, body mass index. That's kind of the measuring stick for where these different markers are. And I'll be honest, after I came more into awareness of it, I did try to do my best, let me get in my BMI. (Group C)*
- *It is concerning to hear that so many people are labeled as obese, and I know that it can cause a lot of complications in the long run health wise if you are obese. It's a more extreme form of being overweight. (Group C)*
- *Huge, fat. (Group D)*
- *Technically, obesity is considered overweight. Whether you're five pounds overweight, 10 pounds overweight, that's still considered obese according to the height and weight standards. (Group D)*
- *I see when I look around on this group, I would not say any of us would be obese. But even though I consider myself fat, kind of waffle. (Group E)*
- *Overweight (Group E)*
- *It's overweight, but you just clarified not overweight, it's obesity. They're two different things? (Group F)*
- *So, for example, you and I are general public walking around in the airport and we see this person going around is huge. And so, it is obese, that's how people define it. But then if you go to really what is the medical definition of overweight and obesity and all that, that's a little bit more tighter. (Group F)*

➢ In defining obesity, it is primarily associated with excessive weight…. cont'd

- *It's got to do with BMI. (Group F)*
- *Obesity, weight, obesity, in non-medical terms is when we are too fat. (Group F)*
- *I say it's borderline. Obesity for many reasons you just a greedy person. (Group G)*
- *You just said something. You said big. And see, in our culture we don't say obesity. I'm not going to say, "Hey, you obesity." I'm going to say, "You're fat." (Group G)*
- *I agree with you. I feel like obesity has a lot to do with race as well. A lot of the doctors and stuff and a lot of textbooks and medical experiments they do, they come up with an average and it's mainly based on a white person's makeup. I have a son who's four and he doesn't eat meat. And Teddy's huge. Teddy, he's just my little teddy bear and he's 95 pounds. So, we go to the doctor and he's way overweight. We'll go to a specialist and they're like, he's perfectly healthy. He's just overweight. (Group G)*
- *I think obesity is when you start having…. To me, you're overweight, okay, you should probably lose some weight. But obesity, you're going to start having the comorbidity issues, and tat to me, that's what the difference is. (Group H)*
- *I think there is a big stigma when you say the word obesity. Because overweight could mean the same thing. You are just mildly obese. So, I think there is a big stigma in the community. (Group H)*
- *Yeah, okay right. I mean, according to the charts, yes I'm overweight. Do I consider myself overweight? No. (Group H)*
- *My brother was overweight. My brother died he was almost 700 pounds. (Group J)*
- *Extremely overweight. (Group J)*
- *I just put reduced quality of life due to size and lifestyle. (Group J)*
- *For the first term, obesity, it's a mixture of many things because how I say it is it can also be misunderstood or used in some other areas. Not just one way. Obese as well as big. (Group J)*
- *I believe so, obesity and overweight are the same thing. (Group J)*

➢ Obesity is associated with a range of physical and emotional issues.

Respondents demonstrated a high level of recognition that obesity contributes to a wide range of health, physical, and emotional issues. Many pointed to a direct link between obesity and poor health. Diabetes, high blood pressure and cardiovascular concerns were common problems encountered by individuals deemed to be obese. Comments presented here highlight our findings for this area of examination:

- *The reality of obesity. It leads to other diseases. Diabetes. (Group A)*
- *A result of being obese to the fact that your body is not able to get rid of the sugar in your body and the fat is stored around the body. And then if it's not removed, the body is drawing on that sugar, that fat, and it causes your diabetes to go up and cause you to have health problems and then start to have heart condition. (Group A)*
- *Kidney conditions. (Group A)*
- *To me, obesity is, or somebody who was obese is somebody who was so big that it impairs your ability to just do daily tasks. The normal things you can't breathe without really struggling. You can't get up out of a chair easily. You can't walk easily. You can't sit in an airplane seat; you can't drive a car maybe because you're so big. You can't just do normal daily stuff. Overweight people can get through life with no problem. But obesity is something that really hampers your ability to just live and requires some major intervention like surgery and stuff like that. (Group B)*
- *Obesity messes with your mental health too. (Group B)*
- *It is concerning to hear that so many people are labeled as obese, and I know that it can cause a lot of complications in the long run health wise if you are obese. It's a more extreme form of being overweight. Like you said, few pounds over versus, "Wait, I'm in a critical red zone of maybe setting myself up for heart disease or hypertension." We're talking about what covid... I was hearing that that was a thing too, that was a factor into covid and how it would affect you. (Group C)*
- *When I think about obesity, I think about it, especially hearing that rate. I think about people's ACEs scores, Adverse Childhood Experience Scores, the higher those scores are, the more likely you are to have things like obesity, heart disease, not just mental health issues. I wonder what kind of trauma is going on in our community, maybe that's where we can focus. (Group C)*

➢ Obesity is associated with a range of physical and emotional issues…. cont'd

- *High blood pressure (Group D)*
- *High Cholesterol (Group D)*
- *Depression (Group D)*
- *Especially diabetes. That's number one. High blood pressure, right? (Group E)*
- *For me it's more like an unhealthy lifestyle. When I mean unhealthy lifestyle? (Group F)*
- *And we've heard from time to time, sticks and stones may break my bones, but words will never hurt me. That is not true. What you guys are saying is not true. Words are lasting. And if you hit me with a belt, a stick or a stone, I'm hurt, but then I move on. The pain is gone, but those words, they linger is still there. It could be there five and six, 20 years. I can remember what they said, but it does hurt. It does hurt. But I know it has to be a medical definition for obesity. (Group G)*
- *Oh, and as far as infant mortality, it does help as far as that weight when your weight is unstable. It also helps that baby when you're carrying the baby, and your weight is like all over the place. Crazy. It affects your heart rate. It can affect the blood pressure. Gestational diabetes. Diabetes, I should say. I didn't have any of those things. My son would, praise God. But those are still factors that come into play when having a baby. (Group H)*
- *I was going to say blood pressure and heart problems like he was saying. Because when you're bigger, your heart is only made to pump blood to a certain size body load. I'm saying it has to work extra when you're obese, to compensate for your size. (Group J)*

➢ Obesity is largely the result of various socio-economic issues including lack of access to healthy food, poor eating habits and lack of economic resources.

Study participants supported a strong consensus regarding the factors contributing to high levels of obesity. Their input listed a number of common causes and issues that result in the fostering of elevated community obesity levels. Respondents reported that poor eating habits, access to healthy food, and limited economic resources contribute substantially to

excessive obesity. A few participants purported that obesity is a genetic problem. Comments that follow represent findings pertaining to this issue:

- *Because I will give you the big example. In our neighborhoods, there's food, but it's unhealthy. (Group A)*

- *McDonalds. Fast food. These taters, they ain't no good for you. I mean you can eat a tater here and there, but you putting oil in them and they eggs. I mean, the whole menu is not good for us. Even the orange juice. (Group A)*

- *When it comes to food deserts, this is... What we're talking about on the east side has been talked about on every level, but ain't nothing happening. Well before the pandemic, we knew that the east side was a food desert. We knew that the east side was an economic development desert. Institutional, structural, and intentional. So, then the voices like ours have become very, very pronounced and adamant about bringing resources where they need to happen. (Group A)*

- *But I got trouble with eating good. It's my poison. (Group B)*

- *There's one thing I haven't tried to lose weight and that's a wife that can't cook. So, she's busy. No, I'm saying she cooks well. So, it's hard for me not to eat. And then if I eat somewhere else and I come home and I'm not hungry, so, I got to eat twice sometimes. (Group B)*

- *Yeah, in America, man. That's what I'm saying. But I mean the simple bread has sugar, so many grams of sugar. It's just ridiculous. And if you try to eat healthy, it's so expensive. And then you go organic, it's extra expensive. (Group B)*

- *Just taking in consideration, we do have a lot of fast-food outlets around here where there aren't the best food options. People don't have access to food. Or when you think about access to being able to work out and exercise. Things that are mostly promoted could be a little costly for some of the financial conditions that I've seen here in the city. A Y membership for my family versus buying groceries. That's a big deal. You know what I mean? Being able to go to another gym. I've known a lot of people who have to choose between the two. They're going to choose to buy the food and they're going to buy food that they feel is affordable. But taking into consideration inflation, cause we've seen a lot of costs change over the last few years, that makes it hard. Thinking about that "healthy food option" versus something that's cheaper and probably going to be at least a little bit heavier on my belly, people are going to make decisions. I've seen people make decisions for what can I afford and what's going to be heavier on my belly in the long run versus some other things. So that makes it hard. (Group C)*

➢ Obesity is largely the result of various socio-economic issues including lack of access to healthy food, poor eating habits and lack of economic resources…. cont'd

- *I hate driving far away when I have to drive far away to Walmart or Kroger's or grocery store. It's just a hassle of just getting in the car and just driving across town. I live on the east side so there's nothing over here, you know what I'm saying? Save a lot. There's nothing there. (Group C)*

- *Well, I guess the real logic would be obesity would be eating too much that you can handle at once. Right? As far as just eating too much every time you eat. (Group D)*

- *Wow. I went to my local... I needed some tomatoes. I was making something, and I ran up here to this store. I won't call his name, so I won't be on record, but went to the local corner store and got some tomatoes. Rotten. I'm like, "Seriously?" So, when I thought about how can I complete my meal, I have to go all those places you guys talk about to get in my car and I have to go just to get a tomato. (Group D)*

- *And you eat food if it's a can of whatever it is. You've got so many preservatives in it, you don't know. (Group E)*

- *When I was a kid, I used to get two slices of bread and put sugar in it to eat. (Group E)*

- *One of the basic problems is I think very grossly economic factors, because what happens is if you look at purely from the standpoint of why this is happening, the problem is also capitalism. That's what capitalism does is they want to go and set up a shop in places where they can make money. So, we know that compared to non-white and other ethnic groups, the African American general income is much lower. So, they're generally poorer and they cannot afford a lot of healthy foods. For example, fruits and vegetables cost more money than macaroni and cheese. It costs more money than potatoes. So, what happens is a fancy store like Whole Foods will not open up. Even here we have three towns, right? Bay City, Saginaw, Midland. Do you know the discrimination rate between Midland and Saginaw and Bay City? You can just open your eyes and see. Costco is not in Saginaw or in Bay City, it's in Midland. This and that fancy store is in Midland because they know that Bay City and Saginaw are poor cousins of Midland. Our income, it is, that is how they define us. They define Bay City and Saginaw are poorer places. So therefore, it took a long time before they even opened up a Panera Bread in Saginaw and Bay City, it was already there in Midland. So that's the general capitalism working at its best for those of us who are economically disadvantaged. That's a poor situation. That's a bad situation. So, we have more because McDonald's. (Group F)*

➢ Obesity is largely the result of various socio-economic issues including lack of access to healthy food, poor eating habits and lack of economic resources…. cont'd

- *To my own experience with my own daughter. It's like food is a comfort for her. And it's scary for me because she goes to food. She will fight you about the food and I always ask her ... I don't try to get frustrated with her because she gets too much. I try to see what's up, what's going on with her mental on why she does that. (Group G)*
- *Because a lot of places serving us nasty old food. (Group G)*
- *Obesity, it's genetic (Group G)*
- *Their diet. It's important that when a mother's carrying a child, she needs to make sure she's eating the proper foods. And sometimes, I've seen some young ladies will say, "Oh, I don't need that." Or, "That's not important." I'm talking about the prenatal care now, the vitamins or whatever, you do need that. (Group H)*
- *Here, you got to go out and spend money on food and stuff too. Because of what they give you to eat sometimes. (Group J)*

➢ Respondents rely on two primary sources for information about obesity; healthcare providers and social media. They also demonstrated knowledge of what constitutes a healthy diet.

Listening session participants were asked to identify what information sources they consulted regarding obesity. A significant majority of respondents identified healthcare providers and social media as primary information sources. Respondents were also asked to share their thoughts about what constituted a healthy diet. Many were able to describe the key components of a healthy diet even when they weren't always able to adhere to it. Here is a representative sample of comments offered by our respondents that address this point:

- *I ask my doctor. (Group B)*
- *I think TikTok has a lot of great information. A lot of holistic doctors. (Group B)*
- *So, they're going to get all the information on social media. Group B)*

➢ Respondents rely on two primary sources for information about obesity; healthcare providers and social media. They also demonstrated knowledge of what constitutes a healthy diet .. cont'd

- *I go here. But you hear a lot of it. You watch the news or just sometimes they always send me, they gave me an app so look at it. So, I get like daily stuff. I like to follow food, help type too. Speak with your personal doctor you go to, (Group D)*
- *No fried food and all that. Stay away from all that. So, a lot of this is from different cultures like I'm talking about. (Group B)*
- *Well different cultures too. People from different cultures eat very healthy and then you see how they eat and then they show you. If you eat this way and you eat that way, you know will slim down. If you stay away from meat and you stay with breast meat, chicken, vegetables, don't eat no fried and all that. Stay away from all that. So, a lot of this is from different cultures like I'm talking about. (Group B)*
- *They should have a WIC cookbook because we got the twins. The twins were born, they almost bankrupted us. I was in the hospital for three months before they were born and then they were in the NICU for two months. We qualified for a WIC, we were getting WIC. We got WIC and all this stuff that you got. It just seemed like juice, and it was like this nasty bread. And then I started reading the different things I could get. So instead of peanut butter, I could get beans. So, I would get a bag of beans and instead of apple juice, I could get tomato juice. Well beans and tomato juice can be chili and tomato juice can also make spaghetti. So, I feel I should make a WIC cookbook because there were so many things that you could do. (Group C)*
- *I know that we have a lot of places that have financial literacy, but I feel like it would probably be good to implement a food literacy type of thing. It's equally important in terms of just learning about the foods that you eat and sometimes people, one can't afford the specific foods and or don't know how to rearrange the foods to get the benefit of them, if that makes sense. (Group C)*
- *Fruit (Group D)*
- *Vegetables (Group D)*
- *Yeah, like vegetables and a starch and a meat. (Group D)*

