

MULTI-MODAL APPROACHES TO ADDRESS GENDER HEALTH DISPARITIES

iCare Pharmacy Services, Inc. Health Minds, Healthy Bodies: Men & Women's Health Conference

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Project Director, WE-CARE

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Disclosures

- I have no financial disclosures to disclose.

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Learning Objectives

By the end of this lecture, the participant should be able to:

- Discuss the causes of gender-related health disparities.
- Describe the impact of gender-related health disparities on therapeutic outcomes.
- Discuss strategies to eliminate gender-related health disparities.
- Explain how health professionals can close the gap of health disparities.

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Comments on Gender Disparities

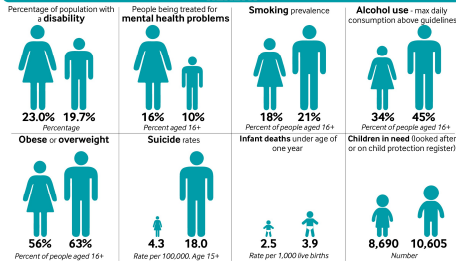
- Gender disparities exist in healthcare, clinical practice, research, education, the workplace, politics, and every other walk of life.

<https://www.healthline.com/health/gender-bias-healthcare>



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HEALTH



<https://bit.ly/qboZkmM>

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What are other examples of gender-related health disparities?

Nobody has responded yet.
Hang tight! Responses are coming in.

Start the presentation to see live content. For screen share software, share the entire screen. Get help at pallax.com/app

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Question

- During COVID-19, which of the following health problems was exacerbated by gender inequality in low and moderate-income countries and saw an increase of almost 32 percent?
- A. Cardiac Deaths
 - B. Maternal Deaths
 - C. Cancer
 - D. Obesity

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Question

- Which of the following refers to a "a set of biologically determined physical and physiological attributes?"
- A. Gender
 - B. Sex
 - C. Identity
 - D. Nurture

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- Which of the following is NOT an example of sexism towards women?
- A. 72 percent of cases, women wait longer than men to receive a diagnosis.
 - B. When experiencing a heart attack, women wait 30 percent longer than men before going to the hospital.
 - C. After cardiac surgery, there are only 9 deaths of women, but there are 13 deaths of men.
 - D. Once in a hospital, women wait for treatment 20 percent longer than men do.

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Workgroup Enhancing Community Advocacy and Research Engagement

WE-CARE
Workgroup Enhancing Community Advocacy and Research Engagement

WE-CARE: Achieving Health Equity

Kevin B. Sneed, PharmD
Senior Associate Vice-President/ USF Health
Dean and Professor, USF College of Pharmacy
WE-CARE Founder

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WE-CARE Activities

- Community Advocacy Matchmaking Events
- Community Research Review/Advisory Board
- Community Interfaces

- Virtual Workshops
 - Panel discussions
 - Town Halls
 - Dialogues and Discussions
 - Radio Interviews
 - Newspaper stories
 - Business Training



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Health Equity Initiatives

- Cancer Care
 - Lung
 - Prostate
 - Breast
 - Colon Cancer
- Alzheimer's Disease
- COVID Care
- Mental Health



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U.S. Cancer Health Disparities

Adverse differences in numerous measures of cancer burden exist among certain U.S. population groups. Examples of disparities in cancer incidence and death rates include:

| | | | |
|---------------------------|---|---------------------------|---|
| MORE THAN TWICE | African American men have a prostate cancer death rate that is more than twice that for white men. | 51% MORE LIKELY | Adolescents and young adults (ages 15 to 39) with head and neck cancer who have no insurance are 91 percent more likely to die from their disease than those who have private insurance. |
| 20% MORE LIKELY | Hispanic children are 20 percent more likely to develop leukemia than non-Hispanic white children. | 35% HIGHER | Men living in the poorest U.S. counties have a colorectal cancer death rate that is 35 percent higher than that for men living in the most affluent U.S. counties. |
| TWICE AS LIKELY | Asian/Pacific Islander adults are twice as likely to die from stomach cancer as white adults. | 70% MORE LIKELY | Bisexual women are 70 percent more likely to be diagnosed with cancer than heterosexual women. |
| TWICE AS LIKELY | American Indian/Alaskan Native adults are twice as likely to develop liver and bile duct cancer as white adults. | | |

Adapted from American Association for Cancer Research (AACR) Cancer Disparities Progress Report 2018

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Why Do U.S. Cancer Health Disparities Exist?

