Health Equity 101: A Community Approach

Presentation Objectives

- Defining the challenges
  - Why does health equity matter, context, data
- Health Equity: Definitions
- Levers for Change
- Planning for change

Ground rules

- VEGAS RULE!!!!
- Respect
- Share air time
- Assume positive intent.
- What else?

Why is this relevant?

I DON'T WORK IN HEALTHCARE

- Health is not just the outcome of genetic or biological processes but is also influenced by the social and economic conditions in which we live. These influences have become known as the "social determinants of health".

- Inequalities in social conditions give rise to unequal and unjust health outcomes for different social groups.
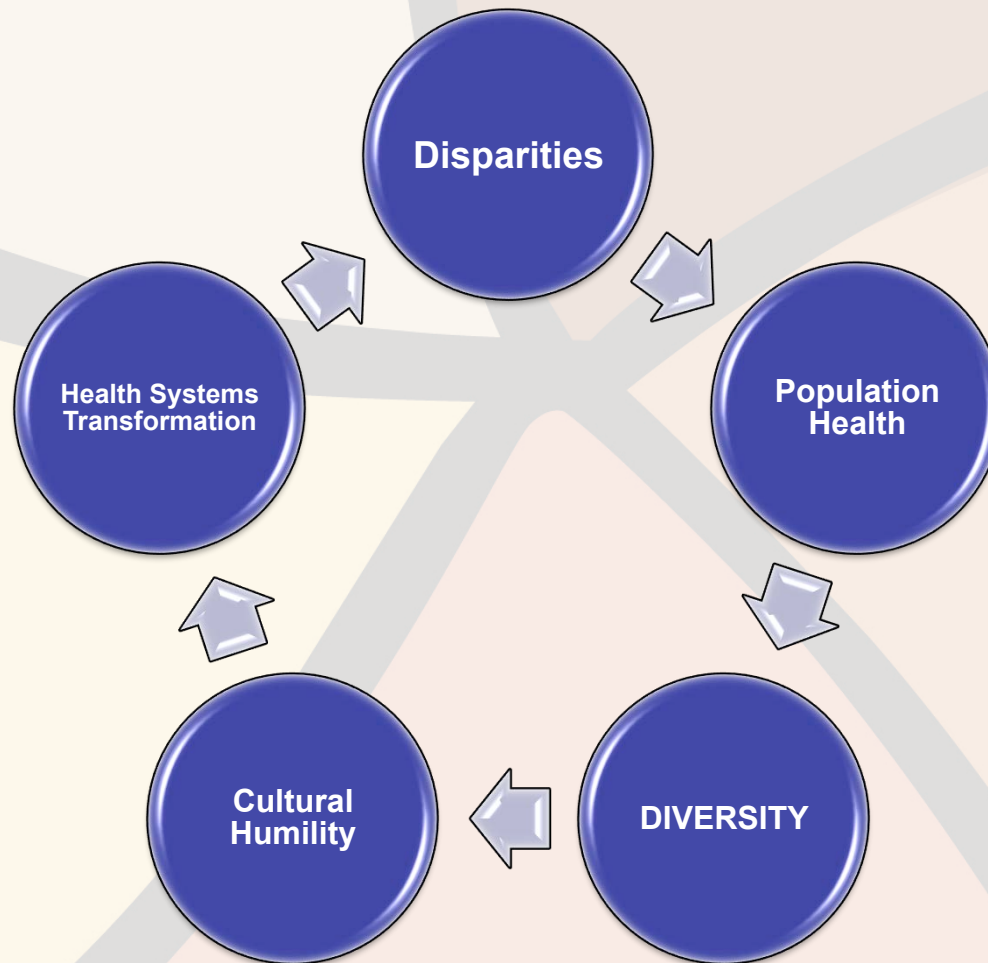
WHAT IS DIVERSITY?

We may have all come on different ships, but we're in the same boat now

"With all the diversity in the world, people of different religious groups, color, race, education, development, and maturity, there is one thing in common among all of us.

One thing that ties each one of us to every other one, we are all moving into the future, at the same speed, simultaneously on this journey."
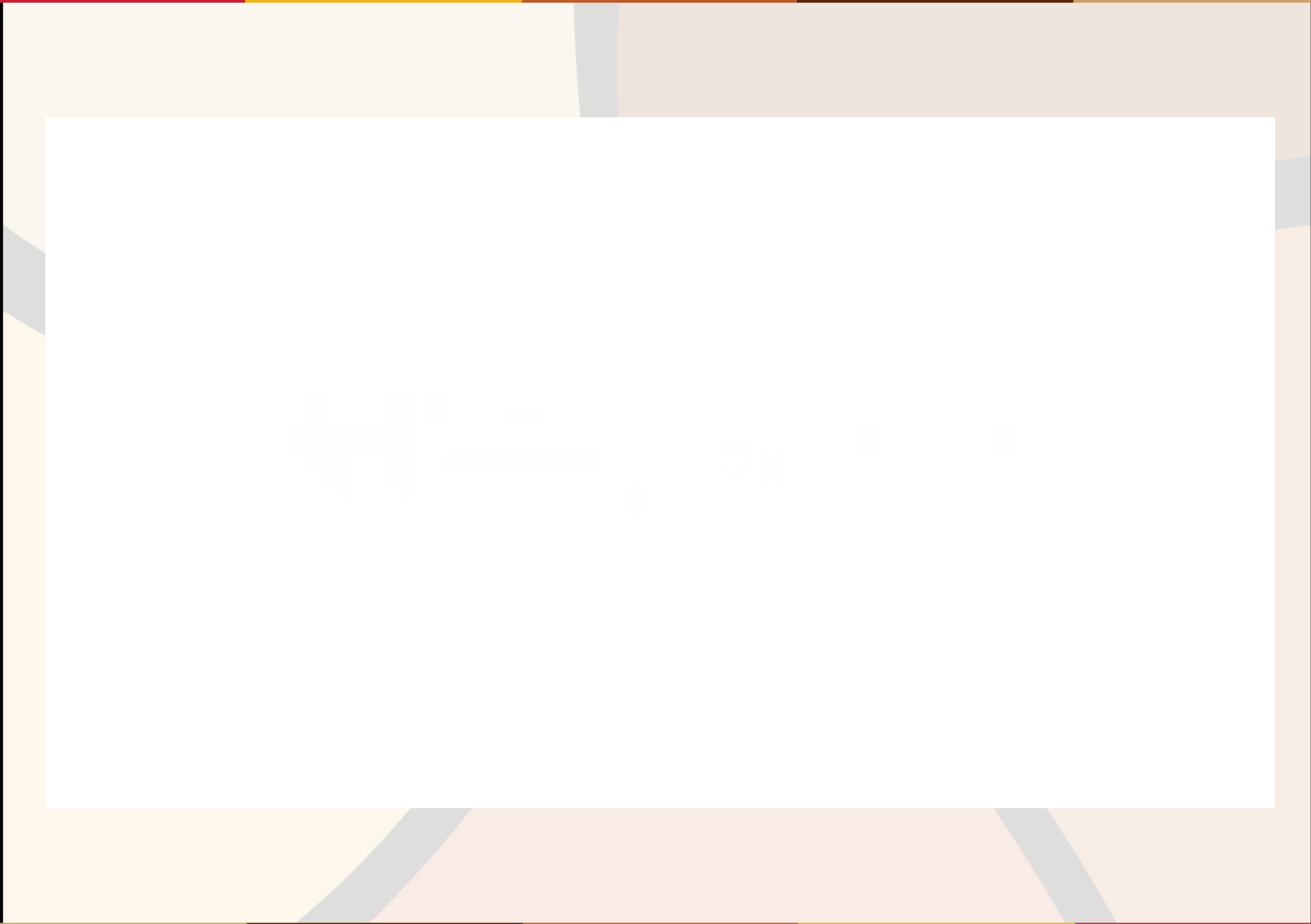
-Anonymous