➢ Respondents rely on two primary sources for information about obesity; healthcare providers and social media. They also demonstrated knowledge of what constitutes a healthy diet.. cont'd

- *We're not eating a lot of the fresh fruits and vegetables instead of doing canned or stuff that's already prepared and that's addictive. (Group E)*

- *I'm a member of this company called Azure Standard and it's an organic family owned from Utah. So, I order in bulk from them, and I get a lot of grains. I don't deal with the meat but all kinds of beans I got. And really, and my brother lives in Detroit and he orders... Oh, I can't even think of the name of the place now. But I ordered through him also, which is a lot of organic. (Group E)*

- *But a lot of the foods have a lot of salt and sugar prepared things that are already prepared. (Group E)*

- *My idea of healthy food, I don't cook red meat. I only do fish, chicken and turkey meat. Far as ground beef, I don't- (Group G)*

- *I experimented with eating red meat this long and then I went without eating red meat for a whole 40 days because I wanted to see how it would work with my body. You can tell the difference. When you are using it, your poop doesn't stink, none of that. But if you got red meat consistently, that's why you are getting funk in the bathroom. I noticed that. (Group G)*

- *I would just say, if there were things in place... I'm trying to think. It was through Saginaw Valley, at one time, they had this program where they also taught... I remember when I was just first a mother, I didn't know anything really. But I did want help. So basically, they taught us practical things, like what foods are healthy, choices of foods and things like that. (Group H)*

- *I think obesity affects in many ways. That's why it's important to maintain a healthy diet and everything and trying to maintain a good healthy weight. I think that's all important. I know in the beginning when we wanted to have children it took two years, but then the doctor did discuss that step because of my obesity. That it might be a factor. (Group H)*

- *But anyway, the whole waste food thing, oh, that's a struggle for me. Because how many times do I bring in? I just did it today. My soon-to-be daughter-in-law brought over a huge carrot cake for Mother's Day. We had chocolate delight from her. My daughter-in-law also brought fruit pizzas. So, all this leftover is in my refrigerator, and I can't throw it away because that's not how I… I was raised not to waste food.*

- **Respondents rely on two primary sources for information about obesity; healthcare providers and social media. They also demonstrated knowledge of what constitutes a healthy diet.. cont'd**

And they're starving people in Africa. Right. I mean, that's how I was raised , and I believe in it, so I can't throw away any today, so I eat it. Because I don't want to throw it away. And then I feel guilty. I feel like crap after I eat it. But then, do you know what I mean? It's a vicious cycle. So, I bring it in here to all of them. (Group I)

- *That's what it really is because for a diabetic, what they really want us to eat more is more meat than they say vegetables and fruit and all that. But how can I cut off the meat when the majority of everything is meat? It is salty, it's sodium in it and the majority of it's going to break down into carbohydrates. So, it's kind of hard to really, you know what I'm saying? (Group J)*
- *Eliminate the sugar and salt (Group J)*
- *Vegetables, pasta and bread. Your grains, your salad. Pretty much nothing too sweet, sort of like the food pyramid, I think we can all remember that. (Group J)*

Findings: Mental Health & Substance Abuse Discussion Topic

Respondents provided responses to a series of questions pertaining to mental health and substance abuse issues and related concerns in Saginaw County. Our examination was directed toward defining mental health, the link between mental health and substance abuse, and how Covid may have exacerbated mental health and substance abuse issues. Our discussions also examined the quality and availability of behavioral care services in the region. Overall, respondents openly discussed the added stress that impacted their mental health and levels of substance use. Major themes that emerged from the listening sessions include:

- **Major cultural disconnect (mismatch) and communication challenges exist between mental and substance abuse service providers and minority clients.**
- **Lack of complete understanding of mental health problems for culturally and socially diverse group and substandard treatment experiences for racial minorities.**

- **Covid directly contributed to increased substance use, in particular alcohol and social drugs (marijuana).**

- **Major cultural disconnect (mismatch) and communication challenges exist between mental and substance abuse service providers and minority clients.**

Comments from listening session participants confirm findings from similar studies indicating that minority behavioral care clients infrequently receive care from behavioral care professionals who share their racial identity. A significant number of respondents addressed the cultural disconnect or mismatch that persists and the impact it has on their quality of care . Further, respondents spoke about the limited access to a behavioral care service provider and the communication challenges experience with their provider(s). The statements below reflect the feedback offered by our participants:

- *I think that if there is a way to, again, elevate that conversation and bring focus to it, we ought to be trying to do it. I don't have the ability to articulate it as well as I'd like to, but I just think that mental health is as significant as obesity, is as significant as the other predations that happen to people, whether it's physical or otherwise. (Group A)*

- *And then, the need for mental health services, the need for substance abuse, and the need in our community is overwhelming, but we can't just keep talking about it. We want to actually lay it down in our churches so they can understand exactly what we are understanding. And we don't have to go back and try to communicate to them from the pulpit. But it needs to be done grassroots, where they can really hear it and understand it. (Group A)*

- *Spiritual, demonic, whatever. But they were real issues. It is the most difficult pivot that we have experienced in ministry leadership. There's a old saying that says, "It takes a long time to turn the big ship." The idea of mental health not being spiritual is a big thing. And I don't know how it is in other churches, but in churches where there is a strong component of believing that whatever you got, God, you pray about it and God will solve it. When you start saying, but there are, just like doctors, medical professionals and mental health is... You need the same kind of professional support for mental health as you do for physical health. (Group A)*

- *It's hard to really address too. I think right now we are in a tough spot because therapists are really burnt out. There's so many people trying to get services now, enough therapists*

➢ Major cultural disconnect (mismatch) and communication challenges exist between mental and substance abuse service providers and minority clients…. Cont'd

access points to really get behavioral health, mental health service right now. God, forbid you had a experience where you want to shift from one person to another, because maybe this just wasn't the person for you. (Group C)

- *I can try. And I do try. But I cannot get these old white dudes or old white women on the bench to understand that there are cultural differences, and we are failing these children and their parents. Because sometimes I represent the children, too. And we're failing them by being like, "This is the only therapist you can have. And this is the only psychiatrist. And this is the only... You can only go to Saginaw Psych," and like, that's... Or, "You can only go to..." It's... Mm. It sucks. It sucks. (Group C)*

- *Even in institutions that cater to a very specific population, there's an overwhelming lack of diversity within that, too. Not recognizing the diversity that exists with that population. Because it happens all the time. I mean, there's... Yeah. There just needs to be a lot more diversity of mental health, for sure. (Group C)*

- *I can try. And I do try. But I cannot get these old white dudes or old white women on the bench to understand that there are cultural differences, and we are failing these children and their parents. Because sometimes I represent the children, too. And we're failing them by being like, "This is the only therapist you can have. And this is the only psychiatrist. And this is the only... You can only go to Saginaw Psych," and like, that's... Or, "You can only go to..." It's... Mm. It sucks. It sucks. (Group C)*

- *I've got a nephew, and he had mental health issues and I'm talking about a long time ago. I'm 64, maybe 50 years ago. He was walking off on some other stuff. We tried to get him some help and they said the only way they can get him help, he had to do something to get arrested. So why would you want a mental person that has a mental health issue to be arrested for anything? (Group E)*

- *But the majority of people don't even want to believe that mental health is out there and that it's happening, so they don't go to anybody. That's why it keeps happening because nobody wants to believe that's really, they're really going through it right now. They need some help and people don't want to address that. Oh, they're going to be okay. They're just having a problem right now with the COVID. They're having this problem, but we know we need to say we see those different behaviors. We know that's not what they normally do so we should try to help them. (Group E)*

➢ Major cultural disconnect (mismatch) and communication challenges exist between mental and substance abuse service providers and minority clients…. Cont'd

- *There was a lack of availability of information and people to assist with it because with the close down, even though they were healthcare, some of those places did close down. And some that didn't close down, they had a lot of people quit and leave or get sick. So, you had a lot of people dealing with mental health issues, but they had nowhere to go. And even with my agency, we experienced it personally. We had youth before that we took to the hospital, took places. And it was like, you going to be sitting here for 5 days or 10 days because we had to find a facility or somewhere to even send this person to. And I think watching evaluation, seeing the help that was given, it declined. It declined a lot. But the need went up but the help went down. (Group G)*

- *The emergency room became the mental health ward. And remember the emergency room already had a six, seven hour wait period. But remember there were all kinds of articles about the emergency room becoming the mental health ward and they did not know how to deal with it. Neither did they have the workers to deal with the people who were coming in there with mental health crises. (Group G)*

- *But it really does take a toll on your mental health, and it affects your relationships with people, especially your children because your kids are like, "Mama." We don't know who that is. So that was bothering me a lot with mental health. So, I took the initiative to get the help on how to stay disciplined, composed and thinking positive because it'll have you thinking like there's no hope, there's no source or anything. So, when you do go to some of these people at mental health, if they haven't experienced it or they won't dig deep to help you find the proper mental health care, it's like, "Oh well, she's crazy. We can't help her." Then they're going to involve the state and they can seem like you are a threat to society and your kids when in all actuality you're crying for help. So that's why a lot of people back away from finding the sources of help. (Group G)*
- *All right. But they tried me on all sorts of medications, and they gave me the bad medication. It's leadership, man, they ain't giving people the lesser dosages or the medication that gets you feeling good or high. They're not giving that. (Group J)*

- *My daughter came out and was addicted to pain pills a couple of years ago, and it had gotten really bad. And when she was young, went through a tough time. And when I took her to a doctor and he finally diagnosed her and he said, "She's severely depressed at 14." And the other doctor I took her to, he just said he talked to her for five minutes and he said, "She's just an obstinate teenager. There's nothing wrong with her." And I said, "Whoa, wait a minute. You talked to her for five minutes. You asked her a couple of questions. How do you know?" (Group J)*

➢ Major cultural disconnect (mismatch) and communication challenges exist between mental and substance abuse service providers and minority clients…. Cont'd

- *I'm not a doctor, but listening to what Sparkle just shared and also Chandelier... And I don't know what they teach, but I know they have to teach medical whatever. But I think bedside manners needs to be addressed. Now I remember being in the hospital room, doctors in and out, in and out.. This went on for about six or seven hours. In and out, in and out. But even prior to that, the baby heartbeat was strong. Zeyan was doing fine. We had family members who were in town from out of town because of a death of a family member service. One was a doctor, the other one was a nurse. They checked the vitals, and everything is well. And he was doing fine. Sometime through the course of the night this nurse or doctor continued to come in pumping medicine. Every time I was just pumping medicine, pumping medicine. Finally, it was about four or five came in surrounded the bed and I said, "Well, what's going on?" And one doctor said, "Well, we are debating on whether or not we should go and do surgery. I said, "What do you mean you're debating?" "Do what you have to do." "Let's take care of this." (Group H)*

- *I think that healthcare... Some people say it's because we are minorities, and we didn't get served on the wrong side of the tracks. I don't know. But I know what I got served and I don't think no one deserves that kind of treatment. I just don't. (Group H)*

- *It's important. It was important to me. Not, it was mainly important, because I wanted a physician who could relate to some of the things that I was dealing with. Obviously different races have different issues. So, it was important for me to be able to talk to a doctor who could relate to some of the things that, the health issues that I had. (Group H)*

- *Be there to listen and help people, whatever they need. To have someone to talk to. (Group H)*

➢ Lack of complete understanding of mental health-related problems exists for culturally and socially diverse groups and substandard treatment experiences for racial minorities.

A significant number of respondents addressed their experiences in navigating behavioral healthcare systems. Respondents reported that individuals with mental health issues are still frequently stigmatized and don't feel they have the ability to change the system so that it is more responsive to their needs. Many felt that they were not being heard by their therapist or practitioner and levels of mistrust of the system persist. Several respondents spoke about their difficulties in coping with personal mental health trauma, while others

addressed their resilience in carrying on with their lives despite the stress of mental health problems.

