

# Health Disparities & Health Literacy

For future health care providers



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I'm your Student Success & Engagement Librarian at the Health Sciences Library. My primary role is to help you meet your goals!

Ask me any questions.  
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I have over 15 years of experience working in academic and health sciences libraries. I moved here almost 2 years ago for this position and previous to that was in NYC for 16 years where I worked at NYU Medical and NYU Coles Science Center and Sarah Lawrence. I am a first generation student and was the first woman in my family to get a master's degree, that part of my identity is what fuels my work. You can reach out to me outside of this class with questions - anytime, for this class or for other work. I am here to help you meet your goals.

# I am on the land of the Pueblo, Navajo/Diné, and Apache Peoples

There are 19 Pueblos of New Mexico and several Apache Nations. Each Pueblo and Tribal Nation have their own unique cultures.

## Resources:

- Indian Pueblo Cultural Center <https://indianpueblo.org/>
- A Guide to Land Acknowledgement <https://nativegov.org/a-guide-to-indigenous-land-acknowledgment/>
- LandGrabU <https://www.landgrabu.org/>
- Honor Native Land Tax <https://www.honornativelandtax.org/>



Understanding that we are on Pueblo, Navajo/Dine, and Apache land (and UNM is specifically on the land of the Pueblo of Sandia) and that many universities and educational institutions were founded on stolen land and by exploiting and pillaging while discriminating against and centering a white concept of academia and medicine is an important part of understanding our work, our impact, and the problems within our systems - such as health disparities, health literacy, and westernized concepts of health sciences scholarship.

## UNM Land Acknowledgement

Founded in 1889, the University of New Mexico sits on the traditional homelands of the Pueblo of Sandia. The original peoples of New Mexico - Pueblo, Navajo, and Apache - since time immemorial, have deep connections to the land and have made significant contributions to the broader community statewide. We honor the land itself and those who remain stewards of this land throughout the generations and also acknowledge our committed relationship to Indigenous peoples.

We gratefully recognize our history.

Art by Jennifer Ober

# 01

## Question about these topics I have is...

Put your question in the chat  
box



This can be a question for a librarian, a question about health literacy, a question about health disparities, etc!

# Objectives



## Health Disparities

What health disparities are and how they are a part of a system of discrimination, colonization, and white supremacy



## Health Literacy

What health literacy is and how understanding it can help you be better providers



## Our Role

Our personal role and the health sciences profession's role in restructuring the system



The issues of not showing the entire picture, due to implicit or explicit biases or outright discrimination are especially problematic in the health sciences literature. AFTER WATCHING: So, you've seen here what health disparities are and how the way in which health disparities are discussed are themselves a part of a racist/discriminatory practice, but they also create implicit bias within the profession which becomes a perpetual cycle. This isn't just in education, this is in the published literature within the field. That is why you as future practitioners will also need to work to break this cycle and keep these issues in mind when receiving your education, reviewing health literature/articles, and creating your own work. Addressing these issues is related to power, so if you have the power to write you need to know you have the power to address these issues and be intentional in what research you cite and how you structure your research methodology yourself. Accountability needs to be a part of this work and changing the systems is part of that accountability. At 10:32 in the video she also discusses how 96% of medical school slides from 1994-2005 presented race as biologic. This is still very much an issue in our current climate. We are utilizing evidence based practice that we find in databases that we trust, databases like PubMed and others, but we are not questioning what systems of oppression those databases, the way we write, the research methodologies we use, the perspectives that are central to academia and health sciences, and the way we organize our research create.

# “Harvard’s prestige played a large part in the longevity of such nonsense as scientific truth”

Painter, N. I. (2010). *The history of white people*. W.W. Norton.  
Discussing the publication of a book about “race” that was seen as scientific based completely on the idea of “prestige”

This quote is about a book written in 1908 about “race” that uses methods of accepted scholarship to push racist ideas, including the need for the extermination of “races.” The connection of men like this to “prestigious” institutions is a large grounding of the proliferation of white supremacy in academia, science, and the health sciences. These spaces were built by white cis middle to upper class men for white cis middle to upper class men. The grounding of these practices is not some historical issue that doesn’t still impact our society, it is still built into our practices. For instance - research methodologies in the health sciences are very heavily based on western ideas of what is “acceptable” and this has been used to silence Indigenous communities and argue that all BIPOC communities writing about these issues are “biased.” The irony here is of course obvious.

