

The Bureau of Health Equity Webinar Series

Minority Health



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health



**Partnership for
Healthy Communities**
A COMMUNITY ENGAGEMENT INITIATIVE



Yendelela Cuffee, PHD, MPH

Associate Professor, University of Delaware
Associate Director, Partnership for Healthy Communities

Meet the Speaker

Dr. Yendelela Cuffee is an Associate Professor of Epidemiology and Associate Director of Scholarship and Research for the Partnership for Healthy Communities at the University of Delaware. With over a decade of experience in academia and health care consulting, she researches how psychosocial and behavioral factors affect medication adherence and cardiovascular health in the Black community. She uses qualitative and mixed methods to promote behavioral change in individuals with hypertension and evaluates the impact of culturally appropriate health programs on outcomes and well-being.

Overview



Definition of minoritized populations

- Knowledge gaps related to minority health and minoritized populations



Structural drivers of health inequities

- How historical examples inform the present



Strategies to promote minority health and health equity

- Health literacy and the Vital Conditions Framework
- Local resources, tools, programs, and initiatives

“Our future survival is predicated upon
our ability to relate within equality.”
– Audre Lorde, 1980



Defining Health Disparities/Health Equity



Health Disparities

- Differences in life opportunities, exposures, and stressors
- Differences in access to health care and the quality of care received
 - Multifaceted- individuals, families, communities, and organizations



Health Equity

- Health equity is achieved when everyone has a fair and just opportunity to attain their highest level of health
- Valuing all individuals and populations equally
- Promotes optimal health outcomes for all communities

How do Health Disparities Affect Health?

Disparities in health care have been linked with:

**Lower likelihood
of having a
regular source
of care**

**Fewer physician
visits**

**Fewer visits to
mental health
providers**

**Ineffective
patient-
physician
communication**

How do health disparities impact the health of minoritized populations?

Minoritized and Minority Populations

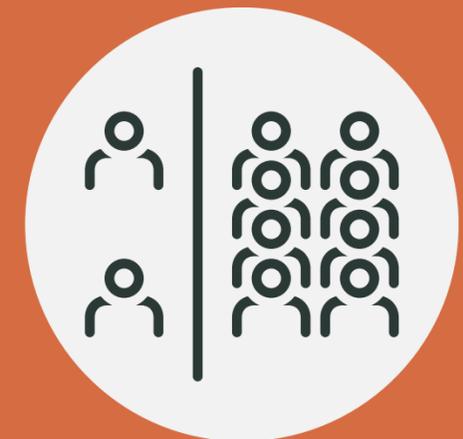


Minoritized Populations

Minoritized populations are social groups that are marginalized due to systematic oppression. The term is used to reflect power structures instead of the number of people that make up the group.

Minority Populations

Minority populations are typically associated with the being numerically smaller but has been used to refer to social disadvantage. A group may reflect a larger percentage of the population but possess less power or social capital.



Who is Included in Minoritized Groups?

- **A few examples of minoritized groups:**
 - **Race/ethnicity**
 - **Gender/Gender Identity**
 - **Income/Class**
 - **Indigenous and Immigrant Status**
 - **Disability**
 - **Religion**
 - **Political**
 - **Age**
 - **And more**



Minoritized Populations and Health



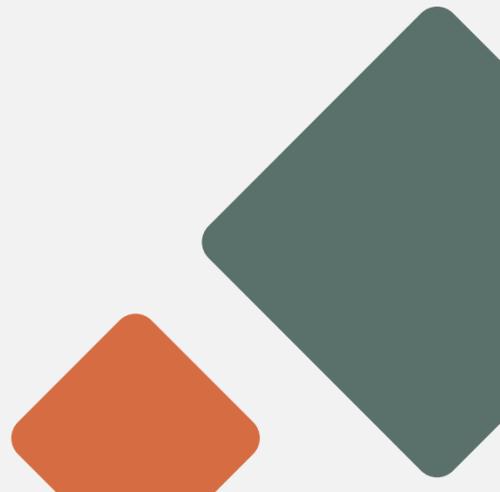
Minoritized Groups- rarely experience the same benefits from research, programs, and recent health care discoveries as other groups.



Highlights the importance for identifying and understanding the health concerns and needs of these groups and developing approaches to address their concerns and needs.



To understand more about the experiences of minoritized groups it is important to consider the differences between privilege and oppression.



Defining Privilege and Oppression



Privilege

Advantages granted or available to one who is part of a group with relatively more power.



