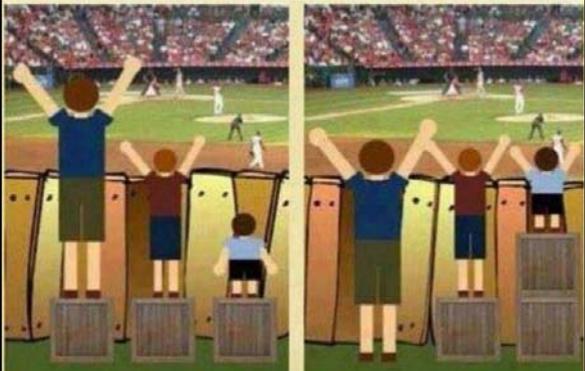


Rewriting Our National Narrative: Health as a Central Theme

Jane Meza, PhD
Senior Associate Dean, Professor and Chair, Department of Biostatistics
UNMC College of Public Health



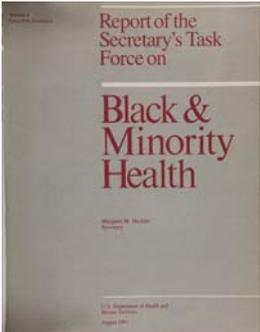
What is Health Equity?

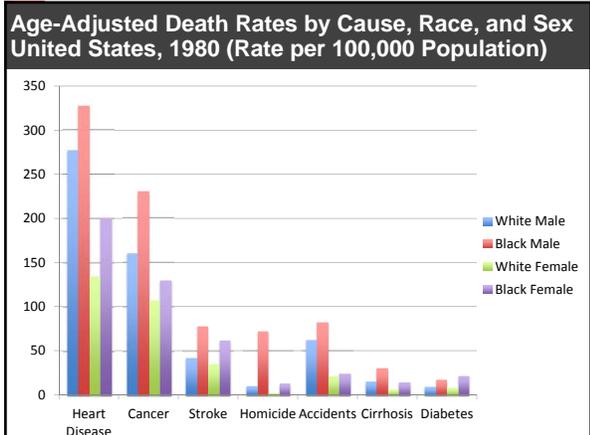


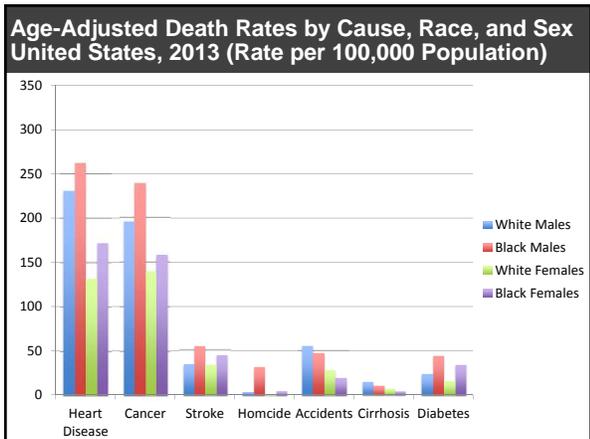
Source: City of Portland, Oregon, Office of Health Equity and Human Rights

1985 HSS Heckler Report

- Secretary Margaret M. Heckler's report on minority health in the U.S.
- The first time the DHHS has consolidated minority health issues into one report
- Legitimization of health disparities as an area of research
- Focus on biomedical factors







Healthy People Goals

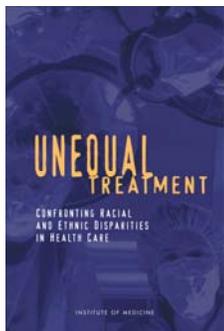
| | |
|---------------------|--|
| Healthy People 2000 | Reduce health disparities |
| Healthy People 2010 | Eliminate health disparities |
| Healthy People 2020 | Achieve health equity, eliminate disparities, and improve the health of all groups |

IOM: Unequal Treatment Report, 2002

Clearly articulates persistent and pervasive health and healthcare disparities that still exist and are still serious

"The real challenge lies not in debating whether disparities exist, but in developing and implementing strategies to reduce and eliminate them."