Complex and interrelated factors contribute to cancer health disparities in the United States. **The factors include, but are not limited to, differences or inequalities in:**

| | | |
|--|--|---|
| ENVIRONMENTAL FACTORS <ul style="list-style-type: none"> Air and water quality Transportation Housing Community safety Access to healthy food sources and spaces for physical activity | SOCIAL FACTORS <ul style="list-style-type: none"> Education Income Employment Health literacy | CULTURAL FACTORS <ul style="list-style-type: none"> Cultural beliefs Cultural health beliefs |
| BEHAVIORAL FACTORS <ul style="list-style-type: none"> Tobacco use Diet Excess body weight Physical inactivity Adherence to cancer screening and vaccination recommendations | CLINICAL FACTORS <ul style="list-style-type: none"> Access to health care Quality of health care | PSYCHOLOGICAL FACTORS <ul style="list-style-type: none"> Stress Mental health |
| BIOLOGICAL AND GENETIC FACTORS | | |

Adapted from American Association for Cancer Research (AACR) Cancer Disparities Progress Report 2020

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Cancer Disparities: Even More Important!

- The number of cancer screenings has decreased since the pandemic.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8654364/>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8165307/>
<https://pubmed.ncbi.nlm.nih.gov/33683506/>

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New Estimates of Americans with Alzheimer's Disease and Related Dementias Show Racial and Ethnic Disparities

Number of Americans with Alzheimer's Disease Expected to Increase

Percentage of Adults Aged 65 and Older with Alzheimer's Disease by Race and Ethnicity

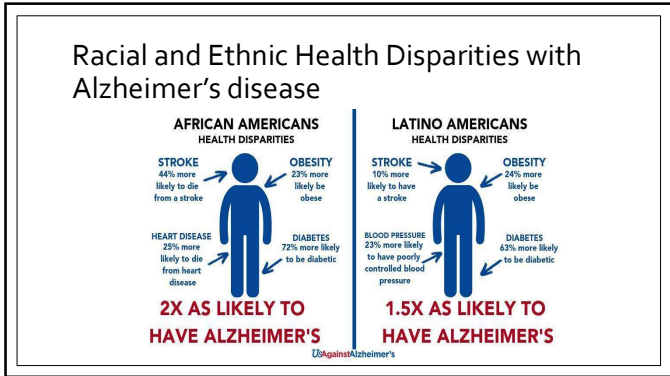
14% African American
12% Hispanic
10% Non-Hispanic White

Alzheimer's Disease Projected to Nearly Triple by 2060

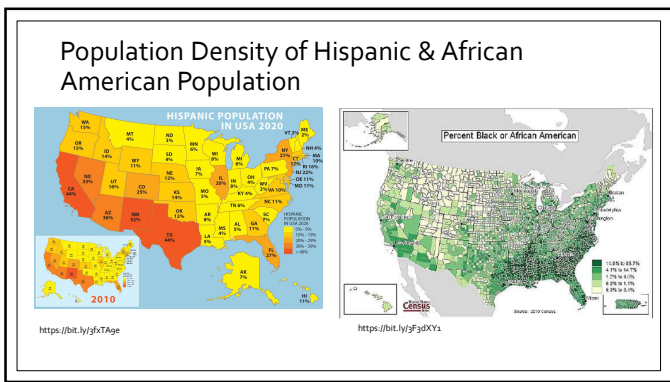
5 million 2014 → 14 million 2060

www.cdc.gov/aging
Centers for Medicare and Medicaid Services, 2014 Census Population Projections Program, 2014 to 2060

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Differences in Symptoms of Depression Between Genders


Men

- Use more illicit drugs
- Use more alcohol
- Eat less/lose weight
- Become more irritable
- Be more prone to anger
- Take unnecessary risk
- Behave aggressively
- Acknowledge apathy
- Successfully complete suicide

Women

- Guilty
- Sad
- Hopelessness
- Eat more/gain weight
- Sleep more
- Attempt suicide more

