



Heart and Soul: A Celebration of African American Legends

Gloria Ramsey, JD, RN

Director, Community Outreach and Information Dissemination
Uniformed Services University of the Health Sciences
Center for Health Disparities Research and Education

February, 15 2006
©USUHS ©Dr. Gloria Ramsey



Shirley Chisholm

Politics

November 30, 1924 – January, 01, 2005

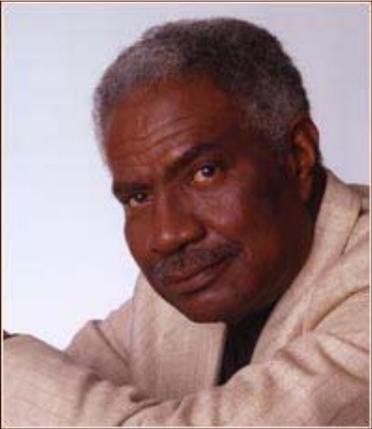
Age: 80

Mrs. Chisholm, and her obituaries inevitably led, as she knew they would, with her litany of firsts -- first black woman in the House, first black woman to seek a major party presidential nomination.

Cause of Death:

©USUHS ©Dr. Gloria Ramsey





Ossie Davis

Actor, Writer, Director and Social Activist

December 18, 1917 – February 04, 2005

Age: 87

Actor Ossie Davis, who pioneered roles for African Americans in a stage and screen career that spanned more than 50 years. At the time of his death, the actor had been shooting the film "Retirement."

Cause of Death: Natural Causes



Johnnie Cochran Jr.

Law

October 02, 1937 – March 29, 2005

Age: 67

Johnnie Cochran Jr., an attorney who rose to fame when he helped win an acquittal for O.J. Simpson in a double-murder trial.

Cause of Death: Brain Tumor



Ronald Winans

Gospel Singer

June 30, 1956 – June 17, 2005

Age: 48

Ronald Winans, a Grammy-winning member of The Winans and of gospel's first family.

Cause of Death: Heart Attack





Renaldo "Obie" Benson

Entertainment

June 14, 1936 – July 1, 2005

Age: 69

Renaldo "Obie" Benson was an African-American soul and R&B singer and songwriter. He was best known as a member of Motown group The Four Tops. His last performance as a Four Top was on April 8, 2005 live on Late Night with David Letterman.

Cause of Death: Lung Cancer





Luther Vandross

Music

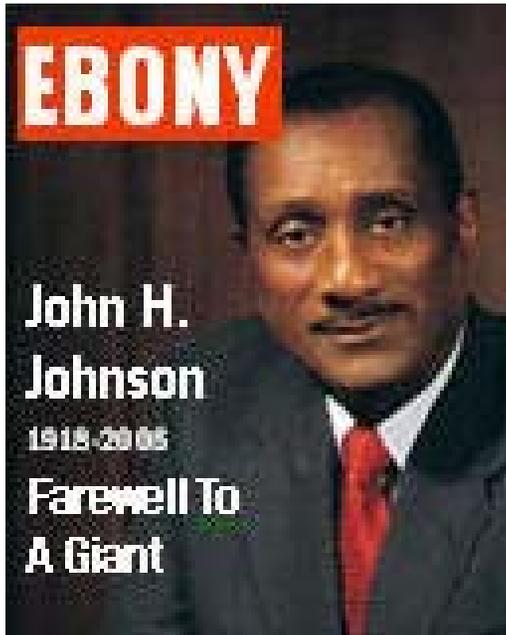
April 20, 1951 – July 01, 2005

Age: 54

Grammy award winner Luther Vandross, whose deep, lush voice on such hits as "Here and Now" and "Any Love" sold more than 25 million albums while providing the romantic backdrop for millions of couples worldwide.

