

Causes of Healthcare Disparity in Appalachia and What Needs to Change

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Purpose

- (1) Provide insight on what some of the causes of health disparity are in the Appalachian area
- (2) Given the information found provide the needs of the area and what needs to be done to combat the rise of continuance of health disparity in the area



Methodology

Inclusion Criteria

- (1) Area in question must be the Appalachian area
- (2) Studies needed to discuss:
 - (a) Healthcare
 - (b) Social Norms
 - (c) Health Education

Exclusion Criteria

- (1) Studies not older than 15 years

Findings

Health Disparity in the Appalachian Area has many causes

Main area of health disparity

- All of the Appalachian area has issues, rural areas the worst

Lack of access to healthcare

- Distance to good healthcare
- Healthcare is expensive
- Health insurance is expensive
- Lack of access to computers and internet



Social Norms

- Other ways of healing such as religion
- Poor eating due to social gatherings
- Body image



Health Education

- Individuals around the area don't trust healthcare
- Think there are better ways to heal
- Don't understand how a treatment works
- Don't understand how the illness is caused or how it works.

Summary

- More to health disparity in the Appalachian area than lack of access to healthcare
- Lack of health education is part of the issue and causes individuals not to seek out healthcare if they don't trust it because they don't know enough about it
- Social norms in the area also cause issues for people's health. One example of this is that in social gatherings it is expected for there to be a lot of food and for everyone there to partake in eating together and having fun. Typically, this food is on the unhealthier side.

Conclusion/Recommendations

- Communities need to be educated about issues and about the illnesses that they are most likely to get
- Communities need better ways to get access to healthcare whether that be in person or through online means

Recommendations

- Teaching students in schools more about health and giving them information that they will need to know later on in life
- Holding seminars for communities so that they can learn more about illnesses that may affect them
- Spreading information through the use of posters and other advertisements around the area
- For online screenings give an area in a central part of town so people have access to the internet

Sources

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Improving Health Equity with Community-Based Actions: A Literature Review

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Introduction

Health equity is defined as valuing each other, addressing injustice, and reducing disparity in health and healthcare.¹ Researchers have illustrated how the United States has failed to significantly improve health equity and health justice over the past decade.² The commitment to achieving health equity aims to reduce and eliminate health disparities that are influenced by social determinants of health (SDOH). SDOH are the primary driving forces of health disparities and health inequity. There are five key areas of SDOH: economic stability, education, social and community context, health and health care, and neighborhood and built environment.³ There is an interplay between these key areas of SDOH affects health outcomes and resources on an individual and population level. The impacts of SDOH should be addressed to improve health equity by reducing health disparities.

Purpose

The purpose of this study is to explore how community public health organizations work to achieve health equity.

Methodology

Preliminary searches were conducted to develop a strategy to capture publicly available reports and documents from state and local public health organizations in the United States. The researchers searched for reports and documents in Google using a combination of the following search terms: Health Equity, Social Determinants of Health, Public Health, MAPP Assessment, Health Departments, and Community Health. Reports and documents were examined based on the programs that organization implemented to reduce health disparities and improve health equity. The codes and themes emerge from coding sessions and discussions of the reports and documents with my research advisor, Dr. Aaron Pannone.

Research Question

How are public health organizations working to achieve health equity with community-based actions?

Results

Three themes emerged from community actions to improve health equity



Summary

Public Health Organizations:

1. Provide direct services to their target population by offering resources to facilitate changes in health behaviors
2. Utilize their knowledge, experience, skills, and partnerships to assist their target population in developing programs that would reduce health disparities
3. Use their positions to amplify the communities' voices in local government to affect policy, community resources, and funding.

Conclusion

Community public health organizations improve health equity by implementing programs that address the SDOH in their target populations; however, the majority of the organizations did not provide data to support their progress towards achieving health equity. Collecting data on the program's effectiveness based on health improvements, amount of resources provided to the community, and/or perspectives of community members actively engaging with the program may help improve their efforts to decrease health disparities and improve health equity.

Recommendation

Future research must explore using data as evidence to support organizational in achieving health equity.

References

1. Office of Disease Prevention and Health Promotion. (n.d.). *Healthy People 2030 Framework*. *Healthy People 2030*. U.S. Department of Health and Human Services. <https://health.gov/healthypeople/about/healthy-people-2030-framework>
2. Zimmerman F.J, Anderson N.W. (2019). Trends in Health Equity in the United States by Race/Ethnicity, Sex, and Income, 1993-2017. *JAMA Network Open*. doi:10.1001/jamanetworkopen.2019.6386
3. Office of Disease Prevention and Health Promotion. (n.d.). *Social Determinants of Health*. *Healthy People 2020*. U.S. Department of Health and Human Services. <https://www.healthypeople.gov/2020/about/foundation-health-matters/Disparities>

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Racial Disparities Among Early-Onset Colorectal Cancer Patients in the United States: A Review

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Background

Colorectal cancer (CRC) is the third most commonly diagnosed cancer in the United States in both men and women. According to recent studies, the incidence and mortality rates of early-onset CRC (EOCRC), defined as CRC diagnosed in individuals younger than age 50, is steadily rising in comparison to CRC in patients greater than 50 years of age. CRC routine screenings are usually conducted at the age of 50 and above; however, this excludes the younger population, leaving them susceptible to later staged diagnosis, more aggressive treatment strategies, adverse histologic features, and increased incidence and mortality rates². Studies have shown an increase in EOCRC incidence; however, little is known about the racial disparities that persist in EOCRC populations.

Purpose

To determine whether racial disparities related to health outcomes exist among early-onset colorectal cancer (EOCRC) patients.

Methods

❖ We conducted a search of studies published between January 2000 to January 2021.

❖ Three databases (MEDLINE, Cochrane Library, and PubMed) were searched for English language publications describing studies on EOCRC. The search terms used included colorectal cancer, young onset, early onset, and United States. A study was eligible for inclusion if it reported information on EOCRC and racial disparities.

Results



❖ Ten studies were included in this review.

❖ The results of the synthesized data show that African Americans (AA) are disproportionately affected by adverse EOCRC health outcomes.

❖ Compared to Non-Hispanic White (NHW), AA have worse survival rates (reported by 8 out of 10 studies), higher mortality rates (8 studies), and higher EOCRC incidence rates (7 studies).

❖ Many of the selected studies also showed that minority groups have more advanced stage EOCRC at diagnosis than NHW patients.

❖ One study determined that Hispanics and Asians/Pacific Islanders had significantly higher survival rates than NHW.

❖ The studies have not clearly documented the exact factors that contribute to EOCRC health disparities.

Conclusion

There is evidence to support the claim that there are racial disparities present within EOCRC populations. A few articles mentioned potential factors (access to CRC treatment, insurance coverage, environmental factors, and hereditary factors) that contribute to the racial disparities that persist. However, most of the articles mentioned that further research is necessary in order to determine the underlying causes of racial disparities and rising EOCRC incidence among minority groups.

References

1. American Cancer Society. Colorectal Cancer Facts & Figures 2019. Atlanta, GA: American Cancer Society; 2019.
2. Almasri et al. The Increasing Incidence of Young-Onset Colorectal Cancer: A Call for Action. *Mayo Clin Proc*. 2019;94(12):219-224.