Governor's Interagency Council on Health Disparities

Health Justice & Equity Info Sheet

HEALTH EQUITY
Governor's Interagency Council
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Social Determinants of Health (SDOH)

Health is more than the absence of disease and consists of multiple, interdependent dimensions (mental, physical, social, environmental, etc.). Health extends beyond our access to healthcare services and is shaped by exposures and experiences across our lifespan.

Research shows that clinical care accounts for around 10-20% of our health while the other 80-90% is driven by the resources we have access to and the conditions where we live, learn, work, play, and age (social determinants of health).[1,2,3] SDOH can often explain differences in health outcomes among groups.[4]
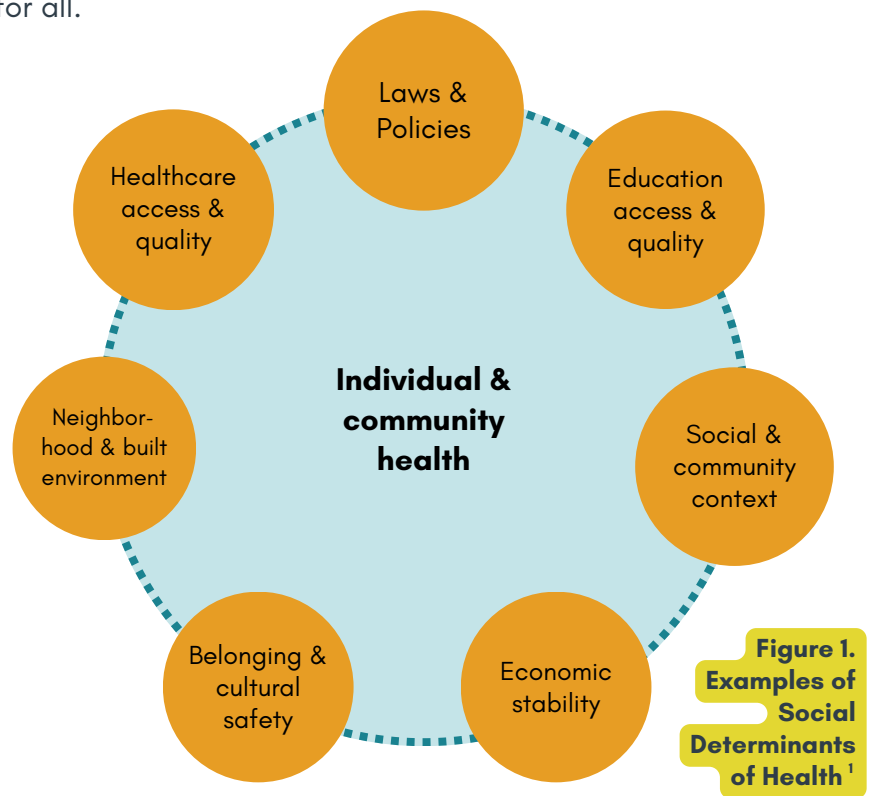
SDOH directly relate to state government's mission to provide for the health and safety of communities. The Council embraces our interagency structure and ability to work across government sectors to promote health and equitable opportunity for all.

Health Inequities

Health inequities refer to adverse health outcomes that are caused by the unequal and unfair distribution of opportunity and resources in our society.

Health inequities are unfair, unjust, and avoidable. They cost our communities, state, and country billions of dollars each year.[5,6] Health inequities result in delayed or denied care, excess expenditures for medical care and other necessities, missed diagnoses, limited access to preventive services, lower quality of life, and premature deaths.[7]

Health inequities cause irreplaceable losses to communities that are impossible to fully quantify.

Laws & Policies • Education access & quality • Social & community context • Economic stability • Belonging & cultural safety • Neighborhood & built environment • Healthcare access & quality — Individual & community health

Figure 1. Examples of Social Determinants of Health[1]

References

[1] https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/
[2] https://pubmed.ncbi.nlm.nih.gov/26526164/
[3] https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/#:~:text=Medical%20care%20is%20estimated%20to%20account%20for%20only,SDoH%3A%20health-related%20behaviors%2C%20socioeconomic%20factors%2C%20and%20environmental%20factors.

[4] https://www.cms.gov/priorities/innovation/key-concepts/social-drivers-health-and-health-related-social-needs
[5] https://www.ama-assn.org/delivering-care/health-equity/inequity-damages-health-and-drains-economy
[6] https://www.blackfuturewa.org/blackwell-being
[7] https://jamanetwork.com/journals/jama/fullarticle/2804818

Example: Health inequities based on Veteran status and rurality

Chronic diseases and mental health conditions account for 90% of U.S. healthcare costs each year and these health risks affect Veterans at a higher rate.[8] Nationally, Veterans experience worse health outcomes than non-Veterans. Contributing factors may include physical and psychological stress and trauma from combat duty and deployments.[8] Compared to Veterans who live in urban areas, Veterans who live in rural areas experience higher rates of poverty, less access to care, and worse outcomes across a variety of health conditions. Some barriers to care include increased travel and wait times, lack of specialty care, and provider shortages.[9]

Example: Housing inequities faced by Washington Youth

In Washington, at least 50% of youth who are unhoused are youth of color. Up to 40% of youth experiencing houselessness identify as LGBTQ+. Youth who do not have a high school diploma or GED experience a 346% higher risk of being unhoused compared to their peers. Housing insecurity for youth is influenced by "segregation and housing discrimination and overcriminalization," "family conflict and rejection due to a youth's sexual orientation and/or gender," and the disruption houselessness causes on "a young person's ability to engage in and complete their education."[10]

Health Justice and Equity

Health equity only exists when we all have the opportunity to reach our full potential

Health justice builds on principles of health equity and provides a framework to achieve lasting health equity goals

A **Health Justice Framework**[11] includes:

- Collaboration across areas of study and work
- Racial justice
- Advocacy for systems change
- Upstream interventions that address root causes of inequities
- Adaptability
- Community-based strategies

Optimal Health for Everyone

Health is powerful and at the foundation of all we do. The Council is committed to working together, led by communities' inherent power, to reach the highest conceivable standards for health and wellbeing, so that all Washingtonians can attain optimal health and wellbeing.

