RHODE ISLAND
prevention resource center

presents:

Understanding Health Equity

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Shannon Spurlock, MA

1/22/16 & 2/5/16

9:00 AM - 1:00 PM

Location (for both dates):

Warwick Public Library, 600 Sandy Lane, Warwick, RI 02289

Introductions

What do you hope to get out of today's training?

Name one disparity that you are exposed to in your work or community?

GOAL OF THE TRAINING:

To provide a foundation to better understand health disparities with an emphasis on health equity in the field of behavioral health.

OBJECTIVES:

- to become familiar with the conceptual issues and differences related to health disparities, health inequality, and health equity;

- to explore disparities within the context of behavioral health using Rhode Island and National data to provide context in understanding these disparities; and,

- to apply various frameworks - including social determinants and life course (life span or stages) - to better understand behavioral health disparities.

What is the difference between **health disparities** and **health inequalities**?

What is the difference between **health disparities** and **health equity**?

Some Definitions

- **Health Disparities:**
  - A **health disparity** is a difference in one group's health as compared to another group(s).
    - Disparities exist when differences in health outcomes or health determinants are observed between populations.

Definitions (Continued)

- **Health Inequalities (inequities):**
  - Are **unjust** disparities in health outcomes between individuals or groups.
    - They arise from differences in social, economic, or environmental conditions that influence people's behaviors and lifestyle choices, their risk of illness and actions taken to deal with illness when it occurs.
      - Inequalities of health are not inevitable, and are therefore considered avoidable and unfair.

Healthy People 2020 defines a ***health disparity*** as:

"a particular type of health **difference** that is closely linked with social, economic, and/or environmental disadvantage [*i.e.* ***determinants of health***]. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

Disparity or Inequality?

– It is true that, on average, male babies are born with higher birth weights than female babies are. (*male babies have different health statuses at birth than female babies, as measured by birth weight*).

This is a health disparity.

- Health disparities are **NOT NECESSARILY** the same as health inequality (inequity).
- Male babies (on average) are born with higher birth weights than female babies,
  - but it is NOT a health inequality.
    - there is nothing intrinsically unfair about this; it is based on genetics, not choice or action.

Disparity or Inequality?

- It is also true that, on average, babies born to black women are less likely to survive to their first birthday than babies born to white women.

- This is a health disparity:
  - black infant mortality rate is higher than white infant mortality rate.
- This is **ALSO** a health inequality (inequity):
  - this trend exists even when controlling for differences in socioeconomic status and is likely rooted in social injustice, which can be avoided and is unfair.

What is health equity and why is it important?

Health Equity:

- **The attainment of the highest level of health for all people.**

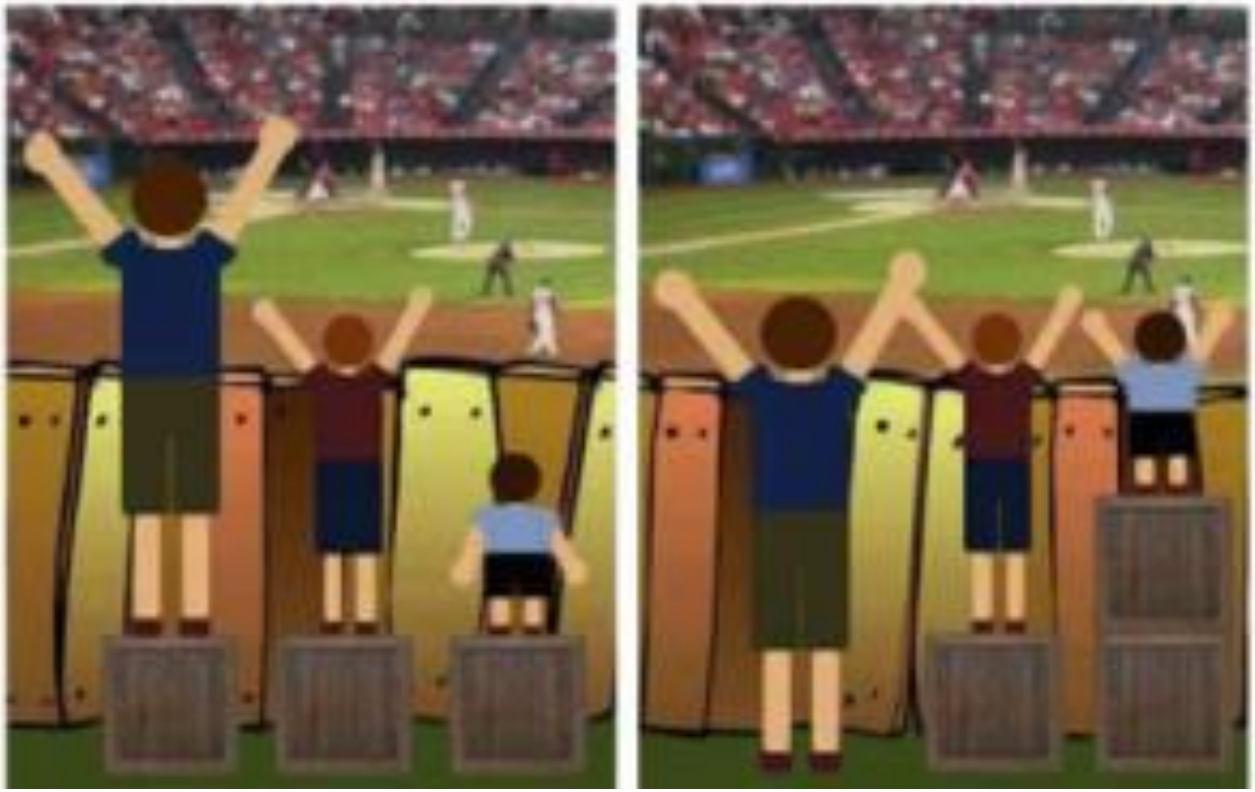
  *Health equity is a desirable **goal/standard** that entails **special efforts to improve** the health of those who have **experienced** social or economic **disadvantage**.*

Everyone deserves a fair chance to lead a healthy life. No one should be denied this chance because of who they are or their socio-economic opportunities.

Some health disparities are unavoidable and to be expected.

- For example, the risk of physical ill health increases with age,
  - older age groups are more likely to become ill and can be expected to have a greater need for health services.
    - Providing equal quantities of health and social care services for all groups is therefore not the prime objective, and access to services must be assessed in relation to need.
    - If health services were distributed equally among all groups, those with greater need would be denied the amount of care they require, which would be unjust.

Health equity is different from **health equality**—the provision of equal resources for all people, which can still lead to unequal outcomes:



Equality vs. Equity

Equality = providing everyone with shoes

vs.

