

# **Fixing the Engine: The Importance of Improving Health Equity in Colorado**

## **Colorado Voices for Coverage Conference**

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Colorado Department  
of Public Health  
and Environment

# Presentation Overview

- **Health Equity**
- **Social Determinants of Health**
- **Health Inequities and Health Disparities**
- **Opportunities for Achieving Health Equity**
- **Health Equity Framework**
- **Reducing Health Disparities**
- **Federal Efforts – Office of Minority Health**
- **The Affordable Care Act & Health Disparities**
- **Opportunities and Assets in Colorado**

# Health Equity Definition

- Health equity is closely associated with the broader concept of **Social Justice** (the equitable distribution of social, economic and political resources, opportunities, and responsibilities and their consequences).
- According to Healthy People 2020:  
Health equity is achieving the highest level of health for all people.

Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.

# Health Equity Definition

- The PBS series, *Unnatural Causes* provides this description drawn from various sources:
- Health equity concerns those differences in population health that can be traced to unequal economic and social conditions and are systemic and avoidable – and thus inherently unjust and unfair.
- This acknowledgement of economic and social conditions ties in the concept of the social determinants of health.

# Social Determinants of Health

- The **social determinants of health** (SDoH) are life enhancing resources, such as food supply, housing, economic and social relationships, transportation, education and health care, whose distribution across populations effectively determines length and quality of life

Source: S. A. James in *Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health*, CDC, 2008.

- According to the World Health Organization, the unequal distribution of these SDoH remains the primary policy concern for reducing health inequities.

# Health Inequities & Health Disparities

- **Health inequities** refer to differences in population health that can be traced to unequal economic and social conditions and are systemic and avoidable – and thus inherently unjust and unfair.
- **Health disparities**, which are differences in health status, access to care, and quality of care by race, ethnicity, sexual orientation, gender identity, physical ability, place of residence, socioeconomic status, or other vulnerable populations have long been recognized. Health equity can only be achieved when these disparities are eliminated.

# **Why Fix the Engine to Improve Health Equity in Colorado?**

- **We have health status disparities such as infant mortality, low birth weights, unintended pregnancy, obesity, cancer, infectious diseases, lower life expectancy rates, etc.**
- **Disparities in the determinants of health such as poverty rates, unemployment, lack of insurance, etc.**
- **Disparities in access to care and quality of care.**

# Opportunities for Achieving Health Equity

- Work on the root causes of health inequalities/disparities by developing comprehensive and long-lasting approaches with multiple agencies such as housing, transportation and planning.
- Work with communities to generate solutions including their knowledge and experience.
- Work with leaders to educate and raise awareness about health disparities, seize opportunities for policy solutions and facilitate community engagement and mobilization.

Source: J Public Health Management Practice, 2008, November (Suppl), S53-S55.

