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OVERVIEW

- Defining Health Disparities
- Changing Demographics
- Determinants of Health
- Disparities
- Nebraska Examples
- Tonight's Pub Quiz
- What WE have to do with it

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Defining Health Status Disparities and Healthcare Disparities

Health Status Disparities – "...differences that occur by gender, race or ethnicity, education or income, disability, living in rural localities or sexual orientation." (US Department of Health and Human Services, Healthy People 2010)

Healthcare Disparities – "...racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences and appropriateness of interventions." (*Unequal Treatment* Institute of Medicine, 2002)

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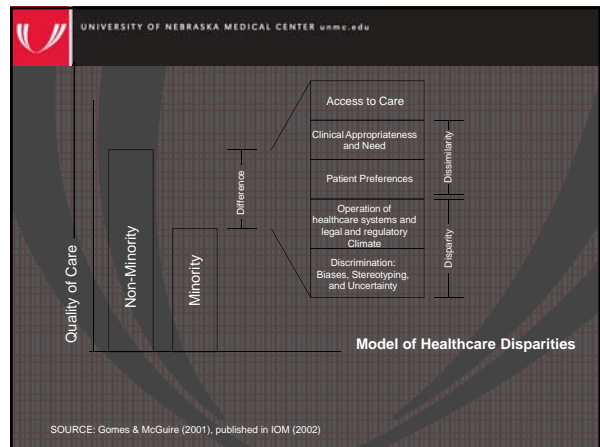
IOM: SUMMARY OF FINDINGS


- Racial and ethnic disparities in health care exist and are associated with worse outcomes.
- Racial and ethnic disparities in health care occur in the context of broader historic social and economic inequality (racial and ethnic discrimination)
- Many sources – including health systems, health care providers, patients, and utilization managers – contribute to racial and ethnic disparities in health care.

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SUMMARY OF FINDINGS (Continued)

- Bias, stereotyping, prejudice, and clinical uncertainty on the part of healthcare providers may contribute to racial and ethnic disparities in healthcare.
- Racial and ethnic minority patients are more likely than white patients to refuse treatment, but differences in refusal rates are generally small, and minority patient refusal does not fully explain healthcare disparities.






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SUMMARY OF RECOMMENDATIONS

GENERAL RECOMMENDATION


Increase awareness of racial and ethnic disparities in health care among the general public and key stakeholders, and increase health care providers' awareness of disparities.




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Health Disparities

- When elements of racism, poverty, and problematic community environments converge, greater overall threats to health and wellness develop.
- Some of the most powerful factors shaping both health and health disparities are social and economic determinants, or the community conditions for health.



Changing Demographics




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Changing Demographics

- 36,273 Foreign born people within City of Omaha (8.9%)
- 45,622 Latinos in the City of Omaha (11.2%)
- 32,354 Speak a language other than English at home (7.9%)
- Younger Age
 - Median age 24
- Larger Families
 - Average household size = 4
- Two-parent families are the norm (80% of 2nd generation live with both parents)
 - More than 51% of Latino families are married couples
 - Less likely that both parents work outside the home

