

HEALTH FOR ALL:

California's Strategic Approach to Eliminating Racial and Ethnic Health Disparities

EXECUTIVE SUMMARY

November 2003

Developed by

*The California Campaign to Eliminate Racial
and Ethnic Disparities in Health*

The American Public Health Association would like to acknowledge the following individuals and institutions for their leadership and contribution to the *California Campaign to Eliminate Racial and Ethnic Disparities in Health*:

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ACKNOWLEDGEMENTS

THE AMERICAN PUBLIC HEALTH ASSOCIATION (APHA) produced *Health for All: California's Strategic Approach to Eliminating Racial and Ethnic Health Disparities* and co-chairs the *California Campaign*. APHA is an association of individuals and organizations working to improve the public's health and to achieve equity in health status for all.

PREVENTION INSTITUTE was the primary author of the report and coordinates the *Campaign*. While the Executive Committee shaped the content of this report, Prevention Institute assumes responsibility for the final product. Prevention Institute is a nonprofit, national center dedicated to improving community health and well-being by building momentum for effective primary prevention.

THE CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY and department personnel provided significant staffing resources in support of the *Campaign*.

The California Campaign was made possible with support from:

THE CALIFORNIA ENDOWMENT: The California Endowment has provided generous support for this effort. The Endowment's mission is to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians.

THE CALIFORNIA WELLNESS FOUNDATION: The *Campaign* is funded in part by a grant from The California Wellness Foundation (TCWF). Created in 1992 as an independent, private foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness education, and disease prevention programs.

KAISER PERMANENTE: Kaiser Permanente is America's largest not-for-profit health care organization. An integrated health delivery system, Kaiser Permanente organizes and provides or coordinates members' care. As a not-for-profit organization, Kaiser Permanente is driven by the needs of its members and a social obligation to provide benefit for the communities in which it operates.

This summary and other *Campaign* materials are available electronically at www.apha.org and www.preventioninstitute.org/healthdis.html

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EXECUTIVE SUMMARY

Health for All: California's Strategic Approach to Eliminating Racial and Ethnic Health Disparities

INTRODUCTION: PROMOTING HEALTH FOR ALL IN A DIVERSE STATE

California has long been a leader in health—and has developed tremendous capacity in health research, treatment, and prevention. The stage is set for California to play an even greater leadership role in improving health for all and, in particular, for those most at risk for poor health outcomes. Far too frequently, Californians become unnecessarily ill or injured from preventable conditions. Without effective medical treatment, these health problems are then exacerbated and cause greater suffering, disability, and premature death. People of color in California consistently face higher rates of morbidity and mortality than whites. These higher rates are experienced not just for one or two diseases, but across a very broad spectrum of illnesses and injuries. Further, health disparities are not the result of specific populations experiencing a *different* set of illnesses than those affecting the general population. Generally the diseases and injuries that affect the population as a whole, affect low-income, minority populations *more*, with people experiencing multiple negative health conditions.

The *California Campaign to Eliminate Racial and Ethnic Disparities in Health* was initiated to address this inequity. Formed through a partnership between the American Public Health Association and the California Health and Human Services Agency, the Campaign is a statewide coalition of leaders from the public and private arenas of policy, health care, public health, and philanthropy. Its approach is three-fold:

1. to better understand the roots and pathways to health disparities,
2. to determine what can be done, and
3. to set a process in motion to reduce and eliminate health disparities in California.

All members of a community are affected by the poor health status of its least healthy members.

—*Unequal Treatment*,
Institute of Medicine

Addressing health disparities requires a multi-faceted strategy because the underlying factors producing health disparities are complex. Disparate health outcomes are not primarily due to one microbe or one genetic factor. Rather, a broad range of social, economic, and community conditions interplay with individual factors to exacerbate susceptibility and provide less protection. These conditions, such as deteriorated housing, poor education, limited employment opportunities and role models, limited household resources, and ready availability of cheap high-fat foods, are particularly exacerbated in low-income neighborhoods where people of color are more likely to live. Research has now shown that after adjusting for individual risk factors, there are neighborhood differences in health outcomes.¹ Many neighborhood conditions are related to a history of bias directed against people of color. Therefore, it is not surprising that there are disparities in health. In fact, it is the relationship of place, ethnicity, and poverty that can lead to the greatest disparities.

