

# Health Equity Matters

Summer 2008

## From the Director

“Of all the forms of inequality, injustice in health is the most shocking and inhumane.” These words were spoken by Reverend Dr. Martin Luther King, Jr. over 40 years ago. While the health status of all Americans has improved significantly since that time, injustice in health continues to exist in the United States and in our Commonwealth.

## The Facts

Recent research estimates that nationally there are roughly 83,000 excess deaths among African Americans and 195,000 excess deaths among lesser educated adults compared to college educated adults every year. In fact, the United States ranked 14<sup>th</sup> in the world for life expectancy in 1980. In 2007, we ranked 29<sup>th</sup>. According to the Robert Wood Johnson Foundation, health inequity costs the United States more than \$1 trillion

## Models of Success

In an effort to support and enhance the health care workforce across the Commonwealth, the Office of Minority Health and Public Health Policy (OMHPHP) is preparing to call for all “model recruitment and retention health workforce programs.” If you

per year. The forthcoming 2008 Virginia Health Equity Report highlights health inequities that exist in Virginia by socioeconomic status (SES), race and ethnicity, gender, neighborhood and geography. Not only are the most disadvantaged Virginians at increased risk for a multitude of adverse health outcomes, Virginians in the middle experience poorer average health outcomes than those with the greatest level of social and economic advantage. Eliminating health inequities should be a priority for all Virginians.

## Take Action

I am often asked by my colleagues and other health professionals, “What specifically can I do to support efforts to eliminate health inequities?” My immediate response is, “The first step is to recognize that health inequities are systematic, avoidable and unjust because they result from social

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are a community or medical facility that has demonstrated success in recruiting and/or retaining your health care workforce, then prepare to submit your nomination.

In January 2009, the OMHPHP will  
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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 pursuit of 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 on the Office of Minority Health and Public Health Policy website ([www.vdh.virginia.gov/healthpolicy](http://www.vdh.virginia.gov/healthpolicy)).

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*“Of all the forms of inequity, injustice in health is the most shocking and inhumane.”*

*Reverend Dr. Martin Luther King, Jr.*

and economic policies, practices and conditions that disadvantage certain populations and create barriers to opportunities to live productive and healthy lives.” This recognition requires a different framework, one that is supported by research demonstrating that individual and neighborhood-level socioeconomic status are strongly associated with most of the major causes of death, even after controlling for access to health care, health behaviors and other risk factors. This framework recognizes the importance of promoting social justice by addressing the unequal distribution of social determinants of health—such as income, education and wealth; discrimination

by class, race or gender; quality and affordable housing; healthy neighborhood environments; social support and social capital; transportation; working conditions and others.

### The New Framework

The new framework by no means diminishes the good work that leads to improved access to quality health care, behavior change, etc. Rather, it demands that our focus in these areas be informed by a commitment to advance health equity and social justice. Within the health care setting, that means:

Assuring that all patients have access to and receive culturally and linguistically appropriate and high quality health care

Making office hours conducive to the schedules of patients who do not have paid leave or work non-traditional hours

Linking disadvantaged patients to needed social and economic services and resources within their communities in order improve compliance

Participating in or leading com-

munity efforts to promote health equity

Advocating for improvements in the social determinants of health and for social justice

Within efforts to promote healthy behaviors, a commitment to health equity and social justice includes:

Recognizing that behaviors are influenced by much more than knowledge of healthy practices

Focusing on a multi-level approach to health promotion that involves evidence-based interventions targeting individual, interpersonal, organizational, community and policy factors that influence health

Using a community based participatory approach that involves disadvantaged communities as equal partners in identifying community problems and assets; researching issues that are community priorities; developing, implementing and evaluating interventions; and promoting social change

Forming diverse partnerships

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## Models of Success *continued from page 1*

begin its call for nominations for individuals and organizations that have been involved in successful initiatives addressing health care workforce shortages. Previous award recipients are featured on the OMHPHP's Health Care Workforce Web site. We are looking forward to receiving your nomination.