Equity = providing everyone with shoes that fit

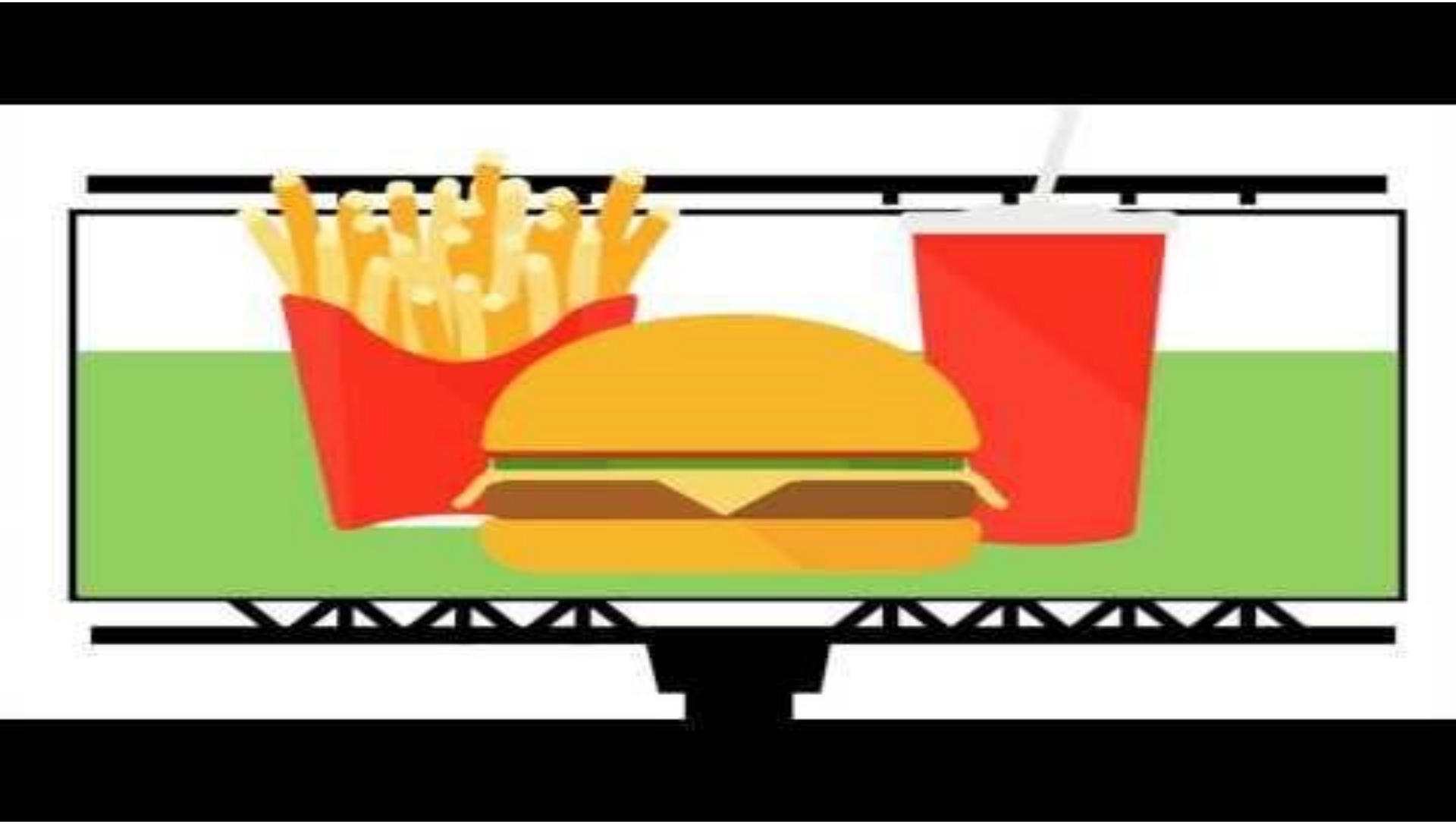
Disparity – Equity Continuum

Disparity → **Inequality** → **Equity**

(Difference in health between 2 or more groups)

(Unjust disparity)

(Optimal health across groups)



Source: Health Equity Institute: SFSU

What are some

“social, economic, and environmental”

factors that impact health in the populations that you work with in

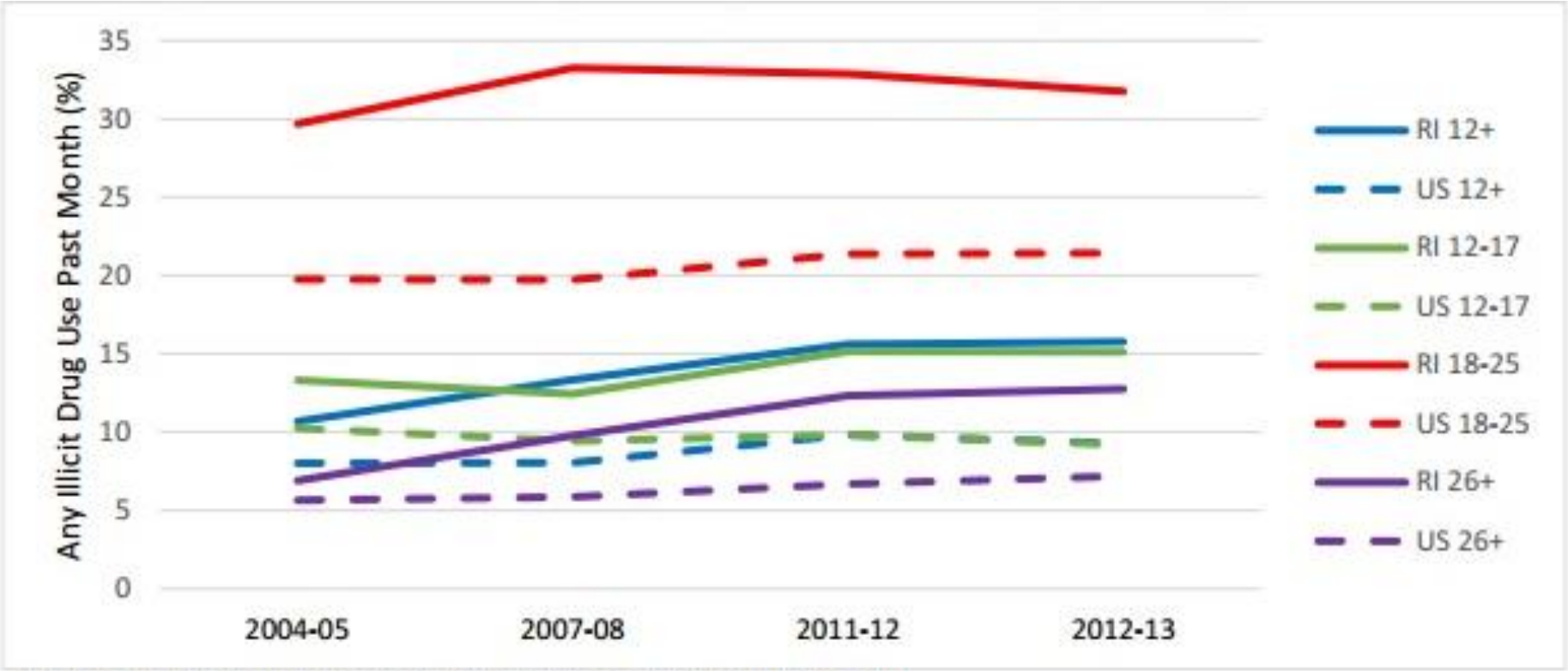
Rhode Island?

Examples of disparities we see in Rhode Island

Are there specific disparities related to behavioral health (i.e. mental health, substance use disorders)?