Diversity among us

- Group exercise

- In your tables
  - Describe a time when you felt different
  - Share with the group
  - Share with the larger group

Rishi Manshanda, MD , MPH

"THE UPSTREAMIST"

DIVERSITY IN OREGON
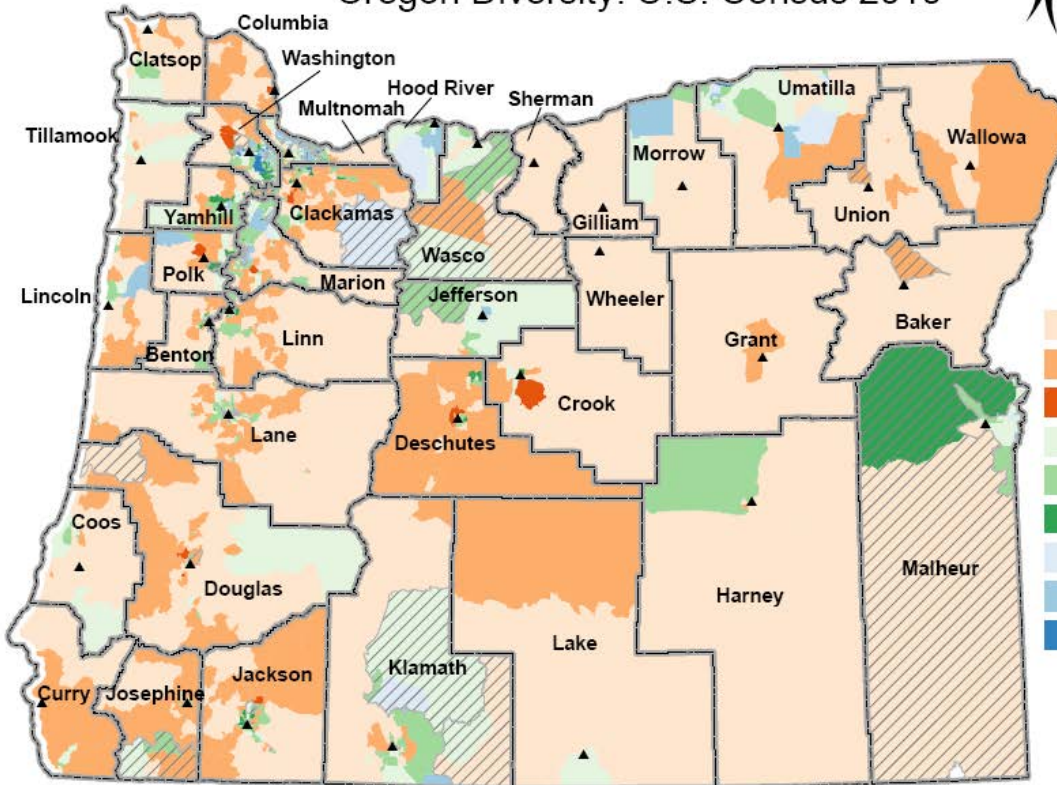
STATE DATA

History of Immigration to Oregon 1880 - 2000

http://www.nytimes.com/interactive/2009/03/10/us/20090310-immigration-explorer.html?hp&_r=0

Oregon: Increasingly Ethnically Diverse

Oregon Diversity: U.S. Census 2010

DHS Oregon Department of Human Services

Oregon Health Authority

Office of Forecasting, Research, and Analysis

Legend:
- Low Diversity/Low Population
- Low Diversity/Medium Population
- Low Diversity/High Population
- Medium Diversity/Low Population
- Medium Diversity/Medium Population
- Medium Diversity/High Population
- High Diversity/Low Population
- High Diversity/Medium Population
- High Diversity/High Population

>25% of Census Tract Population at or Below 100% FPL

▲ County Seats

County Boundaries

	Diversity Categories	Population Categories
Low	0.03 - 0.23	0 - 1,207
Medium	0.24 - 0.46	1,208 - 2,936
High	0.47 - 0.75	2,937 - 5,414

Diversity categories are based on the calculated Diversity Index for each census block group. The Diversity Index is on a scale from 0 to 1 based on the number of categories (race/ethnicity) and the proportion of people in each category.

Data from 2010 U.S. Census: Demographic information for census block groups and tracts. (FPL = Federal Poverty Level)

Created April 2012

Distribution of Medicaid Enrollees by Race and Ethnicity
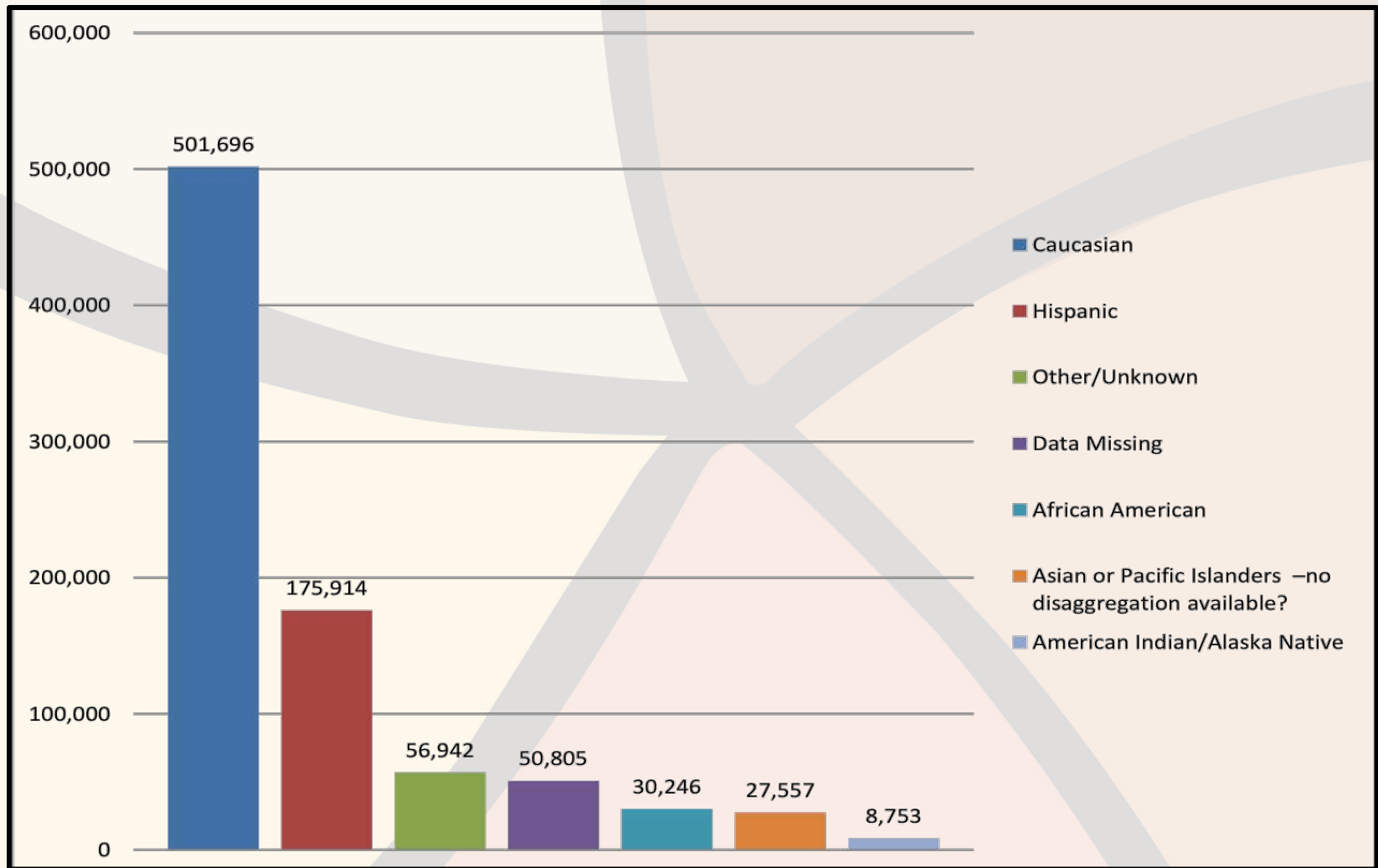
Datasource: OHA/DHS DSSURS warehouse; 15OM database; August 2014

EASTERN OREGON CCO

- Languages spoken:
  - Arabic, Cantonese, Mandarin, Gujarati, ASL, Hindi, Karen, Nepali, Polish, Punjabi, Samoan, Serbian, Somali, Swahili, Spanish, Tigrinya, Vietnamese English, and...
  - Almost four thousand of "other, undetermined", we simply don't know.
  - Total approximately 48,000 as of April 2016.

