



CHANGING  
*Maryland*  
*for the Better*

# Focusing Upstream: Addressing the Social Determinants of Health

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# OUTLINE

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- Background
- Key Definitions
- Health Disparities Data
- Health Equity Framework
- Current Initiatives
- Future Directions



# BACKGROUND

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- **Background:** The Office of Minority Health and Health Disparities was established in 2004 by statute, under the Maryland Health General Article, Section § 20-1001 to § 20-1007, to address health disparities in Maryland.
- **Mission:** Focus the Department's resources on eliminating health disparities, partner with statewide organizations in developing policies and implementing programs and monitor and report the progress to elected officials and the public.
- **Vision:** To achieve health equity where all individuals and communities have the opportunity and access to achieve and maintain good health.



# KEY DEFINITIONS

- Health equity means social justice in health i.e. no one is denied the possibility to be healthy for belonging to a group that has historically been economically/socially disadvantaged. All people have full access to opportunities and resources that enable them to live healthy lives.
- Health inequities are differences in health that result from systemic, avoidable and unjust social and economic policies and practices that create barriers to opportunity. They are sustained over time and generations and are beyond the control of individuals.

Braveman & Gottlieb, 2004  
VA Dept. of Health, 2016  
The Troutman Group, 2104



# SOCIAL DETERMINANTS OF HEALTH



Healthy People, 2020



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## SETTING THE STAGE WITH DATA



# Racial/Ethnic Distribution St Mary's and Maryland 2014

## MD Department of Planning data:

[http://planning.maryland.gov/msdc/Pop\\_estimate/estimate\\_10to14/CensPopEst10\\_14.shtml](http://planning.maryland.gov/msdc/Pop_estimate/estimate_10to14/CensPopEst10_14.shtml)

		<u>NH White</u>	<u>NH Black</u>	<u>NH AIAN</u>	<u>NH Asian</u>	<u>NHOPI</u>	<u>Multi</u>	<u>Hispanic</u>
St Mary's	Number	83,119	15,543	334	3,023	85	3,133	5,145
	Percent	75.3%	14.1%	0.3%	2.7%	0.1%	2.8%	4.7%
Maryland	Number	3,144,704	1,749,444	14,506	373,555	3,047	133,780	557,371
	Percent	52.6%	29.3%	0.2%	6.3%	0.1%	2.2%	9.3%

NH = Non-Hispanic

AIAN = American Indian or Alaska Native

NHOPI = Native Hawaiian or Other Pacific Islander

Multi = Multiracial (reported more than one race)

*Note: persons reporting "some other race" as sole race were assigned to one of the other sole race categories using bridged-race methods*



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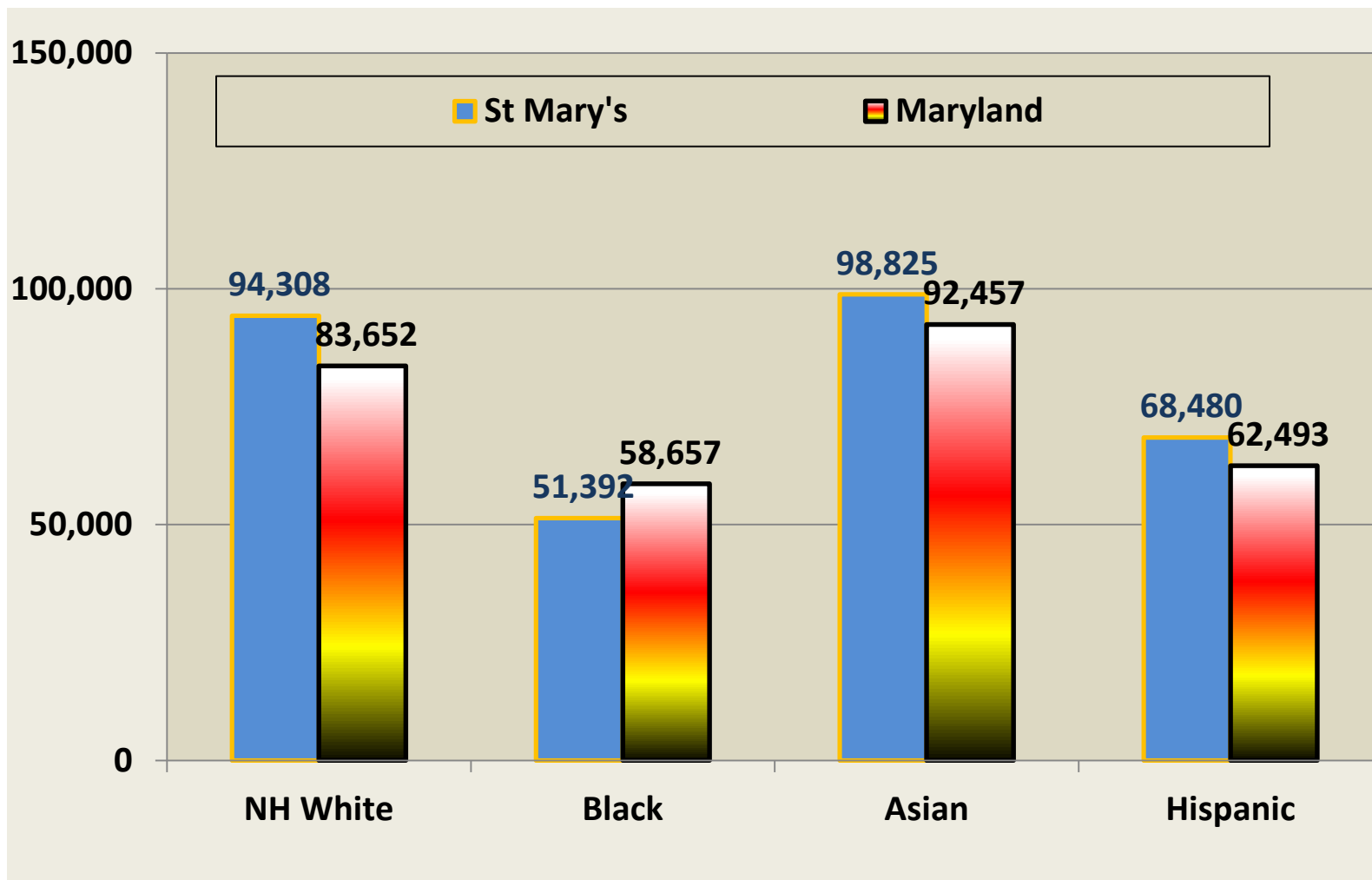
## SOCIAL DETERMINANTS OF HEALTH





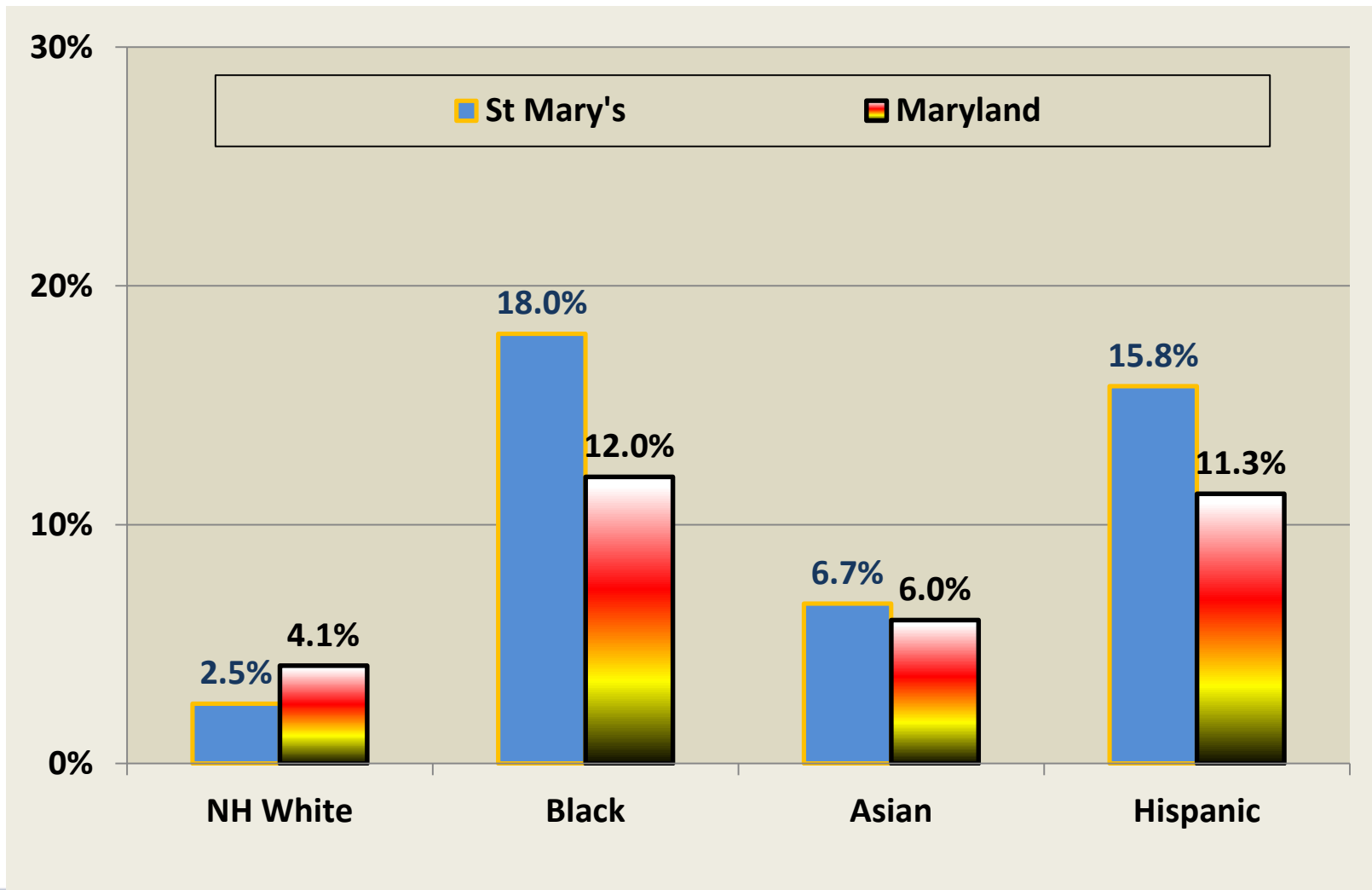
# Median Household Income in Dollars By Race and Jurisdiction, 2010-14 pooled ACS data