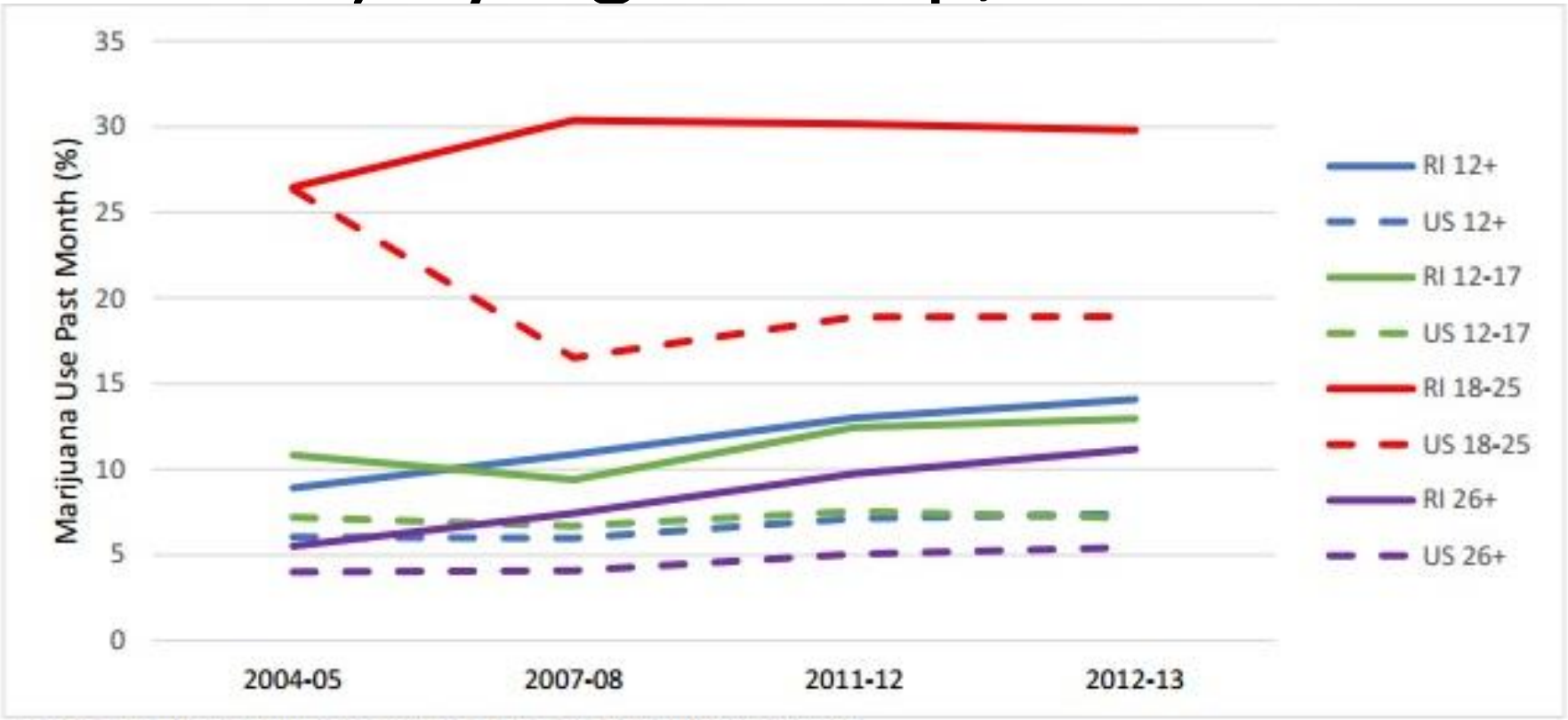
Examples of Rhode Island and US Health Disparities

RI vs US, Illicit Drug Use (past month) by Age Group, 2004-2013



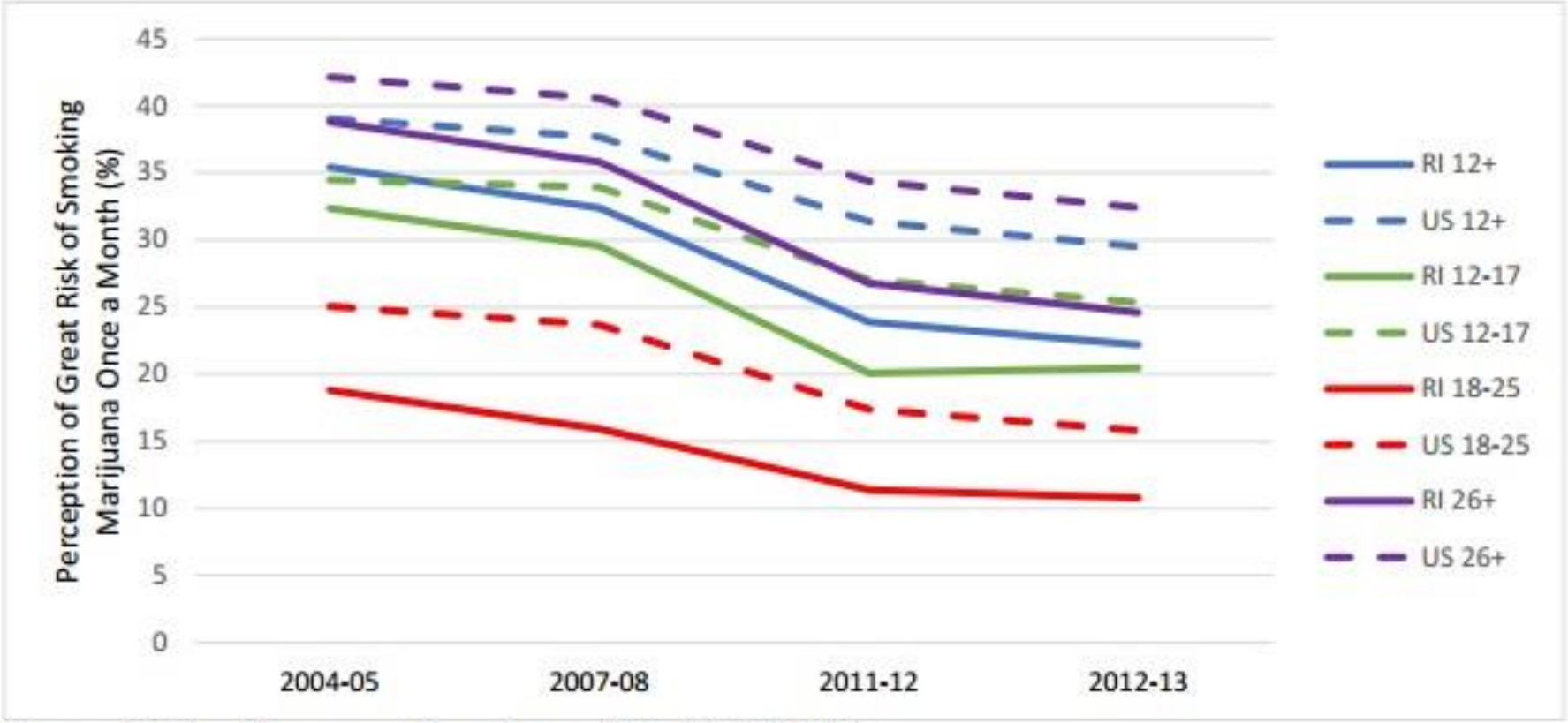
Source: National Survey on Drug Use and Health (NSDUH)

RI vs US, MarijuanaUse (past month) by Age Group, 2004-2013



Source: National Survey on Drug Use and Health (NSDUH)

RI vs US, Perceptions of Great Risk of Smoking Marijuana Once a Month by Age Group, 2004-2013



Source: National Survey on Drug Use and Health (NSDUH)

Table 2.3.1. Child Health Indicators among Children with Special Health Care Needs (%)				
	US	RI	MA	CT
Emotional and Mental Health				
Children age 4 months to 5 years whose physical, behavioral or social development is of concern to their parents	60.2	64.7	63.2	50.5
Children age 4 months to 5 years who are at high risk for developmental, behavioral or social delay	23.9	32.0	27.1	21.2
Children age 6-17 who often exhibit problematic social behaviors	17.9	21.2	16.4	13.8
Children age 2-17 who currently have ADHD or ADD and are taking medications for it	19.2	27.4	20.9	14.3
Children age 2-17 who currently have moderate or severe ADHD or ADD	15.0	25.9	15.0	13.4
Children age 2-17 who currently take medication because of difficulties with emotions, concentration or behavior	26.4	35.0	30.4	22.3
Health Care Access and Quality				
Among children age 10 months to 5 years who had health care in the past 12 months, those who had a health care visit that included developmental screening	23.9	20.0	33.8	8.1

NOTE: Children with special health care needs are defined in the National Survey of Children's Health as those who have chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.

