social determinants of health
CONNECTING THE DOTS

Colorado ACCESS

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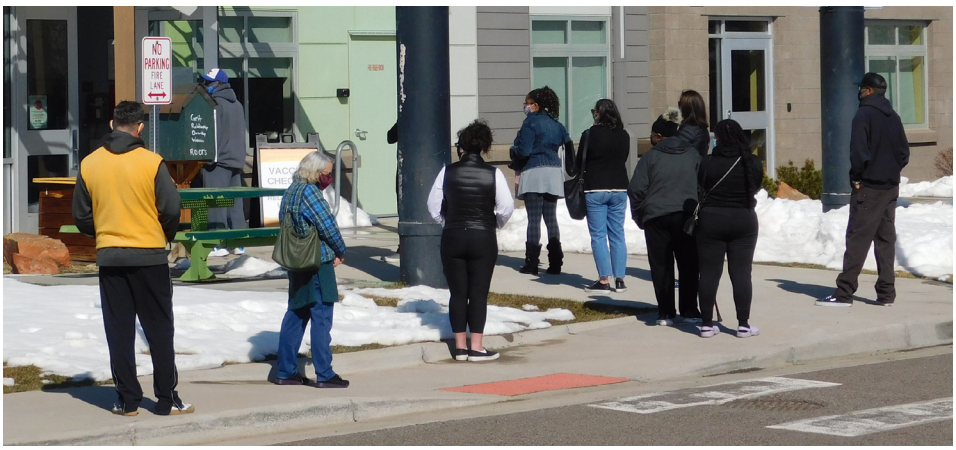
Community Spotlight

The Denver-based The Center for African American Health was founded in 2005 from the health programs of the Metro Denver Black Church Initiative. The Center focuses on supporting the health needs of the local Black community by direct services and policy efforts to eliminate health and social disparities.

They have offered COVID-19 testing and vaccine clinics, as well as flu vaccinations in partnership with Colorado Department of Public Health and Environment (CDPHE), Denver Public Health and SCL Health. In 2020, they distributed supplies to families, churches, food banks and nonprofits and provided over **$165,000** in emergency financial support to assist families in paying for food, prescriptions, rent, utilities, and other needed supplies. They have also partnered with a public health researcher with expertise in communications to support behavioral change to design and test culturally relevant messages to address vaccine hesitancy in the Black community.

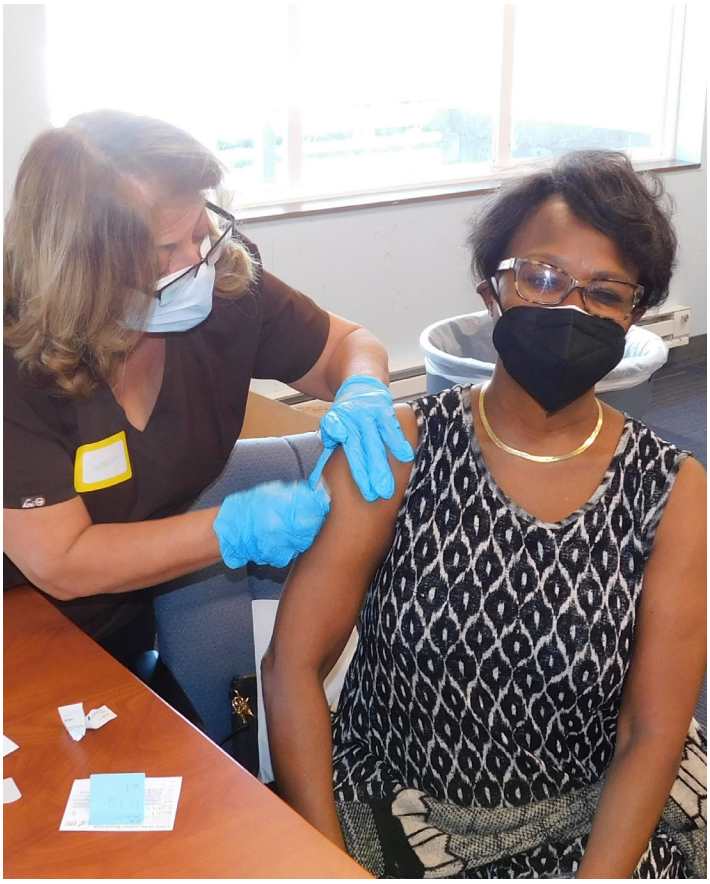
The Center recently initiated a crisis resource navigation team and will soon implement a community-informed behavioral health program that seeks to increase access to culturally responsive mental health, substance misuse programs, and counseling services to positively impact Denver's Black communities. They also designed BeHeard Mile High, which will serve as an advocacy and training platform for social issues impacting health and wellness in the Black community. Over **1,200** people are signed up to answer BeHeard's surveys, which have explored multiple topics, including health care experiences, housing, transportation, eating habits, and health priorities. BeHeard was highlighted in a report by the Colorado Health Institute about access to care for Black Coloradans.

