



**DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH:
CULTURALLY AND LINGUISTICALLY
APPROPRIATE SERVICES (CLAS)**

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1

OUTLINE

- Definitions
- Health of US and WI
- Definitions
- What impacts health
- *HW2020* Baseline and Health Disparities Report
- Health Equity Support and Frameworks
- Division of Public Health CLAS Initiative
- Public health and YOU
- Questions, thoughts, reflections...

POP QUIZ

True or False?



The United States ranks 1st in life expectancy compared to other industrialized countries.

POP QUIZ - ANSWER

True or False?

The United States ranks 1st in life expectancy compared to other industrialized countries.

False.

Which country ranks 1st?

**Switzerland for males.
Japan for females.**



US HEALTH OUTCOMES

TABLE 1-3 Life Expectancy at Birth in 17 Peer Countries, 2007

Males			Females		
Country	LE	Rank	Country	LE	Rank
Switzerland	79.33	1	Japan	85.96	1
Australia	79.27	2	France	84.43	2
Japan	79.20	3	Switzerland	84.09	3
Sweden	78.92	4	Italy	84.03	3
Italy	78.82	5	Spain	83.78	4
Canada	78.35	6	Australia	82.95	7
Norway	78.25	7	Canada	82.95	7
Netherlands	78.01	8	Sweden	82.86	9
Spain	77.62	9	Austria	82.86	9
United Kingdom	77.43	10	Finland	82.48	11
France	77.41	11	Norway	82.48	11
Austria	77.33	12	Germany	82.44	12
Germany	77.31	13	Netherlands	82.31	13
Denmark	76.13	14	Portugal	82.19	14
Portugal	75.87	15	United Kingdom	81.98	15
Finland	75.86	16	United States	80.78	16
United States	75.64	17	Denmark	80.53	17

NOTE: The life expectancy at birth (years) on 07.
SOURCE: Ho and Preston (2011), Table 1.

US HEALTH OUTCOMES (CONT)

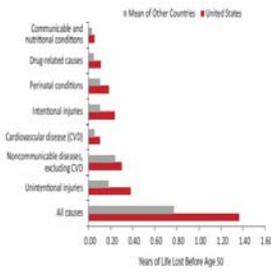


FIGURE 1-13 Years of life lost before age 50 due to specific causes of death among males in 17 peer countries, 2006-2008.

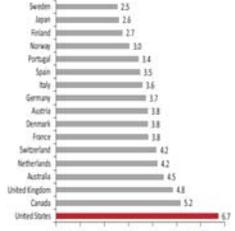
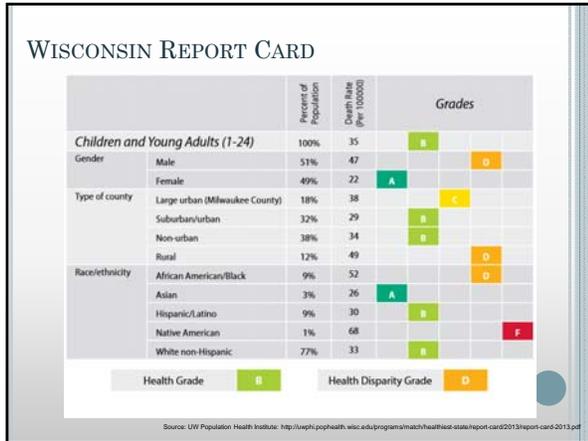
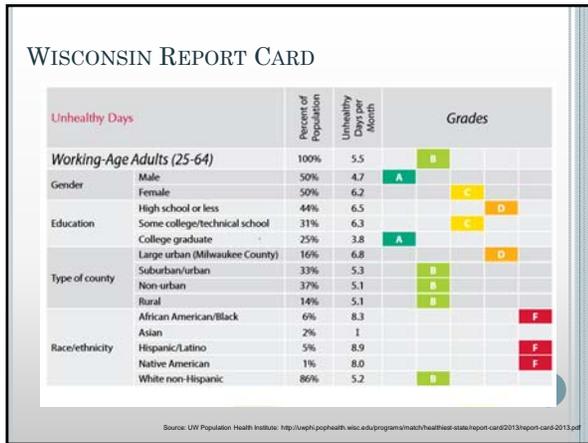
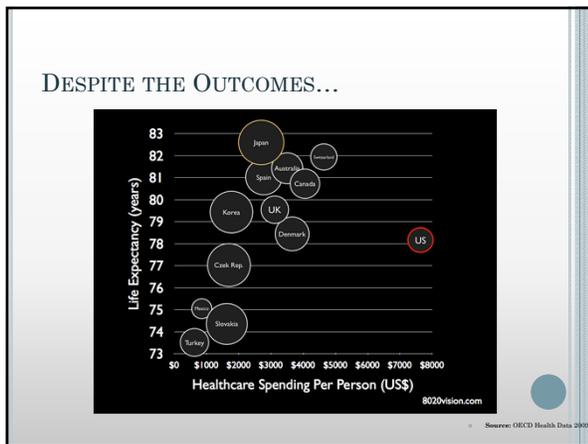