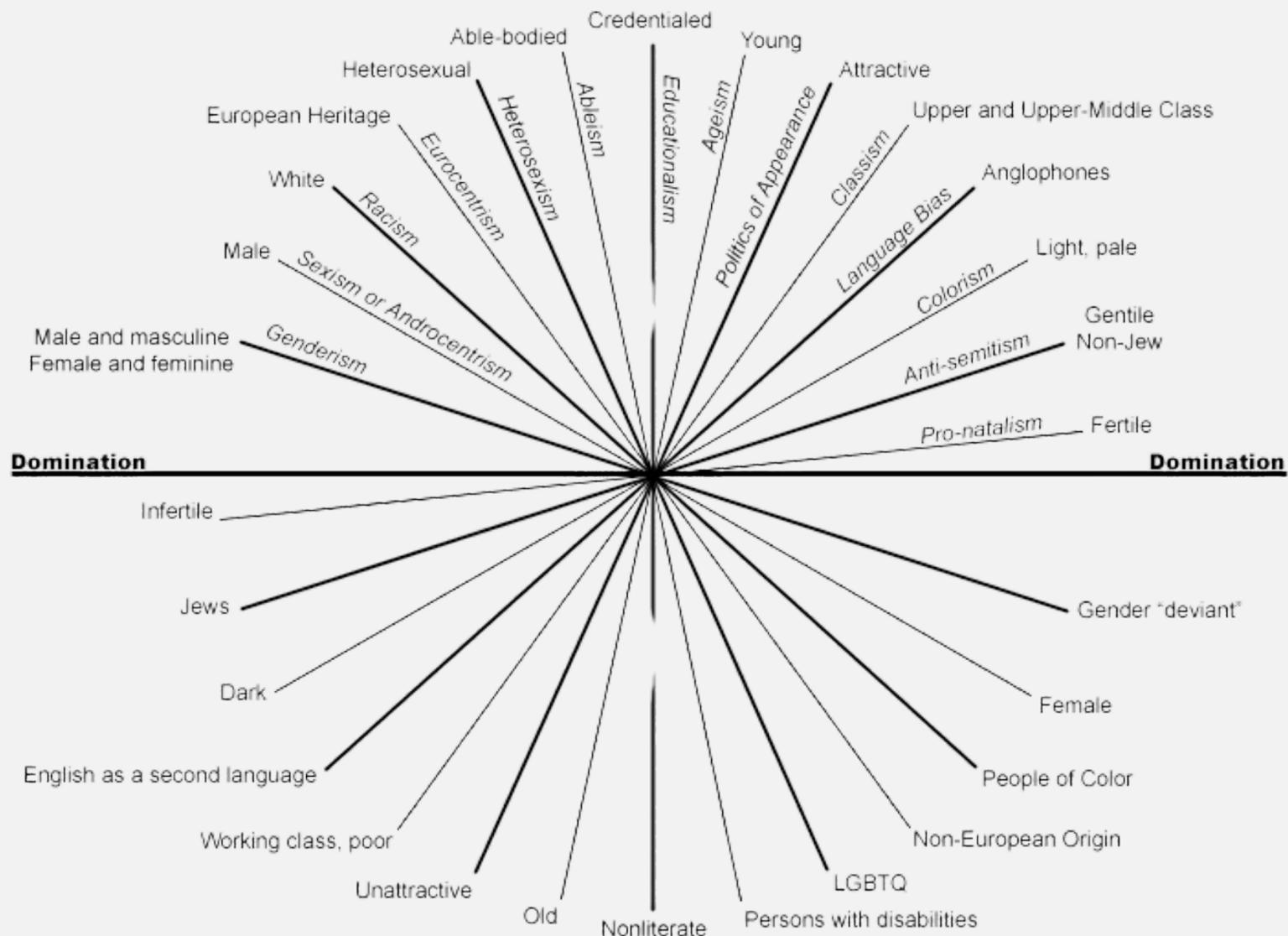
Oppression

A system of institutional power and prejudice that discriminates against some and benefits others.

Axes of Privilege and Oppression

Intersecting Axes of Privilege, Domination, and Oppression

Adapted from Kathryn Pauly Morgan, "Describing the Emperor's New Clothes: Three Myths of Educational (In)Equality," The Gender Question in Education: Theory, Pedagogy & Politics, Ann Diller et al., Boulder, CO: Westview, 1996.



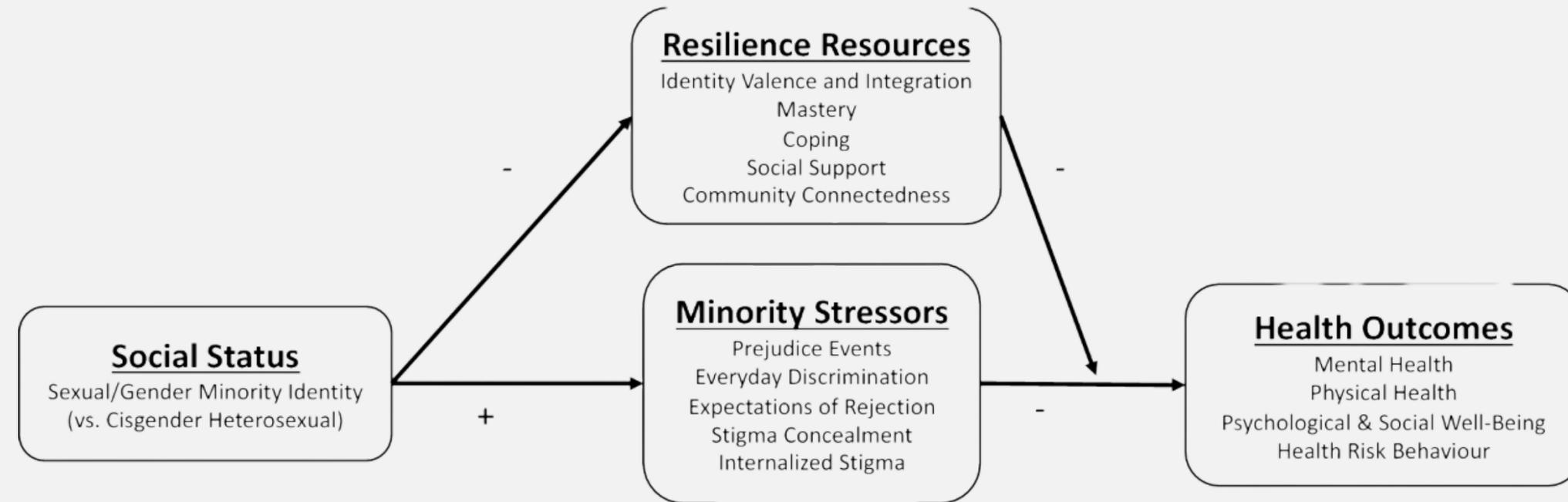
Social Positioning:

