Health Equity Overview

Oregon House Health and Human Services Committee

February 15, 2013

Oregon Health Authority | Office of Equity & Inclusion

What is health?

The absence of disease or infirmity?

Or

A state of complete physical, mental and social well-being?

Factors that promote physical, mental and social well-being:

- Family, community, and historical connectedness
- Living wage jobs, savings, inheritance
- High quality education
- Healthy housing
- Civil society, non-violent conflict resolution, healthy relationships
- Access to fresh, affordable nutrition
- Access to clean air and water, parks, nature
- Hope, dignity, and sense of self-efficacy

Health equity is attainment of the highest level of health for all people.

Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary socially patterned injustices, and the elimination of health disparities.

The Department of Health and Human Services

Health inequities are systemic, avoidable, unfair and unjust difference in health status and mortality rates and in the distribution of disease and illness across population groups.

They are sustained over time and generations and beyond the control of individuals.

Causes of Health Inequities

Barriers to health care access

- Health insurance
- Transportation
- Language, culture

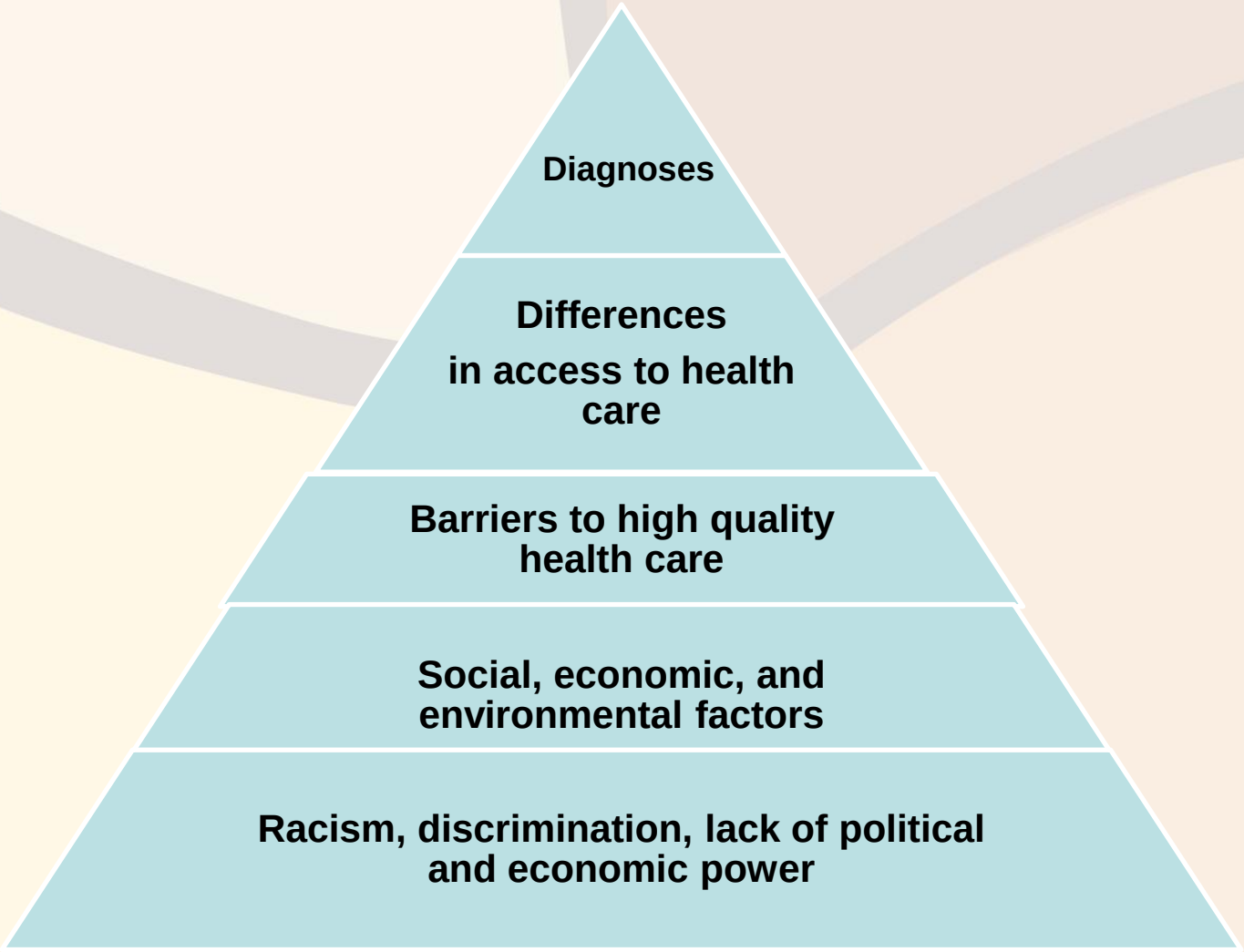
Differences in quality of health care

- Different treatments
- Discrimination
- Doctor-patient communication

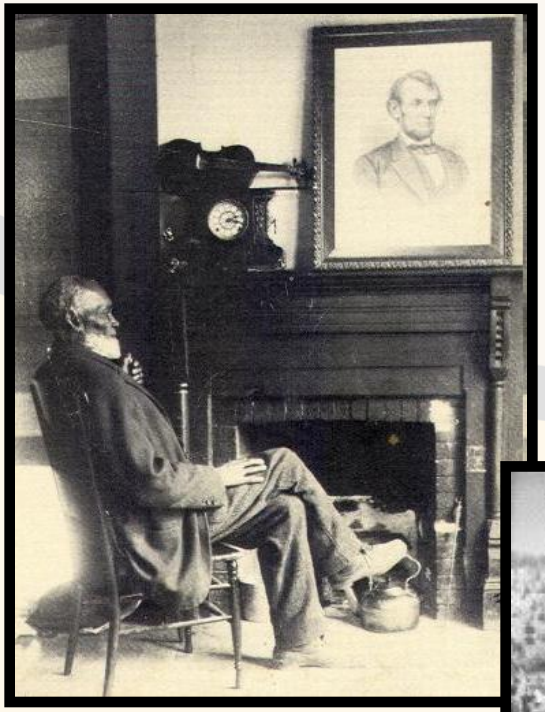
Social determinants of health

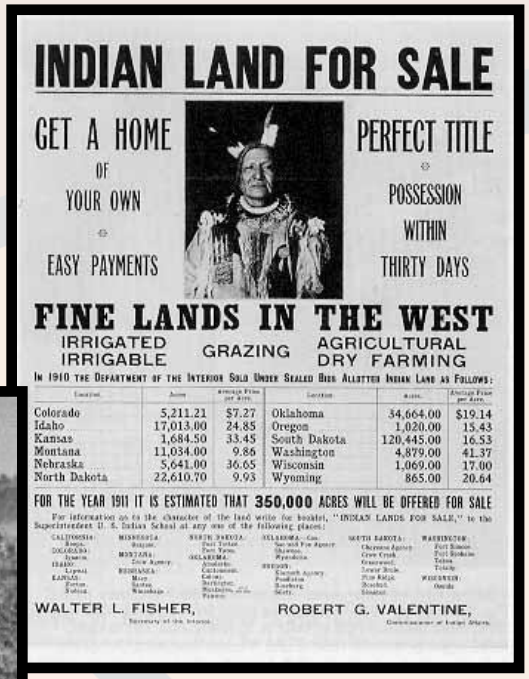
- Income, wealth, education, occupation
- Neighborhood conditions: proximity to grocery stores, liquor stores
- Environment : lead paint, air quality

