

Pathways to Communities of Color



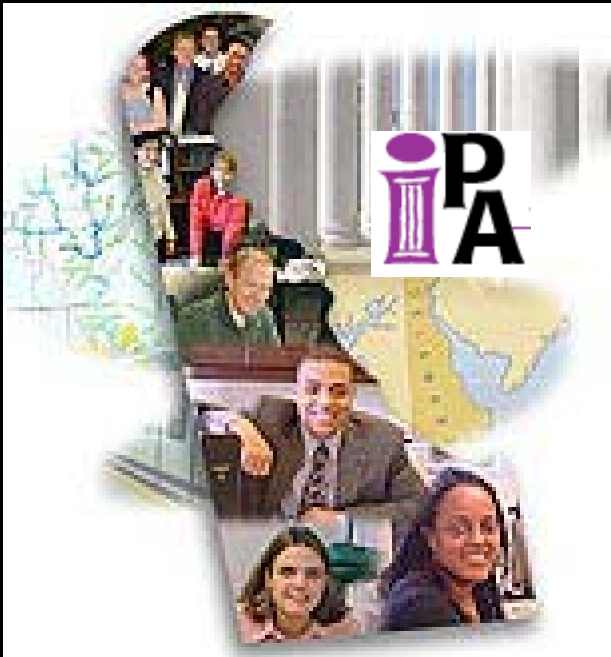
Eric Jacobson
Institute for Public Administration
November 12, 2004

Key Topics

- Accessing information about promising pathways
- Networking & collaboration- “stronger together”
- Developing innovative outreach strategies

IPA Website Information

- <http://www.ipa.udel.edu/healthcare/disparities/>



Includes a collection of promising practices and programming in 15 categories, including nine health conditions and six system-wide interventions.

Policy Interventions

9 Targeted Health Conditions

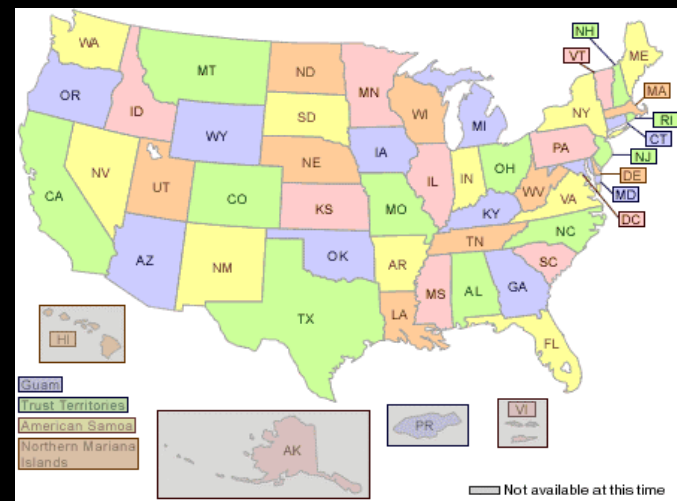
- Asthma
- Cancer
- Cardiovascular Disease
- Diabetes
- HIV/AIDS
- Immunization
- Infant Mortality
- Obesity
- Oral Health



Policy Interventions

System-wide Interventions

- Cultural & Linguistic Competency
- Regional Networking & Collaboration
- Workforce Development
- State & Local Government Infrastructure
- Purchasing
- Data





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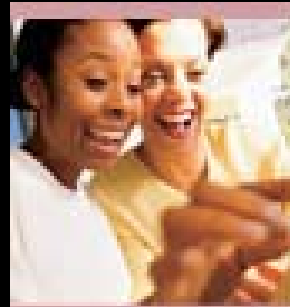
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Racial & Ethnic Approaches to Community Health

Federal initiative to reduce racial & ethnic disparities in six priority areas by 2010.

