

Substance Abuse Prevention and the Widening Health Disparities Gap: Lessons Learned during the Era of COVID-19

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Michigan Coronavirus Task Force on Racial Disparities
Greater Flint Coronavirus Task Force on Racial Inequity
New York City African American COVID-19 Task Force
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Disparities versus Inequities



Disparities

Differences

Person-centered

Downstream

Race



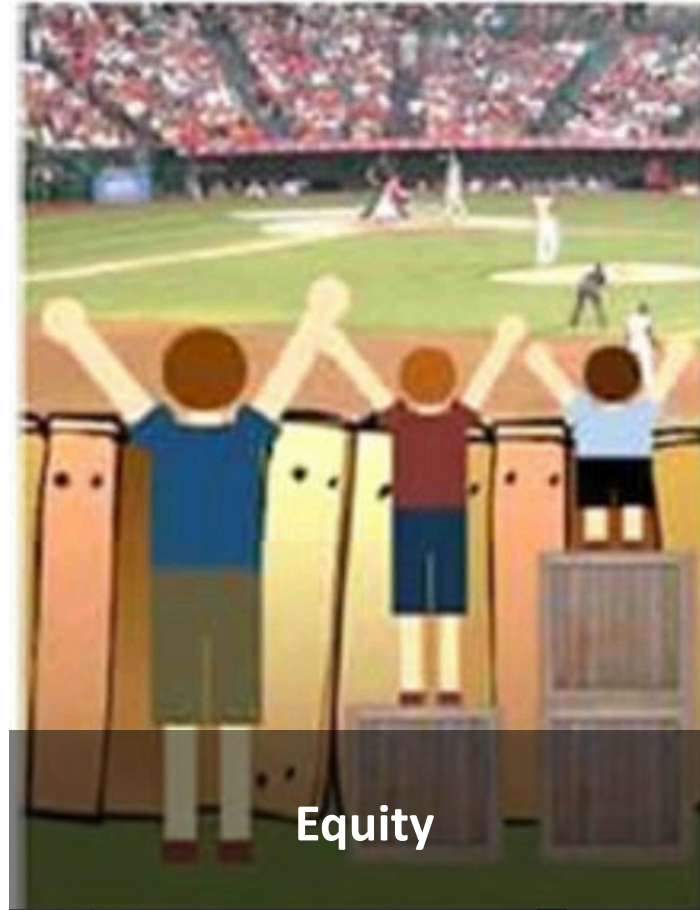
Inequities

Unfairness

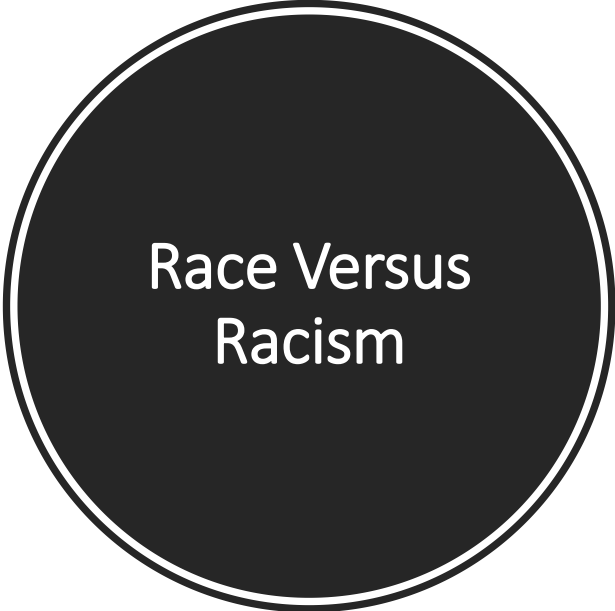
Systems & structures

Upstream

Racism



Varying Approaches/Framing Matters



Race Versus Racism

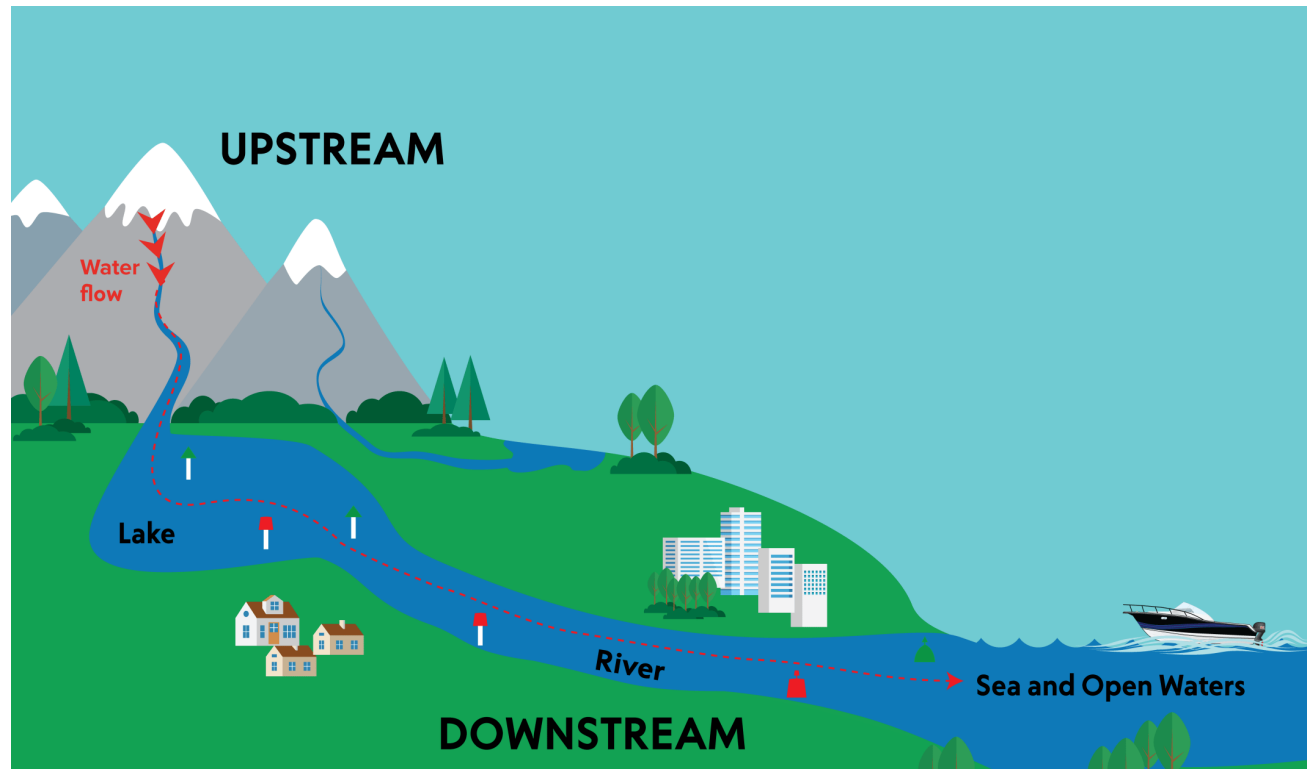
Race

A social construct that artificially divides people into distinct groups based on certain characteristics such as physical appearance (particularly skin color) ancestral heritage, cultural affiliation, cultural history, ethnic classification. Racial categories often subsume ethnic groups.

