Like

Health Equity Initiative
JOIN THE MOVEMENT

Summer 2017
News, Resources, & Upcoming Events
www.healthequityinitiative.org

Newsletter Contents:

Join the Movement for Health Equity Today!

- Do you believe that there is more to health than *healthcare?* Do you want to ensure a healthy future for our children, grandchildren, and loved ones? Do you want to connect with a globally-engaged, multisectoral community pursuing health justice?

Join our fast growing movement that has already reached 2,500,000+ people via HEI media and community outreach efforts, resources, events and programs. Our community is made of nearly 200 dues-paying members and 12,000+ subscribers and followers.

Both individuals and organizations can benefit from being a part of the HEI community. As a member, you will:

- Gain access to special rates on great resources and educational opportunities by HEI and its partners, including HEI partnership summit
- Participate in HEI member-only special events, workshops, and webinars
- Hone new skills by joining our member committees, who work to develop

activities and resources for our membership and the public, and frame the public conversation about health equity

- Build your network and get professional or community support as you work on advancing health equity in your profession and communities

Don't wait! Join the fastest growing social movement for health equity! You can also get involved by spreading the word about this crucial issue! Our resources on health equity can help you start a conversation with your family, co-workers, and friends on why ***the time for health equity is now.***

The Future of Medicaid: What's at Stake?

by Lenore Cooney

Will the future bring the effective end of Medicaid - the government insurance program introduced over 50 years ago for persons of all ages whose income and resources are insufficient to pay for health care? With Congress at sea over the repeal of the Affordable Care Act, Medicaid's fate is far from certain.

Some 75 million Americans receive health care through Medicaid - seniors needing long-term care, children, pregnant women, people with disabilities.

The proposal to eviscerate Medicaid will upend the entitlement program, which would result in fewer people served and a much-diminished range of services.

Medicaid is a means-tested, needs-based program funded jointly by the federal and state government, with the federal government paying 60% of the cost of care, the state paying the balance. There is no cap on the dollar amount the federal government will pay in matching funds.

Under Obamacare, the states could expand their Medicaid programs, with federal funding for all or most of the cost of eligibility expansion. To date, 31 states and the District of Columbia elected to expand, adding more than 10 million individuals to the Medicaid rolls, one-third of them children.

The Senate billwould roll back Medicaid expansion, and slash federal funding for it by $834 million over the next 10 years. The states a per capita amount per enrollee - a cap pegged to 2016 spending without regard to health care cost inflation. States trying to shoulder the extra costs would face economic upheaval, as would American families and individuals.

Who Is At Risk

The Congressional Budget Office estimates proposed cuts would eliminate coverage for

14 million people over the next 10 years. While every eligible category is vulnerable, likely targets include costly long-term care for the elderly and disabled.

- **Low- and Middle- Income Seniors Needing Long-Term Care**

Seniors are just 9% of Medicaid enrollment, but account for 21% of spending.

Nursing Home Residents - Medicaid covers nearly 2/3 of the 1.4 million elderly in nursing homes

Home care for the elderly - Many seniors are able to remain in their own homes with assistance in meeting daily needs. Medicaid pays for services like personal care, homemaker services and family/caregiver support (33)

- **People with Disabilities**

At just 15% of enrollees, the disabled account for 42% of Medicaid spending.

Medicaid is the primary source of funding for services that allow people with disabilities to stay in their own homes and have access to community life. Lost services would force people with disabilities into more costly forms of long-term care for needs that may last a lifetime.

- **Children**

36 million children - roughly HALF of all US children -- receive health care, through Medicaid and the related Children's Health Insurance Program (CHIP). Similarly, half of all Medicaid enrollees are children

- **Pregnant women**

Medicaid covers nearly HALF of all US births, and 75% of births of poor children

- **Adult Medicaid Recipients**

In 2017, 60% of all adults on Medicaid were employed; 80% were part of working families with incomes too low to afford health insurance. In addition, it is estimated that some 1.75 million low-income and disabled US military veterans will lose coverage with federal budget reduction .

The Social and Implications of Lost Medicaid Coverage

- Loss of funding for community and home-based services means greater need for institutional care. Some 14 states and the District of Columbia have no public institutions at all to care for the disabled. An aging population and an epidemic of dementia will intensify the need for institutionalization.

The cost differential: the average cost for institutional care is approximately $265,000 per year vs. about $43,000 for community-based services .

- More people will be forced to go the Emergency Room for medical treatment,

which is both costly and inadequate for the management of chronic diseases.

