# Achieving Health Equity Among Hispanics/Latinos

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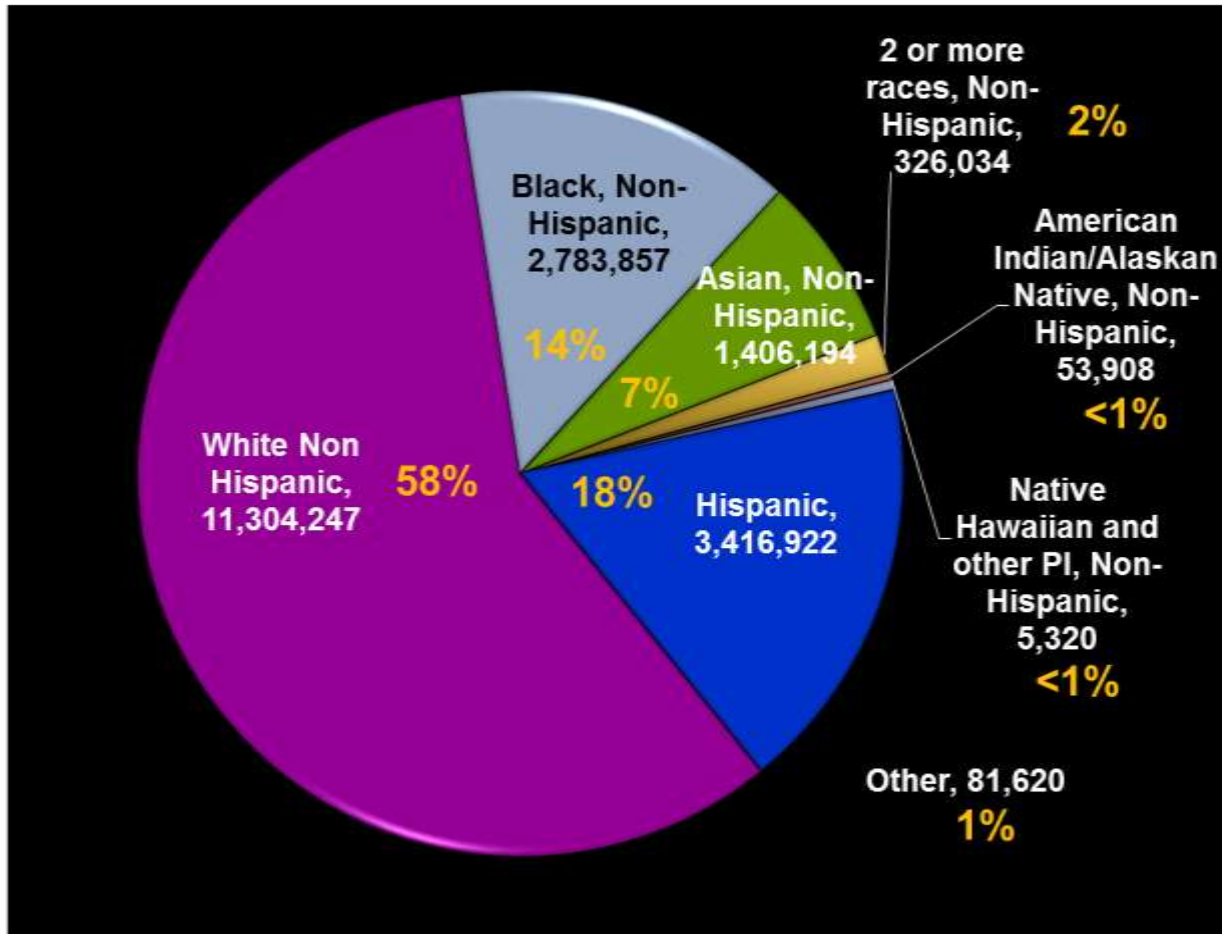
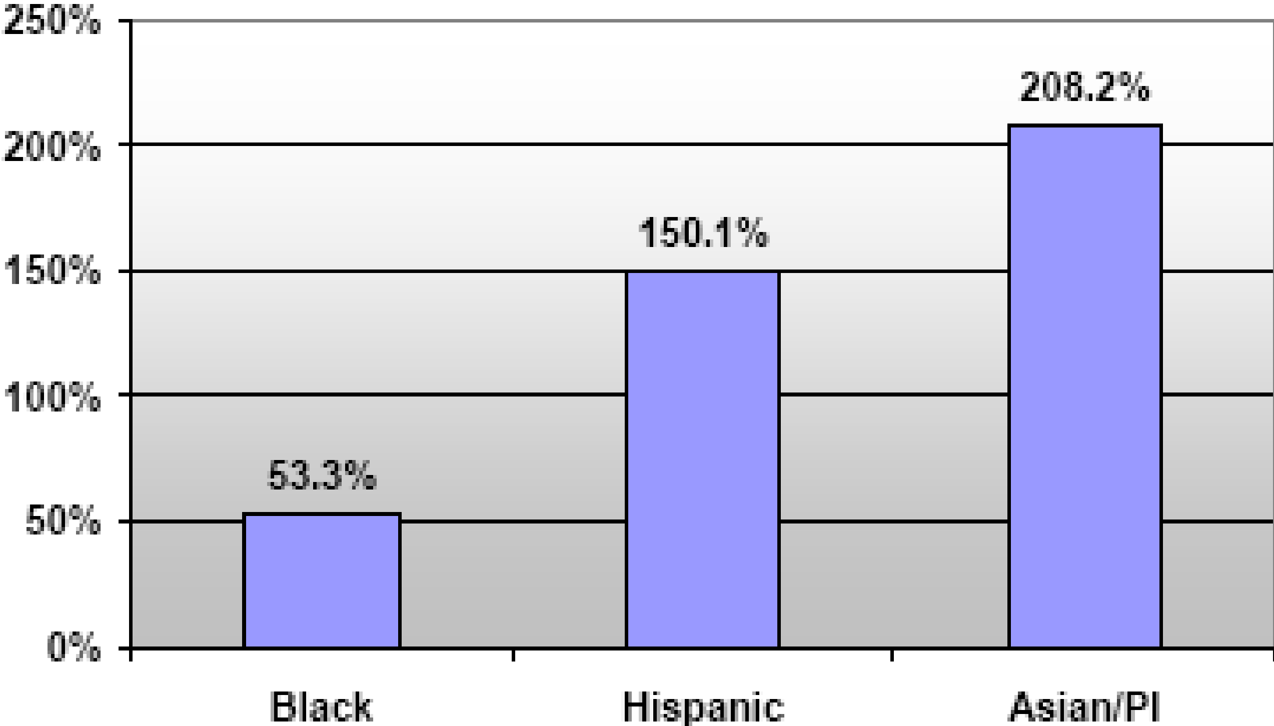
# The U.S. Has Become Increasingly Diverse