Racism

The systemic subordination of members of targeted racial groups who have relatively little social power in the United States (Blacks, Latino/as, Native Americans, and Asians), by the members of the agent racial group who have relatively more social power (Whites). This subordination is supported by the actions of individuals, cultural norms and values, and the institutional structures and practices of society.

Upstream versus Downstream Defined



- The term upriver (or **upstream**) refers to the direction towards the source of the **river**, i.e., against the direction of flow.
- The term downriver (or **downstream**) describes the direction towards the mouth of the **river**, in which the current flows.

Upstream (Inequity)

Systems, laws/policies, funding priorities

Racism

Midstream

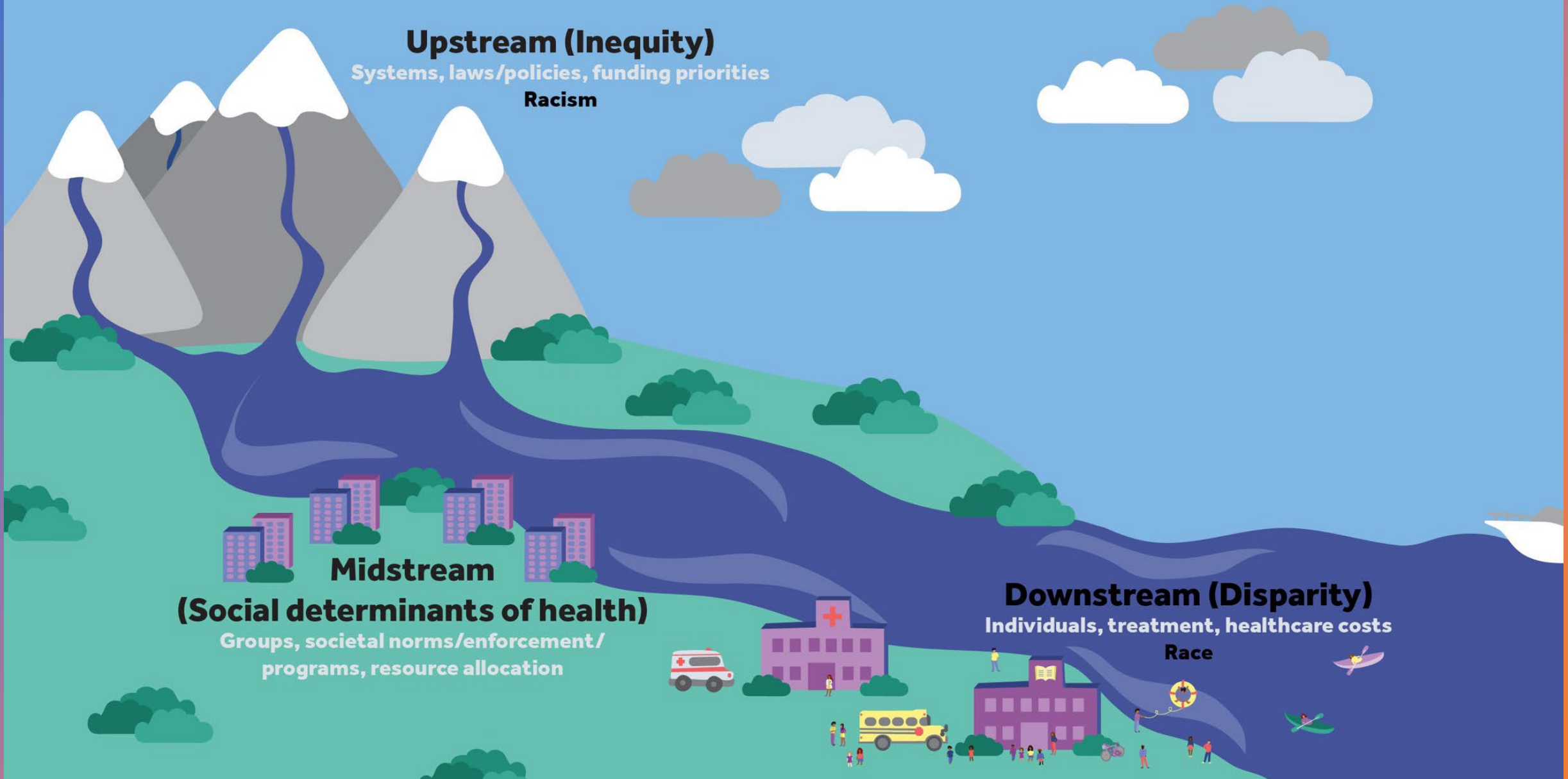
(Social determinants of health)

Groups, societal norms/enforcement/
programs, resource allocation

Downstream (Disparity)


Individuals, treatment, healthcare costs

Race





Opportunities before Us to Be Better and Do Better

1. Seize the moment to elevate the cause and power of public health
 - Business case for public health and preparedness
 - Business case for equity
 - Need for *more* and *better* public health prepared professionals, at all levels
 2. Resource the Solutions
 - Funding → if racism is a public health crisis, where's the \$\$\$\$ to address it?
 3. Shift the 3 P's
 - Power
 - Privilege
 - Politics
- 