- A person's social position and health are informed by their intersecting experiences of privilege and oppression

Health and Social Position

- The detrimental health effects of social position are experienced through:
 - Minority stress
 - Weathering hypothesis

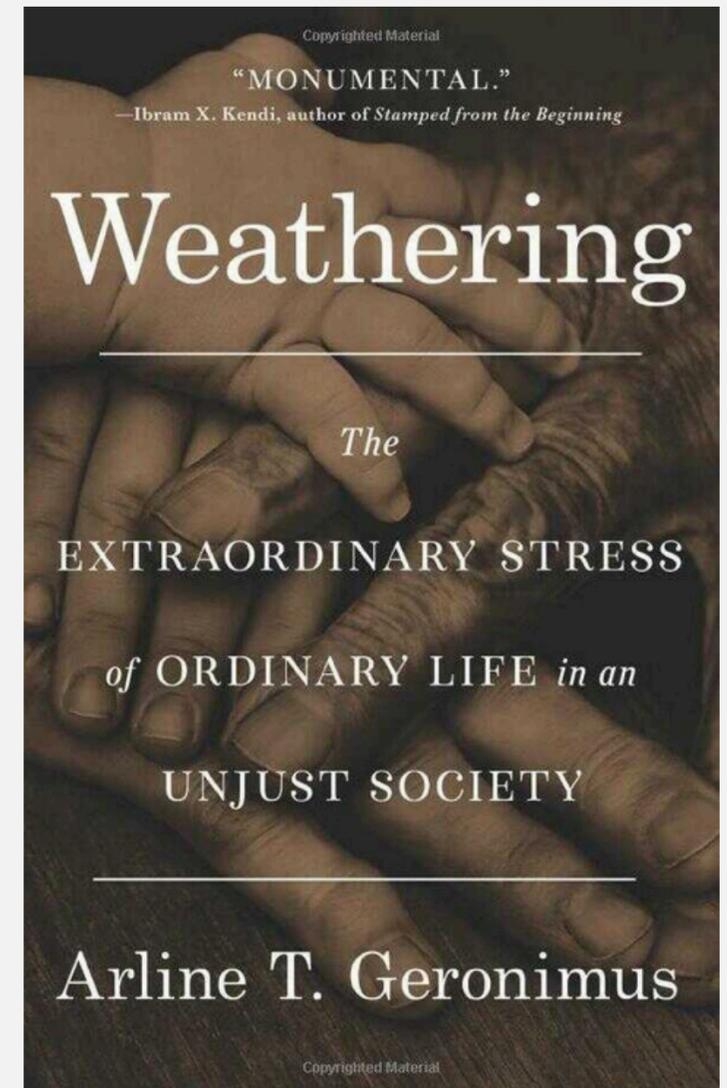
Minority Stress and the Minority Stress Model



- **Minority stress is the relationship between minority status and the social environment experienced by minorities.**
 - **Reflects the levels of stress and unique pressures experienced by those in minority groups.**
- **Originally proposed to explain the stressors sexual minorities experience that impact access to care.**
 - **Harassment, maltreatment, discrimination and victimization**
- **The dominant group (privilege) is the group that holds the most power in society, while traditionally oppressed groups must strive harder to obtain power.**

The Weathering Hypothesis

- **The Weathering Hypothesis**: A mechanism for social inequities to get “under the skin” through the stress process (Geronimus, 1992)
 - Physiological response to stress
 - Life course accumulation of stress
 - Deterioration in health
- **The Weathering Hypothesis has been linked with:**
 - Pregnancy
 - Mortality
 - Physical functioning
 - Disability



**Population-Level Perspective:
Exploring the Role of Social
Identities**

Older Adults and Health Care



The number of older adults in the United States continues to increase. People are living longer. The 75-to-84-year-old population are healthier than ever before.

- ✓ 15% of the population (CDC, 2017)
- ✓ Higher burden of cancer, chronic disease, osteoporosis, and emotional well-being rates of depression and isolation.
- ✓ Recent focus on exploring how social factors such as residential segregation, social mobility, income, and retirement impact health of older adults.

Individuals Living with Disabilities and Health

- **Over a billion people are estimated to live with a form of disability**
- **Disability is extremely diverse:**
 - **MS, spinal cord injuries, visual impairment, chronic low back pain, intellectual, and developmental**
- **People with disabilities experience lower levels of health:**
 - **Chronic conditions, multiple comorbidities, social marginalization, discrimination, etc.**
- **Gaps in knowledge:**
 - **Public health surveys, data analyses, and health reports**
 - **Access (sidewalks, parking, support for long-term care, etc.)**
 - **Educational support services and career training**

Gender Inequality

- **Gender** refers to those characteristics of women and men which are **socially constructed**, whereas **sex** designates those characteristics that are **biologically determined**
- **Risks/protective factors are different for men and women**
 - **Based on how society is organized (ex: opportunities, access, quality of care, social norms, and gender expectations)**
- **Gender Inequality:**
 - **Being excluded from decision making**
 - **Lower literacy rates and reduced access to information**
 - **Social division of labor (women–informal care provider)**

Dimensions of Sex (Biological Variable) & Gender (Social and Cultural Variable)



