

Taking Action to Achieve Health Equity: Beyond the Affordable Care Act

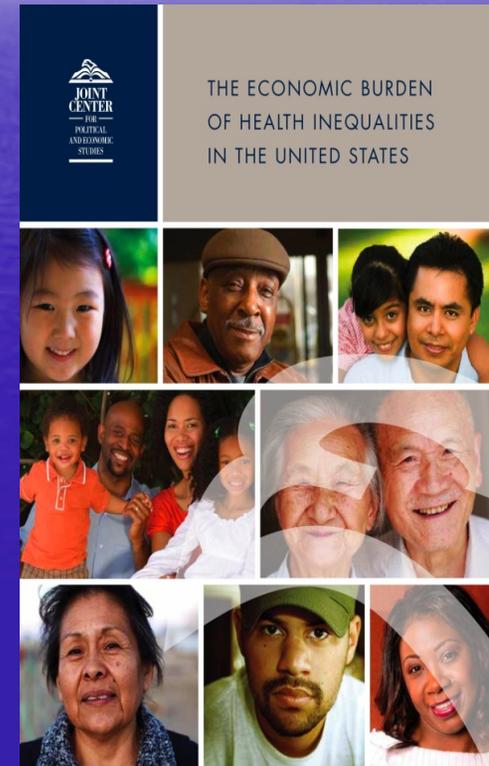
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The Economic Burden of Health Inequalities in the United States

(www.jointcenter.org/hpi)

- Direct medical costs of health inequalities
- Indirect costs of health inequalities
- Costs of premature death



The Economic Burden of Health Inequalities in the United States

- Between 2003 and 2006, 30.6% of direct medical care expenditures for African Americans, Asians, and Hispanics were excess costs due to health inequalities.
- Eliminating health inequalities for minorities would have reduced direct medical care expenditures by \$229.4 billion for the years 2003-2006.
- Between 2003 and 2006 the combined costs of health inequalities and premature death were \$1.24 trillion.

Patient Protection and
Affordable Care Act of
2010: Addressing Health
Equity for Racially and
Ethnically Diverse
Populations

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Implications of PPACA for Addressing Health Inequalities in the United States

Insurance coverage expansions

- Expand Medicaid income eligibility to 133% of FPL (some states have set eligibility well below 20% of FPL).
- Employers with 50 or more employees must offer coverage or pay a penalty for FTEs receiving tax credit to purchase insurance.
- Small employers with fewer than 25 employees are eligible for tax credit to purchase insurance (among workers in small firms, 57% of Hispanics, 40% of African Americans, 40% of American Indians, and 36% of Asian Americans are uninsured).

Implications of PPACA for Addressing Health Inequalities in the United States (continued)

Improving Access to Health Care:

- Doubles funding to expand Community Health Centers.
- Funds to expand oral and behavioral health care services in CHCs.
- Expands funding for National Health Service Corps.
- Increases Medicaid payments for primary care services to 100% of Medicare payment rates for 2013 and 2014.
- Authorizes funds for school-based health centers, nurse-managed health clinics, and Community Health Teams to support medical homes

Implications of PPACA for Addressing Health Inequalities in the United States (continued)

Data Collection and Reporting

- Require that population surveys collect and report data on race, ethnicity and primary language
- Collect and report disparities in Medicaid and CHIP
- Monitor health disparities trends in federally-funded programs

Implications of PPACA for Addressing Health Inequalities in the United States (continued)

Other Important Provisions:

- Reauthorizes Titles VII and VIII, health workforce programs to increase diversity and improve the distribution of providers
- Authorizes cultural competence education and organizational support
- Increases investments in health disparities research
- Establishes Prevention and Public Health Fund

More Needs to Be Done:

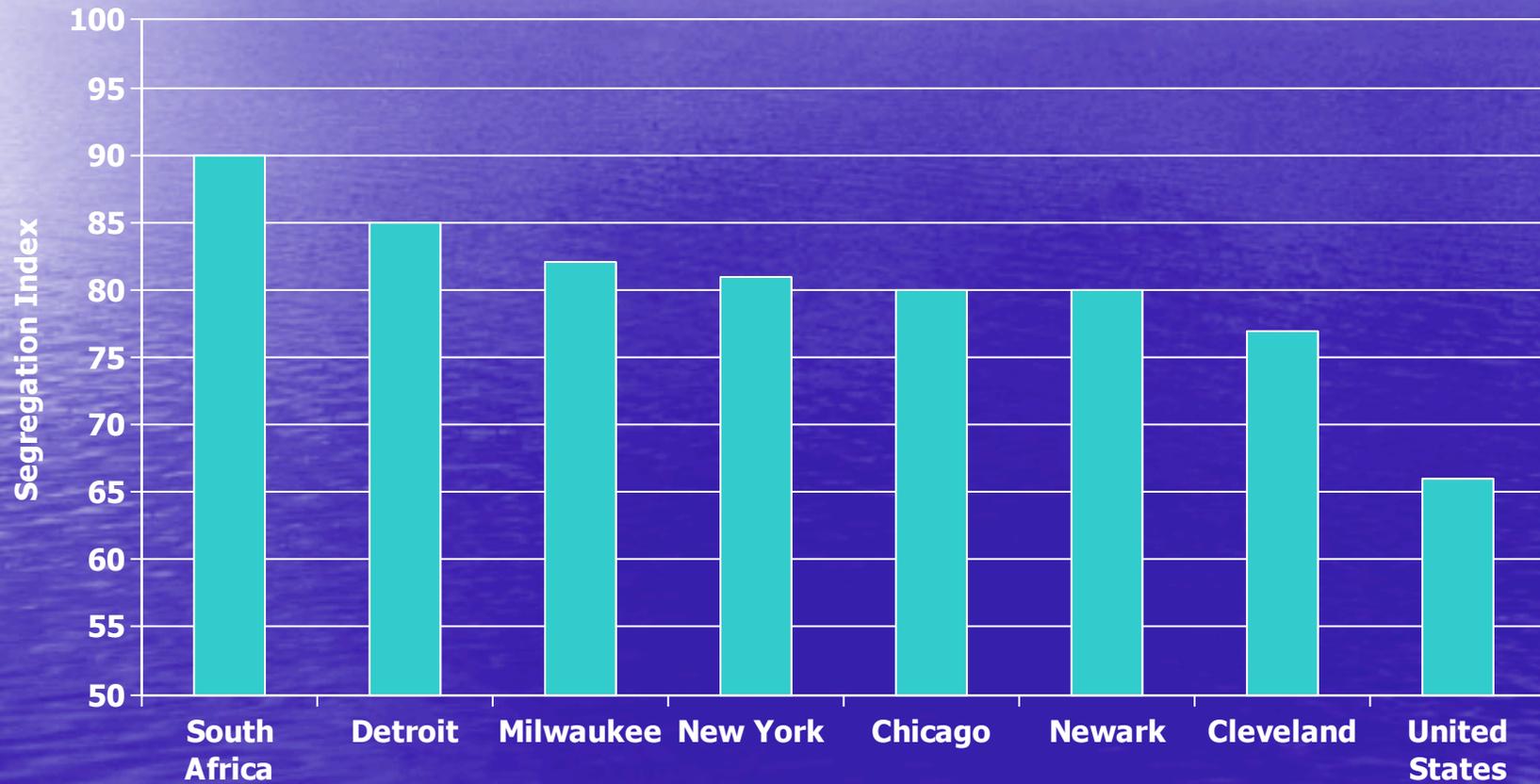
Despite the Important Provisions in PPACA,
Public Health and Health Systems in
Partnership with Communities Can Take
Steps to Address Root Causes of Health
Inequities

