

Wisconsin Center for Health Equity

City of Milwaukee Health Department
Wisconsin Public Health Association
Other Partners TBD

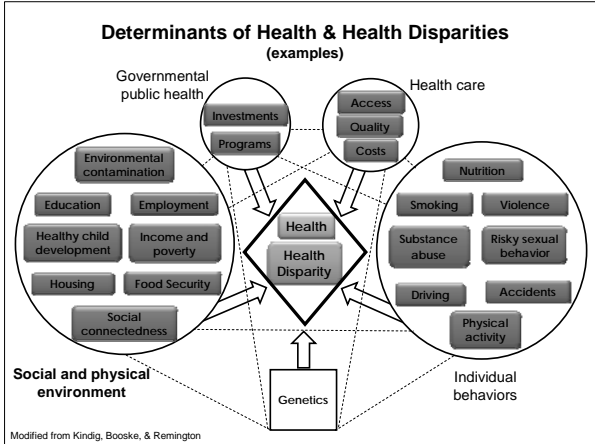
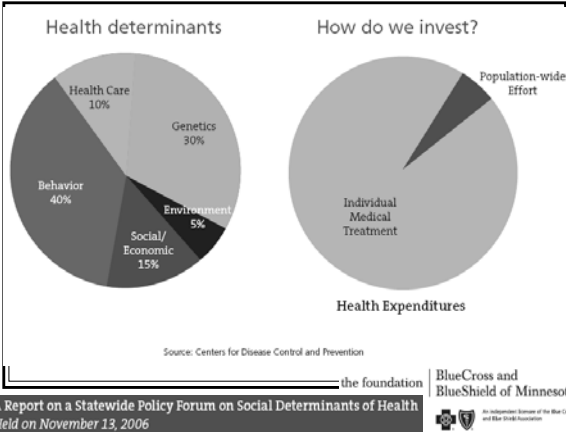
*Presented at the 2009 WPHA / WALHDAB Annual Meeting
9 July 2009*

Disparities, Inequities, Equity

- Health Disparities – differences in health outcomes between groups of people
- Health Inequities – differences in health outcomes between groups of people *that are preventable (“unfair”)*.
- Health Equity – fairness in the distribution of resources between groups with differing levels of social disadvantage; an environment where everyone has a good chance to be healthy

What Determines Health?

- Health care?
- Healthy behaviors?
- Genetics?
- ???



Health policy

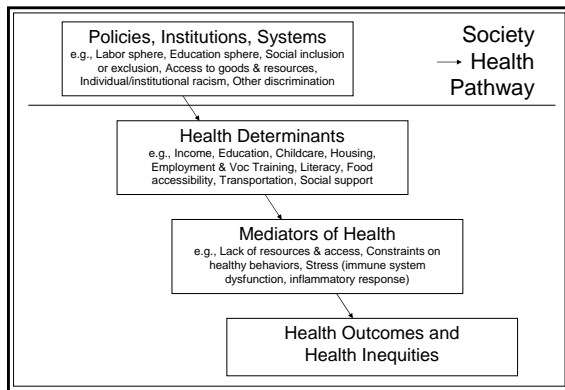
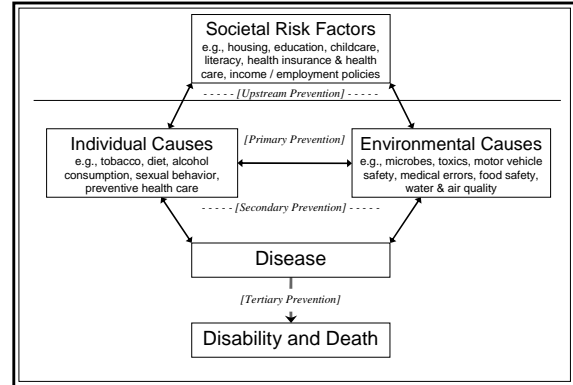
It's way more than just "healthcare policy"

As Harvard epidemiologist David Williams notes:

- education policy is health policy;
- child-care policy is health policy;
- housing policy is health policy;
- transportation policy is health policy;
- economic policy is health policy.

Upstream / Downstream

- Downstream – most health “care” (individual approach, after disease or risk factor onset)
- Midstream – much of “public health” (home visiting, immunizations, contact tracing, preventive counseling and services)
- Upstream – addressing societal-level determinants of health

