

# **Health Equity: It is not impossible! Dig Deeper**



**Dr. Tanya Funchess  
Mississippi State Department of Health  
September 14, 2018**

# Tonda Thompson Story

The author Zoe Carpenter (2017) in his article, “What’s Killing America’s Black Infants” tells the story of Tonda Thompson. He mentioned that after losing her son. Tonda Thompson dreamed of a baby in a washing machine. She’d stuffed in dirty clothes and closed the door. The lock clicked shut. Water rushed in. Then she saw him, floating behind the glass. Frantic, she jabbed at a keypad searching for a code to unlock the door. When Thompson became pregnant she was 25 years old. She thought she had done everything right: she went to all of medical appointments, took prenatal vitamins, and stayed in shape. She went into labor, and forty hours later, Terrell was born. He lived less than half the time due to complications with the delivery. She blamed the hospitals, but she mainly asked herself, “What did I do wrong?”

# Objectives:

- Describe health disparities in the South.
- Discuss what creates health-focusing on the social determinants of health
- Review strategies to achieve health equity with a focus on improving infant mortality

# Healthiest States



**MASSACHUSETTS**



**HAWAII**



**VERMONT**



**UTAH**



**CONNECTICUT**

# States With the Biggest Challenges



**MISSISSIPPI**



**LOUISIANA**



**ARKANSAS**



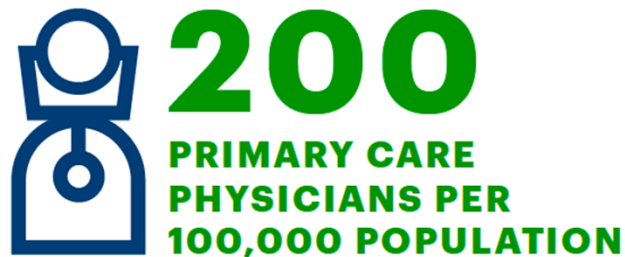
**ALABAMA**



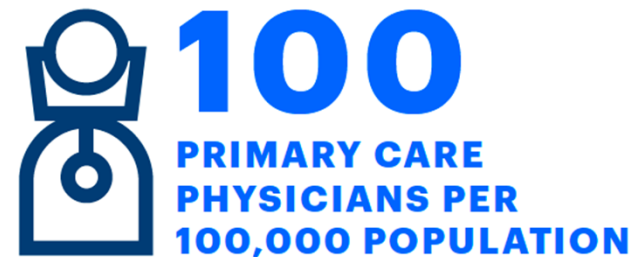
**WEST VIRGINIA**

## Variation Among States in Distribution of Primary Care Physicians and Dentists

Massachusetts, Connecticut,  
New York and Rhode Island  
have more than



Utah and Idaho  
have fewer than



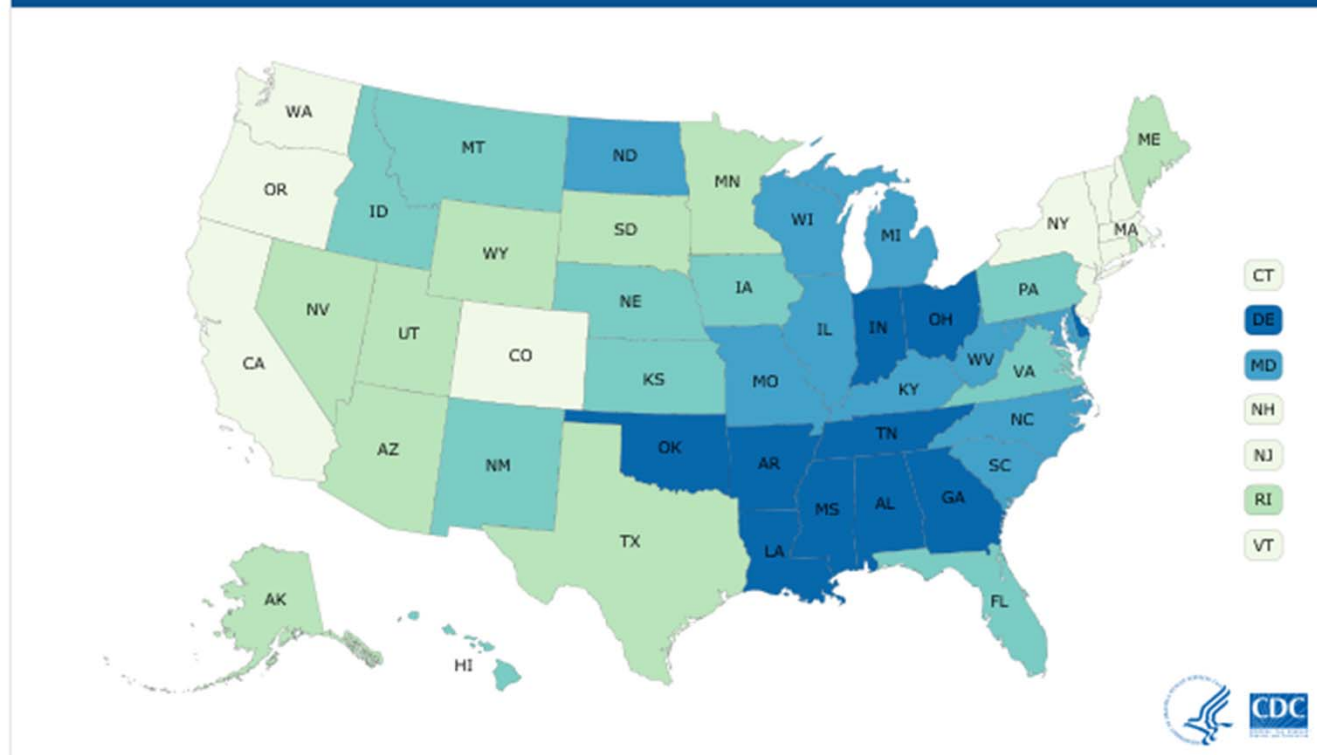
Similarly, Massachusetts and  
New Jersey have more than



