Health Equity In Indiana…..
What is Happening Now!

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Indiana State
Department of Health

Outline For Today's Session

- Disparities and Equity

- Explore Reasons Why

- Guidance and Direction: What needs to be done; What is being done now about inequities.

- Answer Questions

At this moment…

As people from varying cultures and races come together or collide, local governments, communities, and other institutions deal with a host of new issues, from conflicts over spending, access to care, workforce diversity, to violence in the streets, immigration, and language barriers.

Figure 2

Distribution of U.S. Population by Race/Ethnicity, 2010 and 2050
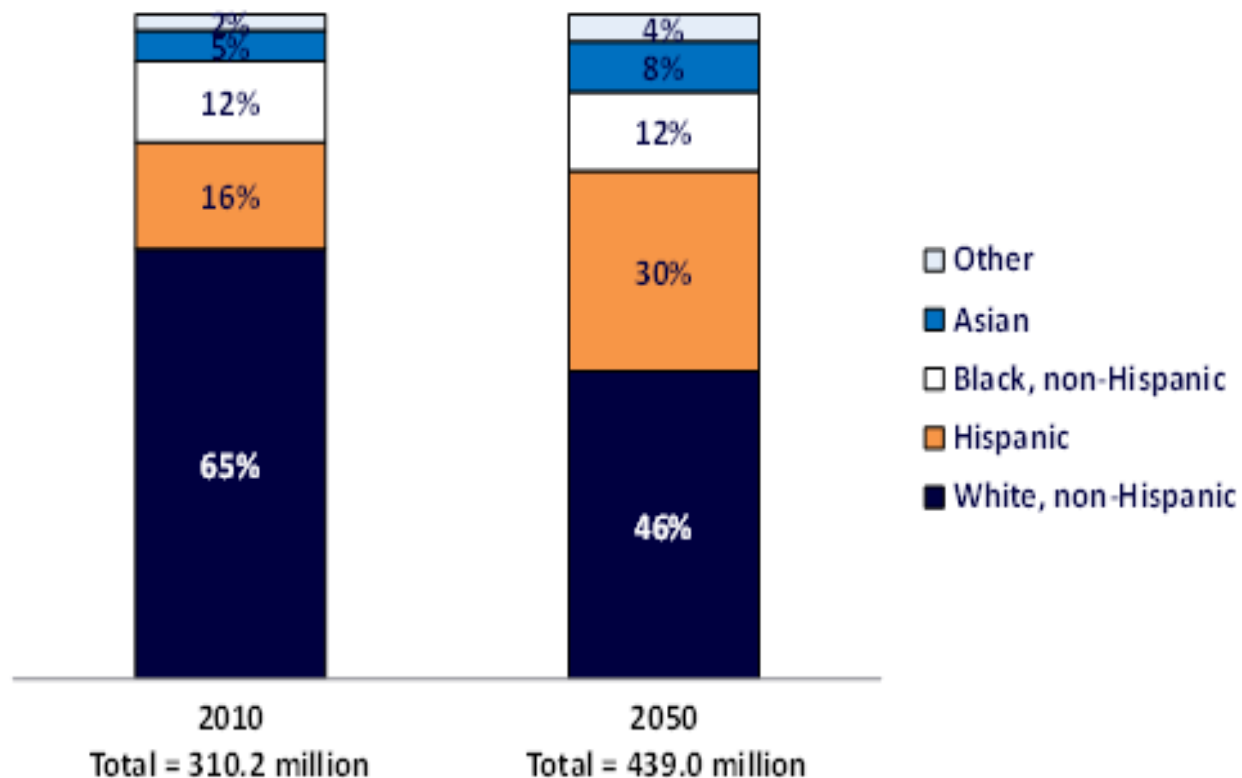
NOTES: All racial groups non-Hispanic. Other includes Native Hawaiians and Pacific Islanders, Native Americans/Alaska Natives, and individuals with two or more races. Data do not include residents of Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Marina Islands.
SOURCE: U.S. Census Bureau, 2008, Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: July 1, 2000 to July 1, 2050. http://www.census.gov/population/www/projections/downloadablefiles.html.

