

# The State of Health Equity: The Health of Minority and Low- Income Populations in Virginia



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Office of Minority Health  
& Public Health Policy  
*Advancing Health Equity For All Virginians*

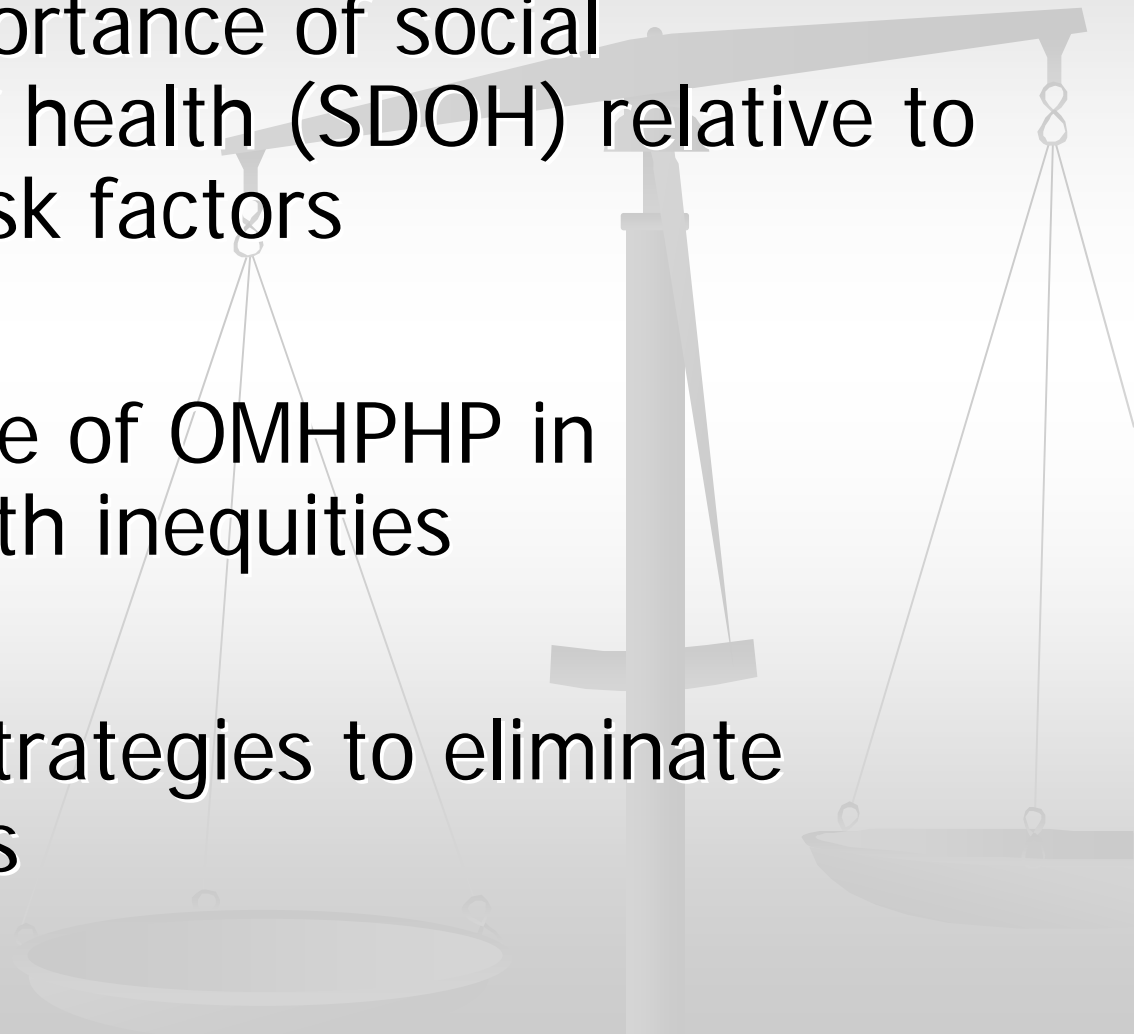
**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH  
*Protecting You and Your Environment*

# Objectives

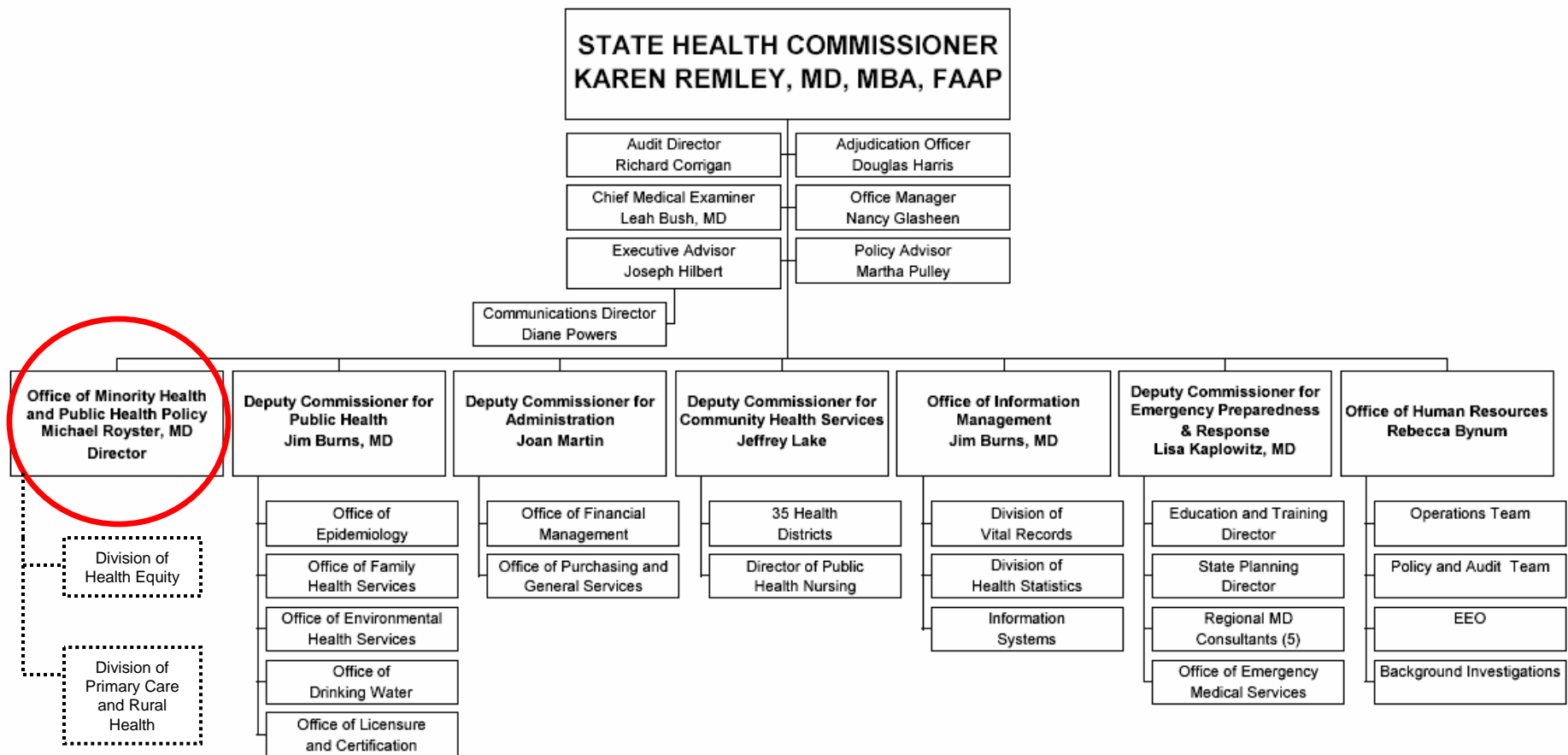
- Overview of VDH Office of Minority Health and Public Health Policy (OMHPHP) organizational structure, vision, and mission
- Compare health statistics by racial/ethnicity and socioeconomic status
- Discuss health disparities as a social justice issue

# Objectives

- Explain the importance of social determinants of health (SDOH) relative to other disease risk factors
- Describe the role of OMHPHP in addressing health inequities
- Discuss policy strategies to eliminate health inequities

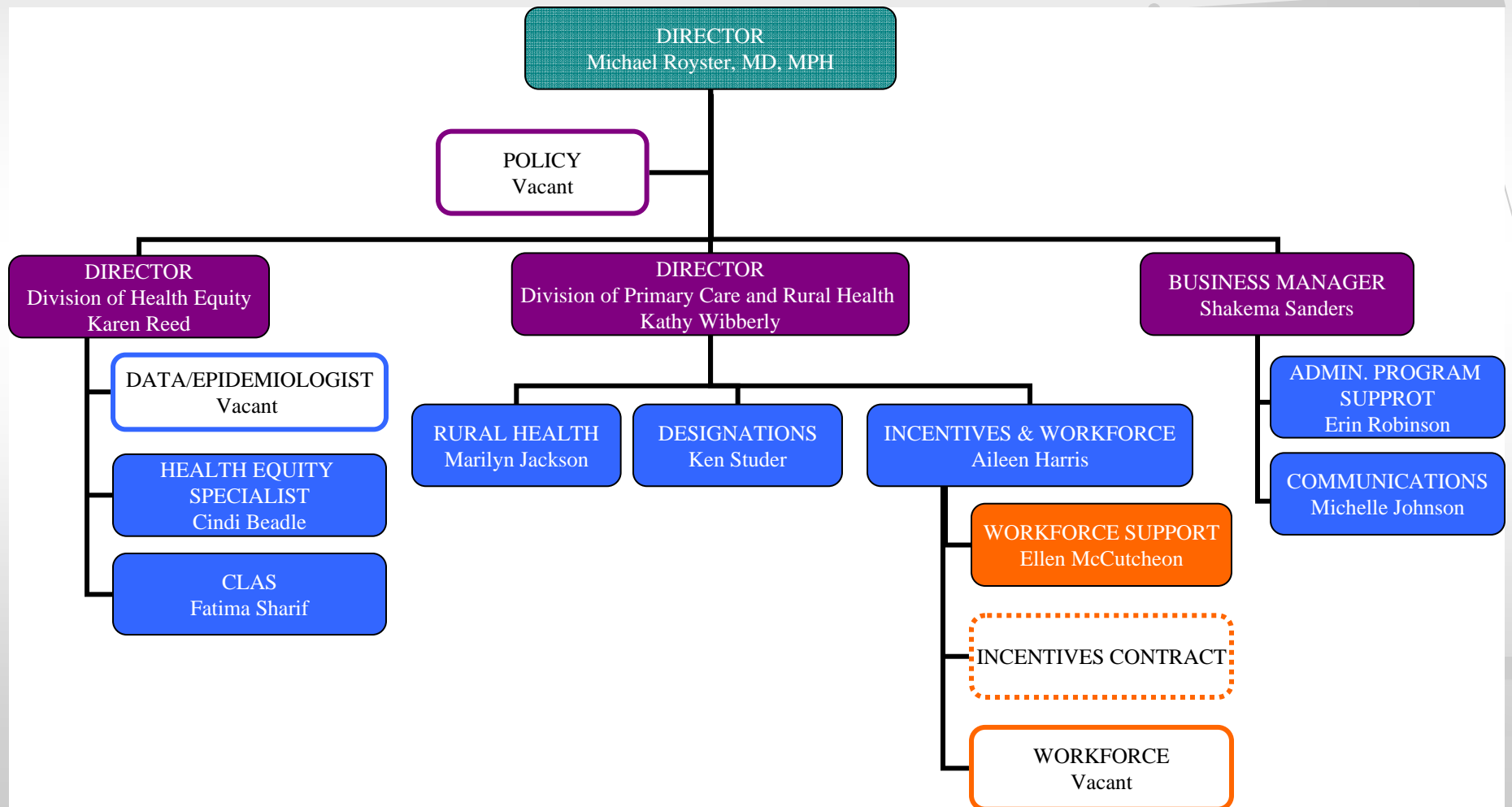


**VIRGINIA DEPARTMENT OF HEALTH  
OFFICE OF THE COMMISSIONER  
JANUARY 2008**

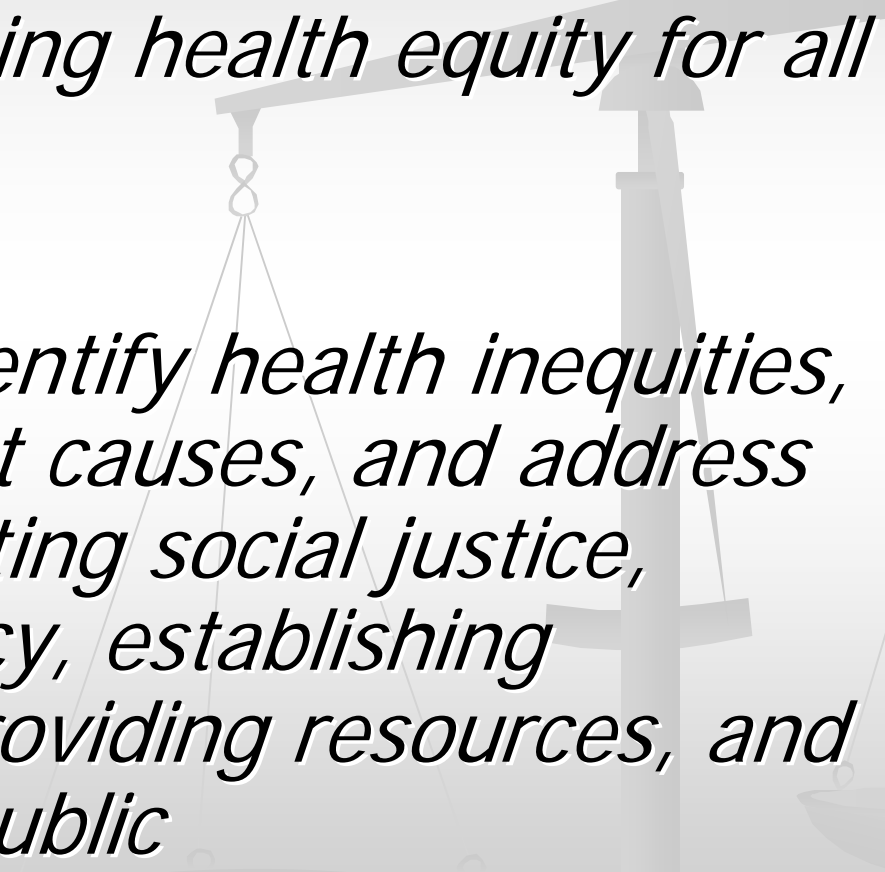


# Office of Minority Health and Public Health Policy

Minority Health  
Advisory Committee

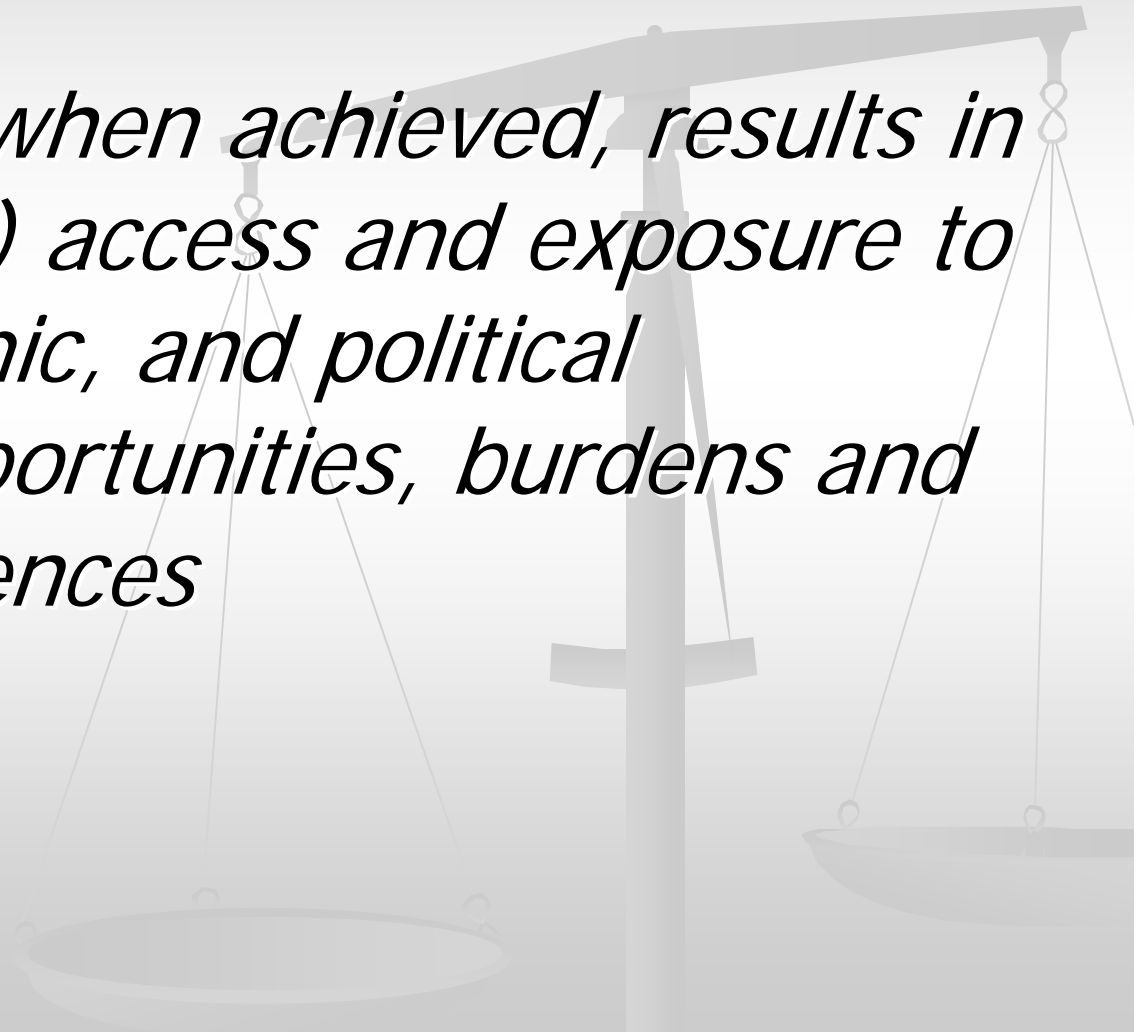


# Office of Minority Health and Public Health Policy (OMHPHP)

- **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*
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# 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*



