

Overview of Health Disparities

African American Resource Advisory Commission

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Austin Public Health

Core Purpose:

Promote community-wide wellness, preparedness, and self-sufficiency

Prevent illness, injury, and disease

Protect the community from

- infectious diseases,
- environmental hazards, and
- epidemics.



Health Care versus Public Health

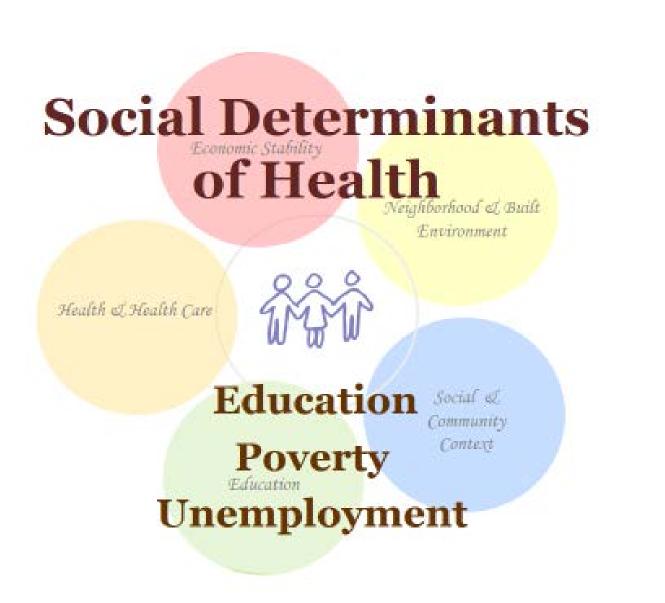
Health Care	Public Health
Concerned with individual patients	Regards the community as its patient, trying to improve the health of that population
Focuses on treating patients who are ill	Public Health focuses on preventing illness
Diagnoses the illness, seeks the causes of the illness and devises strategies to cure it	Assesses the health of a population, diagnoses its problems, seeks the causes of those problems, and devises strategies to cure them

Request from the Commission

• Access to Healthcare

Mental Health

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Health Equity

According to the CDC:

"Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."

Health Equity

Public Health without health equity

- Unhealthiest community
- Deteriorating communities
- Infant Mortality
- Increase in Chronic Disease
- Shorten life expectancy
- ► HIV/AIDS
- Obesity
- Lack of civic engagement
- Behavioral Health challenges
- Occupational hazards

Public Health with health equity

- Healthiest community in the state and nation
- Thriving communities
- Improvement in birth outcomes
- Decrease in chronic disease
- Longer life span
- Getting to Zero
- Access to health foods
- Leadership opportunities
- Civic Engagement
- Behavioral Health opportunities
- Increased workforce development prospects

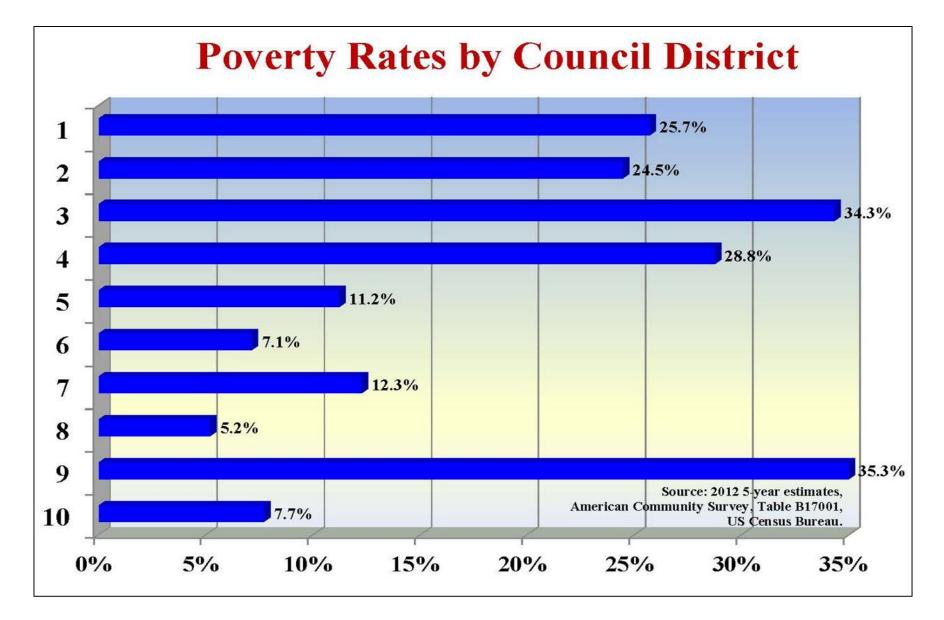
Health Equity Strategies

- Training for staff
- Screenings for the Social Determinants of Health
- > Agencies that offer evening hours to make services more accessible
- Taskforce or work groups to focus on health equity
- Programs designed with target populations needs
 - Culturally and linguistically appropriate materials
 - Diverse staff reflective of the target population
- Community Based programs
- Non-traditional settings
 - Faith based
 - Libraries
 - Non-profit agency
 - Fire station
 - Apartment complexes
- Strengthen environments for social support