Poverty: Not an Equal Opportunity Experience



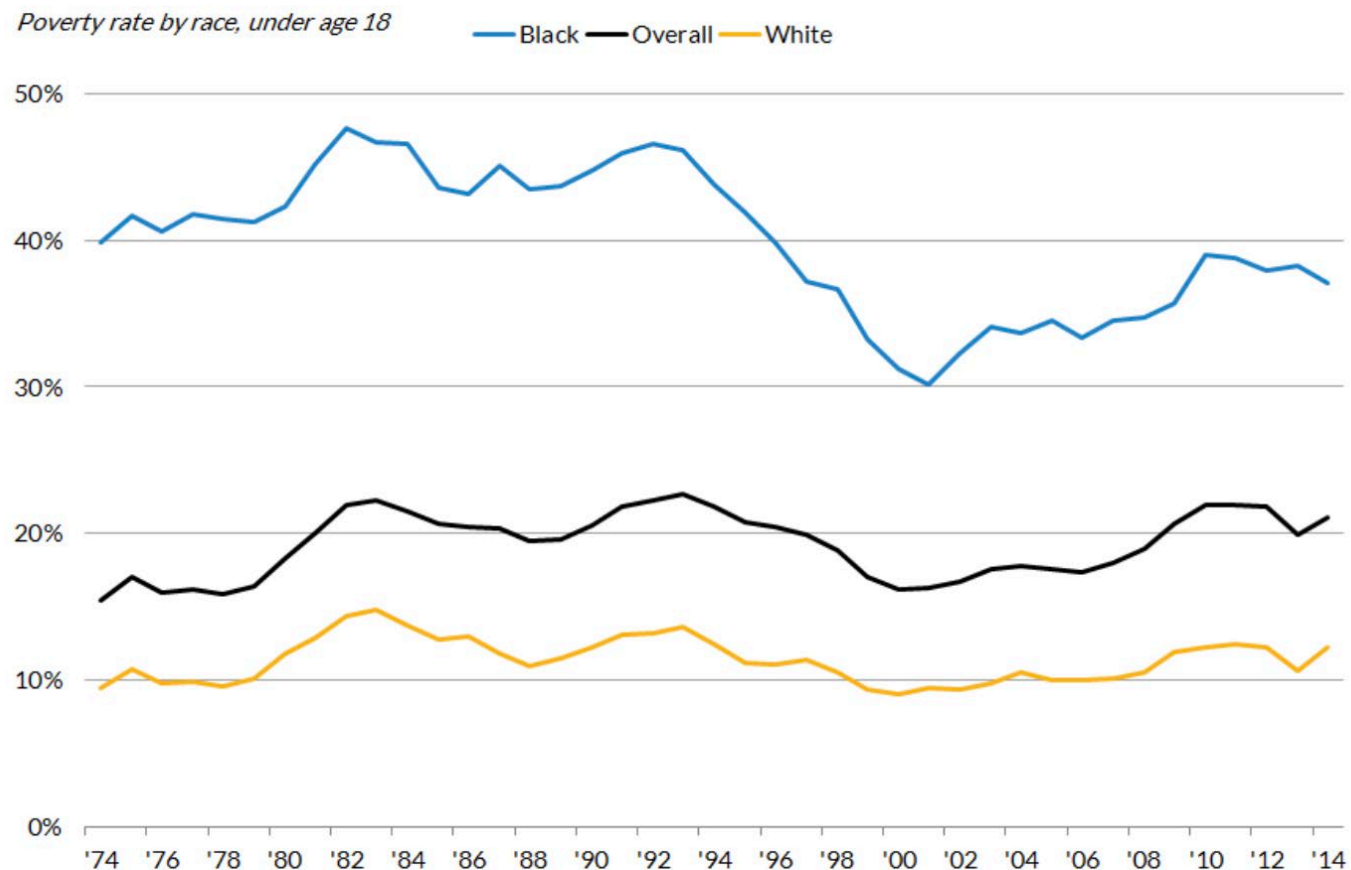
POVERTY



RACE

The Incidence
and Persistence
of Poverty is
Worse for Blacks

In Most Years Since 1974, At Least a Third of Black Children Were Living in Poverty



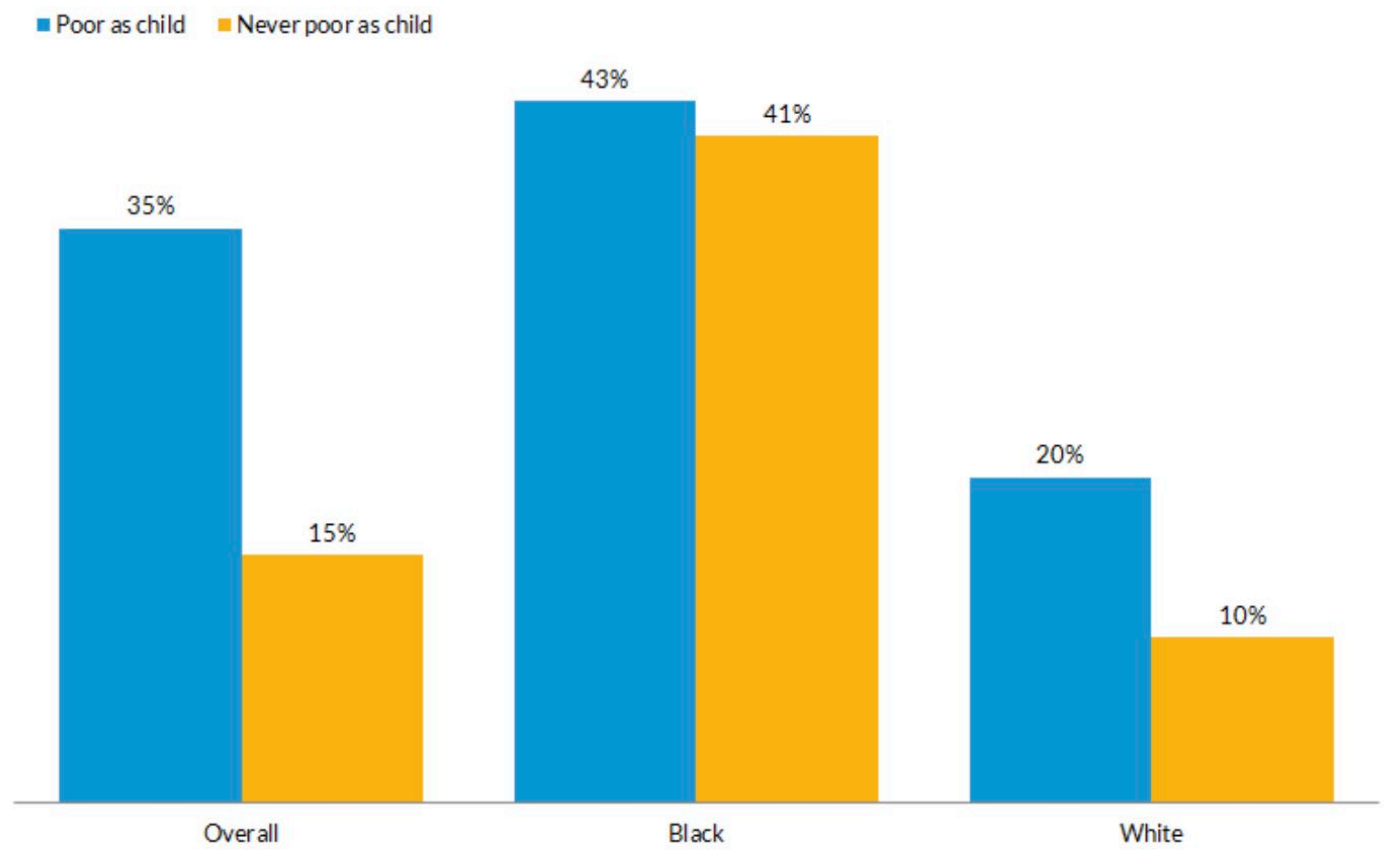
Sources: US Bureau of the Census, Current Population Survey, Annual Social and Economic Supplements, Historical Poverty Tables 3.



