

INFORM. INSPIRE. DEVELOP CIVIC LEADERS.

THE POLICY CIRCLE

HEALTH DISPARITIES



➤ WHAT ARE HEALTH DISPARITIES? ◀

HEALTH DISPARITIES ARE THE
“DIFFERENCES THAT EXIST
AMONG SPECIFIC POPULATION
GROUPS IN THE UNITED
STATES IN THE ATTAINMENT
OF FULL HEALTH POTENTIAL,”
AND ARE LINKED TO SOCIAL,
ECONOMIC AND
ENVIRONMENTAL FACTORS
THAT ARE OFTEN CALLED
SOCIAL DETERMINANTS OF
HEALTH.

SOCIAL
DETERMINANTS OF
HEALTH ARE THE
“CONDITIONS IN
WHICH PEOPLE ARE
BORN, GROW, WORK
AND AGE,” AND CAN
HAVE LASTING
IMPACTS ON HEALTH.



➤ FACTS TO KNOW ◀



SOCIAL DETERMINANTS OF HEALTH ACCOUNT FOR AT LEAST 80% OF HEALTH OUTCOMES (MEASURES SUCH AS QUALITY OF LIFE AND CHRONIC DISEASE BURDEN) AND 60% OF PREMATURE DEATHS.

ACCESS TO HEALTH CARE SERVICES, ACCESS TO NUTRITIOUS FOODS, ACCESS TO EDUCATION AND EMPLOYMENT OPPORTUNITIES, AND GEOGRAPHIC LOCATION ALL IMPACT RATES OF CHRONIC DISEASE AND OVERALL WELL-BEING, AND EXIST ACROSS DIMENSIONS SUCH AS “GENDER, SEXUAL ORIENTATION, AGE, DISABILITY STATUS, SOCIOECONOMIC STATUS, AND GEOGRAPHIC LOCATION.”

HEALTH BEHAVIORS “ARE ACTIONS TAKEN BY INDIVIDUALS THAT AFFECT HEALTH OR MORTALITY,” SUCH AS PHYSICAL ACTIVITY OR SEEKING MEDICAL CARE. THESE BEHAVIORS ARE LINKED TO PERSONAL CHOICE JUST AS MUCH AS THEY ARE TO SOCIAL AND ECONOMIC CONDITIONS THAT SHAPE OR LIMIT CHOICE.

FROM 2014 TO 2018, FOR THE FIRST TIME IN A CENTURY, AMERICAN LIFE EXPECTANCY DECLINED FOR FIVE YEARS IN A ROW. THE PANDEMIC ONLY MADE THIS SITUATION WORSE, AMERICA’S LIFE EXPECTANCY DECREASED FROM 78.9 YEARS IN 2019 TO 76.2 YEARS IN 2021, BUT THIS CAN VARY BY RACE, GEOGRAPHY, AND SOCIOECONOMIC STATUS.

➤ GOVERNMENT INVOLVEMENT ◀

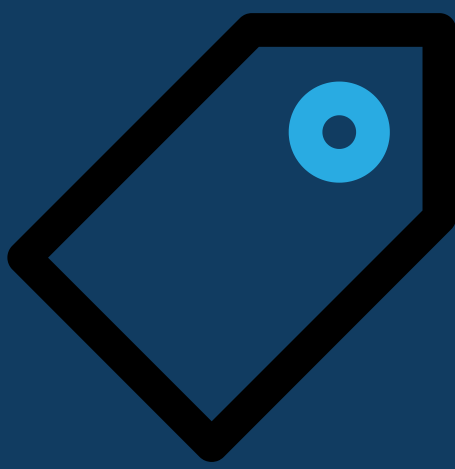


IN 2020, THE FEDERAL GOVERNMENT SPENT ROUGHLY \$1.3 BILLION ON ADDRESSING CHRONIC DISEASES AND HEALTH DISPARITIES

THE NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES UNDER THE NATIONAL INSTITUTES OF HEALTH PURSUES RESEARCH PROGRAMS, PUBLICATIONS, AND PARTNERSHIPS THAT FOCUS ON “EFFECTIVE INDIVIDUAL-, COMMUNITY-, AND POPULATION-LEVEL INTERVENTIONS TO REDUCE AND ENCOURAGE ELIMINATION OF HEALTH DISPARITIES.”

THE OFFICE OF MINORITY HEALTH HAS PARTNERSHIP GRANTS FOR THE STATE AND TRIBAL HEALTH OFFICES AND AGENCIES TO ADDRESS SPECIFIC HEALTH DISPARITIES AND PROMOTE HEALTH EQUITY THROUGH TAILORED AND INDIVIDUALIZED APPROACHES.

PARTNERSHIPS HAVE ALSO SEEN UNSTEADY LEVELS OF FUNDING OVER THE LAST DECADE: GRANTS TO IMPROVE MINORITY HEALTH THAT RAN FROM 2010-2013 ALLOCATED \$5.9 MILLION ACROSS ALL STATES; GRANTS TO ADDRESS HEALTH DISPARITIES THAT RAN FROM 2015-2020 ALLOCATED \$4.1 MILLION ACROSS ALL STATES.