Community Health Overview

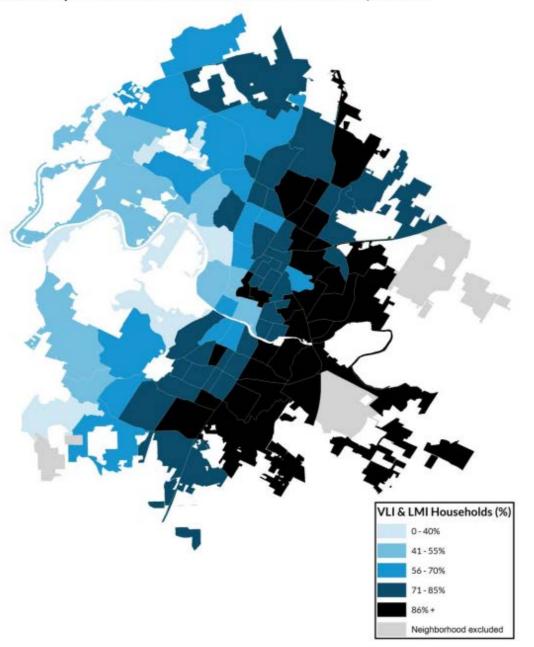
- Overall healthier than Texas and the Nation.
- Diverse mix of multiple races, cultures and ethnicities and is experiencing rapid growth.
- Significant disparities exist.
- Geographic concentrations of vulnerable populations are changing.
- East Travis County
 - More poverty
 - Lack of education
 - More uninsured
 - Greater concentration of Hispanics and African American

