

Virginia Rural Health Association Annual Meeting 2007

Advancing Health Equity in Virginia: A Social Justice Perspective

Michael O. Royster, MD, MPH

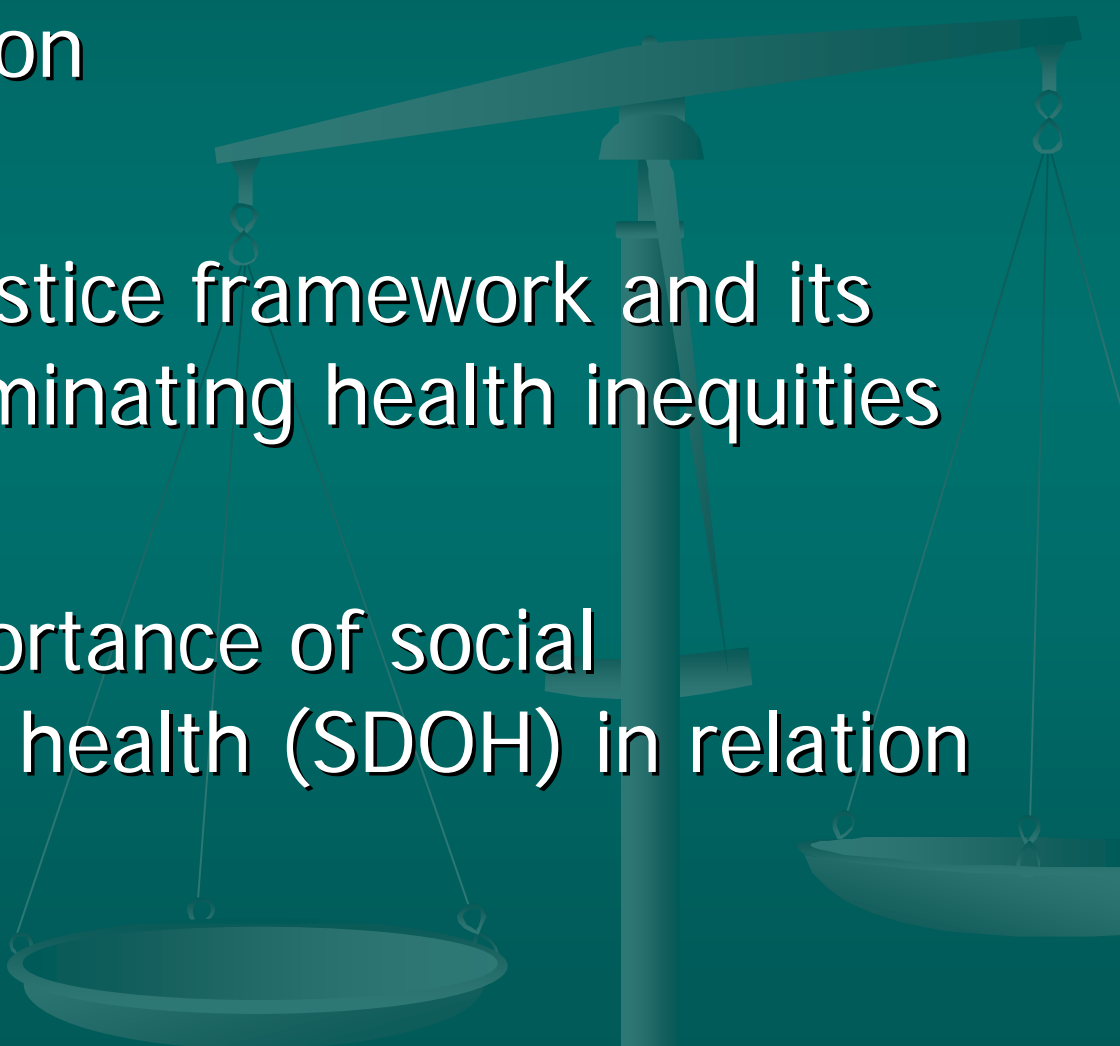
Director, Office of Minority Health and
Public Health Policy

Virginia Department of Health

Office of Minority Health
& Public Health Policy
Advancing Health Equity For All Virginians

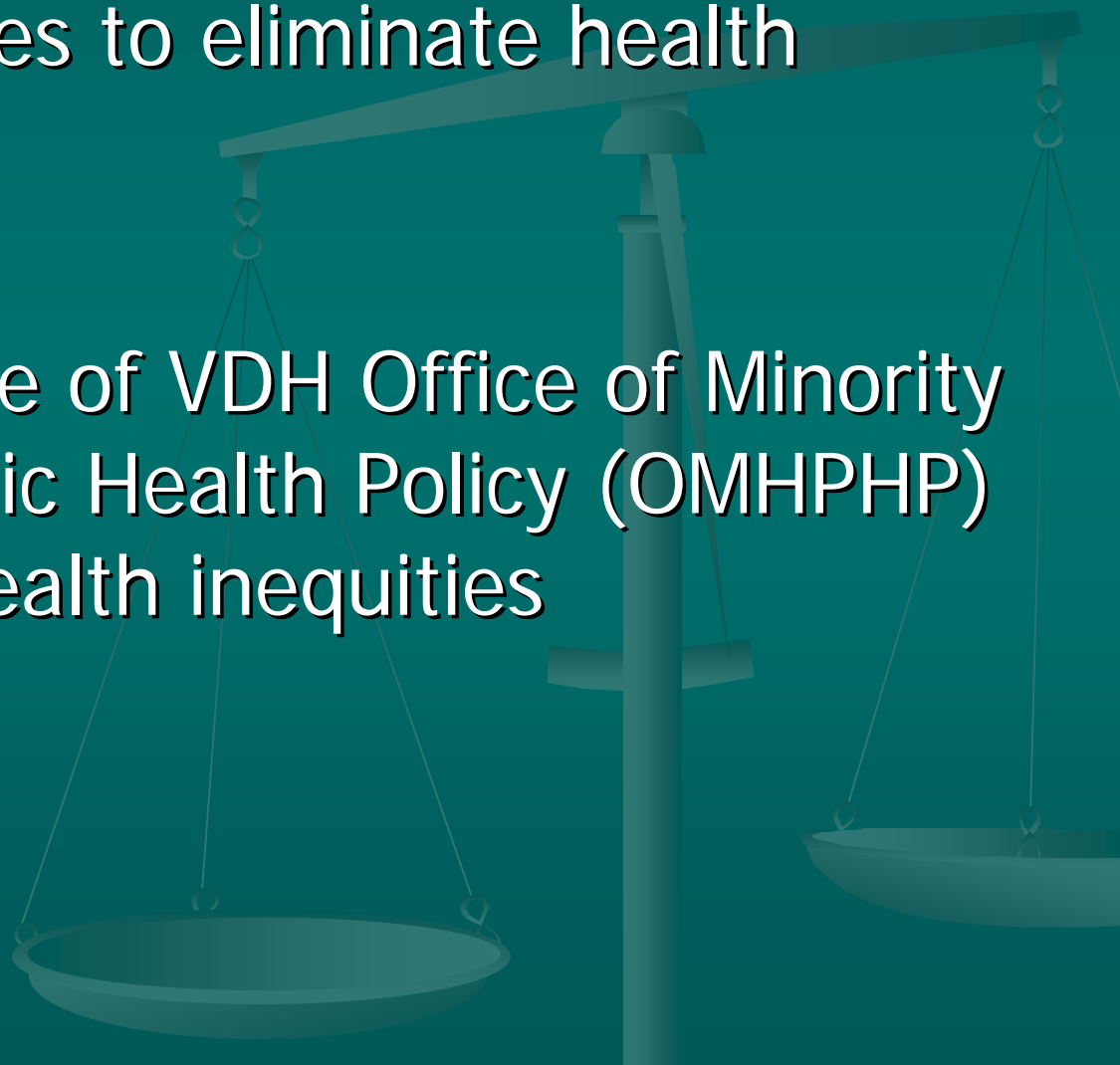
VDH VIRGINIA
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OF HEALTH
Protecting You and Your Environment

Objectives

- Provide overview OMHPHP and its new vision and mission
 - Define Social Justice framework and its relevance to eliminating health inequities
 - Explain the importance of social determinants of health (SDOH) in relation to rural health
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Objectives

- Discuss strategies to eliminate health inequities
- Describe the role of VDH Office of Minority Health and Public Health Policy (OMHPHP) in addressing health inequities

