

The State of Health Equity in the Commonwealth

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Office of Minority Health
& Public Health Policy

Advancing Health Equity For All Virginians

VDH VIRGINIA
DEPARTMENT
OF HEALTH
Protecting You and Your Environment

Objectives

- Review mission and vision of OMHPHP
- Review purpose and health statistics from VDH Health Equity Report and other sources
- Discuss strategies to promote health equity

Office of Minority Health and Public Health Policy

- Vision: *Advancing **health equity** for all Virginians*
- Mission: *To identify **health inequities**, assess their root causes, and address them by promoting **social justice**, influencing policy, establishing partnerships, providing resources, and educating the public*

Definitions

Health Disparities- *“a population where there is a significant disparity [difference] in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population.”* - Minority Health and Health Disparities Research and Education Act, 2000

Definitions

Health Inequities- “Disparities in health [or health care] that are systematic and avoidable and considered unfair or unjust.” - Troutman, 2006

Health Equity- “The absence of systematic disparities in health ... between groups with different levels of underlying social advantage/disadvantage- that is wealth, power, or prestige.” - Braveman, 2003

Social Justice

A virtue that, when achieved, results in equitable (fair) access and exposure to social, economic, and political resources, opportunities, burdens and their consequences

Social Determinants of Health (SDOH)

Including, but not limited to:

Socioeconomic status

- Education, income, job status

Discrimination

- e.g. class, race, gender

Housing

Childhood social and economic exposures

Food security

Physical environment

Culture

Social support & capital

Health care services

Transportation

Working conditions

Democratic participation

SDOH Interact to Influence Health

- Determine behavioral options and access to care
- Influence exposure to environmental risks
- Create chronic, toxic stress that affects mental and physical health
- Act across the life span and generations

Importance of Social Determinants of Health

- Social determinants predict the greatest proportion of health status variation
- SDOH are “fundamental causes of disease” -Link and Phelan, 1995

Unequal Health Across the Commonwealth

A Snapshot



Virginia Health Equity Report 2008

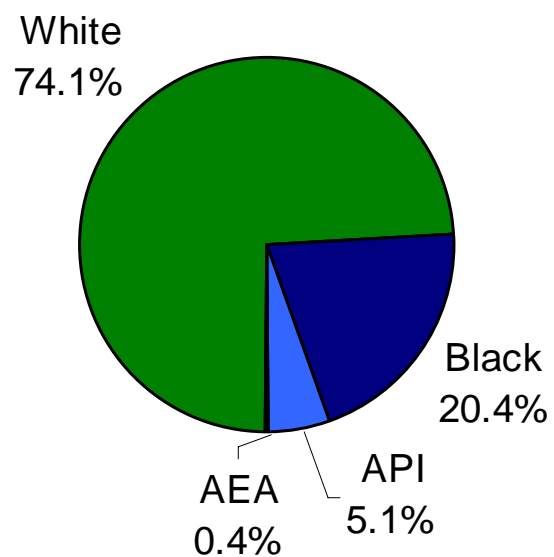
<http://www.vdh.state.va.us/healthpolicy/>

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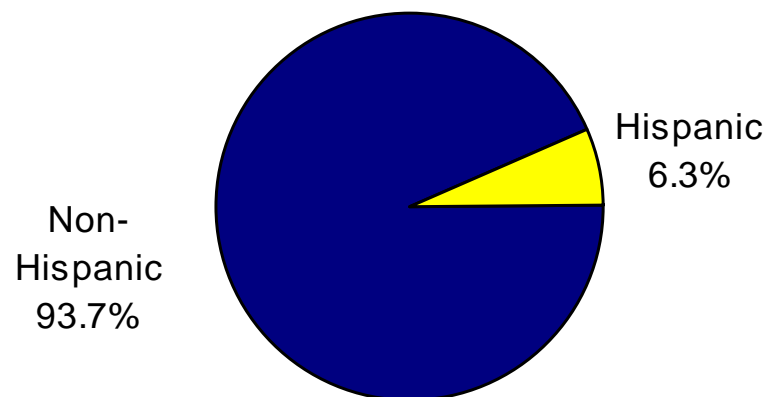
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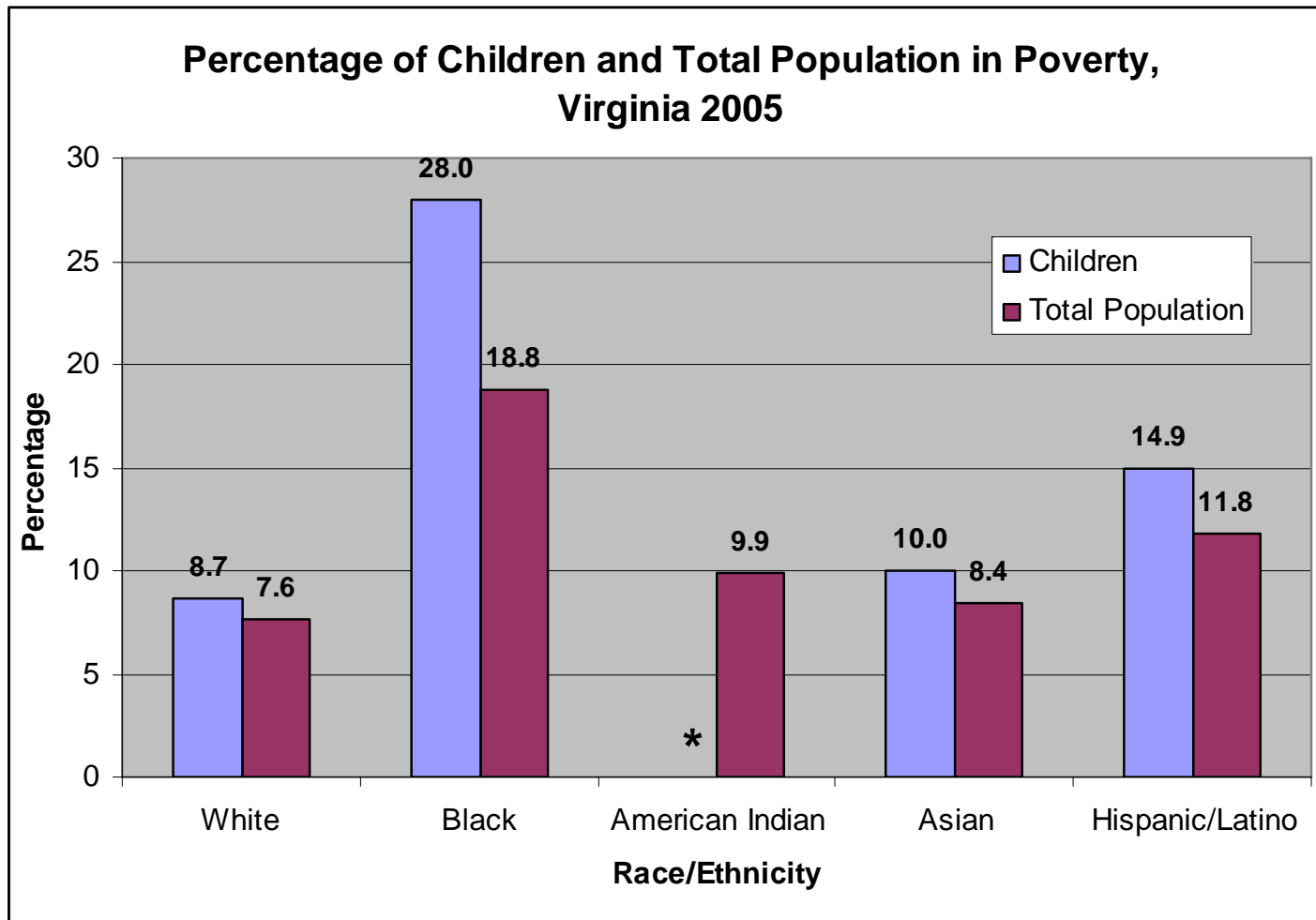
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**Estimated
Population by Race
Virginia, 2006**