Arkansas, Mississippi, Alabama  
and Delaware have fewer than



## Infant Mortality Rates by State, 2016



### Death Rates<sup>1</sup>


United States 5.9

- 0 - 4.8
- 4.8 - 5.8
- 5.8 - 6.2
- 6.3 - 7.3
- 7.4 - 9.1

Black infants in America are now more than twice as likely to die as white infants — 11.3 per 1,000 black babies, compared with 4.9 per 1,000 white babies, according to the most recent government data — a racial disparity that is actually wider than in 1850, 15 years before the end of slavery, when most black women were considered chattel

In one year, that racial gap adds up to more than 4,000 lost black babies. Education and income offer little protection. In fact, a black woman with an advanced degree is more likely to lose her baby than a white woman with less than an eighth-grade education.





The United States is one of only 13 countries in the world where the rate of maternal mortality — the death of a woman related to pregnancy or childbirth up to a year after the end of pregnancy — is now worse than it was 25 years ago. Each year 700 to 900 maternal deaths occur in the United States.

# Maternal Health In Mississippi

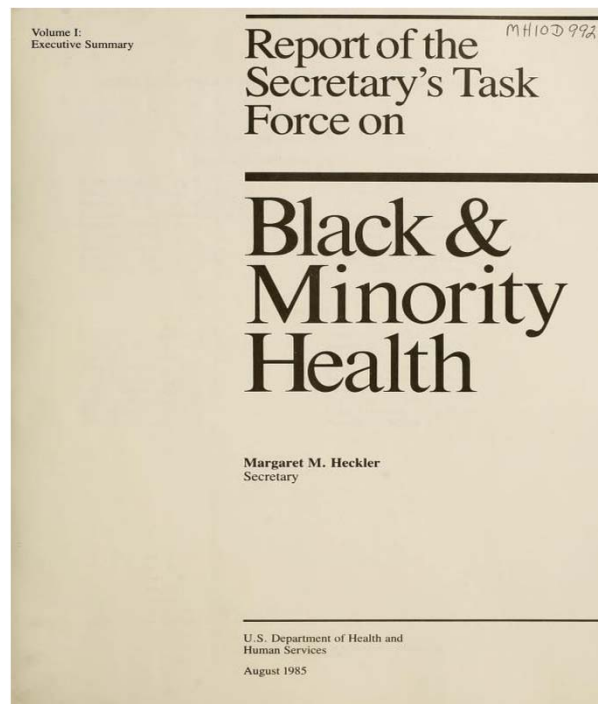
Mississippi's maternal mortality rate dropped from 26.5 deaths per 100,000 live births between 2010-2014 to 22.6 deaths per 100,000 live births between 2011-2015. For black women in Mississippi, there were 10 more deaths per 100,000 births than for white women between 2011-2015.

