

A Broader Perspective of Health-Related Asset Building: Northeast Family Strengthening Conference

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Objectives

- Introduce concepts of health, health equity, and social determinants of health
- Explain why promoting health is a community responsibility
- Identify strategies to build community assets to promote health equity

Definition of Health

“State of complete physical, mental, and social well-being and not merely the absence of disease.”

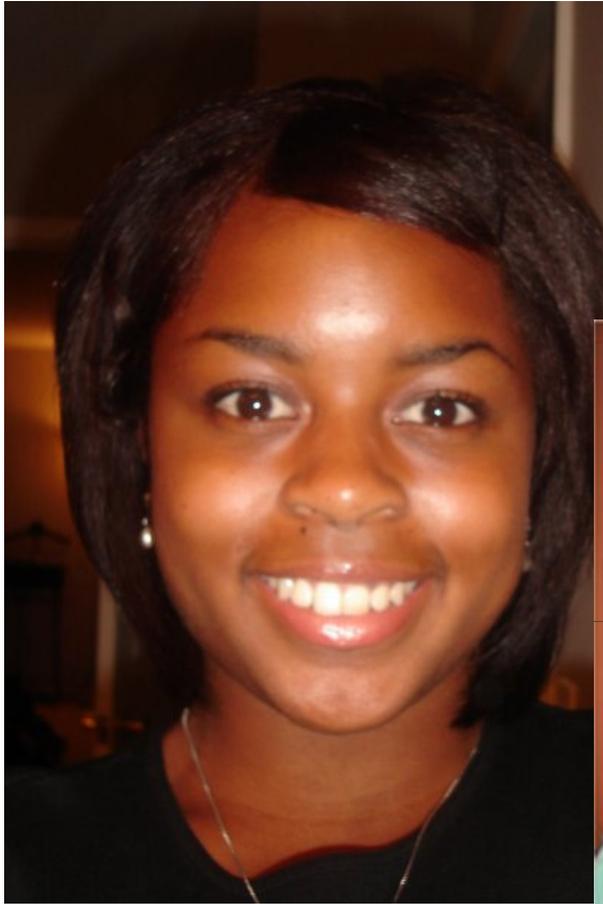
-World Health Organization

Definition of Health Equity

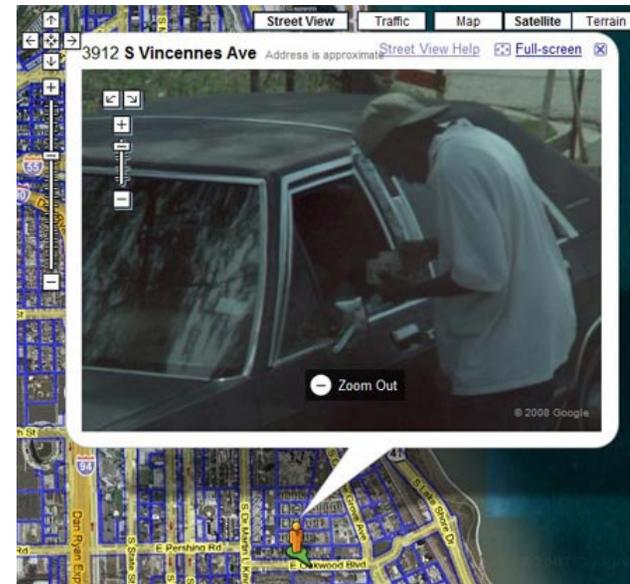
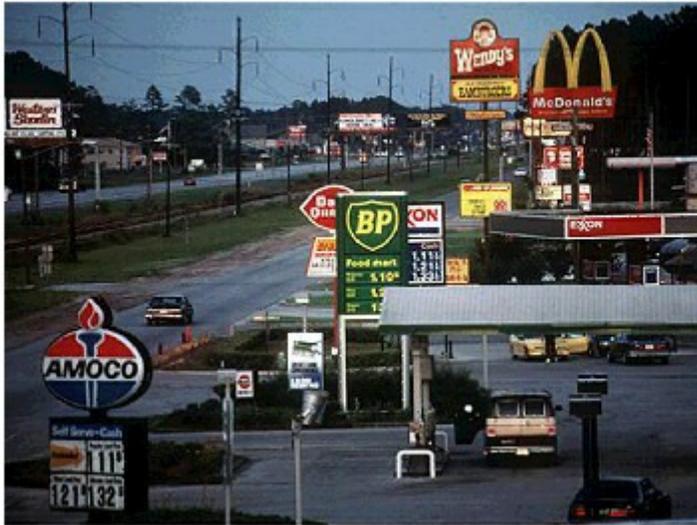
- Achieving the highest level of health for all people. Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.
 - Healthy People 2020, US DHHS

