

# PHC 6412: Health Promotion in Diverse Communities

## Session 10: Health Disparities in Multicultural Populations

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# Health Inequality in the US

- \* Health disparities refers to distinct patterns of differences in health status and well-being across population groups.
- \* Disparities has been extended to differences in health across income, education, cultures, and gender groups.
- \* The average life expectancy in the US (about 78.5 years) remains up to 5 years less than in about 25 other developed countries.
- \* Infant mortality rate in the US remains higher compared with more than 40 other developed countries (e.g., 6.6 deaths per 1,000 births in US vs. 2.2 deaths per 1,000 births in Japan).
- \* The poverty rate and the proportion of individuals lacking health insurance coverage has increased.
- \* Public health and the medical professions are beginning to acknowledge the impact of the social determinants of health.

# Social Determinants of Health



- \* Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, and quality-of-life.
  
- \* Examples of *social determinants* include:
  - Availability of resources to meet daily needs (e.g., safe housing and local food markets)
  - Access to educational, economic, and job opportunities
  - Access to health care services
  - Transportation options
  - Social support
  - Social norms and attitudes (e.g., discrimination, racism, distrust of government)
  - Exposure to crime and violence (e.g., presence of trash, lack of cooperation in a community)
  - Residential segregation
  - Language/Literacy
  - Access to mass media and emerging technologies (e.g., cell phones, Internet, social media)

Figure 1

# Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

## Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

# Understanding the Occurrence of Health Disparities

- \* **Predisposing risk factors** – factors that predispose an individual to poor health (e.g., gender, race/ethnicity, culture, physical environment)
- \* **Enabling risk factors** – factors that enhance the ability of individuals to improve their health (e.g., income, education, health insurance)
- \* **Need risk factors** – existing health problems that may contribute to overall poor health or the ability to address other health issues (e.g., mental health issues, disabilities, availability of illegal drugs, presence of liquor stores)

# Health Education & Promotion

- \* Health education often occurs in health care settings, where health information brochures are distributed and health care providers deliver preventive health counseling.
- \* Since racial/ethnic minorities, low SES individuals, and the uninsured all have reduced access to health services, they are less likely to have access to receiving health promotion services through medical settings.
- \* Health education and health promotion materials are available in a limited number of languages.
- \* Tailoring materials to accommodate the unique cultures is likely to enhance their effectiveness in achieving health goals.

# Organizing for Health Care Reform



- **US is the only high-income country without universal health care** (a system that provides quality healthcare to *all* citizens).
- **US spends far more on health care** than other high-income countries, yet the US health care system **ranks last** compared to 11 high-income countries (*The Common Wealth Fund, 2017*).
- Universal health care was *first advanced* in US by Th. Roosevelt (1912).
- **Partial victories** include:
  - 1965: **Medicare** (for *older adults*)
  - 1965: **Medicaid** (certain *low-income families*)
  - 1997: Children's Health Insurance Program (**CHIP**)
  - 2010: **Affordable Care Act (ACA)**

# Affordable Care Act Overview



[http://www.youtube.com/watch?v=3-llc5xK2\\_E](http://www.youtube.com/watch?v=3-llc5xK2_E)



# Affordable Care Act



- \* **Required** that *all* Americans carry minimum-level health insurance in 2014. **Health insurance coverage was expanded** through:
  - (1) **Medicaid expansion** to low-income adults with incomes 138% of FPL (adopted by 37 states, but not by Florida)
  - (2) **Financial assistance** for individuals with moderate-income through Health Insurance Marketplaces
  - (3) Imposing the responsibility on most individuals and employers to **contribute to the cost of coverage**
- \* **Regulated the insurance industry** (e.g., no exclusions based on preexisting conditions, capping costs of coverage, inclusion of preventive services)

# ACA Key Facts

(Source: KFF, December 2018)

- **ACA** held the promise of greater **racial and economic equity**.
- **ACA** resulted in historic **decreases in uninsured nonelderly population**: from 16.8% (2013) to 10.2% (2017). In 2015, 13.3% Floridians were **not** insured v. 3.8% residents of Vermont.
- **Cost** is most important reason for being uninsured. Those most likely to be **uninsured** are: low-income families (especially in states w/o Medicaid expansion), people of color, and ineligible undocumented immigrants.
- **Uninsured are less likely** than those who are insured to:
  - receive preventive care and services for major health conditions and chronic diseases, & obtain recommended treatments.
- **Uninsured are more likely to**:
  - be hospitalized for avoidable health problems, but receive fewer diagnostic and therapeutic services;
  - experience declines in health, &
  - face unaffordable medical bills when they seek care.

# Principles for Resolving Disparities

- \* **Preparation** – Enhancing public awareness of disparities through new and available data and research
- \* **Design** – Should address the range of risk factors that contribute to health disparities
- \* **Implementation** – Requires effective strategies for conveying messages to the public about the new interventions, setting goals & objectives
- \* **Evaluation** – Programs or interventions should be monitored, evaluated, and continually improved