

Developing a New Framework for Health Equity Research and Intervention

UNC ECHO Seminar
November 8, 2013

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Video recording
– [part 1](#), [part 2](#)

Part One



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- History of our research on Health Disparities
- Conceptual thinking that guides our current practices

1990's at the Centers for Disease Control and Prevention

Paradigm for studying racial differences in preterm birth

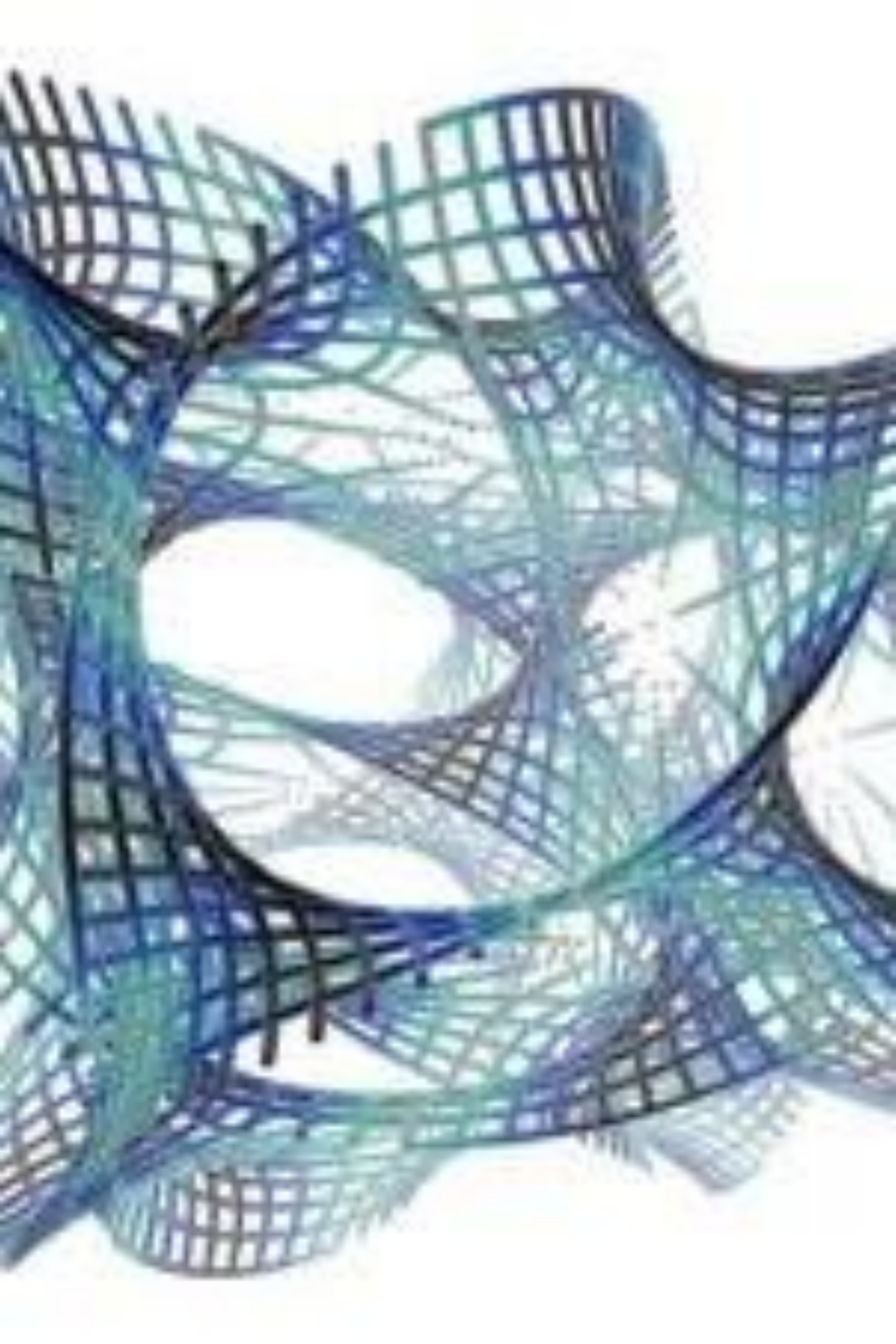
PTB is a sociobiological problem that occurs in the context of an environment in which social behavior, cultural, historical, political, and economic forces influence health and disease.

We were the first to create a multidisciplinary set of qualitative and quantitative studies that incorporated CBPR methods to examine the psychosocial environment.

Over 10 years we produced a portfolio of intramural & extramural research

2000's

A literature review and analyses of numerous intervention programs by over 200 graduate students revealed a disconnect between the intervention approaches and the existing conceptual frameworks.

