

Community Development Model for Eliminating Population Disparities

Robert G. Robinson, Dr.P.H.

*Associate Director for Program Development
Office on Smoking and Health*

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
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A Model for Eliminating Disparities in Communities, Race/Ethnic Groups, Low SES and other Population Groups

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*Associate Director for Program Development
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Eliminating Population Disparities: A Model for Strategic Planning in Tobacco Prevention and Control

Robert G. Robinson, Dr.P.H.

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From Diversity to Disparity

- Diversity
 - Capacity and Infrastructure
 - Tokenism equals homogeneity
- Disparity
 - Capacity and Infrastructure
 - Tokenism equals diversity

Disparity Data

1996 U.S. Death Rates for Leading Causes of Death

Age Adjusted per 100,000 population, for Blacks and Whites

Causes	White	Black	Black/White Ratio
All Causes	466.8	738.3	1.58
1. Heart Disease	129.8	191.5	1.48
2. Cancer	125.2	167.8	1.34
3. Stroke	24.5	44.2	1.80
4. Pulmonary Disease	21.5	17.8	0.83
5. Injuries	29.9	36.7	1.23
6. Flu and Pneumonia	12.2	17.8	1.46
7. Diabetes	12.0	28.8	2.40
8. HIV/AIDS	7.2	41.4	5.75
9. Suicide	11.6	6.6	0.57
10. Liver Cirrhosis	7.3	9.2	1.26

Source: NCHS 1998



1996 U.S. Death Rates for Leading Causes of Death

Age Adjusted per 100,000 population, for Latinos and Whites

Causes	Latino/White		
	White	Latino	Ratio
All Causes	466.8	365.9	0.78
1. Heart Disease	129.8	88.6	0.68
2. Cancer	125.2	77.8	0.62
3. Stroke	24.5	19.5	0.80
4. Pulmonary Disease	21.5	8.9	0.41
5. Injuries	29.9	29.0	0.97
6. Flu and Pneumonia	12.2	9.7	0.80
7. Diabetes	12.0	18.8	1.57
8. HIV/AIDS	7.2	16.3	2.26
9. Suicide	11.6	6.7	0.58
10. Liver Cirrhosis	7.3	12.6	1.73

Source: NCHS 1998



1996 U.S. Death Rates for Leading Causes of Death

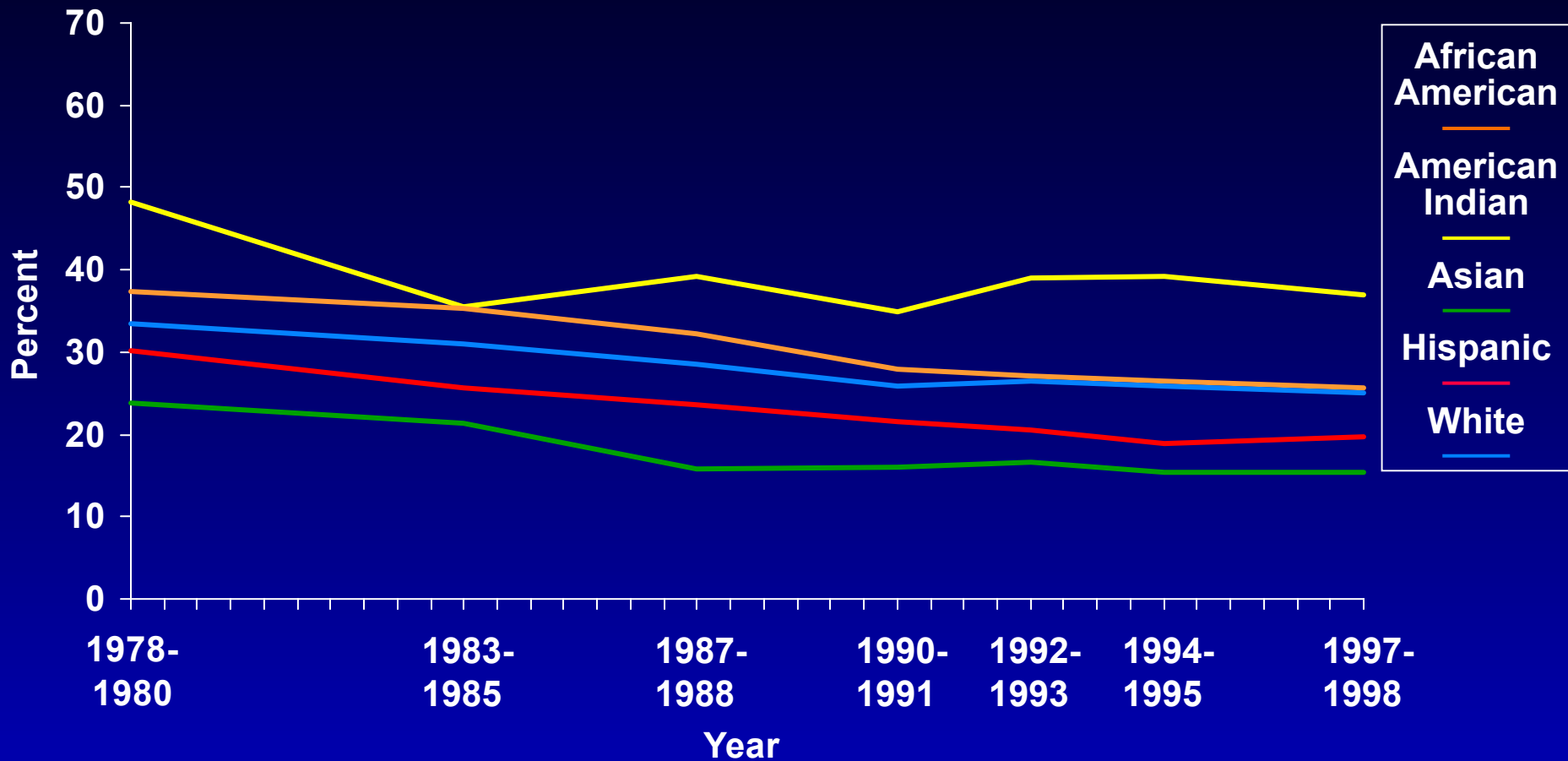
Age Adjusted per 100,000 population, for Asian Pacific Islanders (API) and Whites

