Achieving Health Equity: Psychology's Role

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Health Disparities

The U.S. Centers for Disease Control defines health disparities as **preventable differences** in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by **socially disadvantaged populations**.

https://www.cdc.gov/aging/disparities/

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:

- 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

https://www.healthypeople.gov/2020

Health Disparities

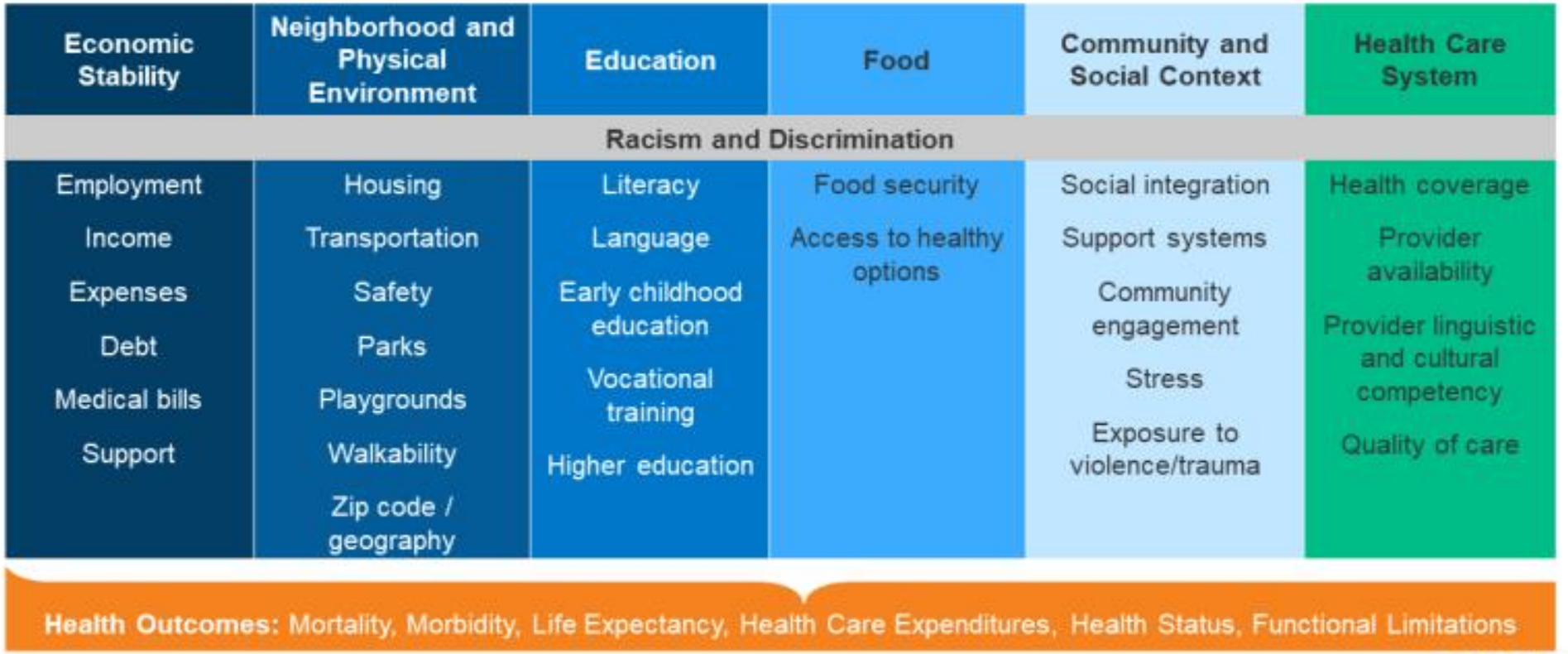
A “health disparity” refers to a higher burden of illness, injury, disability, or mortality experienced by one group relative to another.

A “health care disparity” typically refers to **differences between groups in health insurance coverage, access to and use of care, and quality of care**.

https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/

Health is About More Than Healthcare

Health Inequities: Social and Economic Factors



Social Determinants of Health are the conditions in which people are born, grow, live, work and age.

They include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care.

Health Disparities: The Evidence

Health Disparities by Race and Ethnicity

2017 Data

Health Coverage

Number Uninsured

- 16.1% of Latinx
- 14.9% of American Indians/ Alaska Natives
- 10.6% of African Americans
- 5.9% of non-Hispanic whites

Filice C, Iara E, Joynt, K E. Examining Race and Ethnicity Information in Medicare Administrative Data. Medical Care, 2017; 55 (12) e170-e176(7). https://doi.org/10.1097/MLR.00000000000006

Health Disparities by Race and Ethnicity

Chronic Health Conditions

Reporting having fair or poor health

- 17.4% of American Indians/ Alaska Natives
- 13.8% of African Americans
- 10% of Latinx
- 8.3% of non-Hispanic whites

2017 Data

Health Disparities by Race and Ethnicity

2017 Data

Chronic Health Conditions

- 42% of African American adults suffer from hypertension compared with 28.7% of white adults
- 80% of African American women are overweight or obese compared to 64.8% of white women.
- 21.5% of Hispanic adults have diabetes compared with 13% of white adults.
- Asian Americans are 40% more likely to be diagnosed with diabetes than white Americans. They are also 80% more likely to be diagnosed with end-stage renal disease.

Health Disparities by Race and Ethnicity

Leading Causes of Death

- African Americans have the highest mortality rate for all cancers combined compared with any other racial and ethnic group.
- There are 11 infant deaths per 1,000 live births among Black Americans. This is almost twice the national average of 5.8 infant deaths per 1,000 live births.

2017 Data

Health Disparities among the Indigenous American

The American Indian and Alaska Native people have long experienced lower health status when compared with other Americans.