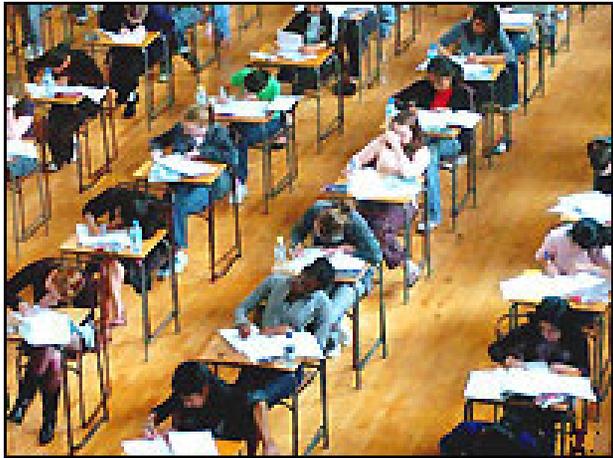
Case Study- The Story of Myra

Adapted from George A. Kaplan, PhD., 2007

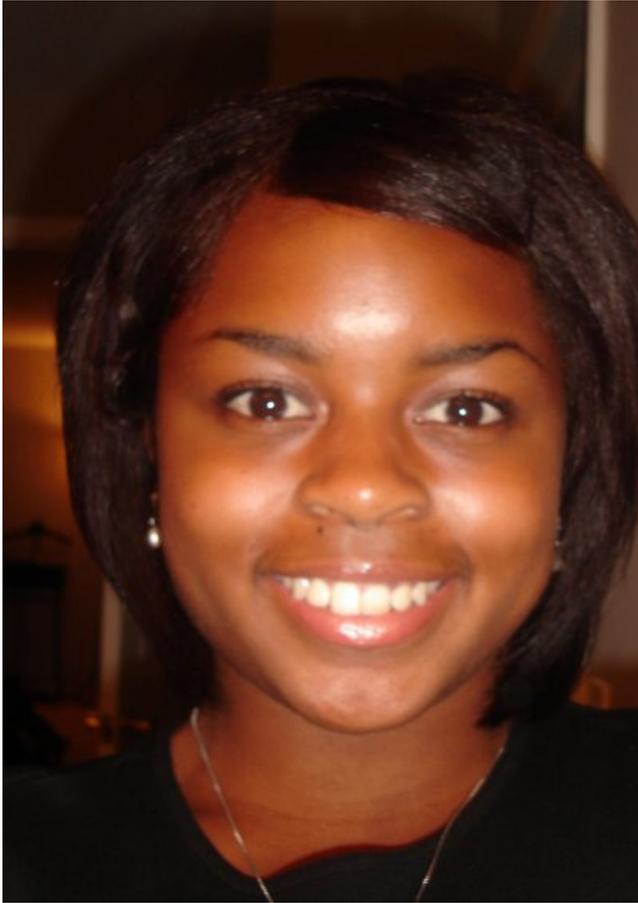












Myra's Health

Currently at increased risk for:

- Obesity
- Poor oral health
- Asthma
- Communicable diseases
- Injuries/abuse
- Low self-esteem, depression, anxiety
- Type II diabetes
- Early sexual activity and associated risks
- Legal and illegal substance abuse (e.g. tobacco)
- Other behavioral and social risks (gangs, aggression, victimization, social isolation, etc.)

