



**University of Colorado Denver-Colorado AHECs-Office of Health Disparities-  
NCI Cancer Information System**

Project T.E.A.C.H.: Teaching Equity to Advance Community Health

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# *CIS Connection*

National Cancer Institute's **CANCER INFORMATION SERVICE**



# A three-month collaborative work:

Assessment or "What do you need?":

- One-on-one interaction to develop learning goals and find appropriate tools. We will develop together templates you can "cut and paste" and tools to fit your evaluation needs

# Workshop or "How do we get it?"

- 1-day workshop, where CBO will receive electronic information resources to enhance your capacity and work together in the draft of your proposal or evaluation

# Consulting or "What do you get?":

- After the workshop, each CBO will work with the Academy and the AHEC partner to consult and finalize the product of their chosen modules.

# Topics

- Health Disparities Data In Your Region
- Community Assessment and Capacity Building
- Cultural Competence
- Program Evaluation
- Evidence-Based Interventions
- Grant writing

## What you can expect to get:

- Find/use/interpret the most recent disparities regional/national data
- Have bookmarked websites and automatic e-mail updates
- Community assessment tools and methods
- Determine infrastructural needs and sources of funding to fulfill them
- Evaluate assets/ resources in the region and nationally
- Measure community capacity

## What you can expect to get:

- Recognize discrimination/ racism at the institutionalized, personally-mediated and internalized levels and appropriate ways to address them
- Use basic concepts of cross-cultural communication, cultural sensitivity, congruency
- Legal mandates regarding cultural/ linguistic competence (CLAS,etc)
- Linguistic barriers, interpreters, translators
- Diversity and inclusion in healthcare workforce

## What you can expect to get:

- Find evidence-based interventions and translate them to meet the needs of the community
- Use models of designing/ implementing interventions (e.g., PRECEDE-PROCEED)
- Basic knowledge of collection and interpretation of qualitative and quantitative data
- Identify and create infrastructure for partnerships (decision-making rules,norms,etc)
- Find initiatives in your region to reduce health disparities
- Develop non-traditional partnerships (churches, senior centers, etc),
- Find best practices, lessons learned (e.g., Cancer Control P.L.A.N.E.T.)
- Critically evaluate the potential impact of interventions to reduce health disparities (e.g., "Do we really need another brochure?")

Regardless of the topic, you will  
produce drafts of :

- 1) actual grant;
- 2) boilerplates/templates for background, institution capacity description, budget sections;
- 3) timelines

# Health Disparities Plans

- Turning Point Initiative
- Health Disparities Report (most recent)
- Colorado Health Disparities Conference
- Colorado Heart Healthy and Stroke Free: Reaching the future 2005-2010
- Colorado Action Plans for
  - Asthma
  - Cancer
  - Diabetes
  - Physical Activity & Nutrition
- USHHS Initiative to Eliminate Health Disparities
- Healthy People 2010

# Solutions to disparities

- Provision of services **MUST** be central to your agenda
- Include navigators/promotores
- Include interpreters
- Adapt clinic hours to the needs of the clients

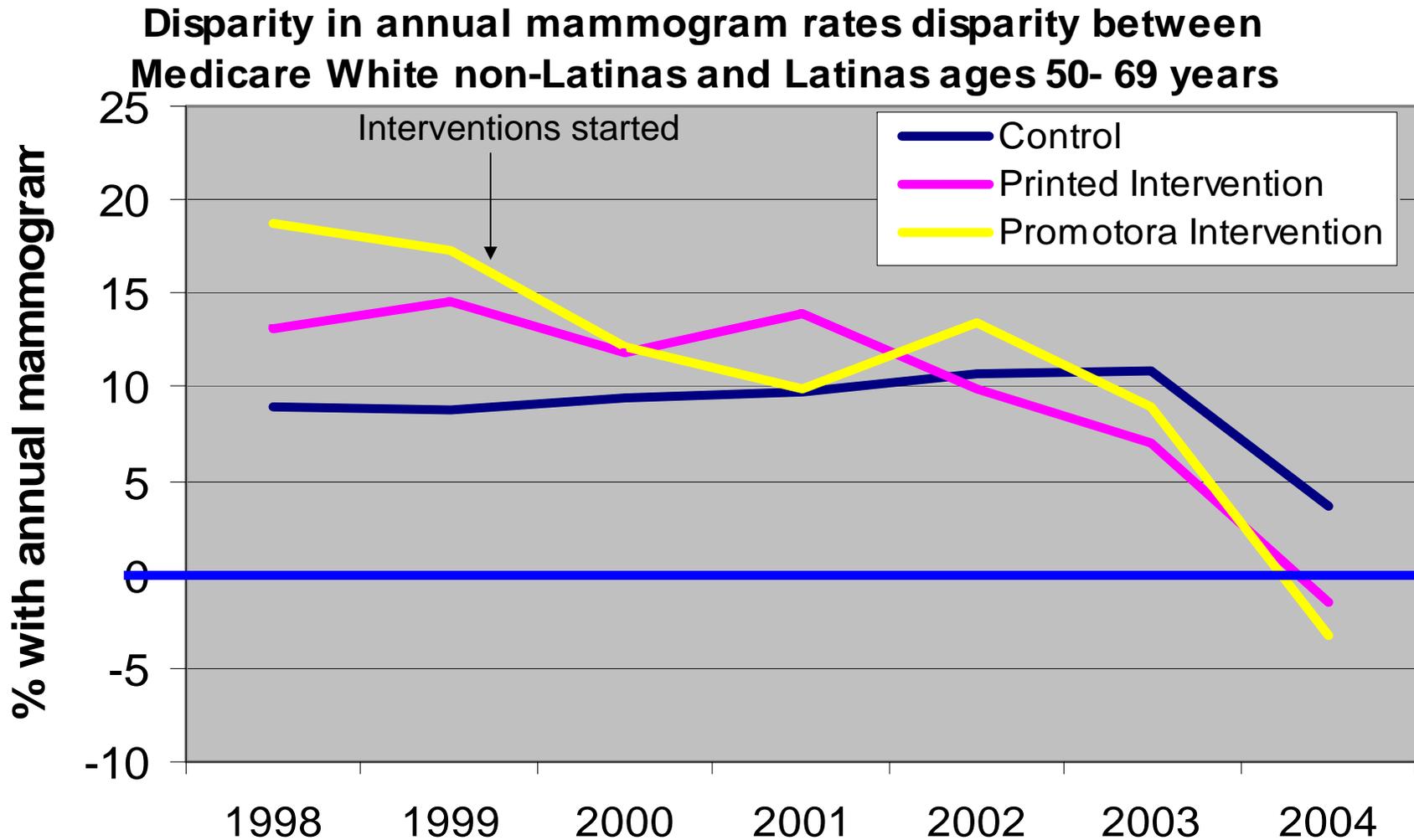
And then: invite them in...

