

Health Equity Overview



Oregon Senate Health Committee

May 7, 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?

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

The background features a central grey star-like shape formed by five overlapping, curved bands. The background is divided into several colored regions: a light yellow region on the left, a light pink region at the bottom, and a light orange region on the right. The top and bottom edges of the slide are decorated with horizontal bars in red, yellow, brown, and orange. The text "What are health inequities?" is centered in a bold, black, sans-serif font.

What are health inequities?

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

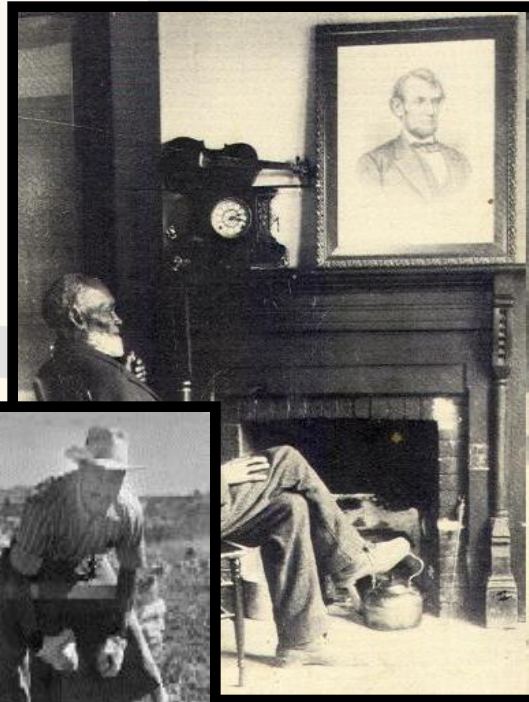
Social determinants of health

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

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.

Social Determinants of Health Equity in Oregon



INDIAN LAND FOR SALE

GET A HOME
OF
YOUR OWN
EASY PAYMENTS



PERFECT TITLE
POSSESSION
WITHIN
THIRTY DAYS

FINE LANDS IN THE WEST
IRRIGATED IRRIGABLE GRAZING AGRICULTURAL DRY FARMING

IN 1910 THE DEPARTMENT OF THE INTERIOR SOLD UNDER SEALED BIDS ALLOTTED INDIAN LAND AS FOLLOWS:

Location	Acres	Average Price per Acre	Location	Acres	Average Price per Acre
Colorado	5,211.21	\$7.27	Oklahoma	34,664.00	\$19.14
Idaho	17,013.00	24.85	Oregon	1,020.00	15.43
Kansas	1,684.50	33.45	South Dakota	120,445.00	16.53
Montana	11,034.00	9.86	Washington	4,879.00	41.37
Nebraska	5,641.00	36.65	Wisconsin	1,069.00	17.00
North Dakota	22,610.70	9.93	Wyoming	865.00	20.64