## Health Equity Considerations and Racial and Ethnic Minority Groups

Updated Apr. 19, 2021 Languages Print



### On This Page

[Factors that contribute to increased risk](#)

[Data on COVID-19 and Race and Ethnicity](#)

[References](#)

## We're Still Seeing This!

“The COVID-19 pandemic has brought social and racial injustice and inequity to the forefront of public health. It has highlighted that health equity is still not a reality as COVID-19 has unequally affected many racial and ethnic minority groups, putting them more at risk of getting sick and dying from COVID-19.”

As we've seen with the COVID-19 pandemic the issues of structural inequities and inequalities in health care are still ongoing! When we don't confront our past and work to make change nothing can improve. The emphasis on the idea of “biological” differences in medical care have caused harm that still impacts our communities. Why do people think COVID-19 disproportionately impacted BIPOC communities? Cover: access to running water, exploitation of resources leading to issues with accessing resources within communities, cities being designed to segregate and give funds and resources to “richer” areas, etc.

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**3,000,000+**

Asthma

**2,000,000+**

Asthma AND (white OR caucasian)

**145,000**

Asthma AND "African American"

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Going back to the example in the video - Black children are 3x more likely to have asthma than white children. However, when we do a search in Google Scholar for asthma what are the results we get? Asthma = over 3 million, asthma AND (white OR caucasian) = over 2 million, asthma AND "african american" = 145,000. The research doesn't match the need. The literature doesn't match the truth.



*"Like the Germantown petitioners in the 1600s, and John Woolman in the 1700s, Tiedemann showed that racists were never simply products of their time. Although most scholars made the easy, popular, professionally rewarding choice of racism, some did not. Some made the hard, unpopular choice of antiracism."*

— **Kendi, I. X. (2016). *Stamped from the beginning: The definitive history of racist ideas in America*. Nation Books.**

If we are not open to learning from our history we will continue to repeat it. As we have seen with COVID-19, as we have seen with this example of asthma. To say that racist and discriminatory practices are a "product of a time" and to pretend that we are not currently living through these issues is simply not true. There have always been those who have fought against injustice, and as James Baldwin said, we are living history.

## How does this connect to health literacy?



So, what does all of this mean in relation to health literacy? What is health literacy and how does it help us to improve the inequities within health care?

# What health literacy is



## Organizational

The degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

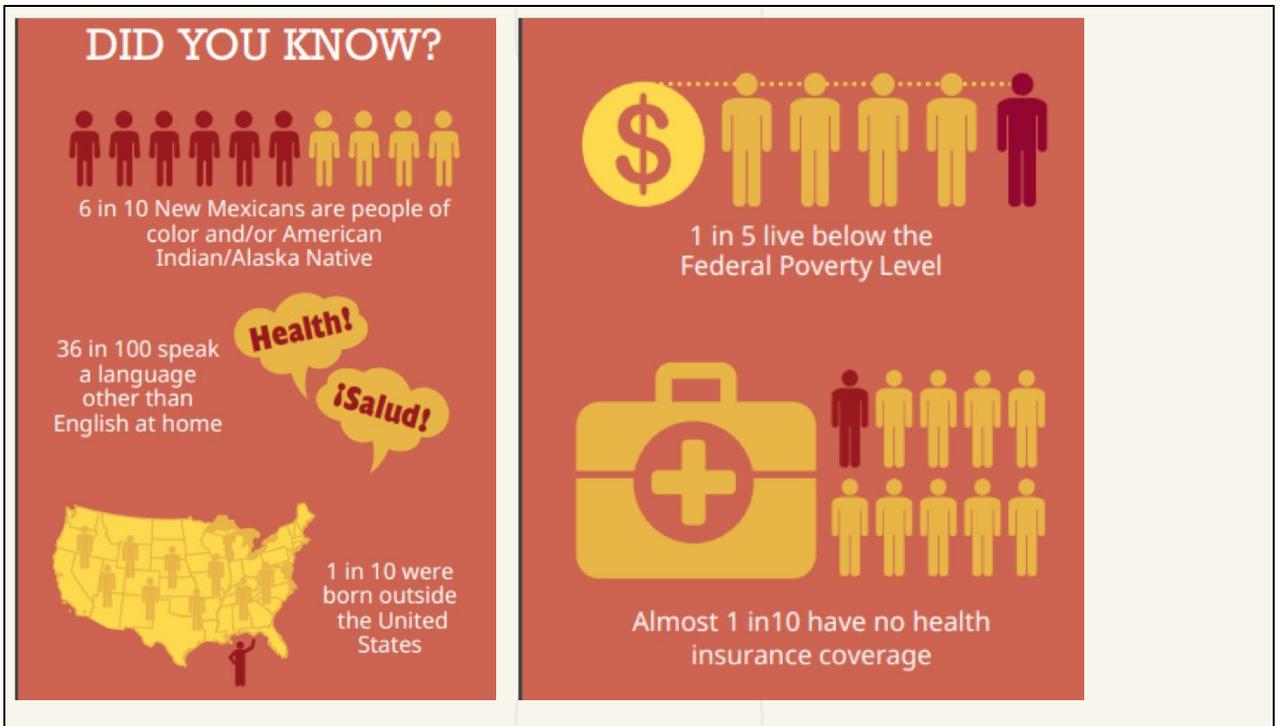


## Personal

The degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

<https://health.gov/our-work/healthy-people/healthy-people-2030/health-literacy-healthy-people-2030>