The Black Tax: Persistent and Intergenerational Poverty

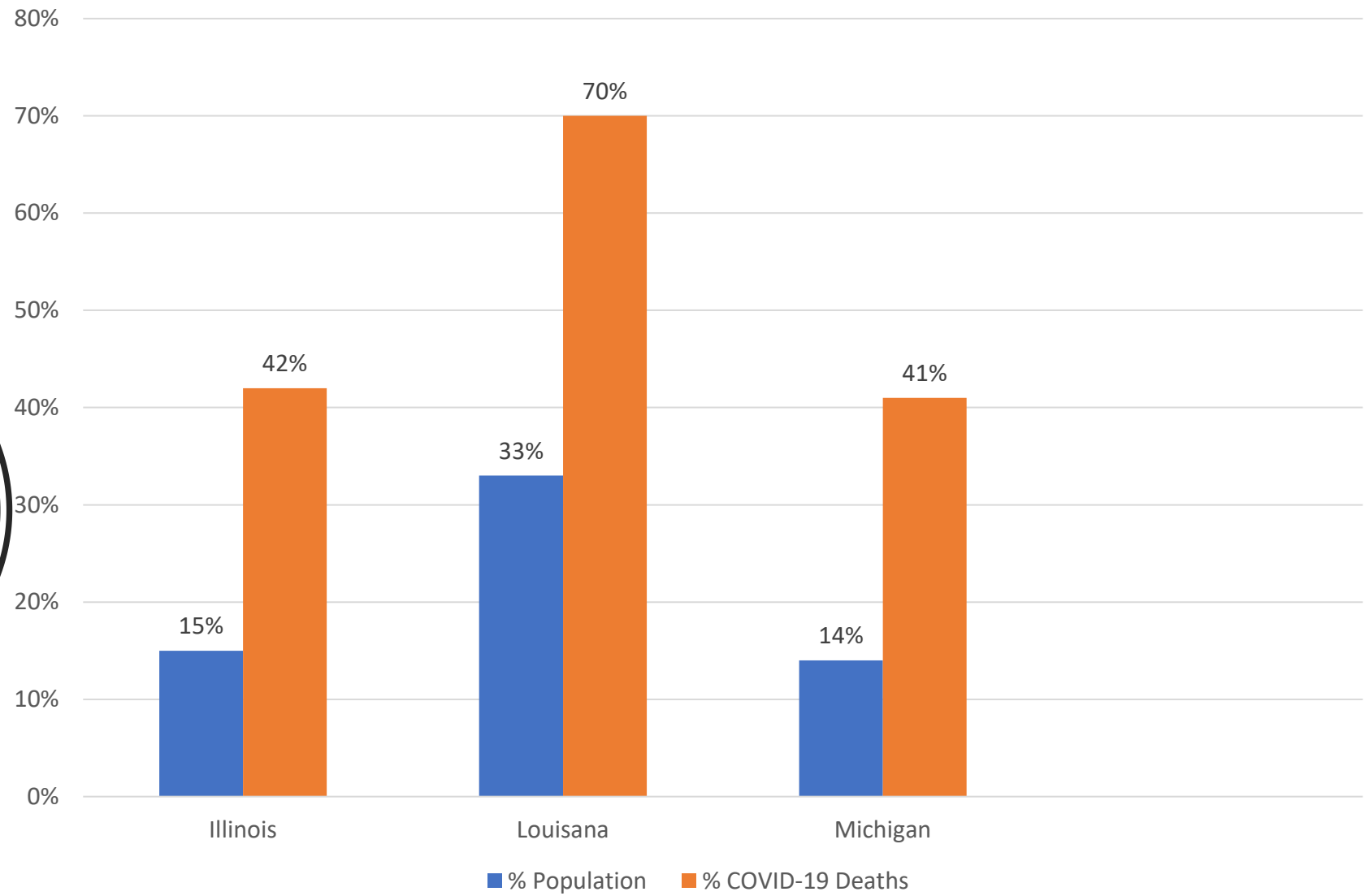
Childhood Poverty Has Little Bearing on Whether Black Adults Become Poor

Percent of adults in poverty in their 30s by whether they were poor as a child



Source: Urban Institute analysis of Panel Study of Income Dynamics data.
Notes: All adults were ages 0-5 in 1968 and were in their 30s from 1993 through the 2009 survey. Their childhood poverty status is based on the status of the head of household in 1968, and the head's poverty and income data from 1967 to 1976. Someone is defined as poor if they spent one year in a household that was below the official poverty threshold.

COVID-19
disproportionately
affected African
Americans



☁ 58° Flint, MI >

Sun, Apr 12, 2020

Newsweek

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U.S.