Causes of Health Inequities

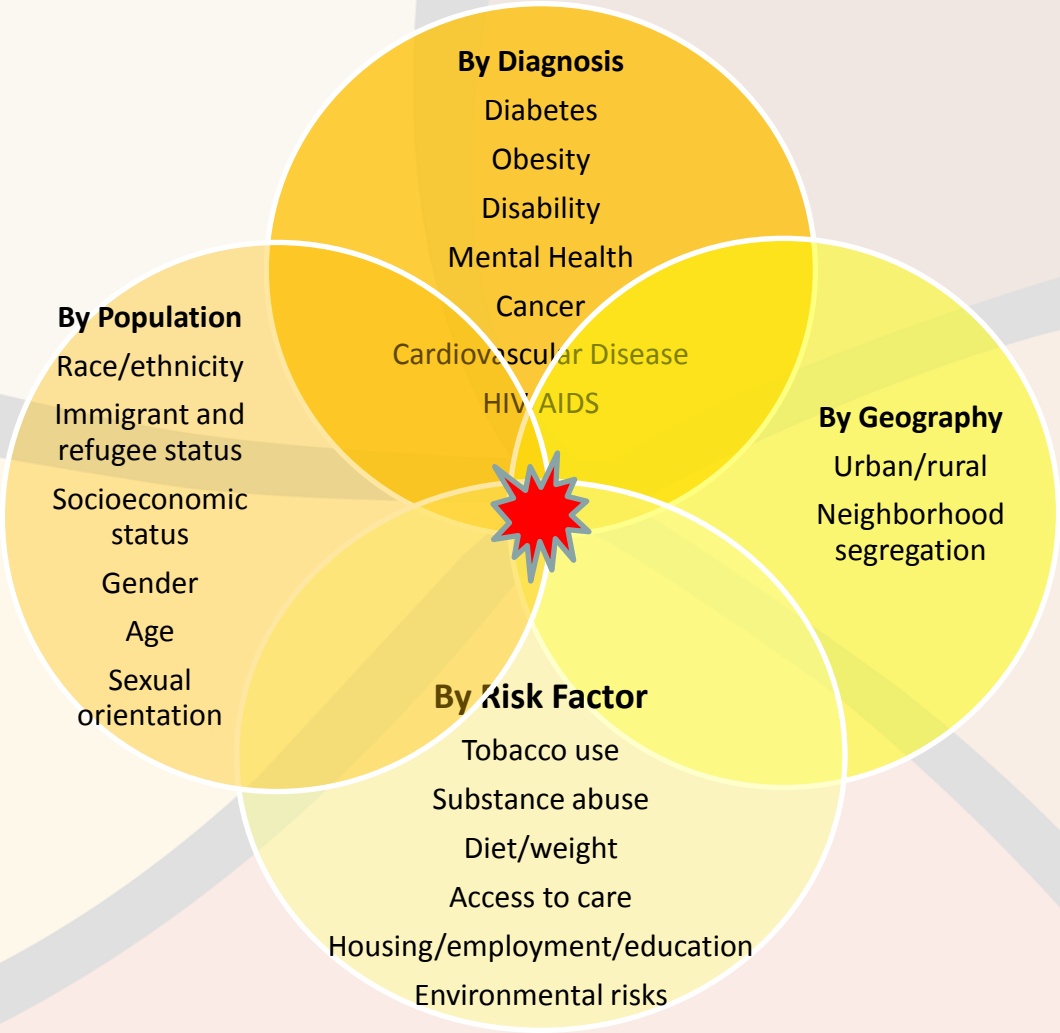


Social Determinants of Health Equity in Oregon





Overlapping Lenses for Viewing Health Disparities



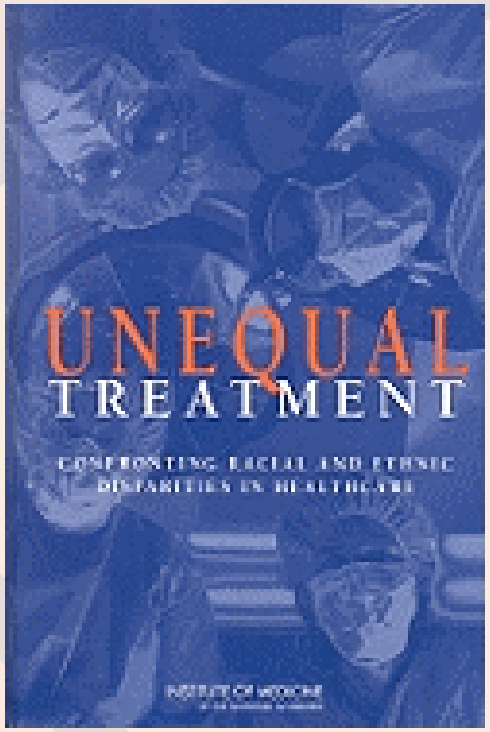
Translating Research Evidence Into Practice to Reduce Health Disparities: A Social Determinants Approach. Koh, et al, AJPH, Sep 2010.

