



Practitioners at the Intersections of Health and Educational Disparities: Achieving Equity on Campus

Sarah Van Orman, MD, MMM, FACHA
Chief Health Officer, USC Student Health
Associate Vice Provost for Student Health

Clinical Professor of Family Medicine, Keck School of Medicine
Past President, American College Health Association



**The presenter has NO
actual or potential conflict
of interest in relation to
this educational activity or
presentation**



Definitions

- **Population health:** “The health outcomes of a group of individuals, including the distribution of such outcomes within the group*”
- **Social determinants of health:** “The circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.**”
- **Health equity:**, “Ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, no one should be disadvantaged from achieving this potential, if it can be avoided.”

*Defined in a 2003 article in the *American Journal of Public Health* by David Kindig, MD, PhD

**Defined by the World Health Organization (WHO) and Greg Stoddart, PhD,

***Professor Margaret Whitehead

Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016.



Definitions

- **Health disparity:** Differences in health outcomes between groups within a population, whether unjust or not.
- **Health inequity:** Differences in health outcomes that are systematic, avoidable, and unjust.
- **Health care disparity:** “Racial or ethnic differences in the quality of health care that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.”*

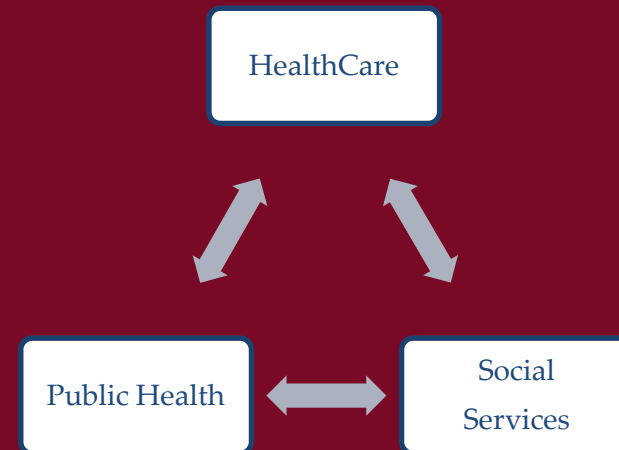
*Institute of Medicine

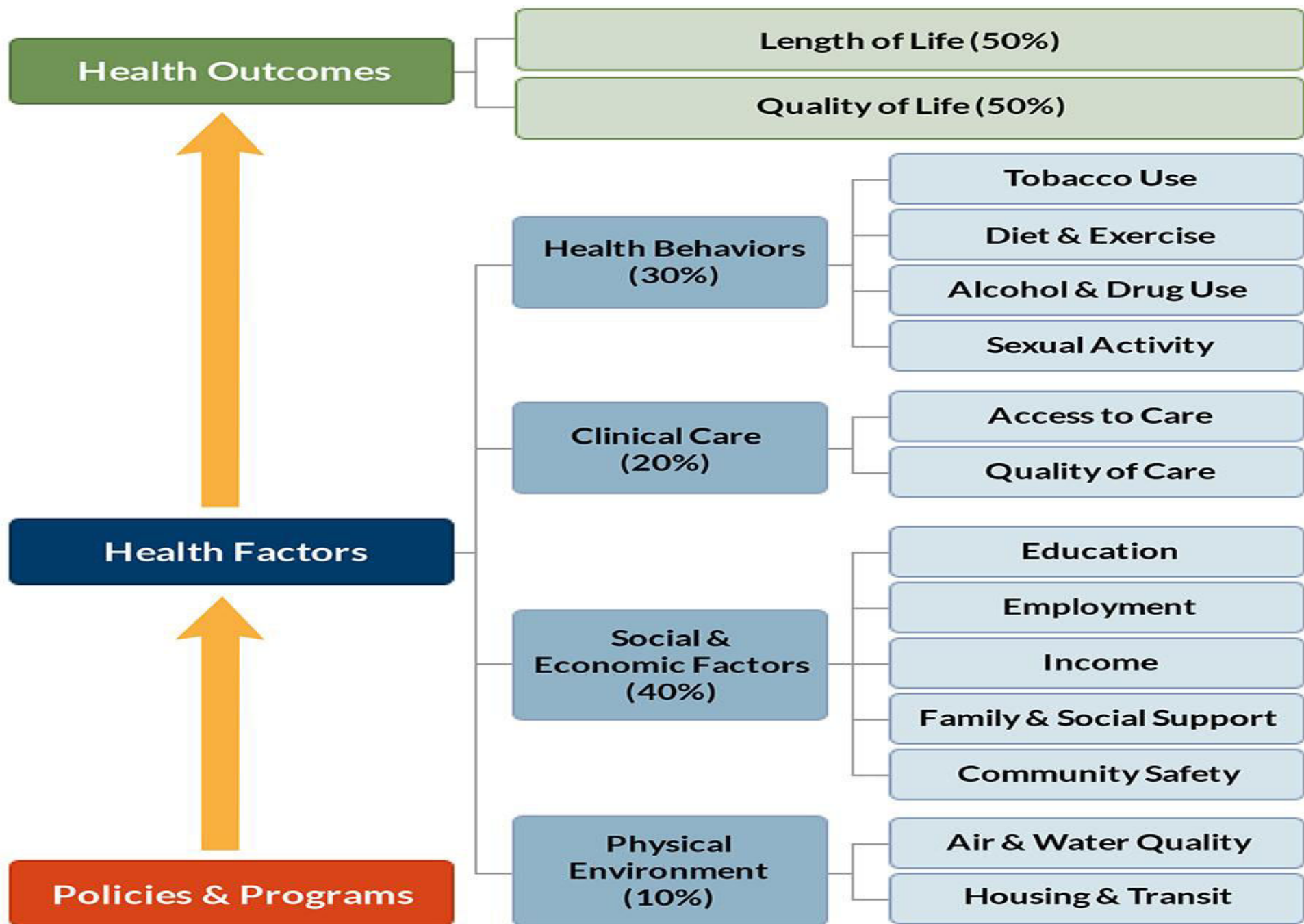
Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016.



