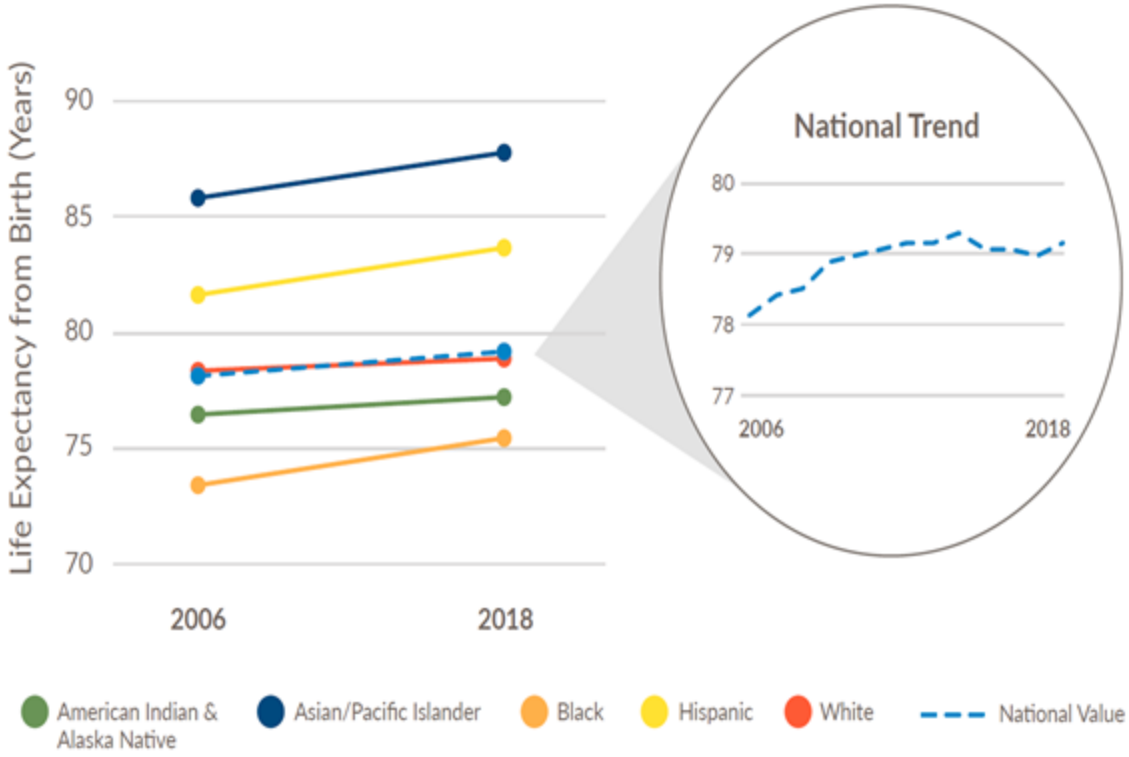
National Trends in Life Expectancy and Gaps Among Racial & Ethnic Groups (Rankings 2010 to 2020)



countyhealthrankings.org

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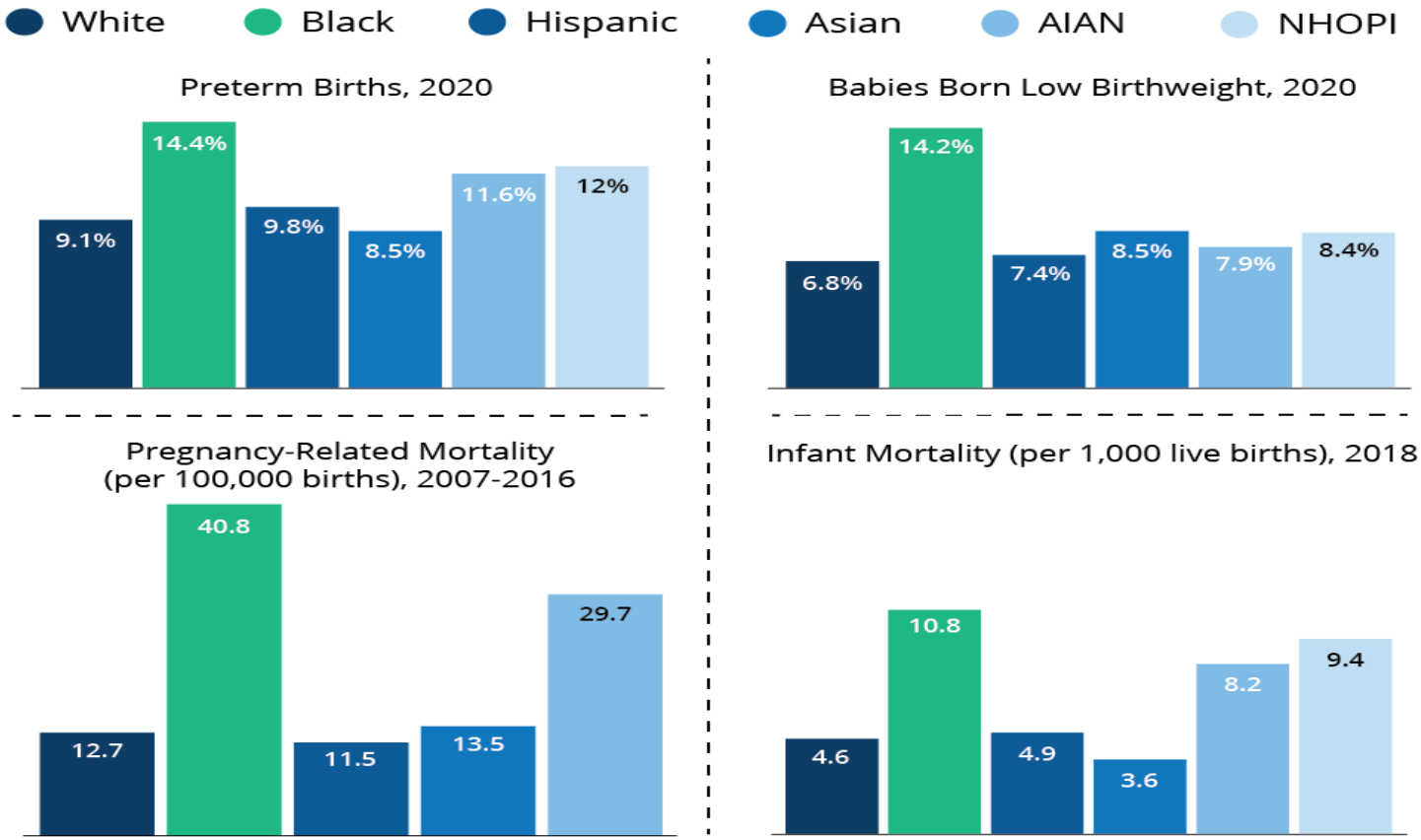
A Look at Key Maternal and Infant Health Disparities Among Black People