➤ FRAMING THE ISSUE ◀

MANY RESIDENTS IN LOW-INCOME COMMUNITIES AND RURAL AREAS LIVE IN HEALTH DESERTS, REGIONS WITH NO HOSPITALS AND FEW PHYSICIANS, AND THEREFORE LACK ACCESS TO CLINICAL CARE. ANTICIPATED PHYSICIAN SHORTAGES IN THE NEXT DECADE AND THE “MARKED MALDISTRIBUTION OF DOCTORS” ALSO POSE CHALLENGES IN EFFORTS TO EXPAND ACCESS.

LACK OF TRUST IN THE HEALTHCARE SYSTEM IS AN IMPORTANT BUT OFTEN OVERLOOKED FACTOR AFFECTING HEALTH BEHAVIORS; MANY PATIENTS HAVE “REPORTED WIDESPREAD DISTRUST OF THE HEALTH CARE SYSTEM” AND FEELING SEEN AS “LESS THAN” BY HEALTHCARE PROFESSIONALS ON THE BASIS OF INCOME, INSURANCE, OR RACE.



EDUCATIONAL ATTAINMENT AFFECTS HEALTH LITERACY, WHICH REFERS TO KNOWING HOW TO “ACCESS, UNDERSTAND, APPRAISE, APPLY AND ADVOCATE FOR HEALTH INFORMATION AND SERVICES,” LOWER LEVELS OF HEALTH LITERACY CORRELATE WITH “INCREASED HOSPITALIZATIONS, GREATER EMERGENCY CARE USE... AND, AMONG SENIORS, POORER OVERALL HEALTH STATUS AND HIGHER MORTALITY.”

MANY TOP-DOWN PROGRAMS DO NOT TAKE INTO ACCOUNT THE LOCAL STAKEHOLDERS WHO ARE MOST IMPACTED BY INTERVENTIONS, AND WHO HAVE FIRSTHAND KNOWLEDGE OF WHICH POLICIES AND PROGRAMS ARE WORKING, WHICH DETERMINANTS OF HEALTH ARE OF GREATEST CONCERN, AND WHICH COMMUNITY STRENGTHS AND RESOURCES CAN BE BUILT ON





➤ SOLUTIONS ◀



UNSAFE STREETS AND HIGHWAYS CAN PRESENT HEALTH ISSUES FOR PEOPLE WHO WOULD OTHERWISE WALK OR CYCLE FOR TRANSPORTATION OR EXERCISE, AND EXPOSURE TO CRIME OR VIOLENCE CAN INFLUENCE FEELINGS OF SAFETY AND SECURITY. LOS ANGELES' PARKS AFTER DARK PROGRAM EXTENDED PARKS' EVENING HOURS FOR COMMUNITY EVENTS TO INCREASE SAFETY AND SOCIAL COHESION IN THE COMMUNITY.

WHEN PEOPLE ARE INVOLVED IN THE GROWTH AND PREPARATION OF FOOD, IT POSITIVELY IMPACTS FOOD INSECURITY. MISSISSIPPI'S DELTA FRESH FOODS INITIATIVE AND RON FINLEY'S "URBAN GAGSTA GARDENER" PROJECT IN LOS ANGELES ACTIVELY ENGAGE LOCAL COMMUNITY RESIDENTS TO PARTICIPATE IN GARDENING AND GROWING FOODS THEY CAN EAT AND SHARE.

ADDRESSING HEALTH INEQUITIES REQUIRES COMMUNITY INPUT; HEALTH IMPACT ASSESSMENT (HIA) TOOLS HELP ANALYZE THE EFFECTS OF PROPOSED INTERVENTIONS AND POLICIES BY INCORPORATING DATA FROM LOCAL STAKEHOLDERS IN THE COMMUNITY.

➤ WHAT YOU CAN DO ◀

MEASURE -

DO YOU KNOW THE STATE OF HEALTH INEQUITIES IN YOUR COMMUNITY OR STATE? WHAT UNIQUE CHALLENGES EXIST IN YOUR COMMUNITY? HOW DOES YOUR COMMUNITY RANK ON THE COUNTY HEALTH RANKINGS?



IDENTIFY -

WHO ARE THE INFLUENCERS IN YOUR STATE, COUNTY, OR COMMUNITY? LEARN ABOUT THEIR PRIORITIES AND CONSIDER HOW TO CONTACT THEM, INCLUDING ELECTED OFFICIALS, JOURNALISTS, MEDIA OUTLETS, COMMUNITY ORGANIZATIONS, AND LOCAL BUSINESSES.



REACH OUT -

FOSTER COLLABORATIVE RELATIONSHIPS WITH HEALTHCARE PROFESSIONALS, YOUR LOCAL AND STATE LEVEL REPRESENTATIVES AND LOCAL ORGANIZATIONS.



PLAN -

SET MILESTONES BASED ON YOUR STATE'S LEGISLATIVE CALENDAR OR LOCAL COMMUNITY CALENDAR.



EXECUTE -

CREATE A HEALTH EQUITY ACTION PLAN FOR YOUR COMMUNITY. FILL OUT YOUR PLAN WITH THIS 7 STEP GUIDE. USE A HEALTH IMPACT ASSESSMENT TOOL TO CONSIDER THE EFFECTS OF A PROPOSED POLICY.

