Achieving Health Equity

Public Health Orientation
Madison, WI

Gwen Perry-Brye, RN-BC, WHNP, DNP, APNP
Clinical Services Director/
Assistant Health Officer
Objectives:

- Discuss how a local health department applied social determinants in implementing public health programs
- Learn ways public health may engage community-driven skills and initiatives to build and achieve health equity.
Equality v/s Equity
Equality v/s Equity v/s Reality
Everybody Has a Story to Tell

- Was there a pivotal moment that led you to public health as a career choice?
- What was it?
- How old were you when you first realized that you were different/unique?
What is Health Equity?

- The attainment of the highest level of health for all people (US Dept. of Health and Human Services (HHS) Office of Minority Health (OMH), 2011, Healthy People 2020).

- Achieving Health Equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.
Public Health’s Role in Addressing the Social Determinants of Health

- Advocating for and defining public policy to achieve health equity
- Coordinated interagency efforts
- Creating supportive environments to enable change

Data collection, monitoring and surveillance
Population based interventions to address individual factors
Community engagement and capacity building
Life Course Perspective

- A way of looking at life not as disconnected stages, but as an integrated continuum.
- Suggests that a complex interplay of biological, behavioral, psychological, and social protective and risk factors contributes to health outcomes across the span of a person’s life.
Life Course Perspective

Reproductive Potential

Age

White

African American

Pregnancy

Lu, 2003
Poor Nutrition
Stress
Abuse
Tobacco, Alcohol, Drugs
Poverty
Lack of Access to Health Care
Exposure to Toxins

Life Course Perspective

Good Birth Outcome

White

Poor Nutrition
Stress
Abuse
Tobacco, Alcohol, Drugs
Poverty
Lack of Access to Health Care
Exposure to Toxins

Poor Birth Outcome

African American

Age
0
5

Puberty

Pregnancy

Lu, 2003
Life Course Perspective

- Prenatal Care
- Poor Birth Outcome
- Puberty
- Pregnancy
- Early Intervention
- Primary Care for Children
- Primary Care for Women
- Prenatal Care
- Internatal Care

Good Birth Outcome

White
African American

Age 0 5
Lu, 2003
Health Care Disparities

- Racial disparities exist even when insurance status, income, age and severity of conditions are comparable.
- Racial disparities occur in the context of historic and contemporary social and economic inequality and institutional racism.
- Racial disparities lead to significantly higher death rates in minorities than whites.
Health Care Disparities Impact Child Health and Development

- Black infants are more than twice as likely as white infants to die before their first birthday.
- Low birth weight and preterm births are highest among poor black children.
- Black children are almost twice as likely to have asthma and 4 times more likely to have elevated blood lead levels than white children.
- One in four black children are overweight, compared to 1 in 7 white children.
Social Determinants of Health Contribute to Disparities

- Social Determinants are conditions in which we are born, grow, live, work and age.
- These conditions are shaped by the distribution of wealth, power, and resources at the local and national levels.
- Institutional racism plays a significant role in social determinants of health.
Social Determinants of Health

- Access of quality health care, providers, specialists.
- Opportunities for gainful employment and economic wealth and power.
- Physical Environment- safe housing, water, air and neighborhoods.
- Access to education/quality schools/teachers.
- Access to healthy foods, grocery stores.
- Freedom from violence/crime.
- Positive social interactions and relationships.
Achieving Health Equity

- Requires seeing health as a beginning, not an end.
- Requires fighting institutional racism and the root causes of disparities.
- Requires personal responsibility
- Requires political will, economic access and social action.
Is it different from Health Disparities?

- Health equity means social justice in health, (i.e., no one is denied the possibility to be healthy for belonging to a group that has historically been economically /socially disadvantaged).

- Health disparities are the metrics we use to measure progress toward achieving health equity. The reduction in health disparities (in absolute and relative terms) is evidence that we are moving toward greater health equity. (www.publichealthreports.org)
Eliminating Disparities

- Addressing the underlying social determinants of health
- Conditions in which people are born, grow, work and age.
- Circumstances that are shaped by the distribution of money, power, and resources.
- Resources include education, health care, public safety and food access.
Dialogue- Courageous Conversations

Discussing the differences and agreeing to four important principles:
- Stay engaged
- Experience discomfort
- Speak your truth
- Expect and accept non-closure
So why is all this important?

