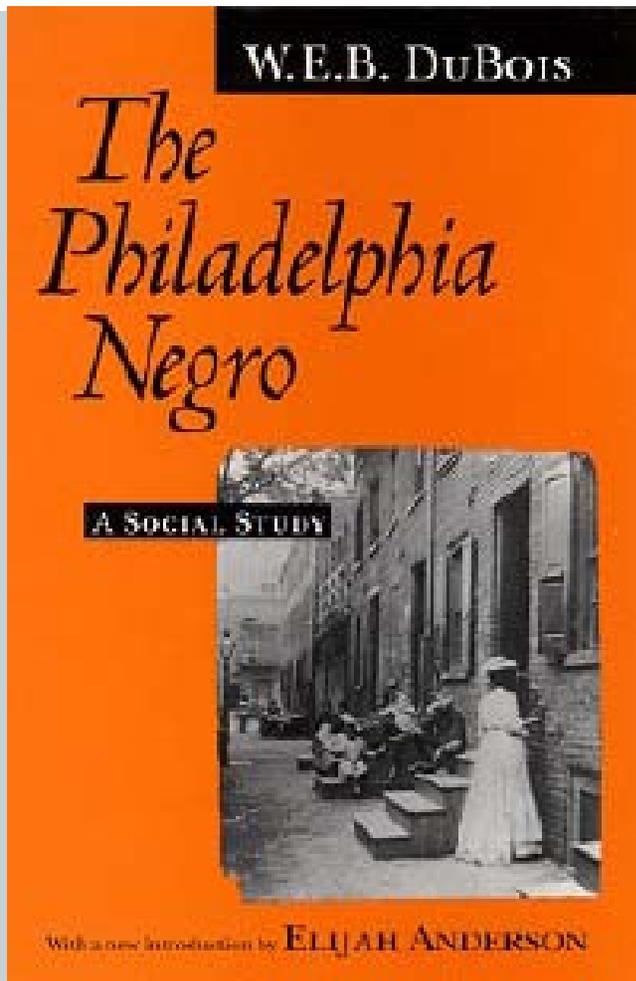# HiAP Lens on Reducing Health Disparities

Shiriki Kumanyika, PhD, MPH

UNIVERSITY OF PENNSYLVANIA

SCHOOL OF MEDICINE

CENTER FOR PUBLIC HEALTH INITIATIVES

PHILADELPHIA PA

IOM Workshop on Reducing Disparities in Life Expectancy, Washington DC 2 –24-2011

Disparities are not new…

- "One thing of course we must expect to find, and that is a much higher death rate at present among Negroes than among whites: this is one measure of the difference in their social advancement"

W.E.B. DuBois, The Philadelphia Negro, A Social Study, originally published in 1899, University of Pennsylvania Press; page 148 of 1996 edition

Secretary of Health & Human Services:
Margaret Heckler (1983 - 1985)

Released October 16, 1985

Volume I:
Executive Summary

Report of the
Secretary's Thask
Force on

Black &
Minority
Health

Margaret M. Heckler,
Secretary

U.S. Department of Health and
Human Services

I.   Executive Summary
II.   Crosscutting Issues in Minority Health
III.   Cancer
IV.   Cardiovascular and Cerebrovascular Disease
V.   Homicide, Suicide, and Unintentional Injuries
VI.   Infant Mortality and Low Birthweight
VII.   Chemical Dependency and Diabetes
VIII. Hispanic Health Issues; Inventory of DHHS Programs; Survey of Non-Federal Community

1998

Science Blog

Date: Saturday, February 21, 1998
WHITE HOUSE FACT SHEET
Contact: HHS Press Office (202) 690-6343

PRESIDENT CLINTON ANNOUNCES NEW RACIAL AND ETHNIC HEALTH DISPARITIES INITIATIVE

Today, President Clinton announced a new initiative that sets a national goal of eliminating by the year 2010, longstanding disparities in health status that affect racial and ethnic minority groups. The president announced that the Federal government will, for the first time, set high national health goals for all Americans, ending a practice of separate, lower goals for racial and ethnic minorities. To help reach these ambitious targets, the president also announced a five-step plan to mobilize the resources and expertise of the Federal government, the private sector, and local communities to eliminate disparities that for too long have been treated as intractable.