FOR THE YEAR 1911 IT IS ESTIMATED THAT 350,000 ACRES WILL BE OFFERED FOR SALE

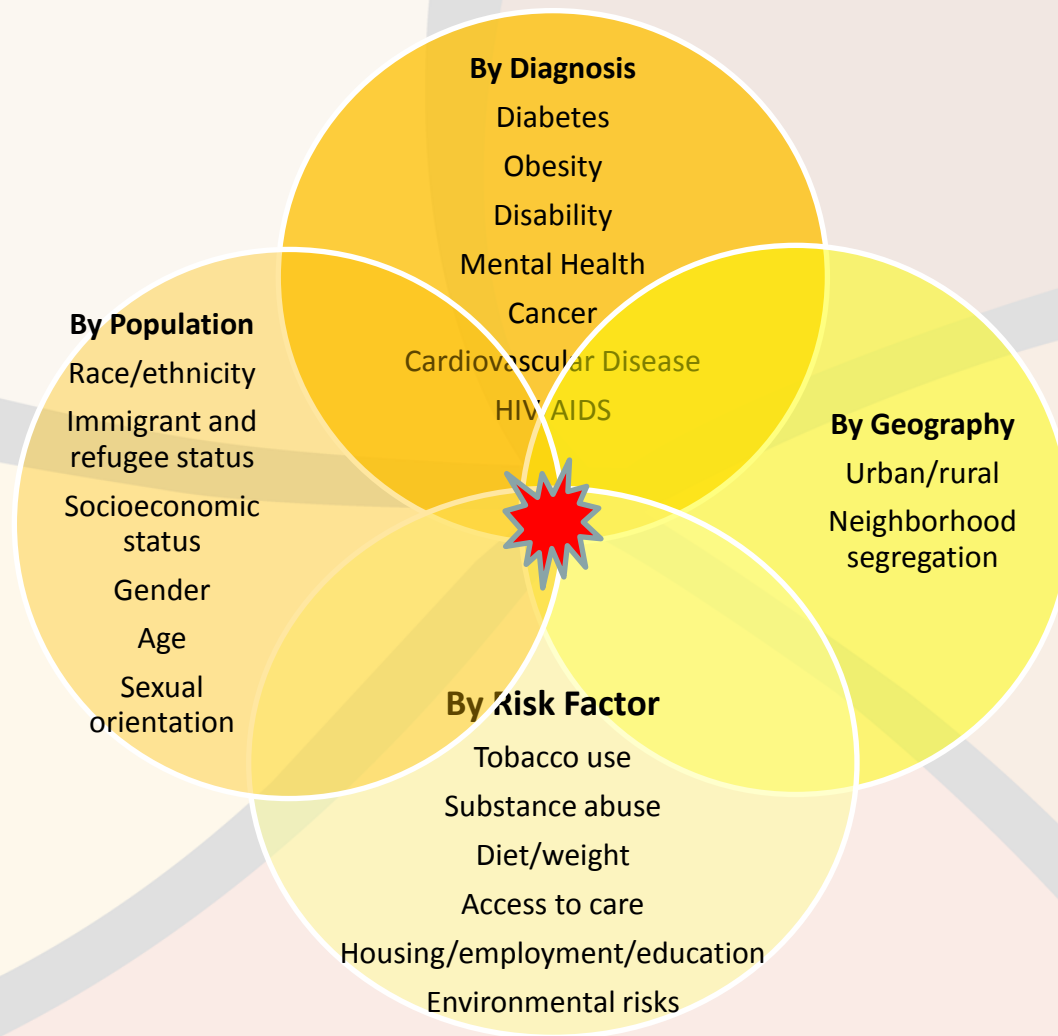
For information as to the character of the land write for booklet, "INDIAN LANDS FOR SALE," to the Superintendent, U. S. Indian School at any one of the following places:

