

Behind the Numbers



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POSITIVE LIVING FOR SPECIAL POPULATIONS

The FCFC's approach to achieving the desired community outcomes includes looking “behind the numbers” as part of our effort to move the community indicators in their desired directions (see pages 3-4). For the Positive Living for Special Populations outcome we have looked at Level of Functioning for Mentally Ill Youth (2006) and the People in Special Populations (2007). In this 10th Anniversary Report we revisit and update some of these analyses, and we show how they contribute to ongoing community conversations.

From the discussion of People in Special Populations in the 2007 Report:

As the United Nations said to mark the International Day of Disabled Persons in 1996: “People with disabilities tend to be poorer or to become impoverished because they lack jobs or access to income, basic social and medical services, and rehabilitation.” Addressed to a global audience, this message underscores the challenge in achieving

locally the FCFC's vision for people who are in special populations, namely, that they “have the opportunity to participate fully in every aspect of community life that they desire.”

UPDATE:

Our local vision that all people “have the opportunity to participate fully” faces a major hurdle as described by the PLSP Outcome Team in its discussion of system navigation (page 37): “Finding needed services can be a barrier for special populations and their loved ones. Some people don't know where to start; others give up trying.” Though perhaps not as dire as the global situation described by the U.N., such frustrations can nevertheless lead to noticeable disparities in the quality of life.

Efforts to reduce or eliminate those disparities have been getting lots of attention

recently, especially in relation to chronic health problems such as cancer¹ and HIV.² Pairing “patient navigators”—people with knowledge of a particular healthcare system—with patients who lack that knowledge has been slowly growing in popularity since first introduced at a cancer clinic in Harlem in 1990.³

Can such a model be beneficial to the people in special populations? Before we can answer that question we need to know more about the effectiveness of patient navigators where they are currently in use. To help get those answers the federal government recently awarded 6 two-year demonstration grants to clinics across the country.

While those interested in system navigation for the people in special populations await those answers, it may be useful to consider some conceptual insights developed by those who are studying the use of patient

navigators. (See Figure 1.⁴) The PLSP Outcome Team will continue discussing this issue in 2009.

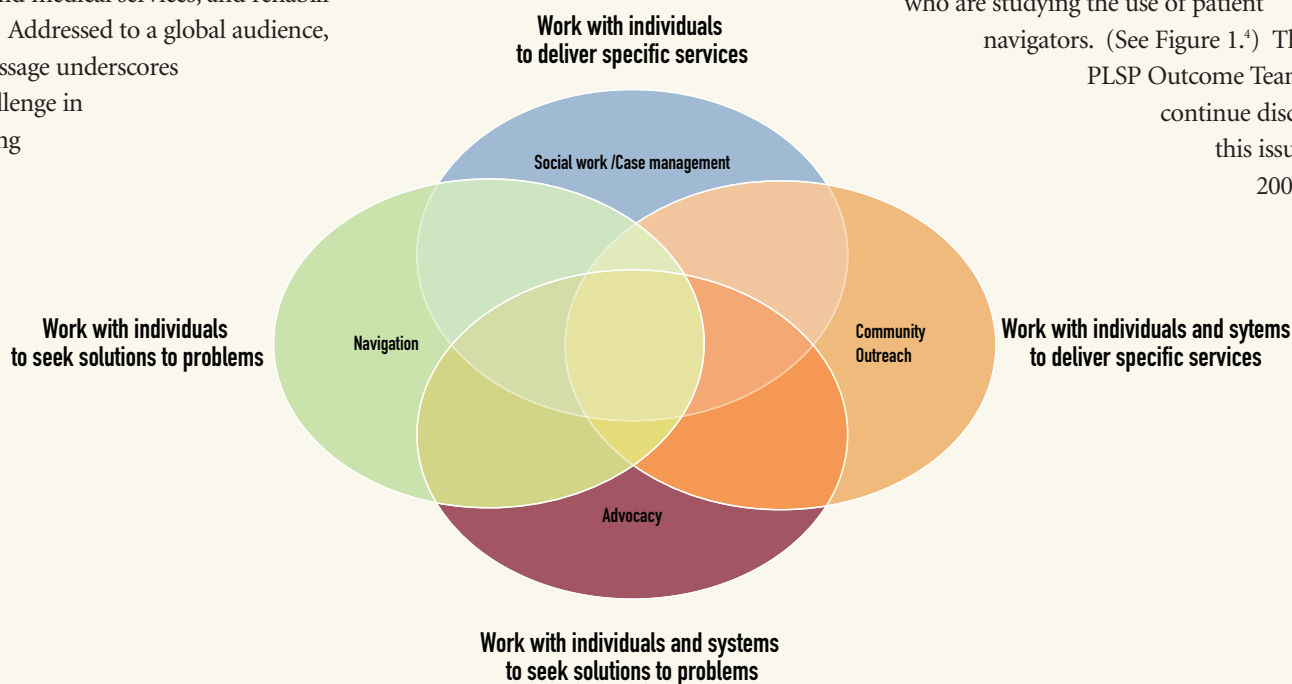


Figure 1. The navigation function (working with a specific individual and seeking solutions to problems) can be seen to be different than the functions of advocacy, community outreach, and social work/case management, though there are overlaps.

¹ Hede K. Agencies look to patient navigators to reduce cancer care disparities. *Journal of the National Cancer Institute*. 2006;98(3):157-159.

² Bradford J.B., Coleman S. and Cunningham W. HIV System Navigation: An Emerging Model to Improve HIV Care Access. *AIDS Patient Care and STDs* 2007; 21(Suppl 1):S-49-S-58.

³ Reported in Dohan D. and Schrag D. Using navigators to improve care of underserved patients: Current practices and approaches. *Cancer* 2005;104:848-855.

⁴ Adapted from Dohan D. et al., op. cit.