

TO REDUCE DISPARITIES, BE MINDFUL OF HISTORY AND REFORM SYSTEMS

MICHELLE HINTON, MBA

During the past year, COVID-19 has ravaged communities across the globe. More than 29 million Americans have been diagnosed with COVID-19 and sadly more than 525,000 have succumbed to this dreadful disease. Families are experiencing financial hardship, mental despair, lack of access to food and other basic needs.

COVID is shining a light on the prevalence of race-related health inequities and the widespread impact on communities of color. According to the Centers for Disease Control, racial and ethnic minorities are at an increased risk of getting sick and dying from COVID-19. Recognition of these disparities has brought to light the systemic racism that has marked health care in this country for far too long and have spurred on health care practitioners to review and respond to the explicit and implicit biases that stand in the way of change. Critical to that effort is the need to assess priorities related to community benefit — the programs and services designed to improve health in communities — and to take steps to leverage those resources to reduce disparities experienced by communities of color.

People in communities of color disproportionately are predisposed to chronic conditions such as diabetes, high blood pressure and heart disease and, based on data from the CDC, are likely to die from these diseases at a higher rate than white Americans.¹

Many people of color lack access to primary care, healthy foods and jobs. As we know, these are basic needs that impact the health and well-being of individuals. Known as social determinants of health, these elements comprise the conditions in which individuals live, work and play and can have a tremendous influence an individual's health status.

Health systems can begin to support the total health of a person by investing in partnerships with community organizations through community benefit planning. Leveraging such resources will support health systems' overall priorities

through strategic partnerships and position them to strengthen community relationships.

One of the barriers for health systems hoping to partner with communities in pursuit of community benefit is rooted in a historical lack of trust among people of color toward medical professionals. There are many shameful examples in U.S. history when medical professionals have exploited Black Americans, such as the well-known Tuskegee syphilis study that began in the 1930s and didn't end until 1972. African-American men were denied treatment of syphilis and lied to about the study as part of a self-described research project. It is the very embodiment of ways in which Blacks were disenfranchised, and medicine and medical research were weaponized against people of color.²

Henrietta Lacks, a 31-year-old Black woman, died of cervical cancer after seeking treatment at Johns Hopkins Hospital. After her passing, medical researchers used Lacks' cells in wide-ranging research projects that resulted in numerous medical breakthroughs, including vaccines, cancer treatments and in vitro fertilization. Unfortunately, for decades after her death, her family was uninformed about how her cells were being used. Her story became widely known with the publication of *The Immortal Life of Henrietta Lacks* in 2011, prompting debates around the nation about patients' rights and financial compensation related to medical advances.³

These historical examples have left indelible scars and resulted in deep and lasting distrust among people of color toward the medical professions. Rebuilding and restoring that trust requires an approach that engages communities and

those with lived experience in both identifying the problem and offering solutions. Community benefit planning that engages members of the community helps build trust and can address social determinants of health, promote healthy habits for prevention and early detection and reduce chronic disease.

During these difficult times, it is important for hospitals to be diligent and strategic about aligning their investments with the needs of the community. It starts with the current community health needs assessment and setting priorities based on that process. Additionally, although it isn't required by federal regulations, committing to a focus of health equity should be a priority in plans moving forward.

Does your community health needs assessment address social determinants of health or COVID-19 mitigation? Who are the stakeholders that participate in the assessment? Do you engage community health workers? These are some critical questions that should be considered. Partnering with community, through shared influence in the solutions, is essential in developing trusting relationships and strengthening the health and well-being of communities.

There are great examples to consider, such as the Morehouse School of Medicine, which received a grant to work in partnership with HHS' Office of Minority Health to mitigate COVID-19 among communities of color. Morehouse School of Medicine has been at the forefront of anticipating and responding to the needs of vulnerable communities that have traditionally suffered the worst health outcomes during pandemics and other disasters. To reduce the impact of COVID-19 on racial and ethnic minority, rural and socially vulnerable populations, Morehouse's School of Medicine will establish the National COVID-19 Resiliency Network. Partners of the National COVID-19 Resiliency Network have access to:

- Capacity building training (For example, Community-Based Prevention Marketing, which is using focus group discussions and interviews to build research to strategically determine how to communicate health messages to vulnerable people and people of color.)

- Collaborative opportunities with other organizations in their region and across the nation who serve similar populations disproportionately

affected by the pandemic

- Up-to-date culturally and linguistically appropriate messages and materials developed by federal and grassroots organizations

- A speakers bureau of subject matter experts available for virtual community engagement efforts

For additional information regarding the National COVID-19 Resiliency Network or to subscribe, see <https://ncrn.msm.edu>.

There are many issues affecting the health and well-being of communities, and we know the social determinants are key indicators of a person's ability to achieve his or her optimal health. As

During these difficult times, it is important for hospitals to be diligent and strategic about aligning their investments with the needs of the community.

we begin to adapt to a different normal, we know change doesn't occur overnight. Systems and policies will affect how we shift. We should be prepared to invest the time and energy it takes to make changes that will lead to lasting reform if we truly want to strengthen the health and well-being of communities and reduce the health inequities of our society.

MICHELLE HINTON is the director of impact, population health and well-being for the Washington, D.C.-based Alliance for Strong Families and Communities. Hinton is based at their operations center in Milwaukee, Wisconsin.

NOTES

1. Centers for Disease Control and Prevention, "Health Equity Considerations and Racial and Ethnic Minority Groups," <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>. See also https://www.cdc.gov/nchs/hus/spotlight/HeartDiseaseSpotlight_2019_0404.pdf.
2. Centers for Disease Control and Prevention, The Tuskegee Timeline, <https://www.cdc.gov/tuskegee/timeline.htm>.
3. Alexandra Witze, "Wealthy Funder Pays Reparations for Use of Hela Cells," *Nature*, Oct. 29, 2020, <https://www.nature.com/articles/d41586-020-03042-5>.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, Spring 2021, Vol. 102, No. 2
Copyright © 2021 by The Catholic Health Association of the United States
