



Health Equity! Better Together: Improving Health for All

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NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

Objectives

- Terms and concepts
- How social determinants impact health outcomes
- Affect of “isms” and implicit bias
- Role of policy



What is the National Association of Chronic Disease Directors



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Our World...





Imagine....
What if...





**What is Equity?
What will it take to
achieve it?**



Perspective Transformation

- Why do we believe what we believe?
- Head (Logic, Data, Language) VS. Heart (Fairness, Justice, Meaning)



VS.



The “ISMS”

- Systems of privilege and oppression based on social identities



A word cloud on a white background, centered within a blue slide. The words represent various systems of oppression. The word 'Oppression' is the largest and most central. Other words include 'Religious', 'Linguistic', 'Ageism', 'Xenophobia', 'Racism', 'Elitism', 'Heterosexism', 'Sexism', 'Classism', and 'Ableism'. The words are in different colors (grey, red, dark red) and sizes, arranged in a circular pattern around the central word.

Religious
Linguistic Ageism
Xenophobia
Racism Elitism
Oppression
Heterosexism
Classism Sexism
Ableism



Intersectionality



...the complex, cumulative manner in which the effects of different forms of discrimination combine, overlap, or intersect



Racial Anxiety and Stereotype Threat

- What can we do about them?



- Diversity, integration, and inclusion
- Greater contact between people of different races
- Continued open dialogue



**So what about
health equity?**



Common Language

- **Health Disparity.**
Difference in disease prevalence, outcomes, or access to care.
- **Health Equity.**
Exists when all people have the opportunity to attain their full health potential.
- **Health Inequity.**
Difference that is unnecessary, avoidable, unfair, and unjust.
- **Power.**
ability to act or produce an effect
- **Prejudice.**
Preconceived opinion that is not based on reason or actual experience
- **Racism.**
A belief that race is the primary determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race
- **Social Determinants of Equity.**
Economic, environmental, and social conditions that influence health.

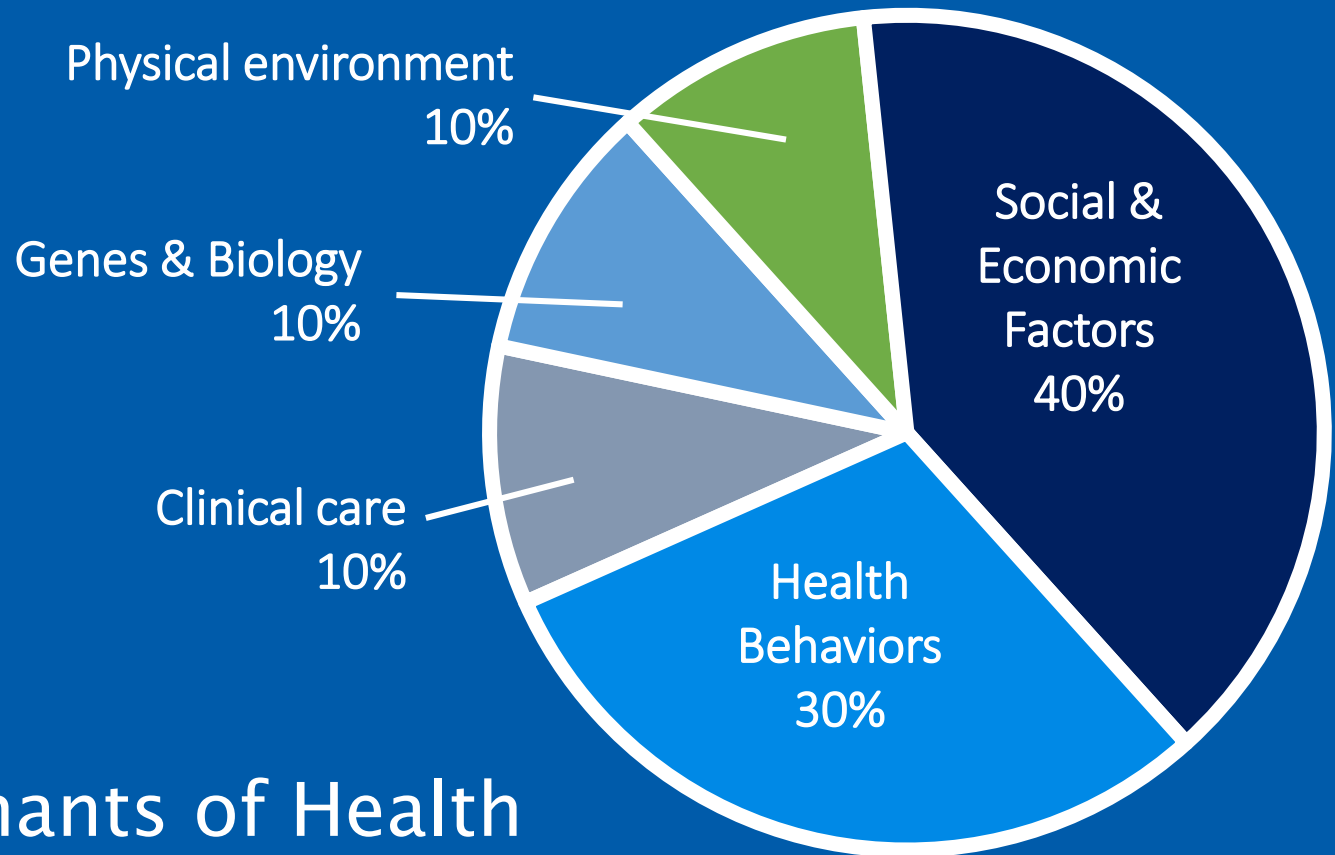


What are the Determinants of Health?