**Estimated Population by
Ethnicity
Virginia, 2006**



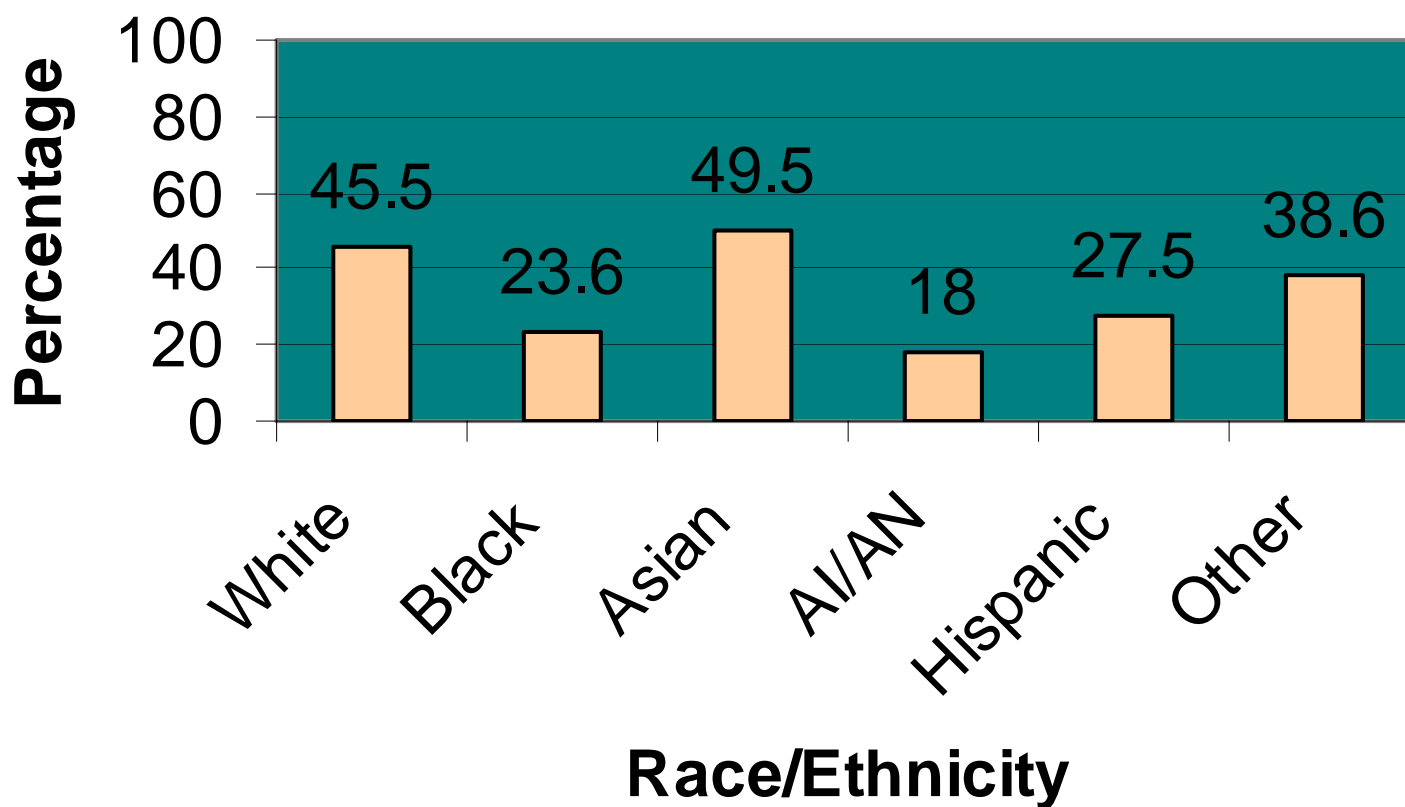


* Small numbers, unreliable rate

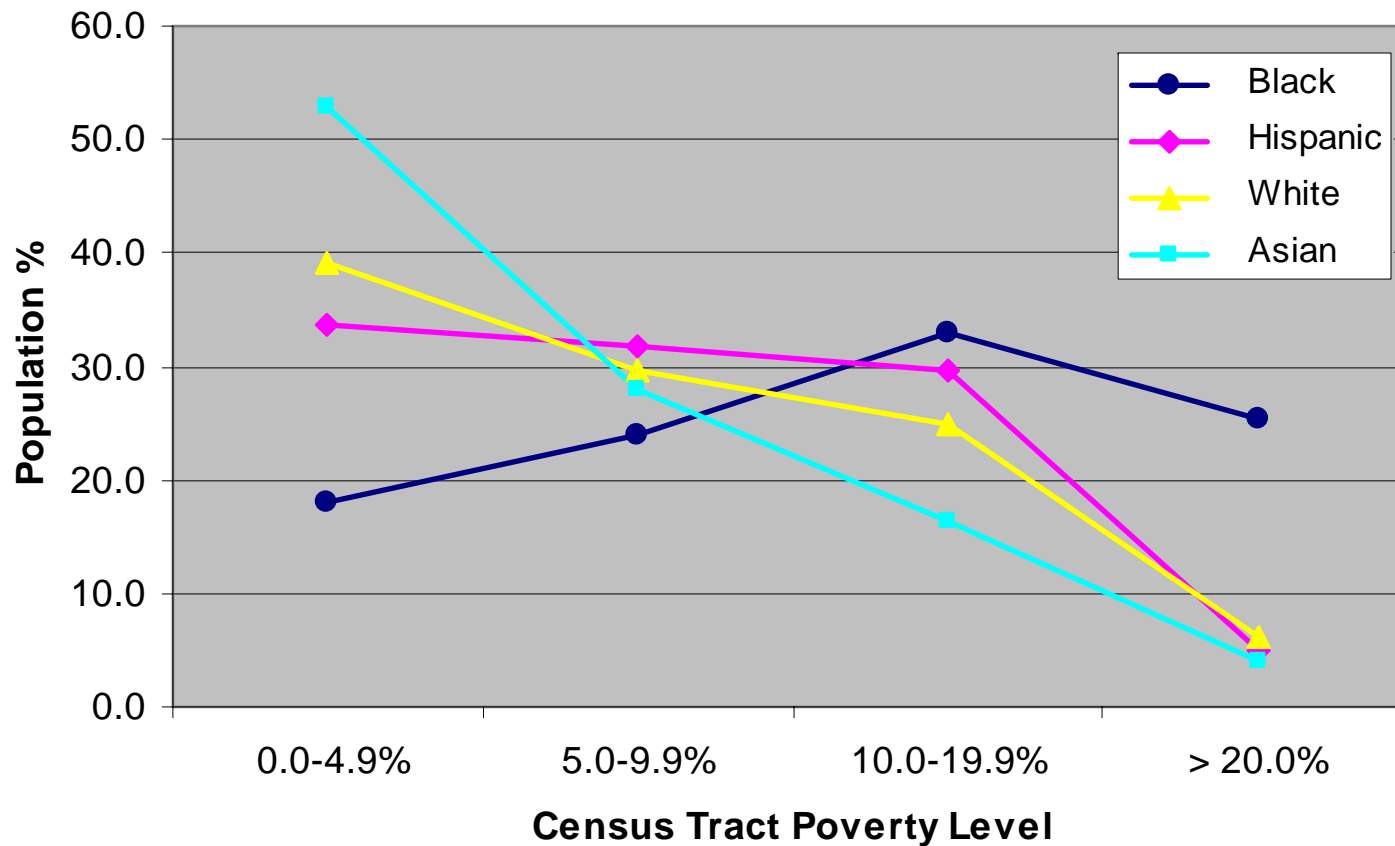
Source: US Census Bureau, American Community Survey

Virginia Behavioral Risk Factor Surveillance Survey (BRFSS), 2001-2004

Percent of Households Earning \$50,000 and Over

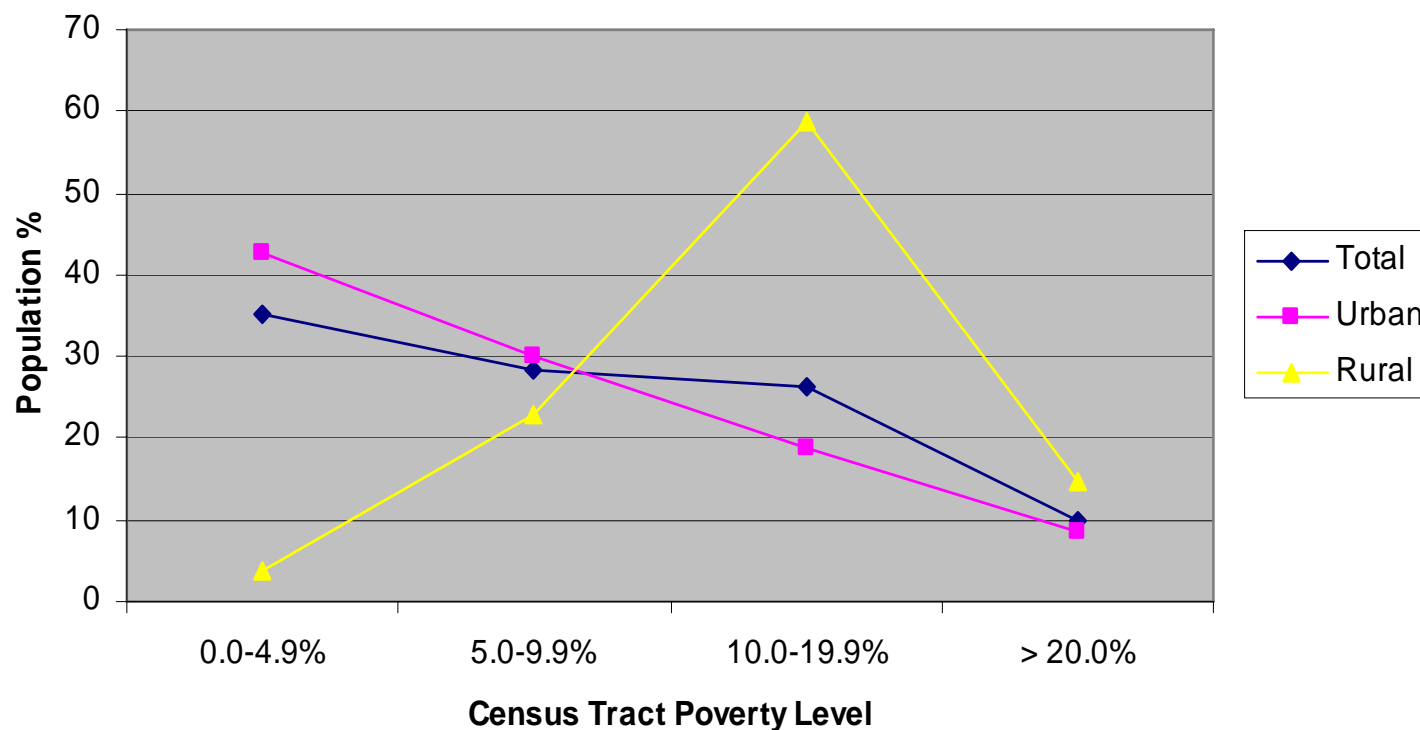


Distribution of Population by Race/Ethnicity and Census Tract Poverty Level, Virginia 2000

