

# **Accelerating Dissemination: Understand Disparities and Partner with Communities**

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# Disclosures

*Accelerating the Dissemination and Translation of  
Clinical Research into Practice*

**The Following Faculty have No Relevant Financial Relationships  
with Commercial Interests**

**Dr. William Cunningham**

Panel Discussion I: Public and Private-Sector Partners for Collaborative  
Translation

# Disparities in Healthcare

- Racial, ethnic, and socioeconomic disparities in care are common
- General populations, older populations, children
- Disease populations - CVD, CA, HIV, pain
- Diagnostic, therapeutic, preventive care

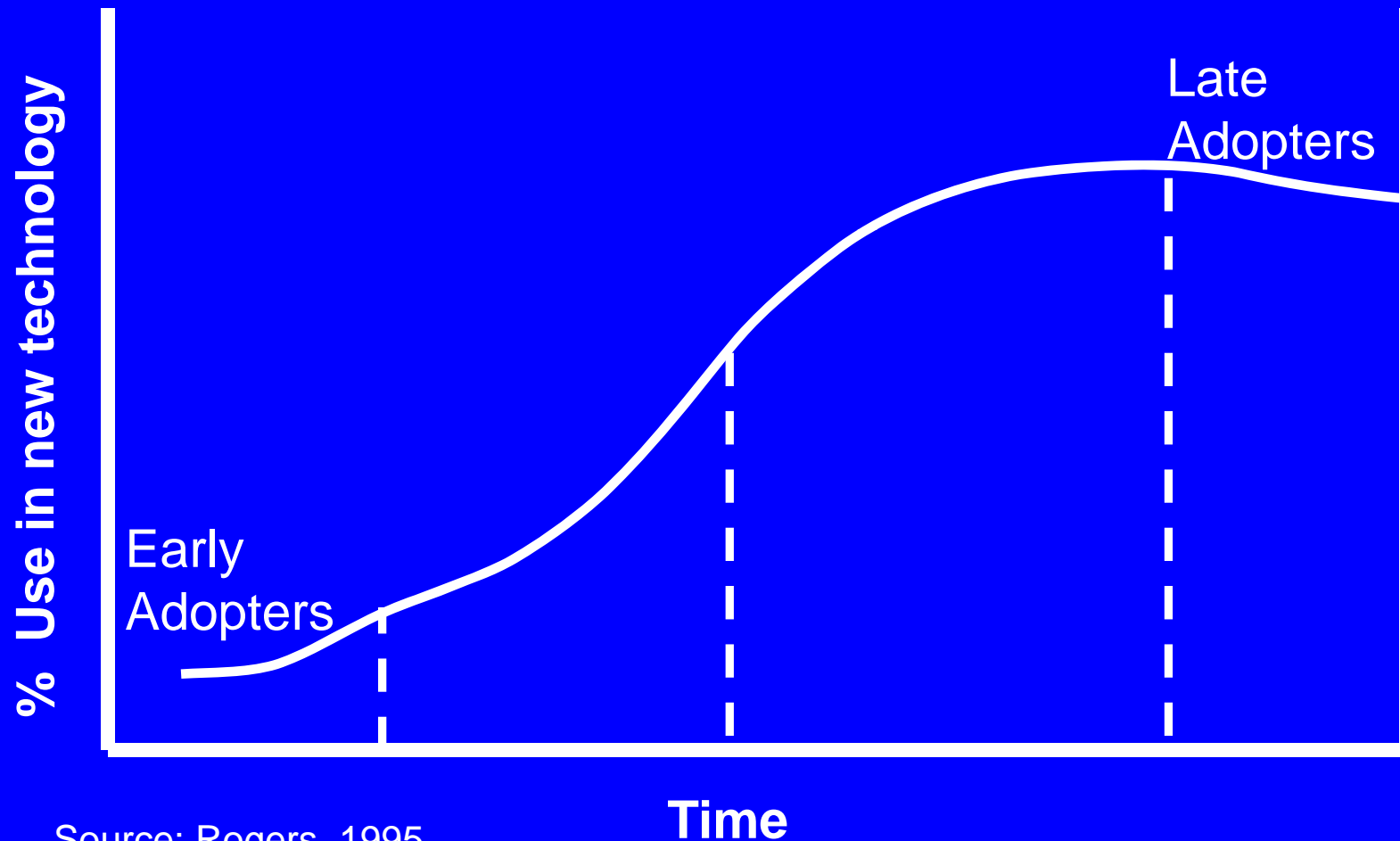
# Ways to Address Disparities

- Document disparities, explain them
- Examine changes in disparities, explain
- Evaluate interventions among minorities
- Anticipate disparities, prevent them

# Time Trends in Health Care Disparities

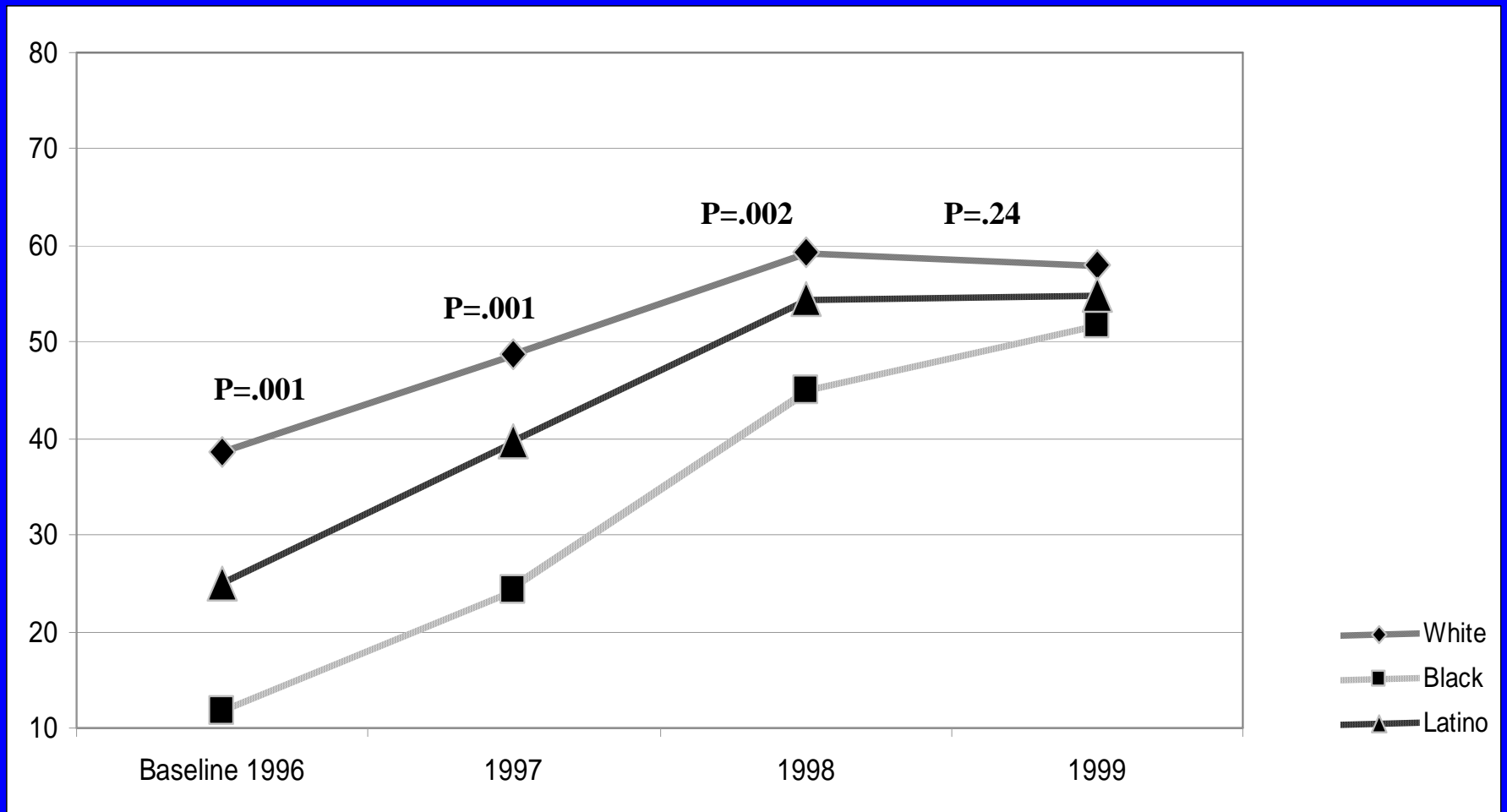
- Disparities greatest when treatment new
- Magnitude of disparity diminishes over time
- Disparity “reverses” when new treatment replaces standard treatment
- Best chance to prevent disparities is to reduce initial gap