NOTE: AIAN refers to American Indian or Alaska Native. NHOPI refers to Native Hawaiian or Other Pacific Islander.
SOURCE: Original source information and data available at www.kff.org/report-section/key-facts-on-health-and-health-care-by-race-and-ethnicity-health-status-outcomes-and-behaviors/

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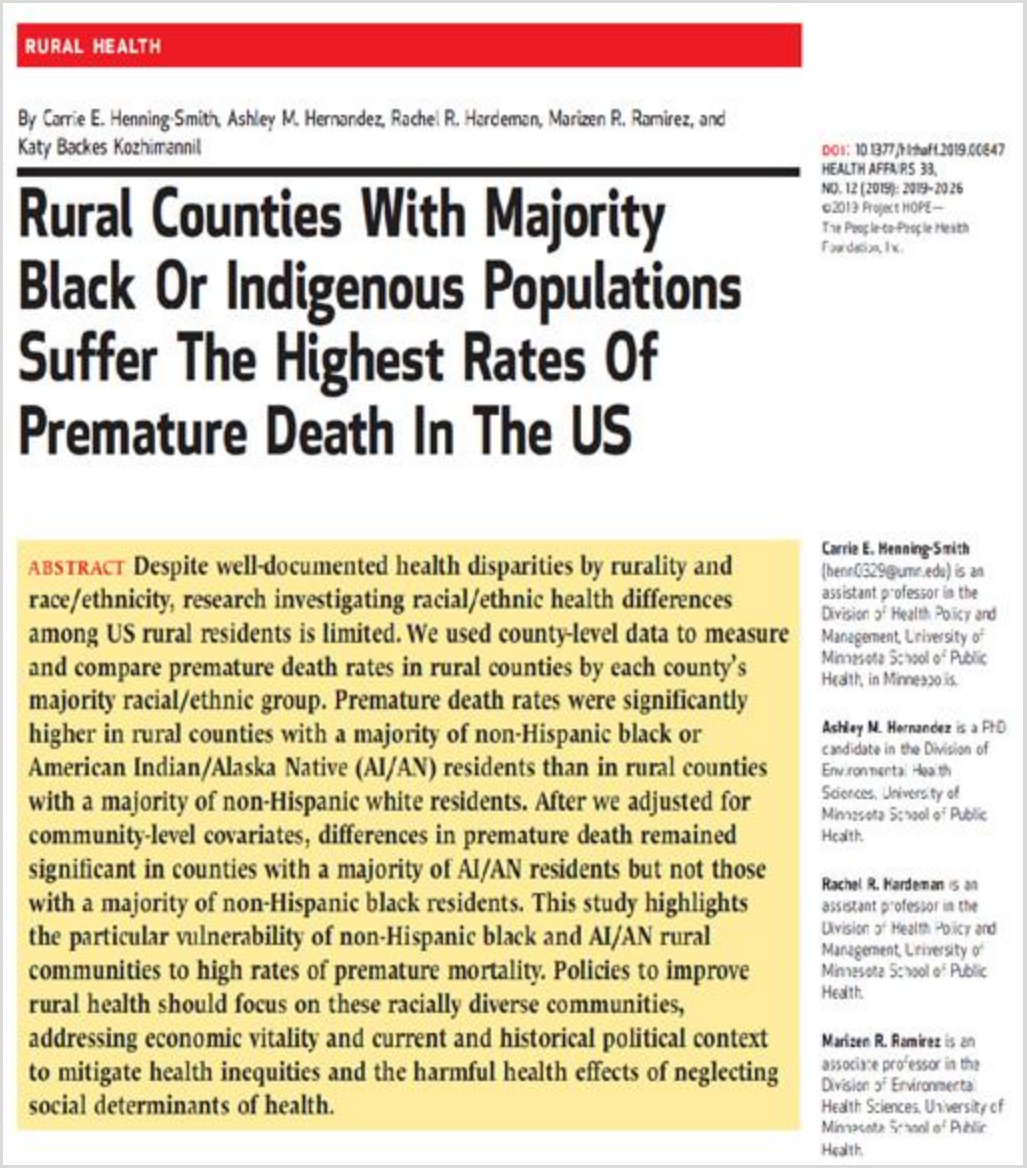

RURAL HEALTH

By Carrie E. Henning-Smith, Ashley M. Hernandez, Rachel R. Hardeman, Marizen R. Ramirez, and Katy Backes Kozhimannil

Rural Counties With Majority Black Or Indigenous Populations Suffer The Highest Rates Of Premature Death In The US

DOI: 10.1377/hlthaff.2019.00847
HEALTH AFFAIRS 38,
NO. 12 (2019): 2019–2026
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The People-to-People Health
Foundation, Inc.

ABSTRACT Despite well-documented health disparities by rurality and race/ethnicity, research investigating racial/ethnic health differences among US rural residents is limited. We used county-level data to measure and compare premature death rates in rural counties by each county's majority racial/ethnic group. Premature death rates were significantly higher in rural counties with a majority of non-Hispanic black or American Indian/Alaska Native (AI/AN) residents than in rural counties with a majority of non-Hispanic white residents. After we adjusted for community-level covariates, differences in premature death remained significant in counties with a majority of AI/AN residents but not those with a majority of non-Hispanic black residents. This study highlights the particular vulnerability of non-Hispanic black and AI/AN rural communities to high rates of premature mortality. Policies to improve rural health should focus on these racially diverse communities, addressing economic vitality and current and historical political context to mitigate health inequities and the harmful health effects of neglecting social determinants of health.