America's Health Rankings, 2018

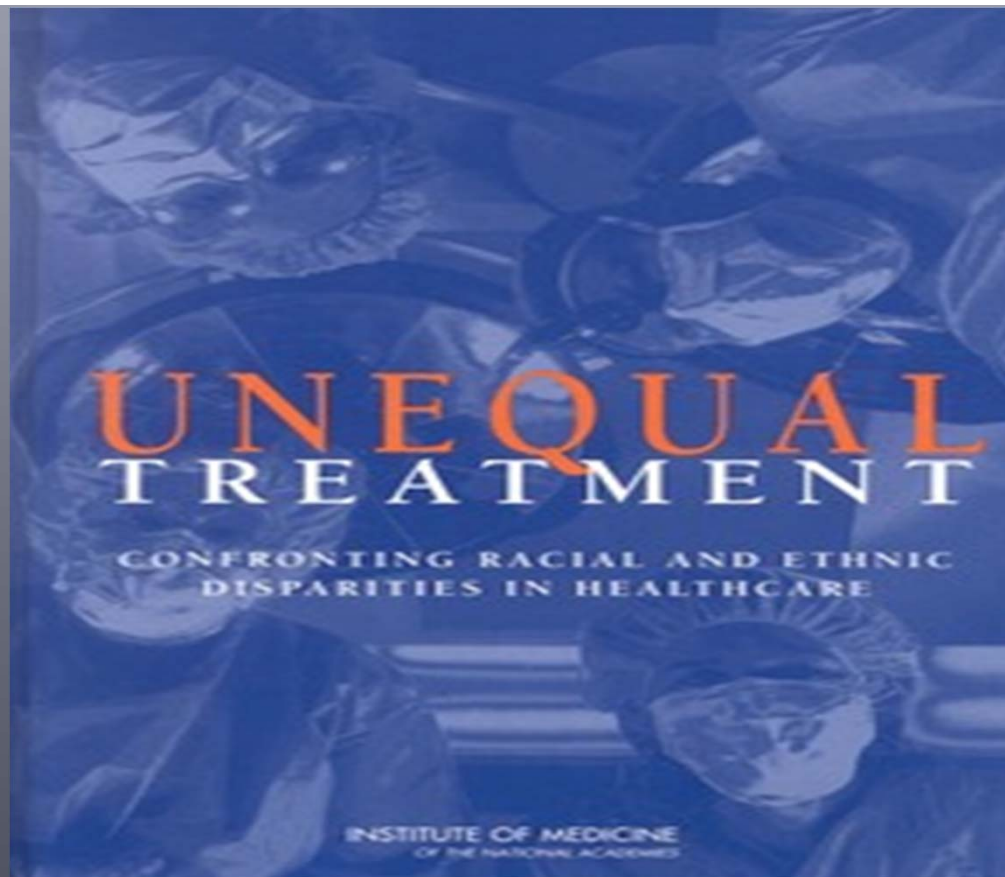
“For Black women in America, an inescapable atmosphere of societal and systemic racism can create a kind of toxic physiological stress, resulting in conditions including hypertension and preeclampsia that leads to higher rates of infant and maternal death. And that societal racism is further expressed in a pervasive, longstanding racial bias in health care—including the dismissal of legitimate concerns and symptoms—that can help explain poor birth outcomes even in the case of black women with the most advantages.”

The New York Time Magazine  
April 15, 2018  
Linda Villarosa

***Celebrated Minority Health Month, 2014, 30 years  
celebration of Heckler Report.***



# Institute of Medicine Report, 2002



# What is health?

“Health is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.”

World Health Organization 1948

# Necessary conditions for health

- Peace
- Shelter
- Education
- Food
- Income
- Stable eco-system
- Sustainable resources
- Social justice and equity

World Health Organization. Ottawa charter for health promotion. International Conference on Health Promotion: The Move Towards a New Public Health, November 17-21, 1986 Ottawa, Ontario, Canada, 1986. Accessed July 12, 2002 at <<http://www.who.int/hpr/archive/docs/ottawa.html>>.

## Everyone needs:

- Access to economic and educational opportunities (*high school graduation, access to jobs, transportation, etc.*)...
- The capacity to make decisions and effect change for ourselves, our families and our communities (*empowerment of women, community self-governance, opportunities for civic participation, etc.*)...



