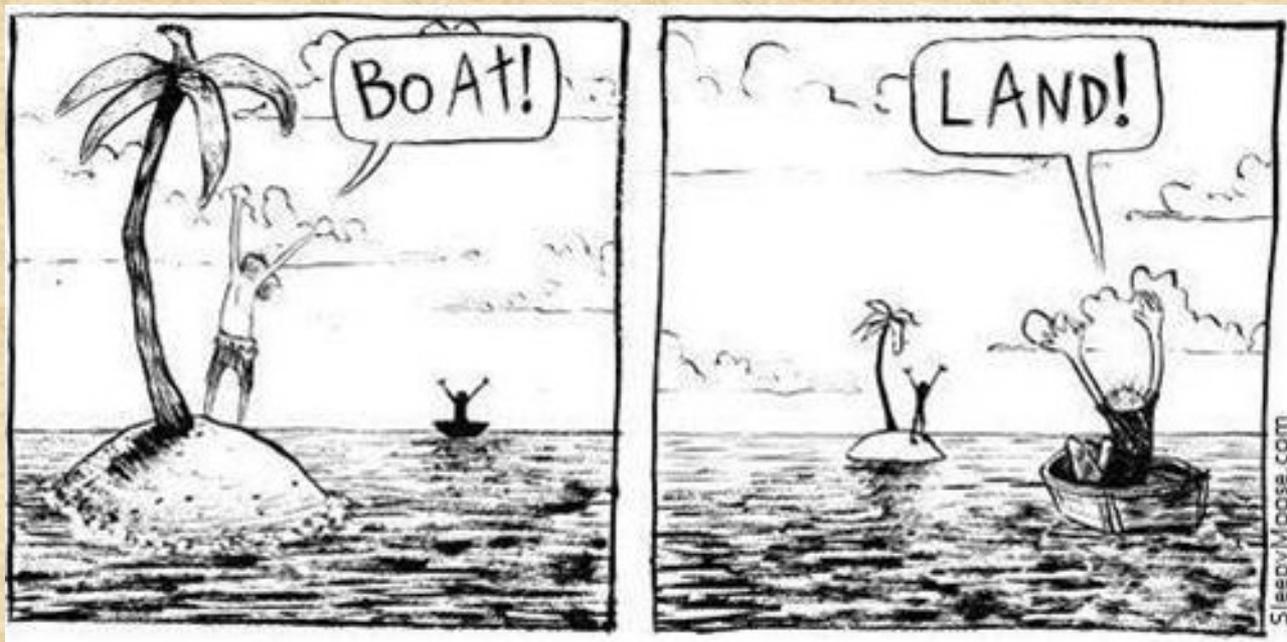


Shifting the Frame: Achieving *Health Equity* in Delaware



Health Equity Partners Workshop

September 10, 2013

Erin K. Knight, PhD, MPH

Overview

- Health inequities and their causes
- Defining health equity
- Achieving health equity
- Creating a common agenda



Definitions

Health Disparity

....difference in disease prevalence,
outcomes, or access to care

Health Inequity

....difference that is unnecessary,
avoidable, unfair and unjust

Social Determinants of Health

....economic & social conditions that influence health
and which are largely responsible for health inequities



