



Health Equity

Presentation to: **CDP Staff**

Presented by: **Audrey Idaikkadar**

Date: **September 13, 2016**



We Protect Lives.

Learning Objectives

- Define health equity and related concepts.
- Identify factors that contribute to health inequity
- Describe strategies to work towards health equity.
- Identify resources that address and support health equity.

Agenda

- Defining Health Equity
- Factors that contribute to health inequity
- Strategies for working towards Health Equity
- Examples of Health Equity work
- Resources
- Q and A

HEALTH EQUITY MEANS
THAT EVERY PERSON HAS
AN OPPORTUNITY TO
ACHIEVE OPTIMAL HEALTH
REGARDLESS OF:

- THE COLOR OF THEIR SKIN
- LEVEL OF EDUCATION
- GENDER IDENTITY
- SEXUAL ORIENTATION
- THE JOB THEY HAVE
- THE NEIGHBORHOOD THEY LIVE IN
- WHETHER OR NOT THEY HAVE A DISABILITY³

Source: Centers for Disease Control and Prevention – Division of Community Health. A Practitioner’s Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease. Atlanta, GA: US Department of Health and Human Services; 2013.

Health Equity Definition

Health equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Source: National Stakeholder Strategy for Achieving Health Equity

Health Disparity Definition

Health disparity is a difference in health outcomes that is closely linked with social, economic, and environmental disadvantage.

More Definitions

Health inequality is the “difference in health status or in the distribution of health determinants between different population groups.”

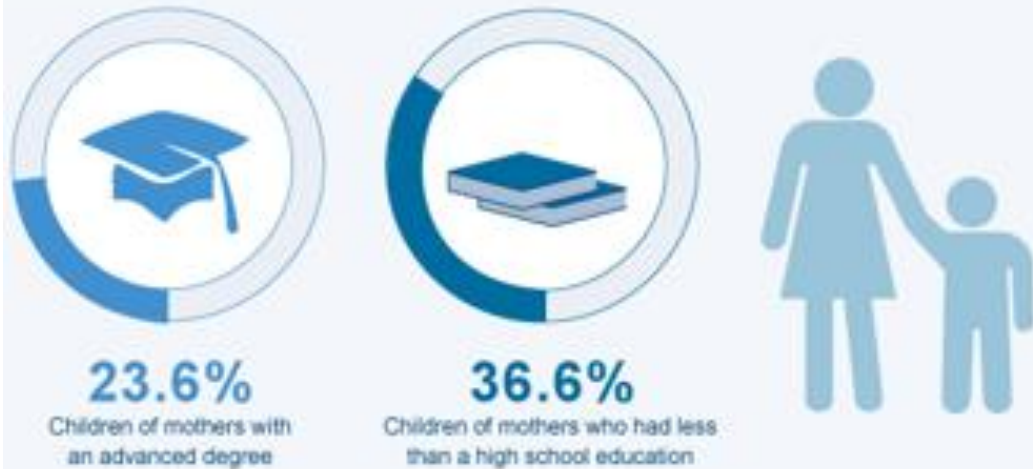
Health inequity is a health difference or disparity that is systematic, unfair, and avoidable.

Healthcare disparity relates to “differences in the quality of health care that are not due to access related factors or clinical needs, preferences, and appropriateness of interventions. These differences would include the role of bias, discrimination, and stereotyping at the individual (provider and patient), institutional, and health system levels.”

Examples of Health Disparities

Children Not Fully Immunized by Mother's Education, 2012

The rate for children aged 19 to 35 months whose mothers had less than a high school education was 55% higher than that for children of mothers with an advanced degree.



Data source: National Immunization Survey (NIS), CDC/NCIIRD and CDC/NCHS.

Tuberculosis is a disease of poverty

Around 95% of TB deaths are in the developing world. These deaths affect mainly young adults in their most productive years. Contracting the disease makes it even harder for these adults to improve their personal economic condition and that of their families.

Data source: WHO

Mental Health

The burden of mental illness in the United States is among the highest of all diseases, and mental disorders are among the most common causes of disability. Improving mental health through prevention strategies and ensuring access to mental health services can improve the overall health of many Americans.

Suicide Rate by Sex, 2014

In 2014, females had a lower suicide rate than males. The rate for males was more than 3.5 times the rate for females.



