




We've Got the Data!

Next Steps in Addressing Health Disparities

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Overview

- ◆ AAHC Described
- ◆ Health Disparities Data
- ◆ Intersection of Research and Practice
- ◆ From Data to Action
- ◆ Discussion

Started by a Diverse group of Volunteers

AAHC grew out of the need to access the health planning process within the state of Oregon. It included Members from: the African American community, healthcare professionals, and other social service agency members.



The African American Health Coalition, Inc.

- ◆ **Mission:** To Promote Health and improve wellness among African Americans living in Oregon through health education, advocacy and research
- ◆ **Vision:** To become the healthiest Africa American Community in the Nation
- ◆ **Motto:** A Healthy Community Starts With You!!!



AAHC History

- ◆ 1989-1998 An All Volunteer Organization
- ◆ 1996 Held 1st Wellness Conf. & Village
- ◆ 1997 Applied for a 501C3
- ◆ 1998 Non-profit status Approved
- ◆ 1998 \$50,000 capacity-building Grant
- ◆ 1999 Hired President/CEO
- ◆ 2000-2007 3 Federal Grants completed
- ◆ 2008-Present 2 Federal Grants Spin-offs Sustained



AAHC's First Phase

Our founding members worked diligently to:

- ✦ Actively participate in the design and implementation of service delivery models in collaboration with health care officials.
- ✦ Work with the research community
- ✦ Help to reduce the exploitation of AA.
- ✦ Bridge the gap between the African American community, and local and state healthcare officials, and healthcare systems.
- ✦ Educate AA community members on CBPR principals
- ✦ Educate AA's on the value of inclusivity in research.



AAHC'S Second Phase

2006, the local African American community was mobilized with strategies and resources to prevent and reduce chronic illness and disease.

- ◆ 3000 people self-referred annually for passes to use local community exercise and fitness facilities.
- ◆ Many hundreds of people turned out annually for health screenings, nutrition seminars, and to participate in wellness activities (e.g, Wellness Walk).
- ◆ Local Black media, local and state health departments, and Oregon legislature recognized the AAHC as the "go to" agency for African American health issues.
- ◆ AAHC received the Spirit of Portland award for Non-Profit of the year.



AAHCS Second Phase Cont.

AAHC launched three federal grants including Racial and Ethnic Approaches to Community Health. Through (REACH2010) AAHC was able to:

- ◆ Changed community norms knowledge and attitudes of thousands of African Americans.
- ◆ Built community capacity to deliver ethnic specific programs
- ◆ Educated certified and and contracted with 15 fitness activity instructors and 11 hairstylists,
- ◆ Increased employment within the AA community
- ◆ Distributed approx \$450,000 back to the community annually for 7 years
- ◆ Trained, motivated and influenced 26 lay health educators to improve their own personal health along with their peers



AAHC's Current Phase

In 2011, AAHC continues to engage over 10% of Portland's African American population in health activities. In conjunction with research scientists and other collaborative partners AAHC continues to:

- ◆ Target interventions for specific areas of behavioral health change.
- ◆ Execute a pilot project to address the intersection of depression and exercise.
- ◆ Develop a strategic longterm strategy for succession and sustainability.
- ◆ Seek funding to spin off the pilot into a longterm intervention.
- ◆ Develop research partners for studies on diabetes and cancer within the African American community.
- ◆ Prepare to conduct a capital campaign to provide additional unrestricted funds and to sustain the AAHC.



Why Is The AAHC Needed?

- ◆ Traditional Programs may not be applicable to minority populations
- ◆ Interventions often need to be tailored to specific populations
- ◆ Important to evaluate new interventions, and include community input in the analysis and interpretation of the findings




AAHC's Greatest Accomplishment?



What Was REACH 2010 in Oregon?


- ◆ Four community-driven and culturally appropriate strategies including:
- ◆ Holla! Youth Program (Healthy Options for living longer actively)
- ◆ Wellness Within REACH (The Movement)
- ◆ Spice it Up! (Healthy Soul Food Cooking Workshops)
- ◆ Lookin' Tight Livin' Right (Beauty/Barber Shop intervention)





Healthy Options to Live Longer Actively HOLLA

- ◆ Peer to peer education model
- ◆ Trains African American youth at two local high schools, n= 40 each year
- ◆ Students have reached nearly 1,600 audience members over last 3 years
- ◆ Students trained on CVD and its risk factors, and strategies of prevention
- ◆ Students present to their peers and extended family members to increase awareness



Wellness Within Reach WWR

- ◆ A no-cost physical activity program – offering African Americans in N/NE Portland access, affordability and comfort to exercise classes
- ◆ Since April 2003: 2,146 unique participants have attended WWR classes
- ◆ 15 classes, 10 different venues, 13 certified instructors
- ◆ Has impacted the community's norm towards embracing physical activity as a lifestyle change
- ◆ Community members call WWR a “MOVEMENT”



