



Aligning Resources: Advancing Health Equity and Reducing Disparities



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California Department of Public Health
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“Health equity” means efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.

Source: California Health and Safety Code Section 131019.5

What's in a name?

- Improving the health status of **all populations**



Office of Health Equity's Purpose

California Health and Safety Code Section 131019.5

- Established to align state resources, decision making, and programs:
 - Achieve the highest level of health and mental health for all people, with special attention focused on those who have experienced socioeconomic disadvantage and historical injustice
 - Work collaboratively with the Health in All Policies (HiAP) Task Force to promote work to prevent injury and illness through improved social and environmental factors that promote health and mental health.
 - Conduct policy analysis and developing strategic policies and plans
 - Establish a comprehensive, cross-sectoral strategic plan to eliminate health and mental health disparities and inequities.
 - Advise and assist other state departments

Definition of Terms

- **Determinants of Equity:** The social, economic, geographic, political, and physical environmental conditions that lead to the creation of a fair and just society.
- **Health and Mental Health Disparities:** Differences in health and mental health status among distinct segments of the population, including differences that occur by gender, age, race or ethnicity, sexual orientation, gender identity, education or income, disability or functional impairment, or geographic location, or the combination of any of these factors.
- **Health and Mental Health Inequities:** Disparities in health or mental health, or the factors that shape health, that are systemic and avoidable and, therefore, considered unjust or unfair.
- **Vulnerable Communities:** Vulnerable communities include, but are not limited to, women, racial or ethnic groups, low-income individuals and families, individuals who are incarcerated and those who have been incarcerated, individuals with disabilities, individuals with mental health conditions, children, youth and young adults, seniors, immigrants and refugees, individuals who are limited-English proficient (LEP), and Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQQ) communities, or combinations of these populations.
- **Vulnerable Places:** Places or communities with inequities in the social, economic, educational, or physical environment or environmental health and that have insufficient resources or capacity to protect and promote the health and well-being of their residents.

