Health Equity in Context

Cornell P. Wright, MPA
Executive Director
Office of Minority Health and Health Disparities
N.C. Department of Health and Human Services
Black & Minority Health: History

"The Heckler Report" 1985

1987: Report prepared by SCHS highlighted disproportionate morbidity & mortality experienced by minority populations

1992: NC General Assembly established Office of Minority Health and Minority Health Advisory Council (MHAC) in public law H.B. 1340

2001: Office name changed to Office of Minority Health and Health Disparities (OMHHD)

Source: www.ncminorityhealth.org
Mission: To promote and advocate for the elimination of health disparities among all racial and ethnic minorities and other underserved populations in North Carolina.

Vision: All North Carolinians will enjoy good health regardless of race/ethnicity, disability or socioeconomic status.

“The best way to find yourself is to lose yourself in the service of others.”

– Mahatma Gandhi
Office of Minority Health and Health Disparities Organization

North Carolina Department of Health and Human Services

North Carolina Office of Minority Health and Health Disparities

Health Equity Lunch and Learn Series

Community Health Ambassadors Program (CHAP)

Minority Diabetes Prevention Program

Culturally and Linguistically Appropriate Services (CLAS)

Source: www.ncminorityhealth.org
Health Equity, Inequities, Disparities

Health equity is the opportunity for everyone to have good health.

Health inequities are the unfair differences that prevent everyone from the opportunity to have good health.

Health disparities are the measureable differences or gaps seen in one group’s health status in relation to another or other group(s).

Source: www.ncminorityhealth.org
Health in All Policies

Health in All Policies (HiAP) is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity.

HiAP recognizes that health is created by a multitude of factors beyond healthcare and, in many cases, beyond the scope of traditional public health activities.
Health Equity in All Policies (HEiAP) is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas, while assessing the impact of policy decisions on health disparities and opportunities for all people to achieve optimal health.

This approach uses tools such as Health Impact Assessments (HIA) to identify the ways that policy decisions may affect population health outcomes.
Equality is a good thing, but...

Equality ≠ Equity

Equality refers to equal inputs, though the outcomes can still be unequal.

With equity, inputs may need to be different to achieve equal outcomes.

Equality refers to inputs, equity to outcomes.

Advancing Equity Inclusion
The Hidden Fences of Health Equity

Inclusion means involvement in the process

The 4th Box
What Influences Health Equity?

• Where we live, learn, work and play has a tremendous impact on health.

• Social factors such as housing, education, income and employment greatly influence the health and quality of life in neighborhoods and communities.

Source: [www.cdc.gov/socialdeterminants/](http://www.cdc.gov/socialdeterminants/)
What Influences Health Equity?

Why Talented Black and Hispanic Students Can Go Undiscovered

“Public schools are increasingly filled with black and Hispanic students, but the children identified as “gifted” in those schools are overwhelmingly white and Asian...”

Source: NY Times Article Link
What Influences Health Equity?

When Unpaid Student Loan Bills Mean You Can No Longer Work

“Twenty states suspend people’s professional or driver’s licenses if they fall behind on loan payments, according to records obtained by The New York Times.”

Source: NY Times Article Link
Understanding Health Equity: Barriers

Commonly recorded barriers:
- Access/Opportunity
- Transportation
- Workforce
- Financial
- Education
- Fear/Mistrust
- Myths/Misinformation
Understanding Health Equity: Barriers

Understanding Community Complexities:

- “Non Compliance”
- “Frequent Flyers”
- “Color-Blind Care”
- Geographic Make-up
- Food Access
- Lack of Plain Language
North Carolina’s Population
North Carolina Population
By Age & Race/Ethnicity

Under 18
- White, Non-Hispanic: 56%
- African American, Non-Hispanic: 25%
- American Indian, Non-Hispanic: 1%
- Hispanic/Latino: 15%
- Other Races, Non-Hispanic: 3%

18-64
- White, Non-Hispanic: 65%
- African American, Non-Hispanic: 23%
- Hispanic/Latino: 3%
- Other Races, Non-Hispanic: 8%

Source: NC State Center for Health Statistics
North Carolina Population
By Education Level

Adults ages 25+ with High School Diploma or higher
- 86.3% (US)
- 85.2% (NC)

Adults ages 25+ with Bachelor’s Degree or higher
- 29.1% (US)
- 27.6% (NC)

Sources: NC State Center for Health Statistics, Gates Foundation, UNC Strategic Directions
North Carolina Population
State Poverty Rate

1 in 5 North Carolinians live in poverty
($23,492 per year for a family of four)

Poverty by Race, All Ages

- American Indian: 34.8%
- Hispanic or Latino: 33.9%
- African American: 28.4%
- 2 or more races: 27.9%
- Asian: 13.1%
- White, non-Hispanic: 12.2%
- State Average: 18.0%

Poverty by Family Type

- 45.6% Female Head of Household with children
- 29.8% Male Head of Household with children
- 9.8% Married with children

Source: NC State Center for Health Statistics
The Disproportionate Impact of Poverty in North Carolina

Who Lives in Poverty?