SOURCE: U.S. Census Bureau, American Community Survey, 2009



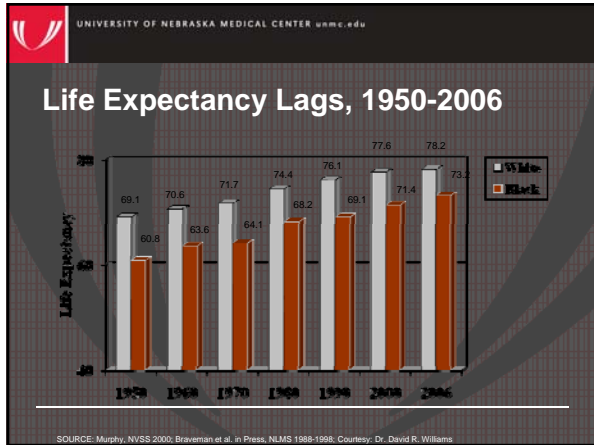
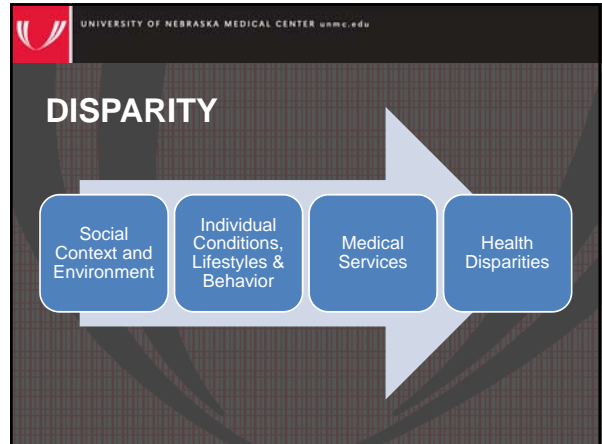
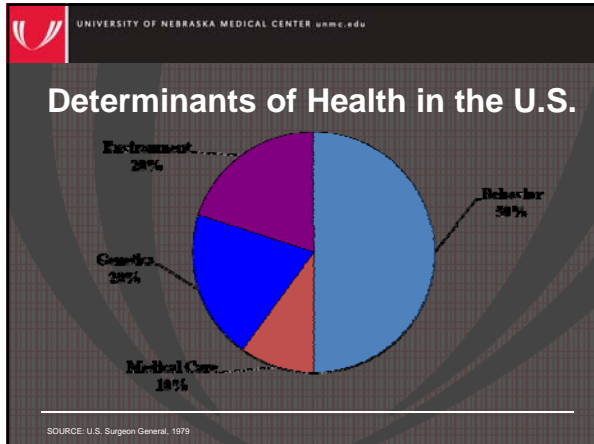
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By the middle of the 21st century, white Americans will be a minority

... In fact, U.S. Census Bureau projects that 62 percent of the U.S. population will consist of people of color by 2050.



Determinants of Health



Immigration and Health

- **Healthy Immigrant Paradox:** Immigrants of all racial/ethnic groups enjoy better health (adult & infant mortality) than their native-born counterparts.
- As length of residence in the U.S. increases, the health of immigrants declines.
- For example, infant and adult mortality, low birth weight, poor health practices, & multiple indicators of morbidity increase for Latinos with length of stay in the U.S.

SOURCE: Vega & Amaro 1994; Finch et al. 2002; Courtesy: Dr. David R. Williams

Acculturation Stressors and Health

- A study of migrant Mexican workers in Fresno, CA
- Acculturation stress: stressors linked to discrimination, legal status and problems speaking English.
- Acculturation stressors:
 - inversely related to physical & mental health
 - partially accounted for declines in health with the years in the U.S.
 - had a more severe negative effect on migrants who were more acculturated than those who were less acculturated.

SOURCE: Finch, Frank & Vega 2004. In: Migration Rev. Courtesy: Dr. David R. Williams

One may say,
 “Living in America is dangerous to your health!!”

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The Persistence of Racial Disparities

- We have FAILED!
- In spite of:
 - a War on Poverty
 - a Civil Rights movement
 - Medicare & Medicaid
 - the Hill-Burton Act
 - Major advances in medical research & technology
- We have made little progress in reducing the elevated death rates of blacks and American Indians relative to whites.