# Navigator interventions

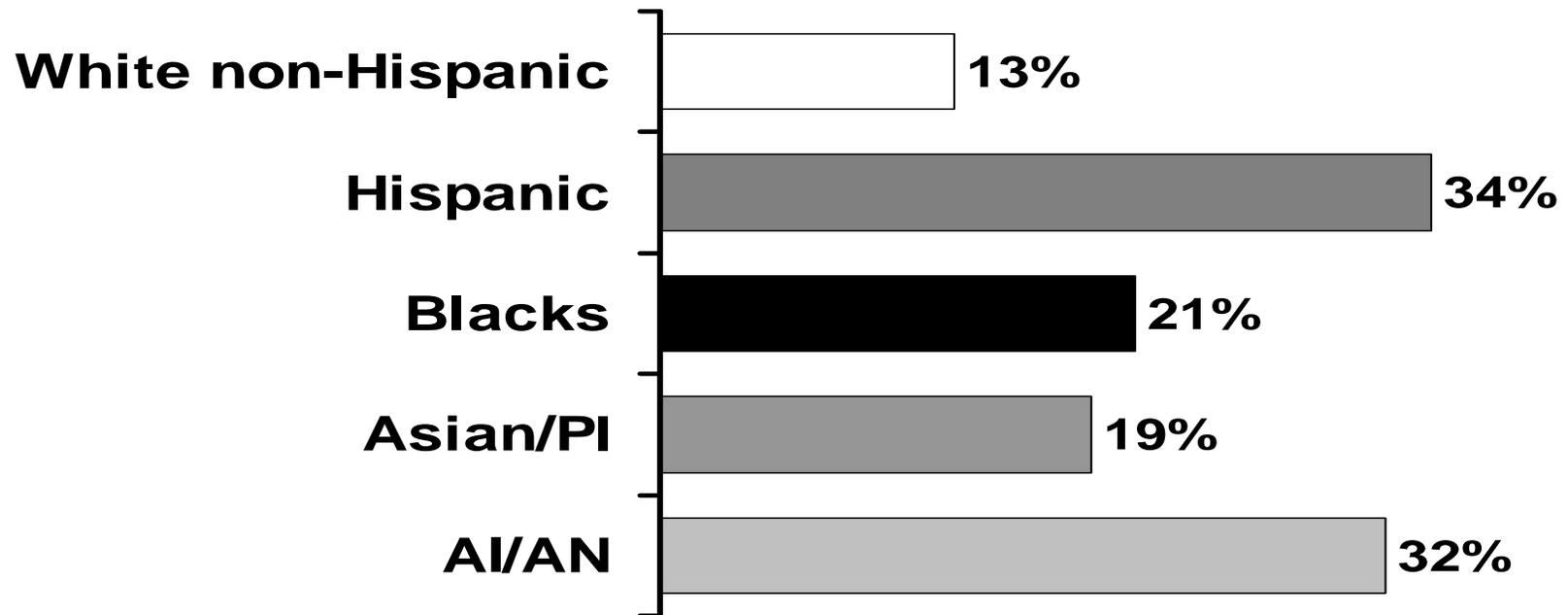
- *Accompagnateur*: rural Haiti, urban Peru, and Boston (Farmer PE et al, 2006): usually a neighbor who deliver drugs and supportive care in patient's home; conventional clinic-based (distal intervention) services complemented by home-based (more proximal intervention) care
- **Navigator: Harlem, New York City (Harold P. Freeman):** trained health workers guided low-income and minority cancer patients through entire care process resulting in improved cancer related outcomes in RCT
- Promotora: (Tepeyac Project, Colorado, Sauaia et al, 2006, 2007): church-based community health workers significantly reduced disparities in cancer screening among insured Colorado Latinas (Medicare, Medicaid and HMOs)

