How Multi-Ethnic Coalitions can make a difference

Factors Affecting Policies that Influence Minority Health Workshop

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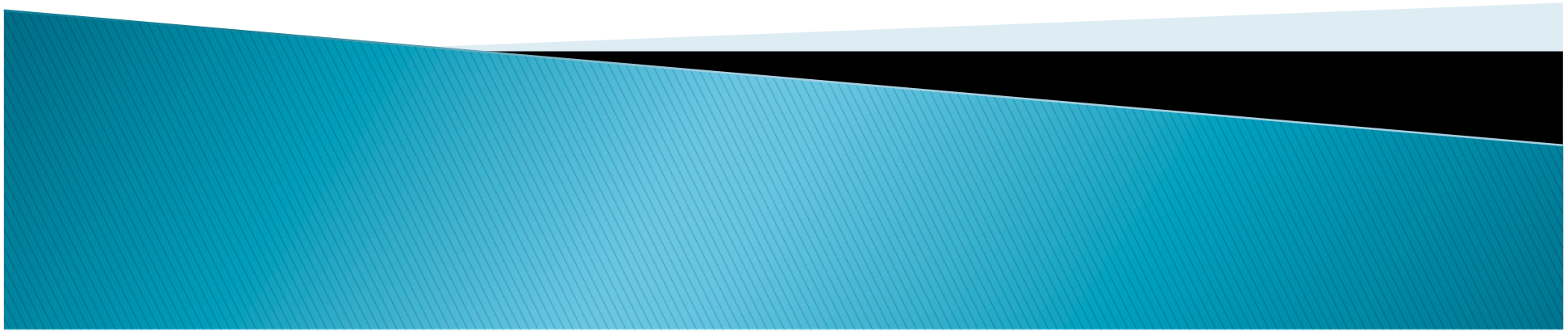


Objectives

- Present various multi-ethnic efforts that have influenced minority health
- Share barriers, and opportunities for coalition building
- New approaches: Why, who, what, and for what end do we conduct research for action on minority health.

FACTORS = Minority Policies

- DATA is aggregated, small samples, OMB categories, or by racial/ethnic subgroups, community driven, or collected by minority investigators, CBPR =frowned. Existing data is not being used for POLICY changes.
- HEALTHY PEOPLE data collected, worse, little progress = nothing happens, NIH
- OTHERS SPEAK: NOT at the table as equals
- INDUSTRIES: buying our Legislators, government does not prioritize Minorities
- FUNDING: dwindling, NGOs shut out, NIH Peer review process biased

FUNDERS: Philanthropy & FEDS

- RWJF efforts on tobacco control= 5 years
- CDC: Ethnic Networks = 20 + years
- OMH: Out of Many, One = 15 years
- NCI: Minority Networks = 15 +years
- Legacy: TrEnd, Labor &Tobacco = 5 years
- BCBS of MN: TAPP INTO, Multi-ethnic = 5 yr

CITIZEN'S Coalitions= Legislation

- Federal Efforts to Regulate Tobacco: LCAT, Summit Health, APIAHF, Physicians of Indian Origin, NAAAPI = Minority Hill Briefings, Tri-Caucus Position working together
- REDEHC, OMO, + Others, Racial and Ethnic data collection, SCHIP, CMS, IOM, ACA,= current data collection: OMB categories and subgroups, EMR, EHR, $ Data collection
- Inter-Cultural Cancer Council= 25 years=NIH

Measures of Health Equity, Minority Legislators

Coalitions before Mainstream

- PARITY ALLIANCE: National Conference on Tobacco and Health
- Cultural/Linguistically appropriate approaches World Conference on Tobacco
- Representation in all efforts
- MN, Leadership Building LAAMP Fellows
- ADEPT, California coalition
- CA, Pan Ethnic Network = 10 years

