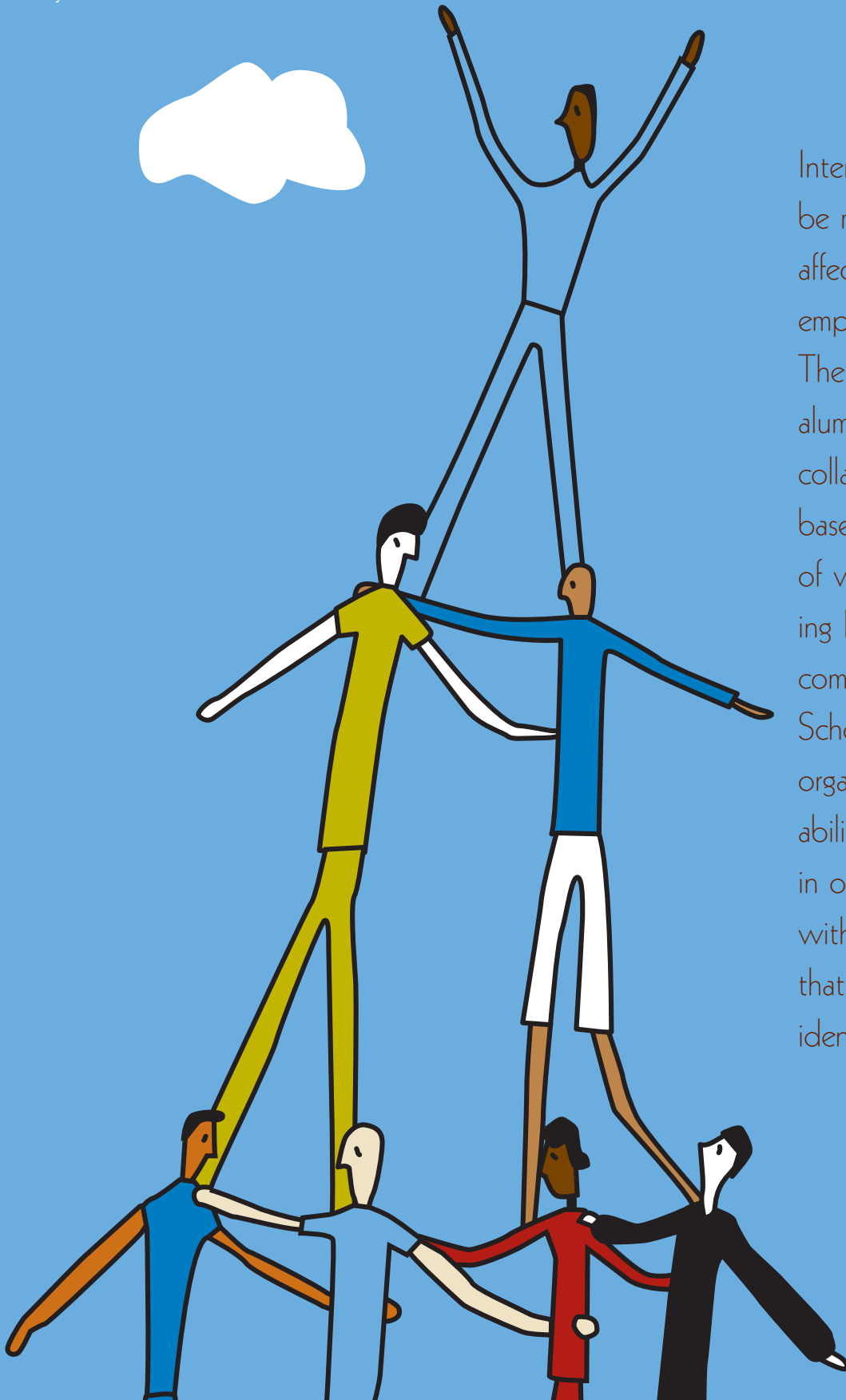


# Working Together

## Reducing Health Disparities through Community Participation

By Michael S. Broder



Interventions and research can be more effective when the affected communities are empowered as active partners. The School of Public Health's alumni, students, and faculty collaborate with community-based organizations in a number of ways as a strategy for reducing health disparities. In some community partnerships, the School helps community-based organizations increase their ability to effect change, while in others, the School works with them to address issues that the communities themselves identify as their top concerns.