EOCCO Membership

RACE

- WHITE 55%

- NON-WHITE 25%

- OTHER-UNKNOWN 12%

- DATA MISSING 8%

EOCCO Membership Ethnicity

- African American 0.5%

- American Indian or Alaskan Native 1.8%

- Asian or Pacific Islanders 0.9%

- Caucasian 62.3%

- Hispanics 13.8%

- Other/Unknown 11.8%

- Data Missing 7.9%

Oregon's Most Racially and Ethnically Diverse Counties

% people of color:

- Jefferson – 39%
- **Malheur – 38%**
- **Morrow – 37%**
- Hood River – 35%

Poverty and Diversity in Oregon

Legend

Oregon Block Groups
Diversity Index

- No data
- 0.04 - 0.18
- 0.19 - 0.26
- 0.27 - 0.4
- 0.41 - 0.76
- High Poverty Areas (20% +)
- County borders
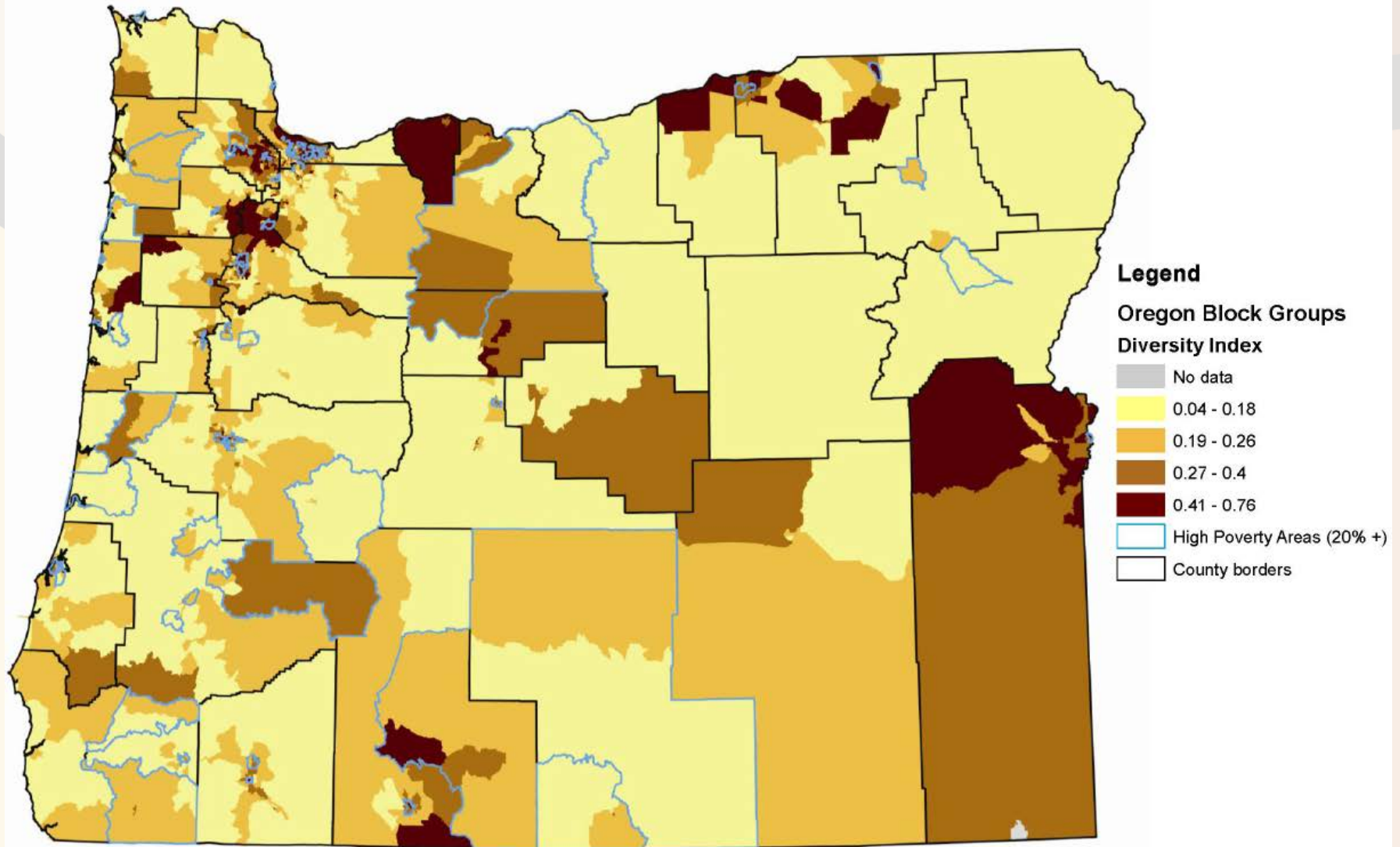
Beyond Healthcare

ROLE OF SOCIAL DETERMINANTS OF HEALTH

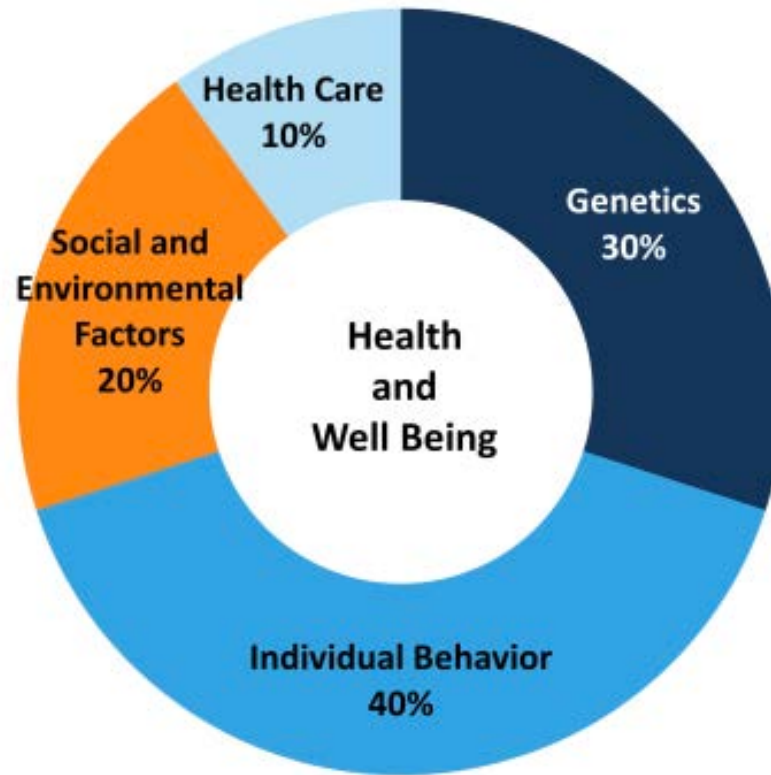**Impact of Different Factors on Risk of Premature Death**

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds	Higher education			Quality of care
Support	Walkability				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

**Kaiser Family Foundation
Social Determinants of Health**

How are health and education linked?

