



ELIMINATING HEALTH DISPARITIES

**ENSURING
EQUAL
ACCESS
FOR ALL**

▶▶▶▶▶ **SINCE
ESTABLISHING
THE FIRST
DEPARTMENT OF
PUBLIC HEALTH
EDUCATION IN THE U.S.
TO SERVE ALL PEOPLE
—IN A SOUTHERN STATE
DURING THE JIM
CROW ERA—UNC’S
PUBLIC HEALTH
SCHOOL CONTINUES
LEADING RESEARCH,
SERVICE AND TEACHING
TO ADDRESS HEALTH
DISPARITIES.**

A hallmark of that work has been an unrelenting focus on working with minority students, faculty members and communities in the study and development of programs that help equalize access to health care and information for underserved groups.

“You can’t address public health without addressing health disparities,” says Victor Schoenbach, PhD, associate professor of epidemiology and current director of the UNC Minority Health Project. “The School grew out of that awareness.”

In the 1940s, for example, when segregation laws barred black students from enrolling at UNC, School leaders, particularly health education professor and chair Dr. Lucy Morgan, developed a joint public health education program at what was then the North Carolina College for Negroes (now N.C. Central University). The School also established a health



Dr. Richard Andrews (left), professor of environmental sciences and engineering, was a panelist at a Minority Health Conference in the 1980s.

education program focused on the needs of American Indians.

In the 1950s, Dean Edward McGavran, frustrated that the epidemiology department was not as engaged as it might be, hired Dr. John Cassel, with Public Health Service funding, to lead a new chronic disease section in the department. Cassel, an émigré from South Africa and a strong anti-apartheid advocate, was soon joined by Drs. Sidney Kark and Guy Steuart.

Kark left after one year to work at the World Health Organization, but

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Cassel and Steuart were appointed as chairs of epidemiology and health education, respectively. Their leadership brought a fresh perspective and a new focus on the social causes of disease.

Michel Ibrahim, MD, future dean of the School, came to UNC to study

biostatistics in 1960, but quickly transferred to epidemiology because of his admiration for Cassel.

“Cassel advanced the theory that social and psychological factors affect people’s health,” Ibrahim says. “He was concerned with cultural values, societal values and stress and how they related to illness.”

The 1960s brought political upheaval to UNC. The School’s faculty and staff members and students participated in protests against injustice and inequality, and their research explored health disparities that clearly resulted from poverty and racism. More black students were being educated at the School, and many went on to become national public health leaders. In 1964, William A. Darity and Edward V. Ellis were the first minority students to earn doctoral degrees from the School.

When a group of students formed the Minority Student Caucus and took their concerns to Dean Fred Mayes in 1971, Mayes appointed William T. Small, MSPH, to increase minority student enrollment. Small’s influence spanned more than 25 years, during which the Caucus organized the first Minority

PROFILE

VIC SCHOENBACH

For nearly 35 years, Victor Schoenbach, PhD, associate professor of epidemiology at the Gillings School, has worked—often behind the scenes—to keep the issue of health disparities in the spotlight.

It was therefore no surprise that, when accepting the University's inaugural Martin Luther King Jr. Unsung Hero Award in January 2014, he deflected praise onto his students and colleagues in the Minority Student Caucus and the National Health Equity Research Webcasts.

"This award is shared by all of us, and I thank them for enabling me to play a part," he said.



Dr. Vic Schoenbach, in the 1970s (left) and today

Schoenbach has been at UNC since 1972, first as a master's student, then as doctoral student and postdoctoral fellow in psychosocial epidemiology. He joined the public health faculty in 1980.

Since 1991, he has advised the planning committee for the student-led annual Minority Health Conference, a project of the School's Minority Student Caucus. He also is devoted to preserving the history of the Caucus by collecting and curating materials with colleagues at the UNC Health Sciences Library.

A long-time champion of research and programming to address health disparities, Schoenbach leads the UNC Minority Health Project. The Project aims to expand awareness and strengthen relationships between groups whose members focus on eliminating disparities. Previously, Schoenbach led the UNC Lineberger Minority Cancer Control Research Program.

Despite his vast experience studying the complexities of society, economics and health policy, he sums up the problem rather simply.

"Poor health for anyone is a problem for everyone," he says.

—Elizabeth Witherspoon

Health Conference in 1977. The conference continues as an annual event. Now in its 36th year, it is the longest-running student-led health conference and has served as a model for such conferences at other public health schools. In 1999, then-dean William Roper, MD, MPH, named the event's keynote lecture to honor Small's contributions.

Through a strategic planning process in the 1990s and a grant from GlaxoSmithKline, School faculty members helped develop the UNC Program on Ethnicity, Culture and Health Outcomes (ECHO), an effort to foster research collaborations between academicians and communities, train scholars to address health disparities and develop resources. Anissa Vines, PhD, research assistant professor of epidemiology, co-directs ECHO's Carolina Community Network to Reduce Cancer Disparities and Community Research Core. The network addresses disparities in prostate cancer among African-American men. More recently, the group has studied malignancies related to HIV, a first for UNC, according to Vines.