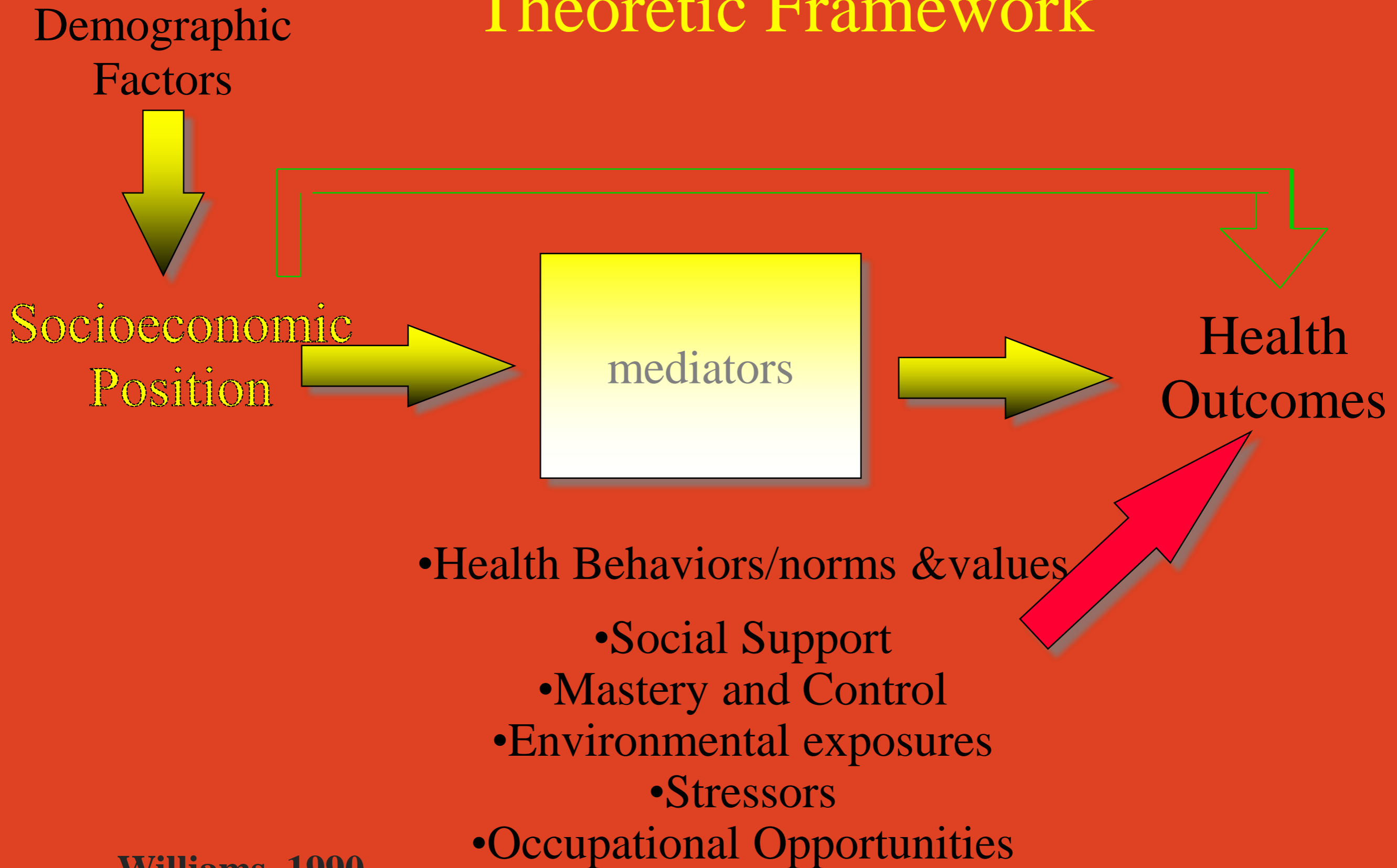


Public health and medical simplify health inequity causality in order to achieve measureable success along selected pathways amenable to these disciplines.

These frameworks:

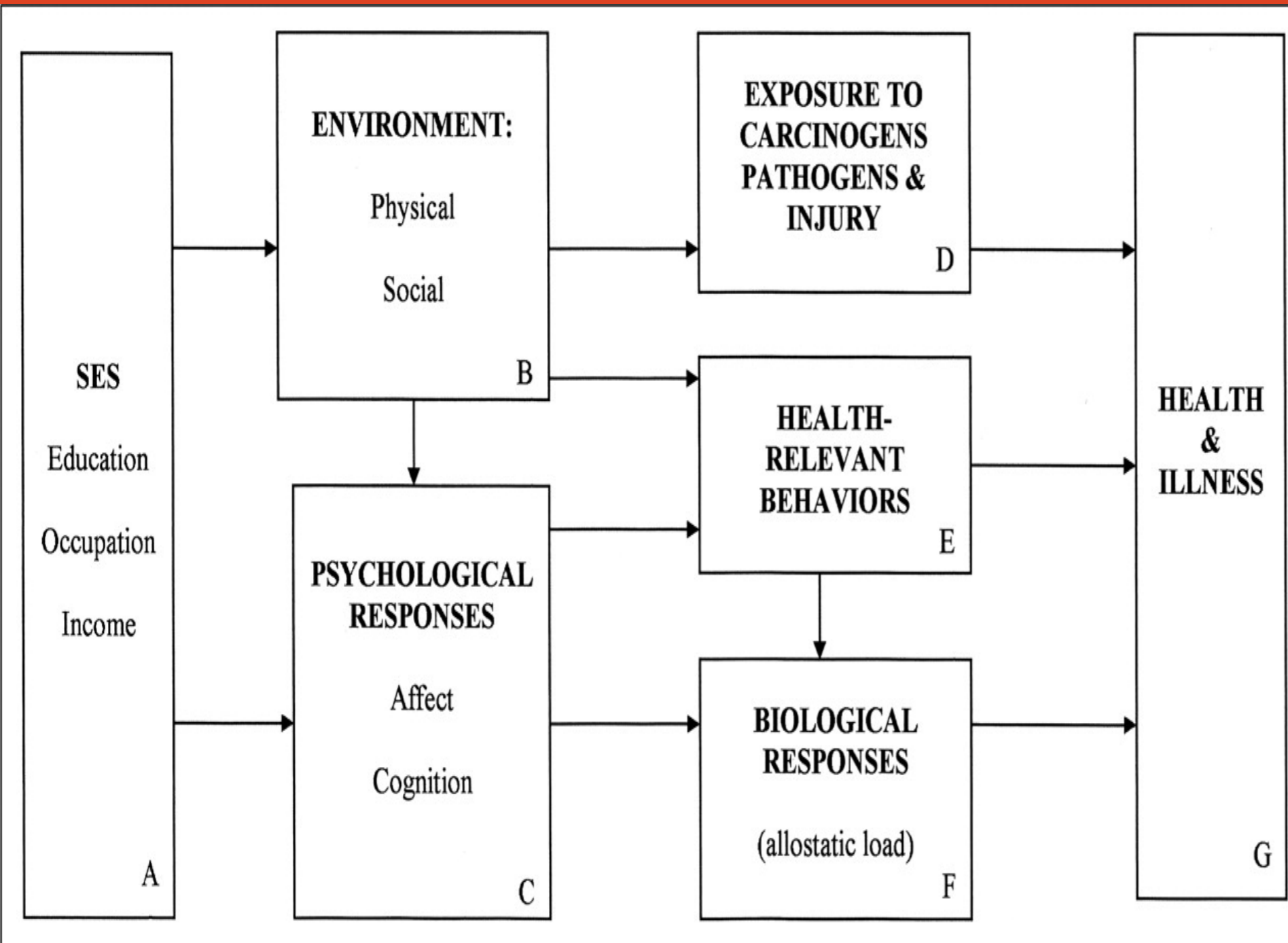
- do not emphasize the dimensionality--depth of complexity and interrelatedness inherently connecting health inequity contributors and pathways.
- do not support or promote the level of action needed to reverse the trend of inequity in health

