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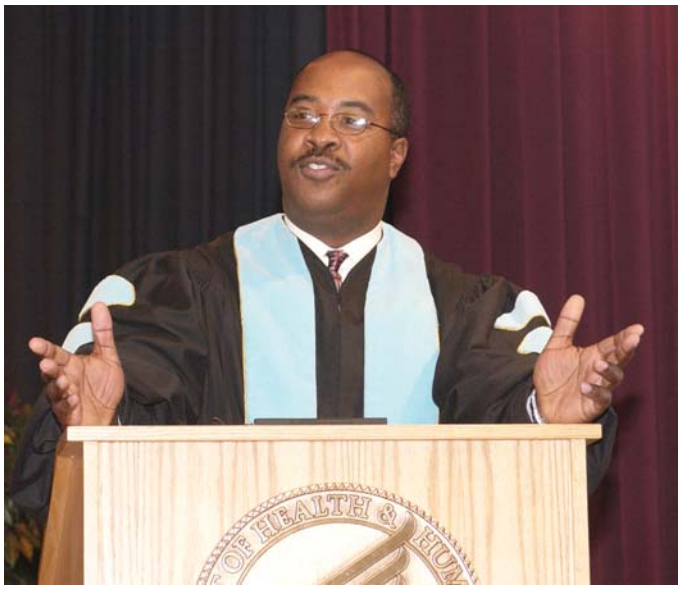
Dr. King Honored with "A Knock at Midnight"



On January 15, 2004, CMS celebrated the 75th birthday of the late Reverend Dr. Martin Luther King, Jr.

This year, the CMS Dr. King Holiday Observance featured Dr. Barney Wilson, Administrator, Community College of Baltimore County in Dundalk. Dr. Wilson began his address by recounting the many hats worn by Dr. King in his life. He remarked that Dr. King is most remembered and celebrated for leading the civil rights movement of the 1950's and 1960's and for heading such organizations as the Montgomery Improvement Association and the Southern Christian Leadership Conference.

Dr. Wilson reminded the crowd, however, that Martin Luther King, Jr. was more than just the leader of this important movement. Dr. King was a husband and father; he was an ordained minister with an established congregation; he was a student and an author; and a brother and a son. Dr. King was also human. Dr. Wilson offered a perspective of his life seldom discussed and often overlooked.

Dr. Wilson then described how as a child his mother had played recordings of some of Dr. King's speeches and sermons. As a young boy, Dr. Wilson sat mesmerized by the great oratory prowess of Dr. King, and unconsciously learned to recite the words of the speeches he heard. One speech in particular resonated with Dr. Wilson, *A Knock at Midnight*. This sermon was written after Dr. King returned home near midnight after a long strategy session with his colleagues. Dr. King received a phone call with a message that if he wanted to remain alive, he had to leave Montgomery. When Dr. King hung up, he felt devastated; he felt he could not take it any more. Restless and fearful, he went to the kitchen, made some coffee and sat down at the kitchen table.

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Notification and Federal Employee Anti-Discrimination and Retaliation Act

As required by the recent civil rights law, Notification and Federal Employees Anti-Discrimination and Retaliation Act (No FEAR Act), CMS will conduct training for all staff on the requirements of this law.

The No FEAR Act imposes new enforcement requirements upon federal agencies and is designed to hold agencies more accountable for ensuring the protection of federal employees from discrimination, harassment, retaliation and retaliation for whistleblower activities. The law specifically identifies training for all employees on their rights, protections, and remedies.

Also in compliance to the No FEAR Act, CMS has added related data on the OEOCR web site:

http://cmsnet.cms.hhs.gov/hpages/oeocr/NoFearActData.htm

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Dr. King Honored with "A Knock at Midnight"

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As Dr. Wilson noted, Dr. King saw this moment that followed as one of the most profound spiritual experiences of his life. In perhaps his only public sharing about his experience of God, he spoke of that event on several occasions. His book, *Stride Toward Freedom*, tells the story:

"I was ready to give up. With my cup of coffee sitting untouched before me, I tried to think of a way to move out of the picture without appearing a coward. In this state of exhaustion, when my courage had all but gone, I decided to take my problem to God. With my head in my hands, I bowed over the kitchen table and prayed aloud.