- According to the U.S. Census Bureau, approximately one-third of the population currently belong to a racial or ethnic minority group
- The Census Bureau projects that by the year 2042, racial and ethnic minorities will become the majority
- Demographic projections for New York State indicate that by 2025, racial and ethnic minorities will be the majority of the population in the state

# Population by Race and Hispanic Origin, New York State, 2010




Source: U.S. Census Bureau




Source: http://www.aging.ny.gov/NYSOFA/Demographics/DemographicChangesinNewYorkState.pdf

# The Health of Racial and Ethnic Populations

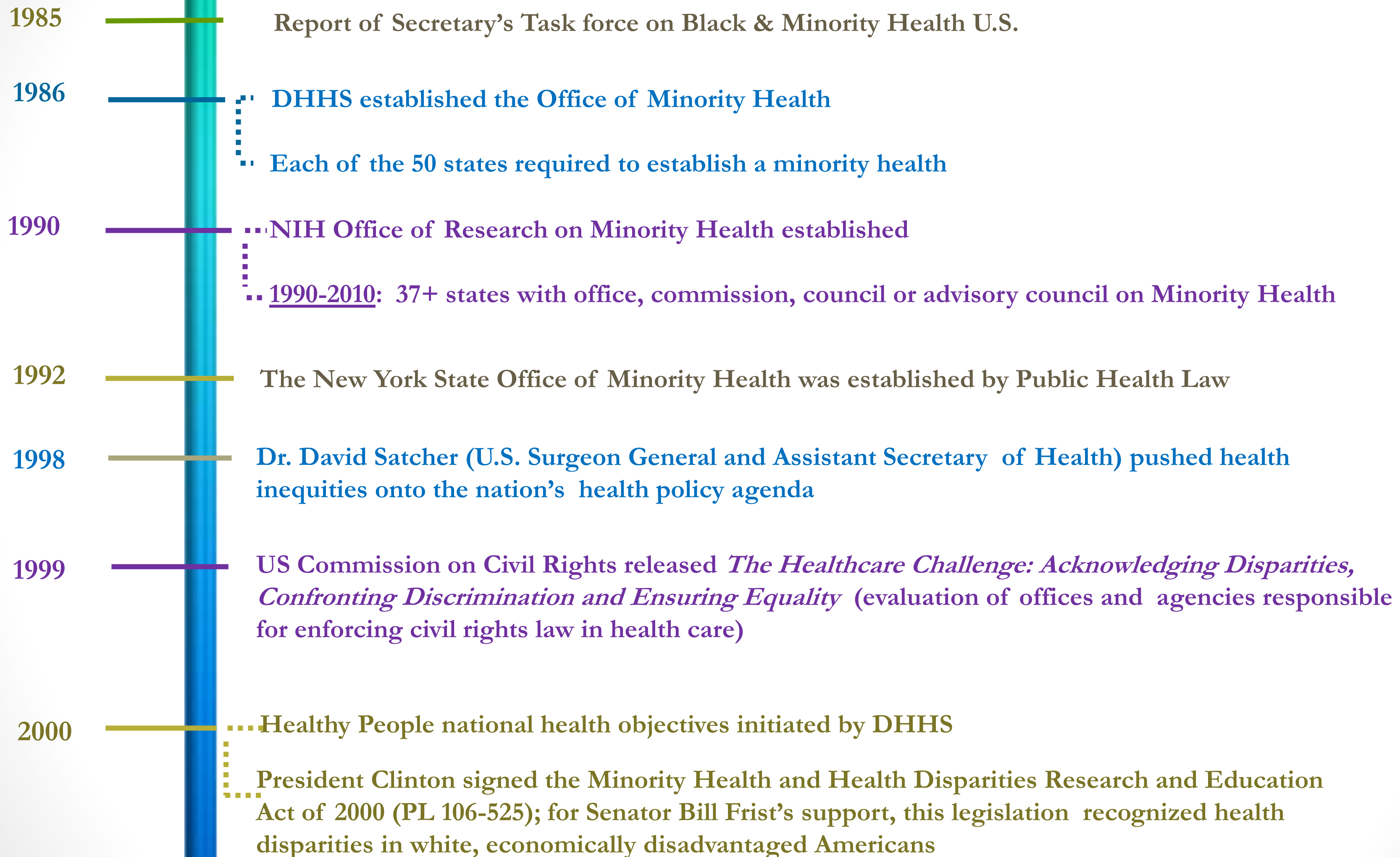
When compared to the health and well being of the general population, racial and ethnic groups demonstrate significant differences in:

- The overall rate of new and existing disease
- The rate at which people die from disease
- The numbers of people who are able to survive them

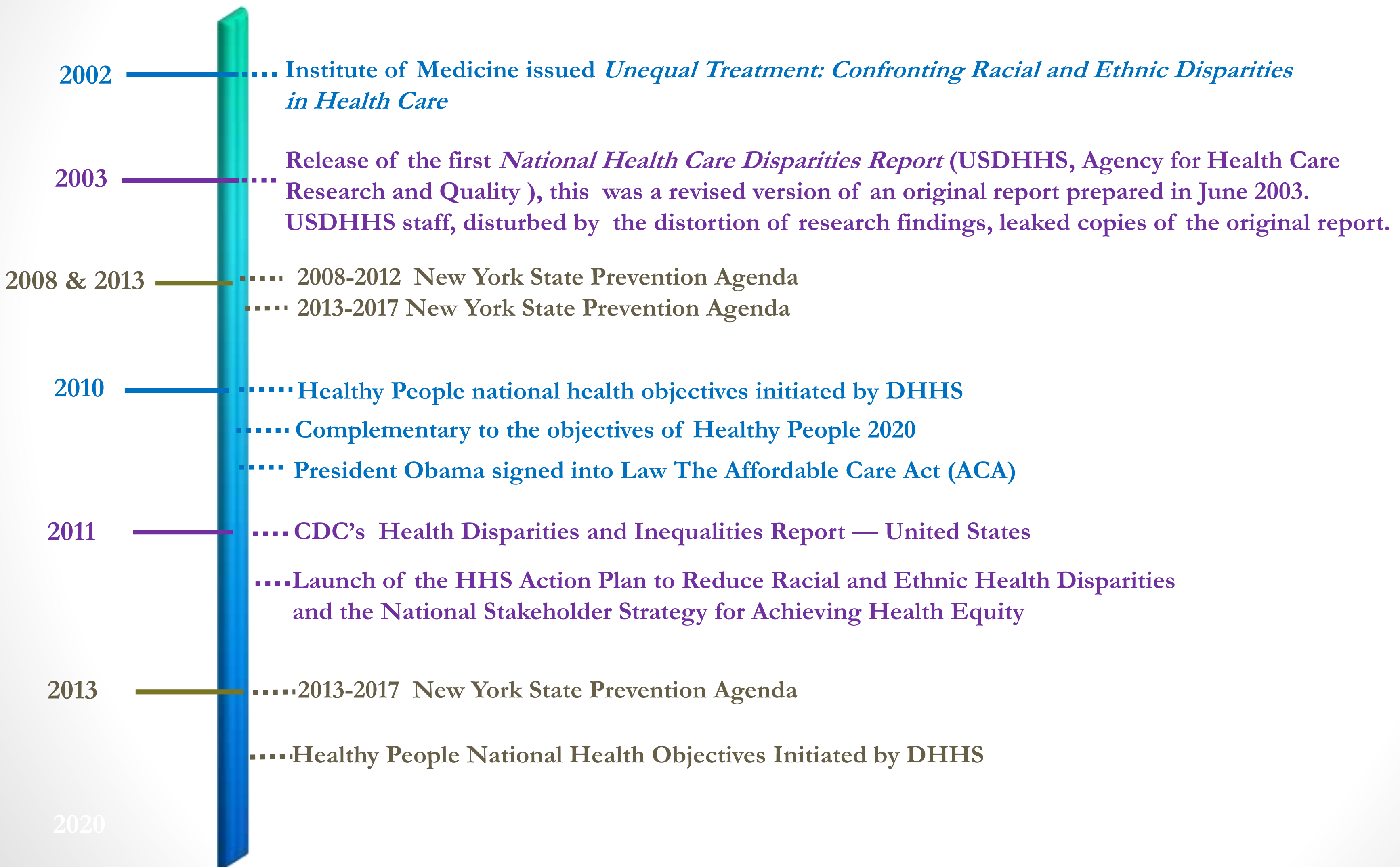
# What are Health Inequalities?