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Marizen R. Ramirez is an associate professor in the Division of Environmental Health Sciences, University of Minnesota School of Public Health.

Health Disparities within Populations in Rural Counties

Center for Disease and Control and Prevention

2017 Study found people of color and American Indian and Alaskan Native had worse health than Non- Hispanic White counter parts

Rural black residents have a higher premature mortality rates than their white or urban black counterparts

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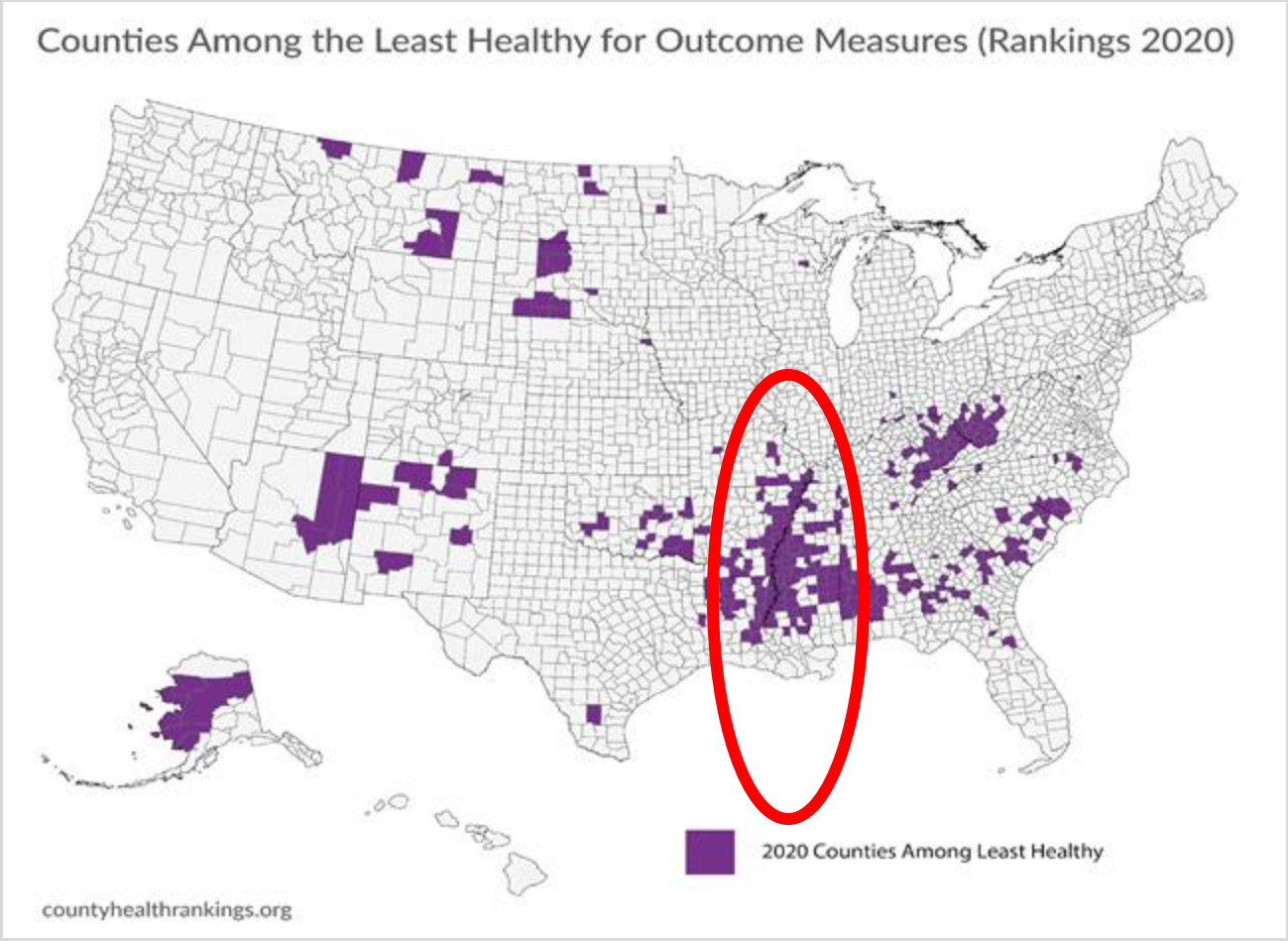

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Zip Codes Matter

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Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds	Higher education		Stress	Quality of care
Support	Walkability				
	Zip code / geography				