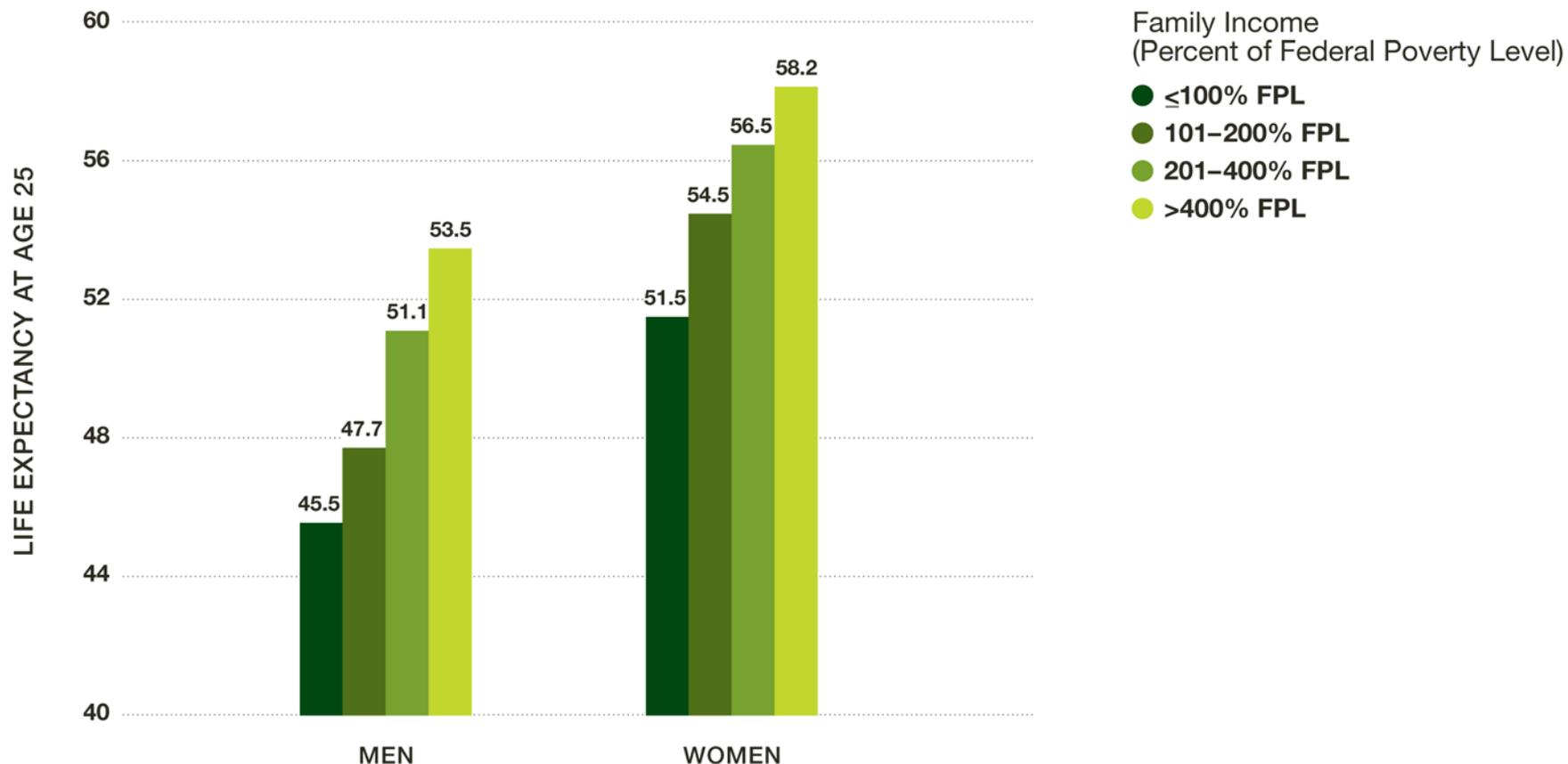
Social Position Matters



- Income and education are markers of socioeconomic position.
- Lower socioeconomic position results in:
 - ↑ exposure to health threats
 - ↓ resources to support or promote health
 - poorer health

Higher Income, Longer Life

Adult life expectancy* increases with increasing income. Men and women in the highest-income group can expect to live at least six and a half years longer than poor men and women.



Prepared for the Robert Wood Johnson Foundation by the Center on Social Disparities in Health at the University of California, San Francisco; and Norman Johnson, U.S. Bureau of the Census.

