Health Equity

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Learning Objectives

- Summarize the impacts of health inequity
- Describe factors that drive health inequity
- Explain ways to achieve equity

I have no disclosures for this presentation

AAFP Policy Statement on Health Equity

- The American Academy of Family Physicians (AAFP) supports the attainment of the highest level of health for all people. Health includes the capacity to heal and to function within the context of the family, community, and environment. Numerous social, genetic, and environmental factors influence health to varying degrees. **An individual's health is not measured simply by the absence of disease.**
- Family physicians promote health equity by considering the **balance of social determinants that impact the health of an individual, family, community, population, and environment**. Family physicians can mitigate health inequity by collaborating with entities including but not limited to: government, business, educational systems and health and social service providers, to affect positive change for the populations they serve.

Impacts of Health Inequity

Annual US impact:
$93 billion in excess medical care costs
&
$42 billion in untapped productivity

(Altarum and W. K. Kellogg Foundation)

	Race[1] and Hispanic Origin[3]						
Rank[2]	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic American Indian or Alaskan Native	Non-Hispanic Native Hawaiian or Pacific Islander	Hispanic	All Races and Origins
1)	Heart Disease 24.8%	Heart Disease 24.1%	Cancer 24.7%	Heart Disease 18.9%	Heart Disease 25.9%	Heart Disease 20.2%	Heart Disease 24.3%
2)	Cancer 22.2%	Cancer 19.7%	Heart Disease 23.1%	Cancer 15.9%	Cancer 18.9%	Cancer 19.4%	Cancer 21.6%
3)	Unintentional Injuries 6.9%	Alzheimer's Disease 7.9%	Stroke 6.7%	Unintentional Injuries 13.7%	Unintentional Injuries 8.4%	Unintentional Injuries 11.3%	Unintentional Injuries 7.4%
4)	Chronic Lower Respiratory Disease 5.8%	Stroke 5.0%	Unintentional Injuries 5.3%	Chronic Liver Disease & Cirrhosis 6.1%	Diabetes 7.7%	Stroke 4.7%	Chronic Lower Respiratory Disease 5.2%
5)	Stroke 4.1%	Homicide 4.5%	Diabetes 4.2%	Diabetes 5.7%	Stroke 5.4%	Diabetes 4.5%	Stroke 4.3%
6)	Diabetes[4] 2.9%	Diabetes 4.4%	Chronic Lower Respiratory Disease 3.3%	Suicide 4.2%	Suicide 3.4%	Chronic Liver Disease & Cirrhosis 4.1%	Diabetes 3.3%
7)	Alzheimer's Disease[4] 2.9%	Chronic Lower Respiratory Disease 3.3%	Influenza & Pneumonia 3.2%	Chronic Lower Respiratory Disease 3.6%	Chronic Lower Respiratory Disease 2.7%	Suicide 3.1%	Alzheimer Disease[4] 2.6%
8)	Suicide 2.7%	Kidney Disease 2.7%	Suicide 2.6%	Stroke 2.9%	Homicide 2.0%	Chronic Lower Respiratory Disease 2.6%	Suicide[4] 2.6%
9)	Influenza & Pneumonia 2.0%	Septicemia[4] 1.7%	Alzheimer's Disease 2.3%	Homicide 2.3%	Influenza & Pneumonia[4] 1.8%	Alzheimer's Disease 2.3%	Influenza & Pneumonia 2.0%
10)	Chronic Liver Disease & Cirrhosis 1.7%	Hypertension[4] 1.7%	Kidney Disease 2.1%	Influenza & Pneumonia 2.2%	Kidney Disease[4] 1.8%	Homicide 2.2%	Chronic Liver Disease & Cirrhosis 1.9%

CDC Leading Cause of Death Males 2018

https://www.cdc.gov/healthequity/lcod/men/2018/byrace-hispanic/index.htm

	Race[1] and Hispanic Origin[3]						
Rank[2]	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic American Indian or Alaskan Native	Non-Hispanic Native Hawaiian or Pacific Islander	Hispanic	All Races and Origins
1)	Heart Disease 21.9%	Heart Disease 23.0%	Cancer 25.4%	Cancer 17.9%	Cancer 25.5%	Cancer 22.0%	Heart Disease 21.8%
2)	Cancer 20.2%	Cancer 21.2%	Heart Disease 19.5%	Heart Disease 17.1%	Heart Disease 20.5%	Heart Disease 19.3%	Cancer 20.5%
3)	Chronic Lower Respiratory Disease 6.9%	Stroke 6.5%	Stroke 8.5%	Unintentional Injuries 8.2%	Stroke 7.2%	Stroke 6.5%	Stroke 6.2%
4)	Alzheimer's Disease 6.5%	Diabetes 4.5%	Alzheimer's Disease 5.6%	Chronic Liver Disease & Cirrhosis 6.2%	Diabetes 6.8%	Alzheimer's Disease 5.9%	Chronic Lower Respiratory Disease[4] 6.1%
5)	Stroke 6.0%	Alzheimer's Disease 3.9%	Diabetes 3.9%	Diabetes 5.6%	Unintentional Injuries 4.1%	Unintentional Injuries 4.9%	Alzheimer's Disease[4] 6.1%
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8)	Diabetes[4] 2.2%	Kidney Disease 3.0%	Hypertension 2.5%	Alzheimer Disease 2.7%	Kidney Disease 2.6%	Influenza & Pneumonia 2.3%	Influenza & Pneumonia 2.2%
9)	Kidney Disease 1.6%	Septicemia 2.2%	Chronic Lower Respiratory Disease 2.4%	Influenza & Pneumonia 2.4%	Influenza & Pneumonia 2.5%	Kidney Disease[4] 2.2%	Kidney Disease 1.8%
10)	Septicemia 1.4%	Hypertension 2.0%	Kidney Disease 2.1%	Kidney Disease 2.2%	Septicemia 1.8%	Chronic Liver Disease & Cirrhosis[4] 2.2%	Septicemia 1.5%

CDC Leading Cause of Death Females 2018

https://www.cdc.gov/women/lcod/2018/byrace-hispanic/index.htm

Profound racial and ethnic inequities in health and health care exist across and within states.

