

# Community Approaches to Health Disparities

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# Overview

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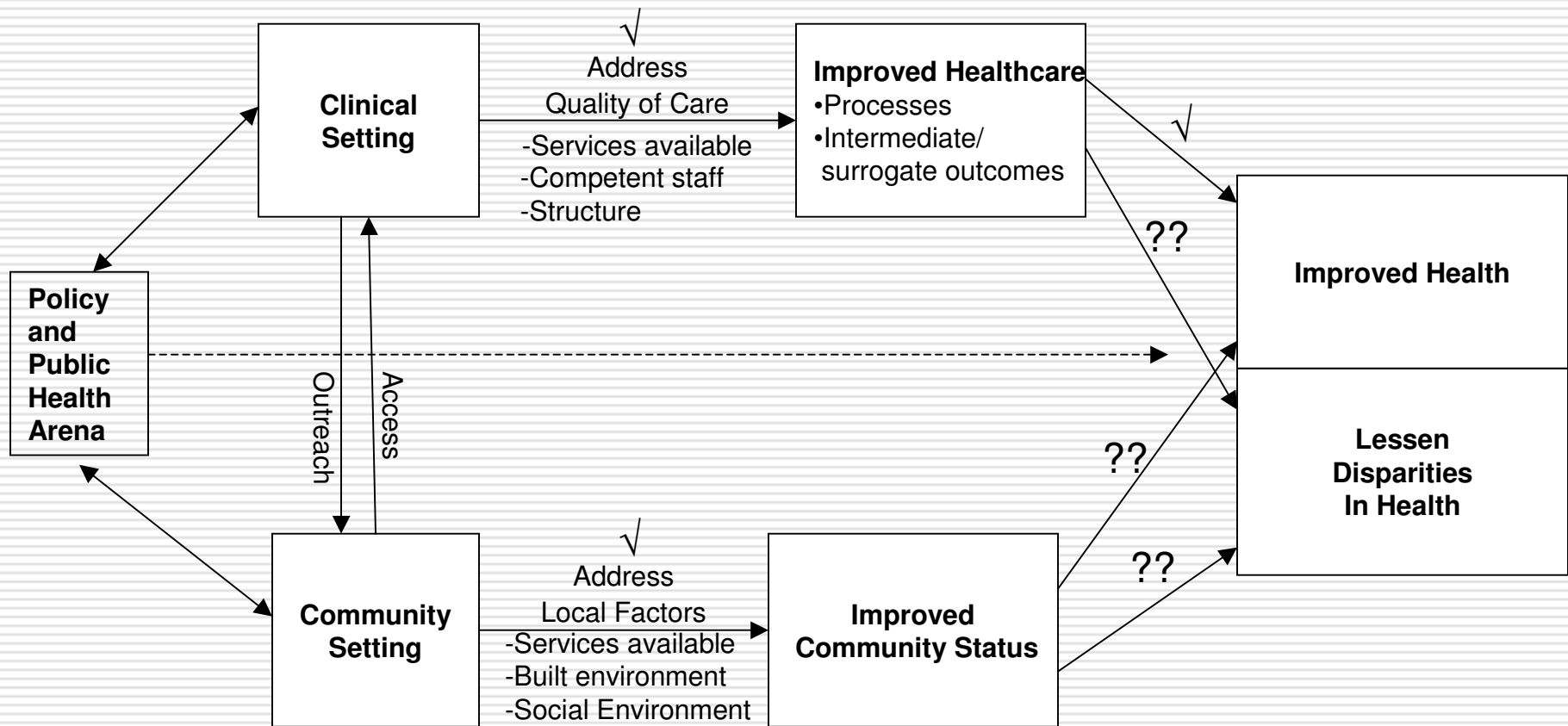
- Two paths to addressing disparities
  - A hybrid approach
    - n Definition, challenges and opportunities
  - Recommendations for advancing community approaches to reduce health disparities
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# Insufficient Progress in Addressing Health Disparities

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- Numerous initiatives to reduce disparities
  - Slow progress toward this goal
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# The "Two Paths" of Community Approaches to Disparities



# Silos and Divides May Impede Progress

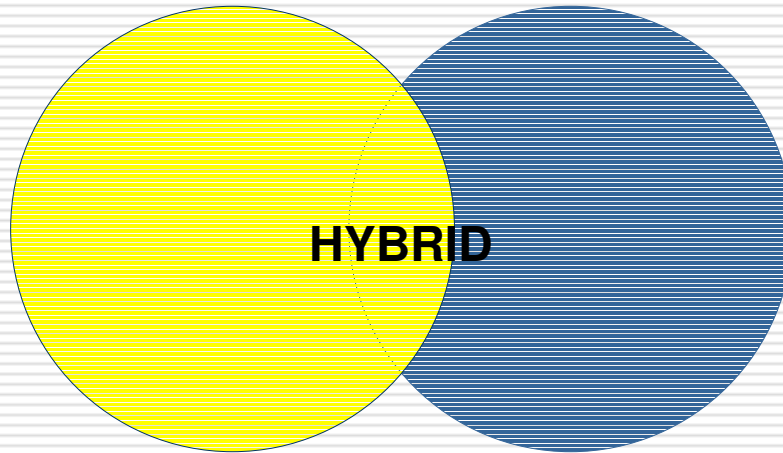
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- Community development perspective
    - n LISC
  - Clinical perspective
    - n Diabetes Prevention
  - Missed opportunity
    - n Obesity
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# Hybrids