Causes	API/White		
	White	API	Ratio
All Causes	466.8	277.4	0.59
1. Heart Disease	129.8	71.1	0.55
2. Cancer	125.2	76.3	0.61
3. Stroke	24.5	23.9	0.98
4. Pulmonary Disease	21.5	8.6	0.40
5. Injuries	29.9	16.1	0.54
6. Flu and Pneumonia	12.2	9.9	0.81
7. Diabetes	12.0	8.8	0.73
8. HIV/AIDS	7.2	2.2	0.31
9. Suicide	11.6	6.0	0.52
10. Liver Cirrhosis	7.3	2.6	0.36

Source: NCHS 1998



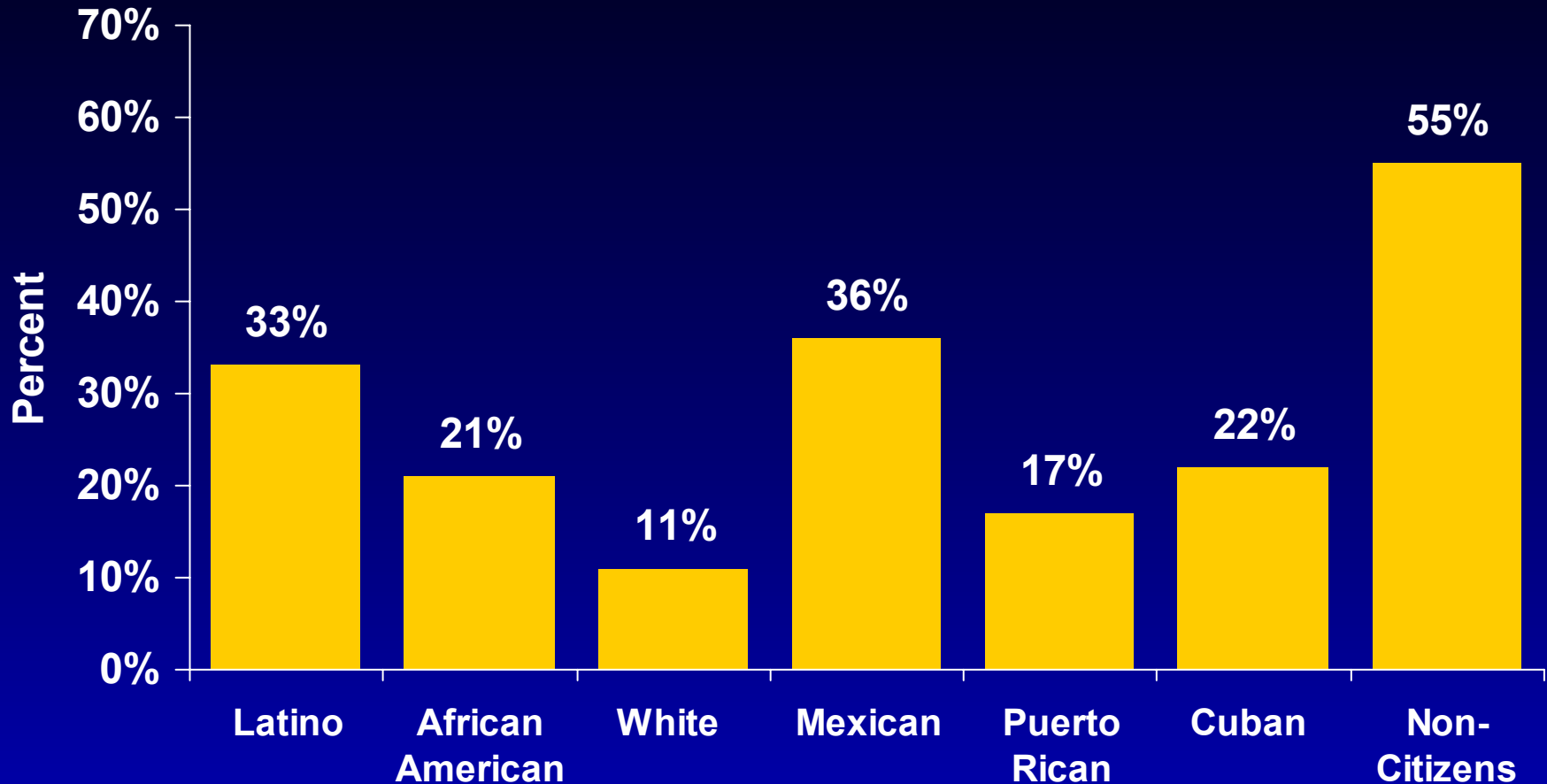
Trends in the Percentage of Current Cigarette Smoking by Race/Ethnicity, Overall—United States, Ages 18+, 1978-1999



