

***It's Time!* : Addressing
Disparities in Children's Health**

17th Annual Children's Advocacy Days
March 24, 2005

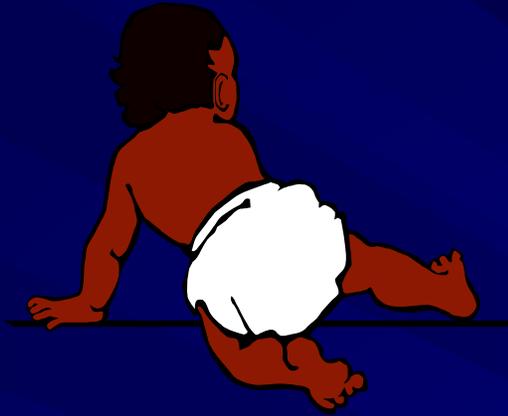
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Chris' Parable



Chris' Parable – Life Lessons

- No matter who you are, you are valuable.
- You are worth being provided for in the best way possible and by as many people as possible.
- The provision of that care should always transcend race, creed, religion, class, glass walls and/or any other barrier arresting its happening.



The Color of Disparity

The world babies like Chris
are born into

Infant Mortality (2000-2002)

(TN Department of Health, Kaiser Family Foundation 2003)

- Infant mortality = # of deaths per 1,000 live births
- Whites/Euro-Americans = 6.8/1000
 - White females = 6.3/1000
 - White males = 7.3/1000
- TN ranked 5th highest in 2000 = 8.5/1000
- Hispanic/Latinos = 8.8/1000
- African Americans/Black = 17.5/1000
 - AA females = 15.6/1000
 - AA males = 19.5/1000
- Healthy People 2010 Goal = 4.5/1000

Infant Mortality Rate (per 1000 live births) by Mother's Race, TN Residents, 1990-2002