Gender and Health

- **Gender Inequality in relation to health:**
 - **Cultural factors, such as lack of female health providers**
 - **High opportunity costs of women's labor time – distance, waiting time, etc.**
 - **Susceptibility to infectious disease and less effective treatments for managing chronic disease**
 - **Rising rates of chronic disease**
 - **Public health issues like exposure to and experiencing gender-based violence, poor maternal and child health outcomes, and limited access to reproductive resources for family planning and contraceptives**



LGBTQIA+ Community



**9.3% of
adults in the
US identify
as LGBTQIA+**



**1.6 million
identify as
transgender**

Barriers to Care

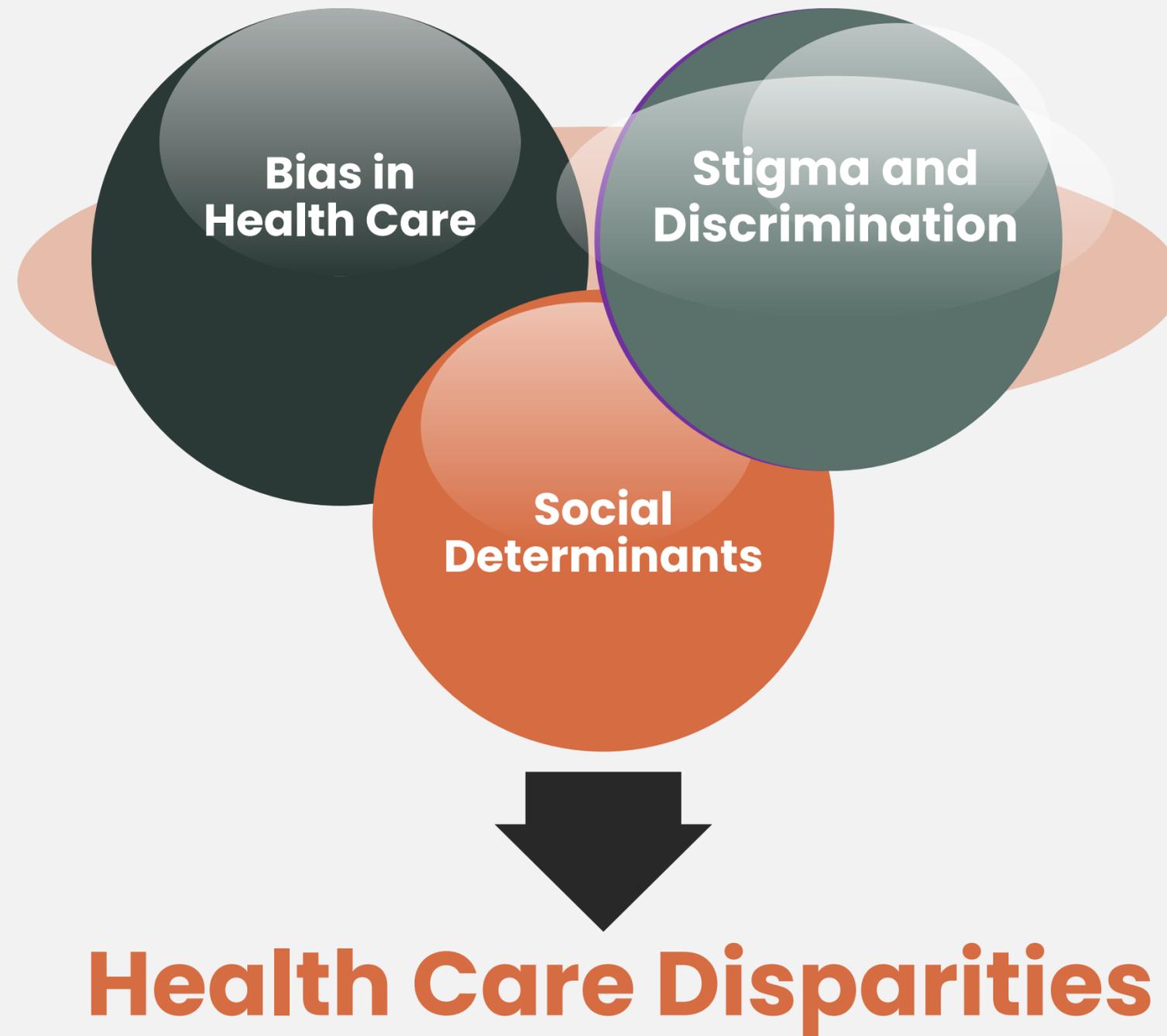
Barriers to providing equitable and supportive care to the LGBTQIA+ community:

Lack of collected data on sexual orientation and gender identity

Obstructed access to health care services, legal support, limited access to gender-affirming care, and health insurance coverage

Limited LGBTQIA+ cultural competence in health care and education for health care providers

LGBTQIA+ Disparities



“Race-associated differences in health outcomes are routinely documented in this country, yet for the most part they remain poorly explained.”

– Camara Jones



Race/Ethnicity



- **Race/Ethnicity are often used as a proxy for social economic status (SES), culture, or genes**
- **Race is an important social category for exploring, studying, and intervening on differences in health.**

Racial/Ethnic Disparities in Health Care

Minority race or ethnicity has been linked with:

**Lower likelihood
of having a
regular source
of care**

**Less appropriate
management of
health conditions
– both infectious
and chronic –
and lower rates
of access to
prescriptions**

**Linked with
poorer patient-
physician
communication**

Racism and Discrimination

Racism

An organized social system in which the dominant racial group uses its power to devalue, disempower or differentially allocate resources and opportunities to groups considered inferior.

