Healthy Maine 2010: Opportunities for All

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Goals, objectives, major narrative points,
and health disparity issues chosen by
over 500 Priority Area Work Group Members
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TABLE OF CONTENTS

A CALL TO ACTION

The information contained in *Healthy Maine 2010: Opportunities for All* calls us to action.

We are called to assure that every Maine child – rich or poor, black or white, rural or urban – has the same opportunity for a healthy smile with a full set of teeth.

We are called to assure that disabled veterans have the same opportunity for accessing health care appointments as our other neighbors.

We are called to assure that our fellow students and co-workers – gay, lesbian, bisexual, transgender, or straight – have the same opportunity to be safe from injury.

We are called to assure that all our youth and young adults, regardless of parental income or ethnicity, have the same opportunity to live tobacco-free with a healthy diet and regular physical activity, and to have access to mental health services.

We are called to assure that all Maine people, regardless of age, disability status, gender, life situation, residence, race or ethnic background, sexual orientation, or socioeconomic status have the same opportunity to live longer and healthier lives.

If Maine people are to have an opportunity to live longer and healthier lives, we must focus our efforts not only on specific goals and objectives, but also on groups of people whose health status is poor relative to others. While the priority area chapters of *Healthy Maine 2010: Longer and Healthier Lives* answer the question "**what** are our priorities?", giving us a road map of priority area goals and objectives, *Healthy Maine 2010: Opportunities for All* answers the question "**who** are our priorities?", with a focus on those populations facing health disparities.

What are health disparities? Poor health status in our country is often associated with being a member of a population group whose definition has little to do with health per se. For instance, it is well documented that people in our country who are a member of a racial minority or who earn low wages suffer poorer health status, even though skin color and low wages do not themselves biologically or directly cause poor health. These inequalities in health status are also known as health disparities.

Although there are numerous factors that place us into a population group that can lead to health disparities, eight are focused on in *Healthy Maine 2010: Opportunities for All*: age, disability status, gender, life situation, residence (rural or urban), race and ethnicity, sexual orientation, and socioeconomic status.

A Call To Action

Perhaps Carl Toney, P.A., Assistant Professor at University of New England in Biddeford, articulated Maine's challenge to addressing minority health issues best when he said, *"The issues of cultural diversity are complex, and to some threatening. In the absence of accurate, appropriate, and comprehensive racial and ethnic data, Maine is like a great ship – taking on an unknown number of passengers, heading into unchartered waters, for a destination undetermined. If we make a sincere effort, use the proper tools as provided by the right data, we can assure the safety of both the ship, and most importantly, its passengers."* What Professor Toney says about racial and ethnic data is also true for all factors that result in health disparities – until we have the proper tools, we cannot assure the health of all Maine people.

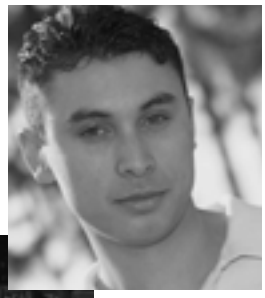
Each factor is addressed in a separate chapter. It is important to note that these factors overlap a great deal, especially socioeconomic status with most other factors. For instance, children, people with disabilities, women, racial and ethnic minorities, and residents of rural areas are all more likely to live in poverty. However, even when correcting for the effect socioeconomic status has on health, these other factors have been shown to impact health status.

Lack of pertinent data and resources do not permit a thorough analysis of each of these factors and their separate impact on health status in Maine at this time. However, it is desired that *Healthy Maine 2010: Opportunities for All* raise awareness of these issues and be a catalyst for change:

- **a catalyst to help us understand and address the challenges we face in measuring the impact these factors have on the health of Maine people;**
- **a catalyst to help us more effectively identify priority populations, not just in terms of a geographic area we serve, but also in terms of population groups that face inequities in health;**
- **a catalyst to help us utilize our health resources more effectively to reach out to those with poorer health status;**
- **a catalyst to help us evaluate our public health interventions and, as a result, shift our efforts appropriately; and most importantly,**
- **a catalyst to help us assure that all Maine people have an opportunity to live longer and healthier lives.**

We are called to ensure that all interventions having an impact on health, have an impact on reducing inequalities in health.

Why is this call to action important?



First, we need to identify populations that face health inequalities in order for our resources to be used as efficiently as possible. Just as a company selling cars buys commercial television time on shows watched by people who may be buying cars and not on children's shows, our public health efforts, in order to be most efficient, need to be focused on those in greatest need. Although a number of dedicated public health and other professionals have tried to reach out to populations facing disparities in Maine, we have few mechanisms to measure our effectiveness in addressing these health inequalities.

Second, health status goals and objectives cannot be met unless we address inequalities in health. For instance, we cannot substantially lower our tobacco addiction rates unless we effectively focus on the populations with the highest rates – people living with low wages, young adults, and Native Americans.

Third, inequalities in health status lower the health status of others. For instance, children with poor access to water fluoridation and school-based dental sealant programs in rural areas of the State will utilize a bigger proportion of dwindling dental resources as adults, thereby affecting everyone's access and dental health. Higher and increasing rates of HIV among some sub-populations (such as some racial or sexual orientation minorities) mean that even majority populations face a greater chance of contracting the infection.

"The gap between rich and poor widens when life expectancy is divided into years in good health and years of disability. In effect, the poor not only have shorter lives than the non-poor, a bigger part of their lifetime is surrendered to disability."

From The World Health Report 2000

Fourth, addressing these inequalities is the just course of action. Justice is better served if our public health system, like our public education system, is based in the belief that all children, regardless of disability status, gender, parents' occupation, place of residence, race and ethnicity sexual orientation, or parental income should have the same opportunities.

Addressing inequalities in health status also gives us exciting opportunities to learn more about each other – about our cultures, our histories, and our passions. Strategies that address health disparities also strengthen bonds between groups of people. If bonds are strengthened between rich and poor; black, brown, and white; veteran and non-veteran; gay and straight; Native American and non-Native, then aren't we all the better for it? Indeed, not only can more of us enjoy the opportunity of a longer and healthier life, but also Maine can become the richer for it.

How to Use *Healthy Maine 2010: Opportunities for All*

Each chapter in this book covers one of eight selected factors that commonly lead to health disparities: socioeconomic status, race and ethnicity, age, disability status, gender, life situation (with a focus on veteran status), geographical residence, and sexual orientation.

Each chapter has several sections:

- **"Nationally We Know" contains national information on the factor and its impact on health. The source for the health data contained in this section are from US Department of Health and Human Services' *Healthy People 2010* unless otherwise noted.**
- **"In Maine We Know" contains Maine-specific information on the factor, including current ways to identify populations that face disparities and this factor's impact on health status in Maine. Unless otherwise noted, health data contained in this section are from the Bureau of Health.**
- **"Challenges" contains a summary of challenges faced in Maine in measuring the impact the factor has on health status. This is not a section summarizing the challenges faced by specific populations, since this is partly covered by the first two sections.**
- **Because there is often a scarcity of health data measuring the impact these factors have on health, each chapter contains some perspectives from one or several State experts on the health issues of the specific populations covered.**

It should be noted that the information contained in this book on each factor is not comprehensive. Resources do not permit a comprehensive review at this time. However, it is hoped that enough information is contained here to be a catalyst for further discussion, engagement, and change.