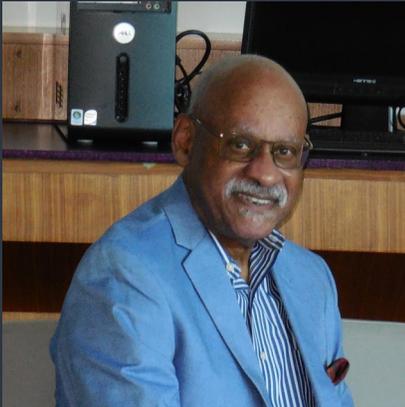


Vol XI, Issue 1, 2022



### A Milestone

This is our first issue for 2022 available for download on our website. We are delighted to now reach a broader audience of readers and encourage sharing and sending us suggestions for continued improvement.

Pay us a visit.

Lawrence P King

Lawrence King

P.O BOX 2028

Mableton, Ga. 30126

E-MAIL: [info@snchronicle.com](mailto:info@snchronicle.com)

PHONE: 770.262-9186

[www.snchronicle.com](http://www.snchronicle.com)

# STEM NEWS CHRONICLE

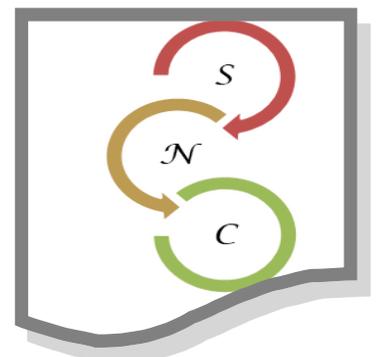


## Improved messaging from Health Scientists

The way people communicate the same message varies widely between and within cultures. Words and phrases are frequently used in different ways. For example, the meaning and interpretation of the English word yes varies greatly from culture to culture.

The need to encourage youth in K12 and in colleges to pursue a career in the health field is pronounced, urgent, and dependent on messages that fairly explain how affected groups perceive risk affects and not hamper bringing more into the workforce from nurses to epidemiologists.

Health Departments and professionals must harness the power of popular culture at one end and developing communications plans and messages at the other — all to express and translate the concepts of health equity, targeting policy change, and joining social justice movements clearly and consistently.



The business case for achieving health equity has never been more evident across public and private sectors. Yet achieving health equity is a complex communication issue. Communicating about issues of health equity is crucial. But there's more. Communicating in equitable and respectful ways is imperative as part of the message to advance health equity.

Departments must harness the power of popular culture at one end and developing communications plans and messages at the other — all to express and translate the concepts of health equity, targeting policy change, and joining social justice movements clearly and consistently.

### Cultural Factors That Affect Risk, High-Concern, and Crisis Communication

Several of the most important cultural factors affecting risk, high-concern, and crisis communication are described below, and more detailed information can be found in the course Pathway to Risk, High-Concern, and Crisis Communication. (<https://pathwaycommunication.com/>)



#### Different communication styles.

The way people communicate the same message varies widely between and within cultures. Words and phrases are frequently used in different ways. For example, the meaning and interpretation of the English word yes varies greatly from culture to culture.

Using a health equity lens in communication planning, development, and dissemination means intentionally looking at the potential positive and negative impacts of proposed messages on everyone with the goal to be inclusive, avoid bias and stigmatization, and effectively reach intended audiences, ideally with input from those intended audiences.

Youth in K12 and in colleges raised in an environment of inclusion are receptive to pursue a career in the health field and are urgently needed to assist in crafting messages that fairly explain how affected groups perceive risk affects to help be a positive impact on behavior change as they continue their education to join the workforce of nurses, health researchers, and epidemiologists

Considering how communications are developed health communication specialists should seek ways to develop more inclusive health communications products. Exploring a range of resource persons and references related to health equity communications is always recommended.

## Health Equity

There is growing urgency to tackle issues of equity and justice in the USA and worldwide. Health equity, a framing that moves away from a deficit mindset of what society is doing poorly (disparities) to one that is positive about what society can achieve, is becoming more prominent in health research that uses implementation science approaches. Equity begins with justice—health differences often reflect societal injustices. Applying the perspectives and tools of implementation science has potential for immediate impact to improve health equity.

### Social Determinants

While I served as an environmental health contractor for the CDC/ATSDR, one of the scientists who expanded my understanding of factors contributing to good and bad messages concerning public health was Dr. Camara Phyllis Jones.

“We can reduce health disparities and better connect people to high-quality medical care, but to really make a difference, we need to address the social determinants of health and equity that protect some people and push others off the cliff”.

Camara Phyllis Jones, MD, MPH, PhD is Research Director on Social Determinants of Health and Equity in the Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

Larry King

### Articles

- Levels of Racism: A Theoretic Framework and a Gardener's Tale Camara Jones. *American Journal of Public Health*. (2000)
- Using "Socially Assigned Race" to Probe White Advantages in Health Status Camara Jones, Benedict Truman, Laurie Elam-Evans, Clara Jones, Ruth Jiles, Susan Rumisha, and Geraldine S. Perry. *Ethnicity & Disease*, Volume 18, (2008).



### Cross Cultural Health Nuggets

People within any cultural group are not homogeneous, even though they may hold many beliefs, practices, and institutions in common.

Messages and materials must respect the variations within cultural groups.

