



The burden of being born black...



Burden of Asthma on Black Populations

Black Americans are more likely to be diagnosed with asthma compared to white Americans. Black people are also at risk of worse asthma outcomes. They are:

- Two times as likely to have a hospital stay due to asthma
- Three times as likely to die from asthma
- Five times as likely to visit the emergency department due to asthma

Inequity in diagnosis...



When it comes to darker skin, pulse oximeters fall short

Craig LeMoult · July 11, 202211:06 AM ET



A pulse oximeter is worn by Brown University professor Kimani Toussaint. The devices have been shown in research to produce inaccurate results in dark-skinned people, and Toussaint's lab is developing technology that would be more accurate, regardless of skin tone.



Black men were likely underdiagnosed with lung problems because of bias in software, study suggests

A new study suggests racial bias built into a common medical test for lung function is likely leading to fewer Black patients getting care for breathing problems

By MIKE STOBBE AP Medical Writer G yune 1, 2023, 1:58 PM

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NEW YORK -- Racial bias built into a common medical test for lung function is likely leading to fewer Black patients getting care for breathing problems, a study published Thursday suggests.

Inequity in treatment...



Study Finds Surprising Variations by Age, Race to Asthma Medications

By staff

Denver, CO—Growing evidence suggests that response to medication therapy by individuals or specific cohorts varies much more than previously expected. One example is a new study of African Americans with poorly controlled asthma, which found wide differences in patients' responses to commonly used treatments.

Inequity in the air we breathe



People of Color Breathe More Hazardous Air. The Sources Are Everywhere.

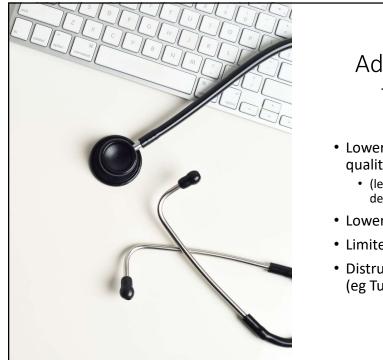
Researchers uncovered stark disparities between white people and minorities across thousands of categories of pollution, including trucks, industry, agriculture and even restaurants.



Asthma: roads double risk

Children living near main roads are at double the risk of asthma, say doctors.

Two studies show the harm caused by airborne pollution which many experts fear is actually causing respiratory disease and not just making symptoms worse.



Additional reasons for these inequities?

- Lower job rates, lower pay, lower quality jobs, less job stability
 - (less access to insurance, inability to pay deductibles, work exposures
- Lower home ownership rates
- Limited access to quality medical care
- Distrust in the medical establishment (eg Tuskegee)





HEALTH

After 40 years, medical schools are admitting fewer Black male or Native American students

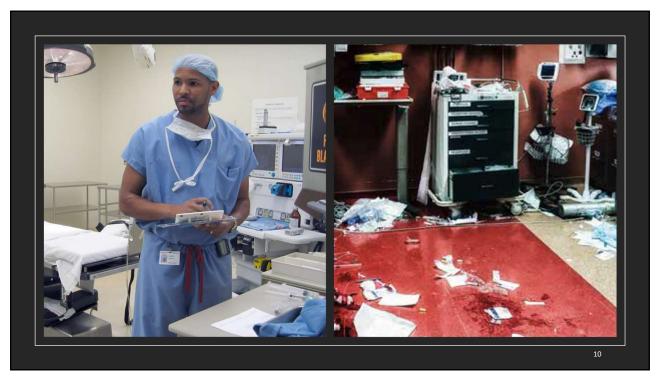
By Usha Lee McFarling V April 28, 2021



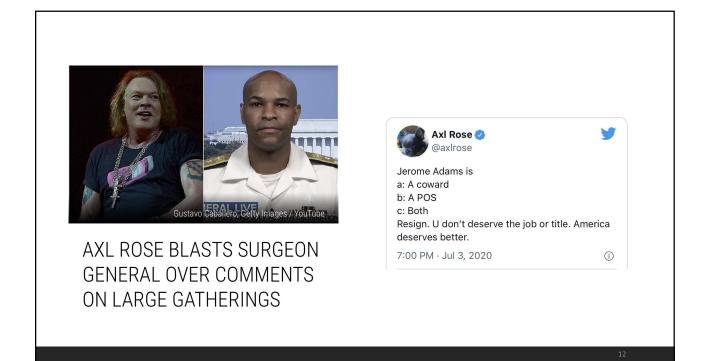
n what some are calling a "persistent failure" of medical schools to improve diversity, a comprehensive new analysis going back 40 years shows the number of students from the most underrepresented groups in medicine — Black males and Native American and Alaskan Native men and women — has declined.

