



*Partnering to Address
Health Disparities:*

***The Community
Action Model
Response***

Community Action Model

□ Health

- Social inequities
- Economic structures

□ Community capacity building

- Leadership involvement
- Asset-based
- Community mobilization

□ Critical analysis

- Social, economic, and environmental forces

Community Action Model

Purpose

To work in **collaboration** with communities and provide a framework for community members to acquire the **skills and resources** to **investigate** the place **where they live** and then **plan, implement, and evaluate** actions that change the environment to promote and improve health.

Steps in C.A.M.

1. Train Participants:

Community Action Team (CAT) members recruited/trained to develop skills, increase knowledge and build capacity. The participants use this knowledge and skills to choose a specific issue and then design and implement an action to address it.

2. Community Diagnosis:

Finding the root causes of a community concern or issue and discovering the resources to overcome it.

Steps in C.A.M...

3. Choose an Action:

- compelling for change
- achievable
- sustainable

4. Develop and Implement Action Plan:

- outreach plan
- media/policy advocacy plan
- presentations
- evaluation component.

Steps in C.A.M...

5. Enforce and Maintain the Action

After successfully completing the action, the CAT ensures that their efforts will be maintained over the long term and enforced by the appropriate bodies.

Health Disparities

"The future health of the nation will be determined to a large extent by how effectively we work with communities to reduce and eliminate health disparities between non-minority and minority populations experiencing disproportionate burdens of disease, disability, and premature death."

~ Guiding Principle for Improving Minority Health
[CDC Office of Minority Health & Health Disparities]

Community and Health Disparities

- **Preventing disease:** using methods that are relevant to the community's context and experience, or having a clear understanding of a community's explanatory models of disease and existing prevention practices
- **Promote health:** understanding community's concept of health and barriers to health promotion? [i.e.: other priorities: safety, housing, income...]
- **Improve appropriate health care:** awareness of the barriers to health care delivery? [language access, transportation, financial, cultural competency]

Expansion of CAM:

3-way Partnership

SEED-SCALE Model

Dimension	Partner
Bottom-up (grass roots community)	Community: San Bernardino Latino Community
Top-down (government or policy makers)	CBO with policy focus: LHC
Outside-in (group with focused expertise- Academic or consultants)	Consultant: Loma Linda University

LLU-LHC Partnership

Characteristics of partnership:

- CCPH Partnership principles
- campus with Community Engaged Scholarship culture or faculty
- Growing Latino health leadership via academic partnership

LLU-LHC

Partnership

Advantages

- **Funding potential** (RFAs that require community or academic partner; good balance between grass-roots connection and academic resources)
- **Funding flexibility** with LHC vs University system
- **Student** internships in health disparities research
- **Student recruitment** (increase in Latino students to SPH program some are connected to LHC in some way)
- **Research credibility.**

Conclusion

- Community-Campus Partnerships can effective strategies in addressing health disparities.
- The Community Action Model is a useful tool for Community-Campus Partnerships.
- Communities must be involved in identifying health priorities and solutions if we are to make sustainable and effective impact on eliminating health disparities.