- Alan R. Nelson, Chair, IOM Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care



Healthy People Goals

| | |
|---------------------|--|
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Healthy People 2010 Review

- Among 169 objectives with data for racial and ethnic groups, health disparities, on average, decreased for 27 objectives and increased for 25. (basically stayed the same)
- Among 216 objectives with data for males and females, health disparities decreased for 26 objectives and increased for 23. Females more often had better group rates than males.
- Among 132 objectives with data for education groups, health disparities, on average, decreased for 7 objectives and increased for 20.
- **Health disparities among income groups, as well as by geographic location and disability status did not change, with the exception of a few objectives.**

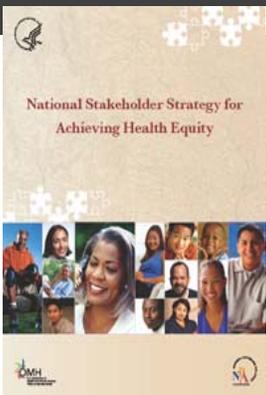
Source: Healthy People 2010: Final Review

| Healthy People Goals | |
|----------------------|--|
| Healthy People 2000 | Reduce health disparities |
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HHS: 2011

Goals

- Increase awareness
- Strengthen leadership
- Improve health and healthcare outcomes
- Improve cultural competency in the healthcare workforce
- Improve data availability, utilization, and evaluation

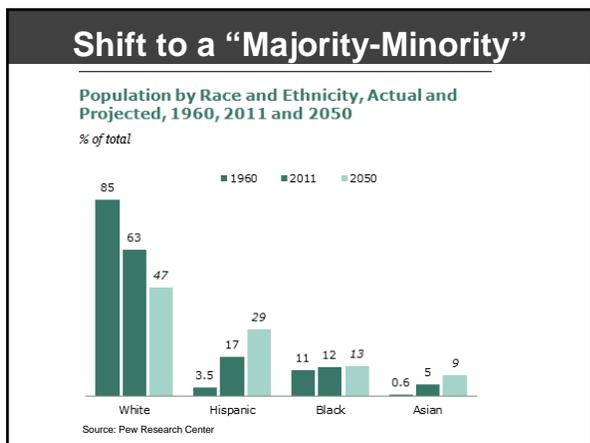


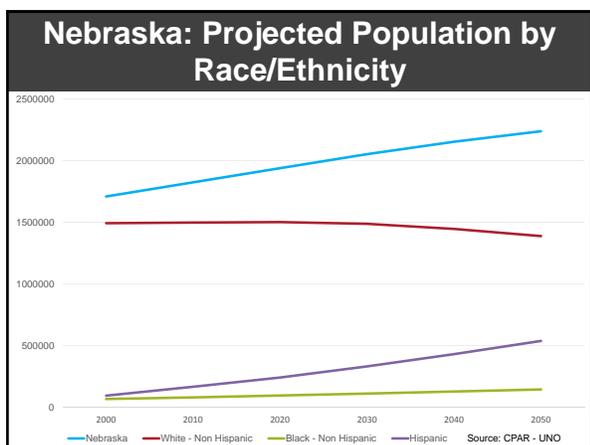
National Stakeholder Strategy for
Achieving Health Equity