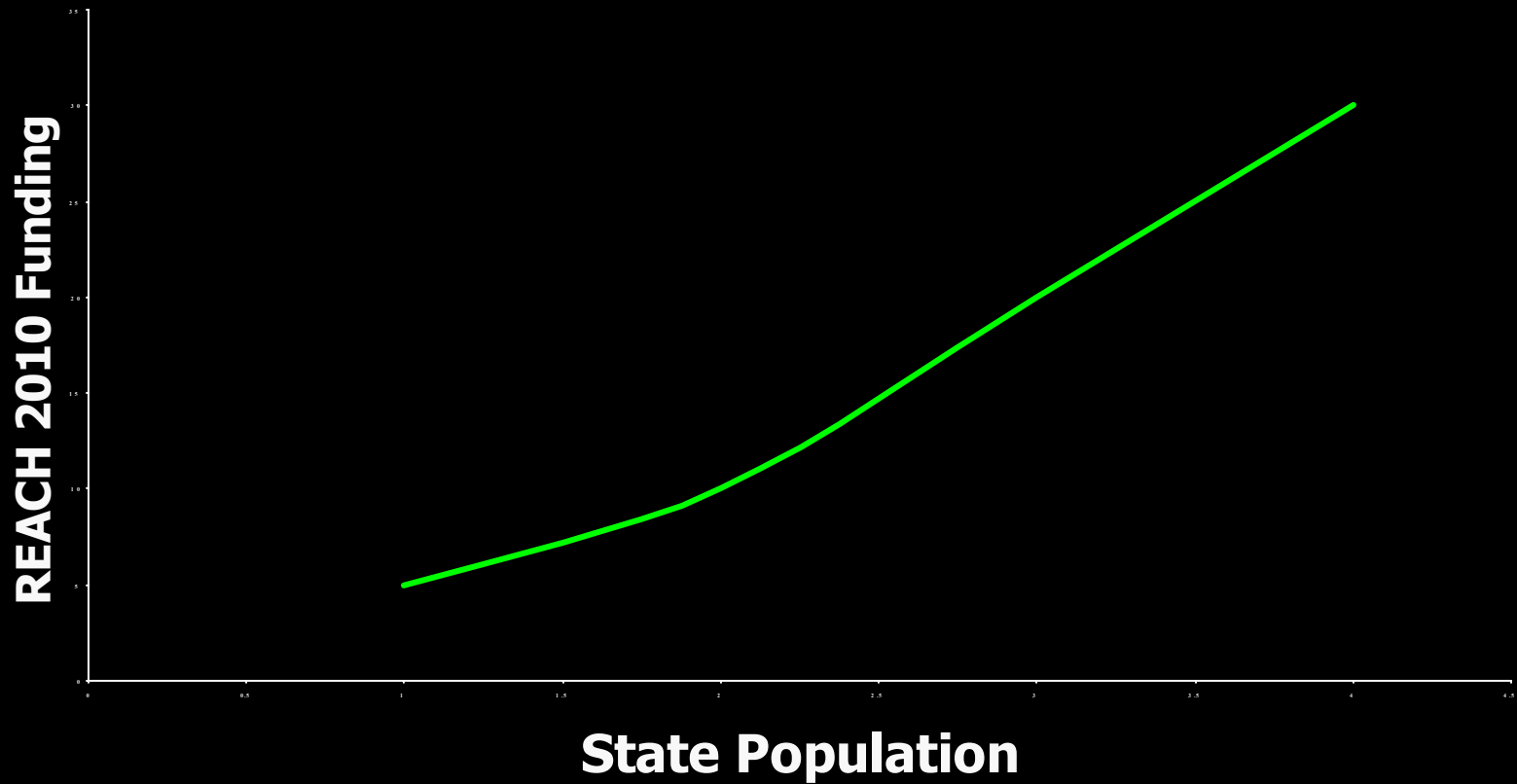
- Infant Mortality
- Breast/Cervical Cancer
- Cardiovascular Disease
- Diabetes
- HIV/AIDS
- Immunization

REACH 2010 Initiatives & Goals

- Part of Healthy People 2010
- sets measurable goals to eliminate disparities.
- Federal REACH 2010 funding supports 42 community coalitions in: design, implementation, and evaluation of community-driven strategies and programs in 20 states.
- Currently no Fed REACH funding for DE programs.



REACH 2010 Funding by State Population



REACH 2010: a model for collaboration

- Each coalition includes a community-based organization and 3 other organizations, of which at least 1 is a state/local health department, university, or research organization.

REACH 2010- Model Steps to Developing a Program

1. *Capacity Building*- Community coalition actions to reduce disparities.
2. *Targeted Actions*- Intervention activities believed to bring about a desired effect.
3. *Community/System Changes*- Changes to the community environment and knowledge, attitudes and behaviors of individuals or groups.
4. *Widespread Risk/Protective Behavior Changes*- Changes in rates of risk-reduction behaviors among a significant percentage of the community.
5. *Health Disparity Reduction*- Narrowing gaps in health status.

REACH 2010 Program Example: AAHC – Portland, Oregon

- The African American Health Coalition, located in Portland, Oregon, provides training, information, and the resources to enhance the health status of African Americans and to encourage individuals to serve as mentors for others in their community.
<http://www.aahc-portland.org/>
- Outreaching to: high school youth, beauty and barber-shop operators, community consultants, lay health instructors, participants, and volunteers, AAHC provides training that provides a solid foundation for a lifetime of healthy behaviors and informed health care decisions.
- 13 sponsors...