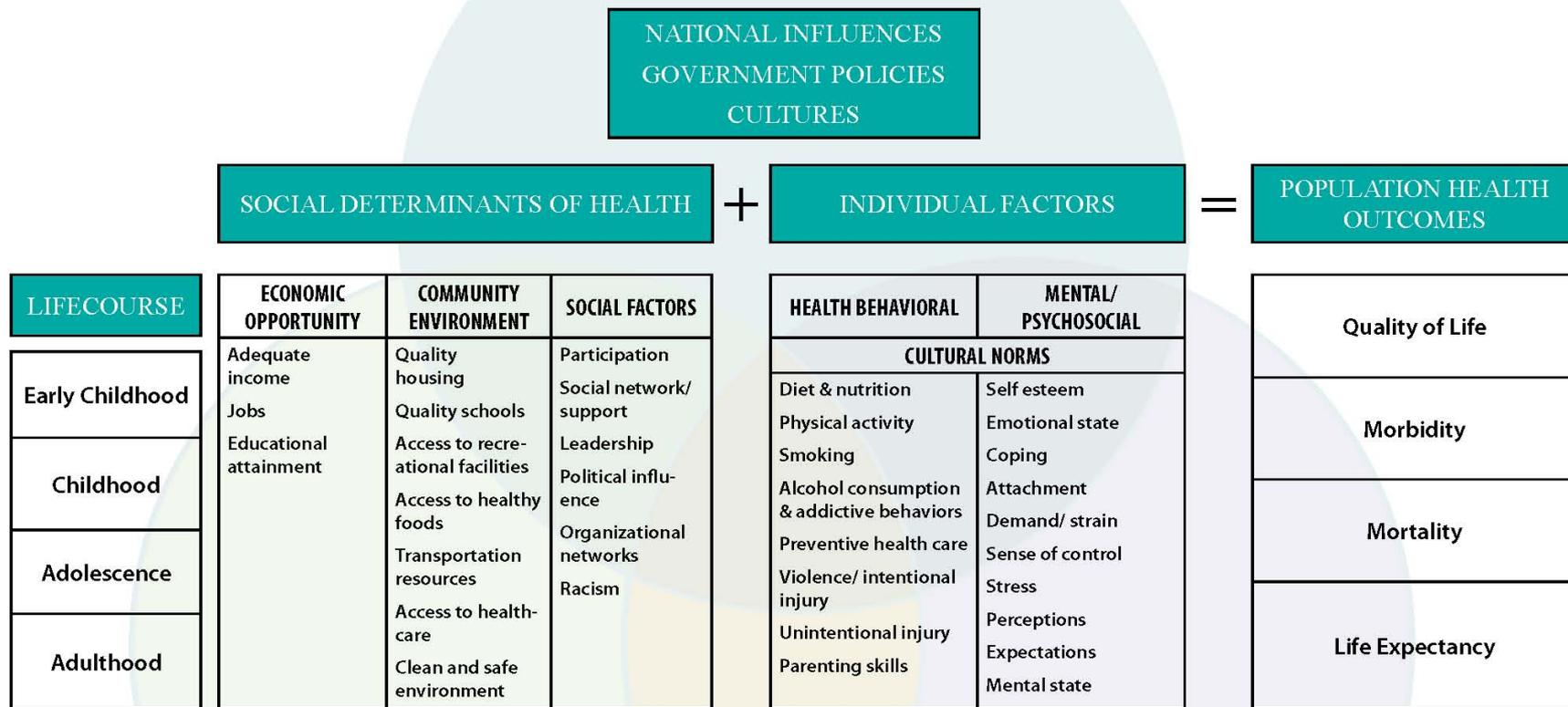
# Opportunities for Achieving Health Equity - Continued

- Work with Colleges and universities to study important elements of effective policies and programs so innovative components could be spread to different communities and settings.
- Develop a framework and key communication messages to highlight social injustices with a focus on health inequities.
- Provide information about income levels, neighborhoods, housing, schools to help predict health outcomes.

Source: J Public Health Management Practice, 2008, November (Suppl), S53-S55.

# HEALTH EQUITY

AN EXPLANATORY FRAMEWORK FOR CONCEPTUALIZING THE SOCIAL DETERMINANTS OF HEALTH



## Public Health's Role in Addressing the Social Determinants of Health

- Advocating for and defining public policy to achieve health equity
- Coordinated interagency efforts
- Creating supportive environments to enable change
- Data collection, monitoring and surveillance
- Population based interventions to address individual factors
- Community engagement and capacity building

# Eliminating Health Disparities

- There is a significant body of evidence which shows that health disparities for racial, ethnic, and low socioeconomic status communities are persistent and pervasive.
- Reducing health disparities will take time and require solutions that are complex and comprehensive.

Source: Report to Congress on Minority Health Activities as Required by the Patient Protection and Affordable Care Act, P.L. 111-148 . HHS, March 23, 2011.

# Reducing Health Disparities

- These solutions must improve access to quality health care and address the social determinants of health, such as:
  - accessibility of education and job opportunities,
  - availability and accessibility of nutritious foods,
  - adequate transportation,
  - affordable housing,
  - safe living conditions,
  - quality of air and water, etc.

Source: Report to Congress on Minority Health Activities as Required by the Patient Protection and Affordable Care Act, P.L. 111-148 . HHS, March 23, 2011.