- Lower life expectancy and the disproportionate disease burden exist
  - Related to inadequate education, disproportionate poverty, & discrimination in the delivery of health services
- American Indians and Alaska Natives born today have a life expectancy that is 5.5 years less than the U.S. all races population (73.0 years to 78.5 years, respectively).

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2567901/

Health Disparities among the Indigenous American

- American Indians and Alaska Natives continue to die at higher rates than other Americans in many categories, including
  - chronic liver disease and cirrhosis, diabetes mellitus, unintentional injuries, assault/homicide, intentional self-harm/suicide, and chronic lower respiratory diseases.
- According to multiple sources, the suicide rate is 3-6x higher among American Indian and Alaska Native than among their non-Native peers
  - represents one of the greatest health disparities faced by young American Indian and Alaska Natives.
- In trying to account for the disparities, health care experts, policymakers, and tribal leaders are looking at many factors that impact upon the health of Indian people, including the adequacy of funding for the Indian health care delivery system.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2567901/

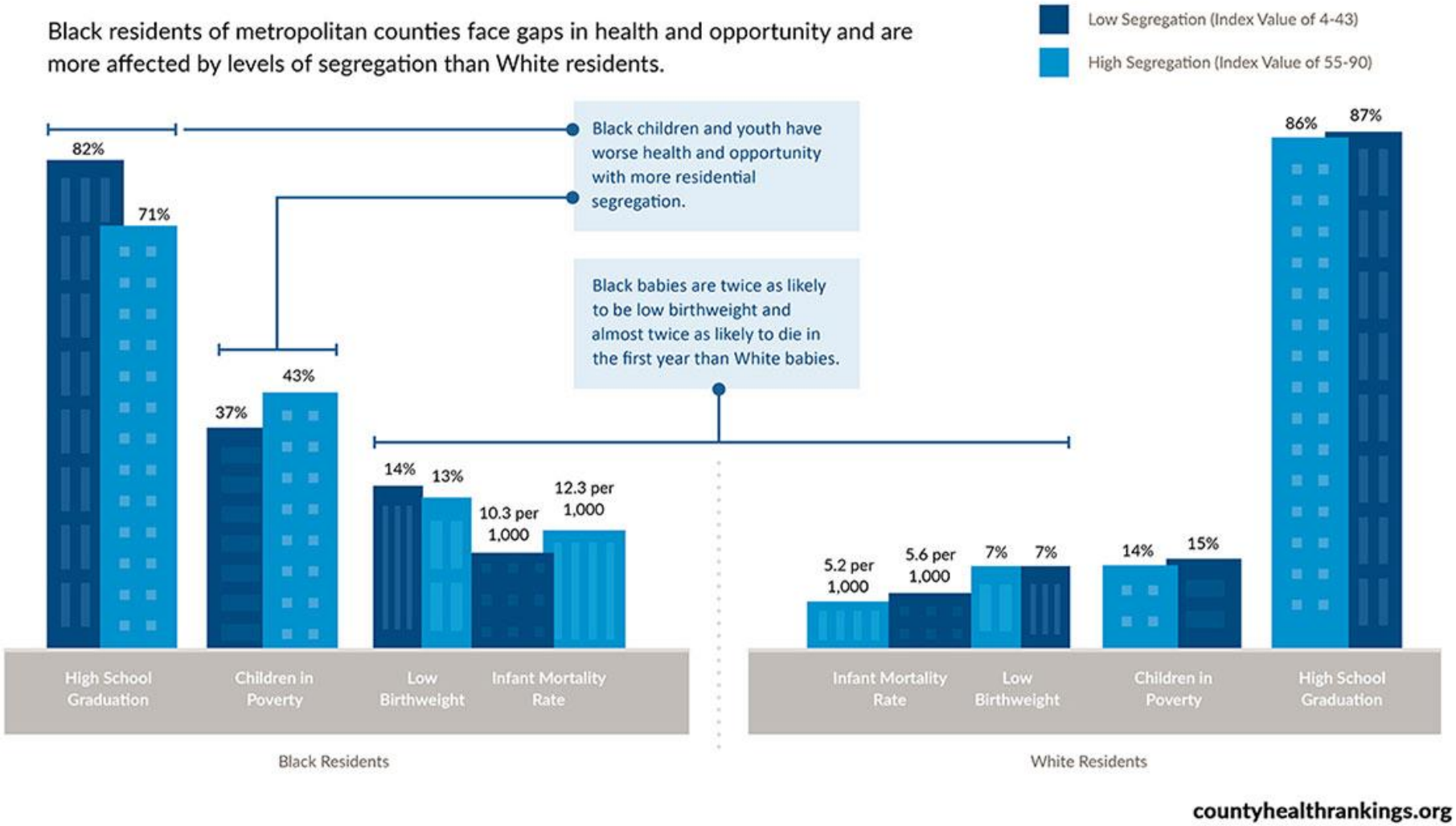
Health Disparities by Race and Ethnicity

2017 Data

Mental Health

- 11.4 per 100,000 African American men and 2.8 per 100,000 of African American women die by suicide
- The number of suicide attempts by adolescent Hispanic females was 40% higher than that of white females
- Suicide was the leading cause of death for Asian Americans ages 15 to 24
- Suicide was the second-leading cause of death among American Indian and Alaska Natives ages 10 to 34

Race, Place, and Health



Black children in counties with high segregation (indicated by the light blue columns) experienced worse poverty, infant mortality, and high school graduation rates than those in less segregated counties (dark blue columns).

