Health Equity in DDPHE

Our Mission:
Empowering Denver’s communities to live better, longer.
Health Equity in the Time of COVID-19: Where do we go from here?

• How do health inequity and health disparities show up in public health events like COVID-19?

• How can an understanding of public health events like COVID-19 help us make the changes necessary to reduce inequities and disparities that increase vulnerability?

• How can we improve our responses to public health events to reduce the negative impacts to vulnerable communities?
Health Equity in DDPHE

We recognize that persistent, institutional biases and barriers create obstacles to health, including lack of economic security, adequate housing, quality education, reliable mobility, and healthy living opportunities.

As a city, we advance equity for everyone within Denver’s communities by prioritizing the needs of individuals and families in a manner that reduces or eliminates biases and barriers based on race, ability, gender identity, sexual orientation, age, and other factors to ensure everyone can live the healthiest possible lives.
Health Equity

Health equity means that everyone has a fair and just opportunity to be as healthy as possible.

*Metro Denver Partnership for Health*
Health and Health Outcomes

Health is “the state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” Positive health outcomes for people include being alive; functioning well mentally, physically, and socially; and having a sense of well-being.

*The World Health Organization*
Health outcomes are the determined by an accumulation of institutional/systemic, socio-economic and environmental factors, as well as personal choices. These factors frequently are influenced by social factors and individual attributes. Based on the public health social-ecological model.
## Health Outcome Factors

![Diagram of the public health social-ecological model]

### Health Outcomes
- Non-genetic outcomes (disease, cardio-vascular conditions, asthma, obesity), mental health

### Institutional/Systematic Factors
- Municipal services, health care access, transit accessibility, immigration status

### Socio-Economic Factors
- Economic opportunity, employment security, housing stability, healthy food access

### Environmental Factors
- Air/water quality, exposure to toxins

### Personal Choices
- Tobacco use, drug use, unhealthy eating habits, unsafe sex practices (knowledge, behaviors)

### Social Factors
- Culture, social relationships, discrimination/bias

### Individual Attributes
- Race, age, ability, sexual preference, gender/gender identity, genetic health characteristics

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**Based on the public health social-ecological model**
Health Outcome Factors – A Case Study

Higher incidence of childhood asthma in low-income communities

- **Environmental Factors** – Exposure to air contaminants (proximity to high traffic roadways, commercial facilities, etc.)
- **Socio-economic Factors** – Unhealthy homes, affordability of medications & health care
- **Institutional/systemic Factors** – Lack of access to health insurance, transit, community health services
Social Determinants of Health

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

World Health Organization

The social determinants of health include economic opportunity, affordable and adequate housing, healthy food, livable wage employment, education, mobility, personal safety, racism, institutional and systemic bias, etc.
Health Disparities

A “health disparity” refers to a higher burden of illness, injury, disability, or mortality experienced by one group relative to another. Disparities occur across many dimensions, including race/ethnicity, socioeconomic status, age, location, gender, disability status, and sexual orientation.

Disparities in health and health care not only affect the groups facing disparities, but also limit overall gains in quality of care and health for the broader population and result in unnecessary costs.

Kaiser Family Foundation
People living in adjacent Denver neighborhoods can have as much as a ten-year difference in life expectancy.

This translates to potential years of life lost (PYLL), an estimate of the average years a person would have lived if he or she had not died prematurely.
There is no clean slate...

Health disparities can be directly linked to historic and systemic barriers, biases, and discrimination.

These must be recognized in the design and implementation of all interventions.
Health Equity Practice

Health equity practice intentionally supports policies, delivers public services, and allocates resources to advance health equity and eliminate institutional biases and barriers.
A Health-Disparities Approach to Health Equity Practice

• What health disparities exist?
• Where do health disparities exist? (geography, population)
• Why do these health disparities exist?
• How can DDPHE improve its programs and services to remedy these health disparities?
• How can we work effectively with other city agencies and external partners to remedy these health disparities?
A Health-Disparities Approach to Health Equity:
Roles of the Health Equity Practice

• **Align** – Foster collaboration to advance health equity
• **Advise** – Support and inform activities that advance health equity
• **Advocate** – Intercede to support projects, programs and policies that advance health equity
Health Equity Practice: Process

Identify
- Identify Health Outcomes Disparities

Analyze
- Identify Contributing Factors

Plan
- Identify Strategies to Address Contributing Factors

Implement
- Policies, Regulations, Programs, Projects, Investments
Health Equity Practice: Key Aspects

**Learning**
Increase understanding of health equity and develop a common language about health equity within DDPHE, in other departments and among other partners/stakeholders.

**Collaboration**
Work with other divisions, departments and agencies in DDPHE and across the City to integrate health equity and advance work by providing technical assistance in program areas.

**Community**
Identify opportunities to integrate community in projects/programs that advance health equity through intentional and authentic partnerships with communities.

**Data**
Work with City staff, external partners and community members to identify, verify and provide access to data that supports geographic focus, prioritization of services and investments, and evaluating the effectiveness of programs and policies over time.
Health Equity Practice: Process & Key Aspects

- **Identify**
  - Data
  - Collaboration
  - Community
  - Learning

- **Plan**
  - Data
  - Collaboration
  - Community
  - Learning

- **Implement**
  - Data
  - Collaboration
  - Community
  - Learning

- **Analyze**
  - Data
  - Collaboration
  - Community
  - Learning
Health: The Common Experience
Health Equity in DDPHE

“As those on the frontline of public health in Denver, the Department of Public Health & Environment (DDPHE) has adopted health equity as a guiding principle. Achieving health equity requires us to reduce barriers to good health, including lack of access to housing, education, economic opportunity, healthy food, good environmental quality, and mobility.

The staff of DDPHE are committed to working with our partners in City government and the community to help Denver achieve its health equity goal: a city in which everyone thrives and has opportunities to be as healthy as possible regardless of race, ability, gender identity, sexual orientation, or age.”

Bob McDonald, Executive Director and Public Health Administrator
Health Equity in DDPHE

For more information please contact:
Paul Aldretti – DDPHE Health Equity Advocate
paul.aldretti@denvergov.org