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MCHB/DCAFH
March 2009

Eliminating health disparities and achieving equity: A framework for advancing the health, safety and well-being of adolescents

March 11, 2009

Moderator:
Claire Brindis

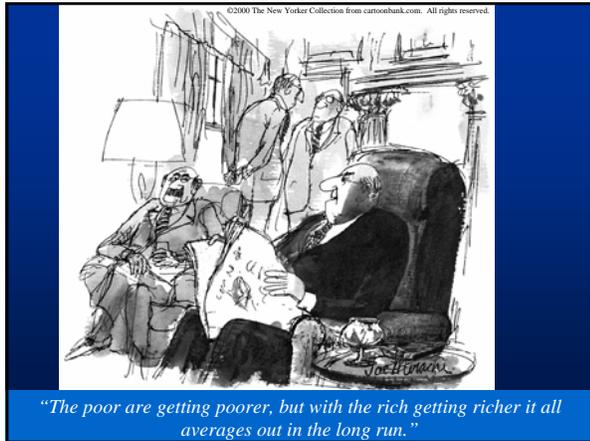


Eliminating Health Disparities and Achieving Equity: A Framework for Advancing the Health, Safety and Well-being of Adolescents

Webinar - March 11, 2009

The Social Determinants of Health Disparities

Paula Braveman, MD, MPH
Professor of Family & Community Medicine
Director, Center on Social Disparities in Health
University of California, San Francisco



"The poor are getting poorer, but with the rich getting richer it all averages out in the long run."

Definitions

- Health disparity
 - A particular kind of difference in health that seems particularly unfair (inequitable)
 - Puts a group of people already disadvantaged socially – e.g., based on income, education, race, ethnic group... – at further disadvantage on health
 - Not all differences in health are *health disparities*
- Health equity
 - Fairness and justice in pursuing the best possible health for everyone
 - Pursuing the elimination of health disparities
- Ethical and human rights concepts

What affects health?

Income directly shapes:

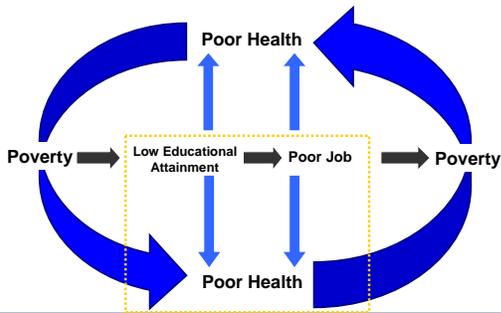
- Medical care
- Housing
- Nutrition & physical activity
- Neighborhood conditions
- Stress
- Social support

Parents' income shapes the next generation's:

- Education
- Working conditions, including control
- Income

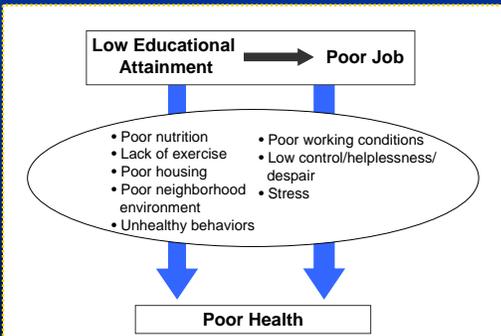
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Vicious cycle of poverty and poor health