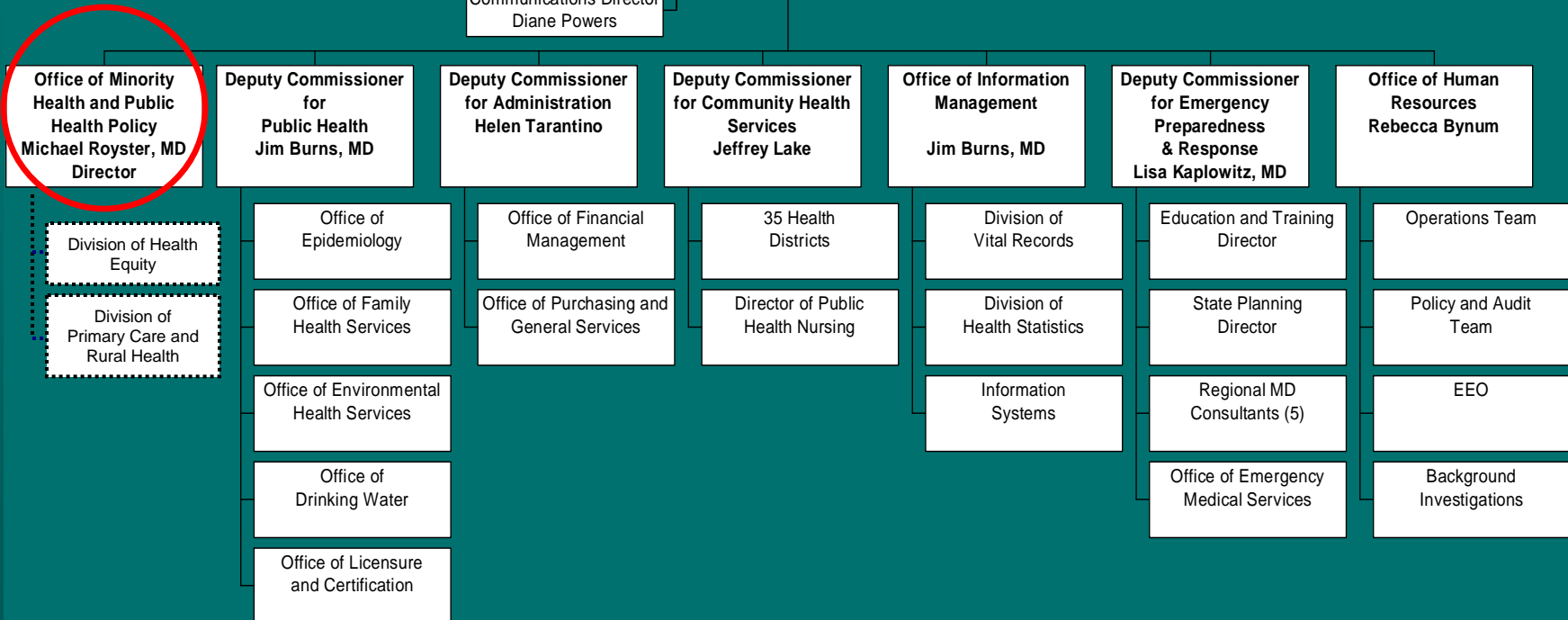


**VIRGINIA DEPARTMENT OF HEALTH
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AUGUST 2007**

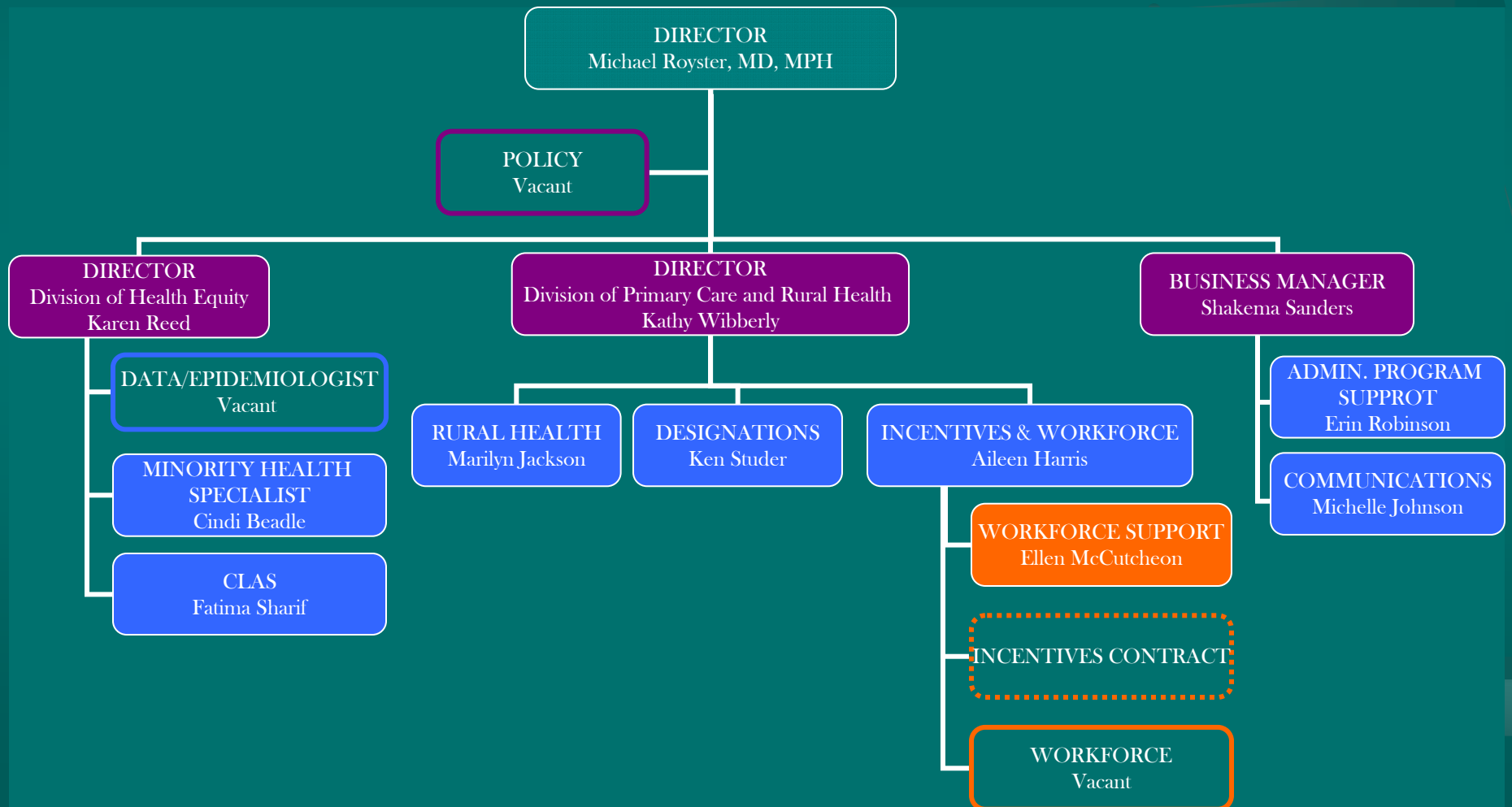
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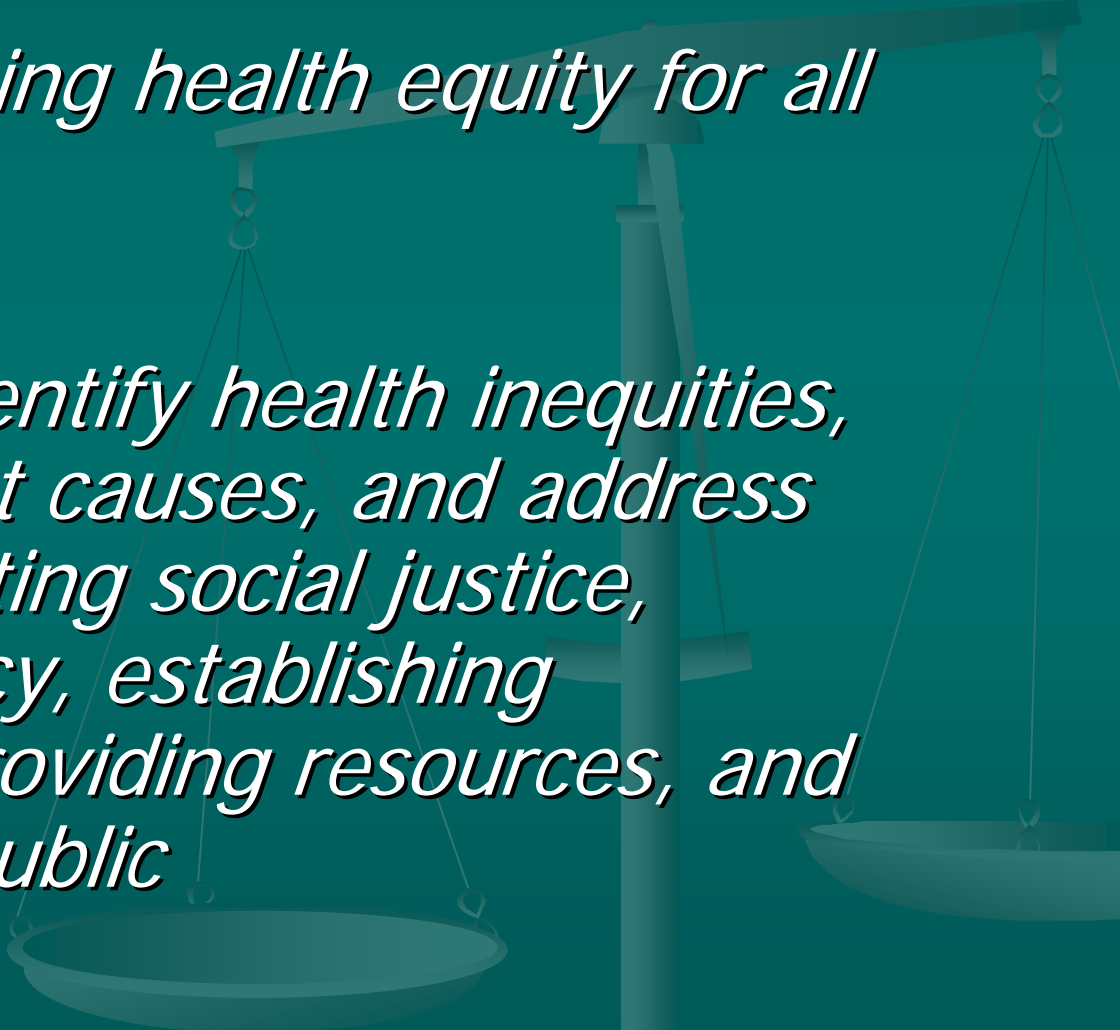
Communications Director
Diane Powers



Office of Minority Health and Public Health Policy



Office of Minority Health and Public Health Policy (OMHPHP)

- **Vision:** *Advancing health equity for all Virginians*
 - **Mission:** *To identify health inequities, assess their root causes, and address them by promoting social justice, influencing policy, establishing partnerships, providing resources, and educating the public*
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Social Justice

- *A virtue that, when achieved, results in equitable (fair) distribution of social, economic, and political resources, opportunities, and responsibilities and their consequences*



Definitions

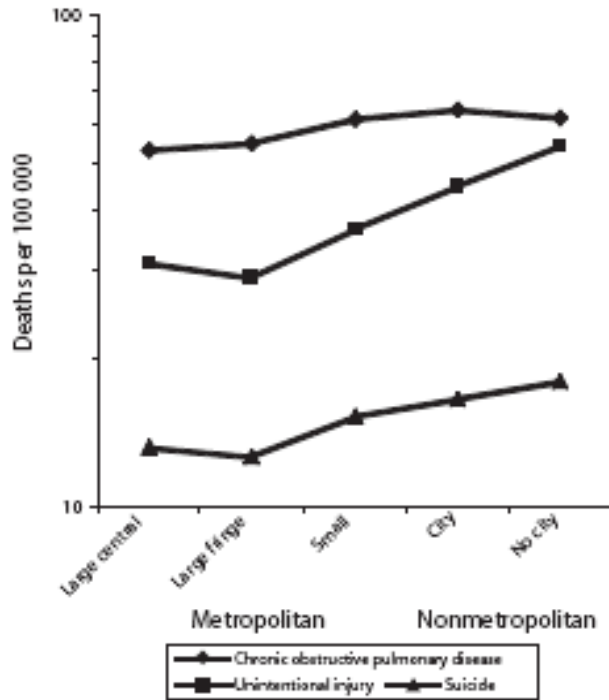
- **Health Disparities-** *“a population where there is a significant disparity [difference] in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population.”* - Minority Health and Health Disparities Research and Education Act, 2000
- **Health Inequities-** *“Disparities in health [or health care] that are systemic and avoidable and considered unfair or unjust.”* - Troutman, 2006
- **Health equity-** *“the absence of systematic disparities in health ... between groups with different levels of underlying social advantage/disadvantage—that is, wealth, power, or prestige.”* - Braveman, 2003

Social Justice Framework



- Marginalization based on class, race, gender, geography, and other social classifications underlies the inequitable (unfair) distribution of social, economic and political resources and opportunities
- This unfair distribution of resources and opportunities is manifest through differential access and exposure to social determinants of health
- Through direct and indirect mechanisms, the result is health inequities

Risk Factor and Disease Prevalence by Urbanization

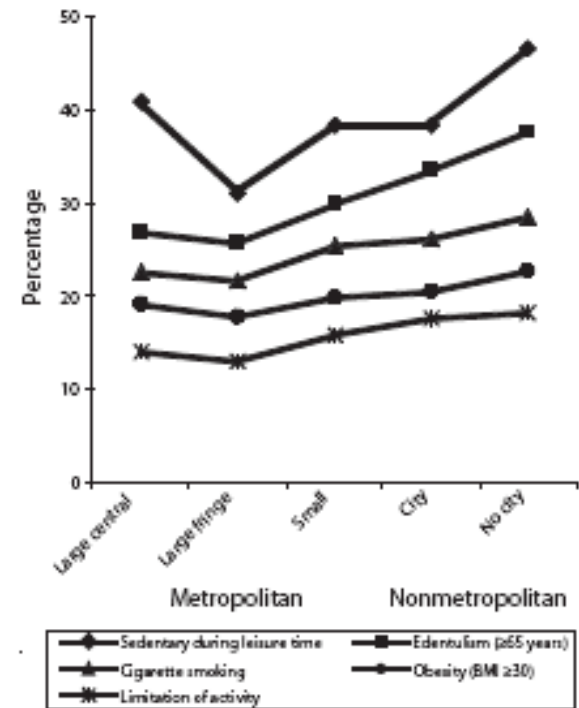


Source: Eberhardt et al.³
 Note. Rates were age-adjusted. The 5 urbanization levels are: central counties in large metropolitan areas (population ≥ 1 million), fringe (suburban) counties within large metropolitan areas (population ≥ 1 million), small metropolitan areas (population < 1 million), nonmetropolitan counties with a city (population $\geq 10,000$), and nonmetropolitan without a city (population $> 10,000$).