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## Trailblazer



**George Kaplan, Ph.D.**, has been instrumental in raising public consciousness about the significance of health disparities on both a national and international level. Kaplan's work bridges the social and biological approaches to health, and he was one of the first researchers to argue for an "upstream" approach, looking at the root causes of health disparities and addressing those causes. The Center

for Social Epidemiology and Population Health at the University of Michigan has thrived under Kaplan's direction and today is recognized for producing important research and hosting talented faculty and students concerned with using multidisciplinary methods of examining health.

Kaplan's focus is on the many social, psychological, biological, and economic forces that affect health, and how examination of these forces can help determine measures for the prevention of diseases and their consequences. One key area of research has been his studies correlating the economic inequality of societies with a number of factors, including low birth weight, rates of smoking, and levels of violent crime. His work also highlights the need for linkages between economic policies and health policies, and demonstrates how epidemiologic research can be used to evaluate and guide policy.

Kaplan completed postdoctoral work at UC Berkeley and also taught at Berkeley's School of Public Health before moving on to Michigan. In addition to serving as director of the Center for Social Epidemiology and Population Health, he also directs the Robert Wood Johnson Health and Society Scholars program at Michigan. He also continues to lead the California Department of Health Service's landmark Alameda County Study, a longitudinal study of physical and mental health, now in its fortieth year. His honors include election to the Institute of Medicine and the National Academy of Social Insurance, and he is a recipient of the John P. McGovern Award from the University of Texas School of Public Health. As president of the Society for Epidemiologic Research, he was the first public health scientist invited to speak at the Nobel Forum in Sweden. 

— Kelly Mills

## Working Together... *continued*

### Community Participation in Research

Using an approach called community-based participatory research (CBPR), researchers work *with* communities, not on them, to reduce health disparities. **Professor Meredith Minkler, Dr.P.H.**, is a nationally recognized expert on the subject of CBPR and co-editor (with **Nina Wallerstein, Dr.P.H. '88**) of *Community-Based Participatory Research for Health*. "I believe community-based participatory research is a very promising tool for addressing health disparities, partly because in low-income communities and communities of color, there's a great deal of distrust of outside researchers, and we have not had a good track record of developing interventions that have more than modest success in many of these neighborhoods," says Minkler.

Part of the problem, she says, is that researchers go into low-income communities to study problems that they themselves think are important, or that funders think are important, which often don't reflect the primary concerns of people in low-income neighborhoods. "With CBPR, you start with a problem that the community thinks is important, and you involve the community at every stage that is feasible in studying that problem. And you remain engaged in the action phase with the findings to help ensure that the community gets something back for their participation," says Minkler. "It's an approach that now has substantial support from foundations around the country and from a number of federal agencies including the CDC and about 10 divisions within NIH. They're all beginning to see that this makes sense as an approach for dealing with health disparities."

Minkler teaches a popular class on community-based participatory research, and half of the roughly 40 students in her class this past year worked in a community partnership for at least 4 hours a week contributing to a CBPR effort. Several students also are working on dissertations using or studying CBPR and working with faculty including **Brenda Eskenazi, Ph.D.**, **Helen Halpin, Ph.D., M.S.P.H.**, **S. Katherine**

**Hammond, Ph.D., C.I.H., Joan Bloom, Ph.D., and Emily Ozer, Ph.D.**, in addition to Minkler. Recent graduate **Victoria Breckwich Vasquez, Dr.P.H. '05**, for example, worked with the San Francisco Health Department (with health educator **Susan Hennessey, M.P.H. '89**) and a community-based organization in the city's Bayview-Hunter's Point district to study intensively the partnership's efforts to address an issue that the community identified as a priority: healthy food.

"Although the Bayview-Hunter's Point neighborhood often is thought of in terms of problems such as the high rates of homicide and toxic emissions from its many the polluting facilities, the community-based organization, the health department, and an outside evaluator conducted a survey and found that food insecurity—lack of access to healthy foods—was a primary concern in the neighborhood," says Minkler. "The health department partnered with the community-based organization Literacy for Environmental Justice, and together they mounted a very successful effort to study the allocation of shelf space for healthy foods."

