Health Disparities: Why They Exist & What We Can Do

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AARTH @ www.aarth.org
### Health Disparities: Why They Exist & What We Can Do

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Estimated New HIV Cases (2009-2013)</th>
<th>% of Racial/Ethnic Group</th>
<th>Estimated HIV Dx Rate per 100,000</th>
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<td>White NH-U.S.</td>
<td>- born 1390</td>
<td>95%</td>
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<td>Foreign-born</td>
<td>74</td>
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<td>Black NH-U.S.</td>
<td>- born 224</td>
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<td>Foreign-born</td>
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<td>Hispanic U.S.</td>
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<td>Foreign-born</td>
<td>268</td>
<td>65%</td>
<td>20.4</td>
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Learning Objectives

• Obtain information on the impact of social and structural factors on health
• Identify factors associated with disproportionate social and structural factors in marginalized communities
• Discuss how historical trauma is linked to health and health outcomes
• Discuss potential strategies, tools and techniques to address existing disparities
Intentional Outcomes

• Utilizing existing resources to address disparities
• Organizational involvement as a catalyst for change
Why Disparities Exist

- Black young adults are at elevated STD and HIV risk even when behaviors are normative (Hallfors et al., 2007)

- Disproportionate impact of structural factors on the African American community

- Combination of assortative mixing, tight sexual networks and elevated community viral load

- Stigma

Structural & Social Factors

- Poverty
  - Economic Inequality (constrained educational & employment opportunities)
  - Residential and Social Segregation
  - Insurance

- Male Mortality

- Infant Mortality

- Incarceration of Men

- Violence/Trauma

- Stigma
  - Language Barriers
  - “Beliefs” & “Myths” regarding HIV
  - Lack of Culturally-specific resources/interventions
Poverty

- Poverty rate is 27.4 for Black people (up from 25.8 in 2009)
- 10.7 million living in poverty (up from 9.9 million in 2009)
- Nearly one million Black children are living in extreme poverty
- Unemployment rate for Blacks is 10% (4.4% national)
- Median income for Black Households $32,068 ($54,620 for White, not Hispanic)
  - Lowest for all racial and ethnic groups (Hispanic, $37,759)
  - Experiences biggest decline from 2010 census ($37,562)

http://www.census.gov/prod/2011pubs/p60-239.pdf?
Impact of Poverty

• Fewer and reduced quality food resources
  • Food Insecurity
  • Living in an area without a supermarket (food desert)
• Limited access to health information and resources
  • Computer access
  • Navigating the health care system
  • Limited access to facilities offering integrated care (substance use and mental health care)
• Limited access to recreational activities
• Lack of Transportation
• Unstable Housing
The Sex Ratio Imbalance

- Mate Marryable Pool Index (MMPI) – an indicator of mate availability in marriage markets\textsuperscript{27,28}
- Sex ratios for African Americans tend, on average, to be low\textsuperscript{27,28}
- The sex ratio of noninstitutionalized Black men to their female counterparts has declined steadily since the 1960s\textsuperscript{27,28}
- Low sex ratio societies wherein there is an oversupply of women there may be a recognizable set of relationship, family and social characteristics\textsuperscript{35}:
  - Subjective sense of powerlessness among women
  - Decline in marriage rates
  - Rise in divorce rates
  - Rise in children born out of wedlock
  - Marked increase in single-parent families headed by women
  - Decreased likelihood that men would remain committed to the same woman throughout childbearing years
Contributing Structural Factors

1. Infant Mortality Disparities
   - Infant mortality rates are higher for male infants

2. Male Death Rate Disparities
   - Homicide and Black boys, youth and men

3. Disproportionate Incarceration Rates
   - An Epidemic of Black Male incarceration
Infant Mortality

- AA mothers have the highest rates of infant mortality (12.40 per 1,000 live births)
- Rates are 2.3 times higher than Whites
- AA infants 3 times as likely to die due to complications related to low birth weight compared to Whites
- Strong link between birth weight and socioeconomic status and infant mortality
- Twice the sudden infant death syndrome mortality rate as Whites, in 2008

