Addressing social determinants through CBPAR for community and system change

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

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

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
  - Income
  - Shelter
  - Sustainable resources
  - Education
  - Social justice
  - Food
  - Equity

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

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)

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.
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

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

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

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
Public Response for Health Disparities: Blaming the Victim

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

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

In the late 19th 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

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

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

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.

Source: AHCQ, 2003

*Note: The text on the slide is a summary of the discussion on health disparities and the public response to them. The slide includes a list of recommendations for action and a summary of the historical context of the issue.*
Phase I: Community Participatory Action Research & Coalition Building Model (Giachello et al. 2003)

Coalition Formation
- Capacity-Building (Training)
- Assessment, Data Collection & Analysis
- Dissemination
- Evaluation
- Community Engagement
- Problem Definition
- Strengthening
- Community Mapping
- Focus Groups
- Telephone survey
- Photo Voice
- Evaluation

Differences Between Mainstream & CBPAR

Mainstream
- Rigid
- No or little community participation
- PI is in control
- Close decision-making
- No accountability to community
- The project ends when data is collected & analyzed
- Partnership with community not equal
- Tend to stress community deficits

Action RES.
- Flexible
- Considerable amount of community participation
- There is shared governance. Community have a sense of ownership
- The real action starts when data is collected and analyzed
- Sharing of funds, jobs, TA or training
- Stress community assets

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

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

Environmental Health...
Hispanics/Latinos & African Americans Community Coalition

DEEP Evaluation Results

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Pre-Test</th>
<th>Post-Test</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1C (mg/dL)</td>
<td>32</td>
<td>8.8 (9.04)</td>
<td>6.3 (5.02)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Systolic blood pressure (mm Hg)</td>
<td>25</td>
<td>146 (24.27)</td>
<td>129 (16.77)</td>
<td>&lt;0.006</td>
</tr>
<tr>
<td>Diabetes Knowledge (yes/no)</td>
<td>45</td>
<td>0.8 (1.32)</td>
<td>0.4 (1.14)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Followed a healthy eating plan</td>
<td>30</td>
<td>3.3 (1.25)</td>
<td>4.1 (1.3)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Spends 5 servings of fruits daily</td>
<td>75</td>
<td>1.4 (1.6)</td>
<td>2.1 (2.0)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Minutes of physical activity</td>
<td>40</td>
<td>8.7 (3.73)</td>
<td>4.7 (3.33)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Test blood sugar</td>
<td>45</td>
<td>8.6 (3.06)</td>
<td>5.3 (2.06)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Check blood pressure</td>
<td>45</td>
<td>8.6 (3.02)</td>
<td>5.4 (2.3)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Check blood of glucose</td>
<td>44</td>
<td>8.4 (2.62)</td>
<td>5.3 (2.39)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Take recommended medications</td>
<td>34</td>
<td>8.5 (2.31)</td>
<td>6.7 (1.8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Hypertension</td>
<td>34</td>
<td>7.1 (1.6)</td>
<td>6.3 (1.7)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td>34</td>
<td>7.1 (1.6)</td>
<td>6.3 (1.7)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

DEEP: Developed by UIC Midwest Latino Research Center based on Latino Access, Inc. models, in 1998.

Other Roles for Community Health Workers (CHWs)

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

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.
CHWs Role featured at NBC Nightly News

www.youtube.com/watch?v=IA3CJvUu2M&feature=plcp

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

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

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
- Environment
- Education
- Economy

Impacts
- No place to exercise
- Can’t afford healthy food
- 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

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

5. CEED partner with Southeast Chicago Development Commission

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


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


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
- Puerto Rico Lung Association
- Puerto Rico American Legacy Foundation
- Campaign for Tobacco Free Kids
- RWJF
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

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

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.

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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