

# Team Approaches to Address Health Disparities

**April 10-12**

Panel Presentation

Public Health Seattle & King County

Chronic Disease & Injury Prevention



**Public Health**  
Seattle & King County 

**Salud Pública**  
Seattle y el condado de King 

# Learning Objectives

## Participants will:

- Have an increased understanding of how health departments can integrate CHWs into programs.
- Learn how King County's Chronic Disease & Injury Prevention section is working with CHWs to reduce health-related disparities.
- Share ideas on what evidence-based activities can be implemented within your particular programs.

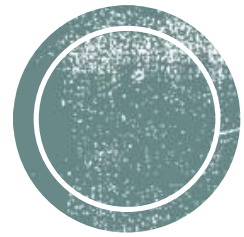
# What is Public Health?

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PHSKC is one of the largest metropolitan health departments in the country

Employs 1400 programs and services

Supports 2.2 million residents



# **Role of CHWs**



# PHSKC employs CHW's to support programming that improves the health and wellbeing of King County residents

Asthma

Cancer -  
BCCHP

Environmental  
Health

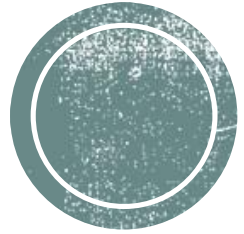
Violence &  
Injury  
Prevention

Tobacco &  
Vapor Program

Lead  
education

Safe  
Fishing





# **Breast, Cervical, Colon Health Program**

Jodi Olson, Program Manager



# Colorectal Cancer : A Major Public Health Problem

**145,600**

Estimated adults diagnosed with  
colorectal cancer in 2019

**1 in 3** Adults ages 50 – 75 are  
**not** getting screened as  
recommended



# Data on colorectal screens

- ❑ As of 2017, 67% of adults ages 50-75 are up-to-date on CRC screening
- ❑ As of 2014, 42% of adults ages 50-75 seen at a Federal Qualified Health Center were up-to-date on CRC screening.

GAP is  
25%

- ❑ Only 36% of the uninsured receive CCS



# What directly affects colon cancer screenings?

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Income

Education  
level

Insurance  
Status

# Screening process

- ❑ 1) **Fit Test** is performed
- ❑ 2) If results are positive,



## **colonoscopy**

- ❑ 3) If **polyps** are found during the test, those can be **removed**



## **CHW's impact**

- Teach
- Encourage
- Refer
- Support





# **Violence and Injury Prevention**

Joyce McCraney, CHW

# VIP in the community

- Farmers Markets
- Back to School bash
- Summer fairs



# Lock it Up Program

- ❑ Partner with firearm retailers and law enforcement to promote safe storage and give discounts on lockboxes
- ❑ Educate the public through media outreach
- ❑ Educate the public in-person at health fairs and community gatherings
- ❑ ~3,000 brochures distributed
- ❑ Over 7,000 visits to website from Oct 2018-Dec 2018
- ❑ In-person outreach events

# **Prevention is about reducing risk factors**

- ❑ Personal and community trauma
- ❑ Racism
- ❑ Access to services
- ❑ Norms of masculinity
- ❑ Brain development in young adulthood
- ❑ Policies around gun access

**... guns in  
households  
with small  
children?**

**So what?**

- ❑ Young children are curious and learn by touching and exploring.
- ❑ Even kids who have shown they know not to touch a gun don't use those skills in real-life situations.
- ❑ This can lead to unintentional shootings.



**...in  
households  
with teens**

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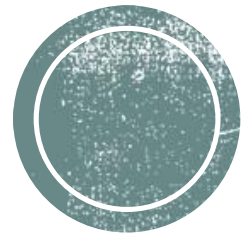
**... in  
households  
where  
someone  
has a  
behavioral  
health  
concern**

- ❑ 21 suspensions and 15 expulsions for guns in King County schools (2016).
- ❑ Families underestimate their teens' knowledge of where guns are kept.
- ❑ Mental health conditions and substance abuse are risk factors for suicide.
- ❑ Most suicide attempts by firearm are **fatal**.



# Case study

- ❑- Partnership with gun retailers
- ❑- “No questions asked” approach
- ❑- Impact on community



# **Asthma Unit**

Michelle di'Miscio, CHW

**Patient  
Centered  
Outcomes  
Research  
Study  
Project**



# National Numbers & King County Numbers

- Nationally - Puerto Ricans, people who identify multiple races, Black and American Indian or Alaska Native hold a higher burden of disease than those identifying among other racial categories. (Higher prevalence of disease).
- KC adults: The prevalence of asthma is higher among American Indian and Alaska Natives 16% as compared to Whites at 10%, Blacks at 10%, Hispanics at 7% or Native Hawaiian/Pacific Islander at 9%, however the evidence of relative risk is not particularly strong.