To learn more about the Council, visit healthequity.wa.gov or contact us at healthequity@sboh.wa.gov.

References

[8] https://pmc.ncbi.nlm.nih.gov/articles/PMC10378995/#:~:text=United%20States%20(US)%20veterans%20have,Americans%20with%20CKD%20%5B5%5D.

[9] Washington DL (ed). National Veteran Health Equity Report 2021. Focus on Veterans Health Administration Patient Experience and Health Care Quality. Washington, DC: VHA Office of Health Equity; September 2022.

[10] https://app.leg.wa.gov/ReportsToTheLegislature/Home/GetPDF?fileName=CommerceReports_2023_HD_Homelessness_in_Washington_24def55e-7087-43fc-ad0c-7894a56106ab.pdf

[11] Wiley LF, Yearby R, Clark BR, Mohapatra S. INTRODUCTION: What is Health Justice? J Law Med Ethics. 2022;50(4):636-640. doi: 10.1017/jme.2023.2. PMID: 36883386; PMCID: PMC10009391.

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Identifying Social Drivers & Root Causes of Health Outcomes

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The Council led a workshop titled "Health and Wellbeing for All: Bold Vision and Brave Actions in Washington State" at the 2024 Washington State Public Health Association Conference. Workshop participants included public health practitioners from various sectors (government, community-based organizations, health systems, etc.).

Participants worked together to identify some **public health issues** affecting their communities (downstream health outcomes), **social drivers of health** (midstream factors), and common **root causes** that affect all of us (upstream factors).

This waterfall graphic represents all participants' responses.

Colonialism

White supremacy (systems, power & control, systemic patriarchy)

Ableism   Racism   Classism/social hierarchies

Systems founded & grounded supremacy

Racialized capitalism

Legal system and justice system   Disability justice

Social narrative   Cultural ideology

Increase community voice in government public health decision-making

Everyone needs to understand equity and justice

Climate change   Sexism

Upstream (Root Causes)

Hate, bullying, othering

Community-led solutions

Destigmatizing personhood

Radical acceptance (lack of/need for)

Government structure

Epigenetics/generational trauma

Language dominance   Generational poverty

Access to healthcare

Decision makers prioritize treatment over prevention – reactive over proactive

Income disparities   Poverty

Access to free healthcare for all

Political will

Disconnected public health systems

Stable/affordable housing

Barriers to reproductive justice

Affordable housing shortage

Organizing around women's right to choose

Lack of affordable housing

Unsustainable agricultural practices

Lead free housing

Incarceration

Police reform

Media   Lack of gun regulation

Separation from carceral systems (lack of)

Climate change increasing certain health (toxic algae, exposure to environmental toxins, fungus, pathogens)

Transportation

Misinformation

Adverse childhood events

Access to education

Technology inequity

Integrated health practices

Clean air

Community needs to be more walkable/mobility friendly

Education opportunity

Midstream (Social Drivers of Health - SDOH)

Not enough community-based case management

Universal language access – language acquisition opportunities for all Deaf and hard of hearing children across WA, regardless of language modality

Pollution

Emancipatory research & evaluation methods

Health information access

Clean water from taps

Unmet data needs

Weight stigma

Lack of health education for all communities

Heat-related illness

Trauma informed workplace

Healthcare worker shortage

Chronic disease prevention

Access to reproductive health services

Culturally and linguistically appropriate mental health

We need more access to preventative health through educating leaders in communities without barriers (additional educating community groups)

More scholarships for people of color and change systemic bias when accepting new students

Access to affordable childcare

Maternal health access in rural areas

Underinsured health coverage/need single payer

Accessing & establishing primary care

Access to immunizations

Whole food access

Homelessness

Stigma against people who use drugs & unhoused

Isolation   Occupational injury   Nutritious food

Grocery costs

Lack of support services for homeless

Cost of living

Public health in schools

Lack of opioid regulation, Narcan education

Lack of options in rural healthcare

Access to mental health treatment

Free healthy meals in K-12 schools

Access to substance use treatment

Lack of free behavioral health services

Homeless elderly folks & veterans

Food insecurity (+ need for food justice + food sovereignty)

Child safety

Lack of recycling opportunities

Healthy eating active lifestyle

Overdose prevention & treatment

Mental health in rural areas

Incarceration health harms/human rights abuses in WA carceral facilities

Hunger

Kindergarteners not ready to learn

Lead poisoning

Kids' access to drugs & alcohol

Clean needles/ needle exchange

Mental health crisis post-pandemic

Suicide

Respite homes for children with severe disabilities

No daycare for children with disabilities

Preventable deaths; complications of diabetes & cardiovascular disease

Drug user health   Overdoses

Downstream (Health Outcomes)

Cancer, diabetes, and cardiovascular inequities in WA are rising among other states