



# Using Active Community Engagement Continuum To Address Health Inequities in an Urban Area

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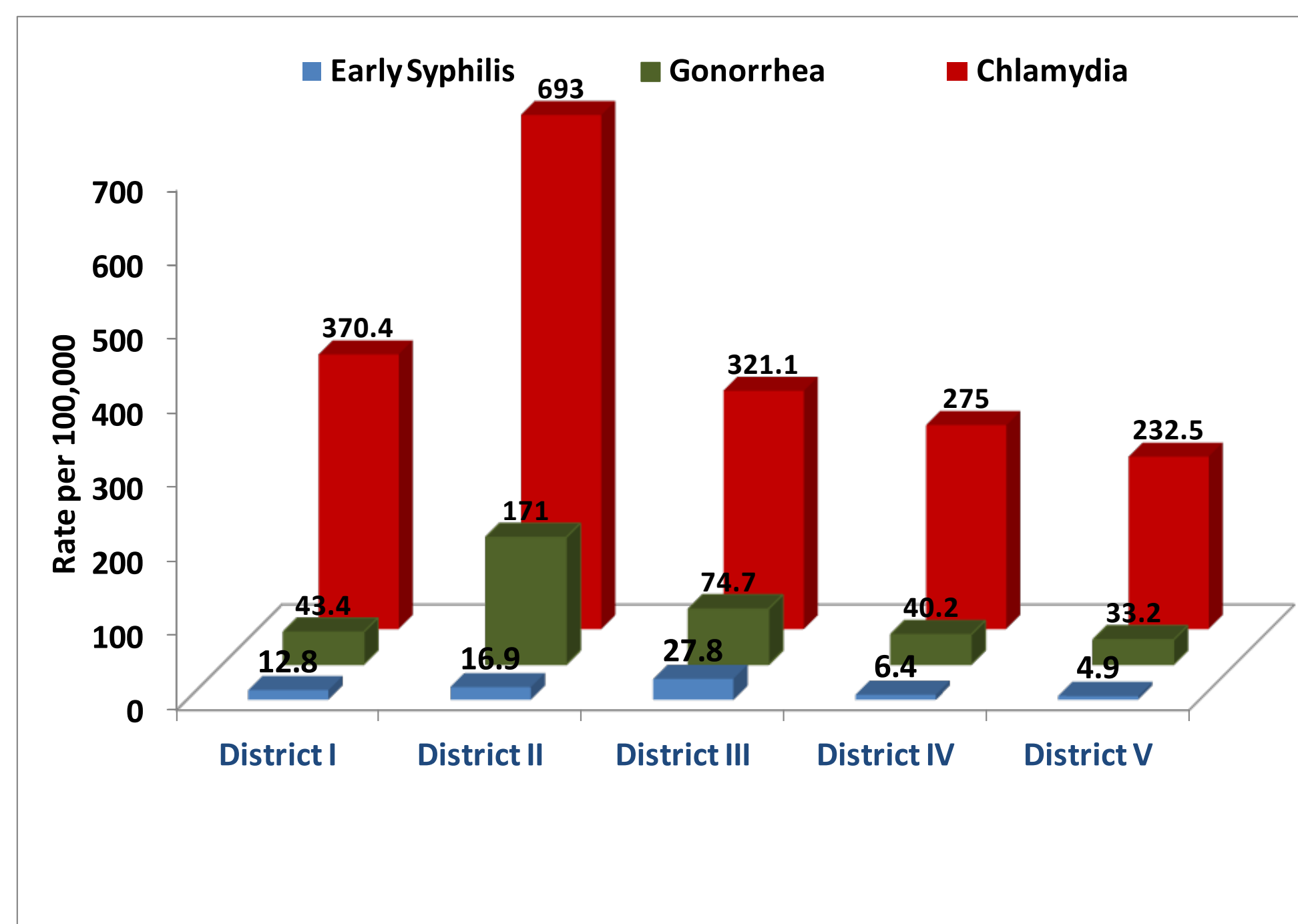