Source: National Health Interview Surveys, 1978-1998, selected years, aggregate data



Financial Barriers Uninsured Adults in US: 1999



Source: Carrasquillo O, Himmelstein DU, Woolhandler S, Bor D. Will Medicaid Managed Care Provide a Continuity of Care? An Analysis of Tenure on Medicaid. American Journal of Public Health. 1998, 88, 464-466.



Selected Socioeconomic Indicators for Asians in the United States, 1990

Ethnic Groups	Median Income	% in Poverty
Asian	\$41,583	14.0
Japanese	\$51,550	7.0
Chinese	\$41,316	14.0
Filipino	\$46,698	6.4
Korean	\$33,909	13.7
Asian Indian	\$49,303	9.7
Vietnamese	\$30,550	25.7
Cambodian	\$18,126	42.6
Hmong	\$14,327	63.6
Laotian	\$23,101	34.7

Source: U.S. Census, 1990



Median Net Worth by Race and Household Income, 1991

Household Income	White	Black	Hispanic
Total	\$44,408	\$,604	\$5,345
Lowest Quintile	\$10,257	\$1	\$645
Second Quintile	\$25,602	\$3,299	\$3,182
Third Quintile	\$33,503	\$7,987	\$7,150
Fourth Quintile	\$52,767	\$20,547	\$19,413
Highest Quintile	\$129,394	\$54,449	\$67,435

Source: Eller, T.J., *Household Wealth and Asset Ownership: 1991*, U.S. Bureau of the Census, Current Population Reports, P70-34, U.S. Government Printing Office, Washington, D.C. 1994



Prison Populations by Race/Ethnicity and Year

	1926	1999
Black	21%	55%
Latino		20%
White	79%	20%

Problem Definition

- Complexity
- Institutionalization
- Cross Cutting
- Incrementalism
- Over determination of Race and Ethnicity

Model Axes

- Community + Race + Community Competence
- Capacity and Infrastructure or Community Development
- Community Prevention + Prevention + Control

Conceptual Issues

- Community
- Race
- Community Competence

Theoretical Constraints

- Reductionist Drift
 - Epidemiologic
 - Liberalism
 - Marxism
 - Behavioral

Basic Assumptions

Community + Race = Community Competence

- History
- Culture
- Context
- Geography

“Consciousness”

History

- African Americans
 - Slavery
- Asian/Pacific Islanders
 - Mortality building the railroads
- Hispanics/Latinos
 - Appropriation of ancestral lands
- Native Americans
 - Genocide

History

The Trail of Tears

“Few died of causes other than diseases. The Trail of Tears—
or, as Indians more often said, the Trail where they wept—was a
trail of sickness, with Indian sorcerers as doctors. Yes, and African
voodoo doctors, too. The blacks’ guts, too, were extended and raw,
their hearts broken. One must pity them. They and the Cherokees,
the Choctaws and Creeks, the government officers and
missionaries, all walking into history, which is owned by us all.”

—Source: *John Ehle, Trail of Tears: The Rise and Fall of the Cherokee Nation,*
Doubleday, New York, 1988, p. 385.

Two Perspectives

- James Baldwin
 - Nation with the greatest potential
 - We don't do History
 - We don't learn lessons
- Roots of Slavery
 - Imagery/Identity (AA, Latino, NA)
 - API: ?