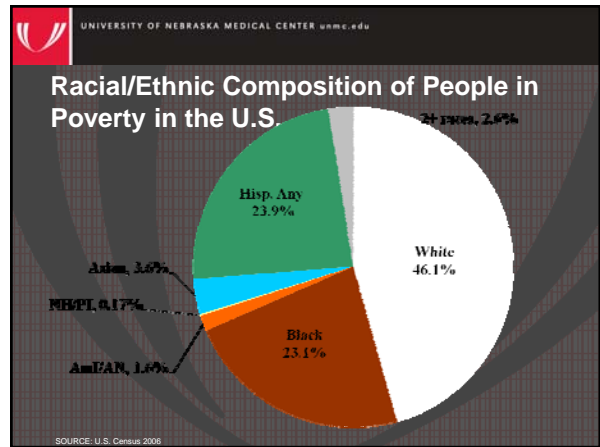
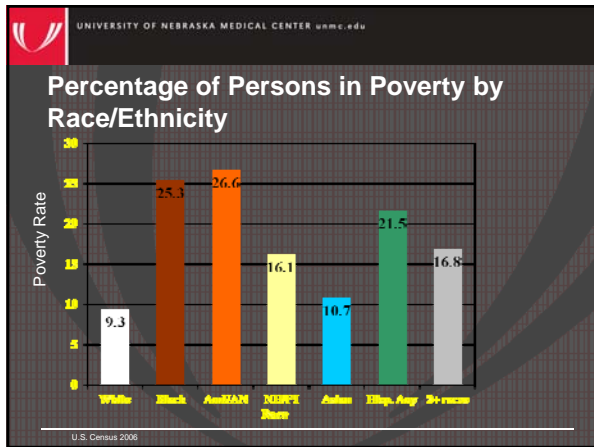
SOURCE: Courtesy: Dr. David R. Williams

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SES: A Key Determinant of Health

- Socioeconomic Status (SES) usually measured by income, education, or occupation influences health in virtually every society.
- SES is one of the most powerful predictors of health, more powerful than genetics, exposure to carcinogens, and even smoking.
- The gap in all-cause mortality between high and low SES persons is larger than the gap between smokers and non-smokers.

SOURCE: Courtesy: Dr. David R. Williams



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SES: Multiple Disadvantages

- Poor education in childhood and adolescence
- Insecure employment
- Stuck in hazardous or dead-end jobs
- Living in poor housing
- Trying to raise a family in difficult circumstances
- Living on an inadequate pension

SOURCE: WHO: The Solid Facts; Courtesy: Dr. David R. Williams

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Added Burden of Race

- Race and SES reflect two related but not interchangeable systems of inequality
- SES accounts for a large part of the racial differences in health
- BUT, there is an added burden of race, over and above SES that is linked to poor health.

SOURCE: Courtesy: Dr. David R. Williams

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Why Race Still Matters

1. All indicators of SES are non-equivalent across race. Compared to whites, blacks receive less income at the same levels of education, have less wealth at the equivalent income levels, and have less purchasing power (at a given level of income) because of higher costs of goods and services.
2. Health is affected not only by current SES but by exposure to social and economic adversity over the course of a person's life.
3. Personal experiences of discrimination and institutional racism are added pathogenic factors that can affect the health of minority group members in multiple ways.

SOURCE: Courtesy: Dr. David R. Williams

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Discrimination Persists

- Pairs of young, well-groomed, well-spoken college men with identical resumes apply for 350 advertised entry-level jobs in Milwaukee, Wisconsin. Two teams were black and two were white. In each team, one said that he had served an 18-month prison sentence for cocaine possession.
- The study found that it was easier for a white male with a felony conviction to get a job than a black male whose record was clean.

SOURCE: Devan Pager, NYT March 20, 2004; Courtesy: Dr. David R. Williams

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Percent of Job Applicants Receiving a Callback

| Criminal Record | White | Black |
|-----------------|-------|-------|
| No | 34% | 14% |
| Yes | 17% | 5% |

SOURCE: Devan Pager, NYT March 20, 2004; Courtesy: Dr. David R. Williams

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Race, Criminal Record, and Entry-level Jobs in NY, 2004

| Group | Positive Response (%) |
|-----------------------|-----------------------|
| White felon | 17 |
| Latino (clean record) | 15 |
| Black (clean record) | 13 |

SOURCE: Devan Pager et al Am Soc Review, 2009; 169 employers; Courtesy: Dr. David R. Williams

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Reducing Inequalities: Health Care

- Improve access to care and the quality of care
 - Give emphasis to the prevention of illness
 - Provide effective treatment
 - Develop incentives to reduce inequalities in the quality of care

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Centrality of the Social Environment

An individual's chances of getting sick are largely unrelated to receiving medical care.