- Policymaking
- Health Services
- Individual Behavior
- Biology and Genetics
- Social, Economic, and Environmental Factors



Factors Affecting Health



Determinants of Health

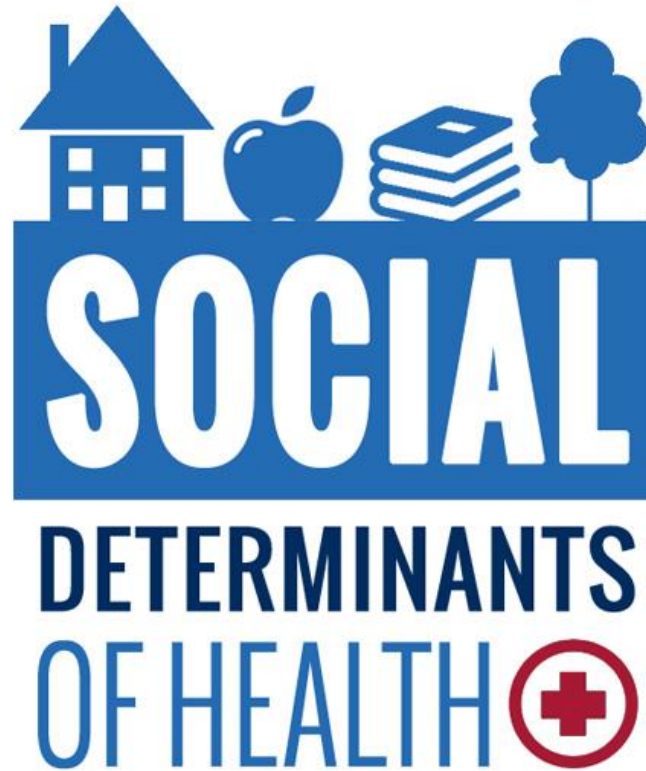
Determinants of Health Model based on frameworks developed by: Tarlov.AR. Ann N Y AcadSci 1999; 896: 281–93; and Kindig D, Asada Y, Booske B. JAMA2008; 299(17): 2081–2083.



Social Factors Impacting Health

- Economic Stability
- Health Care
- Education
- Neighborhood and Environment
- Social and Community Context
- Chronic Stress





Communities of Opportunity vs. Low Income Communities

Healthy Communities of Opportunity

- Parks
- Grocery Stores
- Financial Institutions
- Better Performing Schools
- Good Public Transit

Good Health Status

Poor Health Status

Contributes to health disparities:

- Obesity
- Diabetes
- Asthma
- Increased injury

Low- Income Communities

- Fast Food Restaurants
- Liquor Stores
- Unsafe/Limited Parks
- Poor Performing Schools
- Toxic Waste Sites
- Limited Public Transportation
- Increased crime



What are the Root Causes of Health Inequity?

- Structural Racism
- Class Oppression
- Gender Inequity
- Heterosexism



Achieving Health Equity

- ...exists when all people have the opportunity to attain their full health potential
- Moving the dialogue beyond access to health care to social determinants of health and health equity



What is a Political Context?

- Political context reflects the environment in which policies are produced indicating the purpose or agenda
- What is the agenda of the creator?
- Why was it made?
- Does it help people? Does it promote health?



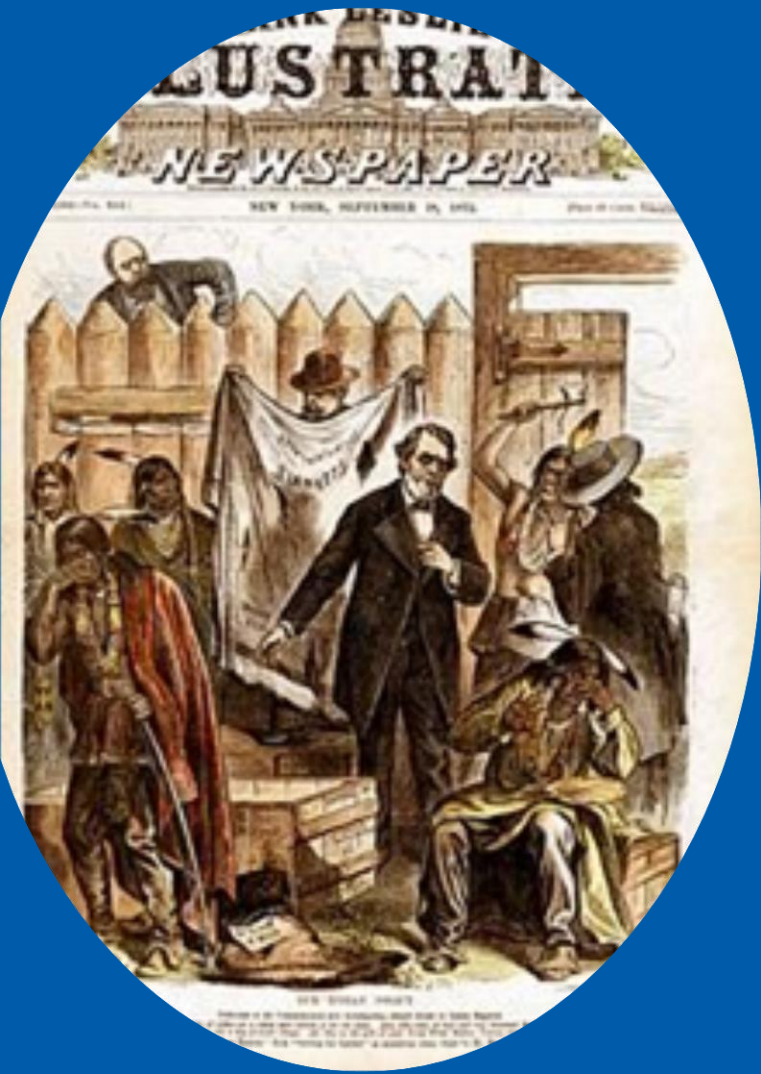


The Importance of Urban, Rural and Native American Reservation Development History

- Understanding today's built environment requires understanding the historical perspective:
- Lessons from the past can inform current and future strategies.



