Addressing Inequities in Health and Healthcare: Challenges and Opportunities

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Florence & Laura Norman Professor of Public Health

Chair, Department of Social and Behavioral Sciences

Professor of African & African American Studies and of Sociology

Harvard University

Black Teens Views of Doctors

Dr. Amanda Calhoun, a physician at Yale was speaking to a group of Black high school students

She asked, “What do you think of when you hear the word “doctor”?

And the students responded:

“Medicine”

“Hero”

“Caretaker”

Amanda Calhoun, New England J of Medicine, 2021

She did a double take when one student said

Death…

"Tell me more about that?" she probed.

"Well, I think about family members I've lost to the medical system, a system that failed to treat them with dignity or respect."

"Yeah, I really want to be a doctor, but I'm terrified to be a patient."

"Yeah, and doctors don't think we feel pain the same as White people do, so they give us less medicine."

Amanda Calhoun, New England J of Medicine, 2021

Challenges of the Healthcare System

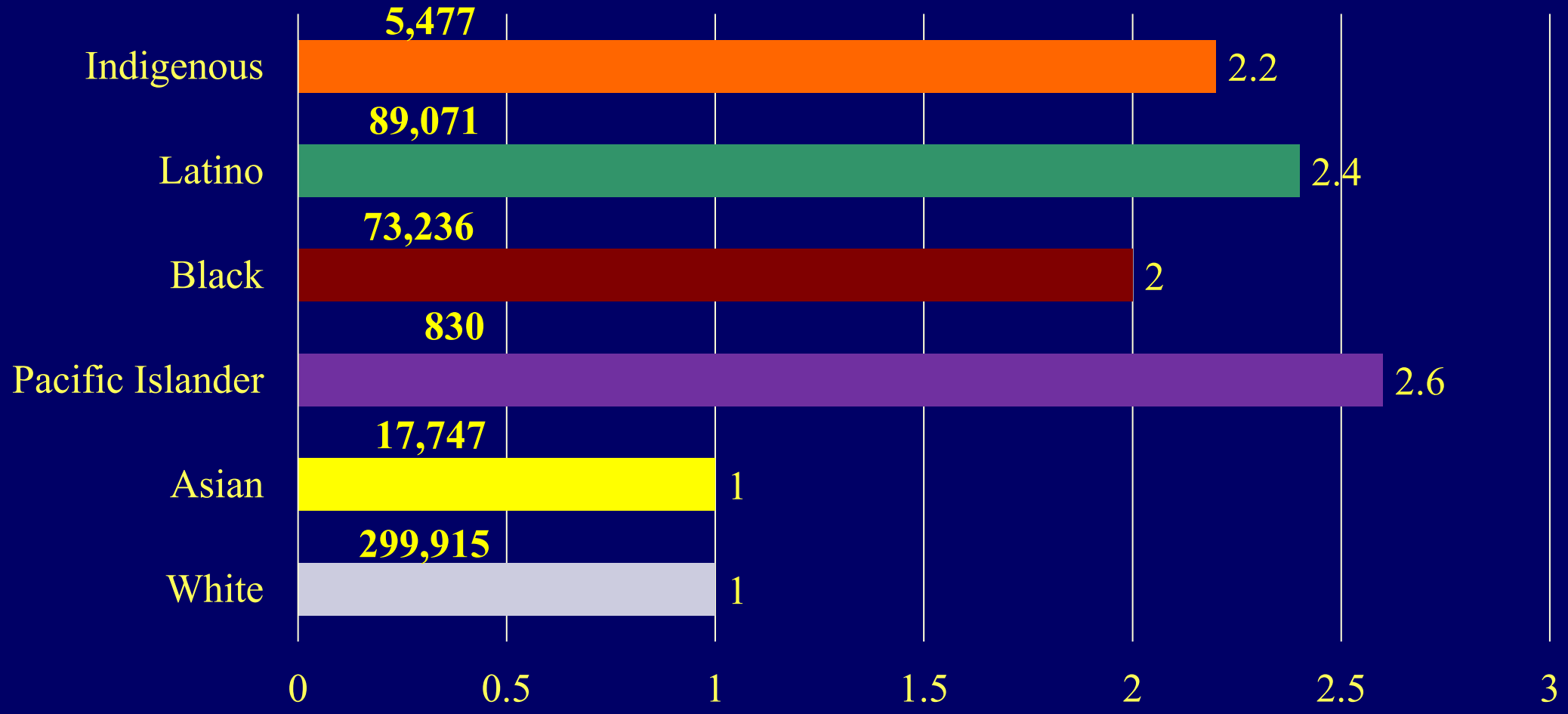
- Dr. Calhoun wanted to talk about their aspirations to become doctors, but they had changed the subject to their fears about being a patient.
- She wanted to tell them don't worry, they would be safe in the healthcare system. But she didn't.
- She wanted to say, you can trust all doctors. But she couldn't.
- Dr. Calhoun couldn't. And I can't.

Amanda Calhoun, New England J of Medicine, 2021

And the Covid-19 pandemic has shone a bright light on racial/ethnic inequities in health

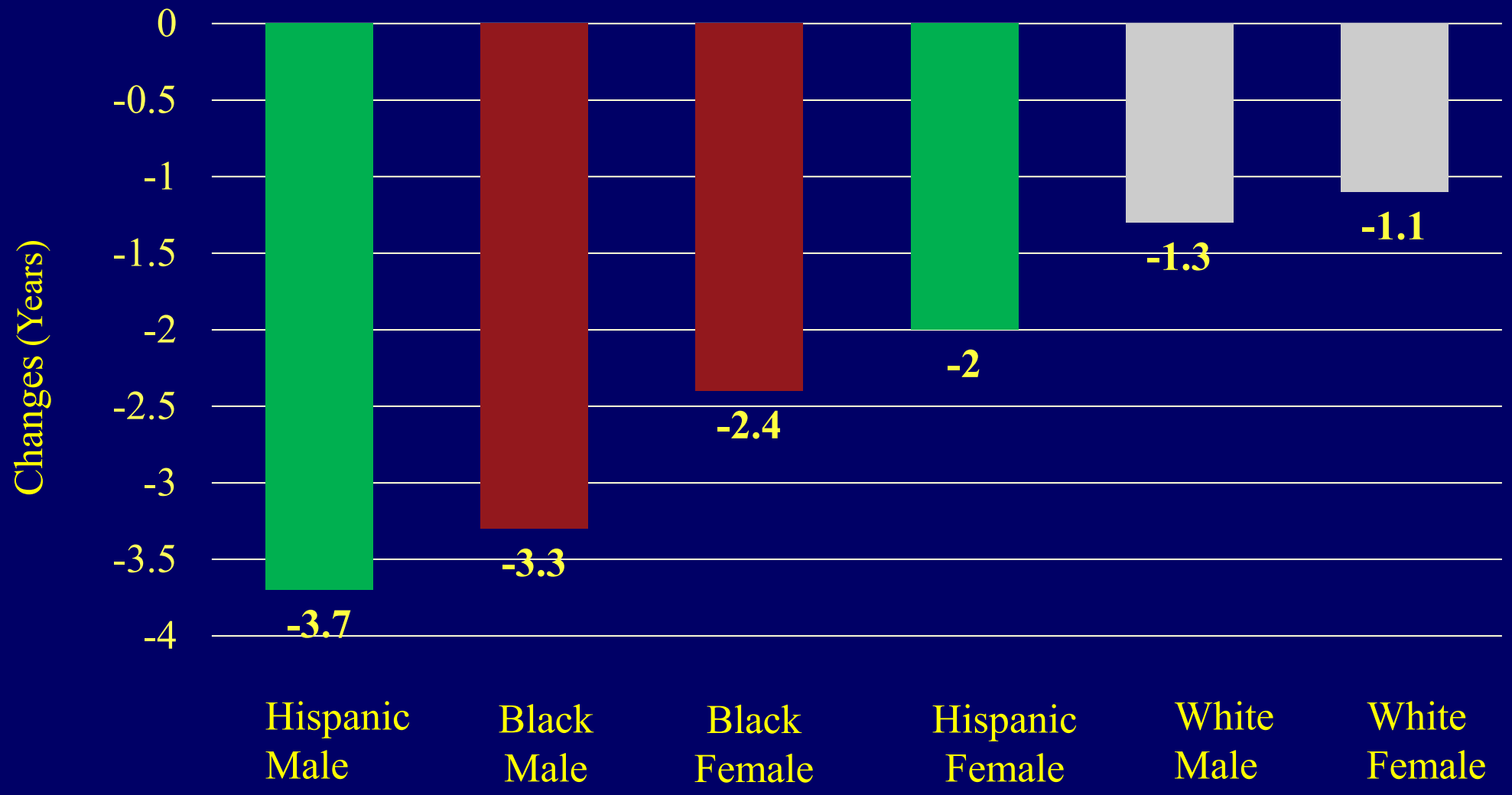
And Covid-19 Has Made These Inequities Much Worse
Death Rates for Other Races Compared to Whites

Age-adjusted ORs; Deaths through March 2, 2021, 2021; (> 520,000 U.S. deaths)

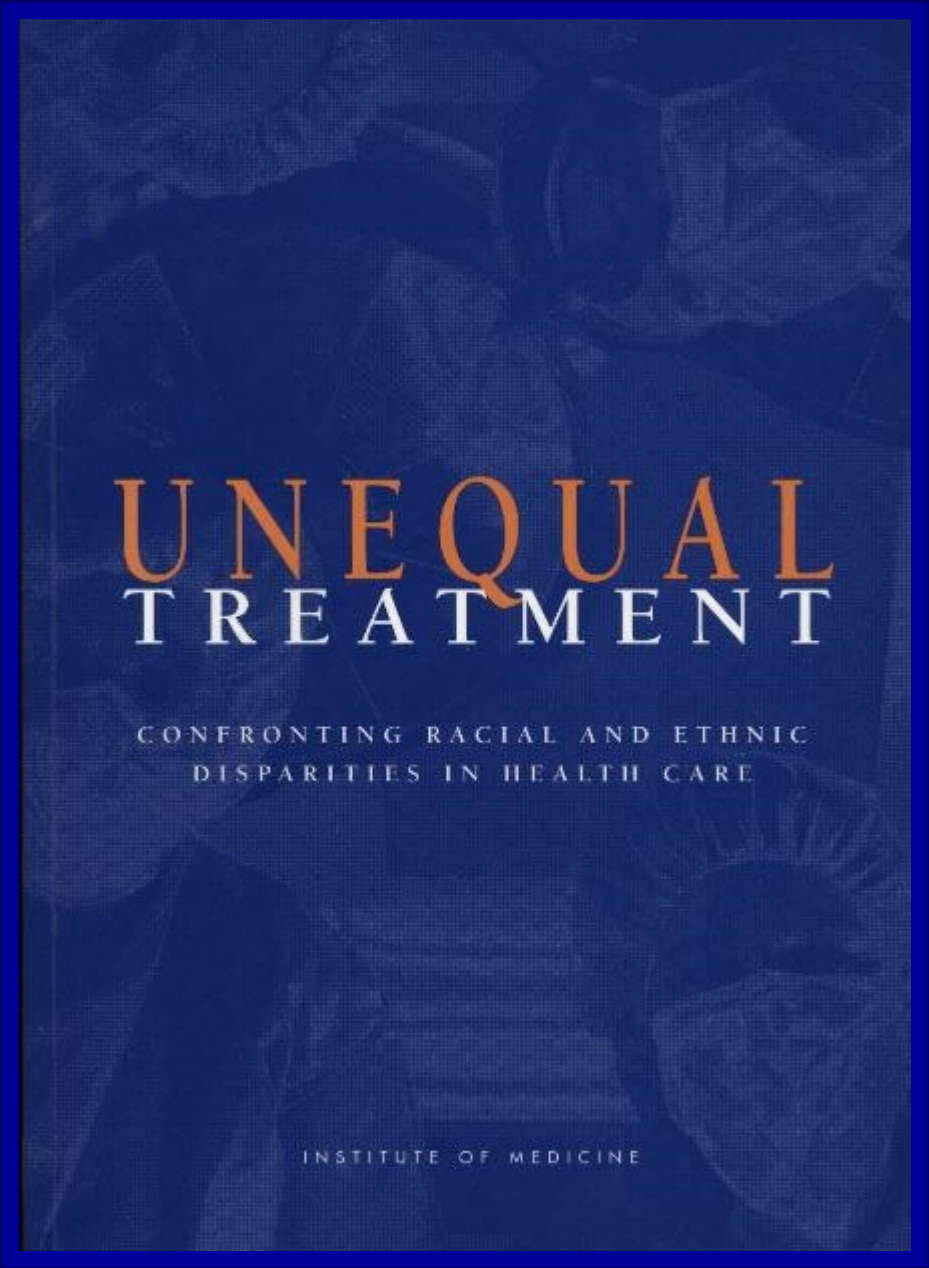


APM Research Lab, http://www.apmresearchlab.org/covid/deaths-by-race

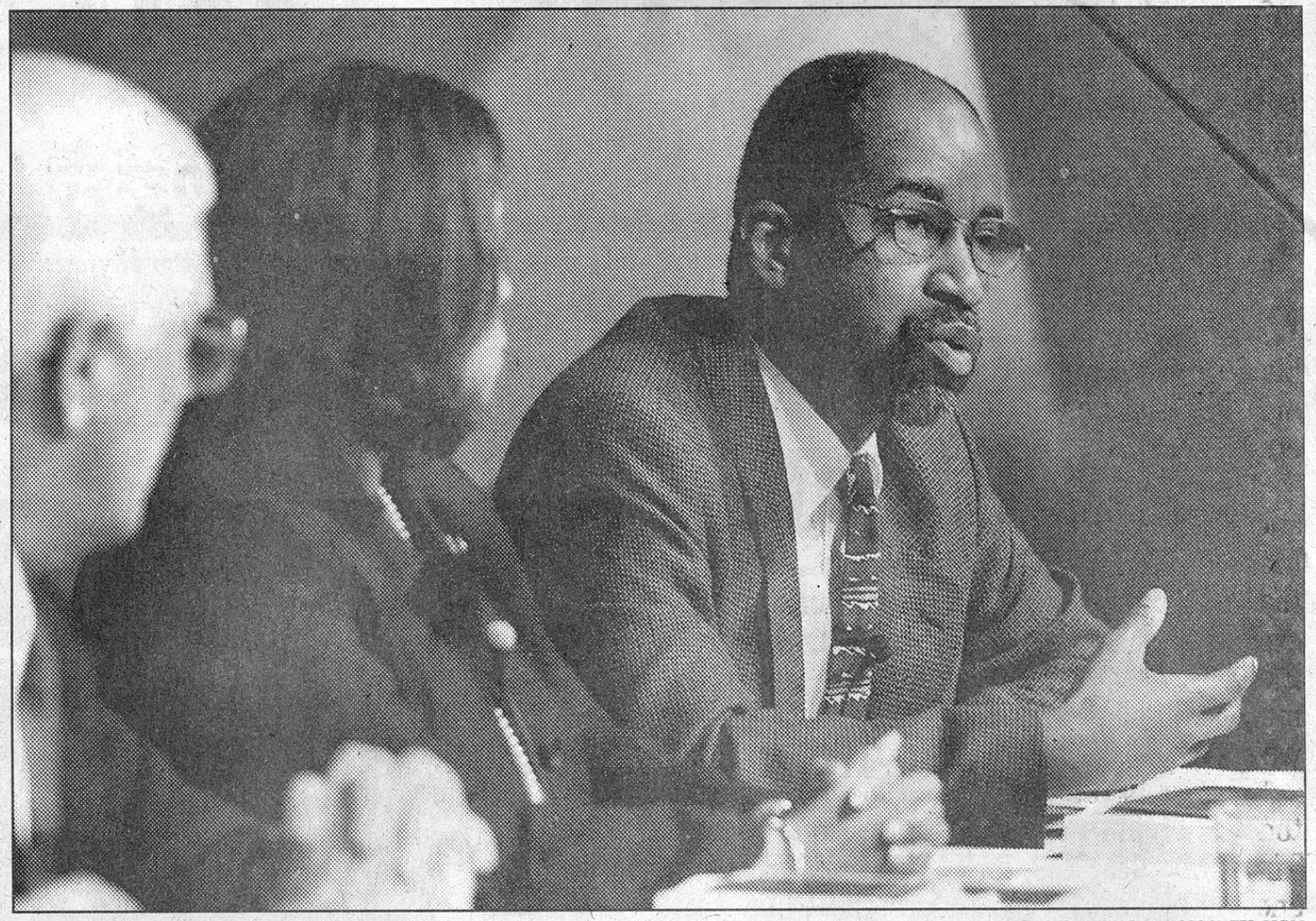
Decline: Life Expectancy at Birth, 2019-2020



Arias et al, NVSS July 2021



Racial Bias in Medical Care Contributes to these Disparities



BY SUSAN WALSH—ASSOCIATED PRESS

David Williams, a University of Michigan professor, right, says: "We have a health care system that is the pride of the world, but this report documents that the playing field is not even."