Source: 2007 National Survey of Children's Health

Racial/Ethnic Disparities among RI High School Students, 2013 YRBS

	Asian	Black	Hispanic	White	Multiple Race
	Ever Prescription Drug Abuse				
RI	3.8	14.4	10.5	14.2	14
US	11.8	13.3	19.2	18.7	19.1
RI/US Ratio	0.32	1.08	0.55	0.76	0.73
	Ever Used Cocaine				
RI	2.3	7.4	5.3	3.4	3.5
US	5.3	2.1	9.5	4.8	6.1
RI/US Ratio	0.43	3.52	0.56	0.71	0.57
	Ever Used Methamphetamines				
RI	0.9	7.7	5.1	1.8	0
US	3.8	1.3	4.5	3	3.5
RI/US Ratio	0.24	5.92	1.13	0.60	0.00

Racial/Ethnic Disparities among RI High School Students, 2013 YRBS

	Asian	Black	Hispanic	White	Multiple Race
	Current Cigarette Use				
RI	--	5.3	4	9.4	11.8
US	10.3	8.3	14	18.6	14.2
RI/US Ratio	--	0.64	0.29	0.51	0.83
	Current Alcohol Use				
RI	--	33.7	30.9	31.4	17.3
US	21.7	29.6	37.5	36.3	36.1
RI/US Ratio	--	1.14	0.82	0.87	0.48
	Current Marijuana Use				
RI	23.4	25.8	24.7	23.6	19.8
US	16.4	28.9	27.6	20.4	28.8
RI/US Ratio	1.43	0.89	0.89	1.16	0.69

Health disparities

For every white person affected by this condition

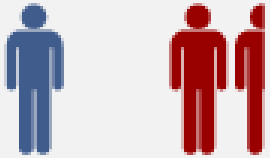
Stroke

White — African American — American Indian/ Alaskan Native

Cervical cancer

White — Hispanic — Vietnamese-American

Prostate cancer



White — African-American

Adult-onset diabetes

White — African-American — Hispanic — American Indian/ Alaskan Native

Infant mortality

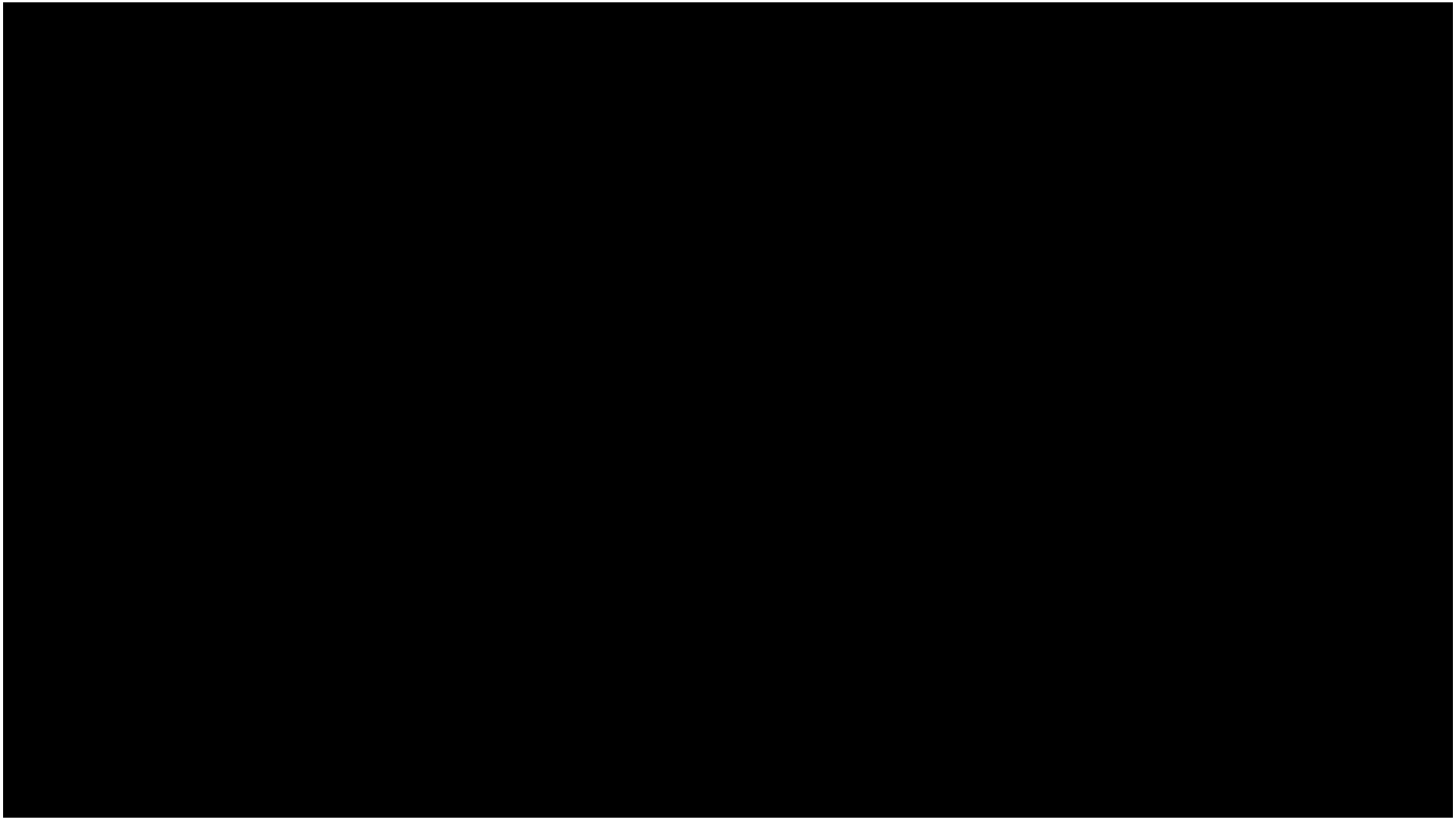
White — African American — Puerto Rican — American Indian/ Alaskan Native

HIV/AIDS (new infections)

White — African American — Hispanic

Sources: http://www.fhcrc.org/about/pubs/center_news/2004/may20/sart3.html (cervical cancer); http://www.healthreform.gov/reports/healthdisparities/ (HIV, diabetes, prostate cancer); http://www.childtrendsdatabank.org/sites/default/files/57_fig02.jpg (low birth weight, 2008)

