Coordinated Care Organization Summit
Governor Kitzhaber and The Oregon Health Authority

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Health Equity from Theory to Practice

USF | UNIVERSITY OF SOUTH FLORIDA

School of Public Health *"My Practice, My Passion"*

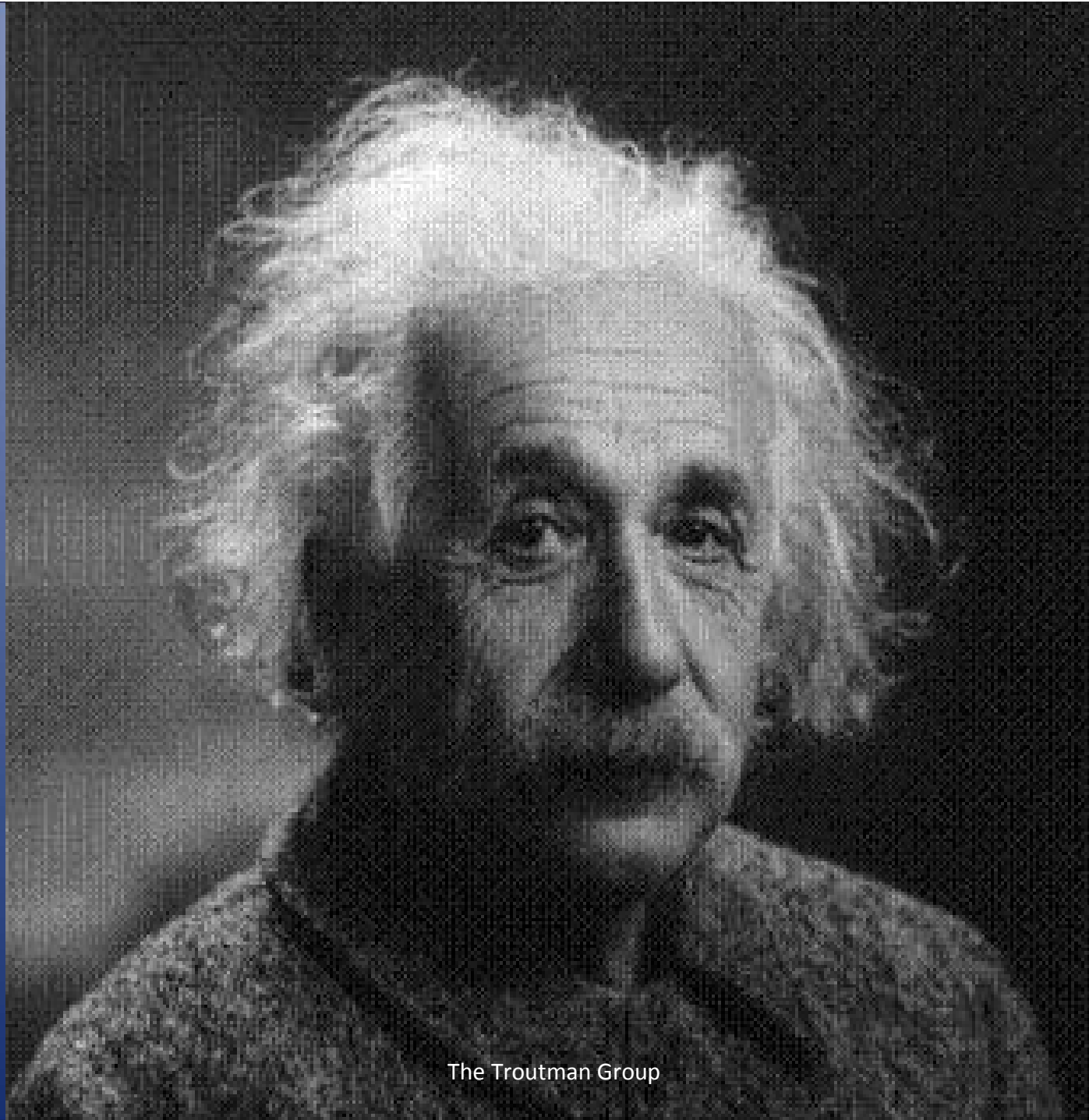Portland, Oregon
December 5th 2013

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Born in to…………..