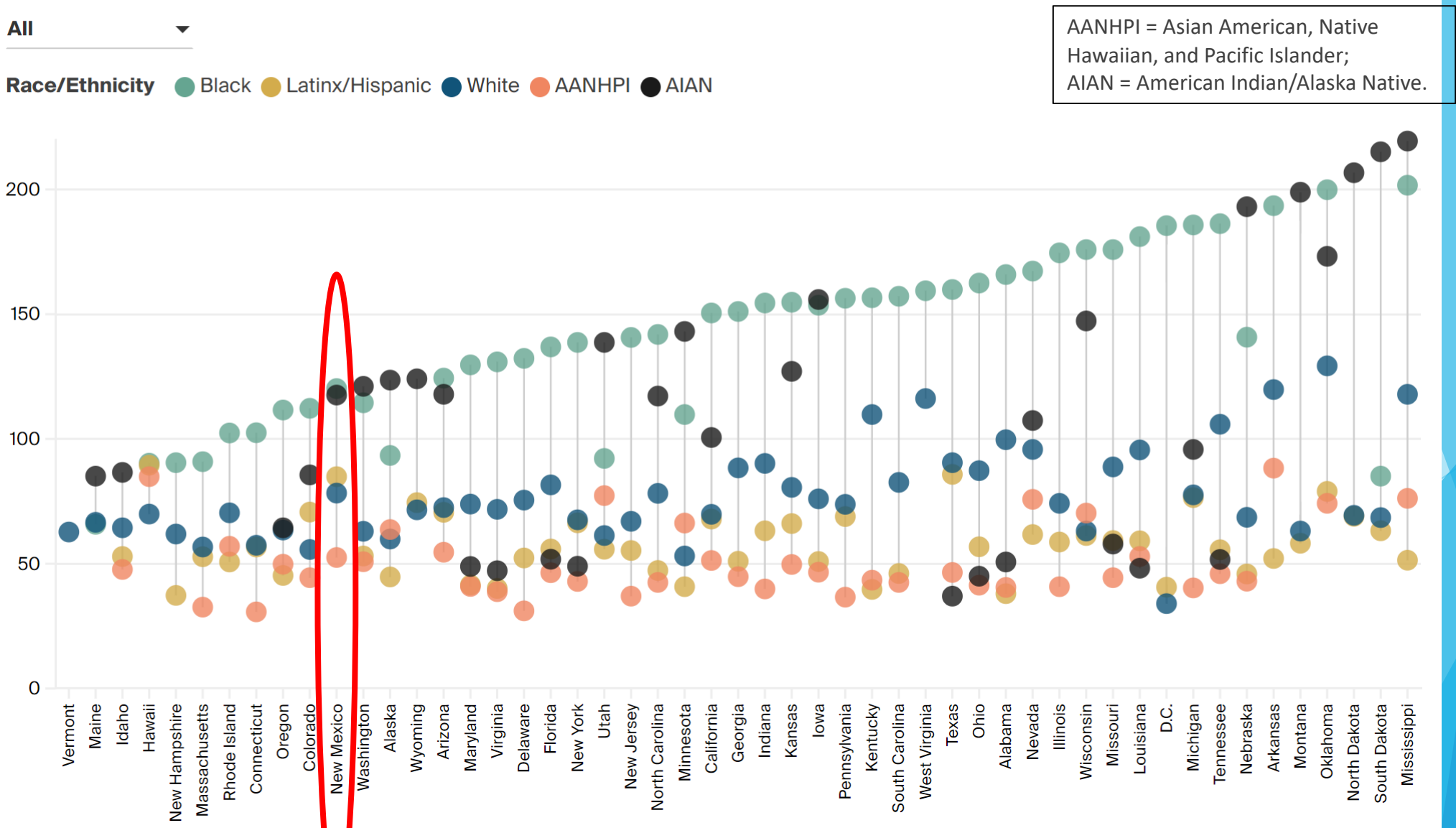
Health system performance scores, by state and race/ethnicity

All

AANHPI = Asian American, Native Hawaiian, and Pacific Islander;
AIAN = American Indian/Alaska Native.

In most states where data are available, Black people and AIAN people are more likely than white people to die early in life from conditions that are treatable with timely access to high-quality health care.