HTTPS://WWW.STATNEWS.COM/2021/04/28/MEDICALSCHOOLS-ADMITTING-FEWER-BLACK-MALE-OR-NATIVE-AMERICAN-STUDENTS/











I think #SamuelAdams would be a better surgeon general than #JeromeAdams #TeamDI D.L

D.L. Hughley Opens Up About COVID-19 Diagnosis After Collapse ...

Jul 8, 2020 — D.L. Hughley is assuring fans he's healthy and feeling great after he collapsed on stage at a Nashville stand-up show on June 19, and later ...



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The 2019 Samoa measles outbreak began in September 2019. As of 6 January 2020, there were over 5,700 cases of measles and 83 deaths, out of a Samoan population of 200,874. Over three percent of the population were infected. Wikipedia

Jazz-Thunder postponed, NBA suspends season

Cliff Brunt | The Associated Press March 11, 2020 8:41 PM

OKLAHOMA CITY – Utah's scheduled game at Oklahoma City was postponed Wednesday night and the NBA suspended its season a few minutes later after a Jazz player tested positive for the coronavirus.

The player is star center Rudy Gobert, according to a person who spoke to The Associated Press on condition of anonymity because neither the league nor the team had confirmed it publicly.

CORONAVIRUS

CORONAVIRUS CONCERNS: SPEAKER PELOSI TOURS SAN FRANCISCO'S CHINATOWN TO SHOW IT'S SAFE

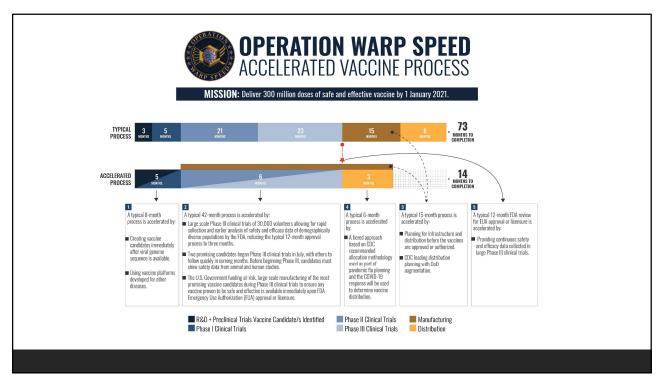
By David Louie

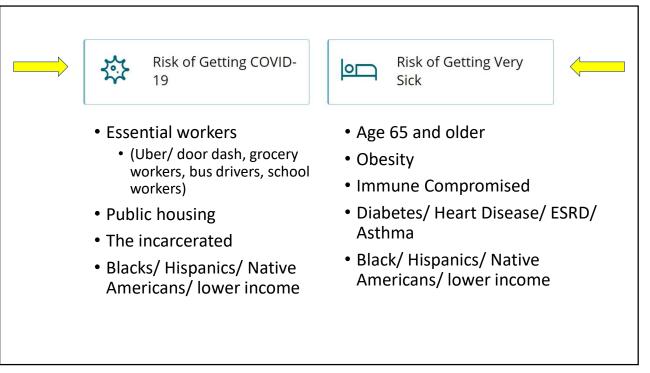
Monday, February 24, 2020

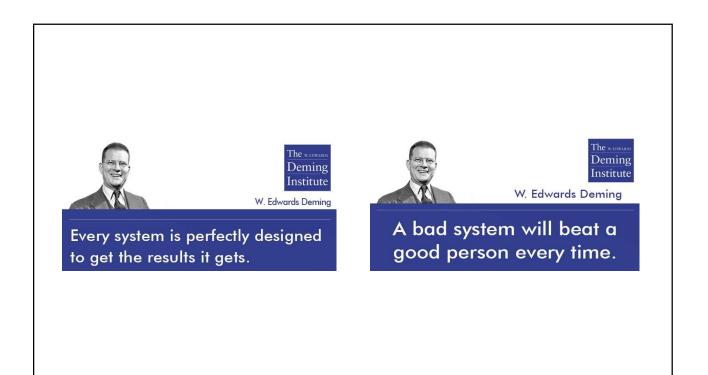


House Speaker Nancy Pelosi made a point of taking a walk through San Francisco's Chinatown on Monday to show that it is safe, after some merchants have seen a 50% drop in business as some fear they could be exposed to the coronavirus.