- There are three main connections:
  - Education can create opportunities for better health
  - Poor health can put educational attainment at risk (reverse causality)
  - Conditions throughout people's lives—beginning in early childhood—can affect both health and education

1. Education can create opportunities for better health
- Income/resources · Social/psychological benefits
- Healthy behaviors · Healthier neighborhoods

Education → **Health**

- Attendance · Concentration
- Learning disabilities

2. Poor health can put education at risk (reverse causality)

Contextual Factors
- Social policies
- Individual/family characteristics

3. Conditions throughout people's lives can affect both education and health

The Health Benefits of Education

Americans with more education live longer, healthier lives than those with fewer years of schooling . But why does education matter so much to health? The links are complex—and tied closely to income and to the skills and opportunities that people have to lead healthy lives in their communities.

Early Learning System Transformation

- The Early Learning Hubs are directed to accomplish three specific goals:

❑ Create an early childhood system that is aligned, coordinated and family-centered;

❑ Ensure children arrive at school ready to succeed; and

❑ Ensure Oregon's young children live in families that are healthy, stable and attached.

Early Learning Hub metrics

- Metrics shared with the health system:

❑ The percentage of children who receive a developmental screen before the age of three (CCO Incentive Metric); and

❑ The percentage of children on OHP who have six or more well-child visits by 15 months of age (CCO State Performance Measure)

Definitions

- **Health Disparities** are measureable differences in the incidence and prevalence of health conditions, health status and outcomes between groups. **Health disparities** are referred to as <u>health inequities</u> when they are the result of the <u>systematic</u> and <u>unjust</u> distribution of the essential elements of health (social determinants).

- **Health Equity** occurs when everyone in a community has the ability to achieve the highest level of health possible, regardless of who you are, how much money you have, where you live.

- **Social determinants of Equity** are the structures, policies, practices, norms, and values that create societal structures and systems of power that fairly distribute life-enhancing resources. The social determinants of equity include racial and social justice and shared power.

  Source: Dr. Carmara Jones, CDC; *"Social Determinants of Equity and Social Determinants of Health"*

Causes of Health Inequities

Barriers to health care

- Health insurance

- Transportation

- Language, culture

Differences in quality of health care

- Different treatments

- Racism and Discrimination

- Doctor-patient communication

## Social, economic, and environmental factors

- Income, wealth, education, occupation

- Neighborhood conditions: proximity to grocery stores, liquor stores

- Environment : lead paint, air quality

# Racial Differences in health outcomes remain in US

Heart Failure Hospital Admissions
(Adjusted rate per 100,000 population)

Hispanic	466
Black	959
White	349
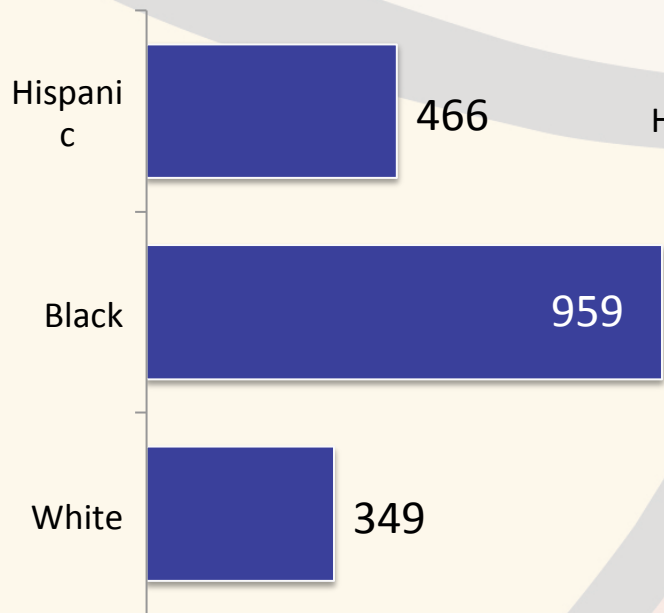
Diabetes Hospital Admissions
(Adjusted rate per 100,000 population)

Hispanic	296
Black	551
White	151
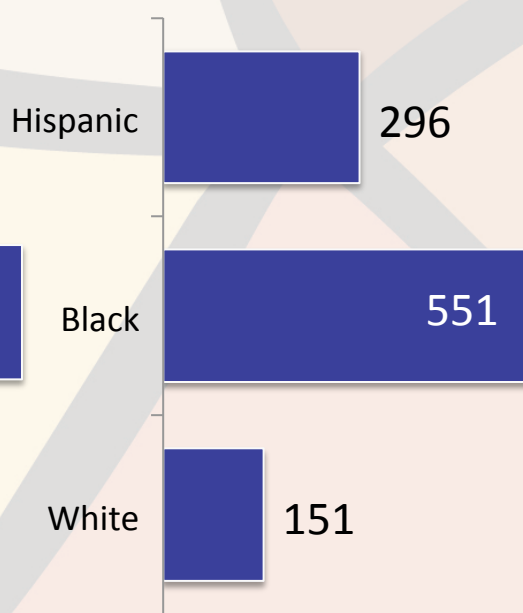
Pediatric Asthma Hospital Admissions
(Adjusted rate per 100,000 population)

Hispanic	135
Black	384
White	94
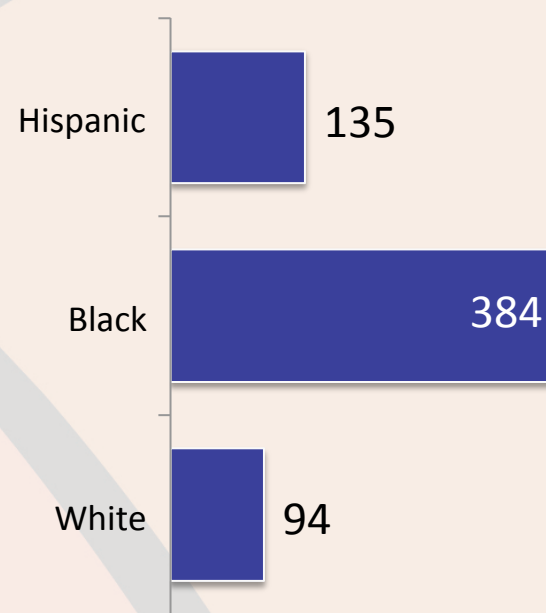
Rates are adjusted by age and gender using the total U.S. population for 2000 as the standard population..
Data: Healthcare Cost and Utilization Project, State Inpatient Databases (AHRQ 2010).
Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2011.

