Rhode Island Commission for Health Advocacy and Equity

2017 Legislative Report: Strategies for reducing health inequalities in RI

January 29, 2018

Who is the Rhode Island Commission for Health Advocacy and Equity?

The Rhode Island Commission for Health Advocacy and Equity (CHAE) is a State commission introduced and written into legislation in 2011 (RIGL §23-64.1), with support from current and former legislators including Representatives Walsh, Cimini, Ajello, Medina, and Williams, and Senator Pichardo, to support the elimination of health disparities in Rhode Island.

What we do

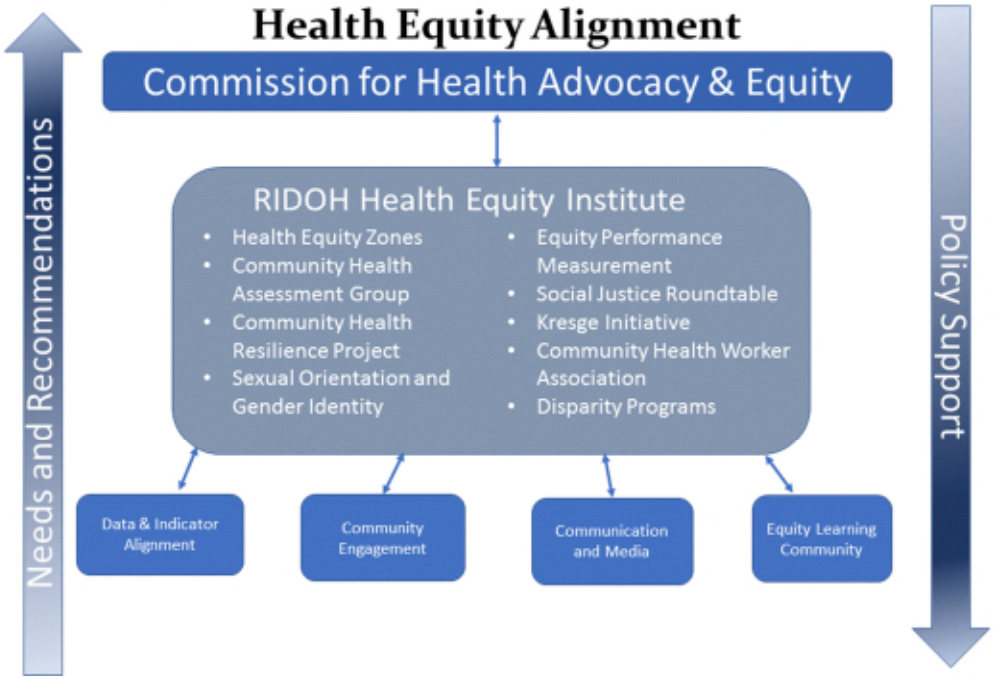
The role of the Commission is to:

1. Advise the Governor, the General Assembly, and the Rhode Island Department of Health (RIDOH) of racial, ethnic, cultural, and socio-economic health disparities;
2. Advocate for the integration of activities that will help achieve health equity;
3. Develop a health equity plan that addresses the social determinants of health;
4. Align statewide planning activities in developing health equity goals and plans; and
5. Educate other state agencies and organizations on health disparities.

Health Equity Framework for Action

Efforts to improve public health in Rhode Island have purposefully shifted towards focusing not only on improving the overall health of the population, but also ensuring all public health initiatives and efforts are conducted through a health equity lens. The CHAE has been tasked with being the champions for mobilizing public health practice, research, and policy efforts to achieve health equity in Rhode Island.

The chart below reflects how the CHAE's work aligns with statewide and community-based initiatives related to health equity, including RIDOH's Health Equity Institute.



About this report

In 2015, the Rhode Island Commission for Health Advocacy and Equity (CHAE) issued a comprehensive legislative report to highlight preventable health inequalities in Rhode Island. The 2015 report is available on the RIDOH website at: health.ri.gov/publications/reports/2015CommissionOnHealthAdvocacyAndEquityLegislativeReport.pdf.

Many of the recommendations from the 2015 CHAE Legislative Report have been approached through the **statewide initiatives referenced in this report**. The disease-specific and global recommendations from the 2015 CHAE Legislative Report continue to be pursued by CHAE, RIDOH, and the state partners involved in the RI initiatives.