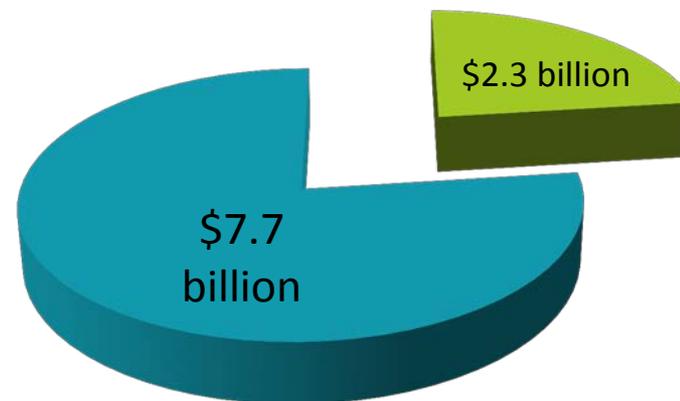
The case for equity

Human costs



Economic costs

■ Direct Medical Costs ■ Lost Productivity

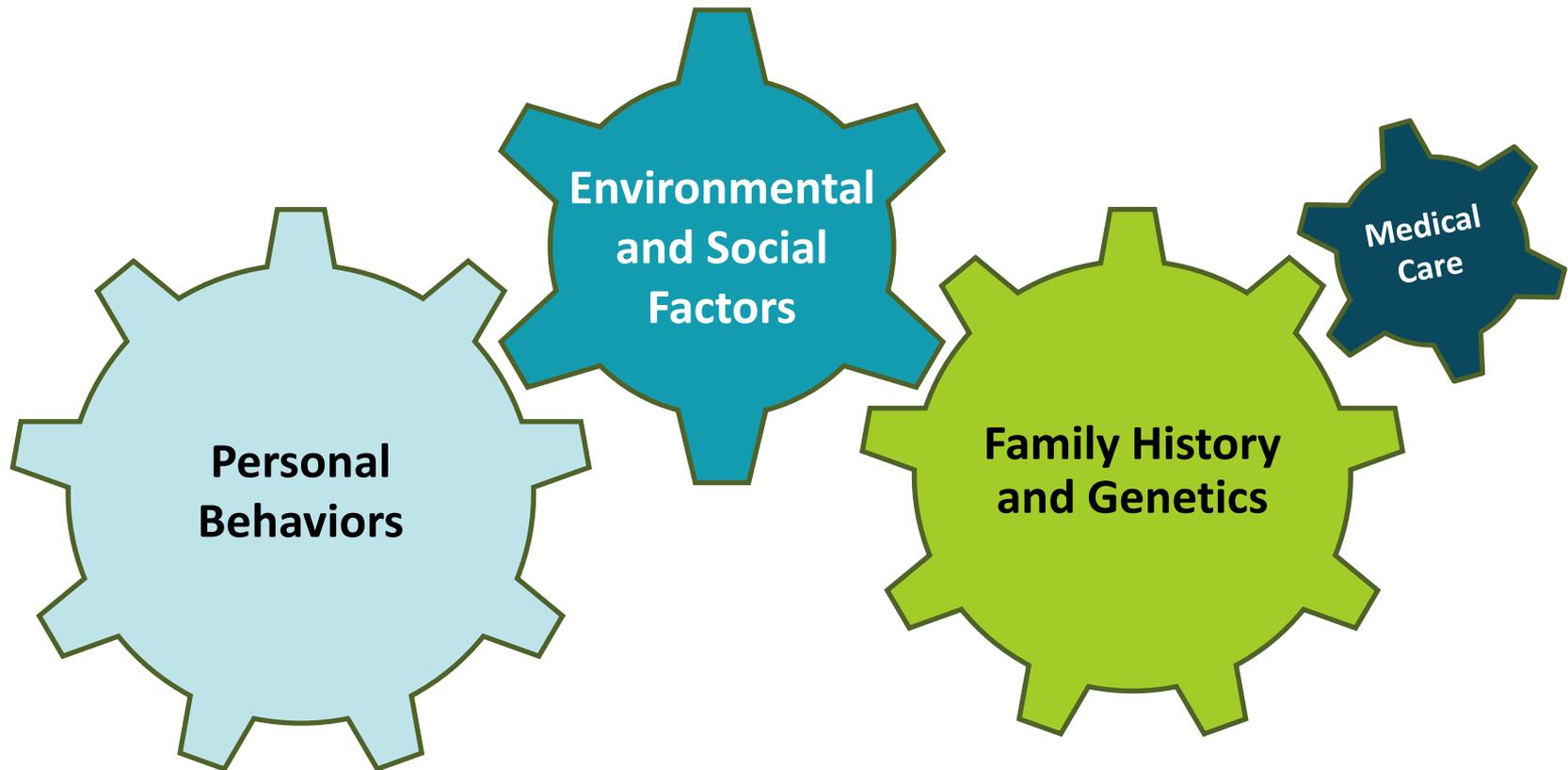


\$ 1 trillion over 3 years

More than access

Health is driven by multiple factors that are intricately linked – of which medical care is one component.

Drivers of Health



Determinants of Health and Their Contribution to Premature Death. Adapted from McGinnis et al. Copyright 2007

Social determinants of health



Health is shaped by where we live, learn, work, and play

Economic Disparities Impact Infant Health, Experts Show

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HUMAN BIOLOGY

- The first study to measure cortisol in infants and relate it directly to the socioeconomic status of their mothers during pregnancy.
- Women who are poor...
 - Experience higher cortisol levels in pregnancy and give birth to infants with elevated levels of the stress hormone.
 - Heightens the risk of developing serious disease later in life.



Source: Thayer ZM, Kuzawa CW. Early origins of health disparities: material deprivation predicts maternal evening cortisol in pregnancy and offspring cortisol reactivity in the first few weeks of life. *Am J Hum Biol.* 2014;26(6):723-730.

Guiding Questions

- Do we have the information we need?
- Are we well connected?
- Are we providing solutions?

Stakeholder guided process

Coordination
with HIAP

Guidance
from
OHE-AC

Demographic
analysis



PORTRAIT OF PROMISE:

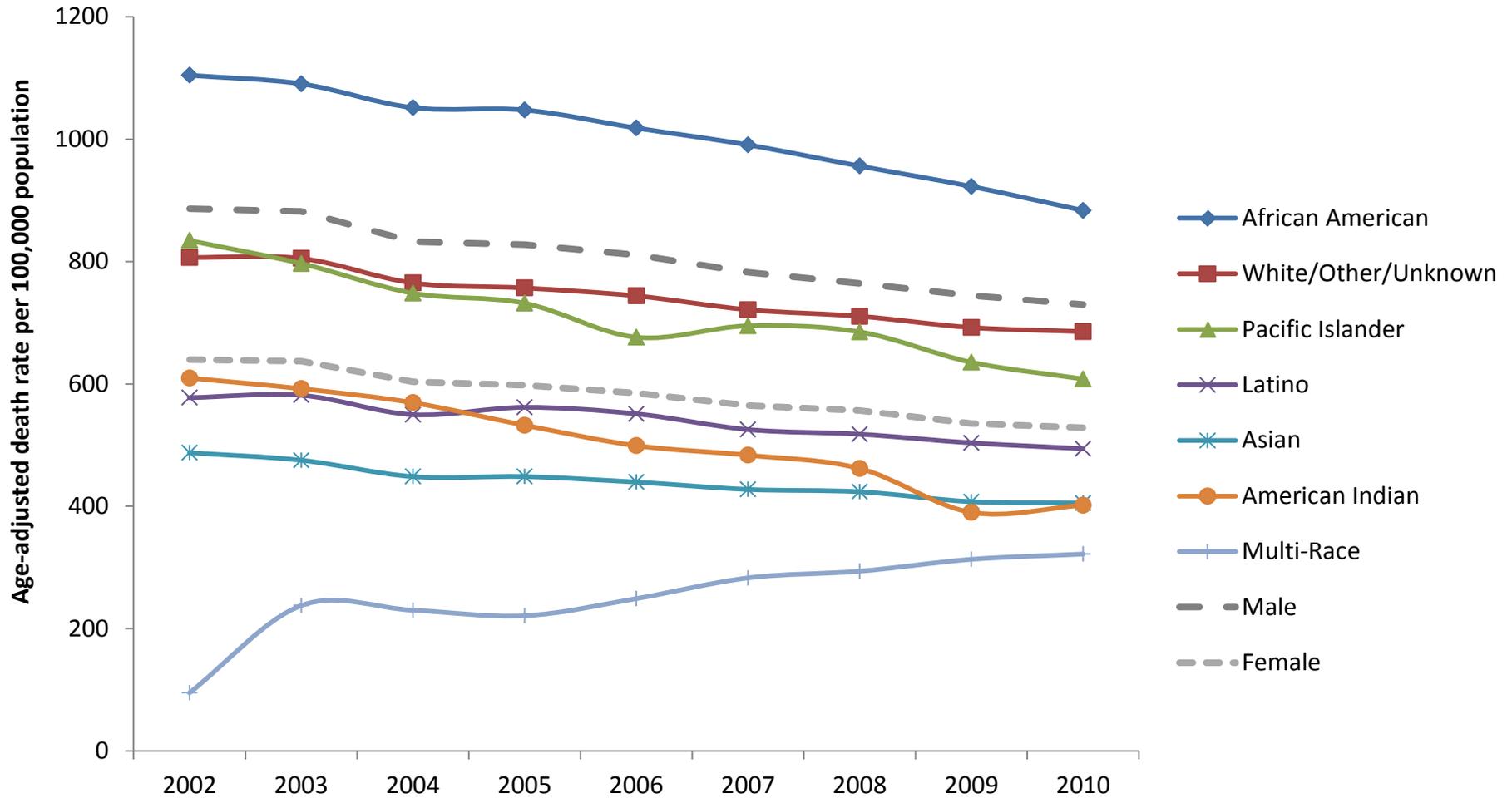
The California Statewide Plan to Promote Health and Mental Health Equity

Report to the Legislature and the People of California
by the Office of Health Equity,
California Department of Public Health,
2015

OFFICE OF HEALTH EQUITY MISSION

Promote equitable social, economic and environmental conditions to achieve optimal health, mental health and well-being for all.