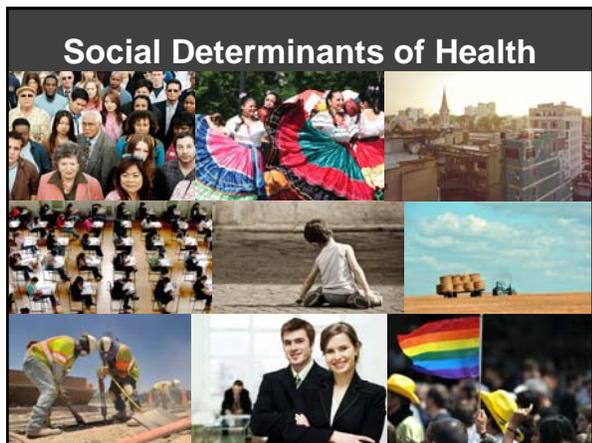
Healthy People 2020 Innovations

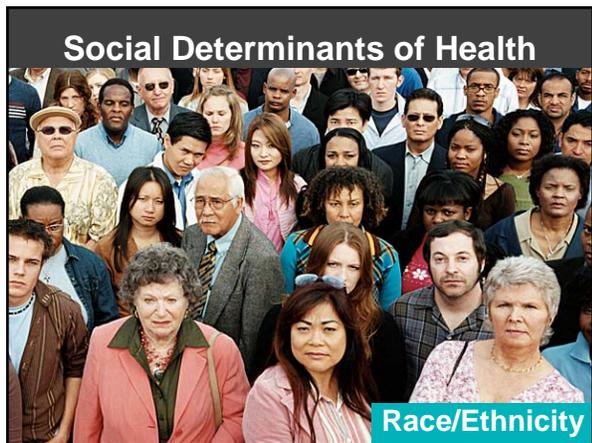
- Use a determinants of health approach to identify, measure, track, and reduce health disparities.
- Health status and health behaviors are determined by influences at multiple levels, including personal (biological, psychological), organization and institutional, environmental (social and physical), and policy levels.
- Historically, many initiatives have focused on individual level health determinants and interventions.
- Healthy People 2020 therefore expanded its focus from previous iterations to emphasize tracking and monitoring of health-enhancing social and physical environments.
- Use an expanded population template for a more in depth analysis.

