

Health Equity, Diversity, and Inclusion

SECOND
EDITION

Context, Controversies, and Solutions

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I lovingly devote this book to my beloved family—my husband Jeffrey Rose and our two beautiful children, Courtney and Brandon. With these individuals in my life, I have given and received unconditional love, experienced the true meaning of family, enjoyed amazing, intelligent conversation regularly, and experienced global travel with them, which is a true gift.

I also dedicate this book to all people who are suffering in the midst of social injustice, health and educational inequities, and health disparities. It is my hope that my words will continue to serve to inform on solutions to these ongoing problems and that health disparities, also known as “the gap”, will be closed.

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Preface



As a young graduate student at Yale University pursuing a master of public health degree in the mid-1980s, I stumbled upon a topic that I was unfamiliar with—namely, health disparities in terms of race and ethnicity. I was taking a number of core courses, and within most, there was mention of a gap between the health statuses of Black and White people in the United States. I reflected upon this issue and decided that it would be a key area of interest for me, and indeed it has been to this day. I took pride in the fact that I was studying in a field, public health, in which I could make a real difference. I would be able to help close the health status gap. Not only did I take courses that emphasized health disparities, but I also attended “Closing the Gap” conferences, read books about it, and fiercely debated with classmates, and ultimately colleagues, about the causes.

Some argued that the primary reason for the gap was genetics, which I disagreed with, because I understood clearly that the illnesses that Black people were suffering from in the United States were not the same as those of Black people in Africa, for the most part. There were some genetic commonalities, such as disposition to sickle cell disease, but that served as a clear indicator that Black people in America were descendants of people in West Africa, primarily as a result of the slave trade.

Ultimately, after working in the field of public health for a couple of years, I decided to return to my studies to pursue a doctorate in community health education at Teachers College, Columbia University. Still, the health disparity existed, without much change, and I continued taking courses and learning more about the proverbial gap and its impact on other emerging majorities beyond Black people; further, I studied the importance of racial and ethnic diversity in the workforce, in terms of health, as it was touted as one of the many potential solutions to the problem. Many years later, in my role as an academic, I taught about health disparities and diversity, noting that the problems were the same as when I was a young student and that not only was the matter unresolved, in many ways it was worse.

The key aspects of this book are the discussions of health disparities, with an emphasis on solutions, and the ongoing need for diversity in the field of health. The issues of health disparities and diversity are framed by racial and ethnic considerations. This focus does not preclude the understanding that the term *diversity* is very broad, encompassing, beyond race and ethnicity, gender; the lesbian, gay, bisexual, transgender, queer or questioning, and intersex (LGBTQI) community; the disabled; and religious groups. However, this book seeks to identify health disparities along racial and ethnic lines.

The other area of focus is health equity. Although there are efforts to reach consensus around this definition, the Robert Wood Johnson Foundation defines it as follows:

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

Health equity for all in the United States is a lofty goal, particularly given that health disparities are widening. It was felt by some that the Affordable Care Act (ACA), also known as Obamacare, would resolve these issues, leading to greater health equity, but it appears, thus far, that instead, the gap has widened, which is very unfortunate. Nevertheless, it is clear that the ACA is not universal health coverage, as private health corporations remain at the helm of health care in the United States. If we consider the history of the country, perhaps there is some insight, open for debate as to why security of health equity for all remains unachievable. 2019 commemorated the 400th anniversary of the transatlantic slave trade. Some argue that slaves arrived earlier. As pointed out by Torres Spelley (2019):

There is a tendency of many people who write the history of America to have a view of the world centered on Jamestown and the Anglo American experience. When history fixates on the 13 original American colonies, the rest of the map, including Florida, seems to fall away. But it's worth expanding that picture to include Spanish-occupied territory in what is now the United States. When we consider those lands, we see that slavery actually dates back a full century before 1619. Slavery in Florida reveals how a multinational slave trade built on personal greed and white supremacy forced Africans and African Americans to build North American wealth in which they would not be able to share. Then, adding insult to injury, these early black slaves were erased from the standard narrative of American history.

The timeframe and dates as to when slavery began are important to clarify and remember, not only to ensure that no one forgets that this tragedy occurred, but also in terms of health disparities. Health inequity and the consideration of universal health coverage, points worthy of consideration, emerged from the 1619 Project, launched by *The New York Times* to explore slavery within the context of American History and to clarify existing historical understanding/teaching of the atrocity of slavery on American soil. In a PBS interview, the lead reporter of this body of work, Nikole Hannah-Jones, states the following:

...what we know is that white support for universal programs declines if they think that large numbers of black people are going to benefit from it. And this is a sentiment that goes all the way back to right after the end of the Civil War when the Freedmen's Bureau starts to offer universal health care for people who had literally just come out of bondage... And white

people immediately pushed back against that believing that even people who had just come out of slavery should not get anything “for free,” even though their labor clearly had built the entire, most of the economy of the country. And so that sentiment continues to this day.