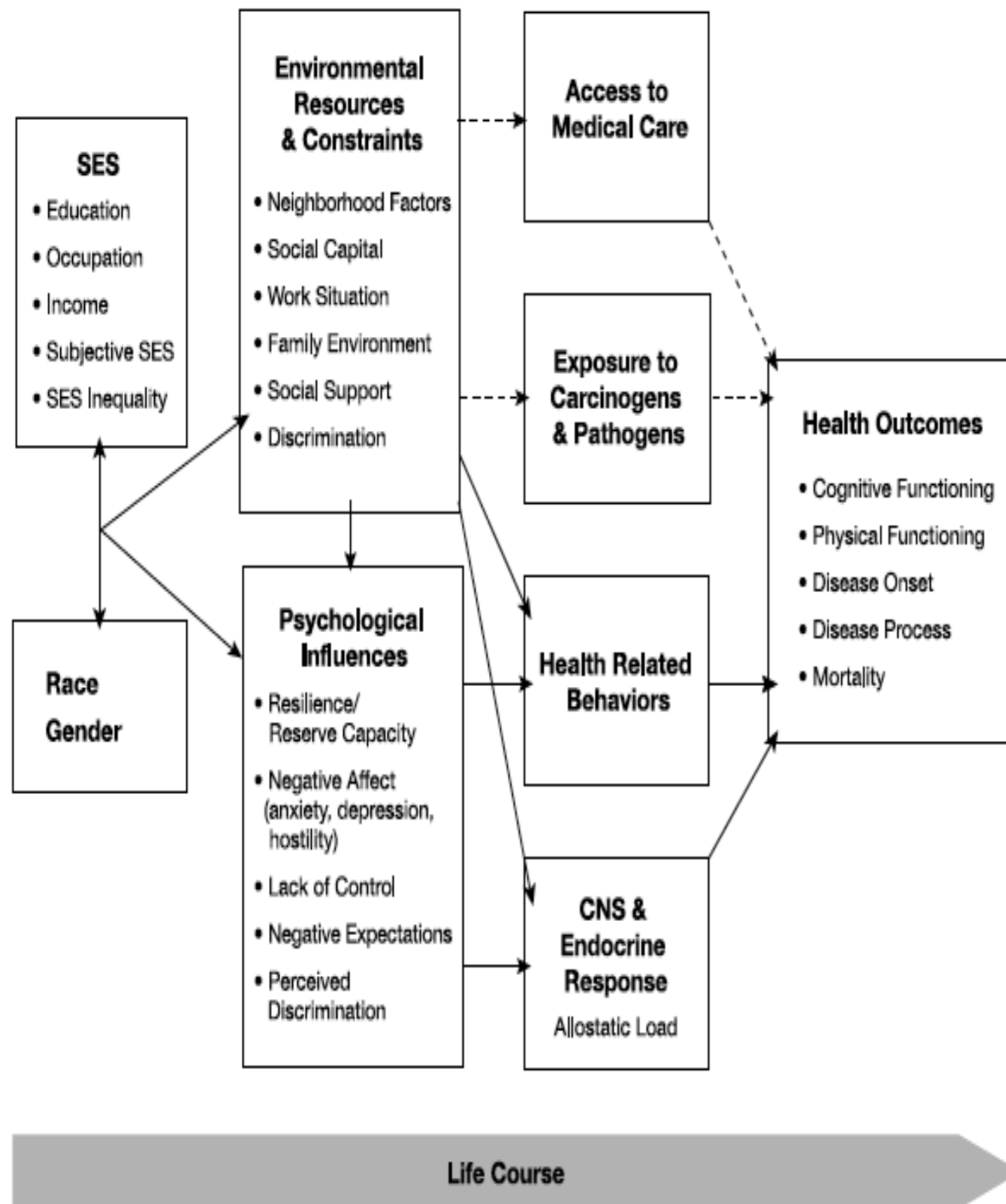
Race-Health Gradient Theoretic Framework



Williams, 1990

Adler & Ostrove 1999





Adler &
Stewart
2010

Figure 3. Pathways linking SES and Health. Note: The solid lines indicate pathways studied by the MacArthur

LIFESPAN BIOPSYCHOSOCIAL MODEL OF CUMULATIVE VULNERABILITY AND MINORITY HEALTH

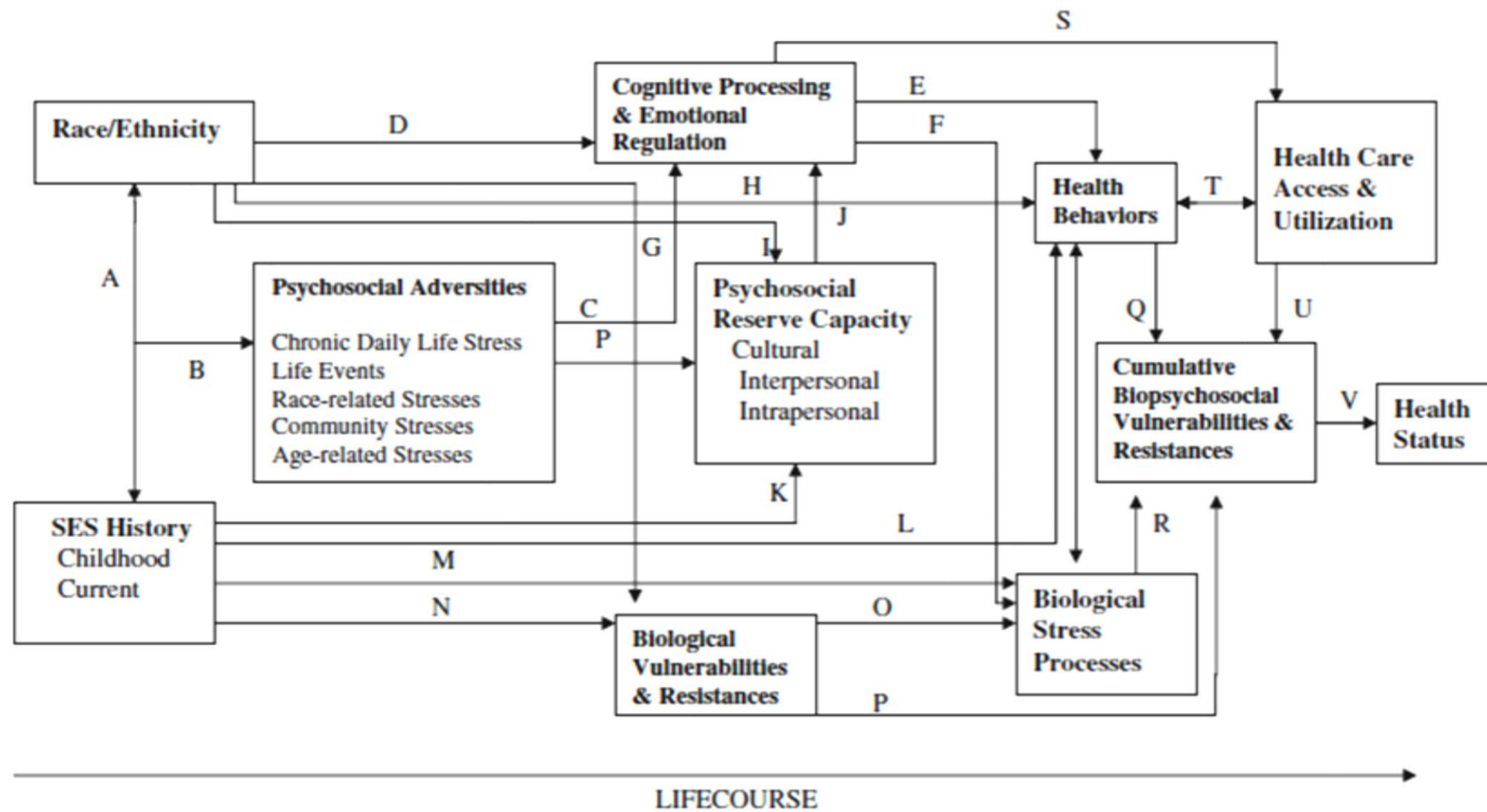


Fig. 1 This is a reciprocal and recursive model of the complex relationships between race/ethnicity and SES on psychosocial adversities, reserve capacity and cumulative vulnerabilities in predicting health status over the lifespan. The model posits that race/ethnicity and SES history interact (path A) over the lifespan to predict health outcomes by shaping exposure to psychosocial adversities (path B) through cognitive-emotional (path D), behavioral (paths E, H & L), and biological pathways (paths F, M, N & O). The

model also hypothesizes that race/ethnicity's and SES history's effects on health are mediated through Reserve Capacity (paths A, B, P, I, K), which also affects cognitive-emotional processing, and that health behaviors, health care access and utilization and allostatic load lead to the development of cumulative biopsychosocial vulnerabilities (paths P, Q, R, S, Q, T and U), and these, in turn, ultimately predict health status (path V) over the lifecourse