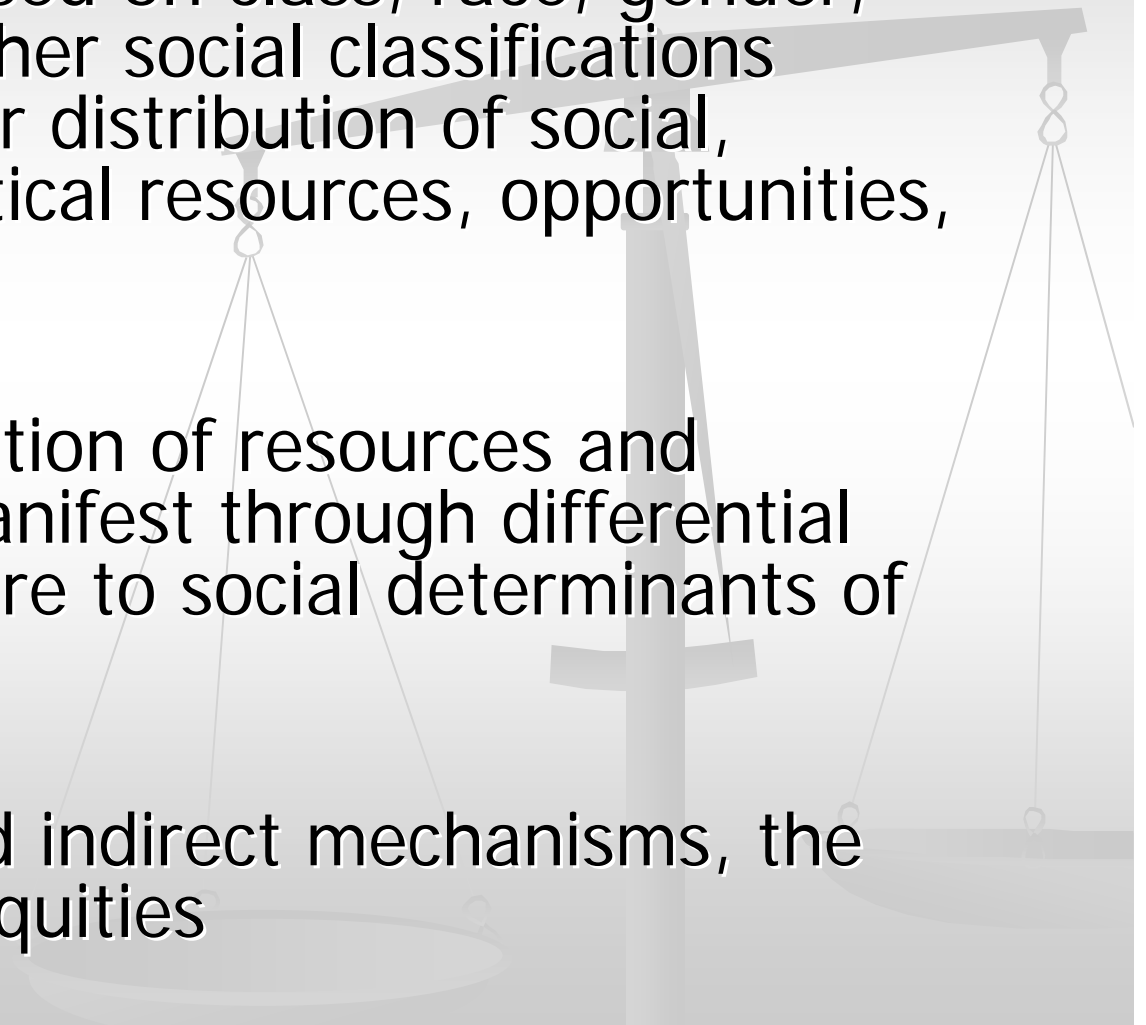
# Definitions

- 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
- Health Inequities- *"Disparities in health [or health care] that are systemic 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."*  
- Braveman, 2003



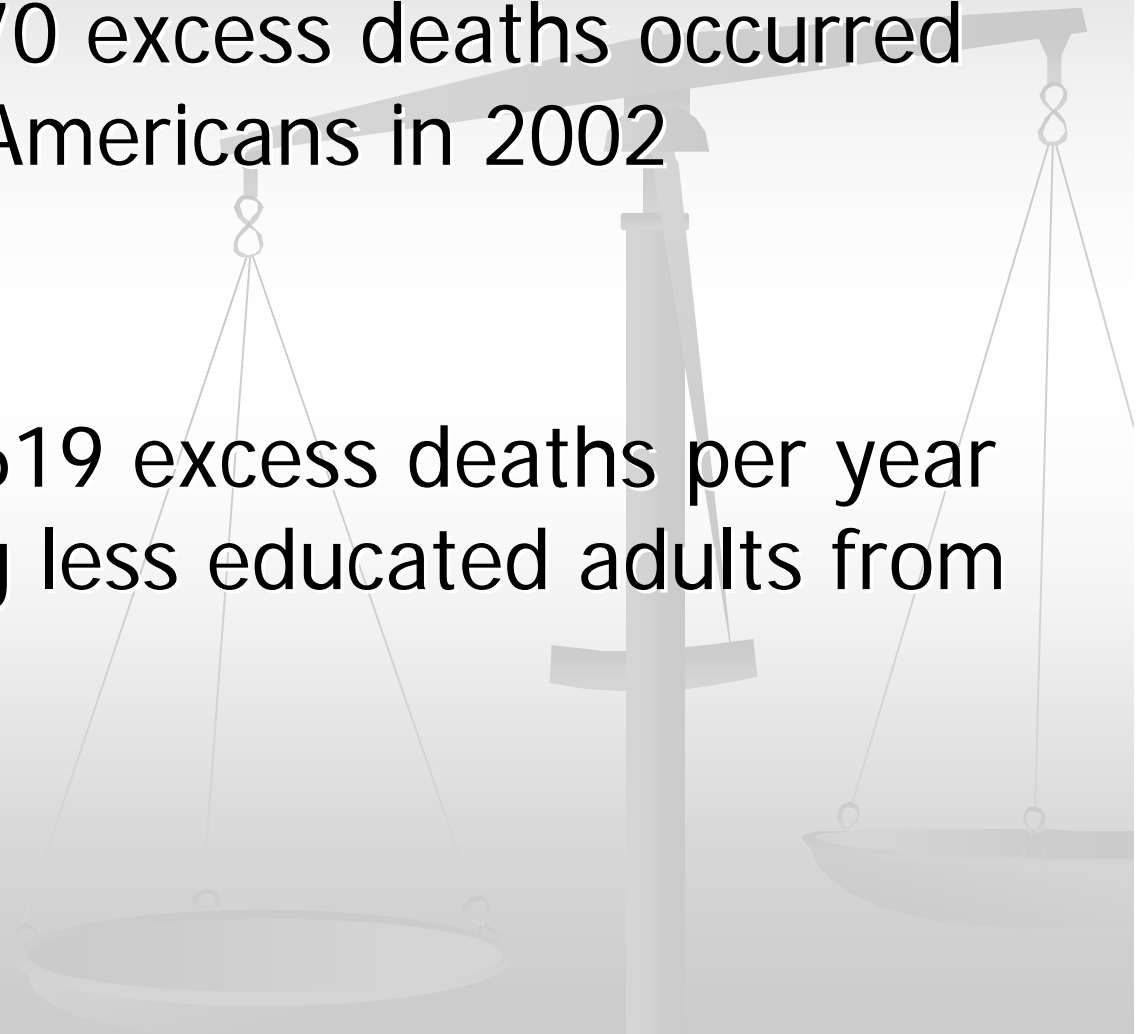
# Social Justice Framework

- Marginalization based on class, race, gender, geography, and other social classifications underlies the unfair distribution of social, economic and political resources, opportunities, and burdens
- This unfair distribution of resources and opportunities is manifest through differential access and exposure to social determinants of health
- Through direct and indirect mechanisms, the result is health inequities



# Excess Deaths in the U.S.

- Estimated 83,570 excess deaths occurred among African Americans in 2002
  - Satcher, et. al, 2005
- Estimated 195,619 excess deaths per year occurred among less educated adults from 1996-2002
  - Woolf, et al, 2007



# Racial/Ethnic Demographics Virginia 2005

	Census 2005 Estimates		
	Pop. Estimate	% VA	% U.S.
<b>Total population</b>	<b>7,332,608</b>		
<b>White</b>	<b>5,259,281</b>	<b>71.7</b>	<b>74.7</b>
<b>Black or African American</b>	<b>1,397,192</b>	<b>19.1</b>	<b>12.1</b>
<b>American Indian and Alaska Native</b>	<b>24,261</b>	<b>0.3</b>	<b>0.8</b>
<b>Asian</b>	<b>342,239</b>	<b>4.7</b>	<b>4.3</b>
<b>Native Hawaiian/Other Pacific Island</b>	<b>4,192</b>	<b>0.1</b>	<b>0.1</b>
<b>Some other race</b>	<b>171,128</b>	<b>2.3</b>	<b>6.0</b>
<b>Hispanic or Latino (of any race)</b>	<b>438,789</b>	<b>6.0</b>	<b>14.5</b>

Source: Census Bureau estimate, 2005

# PERSONS OBTAINING LEGAL PERMANENT RESIDENT STATUS BY STATE OF RESIDENCE: FISCAL YEARS 1997 TO 2006

Source: Yearbook of Immigration Statistics: 2006: <http://www.dhs.gov/ximgtn/statistics/publications/LPR06.shtm>

State of residence	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Total	797,847	653,206	644,787	841,002	1,058,902	1,059,356	703,542	957,883	1,122,373	1,266,264
California	203,265	169,923	160,924	216,447	281,469	289,422	175,579	253,858	232,023	264,677
New York	123,677	96,452	96,764	105,521	113,698	114,531	89,538	103,151	136,828	180,165
Florida	82,232	59,756	57,216	94,474	104,148	90,460	52,770	76,178	122,918	155,996
Texas	57,881	44,285	49,294	63,391	85,905	88,142	53,412	92,440	95,958	89,037
New Jersey	41,168	35,044	34,008	39,778	59,587	57,478	40,699	50,699	56,180	65,934
Illinois	38,122	33,122	36,895	36,052	48,087	47,095	32,413	46,896	52,419	52,459
<b>Virginia</b>	<b>19,263</b>	<b>15,650</b>	<b>15,111</b>	<b>19,985</b>	<b>26,767</b>	<b>25,319</b>	<b>19,726</b>	<b>22,104</b>	<b>27,100</b>	<b>38,488</b>
Massachusetts	17,304	15,844	15,125	23,302	28,847	31,498	20,127	28,067	34,236	35,560
Georgia	12,623	10,424	9,377	14,707	19,370	20,496	10,794	16,681	31,535	32,202
Maryland	18,914	15,523	15,543	17,565	21,919	23,677	17,770	20,549	22,870	30,204

7<sup>th</sup>

# Educational Attainment VIRGINIA 25 years old and over, 2005

	<b>TOTAL POP.</b>	<b>WHITE</b>	<b>BLACK</b>	<b>ASIAN</b>	<b>OTHER RACE</b>	<b>≥ 2 RACES</b>
	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Less than high school diploma</b>	<b>14.6</b>	<b>12.8</b>	<b>20.6</b>	<b>11.5</b>	<b>37.0</b>	<b>13.6</b>
<b>High school graduate</b>	<b>26.7</b>	<b>26.3</b>	<b>32.0</b>	<b>15.2</b>	<b>24.0</b>	<b>21.4</b>
<b>Some college or more education</b>	<b>58.7</b>	<b>60.9</b>	<b>47.4</b>	<b>73.3</b>	<b>39.1</b>	<b>65.0</b>

# POVERTY STATUS IN THE PAST 12 MONTHS VIRGINIA, 2005

**Universe: POPULATION FOR WHOM POVERTY STATUS IS DETERMINED**  
**Data Set: 2005 American Community Survey (<http://factfinder.census.gov>)**

	TOTAL POP	WHITE	BLACK	AI/AN	ASIAN	OTHR	≥TWO	HISP
		%	%	%	%	%	%	%
<b>% of Population in the past 12 months below FPL:</b>	<b>10.0</b>	<b>7.6</b>	<b>18.8</b>	<b>9.9</b>	<b>8.4</b>	<b>11.4</b>	<b>11.8</b>	<b>11.8</b>
<b>% of Children in in past 12 months below FPL:</b>	<b>13.3</b>	<b>8.7</b>	<b>28.0</b>	<b>*</b>	<b>10.0</b>	<b>13.9</b>	<b>12.0</b>	<b>14.9</b>

\*Small numbers, unreliable rate (3.7%)

# Education and Poverty in Metro and Rural Virginia, 2000-2005

Education and Poverty in Metropolitan and Rural Virginia			
METRO RURAL	2003 Rural-Urban Continuum Code	% Age 25 Plus <u>Less than</u> <u>High</u> <u>School</u> Education 2005	Less than <u>100% FPL</u> 2000 Census
METRO	1	10.3	7.8
METRO	2	16.3	9.5
METRO	3	18.9	13.6
RURAL	4	21.6	10.3
RURAL	6	25.2	13.0
RURAL	7	26.2	16.6
RURAL	8	24.9	14.3
RURAL	9	28.8	17.6

