

Out of Many, One

Coalition Building for Minority Communities Gap

By Kauthar B. Umar, MA

Closing the Gap, Working Toward Our Goal • August 2003

Can representatives from more than 80 diverse organizations work together toward one common goal? Some would say impossible. Yet, one such coalition has been successful in developing a national health agenda that is cohesive and unified in its approach to improving the health status of people of color.

In its conference report, *Out of Many One: A Multicultural Action Plan to Achieve Health Parity (OMO)*, developed in November 2000, representatives from a wide variety of minority health organizations including the National Latino Council on Alcohol and Tobacco Prevention, the Asian & Pacific Islander American Health Forum (APIAHF), the National Indian Council on Aging, Papa Ola Lokahi (POL), the Summit Health Institute for Research and Education (SHIRE), and individuals representing communities of color throughout the nation gathered to develop strategies to improving the health of minorities.

Partially funded by the Office of Minority Health, and in line with Healthy People 2010 objectives, the OMO plan provides a path for achieving health parity for communities of color within the next decade. The OMO's goal and underlying philosophy is to empower each racial and ethnic community by developing and implementing a united health agenda. That agenda focuses on common health issues, while respecting the differences among communities of color.

"As we've moved from one stage to the next, our coalition [OMO] has always been equally distributed among all racial and ethnic groups," said Ruth Perot, executive director of SHIRE. "It's very easy to bring to the table the token Black, the token Asian American, the token Hawaiian, the token Indian and consider it done. We said no. As we

moved forward in this process, our management committee had one person from each group go out and get three more people from their group to add to it. At all times, we had equity and balance. If we want people to feel that they have an equal voice, we have to provide an equal avenue for their participation," Perot said.

Lack of access, resources, political power, and policies were identified by the OMO management committee as barriers to health parity—which can discourage those who are searching for change from expecting any glimmer of hope. Colonialism, racism, oppression, and pessimistic attitudes within communities of color were also identified as barriers to progress.

Goals and Objectives

After analyzing the barriers, six goals were developed by the OMO coalition:

- ❖ Achieve universal health care;
- ❖ Establish comprehensive health systems;
- ❖ Improve cultural, institutional, and educational development;
- ❖ Improve research data;
- ❖ Achieve empowerment; and
- ❖ Develop community leadership.

Ultimately, to reach health parity, the coalition believes that several public health objectives must be realized:

- ❖ Increase insurance coverage;
- ❖ Institutionalize cultural competency training;
- ❖ Research and assess cultural healing traditions; and
- ❖ Increase funding for research conducted by minorities on minorities.

These objectives affect the way in which communities of color respond to health care in the U.S. "I think what we want is for our health to be the best it can be. Whatever the Jaguar [luxury vehicle] quality of care is, whatever the Jaguar outcome is, that's what we hope to get," said Gem Daus, legislative and governmental affairs coordinator for APIAHF. According to Daus, achieving the best health potential must begin by receiving health care that is equivalent to the best level of care available. "There must be parity of health systems. This can only be achieved by delivering culturally-based, appropriate, comprehensive, holistic, fully-funded, sustainable, and community-based services that foster prevention and quality of life," said Daus.

Michael Bird, executive director of the National Native American AIDS Prevention Center and the immediate past president of the American Public Health Association, stresses that such a model should be supported and spread across the nation, teaching fairness, equity, democracy, and justice.

continued on page 2 >>>>



Out of Many, One Founding Member Organizations

American Public Health Association (APHA)
<http://www.apha.org>

Asian & Pacific Islander American Health Forum (APIAHF)
<http://www.apiahf.org>

National Indian Council on Aging (NICOA)
<http://www.nicoa.org>

National Latino Council on Alcohol and Tobacco Prevention (LCAT)
<http://www.nlcatp.org>

National Native American AIDS Prevention Center (NNAAPC)
<http://www.nnaapc.org>

Papa Ola Lokahi (POL)
<http://papaolalokahi.8m.com>

Summit Health Institute for Research and Education (SHIRE)
<http://www.shireinc.org>



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To ensure these qualities, emphasis is placed on community involvement and empowerment. By establishing community Institutional Review Boards (IRB) in communities of color, the OMO coalition suggests that power shifts from the universities and scientists towards communities, so they too have an equal say. When planning the Native Hawaiian Health Care System's IRB, Joanne Tsark, research director of POL, said community members actually outnumbered the scientific representation on the board.

"In a room filled with businessmen, researchers, and scientists, a cow farmer from the island of Maui, who may have never heard of an IRB, is also on the board and encouraged to speak as a farmer, simply because of his concerns," said Tsark.

"Our community members have the strongest voice," Tsark continued. "If they disagree with anything, research does not move forward. We need to address every issue that the community member has on our IRB. There are parallels to the process we used in starting an IRB, to the process that the OMO coalition used in forming. We are going to be heard first. Not only are we the community at the table, but OMO built the table. We built the table for what we needed. We invited the people and everyone has a voice here."

That voice, as OMO discovered, is unanimous. Quality health-care for all.

For more information on the Out of Many, One: A Multicultural Action Plan to Achieve Health Parity, go to <http://www.outofmany1.org> ❖



Out of Many, One: Coalition Building for Minority Communities is based on the Summit workshop of the same name