FIGURE 1—Cause-specific death rates, by urbanization level: United States, 1996–1998.

Mortality Rate by Level of Urbanization

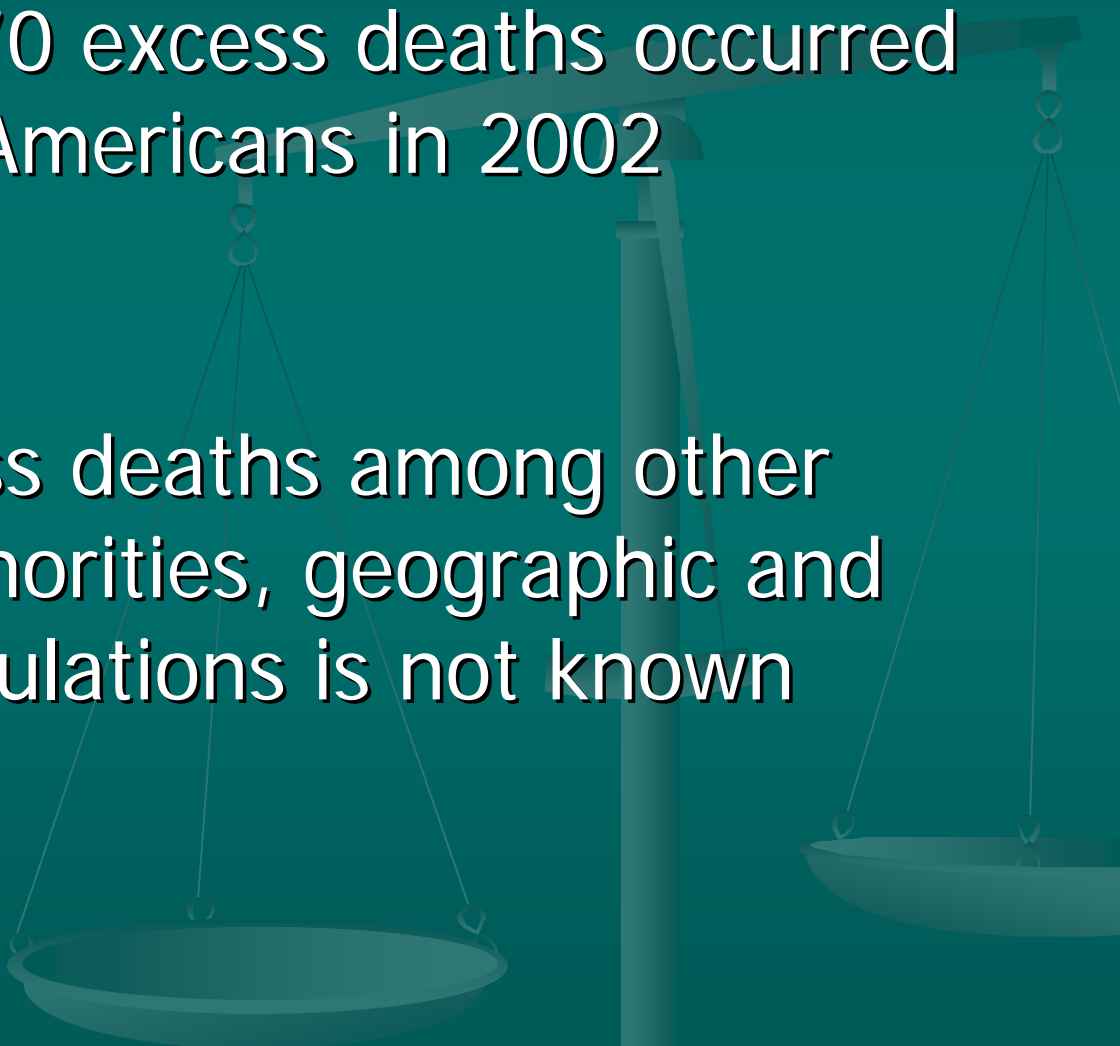
M Eberhardt & E Pamuk. The importance of place of residence: examining health in rural and nonrural areas, American Journal of Public Health. 2004;94:1682-1686.



Source: Eberhardt et al.³
 Note. Rates were age-adjusted. The 5 urbanization levels are: central counties in large metropolitan areas (population ≥ 1 million), fringe (suburban) counties within large metropolitan areas (population ≥ 1 million), small metropolitan areas (population < 1 million), nonmetropolitan counties with a city (population $\geq 10,000$), and nonmetropolitan without a city (population $> 10,000$).

FIGURE 2—Prevalence of risk factors and chronic health conditions among adults, by urbanization level: United States, 1997–1998.

Excess Deaths in the U.S.

- Estimated 83,570 excess deaths occurred among African Americans in 2002
 - Satcher, et. al, 2005
 - Additional excess deaths among other racial/ethnic minorities, geographic and low-income populations is not known
- 

Rural Urban Continuum Codes, 2003

Code	Description
Metro counties:	
1	Counties in metro areas of 1 million population or more
2	Counties in metro areas of 250,000 to 1 million population
3	Counties in metro areas of fewer than 250,000 population
Nonmetro counties:	
4	Urban population of 20,000 or more, adjacent to a metro area
5	Urban population of 20,000 or more, not adjacent to a metro area
6	Urban population of 2,500 to 19,999, adjacent to a metro area
7	Urban population of 2,500 to 19,999, not adjacent to a metro area
8	Completely rural or less than 2,500 urban population, adjacent to a metro area
9	Completely rural or less than 2,500 urban population, not adjacent to a metro area

USDA: www.ers.usda.gov/briefing/rurality/ruralurbcon

Virginia Racial Distribution by Rurality 2006 Census Bureau Estimates

METRO RURAL	2003 Rural- urban Continuum Code	TOTAL POP	White Percent	Non White Percent	Black Percent
METRO	1	5,252,518	68.8	31.2	22.5
METRO	2	295,050	84.9	15.1	12.5
METRO	3	990,662	84.5	15.5	12.3
RURAL	4	186,851	84	16	14.3
RURAL	6	457,225	81.6	18.4	16.8
RURAL	7	179,070	80.4	19.6	18.1
RURAL	8	157,125	83.2	16.8	15.1
RURAL	9	124,383	81.8	18.2	17

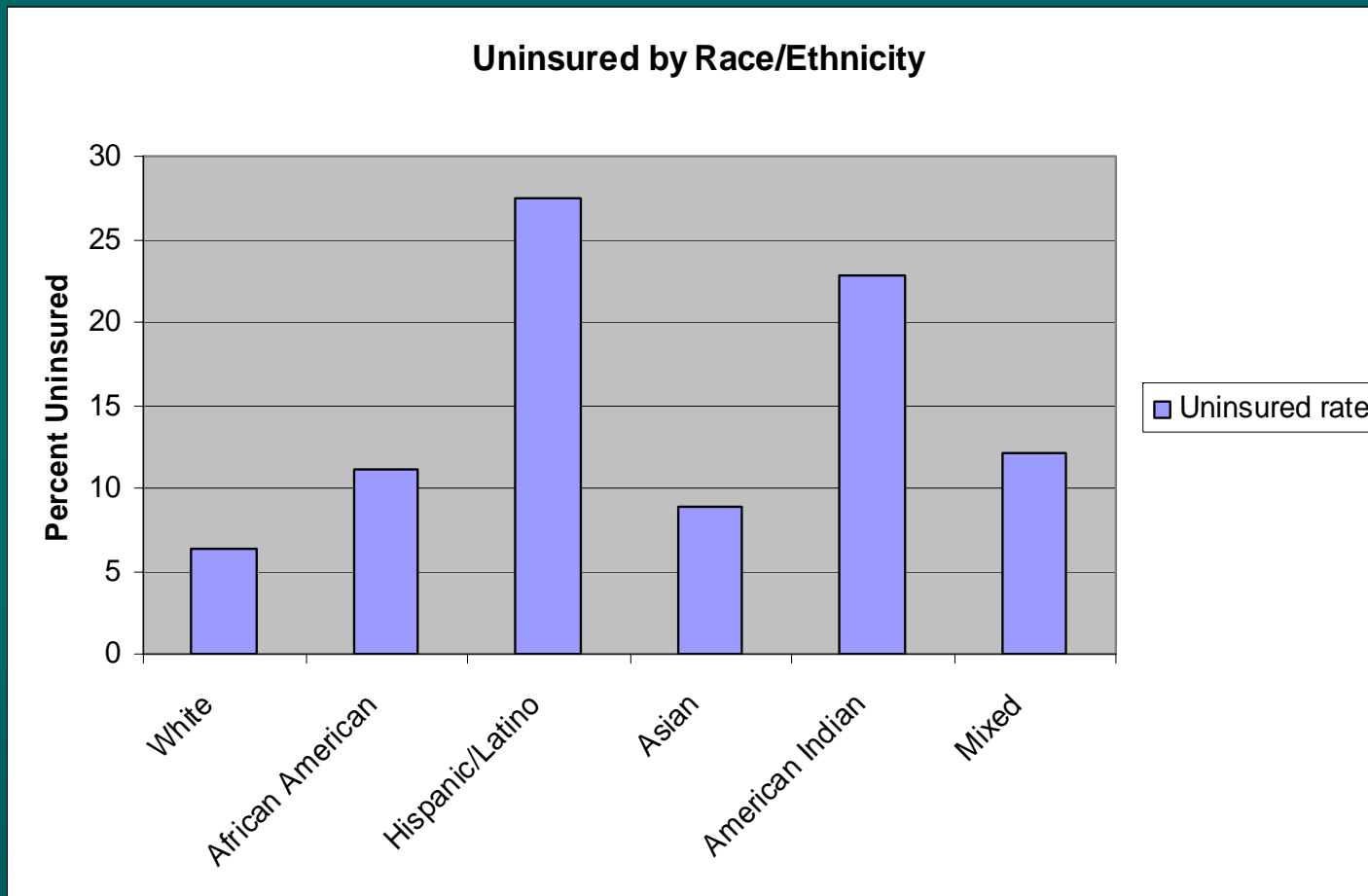
Education and Poverty in Metropolitan and Rural Virginia

METRO RURAL	2003 Rural- Urban Continuum Code	% Age 25 Plus Less than High School Education 2005	% Special Ed 2005 (VDOE)	% LEP 2005 (VD OE)	Less than 100% FPL 2000 Census
METRO	1	10.3			7.8
METRO	2	16.3			9.5
METRO	3	18.9			13.6
RURAL	4	21.6			10.3
RURAL	6	25.2			13.0
RURAL	7	26.2			16.6
RURAL	8	24.9			14.3
RURAL	9	28.8			17.6

Top 10 Virginia Jurisdictions with the Highest Ambulatory Care Sensitive Conditions Excluding Psychosis