Several participants identified a link between their mental health issues and increased levels of substance use, particularly alcohol and marijuana. Our respondents elaborated on the impact of these issues in their lives commenting:

- *In my opinion, mental health is actually almost a hard word to bring to the society itself. Even for any other diseases, I feel like mental health comes off. Or if you're in the right state of mind, then you can make good decisions or wrong ones depending on your state of mind. So, I think it's very important. It should be the first in my opinion. (Group F)*

- *I think education, educating people more in terms of mental health issues and actually having resources for them and making it more accessible is important. (Group F)*

- *I personally, honestly, at a point I almost felt like a failure or something like that because I'm used to, I have a routine, things I do. So, when I was not able to, not that, my wife was working, but I just felt like I was like, I'm just here doing nothing. So that made me more depressed. But I guess as a man sometimes we have a bad habit of keeping things in there. But I think I was depressed. I didn't know it then, but thinking about it now, I think I was really depressed. I wasn't able to provide for my family the way I should, and the sense of guilt and all this other stuff just with it. But I guess that's life, Okay.(Group F)*

- *Would you also call that mental illness then, or mental "dis health," mental illness, right? So now you're talking about degrees of illness. It could be anything from, I'm sad today to schizophrenia. (Group B)*

- *I mean my mental health has gotten a lot more stable since then. I mean of course everybody has their trials and everything, but it got me to where I can cope with a little bit better. Try to understand somebody instead of just pushing them off. (Group B)*

- *I was nuts before I thought I was really irrational. I didn't figure out my family, my kids. I was really impatient when I was supposed to stay at home with them and deal with them a little bit more. I started to understand them a little better. And my mindset, I started to learn my kids. I started to learn my wife; you know what I mean? Even though them big fights and people were at each other's neck, sometimes things are things that have to be done to get to a rational middle state. (Group B)*

➢ Lack of complete understanding of mental health-related problems for culturally and socially diverse groups and substandard treatment experiences for racial minorities… Cont'd

- *I started smoking more marijuana a lot because I was at home. (Group B)*

- *Right before Covid I had to you know what I'm saying, started a life of recovery, because I was an alcoholic so I know I couldn't drink. Especially because I was stuck at home, so that was my refrain from drinking. But when it left and everything got kind of bad, I started drinking again. You know what I mean, what it depends on? (Group B)*

- *It's not talked about enough. I think when we talk about mental health, we'll talk about those who aid us in mental health. I think it's been heavily stigmatized, to say that you have a therapist means that you have to have gone through something where you just broke down or such and such, lost it. You know what I mean? Or that type of thing. That's when we start talking about mental health versus it being as simple as I go to the doctor once a year for a checkup or I go get my teeth cleaned every six months. But it's not talked about to say that I have a counselor, I have a therapist that I see however often in order just to help make sure that I'm in the healthy mental state, that I'm doing that check in. It's usually after there's been some kind of a crisis where it kind of gets talked about or you get some form of a crisis. (Group C)*

- *I think there's just such a misunderstanding or lack of education and understanding about what therapists even do or what that it can be just skill, learning skills or problem solving or a specific concrete issue to work through. Or that there's like 400 different kinds of therapy or that there's some that is very prescriptive and it's for a very specific kind of experience or whatever. There's just such a lack of education in exposure to it. Unless it's like the worst or the worst because that's usually the only time you have access to it has to get to a certain point or you have to be in a certain level of acuity or severity. And it's like if you had it on a little bit more of a preemptively or a little bit more "preventative-ly" before it rises to that occasion, probably be a lot less disruption in a community. (Group C)*

- *It's such a taboo topic and it's unfortunate that it is because it's still very much something that's 'hush-hush.' Then when things get really, really bad, we don't know. And I lost, one of my parents committed suicide. I had no idea that she had ever struggled ever, at all. No idea. What a shock because in my family nobody talks about it. It's something I did. I*

  would talk about what I do to take care of my mental health because I work a job where I deal with abused children and my wife is the first responder. So, we don't want to bring that home. We work on our mental health. (Group C)

➢ Lack of complete understanding of mental health-related problems for culturally and socially diverse groups and substandard treatment experiences for racial minorities… Cont'd

- *I think they just started taking a different perspective on mental health. They just started noticing mental health issues. So it just became a thing. Nobody really talked about it. Nobody really cared. And we just live life. (Group D)*

- *I just want to say for the record, they don't have enough programs like this with incentives that push and want more people to come learn about things, about mental health. That's what we need. We need more programs like this with incentives to allow us to want to better our own community, better our own health, better our own situations that we have going on. (Group D)*

- *This too shall pass. We have been through crisis forever and we're going to go through crisis until we are dead and in our grave. This too shall pass. We're going to get through it. We're going to live. You either live through it or die. (Group E)*

- *Yeah, I've been going through it off and off for 20 years and for a long time I thought my mental instability was defining who I was because you have some people in that field who label you and they don't really sit down and take time to evaluate you. There are people who have mental instabilities and are the most intelligent people, the biggest assets more than they are liabilities to society. And I think what a lot of consumers including myself were misunderstood. (Group G)*

➢ Covid directly contributed to increased substance use in particular alcohol and social drugs (marijuana).

- *So, my friends decided to do Zoom parties. And I just... I couldn't take it anymore. It was just so horrible just watching them drink their lives away. I did the opposite during the pandemic. I actually quit drinking. (Group C)*

- *I started smoking more marijuana a lot because I was at home. (Group B)*

- *I say my mental health was a little bit distraught because I was one of the victims of losing a job during COVID. I was making real good money, had to move back to Saginaw, Michigan and it was kind of took a big loss. I started drinking a lot just because... I had enough to get me by, but I didn't have enough just to look for a job at the moment. So, I just kind of sat around because I didn't want to be around nobody. I didn't want to be a victim of catching COVID. So, I sat around and drank a lot with one other*

➢ Covid directly contributed to increased substance use in particular alcohol and social drugs (marijuana)… Cont'd

person. So, it hurt my mental state because now I'm drinking, kind of doing something to your mind a little bit. So, I was doing it daily for a while, like getting lit. (Group D)

- *Yep. So, (marijuana) it gives you that mental block from all the problems. You just ain't trying to hear it or you ain't trying to think about it right now. So pretty much put in your own place. You know what I'm saying? (Group D)*

- *I was smoking all things. I'm not going to lie. That's all I do though. It helps with my anxiety and everything. I think that what made it even worse was because I was in the house too though. I wasn't where I didn't need to use it as much because I'm always about doing stuff. I'm out working, I didn't take it that serious at first, but I'm like, all right, I got to be stuck in the house (Group G)*

- *Drugs and alcohol are a temporary fix. It's a temporary fix. If you got a mental health problem, people do drugs and alcohol. I'm not talking about those that's been doing it long. But it is a temporary fix. And I noticed that in churches that, when the pandemic caused everybody to close their churches, I know a lot of people that were going to church, they're not going back yet. They drink now. They're drinking now.(Group A)*

- *Church is not their thing, right now. They're drinking. We haven't given up on them, because I go to visit them, I go talk to them. But that's what's happening to people now? Drugs and alcohol is a temporary, always have been. It's always been a temporary fix for mental health, in our communities. "I'm not going to go see a psychiatrist, or somebody tell me what's going on with me. I'm not telling people my business." So, you go get a drink. You go get your drugs. It's always been a fix. (Group A)*

- *It's an addictive thing that everybody knows. Alcohol is one of the worst addictive drugs that we have here. You know what I mean? So, you do too much of it. Like I said before, it'll destroy your life. It'll destroy your job. It'll destroy how you get up every day. Some guys I know they can't even get up on the day of going to eight through five without smoking some weed in the morning. They got to go to lunch, smoke some weed. By the time they come back, they got to smoke again. They got to smoke again, blah blah blah. These young kids try to use it but just a little bit too much. (Group B)*

- *The weed is just taking over everybody's life. Alcohol has already took over a lot of people's lives. (Group B)*

- *I wasn't abusing marijuana, but I was using it for sure.(Group G)*

- *Yeah. Bring your own bottle and sit in front of a zoom meeting. (Group I)*
- *Ok. I was going to say marijuana is a lot better than alcohol. I think. (Group J)*

Findings: Maternal Health & Infant Mortality Discussion Topic

This special session was convened exclusively with African American female participants to examine issues associated with *infant mortality issues in Saginaw County*. Session participants were screened to represent individuals who had lived experience with losing an infant at childbirth within a year of birth or having a family member or close associate experience the death of an infant child. The session was structured to explore their thoughts about the reasons the high levels of premature infant deaths in Saginaw County, their experience with the healthcare system through the ordeal, and what should be done to better assist women with pre and post pregnancy problems. A separate set of structured questions & protocol was developed to conduct this session (Appendix F).

It is worth noting that special caution was taken to guide the respondents through the discussion in light of the potential traumatic and emotional experience the issue might represent for some participants. Our provisions included having a professional therapist/counselor available to assist participants experiencing anxiety or emotional stress in the session. We need also to note that all of the respondents expressed their immense gratitude that there was an organized effort to listen to their circumstance. For some it represented an opportunity for emotional release and a sharing platform with others who've had the same experience.

Key findings/themes emerging from the listening session include:

- **Communication challenges exist between the minority maternal healthcare patients and service providers, resulting in inconsistent treatment experiences.**
- **Limited and/or lack of post trauma counseling and support exits after premature infant death.**
- **Clients are unaware of available targeted pre-natal education services for minority women in Saginaw County.**

➢ Communication challenges exist between the minority maternal healthcare patients and service providers resulting in inconsistent treatment experiences.

Listening session respondents described in explicit detail their experiences in participating in both pre and post-natal healthcare services, as well as the moment of delivery of their child. A majority of participants spoke about communication challenges between themselves and healthcare service providers in managing their pre- and post-natal treatment regime. For several women this resulted in what they characterized as a poor or unsatisfactory experience. These findings are represented in the respondents' verbatim comments here:

- *My son was eight months old, and when he was born, he was born in 75, and back then they didn't know much about sickle cell. And when he was born, he had to stay the hospital for a month, but when he came home he had a lot of crisis's, and the people that... Was Covenant now, but at St. Luke's knew about these crisis's, and the last time he had a real bad one his temperature was a 100.4, it was high, and I brought him to the ER, and they put him in some ice and got his temperature down, but they knew of all of this that was going on with him, and they just knew all about it and everything, and after we were not in the ER for] three or four hours, they sent him home.*

  And before I could get home with him, going to Washington, I had to turn around and try to get back because he had gone into some convulsions or something. And when I got back with them, I had called and told them I was back on my way, I didn't go through you all, I just come through the front, running with them. And they had some nurses from pediatric met me in the lobby. And by the time I could get to the lobby to go up to the room where they had him on PEDs, he had passed away. And they knew of his history, why didn't they keep him? And even with how high his temp was, and that robbed me a long time, but I say it's God's will, but I couldn't understand why they didn't keep him right then.

- *The ambulance finally got there, but then when they got there they said, "Well, no, we weren't on call." So, we had to wait 45 more minutes before somebody else came. Finally, the ambulance gets there. I'm just nervous. I'm a wreck because I'm like, "I don't feel..." I'm trying to get the baby to move. He's not moving. We get to... And I don't know if it's the Jaws of Life, or what, but they pry me out the door. I'm still like, "Lord, I need you."*

➢ Communication challenges exist between the minority maternal healthcare patients and service providers resulting in inconsistent treatment experiences… cont'd

It was just, one minute we're happy, we're going down the road, going to get this cake, and the next minute we're in this accident, and I don't feel nothing. So, they got me sitting

in the ambulance. We get to the hospital, I'm sitting there and she's like, "How are you doing? How are you feeling?" I said, "I feel like I'm torn up. I don't know, something's wrong with the baby." And she said, "Well, we're going to hook up right now." So, they started putting these monitors on me, and I know the procedure because I'm overweight, so I'm like, "Okay, okay, which way you want me to turn? Okay, do you want me to help you? Okay, I can help raise up my stomach."

And then they are looking for the heartbeat, and then finally they find the heartbeat, and I'm like, "Okay, okay, so what now?" She says, "Well, you are going to feel like you've been in my truck." I said, "I feel like that, yes, right now." And she says, "Well, you are going to feel like that for a while." She said, "But you gonna be okay, just take Tylenol." I said, "Well, don't I have a week left before you actually take the baby? It's next week." And so she says, "No, just go to your prenatal appointment, you got one more, right?" And I was telling her, "Yep, that's next week, it's Wednesday." She said, "You should be fine, just take the Tylenol. You're just going to be sore; you are going to have fatigue. You might be tired or whatnot. If anything happens differently, just call your healthcare provider." I said, "Okay, but are you sure?" Me and my husband kept asking, "Are you sure?" I said, "Because I didn't feel the baby kick, and who's to say he's going to be okay? Why we can't just take him early? This is my third child, third C-section." So, she's like, "No, we're going to keep your scheduled C-section." So, I was like, "Okay."

I remember that weekend I was feeling okay, but then again, every now and then I was starting to move, make sure the baby's still kicking and moving, and it felt like to me, he was. So, come Wednesday, I went in, and I was still nervous about everything, and I got in there, and the other doctor says, "Okay, do you see? You see his heartbeat?" And we've seen a heartbeat, he was moving, but I didn't know that was going to be the last time I felt my baby. I didn't know this was going to be the last time I felt my baby move inside me.

- *Because if they had listened, maybe he would be here today, but then I get the people saying things like, "What if he had to come and he had to been disformed, or he had had some type of ailment, then you might have not been able to deal with it." But I didn't get to choose that. I didn't get to choose. And I think if I had a choice, I would've said, "Take him now."*

➢ Communication challenges exist between the minority maternal healthcare patients and service providers resulting in inconsistent treatment experiences.

- *After she finds out I had my baby died, instead of her coming in like, "Oh..." Instead of her coming in and consoling me, she goes, "Where's those boots?" They had just took them off so that I could get some air from it. "Where's those boots?" "Didn't I tell you about the boots?" And me and my husband are almost synchronized, and I said, "Get out." That's the first time I've ever had to be mad or angry with someone. But that day I didn't want to see her and let alone hear her say anything negative to me.*

- *Some people say it's because we are minorities, and we didn't get served on the wrong side of the tracks. I don't know. But I know what I got served and I don't think no one deserves that kind of treatment. I just don't.*

- *I struggled with infertility for probably about five years and then I got connected with the doctor who helped us do fertility treatments and then we were expecting twins. Probably about seven or eight weeks, maybe a little bit further into it, I had my first ultrasound. And because it was a twin pregnancy, I couldn't see my regular OB. I had to see a specialist here in the city. And that first appointment, this is my first time ever meeting this doctor. She comes in, they do the ultrasound... And I know it's something... You can just tell; you get the feeling when people are knowing stuff and they're not talking or they're talking to each other and not saying anything to you. The first person came in and was looking at the monitor for the ultrasound and she just kind of abruptly walks out. And she comes back in and she's like, "I got to wait till the doctor comes in." They come in and they tell me that one of my twins, Izah, can't get a heartbeat on him. The next thing she says is, "Well, the good news is you're having a girl." In this same sentence, they're like, "Your son is dead, but the good news is you're having a girl." After that appointment, I was scheduled to continually go back and see the specialist. But there were days where I was just like, "I'm not going." You're having a twin pregnancy or whatever the pregnancy was, you need to go. But I would cancel appointments and I just would not go because... I even told my husband, I was like, "It feels like Dr. Death in there.''*

- *It's like, "Do you have a heartbeat or not?" And so they could never fully tell me if he was alive or not because they couldn't get a heartbeat but it was faint. The last time I went to them, they were telling me that my test for Downs syndrome was positive. I'm probably about 24 weeks. And she said, "I have to strongly advise you to abort pregnancy." And I'm thinking whatever's wrong with this baby or babies, these are my kids, and I don't care what's wrong with them. I'm not aborting a pregnancy that I prayed for five years. I'm not... Whatever my situation is, it'll be that when they're born.*

I requested to see a different facility. My doctor set up something for Ann Arbor. I started driving a couple... an hour or so away every visit twice a week for these visits because they want ultrasounds twice a week. They were still able to get a heartbeat for my son, but it was very faint. And so, they were just like, we can't really tell you what it is. We just have to wait and see. At 30 weeks I'm still doing Ann Arbor, not going back to Saginaw.

