



Public Health Live – T²B²
Eliminating Health Disparities

Guest Speakers

Speakers:

- Susan Scrimshaw, PhD
Interim President, Sage Colleges
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Director of Community Engagement,
Finger Lakes Health Systems Agency

Thanks to our Sponsors:

- School of Public Health, University at Albany
- NYS Department of Health
- NYS Community Health Partnership

Special Thanks to

- NYS Association of County Health Officials
- NYS Nurses Association

Evaluations

Please visit

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to fill out your evaluation and post test.

Nursing Contact Hours, CME, CHES
are available.

Thank you!

Viewer Call-In

- Phone: 800-452-0662
- Fax: 518-426-0696

Topics Covered

- The lack of a health system in the U.S.
- Health disparities and their causes
- The sociocultural environment and health
- The needed changes
- Steps towards a health system with health equity



U.S. Health “System”

- No one national system
- No national level funding for a system
- Each state has great independence
- Multiple funding sources for both public and private sectors
- Legislators want quick “results”



U.S. Health “System”

- Inadequate coverage of the population
- Most money spent on treatment, not on prevention
- Uneven reliance on evidence-based decision making
- Failure to look at non-medical factors
- Silos divide health workers
- Highest per capita spending on health (2003 US 15.2% of GDP, UK 7.8%)

Changes in U.S. Population Characteristics

- Growth of the elderly population
- Increasing cultural and ethnic diversity of the nation
- Increasing gap between wealthy and low income



Source: Health, US, 2002, National Center for Health Statistics Hyattsville, Maryland

Health Disparities must be seen in terms of:

- Outcomes (rates)
- Causes
- Interventions to prevent and treat
- Opportunities to promote health



Major Conditions and Diseases of Health Disparities in the United States

- Infant mortality
- Cancer screening and management
- Cardiovascular disease
- Diabetes
- HIV/AIDS
- Child and adult immunizations



Sources: Healthy People 2010, U.S. Department of Health and Human Services, Eliminating Health Disparities: Conversations with Latinos. ETR Associates, 2003 Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, Washington, DC.: National Academy Press, 2002.

Truths



- **Biology is not destiny**
- **Disparities such as racism produce stress shown to affect biology**

Truths

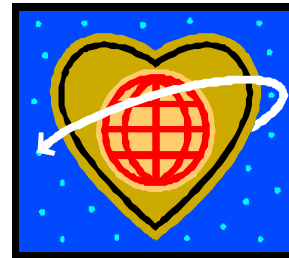


- **The existence of a biomedical solution does not eliminate disease**
- **Understanding of a social or behavioral pathway does not eliminate disease**

What Underlies Health Disparities?

- **Differences in health promotion and disease prevention behaviors**
- **Differences in community factors such as stress, societal support, community cohesion**
- **Genetic factors come into play for individuals, but seldom for groups**

Comprehensive Approaches



CDC Guide to Community Preventative Services

www.thecommunityguide.org

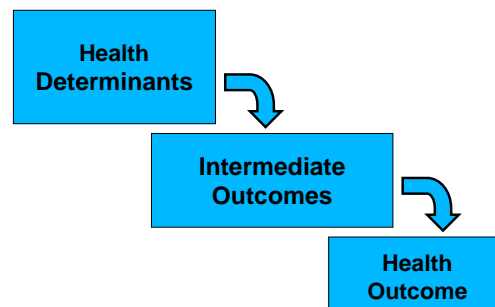
Changing Health Risk Behaviors

- Tobacco
- Physical Activity
- Alcohol
- Nutrition
- Sexual Behavior

Addressing the Environment

- Sociocultural Environment

Social Environment and Health Logic Framework



Social Environment and Health Logic Framework

Intermediate Outcomes

- Neighborhood Living Conditions
- Opportunities for Learning and Developing Capacity
- Community Development and Employment Opportunities

Social Environment and Health Logic Framework

Intermediate Outcomes

- Prevailing Community Norms, Customs, and Processes
- Social Cohesion, Civic Engagement, and Collective Efficacy
- Health Promotion, Disease and Injury Prevention, and Health Care

Involving Community

- Community Participatory Research
- Community participation in action programs
 - Program implementation
 - Program design
 - Program evaluation
- REACH programs (CDC)
- Steps program (CDC)



Attempts at Reform: The Future of the Public's Health in the 21st Century

- Adopt a population health approach that considers the multiple environmental factors in life that impacts health
- Strengthen the governmental public health infrastructure
- Build new partnerships among the different sectors of the public health system

Source: The Future of the Public's Health in the 21st Century, Institute of Medicine, 2002, <http://www.iom.edu/reports>

Attempts at Reform: The Future of the Public's Health in the 21st Century

- Require accountability from all sectors
- Evidence-based decision making
- Enhance and facilitate communication within the public health system

Source: The Future of the Public's Health in the 21st Century, Institute of Medicine, 2002, <http://www.iom.edu/reports>

What Would it Take?

