The heart of health inequities

For the past 30 years, Dr Héctor Balcázar has been fighting for health equity in the US. Here, he describes how novel healthcare service structures may provide the key to helping underserved communities.

How did you first recognise the need for better community outreach resources when it came to disease prevention strategies?

While working specifically to understand Hispanic health disparities within the US, it became clear to my research team and I that the prevailing healthcare system and model of delivery was too costly, inefficient and ultimately incapable of meeting the needs of the growing chronic disease epidemic. The medical model in countries like the US is not serving minority communities well, especially given the continuing challenges when addressing key social determinants of health. Coupled with inefficient access to and delivery of prevention strategies, I believe that effectively tackling health disparities is beyond the currently prevailing curative model of care.

Why have you focused particularly on problems with cardiovascular disease in Hispanic populations?

These diseases continue to be the leading cause of death and disability among Hispanic populations and Mexican Americans. The high level of cardiovascular disease risk factors prevalent among Hispanics provides a looming public health concern that requires immediate attention. In addition, poor access to healthcare, including the inefficient implementation of preventive services, severely compounds the poor cardiovascular risk profiles of Hispanic populations in the US.

What part do community health workers (CHWs) play in the US healthcare system and why are they particularly important for treating minority groups?

CHWs have consistently shown their effectiveness in playing multiple roles; supporting key issues such as improving health access and insurance coverage, while also supporting the management of chronic diseases. Furthermore, they strongly enhance patient-provider communication; provide broader support for linking the community to health and other human services; and help advocate for health equity by supporting individual and community capacity.

The CHW model is a perfect fit for serving the needs of minority groups such as Hispanics because of its emphasis on bringing cultural knowledge, empowerment opportunities and hands-on support to people in need. This approach therefore directly tackles lack of health literacy, equity and trust in a system that is currently unresponsive to the individual and community needs.

Can you outline the biggest successes of your outreach research projects?

Throughout the last 25 years, our translational research has showcased the viability, feasibility, effectiveness and appeal of the CHW model as a solid, community-based outreach strategy to address the multiple health disparities of Hispanics associated with cardiovascular disease and its risk factors. Our team has also provided important leadership in promoting the advancement of the CHW workforce through the provision of research, policy analysis and stakeholder education.

Are there any challenges that you have had to overcome?

We’ve continuously met challenges in four principal areas, mostly stemming from the difficulty of integrating CHWs into more traditional models of care. The first of these concerns a lack of policy-based and financial support for the CHWs themselves, compounded by lack of promotion, awareness and recognition of their important roles and contributions. Furthermore, we found few opportunities for building CHW leadership capacity, coupled with a lack of technical assistance offered to their networks and employers. Finally, we still need to substantially improve on the availability of CHWs’ focused research and policy contributions.

How do you expect implementation of your community outreach strategies to result in sustainable and ecological healthcare models?

CHWs can make significant contributions to strengthening and building community systems of care, both as members of clinical care teams and as part of community-based prevention efforts through sustained funding. Current efforts in the US, focused on restructuring the delivery of primary care with patient-centered medical homes, provide opportunities to establish the role of CHWs as part of community health teams. In addition, CHWs can be part of key strategies for system changes involving further development of their roles outside of the healthcare system, thus strengthening their role in improving population health with new, sustainable and consolidated funding structures. CHWs have also been integrated in many other settings to build more solid ecological models of health and wellness. These include many diverse partners: schools, faith-based organisations, housing developments, parks, community-based non-profit organisations, early childhood education and parenting programmes, and community preparedness and disaster response.
The new faces of community health

WORLDWIDE, CARDIOVASCULAR DISEASES and related conditions such as obesity and diabetes are some of the leading causes of death. This phenomenon is particularly evident in the US, and a closer look at epidemiological data reveals startling disparities in disease rates across different communities. For decades, it has been recognised that Hispanic-American groups, especially low-income populations along the Mexican border, suffer from a disproportionate disease burden. The contributions of socioeconomic status, lifestyle habits and poor access to healthcare services have all been highlighted as contributing factors to this pattern. However, the complex nature of systemic health disparities means that the traditional American healthcare model cannot fully cope with the rising prevalence of cardiovascular disease in these minority groups.

With the need for a new strategy clear, Dr Héctor Balcázar, a researcher from the University of Texas School of Public Health, believes that his team may finally address longstanding health inequities present in the Hispanic-American community. For the past 30 years, Balcázar has been deeply involved in an innovative public health project that moves healthcare awareness from the clinic into the community. The key to this approach lies in networks of community health workers (CHWs), specially trained individuals mobilised to high-risk communities in order to promote health awareness, education and action. Unlike more traditional health professionals, these CHWs go far beyond disease monitoring, and instead work closely with community members to build sustainable models for prevention and care.

Over the past few years, numerous outreach projects of this nature have been piloted in various communities along the US-Mexico border: “The primary strategy of community outreach through health equity discourse and engagement has been the implementation of community-based participatory research and action,” Balcázar explains. By testing diverse models of CHW participation, the team has been able to make great strides in combating cardiovascular disease and associated conditions. What is more, CHWs have helped build trust between marginalised Hispanic communities and traditional healthcare institutions – no small feat for groups that have been subject to generations-old health inequities.