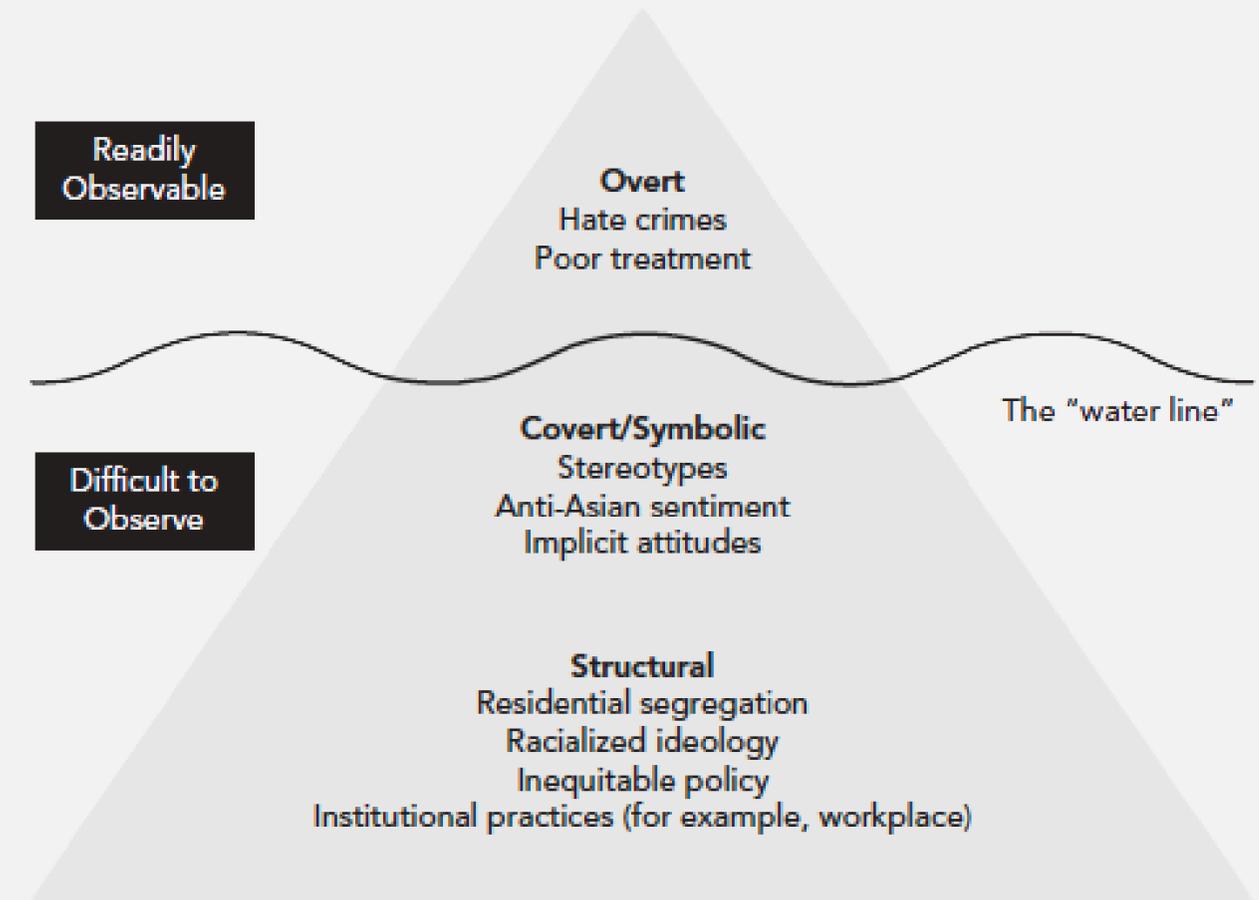


FIGURE 5.1 The racism iceberg. Source: Gee, G. C., and A. Ro. 2009. "Racism and discrimination." In *Asian American Communities and Health: Context, Research, Policy and Action*, edited by C. Trinh-Shevrin, N. S. Islam, and M. J. Rey, 364–402. San Francisco, CA: Jossey-Bass. Copyright © 2009 by John Wiley & Sons, Inc. All rights reserved.

Intersectionality

Intersectionality Framework

A theoretical framework that describes the interlocking and relationships among multiple systems of oppression and intersecting identities.

✔ Individuals exist on multiple axes of privilege and disadvantage.