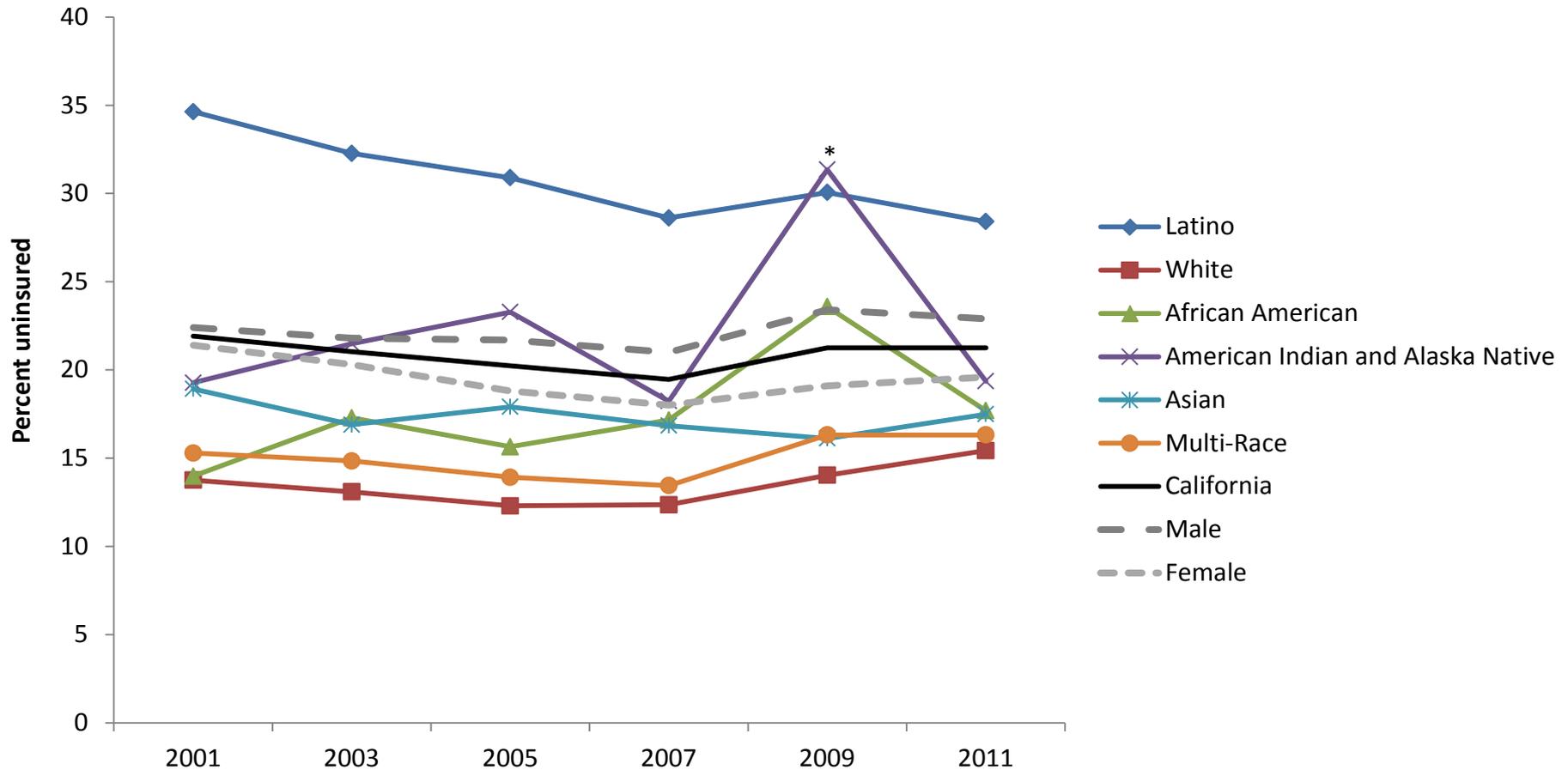
Demographic Report



Source: California Department of Public Health, Death Records; and California Department of Finance, Race and Ethnic Population with Age and Sex Detail, 2000-2050. Sacramento, California, July 2007.

Note: Age-adjusted rates are calculated using year 2000 U.S. standard population.

Latinos have the highest rates of being uninsured for health insurance of any racial/ethnic group in California



Percentage of people aged 0-64 without health insurance[†] during the past 12 months, by race/ethnicity and gender, California, 2001 to 2011.

Source: University of California Los Angeles, California Health Interview Survey, 2001-2011.

Note: Asian includes Native Hawaiian and other Pacific Islander.

[†] Had no insurance the entire year or had insurance only part of the past year.

* Statistically unreliable data.