# Office of Minority Health Strategic Priorities



Support the development and implementation of the provisions of the Affordable Care Act that address disparities and equity.



Lead the implementation of the HHS Action Plan to Reduce Racial and Ethnic Health Disparities.



Coordinate the National Partnership for Action to End Health Disparities and the National Stakeholder Strategy for Achieving Health Equity.

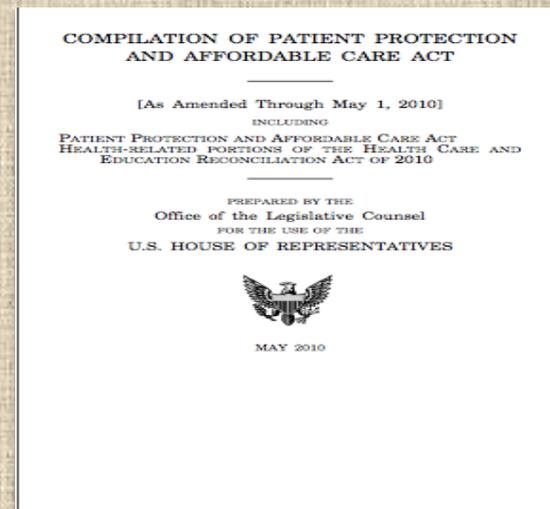
***FOCUS: Translating core minority health and health disparities programs on the ground into strategic activities and policies***

# Affordable Care Act

- I. Ends the worst insurance company abuses.
- II. Makes health insurance more affordable.
- III. Strengthens Medicare.
- IV. Provides better options for coverage.



***The Affordable Care Act was passed by Congress and then signed into law by the President on March 23, 2010.***



# Health Disparities and the Affordable Care Act

- Not all U.S. Americans have equal access to health care—or similar health care outcomes.
- Low-income U.S. Americans, racial and ethnic minorities, and other underserved populations often have higher rates of disease, fewer treatment options, and reduced access to care.
- They are also less likely to have health insurance than the population as a whole.

# Health Disparities and the Affordable Care Act

- By improving access to quality health care for all U.S. Americans, the Affordable Care Act will help reduce these health disparities.
- The new law will bring down health care costs, invest in prevention and wellness, and give individuals and families more control over their own care.

# Health Disparities and the Affordable Care Act (ACA)

ACA will help reduce health disparities by making improvements in:

- 1. Preventive Care.** Regular check-ups, cancer screenings and immunizations at no additional cost to eligible people.
- 2. Coordinated Care.** New investments in community health teams to manage chronic disease.
- 3. Diversity and cultural competency.** Expands initiatives to increase racial and ethnic diversity in the health care professions.

# Health Disparities and the Affordable Care Act (ACA) – Continued

- 4. Health care providers for underserved communities.** Increases funding for community health centers, which provide comprehensive health care for everyone no matter how much they are able to pay. Health centers serve an estimated one in three low-income people and one in four low-income minority residents.
- 5. Ending Insurance Discrimination.** Insurance discrimination will be banned, so people who have been sick can't be excluded from coverage or charged higher premiums.
- 6. Affordable Insurance Coverage.** A new health insurance marketplace will be created in 2014. These new health insurance Exchanges will offer one-stop shopping so individuals can compare prices, benefits, and health plan performance on easy-to-use websites.

# Affordable Care Act: Examples of Disparities and Equity Provisions

- **Section 4302** – Understanding Health Disparities: Data Collection and Analysis.
- **Section 5307** – Cultural Competency, Prevention, and Public Health and Individuals with Disabilities Training.
- **Section 10334** – Minority Health.

# Section 4302 of the Affordable Care Act: Data Collection and Analysis

- Requires the Secretary of Health and Human Services to establish data collection standards for race, ethnicity, sex, primary language and disability status.
- Standards apply to population-based health surveys conducted or sponsored by HHS, in which respondents either self-report information or from a knowledgeable proxy.

## COMMENTARY

### New HHS Data Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status

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guage, and disability status represent a critical step in uniformly collecting data needed to track disparities and to ensure continued progress in efforts to reduce disparities.