# Colorado Tepeyac Project

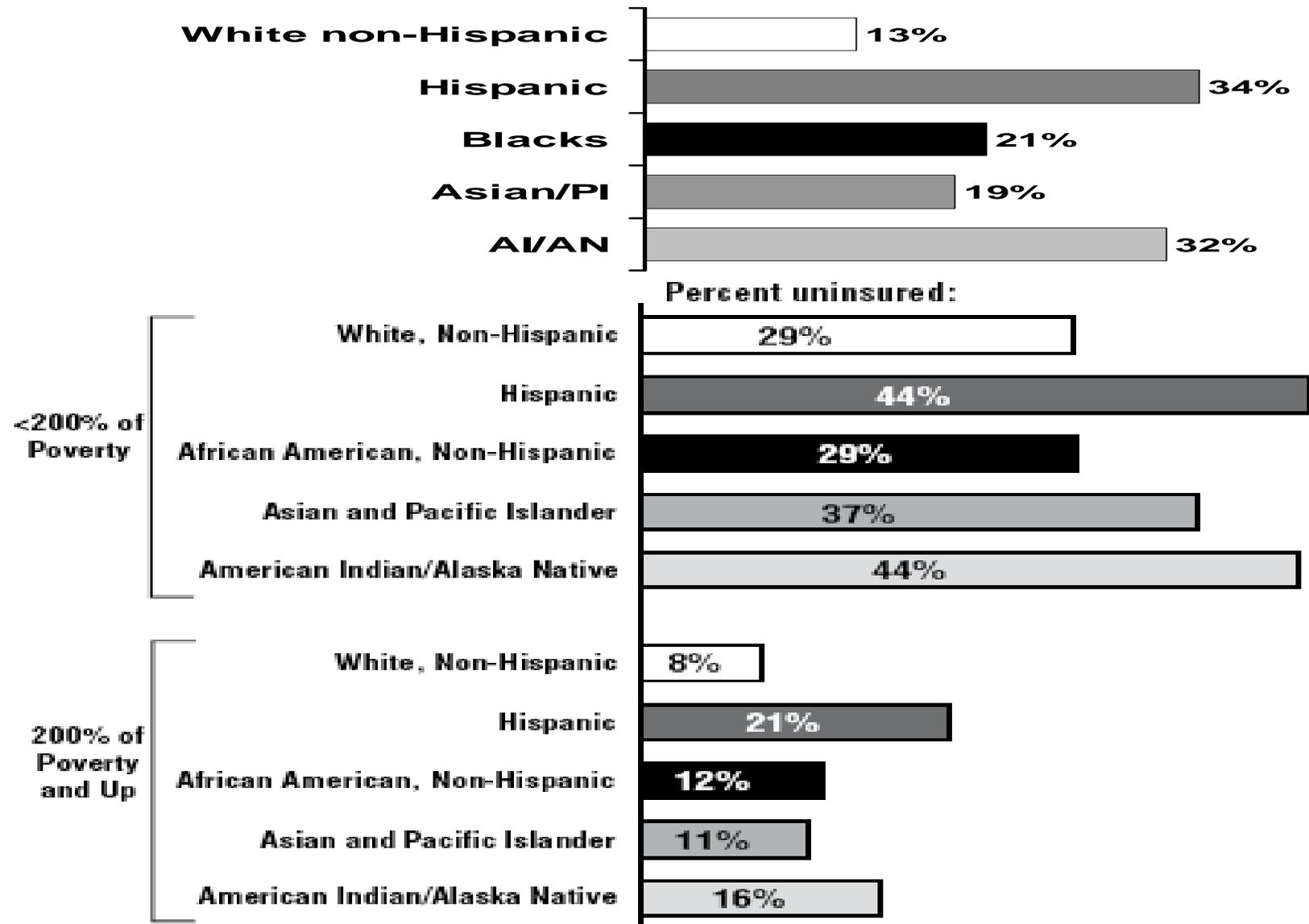
## Sauaia et al. 2006



## Uninsured rates for the non elderly, 2005



# Uninsured rates for the non elderly, 2005

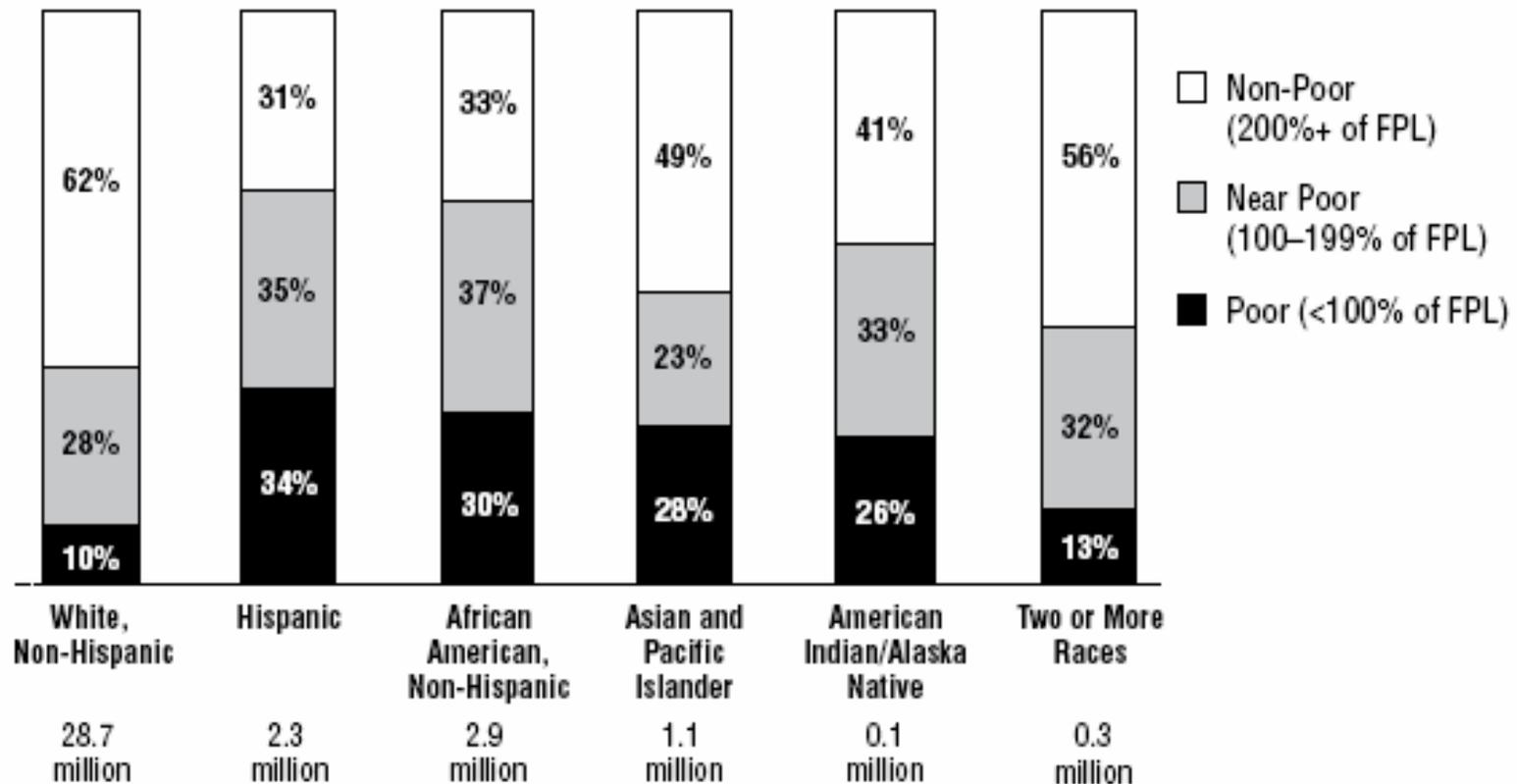


NOTE: 200% of the poverty threshold for a family of four in 2005 was \$39,942.