Locality	RURAL METRO	2003 Rural- Urban Continuum Code	Commission on Local Government Fiscal Stress Classification	ACSC Discharges w/o Psychosis	ACSC Discharges (w/o Psychosis) per 100,000 Population 2005
Norton City	Rural	7	High Stress	728	18,748
Covington City	Rural	6	High Stress	668	10,691
Greensville County	Rural	6	Above Average Stress	1,187	10,313
Martinsville City	Rural	4	High Stress	1,268	8,477
Buchanan County	Rural	9	High Stress	1,974	8,002
Petersburg City	Metro	1	High Stress	2,332	7,135
Galax City	Rural	6	High Stress	466	7,120
Wise County	Rural	7	Above Average Stress	2,781	6,727
Franklin City	Rural	6	High Stress	551	6,608
Charlotte County	Rural	8	Above Average Stress	801	6,506

Uninsured by Race/Ethnicity Virginia, 2004



Source: 2004 Virginia Health Care Insurance and Access Survey

Five Year Infant Mortality Rates by Metropolitan Area and Rural-Urban Continuum Codes

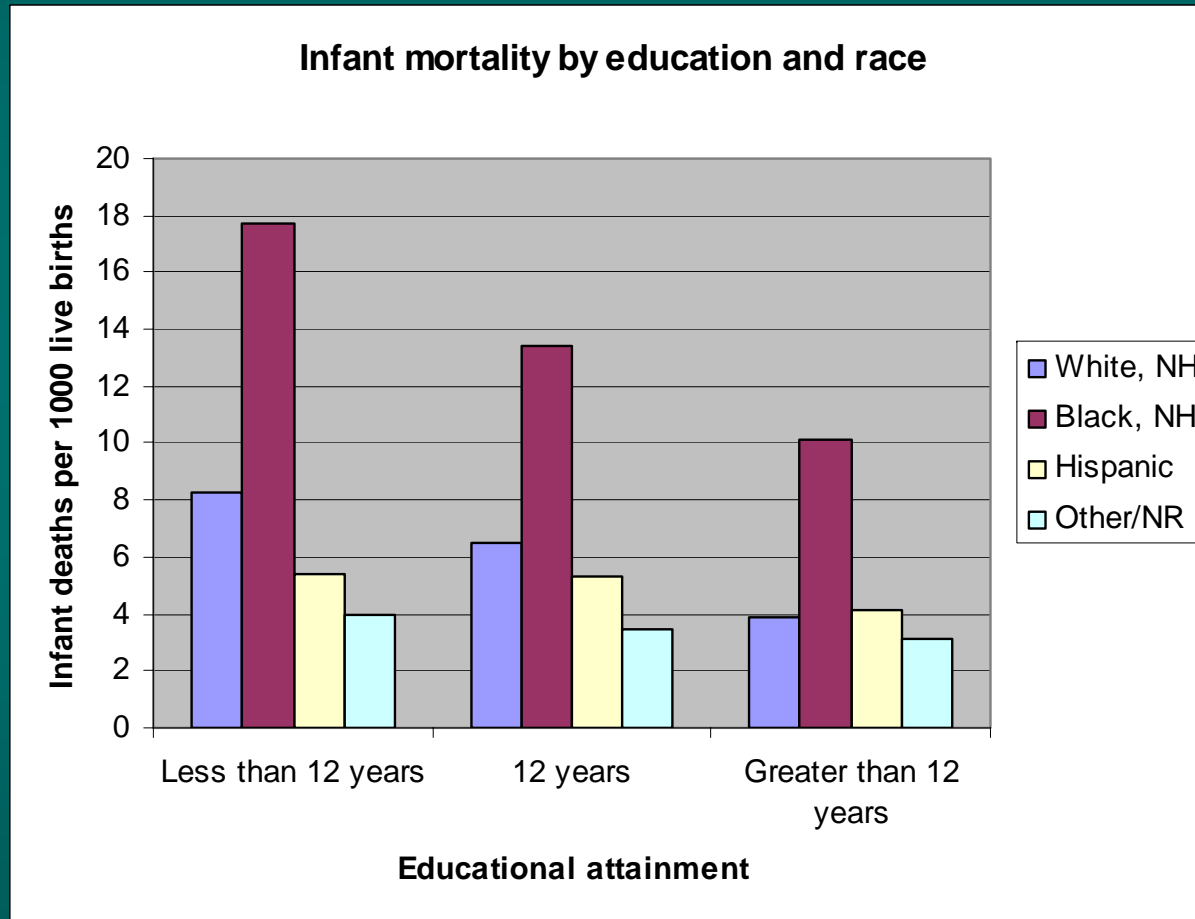
RURAL METRO	2003 Rural-Urban Continuum Code	Live births 01-05	Infant Deaths 01-05	IMR
STATE TOTAL	1-9	506,645	3,766	7.4
METRO	1	375,376	2,761	7.4
METRO	2	16,685	145	8.7
METRO	3	55,469	396	7.1
RURAL	4	10,228	87	8.5
RURAL	6	24,844	183	7.4
RURAL	7	9,972	89	8.9
RURAL	8	8,092	45	5.6
RURAL	9	5,979	60	10.0

Isolation and Infant Mortality Rates Commuting and Adjacency to the Metropolitan Core

Source: VDH Division of Health Statistics and the USDA-ERS Rural Urban Continuum Codes 2003

METRO RURAL	Metropolitan Adjacency	Live births 01-05	Infant deaths 01-05	IMR
METRO	Metro Area	447,530	3,302	7.4
RURAL	15-47% Commute to Metro Core	22,460	148	6.6
RURAL	.5-14% Commute to Metro Core	26,425	220	8.3
RURAL	Not Adjacent to Metro Core	10,230	96	9.4

Infant Mortality in Virginia by Education and Race/Ethnicity, 2002-2004



Source: Virginia Center for Health Statistics

Healthy People 2010 and Healthy Virginians 2010

1. Increase quality and years of healthy life
 2. Eliminate health disparities
 - In addition to traditional health care and behavior change strategies, this will require promotion of social justice and attention to social determinants of health
- 

Rural Health

- “The traditional emphasis on access to care as the principal issue in rural areas is important, but it is too restrictive to enable the resolution of the myriad of rural public health challenges.”


Phillips C, McLeroy K. Health in rural America: remembering the importance of place. *AJPH*. 94 (10):1661-1663.

Social Determinants of Health



- SES (Education, income, wealth, job status, class)
 - Individual, neighborhood, and gradient
- Discrimination (race, class, gender, sexual orientation, etc.)
 - Institutionalized, internalized, perceived
- Housing
 - Affordable, quality, segregation

Social Determinants of Health

- Physical environment
 - Grocery stores, clean water, air pollution
 - Food security
 - Poverty, availability of foods
 - Healthy child development
 - Family structure, child poverty
- 

Social Determinants of Health

- Culture
 - Norms, beliefs, traditions
- Social support
 - Moderates stress, can promote healthy behaviors
- Health care services
 - Quality, access