<http://bit.ly/3kvDhcPdepressioninmenandwomen>



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| Symptoms of Depression | |
|-------------------------------|-----------------------------------|
| More Common in Men | More Common in Women |
| Blames others | Self-blame |
| Anger | Sadness, apathy, worthlessness |
| Paranoia | Anxious, frightened |
| Creates Conflict | Avoid conflict |
| Restlessness and agitation | Slows down, nervousness |
| Compulsiveness | Procrastination |
| Insomnia | Over sleeping |
| Becomes controlling | Difficulty maintaining boundaries |
| Shame | Guilt |
| Fear of failure | Problems with success |
| Over status-conscious | Assumes low status |
| Self-medication through drugs | Self-medication through food |
| Overuse of Internet/TV/Email | Withdrawal |

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Introduction

- Background/Clinical Trial Participation among US Adults
 - Clinical Trials are necessary for evaluating new treatments and advance the standard of care for patients.
- Unfortunately, many clinical trials close prematurely due to inadequate accrual, which may result in wasted resources. Missed opportunities for advancing science and reduced public trust.
- In 2020, 42% of Americans reported not knowing anything about clinical trials
- Health care providers are the first place a patient should and could go to get information on a clinical trial
- Certain populations, including older individuals, racial/ethnic minority groups, individuals with comorbidities, lower SES and residents of rural areas are often underrepresented in clinical trials

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Barriers to Participation

- What are the common barriers that prevent minorities from participating in clinical trials?
 - Unwillingness to participate/mistrust
 - Lack of opportunity /unawareness
 - Medical ineligibility
 - Lack of flexibility in childcare or employment
 - Language barriers
 - Access Issues
 - Social determinants of health

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RISK FACTORS FOR ALZHEIMER'S DISEASE

- BEING OLDER THAN 65
- A FAMILY HISTORY OF THE DISEASE
- INHERITING GENES FOR THE DISEASE FROM YOUR PARENTS
- EXISTING MILD COGNITIVE IMPAIRMENT
- DOWN SYNDROME
- UNHEALTHY LIFESTYLE
- PREVIOUS HEAD TRAUMA
- BEING SHUT OFF FROM A COMMUNITY OR HAVING POOR ENGAGEMENT WITH OTHER PEOPLE FOR EXTENDED PERIODS OF TIME

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WHY DO GENDER DISPARITIES OCCUR?

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Potential Contributors to Gender-Related Health Disparities

- Discrimination
- Racism
- Implicit Bias
- Social Injustice
- Poverty
- Social Determinants of Health
- Maternal Health
- Gender-related perceptions of health prevention, treatment, & utilization of health care services
- Cultural perceptions of health
- Diet and Lifestyle Practices
- Disparities in research
- Unemployment

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Did you know.....

- The term "Hysteria" was used to erroneously describe any female sexual or emotional behavior that men deemed "irregular" or "unwomanly" resulting in forced hospitalization of women.
- Women were denied pain medications during childbirth because of religious beliefs that women SHOULD suffer during labor and delivery.
- Physicians documented maternal deaths as a "natural consequence of childbirth" instead of incorporating safer ways to deliver babies.

<https://www.healthline.com/health/gender-bias-healthcare#examples>

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What are Implicit Biases?

- Describes the attitudes or stereotypes that contribute to our understanding, actions, and decisions.
 - Kirwin Institute, 2020

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Characteristics of Implicit Biases

- Pervasive, unconscious & subconscious
- Contribute to our feelings about people based on race/ethnicity, age, & appearance
 - Favorable & unfavorable assessment of people
 - Favor groups that we belong to
- Shaped by direct and indirect messages (Kirwan Institute, 2020)

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Implicit Bias in Healthcare Delivery & Access

- Substantial attention has been paid to the possibility that unconscious (implicit) bias among health care professionals contributes to health disparities.
- Unequal Treatment, by the Institute of Medicine, concluded that unrecognized bias against members of a social group, such as racial or ethnic minorities, may affect communication or the care offered to those individuals.

Source: Blair, Irene V et al. "Unconscious (implicit) bias and health disparities: where do we go from here?." The Permanente journal vol. 15,2 (2011): 71-8. re offered to those individuals.

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Implicit Bias in Healthcare Delivery & Access

- Implicit biases of concern to healthcare professionals are those that operate to the disadvantage of those who are already vulnerable. E.g. minority ethnic populations, immigrants, the poor, low health-literacy individuals, sexual minorities, children, women, the elderly, the mentally ill, the overweight and the disabled, but anyone may be rendered vulnerable given a certain context.
- The vulnerable in health-care are typically members of groups who are already disadvantaged on many levels.
- Work in political philosophy, such as the Da-Shalit and Wolff concept of 'corrosive disadvantage', a disadvantage that is likely to lead to further disadvantages, is relevant here.

Source: FitzGerold, C., Hurst, S. Implicit bias in healthcare professionals: a systematic review. BMC Med Ethics 18, 19 (2017).

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What is Cultural Humility?

- A self reflective and discovery process toward understanding yourself and your relationship to others toward building trustworthy relationships (Yeager & Baurer-Wu, 2013).

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Implicit Bias and Cultural Competency in Healthcare Delivery

- Cultural competence is a behavioral construct consisting of actions in response to the demands of cultural diversity, awareness, and sensitivity.
- Demonstration of behaviors in practice that help to bridge the differences and barriers that often occur when people of diverse cultures interact and communicate.
- The process of developing cultural competence is dynamic over time in response to changing diversity environments and experiences, acquisition of new awareness (knowledge and insights) and skills, and growing sensitivity to self and others.

Source: Schim, Stephanie Myers, and Ardith Z Doorenbos. "A three-dimensional model of cultural congruence: framework for intervention." Journal of social work in end-of-life & palliative care vol. 6,3-4 (2010): 265-70.

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Implicit Bias and Cultural Congruent Practice in Healthcare Delivery

- Culturally congruent practice is providing care to a patient while being aware and inclusive of their cultural values, beliefs, and practices.
- Nurses need to be culturally competent so that they can provide care for their patients with respect to their cultural practices. o It is important to include culturally congruent care to make sure the patient's needs are met.
- Providing culturally congruent care includes being constantly aware of one's self and reflecting on situations.
- Principles include being self-aware of current competence level and finding areas to grow.
 - o Providers interacting with refugee populations, FGM, religious, ethnic or marginalized populations. Conditions with illness, sickness or death e.g. birth and death doulas

Retrieved from <https://study.com/academy/lesson/culturally-congruent-practice-definition-principles.html>.

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Social Determinants of Health



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GENDER DISPARITIES AND RESEARCH

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Historical Events that Have Led to Mistrust by BIPOC

- Henrietta Lacks
- Tuskegee Syphilis Study
- The Sterilization of Latino patients in California
- Human Experiments at Holmesburg Prison (1950s-1970s)
- The Cold War and Project MK-Ultra

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5.2 million Americans have Alzheimer's Disease

1.1 million of them are African American

10% of the population has Alzheimer's Disease

20% of cases are African American

10% of clinical trial participants are African American

Yet only 10% of clinical trial participants are African American

African American Network Against Alzheimer's

Stand Up. Speak Out. Take Action.

www.AfricanAmericanNetworkAgainstAlz.org

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How Does Medical Mistrust Contribute to Health Disparities?

Historical events fuel current mistrust

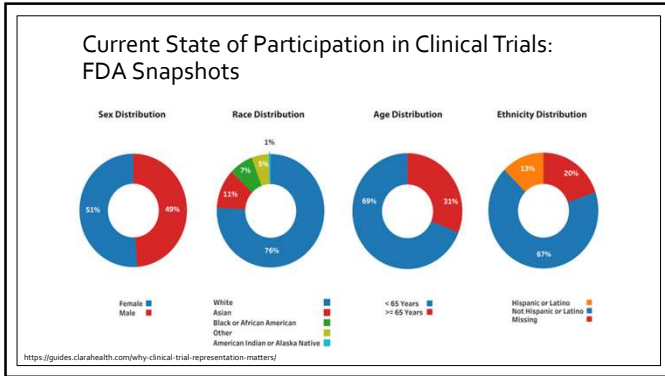
Minority patients might miss out on advances in care

Mistrust and past experiences delay routine care

Biases can lead to populations mistrusting health providers

Work has to be done to actively win back trust.

