

# ***Health Equities-Moving Beyond the Data to Solutions***

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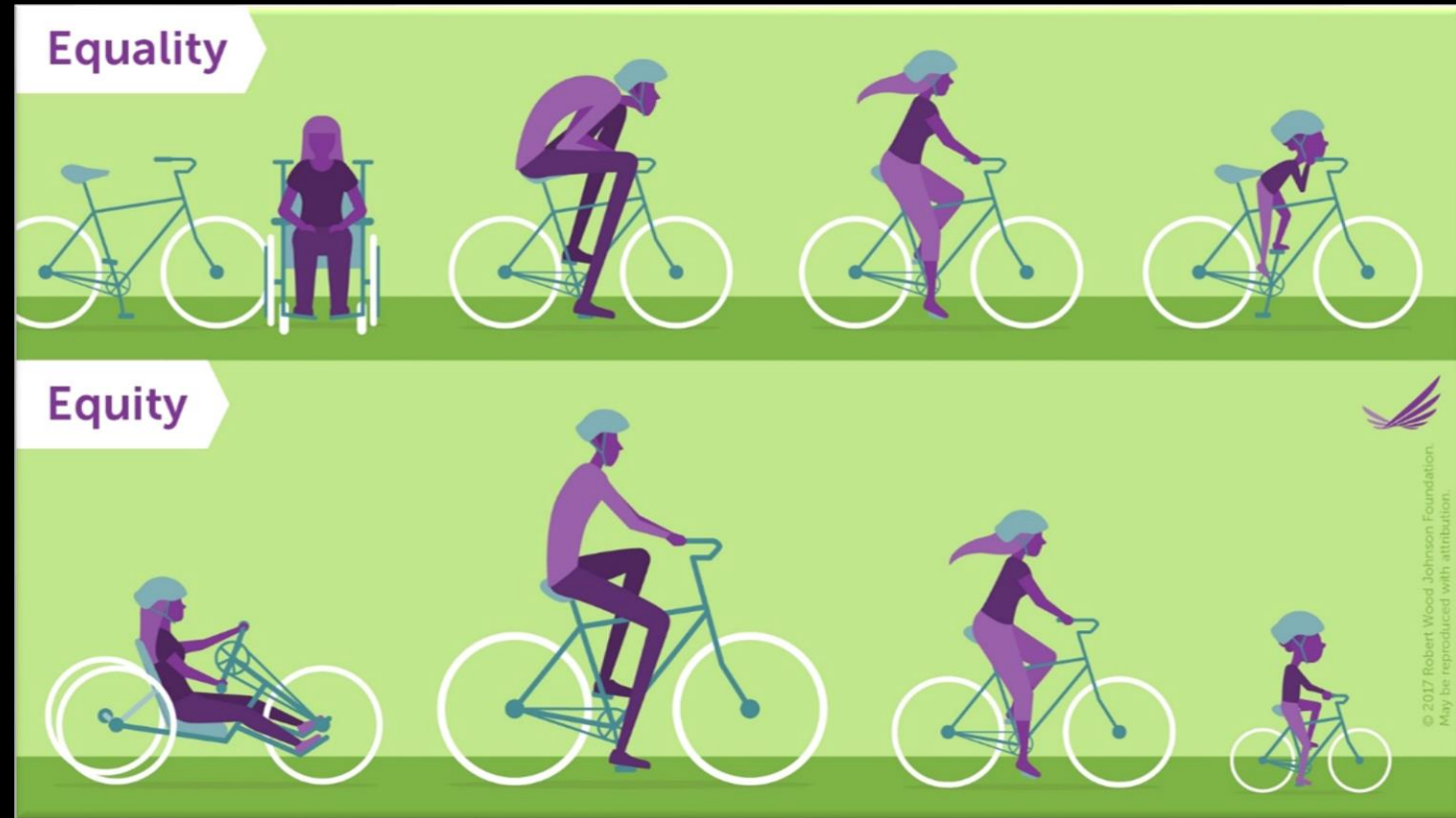
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# Learning Objectives

- Describe racial/ethnic minority health disparities
- Describe contributors to health inequity
- Develop community-engaged strategies to advance health equity