Depression can be prevalent among disadvantaged populations that will affect overall health

Reproductive health services have been shown to be accessed differently by different ethnic groups

Physical activity that contributes to obesity in women can differ across cultures

## Upcoming Events

May 3, 2022

Earth and Space Resource Roundup - an Overview of All the NISE Network has to Offer

Learn more and register: <https://www.nisenet.org/events/online-workshop/online-workshop-earth-and-space-resource-roundup-overview-all-nise-network>

April 5, 2022

Communicating Climate Change to Diverse Audiences

Learn more and register: <https://www.nisenet.org/events/online-workshop/online-workshop-communicating-climate-change-diverse-audiences>

## The Need for Cultural Competence in Health Care

Differences between healthcare providers and patients can affect communication. This can, in turn, impact both clinicians' and patients' decisions with regard to treatment. For example, a clinician may misinterpret a patient's silence as a lack of interest in receiving care. As a result, the clinician may not order a diagnostic test, when in fact the patient's response reflected their notion of respectful behavior. In some cultures challenging or disagreeing directly with a "professional" or elder can demonstrate disrespect when the patient may only be expressing fear or apprehension.

When healthcare providers fail to recognize the differences between them and their patients, they may inadvertently deliver lower-quality care. Cultivating skills that improve cross-cultural communication can play an important role in delivering equitable care.

Additionally, building teams with healthcare professionals who reflect the diversity of the patient populations served can also improve cross-cultural communication. Diverse teams have a wider cultural knowledge base that they can share with one another. This makes them likely to respond with empathy to the unique cultural needs of patients.

Language accessibility is also key. Language barriers keep patients from accurately describing their symptoms and providers from explaining diagnoses. Language barriers can also create unsafe and inappropriate situations in other ways.

For instance, clinicians may rely on children to serve as interpreters, putting young people in the position of telling a parent they have cancer. As another example, clinicians may rely on abusive spouses to interpret for their battered partners. Both situations pose significant problems.



## Poor Outcomes

Poor communication is a failing of the health system, not of patients.

Many of the more tangible and measurable factors driving inequity could be addressed through a heightened national political commitment to achieving a better balance in health-related budgetary and organizational reforms. But some of the factors are less easy to see and measure – yet are perhaps just as challenging. Distrust and poor communication related to racial and cultural differences pervade the health system and frustrate many efforts to reach the goal of good and equitable care for all in America. All too often, Black patients and other minorities are spoken to rather than talked with; the result is less-effective interactions, less empathy and acknowledgment of concerns, and ultimately, worse outcomes.



A good health system engages fairly and respectfully with everyone who seeks care, and it recognizes that its patients and plan enrollees come with a range of previous experiences with the health care system, as well as different literacy levels, language fluency, and cultural norms. It is the responsibility of system managers, and front-line providers, to ensure that everything from examination room interactions to provider training is guided by good communication techniques. But while health managers will usually say they recognize the importance of good communication, there remain profound barriers to introducing and implementing the techniques needed to achieve better outcomes and equity.

Medical schools have been faulted for not doing enough to debunk health stereotypes about different races and cultures, such as pain tolerance and race-related risk measurements in assessing patient conditions – even perpetuating them. Some stereotypes and assumptions are even within the culture of minority communities and can become reinforced by inadequate reports with confusing and mis-placed messages. Medical schools and nursing programs have also generally done an inadequate job in training future medical personnel from intake staff to specialists to appreciate and inquire about non-clinical factors in health, such as housing conditions, emotional health, stress, nutrition.

Diversity in the workplace carries a host of benefits for healthcare employers, their staff, and their patients. Just a few include:

Higher Employee Morale

Better Care for Diverse Populations

Stronger Individual Motivation

Better Problem Solving

Better Results



Number of total applicants grows by 18%.

U.S. medical schools attracted and enrolled a more diverse class in the 2021-22 academic year, with Black, Hispanic, and women applicants and enrollees all making gains, according to data released today by the AAMC (Association of American Medical Colleges).

The total number of students applying to medical school this year also substantially increased, up nearly 18% from last year, to a record 62,443 applicants. The new data shows that the nation's medical schools continue to attract and enroll more racially and ethnically diverse classes.

The number of Black or African American first-year students increased by 21.0%, to 2,562. Black or African American students made up 11.3% of matriculants (first-year students) in 2021, up from 9.5% last year. Of particular note are the increases among Black or African American men; first-year students from this group increased by 20.8%.

First-year students who are Hispanic, Latino, or of Spanish origin increased by 7.1%, to 2,869. Individuals from this group made up 12.7% of matriculants, up from 12.0% in 2020.

However, American Indian or Alaska Native first-year students declined by 8.5%, to 227, making

### More Equity in Health care is Needed

Today, it is fair to say that strides have been made in acknowledging a dual challenge: (1) the underrepresentation of African Americans, people of Hispanic heritage, and Native Americans in the physician workforce; and (2) the institutional racism and sexism that have persisted for decades throughout the medical education system and in the larger world of health care delivery.

The Association of American Medical Colleges (AAMC), representing 172 medical schools in the United States and Canada and 400 teaching hospitals and health systems, believes it is uniquely positioned to address these challenges and to help the profession heal from within. Its 10-point strategic plan, which was adopted in October 2020, includes:

Significantly increasing the number of students from racially and ethnically diverse backgrounds who apply to, are accepted by, and enroll in the 172 medical schools in the United States and Canada. Black individuals represent 13% of the US population but only 5% of the physician workforce. Similarly, only 5% of US physicians are Hispanic in a country in which 18% of the population is Hispanic.

Making medical schools, teaching hospitals, and health systems more inclusive and equitable. Systemic problems within those institutions, the association says, include racism, harassment, disrespect, inadequate mentoring, salary inequities, and isolation.