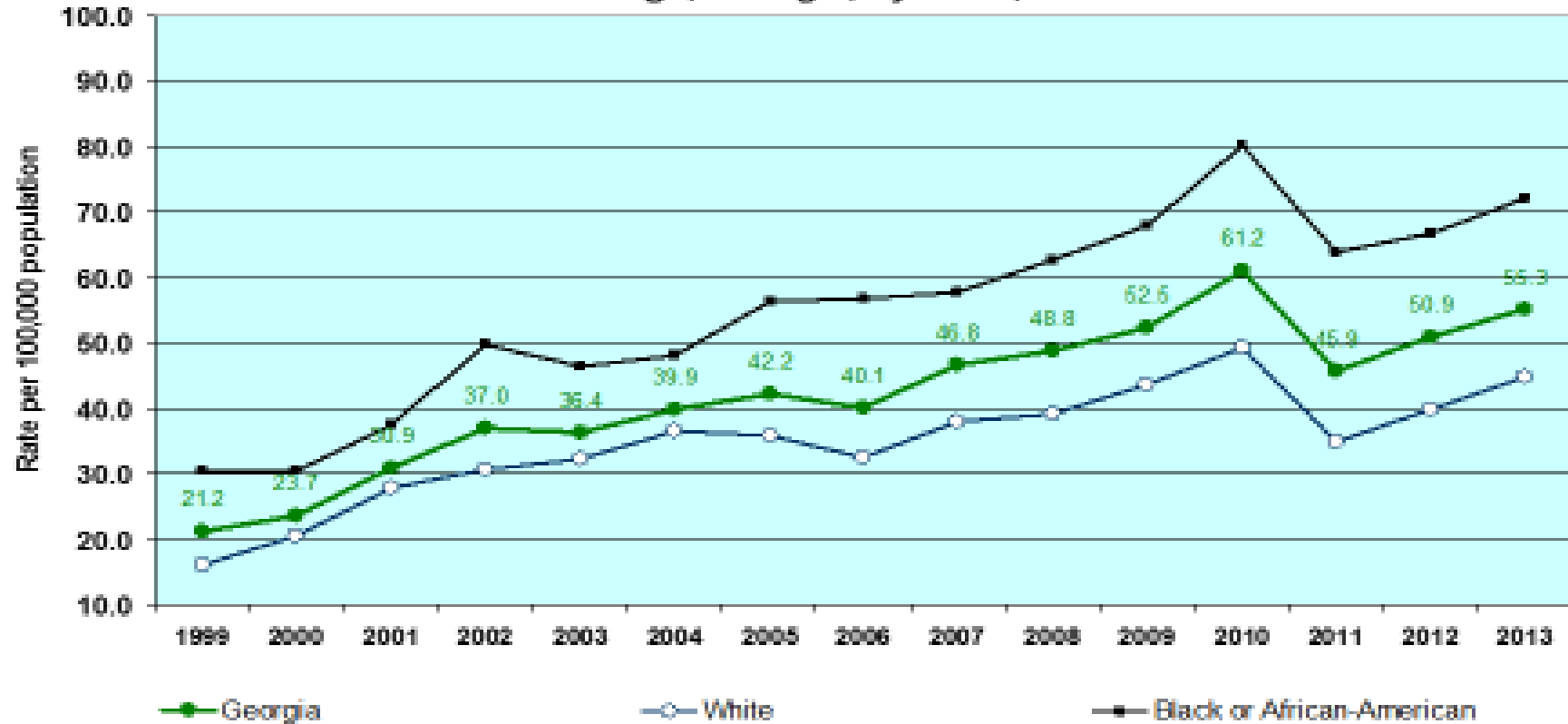
Males: 20.7 per 100,000 population (age adjusted)



Females: 5.8 per 100,000 population (age adjusted)

Data source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS; Bridged-Race Population Estimates, CDC/NCHS and Census.

Age-specific Rate of Obesity/Overweight-related Hospitalizations, 2-19 Years of Age, Georgia, by Race, 1999-2013



Definition: Obesity/Overweight-related hospitalization is defined as the hospital discharge where any one of the codes listed below is present in either the primary or other contributing cause.
 ICD-9 Codes: 278.0, 278.0[2-9], 278.1, 278.8, V88.2[1-5], V88.3[2-8], V88.4[1-5], V88.5[3-4]

Source: Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP).



Factors that contribute to health inequity

Social determinants of health reflect the social factors and physical conditions of the environment in which people are **born, live, learn, play, work, and age**. Also known as *social and physical determinants* of health, they impact a wide range of health, functioning, and quality-of-life outcomes.