Culture

- Religion
- Spirituality
- Family
- Elders
- Tradition
- Process

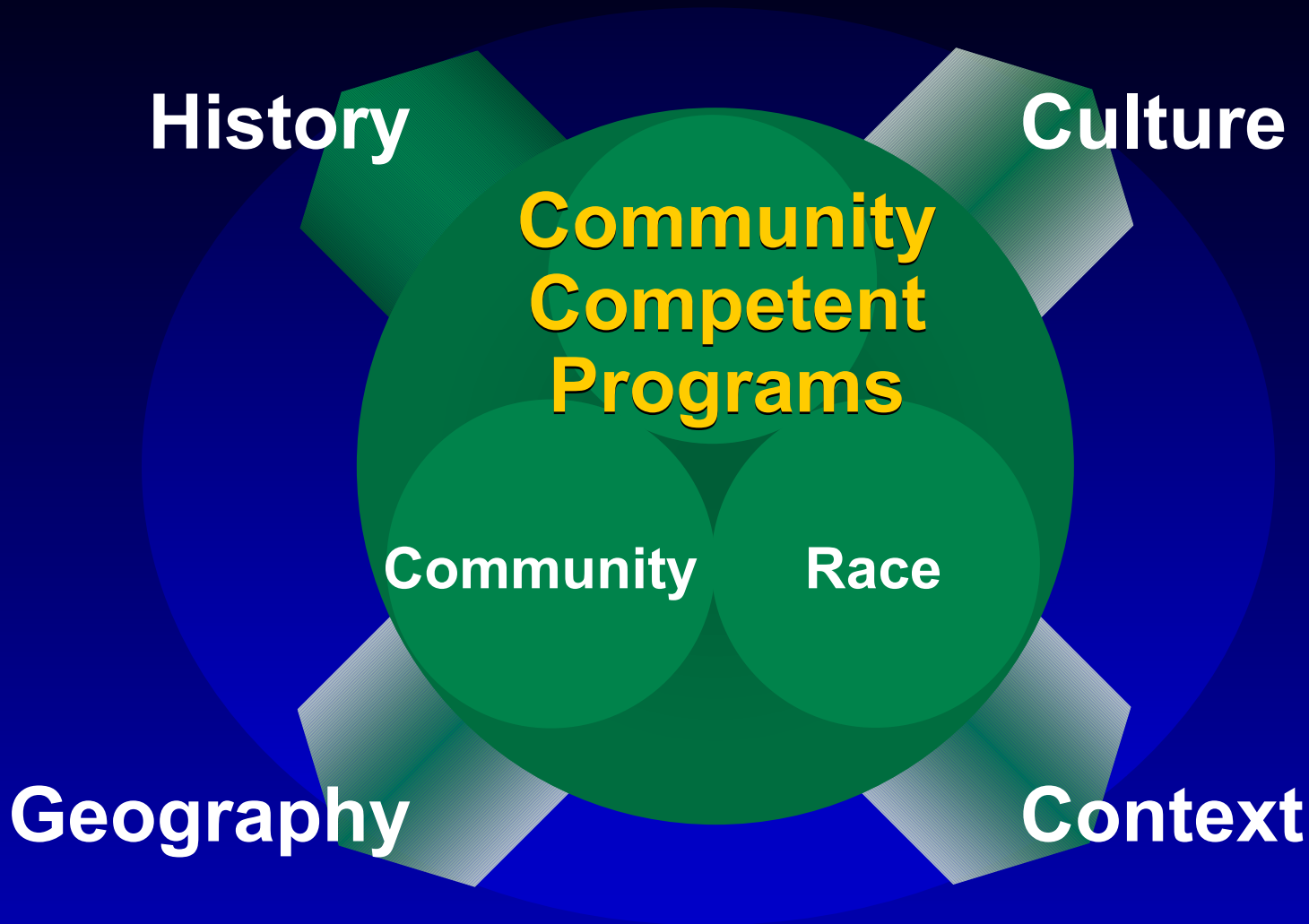
Context

- Racism
- Sexism
- Poverty
- Under-employment
- Lack of access
- No health insurance

Geography

- Urban
- Rural
- Mountains
- Access to the sea
- Vieques

Community Competence



Axis II

Capacity and Infrastructure

- Research/Researchers
- Community Competent Programs
(e.g., communications, training, service, education)
- Leaders
- Organizations
- Networks

Foundation and Process

- Capacity and Infrastructure
 - Research
 - Programs
 - Leaders
 - Organizations
 - Networks
- Social Capital
 - Cooperation
 - Collaboration
 - Trust

Axis III

Public Health Applications

- Community Prevention
 - Community Development
 - Capacity and Infrastructure Development
 - Community Competency

Public Health Applications (cont.)

