TAKING ACTION TO ELIMINATE HEALTH INEQUITIES IN BOSTON

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Boston is a diverse city

Boston’s Population in 2000, By Race/ Ethnicity

- White: 49.5%
- Black: 23.8%
- Latino: 14.4%
- Two or More: 3.1%
- Other*: 1.7%
- Asian: 7.5%

Place of Origin Boston Residents

- U.S.: 73.9%
- Asia: 6.2%
- Caribbean: 7.3%
- Europe: 5.0%
- Latin America: 4.8%
- Other: 0.6%

Source: U.S. Department of Commerce, Census 2000
The Experience of Racism & Discrimination

Boston Adults Who Report Having Been Treated Worse Than People of Other Races At Work During the Previous Year, By Race/Ethnicity

Note: Data about Asian residents not shown due to inadequate sample size
SOURCE: Behavioral Risk Factor Surveillance System, Massachusetts Department of Public Health and Boston Public Health Commission
Asthma Mortality Rates

SOURCES: Boston resident deaths, Massachusetts Department of Public Health Census 2000, U.S. Department of Commerce
Breast Cancer Mortality


Deaths per 100,000 population

- Asian: 20.4
- Black: 33.6
- Latino: 9.6
- White: 29.6

Source: Boston resident deaths, Massachusetts Department of Public Health (2001-2002)
Data Analysis: Boston Public Health Commission, Research Office
Diabetes Mortality
(Immediate or Underlying Cause of Death)

SOURCEs: Boston resident deaths, Massachusetts Department of Public Health; Census 2000, U.S. Department of Commerce
Infant Mortality by Race/Ethnicity, 1995-2007

NOTE: Rates are not presented for Asians for 1995-2007 and Whites in 2004 due to the small number of infant deaths.

DATA SOURCE: Boston resident deaths and live births, Massachusetts Department of Public Health
DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office
Areas of Elevated Blood Lead Levels
Based on 2000 U.S. Census data, about 92% of Boston’s Black population live in 7 of the 17 neighborhoods, including:

- Roxbury
- Dorchester
- Hyde Park
- Mattapan
- Jamaica Plain
- Roslindale
- and the South End
BPHC Health Equity Framework

Racism → Education
Racism → Job Opportunity
Racism → Socioeconomic Status
Racism → Environmental Exposure
Racism → Health Behaviors
Racism → Access to Health Services
Racism → Safe and Affordable Housing
Racism → Community Violence

Health Outcomes
Institutional Framework for Promoting Health Equity

- **Give Voice**
  - Use an empowerment model

- **Build Partnerships and Collaborations**
  - Abandon silos

- **Work Upstream**
  - Focus on regulations and policies
Giving Voice: Building Neighborhood Capacity

Opportunity for residents and local agencies to work together to build a safe and vibrant neighborhood by ensuring the provision of city services, supporting civic engagement, and ensuring accountability.

Goals:
- Define a neighborhood vision
- Build relationships
- Construct solutions
- Create opportunities for civic engagement at all ages
PINK ISN’T THE ONLY COLOR ASSOCIATED WITH BREAST CANCER

www.pinkandblack.org

A message from Mayor Thomas M. Menino, the Boston Public Health Commission, and the Massachusetts Department of Public Health.

Photo: Philip Gross / Design: Boston Public Health Commission, Communications Department
Mayor Menino’s strategic plan

- Closing the Gap
- Decreasing Violent Crime
- Create New Jobs
- Increasing Services at Same or Lower Cost
- Increasing Housing Supply to Meet Workforce Demand
- Narrowing Racial and Ethnic Health Disparities
- Increasing Diversity in City Govt.
- Grow Revenue
Boston’s efforts to address racial and ethnic inequities in health

www.bphc.org/healthequity
Work Upstream: Boston Data Collection Regulation

- Passed by the Public Health Board in June 2006

- Requires all hospitals and community health centers to:
  - Collect race, ethnicity, preferred language and highest level of education
  - Report individual patient data to BPHC
  - Report on quality measures by race, ethnicity, language and education

- Creates a city-wide Health Equity Committee to review findings and address identified challenges
Center for Health Equity and Social Justice

CDC designated the Boston Public Health Commission as one of 18 national Centers of Excellence in the Elimination of Disparities

Place Matters Model: CEED and the Office of Health equity support 13 organizations and coalitions in Boston and across New England providing funding and TA
Building Partnerships: Supporting Community Organizations

- Chronic Disease
  - Bowdoin Street Health Center
  - Mattapan Food and Fitness Coalition
  - Sociedad Latina
  - The Food Project

- Workforce Diversity
  - American Red Cross
  - Boston University Goldman School of Dental Medicine
  - Youth & Family Enrichment Services, Inc.
  - Health Careers Academy

- Building Health Equity
  - Southern Jamaica Plain Community Health Center

Eliminating Racial and Ethnic Health Inequities in Boston
Refocus, Realign, Restructure

- Focus on policies that are good for health, not just health policies
- Fund efforts promoting community health
- Develop workforce capacity to create health equity
Lessons learned

- Consider both downstream and upstream approaches
- Aim for **sustainable** change in policy and practice
- Engage staff across the organization
- Identify stakeholders – both traditional and non-traditional partners
- Residents and community-based approaches **must be** included in defining the problems, and solutions.
Challenges

- Increasing public awareness of efforts
- Time required to develop community-based strategies not often supported by grants with short timelines
- Discussing race, all levels of racism and discrimination as a root cause of inequities in health
- Defining the evolving role public health and health education in “non-traditional” arenas
  - Public safety
  - Public education
  - Housing
  - Neighborhood development and investment
  - Food access