Health Inequalities (disparities) are defined as “***differences in incidence, prevalence, morbidity, mortality, and burden of disease and other adverse conditions that exist among specific population groups”. (NIH)***

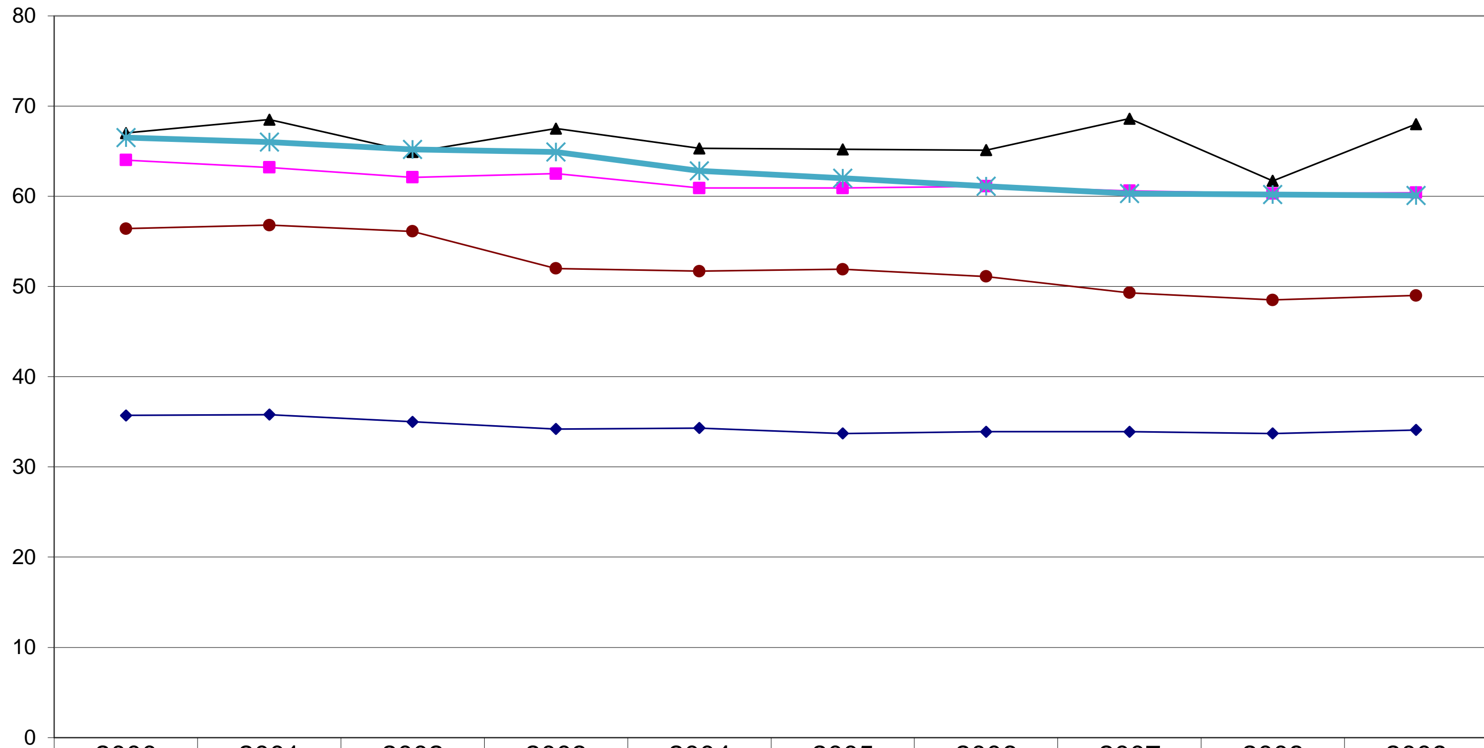
# National Efforts to Address Health Inequalities Historical Overview



# Historical Overview Cont'd



# Percentage of Deaths that Were Premature (Deaths of Persons <75 years old) by Race/Ethnicity, New York State, 2000-2009



