



April 20-22, 2005
Second Annual National Environmental
Public Health Tracking Conference



Partnerships with Community-Based Organizations to Support Information Dissemination

April 21, 2005

The Ritz-Carlton

Downtown Atlanta, Georgia

National Center for
Environmental Health





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Geoffrey Lomax - CEHTP
Jeremy Hays - InfoOakland

National Center for
Environmental Health



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Samuel Valdez, IT/GIS Technician

Kaiser Permanente

Medi-Cal



Background & Project Setting



Alameda County

Funded 2002

Adverse birth outcomes

Asthma

Motor vehicle traffic

Program Model

Disparate sources of data

- *coordinate between agencies*
- *develop IT infrastructure*
- *format and process data*

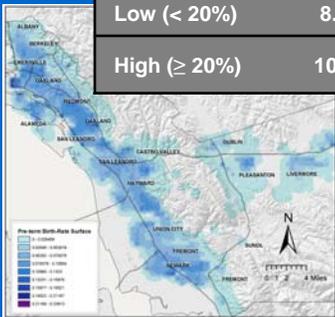
Useable datasets

- *tabulation*
- *statistical analysis*
- *map making*

Results

- *stakeholder input*
- *field test materials*
- *dissemination*

Poverty rate in mother's census tract	Preterm birth rate	95%-CI
Low (< 20%)	8.0	7.5 – 8.4
High (≥ 20%)	10.7	9.8 – 11.7



Information for action

Program Objective

**Develop *scientifically valid* and
personally relevant information about
health and disease**

SB 702 Expert Working Group

Advisory Group & Project Setting

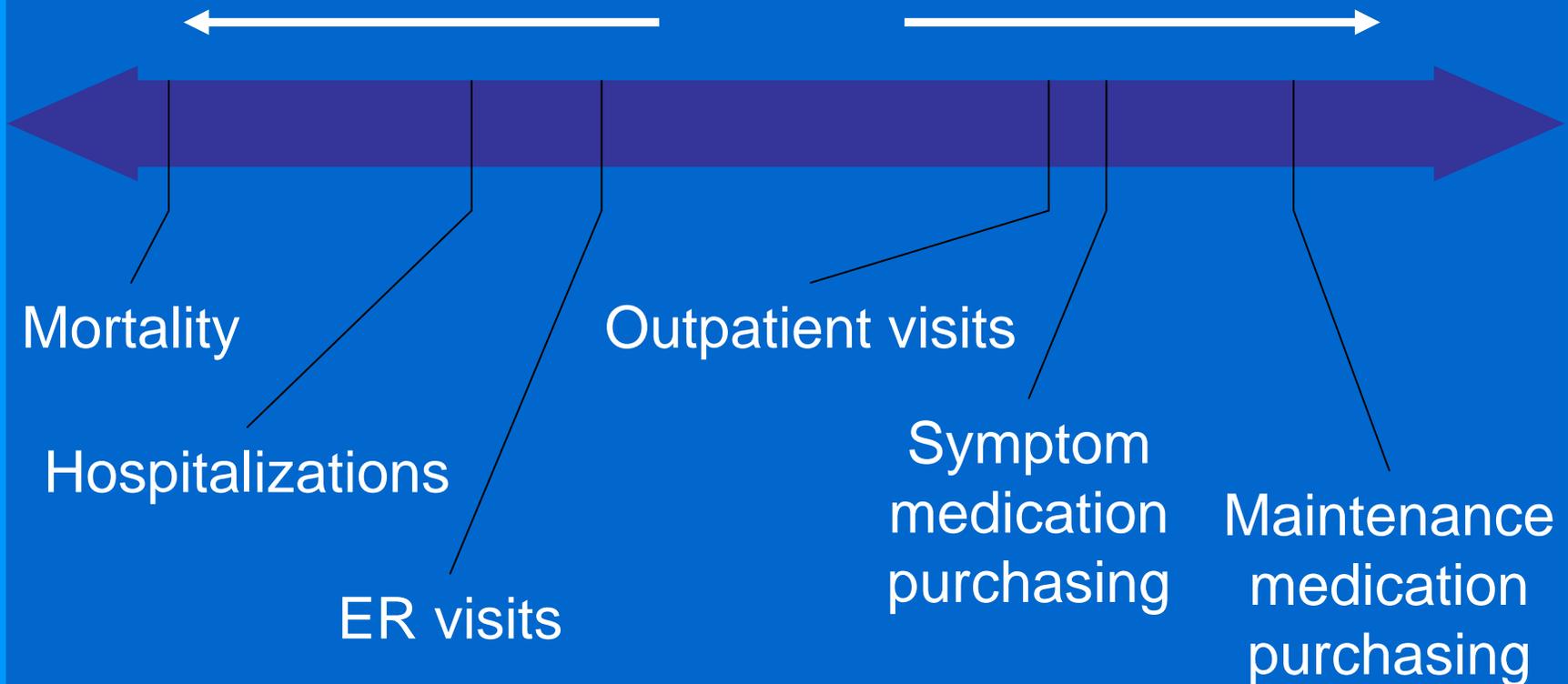
- **Help with recruitment:**
NGO and CBO
- **Advisory Group composition:**
 - CBOs
 - Local Dept PH/EH
 - Councilmember staff
 - NGOs
 - Health providers
 - EPA
- **Meetings:**
Planning, co-facilitation with NGO partner
Discussions, presentations, skills-building, etc.
Stipends
- **Meeting schedule:**
Quarterly meetings from Jan 2004 – June 2006