Equality Doesn't Mean Equity

Adapted from *Equality Doesn't Mean Justice, http://indianfunnypicture.com*

Equity Lens

The "lens" through which you view conditions and circumstances to understand who receives the benefits and who bears the burdens of any given program, policy, or practice.
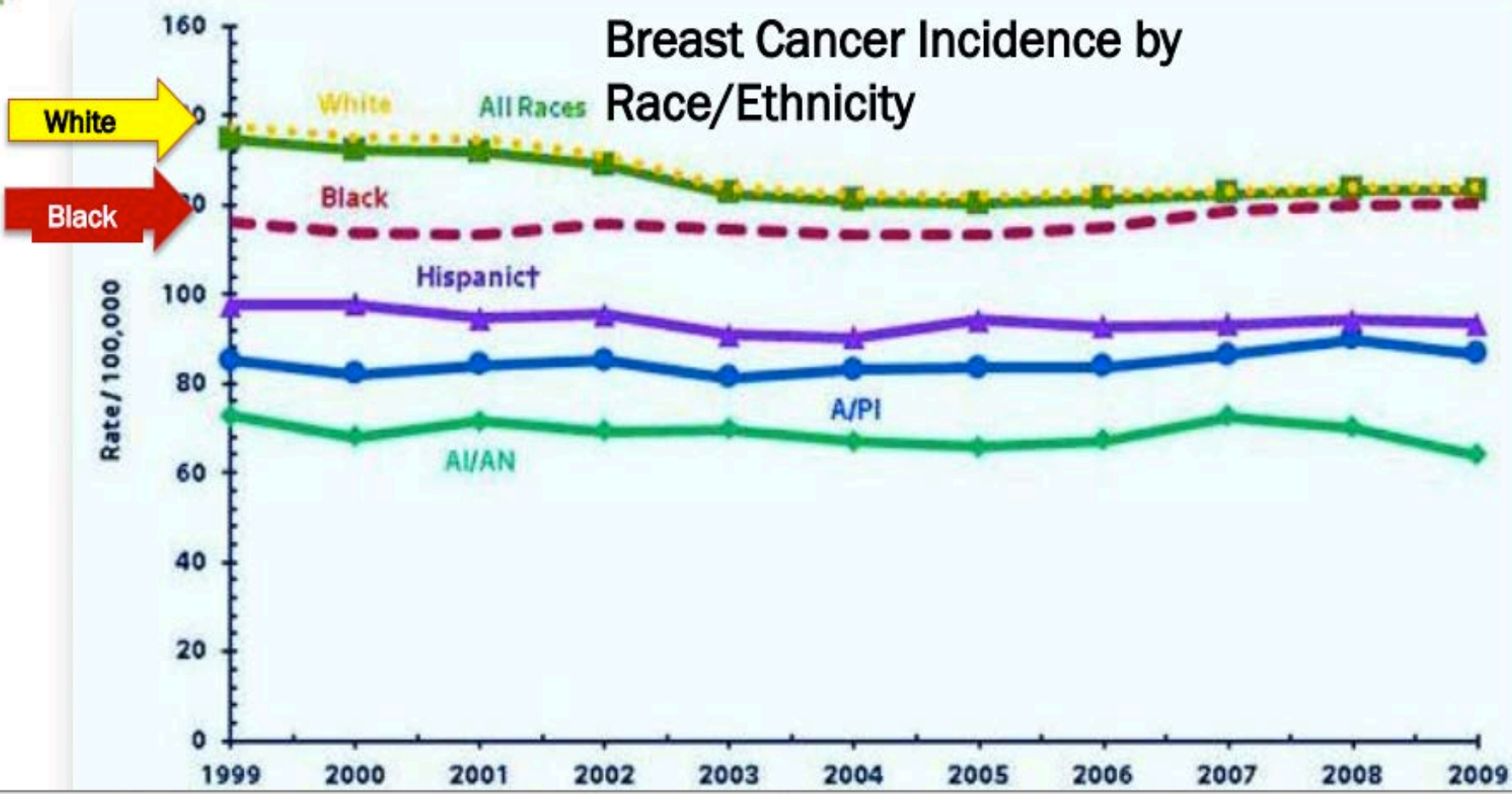
Addressing Inequities

Disparities are differences among distinct segments of the population.

Inequities are those disparities which are modifiable, associated with social disadvantage, and considered ethically unfair.

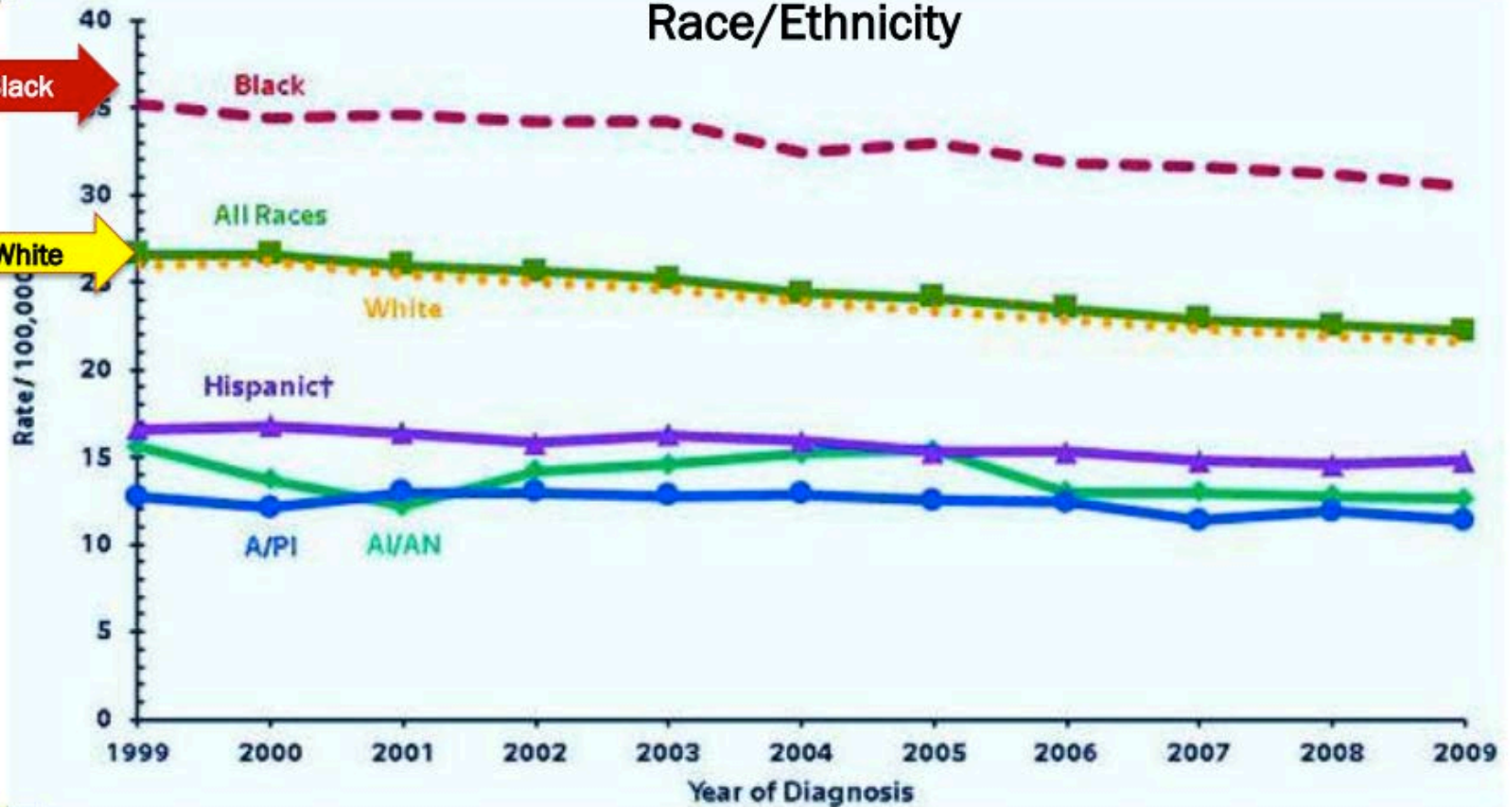# Black women are less likely than white women to have breast cancer…

Breast Cancer Incidence by Race/Ethnicity

…but are more likely to die from it.