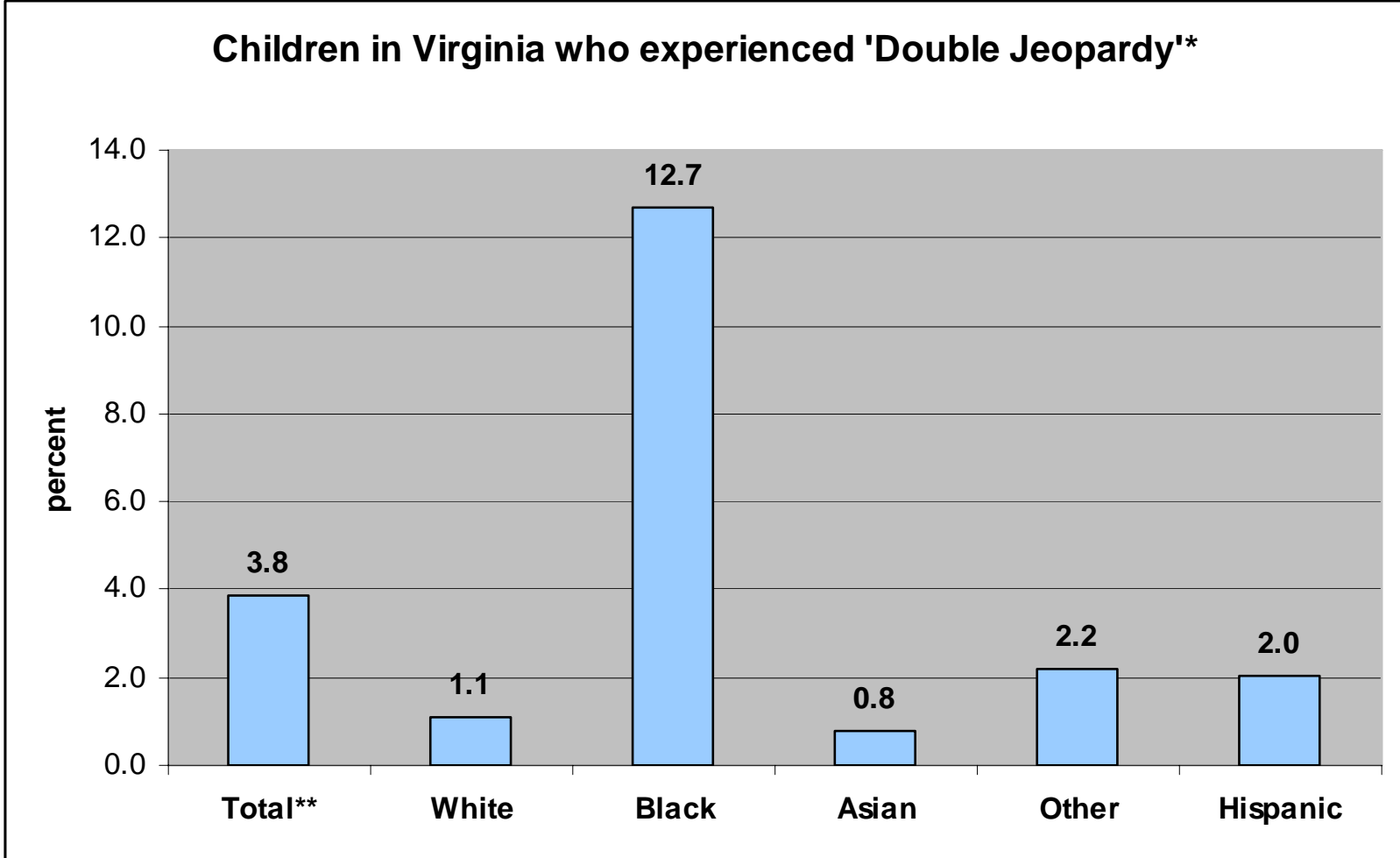


Source: US Census 2000; poverty (SF3, P87); race (SF1 P7); Hispanic ethnicity (SF1 P4).

Distribution of Urban and Rural Populations, by RUCA* and Census Tract Poverty Level

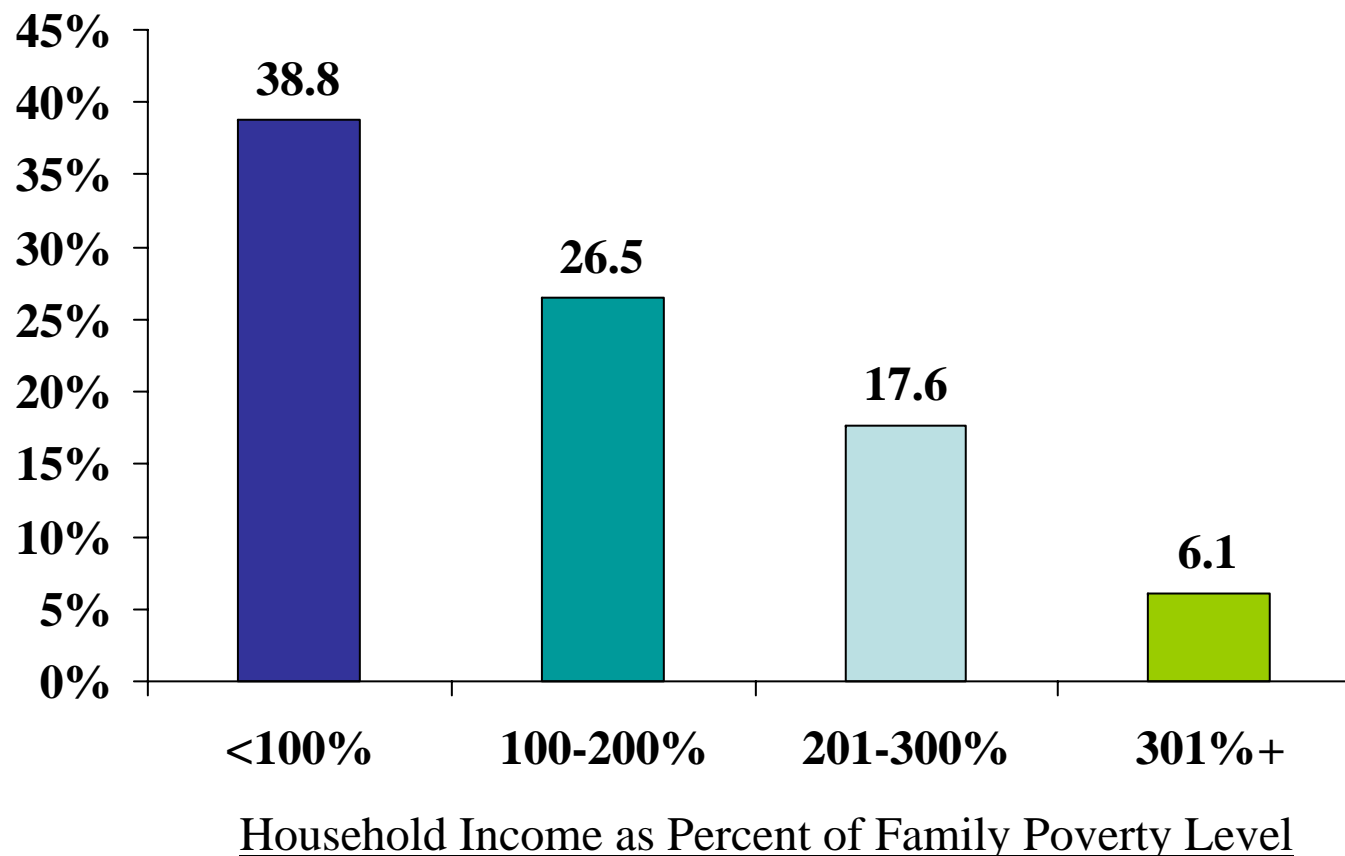


* 2000 Rural-Urban Commuting Area Codes (RUCA) were used to define Urban (Codes 1-3) and Rural (Codes 4-10).



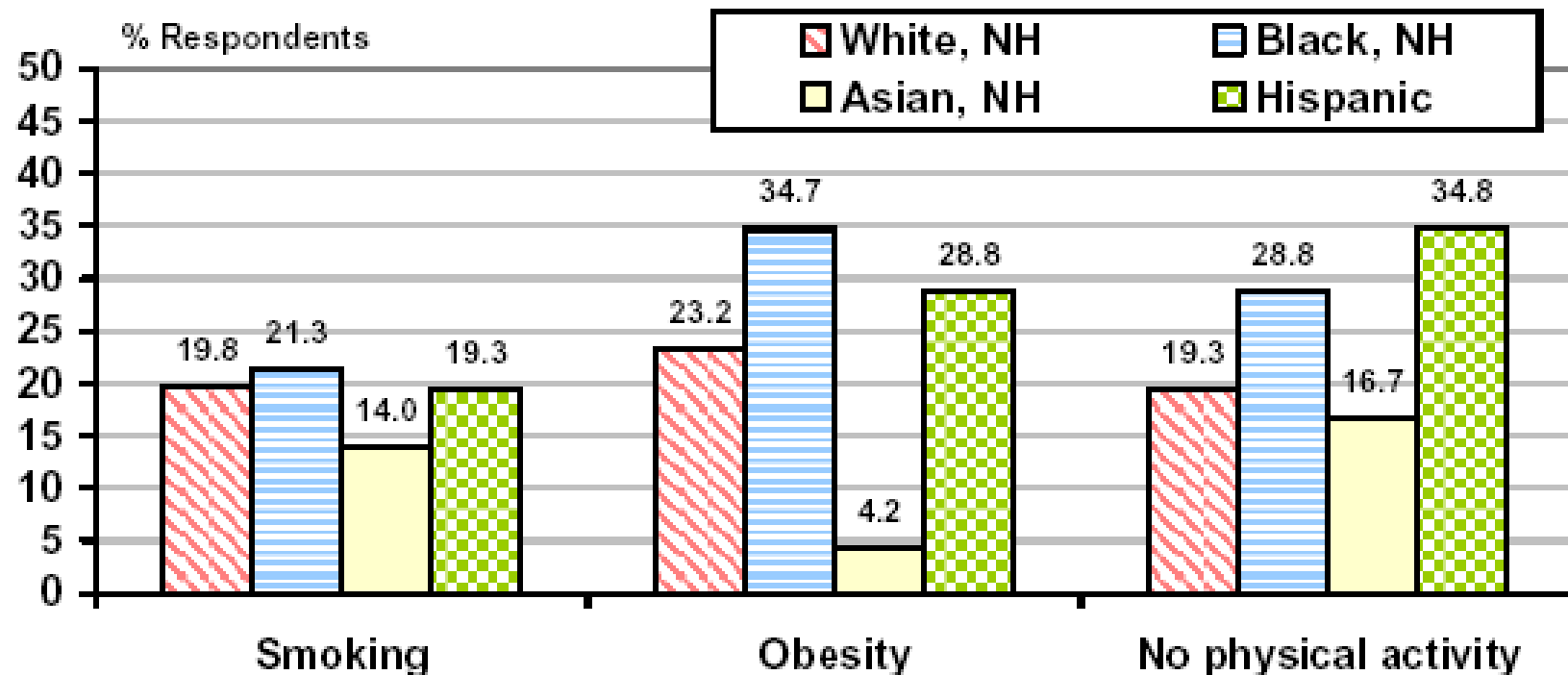
* Double Jeopardy describes children (under 18 years old) that live in poor families and in poor neighborhoods. Poor neighborhoods are defined as census tracts (CTs) with greater than 20.0% poverty. The racial categories include persons of Hispanic and non-Hispanic origin; 'Other' includes American Indian, Alaska Native, Native Hawaiian and other Pacific Islander, some other race alone, and two or more races. **Total number of children living below the federal poverty level reflects the sum of the four racial categories since Hispanic ethnicity could not be determined for each race. Source: Census 2000, SF3, P159.

