

Diversity & Inclusion: Preparing Ourselves to Advance Health Equity  
College of Health and Human Services  
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## *Policies, Practices and Partnerships to Reduce Racial and Ethnic Disparities in Health and Health Care*

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# Presentation Outline

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- ✓ Overview on Health Disparities
  - ☒ Historical
  - ☒ Contemporary
- ✓ Community-Based Approaches
- ✓ Public Policy
- ✓ Lessons Learned & Recommendations
- ✓ Questions & Answers




# Racial and Ethnic Health Disparities

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Health Disparities – Differences in health status among distinct segments of the population including differences that occur by gender, gender identity, sexual orientation, race, ethnicity, education or income, disability, or geographic localities.

"Racial" health disparities occur on at least three levels:


- (1) differential access to health care
- (2) differential care within the health care system
- (3) differences in exposures and life opportunities that create different levels of health and disease



Source: Healthy People 2020; Jones, CP. "Race", racism, and the practice of epidemiology. Am J Epidemiol 2001; 154 (4):299-304.

# Health Outcomes Among U.S. Minorities

- ❑ Blacks, Hispanics, and Asian Americans are more likely to be uninsured, not have a regular MD, and have difficulty paying for medical care compared to whites
- ❑ Minorities get sick younger, have more severe illness and die sooner than Whites
- ❑ African Americans have twice as many strokes as white Americans.
- ❑ African Americans have three times as much high blood pressure, diabetes, cancer, and heart disease.



Sources: Satcher, D., et al., "Trends: What if We Were Equal? A Comparison of the Black-White Mortality Gap in 1960 and 2000," Health Affairs, March/April, 2005; RM Weinick, SH Zuvekas, JW Cohen - Med Care Res Rev, 2000; McDonough et al, 2004, [A State Policy Agenda to Eliminate Racial and Ethnic Health Disparities](http://www.omhrc.gov/templates/browse.aspx?lvl=1&lvlID=2), Commonwealth Fund, Report; <http://www.omhrc.gov/templates/browse.aspx?lvl=1&lvlID=2>

# In Kalamazoo

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- ❑ Babies born to black mothers are 3.7 times more likely to die before one year of age than babies born to white mothers.
- ❑ Adult asthma prevalence is twice as high among blacks than whites, and blacks experience significantly greater morbidity due to the disease.
- ❑ The rate of overweight or obesity is higher among blacks (80.2%) than whites (63.0%).

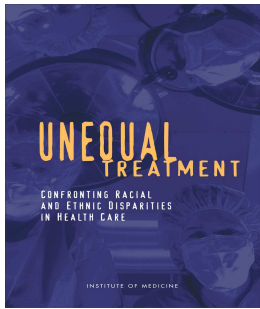


# A Brief Historical Perspective

## AFRICAN AMERICAN CITIZENSHIP STATUS & HEALTH EXPERIENCE FROM 1619 TO 2012

TIME SPAN	CITIZENSHIP STATUS -YRS	% of U.S. EXPERIENCE	STATUS*	HEALTH & HEALTH SYSTEM EXPERIENCE
1619-1865	246	63%	Chattel slavery	Disparate/inequitable treatment; poor health status & outcomes. "Slave health deficit" & "Slave health sub-system" in effect
1865-1965	100	25%	Virtually no citizenship rights	Absent or inferior treatment and facilities. <i>De jure</i> segregation/discrimination in South, <i>de facto</i> throughout most of health system. "Slave health deficit" uncorrected
1965-2012	47	12%	Most citizenship rights	Southern medical school desegregation [1948], Imhotep Hospital Integration Conferences [1957-1964], hospital desegregation in federal courts [1964]. Disparate health status, outcomes, and services with apartheid, discrimination, institutional racism and bias in effect.
1619-2012	393	100.00%	<i>Struggle continues</i>	<b><i>HEALTH DISPARITIES/INEQUITIES</i></b>

An American Health Dilemma, Byrd & Clayton, 2000



# UNEQUAL TREATMENT

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## Charge

- ❑ Congress, in 1999, requested an Institute of Medicine study to:
  - 1) Assess the degree to which racial and ethnic minorities and non-minorities differed in the types and quality of health services received;
  - 2) Explore factors that may contribute to these disparities in care; and
  - 3) Recommend policies and practices to eliminate these disparities.