Source, National Vital Statistics Reports, Infant Mortality Statistics from the 2009 Period Linked Birth/Infant Death Data Set, 61(8), January 2013
Infant Mortality

- AA mothers 2.3 times more likely than White mothers to begin prenatal care in the 3rd trimester, or not receive prenatal care at all
- Rate for AA mothers with over 13 years of education was almost 3 times that of White mothers in 2005

Source, National Vital Statistics Reports, Infant Mortality Statistics from the 2009 Period Linked Birth/Infant Death Data Set, 61(8), January 2013
Black Mortality

• In 2009, Homicide was #8 in top leading causes of death among AA
• 2.7 or almost 3% of deaths (7,733) among AAs
• Only racial group for which homicide made the top 10
  – 12th for AI/AN (1.7%)
  – 16th for A/PI (.07%)
  – 18th for Whites (.4%)
• 9th for Hispanics – 2.2% of all deaths (3,177)

Sources: CDC National Vital Statistics Reports & Mortality Tables
# Black Male Mortality

## AGE IN YEARS

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<tr>
<th>Year</th>
<th>1 - 4</th>
<th>5 - 9</th>
<th>10 - 14</th>
<th>15 - 19</th>
<th>20 - 24</th>
<th>25 - 34</th>
<th>35 - 44</th>
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<td>12.9% (2)</td>
<td>5.9% (3)</td>
<td>11.6% (2)</td>
<td>45.3% (1)</td>
<td>48.4% (1)</td>
<td>32.4% (1)</td>
<td>9.6% (5)</td>
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<td>32.1% (1)</td>
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<td>52% (1)</td>
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</table>

Sources: CDC National Vital Statistics Reports & Mortality Tables
Incarcerated Americans
1920-2006

Sources: Justice Policy Institute Report: The Punishing Decade, & U.S. Bureau of Justice Statistics Bulletin
NCJ 219416 – Prisoners in 2006
Incarceration of Black Men

- Blacks accounted for almost 40% of the total prison and jail population in 2011
  - .5% of all White males
  - 1.2% of all Hispanic males
  - More than 3% of all Black males

- African Americans are incarcerated at nearly 6 times the rate of Whites

Incarceration of Black Men

- Black males are incarcerated at more than 6 times the rate of their White counterparts
  - 18-19 – more than 9 times that of White males
  - 20-24 – about 7 times that of White males
  - 60-64 – 5 times that of White males
  - 65 or older – 3-5 times that of White males

- **Black females** imprisoned 2-3 times that of White females

The Four Great Race Disparities

**HEALTH**
- Wealth generally accumulates between ages 17-34. The best way to prevent accumulation of wealth is through incarceration

**EDUCATION**
- High levels of illiteracy and low educational attainment among incarcerated populations
- Lack of educational attainment during a critical developmental time

**WEALTH**
- Not able to afford Legal Services

**CRIMINAL JUSTICE**
Intimate Partner Violence

• In the U.S. women’s lifetime prevalence of Intimate Partner Violence (IPV) is between 1 in 5 and 1 in 3\(^1\)
• IPA is associated with increased risk for HIV infection\(^2,3,4,5,6\)
• Women who report a history of IPV are less likely to report consistent condom use\(^7,8,9\)
• Repeated victimization experiences reinforce feelings of inferiority, powerlessness, hopelessness and reduce health promoting behaviors\(^10\)
IPV & African American Women

- Rates of IPV related to homicide among AA is double that of White women
- This abuse is often more severe and undisclosed than that experienced by White women
- Negative social reactions to disclosure are more common
- In many instances, women begin to use drugs to cope with previous traumas or stress
Stigma

• Public Stigma
• Multiple Stigmas
• Internalized Stigma
Stigma

• **Public Stigma** – stigma held by members of the public about people with devalued characteristics
  – HIV/AIDS
    • Perceptions of risk
    • HIV testing
    • HIV Serostatus Disclosure
  – Homonegativity
    • HIV Prevention Efforts
  – **Black Male Identity**
    • Fear
    • Criminalization
Stigma