**Equality: same approach used for all. Assumption that all have same needs. Equity recognizes the need for individual level approaches.**



RWJF. <https://www.rwjf.org/en/library/infographics/visualizing-health-equity.html#/download>

# COVID-19 Incidence & Mortality Among Black Adults

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- 3x more likely to test positive
- 2-3x more likely to die from COVID-19
- Different condition, same story





# Separate & Unequal



## Legal Segregation in Alabama, 1923-1940

- ❑ No white female nurses in hospitals that treat black men
- ❑ Separate passenger cars for whites and blacks
- ❑ Separate waiting rooms for whites and blacks
- ❑ Separation of white and black convicts
- ❑ Separate schools
- ❑ No interracial marriages
- ❑ Segregated water fountains
- ❑ Segregated theatres



PostEverything • Perspective


## American hospitals are still segregated. That's killing people of color.

De facto hospital segregation magnifies underlying racial and class disparities in health.



# COVID Cuts U.S. Life Expectancy

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 **CIDRAP** Center for Infectious Disease Research and Policy

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## COVID cuts US life expectancy, with minorities hit hardest

Filed Under: [COVID-19](#)  
[Lianna Matt McLemon](#) | News Writer | CIDRAP News | Jun 25, 2021 [Share](#) [Tweet](#) [LinkedIn](#) [Email](#) [Print & PDF](#)

The COVID-19 pandemic's effect on US life expectancy has disproportionately hit minorities, according to new studies in *BMJ* and *JAMA Network Open*, with the former finding that overall US life expectancy—which dropped almost 2 years from 2018 to 2020—hasn't been this low since 1943, during World War II.

"I've been studying the US health disadvantage for many years right now," says Laudan Aron, MA, co-author of the *BMJ* study and senior fellow at the Urban Institute in Washington, DC. "But it's always still a little shocking and distressing to see the numbers and just to see how exceptional and different we really are from so many other societies, which really kind of points to the fact that what we're witnessing is really a set of choices about how we have organized our society and how we are using human resources and supporting people."



*Des Green / iStock*

### Life span drops to WW II levels

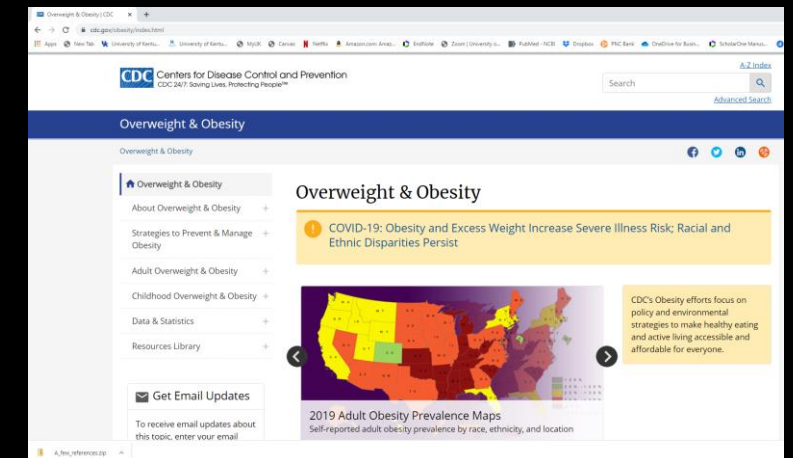
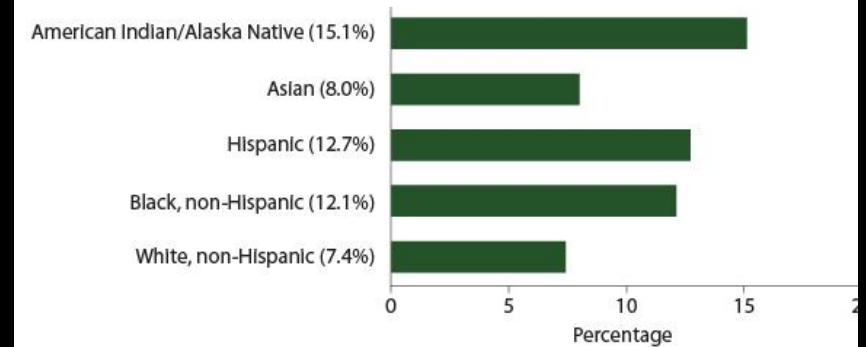
The *BMJ* study included a look at life expectancy from 2010 to 2020 within the United States as well as the widening gap between US life expectancy and 16 high-income peer countries, including the United Kingdom, Israel, France, Denmark, Switzerland, and South Korea. Overall, US life expectancy increased 0.08 years from 2010 to 2018 but then decreased 1.87 years from 2018 to 2020 (78.74 to 76.87 years).

