



Community Engagement to Address Health Disparities

Health Disparities Service-Learning Collaborative Meeting

April 11, 2007, Toronto, ON Canada

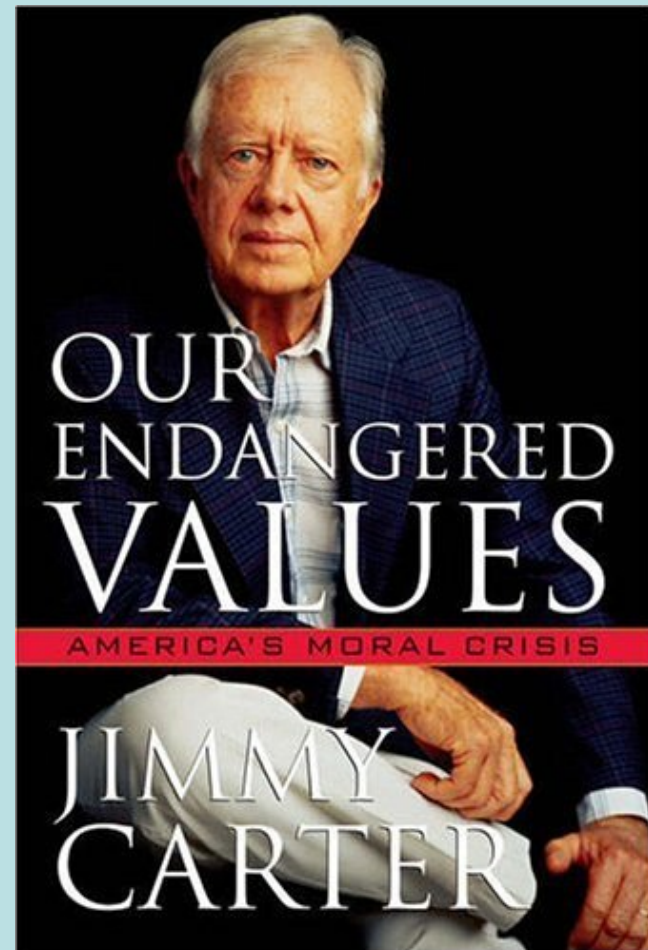
Elmer R. Freeman, Executive Director

Center for Community Health Education Research and Service



Kellogg 75th Anniversary

**Racial and Ethnic
Health Disparities:
Schools of Public
Health Respond as
Engaged Institutions**





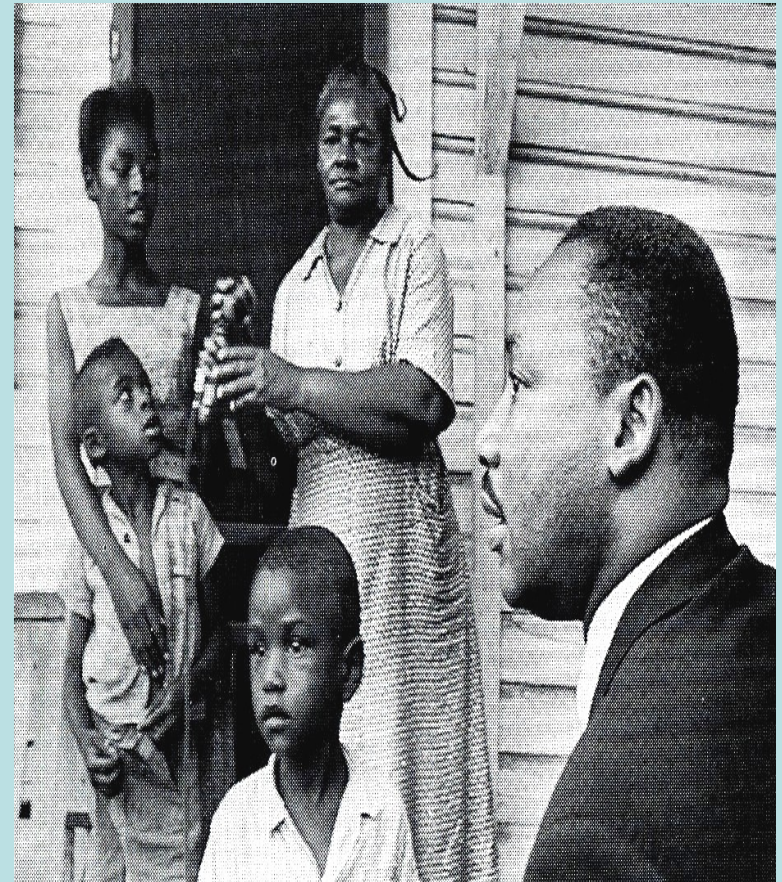
Kellogg/CCPH Engaged Institutions Initiative

