

# Health Equity Policy Review



HEPRC Committee Report  
November 9, 2010

# What is Health Equity?

*Health equity is the attainment of the highest level of health for all people.*

*Achieving health equity requires valuing everyone equally with **focused and ongoing societal efforts to rectify historical and contemporary socially patterned injustices,** and the elimination of health disparities*

The Department of Health and Human Services

## Why should we care about health inequities?

- \$1.24 trillion  
(2003 – 2006)
- 139.8 excess deaths per 100,000 due to  
income inequities (1998)
- 83,570 excess African American deaths  
(2000)

Joint Center for Political and Economic Studies, September 2009

David Satcher, et al. [\*Health Affairs\*](#), 24, no. 2 (2005): 459-464

J W Lynch, et al. [\*Am J Public Health\*](#), 1998 July; 88(7): 1074–1080.

# How does Health Equity relate to the Triple Aim?

Oregon's Triple Aim:

## 1. Improve lifelong health of all Oregonians

### Oregon Life expectancy by race/ethnicity

	1996	2006
Non Hispanic White	77.02	78.96
Hispanic	83.90	87.53
Asian and Pacific Islander	81.52	85.73
Native American	74.31	76.89
African American	71.43	76.80

**Life expectancy of migrant/seasonal farm workers: 49 years**

Source: Oregon Department of Human Services, Office of Health Statistics (2007)

# Current Challenges to Health Equity

Oregon health rankings:

- **14<sup>th</sup>** in the number of **African American heart disease deaths** per 100,000 population
- **26<sup>th</sup>** in the percentage of **African American and Latino live births by cesarean delivery.**
- **47<sup>th</sup>** in the number of **African American diabetes deaths** per 100,000 population by race/ethnicity
- **47<sup>th</sup>** in the number of African American number of deaths caused by **stroke** and other cerebrovascular diseases.

Source: Kaiser Family Foundation, 2006

# Current Challenges to Mental Health Equity

“Days physical or mental health not good”  
over a 30-day period

	Oregon Disparity Score	Worst State Disparity Score	Best State Disparity Score	All States Disparity Score
Asian/NHPI	7.0	OR 7.0	KS 3.7	5.5
American Indian/Alaska Native	12.9	OR 12.9	NM 7.3	10.5
All Minorities	7.7	KY 9.9	KS 6.2	7.3

Source: Kaiser Family Foundation report, *Putting Women’s Health Care Disparities on the Map, 2009*

# Age at Onset of Chronic Conditions

## **COLORECTAL CANCER:**

- African Americans were more than twice as likely as whites to present with advanced Colorectal Cancer before age 50
  - HOWEVER, The American Cancer society suggests that screening begin at age 50.

## **BREAST CANCER:**

- In the age groups, 30-54 and 55-69 years, African-American women have the highest death rate from breast cancer, followed by Hawaiian women, and white non-Hispanic women.
- African American women are more likely to be diagnosed with a later stage of breast cancer than white women.
  - HOWEVER, The American Cancer Society suggests that yearly mammograms do not begin until age 40.

**SOURCE: The American Cancer Society (2010), Jancin, Bruce. "Early colorectal ca screen advised for key groups: African Americans, diabetics, and female smokers are found to be at substantially above-average risk" OB/GYN News. (2005)**

# How does Health Equity relate to the Triple Aim?

Oregon's Triple Aim:

2. Increase the quality, reliability, and availability of care for *all* Oregonians

## Percent of Live Births with Late or No Prenatal Care by Race/Ethnicity

	OR	US
White	15.6%	11.1%
All Minority	27.0%	22.7%
Black	24.4%	23.9%
Hispanic	29.8%	22.9%
Asian and Pacific Islander	18.3%	14.7%
American Indian/Alaska Native	31.1%	30.1%

Source: Kaiser Family Foundation report, *Putting Women's Health Care Disparities on the Map, 2009*