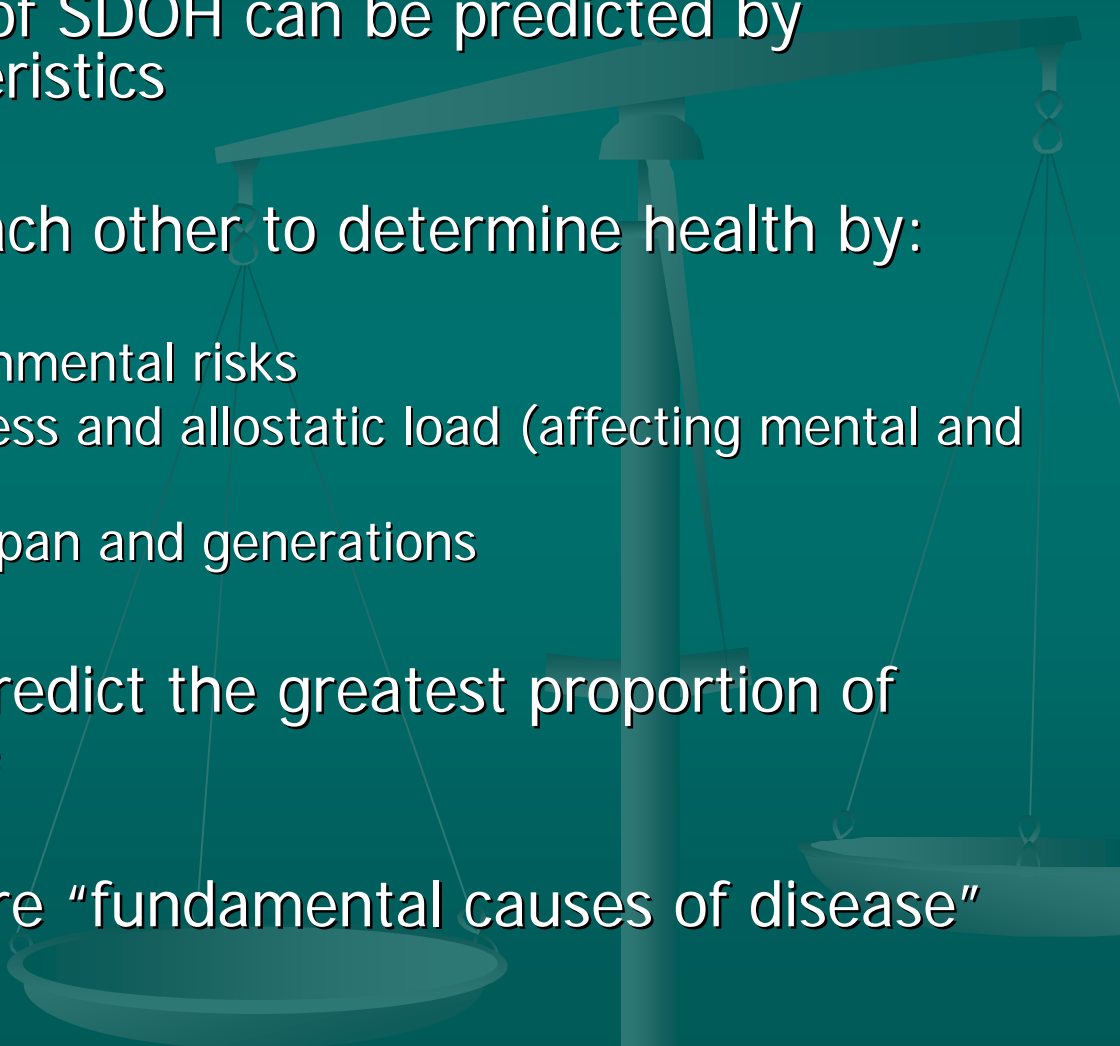


Social Determinants of Health

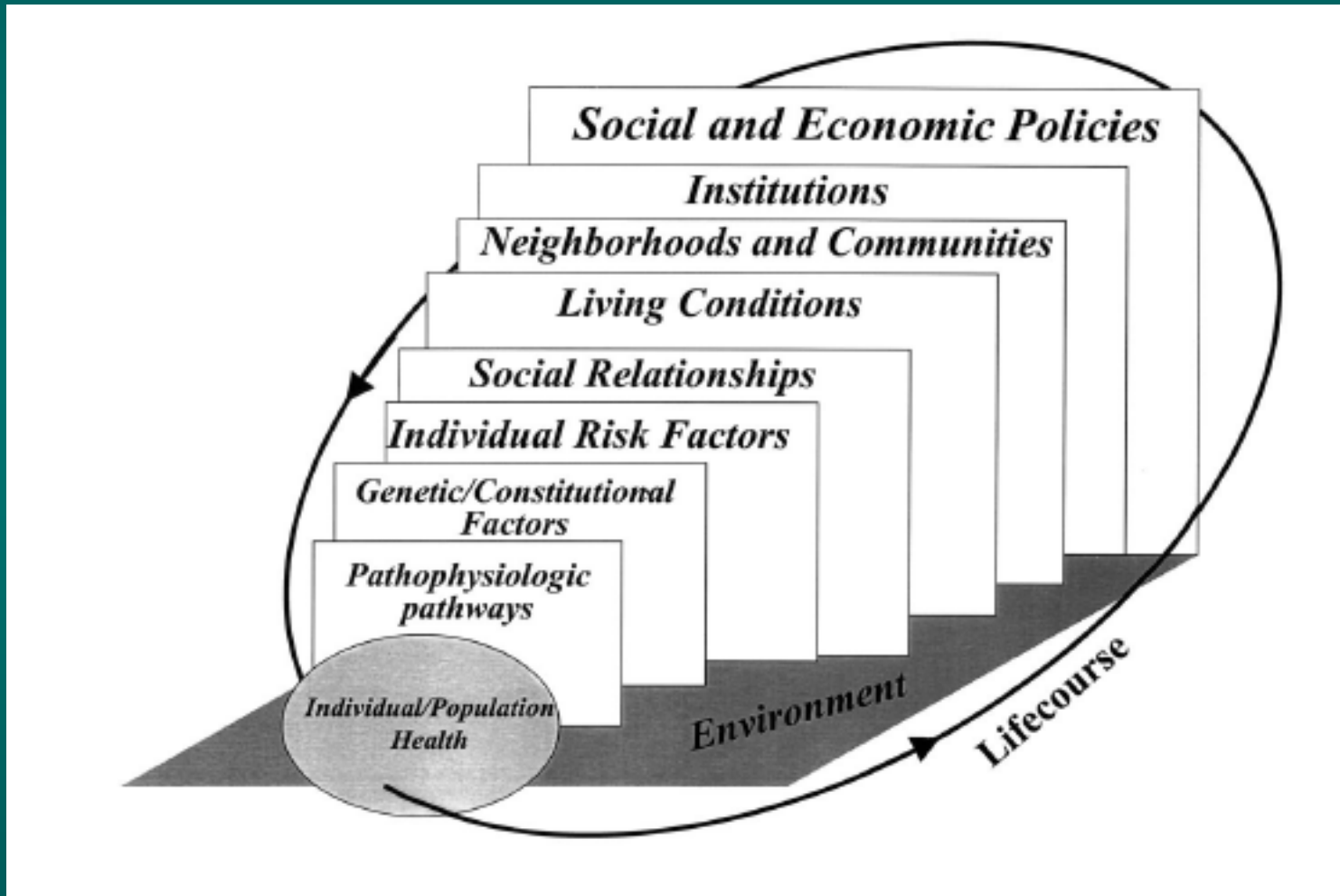


- Transportation
 - Access to work, education, health care
- Working conditions
 - Job hazards, locus of control
- Democratic participation
 - Community voice in decision-making

Importance of Social Determinants of Health

- Presence or absence of SDOH can be predicted by demographic characteristics
 - SDOH interact with each other to determine health by:
 - Influencing behaviors
 - Predisposing to environmental risks
 - Creating additional stress and allostatic load (affecting mental and physical health)
 - Acting across the life span and generations
 - Social determinants predict the greatest proportion of health status variance
 - Social determinants are “fundamental causes of disease”
(Link and Phelan, 1995)
- 

Multilevel Framework of Influences on Health Equity



Kaplan.1999. What is the role of the social environment in understanding inequalities in health? *Annals of the New York Academy of Sciences* 896:116-119.

How Do We Address Health Inequities from a Social Justice Perspective?

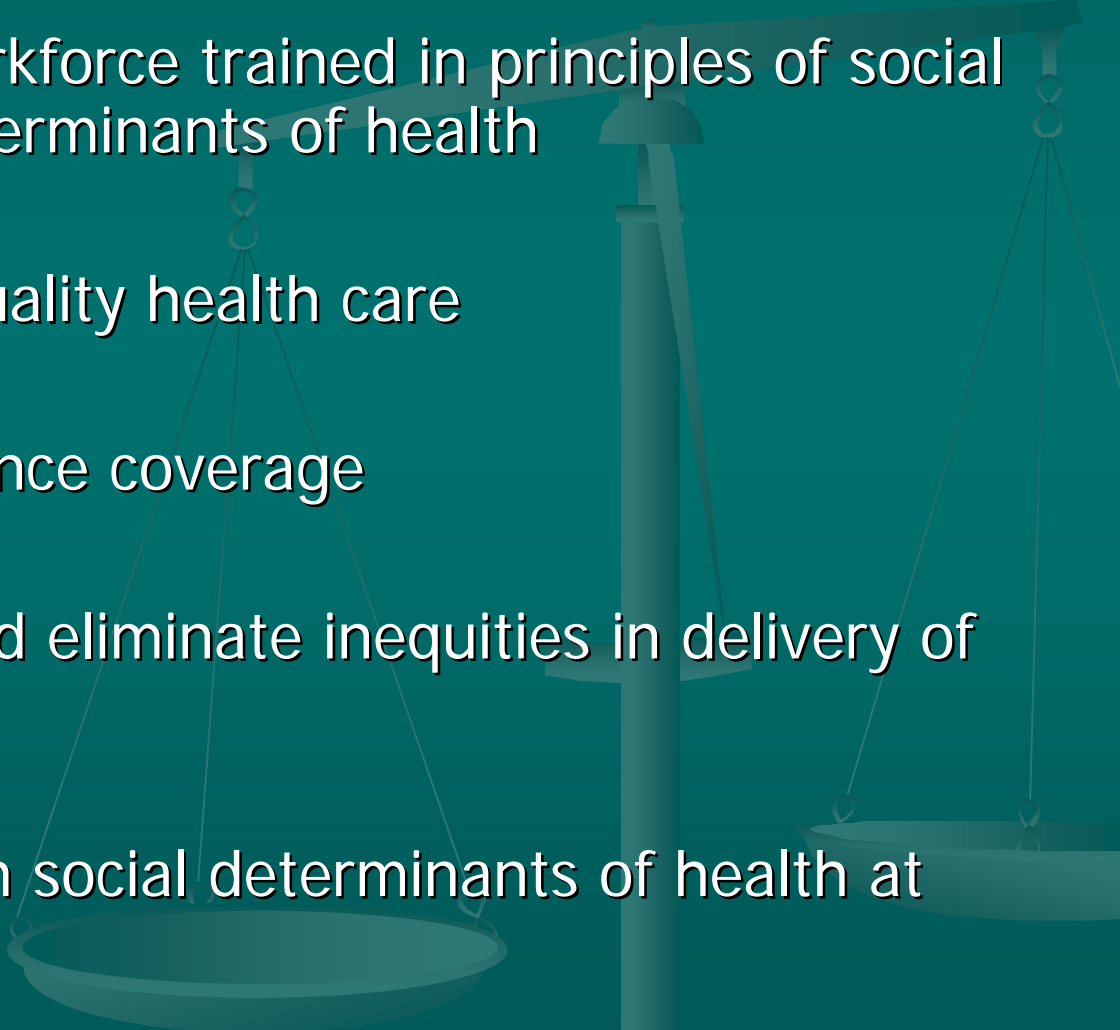


Public Health Strategies to Advance Health Equity

- Health Care
- Community Health
 - Health Promotion/Disease Prevention/Behavior Change
- Social Determinants



Health Care Strategies

- Culturally and linguistically appropriate care
 - Culturally diverse workforce trained in principles of social justice and social determinants of health
 - Increase access to quality health care
 - Expand health insurance coverage
 - Monitor outcomes and eliminate inequities in delivery of quality health care
 - Advocate for focus on social determinants of health at policy level
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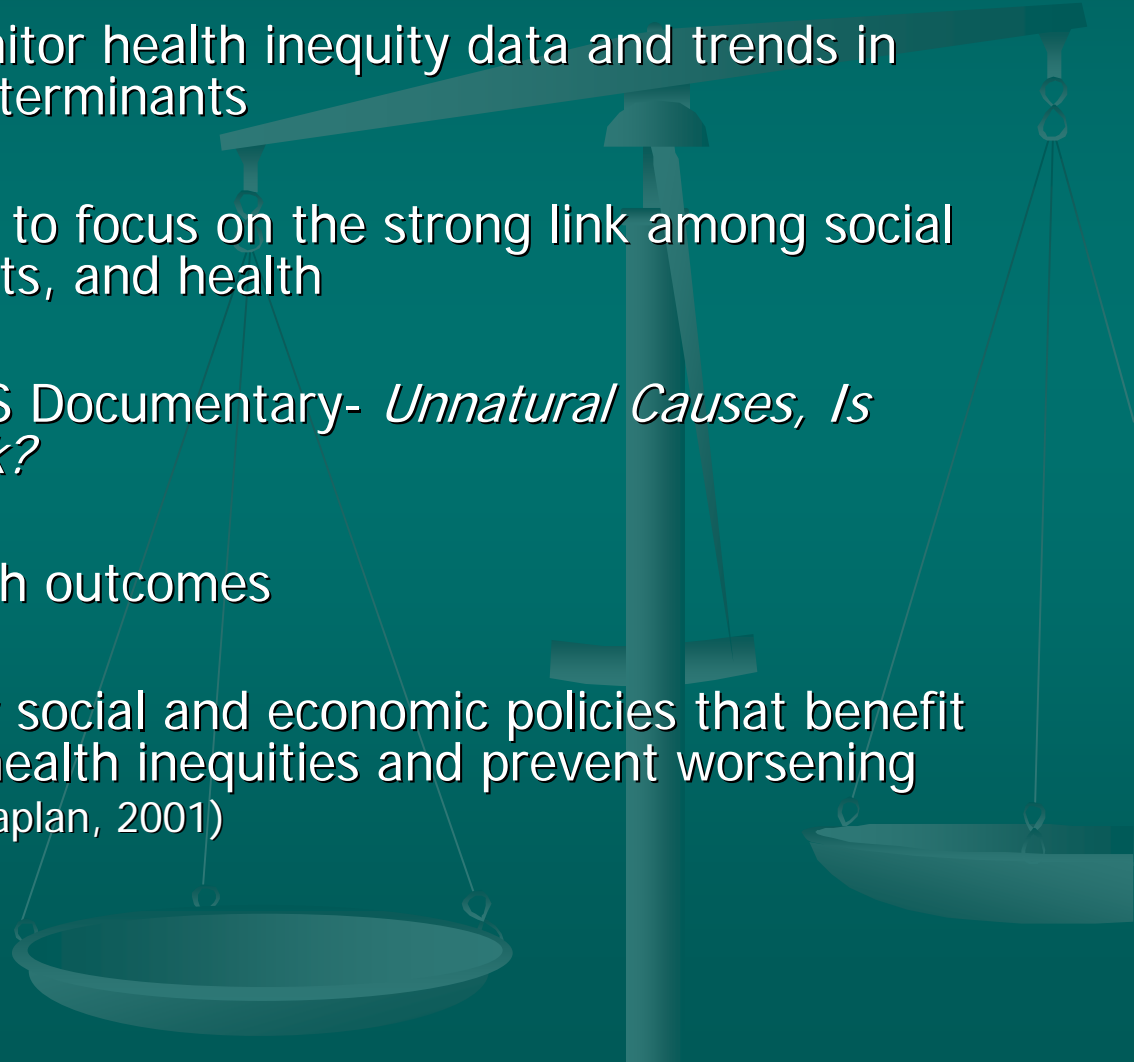
Community Health