Demographics

According to US Census Bureau:

-- **World** 7,370,772,406

-- **U.S. 323,143,157** (as of 2/9/17 at 2:45pm)

People Reporting One Race (2016 Census Estimates)
6,633,053 (IN)

	Percent
■**White**	86.1%
■**Black**	**9.6%**
■**Native American Indian**	**0.3 %**
■**Asian**	**2.0%**
■**Pacific Islander**	**0.1 %**
■**Hispanic or Latino**	**6.6%**

* U.S. Census Bureau

"It is time to refocus, reinforce, and repeat the message that health disparities exist and that health equity benefits everyone ."

Kathleen G. Sebelius,

Former Secretary, Health & Human Services

Disparities/ Equity

- Every person in every community across the nation deserves equal access to comprehensive, culturally competent, and community-based health care systems.

- Healthy People 2020 described **health disparities** as "particular types of health difference that are closely linked with social, economic, and/or environmental disadvantage.

Disparities/ Equity

- Healthy People 2020 characterized **health equity** as "the attainment of the highest level of health for all people.

Disparity & Equity

Disparity: A noticeable and often unfair difference between people or things

Health disparity: A higher burden of illness, injury, disability, or mortality experienced by one population group relative to another group.

Health equity: When every person has the opportunity to realize their health potential — the highest level of health possible for that person — without limits imposed by structural inequities.

Who Will Be Successful….
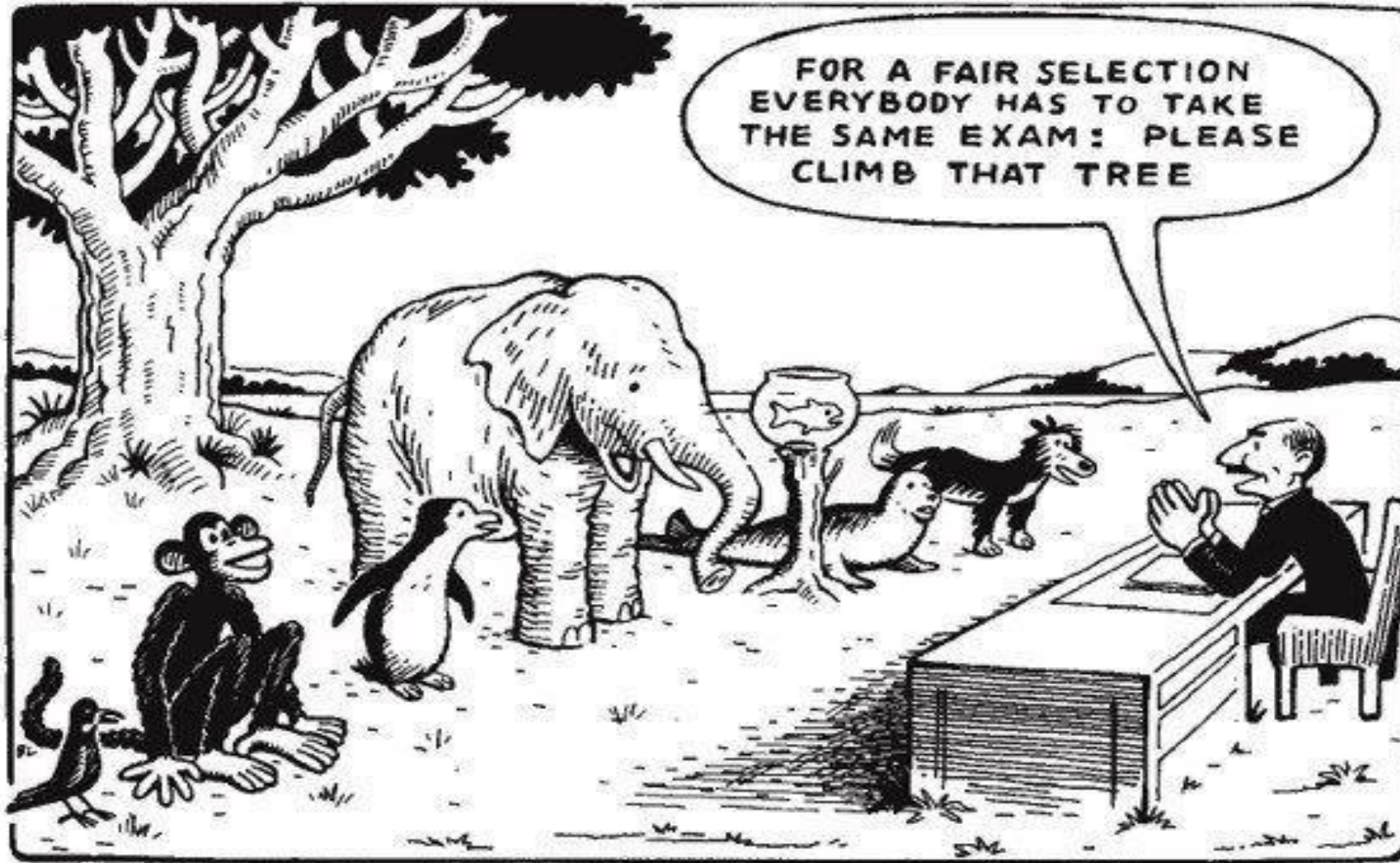
What Causes Disparities