The project demonstrated that in the 11 corner stores in Bayview-Hunter's Point, under 5 percent of the space was allocated for fresh fruits and vegetables compared to much higher percentages for packaged foods, sodas, and other beverages. Working with merchants and with the city, they launched the Good Neighbors Program, through which the city provides low-income loans, energy efficient appliances, and other incentives to stores that agree to change the way they do business by offering healthier food options and taking down tobacco and alcohol advertisements.

"One of the early results was an increase in the sales of fresh fruits and vegetables in the first store that tried this, from 5 to 15 percent in the first seven months, and a decrease in alcohol sales from 25 to 15 percent," says Minkler. Subsequently, five more stores agreed to become Good Neighbors. "It's been exceedingly effective in enabling people to change their



In some communities, people have identified lack of access to healthy foods as a top concern.

eating habits and their purchasing habits, and ultimately we hope to see changes in health status." Funders of the Good Neighbors project include The California Endowment and the California Tobacco Control Program.

"A major project that I've been working on with Vicky and a team of students and colleagues, and funded by the WK Kellogg Foundation, looks at the policy outcomes of community-based participatory research," says Minkler. "We've looked at ten examples around the country where such partnerships appear to have made a difference in terms of affecting public policy that in turn may lead to health outcomes. What's been interesting and amazing to me in these cases is that when we go to the sites, not only do we hear stories and get impact data from the local news media and local partners and community people, but the policymakers we have contacted have invariably told us that this partnership and the research it produced really enhanced their ability to carry legislation or make a regulatory change, which in turn may have an impact on health disparities."

### **Increasing Community Capacity**

"Capacity-building" is a strategy for enhancing a community's or an organization's effectiveness

and self-sufficiency. "It improves a community's ability to prioritize its health issues, identify potential programs and policy solutions, and build its own skills to implement programs and advocate for policy changes," says **Jeffrey Oxendine, M.B.A., M.P.H.**, associate dean for public health practice. "It empowers people in a way that gives them more control over their destiny, which helps them make better choices about their health habits."

Building community capacity is one objective of the School's Center for Multicultural Health, the mission of which is to improve the health status and well-being of diverse populations in the Bay Area and California. The center collaborates with local health organizations to increase their ability to design, implement, and evaluate health disparity interventions that have a significant impact. Specific project areas include reducing health inequities, improving multicultural and linguistic competence, and increasing diversity of public health leaders and professionals.

"We want to leverage the strengths that the School of Public Health can bring to the table, to enhance our community partners' efforts to address their priority health issues and initiatives," says Oxendine.

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## Working Together..., continued



Julie Sinai (far left), senior aide the mayor of Berkeley, confers with associate dean Denise Herd, associate dean Jeffrey Oxendine, Dean Stephen Shortell, and others.

One community partner is the Solano Coalition for Better Health, a network of health care organizations, public health community clinics, and health payers in Solano County. “Part of what attracts us to this coalition is that it has all the key players at the table, it has a track record, and they’re focusing on reducing African American health disparities,” says Oxendine. He has been participating in the coalition’s strategic planning process, along with **Kevin Williams, J.D., M.P.H.**, and **Obiel Leyva**, field supervisors at the Center for Public Health Practice. In addition, an M.P.H. student, **Olako Agburu**, has been coordinating the strategic planning outreach efforts and community engagement efforts and organizing events to raise awareness about these issues (see “Coordinating Efforts of Disparate Organizations,” p. 20). “The planning is going on to set the strategy for interventions that will be effective, that will address not just the health care related issues, but the root cause issues of these disparities in Solano County,” says Oxendine.

In another partnership, the center participates in the Alameda-Contra Costa Coalition for Language Assistance in Health, which focuses on increasing language assistance services for the counties’ increasingly diverse populations. “In Alameda County, there are 70 different languages spoken and a high concentration of people, particularly with Spanish and Cantonese

and Mandarin and Vietnamese,” says Oxendine. “We have worked with the coalition for a year to conduct a needs assessment for language assistance in Alameda County and to convene a multi-sector group of stakeholders to develop recommendations. Phases Two and Three will implement these recommendations and strengthen the coalition’s role and impact.

The School is also actively involved in partnerships at the city level. **Dean Stephen Shortell, Ph.D., M.P.H.**, and associate dean for student affairs **Denise Herd, Ph.D.**, participated on the Berkeley Mayor’s Task Force on Health Services, helping develop its plan to address the health disparities and health issues in Berkeley.