➢ Limited and/or lack of post trauma counseling and support after premature infant death.

Several participants identified the lack of post-natal trauma support as a significant issue in their ability to cope with the premature death of their child. Respondents indicated they didn't know where or how to secure the appropriate support they felt was needed. Comments below capture this thought.

- *But there was no follow up. There was none whatsoever. No recommendation, "Maybe you need to see a counselor." Or, "Maybe there's an organization that deals with young mothers losing a baby." "This is information or some resources on this group." None of that. And so, it was...*

- *And so, over the last couple years, one of things that my husband and I have been trying to just get resources like that into the hospitals. We actually brought a children's book about losing a sibling for kids. Because it's just like there's a lot for adults, but there's nothing for kids. We've been trying to figure out how to get that into the hospital. Because we didn't have anything. We had to look for resources. And we have a spiritual background as well. But it was just certain things that just almost like if you*

  haven't experienced it, sometimes you just can't... You can pray and you can help, but it was just like, I need somebody who had gone there who could walk me through it. And I did eventually find someone who had went through that same experience and was able to help me really find peace with it. But as far as literature, I had to look for myself.

- *So, if we can advocate so that the parent won't lose the child, I think that should be the first step, as far as putting some things in place where once that mother finds out that she's pregnant healthcare is... Well, agencies are notified. If there's something through the system where, okay, you got this step. She goes and she finds out she's pregnant, from that moment, then there should be some documentation written up, some numbers.*

➢ Limited and/or lack of post trauma counseling and support after premature infant death… Cont'd

- *I think if there's a counselor that was provided, some type of psychiatrist or something, somebody there to help guide the young mother. Do we want to absolutely take their child away? No, not unless there were a dire need for that. Because it's still that parent, parenting their own child. That's good nurturing, just all over, period.*

- *We got some parenting classes. When I was first pregnant, I didn't know how to take care of a baby. I was in school. I went to those - some of those classes. I went to...*

- *You need to put it out there more, or how we get it in the social media?*

➢ Clients are unaware of available targeted pre-natal education services for minority women in Saginaw County.

There was a strong consensus among the participants that pregnant women need more and better information about available pre-natal education services in the area. Several also strongly urged that these types of services be greatly expanded. The comments below reflect these findings:

- *So, if we can advocate so that the parent won't lose the child, I think that should be the first step, as far as putting some things in place where once that mother finds out that she's pregnant healthcare is... Well, agencies are notified. If there's something through the system where, okay, you got this step. She goes and she finds out she's pregnant, from that moment, then there should be some documentations written up*

- *But that is the critical issue to me. How will they get the information to the prospective moms and then with a person that they can trust they're getting the information from.*

- *I think something, what's an issue sometimes is at first finding out that you're pregnant, and then a prenatal care that should be already discussed and provided those things that as needed during the first stages of pregnancy. And sometimes younger mothers and then mothers in general are not educated on that. Or doctors fail to make sure that they have those things, that they have access to as far as the prenatal pills and making sure those prescriptions are provided and that they know where to go get those things to help with the nurturing of the baby.*

- *We got some parenting classes. When I was first pregnant, I didn't know how to take care of a baby. I was in school. I went to those - some of those classes.*

➢ Clients are unaware of available targeted pre-natal education services for minority women in Saginaw County… cont'd

- *I think it's critical that we get that clear, because lack of information is a big critical part . I know the doulas are coming. Doulas, as she told you, support you right through the birth of the baby and for another year. I think that's going to help some of that. But that is the critical issue to me. How will they get the information to the prospective moms and then with a person that they can trust they're getting the information from. That sounds like something you really need to work on. Those doulas need to be people from the community...*

- *You need to put it out there more, or how we get it in the social media?*

- *But that is the critical issue to me. How will they get the information to the prospective moms and then with a person that they can trust they're getting the information from.*

- *I think something... as soon as we know the mother is pregnant, there should be some type of agency where they can go to, regardless if they have insurance or not, so that they're educated on this is a proper way of how you can provide nourishment for your body, as well as the infant as well.*

Recommendations and Conclusions

Racial disparities in healthcare are a serious concern without question, requiring a multifaceted effort to address. In recent years, major healthcare-related events have focused significant attention on conditions that unfairly advantage some and disadvantage others throughout society. Racism and associated biases negatively influence the type and quality of physical and mental health of people, limiting their ability to obtain the highest level of health, consequently, affecting the health of our communities and the nation. In the end, eliminating racial and socio-economic disparities in healthcare will require an extensive and committed effort to address the root causes of the identified disparities. It must be acknowledged that eliminating the disparities is politically sensitive and will be very challenging, in part due to cultural and systemic causes that have perpetuated the problems throughout our nation's history.

Our study largely confirms that Saginaw County disparate trends are consistent with national data/trends. It is important to address the referenced disparities by increasing access to healthcare and behavioral care for marginalized individuals and groups in Saginaw County. In large part, improving the quality of physical and mental healthcare services must ultimately include addressing social determinants of health such as education, poverty, and barriers to adequate insurance coverage. In partnership with our stakeholders and partners, the HEC has assembled a list of recommendations that we feel can be an important part of sustainable solutions to the issues presented here. Our recommendations include:

Cultural Competence Training

Medical and behavioral care providers must be involved in ongoing comprehensive diversity training that is aimed at establishing cultural competency that enhances care and contributes to saving lives. Our year-long examination of disparities confirms the need for this type of training so that practitioners better understand the needs and culture of marginalized groups. A key aspect of this recommendation goes beyond just the commitment to engage in the training, but that other stakeholders and partners identify and/or create local access to quality diversity training toolkits, trainers, and other related resources. This would also suggest that the HEC and partners direct some effort to conducting benchmarking reviews to determine "best practices" for delivering high quality cultural competency training.

Provider Diversity Staffing Initiative

Saginaw County fits a common profile in the lack of diverse healthcare professionals and providers who are representative of the increasing racial/ethnic minorities and other marginalized groups. There needs to be stated goals in the provider community to alleviate this issue. This most certainly is a long-term issue, however attention must be given to recruitment and hiring practices and how we educate and incentivize individuals to pursue careers in healthcare. A starting point could be an annual career fair highlighting careers in healthcare but would also showcase racial, ethnic, and gender-based presenters and sponsors.

Providers who mirror the population profile of the community must represent more than just an idealistic statement, but it must become a reality.

Community Outreach and Education

Our work supports data indicating an ongoing lack of trust in healthcare and a lack of education particularly among minority study participants. Community outreach and the appropriate education can be effective in disrupting healthcare and behavioral care disparities. Organizations and practitioners must understand that addressing the unique needs of diverse groups can mitigate inequities in service delivery.

The value of effective communication in healthcare cannot be overrstated. More importantly, it must be emphasized that we are underscoring the need for targeted cultural and linguistic competence initiatives. In our view this requires that careful consideration must be given to not only the "messaging," but who the messengers are. Credible spokespersons must be a priority. This is not to suggest that people of color or gender orientation can only serve as effective spokespersons, or that whites cannot be contributors to these discussions, but it urges that more attention be given to a diverse pool of credible spokesperson be maintained. While our community tracks national trends associated with disparity issues, we have our own unique set of healthcare issues including high rates of obesity and maternal health issues that require special outreach and

education thrusts. Special attention should also be given to education scenarios that address the lingering social stigmatization of minority citizens with mental health issues.

Social media is a major source of information (education) about healthcare issues and services. A comprehensive plan for targeting different community sectors needs to be constructed. Such a plan would pair respective social media platforms with targeted users to maximize the impact of the communication effort.

Community Partnerships

Healthcare providers must sustain their partnership/relationship with community-based organizations, grassroots citizens, and clients who they serve and other institutions that have the ability to influence healthcare outcomes. These relationships offer needed input in addressing the unique challenges in racially and ethnically based community sectors. Data strongly suggests that these partnerships significantly contribute to the ability of providers to better respond to the needs of their clients and the community. This is to suggest that there needs to be a long-term sustained commitment to working with the HEC. It is strongly suggested that an annual planning retreat be conducted with HEC members to examine progress toward stated goals and objectives, evaluate the state of healthcare in the community, and establish new priorities. To this end, the HEC must encourage and maintain input from grassroots individuals with lived experiences with healthcare providers. On a biannual basis, HEC members should be willing to re-sign a participation agreement affirming their continuing commitment to the HEC.

Policy Review and Reform

Our premise is that there is considerable value in having a diverse stakeholder body engaged in the review and development of policies that address health and behavioral care disparities. The HEC should advocate for policies that foster effective and equitable provision of healthcare services in the community. To this end, the HEC should entertain presentations from providers that detail how services are dispensed with follow-up protocols; how new policies, regulations, and procedures are implemented. Further, the HEC needs to gain an understanding of what policies or regulations are needed to aid the community's ability to eliminate healthcare related disparities.

Client Advocacy and Support

The complexity of the healthcare system is increasingly fragmented with patients trying to access the right provider or seeing multiple specialists scramble to keep track of treatment plans. Confusing medical bills and insurance coverage issues pose challenges to even the best-informed patients. Healthcare advocacy can play an important role in easing the burden patients experience. Our local study effort confirms that many patients need individual guidance and assistance to navigate the system. A healthcare advocate's primary role consists of helping patients access health care, educating patients so they can make well-informed healthcare decisions, and guiding patients through their medical care, insurance questions, and administrative and legal tasks.

Though the many layers of our healthcare system have dictated a need for a range of advocacy assistance, we see a need for well-trained culturally competent advocates who can address the needs of racially and ethnically-diverse clients.

We recommend that the HEC consider developing an advocacy plan that identifies clear community-oriented goals and objectives, target groups and the specific activities to be undertaken, as well as set out stakeholder roles and responsibilities, time frames, expected short-term and long-term outcomes, and available and needed resources.

The advocacy implementation plan should be dynamic and capable of addressing changing national and local needs over time. A dynamic advocacy plan should also be able to respond to newly identified needs for political support and awareness-raising in the community.

Sponsored Community Healthcare Forums

Local community initiated public forums afford residents an opportunity to learn about health issues and healthcare services. Participants in these forums can discuss concerns related to service delivery on the part of providers and confirm those things that are working well in meeting the needs of patients and the community. The HEC needs to work with major institutional healthcare stakeholder organizations to sponsor community forums on an annual basis. A primary purpose for the forums would seek to debunk some of the myths about local healthcare services as well as develop critical input for providers that would be used to guide their decision-making.

Expanding Wellness and Prevention Education and Services

It is commonly accepted that wellness programs and preventive measures lower healthcare costs. There's plenty of evidence to suggest that prevention efforts are also beneficial when it comes to our individual health. Taking proactive steps to secure our personal wellness serves to positively impact our ability to manage our physical and mental health. A culturally responsive wellness and prevention initiative represents a major step toward helping our targeted groups to make the better choices toward a healthier quality of life. We propose that more effort be invested in educating individuals who are part of marginalized groups about the benefits and value of engaging in available local wellness and prevention initiatives. Secondly, we are proposing that the community expand the availability and type of wellness and prevention efforts to include healthy eating, exercise programs, weight control, diabetes management, substance abuse, stress management, health screening, and vaccination protocols. As stated earlier in our recommendations it is important that we have effective culturally competent messaging, but also we ensure we have the right messengers for these efforts.

The HEC earlier this year joined community stakeholders in several events aimed at promoting wellness and prevention. These included the Kappa Alpha Psi Fraternity, Inc. Annual Men's Health Fair, Girl Trek, and a series of local meditation clinics. Going forward HEC should maintain and expand these types of initiatives.

Support for Black Maternal Health

The United States is one of the wealthiest countries in the world, yet its maternal mortality rates are exceptionally high, particularly for Black mothers. According to the Centers for Disease Control and Prevention (CDC), Black mothers are three to four times more likely to die from pregnancy-related complications than white mothers. This disparity exists regardless of education or income level and affects mothers across the country, from cities to rural areas.

The national maternal mortality rate in the United States was 32.9 deaths per 100,000 live births in 2021, according to the 2021 National Vital Statistics System reported by the Centers for Disease Control and Prevention (CDC). In terms of maternal mortality rates by race, the CDC data shows that Black mothers' mortality rate is highest, at 40.8 deaths per 100,000 live births. That's more than triple the rate for white mothers, which was 12.7 deaths per 100,000 live births.

Meanwhile, Black females in Saginaw County have been identified by the Michigan Department of Health and Human Services as having one the highest rates of infant mortality in the state of Michigan.

The causes of Black maternal health disparities are complex and multilayered, ranging from inadequate access to health care, to discriminatory treatment by healthcare providers, to systemic racism.

The Kaiser Family Foundation provides a comprehensive overview of the racial disparities in maternal mortality and infant health in the United States. Key statistics highlighted in the November 2022 article include the following:

- Black mothers are three to four times more likely to die from pregnancy-related complications than white mothers.
- Black infants are more than twice as likely as white infants to die before their first birthday.
- Indigenous mothers and Alaska Native mothers also experience higher rates of maternal mortality than white mothers.
- Maternal mortality rates have been increasing in the United States, with Black mothers experiencing the highest rates.
- Black and Indigenous mothers are more likely to experience preterm birth and low birth weight infants.
- Black mothers are more likely to experience pregnancy-related complications, such as preeclampsia and eclampsia (seizures associated with pregnancy).
- Black mothers are less likely to receive prenatal care in the first trimester of pregnancy.
- Discrimination and bias in health care can contribute to these disparities, as well as factors such as poverty, inadequate access to health care, and chronic stress.