- **Diversity of cultural values and beliefs about illness, healing and help seeking**
- **Differences in language and use of English**
- **Socioeconomic conditions**
- **Racism/Prejudice/ Social Injustice**
- **Lack of information about available services**
- **Immigration status**
- **Physical limitations, disabilities or other stressors**
- **Access/ Location of service delivery**
- **History of previous abuse or trauma**

Stereotypes

Stereotypes

An oversimplified image or statement applied to a whole group of people, without regard for the individual.

Bias

Bias is a predisposition to see events, people or items in a positive or negative way. Bias is an attitude or belief.

Silent Collusion

To go along with through silence.

Ally

Someone who speaks up on behalf of someone else.

Other Causes of Health Disparities

- **Lack of data and research**
- **Segregation and its link to vulnerability**
- **Lack of diversity in health care providers**
- **Lack of culturally competent services**
- **Lack of physicians in rural areas**
- **Poor nutrition**
- **Poor public education**

"Health Equity is Everybody's Work." – Dr. Anneta Arno

WHAT IS CULTURE?

- Traditional definitions of culture have focused on a variety of components such as, values, customs, beliefs, heritage, and norms of a particular group of people from a particular society.

Culturally Competent Health Care

- **An approach to health care that offers all participants equal access and opportunity to receive quality care, resources, education, and medical purchasing efficiency through elimination of structural barriers and respect for the cultural context of each individual.**

Cultural beliefs and preferences

- Cultural beliefs and preferences can affect health status and health care decisions.
- Some Hispanic men believe diabetes is a "death sentence."
- In some Asian cultures, cancer is taboo. As a result, some cancer patients are reluctant to seek or heed medical advice.
- Muslim women may prefer to see providers who are of Arab descent. Muslim women also prefer female practitioners because women are required to be clothed in front of men.
- Asking questions of health care providers is seen as disrespectful in some cultures.
- Some American Indian cultures believe that talking about an illness will cause the illness to occur.

Cultural Assimilation

- Cultural assimilation can become complicated if the individual can't control his or her life choices and decisions.

- Staff can become frustrated if individuals are unwilling to cooperate with care as a result of these fears and anxieties.