Historical Policy

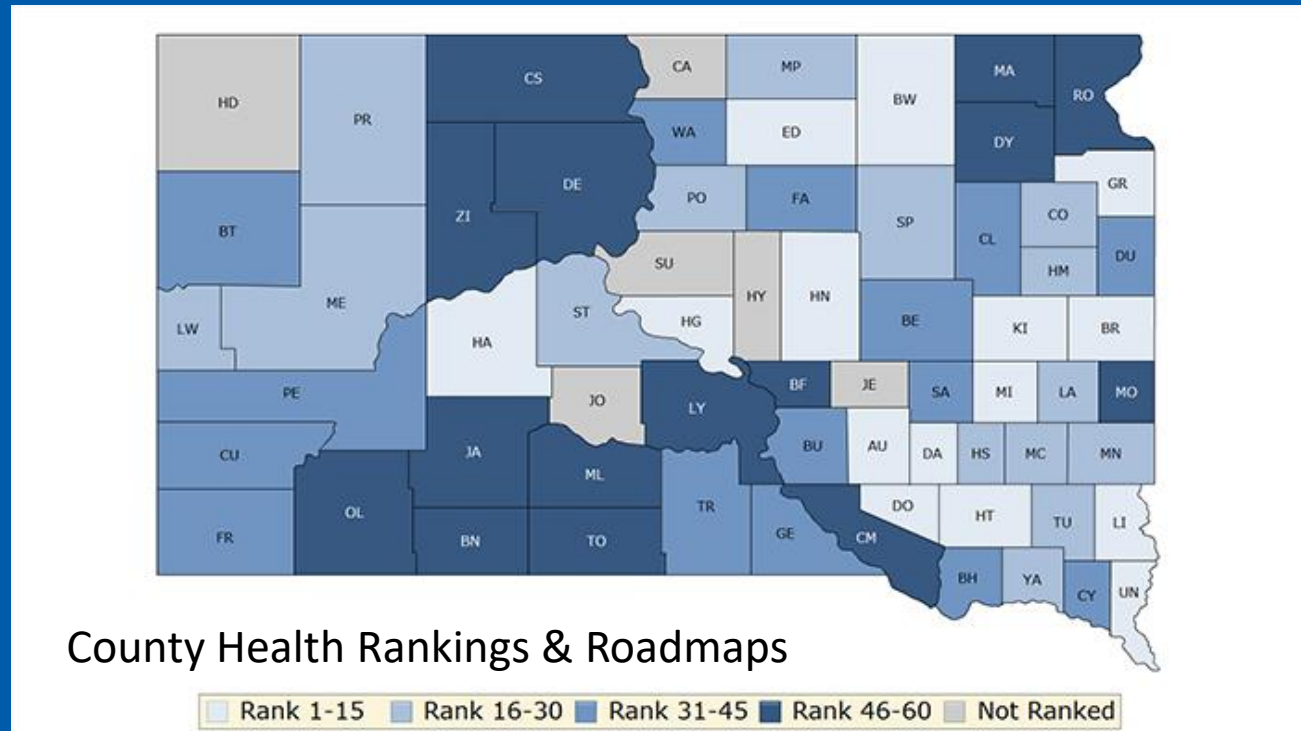


- The [Indian Intercourse Act](#) of 1790
- The Indian Appropriation Act of 1871
- Allotment and assimilation era (1887–1943)
- Termination and relocation (1945–1960)
- Tribal self-determination era
- Indian Civil Rights Act of 1968 was passed.
- The Indian Self-Determination and Education Assistance Act of 1975
- Indian Child Welfare Act, passed in 1978



How Do Counties Rank for Health Factors?

South Dakota's health factors based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment.



Less color intensity indicating better performance in the respective summary rankings.



Health Outcomes in South Dakota

Health Outcomes in South Dakota

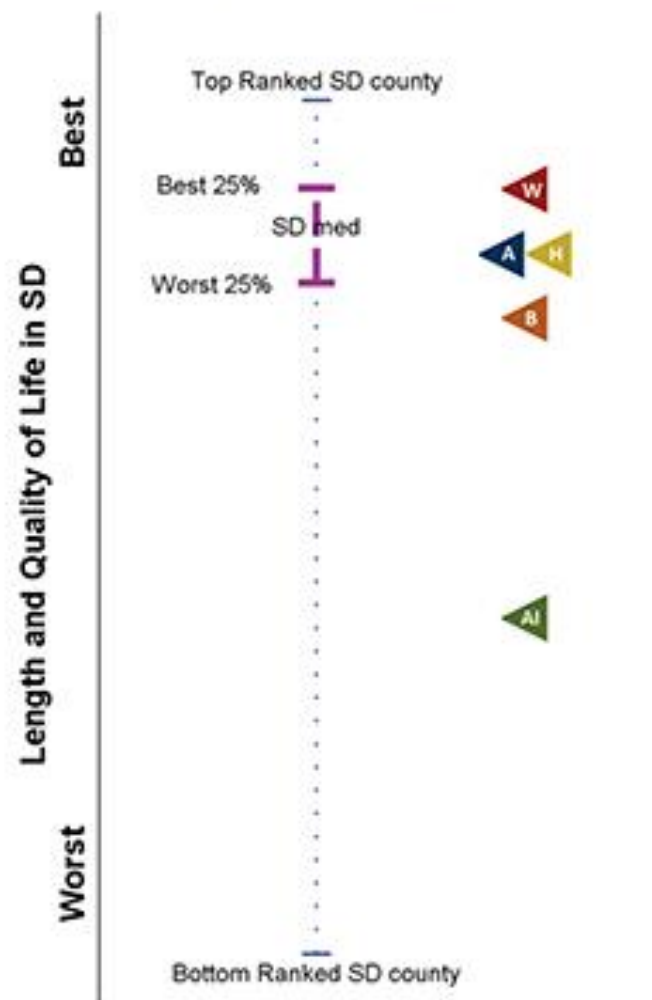
Differences by:

Place

Race/Ethnicity

SD

SD



▲ AI/AN ▲ Asian/PI ▲ Black ▲ Hispanic ▲ White

Data for every racial/ethnic group may not be available due to small numbers

AI/AN - American Indian/Alaskan Native/Native American

Asian/PI - Asian/Pacific Islander



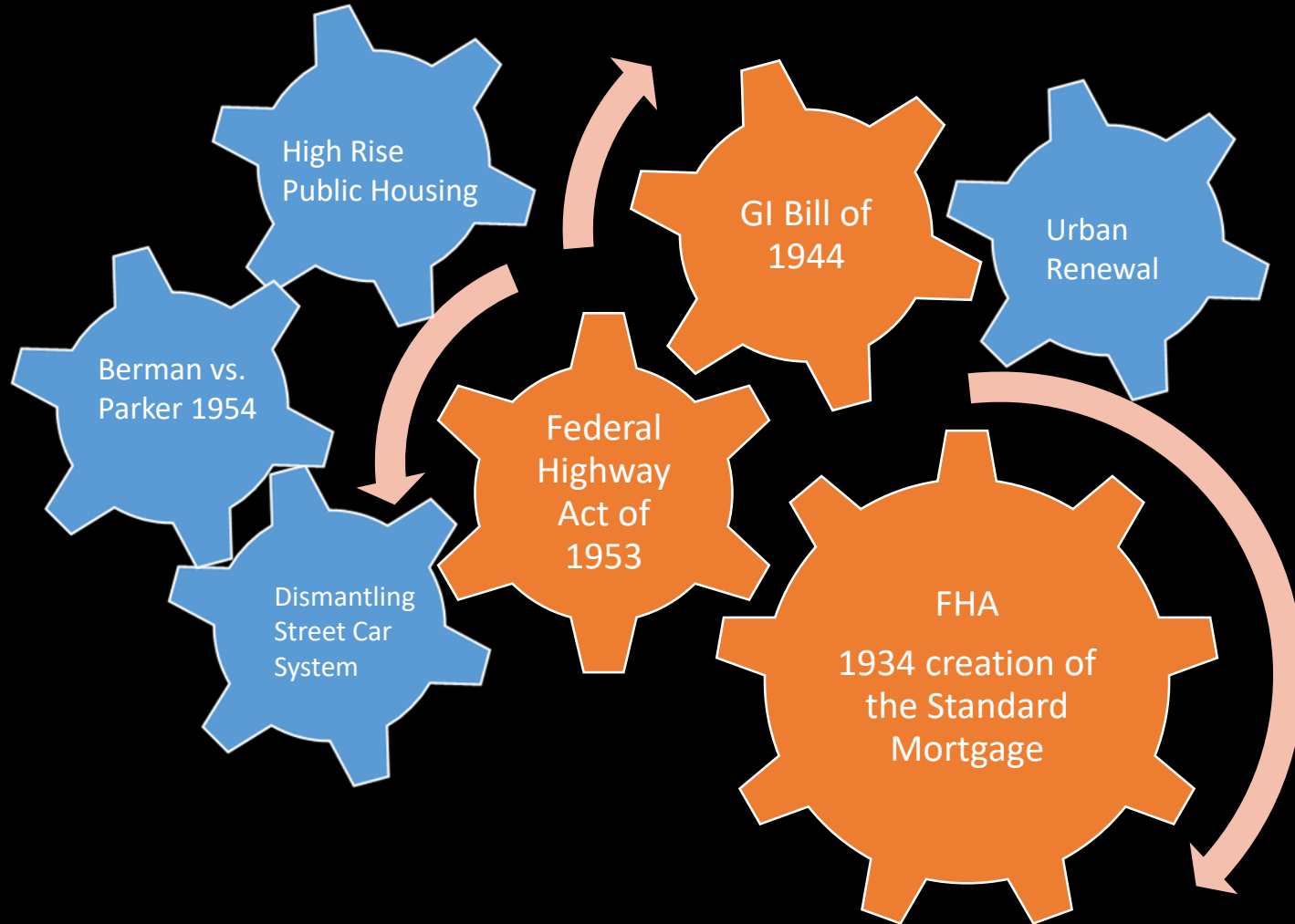
American Indian Health Disparities

- Death rates from preventable diseases among AIs are significantly higher than among non-Indians:
- Diabetes 208% greater
- Alcoholism 526% greater
- Accidents 150% greater
- Suicide 60% greater