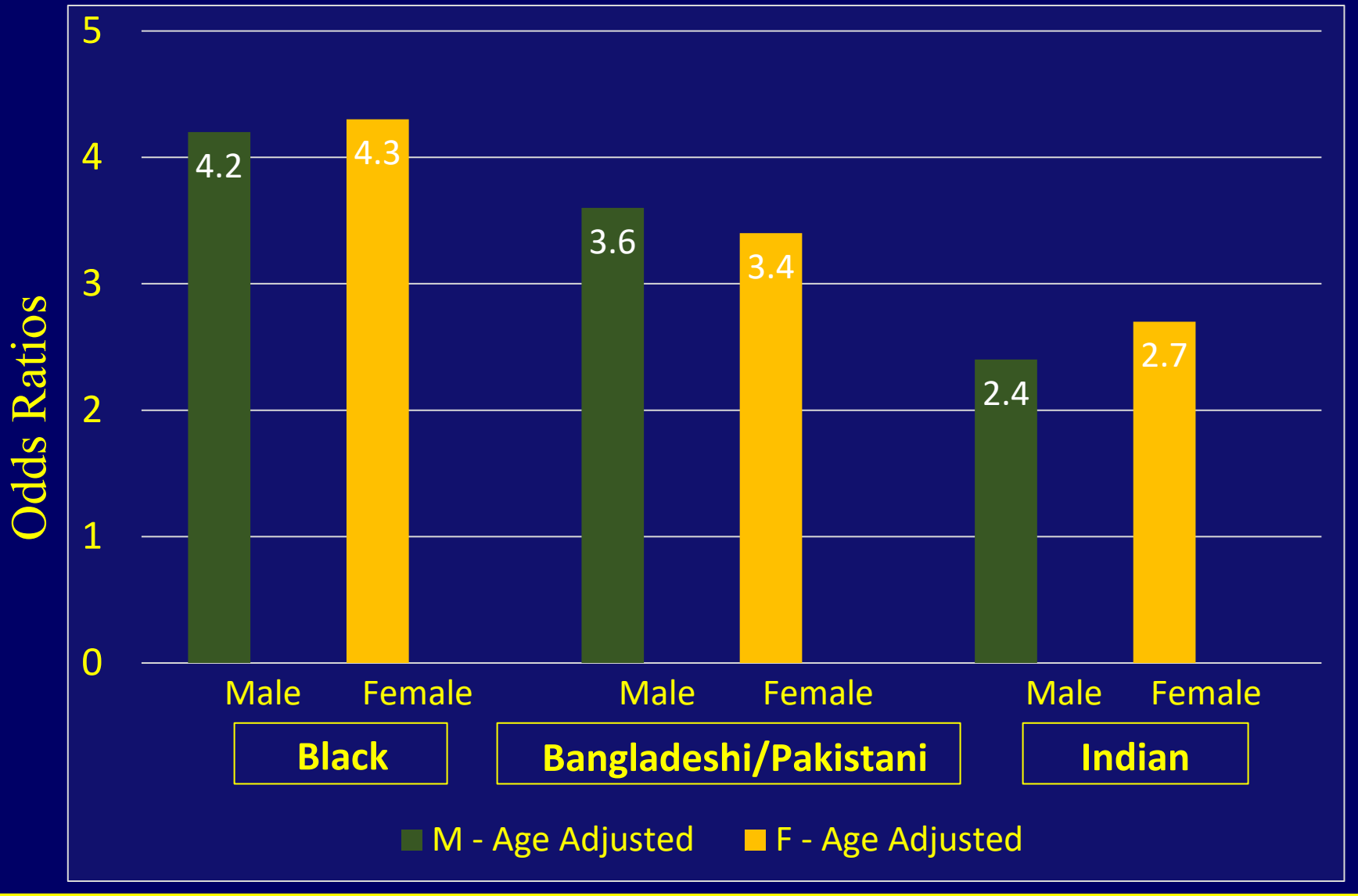
Implicit Bias & Care for Blacks

- More Implicit bias associated with:
  - -- more clinician verbal dominance*
  - -- less patient centered dialogue
  - -- lower patient positive affect*
  - -- lower perception of respect from clinician*
  - -- less patient liking of clinician*
  - -- lower trust and confidence in clinician
  - -- less likely to recommend clinician to others*
  - -- less perception of clinician as participatory*
  - -- longer visits and slower speech (compensation for mistrust?)

Lisa Cooper et al., AJPH, 2012; * = significant interaction with race

But healthcare alone is not the driver of racial/ethnic inequities in health

Covid-19 Deaths, Relative to Whites, UK

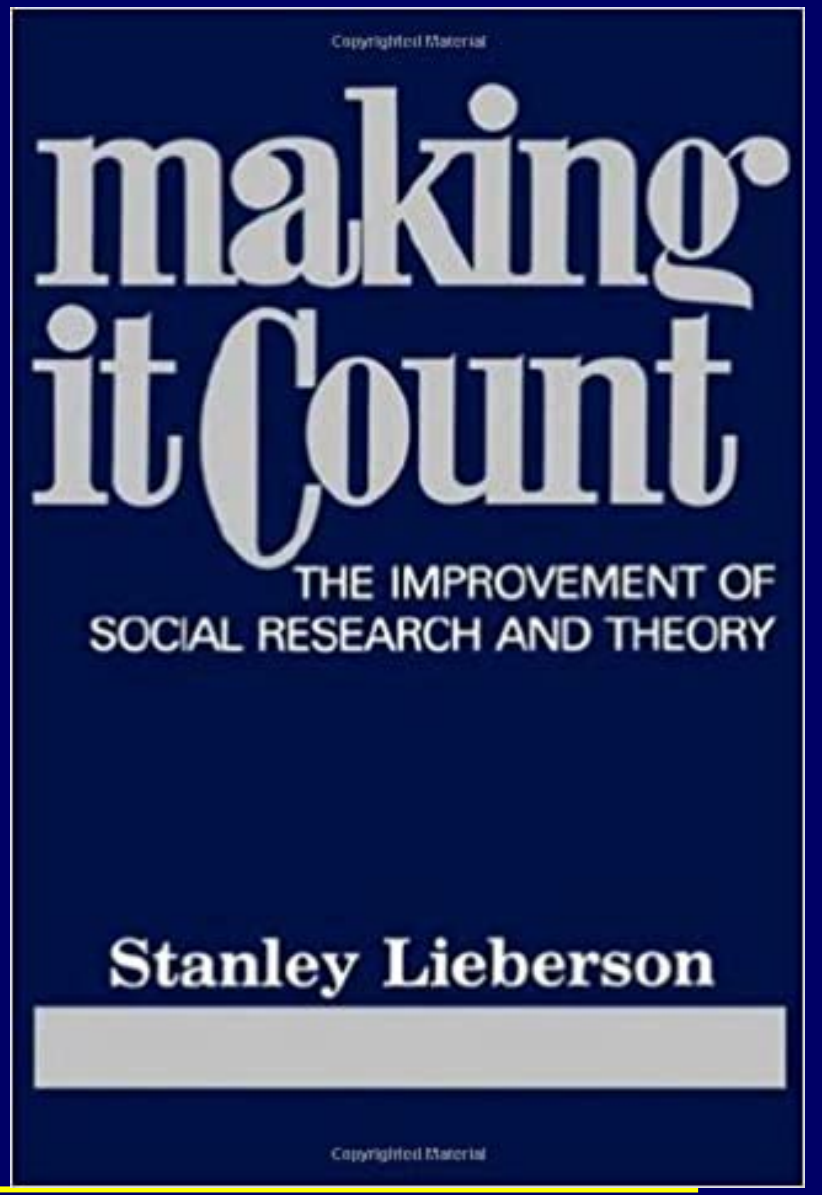


Office of National Statistics, UK, May 7, 2020

What Drives these Large Racial Inequities in Health?

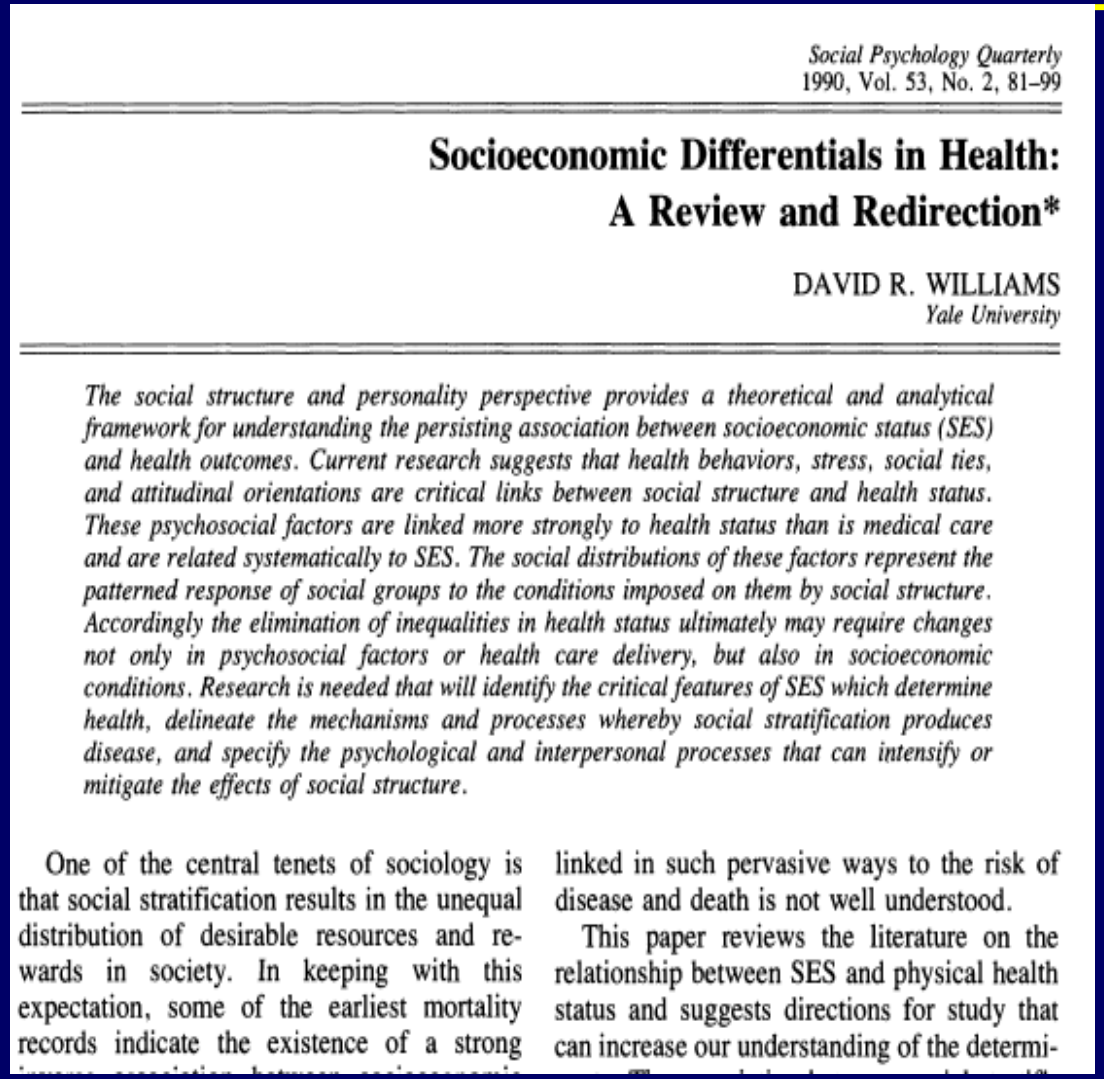
Basic Causes vs Surface Causes

- Basic or Fundamental causes are factors that are responsible for generating a particular outcome
- Changes in these factors produce change in the outcome
- In contrast, surface or intermediate causes are related to the outcome
- But changes in surface causes do not produce corresponding change in the outcome
- As long as the basic causal forces are operative, the modification of surface causes merely gives rise to new intervening mechanisms to maintain the same outcome



Stanley Lieberson, Chapter 9, Making it Count, 1985

SES is a Fundamental Cause of Inequities in Health



Social Psychology Quarterly
1990, Vol. 53, No. 2, 81–99

Socioeconomic Differentials in Health: A Review and Redirection*

DAVID R. WILLIAMS
Yale University

The social structure and personality perspective provides a theoretical and analytical framework for understanding the persisting association between socioeconomic status (SES) and health outcomes. Current research suggests that health behaviors, stress, social ties, and attitudinal orientations are critical links between social structure and health status. These psychosocial factors are linked more strongly to health status than is medical care and are related systematically to SES. The social distributions of these factors represent the patterned response of social groups to the conditions imposed on them by social structure. Accordingly the elimination of inequalities in health status ultimately may require changes not only in psychosocial factors or health care delivery, but also in socioeconomic conditions. Research is needed that will identify the critical features of SES which determine health, delineate the mechanisms and processes whereby social stratification produces disease, and specify the psychological and interpersonal processes that can intensify or mitigate the effects of social structure.

One of the central tenets of sociology is that social stratification results in the unequal distribution of desirable resources and rewards in society. In keeping with this expectation, some of the earliest mortality records indicate the existence of a strong

linked in such pervasive ways to the risk of disease and death is not well understood.

This paper reviews the literature on the relationship between SES and physical health status and suggests directions for study that can increase our understanding of the determi-

- The social distribution of risk factors for health reflect the patterned response of social groups to the conditions imposed on them by social structure
- The elimination of inequities in health will require changes in socioeconomic conditions
- Link & Phelan (1995) have provided considerable evidence in support of this perspective

David R. Williams, Social Psychology Quarterly, 1990. Google Scholar: 1,180 citations

Median Household Income and Race, 2018

Racial Differences in Income are Substantial:

U.S. Census Bureau, Semega et al., 2019; * For 2017; US Census Bureau, ACS, 2017

Reducing Racial Inequity in Income is on a Treadmill:

A Lot of Talk and assumptions about changes: Little actual Progress

- In 1978, Black households earned 59 cents for every dollar of income that White households earned

- In 2018, the disparity is still 59 cents to the dollar

Large racial gaps in income markedly understate the racial gap in economic status

Median Wealth and Race, 2016

For every dollar of wealth that Whites have,

Blacks have 10 cents

Latinos have 12 cents

Other Races have 38 cents

Dettling et al., FEDS Notes, Federal Reserve Board (SCF), 2017

What Low Economic Status Means

We are in the same storm but in different Boats

There is an Added Burden of Race

Annu. Rev. Sociol. 1995. 21:349–86

US SOCIOECONOMIC AND RACIAL DIFFERENCES IN HEALTH: Patterns and Explanations

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KEY WORDS: socioeconomic status, social class, race, health, racism

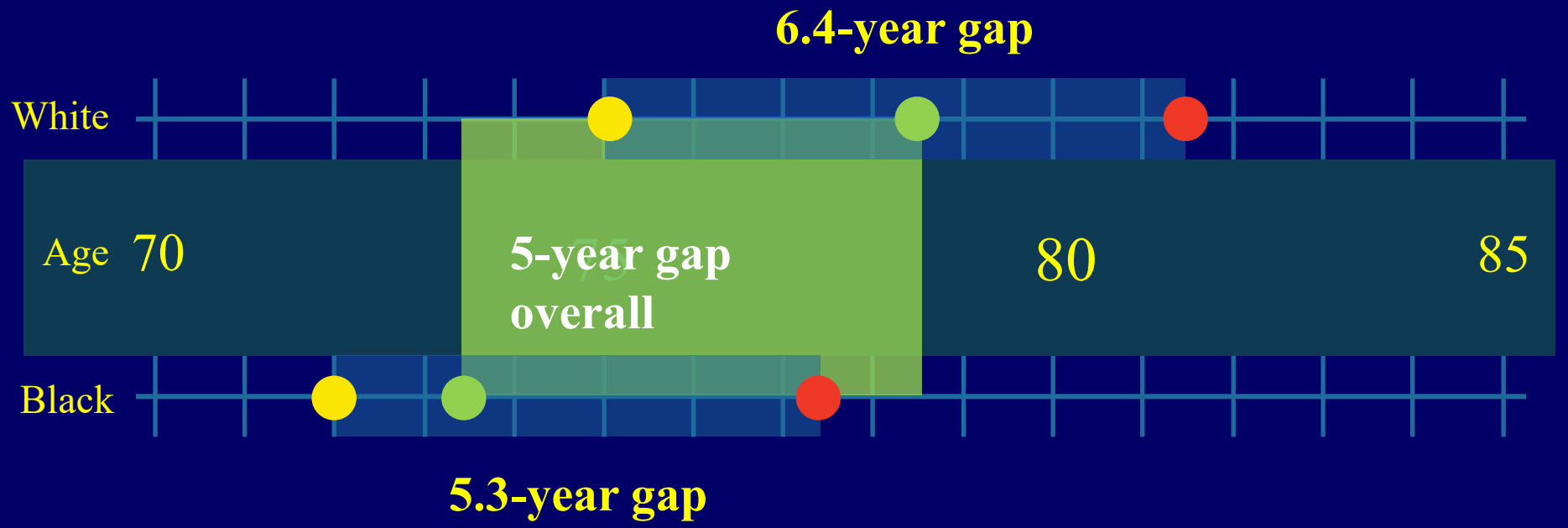
ABSTRACT

This chapter reviews recent studies of socioeconomic status (SES) and racial differences in health. It traces patterns of the social distribution of disease over time and describes the evidence for both a widening SES differential in health status and an increasing racial gap in health between blacks and whites due, in part, to the worsening health status of the African American population. We also describe variations in health status within and between other racial populations. The interactions between SES and race are examined, and we explore the link between health inequalities and socioeconomic inequality both by

- Racial differences in health persist even after we take SES into account
- Racism restricts access to the quantity and quality health-enhancing opportunities and resources
- "Improvements in the health of vulnerable populations appear to be contingent on the macrosocial causes of inequities in health"

David R. Williams & Chiquita Collins, Annual Review of Sociology, 1995. Google Scholar: 2, 477 citations

