Health Disparities & Role of Cultural Competencies &CBPR in Health Education Research

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Speaker Bio

- Introductions:
  - Kathleen J. Young, M.P.H., Ph.D. M.S.
    - Education: Second Master's in Public Health (MPH) (Health Policy and Management (May, 2010); Ph.D. in Health Education and Promotion (2002).
    - 2003-present: Associate Professor for the Health Education/MPH Programs in the Department of Health Sciences, CSU, Northridge.
    - Research Interests: Tobacco Advocacy Control/Tobacco Policy and Women's Health (primary preventative measures in breast cancer health, comprehensive prevention and screening).
    - Professional activities (selected): Board of Dir's member for the American Association of Health Education (AAHE) and active member in various other professional associations, and evaluation external consultant.
      - Colleges Organized & Unified for Good Health (COUGH-Northridge) Coordinator, 20088-present.
    - Public Health Professional 1986-present.

Overview

- KJY: Bio
  - Icebreaker activity
    - Please introduce yourself to 1-2 new people☺
- The Historical Background & Scope of Public Health Sciences
- The Background and Scope of Health Disparities (HD)
  - Database information at the local, county, state level(s).
- Research Methods in HD
  - Method 1: Social Epidemiology
    - What is SE? Why important when addressing HD?
  - Method 2: Mixed Methodology in HD.
  - Method 3: Community-based Participatory Research.
    - Trends CBPR (what it is and how it is used to study HD)
- The Importance of Cultural inclusiveness and Competencies in HD Research.
- Resources

Public Health Practice in the United States

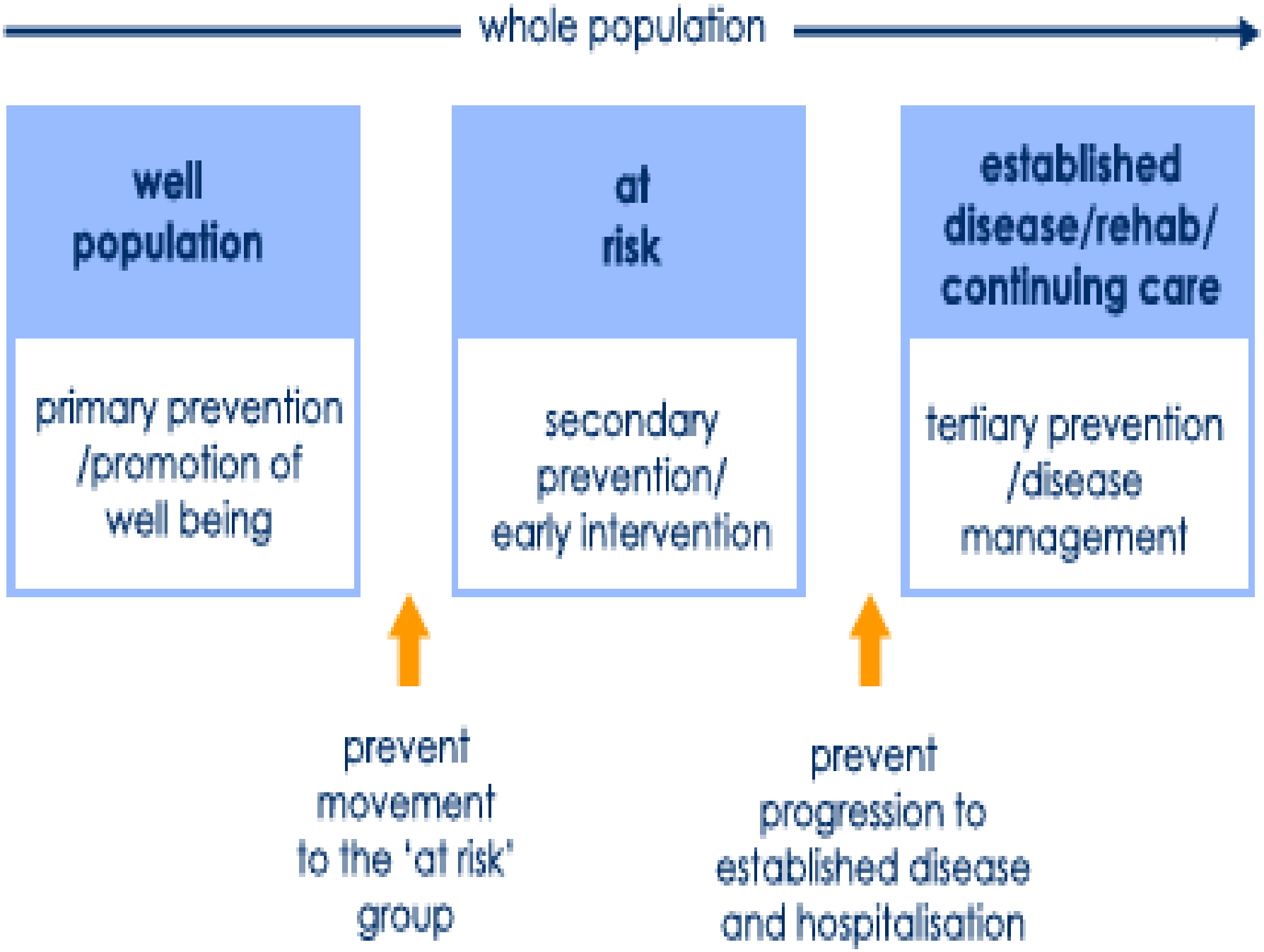
- What is Public Health Prevention?
  - Background
  - The Sciences of Public Health
    - Disciplines of Public Health:
      - "Epidemiology
      - Statistics (Biostatistics)
      - Biomedical Sciences
      - Behavioral Sciences
      - Environmental Sciences
      - Health Policy & Management (or Health Administration)" (Schneider, 2006).

Public Health Practice

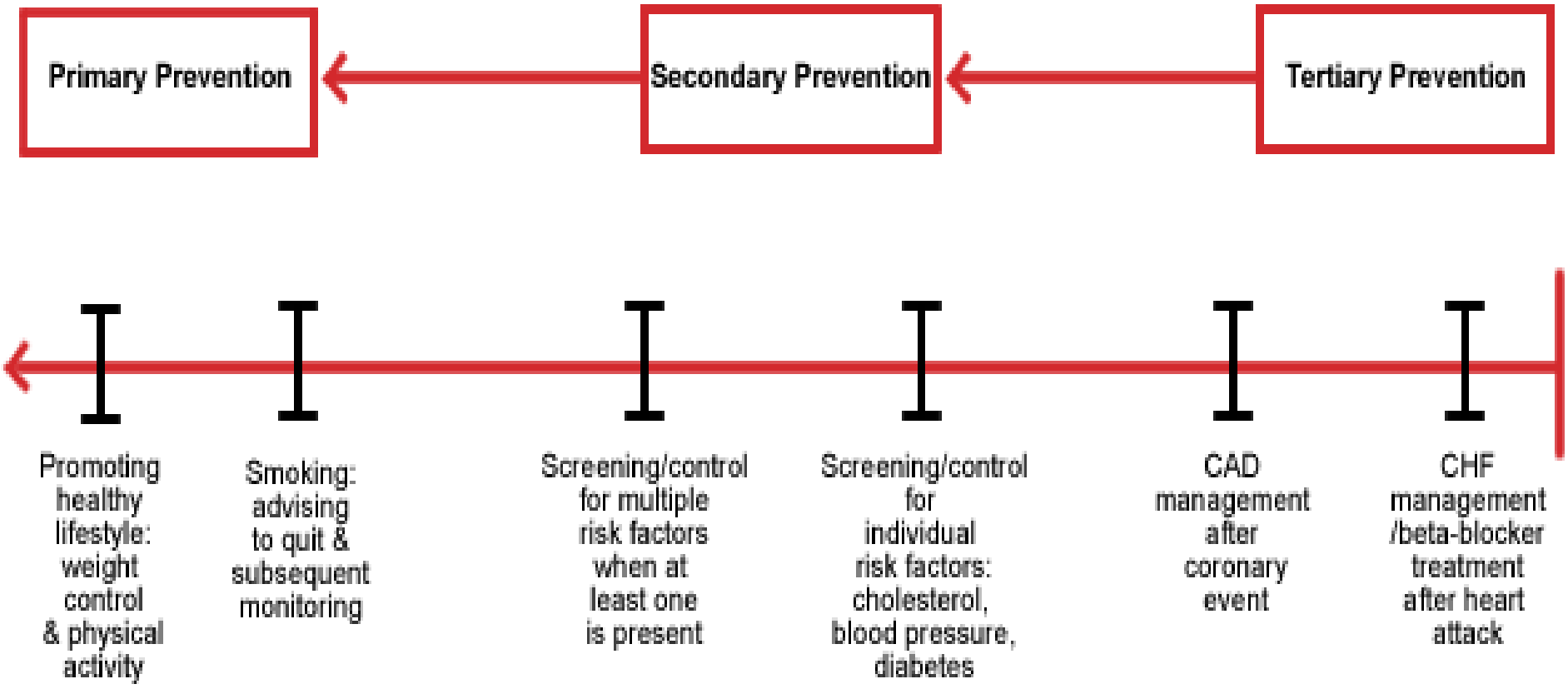
- The American Public Health Association
  - Established in 1872.
  - www.apha.org
    - http://www.apha.org/programs/disparitiesdb/
    - *Spirit of 1848 (Est. 1997)* was recognized as a Caucus in official relations with APHA, July 1997. Its primary focus is the issue of social inequalities.
    - Pls see booklet
  - Oldest and largest public health professional organization in the United States (APHA, 2009).
    - APHA represents a broad array of health providers, educators, environmentalists, policy-makers and health officials.
  - Primary voice for public health advocacy
    - The 138th American Public Health National Conference, "Social Justice: Public Health Imperative", Denver, CO.
      - November 6-10, 2010.

