Health Equity: It is not impossible!
Dig Deeper

Dr. Tanya Funchess
Mississippi State Department of Health
September 14, 2018
The author Zoe Carpenter (2017) in his article, “What’s Killing America’s Black Infants” tells the story of Tonda Thompson. He mentioned that after losing her son. Tonda Thompson dreamed of a baby in a washing machine. She’d stuffed in dirty clothes and closed the door. The lock clicked shut. Water rushed in. Then she saw him, floating behind the glass. Frantic, she jabbed at a keypad searching for a code to unlock the door. When Thompson became pregnant she was 25 years old. She thought she had done everything right: she went to all of medical appointments, took prenatal vitamins, and stayed in shape. She went into labor, and forty hours later, Terrell was born. He lived less than half the time due to complications with the delivery. She blamed the hospitals, but she mainly asked herself, “What did I do wrong?”
Objectives:

- Describe health disparities in the South.
- Discuss what creates health-focusing on the social determinants of health
- Review strategies to achieve health equity with a focus on improving infant mortality
Healthiest States

1. MASSACHUSETTS
2. HAWAII
3. VERMONT
4. UTAH
5. CONNECTICUT
States With the Biggest Challenges

50  49  48  47  46

MISSISSIPPI  LOUISIANA  ARKANSAS  ALABAMA  WEST VIRGINIA
Variation Among States in Distribution of Primary Care Physicians and Dentists

Massachusetts, Connecticut, New York and Rhode Island have more than 200 primary care physicians per 100,000 population.

Utah and Idaho have fewer than 100 primary care physicians per 100,000 population.

Similarly, Massachusetts and New Jersey have more than 80 dentists per 100,000 population.

Arkansas, Mississippi, Alabama and Delaware have fewer than 45 dentists per 100,000 population.
Black infants in America are now more than twice as likely to die as white infants — 11.3 per 1,000 black babies, compared with 4.9 per 1,000 white babies, according to the most recent government data — a racial disparity that is actually wider than in 1850, 15 years before the end of slavery, when most black women were considered chattel.

In one year, that racial gap adds up to more than 4,000 lost black babies. Education and income offer little protection. In fact, a black woman with an advanced degree is more likely to lose her baby than a white woman with less than an eighth-grade education.
The United States is one of only 13 countries in the world where the rate of maternal mortality — the death of a woman related to pregnancy or childbirth up to a year after the end of pregnancy — is now worse than it was 25 years ago. Each year 700 to 900 maternal deaths occur in the United States.
Mississippi’s maternal mortality rate dropped from 26.5 deaths per 100,000 live births between 2010-2014 to 22.6 deaths per 100,000 live births between 2011-2015. For black women in Mississippi, there were 10 more deaths per 100,000 births than for white women between 2011-2015.
“For Black women in America, an inescapable atmosphere of societal and systemic racism can create a kind of toxic physiological stress, resulting in conditions including hypertension and preeclampsia that leads to higher rates of infant and maternal death. And that societal racism is further expressed in a pervasive, longstanding racial bias in health care—including the dismissal of legitimate concerns and symptoms—that can help explain poor birth outcomes even in the case of black women with the most advantages.”
Institute of Medicine Report, 2002
“Health is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.”

World Health Organization 1948
Necessary conditions for health

- Peace
- Shelter
- Education
- Food
- Income
- Stable eco-system
- Sustainable resources
- Social justice and equity

Everyone needs:

- Access to economic and educational opportunities (high school graduation, access to jobs, transportation, etc.)...

- The capacity to make decisions and effect change for ourselves, our families and our communities (empowerment of women, community self-governance, opportunities for civic participation, etc.)...
Everyone needs (cont’d)…

- Social and environmental safety in the places we live, learn, work, worship and play (housing conditions, crime rates, school climate, social norms and attitudes, etc.) and

- Culturally-competent and appropriate services when the need arises (access to health care, mental health care, financial assistance, etc.)
Who’s affected by structural inequities in Alabama?