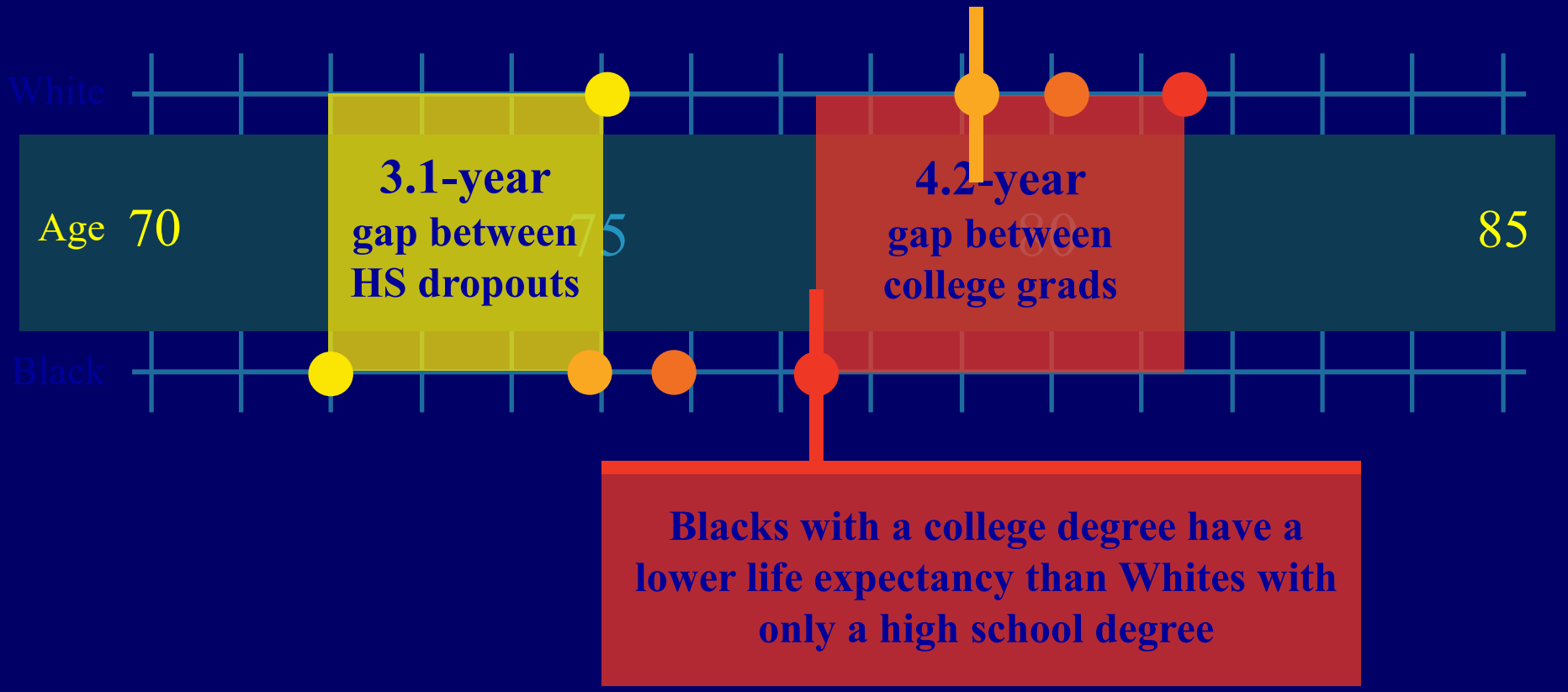
Life Expectancy at Age 25 Based on Level of Education



Overal 0-12 years College graduate

Murphy, NVSS 2000; Braveman, Cubbin, Egerter, Williams, Pamuk, *AJPH,* 2010; NLMS 1988-1998

Life Expectancy at Age 25
Race Still Matters



Murphy, NVSS 2000; Braveman, Cubbin, Egerter, Williams, Pamuk, *AJPH,* 2010; NLMS 1988-1998

Racism: A Fundamental Cause of Inequities in Health

ELSEVIER

Race and Health: Basic Questions, Emerging Directions

DAVID R. WILLIAMS, PHD, MPH

PURPOSE: This paper examines the scientific consensus on the conceptualization of race, identifies why health researchers should analyze racial differences in morbidity and mortality and provides guidelines for future health research that includes race.
METHODS: Examines scientific dictionaries and reviews the social science, public health and medical literature on the role of race in health.
RESULTS: First, this paper reviews the evidence suggesting that race is more of a social category than a biological one. Variation in genotypic characteristics exists, but race does not capture it. Second, since racial categories have historically represented and continue to reflect the creation of social, economic, and political disadvantage that is consequential for well-being, it is important to continue to study racial differences in health. Finally, the paper outlines directions for a more deliberate and thoughtful examination of the role of race in health.
CONCLUSIONS: Race is typically used in a mechanical and uncritical manner as a proxy for unmeasured biological, socioeconomic, and/or sociocultural factors. Future research should explore how clearly delineated environmental demands combine with genetic susceptibilities as well as with specified behavioral and physiological responses to increase the risk of illness for groups differentially exposed to psychosocial adversity.
Ann Epidemiol 1997;7:322–333.

KEY WORDS: Race, Health Status, Socioeconomic Factors, Risk Factors, Review, Methodology, Racism, Racial Differences.

INTRODUCTION

The Federal government's Office of Management and Budget (OMB) has guidelines for measuring race and ethnicity. These guidelines recognize four racial groups (white, black, Asian or Pacific Islander, and American Indian or Alaskan Native) and one ethnic category (Hispanic) in the United

other than blacks and whites (3). Moreover, other data reveal that Hispanics (4, 5), Asian Americans (6), and American Indians (7) have elevated rates of illness and death for several health conditions.

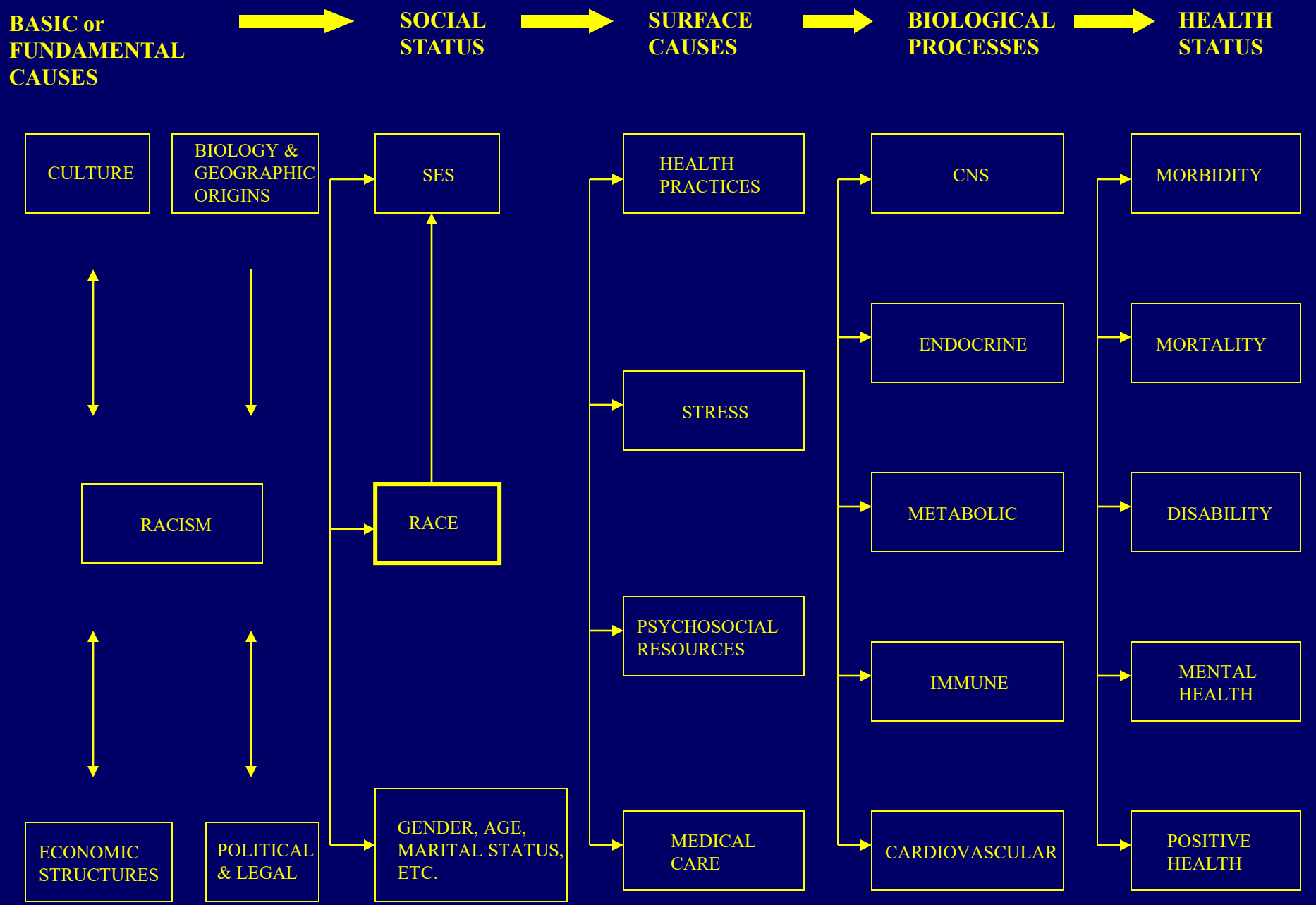
These racial disparities in health are not new, but our understanding of the specific factors responsible for them is limited from both a scientific and a policy perspective. Of

- In 1997, I argued that alongside other upstream social factors, racism should be recognized as a fundamental cause of racial inequities in health

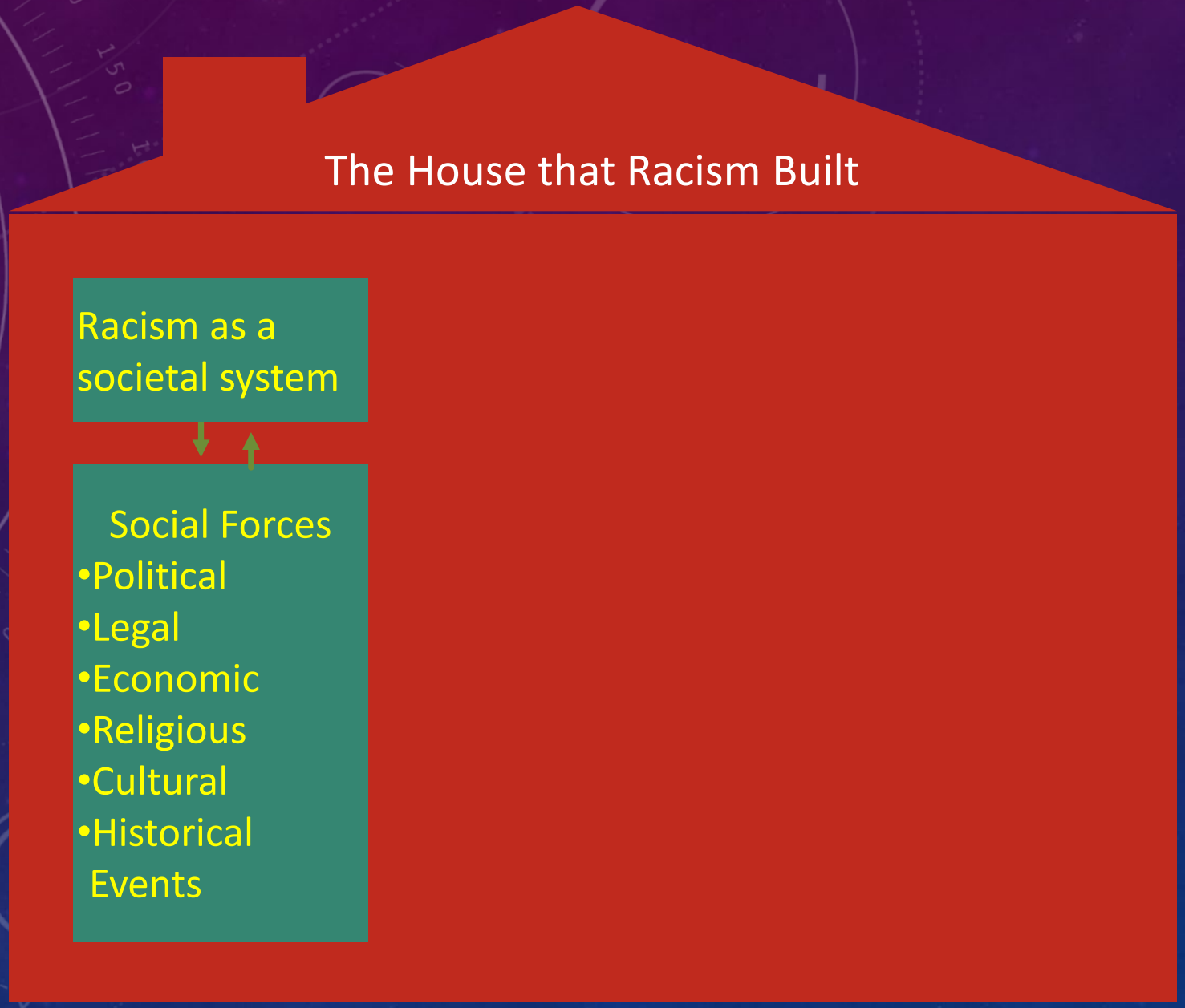
- Racism is an important driver of racial differences in SES

David R. Williams, Annals of Epidemiology, 1997; Google Scholar Citations: 949

A Framework for Studying Race & Health: Racism as a Fundamental Cause



Williams, !997



Williams, Lawrence, Davis, Vu, 'Understanding how Discrimination Can Affect Health,' HSR, 2019

Racism Defined

- Racism: an organized system that,
  - -- categorizes and ranks
  - -- devalues, disempowers, and
  - -- differentially allocates opportunities/resources
- The development of racism is typically undergirded by an ideology of inferiority in which some population groups are regarded as being inferior to others
- This leads to the development of
  - -- negative attitudes/beliefs (prejudice and stereotypes) to out-groups, and
  - -- differential treatment (discrimination) by individuals and social institutions

Bonilla-Silva, 1996; Williams 2004

Racism and Health: Developing the Research Agenda

INTRODUCTION

RACISM AND HEALTH: A RESEARCH AGENDA

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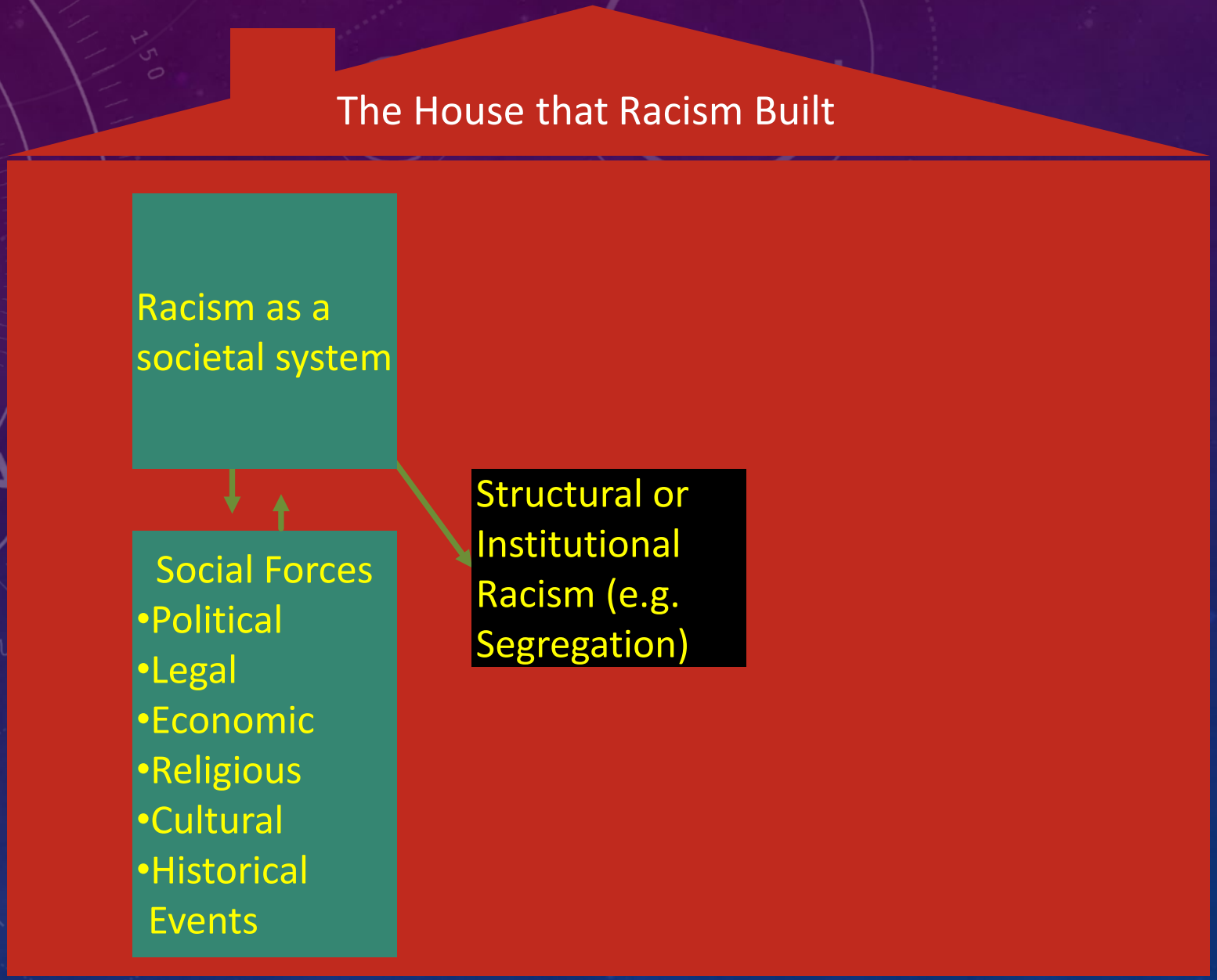
Racial and ethnic minority populations experience unequal results across a broad range of societal indicators. Health status is one such area of persistent and pervasive racial disparities. Higher rates of disease, disability, and death for blacks (or African Americans) compared to whites have been documented for over a century. Hispanics,[1] Asian and Pacific Islander Americans,[2] and health and point to promising directions for the needed studies that would elucidate these relationships. Figure 1, based on earlier models of the association between race and health,[7,8] provides a framework for understanding the relationship between racism and health. It gives centrality to racism as a major societal force that affects health status. Although racism includes negative at-