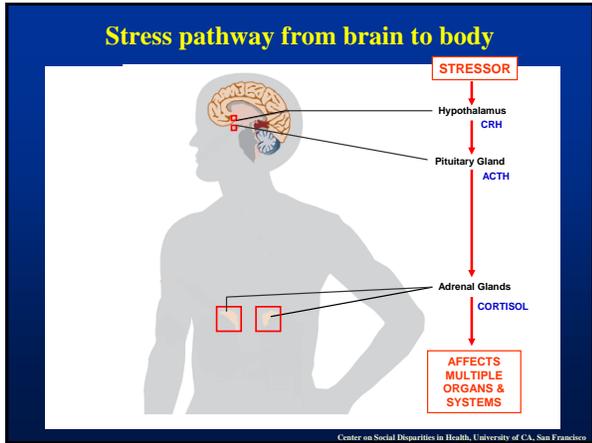


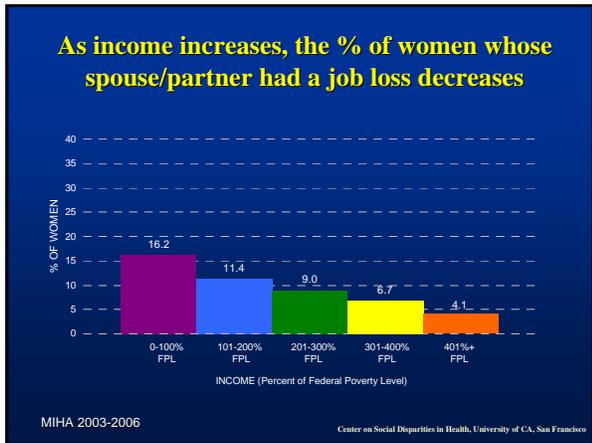
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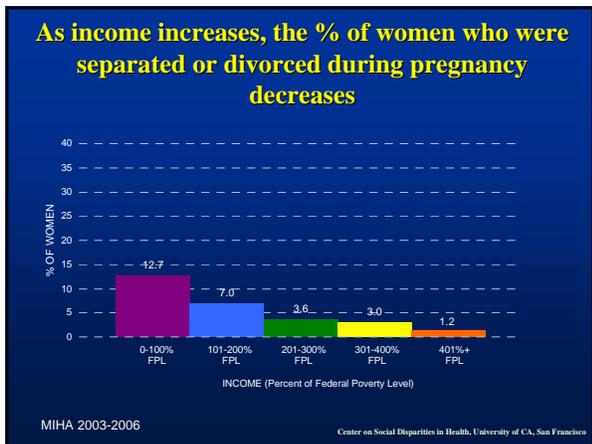
How low educational attainment and a poor job lead to poor health



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How could your neighborhood affect your health?

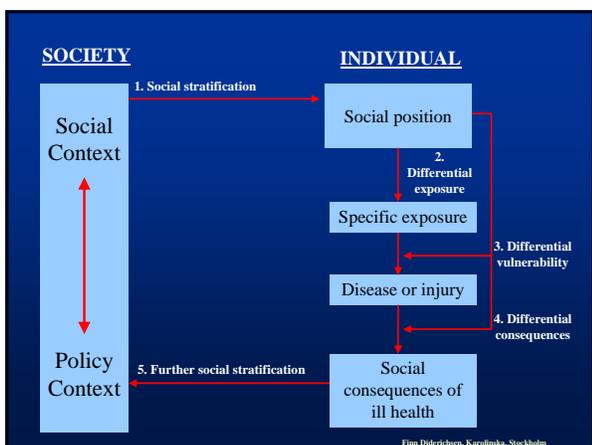
- Physical danger
- Safe places to exercise
- Lead, air pollution, mold
- Access to healthy food
- Role models, peer pressure
 - Substance abuse
- Social networks & support
- Stress, fear, anxiety, despair
- Blacks & Whites of similar income levels live in different kinds of neighborhoods

