

Health Disparity and Equity Technical Advisory Committee

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Kentucky Public Health
Prevent. Promote. Protect.

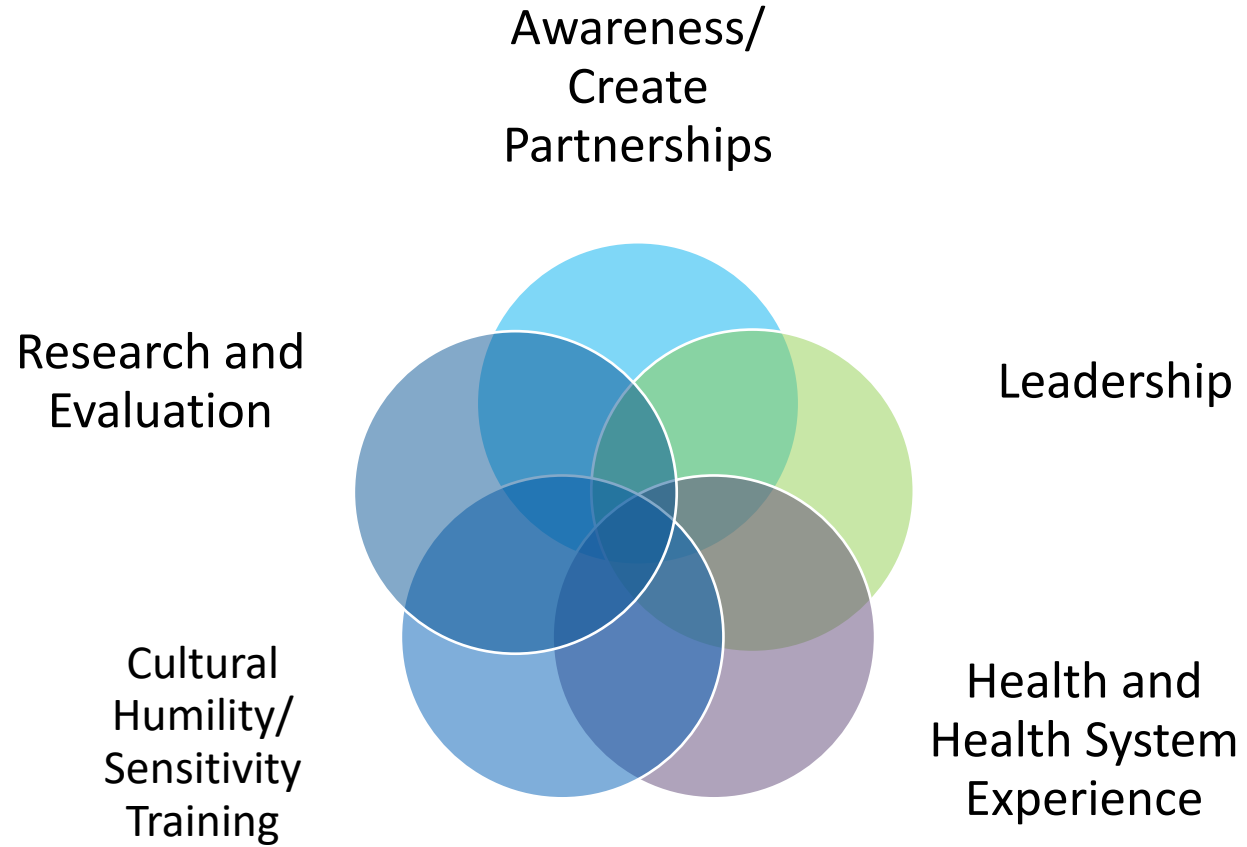


TEAM 
KENTUCKY[®]
CABINET FOR HEALTH
AND FAMILY SERVICES

KY Office of Health Equity

- 🛡️ Established in Fall 2008
- 🛡️ Funded by the U.S. DHHS, Office of Minority Health and the KY Dept. for Public Health, REACH US, Cervical Cancer Free KY, and PHHSBG
- 🛡️ Overarching Goals:
 - To eliminate health disparities among racial and ethnic minorities, and rural and low income populations in the state of KY.
 - To promote health equity in the state of KY.