The words I spoke to God that midnight are still vivid in my memory.

I am here taking a stand for what I believe is right. But now I am afraid. The people are looking to me for leadership, and if I stand before them without strength and courage, they too will falter. I am at the end of my powers. I have nothing left. I've come to the point where I can't face it alone.

At that moment, I experienced the presence of the Divine as I had never experienced God before. It seemed as though I could hear the quiet assurance of an inner voice saying: "Stand up for justice, stand up for truth; and God will be at your side forever." Almost at once my fears began to go. My uncertainty disappeared. I was ready to face anything."

The Rev. Dr. King then composed a sermon to share with others, a sermon to share the fear and concern he experienced on that fateful night. It was this speech that moved the young Barney Wilson to commit the words to memory. Dressed in his academic robes, and standing behind the podium, Dr. Wilson recited that sermon in a moving and memorable performance that served justice to the memory of Rev. Dr. Martin Luther King, Jr.

Ramón Surís Fernández, OEOCR Director, closed the 2004 King commemorative program by thanking the participants and audience, and by reminding those gathered that, *"We commemorate Dr. King's inspiring words, because his voice and his vision filled a great void in our nation, and answered our collective longing to become a country that truly lived by its noblest principle – that all men are created equal. We commemorate on this holiday a man who put his life on the line for freedom and justice every day. A man who braved threats and jail and beatings, a man who was arrested 29 times to achieve freedom for others, and who ultimately paid the highest price to make the promise of democracy a reality for all Americans."*

As prelude to the program, Betty Davis, of the Office of Information Services, played a musical medley on piano while a projector displayed images from the documentary film Montgomery to Memphis – depicting the march led by the Rev. Dr. King. Betty Shaw, from the Office of Clinical Standards and Quality, served as emcee for the program. Georgia Perry offered the invocation for the event and the CMS Choir performed several selections celebrating the life and the dream of the Rev. Dr. King.

The program was also broadcast live to the regions and the Washington, D.C. office.

Limited English Proficiency and Low Health Literacy

This is the third of a series of CenterPage *articles on LEP. The first article appeared in the Spring 2003 issue.*

"Limited English proficiency" (LEP)[1] and "low health literacy"(LHL) are barriers to an individual's ability to obtain, process, and understand basic health information necessary for navigating the health care system; making reasoned health care decisions; and maintaining health. With LEP, the barrier affects individuals whose native language is not English and who do not understand English well enough to navigate an English-speaking health care system. With LHL, the barrier rests in the lack of understanding one's native language well enough to navigate the health care system in that language.

Healthy People 2010[2] defines health literacy as "the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions." In a seminal 1999 article reviewing health literacy peer-reviewed articles and initiating a "call for action," the American Medical Association's Council of Scientific Affairs (CSA) defined *functional* health literacy as "a constellation of skills, including the ability to perform basic reading and numerical tasks required to function in the health care environment."[3] The definitions are compatible.

Many LEP individuals, already at a distinct communication disadvantage in the English language, must also contend with low health literacy and lack of verbal communication skills in their native languages. It is at this juncture--the point where LEP and LHL in one's native language meet in the same individual--that translated materials may be too complex in presentation, writing style, and vocabulary for individuals with low-levels of functional literacy in their native languages. Similarly, in order to assure appropriate oral communication, interpretation must also consider oral skill level.

Although health literacy problems affect people from all backgrounds, the 1992 National Adult Literacy Survey[4] (NALS) found older people, non-whites, immigrants and those with low incomes are disproportionately more likely to have severe limitations in reading and understanding written information. In

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[1] LEP individuals are those who do not speak English as their native language and who have a limited ability to read, write, speak and understand English.