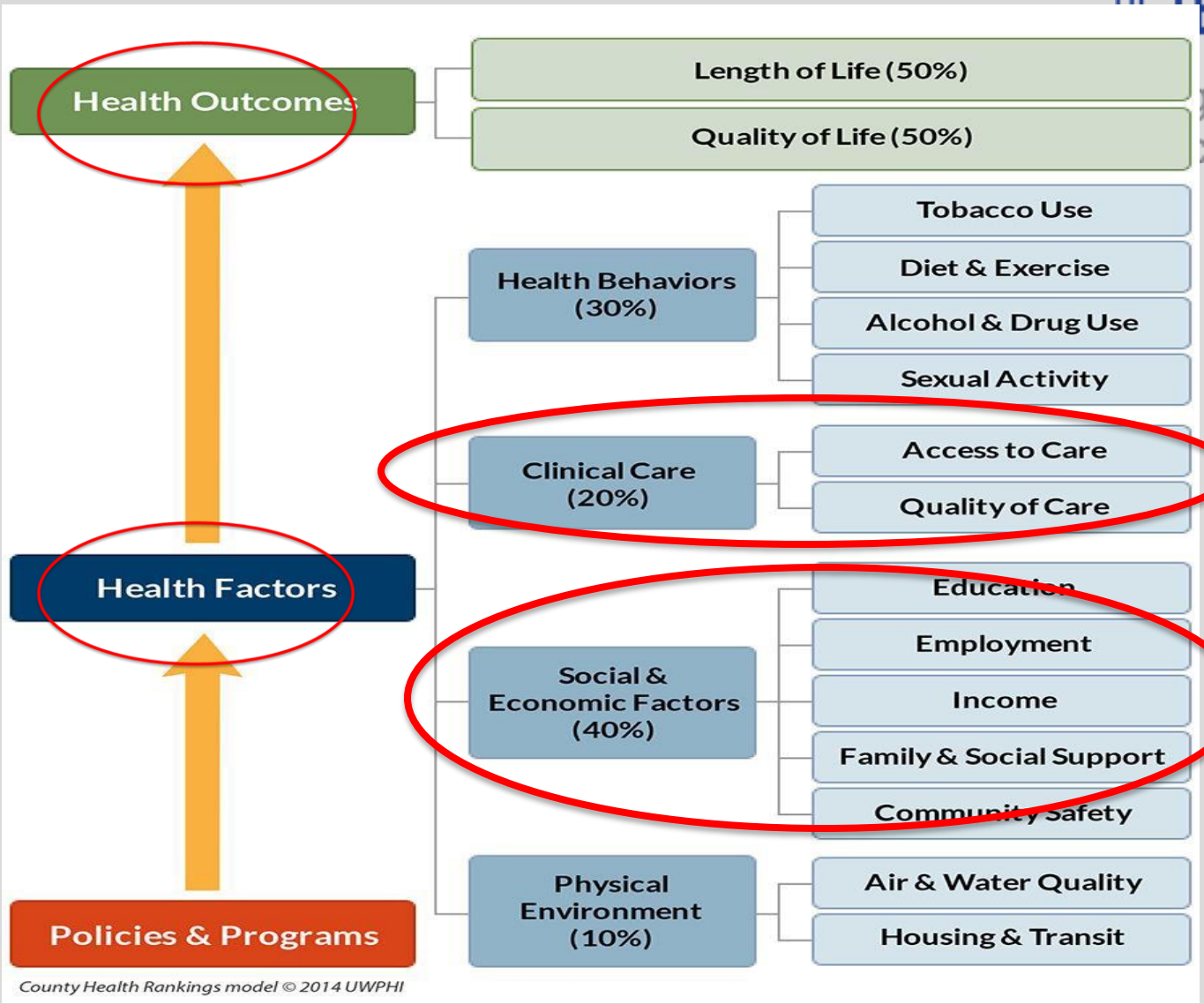
Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

KFF

Conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

County Health Rankings Model



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County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

Example of Structural Inequities: REDLINING

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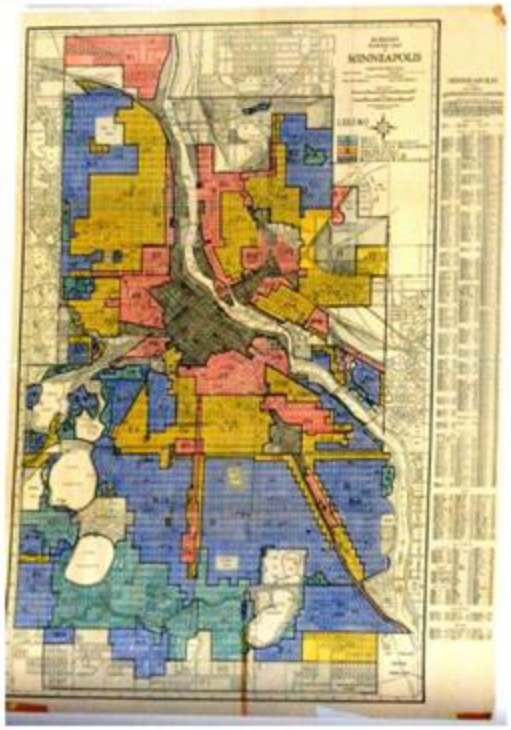
Appendix D: Redlining and Infant Mortality in Minneapolis, Minnesota

Historical map of Minneapolis showing redlining

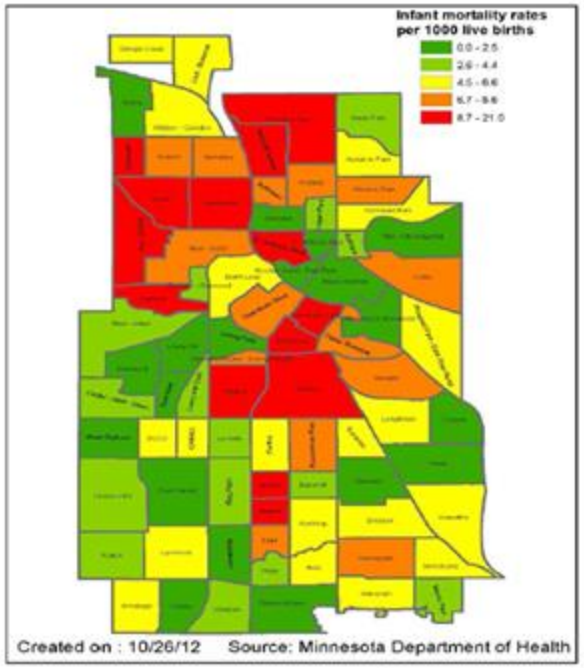
Redlining was used across the U.S. from the 1930s to the 1970s. It is "the practice of arbitrarily denying or limiting financial services to specific neighborhoods, generally because its residents are people of color or are poor."[143] Color-coded maps indicated which neighborhoods were considered lesser (green=best; blue=still desirable) or greater (yellow=declining; and red=hazardous), investment risks, which included the practice of mortgage lending. This historical map of Minneapolis is an example of this practice of redlining.[144]

The consequences of financial disinvestment are closely linked to social and economic decline in neighborhoods across the country, which in turn is associated with poorer health outcomes. The map on the next page shows the infant mortality rate in Minneapolis in 2010. Higher infant mortality rates correspond very closely with the neighborhoods that were coded yellow and red.



Infant mortality rates in Minneapolis by neighborhood, 2001–2010

This map shows infant mortality rates by neighborhood in the City of Minneapolis. The areas with the higher rates of infant mortality correspond closely with the areas marked red and yellow on the previous "redlined" Minneapolis map.[145]



[145] Map provided by the Minneapolis Health Department Research and Evaluation Division, January 29, 2014.

