

**Session 3117.0  
(Roundtable Presentations)  
Evidence-Based Community Health Interventions for African American  
Communities**

***Sponsored by the Black Caucus of Health Workers***

Monday, October 29, 2012

10:30 AM-12:00 PM

Table # 3, Paper #271249

**Evidence from nurses and social workers: Social  
determinants of inequality in health care service delivery as  
a challenge to achieving wellness across the lifespan**

**By**

**Barbara C. Wallace, Ph.D.**

Professor of Health Education, Coordinator of the Program in Health Education, Director  
of the Research Group on Disparities in health, Department of Health and Behavior  
Studies, Teachers College, Columbia University  
525 W. 120th Street, New York, NY 10027-6696  
[BCW3@Columbia.edu](mailto:BCW3@Columbia.edu) [DrBarbaraWallace@gmail.com](mailto:DrBarbaraWallace@gmail.com)

**INTRODUCTION**

**TOOLS DEVELOPED BY DR. WALLACE FOR USE BY FELLOWS IN THE RGDH**

As Founder and Director of the Research Group on Disparities in Health (RGDH), Dr. Barbara Wallace (this presenter) has created tools for use by pre- and post-doctoral fellows of the RGDH. The RGDH engages in open sharing of these research tools, encouraging fellows to adapt the tools for studies conducted in collaboration with and under the supervision of Dr. Wallace—i.e. the doctoral dissertation sponsor.

**CREATION OF THREE RESEARCH TOOLS FOR MEASURING:**

- (1) ability to perceive racism and/or oppression;
- (2) coping responses to racism and/or oppression; and
- (3) ratings of inequality in health care service delivery, given what they have observed, specifically when comparing health care service delivery with five demographic groups (i.e. racial, gender, age, SES, and sexual orientation groups).

COPIES OF THESE THREE TOOLS FOLLOW....

**TOOL # 1 – AN ORIGINAL WALLACE RESEARCH MEASURE USED BY FELLOWS OF THE RGDH**

**PERCEPTIONS OF RACISM AND OPPRESSION SCALE (PROS-10)**

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**Directions:** We are interested in learning about your perceptions of racism and oppression.

**For Your Information:** Racism and oppression are potentially stressful, negative, harmful experiences where the injured party is sent the message they are “less than,” “unequal,” or “inferior.” For racism, injury is suffered due to one’s race or ethnicity (Asian, Black, Hispanic, etc...). For oppression, injury is suffered due to one’s characteristics (female, poor, gay/lesbian/transgender, illegal immigrant, immigrant status, race, religion, ethnicity, etc...). Racism/oppression may include: prejudice, discrimination, harassment, violence, exclusion, disadvantage, or lack of access to opportunity—whether while driving, eating out, walking around, shopping, voting, hailing down a taxi, interacting with police, searching for employment, seeking health care, applying for a bank loan/mortgage, searching for housing, negotiating the criminal justice system, working, traveling, vacationing, or seeking out literally any opportunity etc....

**Please answer the following questions.**

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*IN TERMS OF EXPERIENCES OF RACISM AND/OR OPPRESSION...*

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1. I am not sure if it really exists or happens to people.  
1. \_\_Strongly Agree   2. \_\_Agree   3. \_\_Undecided   4. \_\_Disagree   5. \_\_Strongly Disagree
2. When incidents are talked about, I am not sure what makes something racist or oppressive.  
1. \_\_Strongly Agree   2. \_\_Agree   3. \_\_Undecided   4. \_\_Disagree   5. \_\_Strongly Disagree
3. I think it never happens *to me*.  
1. \_\_Strongly Agree   2. \_\_Agree   3. \_\_Undecided   4. \_\_Disagree   5. \_\_Strongly Disagree
4. There are times when I “don’t get it,” or I can’t really tell when it is happening *to me*.  
1. \_\_Strongly Agree   2. \_\_Agree   3. \_\_Undecided   4. \_\_Disagree   5. \_\_Strongly Disagree
5. I think it never happens *to others*.  
1. \_\_Strongly Agree   2. \_\_Agree   3. \_\_Undecided   4. \_\_Disagree   5. \_\_Strongly Disagree
6. There are times when I “don’t get it,” or I can’t really tell when it is happening *to others*.  
1. \_\_Strongly Agree   2. \_\_Agree   3. \_\_Undecided   4. \_\_Disagree   5. \_\_Strongly Disagree
7. I can usually see or sense when it is happening *to me*.  
1. \_\_Strongly Agree   2. \_\_Agree   3. \_\_Undecided   4. \_\_Disagree   5. \_\_Strongly Disagree
8. I can usually see or sense when it is happening *to others*.  
1. \_\_Strongly Agree   2. \_\_Agree   3. \_\_Undecided   4. \_\_Disagree   5. \_\_Strongly Disagree