BARRIERS

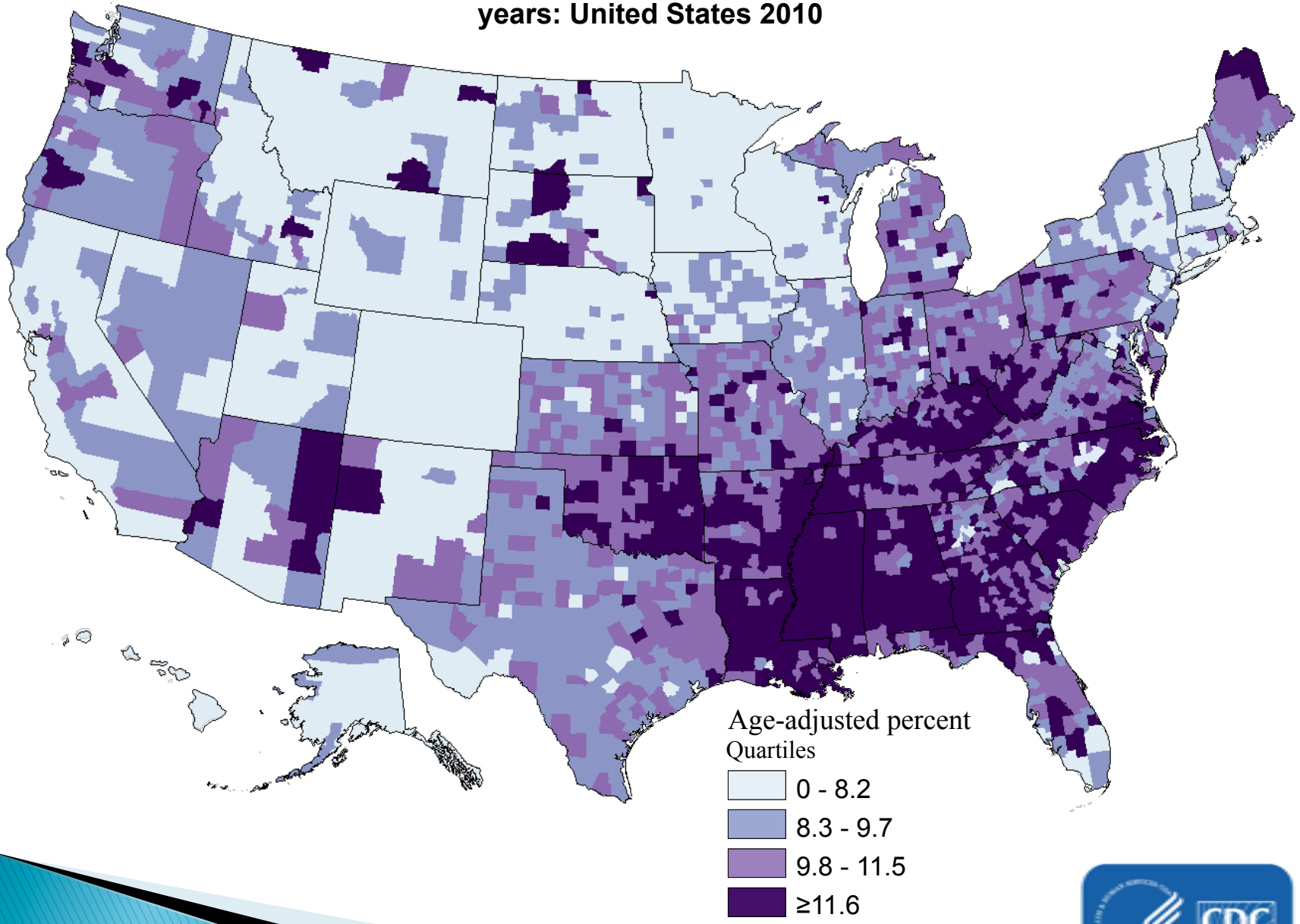
- Lack of Trust = priorities = Me first
- Not knowing each other's issues
- Inclusion of low SES and/or LGBT in Multi-Ethnic Coalitions
- Self Interest vrs. Long term joint interests
- Leadership Changes = start again
- Funding, unstable minority institutions
- Funders not set up to fund coalitions
- Who will be Fiscal Agent?= vrs. 501-C3

OPPORTUNITIES: New Face of America

- Currently 45% children under 18 are of color.
- 1 in 4 newborns are Latinos
- By 2050, 39% of the nation's youth are projected to be Hispanic/Latino.
- 38% are projected to be single-race, non-Hispanic whites, down from 55% in 2009
- More Diversity: LGBT, + immigrants, communities, gap ÷rich/poor, more diverse religious, +mental illness, +substance abuse,
- New environmental justice movement, Social Determinants of Health, Cost/Benefit

- U.S. Census Bureau

Age-adjusted County-level Estimates of Diagnosed Diabetes Incidence among Adults aged ≥ 20 years: United States 2010



Poverty in America in NO longer Invisible! Poverty = Poor health

- Almost one out of sixteen people are living in deep poverty. 6%
- Racial/ethnic minorities, women, children, and families headed by single women are particularly vulnerable to poverty and deep poverty.
- Blacks and Hispanics are more likely than whites to be poor, and to be in poverty and deep poverty.
- More than 1/3 of children are living in poverty/ deep poverty.
- Over one-fourth of adults with a disability live in poverty.

Source: http://www.nclej.org/poverty-in-the-us.php, US Census September 2013

OPPORTUNITIES

- States are moving towards Health Equity
- ASTHO, NACDD, NAACHO, efforts
- Grantmakers in Health = Equity group
- ACA, more insured = more data, accountability
- Local efforts= local coalitions + action
- Divided government = more power minorities
- Demand TRANSPARENCY
- NIH= Scientific Workforce Diversity
- Power of LGBT community

New Thinking = More Advocacy

- Inter-sectorality health/poverty/context
- Environmental Approaches: city planning, new buildings, walkable streets, bikes, green spaces, better food supply,
- Family and Systems data collection vrs. Individual data, community focused
- Social Determinants= local advocacy
- Health and Environment; other sectors
- We are what we eat = diabetes unaffordable!
- Multi-racial, multi-ethnic, LGBT, subgroups

NIH is starting to listen

- "Scientific workforce diversity is very important because it's much more likely to shape the research agenda,"

- Hannah Valentine, Professor, Standford University Medical School, Chief Officer for Scientific workforce diversity at NIH.

Conclusion

- Data prevents invisibility = promotes action
- Data can shape Legislative/Administrative Agendas = We do what we measure!
- Inclusion in all aspects = required
- Coalitions need success! Concrete Wins
- Advocacy in Associations & Policy realms
- Capable, vocal, solution oriented minorities who are committed to change!

Thank You, Muchas Gracias

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