- Prevention
 - Policy/Health Insurance
 - Environmental Norms
 - Mass Communication
 - Community-wide Channels

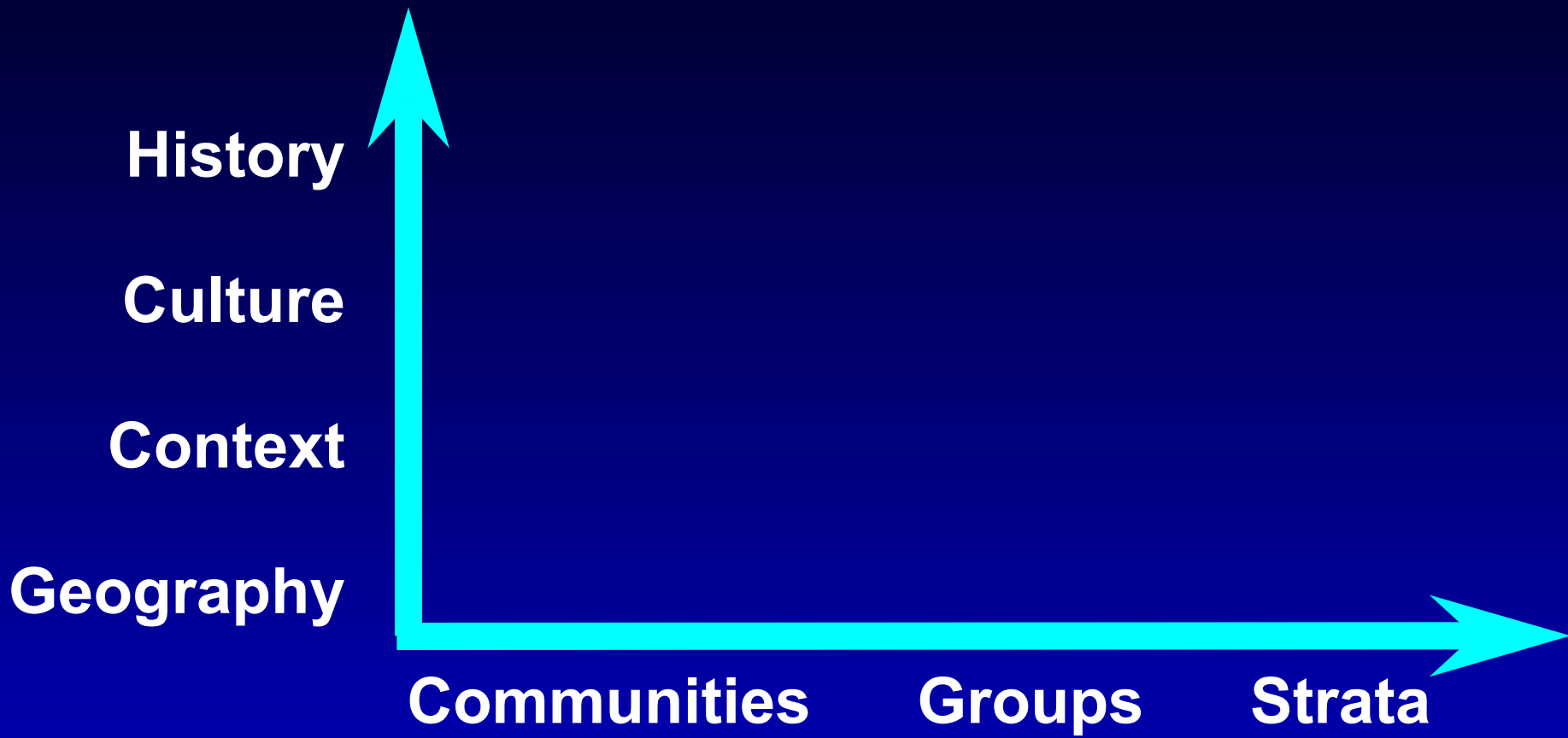
Public Health Applications (cont.)

- Control
 - Cessation
 - Access Barriers/Health Insurance
 - Low Literacy Materials
 - Service Programs