Mortality amenable to health care, deaths per 100,000 population, by state and race/ethnicity

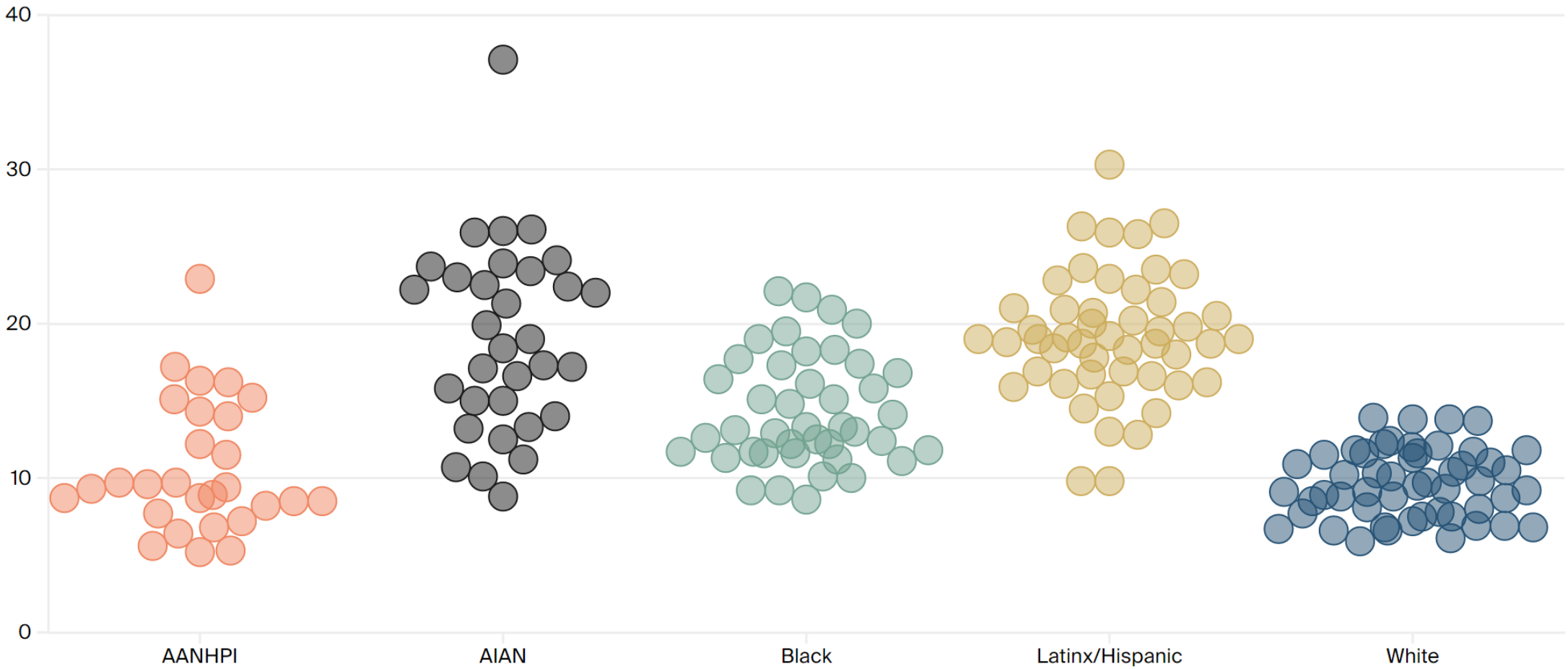


White people are less likely than other population groups to face cost-related barriers in most states.

Percent of adults age 18 and older who went without care because of cost in the past year, by state and race/ethnicity

All

AANHPI = Asian American, Native Hawaiian, and Pacific Islander;
AIAN = American Indian/Alaska Native.



White people are less likely than other population groups to face cost-related barriers in most states.

Percent of adults age 18 and older who went without care because of cost in the past year, by state and race/ethnicity