Poverty Rates

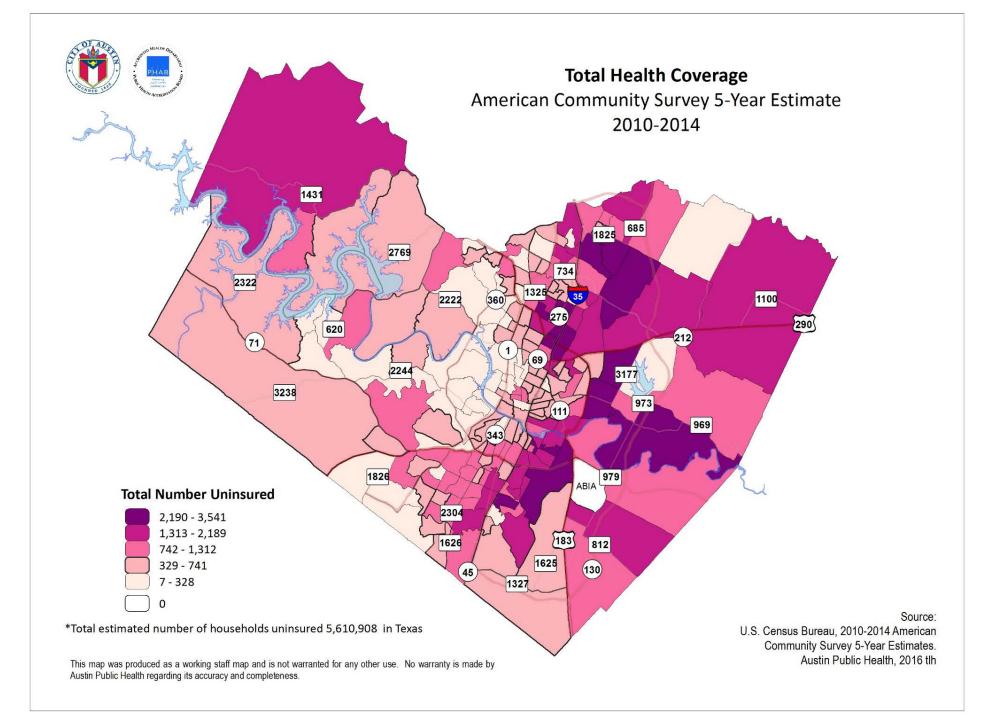


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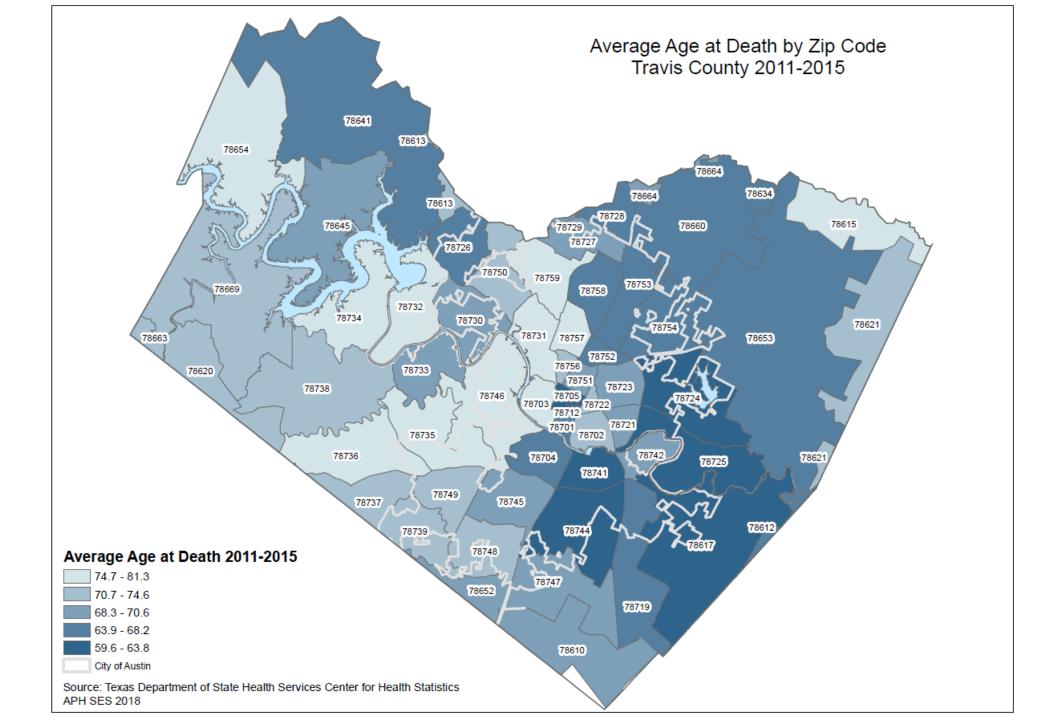
Share of Very Low-Income or Low-Income Households in Austin, 2011-15

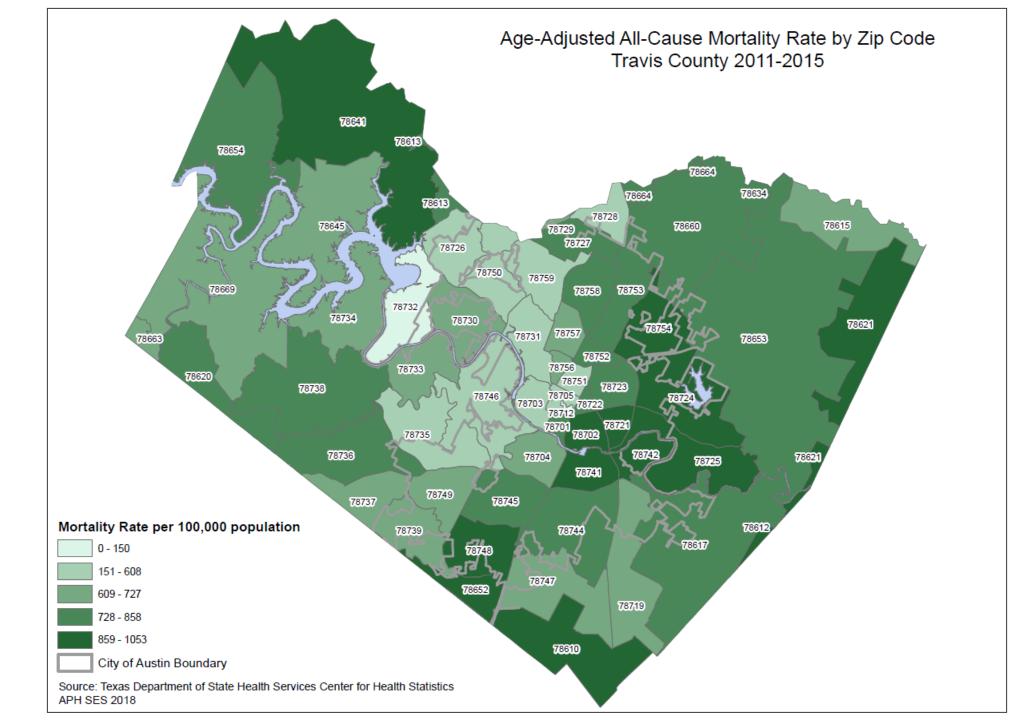


Source: Urban Institute tabulations of 2011–15 American Community Survey data. Note: LMI = low and middle income; VLI = very low income.



