

Presentation and Discussion Regarding Appalachian Regional Health Disparities

Deborah Geary, MS and Bruce Behringer, MPH
East Tennessee State University, Department of Health Sciences

RURAL APPALACHIAN CANCER DEMONSTRATION PROGRAM

ABSTRACT

ETSU has participated in a number of programs and contributed to studies to identify and document health disparities in the Appalachian region. This meeting was conducted to report on published findings and to discuss communication issues in informing the public about regional disparities and in promoting action to address them. This report summarizes written comments contributed by over thirty regional leaders in discussion with two national speakers engaged to present data and ideas:

Joel Halverson, PhD, West Virginia University, Department of Family Medicine
Kami Silk, PhD, Michigan State University, Department of Communication

This material is a copy of a program report to the Centers for Disease Control and Prevention intended for the purposes of dissemination of results. This report has not been peer reviewed for the purposes of publication. This Program was supported in whole by grant # H57-CCH420134.

PREVIOUS KNOWLEDGE

Were you aware of the types of illnesses/diseases for which Appalachia might be considered a disparity population? If yes, tell how you learned about these?

Participants learned about disparities from a variety of sources, primarily through their work settings, workshops, involvement in coalitions, and professional literature. Except for statistics related to national rankings (e.g. Tennessee ranking 49th in 50 states regarding good health), it appeared that most participants were not aware of details of disparities. Exposure to CDC or health department reports was related to greater knowledge of disparity details. Those with direct regional work experience reported equal surprise with some findings.

REACTIONS TO DISPARITIES

Did any findings surprise you?

Participants identified specific mortality rate findings (e.g., heart disease rates higher than cancer, pervasiveness of lung cancer, breast cancer in some Virginia counties, motor vehicle accident rates). Many were surprised about higher disparities among the black population. Several participants noted variability of rates across the region (Central Appalachia compared with other parts of region) and some unique juxtapositions and inconsistencies (disparity changes at the “North Carolina line” and high outliers counties). The findings that compared death rates with socioeconomic indicators was noted frequently. Others mentioned disappointment with lack of complete data for Blacks, and absence of mental health and substance abuse data.

If you had to choose three disparity areas that ETSU and our partners should continue to explore, which would you choose?

- Cancers (breast, lung), heart disease, diabetes, stroke
- Relationship of health behaviors (smoking, obesity) to mortality
- Premature deaths
- Changes in disparity patterns over time
- Recognizing differences by race for different diseases
- “Double disparity” for African Americans in Appalachia
- Relationship of education and economics/poverty to disparities

COMMUNICATING ABOUT DISPARITIES

What do you think are the biggest challenges to communicating cancer risk in this region?

The real challenge is summarized in two participant’s responses: “What do people really hear?”, and “I wish I knew why they don’t listen!” Poverty, education levels, and health care access (both availability of services and financial access) are seen as barriers. Participants noted the importance of personal communication to “reach people where they are at” and suggested using workplaces, churches, and social groups. Others cited the

importance of engaging whole communities and promoting involvement in disparities campaigns. There is still confusion about causes of some diseases (environmental risk factors and feelings that “everything causes cancer”).

A major communication challenge is our collective lack of understanding of why health and poor health outcomes are not a more immediate concern for individuals. Many do not know about disease or see themselves not susceptible to disease, leading to a lack of “motivation” to favorably weigh changing unhealthy behaviors and seeking health care during the daily “competition with more immediate issues.” These attitudes lead to high acceptance of tobacco, pollutants, and unhealthy lifestyles, health behaviors that are very difficult to change.

There is a need for more thoughtful, polished and professional public education about disparity issues to help people see the importance and worth of “spending time and resources” on themselves to be healthier. A “clear vision” is required to identify what needs to be communicated, to develop the “right message to really get to the audience you want,” and to create a safe, trusting environment to assist in receiving and exchanging health information. Joint efforts should be formed between health professionals and “communicators” to achieve this.

Exemplary “take home” messages to be shared about disparities

- There are definite health care disparities in Appalachia and communicating this risk needs to be tailored to specific communities.
- The region faces a bigger economic challenge from poor health than any other short-coming, including education.
- To make a difference, we all need to work together on education and prevention.
- We have two choices: Move out of the area or begin to move our bodies (exercise, lose weight). Be proactive and responsible for your health or be part of a disparity statistic.
- Both Appalachian regional and racial disparities exist here. Health disparities between blacks and whites need to be further prioritized and addressed.
- Research about the best ways to communicate health messages to different groups is valuable. We can not just abandon information to people and expect them to respond appreciatively. Sharing information is not enough!
- We must cooperate to address these issues. Inactivity is not an ethical option.
- Things are bad and could be worse. There are lots of possibilities for translational activities.
- People will go to great lengths not to lose something they have but are reluctant to work to gain something new. Present information about disparities that will motivate the region not to lose the image of what’s right about Appalachia.

For more information contact Rural Appalachian Cancer Demonstration Program
behringe@mail.etsu.edu or geary@mail.etsu.edu