CONCEPT MAPPING AS A TOOL TO ENGAGE A COMMUNITY IN HEALTH DISPARITY IDENTIFICATION

Debra Risisky, PhD; Vijaya K. Hogan, DrPH; Mary Kane, MS; Beneta Burt, MS; Cassandra Dove, MSPH; Marinelle Payton, MD, PhD

INTRODUCTION

Significant health disparities exist between the African American and White populations of Mississippi across a wide variety of conditions, including diabetes, cancer, cardiovascular disease and stroke, HIV infection, and infant mortality. For example, the rate of diabetes deaths among African Americans in 2000 was 40.5 per 100,000, more than twice the rate for Whites.1 For cancer mortality, the rate among African Americans was 255 per 100,000 compared with 212 per 100,000 for Whites. Heart disease and stroke deaths were 404.6 and 87.8 per 100,000, respectively for African Americans, both significantly higher than the rates of 323.1 and 68.7 per 100,000 observed in Whites.2,3 All of these rates in Mississippi are higher than the United States average rates.

Health and medical agencies usually initiate, coordinate, and lead efforts to eliminate health disparities. Yet there is seldom a defined mechanism for communities to be involved in the research or planning processes around health disparities, and many communities are not technically prepared to proactively insert themselves into dialog and collaboration with these agencies. For disparity elimination strategies to be most effective, communities must play a prominent role in partnership with health and other agencies.4–6 While the literature documents successes at engaging community groups around a specific health issue, engaging an entire community in an effective way around the less tangible issue of health inequities can be a considerable challenge for public health and medical professionals who may not have skills in community organizing and engagement.

We used concept mapping as a mechanism to initiate dialog with a community and as a way to stimulate critical thinking across stakeholders in a community around the topic of health disparities. This mechanism not only created an opportunity for community engagement on this issue but also allowed the development of a community-relevant model of disparity causality and prevention.

From the University of North Carolina at Chapel Hill, School of Public Health, Department of Maternal and Child Health (VH), Chapel Hill, North Carolina; Southern Connecticut State University, Department of Public Health, New Haven, CT (DR); Concept Systems, Inc, Ithaca, NY (MK); Jackson Roadmap to Health Equity Community National Advisory Board (BB, CD); Jackson State University, School of Public Health (MP), Jackson, Mississippi, USA.

Address correspondence and reprint requests to: Vijaya Hogan, DrPH; Department of Maternal & Child Health; University of North Carolina School of Public Health; 4th Floor Rosenau Hall, CB #7445; Chapel Hill, NC 27599-7445; 919-843-3886; 919-966-0458 (fax); vijaya_hogan@unc.edu

We used concept mapping as a mechanism to initiate dialog with a community and as a way to stimulate critical thinking across stakeholders in a community around the topic of health disparities.