## From the Director *continued from page 2*

across sectors that influence health (health care, faith communities, non-profits, education, housing, transportation, social services, economic development, planning, law enforcement, etc.)

### Social Determinants of Health

Ultimately, eliminating health inequities requires addressing the social determinants of health and their unequal distribution. While this focus is new to many of us in the health and medical communities, the reality is that expert panels from around the world have been studying this issue for many years. Several commissions have been formed or have released reports with recommendations on the policies (health, social and economic) that are necessary to achieve health equity. In addition to partnerships across sectors, implementing healthy policies requires public policy makers to appreciate the health effects of social policies that may not appear to directly affect health. Some examples include:

Conducting Health Impact Assessments (HIA) on all public policies that have the potential to significantly affect health and health equity. This includes developing an understanding of the interactive effects of cross-sectoral policies on health and implementing new policies based on this new awareness

Advocating for and implementing policies that improve SES, such as equalizing educational quality

in impoverished communities; establishing a living wage or minimum wage tied to inflation; reducing child poverty; undoing policies and practices that enforce residential racial segregation

Advocating for and implementing policies that buffer the effects of low SES, such as creating safe places to be physically active and increasing access to healthy foods through zoning, partnerships and tax incentives; reducing workplace hazards and expanding health promoting policies; increasing availability of quality and affordable housing

### Our Role

The work my office is engaged in provides some specific examples of how organizations can promote health equity and social justice. As our framework for action demonstrates, our mission and vision guide our programmatic work. At the core of this work are data analysis and research to define the distribution of health, disease, health care resources and social determinants of health; and to identify local high priority target areas. Our programmatic areas focus on health care policies that promote health and the engagement of disadvantaged communities. These priorities advance health equity by promoting access to quality health care, healthy public policy and healthy and empowered communities. We hope that you, too, will join us in our efforts to advance health equity for all Virginians.

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

## Golam Rabbani Joins OMHPHP



Golam Rabbani recently joined the Office of Minority Health and Public Health Policy as the Culturally and Linguistically Appropriate Health Care Services (CLAS) Act Coordinator. Golam is a veteran of the Commonwealth of Virginia and has worked for the Virginia Department of Health (VDH) for almost 10 years. During that time he worked in the Office of the Commissioner and the Office of Human Resources. Prior to working with the Commonwealth in 1989, Golam worked for the City of Richmond and Anthem Blue Cross and Blue Shield. He received his Masters of Public Administration from Virginia Commonwealth University and is involved in various community activities, including serving on the boards of various civic organizations.

## Introducing InsureMoreVirginians.net

# InsureMoreVirginians.net

Expanding health coverage through education

Getting health coverage is one of the most important things we can do to protect ourselves and our families. Yet, between 750,000 and one million Virginians are without health coverage. Some people go without health coverage by choice. Most go without coverage because they cannot afford it or because they do not know how to find coverage that works for them.

Knowledge is power when it comes to finding health coverage. The more we know about the value of health coverage, the different kinds of options available and which options best meet our needs, the better equipped we are to make the good decisions for ourselves, our families and our

businesses. As consumers, we need a place we can get educated about health coverage. InsureMoreVirginians.net was created to meet that need.

InsureMoreVirginians.net is a new Web site dedicated to expanding health coverage by educating Virginians about the value of health coverage, their health coverage options and how to acquire health coverage. The Web site serves three kinds of customers:

1. Individuals who can afford private health coverage but need more information
2. Individuals who cannot afford private coverage and need to find other options

3. Small business representatives who would like to learn more about their group health coverage options

Visitors to the site will find dozens of short articles, tools and links to help them make informed decisions about health coverage. InsureMoreVirginians.net has no commercial affiliation and does not endorse any particular product. The project is simply intended to make the best information available to consumers.