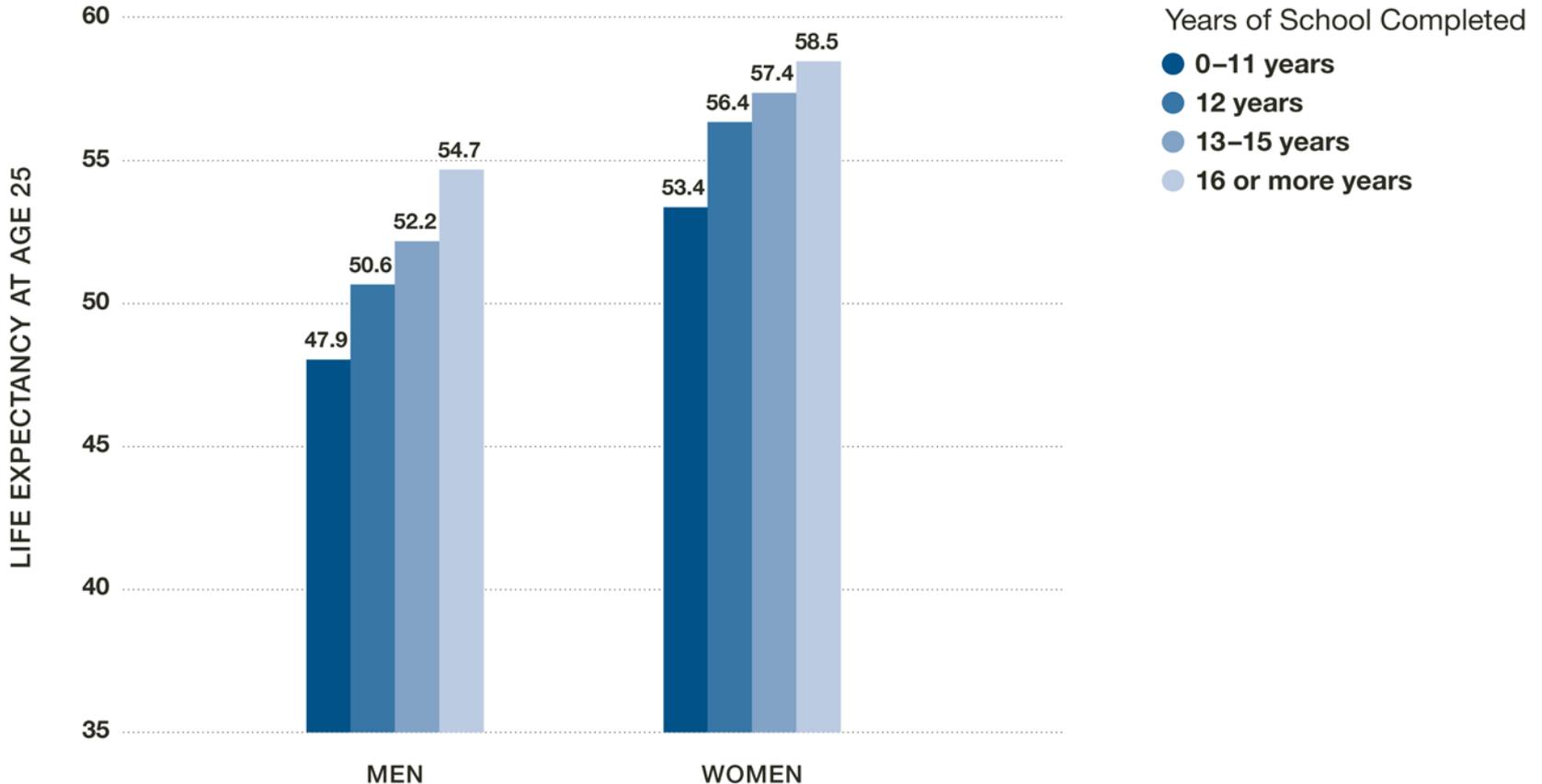
Source: National Longitudinal Mortality Study, 1988-1998.

*This chart describes the number of years that adults in different income groups can expect to live *beyond* age 25. For example, a 25-year-old woman whose family income is at or below 100 percent of the Federal Poverty Level can expect to live 51.5 more years and reach an age of 76.5 years.

More Education, Longer Life

For both men and women, more education often means longer life.*

College graduates can expect to live at least five years longer than individuals who have not finished high school.