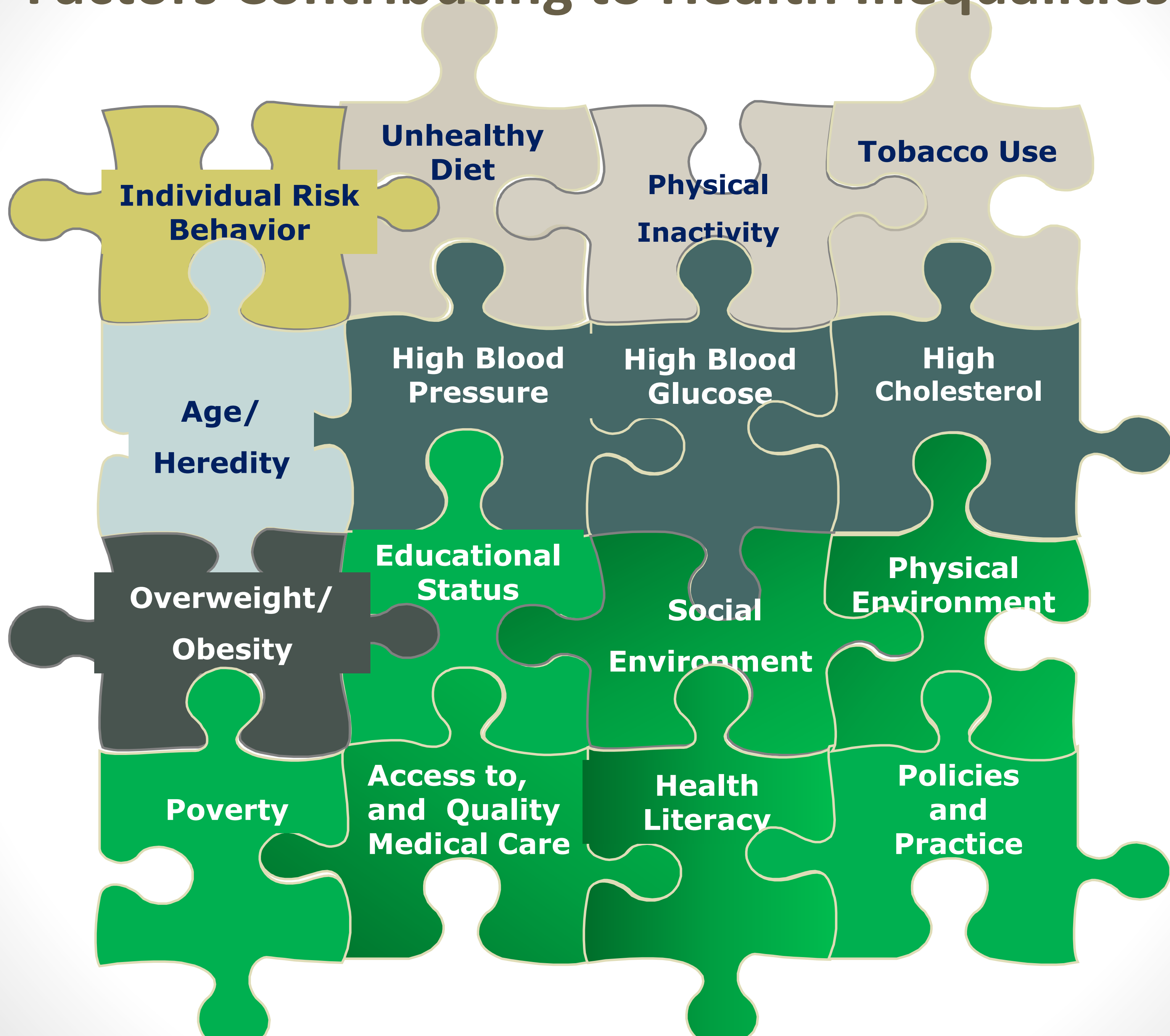

| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 |
|---|---|---|---|---|---|---|---|---|---|---|
| White/NH | 35.7 | 35.8 | 35.0 | 34.2 | 34.3 | 33.7 | 33.9 | 33.9 | 33.7 | 34.1 |
| Black/NH | 64.0 | 63.2 | 62.1 | 62.5 | 60.9 | 60.9 | 61.1 | 60.6 | 60.3 | 60.4 |
| AIAN/NH | 67.0 | 68.5 | 64.9 | 67.5 | 65.3 | 65.2 | 65.1 | 68.6 | 61.7 | 68.0 |
| AsianPI/NH | 56.4 | 56.8 | 56.1 | 52.0 | 51.7 | 51.9 | 51.1 | 49.3 | 48.5 | 49.0 |
| Hispanic | 66.5 | 66.0 | 65.2 | 64.9 | 62.8 | 62.0 | 61.1 | 60.3 | 60.2 | 60.1 |

# What are the Reasons for Health Inequalities?

- The reasons for these differences are complex, but studies have shown that health inequalities or disparities often occur along the lines of race, ethnicity, language ability, socioeconomic status, and/or geography, among other factors.

- Many of these factors are modifiable by the health care delivery system and the individual, but many also lie beyond the control of any single individual or health care delivery entity.