1 in 4 children in California does not have enough food to eat

San Mateo County

\$111,250 Median family income†
18.0% Child food insecurity rate
9.5% Children living in poverty
67.5% Non-White children
60.3% Children ages 3-4 enrolled in school
84.2% Graduation rate

Fresno County

\$42,278 Median family income†
32.3% Child food insecurity rate
35.5% Children living in poverty
80.4% Non-White children
40.8% Children ages 3-4 enrolled in school
76.0% Graduation rate



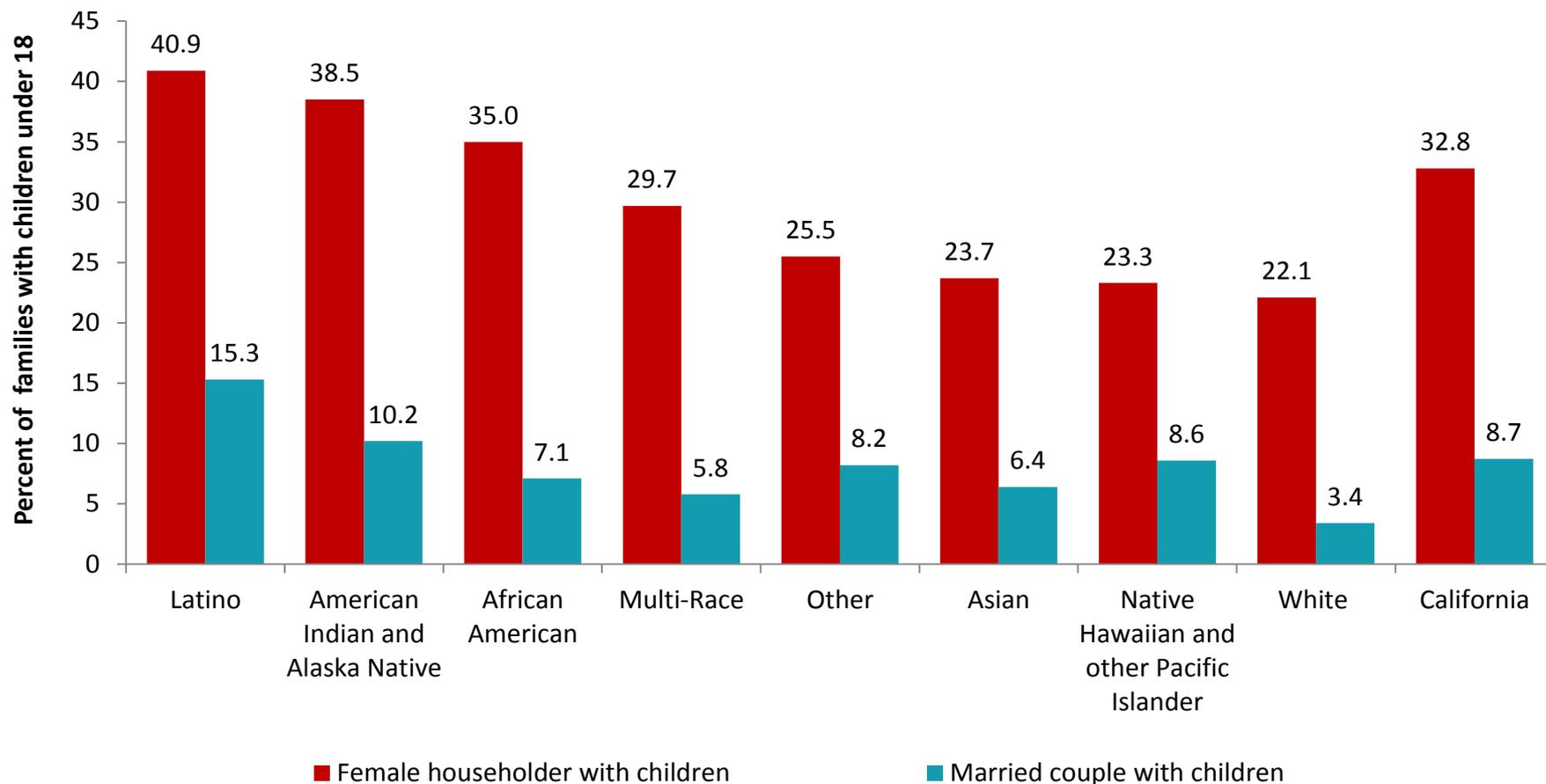
Child Food Insecurity Rate
California: 26.3%
United States: 21.6%

Child food insecurity rate: percentage of children under 18 years old who are food insecure, California, 2012.

Source: Feeding America, Map the Meal Gap, 2012; U.S. Census Bureau, American Community Survey, 3-year Estimate (2009-2011) and 5-year Estimate (2008-2012); and California Department of Education, Graduation Data, 2011-2012.

†Median family income with own children under 18 years.

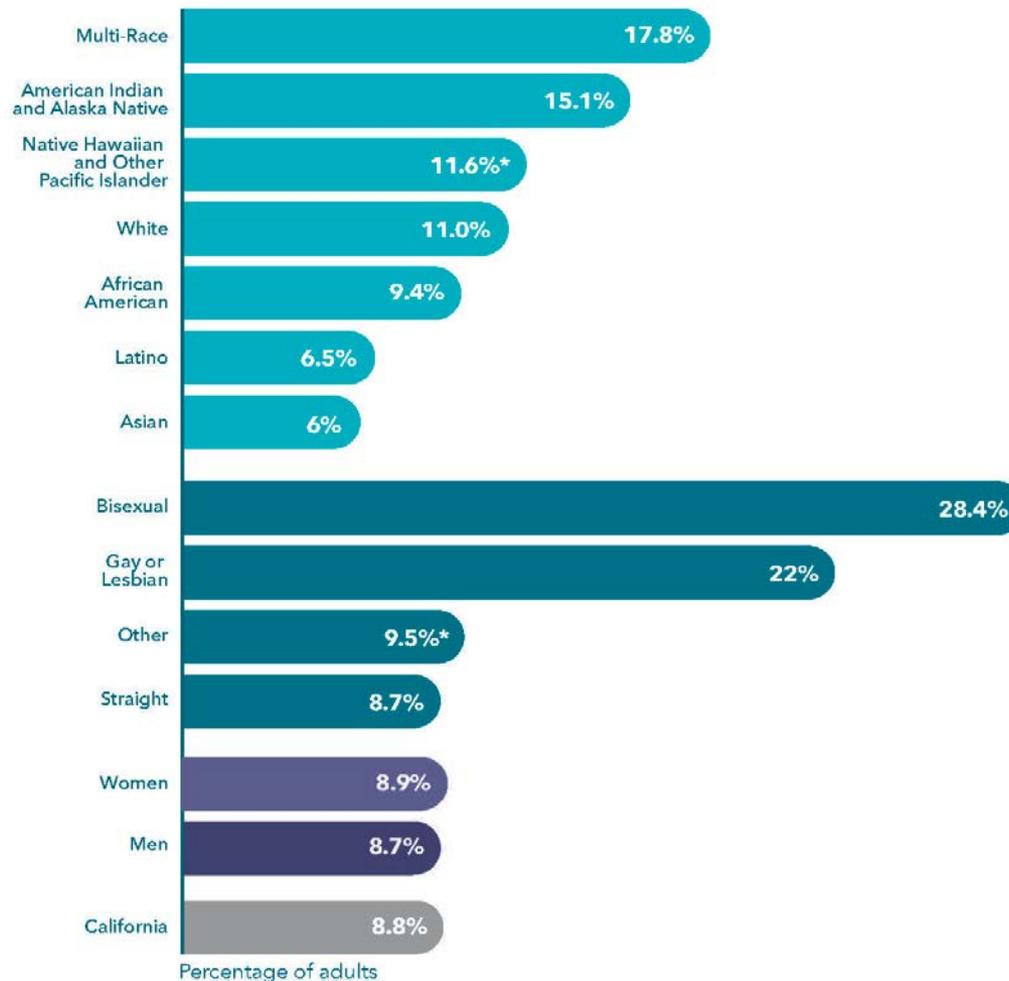
About 33% of female-headed households and 9% of married-couple households live below the federal poverty level