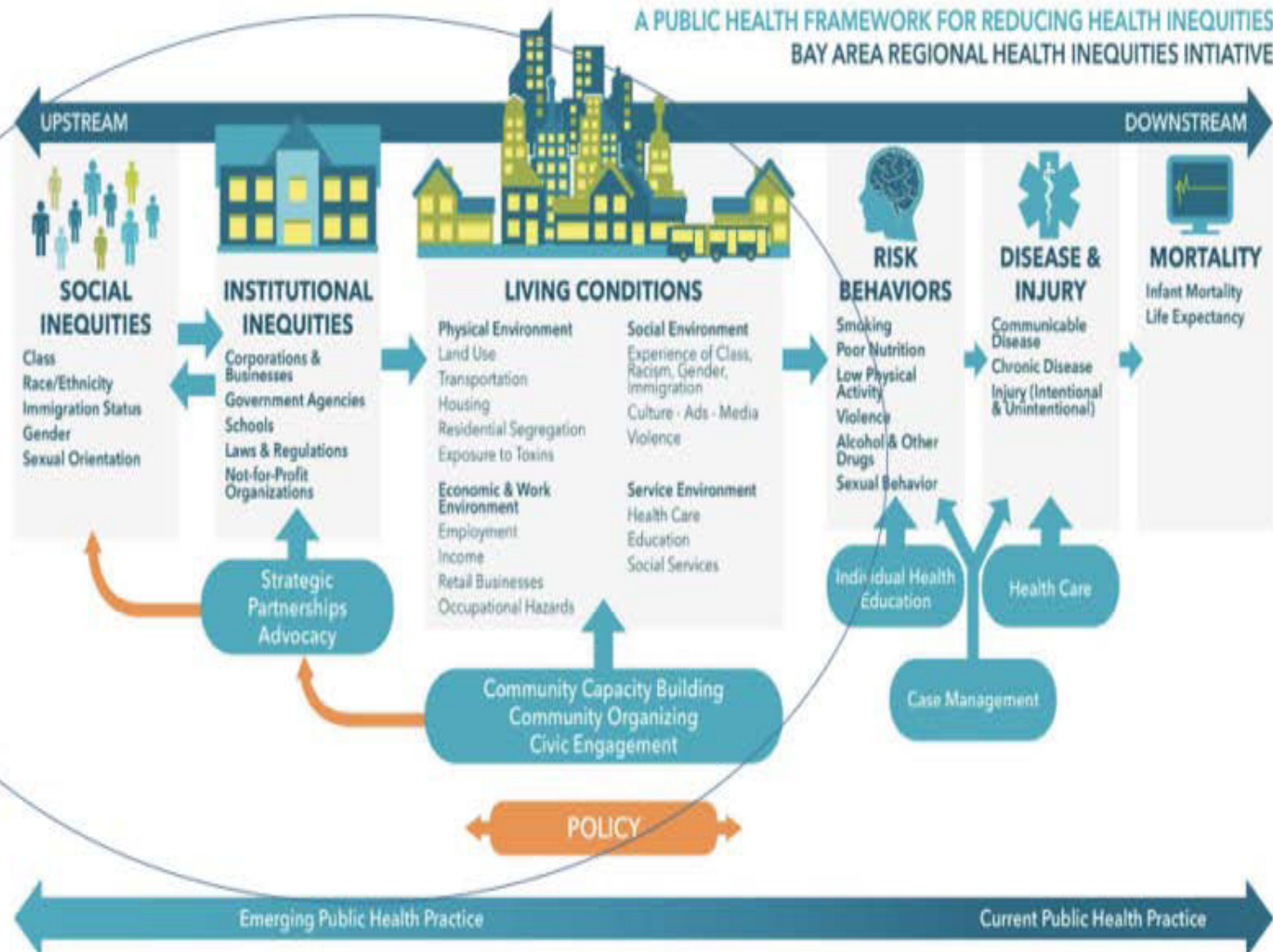
Institute for Healthcare Improvement-Triple Aim

- Improve the health of the population;
- Enhance the patient experience of care (including quality, access, and reliability); and
- Reduce, or at least control, the per capita cost of care.
- Student readiness





A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE



Adverse Childhood Experiences Study



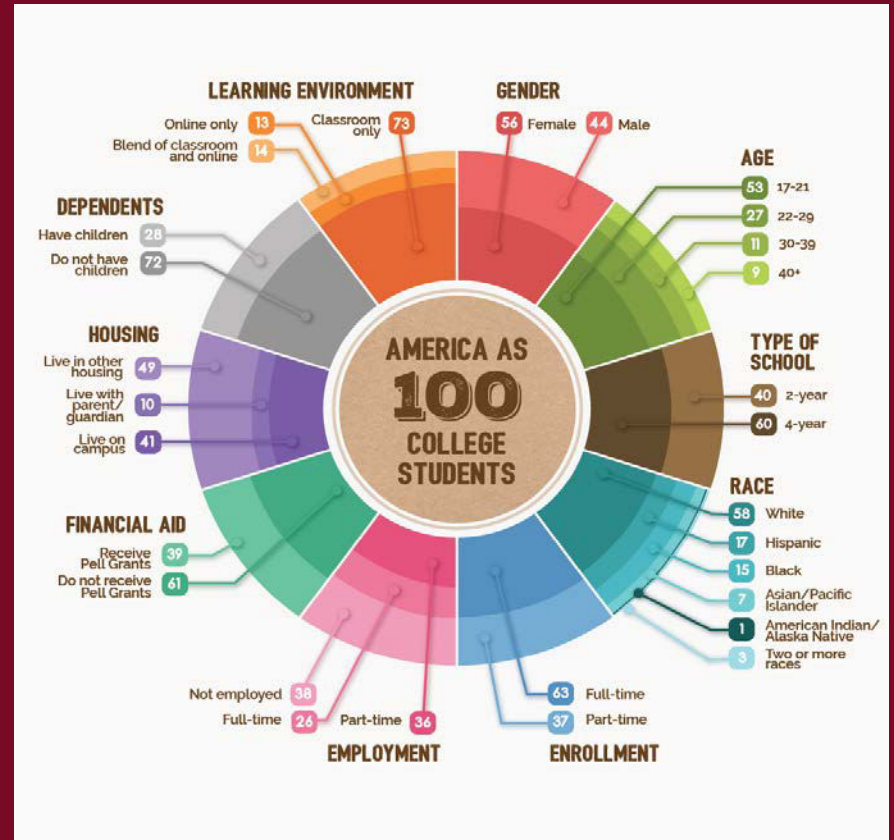
- The Adverse Childhood Experiences (ACE) Study -17,000 Health Maintenance Organization (HMO) members
- Childhood abuse, neglect, and exposure to other traumatic stressors- Adverse Childhood Experiences(ACE)
- ACE are common; 2/3 report at least one, 1/5 report 3 or more
- ACE Score predicts major risk factors for the leading causes of illness and death as well as poor quality of life in the United States.
- ACE Score increases the risk for health and social problems in a strong and graded fashion
- Understanding care improve efforts towards prevention and recovery.