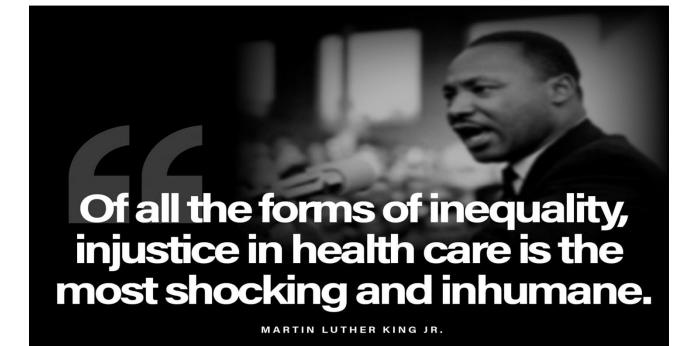


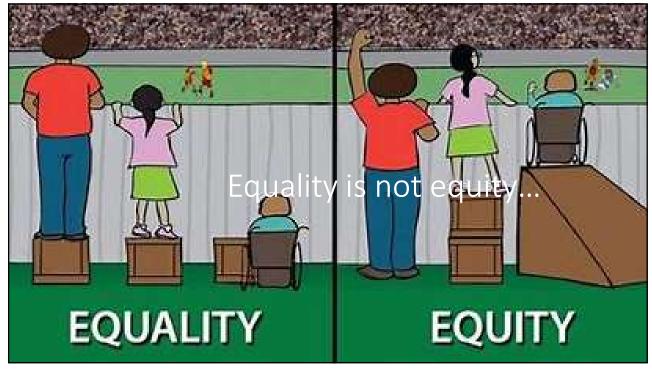


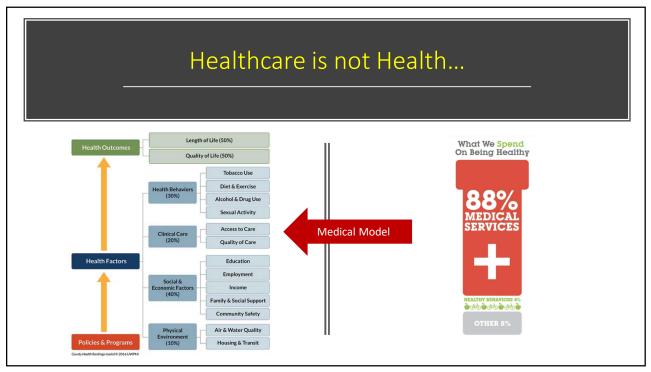






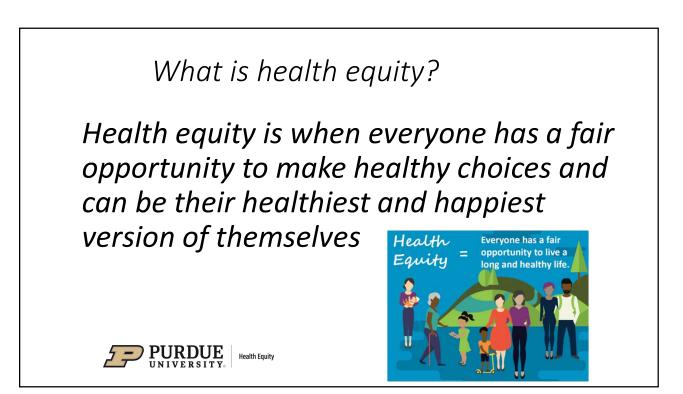


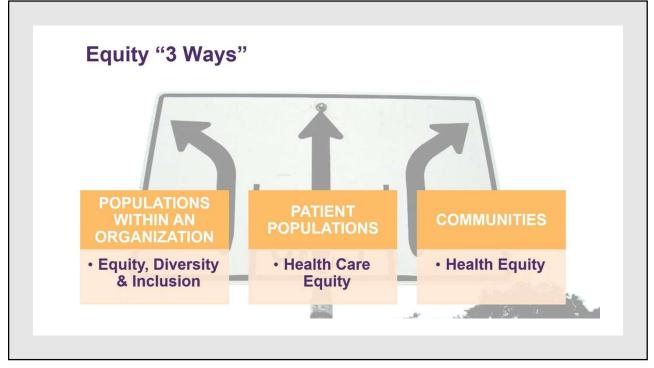


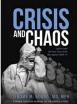












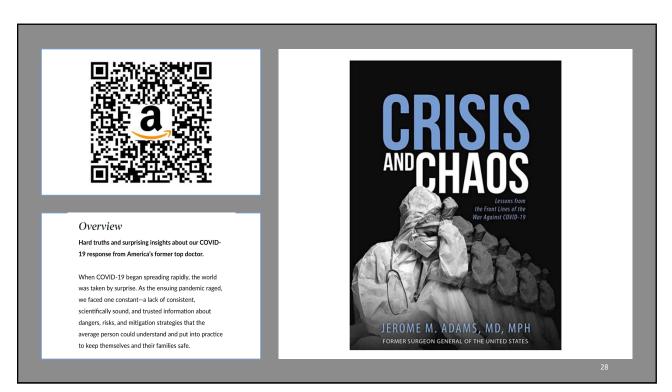
LESSON 8: WE CAN'T BE A HEALTHY NATION WITHOUT Health Equity

While equality is an admirable goal, it is often an incomplete one. That's why we need to understand and embrace the concept of health *equity*—making sure people are getting the resources they need to make healthy choices. The pandemic shed light on inequitable access to vaccines, testing, treatments, and the internet, which was sorely needed for virtual schooling or telehealth appointments and remote work. Further, too many could not work from home or take off work if sick. As of the writing of this book, deaths from COVID-19 are still topping a thousand a week. The number has now become background noise in our rush to return to the old normal—unless you're in a group at high risk for COVID-19 hospitalization and death.

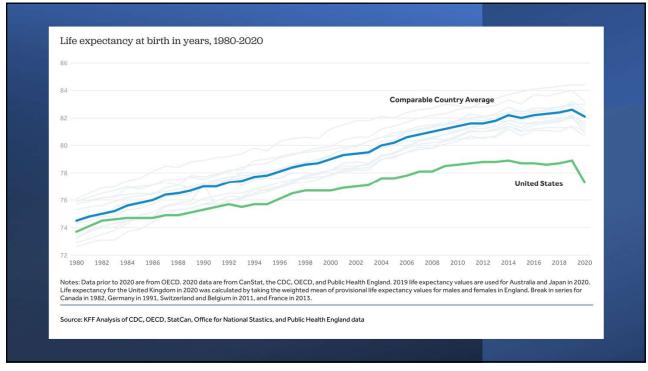
LESSON 9: WE HAVE TO REMEMBER THAT ECONOMICS AND HEALTH ARE INTERTWINED

The top layer of Abraham Maslow's pyramid of human needs is self-actualization—that is, being the best (and healthiest) you that you can be. The next layer down is "esteem," which includes respect by and for others. Neither of these is a priority