- Poverty
- Racial Tension
- Urban Ghetto
- Segregation
- No Green Space
- Public Transportation dependency
- Domestic Violence
- Alcoholism
- Single Parent
- Absent Father
- Abandonment

My personal story "Drumbeat Heartbeat"

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How you frame an issue

- The questions you ask
- Determines your analysis of the issue
- Determines how you prioritize it
- Determines your policy choices
- Determines resource allocation
- Can determine your allies and your enemies
- Can define when an issue has been resolved

Reframing

- Health vs. Healthcare

- Individual (Medical model) vs. Population Health

- Market Justice vs. Social Justice

- Rights vs. Privileges

- Biological/Behavioral Determinants vs. Social Determinants

- Creating Health Equity vs. eliminating Health Disparities
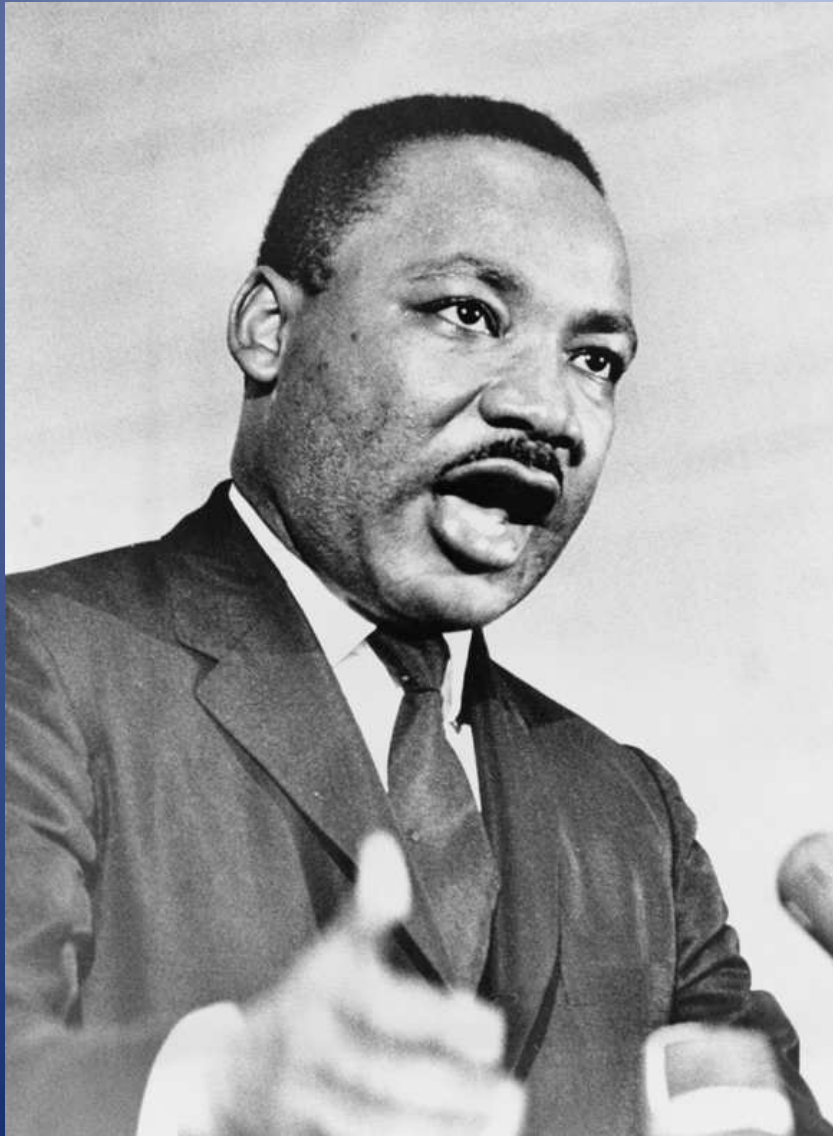
"Of all the injustices, injustices in health are the most shocking and inhumane"

Dr. Martin Luther King Jr.

