
Rural Health: An Analysis of Health Inequities in the Mid-Shore Region

Rural Health Summit
Chesapeake College
August 30, 2016

Dr. Shalewa Noel-Thomas

Office of Minority Health & Health Disparities



Minority Health and
Health Disparities
Maryland Department of Health
and Mental Hygiene



MARYLAND
DEPARTMENT OF HEALTH
& MENTAL HYGIENE

Outline

- Define social determinants of health
- Define health inequities
- Identify social determinants of health experienced by rural communities

Mid-Shore Region Data

- Mid-Shore racial and ethnic distributions
- Mid-shore determinants of health data
- Disparities in health outcomes in the mid-shore Counties



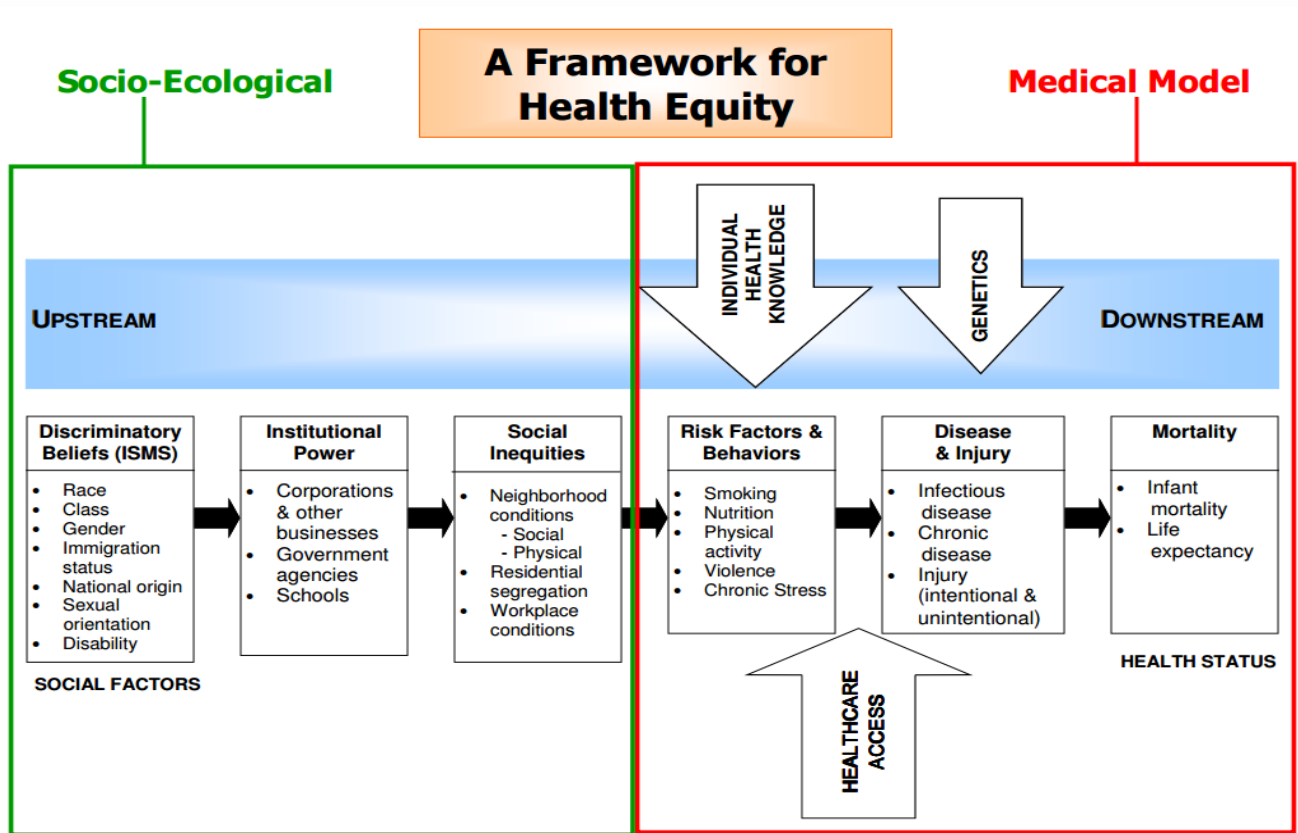
Social Determinants of Health

- Social determinants of health are “the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are shaped by a wider set of forces: economics, social policies, and politics”.

WHO, 2016



Social Determinants of Health



- Adapted by ACPHD from the Bay Area Regional Health Inequities Initiative, Summer 2008



What are Health Inequities?

- Health inequities are avoidable inequalities in health between groups of people that are a result of systemic, avoidable and unjust social and economic policies and practices that create barriers to opportunity.

WHO, 2016



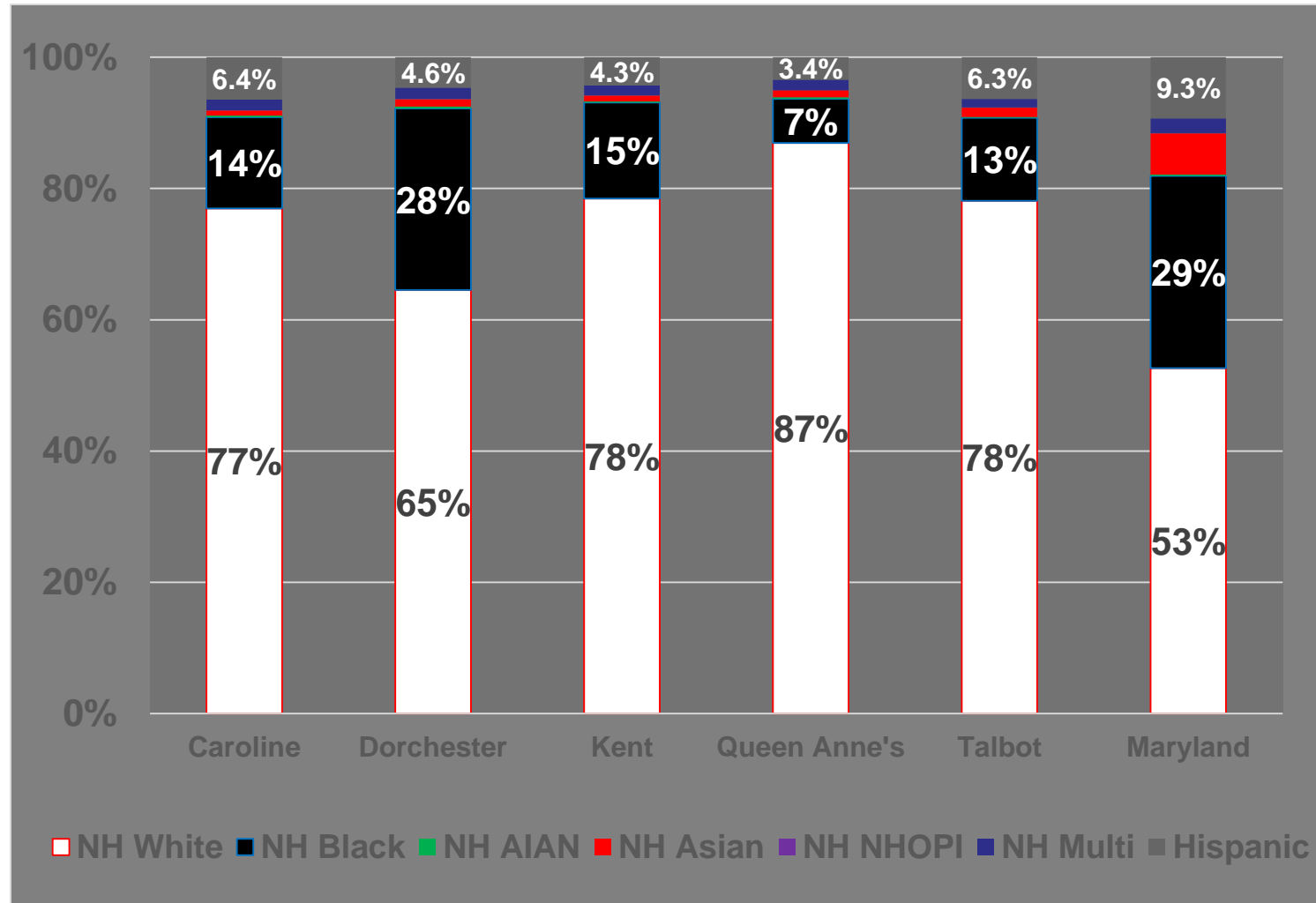
MARYLAND
DEPARTMENT OF HEALTH
& MENTAL HYGIENE