AAHC Community-Specific Outcomes

- ◆ Increased community knowledge related to disparities
- ◆ Increased number of community members trained as lay health educators
- ◆ Creation of healthy communities
- ◆ Increased access to health care
- ◆ Increased capacity to conduct community-based participatory research



AAHC Outcomes Continued

- ◆ A study by Multnomah County Health Department on Racial and Ethnic Health Disparities (1990 - 2004) revealed significant and gratifying changes in Cardio-vascular related mortality of African Americans relative to Whites due to heart disease (12.8% lower) and stroke mortality (.2% lower).
- ◆ Mayor Tom Potter, Senator Avel Gordly, numerous local and state health department officials credited the AAHC activities for make a difference.

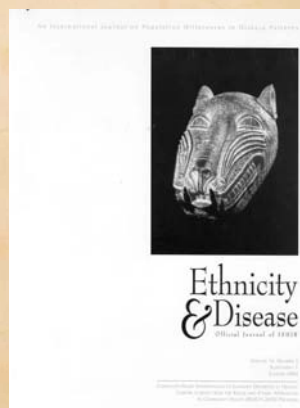


REACH2010 Was Rigorously Evaluated

- ◆ Rigorously evaluated by Portland State University
- ◆ Evaluated by the Center for Disease Control and Prevention
- ◆ Documented that thousands of Portland's African American adults learned how to identify risk factors of cardio-vascular disease;
- ◆ Engaged over 10% of Portland's adults in preventive health programs such as exercise classes;
- ◆ 88% of the participants reported that they substantially increased the amount of exercise they regularly got;
- ◆ 76% increased their ability to manage heart health and had lower cholesterol, diabetes, and blood pressure



Wellness Within REACH



What Is Our Greatest Strength?

It is to Listen to the Community



And To Hear What The Community Is Saying



AAHC's Partial List of Partners

- ◆ African American community members
- ◆ Legacy, OHSU, Providence, and Kaiser, Eli Lilly
- ◆ OHSU Center for Health Disparities School of Nursing
- ◆ State and County Health Departments
- ◆ 35 agency consortium members—Heart Association, Kidney Foundation, Social Service Agencies, Community Members, Churches, Schools
- ◆ Portland State University – Regional Research Institute
- ◆ 13 Beauty Shops & Barbershops
- ◆ Substance Abuse Mental Health Services Administration (SAMHSA)
- ◆ Office of Minority Health (OMH)
- ◆ City of Portland Parks and Recreation
- ◆ Local and State Legislators
- ◆ Local Non-Profit Organizations



Health Disparity Documentation

- ◆ 1984 DHHS Task Force Report
- ◆ 1985 Heckler report
- ◆ 1998 Clinton financially supported Healthy People 2010
- ◆ 1999 CDC funded REACH Program
- ◆ 2002 Institute of Medicine published "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health"
- ◆ National Health Care Disparities Report



Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. National Academic Press; 2003.
National Health Care Disparities Report (USDHHS 2005), and reports from the Institute of Medicine on Unequal Burden (Haynes&Smedley1999) and Unequal Treatment (Smedley et al. 2003).

- ◆ **DATA**
- ◆ 45% of African American adults suffer from a chronic disease
- ◆ Seven out of 10 African Americans ages 18 – 64 are obese or overweight
- ◆ African Americans are 15% more likely to suffer from obesity than whites.
- ◆ 13 percent less likely to undergo coronary angioplasty
- ◆ One-third less likely to undergo bypass surgery than are whites.
- ◆ African Americans with HIV infection are less likely to be on antiretroviral therapy
- ◆ less likely to receive prophylaxis for Pneumocystis pneumonia
- ◆ less likely to receive protease inhibitors than other persons with HIV



AHRQ. Publication No. 00-P041. Addressing Racial and Ethnic Disparities in Health Care Fact Sheet.

Health Disparity Data

Research since 2003 has identified disparities in access to primary care.

- ◆ 30 percent of Hispanics and 20 percent of black Americans lack a usual source of health care compared with less than 16 percent of whites;
- ◆ Hispanic children are nearly three times as likely as non-Hispanic white children to have no usual source of health care;
- ◆ African Americans and Hispanic Americans are far more likely to rely on hospital emergency rooms or clinics for their usual source of care than are white Americans (16 and 13 percent, respectively, v. 8 percent).



National Academic Press; 2003.


Racism Impacts Health

Racism impacts health in the following areas:

- ◆ Higher risk of depression and suicide
- ◆ Damaged self-esteem, higher risk of addictions
- ◆ Poorer general health
- ◆ Shorter life span
- ◆ Higher infant mortality-a marker of a community's health
- ◆ Unemployment, underemployment, and lower wages
- ◆ Limited access to homeownership, education, and services needed to live healthy.
- ◆ Experiences of race-based discrimination are positively associated with raised blood pressure and poorer self-rated health



(Ali, n.d.); (Krieger & Sidney 1996).