There is a risk that prevalence of disparities may increase in California as the population becomes even more multicultural. By the year 2040, it is expected that two out of three Californians will be people of color. As the state becomes increasingly diverse, the reality of a healthy and productive California will increasingly rely on the ability to keep all Californians healthy and eliminate racial and ethnic disparities by improving the health of communities of color. Healthcare is among the most expensive commitments of government, businesses, and individuals. Illness and injury also generate tremendous social costs in the form of lost productivity and expenditures for disability, worker's compensation, and public benefit programs. Eliminating racial and ethnic health disparities is imperative both as a matter of fairness and economic common sense. This tremendous challenge can-and must-be met with a focused commitment of will, resources, and cooperation to institute change.

The California Strategic Approach delineates how the resources of diverse governmental and private institutions can be marshaled to work with communities to make significant progress towards eliminating health disparities in California. It illuminates the critical pathways that affect health and the key points for intervention to ensure health for all. The California Campaign identified nine Priority Medical Issues which cause significant morbidity and/or mortality among people of color and are associated with the achievable objectives outlined in Healthy People 2010.

PRIORITY MEDICAL ISSUES

1. *cardiovascular disease*
2. *breast cancer*
3. *cervical cancer*
4. *diabetes*
5. *HIV/AIDS*
6. *infant mortality*
7. *asthma*
8. *mental health*
9. *trauma (including intentional and unintentional injury)*

DEVELOPING A STRATEGIC APPROACH: UNDERSTANDING THE CRITICAL PATHWAYS TO HEALTH

The frequency and severity of injury and illness is not inevitable. An analysis of the underlying causes of medical conditions reveals a trajectory by which health outcomes develop and worsen. By analyzing the pathways from root factors to illness and injury experienced by people of color, the necessary actions to prevent these medical conditions are illuminated. Nearly 50% of annual deaths—and the impaired quality of life that frequently precedes them—are preventableⁱⁱ because they are attributable to external environmental and behavioral factors. The following diagram delineates the pathways by which root factors such as oppression and discrimination increase the frequency and severity of injury and illness.



An analysis of the underlying causes of the nine Priority Medical Issues reveals three stages in the trajectory to poor health outcomes. First, people of color are born into a society that discriminates against them and are disproportionately subject to living in impoverished communities. Second, these fundamental conditions shape behaviors and the social and physical environment which people encounter. Third, lack of access to medical care and lower quality diagnosis and treatment for people of color leads to higher rates of sickness, disability, and mortality. Understanding these pathways in greater detail clarifies what action is needed to eliminate health disparities. A further value of focusing on the critical pathways is that it illuminates the roots of not just one but multiple medical conditions. Based on this trajectory, two primary goals emerged from the findings of the Campaign:

1. Prevent the development of illness and injury by fostering healthy behaviors, healthy community environments, and institutional support of good health outcomes and
2. Reduce the severity of illness and injury by providing high-quality medical care to all. Strengthening community environments and improving access and quality of health care are not only necessary elements in the strategy to reduce health disparities but are mutually supportive. High quality, accessible health care contributes to improving community environments. Positive behaviors and environments equally improve the success of treatment and disease management.

The reasons for these health status disparities are complex and poorly understood, but may largely reflect socioeconomic differences, differences in health-related risk factors, environmental degradation, and direct and indirect consequences of discrimination. Differences in access to healthcare are also likely to play a role in these health disparities.

