

Achieving Health Equity in the First State

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The Problem

Health disparities – Preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups, and communities (Centers for Disease Control).

Health equity – The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address **historical** and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities (Centers for Disease Control).

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What Do Health Disparities Look Like in the First State?

- Before the COVID-19 pandemic non-Hispanic Black Delawareans led with the highest adjusted mortality rate for seven of the causes of deaths between 2014 and 2018 (Mitchell, Iheanacho, Washington & Lee, 2020).
- The most common comorbidities associated with COVID-19 were hypertension, obesity, and diabetes, all of which disproportionately impact Black and Hispanic/Latin Americans in the United States and Delaware.
- In 2019, Black women made up 28% of live births in Delaware, but they represent 78% of pregnancy-related deaths over the 2017-2021 period (Kirkpatrick, 2023).
- 53% of all gun deaths in Delaware are by suicide; 3rd leading cause of death for ages 10-24 (CAMS-care (2023)).

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What Do Health Disparities Look Like?

Ongoing racism and discrimination, police violence against and killings of Black people also negatively impact health and wellbeing of Black people (Ndugga & Artiga, 2023).

- From 2000 to 2020, Black youth ages 10-19 experienced the largest increase in suicide rates, a shocking and disturbing 78% (Association of Medical Colleges, 2023).
- Black children, ages 5-12 were approximately **two times more likely** to die from suicide than their white counterparts. Black children had a higher rate of suicide attempts compared to white and Hispanic students (Association of Medical Colleges, 2023).

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What Do Health Disparities Look Like?

- Black people are more than three times as likely to be killed by police than as white people and over the course of a lifetime in every **1 in every 1,000** Black men can expect to be killed by the police (Ndugga & Artiga, 2023).

In *An American Dilemma*, Myrdal (1944) stated, “In the policeman’s relation to the Negro population in the South...he stands not only for civic order...but for white supremacy.”

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Typical Factors Associated With Health Disparities

- Socioeconomic status or income
- Race or ethnicity
- Age
- Geography
- Disability

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Explaining Health Disparities from an Historical Perspective

“The history of slavery and the current racial discrimination this group continues to suffer clearly underlie the inexcusable poor health status of African Americans as a whole” (Noonan, Velasco-Mondragon and Wagner, 2016).

- Antebellum – 1860
- Civil War & Reconstruction – 1861-1900
- Early Twentieth Century - 1900 -1929
- Great Depression to WWII – 1929 – 1954
- Civil Rights Period – Pre-COVID – 1960s - 2020

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Explaining Health Disparities from an Historical Perspective

- **Antebellum – 1860** – Public Health Act passed in 1848 was not used as leverage to stop either plantation doctors or the medical profession from routinely using African Americans for medical research without consent.
- **Civil War & Reconstruction – 1861-1900** - In 1864 in Camp Kentucky, hundreds of freed slaves died of malnutrition and exposure, while White soldiers in the same camps did not. The War Department also did not assign doctors to the Black encampments.

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Explaining Health Disparities from an Historical Perspective

- **Early Twentieth Century – 1900 -1929** –”The most difficult social problem in the matter of Negro health is the peculiar attitude of the nation toward the well-being of the race. There have, for instance, been few other cases in the history of civilized peoples where human suffering has been viewed with such peculiar indifference” (W.E.B. DuBois, 1899).

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Explaining Health Disparities from an Historical Perspective

- **Great Depression to WWII - 1929 -1954** - In 1929, the first year for which national figures are available, White life expectancy at birth was 58.6 years, and Black life expectancy was 46.7 years for men and women combined.
- **Tuskegee Experiment** – Followed the progression of untreated syphilis in more than 400 poor African American men, most of whom were sharecroppers or day laborers. The study was conducted from 1932 to 1972.
- **Civil Rights Period to Pre-Covid – 1960s - 2020** – Until 1963 hospitals were segregated. Heckler Report (1985) described health inequalities among disadvantaged African Americans and other minorities “as an affront both to our ideals and to the on-going genius of American medicine.”
- George Floyd murdered by law enforcement officer on May 25, 2020.

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How? “Societal Redress”

Combine Turnock’s (2009) and Rawls’ (1971) conceptions of social justice with “societal redress” (Saunders, 2020) which considers public health an institutional means by which to ameliorate race as a social determinate of health disparities among Black Americans.

Foundation for Operationalization of Societal Redress

- Public health agencies should guarantee public health services as a form of reparations to achieve health equity in the First State.

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Recommendations for Achieving Health Equity in Delaware Through “Societal Redress”

- Structural racism should be included in the social determinants of health; that is a condition in which people function that impacts quality of life.
- Research grounded on a historical framework should be undertaken to examine the association between history and health disparities impacting African Americans.
- Public health organizations and the medical profession in general should address the widespread mistrust among African Americans toward medical research.

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Recommendations for Achieving Health Equity in Delaware Through “Societal Redress”

- The health profession should expand the number of community-based health and public health programs that include a required community-engagement component.
- Infuse an empowerment orientation to public health that includes developing a cadre of paid and trained ordinary residents who are regarded as partners in the delivery public health services across the service spectrum, including research.

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Recommendations for Achieving Health Equity in Delaware Through “Societal Redress”

- Undertake recruitment efforts that aim to increase African American health professionals.
- Public health organizations and the medical profession in general should address the widespread mistrust among African Americans toward medical research.
- Increase funding to Historically Black Colleges and Universities to develop training centers for African American public health professionals.