“People of color in Berkeley have alarmingly disproportionately higher incidents of premature death, low birth weight, stroke, hypertension, cancer, diabetes, and other chronic diseases,” says Herd. “The task force came up with four desired community outcomes and developed an action plan with specific goals and objectives for each one. Now the School is working with the Mayor’s Task Force as well as with the South and West Berkeley Health Forum to help contribute to advancing those plans.”

Herd also serves on the steering committee of the Chancellor’s Berkeley Diversity Research Initiative, a

group that aims to strengthen the campus’s research agenda on racial and ethnic diversity.

### Building a Diverse Workforce

Evidence shows that a health workforce that more closely represents the population can contribute to improved access and quality of care, but many racial and ethnic groups are underrepresented in key health professions. Through a series of collaborative programs aimed at middle school, high school, and college students, the Center for Multicultural Health exposes

## Health disparities or health inequities?

“Many of our community partners prefer using term ‘health inequities’ to ‘health disparities,’” says associate dean for public health practice Jeffrey Oxendine. “The research data show disparities, but a lot of the root causes of these health issues are related to inequities in economic opportunity and education and health care and environmental exposures. Many people feel strongly about naming what the issue really is.”

students from underrepresented backgrounds to career opportunities in public health and supports their professional goals with skill-building, mentoring, and encouragement.

In addition, the School of Public Health and the Public Health Institute (an independent nonprofit organization) are working jointly to develop strategies to increase diversity in the health professions in California, supported by a \$1.5 million grant from The California Endowment. The project will build on national strategy recommendations of the Institute of Medicine and the Sullivan Commission and will evaluate the potential for those recommendations to be implemented in California.

“We’re going to be looking at what people are currently doing in this area to see what effective practices they’ve found, what barriers they’ve run into, and what would help advance their efforts,” says Oxendine, who co-directs the project along with **Kevin Barnett, Dr.P.H. ’95, M.C.P.**, senior investigator at the Public Health Institute, and a member of the Institute of Medicine Committee on Health Professions and Workforce Diversity and the Sullivan Commission.

Other elements of the project include working with the UCSF Center for Health Professions on a quantitative analysis to assess the current state of racial and ethnic diversity in California’s health professions schools; assessing the benefits of a diverse student body to all participants in health professions training programs; and identification of exemplary practices in academic institutions and the health care workplace to promote diversity.

“The last part of the project will be to develop a web site that will highlight different pipeline programs and resources and career paths for students interested in pursuing the range of health profession opportunities, and have one site that brings together those resources for California on a statewide and local basis,” says Oxendine. “We’ll also convene statewide stakeholders to develop recommendations for funding and action plans to increase the diversity of California’s health professions.” 🌀

## Trailblazer



For the past 25 years, **Melanie Tervalon, M.P.H. '86**, has made it her mission to diagnose the racism and classism epidemics in the medical professions and speak out boldly about the role of medical education in perpetuating this discrimination. However, while many have been tempted to throw up their hands and declare this a terminal condition, Tervalon has been undaunted in her efforts to effect real

change in the field. She developed a full curriculum based around the model of “cultural humility,” which enables physicians and medical students reflect on their own culture and the cultural assumptions and bias they bring to interactions with patients. This curriculum has been instituted at Children’s Hospital in Oakland and the principles of the program have sparked reflection and evaluation by hospitals and medical schools around the country.

Many medical programs have attempted to address health disparities through “cultural competence,” or recognition that patients have a set of cultural values that may influence their responses to diagnosis and treatment. Tervalon, however, points out that the dynamic of trying to assess a patient’s cultural attitudes fails to address the problems of stereotyping and the power imbalances present in patient-physician interactions. She advocates for “cultural humility,” in which physicians embark on a lifelong process of self-reflection and self-critique. Also fundamental to this approach is that physicians, with their own set of cultural beliefs, must actively work to develop non-paternalistic and equally beneficial relationships with patients and communities. Tervalon emphasizes that any change with regard to culture, patients and health can only occur if medical institutions are engaged in a parallel process of cultural humility, along with the physicians.

Tervalon received her medical degree from UCSF in 1980 and her M.P.H. from the School in 1986. In 2003 she became the director of education at the Center for Excellence in Nutritional Genomics, a multidisciplinary research program focused on the relationships between nutrition, genomics, and health disparities. She is a pediatrician, educator, and consultant to programs around the country. 🌀

— *Kelly Mills*