This is a straightforward argument regarding universal health coverage and its relationship to lack of equity across the board, including health, for Black people, which also extends to certain other emerging majority groups. Whether one agrees with the argument made by Hannah-Jones or not, what is certain is that in terms of Black, Native American, and the ethnic group of Latino/Hispanic people, health equity in the United States is not the case. To achieve health equity moving forward, there must be less energy spent discussing the cause, resulting in total emphasis and focus on the solution. In general, the causes have been studied, researched, argued, and in many instances, established. Therefore, as this text explores causality, the aim is to highlight and explore solutions.

Additionally, throughout the book, use of the term *minority* is minimized in recognition of this term’s obsolescence. The term is replaced by *emerging majority*, as it is clear that the United States has become more diverse than ever before. Emerging majority is used in this book to refer to the various racial groups and the Hispanic/Latino ethnic group. The terms Hispanic and Latino are used interchangeably when appropriate.

Cultural competence is highlighted as one of the many solutions to health disparities, as there is a need within the field of health to value and appreciate the diversity of all people as well as to continue learning about other cultures to ensure optimal provision of services. In this edition, a brief explanation of cultural proficiency is discussed along with the components of a related framework. Cultural proficiency is the ultimate goal, per the cultural competency continuum, and therefore is worthy of consideration toward health equity for all. The importance of science, technology, engineering, art, and math (STEAM) will also be discussed to explain why members of the emerging majority groups must venture into these areas of study and work in an effort to close the health status gap. This edition includes a new chapter, which focuses on the history of education in the United States and the relationship of education to health. This intersection between education and health in the United States and the parallel injustices within each are enlightening. Understanding these injustices is important as solutions toward health equity are considered. Another new chapter in this edition pertains to the elderly and health care. Topics such as chronic illnesses, mass incarceration of the elderly, the over-use of pharmaceuticals (as prescribed), and other relevant issues are explored. The purpose is to interrogate why and how the problems of the elderly impact health disparities and to further discuss the need for elder Americans to also experience health equity, which must be the case for people of all ages, throughout the continuum of their lives.

This second edition is aptly titled *Health Equity, Diversity, and Inclusion: Context, Controversies, and Solutions*, as all of these areas will be covered. The title change is not to de-emphasize health disparities but rather to highlight a forward thinking approach toward solutions regarding health equity, rather than dwelling in the gap with a sole focus on health disparities. The controversies highlighted throughout the text are mainly those associated with topics such as social injustice,

ACA, and immigration, with limited discussion about current politics around the latter issue, although concerns regarding those matters contribute to the issue of lack of health equity for all. Rather than simply reiterating and identifying problems related to health disparities and diversity, solutions toward health equity are given great emphasis in order to continue the dialogue related to solving the myriad problems that are gravely affecting the lives of many.

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I also thank my children, Courtney and Brandon Rose. I am profoundly moved by my children and the wonderful young adults they are. They both inspire me and provoke me to think based upon new realities in the midst of social media, their generation, and their personal experiences as intelligent, young adults learning to navigate this challenging world. Courtney now holds an Ed.D from Teachers College, Columbia University, one of my alma maters, and she is one of the contributing authors for this text, along with one of her former classmates, Dr. Edmund Adjapong. Their contribution to this work, in the form of a chapter, is as wonderful as their understanding of the history of education; and the intersection between health and educational disparities is profound. There are parallels that should not be missed and they clarify this with great skill. I am filled with pride to watch Dr. Courtney Rose walk in my footsteps, as she was two-years-old when I achieved my doctorate at the same school. Now she is teaching in college classrooms, consulting, writing, and creating her own path. We are also co-hosts of our own podcast, the Ivy Roses, which is an added enjoyment as we continue the journey of educating together. Brandon is an accomplished young attorney. Watching him serve as a professional with such skill and adeptness motivates me to move forward with enthusiasm and tremendous energy in all that I do. I am most proud of how he serves in the community as a Guardian Ad Litem, assisting young people in need, and volunteering on boards to ensure that organizations that need assistance receive the help that he is able to provide. As he continues his journey through the legal and professional world in general, I am impressed how he navigates, figures things out, and remains in the constant quest of determining how he can serve given his legal acumen and other skill sets. The words of encouragement and support from my husband and our children, as I take on the arduous task of writing, are thoroughly

rewarding, as I know that my book will be in their hands upon completion. This gives me the energy and enthusiasm to complete the work with pride, knowing that the subject matter—health disparities, social justice, and solutions to inequities in the United States—represents meaningful, important work.

Additionally, I offer gratitude to Ms. Heather Aaron for responding to my interview questions regarding nursing homes with significant expertise in my chapter about the elderly and health disparities. She is an important voice to this book and clearly an expert on the subject matter.

Finally, and above all, I thank God. There is definitely a force in my life that is greater than my mind can imagine that leads, guides, and protects my beloved family and me and inspires my work through an intuitive voice that is forever present. For this blessing, mere words of gratitude are insufficient, but I express them humbly. I always lean on the strength and courage of God, and doing so has never failed me.

