Partnerships with Community-Based Organizations to Support Information Dissemination

April 21, 2005
The Ritz-Carlton
Downtown Atlanta, Georgia
Partnerships with Community-Based Organizations to Support Information Dissemination

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Acknowledgements

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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

<table>
<thead>
<tr>
<th>Poverty rate in mother’s census tract</th>
<th>Preterm birth rate</th>
<th>95%-CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (&lt; 20%)</td>
<td>8.0</td>
<td>7.5 – 8.4</td>
</tr>
<tr>
<td>High (≥ 20%)</td>
<td>10.7</td>
<td>9.8 – 11.7</td>
</tr>
</tbody>
</table>

Information for action

- stakeholder input
- field test materials
- dissemination
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
  - NGOs
  - Local Dept PH/EH
  - Health providers
  - Councilmember staff
  - 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

Mortality
Hospitalizations
ER visits

Increasing quality of care

Outpatient visits
Symptom medication purchasing
Maintenance medication purchasing

Medication purchasing

Maintenance medication purchasing
Emergency Room Visits

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

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

Asthma out patient visits by children Kaiser Permanente & Medi-Cal
Alameda County, 2001
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
<table>
<thead>
<tr>
<th>Poverty rate in census tract:</th>
<th>Low poverty (&lt; 20%)</th>
<th>High poverty (≥ 20%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER visits</td>
<td>7.0  (6.4 – 7.6)</td>
<td>11.6  (9.9 – 13.2)</td>
</tr>
<tr>
<td>Outpatient visits</td>
<td>155  (151 – 159)</td>
<td>141  (132 – 150)</td>
</tr>
<tr>
<td>Symptom med fills</td>
<td>264  (258 – 270)</td>
<td>215  (203 – 226)</td>
</tr>
<tr>
<td>Maintenance med fills</td>
<td>158  (153 – 162)</td>
<td>94   (87 – 101)</td>
</tr>
</tbody>
</table>
Birth Outcome Inequalities
Applying Tracking Information

Useable Data
- Birth Outcomes
- Traffic
- Asthma

Results

Information for Action
- Maps
- Fact Sheets
- Posters
- InfoAlameda

Policy Outcome
- EIR comments
- Transportation Planning
- Health Services Delivery
The Challenge

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

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

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Source: McKinlay and Marceau. (1999)
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.
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
“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**

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