The background of the slide is a blue-tinted photograph of a vast ocean under a cloudy sky. The text is centered in the middle of the image.

The Role of Segregation

Racial Residential Segregation – Apartheid-era South Africa (1991) and the US (2010)

Source: Massey 2004; Iceland et al 2002; Glaeser and Vigitor 2011



Negative Effects of Segregation on Health and Human Development

- Racial segregation *concentrates poverty* and excludes and isolates communities of color from mainstream resources needed for success.
- Segregation *restricts socio-economic opportunity* by channeling non-whites into neighborhoods with poorer public schools, fewer employment opportunities, and smaller returns on real estate.
- Highly segregated Black and Latino communities are much more likely than white and wealthier communities to be food deserts, experience environmental degradation, and have poorer access to parks and recreational facilities.



Trends in Poverty Concentration

A Lost Decade: Neighborhood Poverty and the Urban Crisis of the 2000s



September 2011

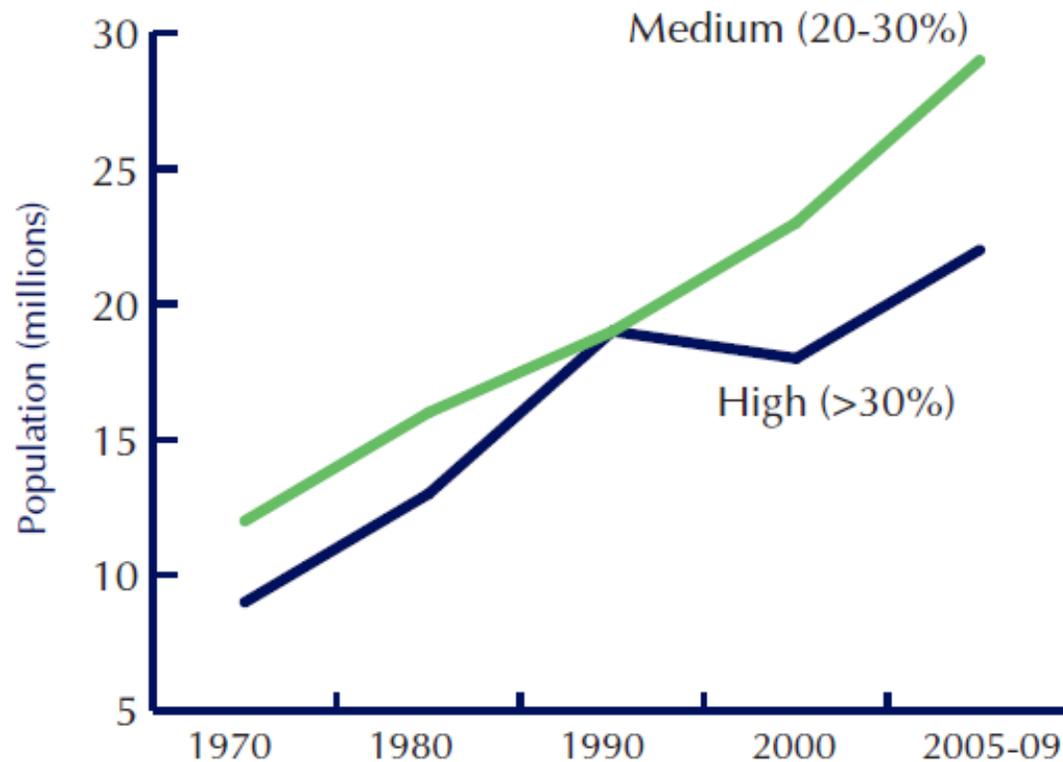


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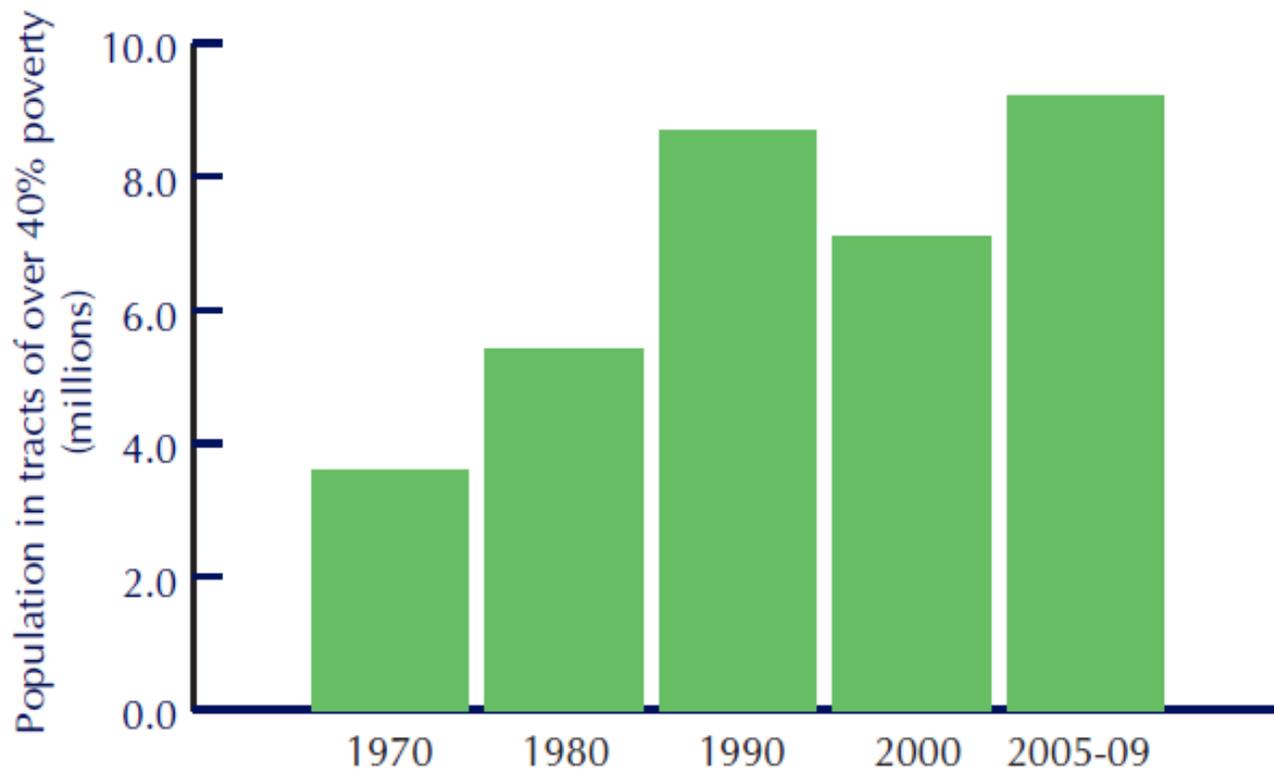
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Steady rise in people in medium, high-poverty neighborhoods



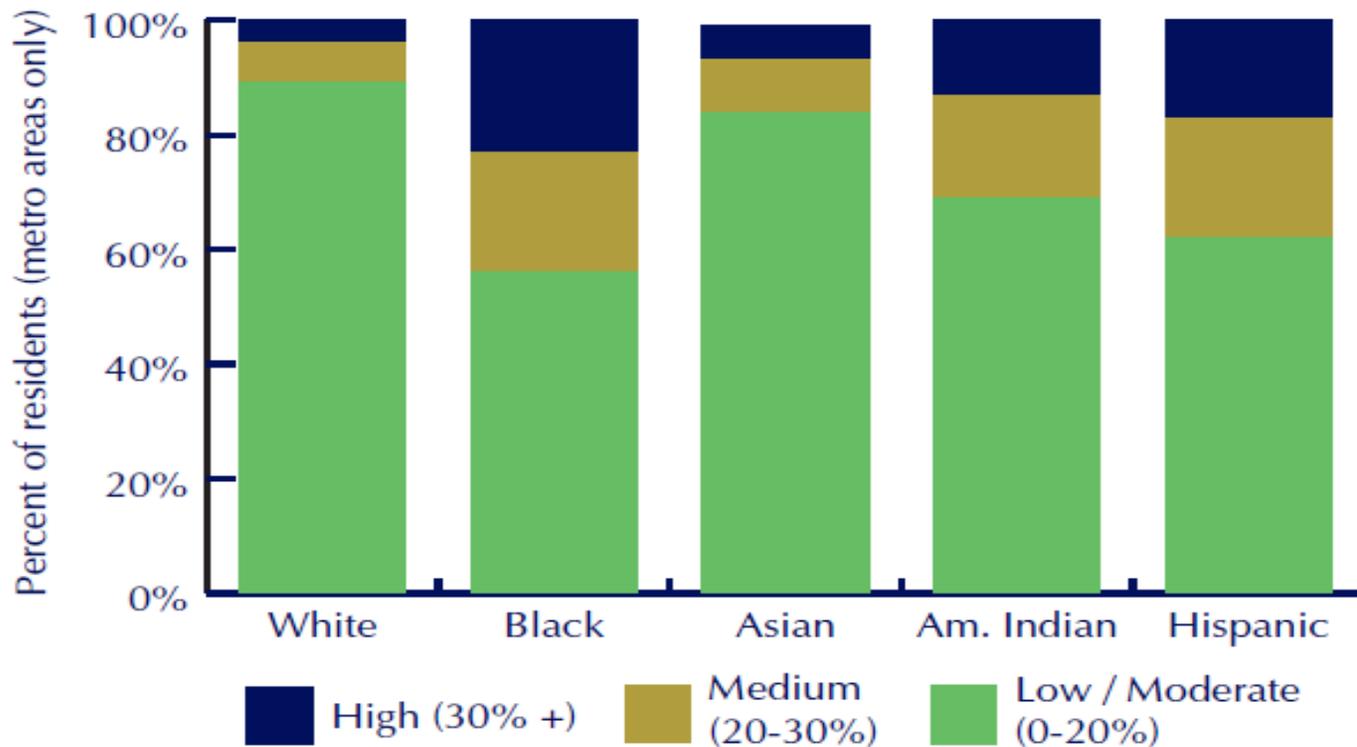
Source: U.S. Census Bureau, Decennial Censuses of Population and Housing and American Communities Survey five-year estimates, based on authors' calculations.