CALIFORNIA: Alameda, Berkeley, Contra Costa, Fresno, Inyo, Kern, Kings, Los Angeles, Merced, Monterey, Nevada, Orange, Placer, San Bernardino, San Diego, Santa Clara, Santa Cruz, Stanislaus, Tulare, Yuba	MINNESOTA: Hennepin, Ramsey, Stearns, Wright	NORTH DAKOTA: Adams, Benson, Bottineau, Cavalier, De La Rive, Grand Forks, Hettinger, McLean, Morton, Nelson, Northwood, Sargent, Towner, Wells	SILABAWA, Cal.: Colusa, Colusa, Glenn, Humboldt, Siskiyou, Tule, Yuba	SOUTH DAKOTA: Black Hills, Deuel, Lawrence, Minnehaha, Spink, Turner, Yankton	WASHINGTON: Adams, Asotin, Benton, Blaine, Chelan, Clallam, Clark, Columbia, Cowlitz, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis and Clark, Lincoln, Mason, Okanogan, Pacific, Pierce, Skagit, Skamania, Stevens, Thurston, Walla Walla, Wahkiakum, Whatcom, Yakima	WASHINGTON: Clallam, Clatsop, Cowlitz, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis and Clark, Lincoln, Mason, Okanogan, Pacific, Pierce, Skagit, Skamania, Stevens, Thurston, Walla Walla, Wahkiakum, Whatcom, Yakima	WASHINGTON: Clallam, Clatsop, Cowlitz, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Lewis and Clark, Lincoln, Mason, Okanogan, Pacific, Pierce, Skagit, Skamania, Stevens, Thurston, Walla Walla, Wahkiakum, Whatcom, Yakima
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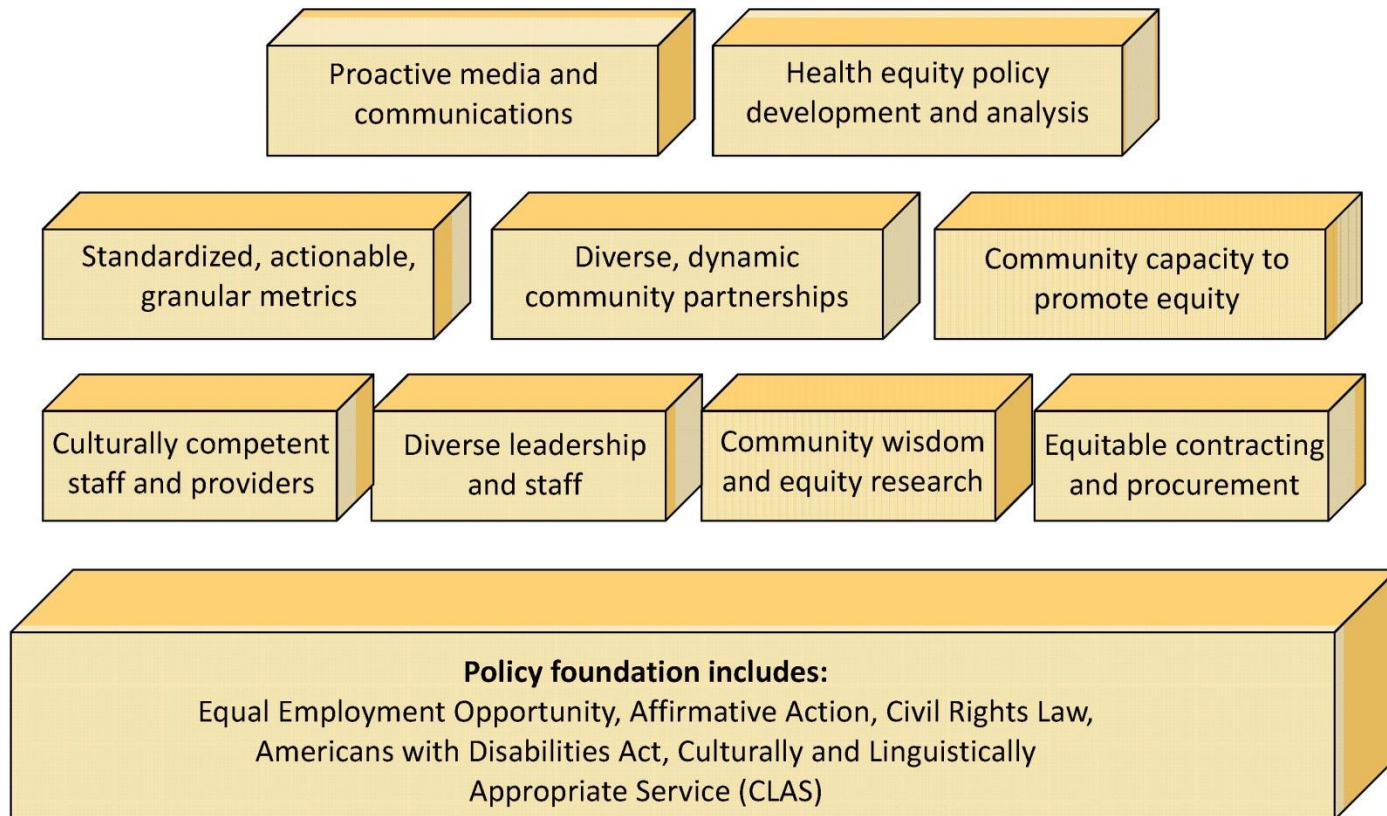
WALTER L. FISHER, Secretary U. S. Interior

