Slide 1

Addressing Health Disparities: A Framework and Quantitative Data

Reggie Tucker-Seeley, ScD, VP, Health Equity, ZERO Prostate Cancer, July 19, 2023

Slide 2

Police Brutality and the Black Community

Three pictures depicting protests

Slide 3

Introduction

The COVID-19 pandemic increased discussions about differences in health, health behavior, and health care-related outcomes by demographic groups such as race/ethnicity and income.

Graphic with four columns containing following information: Column 1: Death rate for Latino people is 8% higher than the rate for all Californians. Deaths per 100,000 people 272 Latino, 251 all ethnicities.

Column 2: Case rate for Pacific Islander people is 82% higher than the rate for all Californians. Cases per 100,000 people. 50,571 NHPI, 27813 all ethnicities.

Column 3: Death rate for Black people is 19% higher than the rate for all

Californians. Deaths per 100,000 people. 299 Black, 251 all ethnicities. Column 4: Case rate for communities median income, \$40,000 is 14% higher than the rate for all Californians. Cases per 100K people. 31,692, \$40K, 27,813 all income brackets.

Source: https://covid19.ca.gov/equity/

Slide 4

What does "equality" mean?

"There is not even a common language when the term 'equality' is used. Negro and white have a fundamentally different definition. Negroes have preceded from a premise that equality means what it says, and have taken white America at its word when they talked of it as an objective. But most whites in America in 1967, including many persons of goodwill, proceed from a premise that equality is a loose expression for improvement." (Martin Luther King, Jr, 1967)

King Jr, M.L., 1967. Where do we go from here: Community or chaos. A Testament of Hope: The essential writings and speeches of Martin Luther King Jr. San Francisco, CA: Harper Collins.

Slide 5

Equality to Equity

Health Equity: Does your notion include the elimination of the difference between group(s) OR a reduction in the difference?

What is the difference between "diversity, equity, and inclusion" efforts and efforts to reduce health disparities/create health equity?

Slide 6

Tucker-Seeley Model of Measuring and Reporting Health Disparities (original)

This slide displays a visual of the original Tucker-Seeley Model of Measuring and Reporting Health Disparities that outlines the process for organizations to determine how they will measure and evaluate health disparities:

- Definitions define health disparity, inequality, and inequity
- Health Outcomes determine how your organization will decide which health outcomes to focus on
- Data sources determine which sources of data will be used, including health, non-health (SDOH), and clinical data
- Measures determine which measures to use, including total vs. social group, absolute, relative, and summary
- Communication determine who the audience will be for reporting disparities
- Partnerships determine what partnerships will be helpful, including health in all policies partnerships and inter-sectoral collaborations
- Evaluation determine what success will look like for improving health disparities (e.g., reduce overall rate, reduce differences across groups, etc.)

Slide 7

Tucker-Seeley Framework for Efforts to Address Health Disparities (updated)

This slide displays a visual of the updated Tucker-Seeley Framework for Efforts to Address Health Disparities that outlines the process for organizations frame their efforts to address health disparities. The key difference from the original version is that this framework threads community engagement, organizing, and partnership through each section of the process AND the new model starts with an assessment of organizational readiness to engage I external facing health equity related work:

- Organizational Readiness determine if your organization is ready for the work by evaluating DE&I training, workforce diversity, and whether leadership is committed and engaged.
- Definitions define health disparity, inequality, and inequity
- Health Outcomes determine how your organization will decide which health outcomes to focus on
- Data sources determine which sources of data will be used, including health, non-health (SDOH), and clinical data
- Measures determine which measures to use, including total vs. social group, absolute, relative, and summary
- Communication determine who the audience will be for reporting disparities
- Evaluation determine what success will look like for improving health disparities (e.g., reduce overall rate, reduce differences across groups, etc.)

Slide 8

Is this a health disparity/health inequality?

This slide displays a chart comparing the rates of diabetes, heart disease, and cancer across White, Black/African American, Hispanic, American Indian, and Asian/Pacific Islander racial/ethnic groups. The chart reveals that, as a group, Black/African Americans experience the highest rates of diabetes, heart disease, and cancer when compared to the other racial/ethnic groups listed. Hispanics, American Indians, and Asian/Pacific Islanders all experience similar rates of diabetes, heart disease, and cancer. Whites have the lowest rate of diabetes occurrence but have the second highest rates of heart disease and cancer out of all racial/ethnic groups listed.

Slide 9

Questions to Ask Prior to Selecting Measures

What is the goal? Compare a few groups? Summary measure across many groups? Compare all groups to the "best" group or the "average"?

Is there a natural ordering of the social group (e.g. education/income categories)?