# Factors Contributing to Health Inequalities



# Health Inequalities: A Public Health Concern

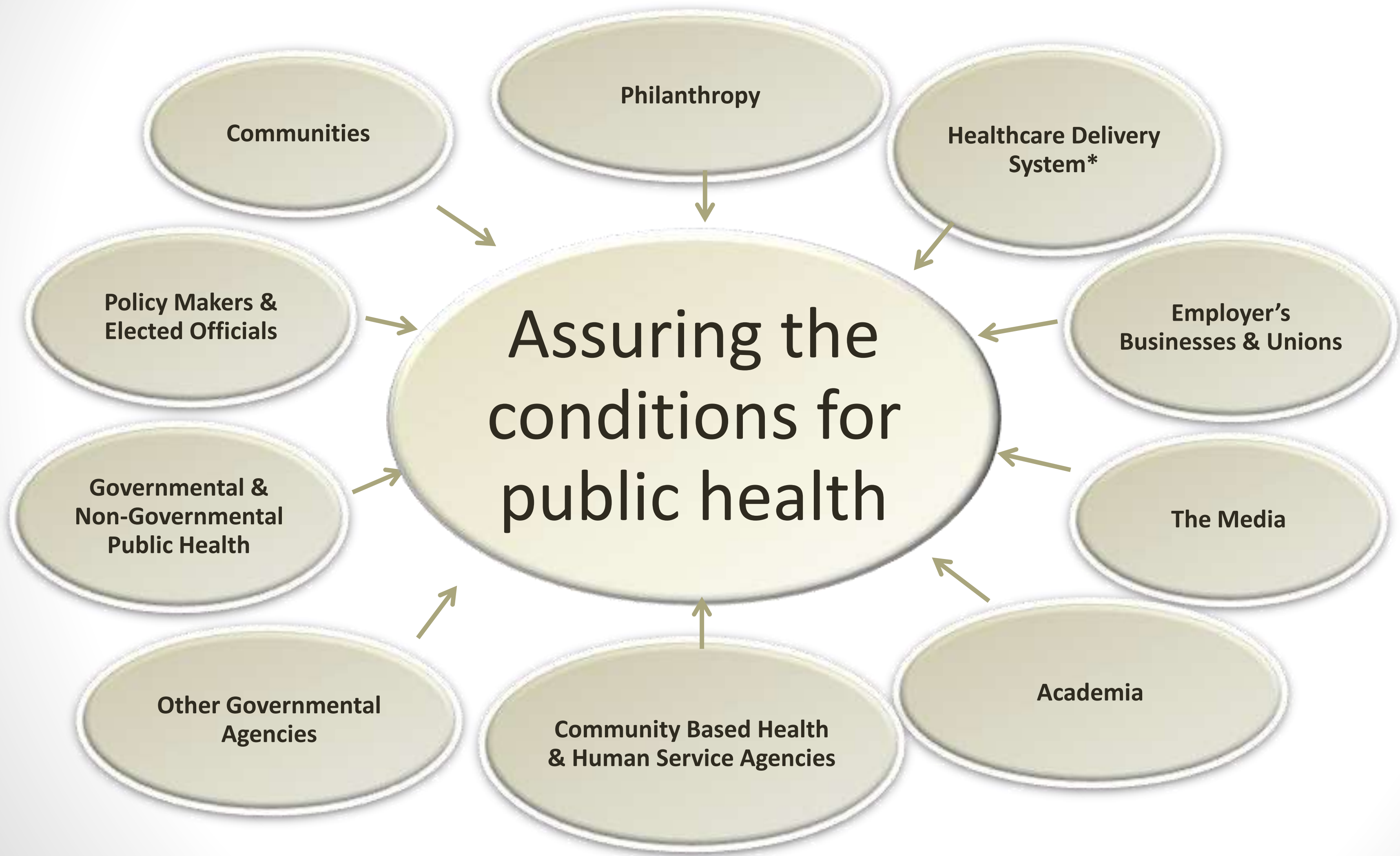
**Health Inequalities:**

- Directly affect the quality of life for all individuals in terms of morbidity, mortality, disabilities and productive lives lost.
- Adversely affect neighborhoods, communities and the broader society.
- Result in economic burden due to increased cost of morbidity and mortality and inadequate and/or inequitable care.

# Achieving Health Equity

Achieving health equity requires comprehensive and multilevel strategies that extend beyond the domain of clinical care, to include addressing socio-economic, geographic, cultural and linguistic factors that influence health care use and outcomes.

# Everyone Has a Role to Play




Adapted from : The Future of the Public's Health in the 21st Century. IOM 2003

# New York State
# Department of Health's Response

- NYS Health Improvement Plan: Prevention Agenda 2013-2017.
- Medicaid Redesign Team (MRT) Initiatives established by Executive Order to reduce costs while improving quality of care.
- New York State of Health to facilitate enrollment in health coverage for over 1.1 million individuals.
- NYS Office of Minority Health & Health Disparities Prevention.

# The Office of Minority Health and Health Disparities Prevention (OMH-HDP)

# Mission

**To serve as a statewide resource for promoting health equity across all population groups by ensuring that everyone, regardless of ethnic or racial background or the community to which they belong, has access to the resources and services they need to be healthy.**

# Goals

- Satisfy legislative mandate to identify "Section §240 Minority Areas" (service areas with non-white populations of 40% or more), and target resources to those areas.
- Work across the Department's programs to advance policies and support programs and initiatives that promote high quality, accessible, patient-centered, and culturally and linguistically appropriate care for all New Yorkers.
- Partner with government systems, public and private agencies, and communities to identify and realize opportunities towards eliminating health disparities and achieving health equity.

# Strategic Functions

**Supporting the Prevention Agenda**

- Works with The Minority Health Council to develop policy to address the broader social and economic factors that lead to poor health.
- Published a report, entitled "Ad Hoc Committee Report on Obesity Prevention Policy Recommendations", can be accessed on the DOH website at http://www.health.ny.gov/community/minority/docs/mch_obesity_prevent_policy_recommend_rpt.pdf

# Strategic Functions

**Improving Data Collection and Availability**

- Identified §240-Minority Areas across the state (service areas with non-white populations of 40% or more), to target populations most in need.