Myra's Health

Future increased risks:

- Teen pregnancy
- Low birth weight & infant mortality
- Obesity
- Musculoskeletal disorders and mobility limitations
- Low self-esteem, depression, anxiety
- Abuse (sexual, physical, psychological)
- Cardiovascular disease
- Diabetes complications
- Lung cancer, cervical cancer, breast cancer mortality
- Behavioral and social (illegal activities, victimization, adverse occupational trajectories, etc.)
- Continued cycle of poverty, poor health, lost potential
- Shortened life expectancy

Adapted from George A. Kaplan, PhD., 2007

What is putting Myra's health at risk?

Social Determinants of Health

“The complex, integrated, and overlapping social structures and economic systems that include the social environment, physical environment, and health services and structural and societal factors that are responsible for most health inequities. SDOH are shaped by the distribution of money, power and resources which are themselves influenced by policy choices.”

-Centers for Disease Control and Prevention (CDC)

Social Determinants of Health

Including, but not limited to:

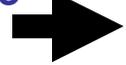
- Socioeconomic status
 - Education, income, inequality
- Systems of discrimination
 - E.g. Race/ethnicity, class, gender
- Educational opportunities
- Housing
- Transportation
- Food security
- Working conditions
- Health care services
- Culture
- Social support & capital
- Civic Engagement
- Childhood social and economic exposures

Health Equity and SDOH Framework

Social Determinants of Health Equity:

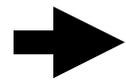
Policies, Economic Conditions, and Social Arrangements

that create or reinforce differential opportunities to be healthy by race, class, gender, place of residence, etc.



Social Determinants of Health:

- Educational opportunities
- Job opportunities
- Income
- Housing
- Transportation
- Food security
- Social support & capital
- Working conditions
- Health care services
- Culture
- Civic Engagement
- Childhood social and economic experiences



Health behaviors

Environmental exposures

Stress

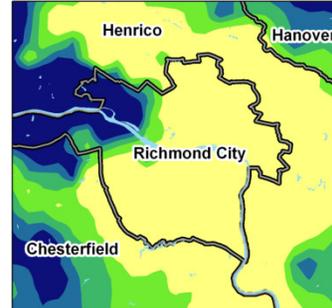
Health (In)equity



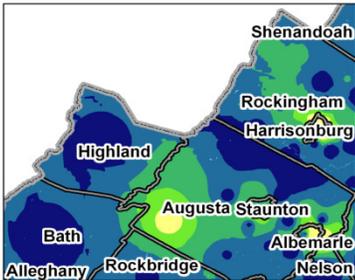
Health Opportunity in Virginia



Virginia
Health Opportunity Index (HOI)
Inverse Distance Weighted (IDW)
(spatial correlation that is used to explain variation on the surface)



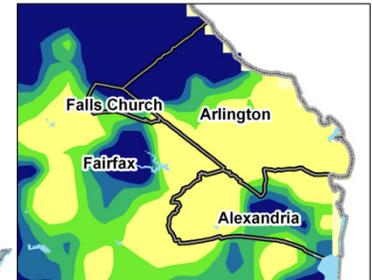
Virginia
Health Opportunity Index (HOI)
Inverse Distance Weighted (IDW)
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High HOI
Low HOI