Institute of Medicine Report, 2003

Significant variation in the rates of medical procedures by race, even when insurance status, income, age, and severity of conditions are comparable.

U.S. racial and ethnic minorities

- are less likely to receive routine medical procedures
- experience a lower quality of health services.
- are less likely to be given appropriate cardiac medications or to undergo bypass surgery
- are less likely to receive kidney dialysis or transplants
- are more likely to receive certain less-desirable procedures



Why is health equity a priority?

2% reduction in health care costs!

$1.24 trillion

(2003 – 2006)

Joint Center for Political and Economic Studies, September 2009

40% of Oregon Health Plan Enrollees are People of Color

DISTRIBUTION OF AGE, RACE/ETHNICITY AND GENDER AMONG CLIENTS ON THE OREGON HEALTH PLAN
1/15/2011 Totals

AGE by RACE/ETHNICITY

AGE	Black or African-American	American Indian or Alaska Native	Asian, Native Hawaiian or Other	White	Hispanic or Latino	Other/ Unknown[1]	TOTAL	% of OHP
<1	785	293	726	12,778	7,130	2,934	24,646	4.0%
1-5	4,021	1,540	2,823	54,114	35,163	11,444	109,105	17.9%
6-12	5,043	2,342	3,504	63,605	38,175	9,873	122,542	20.1%
13-18	3,966	1,986	2,714	49,294	22,109	5,910	85,979	14.1%
19-21	994	416	552	13,255	3,447	1,725	20,389	3.3%
22-35	3,515	1,517	2,165	55,388	15,254	7,255	85,094	14.0%
36-50	2,849	1,354	2,192	51,155	8,222	3,220	68,992	11.3%
51-64	2,252	1,161	1,695	43,072	2,565	879	51,624	8.5%
65+	1,022	452	4,285	32,062	3,126	671	41,618	6.8%
TOTAL	24,447	11,061	20,656	374,723	135,191	43,911	609,989	
% of OHP	4.0%	1.8%	3.4%	61.4%	22.2%	7.2%		

AGE by GENDER

Female	% Female	Male	% Male
12,009	48.7%	12,637	51.3%
53,135	48.7%	55,970	51.3%
59,770	48.8%	62,772	51.2%
42,612	49.6%	43,367	50.4%
13,715	67.3%	6,674	32.7%
59,352	69.7%	25,742	30.3%
40,569	58.8%	28,423	41.2%
29,491	57.1%	22,133	42.9%
28,204	67.8%	13,414	32.2%
338,857		271,132	
55.6%		44.4%	

GENDER by RACE/ETHNICITY

Female	13,297	6,214	11,705	210,775	72,328	24,538	338,857
% Female	54.4%	56.2%	56.7%	56.2%	53.5%	55.9%	55.6%
Male	11,150	4,847	8,951	163,948	62,863	19,373	271,132
% Male	45.6%	43.8%	43.3%	43.8%	46.5%	44.1%	44.4%

Includes all Medicaid recipients: OHP Plus, Standard benefits and recipients eligible under the classes: QB, QS, NP, CW, and BC.
[1]This count contains a substantial number of clients of Hispanic ethnicity. The database no longer uniquely captures Hispanic ethnicity.
#2131; Version 1

State of Oregon, Division of Medical Assistance Programs, 500 Summer Street NE, Salem, OR 97301-1016
Source: DMAP DSSURS data warehouse: DateLoad = 2/9/2011

