

Health disparities prove to be multidimensional

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Dr. Chanita Hughes-Halbert, an expert in health disparities, is glad that more attention is being paid to the issue now because of COVID-19. Credit: MUSC HCC

Hollings Cancer Center researcher Chanita Hughes-Halbert, Ph.D., said

this is illustrated in two recent health disparity studies, both reported online in April in the medical journal *Ethnicity and Disease*. These two studies are a part of work being done by the Transdisciplinary Collaborative Center in Precision Medicine and Minority Men's Health at the Medical University of South Carolina.

The two studies conclude that it is important to have effective strategies for chronic disease prevention and management for male minority prostate cancer patients as well as male veterans who have experienced various health issues.

The studies were initially funded in August 2016 through an \$8 million, 5-year grant from the National Institute of Minority Health and Health Disparities (NIMHD). The grant helped to establish the Transdisciplinary Collaborative Center in Precision Medicine and Minority Men's Health at MUSC that is led by Hughes-Halbert.

The focus of the studies is on the health of minority men and also precision medicine—in which doctors select treatments that are most likely to help patients based on a genetic understanding of their diseases. This is an area of expertise for Hughes-Halbert, who is part of the Hollings Cancer Control Program at MUSC.

COVID-19 has brought health disparities into the spotlight, which is shedding more light on the topic, a trend she is glad to see, she said. Data from the Centers for Disease and Control and Prevention (CDC) shows that [COVID-19 disproportionately affects African American communities](#). Though research is currently underway on this issue, a recent study showed that [counties across the nation that are predominantly black](#) account for over half of coronavirus cases in the U.S. and nearly 60% of deaths.

"COVID-19 is showing all of the ways in which racial and ethnic

minorities and individuals from other medically underserved groups are disadvantaged," Hughes-Halbert said. "In addition to having health-related risk factors for COVID-19, [racial minorities](#) are likely to be particularly vulnerable to the adverse economic impact of COVID-19."

Researchers believe the COVID-19 health disparities stem from underlying [health conditions](#) that affect more African Americans, such as high blood pressure and diabetes. Her studies also suggest the importance of looking into underlying [chronic conditions](#) in minority populations.

Hughes-Halbert's studies showed that better chronic disease management is needed among prostate cancer survivors, and training programs are needed to help veterans recover from health issues based on social determinants, such as marital and economic status.

She said health disparities can stem from multiple factors, including poverty; exposure to environmental hazards, such as heavy pollution; inadequate access to [health care](#); individual and behavioral factors; and educational inequalities.

"The key points from these two studies are that it's essentially important that there be effective strategies for chronic disease management, and it can't be neglected," Hughes-Halbert said.

Patients with Chronic Diseases

In the [prostate cancer study](#) reported online in *Ethnicity & Disease*, Hughes-Halbert examined the rates of comorbidity, which refers to the presence of two chronic diseases or conditions in a patient. The research investigated how the health of prostate cancer patients was managed. These patients were each treated with a radical prostatectomy, the surgical removal of all or part of the prostate gland.

The researchers examined the association between patients who had two chronic diseases (comorbidity status) and their race; clinical factors, such as high blood pressure; and health behaviors, such as patients who exercised regularly and ate a balanced diet, for cancer control. Nearly half of the men in the study who were either short-term or long-term prostate cancer survivors had at least one other chronic disease that was not effectively managed.

The study showed that 51% of participants had an underlying health issue, with [high blood pressure](#) being the most common.

Diseases such as hypertension, heart disease and diabetes tend to be more prevalent among African Americans. Interestingly, the findings from this particular study suggested that a prostate cancer survivor's race did not contribute to their health issues. Rather, it may be more related to geographic disparities.

South Carolina is a rural state where some patients do not have access to health care near their homes. All 46 counties in the state have rural populations.

Based on the study's results, Hughes-Halbert plans to extend her research to look at the nature of distribution of chronic diseases based on certain groups of people who have restricted access to social resources, also known as social deprivation. Her team also will focus on developing clinical strategies to improve the chronic disease management of cancer survivors. Strategies will not only be explored at a health care system level but also an individual level to promote more effective disease management through diet and physical activity.

Along with Hughes-Halbert, research group members include Melanie Jefferson, Ph.D., Richard R. Drake, Ph.D., Michael Lilly, M.D., and Sarah Tucker Price, M.D., Ph.D.

Patient Recovery Research

Hughes-Halbert's [study involving veterans](#) examined the relationships between resiliency, sociodemographic factors and allostatic load among male veterans. Resiliency is whether a patient is able to recover quickly from experiencing health difficulties. Allostatic load is the stress and strain on the body.

Results of the study concluded that 60% of participants reported they were able to adapt, and 40% reported they were able to recuperate after their health difficulties.

Patients with a higher income and lower prostate-specific antigen (PSA) level, a protein produced by normal and malignant cells of the prostate gland, were significantly correlated with greater odds of adjusting to their health difficulties and recovering.

Interestingly, veterans who were minorities (nonwhite males) in the study were more likely than nonminority men to report that they were able to recover from their health issues, showing that [minority men](#) were not at a disadvantage. Married men were also significantly more likely than unmarried men to report that they were able to "bounce back" from their health issues. These results prove that health disparities do not always equate to race or ethnicity. Disparities can affect various groups of people.

"The data allowed us to question if the results were because we live in a state that has health care professional shortage areas and other issues that make accessing quality health care for chronic [disease](#) management and prevention more difficult, regardless of racial or ethnic background," Hughes-Halbert said.

Hughes-Halbert plans to do a follow-up study to understand and explore

helpful ways that allow patients to recover from their health issues.

While most men reported during the study that they were able to adapt when changes in health occurred, researchers believe additional support may be helpful to enhance a patient's ability to recover from injury, illness or hardship. It may be important to target these programs to veterans, based on their social conditions of health such as education, income and racial/ethnic background.

This study's research team includes Jefferson, Linda Ambrose, R.N., Susan Caulder, R.N., and Stephen J. Savage, M.D.

"If a person is diagnosed with a very significant illness, it is important to think about what his or her life will be like after surviving cancer," Hughes-Halbert said. "We have to take care of our bodies and our minds because those two things work together."

More information: Chanita Hughes Halbert et al, Resiliency and Allostatic Load among Veterans at Risk for Adverse Prostate Cancer Outcomes, *Ethnicity & Disease* (2020). [DOI: 10.18865/ed.30.S1.177](https://doi.org/10.18865/ed.30.S1.177)

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