Social Determinants	Physical Determinants
Availability of job opportunities or healthful foods	Natural environment
Social norms and attitudes	Built environment
Quality schools	Housing, homes, and neighborhoods

Social Determinants of Health

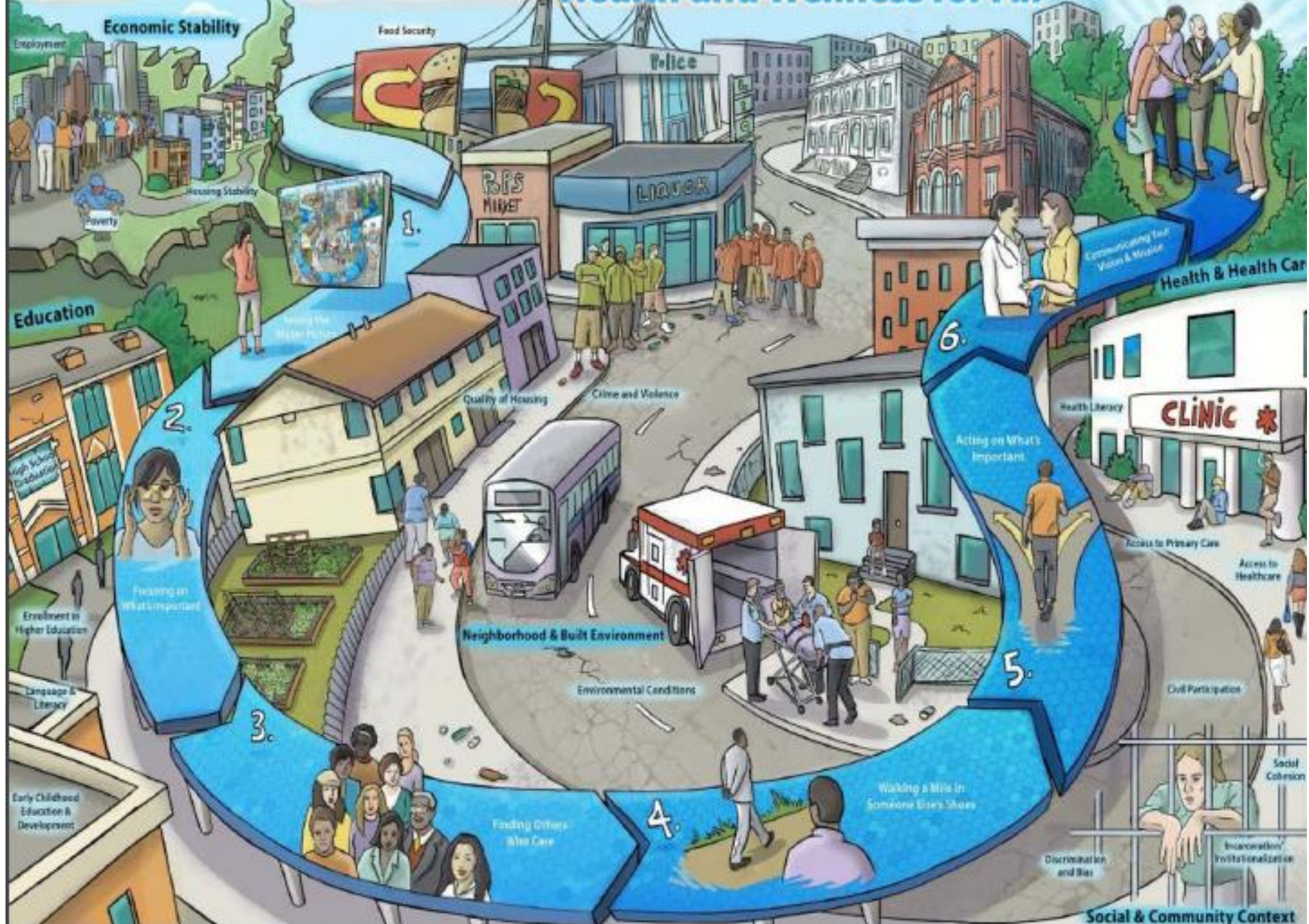


Social Determinants of Health

Economic Stability	Education	Social and Community Context	Health and Health Care	Neighborhood and Built Environment
<ul style="list-style-type: none">• Poverty• Employment• Food Security• Housing Stability	<ul style="list-style-type: none">• High School Graduation• Higher Education• Language and Literacy• Early Childhood Education and Development	<ul style="list-style-type: none">• Social Cohesion• Civic Participation• Discrimination• Incarceration	<ul style="list-style-type: none">• Access to Health Care• Access to Primary Care• Health Literacy	<ul style="list-style-type: none">• Access to Healthy Foods• Quality of Housing• Crime and Violence• Environmental Conditions

Health and Wellness for All

Coming together for action & sustainable change



Social Determinants of Health

Healthy People 2020 Goal: Create social and physical environments that promote good health for all.