[2] Healthy People 2010 sets out the Department of Health and Human Services' overarching goals and objectives for the first decade of the 21st century: increase the quality and years of healthy life; and eliminate health care disparities. U.S. Department of Health and Human Services, *Healthy People* 2010. 2nd ed. 2 vols. Washington, D.C.: U.S. Government Printing Office, November 2000.

[3] American Medical Association. "Health Literacy Report of the Council on Scientific Affairs," Journal of the American Medical Association, 1999; 281:552-557.

[4] Kirsch J, et al. *Adult Literacy in America: A First Look at the Results of the National Adult Literacy Survey*. U.S. Department of Education, 1993. The NALS did not include health-related items, and it is unclear how many elderly people in the general population have inadequate health literacy.

Limited English Proficiency and Low Health Literacy

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significant part, these are the very populations who rely primarily on Medicare, Medicaid, and the State Children's Health Insurance Program for their health care.

LEP and LHL are both part of Bush Administration initiatives to make federal programs and activities more accessible to vulnerable populations. Health literacy is one of the five areas Secretary Thompson has identified as critical to the Department's health care quality effort.[5] The White House is fully engaged on the LEP issue and supports federal agency initiatives to ensure that LEP beneficiaries receive equal access to federal programs and activities.[6] Continued CMS efforts on LEP and LHL remain critical. You can read the full version of this article at: http://cmsnet.cms.hhs.gov/hpages/oeocr/LEPandLHL.pdf

CMS Commemorates Brown v. Board Decision

Dr Hayden receives appreciation plaque from Patricia Lamond, Deputy Director, OEOCR.

The landmark Supreme Court decision in *Brown v. Board of Education* provided the theme for the National Black History Month programs in 2004.

Recognizing the 50th anniversary of *Brown v Board of Education*, CMS celebrates Black History Month with several events throughout the month.

On February 10, Dr. Carla Hayden, Executive Director of the Enoch Pratt Free Library in Baltimore returned to CMS to share her point of view of *Brown v Board of Education*. Helene Braver, assistant to Senator Barbara Mikulski also attended the program and read a message from the Senator.

On February 17, Judge Arrie W. Davis, Court of Special Appeals of Maryland provided the legal context for *Brown v. Board of Education*. Judge Davis also answered questions from CMS staff about the National and local impact of the Supreme Court decision. Joining Judge Davis was Jules Dunham, Principal of Jul Enterprise, who read, *Still I Rise*, a poem written by Maya Angelou.

Experts on Healthcare Disparities Meet at CMS

On February 26, CMS brought together a distinguished panel to lead discussions on health disparities. The panel included Dr. Anne Beal, Program Officer, Program on Quality of Care for Underserved Populations, Commonwealth Fund; Dr. Michael Christopher Gibbons, Associate Director for Community Initiatives, Johns Hopkins Urban Health Institute; and Stephen B. Thomas, Ph.D.; Center for Minority Health, University of Pittsburgh Graduate School of Public Health.

Panel members, left to right: Dr Michael Gibbons, Stephen B. Thomas, Ph.D., and Dr. Anne Beal

As part of Black History Month, the Office of Equal Opportunity and Civil Rights partnered with Dr. Chris Gibbons, Associate Director for Community Initiatives at The Johns Hopkins Urban Health Institute to present a discussion on health disparities in the Black community.

The panel's presentation was timely as it immediately followed the Department of Health and Human Services' (HHS) release, on February 23, 2004, of the *National Healthcare Disparities Report*. In the Executive Summary to the report, Secretary Tommy Thompson is quoted: "Communities of color suffer disproportionately from diabetes, heart disease, HIV/AIDS, cancer, stroke and infant mortality. Eliminating these and other health disparities is a priority of HHS."

Four key findings in the report are striking: (1) inequality in quality persists; (2) disparities come at a personal and societal price; (3) differential access may lead to disparities in quality; and (4) opportunities to provide preventive care are frequently missed. This report provides support for the findings of the Institute of Medicine's March 2002 report on *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*.

