Health Equity: What's it got to do with care transitions?

2015 Care Transitions Conference
June 4, 2015

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Just Health Action
Seattle, Washington
Fill in the blank......

America is the land of

Opportunity
America as the land of opportunity: What does this mean?

“The idea that everyone deserves a fair chance to live up to his or her potential”
OR

OF

??

OR
QUESTION: Equality of opportunity?

How do we get there?

Health equity

America - The land of Opportunity
Opportunity for Health
Health improves with time

Climate, weather, food supply determines health

Social living creates infectious diseases: (population crowding, poor sanitation, malnutrition)

Infectious diseases reduced: (improved sanitation and nutrition)

Chronic diseases: Human behaviors

Chronic diseases: Social Determinants of Health

Pre Bronze Age

2500 BC To 1900

20th century

Tarlov and St Peter, 2000, Society and population health reader, Introduction
America - The land of Opportunity

QUESTION: Equality of opportunity?

HOW DO WE GET THERE? Health equity
BUT -

TIME

HEALTH – LIFE EXPECTANCY

Opportunity

Next Exit

Risks Ahead

Challenges Ahead
“Health Olympics”

Life Expectancy (yrs)

Japan
Switzerland
Australia
Italy
Singapore
Spain
Iceland
Sweden
France
Israel
South Korea
Norway
Canada
Andorra
Austria
New Zealand
Netherlands
Greece
Germany
Ireland
Belgium
United Kingdom
Luxembourg
Finland
Lebanon
Chile
Portugal
Costa Rica
Liechtenstein
Cyprus
Malta
Slovenia
Denmark
Estonia

UN Human Development Report 2014

https://depts.washington.edu/eqlhth/pages/issues.html
County Life Expectancy by Race - White Males

Murray et al, Eight Americas, 2006
Figure 2. Life expectancy at birth, by race and sex: United States, 1975-2007 final and 2008 preliminary

King County, WA
Life Expectancy at Birth

10 year difference in life expectancy between lowest and highest

Source: vital statistics

Public Health
Seattle & King County
King County, WA

One county, different opportunities

Income <200% poverty  No high school degree  Obesity

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KC Community Health Needs Assessment 2015/2016
King County, WA

- Poor Housing Conditions
- Tobacco Use
- Frequent Mental Distress
- Adverse Childhood Experiences
- Lack of Physical Activity
- Obesity
- Diabetes
- Preventable Hospitalization

Source: Public Health – Seattle & King County
King County Health, Housing and Economic Opportunity Measures

LEGEND

RANKING
Census Tracts ranked by an index of health, housing and economic opportunity measures.

- **Lowest Ranked**
- **Highest Ranked**

POPULATION MEASURES

**Life expectancy**
- Dark red areas: populations most impacted
- Dark blue areas: populations least impacted
- 74 years
- 87 years

**Health, broadly defined:**
- Adverse childhood experiences: 20% vs. 9%
- Frequent mental distress: 14% vs. 4%
- Smoking: 20% vs. 5%
- Obesity: 33% vs. 14%
- Diabetes: 13% vs. 5%
- Preventable hospitalizations: 1.0% vs. 0.4%

**Housing:**
- Poor housing condition: 8% vs. 0%

**Economic opportunity:**
- Low-Income, below 200% poverty: 54% vs. 6%
- Unemployment: 13% vs. 3%

Data Sources: U.S. Census Bureau, BRESS, CHARS
Produced by: Public Health - Seattle & King County
America - The land of Opportunity

King County: Equality of opportunity?

HOW DO WE GET THERE? Health equity
Defining equality versus equity
Defining Equality versus Equity

Equality - provides each person/community with the same amount and type of resources - Everyone gets a pair of SHOES

Equity – each person/community does not start at same place and may need different types and amount of resources to get to point of living to full potential
Everyone needs SHOES that fit.
Equity or Equality?
Health Equity –
A worldwide call to action

Closing the gap in a generation
Health equity through action on the social determinants of health

Promoting Health Equity
A Resource to Help Communities Address Social Determinants of Health

NACCHO
National Association of County & City Health Officials

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King County serves all residents by promoting fairness and opportunity and eliminating inequities.