ROBERT G. VALENTINE, Commissioner of Indian Affairs

Overlapping Lenses for Viewing Health Disparities



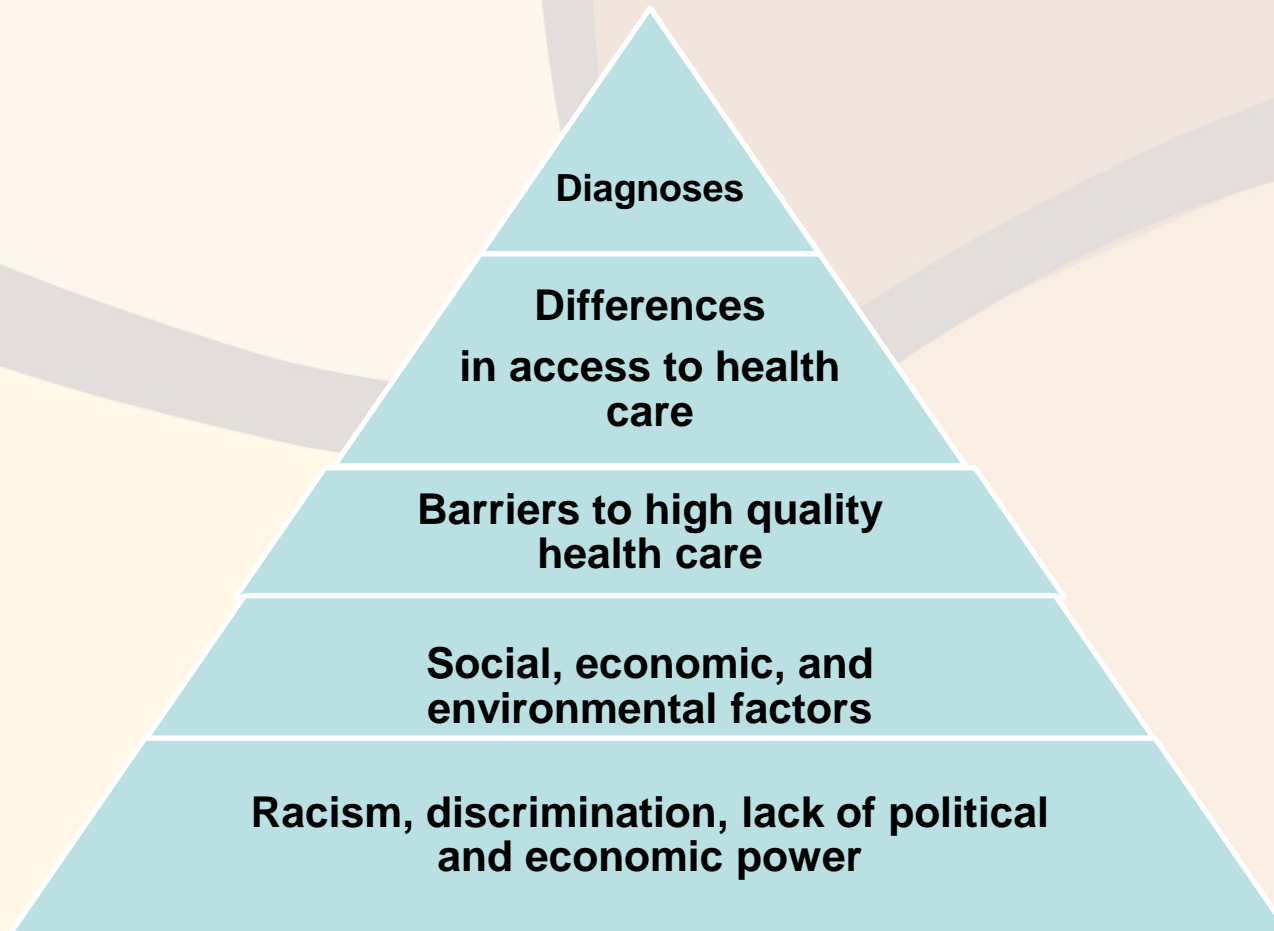
Building blocks for health equity





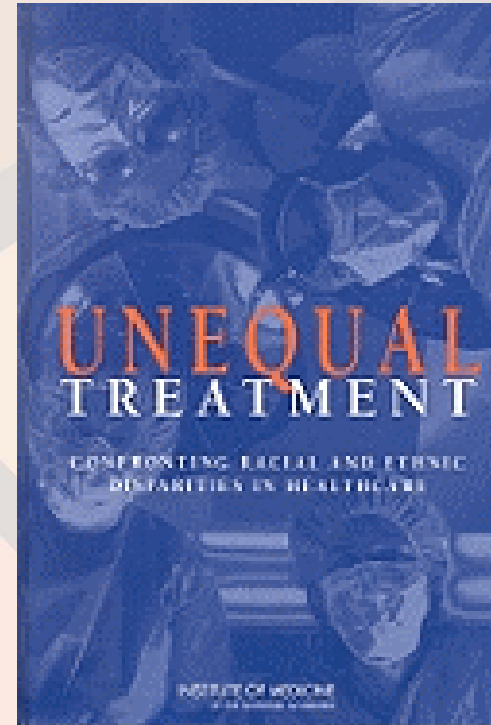
**What are the causes of
health inequity?**

Causes of Health Inequities



Institute of Medicine Report, 2003

- A consistent body of research demonstrates 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 even routine medical procedures and experience a lower quality of health services.
- Minorities are less likely to be given appropriate cardiac medications or to undergo bypass surgery, and are less likely to receive kidney dialysis or transplants
- Minorities are more likely to receive certain less-desirable procedures, such as lower limb amputations for diabetes and other conditions.