Cause of Death: Heart Attack/Stroke

©USUHS ©Dr. Gloria Ramsey



John H. Johnson

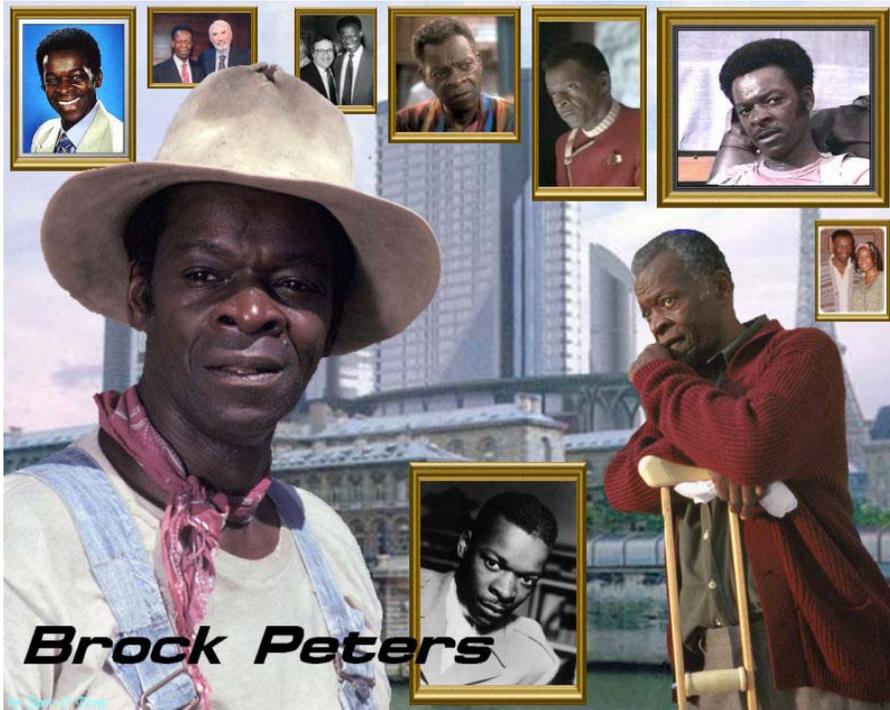
Publishing, Business

January 19, 1918 – August 08, 2005

Age: 87

Publisher John H. Johnson, whose Ebony and Jet magazines countered stereotypical coverage of blacks after World War II and turned him into one of the most influential black leaders in America.

Cause of Death: Heart Failure



Brock Peters

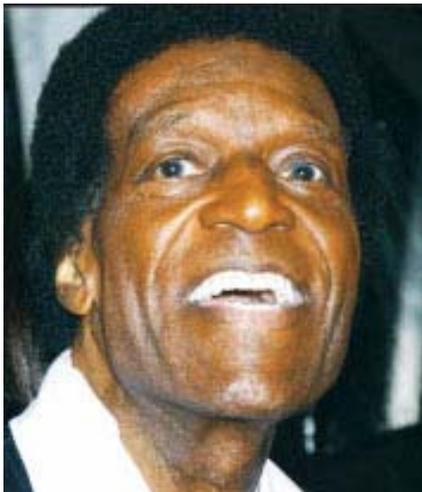
Entertainment

July 02, 1927 – August 23, 2005

Age: 78

Actor Brock Peters, best known for his heartbreaking performance as the black man falsely accused of rape in "To Kill a Mockingbird."

Cause of Death: Pancreatic Cancer



Nipsey Russell

Entertainment

October 13, 1924 – October 02, 2005

Age: 80

Nipsey Russell, who played the Tin Man alongside Diana Ross and Michael Jackson in "The Wiz" as part of a decades-long career in stage, television and film.

Cause of Death: Cancer



August Wilson

Theater

April 27, 1945 – October 02, 2005

Age: 60

Mr. Wilson was a Pulitzer Prize-winning American playwright. His singular achievement and literary legacy is a cycle of ten plays, each set in a different decade, depicting the comedy and tragedy of the African-American experience in the 20th century. Wilson's most famous plays are [Fences](#), [The Piano Lesson](#), [Ma Rainey's Black Bottom](#), and [Joe Turner's Come and Gone](#).