"Racial and ethnic disparities in healthcare exist. These disparities are consistent and extensive across a range of medical conditions and healthcare services, are associated with the worse health outcomes, and occur independently of insurance status, income, and education, among other factors that influence access to healthcare." (p. 79)

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[5] See, for example, U.S. Department of Health and Human Services, "Communicating Health: Priorities and Strategies for Progress—Action Plans To Achieve the Health Communication Objectives in *Healthy People* 2010." Washington, D.C., July 2003.

[6] See, for example, www.lep.gov.

BIG Recognize CMS Employee at MLK Event

The "Call for Drum Majors for Peace and Justice" brought over 200 employees and guests together at a breakfast and community service award presentation to honor the birthday of Rev. Martin Luther King, Jr.

The first recipient of the newly established 2004 MLK Community Service Award was Joyce Williams of the Centers for Beneficiary Choices. Ms. Williams was selected by a panel of CMS employees for outstanding community service and a commitment to nonviolence, equality, and tolerance.

The tribute to Dr. King also included remarks from Rev. Vernon Dobson of Baltimore's Union Baptist Church. Rev. Dobson, who has personal ties to the late Dr. King and is a pioneer of the demonstrative civil rights era of the 60's and 70's, spoke about the challenges of our communities today. Rev. Dobson's speech displayed the passion and wit he is known to bring to his life's work.

A copy of the video of this event can be found at the CMS Library.

Experts on Healthcare Disparities *(Continued from Page 3)*

Interestingly, the speakers' comments touched on the four key findings in the National Report.

Dr. Thomas' perspective reflected a community-centered/patient centered approach to addressing racial and ethnic health disparities. Citing HHS' *Healthy People* 2010's goals and objectives for the first decade of the 21st century to increase the quality and years of healthy life and eliminate health care disparities, Dr. Thomas emphasized the need to go to the community, to go where the people are, as a primary course of action in addressing disparities that exist in immunizations, diabetes, coronary disease, cancer, etc. In short, Dr. Thomas honed in on the fact that opportunities to provide preventive care are frequently missed because health care workers do not go to where the people are, i.e., shopping centers, barbershops, beauty salons and churches. Dr. Thomas suggested that waiting for the people to come to them, contributes to differential access and disparities in quality of care He explained the need for pulling together resources in the community to serve the community.

Dr. Beal approached disparities from the perspective of quality health care. She noted, for purposes of a disparities discussion, that "health status" within the community addressed issues of disease incidence, prevalence and outcomes and that "health care" addressed prevention and treatment. Disparities in minority communities cross issues related to health status and health care. In particular, Dr. Beal saw a definite need to tie disparity issues to national quality initiatives and to stratify quality surveys by race and ethnicity. She emphasized the need to establish a knowledge base with regard to issues of health status and health care, develop societal strategies to accomplish change, and possess the institutional and political will to implement change.

Dr. Beal used the example of the disparity in infant mortality rates in the African American community and her own pregnancy to address issues of mistrust, fear and anger. She, as well as Dr. Thomas, noted the lingering effects of the infamous Tuskegee Experiment and the need to engage in culturally sensitive efforts to reach out and serve minority communities.

In response to a question from the audience, Dr. Beal expanded on the need for cultural competence and culturally and linguistically appropriate services. Dr. Beal stated that cultural competence and the delivery of culturally and linguistically appropriate services should not be held hostage to the "proof" that the two result in a reduction in health disparities. Cultural competence allows providers to bridge cultural gaps between themselves and their patients and consistently results in improved health communication and outcomes.

Calendar of Events

Women's History Month
CMS Auditorium
March 17, 2004

Holocaust Memorial
CMS Auditorium
April 21, 2004, 11:00 a.m.

Take Our Daughters & Sons to Work Day
CMS Auditorium
April 22, 2004, 8:30 a.m.

Diversity Day
June 2004

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CenterPage is published quarterly by staff of the Office of Equal Opportunity and Civil Rights. **CenterPage** is designed to provide information and updates on events and activities that promote diversity and equal employment opportunities at CMS. You may e-mail responses and comments to CenterPage or fax (410) 786-9549.