2010 CENSUS RESULTS

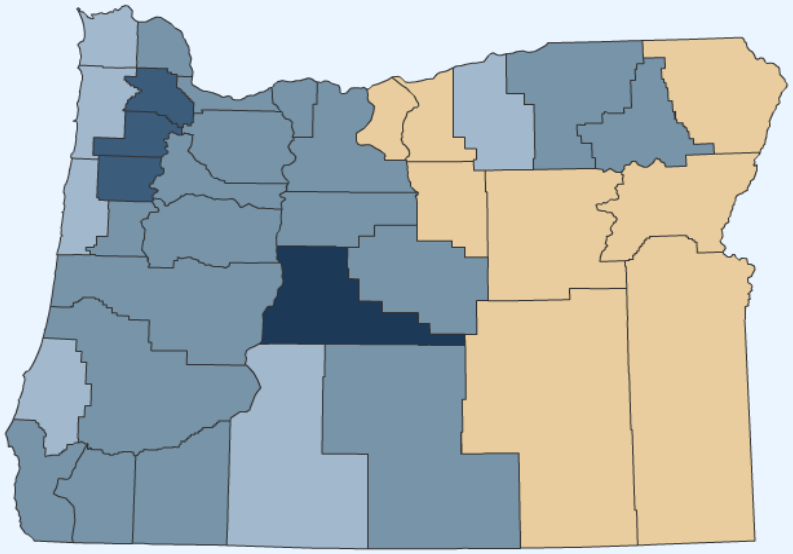
Oregon

STATE POPULATION: 3,831,074

BACK TO U.S. MAP | HIDE FULL SCREEN

POPULATION CHANGE BY COUNTY: 2000-2010

LOSS | 0-5% | 5-15% | 15-25% | 25% +



STATE POPULATION BY RACE
OREGON: 2010

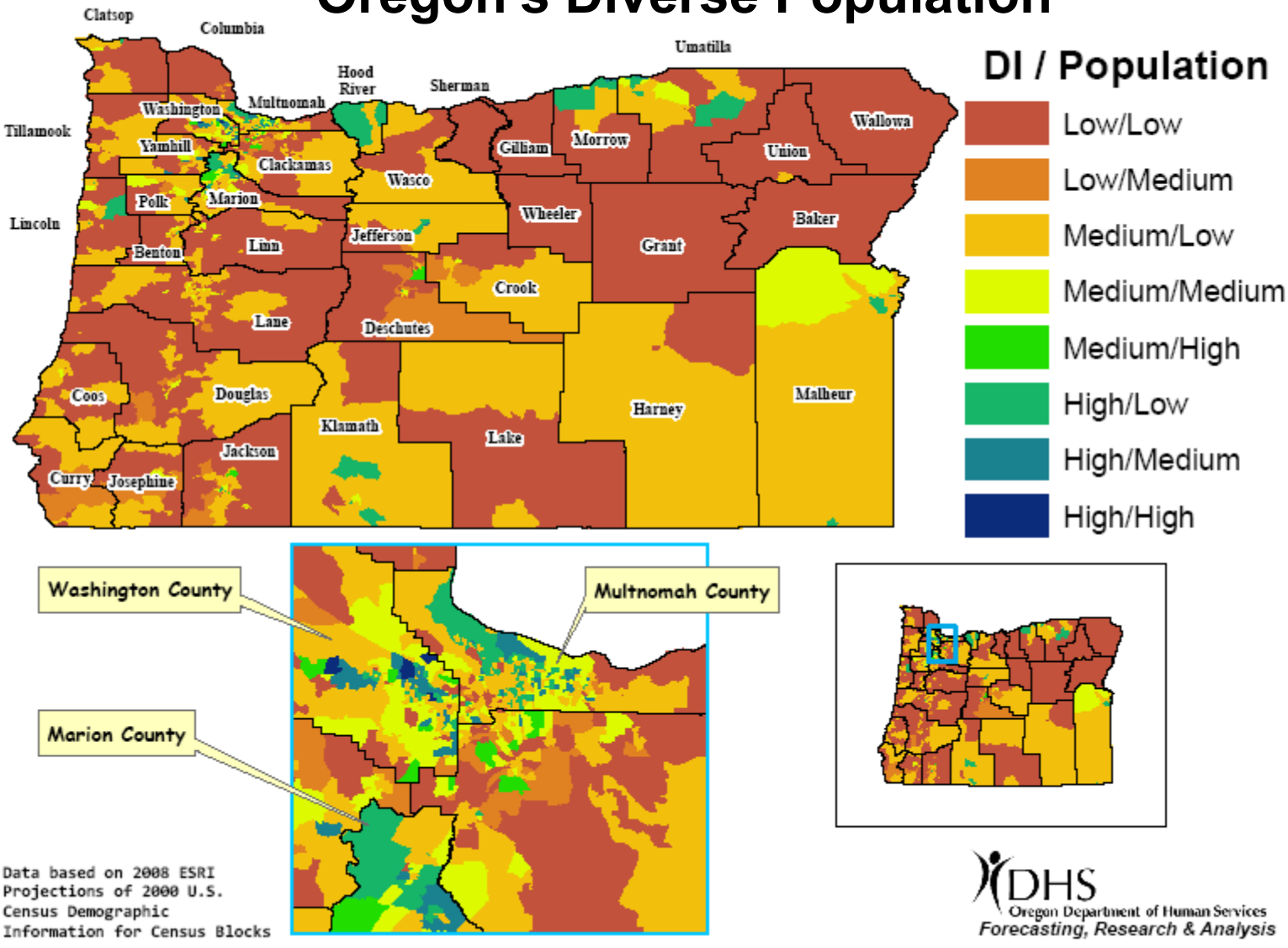
PERCENT OF POPULATION	CHANGE 2000-2010
White alone — 83.6%	8.2% ↑
Black or African American alone — 1.8%	24.3% ↑
American Indian and Alaska Native alone — 1.4%	17.7% ↑
Asian alone — 3.7%	39.4% ↑
Native Hawaiian and Other Pacific Islander alone — 0.3%	68.1% ↑
Some Other Race alone — 5.3%	41.3% ↑
Two or More Races — 3.8%	38.2% ↑