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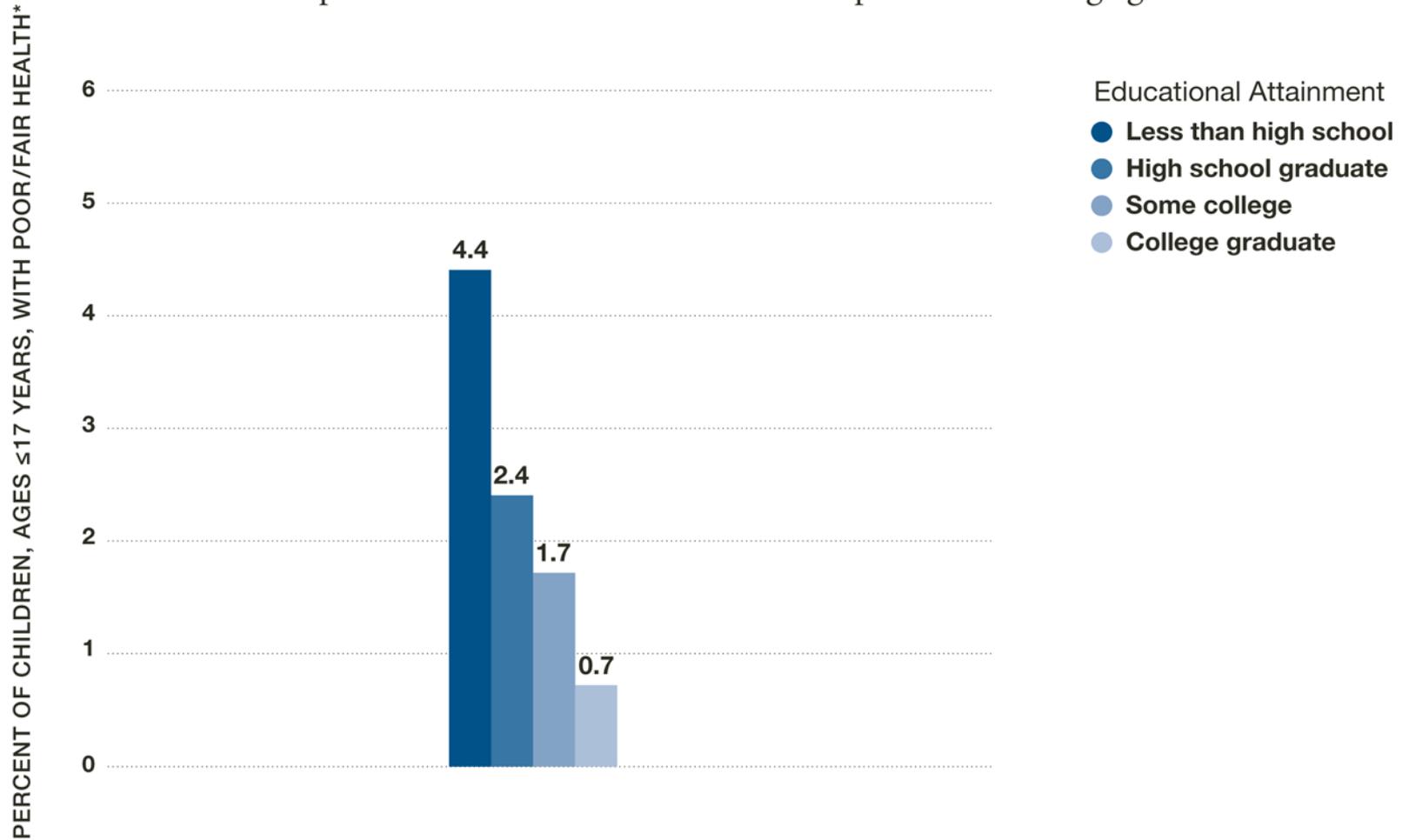
*This chart describes the number of years that adults in different education groups can expect to live *beyond age 25*. For example, a 25-year-old man with 12 years of schooling can expect to live 50.6 more years and reach an age of 75.6 years.

Source: National Longitudinal Mortality Study, 1988-1998.

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Parents' Education, A Child's Chances for Health

Children whose parents have not finished high school are over six times as likely to be in poor or fair health as children whose parents are college graduates.



Prepared for the Robert Wood Johnson Foundation by the Center on Social Disparities in Health at the University of California, San Francisco.
Source: National Health Interview Survey, 2001–2005.

*Age-adjusted

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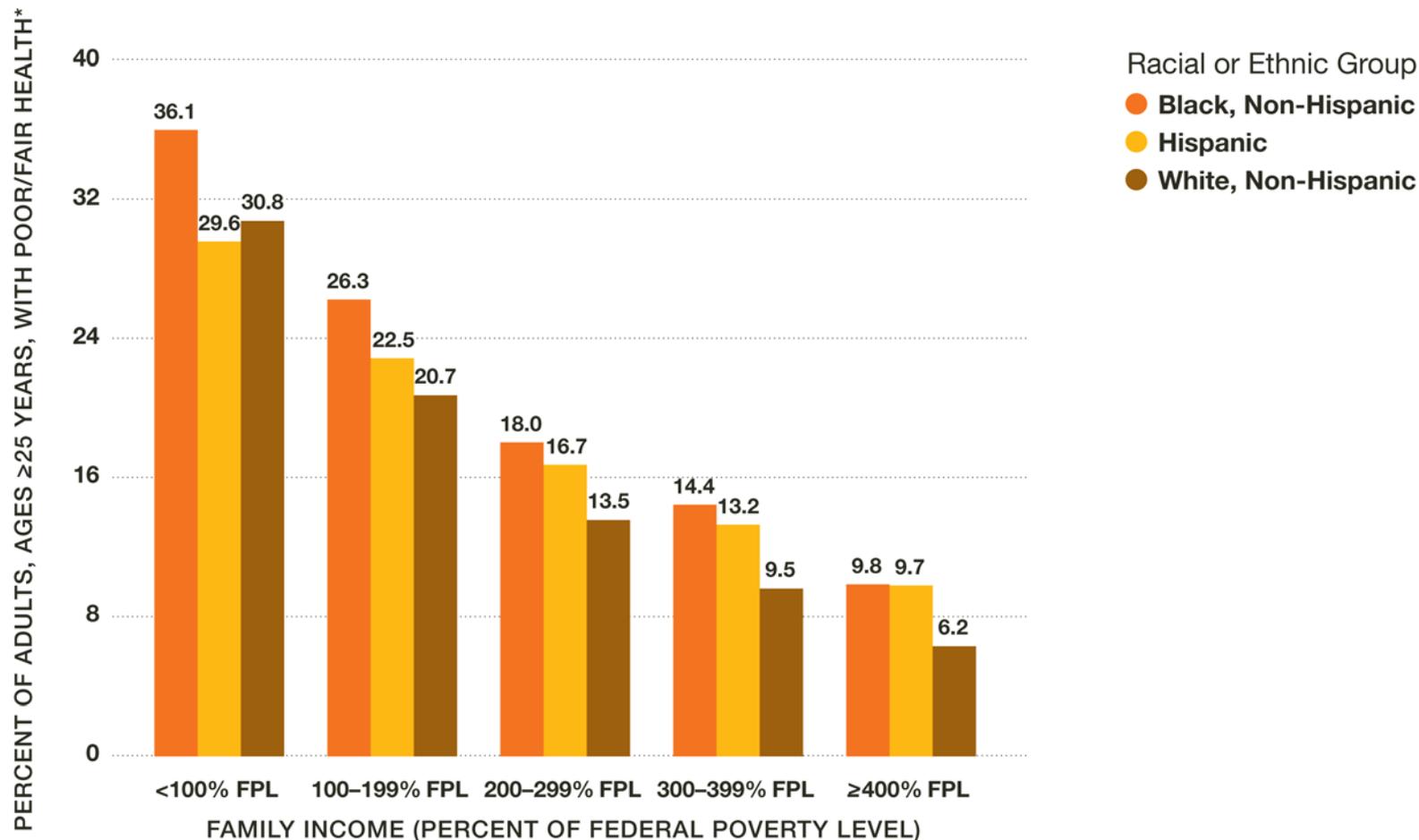
Race Matters