9. When incidents are talked about, I think, “That could happen to me or someone I love.”  
 1. \_\_Strongly Agree 2. \_\_Agree 3. \_\_Undecided 4. \_\_Disagree 5. \_\_Strongly Disagree
10. When incidents are talked about, I can identify with and understand the experience.  
 1. \_\_Strongly Agree 2. \_\_Agree 3. \_\_Undecided 4. \_\_Disagree 5. \_\_Strongly Disagree

**Thank you.**

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**SCORING INSTRUCTIONS AND  
 SCALES ON THE PERCEPTIONS OF RACISM AND OPPRESSION SCALE (PROS-10)**

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The PROS-10 has the following sub-scales:

<b>SCALES</b>	<b>ITEM #s</b>
R/OE Scale (Racism/Oppression Exists Scale)	#1
AGP Scale (Ability to Generally Perceive Racism/Oppression Scale)	#2
R/OS Scale (Racism/Oppression Perceived in Relation to Self Scale)	# 3, 4, 7
R/OO Scale (Racism/Oppression Perceived in Relation to Others Scale)	# 5, 6, 8
IV Scale (Identification with Victims of Racism/Oppression Scale)	# 9, 10
NOTE: Reverse Scored Items: #s 1 –6.	

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A low score means a self-reported ability to perceive racism and oppression that is adequate, whereas a high score means a lack of an adequate ability to perceive racism and oppression.

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**TOOL # 2 – AN ORIGINAL WALLACE RESEARCH MEASURE USED BY  
 FELLOWS OF THE RGDH**

**COPING AND RESPONDING TO RACISM AND OPPRESSION STAGING SCALE  
 (CRROSS-20)**

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**Directions:** We are interested in learning how you cope with and respond to racism and oppression.

**For Your Information:** Racism and oppression are potentially stressful, negative, harmful experiences where the injured party is sent the message they are “less than,” “unequal,” or “inferior.” For racism, injury is suffered due to one’s race or ethnicity (Asian, Black, Hispanic, etc...). For oppression, injury is suffered due to one’s characteristics (female, poor, gay/lesbian/transgender, illegal immigrant, immigrant status, race, religion, ethnicity, etc...). Racism/oppression may include: prejudice, discrimination, harassment, violence, exclusion, disadvantage, or lack of access to opportunity—whether while driving, eating out, walking around, shopping, voting, hailing down a

taxi, interacting with police, searching for employment, seeking health care, applying for a bank loan/mortgage, searching for housing, negotiating the criminal justice system, working, traveling, vacationing, or seeking out literally any opportunity etc....