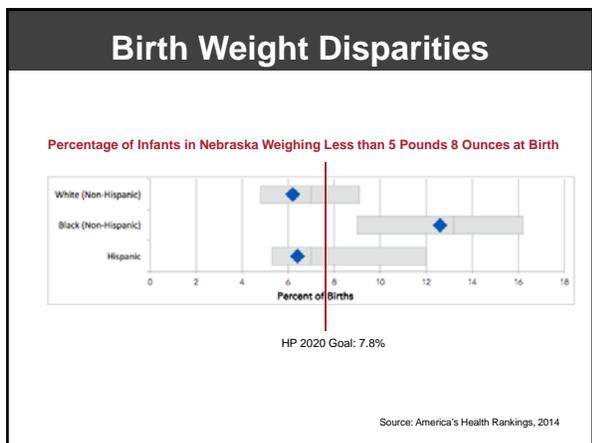




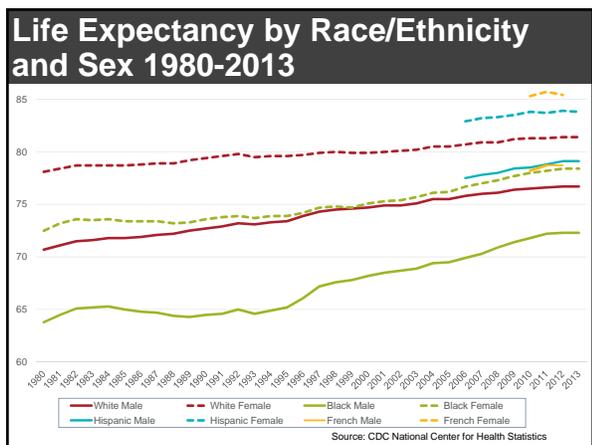


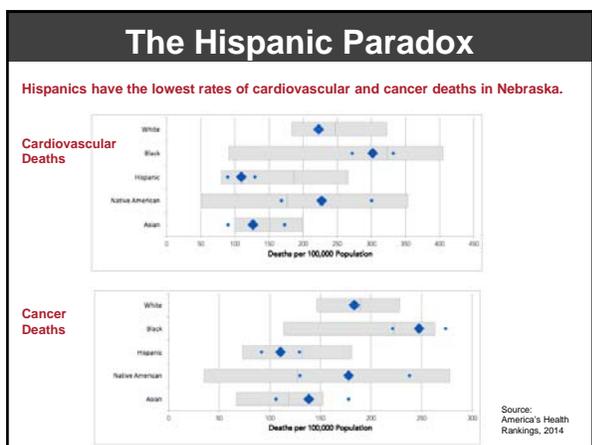


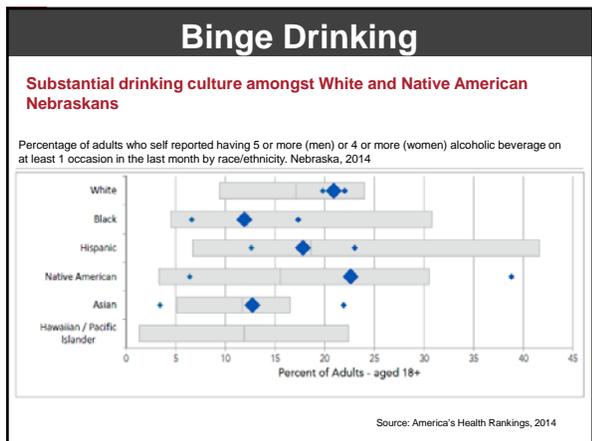


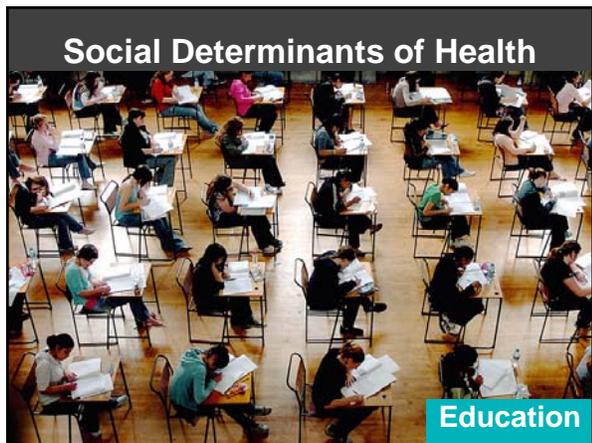


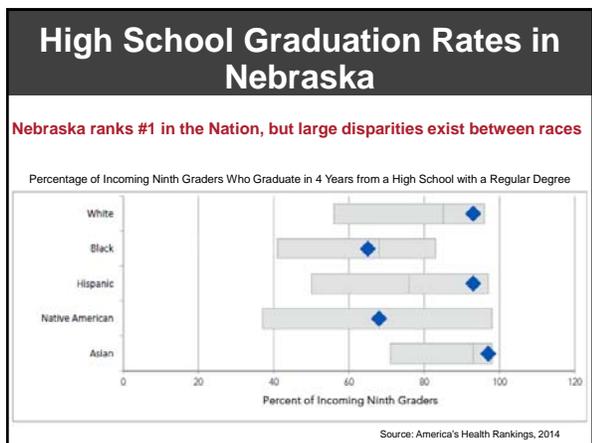


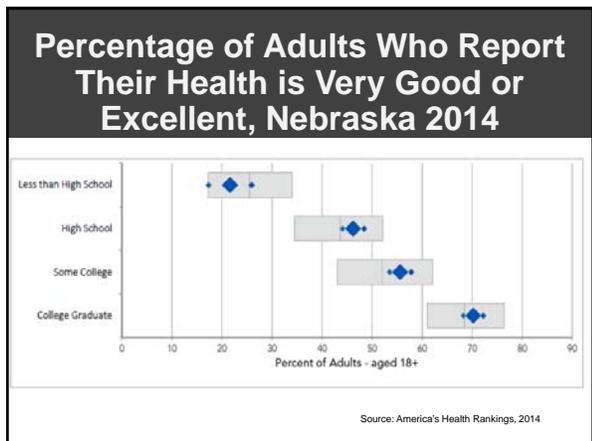




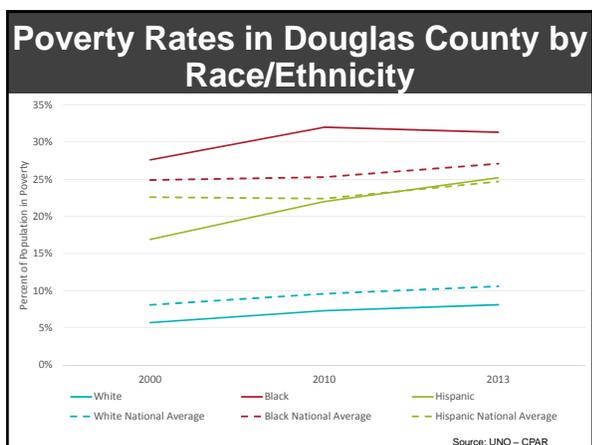












Social Determinants of Health



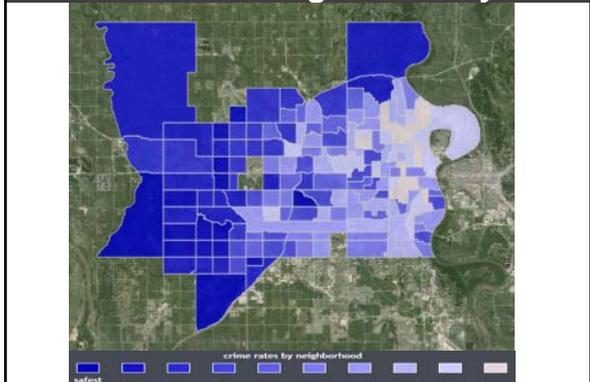
Neighborhood (Built Environment)



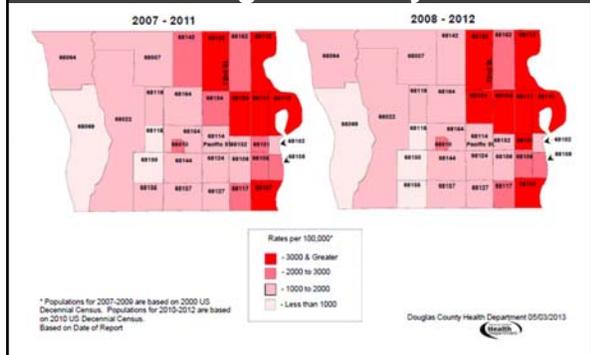
Many aspects of a neighborhood can play a role in the health of the individuals living there.

- Availability of transportation
- Police presence
- Availability of job opportunities
- Quality of education
- Air and water quality
- Prevalence of vandalism/violence
- Prevalence of drug use/crime
- Availability of amenities (Grocery Store, Pharmacy, Gym)
- Safety

Crime in Douglas County



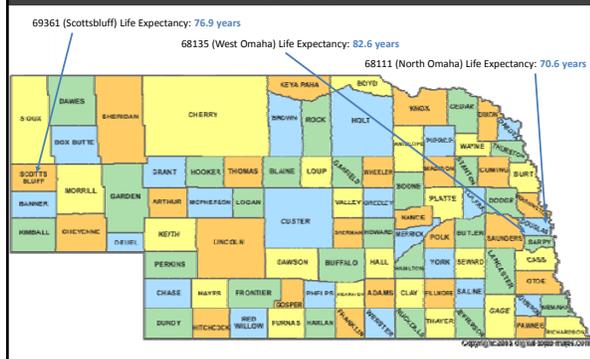
Chlamydia Rates by Zip Code: Douglas County