DATA: March 2005 Current Population Survey.

SOURCE: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates.

## Poverty Status of Elderly Population by Race/Ethnicity, 2005

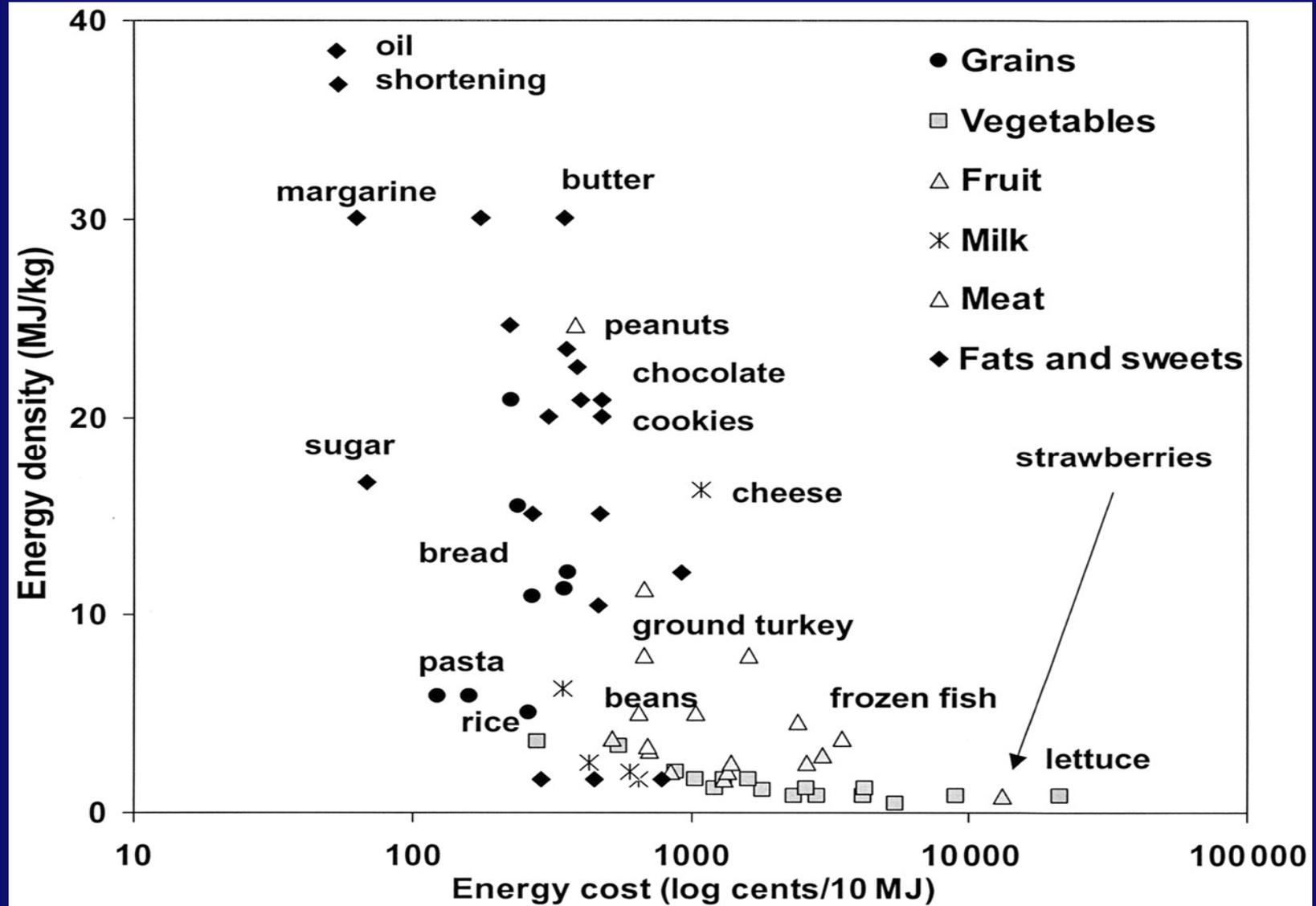


NOTES: Individuals who reported more than one race group were categorized as "two or more races." Elderly includes individuals age 65 and over. FPL= Federal Poverty Level. The FPL for a family of four in 2005 was \$19,971.

DATA: March 2006 Current Population Survey.