## Summary of Findings

- ❑ Racial and ethnic disparities in health care exist.
- ❑ Racial and ethnic disparities in health care occur in the context of broader historic and contemporary social and economic inequality.
- ❑ Many sources – including health systems, health care providers, patients, and utilization managers – contribute to racial and ethnic disparities in health care.



# In Kalamazoo

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- ❑ 14% of Michigan's population is classified as living in poverty compared to the national average of 13%. In Kalamazoo County, 16% of residents are poor. In the city of Kalamazoo, 35% of residents live in poverty.
- ❑ The poverty rate for non-Hispanic whites and for blacks in Kalamazoo County is 13% and 40% respectively. This compares to 10% for whites and 31% for blacks, statewide.
- ❑ In the city of Kalamazoo, 30% of white residents are poor, compared to 52% of black residents.



# In Kalamazoo

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- ❑ 19% of Michigan's children are poor compared to a national average of 18%. In Kalamazoo County, 16% of children are poor. In the city of Kalamazoo, 45% are in poverty.
- ❑ The poverty rate for non-Hispanic white and black children in Kalamazoo County is 8% and 48%, respectively. This compares to a child poverty rate of 12% for whites and 44% for blacks, statewide.
- ❑ In the city of Kalamazoo, 15% of white children and 61% of black children are poor.


# **Low SES: Multiple Disadvantages**

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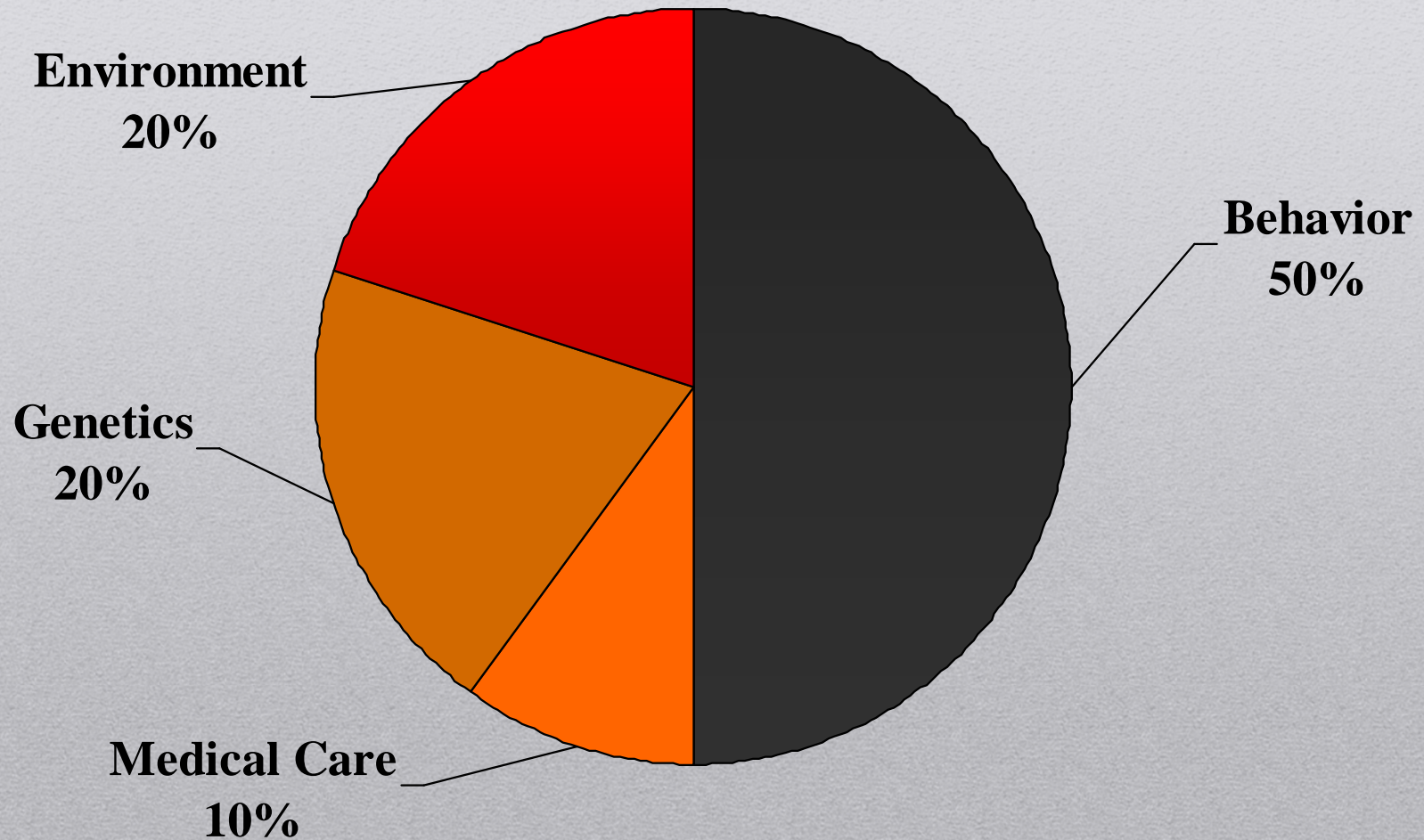
- ❑ Poor education in childhood and adolescence
- ❑ Insecure employment or unemployment
- ❑ Stuck in hazardous or dead-end jobs
- ❑ Living in poor housing
- ❑ Living in neighborhoods with fewer resources
- ❑ Trying to raise a family in difficult circumstances
- ❑ Living on an inadequate pension
- ❑ Eat poorly, forgo exercise, skip medications