until the needs of the lower layers of the hierarchy (food, shelter, safety, etc.) are met. For too many people, particularly that half of all Americans who don't have \$400 saved for an emergency, thinking about those top two layers is a luxury they both figuratively and literally can ill afford. It takes money to house yourself and your family and put clothes on your backs and food on the table. That's one of the main (and least talked about) reasons health is not a priority for most Americans. Buying costly fruits and

What can you do to promote health equity?			??????????????????????????????????????
Understand	Ask	Implement	Advocate
Understand the communities you work in and the demographics of the people you serve	Ask your patients and their families about social drivers	Implement programs (eg transportation to appointments, prescriptions for food, medical-legal partnerships) to address the root causes of downstream medical issues	Advocate for broader systemic change- within your hospital, community, state and Nation

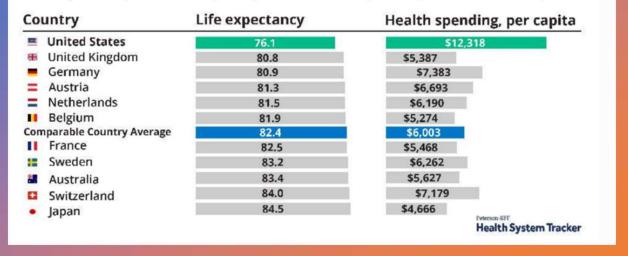






The U.S. Has the Lowest Life Expectancy Among Large, Wealthy Countries While Far Outspending Them on Health Care

Life expectancy (2021) and per capita healthcare spending (2021 or nearest year)



PUBLIC HEALTH

As the Monkeypox Spread Recedes, There Are Lessons To Learn

In times of public health crises, government red tape and misguided communication make matters worse.