ALL CORONAVIRUS DEATHS IN ST. LOUIS, MISSOURI HAVE BEEN AFRICAN AMERICANS

BY **JEFFERY MARTIN** ON 4/9/20 AT 5:41 PM EDT

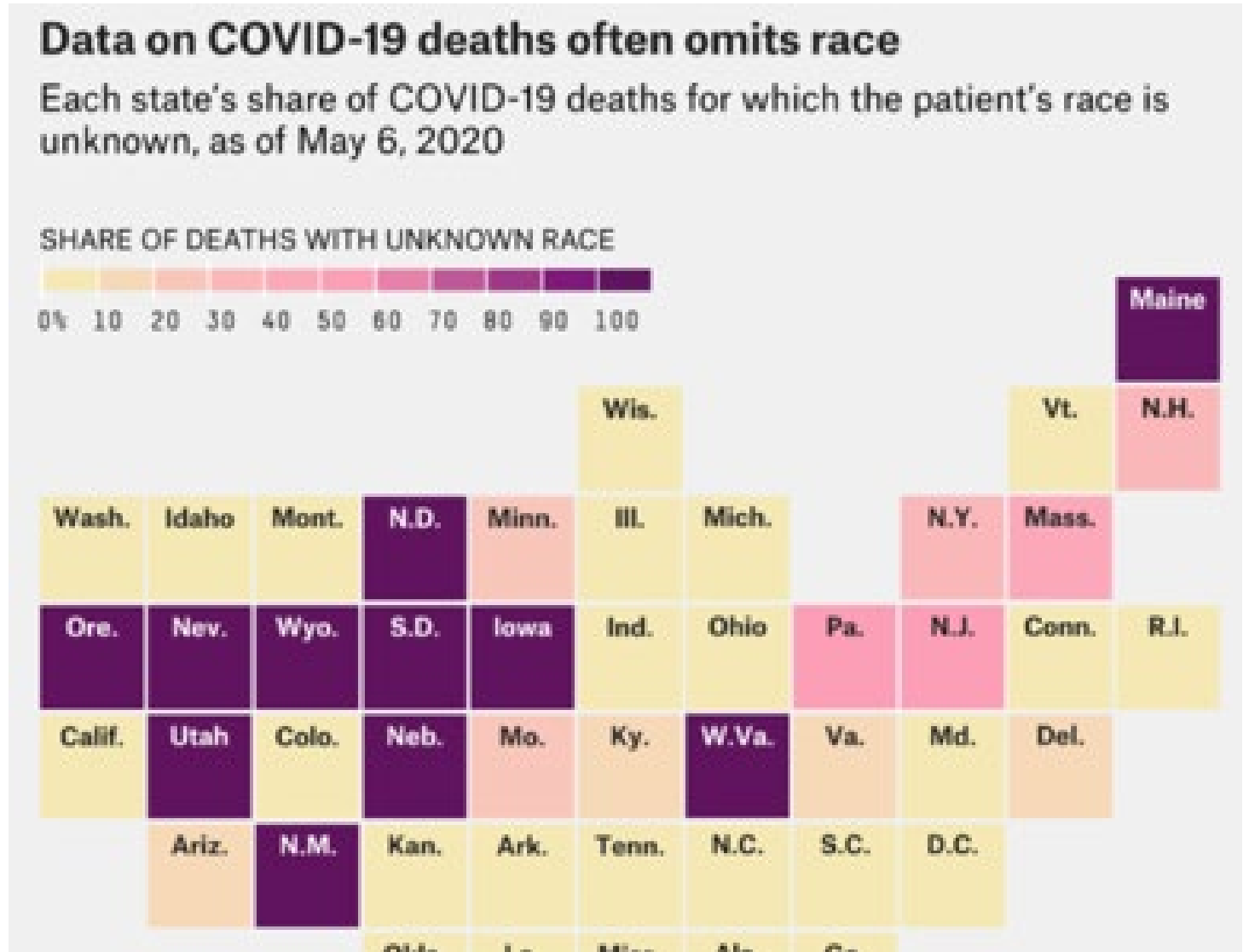
Mass. lawmakers say the state's ventilator, bed rationing guidelines prioritize whites over patients of color

"Prioritizing those without comorbidities inevitably ranks people of color lower than others."



Tremendous Racial Disparities in COVID-19

- Confirmed racial disparities in cases and deaths in multiple states and cities across the country...
...and a *lack of data* continues to fuel the debate
- Confirmed racial disparities in cases and deaths in Michigan...
...and *at least* we shared the data/facts
- Racial disparities in Texas and many other places
...and likely in many other states and cities and for many other population subgroups



Pediatrician concerned about cases of illness affecting children after COVID-19



A Flint Township doctor believes the actual number of MIS-C cases in Michigan is higher than what has been reported. (source: WJRT)

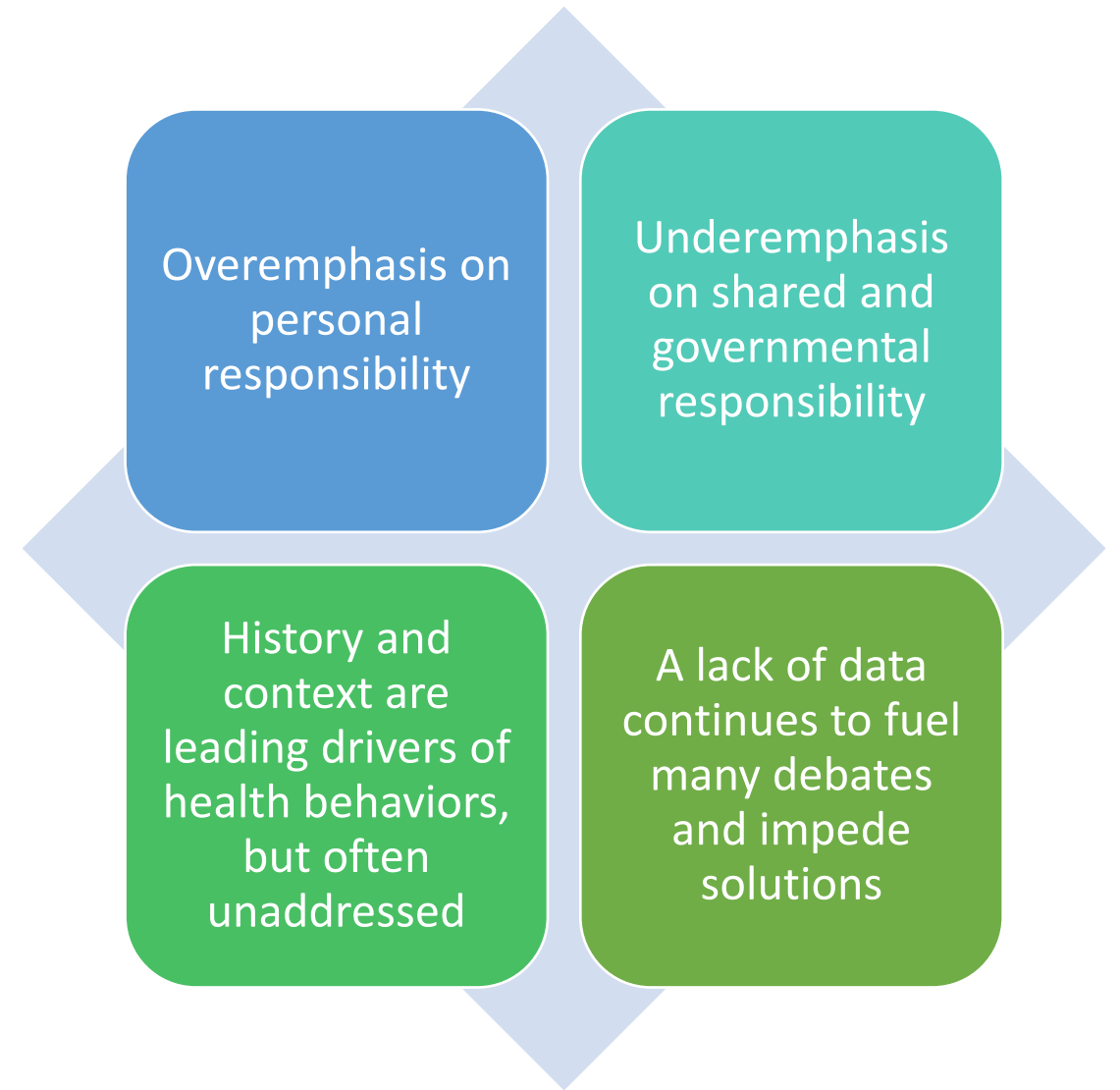
By [Mark Bullion](#)