Source: U.S. Census Bureau

# Census Tract Segregation of African Americans and Poverty, Virginia, 2000

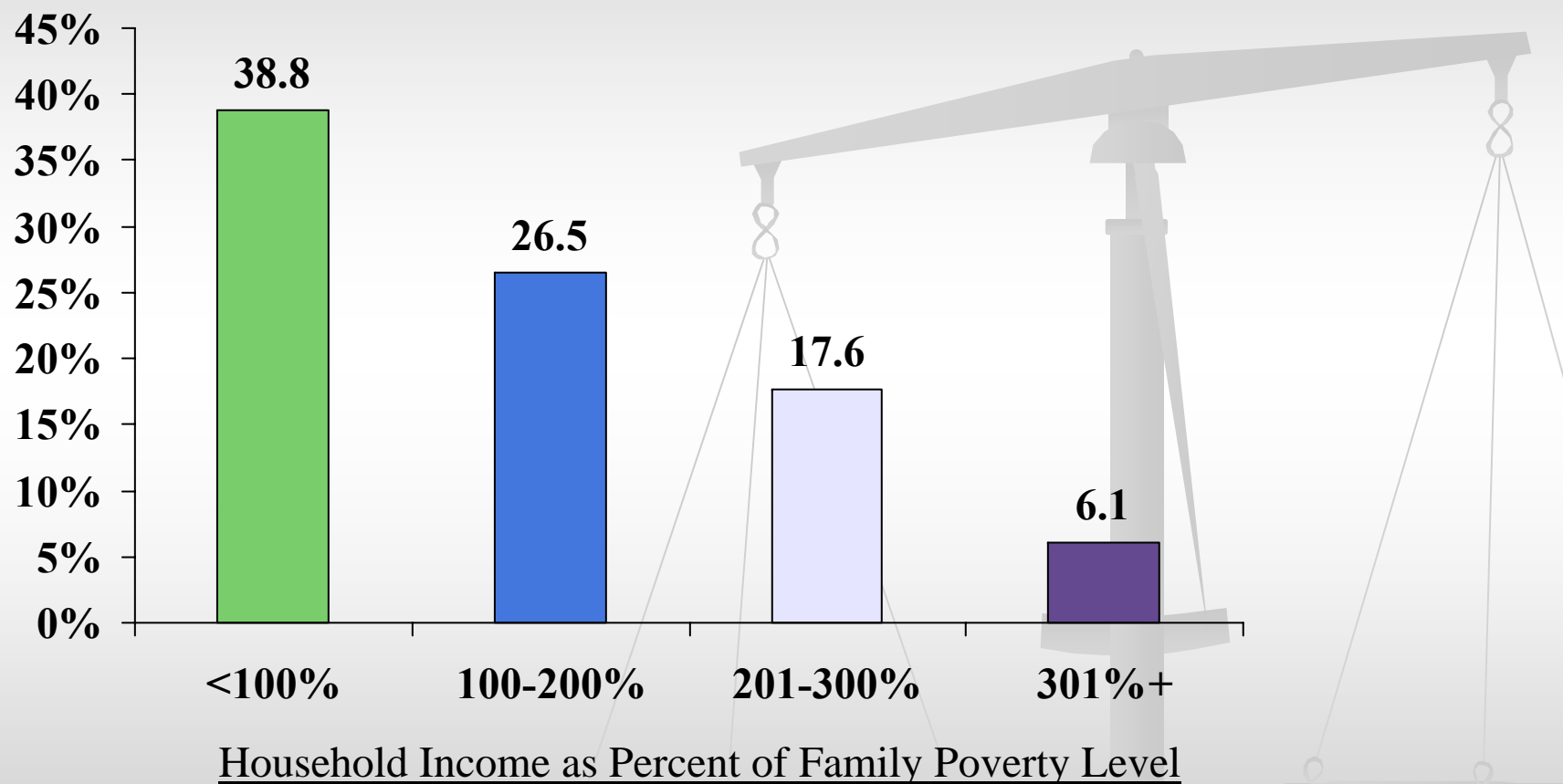
% Black	Total Pop	Total Black Pop	% of All Black Pop in VA	% Black Unem- ployed	% Black Pop Below Poverty
99.9-90.0%	171,034	162,985	11.7	15.0	33.9
89.9-80.0%	92,160	78,602	5.7	13.1	30.3
79.9-70.0%	87,569	64,062	4.6	8.5	20.8
69.9-60.0%	146,022	95,816	6.9	8.0	22.2
59.9-50.0%	124,213	67,594	4.9	7.4	21.0
49.9-40.0%	365,644	162,486	11.7	8.0	19.2
39.9-30.0%	542,878	186,077	13.4	7.6	18.0
29.9-20.0%	863,497	214,833	15.5	6.5	14.6
19.9-10.0%	1,473,802	213,867	15.4	5.8	11.8
9.9-0.0%	3,211,696	143,971	10.4	5.4	12.3
<b>TOTAL</b>	<b>7,078,515</b>	<b>1,390,293</b>	<b>100.0</b>	<b>8.0</b>	<b>19.2</b>

**Source: U.S. Census Bureau**



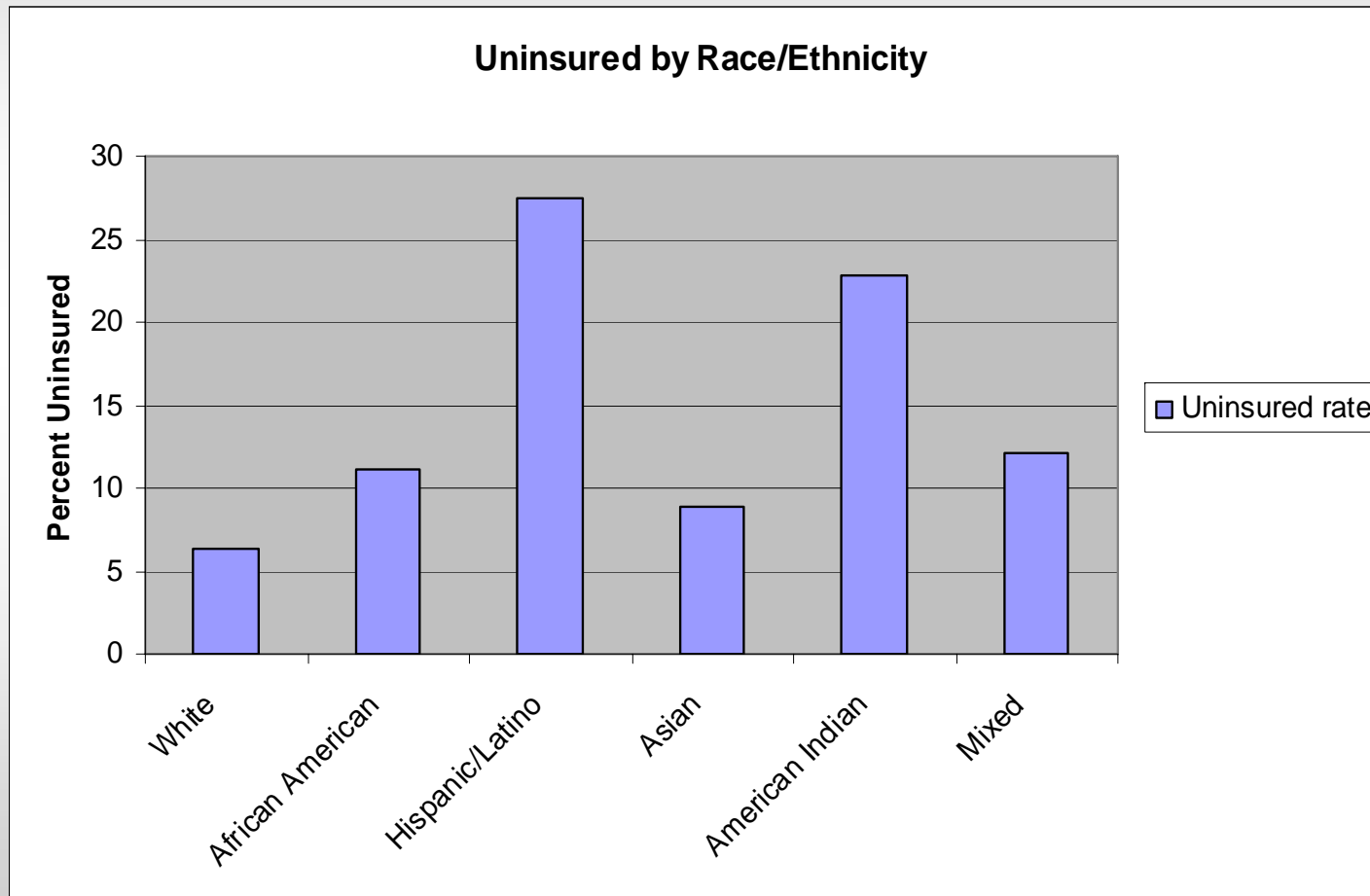
# Uninsured Rates by Household Income

## Virginia, 2005-2006



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

# Uninsured by Race/Ethnicity Virginia, 2004



Source: 2004 Virginia Health Care Insurance and Access Survey



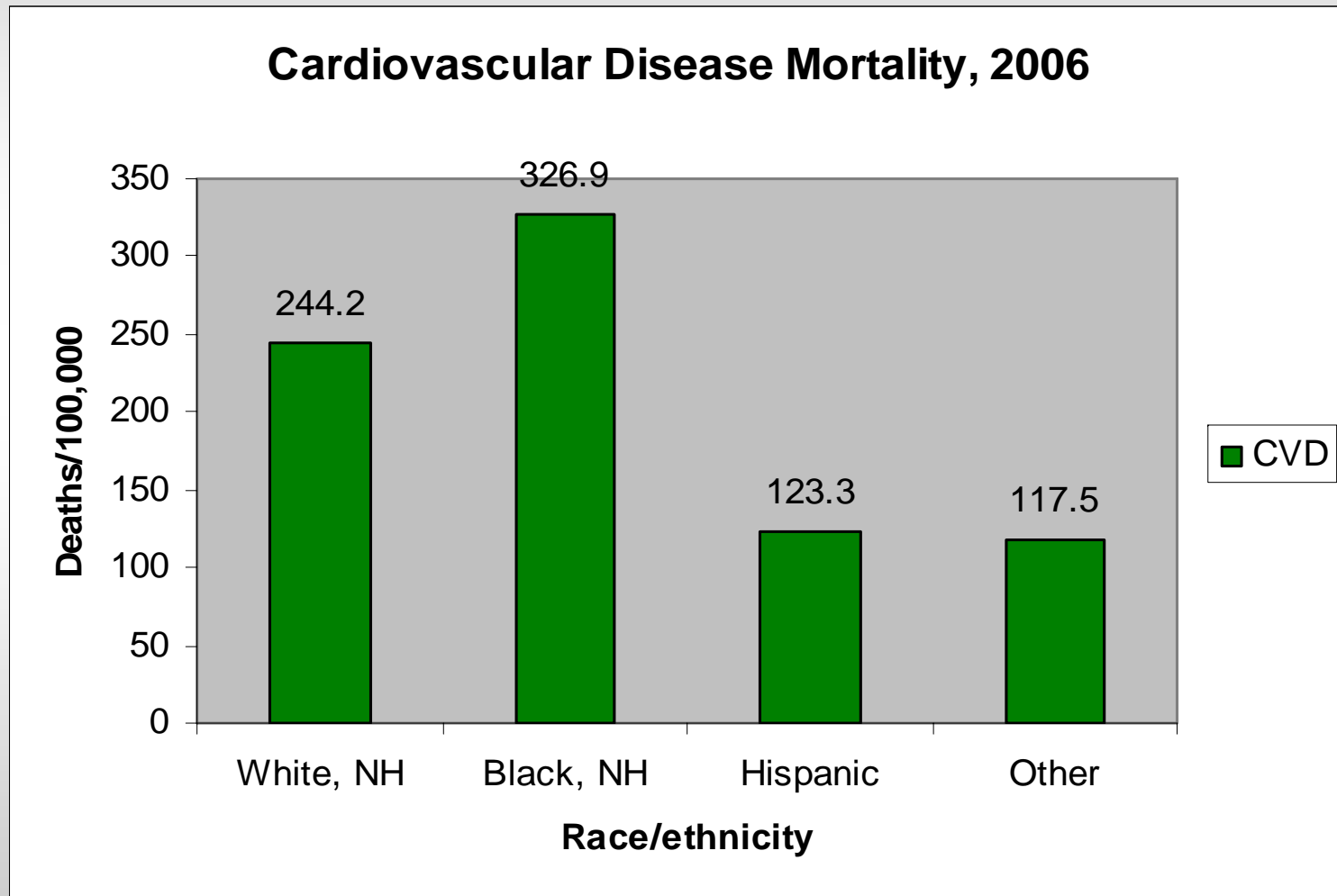
**Mortality**

# Life Expectancy, Virginia, 2004

	<b>Total Population</b>	<b>Male</b>	<b>Female</b>	<b>Male Female Diff.</b>
<b>White</b>	<b>78.55</b>	<b>76.10</b>	<b>80.80</b>	<b>4.70</b>
<b>Black</b>	<b>73.47</b>	<b>70.30</b>	<b>76.30</b>	<b>6.00</b>
<b>White Black Diff.</b>	<b>5.08</b>	<b>5.80</b>	<b>4.50</b>	

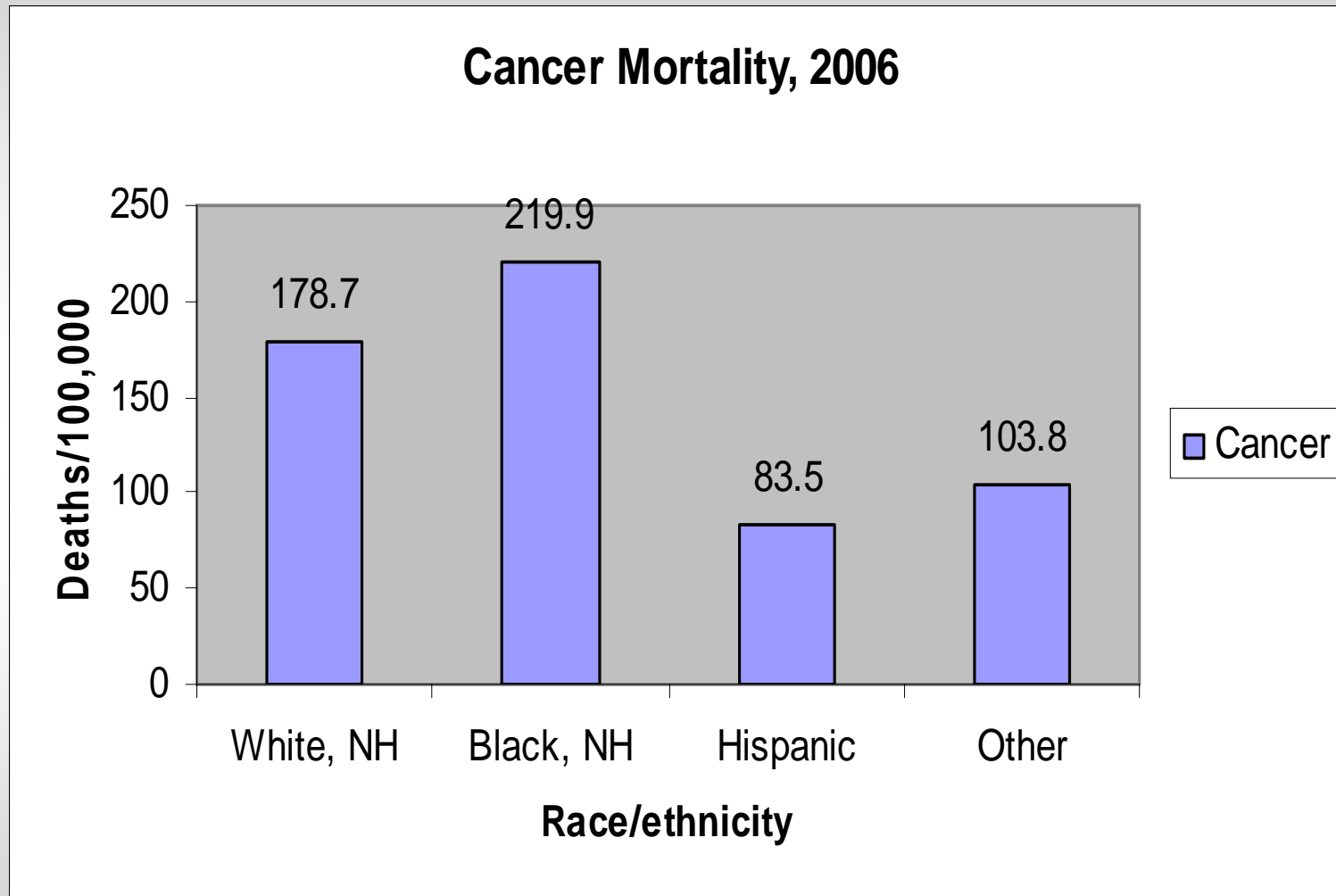
Source: Virginia Center for Health Statistics