Breast Cancer Mortality Rates by Race/Ethnicity

Disproportionality

Disproportionality is when a particular group of people are overrepresented in a group or system.
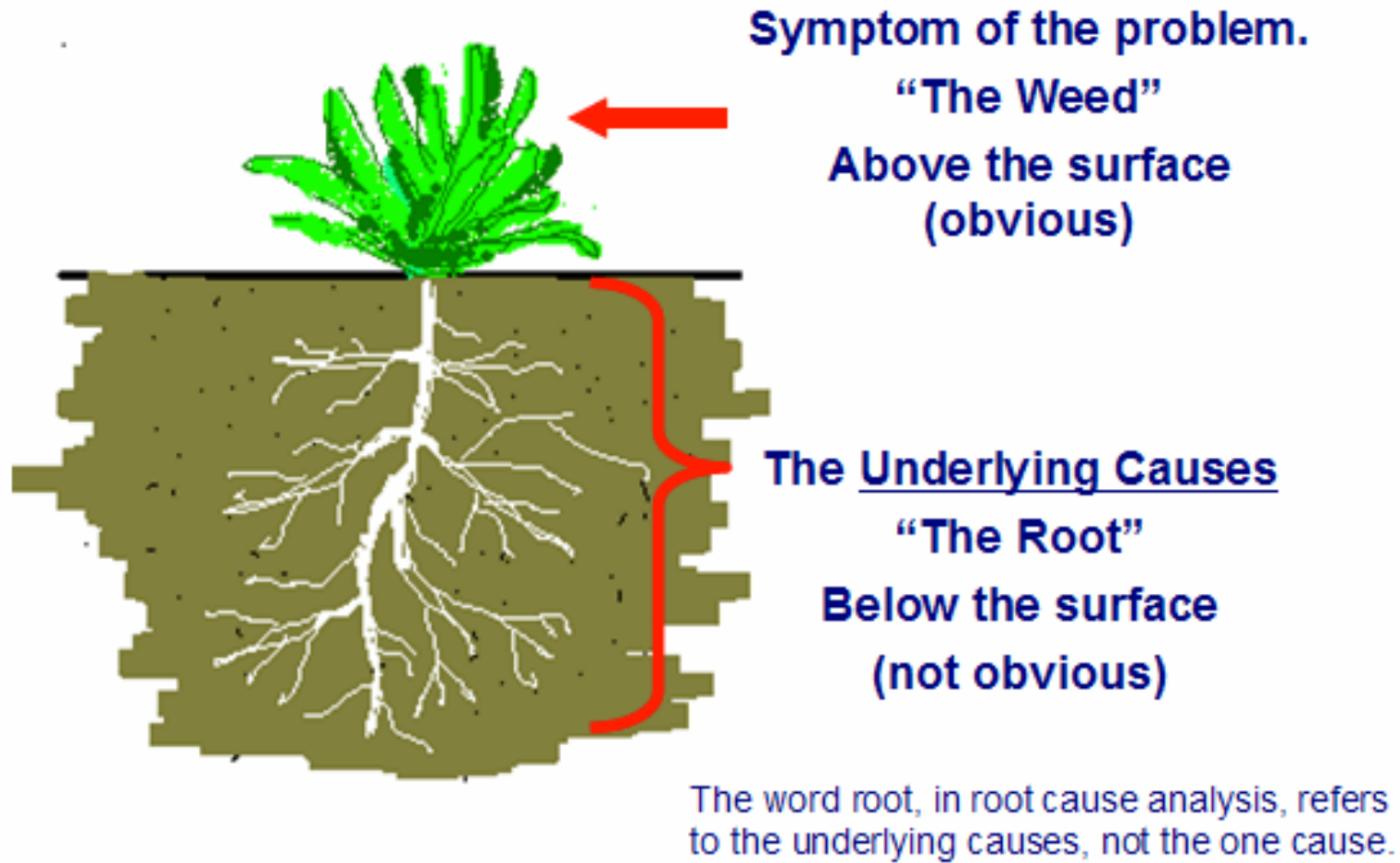
Tools of the trade

ROOT CAUSE ANALYSIS

What is Root Cause Analysis?

- An approach for identifying the underlying causes of why an incident occurred so that the most effective solutions can be identified and implemented.

- What's the problem? Why did it happen? and What will be done to prevent it?

Root Cause Analysis Basics

Symptom of the problem.

"The Weed"

Above the surface (obvious)

The Underlying Causes

"The Root"

Below the surface (not obvious)

The word root, in root cause analysis, refers to the underlying causes, not the one cause.

The Cause Mapping method of Root Cause Analysis

- Finding the causes that are beneath the surface. Focusing on a single cause can limit the solutions set resulting in better solutions being missed.

- A Cause Map provides a simple visual explanation of all the causes that were required to produce the incident. The root is the system of causes that reveals all of the different options for solutions.

There are three basic steps to the Cause Mapping method:

- Define the issue by its impact to overall goals
- Analyze the causes in a visual map
- Prevent or mitigate any negative impact to the goals by selecting the most effective solutions.

In other words…

What is a Cause Map?
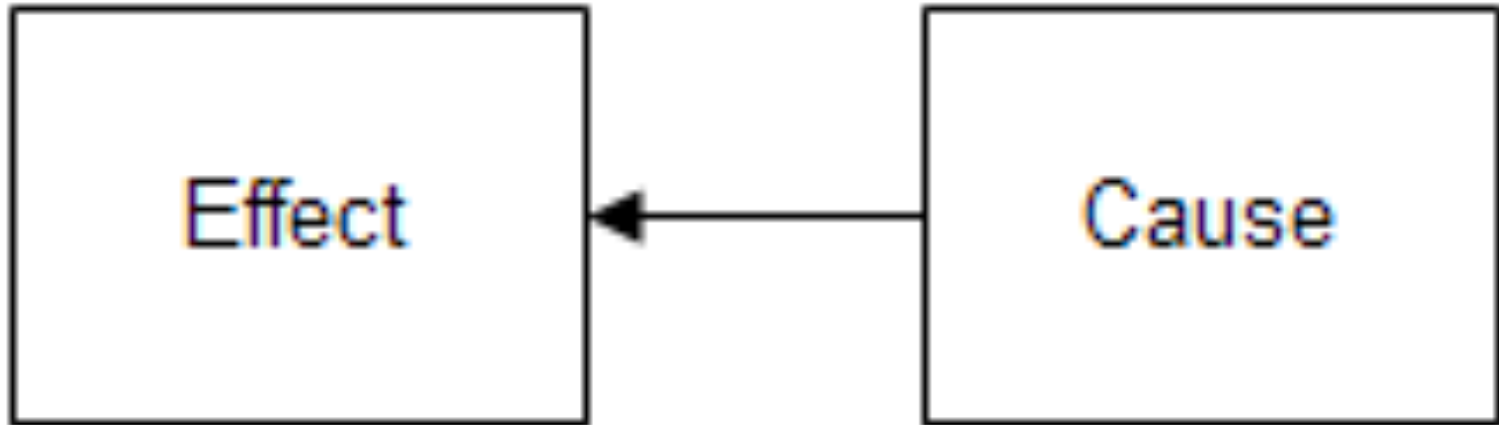
Effect ← Cause

Cause-and-Effect Relationship

"Building Block"

But how do disparities arise?

- Differences in the quality of care received within the health care system.

- Differences in access to health care, including preventive and curative services.

- Differences in life opportunities, exposures, and stresses that result in differences in underlying health status.