- University of Arizona
- University of Arkansas
- Boston University
- University of Florida
- University of Hawaii
- Morgan State University
- University of Nebraska
- University of Oregon
- University of North Carolina
- San Jose State University
- University of South Carolina
- Virginia Commonwealth University

Racial/Ethnic Health Disparities: A Social Justice and Human Rights Issue

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

Rev. Martin Luther King, Jr.
Second National Convention
of the Medical Committee for
Human Rights
Chicago, March 25, 1966



The “Un” Populations

- Underserved
- Undeserved
- Uninsured
- Underinsured
- Underprivileged
- Underrepresented
- Underclass

Vulnerable Populations: What You Need to Remember...

- In health care, vulnerability indicates the likelihood of poor health, illness, or disability.
- Vulnerability is complex.
- Vulnerable status in health care is the result of multiple factors and characteristics.
- Some are modifiable, but most are not.
 - Predisposing (race, ethnicity, geography)
 - Enabling (socioeconomic status, individual assets)
 - Need (health status, quality of life)

Vulnerable Populations

PREDISPOSING FACTORS

- Racial and ethnic minorities
- Women & children
- Geographic location: rural areas

ENABLING FACTORS

- Mental health concerns/issues
- Homelessness
- Uninsured and the poor

NEED CHARACTERISTICS

- Chronic illness
- Disability
- HIV/AIDS

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.