**Effective intervention strategies can
only emerge from a more holistic
conceptualization of health
inequity causation**

Meyers in 3D



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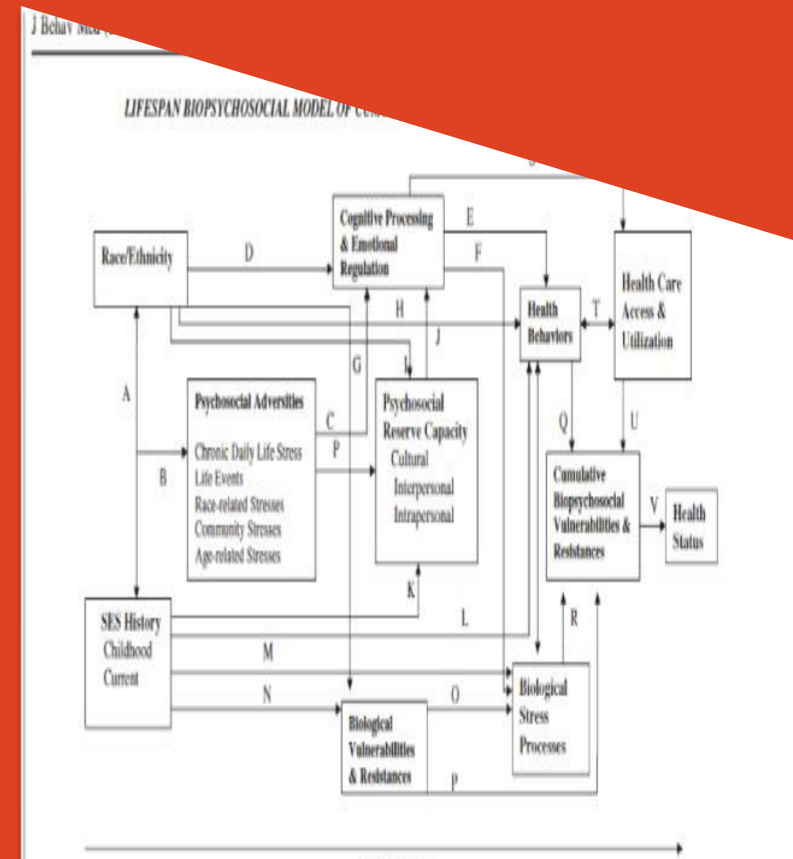
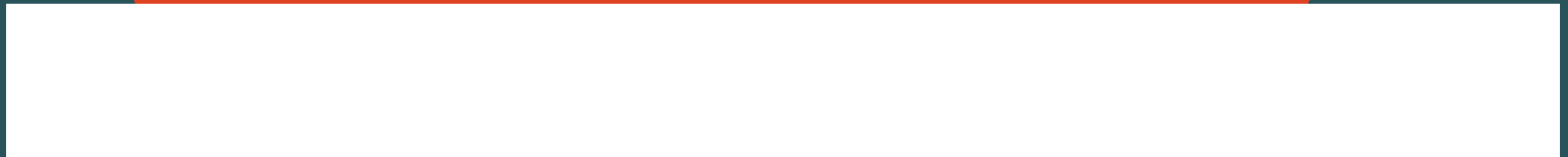