Why is health equity a priority?

Why should we care about health
inequities?

\$1.24 trillion

(2003 – 2006)

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 by GENDER			
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	Female	% Female	Male	% Male
<1	785	293	726	12,778	7,130	2,934	24,646	4.0%	12,009	48.7%	12,637	51.3%
1-5	4,021	1,540	2,823	54,114	35,163	11,444	109,105	17.9%	53,135	48.7%	55,970	51.3%
6-12	5,043	2,342	3,504	63,605	38,175	9,873	122,542	20.1%	59,770	48.8%	62,772	51.2%
13-18	3,966	1,986	2,714	49,294	22,109	5,910	85,979	14.1%	42,612	49.6%	43,367	50.4%
19-21	994	416	552	13,255	3,447	1,725	20,389	3.3%	13,715	67.3%	6,674	32.7%
22-35	3,515	1,517	2,165	55,388	15,254	7,255	85,094	14.0%	59,352	69.7%	25,742	30.3%
36-50	2,849	1,354	2,192	51,155	8,222	3,220	68,992	11.3%	40,569	58.8%	28,423	41.2%
51-64	2,252	1,161	1,695	43,072	2,565	879	51,624	8.5%	29,491	57.1%	22,133	42.9%
65+	<u>1,022</u>	<u>452</u>	<u>4,285</u>	<u>32,062</u>	<u>3,126</u>	<u>671</u>	<u>41,618</u>	6.8%	<u>28,204</u>	67.8%	<u>13,414</u>	32.2%
TOTAL	24,447	11,061	20,656	374,723	135,191	43,911	609,989		338,857		271,132	
% of OHP	4.0%	1.8%	3.4%	61.4%	22.2%	7.2%			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.

