Achieving Health Equity Through Social Equality:

A Call to Political Action

Congresswoman Donna M. Christensen
Wednesday, September 7, 2011
Figure 1.2: Growing Communities: Social Determinants, Behavior, and Health

Our environments cultivate our communities and our communities nurture our health.

When inequalities are low and community assets are high, health outcomes are best.

When inequalities are high and community assets are low, health outcomes are worst.

Violence, Substance Abuse, Smoking, HIV/AIDS, Infant Mortality, Malnutrition, Obesity, Depression, Heart Disease

Preventive Services, Clinical Services, Health Education, Community Action

Education, Employment, Environmental Health

Income, Education, Employment, Healthy Living

Quality Schools, Parental Involvement, Community Leadership, Comprehensive Schools

Healthy Schools, Parental Involvement, Community Leadership, Comprehensive Schools

Poverty, Inequalities, Inadequate Schools, Inadequate Health

Healthy Living, Employment, Education, Affordable Housing

Healthy Living, Employment, Education, Affordable Housing

Figure adapted from Anderson et al., 2003; Marmot et al., 1999; and Wilkinson et al., 2003.
“Health disparities in the U.S. are the manifestations of all of society’s other social inequalities.”

Dr. Vincente Navarro
Cuts to Health Care in the House CR
Passed 2/19/11

- Community Health Centers: $1.3B
- Poison Control Centers: $27 M
- Family Planning: $327M
- SAMHSA: $96M
- WIC: $758 M
Cuts to Health Care in the House CR
Passed 2/19/11
(cont.)

- FDA -$220M
- Maternal and Child Health Block Grants -$210M
- Community Services Block Grant -$405M
- Food Safety Inspection Services -$53M
Key Amendments to House CR
Passed 2/19/11

- Eliminated the proposed reduction in funds to NIH, CDC, and HRSA.

- 6 amendments prohibit the use of funds for activities related to PPACA implementation.

- Prohibits use of funds for Planned Parenthood Federation of America, Inc.
President’s FY 2012 Budget Proposal

**CDC**

*(Reductions noted in white)*

<table>
<thead>
<tr>
<th>Program</th>
<th>Current CR (expires end of FY 2011)</th>
<th>2012 est.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC (total)</td>
<td>7 B</td>
<td>7.3 B</td>
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<tr>
<td>Prev. Health and Health Services Block Grant</td>
<td>102M</td>
<td>0</td>
</tr>
<tr>
<td>Health Reform Prevention and Public Health Fund</td>
<td></td>
<td>752M</td>
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<tr>
<td>HIV/AIDS, V Hepatitis, STD, &amp; TB</td>
<td></td>
<td>1.2 B</td>
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<tr>
<td>Chronic Disease &amp; Health Promotion</td>
<td></td>
<td>725 M</td>
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<tr>
<td>Birth Defects, Dev. Disabilities, Disability, &amp; Health</td>
<td></td>
<td>144 M</td>
</tr>
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## President’s FY 2012 Budget Proposal
### HRSA

(Reductions noted in white)

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<th>Program</th>
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<th>2012 est.</th>
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<tbody>
<tr>
<td>Health Centers</td>
<td>2.1 B</td>
<td>2.0 B</td>
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<tr>
<td>Nat’l Health Service Corps</td>
<td>41 M</td>
<td>25 M</td>
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<tr>
<td>Nat’l Health Service Recruitment</td>
<td>101 M</td>
<td>99 M</td>
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<tr>
<td>Nursing Education Loan Repayment and Scholarships</td>
<td>94 M</td>
<td>94 M</td>
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<tr>
<td>Health Professions</td>
<td>408 M</td>
<td>468 M</td>
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<tr>
<td>Maternal and Child Health Block Grant</td>
<td>662 M</td>
<td>654 M</td>
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<tr>
<td>Healthy Start</td>
<td>105 M</td>
<td>105 M</td>
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<tr>
<td>Poison Control Centers</td>
<td>29 M</td>
<td>29 M</td>
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<tr>
<td>HIV/AIDS</td>
<td>2.3 B</td>
<td>2.4 B</td>
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<tr>
<td>Family Planning</td>
<td>317 M</td>
<td>327 M</td>
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<tr>
<td>Healthy Weight Collaborative Prevention Fund</td>
<td>0</td>
<td>5 M</td>
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### President’s FY 2012 Budget Proposal

**NIH**

<table>
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<th>2012 est.</th>
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<td>NIH (total)</td>
<td>34 B</td>
<td>36 B</td>
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<tr>
<td>National Institute on Minority Health and Health Disparities</td>
<td>212 M</td>
<td>215 M</td>
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</table>

**NOTE:**
The Institute was elevated from a Center and given expanded authority and responsibility in PPACA, but the current White House budget proposal does not significantly increase the funding. Additionally, the funding level of every other Institute at NIH except the Institutes of Nursing Research and Environmental Health Sciences is higher.
President’s FY 2012 Budget Proposal
Other Key Health Care Items

(Reductions noted in white)

<table>
<thead>
<tr>
<th>Program</th>
<th>Current CR (expires end of FY 2011)</th>
<th>2012 est.</th>
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<tbody>
<tr>
<td>REACH program</td>
<td>39 M</td>
<td>0</td>
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<tr>
<td>Office of Minority Health</td>
<td>55 M</td>
<td>58 M</td>
</tr>
<tr>
<td>CMS</td>
<td>281 B</td>
<td>271 B</td>
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U.S. Poverty Rate by Race

Data: U.S. Bureau of the Census, 2011
As Poverty Rates Increase, Health Access Decreases:

- During 2009, 3.7 additional people fell into poverty.
- The number of people without health insurance rose by 4.3 million in 2009, to a total of 50.7 million, while the percentage of people who are uninsured rose from 15.4 percent to 16.7 percent.