Percentage of families whose income in the past 12 months is below poverty level by race/ethnicity, California, 2006-2010.

Source: U.S. Census Bureau, American Community Survey, 5-year Estimate (2006-2010).

Rates of suicidal thoughts are higher among bisexual, gay and lesbian adults



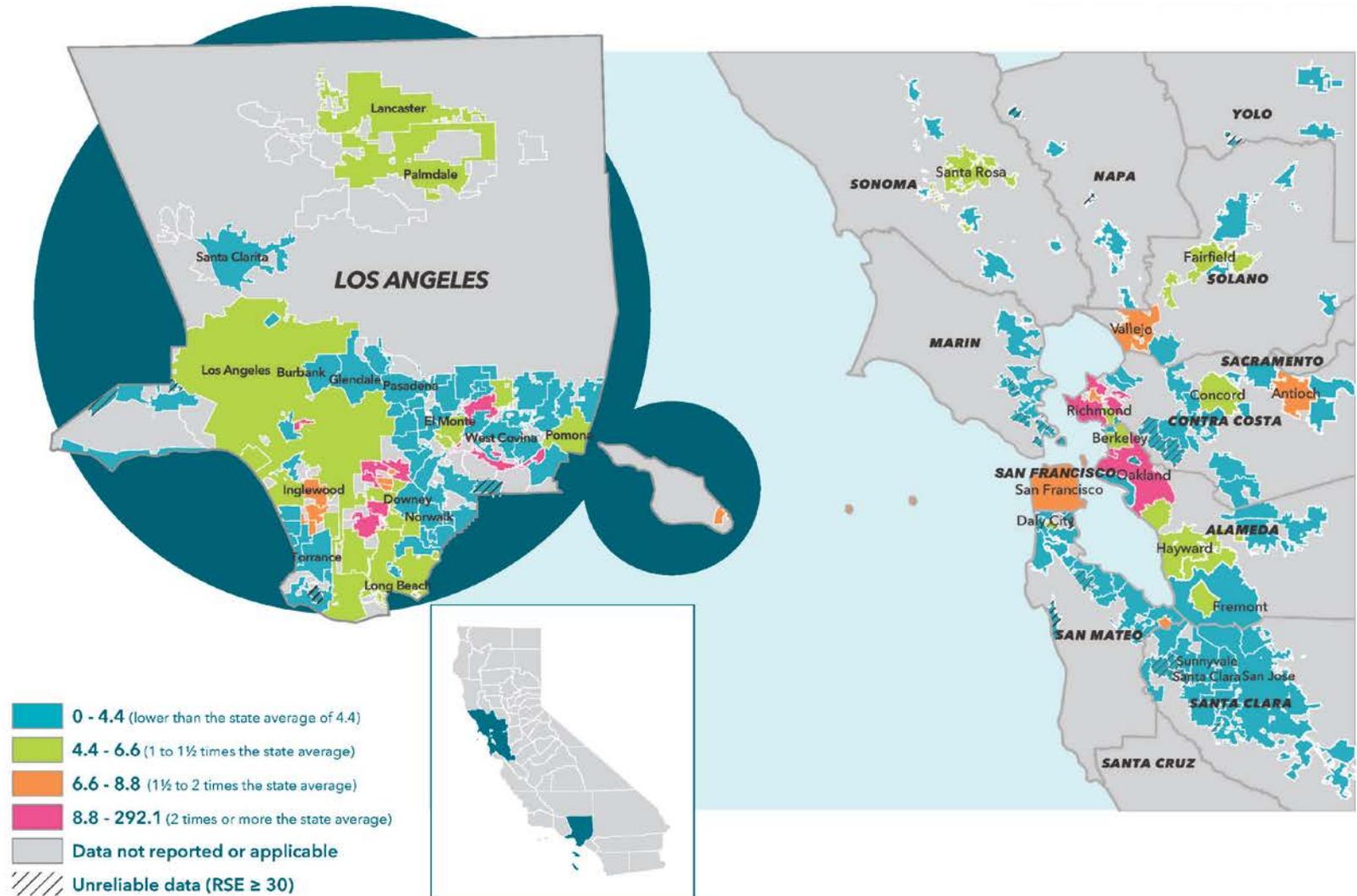
Percentage of adults who reported having seriously thought about committing suicide, by race/ethnicity, sexual orientation and gender, California, 2011-2012.

Source: University of California Los Angeles, California Health Interview Survey, 2011-2012.