Where we live, learn, work, play and worship determines our opportunities and chances for being healthy.

Social Policies can make it easier or harder to make healthy choices.

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Redefining Health Policy

Health Policies include policies in all sectors of society that affect opportunities to choose health, including, for example,

- Housing Policy
- Employment Policies
- Community Development Policies
- Income Support Policies
- Transportation Policies
- Environmental Policies

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How Segregation Can Affect Health

1. Segregation determines quality of education and employment opportunities.
2. Segregation can create pathogenic neighborhood and housing conditions.
3. Conditions linked to segregation can constrain the practice of health behaviors and encourage unhealthy ones.
4. Segregation can adversely affect access to high-quality medical care.

SOURCE: Williams & Collins, 2001

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Residential Segregation and SES

A study of the effects of segregation on young African American adults found that the elimination of segregation would erase black-white differences in

- Earnings
- High School Graduation Rate
- Unemployment

And reduce racial differences in single motherhood by two-thirds

SOURCE: Cutler, Glaeser & Vigdor, 1997

UNIVERSITY OF NEBRASKA MEDICAL CENTER unmc.edu **Our Neighborhood Affects Our Health**

| Unhealthy Community | vs | Healthy Community |
|---|----|--|
| Unsafe even in daylight | | Safe neighborhoods, safe schools, safe walking routes |
| Exposure to toxic air, hazardous waste | | Clean air and environment |
| No parks/areas for physical activity | | Well-equipped parks and open/spaces/organized community recreation |
| Limited affordable housing is run-down; linked to crime ridden neighborhoods | | High-quality mixed income housing, both owned and rental |
| Convenience/liquor stores, cigarettes and liquor billboards, no grocery store | | Well-stocked grocery stores offering nutritious foods |

UNIVERSITY OF NEBRASKA MEDICAL CENTER unmc.edu **Our Neighborhood Affects Our Health**

| Unhealthy Community | vs | Healthy Community |
|--|----|---|
| Streets and sidewalks in disrepair | | Clean streets that are easy to navigate |
| Burned-out homes, littered streets | | Well-kept homes and tree-lined streets |
| No culturally sensitive community centers, social services or opportunities to engage with neighbors in community life | | Organized multicultural community programs, social services, neighborhood councils or other opportunities for participation in community life |
| No local health care services | | Primary care through physicians' offices or health center; school-based health programs |
| Lack of public transportation, walking or biking paths | | Accessible, safe public transportation, walking and bike paths |

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Improving Residential Circumstances

That is, eliminating the negative effects of segregation on SES and health requires a major infusion of economic capital to improve the social, physical, and economic infrastructure of disadvantaged communities.

SOURCE: Williams and Collins 2004

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Increased Income and Health

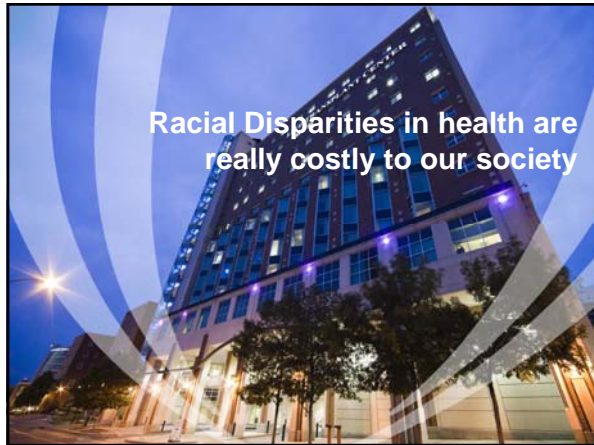
- A study conducted in the early 1970s found that mothers in the experimental income group who received expanded income support had infants with higher birth weight than that of mothers in the control group.
- Neither group experienced any experimental manipulation of health services.
- Improved nutrition, probably a result of the income manipulation, appeared to have been the key intervening factor.