- American Indians
- African Americans
- Children
- Persons with mental health challenges
- LGBTQ
- Immigrants
- Refugees
- Asian-Pacific
- Islanders
- Hispanics/Latinos
- Rural Mississippians
- Women
- Older Mississippi
- Persons with disabilities
- And more...
Factors that determine health

- Social and Economic Factors: 40%
- Health Behaviors: 30%
- Clinical Care: 10%
- Physical Environment: 10%
- Genes and Biology: 10%

# Social Determinants of Health

## Figure 1

### Social Determinants of Health

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<td>Walkability</td>
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**Health Outcomes**
- Mortality, Morbidity, Life Expectancy
- Health Care Expenditures
- Health Status
- Functional Limitations
Healthy People 2020 defined Health Disparity as:

“A particular type of health difference that is closely linked with economic, social, or environmental disadvantage. Health disparities adversely affect groups of people who have systematically (steadily) experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion”
Health inequalities are preventable and unjust differences in health status experienced by certain population groups.

People in lower socio-economic groups are more likely to experience chronic ill-health and die earlier than those who are more advantaged.

Health inequalities are not only apparent between people of different socio-economic groups – they exist between different genders and different ethnic groups\(^1\).
Health Equity

- Health equity means that everyone has a fair opportunity to live a long, healthy life.

- It implies that health should not be compromised or disadvantaged because of an individual or population groups' race, ethnicity, gender, income, sexual orientation, neighborhood or other social condition.

- Achieving health equity requires creating fair opportunities for health and eliminating gaps in health outcomes between different social groups.

- Requires public health professionals to look for solutions outside the healthcare system (transportation, housing, etc.)

- A health inequity is unfair, avoidable, and rooted in social justice.
To create change

- A need to educate the public on what creates health.

- *Training for community members on advocacy so their voice is heard.*

- *Public agenda, that so we stop using buzz words that come out for the moment, and we actually create an agenda with expectations that we will address these conditions.*

- *Public/political will* – to make tough choices- accountability for policies, and program.
Keep Digging
Causes of infant mortality

- Low birth rates
- SIDs
- Congenital Malformation
- Maternal Complications
Research Suggested Causes

- Eating poorly
- Being overweight
- Chronic diseases
- Smoking
- Not going to the doctor
- Getting pregnant to young
- Smothering their newborns in their sleep
Addressing Health Equity

A. Address Racial discrimination all levels
   1. Implicit Biases
   2. Cultural Competency Training

B. Findings ways to improve conditions that determines health.

C. Implementing upstream approaches
Infant mortality is affected by not only the immediate conditions in which infant is conceived and born, but also the health status of the mother and some evidence indicates the father as well.”

(Carpenter, 2017)
LEVELS OF RACISM

- Internalized
- Personally Mediated
- Institutional
Institutionalized racism - the structures, policies, practices and norms resulting in differential access to the goods, services and opportunities of societies by race.

Personally mediated - the differential assumptions about the abilities, motives and intentions of others by race.

Internalized racism - the acceptance and entitlement of negative messages by the stigmatized and non stigmatized groups.

Camara Jones, MD, PhD, Past President APHA
Implicit Bias

**implicit bias**, or **implicit stereotype**, is the unconscious attribution of particular qualities to a member of a certain social group. **Implicit** stereotypes are influenced by experience, and are based on learned associations between various qualities and social categories, including race or gender.
Culture, race, ethnicity, and primary language have been shown to be associated with access-to-care issues and compliance with prevention and treatment.

Research has shown one way to address disparities and improve health equity is by offering culturally, and linguistically appropriate services.

By year 2050, nearly one-third of the US population will be Hispanic, yet only 5 percent of physicians come from this group.

Birthrates are falling in most countries, and populations are aging rapidly.
What are the National CLAS Standards?

- The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care
- First published by the HHS Office of Minority Health in 2000
- Provided a framework for organizations to best serve the nation’s diverse communities
- Underwent an Enhancement Initiative from 2010 to 2013
- Launched the enhanced CLAS Standards in April 2013
# Social Determinants of Health

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**Health Outcomes**

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
Milwaukee Health Department home visiting program partnered with Milwaukee Life course Initiative led by the United Way of Greater Milwaukee and Waukesha County and they targeted three zip codes on the city’s north side.