Note: Other includes not sexual/celebrate/none/other.

* Statistically unreliable data.

The risk of crime can be highly disparate for neighboring California cities and towns



Number of violent crimes per 1,000 population, by cities and towns, Los Angeles County and Bay Area, California, 2010.

Source: Federal Bureau of Investigation, Uniform Crime Reports, 2010. Analysis by CDPH-Office of Health Equity and UCSF, Healthy Community Indicators Project.



Wealth is Health

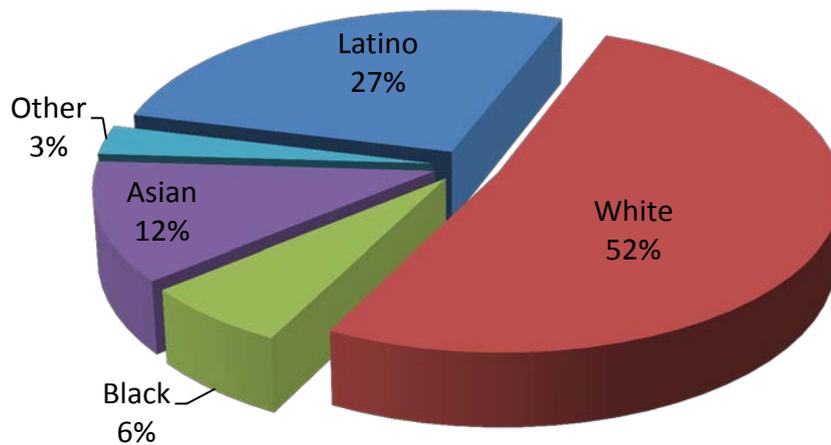


The life expectancy used is the average of the male and female life expectancies for 2009.

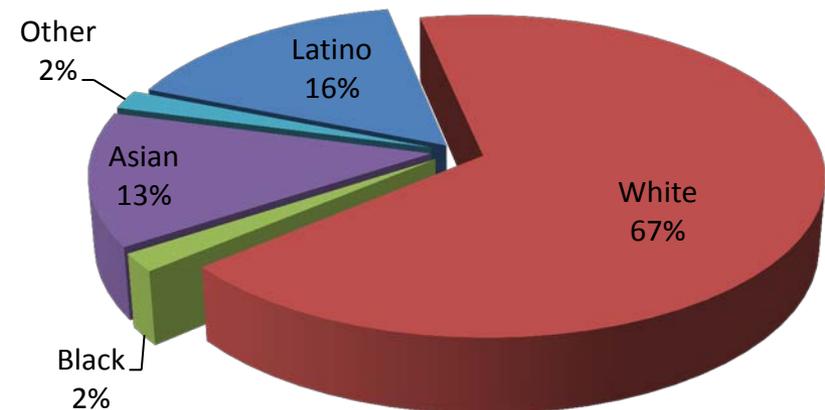
Compiled by SFRB. Life Expectancy: Institute for Health Metrics and Evaluation, Life Expectancy US Counties, 2009.

Uneven Distribution of Household Wealth Across Racial Ethnic Groups in California

Households in California by Race/Ethnicity, 2010



Household Wealth in California by Race/Ethnicity, 2010



Latino households represent 27% of California households, but hold about 16% of household wealth.

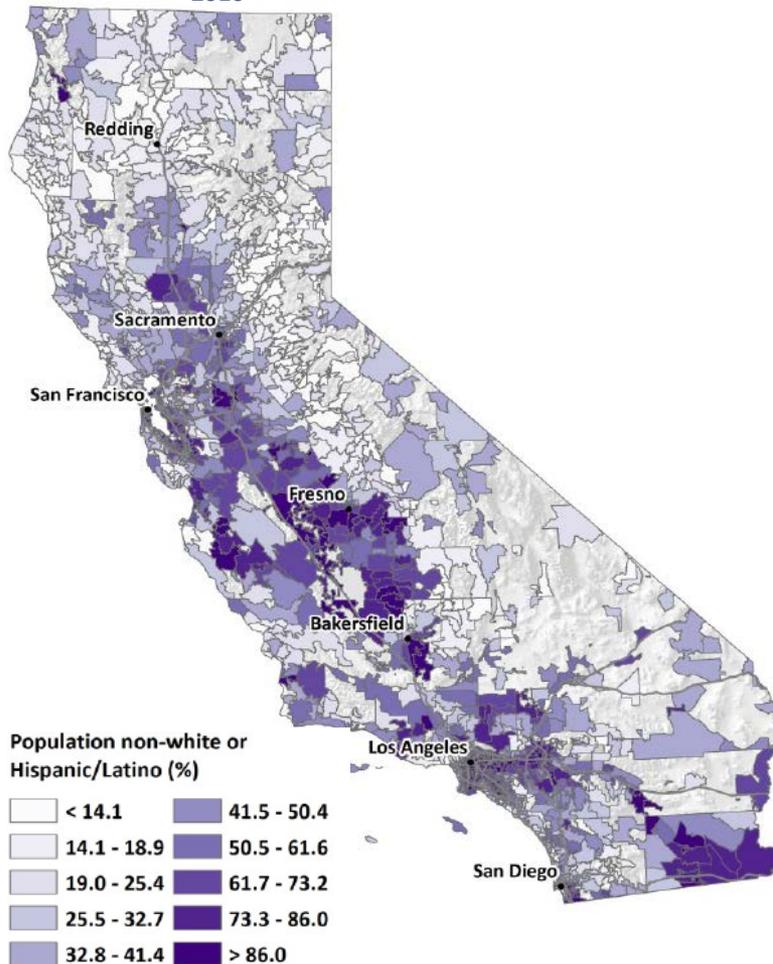
Net worth (wealth) is the sum of the market value of assets owned by every member of the household minus liabilities owed by household members.