The Kaiser article emphasizes the urgent need for action to address these disparities, including policy changes to improve access to health care and reduce systemic racism and bias in health care, which could significantly improve Black maternal health outcomes.

Against this background and the information obtained from our listening session with Black mothers, the HEC in partnership with key stakeholders must take steps to educate the community about the seriousness of this issue. In addition, the HEC must advocate for direct support for Black mothers during pregnancy, childbirth, and the postpartum period. It includes the physical, emotional, and social well-being of mothers as well as the health and survival of their infants. It is a crucial aspect of public health that affects not only the health of mothers and their children, but by extension, community health.

An initial local step has been launched with the implementation of Great Lakes Bay Health Center's Doula program that recruits and trains local individuals to provide emotional, physical, and informational support to new and expectant parents before, during, and after birth. This must be a sustainable initiative over the next several years to assess its effectiveness.

APPENDIX A: HEC LISTENING SESSION DEMOGRAPHIC SURVEY

Please provide answers to all of the questions below. You are not required to answer, and you can continue with the listening session even if you do not answer some of any of the questions. Please DO NOT put your name on this document. Please circle or write in your answer.

<table>
<tr>
<td>1. What gender do you identify with?
a. Female
b. Male
c. _____
d. Prefer not to say</td>
<td>2. Please provide the year you were born.

a. Year _____</td>
</tr>
<tr>
<td>3. Please specify your ethnicity
a. African-American or Black
b. American Indian or Alaskan Native
c. Asian
d. Caucasian or White
e. Hispanic/Latino
f. Middle Eastern or North African
g. Native Hawaiian or other Pacific Islander
h. From multiple races
i. Some other race (please specify)
_____</td>
<td>4. What is the level of school you have completed or the highest degree you have received?
a. Less than high school degree
b. High school degree or equivalent (e.g., GED)
c. Some college but no degree
d. Associate degree
e. Bachelor degree
f. Graduate degree
g. Other _____</td>
</tr>
<tr>
<td rowspan="2">5. Which of the following categories best describes your employment status?
a. Employed full-time (40+ hours a week)
b. Employed part-time (less than 40 hours a week)
c. Unemployed (currently looking for work)
d. Unemployed (not currently looking for work)
e. Student
f. Retired
g. Self-employed</td>
<td>6. How much total combined money did all members of your household earn in 2022
a. Below $10,000
b. $10,001 - $25,000
c. $25,001 - $50,000
d. $50,001 - $100,000
e. Over $100,001</td>
</tr>
<tr>
<td>7. How many people make up your household?
a. _____</td>
</tr>
<tr>
<td>8. Please tell us the zip code where you currently reside.
a. _____</td>
<td>9. What language do you mostly speak at home?
a. _____</td>
</tr>
</table>

APPENDIX B: HEC LISTENING SESSION INTERVIEW GUIDE …CONT'D

(Invite participants to enjoy refreshments prior to the start of the session)

1. **Welcome & Introductions of Facilitators (2 minutes)**

   Thank you for accepting our invitation to participate in this discussion today. My name is _____. I will be one of the people facilitating our discussion today. Joining me is _____, who will serve as co-facilitator. Essentially, we will be asking you some questions and introducing some topics for you to respond to. Our job is to make sure that everyone has an opportunity to offer their input to the topics being discussed. There are several different techniques and tools we will be using to make sure we capture your thoughts. Just a reminder that the session is scheduled to go between an hour and a half and two hours. We have a hard stop at two hours so please know you will not be here any longer than that! We will take a break of about an hour or so into our discussion. By the way at the end of the session we will give you a $50 Gift Card to express our gratitude for your participation.

2. **Overview of Listening Session Objectives & Ground Rules (5 minutes)**

   Now let's be more specific about what we will be talking about today. A number of people in the Saginaw County community have observed and talked about difficulties with many health areas. Some of these include obesity, mental health and substance use, infant and maternal health, and COVID. You are here because you have indicated that you have some experience or opinions about these issues. For the purposes of this discussion let me explain the different topics we are going to be talking about today:

   COVID-19: We are going to ask about your experiences with COVID and the vaccine.
   Obesity: We are going to ask you about what obesity means to you and about healthy living
   Infant and Maternal Health: We are going to ask you about babies and pregnant people – even if you don't have children or know someone who is pregnant, we want to know some things about what you know about both.
   Mental Health and Substance Use: We are going to ask about the effect COVID has had on how you feel about yourself and your community.

   We want to understand your experiences and what you feel needs to be done to help you and your community regarding these issues. We know that some of what we will be talking about today is sensitive and personal for some of you. You might decide you don't want to talk about those things and that is OK. Just know that your thoughts are important to us.

   We want you to keep in mind a few basic rules while we talk together today:
   - We need everyone to be an active participant. Talk to use, give us your thoughts.
   - I'm requesting that you please raise your hand when you wish to comment.

APPENDIX B: HEC LISTENING SESSION INTERVIEW GUIDE …CONT'D

- There are no "right" or "wrong" answers. Please respect everyone's right to have an opinion. You may disagree with someone else's statement. That's ok.
- Speak freely but remember not to interrupt others while they are talking.
- Our note taking is for reporting purposes only and will be used for analysis. Names are not attached to the notes.
- We are conducting several of these sessions over the next few weeks. All information gathered will be analyzed to determine common themes and prepare recommendations to improve health quality in Saginaw County.
- All feedback will remain confidential. In order to protect confidentiality, I ask that anything that is said during our session is not repeated outside of this meeting.

3. Secure Participant Signatures on Consent Form (10 minutes)

In the interest of transparency and accountability we believe that informed consent is an important part of completing this work. We are not here with any intent to deceive or coerce anyone into participating in the discussion. You are doing so voluntarily. We firmly commit to protect your anonymity and protect the integrity of the information being collected. Thus, we are respectfully requesting that you sign the consent form after we read it to you.

- Pass out consent forms to all participants and then read the form it its entirety.
- Ask all participants to sign the consent form after you have read it and answered any questions.
  - Any participants who choose to not sign the form will be asked to leave using the following statement:
    - Thank you for coming this far with us. We completely understand your wish not to sign the consent form. We ask that you now please excuse yourself from the listening session so that we can continue.
  - If a participant is reluctant to leave, the second facilitator can take the participant to the side to discuss concerns and assist the individual to leave the space.

4. Participant Completion of Demographic Survey (5 minutes)

We have one more piece of business to get out of the way before we start with introductions. We are passing out a card that includes questions about you. Please do not put your name on the card. We would like to know something about those of you who choose to participate in this listening session. Please complete the questions and drop the card in the drop box near the door before you leave. As it says at the top of the card, you do not have to answer any of the questions. I will quickly go over the questions on the card and answer any questions you have about it.

APPENDIX B: HEC LISTENING SESSION INTERVIEW GUIDE …CONT'D

5. Participant Self-Introductions (5 minutes)

Let's get started. We want to go around the room and have everyone introduce themselves. Please tell us your first name only. Please also share your favorite ice cream flavor.

6. Discussion Topic #1: Explore COVID-19

TRANSITION: Over the last three and a half years we have all experienced some very difficult events. The pandemic has had an impact on all of us in different ways, most of it negative. We have experienced personal or work-related challenges and difficulties. I know that {provide a personal story about COVID here} [I have lost friends to COVID before the vaccine was available. I know that my mom is still having symptoms from when she got sick with COVID months ago]. So, what I want to ask all of you is

a. Briefly describe your personal experience with the COVID-19 pandemic? How specifically did COVID affect you?
    i. Probes:
        1. Tell me more about that.

We have heard from the group about your COVID experiences. Some of you have mentioned the vaccine. I'd like to talk more about that now.

a. By show of hands, how many of you have taken the vaccine. By show of hands, how many of you were very reluctant to take the vaccine? Please share your reasons for your reluctance.
b. Describe your personal experience been with the COVID vaccine?
c. Whether or not you got the vaccine, what had led you or people you know to get the vaccine or not?
d. How has your opinion about the COVID vaccines changed over time?
e. How many of you experienced barriers or problems in trying to get the vaccine? Tell us what specific problems or barriers did you encounter in trying to get the vaccine?

To wrap up this section, all of the rest of the sections will include questions like this, I would like to know

a. In general, where or how do you get information about COVID?
    a. Stated another way – Do you have a primary person or information source you go to for information about COVID? Please share with us who or what it is.

APPENDIX B: HEC LISTENING SESSION INTERVIEW GUIDE …CONT'D

7. Discussion Topic #2: Obesity

Now I would like to move to the next topic, obesity. Data indicates that Saginaw County has the highest rates of obesity in the State of Michigan? About 75% of our population is obese. With that information I would like to know

a. What does the word obesity mean to you? (Probe: How much over your recommended weight do you have to be to be defined as obese?)
    a. Probes
        i. Is it the same as "overweight"?

To continue our discussion let's have consensus agreement on the definition of obesity. (Facilitator should try to identify the definition closest to the actual definition of obesity – extremely fat or overweight}?

Now that we have established a common definition of obesity, I have a few more questions for you.

a. On the piece of paper in front of you take a moment to write down three health issues that you feel are directly related to being obese. What did you write down?
    a. Probes
        i. Answers about feelings – reframe to mental health.
        ii. Answers with unclear definitions (ex. Someone says "sugar") ask for clarification.
b. Describe what you feel a healthy meal should consist of. How did you arrive at this thought?
    a. Probes
        i. What is included in a meal that is healthy?
        ii. Are there other things that are healthy, even if you don't eat them all of the time?
c. How many of you feel you eat a healthy meal less than 25% of the time, how about less than 50% of the time, and how about more than 50% of the time?
d. In your household who is the primary decision-maker concerning what you eat on a regular basis?
e. Where do you get the majority of your food from?
    a. Probes
        i. When you shop or when someone in your family shops for food, where do they go?
f. What does physical activity mean to you?
    a. Probes
        i. Do you consider physical activity, movement a form of exercise?
g. Describe what type of physical activity or exercise do you engage in and how often?
h. How do feel COVID has impacted our ability to cope with problems related to obesity?

Finally, I am going to end this section the same way I did the first one

a. In general, where do you get information about obesity, healthy eating, and exercise? Do you have a primary person or information source you go to for information about these issues? Who?
    a. If there is more than one place (say you get information on obesity in one place and exercise in another) who or what are they?
    b. Let's put together a list of five recommendations you feel will **really** help to improve the obesity problem in Saginaw County. What should be on our list?

8. Break – 10 minutes – You have been doing great! Thank you so much. Let's take a 10-minute break. We have two more topics to cover before we are done.

9. Discussion Topic #3: Mental Health & Substance Use

This is the last area of discussion for this session. It is generally understood that COVID has helped to expose disparities and the need for greater behavioral or mental healthcare and substance abuse services. We want to take just a few minutes to talk about your perceptions of this situation.

a. By show of hands, how many of you have direct experience seeking our participating in behavioral or substance abuse healthcare services in Saginaw County? How many of you have a family member or close relative or friend who has sought or participated in mental or substance abuse healthcare services?
b. Please list the top three problems or issues you feel hamper the ability of individuals in the area to get quality mental and substance abuse health services.
c. Now, based on what you've experienced or understand about the situation what do you feel are the primary reasons for minority individuals experiencing more issues securing mental health and substance abuse health issues.
d. Now, let's close out this discussion with the same question you heard earlier. Do you have a primary person or information source you go to for information about mental and substance abuse health issues? Who/What is that?
e. Once again, let's build our list of at least 5 recommendations you feel will help to address mental and substance abuse health services in the area. What is the first thing we should do? Next?
f. In your view how important is it that there be more access to minority service providers to address problems with mental and substance abuse health services issues in this area? By show of hands how many say it is not important, how many say it is somewhat important, how about very important? (Probe to see if transportation, fear, availability of education materials are also issues)

10. Closing

Let me offer you one last opportunity for you to say anything else about any of our topics. Does anyone have another important thought they want to share with us now.

APPENDIX B: HEC LISTENING SESSION INTERVIEW GUIDE ...CONT'D

I want to thank you very much for taking the time to participate today. The sharing of your experiences will greatly assist us in our overall goal of improving healthcare services in Saginaw County.
Over the next few weeks, we will be reviewing and analyzing the information we've captured from our discussion today. Ultimately it will be included in a report (all input is reported anonymously) that will be shared with the Saginaw County Community.

Please remain with us for a few brief minutes while we distribute the gift cards mentioned earlier. Thank you all so much for your time.

APPENDIX C : HEC LISTENING SESSION PARTICIPANT CONSENT FORM

INFORMED CONSENT

Community Input to Promote Healthy Minds and Bodies in Saginaw County

Principal Listening Session Leader: Health Equity Council of Saginaw County

Facilitator/Interviewer: _____ _____
(Print name) (Date)

You are invited to participate in a community-engaged discovery process for the purpose of:

- Addressing social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved.

If you agree to be a part of the listening session, you will participate in a recorded group interview. You will be asked a set of questions related to your background, and a series of questions about your experiences on four topics: COVID-19, obesity, infant and maternal health, and mental health and substance use. The listening session will conclude after you have had the opportunity to offer your insights. You will receive a gift card for completing the listening session.

Benefits of the Listening Session: This listening session will provide a deeper understanding of the lived experiences of people and groups in Saginaw County. The knowledge gained from this listening session will contribute to future policy adoptions and funding priorities.

Confidentiality: Your participation in this listening session is confidential. Your name will not be associated with direct quotes from your participation. Records will be kept secure and strictly confidential. In the event of a publication or presentation resulting from the listening session, no personally identifiable information will be shared. Only your facilitators and trained Health Equity Council personnel will have access to any identifying information provided by you.

Compensation: $50 Gift Card

Participating in this interview is voluntary. You may change your mind at any time. You may choose not to respond to any interview question or stop the interview for any reason.