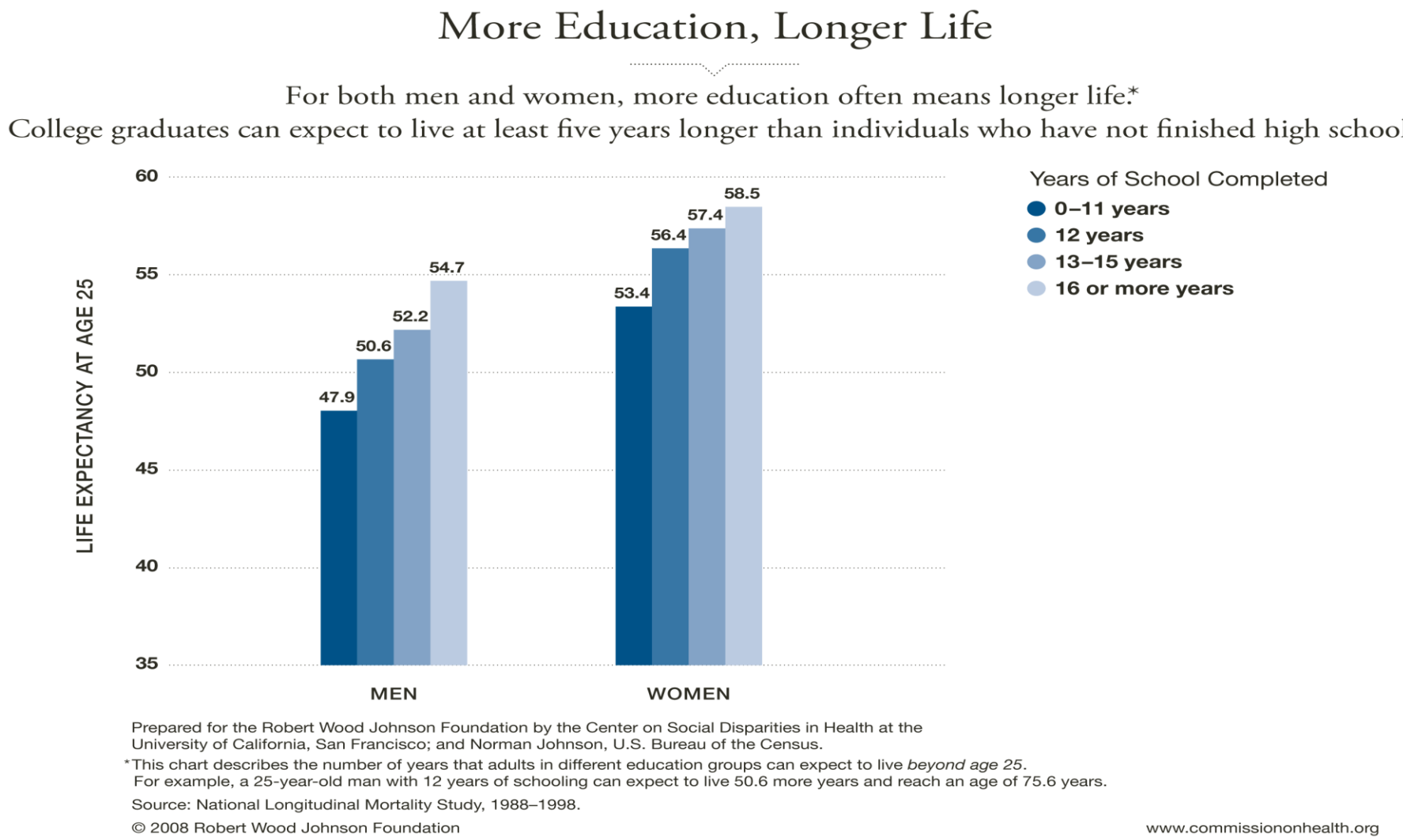
Social Determinants of Health



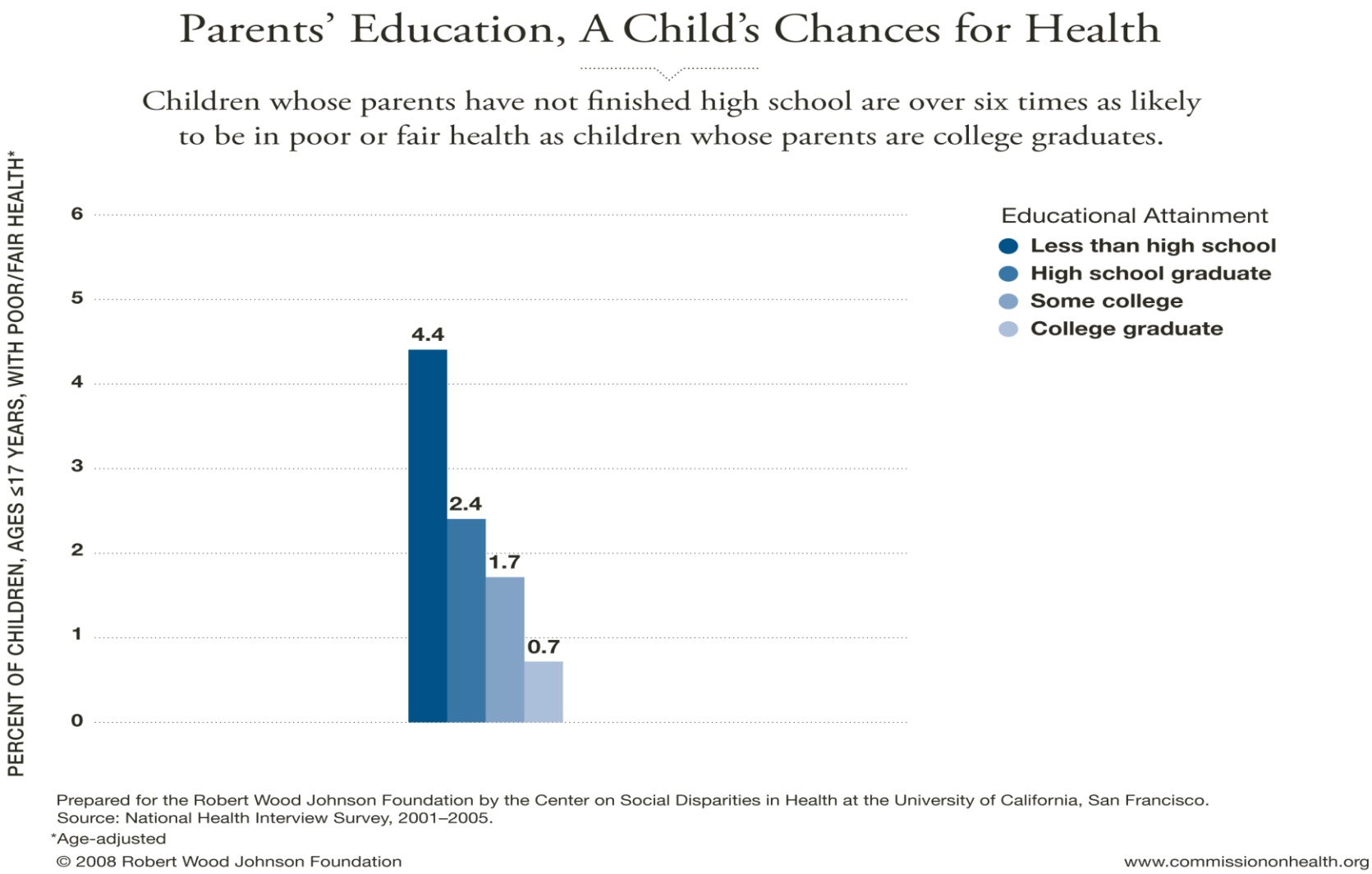
Health improves as advantage increases.