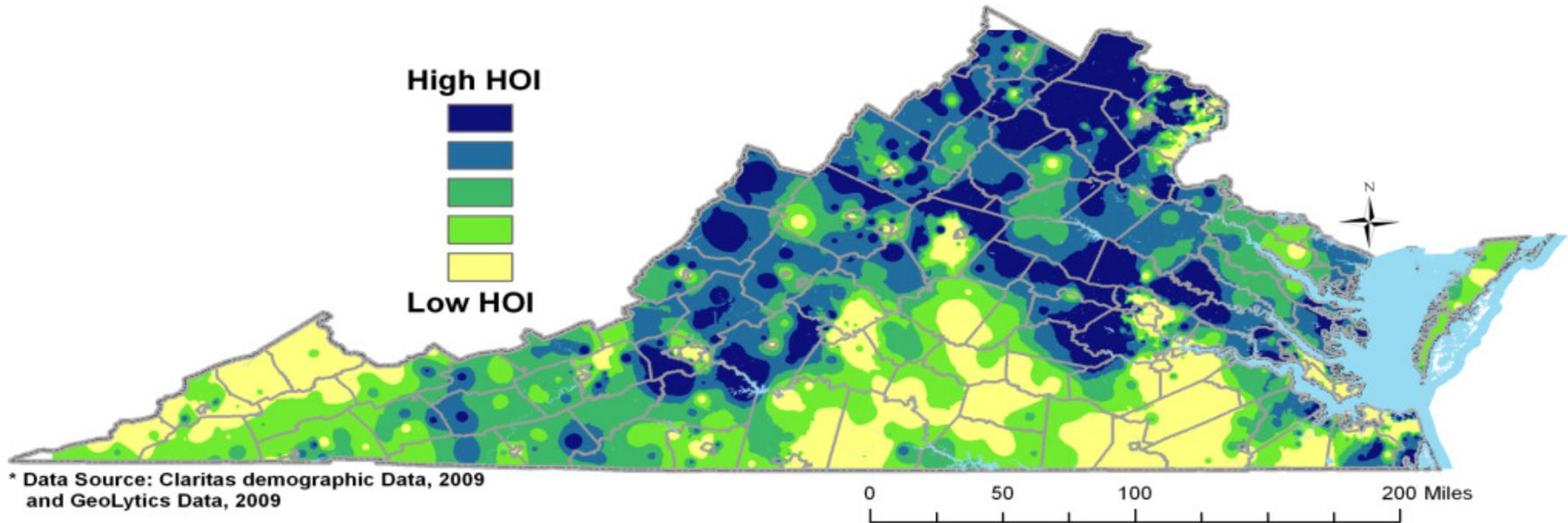


High HOI
Low HOI



* Data Source: Claritas demographic Data, 2009 and GeoLytics Data, 2009

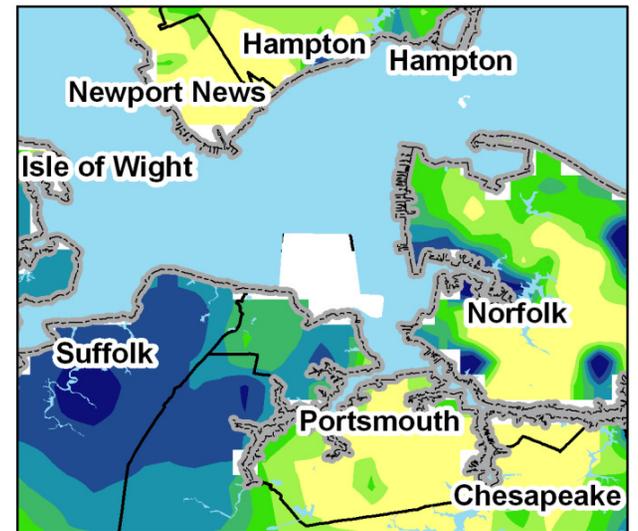