STATE POPULATION BY HISPANIC OR LATINO ORIGIN
OREGON: 2010

PERCENT OF POPULATION	CHANGE 2000-2010
Hispanic or Latino — 11.7%	63.5% ↑
Not Hispanic or Latino — 88.3%	7.5% ↑

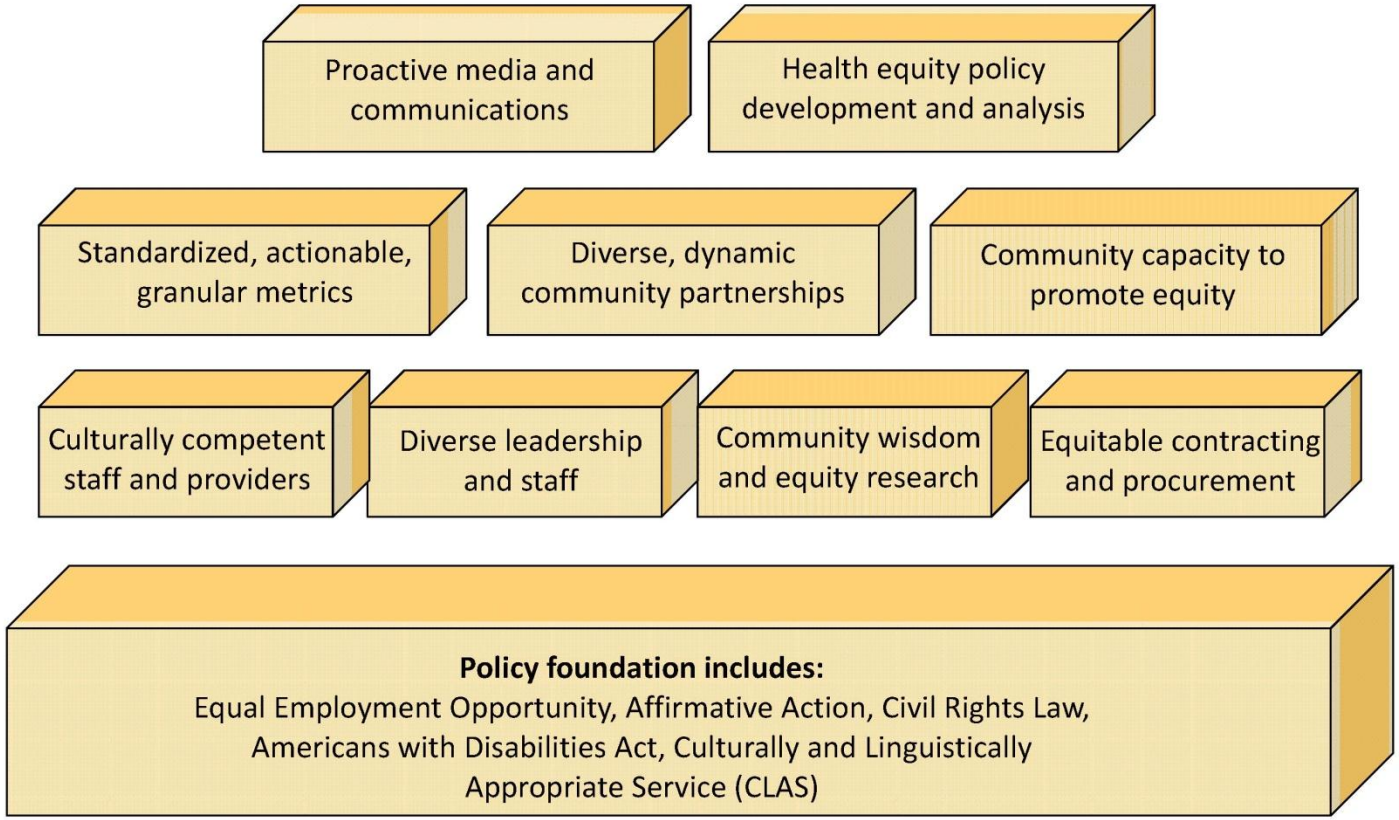
United States Census Bureau

Oregon's Diverse Population



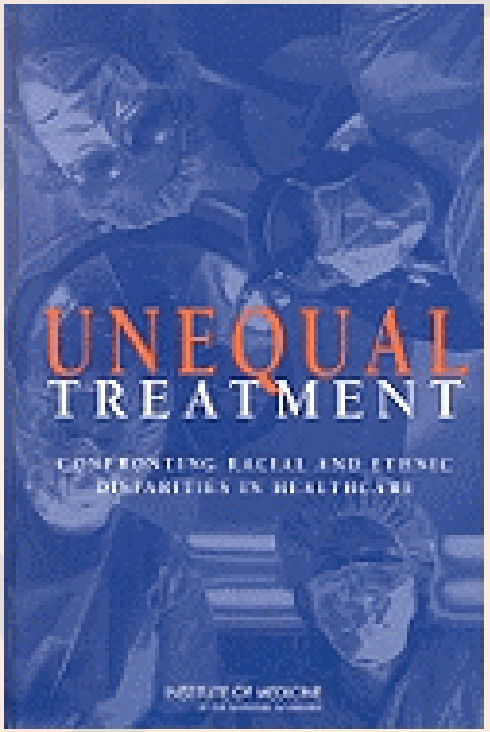
How can health systems promote health equity?

Building blocks for health equity



Institute of Medicine Report, 2003

1. Increase awareness
2. Promote consistency and equity of care through the use of "evidence-based" guidelines.
3. Increasing the number of minority health care providers
4. Make more interpreters available in clinics and hospitals.
5. Support the use of community health workers and multidisciplinary treatment and preventive care teams;
6. Collect and monitor data on patients' access and utilization of health care services by race, ethnicity, and primary language.
7. Support patients with culturally appropriate education programs
8. Provide health care professionals with tools to understand and manage the cultural and linguistic diversity of patients



Joint Commission

Standards for promoting health equity and patient-centered care:

- Qualified interpreters and translators
- Oral and written communication preferences
- Collection of patient-level data on language, race, ethnicity
- Patient support person of choice

The Joint Commission, 2012.

Assuring Healthcare Equity: A Healthcare Equity Blueprint

Quality improvement strategies in 5 categories:

- Create partnerships with the community, patients, and families
- Exercise governance and executive leadership for providing quality and equitable care
- Provide evidence-based care to all patients in a culturally and linguistically appropriate manner
- Establish measures for equitable care
- Communicate in the patient's language – understand and be responsive to cultural needs/expectations

National Public Health and Hospital Institute and National Association of Public Hospitals and Health Systems in collaboration with the Institute for Health Care Improvement, 2008.

National Committee for Quality Assurance (NCQA) Distinction in Multicultural Health Care

- Race Ethnicity and Language Data Collection
- Access and Availability of Language Services
- Practitioner Network Cultural Responsiveness
- Culturally and Linguistically Appropriate Services Program
- Reducing Health Care Disparities

National Committee for Quality Assurance, 2008.

Questions?

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