Health Equity in DDPHE

A Health Outcome Disparities Approach to Health Equity
Health Equity in DDPHE

Our Mission:
Empowering Denver’s communities to live better, longer.
Health Equity in DDPHE

We recognize that **persistent institutional biases and barriers** create obstacles to health. These obstacles include economic insecurity, inadequate housing, unsatisfactory education, unreliable mobility, insufficient health care and services, and lack of healthy and safe living opportunities.

As a city, we advance equity for everyone within Denver’s communities. We do this by prioritizing the needs of individuals and families in a way that reduces or eliminates biases and barriers that keep people from living the healthiest possible lives. Biases and barriers may be based on race, ability, gender identity and sexual orientation, age and other factors.
Health Equity is the confluence of diversity, equity and inclusion with public health. It is the place where principles of social justice are realized in public health policies and practices.
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 Outcomes, Health Disparities and the Social Determinants of 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 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.
Health Outcome Factors – A Case Study

Higher incidence of childhood asthma in low-income communities

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

*Health disparities are in large part the result of conscious and deliberate policies that have become integrated into the fabric of our work and still determine how we provide services.*
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.
Health Equity Practice
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 Health Outcomes Disparities**
- **Identify Contributing Factors**
- **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

- **Analyze**
  - Data, Collaboration, Community, Learning

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

“Good health is a fundamental value shared by everyone who lives, works and plays in our city. The Denver Department of Public Health & Environment (DDPHE) has adopted health equity as a guiding principle. To achieve health equity, we must reduce barriers to good health.

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 has opportunities to be as healthy as possible regardless of race, ability, gender identity and sexual orientation, or age.”

*Bob McDonald, Executive Director and Public Health Administrator*