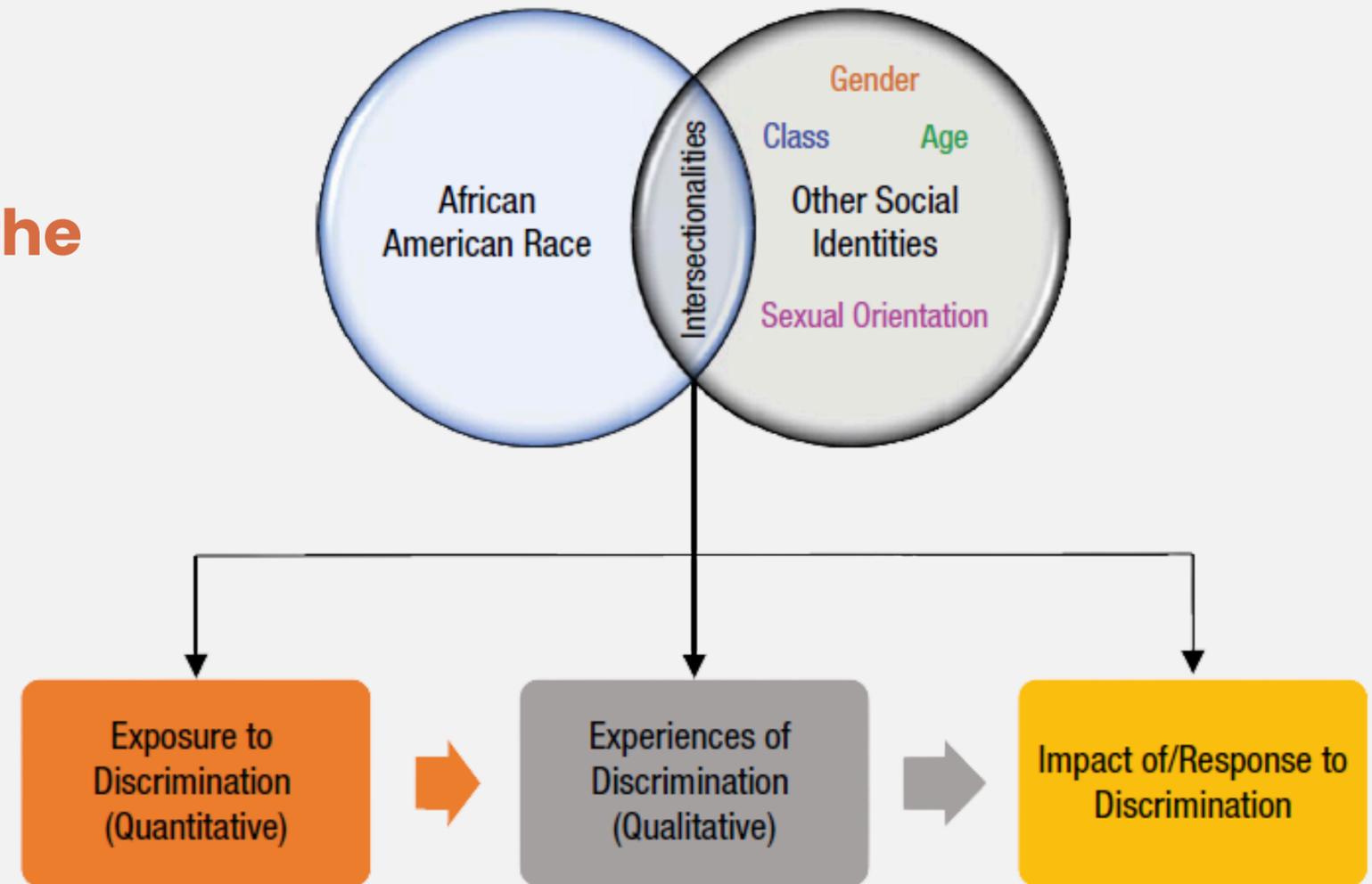


Fig. 1. Discrimination, intersectionalities, and health among African Americans. The figure provides a working framework for how African American race might interact with other social identities to shape exposure to discrimination (i.e., the quantitative amount of discrimination experienced by different subgroups), experiences of discrimination (i.e., qualitative differences in how discrimination might be experienced by individuals with different intersecting identities), and the physiological (or psychological) impact of or response to discrimination.

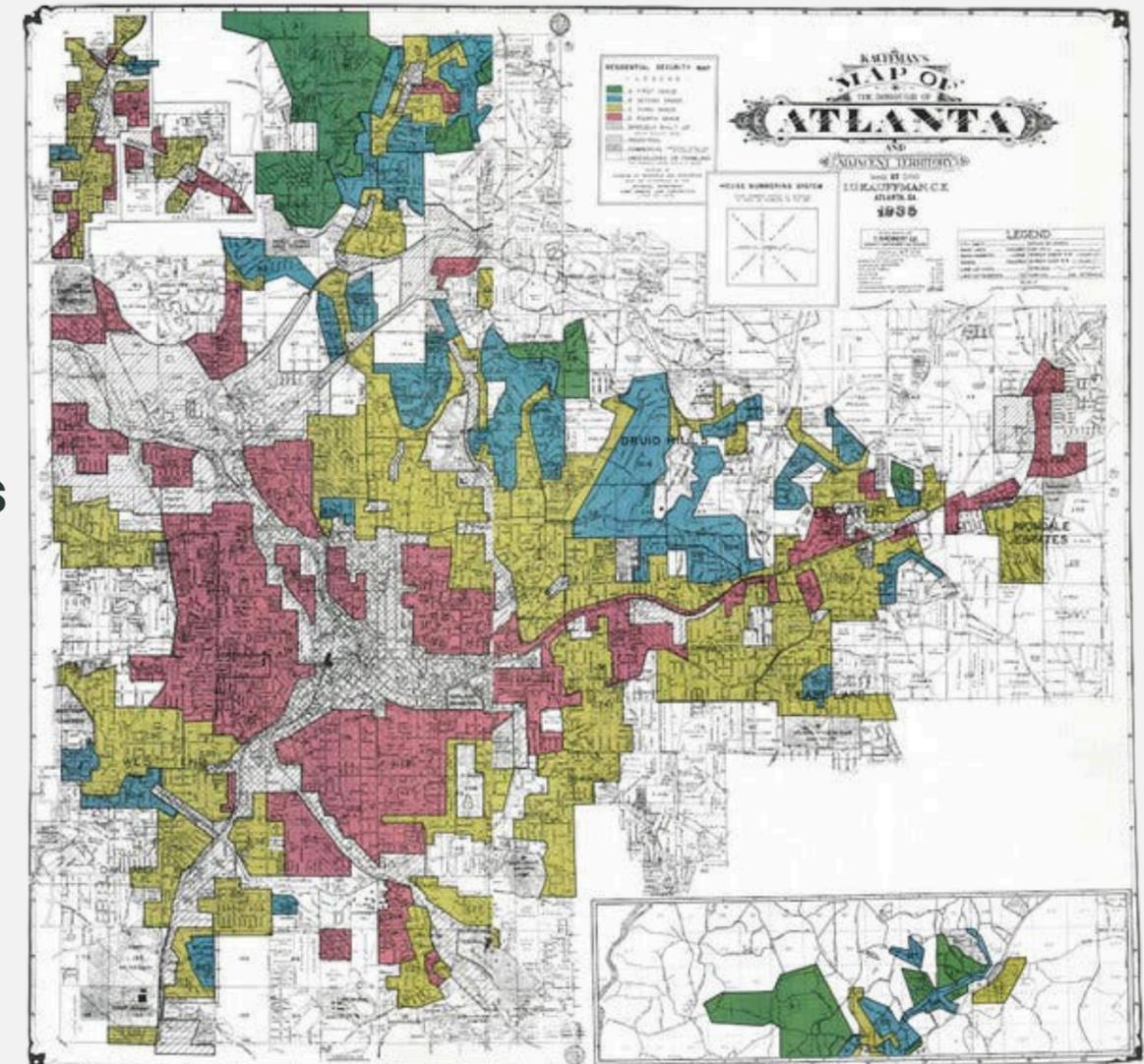
**The structures that drive inequities:
How historical examples inform the
present**