#### Data Standards Development Process

**M**ANY RACIAL AND ETHNIC MINORITIES, PEOPLE with limited English-language proficiency, people with disabilities, and other commonly underserved populations face unique health challenges, have reduced access to health care and insurance, and often experience poorer health throughout their lives.<sup>1,2</sup> In the past, identifying disparities and effectively monitoring efforts to reduce them have been limited by a lack of specificity, uniformity, and quality in data collection and reporting procedures. The importance in the documentation of disparities and the critical importance of rich data systems to understand and track interventions to reduce health disparities among population subgroups have been called for, dating back to the 1985 Report of the Secretary's Task Force on Black and Minority Health<sup>3</sup> and the recent Institute of Medicine report *Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement*.<sup>2</sup> As noted in those reports, consistent methods for collecting and reporting health data will help better characterize the nature of health problems in underserved populations.

The Department of Health and Human Services (HHS) has adopted new data standards for the collection of race, ethnicity, sex, primary language, and disability status for self-reported data collected from population-based health surveys.<sup>4</sup> Data standards were developed in accordance with section 4302 of the Affordable Care Act. That section of the act focuses on the standardization as well as collection, analysis, and reporting of health disparities data.<sup>5</sup> It requires the HHS secretary to establish data collection standards for race, ethnicity, sex, primary language, and disability status. The law requires that, once established, these data collection standards be used in national population health surveys. The law also gives the secretary the authority to require collection of additional demographic data on departmental population health surveys and to develop appropriate additional data collection standards.

Even though data collection will not reduce disparities, having such data is fundamental to the department's efforts to understand the causes of health disparities, design effective responses, and evaluate progress in reducing disparities. The new data standards for race, ethnicity, sex, primary lan-

In selecting the data standards, HHS examined current federal data collection standards, adequacy of prior testing, and quality of the data produced in prior surveys; consulted with statistical agencies and programs; and reviewed Office of Management and Budget data collection standards and the Institute of Medicine report *Race, Ethnicity, and Language Data*.<sup>2</sup> The following criteria were applied for identifying appropriate data standards: (1) preference was given to data standards that are evidence based and demonstrated to have worked well in practice in current national surveys; (2) data standards would be framed as minimum data standards, with agencies permitted to collect as much additional detail and granularity as desired, provided that the standard is used, additional detail could be aggregated back to the minimum standard, and the sample size supports the estimates at that level of granularity; (3) data standards already mandated by the Office of Management and Budget would serve as the basis for any minimum standard; and (4) standards would apply to HHS-sponsored person-level data collected in population-based health surveys, in which survey participants either self-report information or a knowledgeable proxy provides information about the person or responds for all persons in a household survey.<sup>6,8</sup>

After several levels of internal HHS review, proposed data standards and supporting rationale were posted for public comment during July 2011.<sup>7</sup> Public comments were reviewed and considered in making recommendations for final data standards, along with the above-mentioned data standard criteria. The final data standards for race, ethnicity, sex, primary language, and disability status are listed in the TABLE, and supporting rationale for data standards are available.<sup>8</sup> HHS will begin implementation of these newly adopted data

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# Cultural Competency



- Enhancement Initiative - National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards)
- Collaboration with the HHS Office for Civil Rights - HHS Language Access Plan