SOURCE: Keizer and Wotin, 1979

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Building on Resources

We Need to Better Understand How Resilience Factors and Processes Can Affect Health and How to Build on the Strengths, Assets, and Capacities of Our Communities



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Total Costs of Health Disparities

- U.S. businesses lose more than \$1 trillion a year in productivity due to chronic illness.
- Per person, the U.S. spends more than twice the average of other industrialized countries on health care - 16% of our GDP in 2006 - yet has some of the worst health outcomes: worse than 28 other countries in life expectancy (including Jordan) and 29 other countries in infant mortality (including Slovenia).
- The U.S. child poverty rate (21.9%) is five times that of Sweden (4.2%). It's not surprising that, when it comes to social spending, the figures are reversed: Sweden allocates 18% of its GDP to social spending while the U.S. allocates only 4%.

SOURCE: Unnatural Causes, 2009

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Total Costs of Racial Disparities

- \$1.24 Trillion, 2003-2006
- More than the Gross Domestic Product of India (world's 12th largest economy in 2008)
- \$309.3 Billion annual loss to the economy
- Social Justice can be cost effective
- Doing nothing has a cost that we should not continue to bear

SOURCE: LaVeist et al. 2009, Joint Center; Courtesy: Dr. David R. Williams

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How large are the expected economic gains from reducing social differences in health?

- If adult Americans who have not completed college experienced the lower death rates and better health status of college graduates, they would live longer and healthier lives.

These improvements would translate into potential gains of **\$1.007 trillion annually.**

SOURCE: Robert Wood Johnson Foundation

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Disparities in health reflect inequalities in American society as a whole. Members of disadvantaged populations groups are burdened by segregation, substandard housing conditions, inadequate education, exposure to environmental toxins, and occupational hazards.

SOURCE: Healthcare for America Now!, 2009

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A Larger Context for Disparities

Racial and Socioeconomic Disparities should be understood in the context of the larger national disparity

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The Big Picture

- U.S. ranks near the bottom of industrialized countries on health, and we are losing ground:
- 1960 = 11th on infant mortality;
- 2004 = 29th. US ranked behind Cuba, Korea, Czech Republic, Greece, N. Ireland and Hungary on taking care of our infants.
- And it is not just the minorities doing badly! In 2004, white America would be = 26th; Blacks = 35th (just behind Russia).

SOURCE: Courtesy, Dr. David R. Williams

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By the numbers:

For all the rich countries for which there is data, the U.S. has:

- the highest infant mortality rate
- the highest homicide rate
- the highest teenage birth rate
- the highest incarceration rate (we house one fourth of the world's prisoners)
- the highest child poverty rate
- the highest child injury death rate
- the greatest gap between high and low mortality rates within a country
- the highest number of people living alone
- the highest poverty rate
- the most hours worked (except for New Zealand)
- the smallest middle class
- the largest wealth gap between the rich and the rest of the population
- the lowest voter turnout

SOURCE: Unnatural Causes, 2009

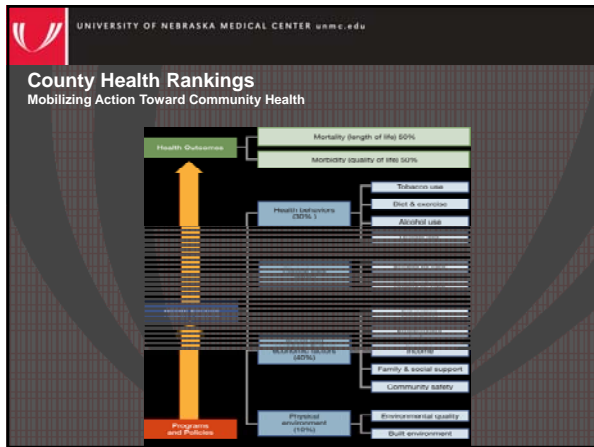
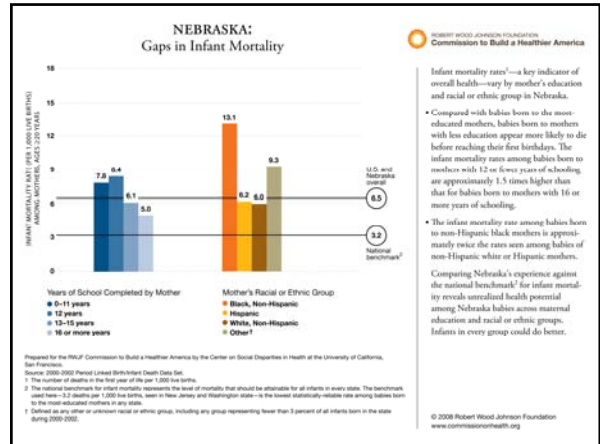
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EXAMPLES of DISPARITIES in Nebraska