Uninsured Rates by Household Income Virginia, 2005-2006



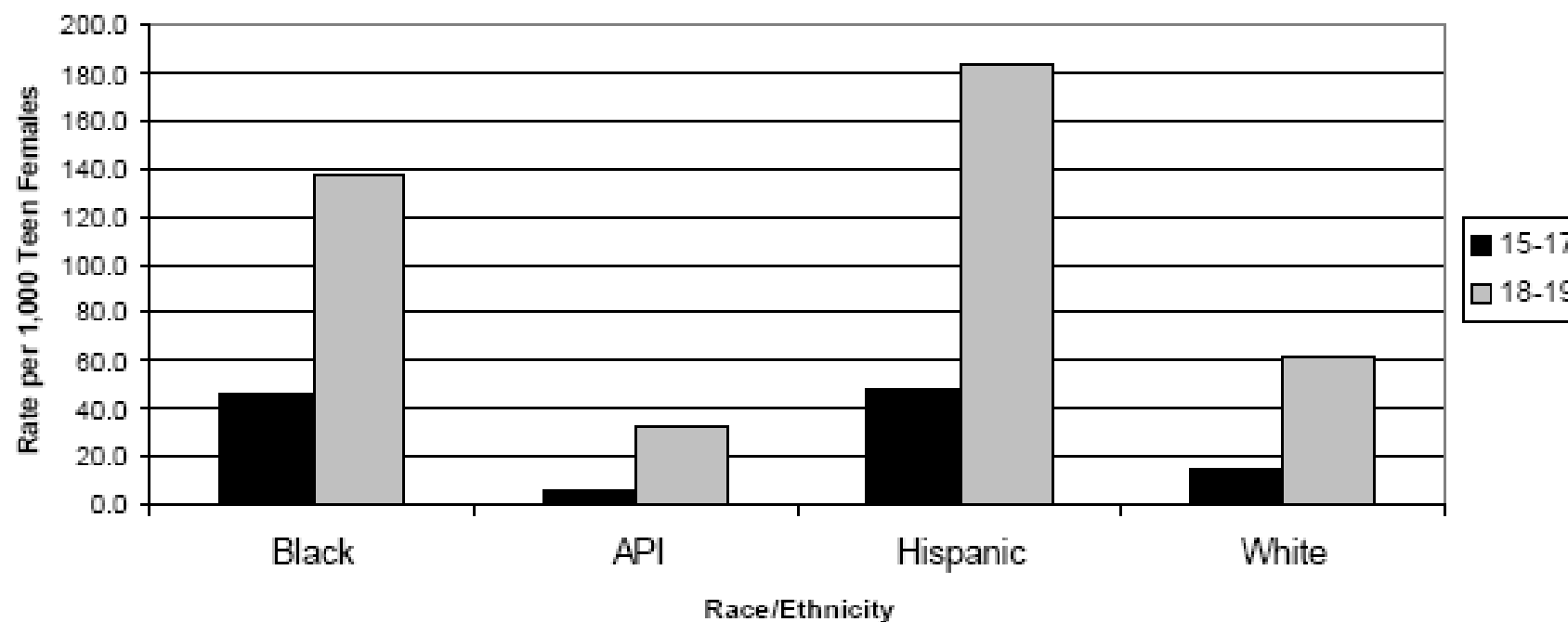
Source: Urban Institute Tabulations of the 2005 and 2006 Annual Social and Economic Supplement to the Current Population Survey

Figure 2 - Cancer Risk Behaviors by Race & Ethnicity, Virginia, 2004-2006



Source: Behavioral Risk Factor Surveillance System, 2004-2006. Percentages represent adults who engage in cigarette smoking either every day or some days; adults who have a body mass index (BMI) \geq 30; and adults who did not participate in any physical activity or exercise outside of their job during the past 30 days. Percentages are population-weighted.

**Chart 20: Teenage Pregnancy Rates by Race/Ethnicity
Virginia, 2006**



Source: Virginia Division of Health Statistics

Resident Teen Pregnancy Rates by Race and Ethnicity Virginia 1995-2006

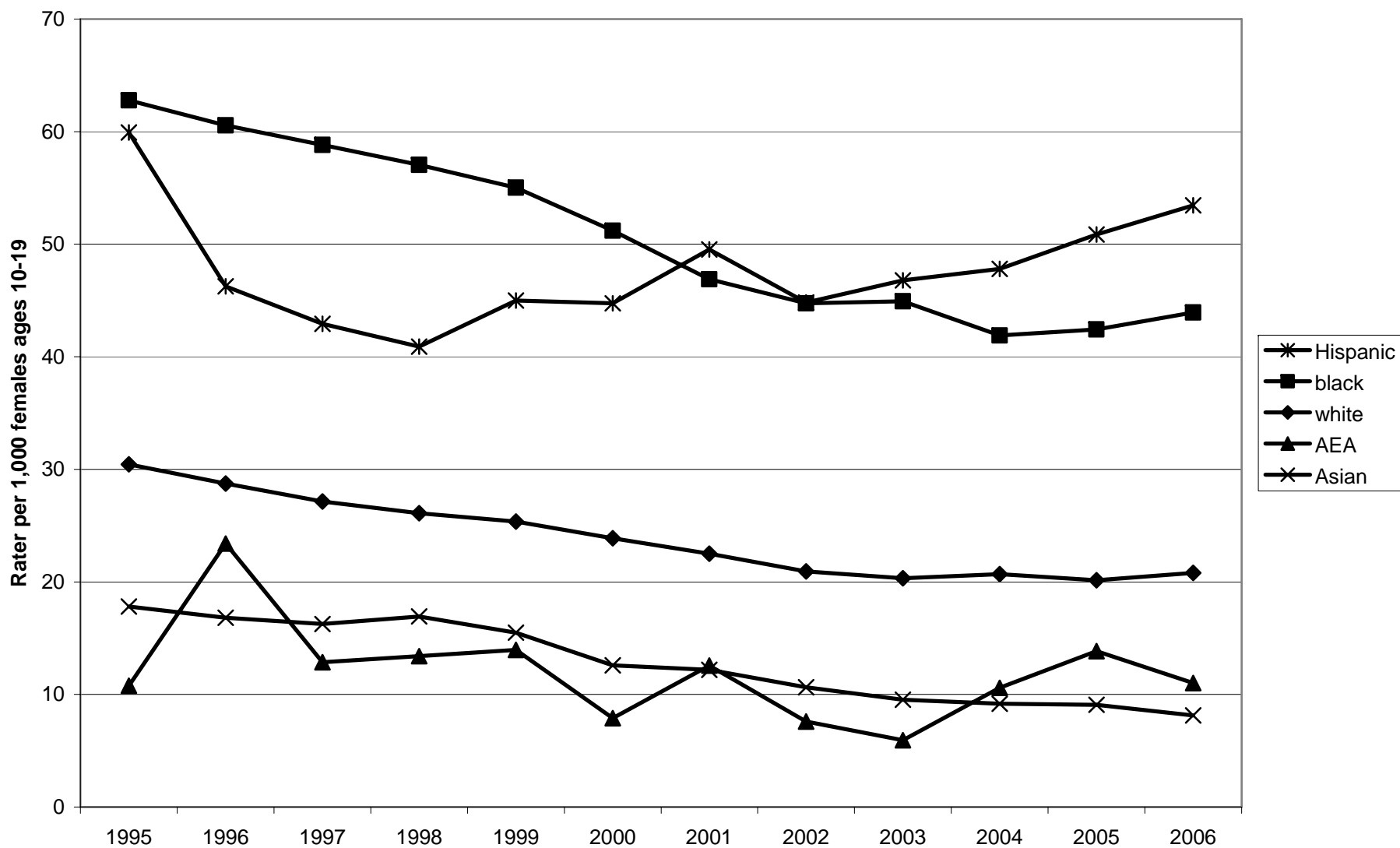
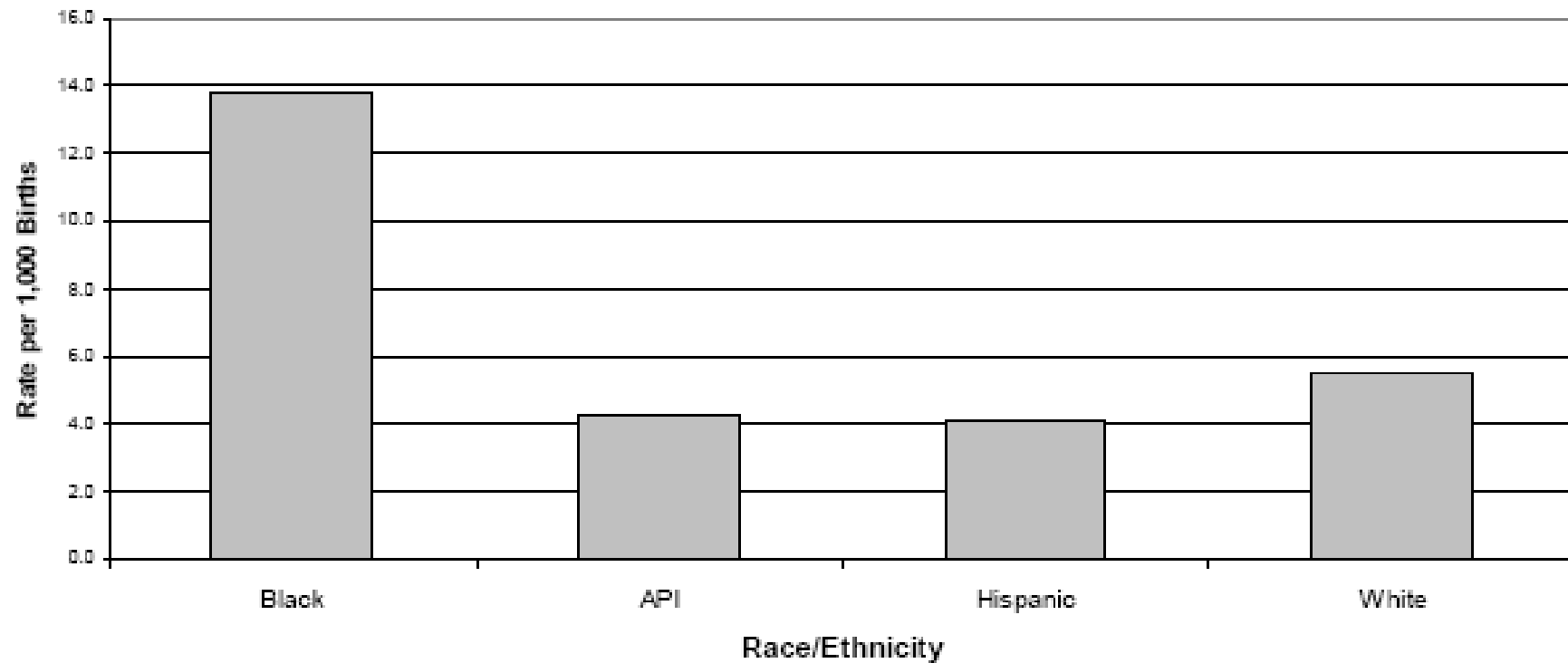
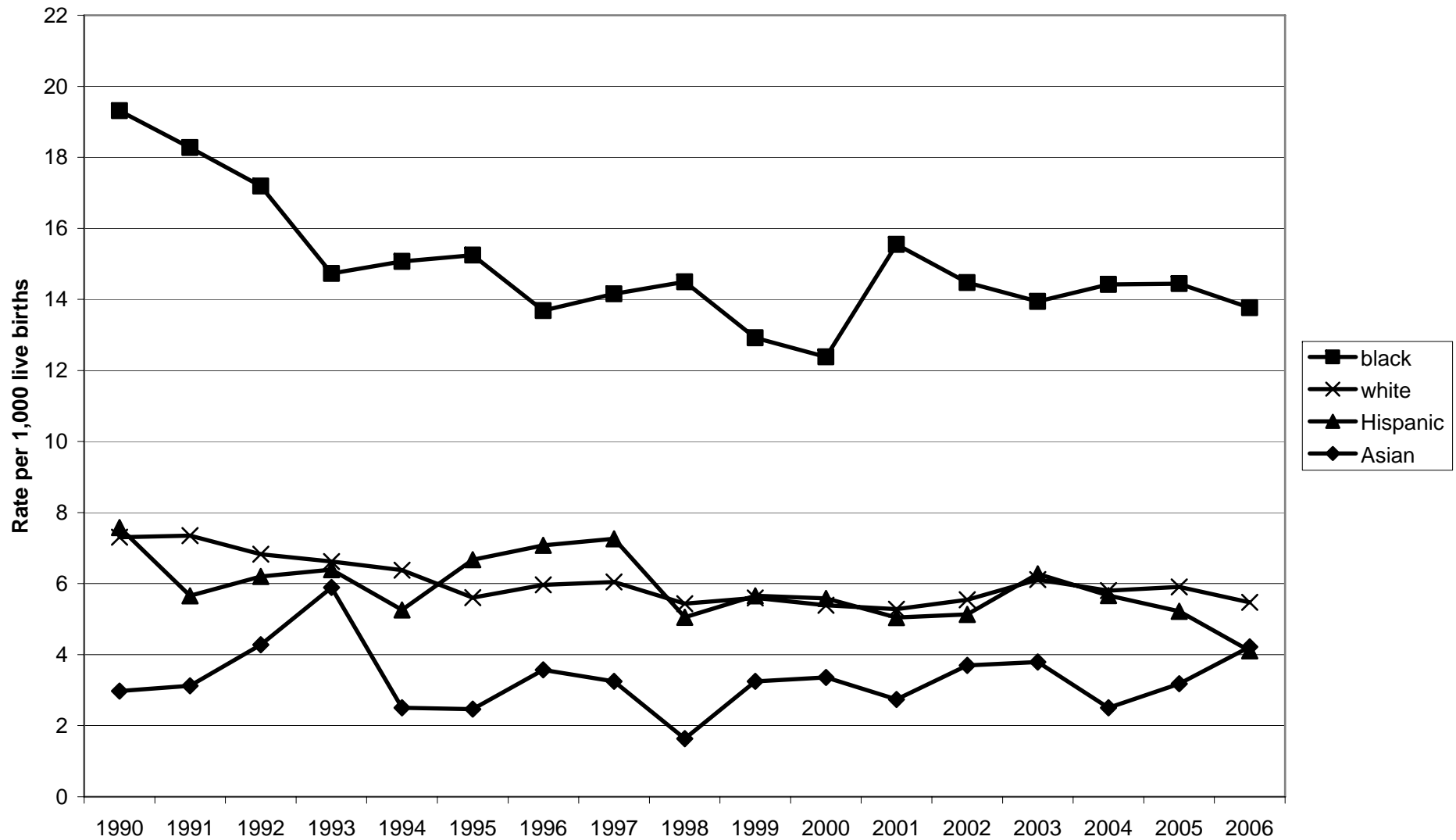