Asthma Indicators

Asthma indicators

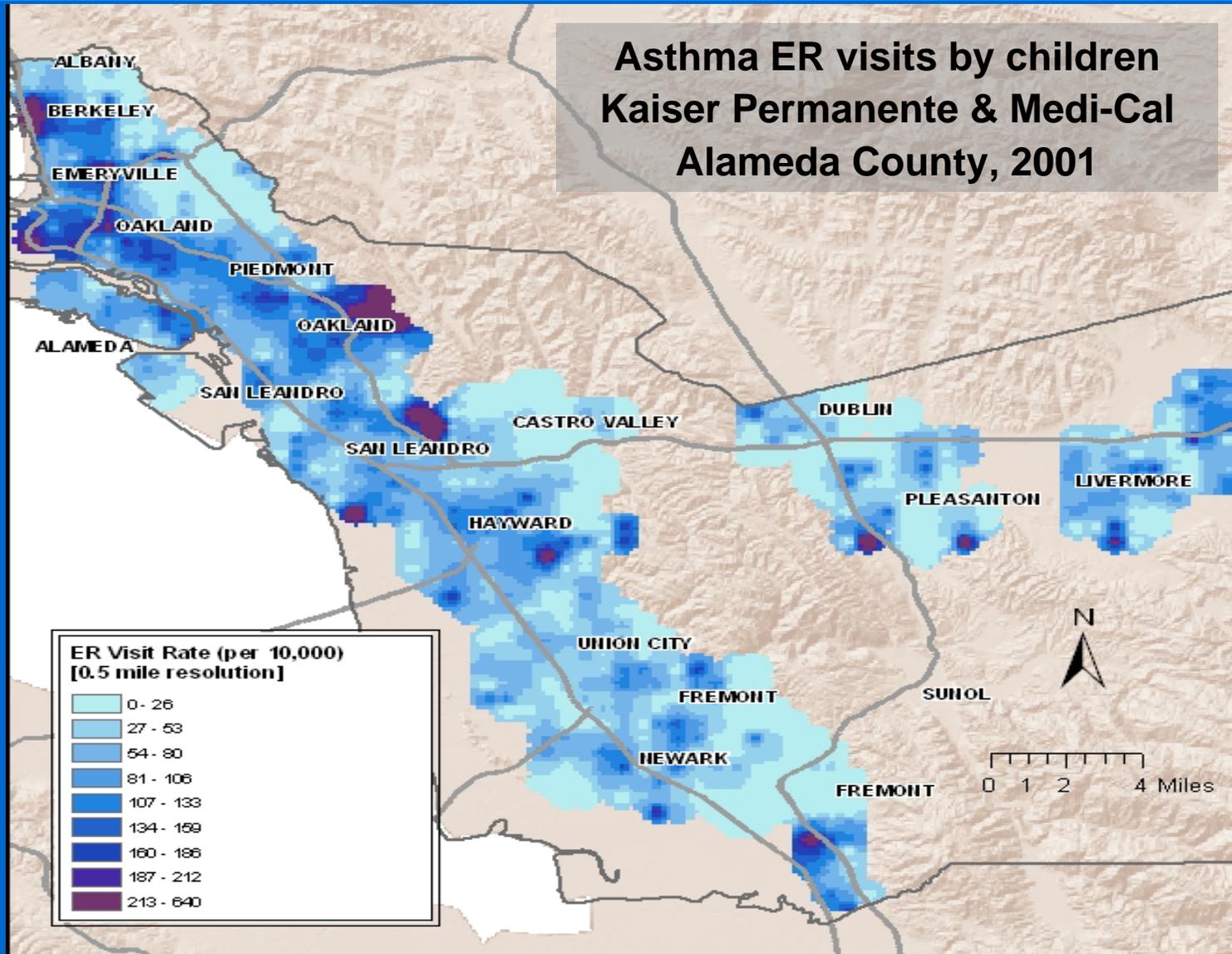
Decreasing quality of care

Increasing quality of care

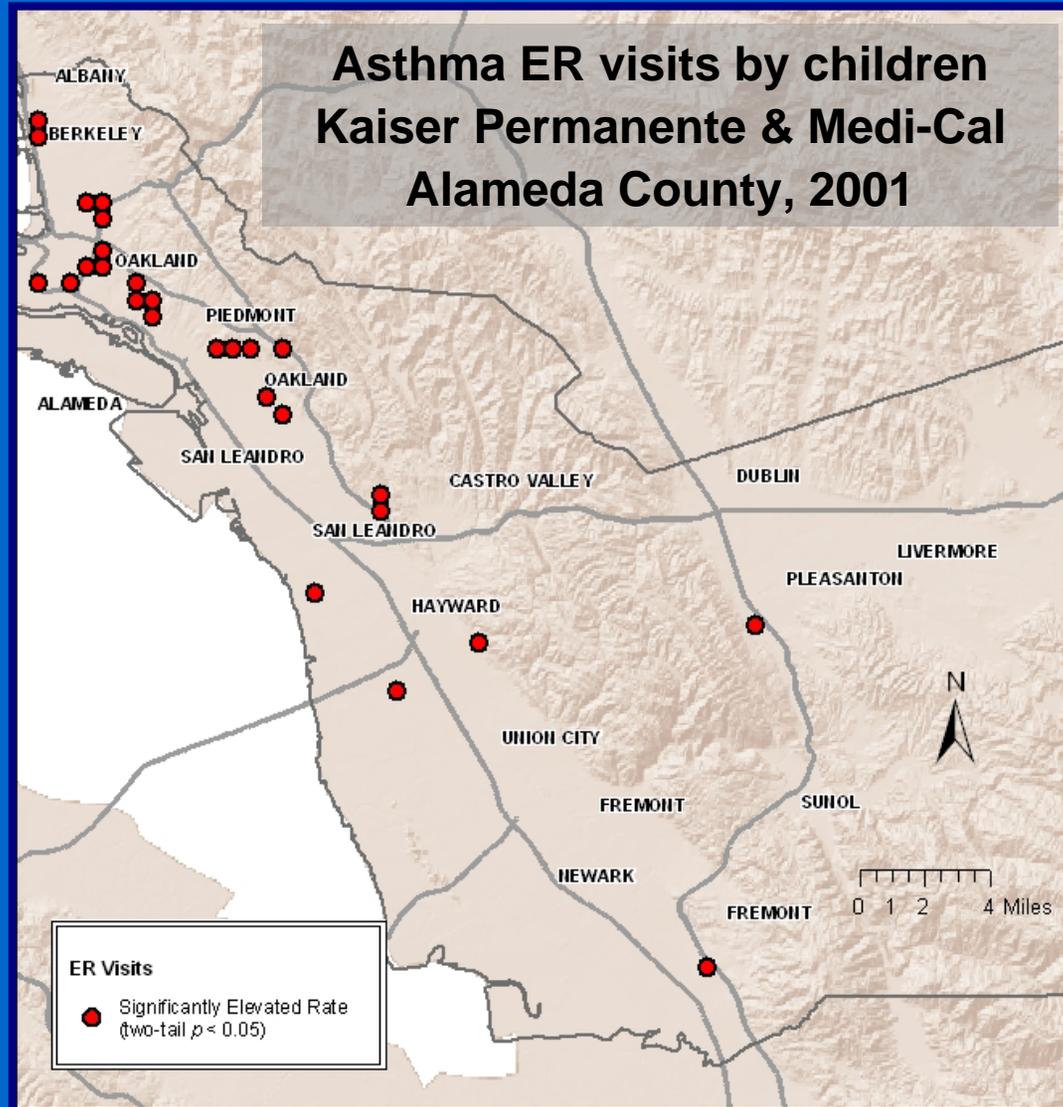


Emergency Room Visits

Asthma ER visits by children
Kaiser Permanente & Medi-Cal
Alameda County, 2001