The idea for InsureMoreVirginians.net originated with an advisory group formed as part of Virginia's State Planning Grant from the U.S. Department of Health and Human Services. Building upon this idea, staff from the Virginia Department of Health and Community Health Resource Center, Inc. (CHRC) worked together to craft

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## Health Equity in Action

The Office of Minority Health and Public Health Policy (OMHPPH) sponsored a Health Equity Training of the Trainer (TOT) course on Tuesday, May 27, 2008. Thursa D. Crittenden, outreach coordinator for minority health issues, facilitated the course, which utilized the PBS series "Unnatural Causes: Is Inequality Making Us Sick?" to teach participants how to lead presentations and discussions about health equity. Individuals from Northern and Southside Virginia, Hampton Roads, and Greater Richmond quickly filled the 20 available

seats. Participants engaged in robust discussions about health inequities; shared information about their programs and services; asked probing questions about the work of OMHPPH; and explored ways to use the "Unnatural Causes" series to promote health equity in their organizations and communities. There will be many TOT sessions planned throughout the year.

### *2008 Loan Repayment Awards*

*The Office of Minority Health and Public Health Policy received 32 applications and awarded over \$900,000 to 22 practitioners who are serving in Virginia's underserved communities, including community health centers, a rural health clinic and a critical access hospital.*

## Introducing InsureMoreVirginians.net *continued from page 4*

the concept which led to this Web site. InsureMoreVirginians.net is produced by the Community Health Resource Center under a contract with the Virginia Department of Health. According to CHRC Executive Director Steve Horan, InsureMoreVirginians.net is a community partnership. "We will depend on hundreds of partners from health, business, education,

government, philanthropy and beyond to spread the word about this new resource. The vision is that no Virginia individual, family or business will go without health coverage for lack of knowledge about their options." Learn more at InsureMoreVirginians.net.

*"...no Virginia individual, family or business will go without health coverage for lack of knowledge about their options."*

## Virginia's State Rural Health Plan

During 2007, and early 2008, the Office of Minority Health and Public Health Policy (OMHPHP) lead an initiative to create a statewide rural health plan for Virginia. The OMHPHP, which includes the state's Office of Rural Health, initiated the planning process in June 2007, in conjunction with its Medicare FLEX program planning conference.

Virginia's State Rural Health Plan (VA-SRHP) identifies critical rural health issues and recommends strategies. It also serves as a reference tool to support future discussions. VA-SRHP includes an analysis of the barriers and challenges to health care (such as transportation, access and workforce); factors that contribute to community health (such as, infrastructure, emergency medical services, economic development, education and numerous other social determinants of health); and quality enhancements (such as improved quality assessment strategies and the utilization of health information technology, telehealth and telemedicine).

The OMHPHP is committed to rural Virginia and to enhancing the quality of life for rural citizens. The goal of VA-SRHP is to use the analysis and strategies to improve rural health, not just the delivery of services. The plan aims to:

- Document key rural issues identified by stakeholders
- Assess the most pressing current conditions of rural health services, systems and health status
- Define basic planning principles that should be considered when addressing rural needs
- Provide a vision of fundamental services required to advance improvement in rural health
- Define rural versus non-rural populations
- Present strategies and future programs that could be implemented at various levels of state government and by private organizations to build a more positive future

for rural health

Suggest focus areas for future initiatives

Provide recommendations for state rural funding activities and the alignment of resources

The plan is divided into four broad areas, each represented by stakeholder-driven work groups: access, quality, data and rural definitions and workforce.

Over the next several months, Virginia will work with its rural partners to begin implementation of the recommendations and to establish benchmarks that will measure progress. Partners will revisit the plan annually to ensure that it remains current, active and relevant to rural Virginia.

Read more about Virginia's State Rural Health Plan online:  
[www.va-shrp.org](http://www.va-shrp.org).