Race/Ethnic Groups as % of Jurisdiction 2014

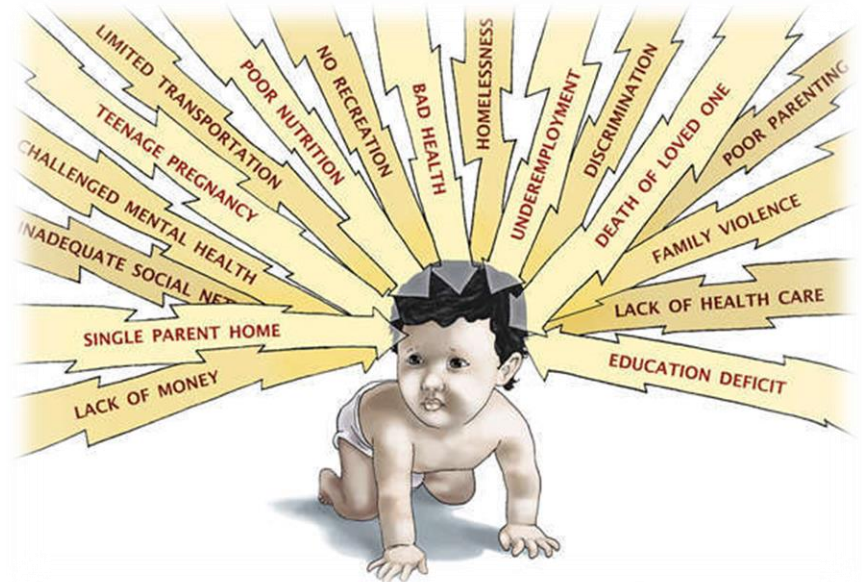
MD Department of Planning data:

http://planning.maryland.gov/msdc/Pop_estimate/estimate_10to14/CensPopEst10_14.shtml



Social Determinants of Health

- Social and economic factors “get under the skin” to cause disease
 - Poverty
 - Income
 - Unemployment
 - Educational attainment
 - Health literacy
 - Social and racial injustices



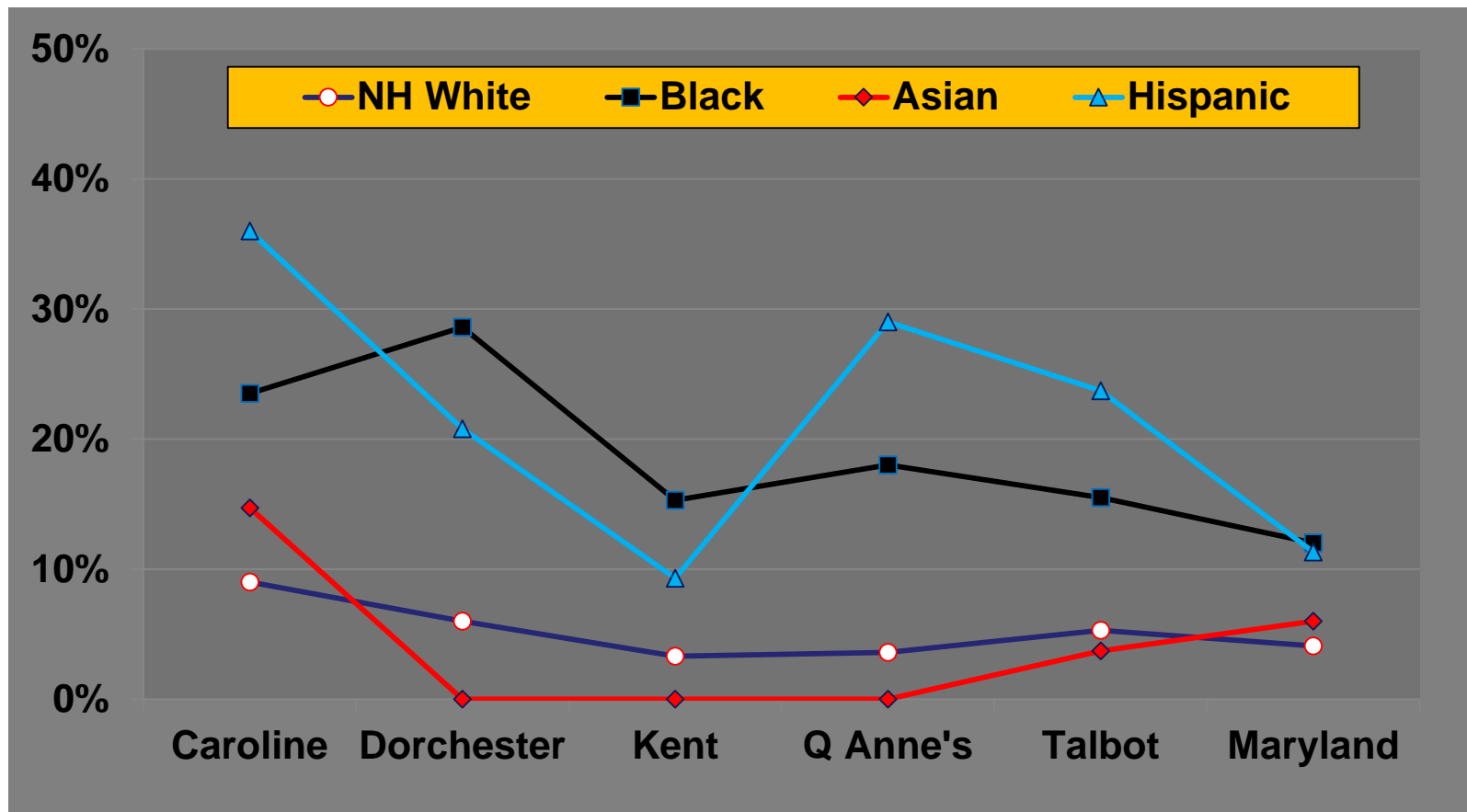
Social Determinants of Health

- Adequate community infrastructure to ensure public safety and promote wellness
- Access to:
 - safe and healthy homes
 - safe and affordable transportation
 - healthy and affordable food
 - health insurance
 - health care services