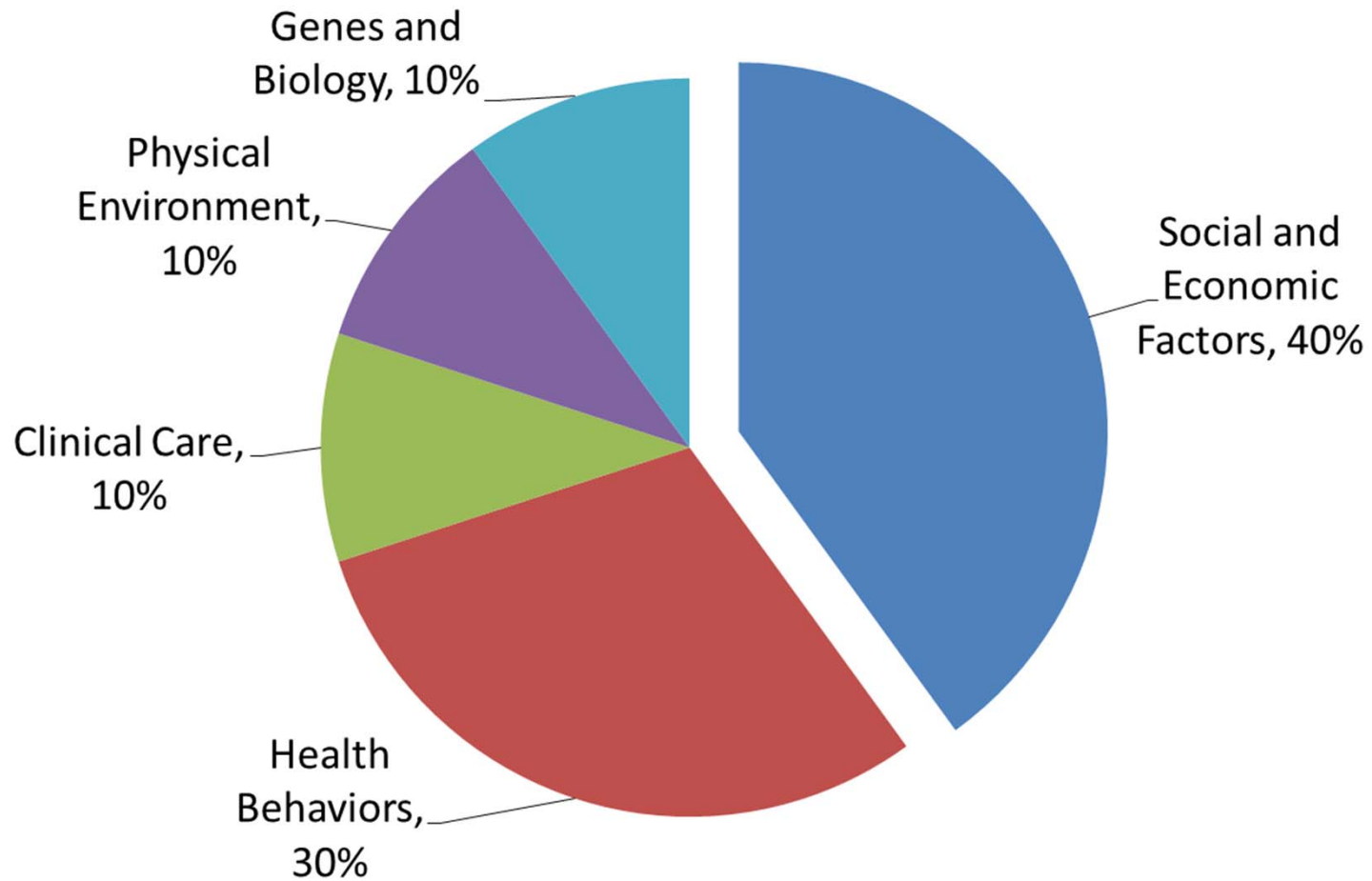
## Everyone needs (cont'd)...

- Social and environmental safety in the places we live, learn, work, worship and play (*housing conditions, crime rates, school climate, social norms and attitudes, etc.*) and
- Culturally-competent and appropriate services when the need arises (*access to health care, mental health care, financial assistance, etc.*)

# Who's affected by structural inequities in Alabama?

- American Indians
- African Americans
- Children
- Persons with mental health challenges
- LGBTQ
- Immigrants
- Refugees
- Asian-Pacific
- Islanders
- Hispanics/Latinos
- Rural Mississippians
- Women
- Older Mississippi
- Persons with disabilities
- And more...

# Factors that determine health



Tarlov AR. Public policy frameworks for improving population health.  
*Ann N Y Acad Sci* 1999; 896: 281-93.

# Social Determinants of Health

Figure 1  
Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

**Health Outcomes**  
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

# Defining Health Disparity

Healthy People 2020 defined Health Disparity as:

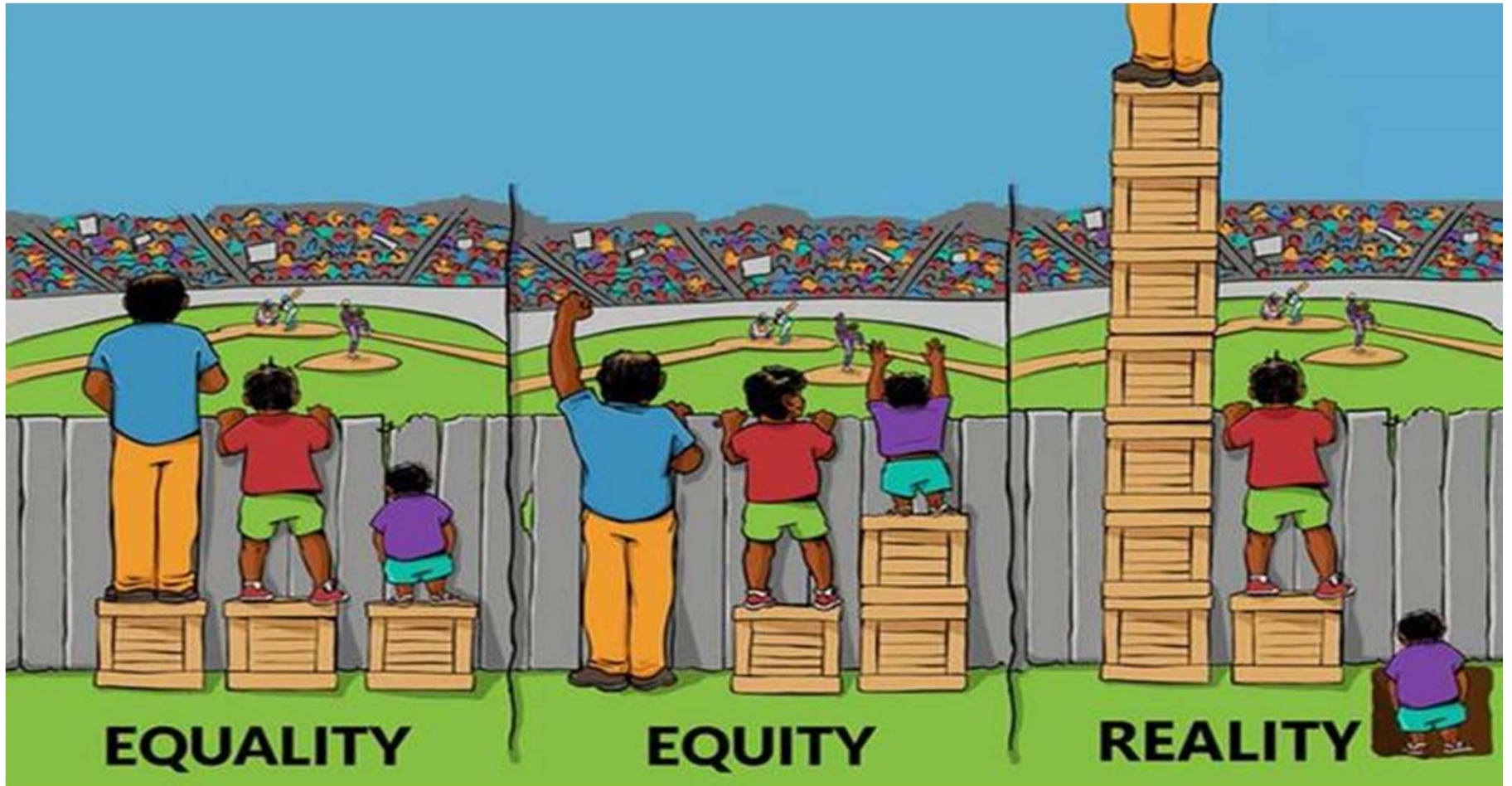
“A particular type of **health difference** that is closely linked with **economic, social, or environmental disadvantage**. Health disparities adversely affect groups of people who have systematically (steadily) experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion”

# What are Health Inequalities?

- Health inequalities are preventable and unjust differences in health status experienced by certain population groups.
- People in lower socio-economic groups are more likely to experience chronic ill-health and die earlier than those who are more advantaged.
- Health inequalities are not only apparent between people of different socio-economic groups – they exist between different genders and different ethnic groups<sup>1</sup>.

# Health Equity

- Health equity means that everyone has a fair opportunity to live a long, healthy life.
- It implies that health should not be compromised or disadvantaged because of an individual or population groups' race, ethnicity, gender, income, sexual orientation, neighborhood or other social condition.
- Achieving health equity requires creating fair opportunities for health and eliminating gaps in health outcomes between different social groups.
- Requires public health professionals to look for solutions outside the healthcare system (transportation, housing, etc.)
- A health inequity is unfair, avoidable, and rooted in social justice.





# To create change

- *A need to educate the public on what creates health.*
- *Training for community members on advocacy so their voice is heard.*
- *Public agenda, that so we stop using buzz words that come out for the moment, and we actually create an agenda with expectations that we will address these conditions.*
- *Public/political will – to make tough choices- accountability for policies, and program.*

# Keep Digging



# Causes of infant mortality

- Low birth rates
- SIDs
- Congenital Malformation
- Maternal Complications

# Research Suggested Causes

- Eating poorly
- Being overweight
- Chronic diseases
- Smoking
- Not going to the doctor
- Getting pregnant to young
- Smothering their newborns in their sleep