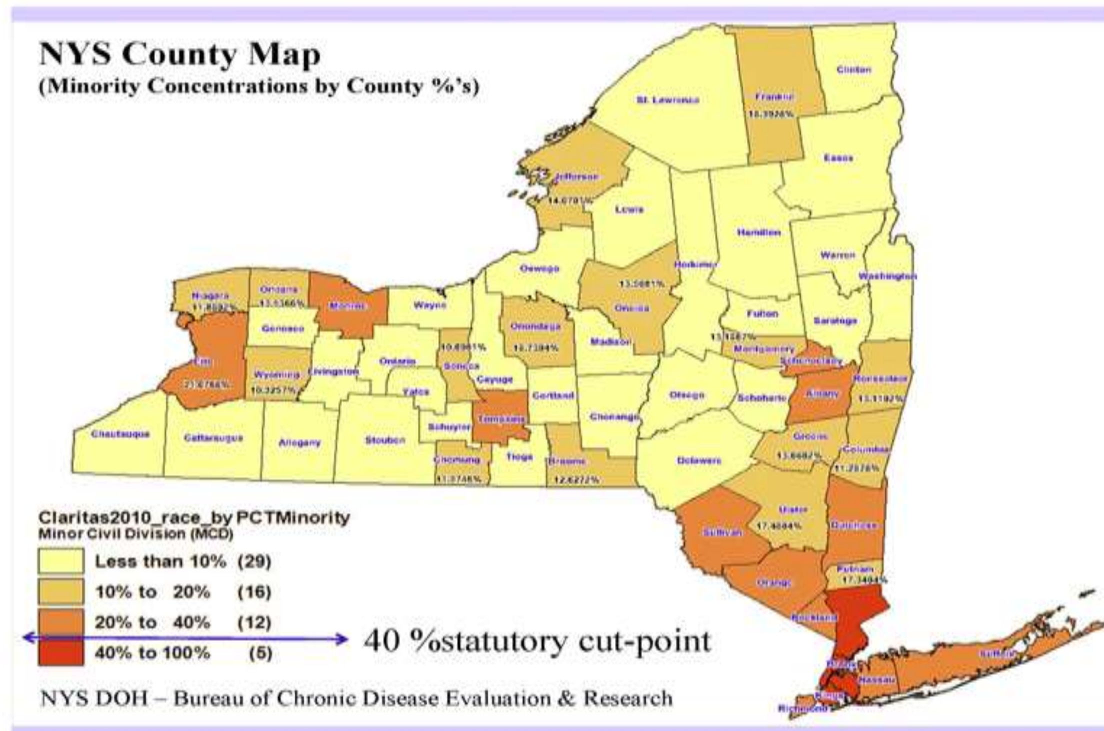
- Participates in the DOH Medicaid Redesign Health Disparities Improvement Project to improve the reliability and quality of data on patients race and ethnicity in NYS's hospital administrative dataset.

- Works with the Inter-Agency LGBT Data Collection Workgroup toward appropriate collection of LGBT data by all state agencies.

# Using MCD & TRACT vs County

The advantage of using Minor Civil Divisions (MCD’s) or Tracts over County is:

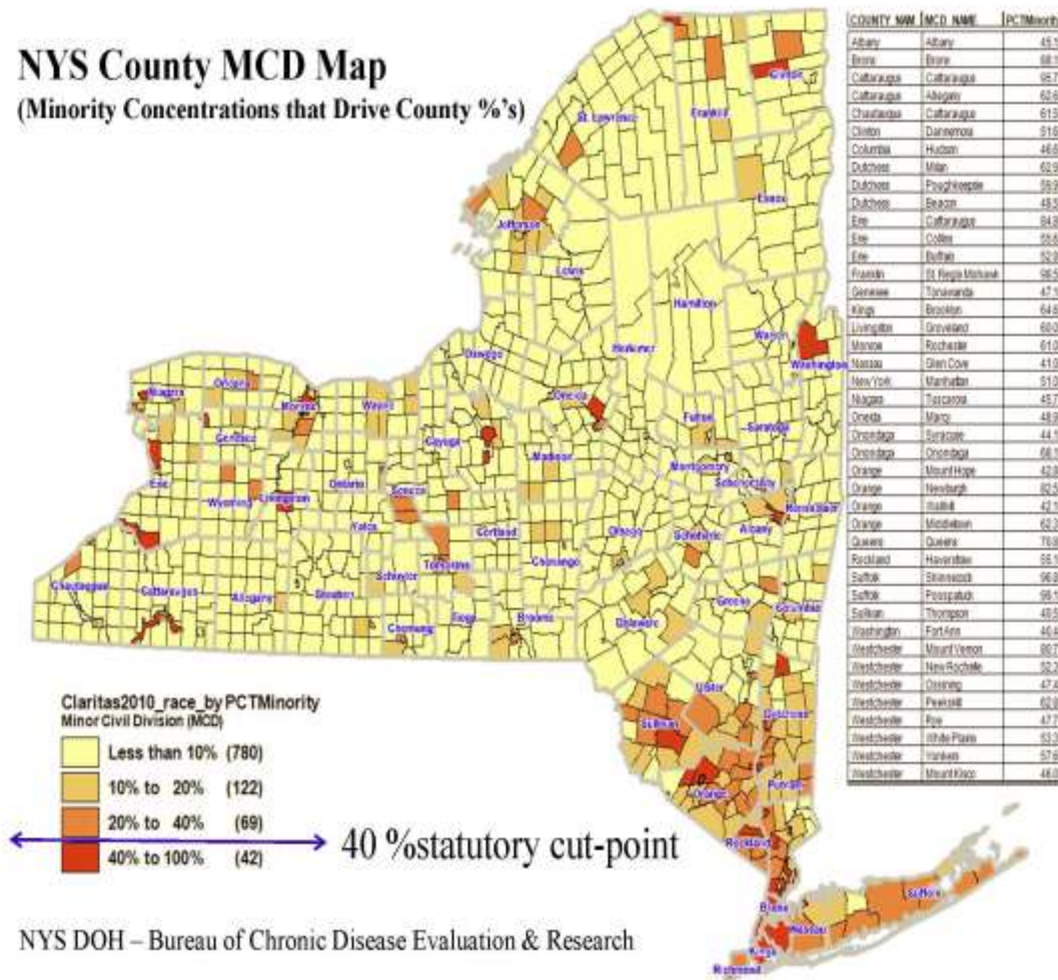
- County level analysis dilutes the number and distribution “Minority Areas” that meet the statute.
- Larger County area can mask or understate areas that meet **§240-Minority Areas** statutory requirements.
- This example illustrates that only Westchester & the Metropolitan NYC areas are the only points that meet statutory requirements.



