

What Really Drives the state of dis-equity in
the US Today: Elevating by going beyond our
professional and personal comfort zones

34th Annual Conference
NASW Connecticut

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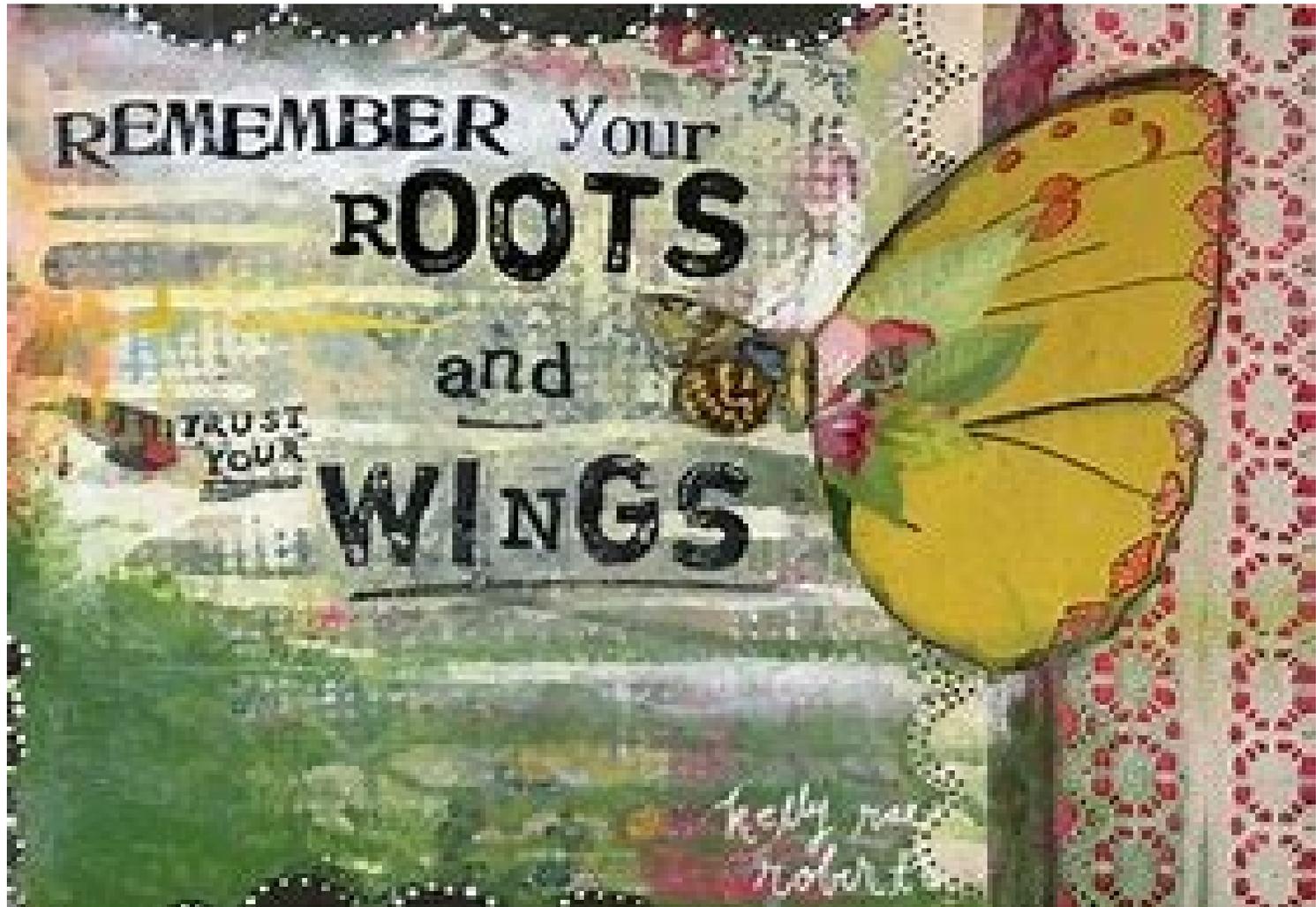
May 3, 2019



Objectives

- Contribute to promoting critical examination of approaches to effectively address persistent health, social, economic, racial and political inequalities in the United States.
- Engage participants for deeper examination of the meaning of inequality research and differentiating between the biological, genetic, psychological AND the social categorization of peoples.
- Describe ways in which social work can contribute to health and human well-being outcomes for practice and policy in a competitive environment.
- Provide specific examples of ways in which Social Work is an added value service in the eradication of health and human rights inequalities.
- Join with colleagues in celebrating the strength, history and promise of Social Work!