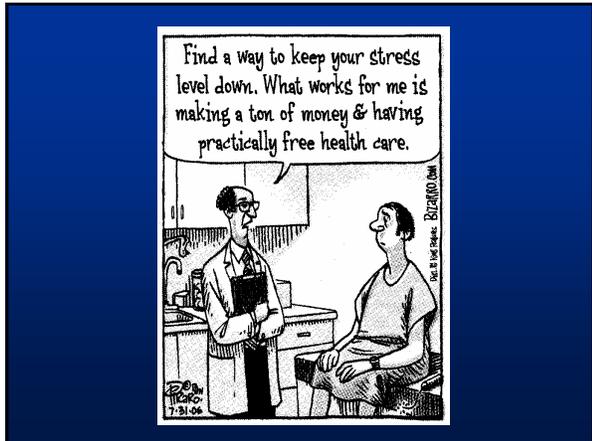
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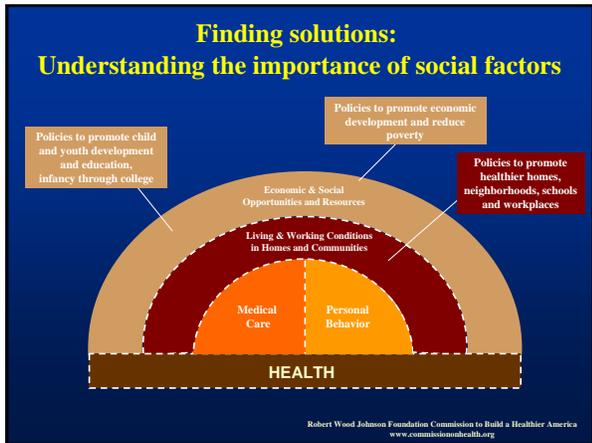
Finding solutions: Understanding how health is transmitted across lifetimes and generations



Robert Wood Johnson Foundation Commission to Build a Healthier America







Resources

- Braveman P, Egerter S. Overcoming Obstacles to Health. Robert Wood Johnson Foundation, February 2008. www.commissiononhealth.org
 - Overview of key issues and literature on the social determinants of health, written for a wide, general audience.
- Braveman P. Health Disparities and Health Equity: Concepts and Measurement. *Annual Reviews in Public Health* 2006;27:167-94.
 - An in-depth examination of the concepts of health disparities and health equity, discussing the policy implications of adopting different definitions.
- Brennan Ramirez LK, Baker EA, Metzler M. Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health. Atlanta, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008.

Eliminating Health Disparities and Achieving Equity: A Framework for Advancing the Health, Safety and Well-being of Adolescents
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Health Disparities Through an Adolescent Lens

Renée R. Jenkins, MD, FAAP
Professor of Pediatrics
Howard University College of Medicine, Wash, D.C.



Health, Safety & Well-Being of Adolescents

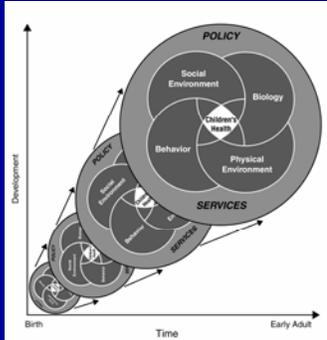
“By creating safe and nurturing environments for today’s youth—environments that focus on young people’s assets and minimize chances for engaging in health risk behaviors—we can help ensure that tomorrow’s adults will be healthy and productive.”

Health Equity+

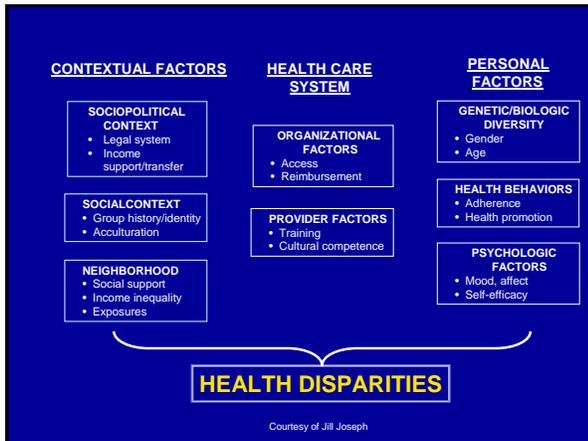
“Equity in health implies that ideally everyone should have a **fair opportunity** to attain their **full health potential** and, more pragmatically, that no one should be disadvantaged from achieving this potential if it can be avoided.”

~Margaret Whitehead

A Model of Children's Health and Its Influences



IOM Committee on Evaluation of Children's Health, Children's Health, the Nation's Health, DC, National Academies Press, 2004.