¹This 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

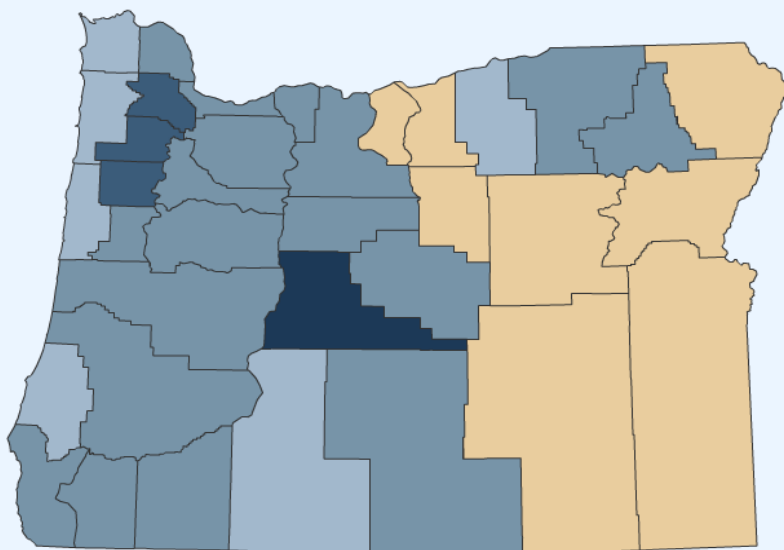
2010 CENSUS RESULTS

Oregon

STATE POPULATION: 3,831,074

POPULATION CHANGE BY COUNTY: 2000-2010

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



BACK TO U.S. MAP

HIDE FULL SCREEN

STATE POPULATION BY RACE
OREGON: 2010

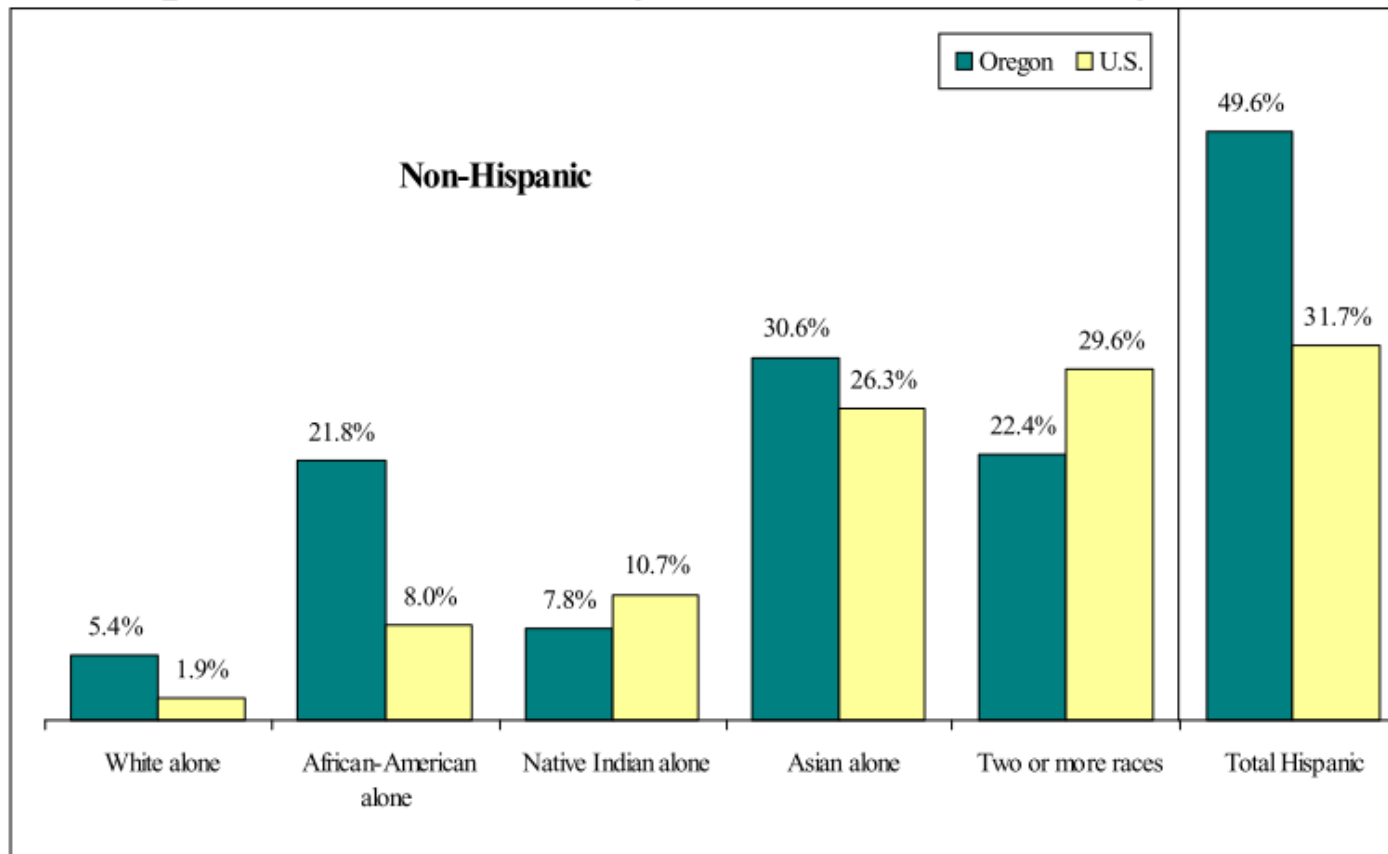
PERCENT OF POPULATION	CHANGE 2000-2010
White alone 83.6%	8.2% ↑
Black or African American alone 1.8%	24.3% ↑
American Indian and Alaska Native alone 1.4%	17.7% ↑
Asian alone 3.7%	39.4% ↑
Native Hawaiian and Other Pacific Islander alone 0.3%	68.1% ↑
Some Other Race alone 5.3%	41.3% ↑
Two or More Races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