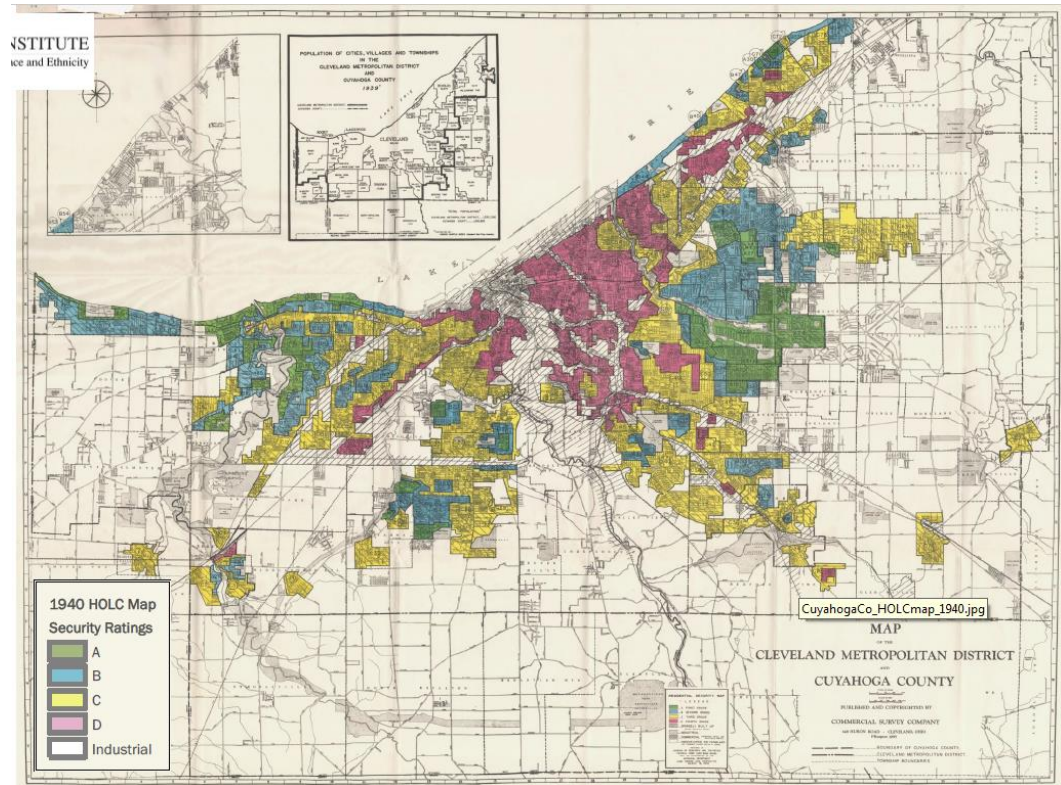
Indian Health Service. *Regional Differences in Indian Health 2002–2003*



Federal Policies



The Cleveland Example



Where do African Americans live in Cleveland Today?