- When residents feel uncomfortable with their surroundings because of language barriers or differences in social norms, they can feel threatened by different and strange-seeming mannerisms.
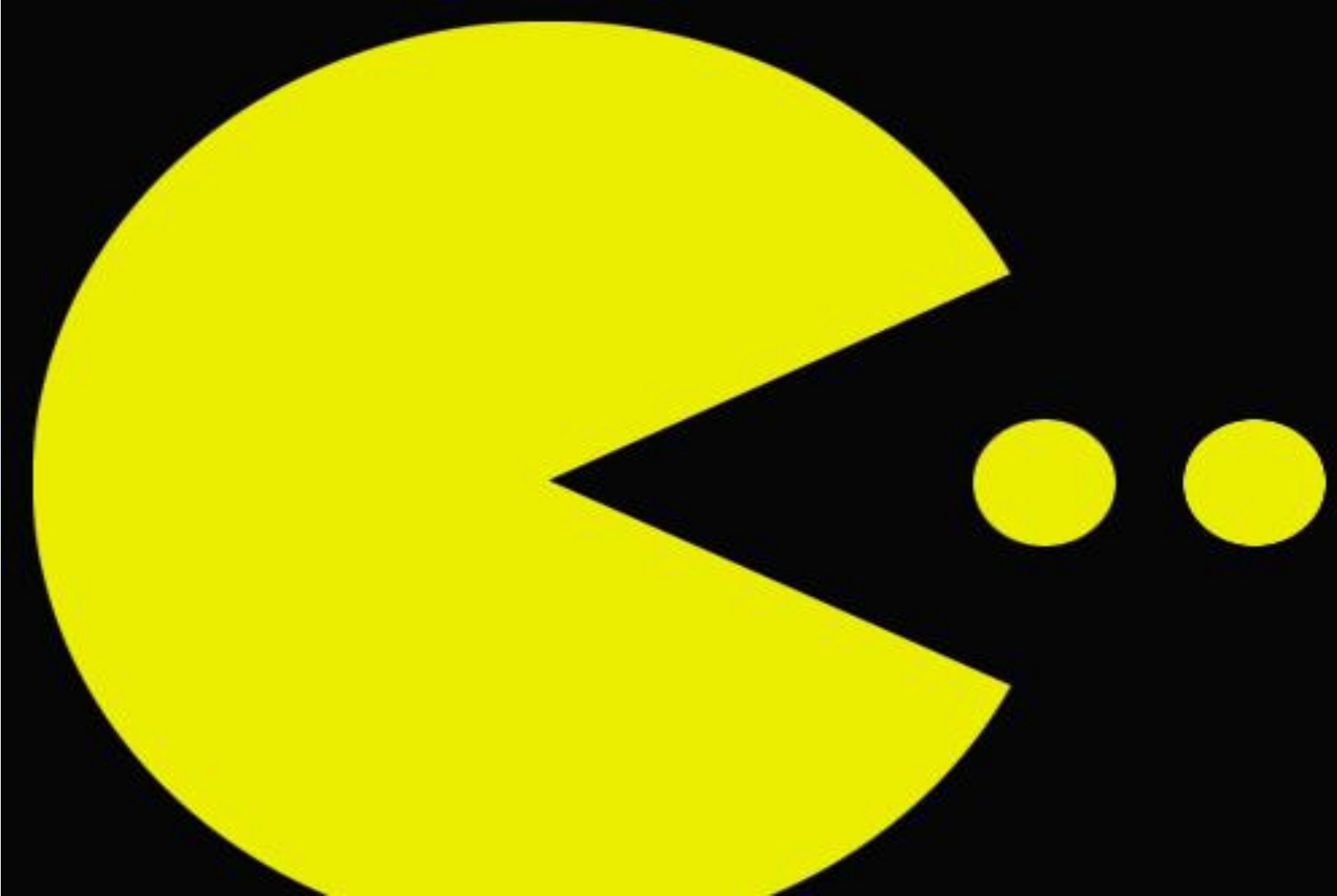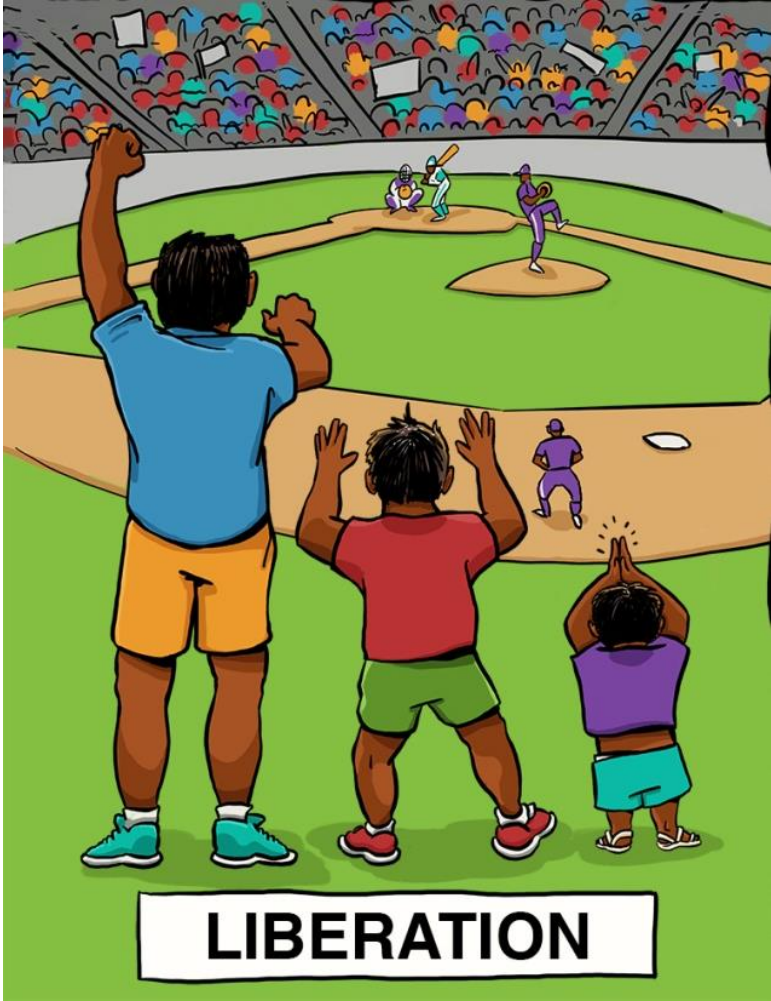
"Culture eats strategy for lunch every day."