Chart 22: Infant Deaths by Race/Ethnicity, Virginia, 2006

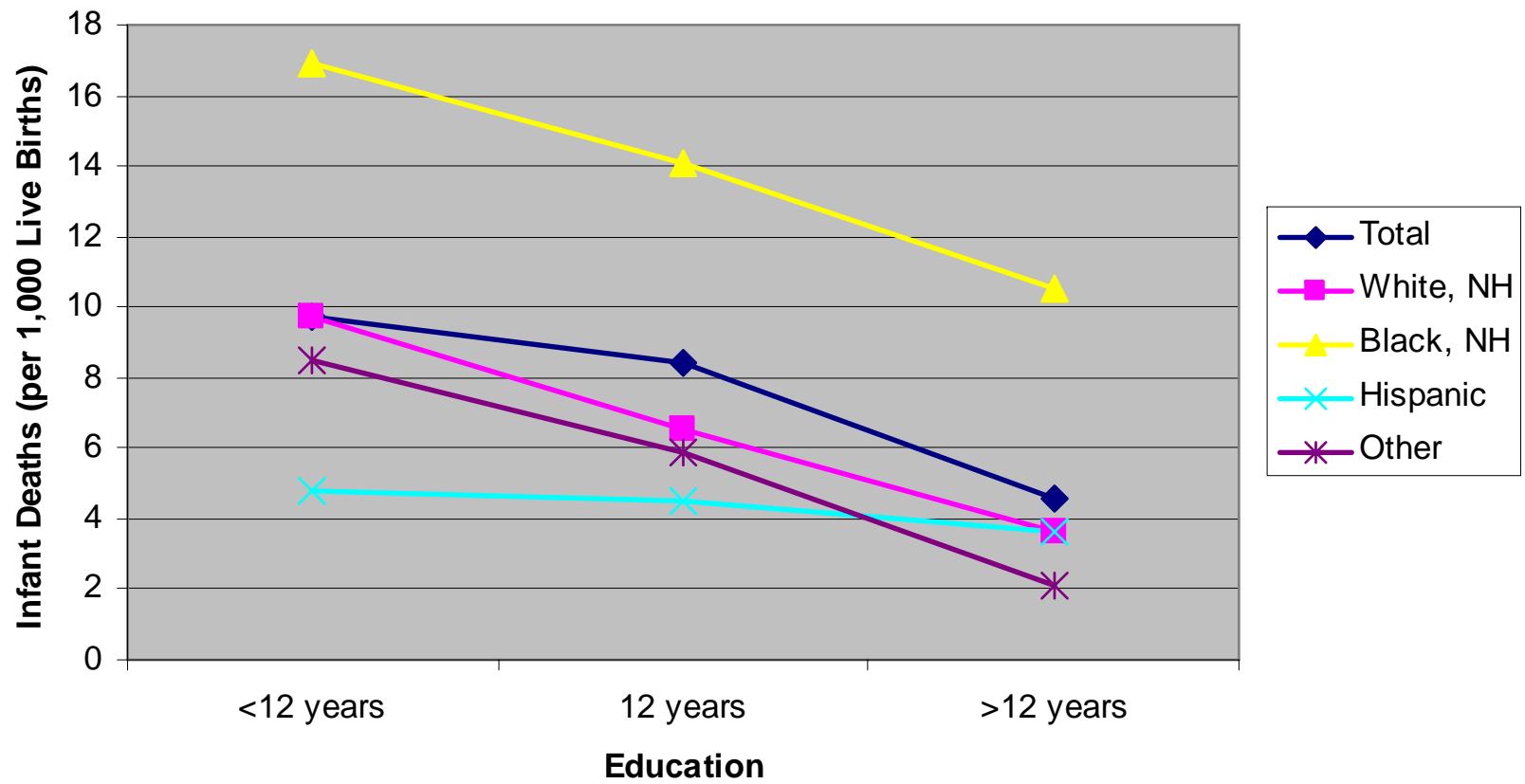


Source: Virginia Division of Health Statistics

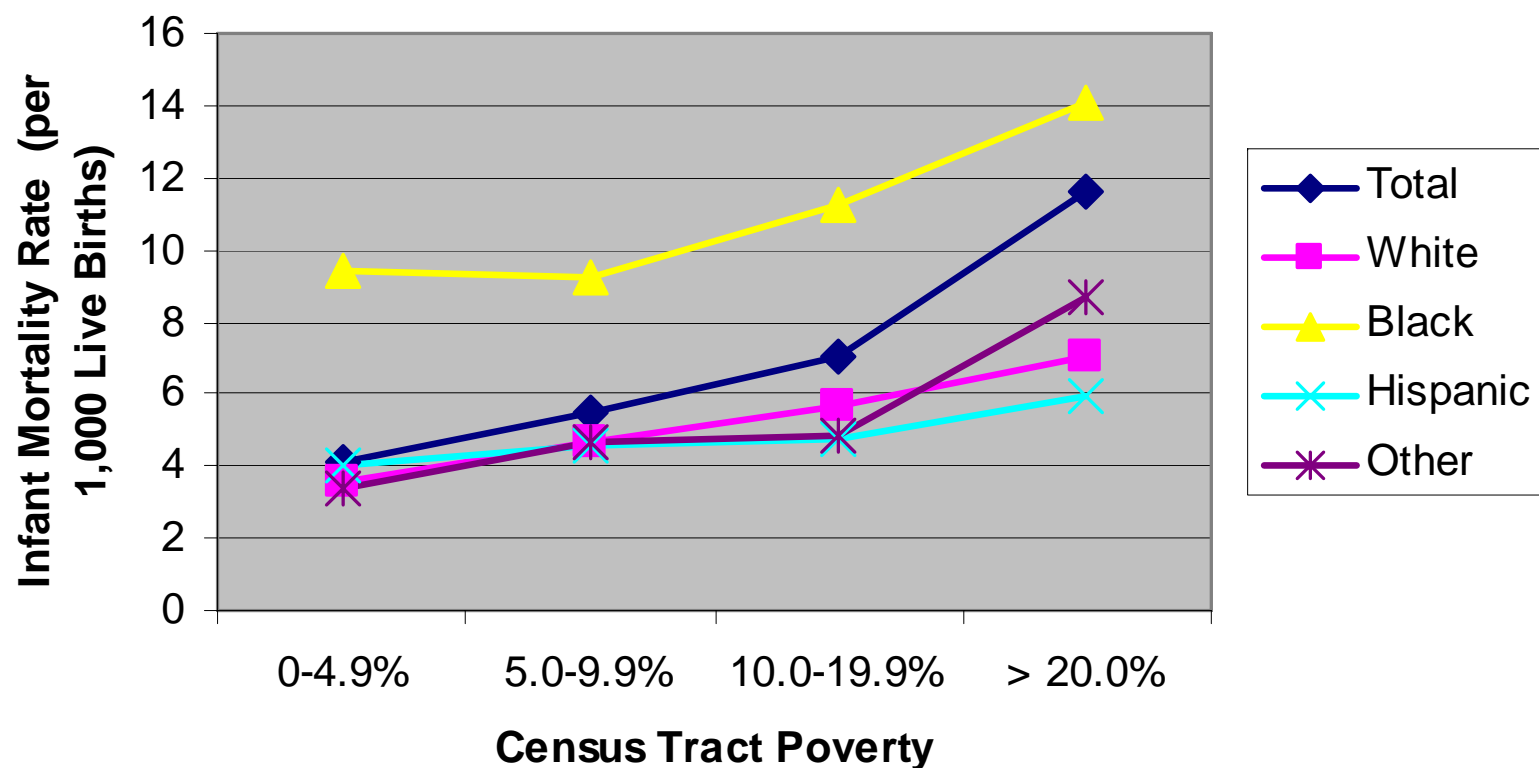
Resident Infant Mortality Rates by Race and Ethnicity Virginia, 1990-2006



Infant Mortality by Education and Race/Ethnicity Virginia, 2004-2006



Infant Mortality Rate by Race/Ethnicity and Census Tract Poverty, Virginia, 1996-2005



Richmond Metro Area Persistent Poverty and Low Birth Weight Rate*

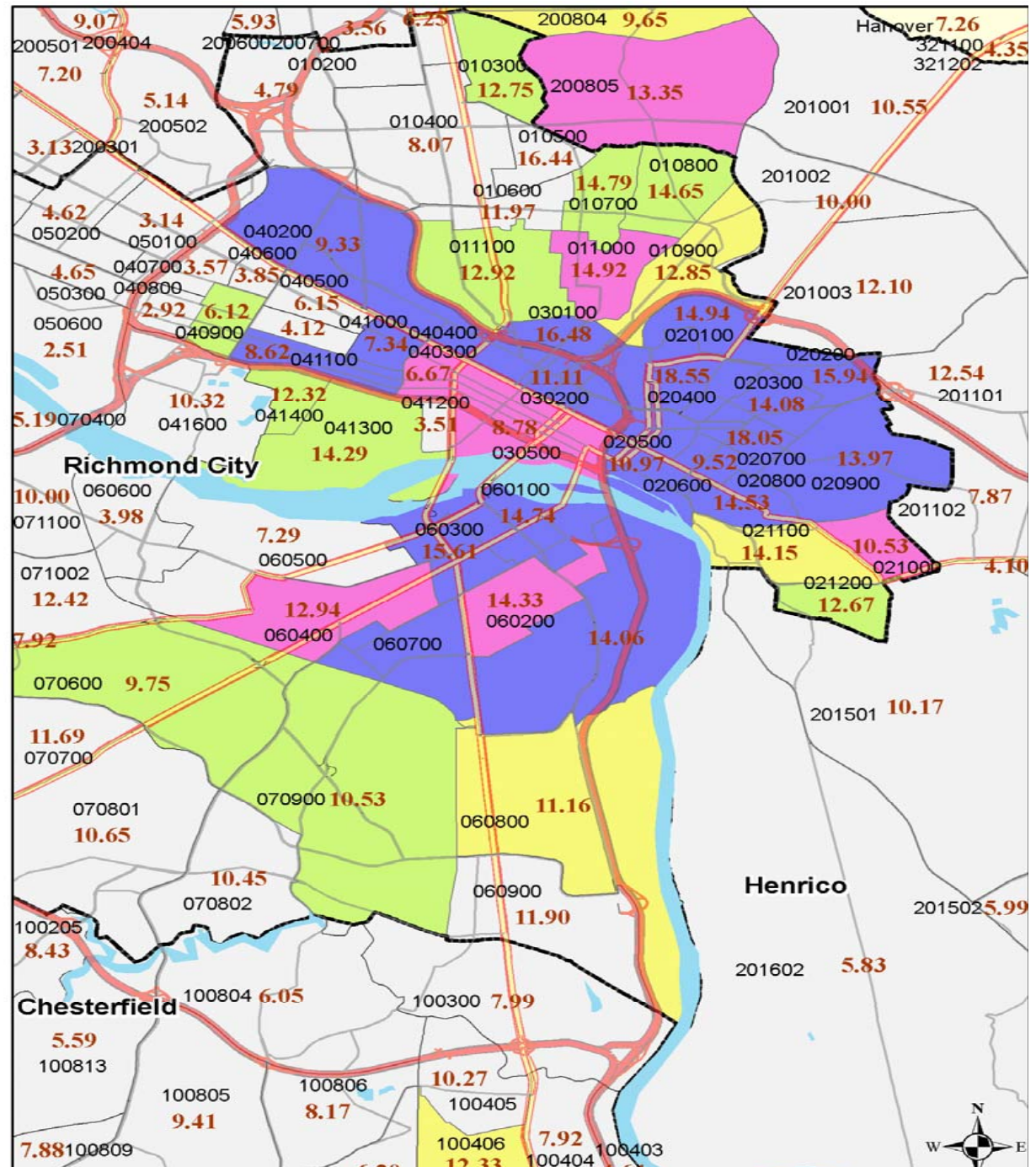
Poor census tracts** in the:

- Current decade (2000)
- Last 2 decades (1990-2000)
- Last 3 decades (1980-2000)