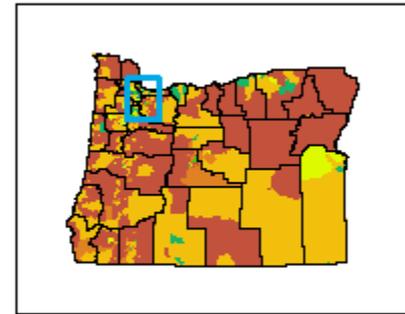
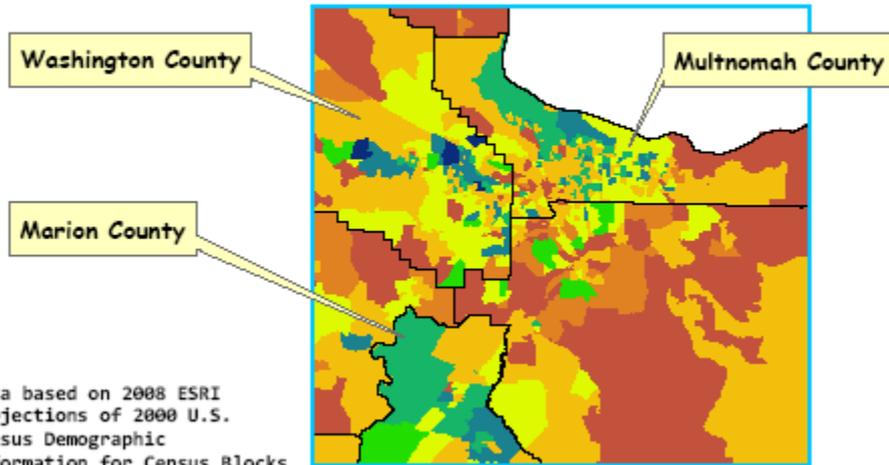
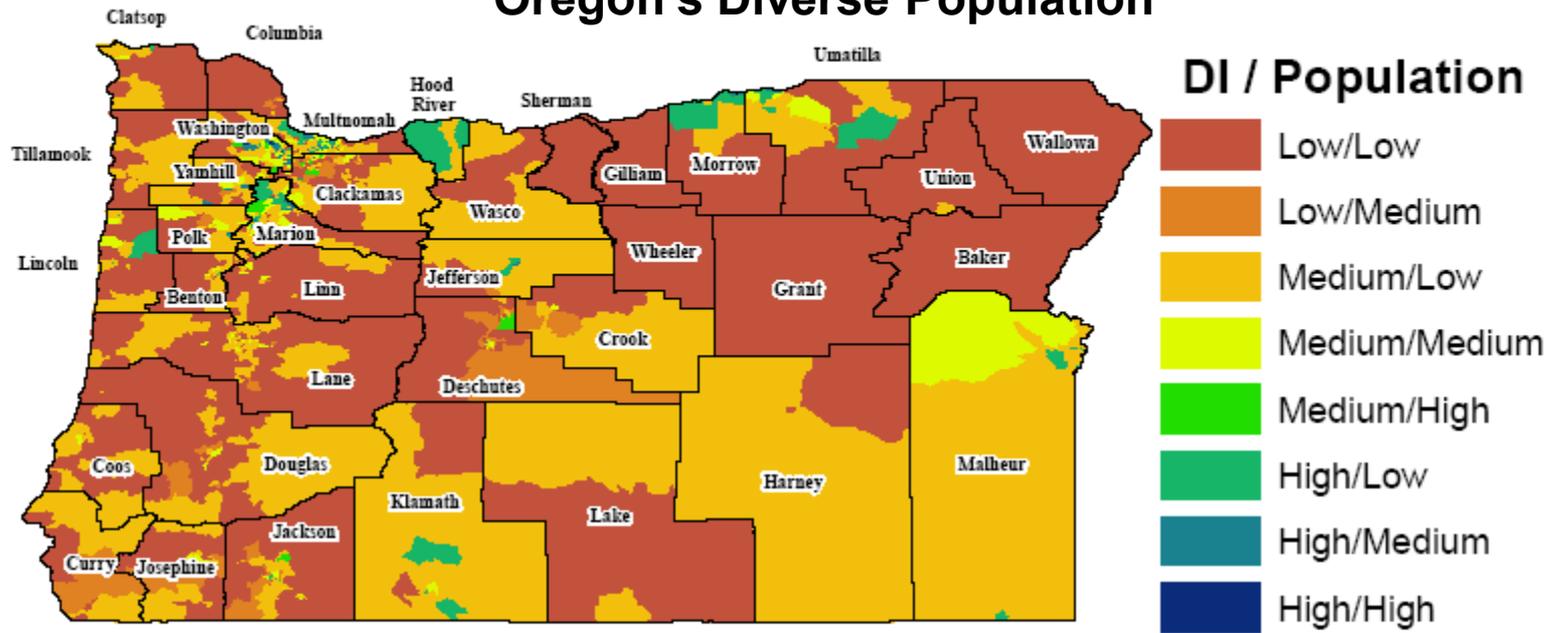
# Access and Utilization by Women in Oregon