# Cardiovascular Disease Mortality Virginia, 2006



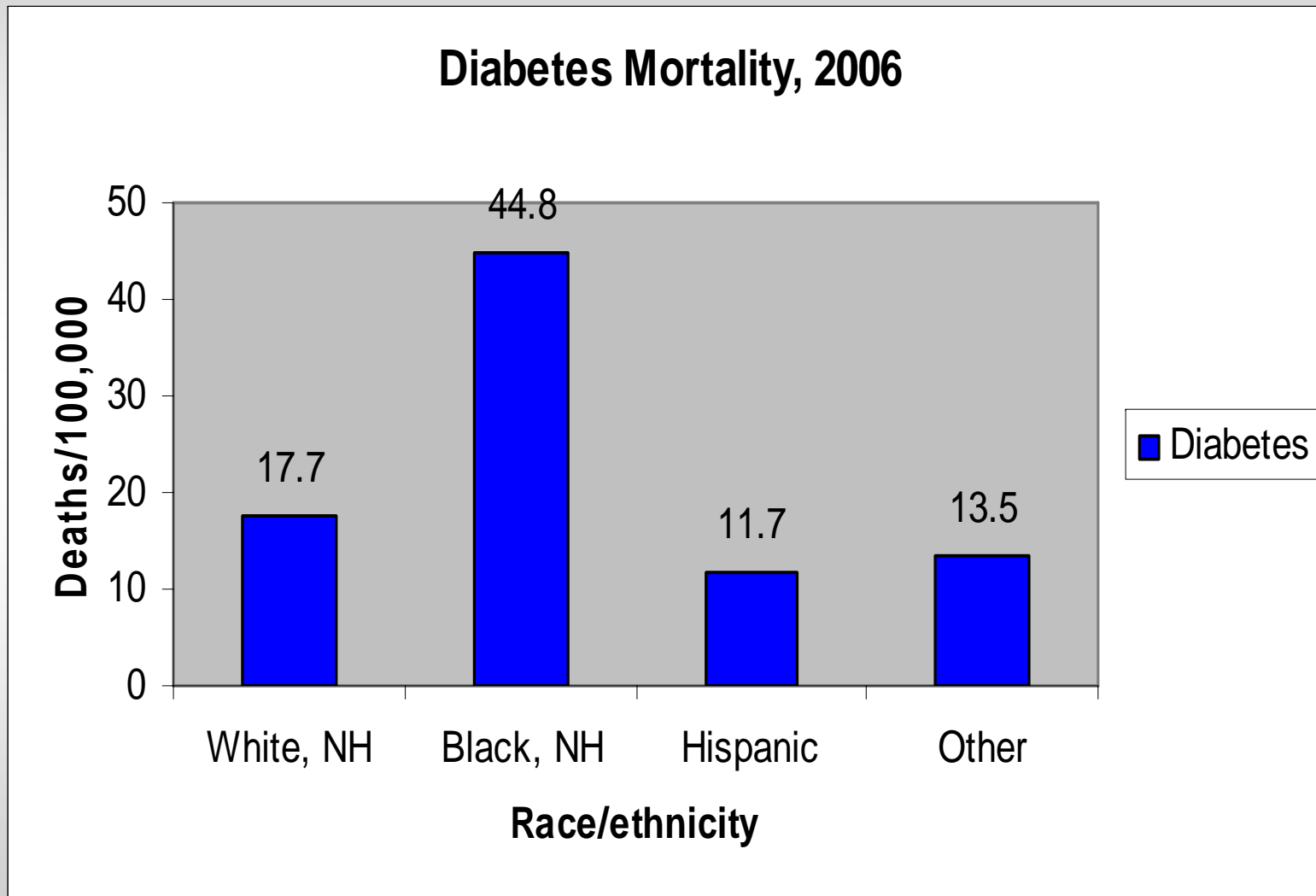
Source: Virginia Center for Health Statistics

# Cancer Mortality, Virginia 2006



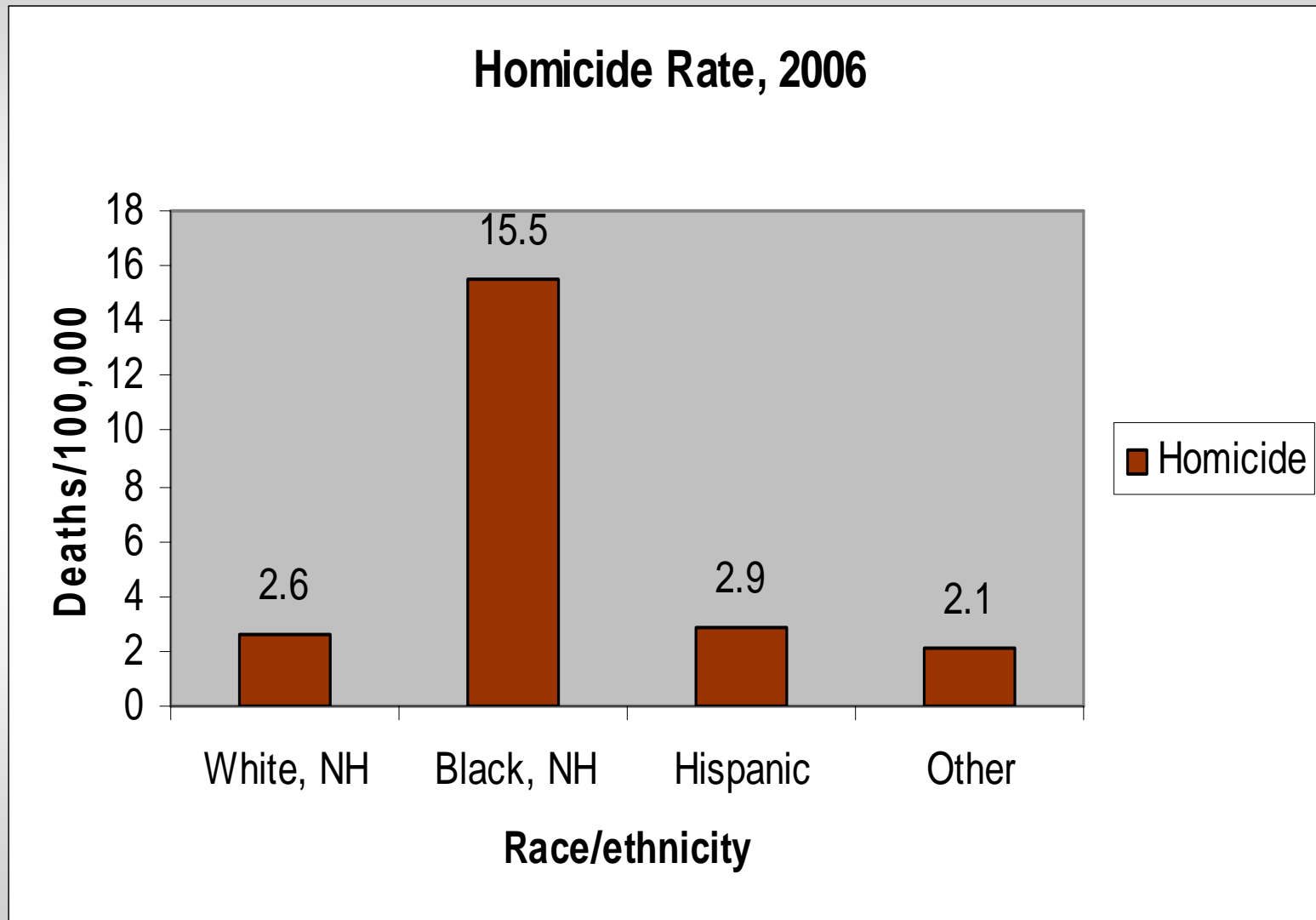
Source: Virginia Center for Health Statistics

# Diabetes Mortality, Virginia 2006



Source: Virginia Center for Health Statistics

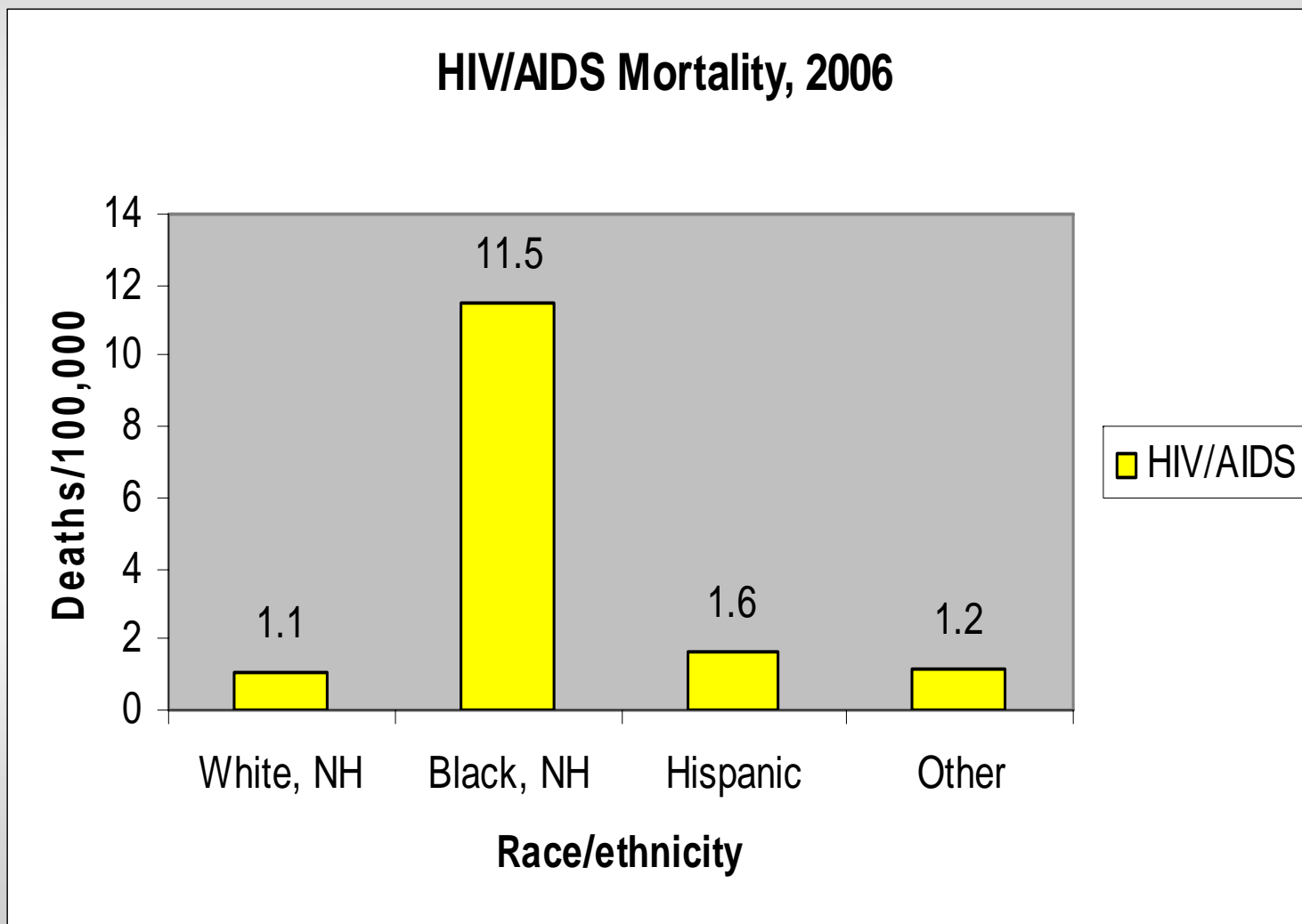
# Homicide Rate, Virginia 2006



Source: Virginia Center for Health Statistics



# HIV/AIDS Mortality, Virginia 2006



Source: Virginia Center for Health Statistics

# Disease Prevalence



# Current Asthma, 18 and Older, Virginia 2002-2003

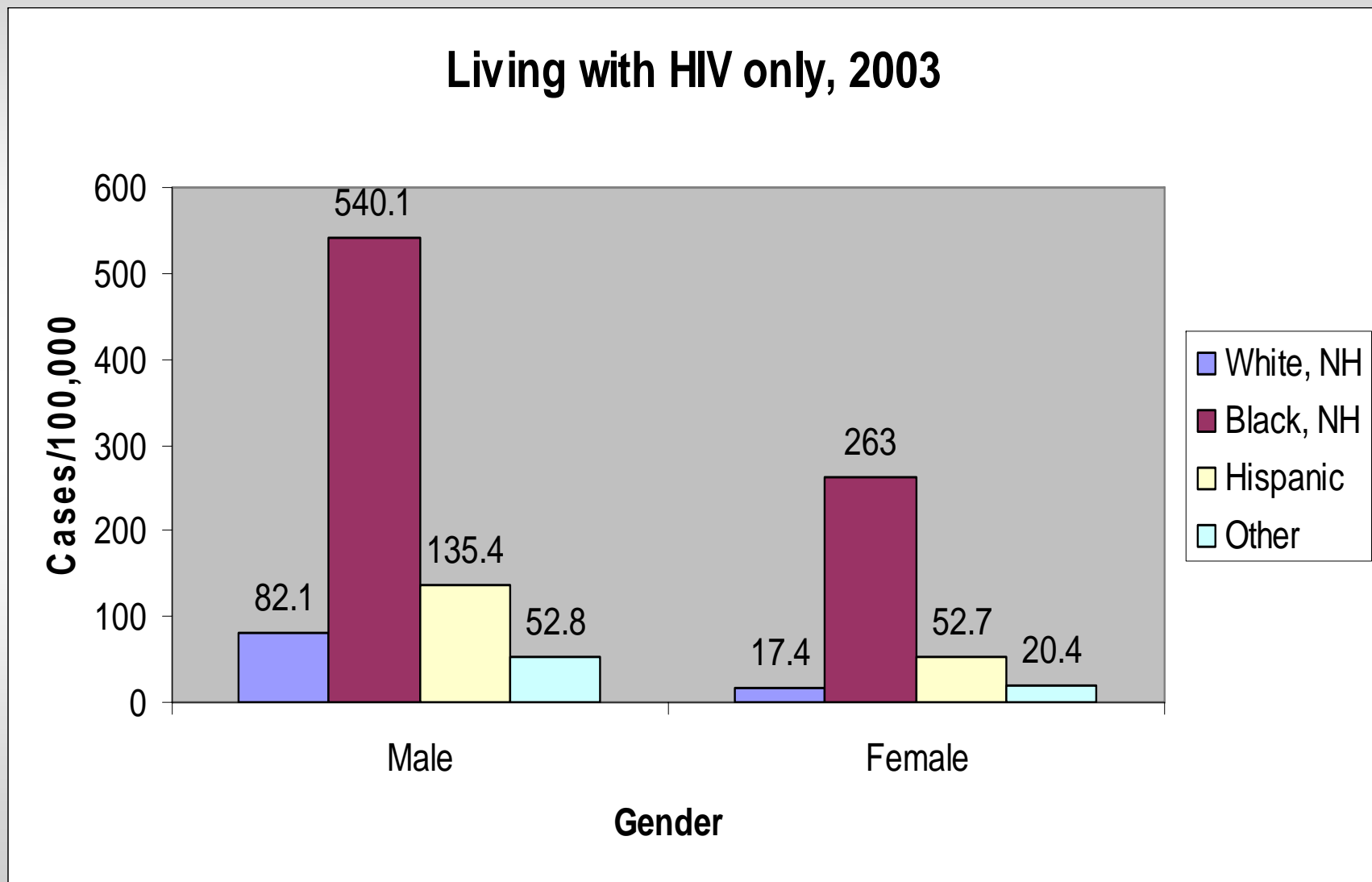
Table 7. Current Asthma, Adults 18 and Older, Virginia, 2002-2003

Respondent Characteristics		% Current Asthma*
Overall	Virginia	7.2
	Nationwide**	7.5
Gender	Men	5.3
	Women	9.4
Race/Ethnicity	White, non-Hispanic	7.0
	Black, non-Hispanic	9.0
	Other, non-Hispanic (incl. multiracial)	6.6
	Hispanic	10.5
Household Income	Household Income <\$15,000	13.0
	Household Income \$50,000 or more	5.8
Education	Less than High School Degree	10.6
	High School Degree or GED	7.7
	Some College	7.5
	College Degree or Higher	6.1
Have healthcare plan (coverage)	Yes	6.8
	No	10.6
Weight	Neither overweight or obese	5.5
	Overweight	6.4
	Obese	10.3
Age	Age 18-24	8.1
	Age 25-34	7.3
	Age 35-44	7.4
	Age 45-54	7.5
	Age 55-64	6.9
	Age 65 and Older	7.3

\* Told by a doctor, nurse or other health professional that you currently have asthma. \*\*Based on 2003 data only.  
Source: Virginia Behavioral Risk Factor Surveillance System. Percentages are weighted.