(SOURCE: King County Public Health Assessment, Planning, Development and Evaluation Section. (Asthma prevalence (adults), King County (average: 2011-2016)).

Akinbami LJ, Moorman JE, Bailey C. et al. Trends in asthma prevalence, health care use, and mortality in the United States, 2001-2010. NCHS data brief, no 94. Hyattsville, MD: National Center for Health Statistics . 2012. <http://www.cdc.gov/nchs/data/databriefs/db94.pdf>). Cited from the AAE Association of Asthma Educators Certification & Recertification Review Course Syllabus.



# By Poverty Rates

- Hospitalization rate is very strong in low income neighborhoods and higher rates of uncontrolled asthma.
- PCORI study served 575 households.
- Study only served a small number of households (<1%).
- Study has been comparing the intervention group with the control group to show effectiveness.

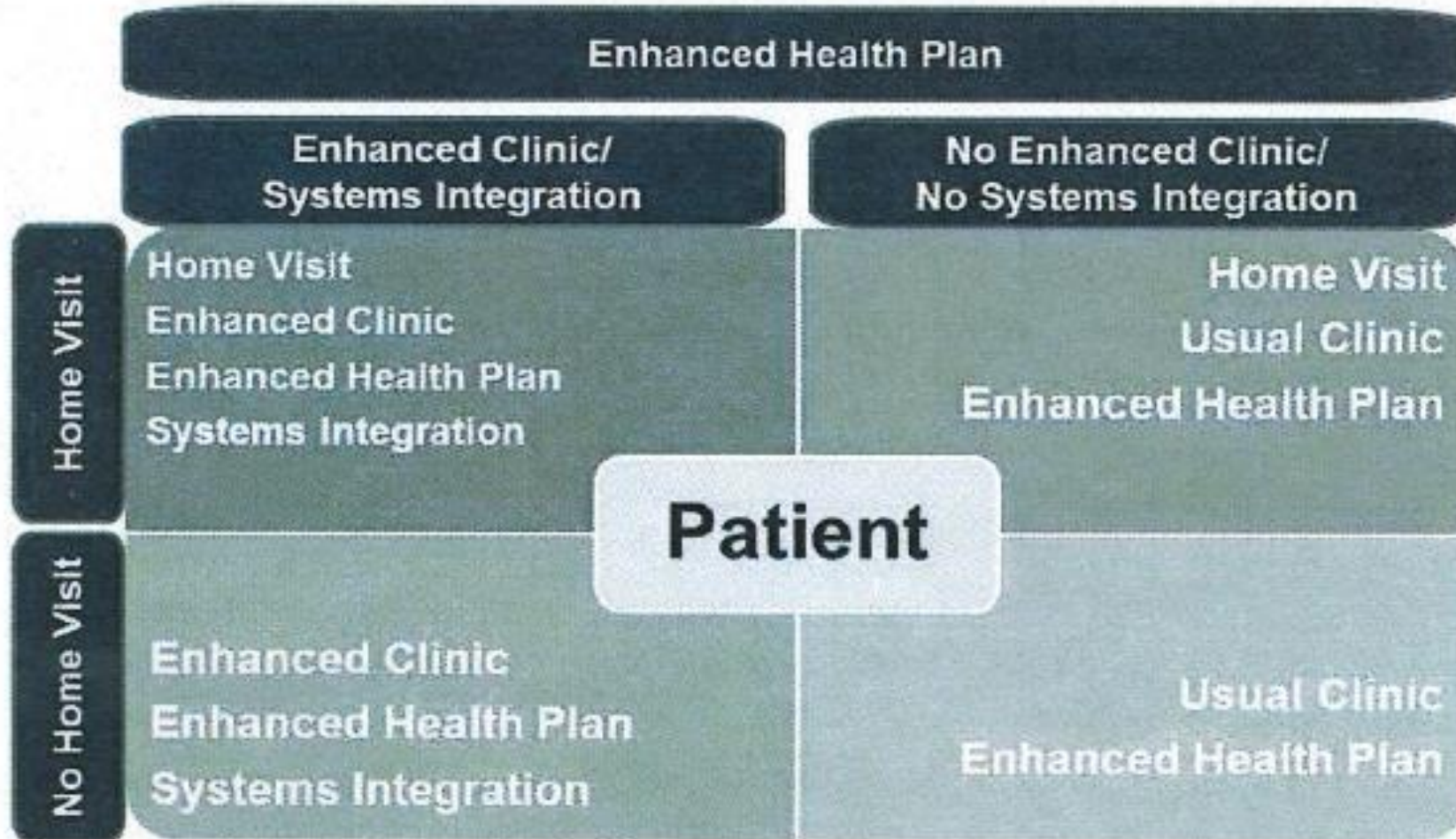


# PCORI Primary Project Design

- Randomized controlled trial, two-by-two factorial design
- Population: Black, Hispanic and other low-income patients with uncontrolled asthma 5-75 years old receiving care at ten community health centers in Seattle.
- Desired Outcome: Improved asthma control >> by way of measuring pre-post changes across the four study groups.