2000s: Population soars in extreme-poverty neighborhoods



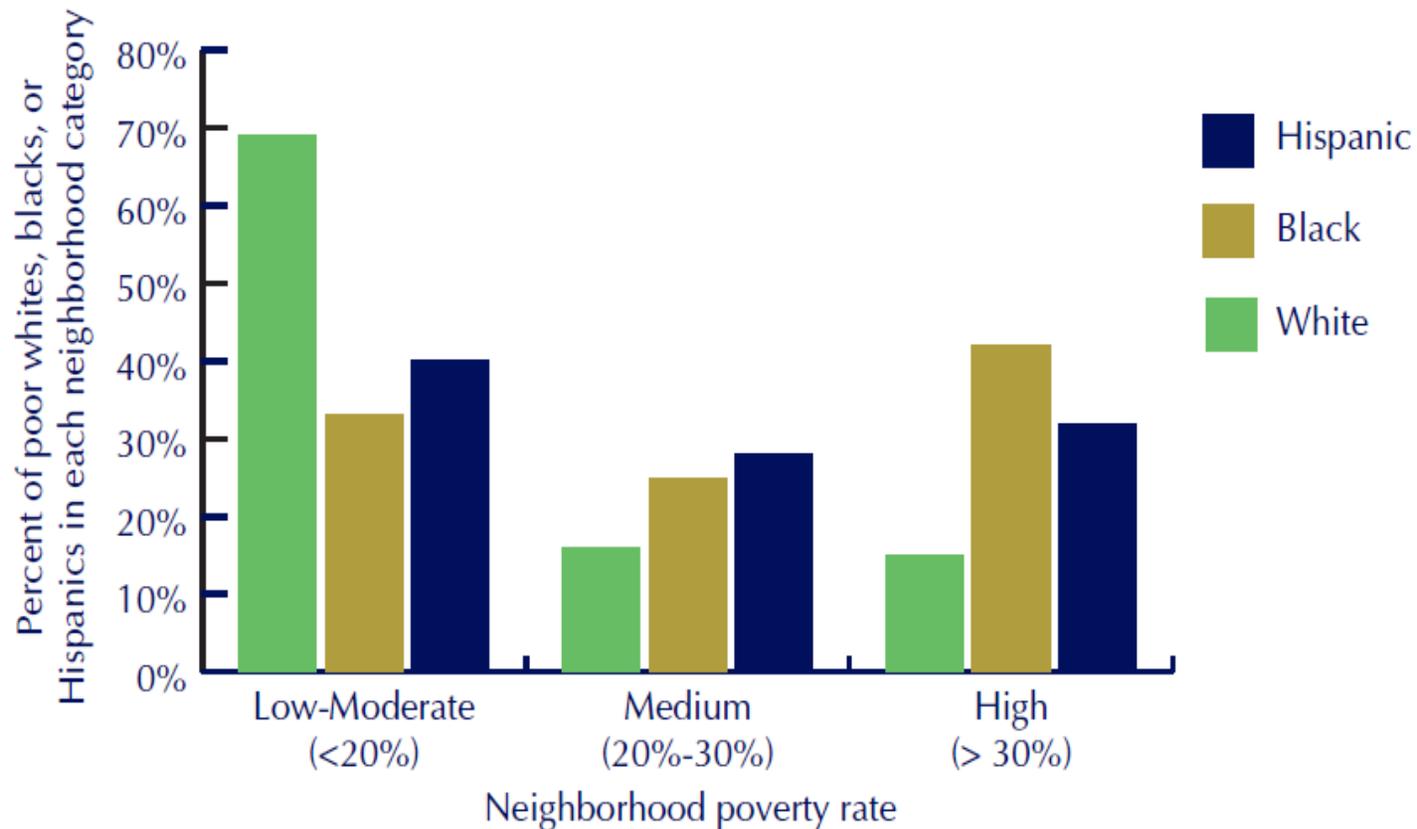
Source: U.S. Census Bureau, Decennial Censuses of Population and Housing and American Communities Survey five-year estimates, based on authors' calculations.

Blacks, Hispanics, Amer. Indians over-concentrated in high-poverty tracts



Source: U.S. Census Bureau, Decennial Censuses of Population and Housing and American Communities Survey five-year estimates, based on authors' calculations.

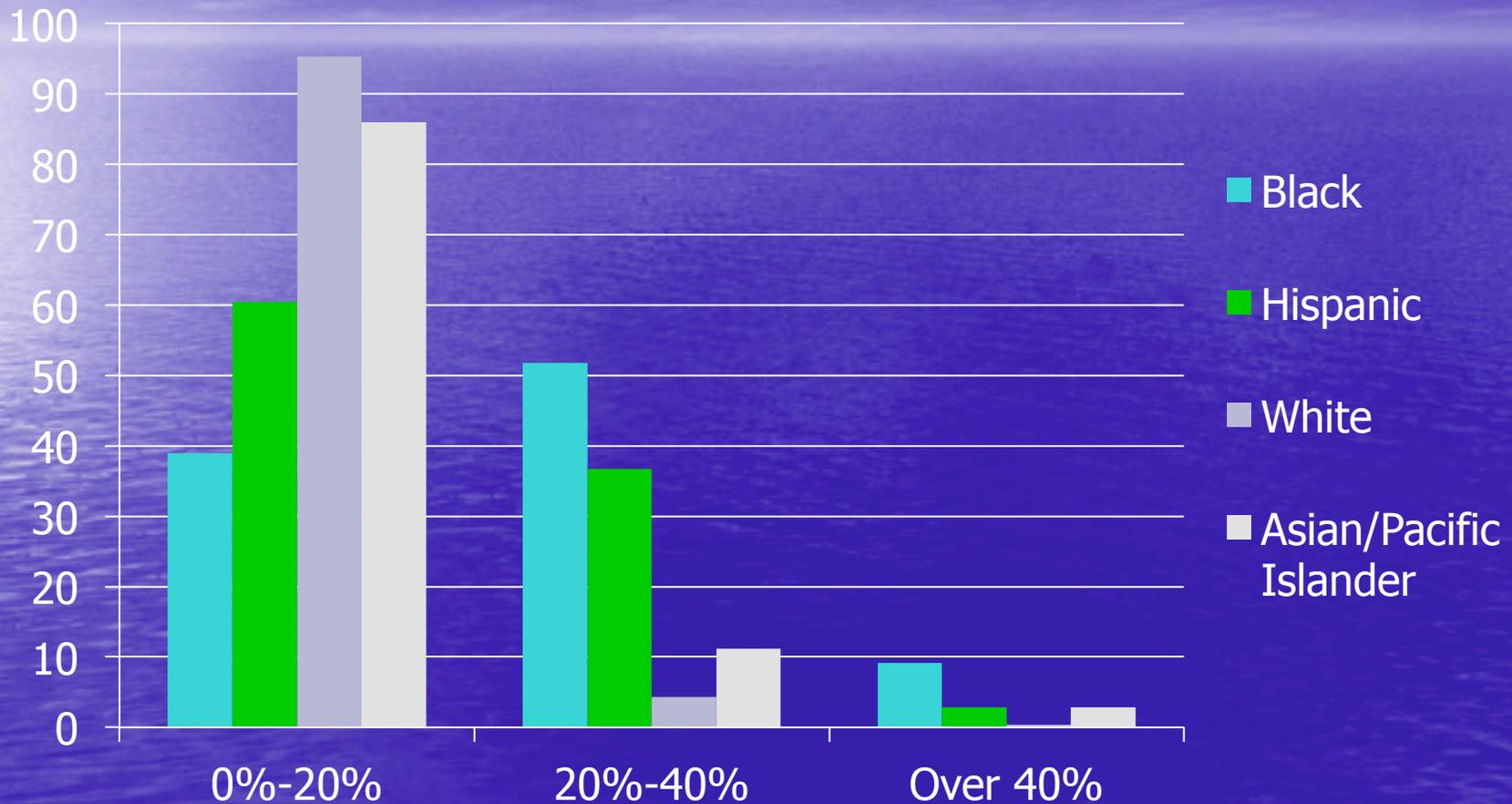
Most poor blacks, Hispanics live in medium- and high-poverty tracts