Cause of Death: Liver Cancer

©USUHS ©Dr. Gloria Ramsey



Rosa Parks

Social Activist

February 04, 1913 – October 24, 2005

Age: 92

Rosa Lee Parks, whose refusal to give up her bus seat to a white man sparked the modern civil rights movement.

Cause of Death: Natural Causes

©USUHS ©Dr. Gloria Ramsey

Richard Pryor

Actor-Comedian

December 01, 1940 – December 10, 2005

Age: 65



Richard Pryor, Considered one of the greatest, most influential comics of all time, showcased his skills in a trio of award-winning concert films--[Richard Pryor Live in Concert](#), [Richard Pryor Live on the Sunset Strip](#) and [Richard Pryor Here and Now](#) --and starred in more than 30 films, including [Silver Streak](#), [Uptown Saturday Night](#), [Stir Crazy](#) and the autobiographical comedy-drama [Jo Jo Dancer, Your Life Is Calling](#).

Cause of Death: Heart Attack

(Multiple Sclerosis)



Lou Rawls

Social Activist, Music

December 01, 1933 – January 06, 2006

Age: 72

Lou Rawls, who earned fame with his glorious voice and respect through his prodigious fundraising for the United Negro College Fund.

Starting as a church choir boy, Rawls ultimately applied those silky tones to a variety of musical genres and more, including movies, TV shows and commercials.

Cause of Death: Cancer

©USUHS ©Dr. Gloria Ramsey

The Essentials

Wilson Pickett



Wilson Pickett

Music

March 18, 1941 – January 19, 2006

Age: 64

Alabama native and veteran soul singer Wilson Pickett, famed for his trademark screams, flaming delivery and flamboyant costumes, and known for such hits as "Mustang Sally" and "In the Midnight Hour."

Cause of Death: Heart Attack

©USUHS ©Dr. Gloria Ramsey



Fayard Nicholas

Entertainment

October 20, 1914 – January 24, 2006

Age: 91

Fayard Nicholas, who with his brother Harold wowed the tap dancing world with their astonishing athleticism and who inspired generations of dancers, from Fred Astaire to Savion Glover.

Cause of Death: Pneumonia/
complications of a Stroke

©USUHS ©Dr. Gloria Ramsey



Coretta Scott King

Social Activist

April 27, 1927 – January 30, 2006

Age:78

Coretta Scott King, who surged to the forefront of the fight for racial equality after her husband Martin Luther King Jr. was murdered in 1968.

Cause of Death: Stroke/Heart Attack/
Ovarian Cancer

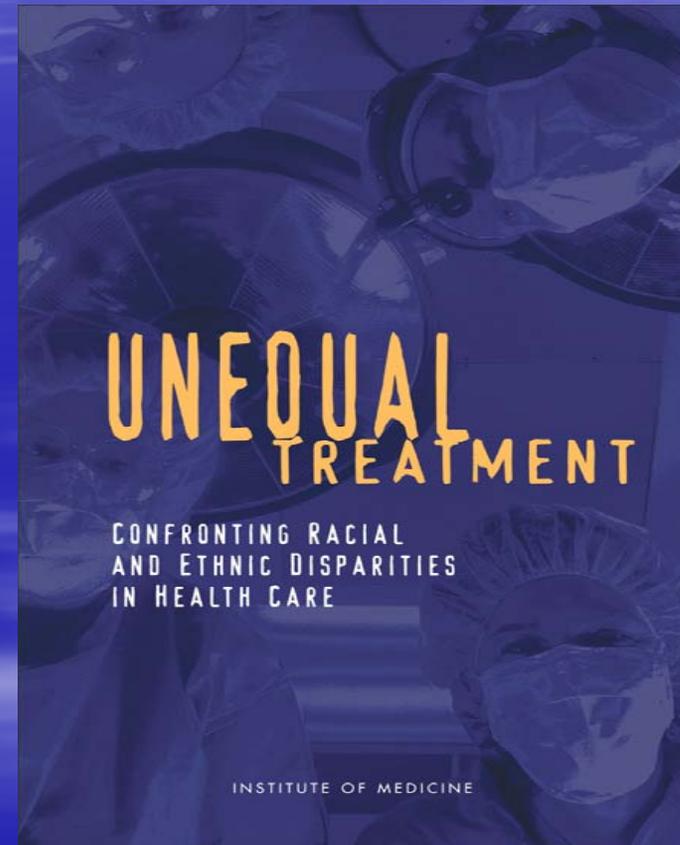
©USUHS ©Dr. Gloria Ramsey

...The Faces of Disparity



Evidence of Racial and Ethnic Disparities in Healthcare...