# Higher SES

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- ❑ Residence in better neighborhoods
  - ❑ Occupancy of healthier home environments
  - ❑ Lower exposure to crime and other stressors
  - ❑ Access to better education and employment opportunities
  - ❑ Access to better physical infrastructures and facilities
  - ❑ Access to higher quality medical services
  - ❑ Better nutrition
  - ❑ Greater control over life and work
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# Determinants of Health in the U.S.



U.S. Surgeon General, 1979



# Needed Behavioral Changes

- ❑ Reducing Smoking
- ❑ Improving Nutrition & Reducing Obesity
- ❑ Increasing Exercise
- ❑ Reducing Alcohol Misuse
- ❑ Improving Sexual Health
- ❑ Improving Mental Health



# Making Healthy Choices Easier

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Factors that facilitate opportunities for health:

- ❑ Facilities and Resources in Local Neighborhoods
- ❑ Socioeconomic Resources
- ❑ A Sense of Security and Hope
- ❑ Psychological, Social & Material Resources to Cope with Stress
- ❑ Focus on Community & Self Efficacy



# Building on Community Resources

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*“We Need to Better Understand How Resilience Factors and Processes Can Affect Health and How to Build on the Strengths and Capacities of Communities”*

*David Williams, PhD, Lecture, Sept. 2009*



March on Washington for Jobs and Freedom, August 1963.  
(Photograph by Abbie Rowe. Image courtesy of the [National Park Service](#).)



Cesar Chavez; The First Grape Strike by National Farm Workers' Union., Jan.1966; George Ballis/Take Stock 1076.  
[http://www.takestockphotos.com/imagepages/imagetdetail.php?RECORD\\_INDEX\(Pages\)=44&FolioID=14](http://www.takestockphotos.com/imagepages/imagetdetail.php?RECORD_INDEX(Pages)=44&FolioID=14)

# Community-Based Participatory Research

CBPR is 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, Community Health Scholars Program (2001)*

“participatory research fundamentally is about who has the right to speak, to analyze, and to act.”

*Budd Hall, 1992*





# Fundamental Characteristics of CBPR

- ❑ It is participatory (from beginning to end).
- ❑ It is cooperative, engaging community members and researchers in a joint process in which both contribute equally.
- ❑ It is a co-learning process.

Barbara Israel et al (1998)



# Fundamental Characteristics CBPR

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- ❑ It involves systems development and local community capacity building.
- ❑ It is an empowering process through which participants can increase control over their lives.
- ❑ It achieves a balance between research and action (a shift in the power equation).

Barbara Israel et al (1998)




# CBPR Guiding Principles

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CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities.

- ✓ Community Benefit
- ✓ Mutual Benefit
- ✓ Mutual Investment
- ✓ Career Development

*Can Research become an organizing theme for a social change movement in a community that has been abused by research in the past?*



# Cherishing Our Hearts and Souls

## A Coalition to Improve the Cardiovascular Health of African Americans in Roxbury, MA

Mission: To offer a highly interactive continuum of health programs that contribute to social capital and healthier futures through efforts to combat the effects of racism.