# Diffusion of Innovation



Source: Rogers, 1995

# Percent on HAART by Race in HCSUS



Eisenman, Cunningham. "Diffusion of HAART" AIDS Patient Care 2007

# Community Partnership Needed to Address Disparities

- Many new technologies are being developed, but they don't always reach people who need them.
- Minorities, low SES groups often “late adopters”, encounter barriers to accessing treatment
- Phase II translational research needed to disseminate new technologies to needy groups
- Partnering with affected communities essential for dissemination research and addressing disparities

# Community-Based Participatory Research (CBPR)\*

“A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings”.

--W.K. Kellogg Foundation (2001)

**\*Community Partnered Participatory Research**

# Successful Community Partnership

- Develop meaningful partnerships
- Respect community diversity
- Identify and mobilize community assets
- Assure long-term commitment
- Promote organic development of thought, networks, and cultivate leadership
- Community advisory boards (CABs) are necessary, but not sufficient for partnerships

# Summary Recommendations

- Identify communities who are likely consumers of technology under development
- Explore whether new technologies are relevant for conditions or groups where disparities are common or expected
- Be thoughtful about the decision to partner - who, why, and how
- Use a memorandums of understanding to guide the partnership and reduce conflicts
- Look for win-win scenarios and foster long-term relationships

# References

1. Jones L, Wells KB. Strategies for Academic and Clinician Engagement in Community-Participatory Partnered Research. *JAMA* 2007;297(4):407-10.
2. Lenfant C. Clinical Research to Clinical Practice - Lost in Translation? *N Engl J Med* 2003;349:868-74.

# BACKUP SLIDES

To follow

# Racial and Ethnic Disparities – Background Data

- Infant mortality rates are twice as high among African-American infants as whites
- Several minority groups suffer and die disproportionately from conditions such as cardiovascular disease, diabetes, asthma, cancer, and HIV/AIDS.

# Racial and Ethnic Disparities – Background Data

- Hispanics and African Americans less likely to receive rehabilitative care after traumatic brain injury.
- Hispanic and African-Americans receive less curative surgery than whites for non-small cell lung cancer;
- Hispanics less likely to receive smoking cessation messages.

# Racial and Ethnic Disparities – Background Data

- Hispanics and AA less likely to receive colorectal and breast cancer screening, and influenza immunization
- American Indians, Hispanic, and AA less likely to receive prenatal care
- African-Americans are referred less than whites for cardiac catheterization and bypass grafting;

# Racial and Ethnic Disparities – Background Data

- African-Americans and Latinos receive less pain medication than whites for long bone fractures and cancer;
- African Americans receive fewer referrals to renal transplantation,
- African Americans receive lower quality treatment of pneumonia, congestive heart failure,
- AA receive less treatment for HIV/AIDS

# Racial and Ethnic Disparities – Background Data

- AA have lower utilization of preventive services covered by Medicare (e.g., immunizations and mammograms),
- AA have lower utilization of several other procedures and levels of ambulatory care covered by Medicare.