New Mexico

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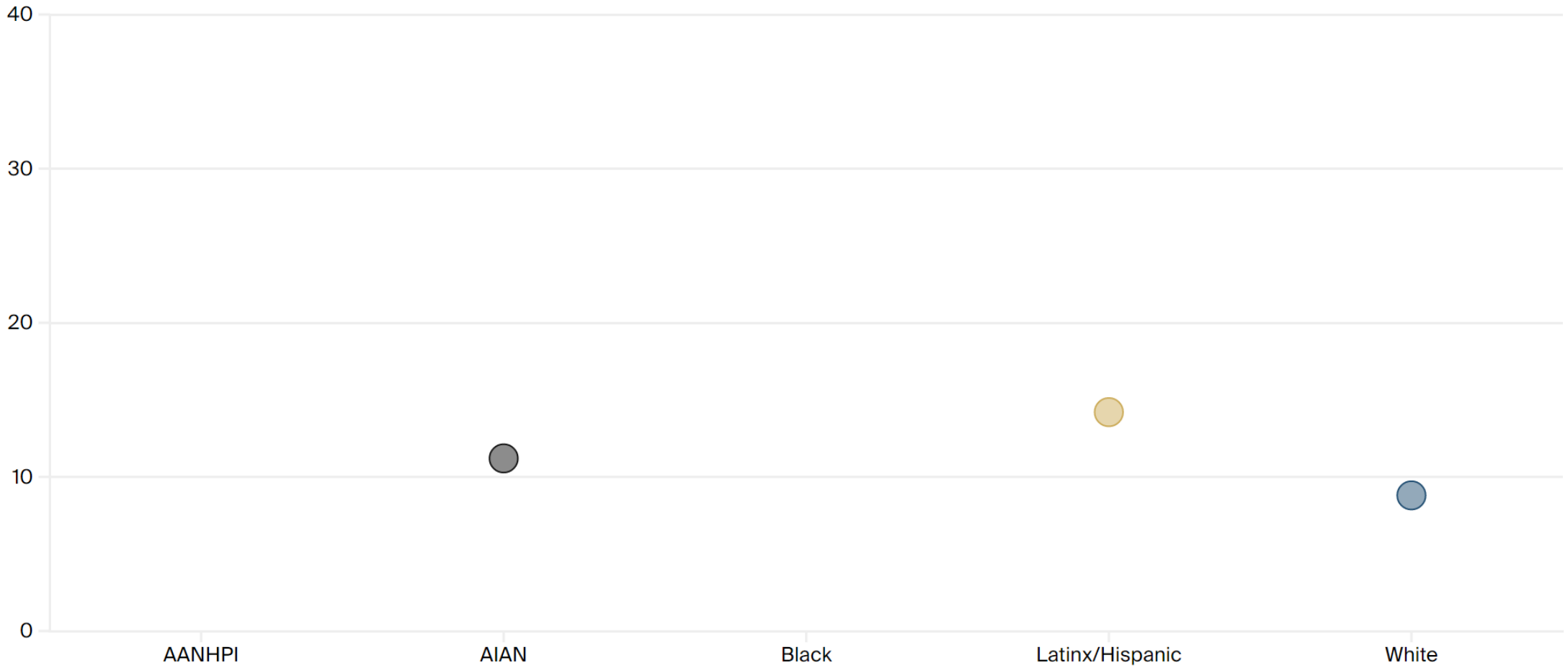
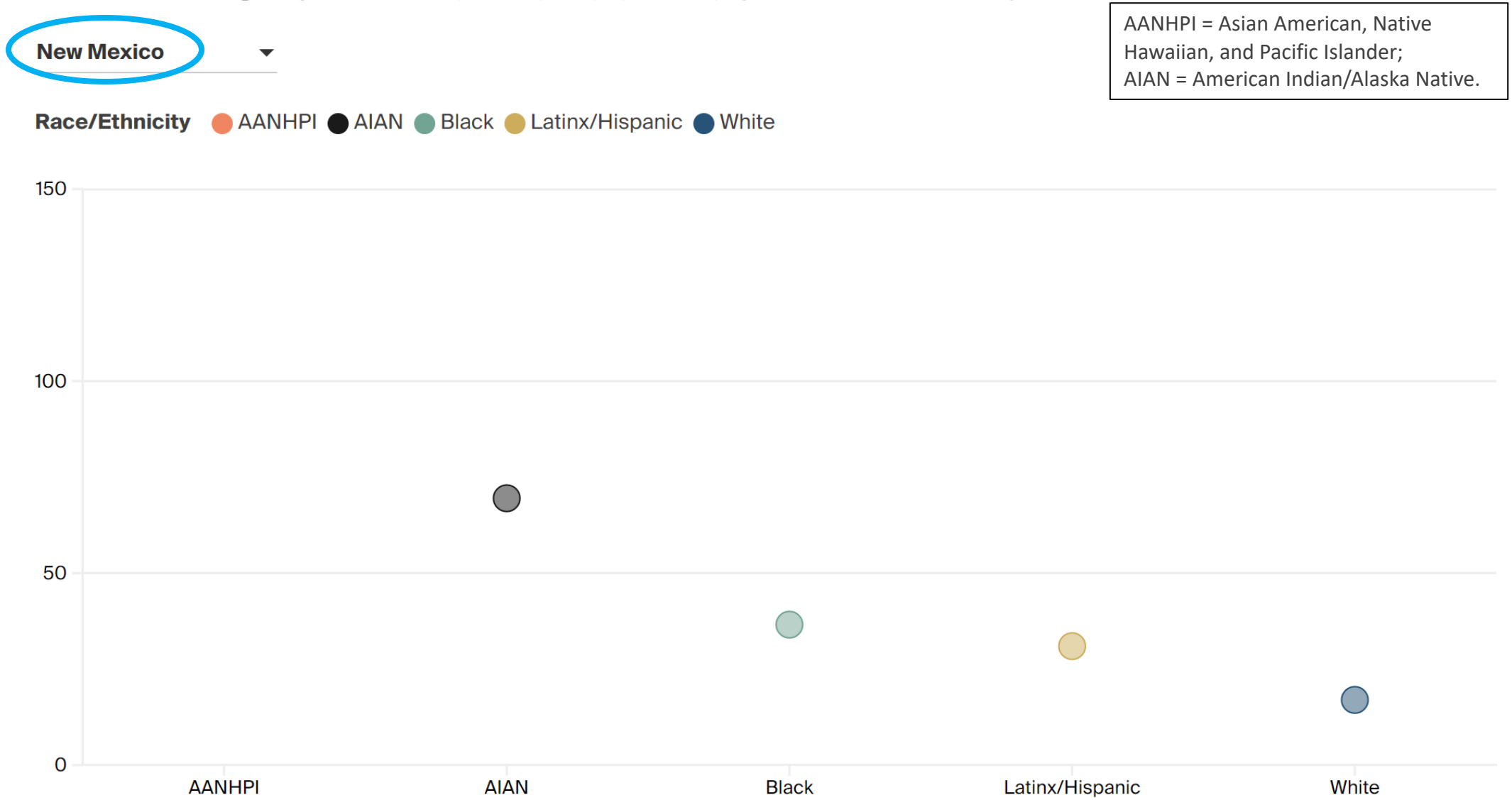


In nearly all the states where data are available, Black people and AIAN people are more likely than AANHPI, Latinx/Hispanic, and white people to die from complications of diabetes.