Emergency Room Visits



Examples of Stakeholder Input

- **Useful?**

- Community-level information

- Info that can be compared to other data, other communities

- Info that can highlight disparities

- Info in a social, economic, environmental context

- **Understandable?**

- Interpretation in lay language

- Background information, links to resources

- **Accessible?**

- Adaptable modules

- Internet good, address digital-divide

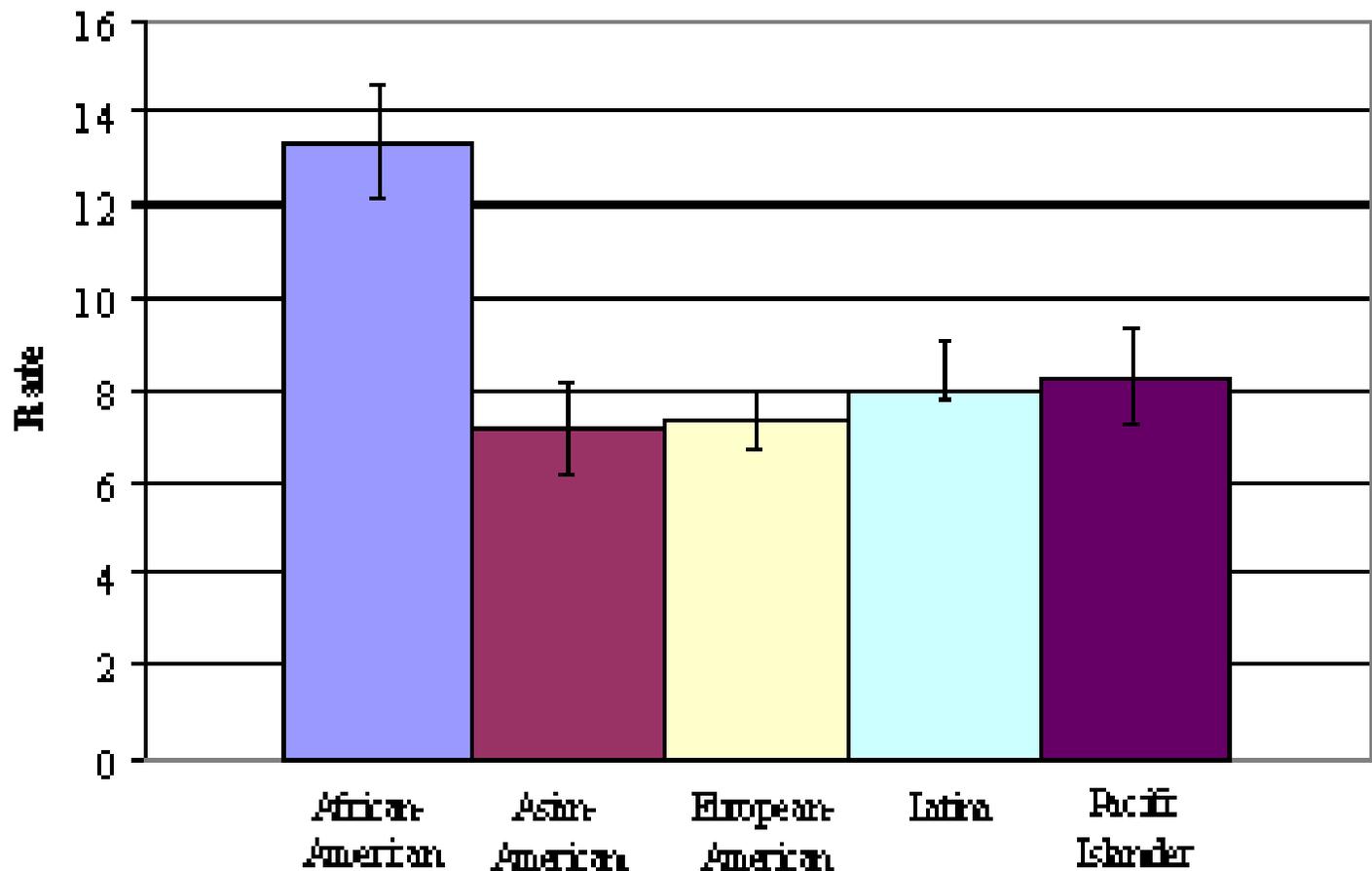
- Technical assistance for interpretation and use for advocacy

Asthma Inequalities (Rates per 1,000)