Source: Health Equity Institute: SFSU

Education and Mortality



Parent Education and Children's Health

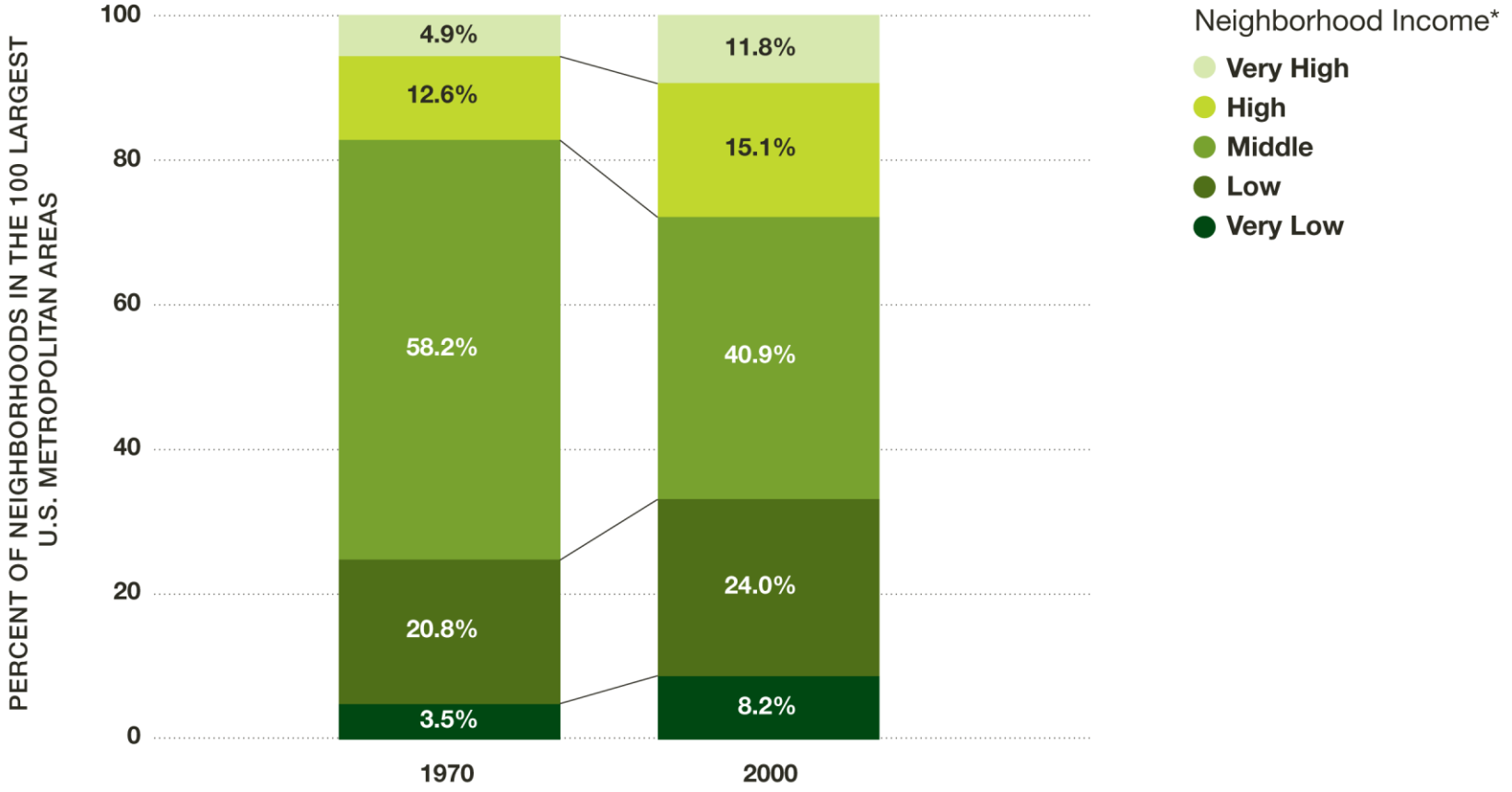


“The Big Sort”

- Social and geographic segregation
- People have migrated to socially isolated areas.
- Divided by race, income, social perspectives.
- Possible adverse health effects?

Increasing Inequality in Where Americans Live

The percentage of middle-income neighborhoods has been shrinking, while the percentage of both very high-income and very low-income neighborhoods has increased.

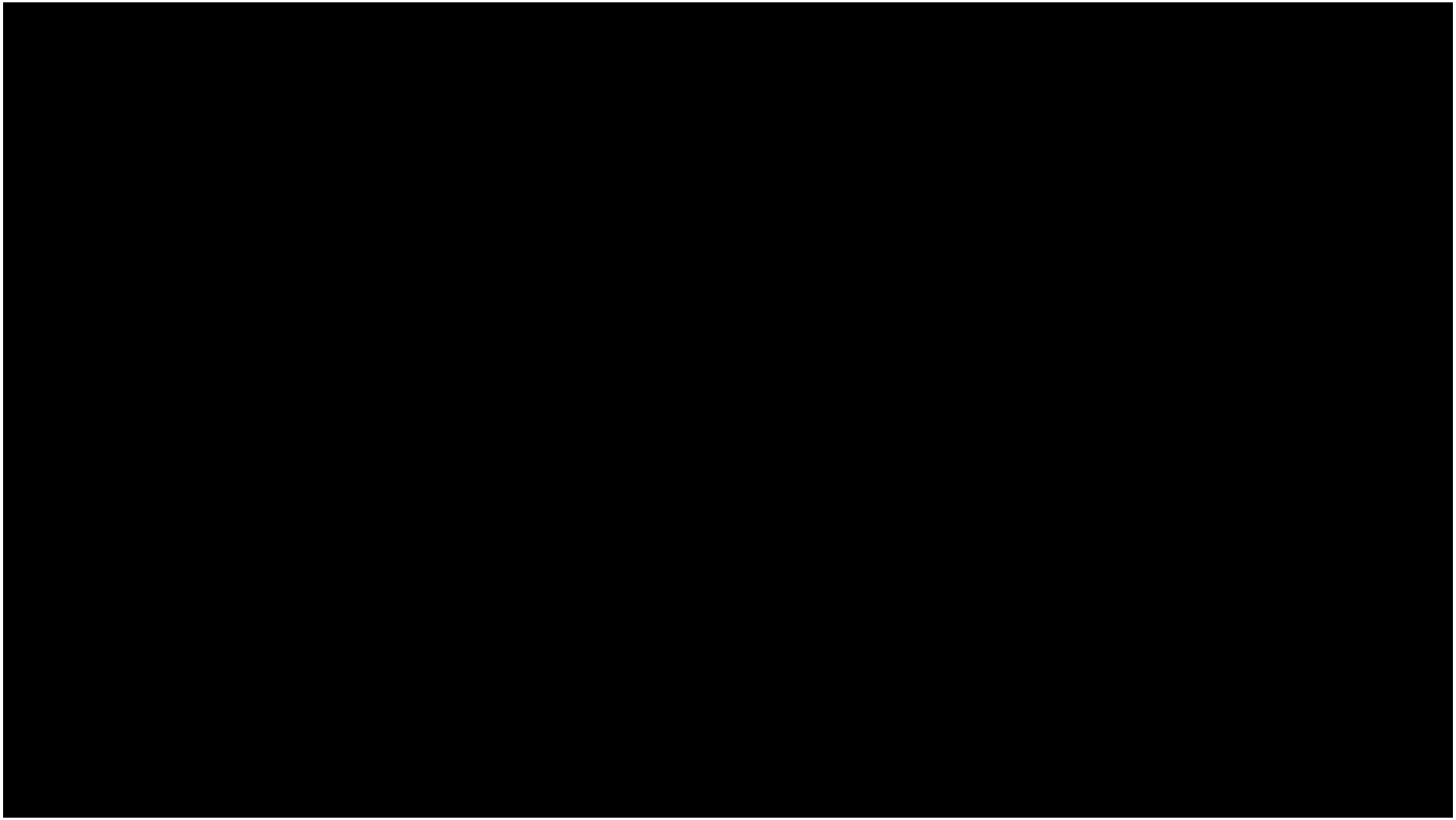


Prepared for the Robert Wood Johnson Foundation by the Center on Social Disparities in Health at the University of California, San Francisco.

Source: Brookings' analysis of Geolytics Neighborhood Changes Database, as reported in Booza et al. *Where did they go? The decline of middle-income neighborhoods in metropolitan America.* The Brookings Institution, 2006.

*Very low-income neighborhoods have median family incomes less than 50 percent of the metropolitan area median. Other income ranges include: low income (50 percent to 80 percent); middle income (80 percent to 120 percent); high income (120 percent to 150 percent); and very high income (>150 percent).

Impact of Poverty and Stress on Diabetes among Native Americans



Life Course Perspective

Understanding the Life Course framework.

- Life Course, Stages, Cycle
  - How does this framework help us to better understand health disparities and strategies to achieving health equity?
  - What are the primary components of the framework?
  - How can we use this in our behavioral health work?

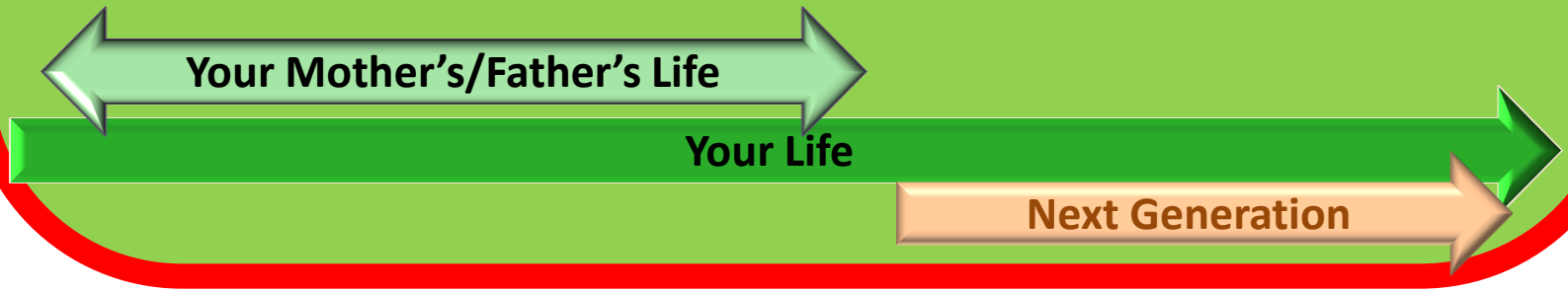
"Each person's health and well-being reflects the cumulation of their own unique prior history."