- focus on fatherhood by connecting men to jobs, keeping an expectant father who’s being caught up in the system connected with their child.
- Community gardens at several churches prioritize mothers in attempt to compensate for the lack of fresh produce available in the inner city.
- Some churches were designated as “Safe-baby –sanctuaries<“ places where families can come for education and resources like diapers.
- Some programs are helping mothers to find homes, or get our of abusive relationships.

(Carpenter, 2007)
Swimming Upstream

HEALTH NEEDS SCREENER

Please read each question and mark Yes (Y) or No (N). This will help your medical team learn more about things that may affect your child’s health. If you wish, they can talk about these things more with you.

<table>
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<tr>
<th>Food Insecurity (being worried about having enough to eat)</th>
<th>Y</th>
<th>N</th>
</tr>
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<tr>
<td>Q.1. If you <strong>do not</strong> have WIC or SNAP (food stamps), do you need to apply for them?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Q.2. Have you gotten a letter about overpayment or fraud for WIC or SNAP?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Q.3. In the past 12 months (1 year), were you worried about running out of food before you had money for more?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Q.4. In the past 12 months (1 year), did you run out of food and not have money or food stamps for more?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Q.5. Do you need food today?</td>
<td>☐</td>
<td>☐</td>
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<td>Q.6. Are you being warned of being kicked out by your landlord or the bank taking your house?</td>
<td>☐</td>
<td>☐</td>
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<td>Q.7. Are you facing not having a place to live?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Q.8. Do you worry that something in your home might make you sick or hurt?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Q.9. Do you have problems with rats or pests in your home?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Q.10. Do you worry about your electric, gas, or water being shut off?</td>
<td>☐</td>
<td>☐</td>
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<table>
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<th>Education</th>
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<tbody>
<tr>
<td>Q.11. Is your child having problems in school and not getting special education services? (Example: at risk of failing or being held back, being suspended or expelled many times)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Q.12. Is there a plan in place for your child to get special services at school, but the school is not following it? (Examples: child is not moving ahead, plan does not meet the needs of child, plan is not being followed)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Q.13. Have you asked for a special education meeting, but the school has not responded?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Q.14. Are you having trouble with the school giving your child’s medicine or following the doctor’s orders?</td>
<td>☐</td>
<td>☐</td>
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</table>

For some of these issues, Arkansas Children’s Hospital makes legal help available to families. Provide the following information if you would like to speak with Legal Aid of Arkansas.

Guardian Name: ____________________________ Relationship to Patient: ____________________________

Primary Phone # ___________________________ Is it safe to leave a message at that number? Y N

Email address: ______________________________

☐ I do not want to fill out this form.

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<tr>
<td>☐ MLP referral</td>
</tr>
<tr>
<td>☐ Shelter resource guide</td>
</tr>
<tr>
<td>☐ Financial counselor</td>
</tr>
<tr>
<td>☐ Utility shut off packet</td>
</tr>
<tr>
<td>☐ Food pantry information</td>
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<tr>
<td>☐ Helping Hand food bag</td>
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</table>
“You may believe that you are responsible for what you do, but not for what you think. The truth is that you are responsible for what you think, because it is only at this level that you can exercise choice. What you do comes from what you think.”

Marianne Williamson
Human Impact Partners

https://humanimpact.org/
Resources

Black and Minority Health-The Heckler Report 1985

Crossing The Quality Chasm: A New Health System for The 21st Century

Unequal Treatment Confronting Racial and Ethnic Disparities Health Care, 2002

HHS Action Plan to Address Health Disparities, 2011


National Stakeholders Strategies for Improving Health Equity, 2006
Resources


Oral Health is a Social Justice Issue: Results from Surveys and Focus Groups with Promotores in California. Vision y Compromiso

Dr. Tanya Funchess  
Director, Office of Health Equity  
Mississippi State Department of Health  
570 East Woodrow Wilson  
Jackson, MS 39216  
601-576-7855  
Email: tanya.funchess@msdh.ms.gov

“TEAMING UP TO ADVANCE HEALTH EQUITY”