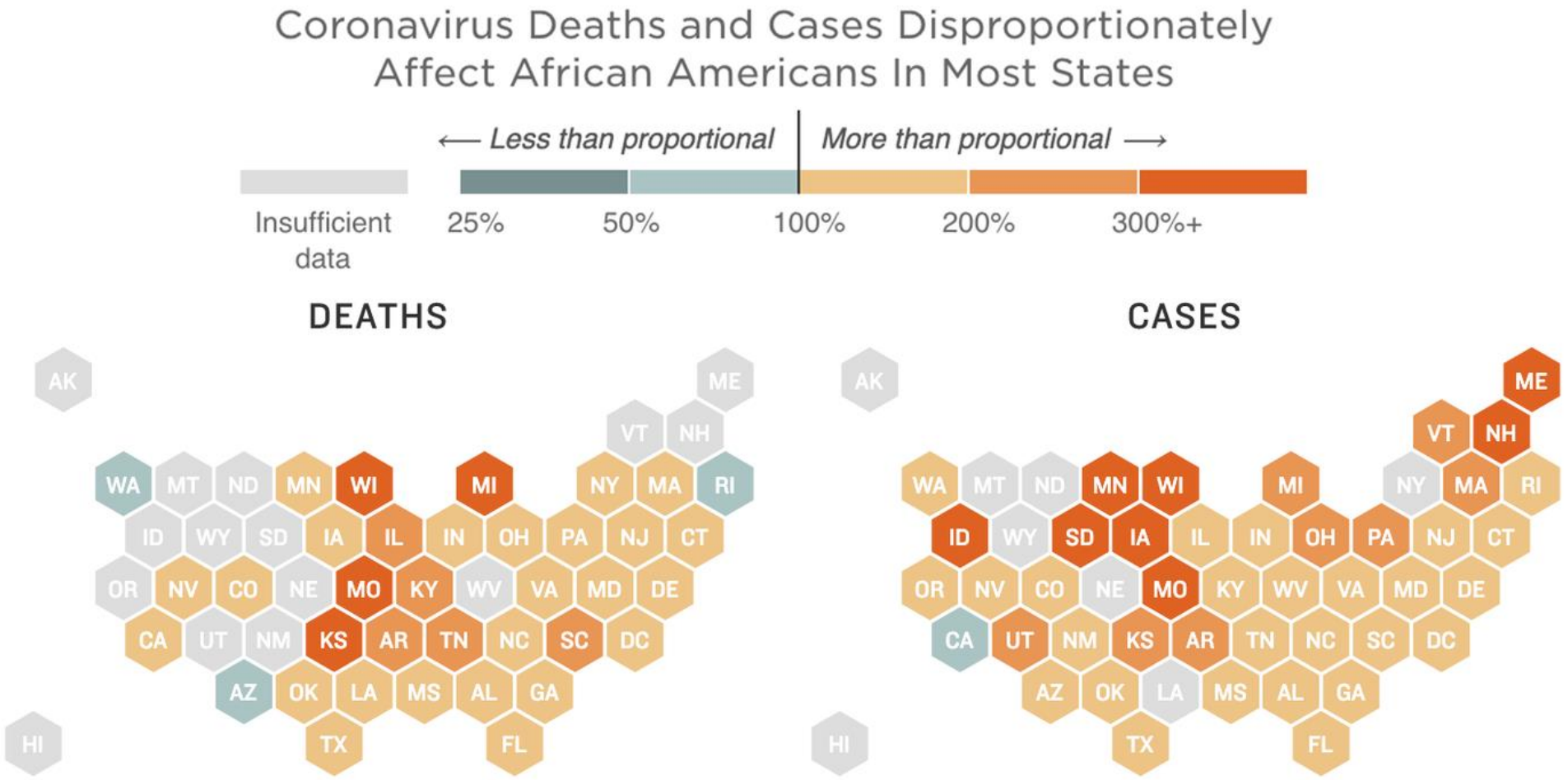
Race, Place, and Health

- Residential segregation worsens health for Black Americans.
- The link between race, place, and health is in large part the result of a history of unequal access to opportunity in the US—
  - a history of policies and practices that gave access to White Americans and systematically denied it to Black Americans.
- Addressing health inequities caused by residential segregation requires initiatives that are localized, multisectoral, and equity-oriented.

https://www.publichealthpost.org/databyte/race-place-and-health/

Racial Disparities Heightened with COVID-19 Crisis

COVID-19 Exacerbates Existing Health Inequities



Race death rates from COVID-19 data (from all U.S. states and the District of Columbia)

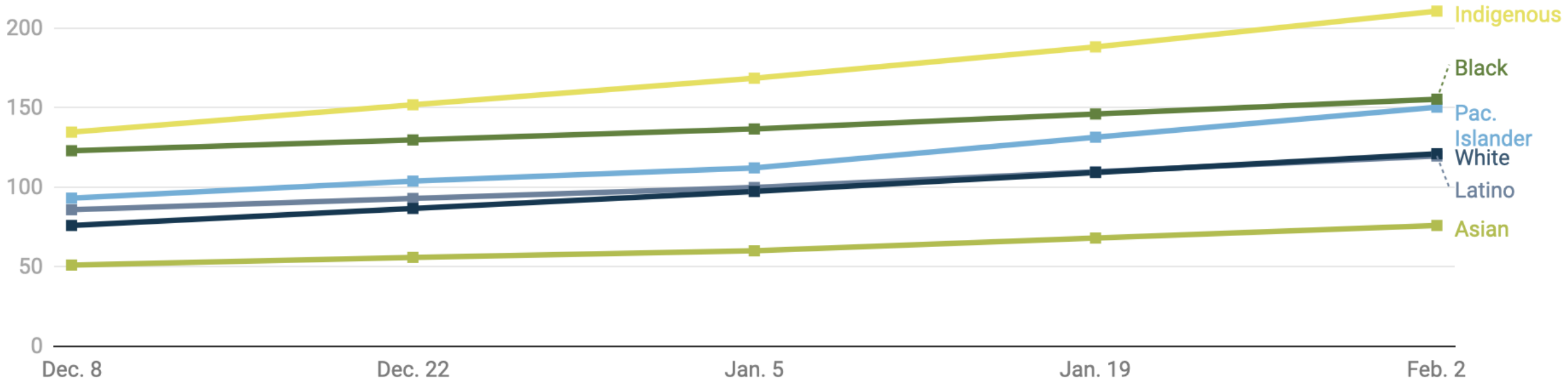
- **1 in 475 Indigenous Americans has died (or 210.6 deaths per 100,000)**
- **1 in 645 Black Americans has died (or 155.2 deaths per 100,000)**
- **1 in 665 Pacific Islander Americans has died (or 150.2 deaths per 100,000)**
- **1 in 825 White Americans has died (or 120.9 deaths per 100,000)**
- **1 in 835 Latino Americans has died (or 119.5 deaths per 100,000)**
- **1 in 1,320 Asian Americans has died (or 75.8 deaths per 100,000)**

