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MEET KAISER PERMANENTE BURCH MINORITY LEADERSHIP DEVELOPMENT AWARDEE

Wizdom Powell, PhD, MPH, MS

Wizdom Powell (formerly Wizdom Powell Hammond) is an assistant professor at the University of North Carolina (UNC) Chapel Hill Gillings School of Global Public Health and a faculty member with the UNC Lineberger Comprehensive Cancer Center. She teaches doctoral courses in health behavior theory and mentors both master's and doctoral students. She was recently selected into the Kaiser Permanente Burch Leadership Award program 2014-2016 cohort. Prior to her faculty appointment, she was a Robert Wood Johnson Foundation Health & Society Scholar at the University of California, San Francisco/Berkeley site and was recently selected into the Kaiser Permanente Burch Leadership Award program.

Powell completed her doctoral studies at the University of Michigan Ann Arbor, receiving numerous fellowships and awards for outstanding research. She also earned separate master's degrees in clinical psychology and public health at Michigan and a bachelors' degree in forensic psychology from John Jay College. She currently serves on the editorial board for *Psychology of Men & Masculinity*, and as Chair of the American Psychological Association's newly formed workgroup on Health Disparities in Boys and Men.

Research and Results

Powell's agenda was shaped both by familial and professional experiences. She [Powell] was about 9 years old when her grandfather died from a preventable cancer. "The impact of his loss was uniquely felt by my mom and family," she recalls. "I never got a chance to know him well. I always wondered why he died at age 50." That resonated years later when she was a graduate student at the University of Michigan and saw epidemiological data that clearly showed health disparities for African American men.

For her dissertation, Powell obtained a research grant from the Blue Cross Blue Shield of Michigan Foundation and examined how masculinity, experiences with and perceptions of racial discrimination, and patient-provider communication impact mistrust of medical organizations among a sample of African American men recruited from barbershops in four regions of the U.S. At the time most studies attributed this mistrust to past incidents of medical malice (e.g., the Tuskegee Experiment) and did not consider recent personal experiences. Powell found that men with more traditional beliefs about masculinity, more frequent racial discrimination experiences, and greater perceived racism in health care reported more medical mistrust, while men who reported being encouraged by their fathers to use health care earlier in life and having more recent patient-

centered physician interactions reported lower levels of medical mistrust. These were promising avenues for improvement, she noted: "It's very difficult to modify socio-demographic status, but we can try to increase trust in patient-physician interactions and counteract masculinity norms that push men back from the health care system."

Over the past several years, Powell found that men who were highly mistrustful of the medical system were more than twice as likely to delay routine check-ups and cholesterol screenings, and three times more likely to delay having their blood pressure checked than men who were more trusting. However, men who believed more strongly in traditional masculinity norms "encouraging self-reliance" were actually less likely to delay getting preventive health services. In other words, African American men delay going to the doctor because they do not trust the health care system, not because they want to appear tough or self-reliant. The next step: Leveraging masculinity norms to promote timely health care use.

Powell and her colleagues also found that men who were older, had a usual source of care and more exposure to health-promoting male social networks were more likely than other men to schedule and get a routine health exam. Men who had higher medical mistrust and traditional male role norms discouraging disclosure were less likely to get a

routine health exam. They noted that male social networks might be tapped as sources of encouragement for men to get preventive screening, and that policy work should focus on ensuring that they have a regular source of primary care.

She has also collaborated with researchers at UNC, University of Michigan, University of California and Johns Hopkins University to investigate determinants of usual source of care among African American and Caribbean Black men, correlates of antihypertensive medication adherence among young African American men, and the relationship between disease prevalence and health care access among White and Black male state prisoners. All of these studies are contributing to the growing evidence-base documenting social determinants of male health.

More recently, Powell has examined the combined impact of racial discrimination and the endorsement of masculinity norms on depressive symptoms among African American men. She found more pronounced depressive symptoms among men who confronted racism and held tightly to masculinity norms that encourage them to cope with stoicism and emotional control.

Policy Implications

In February 2010, Powell gave invited testimony before the President's Cancer Panel (PCP) on physician communication with minority patients and its impact on their mistrust and use of health care. The PCP used her testimony to recommend national strategies for eliminating cancer disparities to President Obama. In 2011, she was appointed to serve as White House Fellow to the Undersecretary of Defense for Personnel & Readiness and to Secretary of Defense Leon Panetta, where she provided subject matter expertise on military mental health and health care policies. These experiences ignited Powell's interest in translating her research into policy solutions.

She is especially interested in determining whether low income minority men, previously uninsured and/or disconnected from health care, will gain from the Patient Protection and Affordable Health Care Act (PPACA), and whether disparities in their use of preventive care will be reduced. Specifically, the Act provides \$11 billion in funding over 5 years for expanding sites and services of Community Health Centers (CHCs) aimed at underserved populations, and supports the creation of primary care medical homes by CHCs and other providers. Although the original legislation expanded state Medicaid coverage to everyone under 138 percent of poverty,

to the great benefit of single men over 18 who were previously uncovered in most states, the Supreme Court made this provision voluntary. Thus to date it has been implemented by only half the states. In this era of health care reform, Powell says, "I'm hopeful that we can better advantage unserved and underserved men, and more generally bridge some of the gender divide in health care access and utilization."

To learn more about Wizdom Powell, PhD, and her work, contact her at wizdmp@email.unc.edu and/or consult the following publications:

Cené, C.W., Dennison, C.R., Hammond, W.P., Kim, M.T., Levine, M., Bone, L.R., Hill, M. (2013). Antihypertensive medication non-adherence in Black men: Direct and mediating effects of depressive symptoms, psychosocial stressors and alcohol misuse. *The Journal of Clinical Hypertension*, 15(3), 201-209.

Matthews, D., Hammond, W.P., Nuru-Jeter, A., Cole-Lewis, Y.*, & Melvin, T. (2013). Racial discrimination and depressive symptoms among African American men: The mediating and moderating roles of masculine self-reliance and John Henryism. *Psychology of Men & Masculinity*, 14(1), 35-46.

Hammond, W.P. (2012). "Taking it like a man!": Masculine role norms as moderators of the racial discrimination- depressive symptoms association among African American men. *American Journal of Public Health*, 102(S2), S232-S241.

Rosen, D.L., Hammond, W.P. Wohl, D., & Golin, C. (2012). Disease prevalence and access to healthcare among a national sample of white and black male state prisoners. *Journal of Health Care for the Poor and Underserved*, 23(1), 254-272.

Hammond, W.P., Mohottige, D.*, Chantala, K., Hastings, J.F., Neighbors, H.W., & Snowden, L.R. (2011). Determinants of usual source of care disparities among African American and Black Caribbean men: Findings from the National Survey of American Life. *Journal of Health Care for the Poor and Underserved*, 22(1), 157-175.

Hammond, W.P., Matthews, D.*, Mohottige, D., Agyemang, A., & Corbie-Smith, G. (2010). Masculinity, medical mistrust, and preventive health services delays among community-dwelling African American men. *Journal of General Internal Medicine*, 25(12), 1300-1308.

To learn more about the Kaiser Permanente Burch Minority Leadership Development Program, contact Barbara Krimgold (bkrimgold@altfutures.org) or Marie Briones-Jones (mbjones@altfutures.org), or visit www.altfutures.org/kpburch.