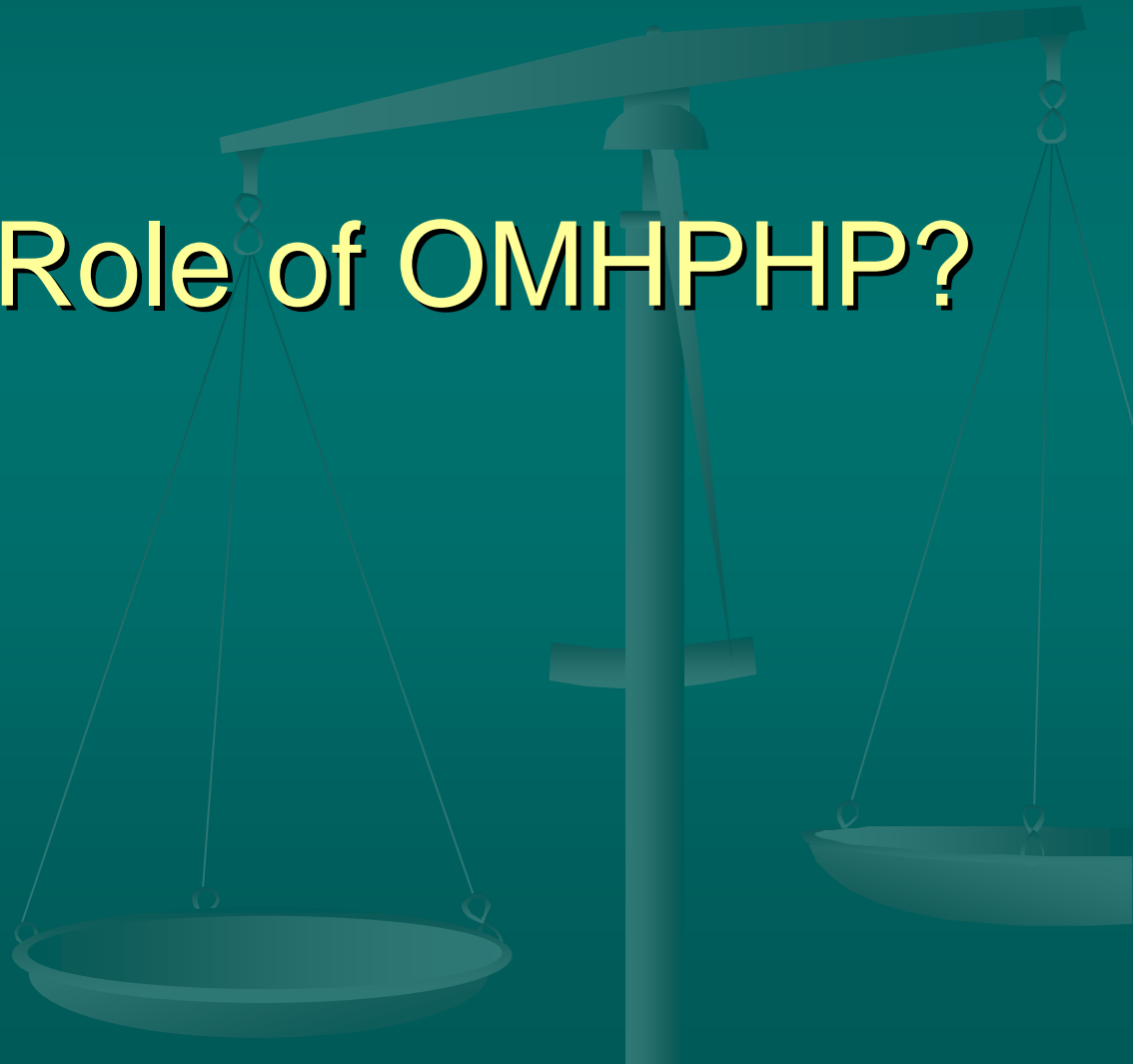
- Diverse and culturally competent workforce trained in principles of social justice
- Culturally appropriate interventions
- Use socioecological framework to guide health promotion and behavior change
 - Individual, Interpersonal, Organizational, Community, Policy
- Community-based participatory interventions and research
- Lay health advisors, community health workers, home visitation programs

Social Determinants

- Think beyond health care and individual behaviors
- Collect, analyze, and monitor health inequity data and trends in association with social determinants
- Refocus health messages to focus on the strong link among social justice, social determinants, and health
- California Newsreel & PBS Documentary- *Unnatural Causes, Is Inequality Making Us Sick?*
- Link public policy to health outcomes
- Support and advocate for social and economic policies that benefit health, address existing health inequities and prevent worsening inequities (Acheson, 1998; Kaplan, 2001)



What is the Role of OMHPHP?



OMHPHP



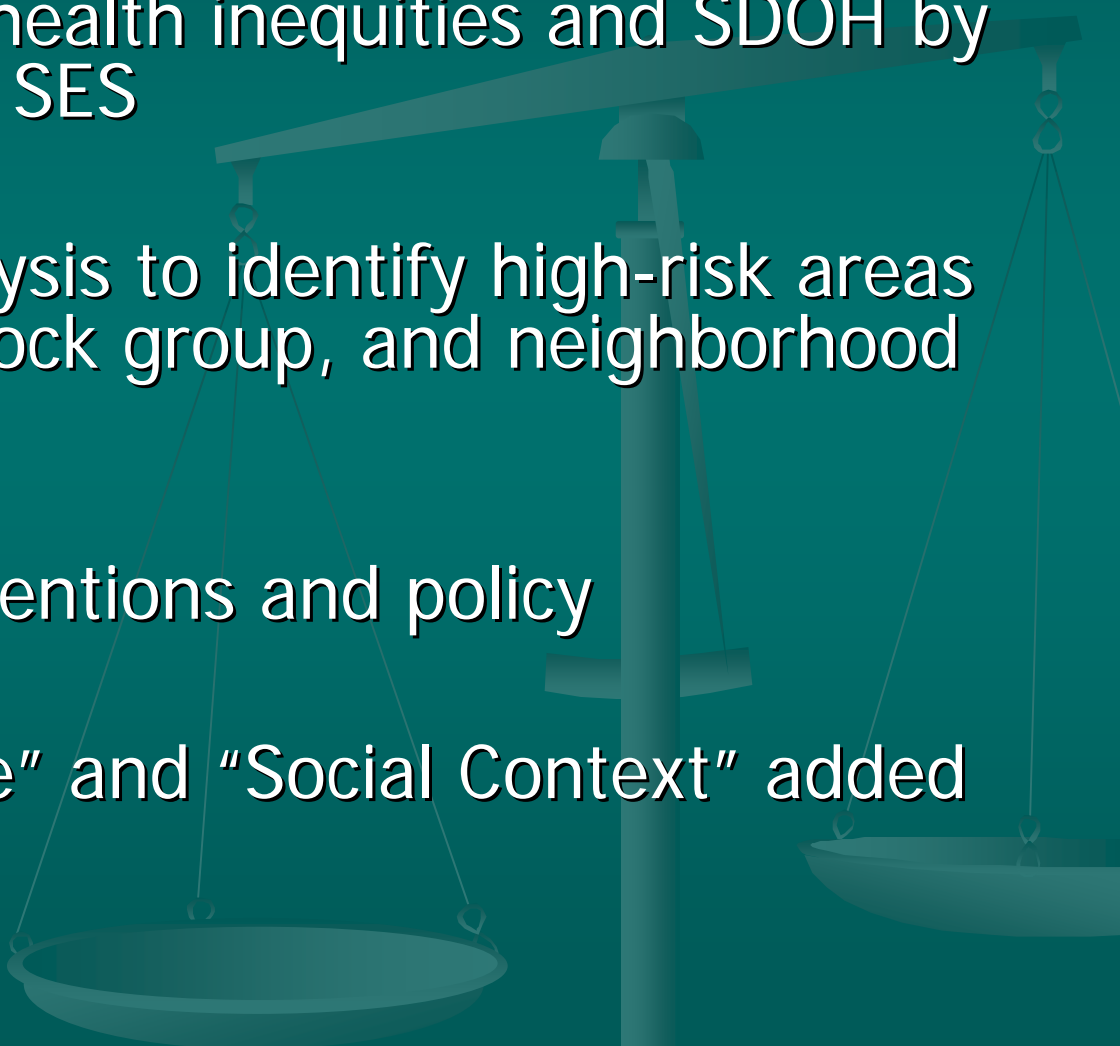
- State Office of Minority Health
 - Community partnerships, CLAS Act
- State Office of Rural Health
 - FLEX, FLEX-HIT, SHIP, CAH
- State Office of Primary Care
 - Designation of HPSAs and MUAs
- Health Workforce
 - Incentive programs, Recruitment & Retention

OMHPPHP Strategic Directions

- Collecting and using data effectively
- Influencing policy
- Leveraging partnerships
- Sharing the vision



Collecting and Using Data

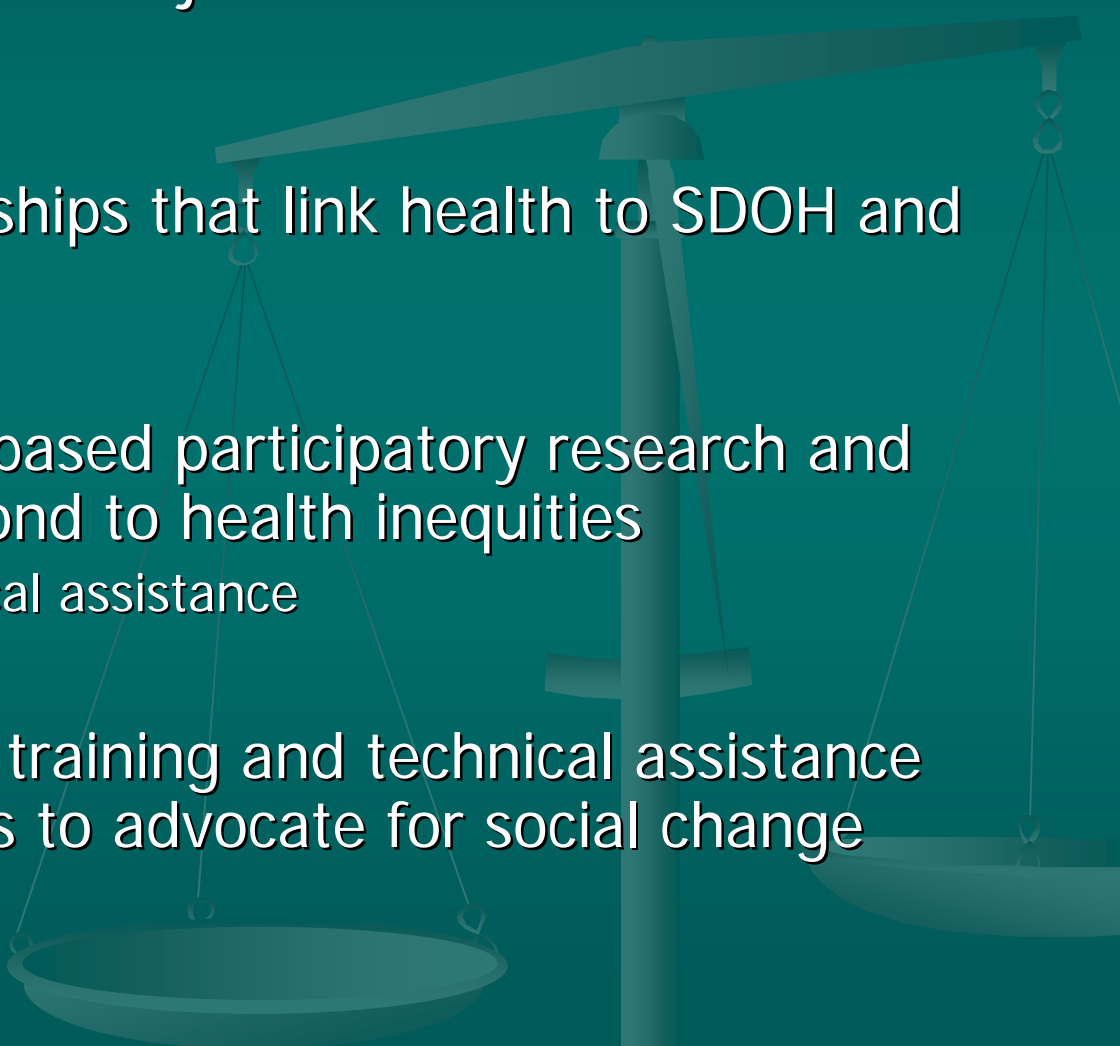
- Monitor trends in health inequities and SDOH by race/ethnicity and SES
 - Utilize spatial analysis to identify high-risk areas at census tract, block group, and neighborhood level
 - Link data to interventions and policy
 - “Reactions to Race” and “Social Context” added to BRFSS in 2008
- 

