

## **HealthStreet: Utilization of the Community Health Worker (CHW) Model to Reduce Disparities in Health Research and Health Care**

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While more than 80,000 clinical trials are conducted each year in the United States alone, less than 2% of the population participates in health research. Women, racial and ethnic minorities, and older adults and those living in rural areas have been historically underrepresented in health research (Cottler, 2013). This underrepresentation may lead to research findings that may not be generalizable to the entire population.

HealthStreet, developed in 1989 at Washington University and now at the University of Florida's Department of Epidemiology, utilizes a Community Health Worker (CHW) Model to reduce disparities in health research and health care. HealthStreet aims to: (1) Assess medical problems and health concerns from community residents themselves; (2) Engage in bidirectional, health-promoting communication with and for the community member; (3) Link people, based on their needs and concerns, to medical and social services and opportunities to participate in research; (4) Increase the community's trust in the research enterprise through meaningful collaboration.

Community Health Workers (CHWs) assess community members at laundromats, parks, bus stops, and other community sites. After assessing their health conditions, health concerns, and research perceptions, CHWs link community members to health services, social services, and research opportunities at the University of Florida. This assessment also acts as a real-time community based surveillance of the community's health conditions and concerns.

The HealthStreet CHW Model has effectively given community members throughout North Central Florida the opportunity to participate in health research who have been historically considered underrepresented in health research, allowing health research to be more generalizable to the community which it represents.