




**HEALTH
EQUITY
SOLUTIONS**

Engaging Equity in Connecticut

Claudine Fox
Program Manager

Health Equity Solutions


<p>Vision</p> <p>For every Connecticut resident to obtain optimal health regardless of race, ethnicity, or socioeconomic status.</p>	<p>Mission</p> <p>To promote policies, programs, and practices that result in equitable health care access, delivery, and outcomes for all people in Connecticut</p>
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Group Agreements

1. Check to make sure your cell phones are on silent
2. Ask questions! No question is too big or too small
3. Everyone has a voice, so let's all hear from each other
4. Any others?

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When You Leave Today

- 1. Learn about HES
- 2. Define *health equity*
- 3. Identify the root causes of inequity
- 4. Recognize societal norms that drive cultural and implicit bias



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Who is Health Equity Solutions?

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Staff



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Executive Director



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General Operations Specialist

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Board Members

- Evelyn Mantilla – Chair
- Alan Aleia
- Debra M. Borrero
- Gwendolyn Brantley
- Lawrence Davis
- Robert Krzys, J.D.
- Elaine O’Keefe
- Alycia Santilli
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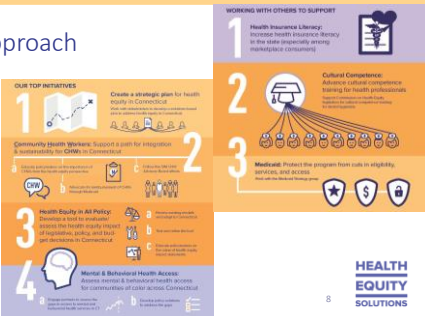
What does HES do?



The HES Approach

Education
Awareness
Policy/advocacy
Partnerships
Coalitions
Planning

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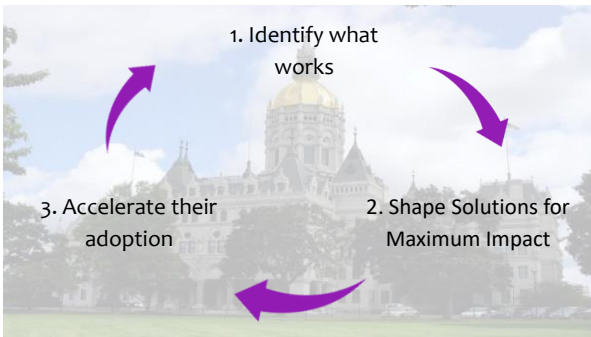
OUR TOP INITIATIVES

- 1. Create a strategic plan for health equity in Connecticut**
Develop a strategic plan for health equity in Connecticut.
- 2. Community Health Workers: Support a path for integration & sustainability for CHWs in Connecticut**
Support a path for integration & sustainability for CHWs in Connecticut.
- 3. Health Equity in All Policy**
Review all new legislation, policy, and budget proposals for health equity impacts in Connecticut.
- 4. Mental & Behavioral Health Access**
Assess mental & behavioral health access for underserved populations across Connecticut.

WORKING WITH OTHERS TO SUPPORT

- 1. Health Insurance Literacy**
Increase health insurance literacy in the state, particularly among vulnerable populations.
- 2. Cultural Competence**
Advance cultural competence training for health professionals.
- 3. Medicaid**
Protect the program from cuts in eligibility, services, and access.





1. Identify what works

2. Shape Solutions for Maximum Impact

3. Accelerate their adoption

Policy Change in Action - 2018

Educate

- 46 Highly rated workshops conducted
- 1161 individuals reached across Connecticut
- Over 700 voters on Health Equity and successfully registered 185 to vote

Agitate

- Engaged followers across Twitter, Facebook and our new Instagram site
- 841 Unique individual donors
- Nearly 30 issue specific emails to over 1200 advocates

Advocate

- For REAL data!
- Supported over legislative efforts, including race/ethnic impact statements on legislation

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Framing & Definitions

An excerpt from "Health Equity from Where You Sit"

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Defining Health

Health – “is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” – World Health Organization

Chart 1: The Factors Affecting Health Outcomes

Factor	Percentage
Health Behaviors	30%
Clinical Care	20%
Phys. Environ.	10%
Social & Economic Factors	40%

