

# Glastonbury Martin Luther King event highlights healthcare disparities, call to action

By Steve Smith  
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Dr. David Williams and Dr. Tekisha Dwan Everette both spoke about inequities, fielded questions from the audience, and suggested calls to action. (Steve Smith)

Glastonbury — A return of sorts to larger celebrations of Dr. Martin Luther King, Jr. - by the Glastonbury Martin Luther King Community Initiative - was a successful event at Smith Middle School.

The afternoon of Jan. 15 was filled with music by the Glastonbury High School Concert Choir, which performed several selections, and local advocacy groups had tables set up for visitors to learn about their causes - and hopefully get involved.

A film, *Summers of Freedom: the Story of Martin Luther King, Jr. in Connecticut*, produced by Simsbury High School students in 2011, was also shown. The film documents King's time during two summers, 1944 and 1947, when he worked in Simsbury's tobacco fields.

The centerpiece of the event was a conversation on healthcare disparities along racial, socioeconomic, and cultural lines, featuring Harvard University Chair, Department of Social and Behavioral Sciences Dr. David Williams, and Executive Vice President, Trust for America's Health Dr. Tekisha Dwan Everette.

Williams presented several studies that showed relationships between health and race and socioeconomics, including that life expectancy for Black Americans has lagged behind that of whites for several decades.



The Glastonbury High School Concert Choir performed several songs, including "Lift Every Voice and Sing." (Steve Smith)

"In 1950, the average white person lived about eight years longer than the average African American [69.1 years to 60.8]," he said. "We have made progress over time. You can see life expectancies generally increasing for African Americans over time, and steadily increasing for whites over time, but you can see that in 2010, there is still a four-year gap in life expectancy [78.8 years to 74.7]."

In studies done around the world, socioeconomic effects, Williams said, are the biggest predictors of health, as well as any valuable resource. As an example, he pointed to the SAT test scores of students from a range of total family incomes. The scores correlated.

"There's a graded, straight line relationship," Williams said. "Every higher level of household income, on average in America, is associated with a higher SAT score. So, what does the SAT test capture? It captures exposure to resources that facilitate

academic success. It's true for the SAT test, and it's true for a lot of other things in society."

Everette's remarks dovetailed with those of Williams. She used a local example of the line between Glastonbury and East Hartford.

"Do you think it's fair that people who live on one side of that line, in East Hartford, have worse health outcomes than the folks who live on the other side of that line, in Glastonbury?" Everette said. "Do you think it's fair that the education system... in East Hartford is not as well-funded, well-supported and not producing the same outcomes as this wonderful middle school and other schools here in Glastonbury?"

Everette encouraged people to be feeling the same kind of unrest that King felt, especially after decades have passed.



Dick Allen, a member of the GMLKCI, said that social justice is a term that describes a community's passion for providing all people with the basics of life, including civil rights, education, healthcare, employment, and respect. (Steve Smith)

"These experiences are still happening today, after we have been doing this work for years," she said, adding that while there are means of helping individuals, a more-systemic approach is needed.

"I argue that we've been doing the work the wrong way," she said. "We've been very focused on giving individual opportunities to people, hearing these big social problems and really thinking on an individual level, 'How do I help this one kid, this one family,

or this one people?’ Helping one individual or one family at a time is charitable, but we need to move beyond the charity. We need to move to dismantle the structures that produce the need for the charity that we’re giving.”

Among strategies to reduce healthcare gaps, Williams suggested creation of “communities of opportunity.”

“To minimize, neutralize, and dismantle the systems of racism that create inequities in health,” he said, “we need to enrich the quality of neighborhood environments, increase economic development in poor areas, and improve housing quality. These are all strategies that are powerful, and that we need to do.”

For more information, visit [www.glastonburymlkci.org](http://www.glastonburymlkci.org).