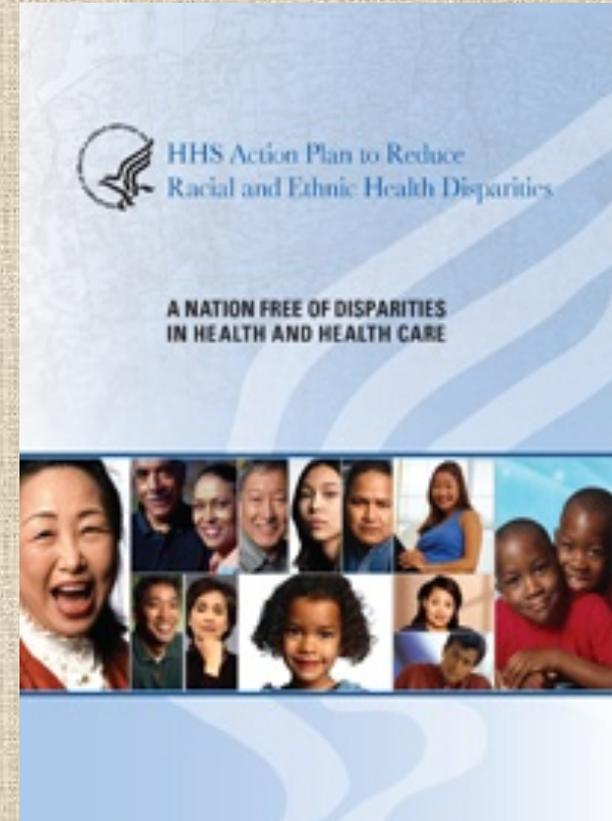
# HHS Action Plan to Reduce Racial and Ethnic Health Disparities

## **Vision:**

*“A Nation free of disparities in health and health care.”*

## **Goals:**

- I. Transform Health Care.
- II. Strengthen the Nation’s Health and Human Services Infrastructure and Workforce.
- III. Advance the Health, Safety, and Well-Being of the American People.
- IV. Advance Scientific Knowledge and Innovation .
- V. Increase Efficiency, Transparency, and Accountability of HHS Programs.

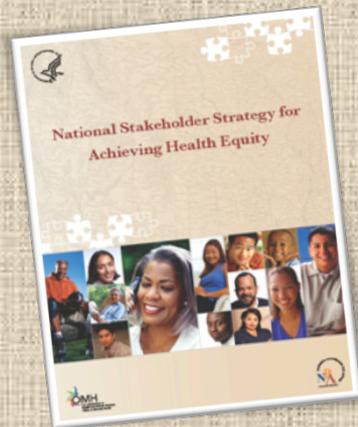


# National Partnership for Action to End Health Disparities

**Purpose:** To mobilize a nationwide, comprehensive, and community-driven approach to combating health disparities.

## Five Goals of the NPA:

- I. Awareness.
- II. Leadership.
- III. Health System and Life Experience.
- IV. Cultural and Linguistic Competency.
- V. Data, Research, and Evaluation.



## National Stakeholder Strategy (NSS):

A product of the NPA that offers 20 specific strategies for reaching NPA goals and assists federal, regional, tribal, state, and local stakeholders in adopting effective strategies for their communities.