“Disparities in the health care delivered to racial and ethnic minorities are real and are associated with worse outcomes in many cases, which is unacceptable.”



*IOM's Unequal Treatment
(2002)*

©USUHS ©Dr. Gloria Ramsey

Evidence Shows Disparities Exist

- Institute of Medicine Report, 2002
 - The evidence is “overwhelming”
 - Disparities exist even when insurance status, income, age, and severity of conditions are comparable
 - Minorities are less likely than whites to receive needed services
 - Disparities contribute to worse outcomes in many cases
 - Differences in treating heart disease, cancer, and HIV infection partly contribute to higher death rates for minorities

Source: Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare, March 2002.

Minority Populations are Disproportionately Affected

- Cardiac Disease
- Cancer Screening and Management
- Diabetes
- HIV Infections/AIDS
- Immunizations
- Infant mortality

National Institutes of Health

Institute of Medicine

“Unequal Treatment:
Confronting Racial and
Ethnic Disparities in
Health Care”

March 20, 2002

Cardiovascular Disease

Minorities are less likely to be given appropriate cardiac medications or to undergo bypass surgery

Stroke

African-Americans suffer strokes as much as 35 percent higher than whites do, but they are less likely to receive major diagnostic and therapeutic interventions

Racial Differences In Cardiovascular Health

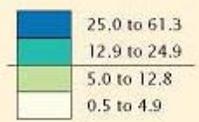


Percent Black or African American Alone or In Combination: 2000

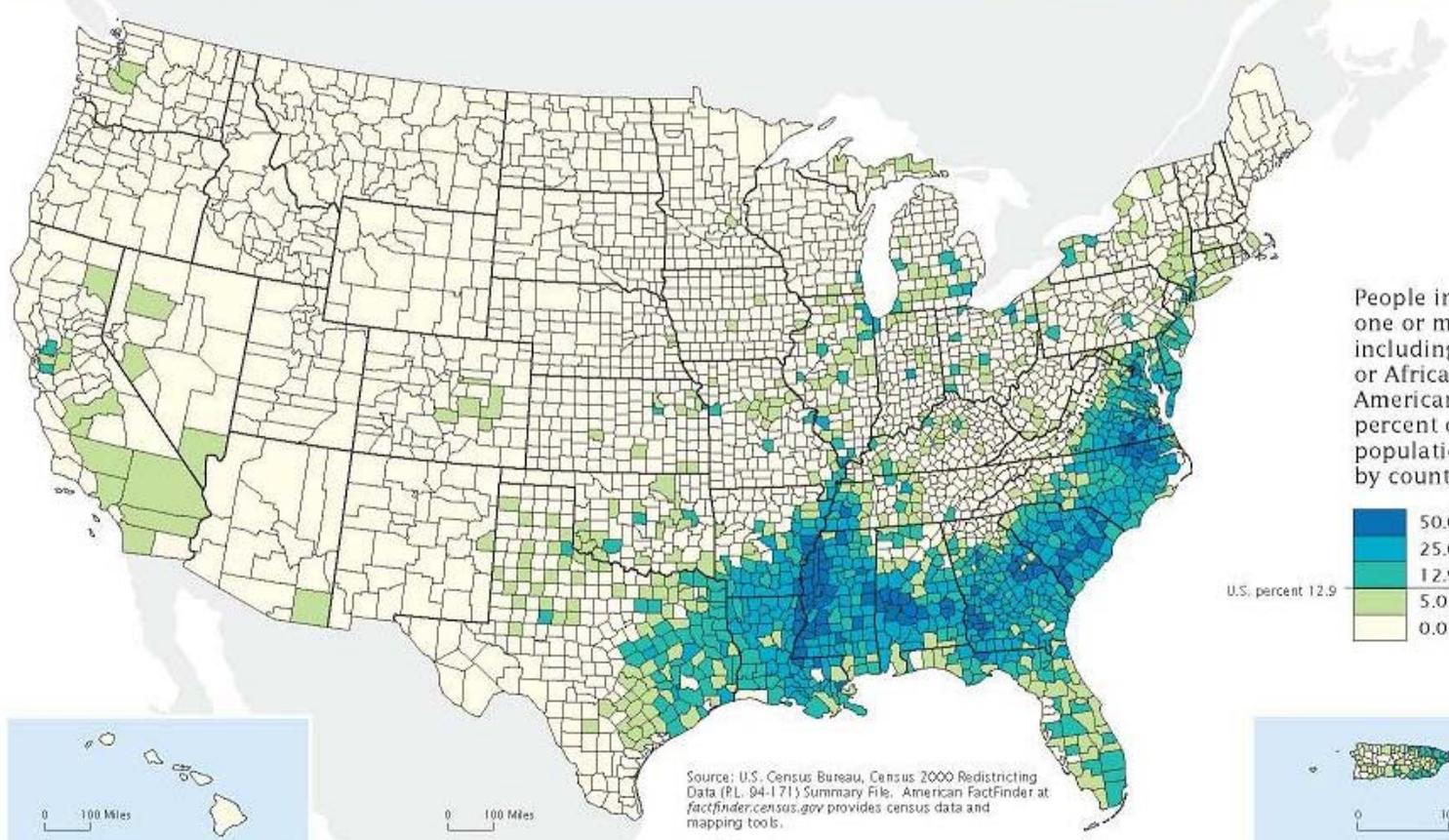
(For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2000/doc/pi94-171.pdf.)