SCOTT SHACKFORD | 12.1.2022 2:30 PM

First of all, just as with COVID-19, government bureaucracy and red tape threaten lives in the event of a public health crisis. While monkeypox began spreading only in major population centers, it ended up spreading all across the country partly because <u>it took so long</u> for the Food and Drug Administration and the Department of Health and Human Services to actually get vaccines that were in storage in Denmark to the United States. The drop in new infections almost perfectly matches the arrival of vaccines in the U.S. Just think of the potential impact of this slow response had this strain of monkeypox spread just as easily among sexually active heterosexuals or in a nonsexual capacity.

Biden Signs Sweeping Executive Order on AI Oversight



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How can digital health impact health outcomes?

- Virtual and augmented reality- as a therapeutic or an educational tool for patients, or as an adjunct to care for physicians (eg smart glasses)
- Gamification to influence health behaviors
- "Smart" homes or environments
- Cybersecurity- remains a barrier to people's willingness to embrace (ie "trust" in) digital health techonologies

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Beware of equity and ethics concerns

- Digital Divide
 - By geography. education, age, economics, home environment (ie privacy), trust deficits (who has my data and what will they be doing with it?)
- Bias
- Al algorithms are subject to the garbage in = garbage out problem
- Bias that's baked in can never be fully corrected for, and often gets amplified
- How is the information being used?
 - Is information being given BACK to the patient?
 - Are you subjecting people to discrimination? (eg jobs, insurance, sports)
 - Who is profiting? (eg Henrietta Lacks)
 - Just because you CAN doesn't mean you always SHOULD! (eg cloning, picking characteristics of your child, knowing if someone will develop an untreatable disease, or when they will die)
- Who's job is it to police this?



What is digital health equity?

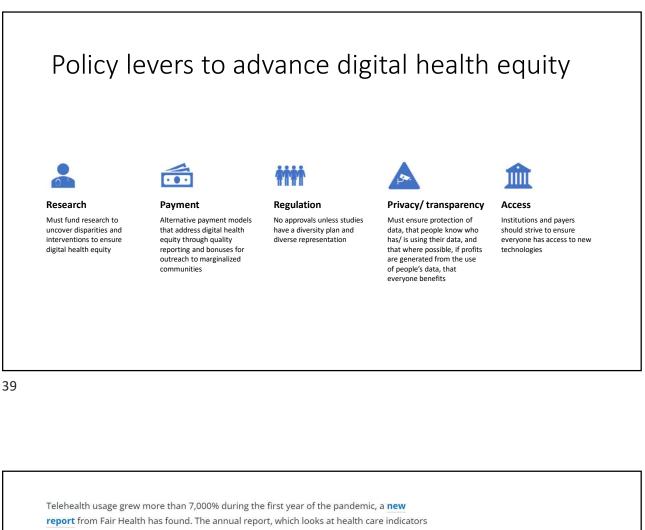
Digital health equity is everyone has fair access to, and trust in, and benefit from new digital health technologies, so all communities can become and stay healthy!

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Representation and Communication are KEY!

- Need diverse representation at the table from the start, to see past your blind spots
- Need early and frequent outreach to communities- especially marginalized communities- to make sure new technologies are developed in way that meets the communities needs, and not just industry's needs
- Must acknowledge the trust gap, and be proactive vs reactive in addressing it





Growth of Telehealth During Pandemic Occurred Mostly in More Affluent and in Metropolitan Areas

FOR RELEASE

Monday

March 15, 2021

Media Resources

RAND Office of Media Relations

Uveraose

Study findings support value of expanding use of telehealth services for opioid use disorder-related care

Inequities in screening lead to poorer breast cancer outcomes for minorities...

Extensive research has established that regular breast cancer screening can detect tumors at an earlier stage and result in improved survival and better prognosis. Yet minority women are more likely to have longer intervals between screening mammograms, which contributes to the higher rate of late-stage diagnosis within Black and Hispanic populations.[3] Furthermore, minority women were less likely to be screened at breast imaging centers of excellence or facilities with digital mammography and dedicated breast radiologists. Studies have found that, consequently, the probability of missed detection is higher among both minority women and women with lower socioeconomic status when compared to non-Hispanic White women or those from socioeconomically advantaged backgrounds. Though routine screening to promote early-stage breast cancer diagnosis is strongly advocated by the most prominent national clinical guidelines, disagreement has arisen over the age at which a patient should initiate screening.[13]

https://www.ncbi.nlm.nih.gov/books/NBK564311/