Where do we enter the process

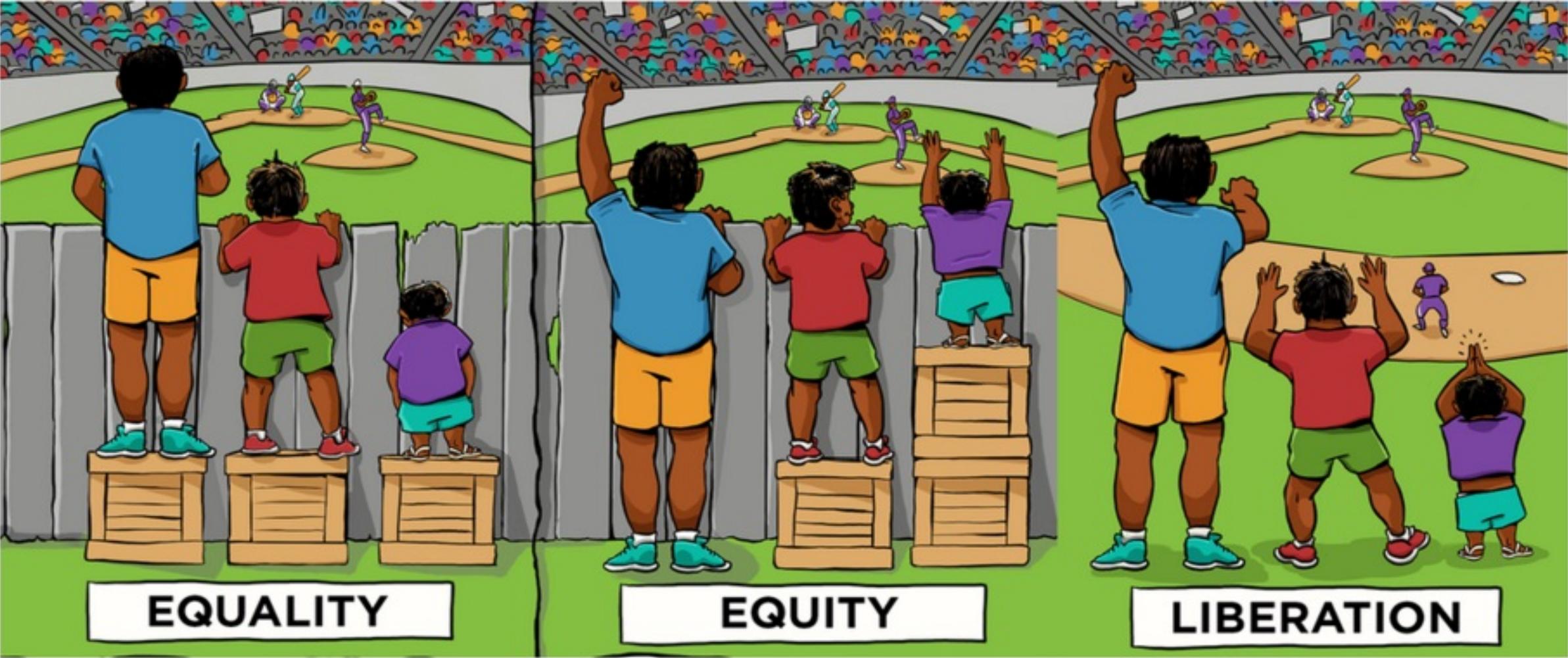


Positionality: *reflection, reflexivity, researcher's experience*

- ✘ ...researchers and practitioners reflexively evaluate ways in which intersubjective elements transform their research and intervention agenda. The process of engaging in reflexivity is full of muddy ambiguity and multiple trails to negotiate the swamp of interminable deconstructions, self analysis and self disclosure.