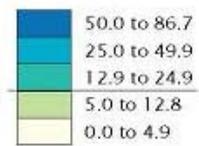
People indicating one or more races including Black or African American as a percent of total population by state



U.S. percent 12.9



People indicating one or more races including Black or African American as a percent of total population by county



U.S. percent 12.9

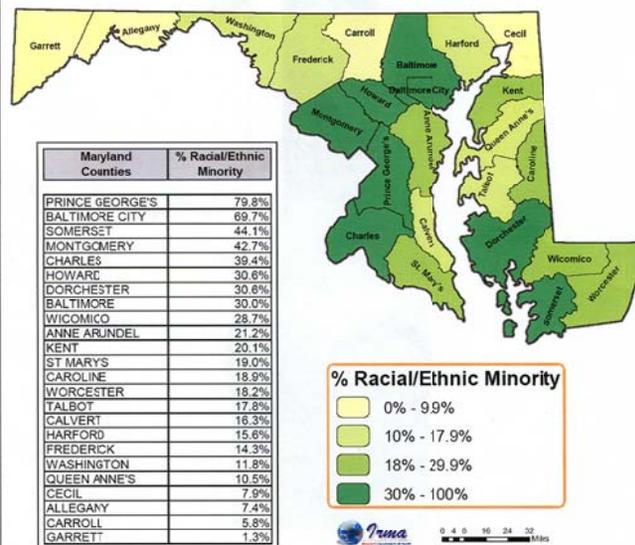
Source: U.S. Census Bureau, Census 2000 Redistricting Data (PL 94-171) Summary File. American FactFinder at factfinder.census.gov provides census data and mapping tools.