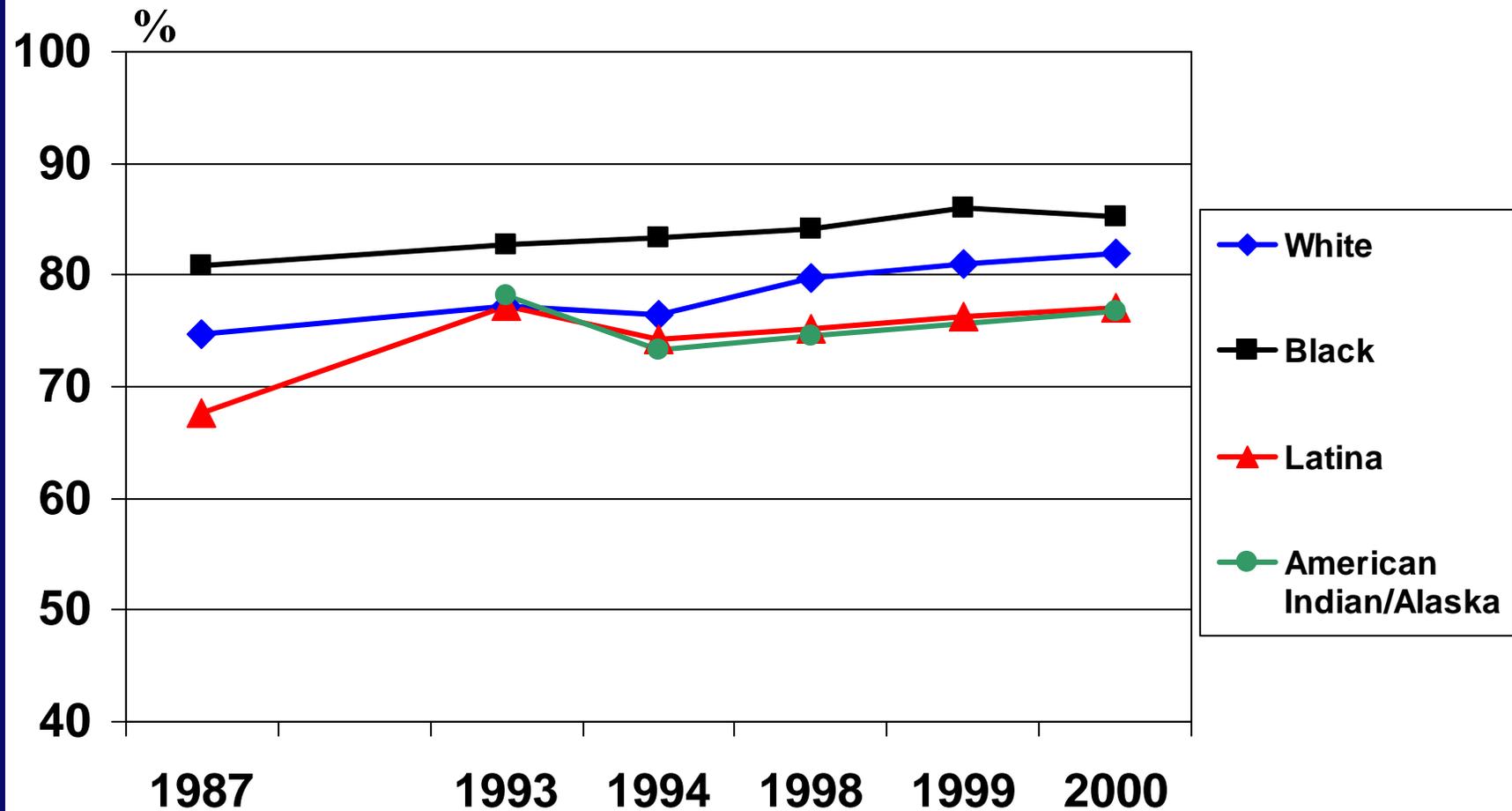
SOURCE: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates.

