COLORADO
COMMUNITY**HEALTH**NETWORK
Access for All Colorado

TOOLKIT

Colorado Community Health Network

Through the eye of a visionary

"Dr. Virgilio Licona"

"If we can teach the ideals of Justice, Equality and of being an Egalitarian to the next generation or generations--we will be successful as a people. We will be successful as individuals. We will be successful as a movement."

"Dr. Virgilio Licona"

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I am a clinical associate professor in ethnic studies at the University of Colorado-Denver. I also hold a secondary appointment in the Colorado School of Public Health in Community and Behavioral Health. I first met Dr. Licona in 2000 when he was invited to collaborate with myself and other scientific and community partners for a special populations Network grant funded by the National Cancer Institute. I've considered Dr. Licona a mentor and role model ever since.

This documentary, which highlights the Community Health Centers movement through Dr. Licona's work, Dr. Licona eloquently outlines four important points that I see as cornerstones of the community health centers movement. They also happen to overlap with known strategies for addressing health disparities among the medically underserved.

These are:

Firstly, recognizing that the Community Health Centers movement is rooted in <u>social justice</u> movements like the Civil Rights movement and the Chicano Movement of the 1960's.

Secondly, recognizing the value of <u>community-oriented care.</u> That is to say, the community health centers care model is a participatory one in which patients and their community plays an active role. This is a worthwhile and effective tool for addressing the needs of the community in a way that is respectful and honors the dignity of community members. As a community member once said, *"nothing about us, without us."*

Thirdly, Dr. Licona emphasizes the importance of the community health centers' goal of increasing access to care for the historically underserved—that is, ethnic minority populations, rural populations, and the poor.

Lastly, Dr. Licona through his own example, highlights the need for increased diversity in the healthcare workforce. The documentary focuses on inspirational examples of others, as well.

Slide 1 - Health Social Justice

A discussion of health social justice may explore how social justice in health is defined. And, what are the underlying assumptions and values in social justice for health? One approach may be to explore guiding principles for Medicine and Public Health. Avoiding harm and maximizing benefits are just two examples of guiding principles and underlying assumptions for medicine and public health.

Avoid Harm
- Meet basic human rights
- Eliminate implicit bias
- Keep promises
- Build trust
- Be transparent

Maximize Benefits
- Share/fairly distribute resources
- Ensure participation
- Respect autonomous choices

Source: Adapted from Childress JF, Faden RR, Gaare RD, et al. (2002). *Public Health Ethics: mapping the terrain*. Journal of Law, Medicine, & Ethics 30(2): 169-177

Slide 2 - Community-Oriented Primary Care Process

Community-oriented primary care practice provides accessible, comprehensive, coordinated health care services for patients in a defined community. This may be a geographic or social community. Or, it may be persons enrolled in a common health plan. A community-oriented healthcare practice carries the ethic of service, to drive community improvement. This includes the principle that community is involved in the design and implementation of the community-oriented healthcare experience.

COMMUNITY-ORIENTED PRIMARY CARE PROCESS[1]:
(1) Defining and characterizing the community
(2) Conducting a community diagnosis
(3) Developing and implementing an intervention
(4) Monitoring the impact of intervention
(5) Involving the community to carry out the preceding four steps[2]

Sources:
1. Connors KM, author; Cashman S, Seifer SD, Unverzagt M, eds. (2003). *Advancing the Healthy People 2010 Objectives Through Community-Based Education: A Curriculum Planning Guide.* San Francisco, CA: Community- Campus Partnerships for Health.
2. Rhyne R, Cashman S, Kantrowitz M. (1998). An introduction to community-oriented primary care. In Rhyne R, Bogue R, Kukulka G, Fulmer H, eds., *Community-Oriented Primary Care: Health Care for the 21st Century.* Washington, DC: American Public Health Association.

SLIDE 3 - Access to and use of healthcare

Certainly, one of the key goals of community health centers is increased access and use of healthcare within its target community. We know the disparities statistics regarding healthcare access and use among ethnic minorities populations, rural populations, and the poor. To address these disparities, it is important to understand the socioeconomic factors (both within the larger social context and within health care systems) that impact healthcare access and use. Equally important, is understanding the unique psychosocial patient factors that contribute to a patient's decision to access the healthcare system. Andersen's Model for Healthcare Use is often used to dissect the factors behind Access and Use statistics.