1940 HOLC Map

Security Ratings



A



B



C



D



Industrial

2011 Population

% African American



61% - 100%



41% - 60%



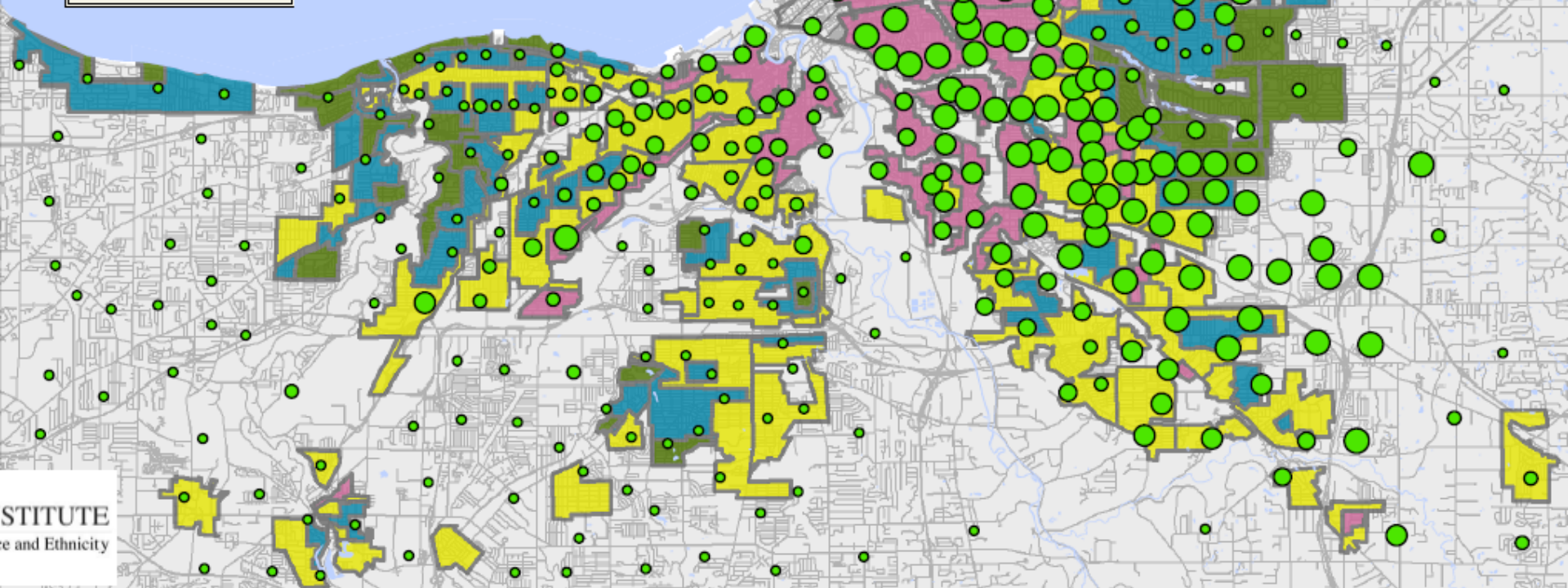
21% - 40%



11% - 20%

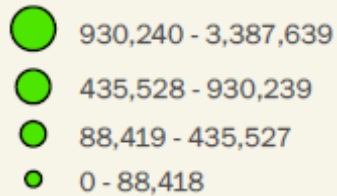


0% - 10%



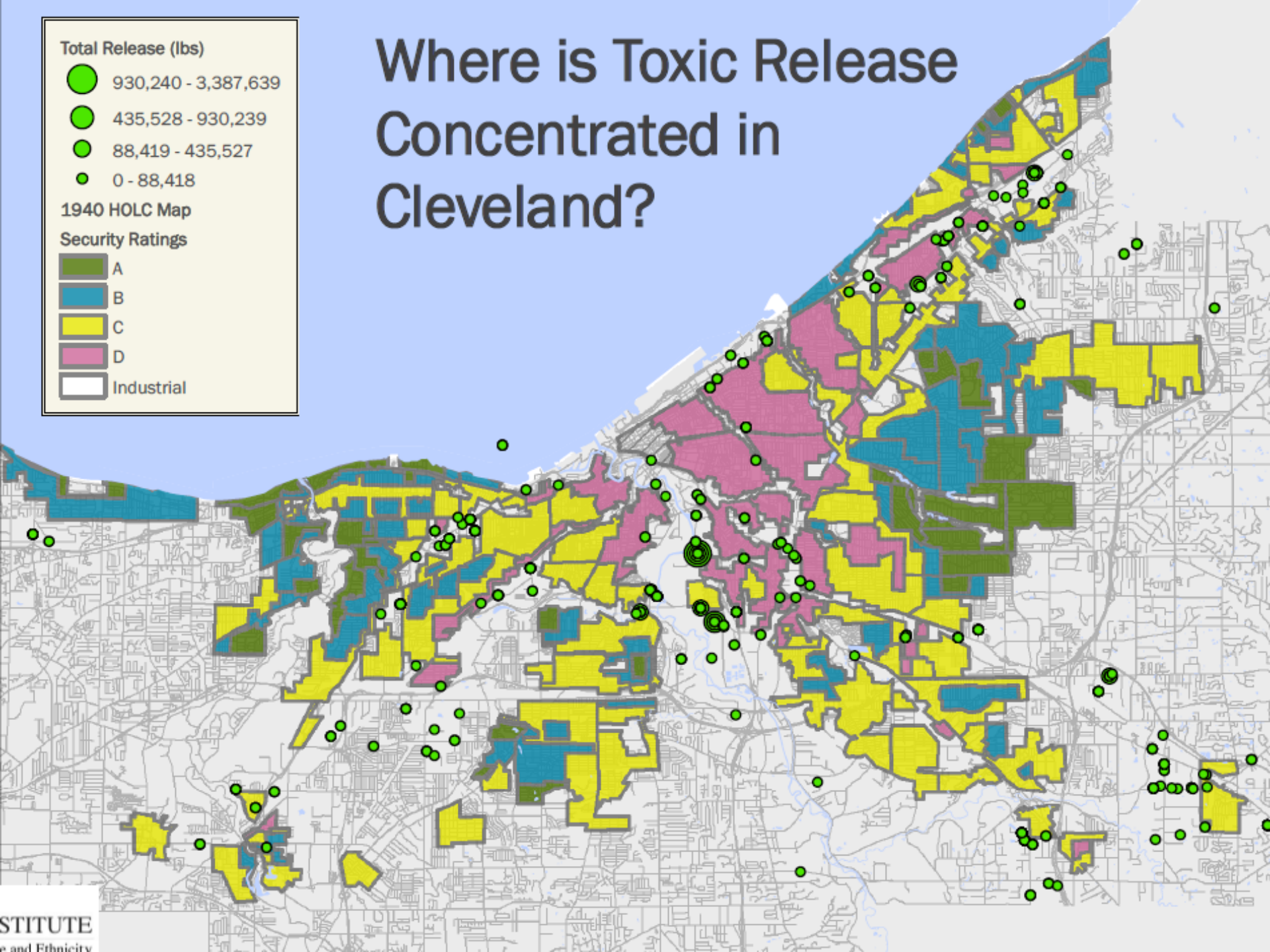
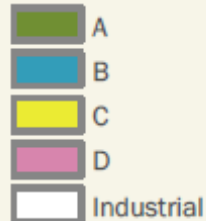
Where is Toxic Release Concentrated in Cleveland?

Total Release (lbs)