--Kotelchuck M. Building on a life-course perspective in maternal and child health. Maternal Child Health J. 2003; 7:5-11.

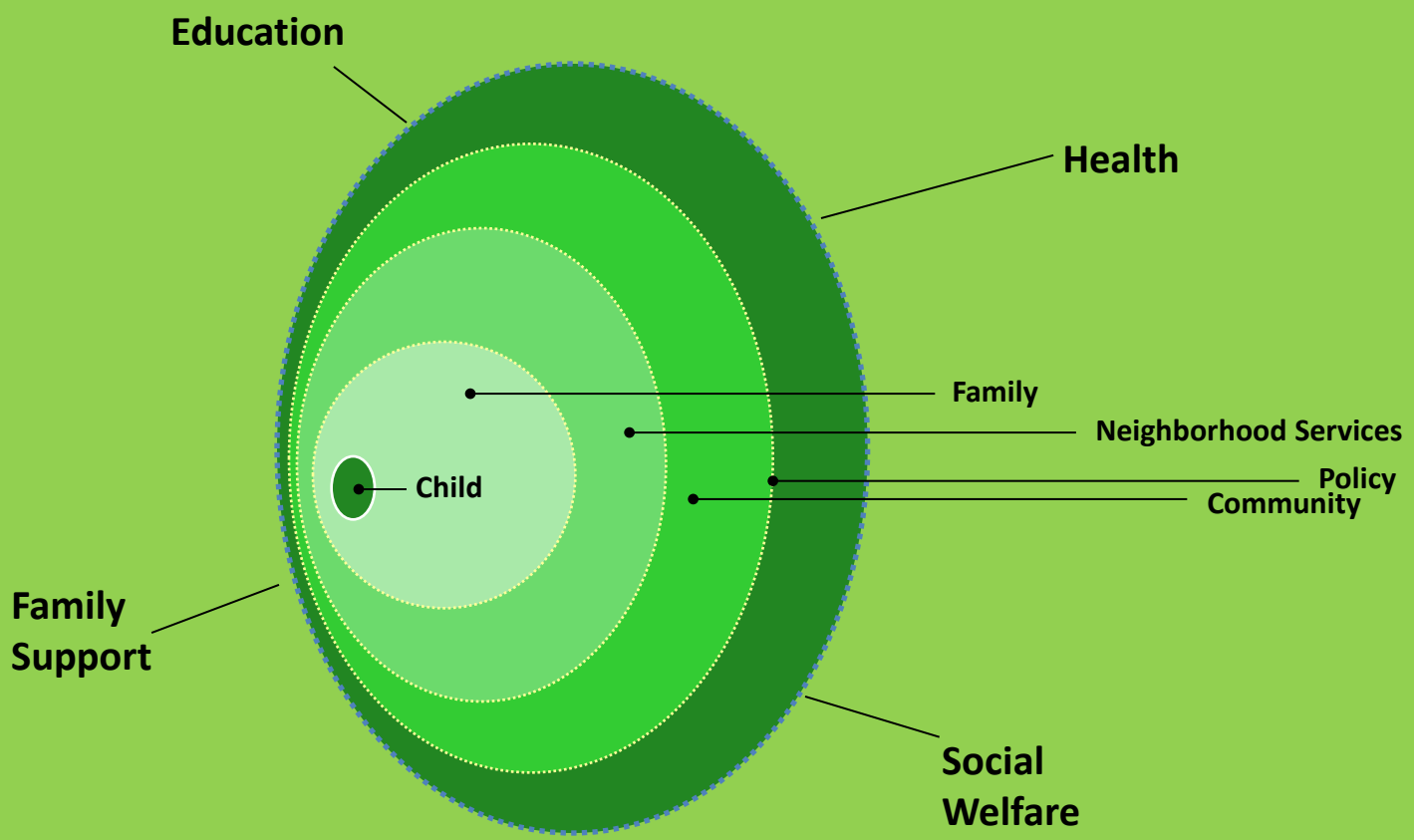
What is the Life Course Perspective?

Looking at health through a life course perspective hopes to address key areas**:**

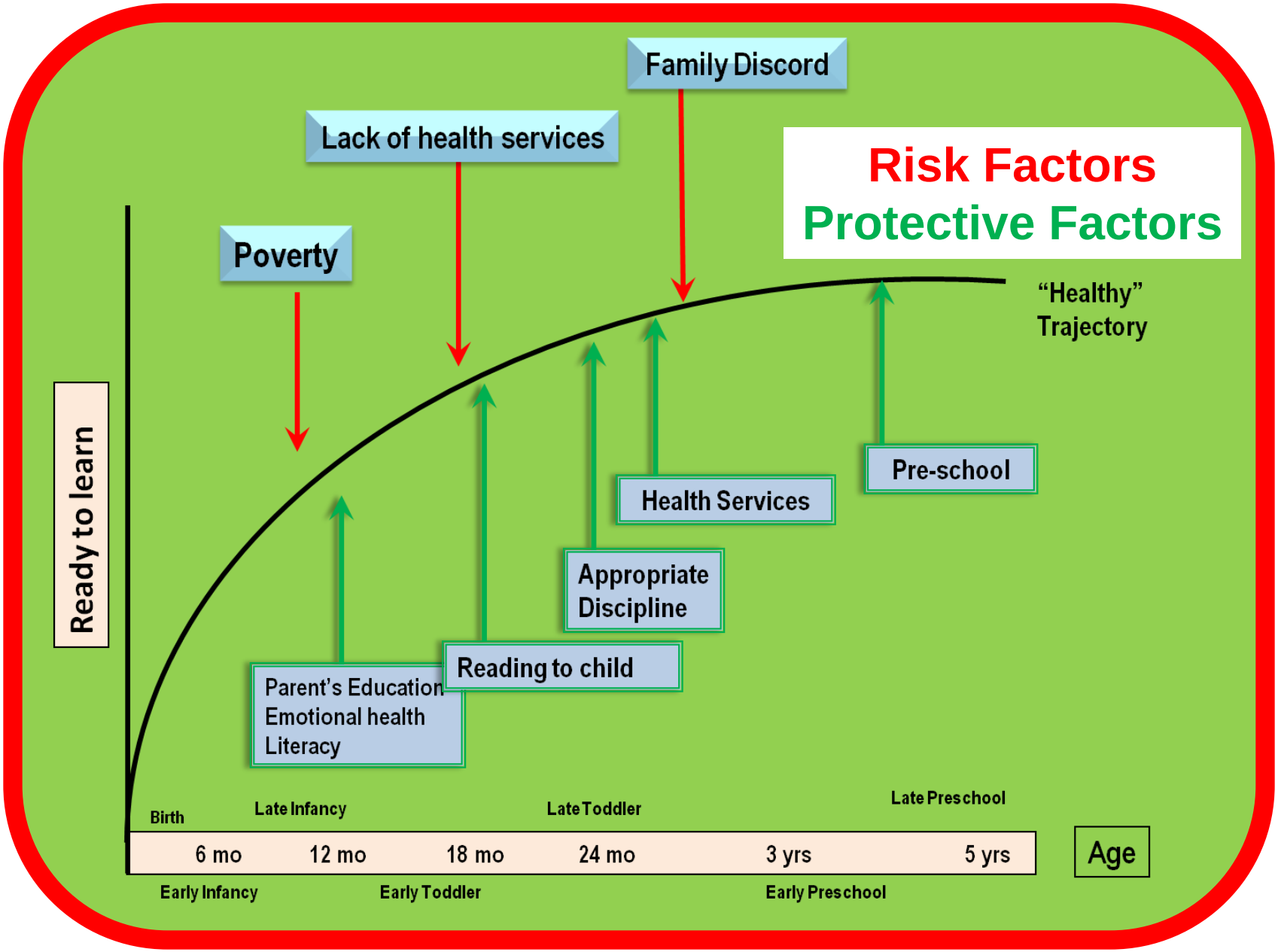
1. Your health as an **individual, or groups**
2. Health and well-being should **not** be considered **disconnected stages** unrelated to each other, rather an **integrated continuum**
3. Health before conception (i.e. mother's health **pre-conception**)
4. Your children's health -**intergenerational** component