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Time

Time Dimensions



MCH Life Course Perspective

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Lu and Halfon

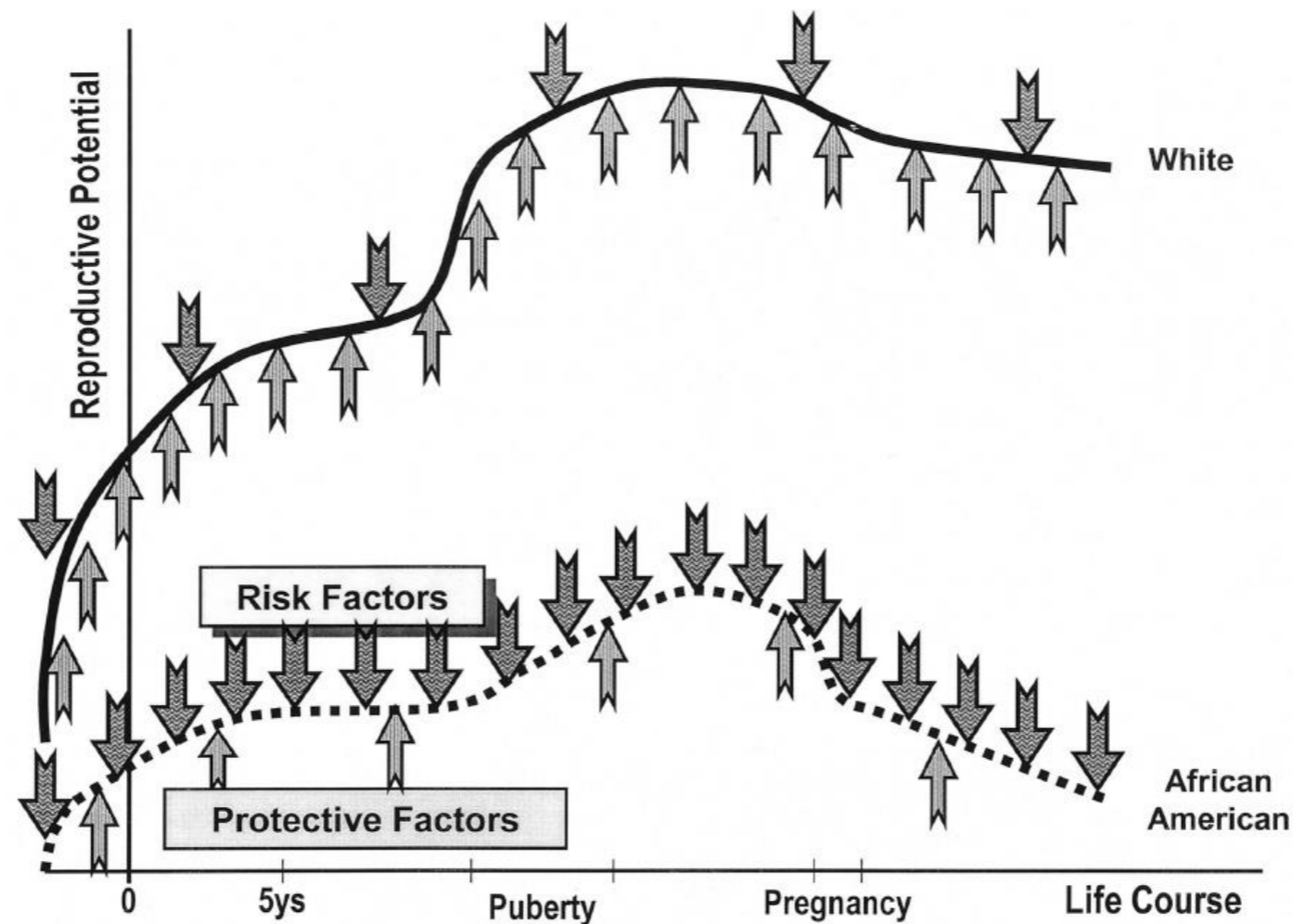
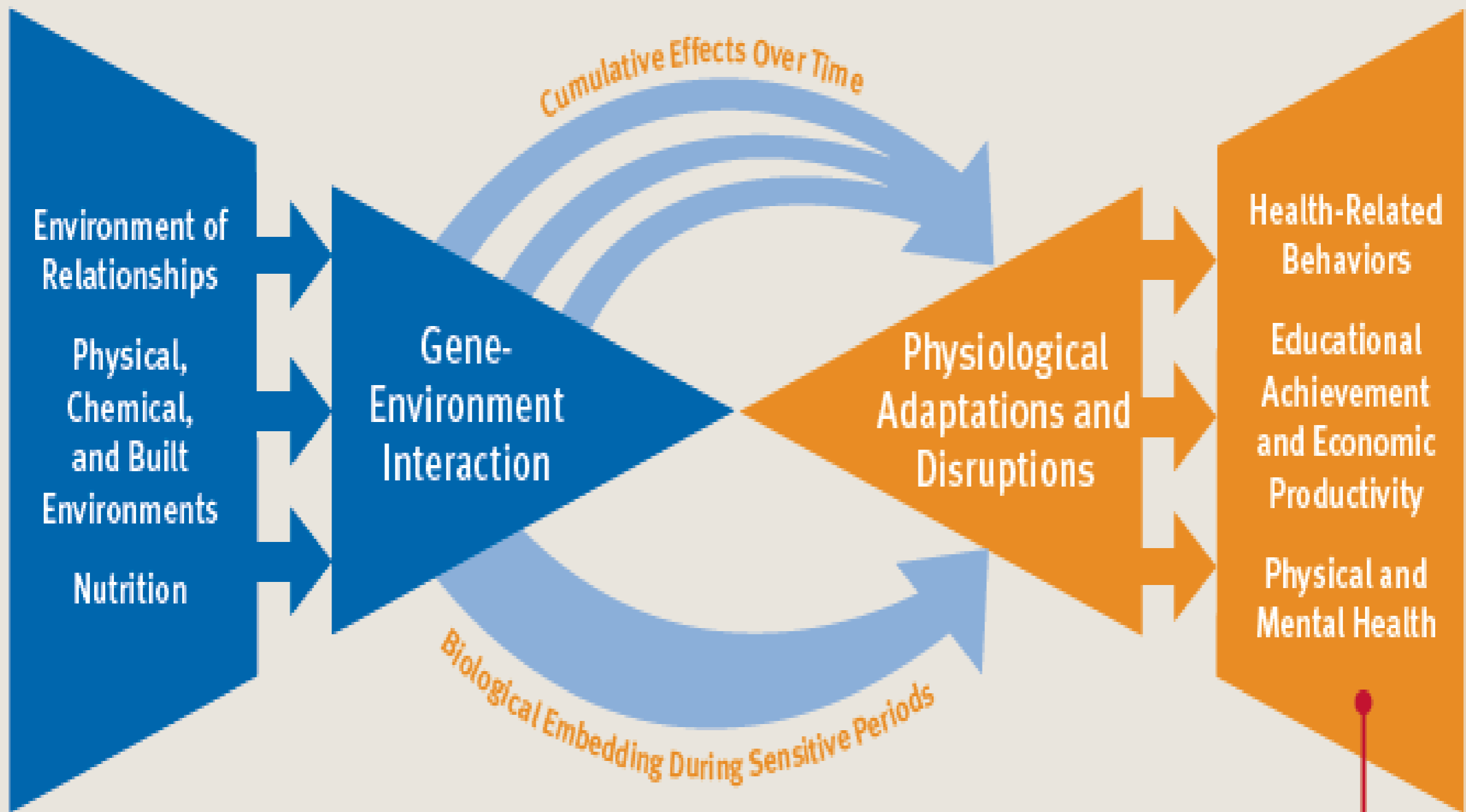


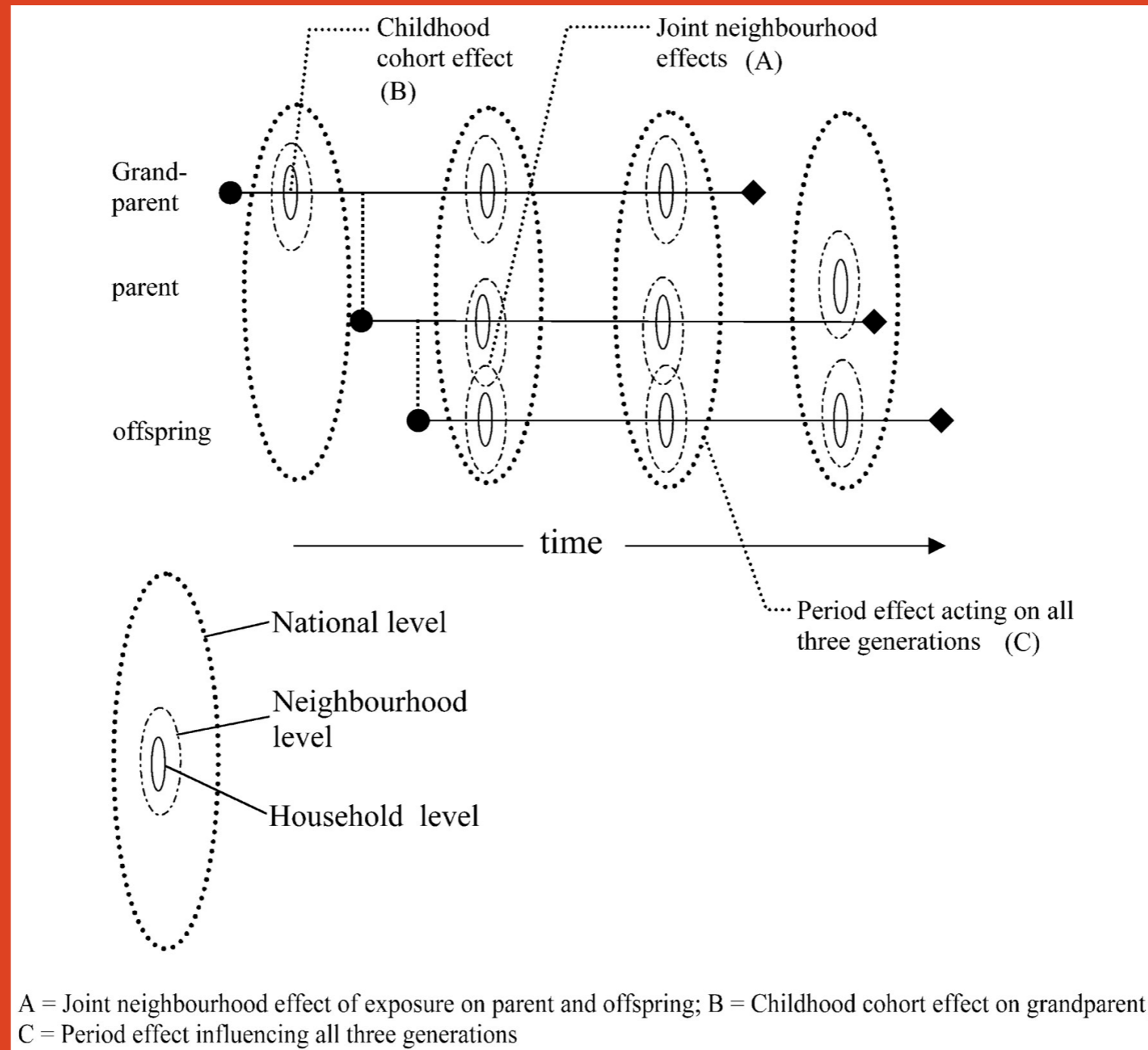
Fig. 1. How differential exposures to risk factors (downward arrows) and protective factors (upward arrows) over the life course affect developmental trajectories and contribute to disparities in birth outcomes. The lower reproductive potential of African American women, relative to White women, results from their cumulative exposure to more risk factors and less protective factors across the life span, particularly during sensitive periods of development.