- 1 in 3 Latinos
- 1 in 3.5 American Indians
- 1 in 3.5 African Americans
- 1 in 8 Whites

Source: N.C. Justice Center
North Carolina Population
State Unemployment Rate

Trends in Rate of Unemployment in the US and NC, 1990-2015

North Carolina Unemployment (2015): 5.5%

Sources: US Bureau of Labor Statistics
What Influences Health Equity?

• **Policy**
  National, State, Local Laws, Policies, Regulations

• **Community**
  Relationships among Organizations

• **Organizational**
  Organizations, Social Institutions

• **Interpersonal**
  Family, Friends, Social Networks

• **Individual**
  Genetics, Knowledge, Behavior
Levels of Racism: A Theoretic Framework and a Gardener’s Tale

Dr. Jones shares a simple yet remarkably profound allegory that she grew and nurtured to help people come to a place of understanding about the many layers and nuances of institutionalized, personally-mediated, and internalized racism.

Who is the gardener?
- Government:
  - Power to decide
  - Power to act
  - Control of resources
- Dangerous when:
  - Allied with one group
  - Not concerned with equity

Personally mediated racism:
- Intentional
- Unintentional
- Acts of commission
- Acts of omission
- Maintains structural barriers
- Condoned by societal norms

Internalized racism:
- Reflects systems of privilege
- Reflects societal values
- Erodes individual sense of value
- Undermines collective action

Institutionalized racism:
- Initial historical insult
- Structural barriers
- Inaction in face of need
- Societal norms
- Biological determinism
- Unearned privilege
Addressing Racism: Myths and Misunderstanding

- “Defining Racism”
- “The Unequal Opportunity Race”
- “Reverse Racism”
- “Black on Black Crime”
- “Race vs Racism”
- “Post-Racial Society”
Addressing Racism:

Racism in America

Racism in America (Media):

- The Boot-Strap Mentality
- Building Black Wealth in America
- Noose Found in National AA Museum
- Cultural Identity Theft
- Racism Exists... Even in Sports
- Ways People Disrespect the Flag
- What So Proudly We Hail
Community Engagement
Purposeful Partnering
What does that mean?

The intentional relationship between two or more people or organizations with shared/common interests to achieve a specific goal or aim.
Purposeful Partnering
What does that mean?
Purposeful Partnering

Relationships vs. Situationships
“Relationship Rhythms”
Theoretical Concept by Cornell P. Wright, MPA on Community Engagement, Partnership, and Outreach

Source: www.cornellpwrightmpa.com
Finding the “Relationship Rhythm”

1. Identify Potential Community Partners “Who needs to be at the table?”
2. Observe/Research Community Environment
3. Connect with “Gatekeepers” to find Entry Point(s)
4. Build Trust/Capacity
5. Involve and Engage Community Partners in the Entire Process

Source: www.cornellwrightmpa.com
Health Equity:
Examples of Innovation

Partnering for Health Equity | April 2018

Source: NMHM 2018
Health Equity: Examples of Innovation
Health Equity: Examples of Innovation

Source: http://www.hpfreemanpnl.org/
“To efficiently and effectively engage ‘the black church’ as a partner in health promotion, requires an understanding of organizational leadership, structure, demographics, and faith orientation.”

– M. Anita P. Holmes, JD, MPH
Health Equity: Examples of Innovation
Health Equity: Examples of Innovation

Source: www.ncminorityhealth.org
Health Equity: Examples of Innovation

BUCKING THE MEDICAL & MENTAL BULL

A one-woman show highlighting the health and healthcare experiences of African-American men in Durham

Written and performed by Anita Woodley

Tuesday October 28, 2014
Doors open - 6:30 pm
Show starts - 7:30 pm

Fletcher Hall at
The Carolina Theatre of Durham
359 West Morgan Street • Durham, NC 27701

FREE and open to the public.
Free popcorn for the first 100 attendees!

fhi 360
THE SCIENCE OF IMPROVING LIVES

Source: www.anitawoodley.com
“In times of crisis, the wise build bridges while the foolish build barriers…”

– King T’Challa, Wakanda
Contact Information

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