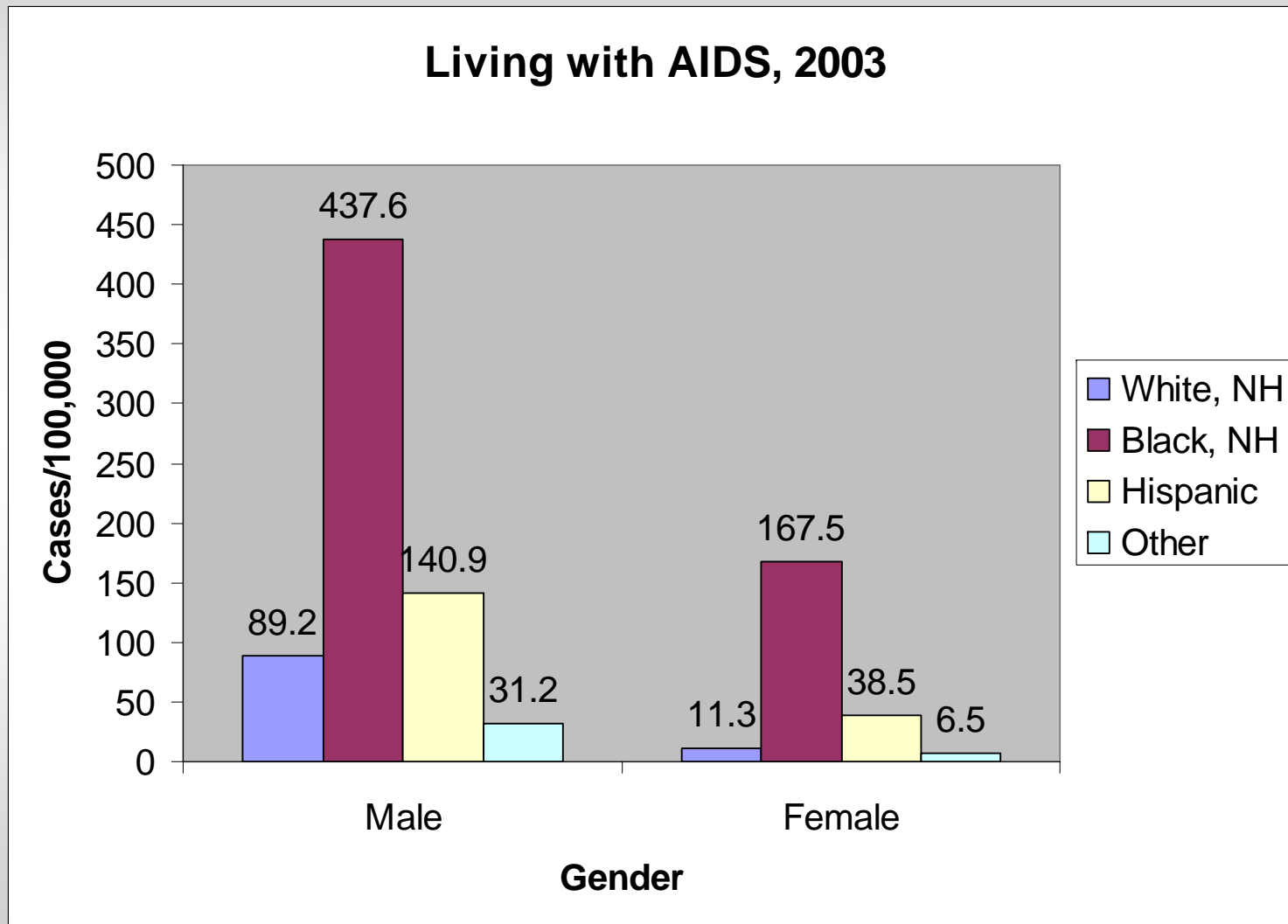


# Virginians Living with HIV, 2003



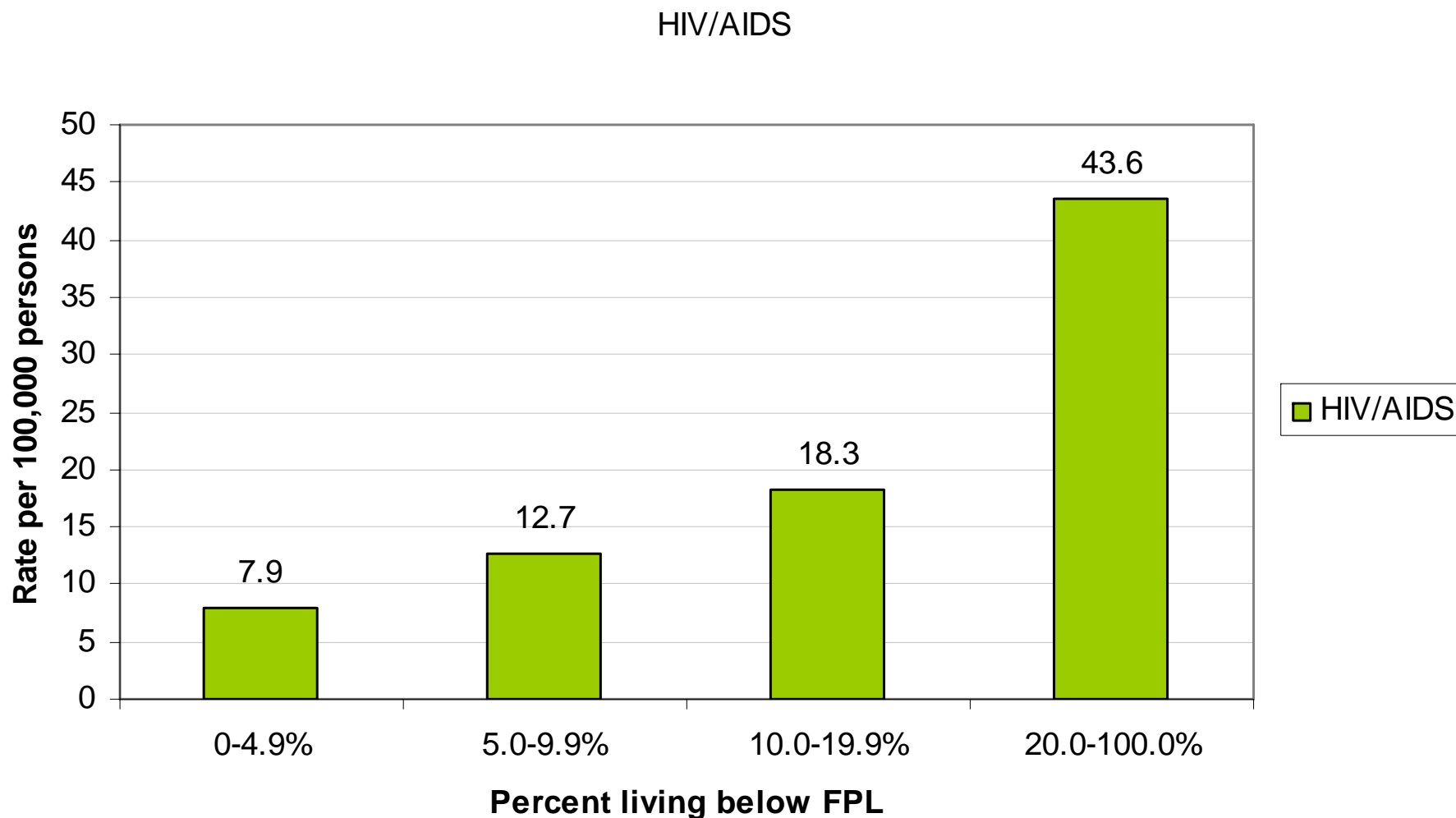
Source: VDH Division of Disease Prevention

# Virginians Living with AIDS, 2003



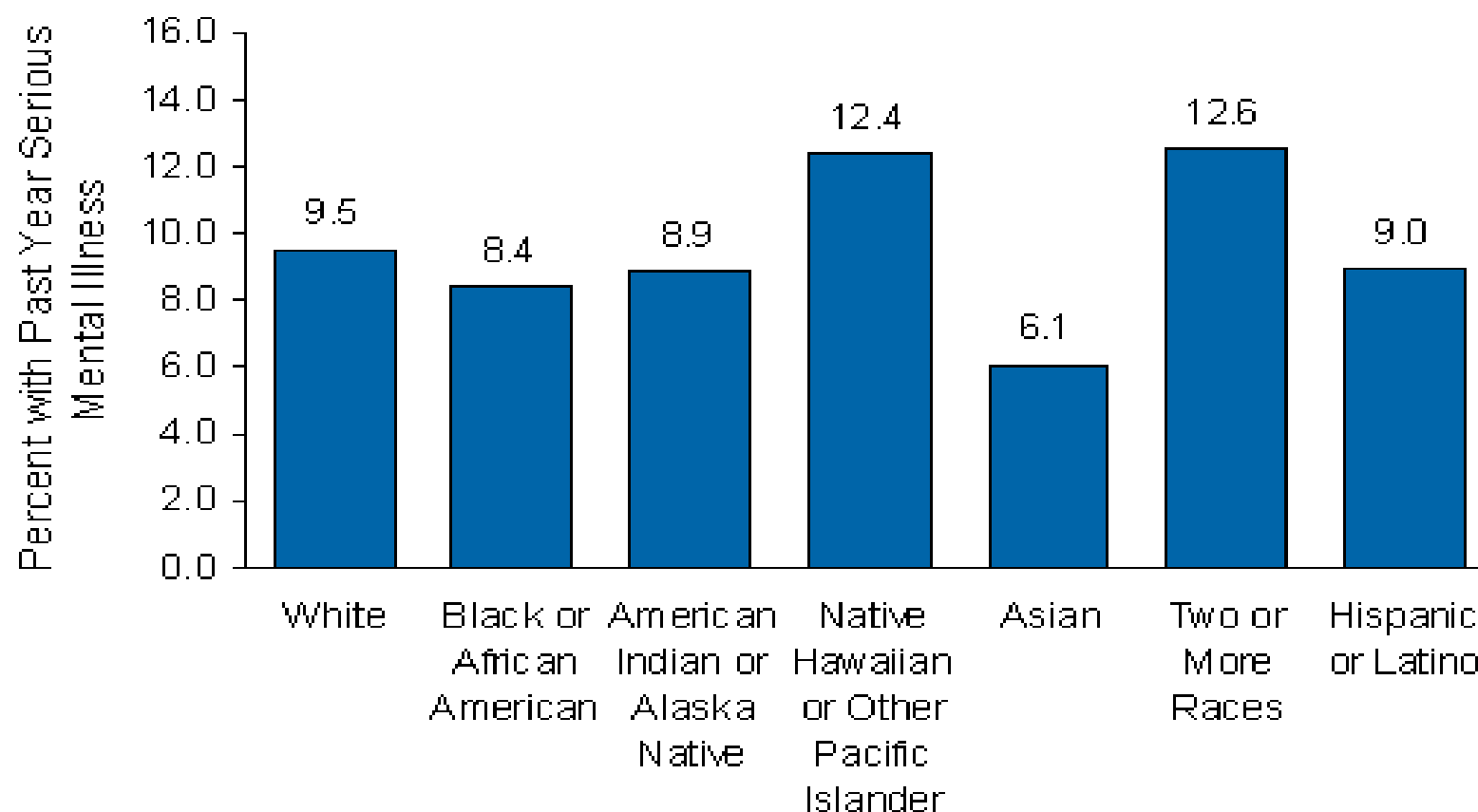
Source: VDH Division of Disease Prevention

# HIV/AIDS Rates by Poverty 2000-2005



Source: VDH Division of Disease Prevention

# Past Year Serious Mental Illness among Adults Aged 18 or Older, by Race/Ethnicity: 2003



Source: Dept. of Health & Human Services. National Survey on Drug Abuse: Volume I. Summary of National Findings; Prevalence and Treatment of Mental Health Problems (2003).

# Obesity Prevalence Virginia 2003

Table 4. Obesity, Adults 18 and Older, Virginia, 2003

Respondent Characteristics		% Obese*
Overall	Virginia	21.7
	Nationwide	22.7
Gender	Male	21.8
	Female	21.7
Race/ethnicity	White	20.3
	Black	34.1
	Other	13.5
	Hispanic	18.9
Household Income	Household Income <\$10,000	29.2
	Household Income >\$75,000	16.6
Education	Less than High School Degree	29.3
	High School Degree or GED	23.7
	Some College	24.3
	College Degree or Higher	16.2
Age	Age 18-24	15.6
	Age 25-34	18.9
	Age 35-44	24.2
	Age 45-54	25.1
	Age 55-64	27.8
	Age 65-74	22.0
	Age 75 or Older	12.6

\*Have a Body Mass Index (BMI), or weight-to-height ratio, of 30 or higher. Height and weight are self-reported.

Source: Virginia Behavioral Risk Factor Surveillance System. Percentages are weighted.





# Current Smoking Virginia 2003

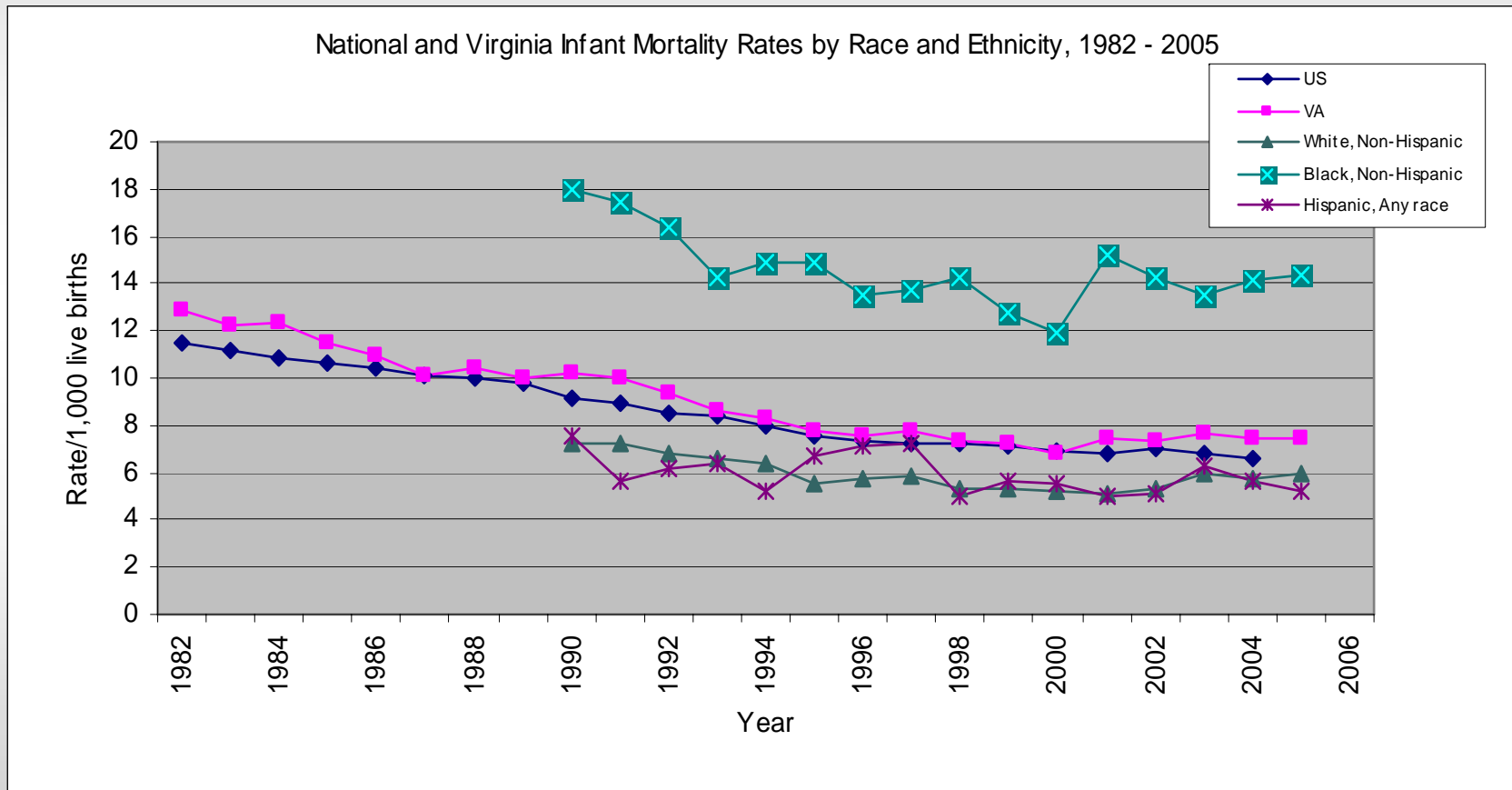
Table 6. Current Smoking, Adults 18 and Older, Virginia, 2003

Respondent Characteristics		% Currently Smoke*
Overall	Virginia	21.9
	Nationwide	22.0
Gender	Male	26.3
	Female	17.9
Race/Ethnicity	White	21.9
	Black	22.0
	Other	18.0
Household Income	Household Income <\$15,000	32.9
	Household Income >\$50,000	16.1
Education	Less than High School Degree	38.3
	High School Degree or GED	29.5
	Some College	22.7
	College Degree or Higher	10.5
Age	Age 18-24	25.6
	Age 25-34	23.9
	Age 35-44	26.0
	Age 45-54	24.5
	Age 55-64	20.1
	Age 65 and Older	9.5