Health

- The presence of physical, psychological, social, economic and spiritual well being not merely the absence of disease or infirmity

- The maintenance of a harmonious balance between mind, body and spirit

Health Equity

Health equity is the realization by all people of the highest attainable level of health.

Achieving health equity requires valuing all individuals and populations equally, and entails focused and ongoing societal efforts to address avoidable inequalities by assuring the conditions for optimal health for all groups, particularly for those who have experienced historical or contemporary injustices or socioeconomic disadvantage.

A New Direction
A Bolder, Comprehensive Direction

Social Determinants

Looking upstream, finding the causes of he causes.

"The web of causation"

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Social Determinants of Health

- The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities.

- These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors.

- Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world

Determinants of Health

- Social and Economic Environment
- Physical Environment
- Health Behaviors
- Health Care Access
- Policies & The Political Environment
- The Balance of Power
- Genetics/Biology

Social Determinants

Socioeconomic Status

- Occupation
- Education
- Income
  - Income gaps
- Racism & Discrimination
- Housing
- Political Power

WHO

- Early Life
- Social Exclusion
- Work
- Unemployment
- Social Support
- Addiction
- Food
- Transport
- The Social Gradient
- Stress

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Education Matters

How Does Education Influence Health

- Education can improve health by increasing health knowledge
- Leads to greater employment opportunities
- Linked with social and psychological factors that affect health
- PQLI experience
- "55,000 degrees"
- Kalamazoo Promise

Unemployment Rates by Education Level
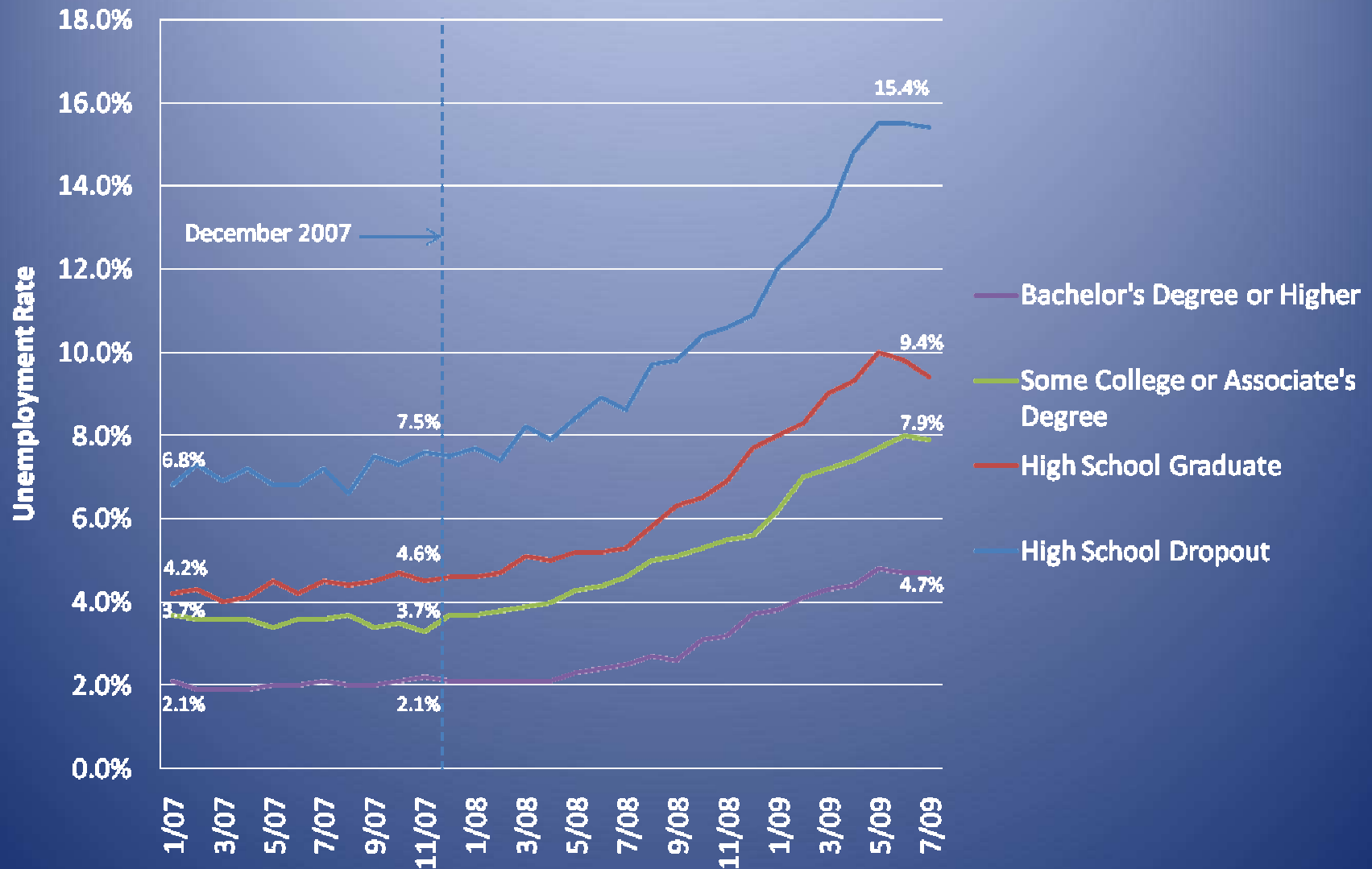
Children, Poverty and Education