A household consists of all the people who occupy a housing unit

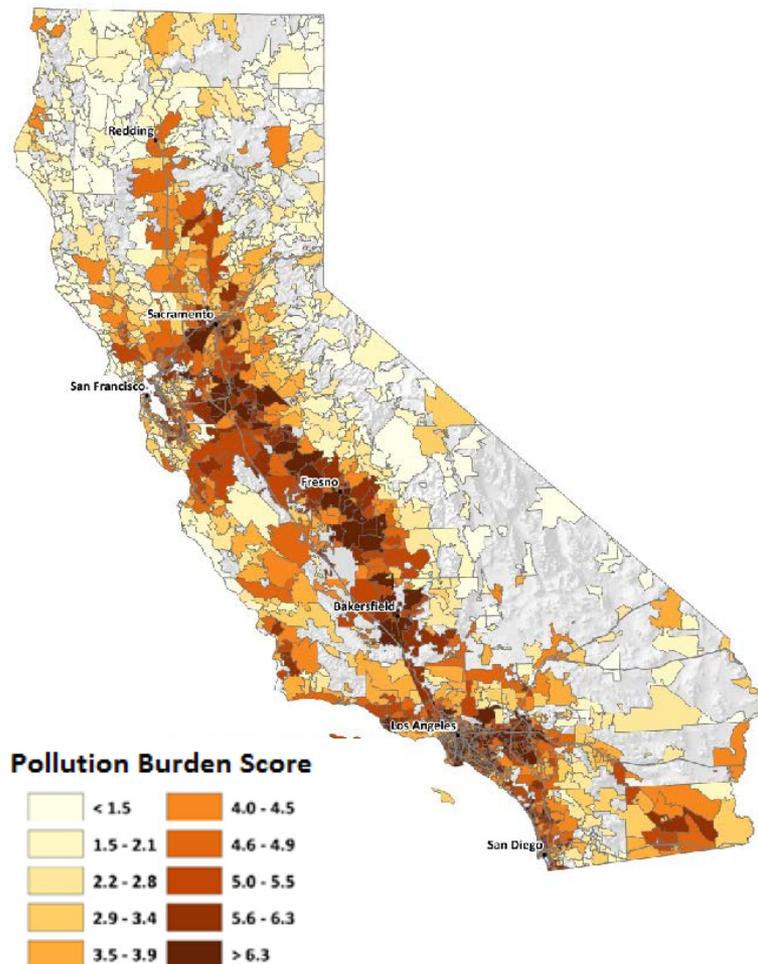
Source: Source: SIPP (Panel 2008, Wave 7), ACS (table QT-P11) 2010 Census

Climate Change Will Impact All Californians But The Most Vulnerable Will Suffer The Most

Non-White or Hispanic/Latino Population, 2010



Pollution Burden of California

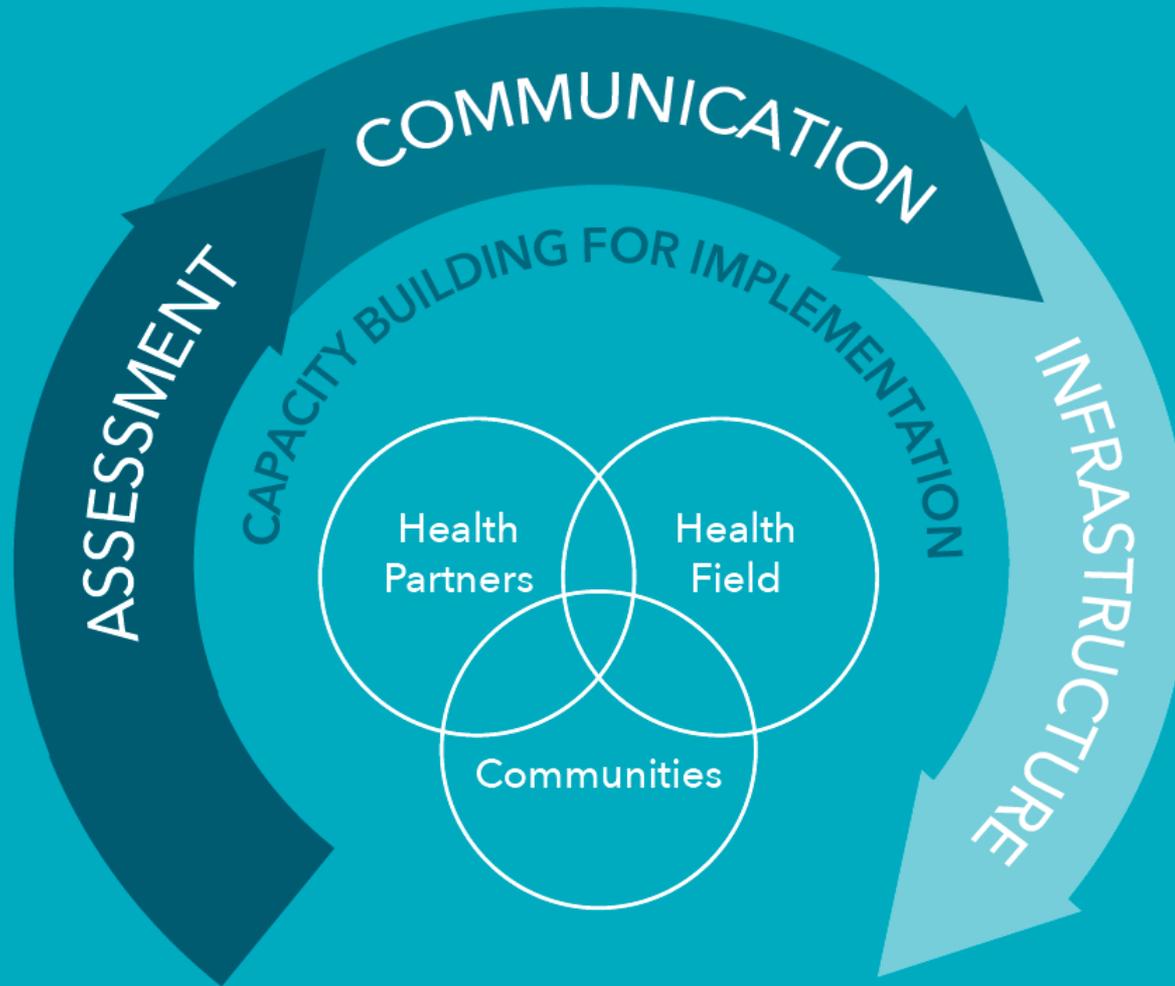


Source: California Communities Environmental Health Screening Tool, Version 1.1, 2013