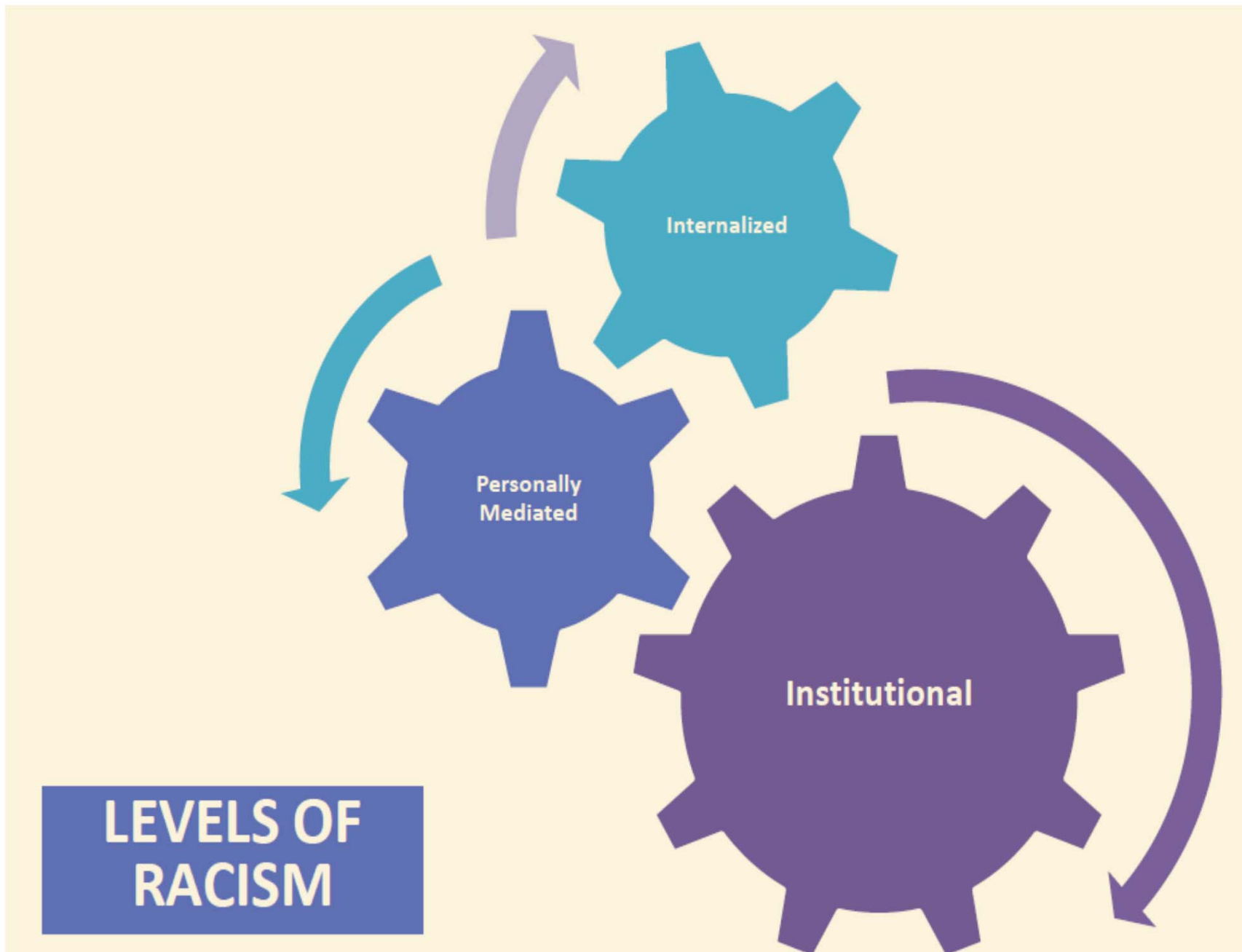
# Addressing Health Equity

- A. Address Racial discrimination all levels
  1. Implicit Biases
  2. Cultural Competency Training
- B. Findings ways to improve conditions that determines health.
- C. Implementing upstream approaches

# Deeping Deeper

Infant mortality is affected by not only the immediate conditions in which infant is conceived and born, but also the health status of the mother and some evidence indicates the father as well.”

(Carpenter, 2017)



**Institutionalized racism-** the structures, policies, practices and norms resulting in differential access to the goods, services and opportunities of societies by race.

**Personally mediated** - the differential assumptions about the abilities, motives and intentions of others by race.

**Internalized racism** - the acceptance and entitlement of negative messages by the stigmatized and non stigmatized groups.

Camara Jones, MD, PhD, Past President APHA



# “White Coat Die In”



# Implicit Bias

**implicit bias**, or **implicit** stereotype, is the unconscious attribution of particular qualities to a member of a certain social group. **Implicit** stereotypes are influenced by experience, and are based on learned associations between various qualities and social categories, including race or gender.