Braveman: Health Disparities Beginning in Childhood: A Life-course Perspective

- Lifecourse perspective focuses on the role of social context over time, across lifetimes and generations
- Perspectives to consider
 - Critical period – permanent effects
 - Sensitive period – larger effects
 - Cumulative effects
 - Trajectory or pathway



Sanders-Phillips: Social Inequality and Racial Discrimination-Risk Factors for Health Disparities in Children of Color

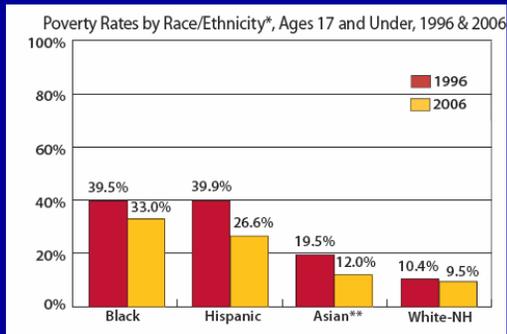
- Impact of racial discrimination on mental and physical health of children of color
 - Parenting behaviors
 - Racial socialization
 - Effects of psychological functioning
 - Effects of biological functioning



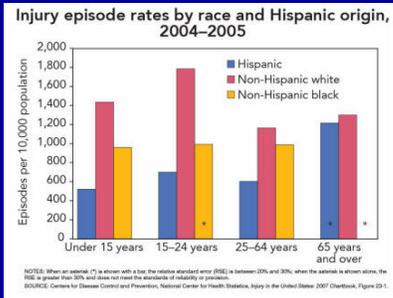
Demographic Shift

By the millennium, there were more than 39 million young people in the U.S. ages 10 to 19, with more than 35% belonging to racial and ethnic minorities. The numbers of minority adolescents are growing at a faster rate than their white peers, with greater concentrations of minority youth living in urban areas.

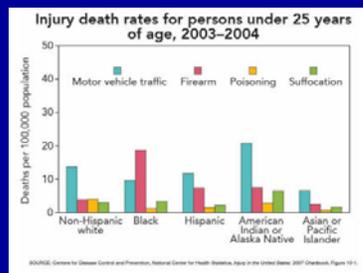
Shift in Socioeconomic Status



Paradoxical Rates of Injury Episodes by Race/Ethnicity



Disparities in Injury Death Rates



Impact of Access to Care on Equity

TABLE 2. Access to Care, Continuity of Care, Quality of Care, and Unmet Health Care Needs

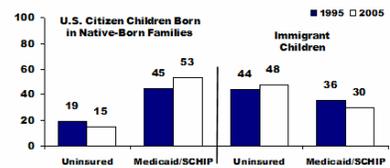
| | Before SCHIP | | | | | During SCHIP | | | | |
|--|--------------|-------|-------|----------|------|--------------|-------|-------|----------|------|
| | All | White | Black | Hispanic | P | All | White | Black | Hispanic | P |
| Access to care | | | | | | | | | | |
| Had USC, % | 85.8 | 94.8 | 85.9 | 80.5 | .006 | 97.1 | 98.3 | 95.0 | 97.0 | .019 |
| Used preventive care, % | 73.0 | 71.7 | 75.8 | 71.8 | .613 | 81.5 | 84.6 | 86.0 | 76.7 | .029 |
| Had any unmet health care need,* | 31.3 | 27.2 | 37.5 | 29.3 | .123 | 18.9 | 19.7 | 18.9 | 18.5 | .929 |
| Continuity of care at medical home: proportion of visits to USC | | | | | | | | | | |
| All or most, % | 47.0 | 61.2 | 53.9 | 33.9 | .001 | 88.5 | 87.1 | 85.8 | 91.7 | .066 |
| Some or none, % | 53.0 | 38.8 | 46.1 | 66.1 | .001 | 11.5 | 12.9 | 14.2 | 8.3 | .066 |
| Consumer assessment of quality: my provider usually or always | | | | | | | | | | |
| Listens carefully to me, % | 77.2 | 87.7 | 80.4 | 68.6 | .000 | 85.4 | 91.0 | 92.0 | 76.5 | .000 |
| Explains things in an understandable way, % | 82.3 | 90.7 | 85.6 | 74.6 | .000 | 89.4 | 94.7 | 93.7 | 82.5 | .000 |
| Respects what I have to say, % | 86.5 | 88.1 | 91.7 | 81.7 | .004 | 93.2 | 95.6 | 95.2 | 90.1 | .003 |
| Spends enough time with me, % | 76.1 | 80.2 | 78.8 | 71.7 | .202 | 84.6 | 92.4 | 85.8 | 78.4 | .007 |
| Mean rating of all care† | 80.5 | 82.6 | 82.4 | 77.8 | .137 | 87.5 | 89.4 | 86.8 | 86.8 | .112 |