Diabetes-related age-adjusted deaths per 100,000 population, by state and race/ethnicity

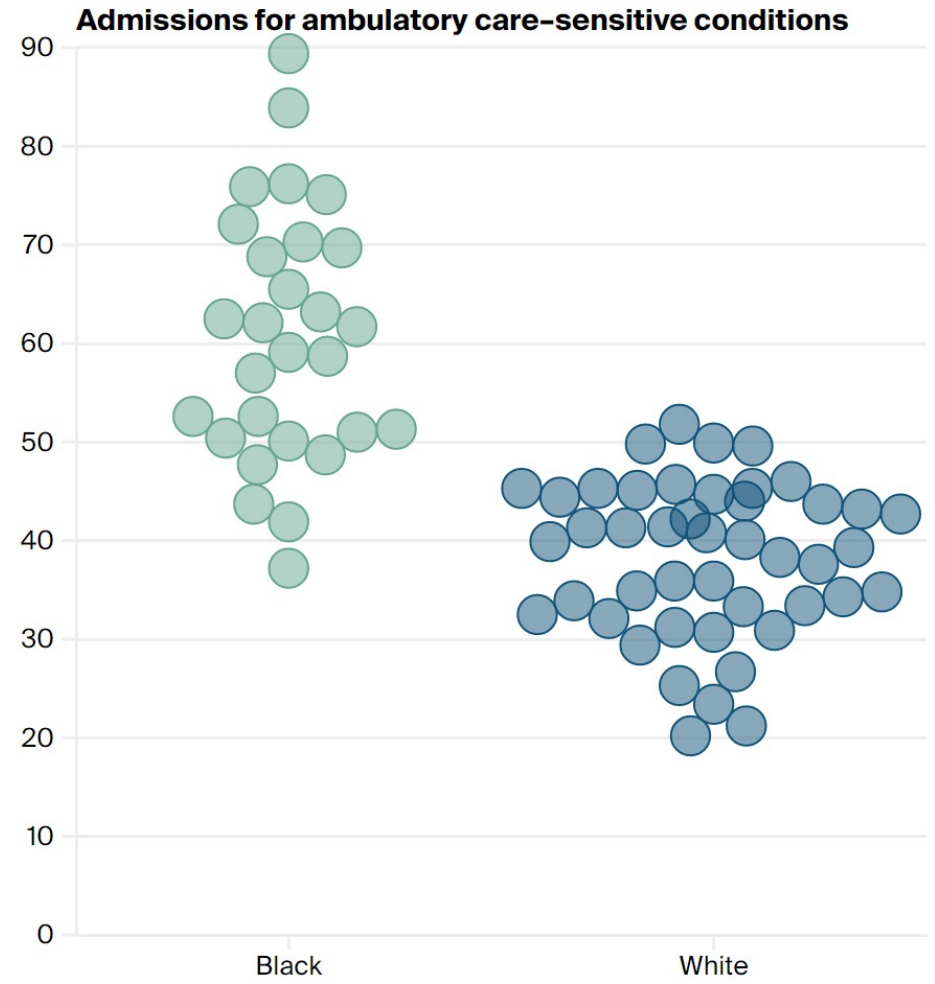
AANHPI = Asian American, Native Hawaiian, and Pacific Islander;
AIAN = American Indian/Alaska Native.