Foundations of Healthy Development and Sources of Early Adversity

Lifelong Outcomes



Multi-generational schema illustrating the possible influences of hierarchical and life course exposures on disease risk across three related individuals.



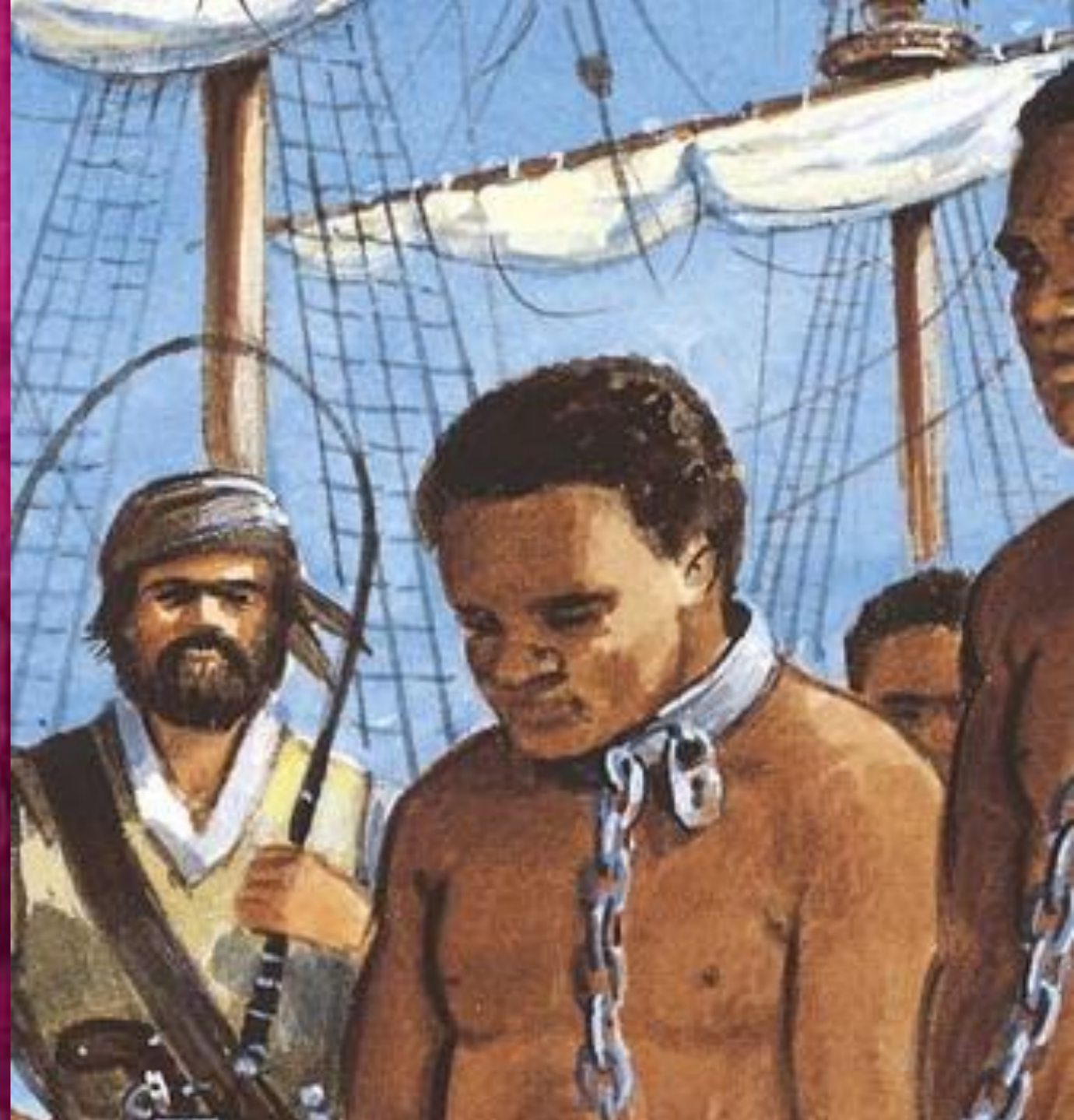


Inherited social
disadvantage

Epigenetic
processes

THE WOUNDS OF NATIONS

HORROR CINEMA,
HISTORICAL TRAUMA
AND NATIONAL IDENTITY



Historic Trauma

Linnie Blake

Racism