College Students



- College populations have become more diverse—more 1st generation, older, students of color, and international students
- Gender: 57% females
- Age: 42% of 18- to 24-year-olds. Greatest increases are in students over age 25.
- Ethnicity: Between 1976 and 2011,
 - Hispanic: Increased from 4% to 14%
 - Asian/Pacific Islanders: Increased from 2% to 6%
 - Black: Increased from 10% to 15%
 - American Indian/Alaska Native: Increased from 0.7% to 0.9%
 - White: Decreased from 84% to 61%.
- International Students: Increased by 40% in past 10 years

National Center for Education Statistics at
<http://nces.edu.gov/programs/digest>





Retention and Graduation

Retention and graduation rates of new freshmen by fall semester entrance cohort (entering in 2009) at UW-Madison:

	Retention			Graduation		
Year	1	2	3	4	5	6
AA	93.2	85.6	84.8	33.3	67.4	74.2
Hispanic/Latino	93	86.7	81.9	47.6	74.5	80.1
Targeted Asian	91.8	84.4	79.5	25.4	62.3	68.9
White	95.5	91.3	87.3	59.4	84.4	86.8
Overall Targeted Minority	91.3	84.1	79.8	37.5	67.9	74.6
1 st Generation	93	87.1	81.9	45.8	74.2	78.6

College Students



- Most college students are in excellent health
- Important issues are mental health illnesses, accidents, and injuries
 - Students who are generally healthy
 - Goal: Health not healthcare
 - Prevention is key for short and long term health
 - Students with a sudden illness
 - Goal: Rapid access to high-quality and cost-effective care to restore health
 - Delayed access can lead to complications
 - Students with chronic illnesses such as diabetes, depression, and anxiety.
 - Goal: Excellent treatment of the illness to maximize academic and personal success
 - Lack of care can lead to poor health and academic outcomes



UHS Utilization

- Native Hawaiian/Pacific Islander 58.6%
- White 56.8%
- Overall 55.5%
- Hispanic/Latino – 55.2%
- Asian American 55.1%
- American Indian /Alaska Native- 50.5%
- Black/African American 50.7%
- International 51%
- Unspecified 50%