• **Internalized Stigma** – when people with devalued conditions believe that these negative public attitudes apply to them and suffer negative consequences as a result
  – Depression
  – Decreased awareness of HIV prevention methods
  – Reduced condom use
  – Increased likelihood to have sex while high or intoxicated
  – Non-disclosure of HIV status to sexual partners
  – Decreased HIV testing
  – Increased unprotected intercourse
Historical Trauma

- Individual Impact
- Familial Impact
- Community Impact
Historical Trauma

• A set of events perpetrated on a group of people who share a specific group identity with genocidal or ethnocidal intent.

• The legacy of numerous traumatic events a community experiences over generations.
  – Individual events are profoundly traumatic.
  – Together = a history of sustained cultural disruption & destruction.

• Includes the psychological and social responses to the traumatic events.

• Impacts the individual, the family and the community.
Historical Trauma

- **Individual Level impact**
  - Symptoms of PTSD, survivor guilt, anxiety, anger, grief, depressive symptomology\(^{38, 44}\)
  - Impaired communication
  - Substance Abuse
  - Exaggerated personal attachments or independence\(^{44}\)
  - Impaired Self-esteem
  - Catastrophic Expectancy – preoccupation with death\(^{44}\)

- **Family Level impact**
  - Impaired family communication\(^{39}\)
  - Stress around parenting

- **Community Level impact**
  - Breakdown of traditional culture, customs, languages, practices & values
  - Loss of traditional rites of passage
  - High rates of alcoholism
  - High rates of physical illness
  - Internalized racism
Historical Trauma

- Trauma may have greater effect on descendants if both parents were exposed to the event(s)
- Stressful environmental conditions can leave an imprint or “mark” on the cellular material (epigenome)\(^{37}\)
- Maternal psychological and nutritional stress during pregnancy can lead to biological changes that predispose offspring to diabetes, CVD, hypertension and PTSD as adults\(^{40-43}\)
- Biological and psychological expressions of historical trauma are likely contributors to current health disparities
Interventions that Work
Interventions that Work

- Relevant culturally- and gender-appropriate outreach (language and culture)
- A focus on Mental Health
  - IPV associated with a range of mental health issues including: Depression, PTSD, anxiety, self-harm, and sleep disorders
- Free and Accessible testing and services (e.g. mobile clinics where women congregate; door-to-door)
- Communal Approaches to Prevention & Healing
  - Community Memorialization (women lost to IPV)
  - Murals (focusing on non violence)
Interventions that Work

- Strengthening coalition building efforts within immigrant communities – with a focus on women and girls
- Relevant HIV education and training
- Using media to educate in culturally-specific and appealing channels and formats
  - Positive media to destigmatize
- Creating support network for women\(^{36}\)
  - Belonging (perceived availability of people one can do things with)
- Religious leaders’ involvement in combating stigma
Interventions that Work

- Questionable evidence for the effectiveness of screening of IPV in health settings although recommended by IOM
  - Providing services with risk factors in mind
- A focus on continuum of care
- Integration and coordination of services among providers
- Professional training for health care professionals
  - Including exchange of information and cooperation with different help providers concerning how to act with women and family members in IPV situations
DISCUSSION
Complete the Training Evaluation

Use the same ID as used when you registered

Unique ID: 07 / 22 / 1234

Birth Mo Birth Day Last 4 digits SSN

Why Evaluations are Important

1. Helps AARTH to know what works & what to improve
2. Enables AARTH to maintain & access more grant funding
3. Grants allow AARTH to offer affordable trainings, conferences & services

TRAINER QUALITIES
Please rate the trainer on levels of expertise, clarity, time management, and responsiveness to audience questions by placing a check mark (✓) in the column under the number that best represents your assessment.

RATING SCALE: 1=Low 3= Medium 5=High

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<th>Clarity</th>
<th>Time Management</th>
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<td>Kathy Lofy, MD</td>
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<td>Renee Beaman, RN</td>
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<td>Mary Bogan, MSW</td>
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REFERENCES