Pollution Burden scores for each ZIP code are derived from the average percentiles of the six Exposures indicators (ozone and PM_{2.5} concentrations, diesel PM emissions, pesticide use, toxic releases from facilities, and traffic density) and the five Environmental Effects indicators (cleanup sites, impaired water bodies, groundwater threats, hazardous waste facilities and generators, and solid waste sites and facilities). Indicators from the Environmental Effects component were given half the weight of the indicators from the Exposures component. The calculated average percentile (up to 100th percentile) was divided by 10 and rounded to one decimal place for a Pollution Burden score ranging from 0.1 -10, where 10 is the highest burden.

Data methodology and limitation are available at: <http://www.oehha.ca.gov/ei/ces11.html>

Strategic elements of plan



Eliminate Health and Mental Health Inequities

Achieving equity at every level

Transforming the conditions in which people are
BORN, GROW, LIVE, WORK and AGE
for optimal health, mental health & well-being.



Prevention

Mental Health Services

Culturally/Linguistically Appropriate
and Competent Services

Income Security

Housing

Neighborhood
Safety/Collective Efficacy

Environmental Quality



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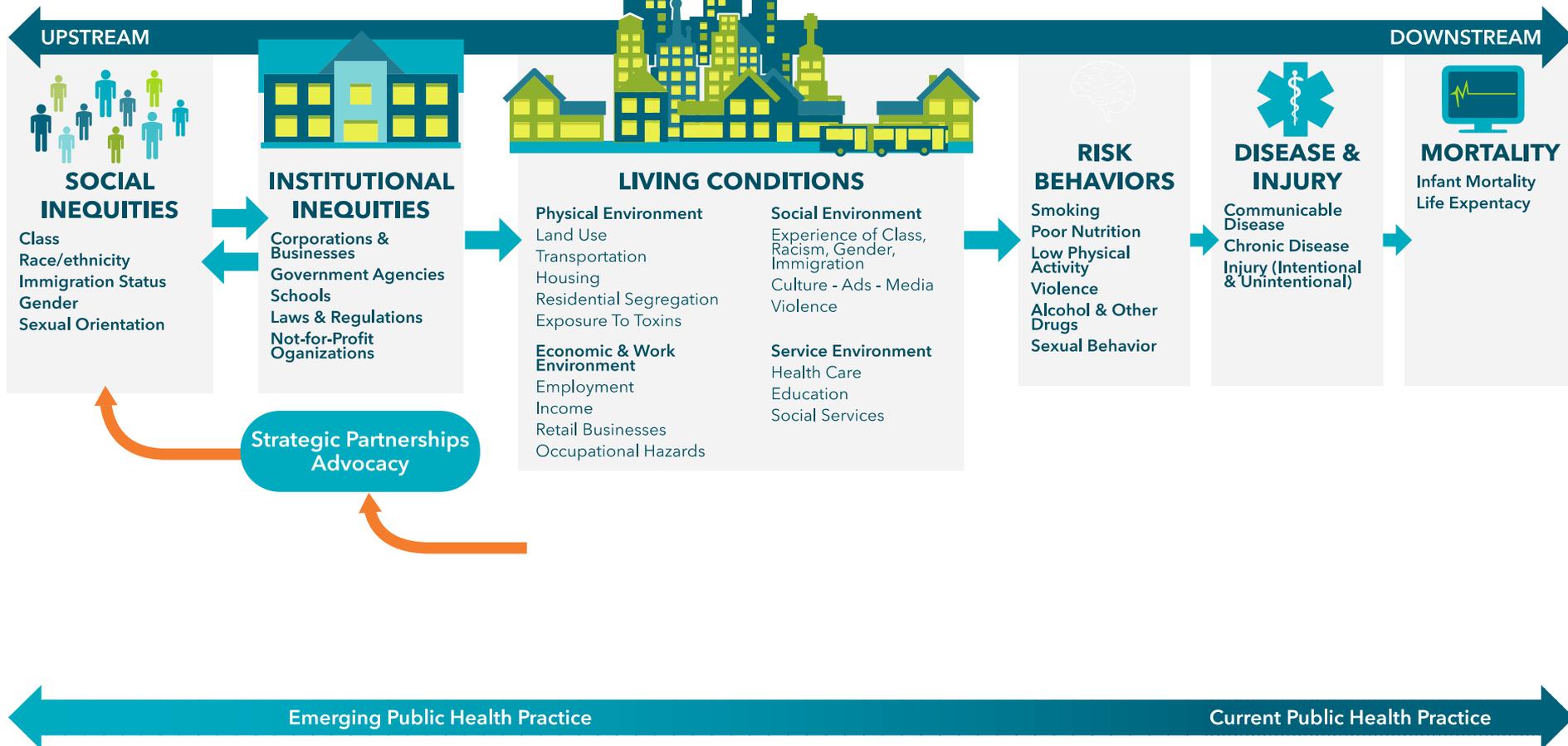


Achieving Health & Mental Health Equity At Every Level.

Source: California Department of Public Health, Office of Health Equity as inspired by World Health Organization, Robert Wood Johnson Foundation, and many others.

Addressing the causes of the causes

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE



No quick fix

“The test of our progress is not whether we add more to the abundance of those who have much, it is whether we provide enough for those who have little.”

–Franklin Delano Roosevelt

Stay Connected to the Office of Health Equity

Questions?

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