The Big 4



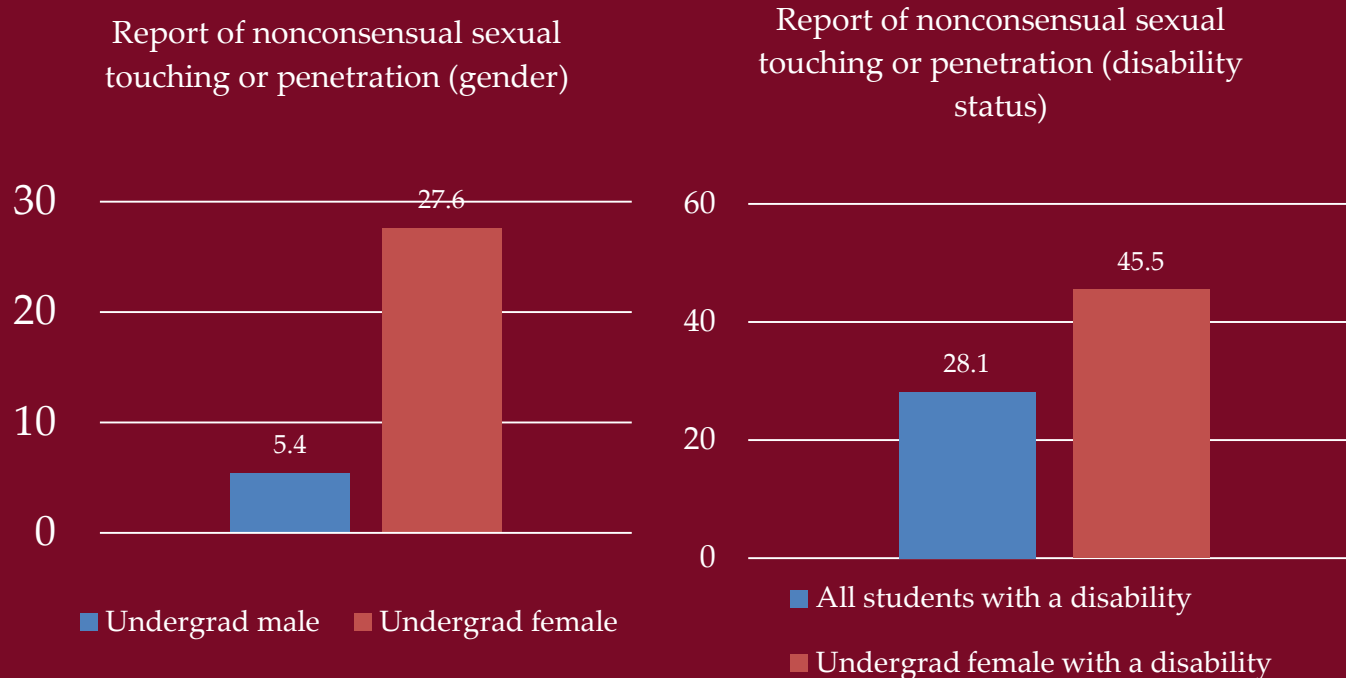
- Sexual Assault and Misconduct
- High-Risk Alcohol Use
- Mental Health
- Diversity and Inclusion

How do we think about these using a health equity lens?



AAU Survey

Sexual assault and sexual misconduct were disproportionately reported by female* students and students with disabilities