FIGURE 2-1 Infant mortality rates in 17 peer countries, 2005-2009.
NOTE: Rates averaged over 2005-2009.
SOURCE: Data from OECD (2012c).







DEFINITIONS MATTER:
HEALTH, HEALTH DISPARITY, & HEALTH EQUITY

Health

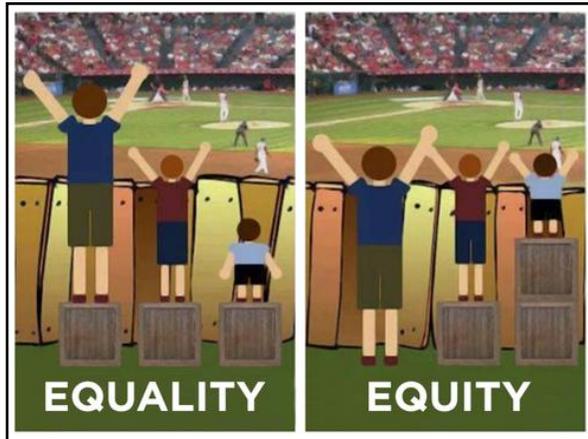
A state of complete physical, mental, and social well-being and not just the absence of sickness or frailty

Health Disparity

A type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systematically experienced greater social or economic obstacles to health

Health Equity

When all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance



What impacts health?

Income

Age

Social support

Insurance

Health behaviors

Education

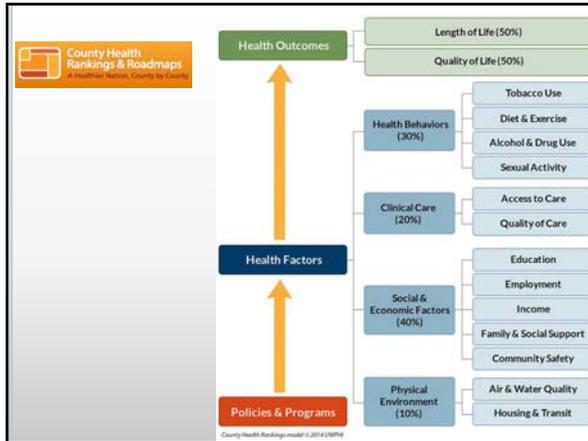
Culture

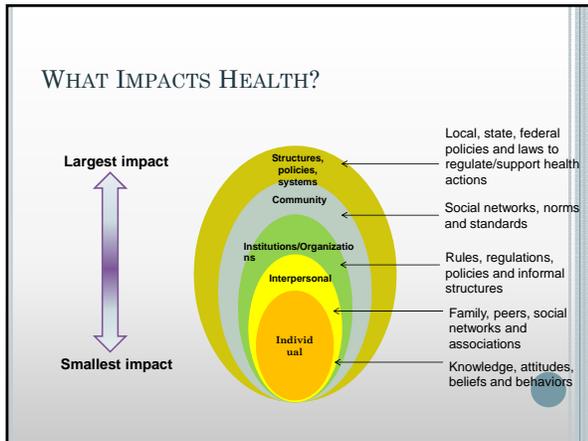
Clinical care

Family

Housing

Neighborhood





EMPLOYMENT

A STABLE JOB WITH FAIR PAY LEADS TO BETTER HEALTH

For most Americans, employment is the sole or primary source of income, which enables individuals to provide their families with:

- Nutritious Foods
- Quality Childcare
- Educational Opportunities
- Healthier Homes & Neighborhoods

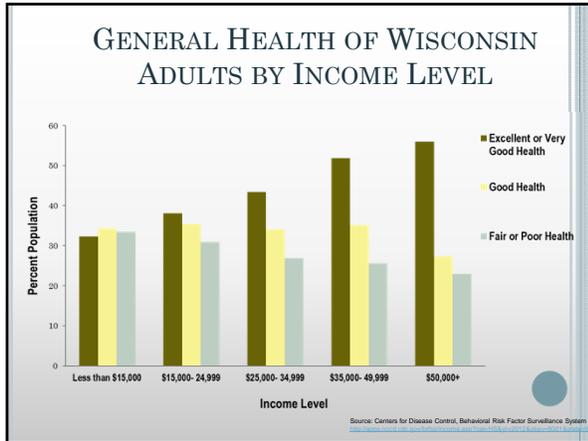
Unemployment has also been linked to:

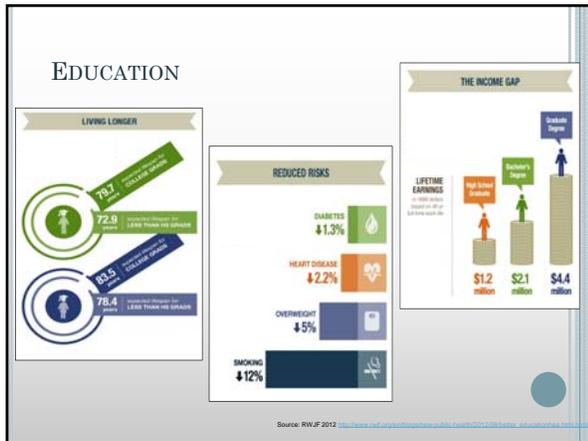
- Loss of Health Insurance
- Increased Stress & Blood Pressure
- Unhealthy Coping Behaviors
- Increased Depression