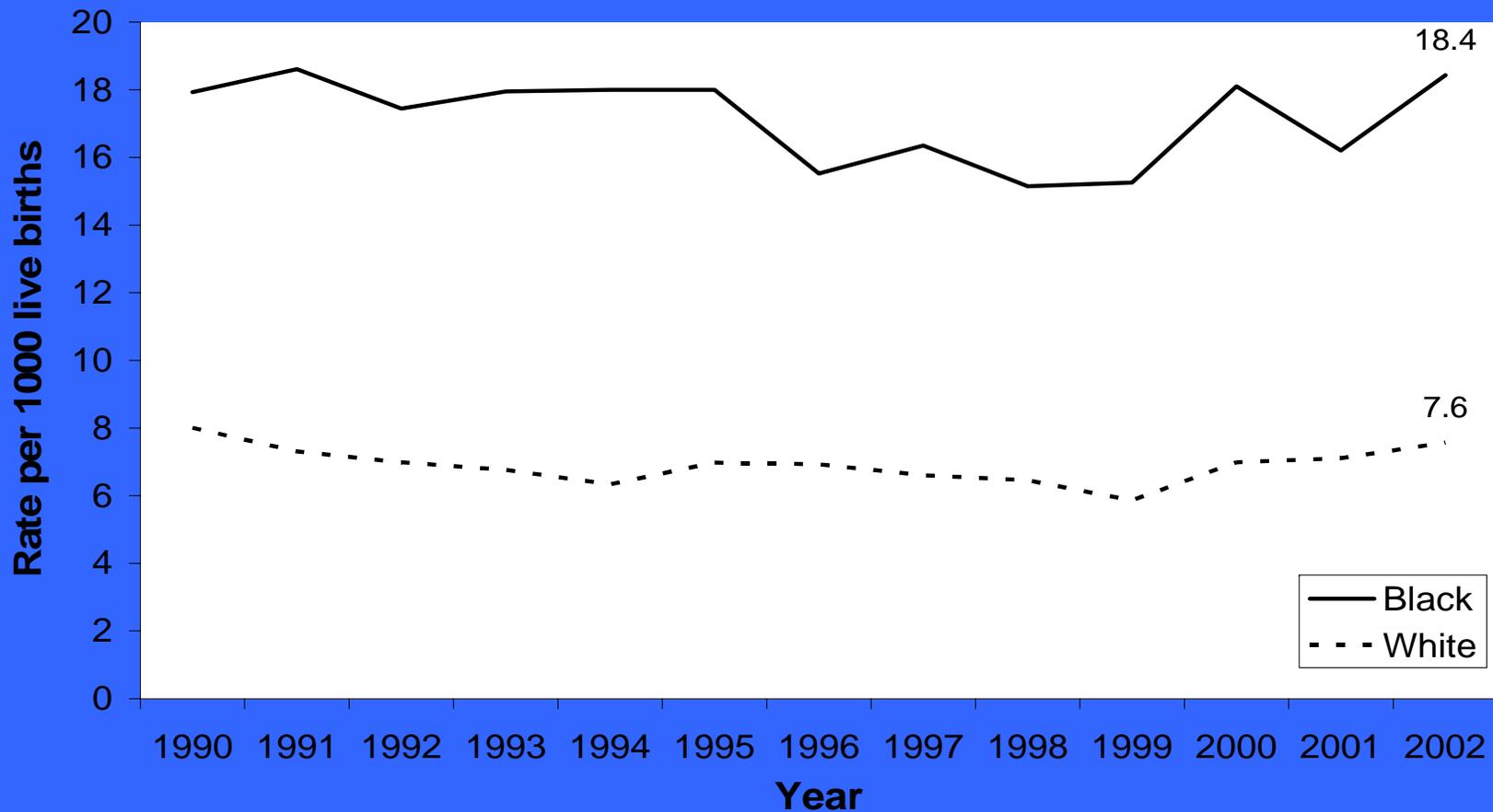


Figure 1. Infant Mortality Rate by Mother's Race, State of Tennessee Residents, 1990-2002. *Note- Individuals of Hispanic ethnicity were not include in either Black or White race computations. (Tennessee Department of Health, Office of Policy Planning and Assessment, 2003)