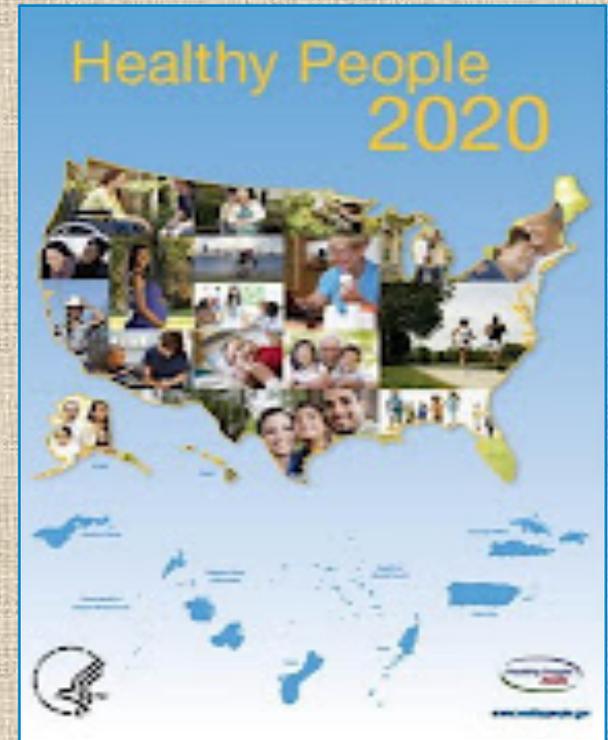
# Healthy People 2020

## **Vision:**

- *A society in which all people live long, healthy lives.*

## **Overarching Goals:**

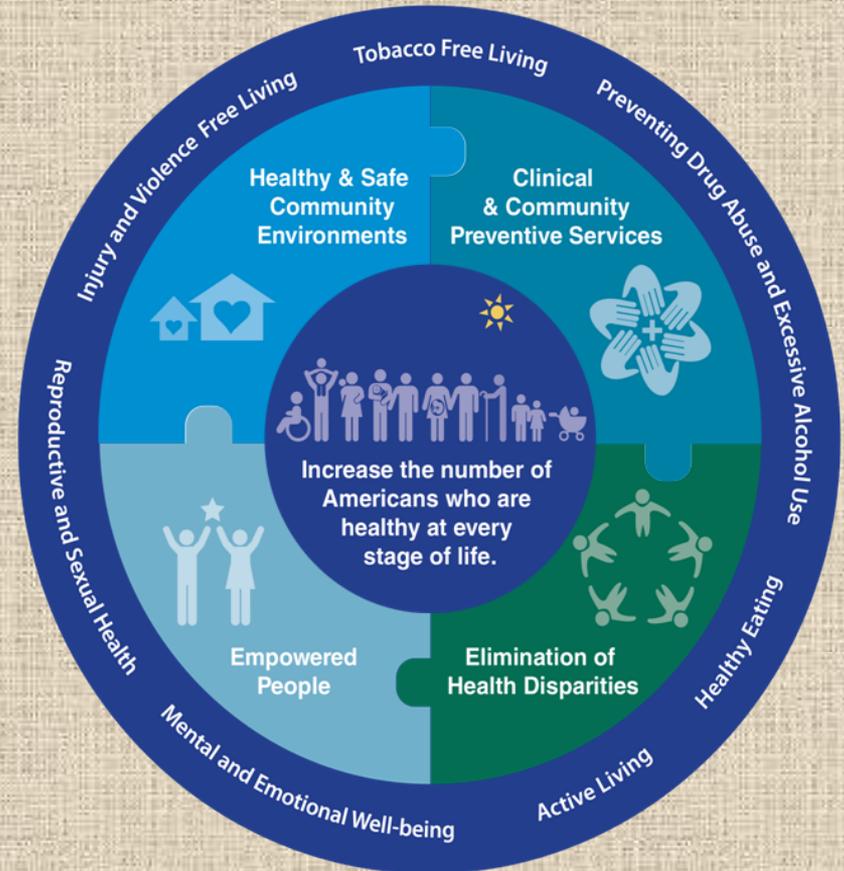
- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.



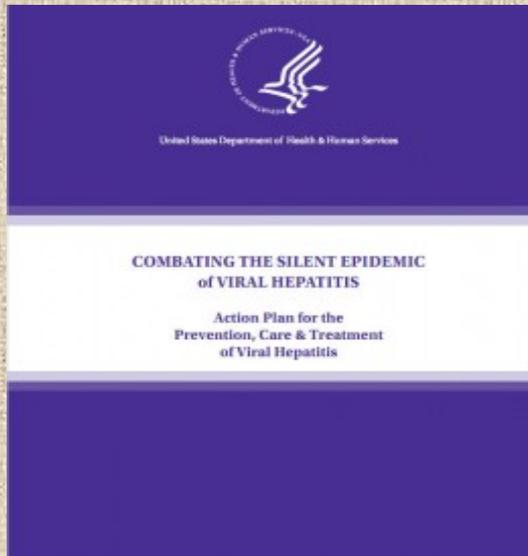
# National Prevention Strategy

## **Vision:**

*Working together to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness.*



# Viral Hepatitis Action Plan and National HIV/AIDS Strategy



## **Viral Hepatitis Action Plan:**

- Educating Providers and Communities to Reduce Health Disparities.
- Improving Testing, Care, and Treatment to Prevent Liver Disease and Cancer.
- Strengthening Surveillance for Viral Hepatitis.
- Eliminating Transmission of Vaccine-Preventable Viral Hepatitis.
- Reducing Viral Hepatitis Cases Caused by Drug-Use Behaviors.
- Protecting Patients and Workers from Health-Care Associated Viral Hepatitis.