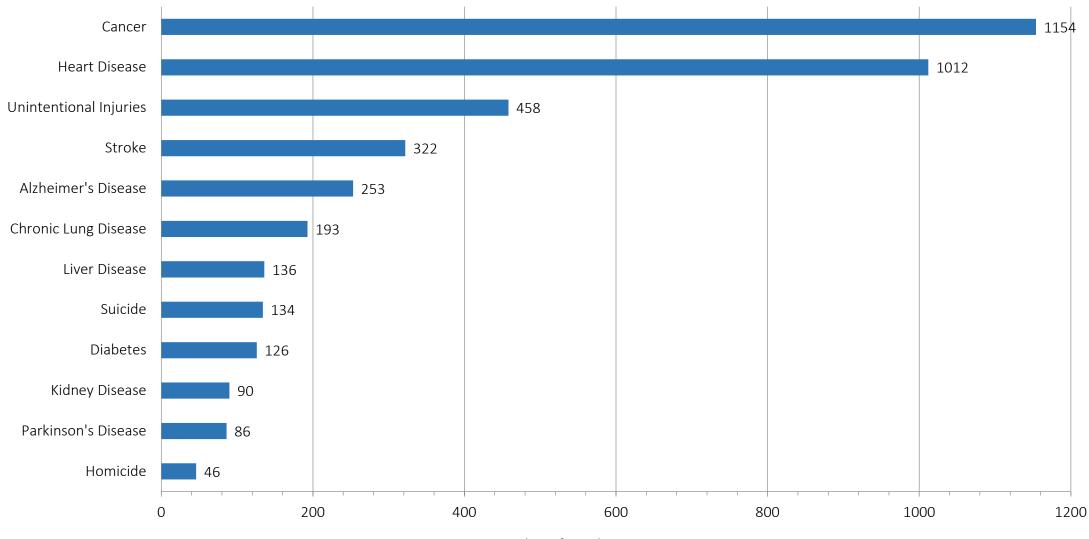






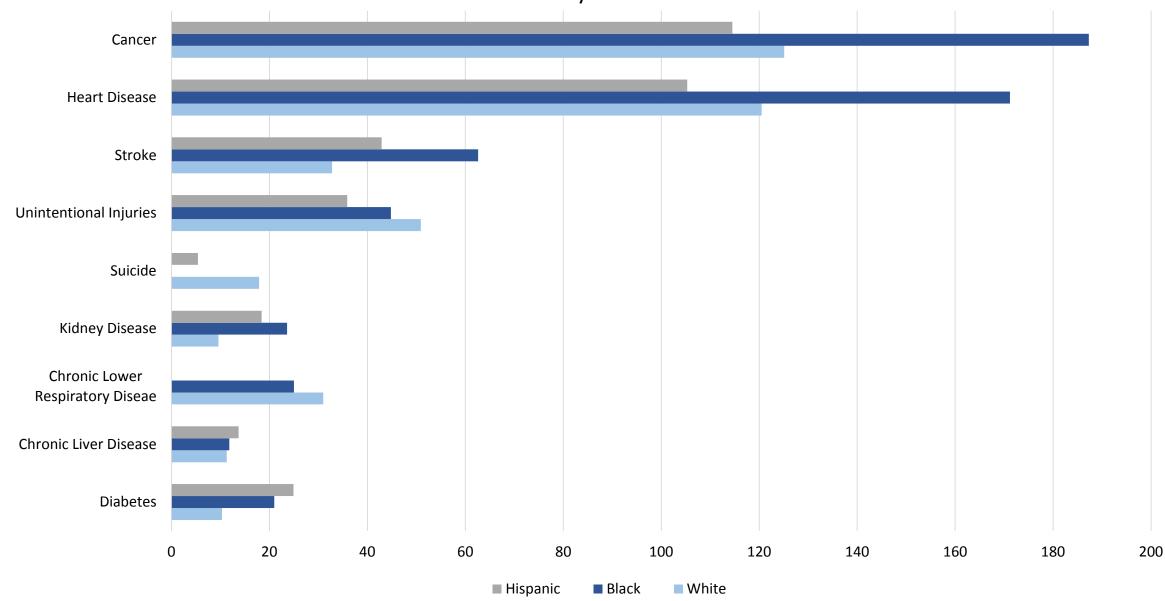
Leading Causes of Death in Travis County 2016 Number of Deaths

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Number of Deaths

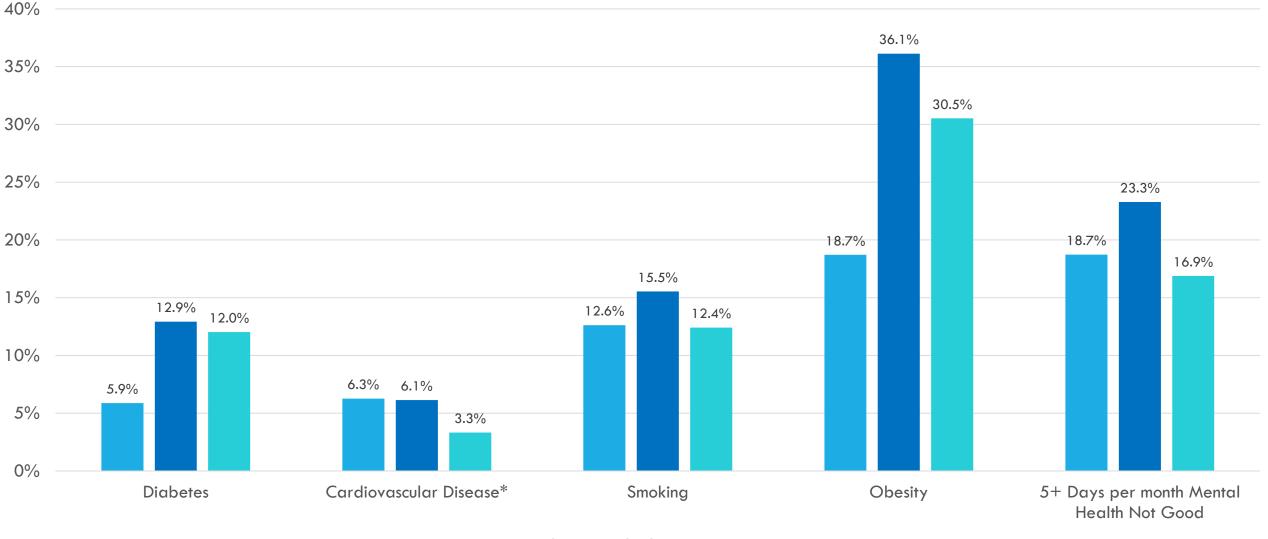
Age-Adjusted Mortality Rates for Selected Chronic Disease by Race/Ethnicity Travis County 2015-2016*



