

Leveraging a Health Equity Approach to Improve Prevention Efforts

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Objectives

- Describe health disparities, health equity and social determinants of health.
- Identify factors in the social environment that can contribute or impede the health of individuals and communities.
- Understand how health equity impacts prevention work

What are health disparities?



Health Disparities

- Type of difference in health that is closely linked with social or economic disadvantage.
- Negatively affects groups of people who have systematically experienced greater social or economic obstacles to health.
- Obstacle's stem from characteristics historically linked to discrimination or exclusion such as:
 - * Race or ethnicity
 - * Religion
 - * Socioeconomic status
 - * Gender
 - * Sexual orientation
 - * Geographic location
 - * Cognitive, sensory, or physical ability
 - * Mental Health

Source: Healthy People 2020

Behavioral Health Disparities

Refer to differences in outcomes and access to services related to mental health and substance misuse which are experienced by groups based on their social, ethnic, and economic status.

Source: Substance Abuse and Mental Health Services Administration <https://www.samhsa.gov/behavioral-health-equity>

Poll

Will free access to health and wellness care/services eliminate health disparities?



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POLL RESULTS



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Types of Disparities

Health Status

How are you today? (past 24 hours)
How do you feel and how much can you do?
Choose one answer on each line

	None	A little	Quite a lot	Extreme
Pain or discomfort				
Feeling low or worried				
Limited in what you can do				
Require help from others				

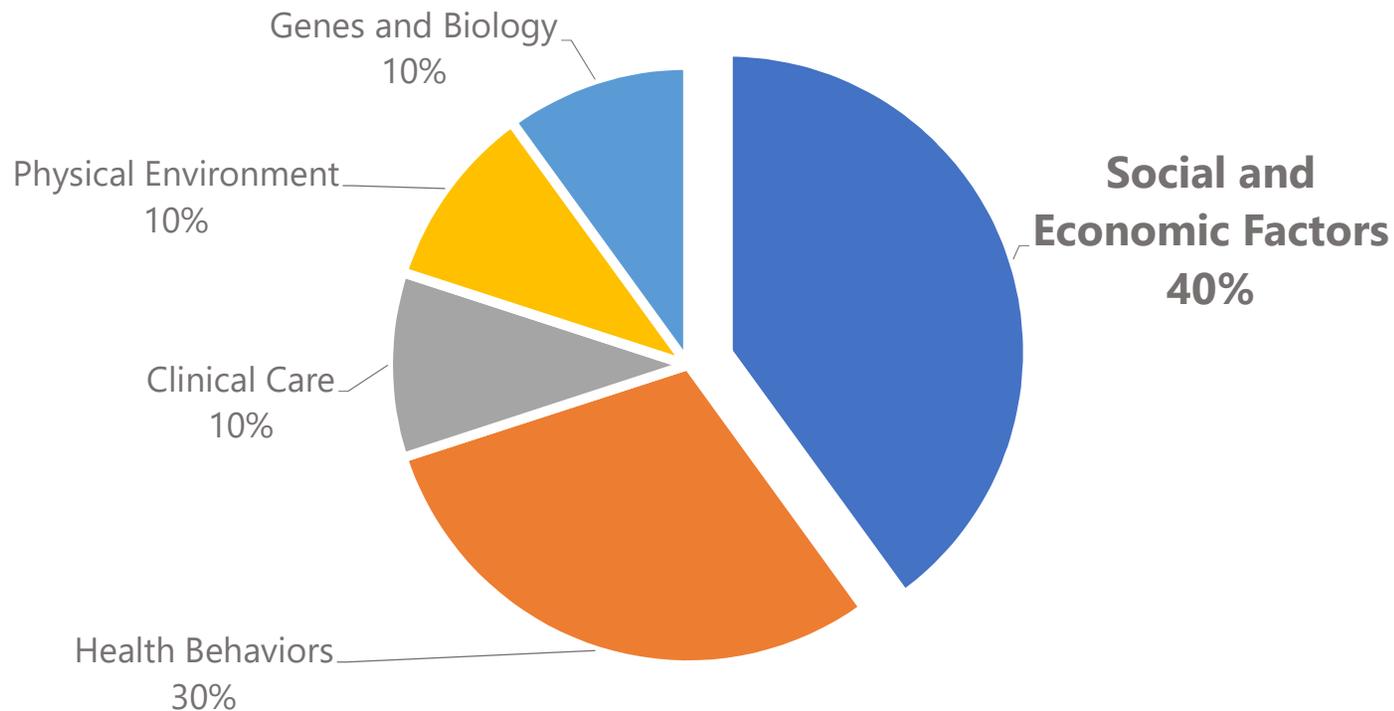
Types of Disparities

Health & Wellness Care

- a. Access to care
- b. Quality of care



Social & Economic Factors Determine 40% of our Health



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Source: [County Health Rankings, 2014](#)

What are the type of barriers to care and treatment?