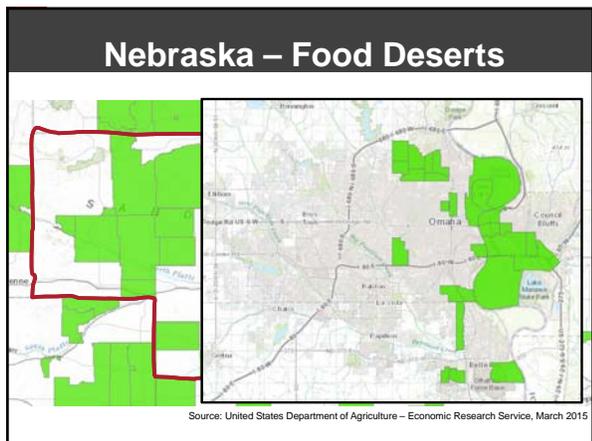


Social Determinants of Health



Nebraska Health Disparities by Zip Code





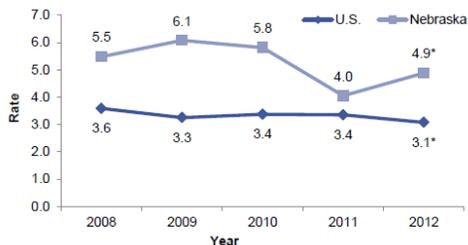


Top 10 Injury and Illness Rates by Private Industry in Nebraska, 2012

| Industry Division | Nebraska | U.S. |
|---|------------|------------|
| Manufacturing | 6.6 | 4.3 |
| Agriculture, Forestry, Fishing & Hunting | 6.2 | 5.5 |
| Health Care and Social Assistance | 5.1 | 4.8 |
| Construction | 4.3 | 3.7 |
| Other Services, except Public Administration | 4.3 | 2.5 |
| Wholesale Trade | 4.2 | 3.3 |
| Transportation & Warehousing | 4.2 | 4.9 |
| Accommodation and Food Services | 4.2 | 3.8 |
| Retail Trade | 3.6 | 4.0 |
| Admin. Support, Waste Mgmt and Remediation Services | 2.6 | 2.8 |
| Total Private Sector Incidence Rate | 3.9 | 3.4 |

*per 100 full-time employees
Source: Nebraska Occupational Safety and Health Surveillance Program
U.S. Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses, 2012, in collaboration with Nebraska Workers' Compensation Court.

Fatal work-related injury rates per 100,000 employed persons



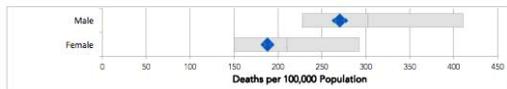
Source: Nebraska Occupational Safety and Health Surveillance Program
 *U.S. Bureau of Labor Statistics Census of Fatal Occupational Injuries (numerator); U.S. Bureau of Labor Statistics, Quarterly Census of Employment and Wages, 2012 Annual Average (denominator)