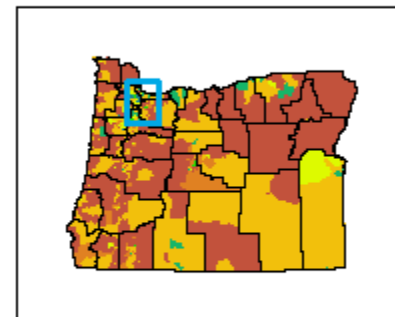
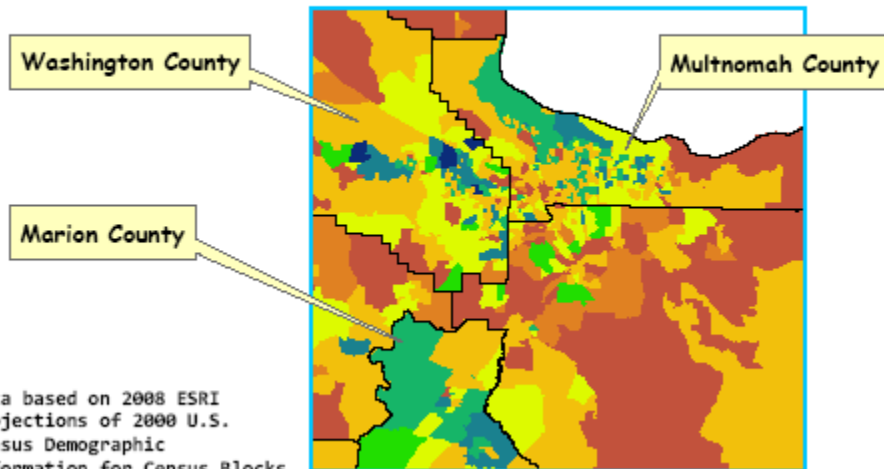
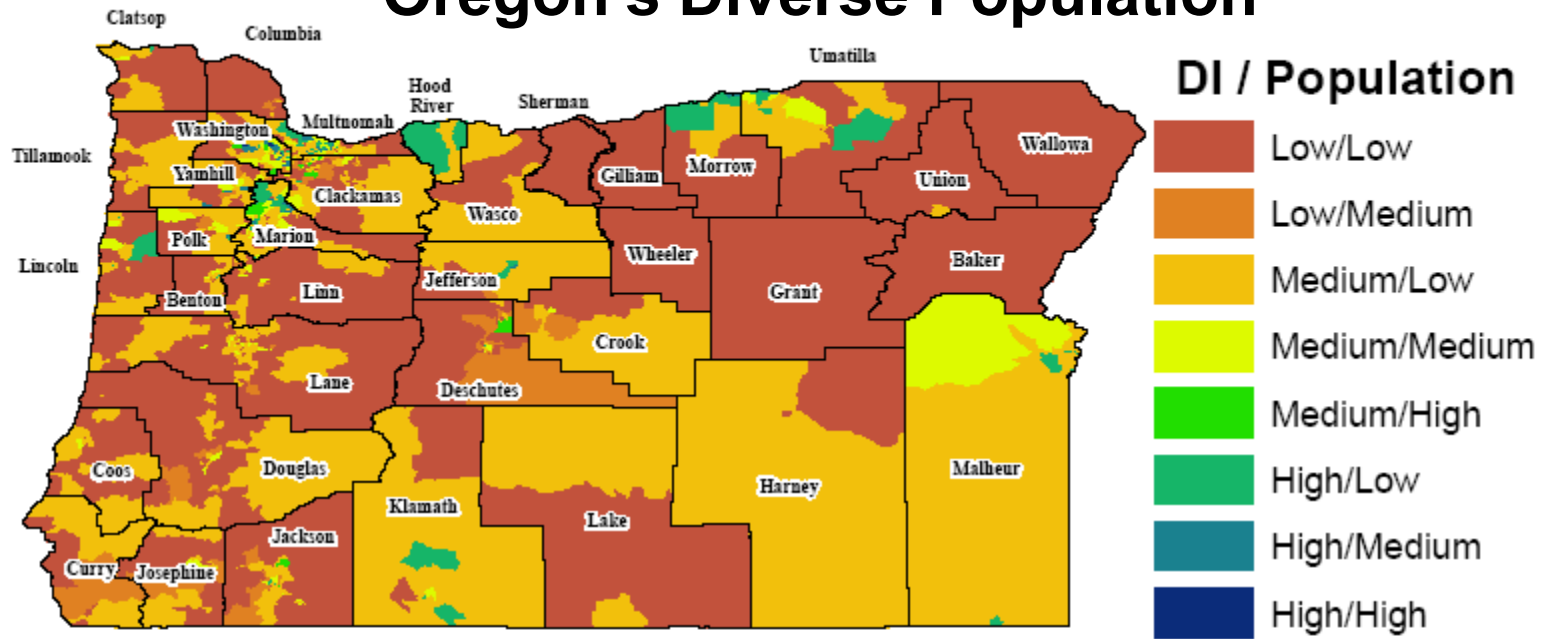
Growth in Diversity in Oregon Outpaces National Trend