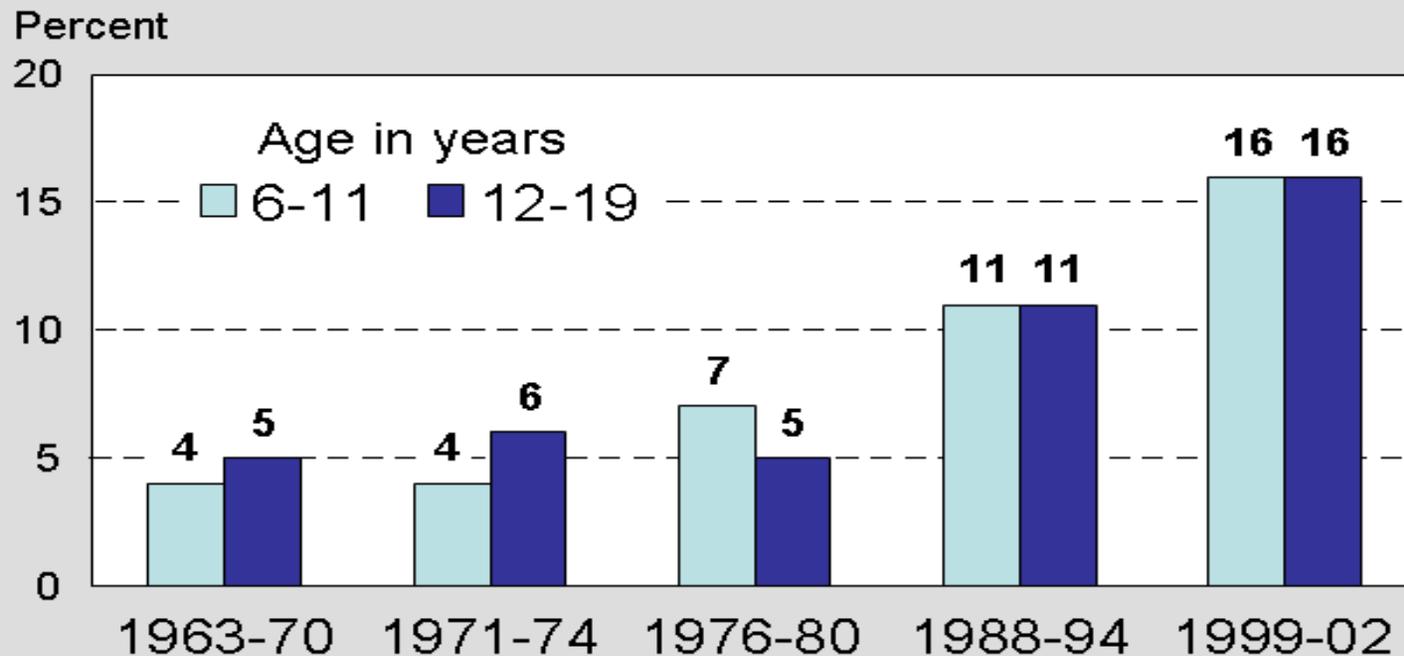
Childhood Obesity

(Youth Behavioral Risk Factor Surveillance Survey 2003, *Healthy People 2010*)

- Childhood Overweight and Obesity Prevalence = Total % population at or above the gender and age-specific 95th percentile of BMI
- National Childhood Obesity (1988-1994)= 11%
- HP 2010 Goal = 5 % for children ages 6-19 yrs.
- Tennessee (2003) = 15.2% (± 2.0)
- Whites/Euro-Americans = 13.9 % (± 1.9)
 - White females = 6.3 % (± 1.7)
 - White males = 21.1 % (± 3.2)
- Blacks/African Americans = 19.9 % (± 3.8)
 - AA females = 21.5 % (± 4.9)
 - AA males = 18.3 % (± 7.8)

The Childhood Obesity Epidemic

Figure 1. Prevalence of overweight among children and adolescents ages 6-19 years



NOTE: Excludes pregnant women starting with 1971-74. Pregnancy status not available for 1963-65 and 1966-70. Data for 1963-65 are for children 6-11 years of age; data for 1966-70 are for adolescents 12-17 years of age, not 12-19 years.
SOURCE: CDC/NCHS, NHES and NHANES

Adolescent Pregnancy (2000-2002)

(TN Department of Health, Kaiser Family Foundation 2003)

- Adolescent pregnancy - # of births per 1,000 females ages 15-19 years
- TN ranked 8th highest (2000) = 59.9/1000
- HP 2010 Goal = 43/1000 (15-17 years)
- White/Euro-American females = 52.5/1000
- African American/Black females = 91.7/1000
- Hispanic/Latinas = 140.1/1000

Adolescent Pregnancy Rate by Race and Ethnicity, 1997-2002

(Tennessee Department of Health, Office of Policy Planning and Assessment, 2003)