[https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_14\\_5YR\\_S1903&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_S1903&prodType=table)



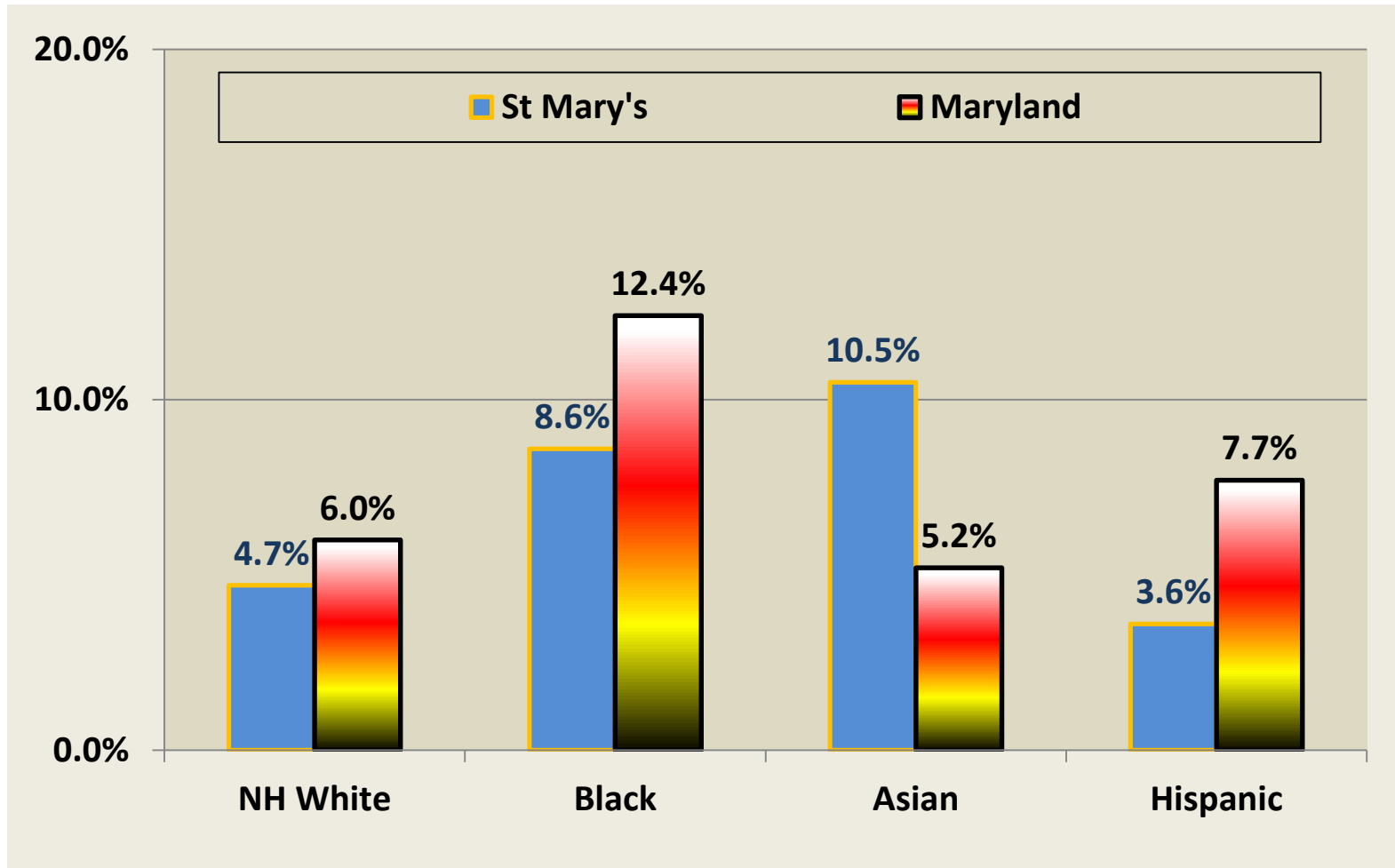
# Percent of Households in Poverty, By Race and Jurisdiction, 2010-14 pooled ACS data

[https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_14\\_5YR\\_S1702&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_S1702&prodType=table)



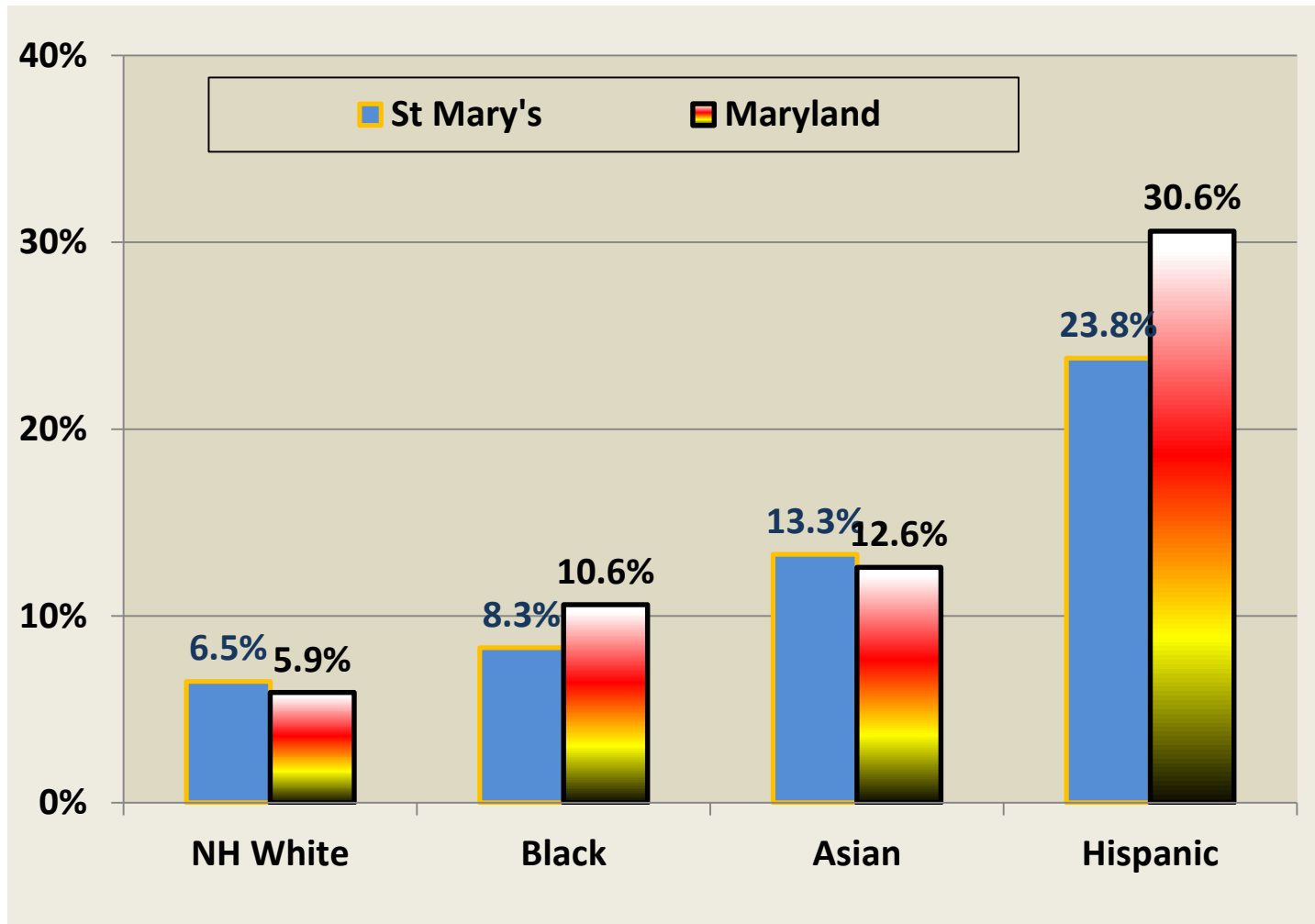
# Unemployment Rate By Race and Jurisdiction, 2010-14 pooled *ACS data*

[https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_14\\_5YR\\_S2301&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_S2301&prodType=table)



# Percent without Health Insurance By Race and Jurisdiction, 2010-14 pooled ACS data

[https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_14\\_5YR\\_S2701&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_S2701&prodType=table)

