

Health Disparities and Community Colleges: Being Part of the Solution



Elmer R. Freeman, MSW
Annual Convention of the
American Association of Community Colleges
Monday, April 11, 2005

Mission

The mission of CCHERS is to promote and support the development of “*academic community health centers*” that integrate education and research into their missions of service to influence and change health professions education, improve health care delivery, and promote health systems change.

Goals

- Promote community based, primary care oriented **education** for a range of health professions students, from high school through graduate and professional school, to improve community health services provided to underserved populations.
- Promote community derived and directed health services and clinical **research**, in partnerships with academic medical center, government, and university researchers, that focuses on health problems that impact diverse urban populations.
- Promote coordination of **services** and interagency collaboration among universities, health services providers, community based organizations, and community residents to create healthier communities.
- Promote public and marketplace policy **change** in health professions education, community health, and health care access to create an equitable health care system for diverse urban populations and communities.

Racial Ethnic Health Disparities: A Social Justice Issue

Of all forms of inequality in our society,
injustice in health care is the most
shocking and the most inhumane.

Rev. Martin Luther King, Jr.

Second National Convention of the
Medical Committee for Human Rights
Chicago, March 25, 1966

UNEQUAL TREATMENT

CONFRONTING RACIAL AND ETHNIC DISPARITIES IN HEALTH CARE
INSTITUTE OF MEDICINE, 2002

Racial/ethnic disparities exist in health care, resulting in worse outcomes among minority groups, and occur independently of insurance status, socioeconomic status, or patient preferences and treatment refusals.

Racial/ethnic disparities in health care are part of a larger pattern of racial and ethnic bias in society.

