

Health Equity Matters

Special Edition - March 2008

From the Director



As the name of our newsletter implies, health equity matters. It matters because health inequities or disparities in health status, are systematic, avoidable and unfair. It matters because the color of your skin, where you live, your level of education or what you earn all impact health outcomes. It matters because inequalities in these and other social determinants of health lead to inequities in the rates of stroke, diabetes,

heart failure, obesity, infant mortality, HIV and premature death among minority and low-income groups.

In Virginia, racial and ethnic groups and low-income populations are at a greater risk for poor health that spans generations.

- In 2005, 18.8 percent of African American Virginians lived below the federal poverty level, compared to 11.8 percent of Latinos, 9.9 percent of American Indians, and 7.6 percent of Whites. Poverty rates increased from 7.8 percent in the largest metropolitan counties to 17.6 percent in the smallest, most rural counties in Virginia.
- In 2005, the infant mortality rate for African American Virginians was 2.4 times greater than for White Virginians.
- In 2004, the life expectancy for White Virginians was 78.6 years, compared to 73.4 years for African Americans.
- Virginians with the lowest household incomes less than \$10,000 are almost two times more likely to be obese as those with incomes above \$75,000.
- African American and Latino teens are 2½ times more likely to become pregnant than White teens.

Clearly, for some, inequity is a major and costly barrier to a healthy life. To tackle this problem head on, the General Assembly passed a bill, signed by Governor Kaine, which required the Virginia Health Department to appoint a physician to oversee minority health issues. As a result, I was hired to lead the

The *Health Equity Matters* newsletter is published quarterly by the Virginia Department of Health, Office of Minority Health and Public Health Policy and distributed to constituents to facilitate a common interest in advancing health equity in Virginia. This newsletter focuses on inequities related to socioeconomic status, race/ethnicity, geography and living environment, and access to health care. Please circulate this newsletter freely. An electronic copy is available at www.vdh.virginia.gov/healthpolicy.

Inside This Issue

<i>Unnatural Causes</i> Series Schedule	3
Ways to Get Involved	4
Test Your Knowledge	5

Virginia Department of Health
Office of Minority Health and
Public Health Policy

109 Governor Street, Suite 1016E
Richmond, VA 23219

Office: 800.694.4379

Fax: 804.864.7440

omhphp@vdh.virginia.gov

office and its name was changed from the Office of Health Policy and Planning to the Office of Minority Health and Public Health Policy (OMHPHP). OMHPHP is charged with identifying health inequities, assessing their root causes and addressing them by promoting social justice, influencing policy, establishing partnerships, providing resources and educating the public.

One way we are meeting our mission is through an exciting partnership with California Newsreel and the Public Broadcasting Service. OMHPHP is among more than 100 national partners promoting “Unnatural Causes,” a television documentary series about socioeconomic and racial/ethnic inequities in health. We are also part of the “Unnatural Causes” public engagement project, designed to stimulate a nationwide dialogue to find ways to reduce and ultimately eliminate health inequity.

I encourage you to watch this thought-provoking series in its entirety. We have provided the schedule and brief descriptions of each program in this special edition of *Health Equity Matters*. Once you have seen the series, get involved. Become a champion for health equity in the commonwealth. Also, tell us what you think. Your feedback about the series and public engagement is invaluable.

Together, we can advance health equity for all Virginians!

Michael O. Royster, MD, MPH
Director, Office of Minority Health and Public Health Policy

*Social Justice:
An ethical
principle, that
when achieved,
results in fair
access and
exposure to social,
economic and
political resources,
opportunities,
burdens and their
consequences.*

Health Equity in Virginia

In 2004, the life expectancy for White Virginians was 78.6 years, compared to 73.4 years for African Americans (Virginia Center for Health Statistics, 2006)

Virginia has a population of seven million residents, 28 percent of whom belong to racial/ethnic minority groups. Virginia’s minority and low income populations experience multiple inequities in risk behavior and disease incidence, prevalence and mortality:

Virginians living in the highest poverty census tracts are 5½ times more likely to be diagnosed with HIV/AIDS than those living in neighborhoods with higher incomes.