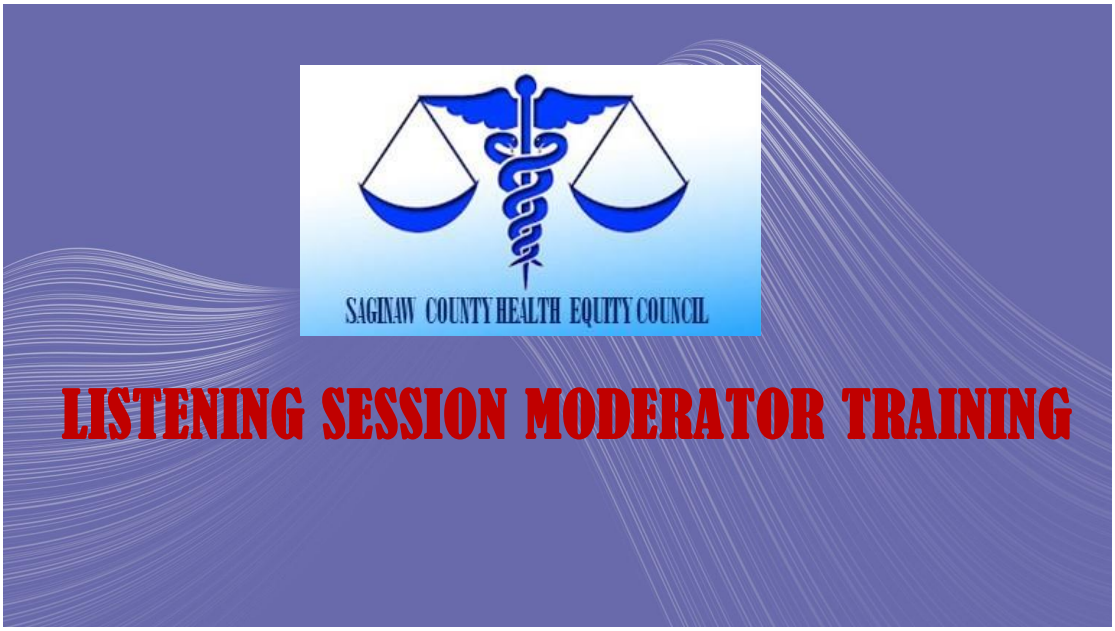
Please sign below to indicate your consent for participation in the listening session:

I _____ consent to participate in a recorded listening session and to have my contributions included in the Community Input to Promote Healthy Minds and Bodies in Saginaw County results.

Interviewee: _____ _____
(Signature) (Date)

If you have questions about this research study, please contact Ms. Joyce Seals at 989-472-6128

APPENDIX D : HEC LISTENING SESSION FACILITATOR TRAINING PRESENTATION



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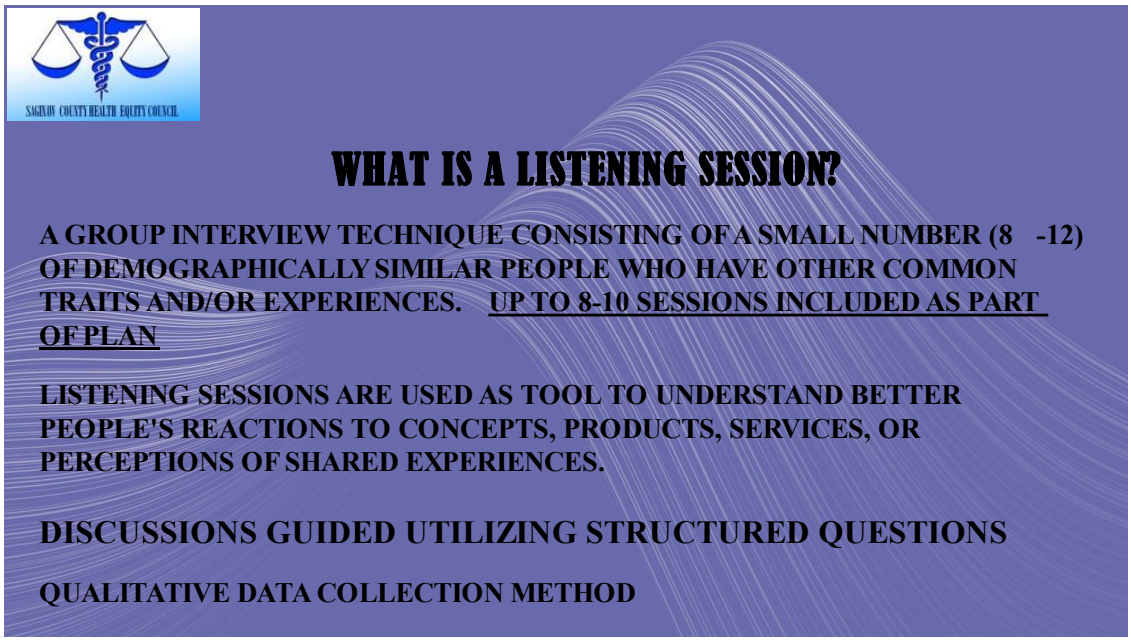
APPENDIX D : HEC LISTENING SESSION FACILITATOR TRAINING PRESENTATION… CONT'D



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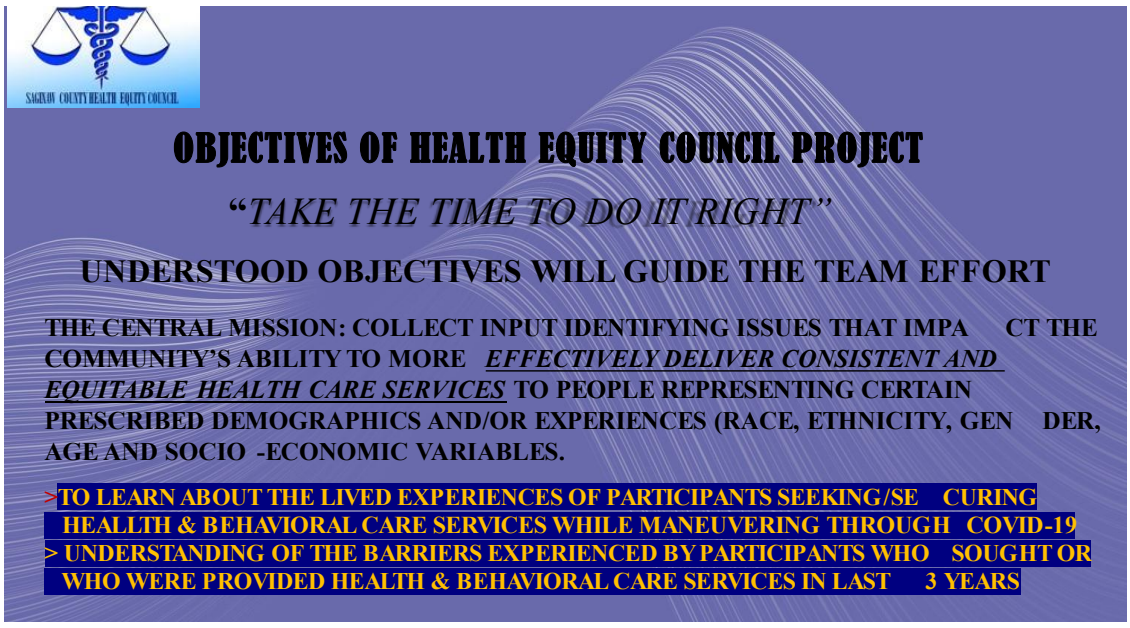

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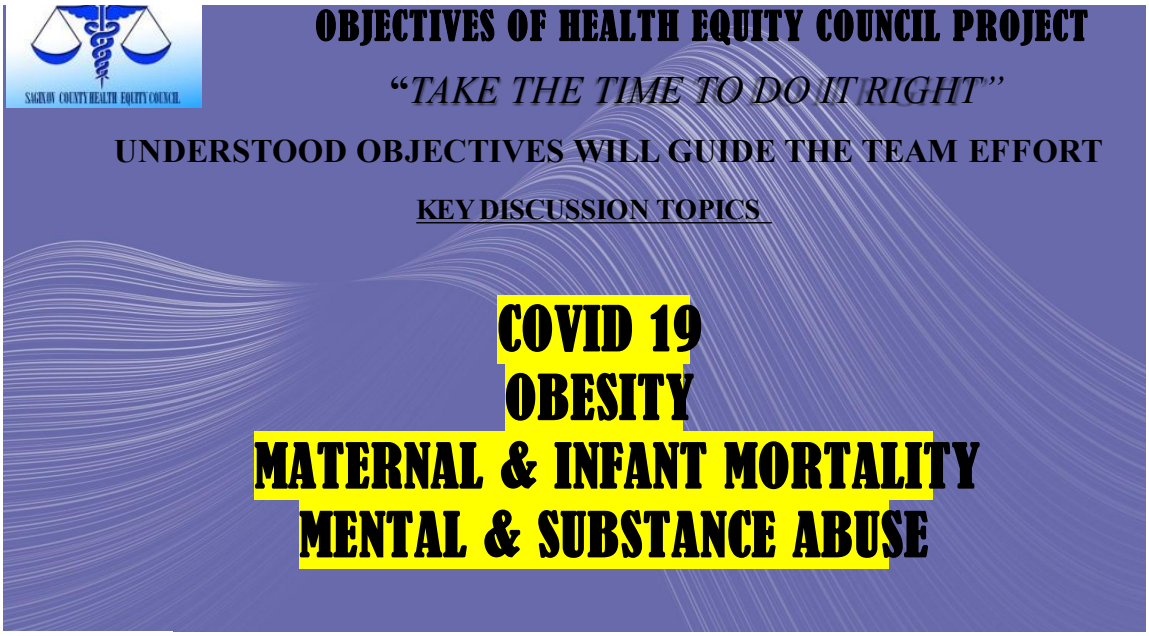
APPENDIX D : HEC LISTENING SESSION FACILITATOR TRAINING PRESENTATION… CONT'D



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APPENDIX D: HEC LISTENING SESSION FACILITATOR TRAINING PRESENTATION… CONT'D

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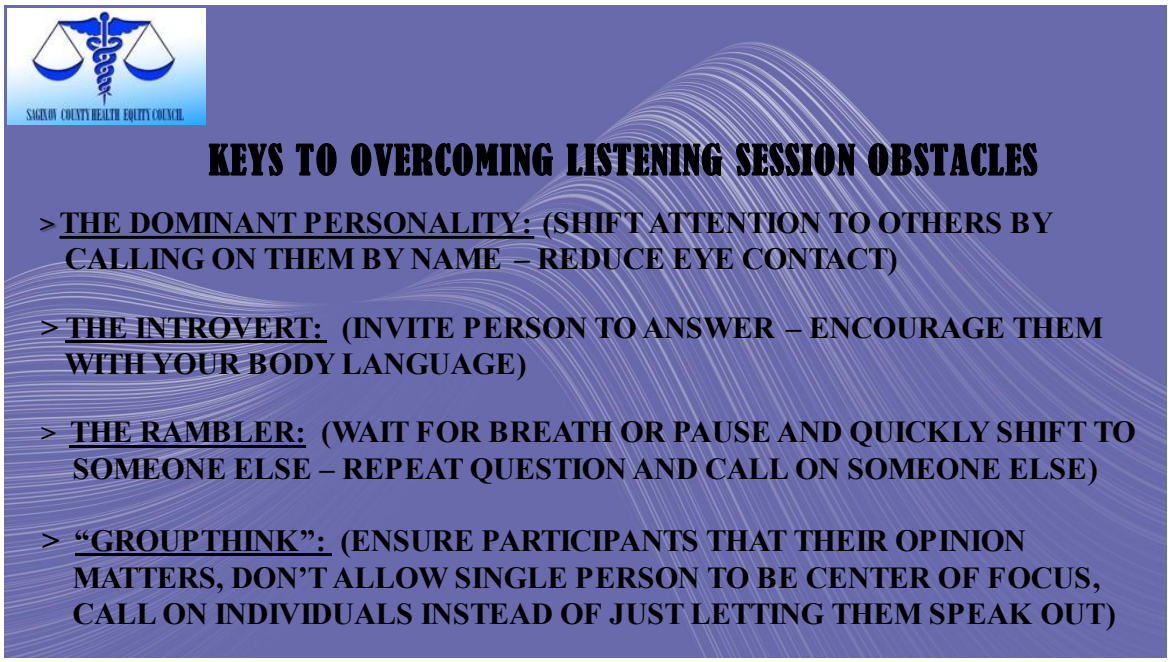
APPENDIX D : HEC LISTENING SESSION FACILITATOR TRAINING PRESENTATION… CONT'D



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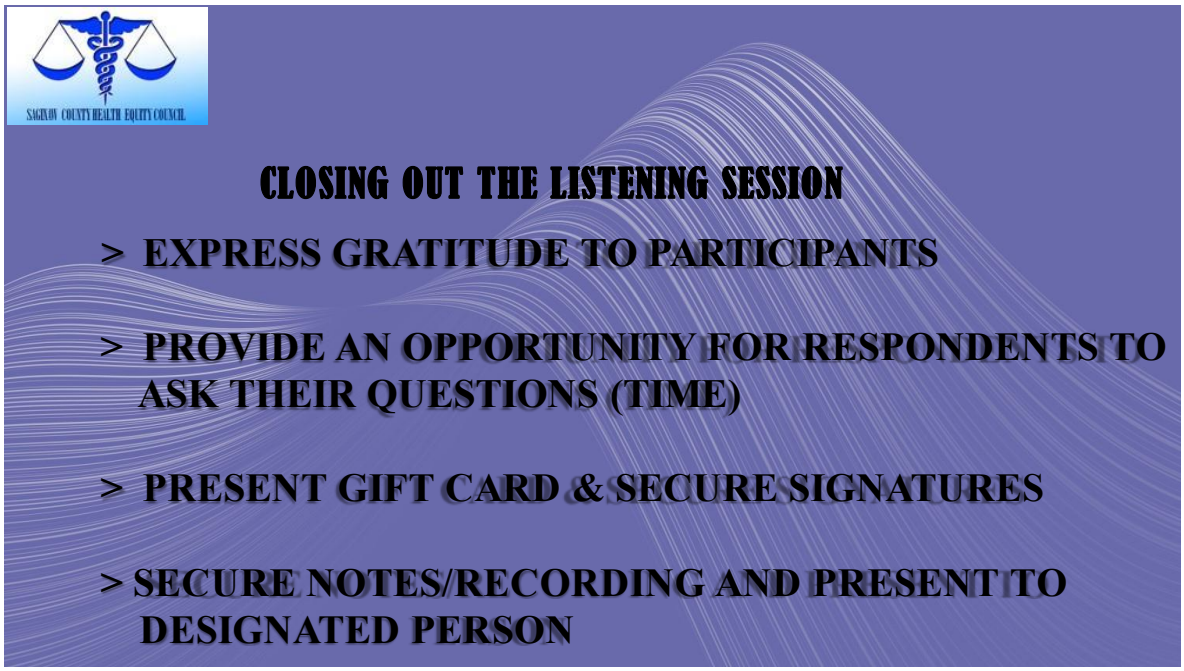

