CoP/Training Call

Taking Action to Reduce Disparities

Guest Speaker:
Richard Hofrichter, PhD

July 16, 2013
2:00 PM Eastern Time
Six Monthly Training Sessions

Module 1: Awareness
   Goal: Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations

Module 2: Leadership
   Goal: Strengthen and broaden leadership for addressing health disparities at all levels

Module 3: Data, Research, and Evaluation
   Goal: Improve data availability, coordination, utilization, and diffusion of research and evaluation outcomes

Module 4: Health Outcomes
   Goal: Improve health and healthcare outcomes for racial, ethnic, and underserved populations

Module 5: Cultural and Linguistic Competency
   Goal: Improve cultural and linguistic competency and the diversity of the health related workforce

Module 6: Taking Action to Reduce Disparities
   Goal: Identify specific ways to take action to improve health for underserved populations
Today’s Guest Speaker

Richard Hofrichter, PhD
Senior Director of Health Equity
National Association of County and City Health Officials (NACCHO)
Root Causes of Health Inequities: Explanations & Strategies

Richard Hofrichter, PhD
Senior Director
Health Equity and Social Justice
Washington, DC
Politics and 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.” - Geoffrey Rose

Health Inequity

“...differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable.”

Important Questions

1. What explains the production and persistence of inequities in the distribution of disease and illness?

2. What are the frameworks, ideologies, and paradigms that support the inequities?

3. What characterizes a framework based on principles of social justice that offer strategies to tackle the roots of inequities?

4. Taking action: What is to be done?
Migrant Mother

Source: Library of Congress, Migrant Mother Series (Dorothea Lange, 1936)
Wealth Inequality


Life Expectancy (Years)

Japan 84
Switzerland 83
Australia 82
Italy 81
Iceland 80
France 79
Sweden 78
Spain 77
Singapore 76
Norway 76
Canada 76
Andorra 76
Austria 76
Netherlands 76
New Zealand 76
Korea 76
Ireland 76
Germany 76
United 76
Belgium 76

First Place

JAPAN
Life Expectancy
83.4 years
Per capita spending on health care
$2,878

Source: Dr. Stephen Bezruchka, Population Health Forum http://depts.washington.edu/eqhlth/
Explaining Differences in Life Expectancy

Source: The California Endowment
Working Conditions and Health

Source: Bettman/CORBIS, Industrial Workers and Capitalists (1870)
“When the history of public health is seen as a history of how populations experience health and illness, how social, economic, and political systems structure the possibilities for healthy or unhealthy lives, how societies create the preconditions for the production and transmission of disease, …we find that public health history …pervades every aspect of social and cultural life. Hardly surprisingly, these questions direct attention to issues of power, ideology, social control, and popular resistance.”

Living Conditions & Health

## The Class System vs. Communities

<table>
<thead>
<tr>
<th>WHAT THE CLASS SYSTEM DEMANDS</th>
<th>WHAT COMMUNITIES NEED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Wages</td>
<td>A living wage, paid sick days</td>
</tr>
<tr>
<td>Flexible, mobile labor force</td>
<td>Stable social and community life; safe, affordable housing</td>
</tr>
<tr>
<td>Immunity from social damage, e.g. environmental degradation</td>
<td>Accountability for social damage</td>
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<td>Higher productivity and efficiency, total control of work process</td>
<td>Improved working conditions and control over the work process</td>
</tr>
<tr>
<td>Economic growth; satisfying investors</td>
<td>Well-being, meeting human needs, expression of full capabilities</td>
</tr>
<tr>
<td>Docile, disciplined labor force</td>
<td>Autonomy, self-realization</td>
</tr>
<tr>
<td>Ownership and control of production and resources</td>
<td>Democratic control of life’s necessities, public resources</td>
</tr>
<tr>
<td>Efficiency; free flow of capital</td>
<td>Well-being; economic security</td>
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</tbody>
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NACCHO

National Association of County & City Health Officials
Racism

RACISM = Prejudice + Social Power

Source: Jamie Utt, Changefromwithin.org
Environmental Racism

Source: CORBIS/Terra, Artist: Ashley Cooper, 2010
Racism: Not a Natural Disaster

Source: Marty Bahamonde
FEMA, 2005
Closing the Gap

Class Ideology

- A large corporation fires thousands of people and moves jobs overseas. Explanation: *The market forced its hand*

- A large real estate firm gets a loan from a bank to purchase land for a 40-story office building requiring displacement of thousands of residents. Explanation: *It’s good for Economic Growth*

- Banks make sub-prime loans as part of a process that leads to a great economic crisis. Explanation: *Banks exercised too much risk and made mistakes*
Today's Random Medical News

Can cause:
- Hypothermia
- Spontaneous Peritonitis
- Glaucoma

In:
- Men 25-40
- Underweight Smokers
- Rats
- 7 out of 10 Women
- Two-income Families

According to a report released today...