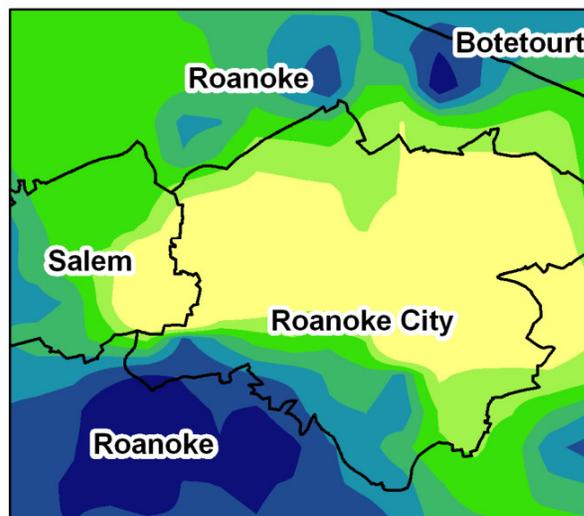
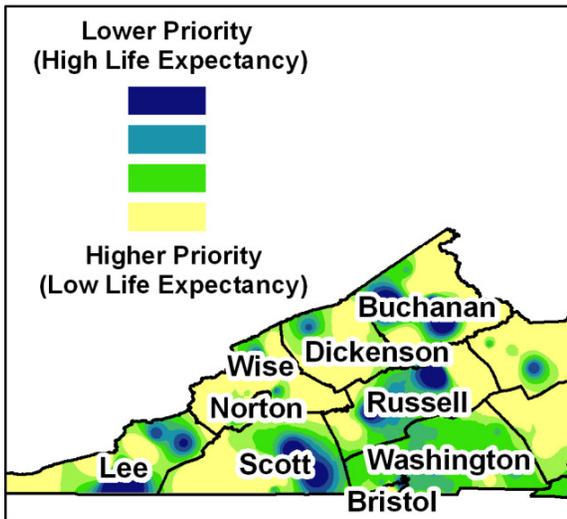
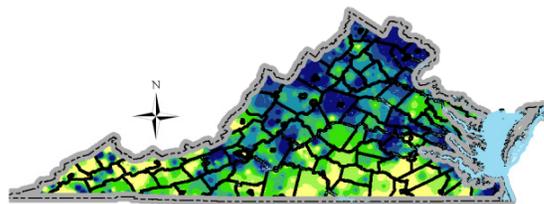
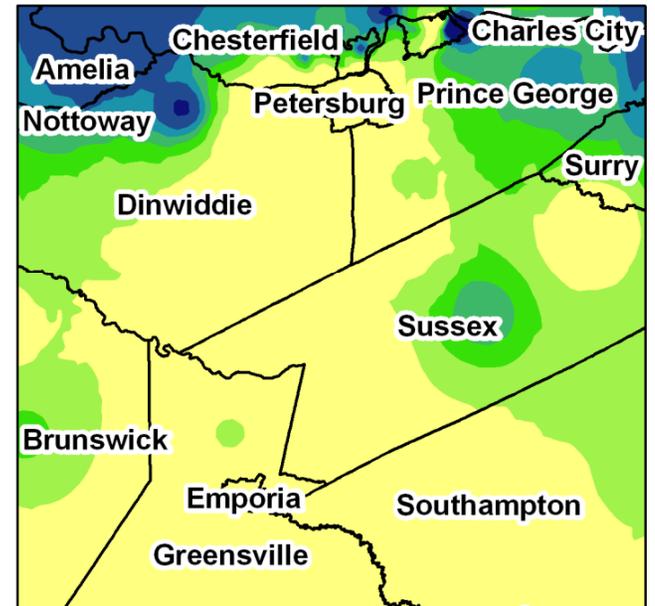