Summary measures Who is included/excluded? "Is this important?" "What does it mean?" "What should we do about it?" (Friedman, et al, 2005) Friedman, D.J., Hunter, E.L. and Parrish, R.G. eds., 2005. Health statistics: shaping policy and practice to improve the population's health. Oxford University Press, USA.

Slide 10

Rate Difference

This slide displays a chart showing how to determine the rate difference between two rates.

Slide 11

Rate Ratio

This slide displays a chart showing how to determine the rate ratio of two rates.

Slide 12

Advantages/Disadvantages

Advantages of absolute and relative difference measures? Easy to implement when interested in only comparing two groups

Disadvantages of absolute and relative difference measures? "there may be situations where large relative disparities may be viewed as grossly unjust, despite the fact that they reflect small absolute differences." So, important to know both!

Slide 13

Measuring Disparity Across Multiple Nominal Groups

This slide displays a bar chart of five different items as an example of a tool to measure disparity across nominal groups.

Slide 14

Index of Disparity

This slide displays a bar chart showing how to determine the index of disparity across nominal groups.

Slide 15

Policy and Measurement Implications

When is a difference a "disparity"?

When is a "difference" actionable? Should efforts focus on the "difference" OR improving the outcome for the worse off group?

When can the "difference" be ignored?

What role does historical discrimination/marginalization play in determining when to act and what the action should be? Who should right historical wrongs?

Slide 16

Has health equity been achieved in this example?

This slide displays a line chart comparing the rates of diagnosis between whites, African Americans, and other

Source: Grubbs, S. S., Polite, B. N., Carney, J., Jr, Bowser, W., Rogers, J., Katurakes, N., Hess, P., & Paskett, E. D. (2013). Eliminating racial disparities in colorectal cancer in the real world: it took a village. Journal of clinical oncology : official journal of the American Society of Clinical Oncology, 31(16), 1928–1930.

Slide 17

Summary

Ask/look for an explicit definition of the term "disparities" when you hear/read it;

Ask/look for an explicit measurement (even though you know it will likely usually only mean difference) when you hear/read the term "disparities";

Recognize and appreciate the challenge of moving from conceptualization (definition) to operationalization (measurement) in research and practice; and Recognize and appreciate the challenge for policymakers/program developers in prioritizing the differences in health outcomes to address (e.g., chronic disease continuum).

Slide 18

The Importance of Qualitative Data and Storytelling to Address Health Equity and Social Justice: Community Engagement Strategies

Sherrie Flynt Wallington, PhD, Associate Professor, Health Disparities & Oncology, The George Washington University, School of Nursing, Milken Institute School of Public Health

Slide 19

Disclosure

I, Sherrie Flynt Wallington, PhD, have no disclosures to report

Slide 20

Achieving Health Equity

Table containing the following information: Health disparity – the disproportionate difference in health between groups of people. Health inequity – the differences in population health status and mortality rates that are systematic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill.

Health equity- A fair, just distribution of the social resources and social opportunities needed to achieve well-being.

"Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of health and health care disparities."

HealthPeople.gov, 2029

Slide 21

Social Determinants of Health

"Conditions in the environments in which 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."

HealthyPeople.gov, 2019

Slide 22

Visual describing the Structural Competency. On the left side there are structures, next to these are policies, economic systems, and social hierarchies (e.g. racism), with poverty/inequality (i.e., housing, transportation, jobs, education) leading to social determinates of

health, and then health outcomes (i.e. maternal mortality, chronic conditions) leading to health disparities.

"Structural determinants of social determinates of health"

https://outreach-partners.org/2019/06/27/structures-starter-kit/

Slide 23

Social Ecological Model

Visual that is a series of circles layered on top of one another starting with the smallest of individual, followed by interpersonal, community, organization and finally public policy.

Source: Bronfenbrenner U. (1989); CDC Division of Nutrition, Physical Activity and Obesity (nd).

Slide 24

A Health Equity Lens

Question: Who are the specific populations affected by a particular policy, practice, program, or decision? What are the potential impacts on these specific populations?

Question: In what ways does a particular policy, practice, program or decision ignore or worsen existing disparities or produce other unintended consequences? What are the political, social, cultural, and human subjects' implication to be considered?

Question: How have we intentionally involved the specific population affected through this policy, practice, program, or decision using input and feedback loops?

Slide 25

Defining Qualitative Research

Qualitative methods can be used to understand complex social processes, to capture essential aspects of a phenomenon from the perspective of study participants, to uncover beliefs, values, and motivations that underline health behaviors.