# Using MCD & TRACT

The advantage of using Minor Civil Divisions (MCD's) or Tracts over Zip codes is:

- Census MCD's and tracts do not cross county boundaries.
- The spatial size of census MCD's tracts varies widely depending on the density of settlement.
- Census tract boundaries are delineated with the intention of being maintained over a long time so that statistical comparisons can be made.
- Meaningful statistical comparisons that factor in Minority cohort can be made between similar tracts that have equivalent SES indicators.




| COUNTY NAM | MCD NAME | PCTMinorit |
|---|---|---|
| Albany | Albany | 45.1 |
| Bronx | Bronx | 88.1 |
| Cattaraugus | Cattaraugus | 95.7 |
| Cattaraugus | Allegany | 62.6 |
| Chautauqua | Cattaraugus | 61.5 |
| Clinton | Dannemora | 51.6 |
| Columbia | Hudson | 46.6 |
| Dutchess | Milan | 62.9 |
| Dutchess | Poughkeepsie | 55.9 |
| Dutchess | Beacon | 48.5 |
| Erie | Cattaraugus | 84.8 |
| Erie | Collins | 55.6 |
| Erie | Buffalo | 52.9 |
| Franklin | St Regis Mohawk | 96.5 |
| Genesee | Tonawanda | 47.1 |
| Kings | Brooklyn | 64.6 |
| Livingston | Groveland | 60.0 |
| Monroe | Rochester | 61.0 |
| Nassau | Glen Cove | 41.0 |
| New York | Manhattan | 51.0 |
| Niagara | Tuscarora | 45.7 |
| Oneida | Marcy | 48.9 |
| Onondaga | Syracuse | 44.1 |
| Onondaga | Onondaga | 68.1 |
| Orange | Mount Hope | 42.8 |
| Orange | Newburgh | 82.5 |
| Orange | Wallkill | 42.1 |
| Orange | Middletown | 62.3 |
| Queens | Queens | 76.8 |
| Rockland | Haverstraw | 66.1 |
| Suffolk | Shinnecock | 96.8 |
| Suffolk | Poospatuck | 96.1 |
| Sullivan | Thompson | 48.5 |
| Washington | Fort Ann | 40.4 |
| Westchester | Mount Vernon | 80.7 |
| Westchester | New Rochelle | 52.2 |
| Westchester | Ossining | 47.4 |
| Westchester | Peekskill | 62.8 |
| Westchester | Rye | 47.7 |
| Westchester | White Plains | 53.3 |
| Westchester | Yonkers | 57.6 |
| Westchester | Mount Kisco | 46.0 |

# Strategic Functions (Cont'd)

**Programmatic Support**

- Provides funding to SUNY Albany School of Public Health to support a New York State Media and Technology Use Survey of NYS residents to better understand media use patterns, to better disseminate health-related information.

- Provides funding to CHCANYS to support a project focusing on the dimensions of health literacy through patient surveys, and focus groups in 15 of their health centers across the state.

- Provides funding to support two projects in Jefferson and Sullivan Counties to implement select recommendations from the Minority Health Council Obesity Policy Report, and to further advance the Prevention Agenda.

# Programs Under Development

- **Latino Health Outreach Initiative** to provide services to reduce barriers to health care and improve health care system access for Latinos in New York State. (RFA posted)
- **Minority Male Wellness Initiative** to reduce barriers to health care and improve health care system access for minority males across the life cycle in New York State.
- **Mentorship in Medicine and Health Professions Initiative** to promote diversity in the health professions.
- **First Nations Project** to convene a health summit with tribal members to prioritize health issues and facilitate the development of prevention initiatives.

# Initiatives for 2014

- Release the 2014 Biennial Health Disparities Report on the health status of racial, ethnic and underserved populations.

- **Promote the National Enhanced Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.**

- Address Health Literacy.

- Support Community Resident-Driven Models to Effect Social Change and Advance Population Health.

- Advance efforts to engage in community-based participatory research (CBPR) to broaden our understanding of health disparities, and build on what we already know from traditional experimental models.

# Cultural and Linguistic Competence in Health Care Services (CLAS)

Culturally and linguistically appropriate services are increasingly recognized as an effective mechanism for improving the quality of care and services and helping to eliminate health disparities

Source: USDHHS: National Standards for CLAS in Health and Healthcare, *A Blueprint for Advancing and Sustaining CLAS Policy and Practice*

# National CLAS Standards: Audience

- Accreditation and Credentialing agencies
- Community-based organizations
- Educators
- Governance and Leadership
- Health Care service providers
- Health care staff and Administrators
- Patients/Consumers
- Public Health Workforce
- Purchasers

# National CLAS Standards

| 2000 Themes | 2013 Themes |
|---|---|
| Culturally Competent Care | Principal Standard |
| Language Access Services | Governance, Leadership, and Workforce |
| Organizational Supports | Communication and Language Assistance |
| | Engagement, Continuous Improvement, and Accountability |

Source: USDHHS-OMH National Standards for Culturally and Linguistically Appropriate Services

# Working Together

# CONTACT US

For more information, please contact us:

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