- If hospitals have to treat the indigent without compensation, they may be forced to close -- a particular problem for hospitals, both urban and rural, that serve high poverty populations. In rural areas already suffering a lack of medical services, the result could mean a community health crisis.

The news on Medicaid may get even worse. The President's budget proposal calls for an additional$610 billion in cuts to Medicaid. If enacted, states will be forced to raise taxes on the middle class, make drastic cuts to vital public services such as education, or abandon care for their low-come and disabled citizens.

Lenore Cooney is a member of the Board of Health Equity Inititiative. She has spent her career in health communication, in areas related to policy, practice and public health.

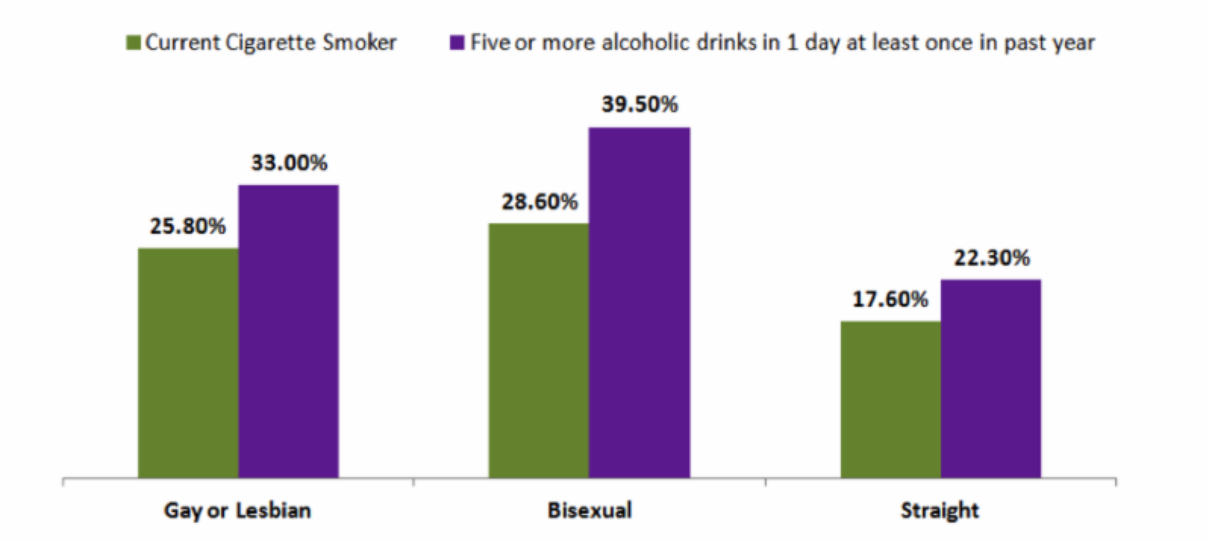
Revisiting Gender and Health Equity - Fighting an Old Battle in the New Age!

By Upal Basu Roy

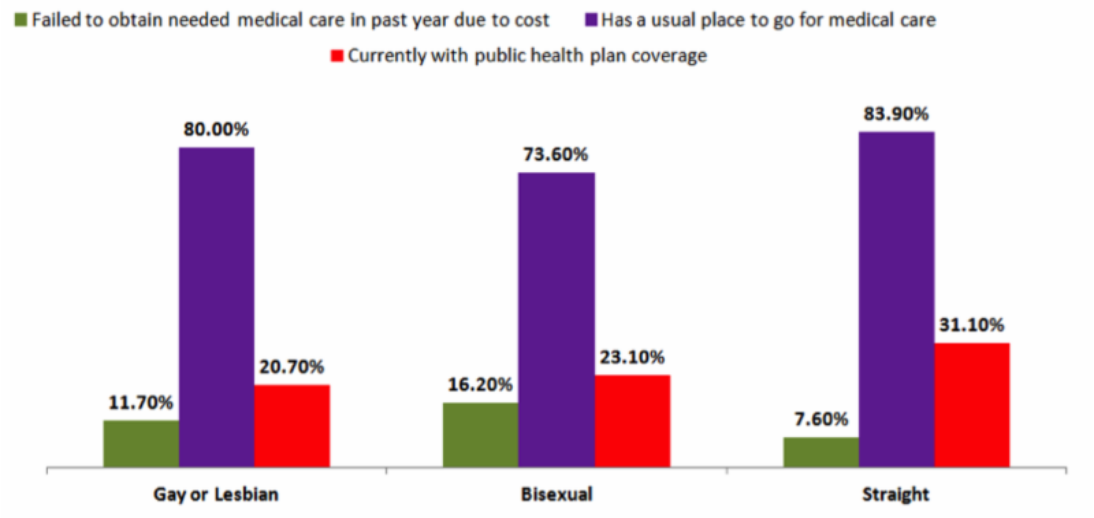
"After I mentioned that my husband would be visiting me, the staff, who had been very friendly, turned very cold- and I saw a lot less of them, even when I really needed help." 1*

