

THE NATIONAL NEGRO HEALTH MOVEMENT: LESSONS FOR ELIMINATING HEALTH DISPARITIES TODAY

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Far too many of us trained in the health professions seek to address disparities in health status between communities of color and white Americans as if we are addressing a new problem. While there was little agreement on cause or solution, southern white physicians and black researchers such as W.E.B. Du Bois documented health disparities in the early part of the 20th century. In 1985, then-Secretary of Health and Human Services Margaret Heckler released her ten-volume report on black and minority health, beginning the modern effort to document disparities and recommending a variety of initiatives in a broad-based approach to improving minority health. In this commentary, I will highlight the significance of a nearly forgotten campaign in public health—the National Negro Health Movement—and discuss some lessons from that movement that we can apply to National Minority Health Month in 2001.

In the political environment of 1914, when overt advocacy of civil rights was dangerous, black leaders including Booker T. Washington, Monroe Work, and Robert Moton focused on health needs as a means to advocate for social justice. Even though leaders such as Washington and Du Bois differed in their philosophies and approaches to improving the status of blacks in America, they both recognized the link between health and social and economic well-being. Washington, at Work's urging, initiated Health Improvement Week in 1914, stimulating a collaborative, wide-

reaching campaign to improve black health status that lasted 35 years. National Negro Health Week (NNHW) and the National Negro Health Movement that succeeded it merged community health promotion, health care, and social and political advocacy into a comprehensive campaign to improve health status of black Americans. Furthermore, as Smith describes, "Black health activists turned NNHW into a vehicle for social welfare organizing and political activity in a period when the vast majority of blacks were without political and economic power."¹

Lessons Learned from the National Negro Health Movement

One of the challenges that faced NNHW at different points in its existence was the struggle over leadership, largely between physicians and laypersons, and direction. This offers a rich lesson for National Minority Health Month today. Elimination of health disparities in the US is possible through an array of public health, social, economic, and health care changes. While it is critical to assure that all Americans have full access to medical care, unhampered by lack of insurance or discriminatory actions by providers, access to care will only partially improve health status. Neighborhoods where children and adults have adequate incomes to buy healthy food, feel safe enough to play and exercise, and enjoy an environment free of toxic substances are also essential for good health.

The strength of National Negro Health Week and, later, the Movement, was that they addressed the complex social, economic, and environmental factors that contributed to disease and premature death. Recognizing that numerous factors influence health behavior and thus health status, McLeroy et al. call for use of a socioecological model to guide health promotion efforts.² The socioecological model consists of five levels:

1. Intrapersonal, which includes attitudes, behavior, skills, developmental history, and self-concept;
2. Interpersonal, focusing on formal and informal social networks and social support systems including family, work group, and friendship networks;
3. Institutional or organizational, defined as social institutions with organizational characteristics and formal rules for operation;
4. Community, the relationships among organizations, institutions, and informal networks within defined boundaries; and
5. Public policy, which includes local, state, and national laws, policies, and regulations.

In reviewing the National Negro Health Movement, what is evident is its variety of activities aimed at each level. From seeking to improve individual health behavior through health talks on Adult Health Day to addressing broader community concerns, the

Movement's planners recognized that to improve the health of a community, activities must move beyond the individual to broader social, community, and political changes. As a year-round initiative, the Movement focused on significant change at the organizational and policy levels.

Today, planners of and participants in National Minority Health Month must also recognize the importance of working for change on multiple levels, and develop their agenda accordingly. Although initiatives to change individual behaviors that place people of color at risk for poor health remain important, they are not sufficient to eliminate disparities, and will be most effective when coupled with community, organizational, and policy changes that support individual efforts.

NNHW represented both an organization with its own struggles for survival and its own politics, and a social movement that built upon the lay public health efforts nurtured by black women throughout the nation. With its national annual theme and materials, it still encouraged local communities to incorporate their own needs into local activities. Clearly, the freedom of local communities to tailor their activities should remain a hallmark of National Minority Health Month today. Yet it is also important to ensure process, outcome, and impact evaluation of these activities to assist local organizers in improving program delivery and documenting outcomes.

Historically, there were differing perspectives on NNHW and the Public Health Service (PHS) Office of Negro Health that supported it. The evidence suggests that many advocates for improvement of Negro health at that time believed the separate movement and PHS office served to marginalize the concerns of the black community just when integration was an emerging possibility.¹ This suggests a potential concern for National Minority Health Month as well. While the Movement spawned a separate office at the federal level as well as offices at

local and state levels, those offices eventually disappeared, and did not reappear until the late 1980s, as Offices of Minority Health. The ultimate success of National Minority Health Month will depend on the ability to form long-term collaborations across the public and private sectors, between health departments, civic groups, community-based organizations, and businesses. Most importantly, the month presents the opportunity to draw upon Moton's belief about NNHW, that "health work has been found to be one of the most effective methods of bringing the two races together on a platform of mutual confidence and respect and with a mutual desire to help."³ Today, National Minority Health Month can provide that same opportunity, thus ultimately strengthening our social fabric and improving the health of millions of Americans.

The revitalization of National Negro Health Week as National Minority Health Month, to be celebrated each April, heralds new opportunities in a time of multiple challenges. New data emerging from the 2000 US Census find that our nation continues to become more diverse. The growth of populations described as Hispanic and mixed race will transform our views of ourselves, and even call the concept of minority into question. The growing racial and ethnic diversity of our nation represents a source of future vitality and yet poses significant challenges for those creating health promotion programs that must be sensitive to complex cultures. The ongoing debate in our professional literature on how to measure and understand the impact of race and ethnicity on health status is evidence of the daunting task we face in eliminating disparities. Finally, although genetic research has made it clear that race is a social construct, we must now understand the relationship between that social construction and its impact on health, and explore the physical effects of racism, discrimination, and economic deprivation on health status in communities of color.

On the federal level, we can take comfort in the fact that Dr David Satcher remains as Surgeon General in the new administration, and that former President Clinton signed legislation, last November, creating the National Center for Minority Health and Health Disparities. With the new administration, however, come questions about support for civil rights and an increasingly conservative approach to governing, questions that require continued vigilance and advocacy to ensure progress toward elimination of health disparities.

As we strive to improve the health of all citizens, we can draw inspiration from the National Negro Health Movement as a model of community capacity and sustained effort to improve health status. The key lessons of extensive collaboration, cultural sensitivity, and attention to local community structures and needs, recognition that multiple factors affect health, and interracial cooperation offer clear directions for us today as we launch National Minority Health Month. As we move into an increasingly knowledge-based society, the link between the health of our citizens and their economic prosperity remains as critical today as it was in 1914. Let us hope that at the start of the next century, we can reflect upon our success in creating a healthy America for all.

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References

1. Smith S. *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950*. Philadelphia: University of Pennsylvania Press, 1995.
2. McLeroy K, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. *Health Ed Q.* 1988;15:351-377.
3. Moton R. Letter to Surgeon General Hugh Cumming, January 22, 1923. Box 80, Moton Papers.