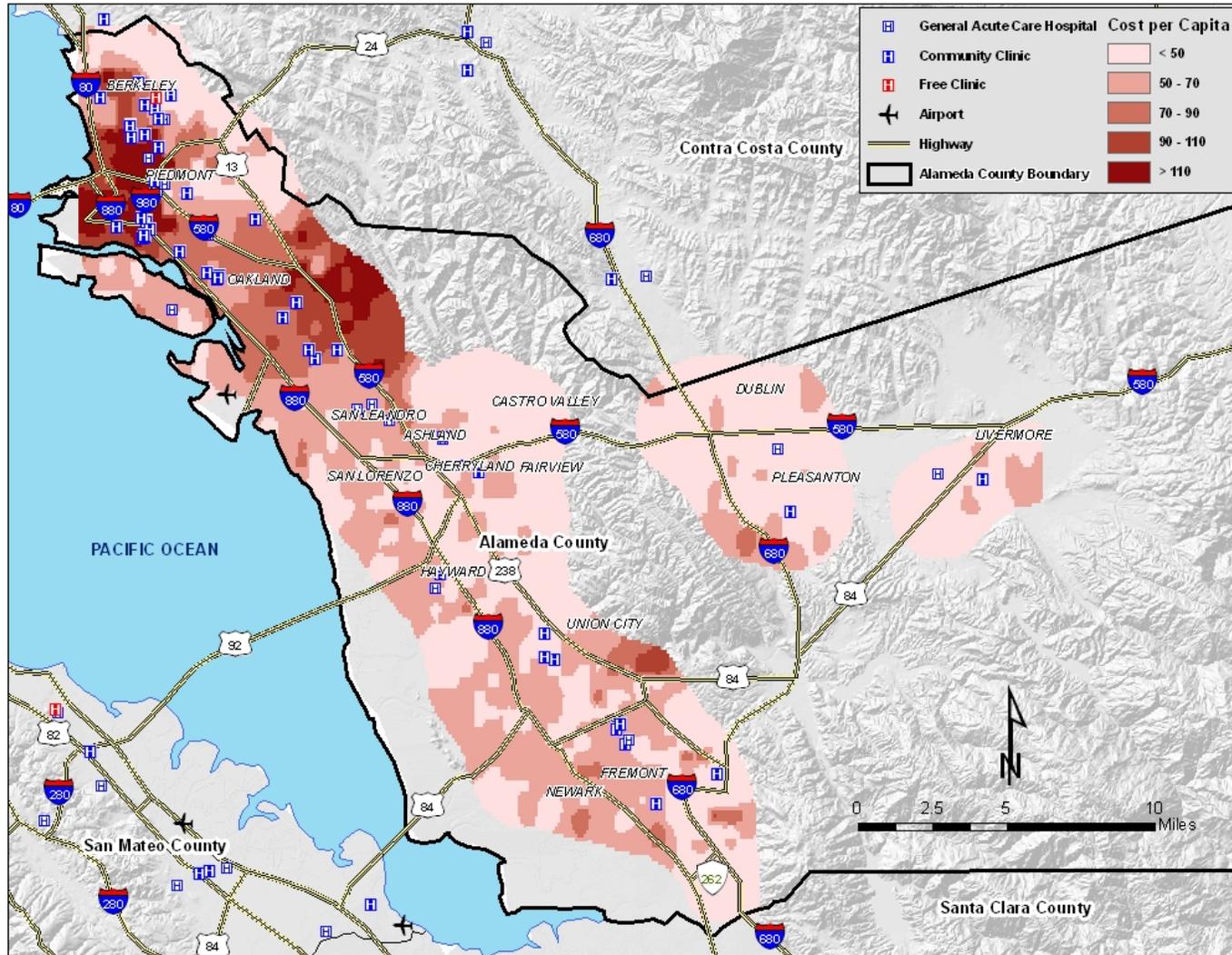
Poverty rate in census tract:	Low poverty (< 20%)	High poverty (\geq 20%)
ER visits	7.0 (6.4 – 7.6)	11.6 (9.9 – 13.2)
Outpatient visits	155 (151 – 159)	141 (132 – 150)
Symptom med fills	264 (258 – 270)	215 (203 – 226)
Maintenance med fills	158 (153 – 162)	94 (87 – 101)

Birth Outcome Inequalities

Pre-term Singleton Birth Rates by Maternal Race/Ethnicity for Alameda County for 2001