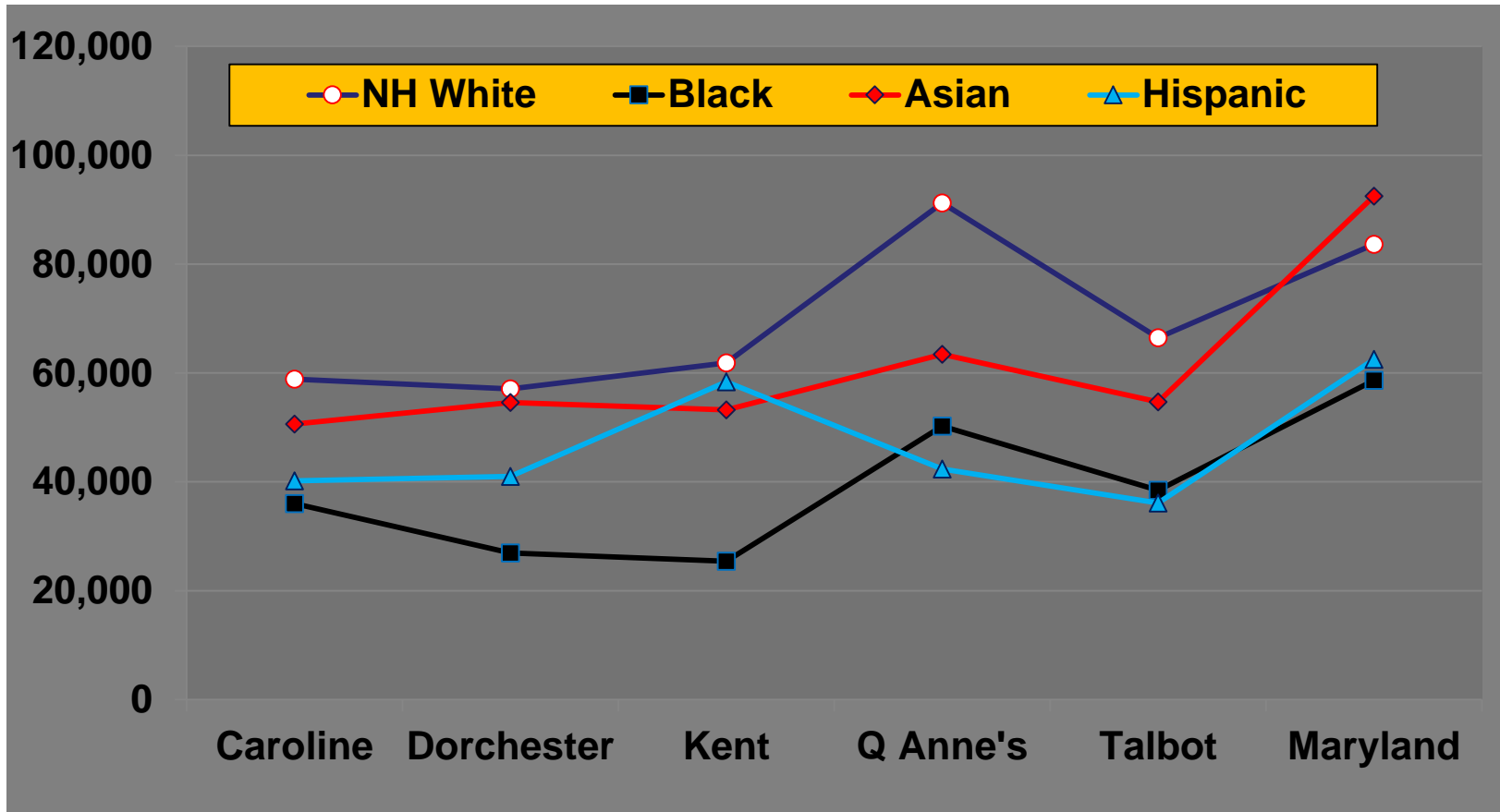
Determinants of Health: Percent of Households in Poverty, By Race and Jurisdiction, 2010-14 pooled; ACS data

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_S1702&prodType=table



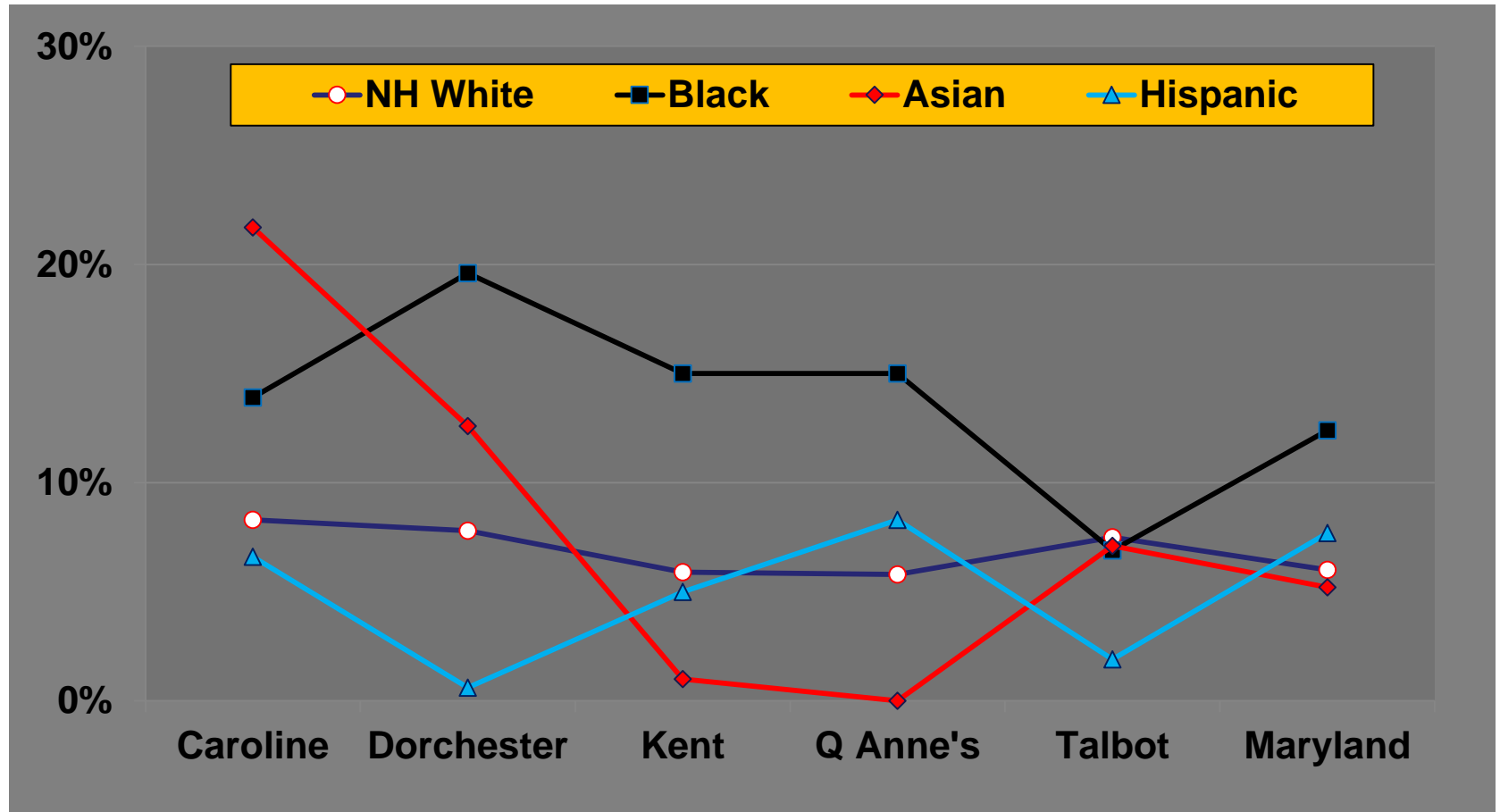
Determinants of Health: Median Household Income in Dollars By Race and Jurisdiction, 2010-14 pooled ACS data