Men showed greater losses than women (-2.16 years vs -1.50 years), and Black and Hispanic people showed as much as 2.9 times the loss of White people (-3.25 and -3.88 years, respectively, vs -1.36 years). These decreases reverted Black men's life expectancy to their 1998 levels—67.73 years—and erased the longevity advantage Hispanic men had (2.88 years longer than White men in 2018 to 0.20 years shorter in 2020).

# Disparate COVID-19 Mortality Risk Factors

- Obesity- Black adults 49.6%
- Hypertension-Black adults 54%
- Diabetes-Black adults 12.1%
- Respiratory disease
- Cardiovascular disease

Percentage of US Adults Aged 18 or Older with Diagnosed Diabetes, by Racial and Ethnic Group, 2013-2015  
2017 Diabetes Report Card



# United States Racial/Ethnic Cancer Screening & Risk Disparities

	Rest of US		
	Black	Hispanic	White
Not met USPSTF CRC screening guidelines	32.4%	45.9%	30.2%
Overweight or Obese (BMI 25+)	72.9%	71.8%	66.0%
Overweight or Obese (BMI 25+, youth)	33.2%	32.6%	23.6%
Obese (BMI 30+)	39.6%	34.3%	30.6%
Obese (BMI 30+, youth)	12.8%	12.0%	7.9%
Does not meet CDC Physical Activity guidelines		80.1%	76.8%
Physically inactive	35.0%	36.3%	27.8%
Physically inactive (youth)	61.3%	60.5%	50.7%
Averages less than 6 hours of sleep per night	18.5%	12.3%	10.9%
Ate no fruits on average each day	42.5%		39.0%
Ate no fruits on average each day (youth)	43.3%		42.1%
Ate no vegetables on average each day	27.5%	34.8%	19.1%
Ate no vegetables on average each day (youth)	51.9%	48.3%	36.4%
Currently smokes	17.3%		15.4%



# U.S. Health Inequities among BIPOC


- Infant mortality 10.8 Black:4.6 White infants (CDC, 2018)
- Cardiovascular disease
  - HTN: 44% Black men
  - Stroke mortality: 3xs ↑
- Obesity: 58% Black women:33% White women
- T2DM (diagnosed & undiagnosed) 11.3% White adults: 21.8% Black adults
- Hispanic/Latino T2DM 17% prevalence (CDC, 2018)




## **U.S. Health Inequities among BIPOC**

- **Colon Cancer incidence & mortality  
Black population >20% ↑ than White**
- **Cervical Cancer incidence 9.6 Latina  
women: 7.1 White women**
  - **Mortality 3.6 Black:2.1 White  
(ACS,2016)**
- **Black maternal death 3xs↑**

# Racism is a Public Health Threat

 Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™





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## Health Equity

Minority Health and Health Equity

### Racism and Health



Racism is a Serious Threat to the Public's Health

# Social Determinants of Health

*“are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes (CDC)”*

## 5 Key Areas

1. *Healthcare access & quality*
2. *Education Access & quality*
3. *Social & Community Context*
4. *Economic Stability*
5. *Neighborhood & Built Environment*

# Structural Racism embedded in SDoH

- **Housing-Red-lining, government policy, effects linger.**
- **Early childhood education: 19.5% of Black children compared to 42% of White**
  - **COVID-19 will widen educational disparities**
- **Food insecurity-10 top counties with highest food insecurity are 60% Black**
- **Social context-political underrepresentation contribute to lack of social & economic development**
- **Economic: White Americans have 10Xs the wealth of Black**
- **Occupational segregation: 25% of Blacks service industry**
- **Homelessness-Black individuals comprise 40%**