Reflection



Factors that Contribute to Health Disparities

- Individual Factors

- Health Behaviors

- Provider Factors

- Bias
- Cultural and linguistic barriers

- Health System

- Organized
- Financed
- Delivered

- Social and Environmental Factors

- Poverty
- Education
- Proximity to care
- Neighborhood safety



Ubri, P., & Artiga, S. (2016). Disparities in health and health care: Five key questions and answers. Kaiser Family Foundation. Retrieved December, 15, 2016

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Determinants of Health

- Structural factors are the physical, social, cultural, organizational, community, economic, legal, or policy aspects of the environment that impede or facilitate health.
- Social determinants are the economic and social conditions that influence the health of people and communities as a whole. Social Determinants of Health(SDOH) include:
 - conditions for early childhood development
 - education, employment, income & job security
 - food security
 - health services and access to services
 - housing, social exclusion, stigma

Source: CSDH, 2008; Braveman & Gruskin, 2003; Raphael, 2004

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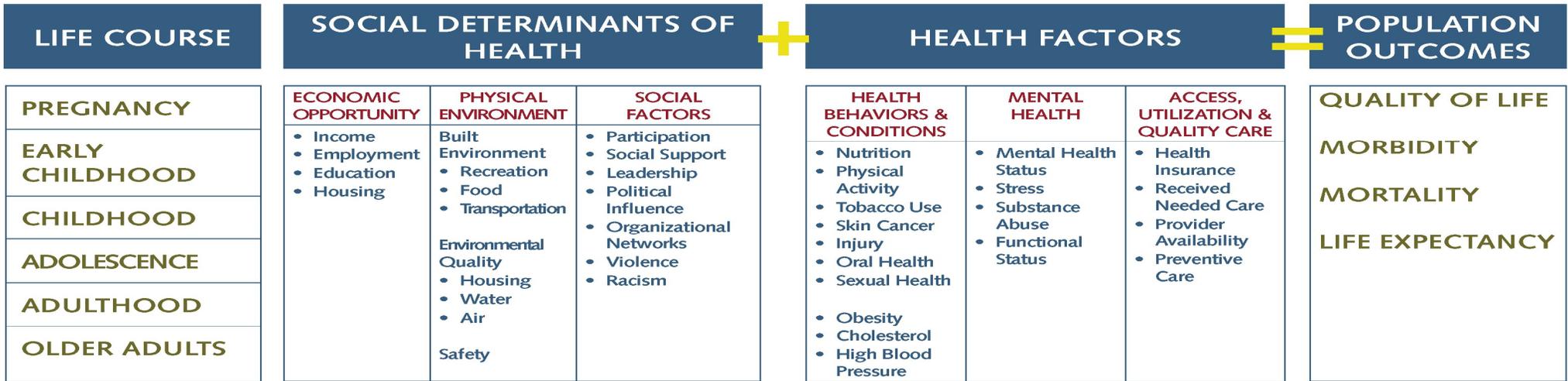
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Health Equity

An Explanatory Model for Conceptualizing the Social Determinants of Health



NATIONAL INFLUENCES
GOVERNMENT POLICIES
U.S. CULTURE & CULTURAL NORMS



Public Health's Role in Addressing the Social Determinants of Health

- Advocating for and defining public policy to achieve health equity
- Coordinated interagency efforts
- Creating organizational environments that enable change
- Data collection, monitoring and surveillance
- Population-based interventions to address health factors
- Community engagement and capacity building

African American/Black Population

- About 27% live below the poverty level compared to about 10.8% of non-Hispanic whites (2016 US Census)
- The rate of illicit drug use is slightly higher than the national average (12.4% vs 10.2%) (CDC, 2016).
- Compared with the general population, are less likely to be offered either evidence-based medication therapy or psychotherapy.
- Compared with non-Hispanic whites with the same symptoms, African American/Blacks are more frequently diagnosed with schizophrenia and less frequently diagnosed with mood disorders (Bell C. et al., 2015).

Source: American Psychiatric Association (2017) Mental Health Disparities: African Americans

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American Indian and Alaska Native Disparities

- AI/ANs have the highest poverty rate of any race/ethnic group, with 26.6 % living in poverty (US Census, 2016)
- Higher prevalence and earlier initiation of drug and alcohol use among AI/AN youth ages 17 and younger, compared with all other races/ethnicities.(The national poverty rate is 14.7%).
- In 2014, approximately 9% of AI/ANs ages 18 and up had co-occurring mental illness and substance use disorder in the past year—almost three times that of the general population (Whitsell, Beals, Crow, Mitchell, Novins, 2012).
- Higher prevalence and earlier initiation of drug and alcohol use among youth ages 17 and younger, compared with all other races/ethnicities. (Heart, Chase, Elkins, Atschul, 2011)

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Source: American Psychiatric Association (2017) Mental Health Disparities: African Americans

Hispanic/Latino Population

- Approximately 1 in 20 receive services from a mental health specialist (US office of the Surgeon General, 2001)
- Hispanics are more likely to report poor communication with their health provider
- Nationally, 21.1% of Hispanics are uninsured, compared with 7.5% of White non-Hispanic Americans (US Census, 2015).
- Hispanic children and adolescents are at significant risk for mental health problems, and in many cases at greater risk than white children (National Survey on Drug Use and Health, 2015)