Impetus for Research on Health and Race/Ethnicity

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Patterns of racial/ethnic inequities in health and why need to learn more

- Rates of disease and death elevated for historically marginalized racial group, blacks, Native American, Native Hawaiians other Pacific Islanders

- Persistent of racial difference in health even after adjustment for socio economic status

- Research indicates that across virtually every type of diagnostic and treatment intervention blacks and other minorities receive fewer procedures and poorer-quality medical care than do whites

Williams et al. Racism and Health: Evidence and Needed Research. Annual Review of Public Health 2019.40:105-25

LGBTQ+ Health

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75%
of lesbians report delaying healthcare

Over 50%
of LGBTQ+ people report some form of healthcare discrimination

18%
of LGB youth report experiencing dating violence

1/5
of transgender people are refused healthcare services

25%
of LGBTQ+ adults report not having enough money to pay for health services, compared to 17% of the U.S. population

12x
the number of transgender individuals (48%) report suicidal thoughts compared to the U.S. population (4%)

3x
the number of LGB people experience a psychiatric comorbidity compared to the U.S. population

Gates, Gary J. (2014, August 26). "In U.S., LGBT More Likely Than Non-LGBT To Be Uninsured." Gallup. Retrieved from: https://news.gallup.com/poll/175445/lgbt-likely-non-lgbt-uninsured.aspx
"HIV Among Gay and Bisexual Men." CDC. n.d. Retrieved from: https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/cdc-msm-508.pdf
"LGBTQ+ Communities and Mental Health." Mental Health America. 2020. Retrieved from: https://www.mhanational.org/issues/lgbtq-communities-and-mental-health
"Substance Abuse and SUDs in LGBTQ+ Populations." NIH. n.d. Retrieved from: https://www.drugabuse.gov/drug-topics/substanceuse-suds-in-lgbtq-populations
"10 Statistics You Need To Know About LGBTQ+ Healthcare." Lighthouse. n.d. Retrieved from: https://blog.lighthouse.lgbt/10-statslgbtq-healthcare/

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WHAT CAUSES LGBTQ+ HEALTH DISPARITIES?

- Minority stress theory: additional stress a marginalized person experiences due to society's discrimination and stigma against them on the basis of their identity
- Lack of access to adequate health services due to bias and discrimination on the system, policy, and provider level
- Biased and inadequete public knowledge, attitude, and systems
- Health promotion messages tailored to the LGBTQ+ comunity fail to realize that sexual orientation identification is not the same as sexual behavior

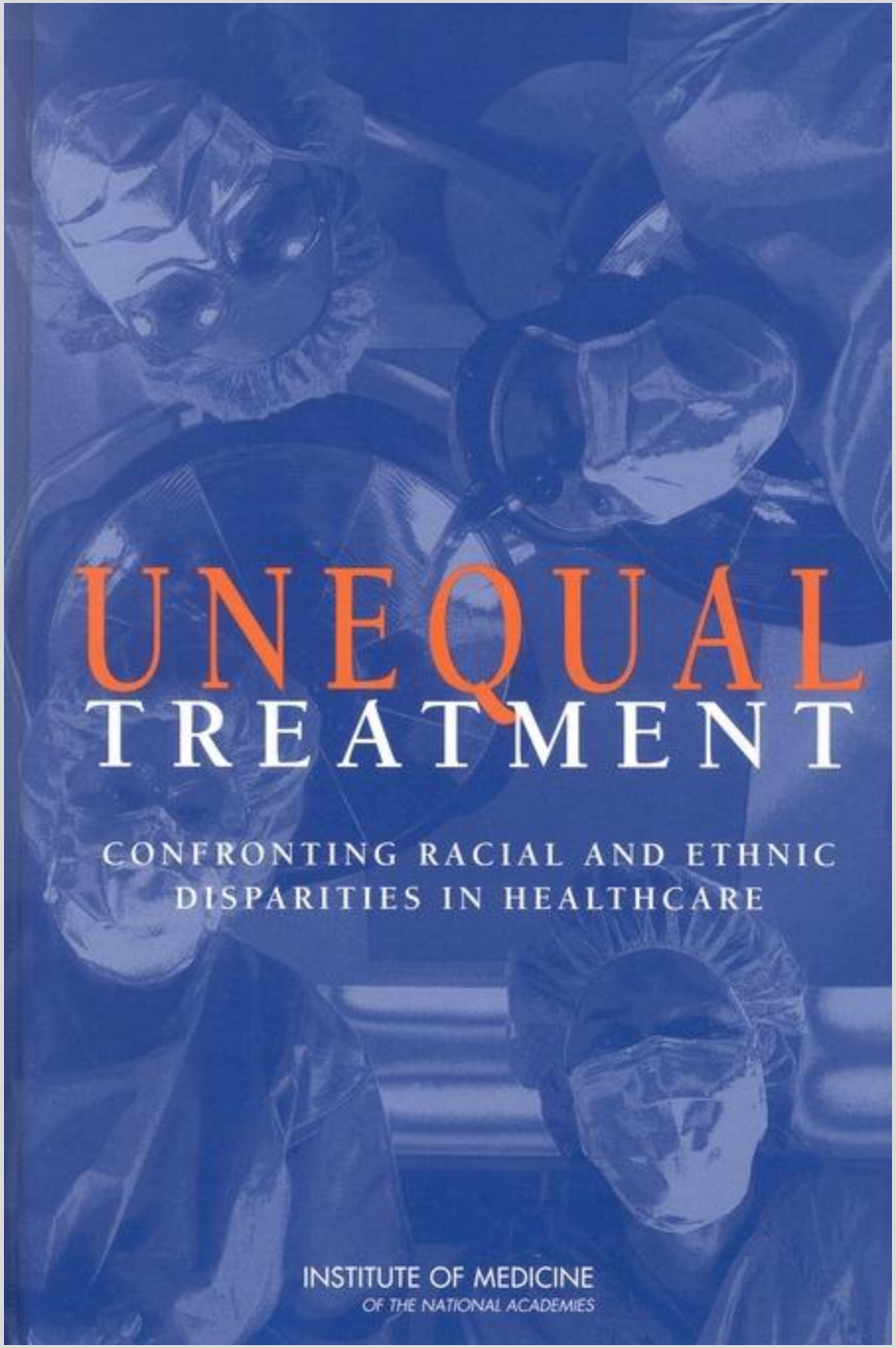
Gates, Gary J. (2014, August 26). "In U.S., LGBT More Likely Than Non-LGBT To Be Uninsured." Gallup. Retrieved from: https://news.gallup.com/poll/175445/lgbt-likely-non-lgbt-uninsured.aspx