	All Minority		White		Hispanic		Asian		American Indian/ Alaska Native	
	OR	US	OR	US	OR	US	OR	US	OR	US
No health insurance coverage	35.80%	27.9%	17.0%	12.8%	50.4%	37.3%	21.4%	18.2%	No Data	
No personal Doctor/ Health Care Provider	35%	25.7%	17.7%	13.2%	48.0%	36.9%	25.4%	18.9%	29.6%	21.1%
No routine checkup in past 2 years	18.1%	13.6%	21.1%	16.7%	19.3%	18.3%	15%	14.4%	30.0%	19.4%
No Doctor visit in past year due to cost	26.3%	22.8%	18.8%	14.7%	31.3%	27.4%	19%	12.1%	34.5%	25.7%

**Red indicates worst state ranking**

Source: Kaiser Family Foundation report, *Putting Women's Health Care Disparities on the Map, 2009*

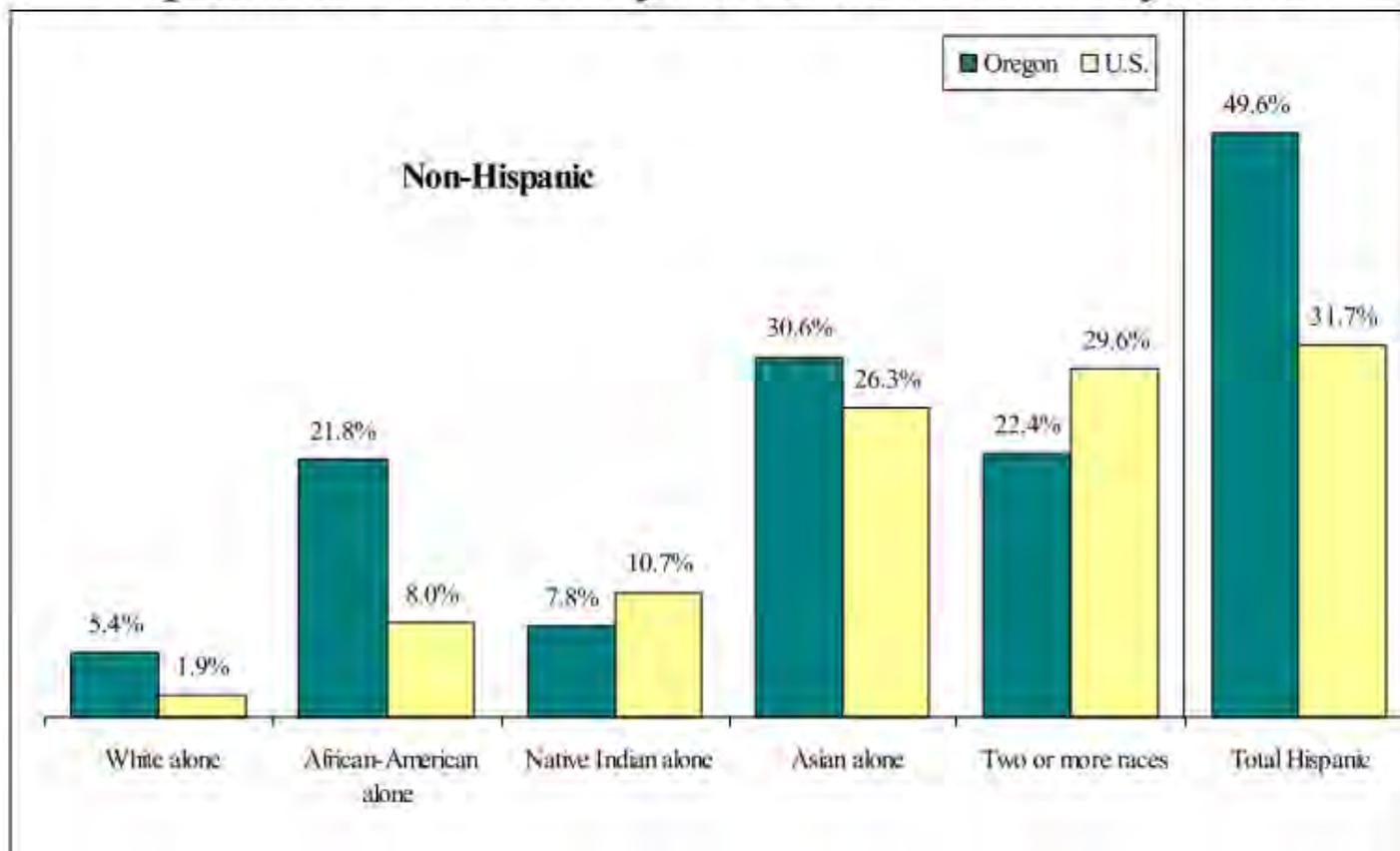
# Oregon's Diverse Population



Data based on 2008 ESRI Projections of 2000 U.S. Census Demographic Information for Census Blocks

# Growth in Diversity in Oregon Outpaces National Trend

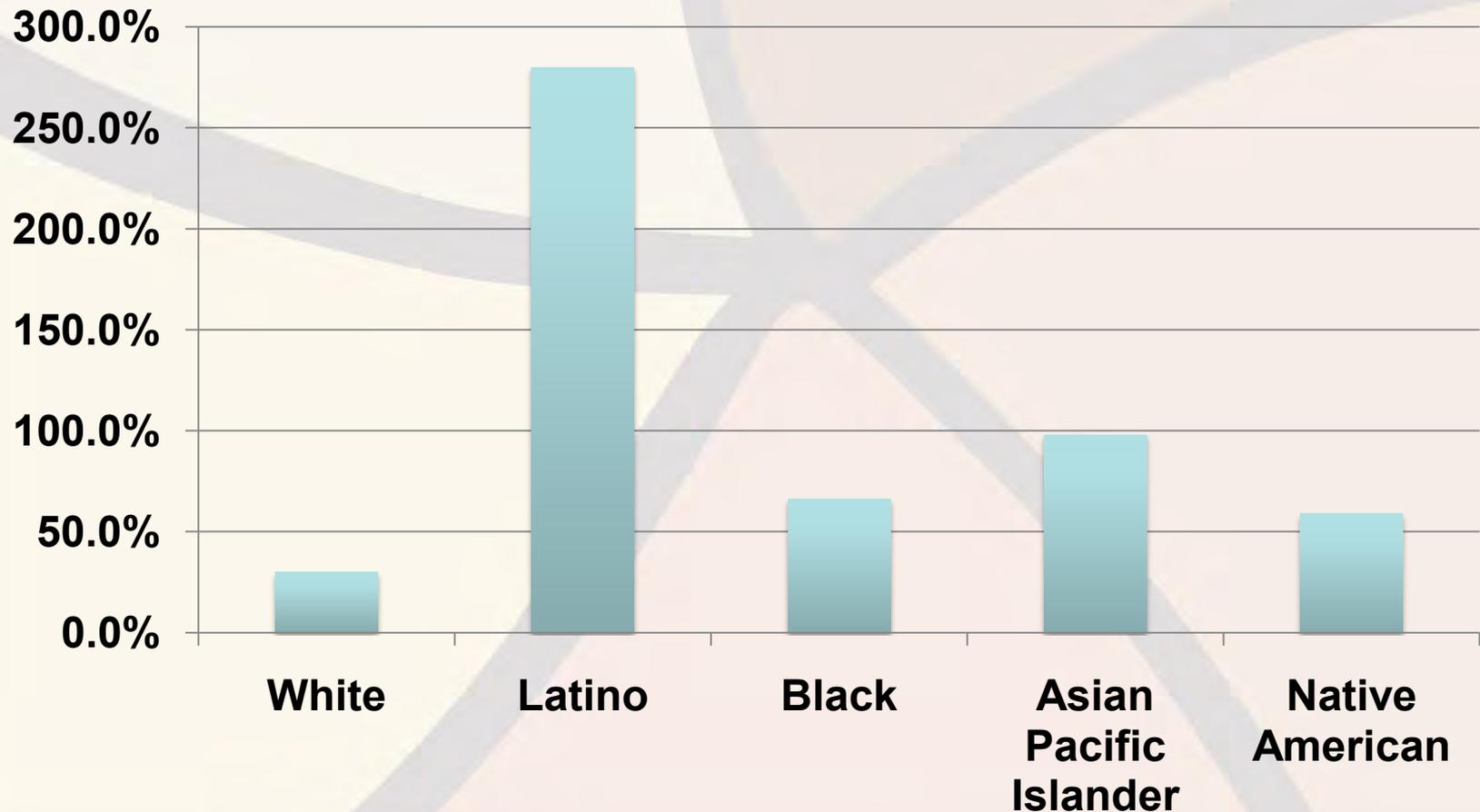
Population Growth by Race and Ethnicity, 2008



