The Best Path Forward to Achieving Health Equity

April 2018
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Vulnerable Places

- Places or communities with inequities in the social, economic, educational, or physical environment or environmental health and that have insufficient resources or capacity to protect and promote the health and well-being of their residents.
What is a Worthy Health Equity Mission?

Promote equitable social, economic and environmental conditions to achieve optimal health, mental health and well-being for all.
Health Equity Defined

“Health equity” means effort to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.”

Source: California Health and Safety Code Selection 131019.5
Improving the Health Status of All Populations

- **Determinants of Equity:** The social, economic, geographic, political, and physical environmental conditions that lead to the creation of a fair and just society.

- **Health and Mental Health Disparities:** Difference in health and mental health status among distinct segments of the population, including differences that occur by gender, age, race or ethnicity, sexual orientation, gender identity, education or income, disability or functional impairment, or geographic location, or the combination of any of these factors.

- **Health and Mental Health Inequities:** Disparities in health or mental health, or the factors that shape health, that are systemic and avoidable and, therefore, considered unjust or unfair.

- **Vulnerable Communities:** Vulnerable communities include, but are not limited to, women, racial or ethnic groups, low-income individuals and families, individuals with mental health conditions, children, youth and young adults, seniors, immigrants and refugees, individuals who are limited-English proficient (LEP), and Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQQ) communities, or combinations of these populations.

Source: California Health and Safety Code Selection 131019.5
The Case for Equity

The case for eliminating disparities is two-fold. There is a moral case which suggests that unjust policies that place an undue burden on the populations with the fewest resources available are especially egregious.

- **Loss Productivity** vs. **Direct Medical Costs**

There is also a financial case which highlights the economic impact of disparities over a three-year period, indicating significant savings if disparities were eliminated.

- $1 Trillion Over 3 Years
- $1.24 Trillion
- $2.3 Billion

These figures underscore the urgent need for equitable policies and investments to reduce disparities and improve health outcomes.
Changing Demographics & Unequal Care
39M+ strong and growing, with Latinos projected to become the largest racial and ethnic group in California by 2060.

Our African-American rate has fallen but remains over 3x higher.
Significant racial and ethnic disparities with African American infants dying at rates 2x as high as all other racial groups.
Racism & Discrimination
AROUND THE NATION

30-Foot Border Wall Prototypes Erected In San Diego Borderlands

October 19, 2017 · 8:33 AM ET
Immigrants are going hungry so Trump won’t deport them

By Caitlin Dewey March 18

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Market Watch

DJIA 0.11% NASDAQ 0%

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Domestic Abuse Victims Aren’t Coming Forward Because They’re Scared Of Being Deported

President Trump’s policies are forcing undocumented immigrants who suffer domestic abuse to decide which is riskier: staying with their abusers, or going to court and possibly being detained by immigration agents.

Posted on Mar. 16, 2017, at 8:00 p.m.

Tyler Kingkade
BuzzFeed News Reporter

Guatemalans deported from the United States arrive in Guatemala City, Guatemala on a flight from Texas. John Moore / Getty Images
How Racism & Discrimination Creates Health Inequities

Differential access to resources  ➔  Racism and Discrimination  ➔  Chronic stress  ➔  Epigenetic changes

Differential living conditions  ➔  Increased allostatic load

Health inequities: Cancers, heart disease, high blood pressure, kidney disease, etc.
HEALTH IS WEALTH
Uneven Distribution of Household Wealth Across Racial Ethnic Groups in California

Latino households represent 27% of California households, but hold about 16% of household wealth.

Households in California by Race/Ethnicity, 2010

Households Wealth in California by Race/Ethnicity, 2010

Net worth (wealth) is the sum of the market value of assets owned by every member of the household minus liabilities owed by household members. A household consists of all the people who occupy a housing unit.

Source: SIPP (Panel 2008, Wave 7), ACS (table QT-P11) 2010 Census
About 33% of Female-headed Households and 9% of Married-Couple Households Live Below the Federal Poverty Level

Source: U.S. Census Bureau, American Community Survey, 5-year Estimate (2006-2010)
Economic Disparities Impact Infant Health, Experts Show

Key Findings:

• According to a new research from the University of Colorado Denver, women who are poor experience higher cortisol levels in pregnancy and give birth to infants with elevated levels of the stress hormone.

• Heightens the risk of developing serious disease later in life.

• The study published online recently in the American Journal of Human Biology, is the first to measure cortisol in infants and relate it directly to the socioeconomic status of their mothers during pregnancy.
housing
DISPARITIES IN HOUSING OCCUPANCY EXIST ACROSS RACIAL/ETHNIC GROUPS IN CALIFORNIA

- **White**: 70% Rent, 26.6% Own
- **American Indian and Alaska Native**: 67.6% Rent, 29.5% Own
- **Asian**: 60.1% Rent, 35.3% Own
- **Multi-Race**: 54.6% Rent, 40.2% Own
- **Latino**: 46.8% Rent, 49.3% Own
- **African American**: 42.4% Rent, 51.5% Own
- **Native Hawaiian and other Pacific Islander**: 32.9% Rent, 62.4% Own
- **California**: 58.7% Rent, 37.3% Own

**FIGURE 11**: Percentage of adults who own or rent their homes, by race/ethnicity, California, 2011-2012.

Source: University of California Los Angeles, California Health Interview Survey, 2011-2012.