Practical Applications

- Prevention of disease:
  - Three levels of prevention:
    - Primary Prevention:
    - Secondary Prevention:
    - Tertiary Prevention (Friis & Sellers, 2004).


whole population
well population
primary prevention /promotion of well being
at risk
secondary prevention/ early intervention
established disease/rehab/ continuing care
tertiary prevention /disease management
prevent movement to the 'at risk' group
prevent progression to established disease and hospitalisation

CVD Care Continuum

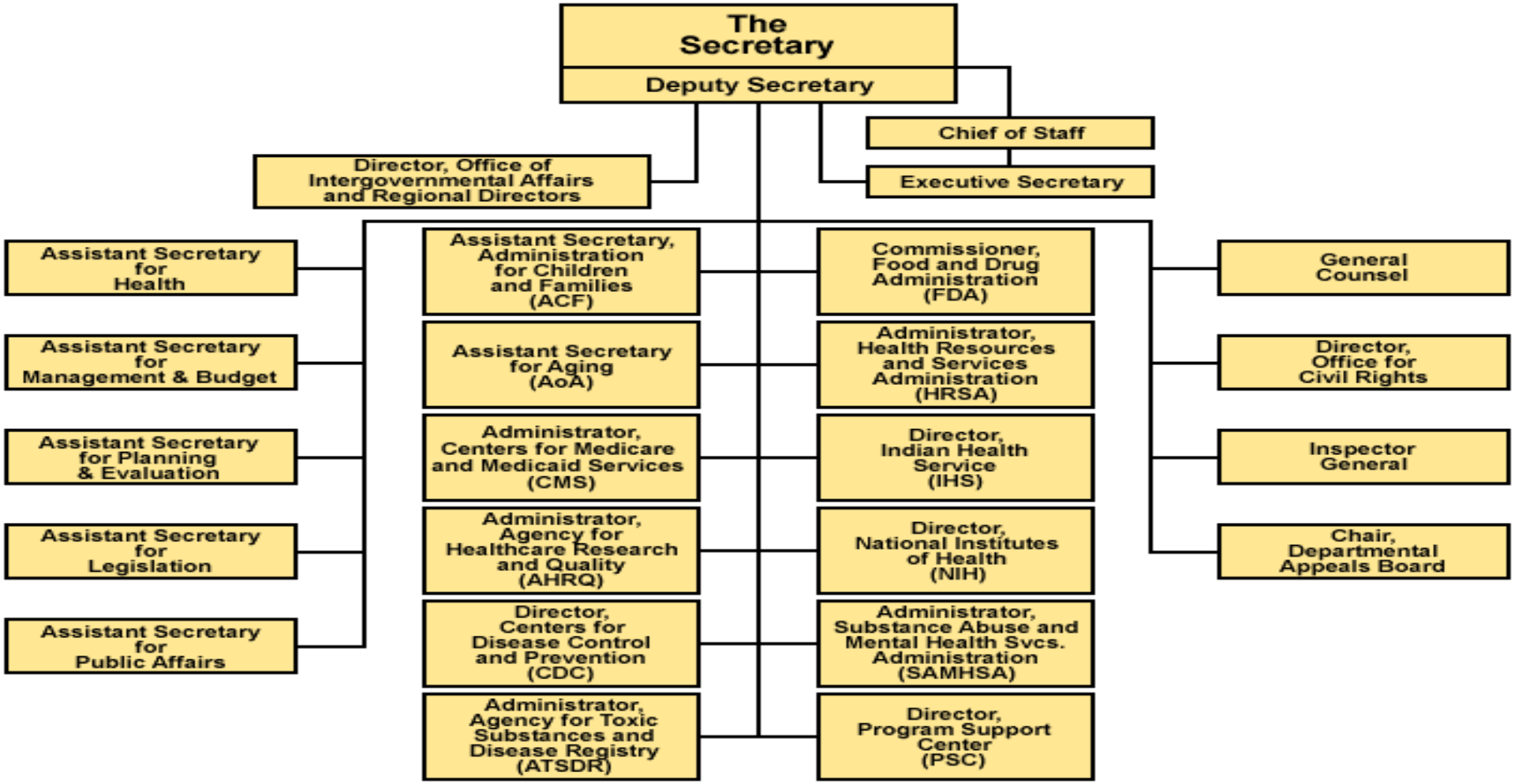


Assessment

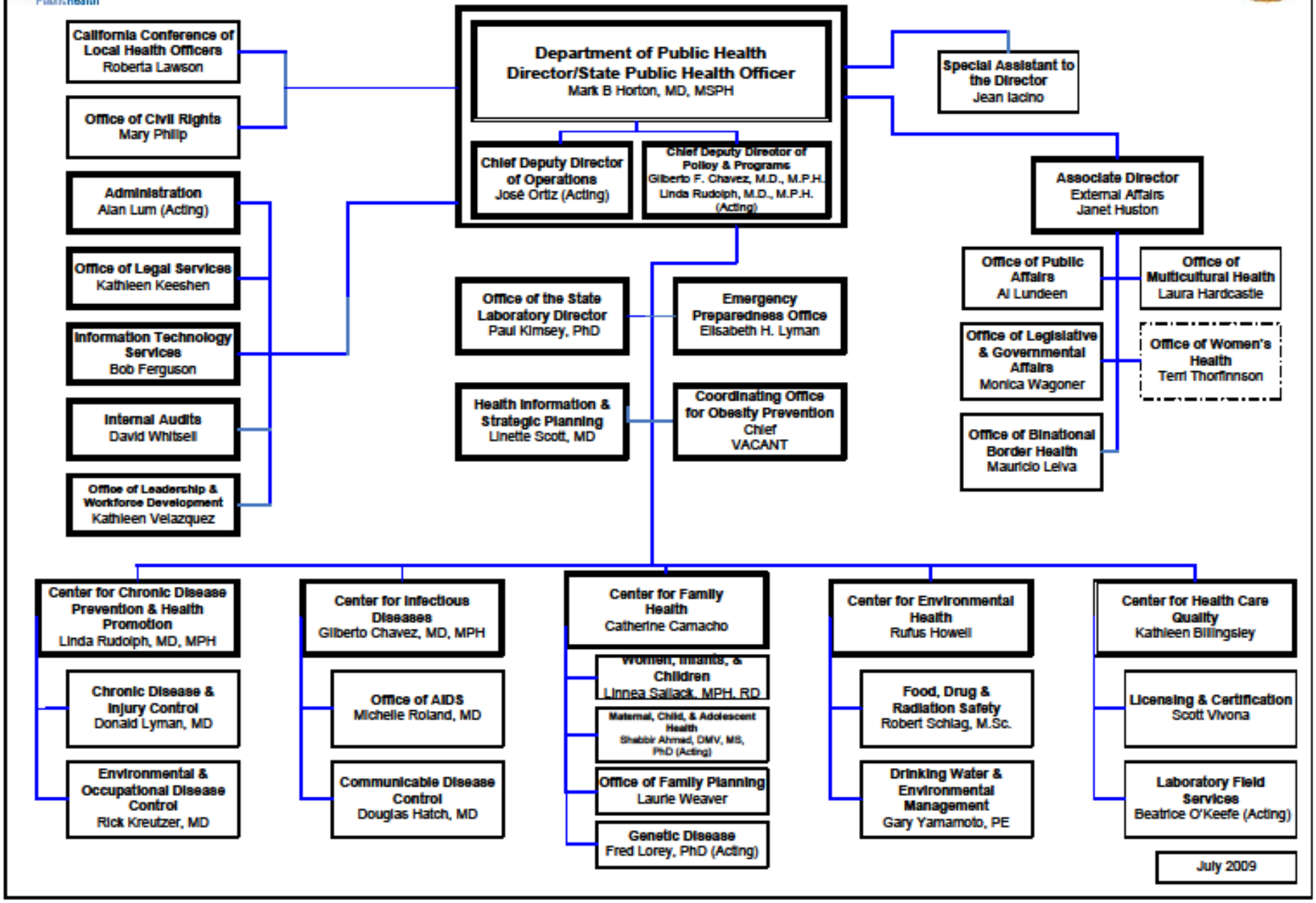
Table 1 - Parallel evolution of the ontological, epistemological and practical dimensions of public health

Conception of the Object (ontology)	Etiological Research (epistemology)	Intervention Approach (practice)
Contamination through air, water and soil	Geographical clusters	Protection (basic sanitation)
Biological model of disease	Classical epidemiology (risk factors)	Disease prevention (vaccination)
Bio-psycho-social model of disease	Social epidemiology (social determinants)	1: Health education 2: Health promotion
Holistic health		Health and human development

U.S. Department of Health and Human Services Organizational Chart



California Department of Public Health



Health Disparities

- Health Disparities:
  - How is it defined?
    - Refer to gaps in the quality of health and healthcare across racial, ethnic, sexual orientation and socioeconomic groups (USDHHS, 2000). The Health Resources and Services Administration defines health disparities as "population-specific differences in the presence of disease, health outcomes, or access to health care (Goldberg, Hayes & Huntley, 2004).
      - Note: "Sexual identity" added to the federal anti-discrimination law
        - **Employment Non-Discrimination Act** (**ENDA**), is a proposed bill in the United States Congress that would prohibit discrimination against employees on the basis of sexual orientation or gender identity for civilian
          - Status:
    - Also called "healthcare inequalities" (in some countries)

Background

- Health Disparities:
  - Operationalized?
    - http://www.cdc.gov/about/pah/pages/pahBestPractices.htm

- AcademyHealth. (2004). Health Outcomes Core Library Project. The National Information Center on Health Services Research and Healthcare Technology, National Library of Medicine.