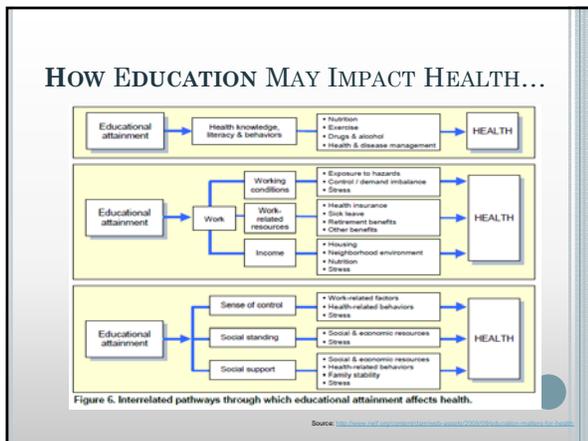
+6 YEARS FOR HIGHER-INCOME EARNERS

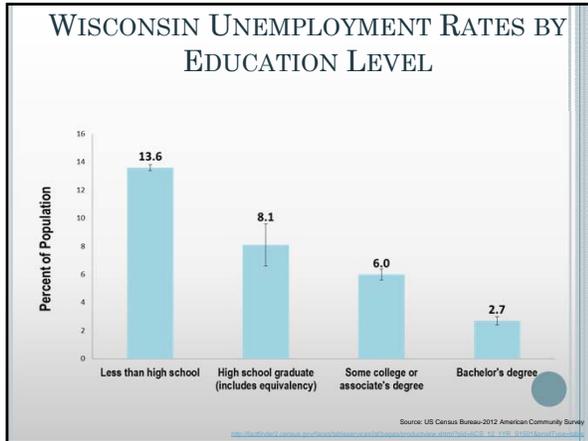
+1.3 YEARS FOR LOWER-INCOME EARNERS

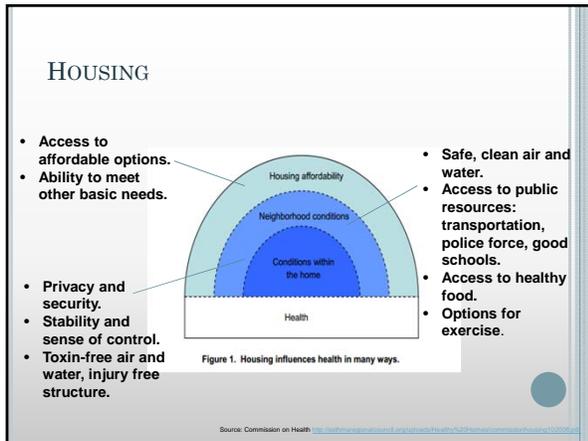
Sources: RWJF Stable Jobs http://www.rwjf.org/en/blog/new-public-health/2013/01/stable_jobs_health.html

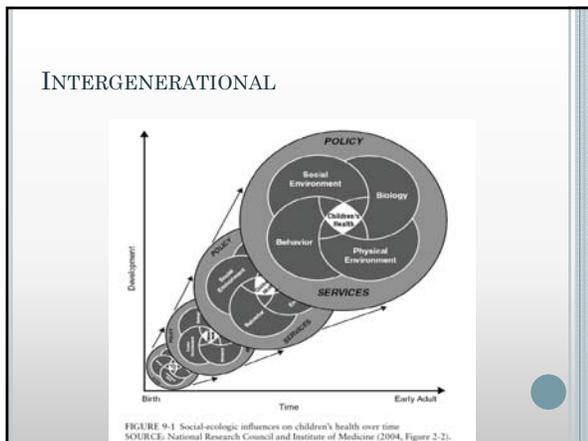












HW2020 Baseline and Health Disparities Report

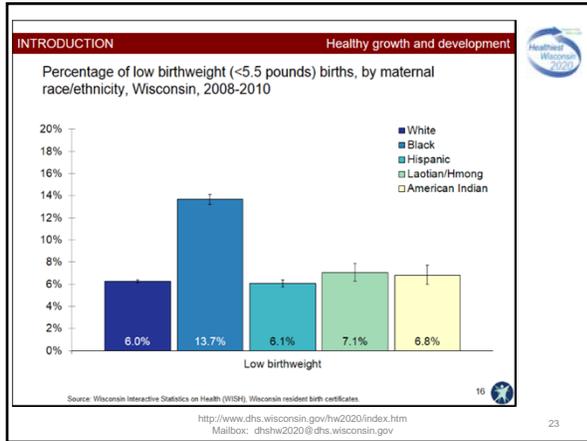


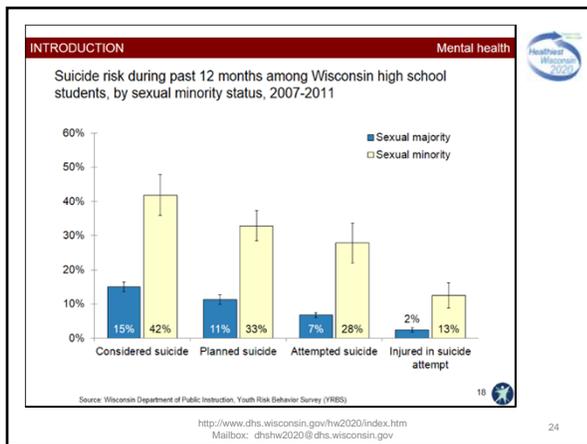
- Addresses the health focus areas, access to healthcare and provides data summaries by population:
 - Racial/ethnic minority populations (American Indians, Asians, Blacks, Hispanics)
 - Socioeconomic status
 - People with disabilities
 - Lesbian, gay, bisexual, and transgender populations
 - Geography

