

Building a Stronger, More Equitable Rhode Island

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All Rhode Islanders, all people, deserve an equal opportunity to harness their talents, share their gifts, and achieve their dreams, no matter their race, ethnicity, sexuality, gender, gender orientation, or level of education or income. One of the most effective ways to ensure this movement towards equity is to address the inequity of social and environmental factors that contribute to health disparities. We have made some gains in this area in our state and across the country, but our work is ongoing.

In Rhode Island, for example, men are at significantly greater risk of dying of drug overdose; non-high school graduates have a life expectancy seven years shorter than graduates; African Americans experience double the infant mortality of Caucasians; and more than half of Native American children (54%) live in poverty.

We should not accept these kinds of disparities, because together they represent a profound form of social injustice. And we should not accept these kinds of disparities because we don't have to accept them. Once we understand the importance to health of social and environmental factors, health disparities are preventable, if we work smarter, if we better organize our social capital, and if we seek new opportunities to promote health equity for all communities.

We can work smarter by incorporating continuous quality improvement into everything we do, and by engaging academia in major public health initiatives. To this end, the Rhode Island Department of Health (RIDOH) was an early adopter of the Lean Government Initiative, a continuous quality improvement program introduced by Gov. Gina M. Raimondo to eliminate waste and backlogs and to increase agency efficiency. We have also developed the RIDOH Academic Center and are entering into dynamic academic partnerships with colleges and universities throughout the state to enhance information sharing, teaching, public health research, and evaluation.

We can better organize our social capital by encouraging communities to define the health issues they experience, and then to assist these communities as they enact the responses they have designed. What does this look like? One example is RIDOH's Health Equity Zone (HEZ) Initiative, which provides communities with frameworks to achieve health equity by eliminating health disparities through place-based



strategies. Currently, RIDOH is supporting 10 statewide HEZs in their work to prevent chronic diseases, improve birth outcomes, and improve the social and environmental conditions of their neighborhoods. Each HEZ is led by a backbone organization that is coordinating with residents, municipal leaders, educators, law enforcement officials, business people, healthcare providers, people in public health, and many more.

We can seek new opportunities to promote health equity by stretching outside the limitations of federal or categorical funding so that we can diversify our capacity to

address public health issues in all their complexity. This is happening through the HEZ Initiative, as RIDOH has taken this "braided" approach of funding from several categorical sources to increase the collective impact of our public health work, such as increasing access to healthy food as a means to address diabetes risk, and improving the safety of neighborhood environments to increase the physical activity of residents.

Contributions

This special health equity section of the *Rhode Island Medical Journal* includes a number of articles that describe health disparities in Rhode Island, as well as approaches to mitigate those disparities.

Bertrand, Chan, Howe, *et al.* explore issues of disparate exposure to HIV, as well as access to HIV-related healthcare, in "**Health Equity, Social Justice, and HIV in Rhode Island: A Contemporary Challenge.**" Their paper focuses on the significantly higher risk of HIV burden among African Americans, Hispanics, and gay, bisexual, and other men who have sex with men.

Barkley, Julian, Viveiros, *et al.* explore the special vulnerabilities of young children, older adults, people with chronic conditions, and pregnant women to foodborne illnesses such as Listeriosis and Salmonellosis in "**Preventing Foodborne and Enteric Illnesses Among At-Risk Populations in the United States and Rhode Island.**" They also describe disparities in the risk of illnesses related to health characteristics and cultural preferences, such as higher-than-average consumption of fresh, Mexican-style soft cheese in Rhode Island's Hispanic communities.

In **“Statewide Assessment of Cost-Related Healthcare Access Barriers in Rhode Island,”** Moore, Long, Dexter, *et al.* explore health disparities related to insurance and access to healthcare. Their analysis reveals a correlation between the magnitude of co-payments and deductibles defined by one’s health insurance and the use of essential healthcare services.

An unfortunate paradox is illustrated in **“Diabetes and BMI: Health Equity through Early Intervention on Dysglycemia, and How Providers Can Help,”** by Dumont, Baker, George, and Sutton: the reduction of a serious health disparity as the health of all groups worsens.

Finally, King, Vanner, Leibovitz, and Smith describe the manifold ways in which Rhode Island’s State Health Laboratory supports the cause of health equity (**“The Role of the State Health Laboratories in Advancing Health Equity”**), and

Patriarca and Ausura (**“Introducing Rhode Island’s Health Equity Zones”**) introduce RIDOH’s HEZ initiative and provide background on this multi-year program to reduce health disparities and achieve health equity in Rhode Island.

At RIDOH, we look forward to continuing to partner with all communities in the state to address the disparities highlighted in these articles. Working together, we can achieve health equity and give everyone the chance to make it in Rhode Island.

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HEALTH EQUITY IN ACTION: JUSTICE AND HEALTH FOR ALL

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