About the Author



Dr. Patti Rose acquired her Master's Degree from Yale University, followed by her Doctorate (Ed.D) from Teachers College, Columbia University. She has served as a Faculty member (from Adjunct Professor, Instructor, to the Associate Professor Level) at the University of Miami, Florida Atlantic University, Florida International University, Springfield College, Worcester State College, Nova Southeastern University, and Barry University. In recent years, courses that she has developed and taught include Black Women in Medicine and Healing; Psychosocial Health and Healing and Women (online course); Race and Healthcare in America; Culture, Race, and Diversity Issues in the United States; Mass Incarceration and the Impact on the Black Community; and Black Women in Medicine and Healing. In the summer of 2013, she taught Chinese college students as a Visiting Professor at Jiaotong University in Shanghai, China for 6 weeks, and during the summers of 2014, 2015, and 2016 for 5 weeks in Guangzhou, China at Jinan University. She also taught at Feng Chia University in Taichung, Taiwan in 2017, at Jinan University in Shenzhen, China in 2018, and at Chengdu Polytechnic University in Chengdu, China in 2019. She will teach at Chengdu Polytechnic University in Chengdu, China again during the summer of 2020. She also serves as the Educational Consultant and Liaison for the Essex County College of New Jersey and the JNC International Summer School Program of China Partnership.

Dr. Rose has given keynote addresses, conference presentations, and workshops for many national colleges and universities and other venues, including the Louisiana State University (LSU) School of Veterinary Medicine; Yale University; Teachers College, Columbia University; LeMoyné College; Ross University; Des Moines University Medical School; Miami Dade College; the American Public Health Association; the National Association of Healthcare Executives; The National Association of Black Veterinarians; and beyond. Her international presentations have included conferences in Nairobi, Kenya; Barcelona, Spain; Paris, France; Aruba, St. Thomas; and Puerto Rico (a United States territory). Her administrative roles include serving as Director and Founder of her own firm, Rose Consulting, her current role, and prior service as President and CEO of Plainfield Health Center in Plainfield, New Jersey, and as Vice President of Behavioral Health Services at The Jessie Trice Center for Community Health, one of the largest community health centers in the nation, in Miami, Florida.

She is the author of several books, including *Cultural Competency for Health Administration and Public Health*, published in 2011, *Cultural Competency for the Health Professions*, published in 2013, and *Health Equity, Diversity, and Inclusion: Context, Controversies and Solutions, Second Edition*, publishing in 2020, all by the same publisher, Jones & Bartlett Learning. She also has many published articles, including a piece in the *Harvard Journal of Minority Public Health*, which focused on teenage pregnancy in the Black community. Her work currently includes serving as

administrator and sole writer for her blog, Natural Is Cool Enough (N.I.C.E.), which has a national and international following, a *Huffington Post* blogger, and being the co-creator and co-host of a podcast, *The Ivy Roses*, which can be found on numerous podcast platforms including iTunes, iHeartRadio, Sound Cloud, and beyond. She developed a DVD, *Cultural Competency: A Public Health Imperative*, through her consultation for a project directed by the Alumni Office of the Yale University School of Public Health, where she also received the Public Health Service Award (2004) for her commitment to community health service.

Dr. Rose has language skills in both Spanish and Mandarin based on her travels and intense study and speaking practice in both languages. Dr. Rose's passion is to travel the globe to understand the world and to share her knowledge of various cultures, history, health education and health promotion, health equity, social injustice (including health disparities), globalism, and diversity through her writing, teaching, and speaking engagements. Her current research is focused on health disparities and health equity, particularly in the United States, from a social justice vantage point, utilizing a cultural lens, and through comparative analysis, from a national and global perspective. Her cultural travel, work, and research have included journeys to Puerto Rico, Mexico, Fiji, Turkey, Africa (South Africa, Kenya, Senegal, Ghana, Tanzania, Egypt, Zanzibar, and the Cape Verde Islands), Sri Lanka, Dubai, Australia, New Zealand, Europe (Spain, Italy, Ireland, France, Portugal, Iceland, the United Kingdom, Greece, and the Netherlands), the Caribbean (Jamaica, Tortola, St. Lucia, St. Thomas, Barbados), Latin and Central America (Cuba, Honduras, Nicaragua, Costa Rica, Panama, the Dominican Republic, and Guatemala), and Asia (Japan, China, Vietnam, Singapore, Bali, South Korea, India, The Maldives, and Thailand).

Her professional affiliations have included the American College of Healthcare Executives, the American Public Health Association, the Black Executive Forum, and the National Association of Health Services Executives. She was appointed by the U.S. Department of Commerce, National Institute of Standards and Technology, to serve in the capacity of Examiner on the 2004 Board of Examiners of the Malcolm Baldrige National Quality Award. She is currently the President of the South Florida Chapter of the Yale Black Alumni Association and a frequent Yale Alumni Schools Committee college applicant evaluative interviewer. Dr. Rose has been married for 34 years and is the mother of two.