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APPENDIX D : HEC LISTENING SESSION FACILITATOR TRAINING PRESENTATION… CONT'D

Slide # 13

APPENDIX E : HEC CODING TEAM TRAINING PRESENTATION

Slide # 1

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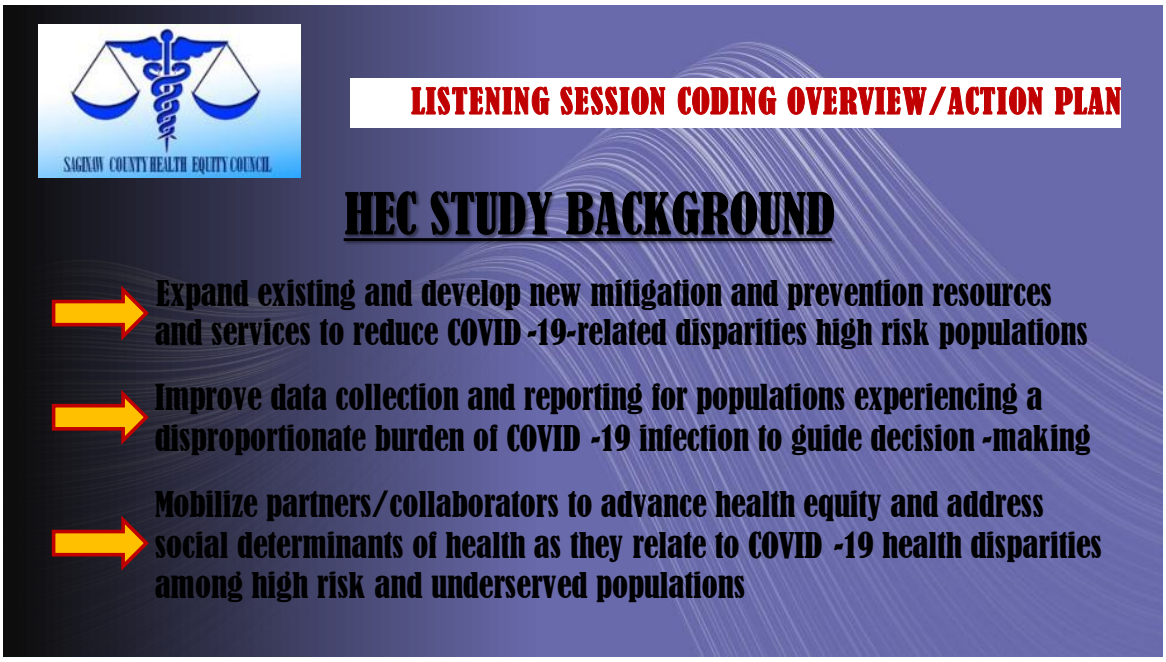
APPENDIX E : HEC CODING TEAM TRAINING PRESENTATION… CONT'D



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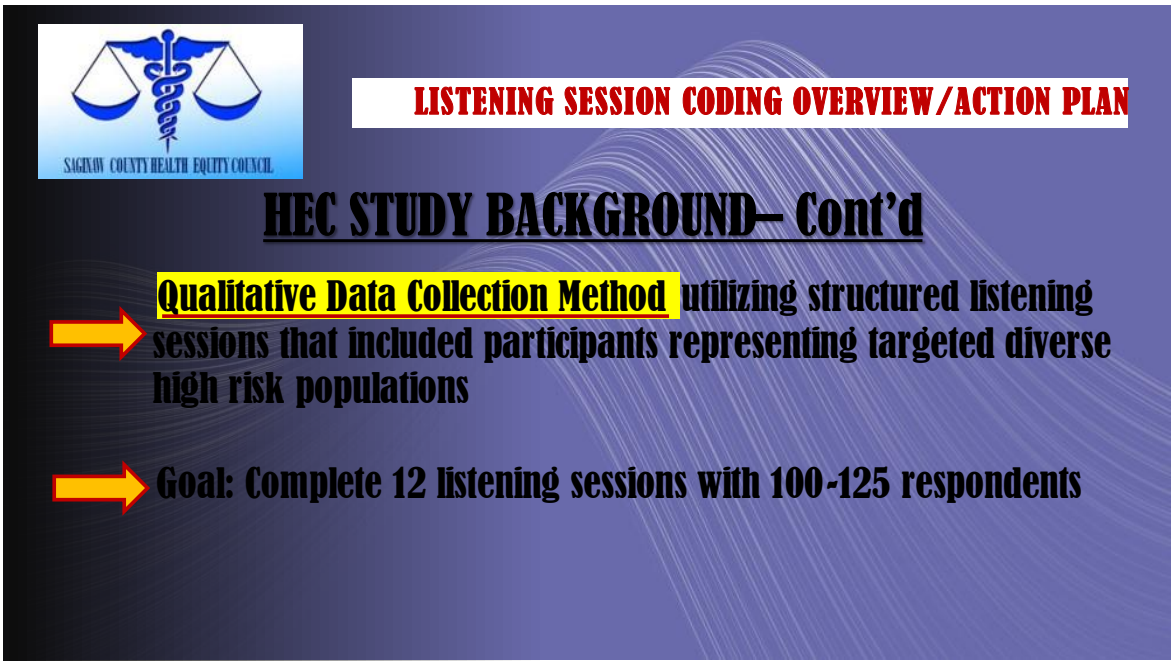

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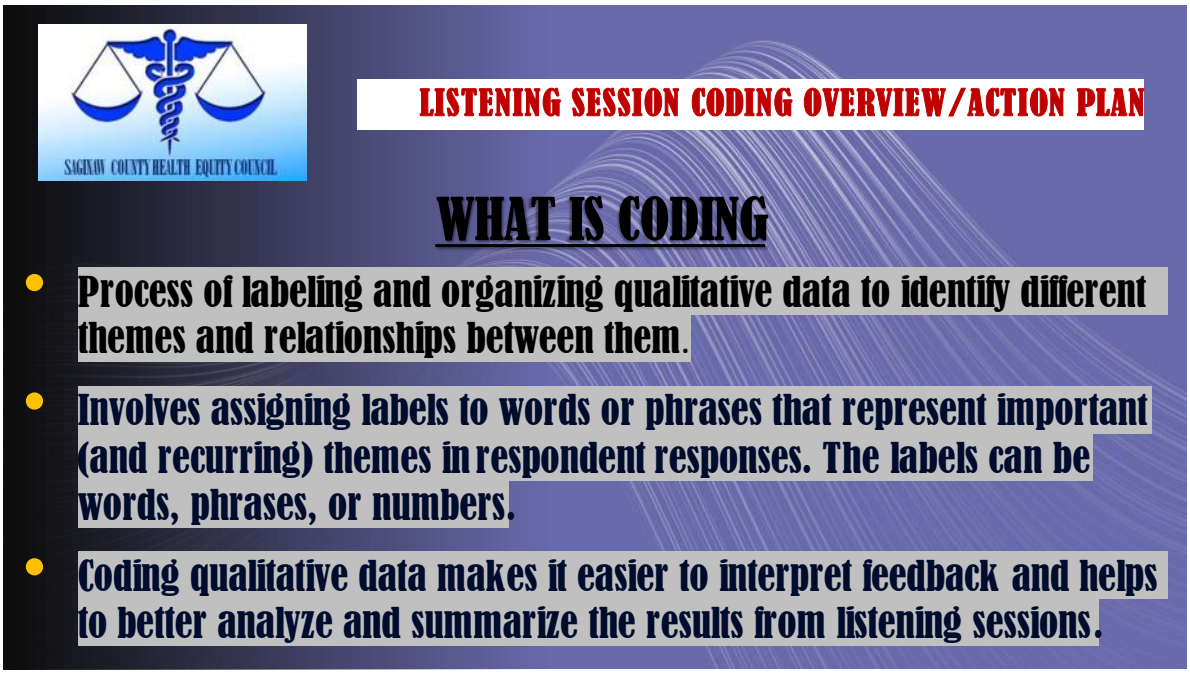
APPENDIX E : HEC CODING TEAM TRAINING PRESENTATION… CONT'D



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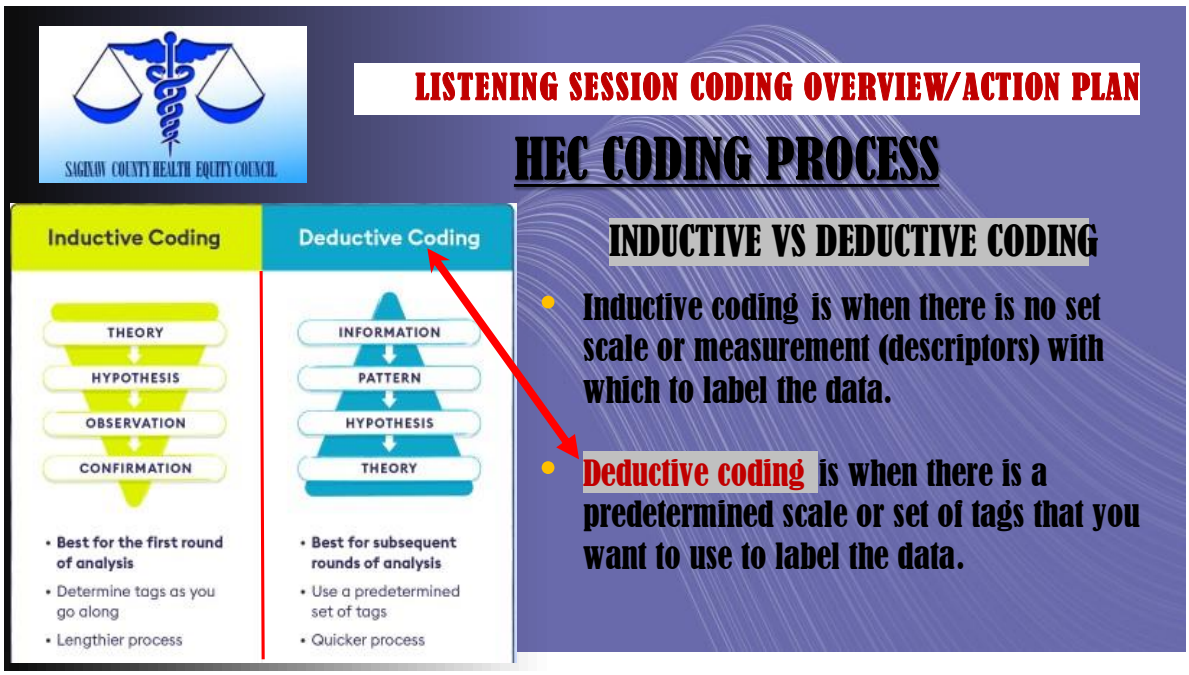

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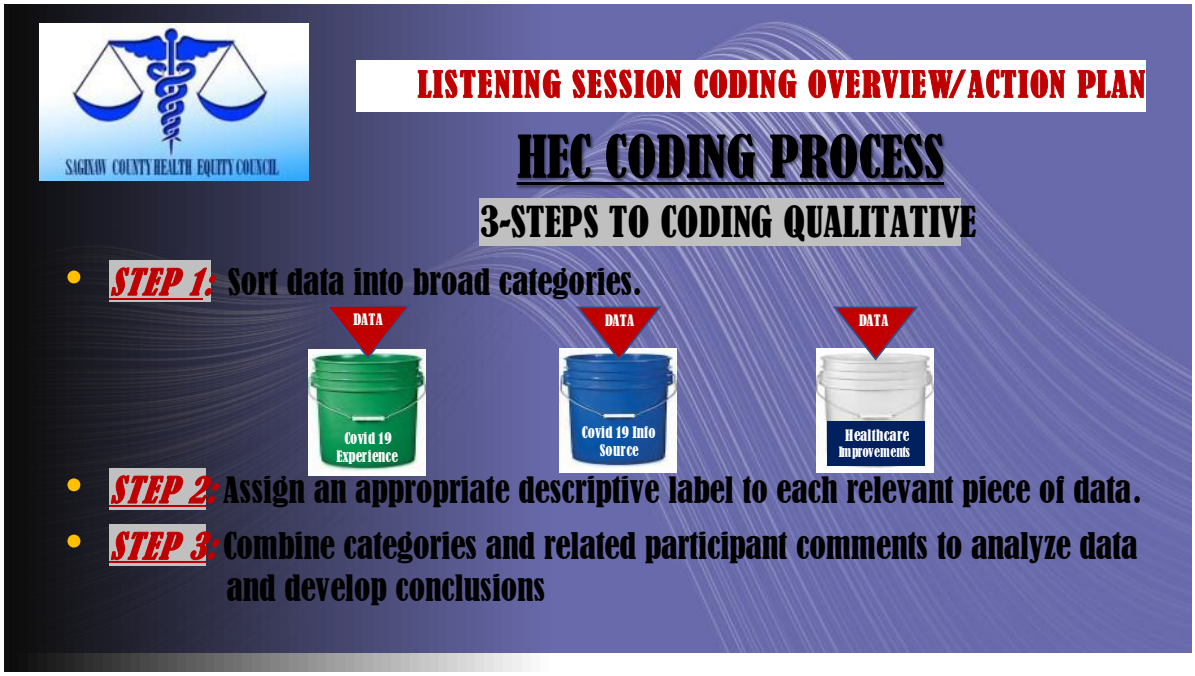