KY Office of Health Equity Goals and Strategies



Working Definitions

Health Disparity:

- 🛡️ A particular type of health difference between individuals or groups that is unfair because it is caused by social or economic disadvantage

Health Equity:

- 🛡️ When all people have “the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.”

Health Disparities

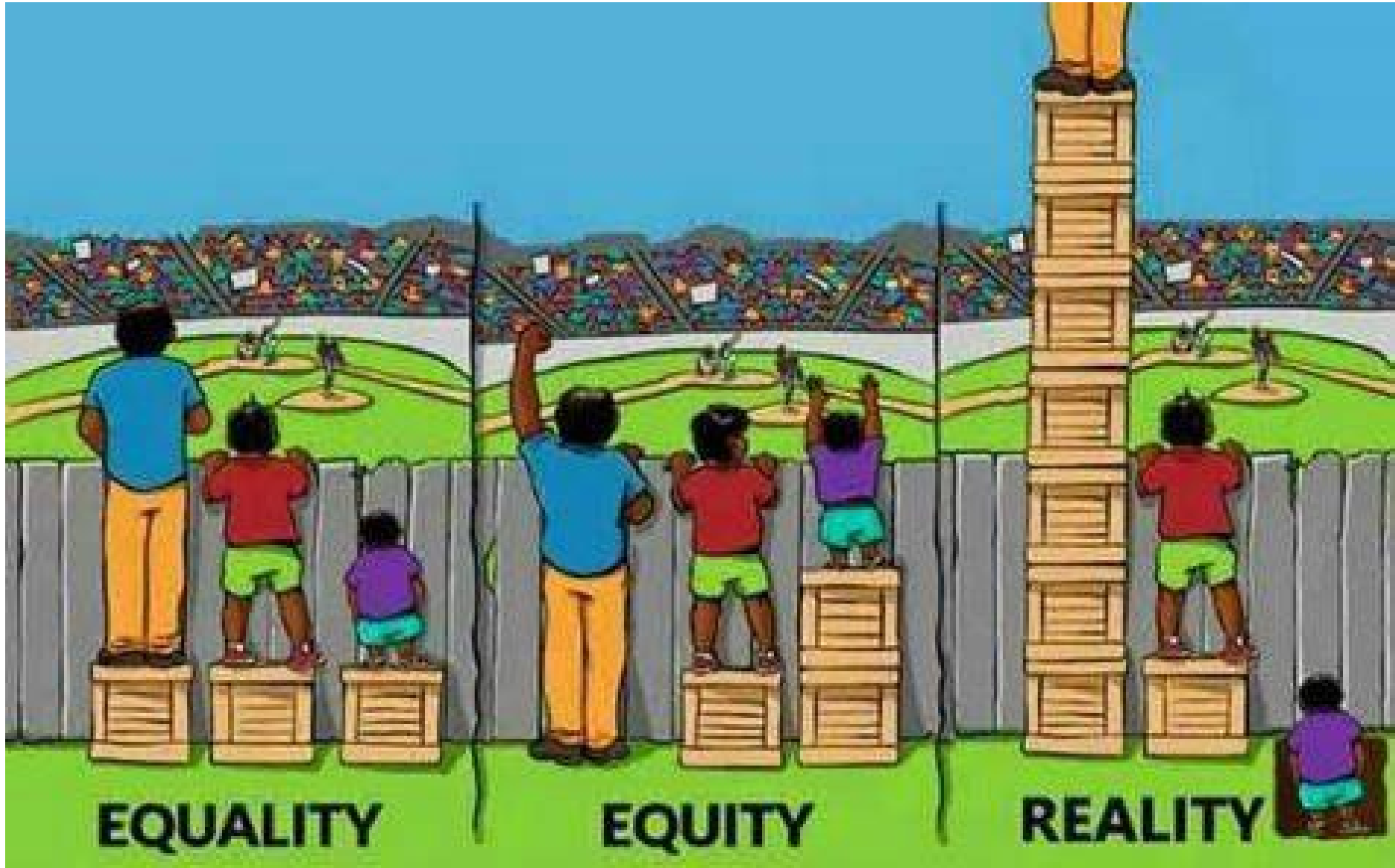
Disparate health outcomes have been linked to:

