The influence of racial bias is not limited to access to health care, however. Prejudice and discrimination can be sources of acute and chronic stress which have been linked to conditions such as cardiovascular disease and alcohol abuse. Discrimination can restrict the educational, employment, economic, residential and partner choices of individuals, affecting health through pathways linked with psychosocial capital. Environmental influences from industry, toxic waste, and other geographic aspects linked with poverty and minority status can also result in an unequal burden of disease.

Increased conceptual and empirical efforts are needed to identify and understand the processes leading to differentials in health status and to develop intervention strategies. This program is designed to give participants an overview of opportunities and challenges facing the field in eliminating health disparities both short and long term; an understanding of the interaction of health care disparities and psychosocial discrimination; and a summary of possible intervention strategies.

John E. Maupin, Jr, President, Meharry College, October 30, 2005, Opening Address, Summit on Unequal Burden of Disease, Nashville, TN

General Source: Office of Minority Health, National Institutes of Health
Separate and Unequal: Confronting Disparities in Health

We can sum up the problem in a single sentence. The health of too many people is at risk because of their racial or ethnic background. However, while the problem can be easily summarized, we know the solutions are far from simple. A collective response that involves sharing information and enhancing collaboration is the only way we can reduce the disparities that exist for people of color.

Research to improve diagnosis, treatment, and prevention in this country has led to improvements in health care for most Americans, and significant declines in morbidity and mortality from numerous diseases. As a result, the population can expect not only to live longer but to be more productive and to enjoy a higher quality of life. However, these gains have not been achieved by all segments of the populations equally. Minority populations in the US continue to experience substantial disparities in the burden of disease and death when compared to the majority population.

Differences in the quality and quantity of health care provided to members of racial/ethnic groups are critical to understanding disparities in health. First, Members of minority groups are less likely than the general population to receive health care services. For example African Americans are, in some cases, 50% less likely than whites to receive common diagnostic procedures and treatments or to receive intensive interventions such as by-pass surgery. Second, racial disparities exist in important qualitative aspects of medical care, e.g. receiving care from a primary physician rather than hospital outpatient clinic or emergency room.

*Cynthia Gómez, PhD, is the founding Director of Health Equity Initiatives at San Francisco State University. Dr. Gómez received her Masters’ from Harvard University and her PhD in Clinical Psychology from Boston University. Her research has focused primarily on HIV prevention intervention development, behavioral epidemiology, and HIV policy-related research. Dr. Gómez is considered a pioneer in the areas of cultural determinants of sexual behaviors among Latinos; the role of power dynamics in sexual risk among women; and in development of prevention interventions among people living with HIV. Her work now focuses on health equity and public and private partnerships. She has served on several national committees including the CDC’s HIV & STD Advisory Council, NIDA’s National Hispanic Science Network. Chairs the Board of Directors of the Guttmacher Institute; and is a member of the Board of Trustees of the National AIDS Fund. Dr. Gómez was appointed to the Presidential Advisory Council on HIV/AIDS under the Clinton Administration and also served and additional year as a member of the Bush Administration.

Cynthia Gómez, PhD, Interim Dean of Public Health

Understanding Human Genetic Variation: Implications for Racial and Ethnic Health Disparities

- Venance L. Bonham, JD Senior Advisor to the Director on Societal Implications of Genomics and Chief of the Education and Community Involvement Branch at the National Human Genome Research Institute (NHGRI), National Institutes of Health

* These activities qualify for 4.0 AMA Credits

Marjorie Funk, PhD, MSN is a Professor at the Yale University School of Nursing. She received a BSN from Cornell University, a MSN from Yale University School of Nursing, and a PhD in Chronic Disease Epidemiology from Yale University. Her teaching responsibilities include statistics, research seminar, epidemiologic methods, and various topics in cardiac and critical care nursing. She has practiced as a Clinical Nurse Specialist in Cardiac Surgery and is now a part-time staff nurse in the Coronary Care Unit at Yale-New Haven Hospital. Professor Funk’s research interests are in cardiac critical care nursing, specifically the appropriate and safe use of technology, the equitable distribution of technology, and the human-machine interface. Her research on biomedicine monitoring in patients with chronic heart failure was recognized with the 2003 Nursing Research Award by the Heart Failure Society of America. She is also the Co-Director of the Yale-Howard Partnership Center on Health Disparities.

Marjorie Funk, PhD, MSN, Professor, Yale School of Nursing & Director, Yale-Howard Partnership Center

Beth Jones, PhD, MPH, is a cancer epidemiologist at the Yale School of Public Health. Dr. Jones works on health disparities. Her research is focused on racial/ethnic differences in the incidence, morbidity and mortality, particularly breast cancer. Using a multidisciplinary approach, she is evaluating the role(s) of tumor characteristics, selected genetic alterations and genetic polymorphisms, as well as social class, medical care, and psychosocial factors, in explaining the lower cancer survival of African Americans as compared with whites. Additionally, she is researching the process of screening mammography and the racial-ethnic specific factors that influence future screening and screening outcomes. Another area of her cancer prevention research includes a study of African American/White differences in the prevalence and correlates of high-risk breast density patterns.

Beth Jones, PhD, MPH, Associate Professor, Yale School of Public Health

Enrollment

Welcome 

Robert Steele, PhD, MPH, President, AYPHP

Elaine Anderson, MPH, Director, Alumni and Community Affairs

Friday, June 2

8:30am

Registration

9:00am

Welcome

9:15am

Keynote Address*

Achieving Health Equity: Challenges and Strategies

Cynthia Gomez, PhD, Director, Health Equity Initiatives, University of California

10:30am

Faculty/Practitioner/Alumni Panel

Facing Disparities in Health

Moderator: Jeannette Ickovics, PhD, Associate Professor and Director, Social and Behavioral Science Program, Yale School of Public Health

Panelists:

Marjorie Funk, PhD, MSN, Professor, Yale School of Nursing & Director, Yale-Howard Partnership Center

Beth Jones, PhD, MPH, Associate Professor, Yale School of Public Health

Harlan Krumholz, MD, Harold H. Hines, Jr. Professor of Medicine and Epidemiology/Public Health and Co-Director, Robert Wood Johnson Clinical Scholars Program

Curtis Patton, PhD, Professor, Yale School of Public Health

1-3:30 pm

Luncheon and Program

Welcome

Brian P. Leaderer, PhD, Interim Dean of Public Health

Special Address**

Understanding Human Genetic Variation: Implications for Racial and Ethnic Health Disparities

Venance L. Bonham, JD Senior Advisor to the Director on Societal Implications of Genomics and Chief of the Education and Community Involvement Branch at the National Human Genome Research Institute (NHGRI), National Institutes of Health

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