- Carter-Pokras, O., & Baquet, C. (2004). What is a health disparity? Public Health Reports, v. 117, (pp. 426-434).

Access to HD Data

- HD Data Resources:
  - (1) USDHHS:
    - http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=13
      - **Region 9:** http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=2&lvlid=16
        - http://minorityhealth.hhs.gov/npa/templates/content.aspx?ID=86
  - (2) CDC: http://www.cdc.gov/omhd/default.htm
    - http://www.cdc.gov/omhd/FAQs.htm
    - http://www.dhs.ca.gov/
      - http://www.cdc.gov/about/business/funding.htm

Access to HD Data

- HD Data Resources:
  - (3) http://www.healthypeople.gov/
    - 467 objectives
      - http://www.healthypeople.gov/document/HTML/tracking/contents.htm
      - See handout #1 “Ten largest racial & ethnic disparities in the U.S. on Healthy People 2010”.
      - Second “goal” of HP2010
        - Elimination of HD
        - Update Healthy People 2010:

Access to HD Data

- (4) National Centers for Health Statistics
  - http://www.cdc.gov/nchs/
    - "Health E-Stats"
      - Very good source.

Health Disparities 2010

- Data Resources (cont):
  - (5) LA Department of Public Health:
    - http://www.lapublichealth.org/statrpt.htm

Health Disparities 2010

- Data Resources (cont):
- (6) Community Data Based on Zip Code
  - CSUN Library (Library.CSUN.edu)
    - Government Publications
      - Statistical Data Sources
      - Community Information by Zip Code
      - Los Angeles County Service Planning Area Data book
      - United Way of Greater Los Angeles–Reports & Resources–Zip Code Data Book

Useful Data Bases For Statistical Data

- Data Resources (cont):
- (6) For National Statistics
  - CDC (www.cdc.gov)
    - Look for National Vital Statistical Reports
- For State Data
  - Counting California (countingcalifornia.cdlib.org)
    - Health & Vital Stat.
      - Deaths
        - Ten leading causes of deaths in California
- For County Data
  - Los Angeles Almanac (www.losangelesalmanac.com)
    - Topics
      - Vital Stat

HD Research Methods

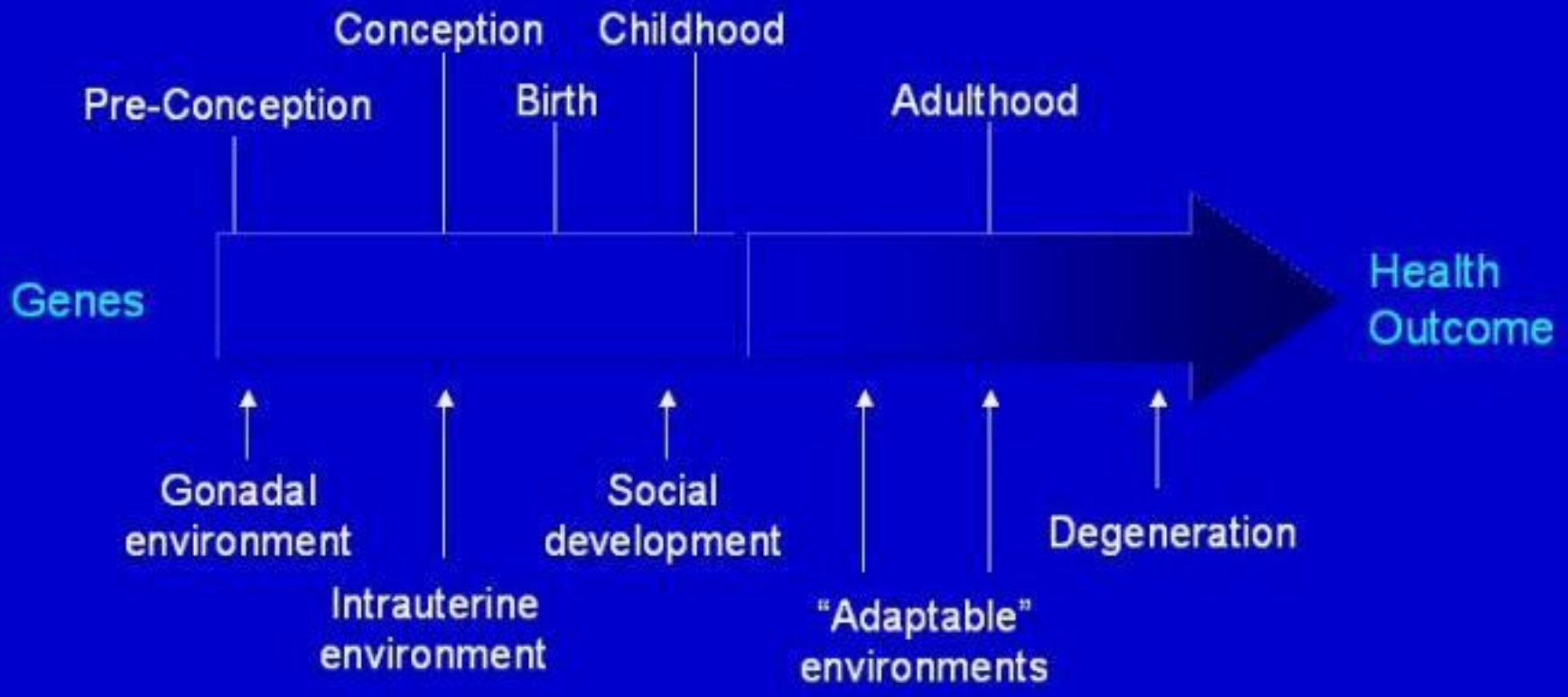
- (1) Social Epidemiology (The principles and constructs)
- (2) Mixed Methodology
- (3) Community-based Participatory Research

Social Epidemiology

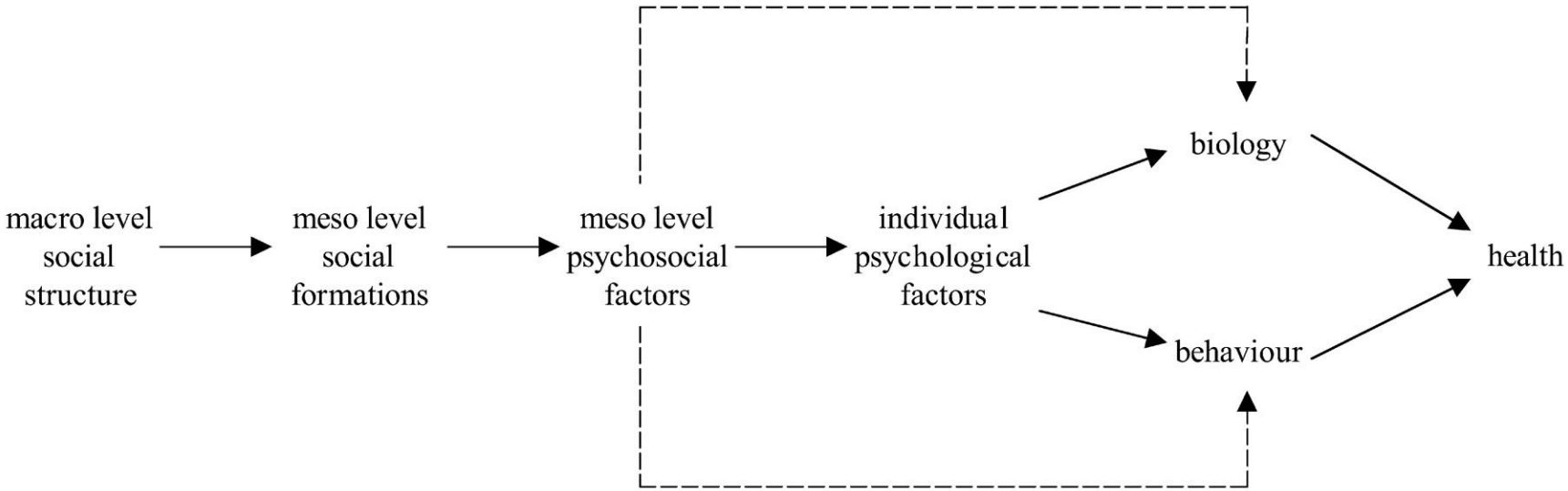
- “The branch of epidemiology that studies the social distribution and social determinants of health that is, "both specific features of, and pathways by which, societal conditions affect health (Krieger, p. 693, 2001).

