

Adventist Health

Priority Area Overview



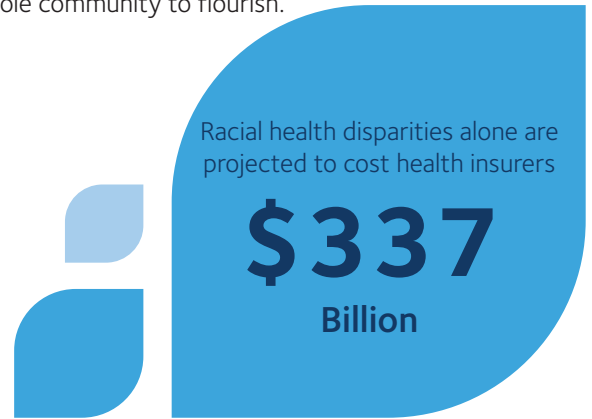
Equity

Equity is about just and fair inclusion into a society in which all have a fair chance to participate, prosper, and reach their full potential. It means that people are not held back from reaching their potential because of social conditions, systems, and policies that make it difficult to live good lives. Racism, poverty, living in certain neighborhoods, gender, and stigma all can lead to poor well-being outcomes. Communities that are equitable strive to put into place the social conditions, systems, and policies that address these harms in order to allow everyone to contribute to their full potential and help the whole community to flourish.

IMPLICATIONS

Health: Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health. It is important to recognize the impact that social determinants have on health outcomes of specific populations. Poor health outcomes are not confined to the worst-off populations. In countries at all levels of income, health and illness follow a social gradient whereby those who are more socially disadvantaged have less access to services, suffer more illness and/or die sooner than people in more privileged social positions. Social factors, which can be changed and controlled by policy, are largely responsible for the differences in the health outcomes in different populations and groups. Moreover, it is often the lack of policies or frameworks for action that exacerbates growing inequities in the distribution of goods, opportunities and rights.

Cost: Health inequity is a multiple-industry issue with significant impacts (health, social, economic, etc.) on people and communities. Racial health disparities alone are projected to cost health insurers \$337 billion between 2009 and 2018. The economic effects of health inequity are the result of both unsustainable and wasteful healthcare



spending and diminished productivity in the business sector. According to Centers for Medicare & Medicaid Services, healthcare spending accounted for 17.7 percent of the nation's Gross Domestic Product (GDP) in 2018 reaching \$3.6 trillion or \$11,172 per person. Health and healthcare inequities result in lower quality of healthcare, worse health outcomes for minority racial/ethnic populations and people with low socioeconomic status, increased direct and indirect healthcare costs, decreased productivity, and an overall disparate use of corporate healthcare dollars.

POTENTIAL PARTNERS



PUBLIC HEALTH DEPARTMENTS

HEALTH CENTERS

SCHOOL DISTRICTS

UNIVERSITIES

ECONOMIC DEVELOPMENT CENTERS

HOUSING AGENCIES

CHAMBERS OF COMMERCE

TRANSPORTATION PROGRAMS

SOCIAL SERVICE ORGANIZATIONS
(FOCUSED ON AT RISK POPULATIONS)

SUBJECT-MATTER EXPERTS



PUBLIC HEALTH OFFICER

PLANNING COMMISSION MEMBERS

AREA AGENCY ON HOUSING STAFF

UNIVERSITY STAFF
(FOCUSING ON DISPARITIES WORK)

GLOSSARY OF COMMON TERMS:

Culturally Appropriate Care: A healthcare approach that understands the influence cultural values and beliefs (for the patient and provider) in health care delivery and provides care to address cultural needs.

Diversity: The condition of having or being composed of differing elements, especially, the inclusion of different types of people (as people of different races or cultures) in a group or organization.

Equality: Evenly distributed tools and assistance.

Equity: Custom tools that identify and address inequality.

Health Inequity: Differences in health outcomes that are systematic, avoidable, and unjust.

Health Disparity: A particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health and/or a clean environment based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation; geographical location; or other characteristics historically linked to discrimination or exclusion.

Health Care Disparity: Refers to a higher burden of illness, injury, disability, or mortality experienced by one group relative to another. A "health care disparity" typically refers to differences between groups in health insurance coverage, access to and use of care, and quality of care.

High-Risk Populations: Population groups that have a higher risk of a certain health outcome than the general population.

Inequality: Unequal access to opportunities.

Justice: Fixing the system to offer equal access to both tools and opportunities.

Population Health: The health outcomes of a group of individuals, including the distribution of such outcomes within the group.

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.

Socioeconomic Status: A measure of the relative influence wielded by an individual, family, or group as a result of their income, education, and occupation.

	Overall Value (CA)	Black or African American	Hispanic/Latino	Asian	American Indian Alaska Native	White, non-Hispanic	POM	Sources
Children Living in Poverty	19.5%	30.5%	26.2%	10.4%	28.4%	9.5%	2014-2018	American Community Survey
Mean Income (Dollars)	37,124	30,011	20,722	43,844	26,690	53,830	2018	American Community Survey
Life Expectancy (in years)	80.8	75.1	83.2	86.3	80.2	79.8	2017	CDC
Adult Arrest Rate (per 1,000 population 18+)	33.1	89.3	39.1	Not available	Not available	29.9	2019	California Department of Justice*
Juvenile Arrest Rate (per 1,000 population under 18)	4.35	17.2	4.43	Not available	Not available	3.33	2019	California Department of Justice*
High School Graduation Rates	83.0%	73.3%	80.6%	93.6%	70.5%	87.0%	2018	California Department of Education
Preterm Births	7%	10%	8%	Not available	Not available	6%	2017	March of Dimes**
Infant Mortality Rate (per 1,000 live births)	4.4	10.2	4.7	2.6	5.1	3.6	2012-2016	California Dept. Of Public Health, National Center for Health Statistics
Persons reporting not having a usual source of care when sick	11.6%	10.4%	16.7%	9.8%	15.8%***	7.3%	2018	California Health Interview Survey
Children Ages 3-5 Not Enrolled in Preschool or Kindergarten	38.7%	38.8%	43.1%	32.7%	Not available	31.8%	2016	American Community Survey

*Values were calculated using American Community Survey Population Statistics for 2018. Arrests include misdemeanor and felony offenses.

**Preterm births are defined as births to babies <37 weeks gestational age. The percentages are the median value of all CA counties.

***Unstable Value. Should be interpreted with caution.

Evidence Matters

Explore the County Health Rankings and Roadmaps “What Works for Health” tool to help find policies and programs that are a good fit for your communities health priorities: www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health

RESOURCES

Bay Area Regional Health Inequities Initiative (BARHII): The mission of BARHII is to transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that improve community health.

Community Catalyst (CC): Community Catalyst’s mission is to organize and sustain a powerful consumer voice to ensure that all individuals and communities can influence the local, state and national decisions that affect their health.

Institute for Healthcare Improvement (IHI): IHI strives for a future free of health inequities and is committing its tools, talents, and team to this essential human pursuit. IHI aims to achieve health equity by working in collaboration with organizations, communities, and individuals to accelerate the elimination of inequities in health and health care access, treatment, and outcomes across our nation.

Prevention Institute (PI): Prevention Institute (PI) is a national nonprofit with offices in Oakland, Los Angeles, Houston, and Washington, D.C. Their mission is to build prevention and health equity into key policies and actions at the federal, state, local, and organizational level to ensure that the places where all people live, work, play and learn foster health, safety and wellbeing.