Published: Apr. 13, 2021 at 7:23 PM EDT






Some Gaps in Our Current Approach





FUTURE DIRECTIONS

1. We must track disparities
 - Using existing data, at multiple levels
- 

How to Track Disparities



**Collect the data, confront
health data disparities**



Disaggregate the data



**Don't control/adjust away the
disparity**



Let the data speak for itself

Health Data Disparities




Unacceptable and unnecessary omission of race and other demographic data from health/public health data




Poorer quality data for certain populations (e.g., racial/ethnic minorities, un-/under-insured, persons with disabilities, rural, etc.)

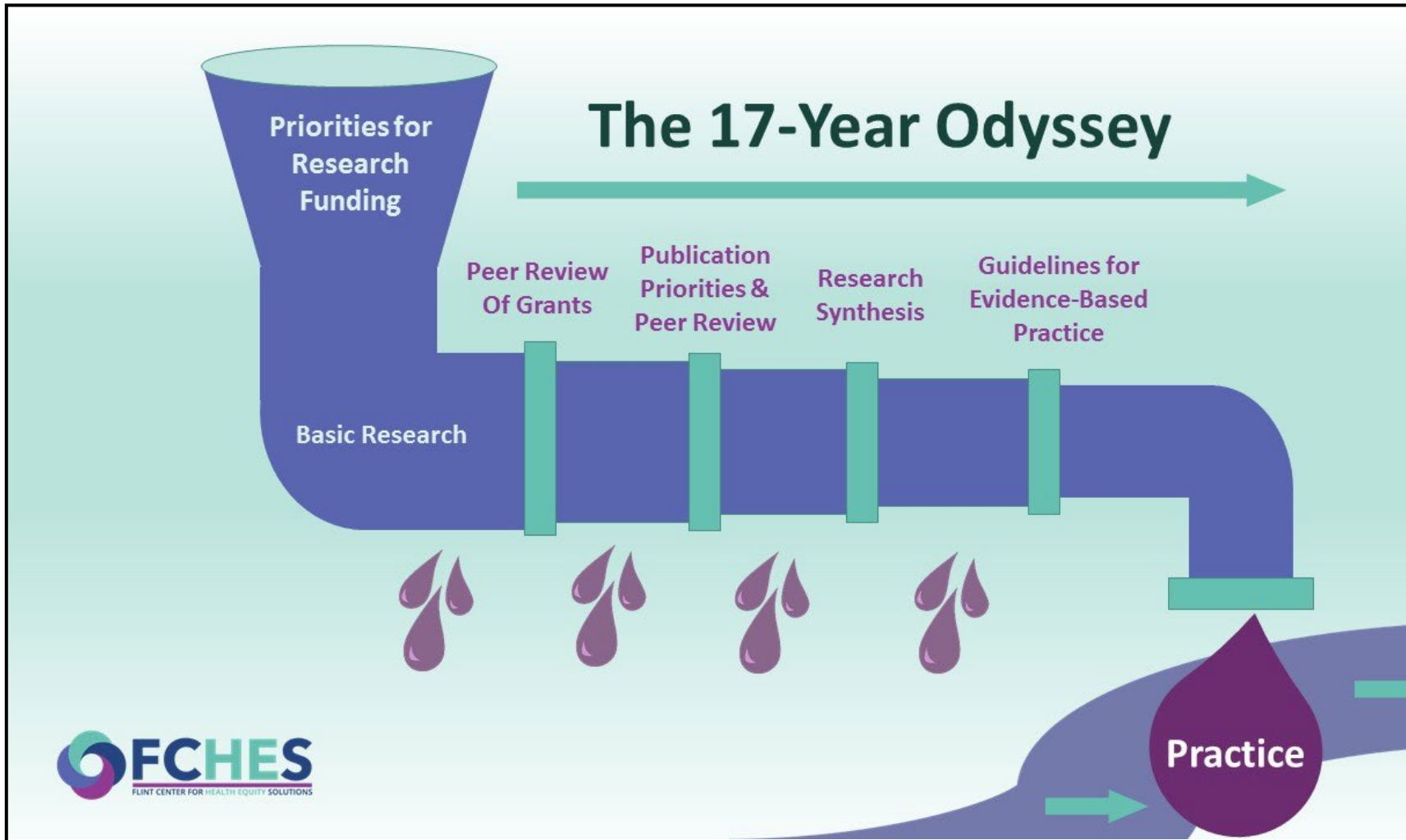


Lack of contextual variables (e.g., SDoH)



FUTURE DIRECTIONS

2. Need a stronger emphasis on translational, as well as dissemination and implementation research to bridge the 'leaky pipeline' from research to practice
- 




Research-to-Practice Gap: The Leaky Pipeline


THE DISCONNECT

- We need increased emphasis on Dissemination and Implementation (D&I) Research and Practice
- More than 12,000 active NIH/HHS projects with 'trial' in the keyword/abstract search
- Less than a quarter of that number with 'implementation' in the keyword/abstract search





FUTURE DIRECTIONS

3. Equity should be mandated, measured, and money-driven.
 - Mandate measurement and improvement by legislation
 - Link to funding for researchers
 - Link to payments for providers, schools, etc.
- 



You Cannot Sprinkle
Equity on after the
Fact and Call it a
Cake!