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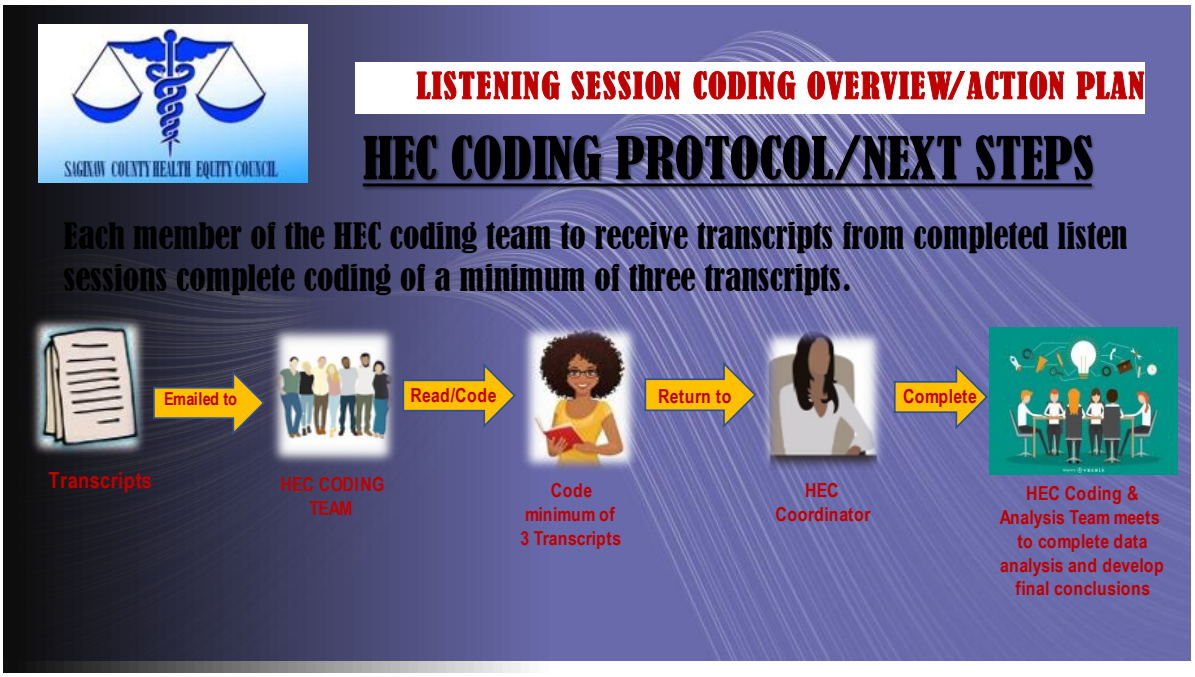

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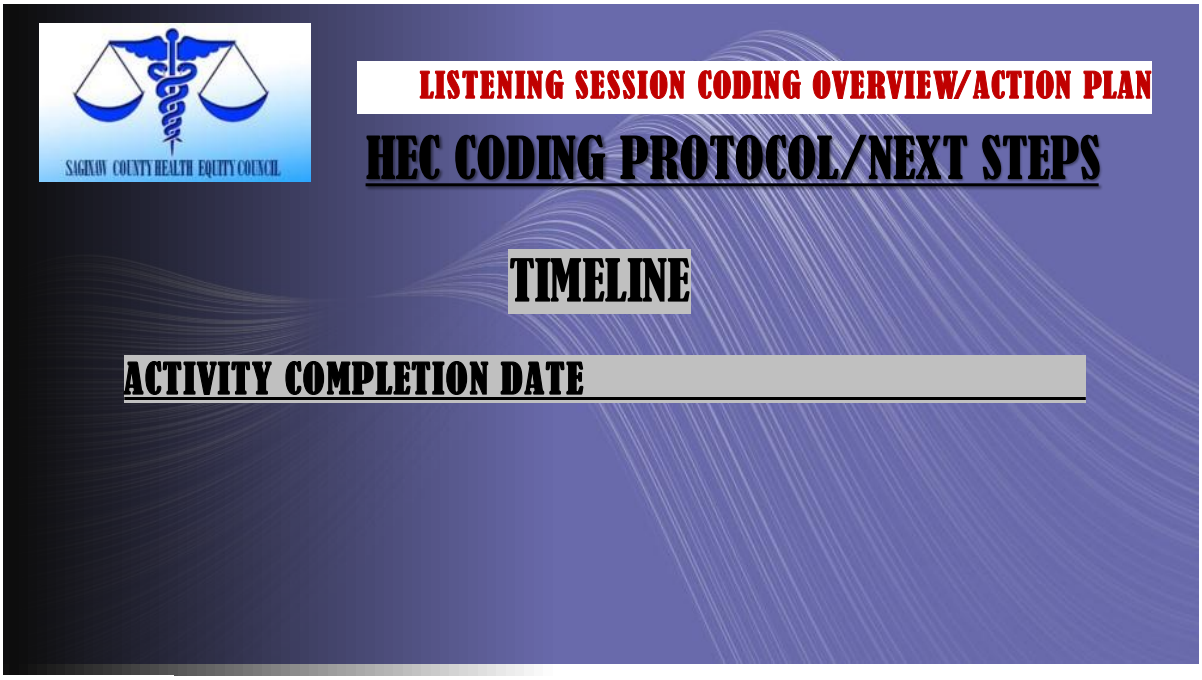
APPENDIX E : HEC CODING TEAM TRAINING PRESENTATION… CONT'D



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APPENDIX F : HEC MATERNAL HEALTH LISTENING SESSION PROTOCOL

Listening Session Discussion Guide

(invite participants to enjoy refreshments prior to the start of the session)

11. Welcome & Introductions of Facilitators (2 minutes)

    Thank you for accepting our invitation to participate in this discussion today. My name is _____. I will be one of the persons facilitating our discussion today. Joining me is _____, who will serve as co-facilitator. Essentially, we will be asking you some questions and introducing some topics for you to respond to. Our job is to make sure that everyone has an opportunity to offer their input to the topics being discussed. There are several different techniques and tools we will be using to make sure we capture your thoughts. Just a reminder that the session is scheduled to go between an hour and a half and two hours. We have a hard stop at two hours so please know you will not be here any longer than that! We may take a short break about an hour or so into our discussion.

    I would also like you to know that I will be reading quite a bit of what I have to say. This is to make sure that I don't miss anything and that I ask all of the questions we have.

12. Overview of Listening Session Objectives & Ground Rules (5 minutes)

    Now let's be more specific about what we will be talking about today. A number of people in the Saginaw County community have observed and talked about difficulties with securing high quality health areas. Some of the discussion includes the availability and quality of infant and maternal healthcare, obesity treatment options, mental health and substance use services, and COVID-19. You are here because you have some thoughts about these topics. For the purposes of this discussion let me explain the primary topic we are going to be talking about today:

    Infant and Maternal Health: Available data indicates that Saginaw County for years has had one of the highest rates of infant mortality in the State of Michigan. We want to explore with you what you feel are the reasons for this situation and what can be done in the future to eliminate the situation. So, we are going to ask you about issues associated with premature infant death and pregnancy complications experienced by some women – we want to know what you know, where you learned what you know, what you would like the community to know about these issues.

    We want to understand your experiences and what you feel needs to be done to help you and our community regarding this issue. We realize that some of what we will be talking about today is very sensitive and personal for you. I understand that you might not want share your thoughts about a few topics we'll be discussing and that's OK.

APPENDIX F : HEC MATERNAL HEALTH LISTENING SESSION PROTOCOL … CONT'D

We want you to keep in mind a few basic ground rules as we proceed share in the discussion today:

- We need everyone to be an active participant. Talk to us, give us your thoughts.
- I'm requesting that you please raise your hand when you wish to comment.
- There are no "right" or "wrong" answers. Please respect everyone's right to have an opinion. You may disagree with someone else's statement. That's ok.
- We are not here to judge you or each other. If that starts to happen, we will gently redirect the conversation.
- Speak freely but remember not to interrupt others while they are talking.
- Our note taking is for reporting purposes only and will be used for analysis. Names are not attached to the notes.
- We are conducting several of these sessions. All information gathered will be analyzed to determine common themes and prepare recommendations to improve health quality in Saginaw County.
- All feedback will remain confidential. In order to protect confidentiality, I ask that anything that is said during our session is not repeated outside of this meeting.

13. Secure Participant Signatures on Consent Form (5 minutes)
    In the interest of being completely clear and in compliance with various regulations we need to formally secure your individual consent in order for us to move forward with the meeting. We are not here with any intent to lie to you or to deceive you in any way. I know that you are all here because you want to be. We are firmly committed to protecting the confidentiality of any information you share with us today. So, we are requesting that you sign the consent form after we quickly go through it.

    - Pass out consent forms to all participants and then read the form it its entirety and collect immediately.
    - Ask all participants to sign the consent form after you have read it and answered any questions!
        - Any participants who choose to not sign the form will be asked to leave using the following statement:
        - Thank you for coming this far with us. We completely understand your wish not to sign the consent form. We ask that you now leave the listening session so that we can continue our meeting.
        - If a participant is reluctant to leave, the second facilitator can take the participant to the side to discuss concerns and assist the individual to leave the space.

14. Participant Completion of Demographic Survey (5 minutes)
    We have one more piece of business to get out of the way before we start with introductions. We are passing out a paper that includes questions about you. Please do not put your name on the paper. We would like to know something about those of you who choose to participate in this

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listening session. Please complete the questions and drop the paper in the drop box near the door before you leave. As it says at the top of the paper, you do not have to answer any of the questions.

Participant Self-Introductions (5 minutes)

Let's get started. We want to go around the room and have everyone introduce themselves. Please tell us your first name only. Please also share your favorite ice cream flavor.

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15. Discussion Topic #1: Infant and Maternal Health – Collect participant responses to structured questions targeting individual experiences.

    TRANSITION: You were asked to come to this session because of your experience with the premature loss of a child or maternal health issues. We want to understand your experience with the health care services you received related to your pregnancy and the loss of a child in the local area. We understand that these are difficult topics and difficult things to talk about. Our purpose, as we said earlier, is to understand how to make things better for you and for others who might experience similar things in the future. So, to start this conversation, I want to ask you this.

    a. By show of hands how many of you lost a child due to premature death? How many of you know of other mothers who experienced the loss of their child prematurely?

    b. Describe your experience with maternal health services in Saginaw County prior the birth of your child and following the loss of your child?

    c. How has the experience of losing a child prematurely impacted your thoughts about the quality maternal healthcare services available to you and other women in Saginaw County?

    d. On a scale of 1 to 10 with 1 being very poor and 10 being excellent how would you rate the quality of maternal healthcare services available to women in Saginaw County? Please explain your rating.

    e. On the piece of paper in front of you please write down what you feel are the top three problems or issues you feel make it difficult for women in Saginaw to have high quality maternal health services? Please tell us what wrote and why.

        i. <u>PROBE ONLY IF THESE AREAS AREN'T MENTIONED</u>: How many of you feel any of these things are also problems in securing high quality maternal healthcare services in Saginaw. How about lack of transportation? How about

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ii. lack of money to pay for services? What about the availability of education materials dealing with maternal healthcare.

iii. Who or what group(s) of women in Saginaw are most likely to be impacted by the type of problems we've been discussing?

f. What do you think are the likely reasons for higher infant mortality rates among minority women verses their white counterparts in Saginaw County?

g. We want to understand where you get information about pregnancy and maternal health services. Who do you feel are the most trusted sources of information about pregnancy and material healthcare services?

h. For you individually, who are the two most frequent sources of information you consult about maternal (pregnancy) healthcare questions or issues?

i. PROBE: Do you feel some of the information you have been given about pregnancy and maternal services falls into the category of an "old wives tales" or things that may not really be true? Have any of you tried following through on this type of information? Why?

i. Have you sought or received other advice about alternatives to "traditional medicine" in coping with pregnancy or maternal health services? Please describe and indicate if you have tried any of these alternatives? What was the result?

j. How many of you have sought mental health services or support following the loss of a child or after experiencing problems with a pregnancy? How long did these services last? Did they help or not help your situation? Explain

k. In your opinion, how has COVID impacted the problems or issues related to infant mortality issues and availability of maternal healthcare services in the past few years?

l. How many of you were reluctant or refused to take the Covid vaccines? Why?

m. For you, who or what were your primary sources of information about Covid?

I have just a couple more questions for you that touch on obesity. Here again, Saginaw County has some of the highest rates of obesity in the state.

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n. In your view, how does obesity impact the problems associated with infant mortality issues and maternal healthcare services in the area?

o. What are the main reasons or causes of obesity? What should we do about the obesity problem?

p. In your view, how important is it that there be more access to doctors and other health professionals who are people of color? Why is this important?

q. Finally, we need you to help us build a list of recommendations that you feel will help improve the delivery of maternal health care services and address infant mortality issues in our community. Please write down three things you feel are important to addressing these issues. What did you write down?

That is the end of our questions. Is there anything else you want to tell me about your experiences before we finish?

Before you go, please remember to turn in your completed survey.

Thank you for coming to this listening session. Your thoughts and willingness to share your experiences will help make the Saginaw County community healthier. We appreciate you!

Please come forward to receive your $50 VISA card. We will need to get a signature from you for accounting purposes.