Less Talk More Action: Accelerating Innovative Strategies to Eliminate Racial & Ethnic Health Disparities

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Architects of Community Engaged Research

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COE Goals:

1. To establish and sustain a community engaged research enterprise on critical health disparities;

2. To raise the visibility of racial and ethnic health disparities and promising solutions with Marylanders; and

3. To facilitate action for change in the structural determinants of health in Maryland.
THE OPPORTUNITY
AFFORDABLE CARE ACT of 2010
Maryland Health Improvement & Disparities Reduction Act of 2012

Signed into Law by Governor Martin O’Malley on April 10, 2012.
THE CHALLENGE

Photo Credit: Sandra Quinn
The Social Context of Health Disparities

The ultimate aim is to uncover social, cultural and environmental factors beyond the biomedical model and address a broad range of issues. This approach includes, but not limited to, breaking the cycle of poverty, increasing access to quality health care, eliminating environmental hazards in homes and neighborhoods, and the implementation of effective prevention programs tailored to specific community needs.
Personal History Matters

Benjamin Thomas

Lucille W. Thomas, RN
Defining Health Disparities and Health Equity
Institute of Medicine Definition of Health Care Disparities

Differences, Disparities, and Discrimination:
Populations with Equal Access to Healthcare

SOURCE: Gomes and McGuire, 2001
Health Disparities and Health Equity

• According to Healthy People 2020

• In contrast, a **health disparity** is “...a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.”

• **Health Equity** is “...the attainment of the highest level of health for all people.”
THE FRAMEWORK
Disparities in Breast Cancer Incidence & Mortality

Female Breast Cancer

Female Breast Cancer

Source: Centers for Disease Control and Prevention
AIDS Cases Among Adults and Adolescents by Race/Ethnicity

Last Modified: April 28, 2011
Content Source: Divisions of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Toward a Fourth Generation of Disparities Research to Achieve Health Equity

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The Health Equity Action Research Trajectory:
A Platform for 4th Generation Disparities Research

Key Foundations

1. Utilizing public health critical race praxis (PHCR) as our conceptual framework,

2. Addressing structural determinants of health through comprehensive multilevel interventions,

3. Utilizing comprehensive evaluation, and

4. Necessitating explicit attention to self-reflection by the researcher.
Cultural Confidence

“...a lifelong process based on the individual’s self-reflection about their personal biases and prejudices. We define a culturally confident person as someone who is flexible and humble enough to admit ignorance and is willing to be uncomfortable addressing complex racialized issues.”

INNOVATIVE METHODS
2001 FEDERAL DHHS

TAKE A LOVED ONE TO THE DOCTOR DAY

4th GENERATION APPROACH:

TAKE A HEALTH PROFESSIONAL
TO THE PEOPLE
THE HEALTHY BLACK FAMILY PROJECT
(2004-2012)

A Community-Based Demonstration Project
Designed for Health Promotion and Disease Prevention

NIH-NIMHD PG60MD000207
HEALTHY BLACK FAMILY PROGRAM ACTIVITIES

Physical Activity
Nutrition Education & Guidance
Stress Management
Smoking Cessation
Family Health History
Self-Management of Chronic Disease
Referral to Medical Home
Taking Healthcare to the People: Mayo Clinic, Univ. of Pittsburgh Collaborate to Reach Patients Where They Live and Work

Despite the combined efforts of government agencies, healthcare providers and community leaders, there is still a large gap or "disparity" between populations when it comes to health outcomes and access to medical care. In some areas, the divide is between racial or ethnic groups; in others, there is a gap between people of different income levels, or between city-dwellers and rural populations. Experts say that cultural, language, social, economic and policy barriers all contribute to health disparities, and attempts to eliminate disparities...
To view video visit: http://vimeo.com/42236715
DANGER AND OPPORTUNITY

Photo Credit: Sandra Quinn
The danger is to assume that:

1. racism is **not** relevant in the scientific pursuit of solutions for the elimination of health disparities;

2. that some populations will always suffer premature illness and death by virtue of their **culture bound lifestyle choices**; and thus,

3. that the elimination of disparities is impossible and health equity **unachievable** in a free market society.

The opportunity is to recognize health disparities as an issue of justice because specific groups were subjected to systematic racial discrimination and denied the basic benefits of society, a violation of the social contract.

“...we can no longer be victims of inaction. Our role as scientists is to provide the knowledge and perspectives for effective practice and policies... We have a moral obligation in our society to do what is necessary to improve health, and the health disparities research community should be in the vanguard of that movement” (Ruffin, 2010, p. S9).

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- The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIMHD or the National Institutes of Health.
THANK YOU VERY MUCH!
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