## ACE Continuum – Los Angeles (Current)

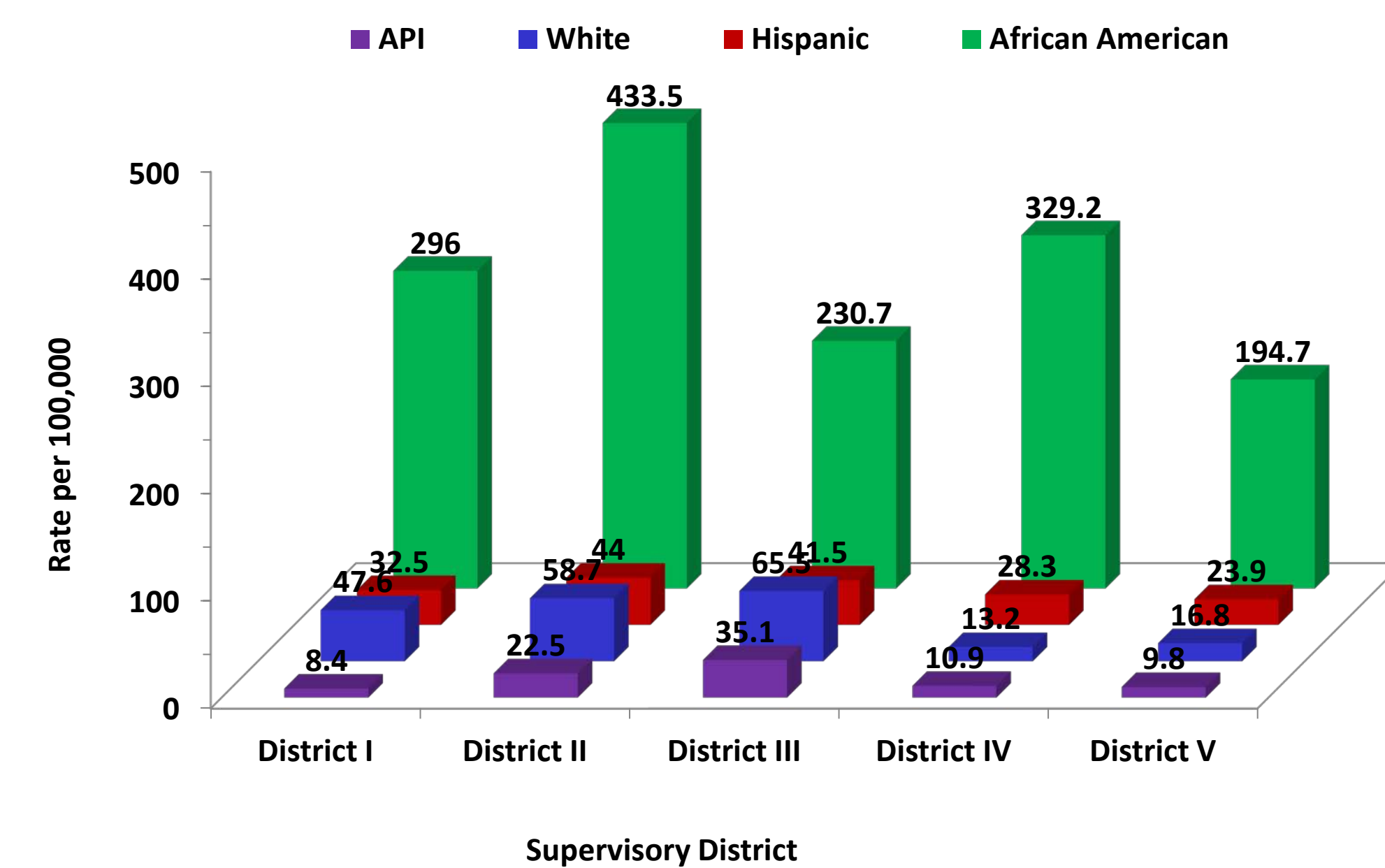
**Background:** In calendar year 2009, 43,816 cases of chlamydia (CT) and 8,532 of gonorrhea (GC) were reported in Los Angeles County (LAC). Surveillance data indicated that 3,358 cases of GC (rate of 162.0 per 100,000) were diagnosed in the Second Supervisorial District (D2). This rate is 67% higher than the rate for LAC as a whole (96.7 per 100,000). Also, 14,902 CT cases (rate of 719.1 per 100,000) were diagnosed in the D2, as compared to 458.2 for LAC as a whole.

The STD burden in the D2 has disproportionately impacted **youth of color**. In 2008, African Americans youth age 15 - 24 years accounted for 60.2% of all D2 youth CT cases and 41.9% of all D2 CT cases regardless of age. At the same time, this population accounted for 82.0% of all D2 youth GC cases and 51.6% of D2 GC cases regardless of age. Also, 15-24-year-old Latino/Latinas made up 34.5% of all D2 youth CT cases and 24.0% of all D2 CT cases regardless of age, as well as 14.4% of all D2 youth GC cases and 9.1% of all D2 GC cases regardless of age.

STD Rates per 100,000 Population by Supervisorial Districts, LAC, 2009\*



Gonorrhea Rates per 100,000 Population by Supervisorial Districts and Race/Ethnicity, LAC, 2009\*



Disclaimer - The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

\* Los Angeles County STD Surveillance Data

\*\*Clinical and Translational Science Awards Consortium Community Engagement Key Function Committee Task Force on the principles of Community Engagement, (2001) Principles of Community Engagement, 2ed.

\*\*\*Russell N, Igras S, Kuoh H, Pavin M, Wickerstrom J. The active community engagement continuum. ACQUIRE Project Working Paper. 2008.

