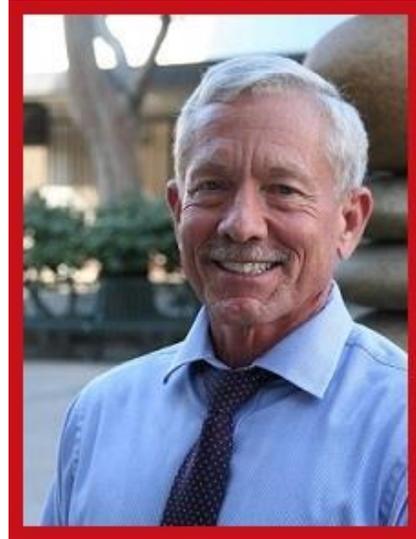


# To *Your* HEALTH *Fresno County*

Highlighting public health issues and ways to improve personal, family, neighborhood and community health



## **Health and Mental Health Inequities**

December 1, 2015

I would like to close the year with a story illustrating the tragic consequences of health and mental health inequities.

Differences in health and mental health status among distinct segments of the population, including differences that occur by gender, age, race or ethnicity, sexual orientation, gender identity, education, income, disability or functional impairment, or geographic location, or the combination of any of these factors are disparities. These disparities in health or mental health, or the factors that shape health, that are systemic and avoidable and, therefore, considered unjust or unfair are defined as health and mental health inequities.

Let us imagine two babies born on the same day in Fresno County with very similar genetic predisposition for intellectual, emotional, and physical capacities and similar family dynamics. The only real difference is the color of their skin and where they will grow up.

Let's imagine that one of these children – more likely to be African American or Hispanic – is born to, grows in, learns in, plays in, works and worships in, and ages in a census tract where the air quality is poor, exposure to environmental toxins is unchecked, median household income is \$24,500, fathers are absent in 26% of households, 33% of people 18 to 24 have less than a high school education, 25% of households have no automobile, investment in physical activity opportunities is 30%, and unemployment is 21%.

The second child – more likely to be Caucasian – is born to, grows in, learns in, plays in, works and worships in, and ages in a census tract where the air quality is somewhat less poor, environmental toxins are fairly well regulated, median household income is \$122,500, fathers are absent in only 4.4% of households, only 24% of people 18 to 24 have less than a high school education, only 0.6% of households have no automobile, investment in physical activity opportunities is 70 %, and unemployment is 11.5%.

At age 40 I can assure you that the baby raised in the first census tract will have significantly poorer physical and mental health and, thus, lower quality of life. I know this because when comparing these two census tracts the first is in the highest 25% of the state's census tracts in three significant markers for poor community health (years of potential life lost, mortality from chronic disease, and preterm birth rate). The other census tract is not in the highest 25% of any of these markers.

**What has set the stage for the gaping differences in health and well-being status between these two babies?**

Baby one begins life on formula milk rather than breast milk due to cultural influences, lack of sufficient encouragement from a hurried and culturally inappropriate provider, and obstacles presented by the mother's employment. The result is significantly more early childhood infections.

Because of the fatigue and stress both mother and father experience from struggling to make ends meet, and the lower educational level both parents have achieved, baby one is talked to, read to, and sung to less. The result of this is significant intellectual development discrepancies between baby one and baby two that persist to school entry and beyond.

Baby one is exposed to lead from the peeling paint in one of the pre-1978 homes she lives in as an infant and toddler, and the damage to intellect and behavior patterns is already done before screening detects the exposure.

Even though baby one has medical coverage, difficulties with transportation, child care, and time off from employment limit visits to a consistent medical provider for routine developmental checks and optimal preventive medical interventions.

The poorer air quality in baby one's census tract from nearby industry and heavily trafficked freeways contribute to her asthma. This will substantially affect her school attendance.

Again, because of transportation problems, as well as lack of parental awareness of available programs, baby one does not receive the benefit of quality preschool, setting her even further behind in intellectual development.

As baby one grows we find that lack of easy access to affordable healthful food and beverages and lack of access to safe, attractive, functional areas for physical activity lead to early obesity, setting the stage for her future diabetes and early onset of cardiovascular disease.

Continued insufficient utilization of health care providers for preventive interventions results in lost opportunities for improving baby one's asthma, obesity, and prediabetes.

Baby one enters kindergarten in poor health and well behind in intellectual development. The realization that she's not meeting academic expectations and doesn't know how to improve; the experience of subtle, and sometimes overt, discrimination; and the lack of positive attention from economically overwhelmed parents leads to chronic stress that will have profound physiological effects later in life and clinical depression in her adolescent years.

No one in baby one's overburdened school system detects the desperation and she vanishes unnoticed from school.

At age 40, baby one has a high risk for having been incarcerated more than once, self-medicating with alcohol and methamphetamine, being homeless and surviving by selling her body. She may have several children in foster care and have just delivered another child, extremely premature and with congenital syphilis. She is at risk for being diabetic and suffering from COPD. She is also, quite possibly, just a few years away from the cardiac event that will kill her.

Baby two faced none of these obstacles in the affluent census tract where she was born, grew, learned, played, worked, worshipped, and aged. At age 40 she is a college professor with two thriving children. She is in robust health, and enjoying every aspect of her life.

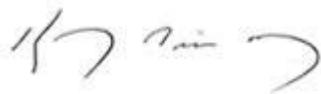
I know people who believe that health and mental health inequities and disparities are not a public health concern. My understanding from them is that generally stimulating the economy, further advancing medical diagnostics and therapies, and possibly extending health coverage to everyone will address the whole public health crisis.

This so called "rising water floats all boats" philosophy is sound only if the water rises in **ALL** the channels of the waterway, and then, only if there are no broken or anchored boats. Boats with holes in them will not float no matter how high the water rises. Boats anchored in cycles of poverty will be held down below the waterline. Worse, boats with broken or missing rudders will float about aimlessly endangering themselves and others.

In August of this year the California Department of Public Health released its [Portrait of Promise](#) outlining the Office of Health Equity plan to promote health and mental health equity. I strongly encourage you to read the document and to join the collective impact initiatives springing up all over Fresno County to begin to truly address those Social Determinants of Health (the complex interplay of environmental conditions and socioeconomic factors) that determine 50% of our health and well-being.

I welcome you to learn more about this work through the Fresno Community Health Improvement Partnership at [www.fcdph.org/ToYourHealth](http://www.fcdph.org/ToYourHealth) .

Here's to your health!



Dr. Ken Bird, Fresno County Health Officer

[ToYourHealth@co.fresno.ca.us](mailto:ToYourHealth@co.fresno.ca.us)

Please join me on Facebook where I will keep the community informed on all Public Health issues and ways to improve personal, family, neighborhood and community health.