Source: U.S. Census Bureau, Decennial Censuses of Population and Housing and American Communities Survey five-year estimates, based on authors' calculations.

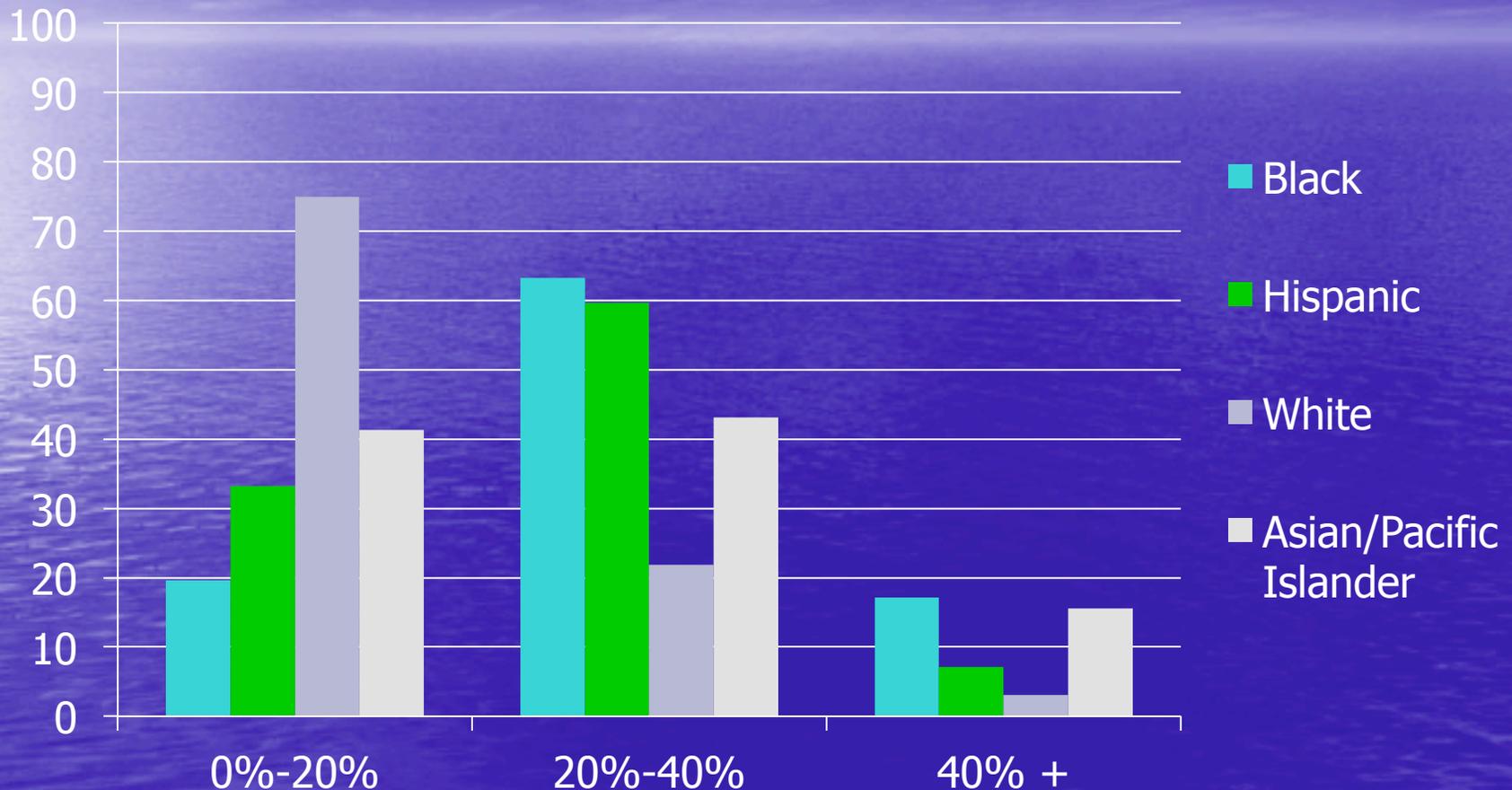
Metro Detroit: Poverty Concentration of Neighborhoods of All Children

Source: Diversitydata.org, 2011



Metro Detroit: Poverty Concentration of Neighborhoods of Poor Children

Source: Diversitydata.org



Science to Policy and Practice—What Does the Evidence Suggest?