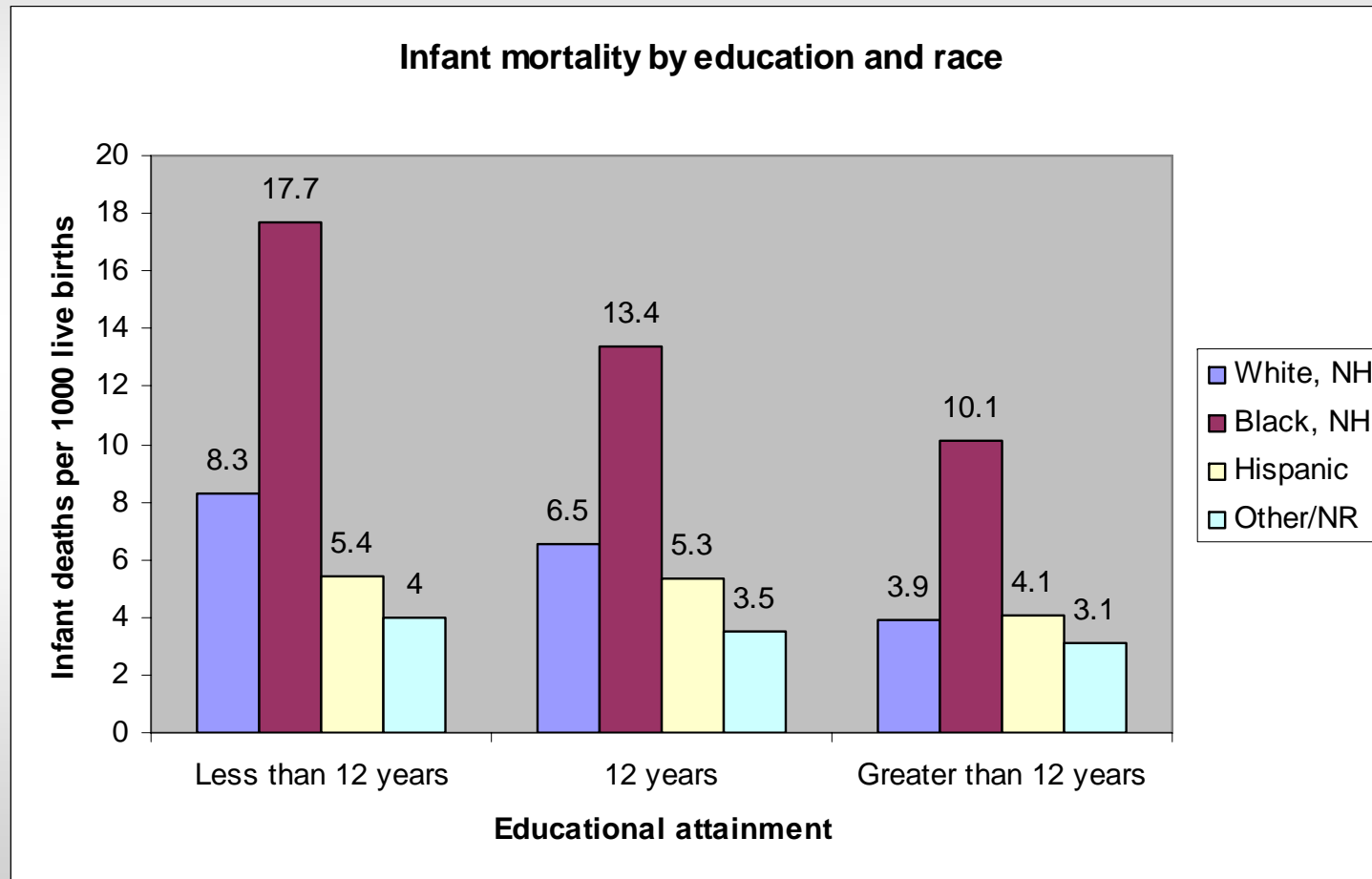
\* Having smoked at least 100 cigarettes in a lifetime and smoking either some days or every day in a month.

Source: Virginia Behavioral Risk Factor Surveillance System. Percentages are weighted.

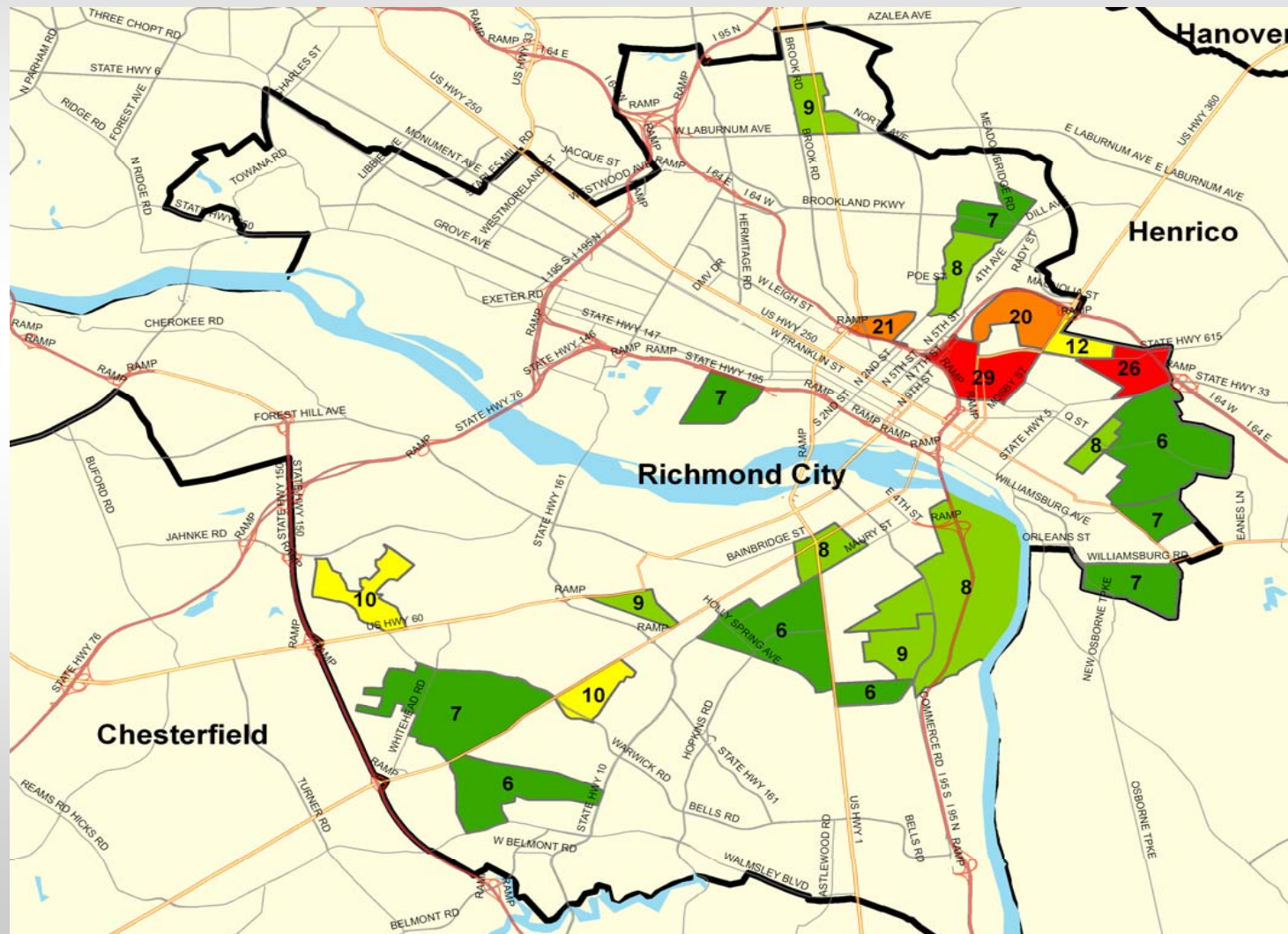
# Infant Mortality Rates in Virginia, 1982-2005



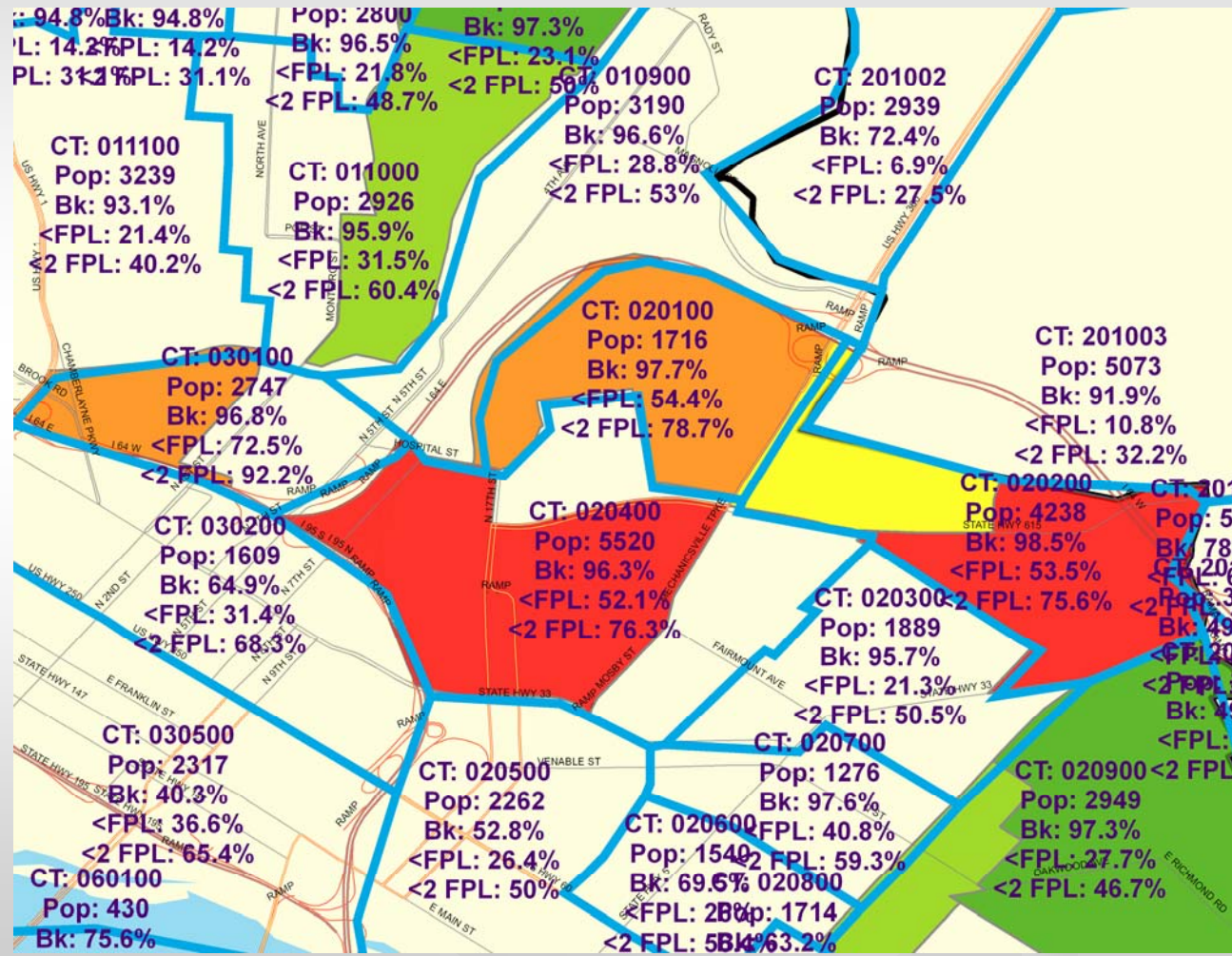
# Infant Mortality in Virginia by Education and Race/Ethnicity, 2002-2004



# Census Block Groups Accounting for > 50% Black Infant Deaths, Richmond 1990-2005

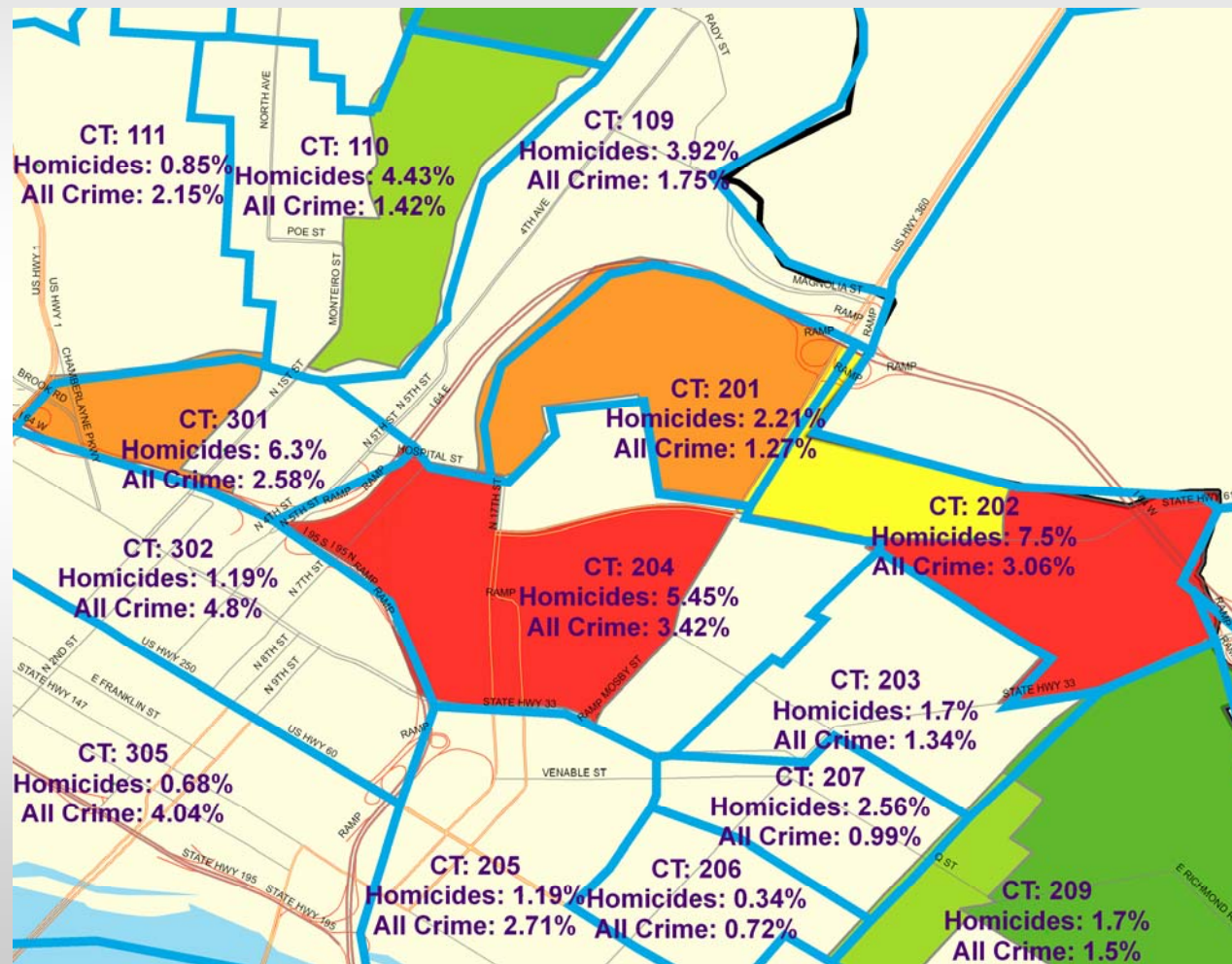


# 1990-2005





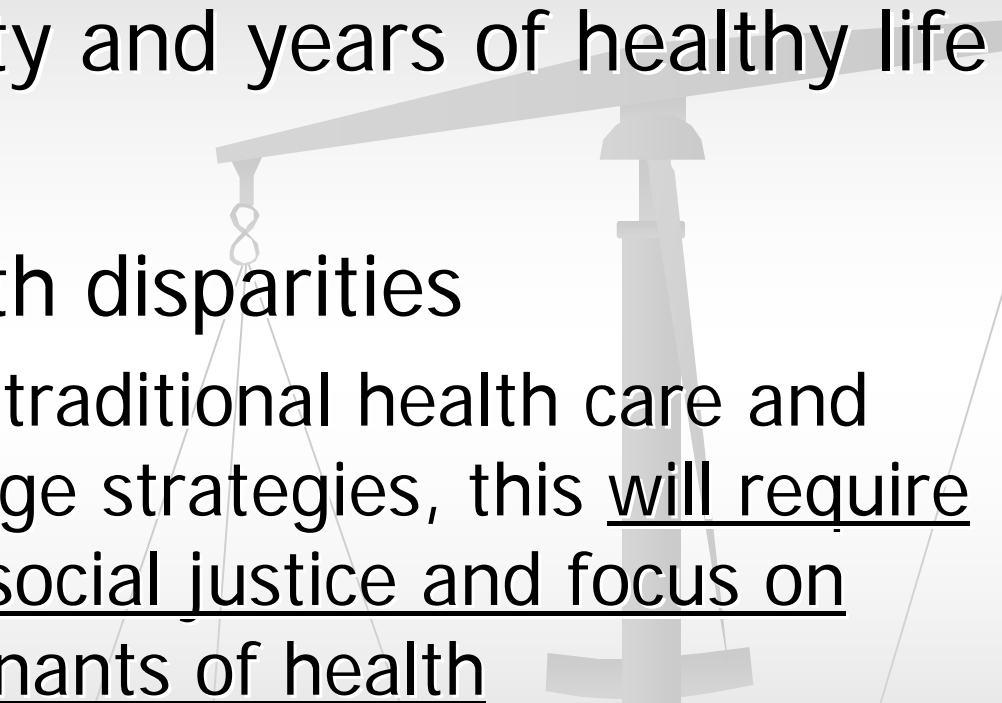
# Census Block Groups Accounting for > 50% Black Infant Deaths, Richmond 1990-2005