- **Have lower levels of educational attainment**
  - more likely to score lower on standardized tests, be held back a grade, drop out of high school,
  - less likely to get a college degree
  - attend schools with fewer resources
  - suffer from poor nutrition, chronic stress, and other health problems that interfere with their school work
  - change residences and schools frequently as their families struggle to find affordable housing
- **Have lower earnings and are more likely to live in poverty as adults**
- **Educational attainment and life expectancy**

Place Matters
The Built Environment

"Tell me how a man died and I'll tell you where he lived"
Aristotle

Opportunity Neighborhoods: What we all desire

- Sustainable employment
- High performing schools
- Access to high quality healthcare
- Adequate transportation
- High quality childcare
- Neighborhood safety
- Institutions that facilitate civic engagement

Help is on the Way

Help is HERE

AFORDABLE CARE ACT
Public Health

- Medicaid
- Health Insurance Exchange
- Employer Requirements
- Public Health Prevention
- Safety Net
- Delivery and Payment Reform
- Data Collection
- Research
- Workforce Development
- Social Determinants of Health

Health Disparities and the Patient Protection and Affordable Care Act (PPACA)

- There are numerous provisions in the PPACA that address reducing health" disparities" and increasing health care equity

- These fall under six domains:
  - Consistent data collection
  - Workforce diversity
  - Cultural competence training and education
  - Funding health inequities research
  - Prevention program promotion
  - Addressing inequities in health insurance reform