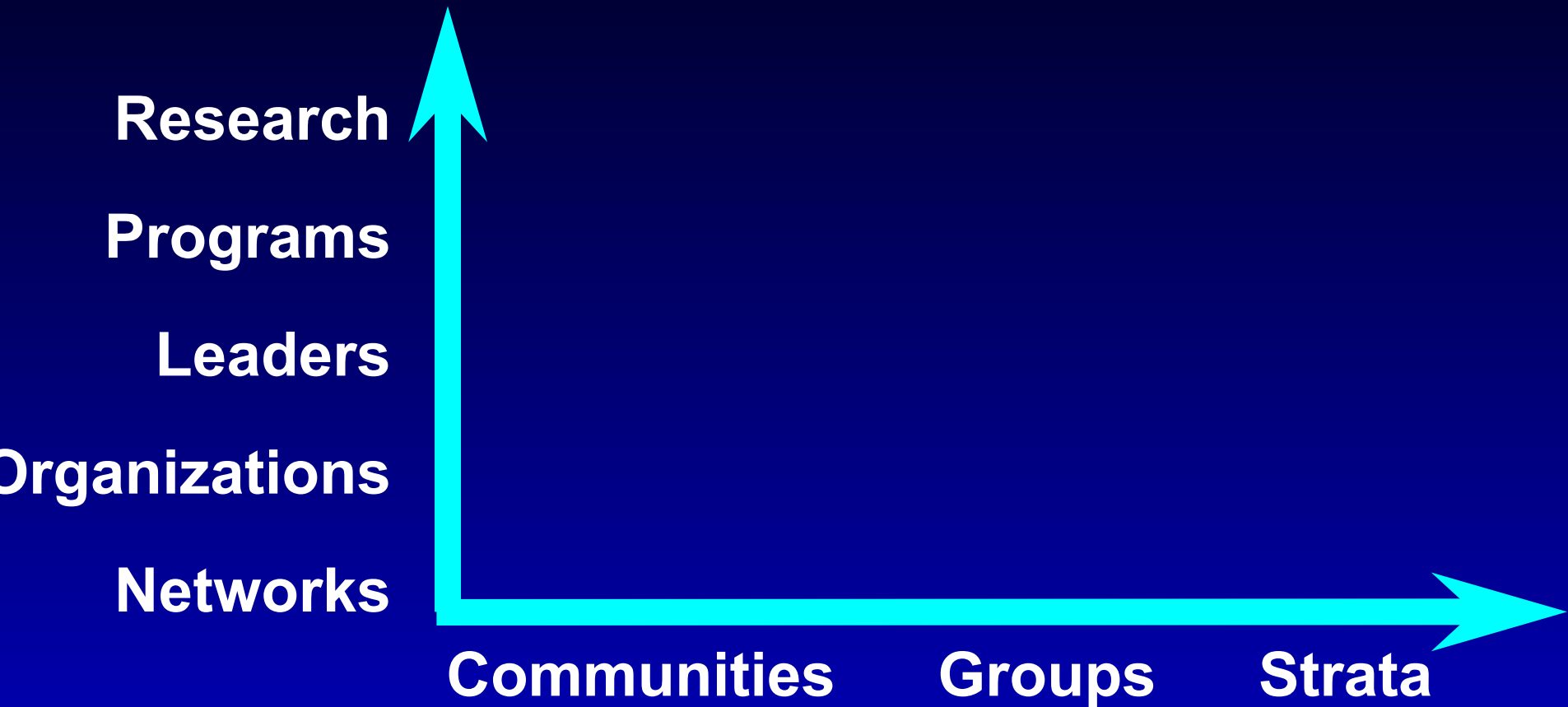
Public Health Applications (cont.)

- Prevention and Control
 - Early or late
 - Environment
 - Large aggregations or consumers
- Community Prevention
 - Time plus H/C/C/G
 - Developmental models
 - Integration of complexity

Community-Race-Community Competency



Capacity and Infrastructure



Intervention Components

- Assessment of Population Groups
- Surveillance and Evaluation
- Principles of Representation
- Community Competence
- Capacity and Infrastructure
- Service and Research Programs
- Material Development
- Policy and Law
- Trust

Assessment of Race/Ethnicity and/or Community *(Intervention)*

- Heterogeneity
- Socio-Demographic
- Collectivity
- Dynamic
- Relative importance of history, culture, context, and geography

Relativity of H/C/C/G

- African Americans and Latinos
 - History and culture
- Japanese and Chinese
 - Apartheid South Africa (context)
- Native American and Alaskan Indians
 - Geography and culture

Methodologic Constraints Related to Community

Unit of Analysis

- Genotype
- Individual
- Family
- Social Network
- Group
- Population Stratum

“Necessary but not sufficient”

Surveillance and Evaluation

(Intervention)

- Periodic Sampling
- Over Sampling
- Questionnaire Development
- Process and Outcome Assessments

Analytic Fallacy of Race “or” SES

- Bi-variate analysis
- Multi-variate analysis

Is race insignificant?