Data collected through February 2, 2021

https://www.apmresearchlab.org/covid/deaths-by-race

Indigenous, Black & Pacific Islander Americans have experienced the highest death tolls from COVID-19

Cumulative actual (crude) COVID-19 mortality rates per 100,000, by race and ethnicity, Dec. 8, 2020-Feb. 2, 2021



Population estimates from the U.S. Census Bureau, latest American Community Survey.
https://www.apmresearchlab.org/covid/deaths-by-race retrieved 2/20/2021

Deadly toll of COVID-19 on Indigenous Population

- Indigenous peoples experience a high degree of socioeconomic marginalization
- Indigenous peoples are at disproportionate risk in public health emergencies
- Lack of access to effective monitoring and early-warning systems, and adequate health and social services.
- High representation in service occupations

Deadly toll of COVID-19 on Indigenous Population

- Older age, multigenerational housing, lack of running water, communal wells, increased chronic disease and poverty have increased the impact of COVID-19.

- Forty percent of Navajo households do not have access to running water, and thirty per cent do not have electricity.

- The marginalization, segregation and discrimination of these tribes are negatively impacting their health and wellbeing during the COVID-19 situation.

Why is Coronavirus Taking Such a Deadly Toll on Black Americans?

Longstanding health and socioeconomic disparities leave minorities more vulnerable to COVID-19

https://www.theguardian.com/world/2020/apr/25/coronavirus-racial-disparities-african-americans

- Bias plays a critical role in health inequity and perpetuate structural inequalities.
  - Either explicit or unconscious physician bias will determine if a patient gets proper testing and treatment.
- African Americans have much higher prevalence of the health conditions that dramatically increase the risk of death from COVID-19: Diabetes, hypertension, heart disease
- African Americans are less likely to be able to work from home and more likely to be forced to take public transportation, increasing their risk of exposure to coronavirus.

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Longstanding health and socioeconomic disparities leave minorities more vulnerable to COVID-19

https://www.theguardian.com/world/2020/apr/25/coronavirus-racial-disparities-african-americans

- Minority and low-income communities are more likely to experience food insecurity
  - linked to higher rates of obesity and diabetes, and less able to have supplies.
- Decades of segregation, discriminatory housing policies and poor environmental protections have left many African Americans living in substandard and high-density housing
  - (where social distancing is that much harder) or areas of higher air pollution, leading to higher rates of asthma and other diseases.
- Minorities are more likely to live in “healthcare deserts”
  - One study found black Americans were on average ~ 70% more likely to live in a zip code with a shortage of primary care physicians.
  - African Americans in some major US cities are also more likely to live in an area with no hospital trauma center within five miles.

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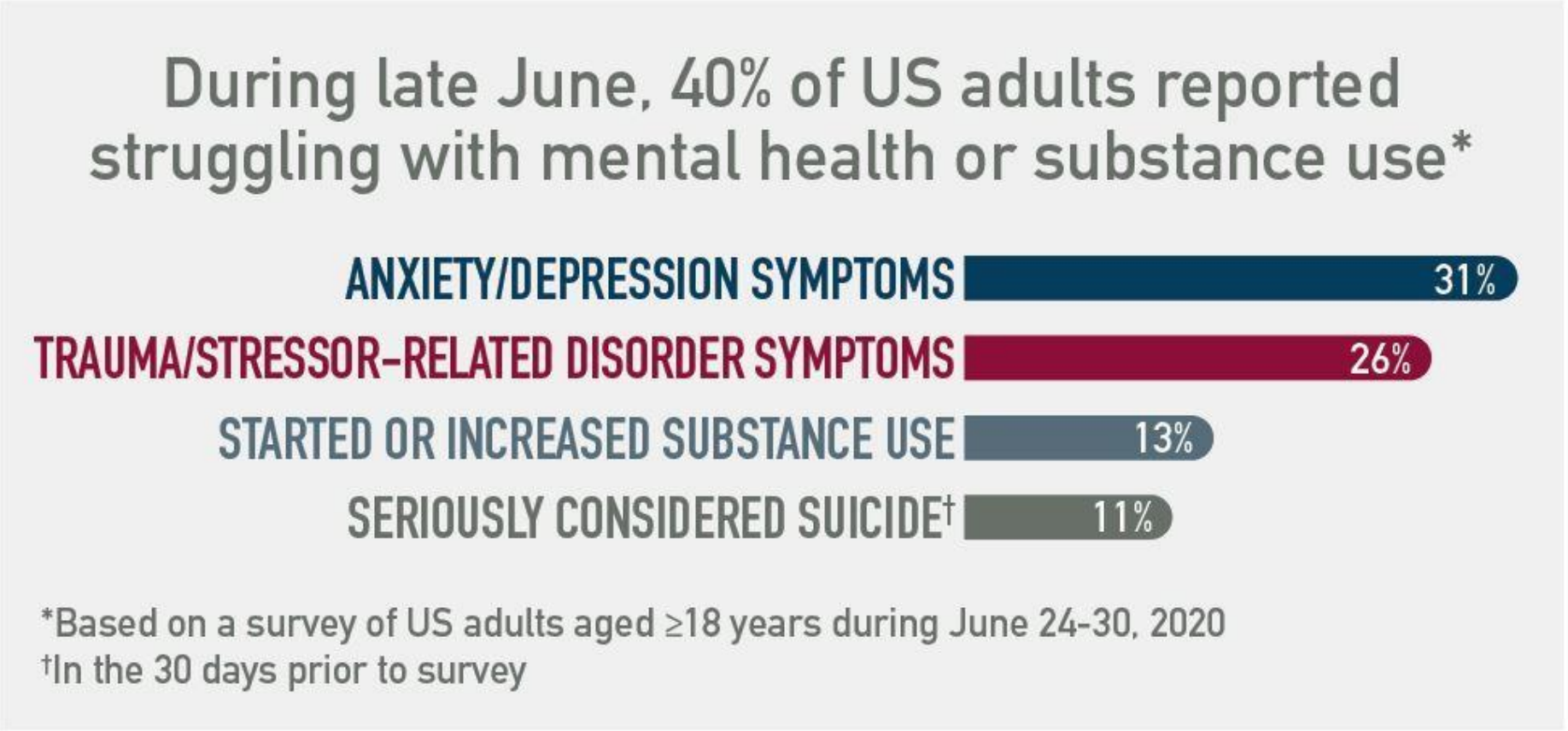
https://www.theguardian.com/world/2020/apr/25/coronavirus-racial-disparities-african-americans