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- 11 percent of African-Americans have been diagnosed with diabetes, a rate more than 40 percent higher than for Latinos.
- 37 percent of Latinas received NO prenatal care, compared with 35 percent for African-Americans and 21 percent for whites.
- Infant mortality rates for whites are 5.1 percent as compared to African-Americans at 14 percent.

SOURCE: Healthcare for America Now!, 2009



UNNATURAL CAUSES
... is inequality making us sick?

Quiz your health disparities knowledge...

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How does American life expectancy compare to other countries?

(Based on 2005 data reported in the 2007 United Nations Human Development Report)


A. Number 1
B. In the top 10
C. 29th place

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ANSWER:
C. 29th place


At 77.9 years, we are tied with South Korea and Denmark for 29th – 31st place, despite being the second wealthiest country on the planet (measured by per capita GDP).

Japan has the highest life expectancy at 82.3 years

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How much does the U.S. spend per person on health care?

- A. Three quarters as much as the other industrialized countries
- B. The same as the other industrialized countries
- C. More than double other industrialized countries

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**ANSWER:
C. More than double**

We spent \$6102 per person on medical care in 2004 (estimates for 2007 are \$7600). That's more than double the \$2552 median of the 30 OECD countries. Yet our health outcomes are among the worst.

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What is the greatest difference in life expectancy observed between counties in the U.S.?

- A. 7 years
- B. 15 years
- C. 22 years
- D. 25 years

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**ANSWER:
B. 15 Years**

Populations in some wealthy communities live on average well into their 80s, while others in some inner city neighborhoods and Native American reservations barely scratch 60.

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On average, how many more supermarkets are there in predominantly white neighborhoods compared to predominantly Black and Latino neighborhoods?

- A. About the same
- B. 2 times as many
- C. 4 times as many
- D. 6 times as many

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**ANSWER:
C. 4 times**

Predominantly Black and Latino neighborhoods have more fast-food franchises and liquor stores, yet often lack stores that offer fresh, affordable fruits and vegetables.

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Generally speaking, which group has the best overall health in the U.S.?

- A. Recent Latino immigrants
- B. Native-born whites
- C. Native-born Latinos
- D. Native-born Asian Americans

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ANSWER:
A. Recent Latino immigrants

Recent Latino immigrants have better health outcomes than other U.S. populations despite being, on average, poorer. However, the longer they live here, the worse they fare.

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The most important factor behind the 30 year increase in U.S. life expectancy during the 20th century was:

- A. New drugs (like penicillin)
- B. Social reforms (like wage and labor laws, housing codes, etc.)
- C. The development of the modern hospital system
- D. Migration from the countryside to the cities
- E. More exercise and less smoking

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ANSWER:
B. Social Reforms

Researchers attribute much of our increase in life expectancy to social changes--better wages, housing, job security and working conditions, civil rights laws, sanitation and other protections that improved our health by improving our lives.

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Ireland, Sweden, France, Spain, Portugal and the other western European nations all mandate by law paid holidays and vacations of 4 to 6 weeks.

How many days of paid vacation are mandated by law in the U.S.?

- A. None
- B. 10
- C. 12

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ANSWER:
A. None

The United States is the only rich country that does NOT guarantee any paid vacation NOR any paid sick days by law.