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_S1903&prodType=table



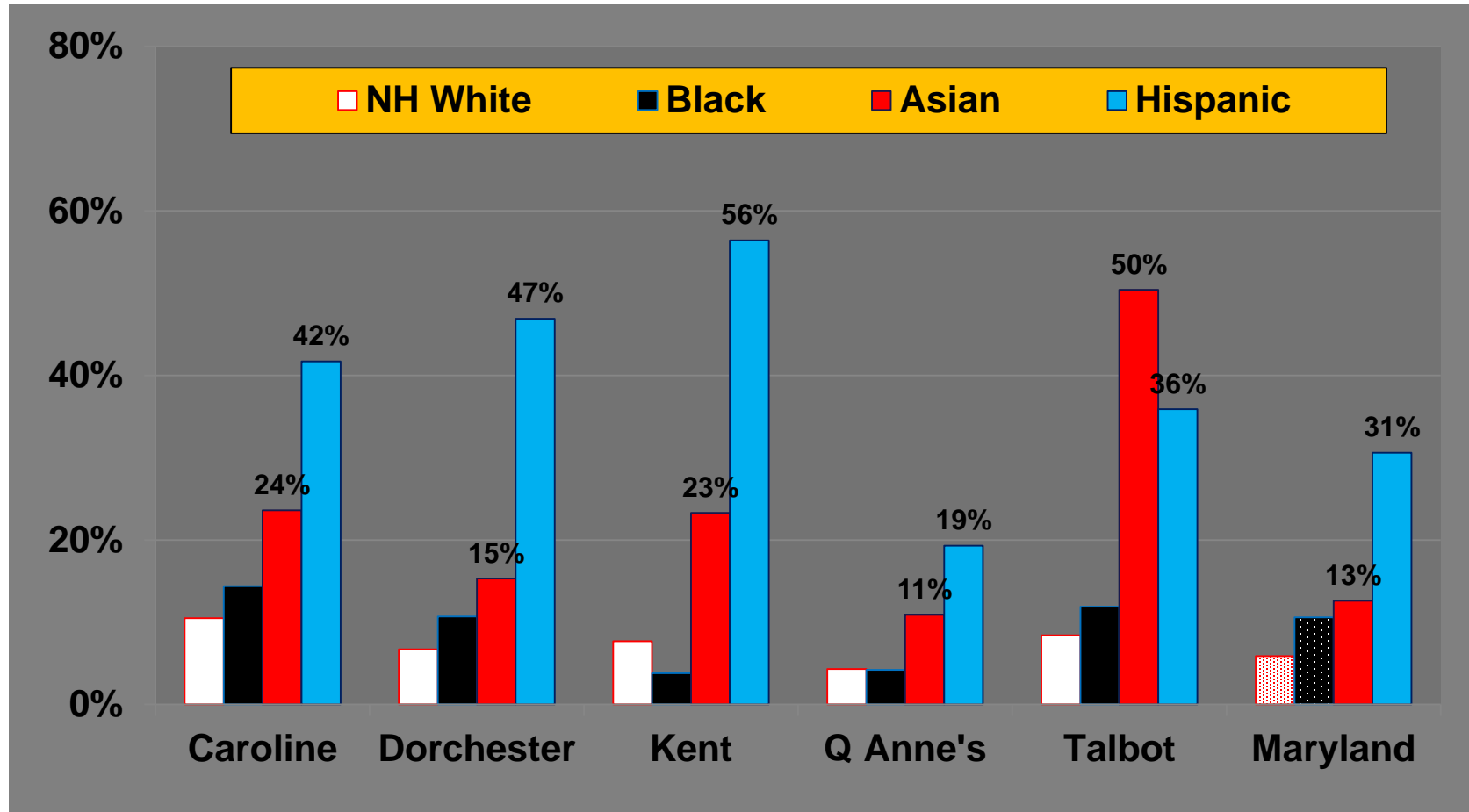
Determinants of Health: Unemployment Rate By Race and Jurisdiction, 2010-14 pooled ACS data

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_S2301&prodType=table



Determinants of Health: Percent without Health Insurance By Race and Jurisdiction, 2010-14 pooled ACS data