- Last 4 decades (1970-2000)

*Low Birth Weight Rate: (per 100 live births); shown on map. Source: VDH Vital Statistics, (1996-2005, geocoding error rate= 10%); Data consists of singleton births for mothers aged 15-44 years.

**Poor census tracts--20 percent or more residents were below the federal poverty level as determined by the US Census.

** Source: Neighborhood Change Database: Geolytics, Inc. 1970-2000 Tract Data Long Form Release 1.1 [CD-ROM]. Brunswick, NJ: 2004.

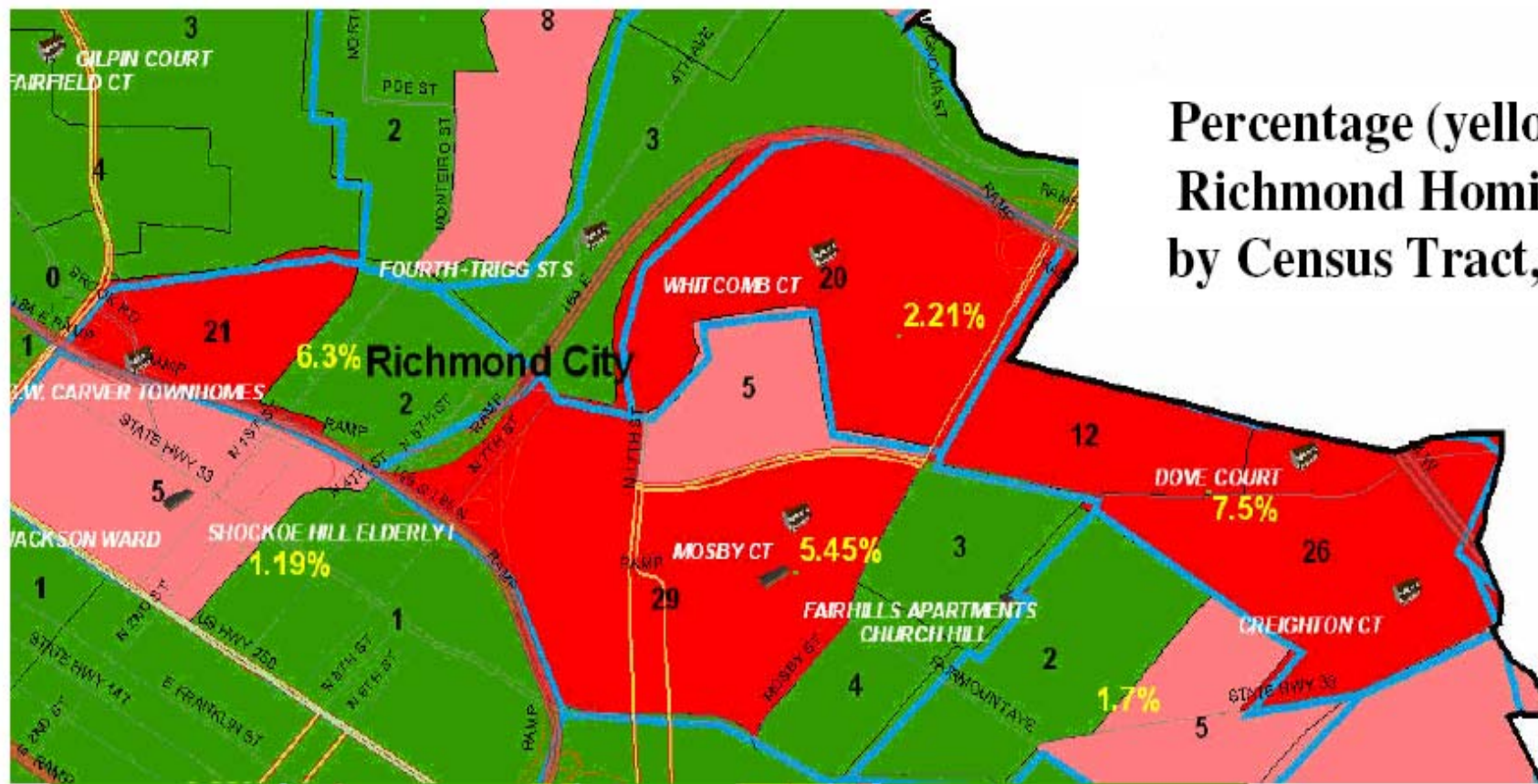


NOTE: THIS MAP SHOWS ALL AREAS WITH SOME PERSISTENCE OF POVERTY. (ONLY ONE CT IN CHESTERFIELD AND 2 CTS IN HENRICO.)