A five-step plan that sets a national goal of eliminating health disparities in six areas by the year 2010:
- -infant mortality
- -cancer screening/management;
- -cardiovascular disease;
- -diabetes;
- -HIV/AIDS rates;
- -child and adult immunization levels

PERSPECTIVES

- Healthy People 2020 Secretary's Advisory Committee

- Diet and chronic disease disparities

- Obesity Prevention in US and Abroad

- Health equity/disparity issues—African American focus

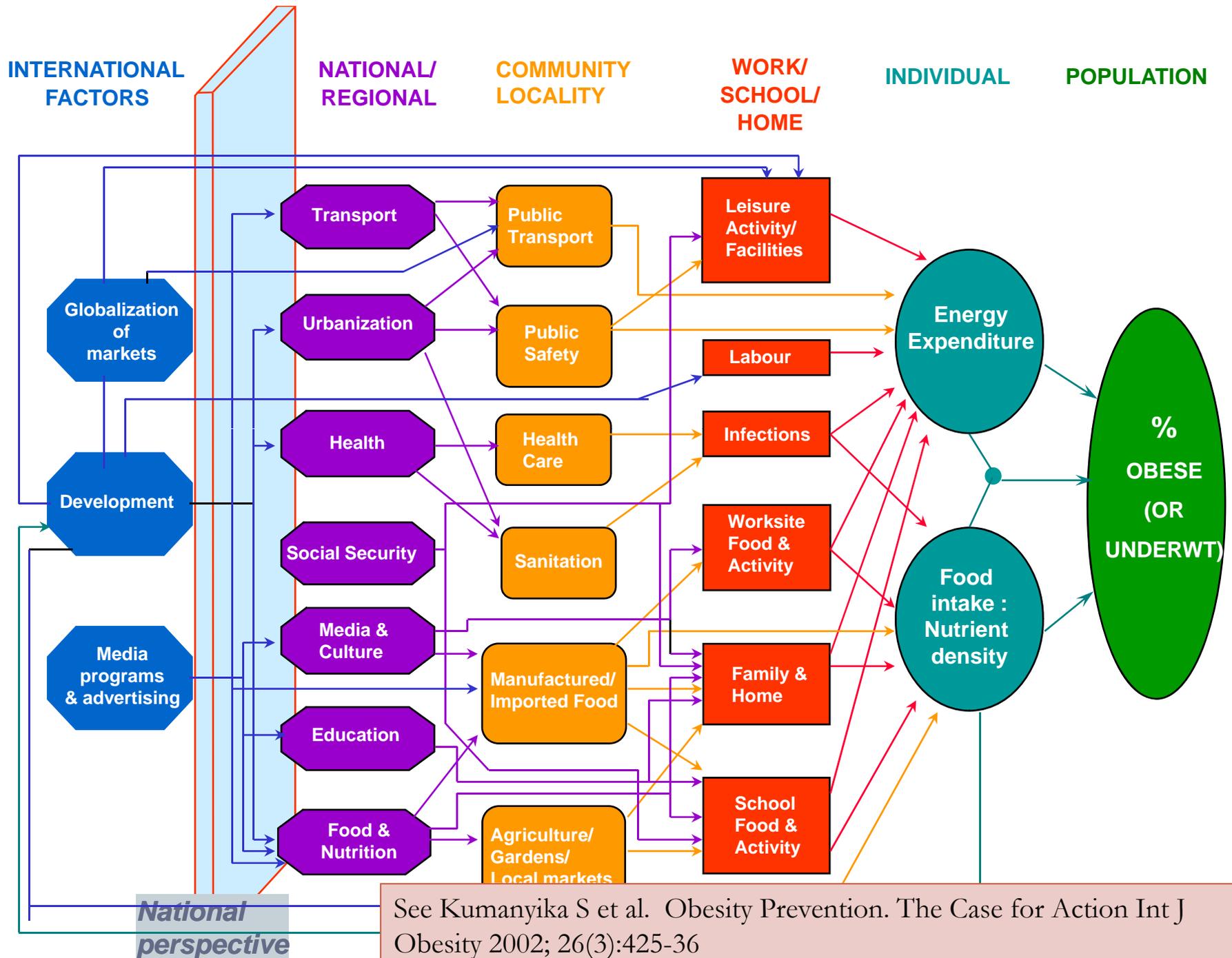- African American woman – pre civil rights movement generation

Key Messages in Paper

- Racial/ethnic disparities qualitatively different
- Disparities reflect major flaws /failures of US society
- Failures are persistent and can worsen
- Patterns differ by and within groups
- Medical care cannot fix
- Must address social determinants from earliest life stages