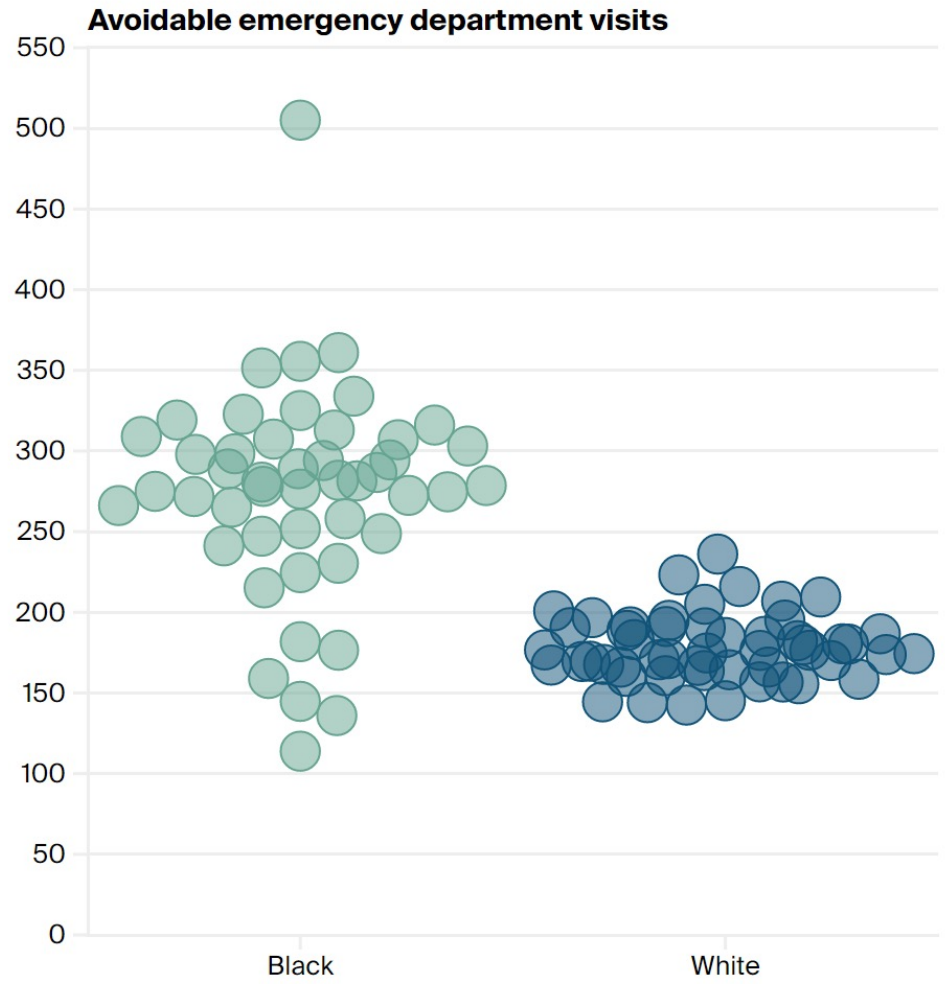


Black Medicare beneficiaries are more likely than white beneficiaries to be admitted to a hospital or to seek care in an emergency department for conditions typically manageable through good primary care.

Per 1,000 Medicare beneficiaries

All





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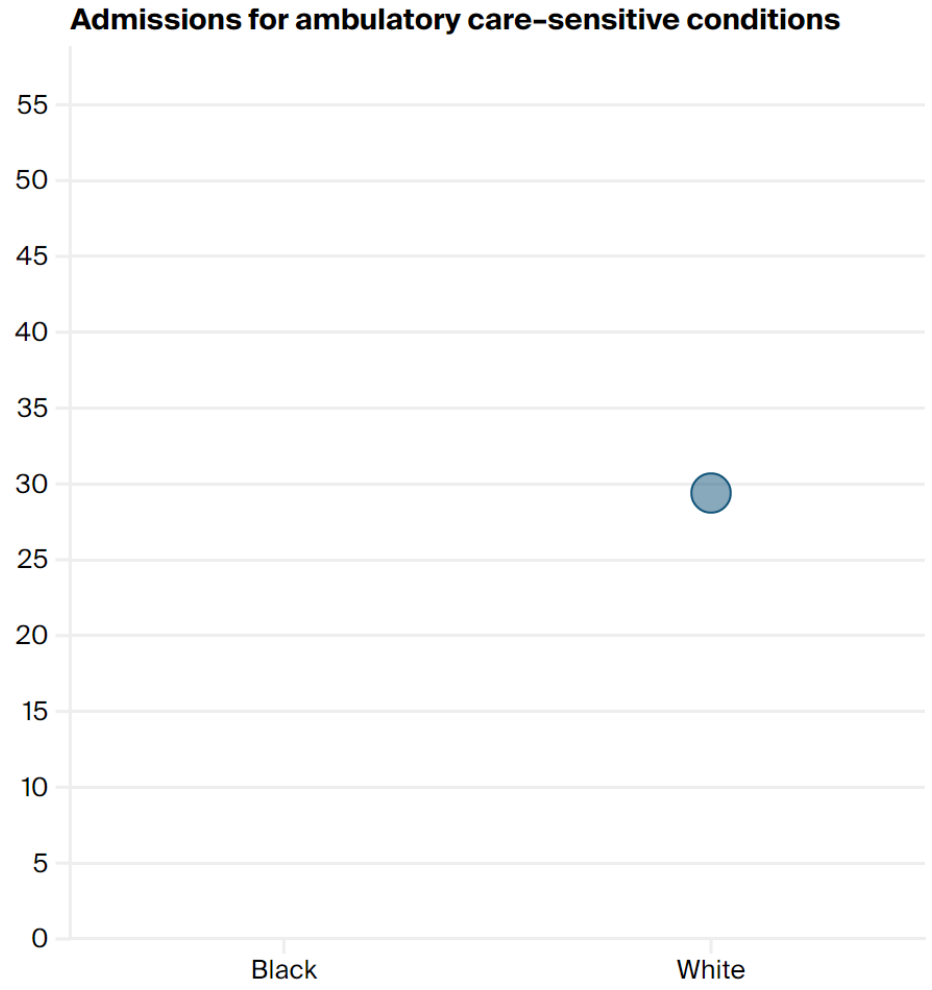
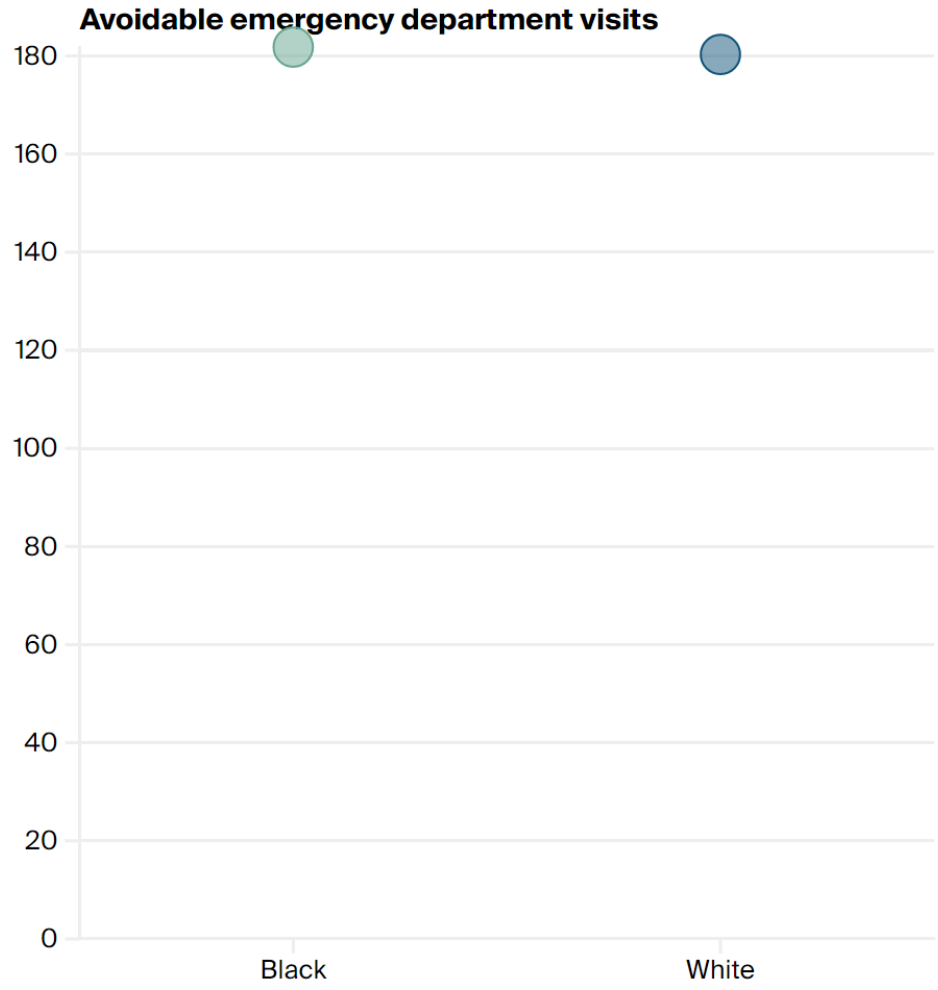
Per 1,000 Medicare beneficiaries