Source: Jim Borgman, The Cincinnati Enquirer (27 April 1997, E4)
“Self-help! Self-help!”
Make Healthy Choices

For information about diet and cancer call 1-800-4-CANCER.
# Changing the Questions

<table>
<thead>
<tr>
<th>TRADITIONAL</th>
<th>SOCIAL JUSTICE</th>
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<tbody>
<tr>
<td>What interventions are necessary to address health disparities?</td>
<td>What generates health inequity in the first place? Why is there inequality?</td>
</tr>
<tr>
<td>How can we reduce inequity in the distribution of disease and illness?</td>
<td>How can we eliminate inequity in the distribution of disease and illness?</td>
</tr>
<tr>
<td>What social programs and services are necessary to address health inequity?</td>
<td>What types of institutional and social change is necessary to tackle health inequity?</td>
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<td>How can individuals protect themselves against health disparities?</td>
<td>What kind of collective action is necessary to tackle health inequity?</td>
</tr>
<tr>
<td>How can we promote healthy behavior?</td>
<td>How can we reorganize land use policies to ensure healthy spaces and places?</td>
</tr>
<tr>
<td>How do we treat the consequences of health inequity?</td>
<td>How do we reorder priorities to meet human need and achieve ecological sustainability?</td>
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</table>
Restoring Health

Source: Just Cause & Alameda County Public Health Department

REBUILDING NEIGHBORHOODS, RESTORING HEALTH
A report on the impact of foreclosures on public health

Produced by a partnership between
Center for Health Justice &
Alameda County Public Health Department

NACCHO
National Association of County & City Health Officials
Gap Between Productivity & Wages

Source: Economic Policy Institute; Bureau of Labor Statistics and U.S. Census

THE GAP BETWEEN PRODUCTIVITY AND WAGES
1947 REPRESENTS THE INDEX YEAR, WITH AN ASSIGNED VALUE OF 100

PRODUCTIVITY

HOUSEHOLD INCOME

AVERAGE HOURLY EARNINGS

1947

1980

2010

SOURCE: ECONOMIC POLICY INSTITUTE; BUREAU OF LABOR STATISTICS; AND U.S. CENSUS
HBR.ORG
Local Public Health in Action

Assumptions  Structure/Content  Observation/Outcomes

Source: Ingham County Health Department
Community Organizing

Source: ISAIAH
Dimensions of Action

- Leadership
- Developing a Narrative: Shifting consciousness
- Tracking and Monitoring the Sources
- Advocacy
- Building Networks of Power: Democracy and Health
- Community Events: Screening *Unnatural Causes*
Is Inequality Making Us Sick?

Source: California Newsreel
Economic Bill of Rights

President Franklin Delano Roosevelt’s
ECONOMIC
BILL OF RIGHTS
Proposed January 11, 1944

EVERY AMERICAN IS ENTITLED TO:

The right to a useful and remunerative job in the industries or shops or farms or mines of the nation;

The right to earn enough to provide adequate food and clothing and recreation;

The right of every farmer to raise and sell his products at a return which will give him and his family a decent living;

The right of every businessman, large and small, to trade in an atmosphere of freedom from unfair competition and domination by monopolies at home or abroad;

The right of every family to a decent home;

The right to adequate medical care and the opportunity to achieve and enjoy good health;

The right to adequate protection from the economic fears of old age, sickness, accident and unemployment;

The right to a good education.

President of the United States, 1932-1944

Franklin Delano Roosevelt (January 30, 1882 - April 12, 1945) was the 32nd President of the United States and a central figure in world events during the mid-20th century. Known as the "Great Depression" and "Victory in Europe" (VE) leaders, FDR's economic policies and philosophy in the 1930s continue to influence economic thought and practice.

NACCHO
National Association of County & City Health Officials
Root Causes of Health Inequities: Explanations & Strategies

Questions?
Taking Action

It’s time to act.
Figure H.6. Number and proportion of all quality measures for which disparities related to race, ethnicity, and income are improving, not changing, or worsening.

THINK OUTSIDE THE BOX
QIOs Are Taking Action!

**Alaska**
- Recruiting LAN partners in extreme rural areas
- Building community partnerships to reduce readmissions for the homeless

**Utah**
- Created a Spanish language diabetes report card
- Received award for improving health outcomes for people of the Navajo Nation

**North Carolina**
- Working with African American churches to improve health and reduce readmissions in their communities
QIOs Are Taking Action!

Virgin Islands
- Created and distributed Million Hearts materials adapted to be culturally and linguistically appropriate for the minority-majority population of the Virgin Islands

Texas
- Distributes reports to providers showing how their disparities data compares with the rest of the state
- Provides bilingual health materials

West Virginia
- Building community partnerships to improve hospital readmissions among dual eligible beneficiaries with depression and/or dementia
QIOs Are Taking Action!

**Oklahoma**
- Partnered with the Association of American Indian Physicians to hold Native American Health events throughout the state

**Hawaii**
- Built a beneficiary LAN targeted for Native Hawaiian people
- Holds group exercise events with Xbox Kinect to make physical activity fun and social

**New Jersey**
- Working with FQHC serving primarily minority people to reduce readmissions by providing early follow-up appointments
Q3. What target populations for disparities have you identified?

- race/ethnicity
- age
- dual-eligible
- gender
- rural
- urban
Results of Environmental Scan

Reported Barriers

- Funding
- Limited Staff
- Nursing Home Issues
- Educational Materials
- Community Engagement
- Data

# of QIOs reporting
Upcoming Training

• Upcoming training events will focus on community engagement and interpreting disparities data.
Upcoming DNCC Events

• **Office Hours/Post Training Review**
  • July 23, 2013  2:00 ET

• **Webinar: People with Disabilities as a Disparity Population**
  • August 13, 2013  2:00 ET
  • Speaker: Diane McComb, DNCC

• **Webinar: Community Engagement**
  • September 10, 2013  2:00 ET
  • Speaker: Ella Auchincloss, ReThink Health

• **Virtual Conference: Title TBD**
  • October 1, 2013
  • Topics: Community Engagement, Interpreting Disparities Data
Next Steps

We want to hear from you.

- The DNCC will be contacting your QIO soon to learn more about how we can help you achieve your health equity goals.
Thank you for participating in today’s webinar.

At the close of the presentation, you will automatically be directed to an evaluation screen.