This is the definition from the U.S. Department of Health and Human Services. We can see here that 1 layer of health literacy is personal, which is what most of us might identify with. That is the ability to understand and use information to make health related decisions. However, a very large component that is often overlooked is organizational. The organizations and the people who work for them have a responsibility to make sure their patients understand health care information and do so in an equitable way!



Here is where the part about “equitably enable” individuals to find understand and use health care information becomes really important. Our current system mostly enables a small select group—12 % of us to do this.

[https://ibis.health.state.nm.us/indicator/complete\\_profile/LiteracyAdult.html](https://ibis.health.state.nm.us/indicator/complete_profile/LiteracyAdult.html) – about New Mexico stats for literacy

Each literacy level is associated with a specific set of skills that are generally accepted as necessary for full participation in society.

References

<https://newmexicoliteracy.org/about-us/literacy-facts/>

<https://www.usnews.com/news/best-states/new-mexico>

Images:

Health Equity in New Mexico, 11th edition. NMDOH Office of Health Equity (2016). Accessed on 11/7/2017 from

<https://nmhealth.org/publication/view/report/2045/>

# Plain Language



So, what that means is when you are a provider you will need to work on utilizing plain language. This is actually a law - the federal government actually made plain language into a law = The Plain Writing Act of 2010. It guides federal agencies and anyone that gets federal dollars to apply this concept to their communication. Usually utilizing resources that are written at about a 5th grade reading level will be important for this work. But, as you work on getting into the health sciences some of these resources will also be very useful for you! These resources can help you better understand conditions, discrepancies, remove bias, and find ways to work with patients and research for conditions you might know little about and do so in a more just way.