- People's health is not a direct result of their behaviors and actions
- Although Blacks' individual actions and behaviors play a role in health, the environments in which they exist and the policies that are put in place that shape people's opportunities determine what choices they have to make.

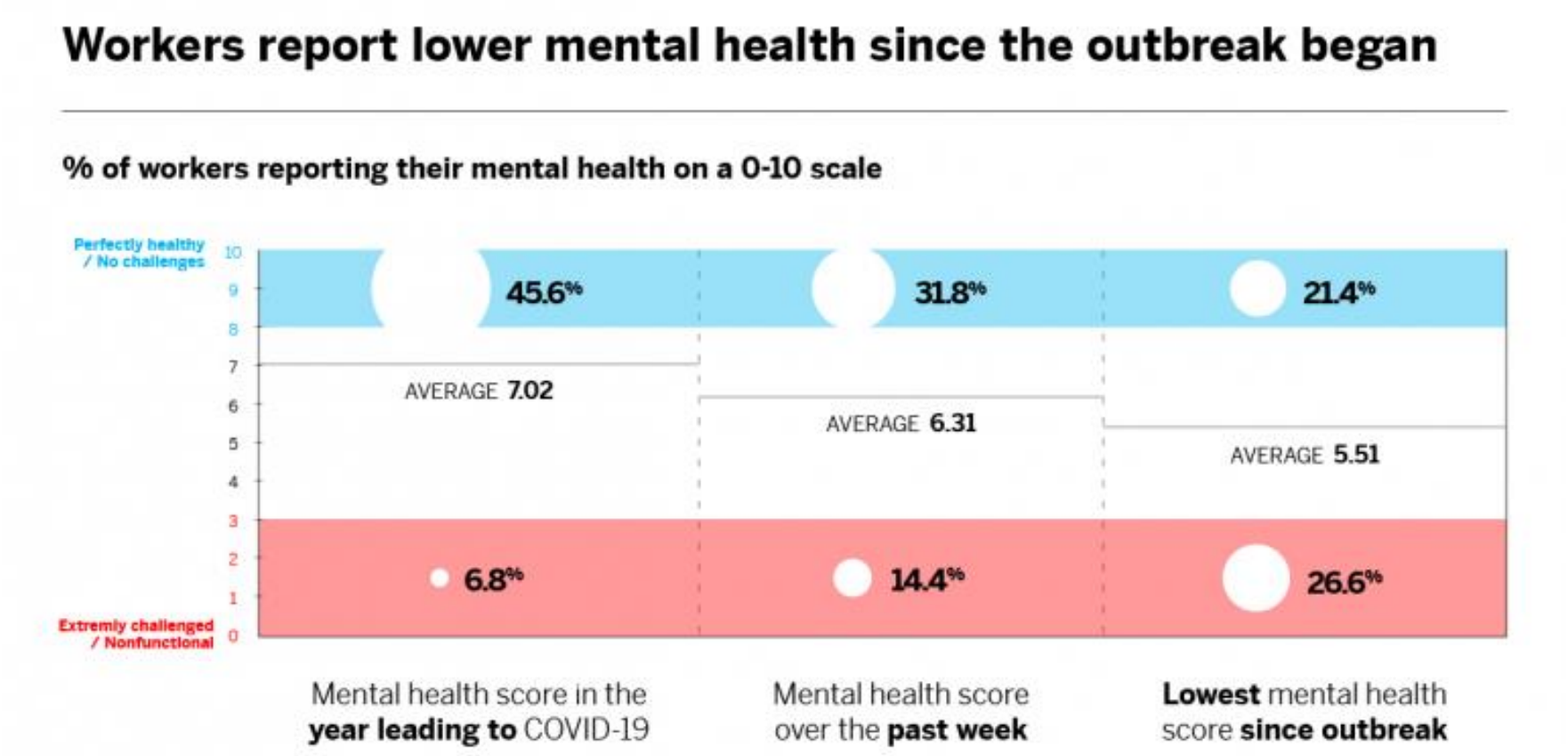
COVID-19 Impact on Mental Health

Figure. Mental Health Symptoms During COVID



SOURCE: CDC.gov

COVID-19 Impact on Mental Health

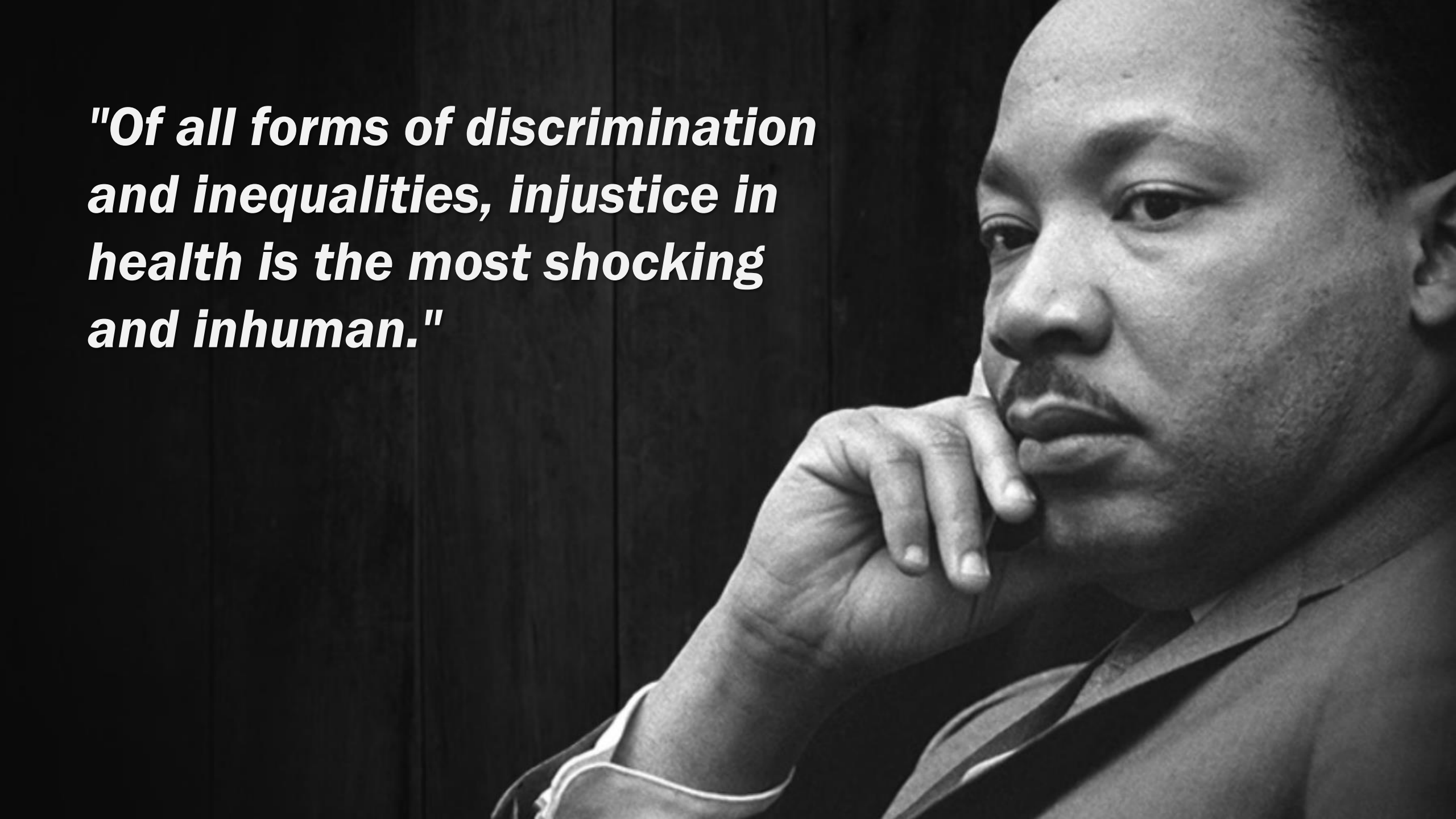


Disparities in Telehealth Services

Expansions in telehealth services could exacerbate disparities in care, leaving behind underserved communities

- Having access to high speed internet, or broadband, is essential for telehealth expansion to be equitable; about half the population of the U.S. has either very slow internet or none at all
- Doctors have realized that some of their patients stopped answering their phones at the end of the month because they had “run out of minutes”
- Some patients have difficulty hearing well enough to use a telephone, even with hearing aids, not having proficiency in email, texting or internet usage, difficulty seeing well, and difficulty speaking

Center for Medicare Advocacy. Administration Proposes Permanent and Temporary Extensions of Pandemic-Related Medicare Telehealth – Growing Disparities and Other Concerns Remain. medicareadvocacy.org/telehealth-concerns