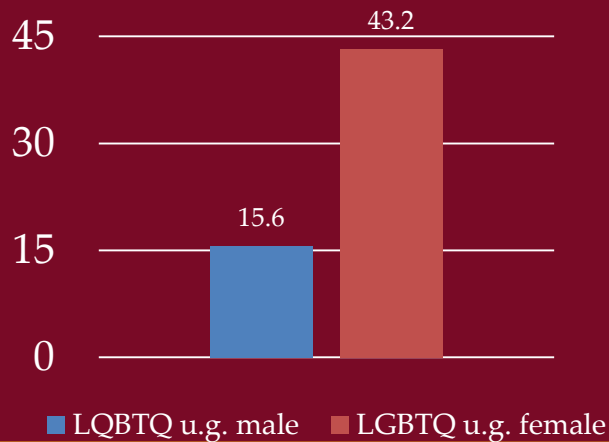




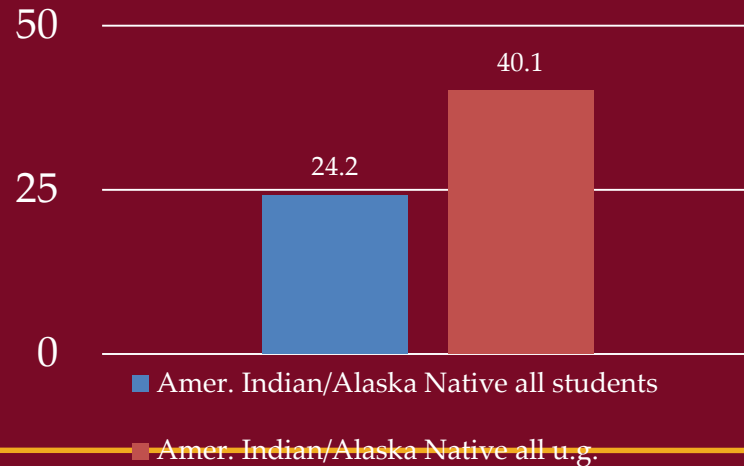
AAU Survey

Sexual assault and sexual misconduct were disproportionately reported by LGBTQ+ students and students who identify as American Indian or Alaska Native

Report of nonconsensual sexual touching or penetration (sexual orientation)

