Addressing social determinants through CBPAR for community and system change

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www.minority.unc.edu/institute/2012/

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Objectives

- To describe a community-based participatory action research (CBPAR) model, and selected community and system level interventions aimed at addressing the social determinants of health

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Defining Health

- A state of complete physical, mental and social well-being and not merely the absence of diseases [WHO, 1948]
- The fundamental conditions and resources for health: [Ottawa Charter for Health Promotion, WHO, 1986]
  - Peace
  - Shelter
  - Education
  - Food
  - Income
  - Sustainable resources
  - Social justice
  - Equity

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Defining Health Disparities

- When a disproportionate number of individuals in a specific population have either:
  - higher risk, higher rates of disease (morbidity), or are dying more frequently from specific diseases than the general population and these disparities are **UNFAIR, UNJUST and AVOIDABLE**

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Increased Attention to Health Disparities in the Last Decade

- Pres. Clinton Health Disparities Legislation
- Healthy People 2010 & 2020
- Institute of Medicine 2002 Report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*
- AHCQ *Annual National Health Disparities Report* since 2003
- WHO Social Determinants Commission
- CDC community Initiatives
- Private foundations
- Lets Move Campaign to address childhood obesity
- Pt. Protection & Affordable Care Act (ACA)

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Social Determinants of Health

- Recognizes that social conditions affect health & can potentially be altered by social/health policies & programs
- It is a departure from efforts to address a single disease and causes
- Acknowledges that we need to take a multidisciplinary approach to achieve health equity
- It calls for improvement: **health/medical care, education, housing, economic development, labor, justice, transportation, agriculture, etc.**

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Source of Health Disparities: 1. Low Socio-Economic Status (SES)

- Low SES is one of the most powerful indicator & predictor of poor health
- Americans without a high school degree have a death rate 2 to 3 times higher than those who have graduated from college
- Adults with low SES have levels of illnesses in their 30s and 40s similar to those seen among the highest SES group after 65+
- Minorities have lower levels of education, income, professional status and wealth than whites

Source: Williams, 2001; 2003: ibid

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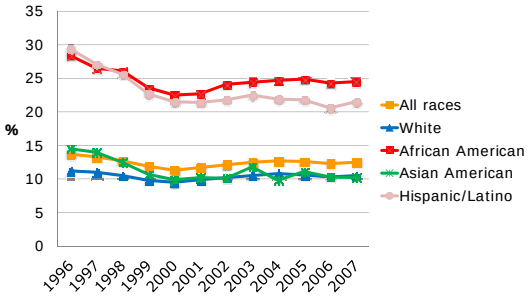
Percentage of All Persons Below Poverty in the U.S. by Race/Ethnicity, 1996-2007



Source: 2010 Census of Population and Housing. http://www.census.gov

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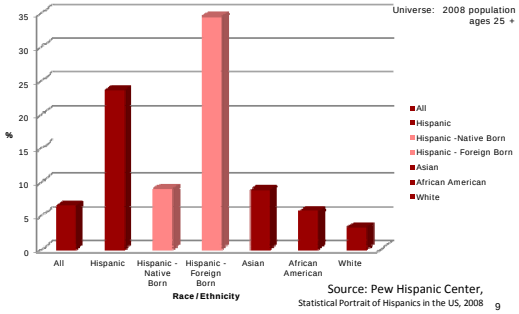
Percentage of Persons with Less than 9th grade by Race/Ethnicity, 2008



Source: Pew Hispanic Center, Statistical Portrait of Hispanics in the US, 2008

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- It is impossible to talk about the health of racial and ethnic minority populations without talking about their socio-economic circumstances
- Some minorities are characterized by sociologists as belonging to the urban underclass - - a socially isolated group experiencing high poverty, high dependence on public assistance, and multiple social problems with limited access to health and human resources

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Source of Disparities: 2. Lack of Access to Health and Mental Health Services

- Measured by:
  - Lack of regular source of care/medical home and mental health services
  - Lack of health insurance plan
  - Inconveniences in obtaining care
    - Transportation, waiting time in doctor/clinic, & cultural, linguistic/health literacy barriers,
  - Lower overall use of health services

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Source of Disparities: 3. Institutional Racism & Sexism & 4. Poor Quality of Medical Care