New Mexico

Kudos to NM!





Factors that Drive Health Inequity

Some causal pathways between inequities and the level of health were published in BMC (BioMed Central) Public Health:

- Socioeconomic Factors
  - living and working conditions, housing, education, food, pollution, insecurity
- Psychosocial Factors
  - psychological stress
- Risk Behaviors
  - consumption of alcohol, tobacco and inequalities in access to health services
- Additional causal pathways
  - proportion of poverty
  - limited social policies for the health and education sectors

Source: *https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-10395-7*

Factors that Drive Health Inequity

- **Economic inequality** has psychological **and** somatic consequences
- Living in an unequal society changes the way people relate to each other and how they see themselves
- The partial list at right shows items with a close correlation to social inequality
  - Note that while the correlations are high, causal relationships are complex to be established

- mortality
- lower life expectancy
- higher occurrence of mental illness
- obesity
- homicide
- violence
- use of illicit drugs
- number of people in prisons
- teenage pregnancy

Source: https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-10395-7

Factors that Drive Health Inequity (COVID learnings)

- Initial sense of commonality and solidarity. Shared sense of:
  - Vulnerability to a threat that was seen as a great equalizer, that could infect anyone.
  - Purpose in doing our part and show solidarity with those who could not stay home.
- Second force emerged after initial shock and response
  - Virus isn't the great equalizer we first thought
  - Stark inequalities in our ability to mitigate the potential effects of the virus
  - Variable access to resources required to:
    - create safe environment (unsafe work, crowded housing, lack of funds to purchase personal protective equipment
    - continue functioning (students without internet)