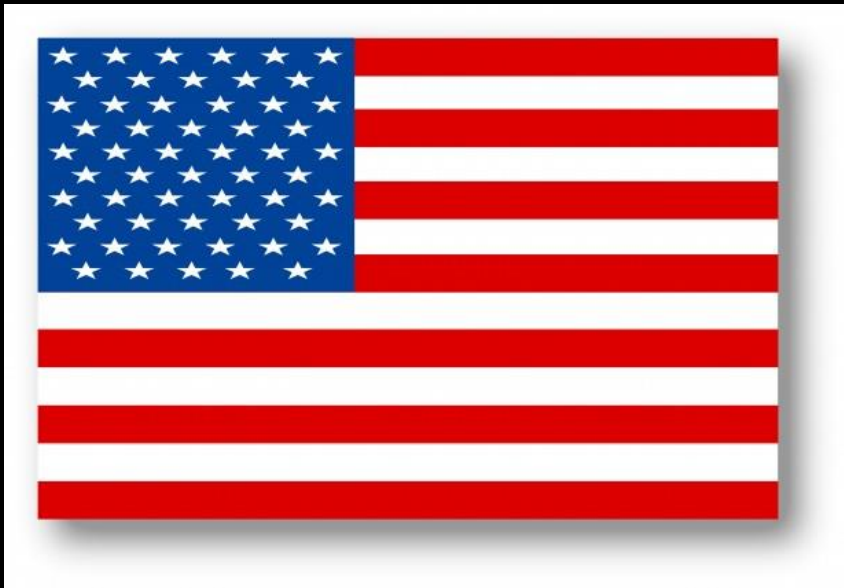
# Risk Behavior: Cigarette Use

**U.S. Adults: 14%**

**White Adults: 15.5%**

**Black Adults 14.9%** (CDC,2018)

**KY White Adults 23.3% [22.1-24.5%]**



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Source: BRFSS 2016-2019



# USPSTF Lung Cancer Screening

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- Kentucky national leader
- 20.2% White adults screened
- 6.3% Black adults screened

# Kentucky Disparities Black-White Cancer Age-Adjusted Incidence Rates

	AAR	AAR Black	AAR White	Rel. Difference
<b>*Myeloma</b>	<b>7.0</b>	<b>13.1</b>	<b>6.6</b>	<b>98.5%</b>
<b>*Prostate</b>	<b>103.6</b>	<b>157.3</b>	<b>97.1</b>	<b>62.1%</b>
<b>*Small Intestine</b>	<b>3.2</b>	<b>4.8</b>	<b>3.1</b>	<b>55.6%</b>
<b>*Stomach</b>	<b>6.6</b>	<b>8.9</b>	<b>6.4</b>	<b>38.9%</b>
<b>*Liver</b>	<b>8.5</b>	<b>10.6</b>	<b>8.3</b>	<b>27.1%</b>
<b>*Pancreas</b>	<b>13.6</b>	<b>16.1</b>	<b>13.5</b>	<b>19.6%</b>
Sources: Kentucky Cancer Registry and SEER 2014-2018				

# KY Black-White Cancer Mortality Disparities

	AAR	AAR Black	AAR White	Rel. Difference
<b>*Uterus</b>	<b>1.96</b>	<b>3.66</b>	<b>1.82</b>	<b>101.1%</b>
<b>*Prostate</b>	<b>19.14</b>	<b>33.97</b>	<b>18.46</b>	<b>84.0%</b>
<b>*Myeloma</b>	<b>3.38</b>	<b>5.18</b>	<b>3.28</b>	<b>57.9%</b>
<b>*Stomach</b>	<b>2.71</b>	<b>3.81</b>	<b>2.61</b>	<b>46.0%</b>
<b>*Liver</b>	<b>6.75</b>	<b>8.47</b>	<b>6.58</b>	<b>28.7%</b>
<b>*Breast</b>	<b>20.78</b>	<b>25.60</b>	<b>20.43</b>	<b>25.3%</b>
<b>*Colon &amp; Rectum</b>	<b>16.43</b>	<b>19.48</b>	<b>16.30</b>	<b>19.5%</b>

# STRATEGY



Moving Beyond the Data



# Community Outreach vs Engagement

## Outreach



**Short term**



**Superficial**

## Engagement

- **Authentic**
- **Rooted in relationships**
  - Leadership
  - People oriented
- **Collaborative**
- **Service oriented**
- **Long-term**



Which is the CEO?