Influencing Policy



- Influence VDH program and policy development
- Provide data on health impact of policy decisions at the state and local levels
- Collaborate to promote health policy and public policy that benefit low income, ethnically diverse, and rural communities
- Promote the use of Health Impact Assessment (HIA) by public policy makers at state and local levels

Partnerships

- Incorporate focus on social justice and SDOH into existing partnerships
 - Develop new partnerships that link health to SDOH and social justice
 - Promote community-based participatory research and interventions to respond to health inequities
 - Data, training, technical assistance
 - Promote and provide training and technical assistance for local organizations to advocate for social change
- 

Sharing the Vision

- Presentations on health inequities, their causes, and solutions
- Media messages that link health to social justice and that reframe health education messages
- Partnering with local health districts to conduct town hall meetings to promote social justice
- Promoting “Unnatural Causes: Is Inequality Making Us Sick?” → www.unnaturalcauses.org



UNNATURAL CAUSES

Is Inequality Making Us Sick?

[Documentary Series](#)

[Public Impact Campaign](#)

[A National Crisis](#)

[SEE PREVIEW CLIP](#)

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PLEASE NOTE: This is a temporary placeholder Web site for the series *Unnatural Causes*. A new companion Web site will be launched in Winter 2008 in conjunction with the PBS broadcast of the documentary. Check the news section below for updates.

Unnatural Causes is a four-hour documentary series produced by California Newsreel with Vital Pictures, Inc. Presented for PBS broadcast by the National Minority Consortia of Public Television. Public Impact Campaign in association with the Joint Center Health Policy Institute.

HEALTH IS MORE THAN HEALTH CARE: The Documentary Series

The U.S. is one of the richest countries on the planet. Yet, we rank 30th in the world for life expectancy, worse than every other industrialized nation - and even less developed countries like Cuba, Malta, and Costa Rica. Why? Because inequality in America is - literally - taking years off our lives. This affects not just the poorest among us, but the richest too.

Coming to PBS
Winter / Spring 2008!

DVD (coming soon):
California Newsreel

Web site launch:
Winter 2008

WATCH
a preview clip

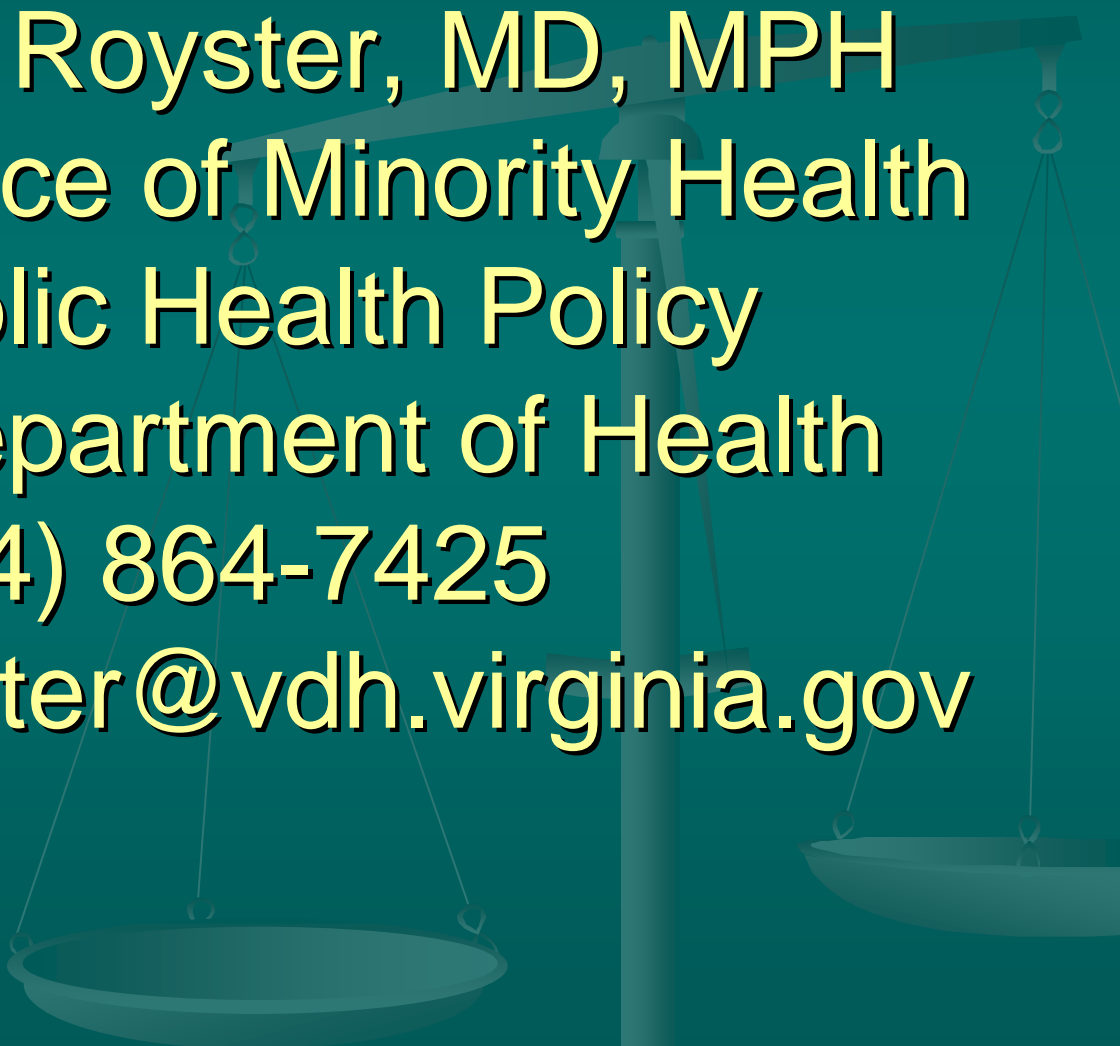
SIGN UP
to join the campaign

Questions?

Comments?

Ideas?





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After Conference Documentary Viewing and Discussion





UNNATURAL CAUSES

Is Inequality Making Us Sick?

[Documentary Series](#)

[Public Impact Campaign](#)

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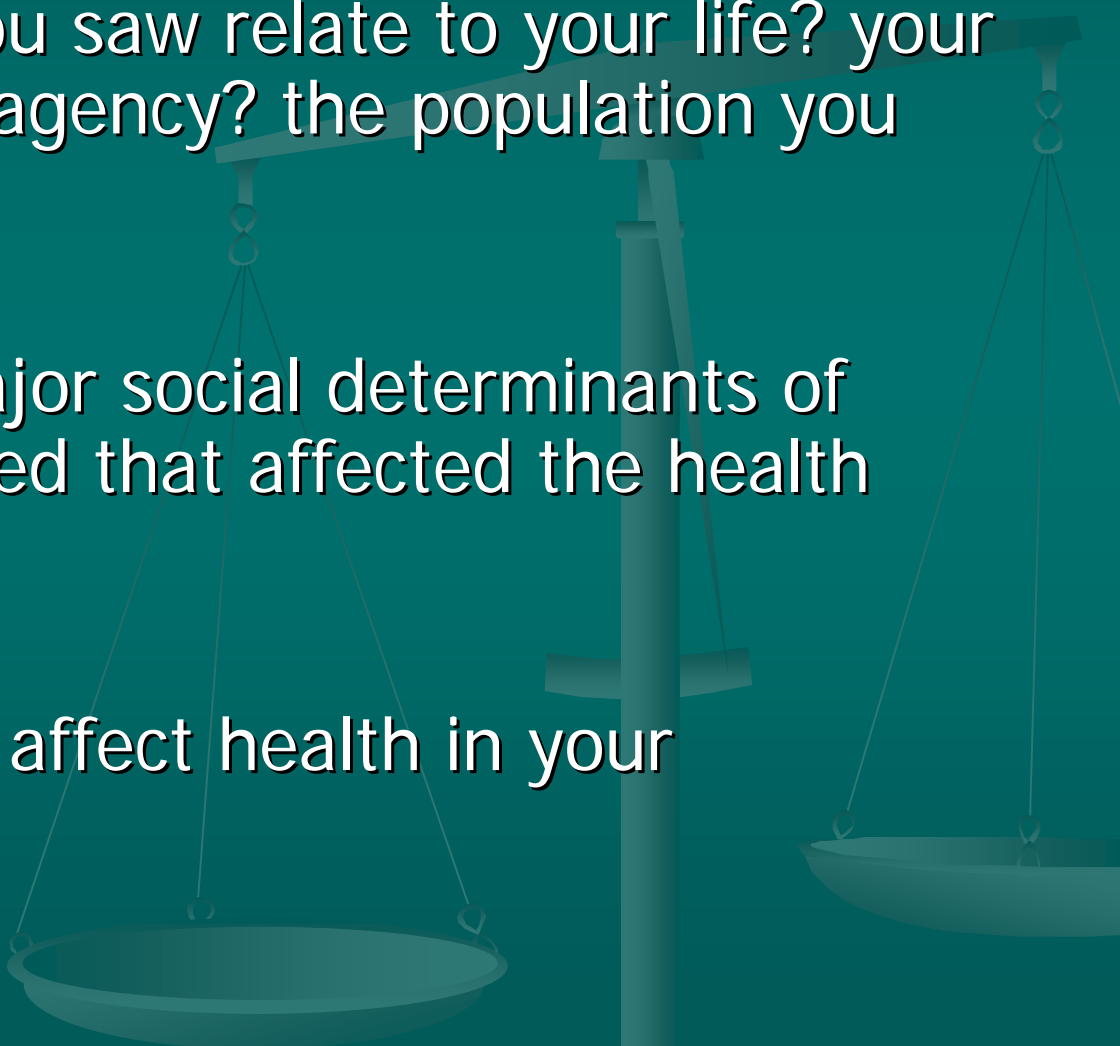
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Documentary