APPROACHES IN CARDIOVASCULAR HEALTH

Often, these CHW-led community care models make use of non-traditional healthcare resources to engage with and inform local populations. Starting in the early 1990s, Balcázar and his team partnered with the National Institutes of Health’s ‘Health for Your Heart’ (Salud Para Su Corazón) Latino-Hispanic Community Cardiovascular Disease Prevention and Outreach Initiative. This project developed culturally appropriate health education materials, including a well-known manual called ‘Your Heart, Your Life’ (Su Corazón, Su Vida) to explain the complexities of cardiovascular disease. Using simple language, and adding a humorous spin to everyday health-related quandaries, these materials have been utilised extensively in the US. Recently, a new series of ‘fotonovelas’ has been developed in partnership with the Centers for Disease Control (CDC) as part of wider risk-reduction programmes in Hispanic-American populations to explain such concepts as the importance of sodium, cholesterol and fat reduction in the prevention of hypertension and obesity.

Recently, the School of Public Health completed a clinical trial (the Health Education Awareness Research Team – HEART), examining the effectiveness of the CHW-led programme material in the educational modules of Su Corazón, Su Vida and the fotonovelas in terms of the cardiovascular health in a high-risk Hispanic-American population. It was found that this strategy strongly impacted the health of participants, leading to increased knowledge of healthcare strategies and decreased risk factors. More recently, the second phase of the HEART project made use of both new partners and new programming. Once again, the initiative was adopted with great enthusiasm, and promoted engagement of at-risk individuals in healthy behaviour. Together, both of these trials have provided an instructive example of how CHW-based endeavours can reduce health disparities.

EMBEDDED AND SUSTAINABLE

It is not easy to challenge traditional medical models of treatment and care, but with the successes of Balcázar’s project so far, policy makers are beginning to take note. In order to further the grassroots healthcare approach embodied by the CHWs’ participation in the project, the team’s mission also includes several policy-directed initiatives. In a set of recommendations delivered to the American Journal of Public Health and the Texas Department of State Health Services, the group has recently outlined concrete strategies for

FOTONOVELAS

These fotonovelas have been produced to support the work that community health workers do in many communities in the US and other parts of the world. Visit the following websites to download these fotonovelas for free: www.cdc.gov/cholesterol/materials_for_patients.htm www.cdc.gov/bloodpressure/materials_for_patients.htm
Project HEART

This initiative involved a group of individuals from El Paso, Texas, all of whom had at least one cardiovascular disease risk factor.

PHASE 1:
- Participants attended eight weekly health education classes using the Su Corazón, Su Vida curriculum.
- Classes were complimented by phone calls from the community health workers who ran the sessions, as well as small group meetings to discuss outcomes and future objectives.

PHASE 2:
- In partnership with the YWCA and Parks and Recreation Department of El Paso, this phase aimed to build on the successes of the first.
- CHWs led health-orientated chats over coffee ('charlas'), as well as hosting heart-healthy cooking demonstrations, grocery tours and family sporting events to reach community sectors often neglected by traditional health models.

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combating health inequities in the long term. With the proven feasibility of CHW-led models combined with the successes of numerous clinical-community trials, it seems likely that similar strategies may soon be adopted in other communities with deep-seated health disparities nationwide.

While for some, these accomplishments might be enough to declare the mission a success, Balcázar does not intend to stop there. In the coming years, he hopes to see his projects develop in two ways; primarily, he wishes to expand and solidify the role of CHWs by formalising their workforce and ensuring continued funding of their crucial activities. “The purpose of the Project on CHW Policy and Practice is to serve as a state-wide and national leadership resource for advancement of the CHW workforce through the provision of research, policy analysis and stakeholder education,” he explains. Balcázar hopes this venture will allow CHW-based ventures to be permanently anchored in the community, allowing sustained support for traditionally marginalised communities in educational and preventive health maintenance.

AN INTERNATIONAL INITIATIVE

Future plans also include piloting the programme in a new, international context. Balcázar’s team is working on an initiative that collaborates with partners in Mexico, most notably the Iberoamericana University in Mexico City, and has adapted its model for populations across the border. Among other goals, this leg of the project is currently evaluating the development of health-related attitudes, perceptions and behaviours: “This project has allowed validation and adaptation of outreach models applicable to Mexico, utilising several proven strategies from our US projects with the CHW model applied at the level of the municipality in some areas of Mexico City and wider Mexico,” states Balcázar.

Taken together, the resounding successes of CHW-based projects have been an eye-opener for community members, healthcare professionals and policy makers alike. Through a focus on community-based building of health competency, CHWs have fundamentally altered the discussion about health disparities for Hispanic-American communities. For Balcázar, the future of community-based medicine looks a lot brighter, and through the extension and refinement of ongoing programmes, it seems that community-based disparities along the US-Mexico border may one day be a thing of the past.