Latinos are almost 4 times more likely to be uninsured than Whites.

Virginians with less than a high school diploma are over 3½ times more likely to smoke compared to those with a college degree or higher.

In 2005, of the ten counties with the highest hospital discharge rates for ambulatory sensitive conditions, nine were rural.

Unnatural Causes investigates startling new findings that suggest there is much more to our health than bad habits, health care or unlucky genes. While we spend billions on drugs, dietary supplements and new medical technologies, the series focuses on a slow killer in plain view: the social circumstances in which we are born, live and work can actually get under our skin and affect our risk for disease as surely as germs and viruses.

Unnatural Causes Series Schedule

Unnatural Causes: Is Inequality Making Us Sick? is a four-hour PBS series that, for the first time on television, sounds the alarm about our huge and alarming socio-economic and racial/ethnic inequities in health and our poor health as a society, in general—and searches for their causes. And those causes are not what we might expect. All Virginia PBS stations will air the series at 10 p.m.

Thursday, March 27, 2008 - Hour One

“In Sickness and In Wealth” (56 minutes) - What are the connections between healthy bodies and healthy bank accounts?

Thursday, April 3, 2008 - Hour Two

“When the Bough Breaks” (28 minutes) - Why do African American infant mortality rates remain more than twice as high as white Americans?

Becoming American (28 minutes) - Recent Mexican immigrants, though often poorer, tend to be healthier than the average American.

Thursday, April 10, 2008 - Hour Three

“Bad Sugar” (28 minutes) - The O’odham Indians of Arizona suffer one of the highest rates of Type 2 diabetes in the world.

“Place Matters” (28 minutes) - Why is your street address such a good predictor of your health?

Thursday, April 17, 2008 - Hour Four

“Collateral Damage” (28 minutes) - Globalization and the U.S. military have disrupted the lives of Marshall Islanders

“Not Just a Paycheck” (28 minutes) - In western Michigan, a factory closure undermines the lives and health of a white, working class community.



On average, there are four times as many supermarkets in white neighborhoods as in predominantly African American and Latino areas.

From “In Sickness and In Wealth” (Hour One)

Get Involved

Unnatural Causes explores the underlying causes of the nation's alarming socio-economic and race-based inequities in health. The series and companion tools can help you promote health equity.

Educate. Raise awareness about the extent and root causes of health inequities and demonstrate that it does not have to be this way—we as a society can make different policy choices.

Organize and Mobilize. Strengthen organizational capacity and readiness to tackle health inequities; reach out and build alliances with other stakeholders; and get constituents involved, connected and eager for change.

Advocate. Bring constituencies together to advocate with government officials and the press for policy changes.

Use the Action Toolkit to plan an event. The toolkit provides facilitation tips, background information, sample agendas and guidelines for planning an effective forum—one that not only deepens understanding of issues but also serves as a step toward further involvement.

It has been designed to help you:

1. Assess and strengthen internal capacity for tackling health inequities;
2. Set goals and develop an organizational framework for taking action; and
3. Plan events that highlight promising practices and offer opportunities for audience members to get involved and take action.

Online Resources

Action Toolkit

www.unnaturalcauses.org/toolkit.html

Join the Campaign

www.unnaturalcauses.org/signup.html

Request a DVD

DVDs can be purchased for continued use

www.unnaturalcauses.org/images/dvdrequestform.doc

Division of Health Equity Training and Technical Assistance Tools

www.vdh.virginia.gov/healthpolicy/healthequity/unnaturalcauses



Share Your Activities

The Division of Health Equity wants to highlight organizations that sponsor forums to advance health equity on our Web site. Interested organizations are encouraged to complete the Community Forum Update form and e-mail it to omh@vdh.virginia.gov.

The form is on the OMHPHP Web site:

www.vdh.virginia.gov/healthpolicy/healthequity/unnaturalcauses/activities.htm.