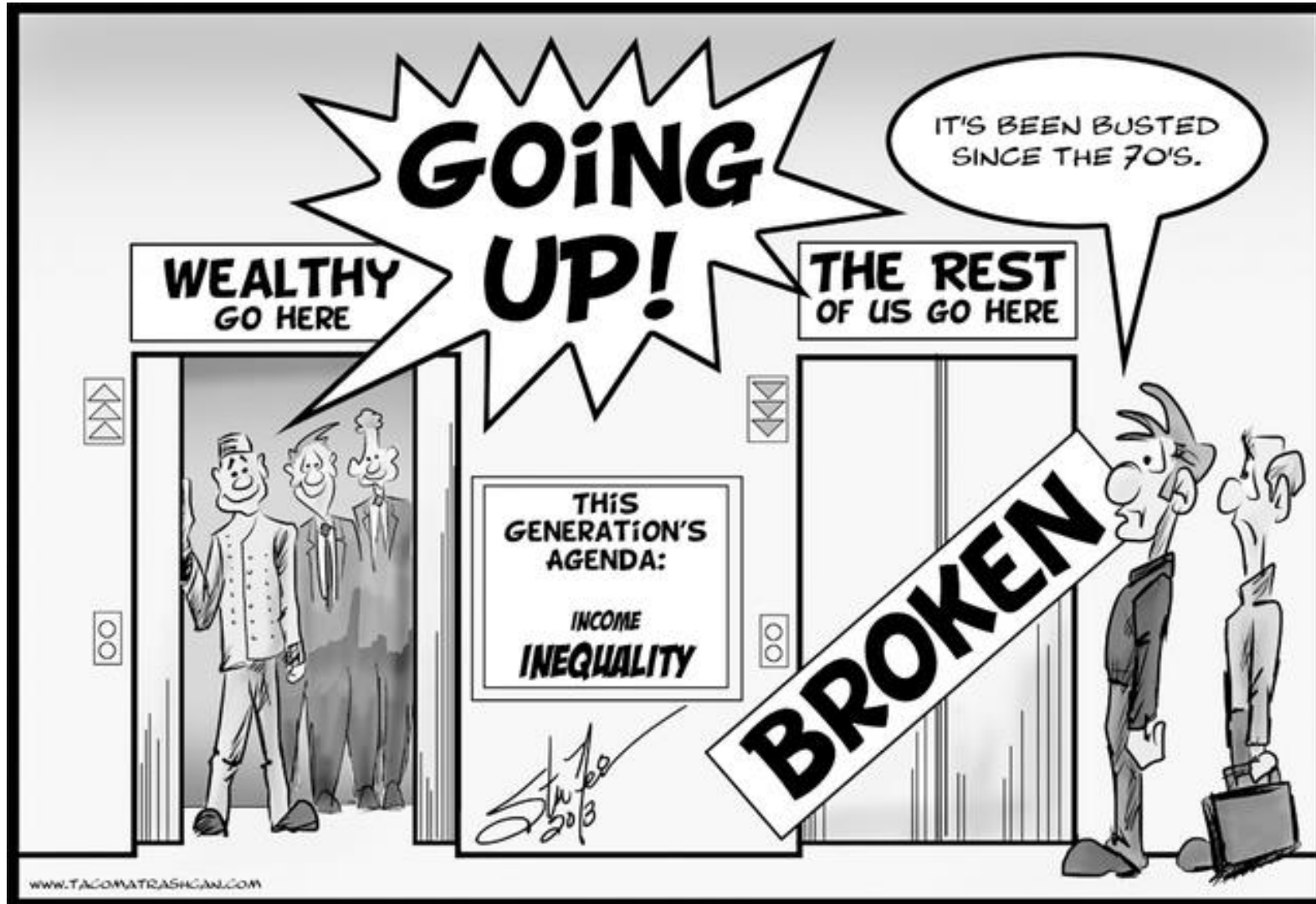
When looking at Health Equity
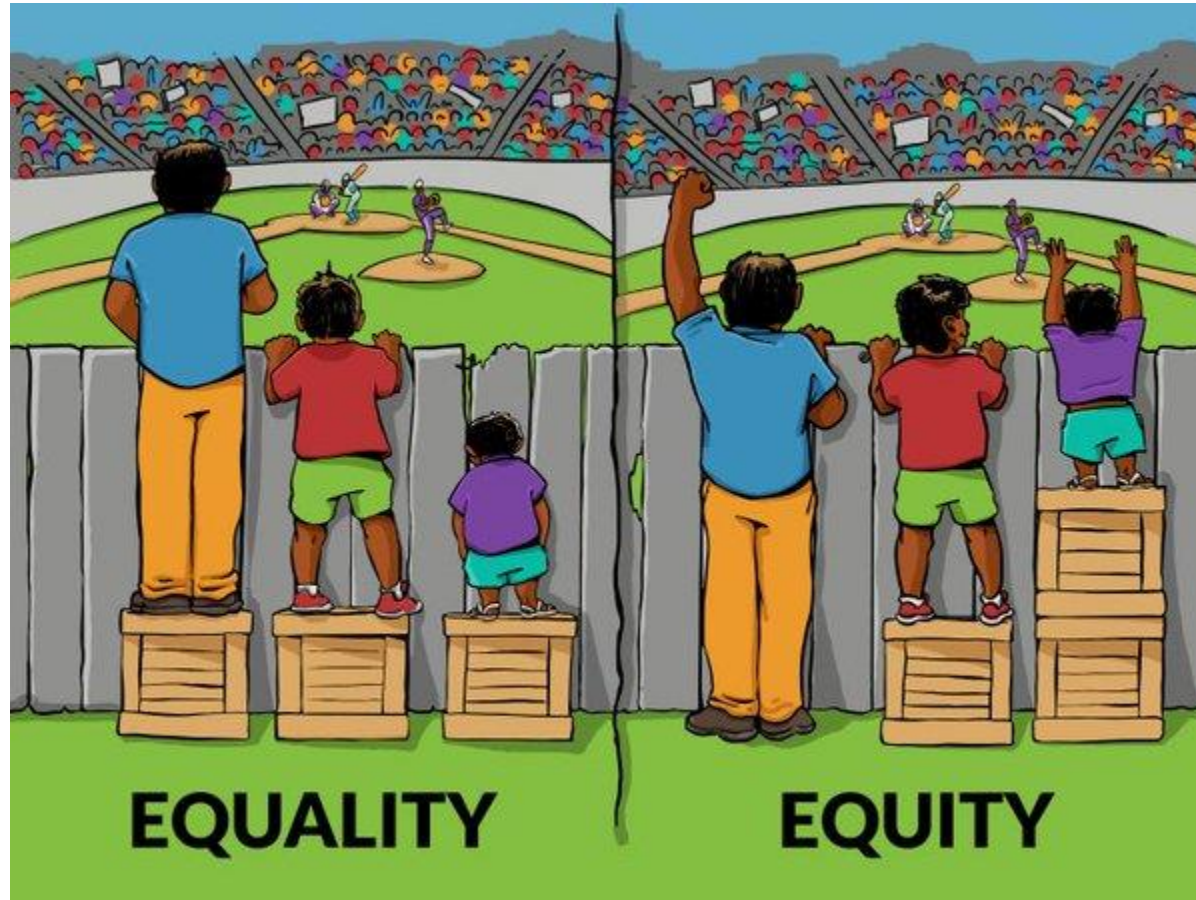
Still Looking at Health Equity