- Racial & ethnic minorities (& women as a group) receive fewer procedures & poorer quality medical care than whites across virtually every therapeutic intervention
- Disparities exist in the Clinical Encounter as health professionals tend to have negative stereotypes of racial and ethnic minorities, the poor & women as a group

Source: IOM, Unequal Treatment Report, 2002; AHCQ, NHDR, 2003)

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Public Response for Health Disparities: Blaming the Victim

- Eat healthy, exercise more, etc.
- Buy health insurance
- Don't be poor
- Find a job, if you don't have one
- Change neighborhood

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In Summary:

- There is a consistent and powerful association between social factors, poor health
- Inequality in health and medical care persists
- Disparities come at a personal and societal price
- Differential access may lead to disparities in quality

Source: AHCQ, 2003

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- This information is not new. In 1844, Friedrich Engels wrote about the conditions of the working class in England in 1844
- In 1898 W.E.B. Dubois wrote about the racial & ethnic disparities in health in the Philadelphia Negro-the first documentation of the health status of racial & ethnic minorities groups in the US.

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- In the late 19 Century Emile Durkheim demonstrated the relationship between social integration and suicide
- Throughout the 20th Century there have been thoughtful work examining socio-cultural factors in health and illness
  - This gradually lead to the acknowledgement of culture in health care and the need for cultural competency in services delivery

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COMMUNITY AND SYSTEM CHANGE

- Elements of policy and systems change
  1) Changes in community norms
  2) Organizational practices and policies
  3) Administrative Regulatory policies & practices
     - Within government agencies
  4) Legislation (laws)
     - Passed at the local, state, federal levels

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Community Based Participatory Action Research (CBPAR): Key Elements

- Partnership building
  - Calls for meaningful involvement of ordinary people and key stakeholders
  - Embraces community empowerment as a philosophy, process and outcomes
  - Capacity building through training
- Research: Assessment of Needs and Assets
- Action
  - Moving from DATA to SOCIAL ACTION

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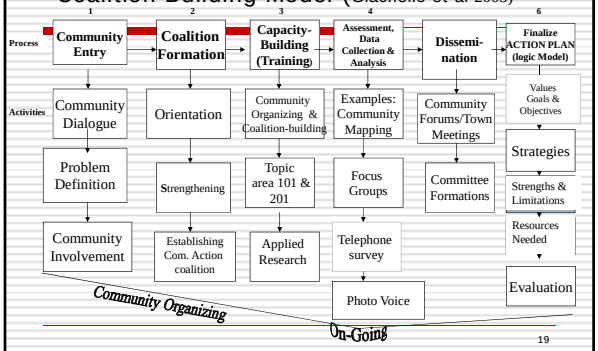
Phase I: Community Participatory Action Research & Coalition Building Model (Giachello et al 2003)



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Differences Between Mainstream & CBPAR

Mainstream	Action RES.
Rigid	Flexible
No or little community participation	Considerable amount of community participation
PI is in control	There is shared governance. Community have a sense of ownership
Close decision-making	The real action starts when data is collected and analyzed
No accountability to community	Sharing of funds, jobs, TA or training
The project ends when data is collected & analyzed	Stress community assets
Partnership with community not equal	
It tend to stress community deficits	

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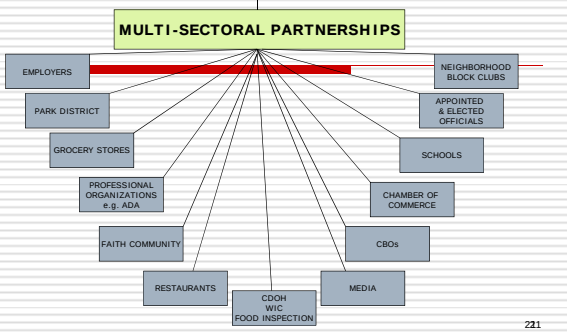
Partnerships-Building & Sustainability to Address Social Determinants



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Examples of Projects Addressing Social Determinants:
1. Environmental Health, Blue Island, Illinois

Blue Island Community residents experience respiratory problems (asthma), cancer, etc. as a result of a petrochemical industry in the area

Objective: Needed data to document problems & bring concerns to policy-makers

Methods: Applied the CBPAR model. Community collected over 1,500 face-to-face door-to-door household surveys