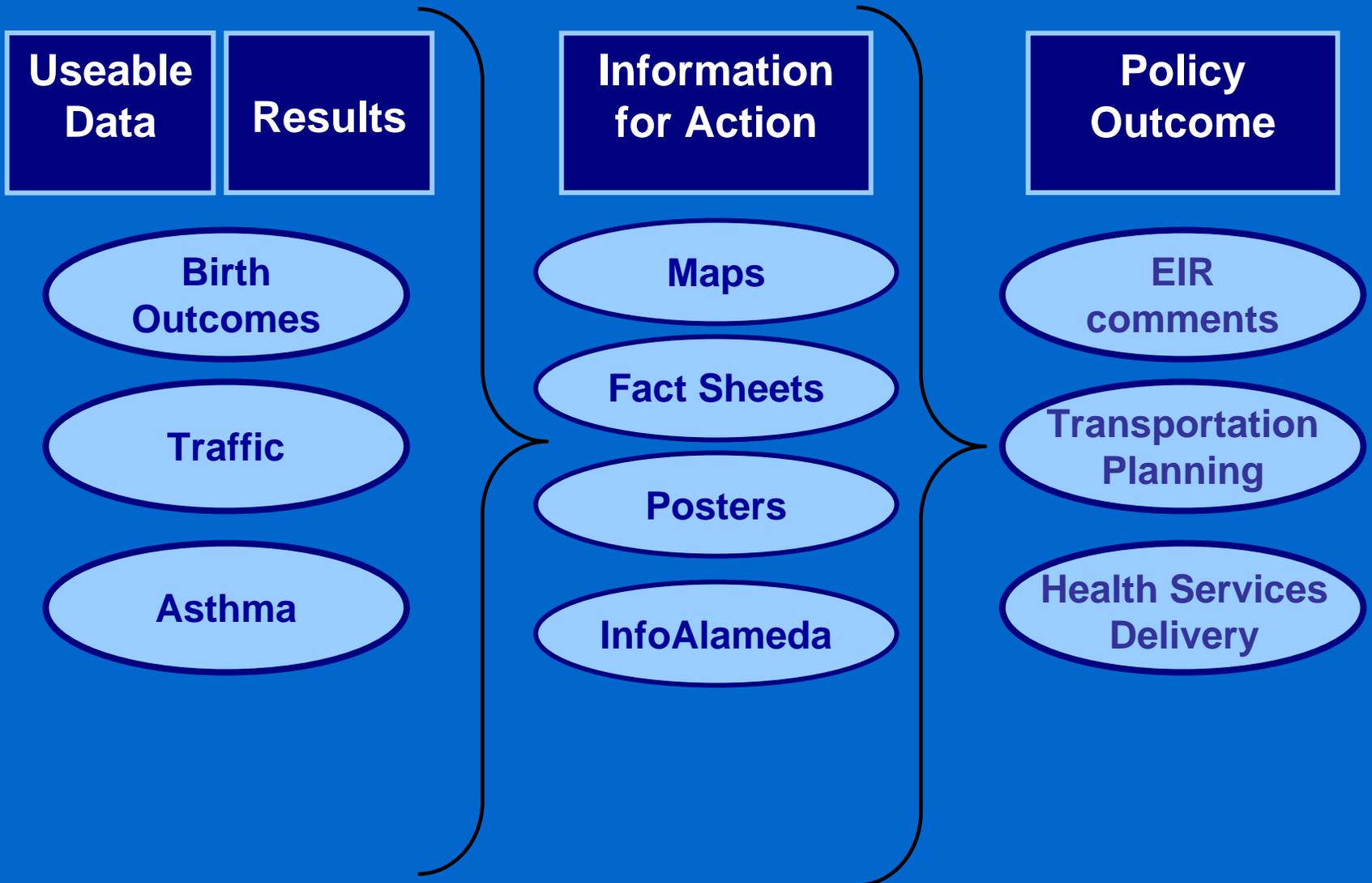


Asthma Inequalities Costs



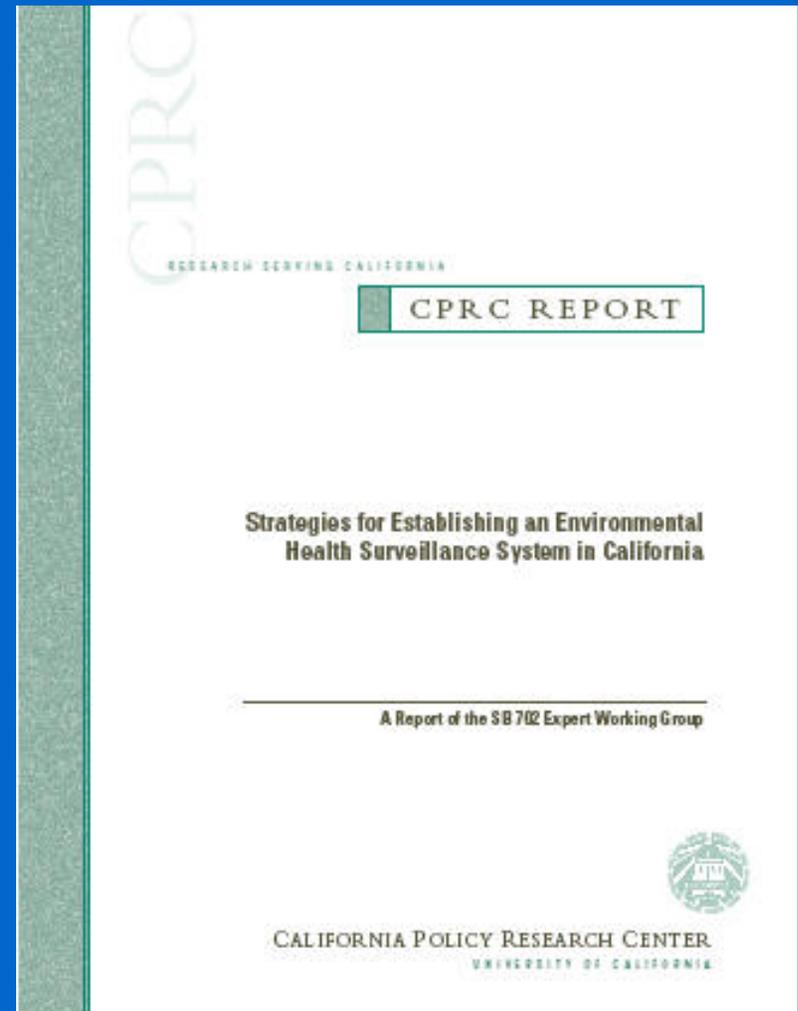
Draft – Subject to Advisory Group Review Do Not Distribute

Applying Tracking Information



The Challenge

How can the CA Tracking Program continue to ensure the dissemination of scientifically valid and personally relevant information to support stakeholders needs?



End

Why Examine the Social and Physical Environment?