PPACA and Integration

- ACA has a number of provisions to integrate primary and behavioral health care
  - SAMHSA states that:
    - "For consumers of mental health services or those in recovery from addiction disorders, the law's provisions and the general movement toward integration are important steps that can lead to improved overall health"[13]
    - How do the 6 domains address health disparities and how can they be incorporated into integrated care models?
  - Discussion: How does your county mental health and public health agencies address these 6 domains, and what models of integrated behavioral health care are being implemented?
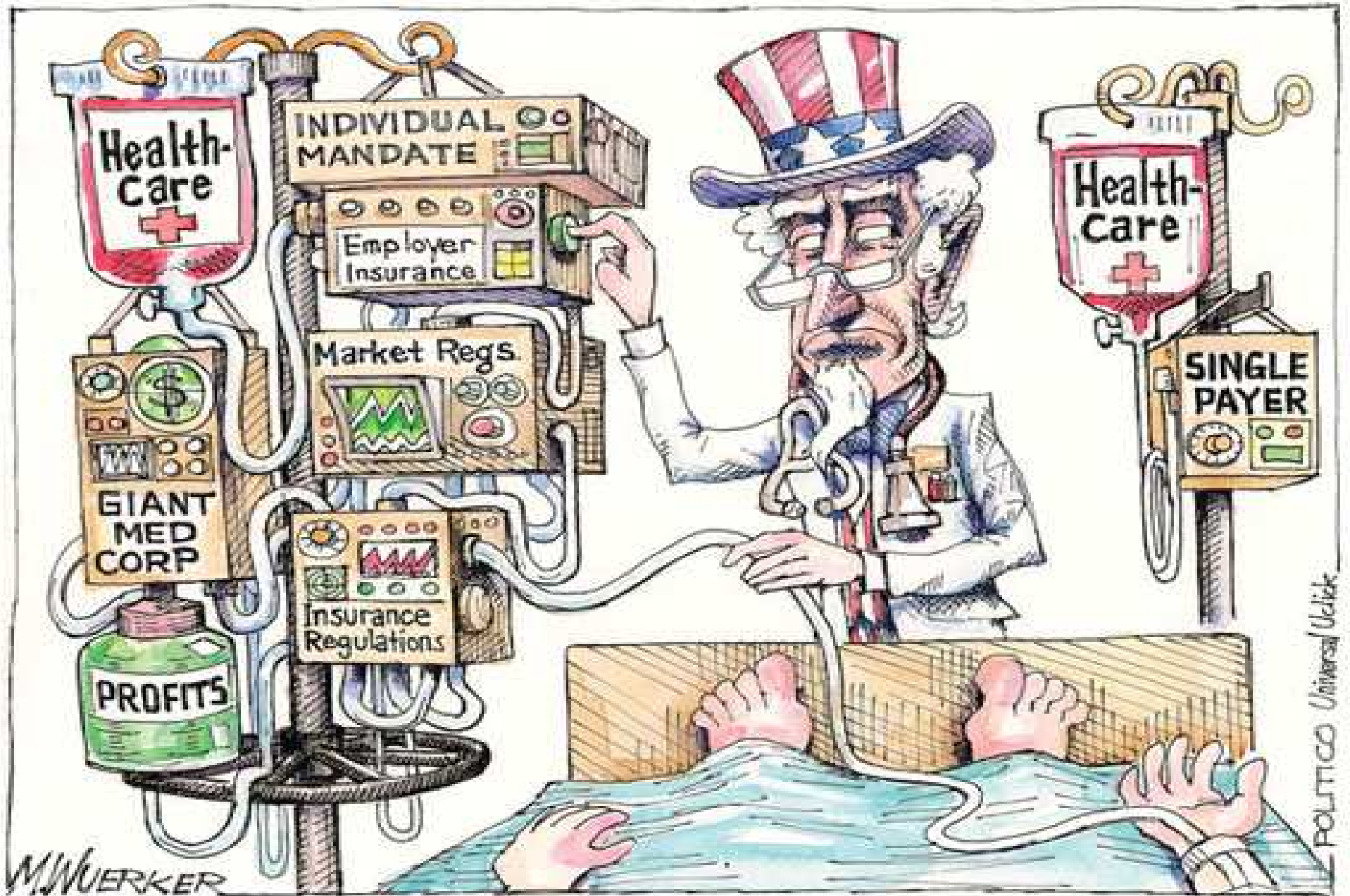
Doctor, that looks awfully confusing and inefficient.
Why can't I have the other way?