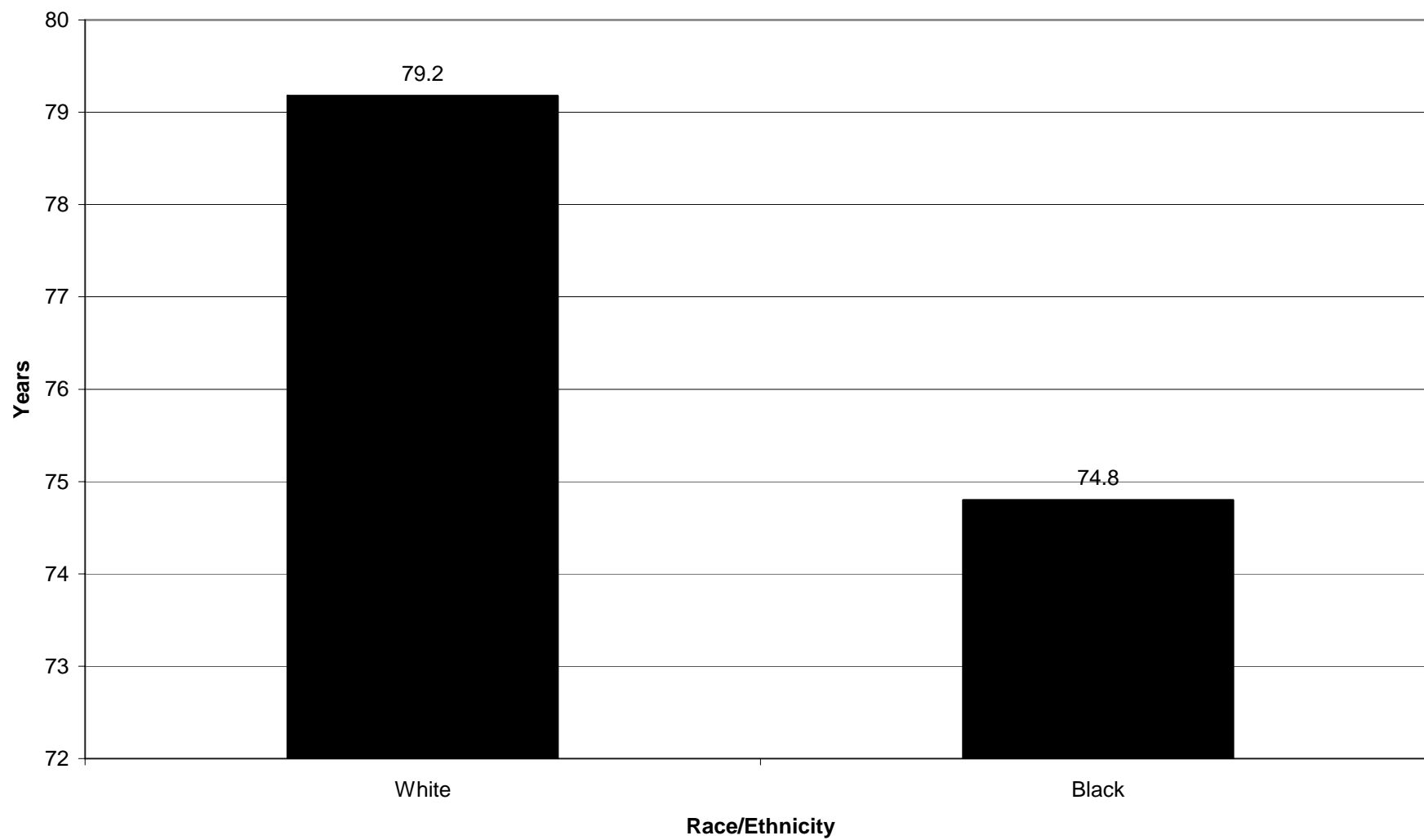
Richmond, Virginia

Infant Deaths by Census Block Group, 1990-2005

Percentage (yellow) of
Richmond Homicides
by Census Tract, 2007



Life Expectancy By Race/Ethnicity Virginia, 2006



Age-adjusted Death Rates by Race and Ethnicity, Virginia, 2006

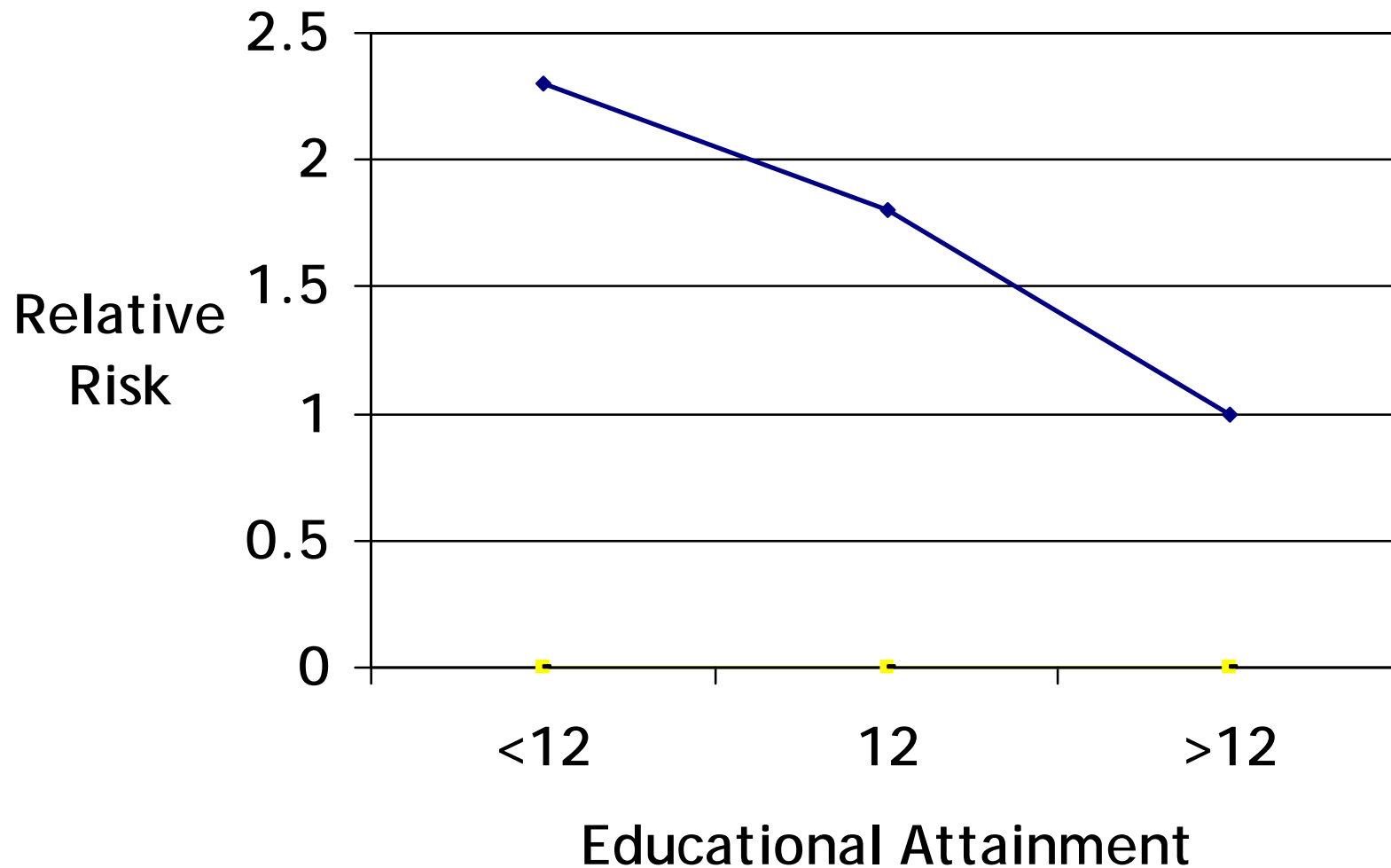
Cause of Death	White	Black	API	Hispanic
Heart Disease	185.0	231.7	73.8	80.3
Cancer	178.7	219.9	105.1	83.5
Stroke	44.9	68.9	37.2	38.1
Unintentional Injury	37.4	31.2	18.0	26.5
Diabetes Mellitus	17.7	44.8	13.5	11.7