# Energy density and Cost



# Persistence Pays Off

## Cervical Cancer Screening



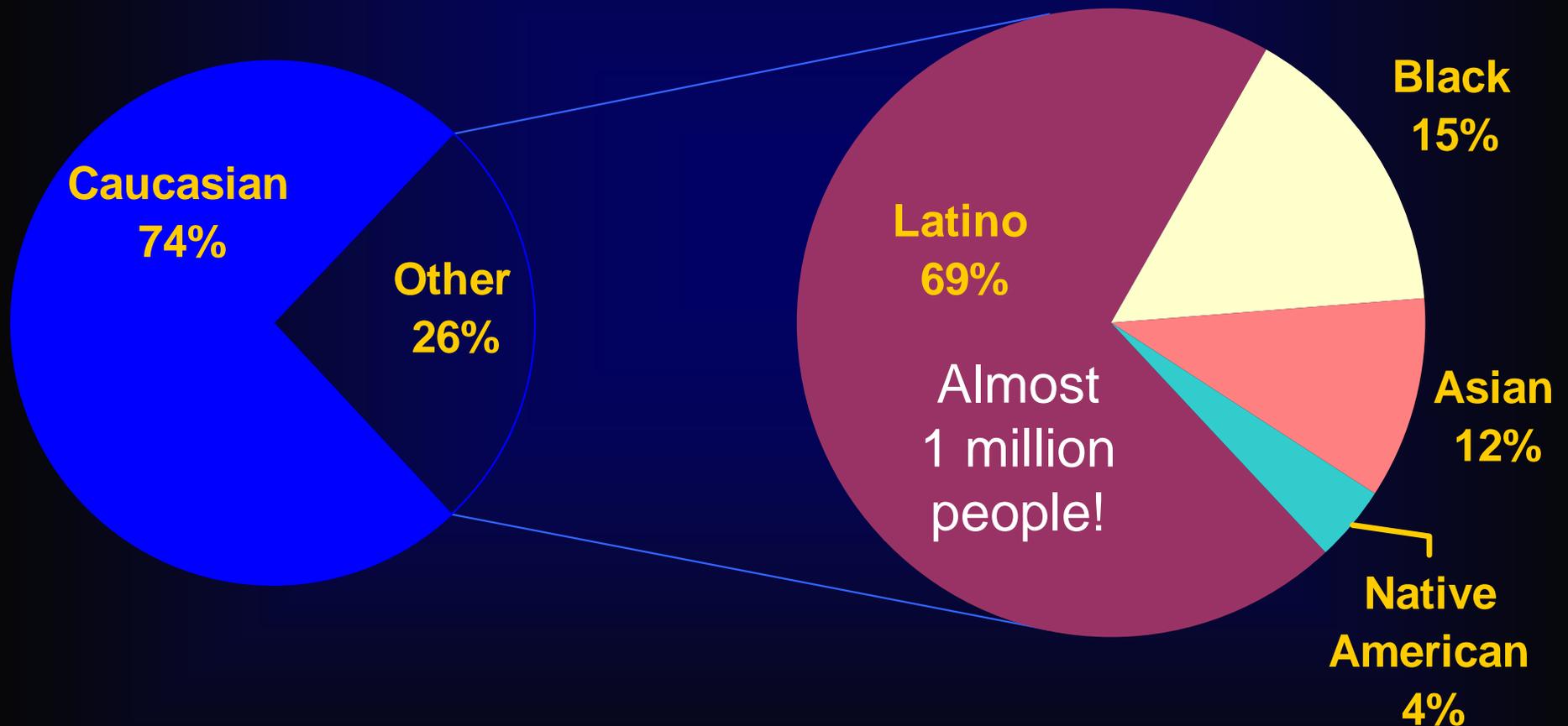
Source: NCHS, 2003

# CCPD: High Priorities

CO; US; CO & US

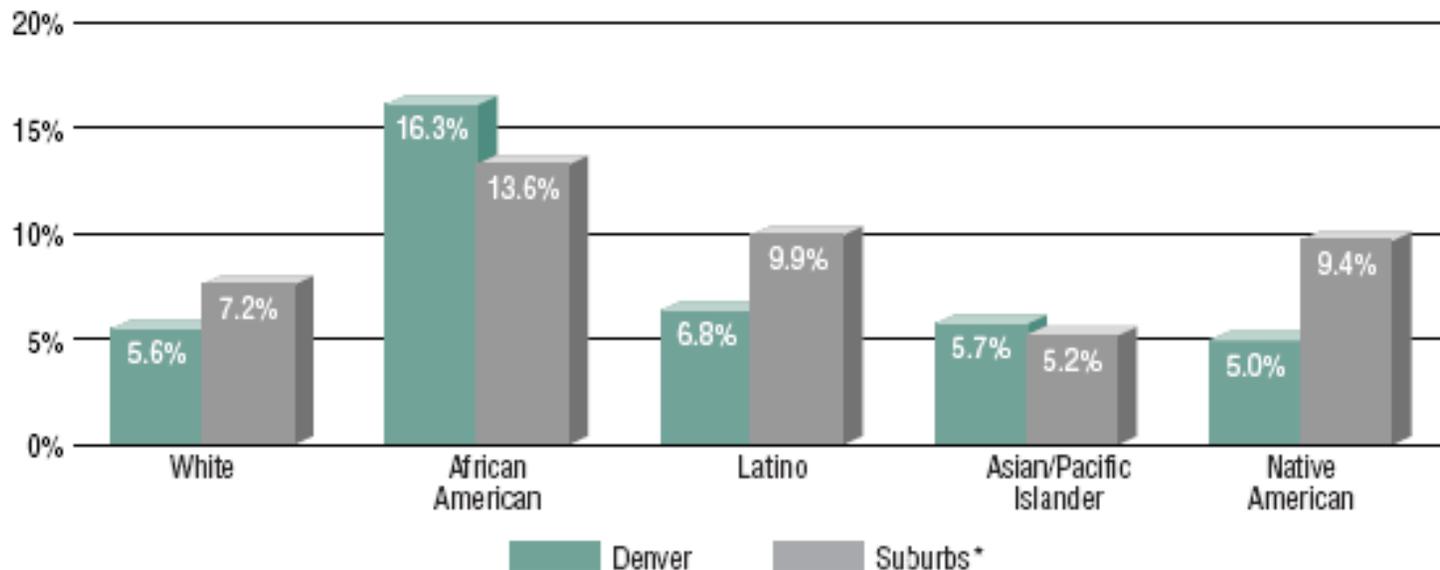
Condition	Latino	Black	Asian	Native American
Healthy Life Style Choices (Nutrition, Physical Activity)	Red	Red	Yellow	Yellow
Obesity	Red	Red	Yellow	Yellow
Second hand smoke	Yellow	Yellow	Dark Blue	Dark Blue
Substance abuse	Dark Blue	Dark Blue	Dark Blue	Yellow
Hepatitis C	Dark Blue	Yellow	Dark Blue	Dark Blue
Hepatitis B	Dark Blue	Yellow	Yellow	Dark Blue
<b>Environmental health</b>				
Environmental health	Yellow	Yellow	Yellow	Yellow
Oral health	Yellow	Yellow	Dark Blue	Yellow
Culturally Competent HCP	Yellow	Yellow	Yellow	Yellow
Social Determinants (housing, goods, services)	Red	Red	Yellow	Yellow
