

National Prevention Strategy

America's Plan for Better Health and Wellness

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**Empowered
People**



**Healthy
& Safe
Community
Environments**



**Clinical
& Community
Preventive
Services**



**Elimination of
Health
Disparities**



THE HECKLER REPORT



“Despite the unprecedented explosion in scientific knowledge and the phenomenal capacity of medicine to diagnose, treat and cure disease, Blacks, Hispanics, Native American Indians and those of Asian/ Pacific Islander Heritage have not benefited fully or equitably from the fruits of science or from those systems responsible for translating and using health sciences technology.”

OFFICE OF MINORITY HEALTH



HEALTH DISPARITIES

“A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

HEALTH CARE DISPARITIES

Health care disparity: Differences between groups in health insurance coverage, access to and use of care, and quality of care.

SOCIAL DETERMINANTS OF HEALTH



ECONOMIC CONSEQUENCES OF HEALTH DISPARITIES

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

ECONOMIC DISPARITIES

Asian-American women make 79 cents, black women make 64 cents and Hispanic women make 56 cents to every dollar paid to white non-Hispanic men.

Among employed women, 65 percent of Hispanics were in two job groups—service occupations and sales and office occupations—compared with about 59 percent of Blacks, 53 percent of Whites, and 47 percent of Asians in the same job groups.

Among employed men, nearly half (48 percent) of Asians worked in management, professional, and related occupations in 2010, compared with 35 percent of Whites, 24 percent of Blacks, and 15 percent of Hispanics.

Gender disparity found in nursing practice

HOUSING DISPARITIES

Geographic steering of Black and Hispanic homebuyers remains common and 50% of black respondents in a recent Gallup Poll reported incidents of discrimination.

Residents of a predominately Black or Hispanic neighborhood have access to roughly half as many social services as those in predominately white neighborhoods.

Homeownership rates for whites are over 20 percentage points higher than for blacks or Hispanics.

HEALTH DISPARITIES

American Indians have diabetes rates more than two times the non-Hispanic White rate and, Mexican Americans are two times more likely than non-Hispanic Whites to be diagnosed with diabetes

African American women are more than twice as likely to die of cervical cancer than are white women and are more likely to die of breast cancer than are women of any other racial or ethnic group

HEALTH DISPARITIES

Although African Americans and Hispanics represented only 26 percent of the U.S. population in 2001, they accounted for 66 percent of adult AIDS cases³ and 82 percent of pediatric AIDS cases reported in the first half of that year.

African American, American Indian, and Puerto Rican infants have higher death rates than white infants. In 2000, the black-to-white ratio in infant mortality was 2.5 (up from 2.4 in 1998). This widening disparity between black and white infants is a trend that has persisted over the last two decades.

HEALTH EQUITY

Health equity is attainment of the highest level of health for all people.

Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

EDUCATION DISPARITIES

In 2013, 20 percent of high school students did not graduate with their cohort. African American and Hispanic youth and those living in poverty are less likely to graduate and more likely to attend underperforming schools where graduating is not the norm.

Black children represent about 18 percent of children enrolled in preschool programs in schools, but almost half of the students suspended more than once ... The data shows that black students of all ages are suspended and expelled at a rate that's three times higher than that of white children

EDUCATION EQUITY

Educational Equity or Equity in Education is a measure of achievement, fairness, and opportunity in education.

Dependent on two factors:

Fairness

Inclusion

PLANS ADDRESSING HEALTH AND HEALTHCARE DISPARITIES



THE AFFORDABLE CARE ACT

The Affordable Care Act (ACA) advances efforts to reduce health and health care disparities and to improve health and health care for vulnerable populations.³⁰ These provisions affect multiple dimensions of health and health care, including health coverage, access to care, delivery system reforms, provider supply and capacity, and public health and prevention efforts. Some of the provisions explicitly focus on disparities, whereas others have broader goals with important benefits for vulnerable populations

NATIONAL PREVENTION STRATEGY STRATEGIC DIRECTIONS AND PRIORITIES



HEALTHY AND SAFE COMMUNITY ENVIRONMENTS

Healthy & Safe
Community
Environments



- Clean air and water
- Affordable and secure housing
- Sustainable and economically vital neighborhoods
- Make healthy choices easy and affordable

CLINICAL AND COMMUNITY PREVENTIVE SERVICES

- Evidence-based preventive services are effective
- Preventive services can be delivered in communities
- Preventive services can be reinforced by community-based prevention, policies, and programs
- Community programs can promote the use of clinical preventive service (e.g., transportation, child care, patient navigation issues)

**Clinical
& Community
Preventive Services**



EMPOWERED PEOPLE



- Even when healthy options are available and affordable, people still must make the healthy choice
- People are empowered when they have the knowledge, resources ability, and motivation to identify and make healthy choices
- When people are empowered, they are able to take an active role in improving their health, supporting their families and friends in making healthy choices, and leading community change

ELIMINATION OF HEALTH DISPARITIES

- Health outcomes vary widely based on race, ethnicity, socio-economic status, and other social factors
- Disparities are often linked to social, economic or environmental disadvantage
- Health disparities are not intractable and can be reduced or eliminated with focused commitment and effort

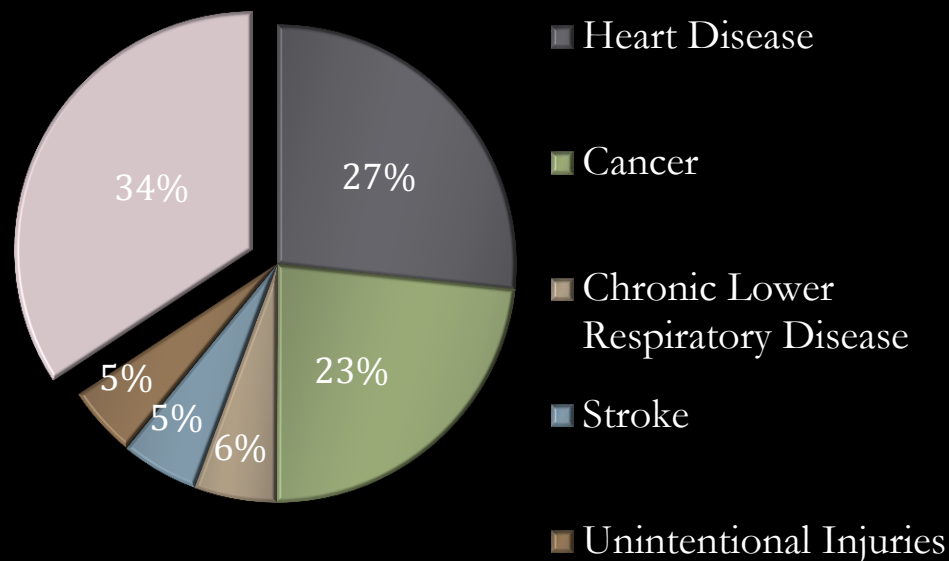


**Elimination of
Health Disparities**

NATIONAL PREVENTION STRATEGY PRIORITIES

- Tobacco Free Living
- Preventing Drug Abuse and Excessive Alcohol Use
- Healthy Eating
- Active Living
- Mental and Emotional Well-being
- Reproductive and Sexual Health
- Injury and Violence Free Living

Five Causes Account For 66% of All Deaths



Source: National Vital Statistics
Report, CDC, 2008

RESOURCES

www.surgeongeneral.gov/initiatives/prevention/strategy/

prevention.council@hhs.gov

MARTIN LUTHER JR

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

– Second National Convention of the Medical Committee for Human Rights –
Chicago, March 25, 1966