NOTE: These are the largest single-year increases on record in data going back to 1987.
Gaps and Changes in Household Wealth by Race

In dollars per year

- Hispanic: $18,359 in 2005, $6,325 in 2009
Mortality Ratios by Race/Ethnicity

Source: National Vital Statistics Report, 54(13)
Key Findings in the 2010 National Healthcare Disparities Report

• Disparities persist in health care quality and access.

• Some disparities exist across multiple priority populations.

• Health care quality and access are suboptimal, especially for racial and ethnic minority and low-income groups;
“There have… been few other cases in the history of civilized peoples where human suffering has been viewed with such peculiar indifference.”

(W.E.B. DuBois, 1899)
PPACA Provisions that Promote Health Equity

- Prohibits discrimination
- Defines “health disparity” and “health disparity population”
- Patient Centered Outcomes Research Institute must include health disparities in determining research priorities
- Other research and reports must include issues related to elimination of health disparities
- Incentive payments for reducing health disparities
PPACA Provisions that Promote Health Equity

- Expansion of coverage, consumer protections, Medicaid, CHIP /creation of exchanges
- Improvements in Medicare
- For Territories:
  - Substantial increases in Medicaid funding for Territories
  - Limited funding provided to set up exchanges
  - Consumer Protections and capacity building grants apply
- Inclusion of the Indian Health Improvement Act
PPACA Provisions that Promote Health Equity

• Expansion of Community Health Centers & School Based Health Centers

• Community Health Worker grants

• Community Transformation Grants

• Mandates that non-profit hospitals create a community health needs assessment every 3 years

• Establishes a Community Preventive Services Task Force
PPACA Provisions that Promote Health Equity

- Ensures federal health care programs collect and report data on race, ethnicity, sex, primary language, and disability status.

- Addresses healthcare disparities in Medicaid and SCHIP by standardizing data collection requirements

- Comparative Effectiveness Research must include racial and ethnic subgroups, women and people with co-morbidities.
PPACA Provisions That Promote Health Equity

• Establishes a National Health Care Workforce Commission and requires reporting

• Increases National Health Services Corps and loan repayment programs

• Expands Centers of Excellence

• Investment in Historically Black Colleges and Universities and Minority Serving Institutions
PPACA Provisions that Promote Health Equity

- Amends PHS Act to Provide Support for Cultural Competence Training for Healthcare Professionals

- Provides grants to health workforce to provide culturally and linguistically-appropriate services

- Require the dissemination of information adapted to individuals from a variety of cultural, linguistic and educational backgrounds to reflect the varying needs of consumers and diverse levels of health literacy.
PPACA Provisions that Promote Health Equity

• Mental Health and Substance Abuse Parity

• Dental Services included in basic package for all children

• Strengthens oral health care prevention efforts

• Establishes Prevention and Public Health fund

• Establishes the National Diabetes Prevention Program

• Strengthens and expands Office of Women’s Health
PPACA Provisions that Promote Health Equity

- Elevates Office of Minority Health to the Office of Secretary of HHS
- Creates / expands offices of minority health in FDA, CDC, CMS, AHRQ, HRSA, & SAMHSA
- Elevates Center of Minority Health & Health Disparities to National Institute at NIH
- Requires a National Strategy for Quality Improvement in Health Care
Executive Order

• Created a National Prevention, Health Promotion and Public Health Council

  – Surgeon General, Chair
  – Members:
    • Agriculture, Labor, HHS, Transportation, Education, Homeland Security, EPA, Federal Trade Commission, office of National Drug Policy, Director, domestic Policy Council, Asst. Secretary for Indian Affairs, Chair of Corporation for National and Community Services and any other that may be deemed appropriate
THE HEALTH EQUITY AND ACCOUNTABILITY ACT OF 2011

• 112th: Health Equity and Accountability Act of 2011
  Congresswoman Barbara Lee
  Senator Daniel Akaka
  Expected: September 2011

Developed in direct collaboration with the Congressional Tri-Caucus, several Senate offices and a broad and diverse coalition of national, state and local health researchers, public health advocates, and health equity experts.
Bills that Passed Against Health Care Reform (PPACA) in the House

- H.R. 2 - The Repeal of PPACA
  - passed the House on January 19, 2011

- H.R. 1217 – Repeal, Prevention and Public Health Fund
  - Passed the House April 13, 2011

  - 2nd attempt at repeal of PPACA
“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Rev. Dr. Martin Luther King, Jr.
Thank you and please join us at the 2011 Fall CBC Health Braintrust on Friday, September 23, 2011 in Washington, DC.

This year’s theme is, “The Politics of Race and Health Equity.”