Healthy equity alignment is a focus of CHAE's health equity framework for action through data, community engagement and learning, and through communication and media. To illustrate the importance of communicating disparities and their impact on RI, this report **updates data related to diabetes and maternal and child healt**h. The CHAE selected these health outcomes because of their strong alignment with the efforts of statewide initiatives to improve population health. Both diabetes and maternal and child health outcomes are often seen as indicative of the overall health of the population, and of how well the healthcare system is working. Disparities were identified in these health topic areas across racial/ethnic groups and socioeconomic status, with emphasis on the subsequent economic impacts that can affect all Rhode Islanders.

As with the 2015 legislative report, this report **ends with policy recommendations** that are critical for reducing the differences in health between the various groups of Rhode Islanders disproportionately impacted.

RI initiatives to fulfill the 2015 CHAE Legislative Report recommendations

Good health is a resource for everyday life. There are several ongoing efforts in the state focused on improving our population's health and addressing the social, economic, and environmental determinants of health. Such efforts include the State Innovation Model initiative, which is funded by the Centers for Medicare and Medicaid Services to improve population health, improve the experience of care, and reduce the cost of healthcare; Rhode Island College's Healthy Jobs RI grant, funded by the Department of Labor and Training to build and sustain the community health worker infrastructure; and RIDOH's Health Equity Zones (HEZ) initiative, which is an innovative, place-based approach that supports individual communities to build the infrastructure needed to achieve healthy, systemic changes at the local level.

Each of these initiatives target health outcomes or the root causes of health differences that are highly prevalent in our state, are costly to our state budget, and substantially reduce the quality of life of our residents. Additional, simultaneous efforts to reduce the differential burden of morbidity and premature mortality across groups are needed to ensure that we all have access to the resources for good health.

Definitions

Health

Before we define health equity, it is essential to define **health**. According to the World Health Organization, health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity[1].

Health equity

Health equity means achieving the highest level of health for **all people**. Health equity calls for **focused** efforts to address **avoidabl**e inequalities by creating fair opportunities for optimal health, especially for groups who have experienced social, economic, and political disadvantage or historical injustices.[2] Efforts to achieve health equity look to increase the health capability of all individuals by focusing not only on individual efforts to achieve the best health possible, but also on the context where health happens: in the places where we live, learn, work, and play.

Health disparities

A **health disparity** is a difference in health status, health behavior, disability, morbidity, or mortality between socio-demographic groups.

Health inequalities

A **health inequality** is a difference in health status, health behavior, disability, morbidity, or mortality between socio-demographic groups, where the group with the highest "burden" (or rate) has historically and systemically been marginalized or discriminated against. This difference is viewed as avoidable, unnecessary, and unjust.

Social, economic, and environmental determinants of health

Social, economic, and environmental determinants of health refer to the conditions in which we live, learn, work, play, and age. These conditions can affect our health in significant ways.[3]

Who is impacted by health inequalities?

Health inequalities impact everyone. While it is well documented that some communities bear a disproportionate burden of health inequalities, the indirect impacts of health inequalities affect everyone. Women, certain racial and ethnic groups, low-income individuals, individuals with disabilities, individuals with mental health conditions, children, youth and young adults, seniors, immigrants and refugees, individuals with limited English Proficiency (LEP), the Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQQ) community, and rural communities are all directly impacted by health inequalities. However, when some of us are not as healthy as we can be, the health of the entire population suffers.