Access to care	Red	Red	Red	Red
Hospice care	Red	Red	Red	Red

# Population Estimates by Race and Ethnicity Colorado 2005



## Non-whites, particularly African Americans, paid higher mortgage rates to buy homes than whites.

Percent of sub-prime home purchase originations by race and ethnicity, 2000: Denver and suburbs



Note: All races, except Latinos, are exclusive of Latinos.

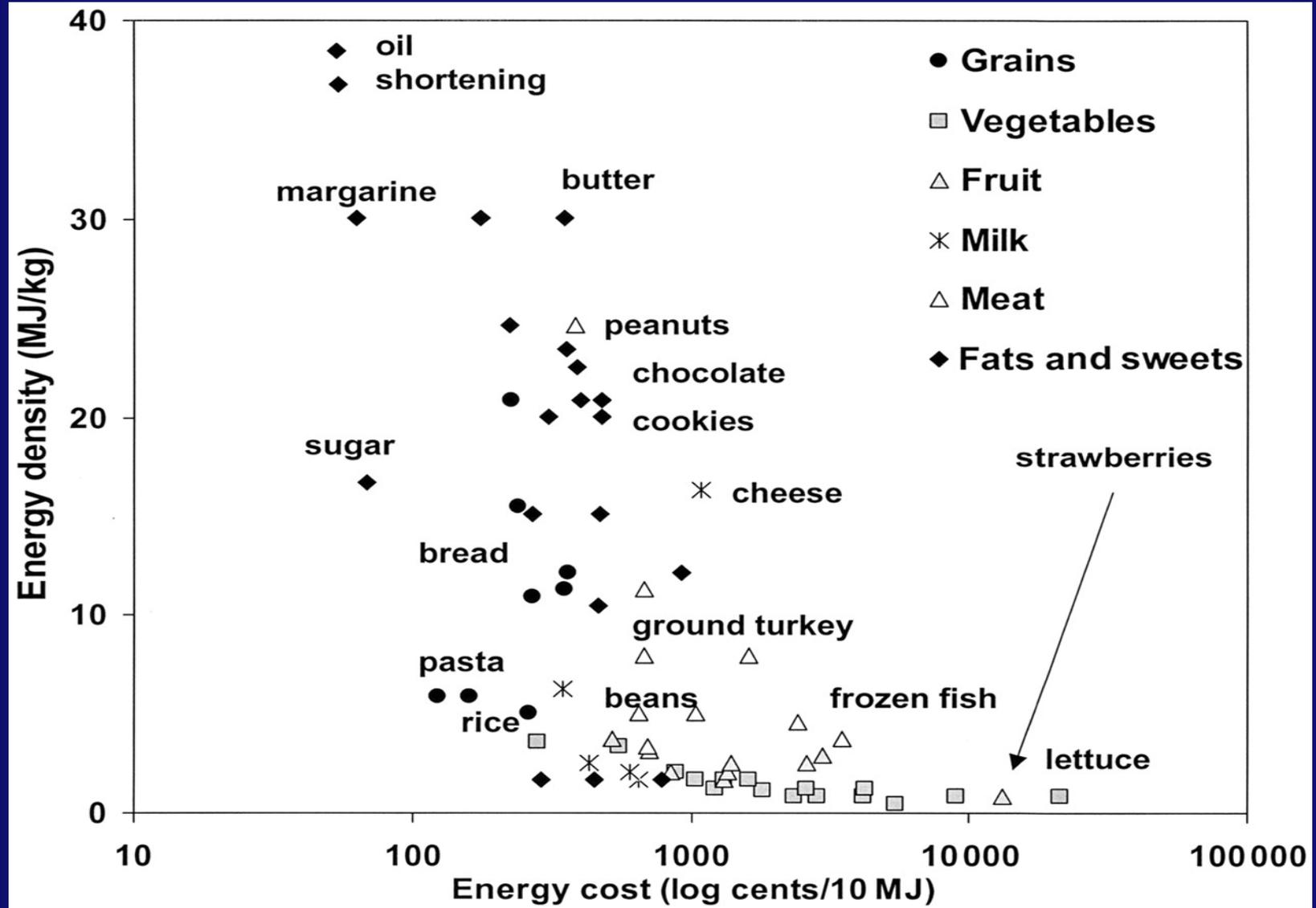
Note: HUD considers lenders "sub-prime" if they have higher denial rates and lower origination rates than prime lenders and if home refinance loans account for a higher share of total loan originations. In cases where the lender offers both prime and sub-prime loans, HUD classifies the lender as sub-prime if sub-prime or manufactured home loans account for at least 50% of conventional business.

