Poverty and health: A health equity assessment in Deschutes County

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October 9, 2017
Oregon Public Health Association 2017
Overview

- Leverage Accreditation and Modernization improve how DCHS addresses health equity.
  - PHAB standards & re-accreditation standards
  - PH Modernization: “Monitor health status and track the conditions that influence health”
Modernization & Accreditation

*The workgroup decided to start by focusing on data collection, reporting, and use in decision making.

**Modernization**

- Use data that reveal inequities in the distribution of disease. Focus on the social conditions that influence health

- Example:
  - Identify population subgroups or geographic areas characterized by...excess burden of adverse health or socioeconomic outcomes...excess burden of environmental health threats...Inadequate health resources

**Accreditation**

- Page 11: Health Equity = reaccreditation guiding principles

- Example:
  - Domain 3: Department analyzes health inequity, factors that cause or contribute to it, and health equity indicators across communities or neighborhoods.
Overview

- Survey to public health staff to understand the current understanding and use of equity

- Have agency-wide equity and inclusion workgroup with internal agency-wide focus
Equity Workgroup

- Benton County rocks!! (consulting)

- HE definition/framework
  - Deschutes County Health Equity definition: Healthy equity is achieved when all people have full and equal access to opportunities that enable them to attain their full health potential. Health equity work addresses the inequities where people are born, grow, live, learn and age.
Equity Workgroup

- New Employee Orientation
- Staff resources
- Internal policies through equity lens
- HE Assessment/community assessment
Health Equity Assessment

- Prioritized through workgroup discussions:
  - Focus on Deschutes County (intra-county data)
  - Focus on social determinants, beginning with poverty
Health Equity Assessment Methods

- Methods
  - Identify appropriate county-level data
    - American Community Survey
    - Oregon Behavioral Risk Factor Surveillance System (BRFSS)
    - Deschutes County GIS data
  - Methodological challenges
    - Obtaining data for small geographical areas
    - Small sample sizes/conditions with low prevalence
    - Data may be 2-3 years old
Health Equity Assessment Methods

- Descriptive statistics
- Crosstabs and chi-squared statistics for differences in proportions
- GIS mapping for poverty data at census block group-level
Highlighted Results: Demographics

Data from 2016 American Community Survey

% below FPL, by sex

Deschutes	Oregon
Male: 10.4	12.1
Female: 10.9	12.8

% below FPL, by ethnicity

Deschutes	Oregon	United States
White, non-Hispanic: 10.4	11.1	10.0
Hispanic or Latino: 9.8	22.6	21.0

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Highlighted Results: Geography

Deschutes County
Highlighted Results: Geography

Bend, Oregon

Map Source: Deschutes County Health Services, February 2017
Shapefile Source: U.S. Census Bureau
Highlighted Results: Geography

Deschutes County
Highlighted Results: Geography

Redmond, Oregon

Map Source: Deschutes County Health Services, February 2017
Shapefile Source: U.S. Census Bureau
Highlighted Results: Health Behaviors and Outcomes

Data are from the 2012-2015 Combined Oregon BRFSS. Difference between groups is statistically significant.
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Oral Health: % who visited a dentist over the past year, by poverty status

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Next Steps

- Dissemination report and webpage
- Guide agency planning
- Continue to assess other social determinants
Thank you!