

GAP Analysis – What Topics Do We Have Little or No Programming (ex. lecture, webinar, web page link, etc.) For?

Individuals of Color:

HIV/AIDS

Immunizations

Cancer (more expansive?)

Stroke

Liver disease

Hepatitis

Tuberculosis

Diabetes (more expansive?)

Mammography

Substance abuse (FSAP?)

Mental Health & Suicide (FSAP?)

Infant mortality (mortality, SIDS, low birth weight, pre-natal care) (WDI – mother's series?)

Teenage pregnancy (WDI – mother's series?)

Factors to think about:

Language/cultural, Lack of access to preventive care, Lack of health insurance, Fear of deportation, Geographic isolation, Inadequate sewage disposal, Low income

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Generational Groups

Alzheimers

Chronic Illness/Cancers (more expansive?)

Eye Disorders

Ear, Nose, Throat Disorders

Dental

Pregnancy (WDI – mother’s series?)

Eating Disorders (Gannet?)

Prescription Drug Use (FSAP)

Self Esteem (FSAP)

Anxiety (FSAP)

Depression (FSAP)

Alcoholism (FSAP)

Marijuana (FSAP)

Factors to think about:

Lack relationship with primary care physician – accessing ER for non-emergencies

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Veterans Group

Accessibility (building, group fitness) for disabled veterans

PTSD (FSAP)

TBI (FSAP)

Suicide prevention (FSAP)

Substance abuse (FSAP)

Sexual Trauma for women and men (FSAP)

Moving Forward

1) Create a list of questions to “filter” programming through to increase inclusiveness

a) Does this program include ethnic/racially/culturally relevant information? (ex. cooking class – when cooking greens and smoked neck bones recipe – you can reduce sodium by..., or statistics on

diabetes and Hispanics using Dept. of Health & Human Services – the Office of Minority Health data, or health books specific to race on information table at lecture)

b) Is this program sensitive to socioeconomic differences? (ex. Getting started with Fitness Lecture – high cost, low cost, no cost options)

c) Are we marketing this program with language and in ways that connect with all generations?

d) Are we marketing in locations (Anabel Taylor, Sage Chapel), with organizations (CNG's), and with media type (facebook, twitter?) that help to connect with veterans, individuals of color, and different generations?

e) Have we taken advantage of linking health messages with pre-existing designated months/days celebrating Individuals of color (ex. African American month is Feb.), Veterans (Veteran's Day), Generations?

f) Is this program accessible (language, physical space and ability/mobility, geographically)?

2) Re-benchmark Ivies in 5 years to see what health/wellness/fitness programming is being offered for individuals of color, veterans, generational groups. Key words used in 2011 were health programs, fitness programs, exercise programs, veterans, generational, individuals of color, minorities.

3) Connect with each CNG in person.

4) Provide veteran, people of color, and generational specific health/wellness/fitness programming if asked by CNG and if CNG collaborates with Wellness to develop programming.

5) Ask a representative from each CNG to sit on the Wellness Advisory Committee.

6) Eliminate GAP's in programming.

7) Analyze Google Docs data, if possible, to see if Wellness is reaching a more diverse population specific to people of color, veterans, and generations.

8) Article for PawPrint or Chronicle?