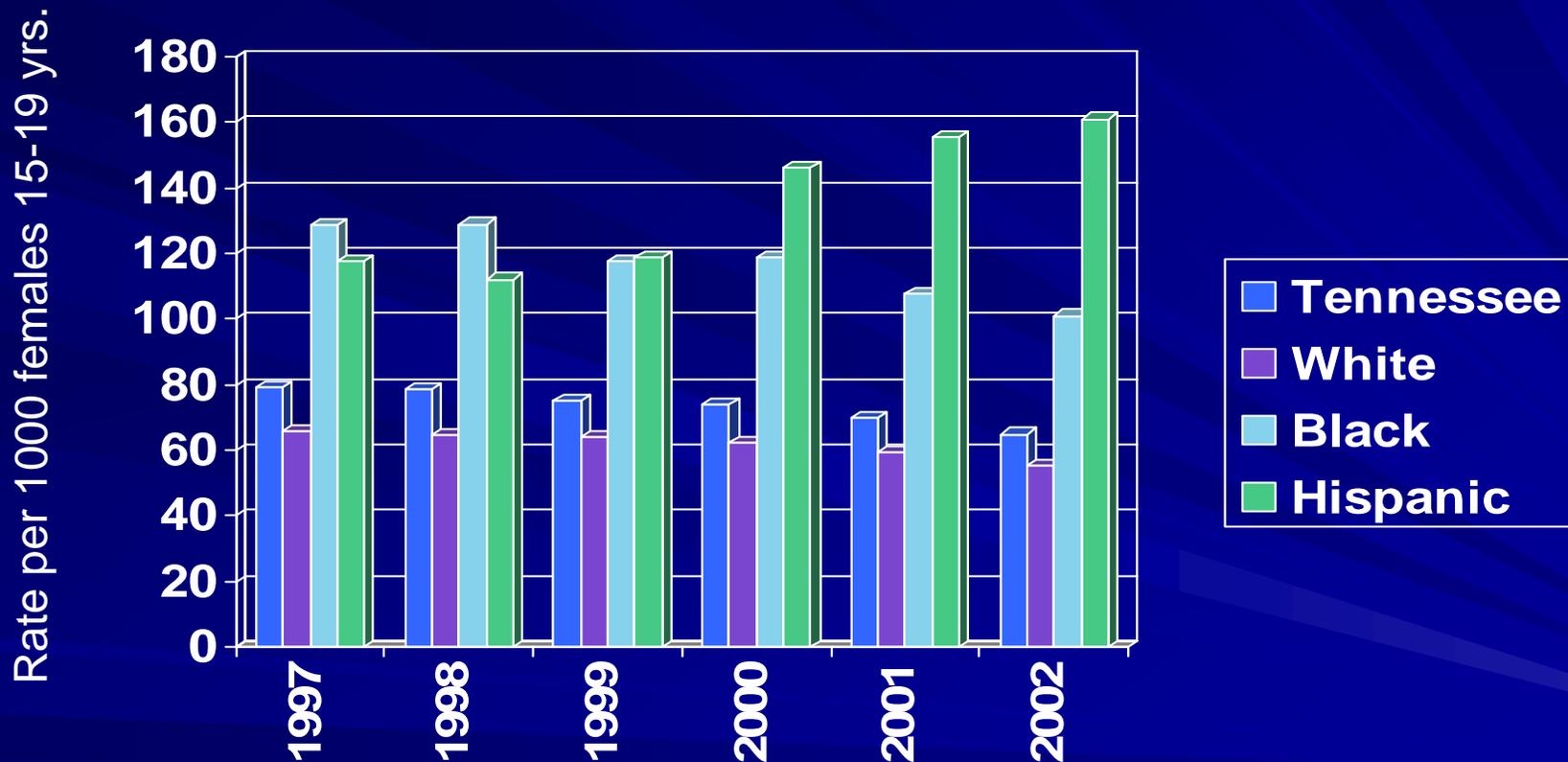


Figure 2. Adolescent Pregnancy Rate in Tennessee for females 15-19 years of age. (Tennessee Department of Health, Office of Policy Planning and Assessment, 2003)

*“Statistics are people with the
tears wiped away.”*

Sir Irving Solikoff

What Is a Health Disparity?: Definition (Williams, 2003)

- *A **difference** in health status, health care access, quality and utilization that occurs based on social race (racism), ethnicity (ethnocentrism), gender (sexism), education, income, geographic location (elitism), or disability (ableism) and is **fundamentally unfair** in policy design and practice.*
 - Difference – a condition that is unavoidable
 - Difference that ought not to be – a condition that creates barriers that are unnecessary and unfair.

Health Disparity: Layperson Definitions

- *The conditions that make us hurt and suffer the most .*
- *How who you are, what you have, what you do, and where you live affects our health.*
- *Paying for something you did not get; getting the worst of what you did get; and not knowing that you did not get the best of what you deserved and paid for in the first place. (Whittaker, 2004)*

Health Disparity: Why Too Many Children are Failing to Thrive (Carter-Okras and Banquet, 2002)

- Disparity happens through an *unfair difference* or *breakdown* in a chain of events:
 - Environment (natural, social)
 - Access to, use of, and quality of care
 - Health status (I.e., life expectancy)
 - A particular health outcome that deserves attention (I.e., increased mortality rate)

What If the Reality Changed for the
Better?