Health Inequities: Historic Examples of Mistreatment

- **Tuskegee Syphilis Study**
 - Syphilis treatment was purposely withheld to assess the long-term effects of untreated syphilis
- **HeLa human cell line**
 - Cells taken from African American woman Henrietta Lacks without her consent
- **Dr. Richard Ward's use of blood samples from the Nuu-chah-nulth First Nation in British Columbia**
 - Conducted genetic studies without consent
- **Guatemala Syphilis Study**
 - Infected people with syphilis and gonorrhea without informed consent and only treated a small fraction
- **The Monster Study**
 - Dr. Wendell Johnson of the University of Iowa conducted a non-consensual experiment on orphans to study the cause of stuttering

Redlining: A Form of Structural Racism

- **Redlining is an example of neighborhood disinvestment:** denying or withholding public and private funding, city services, or other resources
 - **Neighborhoods were starved of investment and deteriorated further in ways that most likely also fed white flight and rising racial segregation. These neighborhood classifications were used by the Veterans Administration and the Federal Housing Administration to decide who was worthy of home loans at a time when homeownership was rapidly expanding in postwar America**
- **Linked with poor health: diabetes, hypertension, and early mortality**
 - **Systematic closures of hospitals across historically redlined communities**



<https://www.nytimes.com/2017/08/24/upshot/how-redlinings-racist-effects-lasting-for-decades.html>

Historical Traumas

- **Mistreatment in health care**
 - **Refusal to provide care/not providing gender-affirming care**
 - **Dismissal of health concerns- hysteria**
 - **Sterilization**
 - **Misgendering**
- **Institutionalization of Individuals with Disabilities**
- **Treatments based on non-minoritized groups and not tailored with other groups in mind**
 - **Dosing of medication**
 - **Medical devices tailored for men**
 - **Underrepresentation in research and trials**

Addressing Gaps the Health of Minoritized Populations

Health Literacy to Improve Health for Minoritized Groups

- **Promoting health literacy is essential for reducing health disparities.**
 - **Limited health literacy is more prevalent among marginalized populations and linked with poorer health outcomes**
- **How to promote health literacy:**
 - **Use of plain or reading level appropriate levels**
 - **Teach back– fostering communication between patients and providers**
 - **[Link : Health Literacy Council of Delaware](#)**
 - **Cultural humility and the provision of culturally and linguistically appropriate services**



