

Reducing Health Disparities Faster: *Addressing Social Determinants of Health*

A Disparities Foresight Briefing
and Monthly Minority Health Briefing

in conjunction with

the Congressional Hispanic Caucus

December 6th RAYBURN Bldg - Room B339

DRA

The Disparity Reducing Advances Project



The DRA Project - Accelerating Disparity Reducing Advances

The DRA Project is a multi-year, multi-stakeholder project to identify the most promising advances for bringing health gains to the poor and underserved. We plan to reduce disparities and accelerate the development and deployment of advances that improve health.

The Logic of the DRA Project

- Health disparities in the U.S. are avoidable and unfair.
- They are unrecognized by the public.
- Pursuit of equity (fairness) is part of a larger trend that includes civil rights, anti-slavery and women's rights. The trend will take time, but with support it can be accelerated
- Commitment to Health Equity is growing: WHO Health For All, Healthy People 2010, IOM's Crossing the Chasm & Unequal Treatment Reports
- There will be disparity reducing advances – which can be identified and accelerated
- The DRA Partner Network can grow to accelerate the adoption of disparity reducing advances.





Robert Wood Johnson Foundation

50+ Project Partners (and counting)

California Newsreel Detroit Medical Center City Year Detroit Henry Ford Health System
Resource Center for Health Policy DrTango, Inc National College of Natural Medicine
Center for Minority Health Clinical Directors Network National Nursing Centers Consortium
Active Living by Design American Health Assessment Association Joint Center Health Policy Institute
Joseph P. Addabbo Family Health Center, Inc. National Association of Social Workers
National Assembly of School Based Health Care Intercultural Cancer Council CRW, Inc.
El Paso Diabetes Association Maryland Department of Health and Mental Hygiene ODPHP
Institute for Healthcare Improvement National Association of Community Health Centers, Inc
Hill Health New Haven, CT School of Social Welfare at Stony Brook University Planetree
Bastyr University Mobile Dentists and Children's Dental Health Foundation Outside In Clinic
Health Care Center for the Homeless Health Resources and Services Administration IAF
Directors of Health Promotion and Education Samueli Institute for Information Biology
Alliance for Health Reform Lance Armstrong Foundation American Diabetes Association
Medical Automation Research Center Siemens Corporation Institute for Community Health
J&J Corporate Office of Science and Technology Center for Information Therapy Prevention Institute
American College of Nurse Practitioners Central Florida Family Health Center BodyMedia, Inc.
University of Rochester-Center for Future Health Convenient Care Association NovoNordisk
Society for Social Work Leadership in Healthcare Institute for the Elimination of Health Disparities

Selected Health Disparities

- Heart disease death rates **30% higher** for African-Americans than whites; stroke death rates **41% higher**.
- Diabetes higher among American Indians and Alaska Natives (**2.3 times**), African Americans (**1.6 times**), and Hispanics (**1.5 times**.)
- Vietnamese American women have a higher cervical cancer rate than any other ethnic group (**5 times** non-Hispanic white women.)
- African American **infants are 2.5 times more likely to die** before their first birthday.

CDC

Key Disparity Reducing Advances

- Leveraging the “social determinants” of health
- Promoting healthy eating and active living
- REACH U.S. - Racial and Ethnic Approaches to Community Health – CDC

Social Determinants of Health

- Greatest leverage in reducing health disparities lies in the social determinants – the community conditions
- Consider the relative importance for health of:
 - Behavior
 - Environment: Social and Physical
 - Genes
 - Healthcare

Determinants of Health

Relative importance of factors shaping health

	1993	2002
Behavior	50%	40%
Environment	20%	
Social		15%
Physical		5%
Genes	20%	30%
Healthcare	10%	10%

Source: 1993 – McGinnis and Foege, JAMA, 1993, 270, 2207-2212;
2002 - McGinnis, Russo, Knickman, 2002, Health Affairs, 21,3,83