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_S2701&prodType=table



Health Outcomes

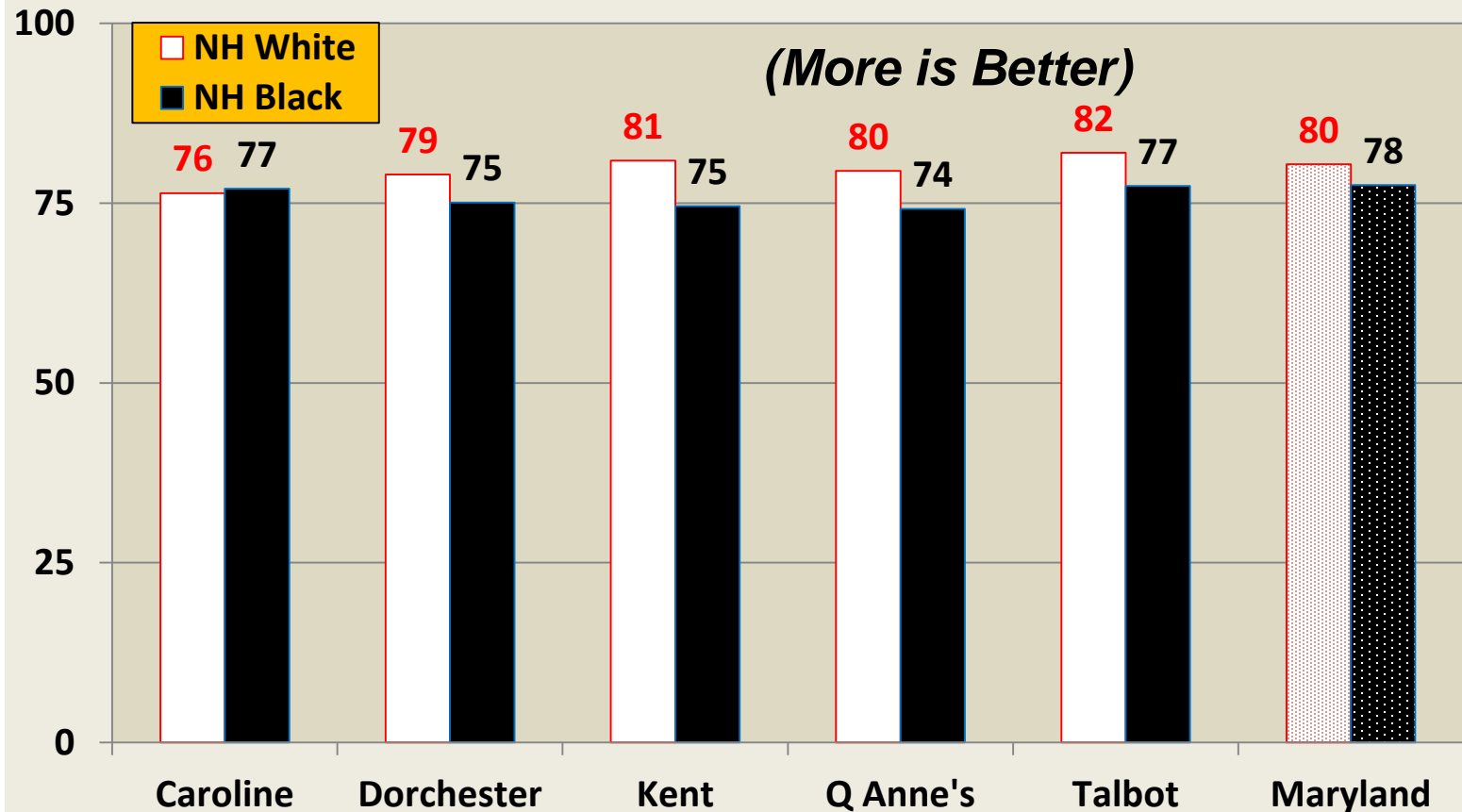


King County, 2015



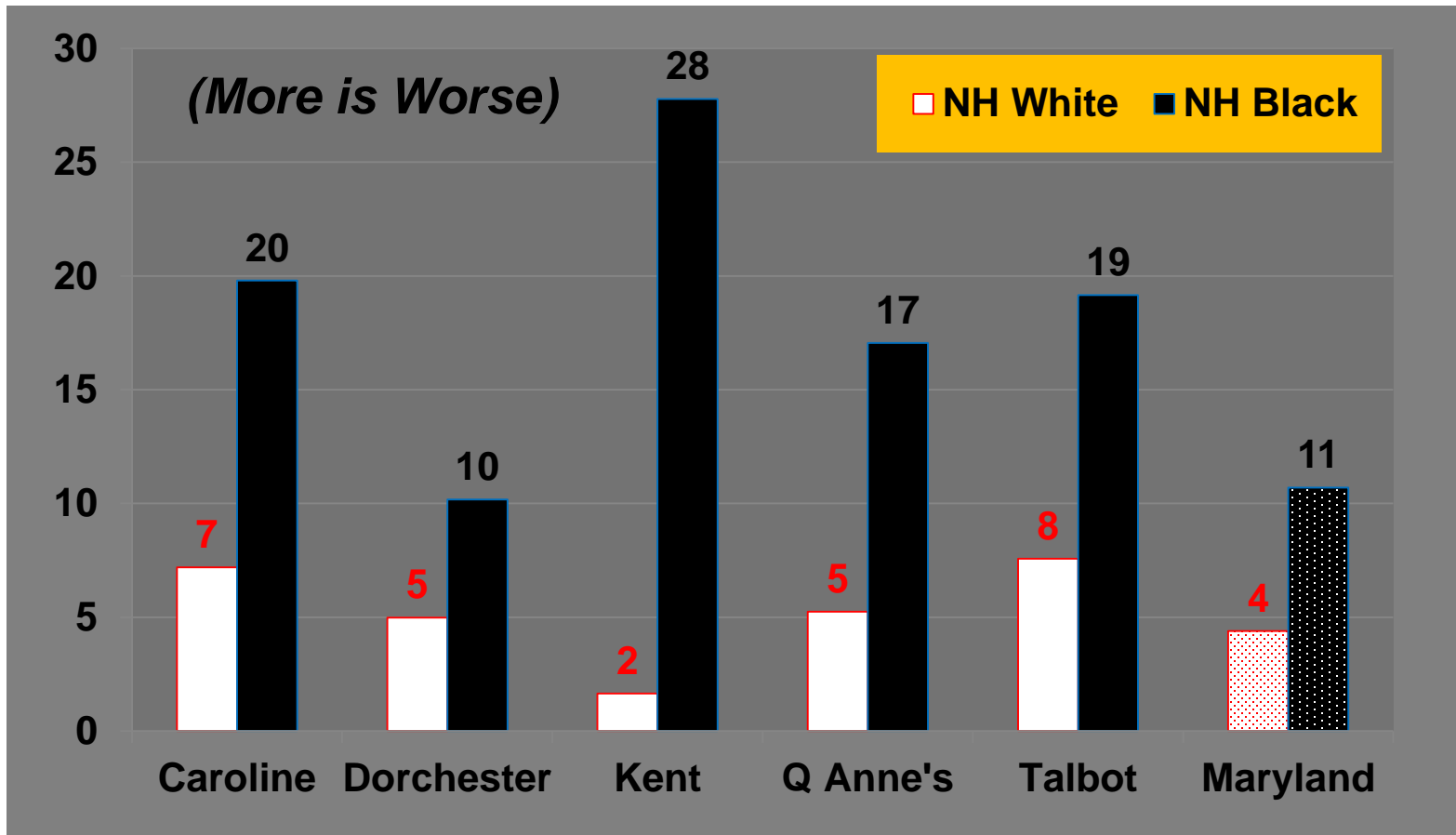
Life Expectancy at Birth in Years, By Race and Jurisdiction, 2012-14 pooled

MD VSA data on SHIP: <http://dhmh.maryland.gov/ship/Pages/home.aspx>



Infant Deaths per 1000 Live Births, By Race and Jurisdiction, 2010-14 pooled

MD VSA data <http://dhmh.maryland.gov/vsa/Pages/reports.aspx>



Age-Adjusted Heart Disease Death Rate per 100,000 By Race and Jurisdiction, 2012-14 pooled

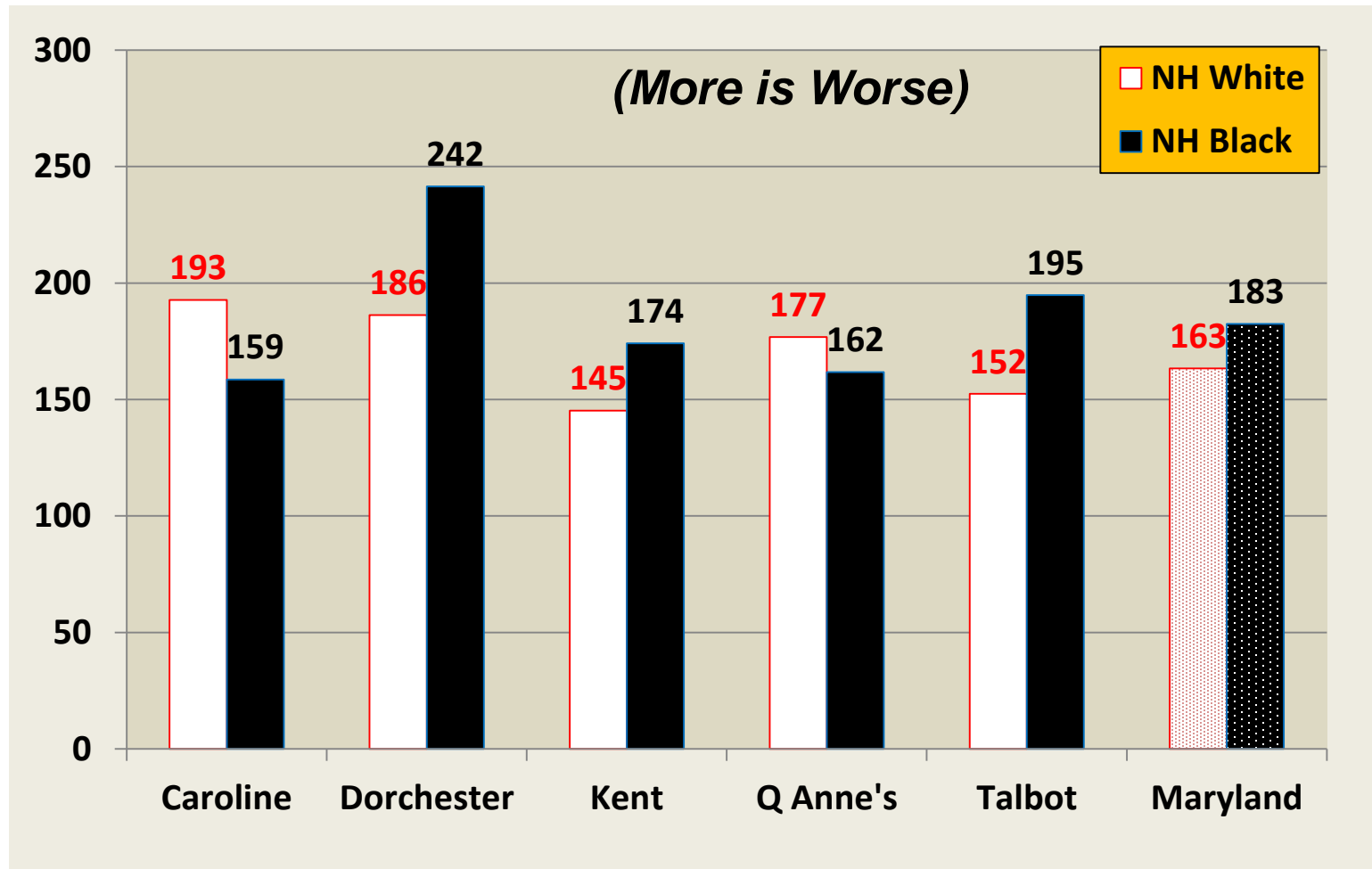
MD VSA data on SHIP: <http://dhmh.maryland.gov/ship/Pages/home.aspx>