# Cultural Competency

- Culture, race, ethnicity, and primary language have been shown to be associated with access-to-care issues and compliance with prevention and treatment.
- Research has show one way to address disparities and improve health equity is by offering culturally, and linguistically appropriate services.
- By year 2050, nearly one-third of the US population will be Hispanic, yet only 5 percent of physicians come from this group.
- Birthrates are falling in most countries, and populations are aging rapidly.

# What are the National CLAS Standards?

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- The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care
- First published by the HHS Office of Minority Health in 2000
- Provided a framework for organizations to best serve the nation's diverse communities
- Underwent an Enhancement Initiative from 2010 to 2013
- Launched the enhanced CLAS Standards in April 2013

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**Health Outcomes**  
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# Milwaukee Health Department

Milwaukee Health Department home visiting program partnered with Milwaukee Life course Initiative led by the United Way of Greater Milwaukee and Waukesha County and they targeted three zip codes on the city's north side.

- focus on fatherhood by connecting men to jobs, keeping an expectant father who's being caught up in the system connected with their child.
- Community gardens at several churches prioritize mothers in attempt to compensate for the lack of fresh produce available in the inner city.
- Some churches were designated as "Safe-baby –sanctuaries" places where families can come for education and resources like diapers.
- Some programs are helping mothers to find homes, or get out of abusive relationships.

(Carpenter, 2007)

# Swimming Upstream



**LEGAL AID of ARKANSAS**  
Equal Access to Justice

## HEALTH NEEDS SCREENER

<place patient sticker here>

Please read each question and mark Yes (Y) or No (N). This will help your medical team learn more about things that may affect your child's health. If you wish, they can talk about these things more with you.

<b>Food Insecurity (being worried about having enough to eat)</b>	<b>Y</b>	<b>N</b>
Q.1. If you <b>do not</b> have WIC or SNAP (food stamps), do you need to apply for them?	<input type="checkbox"/>	<input type="checkbox"/>
Q.2. Have you gotten a letter about overpayment or fraud for WIC or SNAP?	<input type="checkbox"/>	<input type="checkbox"/>
Q.3. In the past 12 months (1 year), were you worried about running out of food before you had money for more?	<input type="checkbox"/>	<input type="checkbox"/>
Q.4. In the past 12 months (1 year), did you run out of food and not have money or food stamps for more?	<input type="checkbox"/>	<input type="checkbox"/>
Q.5. Do you need food today?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Housing</b>	<b>Y</b>	<b>N</b>
Q.6. Are you being warned of being kicked out by your landlord or the bank taking your house?	<input type="checkbox"/>	<input type="checkbox"/>
Q.7. Are you facing not having a place to live?	<input type="checkbox"/>	<input type="checkbox"/>
Q.8. Do you worry that something in your home might make you sick or hurt?	<input type="checkbox"/>	<input type="checkbox"/>
Q.9. Do you have problems with rats or pests in your home?	<input type="checkbox"/>	<input type="checkbox"/>
Q.10. Do you worry about your electric, gas, or water being shut off?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Education</b>	<b>Y</b>	<b>N</b>
Q.11. Is your child having problems in school and not getting special education services? (Example: at risk of failing or being held back, being suspended or expelled many times)	<input type="checkbox"/>	<input type="checkbox"/>
Q.12. Is there a plan in place for your child to get special services at school, but the school is not following it? (Examples: child is not moving ahead, plan does not meet the needs of child, plan is not being followed)	<input type="checkbox"/>	<input type="checkbox"/>
Q.13. Have you asked for a special education meeting, but the school has not responded?	<input type="checkbox"/>	<input type="checkbox"/>
Q.14. Are you having trouble with the school giving your child's medicine or following the doctor's orders?	<input type="checkbox"/>	<input type="checkbox"/>

For some of these issues, Arkansas Children's Hospital makes legal help available to families. Provide the following information if you would like to speak with Legal Aid of Arkansas.