This quote, from a gay man hospitalized with a lung condition, may seem incongruous, given the growing public and institutional support for LGBTQ rights movements in the last decade. In June 2013, many celebrated the overturning of Section 3 of the Defense of Marriage Act , President Obama declaring it "a deprivation of the liberty of the person protected by the Fifth Amendment". This monumental decision allowed members of the LGBTQ community to marry and afforded them many of the same legal rights as heterosexual couples. But despite the forward progress in this and other LGBTQ issues, several health indicators continue to lag behind those of straight people. In 2012 the Healthy People 2020 initiative acknowledged the LGBTQ community as an at-risk group for health inequities.2 Health care and public health professionals face the challenge of addressing both LGBTQ health disparities and the specific and often understudied problems that face subgroups defined by sexual orientation/gender identity, race/ethnicity, age, and ability.

The 2013 National Health Interview Survey conducted by the Centers for Disease Control and Prevention found that queer adults (ages 18 and older) were more likely to engage in unhealthy behavior.3



In addition, they were less likely to access healthcare. 3



Health inequity in the LGBTQ gets more complex when layered with other social determinants of health such as race and ethnicity. For example, according to a 2009 survey:4

- LGBTQ Latino adults are least likely of all racial/ethnic groups to have any form of health insurance;
- LGBTQ African-American women are least likely to have had a mammogram in the past two years; and
- LGBTQ Asian or Pacific Islander adults are most likely to experience psychological distress

How can we develop a roadmap towards integrating LGBTQ needs into the health equity model?

1. **Acknowledging heterogeneity and intersectionality within the LGBTQ**

community: As public health professionals, we need to realize that the LGBTQ needs are nuanced and variegated: the health needs of a trans woman of color will differ from those of a white lesbian woman. I call it degrees of separation - most queer health-related interventions focus on gay white men while often neglecting needs of LGBTQ people of color. Furthermore, we often confuse gender, sex, and sexual orientation when addressing health needs of the LGBTQ community.5 The fact that these three constructs are highly intersectional - a transwoman born as a man and attracted to women will have health needs that are different from a bisexual woman of color.

2. **Adopting LGBTQ-specific data collection in public health surveys:** to understand the heterogeneous and intersectional characteristics of the LGBTQ community, it is important to have appropriate psychometric constructs to capture LGBTQ health data when conducting large-scale public health surveys. Aggregated data does not adequately capture the unique health needs of different LGBTQ communities and therefore are not reliable in the development of LGBTQ-focused health programs. The Healthy People 2020 initiative recommends using survey instruments such as the Behavioral Risk Factor Surveillance System (BRFSS). 2
3. **Developing appropriate medical school curriculum:** In a recent healthcare equality index (HEI) survey by the Human Rights Campaign that included 590 hospitals and healthcare facilities in the US, about half (48%) of the HEI participants who reviewed their clinical services identified possible LGBTQ-related gaps.1 This statistic reiterates the importance of introducing LGBTQ-specific curricula in medical, nursing, and allied health professional training programs - about health needs as well as addressing social determinants of health such as poverty, stigma, and racism. The Institute of Medicine, Healthy People 2020, and the Agency for Healthcare Research and Quality have all highlighted this gap. 6

Footnotes:

1. HRC. Healthcare Equality Index 2017 - Celebrating a Decade of Promoting Equitable and Inclusive Care for Lesbian, Gay, Bisexual, Transgender and Queer Patients and Their Families. 2017; http://hrc-assets.s3-website-us-east-1.amazonaws.com//files/assets/resources/HEI_2017_FINAL.pdf. Accessed August 5, 2017.
2. DHHS. Healthy People 2020 Health People 2020 2012; https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health. Accessed August 6, 2017.
3. Ward B, James M. Dahlhamer, Adena M. Galinsky, and Sarah S. Joestl. Sexual Orientation and Health Among U.S. Adults: National Health Interview Survey, 2013 July 15, 2014 2014;77.
4. Krehely J. How to Close the LGBT Health Disparities Gap: Disparities by Race and Ethnicity. 2009; https://cdn.americanprogress.org/wp-content/uploads/issues/2009/12/pdf/lgbt_health_disparities_race.pdf. Accessed August 6, 2017.
5. APA. Definitions Related to Sexual Orientation and Gender Diversity in APA Documents. 2015; https://www.apa.org/pi/lgbt/resources/sexuality-definitions.pdf. Accessed August 5, 2017.
6. Lim FA, Brown DV, Jr., Justin Kim SM. Addressing health care disparities in the lesbian, gay, bisexual, and transgender population: a review of best practices. The American journal of nursing. Jun 2014;114(6):24-34; quiz 35, 45.

*Adapted from Reference 1

Dr. Upal Basu Roy is a member of the Board of Directors of Health Equity Initiative, and serves as the organization's co-Vice President. He is the Director of Research at LUNGevity Foundation, and identifies as a cis-gendered gay man of color.

HEI Summit 2018 - Save the Date!

Save the date for HEI 2018 Summit, *Engaging New Allies in the Health Equity Movement: A Partnership Summit*, February 23, 2018, in New York City, c/o the Schomburg Center for Research in Black Culture, a branch of the NYC Public Library.

For a copy of our 2016 Summit Report, click here.

Upcoming HEI Events

Webinar Series

Our three-part webinar series, in partnership with Gehl Institute, and with the generous support of the Robert Wood Johnson Foundation, focuses on the concept that place matters -- that the physical environment can protect against or exacerbate health inequities.

The first two webinars in the series, *How to See Health + Space: Urban Design for Non-Designers,* and *Improving the Physical Environment to Advance Health Equity: Case Studies on Community Engagement,* helped participants see their surroundings and their relationship to health with new eyes.

Look out for the final webinar of the series, *Strategies for Urban Designers to Engage Local Communities,* on September 13, 2017 from 1-2 PM. Additional details to follow soon.

Global Health Networking Event

Health Equity Initiative is partnering with the Albert Einstein College of Medicine, the Graduate Program in Public Health at the Icahn School of Medicine at Mount Sinai,

and other leading institutions for the second biannual **global health networking event on Nov. 11, 2017.** The event is intended for graduate students in the New York City area. Save the date! Details to follow soon!

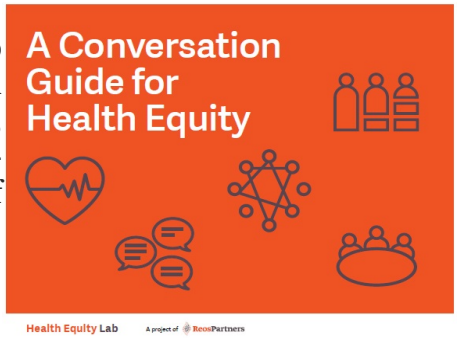
Resources

What is Health Equity? And What Difference Does a Definition Make?

In May 2017, the Robert Wood Johnson Foundation released their report, ***What is Health Equity?*** In the report, the authors identified the four necessary steps to achieving health equity: identifying health disparities; changing and implementing systems, policies, laws, environments, and practices to reduce inequities in the opportunities and resources needed to be healthier; evaluating and monitoring efforts via short- and long-term measures; and actively engaging marginalized communities in the evaluation and implementation of measures.

Read the full report here

Resources: The Reos Partners Conversation Guide



The Reos Partners conversation guide provides tools to foster conversations between people engaged in medicine, business, nonprofit work, education, government, finance, entertainment, technology, faith-based initiatives , and media - to advance the cause of health equity.

Read about the guide here

Resources: "Pursuing Health Equity" in the June issue of *Health Affairs*

The June 2017 ***Health Affairs*** examines the issue of health equity through two lenses: systemic access to health care, and the social determinants of health. This issue addresses the catastrophic state of health and health care disparities existing in the United States, identifies possible actions to combat these inequalities, and provides case studies demonstrating instances of health inequity.

To learn more about this issue, it can be accessed through the Health Affairs website.