David R. Williams, Guest Editor, Special Double Issue, Ethnicity and Disease, 1996



Williams, Lawrence, Davis, Vu, 'Understanding how Discrimination Can Affect Health,' HSR, 2019

Centrality of Segregation in Creating Racial Inequities

VIEWPOINT

Racial Residential Segregation: A Fundamental Cause of Racial Disparities in Health

DAVID R. WILLIAMS, PHD, MPH[a]
CHIQUITA COLLINS, PHD[b]

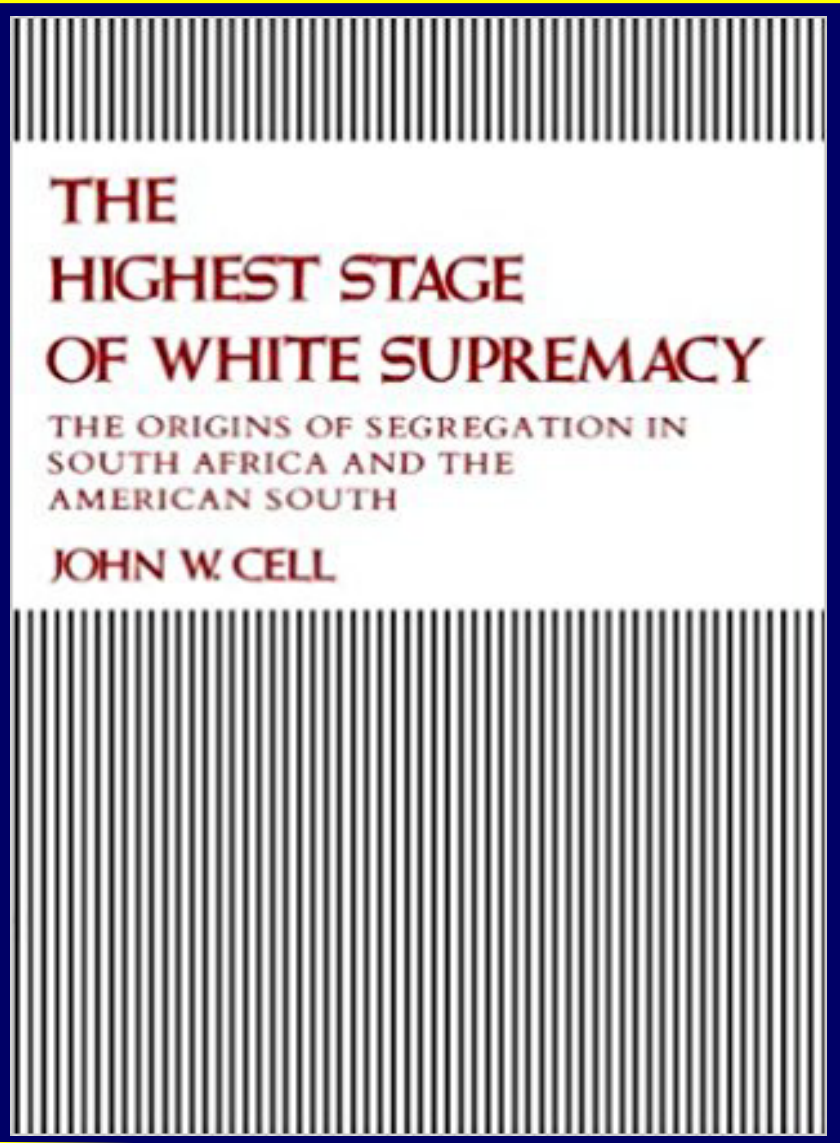
SYNOPSIS

Racial residential segregation is a fundamental cause of racial disparities in health. The physical separation of the races by enforced residence in certain areas is an institutional mechanism of racism that was designed to protect whites from social interaction with blacks. Despite the absence of supportive legal statutes, the degree of residential segregation remains extremely high for most African Americans in the United States.

David R Williams & Chiquita Collins, Public Health Reports, 2001 Google Scholar Citations: 2,900

Racial Segregation Is …

- One of the most successful domestic policies of the 20th century
- "the dominant system of racial regulation and control" in the U.S



John Cell, 1982

How Segregation Works

Segregation is like a burglar at mid-night. It slips into the community, awakens no one, but once it shows up, valuables disappear:

- Quality Schools
- Safe playgrounds
- Good jobs
- Healthy environment
- Safe housing
- Transportation
- Healthcare

Pixabay.com

Racial Differences in Residential Environment

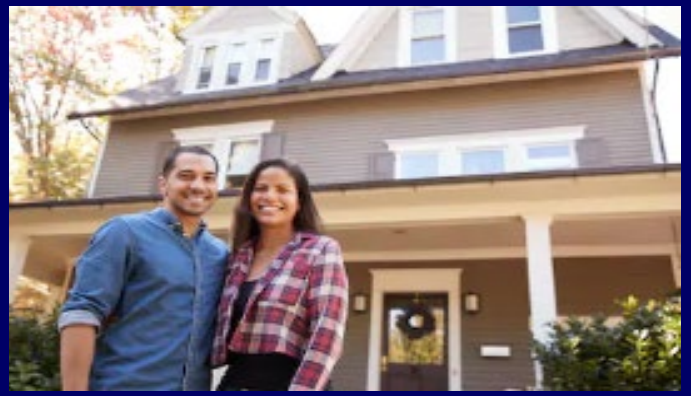
In the 171 largest cities in the U.S., there is not even one city where whites live in equal conditions to those of blacks

"The worst urban context in which whites reside is considerably better than the average context of black communities."

Sampson & Wilson 1995

Neighborhood Opportunity Index

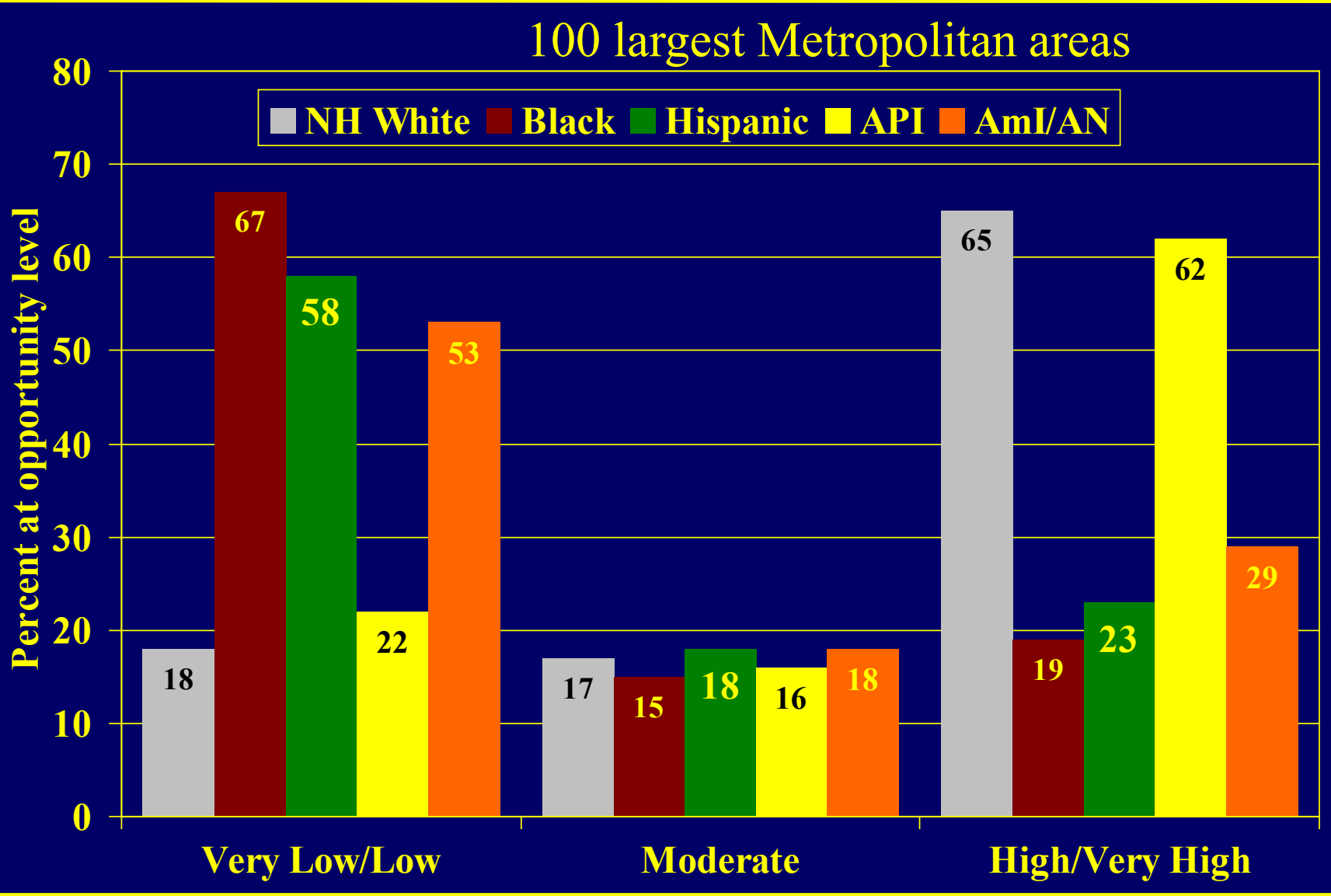
1. **Institutions:** number & quality of schools, early childhood centers
2. **Influences shaping norms and expectations:** (high school graduation rate, adults with high skill jobs)
3. **Economic Resources:** income, home ownership, employment, public assistance
4. **Environmental Quality:** air, water, soil pollution, hazardous waste sites
5. **Resources for health:** green space, healthy food outlets, walkability



Acevedo-Garcia, 2020, Diversitydatakids.org

Shutterstock.com

Percentage of Children at Neighborhood Opportunity Level



D. Acevedo-Garcia 2020, Diversitydatakids.org

Segregation is the central driver of the Large Racial/Ethnic Differences in SES

Residential Segregation and SES

A study of the effects of segregation on young African American adults found that the elimination of segregation would erase black-white differences in:

- Earnings
- High School Graduation Rate
- Unemployment

And reduce racial differences in single motherhood by two-thirds

David Cutler & EL Glaeser, Quarterly J Economics, 1997

An Intergenerational Study

- Inequity usu. studied in one generation
- Intergenerational analysis, linking parents & kids, US pop,1989-2015
- Black boys have lower earnings than white boys in 99% of Census tracts in America (controlling for parental income)

- Why? They live in neighborhoods that differ in access to opportunity
- Black boys do well in neighborhoods with good resources (low poverty) *and* good race-specific factors (high father presence, less racial bias)
- The problem: there are essentially no such neighborhoods in America

Inequities by Design

- Racial inequities in SES that matter for life & health do not reflect a broken system
- Instead, they reflect a carefully crafted system, functioning as planned – successfully implementing social policies, many of which are rooted in racism
- They are not accidents or acts of God
- Racism has produced a truly "rigged system"

Segregation and Medical Care

HSR Health Services Research

DOI: 10.1111/j.1475-6773.2012.01410.x
SPECIAL ISSUE: MEASURING AND ANALYZING HEALTH CARE DISPARITIES

Elucidating the Role of Place in Health Care Disparities: The Example of Racial/Ethnic Residential Segregation

Kellee White, Jennifer S. Haas, and David R. Williams

Objective. To develop a conceptual framework for investigating the role of racial/ethnic residential segregation on health care disparities.

Data Sources and Settings. Review of the MEDLINE and the Web of Science databases for articles published from 1998 to 2011.

Study Design. The extant research was evaluated to describe mechanisms that shape health care access, utilization, and quality of preventive, diagnostic, therapeutic, and end-of-life services across the life course.

Principal Findings. The framework describes the influence of racial/ethnic segregation operating through neighborhood-, health care system-, provider-, and individual-level factors. Conceptual and methodological issues arising from limitations of the research and complex relationships between various levels were identified.

Conclusions. Increasing evidence indicates that racial/ethnic residential segregation is a key factor driving place-based health care inequalities. Closer attention to address research gaps has implications for advancing and strengthening the literature to better inform effective interventions and policy-based solutions.

Key Words. Racial/ethnic residential segregation, health care disparities, health care access, social determinants of health

- Concentration of Black and Brown low-income populations
- Low levels of health insurance
- Providers with reduced ability to refer patients to specialty care
- Fewer Pharmacies, less medication
- Hospitals more likely to close
- Resulting delays in care & receipt of sub-optimal care

K. White, J.S. Haas, and D.R. Williams, Health Services Research, 2012

South LA: A Segregated Community

Pixabay.com

- Elevated levels of preexisting comorbidities
- Epidemic of poorly controlled chronic diseases
- South LA has 10 times fewer MDs than average US community
- Shortage of primary care MDs; Severe shortage of specialists
- Lowest number of hospital beds (per pop.) in LA county
- Three times more diabetes than the rest of California
- Diabetic amputation is among most frequent surgical procedures performed
- Life expectancy is 10 years shorter than state of CA

Elaine Batchlor, Health Affairs Blog, May 4, 2021

Context of MLK Community Healthcare

- Medicaid is most common insurance
- Average ER visit in LA earns:
  - ~$2,000 from commercial insurers
  - ~$650 from Medicare
  - ~$150 from Medicaid
- Lifelong reduced access and quality of care contributes to poorer management of disease and worse outcomes
- Historic and ongoing underfunding of care in segregated communities has created a separate and unequal Health system

uclahealth.org

Elaine Batchlor, Health Affairs Blog, May 4, 2021

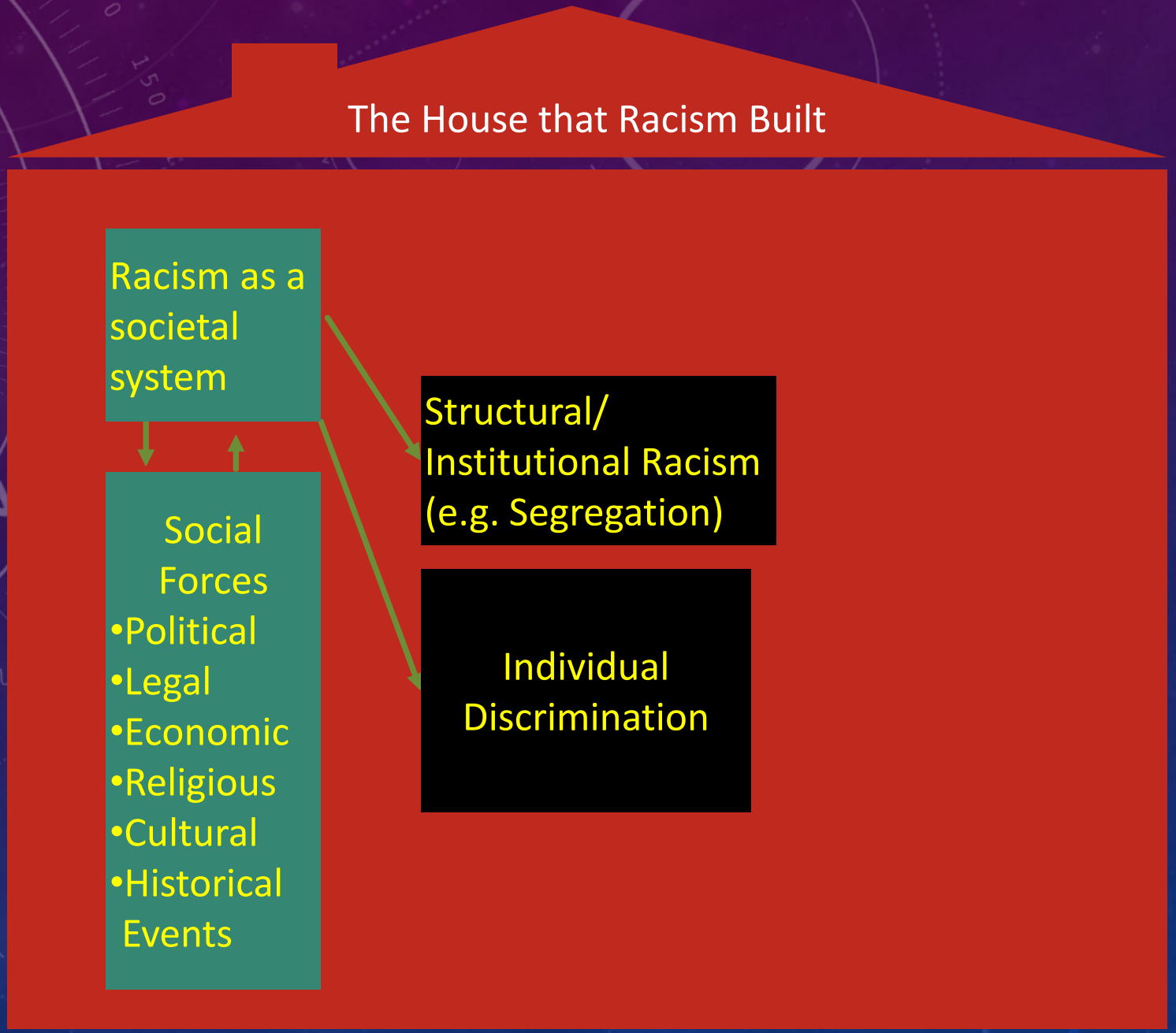
Segregation, SES, Stress and Health

Lower economic status, living in disadvantaged, segregated, neighborhoods leads to to higher levels of exposure and greater clustering of:

1. Economic Stressors
2. Psychosocial Stressors
3. Physical & Chemical Stressors

Williams, J Health and Social Behavior, 2016

photo from pixels.com

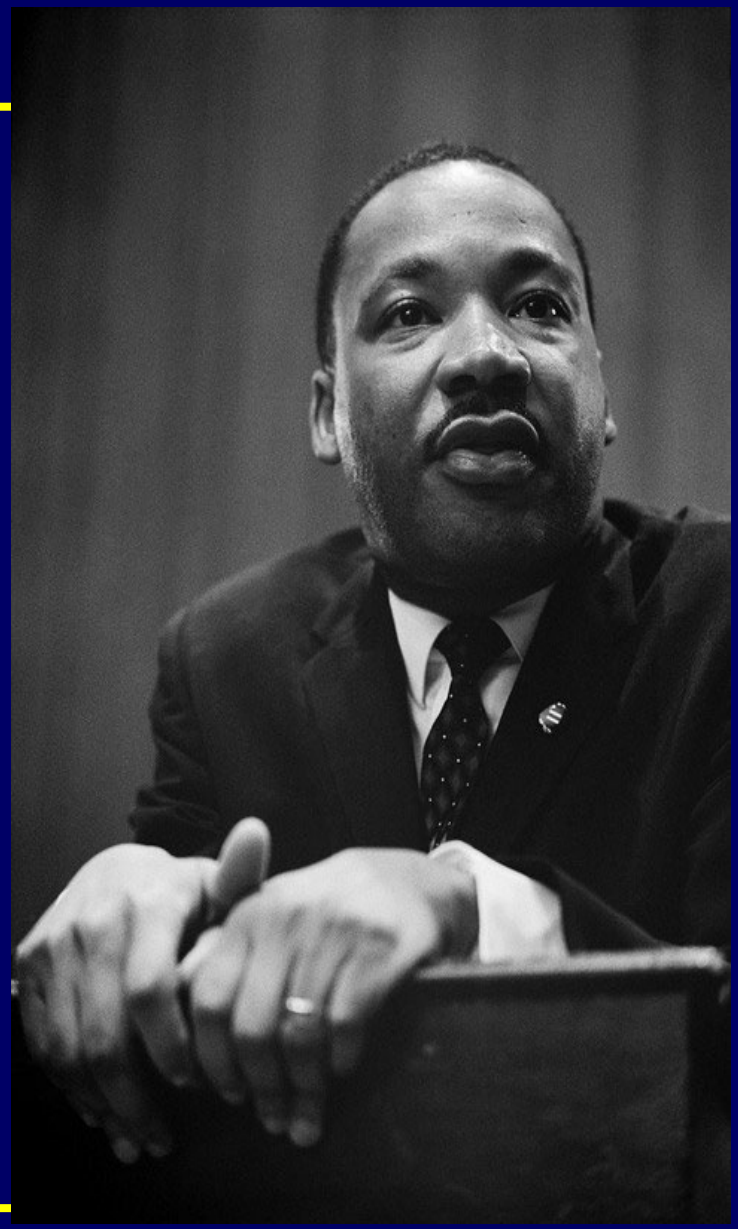


Williams, Lawrence, Davis, Vu, 'Understanding how Discrimination Can Affect Health,' HSR, 2019

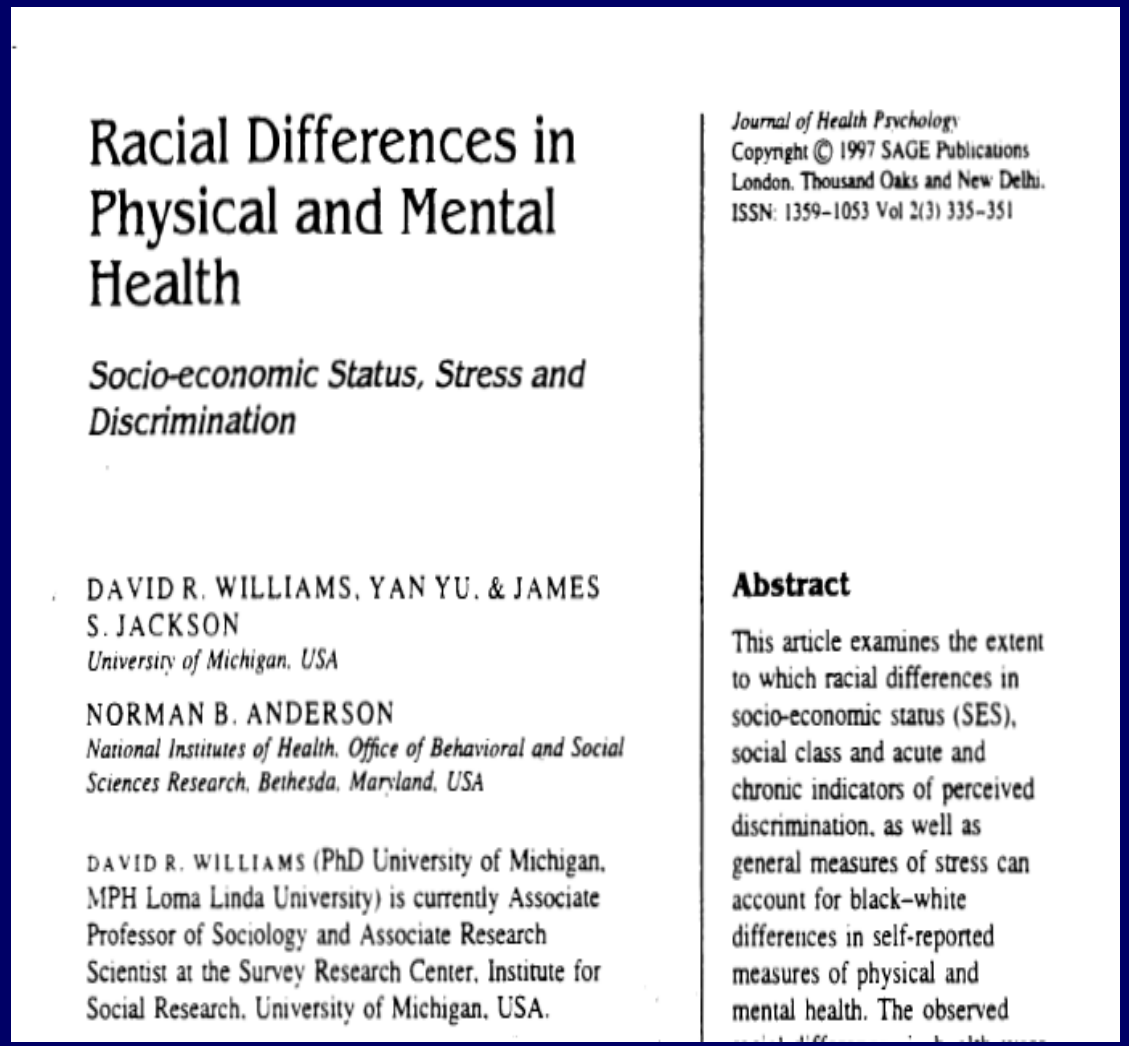
MLK Quote

"… Discrimination is a hellhound that gnaws at Negroes in every waking moment of their lives declaring that the lie of their inferiority is accepted as the truth in the society dominating them."

Martin Luther King, Jr. [1967]



Discrimination as an Added Source of Toxic Stress



Racial Differences in Physical and Mental Health

Socio-economic Status, Stress and Discrimination

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Journal of Health Psychology

London, Thousand Oaks and New Delhi.
ISSN: 1359-1053 Vol 2(3) 335-351

Abstract

This article examines the extent to which racial differences in socio-economic status (SES), social class and acute and chronic indicators of perceived discrimination, as well as general measures of stress can account for black–white differences in self-reported measures of physical and mental health. The observed

- The subjective experience of being treated badly or unfairly is a type of stressful experience that has been neglected in the larger literature on stress and health
- It is likely to be a psychosocial stressor that has pervasive negative effects on mental and physical health

D.R. Williams, Yan Yu, J.S. Jackson, & N Anderson, J Health Psych, 1997. Google Scholar citations: 4,210

Every Day Discrimination

In your day-to-day life how often do these happen to you?

- You are treated with less courtesy than other people.
- You are treated with less respect than other people.
- You receive poorer service than other people at restaurants or stores.
- People act as if they think you are not smart.
- People act as if they are afraid of you.
- People act as if they think you are dishonest.
- People act as if they're better than you are.
- You are called names or insulted.
- You are threatened or harassed.

What do you think was the main reason for these experiences?

Williams, Yu, Jackson, Anderson, J Health Psychology, 1997

Everyday Discrimination and Health

Incident
-Metabolic Syndrome
-CVD outcomes
-Breast cancer
-Type 2 diabetes

Nicotine dependence
Binge eating
Smoking & drug use
At-risk drinking

CAC (coronary artery calcification)
IMT (intima media thickness)
Visceral fat
HRV
Atrial fibrillation

Adult onset asthma
Nocturnal amb. BP
Cognitive function
Increases in SBP, DBP

Sleep duration
Sleep quality

Inflammation (CRP, IL-6, e-selectin)
Cortisol
Telomere length
Allostatic load

Waist circumference
Obesity
Weight gain

Breast cancer screening
Cervical cancer screening
Lower adherence
Delays in seeking treatment

DSM Disorders
Emotional Distress
Well-being
Changes in personality

Williams, Lawrence, Davis & Vu, *Health Services Research,* 2019

Concept of Microaggressions

Prof Chester M. Pierce

"What the reader must bear in mind is that these assaults to black dignity and black hope are incessant and cumulative. Any single one may not be gross. In fact, the major vehicle for racism in this country is offenses done to blacks by whites in this sort of gratuitous, never-ending way. These offenses are microaggressions."

Pierce CM. Psychiatric problems of the black minority. In American Handbook of Psychiatry, Vol 2 edited by G Caplan; Basic Books 1974.)This paper references his earlier work (1970) on this topic

Hidden Ways in which Stressors linked to Race and Racism Adversely affect Health

Worry About Safety of Children

- Study of black women found that most live with a heavy burden of stress due to concern about the racism their children might experience
- Over 70% were very concerned:

  -- that their children might be harmed by the police

  -- that their children might get stopped in a predominantly white neighborhood

A.Vines & D. Baird Journal National Med Assoc, 2009

Unsplash.com

Police Stops and Mother's Health

- A study of over 3,000 mothers in 20 cities (Fragile Families Study)
- 23% of urban youth are stopped by the police by the age of 15
- Mothers of youth who were stopped by the police are more than twice as likely to report both depression- and anxiety-related sleep difficulties.

Unsplash.com

Dylan Jackson & Kristin Turney, Journal of Urban Health, 2021

Police Violence and Health

- Frequent media reports of incidents of police violence directed to black, Latino, and Native American communities
- These are stressors that negatively affect health of larger community
- Recent national, quasi-experimental study:
- Police killings of unarmed blacks lead to declines in mental health among blacks in general population for 3 months after event
- No effect on whites

Bor, Venkataramani, Williams & Tsai, *The Lancet*, 2018

Ominous Storm Clouds

All this stress is taking a toll on mental Health, of even young children

Pixabay

Suicide in Elementary School Children

- National data reveal that between 1993 and 2012, the suicide rate for children, aged 5 to 11, was stable overall
- Stable for Hispanic and Asian children
- Marked decline in suicide among white children
- Doubling of suicide for black children
- Update: from ages 5 to 13, for black boys and girls, the suicide rate is twice as high compared with white children, up through 2015

Unsplash.com

These data beg two questions: What does it feel like to be a Black child growing up in America today? and (2) what will we do about it?

Jeffrey Bridge et al., JAMA Pediatrics, 2015; Jeffrey Bridge et al, JAMA Pediatrics, 2018

Racial Discrimination: A Driver of Suicidal Ideation

NEW RESEARCH

Check for updates

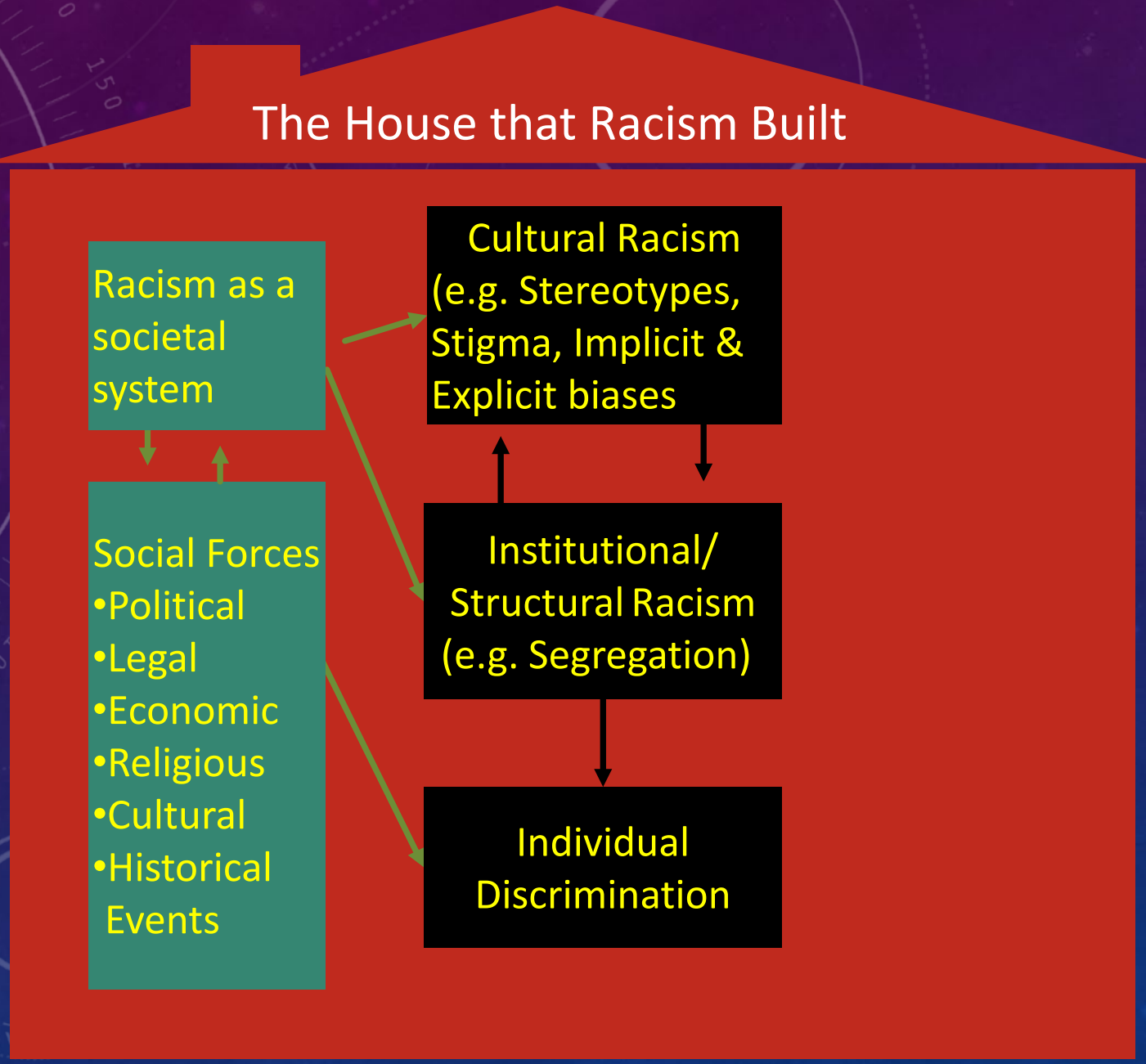
Association Between Discrimination Stress and Suicidality in Preadolescent Children

Stirling T. Argabright, MSc, Elina Visoki, MSc, Tyler M. Moore, PhD, Dallas T. Ryan, BA candidate, Grace E. DiDomenico, BA, Wanjikū F.M. Njoroge, MD, Jerome H. Taylor, MD, Sinan Guloksuz, MD, PhD, Ruben C. Gur, PhD, Raquel E. Gur, MD, PhD, Tami D. Benton, MD, Ran Barzilay, MD, PhD

- The ABCD Study of 11,235 of children (mean age: 11 years)
- Black youth reported more discrimination and higher suicidality than other youth
- High racial/ethnic discrimination was positively associated with suicidality (even after adjustment for other types of discrimination and suicide risk factors)
- In matched analyses, high racial/ethnic discrimination was associated with increased risk of suicidality (RR = 2.7; 95% CI =2.0 -3.5) while Black race was not

Stirling Argarbright et al. J of the American Academy of Child & Adolescent Psychiatry, May, 2022