- Racial discrimination contributes to uneven quality and distribution of the social determinants of health.
- Racial discrimination creates chronic stress and contributes to poor health *independent* of other social factors (e.g. income, education).

Racial or Ethnic Differences in Health Regardless of Income

Racial or ethnic disparities do not simply reflect differences in income. Racial or ethnic disparities in the likelihood of poor or fair health are seen within each income group. Both income and racial or ethnic group matter.



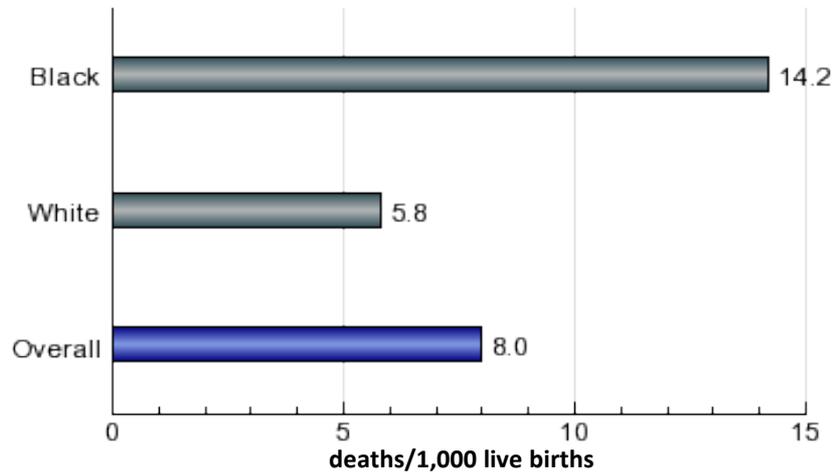
Prepared for the Robert Wood Johnson Foundation by the Center on Social Disparities in Health at the University of California, San Francisco.

Source: National Health Interview Survey, 2001-2005.

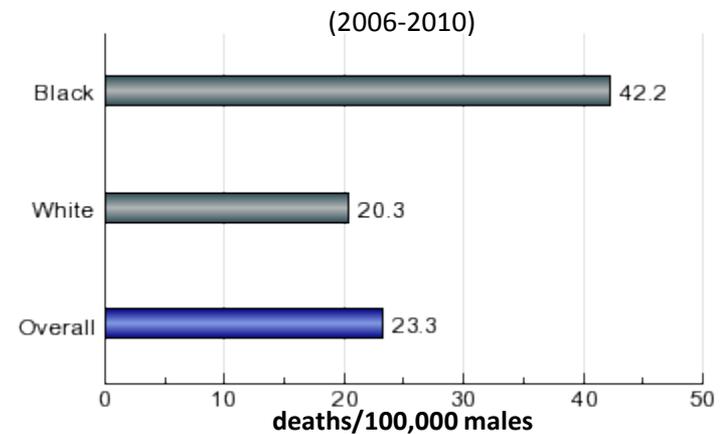
*Age-adjusted

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DE Infant Mortality Rate by Race/Ethnicity (2006-2010)



DE Age-Adjusted Death Rate due to Prostate Cancer by Race/Ethnicity (2006-2010)



Source: <http://www.delawarehealthtracker.com/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=7594950>

Stress Matters

- Chronic stress is toxic; it affects physiologic processes that are tied to many chronic illnesses.
- People with lower socioeconomic position have higher levels of chronic stress and fewer resources to deal with stress.