- What does the data tell us?
- Disproportionality
- History of persistent disparate trends
Why is Equity so hard to achieve?
Infant Mortality Rates, Wisconsin and the United States, 1985-2010

Note: Rates are the number of infant deaths per 1,000 live births. Infant deaths are those that occur before 365 days of age.
Wisconsin Infant Mortality Rates by Race/Ethnicity
1990-2010 (3-Year Rolling Averages)

WISH (Wisconsin Interactive Statistics on Health), Infant Mortality Module, accessed 07/30/12
## African American Infant Mortality Rates, reporting states and DC, 2006-2008

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# Infant Mortality Rates, 2004-2008

## Selected counties/cities

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<th>B/W Ratio</th>
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Note: ‘X’ denotes less than 5 events and is not reported.

WISH (Wisconsin Interactive Statistics on Health), Infant Mortality Module, accessed 08/22/12.
Timeline of Programs in Kenosha County

- 1996 – Implementation of the Kenosha County Child Death Review Team
- 2004 – Data showed a historically persistent disproportionately higher infant mortality rate among the African American population.
- 2006 – The Black Health Coalition of Greater Kenosha (BHCGK) convened and identifies infant mortality as one of the four health issues to address. Coalition continues to meet quarterly.
Timeline of Programs in Kenosha County cont.

- 2008 – The Kenosha County Division of Health (KCDOH) and Kenosha/Racine Community Action Agency – Women, Infants, and Children (WIC) program collaborate to provide an intensive Pre-Natal Care Coordination (PNCC) program to address infant mortality with pregnant African American women as the target population.
- 2008 – Infant Morality Delegation (IMD) formed to address the high rate of African American infant mortality.
Stress from racism may be factor in high black infant deaths

BLACK INFANTS in Kenosha County are more than 4 times as likely to die before their first birthday as are their white counterparts, according to United Way data.

KENOSHA BLACKS have come to expect higher rates of infant deaths, according to a study released this week. Although the infant mortality rate in Kenosha County is lower than the state average, it is still high compared to other areas in the nation. The infant mortality rate in Kenosha County is 11.6 per 1,000 live births, compared to 9.2 per 1,000 live births in the rest of the state and 4.9 per 1,000 live births in the United States.

WANTED HOMES TO NEED ROOFING

The Kenosha Housing Authority has been working to improve the housing stock in the city, but there is still a need for more affordable housing.

Kensha housing is in need of major repairs. According to the latest data, 20% of the city’s rental units are in need of major repairs, and another 20% are in need of minor repairs.

Stop in at new location today!

The new location is located at 200 S. 4th St. in Kenosha.

Comprehensive Orthopaedics, S.C.

2008 Orthopaedic Symposium:
Local Advances in Orthopaedics

Local News

Prenatal care alarm sounds

Hospital groups to work on balancing doctors’ caseloads of Medicaid moms

BY WIRE

Hospital groups to work on balancing doctors’ caseloads of Medicaid moms

BY WIRE

Hospital groups to work on balancing doctors’ caseloads of Medicaid moms

BY WIRE

Hospital groups to work on balancing doctors’ caseloads of Medicaid moms
Timeline of Programs in Kenosha County cont.

- 2008/2009 – Infant Mortality Delegation (IMD) facilitated three Town Hall meetings:
  - "Infant Mortality Crisis in Kenosha County"
  - "When the Bough Breaks"
  - "Healthy Babies, Brighter Futures"

- 2009 – Workgroup formed with support from IMD and BHCGK to complete the RFP for the Lifecourse Initiative Grant.

- 2010 – Kenosha Lifecourse Initiative for Healthy Families grant is awarded.
# Infant Mortality Rates, 2006-2010

**Selected counties/cities**

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WISH (Wisconsin Interactive Statistics on Health), Infant Mortality Module, accessed 08/22/12.
2009-10

Grant helps county study black infant mortality

Please Join Us!

For a FREE luncheon program
Infant Mortality Community Problem
Friday, November 6, 2009
11:30 AM - 1:30 PM

Speaker: Gwen Perry-Brong, NP
Kenosha Co. Health Dept.