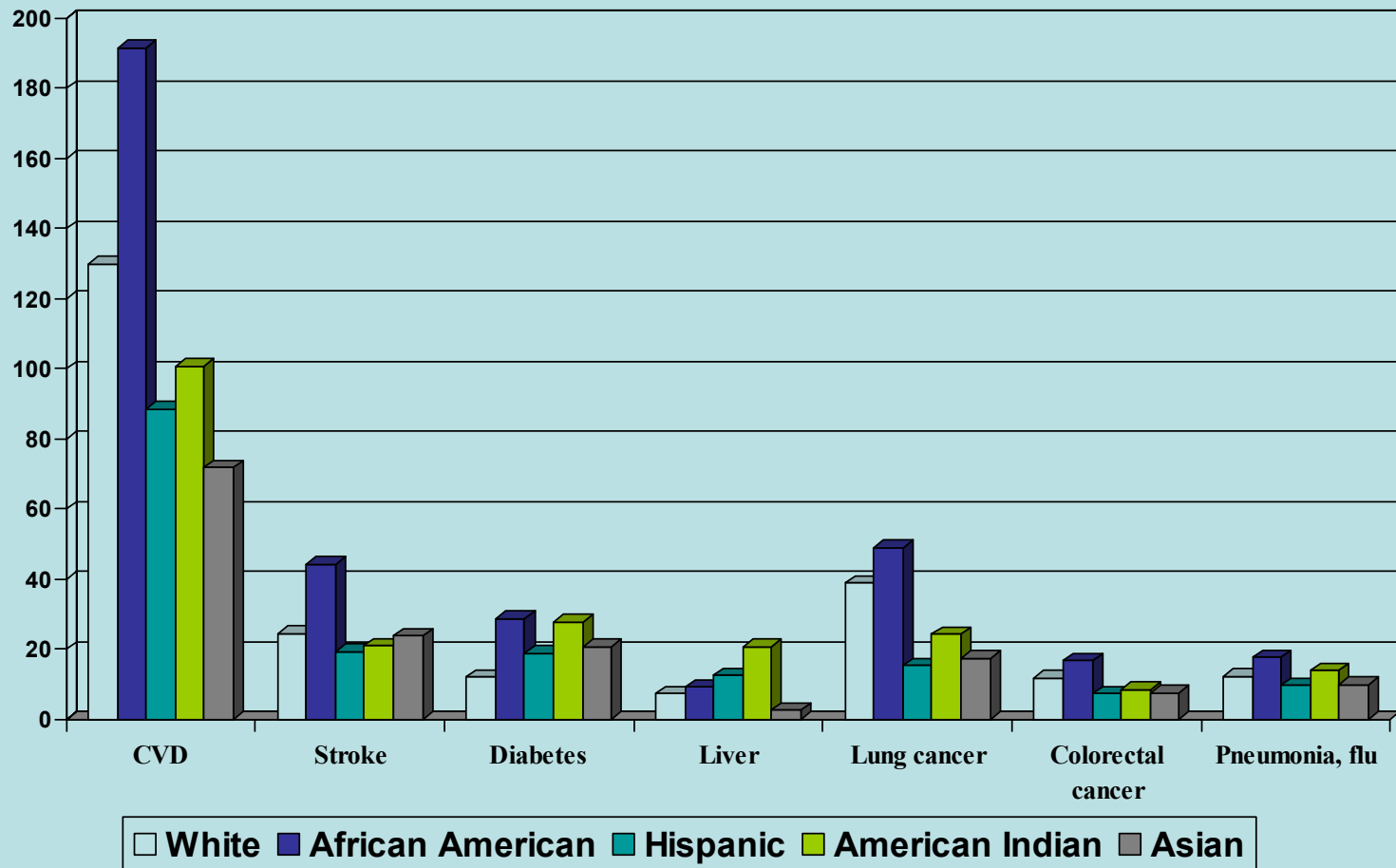


BIAS PRODUCING FACTORS

- RACE
- ETHNICITY
- CLASS
- CULTURE
- AGE
- DISABILITY
- SEXUAL PREFERENCE
- GEOGRAPHY

Smedley BD, Stith AY, Nelson AR, eds. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington, D.C., National Academy Press, 2002.

Death rates* for selected causes of death, by race or ethnicity, U.S. 1996



Source: National Ctr for Health Statistics. * Age-adjusted rates per 100,000, adjusted to 1940 population.

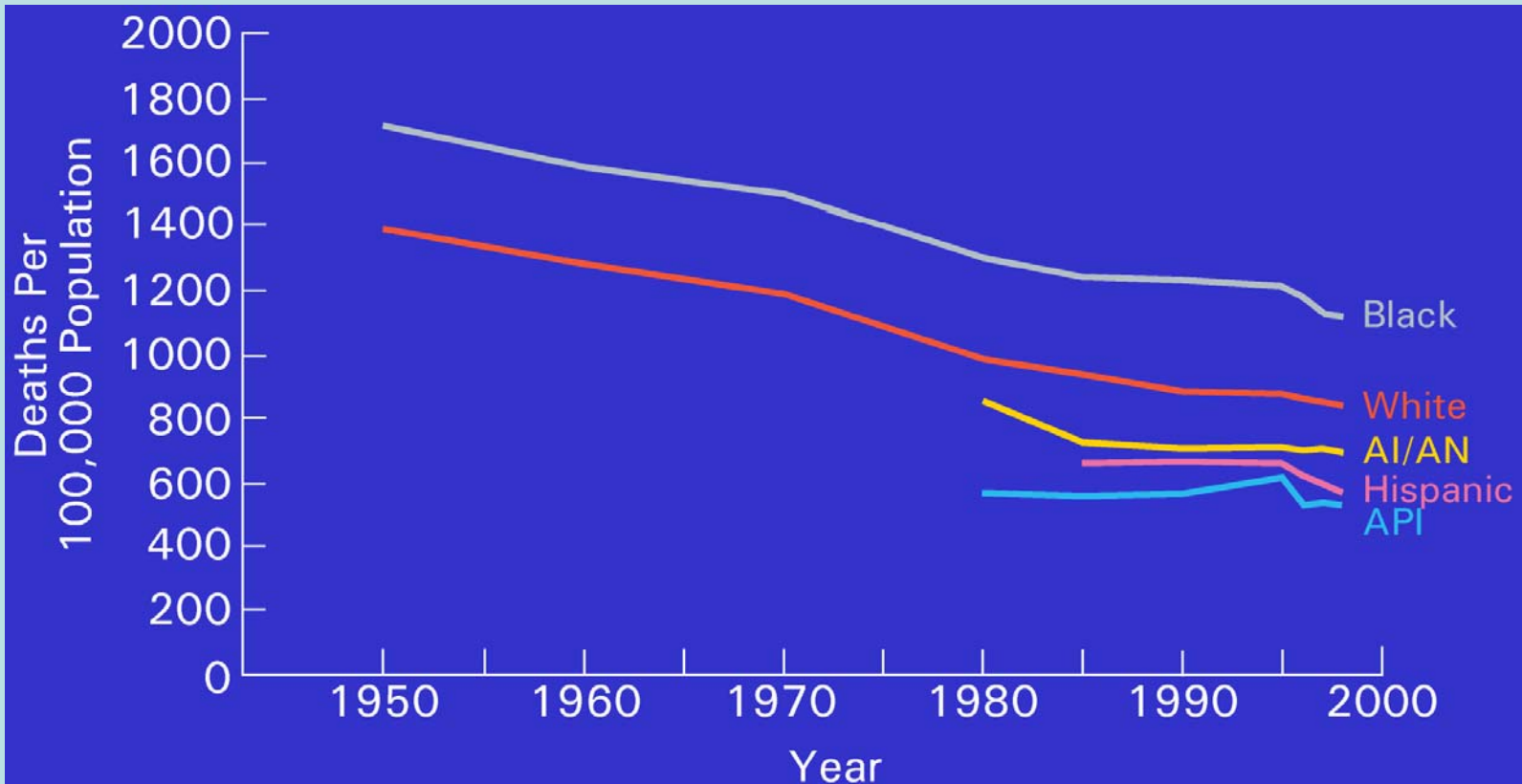
Minority/White Death and Illness Rate Ratios