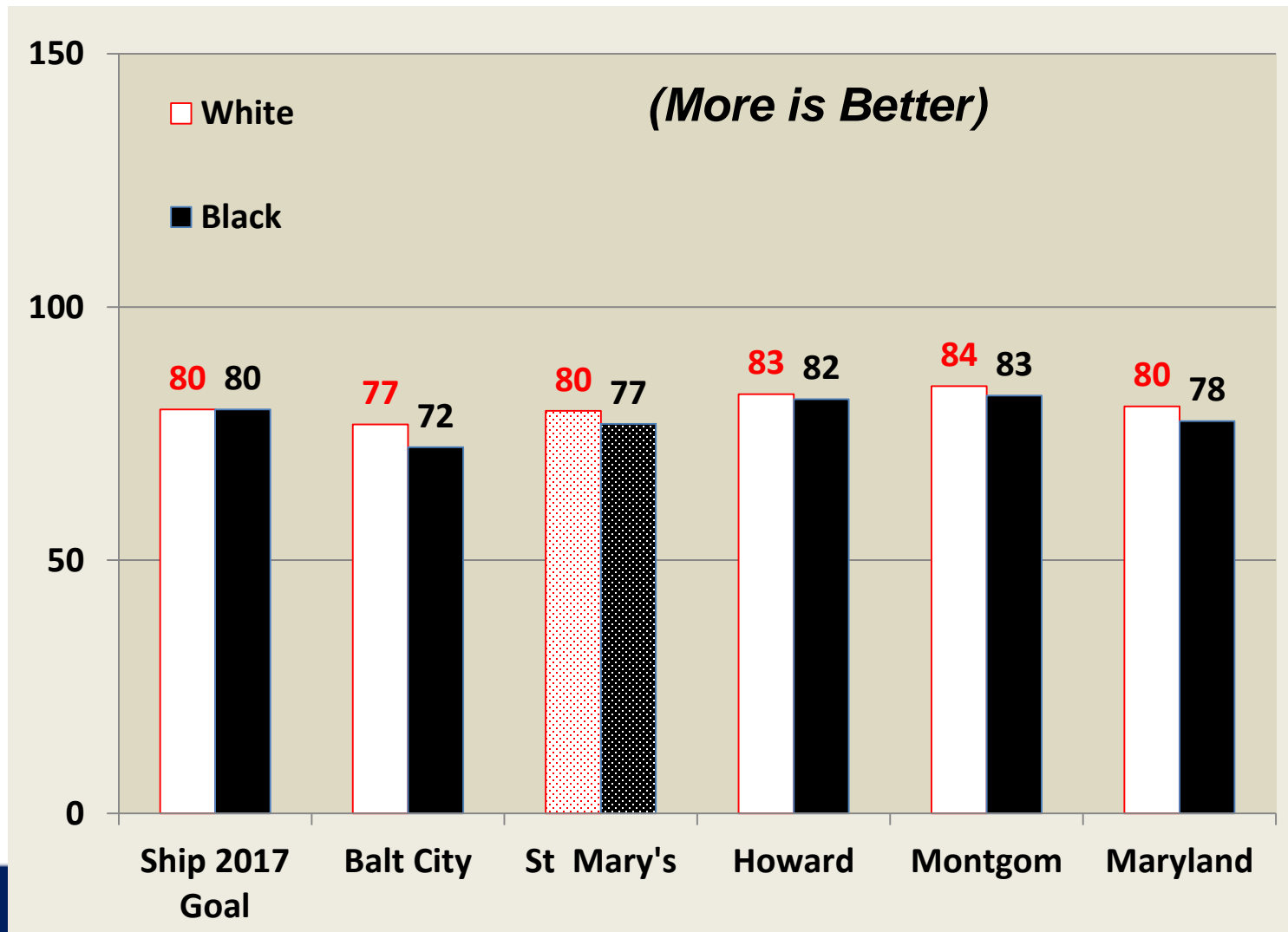


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## HEALTH OUTCOMES



# Life Expectancy at Birth in Years, By Race and Jurisdiction, 2012-14 pooled MD VSA data on SHIP: <http://dhmh.maryland.gov/ship/Pages/home.aspx>

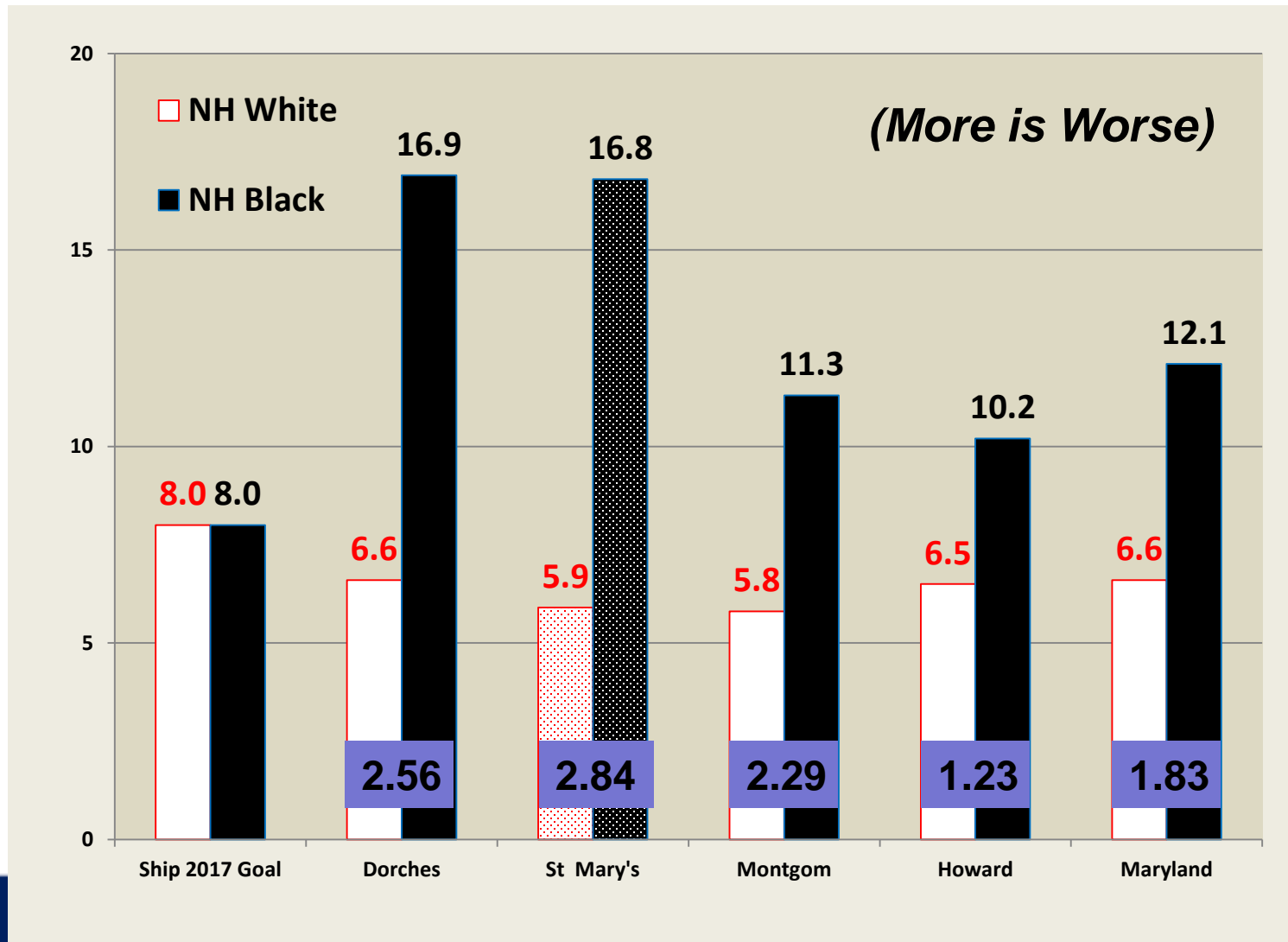


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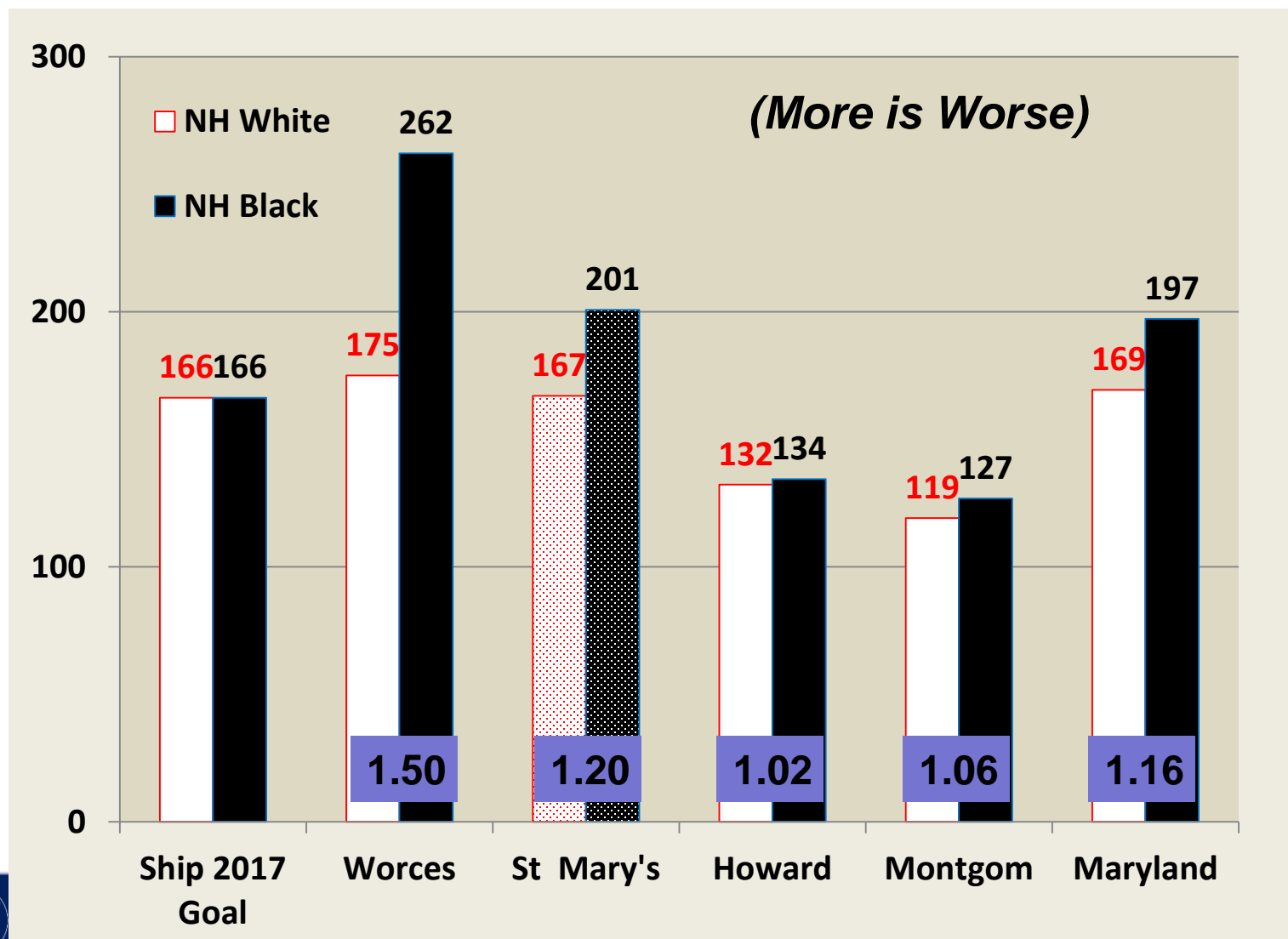
# Percent of Births at Low Birth Weight (<2500 gm), By Race and Jurisdiction, 2014