Guardian Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

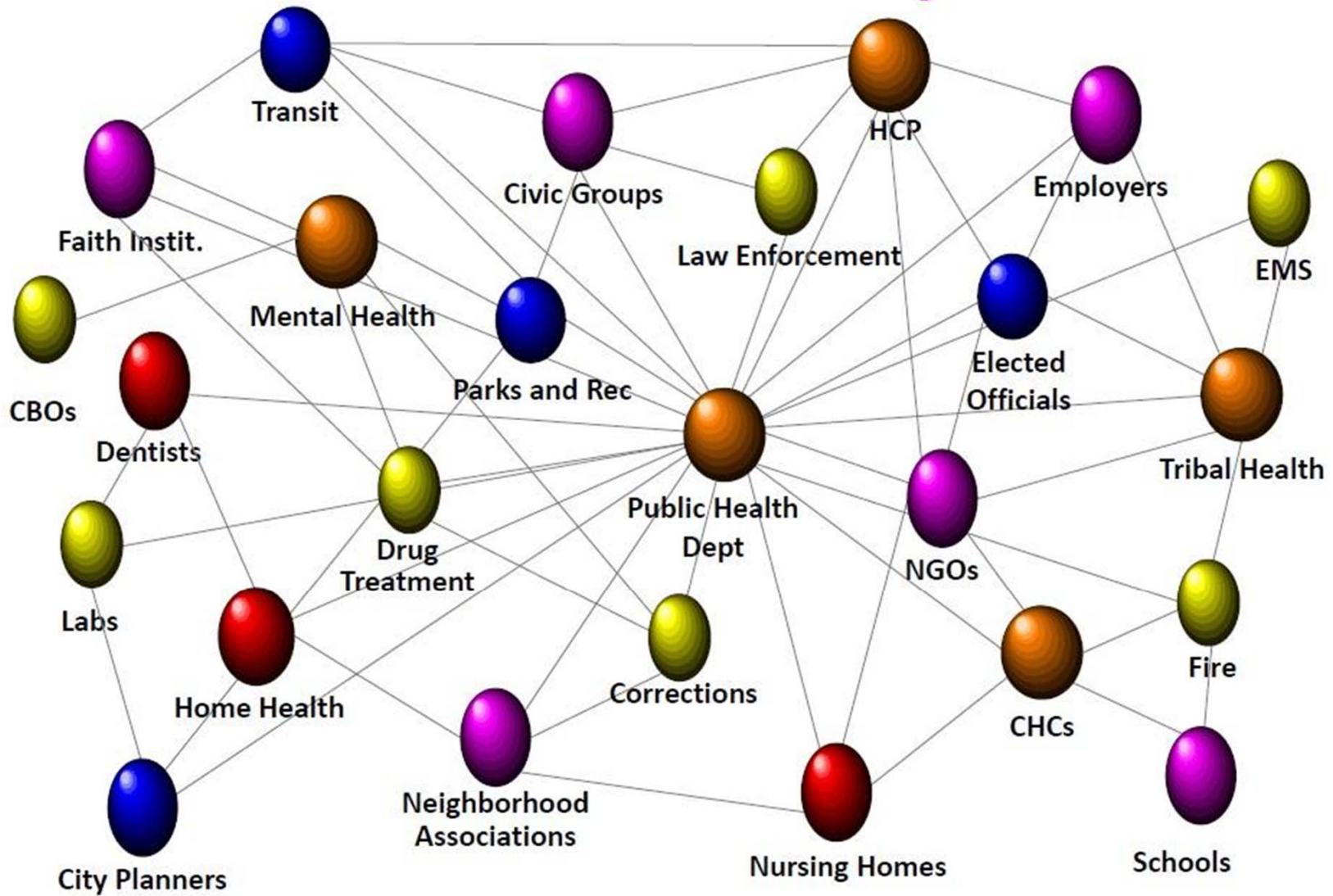
Primary Phone # \_\_\_\_\_ Is it safe to leave a message at that number? **Y N**

Email address: \_\_\_\_\_

I do not want to fill out this form.

<b>For Office Use Only</b>	<input type="checkbox"/> Shelter resource guide	<input type="checkbox"/> Family Declined Services
<input type="checkbox"/> MLP referral	<input type="checkbox"/> Food pantry information	<input type="checkbox"/> Financial counselor
<input type="checkbox"/> Utility shut off packet		<input type="checkbox"/> Helping Hand food bag

# Local Public Health System





“You may believe that you are responsible for what you do, but not for what you think. The truth is that you are responsible for what you think, because it is only at this level that you can exercise choice. What you do comes from what you think. ”

[Marianne Williamson](#)

# Human Impact Partners

<https://humanimpact.org/>

# Resources

Black and Minority Health-The Heckler Report 1985

Crossing The Quality Chasm: A New Health System for The 21<sup>st</sup> Century

Unequal Treatment Confronting Racial and Ethnic Disparities Health Care, 2002

HHS Action Plan to Address Health Disparities, 2011

Health In All Policies: A Guide for State and Local Government, 2003

National Stakeholders Strategies for Improving Health Equity, 2006

# Resources

National Healthcare Quality and Disparities Report, 2016. Agency for Healthcare Research and Quality

Oral Health is a Social Justice Issue: Results from Surveys and Focus Groups with Promotores in California. Vision y Compromiso

Oral Health for All 2020: How to Apply a Health Equity and Social Justice Lens, Accountability Guidance for the Oral Health 2020 Network

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***"TEAMING UP TO ADVANCE HEALTH EQUITY"***