



# 2009 Health Reform Policy Brief Health Equity

## The Problem

Those in low income groups and in certain racial and ethnic minorities account for an ever increasing share of the country's population, yet they are more likely to become sick and to die sooner than those who are more affluent and those who are Caucasian. Social opportunities like education, employment and the healthier living conditions that go with them, including safer, healthier jobs, neighborhoods, food, and communities, are less likely to be enjoyed by these groups. Additionally, when they do become ill, these groups are served later, and less well than their Caucasian counterparts.

## The Solution

Congress should use savings from medical care reform to reduce class sizes in elementary schools, improve teacher training, promote education and the health workforce's cultural competency and diversity, and to increase school health programs in low income, racial and ethnic minority schools. Additionally, Congress should authorize the Centers for Disease Prevention and Control to complete health equity assessments at the request of Congress on specific domestic policy proposals in the health, education, housing, economic development, and transportation areas.

**Healthiest State Reform Themes:** *Universal Coverage and System Re-Design*

**Healthiest State Measures:** *Health Equity, High School Graduation Rates, Insuring for Prevention.*

## Discussion

A cornerstone of the Healthiest State Campaign has been advocacy for health equity for racial and ethnic minorities in the health system and in the social systems that support health. The Campaign advocated the creation of the Governor's Health Disparities Coordinating Council, improved school health programs in low income schools, patient navigator programs, cultural competency training for education and health professionals and more. The Campaign continues to work at elimination of the education achievement gap through greater attention to minorities in early learning, K-12 literacy, math and science, and dropout prevention. Additionally, we support greater opportunities for people of color to enter the health care workforce.<sup>i</sup>

Additionally, the Campaign has supported bills in the State of Washington that addressed health disparities in low income areas, communities of color and among women. The Campaign has found that disparities can be reduced by creating an action plan and statewide policy to include health impact assessments that measure and social determinants of health that

lead to disparities, as well as the contributing factors of health that have broad impacts on improving status, health literacy, physical activity and nutrition.<sup>ii</sup>

## Proposal

We propose that Congress enact legislation addressing the topic of health disparities that covers the educational achievement gap, cultural competency in the health system, and creates a Health Impact Assessment reporting system. In order to increase the number of America's students graduating from high school there must be increased funding for early learning programs and for tutoring programs to help fix holes in special education, as well as to reduce class sizes. Additionally, any legislation must create local partnerships of schools, families and communities who can provide dropouts or students at risk of dropping out of school with assistance and support to facilitate the continuation of their education.<sup>iii</sup>

To increase the level of cultural competency within the health system, a number of steps must be taken. First, the knowledge, attitudes, and practice skills of all health professionals working with diverse populations must evolve to achieve a greater understanding of the relationship between culture and health.<sup>iv</sup> This should be achieved by adding multicultural health classes to the basic education preparation curriculum for health professionals and also be mandated in all available continuing education training. Additionally, any new legislation should expand scholarship and loan repayment programs to minorities to enter into health professions so they may return to serve their communities. Finally, to improve patient engagement in treatment decision making, culturally relevant tools and training such as translators must be made available to patients so they can better understand the decisions they are making about their health.<sup>v</sup>

Lastly, in order to track our nation's health disparities and analyze the effect of any bill on those disparities, any new legislation should include funding for a national Health Impact Assessment (HIA). The HIA would be a review of a legislative or budgetary proposal that analyzes the extent to which the proposal is likely to have a positive or negative impact on health disparities. The goal of a HIA is to provide objective information policy makers can use when deciding whether to proceed with a proposal, or to make changes to mitigate the harms and maximize the benefits of that proposal, and if the proposal is likely to impact health disparities. The focus of a HIA is to determine whether the proposal is likely to exacerbate or ameliorate health disparities, as well as to impact the social determinants of health. Due to limited time and resources, the HIA would rely on existing data, published scientific literature, and professional judgment. It may also consider informed predictions from representatives of populations and communities that expect to be affected.<sup>vi</sup>

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- i [http://whf.org/Documents/2007\\_PolicyStatements.pdf](http://whf.org/Documents/2007_PolicyStatements.pdf) pg 7
- ii <http://apps.leg.wa.gov/documents/billdocs/2005-06/Pdf/Bills/Senate%20Bills/6195.pdf> pg 1
- iii <http://whf.org/Policy/2008Policy.aspx>
- iv <http://apps.leg.wa.gov/documents/billdocs/2005-06/Pdf/Bills/Senate%20Bills/6194.pdf>
- v <http://mail.google.com/mail/?ui=2&ik=c17dfc58c9&view=att&th=121a244a7c157845&attid=0.1&disp=vah&zw> 6-7 = Senate HELP Committee's draft health reform bill
- vi <http://sboh.wa.gov/HIR/docs/Procedures.pdf> pg 1