Population Growth by Race and Ethnicity, 2008



Source: State
of Oregon:
Office of
Economic
Analysis,
February
2010

Oregon's Diverse Population

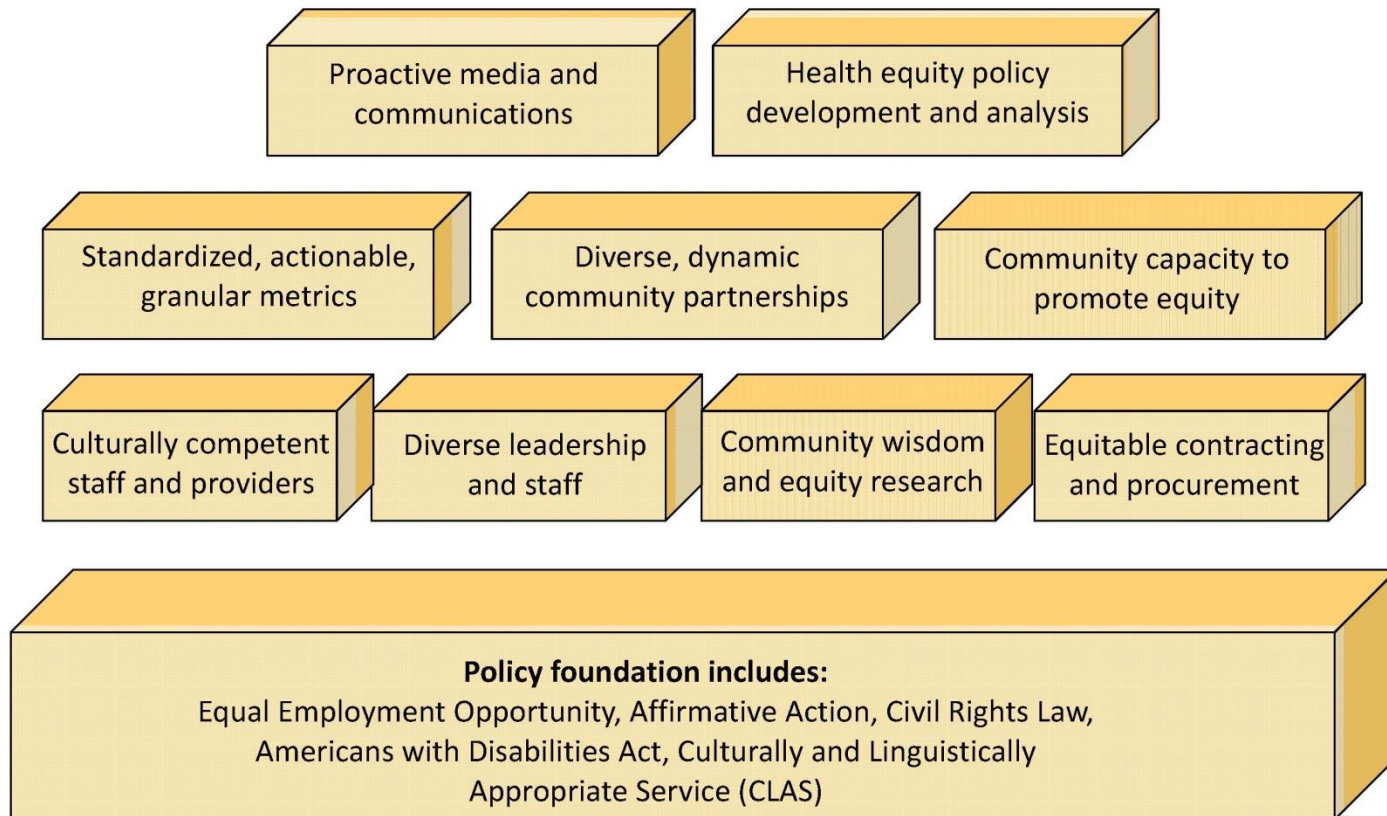


Data based on 2008 ESRI Projections of 2000 U.S. Census Demographic Information for Census Blocks



How can health systems
promote health equity?

Building blocks for health equity



Social Determinants of Health and Equity

Social Determinants of Equity

- Social and political decision making power

Social Determinants of Health

- Healthy environment
- Equitable distribution of income/wealth
- Quality education
- Transportation
- Adequate access to healthy food and exercise
- Marketing of healthy products
- Healthy housing
- Land use

Risk Behaviors

- Nutrition
- Physical activity
- Tobacco use
- Alcohol use
- Violence

Disease, Injury, Mortality

- Infectious disease
- Chronic disease
- Injury
- Infant mortality
- Life expectancy

Population-based Public Health Model

Individual/Medical Model

Joint Commission

The Joint Commission views effective communication, cultural competence, and patient- and family-centered care as important components of safe, quality care.

The Joint Commission, Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals, 2010.

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.

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.