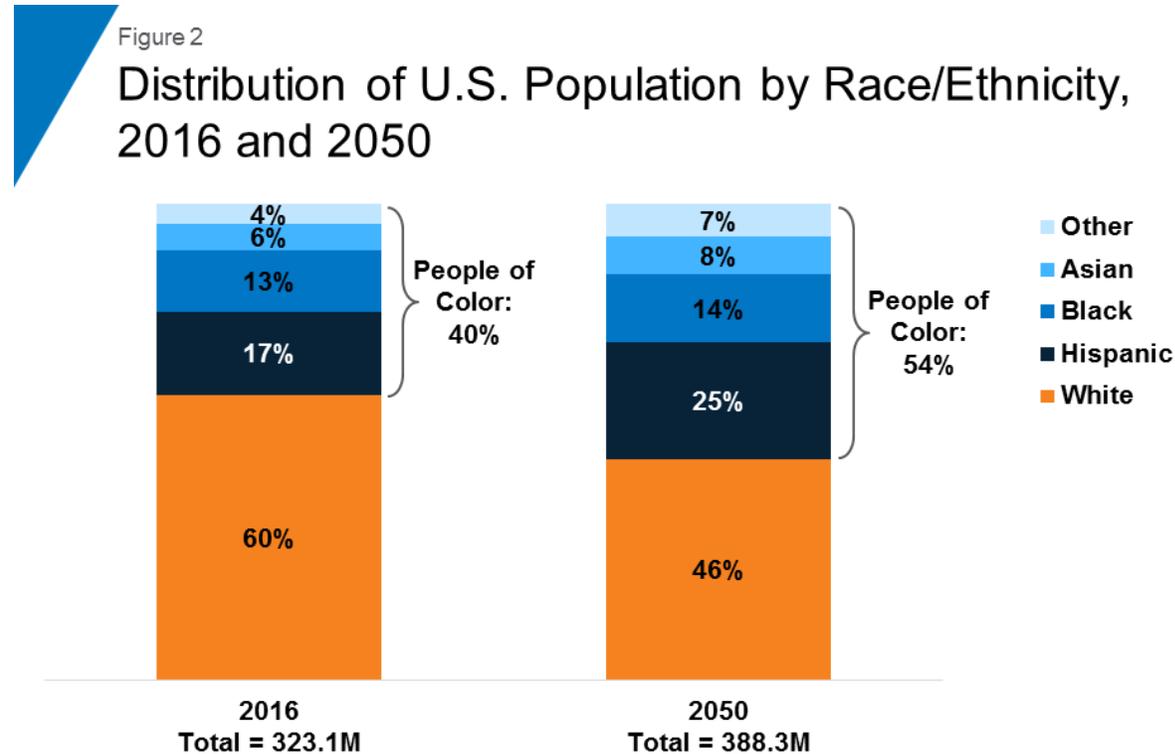
Source: Finlay, L. (2002). Negotiating the swamp: the opportunity and challenge of reflexivity in research practice. *Qualitative Research*, 2(2), 209-230.

The Future is Promising - However the key to getting the answer you want often depends on the question you ask! Social justice, social equity and social equality the same? Are they attainable?



An agenda that cannot wait: or can it?

In fact or Well Actually



NOTE: All racial groups are non-Hispanic. Other includes Native Hawaiians and Pacific Islanders, Native Americans/Alaska Natives, and individuals with two or more races. Data do not include residents of Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands.
SOURCE: U.S. Census Bureau, 2017 National Population Projections, Projections of Race and Hispanic Origin, 2017-2060. Available at: <https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html>.

Social Work – making important contributions
in so many areas....



Causes and consequences experienced

Examples Of Disparities In Mental Health

Latinos/Hispanic Americans

- In a national survey of high school students, Hispanic adolescents reported more suicidal ideation and attempts than whites and blacks
- Studies also show that Latino youth experience more anxiety-related and delinquency problem behaviors, depression, and drug use than do white youth

For More information please refer to SAMHSA Surgeon General's Report: Mental Health Fact Sheet for Latinos/Hispanic Americans. Available Online at: <http://www.mentalhealth.samhsa.gov/cr/fact3.asp>