DrDebFurrHolden

Using Legislative Power and Other Authority to Ensure Racial Equity



#MANDATEEQUITY

- Our natural drift is to inequity
- If equity matters, it should be law(s)
- Federal mandate(s) would push states figure it out
- Federal and/or state mandate(s) would inspire communities of practice
- Equity should be mandated, enforced, and attached to resources

Where there is (good) will, there is a legislative way



BUILD A
BUSINESS
CASE FOR
EQUITY &
PREPAREDNESS



Inequity and racism has a real cost



- The Flint Water Crisis has cost more than \$1 billion dollars of taxpayer money
- Costs to upgrade water treatment system pre-water crisis?
→ **Less than \$1 million**
- Cost of anti-corrosive which could have largely prevented the corrosion of pipes and leaching of lead?
→ **\$81-\$150/day**
- Cost to human capital and human potential?
→ **TBD**

→ *What is the cost of inequity for children of color?*

→ *What's the ROI of equity?*

[Comment on this paper](#)

An NIH Investment in Health Equity - The Economic Impact of the Flint Center for Health Equity Solutions

 Cristian I. Meghea,  Barrett Wallace Montgomery, Roni Ellington, Ling Wang, Clara Barajas, E.Yvonne Lewis, Sheridan T.Yeary, Laurie A.Van Egeren, Debra Furr-Holden

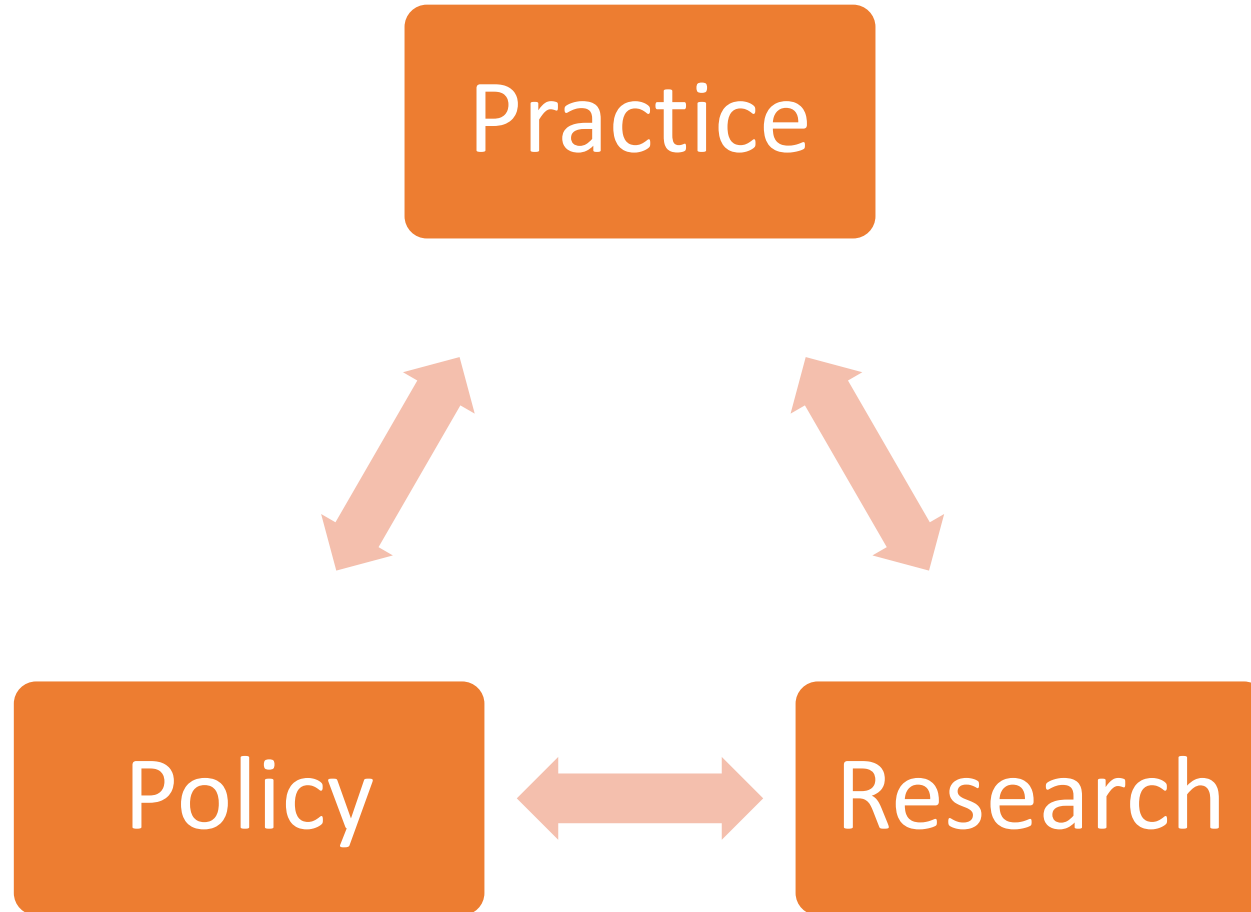
doi: <https://doi.org/10.1101/2020.10.19.20215137>


This article is a preprint and has not been peer-reviewed [what does this mean?]. It reports new medical research that has yet to be evaluated and so should *not* be used to guide clinical practice.

FUTURE DIRECTIONS

4. Strengthen the practice to research and policy pathway

PROPOSED MODEL

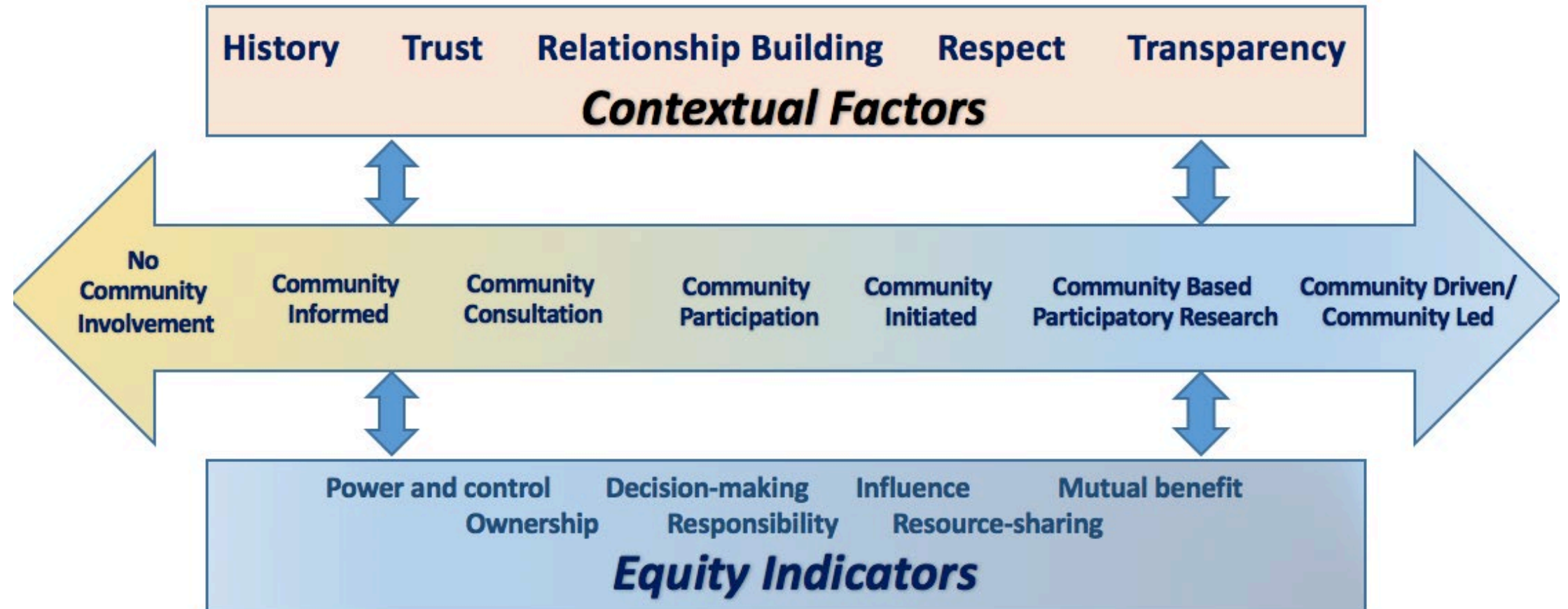




FUTURE DIRECTIONS

5. Equitable partnerships with practitioners, policy makers, advocates, other researchers and most importantly the communities we serve
- 