Shone, et al, 2005

Impact of Insurance on Immigrant Status

Chart 5-6. Immigrant children have become more likely to be uninsured in the past decade than citizen children; disparity in coverage between immigrant and citizen children has also grown.

Percentage of children with family incomes below 200% of the Federal Poverty Level, by citizen status and type of coverage, 1995 and 2005

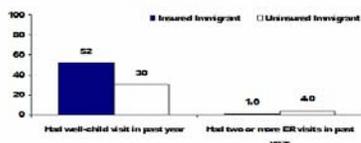


Federal Poverty Level (FPL) is based on family income and family size and composition. In 2004, FPL was \$18,850 for a family of four. Source: Federal Register 2004.09.20:7155-30.
 Note: Immigrant children includes all foreign-born children who are not U.S. citizens, regardless of legal status.
 Source: L. Wu, M. Lin, and M. Braddock, *Improving Children's Health: A Handbook About the Roles of Medicaid and SCHIP* (Washington, D.C.: Center on Budget and Policy Priorities, Jan. 2007).

Impact of Insurance on Immigrant Status

Chart 7-6. Insured immigrant citizen children are more likely to receive well-child visits and less likely to have multiple ER visits than uninsured immigrant children.

Percentage of immigrant children with incomes below 200% FPL who had well-child visit or multiple ER visits in past year, 2005



Note: Federal Poverty Level (FPL) is based on family income and family size and composition. In 2004, FPL was \$18,850 for a family of four. Source: Federal Register 2004.09.20:7155-30.
 Source: H. Anderson et al. Center for Disease Control and Prevention, National Center for Health Statistics, 2004 National Health Interview Survey. Center for Budget and Policy Priorities.

Impact of Access to Care on Equity (con't)

TABLE 2. Study Outcomes According to Group Assignment

| Outcome | Case Management (n = 139) | Control (n = 136) | P |
|--|------------------------------|----------------------|---------------------|
| Child obtained health insurance coverage, % | 94 | 57 | <.0001 |
| Continuously insured | 76 | 30 | <.0001 |
| Sporadically insured ^a | 18 | 27 | <.0001 |
| Child continuously uninsured, % | 4 | 43 | <.0001 |
| Mean time to obtain insurance, d, mean ± SD | 87.5 ± 68 | 134.8 ± 102.4 | <.009 |
| Parental satisfaction with process of obtaining child's insurance, % [†] | | | |
| Very satisfied | 80 | 29 | <.0001 [‡] |
| Satisfied | 12 | 41 | |
| Uncertain | 5 | 4 | |
| Dissatisfied | 2 | 13 | |
| Very dissatisfied | 1 | 14 | |
| Mean parental satisfaction score for process of obtaining child's insurance (5-point Likert scale), mean ± SD [§] | 1.33 ± 0.77 | 2.40 ± 1.40 | <.0001 |

Flores, 2005

Strategies to Reduce Disparities and Promote Equity

- National intervention – universal health coverage, improved health system across state boundaries, improved research/demonstration funding with dissemination
- State intervention – legislative action, state-wide program design/funding and dissemination
- Community intervention – culturally-specific, language-friendly, youth development programs, safe and healthy environment
- Individual/Family – health promotion and disease prevention, medical home, adolescent-friendly services, personal asset development

Strategies to Reduce Disparities and Promote Equity

How can we make a difference?

- Health Professional Organizations
- Health Professional delivering care
- Health Professionals designing health programs

Questions & Answers

Thank you for attending this webcast!

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