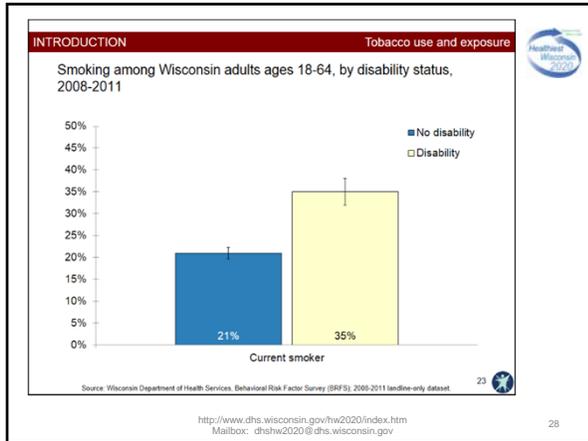
<http://www.dhs.wisconsin.gov/hw2020/hw2020baselinereport.htm>

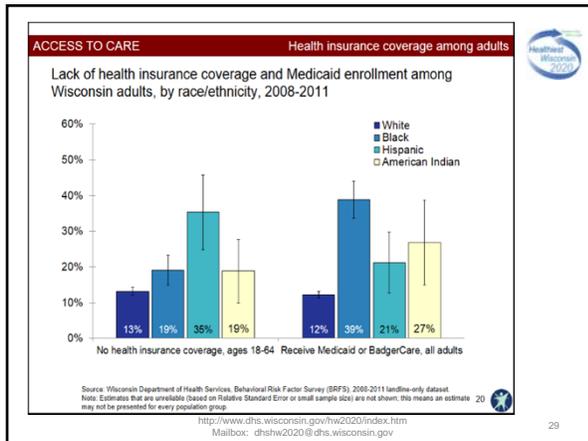
<http://www.dhs.wisconsin.gov/hw2020/index.htm>
Mailbox: dhshw2020@dhs.wisconsin.gov

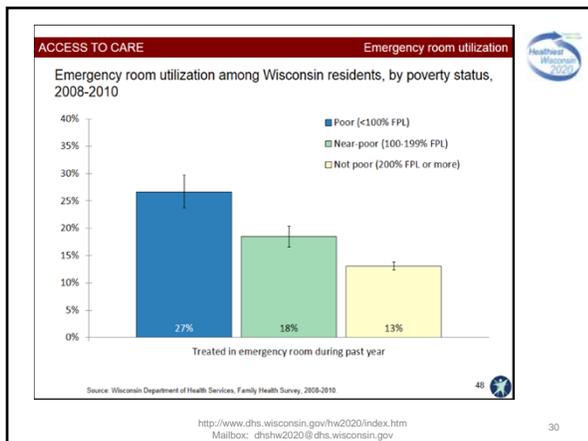
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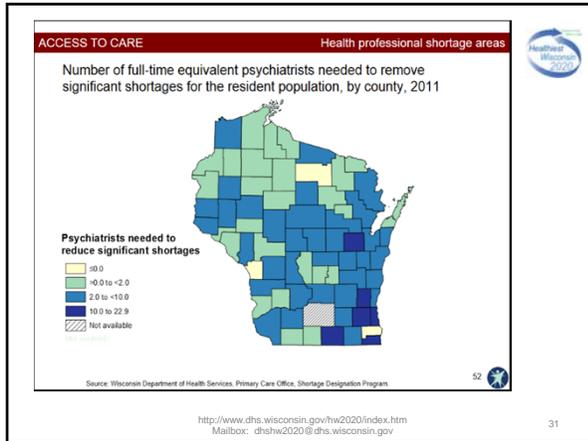