**Please answer the following questions.**

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***PART I - IN TERMS OF EXPERIENCES OF RACISM AND/OR OPPRESSION...***

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1. I don't think they exist, so there is nothing to learn how to cope with or respond to.  
1.  Strongly Agree   2.  Agree   3.  Undecided   4.  Disagree   5.  Strongly Disagree
2. I *never thought about* how to cope with or respond to it.  
1.  Strongly Agree   2.  Agree   3.  Undecided   4.  Disagree   5.  Strongly Disagree
3. I *have thought about* how to cope with and respond to it.  
1.  Strongly Agree   2.  Agree   3.  Undecided   4.  Disagree   5.  Strongly Disagree
4. I *never took steps* to learn more about how to cope with and respond to it.  
1.  Strongly Agree   2.  Agree   3.  Undecided   4.  Disagree   5.  Strongly Disagree
5. I *am planning to take steps* to learn more about how to cope with and respond to it.  
1.  Strongly Agree   2.  Agree   3.  Undecided   4.  Disagree   5.  Strongly Disagree
6. I *have been actively learning* how to cope with and respond to it.  
1.  Strongly Agree   2.  Agree   3.  Undecided   4.  Disagree   5.  Strongly Disagree
7. I *have learned* how to cope and respond when it is happening *to me*.  
1.  Strongly Agree   2.  Agree   3.  Undecided   4.  Disagree   5.  Strongly Disagree
8. I *have learned* how to cope and respond when it is happening *to others*.  
1.  Strongly Agree   2.  Agree   3.  Undecided   4.  Disagree   5.  Strongly Disagree
9. *Sometimes I feel I need to learn new or better ways* to cope with and respond to it.  
1.  Strongly Agree   2.  Agree   3.  Undecided   4.  Disagree   5.  Strongly Disagree
10. My ability to cope with and respond to it *has reached a steady level, a plateau, or stable state*.  
1.  Strongly Agree   2.  Agree   3.  Undecided   4.  Disagree   5.  Strongly Disagree

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***IN TERMS OF EXPERIENCES OF RACISM AND/OR OPPRESSION...***

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11. My ability to cope with and respond to it is something that *improves over time, getting better*.  
1.  Strongly Agree   2.  Agree   3.  Undecided   4.  Disagree   5.  Strongly Disagree
12. I *"relapsed," or stopped doing some of the things I used to do* to cope and respond.

1.  Strongly Agree 2.  Agree 3.  Undecided 4.  Disagree 5.  Strongly Disagree

13. I “relapsed,” or stopped doing some of the things I used to do to cope and respond, but now I am thinking about returning to what I used to do.

1.  Strongly Agree 2.  Agree 3.  Undecided 4.  Disagree 5.  Strongly Disagree

14. I “relapsed,” or stopped doing some of the things I used to do to cope and respond, but now I am thinking about learning new and better ways to cope and respond.

1.  Strongly Agree 2.  Agree 3.  Undecided 4.  Disagree 5.  Strongly Disagree

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**PART I - NOTE:** In this section, the options for answers are different for questions #15-20.

15. Learning how to cope with and respond to it is something that *I have been actively working on*:

never in my life  < 1 month  < 6 months  > 6 months  1-3 years  4-6 years

7-9 years  10-20 years  21-30 years  > 31 years  unsure

16. I rate my ability to cope with and respond to it as:

Excellent  Very Good  Good  Fair  Poor  Very Poor  Unsure

Not applicable (Racism/oppression don't exist)

17. The last time I felt like I needed to learn new or better ways to cope with and respond to it was:

(checking all that apply)

never in my life  in the past week  in the past month  in the past 6 months

in the past year  in the past 5 years  in the past 6-10 years  11-20 years ago

21-30 years ago  31-40 years ago  > 41 years ago  unsure

18. The availability of resources to help people learn ways to cope and respond to it is

Excellent  Very Good  Good  Fair  Poor  Very Poor  Unsure

Not applicable (Racism/oppression don't exist)

19. My ability to access resources to help me learn ways to cope and respond to it is

Excellent  Very Good  Good  Fair  Poor  Very Poor  Unsure

Not applicable: Racism/oppression don't exist  Not applicable: I don't need to learn more

20. My use of available resources to help me learn ways to cope and respond to it is

Excellent  Very Good  Good  Fair  Poor  Very Poor  Unsure

Not applicable: Racism/oppression don't exist  Not applicable: I don't need to learn more

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**Thank you.**

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**SCORING** – Determine Stage of Change for Actively Coping with Racism and/or Oppression—whether precontemplation, contemplation, preparation, action (< 6 months), maintenance (>6 months), or relapse.

