

Take charge of your health today. Be informed. Be involved.

Bridging Health Equity Across Communities

This month, the "Take Charge of Your Health Today" page focuses on bridging health equity across communities. Heather A. Anderson, MPH, community outreach coordinator, CTSI Community PARTners Core, and program educator, Community Benefits Initiative, Children's Hospital of Pittsburgh of UPMC, and Esther L. Bush,



president and CEO of the Urban League of Greater Pittsburgh, sat down to have an enlightening conversation about the featured topic.

HA: Good afternoon, Ms. Bush. It's nice to talk again. Because April is National Minority Health Month, we've decided to discuss health equity and bridging gaps across communities.

EB: I'm happy to see you again, Heather, especially because we get to chat about

such a meaningful topic. As these pages have shown over the last five years, the status of minority health is heavily shaped by health inequity in our communities. It is key for us to talk about the gaps that cause these inequities. Also important is how we can "bridge" these gaps so that minority communities can have a health status equal to that of nonminority communities. We talk about this topic a lot among health and social service professionals. But it's not something that we talk about at the community level. The health conversations that we have at a community level are focused on practicing healthy behaviors and staying informed. But I want to take it a step further than that. Where does health equity fit in?

HA: Great question. I think the foundation is understanding exactly what health equity means and how it affects a person's life. Health equity is the study of differences in both the health and health care of groups with different races, ethnicities, income levels and sexual identities. They're caused by social factors that can be prevented. You'll often hear the term "social determinants of health" to describe the social factors that determine health outcomes.

EB: "Social determinants of health" means



ESTHER BUSH

that a person's health can be determined by factors like where they live, work and play. The availability of health care and a person's education level are other factors. What I want community members to understand is that they can do something about health inequity. We should all be informed about the ways that health policy affects our health. These policies can cause the inequity that we see in certain communities. Before you vote for politicians, find out their viewpoints on health care. If you hear about

a bill or law that will affect you or your community's access to health care, call your local, state or even national politicians.

HA: Yes. While health care policy changes are happening at a national level with the new president, there's also a lot happening around us here in Pittsburgh. Our local health department, various churches, professional associations and political organizations, are working on this topic. They're identifying gaps and providing solutions, while local researchers are gathering data to support these efforts. One such person is Mijung Park, PhD, MSN, MPH, University of Pittsburgh School of Nursing. Her areas of focus include creating new health services models and working with diverse family caregivers.

EB: Thank you for sharing these details and for this conversation, Heather. While it's unfortunate that there are such disparities among groups, it's good to know that there are efforts being made at city, state and national levels to address them. And, as members of Pittsburgh's community, it's vital for those of us who can speak up about these issues continue to do so.

For more information or with questions, e-mail partners@hs.pitt.edu.

Pitt's Center for Health Equity: Making a difference in communities of color

Coordinating health services in African American barber-shops. Documenting the daily life of Latino immigrants. Exploring strategies to reduce gun violence. Building academic-community partnerships. These are some of the initiatives of the Center for Health Equity (CHE) at the University of Pittsburgh's Graduate School of Public Health. CHE has a goal to reduce the major causes of excess mortality among underserved populations in Southwestern Pennsylvania. CHE does this by using a community-engaged approach to address health disparities. CHE works in various communities throughout the year but with a special emphasis on programs in April during National Minority Health Month.

The health challenges facing African American men are well-documented. They are at increased risk for heart disease, prostate cancer, kidney failure and gun violence. It is important to help the community learn more about these health conditions. CHE partners with local barbershops, students in Pitt's Schools of the Health Sciences and



Take a Health Professional to the People Day (Courtesy Photo/Pitt Grad School of Public Health)

health care providers. These partners go to the community and offer blood pres-

sure screenings and health education for barbershop clients. This event is held

every year and is called "Take a Health Professional to the People Day" (TADay). TADay is a health promotion effort that is open to anyone interested in volunteering time in a barbershop. CHE also partners with the four main trauma centers in our local hospitals to offer services to help improve the lives of gun-shot victims.

Another community embraced by CHE is the Latino population. This community has grown significantly in Allegheny County between the last two censuses. To raise awareness of their presence, 12 Latino immigrants from different countries will answer the question, "What does it mean to be a Latino immigrant in Pittsburgh?" by taking photos of daily life, work, family life and cultural practices. CHE and other departments at Pitt will showcase the photos at the Carnegie Library of Pittsburgh-Beechview and at the Graduate School of Public Health. The events are free and open to the public.

For more information on all CHE initiatives, visit our website at www.healthequity.pitt.edu.

Where you live may make you old:

The link between neighborhood quality and Biological Aging

by Mijung Park, PhD, MSN, MPH

The speed of chronological age is the same for everyone. Every 365 days, we become one year older. It does not matter who we are. Biologically, however, we age at different speeds. In other words, some people age faster than others on a cellular level. So then the question is, what ages us, and who ages faster than others? These are interesting scientific questions.

How do we measure our biological age? One of the biological markers of cellular aging is the length of a telomere. Telomeres are the caps at the end of each strand of DNA. They protect genetic information, like the plastic tips at the

ends of shoelaces. Telomeres get shorter each time a cell copies itself. Because cells constantly divide, telomeres get shorter at a steady rate. However, there are certain things—like stress, illness, smoking or obesity—that are known to speed up the aging process.

Our study looked at whether living in lower-resource neighborhoods is related to faster cellular aging. By distressed neighborhoods, we mean those with high crime rates, vandalism and noise. We thought that living in lower-resource neighborhoods would increase the level of stress and, in turn, quicken telomere shortening. We found that, when comparing two individuals of the same age, sex and other characteristics, those who

live in lower-resource neighborhoods are biologically older than those who do not. The differences in telomere length between the two groups were comparable to 12 years in chronological age.

Our paper is one of the very early studies examining social conditions in the context of biological aging. Therefore, I would like to caution people about applying our findings directly to social change. However, the gaps in living conditions between the people living in lower-resource neighborhoods and people who do not have been growing over the past decades.

We need to look for ways to improve the living conditions of the people in our disadvantaged communities.



Mijung Park, PhD, MSN, MPH

NATIONAL MINORITY HEALTH MONTH 2017

STABLE COMMUNITIES ARE HEALTHIER COMMUNITIES. BECAUSE HOUSING MATTERS.



#NMHMI7

Get involved

Working toward a more equitable, healthier society is going to take all of us working together. As citizens, it is our responsibility to stand up for the health interests of our families, our communities and ourselves. A number of local organizations are providing information on how to get involved in improving our health care system. Some of these organizations are even working to organize communities to take direct action and use their power as voters to help change laws. If you want to get involved, contact one of these local organizations to get a better understanding of how you can join the movement:

Allies for Children: 412-586-0880

American Civil Liberties Union (ACLU): 412-681-7736

Consumer Health Coalition: 412-456-1877

Pittsburgh United: 412-231-8648

Put People First! PA: 412-482-0041