BRIDGING HEALTH EQUITY ACROSS COMMUNITIES
NATIONAL MINORITY HEALTH MONTH 2017

Office of Minority Health and Health Disparities
Department of Health and Mental Hygiene
Medicaid Advisory Group
May 25, 2017
MHHD Background and Vision

- **Statutory Base:** The Office of Minority Health and Health Disparities (MHHD) was established in 2004 by statute, under the Maryland Health General Article, Section § 20-1001 to § 20-1007, to address minority health disparities in Maryland.

- **Mission:** Focus the Department’s resources on eliminating health disparities, partner with statewide organizations in developing policies and implementing programs and monitor and report the progress to elected officials and the public.

- **Vision:** To achieve health equity where all individuals and communities have the opportunity and access to achieve and maintain good health.
Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Healthy People, 2020
SOCIAL DETERMINANTS OF HEALTH

The social determinants of health (SDH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

WHO, 2017
Key Concepts

Health inequities are *avoidable* inequalities in health between groups of people. These inequities arise from inequalities within and between societies. Social and economic conditions and their effects on people's lives determine their risk of illness and the actions taken to prevent them becoming ill or treat illness when it occurs. (WHO, 2017)

Health disparities are the differences in health status between people that are related to social or demographic factors such as race, gender, income or geographic region. (APHA, 2017)
"It is unacceptable that the color of your skin or your home address are good predictors of whether you will have a low birth weight baby, die from diabetes or your children will graduate from high school or end up in jail."

Robin Simon, King County Executive

American communities are often segregated by race and income; those communities that are low-income, or are of color, frequently have the worst community conditions and, related, the highest levels of several health problems (Policy Link, 2012).
Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

Social Determinants of Health

EXAMPLES OF SOCIAL DETERMINANTS OF HEALTH

**Economic Opportunity**
- Income
- Employment
- Education
- Housing

**Physical Environment**
- Built Environment
  - Recreation
  - Food
  - Transportation
- Environmental quality
  - Housing
  - Water
  - Air
- Safety

**Social Factors**
- Participation
- Social support
- Leadership
- Political influence
- Organizational networks
- Violence
- Racism
WORKING UPSTREAM

A Framework for Health Equity

Socio-Ecological

Discriminatory Beliefs (ISMS)
- Race
- Class
- Gender
- Immigration status
- National origin
- Sexual orientation
- Disability

Institutional Power
- Corporations
- Other businesses
- Government agencies
- Schools

Social Inequities
- Neighborhood conditions
  - Social
  - Physical
  - Residential segregation
  - Workplace conditions

Risk Factors & Behaviors
- Smoking
- Nutrition
- Physical activity
- Violence
- Chronic Stress

Disease & Injury
- Infectious disease
- Chronic disease
- Injury (intentional & unintentional)

DOWNSTREAM

HEALTHCARE ACCESS

MEDICAL MODEL

Individual Health Knowledge

Genetics

Mortality
- Infant mortality
- Life expectancy

HEALTH STATUS
FRAMEWORK

Triple Aim of Health Equity

- Implement Health in All Policies
- Expand Understanding of Health
- Strengthen Community Capacity

- Implement a Health in All Policies Approach With Health Equity as the Goal
- Expand Our Understanding of What Creates Health
- Strengthen the Capacity of Communities to Create Their Own Healthy Future

ASTHO, 2015
HEALTH IN ALL POLICIES

- Every aspect of government and the economy has the potential to affect health
- All sectors have influence on health and health equity
- Obesity prevention requires:
  - Sustainable, nutritious food supply
  - Access to healthy foods
  - Physical activity (built environment, safe neighborhoods)
  - Education systems, work environments that reinforce healthy living
- How much of this controlled by the health sector?
Health in All Policies Workgroup

- SB 340
- Convenes multi-sectoral workgroup to study and make recommendations on implementing a health in all policies approach
  - University of Maryland – Center for Health Equity
  - DHR
  - MDoT
  - DHCD
  - DHMH
  - MDE
  - DLLR
  - MHA
  - MDSE
  - Other key stakeholders
COLLOBORATION IS KEY
Focusing Resources

- Public Health Services
  - Environmental Health Bureau
  - HIV/AIDS Administration
  - MCH Bureau
  - Chronic Disease (Disabilities Workgroup)
  - OPHI
  - Workforce Development
  - Directors Strategic Planning Team
- BHA – Homeless and Planning Divisions
- Children’s Cabinet – GOC
- MD Interagency Council on Homelessness
- HiAP Workgroup
- Health Enterprise Zones
- B’more for Healthy Babies Health Equity Group
EXPAND UNDERSTANDING OF WHAT CREATES HEALTH

- Provide technical assistance to DHMH programs, local health departments, community-based organizations

- Provide education on health equity, social determinants of health and cultural competence
  - Health Equity 101
    - Unconscious bias
    - Social determinants of health
  - National CLAS Standards training and TA
  - Collaborative strategic planning with DHMH departments
HEALTH DISPARITIES AND EQUITY EDUCATION

HEALTH DISPARITIES DATA

HEALTH EQUITY CONFERENCE
**365 ATTENDEES**
AWARD RECIPIENT & KEYNOTE ADDRESS
Camara Phyllis Jones, MD, MPH, PhD,
Morehouse School of Medicine

PRIMER
Cultural Competency and Health Literacy
A Guide for Teaching Health Professionals and Students

CLAS
Culturally & Linguistically Appropriate Services

HEALTH EQUITY 101 TRAINING

MARYLAND DEPARTMENT OF HEALTH & MENTAL HYGIENE
Purpose: Empower communities to improve health outcomes of racial and ethnic minorities through:

- Community engagement
- Partnerships
- Outreach
- Technical assistance
- Social determinants of health

Collaborative funding and TA, skills-building:

- Center for HIV Care Services
- Environmental Health Bureau
STATE PARTNERSHIP GRANT: EMBRACE

Five-year grant from the DHHS Office of Minority Health

**Goals:**
- increase rates of health insurance,
- increase use of primary care services,
- reduce rates of emergency department visits and hospital readmissions
- Prince George’s County (20712, 20737, 20781, 20782, 20783, 20903)

**EMBRACE Partners**
- MHHD
- HBCU (Morgan State)
- FQHC (Mary’s Center)
- INSURER (Medicaid)
- HOSPITAL (Adventist)
Where Do the Solutions Lie?

- Go beyond health care access
- Look to quality and effectiveness of care
- Look to health behaviors
- MUST Look to social determinants of health
  - “SEE Equity”: Social, Economic, Environmental Equity
What is The Difference?
EQUALITY vs EQUITY

Equality vs. Equity - There is a difference!

Image created by: Interaction Institute for Social Change
Be Engaged in Equity

- Ask the right questions of the communities you are charged to serve.
  - What do you need?
  - What areas do you think are important?
  - How can we best serve you?
- Who is the real expert?

- Be Consistent, Be Present, Be Honest, Be Humble!
- Be intentional
- Ask the questions and Ask, Ask Again
What is your Role in Achieving Health Equity?
Contact Information:
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QUESTIONS