Virginia's State  
**Rural Health Plan**  
[www.va-srhp.org](http://www.va-srhp.org)

## Working with Latino Populations



As part of the Culturally Appropriate Public Health Training Series, the CLAS Act Initiative hosted the “Working with Latino Populations” seminar on Wednesday, May 21. With over 300 participants from 30 sites around the state, the training reached a diverse

audience statewide. Miligratos Flinn, the hispanic coordinator for Virginia Commonwealth University, lead a rich dialogue addressing the following topics as they relate to the foreign born Latino population in Virginia: demographics, economic and political background, social characteristics, language, understanding the U.S. health care system, cultural practices related to health, naming conventions, the family concept, the authority concept, folk medicine, nutrition, sanitation and

food preparation.

The CLAS Act Initiative thanks the site facilitators at each of the health districts, because these trainings would not be available without their assistance.

The series will continue in 2008 with presentations on “Working with Asian Populations” on July 31 and “Working with Muslim Populations” on October 1.

## Virginia Acute Stroke Telehealth Network (VAST) Pilot Project

A stroke quality improvement initiative in the Central Shenandoah Region



*Dr. James Redington, Bath's chief medical officer, receives training on the RP7 Controller*

Virginia's incidence and mortality rates for stroke are among the highest in the nation.

The American Stroke Association says to effectively combat stroke, an integrated system of care that includes the following components, must be in place (Stroke. 2005; 36:690.):

1. Primary prevention
2. Community education
3. Notification and response of emergency medical services
4. Acute stroke treatment
5. Subacute stroke treatment and secondary prevention
6. Rehabilitation
7. Continuous quality improvement initiatives

Unfortunately, throughout the country, as in Virginia—especially in rural and underserved communities—these components often operate in isolation of one another. For Virginia, poor stroke recognition and an inefficient system of stroke care has resulted in

fewer than two percent of eligible stroke patients receiving the time-sensitive, brain-saving thrombolytic therapy called t-PA.

The Virginia Department of Health, Office of Minority Health and Public Health Policy is partnering with the Virginia Telehealth Network (VTN) to integrate and enhance Virginia's stroke system of care through the Virginia Acute Stroke Telehealth Network (VAST) initiative. Funded by a National Office of Rural Health Policy grant, the program is being piloted in the Central Shenandoah region.

VTN is collaborating with the Virginia Stroke Systems of Care Task Force, the Central Shenandoah Emergency Medical Services Council and hospi-

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## Virginia Acute Stroke Telehealth Network (VAST) Pilot Project *continued from page 6*



*RP7 in Bath's emergency room visiting with Ms. Jenny May, CNA*

tals in the region—Bath Community Hospital (a Critical Access Hospital), the University of Virginia, Rockingham Memorial and Augusta Medical Center—to assess the stroke systems of care from a regional viewpoint. Initially, focus will be on the stroke system's first four components. Opportunities to enhance the quality and timeliness of stroke care will be identified and then addressed through a combination of clinical best practices and advanced health information technologies.

One intervention is the use of the RP7 robot—a mobile audio-video wireless

platform—that will seamlessly connect Bath's emergency room doctors with regional stroke neurologists. Using a laptop and joystick, an on-call neurologist—at their home, office or clinic—can be at a patient's bedside via the RP7 within minutes to consult with the emergency room physician and assess a stroke patient. The same setup will be implemented at the University of Virginia's Emergency Department. Other applications for the

RP7 will also be explored.

Through VAST and the significant contributions in time and effort of health care providers in the Central Shenandoah Region, valuable tools and methods will be developed, leading the way for a stronger stroke system of care throughout the Commonwealth.



*Shown here (left to right) are: Senior PICU fellow Dr. Rick Lehman, UVA Office of Telemedicine Director Gene Sullivan, UVA Office of Telemedicine Medical Director Dr. Karen Rheuban, and Stroke Educational Coordinator Lorna Ballowe, RN. Appearing on the RP-7 screen is PICU Patient Care Manager Annette Stiltner, RN.*

## A Call to Action: The Eastern Virginia Regional Summit on Infant Mortality

Infant mortality is defined by the number of infant deaths before age one per 1,000 live births. The Center for Disease Control and Prevention ranked Virginia's infant mortality rate as the 19<sup>th</sup> highest in the nation. In 2006, there were 7.1 deaths per 1,000 live births in the Commonwealth. The infant mortality rate for African

American women was 2 ½ times higher than for White women (13.8 infant deaths per 1,000 live births compared to 5.5 infant deaths per 1,000 live births). In addition the risk of infant death among women with the lowest level of education was 2.1 times higher than the risk for women with the most education (9.7/1,000

compared to 4.6/1,000).