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**CLINICAL**



**HYBRID**

**COMMUNITY**

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## Characteristics of Clinical, Hybrid, Community Approaches

	Clinical	Hybrid	Community
Evidence of Health Impact	Positive on Health Not Evident in Disparities	Emerging	Not a Traditional Goal, Not Measured
Advantages	Address biological determinants of health  Enhance clinical resources and capacity	Address biological and social determinants of health Sustainable designs Enhance community and clinical resources and capacity	Address social determinants of health Sustainable designs. Enhance community resources and capacity
Disadvantages	Narrow clinical perspective ? Sustainability ? Real World Effectiveness	Challenging to scale up, replicate Time consuming, intensive to initiate	Target Broad, Time Horizon Long Not Health Specific

# Examples of Hybrid Approaches

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- Clinically-centered
    - n Community Health Workers
  - Research-centered
    - n CBPR
  - Policy-centered
    - n REACH 2010
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# Advancing Hybrid Approaches: Issues

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- Adapting the clinical enterprise
  - Building effective partnerships
  - Building the base for empirical evaluation
  - Taking advantage of public health
  - Solving organization, financing, and policy
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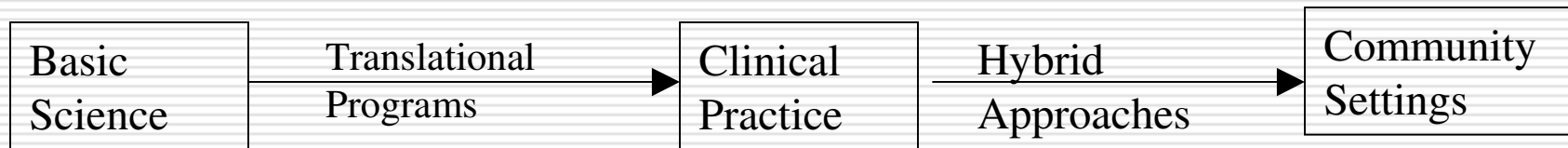
# Summary and Conclusions

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- Hybrid interventions address clinical and social determinants of health to have measurable and sustainable impact
  - Challenges
    - n Knitting stakeholders together
      - Community, provider, funding, development, academic, public health, policy, delivery system
    - n Creating scalable, replicable community models
  - Require realistic resources & time frames to affect community change
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# Continuum of Spending from Basic Research to Community Development

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NIH Human Genome Project	Clinical Translational Science Awards (CTSA's)	AHRQ: Research on healthcare quality, costs, outcomes	CDC REACH	Local Initiatives Support Corporation-LISC (for community development)
\$484 million/year	\$500 million/year anticipated	\$261 million/year	\$34 million/year	\$1 billion/year

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# Recommendations

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- Structures for Organization, Governance and Funding
  - Information and Data
  - Participatory Research Approaches
  - Clinically-Based Approaches
  - Place-Based Approaches
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# Structures for Organization, Governance and Funding

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- Regional health authorities
  - Community development banks/corporations
  - University/community partnerships
  - CBPR practice networks
  - Provider networks, systems
  - New ways of thinking about return on investment
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# Information

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- Clearinghouse (Data, Ideas, People)
  - Data Collection and Analysis
    - n Racial and Ethnic Data
    - n Geographic
    - n RFP: New Strategies for Evaluating Health Impact of Community Projects
    - n Merging Data at Community Level from Different Sources
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# Participatory Research Approaches

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- n Increasing Community Capacity and Influence through Resources, Funding and Training
  - n Improving Collaboration
    - o Training non-community stakeholders in collaborative methods
    - o Funding and reporting requirements
  - n Funding that encourages continuity
  - n Models that integrate funding, data, community engagement, and evaluation
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# Clinical

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- Community involvement in clinical enterprises.
    - n Involvement of community beyond research subjects and letters of support
      - CTSA as an opportunity
        - n Bench to bedside to provider networks to community
      - Require reporting
        - n To the funder about community impact
        - n To the public- community reporting
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# Place-Based Approaches

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- n Partnerships
    - o Key community institutions and leaders
    - o Other Stakeholders
  - n Embedding Health in Community Development
  - n Data
    - o Aggregating different sources
    - o Shared with residents
  - n Funders
    - o Health and social development (public and private) investors and grant-makers
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