There are more than 30 Healthy People 2020 SDOH objectives that are organized in the five key areas.

Leading Health Indicator: Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade

Arriving at Health Equity



Source: Liburd, Leandris, PhD, MPH. "Health Equity 101." Millennial Health Leaders Summit, 31 March 2016, Center for Disease Prevention. Retrieved at <https://www.cdc.gov/minorityhealth/summit/2016/healthequity101.pdf>

Strategies for working towards Health Equity

1. Within your organization, build knowledge, understanding and capacity
2. Within your community, acknowledge a community's history, respect traditions, listens to stories, and actively engage.
3. Within your practice, allow community values and priorities to shape and inform interventions

Strategies: Health Equity Checklist

1. Identify
2. Engage
3. Analyze
 - Targeted
 - Supports/Barriers
4. Review

Source: Centers for Disease Control and Prevention - Division of Community Health. Health Equity Checklist: Considering Health Equity in the Strategy Development Process. Atlanta, GA: US Dept of Health and Human Services; 2010.

Strategies for working towards Health Equity

Consider the following:

- Unintended consequences
- Community capacity and resources
- Health literacy
- Community engagement, awareness, and participation
- Cost, resources, and fiscal considerations
- Transportation challenges
- Potential displacement
- Variability in implementation
- Crime/safety influences
- Diverse norms and customs

Source: Centers for Disease Control and Prevention – Division of Community Health. A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease. Atlanta, GA: US Department of Health and Human Services; 2013.

Examples of Health Equity Work

- Eat. Move. Talk! (OMH Food and Language Nutrition Program)
- Healthy food in school, afterschool and early care environments
- Breastfeeding practices and policies

Eat.Move.Talk!



- Funded by Office of Minority Health State Partnership Initiative to Address Health Disparities

Geographical hotspots

1. Clarkston
2. Dalton
3. Valdosta

Target population

- Families with children 0-5 years
- Families with Dual Language Learners
- Racial and Ethnic minorities

Indicators

- Fruit and vegetable consumption
- High school graduation (Language Acquisition and Development)

Eat.Move.Talk!





Health Equity Checklist	Strategies
Identify	Health Disparities Profile
Engage	<ul style="list-style-type: none">• State Partnership• Curriculum Development Team• Community Listening Sessions• Support Local Partnerships
Analyze	<ul style="list-style-type: none">• Engaging Families• Early Care and Education Centers• Exploring Home Visiting
Review	Pilot Training in November

Healthy food in school, afterschool and early care environments

Why is this a health equity issue?

- Low-Income children may be more dependent on foods provided in these settings
- Settings may differ in their capacity

What are some programs working towards health equity?

- GA SHAPE
- Growing Fit
- Eat. Move. Talk!



Breastfeeding practices and policies

Why is this a health equity issue?

- Inadequate access to services and support
- Limited breastfeeding support in the workplace
- Social norms as a barrier

What are some programs working towards health equity?

- Lactation Support Programs and Policies
- My Side Doula Program



The Lancet Breastfeeding Series, 2016.

Resources

[National Partnership for Action: HHS Action Plan to Reduce Racial and Ethnic Health Disparities, 2011; and The National Stakeholder Strategy for Achieving Health Equity, 2011](#)

[A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease, 2013](#)

[Better Health Through Equity: Case Studies in Reframing Public Health Work, March 2015](#)

Resources (cont.)

[Healthy People 2020, Disparities](#)

[Social Determinants of Health: Know What Affects Health](#)

[World Health Organization, Commission on Social Determinants of Health. Closing the Gap in a Generation: Health equity through action on the social determinants of health.](#) – for the global perspective

[A New Way to Talk about the Social Determinants of Health \(Robert Wood Johnson Foundation, 2010\)](#) – reframing as “health starts where we live, learn, work, and play”

Q and A

Thank you!

If you have any questions, feel free to reach out to me:

Audrey Idaikkadar, MPH

Audrey.Idaikkadar@dph.ga.gov