# A Family



# Moving Beyond the Data

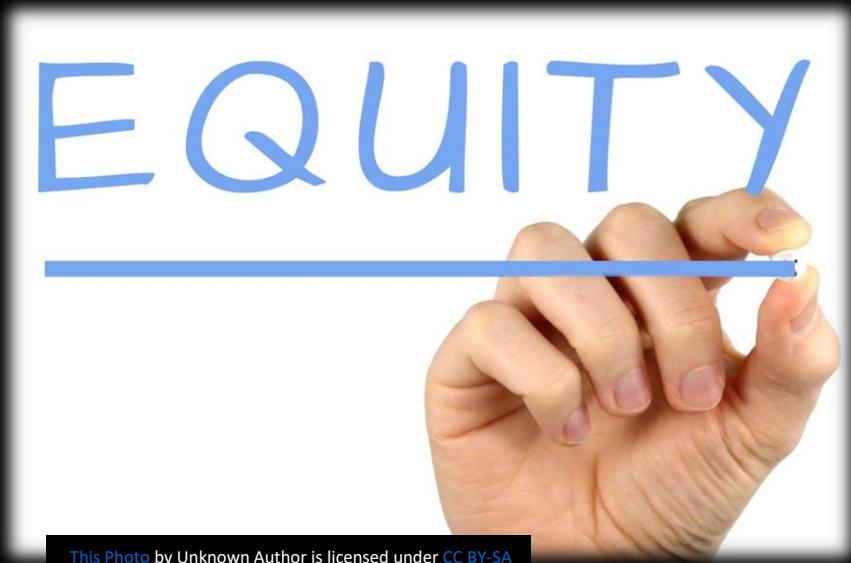
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- Acknowledgement of bias
- Self Awareness
  - Implicit Bias Tests
  - Engage in anti-racism efforts
  - Upstream thinking
- Cease perpetuation of race as biological construct





# Treating Health Inequity



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## Interventions that address SDoH

- Economic development
- Health care access
- Educational attainment
- Cross-sector interventions

## Stakeholder engagement

- Community empowerment
- Community Based Participatory Research

## Policy Implementation

- Earned income tax credit

## Increasing diversity in healthcare providers

Brown et al. Structural Interventions to Reduce & Eliminate Health Disp. AJPH 2019;

Chetty et al. The effects of exposure to better neighborhoods on children... *Am Econ Rev.* 2016;106(4):855–902.



# Treating Health Inequity

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- Data-driven approaches
  - Health equity lens
- Evidenced-based strategies
- Connecting health & social services





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Defined: “a lifelong process of self-reflection and self-critique whereby the individual not only learns about another’s culture, but one starts with an examination of her/his own beliefs and cultural identities.” (NIH)

# Developing Cultural Humility

# Shortcomings of Cultural Competence

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- Whiteness viewed as “normal”
- Goal to learn about “others”
- Not feasible
- May perpetuate stereotypes



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# Cultural Humility

- Requires sensitivity to historic realities
  - Violence
  - Oppression
  - Over policing
  - Marginalization
  - Research abuse
  - Medical abuse
- Requires empathy
- Life-long reflection

IN    $\Sigma$     $E=mc^2$

WE [MIS]TRUST





All of Us



# Summary

- Cancer inequities exists from prevention behaviors-mortality
- SDoH major contributor
- Inequity perpetuated by racist structures/policies
- Individual and cross-sector approaches necessary to address

**“Of all the forms of inequality, injustice in healthcare  
is the most shocking and inhumane,”**

**Rev. Dr. Martin Luther King, Jr., 1966**



Thank You  
for listening.

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