- Data needed to point to solutions and priorities
- Data must have sufficient granularity
- Data needed for accountability
- Moral imperative, but need can be argued based on economics, population fitness, societal fitness
- We need <u>NEW</u> solutions

5 Conclusions-Recommendations-Provocations

1. HiAP as critical but not sufficient
2. Need for major reframing of equity issues
3. Implications for higher education and professional training
4. Implications for health disparities research
5. Importance of data integration across policy domains

INTERNATIONAL FACTORS • **NATIONAL/ REGIONAL** • **COMMUNITY LOCALITY** • **WORK/ SCHOOL/ HOME** • **INDIVIDUAL** • **POPULATION**

Globalization of markets

Development

Media programs & advertising

Transport

Urbanization

Health

Social Security

Media & Culture

Education

Food & Nutrition

Public Transport

Public Safety

Health Care

Sanitation

Manufactured/ Imported Food

Agriculture/ Gardens/ Local markets

Leisure Activity/ Facilities

Labour

Infections

Worksite Food & Activity

Family & Home

School Food & Activity

Energy Expenditure

Food intake : Nutrient density

% OBESE (OR UNDERWT)

National perspective

See Kumanyika S et al. Obesity Prevention. The Case for Action Int J Obesity 2002; 26(3):425-36

1. HiAP as critical but not sufficient

- HP2020 arguments in favor of HiAP
  - If social and physical environmental determinants underlie population health problems, then HiAP will have a disproportionate benefit for subpopulations that are systematically disadvantaged with respect to their environments

  - Without HiAP, there is the danger of closing gaps without improving achieving health equity potential, e.g., absolute health indicators must also be considered ["raise all boats"]

1. HiAP as critical but not sufficient (continued)

- **HiAP could be achieved, but policies could still:**
  - be inequitable? [school PE policies that rely on school resources?]
  - permit inequities? [curb food marketing to children but not adults?]
  - cause inequities? [restricting SNAP benefits?]

- *Addressing disparities also requires E(quity)iAP*
- *Moral arguments must be included*

2) Reframing Disparity and Equity Issues

Within HiAP approaches:

- Remove "minorities" from the lexicon
  - Counterproductive; reinforces power gradient and stereotypes
  - Reinforces racism and victim blaming (e.g., minorities are bringing down society, costing us more, etc)
- Use socioeconomic status and social class to make arguments about social and economic environments
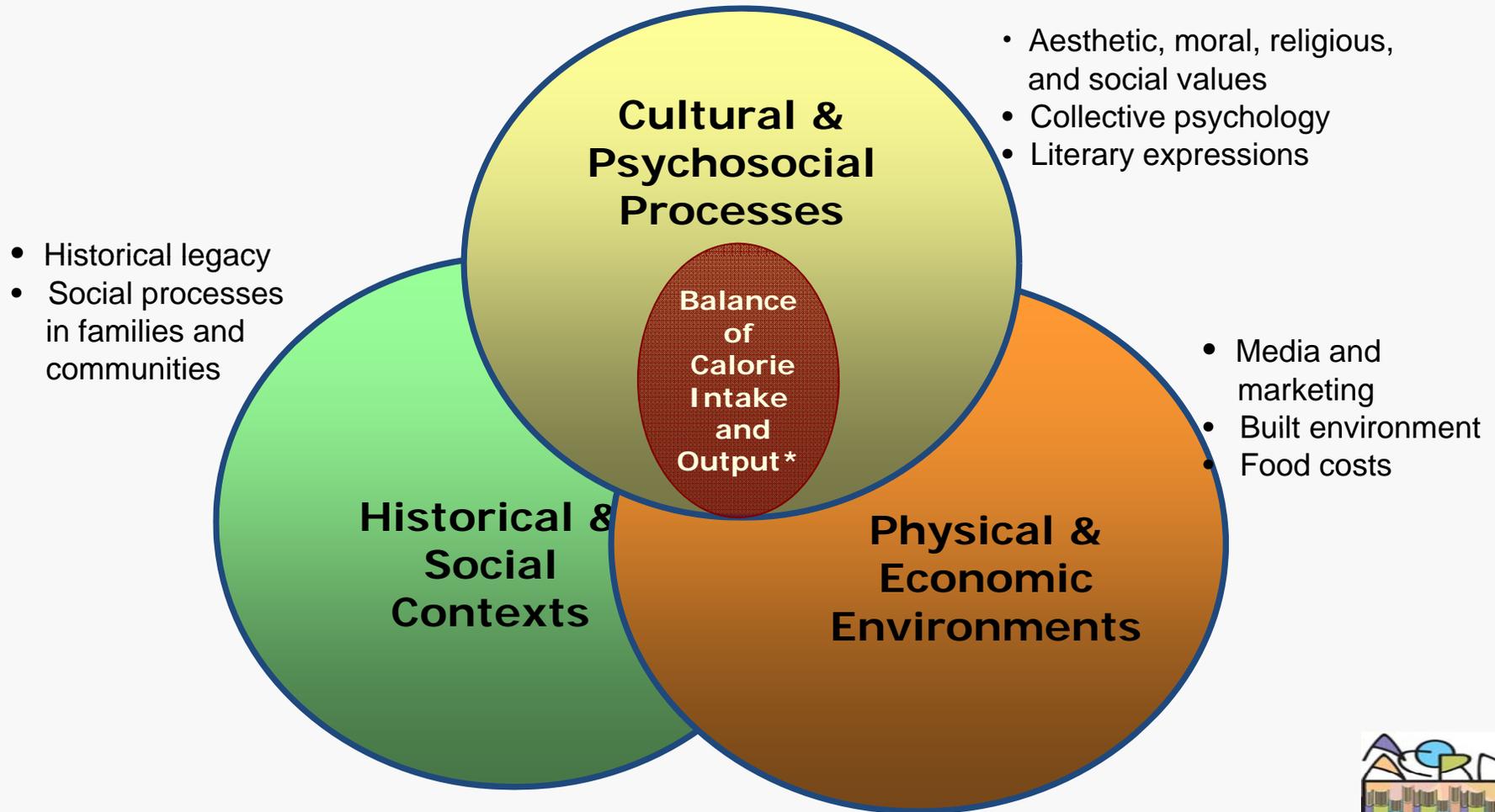 - "cleaner" basis for making the moral argument