Better Health: It's About Time

Tennessee Department of Health's
Approach to Improving the Health of
Tennesseans

Better Health: It's About Time - Goals

- **Better Health: It's About Time** is a priority focused, data driven initiative to:
 - Improve overall health status
 - Increase quality and years of life through education, awareness, and prevention efforts
 - Eliminate health disparities
 - Particular emphasis on communities of color and other medically underserved communities



Disparity Elimination Priority Areas: Where We Hurt and Suffer the Most

- TDH-DE took a perspective that was life-course focused, and aware of identity and social context to arrive at the following priority areas:
 - Infant mortality*
 - Prenatal care
 - Adolescent pregnancy*
 - Diabetes
 - Heart disease
 - Stroke
 - Physical Inactivity*
 - Obesity*

Disparity Elimination is not only about identifying the problem, but more importantly working towards a solution!

Getting to the Root of Children's Health Disparities

- Being culturally competent (addressing unfairness; respecting difference) and knowing how to use these skills effectively to address health disparity calls for addressing the determinants that produce compromised health outcomes
 - Individual level (micro-level)
 - Interpersonal/Personally Mediated
 - Community level
 - Institutional/Systems level (macro-level)

Better Health: It's About Time: Improving the Health of Tennessee's Children

- Within those regions where **infant mortality** rates continue to remain higher than average, areas of/strategies for address include:
 - Utilizing the data from the Office of Policy Planning and Assessment to best determine where to appropriately distribute resources
 - Consultation w/ Office of Minority Health & Director of Disparity Elimination for support w/ tailored messages, contacts, cultural competence TA
 - Your Health Is In Your Hands Informational Packets and Fact Sheets
 - *2005 Better Health: It's About Time Disparity Elimination Calendar*
 - Home Visiting Program Expansion; notably in under-served counties
 - Dental Care Expansion
 - Maternal Smoking Cessation as a component of home visiting efforts
 - Safe Sleep as a component of home visiting efforts

Better Health: It's About Time: Improving the Health of Tennessee's Children

- Within those regions where **overweight/obesity rates** continue to remain higher than average, areas of/strategies for address include:
 - Focusing greater attention on the issues surrounding childhood/adolescent Obesity- *Tennessee Healthy Weight Network*
 - Working with the TN Department of Education, TN Board of Education and other professional/parental organizations to implement statewide Body Mass Indexing (BMIs) for all school-age children, along with referrals to medical/behavioral health providers for follow-up
 - Amending the scope of services for all TDH supported youth/adolescent programs to emphasize nutrition, and increased physical activity
 - Community Health Councils/TN Minority Health and Community Development Coalition Engagement
 - Youth and adult obesity* -Statewide implementation of the American Heart Association's "Search Your Heart" Program
 - Encouraging more communities to implement Coordinated School Health Programs (10 counties)
 - ***Better Health: It's About Time Media/Marketing Campaign*** (May 2005)
 - Emphasizes for adults and their families the importance of finding and maintaining a medical home, increasing physical activity, and improving overall nutrition

Better Health: It's About Time: Improving the Health of Tennessee's Children

- Within those regions where **adolescent pregnancy rates** continue to remain higher than average, areas of/strategies for address include:
 - Utilizing the data from the Office of Policy Planning and Assessment to best determine where to appropriately distribute resources
 - Refocus on adolescent health through Tennessee Department of Health services
 - Amending the scope of services for all TDH supported youth/adolescent programs to emphasize adolescent pregnancy prevention, along w/alcohol and substance abuse prevention
 - Redoubled support of the Davidson County Metro Health Department adolescent programs (Metro Nashville HD's Bright Beginnings)
 - Community Health Councils/TN Minority Health and Community Development Coalition Engagement
 - Adolescent pregnancy*
 - Consultation w/OMH and DE to develop culturally-appropriate message and evaluation tools for adolescents and adolescent service providers (i.e., Adolescent Health Team Pocket Guides)

What If We Cared MORE?

One Family, One Community, One State of Excellent Health

- “One of the great liabilities of history is that all too many people fail to remain awake through great periods of social change. But today, our very survival depends on our ability to **stay awake**, to **adjust to new ideas**, to **remain vigilant** and **face the challenge of change**. The large house in which we live demands that we transform this worldwide neighborhood into a worldwide brotherhood. We must work passionately and indefatigably to bridge the gap between our scientific progress and our moral progress.”

Martin Luther King

From What Is to What Could Be -- A Postscript Of Sorts



If not now, then when? If not
you, then who will?



It's Time! – We are the people
and We can do it!