MD VSA data on SHIP: <http://dhmh.maryland.gov/ship/Pages/home.aspx>



# Age-Adjusted Heart Disease Death Rate per 100,000 By Race and Jurisdiction, 2012-14 pooled

MD VSA data on SHIP: <http://dhmh.maryland.gov/ship/Pages/home.aspx>



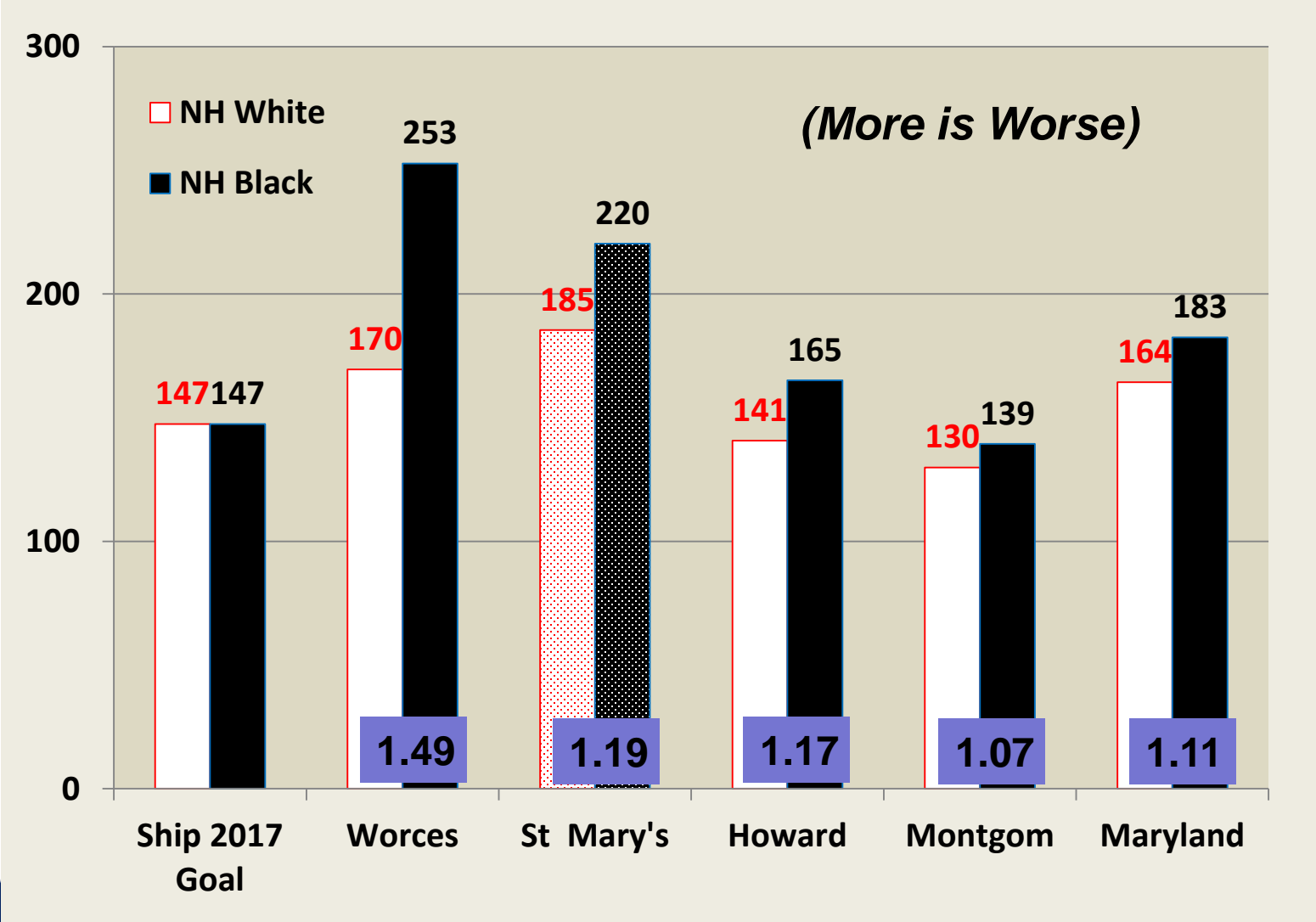
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# Age-Adjusted Cancer Death Rate per 100,000, By Race and Jurisdiction, 2012-14 pooled

MD VSA data on SHIP: <http://dhmh.maryland.gov/ship/Pages/home.aspx>

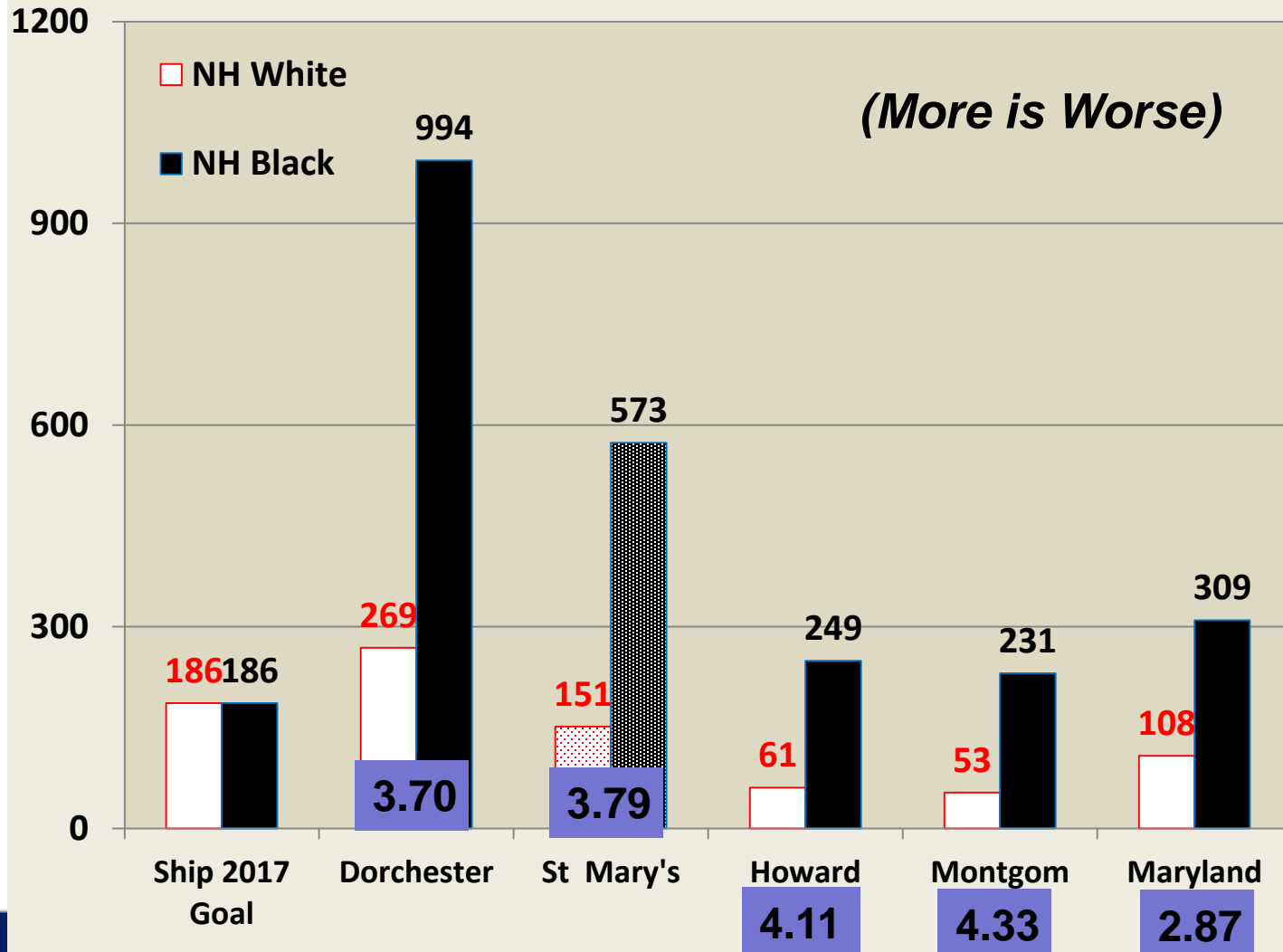


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# Age-Adjusted Diabetes ED Visit Rate per 100,000, By Race and Jurisdiction, 2014