King County Strategic Plan - Fair And Just Guiding Principle

DETERMINANTS OF EQUITY

The conditions in which people live, work and play are determinants of equity. Equal opportunity in these areas is necessary for all people to thrive and achieve their full potential regardless of race, income or language spoken.

www.kingcounty.gov/Equity

Available in alternate formats upon request 206-476-9303 TTY R Mig. 711

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Care Transitions and Equity?
IS HIS LIFE WORTH LESS THAN MINE?

IS HIS LIFE WORTH MORE THAN MINE?
WA State: Race/ethnic Disparities in Hospital Readmission Rates

For the state as a whole, Blacks, Hispanics, and Native Americans are over-represented among those Medicare beneficiaries readmitted within 30 days.

Source: Qualis Health Communities for Safer Transitions of Care (WA)
Discrimination in Health Care


Smedley et al, Unequal Treatment, 2003
State of Research on Racial/Ethnic Discrimination in Receipt of Health Care
(Shavers et al, 2012)

• Prevalence and perception of racial/ethnic discrimination
  – 0-6% of non-Hispanic whites
  – 7-52% of African Americans
  – 4-13% of Latinos

• 18 studies of perceived discrimination, evidence of association with
  – Poorer self-reported health
  – Lower perceived quality of care
  – Lower cancer screening
  – Poorer adherence
  – More psychiatric disorders
  – Worse diabetes care and more complications
  – Under-utilization/delay of health services
  – Physical and emotional function limitations
State of Research on Racial/Ethnic Discrimination in Receipt of Health Care
(Shavers et al, 2012)

Eight articles examining attitudes/biases/stereotypes among health care providers and those in training, evidence that discrimination is associated with:

– Less patient involvement in decision making
– Disbelief in the existence of health care disparities
– Disbelief that racial discrimination has a role in health care disparities
– Implicit preferences for white race
Explicit and/or Implicit Bias?

2% of emotional cognition is conscious

The **majority** of Americans believe in equality. Most Americans believe racial discrimination is wrong.

Overt bigotry persists among only 10% of citizens

We want to believe that our country is fair
Stroop Test
Read the Word
BLUE BLACK GREEN
YELLOW RED BLUE
RED BLACK GREEN
Stroop Test
Say the **Color** of the Word

BLACK  BLACK  GREEN
YELLOW  BLUE  RED
RED     SHARK!  BLUE
Implicit Association Tests (IATs)

Implicit Bias – *the process of association stereotypes or attitudes towards categories of people without conscious awareness*  
(Devine et al, 2012)

https://implicit.harvard.edu/implicit/takeatest.html
Implicit Bias Exists in Health Care

• 4 out of 5 studies using the IAT to examine racial/ethnic bias in clinicians found evidence for implicit race bias against African Americans

• Studies have also demonstrated clinician implicit bias against obesity, injection drug users, lower social class, females, and the elderly

Blair et al, 2011; Unconscious (Implicit) Bias and Health Disparities: Where do we go from here?
Overall Preventable Hospitalizations,
King County, 2000-2012, 3-year Rolling Averages

Respondents are asking hospitals to use their influence not only to promote and protect good health, and prevent ill health, but also to work collaboratively across all sectors to develop systems to address basic needs and reduce health inequities. While these issues may seem beyond the realm of a hospital’s mission, hospitals locally and nationally are working with communities to address basic needs.
Healthy

Sick

Outcome

Symptoms

Access

Treatment

behavior and environment

60% of health

McGinnis et al, 2002
The SDOH Model represents social determinants of health equity. It includes Racism, Classism, and Sexism, with individual behaviors such as smoking, drinking, and overeating being influenced by these factors.

