To eliminate health disparities, Parkland must address the root issues in black communities

Our investment in community-based clinics is an acknowledgement of the power of building a community ecosystem.

By Michael A. Horne and Dr. Fred P. Cerise
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In his writings and speeches, the Rev. Martin Luther King Jr. shared a prophetic vision of a beloved community, a space where the humanity of black Americans could be fully respected. In the face of rampant institutional racism and daily indignities against black Americans' bodies and minds, King foretold of a time when the shackles of social and economic oppression would be removed and black Americans, like their counterparts, would be able to exercise their inalienable rights.

Despite progress, our march toward a beloved community has most recently felt like a dream deferred. The brutal and senseless killings of Ahmaud Arbery, Breonna Taylor, George Floyd and far too many other black Americans have pierced our very social fabric and laid bare deep-seated fissures. The tragedy of these slayings, as unconscionable as they are, is that they reveal the wounds that countless black Americans live with. Indeed, persistent social, economic and health disparities squelch many black Americans' hopes and dreams, undermining their ability to fully partake in our society's promise of prosperity. In this context, to say that we are in a crisis is not hyperbole, but a reality that must be addressed by first acknowledging the complexity of the pain that exists.

Across Dallas County, this pain manifests itself in well-documented health disparities disproportionately affecting black Americans. Between 2013 and 2017, heart disease, cancer and stroke, the three leading causes of death for black Americans in Dallas County, exceeded rates of death from those causes

for other groups. Life expectancy also varies between black Americans and the general population. Black American males residing in ZIP code 75215 (South Dallas) on average live to 62.9 years compared to 67.6 years for all racial and ethnic groups in that same ZIP code. In one ZIP code north of downtown Dallas, residents live on average to 90 years. Life expectancy increases 5.7 years for each mile traveling north along I-35 from South Dallas to Uptown.

The higher prevalence of these health conditions and the factors that contribute to them cannot be viewed in isolation. Chronic disease among black Americans in Dallas County is associated with reduced access to grocery stores with affordable fresh fruits and vegetables, lack of access to jobs, inadequate housing, and lack of access to the internet. The notion that many black Dallas residents live in "deserts" is not by happenstance, but it is the legacy of policies such as residential redlining and economic disinvestment in neighborhoods where black Americans reside.

As a health system, we cannot unilaterally change these policies, but now more than ever we understand that our mission of dedication to the health and well-being of individuals and communities entrusted to our care requires us to embrace an approach to public health that extends beyond the walls of our hospital and clinics.

This work, our work of healing deep-seated wounds, necessitates that we deliver our health care service upon the foundations of care, compassion and community. To provide excellent clinical care. To approach that care with compassion, literally translated, "to suffer with." We have to make it personal. And to be connected to our communities.

Removing real and perceived barriers, we must actively seek to build relationships across lines of difference. It is only through proximity that we can understand the challenges we must confront.

Our investment in community-based clinics, including our entry into Red Bird, is an acknowledgement of the power of building an ecosystem in which Dallas County residents gain access to the services they need. And we will go beyond the traditional clinic model to get at the root causes of health disparities.

Investing in early child development with evidence-based, nurse home visitation, is proved to improve physical and socio-economic outcomes for first-time mothers and their children. Doing business and sourcing talent from communities with lagging health indicators will improve economic standing and drive better health results for its residents.

The success of this endeavor is contingent upon us inviting the community to co-create a system that works for all and not some. Lastly, we must hold up the mirror, recognizing the responsibility we have as a public institution to listen and learn. It is only by elevating our individual and collective humanity that we can dismantle systems of inequality and realize the vision of a beloved community.

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