—*Unequal Treatment*,
Institute of Medicine

Goal 1:

Prevent the development of illness and injury by fostering healthy behaviors, healthy community environments, and institutional support of good health outcomes

Health can be enhanced and disparities reduced through greater attention to prevention. Improving health-related behaviors and fostering health-supporting community environments is fundamental for effective prevention. The California Campaign identified several key behaviors along the pathways to the Priority Medical Issues: tobacco use, poor nutrition and lack of physical activity, unsafe sex, and drug and alcohol use. Each of these behaviors is associated with more than one health problem. Altering these behavioral pathways requires action at several levels. While education plays a valuable role in influencing individual behavioral choices, it is important not to ‘blame the victim’ by focusing strictly on lifestyle choices; “Getting people to behave...encompasses only a small fraction of the routes to risk reduction and does not stand alone without significant support from major societal mechanisms.”ⁱⁱⁱ Addressing the social and physical environment that influences behavioral choices is an essential element of a strategy to change behavioral patterns throughout a population. Far more than air, water, and soil, the environment refers to the broad social and community context in which everyday life takes place.



In addition to shaping behavior, the environment also has direct influences on health. The quality of air, water, and soil tends to be worse in areas in which the population is either low-income or primarily people of color. Beyond specific toxins, other physical and social neighborhood conditions can directly affect health by producing higher stress levels which can contribute to poorer mental health and health outcomes. The impact of social, economic and political exclusion results in a ‘weathering’ whereby health reflects cumulative experience rather than chronological or developmental age.^{iv} Stressors such as discrimination, inadequate incomes, unsafe neighborhoods, lack of neighborhood services, and multiple health problems all contribute to a wearing down of the body and subsequent poor health.

Given the influence of the environment on health and health behaviors, it is critical to specifically identify those factors that have the greatest impact on the development of health disparities. These factors comprise the pathways through which root factors play out on the community level and, if ameliorated, can help to reduce and eliminate disparities. Twenty key factors ‘cluster’ into four areas: built environment factors, social capital factors, services and institutions, and structural factors.^v The built environment is the man-made infrastructure of a community such as street design, public transportation, and permitted uses of buildings. Social capital

20 COMMUNITY FACTORS

Built Environment

1. Activity-Promoting Environment
2. Nutrition-Promoting Environment
3. Housing
4. Transportation
5. Environmental Quality
6. Product Availability
7. Aesthetic/Ambiance

Social Capital

8. Social Cohesion and Trust
9. Collective Efficacy
10. Civic Participation and Engagement
11. Social and Behavior Norms
12. Gender Norms

Services and Institutions

13. Public Health, Health, and Human Services
14. Public Safety
15. Education and Literacy
16. Community-Based Organizations
17. Cultural and Artistic Opportunities

Structural Factors

18. Economic Capital
19. Media and Marketing
20. Ethnic, Racial, and Intergroup Relations

includes the “connections among individual-social networks and the norms of reciprocity and trustworthiness that arise from them.”^{vi} The availability of and access to high quality, culturally competent, and appropriately coordinated public and private services and institutions is a critical element for good health. Structural factors are overarching in nature, and rooted in broader systems or structures that have an impact on people and communities everywhere. Examples include employment and economic opportunities and marketing and advertising practices.

Goal 2:

Reduce the severity of illness and injury by providing high-quality medical care to all.

Once injuries and diseases do occur, their impact can be reduced through accessible, high quality care. In addition, many conditions can be prevented by quality medical services. The California Campaign identified two critical pathways for medical care: 1) late diagnosis (in part due to lack of access) and 2) improper treatment (including unequal care). These pathways can be altered by improving a) access to care, b) quality of care, and c) culturally and linguistically appropriate services.

Overcoming barriers to accessing care is vital. An important element of this is increasing health insurance rates. In 1999, 6.8 million Californians were uninsured, with people of color having the highest uninsurance rates.^{vii,viii,ix} It is also important to minimize the fear of stigma and discrimination that immigrant families face—even legal immigrants—when seeking health care.