Source: Adapted from the University of Wisconsin's County Health Rankings model (2014)

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Health Disparities & Health Inequities

Health Disparity - A difference in health status among groups; the burden of illness of one population group relative to another

- Often measured to a reference group (the preferred group)
- Looks at rates of disease

Health Inequity – A difference in health status that can be attributed to external conditions outside the control of the individual; these differences are linked to the systematic, avoidable, and unjust distribution resources

- Systemic and systematic focus

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Health Inequities

Health inequities stem from:

- Structural and institutional “isms”
- Inequitable health care access
- Inequitable access to quality care
- Inequitable opportunities including education, employment, housing, food, etc...

Components to Health Inequities



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The Impacts of Structural Racism



Structural Racism

“A system of power that structures opportunity (education, housing, jobs, justice) and assigns value (worthy or unworthy, full of potential or full of menace) based on race” – Camara Jones MD, MPH, PhD

What We Mean by Structural Racial Inequity:

“Structural Racism” points to multiple institutions. The ways our public and private institutions interact to produce barriers to opportunity and racial disparities. Intent to discriminate is irrelevant. Structures just do what they do, often tentatively, and reinforce differences and disparities.



C&A CENTER FOR SOCIAL INCLUSION

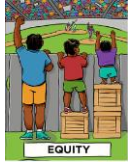
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Why Health Equity...



Equality – the state of being equal, especially in status, rights, and opportunities



Equity - Fairly distributing health determinants & resources, while actively decreasing differentials in overall health and health outcomes

Story Board Strategy
<http://www.storyboardstrategy.org/blog/healthcare>

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Applying a Racial Justice Lens

- Structural/Institutional Racism Exists (as does interpersonal racism)
- What are the subtle/overt ways in which privilege and inequity is fostered in the health care system? In my place of employment?
- What systems/practices/programs are in place that continue to foster privilege and inequity?
- What/how can we change these systems/policies?
- How can I/we influence the process to increase equity?

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Fostering Inequities/Injustice

Language

- “The patient is non-compliant”
- “I told her if she would stop eating rice her diabetes would improve”
- “I don’t need to hear about equity. I treat all my patients the same”
- “ This would be so much easier if he wasn’t fresh and knew the language...”

Institutional Policy

- “We don’t accept Medicaid patients”
- “We only see Medicaid patients on Tuesdays”
- “Our office hours are M-F, 9am-3pm”
- Not having bilingual staff
- All patients are the same

Implicit Bias, Cultural Competency, & Cultural Humility

Definitions

- **Implicit Bias** - Refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases are activated involuntarily and without an individual’s awareness or intentional control
- **Cultural Competence** - Refers to a set of attitudes, practices, and policies that enable effective cross-cultural interactions.

Definitions



Cultural Humility – “Not a discreet endpoint, but a commitment and active engagement in a lifelong process that individuals enter into on an ongoing basis with participants, communities, colleagues, and with themselves”
 – Leland Brown, 1994

HESCT.ORG <https://culturallyconnected.ca/cultural-humility/>

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What Can You Do About It?

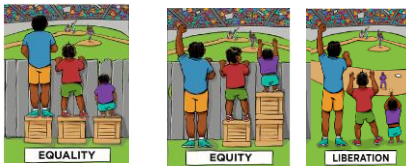
- Pay attention to how systemic issues have & continue to impact individuals
- As you work to improve health, consider all the factors that impact health
- Advocate for systemic change, within and outside of your institutions
- Advocate for health equity (redistribution of health resources)
- Fight for racial justice



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On Our Way To...



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Resources

- **Test yourself for hidden implicit biases** – Project Implicit through Harvard - <https://implicit.harvard.edu/implicit/>
- **“Unnatural Causes: Is Inequality Making Us Sick?”** – four-hour docu-series by PBS
- **Video: Adam Ruins Everything** – “The Disturbing History of the Suburbs”

To Read:

- **Developing Cultural Humility – Embracing Race, Privilege and Power**
 - Miguel E. Gallardo
- **Unequal Treatment – Confronting Racial and Ethnic Disparities in Care**

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