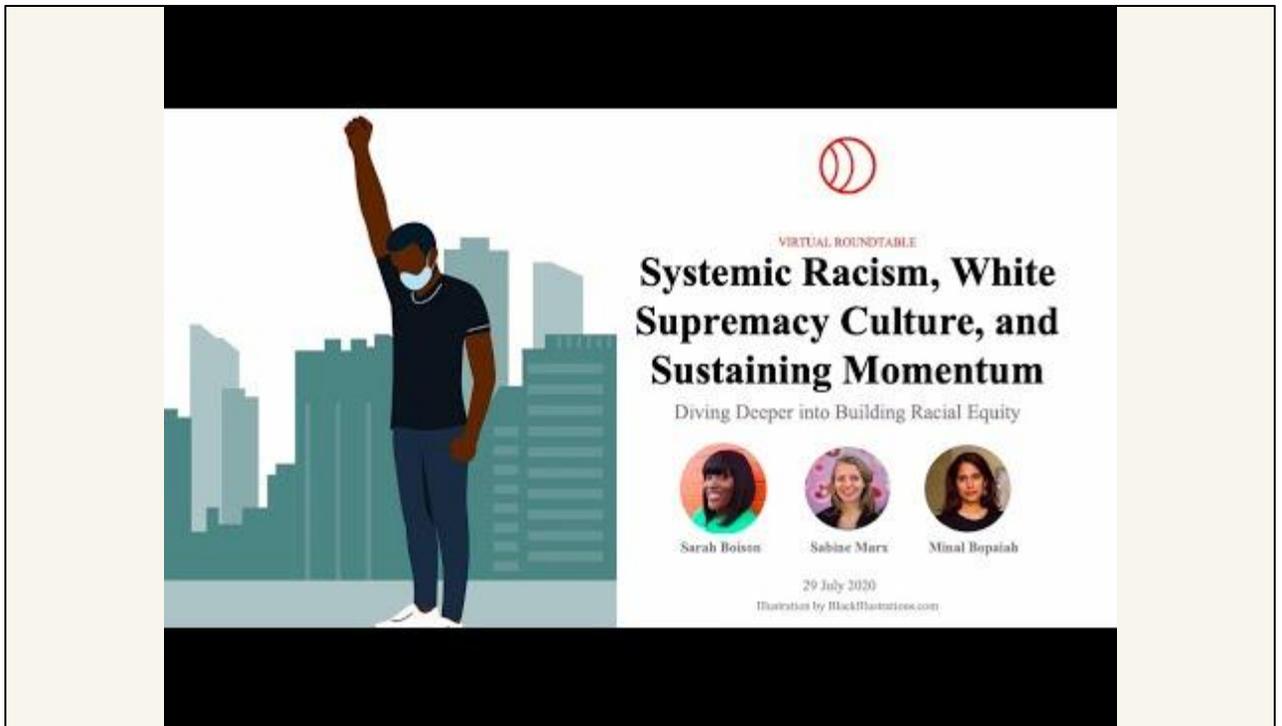


# MedlinePlus

Like Wikipedia for the health sciences!



**So, what is  
our role?**



First, we must understand what this culture looks like and how benefit or are disadvantaged by it. How our patients are impacted by it. How we can change the narrative. AFTER VIDEO: Review white supremacy culture characteristics vs other culture characteristics and how we see the very issues we've been talking about today in this list!

**Intent**

**Impact**



You might be thinking - that discrimination, that leaving out of an important perspective, that wasn't intentional. We didn't mean to leave out those perspectives, our intent was good. However, a big part of your growth with this work will be the work you do to begin to shift thinking from our intent to our impact. Good intentions can still lead to damaging practices. As we discussed earlier, there is a perpetual cycle that has been established where context for data isn't necessary in many cases. No matter what the intent has been, the impact is that BIPOC persons have been discriminated against, their health issues have been misunderstood, and their concerns have been ignored. Again, think about the power that you hold as a future practitioner, researcher, author - if you are really committed to dismantling white supremacy that power comes with a responsibility to shift your thinking away from "good intentions."

“Arguably, if education is based in evidence-based research, and knowledge is a means of liberation in society, then the types of knowledge that widely circulate provide a crucial site of investigation. How oppressed people are represented, or misrepresented, is an important element of engaging in efforts to bring about social, political, and economic justice.”

—Noble, S. U. (2018). *Algorithms of oppression: How search engines reinforce racism* (pp. xv, 229 pages). New York University Press.



## How do we change it?

A start is to learn more about Critical Race Theory and Intersectionality to combat these dominant narratives

[pcnicagad.wordpress.com/2017/07/11/intersectionality-in-gender-development/](http://pcnicagad.wordpress.com/2017/07/11/intersectionality-in-gender-development/)

Kimberlé Crenshaw coined the term intersectionality, initially starting the discourse in legal context, but it has since been recognized as vital for understanding “the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.”

<https://languages.oup.com/google-dictionary-en/> If we are not thinking about intersecting identities and intersectionality when we begin to do our research or reviewing articles then we are furthering the system of oppression. This is going to further a false narrative or objectivity and neutrality to your work, but really it is showing that the work is being focused on dominant narratives that have been upheld with scholarship and the health sciences since the very beginning of their founding. We also need to be thinking about critical race theory, which if you aren't familiar with I strongly suggest reaching out for resources if you need them. To teach and re-evaluate the dominant narrative we need to think about CRT and the 5 key themes:

1. The centrality of race and racism
2. Interdisciplinary perspective
3. The challenge to the dominant ideology
4. The centrality of experiential knowledge
5. The commitment to social justice

# Reflect & Engage



we need to understand our implicit biases and our selves in order to do the work of dismantling systems of oppression and exclusions and these exist in our research practices. Everything people do is colored by their outlook, if you don't work to understand what your deep rooted understanding of the world is and where you might need to re-learn then you won't be as successful of a researcher. Reflecting is the first step. You need to be committed to doing the work to change these behaviors. Find partners who can help hold you accountable on your journey - be transparent about what you are working towards, what your goals are, and have a person or persons help you do what you say you are committed to doing. But do this work in a culturally competent/with cultural humility (cultural humility is more appropriate because it incorporates intersectionality and intersecting identities into the process more)- don't expect people who identify with marginalized groups that you might be working to better incorporate into your thought processes to be your accountability buddy or to do the work for you. Part of research is finding where materials exist to help educate yourself on important issues.



To eradicate inequity in American health care, it is no longer sufficient to look at discrimination only in health care. We must look at how racism, bias, and discrimination infect all of the social determinants of health, both historically and contemporarily.

-Matthew, D. B. (2015). *Just medicine : a cure for racial inequality in american health care*. New York University Press.

# Thank You!



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Remember - we are here to help, not to judge! You are the future of this profession, your voices are important, and we want to help you get your work into the world!

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