Social Determinants of Health

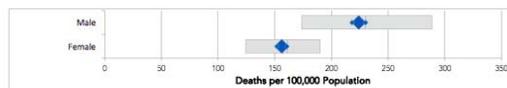


Nebraska's Gender Disparities

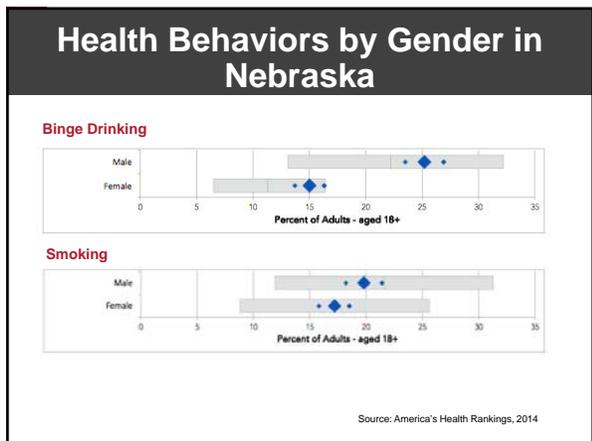
Cardiovascular Deaths

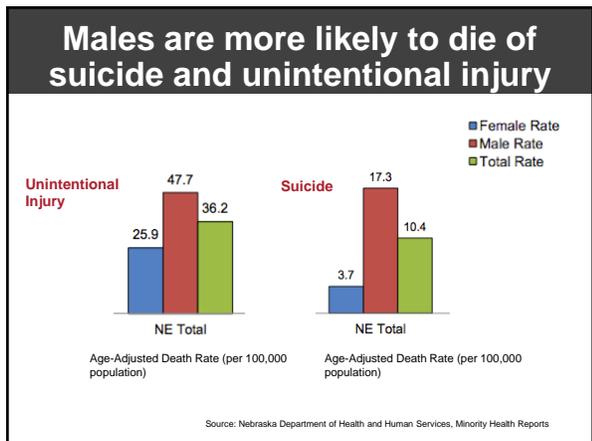


Cancer Deaths



Source: America's Health Rankings, 2014







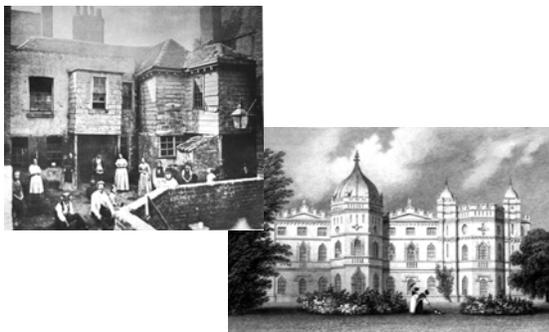
National LGBT Disparities

- LGBT youth are 2-3 times more likely to attempt suicide.
- LGBT youth are more likely to be homeless
- LGBT populations have the highest rates of tobacco, alcohol, and other drug use.

- Lack of national and statewide data on LGBT health

Source: Healthy People 2020, <http://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>

Health Inequities Are Not New



Miasma Theory



Glasgow Street, 1968

- Industrialization led to many poor, filthy, bad smelling neighborhoods, which tended to be hubs for disease.
- Miasma Theory suggested that diseases were caused by the presence of foul smelling air.
- Led to a sanitary reformation.
- Improvements in sanitation and cleanliness led to a decline in disease epidemics.
- Although the Miasma Theory was later disproven, this was essentially **a societal approach** to reduce health inequities.

A Societal Approach

- The Heckler Report emphasized the biomedical model
- We cannot medicalize health inequities, we need a global, multilevel approach
- Health inequities are a reflection of broader societal inequities and cannot be addressed with one specific approach.
- Health departments and the health care system cannot eliminate health disparities alone.

Health in All Policies

- Societal determinants like education, housing, agriculture, transportation and urban development are often under the domain of other sectors (not health), and other agencies (not HHS).
- Systems-wide approach encourages non-health agencies to consider health consequences when designing programs and policies.
- Helps to eliminate disparities by targeting the social determinants of health.

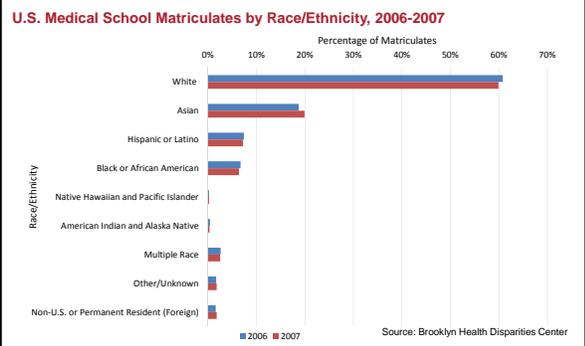


Health Impact Assessments

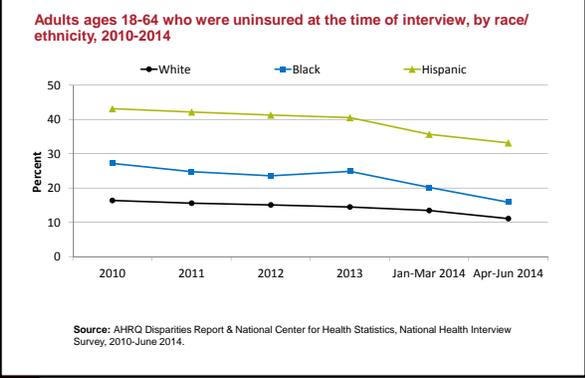
- Similar to Health in All Policies, Health Impact Assessments are a process that helps evaluate the potential health effects of a plan, project, or policy before it is built or implemented.
- Make the consideration of health and health equity routine in all policy making



Increase Cultural Competence and Diversity in the Healthcare Workforce



Increase Insurance Coverage



Research Related to Health Disparities

- Comprehensive interventions that target multiple chronic conditions across populations.
 - This is especially important for conditions with shared risks.
- Investigations regarding gene-environment interactions and genome science.
- Evaluation of implemented policies and interventions.

Strengthen Community Relationships and Partnerships

- We need to build relationships in communities.
- We will never eliminate health disparities if we do not work collectively.
- Nebraska has an opportunity to be a leader in health equity.



To 2020 and Beyond: #1