Note: Within each race/ethnic group, variable “have other arrangement” is not included, and the percentages may not add up to 100.
Food Security
1 in 4 children in California Does Not Have Enough Food to Eat

San Mateo County
- $111,250 Median Family Income
- 18.0% Child Food Insecurity Rate
- 9.5% Children Living In Poverty
- 67.5% Non-White children
- 60.3% Children age 3-4 enrolled in school
- 84.2% Graduation Rate

Fresno County
- $42,278 Median Family Income
- 32.3% Child Food Insecurity Rate
- 35.5% Children Living In Poverty
- 80.4% Non-White children
- 40.8% Children age 3-4 enrolled in school
- 76.0% Graduation Rate

Child Food Insecurity Rate (%)
- Equal or below 22
- 22 - 26
- 26 - 30
- 30 or higher

Child Food Insecurity Rate: Percentage of children under 18 years old who are food insecure, California, 2012.
Source: Feeding America, Map the Meal Gap, 2012; U.S. Census Bureau, American Community Survey, 3-year Estimate (2009-2011) and 5-year Estimate *Median family income with own children under 18 years.
Mental Health & Trauma
Disparities in Burden & Exposure

1 in 3 women (31.5 percent) have experienced violence in an intimate partner relationship in their lifetime.\(^7\)

Young black men (ages 15-29), compared to other racial groups, are nearly six times more likely to die from gun violence.\(^18\)

Homicide is the second leading cause of injury death for infants, behind unintentional suffocation.\(^18\)

Youth ages 10-14 are more likely to die from suicide than motor vehicle crashes.\(^18\)

Hate crime events increased 10 percent in 2015, with notable increases in crimes involving anti-Hispanic and anti-Islamic bias.\(^19\)

Older white men living in rural counties have the highest rates of suicide (37/100,000).\(^18\)
Political Incorporation & Civic Engagement
Political Implications of Health Inequities

Key Findings:

- We estimate effects of black excess deaths on the composition of the US electorate.
- Excess mortality reduced the 2004 black voting age population by 1.7 million.
- In 2004, Kerry lost 900,000 votes and Bush lost 100,000 to black excess death.
- Outcomes of 7 senate and 11 gubernatorial races could have been reversed.
- Excess mortality among blacks in the United States dampens blacks’ political voice.
1934: Federal Housing Administration Created

What is Redlining?

• Redlining is the practice of refusing to back mortgages in neighborhoods based on racial and ethnic composition.
• The Underwriting Handbook used by the Federal Housing Administration (FHA) endorsed the practice of redlining, which marked African-American neighborhoods as ineligible for FHA mortgages.
• **A (green)** were new, homogenous areas (“American Business and Professional Men), in demand as residential location in good times and bad.
• **B (blue)** were “still desirable” areas that had “reached their peak” but were expected to remain stable for many years.
• **C (yellow)** were neighborhoods that were “definitely declining.” Generally sparsely populated fringe areas that were typically bordering on all black neighborhoods.
• **D (red)** (hence the term “red-lining”) were areas in which “things taking place in 3 had already happened.” Black and low income neighborhoods were considered to be the worst for lending.
“Among the excluded groups were agricultural and domestic workers—a large percentage of whom were African Americans. This has led some scholars to conclude that policymakers in 1935 deliberately excluded African Americans from the Social Security system because of prevailing racial biases during that period.”
Achieving Health Equity at Every Level

Transforming the conditions in which people are BORN, GROW, LIVE, WORK and AGE for optimal health, mental health & well-being.

- Prevention
- Mental Health Services
- Culturally/Linguistically Appropriate and Competent Services
- Income Security
- Housing
- Neighborhood Safety/Collective Efficacy
- Environmental Quality

- Health Care
- Child Development, Education, and Literacy Rates
- Food Security/Nutrition
- Built Environments
- Discrimination/Minority Stressors

blue of california
Addressing the Causes of the Causes

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE

UPSTREAM
SOCIAL INEQUITIES
- Class
- Race/ethnicity
- Immigration Status
- Gender
- Sexual Orientation

INSTITUTIONAL INEQUITIES
- Corporations & Businesses
- Government Agencies
- Schools
- Laws & Regulations
- Not-for-Profit Organizations

STRATEGIC PARTNERSHIPS
ADVOCACY

LIVING CONDITIONS
- Physical Environment
  - Land Use
  - Transportation
  - Housing
  - Residential Segregation
  - Exposure To Toxins
- Economic & Work Environment
  - Employment
  - Income
  - Retail Businesses
  - Occupational Hazards
- Social Environment
  - Experience of Class, Race, Gender, Immigration
  - Culture - Ads - Media
  - Violence
- Service Environment
  - Health Care
  - Education
  - Social Services

DOWNSTREAM
RISK BEHAVIORS
- Smoking
- Poor Nutrition
- Low Physical Activity
- Violence
- Alcohol & Other Drugs
- Sexual Behavior

DISEASE & INJURY
- Communicable Disease
- Chronic Disease
- Injury (Intentional & Unintentional)

MORTALITY
- Infant Mortality
- Life Expectancy

POLICY

Emerging Public Health Practice

Current Public Health Practice

Thank you
An independent member of the Blue Shield Association