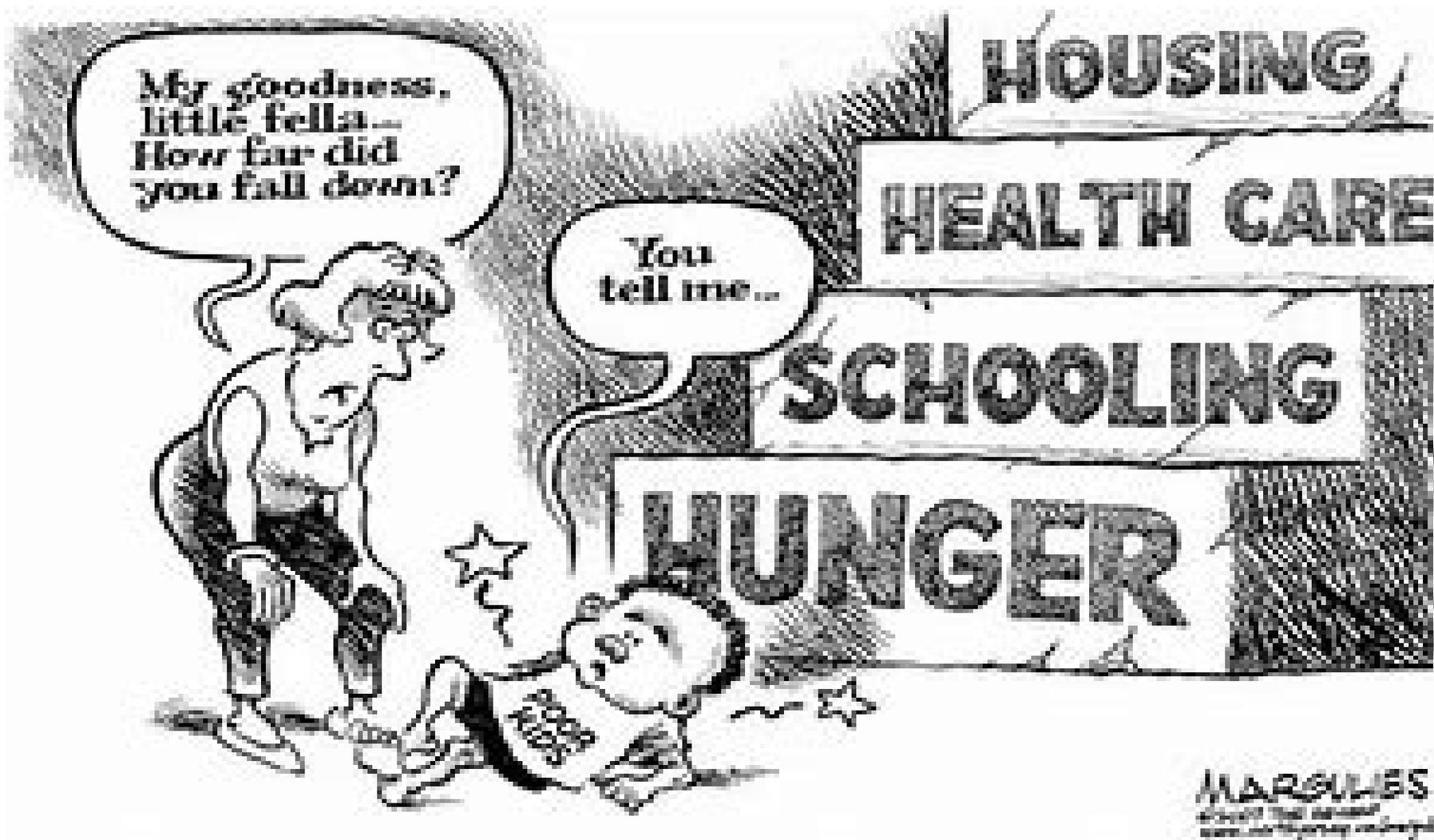
IOM Findings

- Racial and ethnic disparities in healthcare exist, and because they are associated with worse outcomes in many cases, are unacceptable
- Racial and ethnic disparities in healthcare occur in the context of broader historic and contemporary social and economic inequality and evidence of persistent racial and ethnic discrimination in many sectors of American life.
- Many sources, including health systems, healthcare providers, patients, and utilization managers, may contribute to racial and ethnic disparities in healthcare
- Bias, stereotyping, prejudice, and clinical uncertainty on the part of healthcare providers may contribute to racial and ethnic disparities in healthcare.