- Various commentators suggest multi-level approach is critical for addressing health inequalities, disease prevention and health promotion
- Community-based participatory research and tracking represent complementary approaches to population health promotion
- Health inequalities (“disparities”) research
- New technologies (e.g. InfoOakland as example) enable data to be related (e.g. why not?)
- The process presents new opportunities for group learning and collaboration with stakeholders

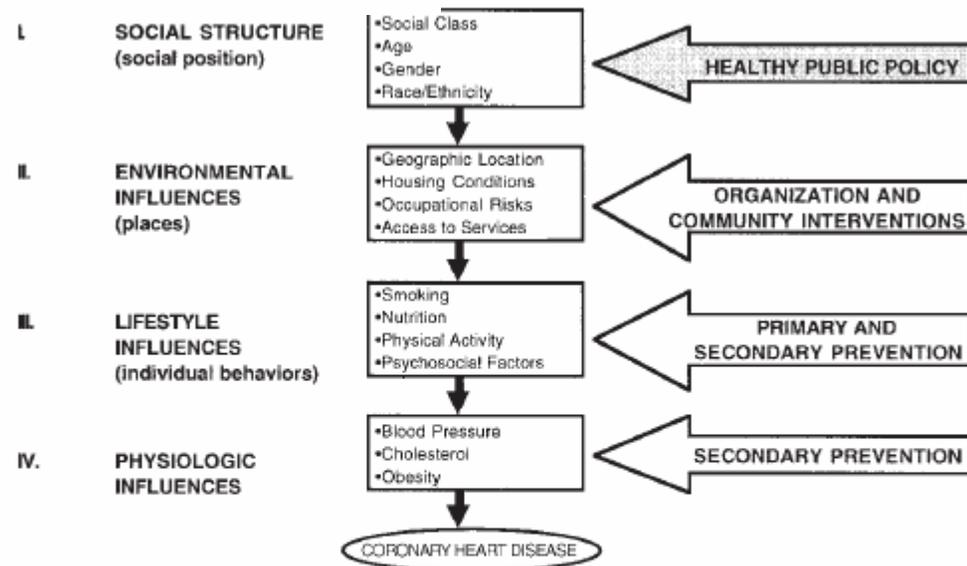
Buzz Words: “Multiple Levels of Causation”

Public Health Matters

To Boldly Go . . .

AJPH 1/2000

John B. McKinlay, PhD, and Lisa D. Marceau, MPH



Source. McKinlay and Marceau.^{11(p296)}

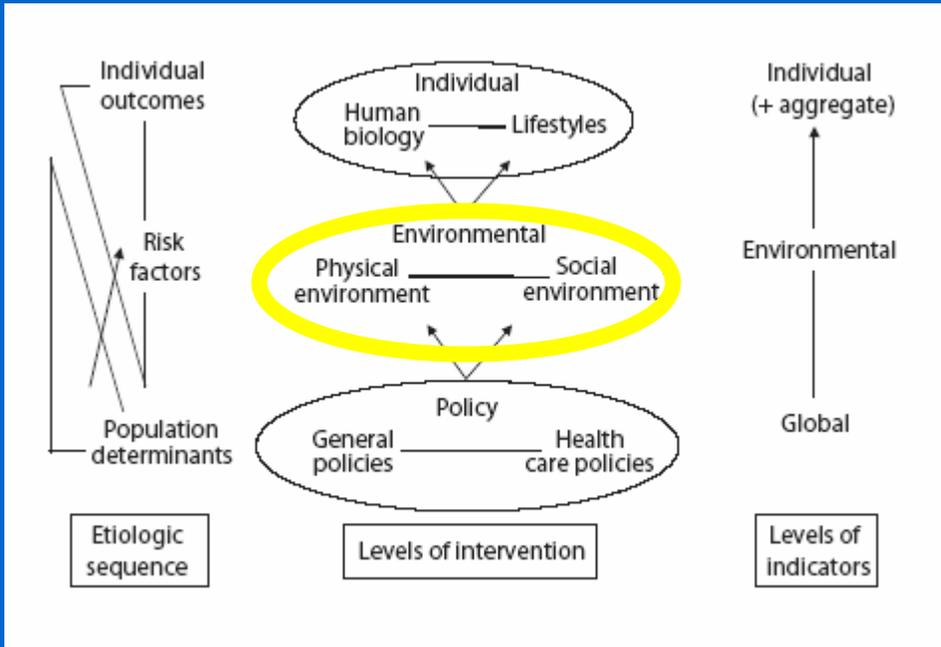
FIGURE 5—Levels of causation of coronary heart disease and corresponding types of health intervention.

Buzz Words: “Population Health”

On the Classification of Population Health Measurements

Ian McDowell, PhD, Robert A. Spasoff, MD, and Betsy Kristjansson, PhD

American Journal of Public Health | March 2004, Vol 94, No. 3



- The correspondence between population health measures and types of intervention to enhance health.
- Interventions may be directed at several levels, and these correspond broadly to stages in the etiologic sequence and
- Morgenstern’s classification of population health indicators.