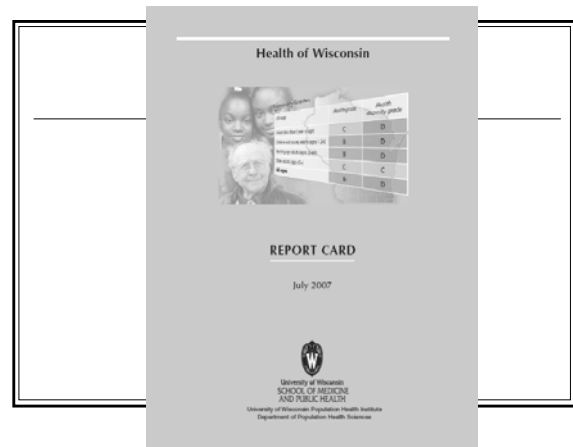


Chronic Anxiety and the Neuro-endocrine system

- Systemic effects of stress hormones (e.g., cortisol, adrenaline)
 - Blood Pressure
 - Increased blood pressure increases risk for heart disease and stroke
 - Glucose Metabolism
 - Impaired glucose metabolism increases risk for obesity and diabetes
 - Immune System
 - Impaired immune system increases risk for cancer, arthritis, and other chronic diseases

Policies affect socioeconomic status (SES), and SES affects health

1. SES affects access to healthcare
2. SES affects likelihood of healthy behaviors (e.g., diet and exercise)
3. SES affects one’s biology directly
 - Example: toxic physical environments
 - Example: chronic anxiety & stress hormones
4. Racism - - and other forms of discrimination - - have additive effects over and above the effects of SES, probably also through the effects of chronic stress hormone elevation



Health Of Wisconsin Report Card Results

Life stage	Health grade	Health disparity grade
Infants (less than 1 year of age)	C	D
Children and young adults (ages 1-24)	B	D
Working-age adults (ages 25-64)	B	D
Older adults (ages 65+)	C	C
All ages	B-	D

Wisconsin's Report Card for Working-Age Adult Health

Mortality Rate	Percent of Population	Mortality rate (per 100,000)	Grades			
Working-Age Adults (25-64)	100%	296		B		
Gender					C	
Men	50%	367				
Women	50%	225	A			
Education						F
High school or less	44%	459				
Some college/technical school	31%	212	A			
College graduate	25%	188	A			
Type of county						D
Large urban (Milwaukee County)	17%	424				
Suburban/urban	32%	247	A			
Non-urban	37%	275		B		
Rural	14%	319		B		
Race/ethnicity						F
African American/Black	5%	624				
Asian	2%	170	A			
Hispanic/Latino	4%	1				
Native American	1%	592				F
White non-Hispanic	88%	279		B		

So....

- Wisconsin has less than optimal health and significant health disparities
- Many of those health disparities are tied to race and/or socioeconomic status; i.e., *health inequities*
- How does a "Center for Health Equity" fit in?

Centers for Health Disparities

- Many Centers for Health Disparities (and some Centers for Health Equity) exist - - mostly University-based academic / research institutions (*including one recently developed at UW-Madison*)
- Few Centers for Health Equity at state or local health departments (e.g.: Louisville, Rhode Island) - - or in collaboration with state public health associations

Milwaukee & Health Inequities

- Milwaukee has some of the worst health disparities in the country
 - Between groups by socioeconomic status (SES) (e.g., income, education) or race/ethnicity
 - thus: Health Inequities
- Infant Mortality, Immunization Rates, STDs, Health Risk Factors (smoking, obesity), Chronic Diseases, Cancer, Diabetes, etc.

Milwaukee Center for Health Equity announced in late 2006

- Funders so far:
 - Columbia St Mary's Hospital System
 - UW-Madison Robert Wood Johnson Health & Society Scholars Program
- **Focus: *upstream* causes of health inequities**

Vila, Swain, et al. *WI Med J* 2007;106(7):366-372

Organizational Trajectory – 1

- Founded, developed and incubated within the City of Milwaukee Health Department
- Careful, extended planning phase to assure organizational focus
- Design for close organizational ties to Wisconsin Public Health Association, UW-M School of Public Health, community-based organizations, others

Center for Health Equity Advisors

- Start Up Council (2007-present)
 - Small group of key advisors
 - Organizational planning (Mission, Vision, Goals, Objectives, & Action Steps)
- Advisory Council (after Associate Director hired)
 - Larger group
 - Multiple representatives

Mission & Vision

- Vision: To create a society where all people have an equal chance to be healthy.
- Mission: To improve the social and economic conditions that contribute to health equity through education, civic capacity building, and public policy.

Goals & Objectives

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| <ul style="list-style-type: none"> ■ 3 Main Goal Areas: <ul style="list-style-type: none"> ■ Education (Raise Awareness) ■ Direct Policy Influence ■ Community Civic Capacity Building ■ Plus: Bring a Health Equity focus to current Public Health programs | <ul style="list-style-type: none"> ■ Desired Health Impacts <ul style="list-style-type: none"> ■ Short term: e.g., domestic violence, teen pregnancy rates ■ Mid term: e.g., STDs, infant mortality immunizations ■ Long term: e.g., cancer, diabetes, other chronic diseases, etc. |
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Organizational Trajectory – 2

- Early shift from strictly Milwaukee focus to Wisconsin Center for Health Equity
 - Although the population burden of inequities is largest in urban areas, inequities affect all areas of the state
 - Policy solutions require state-wide focus
- Eventually: national leader in disparities reduction via upstream interventions

Caveats regarding the Center:

- NOT addressing disparities in health care
- NOT primarily a research entity
- NOT focused solely on racial disparities
 - SES, race, and social inequality all act as determinants of health
 - Race more a social than biological construct, and race-focused programs not ideal for policy-driven solutions
 - Focus on upstream/SES factors can help avoid getting stuck in circular US dialog on racism
 - Wisconsin has many communities with relatively little racial diversity, but which still have significant SES – and health – disparities

Center's Focus Areas: Examples

- Housing (safe, affordable)
- Education
 - Quality Schools
 - Vocational Training
 - Literacy
- Child-care
- Healthy Food
 - Affordable
 - Available
- Built Environment
 - Neighborhood walkability
 - Transportation
 - Safe, accessible parks
- Economic policies
 - Income policy
 - Living wage
 - Job opportunities
- Violence prevention

Center's Interventions: Examples

- Educate policy-makers & public; raise awareness
- Assist local & state policy-makers in developing public policies that support health equity
- LPHA training / support
- Demonstration projects aimed at changing root causes of health inequities
- Links to multiple partners
- Community civic capacity-building initiatives (technical support, possibly grants)
- Create a health inequities database
- Start with focused pilots, then share successes across Wisconsin

Equity Model vs Traditional PH

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|---|--|
| <p>Traditional Model</p> <ul style="list-style-type: none"> ■ Narrow policy focus (e.g., seat belts, imms, smoking) ■ Surveillance, healthy behavior promotion, communic. disease ■ Home visits, immunization clinics, health education | <p>Equity Model: Current approach <u>plus</u></p> <ul style="list-style-type: none"> ■ Social systems, policies, & practices ■ Policy development, policy analysis, upstream interventions ■ Community capacity building |
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Equity Model vs Traditional PH

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| <p>Traditional Model</p> <ul style="list-style-type: none"> ■ Collaborations with <ul style="list-style-type: none"> ■ Healthcare providers ■ Community groups and CBOs representing marginalized or vulnerable community members | <p>Equity Model</p> <ul style="list-style-type: none"> ■ Collaborations with current partners, <u>plus</u> <ul style="list-style-type: none"> ■ Human rights & civil rights groups ■ Social advocacy groups ■ Groups working on community interests even if they might seem far afield from "health" |
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Partnership with WPHA

- 6/5/08, co-sponsored 6-site statewide simulcast of "Unnatural Causes"
 - In partnership with WPHA, UWMM, and the Center for Urban Population Health (CUPH)
 - Included a panel discussion featuring 6 key Wisconsin thought leaders in the area of social determinants of health: Deborah Blanks, Dr. Marcia Caton Campbell, David Riemer, Dr. Stephanie Robert, Dr. Earnestine Willis, and Dr. Laura Anderko
- Partnering to hire Center's Associate Director

Planned Staffing for Center

- Director (interim now)
- Associate Director (now)
- Community Organizers
- Social Epidemiologist
- Information / Evaluation Specialist
- Health Impact Policy Analyst
- Communications Specialist
- Grant-writer / Fundraiser

Partnerships Needed

- Citizens
- Elected Officials
- Policy-makers
- Public Health Professionals
- Healthcare Sector Leaders
- Public Safety Officials
- Business Leaders
- Education Sector Leaders
- Community-based Organizations
- Faith-based Organizations
- Other Key Leaders

Next Steps

- Hire Associate Director (just accomplished)
- Expand Advisory Council
- Identify Additional Funding
- Implement Strategic Plan Action Steps
- Develop and Strengthen Partnerships
 - Obtain critical input and feedback
 - Develop partnerships across the state

Questions and Comments

<p>Input & Feedback</p> <ul style="list-style-type: none"> ■ ... 	<p>Potential Partnerships</p> <ul style="list-style-type: none"> ■ ...
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Top 5 Traditional Tips for Health

- # 5: Practice safer sex, and get screened for diseases, including cancer.
- # 4: Wear sunscreen, wear a seatbelt when driving, and wear a helmet when riding.
- # 3: Get plenty of exercise, and drink alcohol only in moderation.
- # 2: Eat a balanced diet with plenty of fruits and vegetables.
- # 1: Don't smoke. If you do smoke, stop. *If you can't stop now, try not to smoke for very much longer.*

Modified from Rafael and others....

Top 5 Alternative Tips for Health

- #5: Practice not being unemployed. And don't choose a job that is low paid, stressful, and has no health insurance.
- #4: Acquire plenty of assets, like a car and a house, and become highly educated - - the more degrees, the better.
- #3: Make sure you grew up with wealthy and well-educated parents in a neighborhood with low crime, good schools, high social cohesion, places for safe recreation, and available and affordable healthy food.
- #2: Don't live in a poor neighborhood now. If you must live in a poor neighborhood, don't read any advertisements, particularly if you're a kid or a person of color.
- #1: Don't be poor. If you are poor, stop being poor. If you can't stop right now, *try not to be poor for very much longer.*

Modified from Rafael and others....

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