HSCRC data on SHIP: <http://dhmh.maryland.gov/ship/Pages/home.aspx>

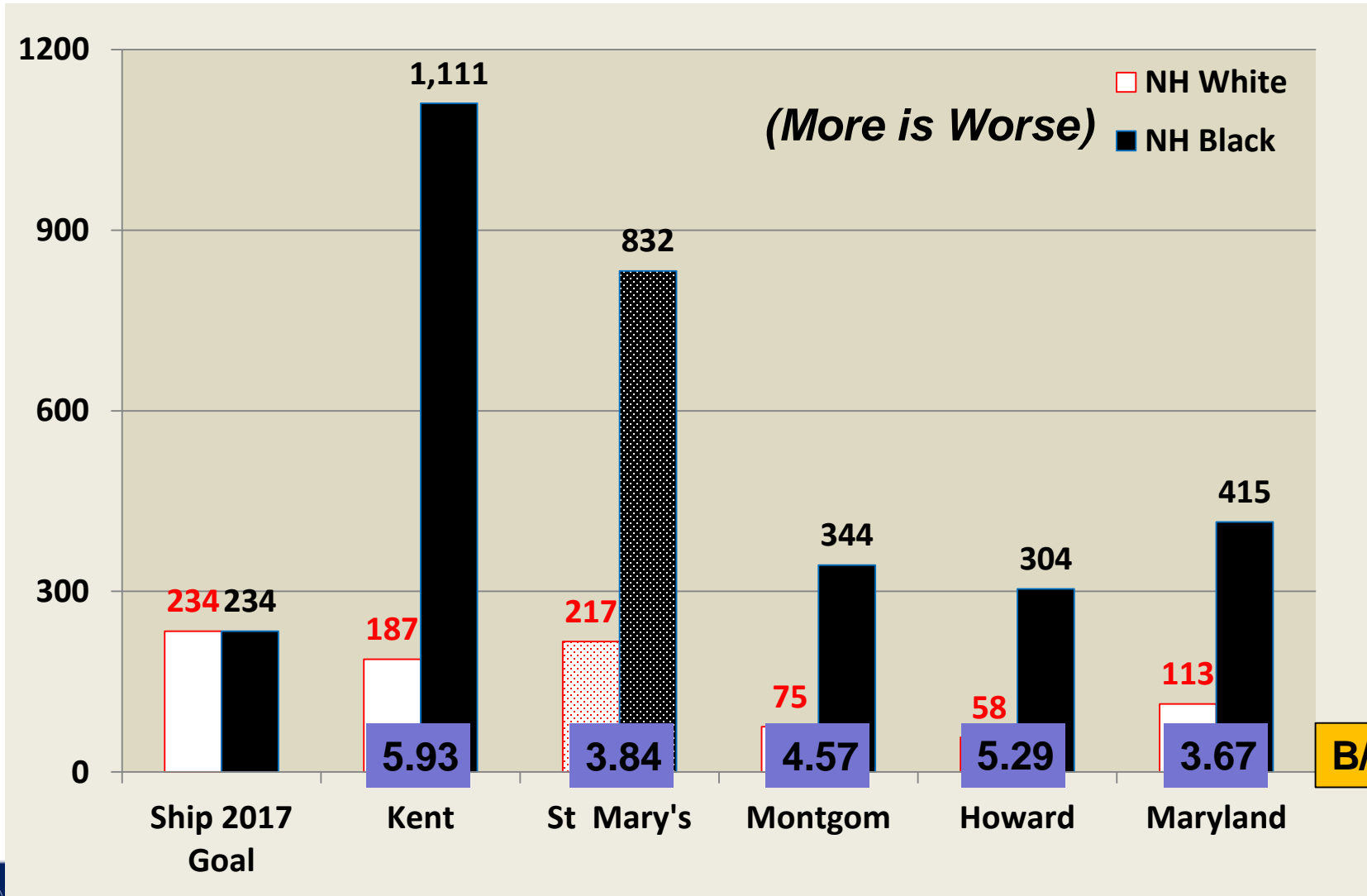


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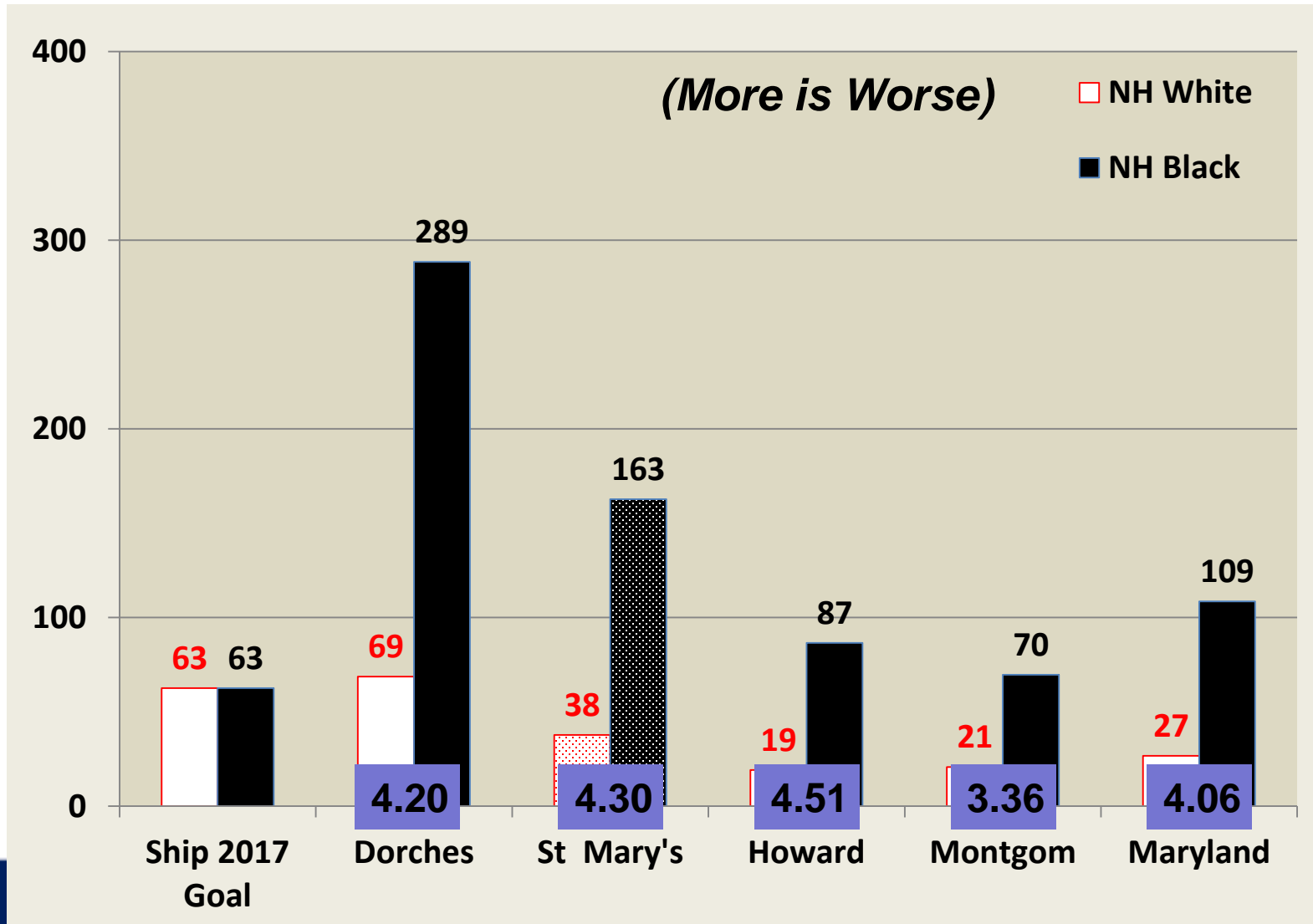
# Age-Adjusted Hypertension ED Visit Rate per 100,000, By Race and Jurisdiction, 2014

HSCRC data on SHIP: <http://dhmh.maryland.gov/ship/Pages/home.aspx>



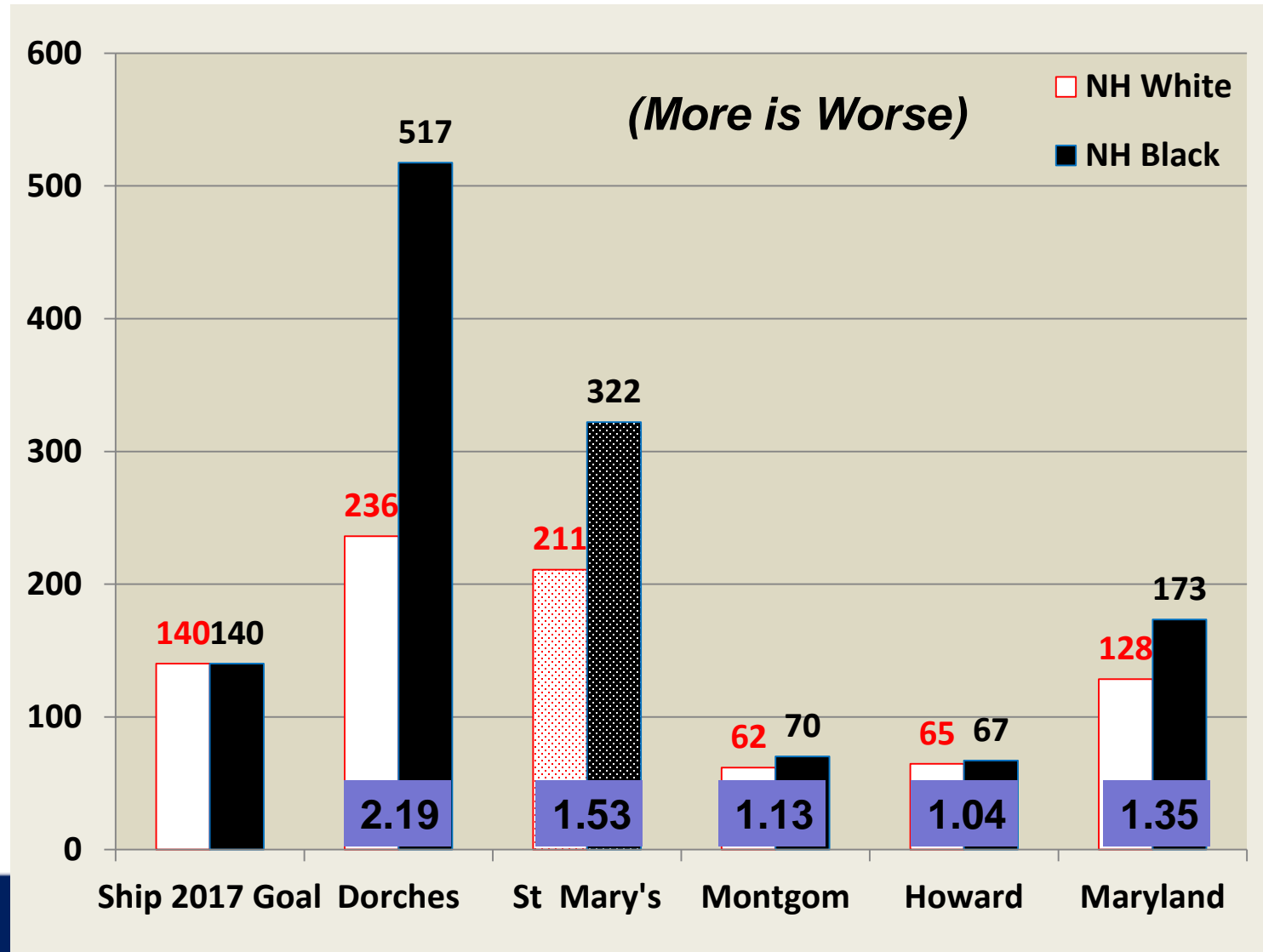
# Age-Adjusted Asthma ED Visit Rate per 10,000, By Race and Jurisdiction, 2014