*2015 & 2016 were combined to provide more stable rates **Note:** missing rates for specific racial/ethnic groups are due to unreliability of estimate.

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Chronic Disease Indicators by Race/Ethnicity Travis County 2012-2016



■ White ■ Black ■ Hispanic



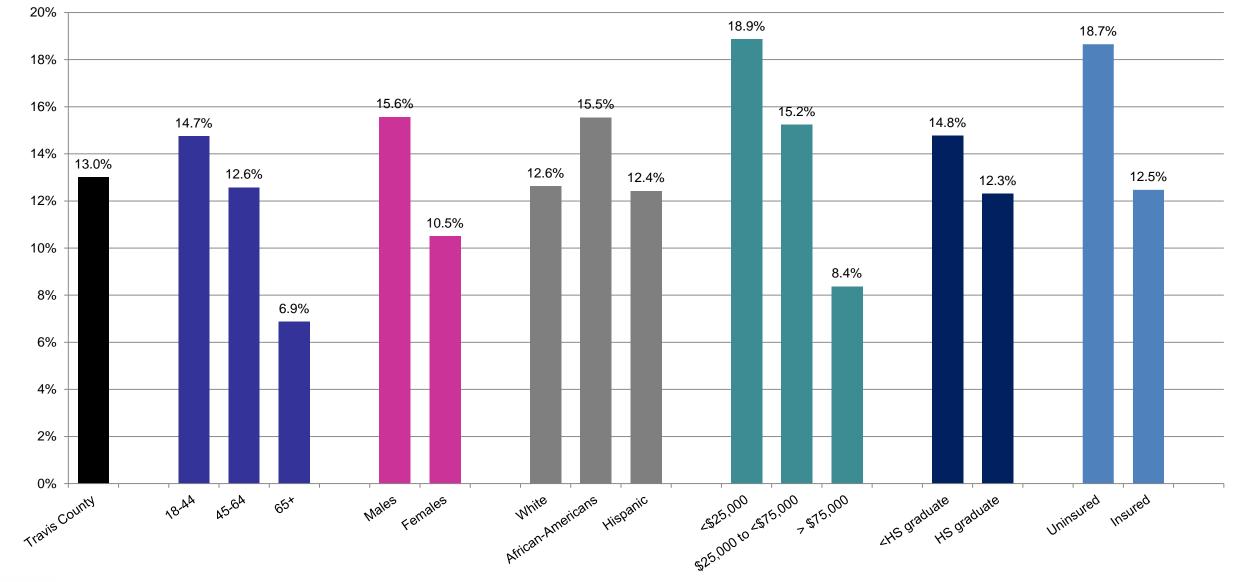
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Prevalence of Depression and Poor Mental Health by Race/Ethnicity, Sex and Age Travis County 2011-2016

Category	Depression (N=131,540)		Poor Mental Health (N=79,652)	
	%	95% CI	%	95% CI
Total Population	16.4	(15.0 – 17.8)	10.0	(8.7 – 11.3)
Race				
White	20.4	(18.4 – 22.4)	9.1	(7.7 – 10.4)
Black	16.0	(11.5 – 20.5)	15.5	(9.8 – 21.3)
Hispanic	9.8	(7.5 – 12.0)	8.8	(6.3 – 11.3)
Sex				
Female	20.7	(18.5 – 22.9)	11.8	(9.9 – 13.8)
Male	12.1	(10.2 – 13.9)	8.2	(6.6 – 9.9)
Age				
18 to 44	15.9	(13.6 – 18.1)	11.1	(9.1 – 13.1)
45 to 64	18.7	(16.5 – 20.8)	9.1	(7.5 – 10.8)
65+	13.3	(11.3 – 15.4)	6.9	(5.0 – 8.8)

High Low

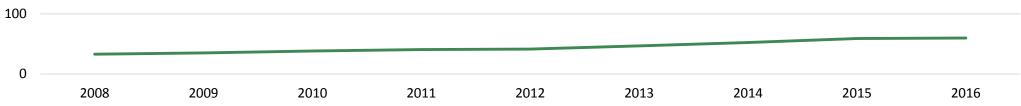
Smoking Prevalence among Adults 18+ Travis County 2012-2016