- Social determinants of health equity
- Racism: education, housing, food
- Classism: work environment, living & working conditions, unemployment, water/sanitation
- Sexism: health care, risky sex, illicit drug use

Adapted from Dahlgren & Whitehead (1991) and Jones et al. (2009)
JHA: Taking action on health inequity

1. Who is Just Health Action?
2. JHA’s Critical Health Literacy approach
3. How has JHA been doing it?
three levels of health literacy

1. functional

2. interactive

3. critical

Nutbeam, 2000, Health Promotion International, Vol 15, No 3
Mogford, Gould, & DeVoght, (2010), Health Promotion International

JHA Critical Health Literacy framework: Working towards health equity

- Health Impact Assessment
- Cumulative Health Impacts Analysis
- Environmental Justice analyses
- Community Based Participatory Research

Research

knowledge

compass

tools

Education

• Teaching
  • Curriculum development
  • Facilitation

action!
JHA curriculum venues

- Secondary schools
- Universities
- Health centers
- Health departments
- Promotoras

Environmental Justice Youth Corps

Seattle Girls School

Promotora Advisor training, North Carolina
August 3-6, 2015: UW NWCPHP

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Critical Health Literacy
Training Manual

Pedagogical Exercises Developed by Just Health Action
www.justhealthaction.org
2015 14th Avenue East, Seattle, WA

Train the Trainer

www.nwcphp.org/training/opportunities/summer-institute-for-public-health-practice/promoting-health-equity
JHA Health Equity Training

• JHA’s 7\textsuperscript{th} year

• 24 volunteers/year (ICHHS and Sea Mar clinics)
  • Most pre-med bound

• Positions (patient navigator; diabetes, tobacco, life skills education; doulas; drug treatment art therapy; intergenerational and child development)

• Training – 36 hours

• Community Action Project – 40 hours min
Moving upstream from **behaviors** to **population health** change

- Social inequalities (race, class, gender)
- Institutional power (govt, business, schools)
- Neighborhood conditions
- Risk Behaviors (smoking, drinking, violence)
- Disease & Injury
- Mortality
What does the “community” want?

ACTION!!!!!!!
Community Action Projects

Vietnamese Subsistence Fishers Alternatives Pilot

Duwamish Community Action for Clean Air

Are you concerned about the air quality in your community?

Photograph: Paul Joseph Brown

EPA Environmental Justice Collaborative Problem Solving Cooperative Agreement

International District Community Kitchen

Community Health Leadership Institute

Increasing the amount of URMs in Primary Care and Community Health Centers

Recruiting Underrepresented Minorities into Health Care

Little Free Libraries
### Stress
- Work
- Health
- Finances

### Finances
- Housing
- Relationships
- Other:

### Housing
- Less than High School
- High School/GED
- Vocational School
- Some College
- College
- Graduate School

### Education
- Do you feel like you lack control in your work/school/relationships?
- Do you feel like you lack a community support system?

### Legal and Safety
- What is the highest level of education that you have received?
- Do you have trouble paying rent?
- Do you have trouble making ends meet financially?
- Do you ever run out of food by the end of the month, or cut down on what you eat to feed others?
- Have you ever been denied public benefits?
- Do you have access to consistent transportation?
- What is your current housing situation?
- If you rent, is your home in poor condition?

### Strength
- Rent
- Home owner
- Displaced/Homeless
- TOTAL
Unequal Treatment
(PBS News Hour, May 5, 2015)

Why African-American seniors are less likely to use hospice

May 5, 2015 at 6:30 PM EDT

Black seniors are more likely than whites and Latinos to forgo hospice care. Due to deeply felt religious beliefs and a long history of discrimination in the U.S., African-American patients are often reluctant to plan for the end of their lives, and more skeptical when doctors suggest stopping treatment. Special correspondent Sarah Varney reports on efforts to change some of those beliefs.

http://www.pbs.org/newshour/bb/african-american-seniors-less-likely-use-hospice/
Recommendations

• Social Determinants of Equity - Isms
  – Take the Implicit Bias tests: You and your institution can reduce your biases with training
  – Cross cultural education

• Social Determinants of Health
  – Collaborate with organizations who are working on issues that affect health
THANK YOU

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Too many Medicare beneficiaries are readmitted shortly after a hospital discharge

Rates vary substantially by race

Rehospitalizations (Within 30 Days of Initial Discharge) per 1,000 Medicare Beneficiaries
October 2013 - September 2014

*The CHOICE community includes Grays Harbor, Lewis, Mason, Pacific, and Thurston Counties.

Source: Qualis