# Summary of Health Statistics


- 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
- 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 most, if not all major causes of morbidity and mortality

# Healthy People 2010 and Healthy Virginians 2010

1. Increase quality and years of healthy life
  2. Eliminate health disparities
    - In addition to traditional health care and behavior change strategies, this will require promotion of social justice and focus on social determinants of health
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# Social Determinants of Health

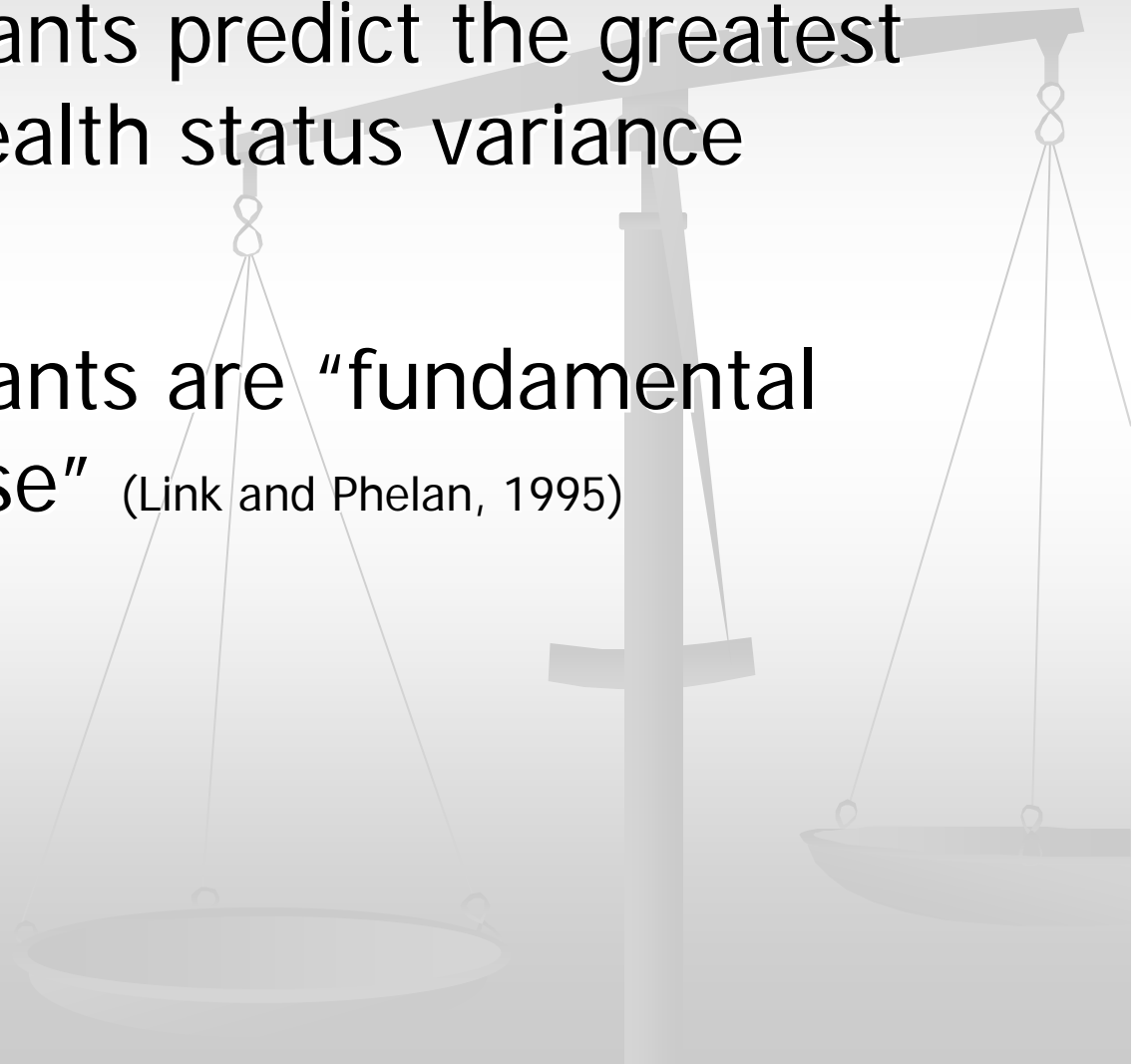
- 
- Socioeconomic status
  - Discrimination
  - Housing
  - Childhood social and economic exposures
  - Food security
  - Physical environment
  - Culture
  - Social support & capital
  - Health care services
  - Transportation
  - Working conditions
  - Democratic participation

# Importance of Social Determinants of Health

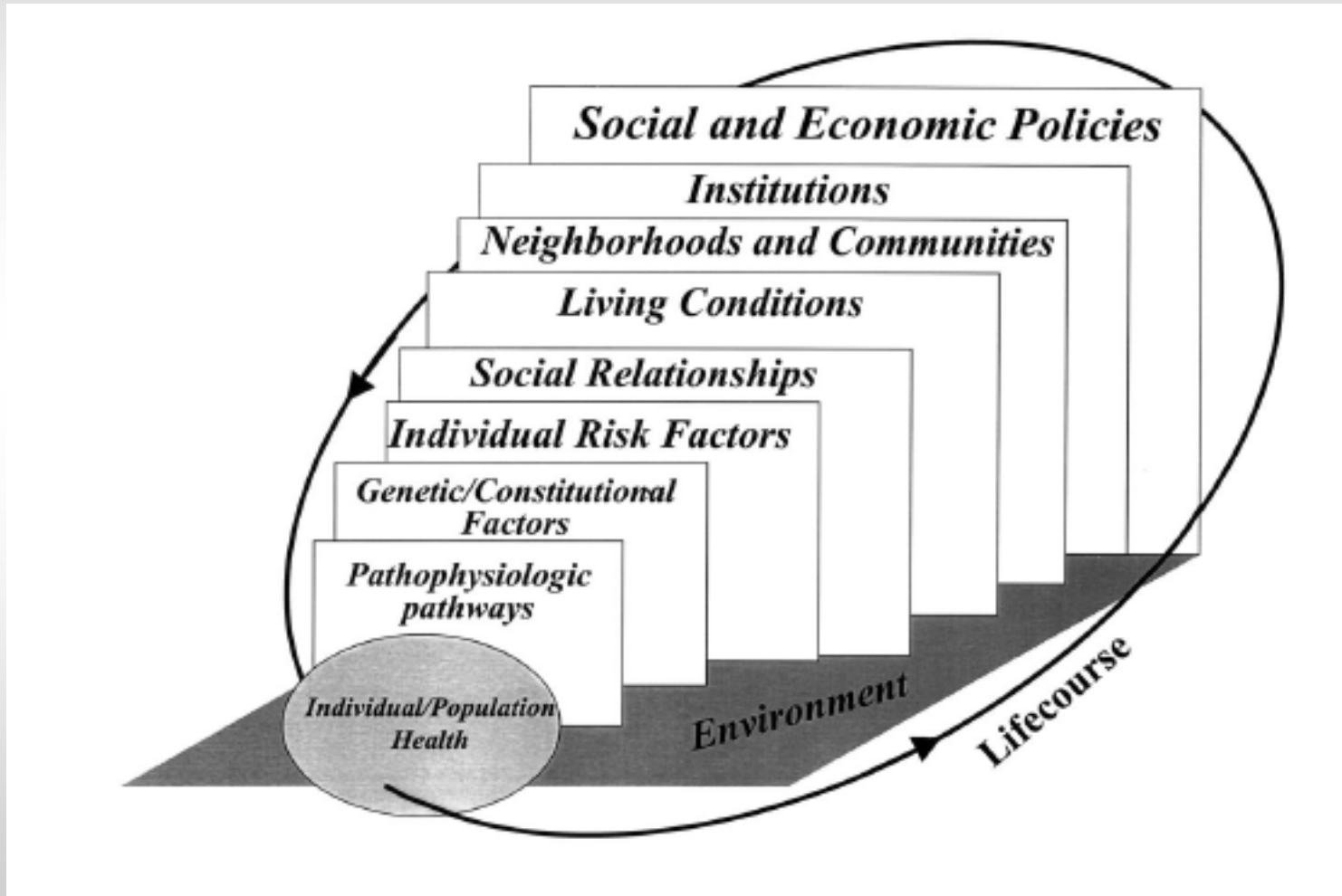
- Presence or absence of SDOH can be predicted by demographic characteristics
- SDOH interact with each other to determine health by:
  - Influencing behaviors
  - Predisposing to environmental risks
  - Creating additional stress and allostatic load (affecting mental and physical health)
  - Acting across the life span and generations

# Importance of Social Determinants of Health

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



# Multilevel Framework of Influences on Health Equity



Kaplan.1999. What is the role of the social environment in understanding inequalities in health? *Annals of the New York Academy of Sciences* 896:116-119.



# What is the Role of the VDH Office of Minority Health and Public Health Policy (OMHPPH)?

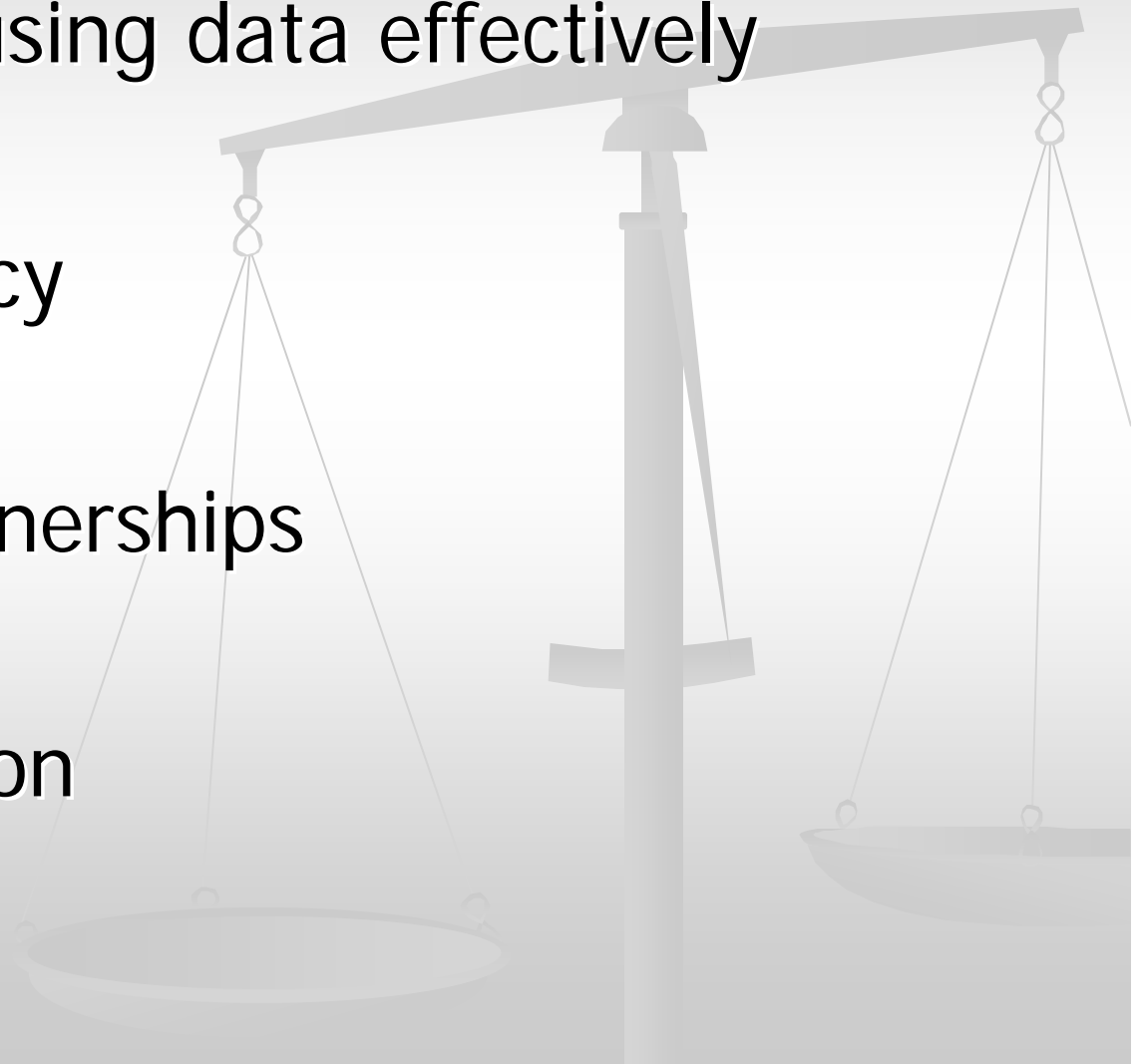
# OMHPHP



- Division of Health Equity
  - State Office of Minority Health-MHAC
  - CLAS Act- Culturally and Linguistically Appropriate Services
  - Community partnerships
  - Unnatural Causes
  - Health Equity Report
- Division of Primary Care and Rural Health
  - Primary Care (State Office of Primary Care)
    - Designation of HPSAs and MUAs
    - Health Workforce
    - Telehealth
  - Rural Health (State Office of Rural Health)
    - FLEX CAH-HIT Network, SHIP, Rural Health Plan

# OMHPPHP Strategic Directions

- Collecting and using data effectively
- Influencing policy
- Leveraging partnerships
- Sharing the vision





**What Strategies Would Have the  
Greatest Impact on Health  
Inequities?**



# Strategies to Advance Health Equity

- Health Care
- Health Promotion
- Social Determinants of Health (SDOH)