## **National HIV/AIDS Strategy:**

- Reducing new HIV infections.
- Increasing access to care and optimizing health outcomes for people living with HIV.
- Reducing HIV-related health disparities and health inequities.
- Achieving a more coordinated national response to the HIV epidemic.



# Seasonal Influenza



- Implement targeted activities to reduce disparities in flu vaccination.
- HHS Adult Immunization Task Force Disparities Working Group.
- Partners: Federal agencies, health professions associations, community and faith-based organizations, pharmacies, promotores de salud/ community health workers, health departments.

# HHS Promotores de Salud Initiative

## Goals:

- Recognize the important contributions of promotores in reaching vulnerable, low income, and underserved members of Latino/Hispanic populations.
- Promote the increased engagement of promotores to support health education and prevention efforts and access to health insurance programs.

# Health Care Quality

- OMH and Office of the National Coordinator for Health Information Technology - *Reducing Cancer Among Women of Color App Challenge*
- Partnership for Patients
- National Quality Strategy



# Million Hearts Initiative

Million Hearts is a national initiative that has set an ambitious goal to prevent **1 million** heart attacks and strokes by 2017.

*Million Hearts aims to prevent heart disease and stroke by:*

- Improving access to effective care.
- Improving the quality of care for the ABCS.
- Focusing clinical attention on the prevention of heart attack and stroke.
- Activating the public to lead a heart-healthy lifestyle.
- Improving the prescription and adherence to appropriate medications for the ABCS.



## ABCS

- **A**spirin for people at risk
- **B**lood pressure control
- **C**holesterol management
- **S**moking cessation

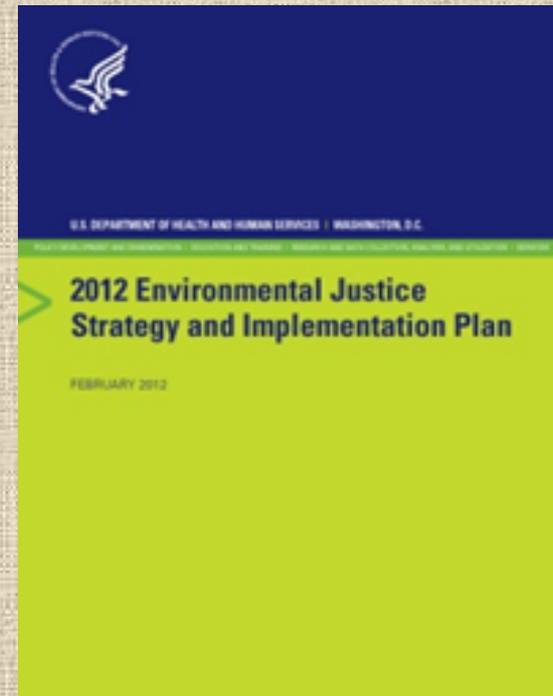
# 2012 HHS Environmental Justice Strategy