# Roxbury Community

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- ❑ 54,000 residents;
- ❑ Distinct neighborhoods with unique blends of ethnic groups, community-based agencies, housing stock, and local flavor;
- ❑ Large numbers of school-age children and women of child-bearing age;
- ❑ 63% African American, 19% Hispanic, 3% Asian, 14% white;
- ❑ 30% have incomes below the poverty level;
- ❑ 52% have income less than 200% of the poverty level.



# First Year Accomplishments

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- ❑ Met 34 times with individual coalition partners
- ❑ Organized 4 bi-monthly coalition meetings
- ❑ Identified 41 new coalition members
- ❑ Hosted 3 community training workshops on racism and cardiovascular disease
- ❑ Analyzed data from 1998 Roxbury Healthy Heart Survey
- ❑ Completed CAP with community feedback and submitted application for Phase II funding
- ❑ Evaluated the COHS project



# NO PHASE II FUNDING



# COHS Highlights & Accomplishments

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- ❑ Tremendous growth original 7 partners to over 250 in 2007
- ❑ Mayor's REHD Task Force
- ❑ Governor's State-Wide Commission to Eliminate REHD
- ❑ Community Research Advisory Board – CRAB
- ❑ Black History Month Celebration Health/Wellness Fair (2006 –2012)
- ❑ Numerous Local, State and National Conference Presentations, Peer Reviewed–Publications
- ❑ CCT Symposium Oct. 07 & 08





# COHS Highlights (Sustainability)

## Funding Accomplishments

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- ❑ Kellogg Foundation funding for anti-racism training
- ❑ Unprecedented partnership – HSPH & FAMU (HBCU) received 6.3M EXPORT Award from NIH NCMHD-CHOICE
- ❑ 7.4M EXPORT Award from NIH NCMHD: UMB & HSPH– HORIZON Center
- ❑ Breaking It Down: Our Health Our Way – a three year cancer clinical trials education pilot project funded by ENACCT



# Breaking It Down: Milestones & Lessons Learned



A Three-Year Comprehensive, Community-Centered Outreach and Education Pilot  
Sponsored by:  
Education Network to Advance Cancer Clinical Trials



# BID Partners

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- ❑ Roxbury Community Research Advisory Board
- ❑ Prostate Health Education Network (PHEN)
- ❑ National Black Leadership Initiative (NBLIC) - Greater Boston Chapter
- ❑ Boston Black Women's Health Institute
- ❑ BID Planning Committee:
  - Dana Farber/ Harvard Cancer Center
  - Boston Medical Center
  - Boston University School of Public Health
  - American Cancer Society
  - Cancer Information Service of the NCI
  - Massachusetts Comprehensive Cancer Control Coalition
  - Massachusetts Department of Public Health
  - Oncologists and Clinical Investigators
  - Community Residents



# BID Objectives

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1. Peer discussions/workshops
  - ✓ 200 community leaders
  - ✓ Train 150 health care providers
  - ✓ Train 40 clinical trial staff
2. Raise community wide awareness of cancer clinical trials and participate in at least six community-based events annually
  - ✓ Awareness raising through use of local media
3. Encourage institutional level discussions on the issues of social justice and the role of the patient and community in cancer clinical trials decision making
4. Develop, implement, and evaluate 2 specific approaches to address barriers to clinical trial participation





# Advocacy & Policy Change



# Inaugural Cancer Clinical Trials Symposium- October 16, 2007(08)



# Advocacy & Policy Change

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ENACCT and CCPH submit comments to the Food and Drug Administration on Participation of Certain Population Subsets in Clinical Drug Trials.

*Department of Health and Human Services  
Food and Drug Administration*

*[Docket No. FDA-2009-N-0674]*

*Participation of Certain Population Subsets in  
Clinical Drug Trials*

[http://www.enacct.org/sites/default/files/fda\\_comments\\_final\\_enacct\\_ccph.pdf](http://www.enacct.org/sites/default/files/fda_comments_final_enacct_ccph.pdf)




# Eliminating Disparities in CCT Requires:

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- ❑ Principles of social justice in clinical research design/implementation.
- ❑ Multi-level approaches to reform policies and practices in clinical research design, implementation, and dissemination of new treatment modalities.
  - Establish activities and responsibilities at the individual, community, and institutional levels to build a critical mass supporting a positive change.
  - Emphasize the importance of community based approaches.