Continuum of Community Engagement in Research





VS.



Truth and power at the same table at the same time; We need community voice

Studying More than Individual Risk and Resilience



HHS Public Access

Author manuscript

Soc Sci Med. Author manuscript; available in PMC 2020 April 01.

Published in final edited form as:

Soc Sci Med. 2019 April ; 227: 63–75. doi:10.1016/j.socscimed.2018.07.030.

Community-engaged development of a GIS-based healthfulness index to shape health equity solutions

Richard C. Sadler*, Christopher Hippensteel, Victoria Nelson, Ella Greene-Moton, and C. Debra Furr-Holden

Division of Public Health, Michigan State University, USA

Where are the Solutions?

1. They will need to be upstream
 - What's downstream are mainly the 'fixes'
2. We will *never* program our way of these problems
3. We must deal with bias, racism, and white supremacy and privilege to achieve equity, especially in education and health care

Barriers

1. Data driving policy and intervention

- Evidence \neq policy

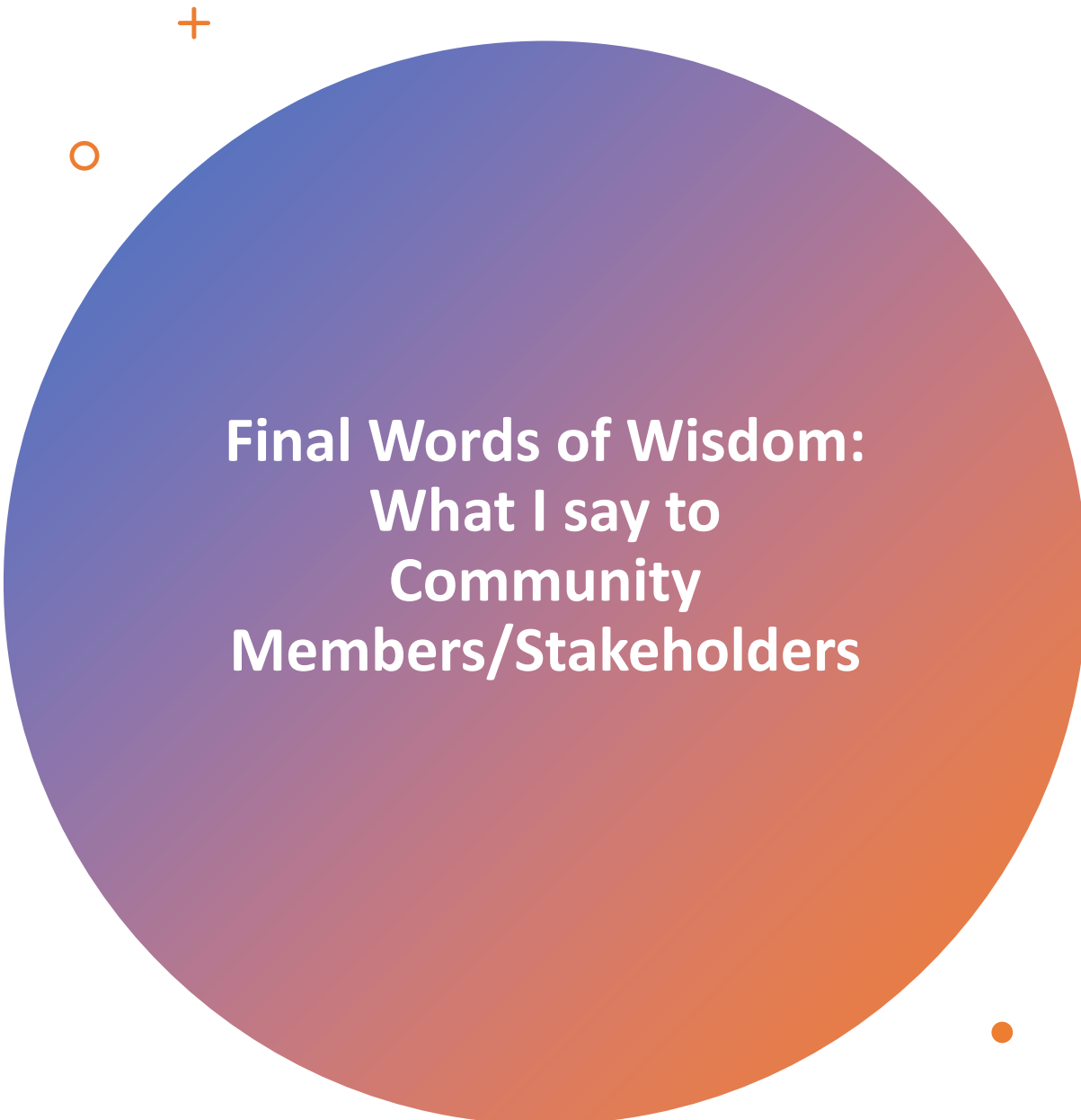
2. Political will, pettiness, & political meddling

- Played like a zero sum game with winners and losers
- Does anyone in power *really* care about equity?


3. Fast Food society

- Some results would be immediately visible/measurable
- Some will be undone over time
- The unravelling of racism and its consequences will have to be deliberate





**Final Words of Wisdom:
What I say to
Community
Members/Stakeholders**

- There is no magic bullet here
 - You can go fast if you go alone, but to go far you must go together
 - Be a demand for a seat at the table, a good seat
 - There is power in NO!
 - Only participate in explicit conspiracies, seriously
 - You have power, use it
 - Your voice
 - Your vote
 - Your money
- 



ERADICATE RACISM

Public Health Approaches to
Jettison a Global Pandemic

Contact Information and Questions



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DRDEBFURRHOLDEN ON
SOCIAL MEDIA



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