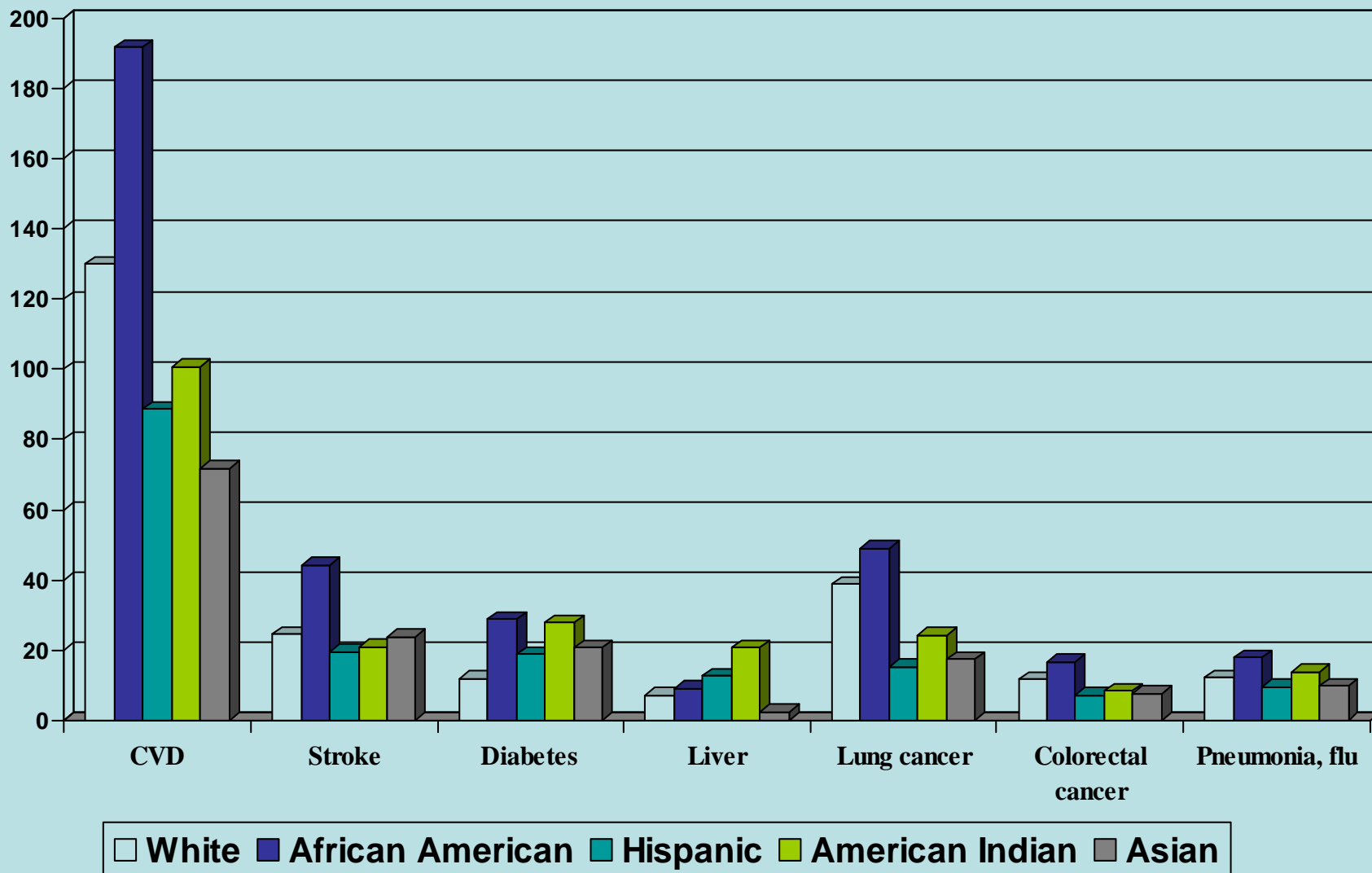


BIAS PRODUCING FACTORS

- 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. 2002



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

Infant Mortality in U.S. per 1000 live births, 2003 (CDC)

	Infant (< 12 months)	Neonatal (< 28 days)	Post-neonatal (28 days – 11 months)
All mothers	7.0	4.7	2.3
African-American	13.8	9.3	4.5
Hispanic	5.6	3.8	1.8
White	5.9	3.9	1.9
Asian of Pacific Islander	4.8	3.4	1.4
American Indian or Alaska Native	8.6	4.6	4.0

Boston Health Disparities Data

- Black Bostonians, as a group have *worse* health than all other residents on a broad range of indicators, such as hypertension, heart disease, diabetes and cancer mortality.
- Latino Bostonians, as a group have *worse* health than White residents on certain health indicators, such as asthma hospitalization and mortality, HIV and diabetes.
- Black adult residents are *2½ times* more likely as White residents to have diabetes.
- Black adults are *more likely* than any other group to have asthma.
- Incidence of HIV/AIDS is *higher* for Blacks than Whites among both men and women; for women the rate is more than 10 times as high.

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.”

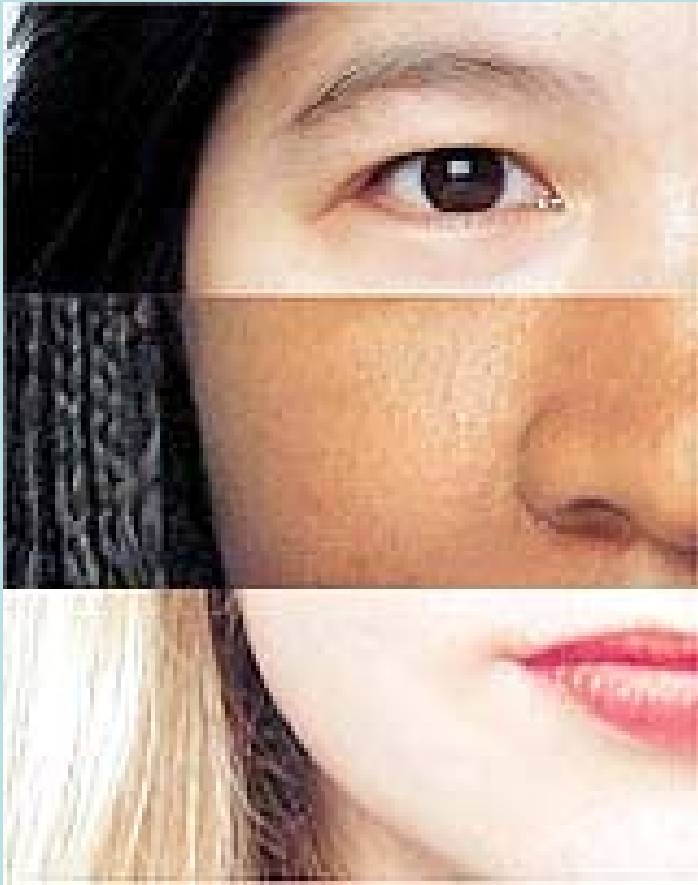
Social/Institutional/Environmental Conditions

- 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

What is race?