Health in All Policies

addresses the effects on health across all policies such as agriculture, education, the environment, fiscal policies, housing, and transport. It seeks to improve health and at the same time contribute to the **well-being and the wealth of the nations through structures, mechanisms and actions** planned and managed mainly by sectors other than health. Thus HiAP is not confined to the health sector and to the public health community, but is a complementary strategy with a high potential towards improving a population's health, with health determinants as the bridge between policies and health outcomes.

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CHAMPION HEALTH IN ALL POLICIES

- Reach out to Transportation

- School Administrators

- Land use decision makers

- Parks and Recreation

- Business

- Housing Authorities

Coordinated Care Organizations
and
Behavioral Health and Healthcare

Health Disparities in Mental Health

- Children from racial/ethnic minority groups are 1/3 to 1/2 less likely to receive necessary mental health treatment than White children, despite similar prevalence rates

- Only 1 in 11 Latinos with a mental health disorder contacts a mental health provider and 1 in 5 contacts a general health care provider

- LGBT adults have higher rates of smoking, alcohol and drug use, suicide, and depression

Causes of Disparities in Mental Health and Substance Use Disorders

- Lack of insurance
- Geographic and provider-level differences
- Poor access
- Low quality of care
- Health provider assumptions, discrimination
- Language barriers
- Mental health workforce disparities

Center for Health Equity (CHE)

Located in a minority community, CHE works to eliminate social and economic barriers to good health.

Established to reshape the public health landscape, and serve as a catalyst for capacity building and policy change initiatives.

Initiatives

- Framing research
- Health Equity Community Hearings
- Health Equity (Civic capacity building) mini grants
- Health Equity Speaker Series
- Web based learning
- Retraining workforce (Dialogue process)
  - Outreach workers as community organizers
- Undoing Racism workshops (community wide)
- Health Equity Summit

Initiatives

- Photo voice
- Community dialogues (Unnatural Causes)
- Operationalizing Health Equity within the department
- CHI project
- HIA-Shepard Square (Hope 6)
- The cabinet dialogue
- Food justice/Food security task force

Collaborations

The active and planned participation of diverse organizations, groups and individuals in a collective effort to define and address issues in the community

Partnerships

Partnerships and collaboration suggest relatively structured and formal relationships that are focused on achieving specific, collective goals

Partners

- Create broad based support for programs
- Critical to implementing comprehensive solutions
- Need to be effective sustainable and beneficial to all partners
- Create broad based social movements

Alameda County Health Dept Alameda, California

- Rethink infrastructure and organizational culture
- Building community capacity-a method for combating social inequities such as poverty, racism and unemployment
- Using public policy to tackle societies inequities

Alameda County Health Dept Community Based Intervention

- Community assessment and issue selection
- Resident Action Council (RAC)
- Leadership training
- Community mini-grant program
- Time bank-one time dollar for each day of service
- Youth capacity building

Seattle King County Health Dept. Guiding Principles to Ensure Health Equity

- Address the root causes of inequities
- Seek out health equity policies
- Empower communities
- Work across agencies and departments
- Recognize and honor cultural differences
- Aim for long term permanent change

Seattle King County
Measuring Progress

- Health Equity Impact Assessment Tool

- Curriculum training for staff

- Staff and community facilitated dialogue using "Unnatural Causes"

Boston Public Health Commission
Undoing Racism

Promote an Anti-racist Work Environment

Policy Development

1. Establish shared vision/mission/goals that articulate an institutional commitment to undoing racism as a central public health activity and create a corresponding set of performance measures to assess progress

2. Establish recruitment and retention policies that reflect the need for increased representation of people of color in all service and leadership positions

3. Establish standards on 'community inclusion' for all projects, programs, services, evaluations and compliance mechanisms

Promote an Anti-racist Work Environment

Structural

1. Assemble an internal team to guide on-going anti-racism work
2. Increase opportunities for shared decision-making that involve staff across disciplines and job titles