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Consequences of Gender Bias

- Diseases go unnoticed because of gender stereotypes
- Medical mistrust
- Children and family wellbeing
- Mental health impacts

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A Feminist Approach to Gender Issues

FEMINISM
VERSUS
GENDER EQUALITY

Feminism is the advocacy of women's rights on the ground of the equality of the sexes

Mainly concerned with the rights of women

Gender Equality is the state in which access to rights or opportunities is unaffected by gender

Concerned with the rights of everyone, irrespective of gender

<https://bit.ly/3tXigqk>

Pedias.com

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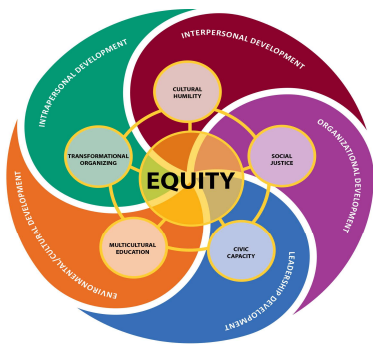
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How do we correct this issue as health professionals?

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Strategies to Consider for Addressing Gender Health Disparities

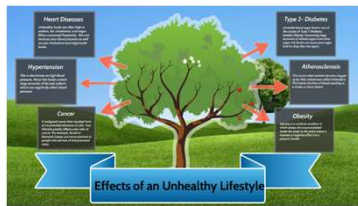


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Impact of Lifestyle Practices on Life Expectancy

People who smoke, don't exercise, eat poorly, and drink alcohol are three times more likely to die from cardiovascular disease and nearly four times more likely to die of cancer, a new study finds.

<https://wfb.md/j3NBOYNA>



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Why WE-CARE?

- Want to improve health outcomes for everyone!
- What works for some does not work for all (pharmacogenomics)
- Response to treatment varies (gender, age, ethnic groups)
 - Imbalance of who participates in research
 - Many are underrepresented
- We don't know what works unless we can prove it
- Don't have robust research



USF Health

#whywecare

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WE-CARE Community Partner

50 YEARS REACHUP
Community Groups

- USF, Faculty and student groups
- Private Employers
- Children's Board of Tampa
- Tampa Bay Refugee Task Force
- Arabic Refugee Group
- Project IMPact
- Non-profit organizations
- Athletic Coaches
- Department of Juvenile Justice/Restorative Justice Community Network
- Florida Black Association of Journalists
- Life Academy

USE HEALTH
N C B W 1 0 0
HEALTHY START
100 BLACK MEN
NAMI
The Links Incorporated
National Center for Performance Health

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THE IMPACT OF COVID-19 ON AFRICAN AMERICANS

TUSKEGEE HENRIETTA

Alzheimer's Disease

Virtual Lunch Time with Moffitt's Thoracic Program

WE-CARE AND REACHUP, INC INVITE THE GROOM MIDDLE SCHOOL FAMILIES TO

A COVID-19 ZOOM DISCUSSION

Pandemic Perspectives by Mental Illness

REACHUP, USE HEALTH, MOFFITT, AHEC, PROJECT LINK, NCBW 100, HEALTHY START, 100 BLACK MEN, NAMI, THE LINKS INCORPORATED, NATIONAL CENTER FOR PERFORMANCE HEALTH

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WE-CARE
Workgroup Enhancing Community Advocacy and Research Engagement

WE-CARE (Workgroup Enhancing Community Advocacy Research and Education) is the community outreach arm of the Taneja College of Pharmacy at the University of South Florida. Our mission is the close the gap of health care disparities by being a resource for education on health issues that are plaguing diverse populations and to bridge the gap between clinical researchers and the lay community. For further information about WE-CARE, please check out our website at [Overview | USE Health](#) or feel free to contact us at: TCOP-WE-CARE@usf.edu.

WE-CARE collaborates very closely with community agencies to provide services for the community. Thanks to REACHUP, Inc., WE-CARE has an eLibrary of free virtual workshops on various topics related to our mission and invite you to check it out at:
https://www.youtube.com/playlist?list=PLEI_ZAAM7iLMaRiars0Wa6dbywDgASgLS

Check out our video:
<https://usf.box.com/s/so9sir8hgqofvafsqsr4tb9uzun6o>
*Make sure you're using Google Chrome to preview the video.

*If you are interested in receiving a copy of our Mental Health Resource Guide, please reach out to Dr. Hill @ TCOP-WE-CARE@usf.edu.

Dr. Angela Hill, Project Director @931974-2551

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Questions? Comments? Suggestions?

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