Discrimination
Implicit Bias
**Institutional
racism**

Intersectionality

Race, gender, class are
relational, interlocking,
and interactive
categories

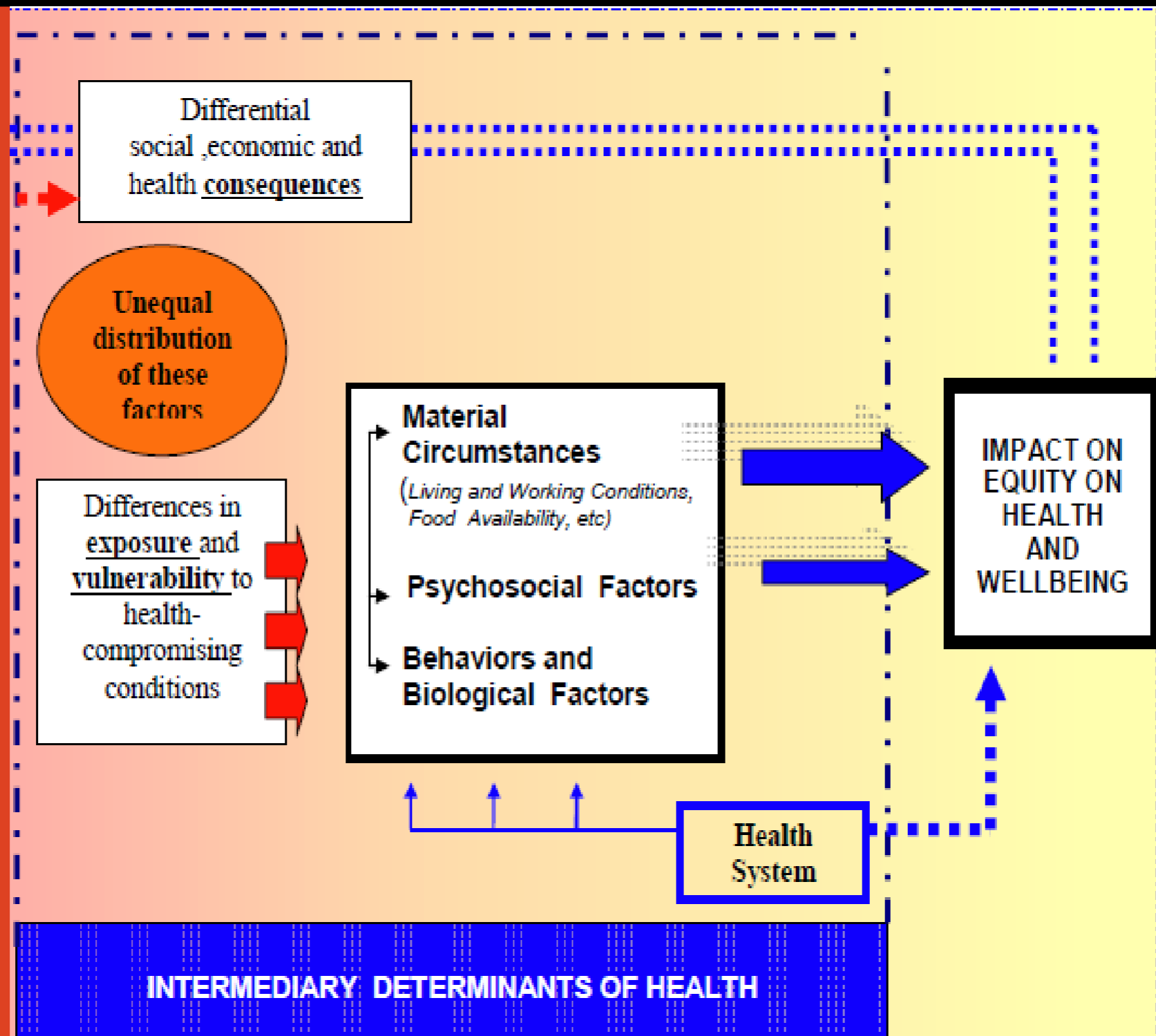
Critical Race
Theory

Where Af Am live,
work, play is socially
patterned by
race/ethnicity
Research methods
should reflect their
world view.

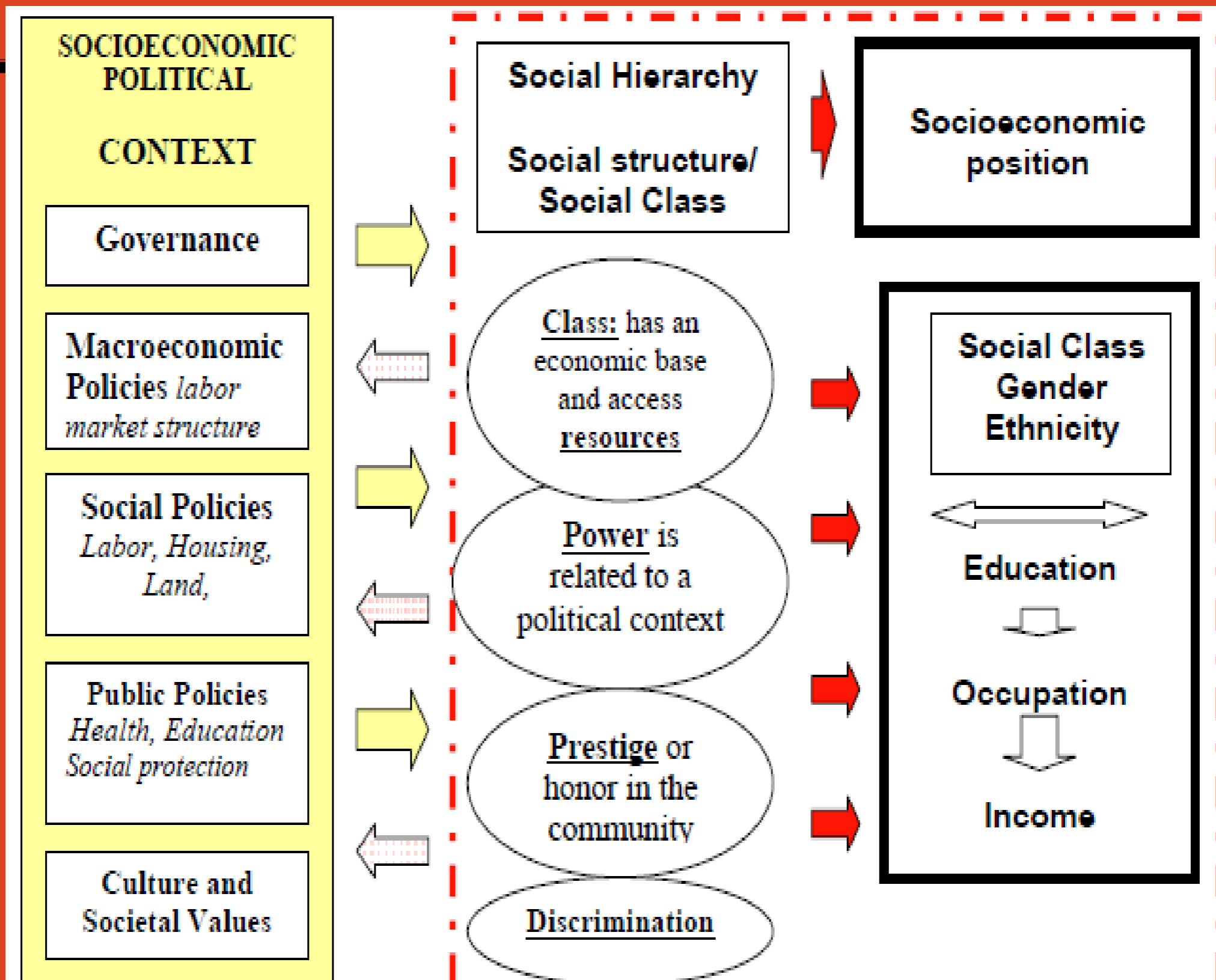
Conceptual framework of the WHO Commission on the Social Determinants of Health