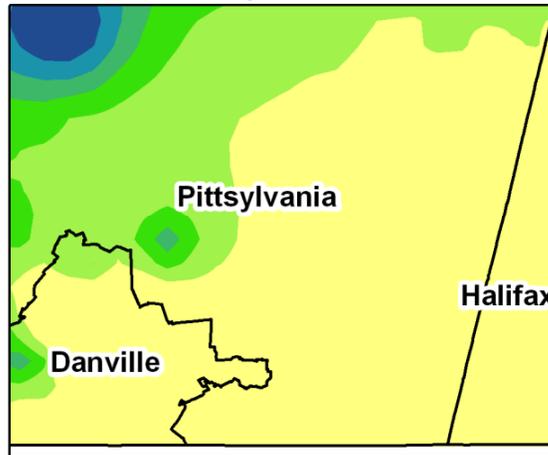
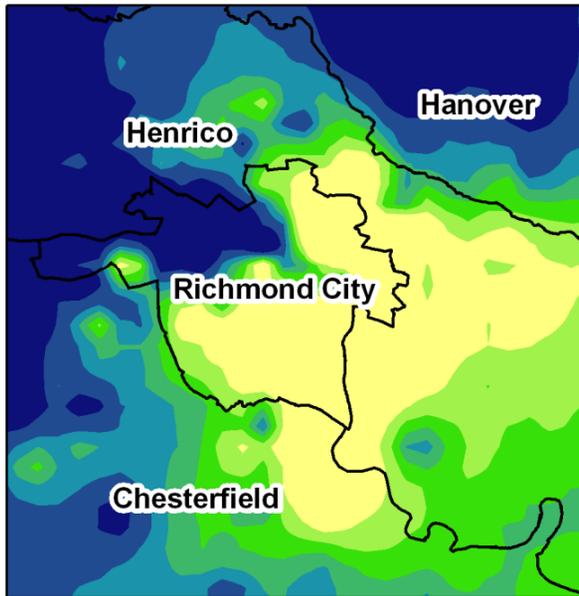
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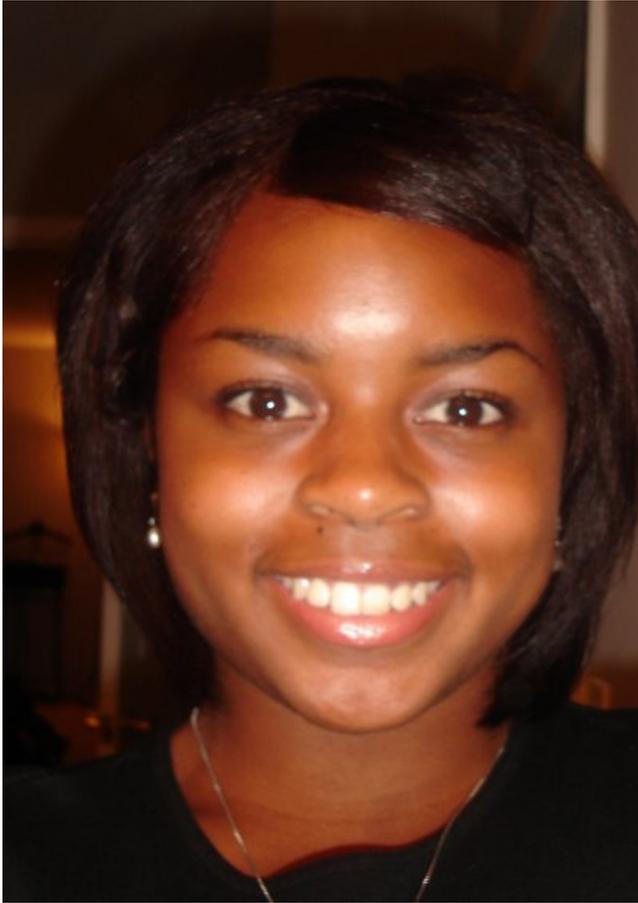
Virginia