Maryland Health Disparities Data Highlights

December 2005

Percent of Population that is Racial or Ethnic Minority, by Jurisdiction, Maryland 2004



Office of Minority Health and Health Disparities
Maryland Department of Health and Mental Hygiene

Age-Adjusted Death Rates* (per 100,000)
for Selected Causes by Race and Gender
for 1992 and 2000

Cause of Death	Year	Total Population		Men		Women	
		Black	White	Black	White	Black	White
Heart Disease	1992	377.6	301.1	465.1	386.3	317.5	239.1
	2000	326.5	253.6	382.7	311.9	284.1	207.5
Stroke	1992	86.0	59.8	94.9	62.6	79.4	57.4
	2000	82.4	58.7	87.1	58.6	78.1	57.8

* Age-adjusted rates per 100,000 US standard population based on year 2000 standard

Percent of Total Deaths for Selected Causes of Death by Race, Gender, and Age for 2000

Cause of Death	Age	Total Population		Men		Women	
		Black %	White %	Black %	White %	Black %	White %
Heart Disease	20+	27.9		30.3			
	20-39	9.9	7.9	8.9	7.9	11.8	8.0
	40-59	23.6	22.3	24.8	26.4	21.7	15.4
	60+	32.4	32.6	30.9	32.8	33.7	32.5
Stroke	20+	6.9		7.0			
	20-39	2.1	1.6	1.4	1.2	3.3	2.5
	40-59	5.4	3.2	4.8	2.8	6.2	3.9
	60+	8.2	7.9	7.1	6.4	9.2	9.1

Cardiovascular Disease: Public Health Challenges for Maryland...

- Leading cause of death, primarily heart disease and stroke
- In 1999, 16,151 deaths
- 24th in the nation in CVD
- 19th in the nation in Stroke
- African American men and women more likely to die of stroke than other ethnic groups

...Cardiovascular Disease: Public Health Challenges for Maryland...

- Death twice as high in black men as white men
- Death three times as high in black women as white women
- The highest rate of CVD mortality (Baltimore City)
- The lowest rate of CVD mortality (Montgomery County)

...Cardiovascular Disease: Public Health Challenges for Maryland

- In 1999, 448,729 days of hospitalization for CVD
- Hospital Stays, more than \$890 million
- Of this amount, \$140 million represents charges for Stroke hospitalizations

Why the Difference?

Potential Sources of Disparities in Care

Patient-Level

- Patient preferences
- Treatment refusal
- Care seeking behaviors and attitudes
- Clinical appropriateness of care

Health Care Systems-Level

- Lack of interpretation and translation services
- Time pressures on physicians
- Geographic availability of health care institutions
- Changes in the financing and delivery of health care services

Provider-Level

- Bias
- Clinical uncertainty
- Beliefs/stereotypes about the behavior or health of minority patients

Source: Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare, March 2002.

©USUHS ©Dr. Gloria Ramsey

Where are we Today?

**National Healthcare Disparities
Report (2005)**

Key Themes and Highlights (2005)

January 9, 2006

- Disparities still exist
- Some Disparities are Diminishing
- Opportunities for Improvement Remain
- Information about Disparities is Improving



Mission Of The Center

The Uniformed Services University **Center for Health Disparities Research and Education** aims to promote health-related change and to ultimately reduce health disparities among racial and ethnic minorities through research, education, training, **community outreach and information dissemination.**

Community Outreach and Information Dissemination Aims:

- To develop and disseminate culturally sensitive health education information for minority populations in order to enhance patient participation in the clinical encounter.
- Establish a scientific “resource center” to improve education, outreach activities and transfer of scientific information/results in a culturally sensitive manner to minority communities.