- First order of analysis: Risk
- Second order of analysis:
Intervention

Analytic Fallacy of Race “or” SES *(cont.)*

- Risk analysis
 - Disaggregates
 - Acontextual
 - Reductionist
- Disparity analysis
 - Aggregates
 - Contextual
 - Expansionist

Disparity Indicators

Epidemiologic
Behavioral: Personal
Behavioral: Institutional
Health
Capacity and Infrastructure

Epidemiologic

- Prevalence
- Quit Rates
- Relapse

Behavioral: Personal

- Addiction
- Habit
- Product Preference
(e.g. menthol)
- Knowledge
- Attitudes
- Practices
(e.g. screening)

Behavioral: Institution

- Preventive Services
- Institutionalized vs Random vs Selective
- Treatment
- Quality of Care
- Access to Care

Health

- Morbidity
- Five-year Survival Rates
- Proportion of Stages
- Mortality
- Years of Potential Life Lost

Capacity and Infrastructure

- Research/Researchers
- Community Competent Programs
(e.g. communications, training, cessation, education)
- Leaders
- Organizations
- Networks

Disparate Populations

Communities

- African American
- Asian American/Pacific Islanders
- Hispanic/Latino
- Native American
- Gays/Lesbians/Bisexuals/Transgenders
- Cajuns
- Cowboys/Cowgirls
- Women

Groups

Mentally Ill

Physically Challenged

Prison Groups

Homeless

Tobacco Farmers

Immigrant Workers

Substance Abuse Clinics

Population Strata

- Women
- Men
- Youth
- Ages 18-24
- Rural
- Migrant Workers
- Blue Collar Workers
- Elderly
- Low Socioeconomic Status
(e.g., income, education, wealth)

Principles of Representation

(Intervention)

- Ethical Framework
 - Participatory
- Diversity
 - Democratic
 - Absence of tokenism
 - Multicommunity
- Inclusivity
 - Participation in decision making
 - Quality of decision making
 - Empowerment

Basic Premises

(Intervention)

- Society is not one people, but many.
 - social injustice
 - racism
 - inequity
 - stratification
 - modes of production
 - patterns of development
- Organization of society occurs at the level of community, not the individual.
- One “shoe” or program does not fit all: community competence requires many.

Community Competence

(Intervention)

- More than imagery and language translation
- Resonates with history
- Reflects community values, attitudes, expectancies, and norms
- Relevant to context or social/political/economic experience
- Utilizes geographical imagery or context

Community Competence (cont.)

(Intervention)

- Salient imagery
- Positive imagery
- Language
- Literacy
- Multi-generational
- Diversity

Implementing Community Competence *(Intervention)*

- Process
 - Diversity and Inclusivity
 - Participatory
- Skills
 - Sensitivities/Sensibilities
 - Experienced and Learned Knowledge
- Evaluation
 - Interviews
 - Focus Groups
 - Surveys
 - Efficacy/Effectiveness Testing
 - Demonstration Projects

Capacity and Infrastructure

(Intervention)

- Community Development
 - Research and researchers
 - Community competent programs
 - Leaders
 - Organizations
- Networks
 - Information sharing
 - strategic planning
 - meetings and conferences

Service and Research Programs

(Intervention)

- Contributes to capacity and infrastructure
- Meets community needs (e.g., prevalence, relapse, addiction, lack of services)
- Resonates with mission of community agencies
- Strategic: moves community along the continuum from service to policy applications

Material Development

(Intervention)

- Community competent
- Creative use of methodology
- Methods useful for more than image/message evaluation
- Synergistic: resources, volunteers, new or emergent leaders
- New facilitates community development

Policy and Law

(Intervention)

- Respect for Tribal Sovereignty
- Diversity/Inclusivity as a Funding Criterion
- Health Insurance: service and treatment
- Universal Healthcare Coverage and Access
- Community Development Mandate
- Disincentives for inequities and other “ISMs”
- Surveillance of communities with low numbers
- Replacement Dollars

