

**“Politics, Economics, and Health Equity”**

**Community-Based  
Health Disparities Interventions**

**The Value of Community-Based  
Participatory Research**

Presented at

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Minority Health Disparities Conference

*by*

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# Objectives

- Define and describe community based participatory research (CBPR) and its principles
- Link CBPR to health disparities solutions as well as to politics and economics

# Defining Community Based Participatory Research

(From the W.K. Kellogg Foundation Community Health Scholars Program)

[CBPR] is a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities

Community Health Scholars Program goals and competencies. Ann Arbor (MI): University of Michigan School of Public Health; [cited 2007 Mar 12]. Available from: <http://www.sph.umich.edu/chsp/program/index.shtml>.

# Principles of CBPR

- Promotes co-learning and empowering process
- Involves a cyclical and iterative process
- Addresses health from positive and ecological perspectives
- Disseminates findings and knowledge gained to all partners
- Involves a long-term commitment by all partners
- Recognizes community as a unit of identity
- Builds on strengths and resources within the community
- Facilitates collaborative, equitable involvement of partners
- Integrates knowledge and action for mutual benefit of partners

Israel, B.A., Lichtenstein, R., Lantz, P., McGranaghan, R., Allen, A., Guzman, R., Softley, D., Maciak, B. The Detroit Community-Academic Urban Research Center: Development, implementation and evaluation of a community-based participatory research partnership. *Journal of Public Health Management and Practice*, 7(5): 1-19, 2001.

# Community Capacity

- the characteristics of communities that affect their ability to identify, mobilize, and address social and public health problems and
- the cultivation and use of transferable knowledge, skills, systems, and resources that affect community- and individual-level changes consistent with public health-related goals and objectives.

Goodman, R.M., Speers, M.A., McLery, K., Fawcett, S., Kegler, M., Parker, E., Smith, S.R., Sterling, T.D., & Wallerstein, N. , 25:258(1998) **Identifying and Defining the Dimensions of Community Capacity to Provide a Basis for Measurement** *Health Educ Behav*, 25:258- 278  
<http://heb.sagepub.com/cgi/reprint/25/3/258>

# Cultural Competence

- Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations ...
- Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989)."

Source url: <http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=11>

# Drivers of Health Disparities

- Personal, socioeconomic, and environmental characteristics of different ethnic and racial groups
- Barriers certain racial and ethnic groups encounter when trying to enter into the health care delivery system; and
- Quality of health care different ethnic and racial groups receive.

Source url: Wikipedia

[http://en.wikipedia.org/wiki/Health\\_disparities#Causes\\_of\\_health\\_disparities](http://en.wikipedia.org/wiki/Health_disparities#Causes_of_health_disparities)

# Drivers of Health Disparities

- Disparities in U.S. health care result from a complex mixture of systemic inequality and access problems intertwined with historic injury.
- The many dimensions of health disparities include race, ethnicity, socioeconomic status, and geography.

Frist, W. (2005, March). Overcoming Disparities In U.S. Health Care. *Health Affairs*, 24(2), 445-451.

Retrieved May 13, 2009, doi:10.1377/hlthaff.24.2.445

# CBPR and HD Solutions

- Recognizes community as a unit of identity
  - Community-based solutions require acknowledgement and understanding of a community (geographically defined) as having distinct unique elements which influence health status as well as ability to access services

# CBPR and HD Solutions

- Addresses health from positive and ecological perspectives
  - Incorporates both the personal and environmental influences on health in developing solutions
  - Sees assets/resources within the community upon which to build, enhancing community capacity

# CBPR and HD Solutions

- Promotes co-learning and empowering process
- Facilitates collaborative, equitable involvement of partners
  - Facilitates open channels of communication and engagement, opportunity for co-learning; reductions in institutional mistrust

# CBPR and HD Solutions

- Builds on strengths and resources within the community
  - Utilizes skill and knowledge of residents in the community and/or cultivates skill and knowledge of community residents (Ex. – use of lay health workers, peer educators)
  - Enhancing community capacity and facilitating community empowerment and ability to garner economic resources (modifying the environmental and socioeconomic contexts of health disparities)

# CBPR and HD Solutions

- Involves a long-term commitment by all partners
  - Changes in health care access and delivery practices do not occur within short time frame; CBPR provides opportunity for long term engagement to achieve social and health changes
  - Results in in-depth knowledge and understanding of community values and processes (impact on culturally competent intervention strategies – improve quality and minimize barriers)

# CBPR and HD Solutions

## Economic Impact

- Health institutions can be economic catalysts
  - providing a source of stable, well-paying jobs,
  - stimulating multiple business opportunities in other fields,
  - purchasing local goods and services, and contributing to local and state tax bases

Kauper-Brown J and Seifer SD (2006) Health Institutions as Anchors in Communities: Profiles of Engaged Institutions. Seattle, WA: Community-Campus Partnerships for Health. (url: <http://www.ccph.info/>)