Life Expectancy at Birth* by Census Tracts
Target Areas



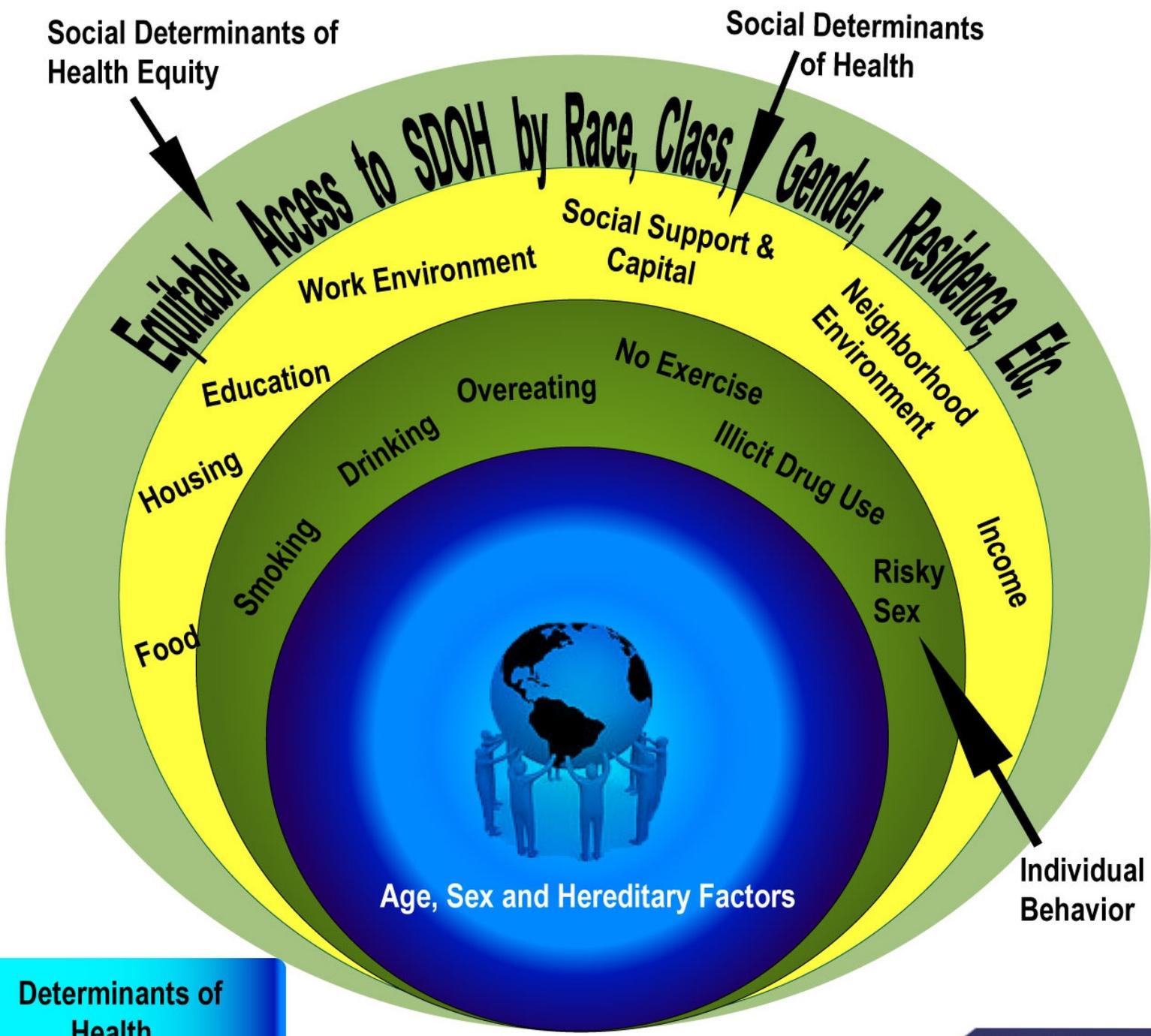
0 75 150 300 Miles

* Data Source: Virginia Vital Records 2005-2009



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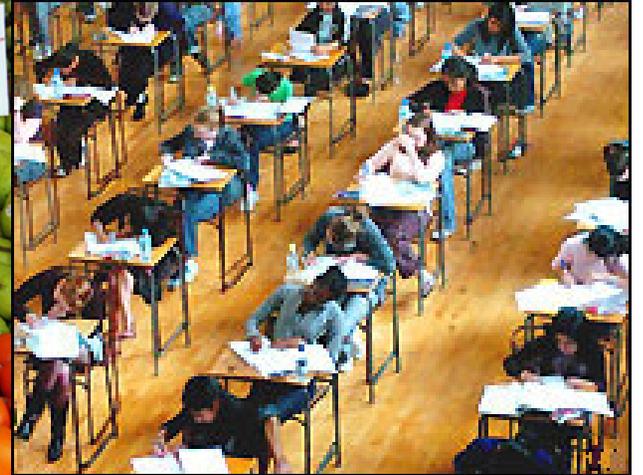
Determinants of Health