Building blocks for health equity

Proactive media and communications

Health equity policy development and analysis

Standardized, actionable, granular metrics

Diverse, dynamic community partnerships

Community capacity to promote equity

Culturally competent staff and providers

Diverse leadership and staff

Community wisdom and equity research

Equitable contracting and procurement

Policy foundation includes:
Equal Employment Opportunity, Affirmative Action, Civil Rights Law, Americans with Disabilities Act, Culturally and Linguistically Appropriate Service (CLAS)
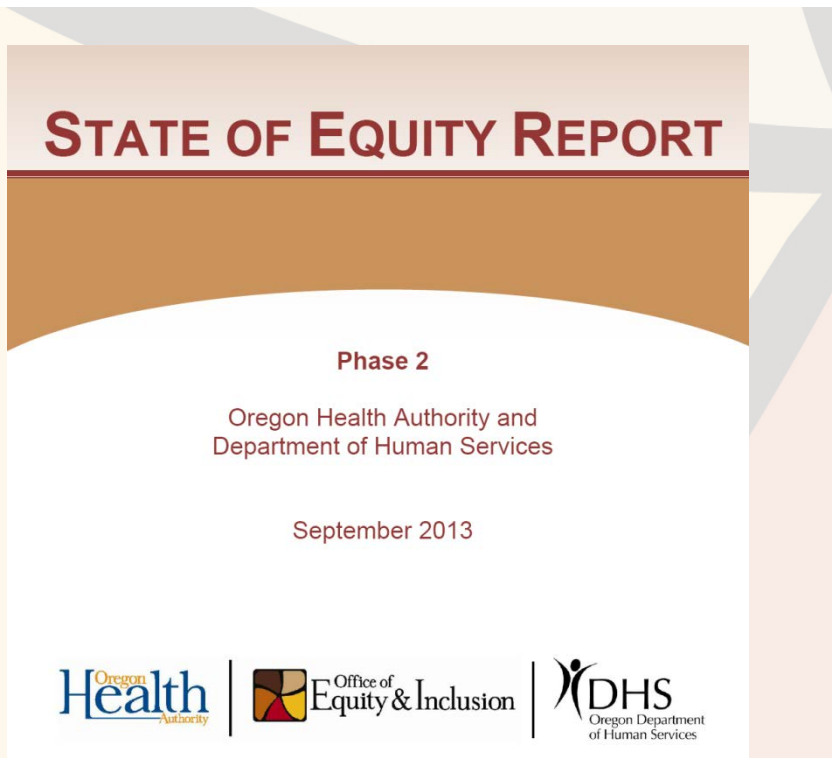
Framework for addressing health inequities

- Health Care Determinants
  - factors that can be addressed by the health care system

- Social determinants
  - racial discrimination, economic and social conditions that influence health

How the Oregon Health Authority is using race, ethnicity and language data?
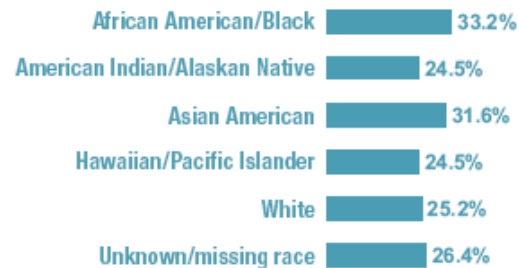
Disaggregation of data
(or the unintended consequences of stopping at "all")

- Whose lives are you looking to impact?
- Unless data is disaggregated by race, ethnicity, SES, gender, etc. your efforts may be wasted.

Lever: Disaggregated Data

Implement the Race, Ethnicity, Language and Disability (REAL+D) law (HB 2134), and collect and maintain meaningful, disaggregated, standardized and actionable demographic data.

Based on REAL+D data, conduct assessments of culturally and linguistically appropriate policies, programs, and strategies : (i) to measure the gaps; (ii) to develop continuous improvement plans; (iii) to monitor and evaluate health equity outcomes; (iv) to inform implementation of policies, programs, and strategies.

Lever: Diverse and Meaningful Community Engagement

8	Community Control		
7	Delegated Power		**Degrees of Community Power**
6	Partnership		
5	Placation		
4	Consultation		**Degrees of Tokenism- Allow "have nots" to hear and to have a voice.**
3	Informing		
2	Therapy		
1	Manipulation		**Non-Participation – We need to "Cure" or "Teach".**

Adapted from Arnstein, S.R., A Ladder of Citizen Participation in the USA in the Journal of Town Planning Institute, Vol 57, No. 4, 1971.

Guidelines for Community Engagement

1. Consistent with the community's cultural framework
2. Acknowledges and addresses barriers to participation for racially, ethnically, and linguistically diverse populations
3. Builds upon the strengths of the community
4. Empowers residents through meaningful inclusion and partnerships
5. Provides feedback to communities regarding how their input was implemented
6. Builds capacity of communities to engage in future policy and programmatic work
7. Prioritizes community knowledge and lived experience
8. Targets resources to support ongoing community engagement
9. Facilitates mechanisms that encourage mutual learning

Lever: Culturally and Linguistically Appropriate Outreach and Education

Once per day on an empty stomach

Swine Flu

TOBACCO F*R*E*E SCHOOL

Best & Promising Practices

Teach Back/Plain Language

Traditional Health Workers

Trained interpreters and translators

Workforce Diversity

We all have health beliefs …

- Group Exercise: Let's break into small groups to **discuss what we learned from family and friends during childhood/adulthood about two common conditions**:

- What causes you to catch a cold?

- What things should a woman not do when pregnant?

In health beliefs may influence ...

❑When care is sought.

❑Expectations about care.

❑Reactions to illness.

❑Adherence to recommendations.

❑Adoption of healthy behaviors.

Unconscious Bias

Our implicit people preferences, formed by our socialization, our experiences, and by our exposure to others' views about other groups of people.

❑ They cause us to have feelings and attitudes about other people based on characteristics such as race, ethnicity, age, and appearance.

❑ **They are pervasive**. Everyone possesses them, even people with a vowed commitments to impartiality.

❑ **They are malleable**. Our brains are incredibly complex, and the implicit associations that we have formed can be gradually unlearned.

Literacy and Health Literacy

- Half of the US population reads below 8th grade.

- "Health literacy"--Obtain, process and understand information to make decisions about health care.

- Why is this important?

Literacy and Health

- Poorer overall health
  - Education as social determinant
- Less likely to make use of screening
- Present in later stages of disease
- More likely to be hospitalized
- Poorer understanding of treatment
- Less likely to stick to medical regimens.

GNINAELC – Ot erussa hgih ecnamrofrep, yllacidoirep naelc eht epat sdaeh dna natspac revenehw uoy eciton na noitalumucca fo tsud dna nworb-red edixo selcitrap. Esu a nottoc baws denetsiom htiw lyporposi lohocla. Eb erus on lohocla sehcuot eht rebbur strap, sa ti sdnet ot yrd dna yllautneve kcarc eht rebbur. Esu a pmad tholc ro egnops ot naelc eht tenibac. A dlim paos, ekil gnihsawhsid tnegreted, lliw pleh evomer esaerg ro lio.

"The Newest Vital Sign"

What does a pint of ice cream have to do with health literacy?

Nutrition Facts

Serving Size ½ cup
Servings per container 4

Amount per serving

Calories	250	Fat Cal	120

|	%DV
Total Fat 13g	20%
Sat Fat 9g	40%
Cholesterol 28mg	12%
Sodium 55mg	2%
Total Carbohydrate 30g	12%
Dietary Fiber 2g	
Sugars 23g	
Protein 4g	8%