ELIMINATE Health Disparities

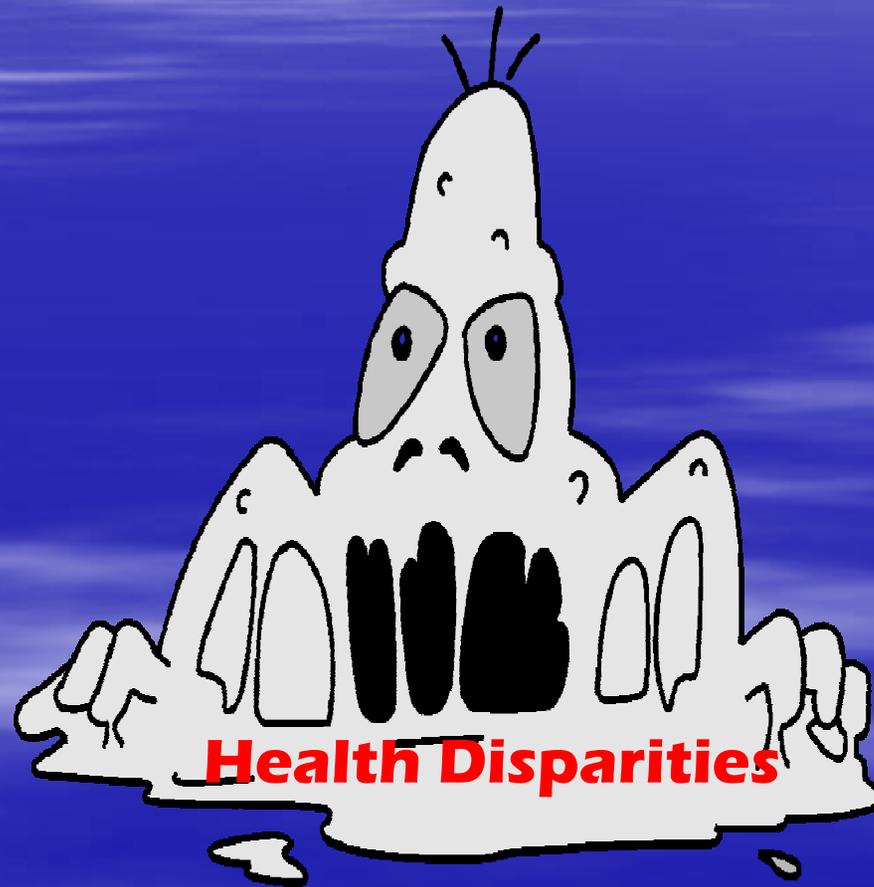
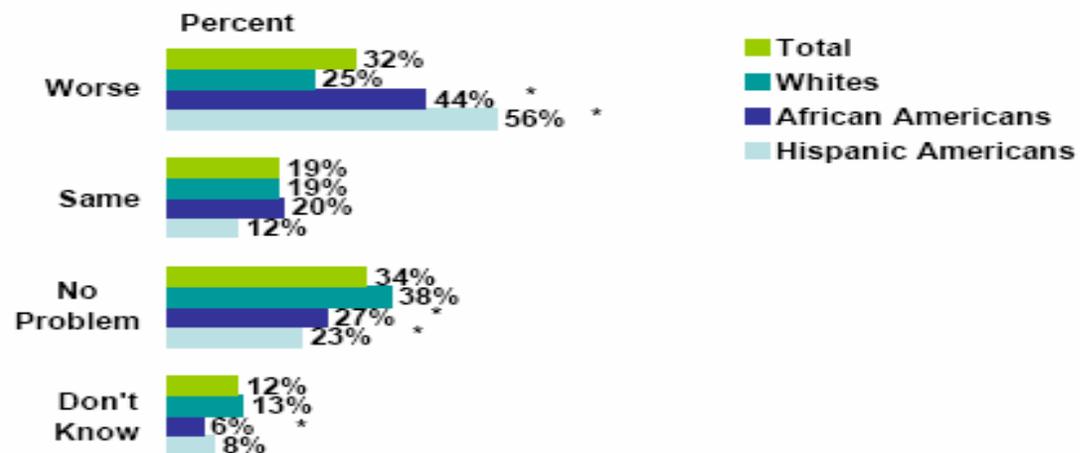


Table 1: People who think that some people in this country, because of their race or ethnicity, have worse problems than whites getting quality health care