(Giachello et al, 2002)

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Environmental Health…

Survey Results:

- Serious health problems were associated with air pollution caused by the Clark Oil Refinery Plant
- Community mobilized, confronted Illinois & Federal Environmental Protection Agencies
- Engaged in a class action suit & industry was closed

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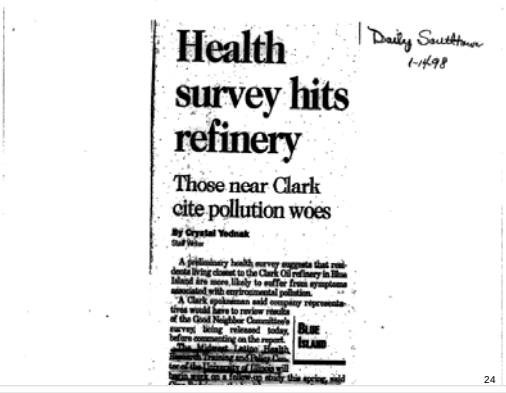

Health survey hits refinery

Those near Clark cite pollution woes

By Crystal Yednak
Staff Writer

Daily Southtown 1-14-98

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Settlement checks, vindication at last in Clark refinery case

BY JOANNE VON ALROTH Correspondent September 22, 2011 7:40PM

Updated: January 23, 2012 3:53AM

Sometimes, vindication comes in the mail.

That's exactly what 6,000 Blue Island-area residents began receiving this month — silent but potent vindication. It's been arriving in the form of checks for property damage inflicted over the years by the now-shuttered Clark Oil refinery at 131st Street and Kedzie Avenue in unincorporated Worth Township.

Rev. Peter Contreras, Bob Vaci, Tom Madrigal, Joan Silke and Nancy Madrigal, all members of the Good Neighbor Committee of South Cook County stand outside of the former site of the Clark Oil Refinery at 131st and Kedzie in Blue Island, IL on Wednesday September 21, 2011. People effected by the Roscilowski v. Clark Refining & Marketing, Inc. case recently received a settlement | Matt Marton~Sun-Times Media

The checks are the residents' portion of the $60 million settlement reached in July 2010 with the refinery's current owner, San Antonio-based Valero Energy Corp., after a 15-year court battle. Eligible residents reportedly received from $200 to $18,000 each.

"This definitely brings a sense of closure," said Joan Silke, a south suburban activist and one of the first to protest the refinery's emissions in the early 1990s. "I'm genuinely happy for people. This has taken a long time, but we were right, and they had to pay."

"It was a great feeling (when the check arrived)," said Nancy Madrigal, who worked closely with

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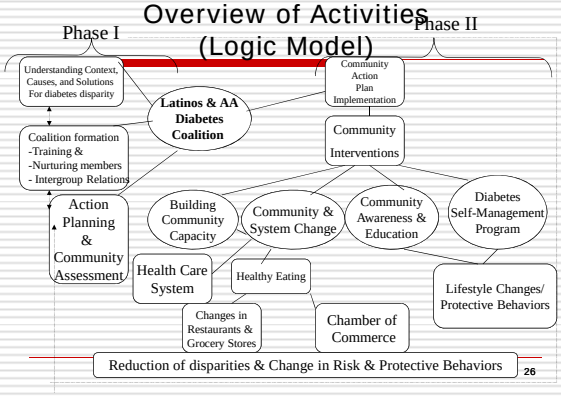
2. Diabetes Disparities: CSeDCAC Overview of Activities (Logic Model)



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Hispanics/Latinos & African Americans Community Coalition

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CHWs as Diabetes Educator: The Diabetes Empowerment Education Program (DEEP)

- Developed by UIC Midwest Latino Research Center based on Latino Access, Inc. models, in 1998
- Include Train Of Trainers curriculum for 3 day CHWs Training
- 10 weeks of consumer education: to educate community residents to manage and control their diabetes

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DEEP Evaluation Results

Table 2. Diabetes Empowerment Education Program: Baseline and 3-month Posttest Results