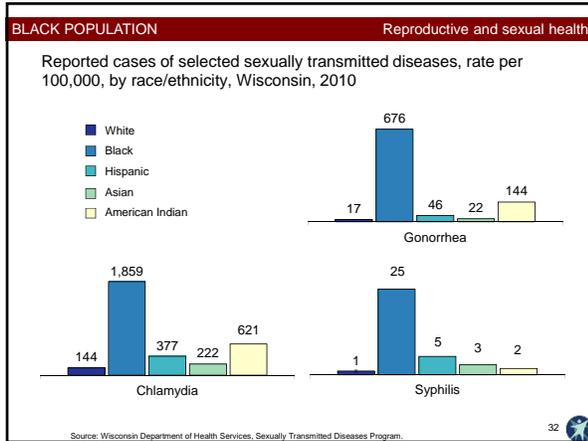


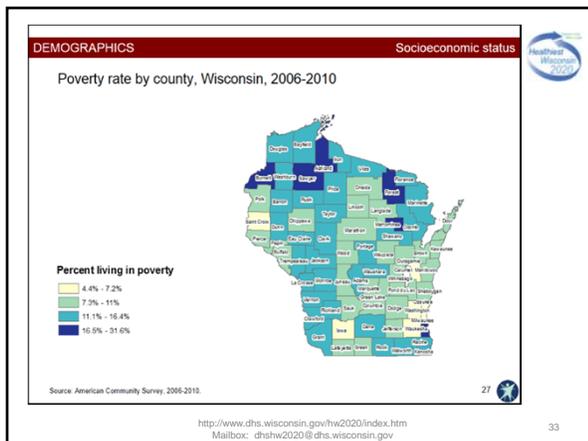


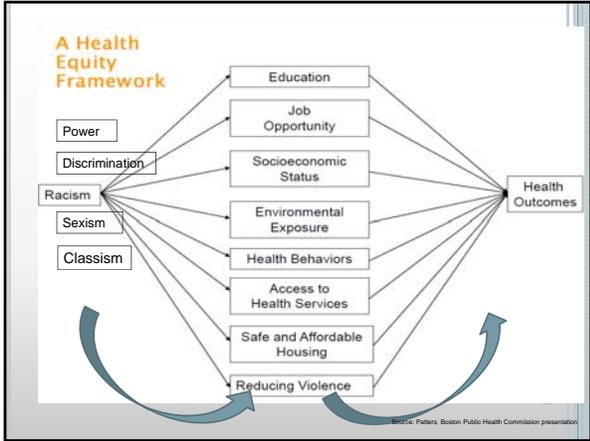


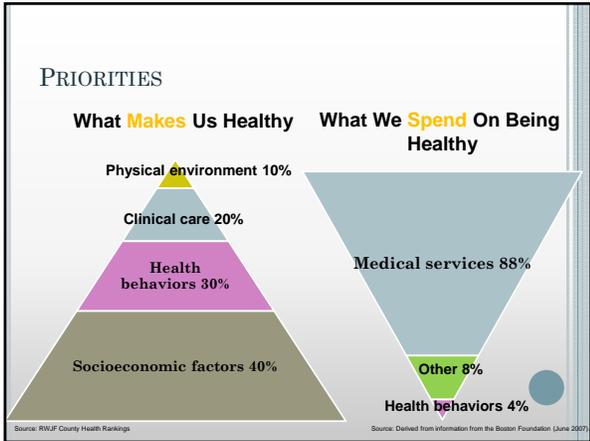


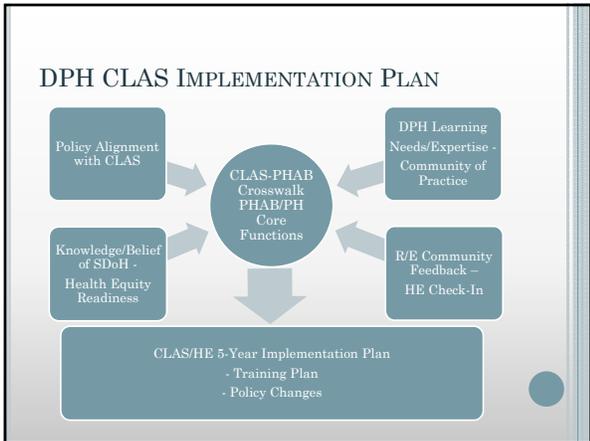












CLAS STANDARDS

CLAS standards are a comprehensive series of guidelines that **inform, guide, and facilitate** practices related to culturally and linguistically appropriate health services.