Determinants of Population Health

Impact of Health Determinants
Over Time



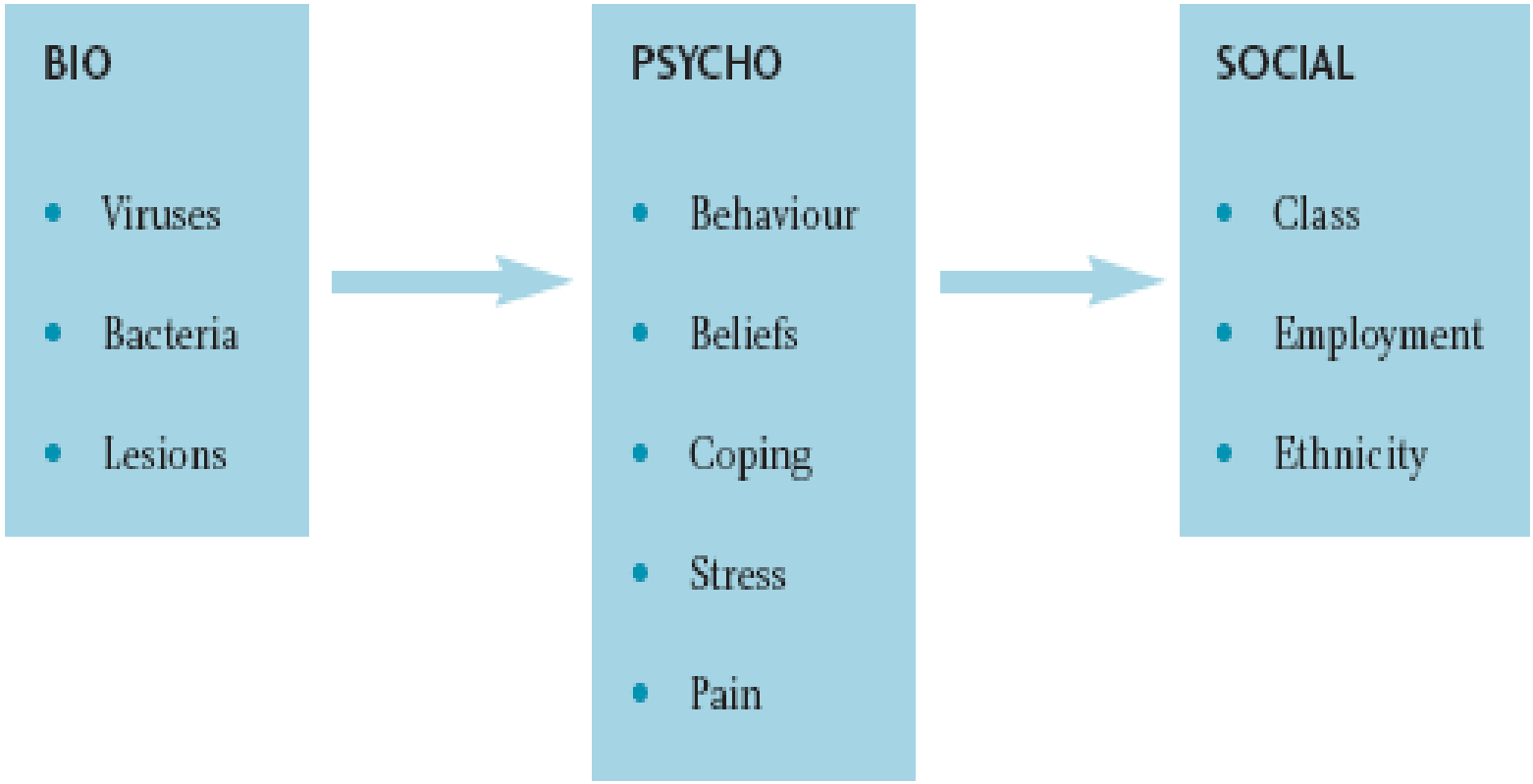
A tentative schematic representation of psychosocial pathways



Martikainen, P. et al. Int. J. Epidemiol. 2002 31:1091-1093; doi:10.1093/ije/31.6
1091

International Journal of Epidemiology

The Biopsychosocial Model



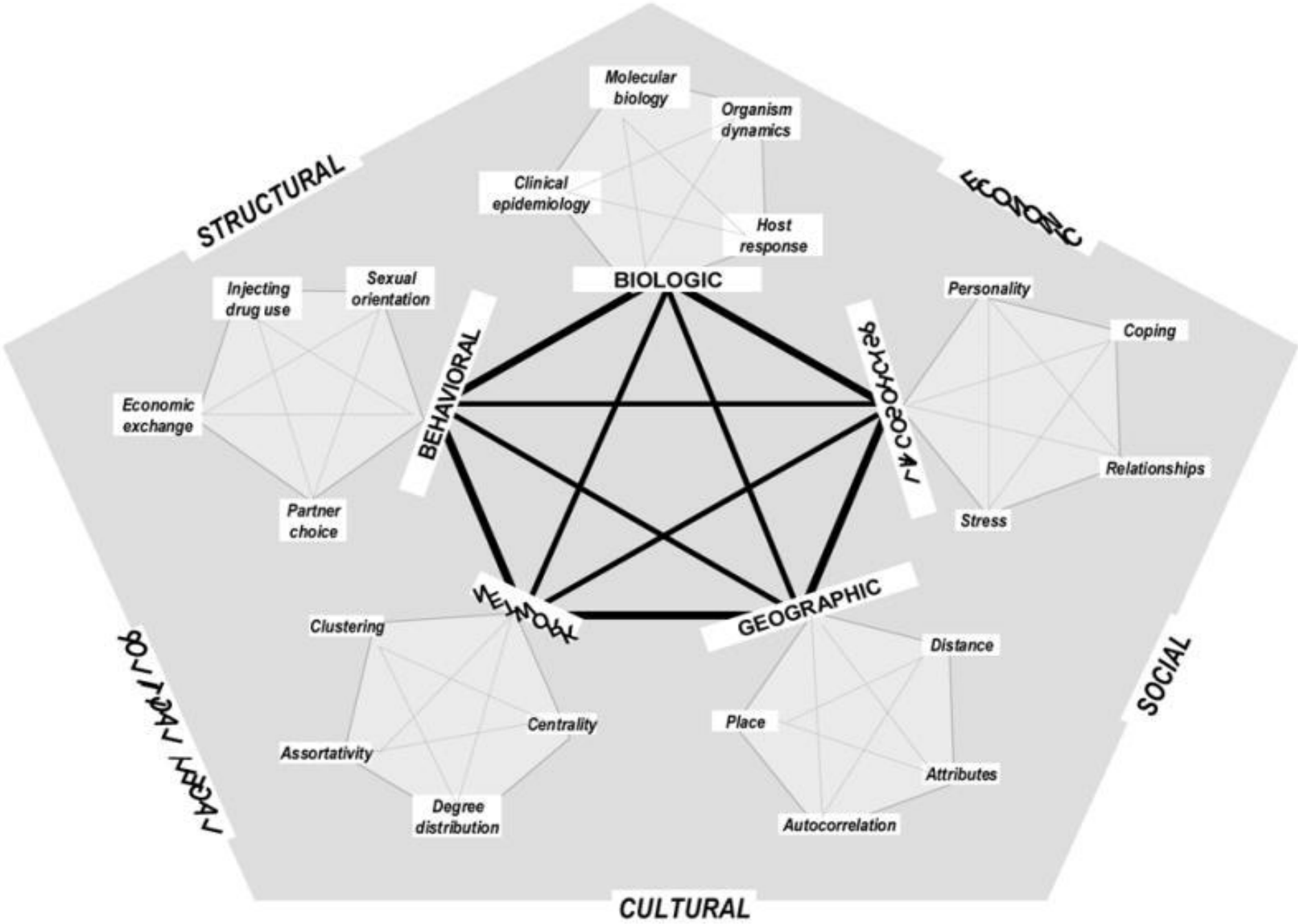
Source: Engels 1980 in Naidoo and Wills 2001 page 72

Social Epidemiology

- Social epidemiology covers important social problems in the population.
  - What are the correlations between social conditions and human health? Illness and mortality?
  - An emergence in Soc. Epi focused on the health effects of structural conditions such as:

    "income distribution, social capital and socioeconomics, how social conditions in early life can contribute to increased risk of disease in adult life, and how the social environment affects the body through stress and other biological mechanisms" (Hallqvist, 2009).

An expanded view of the factors relevant to understanding drug abuse



Addressing Health Disparities

- Current Methods (1):
  - 1. Historical background Social Epidemiology
    - Louis René Villermé (1782-1863) researcher linking population health to political economy (Colman, 1982; Ramsey, 1994).
    - Public Health Movement: 19th and early 20th Century where attention was drawn to the increased risk of disease among the poor (Berkman & Kawachi, 2000; Rosen, 1975, Duffy, 1990).
    - Emergence over the last 4 decades:
      - How social conditions correlate with health and disease in individuals and populations (Berkman & Kawachi, 2000).