# Study Comparison Groups



# PCORI Study (cont'd)

- CHWs worked with low income patients who had – NOT well controlled or very poorly controlled asthma.
- At enrollment, two-thirds of patients enrolled had very poorly controlled asthma.
- 42% had hospitalization or ER visit for asthma during the past 12 months.



# Home environmental interventions

- ❑ 43% of the families had mold in the home at baseline
- ❑ 40% had water damage, condensation, leaks, or drips





# Home visits: Environmental interventions



# **Family Story: substandard housing conditions and income inequality**

- ❑ Burmese family of 6 (one 4 yo child with asthma)
- ❑ Severe mold growth
- ❑ Involvement of property management, Code Enforcement, Tenants Union
- ❑ Recommendations
- ❑ Outcome











**ACCESS  
TO  
HEALTH  
CARE  
REMAINS  
AN ISSUE**

- Most patients were Medicaid recipients
- Empowering low-income residents to take charge
- Ensure access to clinic
- Enhance communication with providers



**It takes a village to raise a child.....  
and to build healthy communities!**







# **Tobacco & Vapor Prevention Program**

Norilyn de la Peña, Project Manager



# Quick Facts : WA State

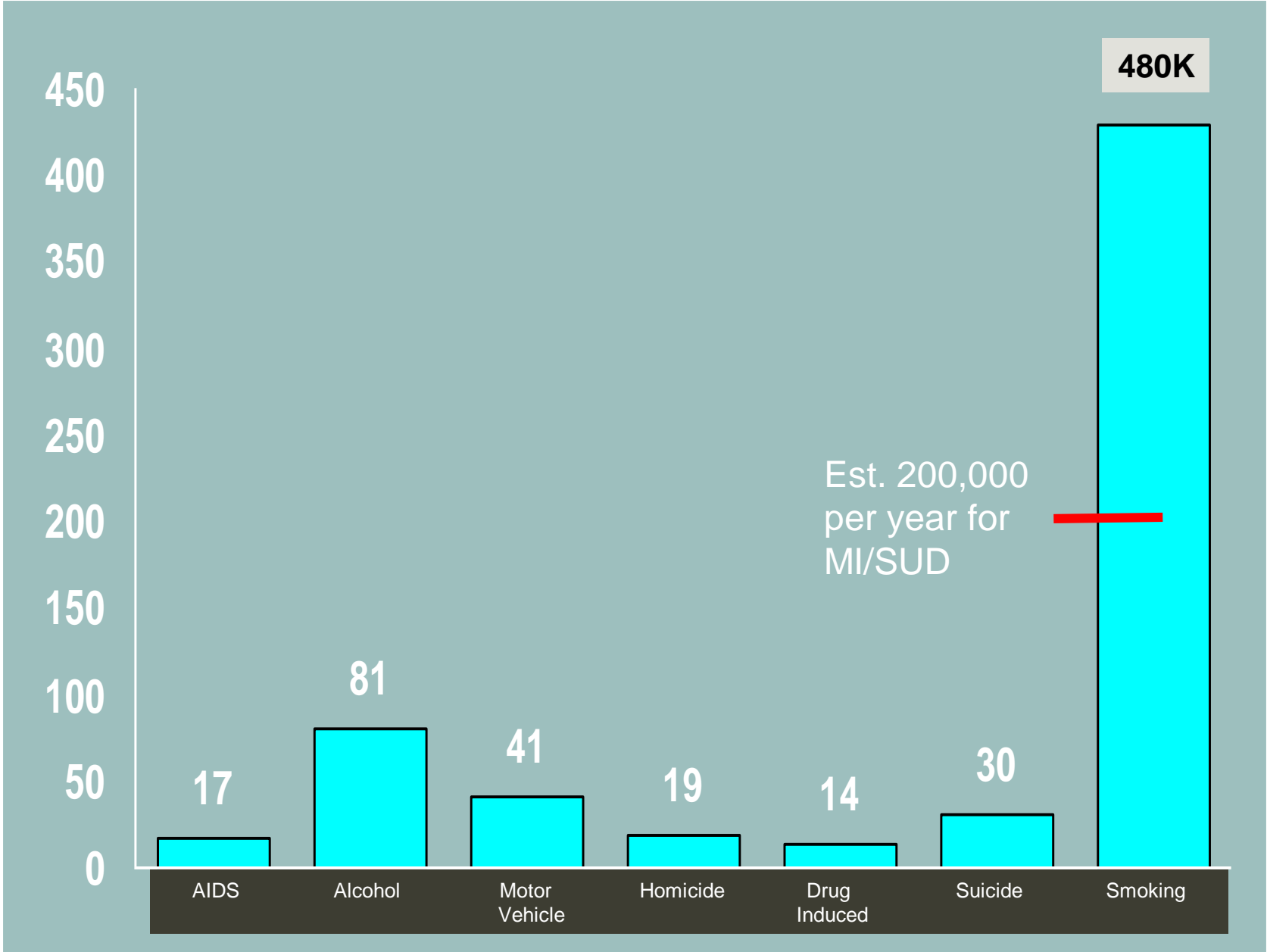
- ❑ Adult smoking rate: 14.7%
- ❑ Youth smoking rate (10<sup>th</sup> grade): 6%
- ❑ Youth e-cigarette use rate: 13%
- ❑ Youth overall tobacco use rate: 15.5%