Various socially and culturally constructed categories such as gender, race, class, disability, and other axes of identity **interact** on multiple levels, contributing to **systematic** social inequality (Knudsen, 2006).

Specific pathways are not easy to establish or explain **but** can be linked to same root causes.

Place Matters and may be that point of *Intersection*

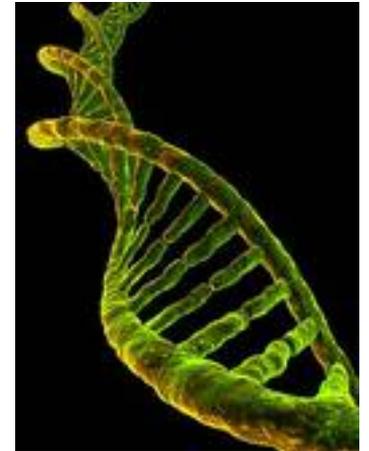
- Where a person lives – which is largely driven by their position in the social hierarchy – determines whether she or he is surrounded by things that make it easy or difficult to maintain healthy behaviors; maintain good health.
- Place matters above and beyond the characteristics of the individuals living in that place.



Behavior Matters



Genes Matter



Health Care Matters

10 Tips for better health

Conventional

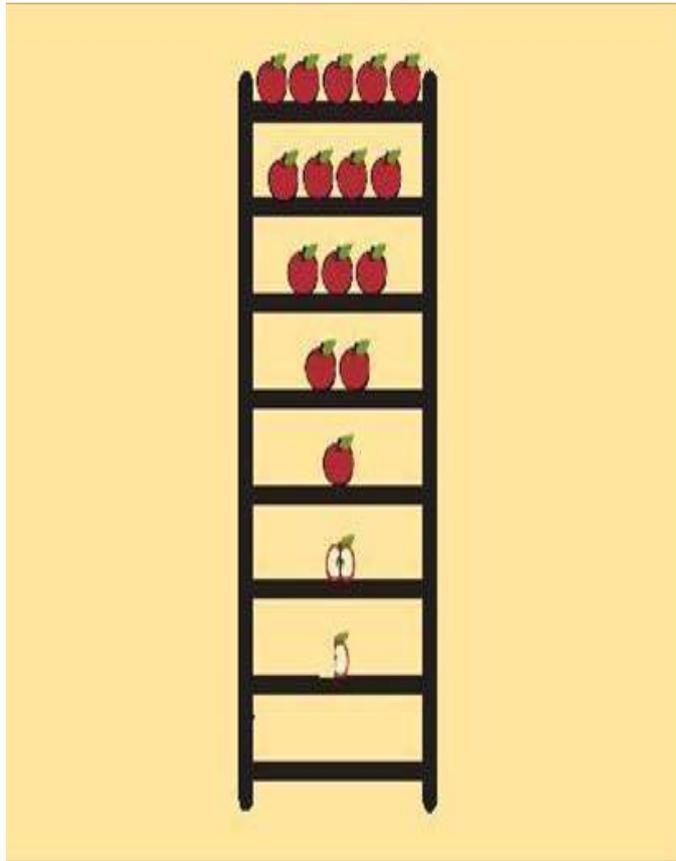
1. Don't smoke. If you can, stop. If you can't, cut down.
2. Stay on a balanced diet with plenty of fruit and vegetables.
3. Make sure you stay physically active and exercise at least 3 times a week.
4. Manage stress by, for example, talking things through and taking time to slow down, or planning relaxing get-aways.
5. If you drink alcohol, do so in moderation.
6. Cover up in the sun, and protect children from sunburn.
7. Make sure you practice safer sex.
8. Don't forget regular check ups with your family doctor and get screenings for cancer.
9. Be safe on the roads: Follow the highway code and wear your seatbelt.
10. Learn the first-aid ABC: airways, breathing, circulation.

What they forgot to tell you

1. **Don't be poor. If you can, stop. If you can't, try not to be poor for long.**
2. Live near good supermarkets and affordable fresh produce stores
3. Live in a safe leafy neighborhood with parks and green space nearby.
4. Work in a rewarding and respected job with good compensation, benefits, and control over your work.
5. If you work, don't lose your job or get laid off.
6. Take family vacations and all the benefits you are entitled to.
7. **Make sure you have wealthy parents.**
8. Don't live in damp, low-quality housing, next to a busy road or near a polluting factory.
9. Be sure to own a car, so you don't have to rely on public transportation.
10. Learn how to fill in the complex housing benefit application forms before you become homeless and destitute.