"HIV Among Gay and Bisexual Men." CDC. n.d. Retrieved from: https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/cdc-msm-508.pdf

"LGBTQ+ Communities and Mental Health." Mental Health America. 2020. Retrieved from: https://www.mhanational.org/issues/lgbtq-communities-and-mental-health

"Substance Abuse and SUDs in LGBTQ+ Populations." NIH. n.d. Retrieved from: https://www.drugabuse.gov/drug-topics/substanceuse-suds-in-lgbtq-populations

"10 Statistics You Need To Know About LGBTQ+ Healthcare." Lighthouse. n.d. Retrieved from: https://blog.lighthouse.lgbt/10-statslgbtq-healthcare/



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Institute of Medicine. 2003. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington, DC: The National Academies Press. https://doi.org/10.17226/12875.

Racial Bias Among Healthcare Providers

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- A systematic review of 15 studies measuring implicit bias and health outcomes confirmed that **healthcare professionals hold the same level of implicit bias** against Black, Latinx, and dark-skinned people as the general population, and that “implicit bias was significantly related to patient–provider interactions, treatment decisions, treatment adherence, and patient health outcomes” (Hall et al., 2015)

- A systematic review of 37 studies confirmed the substantial evidence of “pro-White or light-skin/anti-Black, Hispanic, American Indian or dark-skin bias” among a variety of healthcare professionals across multiple levels of training and disciplines (Maina et al. 2017)

Adapted from Smedley, PhD, Brian (The Urban Institute)
How can we accelerate progress toward Healthcare Equity. February 2023. PPT
National Academies Science Engineering Medicine

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Negative Patient Descriptors: Documenting Racial Bias in the Electronic Health Record

(Sun et al., 2022)

- Researchers analyzed a sample of 40,113 history and physical notes (January 2019– October 2020) from 18,459 patients for sentences containing a negative descriptor (for example, resistant or noncompliant) of the patient or the patient's behavior.
- Sought to determine the odds of finding at least one negative descriptor as a function of the patient's race or ethnicity, controlling for sociodemographic and health characteristics [e.g., "refused," "(not) adherent," "(not) compliant," "agitated"].
- Compared with White patients, Black patients had 2.54 times the odds of having at least one negative descriptor in the history and physical notes.
- "Our findings raise concerns about stigmatizing language in the EHR and its potential to exacerbate racial and ethnic health care disparities."

Adapted from Smedley, PhD, Brian (The Urban Institute)
How can we accelerate progress toward Healthcare Equity. February 2023. PPT
National Academies Science Engineering Medicine

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Health Disparities: Closing the Gap through Cultural Competencies: PART II

Doctor- Patient Relationship Course

Brookshield Laurent D.O.
Associate Dean of Population and Public Health
Associate Professor, Family Medicine
Executive Director
Delta Population Health Institute
at NYIT College of Medicine at Arkansas State University

Do.
Make.
Heal.
Innovate.
Reinvent the Future.

Objectives

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- Define Health Disparities
- Explain the contributing factors of health disparities
- Explain how social determinants of health affect health outcomes
- Explain how practices in healthcare contribute to health outcomes
- **Define and explain the frameworks of cultural competency**
- **Explain the role of cultural beliefs in influencing health**
- **Explain the role of cultural competence and humility in addressing the disparity gaps in health care**

Demonstration of Cultural Competency

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According to the NIH

- "Cultural competency positively impacts care through service delivery that is "**respectful of and responsive** to the health beliefs, practices and cultural and linguistic needs of diverse patients"