Source: WA DOH

# What's the big deal?

- ❑ Cigarette smoking is the leading preventable cause of death in the US, accounting for almost 1 in 5 deaths each year.
- ❑ On average, from 2011-2015, 13% of King County adults were smokers.
- ❑ Secondhand smoke causes ~49,900 lung cancer and heart disease deaths in the US.
- ❑ Popularity and unknowns of e-cigarette epidemic.

Number of Deaths (thousands)



Source: CDC



# Tobacco- related disparities

**Income:** Smoking rates decreased as income increased.

**Sexual orientation:** One in four lesbian, gay, and bisexual adults smoke, a figure almost twice as high as the King County average.

**Race and ethnicity:** 3 out of 10 American Indian/Alaska Native residents were cigarette smokers. Black/African American residents were also more likely than average to smoke at 22%



# It's never too late to quit!

## What happens hours after you quit smoking

### 20 minutes

Your blood pressure and pulse return to your normal rate.

### 8 hours

The amount of nicotine and carbon monoxide in your blood is halved and oxygen levels return to normal.

### 24 hours

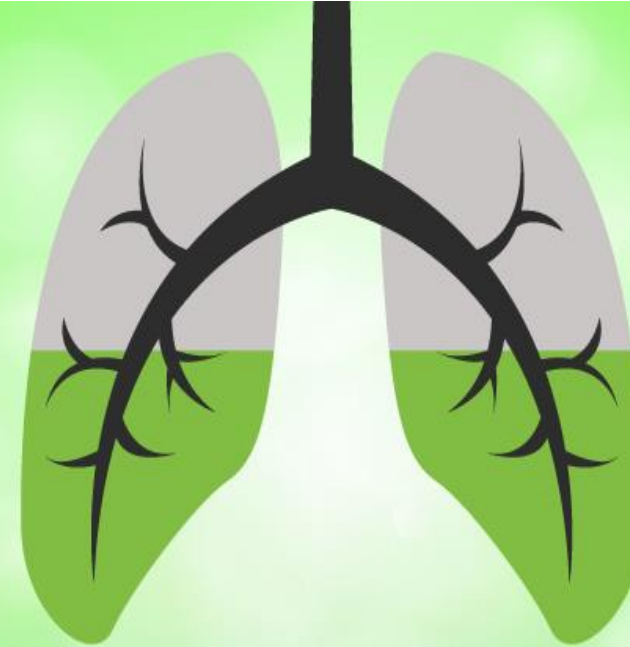
The carbon monoxide will no longer be in your body. Plus your lungs get rid of mucus.

### 48 hours

The nicotine will have left your body and you'll be able to taste and smell things much better.

### 72 hours

Breathing becomes easier and your energy levels increase.



At **1 - 9 months** after quitting smoking, lung function improves and better breathing ability; lungs start to repair themselves and withdrawal symptoms go away.

At **10 years**, lower risk of lung cancer.



## Partnerships to Improve Community Health (PICH)

- ❑ 143 CHWs trained in tobacco interventions
- ❑ 14 community-based organizations were reached
- ❑ Hosted a motivational interviewing training
- ❑ Access to resources and quit support



# Activities in implementation

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CHWs receive  
training



CHWs provide  
support



Follow-up and TA  
provided



CHWs support  
cessation



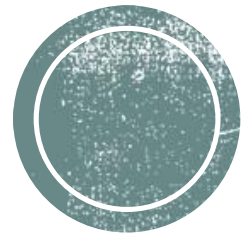
Clients feel supported

# Partnering with Asthma Team on home visits

- ❑ Family in south King County
- ❑ No intentions to quit
- ❑ Talked about symptoms of 7yo daughter
- ❑ Mom set new goals



# PICH video



# **Group Activity**





**Thank you!**