- Radical changes in health professions education and delivery of services
 - Understanding of environmental, social and behavioral forces
 - Teamwork and mutual respect
 - Appropriate measures to solve problems
 - Address disparities in education of health professionals (quality, access)



Forces for Change



- Citizens committed to change
- Champions to overcome initial resistance of political leadership
- Altruism
- Self-interest

What Would it Take?

Self Interest

- Enough people who realize that their own health is compromised by our current “system”
- Fear of new infectious diseases: e.g. Avian Influenza
- Enough people unable to afford health care



What Would it Take?

Altruism

- *Understanding of health disparities and inequities and their impact on people*
- Sense of social justice
- Changes throughout the socio-cultural environment
- Mobilization of citizens around these points
- Charismatic leaders, champions



What Would it Take?

Going beyond the biomedical model of health and disease by addressing the non medical causes of poor health and health disparities, as outlined in the CDC model on the Sociocultural environment

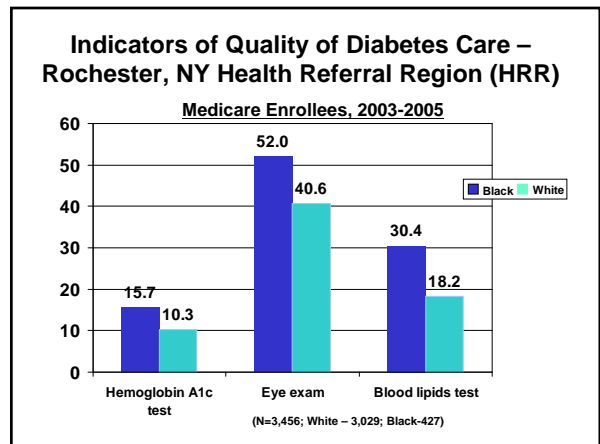
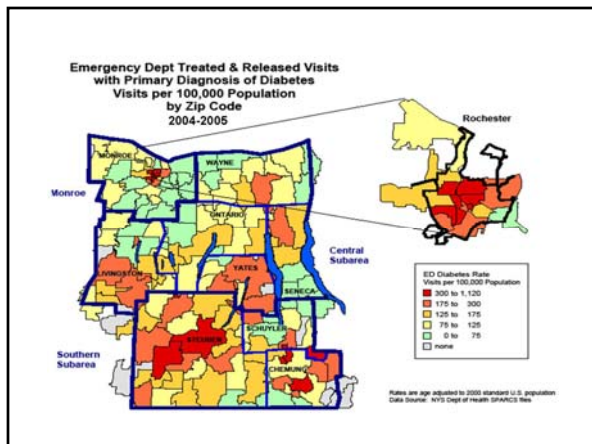
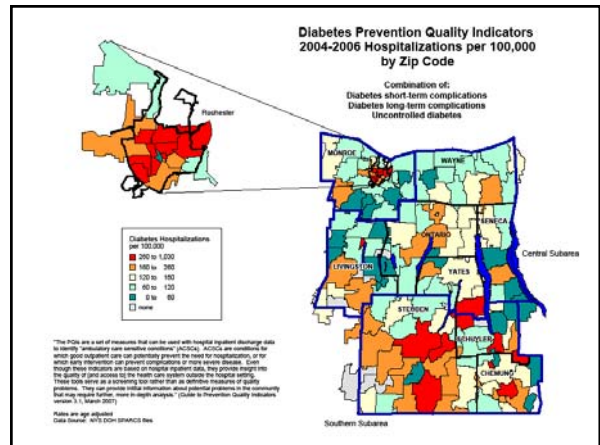
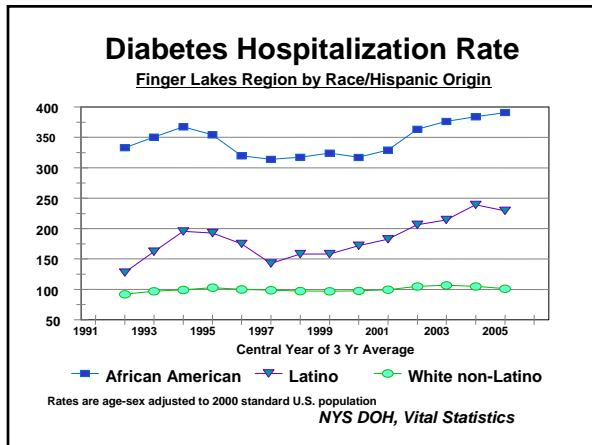
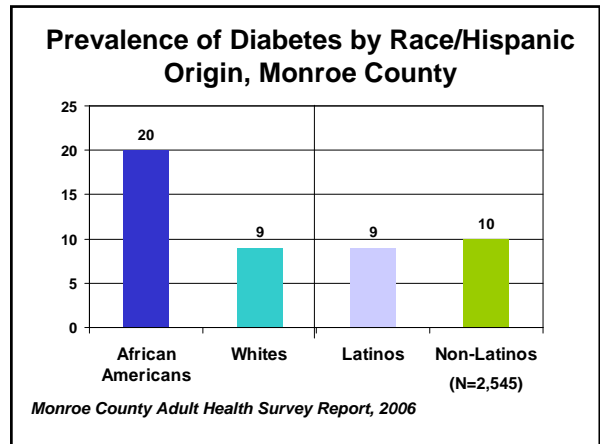
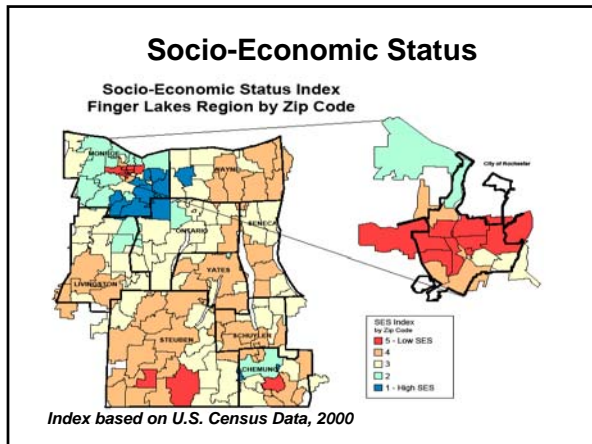