Addressing Health Disparities

- Current Methods (1):
  - 2. Krieger, N. (2001). Handout # 2
    - Krieger has been able (along with other SE researcher's in quantifying social determinants such as racism, stress, poverty and ill-health

Social Epidemiology

- A *partial* list of social epidemiologists includes:
- Key experts:

  - John Lynch, University of South Australia: social class, material conditions, and health
  - Richard Wilkinson (public health), University of Nottingham: income inequality and health
  - Michael Marmot, University College London: social class and health
  - **Nancy Krieger, Harvard University: racism, social class, geographic disparities and health**
  - Jay Kaufman, McGill: social epidemiology methods, race and health
  - **Ana Diez-Roux, University of Michigan: neighborhoods and health, multilevel methods**
  - Michael Oakes, University of Minnesota: neighborhoods and health, social epidemiology methods
  - **Nancy Adler, UC-San Francisco: psychosocial mediators**
  - George Kaplan, University of Michigan

Social Epidemiology

- A *partial* list of social epidemiologists includes (cont)
  - Leonard Syme, UC Berkeley UC Berkeley School of Public Health
  - Sherman James, Duke University
  - **Lisa Berkman, Harvard University**
  - Thomas A. Glass, Johns Hopkins University
  - **Ichiro Kawachi, Harvard University**
  - George Davey Smith, University of Bristol (UK)
  - Richard Cooper, Loyola University Chicago
  - Juan Merlo, Lund University, Sweden
  - Martin Lindström, Lund University, Sweden
  - Maria Rosvall, Lund University, Sweden

Social Epidemiology

- “Beyond social epidemiology, researchers from many other academic and professional disciplines have also explored physiological, psychological and sociological factors related to social disparities in tobacco use. Figures 9.20 and 9.21 attempt to sketch out how a variety of physiological, psychological and sociological factors may be working to maintain socioeconomic disparities in smoking uptake and smoking cessation”.

Factors driving socioeconmic disparities in smoking init & cont use (Borland, 2007).

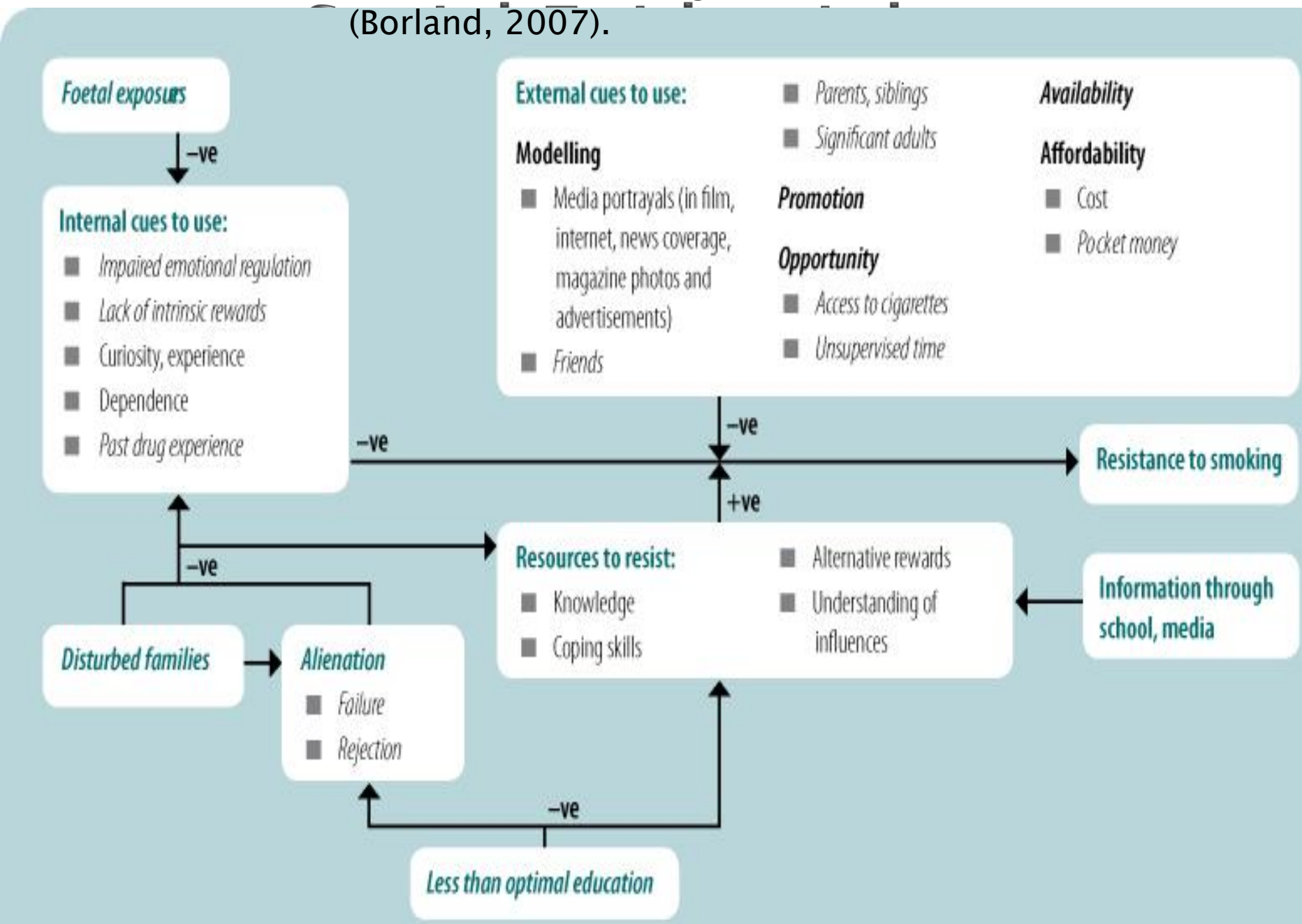
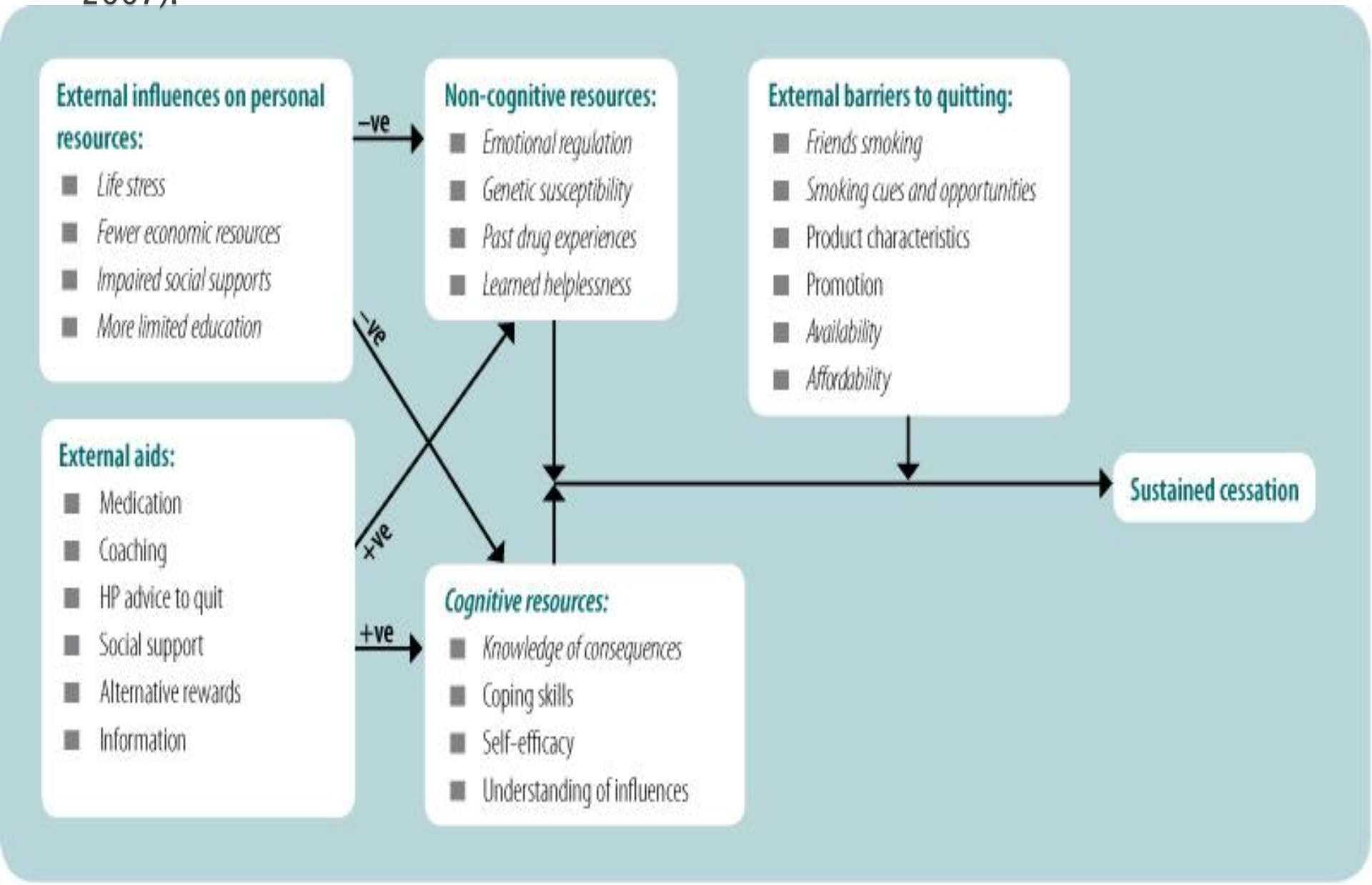


Figure 9.21
Factors driving socioeconomic disparities in smoking cessation
Points in italic indicate factors known or likely to drive disparities (Borland, 2007).