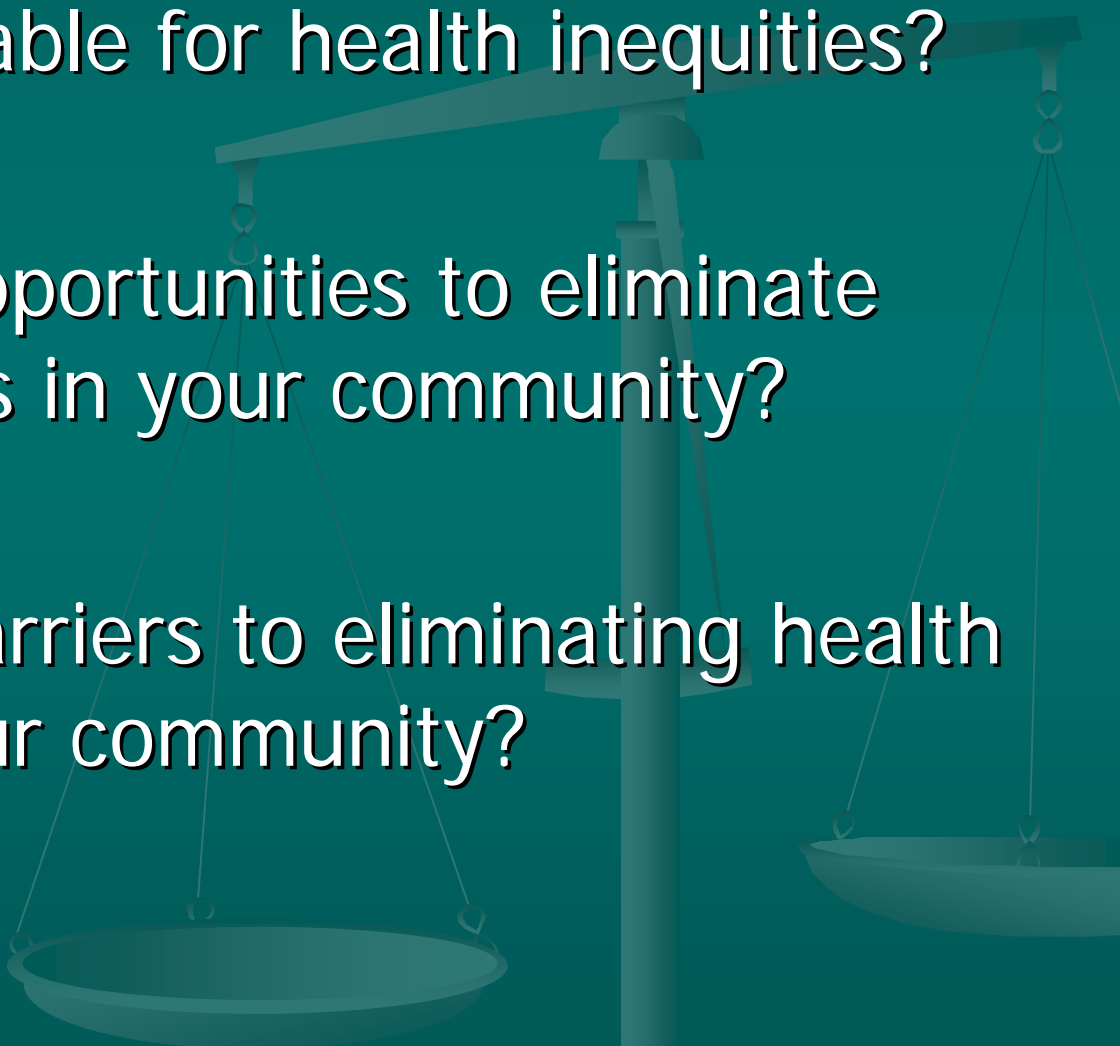
- [Preview Clip](#)



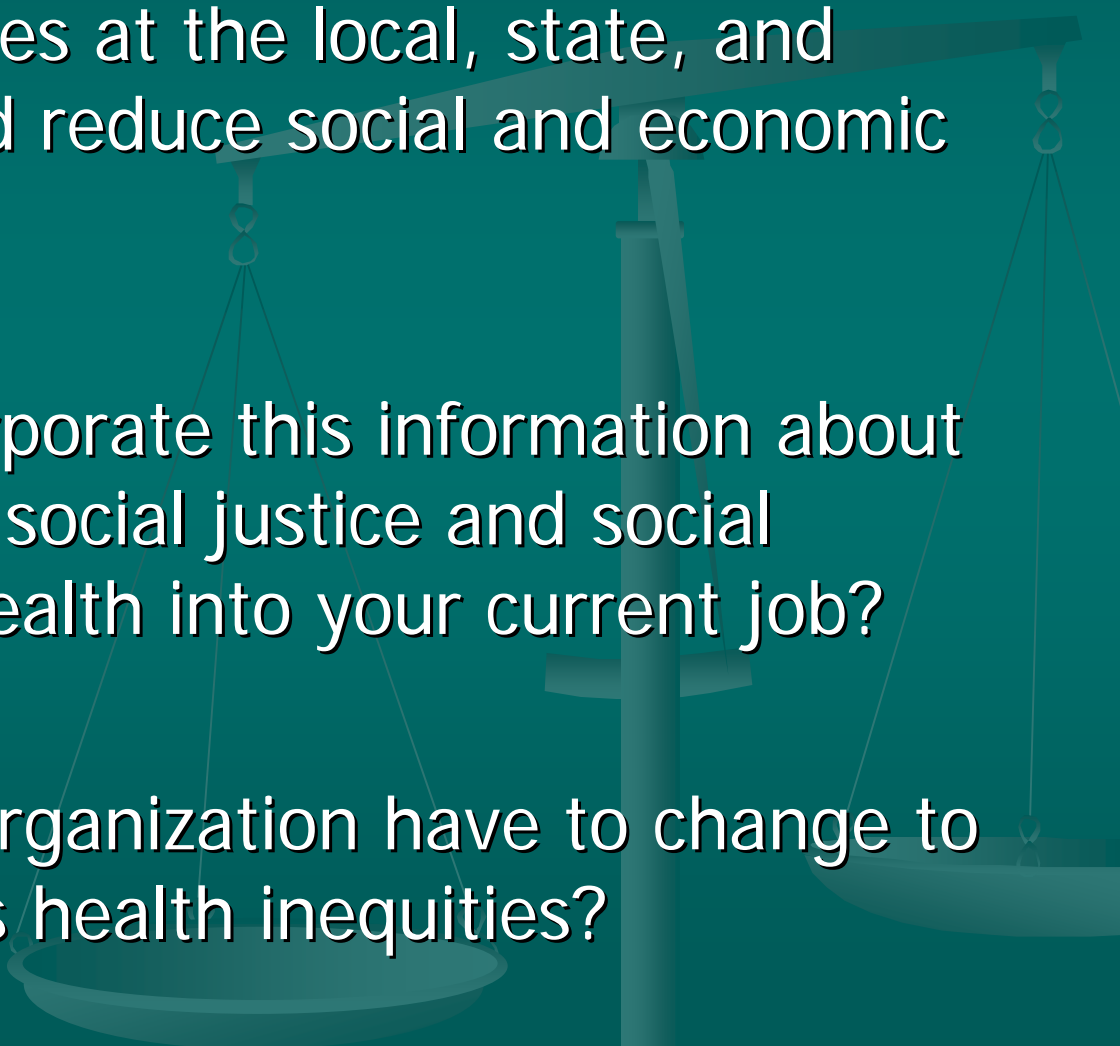
Discussion Questions

- How does what you saw relate to your life? your community? your agency? the population you serve?
 - What were the major social determinants of health you identified that affected the health outcomes?
 - What other SDOH affect health in your community?
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Discussion Questions

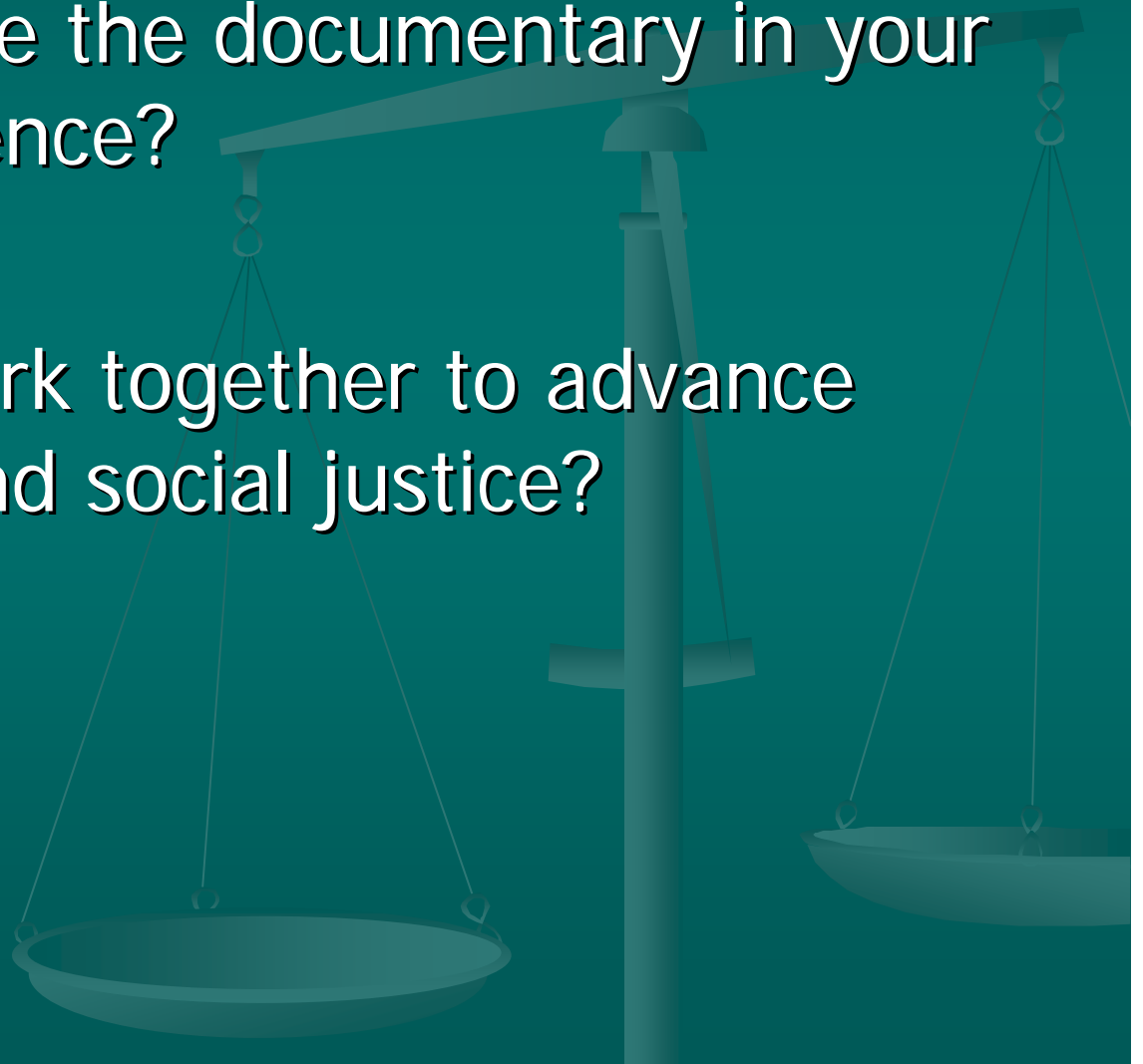
- Who is accountable for health inequities?
 - What are the opportunities to eliminate health inequities in your community?
 - What are the barriers to eliminating health inequities in your community?
- 

Discussion Questions

- What sort of policies at the local, state, and federal level would reduce social and economic inequalities?
 - How will you incorporate this information about the importance of social justice and social determinants of health into your current job?
 - How would your organization have to change to effectively address health inequities?
- 

Discussion Questions

- How will you use the documentary in your area(s) of influence?
- How can we work together to advance health equity and social justice?



“When the Bough Breaks”