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People Living with HIV (per 100,000 population) by Race/Ethnicity Austin HIV Services Delivery Area, 2008-2016 --- Austin HSDA (10-County Area) - Whites African-Americans Hispanics Other*





900

800

700

600

500

400

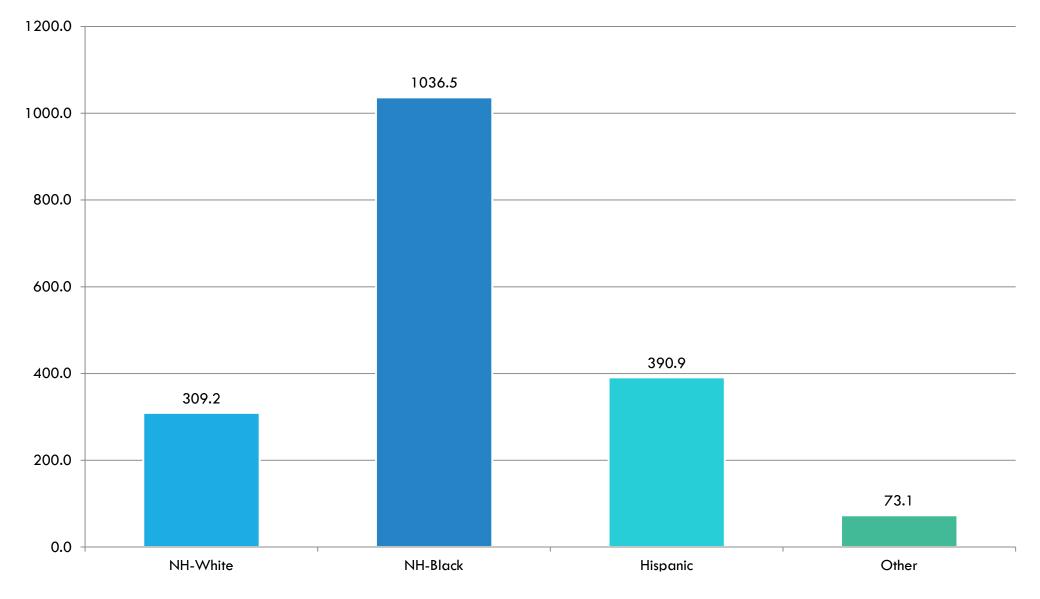
300

200

Per 100,000 Population

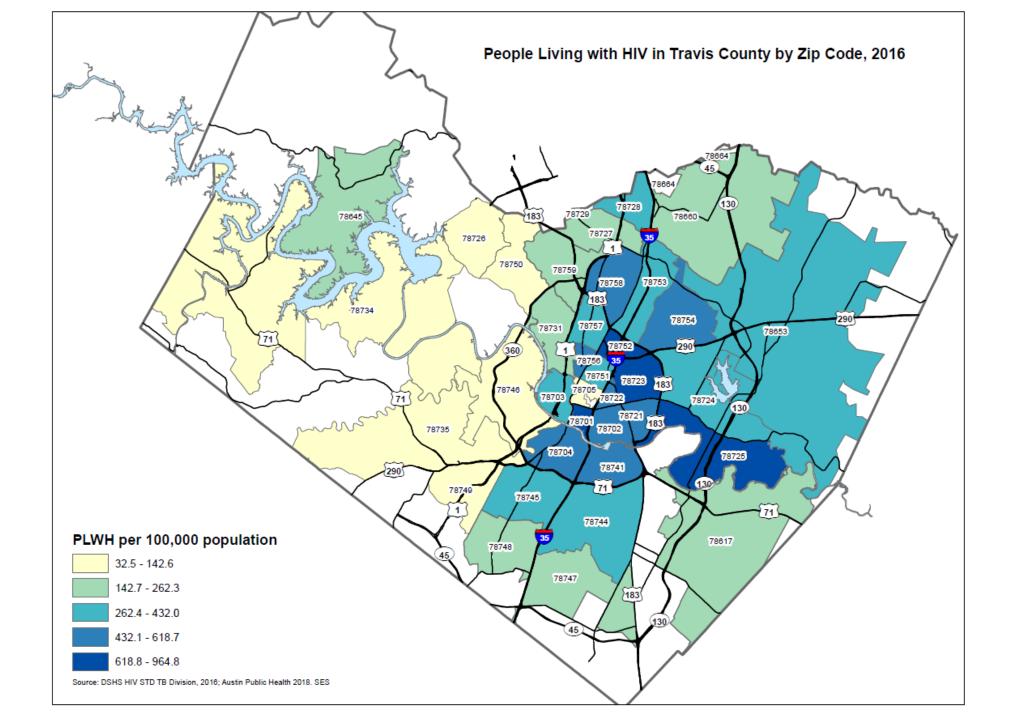
Data source: Texas DSHS 2008-2016 *Other includes Asian, Pacific Islander, Alaska Native, American Indian, and Multi-Race individuals