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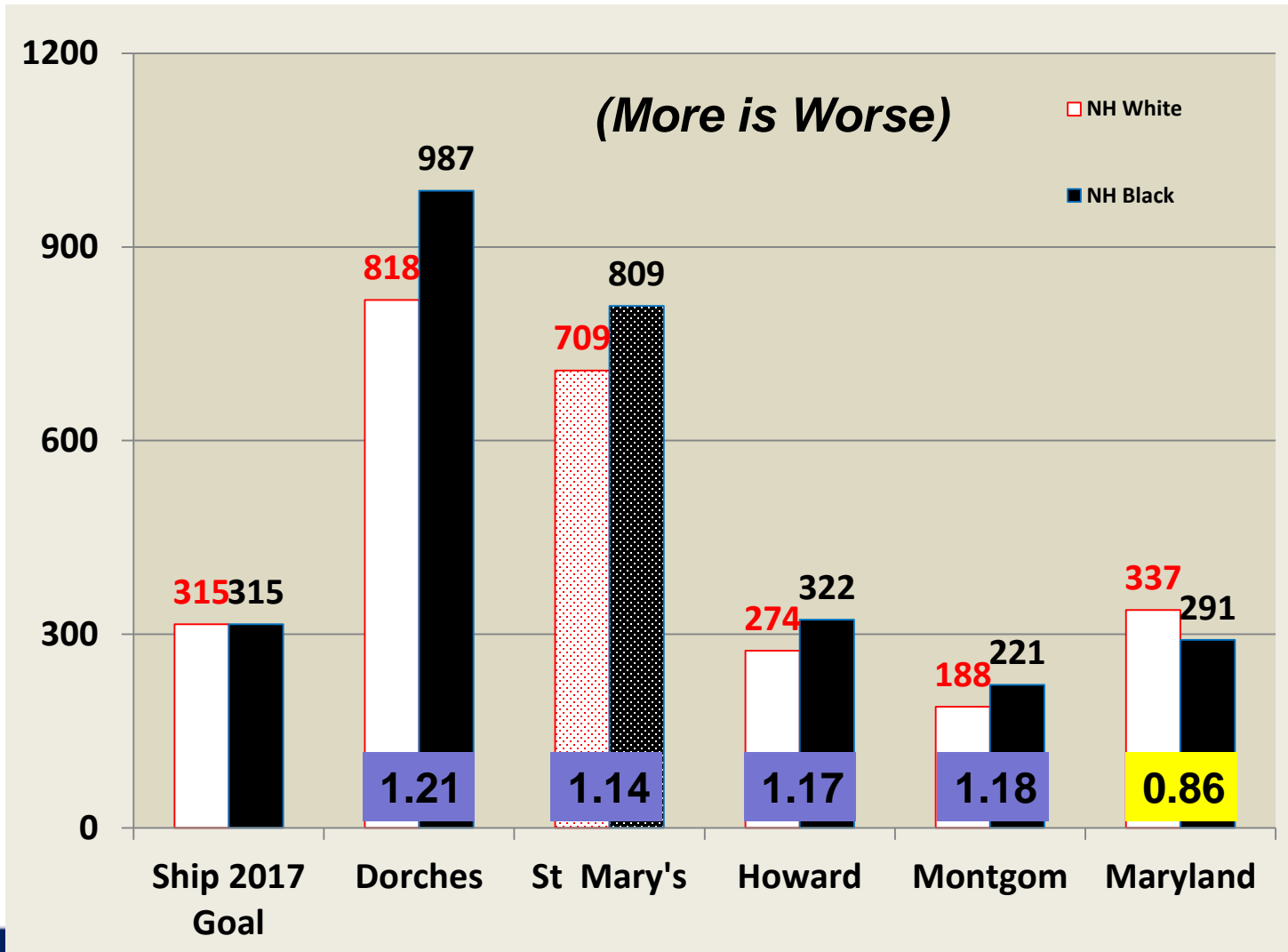
# Age-Adjusted Addiction-related ED Visit Rate per 10,000, By Race and Jurisdiction, 2014

HSCRC data on SHIP: <http://dhmh.maryland.gov/ship/Pages/home.aspx>



# Age-Adjusted Mental Health-related ED Visit Rate per 10,000, By Race and Jurisdiction, 2014

HSCRC data on SHIP: <http://dhmh.maryland.gov/ship/Pages/home.aspx>



**B/W**

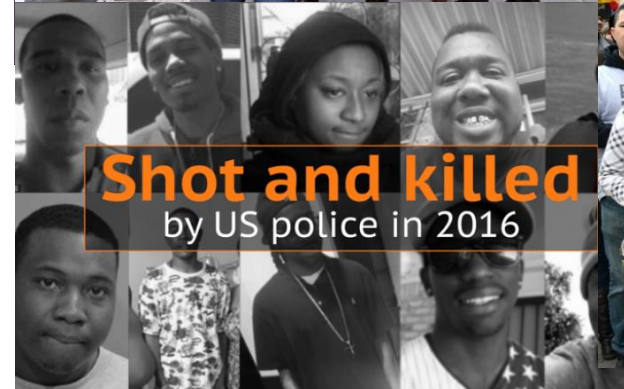


## WHY DO WE CONTINUE TO SEE HEALTH DISPARITIES?

- We have not addressed structural racism and the intersection of racial discrimination and health
  - Well documented in the research literature
    - Self reported experiences of racial discrimination linked to pre-term birth (Mustillo et al, 2004).
    - Chronic discrimination positively associated with coronary artery calcification (Lewis et al., 2010)
    - Exposure to discrimination contributes to elevated levels of nocturnal blood pressure among Blacks (Tomfohr et al., 2010)
    - Anticipation of discrimination leads to negative emotional states and increases in blood pressure (Sawyer et al., 2012)

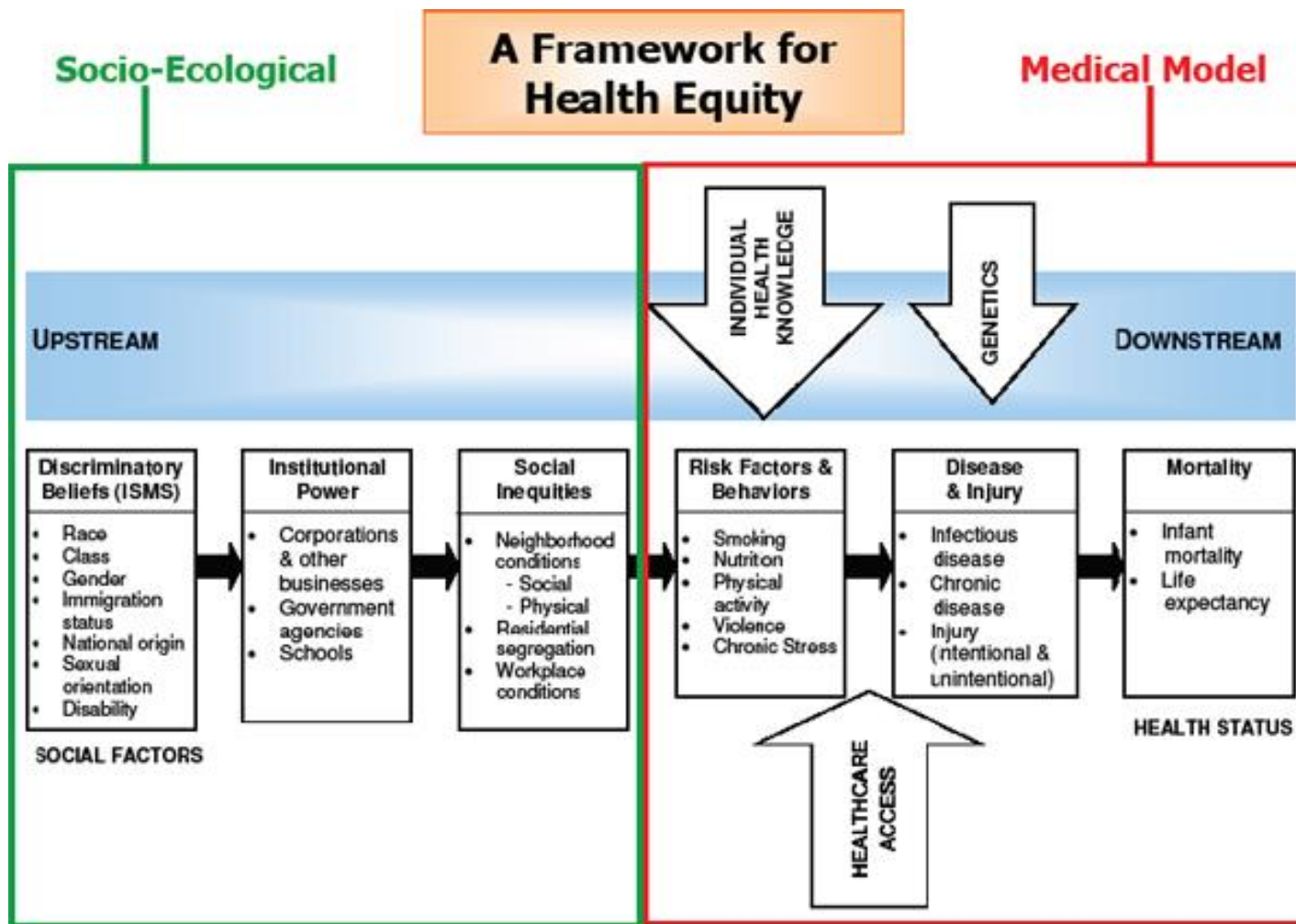



# SOCIAL JUSTICE AND HEALTH





# WHY DO WE CONTINUE TO SEE HEALTH DISPARITIES?





Your longevity and health are more determined by your ZIP code than they are by your genetic code.