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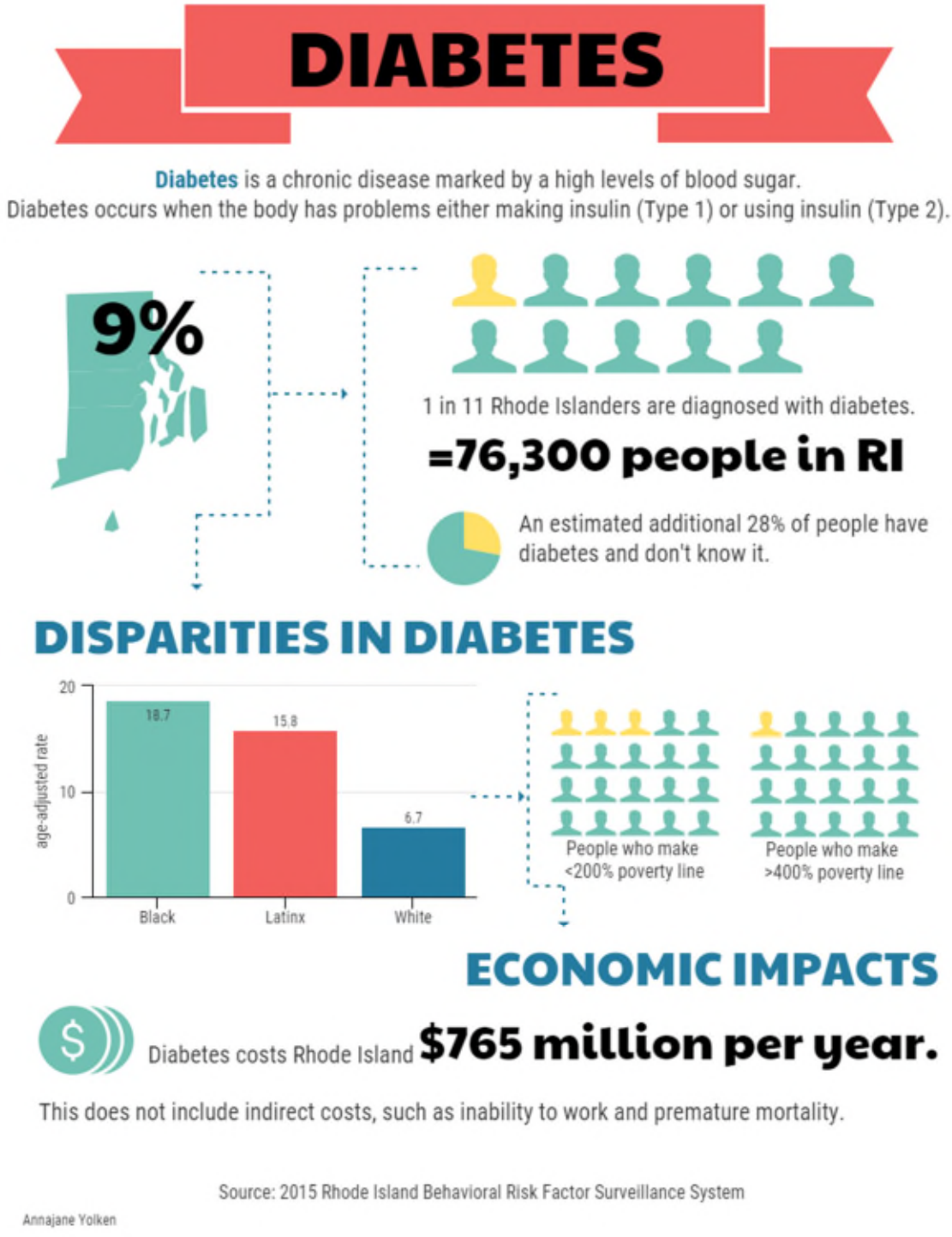
[1] Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July, 1946 by the representatives of 61 states (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April, 1948.

[2] Health Equity Review Planning Tool. Washington State Department of Health: Division of Prevention and Community Health. Office of Healthy Communities. January 2014.

[3] World Health Organization: http://www.who.int/social_determinants/sdh_definition/en/