Trust

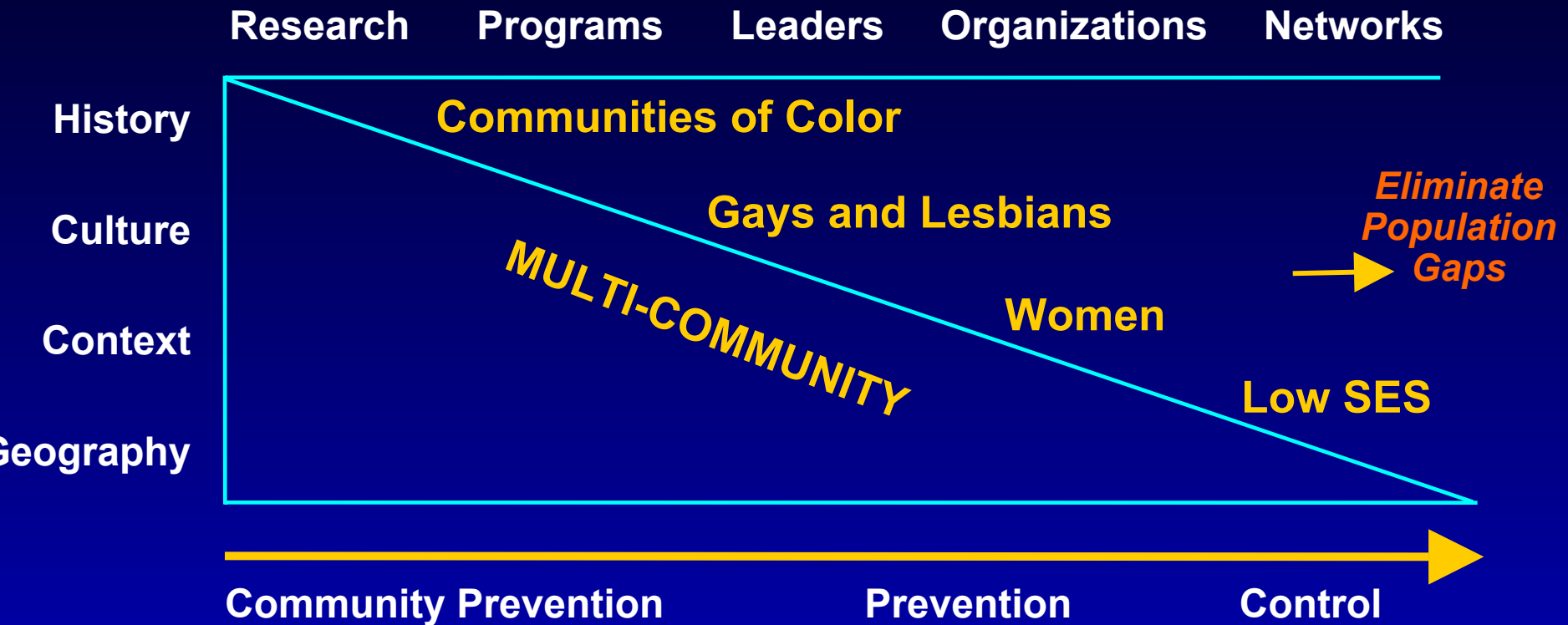
(Intervention)

- Community competent staff and leadership
- Respect for in-house staff
- Respect for gatekeepers
- Paying dues when appropriate
- Freedom to express parallel loyalties
- Program flexibility

Model Axes

- Community + Race + Community Competence
- Capacity and Infrastructure or Community Development
- Community Prevention + Prevention + Control

Eliminating Disparities (Strategic Planning)



Model Characteristics

- Robust
 - Inclusive of multiple population groups
- Dynamic
 - Conceptual components relative to respective groups
- Comprehensive
 - Community development
 - Community prevention, prevention, and control
 - Communities, groups, and strata
- Flexible
 - Responsive to state-based heterogeneity

Goals

- Empowerment
- Participation
- Relevance
- Effectiveness

Guiding Principles

- Heterogeneity
- Diversity/Inclusivity
- Participatory
- Community and Race
- Community Competence
- Capacity and Infrastructure Development
- Service and Policy
- Trust
- Comprehensiveness

Application Guidelines

Model is strategic...10 year plan to eliminate disparities.

1. Plan strategically with goals that are short and long term.
2. Determine heterogeneity in state or territory and within respective race/ethnic groups and/or communities.
3. Establish baseline of disparity indicators (e.g. epidemiologic, behavior, health, capacity and infrastructure) for communities, race/ethnic groups, or other population groups.
4. Use best estimates for groups (e.g. API) and/or disparity indicators (e.g., capacity and infrastructure) when minimal information is available or assessment protocols are not yet fully developed.

Application Guidelines (cont.)

5. Surveillance and evaluation will use race/ethnicity for description and risk assessment. Socio-demographic variables will be used as appropriate.
6. Surveillance and evaluation will use socio-demographic variables for analysis. Determinants of community and race or variables related to history, culture, context and geography can be used for assessing appropriate interventions. Race/ethnicity should be used for analysis only as a last resort when more appropriate explanatory variables are not available.
7. Evaluate decision making processes for diversity, inclusivity and participator processes.

Application Guidelines (cont.)

8. Develop strategic plan (e.g., 10 years) related to heterogeneity, established interventions, materials or programs requiring development, and community development or capacity and infrastructure needs.
9. Develop guidelines for developing and/or assuring delivery of community competent interventions.
10. Assess strategic plan with regard to trust and program flexibility.
11. Implement strategic plan.
12. Assess strategic plan annually.

Suggested Activities for State Health Department

- Support capacity and infrastructure development
- Support community competent programs, research and data analysis
- Support community model of assessment and applications
- Support targeted initiatives

Suggested Activities for State Health Department (cont.)

- Support and Provide Technical Assistance
- Support and Provide Training
- Support and Provide Evaluation at the Local Level
- Support Multicommunity Monitoring of Statewide Operations/Applications

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The Beginning...