Preventing Obesity in Low Income and Marginalized Populations

Preventing Obesity requires action in:

- Social & Economic Environment: Policies & Systems
 - including the Obesogenic Environment
- Family & Individuals: Beliefs & Actions
- Healthcare: Prevention, Treatment & Coordination

Within these categories, the same factors reduce health disparities by providing primary and secondary prevention of diabetes, cancer and heart disease

http://www.altfutures.com/DRA/Most_Important_Advances.pdf

DRA Project Report on Reducing Disparities Through Healthy Eating and Active Living Initiatives



- Based on Literature Review and Interviews with Key Program Leaders
- Starting Points for Building or Enhancing Healthy Eating and Physical Activity Approaches with Marginalized Populations
- Outlines 5 Strategic Principles

The Cutting Edge: National Healthy Eating/Physical Activity Programs Taking Part

- Activate America (YMCA of the USA): Pioneering Healthier Communities
- Active Living by Design (Robert Wood Johnson Foundation)
- Community Health Initiatives for Healthy Eating, Active Living (Kaiser Permanente)
- Food and Fitness Initiative (WK Kellogg Foundation).
- Healthy Eating, Active Communities (California Endowment)
- Place Matters (Health Policy Institute of the Joint Center for Political and Economic Studies and WK Kellogg Foundation)
- Racial and Ethnic Approaches to Community Health - REACH U.S. (Centers for Disease Control and Prevention)
- Steps to a Healthier US (Centers for Disease Control and Prevention & YMCA Activate America)

To Reduce Disparities Healthy Eating/Active Living Initiatives Should...

- ***Contribute to Healthy Neighborhood Conditions:*** Enhance safety, physical design, and built environment for deeper and longer-lasting change.
- ***Build Community Capacity:*** Build influential networks to advocate for community health over the long term.
- ***Frame Efforts Around Local Concerns and Benefits:*** Emphasize resonant benefits that reduce crime, improve schools, socialize kids, enable family participation, and energize action.
- ***Mitigate Access Barriers:*** Improve access to transportation, health facilities, childcare and grocery stores/healthy food.
- ***Acknowledge and Leverage Cultural Strengths:*** Emphasize culturally focused healthy diets and exercise patterns; use language-appropriate program materials & approaches.