ENHANCED CLAS STANDARDS

Expanded Standards	National CLAS Standards 2000	National CLAS Standards 2013
Culture	Defined in terms of racial, ethnic and linguistic groups	Defined in terms of racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics
Audience	Health care organizations	Health and health care organizations
Health	Definition of health was implicit	Explicit definition of health to include physical, mental, social and spiritual well-being
Recipients	Patients and consumers	Individuals and groups

ADOPTING THE CLAS STANDARDS

- o DPH has officially pledged to adopt and implement the CLAS standards:
 - Commitment to Health Equity
 - Quality Improvement
 - Accreditation Readiness
 - Alignment/Legal Compliance
- o Next Steps:
 - Five-Year Strategic Plan for Implementing CLAS

IN PUBLIC HEALTH WE OFTEN SAY...

My work includes health equity because...

Degree of Impact

1: I don't discriminate against anyone

2: I serve vulnerable populations impacted by these disparities

3: I plan my work in a way that ensures it addresses the factors leading to health inequities

Source: Patters, Boston Public Health Commission presentation

HOW CAN WE ALL GET HERE?

Degree of Impact

1: I don't discriminate against anyone

2: I serve vulnerable populations impacted by these disparities

3: I plan my work in a way that ensures it addresses the factors leading to health inequities

Source: Patters, Boston Public Health Commission presentation

CORE FUNCTIONS OF PUBLIC HEALTH

- **Assessment**
 - Monitor health status and identify community problems
 - Diagnose and investigate health problems
 - Evaluate effectiveness, accessibility, and quality of services
- **Policy Development**
 - Develop policies and plans that support health
 - Enforce laws and regulations
 - Research new insights and innovative solutions
- **Assurance**
 - Link people to needed services
 - Assure a competent public health workforce
 - Inform, educate, and empower people about health issues
 - Mobilize community partnerships

Centers for Disease Control
http://www.cdc.gov/nceh/healthpromotion/about.htm

Example:
 WI Childhood Lead Poisoning Prevention

- **Assessment**
 - Monitor blood lead levels and rates of childhood lead poisoning (INEQUITIES)
- **Policy Development**
 - Housing abatement programs
- **Assurance**
 - Blood lead testing
 - Inform, educate, and empower communities
 - Implementation and Oversight Committee for Childhood Lead Poisoning Prevention

WHAT CAN YOU DO?

- 1) **Educate** public, other professionals, elected officials and the media about what makes a healthy community.
- 2) **Advocate** for policies that will create healthier communities and invest in interventions that build capacity of communities to engage in local decision making. Health in ALL policies!
 - Letters to the Editor (LTE)
 - Opinions and editorial pieces (Op.Eds)
 - Press releases
 - Media interviews
- 3) **Analyze policies, programs and projects** for potential health impacts (HIA).
- 4) **Engage** diverse, non-traditional partners in public health work. Examples:
 - Economic policy advocacy groups
 - Transportation groups
 - Business Leaders
 - Education Sector Leaders
 - Community-based Organizations
 - Faith-based Organizations
 - Public Safety Officials
 - Policy makers and elected officials
- 5) **Research social policies and the support of such policies to build evidence base.**

ACKNOWLEDGEMENTS

- Division of Public Health leadership and staff
- Health First Wisconsin staff
- Minority Health Leadership Council and community partners
- UW Population Health Institute staff and fellowship community
- WI Center for Health Equity
- WI Clearinghouse for Prevention staff
- WI Minority Health Program staff

RESOURCES

- Presentation graphs: Woolf SH, Aron LY. The US Health Disadvantage Relative to Other High-Income Countries: Findings From a National Research Council Institute of Medicine Report. *JAMA*. 2013;309(8):771-772. doi:10.1001/jama.2013.91.
- World Health Organization Commission on Social Determinants of Health: www.who.int/social_determinants
- Unnatural Causes: www.unnaturalcauses.org
- Policy Link: www.policylink.org
- Wisconsin Center for Health Equity: www.wche.org
- National Association of City and County Health Officials (NACCHO)—Roots of Health Inequity online course: <http://rootsofhealthinequity.org/>
- UW Madison Population Health Institute: <http://uwphi.pophealth.wisc.edu/>

Questions?
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