(More is Worse)



Age-Adjusted Cancer Death Rate per 100,000, By Race and Jurisdiction, 2012-14 pooled

MD VSA data on SHIP: <http://dhmh.maryland.gov/ship/Pages/home.aspx>

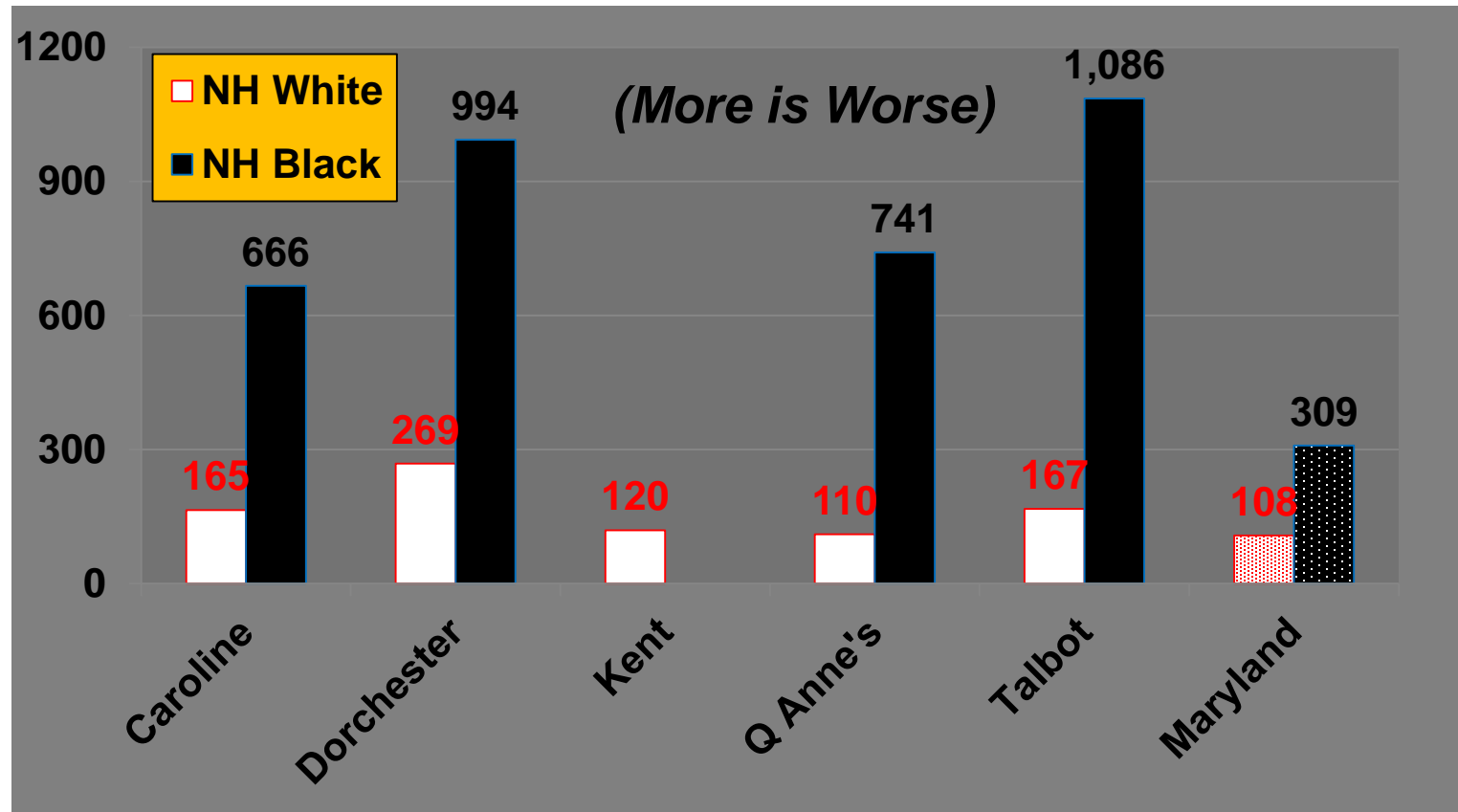


ED Visit Rates



Age-Adjusted Diabetes ED Visit Rate per 100,000, By Race and Jurisdiction, 2014