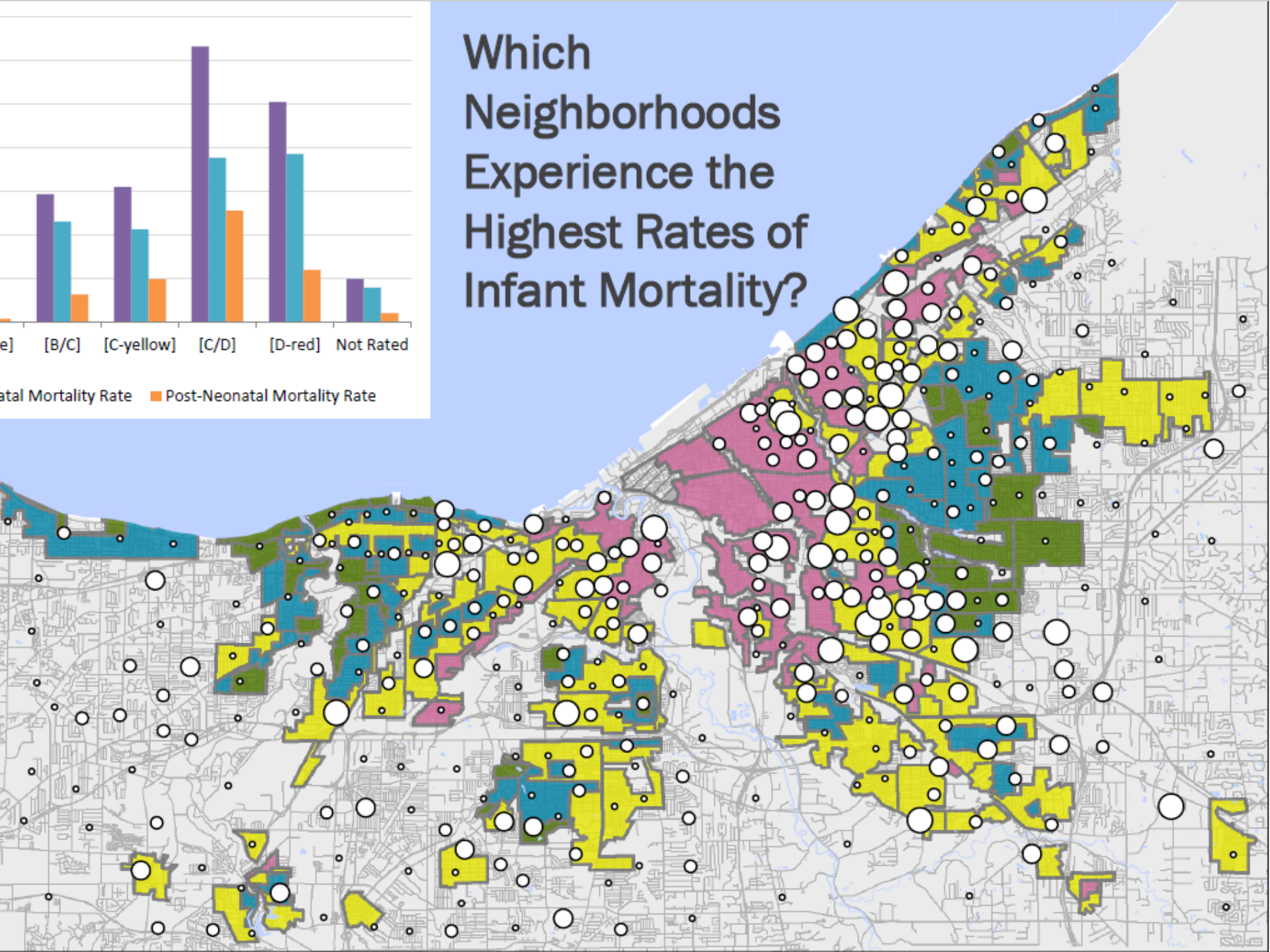
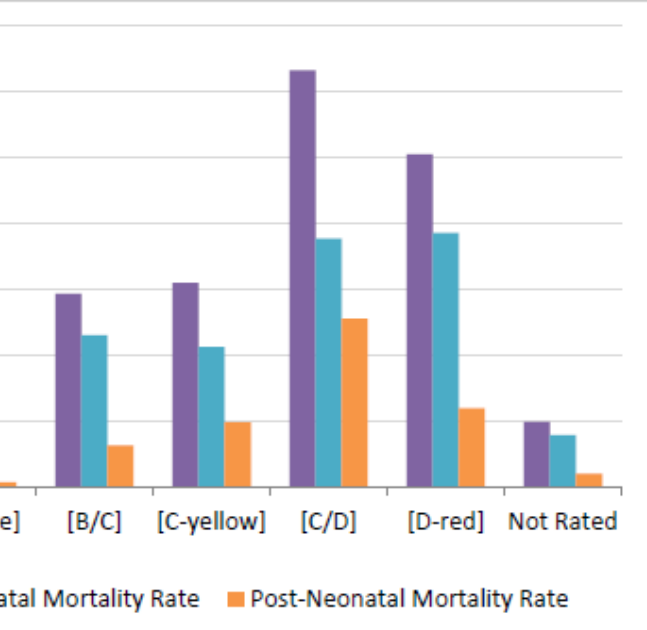


1940 HOLC Map

Security Ratings



Which Neighborhoods Experience the Highest Rates of Infant Mortality?



Theme: Tract
 Extent: List of Geographies

Extreme Poverty
 Equal Ranges(Asc)

Very Low(0 <= 98)
 (98.0001 <= 196)
 (196.0001 <= 294)
 (294.0001 <= 392)
 Very High(392.0001 <= 490)

Grocery Store Model "A"
 1k to 2,499 Square Feet

Small Grocery Store

Grocery Store Model B
 10k to 40k Square Feet

Medium to Large Store

Grocery Store Model D
 Over 40k Square Feet

Very Large Store

Major Water

Major Roads

Major Highways

Cleveland Food Deserts



Applying a Health Equity Lens: Things to Remember

- Who benefits?
Who is burdened?
- Distributive Justice
- Recognize social justice issues
- Challenge and remove barriers
- Advocate to enhance social change
- Enhance community and social responsibility
- Ensure Equity for all



The National Stakeholder Strategy for Advancing Health Equity

Awareness

Leadership

Health System
and Life
Expectancy

Cultural and
Linguistic
Competency

Data, Research,
and Evaluation



**National Stakeholder Strategy for
Achieving Health Equity**



The Dual Approach

Population–
wide
interventions
with health
equity in
mind + Targeted,
culturally
tailored
interventions to
address the
greatest burden = DUAL
APPROACH



Equity in Policy – How do we get there?

- Big P” and “little p”
policy
- Many sectors of
government, civil
society and social
action create health.