Child and Family Welfare



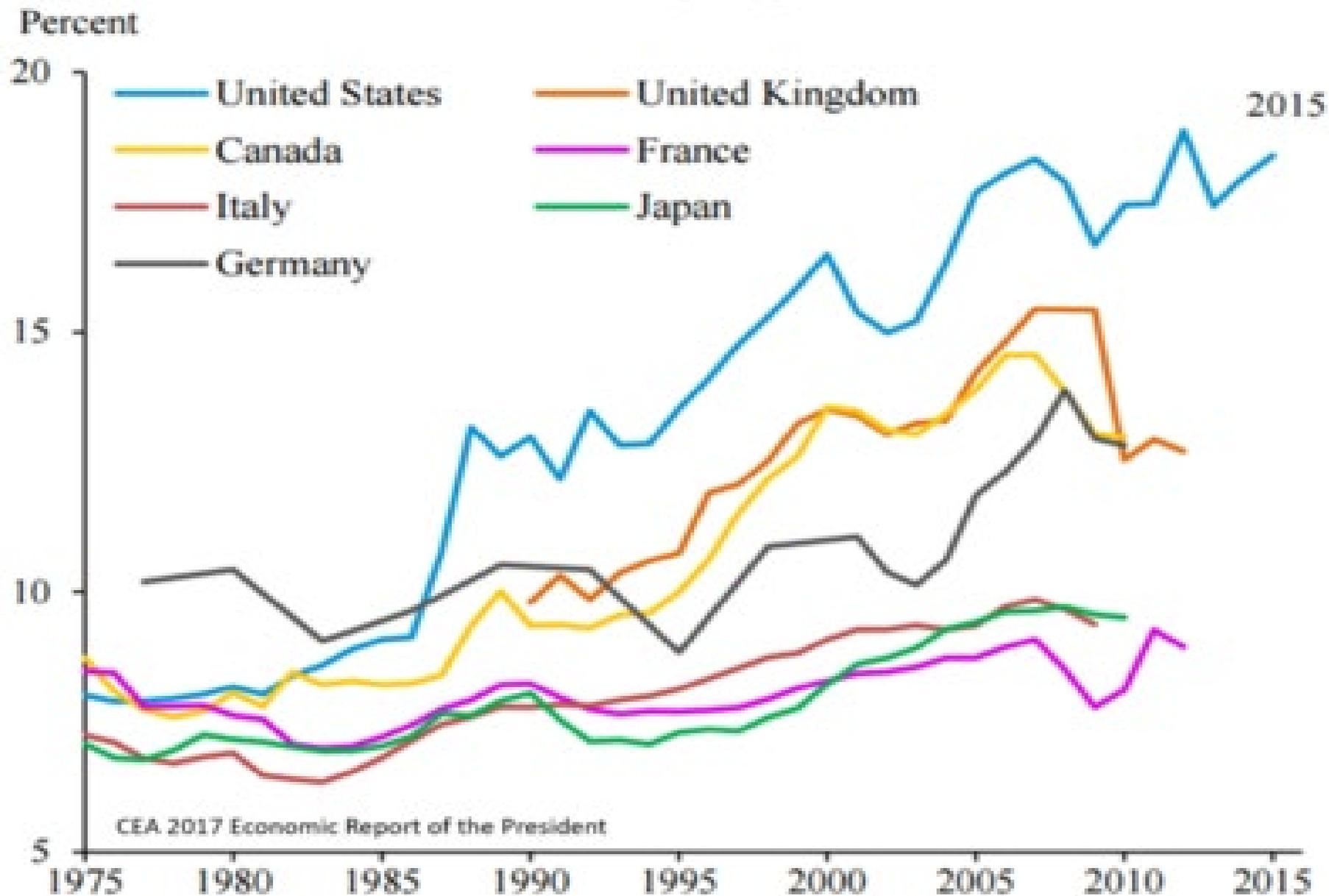
Multiple elemental -



Income & Economic Well-being



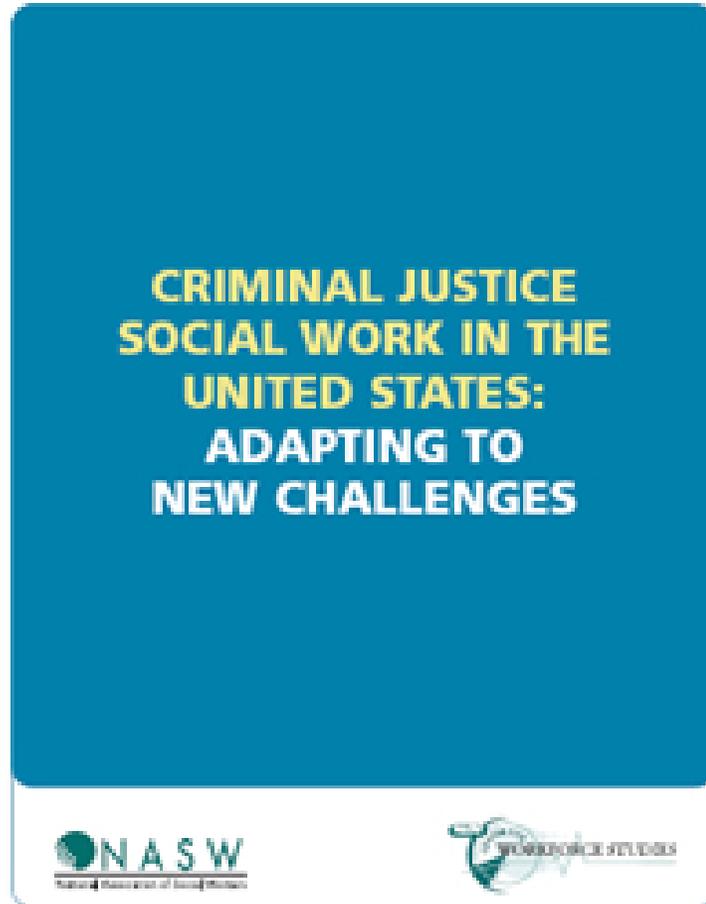
Share of Income Earned by Top 1 Percent, 1975–2015



Source: World Wealth and Income Database.