**Source:**  
State of Oregon:  
Office of Economic  
Analysis,  
February  
2010

# Oregon's Growing Diversity

Percent Change in Population 1990 to 2009



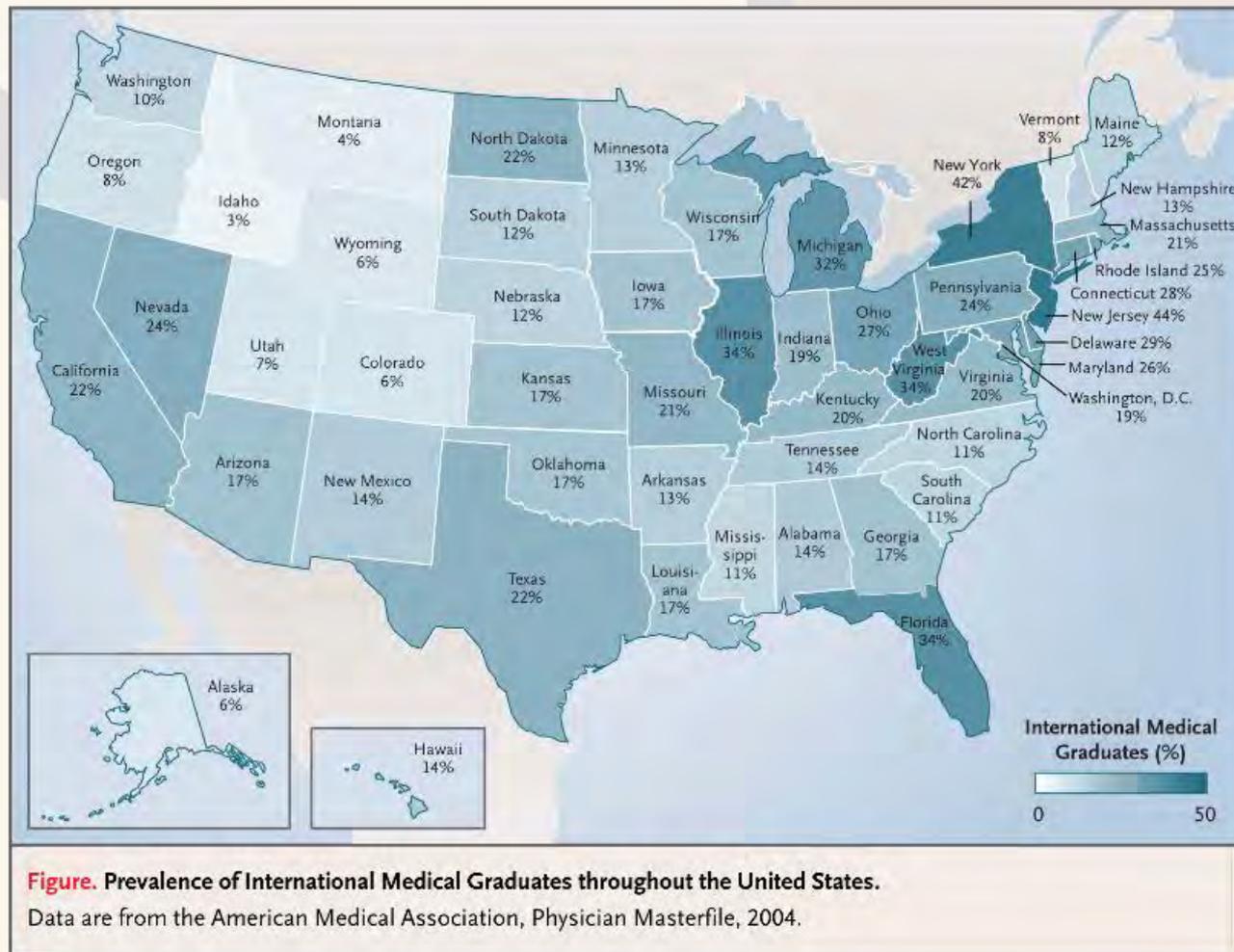
# Oregon's Diversity by Age

## Distribution Within Racial/Ethnic Groups by Age – 2006-2008

	Under 18	Over 65
White	20.1%	15.1%
Black	30%	7.5%
American Indian, Eskimo, or Aleut	28.3%	6.7%
Asian or Pacific Islander	22.1%	8.5%
Hispanic or Latino origin (of any race)	39.6%	2.9%
Two or more races	42.6%	4.9%

Source: American Community Survey 2006-2008

# Oregon ranks 44<sup>th</sup> in the country with 8% of doctors internationally trained



**Figure.** Prevalence of International Medical Graduates throughout the United States.  
Data are from the American Medical Association, Physician Masterfile, 2004.

**Source:  
American  
Medical  
Association,  
2004**

# How does Health Equity relate to the Triple Aim?

Oregon's Triple Aim:

**3. Lower or contain the cost of care so it is affordable to everyone**

## Income Inequities in Oregon

	White	Hispanic	Black	Native American
<b>Poverty Rate</b>	7.4%	23.6%	27.2%	19.3%
<b>Median Household Income</b>	\$51,492	\$37,205	\$29,841	\$38,351

Source: American Community Survey (2006-2008)

# OMHS Health Equity Policy Priorities

- Implement and strengthen **Oregon's Health Care Interpreter (HCI) Law**
- Develop and sustain model **Community Health Worker** programs and include them in patient-centered primary care teams.
- **Cultural competence** continuing education for Oregon's health care providers.
- Improve collection and analysis of health care quality and health outcomes **data by granular equity indicators**.
- **ALL pregnant women in Oregon** must have equitable access to prenatal care.
- **ALL children in Oregon** must have equitable access to affordable, quality health care.

# Health Equity Policy Review Committee

- Convened in September, conclude in February 2011
- Culturally, geographically, and professionally diverse
- **Evaluate all recommended policy improvements** prior to their presentation to the OHPB to assure they fully promote the elimination of inequities and promote health equity.
- Identify both **near-term and long-term opportunities to promote health equity in Oregon** by strengthening and modifying recommendations, expand or tailor approaches.