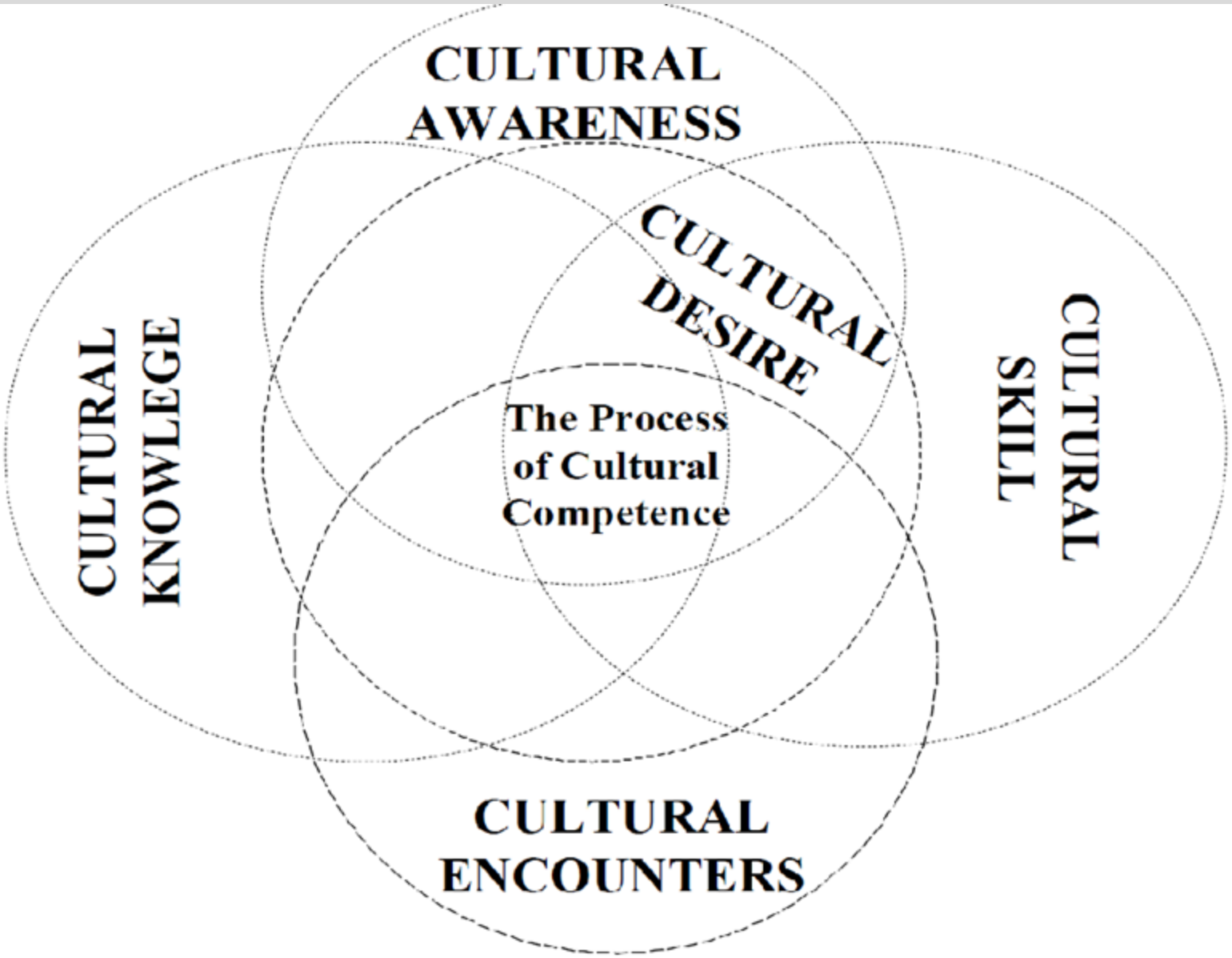

FIGURE 1. The Process of Cultural Competence in the Delivery of Health Care Services.
SOURCE: Transcultural C.A.R.E. Associates. Reprinted with permission.

Cultural Awareness

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- Self examination
- In depth exploration of one owns cultural/professional background
- Recognition of biases/prejudices/ assumptions

Cultural Knowledge

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- Process of seeking and obtaining sound educational foundation about diverse cultural and ethnic groups
- Intra cultural variation
  - Avoid stereotypes
  - Everyone in a culture adhere to various degree of culture

Cultural Knowledge

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Clinician must integrate

- Health related beliefs/cultural values
- Disease incidence/prevalence
  - Lack of epidemiological data will negatively affect care
- Treatment efficacy

Campinha-Bacote. The Process of Cultural Competence in the delivery of Health Care Service: A model of Care. Journal of Transcultural Nursing Vol. 13 No. 3 July 2002 181-184

Cultural Skill

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- Ability to collect relevant cultural data regarding the patient's presenting problem as well as accurately performing physical assessment with cultural context in mind

Campinha-Bacote. The Process of Cultural Competence in the delivery of Health Care Service: A model of Care. Journal of Transcultural Nursing Vol. 13 No. 3 July 2002 181-184

Cultural Encounters

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- Process that encourages the health care professional to directly engage in cross cultural interactions with patients from culturally diverse backgrounds
- Assessment of linguistic needs

Picture reference: http://www.answersandinsights.com/truxchange/

Text reference:. Campinha-Bacote. The Process of Cultural Competence in the delivery of Health Care Service: A model of Care. Journal of Transcultural Nursing Vol. 13 No. 3 July 2002 181-184

Cultural Desire

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- Motivations of health care provider “to want to”, rather than to “have to” engage in the process of being culturally aware, knowledgeable, skillful and familiar with cultural encounter

Campinha-Bacote. The Process of Cultural Competence in the delivery of Health Care Service: A model of Care. Journal of Transcultural Nursing Vol. 13 No. 3 July 2002 181-184

A guide to 'ASSESS' how to develop consistent cultural humility

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- **A**sk questions in a humble manner
  - (Only if it has something to do with the medical issue or care)
- **S**eek self-awareness
- **S**uspend judgment
- **E**xpress kindness and compassion
- **S**upport a safe and welcoming environment
- **S**tart where the patient is

Lack of Cultural Competence: Impact of Clinical Outcome

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1. Patients fear of being misunderstood or disrespected
2. Providers not familiar with the prevalence of conditions among certain minority groups
3. Providers may fail to take into account differing responses to medication
4. Providers may lack knowledge about traditional remedies, leading to harmful drug interactions
5. Patients may not adhere to medical advice because they do not understand or do not trust the provider
6. Providers may order more or fewer diagnostic tests for patients of different cultural backgrounds

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Table 1. Dimensions of the Health Belief Model

Dimensions	Definitions
Perceived Susceptibility	An individuals perception of his/her chances of getting the disease
Perceived Seriousness	An individuals knowledge related to the severity of the disease
Perceived Benefits	An individual's opinion of desirable behavioral health beliefs that need to be taken into consideration during treatment plans.
Perceived Barriers	An individual's opinion as to what will stop him/or her for seeking behavioral health services and returning for continued services.
Self Efficacy	An individual's belief that he or she can do something to improve current situation

Concha, M, Villar, M.E., & Azevedo, L, (2014) Health Attitudes and Beliefs Tool Kit, Technical Assistance Network for Children's Behavioral Health, University of Maryland, Baltimore, MD.

Figure 2.
Reflecting Behavioral Health Values and Beliefs: Guiding Questions using Health Belief Model

Perceived Susceptibility	Perceived Seriousness
• Please tell me why you came here today and what you hope to accomplish to improve your situation? • Were you taught about <reason you are here> growing up? • Does anyone among your friends and family also share the same issues as you? Did they seek help? What was the result? • What role do your spiritual beliefs play in regaining your health?	• When you hear the term "behavioral health", what does it mean to you? What about mental health? Mental illness? • What do you know about your current issue that brought you here today? • How do people in your community talk about mental illness? • How different is the perception of your health issue in the American culture compared tot he culture from your country of origin? • Do you think you could get better without professional help?