Criminal Justice and Human Rights

The Profession



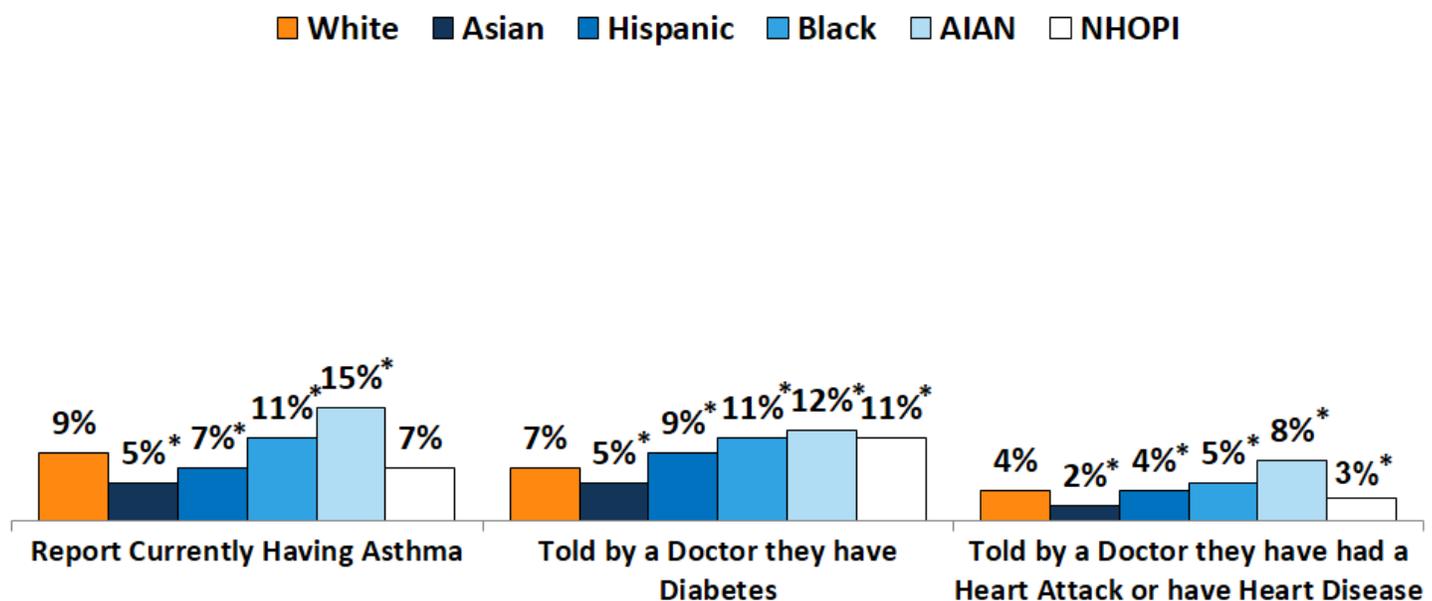
The reality

- Tony Robinson
- Michael Brown
- Kimani Gray
- Kendrec McDade
- Trayvon Martin
- ????? Countless others unnamed

Physical and Public Health

Figure 4

Percent of Nonelderly Adults with Selected Health Conditions by Race/Ethnicity, 2014



* Indicates statistically significant difference from the White population at the $p < 0.05$ level.

NOTE: AIAN refers to American Indians and Alaska Natives. NHOPI refers to Native Hawaiians and Other Pacific Islanders. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Includes nonelderly individuals 18-64 years of age.

SOURCE: Kaiser Family Foundation analysis of CDC, Behavioral Risk Factor Surveillance System, 2014.

Health & Social Disparities and inequalities: some things change others seem to materialize again and again

- Some communities have worse health outcomes, with higher rates of chronic illnesses, shorter lifespans, and higher levels of disability than others.



Aging



Disparities and inequities in Health

Health Status	Access and Utilization	Social Determinants
Self-reported Fair or Poor Health	No Health Insurance Coverage	Poverty
Unhealthy Days	No Personal Doctor/Health Care Provider	Median Household Income
Limited Activity Days	No Routine Check-up	No High School Diploma
Serious Psychological Distress	No Dental Check-up	Incarceration
Diabetes	No Colorectal Cancer Screening	Unemployment
Cardiovascular Disease	No Doctor Visit Due To Cost	Wage Gap
Obesity
Smoking
Binge Drinking
HIV & AIDS	<i>YES, YES & YES</i>	<i>YES, YES & YES</i>

Source: Kaiser Family Foundation (<http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8344-intro.pdf>)

Social and Structural influences on the U.S. Health and Human epidemics and health outcomes