\*Data are for Adams, Arapahoe, Jefferson and Douglas counties.

Source: Home Mortgage Disclosure Act 1995 to 2002

Source: [http://www.piton.org/content/Documents/neighborhood\\_facts\\_2004.pdf](http://www.piton.org/content/Documents/neighborhood_facts_2004.pdf)

# Energy density and Cost



Drewnowski & Specter, AJCN, 2004

# Access to physical activity

- Minority and low SES groups shown to have less access to physical activity facilities (schools, parks, recreation centers).

Gordon-Larsen et al, Pediatrics, 2004

- Neighborhood social disorder (alcohol, fighting, prostitution), physical disorder (trash, graffiti, beer bottles), lack of safety predicted youths' physical activity in 80 Chicago neighborhoods after controlling for SES, race, demographics.

Molnar et al., Am J Health Prom, 2004

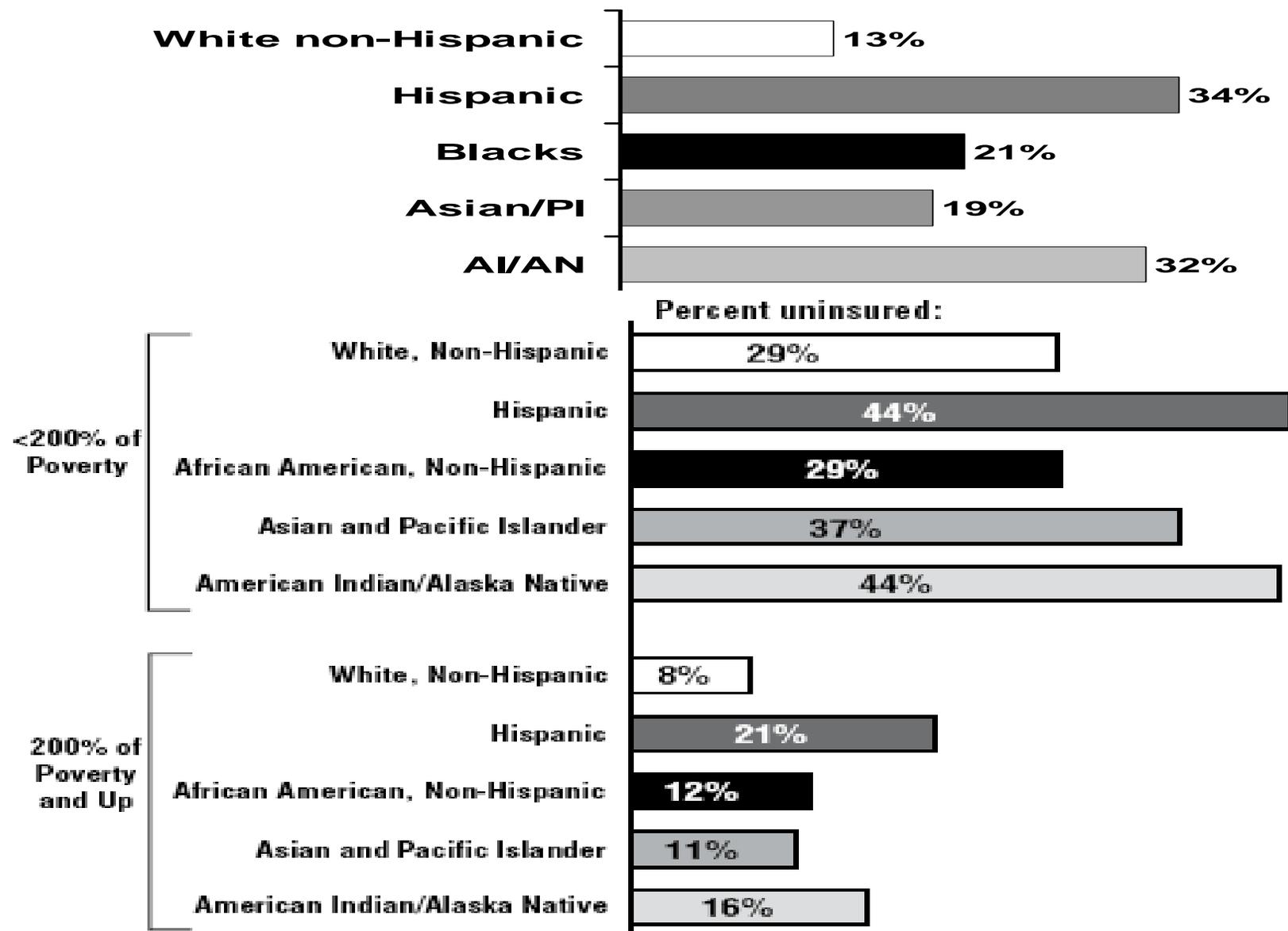
# Data Sources

- <http://www.fedstats.gov/>
- <http://wonder.cdc.gov/>
- <http://dataferrett.census.gov/>
- <http://www.cms.hhs.gov/home/rsds.asp>
- <http://www.hsrmethods.org/>
- [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en)
- <http://www.census.gov/>: statistics at the zip code level
- <http://www.cdc.gov/brfss/>
- <http://www.cdc.gov/nchs/>
- <http://www.nlm.nih.gov/medlineplus/healthstatistics.html>
- <http://www.census.gov/prod/2004pubs/p60-226.pdf>: pay attention to the data sources quoted at the bottom of each table or graph
- <http://www.cdc.gov/nchs/hus.htm>: getting the tables in Excel format allows you to manipulate the data in the way you need.
- <http://www.cdphe.state.co.us/gis/>: nice Colorado maps
- [http://www.coloradohealthinstitute.org/resourceOnlineDataLinks/online\\_datalinks.aspx](http://www.coloradohealthinstitute.org/resourceOnlineDataLinks/online_datalinks.aspx): regional data by the ton!

# Data Sources

- Sign up for a weekly disparities report on your area:  
[http://www.kaisernetwork.org/Daily\\_reports/rep\\_disparities.cfm](http://www.kaisernetwork.org/Daily_reports/rep_disparities.cfm)
- Office of Minority Health Reports and Publications at  
<http://www.cdc.gov/omh/reportspubs.htm>
- National Healthcare Disparities Reports, 2003-2006  
<http://www.ahrq.gov/qual/measurix.htm>
- Cancer Disparities: at <http://www.hhs.gov/chdprg/pdf/chdprg.pdf>
- Institute of Medicine Report Unequal Treatment at <http://www.iom.edu/>
- The Kaiser Family Foundation's Key Facts: Race, Ethnicity and Medical Care, 2007 [www.dhmm.state.md.us/hd/pdf/KeyFacts.pdf](http://www.dhmm.state.md.us/hd/pdf/KeyFacts.pdf)
- Healthy People 2010 at <http://wonder.cdc.gov/data2010/focraceg.htm>
- Health, United States, 2006 at <http://www.cdc.gov/nchs/hus.htm>
- Racial and Ethnic Disparities in Colorado 2005 at  
<http://www.cdphe.state.co.us/ohd/publications.html>
- Census scope: trends, maps, segregation, etc: at  
<http://www.censusscope.org/segregation.html>
- Health statistics on developing countries at [http://www.oecd.org/document/11/0,3343,en\\_2649\\_37407\\_16502667\\_1\\_1\\_1\\_37407,00.html#TOC](http://www.oecd.org/document/11/0,3343,en_2649_37407_16502667_1_1_1_37407,00.html#TOC)
- National Survey of Children's Health at [www.nschdata.org](http://www.nschdata.org)

# Uninsured rates for the non elderly, 2005



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- Is your organization working to reduce disparities in cancer, cardiovascular disease, diabetes, and chronic pulmonary diseases?
- Then being a T.E.A.C.H. trainee may help you!
- TEACH is financed by a grant from the Office of Health Disparities so there is no cost to participate. We will bring to your region our targeted training, technical assistance and support to community-based organizations (CBOs).
- Who can participate: If you are eligible for the Office of Health Disparities (OHD) grant program, then you are eligible for this training. The OHD grant program is intended to any person or organization (nonprofit, for-profit, governmental, private, public) representing healthcare, workplace, community settings, faith-based entities, health departments and other groups **effectively serving underserved populations**. Projects must address Cancer, Cardiovascular Disease, and Pulmonary Disease or their risk factors (Diabetes, Nutrition, Physical Activity).

## Joining the Academy will involve three phases:

### Phase 1: “What do you need?”

During this phase we will learn who you are and what do you need to continue addressing health disparities. We will be talking to you over the phone to develop your learning goals and identify appropriate tools. One or two of the modules below will be the focus of your training:

- Health Disparities Data In Your Region
- Community Assessment
- Cultural Competence
- Program Evaluation
- Evidence-Based Interventions

### Phase 2: “How do we get it?”

We will get together during a 1-day workshop to work one-on-one with you. Your CBO will receive electronic information resources to enhance your capacity in proposal development and program evaluation.

### Phase 3: “What do you get?” or Consulting Phase

Consulting: after the workshop, we will continue to work with you one-on-one to consult and finalize the product of your chosen modules.

- If your organization decides to join us, we ask that you:
- Commit to participate in all three phases
- Assign one or two persons to participate in all three phases
- Bring a portable computer with internet access (one computer per CBO) to the workshop
- Tentative timelines for phase 2 of the trainings:
- November 2008 Western AHEC (must sign up by September 2008)
- January 2009 Central AHEC (must sign up by November 2008)
- April 2009 Centennial AHEC (must sign up by February 2009)
- October 2009 Central AHEC, Colorado Springs (must sign up by August 2009)
- January 2010 SLV AHEC (must sign up by November 2009)
- April 2010 SE AHEC (must sign up by February 2010)

- Project Personnel:
- Angela Sauaia, MD, PhD (Director),  
Judy Baxter, MA, Elaine Belansky, PhD,  
Jack Westfall, MD, MPH and all  
Colorado AHECs
- Jennifer McIntyre (Project Coordinator)

For more information or to sign up, please  
contact the Project Coordinator  
Jennifer McIntyre at  
[jennifer.mcintyre@ucdenver.edu](mailto:jennifer.mcintyre@ucdenver.edu).