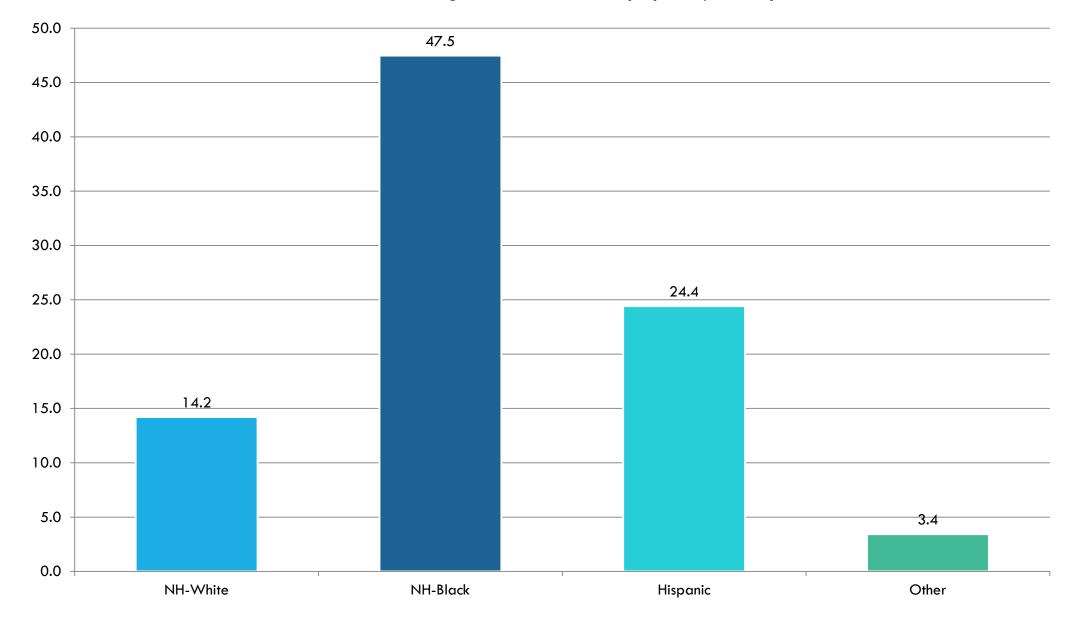
People Living with HIV (per 100,000) by Race/Ethnicity Travis County, 2016





Data source: Texas DSHS 2016 *Other includes Asian, Pacific Islander, Alaska Native, American Indian, and Multi-Race individuals



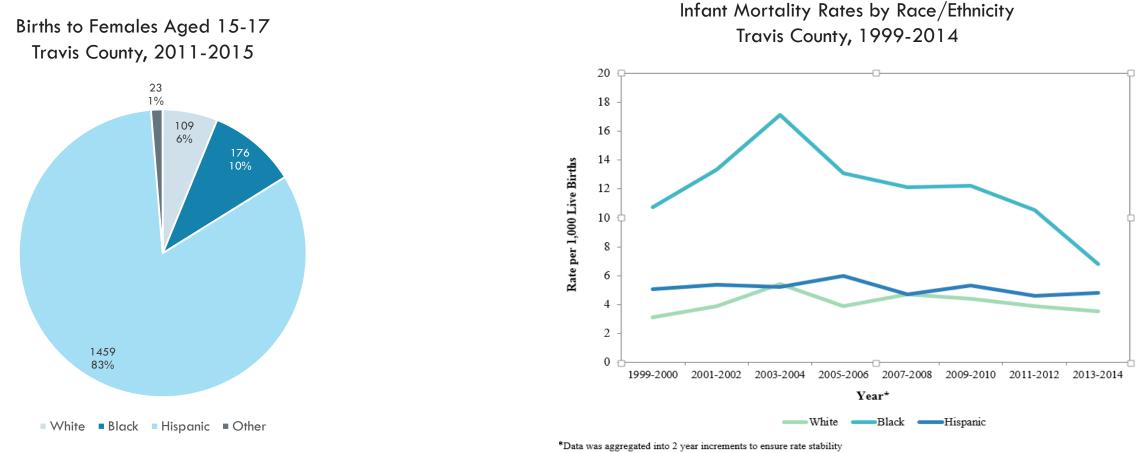


Rate of New HIV Diagnosis in Travis County by Race/Ethnicity, 2016



Data source: Texas DSHS 2016 *Other includes Asian, Pacific Islander, Alaska Native, American Indian, and Multi-Race individuals