Source American Psychiatric Association (2017) Mental Health Disparities: Hispanic Latinos

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LGBTQ Population

- LGBTQ individuals are more than twice as likely as heterosexual men and women to have a mental health disorder in their lifetime (Semlyen, et al., 2016).
- LGBTQ individuals are 2.5 times more likely to experience depression, anxiety, and substance misuse compared with heterosexual individuals (Kates, et al., 2016).
- Women who identify as lesbian/bisexual are more than twice as likely to engage in heavy alcohol/
- The rate of suicide attempts is four times greater for lesbian, gay, and bisexual youth and two times greater for questioning youth than that of heterosexual youth (Kann, et al., 2015).

Source: American Psychiatric Association (2017) Mental Health Disparities: African Americans

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Appalachian and Rural Populations

- 18.7% of the population had a diagnosable mental health disorder in 2016.
- 2011-2015, the poverty rate in Appalachia was 17.1% (the national poverty rate is 14.7%).
- 87% of the region's 420 counties had more than 1.5 times the U.S. poverty rate.
- The rate of uninsured Appalachians under age 65 is 18.2% in rural counties, compared to 14.7% in the Region's large metro counties and 12% nationally.
- Continue to be disproportionality disadvantaged with a lack of basic services
- Lack of options for specialty substance abuse treatment programs.
- Less access to care, shortage of behavioral health professionals.
- Stigma-Lack of anonymity.

Source: American Psychological Association: <https://www.apa.org/advocacy/workforce-development/gpe/populations>

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Barriers to care

- Lack of awareness about available services
- Stigma associated with mental illness
- Distrust of the health and wellness system
- Lack of providers from diverse racial/ethnic backgrounds
- Lack of culturally and linguistically competent providers
- Economic barriers (cost, lack of insurance, underinsurance)
- Many LGBTQ people have reported experiencing stigma and discrimination when accessing health services

Source: American Psychiatric Association (2017) Mental Health Disparities



Dr. Camara Jones Explains the Cliff of Good Health

<https://www.youtube.com/watch?v=to7YrI50iHI>

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Hope: The Advancement of Health Equity

- “Health equity” is assurance of the conditions for optimal health for all people
- Achieving health equity requires
 - Valuing all individuals and populations equally
 - Recognizing and rectifying historical injustices
 - Providing resources according to need
- Health disparities will be eliminated when health equity is achieved

Source: National Stakeholder Strategy for Achieving Health Equity retrieved from: minorityhealth.hhs.gov/npa/files/Plans/NSS/NSS_05_Section1.pdf

Equality



Equity



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“If we don’t understand what provides for equity to begin with we can’t provide health.”

Source: Reos Partners (2017). A Conversation Guide for Health Equity (p. 8)

Leverage

“If you have leverage, you hold the advantage in a situation or the stronger position in a contest, physical or otherwise. The lever is a tool for getting more work done with less physical force. ... This refers to non-physical situations too: the power to move or influence others is also leverage.”

Source: Vocabulary.com

Making the Transition from Theory to Practice

“Too often prevention providers use the language of social determinants of health and the need to reduce disparities but **do not internally transform** in ways that allow for nontraditional actions required to address social injustice as a risk to the public's health...The major challenge is...to move theoretical knowledge about the relationship of social injustice to increased health risks and poorer health outcomes into **broad sustainable changes in agency policies and practices**”

Source: Hofrichter, Tackling Health Inequities Through Public Health Practice: A Handbook for Action, NACCHO, 2006

Strategies for Advancing Equity

- Support equity as a value and social right
- Leadership
- Interagency/multi-disciplinary coordination
- Workforce development and education
- Partner and work with communities
- Communications strategy and public education
- Build alliances and coalitions
- Public policy development and analysis
- Advocacy
- Monitor health status
- Track the conditions that influence health and wellness issues facing the community



Source: Hofrichter. (2006) Tackling Health Inequities Through Public Health Practice: A Handbook for Action, NACCHO

Final Thoughts

- Health Equity exists when all people have the resources they need to maintain their health.
- Instead of hoping that equity will be the result of our work, we must make it the core “design principle” of initiatives.
- We must be intentional about the advancement of health equity.

Source: Reos Partners (2017). A Conversation Guide for Health Equity (p. 7)

Resources

- Harvard Implicit Bias survey: <https://implicit.harvard.edu/implicit/takeatest.html>
- Cultural Humility: People, Principles and Practices-4 part YouTube series:
<https://www.youtube.com/watch?v=Mbu8bvKbU>
- Tervalon M, Murray-Garcia J. Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*. 1998;9(2):117-125.10
- Health Equity US Department of Veterans Affairs: https://www.research.va.gov/topics/health_equity.cfm
- Removing Barriers to Mental Health Services for Veterans: <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/28/14/51/removing-barriers-to-mental-health-services-for-veterans>

Thank you!

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