Variable	N	Pre-Test	Post-Test	P value
A1C *(%)*	42	8.39 (1.96)	7.79 (1.67)	<.001
Systolic blood pressure *(mm Hg)*	35	146 (22.7)	137 (16.7)	.006
Diabetes Knowledge *(% correct)*	45	68.8 (11.2)	86.4 (11.2)	<.000
Followed a healthy eating plan ‡	50	3.3 (2.2)	4.9 (1.5)	<.000
Space carbohydrates throughout the day ‡	44	2.9 (2.1)	4.8 (1.8)	<.000
5+ servings of fruit/vegetables ‡	51	3.7 (2.3)	5.7 (1.6)	<.001
30 minutes of physical activity ‡	48	2.8 (2.3)	4.0 (2.3)	.013
Test blood sugar ‡	49	3.6 (3.0)	5.1 (2.1)	<.000
Check feet ‡	46	3.8 (3.2)	5.4 (2.3)	.005
Check inside of shoes ‡	42	3.4 (3.3)	5.5 (2.3)	<.000
Take recommended medications ‡	43	5.5 (2.5)	6.6 (1.3)	.009
Depression	33	8.15 (6.16)	6.2 (5.73)	.04
Self-efficacy	39	27.8 (8)	30.5 (9.3)	.142

Data are presented for participants who completed pre- and post-test.
Data are presented as the mean ± standard deviation. P values represent within group differences in 2-tailed t-tests.
‡ refers to number of days in the week the behavior was practiced.
Source: Castillo, Giachello et al. Diabetes educator upcoming edition, August, 2010

Other Roles for Community Health Workers (CHWs)

They were trained:

- To be integrated as member of the community clinic team
- To assess the food access in the neighborhood
- Engage in food sampling in grocery stores
- Work with restaurant managers to prepare ethnic appropriate healthy recipes for the public
- Educate the consumers through outreach & education & community awareness

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CHWs Role featured at NBC Nightly News

www.youtube.com/watch?v=iCAJCJVUu2M&feature=plcp

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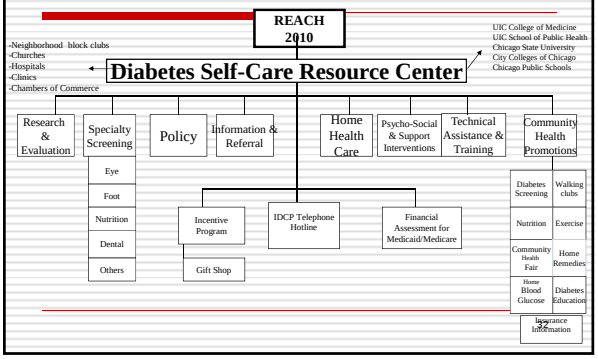
CDC REACH 2010 Chicago Southeast Diabetes Community Action Coalition



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3. Diabetes Education & Care

- Negotiations with hospital CEOs and clinics to provide medical care to patients without health insurance
- CME for physicians and other health care providers on cultural competency and diabetes clinical guidelines (to improve quality of medical care)
- Integration of diabetes education program in local hospitals, clinics and other 5 community human services organizations
- Two local hospitals established a certified diabetes care center; another hospital established a dialysis center

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5. Center of Excellence For the Elimination of Disparities (CEED@Chicago)

Partners
UIC Midwest Latino Health Research, Training, and Policy Center
UIC Healthy Cities Collaborative of Neighborhoods Initiative
Chicago Department of Public Health – Division of Chronic Diseases

Funded by
US Centers for Disease Control – REACH US #5U58DP001017

ceed
Center of Excellence in the Elimination of Disparities
@Chicago

www.ceedchicago.org

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CEED@Chicago's Purpose and strategies

Goals

- To change policies and systems in order to reduce cardiovascular disease and diabetes in the Latino and African-American communities by
  - increasing healthy eating and physical activity
  - through the collaborative efforts of the CEED@Chicago Coalition

CEED@Chicago's Targeted Social Determinants

Disparities	Impacts
Environment	No place to exercise
Education	Can't afford healthy food
Economy	No place in community to buy healthy food
	Lack of knowledge about healthy or unhealthy lifestyles, impact of current lifestyles

5. CEED@Chicago, Major Policy Committees

- Food Equity Policy
  - Increase Equitable Distribution of food
- Health Literacy through peer education




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5. CEED Legacy Project: Puerto Rican Culture Center (PRCC): *Urban Agriculture Project* (UAP)