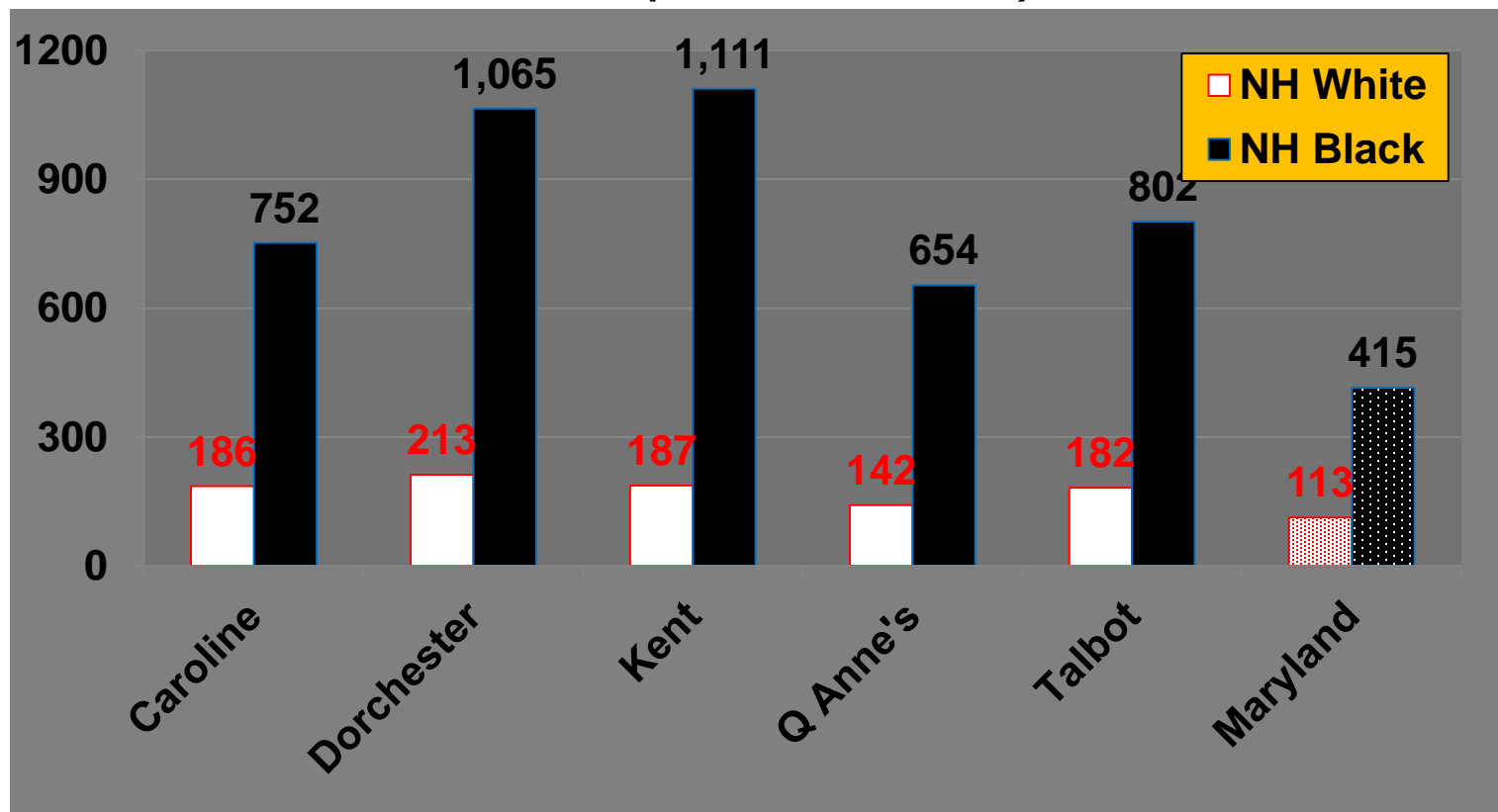
HSCRC data on SHIP: <http://dhmh.maryland.gov/ship/Pages/home.aspx>



Age-Adjusted Hypertension ED Visit Rate per 100,000, By Race and Jurisdiction, 2014

HSCRC data on SHIP: <http://dhmh.maryland.gov/ship/Pages/home.aspx>

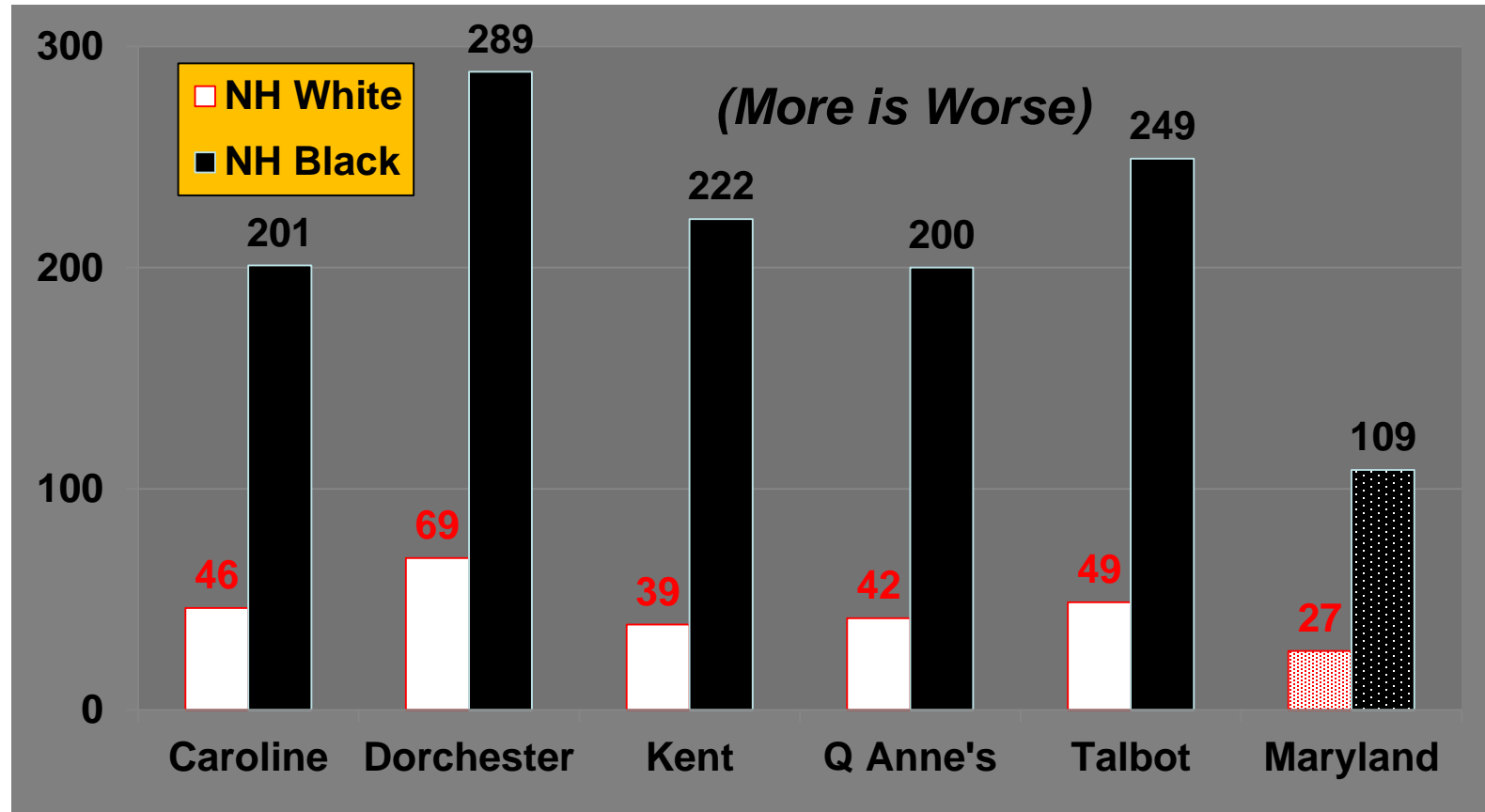
(More is Worse)