Buzz Words: “Healthy Cities”



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Cities and population health

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Available online 20 August 2004

Abstract

A majority of the world's population will live in urban areas by 2007 and cities are exerting growing influence on the health of both urban and non-urban residents. Although there long has been substantial interest in the associations between city living and health, relatively little work has tried to understand *how* and *why* cities affect population health. This reflects both the number and complexity of determinants and of the absence of a unified framework that integrates the multiple factors that influence the health of urban populations. This paper presents a conceptual framework for studying how urban living affects population health. The framework rests on the assumption that urban populations are defined by size, density, diversity, and complexity, and that health in urban populations is a function of living conditions that are in turn shaped by municipal determinants and global and national trends. **The framework builds on previous urban health research and incorporates multiple determinants at different levels. It is intended to serve as a model to guide public health research and intervention.**

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Keywords: Urban; Urbanization; Cities; Model; Framework

Buzz Words: “Environmental Equity”

Environmental Equity and Health: Understanding Complexity and Moving Forward

AJPH 2/2003

Mary E. Northridge, PhD, MPH, Gabriel N. Stover, MPA, Joyce E. Rosenthal, MPH, MSUP, and Donna Sherard, MPH

“The most critical need at present is ongoing support for **environmental and health surveillance systems** so as to ensure adequate data for local, regional, and national research into the determinants of environmental equity and health.”

“A first priority is the collaborative selection of apt and accessible indicators of **social, economic, and environmental** factors to better monitor progress and hold agencies and institutions accountable for moving forward toward the goal of environmental equity.”

Buzz Words: “Environmental Health Disparities & CBPR”

Environmental Health Disparities: A Framework Integrating Psychosocial and Environmental Concepts

Gilbert C. Gee¹ and Devon C. Payne-Sturges²

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²Office of Policy, Economics and Innovation, and Office of Children’s Health Protection, U.S. Environmental Protection Agency, Washington, DC, USA

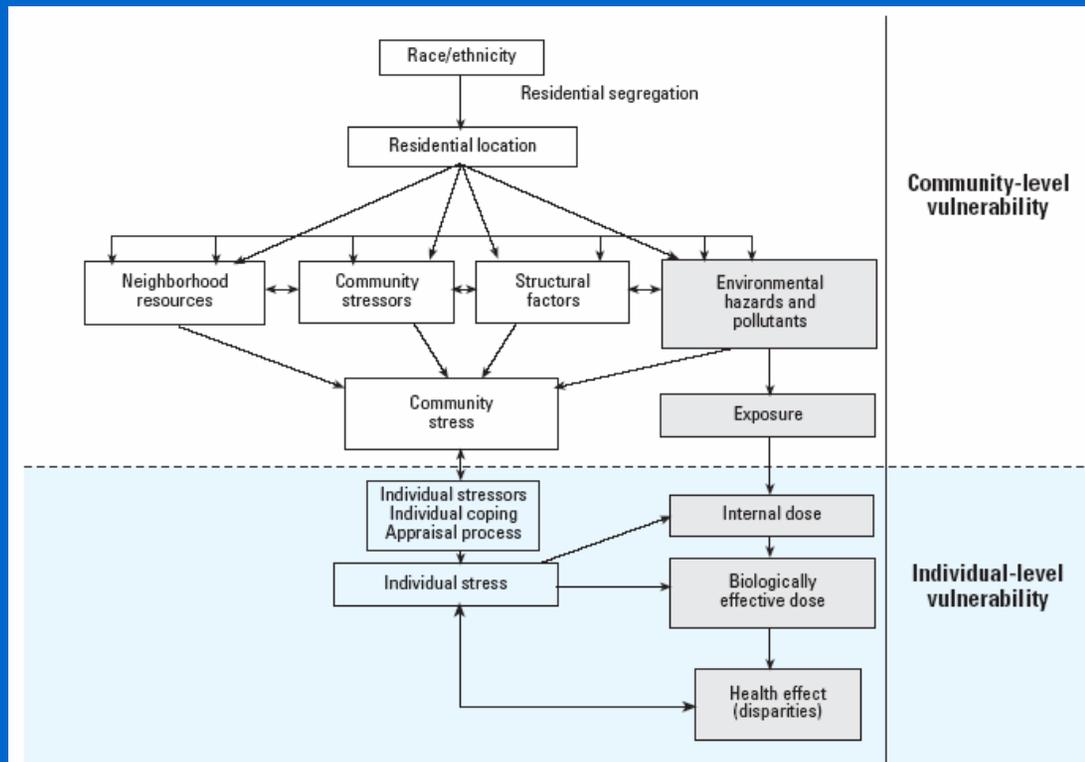


Figure 1. Exposure–disease–stress model for environmental health disparities.



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