Our Health Outcomes are Multi-Factoral



Graphic Concept Adapted from Neal Halfon, UCLA

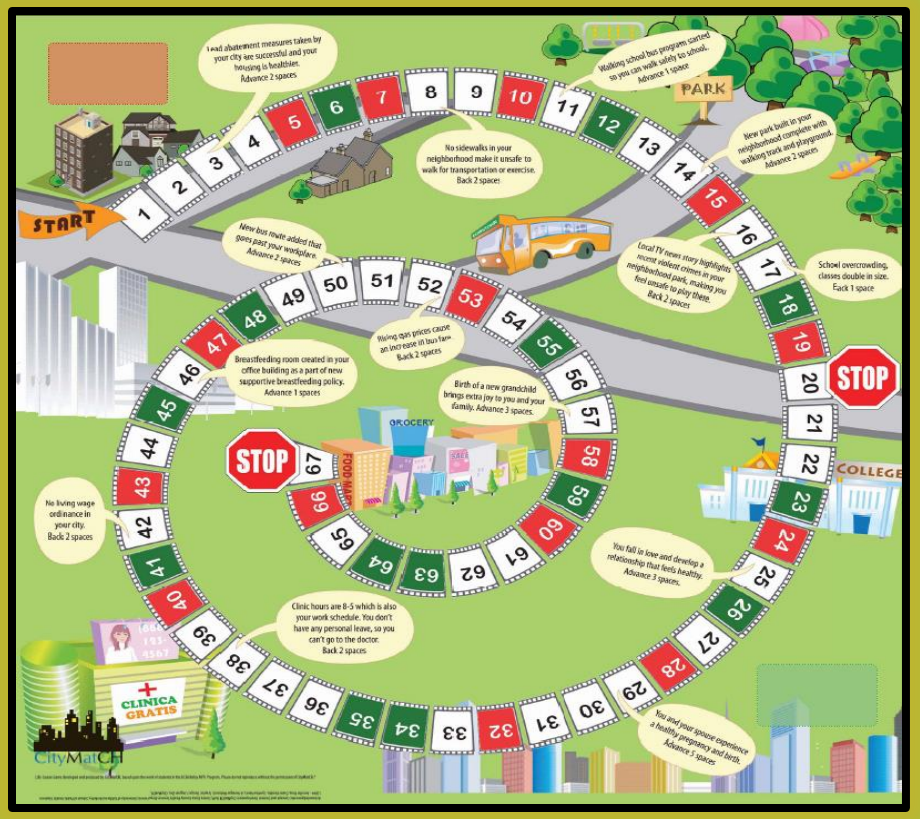


Graphic Concept Adapted from Neal Halfon, UCLA

Life Course Game
(30 minutes)

The Life Course Game:

A Simulation Experience



Debriefing the Game

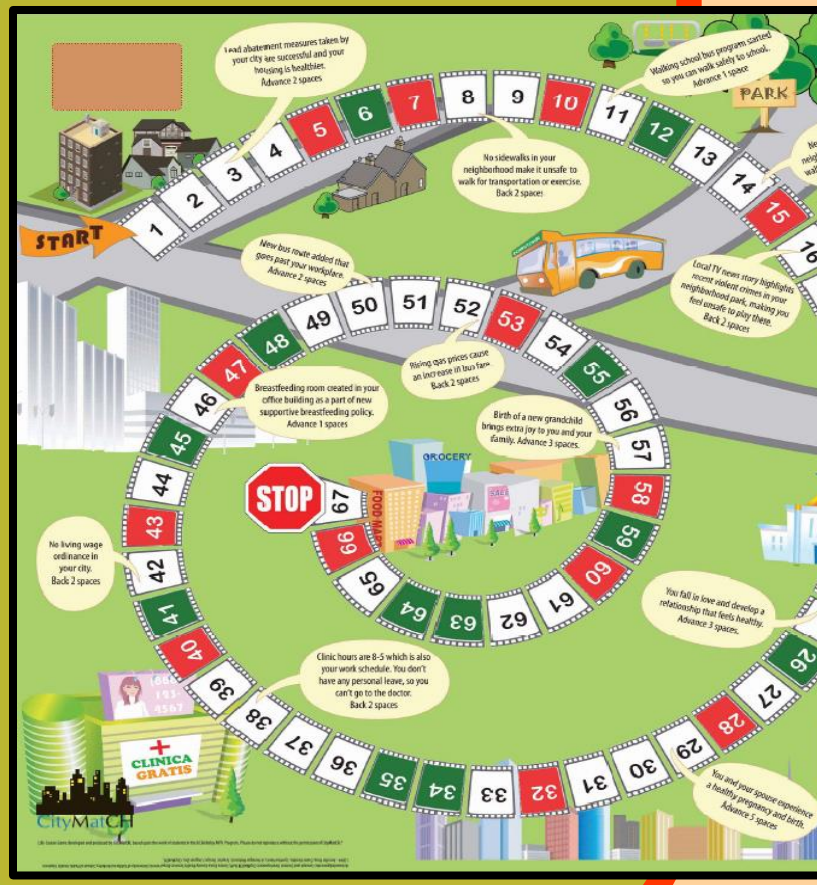
- What events occurred during the game that you recall?
- What comments did you hear as you were playing the game?
- What facts were presented in the game about life and health?

Life Course Perspective

A complex interplay of

- **biological,**
- **behavioral,**
- **psychological, and**
- **social**

protective and risk factors contributes to health outcomes across the span of a person's life.



Reflecting On Your Life…

- What events in the game reminded you of something from your own life?
- If you were in the lead in the game, how did that make you feel?
- If you were falling behind, how did that make you feel?

Interpreting and Applying Lessons from the Game

- What does this game tell us about the complex nature of living in our community?
- What learnings or insights that the group has shared so far seem the most critical? The most important to act upon?
- What questions did this experience raise for you personally? For the work you do?
- What difference will using a life course perspective make in our work?

Where Do We Go From Here?

- What actions or ideas has this experience triggered for you?
- How would you articulate the Life Course Perspective after playing this game?
- What would our community/organization look like if we fully incorporated a life course perspective in all of our work?

What is “social injustice?”

Social injustice occurs when people **fail to recognize the common humanity that unites us all** and in failing to do so, those people **institute policy or practice that unfairly prevents one group from achieving their maximum possible quality of life**.

- The notion of social (in)justice is inextricably linked to the health equity.

Examples: racial discrimination, women’s inequality, unequal access to education

Racial discrimination and health inequalities in birth outcomes.
How can a life course framework help us to understand what is going on and how to handle these inequalities?

How do we work to achieve health equity?

- **To achieve health equity, we must eliminate avoidable health inequities and health disparities requiring short-and long-term actions, including:**
- Attention to the root causes of health inequities and health disparities, specifically health determinants, a principal focus of Healthy People 2020.

- Particular attention to groups that have experienced major obstacles to health associated with socio-economic disadvantages and historical and contemporary injustices.
- Promotion of equal opportunities for all people to be healthy and to seek the highest level of health possible.

- Distribution of socio-economic resources needed to be healthy in a manner that progressively reduces health disparities and improves health for all.
- Continuous efforts to maintain a desired state of equity after avoidable health inequities and health disparities are eliminated.

Question to ask ourselves:

How do we currently understand health disparities in our respective work/disciplines?

Are there alternative views, frameworks to help us better understand them?

&

How might we best target our efforts to achieve greater equity in behavioral health?

How does the shoe fit?

The concepts of health equity and health disparity are inseparable in their practical implementation. Policies and practices aimed at promoting the goal of health equity will not immediately eliminate all health disparities, but they will provide a foundation for moving closer to that goal.


Health Equity Can't Wait. Act Now in Your CommUNITY!

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Thank You!

Next Training: February 5th, 2016