- Racial/ethnic categories.
- 99.9% of genes are shared by everyone.
- Significantly more variation between individuals than between groups.
- Racial/ethnic differences have been found on blood pressure, heart rate, glucose/insulin, and drug reactions.

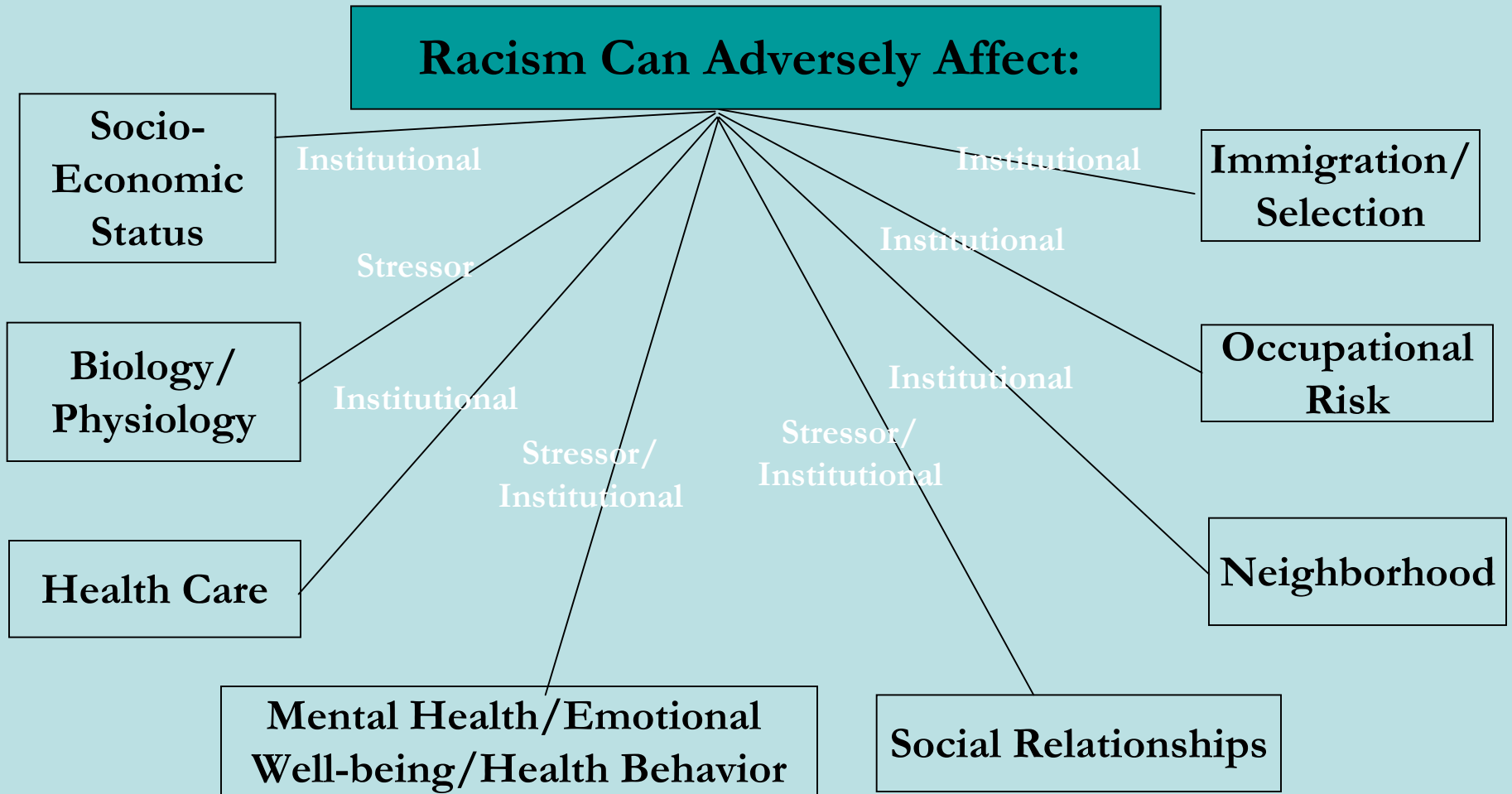
There Is Unprecedented Interest in Health Disparities