Liberation of Health Equity

Social Determinants of Health

The social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. (World Health Organization)

Social and Political Determinants of Health

- **Economic environment**
- **Social Environment**
- **Physical environment**
- **Services**

Addressing the Social Determinants of Equity

- Involves monitoring for inequities in exposures and opportunities, as well as for disparities in outcomes
- Involves examination of structures, policies, practices, norms, and values
- Requires intervention on societal structures and attention to systems of power

# Examine Social Determinants of Health

- Food Dessert
  - Who
    - Lower SES, Poverty
    - Racial and Ethnic Minorities
  - Barriers
    - Access
    - Gentrification
    - Misconceived

Reflection

- The thoughts, behaviors, and/or values of service providers <u>impact</u> the interactions and strategies used with a diverse group of children, families, and professional staff.

- It is critically important for service providers to <u>expand</u> their understanding of diversity so that the quality of strategies implemented will <u>truly and authentically reflect</u> respect, acceptance, and appreciation for the diversity of beliefs, practices, characteristics, or behaviors that may exist among and between the diverse populations or groups that will benefit from bias-free services provided.

What are the environmental influences?

- Family History
- Personal Experiences
- Personal Values
- Professional or Work Influences
- Cultural Influences
- Historical Influences

(NCSC, 2012)
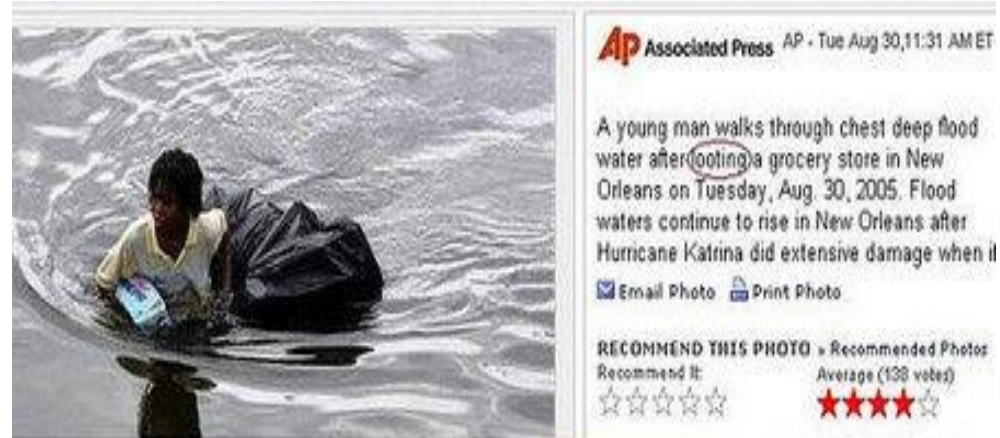
To accelerate health equity in this era of health care and public health, we must bolster collaborations that reach across sectors such as education, justice, housing, and labor and confront the structural forces and social, economic, and political influences on the health of our communities.