— Tom Frieden —

AZ QUOTES



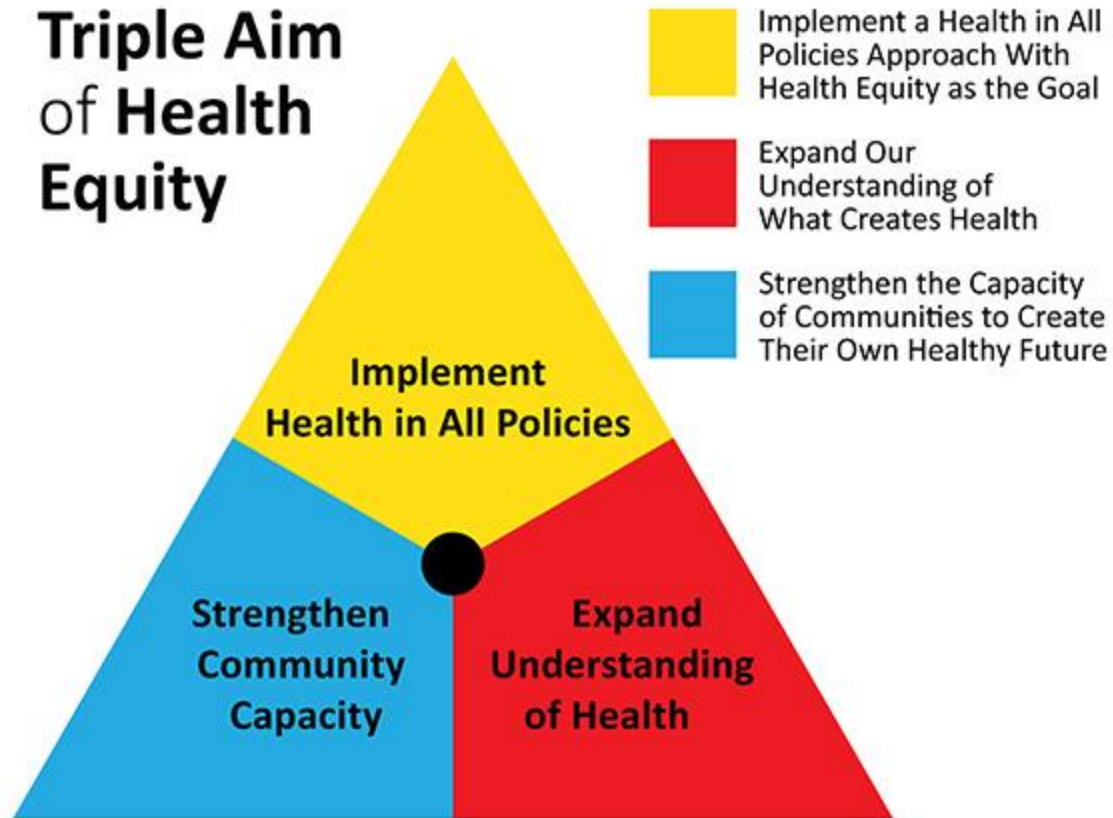
# MOVING UPSTREAM

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# FRAMEWORK

## Triple Aim of Health Equity



ASTHO, 2015



# HEALTH IN ALL POLICIES

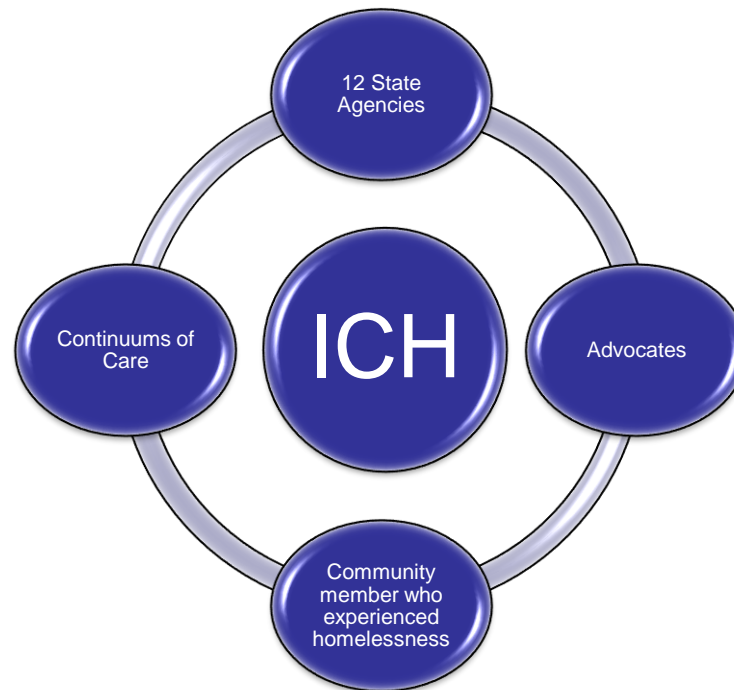
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- Community engagement and inclusion
- Multi-sectoral partnerships
- Consider health and well-being in policy and programmatic decisions
- Uses data and root cause analysis
- Universally shared value of good health
- Strengthens accountability in all sectors



# HEALTH IN ALL POLICIES: HEALTH AND HOMELESSNESS

- Interagency Council on Homelessness (ICH) was established by [SB 796 \(2014\)](#) to examine statewide initiatives aimed at ending homelessness throughout the state of Maryland.



# PROMISING PRACTICE: ST. MARY'S COUNTY

- Transitional Medical Respite Program
- Multi-sectoral collaborative approach
  - St. Mary's County Dept. of Social Services
  - Three Oaks Center
  - Medstar Hospital
  - Faith-based community
  - Dept. of Health
  - Dept. of Aging
  - Other Community Partners



# EXPAND UNDERSTANDING OF WHAT CREATES HEALTH

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- Provide technical assistance to DHMH programs, local health departments, community-based organizations
- Provide education on health equity, social determinants of health and cultural competence
  - Health equity 101 training for DHMH, community partners, LHD staff
  - Collaborative strategic planning with DHMH departments
  - “Undoing racism”
    - Identify how racism is operating
    - Action steps to infuse an anti-racism lens





# STRENGTHEN COMMUNITY CAPACITY MINORITY OUTREACH AND TECHNICAL ASSISTANCE

- Purpose: Empower communities to improve health outcomes of racial and ethnic minorities through:
  - Community engagement
  - Partnerships
  - Outreach
  - Technical assistance



# FY 2016 MOTA PERFORMANCE MEASURES

<u>MOTA Performance Measures FY 2016</u>	<u>Goal</u>	<u>Actual</u>
Number of LHDC Meetings Held	86	111
Number of LHDC -Promoted Activities	227	414
Number of Events MOTA Sponsor or Attend	964	1576
Number of Educational Materials Distributed	313,800	887,927
Number of Partnerships Developed	141	352
Number of Minority Persons Recruited for LHDC	148	242
Number of Minorities Reached	401,500	778,957



# MOTA



# MOTA: ST. MARY'S COUNTY

- MINORITY OUTREACH COALITION
- Focus: Tobacco Prevention and Cessation

<b>Performance Measures</b>	<b>Budget Year FY 17 Estimate</b>
<b>Workshop on the hazards of using tobacco</b>	50+ adults
<b>Youth survey on e-cigarettes</b>	200 youths aged 10-17 years
<b>Black history month health fair</b>	250 African Americans
<b>E-cigarettes awareness workshop</b>	75 low to middle income community residents
<b>Youth awareness workshop on E-cigarettes</b>	200 middle and high school students
<b>Workshop on empowering women on their health</b>	75 women
<b>Referrals to the 8 week tobacco cessation program at the Local Health Department</b>	30 individuals
<b>Tobacco use during pregnancy health workshop on the dangers of smoking in pregnancy</b>	30 pregnant women