Infant mortality, how it affects the African American community locally, statewide and nationally. View a short segment of the PBS series "Unnatural Causes: When the Rough Bikers Learn how you can help and take part in a discussion following the presentation.

Second Baptist Church
325 32nd Avenue
Kenosha, WI

Public invited! Reserve your spot. Limited seating available.

Local

Infant mortality focus of event

The Kenosha, Illinois-based organization, AWAAM, has received funding for a program to reduce infant mortality rates in the community. The program will focus on education, prevention, and support for families affected by infant mortality. The keynote speaker will be Dr. J. Smith, a pediatrician from the University of Chicago. The event will include a panel discussion and a question-and-answer session. The event is free and open to the public. For more information, call 505-555-5555.

See MPP, Real page.
2013

Real progress reducing infant mortality

County health officials and local medical providers could be justifiably celebrating the news that the infant mortality rate in Racine County’s black population has fallen significantly.

In 2013, the infant death rate was 4.1 per 1,000 live births, significantly below the level it has been in recent years. Over the past 10 years, the mortality rate for black infants was 11.2 per thousand. But in 2016 and 2017, it fell to 6.3 and 4.3, respectively.

The mortality rate for white infants was 4.8 per 1,000 live births in 2017, which is close to the 10-year average of 4.6 per thousand.

The large gap in mortality rates for black and white infants indicates a significant challenge in Racine. In 2016, that year, the United Way of Kenosha County, in partnership with the Kenosha County Health Department, the Western Wisconsin Health Region, and the University of Wisconsin-Milwaukee, launched a collaborative effort to reduce infant mortality rates.

Our View

The mortality rate of black infants was 11.2 per thousand, while the rate for white infants was 4.3.

The chief medical officer for the Wisconsin Department of Health Services was at the meeting, and he said the community should be "up in arms." And the community has already made some strides in addressing infant mortality.

And the community has been working on reducing infant mortality rates. In Racine County, the rate fell from 11.2 per thousand in 2016 to 4.3 per thousand in 2017.

The United Way of Kenosha County, in partnership with the Kenosha County Health Department, the Western Wisconsin Health Region, and the University of Wisconsin-Milwaukee, launched a collaborative effort to reduce infant mortality rates.

In 2009, a "personal care navigator" position was established to help new parents. With doctors, and various organizations, this approach works well to improve care for new moms and their children. The agency has provided this service for more than 20 years now.
### Infant Mortality Rates, 2013-2015

#### Selected counties/cities

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Wisconsin Infant Mortality Rates
(Per 1,000 live births, 2006-2008)

Non-Hispanic white (5.4)
Hispanic (6.5)
Laotian/Hmong (7.2)
American Indian (10.1)
African American (15.2)
Wisco (5.6)

Eliminating this disparity would save 70 African American infants every year

MODEL PROGRAMS

Nurse-Family Partnership

National Fatherhood Initiative

Parents as Teachers

Fetal-Infant Mortality Review Program

Centering Healthcare Institute
Kenosha County Comprehensive Home Visiting Program

- The KCCHVP – Parents As Teachers (PAT) and Nurse Family Partnership (NFP) program offers case management and health education for pregnant women. These programs are designed to improve healthy birth outcomes for families.

- Since the collaboration with KCDOH and WIC in 2008, potential referrals have steadily increased and more women are receiving the care and services they need.
Kenosha - NFP

- First time moms
- Low Income
- < 28 weeks pregnant
- Voluntary
- Work with the woman until the babies turn two
Parents As Teachers

- Enrolled in BadgerCare+
- ≥ 4 risk factors
- Voluntary
- Work with women until the child is three years of age
The true measure of a nation’s standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies into which they are born.

Umoja
Swahili meaning – Unity the spirit of togetherness

The ties that bind us are stronger than... Whatever separates us and the memory of who we are and the knowledge of what we must do will empower us to save our own lives.
THANK YOU!!!!!
QUESTIONS?

Contact information:
Dr. Gwen Perry-Brye
Kenosha County Division of Health
8600 Sheridan Rd. Suite 600
Kenosha, WI 53143
(262) 605-6700
gwen.brye@kenoshacounty.org