Limitations of Epidemiology as related to Public Health Practice

- Jargon (Terminology)
- Length of good Epidemiologic studies
- Lack of definable populations
- Difficulty isolating effect of a health program from those of other factors (change in heart disease mortality due to many factors) (Friis & Sellers, 2004).

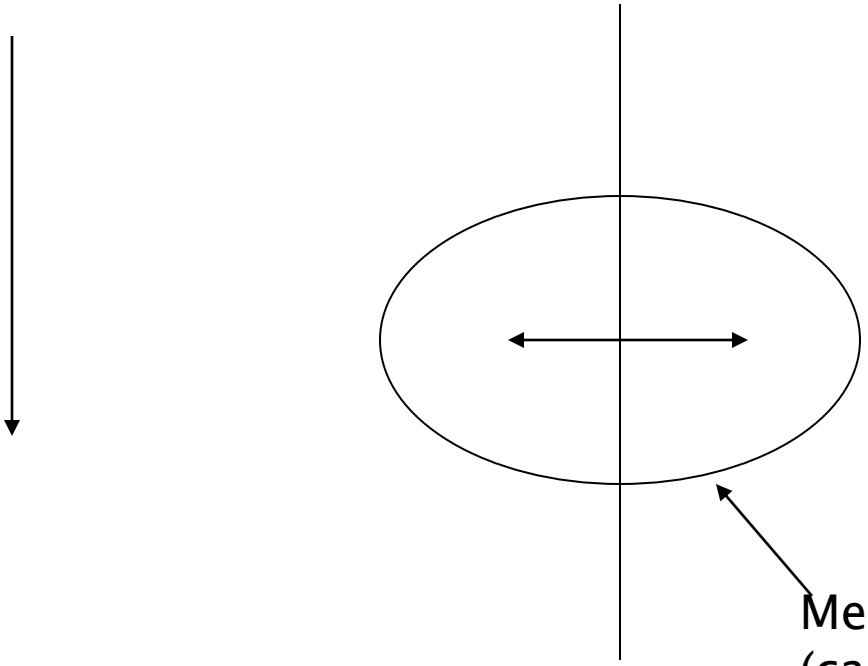
Addressing Health Disparities

- Methods (2) (cont)
- Mixed Methodology
  - “Mixed methods research is a design for collecting, analyzing, and mixing both quantitative and qualitative research (or data) in a single study or series of studies to understand a research problem” (Creswell & Plano Clark, p. 1 2007).

Addressing Health Disparities

- Methods (2)

- **Quantitative Data**



Addressing Health Disparities

- Methods (2)
- Identifying situations in which mixed methods research is needed
  - "Do you need quan and qual data?
    - Conducting Quan (alone) does not answer the needs of the potential population to be studied
    - You are measuring a concept on an instrument" (Creswell & Clark, 2007).

Community-based Participatory Research

- Methods (3) (cont)
- Community based Participatory Research (CBPR) (also known as Participatory Action Research (PAR)
  - **Definition:**
    - "A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings".

W.K. Kellogg Foundation (2001).

Community-based Participatory Research

- Methods (3) (cont)
  - Critical characteristics
    - "It is participatory.
    - It is cooperative, engaging community members & researchers in a joint process in which both contribute equally.
    - It is co-learning process.
    - It involves systems development & local community capacity building (RIMI☺)
    - It is an empowering process through which participants can increase control over their lives
    - It achieves a balance between research and action" (Minkler & Wallerstein, p. 5, 2003).

Community-based Participatory Research

- Methods (3) (cont)
  - CBPR Key Principles
    - 1. "Recognizes community as a unit of identity
    - 2. Builds on strengths & resources within the community
      - Asset Mapping
    - 3. Facilitates collaborative, equitable partnerships in all phases of research" (Minkler & Wallerstein, 2003; Israel, et. al., p. 59-60, 2003).

Community-based Participatory Research

- Methods (3) (cont)
  - CBPR Key Principles
    - 4. " Promotes co-learning & capacity building among all partners
      - Integration of SL where Academic institutions are present.
    - 5. CBPR integrates & achieves a balance between research & action for the mutual benefit of all partners.
    - 6. Emphasizes local relevance of public health problems & ecological perspectives that recognize & attend to the multiple determinants of health & disease" ((Minkler & Wallerstein, 2003; Israel, et. al., p. 63-66, 2003).

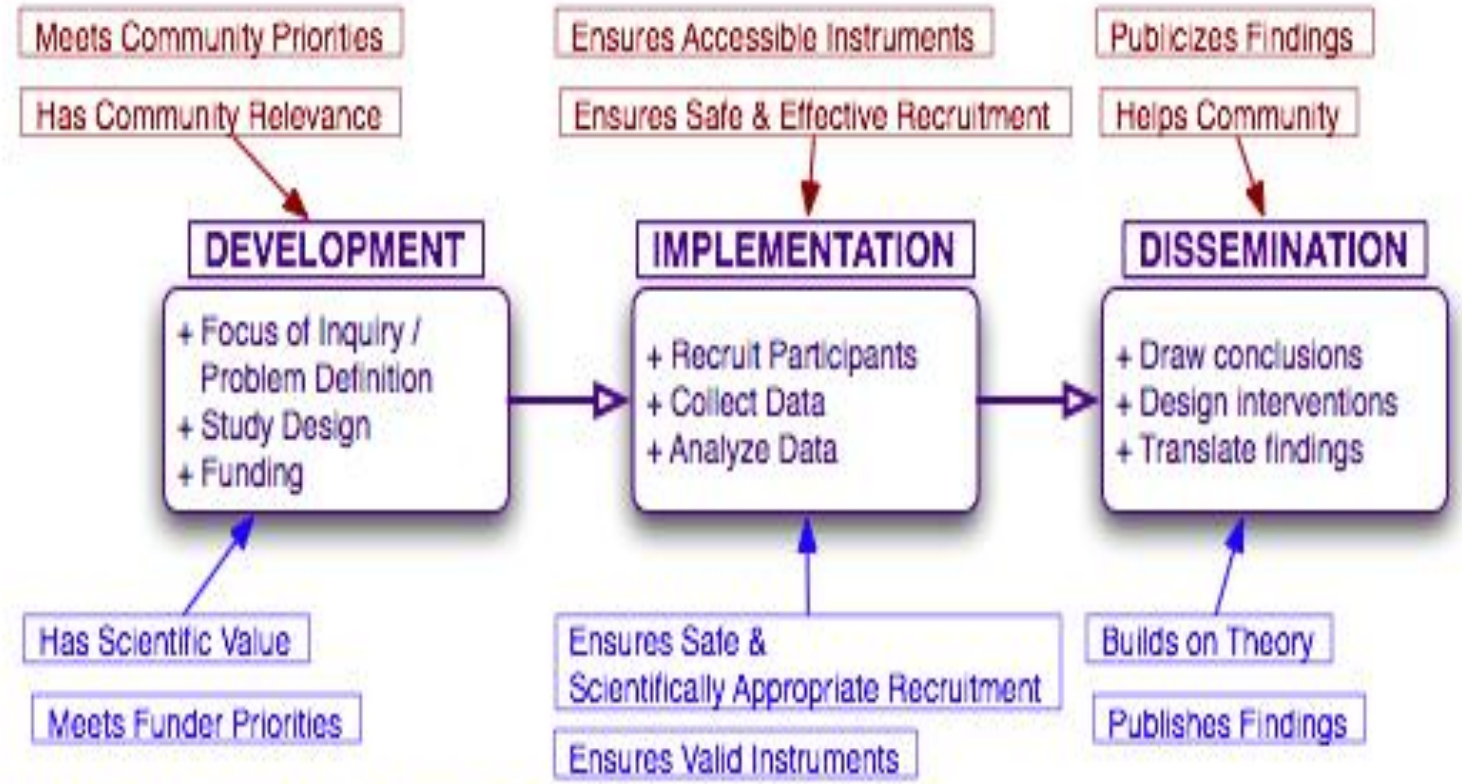
Community-based Participatory Research

- Methods (3) (cont)
  - CBPR Key Principles

    - 7. "Involves systems development through a cyclical & interactive process
    - 8. Disseminates findings & knowledge gained by all entities involved in the process
    - 9. Involves long-term process and commitment
    - 10. Conduct comprehensive evaluation to make sure the principles of CBPR are followed" (Minkler & Wallerstein, 2003; Israel, et al., p.66-70, 2003).