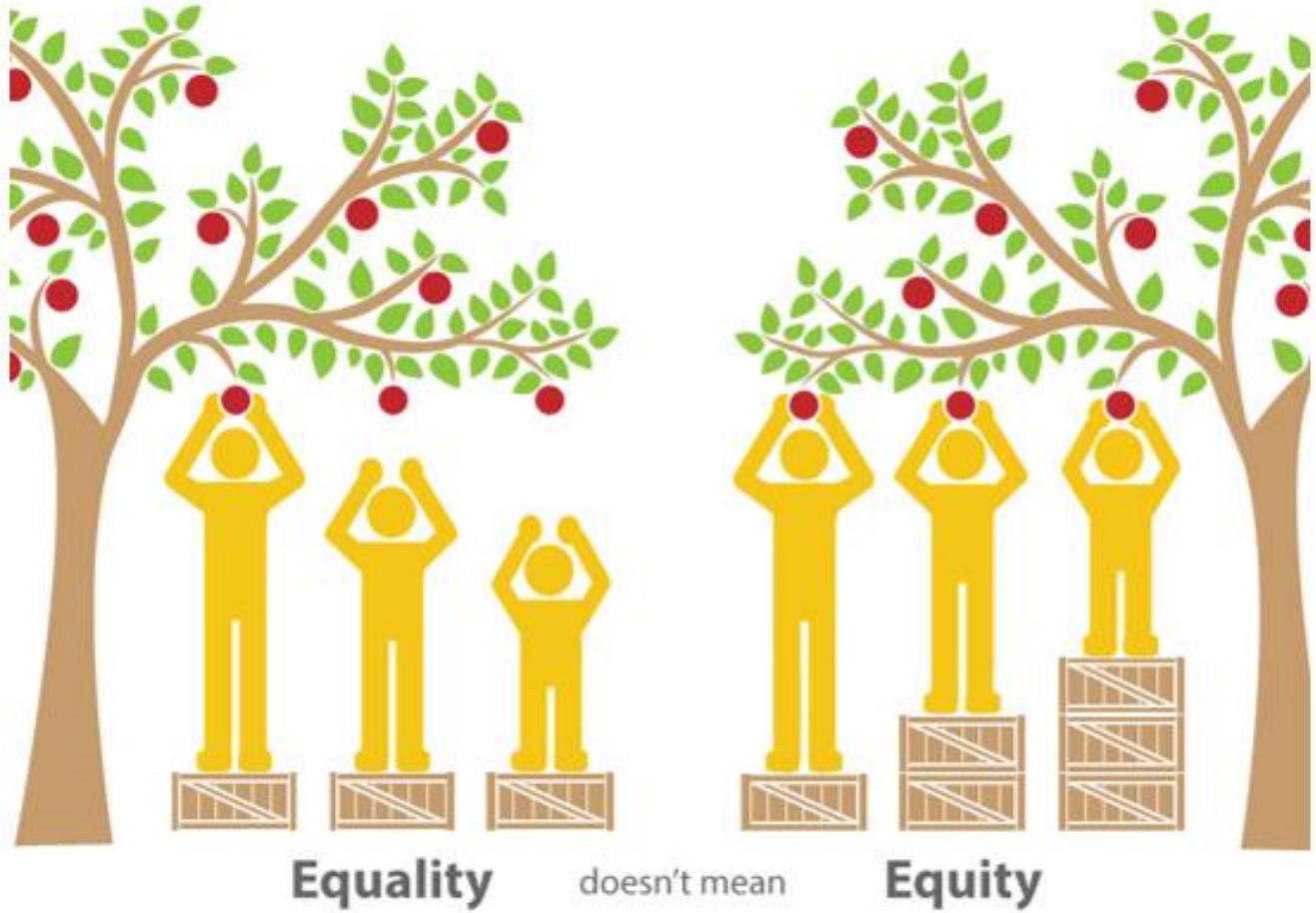

"Of all forms of discrimination and inequalities, injustice in health is the most shocking and inhuman."

Health Equity

- “The 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 inequities, historical and contemporary injustices and the elimination of health and healthcare disparities

Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What is Health Equity? 2017, Robert Wood Johnson Foundation, https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html



Equity is about giving people what they need, when they need it, and in the amount that they need it!

Health Equity and Health Disparities are Intimately Related to Each Other

- Health disparities can stem from health inequities—
  - systematic differences in the health of groups and communities occupying unequal positions in society that are avoidable and unjust