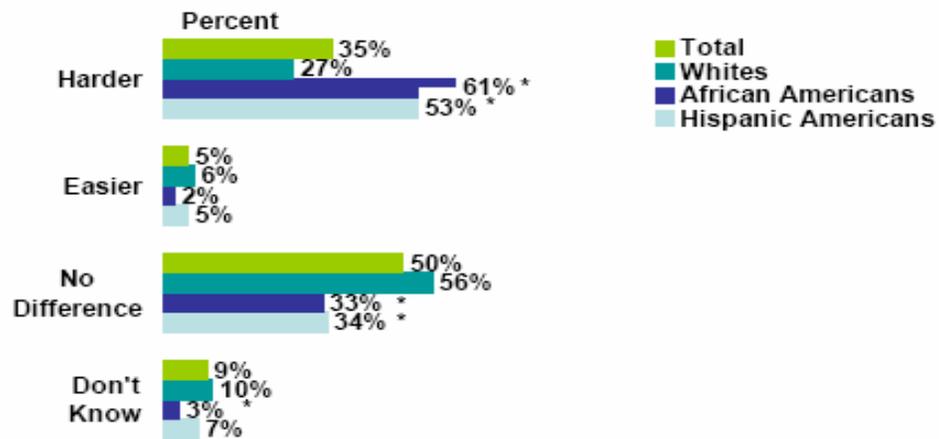


* Statistically significant from whites at $p \leq .05$. Percentages may not add to 100% due to rounding and refusals.
 Harvard School of Public Health/Robert Wood Johnson Foundation/ICR, September 2005

Americans' Views of Disparities in Health Care:

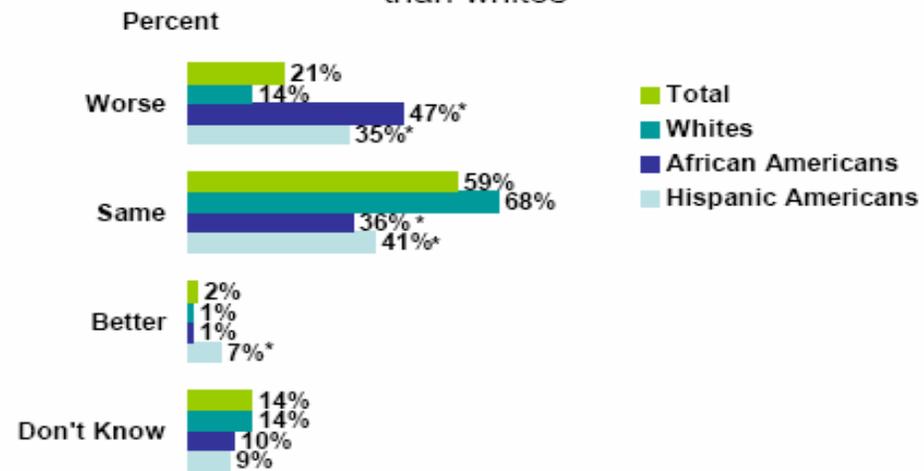
A poll conducted by The Harvard School of Public Health, the Robert Wood Johnson Foundation and ICR/International Communications Research

Table 2: People who think it is harder for African Americans than whites to get the health care they need when they are sick



* Statistically significant from whites at $p < .05$. Percentages may not add to 100% due to rounding and refusals. Harvard School of Public Health/Robert Wood Johnson Foundation/ICR, September 2005

Table 4: People who think that when African Americans are hospitalized, they get worse quality of health care than whites



* Statistically significant from whites at $p < .05$. Percentages may not add to 100% due to rounding and refusals. Harvard School of Public Health/Robert Wood Johnson Foundation/ICR, September 2005

Table 9: People who think that the medical profession should do more than it does now to ensure that racial and ethnic minorities have the same chance to get good quality health care as whites



* Statistically significant from whites at $p < .05$.
Harvard School of Public Health/Robert Wood Johnson Foundation/ICR, September 2005

Rosa Parks



“Memories of our lives,
Of our works and of our
Deeds will continue in others.”



Coretta Scott King

“Women, if the soul of the nation is to be saved, I believe that you must become its soul.”

Dr. Martin Luther King, Jr. - 1966



“Of all the forms of inequality, injustice in health is the most shocking and inhumane.”

Contact Information

Gloria Ramsey, JD, RN
Director, Community Outreach and
Information Dissemination
Uniformed Services University
Center for Health Disparities
Research and Education
8484 Georgia Avenue, Suite 950
Silver Spring, MD 20910

Tel: (301) 589-1175 x16

Fax: (301) 589-5569

Email: gramsey@usuhs.mil

www.usuhs.mil