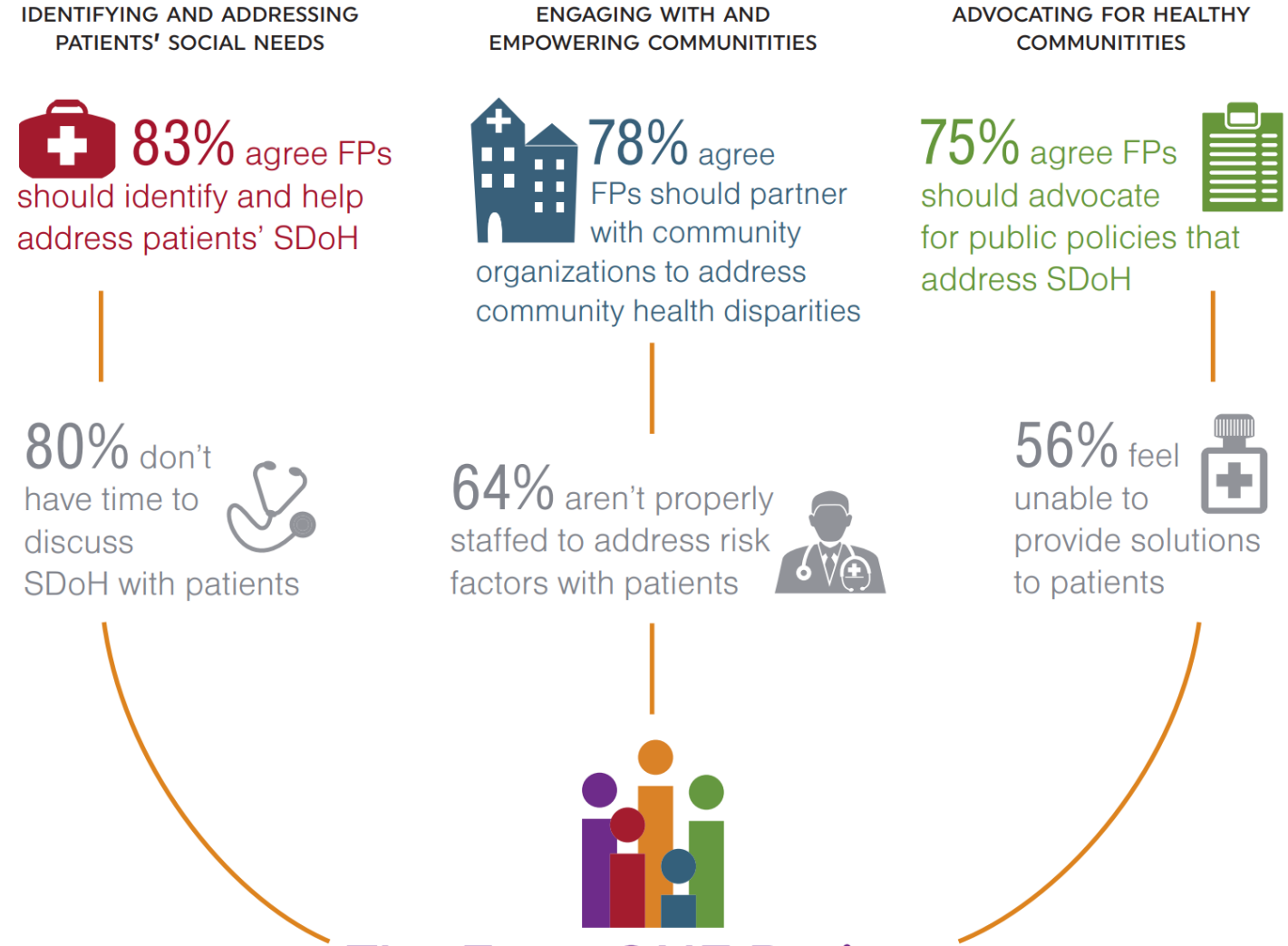
Factors that Drive Health Inequity (COVID learnings)

"The pandemic was like an accelerant added to a smoldering fire. A significant crisis showed tears in the safety net. It also provided a moment of collective pause, and a rare experience of all of us slowing down and looking at the same events from many different vantages and of course with many different viewpoints. The fact that knowing all of this information we still stood by and watched inequity continue – and grow – has to speak for itself."

Source: https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(22)00049-7/fulltext

Social Determinants of Health (SDoH): Family Physicians' Role

AAFP members were invited to give input in the *2017 Social Determinants of Health Survey**. Results show that family physicians want to help address their patients' SDoH, but face barriers against doing so.



Source: https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/sdoh-survey-results.pdf

Achieving Equity – The EveryONE Project

- The AAFP's EveryONE Project promotes diversity and addresses SDoH to advance health equity in all communities
  - Transforming health care for everyone inspired The EveryONE Project
  - The initiative is part of the AAFP's Center for Diversity and Health Equity
  - Offers education and resources for Family Physicians
- The Priorities:
  - Workforce Diversity
  - Advocating for Health Equity
  - Interdisciplinary Collaboration
  - Education and Practice-Based Resources

The EveryONE Project Toolkit

- **Implicit Bias Training**: Educate your practice team on the impact of unconscious bias and offer resources to help them reduce negative effects on patients (facilitator and participant guides available)
- **Practice Leadership for Health Equity**: Work with your practice team to create a culture of health equity and a team-based approach to address SDOH
  - Learn about your patients' communities and social influences on health
  - Education and training
  - Define a team-based approach to health equity
- **Assessment and Action**: Screen your patients for social needs and identify local resources to address their challenges
  - The EveryONE Project Neighborhood Navigator
  - Social Needs Screening Tools
  - Action Plan Development Tools
- **Community Collaboration and Advocacy**: Engage with your community to address the underlying drivers of health inequities
  - The Physician Advocate
  - Health Equity Issue Briefs

Toolkit available @ https://www.aafp.org/family-physician/patient-care/the-everyone-project/toolkit.html

Achieving Equity – Healthy People 2030

- Data-driven national objectives to improve health and well-being over the next decade
- Vision
  - A society in which all people can achieve their full potential for health and well-being across the lifespan.
- Mission
  - To promote, strengthen, and evaluate the nation's efforts to improve the health and well-being of all people.

Overarching Goals:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

Source: https://health.gov/healthypeople

4 Ways to Achieve Equity – 2021 Commonwealth Fund

- Ensuring universal, affordable, and equitable health coverage
  - Too many people in the United States are still uninsured, and they are disproportionately people of color
- Strengthening primary care and improving the delivery of services
  - Communities that are predominantly Black and Latinx/Hispanic tend to have fewer primary care providers and lower-quality health care facilities than communities that are mostly white
- Reducing inequitable administrative burdens affecting patients and providers
  - Americans seeking health care face far higher administrative hurdles than residents of other high-income nations
- Investing in social services
  - US spends less on economic and social supports for children and working- age adults than most other high-income countries
  - Lack of adequate investment in this area likely contributes significantly to racial and ethnic inequities in health outcomes

Questions?