Access to and Use of healthcare
- Institute of Medicine[1] concluded disparities in healthcare are caused by system injustice and system dissimilarities with patients
- Socioeconomic factors (income and education) play a large role
- Patient psychosocial factors are also important
- Enabling factors + Predisposing factors + Perceived Need = Healthcare access and use[2]

Sources:
1. Institute of Medicine. (2002). *Unequal Treatment: Confronting racial and ethnic disparities of healthcare.* Washington, DC: National Academies Press.
2. Andersen, RM (1995). Revisiting the behavioral model and access to medical care: Does it matter? Journal of Health and Social Behavior, 36(1), 1-10.

Slide 4 - Healthcare Workforce Diversity[1]

Current projections predict that nearly half of the U.S. population will be made up of ethnic and racial minorities by 2050. Many of the groups that will experience the largest growth are also groups that experience large disparities in healthcare. Currently, in 2016, the nation's healthcare professionals do not reflect the diversity of the populations in which they serve. African Americans comprise about 13% of the U.S. population but only 8% of Medical school applicants. Latinos comprise 17% of the U.S. population but only 6% of Medical school applicants. Asian American applicants are over-represented in Medical school applications, comprising an estimated 6% of the U.S. population and 19% of Medical school applicants. However, it's important to understand that Asian Americans includes 49 different ethnic groups and some, like those from southeast Asian countries, are actually under-represented among Medical school applicants.

Healthcare Workforce Diversity[1]

Southeast Asians are less likely to apply to medical school than Black or African Americans or Hispanic or Latinos

Asian	Black or African American	Hispanic, Latino, or of Spanish Origin	Southeast Asian
19%	8%	6%	5%
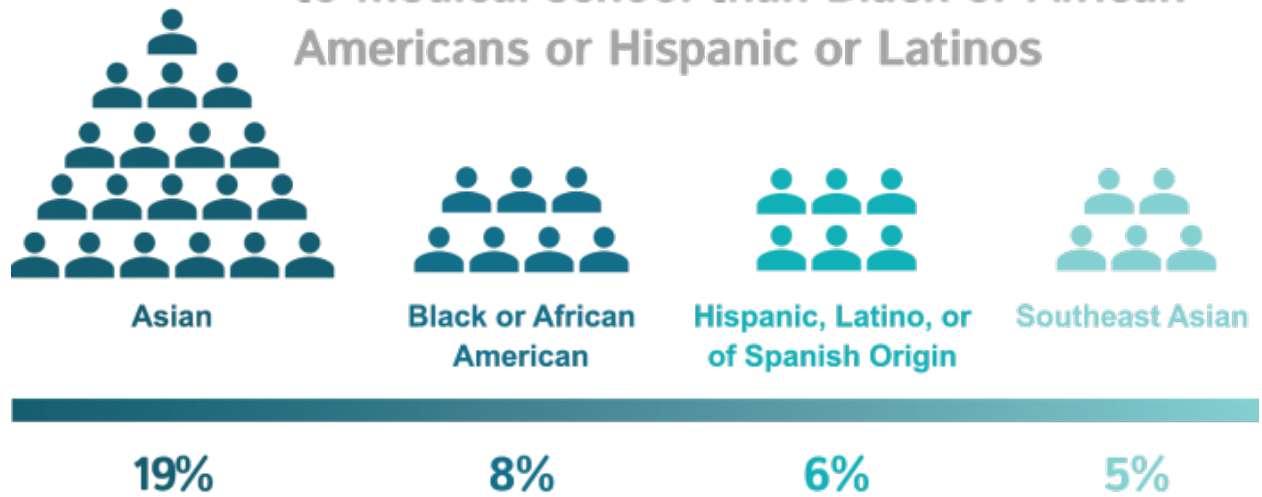
Source: 1. AAMC Diversity in Medical Education: Facts & Figures. (2016). Retrieved from http://www.aamcdiversityfactsandfigures2016.org/report-section/section-2/
(Dr. Paula Espinoza)

This documentary provides a tremendous opportunity to honor Dr. Licona's legacy for those already working in Community Health Centers it's a catalyst for reflection, discussion, and, inspiration and a learning tool for the next generation of professional healthcare workers impassioned to join the community health centers movement.

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