In the early 1990s, Diane Rowley, MD, MPH, who joined the Gillings School in 2008 as Professor of the Practice of maternal and child health, worked with colleagues at the Centers for Disease Control and Prevention to develop a conceptual framework for research on health disparities that affect women and infants. That framework considers disease and health in the context of a social environment influenced by social behavior and cultural, historical, political and economic forces. Rowley continues this work with Vijaya Hogan, DrPH, clinical associate professor

of maternal and child health, who leads projects in Philadelphia and Jackson, Miss., that train and empower minority women as advocates.

“When you do planning around health disparities, you have to include people who are affected by those problems,” Hogan says.

Geni Eng, DrPH, professor of health behavior, has been a vital leader in community-based participatory research since her days in the Peace Corps and as a doctoral student at UNC. For the last decade, she has worked with the Greensboro Health Disparities Collaborative (GHDC), an academic-community coalition. Funded by the National Cancer Institute, Eng and colleagues have launched Accountability for

Cancer Care through Undoing Racism and Equity (ACCURE) to test the effectiveness of reorganizing cancer care to optimize quality and narrow treatment disparities between white and African-American patients with breast and lung cancers. If their approach is effective, it could lead to better care for minority patients, and, indeed, for all patients. (Read more at tinyurl.com/eng-cph-2013.)

Meanwhile, graduate students and professionals also can earn an Interdisciplinary Certificate in Health Disparities through a program that spans economics, sociology, psychology and anthropology.

Thanks to people in the Gillings School today and those who have come

before, there has been great progress in addressing health disparities. Still, there is work left to do.

A new epidemiology professor carrying on the legacy is Allison Aiello, PhD, who joined the faculty in 2014. She is founder and principal of Aiello Research Group (aielloresearchgroup.org).

“Our research group is dedicated to uncovering how social determinants and exposure to stress influence the biological pathways of health within minority populations,” Aiello says. “I am excited to join the Gillings School and its cadre of top-notch faculty members who are dedicated to addressing health equity issues.”

—Elizabeth Witherspoon

THE SOUTH AFRICAN INFLUENCE

Health professionals in South Africa, denouncing the disparities caused by apartheid, left their home country and greatly influenced public health around the world, including at the UNC School of Public Health.

1946

THE SOUTH AFRICAN INSTITUTE OF FAMILY AND COMMUNITY HEALTH was established by Sidney Kark. Kark, John Cassel and Guy Steuart conduct some of the first empirical studies on the influence of poverty and discrimination upon health.

1950s

JACK GEIGER, a medical resident in the U.S., learns about the Institute and persuades the Rockefeller Foundation to support his spending one year there. The Institute disbanded in 1957 after a new apartheid government extended its segregationist policies to medical personnel. See Sidney Kark’s letter (next page, top right).

INFLUENCE TREE GRAPHIC, ADAPTED FROM THE WORK OF DR. GENI ENG

Shown here is a portion of Sidney Kark's letter to the principal of University of Natal, protesting a new law allowing the apartheid government to control the medical school.

The government's intentions, as indicated in their Bill introducing the Separate University Act of 1957, makes any expectation for the furtherance of our work unrealistic. A mere extension of time before the implementation of this Act or any similar measure is in my view no answer to the particular issues now facing my department. It is not only the application of such an Act that would render our position untenable. The attitude of mind that the initial Bill conveys is of vital concern to us in this department. My personal experience in this regard must be my guide.

The publication of the government's proposals has had very serious effects on the morale of my staff. While we were part of the Union Health Department we were subjected to constant investigations and criticism, and, as you know, faced recommendations by various commissions that were aimed at our abolition. When we had the opportunity of working within the University and Natal Provincial Administration we felt that we had received a haven of at least comparative safety within which we would be able to pursue our studies and our approach to service. Our hopes were high that at last the tide was turning to allow us to do the work we so much wanted to do.

The Government's intended actions have shattered all this.



Pholela Health Center (left), founded by the Karks, was a model for community health centers around the world.



DR. SIDNEY KARK spends a year in UNC's epidemiology department. In 1959, he and his wife, Dr. Emily Kark, permanently emigrate to Israel, where they develop a Master of Public Health program for physicians at Hebrew University's Hadassah Medical School.



JACK GEIGER and **COUNT GIBSON** at Tufts University receive federal funds to establish the first U.S. community health centers. Gibson heads the center at Columbia Point in Boston. Geiger hires John Hatch as community health action director, and together, they lead the center in Mound Bayou, Miss. Hatch eventually earns his Doctor of Public Health degree at UNC and joins the public health faculty.

Read Jack Geiger's account of Sidney Kark's pioneering work in social medicine, in the *American Journal of Public Health*. See tinyurl.com/geiger-on-kark.

See a National Library of Medicine exhibit, "Against the Odds: Making a Difference in Global Health," at tinyurl.com/NLM-against-the-odds. The exhibit describes the work of Jack Geiger and John Hatch at the Delta Health Center in Mound Bayou, Miss.



Kark's colleagues follow him to UNC. **JOHN CASSEL** and **CECIL SLOAME** (epidemiology), **GUY STEWART** (health behavior) and **HARRY PHILLIPS** (health policy) join the School's faculty and continue their leadership in social epidemiology.