Community

KEEPS RESEARCH ETHICALLY SOUND AND SOCIALLY RELEVANT



CBPR Process

KEEPS RESEARCH SCIENTIFICALLY SOUND AND ACADEMICALLY RELEVANT

Researchers

Dora Raymaker, Katherine McDonald, Christina Nicolaidis, 2009. contact dora@aaspireproject.org

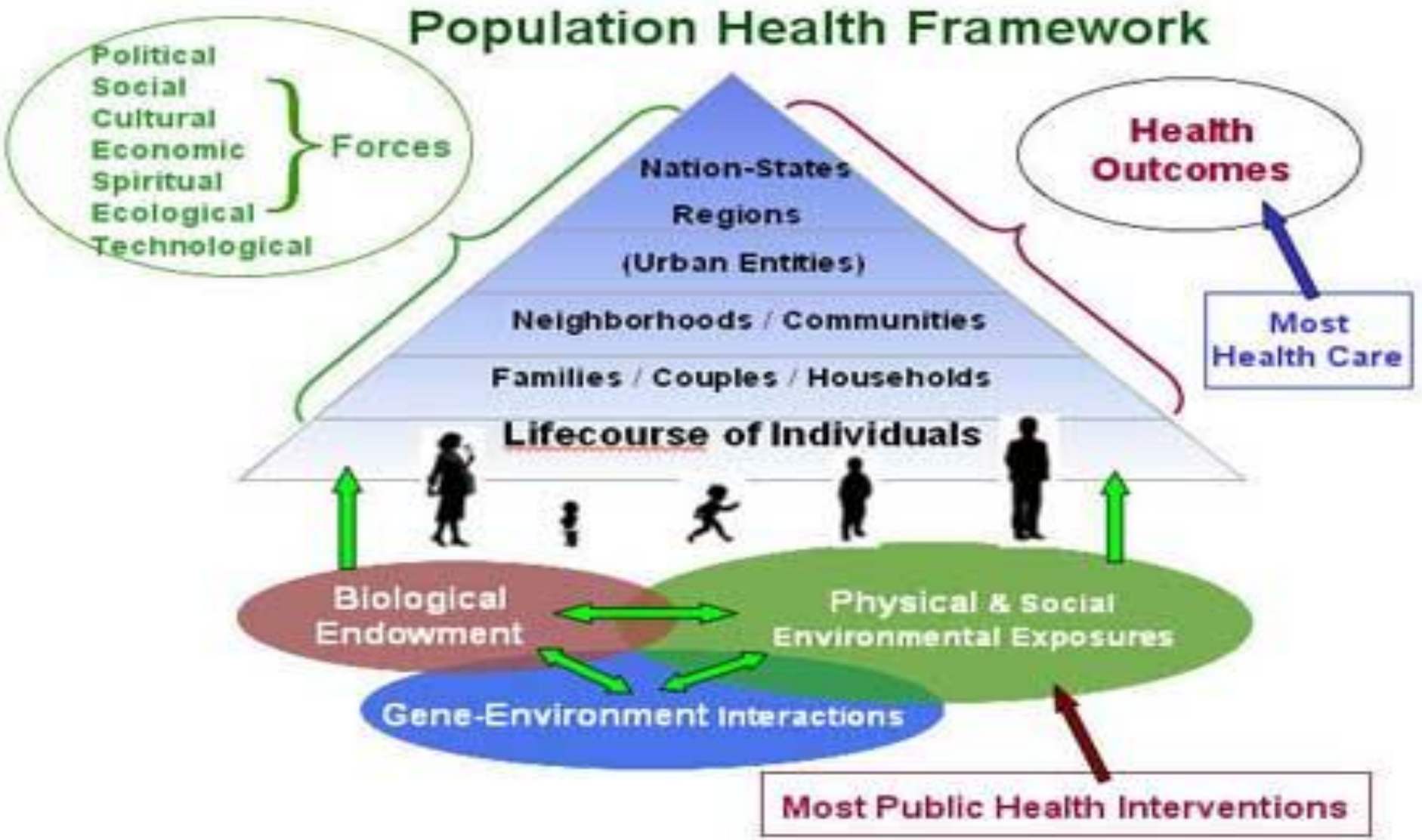
Addressing Health Disparities

- Methods (3) (cont)
- Community based Participatory Research
  - Key experts:
    - Nina Wallerstein
    - Meredith Minkler
  - Resources
    - http://depts.washington.edu/ccph/pdf_files/rwjcsp-cbpr-resources.pdf
    - http://depts.washington.edu/ccph/commbas.html
    - Funding sources: http://depts.washington.edu/ccph/pdf_files/directory-062704f.pdf

Addressing Health Disparities

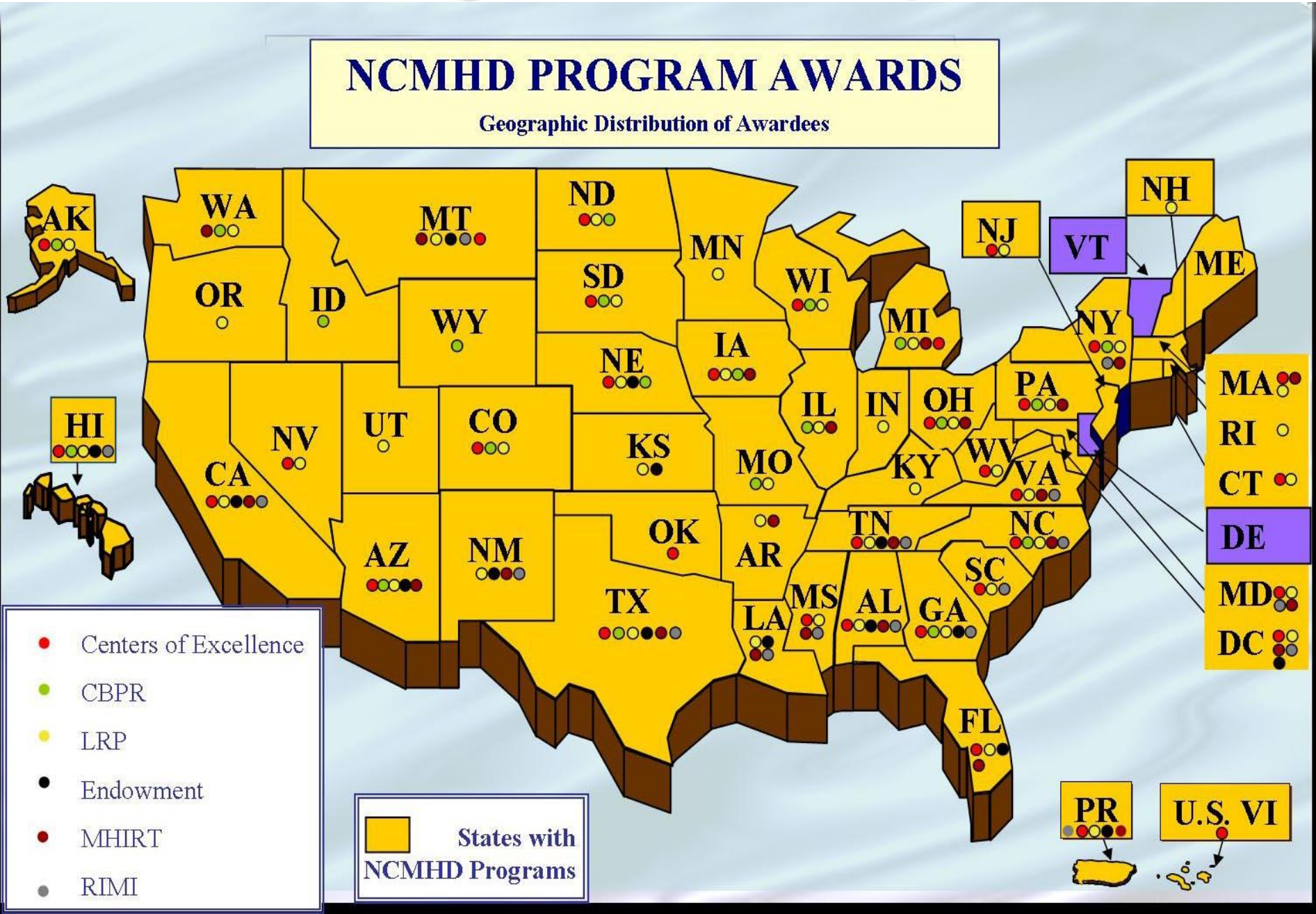
- "If we want more evidence-based practice, we need more practice-based evidence"

Addressing Health Disparities




Community-Based Participatory Research in Health Disparities Across the Lifespan
Community • Institutional • Economic • Political • Environmental • Social • Cultural • Behavioral • Individual • Family
Acute & Chronic Illness
OBESITY
Prevention
Intervention
Management
Physiological
Psychosocial