47% of private sector employees must choose between going to work sick and staying home and losing a day's pay.

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Between 1980 and 2000 the gap in life expectancy between the most and least deprived counties in the U.S:


- A. Declined by 12%
- B. Remained the same
- C. Widened by 60%

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**ANSWER: C
Widened by 60%**

As economic inequality grew after 1980, so did the life expectancy gap between the rich and the rest of us.

In contrast, a recent study (Krieger et al) showed that premature death and infant mortality gaps narrowed between 1966 and 1980.



What do WE have to do with it?

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So here it is ...

1. Health officials and organizations cannot improve health by themselves.
2. Improving health and reducing inequalities in health is not just about more health programs, it is about a new path to health, recognizing the importance of the social environment.
3. ALL policy that affects health is health policy.
4. Health officials need to work collaboratively with other sectors of society to initiate and support social policies that promote health and reduce inequalities and health.
5. We need to recruit and retain more underrepresented groups in the field of medicine.

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Elements of Community Health

Equitable Opportunity

- Racial justice
- Jobs & local ownership
- Education

The Place

- Parks & open space
- Housing
- Arts & culture
- Transportation
- Air, water, soil
- Look, feel, safety
- Products sold & promotion

The People

- Social networks
- Trust
- Acceptable behaviors & attitudes
- Perceptions & willingness to act for the common good

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Ten Key Strategy Areas for Reducing Health Disparities

1. Primary Prevention
2. Community Conditions for Health
3. Built Environment
4. Sustainable Agriculture
5. Economic Development
6. Norms Change
7. Community-Based Participatory Efforts
8. Comprehensive Approaches
9. Interdisciplinary Collaboration
10. Community Resilience

SOURCE: DRA Project, 2007

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How the Center fits in...

- Empowering and mobilizing community members to seek better health
- Bridging gaps between the healthcare system and community members by encouraging people to seek appropriate care and by changing healthcare/lifestyle practices
- Changing the social and physical environments of communities to overcome barriers to good health
- Implementing evidence-based strategies and public health programs that fit the unique social, economic, and cultural circumstances
- Moving beyond interventions that address solely individual behaviors to those that include community and systems change



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Keys to Success!

- Trust
- Empowerment
- Culture and History
- Focus on Causes (underlying causes of poor community health)
- Community Investment and Expertise
- Trusted Organizations
- Community Leaders
- Ownership
- Sustainability
- Hope

SOURCE: REACH The Power to Reduce Health Disparities (CDC)

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Reframing the Questions for Health Equity

- *Conventional: How can we reduce disparities in the distribution of disease and illness?*
- How can we eliminate inequities in the distribution of resources and power that shape health outcomes?
- *Conventional: What social programs and services are needed to address health disparities?*
- What types of institutional and social changes are necessary to tackle health inequities?
- *Conventional: How can individuals protect themselves against health disparities?*
- What kinds of community organizing and alliance building are necessary to protect communities?

SOURCE: Unnatural Causes, 2009

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Some Ideas to Get Involved

1. Organize a "brown bag" screening of *Unnatural Causes* to discuss how social conditions—where we are born, live, work and play—impact health.
2. Identify three existing struggles in your community that can improve health equity, e.g., land use, a living wage, paid sick leave, affordable housing mandates, toxic clean-ups, lead paint removal, etc. How can you become a partner?
3. Conduct an audit of health threats and health promoters in your neighborhood.
4. Identify and build strategic partnerships with community-based organizations and organizations in other sectors; link health outcomes to housing, education, employment, political power and other arenas.
5. Ask your public health department to conduct a Health Impact Assessment (HIA) on proposed development projects and government initiatives and ordinances.
6. Provide local media with facts and resources so they can incorporate a health equity lens in their reporting; help them identify a message point person to provide quotes, analysis and additional information.
7. Broaden the discussion: look for opportunities to submit op ed articles, letters to the editor, call in to radio talk shows, and form discussion groups.
8. Organize a policy forum to brief officials in government agencies about the social determinants of health inequities.

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