Discussion Questions

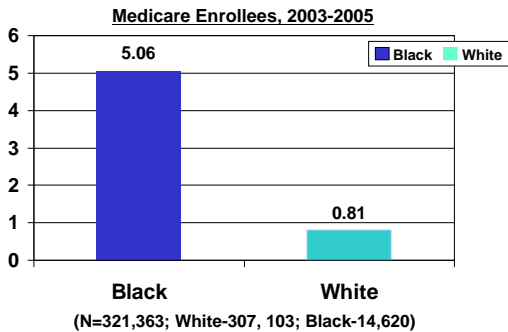
What will it take to develop the social and political will to reorganize how we approach prevention, and how we deliver preventive and curative services?

FLHSA: Objective, Collaborative, Community-Oriented

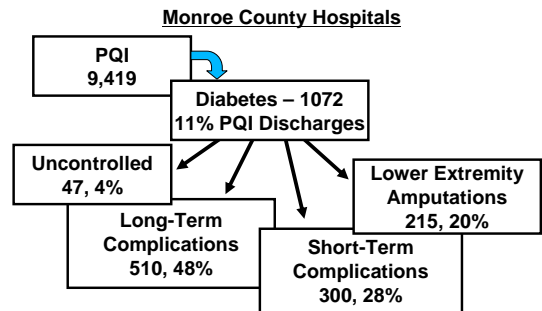




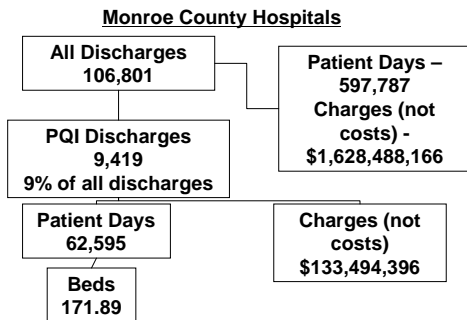
Indicators of Quality of Diabetes Care – Rochester, NY Health Referral Region (HRR)



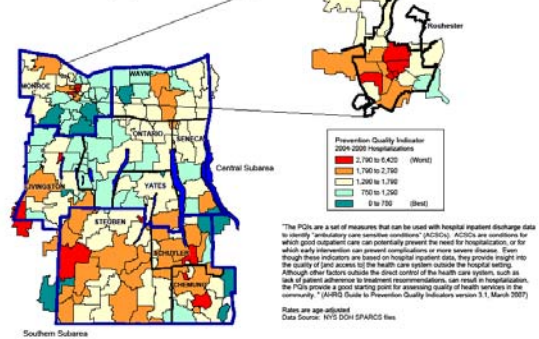
Diabetes PQI Hospitalizations – Avg. Discharges, 2006



All PQI Hospitalizations-Discharges, 2006



Prevention Quality Indicator (Adults) 2004-2006 Hospitalizations per 100,000 by Zip Code



The FLHSA 2020 Commission

- Link Public Health and Prevention to Capacity Management
- Three CONs and "First of Its Kind" Batching
- Beyond "Bricks and Mortar"
- Community Leadership in an Evidence-Based, Data Driven Process

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