2) Reframing Disparity and Equity Issues (continued)

Within HiAP approaches:

- Address disparities affecting specific ethnic populations
  - Specific sociopolitical context
  - Socioeconomic differences within groups
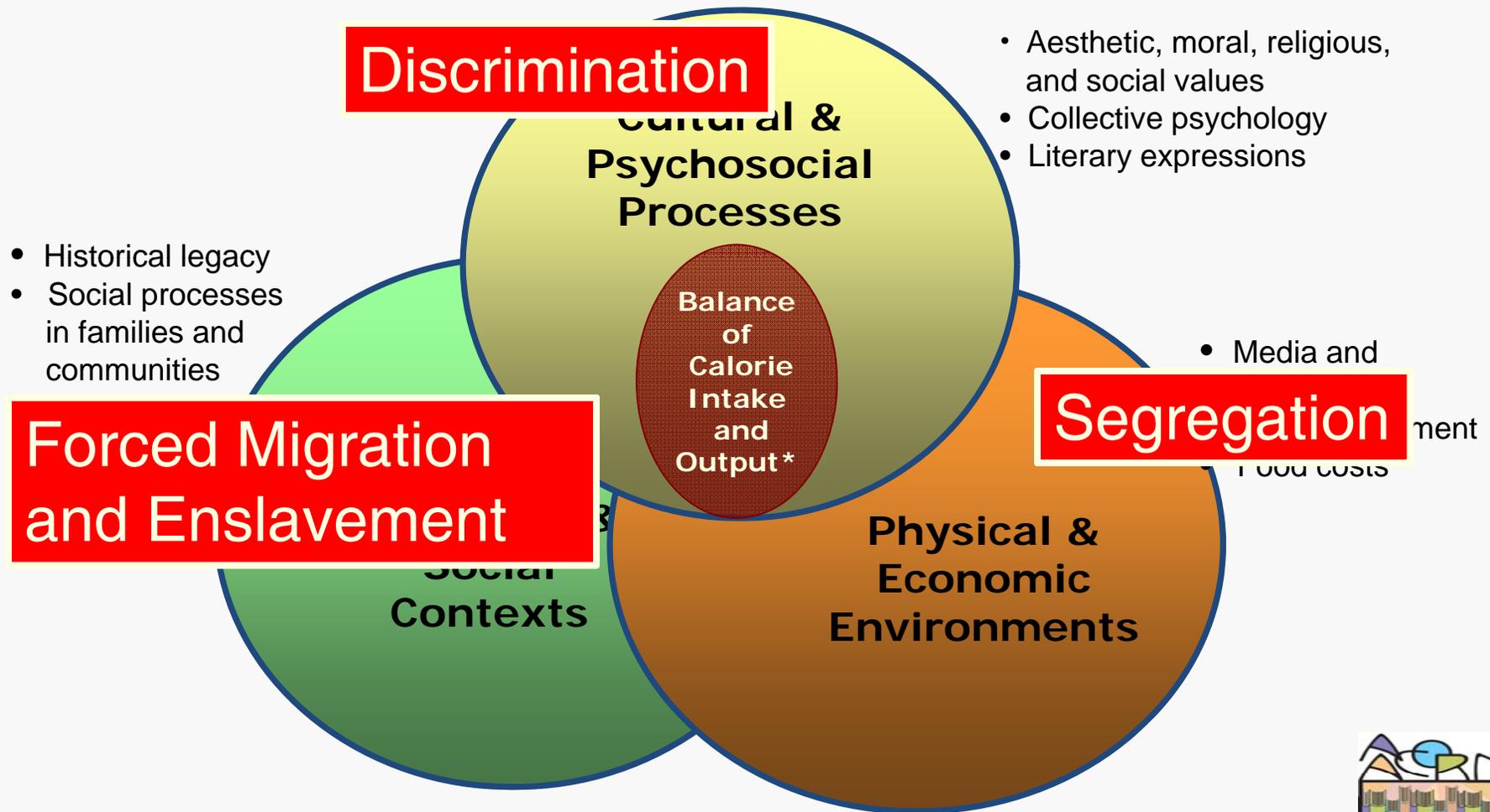 - Engage specific communities of interest