Promote an Anti-racist Work Environment

Assessment Activities

1. Provide all employees with anti-racism training
2. Develop multiple methods to assess how racism is at play within the institution
3. Assess workforce composition by race/ethnicity and develop strategies for increasing diversity at all levels
4. Create/use a tool to assess "institutional racism" that can identify challenges, suggest quality improvement strategies and measure progress

Place Matters

- Multisite grant funded projects aimed at the Social Determinants of Health and Health Equity
- Connecticut Health Equity Health Index
- The Social Health of the Nation Index
- The Physical Quality of Life Index (PQLI)

Operationalize health equity and social justice into theoretical base and practice patterns of your organizations

"Exploring the Root Causes of Health Inequities"(NACCHO)

- This course considers the root causes of inequity in the distribution of illness, disease, and death. The course, based on a social justice framework, is a conceptual introduction to ground public health practitioners in concepts and strategies for taking action in everyday practice.

- WWW.NACCHO.ORG

Integrate health and social justice and "Unnatural Causes: Is Inequality Making Us Sick" into all CCO's

Unnatural Causes
PBS Mini Series

1. Health is more than health care.
2. Health is tied to the distribution of resources.
3. Racism imposes an added burden.
4. The choices we make are shaped by the choices we have.
5. High demand + low control = chronic stress.
6. Chronic stress can be deadly.
7. Inequality – economic and political – is bad for our health.
8. Social policy is health policy.
9. Health inequities are not natural.
10. We all pay the price for poor health.

–Unnatural Causes

My hope is that..........

- Gained new knowledge
- Will use the knowledge
- Found relevancy in what you do
- Worth your time
- Gave new perspective
- Generated a national discussion on justice
- At least one actionable item
- Inspired