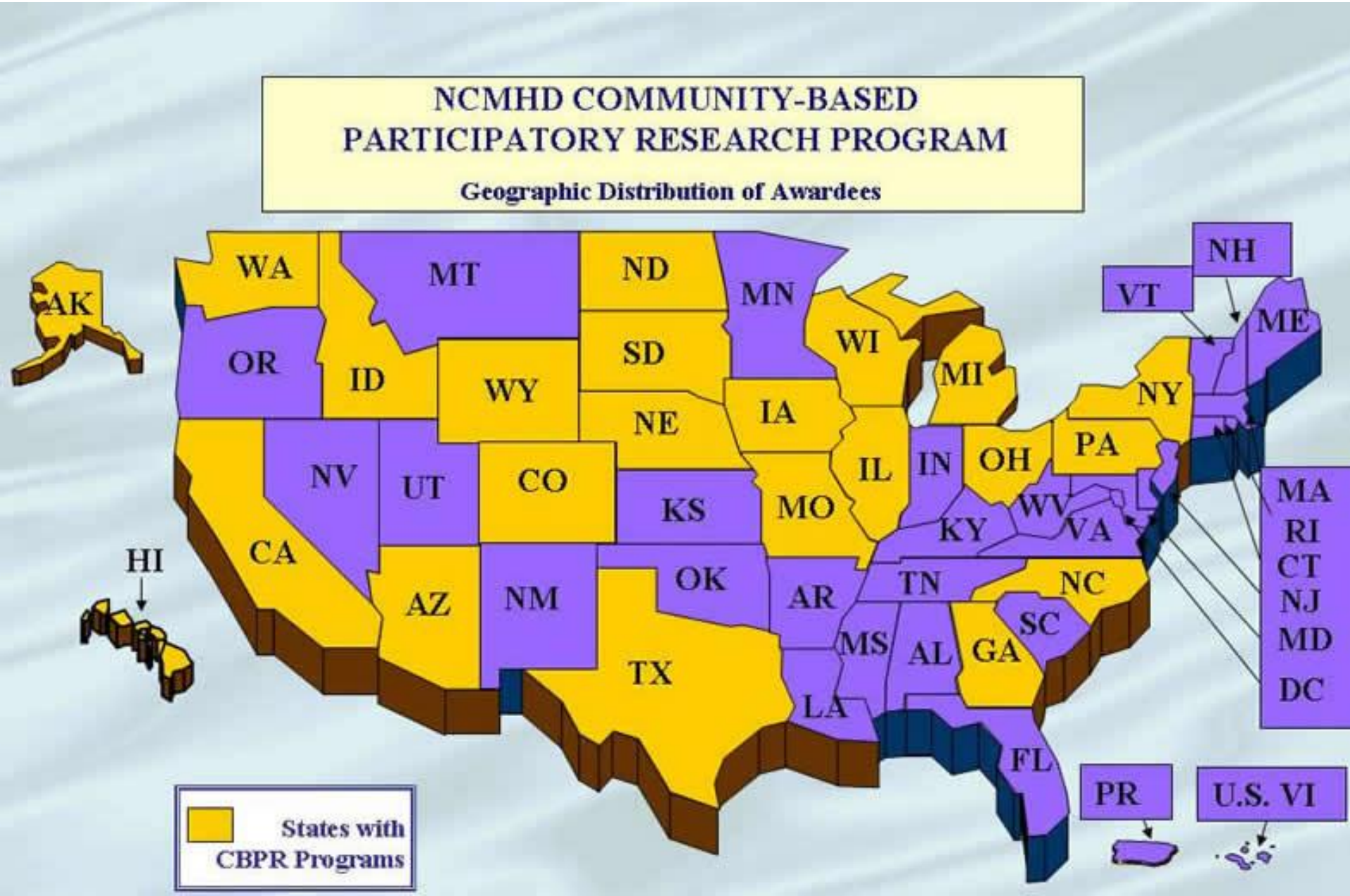
Addressing Health Disparities



Addressing Health Disparities

- http://ncmhd.nih.gov/our_programs/communityParticipationResearch.asp

Addressing Health Disparities



HP and Culture

- HP and Culture:
  - A necessity to include an awareness and sensitivity to culture in planning, implementation and evaluation.

HP in the Context of Culture

- Key Definitions:
  - Culture: learned, nonrandom, systematic behavior that is transmitted from p-2-p and from generation to generation (Stein & Rowe, 1989).
  - A tool which defines reality for it's members whereby the emergence of one's purpose in life takes place through the socialization in which s/he learns the appropriate values, beliefs, & behaviors shared by society (Kagawa-Singer & Chung, 1994).

HP in the Context of Culture

- Key Definitions:
  - Slonim (1991): identifies five basic criteria for defining a culture:
    - 1. Having a common pattern of communication, sound system, or language unique to the group.
    - 2. Similarities in dietary preferences and preparation methods;
    - 3. Common patterns of dress
    - 4. Predictable relationships and socialization patterns among members of the culture.
    - 5. Common set of shared values and beliefs.

HP in the Context of Culture

- Key Definitions:
  - Ethnicity:
    - A sense of identity an individual has based on common ancestry and national, religious, tribal, linguistic, or cultural origins (Huff & Kline, 1999).
  - Slonim (1991):
    - Distinguishes between C/E:
      - Culture: is concerned with symbolic generalities and universals about social and family groups.
      - Ethnicity: concerned about one's sense of identification and belonging to a specific reference group within any given society.
      - Race: Biological term used to describe people's based on physical characteristics (skin color, etc) (Montagu, 1964).

HP in the Context of Culture

- Key Definitions:
  - Acculturation:
    - "The degree to which an individual from one culture has given up the traits of that culture and adopted the traits of the dominant culture in which s/he resides (Huff & Kline, 1999).
    - Locke (1992) identifies 4 levels of acculturation:
      - Bicultural: Identifies with both cultural of origin and dominant culture.
      - Traditional: Identifies with traits of one's culture of origin.
      - Marginal: Identifies with neither.
      - Acculturated: adheres to the dominant culture" (Huff & Kline, 1999).

HP in the Context of Culture

- Activity:
  - With a partner, identify your level of acculturation below and answer the following:
    - What came up for you in this activity?
    - How does this exercise provide you with cultural sensitivity when dealing with students, participants (in your research), and in your work setting?
    - Is "acculturation" a "friend" or "foe" in the work of diversity inclusiveness? The reduction of HD?

  - **Acculturation:**
    - **"The degree to which an individual from one culture has given up the traits of that culture and adopted the traits of the dominant culture in which s/he resides (Huff & Kline, 1999).**
    - **Locke (1992) identifies 4 levels of acculturation:**
      - **<u>Bicultural</u>: Identifies with both cultural of origin and dominant culture.**
      - **<u>Traditional</u>: Identifies with traits of one's culture of origin.**
      - **<u>Marginal</u>: Identifies with neither.**
      - **<u>Acculturated</u>: adheres to the dominant culture" (Huff & Kline, 1999).**

HP in the Context of Culture

- Key Definitions:
  - Ethnocentrism:
    - Assumption one makes that h/her way of believing and behaving is the most preferable and correct one (Ferguson, 1991).

The Cultural Assessment Framework

- The Cultural Assessment Framework (Huff & Kline, 2007):
  - Huff & Kline (2007) Five primary levels of assessment utilized when working with multicultural populations
    - E.g. Assessment, development, implementation and evaluation of HPDP programs.
      - "1. Culture or ethnic group-specific demographic characteristics.
        - **Accuracy** of the demographic and characteristics of the intended population is critical.
          - Age, social class & status, education & literacy, language & dialect, religious preferences, occupation & income, patterns of residence and living conditions, acculturation & assimilation" (Huff & Kline, p. 128-129, 2007).

The Cultural Assessment Framework

- The Cultural Assessment Framework:
  - Five primary levels of assessment utilized when working with multicultural populations
    - E.g. Assessment, development, implementation and evaluation of HPDP programs.
      - 2. "Culture-specific epidemiological and environmental influences
        - Morbidity, mortality, and disability rates
        - Environmental influences" (Huff & Kline, p. 133, 2007).

The Cultural Assessment Framework

- The Cultural Assessment Framework:
  - Five primary levels of assessment utilized when working with multicultural populations
    - E.g. Assessment, development, implementation and evaluation of HPDP programs.
      - 3. "General and specific cultural or ethnic group characteristics
        - Cultural and ethnic identity, cosmology, perceptions of self and community, social norms, values, and customs, and communication patterns" (Huff & Kline, p. 134-135, 2007).

The Cultural Assessment Framework

- The Cultural Assessment Framework:
  - Five primary levels of assessment utilized when working with multicultural populations
    - 4. “General and specific health beliefs & practice
      - Explanatory models, response to illness, traditional vs. alternatives healthcare models, individual health behavior practices” (Huff & Kline, p. 138, 2007).

The Cultural Assessment Framework

- The Cultural Assessment Framework:
  - Five primary levels of assessment utilized when working with multicultural populations
    - 5. "Western health care organizations and service delivery variables
      - Management & staff cultural competencies, organizational policy and mission, inter and intra institutional structures and facilities, evaluation instrumentations" (Huff & Kline, p. 140, 2007).

Guideline for Program Cultural Competence

- The following categories are important during the design of your research and/or design & development of a prospective program:
  - 1. Training & Staff: ongoing CC trainings
    - Conducting process evaluations @ 3-6 mo intervals.
  - 2. Community Representative: (Key in CBPR)
    - Representative is a "key stakeholder" in the selected community of your research and/or program.
  - 3. Language:
    - Must provide multilinguistic resources
    - Need highly skilled bilingual and bicultural translators (Wurzbach, 2004).

Guideline for Program Cultural Competence

- The following categories are important during the design of your research and/or design & development of a prospective program:
  - 4. Materials:
    - Pretesting: key (by the community representative)
  - 5. Evaluation:
    - Hire an evaluator solely for CC or a comprehensive evaluator who also has CC training.
  - 6. Implementation:
    - Do you have evidence-based CC indicators for the design or your research and/or program? (Wurzbach, 2004).
      - Please see handout☺

March 29, 2011

- Ending Activity:
  - "Sphere of Influence"
    - After reviewing the picture, please answer the following questions:
      - 1. How will your "sphere" influence in the reduction of HD's?
      - 2. Geographically?
        - On campus only? City? SPA-2? State-wide? Nationally?
      - 3. Who will partner with you in this endeavor?
      - 4. How will you get "it" funded?
      - Other observations:

"I do not need to know all things. I remind myself that it is sufficient that I know what I know ... Then *when you know better*, *do better*. " — *Maya Angelo*

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

Dr. Martin Luther King, Jr.

謝謝您

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