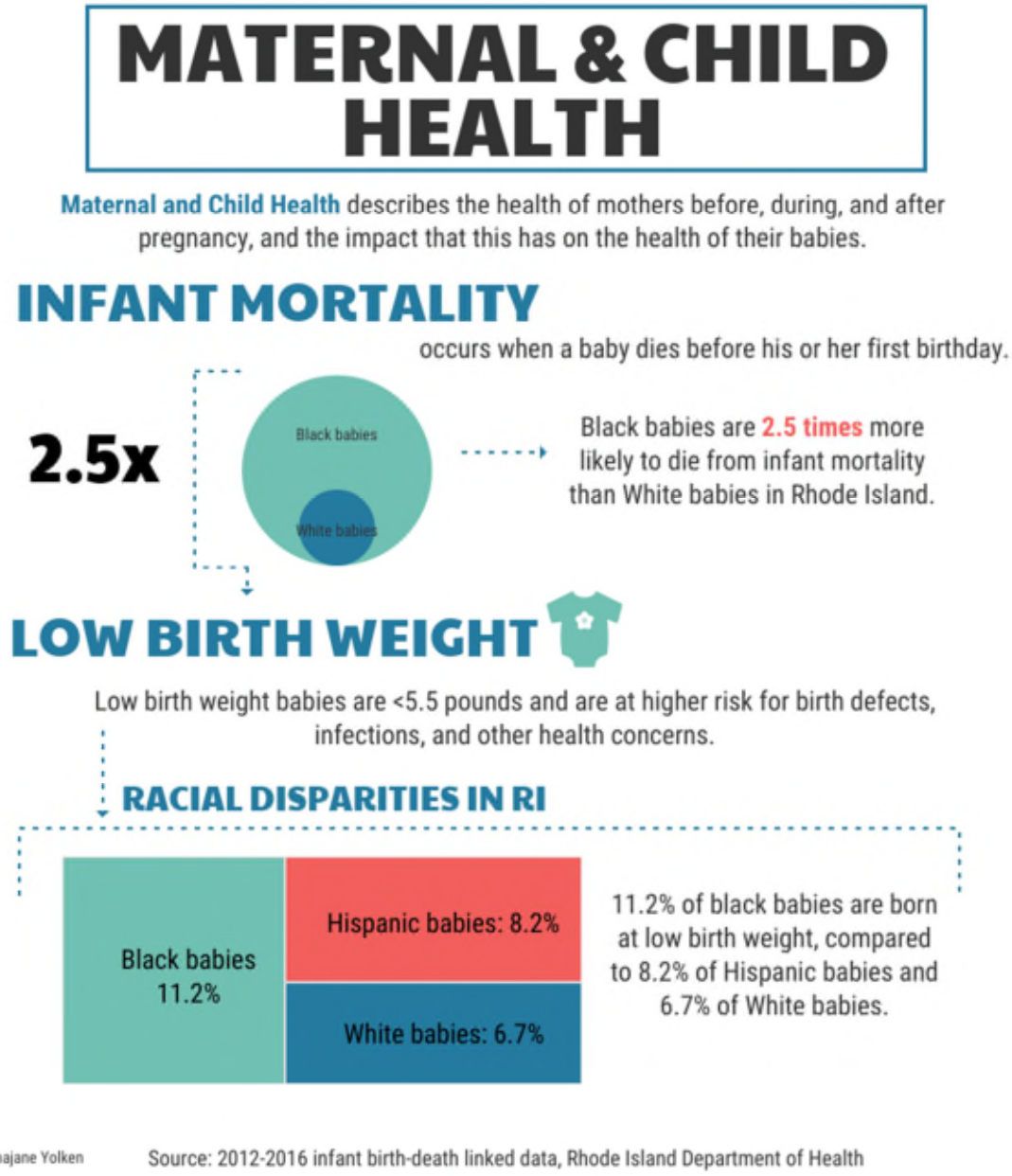
Diabetes

In Rhode Island, diabetes disproportionately impacts black adults, Hispanic adults, and those whose income is less than 200% of the federal poverty level.



Maternal and child health

Two outcomes related to maternal and child health were examined: infant mortality and low birth weight. In Rhode Island, black infants are disproportionately affected by infant mortality and low birth weight.



Creating a healthy future for Rhode Island

Creating opportunity for all to be healthy is essential for creating a stronger Rhode Island. Unfortunately, such opportunity is socioeconomically patterned. The socioeconomic resources (e.g. income and education) that a household has access to, provide much needed tools to help families avoid ill health and premature death. More specifically, socioeconomic status (SES) affects how stress is distributed throughout the population, and affects the resources individuals have to manage that stress. SES also influences the development of healthy lifestyles, and the ability to live in an environment that supports those lifestyles – such as a neighborhood with safe places to exercise.

Our focused mission as a Commission is to ensure that we strategically address the issues that prevent **all** Rhode Islanders from being as healthy they can be. This mission requires collaboration across public, private, and academic organizations in Rhode Island to improve our population's health and reduce health inequalities.

Policies we support to reduce health disparities

Increase the minimum wage.

Household income has been shown to be strongly associated with health; in particular, our financial resources substantially influence the quality of the food we can afford to purchase, the quality of housing we can afford to live in, and the quality of the healthcare we have access to. Recent Policy efforts to increase the minimum wage have gained momentum both locally and nationally. Such efforts have been linked to improvements in population health outcomes such as reductions in infant mortality and low birth weight[4] as well as obesity[5]. **CHAE strongly support efforts in the state to increase the minimum wage to increase the financial resources of Rhode Island families and improve the public's health.**

Increase high school graduation rates for all.

Educational attainment has also been consistently associated with health;[6] and there are multiple ways in which education has been suggested to influence our health: 1) it provides the necessary credential(s) for employment; 2) it provides knowledge and cognitive and problem-solving skills[7] helpful for managing health and navigating healthcare; and 3) it decreases exposure to economic stress and chronic psychological distress,[8] as those with higher educational attainment are more likely to "live and work in environments with the resources and built designs for healthy living".[9] People with higher levels of education are more likely to live longer and have better health outcomes.[10] In Rhode Island, high school graduates live an average of seven years longer than those who do not graduate from high school. According to Rhode Island KIDS COUNT, "Rhode Island's four-year graduation rate has been steadily increasing from 70% in 2007 to 85% in 2016.

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[4] Komro, K.A., Livingston, M.D., Markowitz, S., Wagenaar, A.C. The effect of an increased minimum wage on infant mortality and birth weight. Am. J. Public Health 106(8), 1514–1516 (2016).