Additional Disparities

In Treatment for Breast Cancer:

Length of time between an abnormal screening mammogram and the follow-up diagnostic test to determine whether a woman has breast cancer is more than twice as long in Asian American, black, and Hispanic women as in white women.

AHRQ. Publication No. 00-P041. Addressing Racial and Ethnic Disparities in Health Care Fact Sheet.



Evidence for Community Based Approaches to Reducing Disparity

- ◆ World Health Organization recommends community approaches to address social and economic determinants of health (Verona Initiative, 1998)
- ◆ Community and Empowerment Processes are conducive to good health (Kieffer, 1984)
- ◆ Changing community norms & values, rather than individuals, leads to healthier settings & reduces health risk behaviors (Thompson & Thompson, 1990)



Cost Reduction

There is also ample research also on the: Cost savings associated with prevention of chronic diseases.

- ◆ Elimination racial and ethnic disparities would lead to the greatest cost savings.
- ◆ Significant stream of research on the cost-effectiveness of community-based programs,
- ◆ Including physical activity, to address these health disparities.



Trust for America's Health. Issue Report: Prevention for a healthier America, Preventing Epidemics, Protecting People, RWJ Foundation 2008.
Roux, Larissa et. Al. Cost Effectiveness of Community-Based Physical Activity Interventions. 2008 American Journal of Preventive Medicine

What happens when having the data isn't enough?



Where do we go from here?

Now that we have all this data about the nature of the problem and promising directions for intervention, what is the AAHC we doing about it?

- ◆ Community Based Participatory Research
- ◆ Use Evidence Based Practice as a framework to deliver Practice Based Evidence Programs
- ◆ Other community-led initiatives
- ◆ Continue to deliver culturally relevant health education programs
- ◆ Develop a sustainability plan to ensure that our infrastructure stays in tack,
- ◆ Continue to seek out and help to develop “culturally competent researchers” to support our work



What Do We Need In Order To Continue to Improve Community Health?


- ◆ **Inclusivity** is the fundamental element to successful program design
- ◆ Community members must have **buy-in** in order to be mobilized;
- ◆ **ownership** by community is crucial
- ◆ Broad-based community **partnerships** are essential in capacity building
- ◆ **Participation** is essential for community health development





Current Trends Since 2006

- ◆ The role of the university vs. community as the locus of all research has increased.
- ◆ The role of the public health systems vs. community-based organizations as the locus of all implementation has increased.
- ◆ The focus on policy change over behavior change in combating chronic disease has increased.



Other Current Trends


- ◆ Federal government crafted a variety of prevention initiatives.
- ◆ Communities Putting Prevention to Work
- ◆ Community Transformation Grants
- ◆ Communities are involved only as mini-grantees.
- ◆ Highly Competitive for Public health departments
- ◆ Develop and Implement Policy Projects on Environmental changes (transportation and retail)





Our Concern

While policy change is well anchored in the public health literature as an “upstream solution” to health improvements, many of the policies have little promise of changing the social or behavioral norms of the communities of color.



For Example

- ◆ Increasing active transportation through bicycling
 - ◆ Not a mode of transportation African Americans are likely to engage.
 - ◆ Retail food initiative in Portland
 - ◆ Focus on increasing the amount and variety of fresh foods available at corner stores.
 - ◆ Our studies of the African American community reveal that few people shop there for food.
- ◆ Yet, significant resources are now diverted THERE



Data to Action

Four important questions come up about the status of community health:

- ◆ How well are we increasing community involvement ?
- ◆ Ensuring communities benefit from the program?
- ◆ Sharing leadership roles, resources and data collection?
- ◆ Maintaining mutually beneficial challenges and sustaining promising program activities?



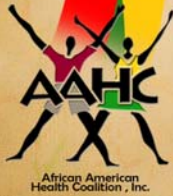
Discussion Points

- ◆ Use existing models of respectful and fruitful relationships between community-based organizations, public health institutions, and universities
- ◆ Use lessons learned
- ◆ Shift toward more balanced funding and conceptual models to empower communities to be equal partners
- ◆ Don't throw the Baby Out with the Bath Water
- ◆ It's not policy or service delivery--its both




Clearly there is a role for more research to address racial health disparities, but the balance should shift toward bi-directional research with community-led projects in the affected communities. (SMEUCCI PHD, AAHC INTERNAL EVALUATOR)

A Healthy Community Starts With You




Everyone's Help is Needed!!!!





Community problems are best addressed through community-driven solutions!!


African American Health Coalition, Inc.



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