(Crabstree & Miller, 1999)

Slide 26

Comparing Qualitative & Quantitative Research

Visual is a table:

Qualitative Research Common purpose: Discover ideas, with general research objects Approach: Observe and Interpret Data collection: Unstructured, Free Form Research Independence: Research intimately involved, Results are subjective Samples: Small samples — Often in natural setting

Quantitative Research

Common purpose: Test hypotheses or specific research questions Approach: Measure and Test Data collection: Structured Response Categories Provided Research Independence: Researcher uninvolved observer, Results are objective Samples: Large samples to produce generalizable results (*Results that*

Samples: Large samples to produce generalizable results (*Results that apply to other situations*)

Slide 27

Narrative Analysis

A qualitative research methodology that involves examining and interpreting the stories or narratives people tell to gain insights into the meanings, experiences, and perspectives that underlie them. Narrative analysis can be applied to various forms of communication, including written texts, oral interviews, and visual media.

Researchers typically examine the structure, content, and context of the narratives they are studying, paying attention to the language, themes, and symbols used by the storytellers. They may also look for patterns or recurring motifs within the narratives and consider the cultural and social contexts in which they are situated.

Slide 28

Community-Level Research and Methodological Tools

Community Assessments Focus Groups Key Informant Interviews Randomized Controlled Trials Assets Mapping Social Network Analyses Photo Voice Logic Models Mixed Methods Survey Research Story telling

Slide 29

Benefits of Storytelling in Health Equity Research

Digital storytelling is an emergent method in health promotion. It addresses health inequities by combining technology with the voices of members of vulnerable, often underrepresented populations

Stories allow us to gain insights into their cultures and locales, natural and social worlds.

We ask for stories, broad or focused, in interviews and focus groups.

The stories bring quantitative finding to life and understand that the numbers deal with real people and their experiences.

Slide 30

Qualitative Researcher's Toolbox

Participant Observations

Focus Groups Key Informant Interviews Mixed Methods (Qualitative and Quantitative)

Slide 31

Ask Questions That Yield Powerful Information

Use open-ended questions Avoid dichotomous questions "Why?" is rarely asked Use "think back" questions Carefully prepare focus questions Ask uncued questions first, cued questions second Consider standardized questions

Slide 32

Storytelling Is an Important Aspect of Community Engagement

Storytelling cultivates a foundational understanding of the importance of community engagement around health or any topic

Stories lead with emotion to make the linking and connections to your audience or community

Stories provides parameters and criteria for community engagement and call to action toward solutions Sheds inspiration for engagement

Slide 33

Community-Engaged Research

Is a framework or approach for conducting research

Is not a methodology in and of itself Requires partnership development, cooperation, and negotiation

Requires commitment to addressing various issues

Exists on a continuum, with much variation in the strength and intensity of the community-academic collaboration

Depends on the research objective, project, participants, community history, and local politics, among others

At the Core of all community-engaged research is the understanding that the community will be involved in a meaningful way

Slide 34

Telling a Story with Data

A Data Story A narrative constructed around a set of data that puts it into context and frames the broader implications Brings insights to better understand a relevant business goal or objective

Data Storytelling Crafting the narrative by leveraging the contextualized data to present to an audience

Utilizes data analysis, statistics, data visualization, qualitative and contextual analysis

Slide 35

Importance of a Data Story

Helps break down the results so that any audience, regardless of their background or expertise, can understand them and the implications

Helps to explain data to people of different learning styles Allows for communication methods to be crafted to the specific audience

Includes combinations of various components to continue to engage a diverse audience

Slide 36

Data Stories vs. Data Visualizations

Data visualizations are actually just one piece of data stories and help deliver various points in a narrative

Used as an aid to tell a broader story

Data storytelling goes further than visualizations Relies on industry/topic expertise and communication skills to help craft the analysis and visualizations into something that can explain the broader details

Slide 37

How to Tell a Story with Data

Find the story within the data Determine what the data is actually telling you. Provides a starting point into building a data story that can be conveyed to a diverse audience.

Consider your audience Determine who the story will be conveyed to and what their backgrounds are.

Determines the complexity of the analysis and what components of the story the listeners will want to learn about.

Determine what data matters

Start by identifying the data that informs the topics you want to explore instead of all available data.

Ensures the key points do not get diluted and that audience does not get distracted.

Analyze data and find insights

Perform data analysis to find insights that create meaning out of the data.

Provides the general themes of the data story.

Identify the most effective data visualizations Pick a visualization that best represents your data and message.

Slide 38

Contact Information

<u>Emails:</u> Reggie Tucker-Seeley: <u>reggie@zerocancer.org</u> or <u>reggie@healthequitystrategies.org</u> Sherrie Flynt Wallington: <u>sflyntwalling31@gwu.edu</u>