Sources: NCHS (1998)

Data summarized in Williams, 2001, in Smelser et al., *America Becoming*

	Heart Disease	Cancer	Diabetes	Cirrhosis	Flu/ Pneu	HIV/ AIDS	Homicide	Mental Illness
Black/ White	1.49	1.35	2.44	1.34	1.44	5.75	6.07	.70
Latino/ White	.69	.63	1.65	1.74	.80	2.26	2.73	1.11
Amln/ White	.79	.64	2.33	3.28	1.55	.58	2.16	-----
A PI/ White	.59	.64	.79	.36	.87	.31	.98	-----

Age-Adjusted Death Rates United States



Source: NCHS, 2001
2000 Age Distribution Standard

Fundamental Causes

Social/Institutional/Environmental Conditions



Behavioral and Biological Risk Factors



Health Outcomes

This notion of “fundamental causes” comes from the work of Link & Phelan, in “Social Conditions as Fundamental Causes of Disease,” and is similar to John McKinlay’s “upstream-downstream” causes in “A Case for Refocusing Upstream: The Political Economy of Sickness” and Norman Anderson’s higher “Levels of Analysis in Health Science: A Framework for Integrating Socio-behavioral and Biomedical Research.”

Social/Institutional/Environmental Conditions

- Immigration & Acculturation
- Socio-economic Status
- Neighborhood Environment
(Place Matters)
- Occupational Exposures
- Access to Health Care
- Quality of Health Care

Behavioral and Biological Risk Factors

- Biological Aspects of Race/Ethnicity
- Genetic Attributes and Gene Expression
- Sedentary Lifestyle
- Rates of Cigarette Smoking
- Nutrition Choices and Options
- Alcohol and Drug Consumption
- Risk Taking Behaviors

Factors Explaining Excess Mortality for Blacks vs. Whites

(Data: NHANES I Follow-up)

- 31% attributed to six risk factors: smoking, systolic blood pressure, diabetes, cholesterol level, body mass index, and alcohol intake
- 38% attributed to family income
- 31% unexplained

Six Causes of Disparities in Health Status Among African-Americans

- Disease Occurrence
- Health Status of Slaves
- Historical “Second Class Citizenship”
- Institutional Barriers to Services
- Differential Treatment by Race
- Compromised Commitment to Wellness