- ✘ **Structural factors**, defined as physical, social, cultural, organizational, community, economic, legal, or policy aspects of the environment that impede or facilitate efforts to avoid HIV infection.
- ✘ **Social determinants** are the economic and social conditions that influence the health of people and communities as a whole. SDH include
 - ✚ conditions for early childhood development
 - ✚ education, employment, income & job security
 - ✚ food security
 - ✚ health services and access to services
 - ✚ Housing, social exclusion, stigma

(CSDH, 2008; Braveman & Gruskin, 2003;
Raphael, 2004)

Challenges – Social and Economic drivers:

- Limited access to and use of quality health care
- Lower income and educational attainment
- Higher rates of unemployment
- Incarceration
- Stigma, homophobia, discrimination, and racism
- Not adopting prevention behaviors in the context of life's realities
- Higher prevalence – of multiple health risks especially with older age groups

Source: Centers for Disease Control and Prevention
<http://www.cdc.gov/hiv/risk/gender/msm/>

A Deeper Look at the Current State of Social disequity: beyond the iceberg's tip

- What are contemporary perspectives on what we do?



Social work – the Professional Contributions

Within the academic sphere

Within the practice arenas

- Social Problems
- Social Priorities
- Social programs and interventions
- Social and Political Process
- Research, evaluation and translational efforts

Added Value of Social Work - How do we know there is an added value?

- Recognition and validation of outcomes and impact of services; internal and external
- Engaging in and promoting innovative outcome-informed practice for clients
 - Monitoring
 - Measuring
 - Modifying
- Beneficial changes for patients and in systems receiving social work services
- Value indicators such as costs and cost savings

We are known by our actions or inactions as much as words

- How have you, we, created an environment that favors the perceptions held about the role, value and need for social work?
- What is the mission of our profession today and beyond?
- What is your vision for the profession?
- How do you embody this in your actions?
 - ❖ Along the way some have lost their way
 - ❖ Assuring that we are not perpetuating the historical and social trauma we espouse to eradicate.
 - ❖ “speaking truth to power” – more than a cliché
 - ❖ Creating as responsibility responsiveness to making and sustaining brave spaces

Broadening the concept of race in a time of heightened attentions...
It's not an us and them issue

The way in which race is conceptualized has implications:

- When viewed solely as a biological construct, racial health disparities become immutable and non-modifiable through intervention.
- As a social-political construct, race has implications for access to care, residential segregation, education, and access to healthy foods and recreational facilities.
- Polarization and politicization of racial and ethnic differences have been used to distract us from historical realities and future possibilities.
- All of which are leverage points for interventions and policy change.

Challenges Ahead – Context of Practice

- Political and Economic Policies and Trends
 - Health Care Reform
 - Social, cultural and demographic realities addressed in real time
 - Annual Federal and State Budget Initiatives
 - Social and Cultural Reforms
 - Immigration
 - Biological & Technological
 - Religious and Human Rights
 - Private Sector & entrepreneurialism

Creating and Securing the Confident Future

- Reclaiming the importance of and our professional mastery of contextual, 3-dimensional practice, including:
 - Person-in-Environment (Karls & O'Keefe, 2008)
 - Case-to-Cause
 - Systems oriented practice
 - Non-Victim Blaming
 - Indigenous Knowledge

Expanding Opportunities for Social Workers

- **Disaster Planning & Aftermath**
 - Displacement
 - Physical and mental pain and suffering
 - Major disruptions in economic and social fabric of communities
- **Navigating Cyber-space**
 - Cyber-bullying
 - Social Networking
 - Internet Addictions
 - Cyber-predators

Health Disparities: An example from my own social work expression

- Among men of color, some communities have worse health outcomes, with higher rates of chronic illnesses, shorter lifespans, and higher levels of disability than white men.

Pre-exposure prophylaxis initiation and adherence among Black men who have sex with men (MSM) in three US cities: results from the HPTN 073 study

Wheeler DP et al. Journal of the International AIDS Society 2019,
<https://onlinelibrary.wiley.com/doi/abs/10.1002/jia2.25223>