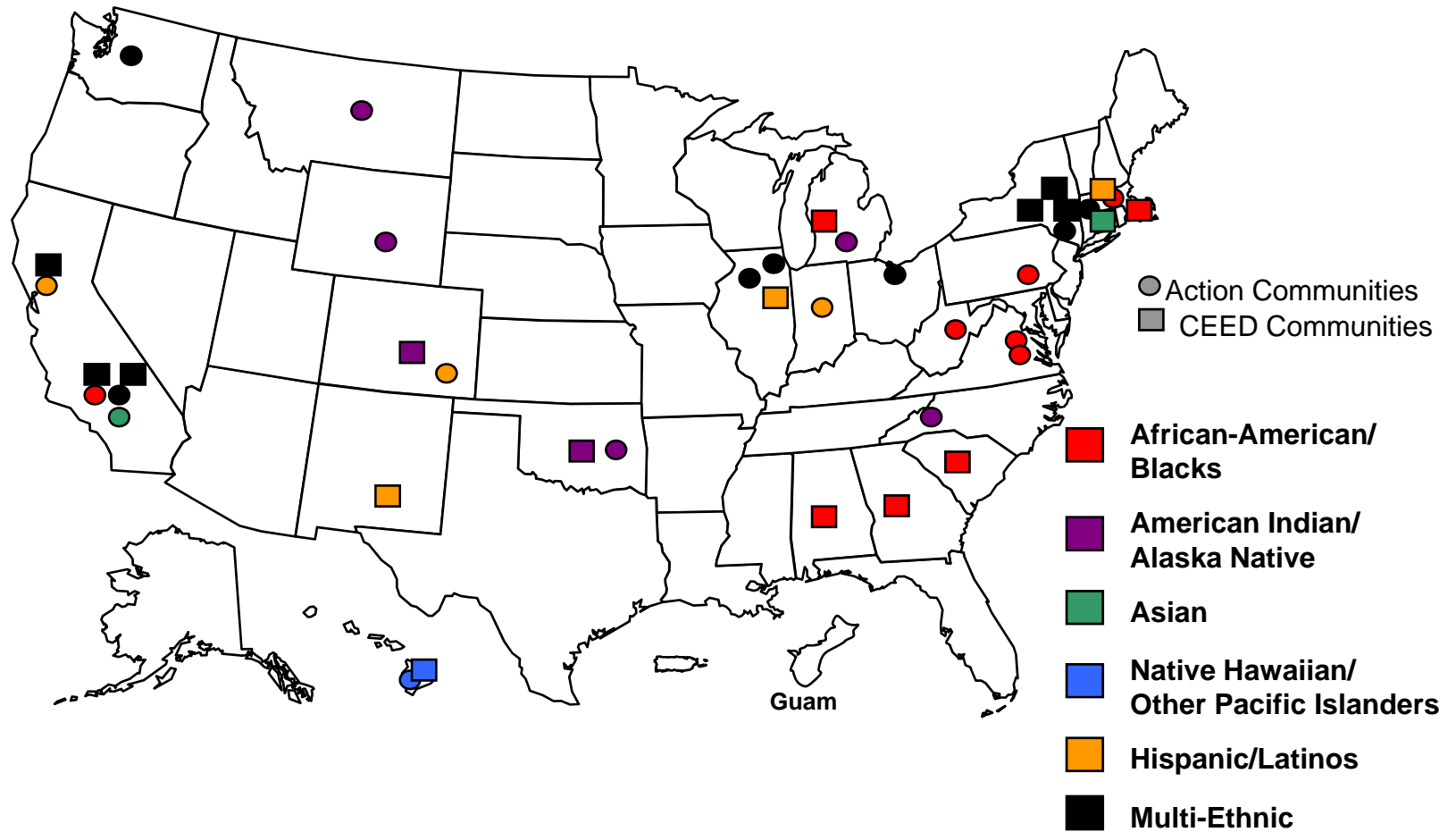
REACH U.S.

The Racial and Ethnic Approaches to Public Health (REACH U.S., formerly REACH 2010) is CDC's cornerstone initiative aimed at eliminating disparities in health status experienced by ethnic minority populations.





REACH U.S. Communities



Coming to PBS on 2008!
UNNATURAL CAUSES:
IS INEQUALITY MAKINGS US SICK?

a four-hour TV mini-series (PBS) that will, for the first time on television, sound the alarm about the extent of our alarming socio-economic and racial disparities in health—and search for their causes.

Thursdays at 10PM (Mar. 27, Apr. 3, 10, & 17)

Website: <http://www.unnaturalcauses.org>

Time Permitting - We may watch a 2 minute clip after briefing.

Speakers

- **Larry Cohen, MSW**, Executive Director, Prevention Institute
- **Dolores Acevedo-Garcia, PhD**, Associate Professor of Society, Human Development, and Health, Harvard School of Public Health
- **Stephen Thomas, PhD**, Director of the Center for Minority Health at the University of Pittsburgh Graduate School of Public Health and Philip Hallen Professor of Community Health & Social Justice
- **Amparo Castillo, MD, MS**, Project Director, Midwest Latino Health Research, Training & Policy Center, University of Illinois Chicago
- **Rosemarie M. Henson, MPH, MSSW**, Deputy Director, National Center for Chronic Disease Prevention and Health Promotion, CDC

For More Information on the DRA Project:

The DRA Project:

<http://www.altfutures.com/dra>

Biomonitoring Futures Project:

<http://www.altfutures.com/bfp>

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