Is part of the PRCC Alternative High School

Objectives: Address access to affordable food, produce food for the community provide job training opportunities, and provide mentorships for higher education

Strategies: Increase students in math & biology and keep youth out of trouble by focusing in community activities


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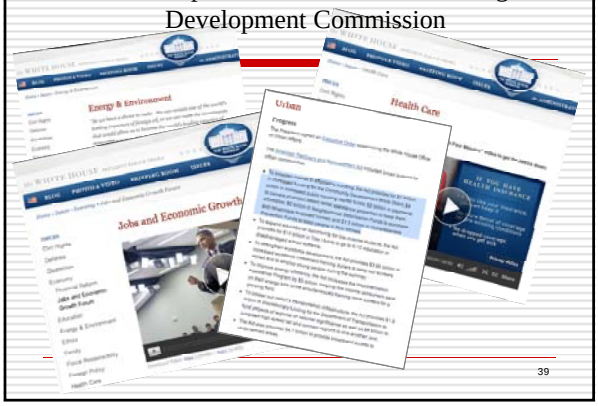
5. CEED partner with Southeast Chicago Development Commission



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6. Puerto Rico (PR) Comprehensive Approaches to Tobacco Control & Prevention

General Context:

- PR is part of the US since 1898
- Current population: about 4 million
- It ranks behind Mississippi as one of the poorest area in the US

Source:: A Success Story of Comprehensive Approaches to Tobacco Control Diaz-Toro, E; Vega, JC; Noltenius, J; et al 2010]

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What's Really Killing Us?

- Over 440,000 deaths each year in the U.S.
  - That's 1 of every 5 deaths
- 50,000 deaths in the U.S. due to second-hand smoke exposure

Source: McGinnis, J.M & Foege, W.H. (1993). Actual causes of death in the United States. JAMA., 270(18), 2207-2212

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Puerto Rico….formed *Puerto Rico Smoke Free Coalition* in 1992 Members:

- PR Department of Public Health-Division of Tobacco Control & Prevention
- Health and human services Organizations (e.g., schools and youth organizations; hospitals and clinics)
- Professional organizations (PR Cancer Center)
- Academic Institutions (UPR)
- Elected & Appointed officials
- American Cancer Society
- American Heart Association
- Puerto Rico Lung Association
- Coalition received TA &/or funding from:
  - NLTN
  - American Legacy Foundation
  - Campaign for Tobacco Free Kids
  - RWJF

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Puerto Rico Smoke Free Coalition …

- Conducted comprehensive assessment
  - developed & Implemented the *Strategic Plan for Tobacco Control in PR: 2005-2010*
  - *Research Agenda for Tobacco Control: 2005-2010*

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PR Tobacco Control….Laws enacted

1992 Act #40: Restrict smoking in some public & private sectors
1993 Act # 62: Regulates publicity & advertisements
1993 Act # 128: Prohibits Tobacco sales to minors
1997 Act # 111: Prohibits sales cigarettes in vending machines
1998 Act # 204: Prohibits employment of minors for tobacco sales and promotion
2000 Act #6: Prohibits sales of tobacco shaped candies near or in schools
2002 Act # 63: increase cigarette excise taxes from $4.15 to $6.15 on each 100 cigarettes

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PR Tobacco Control….

- 2006 Act # 66: Amends Act # 40 creating a Smoke Free Puerto Rico
  - Includes the prohibition in work places, restaurants, and casinos.
- Impact
  - 1996 The rate of smoking among PR adults was 20.3%
  - 2008: the rate dropped to 11.6%
  - This surpassed by 2 years the Healthy People 2010 initiative's goal in this area.

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Conclusion

- We have provided examples of how we are addressing the social determinants of health as a strategy to reduce health disparities using research and CBPAR approaches
- More research is needed to refine these models and to evaluate their effectiveness
- There is a sense of urgency to expand interventions that address the social determinants of health
- For any meaningful changes to occur we must commit to an agenda of social justice and social action
- THANK YOU!!!!!!!!!

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https://twitter.com/#!/GiachelloHealth

http://ghwellness.net/

http://www.youtube.com/user/GiachelloHealth?feature=sub_widget_1

http://www.linkedin.com/pub/aida-giachello/37/999/a72

https://www.facebook.com/AidaLuzMaisonetGiachelloPhd

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