Perceived Benefits	Perceived Barriers
• How do you feel about getting the kinds of services we provide here? • Does your family support you in your decision to seek help for this situation? • What type of social and support networks do you have besides your family Explain. • I s religion important to you? If so, how? • Would you consider yourself a spiritual person? If yes, explain. • What things are meaningful in your life? • What role do your spiritual beliefs play in regaining your health? • Have you ever received services from natural healers (preachers, shamans, etc.) or other complementary health approaches? • Do you meditate? What else do you do to help your own spiritual and mental wellness? • Have you have any position experiences with a behavioral health? Explain.	• Do you think you will be able to resolve your situation and the problems that brought you here today? Can you do it on your own or do you feel you need professional help? • Does your family support you in your decision to seek help? • What type of social and support networks do you have besides your family? Explain. • What do people in your community think about your situation (probe for stigma, stereotypes and prejudice)? Do you think the community discriminates against people with similar issues as you? • How do people in your community talk about mental illness? • How old were you when you moved tot he U.S.? (only if not born in the U.S.) • Do you identify more with U.S. culture or the culture of your home country? • Have you ever been discriminated against for being different? How did you react? • Do you feel comfortable speaking only with your doctor or caseworker in English? Or would you feel more comfortable with an interpreter? • How do you want a behavioral health care specialist to treat you? • How do you want your mental health care provider to perceive you? • Have you had any negative experiences with a behavioral health? Explain. What about positive experiences?

Self Efficacy
• Do you think you will be able to resolve your situation and the problems that brought you here today? Can you do it on your own or do you feel you need professional help? • Does your family support you in your decisions to seek help? • What is most important to you and your family? Think of material things as well as family values • What role do your spiritual beliefs play in regaining your health? • What type of social and support networks do you have besides your family? Explain.

Concha, M, Villar, M.E., & Azevedo, L, (2014) Health Attitudes and Beliefs Tool Kit, Technical Assistance Network for Children's Behavioral Health, University of Maryland, Baltimore, MD.

iPad 6:12 PM 22%

TABLE 4-3 Examples of Ways that Culture Can Affect Health

Ways that culture may affect health	Examples
Culture is related to behavior—social practices may put individuals and groups at increased or reduced risk	Food preferences—vegetarian, Mediterranean diet Cooking methods History of binding of feet in China Female genital mutilation Role of exercise
Culture is related to response to symptoms, such as the level of urgency to recognize symptoms, seek care, and communicate symptoms	Cultural differences in seeking care and self-medication Social, family, and work structures provide varying degree of social support—low degree of social support may be associated with reduced health-related quality of life
Culture is related to the types of interventions that are acceptable	Variations in degree of acceptance of traditional Western medicine including reliance on self-help and traditional healers
Culture is related to the response to disease and to interventions	Cultural differences in follow-up, adherence to treatment, and acceptance of adverse outcome

TABLE 4-4 Examples of Ways that Religion May Affect Health

Ways that religion affects health	Examples
Religion may affect social practices that put individuals at increased or reduced risk	Sexual: circumcision, use of contraceptive Food: avoidance of seafood, pork, beef Alcohol use: part of religion versus prohibited Tobacco use: actively discouraged by Mormons and Seventh-Day Adventists as part of their religion
Religion may affect response to symptoms	Christian Scientists reject medical care as a response to symptoms
Religion may affect the types of interventions that are acceptable	Prohibition against blood transfusions Attitudes toward stem cell research Attitudes toward abortion End-of-life treatments
Religion may affect the response to disease and to interventions	Role of prayer as an intervention to alter outcome.

Consideration of Culture and Health

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- Religion may influence
  - Attitudes in social practices
    - Sexual practices
    - Food
    - Alcohol: part of religion or prohibited
    - Tobacco
  - Response to symptoms
    - Example: people groups may not prescribe to traditional western medical care as a response to symptoms

Riegelman, Richard K., and Brenda Kirkwood. *Public health 101: healthy people - healthy populations*. Burlington, MA: Jones & Bartlett Learning, 2015. Print

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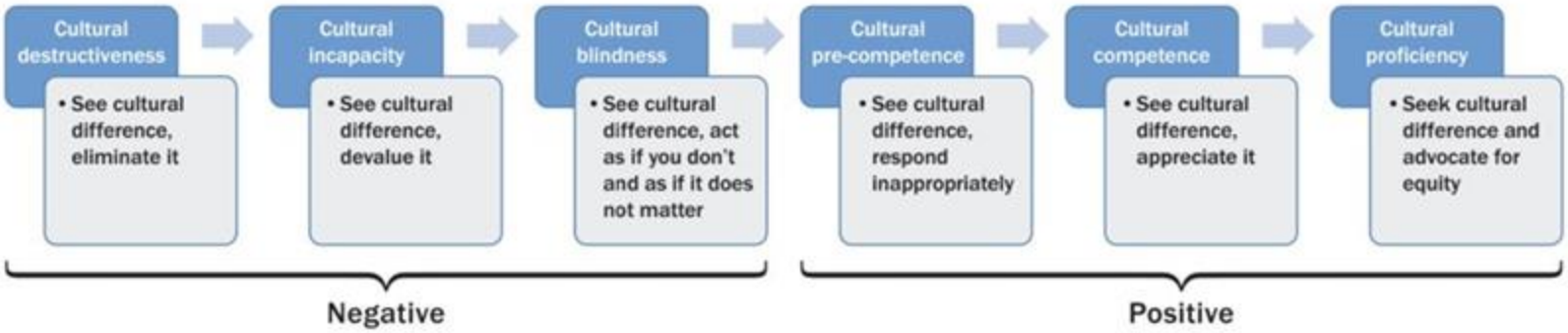
Figure 1. Organizational Cultural Competence Continuum



Burney and Paladko 2015

Objectives

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- Define culture
- Define cultural competency
- Explain the role of culture in health
- Explain how cultural beliefs affect health
- Explain steps toward cultural proficiency

Seidel's Guide to Physical examination 8th edition Ch. 2 p 21-29 Cultural Competency

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Feedback Survey

https://comresearchdata.nyit.edu/redcap/surveys/?s=HRCY448FWYXREL4R

Lecture Feedback Form: