

Unequal Access to Health & Wellness

How Learning about Health Disparities Empowered Students from Project Hope

At Project Hope in Roxbury, MA, participants in the health and wellness class, taught by Char Caver, have been studying health disparities. Cynthia Peters interviewed five of the participants, Edna Ruth Ross, Tammy Gusler, Loyda Navarro, Crena Joseph, and Silvia Regalis.

What does the term “health disparities” mean?

Loyda: It means that health resources and services are not fairly distributed. Some people have access to better care and to lifestyles that allow them to be healthier. Other people don't.

Are there certain groups that tend to have less access?

Silvia: Yes. Latinos, African Americans, the poor, gays and lesbians, various minorities. Almost all of us in this class are living with health disparities.

How do you experience health disparities?

Tammy: My neighborhood has no trees, no parks. That's a health disparity. It's not safe for the kids to play outside. When I walked out of my apartment recently, I saw blood in the stairwell.

Crena: In my neighborhood, there are a lot of car repair shops. We're breathing the fumes from all the cars. There's no place to buy fresh vegetables. There are only convenience stores, which sell a lot of junk food. This is a poor neighborhood, but we pay double at the corner store for food that isn't even good for us.

Edna: Once, I was at a health fair where they tested my blood sugar. They told me it was okay but a little high. I went to see my doctor, who told me my blood sugar was elevated. He said I

might have diabetes, but he didn't make any suggestions about how I should change my diet or get exercise. He said we should just monitor it. I had

a few appointments like that. Then one day they called and told me I was diabetic. They told me to pick up a prescription at the drug store and to make an appointment with the diabetic clinic. I got the medicine and started taking it, and I called for the appointment. The earliest appointment was a month away. Meanwhile, I was suffering from the side effects of the medicine. But I still hadn't seen a doctor to consult with about this new medication.

Tammy: I have depression and anxiety. Sometimes I have suicidal thoughts. I call the doctor, but they don't call back.

Loyda: Doctors are not good at dealing with depression. I used to be energetic, but then I started isolating myself. I lost my job. I went to the doctor. He said, "There's nothing wrong with you. It's all in your head."

Crena: When you tell the doctor what neighborhood you're from, it's almost like you can tell how they're going to treat you. If you're from a poor neighborhood, they make assumptions about you.

Silvia: Doctors don't talk to me seriously. They don't inform me about my health.

How has learning about health disparities affected you?

Crena: When I learned about health disparities, it unlocked the knowledge inside me. I've been living health disparities, but now my eyes are open. Now I look at my own community and I see what is going on. Now I have a mission. I feel like a new person. I have to let my voice out to help my community. We are all suffering.

Edna: Before I learned about health disparities, I didn't know how to advocate. I wouldn't speak

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Clockwise from upper left: Edna Ruth Ross, Tammy Gusler, Loyda Navarro, Crena Joseph, and Silvia Regalis.

up or ask questions. The doctor would tell me something, and I would accept it. Now I ask questions. When they told me I had to wait a month to get an appointment at the diabetic clinic, I called and insisted that they see me sooner. If I hadn't learned that I had the right to demand better care, I wouldn't have done anything.

Loyda: It taught me that I am not alone. And it made me want to fight back. It's not just me who suffers from health disparities. This injustice hurts my whole family. It hurts my whole community. We take action because we're not the only ones.

Take it Further

1. Share your own stories. Do you believe health disparities play a role in your experiences?
2. What does Loyda mean when she says that even if you had "the same number of quality clinics in every neighborhood, you would still have health disparities?"
3. Get the facts! See <www.familiesusa.org/issues/minority-health/facts>.
4. Compare the following two questions. How might the different ways of framing the question affect our

What can you do about health disparities?

Tammy: You can spread the word. I started with my own family. I told them what I had learned.

Silvia: You can be a strong advocate. My son has learning disabilities. I spent years knocking on doors trying to get help for him. Now, at 9, he's finally been diagnosed and he is receiving the proper care. If I hadn't advocated for him, no one would have. If I don't take action, no one will.

Edna: You can fight for changes in your community. Go to City Hall and the State House, talk to city

councilors and state legislators. Tell them, "You need to clean my neighborhood. Get rid of the liquor stores and the McDonalds. Plant some trees."

Loyda: If you want to get rid of health disparities, you can't talk about one thing. Even if you had the same number of quality clinics in every neighborhood, you would still have health disparities because of all the reasons we've talked about. Some neighborhoods are more polluted. Some people have to deal with the stress of poverty and violence. Some people can't let their kids play outside. Some people don't have health insurance.

Silvia: Education is key. The more you know, the more you can advocate.

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understanding? List some actions we might take in response to A. Do the same for B. Are your lists different? If so, how?

- A. How can we promote healthy behavior?
- B. How can we change the conditions of how we live and work so that they promote health?

5. Find out how your literacy program can respond. Read "How the Environment Affects our Health" (pp. 12-13) by Winston Lawrence. Watch the video "Unnatural Causes" and download the toolkit from <www.unnaturalcauses.org>.