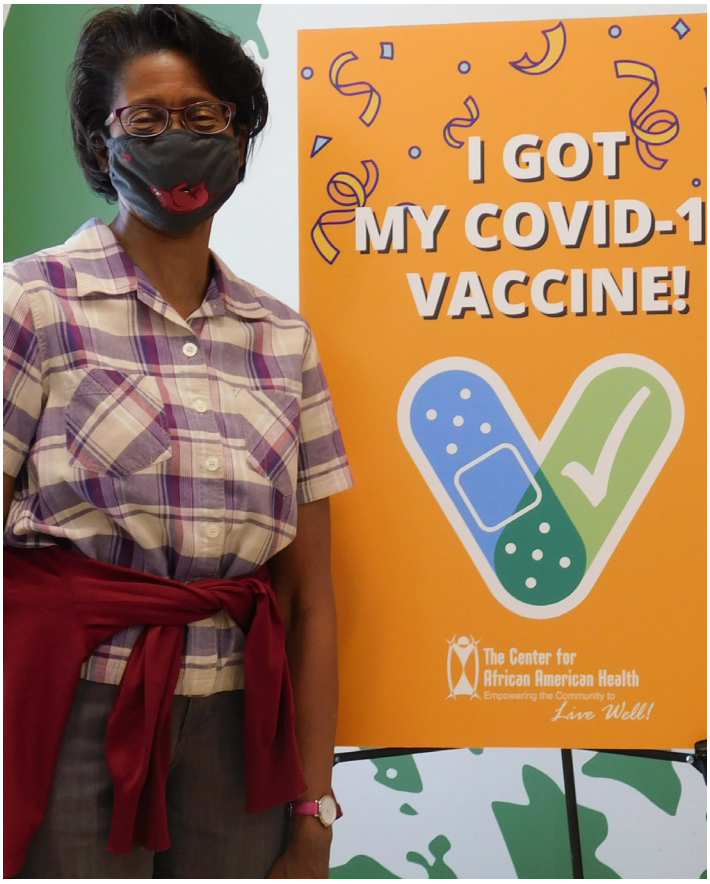


This new Colorado Access series will illuminate social factors that lead to health inequalities and disparities, or help to decrease them. We hope this monthly series will support your existing efforts by providing resources and educational opportunities while exploring current trends and best practices.

We know there are timely and progressive efforts in place to address the health disparities experienced by so many, sometimes by providers or community partners within our own network. We will share information about these efforts in the hope that it might lead you to consider what might be realized in your own practice or organization.

Each month we will introduce a topic and offer some brief highlights. If you want to dive a bit deeper, we will also include links to articles or websites that provide more comprehensive information.





All photos courtesy of The Center for African American Health

> The Center for African American Health was created to help address the persistent health disparities that have plagued our community for generations. We work for health equity because we believe that everyone should have the opportunity to thrive regardless of where they live, work, play or pray. While we work to support our community to embrace healthy lifestyles, we also work to dismantle the systemic barriers we face.
>
> —Deidre Johnson, CEO and executive director, The Center for African American Health

Health Inequities for Black Americans

A recent analysis of U.S. mortality statistics going back to 1900 shows that disparities in Black mortality rates continue to outpace one of the worst pandemics in the last century, the flu pandemic of 1918, which killed over half a million Americans. In this current pandemic, the trend of health disparities for Black Americans continues. For example, Black people are more likely to be employed in jobs as essential workers, preventing them from working remotely. They are often dependent upon the use of public transportation, putting them in close contact with other individuals, including those not following masking and social distancing practices. Income for Black Americans is two-thirds that of average white incomes, making it difficult for Black Americans to maintain a fair standard of living.

It is documented that Blacks have higher rates of chronic health conditions than whites. Research by University of Michigan Medicine found that access to quality health care had more influence than genetics on the **2.5 times higher** prostate cancer mortality rate for Black men. However, structural racism's link to this issue is often missed.

The most egregious impact on health inequities for Black Americans today are from redlining policies in housing instituted by the federal government in the 1930s. Neighborhoods that had been well-maintained with green spaces, retail businesses, grocery stores, and doctor's offices within walking distance transitioned into run-down areas with bordered-up buildings, green spaces turned into parking lots, and blanket refusals by banks of loans for Black residents, effectively preventing them from maintaining their properties. Entire subdivisions were developed throughout the U.S. exclusively for white people, and the Federal Housing Administration recommended that highways or high concrete walls be built to separate Black people from white neighborhoods. Data from the National Community Reinvestment Coalition shows that people living in neighborhoods that were subject to redlining practices have higher rates of chronic disease and shorter life spans. Their interactive website provides city-to-city comparisons from 142 urban areas across the U.S. to see how neighborhoods ranked back in the 1930s and how they are today.

Most people gain wealth from the equity in their homes, but for Black Americans, even the passage of the Fair Housing Act in 1968 did not lead to a significant increase in home ownership, because homes they might have been able to purchase when they were newly-built were no longer affordable. Public housing initiated in the 1930s was intended for working-class whites who had lost their homes in the Depression. When public housing was opened to Black Americans, and white people moved out of those complexes and into recently developed suburbs, the industries that had been present nearby moved to new locations or closed all together. This lead to public housing becoming subsidized, because their mostly Black tenants were too poor to pay the rental fees. Black Americans were also denied the benefits of the GI Bill, which had the largest influence on both housing and the attainment of higher education post-World War II. These restrictions led to generation after generation of Black households losing out on the ability to build equity through home ownership, and gain wealth, which would have helped them to have better equity in health as well.

Less than half of Black Americans believe their health care provider understands their ethnic or racial background and life experiences. When Black Americans are receiving care from a provider of another race, the health visit time decreased, their concerns were often dismissed, or they found themselves being frequently interrupted. All of this leads to distrust, and for Black Indiana geriatrician and family medicine physician Dr. Susan Moore, the dismissal of her concerns led to her death. She recently posted a video where she shared that after being hospitalized with COVID-19, she had to beg her physician to continue her course of treatment. He dismissed her need for it. She died two weeks later.

Written by Jo English
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If you know of creative approaches or partnerships that are addressing health disparities, either by your organization or another entity, please contact us at practice_support@coaccess.com.

We would love to share this information!