Why Are Health Disparities Everyone’s Problem?

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“The unique experiences Dr. Cooper brings to this unprecedented moment of the intersection of community health and racial reckoning make Why Are Health Disparities Everyone’s Problem not only an essential read but a central question for our time.”

- Marc H. Morial, President/CEO, National Urban League

Available June 29th on Amazon.com
Where It All Began

From Health Disparities to Health Equity

Health Disparities

“…preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations” ¹

Health Equity

“When every person has the opportunity to 'attain his or her full health potential” ²

Heart Disease  Cancer  Diabetes  PERIODONTITIS  Asthma  Kidney Disease  DEPRESSION

COVID-19  MATERNAL MORTALITY  Stroke  Trauma  Infectious Diseases  Hypertension  Smoking  Infant Mortality  TEEN BIRTH RATES

The Sources of Health Disparities

Race  Ethnicity  Gender  Income  Residence  Disability

Social conditions  Economic policies  Physical environment  Institutional factors  Health system factors  Social relationships  Risk behaviors  Biologic factors

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## Five Miles Apart

In Baltimore, even 5 miles makes a world of difference …

### ROLAND PARK
- **79.5% WHITE**
- **INCOME:** $90,492
- **UNEMPLOYMENT:** 3.4%
- **HOMICIDE RATE:** 4.1/10,000
- **LIFE EXPECTANCY:** 83.1 Years

### MADISON/EAST END
- **91.1% BLACK OR AFRICAN AMERICAN**
- **INCOME:** $30,389
- **UNEMPLOYMENT:** 14.4%
- **HOMICIDE RATE:** 46.3/10,000
- **LIFE EXPECTANCY:** 64.8 Years


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## The Personhood of Patients

[Image of a person speaking] [Image of a doctor speaking] [Image of a building]
The Patient-Physician Relationship

Race and Ethnic Diversity of Nurses and Physicians vs. the U.S. Population

<table>
<thead>
<tr>
<th>Group</th>
<th>White</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>American Indian</th>
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</thead>
<tbody>
<tr>
<td>US population¹</td>
<td>61.1</td>
<td>5.4</td>
<td>12.3</td>
<td>17.8</td>
<td>0.7</td>
</tr>
<tr>
<td>Primary Care Physicians²</td>
<td>61.4</td>
<td>21.1</td>
<td>7.3</td>
<td>7.6</td>
<td>0.4</td>
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<tr>
<td>Psychiatrists²</td>
<td>77.9</td>
<td>12</td>
<td>7.3</td>
<td>6.0</td>
<td>0.6</td>
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<tr>
<td>Registered nurses³</td>
<td>80.8</td>
<td>7.5</td>
<td>6.2</td>
<td>5.3</td>
<td>0.4</td>
</tr>
</tbody>
</table>

1. American Community Survey, datacensus.gov
2. AAMC, 2018
3. The 2017 National Nursing Workforce Survey
Developing Solutions to Health Disparities

- The Triple P Study – Patient-Physician Partnership to Improve High Blood Pressure Adherence

- The Bridge Study – Blacks Receiving Interventions for Depression and Gaining Empowerment
Johns Hopkins Center for Health Equity

MISSION

Promote equity in health for socially at-risk populations through:

1. Advancing scientific knowledge
2. Educating and training leaders
3. Partnering with communities
   - Raising public awareness of health inequities
   - Promoting sustainable changes in practice and policy

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CREATING A TRANSDISCIPLINARY RESEARCH CENTER TO REDUCE CARDIOVASCULAR HEALTH DISPARITIES IN BALTIMORE, MARYLAND: LESSONS LEARNED

Lisa A. Cooper, MD, MPH, L. Daisy Boulware, MD, MPH, Edgar K. Miller III, MD, PhD, Sherida Hill Golden, MD, MPH, Kathryn A. Canova, ScM, Gary Montano, MD, Mary Margaret Hulio, MD, MPH, Delia L. Pope, PhD, DPF, Hong-Chien Yeh, PhD, Lee K. Brown, BSN, RN, MPH, David M. Levinson, MD, ScD, MPH, Felicia Hill-Briggs, PhD, Joanne Charleston, BSN, RN, Myoung Kim, PhD, Nae-Yul Wang, PhD, Harlan Abramson, MD, MPH, Jennifer P. Halbert, MPH, Paria L. Epstein, MPH, and Frederick L. Lewin, MD, MHS

Cooper LA et al. Implement Sci. 2013 Jun 4;8:60

<table>
<thead>
<tr>
<th>Engagement</th>
<th>Research</th>
<th>Training</th>
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<tr>
<td>COMMUNITY ADVISORY BOARD</td>
<td>THE RICH LIFE PROJECT – MARYLAND+PENNSYLVANIA Tests effectiveness of</td>
<td>HEALTH EQUITY COURSES</td>
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<tr>
<td></td>
<td>collaborative care with community health workers and access to remote</td>
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<td>specialist consultation</td>
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<tr>
<td>HEALTH SYSTEM PARTNERS</td>
<td>FIVE PLUS NUTS AND BEANS FOR KIDNEYS TRIAL – BALTIMORE Tests</td>
<td>HEALTH JAM SESSIONS</td>
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<td>effectiveness of dietary coaching, income supplement, and food delivery</td>
<td>Monthly informal presentations on health equity research happening at</td>
</tr>
<tr>
<td>LOCAL, NATIONAL, AND GLOBAL</td>
<td>ADHINCRA STUDY – GHANA Tests shifting task of care from MDs to</td>
<td>Hopkins and other institutions</td>
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<tr>
<td>POLICYMAKERS</td>
<td>community health nurses and patient activation via mobile health</td>
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<td></td>
<td>technology</td>
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**Using Community-Based Participatory Research Principles to Achieve Our Goals**

- **Community members**
  - Government
  - Faith
  - Non-profit
  - Education

- **Investigators**
- **Center for Health Equity Community Advisory Board**
- **Healthcare**
- **Business**
- **Education**
A Global Perspective on Health Equity

Health Equity in the Era of COVID-19
A New Kind of “Herd Immunity”
Take-Home Points

1. Health inequities harm us all because everyone’s health is interconnected

*Injustice anywhere is a threat to justice everywhere.*

- Dr. Martin Luther King, Jr.
  *The Letter from Birmingham City Jail*
  *April 16, 1963*
2. Health equity improves conditions for everyone

- Reduces poverty
- Fosters social solidarity
- Reduces political conflict
- Saves money
- Saves lives

3. Equality is not equity

4. Research has identified programs and policies that advance health equity:

1. Create “communities of opportunity”
2. Build more health into the delivery of health care
3. Raise awareness and build empathy, support and political will to address inequities


5. Addressing health disparities requires leaving our comfort zones and building strong relationships with others

- Meeting people where they are and valuing their humanity
- Earning trust through trustworthiness
- Communicating clearly and consistently
- Building concordance
- Enhancing diversity and inclusion
- Interrupting the path between biases and behaviors
6. We each have a role to play

- No one person or group can solve the disparities conundrum
- We need strong and effective partnerships:
  - Scientists working together across different disciplines and bridging their work to the public
  - People working across racial, ethnic, cultural, religious, social, and political differences
  - Organizations working across sectors – locally, nationally, internationally
- We must learn from one another and jointly develop and implement solutions that will lead to real changes in organizations, communities, and nations

If you want to go fast, go alone…

…if you want to go far, go together. - African proverb
THANK YOU!

Want to learn more about our work?

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