# Health Equity Recommendations

- Inclusivity
  - Require a racially and ethnically diverse **consumer majority (51%) on consumer and governing boards** such as the Oregon Health Insurance Exchange
  - OHPB and committees should use **race/ethnicity conscious metrics** and language to emphasize priority of ending health inequities
  - Work with racially and ethnically diverse community-based organizations to generate **quality standards that include cultural competence and payment incentives** for providers to meet these standards

# Health Equity Recommendations

- Inclusivity
  - Support health care workforce development programs to **recruit and retain a racially and ethnically diverse workforce**
  - Assure and sustain **Community Health Workers** as a critical member of the health care workforce

# Health Equity Recommendations

- Accountability
  - Collect, compile, analyze, and share **accurate and granular demographic data** in order to effectively measure and ensure progress towards ending health inequities.
  - Expand quality standards to **Culturally and Linguistically Appropriate Health Service (CLAS) Standards** and create payment incentives to ensure that health care systems meet these standards.
  - Develop **differential screening standards by race/ethnicity** in order to address culturally specific health inequities at an earlier stage

# Short-term Next Steps for HEPRC

The Committee recommends that it

- **be formally chartered** to have an ongoing and formal role aligned with the structure of other OHPB committees to provide an on-going, timely, and tailored equity review
- interact directly to the OHPB to **highlight priority and cross-cutting equity issues and recommendations**
- work with the Oregon Health Policy Board, committee members, and OHA staff to develop and implement **emerging, promising, and best practices for promoting health equity**

Excellence is an art won by training and habituation.

We do not act rightly because we have virtue or excellence, but we rather have those because we have acted rightly. We are what we repeatedly do.

Excellence, then, is not an act, but a habit.

*Aristotle*

# Questions?

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