“Success (in clinical trials accrual) will require sustained, aggressive action, and new partnerships between policymakers, healthcare professionals, professional societies, and underserved communities.”

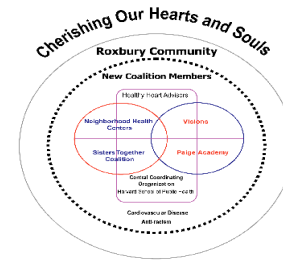
“The Promise of Community-Based Advocacy and Education Efforts for Increasing Cancer Clinical Trials Accrual”, Michaels, et al., J Cancer Educ. 2011 Sep 22.





# Lessons Learned:

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Outreach to African American communities requires:

- ☐ Acknowledging the roles of race and racism
- ☐ Creating and nurturing partnerships
- ☐ Sharing information
- ☐ Building infrastructure
- ☐ Replicating successful models
- ☐ Developing new models
- ☐ Evaluating efforts
- ☐ Training on historical and cultural issues



# How can health professionals help to reduce health and health care disparities?

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## *Provider–Patient Communication:*

“Sociocultural differences between patient and provider influence *communications* and *clinical decision-making* .”

*Eisenberg, 1979*

- ❑ Increase knowledge regarding health disparity populations, particularly those who comprise a significant proportion of one’s geographic area and served by one’s organization
- ❑ Improve cultural awareness and attitudes regarding care of patients from diverse groups
- ❑ Enhance patient–centered communication skills and reduce stereotyping behaviors and bias when interacting with patients across cultural and social differences



# Lessons Learned and Recommendations

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1. Strategies outside of health care reform, health care, and public health are essential to success (e.g., education, housing, transportation, environment)
  - Learn the history/language, read the newspapers and listen listen listen.
2. Activism on the part of knowledgeable professionals can help to inspire and empower a community
  - Don't shy away from your role as a partner – share, share, share and keep coming back to the table –even when it's tough
3. Longevity and Accountability within professional community partnerships can restore faith and hope.
  - Professional leadership is not enough – community activism is essential to social transformation.
  - Stay involved or be clear about the limitations of your involvement
4. An asset-based approach to partnership utilizes everyone's strengths.
  - Never stop looking for the resources others bring to the table
  - Always seek a partner to help you analyze and act on your findings



# Lessons Learned and Recommendations

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5. Building an infrastructure for community participation enhances sustainability.
  - Career development and training for partners should be part of formal goals
6. The research process can be used to mobilize and advocate for change
  - Accurate race/ethnicity data collection
  - Acknowledge the diversity within racial and ethnic groups
  - Examine the role of racism in diminishing the health of entire populations
7. Creative out of the box thinking is essential
  - Accept that outsiders cannot fully understand community dynamics – though this is not an excuse for staying uninvolved
  - Speak about white privilege and recognize that privilege is continually operating to some degree, creating power imbalance



# THE HIPPO AND THE TURTLE

- ❑ NAIROBI (AFP) - A baby hippopotamus that survived the tsunami waves on the Kenyan coast has formed a strong bond with a giant male century-old tortoise, in an animal facility in the port city of Mombassa, officials said.
- ❑ The hippopotamus, nicknamed Owen and weighing about 300 kilograms (650 pounds), was swept down Sabaki River into the Indian Ocean, then forced back to shore when tsunami waves struck the Kenyan coast on December 26, before wildlife rangers rescued him.



- ❑ "After it was swept away and lost its mother, the hippo was traumatized. It had to look for something to be a surrogate mother. Fortunately, it landed on the tortoise and established a strong bond. They swim, eat and sleep together," the ecologist added. "The hippo follows the tortoise exactly the way it follows its mother. If somebody approaches the tortoise, the hippo becomes aggressive, as if protecting its biological mother," Kahumbu added.







- "It is incredible. A-less-than-a-year-old hippo has adopted a male tortoise, about a century old, and the tortoise seems to be very happy with being a 'mother'," ecologist Paula Kahumbu, who is in charge of Lafarge Park, told AFP.

- "The hippo is a young baby, he was left at a very tender age and by nature, hippos are social animals that like to stay with their mothers for four years," he explained.



- This is a real story that shows that our differences don't matter much when we need the comfort of another. We could all learn a lesson from these two creatures, look beyond the differences and find a way to walk the path together.