1. Cultural and linguistic barriers
2. Lack of relationship with primary care provider
3. Access
4. Finances
5. Fragmented delivery of services
6. Personal biases
7. Systemic

Health Equity

 Inequities exist across many dimensions:


- Race
- Income
- Gender
- Rural versus urban
- Education level
- Ethnicity
- Immigration status
- Sexual Orientation
- Social Connectedness



Achieving Health Equity

- 🛡️ Address SDOH through population-based interventions and more targeted methods focusing on the areas with the greatest unmet needs
- 🛡️ By advancing the understanding of the root causes of health inequities and their role in perpetuating health disparities.

Minority Health Status Data Report

 The MHSR is produced biennially in odd-numbered years in compliance with the KRS 216.2929(4). The report provides the most current data describing disparities that exist in the Commonwealth through multiple data sources, including the Kentucky Behavioral Risk Factor Survey (KyBRFS), the U.S. Census, the American Community Survey (ACS), and other measures of population health.



Data

- DEMOGRAPHICS
 - SOCIAL RISK FACTORS
 - HEALTH RISK FACTORS
 - HEALTH OUTCOMES
-
- <https://chfs.ky.gov/agencies/dph/oc/Pages/heb.aspx>

DATA

Demographics

- 86.7% of Kentucky identified as white. The next largest racial or ethnic group was Black Kentuckians at approximately 8% of the population.
- Most of the Black and Asian populations in Kentucky resided in Jefferson County and Fayette County. The counties with the highest number of Hispanic/Latino persons were Fayette, Boone, Christian, Hardin, Jefferson, Shelby, and Warren.

Social Risk factors

- In 2018, the prevalence of adults reporting at least one adverse childhood experience was 62.7%. In 2020, this rate was 65%.
- Black, American Indian/Alaska Native, and Hispanic Kentuckians were more likely to be home renters than homeowners.

Health Risk factors

- According to 2020 data, 45.37% of Black Kentuckians (non-Hispanic) were obese while 24.79% were overweight. These same figures for Hispanic Kentuckians were 47.53% and 36.00%, respectively; for white Kentuckians (non-Hispanic), they were 36.54% and 34.18%, respectively.
- In 2019, 35.1% of adults in Kentucky had any disability (cognitive, mobility, vision, self-care, or independent living disability) compared with 26.7% in United States and its territories.

Health Outcomes

- According to 2020 data, 26.25% of Hispanic Kentuckians, 15.78% of Black Kentuckians, and 12.95% of white Kentuckians had been told by a doctor that they have diabetes.
- The Kentucky Cancer Registry's data for 2018 indicate that incidence rates for all invasive cancers for white Kentuckians are 489.7 cases per every 100,000 people. The incidence rate for Black Kentuckians is 469 cases per every 100,000 people.



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HEALTH EQUITY MOVING FORWARD

- Using a health equity lens to describe differences in health care access and in health outcomes.
- Health equity is not preferential treatment, nor is it reverse racism. Health equity is not a plan to target particular groups and move them to the front of the line by cutting in front of others.
- Rather, the goal of health equity is to ensure that there is no line because everyone deserves the opportunity to be healthy.

Improving laws and policies that shape community conditions



UPSTREAM

Social and Institutional Inequalities

Racism, discrimination, classism, poverty, ableism, sexism

Addressing individuals' social needs



MIDSTREAM

Living Conditions

Housing, transportation, violence, access to good jobs and education, exposure to toxins, income

Addressing health outcomes



DOWNSTREAM

Poor nutrition, chronic disease, communicable disease, toxic stress, infant mortality,

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Summary

🛡️ To address health disparities and avoid perpetuating these inequities, the Commonwealth must come together to address the root causes of health disparities and inequities.

🛡️ Unjust circumstances – whether based on race, gender, income, ethnicity, or other social conditions – need to be eliminated. Everyone deserves the best health possible regardless of zip code.