Gibbs, B.K., Prothorw-Stith, D. and Allen, A. Harvard School of Public Health

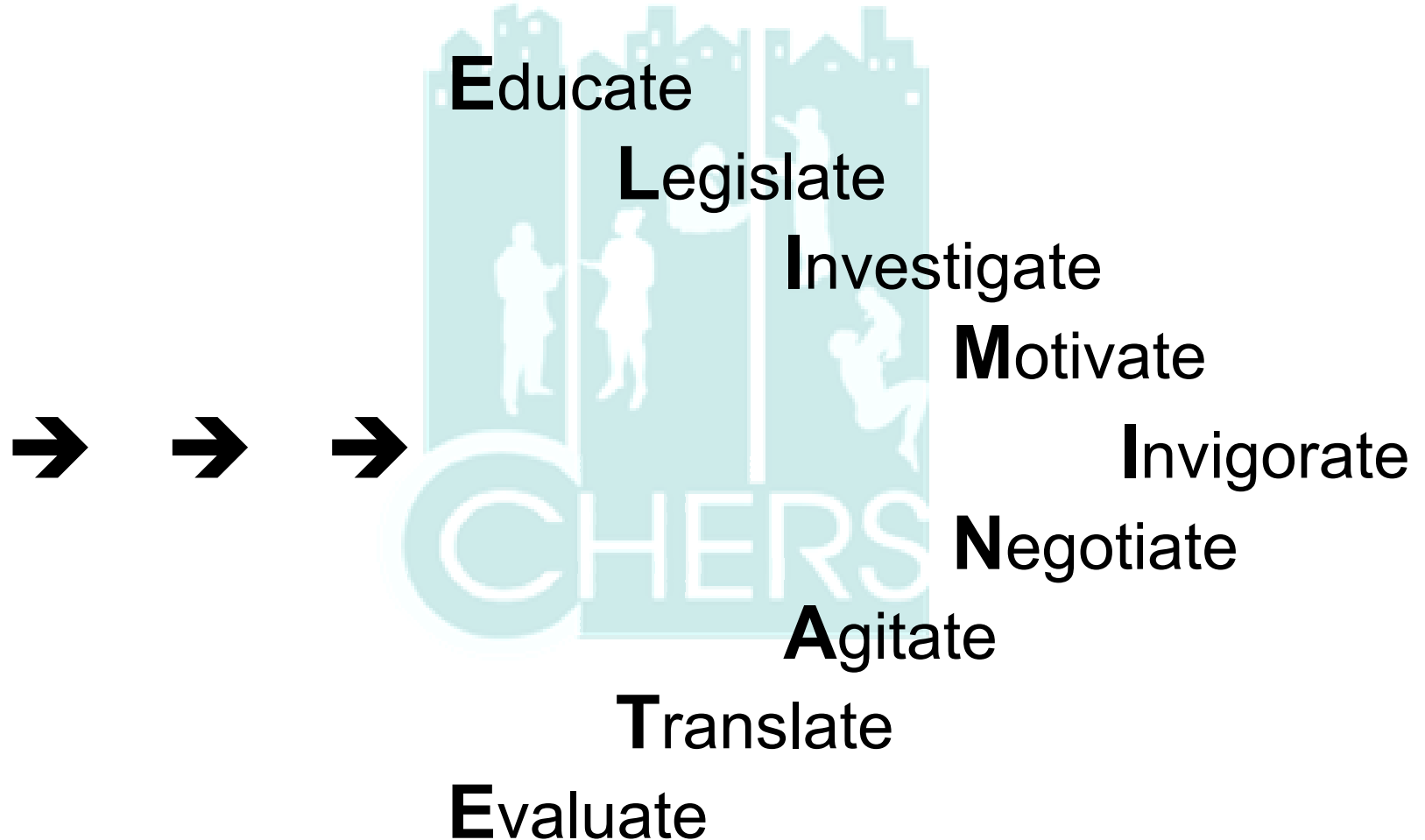
Health Literacy of Minority Populations

- Up to 20 percent of Spanish-speaking Latinos do not seek medical advice due to language barriers
- Asians and Hispanics often report difficulties understanding written information from doctor's offices and instructions on prescription bottles
- Up to 40 percent of African-Americans have problems reading.
- Two thirds of US adults age 60 and over have inadequate or marginal literacy skills and 81 percent of patients age 60 and older at a public hospital could not read or understand basic directions such as prescription labels.
- Approximately half of welfare recipients read below the fifth-grade level.

There Is Unprecedented Interest in Health Disparities

- Department of Health and Human Services Priorities
- Centers for Disease Control and Prevention – REACH 2010
- National Institutes of Health Strategic Plans
- National Center on Minority Health and Health Disparities
- Institute of Medicine Reports
- State Legislatures – Massachusetts

Strategies to **ELIMINATE** Disparities in Health and Health Care



Community Colleges' Responses to Health Disparities

- Establish and support college/community partnerships to promote healthy communities.
- Participate in community coalitions to eliminate health disparities.
- Work with communities to identify and promote health priorities and programs to improve health status.
- Conduct health seminars and other educational programs in the community.
- Provide information and educational materials to the community on relevant health issues.
- Identify and support mechanisms of reward for students and faculty engaged in community scholarship.
- Organize and mobilize students around community health promotion activities such as health screenings, walking clubs.
- Identify and solicit college resources to support the work and health goals of the community.
- **GET HEALTHY – GET INVOLVED!!**

Promoting Community Health Using National Health Observances

- American Heart Month (February)
- National Kidney Month (March)
- Cancer Control Month (April)
- National Public Health Week (April)
- Asthma & Allergy Awareness Month (May)
- National High Blood Pressure Month (May)
- Older Americans Month (May)
- National Men's Health Week (June)

Promoting Health Using National Health Observances

- Cholesterol Education Month (September)
- Prostate Cancer Awareness Week (September)
- Take Your Loved One to A Doctor Day (September)
- National Lupus Awareness Month (October)
- National Breast Cancer Awareness Month (October)
- Adult Immunization Awareness Week (October)
- National Diabetes Month (November)
- World AIDS Day (December 1st)

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