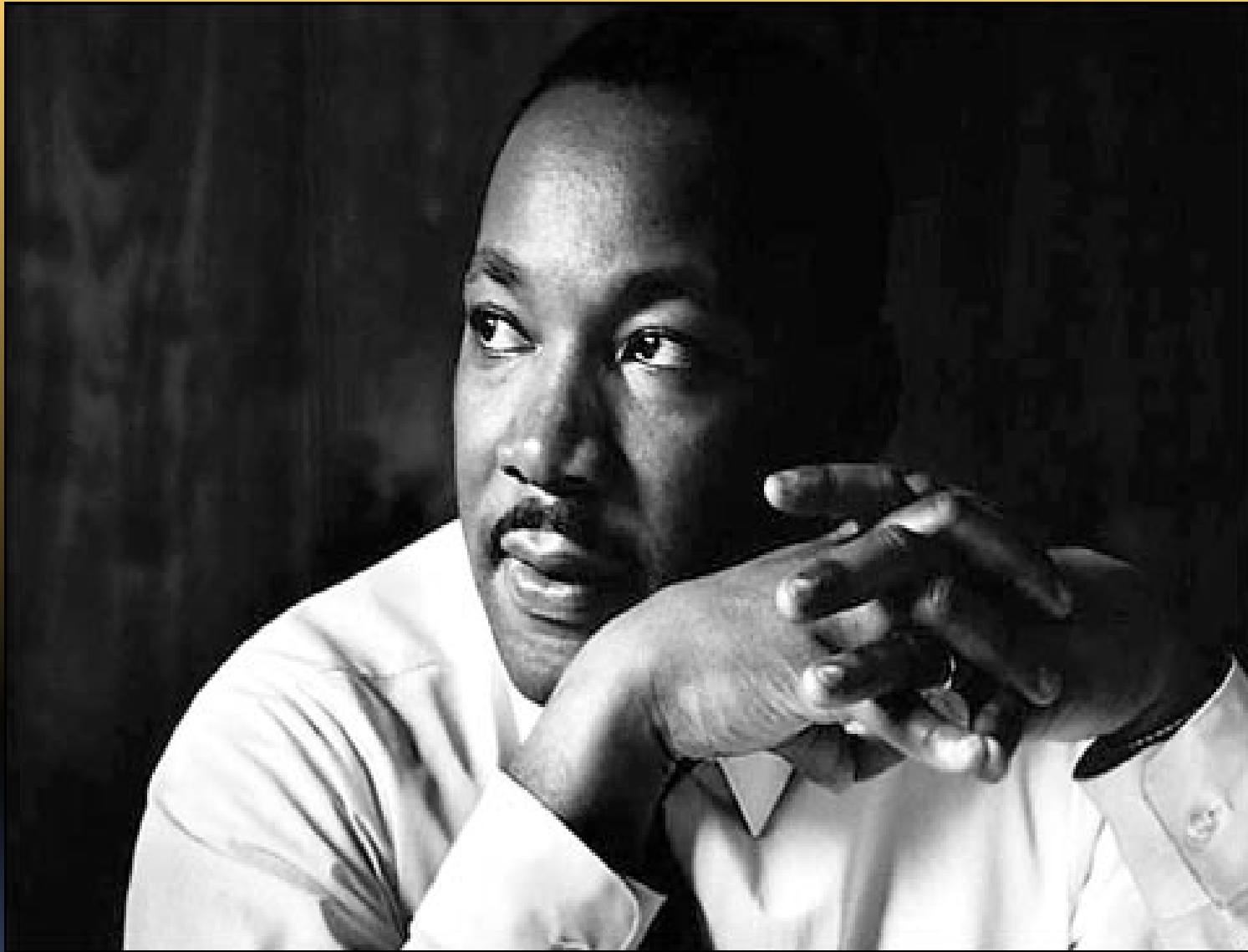




## Hurricane Katrina in the Gulf Coast in late August 2005



From the websites: [www.msnbc.msn.com](http://www.msnbc.msn.com), [www.time.com/time](http://www.time.com/time), [www.bbc.co.uk](http://www.bbc.co.uk), [www.postgazette.com](http://www.postgazette.com)



“All labor that uplifts humanity has dignity and importance and should be undertaken with painstaking excellence”.