## Vision:

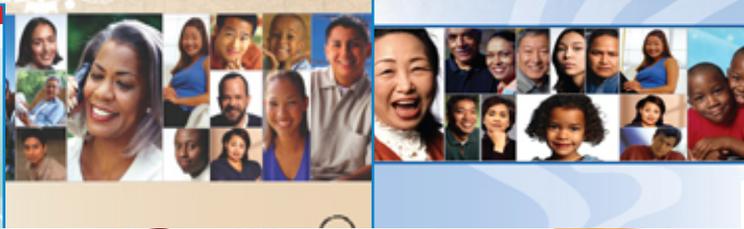
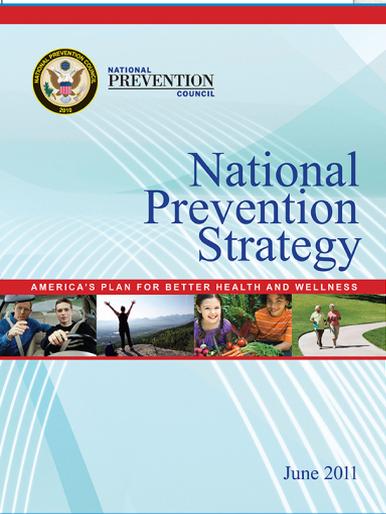
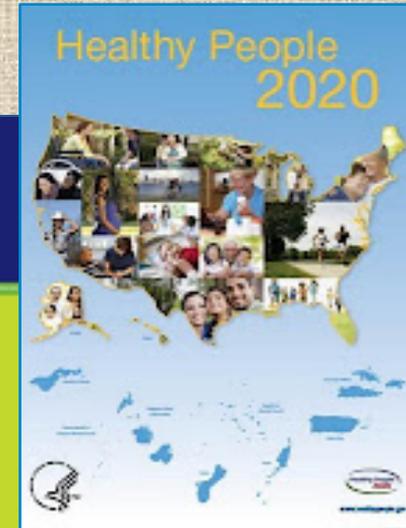
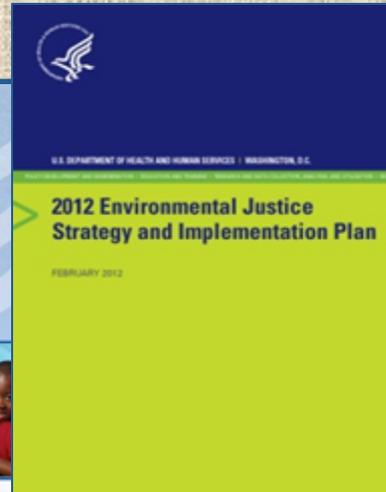
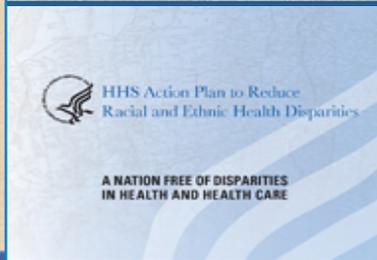
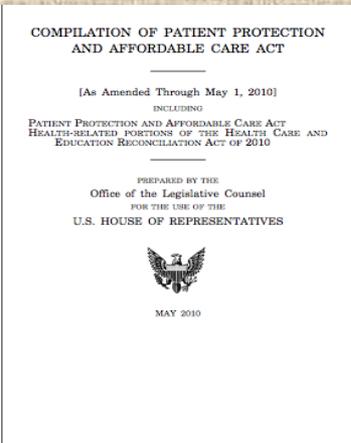
*“A Nation that equitably promotes healthy community environments and protects the health of all people.”*

## Strategic Elements

- I. Education and Training.
- II. Policy Development and Dissemination.
- III. Research and Data Collection, Analysis, and Utilization.
- IV. Services.



# Opportunities to Achieve Health Equity



***“For the first time, the United States has a coordinated road map designed to give everyone the chance to live a healthy life.”***

***Kathleen Sebelius***

***Secretary of Health and Human Services***

# Opportunities and Assets in Colorado

- Current and future leaders can be the best champions to raise awareness of health inequities and mobilize institutions and communities to work together to address the root causes of health disparities and develop and implement effective policies.
- Recognize the important contributions of promotores/health promoters and patient navigators in reaching vulnerable, low income, and underserved community members and provide health education, patient navigation and access to health insurance programs.
- Refer community members to the insurance exchange.
- Enhance cross-sector agency collaboration and communication
- Leverage resources

# Opportunities and Assets in Colorado

- Utilize state and local data and contribute to effective data collection to better inform our efforts, prioritize our strategies and evaluate progress.
- Promote workforce diversity as the Affordable Care Act expands initiatives to increase racial and ethnic diversity in the health care professions.
- Tailor communication messages to specific communities. Health plans will be required to use language services and community outreach in underserved communities.

# Helpful Sites

- [www.minorityhealth.hhs.gov/npa](http://www.minorityhealth.hhs.gov/npa)
- [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)
- <http://www.rwjf.org/>
- <http://www.cdc.gov/socialdeterminants/>
- <http://www.healthcare.gov/>
- [www.cdphe.state.co.us/ohd](http://www.cdphe.state.co.us/ohd)
- <http://www.colorado.gov/healthreform>

# Thanks!

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