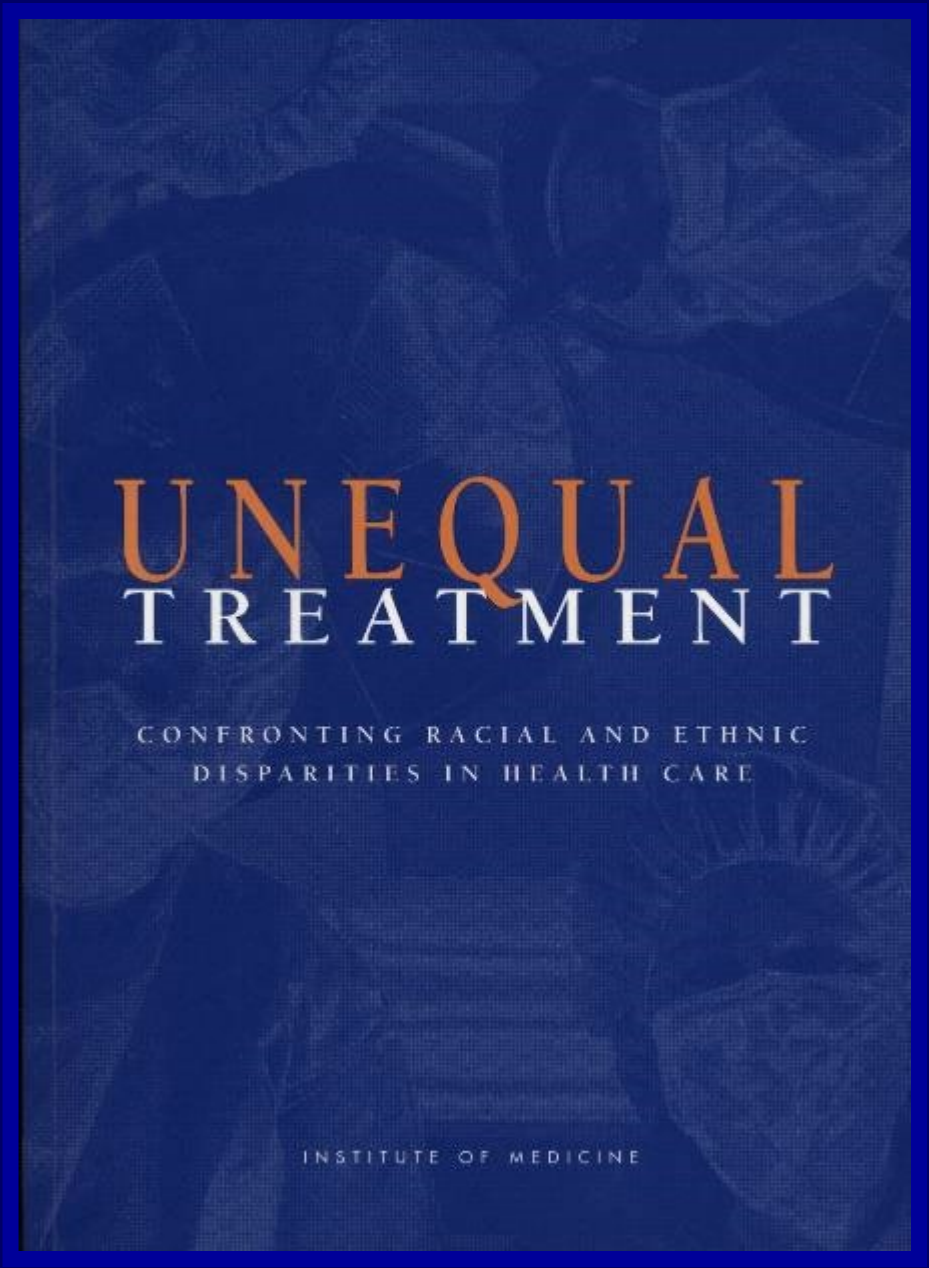
The House that Racism Built



Williams, Lawrence, Davis, Vu, 'Understanding how Discrimination Can Affect Health,' HSR, 2019

Negative stereotypes about race remain deeply embedded in our culture

These Stereotypes Trigger Racial Discrimination that Reduces Access to Societal Resources



Racial Bias in Medical Care

Recent Studies

Race and Access to Specialty Care

- Analysis of 10 years of data (2008 to 2017) of all patients admitted for heart failure (HF) at BWH
- Compared to Whites, Blacks and Latinos were less likely to be admitted to cardiology and more likely admitted to general medicine service (GMS)
- Admission to GMS linked to higher 30-day readmission rates
- On cardiology service, patients have better outcomes and better amenities (private rooms, etc)
- Women and older age (>75) were also less likely to be admitted to cardiology
- Results adjusted for covariates (eg, neighborhood SES, comorbidity, insurance, and having seen a cardiologist or PCP)

Pixabay.com

L.A. Eberly et al, Circulation: Heart Failure, 2019

Physician Race and Newborn Survival

- Study of 1.8 million hospital births Florida from 1992 to 2015
- When cared for by white doctors, black babies are 3 times more likely than white newborns to die in the hospital
- Disparity cut in half when black babies are cared for by a black doctor
- Biggest drop in deaths in complex births and in hospitals that deliver more black babies
- No difference between MD race & maternal mortality

Brad Greenwood, et al. PNAS, 2020

What Can We Do?

Strategy Number 1

Building More Health into the Delivery of Medical Care

Building More Health into the Delivery of Medical Care

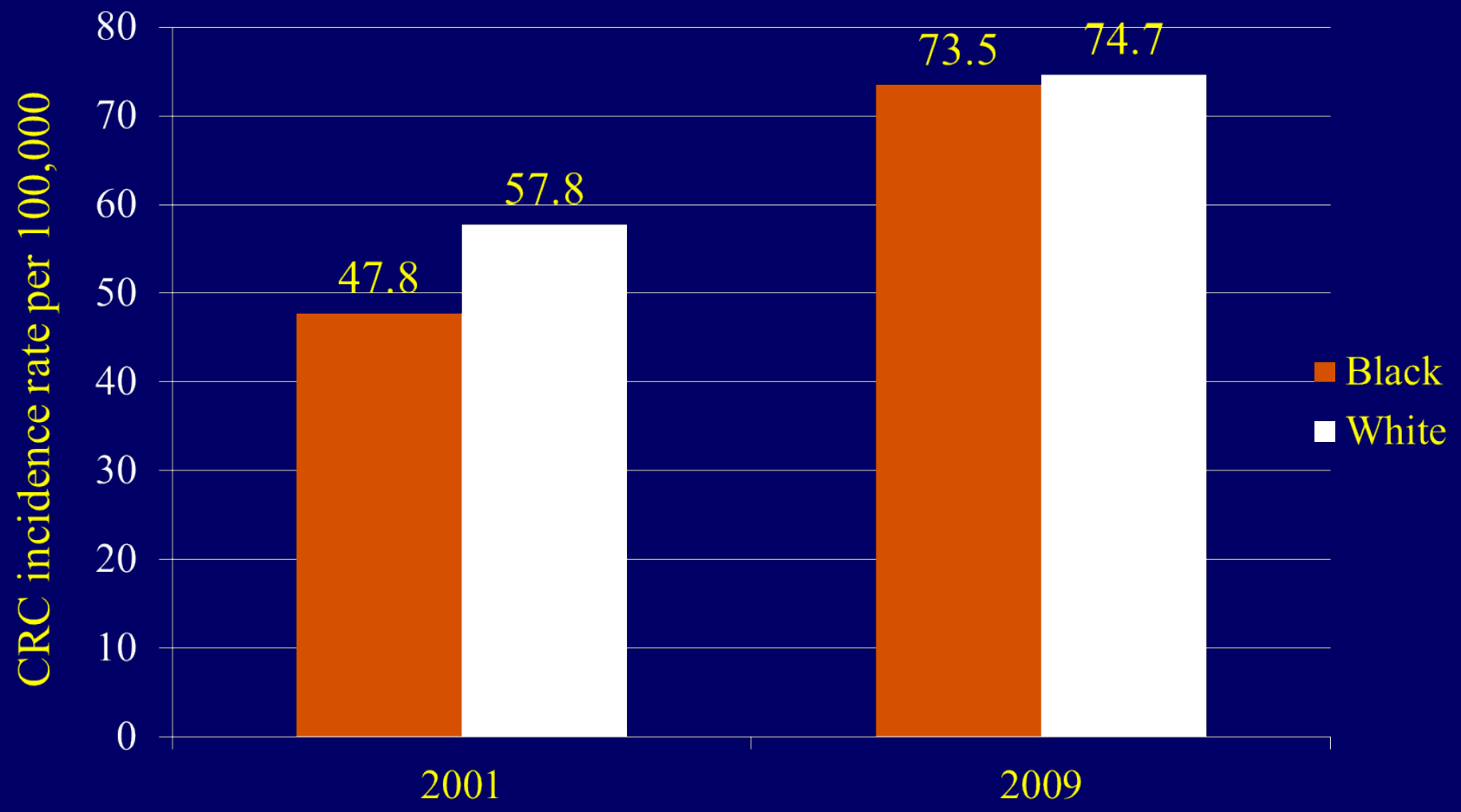
Ensuring Access to Care for All

Colorectal Cancer (CRC) Intervention

- State of Delaware fully funds a CRC screening program promoting colonoscopy in 2002
- Provides reimbursement for uninsured residents up to 250% of Federal poverty level (FPL)
- Other state residents eligible through other insurance
- Cancer screening nurse navigator system added in 2004, at each of the 5 acute care hospital sites
- Cancer treatment program added in 2004: covers costs of cancer care for 2 years for newly diagnosed uninsured if income under 650% FPL
- Special outreach efforts for African Americans

S Grubbs et al. J Clin Oncology, 2013

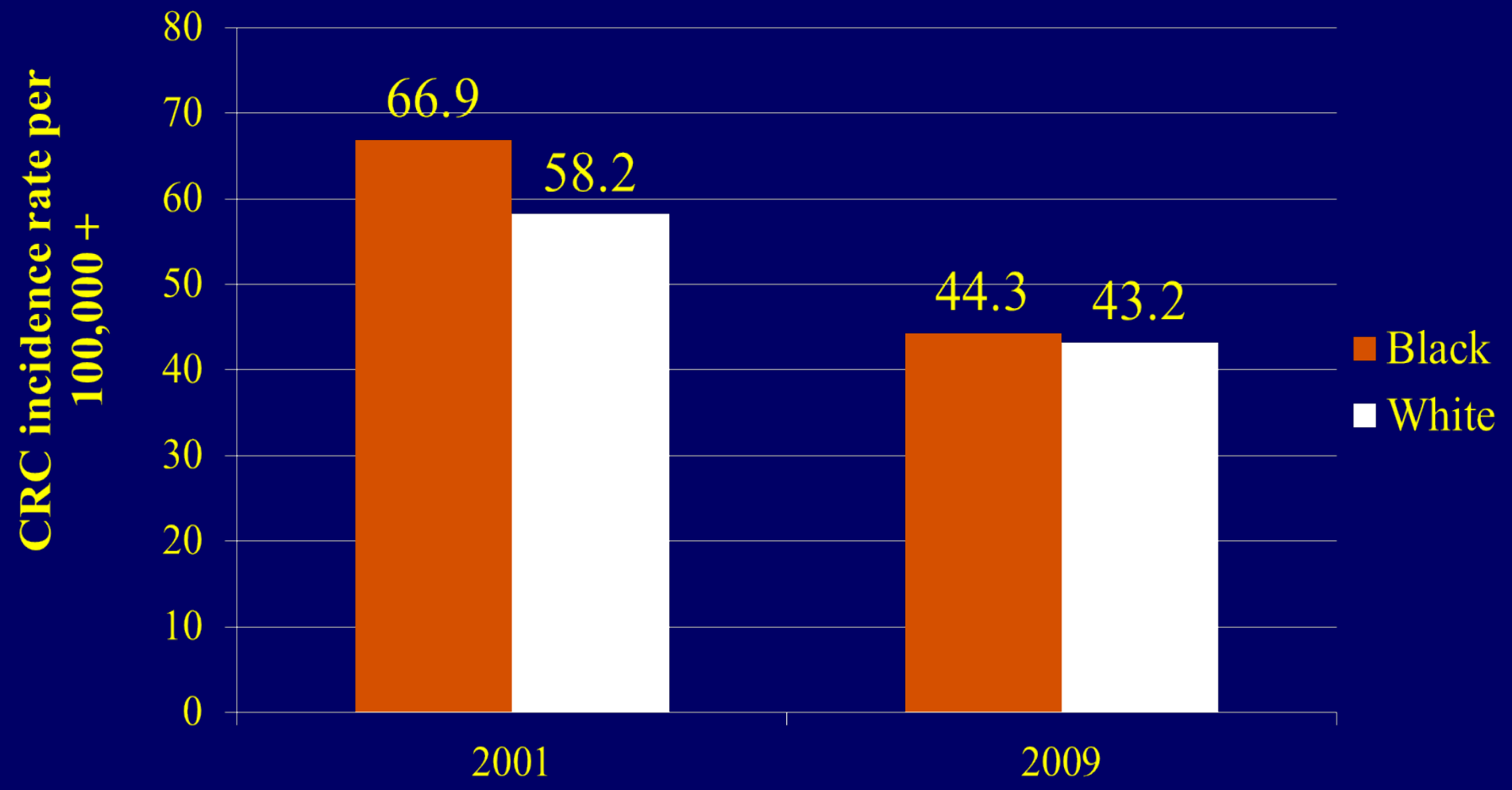
Eliminated screening disparities



3 – year average, age adjusted

S Grubbs et al. J Clin Oncology, 2013

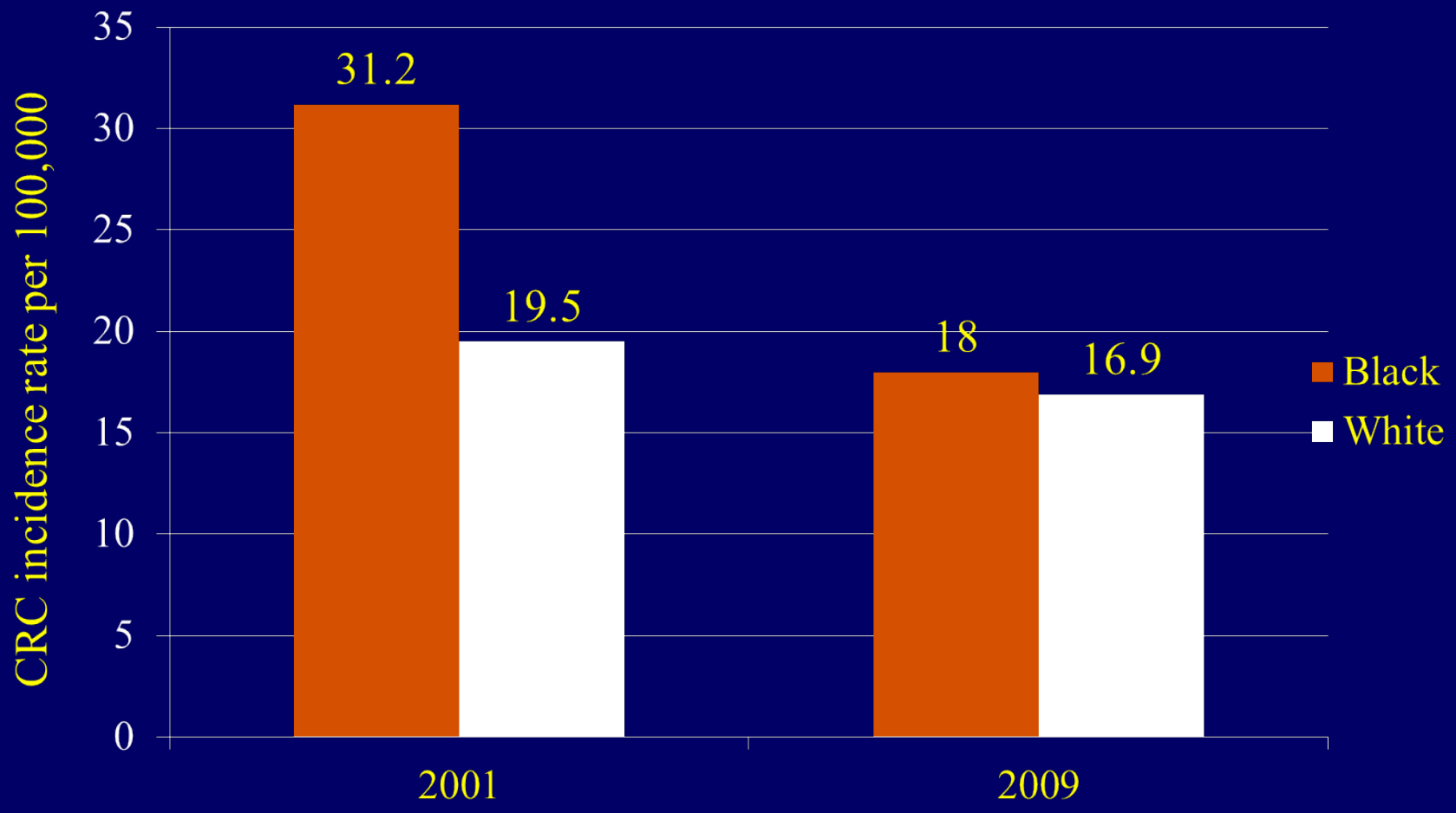
Equalized Incidence rates



3 – year average, age adjusted

S Grubbs et al. J Clin Oncology, 2013

Near Elimination of Mortality Difference

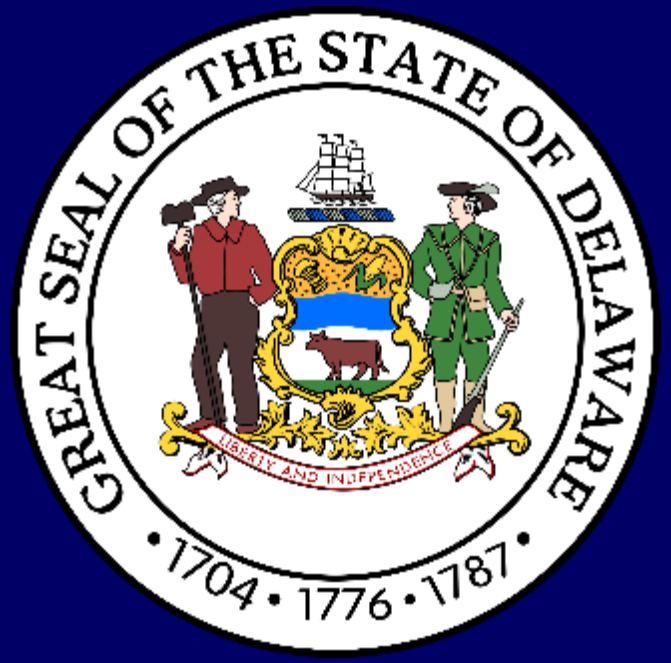


3 – year average, age adjusted

S Grubbs et al. J Clin Oncology, 2013

Lessons from Delaware

- Full access to care, with outreach and patient navigation can reduce some disparities
- If done nationally, 4,200 fewer blacks would get CRC each year, and 2,700 fewer would die
- The annual cost of screening ($1M) and treatment ($6M) was $7 million
- Annual savings (due to reduced incidence & earlier diagnosis): $8.5M
- Net Savings from the program: $1.5M per year