Focus on Partnership

The Office of Minority Health and Public Health Policy, Division of Health Equity's efforts to promote health equity are expanding exponentially. Over the past several months the Division of Health Equity has provided comprehensive information on ways to address health inequities through individual, group and organizational forums. The division is connected with partnering organizations such as:

Virginia Latino Advisory Board
 Baptist General Convention
 Virginia Department of Health, Office of Emergency Medical Services
 Norfolk State University
 American Cancer Society
 Virginia Department of Health, OMHPHP Black History Month Recognition Program
 Virginia Commonwealth University, Center for Health Disparities
 Virginia Department of Health, Division of Disease Prevention
 Virginia Department of Health, Local Health Districts
 University of Virginia, Office of CME
 University of Virginia, Center on Health Disparities
 Virginia Rural Health Association Annual Meeting
 African-American Men's Health Summit - Richmond, VA
 The Fan Free Clinic

The Division of Health Equity provides technical assistance and support to organizations and initiatives statewide to promote health equity.

For more information, please email omhphp@vdh.virginia.gov

Division of Health Equity Partner Spotlight

Minority Health Advisory Committee

Following Dr. Michael Royster's "State of Health Equity in Virginia" address, the state health commissioner's Minority Health Advisory Committee (MHAC) charted a course of activities to undertake in their respective communities that address health inequities. A sampling of activities include:

Dr. Rudolph Wilson will focus on education, awareness and action to address health inequities initiatives at Norfolk State University.

Baxter Harrington will provide information at health forums such as the African American Men's Health Summit.

Dr. Gail Jennings utilized a cancer newsletter to increase awareness and promote activities to address health inequities.

Dr. Gloria Addo-Ayensu is conducting a health equity workshop at the Virginia Public Health Association Annual Conference this month.

Other member activities involved developing media campaigns and building partnerships with private and public organizations. For more information about the Minority Health Advisory Committee, visit vdh.virginia.gov/healthpolicy/healthequity/mhac.htm.

MHAC Mission
To promote and advocate for the elimination of health disparities among all racial and ethnic minorities and other underserved populations in Virginia.

Test Your Knowledge of the State of Health Equity in Virginia

1. True or False. Health of societies mostly relies on social and economic policies, not the individual treatment of disease.
2. What was the difference in life expectancy between White Americans and African Americans in Virginia in 2004?
 - a. Less than 2 years
 - b. 3 years
 - c. More than 5 years
 - d. None
3. Rank the population groups from lowest percentage of poverty to highest in Virginia.
 - Hispanic/Latino
 - African American
 - White American
 - Native American
4. During the 20th century, U.S. life expectancy increased 30 years. Which of the following was the most important factor behind this increase?
 - a. Social reforms (wage and labor laws, housing codes, etc.)
 - b. New drugs (like penicillin)
 - c. Development of the modern hospital system
 - d. Migration from rural areas to cities
 - e. More exercise and smoking cessation
5. Virginians with less than a high school diploma are _____ times more likely to smoke compared to those with a college degree or more education.
 - a. 1.5
 - b. 3.5
 - c. 5.5
 - d. 7.5
6. Virginians living in the highest poverty neighborhoods in the state are _____ times more likely to be diagnosed with HIV/AIDS than those living in the lowest poverty neighborhoods.
 - a. 1.5
 - b. 3.5
 - c. 5.5
 - d. 7.5
7. How does American life expectancy compare to that of other countries (based on 2005 data reported in the 2007 United Nations Human Development Report)?
 - a. #1
 - b. in the top 5
 - c. in the top 10
 - d. 21st place
 - e. 29th place
8. What affects health status in Virginia? (Select all that apply)
 - a. Health Care Access
 - b. Education
 - c. Good Friends
 - d. Discrimination
 - e. Housing

Answers: 1. True 2. c 3. African-American 18.8%, Hispanic/Latino 11.8%, Native American 9.9%, White American 7.6% 4. a 5. b 6. c 7. e 8. a-e

Take the quiz online: https://www.surveymonkey.com/s.aspx?sm=4aT8JJd1AcJD8Y1MIYvbNg_3d_3d