Societies Structured Like a Ladder

(<http://www.macses.ucsf.edu/>)



Rungs represent the resources that determine whether or not people can be healthy

Some societies ensure people at the bottom have a safety net

Others make little effort to distribute resources apart from what people can do or earn on their own

In most communities in the US, the ladder is long and steep

Health Equity is about Social Justice

- Social justice is the equitable distribution of social, economic and political resources, opportunities, and responsibilities and their consequences.
- Marginalization based on race, class, gender, and other social classifications underlies the inequitable distribution of social, economic and political resources and opportunities.
- This unequal distribution of resources and opportunities is manifested through inequitable access and exposure to social determinants of health (the conditions in which people are born, grow, live, work and age).

Defining HEALTH EQUITY

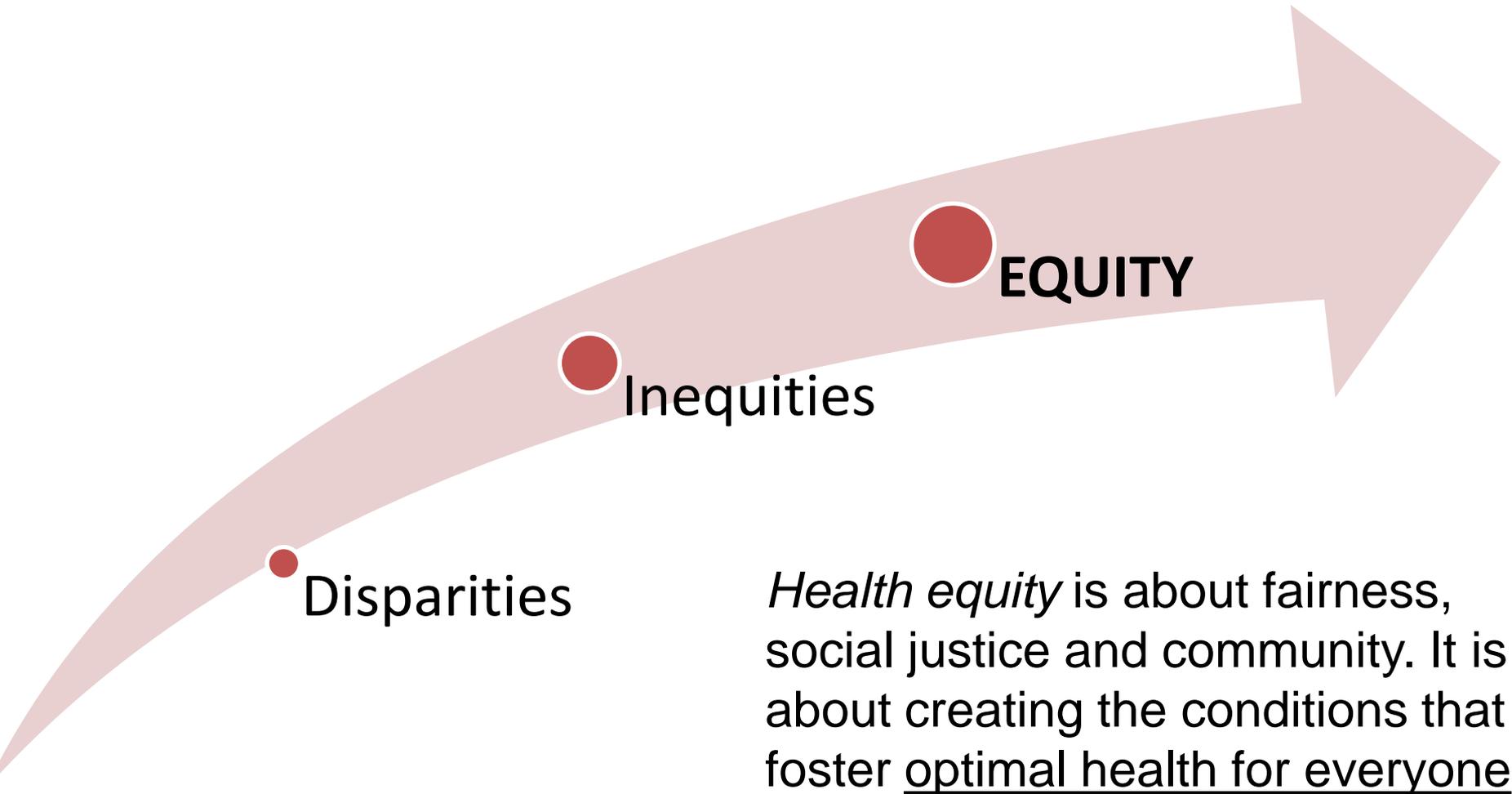
Equity in health is the absence of systematic disparities in health (or in the major *determinants of health*) between social groups who have different levels of underlying social advantages/disadvantages—that is, different positions in the social hierarchy (Braveman & Gruskin, 2003).