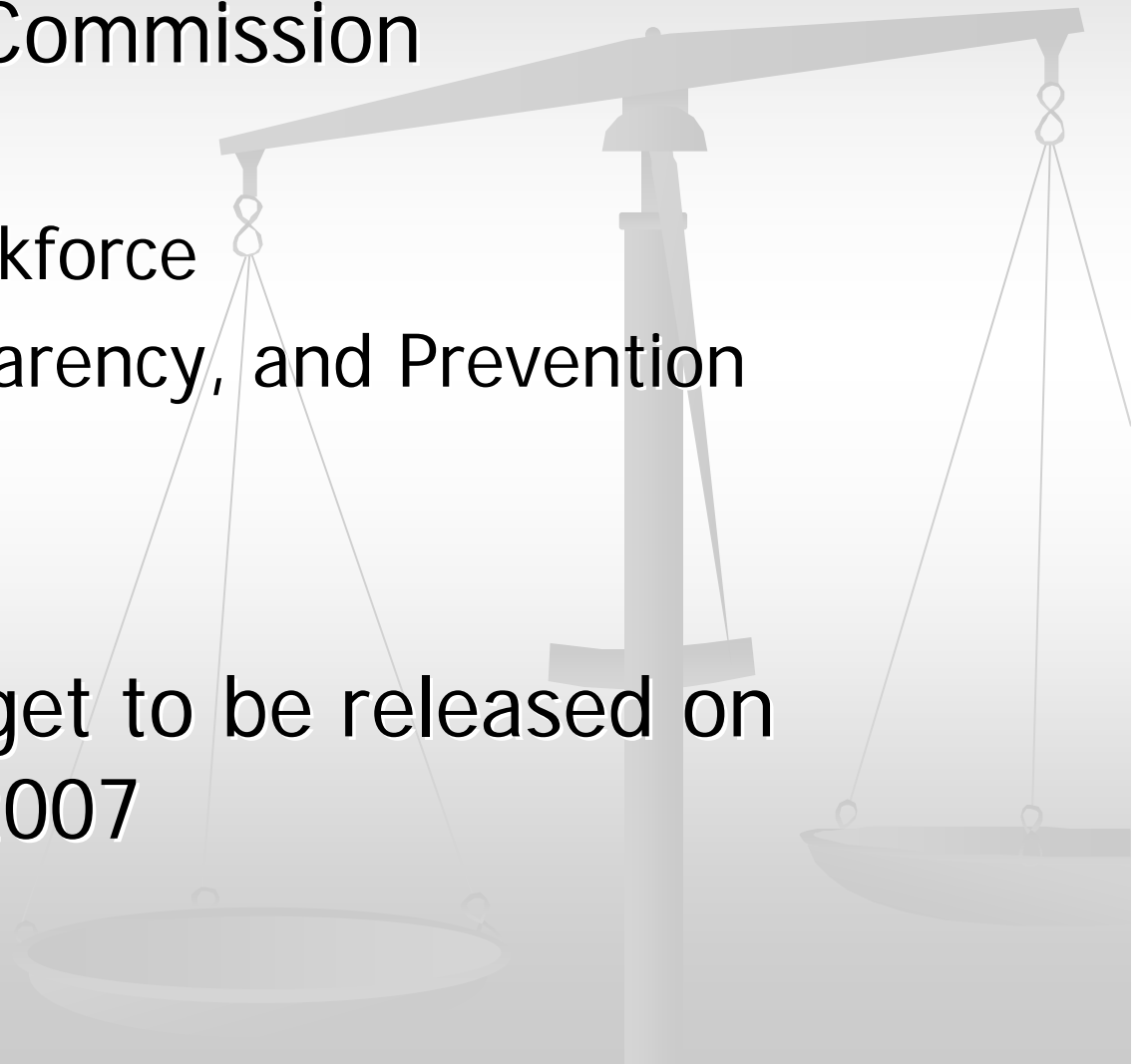
# Strategies to Advance Health Equity

- Data
- Evidence-based interventions and policies
- Partnerships




# Health Care

- Health Reform Commission
  - Access to Care
  - Healthcare Workforce
  - Quality, Transparency, and Prevention
  - Longterm care
- Governor's budget to be released on December 17, 2007



# Health Promotion

- Community-based participatory interventions and research with goals of:
    - Health promotion and disease prevention
    - Behavior change
    - Social change
  - Multi-level, evidence-based interventions
  - Culturally and linguistically appropriate
- 

# Social Determinants of Health

- "The primary determinants of disease are mainly economic and social, and therefore its remedies must also be economic and social. Medicine and politics cannot and should not be kept apart."

-Rose, Geoffrey, *The strategy of preventive medicine*.  
Oxford (Oxford University Press), 1992.

# Social Determinants



- The Black Report, 1980
  - Commissioned by British Labour Party
- The Acheson Report, 1998
  - Commissioned by British Labour Party
- The World Health Organization Commission on the Social Determinants of Health, 2007
- Reaching for a Healthier Life, 2007
  - John D. and Catherine T. MacArthur Foundation Research Network on Socioeconomic Status and Health

# Acheson Report, 1998

## General Recommendations

- Health Impact Assessment (HIA) for all policies likely to have direct or indirect influence on health
- Monitor health inequities & SDOH and evaluate effectiveness of measures to reduce them
- Priority focus on policies to improve health and reduce inequities among women of childbearing age, pregnant women, and children

# Reaching for a Healthier Life

John D. and Catherine T. MacArthur Foundation

- Policies that affect the steepness of the SES ladder

- **Education policies**

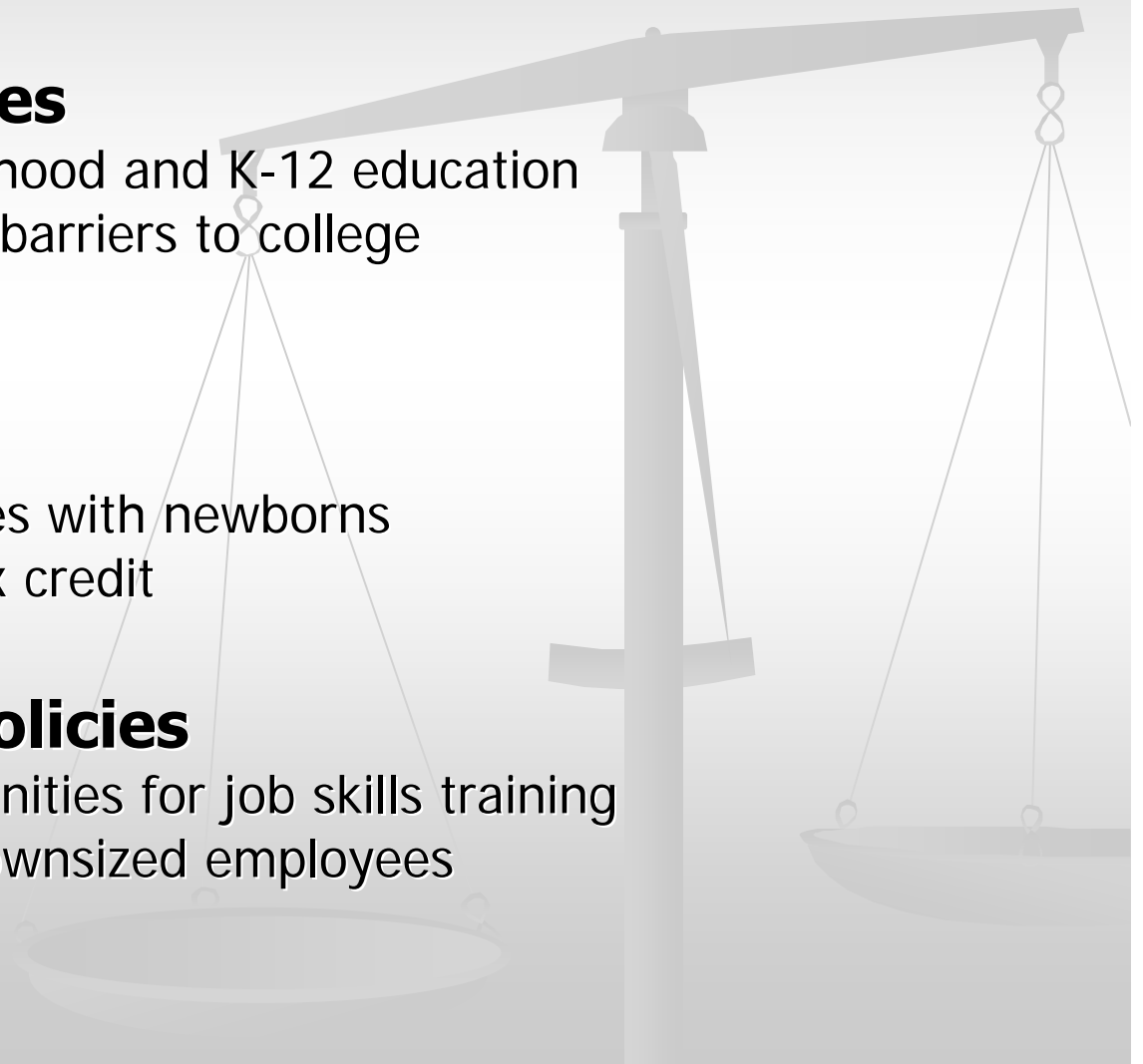
- Quality early childhood and K-12 education
    - Reduced financial barriers to college

- **Fiscal policies**

- Minimum wage
    - Support for families with newborns
    - EITC and Child tax credit

- **Skills training policies**

- Increased opportunities for job skills training
    - Job training for downsized employees





# Reaching for a Healthier Life

John D. and Catherine T. MacArthur Foundation

- Policies that buffer the adverse consequences of living lower on SES ladder

- **Policies Affecting the Environment**

- Segregation and affordable housing
- Enforcement of housing codes
- Land use planning and community redevelopment
- Reduce crime

- **Policies Affecting the Workplace**

- Reduce exposure to toxins and psychosocial stress
- Increase opportunities for control over work demands
- Provide sufficient family leave and reduce work-family conflict



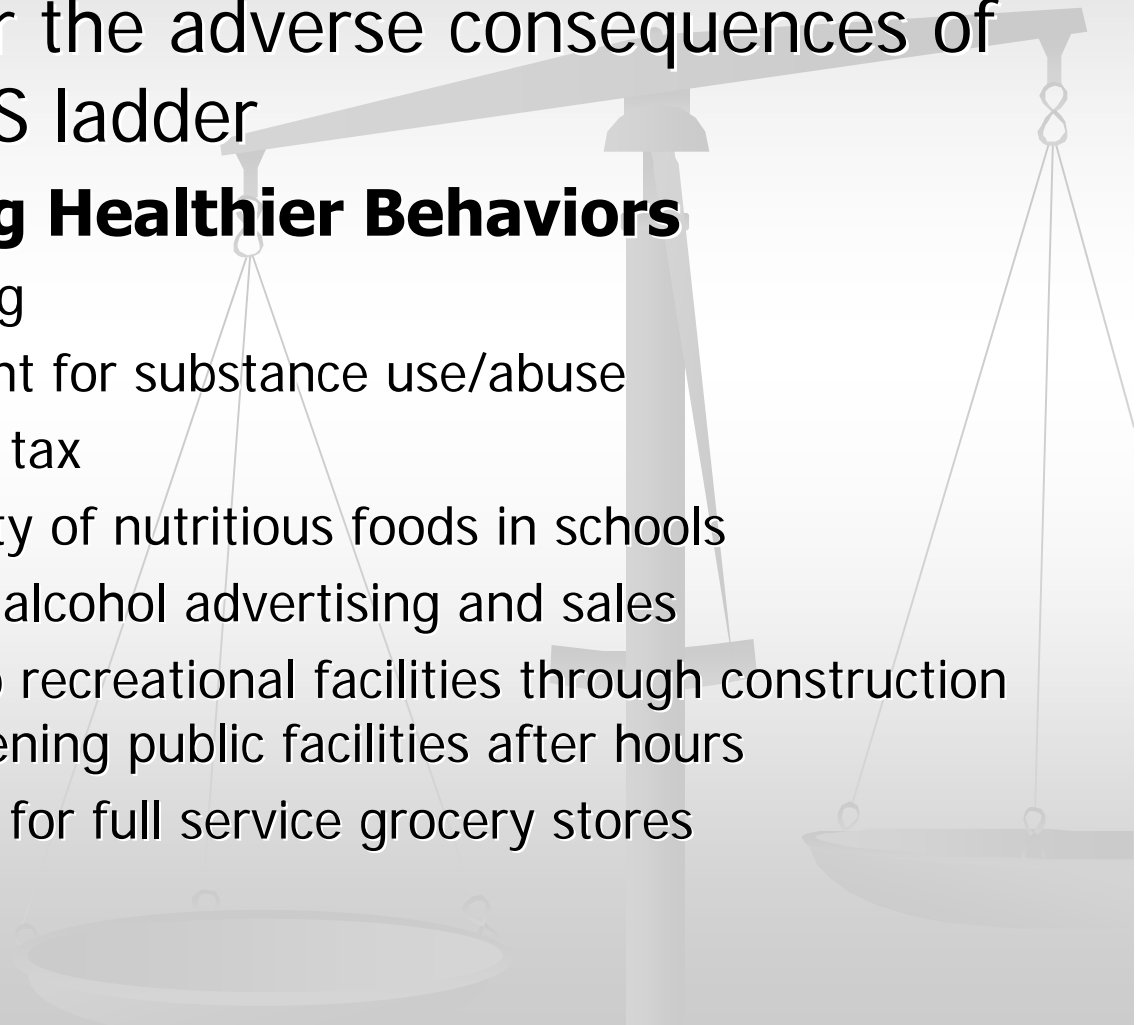
# Reaching for a Healthier Life

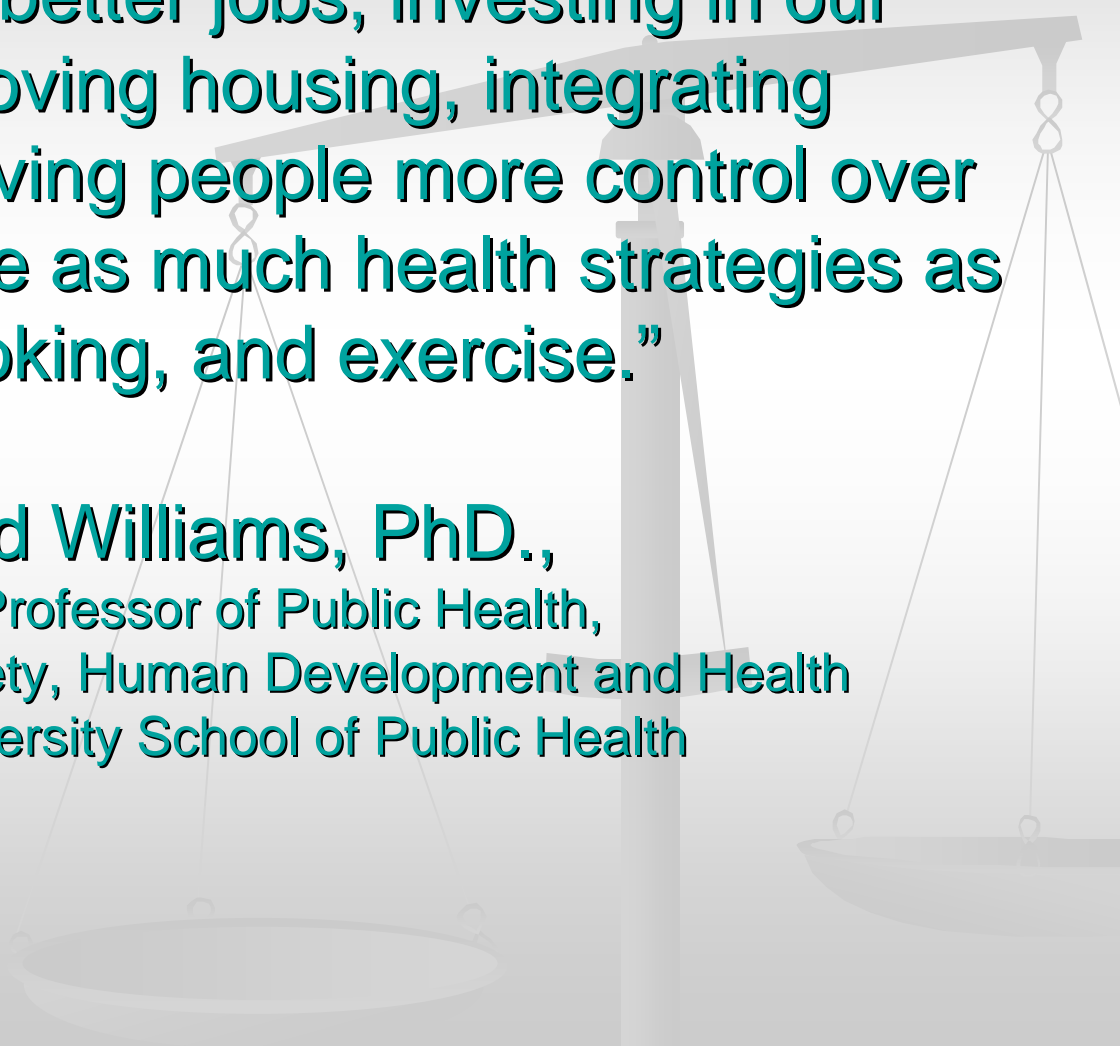
John D. and Catherine T. MacArthur Foundation

- Policies that buffer the adverse consequences of living lower on SES ladder

- **Policies Enabling Healthier Behaviors**

- Ban public smoking
- Subsidize treatment for substance use/abuse
- Increase cigarette tax
- Increase availability of nutritious foods in schools
- Limit tobacco and alcohol advertising and sales
- Increase access to recreational facilities through construction incentives and opening public facilities after hours
- Provide incentives for full service grocery stores





“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