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**TOOL # 3 – AN ORIGINAL WALLACE RESEARCH MEASURE USED BY FELLOWS OF THE RGDH**

**HEALTH CARE DELIVERY SURVEY (HCDS-33)**

**Instructions**

The following questions provide an opportunity for you to consider your experiences observing health care delivery. You are asked to indicate for each of five groups of patients (i.e., gender, age, racial/ethnic, socioeconomic status, and sexual orientation groups) which members of those groups (e.g., men or women) receive the **superior** and the **inferior** level of treatment for some particular aspect of health care delivery. Depending upon your observations, you may need to check two or several members of a group (e.g., checking both Middle and Low SES). You may also check for any given group, “neither” receives superior or inferior care, as well as “not sure.”

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**1a. Which group(s) receive the *best* quality treatment?**

For gender groups:

Men       Women       Neither       Not Sure

For age groups:

Children       Adults       Seniors       Neither       Not Sure

For racial/ethnic groups:

Whites       Blacks       Hispanics       Asians       Neither       Not Sure

For socioeconomic status (SES) groups:

High SES       Middle SES       Low SES       Neither       Not Sure

For sexual orientation groups:

Heterosexuals       Gay Men       Lesbians       Neither       Not Sure

**1b. Which group(s) receive the *worst* quality treatment?**

For gender groups:

Men       Women       Neither       Not Sure

For age groups:

Children       Adults       Seniors       Neither       Not Sure

For racial/ethnic groups:

Whites       Blacks       Hispanics       Asians       Neither       Not Sure

For socioeconomic status (SES) groups:

High SES       Middle SES       Low SES       Neither       Not Sure

For sexual orientation groups:

Heterosexuals       Gay Men       Lesbians       Neither       Not Sure

**2a. Which group(s) wait the *least* amount of time to be assessed?**

For gender groups:

Men  Women  Neither  Not Sure

For age groups:

Children  Adults  Seniors  Neither  Not Sure

For racial/ethnic groups:

Whites  Blacks  Hispanics  Asians  Neither  Not Sure

For socioeconomic status (SES) groups:

High SES  Middle SES  Low SES  Neither  Not Sure

For sexual orientation groups:

Heterosexuals  Gay Men  Lesbians  Neither  Not Sure

**2b. Which group(s) wait the *longest* amount of time to be assessed?**

For gender groups:

Men  Women  Neither  Not Sure

For age groups:

Children  Adults  Seniors  Neither  Not Sure

For racial/ethnic groups:

Whites  Blacks  Hispanics  Asians  Neither  Not Sure

For socioeconomic status (SES) groups:

High SES  Middle SES  Low SES  Neither  Not Sure

For sexual orientation groups:

Heterosexuals  Gay Men  Lesbians  Neither  Not Sure

**3a. Which group(s) wait the *shortest* amount of time to receive treatment?**

For gender groups:

Men  Women  Neither  Not Sure

For age groups:

Children  Adults  Seniors  Neither  Not Sure

For racial/ethnic groups:

Whites  Blacks  Hispanics  Asians  Neither  Not Sure

For socioeconomic status (SES) groups:

High SES  Middle SES  Low SES  Neither  Not Sure

For sexual orientation groups:

Heterosexuals  Gay Men  Lesbians  Neither  Not Sure

**3b. Which group(s) wait the *longest* amount of time to receive treatment?**

For gender groups:

Men  Women  Neither  Not Sure

For age groups:

Children  Adults  Seniors  Neither  Not Sure

For racial/ethnic groups:

Whites  Blacks  Hispanics  Asians  Neither  Not Sure

For socioeconomic status (SES) groups:

High SES  Middle SES  Low SES  Neither  Not Sure

For sexual orientation groups:

Heterosexuals  Gay Men  Lesbians  Neither  Not Sure

**4a. Which group(s) experience the *most amount of detail* in their assessment? (e.g., amount of history taken and number of questions asked, etc...)**

For gender groups:

Men       Women       Neither       Not Sure

For age groups:

Children       Adults       Seniors       Neither       Not Sure

For racial/ethnic groups:

Whites       Blacks       Hispanics       Asians       Neither       Not Sure

For socioeconomic status (SES) groups:

High SES       Middle SES       Low SES       Neither       Not Sure

For sexual orientation groups:

Heterosexuals       Gay Men       Lesbians       Neither       Not Sure

**ETC... for 33 items...**

**CONTACT [BCW3@COLUMBIA.EDU](mailto:BCW3@COLUMBIA.EDU) for entire scale and scoring.**

## **STUDY # 1 CONDUCTED BY A FELLOW IN THE RGDH WITH DR. WALLACE USING THE THREE TOOLS**

Ellington-Murray, R. (2005). Nurses' Ability to Perceive Racism, Stage of Change for Actively Coping with Racism and Observations of Health Care Delivery System, Doctoral Dissertation, Teachers College, Columbia University

*Dissertation Sponsor and Creator of Research Tools Utilized: Barbara C. Wallace, Ph.D., Director of the Research Group on Disparities in Health, Teachers College, Columbia University*

- In the first study conducted in collaboration with Dr. Wallace, a sample of nurses (n=179) reported on their experiences observing service delivery within hospital settings, indicating that Whites and those of high socioeconomic status (SES) received the best care, while Blacks and those of low SES received the worst care.
- Seniors received significantly worse care relative to that delivered to children and adults. Relative to other racial/ethnic groups,
- Black nurses perceived witnessing a significantly greater gap in health care delivered to Blacks versus Whites, and had a significantly higher ability to perceive racism and/or oppression, as well as a higher level of knowledge about how to cope with and respond to racism and/or oppression.
- Knowledge about how to cope with racism and/or oppression was the only significant predictor of perceiving Whites as receiving better health care than Blacks—accounting for just 9.8% of the variance.



## **STUDY # 2 CONDUCTED BY A FELLOW IN THE RGDH WITH DR. WALLACE USING THE THREE TOOLS**

Phillips, F.T. (2010). Social workers' ability to perceive racism, stage of change for actively coping with racism, and observations of health care delivery. Doctoral Dissertation, Teachers College, Columbia University

*Dissertation Sponsor and Creator of Research Tools Utilized: Barbara C. Wallace, Ph.D., Director of the Research Group on Disparities in Health, Teachers College, Columbia University*

- In the second study conducted in collaboration with Dr. Wallace with social workers (n=81), the subjects confirmed the largest gap in health care service delivery was between high SES (best care) and low SES (worse care)
- The next greatest gap was between Whites (best care) and Blacks (worse care).
- Years practicing as a social worker predicted rating adults as receiving better care than children or seniors, as a significant finding—accounting for 17.7% of the variance.

## **IMPLICATIONS**

- Participants are invited to design research studies for any category of health care delivery worker
- Participants will be able to evaluate and analyze data collected, following the methods followed in the studies
- Participants are invited to use the tools in order to contribute to the scientific literature seeking to identify the social determinants (i.e. discrimination in health care service delivery, disparities in health care service delivery, stereotypes, etc...) of inequality in health care service delivery—as a starting point for making improvements.
- Clients may be denied the standard of care as discrimination
- Findings may lead to diversity and cultural competence training in health care settings, or in medical schools, residency training programs, etc...
- Disparities in health service delivery may contribute to health disparities
- Participants can use the tools to further document social determinants of health disparities, to assess a health care setting's providers, and as a repeated measure pre- and post-implementation of diversity/cultural competence training—in search of perceptions of improvements in health care service delivery following training within a health care settings
- Such diversity/cultural competence training of health care providers may help to overcome current barriers to achieving wellness across the lifespan for Blacks and those of low SES, etc...

THANK YOU!

## **YOUR NOTES**