**“Social justice is the
foundation of public health.”
– Krieger and Birn, 1998**

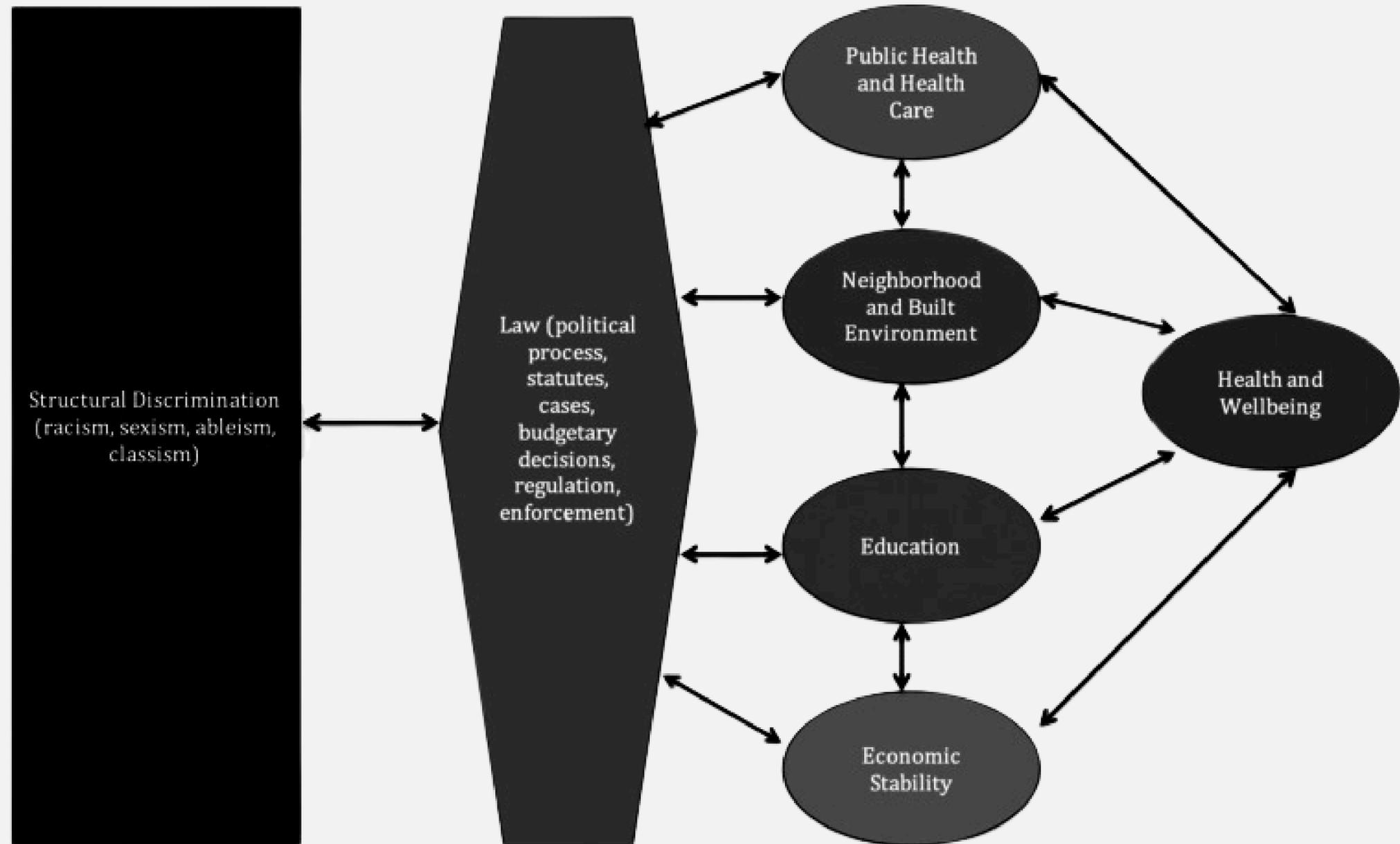


Promoting Social Justice

**Social Justice:
Everyone deserves access
to good health**



**Resource for breaking down
systematic barriers and
structural discrimination**



Addressing Disparities at Multiple Levels of Influence

- Efforts to reduce disparities may be most effective by addressing multiple levels of influence to be effective
- Many initiatives aimed at reducing health disparities focus primarily on individual-level factors

National Institute on Minority Health and Health Disparities
Research Framework

		Levels of Influence*			
		Individual	Interpersonal	Community	Societal
Domains of Influence (Over the Lifecourse)	Biological	Biological Vulnerability and Mechanisms	Caregiver–Child Interaction Family Microbiome	Community Illness Exposure Herd Immunity	Sanitation Immunization Pathogen Exposure
	Behavioral	Health Behaviors Coping Strategies	Family Functioning School/Work Functioning	Community Functioning	Policies and Laws
	Physical/Built Environment	Personal Environment	Household Environment School/Work Environment	Community Environment Community Resources	Societal Structure
	Sociocultural Environment	Sociodemographics Limited English Cultural Identity Response to Discrimination	Social Networks Family/Peer Norms Interpersonal Discrimination	Community Norms Local Structural Discrimination	Social Norms Societal Structural Discrimination
	Health Care System	Insurance Coverage Health Literacy Treatment Preferences	Patient–Clinician Relationship Medical Decision-Making	Availability of Services Safety Net Services	Quality of Care Health Care Policies
Health Outcomes		 Individual Health	 Family/ Organizational Health	 Community Health	 Population Health

Making Strides Together

- As individuals, organizations, and policymakers it is important that we address minority health equity collaboratively.
 - Addressing structural racism by raising attention to the historical policies in the US that contribute to health disparities
 - Identifying multi-sectoral and multi-level approaches and programs to address health disparities.
 - **Vital Conditions for Health and Well-being Framework**
 - Investment of time and resources to engage and foster relationships with community groups that support minoritized communities.



Takeaways

Key Takeaways



Improving the health of minoritized groups improves the overall health of the United States.

- Efforts to improve the health of minoritized groups, particularly addressing vital conditions and structural factors, benefit everyone.



Minoritized groups are more likely to experience mistreatment when seeking care, have a more difficult time accessing health care, and are less likely to receive recommendations for treatments and screenings.

- Increasing the risk of poor health outcomes



As community members, researchers, and providers, we have an opportunity to provide care and use our local resources to advance and improve the health and wellness of minoritized groups in Delaware.

Resources in Delaware to Promote Health Equity and Minority Health

- **Delaware's Minority Health Summit sponsored by the Delaware Black Chamber of Commerce**
- **Delaware Healthcare Association**
 - **Health Equity Report (2022)**
- **Delaware Health Equity Action Center**
 - **Health Ambassadors (La Red to Christiana)**
- **Black Mothers in Power**
- **United Way of Delaware**
- **Transitions Delaware**
- **Delaware Aging and Disability Resource Center – Family SHADE**

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Thank you for joining!

Time for Q & A

Dr. Yendelela Cuffee
University of Delaware
ylcuffee@udel.edu



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