REACH 2010 Program Example: AAHC – Portland, Oregon

- Kaiser Permanente
- Providence Health System
- Group Health Community Foundation
- Oregon Health Division
- New Seasons Market
- Multnomah County Health Department
- National Black Leadership Initiative on Cancer
- Legacy Health System
- Centers for Disease Control & Prevention (CDC)
- Substance Abuse & Mental Health Services Administration (SAMHSA)
- Eli Lilly
- Northwest Health Foundation
- Oregon Health & Science University

ASTHO/NACCHO Program Example

- *The Association of State and Territorial Health Officials*
- *The National Association of County and City Health Officials*
- *NACCHO-ASTHO 2005 Joint Meeting*
July 12 - July 15, 2005
Boston, Massachusetts
- *Sample program: Praisercize* – Coordinated by the Virginia State Health Department and Central Virginia Community Health Center to address chronic obesity among African Americans. A network of 35 churches focusing on weight reduction, increased physical activity, and lifestyle changes (including nutrition education).
<http://www.astho.org/pubs/nabookfull.pdf>

APHA Program Example

- *Health Promotion Council: Smokeless Homes in Philadelphia, PA*- The program educates Latinos and African-Americans about the link between asthma and smoking. Outreach: Program administrators attend community health fairs and distribute information about smoking to teachers, parents, and healthcare providers. Also promotes smoke-free homes and smoking cessation. <http://www.hpcpa.org/smokeless.htm>
- Partner with the *Philadelphia Allies Against Asthma (PAAA)* coalition, *Tobacco-Free Education and Action Coalition for Health (TEACH)*, and *Thomas Jefferson University's Asthma Bus*.

Outreach Strategies

1. Target specific racial & ethnic populations and geographic regions (rural vs. urban)
2. Focus on changing behavior and lifestyle to effectively improve health and well-being
3. Build partnerships

Sample Program - Action Against Asthma: Healthy Neighborhoods Program, New York – Promotes asthma education and management in households where a member has asthma. Seeks to cut asthma hospitalizations through proactive interventions like dust control, pillow and mattress covers, and mold/mildew removal in the home.

http://www.health.state.ny.us/nysdoh/asthma/ny_action.htm

Regional Partnering Opportunities

- *New England Regional Minority Health Committee* – Hosts a bi-annual conference on tools, skills, & networks for action to eliminate health disparities. Partnering states include CT, MA, NH, RI, VT, and ME. Next Conference: April 10-12, 2005- Portland, ME.
<http://www.une.edu/chp/transcultural/conference.html>
- *Southeast Regional Civil Rights Training Conference* – May 3-5, 2005- Nashville, TN. Representatives from eight states (AL, GA, FL, KY, TN, MS, NC, SC) will meet to discuss health disparities, mental health, immigrant access to care, community and faith based initiatives, and social programming.
http://www2.state.tn.us/health/minorityhealth/Civil_Rights050305.pdf

Keys to Success



- Identification of funding sources Partnering and networking
- Culturally specific strategies – e.g., African American, Hispanic, Asian populations
- Mobilization of a continuum of resources – and consideration of outreach strategies
- **Accurate/up-to-date data collection**
- **Effective program evaluation**
- **Measure costs, cost-effectiveness...*examine why and learn from failures.***

Disparities Resources

- American Public Health Association (APHA) Community Solutions Program Database: <http://www.apha.org/NPHW/solutions/>
- Centers for Disease Control and Prevention (CDC) *Racial and Ethnic Approaches to Community Health (REACH) <http://www.cdc.gov/reach2010/>
- Association of State & Territorial Health Officials (ASTHO) <http://www.astho.org/>
- National Association of County & City Health Officials (NACCHO) <http://www.naccho.org/>

Disparities Resources, cont.

- U.S. Department of Health and Human Services: Health Resources and Services Administration (HRSA)
www.hhs.gov
- Robert Wood Johnson Foundation (RWJF)
<http://www.rwjf.org/index.jsp>
- Kaiser Family Foundation (KFF)
www.kff.org
- Institute of Medicine (IOM)
www.iom.edu
- American Medical Association (AMA)
<http://www.ama-assn.org/>
- U.S. DHHS: Office of Minority Health (OMH)
<http://www.omhrc.gov/OMHRC/>
- State Departments of Health and Offices of Minority or Multicultural Health

Website Information

- <http://www.ipa.udel.edu/healthcare/disparities/>
- Includes: a collection of best practices in state and local programming, links for helpful resources, this PPT presentation.