[5] Meltzer DO, Chen Z. The impact of minimum wage rates on body weight in the US. National Bureau of Economic Research Working Paper No. 15485.

[6] Kawachi, I., Adler, N. E. and Dow, W. H. (2010), Money, schooling, and health: Mechanisms and causal evidence. Annals of the New York Academy of Sciences, 1186: 56–68.

[7] Mirowsky J, Ross CE. Education, learned effectiveness and health. London Rev Educ 2005;3(3):205–20.

[8] Shupe, A., Tolliver, R., Hamilton, J., & Menefee, D. (2008). Prevalence of severe psychological distress and its association with behavioral risk factors, quality of life indicators, and health outcomes: Colorado Behavioral Risk Factor Surveillance System, 2007. health, 800, 886-7689.

[9] Zimmerman, E., & Woolf, S. H. (2014). Understanding the relationship between education and health. National Academy of Sciences. Page 6.

[10] Egerter, S., Braveman, P., Sadegh-Nobari, T., GrossmanKahn, R., & Dekker, M. (April, 2011). Exploring the social determinants of health: Education and health. Retrieved January 8, 2018, from www.rwjf.org

However, graduation rates vary substantially by family income and by race and ethnicity."[11] The dropout rates for Black and Hispanic students in Rhode Island are 10% and 13% compared to 6% for White students and the state average of 8%. Rhode Island Commissioner of Education Ken Wagner has stated that "[h]igh school graduation is an important indicator of future opportunities for our children and our state."[11] **Thus, the CHAE supports the recommendations made by KIDSCOUNT in their March 2017 Issue Brief on Improving High School Graduation Rates in Rhode Island[12] that include establishing early warning systems, closing achievement gaps between racial/ethnic minorities and White students and between students from low-income and high-income households, and reducing chronic absenteeism at all grade levels.** Such efforts are critical to reducing health disparities and improving the health of all Rhode Islanders.

Conclusion

All Rhode Islanders deserve the opportunity to live a long, healthy life, regardless of their zip code, race, ethnicity, sexual orientation, gender identity, level of education, level of income, or insurance status. And yet too many Rhode Islanders don't have the same opportunities to be as healthy as possible. This report offers a brief look at data in two health topic areas – diabetes and maternal and child health – to help illustrate existing disparities between different groups of Rhode Islanders. To eliminate disparities and achieve health equity, we must change our policies, systems, and environments so healthy living is a real option for everyone. Two policies the CHAE supports to reduce health disparities are increasing the minimum wage and increasing high school graduation rates. These policies have the potential to benefit not only those who are directly impacted by health disparities, but all Rhode Islanders. When we work together and invest in building healthy communities, health outcomes improve, communities flourish, and our economy grows stronger.

How can you use this report?

- Learn about and support efforts in your community, such as Health Equity Zones, to address social, economic, and environmental determinants of health.
- Focus priority setting and resource allocation to ensure that the places where Rhode Islanders live, work, learn, and play are not detrimental to their health.

Acknowledgements

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Current members: Chair, Taino Palermo, EdD, MA; Shontay Delalue, PhD; Andrea Goldstein, MPAc; Heriberto Gonzalez; Raymond Neirinckx; Michael Nina; Daniella Palermo, MD; Azade Perin-Monterroso; Cynthia Roberts, PhD; Vanessa Volz, JD; Larry Warner, MPH; Raymond Two Hawks Watson; Annajane Yolken, MPH. **Ex officio members:** Aleatha Dickerson, MS; Steven Florio, MS; Pamela Cotter; Philip Less, PhD; Donna Murry; Kathryn Ryan, Esq.; Patricia Threats; Jim Vincent. **Former members:** Julie Rawlings; Ginette G. Ferszt, PhD, RN, PMHCNS-BC; Kavita Patel, MBA; Ulli K. Ryder, PhD; Reginald Tucker-Seeley, ScD

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[11] "Rhode Island KIDS COUNT Releases New Issue Brief: Improving High School Graduation Rates in Rhode Island. 2017. Available at: http://www.rikidscount.org/Portals/0/Uploads/Documents/Media%20Releases/2017/3.6.17%20-%20Media%20Release%20-%20High%20School%20Graduation%20Issue%20Brief%20-%20final.pdf

[12] Issue Brief: Improving High School Graduation Rates in Rhode Island. 2017. Available at: http://www.rikidscount.org/Portals/0/Uploads/Documents/Issue%20Briefs/3.17%20-%20RI%20KIDS%20COUNT%20Graduation%20Issue%20Brief.pdf