In addition to minimizing barriers to accessing healthcare, it is critical that people receive quality care after they have accessed it. There is considerable evidence that people of color experience discrepancies in care compared to that received by whites. “Evidence of racial and ethnic disparities in healthcare is, with few exceptions, remarkably consistent across a range of illnesses and healthcare services.”^x These differences in diagnosis, quality of care, and treatment methods lead to consistently poorer health outcomes among people of color,^{xi} and these differences must be addressed. Part of improving the quality of care requires ensuring culturally and linguistically appropriate care. This promotes improved communication with patients and enables providers to address health concerns within the cultural context of the patient. An element of culturally appropriate care is a diverse workforce. The vast majority of medical professionals, including physicians, registered nurses, and mid-level providers such as nurse practitioners and physician assistants are white, exceeding the percentage of whites in the general population.^{xii} There is a need to promote a more diverse healthcare workforce.

TOWARD A HEALTHY & PRODUCTIVE CALIFORNIA: ENGAGING STAKEHOLDERS & MOVING FORWARD

Achieving health for all Californians is both a moral imperative and a matter of good economics. The cost of poor health is far greater than the cost of preventing it. Illness and injury is not only a concern for doctors and patients; it has far reaching implications for on well-being, productivity, and the quality of life for everyone. The health of the state depends, literally, on the health of all its residents.

Eliminating racial and ethnic health disparities and improving health outcomes requires participation from key public and private institutions working in partnership with communities. Institutions, including banks, businesses, government, schools, health care, and community service groups, have a major influence on community environments. The decisions they make—such as whether to accommodate pedestrian and bicycle travel on city streets, where to locate supermarkets or alcohol outlets, or what efforts to take to reduce hazardous emissions—influence health behaviors and health outcomes. Engaging all communities in shaping solutions and taking action for change is critical. Communities need to be involved in identifying the health problems of greatest concern, examining the critical pathways to illness and injury, and working to alter these pathways. In many cases, these decisions are made without awareness of their relationships to health outcomes. When communities and institutions make decisions more explicitly, they can improve health and reduce disparities.

The *California Campaign* points the way towards interventions California and Californians must take. Action is needed to strengthen community environments and shift behaviors to prevent disease and injury. Action is needed to ensure health services are high quality, accessible, and culturally competent. Efforts must build on community strengths—their healthy traditions, their resilience, their diversity, and their committed institutions.

The vision of a healthy, productive California must be translated into commitment. There is a critical job for the health sector to improve the availability and quality of medical care for all California's ethnic and racial groups. It is also vital that every public and private institution step forward to improve the environments that beget good health. The next step is to coordinate action by institutions and in communities across the state. Now that the pathways to health for all have been described, taking action to alter them is essential.

Given the broad roots of this problem, it is only with combined efforts of all sectors and disciplines of society—the public and private sectors, business and labor, non-profit and community-based organizations, educational institutions, the faith community and others—that we can hope to eliminate racial and ethnic disparities.

—*Call to the Nation to Eliminate Racial and Ethnic Disparities in Health*

ENDNOTES

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All members of a community are affected by the poor health status of its least healthy members.

Unequal Treatment, Institute of Medicine

A broad and intensive strategy is needed to seriously address racial and ethnic disparities in health status.

Unequal Treatment, Institute of Medicine

Despite steady improvement in the overall health of the U.S. population, racial and ethnic minorities, with few exceptions, experience higher rates of morbidity and mortality than non-minorities.

Unequal Treatment, Institute of Medicine

Evidence is emerging...that societal-level phenomena are critical determinants of health....Stress, insufficient financial and social supports, poor diet, environmental exposures, community factors and characteristics, and many other health risks may be addressed by one-to-one intervention efforts, but such interventions do little to alter the broader social and economic forces that influence these risks.

Promoting Health, Institute of Medicine

Racial and ethnic minorities tend to receive a lower quality of health care than non-minorities....The sources of these disparities are complex, are rooted in historic and contemporary inequities, and involve many participants at several levels.

Unequal Treatment, Institute of Medicine

Given the broad roots of this problem, it is only with combined efforts of all sectors and disciplines of society...that we can hope to eliminate racial and ethnic disparities.

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