Recommendations to Promote Health Equity

SUMMARY OF NPA GOALS AND STRATEGIES		
GOAL #	GOAL DESCRIPTION	STRATEGIES
1	AWARENESS — Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations	<ol style="list-style-type: none"> Healthcare Agenda Ensure that ending health disparities is a priority on local, state, tribal, regional, and federal healthcare agendas Partnerships Develop and support partnerships among public, nonprofit, and private entities to provide a comprehensive infrastructure to increase awareness, drive action, and ensure accountability in efforts to end health disparities and achieve health equity across the lifespan Media Leverage local, regional, and national media outlets using traditional and new media approaches as well as information technology to reach a multi-tier audience — including racial and ethnic minority communities, youth, young adults, older persons, persons with disabilities, LGBT groups, and geographically isolated individuals — to encourage action and accountability Communication Create messages and use communication mechanisms tailored for specific audiences across their lifespan, and present varied views of the consequences of health disparities that will encourage individuals and organizations to act and to reinvest in public health
2	LEADERSHIP — Strengthen and broaden leadership for addressing health disparities at all levels	<ol style="list-style-type: none"> Capacity Building Build capacity at all levels of decision making to promote community solutions for ending health disparities Funding Priorities Improve coordination, collaboration, and opportunities for soliciting community input on funding priorities and involvement in research and services Youth Invest in young people to prepare them to be future leaders and practitioners by actively engaging and including them in the planning and execution of health, wellness, and safety initiatives
3	HEALTH SYSTEM AND LIFE EXPERIENCE — Improve health and healthcare outcomes for racial, ethnic, and underserved populations	<ol style="list-style-type: none"> Access to Care Ensure access to quality health care for all Children Ensure the provision of needed services (e.g., mental, oral, vision, hearing, and physical health; nutrition; and those related to the social and physical environments) for at-risk children, including children in out-of-home care Older Adults Enable the provision of needed services and programs to foster healthy aging Health Communication Enhance and improve health service experience through improved health literacy, communications, and interactions Education Substantially increase, with a goal of 100%, high school graduation rates by working with schools, early childhood programs, community organizations, public health agencies, health plan providers, and businesses to promote the connection between educational attainment and long-term health benefits Social and Economic Conditions Support and implement policies that create the social, environmental, and economic conditions required to realize healthy outcomes
4	CULTURAL AND LINGUISTIC COMPETENCY — Improve cultural and linguistic competency and the diversity of the health-related workforce	<ol style="list-style-type: none"> Workforce Develop and support the health workforce and related industry workforces to promote the availability of cultural and linguistic competency training that is sensitive to the cultural and language variations of diverse communities Diversity Increase diversity and competency of the health workforce and related industry workforces through recruitment, retention, and training of racially, ethnically, and culturally diverse individuals and through leadership action by healthcare organizations and systems Ethics and Standards, and Financing for Interpreting and Translation Services Encourage interpreters, translators, and bilingual staff providing services in languages other than English to follow codes of ethics and standards of practice for interpreting and translation; encourage financing and reimbursement for health interpreting services
5	DATA, RESEARCH, AND EVALUATION — Improve data availability, and coordination, utilization, and diffusion of research and evaluation outcomes	<ol style="list-style-type: none"> Data Ensure the availability of health data on all racial, ethnic, and underserved populations Community-Based Research and Action, and Community-Originated Intervention Strategies Invest in community-based participatory research and evaluation of community-originated intervention strategies in order to build capacity at the local level for ending health disparity Coordination of Research Support and improve coordination of research that enhances understanding about, and proposes methodology for, ending health and healthcare disparities Knowledge Transfer Expand and enhance transfer of knowledge generated by research and evaluation for decision making about policies, programs, and grant making related to health disparities and health equity

<http://minorityhealth.hhs.gov/npa/>

1. Raise awareness of the importance of SDOH and their distribution as root causes of health disparities/inequities
2. Engage communities and build social capital by using community-based participatory approaches to advance health equity
3. Conduct health impact assessments to inform public policy makers about the impacts of their decisions on health equity
4. Enhance access to health opportunity neighborhoods for low income and racial/ethnic minority families and children in Virginia
5. Improve educational attainment for all Virginians
6. Address affordability of housing and transportation
 1. Assure equitable access to multiple affordable transit options
 2. Assure availability of stable, affordable and quality housing
7. Enhance job skills and increase access to jobs that match skill levels of neighborhood residents
8. Reduce disproportionate exposure to environmental air toxins in low income and racial/ethnic minority neighborhoods
9. Develop policies, programs, and practices within organizations and communities that support racial, economic, and gender equality
10. Reduce income inequality; encourage livable wages and benefits
11. Enhance food security
12. Evaluate the impact of public, health, and social policies and practices on health equity



Health Equity!

All Virginians and all Americans should have the opportunity to make choices that allow them to live long, healthy lives, regardless of their education, income, race, ethnicity, place of residence, gender.



“Of all the forms of inequality, injustice in health is the most shocking and the most inhumane.”

- Dr. Martin Luther King, Jr.

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Office of Minority Health
& Health Equity

Advancing Health Equity For All Virginians

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