Expand and Integrate Knowledge Domains

- Aesthetic, moral, religious, and social values
- Collective psychology
- Literary expressions

Cultural & Psychosocial Processes

- Historical legacy
- Social processes in families and communities

Balance of Calorie Intake and Output*

Historical & Social Contexts

Physical & Economic Environments

- Media and marketing
- Built environment
- Food costs

See: Kumanyika SK et al. Expanding the obesity research paradigm to reach African American communities. Prev Chronic Dis. 2007 Oct;4(4):A112.

Expand and Integrate Knowledge Domains

Discrimination

Forced Migration and Enslavement

Segregation

Cultural & Psychosocial Processes

- Aesthetic, moral, religious, and social values
- Collective psychology
- Literary expressions

- Historical legacy
- Social processes in families and communities

Balance of Calorie Intake and Output *

Social Contexts

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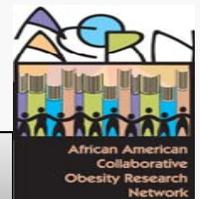
3. Implications for Higher Education and Professional Training

- Move to more people-oriented than disease oriented knowledge base
  - Public health in humanities and social sciences
  - Humanities and social sciences in public health

- Integrate knowledge
-Use understanding of history and societies to create new solutions
-Increase cross cultural studies

- Introduce more health-related content into training of other professions

4. Implications for Health Disparities Research

- **Consider whether health disparities research can succeed based on current research funding models:**
    - Funding of policy relevant research
    - Training in policy relevant research
    - Ability to work across disciplines
    - Time and resources for interface with policy makers
    - <u>Generative thinking usually "extracurricular" (unfunded)!</u>
    - <u>Need models for conduct of research with communities to support HiAP and understand potential policy impacts</u>
    - Evaluating scientists on independent rather than collaborative efforts
    - Problem oriented rather than solution oriented silos

A COMMUNITY-CENTERED VIEW OF INFLUENCES ON EATING, ACTIVITY, AND BODY WEIGHT

Influences of Culture and Mindset

Environments to Navigate

What are our social values?

What do we believe in?

What gives us pleasure?

What gives comfort?

How do we cope with stresses?

What is fair treatment?

Who earns our trust and our loyalty?

What is our history? How does it affect the way we live now?

What kinds of social institutions do we have?

How do our faith communities support us?

What are our families like?

What are our community strengths?

What is our collective strength for taking action?

EATING HABITS PHYSICAL ACTIVITY BODY WEIGHT

Do we have money to buy the things we need?

What are our neighborhoods like?

What type of food is available? How much does it cost?

Where are opportunities for recreation and outdoor activities?

Who sponsors community events?

What messages do we get from TV, radio, outdoor ads, the web?

Historical and Social Factors

Health and wellness	High quality of life	Long life

Data Integration

- **Health in all Data?**
  - Ensure that data can be linked across domains in order to track effects of social and economic policies on health outcomes

RECAP
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