- A focus on prevention, particularly on the conditions in which people live, work, play, and study
- Multiple strategies across sectors
- Sustained investment and a long-term policy agenda

Science to Policy and Practice—What Does the Evidence Suggest?

- Place-based Strategies: Investments in Communities
- People-based Strategies: Investing in Early Childhood Education and Increasing Housing Mobility Options

Create Healthier Communities:

- Improve food and nutritional options through incentives for Farmer's Markets and grocery stores, and regulation of fast food and liquor stores
- Structure land use and zoning policy to reduce the concentration of health risks
- Institute Health Impact Assessments to determine the public health consequences of any new housing, transportation, labor, education policies

Improve the Physical Environment of Communities:

- Improve air quality (e.g., by relocating bus depots further from homes and schools)
- Expand the availability of open space (e.g., encourage exercise- and pedestrian-friendly communities)
- Address disproportionate environmental impacts (e.g., encourage Brownfields redevelopment)

Expanding Housing Mobility Options:

Moving To Opportunity (MTO)

- U.S. Department of Housing and Urban Development (HUD) launched MTO demonstration in 1994 in five cities: Baltimore, Boston, Chicago, Los Angeles, and New York.
- MTO targeted families living in some of the nation's poorest, highest-crime communities and used housing subsidies to offer them a chance to move to lower-poverty neighborhoods.
- Findings from the follow up Three-City Study of MTO, in 2004 and 2005, answer some questions but also highlight the complexity of the MTO experience and the limitations of a relocation-only strategy.
- Away from concentrated poverty, would families fare better in terms of physical and mental health, risky sexual behavior and delinquency?
Adolescent girls benefited from moving out of high poverty more than boys.

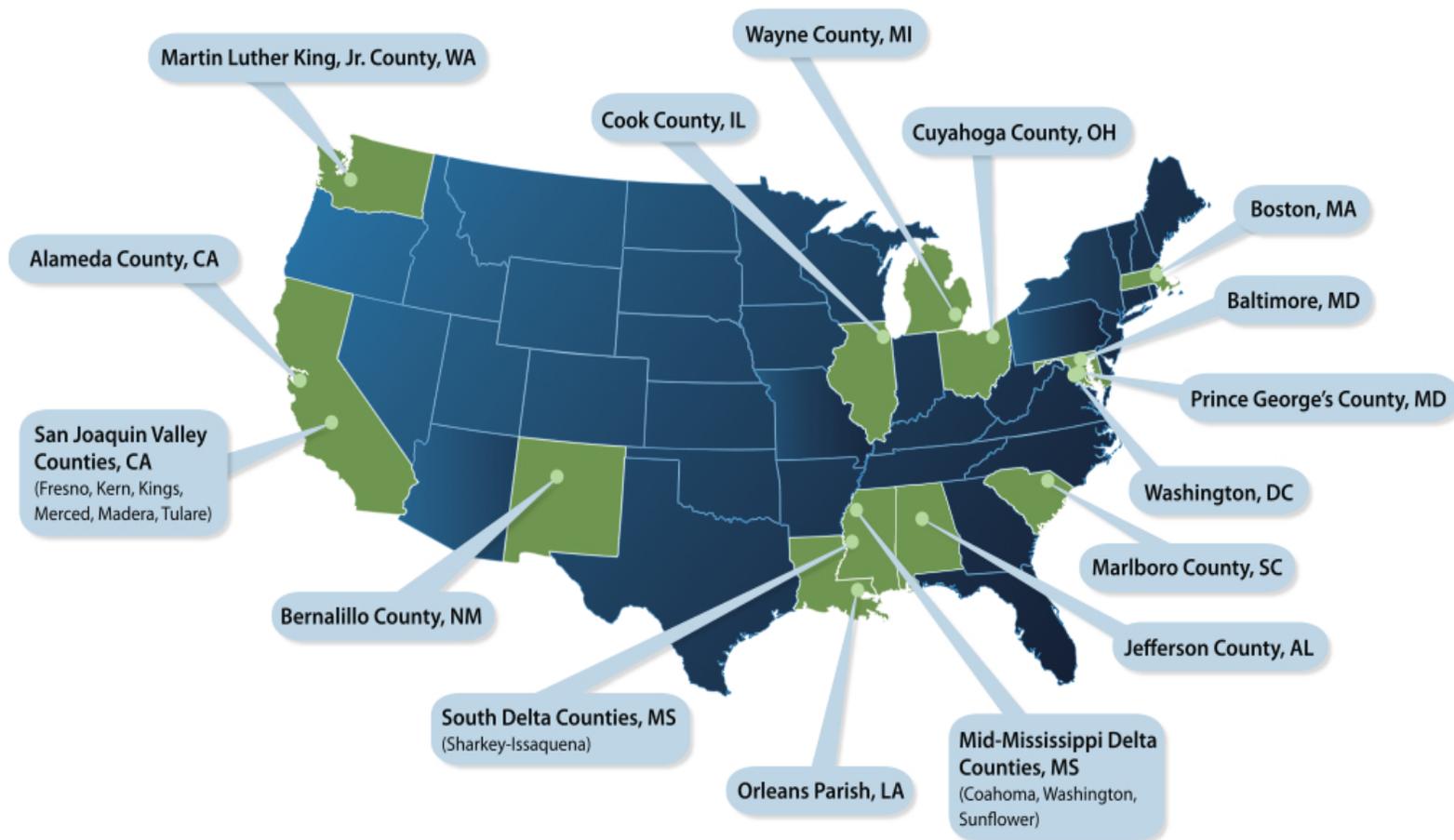
Moving from Science to Practice – The Joint Center PLACE MATTERS Initiative

Objectives:

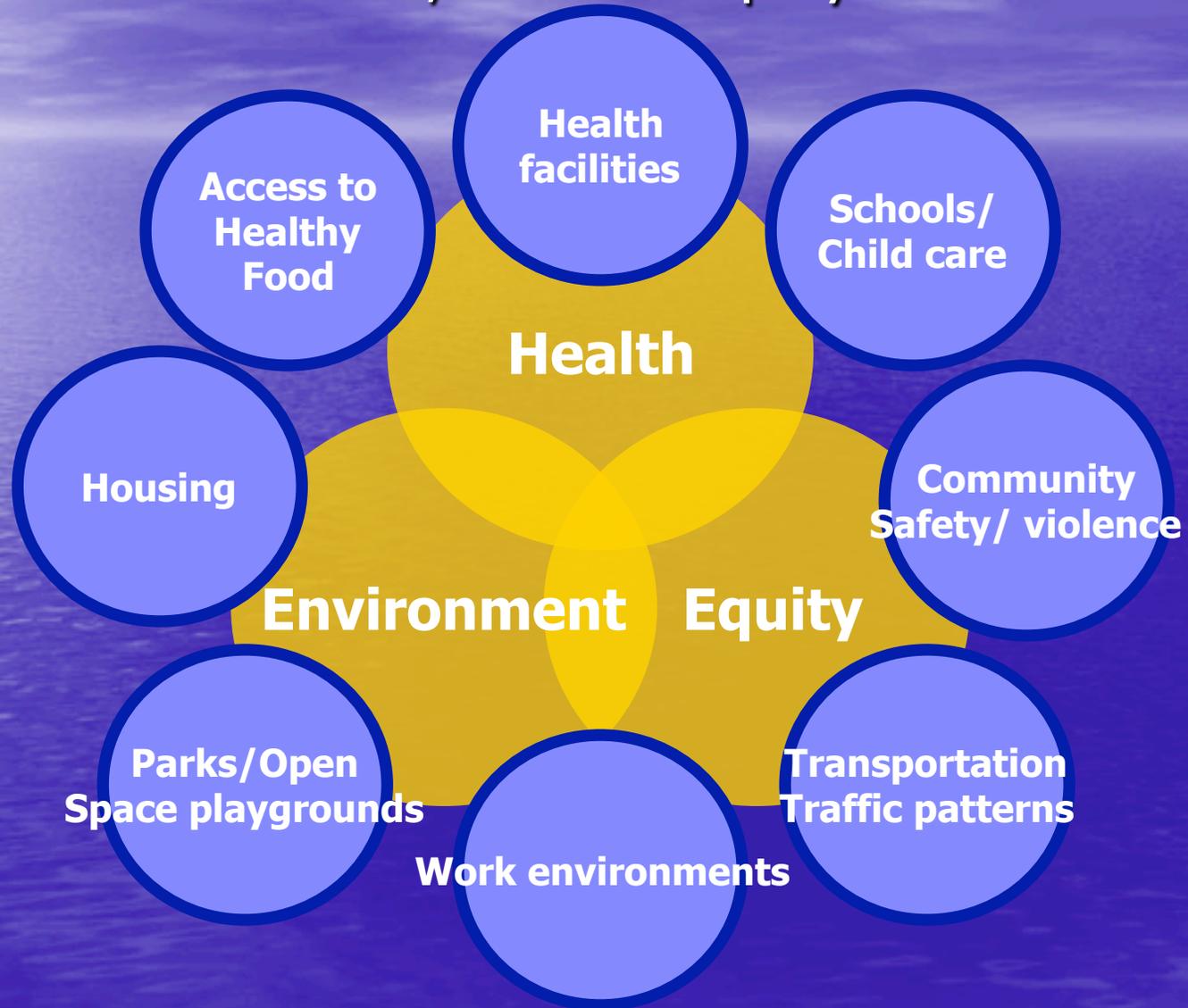
- Build the capacity of local leaders to address the social and economic conditions that shape health;
- Engage communities to increase their collective capacity to identify and advocate for community-based strategies to address health disparities;
- Support and inform efforts to establish data-driven strategies and data-based outcomes to measure progress; and
- Establish a national learning community of practice to accelerate applications of successful strategies