- **Institute of Medicine Reports**
- **Department of Health and Human Services Priorities**
- **Centers for Disease Control and Prevention Healthy People 2010**
- **National Institutes of Health Strategic Plan**
- **National Center on Minority Health and Health Disparities**
- **State Legislature – Massachusetts Commission**
- **BPHC – Mayor’s Blueprint to Eliminate Disparities**

Race, Racism and Health

- Race is a social construct capturing the social classification of people in a race conscious society, not a biological phenomena that reflects innate differences.
- Disparity is the condition or act of being unequal as in age, rank, or degree; difference.
- Health disparity is a difference in health among segments of the population that occur by gender, race, ethnicity, education, income, disability, geography or sexual orientation.
- Race associated differences in health outcomes may in fact be due to the impacts of racism on people's lives.

Racism/Discrimination: A Key Driver of Health Disparities?

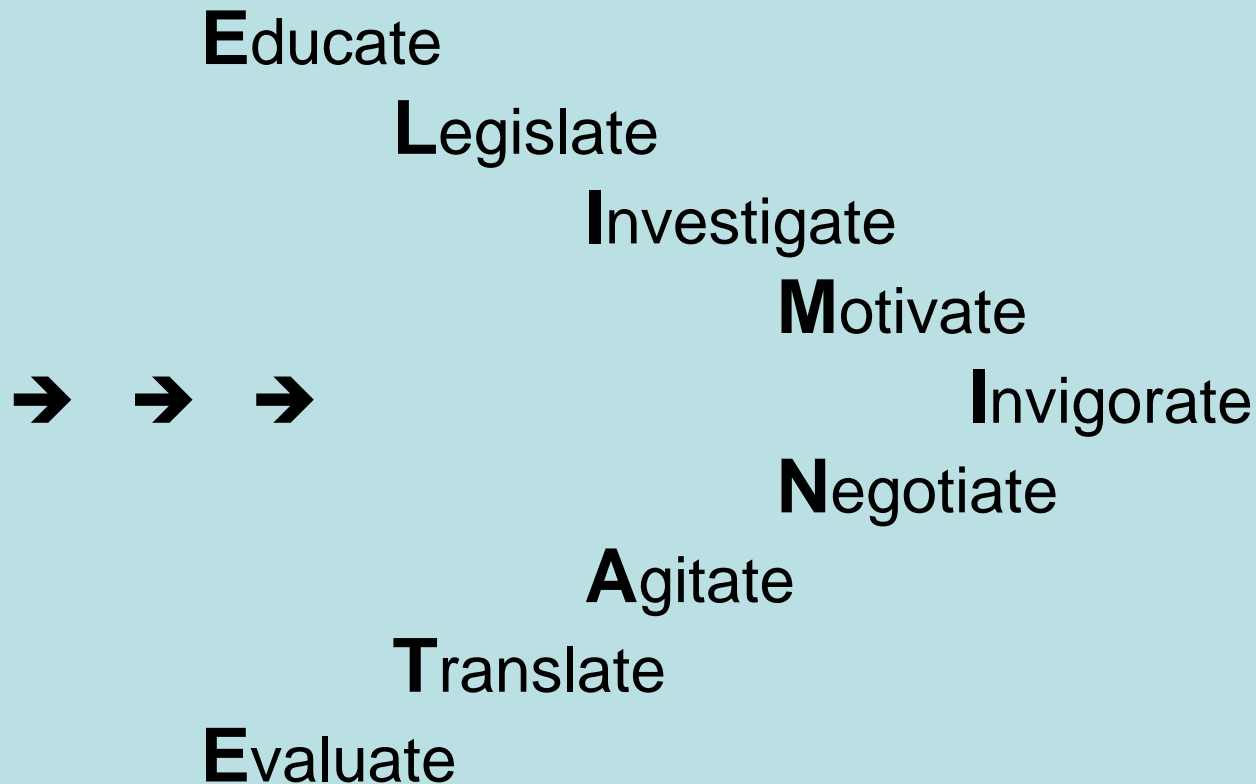


Looking for *Causes* ... in all the *WRONG PLACES*

There's an old joke about a man who late one night dropped his keys in the middle of a dark parking lot. He moves some distance over to the side of the lot and begins a fruitless search for them under a bright light. When asked why he was not looking where he actually dropped them, he replied, "because this is where the light is."



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



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