Optimal health for all

*A health equity frame is a much more affirming and empowering position that says we're going to **create** something; that creation is a much more powerful term than trying to eliminate or reduce disparities.*

- Adewale Troutman

Shifting the frame





Moving
Upstream
to
Achieve
Health
Equity

Framework for Action: Moving Upstream



Whitehead, M. (2007). A typology of actions to tackle social inequalities in health. *Journal of Epidemiology and Community Health*, 61(6), 473-478.

Healthy Communities

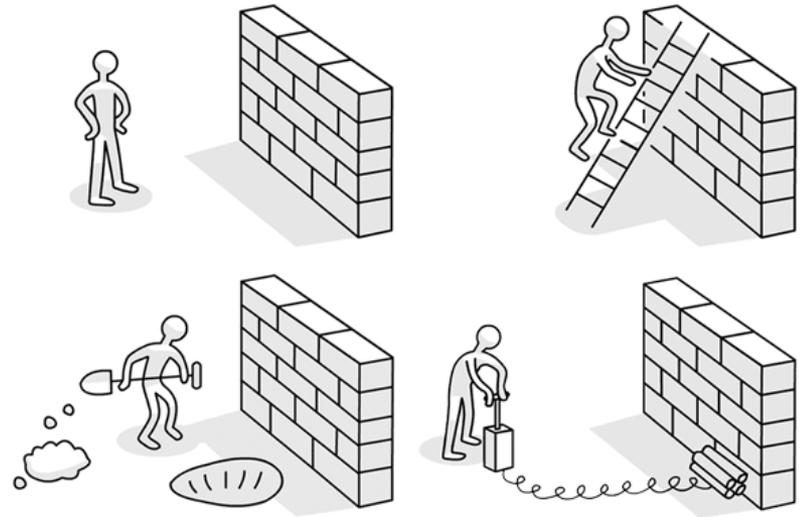


Challenges

- Lack of clarity on specific causes and pathways
- Lack of clarity on end points and outcomes (e.g. how do you define and measure “optimal health” or “full health potential”)
- SDOH often outside of public health authority; or responsibility of any one organization or institution
- Social stratification bigger than any one specific policy or practice change
- Not enough resources
- Bio-medicalized culture; lack of public understanding; political will
- Hard to talk openly about racism (and other “isms”)
- Knowing where and how to focus efforts
- Identification of champions in high places (who has the power?)
- Evaluation
- Others?

Overcoming Challenges

- Healthier people need less medical care.
- Less medical care decreases burden on our health care system.
- Healthier people are more productive people.
- Healthier people live longer.
- ALL of us experience improved quality of life.
- Healthy People 2020/National Stakeholder Goals
- It's what we do...



“You have a goal and if there’s a wall, you go around it, through it or above it... but don’t see the wall and turn around.” – Rajiv Bhatia

Collective Impact

(John Kania & Mark Kramer, FSG)

Stanford Social Innovation Review,
Winter 2011



“Large-scale social change requires broad cross-sector coordination...

Substantially greater progress could be made in alleviating many of our most serious and complex social problems if nonprofits, governments, businesses, and the public were brought together around a **common agenda** to create collective impact.”

Five Conditions of Collective Success

- Common agenda
- Shared measurement systems
- Mutually reinforcing activities
- Continuous communication
- Backbone organization



Assumptions to guide our work

(Hofrichter & Bhatia, 2011)

1. Health is socially and politically defined; individual/medical definitions of health ignore important relationships between individuals and social & environmental conditions.
2. An accumulation of negative social conditions and lack of fundamental resources contribute to health inequities. These include (but are not limited to):
 - economic & social insecurity
 - racial & gender inequality
 - lack of participation & influence in society
 - unfavorable housing & toxic environments
 - unhealthy working conditions
 - inequitable distribution of resources
3. Health inequities are primarily the result of social and political injustice, *not* lifestyles, behavior or genes.
4. Tackling health inequities effectively will require an emphasis on root causes and social injustice, the latter concerning inequality and hierarchical divisions within the population.
5. Health equity benefits everyone because health is a public good necessary for a well-functioning society.
6. Creating healthy equity requires partnerships and meaningful engagement with our communities...



If you want to go fast, go alone. If you want to go far, go together.

-African proverb



Thank you