HEALTH IN ALL POLICIES

A Guide for State and
Local Governments



American
Public Health
Association



Examples of HiAP in Action

- Health impact reviews provide objective information on proposals to help inform policy making
- Reviews provide information quickly—within 10 days of request during session
- Many proposals may directly impact health or the factors that influence health—such as where we live, learn, work, and play
- Health impact reviews can be requested for any topic—including:



Transportation



Housing



Education



Environment



Health Care



Workforce Development

— ONLINE —

SBOH.WA.GOV

An easy to use online form can be submitted on the Board website

— EMAIL —

HIR@SBOH.WA.GOV

You can also print or download a word document and email it to us

— PHONE —

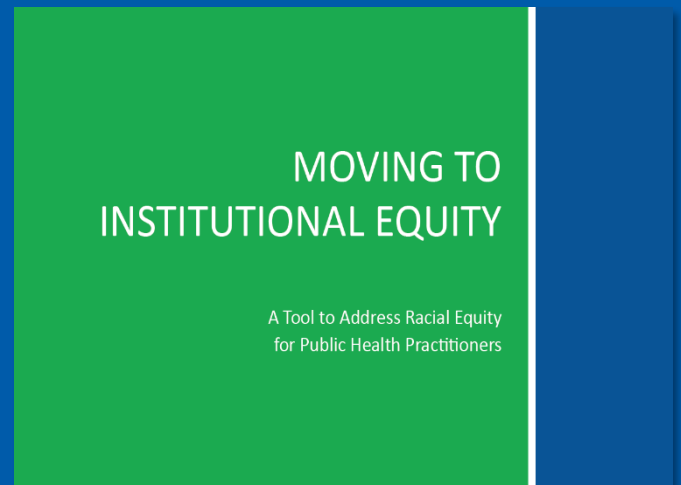
(360) 236-4106

You can also call us and we can take the request over the phone

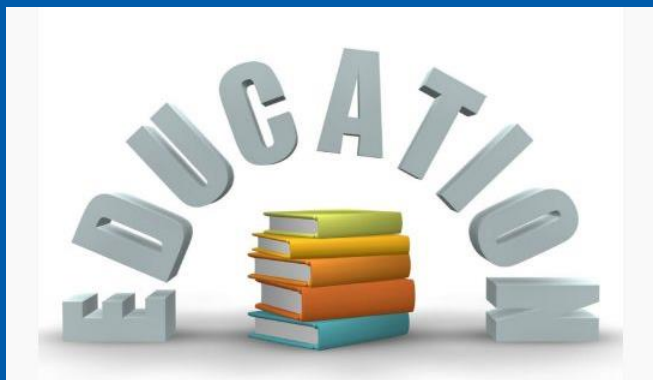
Examples of HiAP in Action

The NACDD Institutional Equity Tool

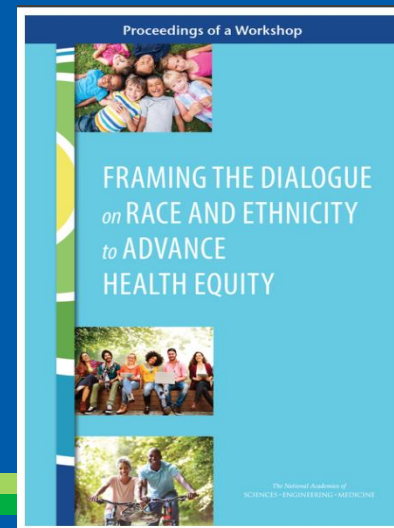
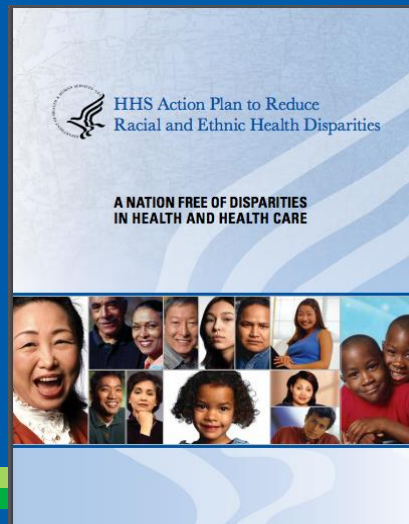
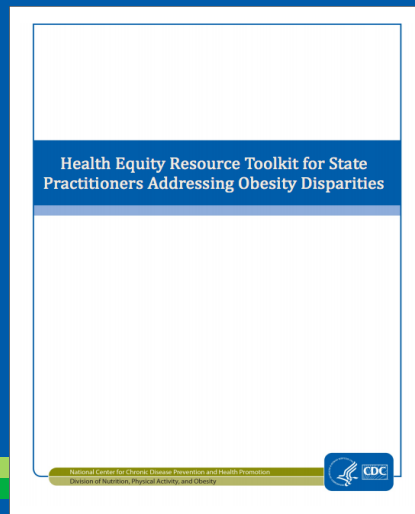
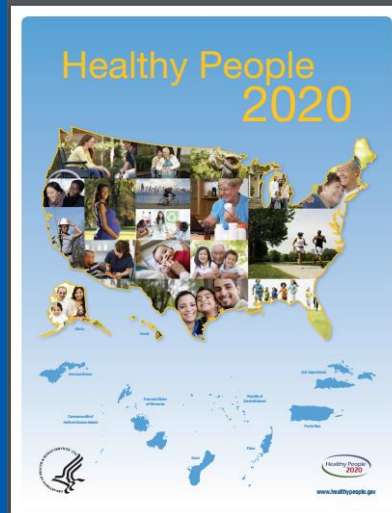
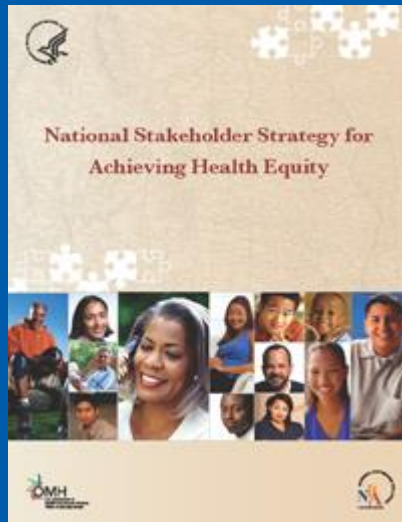
- To Assess the potential impact for vulnerable groups. Taking advantage of decision points
- Helps to Identify ways to modify proposed policies or procedures
- Fosters active engagement and empowerment of your stakeholders both internally and with community partners.



Creating Health for ALL



Equity Tools and Resources



Thank you!

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