Dr. J. Nadine Gracia

Deputy Assistant Secretary for Minority health and Director of the Office of Minority Health US DHHS

What Do We Need To Do

- Partnering with traditional and non-traditional entities
- Educate the senior leadership team and ask for their active participation
- Expand the team to include expertise in cross-cultural issues
- Look into your communities.
- Intentional focus on race and equity
- Communicate

THE PROCESS OF CULTURAL COMPETENCE
IN THE DELIVERY OF HEALTHCARE SERVICES

How Can You Make the Difference

- To effectively deliver services to diverse groups, public health professionals must be culturally competent in assessing, planning, implementing, and evaluating public health interventions.

- Involve the population you serve in planning efforts.

- Cultural and linguistic competence has to become a necessity for the survival of any organization .

Diversity

▶ Diversity as legal obligation

▶ Diversity as moral obligation

▶ Diversity as a means for creating benefits for the organization

  ▶ Improved moral

  ▶ Improved creativity

  ▶ Improved productivity

  ▶ Greater trust

  ▶ Reduced risk of explosive incidents

Beyond Individual Behaviors

- Address the social determinants of health, including poverty, in order to achieve large and sustained improvements in health outcomes
- Address the social determinants of equity, including racism, in order to achieve social justice and eliminate health disparities

Communication

- Different levels of communication to be aware of:
  - Body language
  - Tone
  - What and how it is said
  - Cultural implications of what and how it was said

- Steps for effective communication:
  - Pay attention to how you communicate
  - Be aware of the entire communication process (including the environment)
  - Take the time to listen

https://www.youtube.com/watch?v=8Ox5LhIJSBE

What's Being Done

- Minority Health and Health Disparities Research and Education Act of 2000
- Racial and Ethnic Approaches to Community Health (REACH)
- Affordable Care Act (ACA)
- National Partnership for Action

CLAS Standards

- Culture and language are vital factors in how health care services are delivered.
- Health Care Organizations should respond with sensitivity to the needs and preferences of culturally and linguistically diverse patients/consumers.
- Providing culturally and linguistically appropriate services (CLAS) to clients and patients has the potential to improve access to care, quality of care, and health outcomes.

Programs and Initiatives that Address Health Disparities

- Office of Minority Health (National/ State)
- Indiana Minority Health Coalition
- Minority Health Initiative
- Interagency Council on Black & Minority Health
- Minority Health Partners
- Department of Health and Human Services (CDC, SAMHSA, CDC, CMS, FDA, ARHQ)
- National Association of State Offices of Minority Health
- Social Organizations (NAACP, LACA, AARP)

Upcoming Opportunities

- Minority Health Partners

- Annual Minority Health Month

- Future Cultural Competency Trainings
  - http://videocenter.isdh.in.gov/videos/video/2466/
    - Training on Bias

For More Information

Office of Minority Health

inomh@isdh.in.gov

317-233-8449

What Would You Do….

A little boy's death sheds light on our fractured health system

- The case of Deamonte Driver, a young boy living in Maryland, highlights how lack of access to preventive services can lead to illness and even death, ultimately fueling health disparities.
- In 2007, Deamonte died at the age of 12 because of an infection from a tooth abscess.
- Initially, a lapse in Medicaid coverage made it impossible for the family to afford dental care. However, even after Medicaid coverage was obtained by Deamonte's mother.
- As the abscess became worse, the infection travelled to Deamonte's brain
- $250,000 in hospital costs and ultimately, the death of this young boy.
- Economic barriers and lack of access to health care combined to keep Deamonte, who was black, from having a simple $80 tooth extraction that would have saved his life (Cohen, 2007).

What Would You Do….

Flint Michigan. Water Contamination among underserved communities.

What Would You Do?

What Would You Do

- **A young Hispanic doctor wants the office staff to treat her patients better.**
- She is dismayed to overhear a staff member say, "There should be a law that everyone speaks English in this country!" *How should she handle the situation?*