Age-Adjusted Asthma ED Visit Rate

per 10,000, By Race and Jurisdiction, 2014

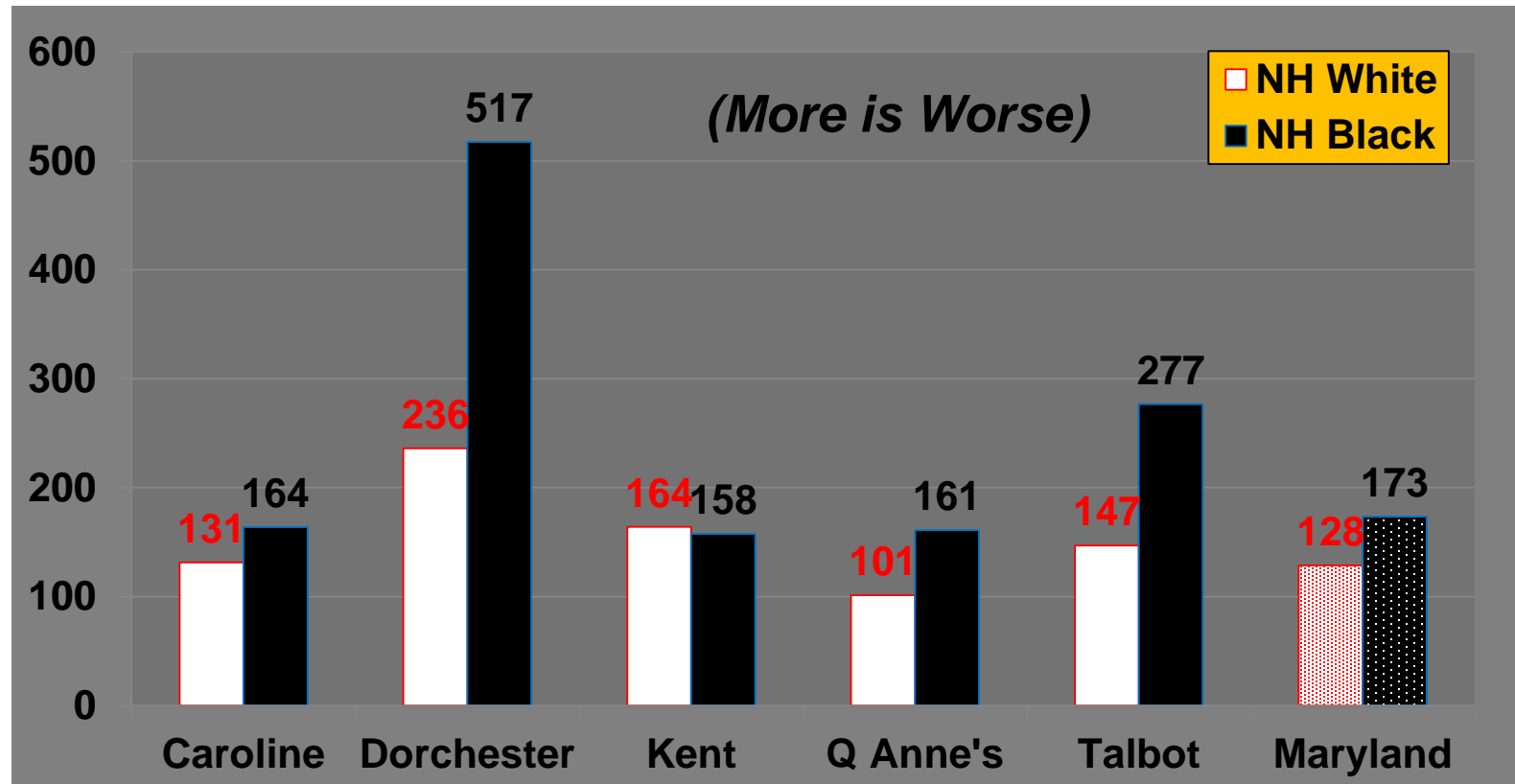
HSCRC data on SHIP: <http://dhmh.maryland.gov/ship/Pages/home.aspx>



Age-Adjusted Addiction-related ED Visit Rate

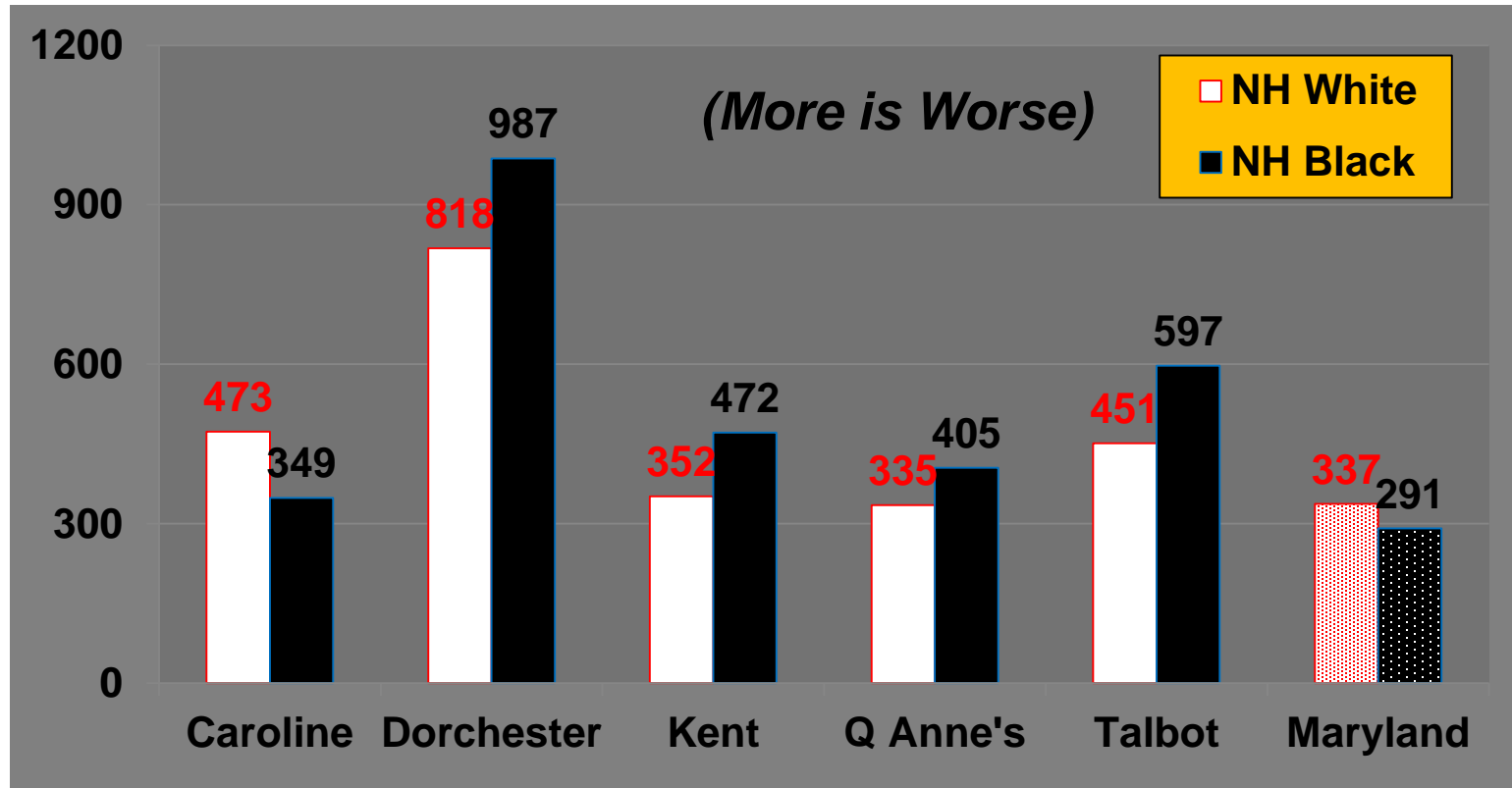
per 10,000, By Race and Jurisdiction, 2014

HSCRC data on SHIP: <http://dhmh.maryland.gov/ship/Pages/home.aspx>



Age-Adjusted Mental Health-related ED Visit Rate per 10,000, By Race and Jurisdiction, 2014

HSCRC data on SHIP: <http://dhmh.maryland.gov/ship/Pages/home.aspx>



Disparities in ED Visit Rates

- Provider availability
 - Culturally and linguistically appropriate care
- Attitudes toward the medical system
- Use of ED as a usual source of care
- Chronic disease management at home
 - Health literacy
- Rates of un-insurance
- Health insurance literacy



So What?

- Attention to the social determinants of health
- Inclusion of vulnerable communities in planning and policy-making
- Community outreach, education & engagement
 - Culturally and linguistically appropriate
- Health in all policies approach
 - Multi-sectoral collaboration



EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

