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

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**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 (D2) District. The STD burden in the D2 has disproportionately impacted African Americans. 

**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 environmental 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 catalyst for changing policies, programs and practices.  

**Active Community Engagement Continuum (ACE)** is a framework that shows how five characteristics of community engagement 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 in program assessment; (2) Access of communities to information; (3) Inclusion of communities in decision making; (4) Development of local organizational capacity to make demands on institutions and governing structures; and (5) Accountability of institutions to the public. **

**STD Rates per 100,000 Population by Race/Ethnicity, LAC, 2009*  

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

**4.9**  
**6.4**  
**33.2**  

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**ACE Continuum – Los Angeles (Current)**  

**Characteristics of Engagement**  
**Level 1**  
**Level 2**  
**Level 3**  

**Community Involvement in assessment**  
Consultant with leaders to refine program plan  
Consultant with leaders related to health problem, get their opinions  
Consultant with leaders to develop health strategies  

**Access to Information**  
Community leaders receive information only  
Leaders are part of the dissemination plan  
Dialogue how to disseminate information into the context of the local community  

**Inclusion in decision making**  
Garner input from significant community leaders  
Use of advisory groups in decision making  
Use of CBOs and other groups in decision making  

**Local capacity to advocate to institutions and governing structures**  
Focus on health care delivery system  
Advocacy groups oversee quality of care and services delivered  
Build capacity of community-based organizations to promote and advocate for quality care and services  

**Accountability of institutions to the public**  
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  

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**ACE Continuum – Los Angeles (2006)**  

**Characteristics of Engagement**  
**Level 1**  
**Level 2**  
**Level 3**  

**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.  
Down hall meetings were held with leaders from schools, CBOs and faith-based organizations to get their opinions about SV SS TC GC rates in LAC.  

**Access to Information**  
DH 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 DH to provide additional testing venues outside STD Clinics.  

**Accountability of institutions to the public**  
DH Providers worked with health dept. to provide mobile testing and partner services at STD Clinics  
Advisory Groups encouraged DH to request more funding after report back about STD Control plan.  

**Discrepancy**  
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.  

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**SUCCESSES**  
* 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/Swift Service Provider Network members helped to market the test in South L.A.  
* 09/2009: D2 Faith-Based entities attended “I know” and the Health Dept. to provide HIV and STD testing at hospitals 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 D2’s “Community-Approach 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 Kits (women can sign up and receive kit). First booklet was delivered 02/2012.  

**CHALLENGES**  
* History of “distrust” of the DPH in South Los Angeles due to perceived funding inequity 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 process.  
* The current CAG lack 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.