Beginning in 2006, LAC STD program (DPH) began to address the burden of disease among Hispanic and black youth in D2 by mobilizing local community leaders to help plan and implement prevention interventions targeting individuals and special populations based on interpersonal social network, community and societal influences.

**What Is Community Engagement ?** The process of working with and through groups of people affiliated by geographic proximity, special interest, or similar situations, to address issues affecting the well-being of those people. It is a vehicle for bringing about environment and behavioral changes that will improve the health of the community and its members. It often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners and serves as a catalysts for changing policies, programs and practices. \*\*

**Active Community Engagement Continuum (ACE)** is a framework that shows how five characteristics of community empowerment can be viewed at three levels of community engagement. The three levels of community engagement move on a continuum from (1) consultative to (2) cooperative to (3) collaborative. The five characteristics of empowerment are : “(1) Inclusion of communities preprogram assessment; (2) Access of communities to information; (3) Inclusion of communities in decision making; (4) Development of local organizational compactly to make demands on institutions and governing structures; and (5) Accountability of institutions to the public.” \*\*

## ACE Continuum\*\*\*

Characteristic of Engagement*	Level 1	Level 2 Level 1, plus:	Level 3 Levels 1 & 2, plus:
<i>Community involvement in assessment</i>	Consultant with leaders to refine program plan	Discuss with leaders issues related to health problem, get their opinions	Work with leaders to identify social determinants
<i>Access to information</i>	Community leaders receive information only	Leaders are part of the dissemination plan	Dialogue how to assimilate information into the context of the local community'
<i>Inclusion in decision making</i>	Garner input from significant community leaders	Use of advisory groups in decision making	Use of CBOs and other groups in decision making
<i>Local capacity to advocate to institutions and governing structures</i>	Focus on health care delivery system	Advisory groups oversee quality of care and services delivered	Build capacity of community-based organizations to promote and advocate for quality care and services
<i>Accountability of institutions to the public</i>	Limited community input, health care/services based on provider and governmental needs	Advisory groups interact with governmental agencies.	Community provides input on resource allocation to provide health care/services

## ACE Continuum – Los Angeles (2006)

Characteristic of Engagement*	Level 1	Level 2 Level 1, plus:	Level 3 Levels 1 & 2, plus:
Community involvement in assessment	Community leaders from health SPA 4, 5, and 6 gave input to refine MSM & Women of Color media campaigns before they were launched.	Town hall meetings were held with leaders from schools, CBO's and faith-based organizations to get their opinions about SY, CT, GC rates in LAC.	
Access to information	DPH provided STD Statistics to leaders at established community meetings.	Community leaders attended press releases and disseminated STD media campaign materials.	
Inclusion in decision making	Community leaders reviewed and selected public service announcements for media campaign.	The Women of Color Advisor Group reviewed and gave approval on media campaign materials	
Local capacity to advocate to institutions and governing structures	Community entities approached DPH to provide additional testing venues outside STD Clinics.		
Accountability of institutions to the public	HIV Providers worked with health dept. to provided mobile testing and partner services at STD Clinics	Advisory Groups encouraged DPH to request more funding after report back about STD Control plan.	

## SUCCESSSES

- 11/2006: First Women of Color Advisory Group was formed to help to refine the media campaign and disseminate information within the community. "I Know" campaign launched 06/2007.
- 06/2009 – Health Dept. in response to community leaders for testing outside of clinics, the "I Know" Home Test was launched. D2/SPA6 Service Provider Network members helped to market the test in South L.A.
- 2009: D2 Faith-Based entities advocated to HIV providers and the Health Dept. to provide HIV and STD testing at churches during health fairs.
- 01/2011 – CBOs, Schools and Health Dept. partnered with private health care providers to provide STD testing at Compton, Centennial, and Dominguez high schools in D2.
- 01/ 2011: A collaboration with AIDS Health Care Foundation and DPH. to staff and run the LAC Mobile Testing Van to do STD testing in D2.
- 02/2011 CDC's "Community Approaches To Reducing Sexually Transmitted Disease Program" application was submitted as a result of Health Dept. collaboration with D2 CBO's and community activists.
- 2011/2012 – DPH signed MOUs with three community pharmacies to house **Freestanding STD Home Test Kiosks (women can sign up and receive kit). First kiosk was delivered 02/2012.**
- Stronger school relationships were built with Compton School District, Los Angeles Unified School District and Charter Schools to offer STD testing and prevention education at high schools.

## CHALLENGES

- History of "distrust" of the DPH in South Los Angeles due to perceived funding in-equity of HIV providers and questions regarding research in the community.
- Defining the social determinants related to STD disparities in South Los Angeles is still in the process.
- The current CAG lacks participation from churches, youth, the L.A. Housing Authority (Projects), and community clinics that provide services to area teens.
- Community leaders have competing priorities.
- Limited number of active community leaders that engage.