

DSC Web Series in Partnership with HPOE: Going Beyond REaL Data Collection: Collecting Social Determinants of Health

February 23, 2016 from 12:00-1:00pm ET

DSC Keeping Current Seminar Series: Disparities in Radiology – March 24, 2016, 12:00-1:00pm ET in O'Keeffe Auditorium

Healthcare Quality and Equity Action Forum

- September 29-30, 2016 at Seaport Boston Hotel

Visit mghdisparitiessolutions.org for more information.





Speakers

W. Michael Byrd, MD, MPH

Director, Institute for Optimizing Health and Health Care (IOHHC) Health Policy Researcher, Harvard School of Public Health Health Policy Instructor, Harvard School of Public Health, Harvard Medical School

Adjunct Professor, Obstetrics and Gynecology, Meharry Medical College

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Co-Director, Institute for Optimizing Health and Health Care (IOHHC) Health Policy Researcher, Harvard School of Public Health Health Policy Instructor, Harvard School of Public Health, Harvard Medical School

Adjunct Professor, Obstetrics and Gynecology, Meharry Medical College



DISPARITIES SOLUTION CENTER MASSACHUSETTS GENERAL HOSPITAL of HARVARD MEDICAL SCHOOL BOSTON, MA

[Mini-Seminar Version] RACIAL AND ETHNIC HEALTH AND HEALTH CARE DISPARITIES & DYSFUNCTION: HISTORICAL & CONTEMPORARY ISSUES

> Presenters: W. Michael Byrd, MD, MPH Linda A. Clayton, MD, MPH

Harvard School of Public Health Department of Health Policy and Management Institute for Optimizing Health and Health Care MGH Ether Dome, Massachusetts General Hospital,

Massachusetts General Hospital, Tuesday, February 16th, 2016, 1:00-2:00, Boston, MA





EVOLUTION, PERPETUATION, CONFIGURATIONS, & MECHANISMS

1A Presenters: W. Michael Byrd, M.D., M.P.H. Linda A. Clayton, M.D., M.P.H. Harvard School of Public Health Department of Health Policy and Management Institute for Optimizing Health and Health Care MGH Ether Dome, Massachusetts General Hospital, Tuesday, February 16th, 2016, 1:00-2:00, Boston, MA

AFRICAN AMERICANS

HAVE HAD THE WORST HEALTH STATUS... THE WORST HEALTH OUTCOMES, AND... THE WORST HEALTH SERVICES DELIVERY...

THAN ANY OTHER RACIAL OR ETHNIC GROUP IN THE UNITED STATES SINCE OUR ARRIVAL IN 1619...397 YEARS AGO

THUS, THEY WILL SERVE WELL AS OUR TEACHING MODEL FOR UNDERSTANDING U.S. HEALTH DISPARITIES, HEALTH SYSTEM DYSFUNCTION, AND THE FLAWED AMERICAN MEDICAL-SOCIAL CULTURE

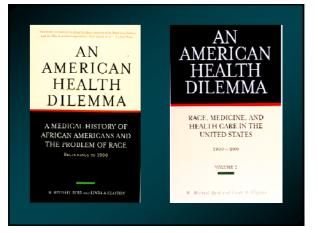
SOURCES: Byrd WM, Clayton LA. An American Health Dilemma. 2 vols. New York: Routledge: 2000, 2002; Byrd WM, Clayton LA: Racial and ethnic disparities in health care. A background and history. In:, Unequal Treatment. Washington, D.C.: National Academy Press; 2003; 443-514.

IF WE ARE TO SOLVE THE PROBLEMS OF:

RACIAL-, ETHNIC-, AND CLASS-**BASED HEALTH INEQUITIES, DISPARITIES, &** LACK OF DIVERSITY

WE MUST:

UNDERSTAND the **Problems**



FOUNDATIONS OF THE INEQUITY AND DISPARITY INQUIRY

MEDICINEHISTORY OF SCIENCEPOLITICAL SCIENCEMEDICAL ETHICS SCIENCEPUBLIC HEALTHHEALTH POLICY RELATIONSRACE/ETHNIC RELATIONSPHILOSOPHY RELATIONSPSYCHOLOGYMEDICAL SOCIOLOGYEPIDEMIOLOGY ETHNOLOGYBIOSTATISTICS SOCIOLOGYANTHROPOLOGYPUBLIC POLICYETHNOLOGYSOCIOLOGYETHICSACADEMIC BIOGRAPHY PUBLIC HEALTHMEDICAL BIOGRAPHY BIOLOGYTROPICAL MEDICINEPUBLIC HEALTH PRACTICEEVOLUTIONARY BIOLOGYCULTURAL ANTHROPOLOGYAFRO-AMERICAN ANTHROPOLOGY	BIOLOGY	HISTORY	HEALTH CARE ECONOMICS	GENETICS
RELATIONS RELATIONS PSYCHOLOGY MEDICAL SOCIOLOGY EPIDEMIOLOGY BIOSTATISTICS ANTHROPOLOGY PUBLIC POLICY ETHNOLOGY SOCIOLOGY ETHICS ACADEMIC BIOGRAPHY MEDICAL HISTORY TROPICAL MEDICINE PUBLIC HEALTH EVOLUTIONARY CULTURAL AFRO-AMERICAN	MEDICINE			MEDICAL ETHICS
SOCIOLOGY ANTHROPOLOGY PUBLIC POLICY ETHNOLOGY SOCIOLOGY ETHICS ACADEMIC MEDICAL TROPICAL BIOGRAPHY HISTORY MEDICINE PUBLIC HEALTH EVOLUTIONARY CULTURAL AFRO-AMERICAN	PUBLIC HEALTH	HEALTH POLICY		PHILOSOPHY
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BIOGRAPHY HISTORY MEDICINE PUBLIC HEALTH EVOLUTIONARY CULTURAL AFRO-AMERICAN	ANTHROPOLOGY	PUBLIC POLICY	ETHNOLOGY	SOCIOLOGY
	ETHICS			

REQUISITE BACKGROUND AREAS FOR THE INEQUITY & DISPARITY INQUIRY

Medicine & Health Care & their histories **Health Policy &** its history

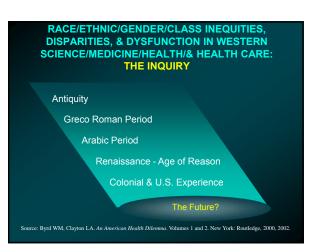
Medical-Sociology

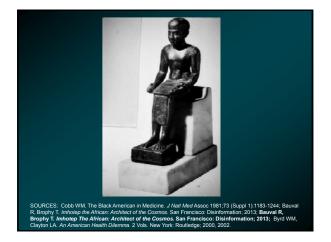
History of Science

Health Care Racial & Economics & its Studies history

Racial & Ethnic

Public Health & its history





ORIGINS AND EVOLUTION OF A FLAWED MEDICAL-SOCIAL & SCIENTIFIC CULTURE ORIGINS EVOLUTION INTO

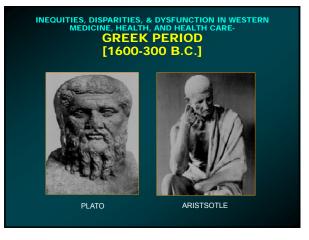
 Predating Plato & Aristotle's 2,500 year/old "Great Chain of Being"

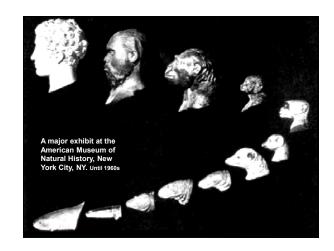
 Hierarchical thinking, ideology, behavior, & practices based on reification of races, ethnicities, classes, &

gender SOURCES: Byrd WM, Clayton LA. An American He Jackson JP, Weidman NM. Race, Racism, and Scie

Scientific racism

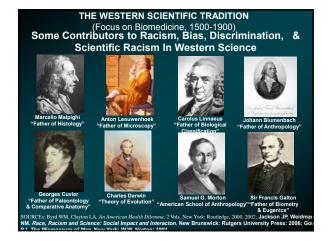
- Misogyny
- Unethical Biomedical &
 - Experimental Exploitation
- Theories of Racial, Gender, Ethnic, & Class superiority & inferiority
- Biases & practices that deeply distort Western medical, scientific, & academic traditions ath Dilemma 2 Vols, New York, Routledge, 2000, 2002, New Pursues, NJ, Rules University Press, 2004, 2006.





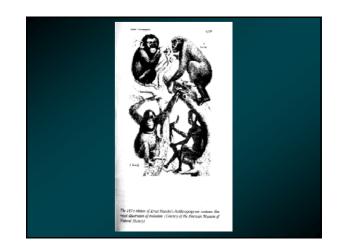


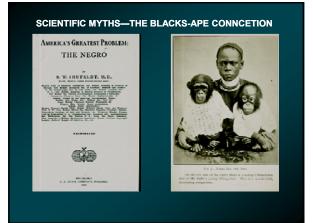
*Recall that "race" did not exist in the English language until 1508. It entered the English Dictionary around 1580. SOURCE: Byd WM, Clayton. An America Health Dilemma. 2 Vols. Routledge, 2000, 2002.

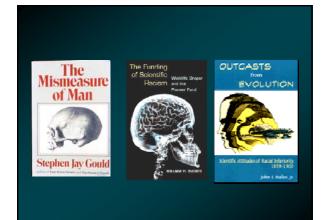








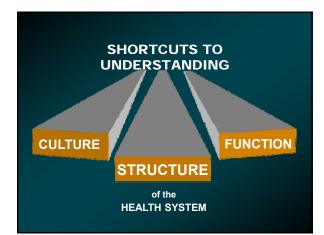


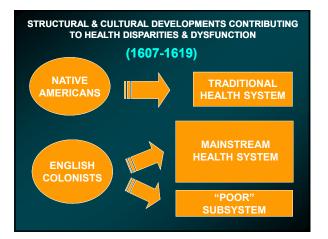


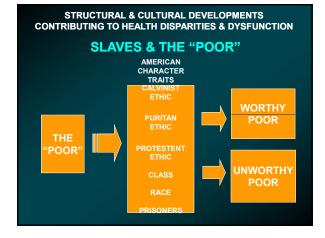


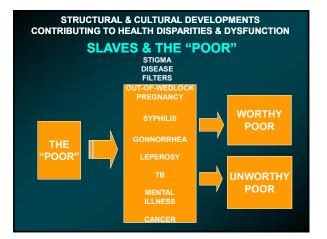


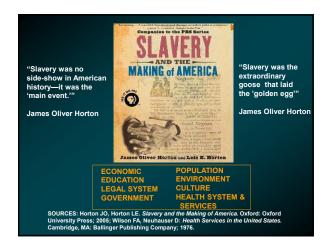


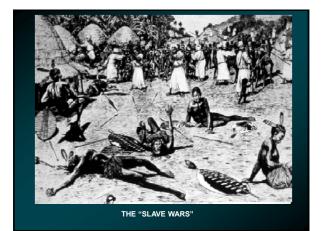


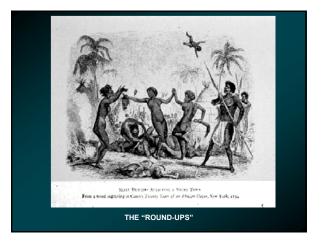


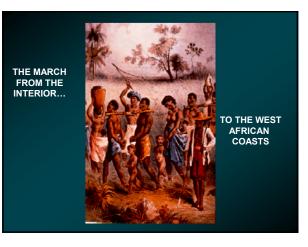




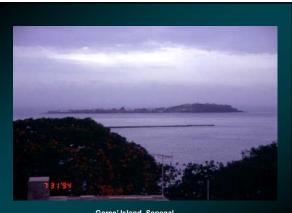




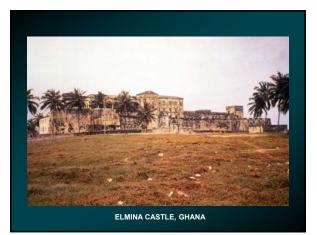


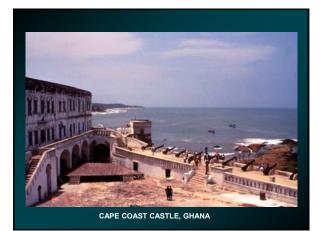


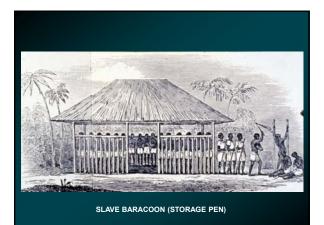


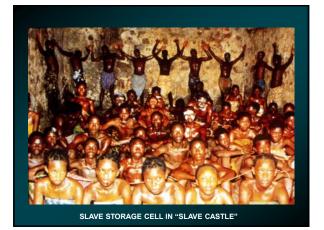


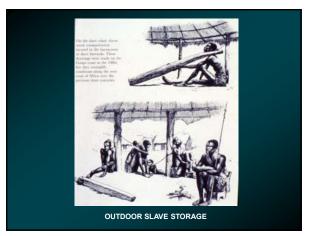




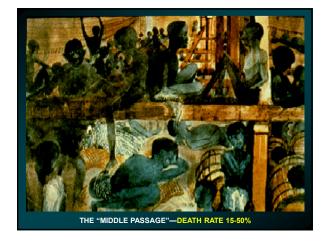


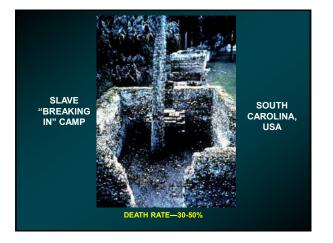


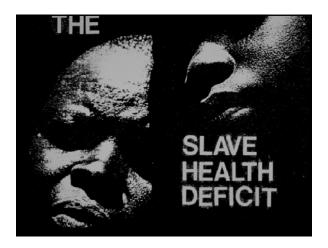


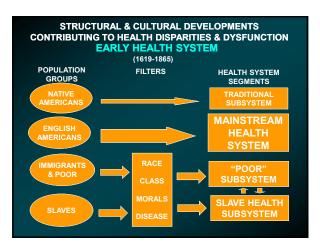


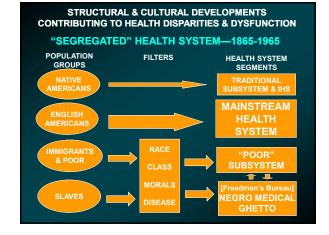


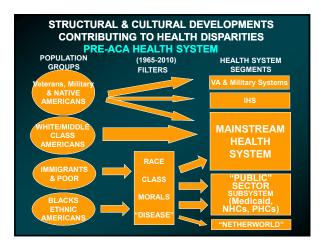


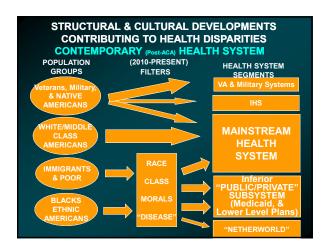








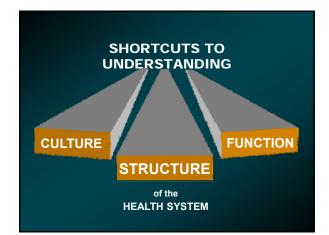




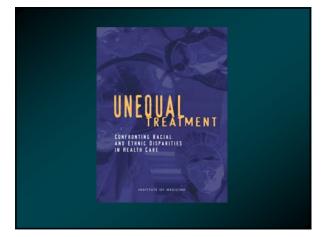
AFRI	CAN AMERIC	TA	HIP STATUS & HI BLE 1B 1619 TO 2016	EALTH EXPERIENCE
TIME SPAN	CITIZENSHIP STATUS IN YEARS	PERCENT [%] OF U.S. EXPERIENCE	CITIZENSHIP STATUS	HEALTH AND HEALTH SYSTEM EXPERIENCE
1619-1865	246	61.96%	Chattel slavery	Disparate/inequitable treatment; poor health status and outcomes. "Slave health deficit" and "Slave health subsystem" in effect
1865-1965	100	25.25%	Virtually no citizenship rights	Absent or inferior treatment and facilities. De jure segregation & discrimination in South, de facto throughout most of the health system. "Slave health deficit" uncorrected
1965-2016	51	12.85%	Most citizenship rights	Mediarer Medicaid [1963]. Sonthern medical school desegregation [1948]. Imhotep Hospital Integratina Conferences [1957/1964]. hospital desegregation in courts [1964]. Disparate health status, outcomes, and services with apartheid, discrimination, institutional racism and bias in effect. Suprem Court reinstituted legal segregation June 29, 2007. Reverse much of the Vorting Rights Act [2014].
1619-2016	397	100%	The struggle continues	SUM TOTAL
speech, free movement elections, and; [3] soci- @WM Byrd'LA Clayte SOURCES: Brinkley A. The Unfin Byrd WM, Clayton LA Higginbotham AL. In t Kluger R. Simple Justi Lewin T. Justices, 5-4.	, free assembly, and orga occonomic rights, includi on, 2016 ished Nation: A Concise i An American Health Di he Matter of Color. Race co New York: Alfred A. I limit use of race for scho	nizational and informationa ng the right to have a job, co History of the American Pe lemma, 2 Vols. New York: and the American Legal Pr Knopf, Inc., 1976. ol integration plans. New Y	I rights; [2] political rights, inclu offectively bargain, unionize, and opte. New York: Alfred A. Knop Routledge, 2000, 2002.	v York: Oxford University Press, 1976.

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THE U.S. "HEALTH DISPARITIES PROVIDER FACTORS: Unequal Treatment (U.S. medical pedagogy & culture) Biased Clinical-Decision Making Stereotyping Distrimination THE U.S. DISPARITIES "ENGINE" PATIENT FACTORS + (DISPARITIES PRODUCING FACTORS): Demographics (e.g., "poor neighborhoods") Language & Communication Culture • PROVIDER FACTORS: 1. Unequal Treatment 2. Biased Clinical-Decision Making 3. Stereotyping HEALTH SYSTEM FACTORS: ALTH SYSTEW FACTOR Culture Racial, ethnic, class Segregation Financing Structure Multi-Tiering Process Factors 4. Discrimination COMMUNITY FACTORS: Social Determinants Health System and Residential Segregation Access Factors (e.g., no hospitals, doctor's offices, labs, etc.) NM, Clayton LA. Racial and Ethnic Health and Health Care Disparities: Historical and Issues. A Two Part Seminar. The Mongan Commonwealth Fund Lecture Series. The Mongan Fund Fellowship in Minority Health Policy. Havrard Medical School-Harvard School of Publ in LA. *Racial* wo Part Semi owship in Mir Care Disparities: Historical and alth Fund Lecture Series. The Mongan edical School-Harvard School of Public ary Ilssues. A Tr alth Fund Fello o M Ionga th Poli cy. Har





UIRGE: Byrd WM, Cington LA, Racial and Ethnic Health and Health Care Disparities: Historical and microprogram (Succes A, Ywo Parkeminer, The Mongen Commonwealth Fund Lacture Sarkes, The Mongen minimenseith Fund Fellowship in Minority Health Policy, Harvard Medical School-Harvard School of Public alth. Sactember 2, 9, 2014, Kissee Building, Beison, Massachasetts.

THE U.S. DISPARITIES "ENGINE"

• HEALTH SYSTEM FACTORS:

- 1. Financing
- 2. Structure
- 3. Tiering
- 4. Segregation by Race & Class
- 5. Process Factors
- 6. Medical-Social Culture

URCE: Byrd WM, Clayton LA. Racial and Ethnic Health and Health Care Disparities: Historical and Intemporary lissues. A two Part Seminar. The Mongan Commonwealth Fund Lecture Series. The Mongan monowealth Fund Followship In Monrity Health Policy, Harvard Medical School-Harvard School of Public alth. September 2, 9, 2014, Knerge Building Boston, Messesheatts; Beaucamp DE Fullesheatt As social Building Boston and School Men Vision and School Care and School of Public School Doctors and Health New York: Chofford Interestite Desc. 2013, Sans, 2013, NavaCell, Berkman LF, Messesheatts, 2014, Sans, 2014,

THE U.S. DISPARITIES "ENGINE"

- COMMUNITY FACTORS:
- 1. Social Determinants
- 2. Health System and Residential Segregation
- 3. Access Factors
- 4. No sense of "community" about Health

IRCE: Byrd WM, Clayton LA. Racial and Ethnic Health and Health Care Disparities: Historical and temporary Hisses. A Two Part Seminar. The Mongan Commonwealth Fund Lecture Series. The Mongan monwealth Fund Fellowship in Minority Health Policy. Harvard Medical School-Harvard School of Public Hits. September 2, 9.2014. (respect Building, Boston, Massachetts; Kawachi I, Berkman LF, eds.





MULTI-RACIAL, MULTI-ETHNIC, SES-DIVERSE PATIENT POPULATION IN 2016—INTO THE 21ST CENTURY

CONTRIBUTORS TO HEALTH DISPARITIES

- Race, Class, Ethnicity
 Access
- The Clinical Encounter
- Health system factors
- Structural
 - Process

factors

- Legal/Regulatory
- Environmental, Behavioral, Biological
- Quality factors
- SES factors

 Stereotyping, bias, prejudice, clinical

uncertainty

Individual

Cultural factors

Institutional

SOURCE: IOM. Unequal Treatment, 2003; USCCR. The Health Care Challenge, 1999.

INEQUITIES, DISPARITIES, & DYSFUNCTION IN WESTERN & U.S. MEDICINE, HEALTH, AND HEALTH CARE -SUMMARY-

- The Roots of racial, ethnic, and class inequities & disparities in Western and, later, American medicine & health care are over 2,500 years old
- The legacy of health inequities and disparities for African Americans is almost 400 years old
- The African American health experience parallels their citizenship status in many ways

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SOURCE: Byrd WM, Clayton LA. An American Health Dilemma. Volume 1. A Medical History of African 
Americans and the Problem of Race: Baginnings to 1900 New York: Routledge, 2000. Byrd WM, Clayton LA. 
An American Health Dilemma. Volume 2. Race, Medicine, and Health Care in the United States: 1900-2000. 
New York: Routledge, 2002.
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INEQUITIES, DISPARITIES, & DYSFUNCTION IN WESTERN & U.S. MEDICINE, HEALTH, AND HEALTH CARE--SUMMARY-

- An American Health Dilemma documents two periods of health reform to address Black health inequities and disparities
- First Reconstruction in Black Health [1865-1872]
- Second Reconstruction in Black Health [1965-1975]
- The U.S. health system was created, structured and evolved on the basis of race, ethnicity and

SOURCE: Byrd WM, Clayton LA. An American Health Dilemma, Volume 1. A Medical History of African Americans and the Problem of Race: Beginnings to 1900 New York: Routledge, 2000. Byrd WM, Clayton LA. An American Health Dilemma. Volume 2. Race, Medicine, and Health Care in the United States: 1900-2000. New York: Routledge, 2002.

INEQUITIES, DISPARITIES, & DYSFUNCTION IN WESTERN & U.S. MEDICINE, HEALTH, AND HEALTH CARE--SUMMARY-

•The over 100 year "Market Experiment" has failed. Racial-, Ethnic-, and Class-Based *inequities, disparities, and dysfunction* in U.S. health, health care, and health care services remain. These malfunctions persist, and in some cases have worsened—despite "Market Experiments" in health care financing, "MARKET JUSTICE," market-based structuring, and attempts at market-based health care delivery!

SOURCE: Byrd WM, Clayton LA. An American Health Dilemma. Volume 1. A Medical History of African Americans and the Problem of Race: Begrinnings to 1900. New York: Routledge, 2000; Byrd YM, Clayton LA. An American Health Dilemma, Volume 2. Race, Medicine, and Health Care in the United States: 1900-2000. New York: Routledge, 2002; [OM. Unequal Treatment. Washington, D.C.: The National Academies Press, 2003; Himmahean DU, Woolhandte S. U.S. health care: single payer or market reform 551-561. In: Donotoe MT, ed. Zhalth. Clear the Suite. Sam Francisco: Jossey-Bars; 2013; Americanal. Deady Delivey: The Maternal Health Care Cristis in the UGA. London: Amresh International. Deady Delivey: The Maternal Health Care Cristis in the UGA. London: Amresh International. 2010.

THE CHALLENGE?

THE HEALTH SYSTEM <u>MUST CHANGE</u>_LED BY HEALTH PROFESSIONALS, AND ALLIED WITH OTHERS (INSTITUTIONS, COMMUNITIES, ETC.)—TO MEET THE NEEDS OF THE AFRICAN AMERICAN AND INCREASINGLY DIVERSE U.S. POPULATION

NOW WE WILL PROCEED TO THE CONTEMPORARY CONFIGURATION OF AFRICAN AMERICAN & DISADVANTAGED HEALTH AND HEALTH CARE DISPARITIES, INEQUITIES, AND INTEQUALITIES

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Co 198 Co., 1962.
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THE END



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DISPARITIES SOLUTION CENTER MASSACHUSETTS GENERAL HOSPITAL of HARVARD MEDICAL SCHOOL BOSTON, MA RACIAL AND ETHNIC HEALTH AND HEALTH CARE DISPARITIES & DYSFUNCTION: A CONTEMPORARY MULTIFACTORIAL PERSPECTIVE

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AFRICAN AMERICANS

HAVE HAD THE WORST HEALTH STATUS... THE WORST HEALTH OUTCOMES, AND... THE WORST HEALTH SERVICES DELIVERY...

THAN ANY OTHER RACIAL OR ETHNIC GROUP IN THE UNITED STATES SINCE OUR ARRIVAL IN 1619...397 YEARS AGO

SOURCES: Byrd WM, Clayton LA. An American Health Dilemma. 2 vols. New York: Routledge: 2000, 2002; Byrd WM, Clayton LA: Roati and ethnic disparities in health care. A background and history. In:. Unequal Treatment. Washington, D. C: National Academy Press; 2003. 443-514.

DEFINITIONS

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Health Disparity-

Differences in health among segments of the population (demographic groups) that occur by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation.

SOURCE: USDHHS. *Healthy People 2010.* Vol. 1. 2nd Edition. McLean, Virginia: International Medical Publishing, Inc, 2001.

DISPARITIES

Disparities exist in many areas, including, but not limited to:

- 1. Disease specific health outcomes (e.g., cancer, HIV/AIDS, and heart disease)
- 2. Service Delivery—Health system structural and process factors
- 3. Health Insurance Status—Health financing*
- 4. Access, Availability, Accountability,
- Acceptability, Adaptability, Affordability
- 5. Clinical Encounter—Clinical Decision Making
- 6. Quality of Care

WHO ARE WE TALKING ABOUT?

- Blacks...most affected
 Other racial and ethnic groups (e.g., Native Americans, Mexican
- Americans) • SOME EMPLOYMENT-BASED INSURANCE MEMBERS
- Unemployed
 - Underemployed
- Employed, but unaffordable (middle-class), and
 Medically indigent individuals-many new
- SOME Other disadvantaged populations
- Many elderly and poor people
 Disabled civilians and veterans
 Children
- Many single mothers
- SOME Uninsured, underinsured, govt. insurance
- SOME Rural populations
- · Recent immigrants (especially undocumenteds)
 - Increasingly Diverse Groups Affected

AFRICAN AMERICAN/ETHNIC/ DISADVANTAGED HEALTH/HEALTH CARE CRISIS

- Wide, deep, health disparities (based on race, ethnicity, and class)
- Disparate Access Barriers
- High Uninsured, Underinsured Rates
- Structural Inequalities and Inequities
- Large populations trapped in dual, unequal tiers of health system
- A Chronic Racial & Medical-Social problem
- Built upon almost four centuries of dysfunctional ideology, philosophy, "science," biomedicine, and practice

THE U.S. "HEALTH DISPARITIES

- ENGINE" (MODERN CONFIGURATION) PROVIDER FACTORS: Unequal Treatment (U.S. medical pedagogy & culture) Biased Clinical-Decision Making
- eotyping

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- PATIENT FACTORS + (DISPARITIES PRODUCING FACTORS): Demographics (e.g., "poor neight Language & Communication Culture

- HEALTH SYSTEM FACTORS:
 - ALTH SYSTEM FACTORS Culture Racial, ethnic, class Segregation Financing Structure Multi-Tiering Process Factors

research systems

- COMMUNITY FACTORS: Social Determinants Health System and Residential Segregation Access Factors (e.g., no hospitals, doctor's offices, labs, etc.)
- WM, Clayton LA. Racial and Ethnic Health and Health Care Disparities: Historical and Jissues. A Two Part Seminar. The Mongan Commonwealth Fund Lecture Series. The Mongan Fund Fellowship in Minority Health Policy. Harvard Medical School-Harvard School of Public best 2, 9, 2014. Kreege Building, beston, Massachests.



THE TWELVE MAJOR STRUCTURAL COMPONENTS OF THE U.S. HEALTH AND HEALTH SERVICES SYSTEM: • Health professions • Health financing system

- Institutions (Hospitals, Federal government-health
- Nursing homes, etc.) & health care · Pharmaceutical,
 - State/Local governments—health medical supply & & health care appliance industries
 • Voluntary health agencies
- Health education &
 - Review & Control infrastructure
- Ambulatory systems
- Health Law & Medical Ethics "WALL STREET" & its' financial health sector

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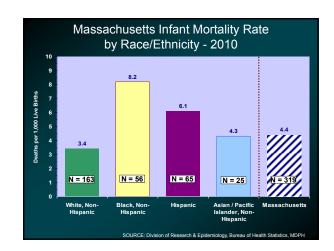




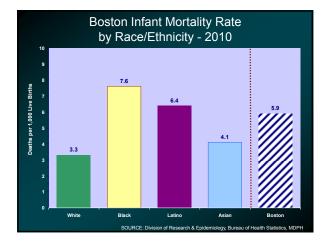


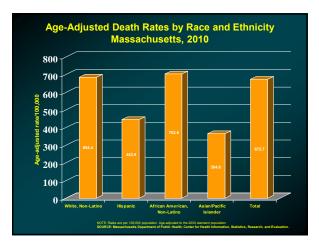


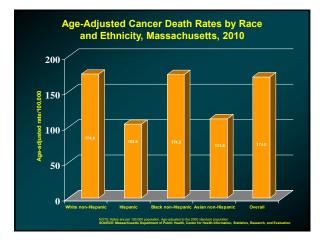


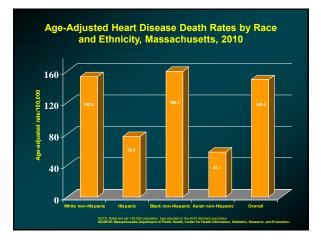


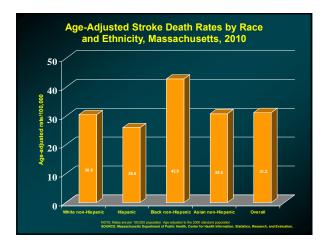
SOME MASSACHUSETTS DATA

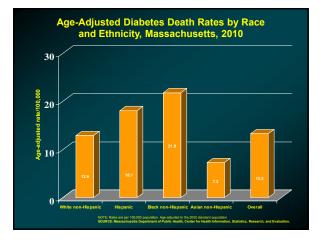


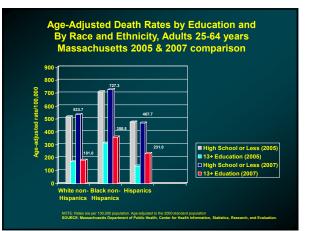


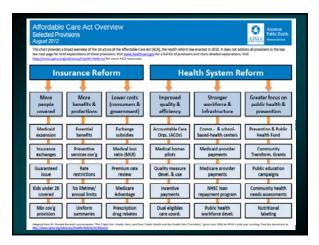












	HOW PPACA IS ORGANIZED
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• Title I:	Quality, Affordable Health Care for All Americans
• Title II:	Role of Public Programs
• Title III:	Improving the Quality and Efficiency of Health Care
• Title IV:	Prevention of Chronic Disease and Improving Public Health
Title V:	Health Care Workforce
 Title VI: 	Transparency and Program Integrity
 Title VII: 	Improving Access to Innovative Medical Therapies
 Title VIII: 	Community Assistance Services and Supports
 Title IX: 	Revenue Provisions
 Title X: 	Strengthening Title I

WHERE ARE WE? WHAT MUST WE DO? WHAT DOES THE FUTURE HOLD?

- •We must pose the question—can the health system shed the dark legacies of its' racial, ethical, health policy, and medical-social past? •Can we analyze, reform, and implement fundamental changes in our medical-social culture?
- •Can we affect change in public attitudes toward health and health care? •Can the American people and a committed cadre of health professionals re-gain control of the medical industrial complex?
- •The term "Health Reform" has been abused so often and for so long—we must <u>Re-Invent</u> our health system. Are the ACA, the HHS Action Plan to Reduce (not eliminate) Health Disparities, and Healthy People 2020 a good enough start?
- Health Professions' Accountability must be re-defined in ethical, public health, social contract, political, health policy, and financial terms

SOURCES: Byrd WM, Clayton LA. *An American Health Dilemma*. Two Volumes, New York: Routledge, 2000, 2002; Byrd WM, Betancourt J, Clayton LA, Stone V. "Racial and Ethnic Health and Health Care Disparities: Historical and Contemporary Issues," HPM 524, 2002-2007, HSPH, Boston, MA.

Wisdom from a 12 y/o South African boy... denied treatment and schooling ... an AIDS victim...now deceased

> Do all you can, With what you have, In the time you have, In the place you are

> > Nkhosi Johnson *Paula Zahn Now,* World AIDS Day, CNN, Boston, 2004

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THE END

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Audience Q&A

Please remember to complete evaluations & photo release. Completed forms can be left on the table outside the Ether Dome or handed to a DSC staff member.

THE DISPARITIES SOLUTIONS CENTER

Additional Questions?

Dr. W. Michael Byrd at wmichaelbyrd@rcn.com

Dr. Linda A. Clayton at lclayton@rcn.com



THE DISPARITIES SOLUTIONS CENTER

Thank you for attending!

Please leave completed evaluations & photo release forms on the table outside the Ether Dome or hand to DSC staff on your way out.



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