MATERNAL & CHILD HEALTH INDICATORS



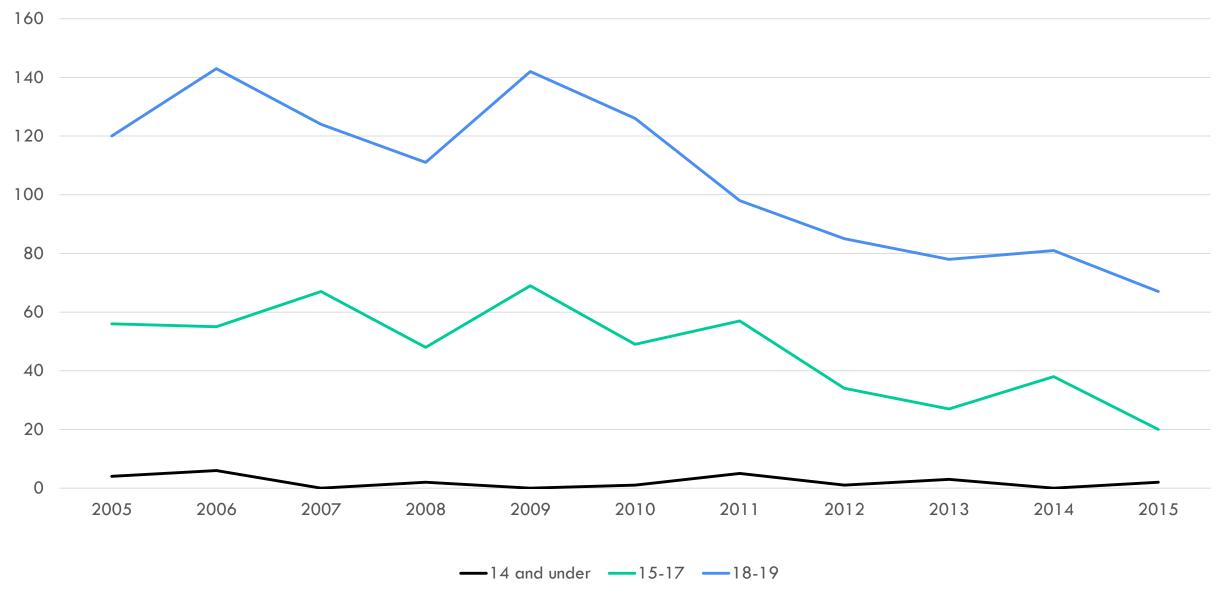
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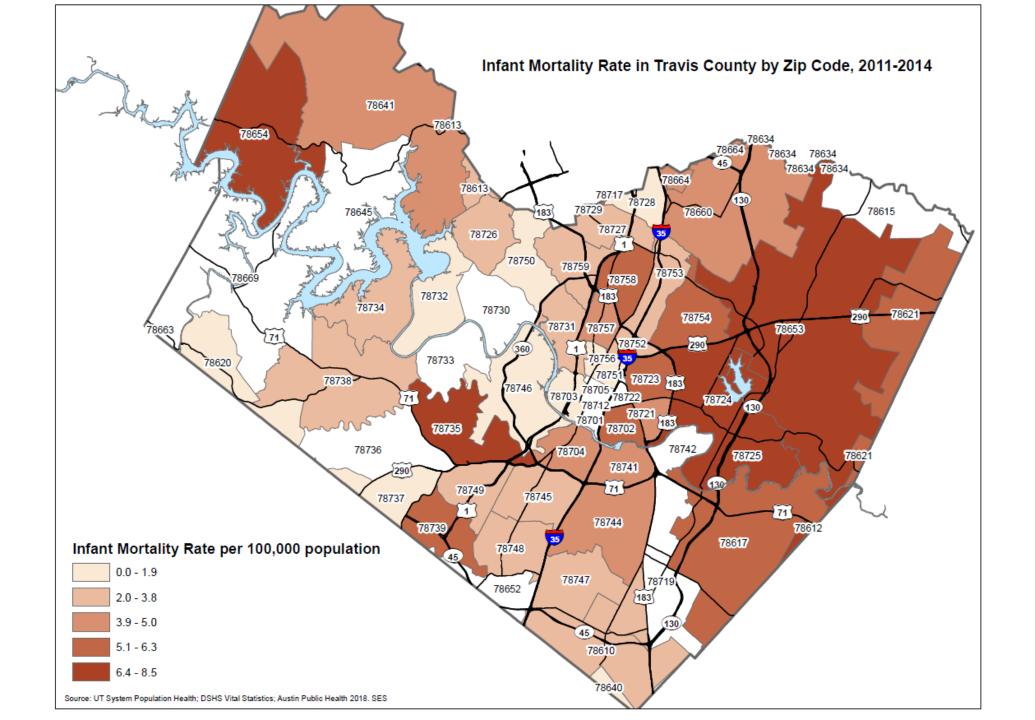


*Data was aggregated into 2 year increments to ensure rate stability Data Source: Center for Health Statistics, Texas Department of State Health Services

Births to Black Teens by Age Group Travis County 2005-2015



Source: Texas DSHS Vital Statistics



Keys to Improve Health Disparities

- Constant monitoring of health status
- Identify health disparities
- Target interventions that intentionally address disparate populations
- Implement culturally appropriate interventions
- Ongoing community health improvement planning
 - 2018 CHIP Priorities
 - Access to Care
 - Chronic Disease
 - Sexual Health (Teen Pregnancy)
 - Stress, Mental Health, and Wellbeing
- Community involvement and engagement is critical
- Recognize that health begins where we live, learn, work and play

Thank You!

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