The state's infant mortality rate reflects the health of the mother prior to and throughout pregnancy, behaviors, family and social support, family and community socioeconomic conditions, access to quality

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## A Call to Action: The Eastern Virginia Regional Summit on Infant Mortality *continued from page 7*



health care across the lifespan, stress, and other factors. As such, Virginia is addressing this issue utilizing several approaches, from researching the causes of infant mortality to promoting healthy prenatal care among at-risk populations. Further, the Office of Minority Health and Public Health Policy is engaged in raising awareness about health inequities that result from the unequal distribution of opportunities for lower socioeconomic status, racial and ethnic minority, and rural individuals to have healthy babies. Women living in poverty, substandard housing, high levels of stress, limited access to health care, with exposure to drugs, alcohol, and pollutants are more likely to experience an infant death.

In keeping with the Governor's com-

mitment to reduce the number of babies that die in the Commonwealth, in 2007, one-time only "Request for Results" grants were given to local health districts based on the numbers and rates of infant deaths reported between 2001-2005. Grantees were asked to focus on ideas about how to reduce the number of babies who die in their first year of life and to develop workable strategies.

Using "Request for Results" funds, Eastern Region health districts partnered with the Eastern Virginia Perinatal Council and the March of Dimes to plan the Eastern Virginia Regional Summit on Infant Mortality. The summit, held on April 25, 2008, in Norfolk, VA, was designed to bring key stakeholders together to achieve the following goals:

- Ensure action and advocacy to reduce negative pregnancy outcomes;

- Educate attendees about the status of infant mortality in the region to ensure the development of activities and initiatives, influence policy and dedicate resources to lower the infant mortality rate to

- seven per 1000 births; and

- Establish an Eastern Regional Infant Mortality Reduction Coalition to develop regional goals and action steps to address prevention, health care services and community involvement

Almost 200 stakeholders including health professionals, community and government leaders and elected officials attended the one-day summit. Among the many Virginia Department of Health officials in attendance, State Health Commissioner Dr. Karen Remley had the pleasure of introducing Governor Tim Kaine. The Governor provided edifying and thought-provoking remarks at the beginning of the summit and Congressman "Bobby" Scott ended the summit with stirring and inspirational remarks. Senator Yvonne Miller was also in attendance.

Dr. Michael O. Royster, Director, Office of Minority Health and Public Health Policy spoke at the Eastern Virginia Regional Summit on Infant Mortality in Norfolk, VA about inequities in birth outcomes and their association with social determinants of health and social injustices.

Other summit speakers addressed an array of topics related to infant mortality, including cutting edge research in pre-maturity, SIDS,

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*For more information or to share insights about reducing infant mortality, contact:*

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*Mary Beth Kavinsky - [kavinsmb@evms.edu](mailto:kavinsmb@evms.edu)*

*Sara Long - [slong@marchofdimes.com](mailto:slong@marchofdimes.com)*

## A Call to Action: The Eastern Virginia Regional Summit on Infant Mortality *continued from page 8*

and gaps in service. At the end of the day, attendees participated in a robust “Call to Action” and agreed to focus on three strategies to address infant mortality in the eastern region:

- 1) Improve women’s health in general under the banner of “Every Woman, Every Time”
- 2) Develop a regional approach to reform Medicaid in eastern Virginia
- 3) Engage communities

The Eastern Virginia Perinatal Council agreed to lead the regional effort and host a summit follow-up meeting on August 1, 2008. OMHPHP’s Outreach Coordinator for Minority Health, Thursa Crittenden, is working with the council and other interested parties to develop long term strategies to improve birth outcomes and eliminate inequities in the region.