**Resident Age-Adjusted Death Rates (per 100,000 population)
for Ages 18 and Over By Education
Virginia, 2006**

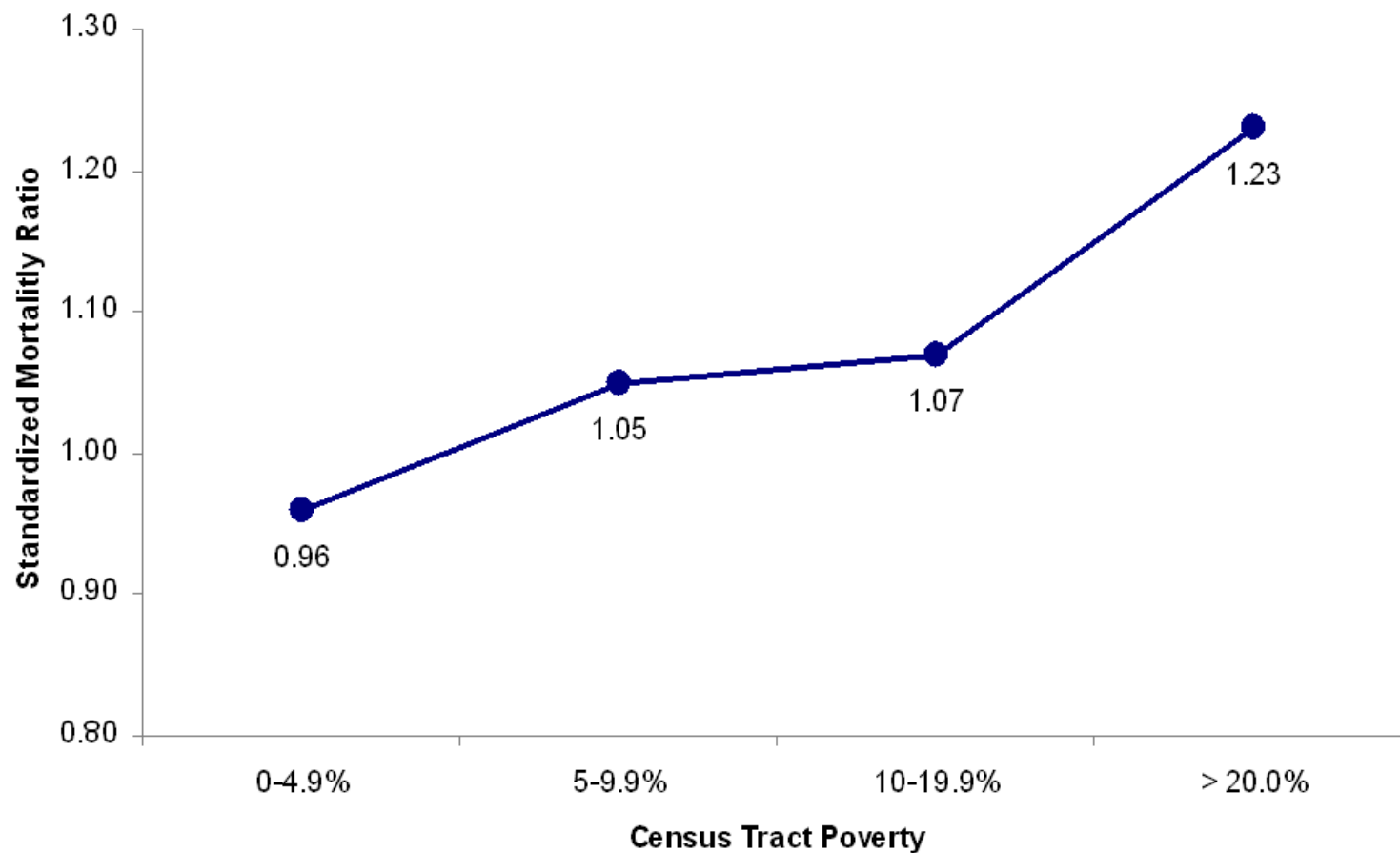
Cause of Death	Education Attainment		
	<12 Years	12 Years	>12 Years
Heart Disease	372.8	298.8	159.3
Cancer	325.7	295.9	181.0
Cerebrovascular Disease	93.4	73.5	41.2
Unintentional Injury	82.5	61.7	24.6
CLRD	81.0	57.8	26.7
Diabetes Mellitus	50.6	35.6	14.1
Nephritis and Nephrosis	40.7	28.5	15.2
Alzheimer's Disease	36.2	33.2	21.8
Influenza and Pneumonia	35.6	23.5	15.7
Septicemia	32.6	27.3	14.6
Suicide	19.9	22.9	8.7
Homicide	17.7	9.3	2.0
HIV	10.5	6.6	1.6

Source: Virginia Division of Health Statistics

Risk of Mortality by Educational Attainment, Virginia 2006



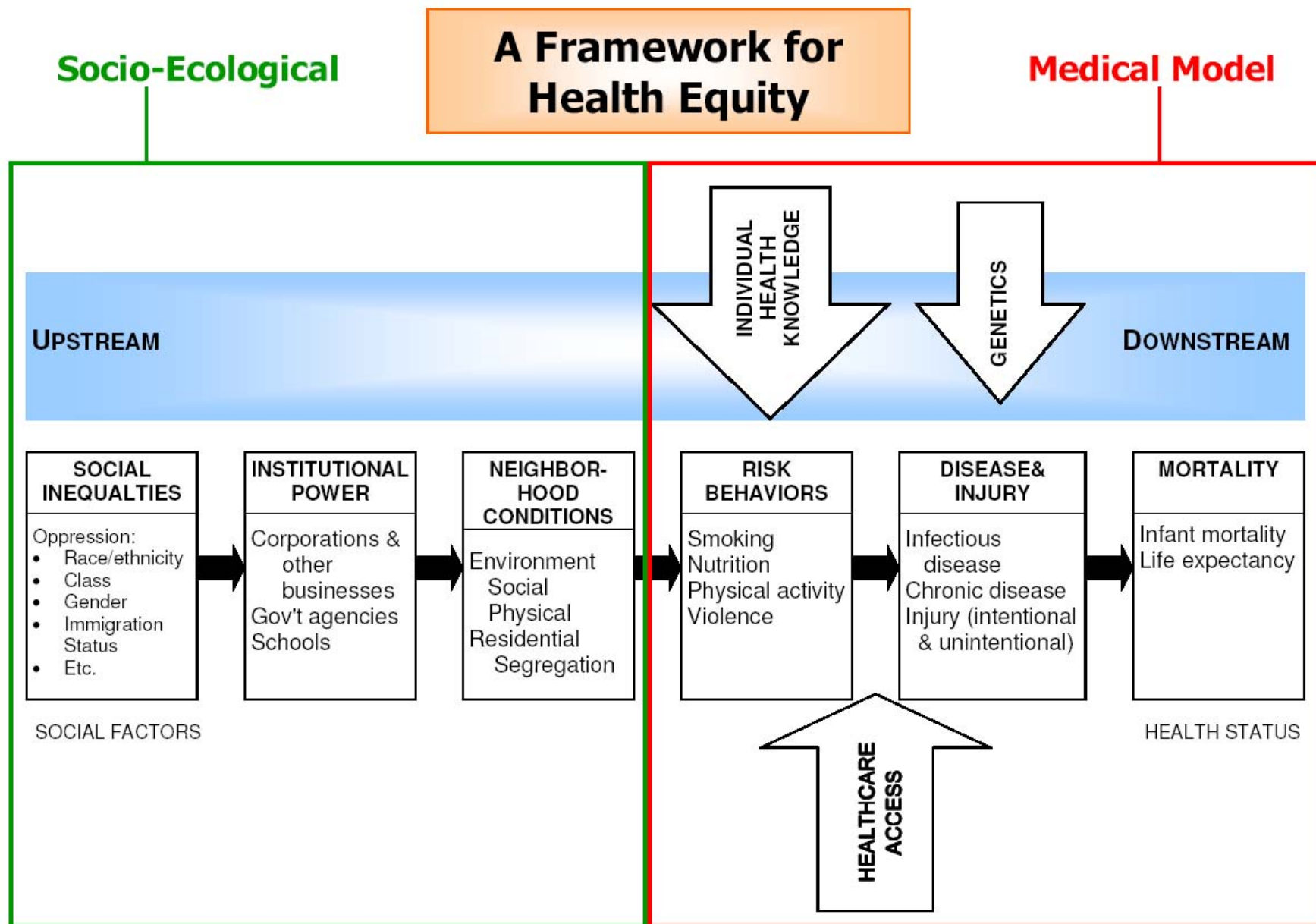
Standardized Mortality Ratio by Census Tract Poverty Level, Virginia, 2001-2005



* Observed death data were obtained from VDH Vital Statistics, (2001-2005, geocoding error rate= 10%); Expected death data were calculated from Census 2000 data (SF1, P12) and 2005 age-specific death rates (CDC- National Center for Health Statistics).

Summary of Health Inequities in Virginia

- African Americans face inequities in most of the major causes of morbidity and mortality
- Hispanic/Latinos have lower mortality rates, but experience higher burden of asthma, HIV/AIDS, smoking, obesity*, diabetes*
- Numbers of Native Americans are too small in most cases to calculate reliable rates. National data suggests they face inequities similar to African Americans, although to a lesser magnitude
- Health data on Asian Americans is not consistently available in Virginia. National data suggests generally healthier status than the general population, although certain morbidities occur disproportionately, especially among Southeast Asian immigrants
- Low income/limited education individuals AND communities, regardless of race/ethnicity, experience inequities in all major causes of morbidity and mortality.



Source: Bay Area Health Inequities Initiative

Strategies to Promote Health Equity

In General

- Use the 2008 VDH Health Equity Report to raise awareness among colleagues, family, friends
- Partner with organizations with similar missions
- Utilize “Unnatural Causes” to initiate dialogue and action planning
- Visit OMHPHP website to identify high priority target areas (HPTA) to focus your efforts

<http://www.vdh.state.va.us/healthpolicy/policyanalysis/spacial-analysis.htm>

MHAC Members

- Solicit health, social, and economic concerns from your local communities
- Engage local communities in screenings of Unnatural Causes
- Provide recommendations to the Commissioner that encompass this broad range of concerns

Within Your Job

- Educate co-workers about health inequities and their root causes
- Incorporate strategies to target the social determinants of health into existing programs or services
- Partner with and/or support efforts of organizations that address the social determinants of health and promote social justice
- Advocate for social, economic, and health policies that create opportunities to be healthy

Community Member

- Join forces with other neighborhoods and organizations to promote health equity and address negative social conditions
- Coordinate town hall meetings or community dialogues and action planning
- Advocate for social, economic, and health policies that create opportunities to be healthy
- Vote and hold elected officials accountable for assuring fair opportunities for all Virginians to be healthy

Member of the Media

- Go behind the usual health story to identify the social and economic conditions and policies that influence who is at greatest risk for poor health
- In addition to discussions about “individual responsibility” discuss “societal responsibility” to assure health
- In addition to recommendations for individuals, include recommendations for service providers and policy makers

Policy Makers

- Support health policy that increases access to care and promotes health
- Support public policies that improve access to social determinants of health among disadvantaged groups
- Consider how social and economic policies might differentially affect disadvantaged populations

Social Policy is Health Policy

“Increasing job opportunities, providing education and training for better jobs, investing in our schools, improving housing, integrating neighborhoods, giving people more control over their work-these are as much health strategies as diet, smoking, and exercise.”

-David Williams, PhD.,
Norman Professor of Public Health,
Department of Society, Human Development and Health
Harvard University School of Public Health

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

-Dr. Martin Luther King, Jr.

Questions, Comments, Ideas???

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