WHO CSDH

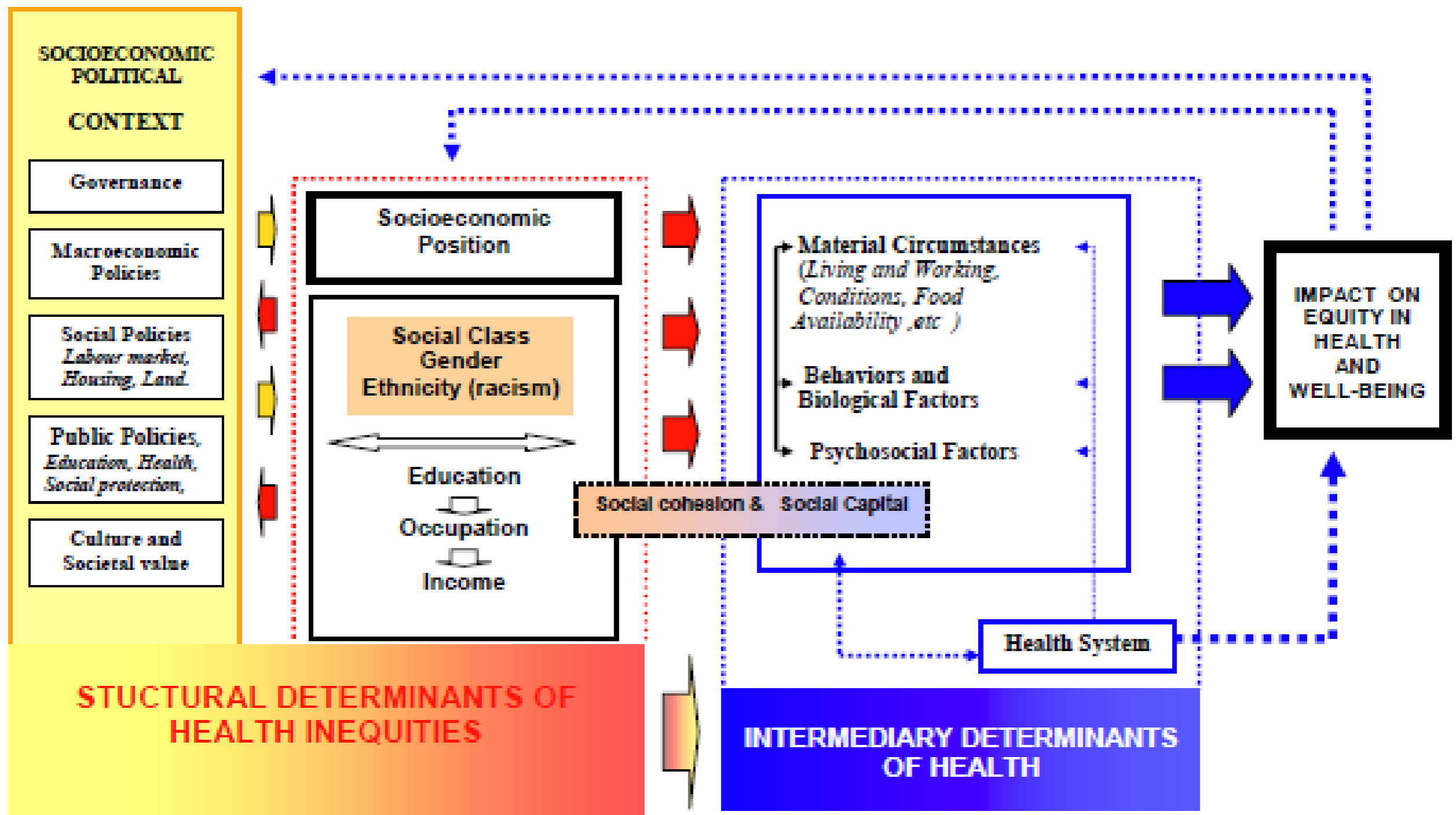
Intermediary Determinants of Health



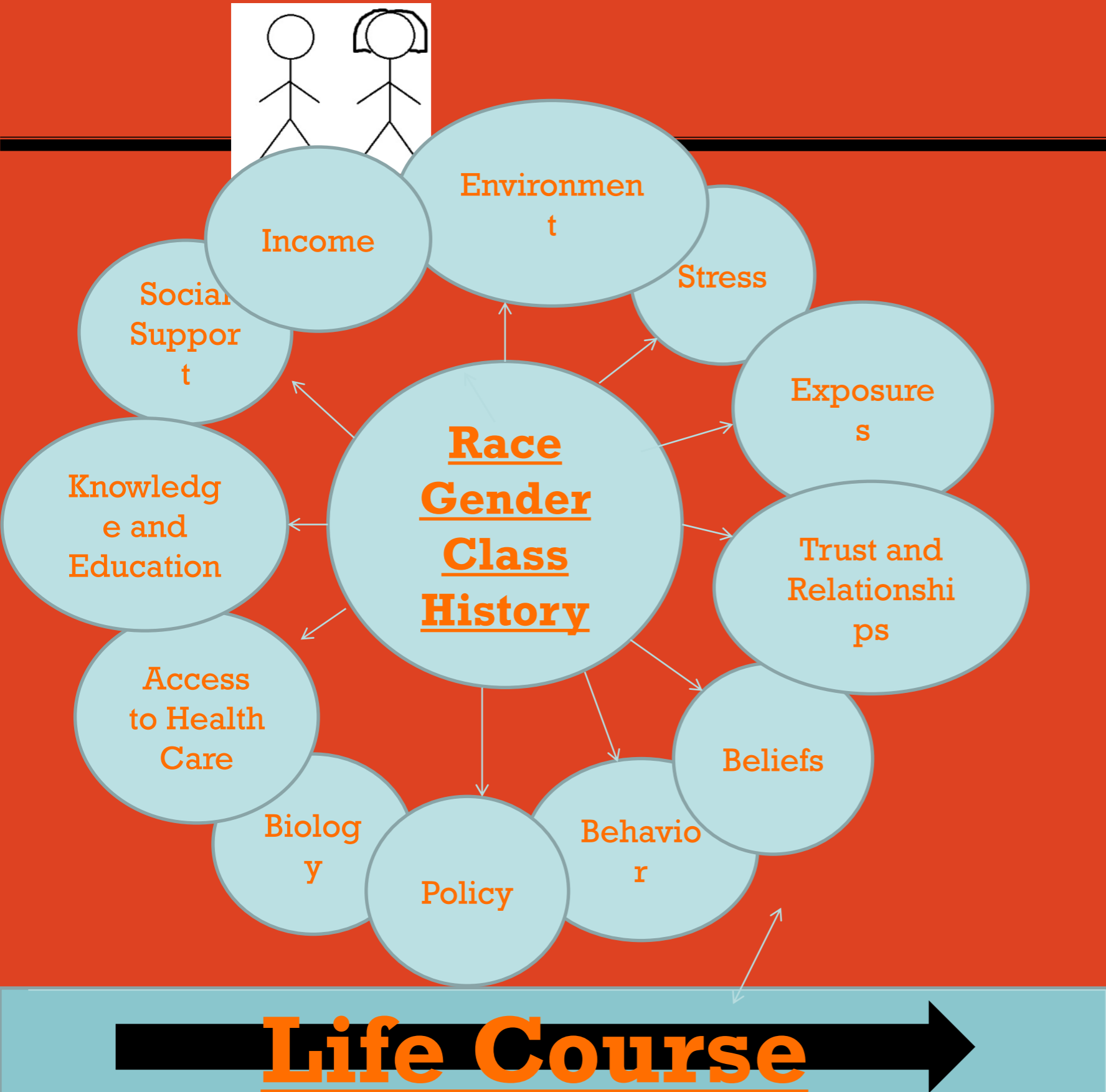
CSDH Structural Determinants



WHO Conceptual Framework of Social Determinants of Health



Determinants of Inequity-- Cancer



Cliff of Cancer Incidence and Mortality



Draft of Dimensionality