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.
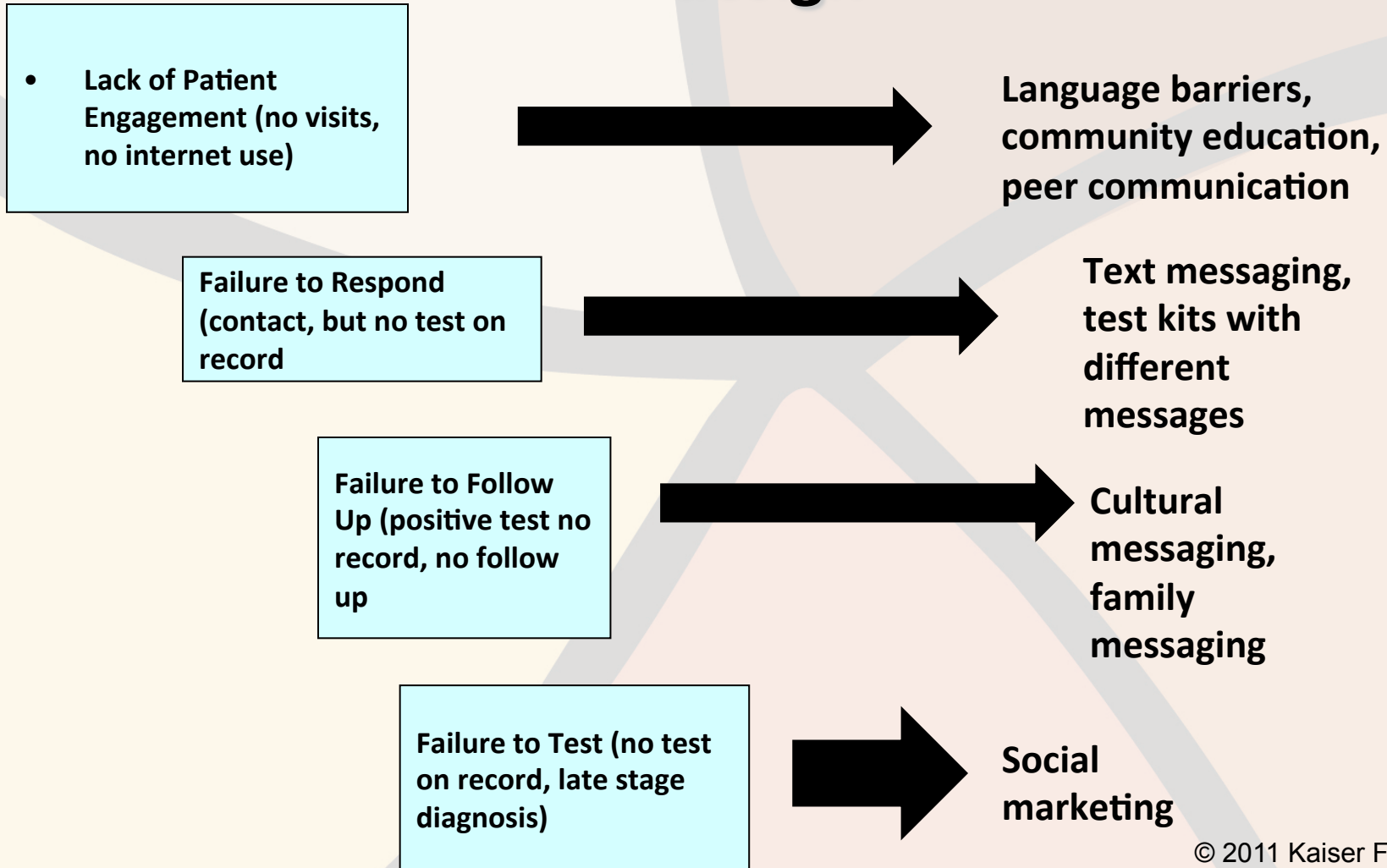
Lever: Partnership Capacity Building
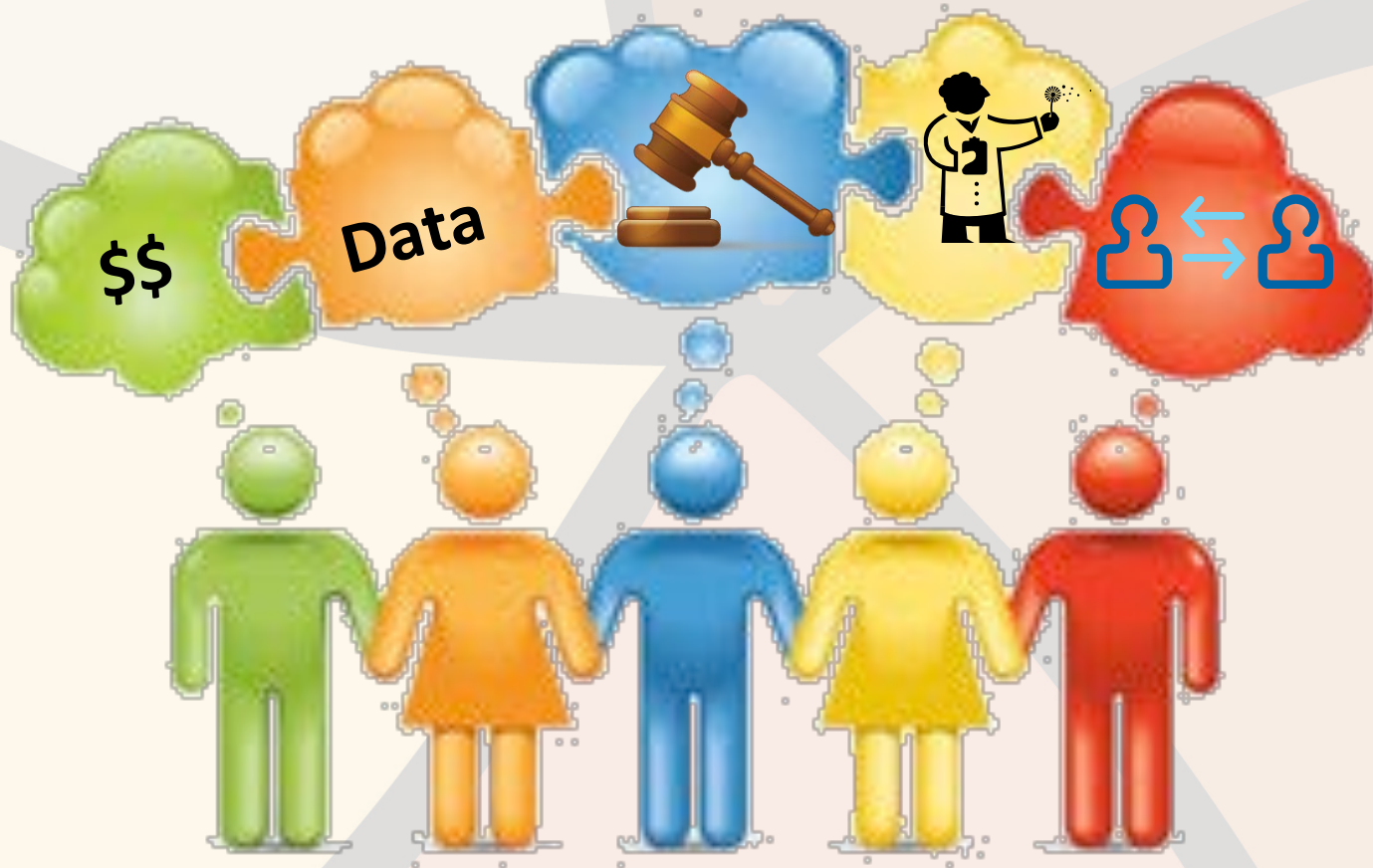
Lever: Identifying Barriers, Testing, Accelerating Solutions

Identifying barriers and customizing delivery design

- **Lack of Patient Engagement (no visits, no internet use)** → **Language barriers, community education, peer communication**

Failure to Respond (contact, but no test on record → **Text messaging, test kits with different messages**

Failure to Follow Up (positive test no record, no follow up → **Cultural messaging, family messaging**

Failure to Test (no test on record, late stage diagnosis) → **Social marketing**

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How can OEI help you and your partners advance health equity?

✓Data Collection and Analysis

✓Diversity Recruitment and Hiring

✓Community Engagement and Partnership

✓Language Access

✓Culturally based care models

Training, technical assistance, toolkits

Equity and Inclusion Division
Oregon Health Authority

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www.oregon.gov/oha/oei