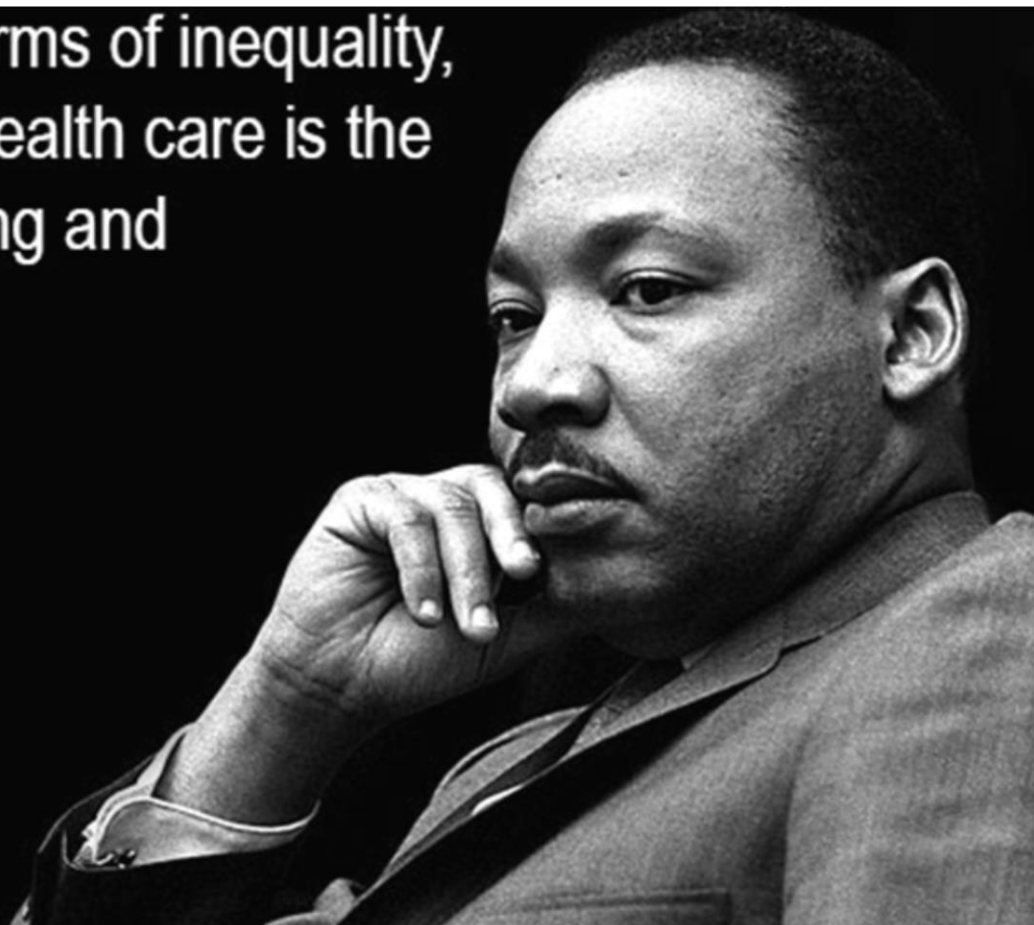


# WORKFORCE DEVELOPMENT

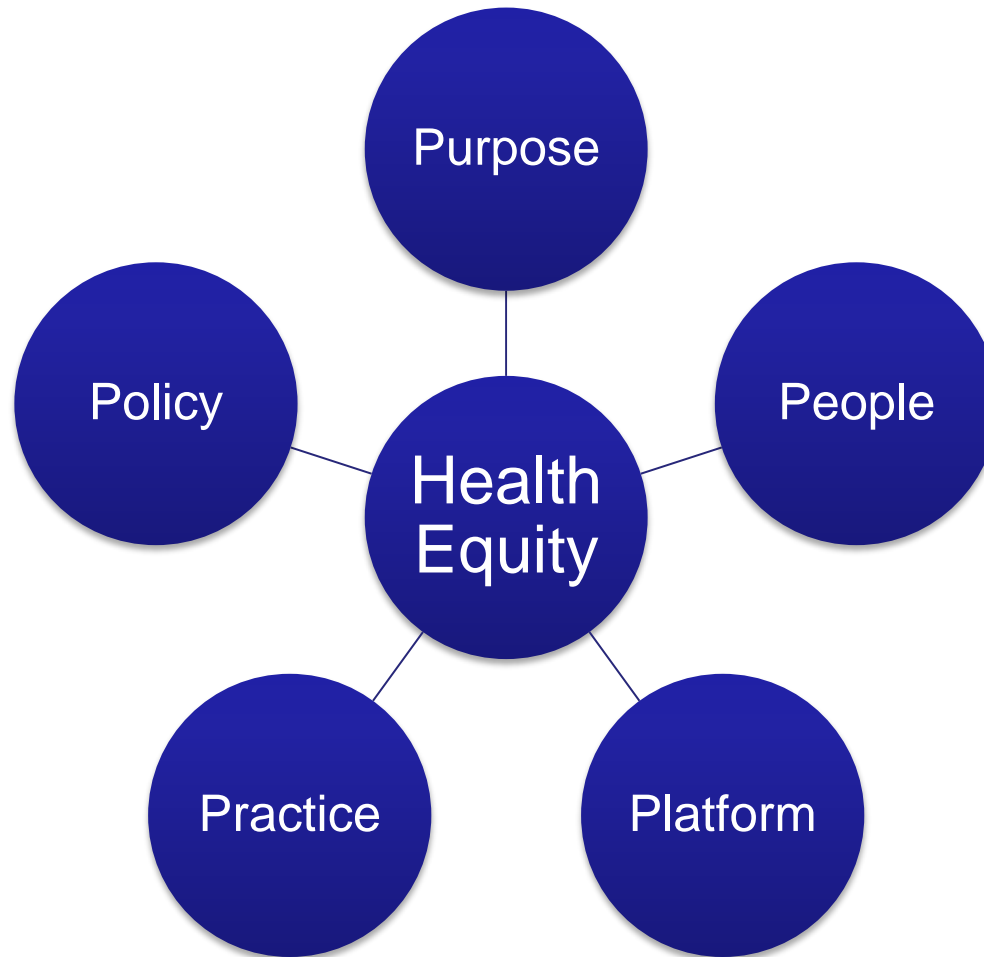
- Workforce Development Collaborative
- Internships
- Ambassadors Program
- Mentorship
- Community Health workers



“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

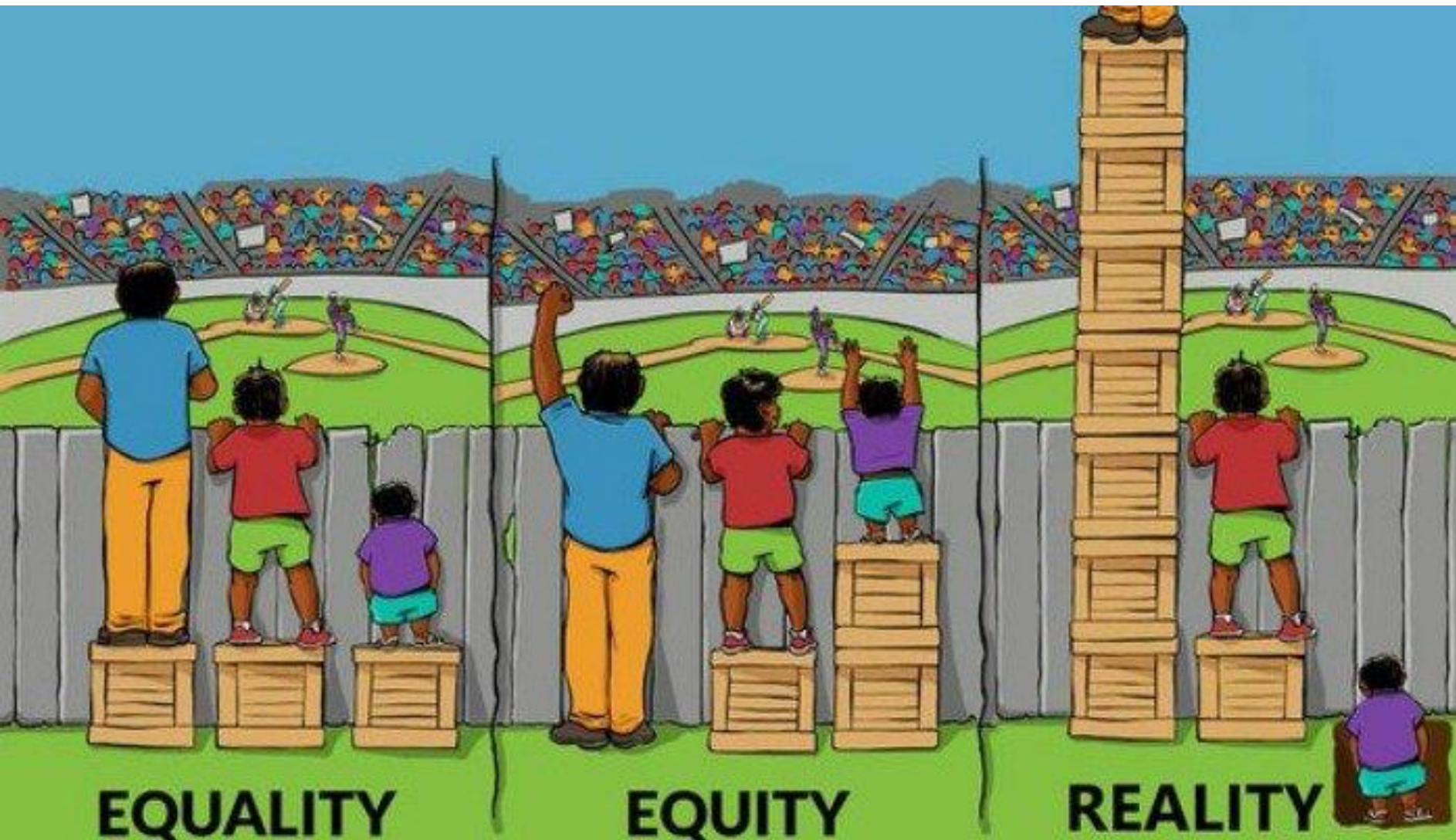


# PROGRESS TOWARD EQUITY



Prevention  
Institute, 2015







# HEALTH EQUITY CONFERENCE

Date: December 13, 2016

Location: Martin's West, Baltimore

Registration: <http://dhmh.maryland.gov/mhhd/Pages/home.aspx>

8:15 AM - 9:30 AM	<p style="text-align: center;"><b>**AWARD RECIPIENT &amp; KEYNOTE ADDRESS**</b></p> <p style="text-align: center;"><b>Camara Phyllis Jones, MD, MPH, PhD, Satcher Health Leadership Institute and Cardiovascular Research Institute, Morehouse School of Medicine</b></p> <p><b>Session Goal: Attendees will learn about Dr. Jones' work and perspectives on the social determinants of health (including poverty) and the social determinants of equity (including racism).</b></p>
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Camara Phyllis Jones, MD, MPH, PhD is Senior Fellow at the Satcher Health Leadership Institute, Morehouse School of Medicine, and President of the American Public Health Association.

Dr. Jones is a family physician and epidemiologist whose work focuses on the impacts of racism on the health and well-being of the nation. She seeks to broaden the national health debate to include not only universal access to high quality health care, but also attention to the social determinants of health (including poverty) and the social determinants of equity (including racism).



# QUESTIONS

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