S Grubbs et al. J Clin Oncology, 2013

wikipedia

Building More Health into the Delivery of Medical Care

Diversifying the Workforce to meet the Needs of all Patients

Physician Race & Health Care

- A RCT of 1,300 Black men
- Recruited from barbershops and flea markets
- Given a coupon for a free health care screening at a Saturday clinic for
  -- blood pressure,
  -- body mass index,
  -- cholesterol,
  -- diabetes

- Men randomized to see black doctors or not
- $50 incentive for clinic attendance
- Free Uber rides if need for transportation

Alsan, Garrick, Graziani, American Economic Review, 2019

Black Illustrations

Black Doctors and Black Health

Men who saw a Black Doctor

- ✓29% more likely to talk about other health problems
- ✓47% more likely to do screening for diabetes
- ✓56% more likely to get a flu vaccine
- ✓72% more likely to do screening for cholesterol

Alsan, Garrick, Graziani, American Economic Review, 2019

MS Online Pictures; Photo by Unknown Author

Progress (or lack thereof) in Medicine

- In 2014, there were 27 fewer African American males in the first year of Medical School than there had been in 1978 (36 years earlier)
- In the mid-1960s, 2.9% of all practicing physicians in the US were black
- In 2019, 5% of MDs were black (6% were Hispanic; 0.3% Indigenous)

MS Online Pictures; Photo by Unknown Author

AAMC, Altering the Course, 2015; Deville et al. JAMA Internal Med, 2015; AAMC, 2019

Building More Health into the Delivery of Healthcare

Building Trust to improve Patient-Provider Relationships and the Quality Care

Mistrust: Its Determinants and Nature

1. Misinformation (e.g. vaccines, effectiveness of PrEP)
2. Historical or ongoing injustice (e.g. Tuskegee study)
3. Mistrust typically viewed as a characteristic of an individual or community
4. Rethinking mistrust: a phenomenon created, sustained, reinforced by a system that is generating social inequality

Jaiswal & Halkitis, Behavioral Med, 2019 Pixabay.com

Consequences of Mistrust

Mistrust is associated with

- Lower utilization of routine healthcare
- Lower adherence to medical regimens
- Poorer management of health conditions
- Lower likelihood of long-term relationships with health providers
- Racial disparities in care

Unsplash.com

Jaiswal & Halkitis, Behavioral Med, 2019; Boulware et al, Pub Hlth Rep, 2003

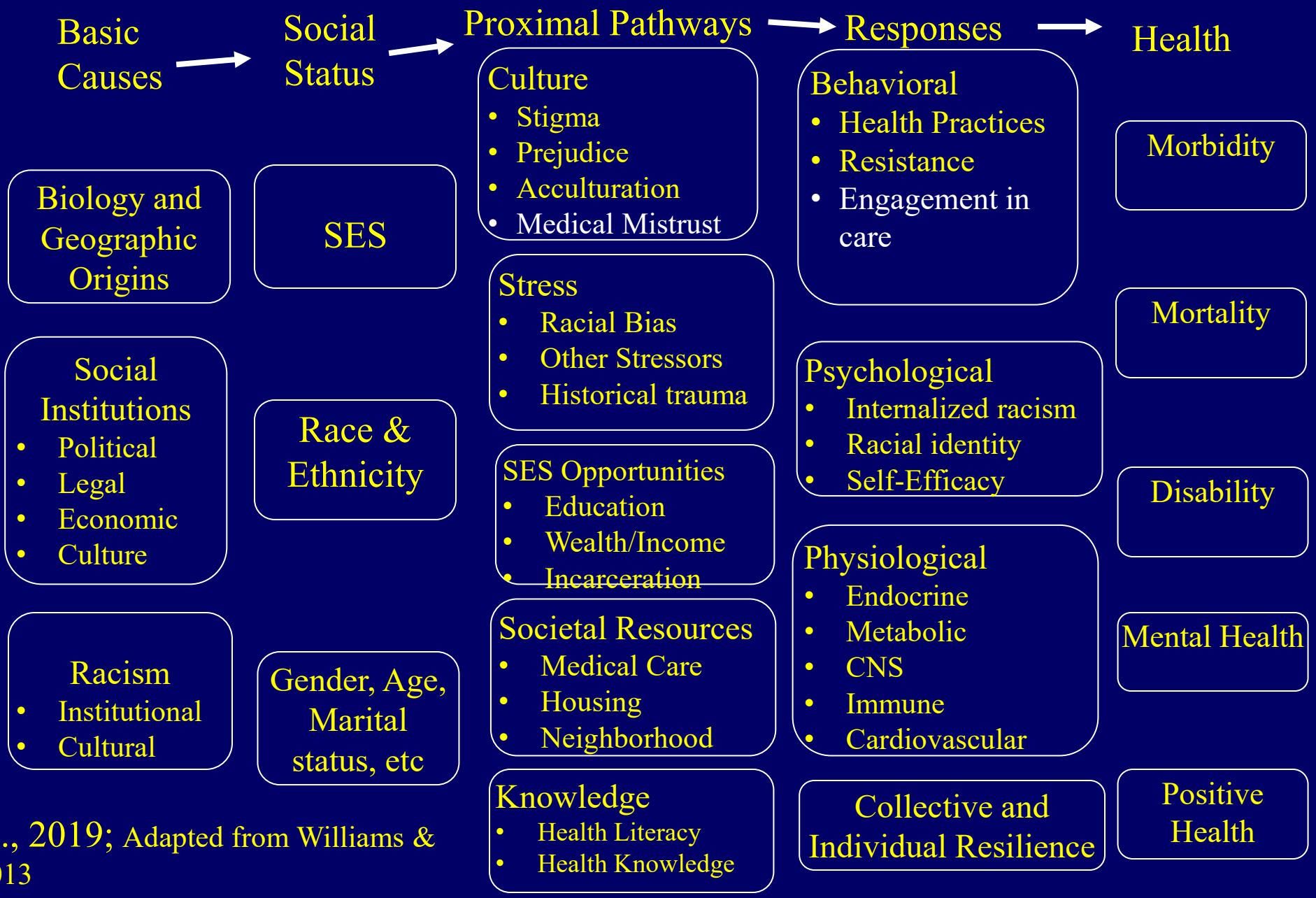
Medical Mistrust: A Social Determinant

- Mistrust is not merely the opposite of trust or the absence of trust
- It is not just interpersonal trust, but mistrust in institutions and systems
- Mistrust: a protective response against interlocking, systemic inequities in education, jobs, housing, healthcare and daily discrimination, stigma etc.

Unsplash.com

Jaiswal & Halkitis, Behavioral Med, 2019; Benkert et al., Behavioral Med, 2019

Medical Mistrust: A Social Determinant



Beckert et al., 2019; Adapted from Williams & Mohammed; 2013

Provider Cultural Competence

- Study of 437 people living with HIV/AIDS and 45 providers
- Created 20-item scale, self-rated cultural competence
- Racial disparities were found in the receipt of ARVs, self-efficacy and viral suppression among patients of low cultural competence providers
- Minority patients whose providers were high (vs low) on cultural competence, more likely to be on ARVs, have high self-efficacy and report complete ARV adherence
- When cultural competence was high, no racial disparities

Somath Saha et al., Journal General Internal Medicine, 2013 pixabay

Cultural Competence Scale (Selected)

- Family & friends as important to health as doctors
- Social history contributes to how I care for patients
- I am familiar with lay beliefs my patients have
- I ask my patients about alternative therapies they use
- I find out what patients think is cause of their illness
- I involve patients in decisions about their health care

S. Saha et al., Journal General Internal Medicine, 2013

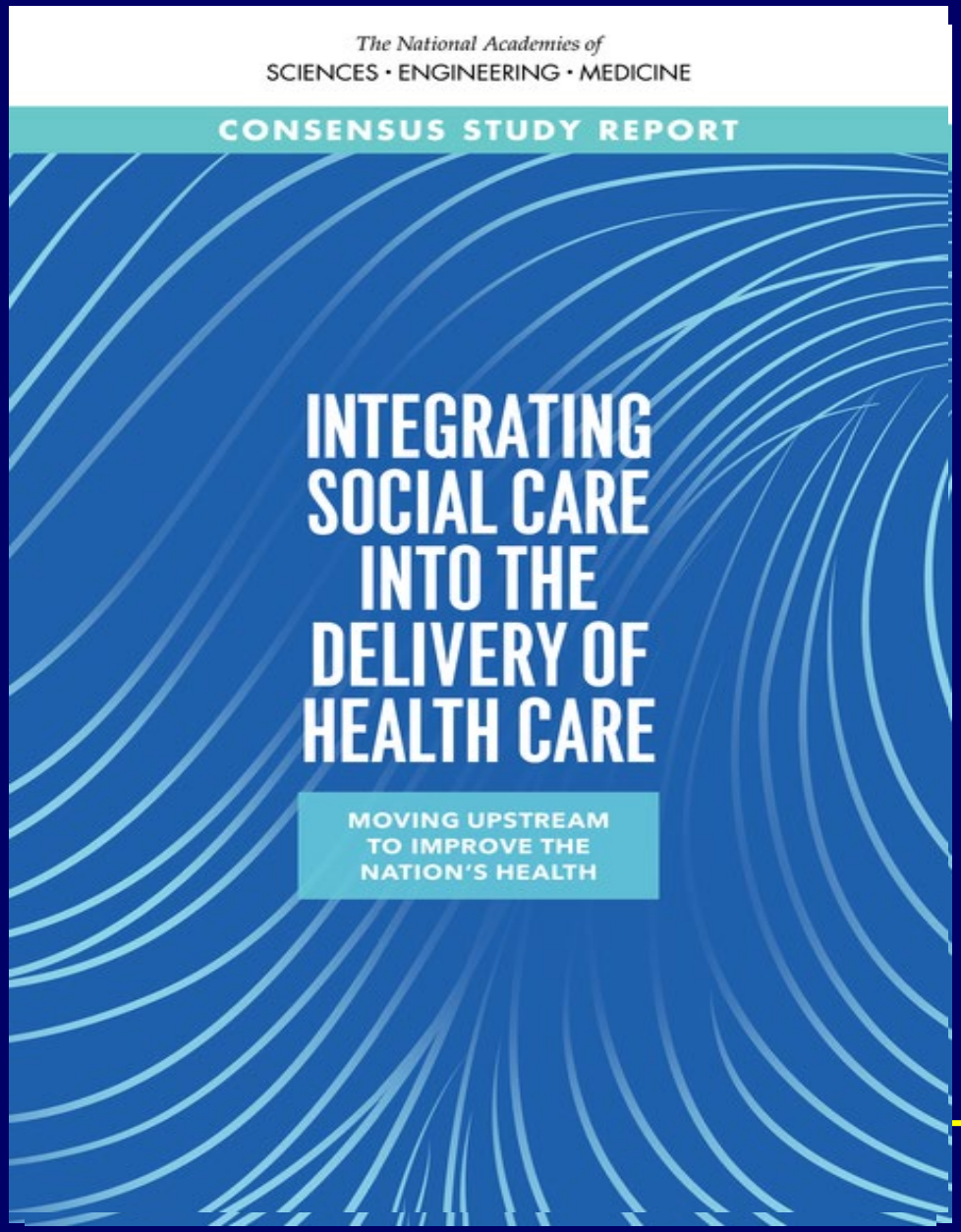
Building More Health into the Delivery of Medical Care

Provide Care that Addresses the Social context

Care that Addresses the Social context

Why treat illness and send people back to live in the same conditions that made them sick in the first place?

Recent Report: National Academy of Medicine



Many opportunities for health care systems and professionals to address the social needs of patients

There's More to Health than Health Care

What Else Can We Do?

Strategy Number 2

Create Communities of Opportunity to minimize, neutralize and dismantle the systems of racism that create inequities in health

MS Online Pictures; Photo by Unknown Author

Reducing Inequities
Address Place-Linked Determinants of Health

- Enrich the quality of neighborhood environments
- Increase economic development in poor areas
- Improve housing quality and the safety of neighborhood environments

Shutterstock; Pixabay

Communities of Opportunity

- Invest in early Childhood
- Reduce Childhood Poverty
- Enhance Income and Employment Opportunities for Youth and Adults
- Improve Neighborhood and Housing Conditions
- Enhance economic opportunities to build strong families/reduce disparities in marriage
- Raise Awareness levels of Racial Inequities and Build Political Will to Address them

David R Williams & Lisa Cooper, Int J Environmental Res & Public Health, 2019

Shutterstock

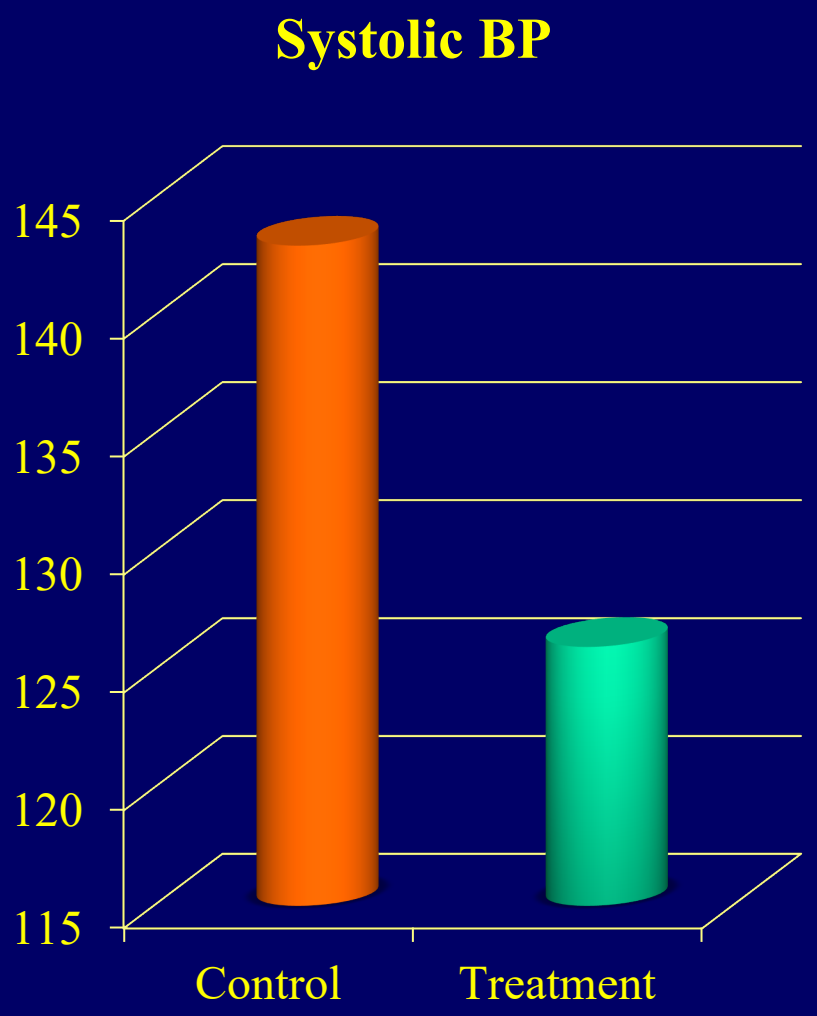
Carolina Abecedarian Project (ABC)

- 1972-77, economically disadvantaged children, birth to age 5, randomized to an early childhood program
- 80% of children Black
- Program offered a safe and nurturing environment, good nutrition and pediatric care
- At age 21, fewer symptoms of depression, lower marijuana use, more active lifestyle, and better educational & vocational assets
- In mid-30's, lower levels of risk factors for CVD & metabolic disease. Effects stronger for males

Campbell et al. AJPH, 2008; Campbell et al, Science, 2014 pixabay

Carolina Abecedarian Project (ABC)

- Example: systolic BP 143 mm Hg in male controls vs. 126mm Hg in the treatment group
- One in 4 males in control group met criteria for metabolic syndrome compared to none in the treatment group
- Lower BMI at zero to 5 yrs equals a lower BMI in their 30s