HPTN 073 Enrollment & Retention

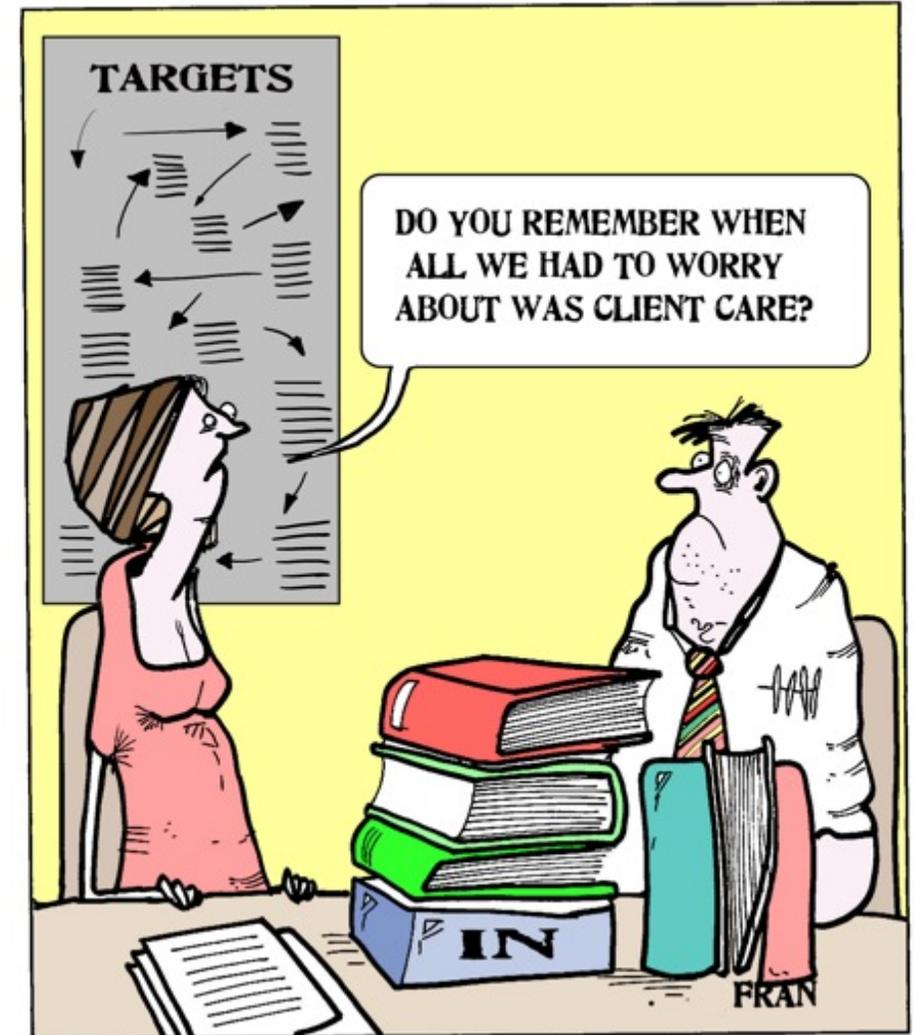
- Study began Aug 2013
- Fully enrolled as of 26 Sept 2014
 - 226 total enrolled
 - UNC: 75; UCLA: 76; GWU: 75
- 40.2% of participants \leq 25 yrs of age
- Final visit Sept 2015
- Overall participant retention = 92%

Lessons Learned

- Providing theory-based, culturally tailored programs can potentially increase adherence, support program retention and prevent HIV in BMSM – attention to Race and unique needs matters!!!!
- HPTN 073 demonstrated high uptake of PrEP in BMSM utilizing C4 and led to data that could support a reduced rate of HIV-infection for BMSM on PrEP
- These findings help address a vital US public health gap in HIV prevention

What, Why and What Difference

- In the end, our professional solvency will to a great extent be dependent upon our collective capacity to articulate and evidence
 - What we do – the skills, practices, tools and processes
 - Why we do it – the concepts, constructs and theories
 - What difference it makes – outcomes, improvements, social changes, “added value”



Making meaningful change:

- Using terminology in meaningful and impactful ways. Moving into deeper examination of the meaning of race in health research and differentiating between the biological, genetic and physiological AND the social categorization of peoples.
- Laying claim to and owning the 'tools' of professional social work practice that differentiate us from other professional practitioners.
- Translating our results into communications formats that can reach general populations. Speaking to ourselves helps to a point but is not the goal.
- Expanding our ability to articulate the return on investment beyond and into diverse audiences to include economic and civic partners

Closing Thoughts

- “There may not be easy remedies for the large social problems in the United States”; “The ability to identify cause has eluded social scientist even when it has been technically possible”;... “liberal and conservatives have made peace with the political constraints that deny the necessary resources to address” these inequalities (Epstein, Welfare in America How Social Science Fails the Poor).
- A need to advance a critical strength and asset discourse agenda in the practice and research arena
- The lack of self directed social, political and economic spaces controlled by disproportionately impacted groups is part of the landscape and has to be considered. We need our allies but we also have to become our own destiny; partnering with communities in real and meaningful ways not just at the point of problems.

Thank you for inviting me

The Future is our hands if our heads and hearts permit them to act...
we are **AWESOME** and now is the time to harness this super power
for the common good...



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