Moving from Science to Practice – The Joint Center PLACE MATTERS Initiative

Place Matters Team Locations



Intersection of Health, Place & Equity

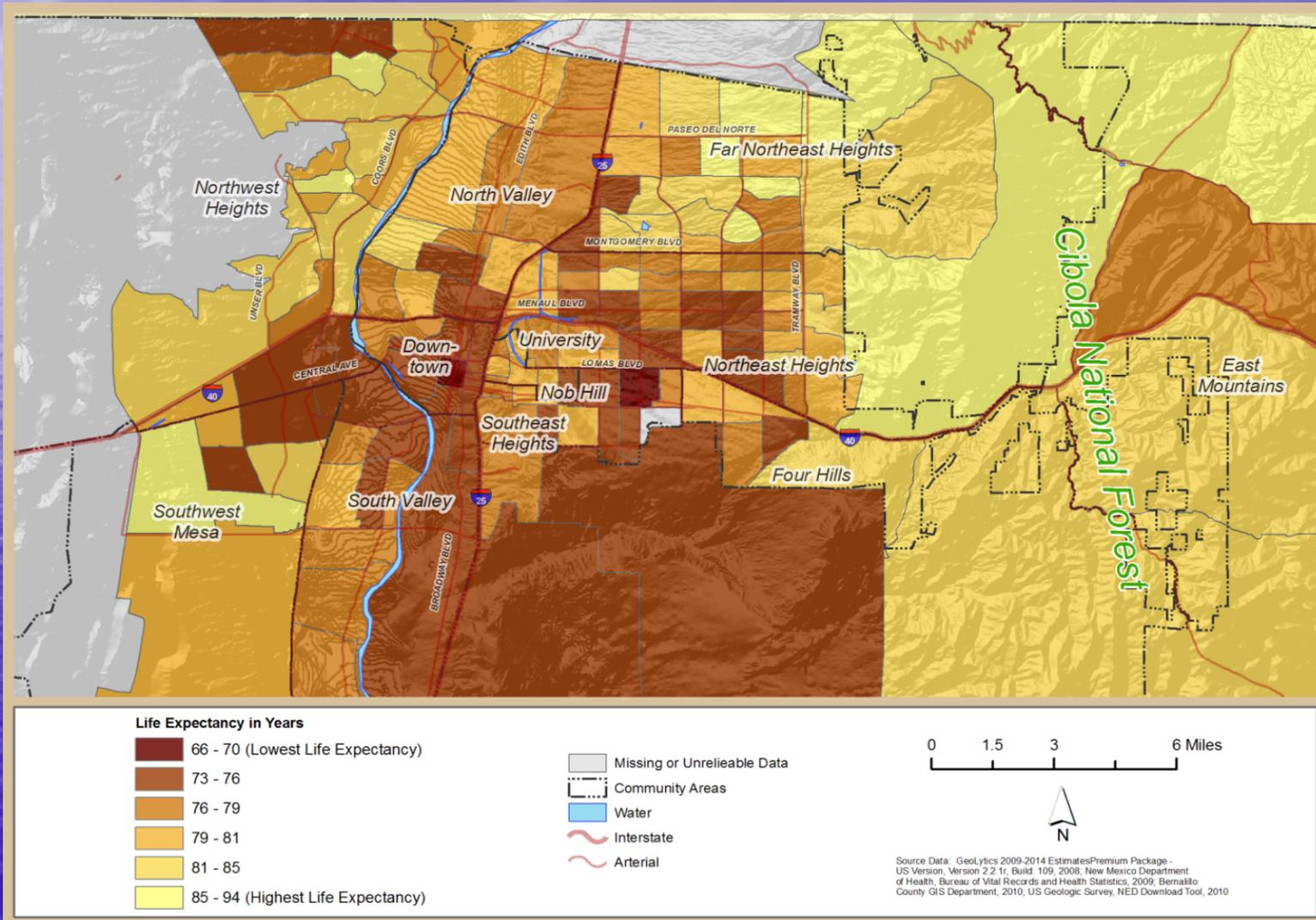


Moving from Science to Practice – The Joint Center PLACE MATTERS Initiative

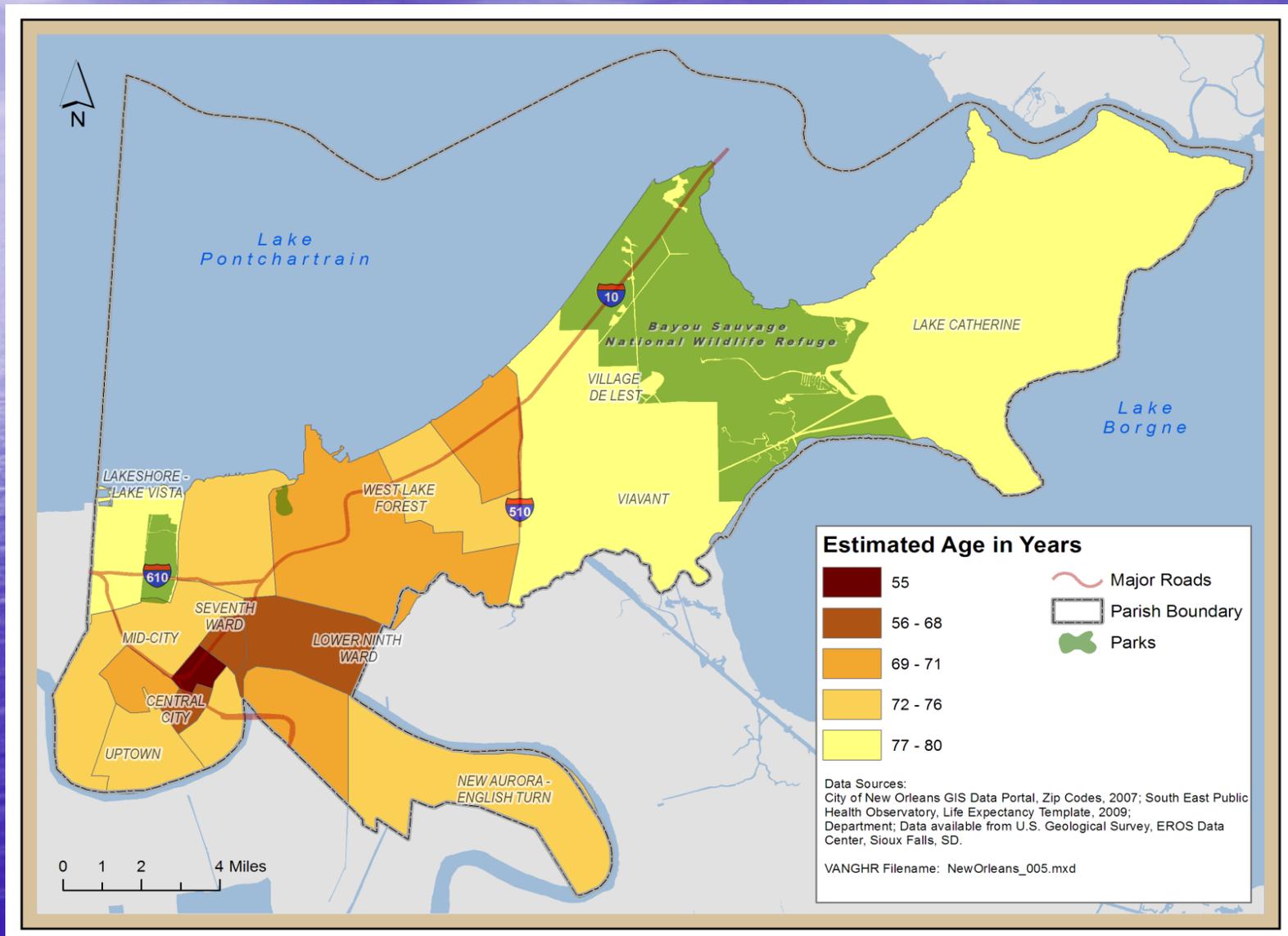
Progress to Date—PLACE MATTERS teams are:

- Identifying key social determinants and health outcomes that must be addressed at community levels
- Building multi-sector alliances
- Engaging policymakers and other key stakeholders
- Evaluating practices

Bernalillo County Life Expectancy by Census Tract 1990 - 2007



New Orleans Life Expectancy by Zip Code 2009



“[I]nequities in health [and] avoidable health inequalities arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.”

World Health Organization Commission on the Social
Determinants of Health (2008)