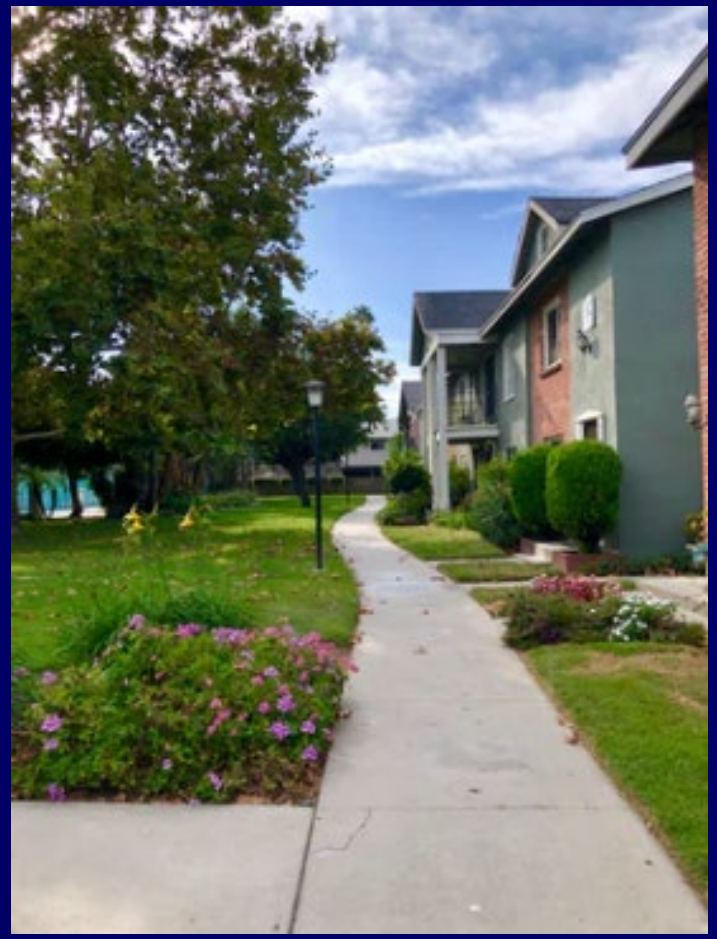
Campbell et al. AJPH, 2008; Campbell et al, Science, 2014

Communities of Opportunity

Improve Neighborhood and Housing Conditions

Moving to Opportunity

- The Moving to Opportunity Program randomized families with children in high poverty neighborhoods to move to less poor neighborhoods.
- 10 to 15 years later, movers had lower levels of obesity, severe obesity & diabetes risk (HbA1c)



Unsplash.com

Ludwig et al. NEJM, 2011

Innovative Initiatives from Healthcare Institutions

Rooftop Farm

- Boston Medical Center implements rooftop farm to distribute high-quality produce to patients and their families, employees and visitors

Musicus et al, Am J Pub Hlth, 2019

Rooftop Farm

- Farm contributes produce to hospital cafeterias, inpatient meal services, teaching kitchen, and preventive food pantry

- Installation and roof modification cost $300,000
- 2,243 milk crate planters, growing more than 25 crop varieties and two beehives
- One fulltime farmer, part-time assistant and hospital employee volunteers

Musicus et al, AJPH, 2019

Loma Linda U Health: Addressing Community Needs

- San Bernardino, CA, - one of the most disadvantaged cities in U.S.
- Nearby Loma Linda University Medical Center intervenes
- It builds a $68 Million, 157,000 sq. ft. clinic and education space
- It has 124 exam and procedure rooms, 24 dental operatories
- It is the largest specialty-based & teaching health center (THC) FQHC in the nation

Richard Hart, myll.llu.edu/news of the week July 2016

Loma Linda U Health: Addressing Unemployment

- It also addresses a social determinant in the community
- Only ~20% of high school graduates obtain any additional education
- So the top floor is a "Gateway College", to lower unemployment & provide job skills for high school graduates

- The Gateway College offers certificate Programs: Certified Nurse's Assistant, Pharmacy Tech, Surgical Tech, Community Health Worker

Richard Hart, myllu.llu.edu/news of the week July 2016

Dignity Health: Addressing Access to Affordable Housing

- Housing is an economic and social stressor for many families
- Addressing housing is a priority for improving health and supporting neighborhood stability
- Dignity Health (a health care system) invested $90 Million (low interest loans) to organizations that develop affordable housing from abandoned buildings

Pablo Bravo Vial, J of Catholic Hlth Association, September-October, 2019

Dignity Health: Addressing Access to Affordable Housing

- Partnered with more than 30 housing development projects
- In Stockton, CA, 131 foreclosed homes & 3 apartment buildings refurbished
- In Los Angeles, 600 housing units created or preserved

Pablo Bravo Vial, J of Catholic Hlth Association, September-October, 2019

Rush University Medical Center Equity Framework

Example of a Comprehensive Approach to Reducing Health Inequities in Race & SES by an Academic Medical Center

David Ansell et al. NEJM Catalyst, May, 2021

MS Free Photo: Photo by Unknown Author

Goal: Cut Life Expectancy Gap by 50% (in Primary Service Area) by 2030

David Ansell et al, NEJM Catalyst, May, 2021

Rush Anchor Mission Initiative: Increase Local Hiring

Hire locally and develop talent

- Employment Preference Initiative
- Career ladder development

David Ansell et al. NEJM Catalyst, May, 2021

Rush Anchor Mission Initiative: Use Local Labor

- Local labor for capital projects
- Apprenticeship
- Diversity hiring and contracts

David Ansell et al. NEJM Catalyst, May, 2021

Rush Anchor Mission Initiative: Buying Local

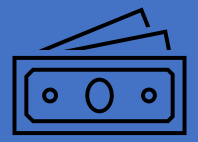
Buy and source locally

- Local purchasing program
- Prime vendor engagement

David Ansell et al. NEJM Catalyst, May, 2021

Rush Anchor Mission Initiative: Increase Local Investments

Invest locally and retirement readiness



- Impact investing in local communities
- 403(b) plan auto-escalation and enrollment
- Working credit
- Payroll card
- Fifth Third eBus (financial education)

David Ansell et al. NEJM Catalyst, May, 2021

Rush Anchor Mission Initiative: Employees Volunteering Locally

- Employee engagement in local communities
- Leveraging employee expertise (e.g., teaching skills class)

David Ansell et al. NEJM Catalyst, May, 2021

What Is Holding Us Back?

What are the Barriers we have to Address?

3 Challenges linked to Communication

--We need to raise awareness levels of the challenges (health and social) faced by disadvantaged racial/ethnic populations

Unsplash.com

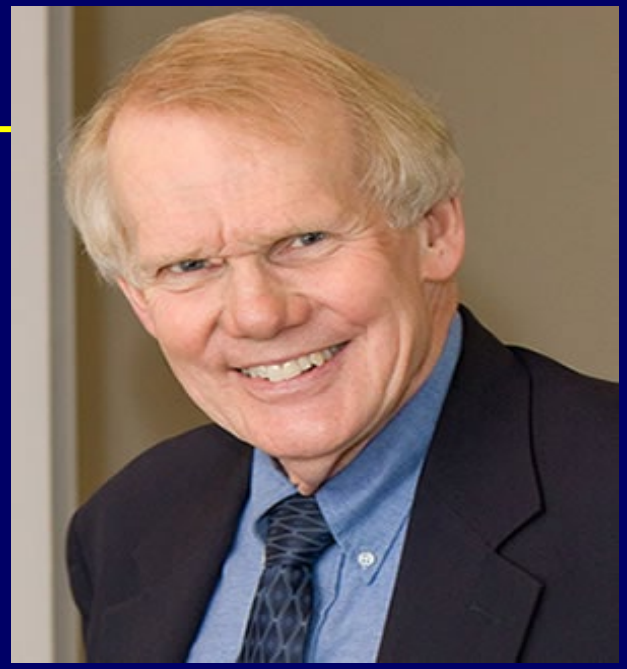
-- We need to build the science base that will guide us in developing the political will to address racial and other social inequities in health

-- We need to build empathy, that is, identify how to tell the story of the challenges of the disadvantaged in ways that resonates with the public

Mentors

Academic, Research and Practice Institutions need to put structures in place that identify, nurture, and mentor the next generation of scientists, including scientists from diverse backgrounds

Looking to the Future, Learn from the Past



- All of my personal hard work, support of family and friends, and divine blessings would not have successfully launched my career, without a minority fellowship from the University of Michigan.
- Yes, I am an Affirmative Action Baby

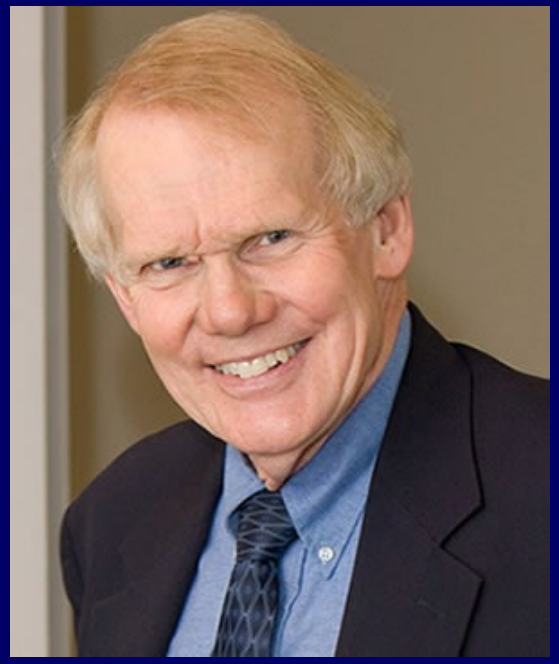
Dr. James S. House

- A mentor who cared, and went out of his way to support minorities and women
- A mentor with a vision and commitment
- We need to put structures in place now to ensure the creation of the leaders of tomorrow

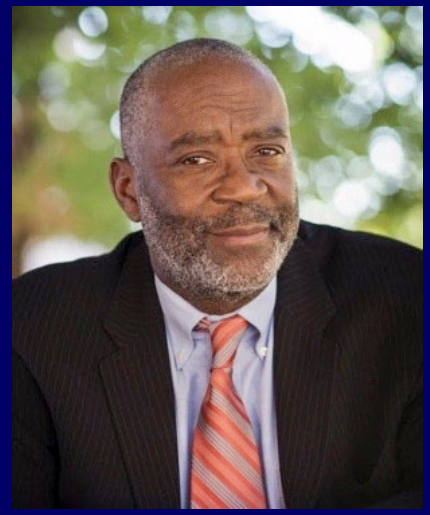
My Dissertation Committee

Dr. Ronald C. Kessler

Dr. Barbara Israel



Dr. James S. House



Dr. Walter Allen

Dr. Victor Hawthorne

It Takes a Village

Dr. Norman Miles

Dr. Aldon Morris

Dr. James S. Jackson

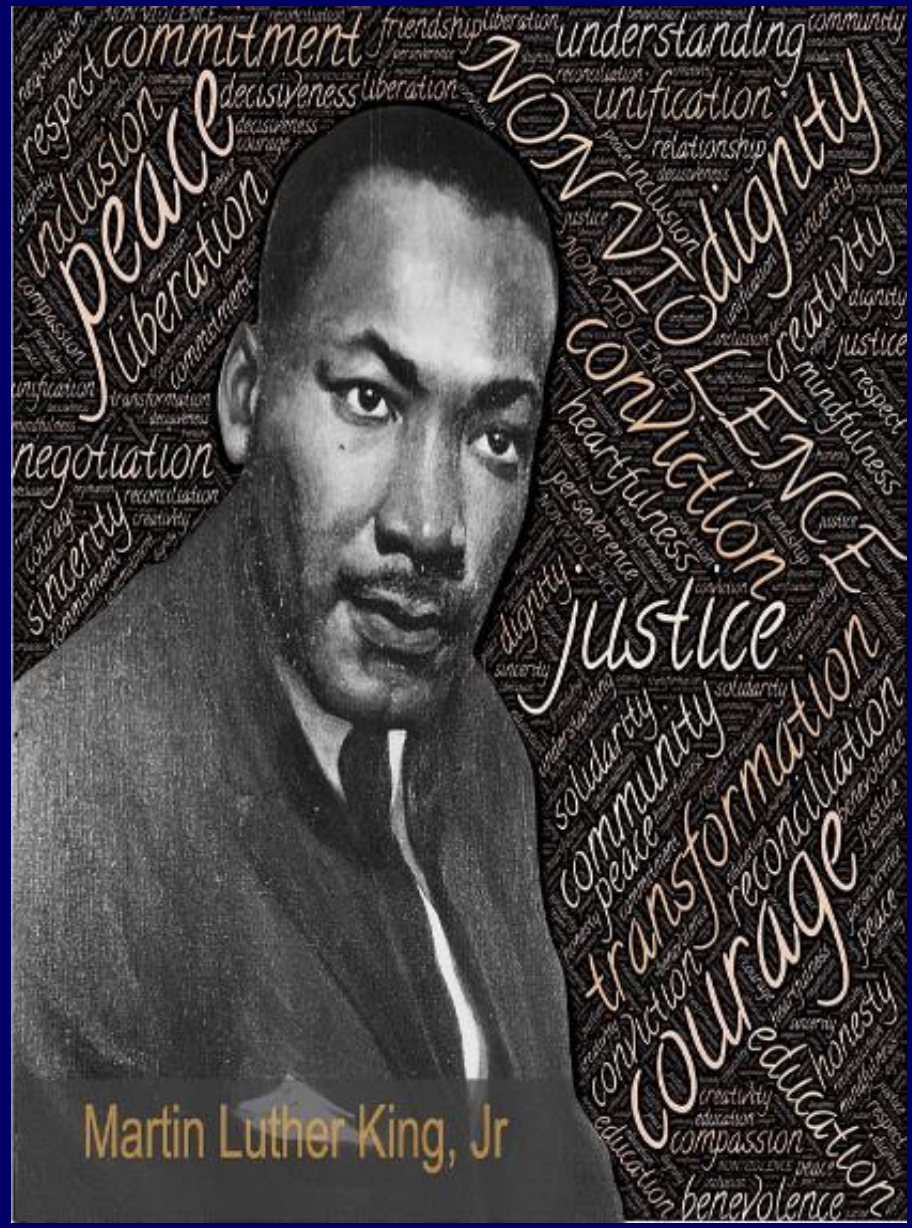
Key advice/support at critical moments:

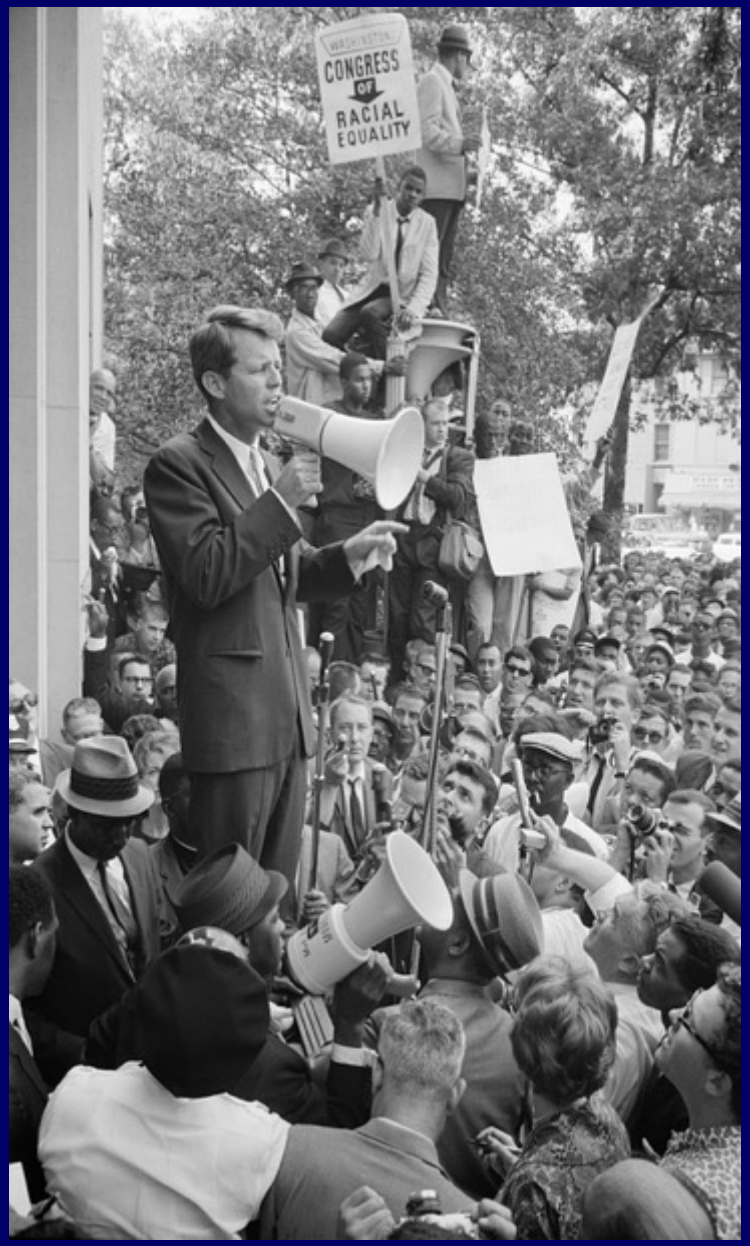
Dr. Norman Miles: Going to graduate school

Dr. Aldon Morris: Early Career

Dr. James S. Jackson: Mid-career support

"True compassion is more than flinging a coin to a beggar; it understands that an edifice which produces beggars needs restructuring."





A Call to Action

"Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope, and those ripples build a current which can sweep down the mightiest walls of oppression and resistance."

- Robert F. Kennedy