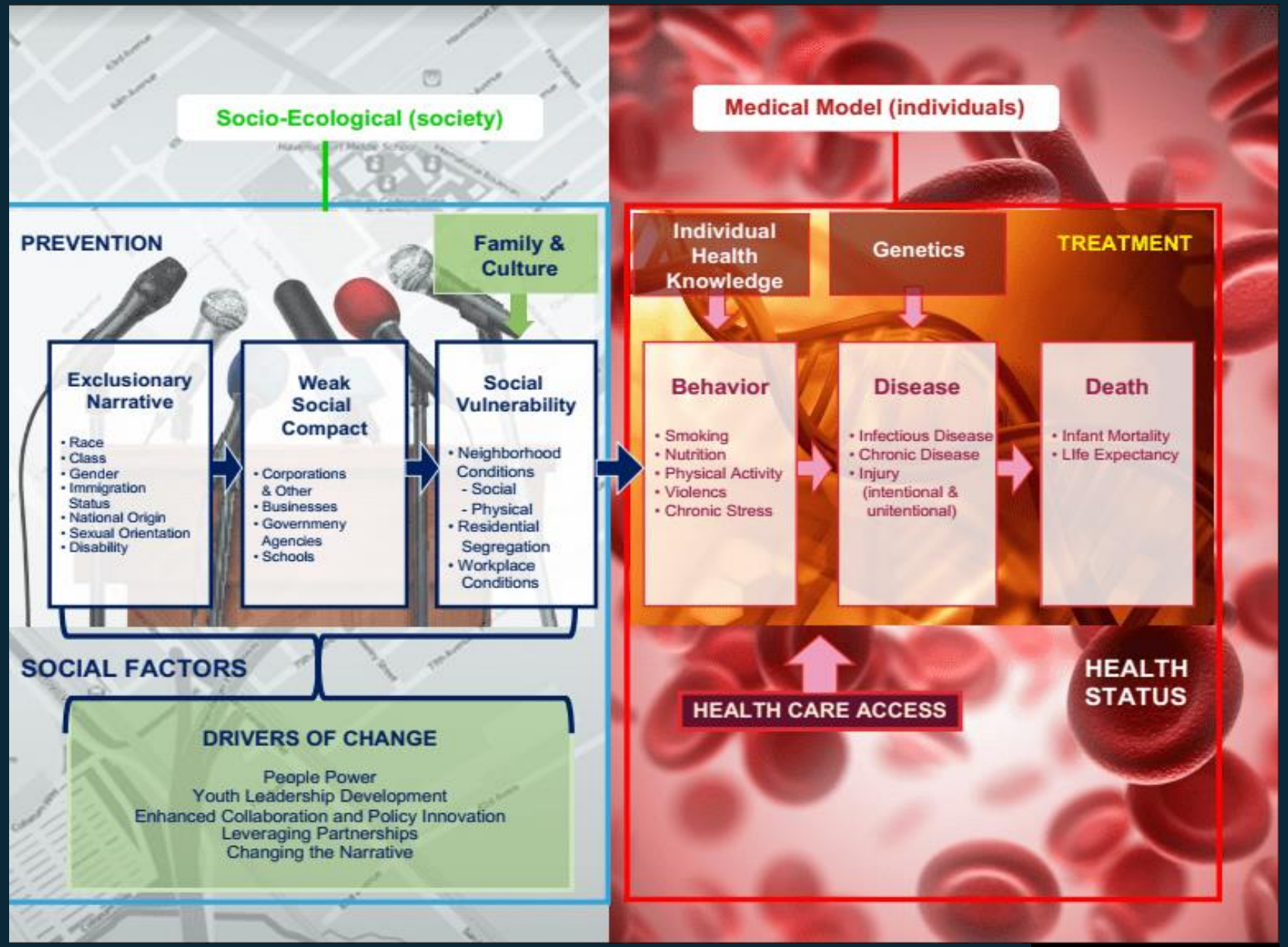
- Health equity is the ethical and human rights principle that motivates us to eliminate health disparities.
- Disparities in health and in the key determinants of health are the metric for assessing progress toward health equity.

RWJF-health equity definition-2017 report.pdf

Health Equity

Health equity can be viewed both as a process
(the process of reducing disparities in health and its determinants)
and as an outcome
(the ultimate goal: the elimination of social disparities in health and its determinants)

Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What is Health Equity? 2017, Robert Wood Johnson Foundation, https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html



Developed by the Bay Area Regional Health Inequities Initiative

The California Endowment

Medical Model

Our health is influenced by a combination of our access to health care, genetics, and personal choices.

The medical model is responsible for less than 30% of our health outcomes.

Socio-ecological Model

The other 70% or more lies within our social, political, and economic environments.

These systems — and the rules and practices they enact and promote — determine the distribution of resources and opportunities; and who has access to them.

Psychology’s Role in Achieving Health Equity

Achieving Health Equity

Psychology's Role

- Environmental, social and behavioral factors — **all areas of psychology's expertise** — contribute to health disparities in interacting ways.

- Psychology must position itself as a force for achieving health equity by **finding ways to make concrete improvements** in overall health of populations affected by disparities,

SCIENCE

POLICY

EDUCATION

PRACTICE

Psychology's Role in Achieving Health Equity

- Science/Research
- Policy/Public Awareness
- Education and Training
- Practice/Intervention
  - Individual Level
  - Population Health

APA Presidential Task Force on Psychology and Health Equity

Members with broad expertise in relevant areas

- Health disparities in different BIPOC populations
- Effects of built and social environment on health
- Psychological research on racism
- Public policy and advocacy

APA Presidential Task Force on Psychology and Health Equity

Geoffrey M. Reed, PhD
Co-Chair
Columbia University Vagelos College of Physicians and Surgeons

Margarita Alegría, PhD
Harvard Medical School

Jo Linder Crow, PhD
Chief Executive Officer
California Psychological Association

Kristina Hood, PhD
Virginia Commonwealth University

Greg Miller, PhD
Northwestern University

John Ruiz, PhD
University of Arizona

Leo Wilton, PhD, MPH
State University of New York at Binghamton

Kisha B. Holden, PhD
Co-Chair
Morehouse School of Medicine

Art Blume, PhD
Washington State University

Terry Sai-Wah Gock, PhD
Independent Practice

Elizabeth McQuaid, PhD
Brown University

William Jahmal Miller, MHA
Vice President of Diversity, Equity & Inclusion
CommonSpirit Health

Idia Thurston, PhD
Texas A & M University

APA Presidential Task Force on Psychology and Health Equity

Charge of the task force:

- Based on a review of relevant research, community-based initiatives, and policy work, the Task Force will produce a comprehensive report articulating a vision for the role of psychology in advancing health equity.

- Specific recommendations to promote innovative approaches for psychological science, education and training, psychological practice, public policy, and legislative advocacy will be provided.

APA Presidential Task Force on Psychology and Health Equity

- Specific recommendations to promote innovative approaches for psychological science, education and training, psychological practice, public policy, and legislative advocacy will be provided.

- This will include recommendations for the corresponding APA organizational units.

APA Presidential Task Force on Psychology and Health Equity

- If the Task Force's review indicates a need for a formal APA policy on psychology and health equity, the Task Force's charge will also include developing a policy for consideration and approval by the APA Council of Representatives.

- It is expected that the Task Force will complete its work by the end of 2021.

2021 APA Presidential Initiative: Psychology and Health Equity

Jennifer F. Kelly for APA President

*"Education, Science, Practice, and Public Interest—**United** to benefit society and improve people's lives."*

Advocacy . Inclusion . Leadership . Experience #JFK4APA

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THANK YOU!!!

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DISCUSSION