Resources: The United Nations Calls for an End to Discrimination in Health Care

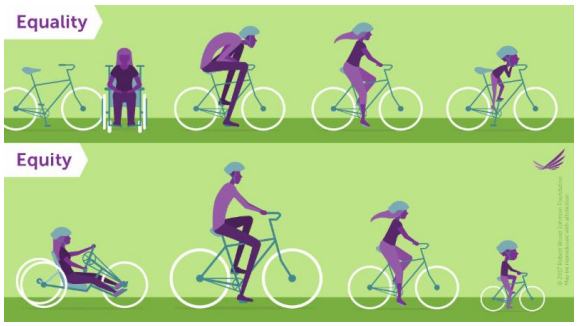
The United Nations released a statement in late June committing to an end to discrimination in health care settings. In recognition of health inequity as a major barrier to the goals of the 2030 agenda for Sustainable Development, an end to discrimination in health care would help to achieve many of the goals of the 2030 agenda, including achieving universal health care coverage, gender equality and women's empowerment, and peace, justice, and strong institutions.

Read the full statement on the WHO website

Resources: RWJF Achieving Health Equity Toolkit

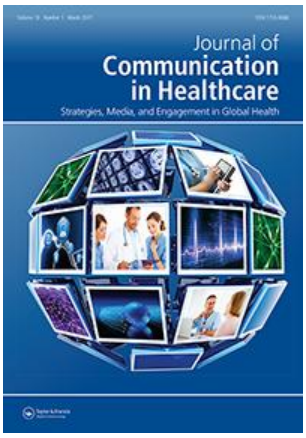
The **RWJF Achieving Health Equity Toolkit** is a resource on RWJF.org. featuring a definition for health equity, and graphics, examples from communities, evidence, action steps (a "what you can do" section) and opportunities to "share your story".

Read the full toolkit here



Turning Clinicians into Community Leaders -

Perspectives from a Recent Trip in Cuba and Beyond.



This editorial by Health Equity Initiative's own **Dr. Renata Schiavo,** who serves as Founding President, Board of Directors, Health Equity Initiative, was published in the July issue of the *Journal of Communication in Healthcare: Strategies, Media, and Engagement in Global Health*. The editorial explores Dr. Schiavo's personal and professional experiences from a recent trip to Cuba and beyond as well as strategies to engage clinicians, a very important group in the movement for health equity, in community leadership and mobilization.

Read the full editorial here!

Ref: Schiavo, R. (2017) Turning clinicians into community leaders: perspectives from a recent trip in Cuba and beyond, Journal of Communication in Healthcare: Strategies, Media and Engagement in Global Health, 10:2, 61-63, DOI: 10.1080/17538068.2017.1344808

Discounted Peer-Reviewed Publications

Did you check yet the special subscription rates to leading publications by Taylor & Francis that are available to all HEI members? Stay abreast of new thinking, data, and case studies in your field at a special discounted rate! HEI membership benefits include special member-only subscription rates to 6 different peer-reviewed publications that focus on different health equity-related disciplines and sectors! Please check our website for additional information.

International Journal of Healthcare Management

International Journal of Occupational and Environmental Health

Journal of Communication in Healthcare

Journal of ORGANISATIONAL TRANSFORMATION & SOCIAL CHANGE | Journal of Social Distress and the Homeless | Pathogens and Global Health

Become a Partner!

Sponsoring Health Equity Initiative is an opportunity for your organization to expand its range! Our community is diverse and committed to working across sectors. We reach 12,000+ subscribers/followers via our mailing list and social media. Basic sponsorship benefits include free organizational membership, your logo on our website and newsletter, three complementary individual memberships to donate to your partners and clients, and the opportunity to offer an online or in-person workshop. We customize sponsorship opportunities to meet the needs of our partners. For a list of current, past, and/or project specific sponsors and partners, click here.

Click here to learn more and become a partner today!

Give a gift that gives back!

Give back to Health Equity Initiative at no extra cost to you by shopping for yourself, family, and friends on Amazon via Fundinco or Amazon Smile! Support HEI's efforts to bridge silos and build ONE community for health equity!

- **Shop on Amazon via** Fundinco - 3% of your purchase amount will be donated to Health Equity Initiative
- **Shop on Amazon via** Amazon Smile - 0.5% of the price of your eligible purchase will be donated to Health Equity Initiative

For other opportunities to support Health Equity Initiative's work, visit our donate page!

About Health Equity Initiative

Health Equity Initiative (HEI) is a member-driven nonprofit membership organization dedicated to building and sustaining a global community that engages across sectors and disciplines to advance health equity! Join us!

Bridging Silos, Building ONE

Community for Health Equity!

www.healthequityinitiative.org

Health Equity Initiative is a federally recognized 501(c)3 nonprofit organization.