What Can WE DO

- Strive for a Collective Consciousness
- Find Political will, it takes courage
- Become a true Ambassador for Health Equity and Social Justice
- Redefine your personal and professional values
- Start looking at the world as if we all came from "one womb" - Johnetta Cole
- "There is no them. There is only us"
- Remember the POWER OF ONE is real
- Be willing to take The Risk
- Remember this has to be a MOVEMENT
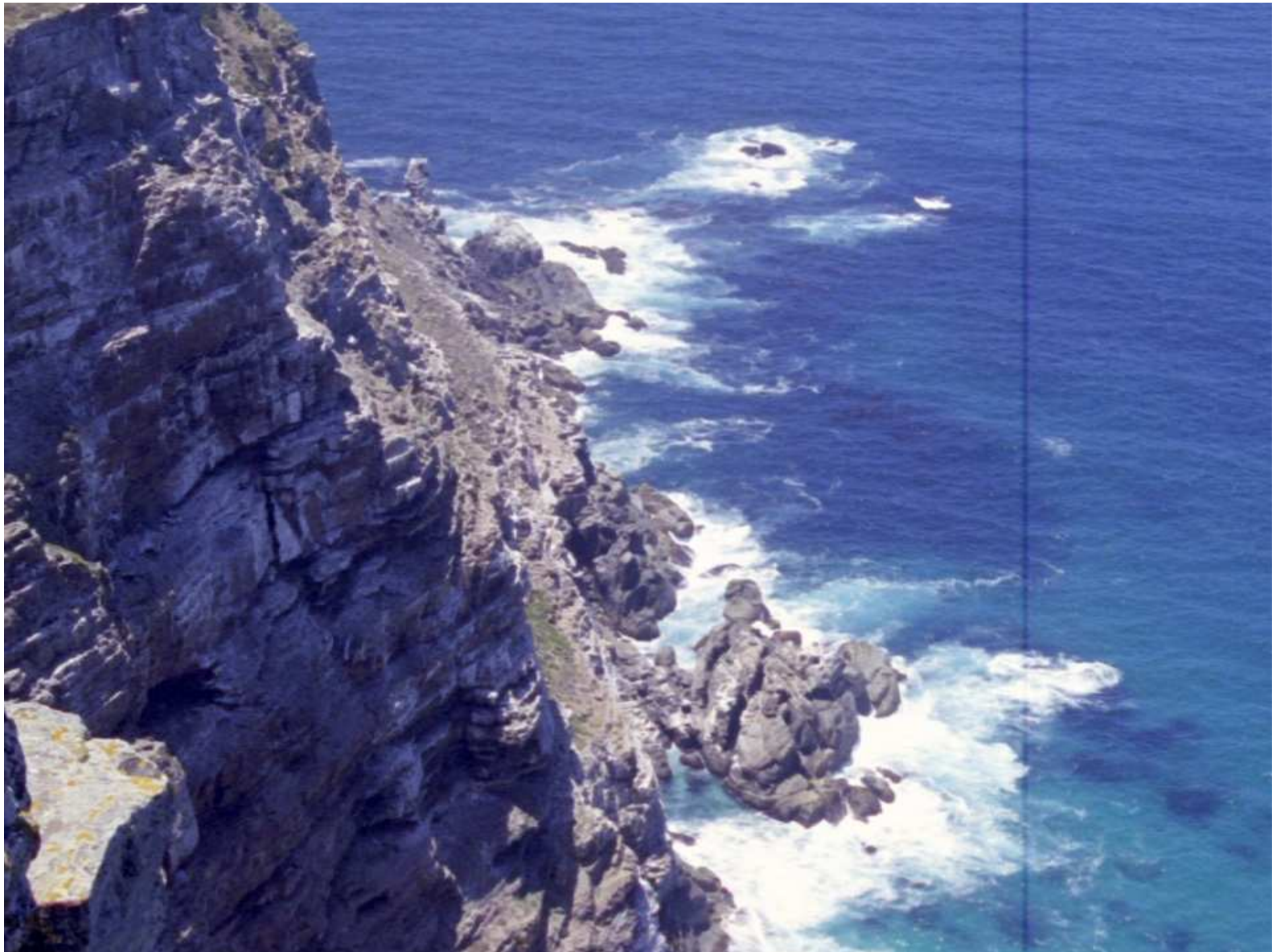
To laugh is to risk appearing a fool. To weep is to risk appearing sentimental. To reach out for another is to risk involvement. To expose your feelings is to risk exposing your true self. To place your ideas, your dreams before the crowd is to risk there loss. To love is to risk not being loved in returned. To live is to risk dying. To hope is to risk despair.To try is to risk failure.

.

But risks must be taken because the greatest hazard in life is to risk nothing. The person who risks nothing, does nothing, has nothing, and is nothing. He may avoid suffering and sorrow, but he can't simply learn, feel, change, grow, love or live. Chained by his certitude, he is a slave, he has forfeited his freedom. ONLY A PERSON WHO RISKS IS FREE

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Social Exclusion
Work
Addiction Matter

Social Exclusion

- Correlated with
  - Racism
  - Discrimination
  - Stigmatization
  - Hostility
  - Unemployment

Social Exclusion

- Poverty
  - Absolute; a lack of the basic material necessities of life
  - Relative; living on less that 60% of the national median income
- Poverty and social exclusion result in an increased risk of divorce, separation, disability, illness and addiction

Work

- Having little control over work is associated with
  - Increased CVD
  - Absence due to sickness
  - Low back pain
- Receiving inadequate rewards associated with increased CVD

Addiction

- Response to social breakdown

- Escapism

- Important factor in worsening inequities in health

- One of initial six causes of excess deaths in US (1985 Task Force Report)

Health Disparities in Mental Health

- Hispanic Americans (except those from Puerto Rico), Asian Americans, and Black Americans have a lower incidence of mental disorders than White Americans

- The Latino or Hispanic paradox – Hispanic populations have lower rates of illness, but the more time someone from Mexico, Africa, or the Caribbean spend in the US, the higher the rate of disorders

- American Indians are at higher risk for PTSD and alcohol dependence, but at lower risk for depression[11]