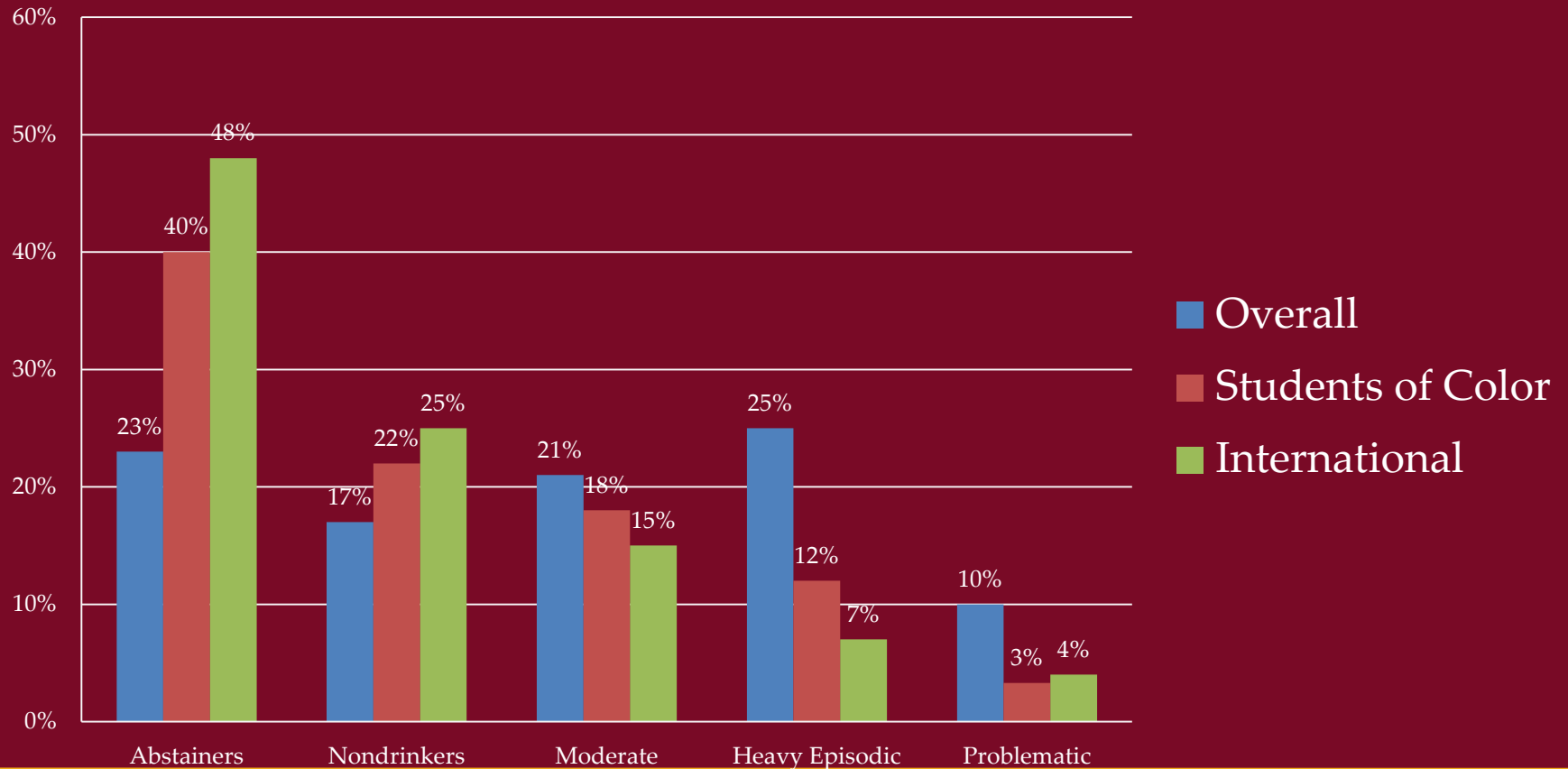


Report of nonconsensual sexual touching or penetration (Amer. Indian/Alaska Native)





1st Year Student Alcohol Consumption Patterns at week 6



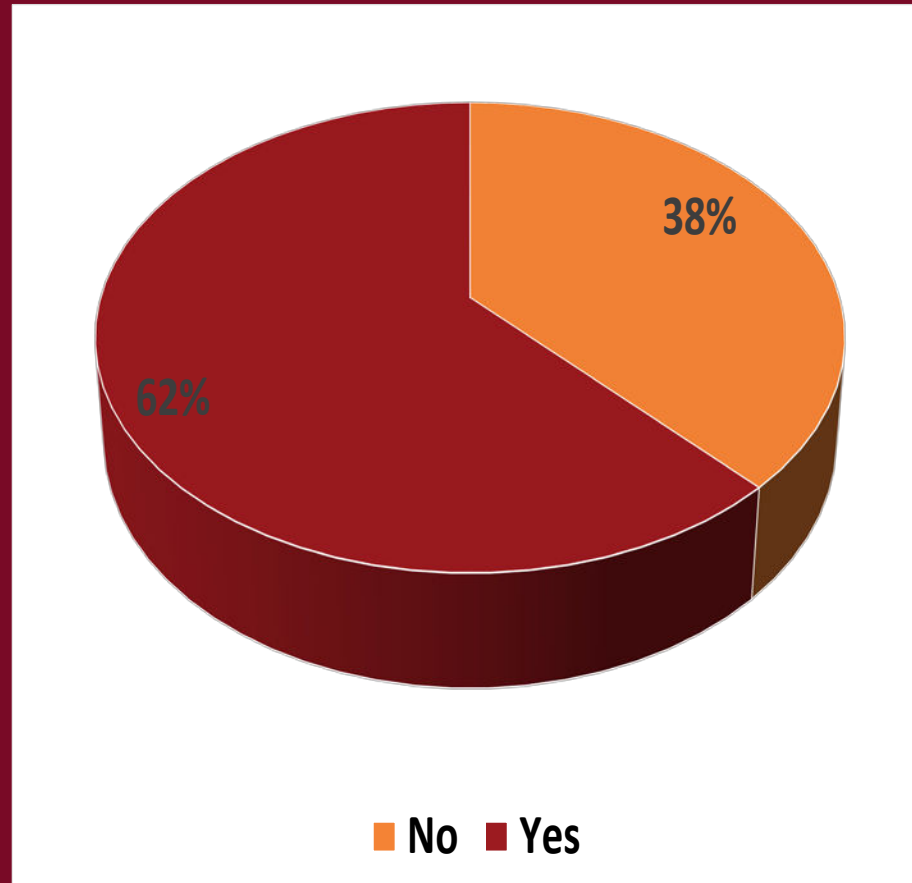


For female students reporting nonconsensual penetration by force:

- Offender drinking alcohol 76.1%
- Victim drinking alcohol 74.6%

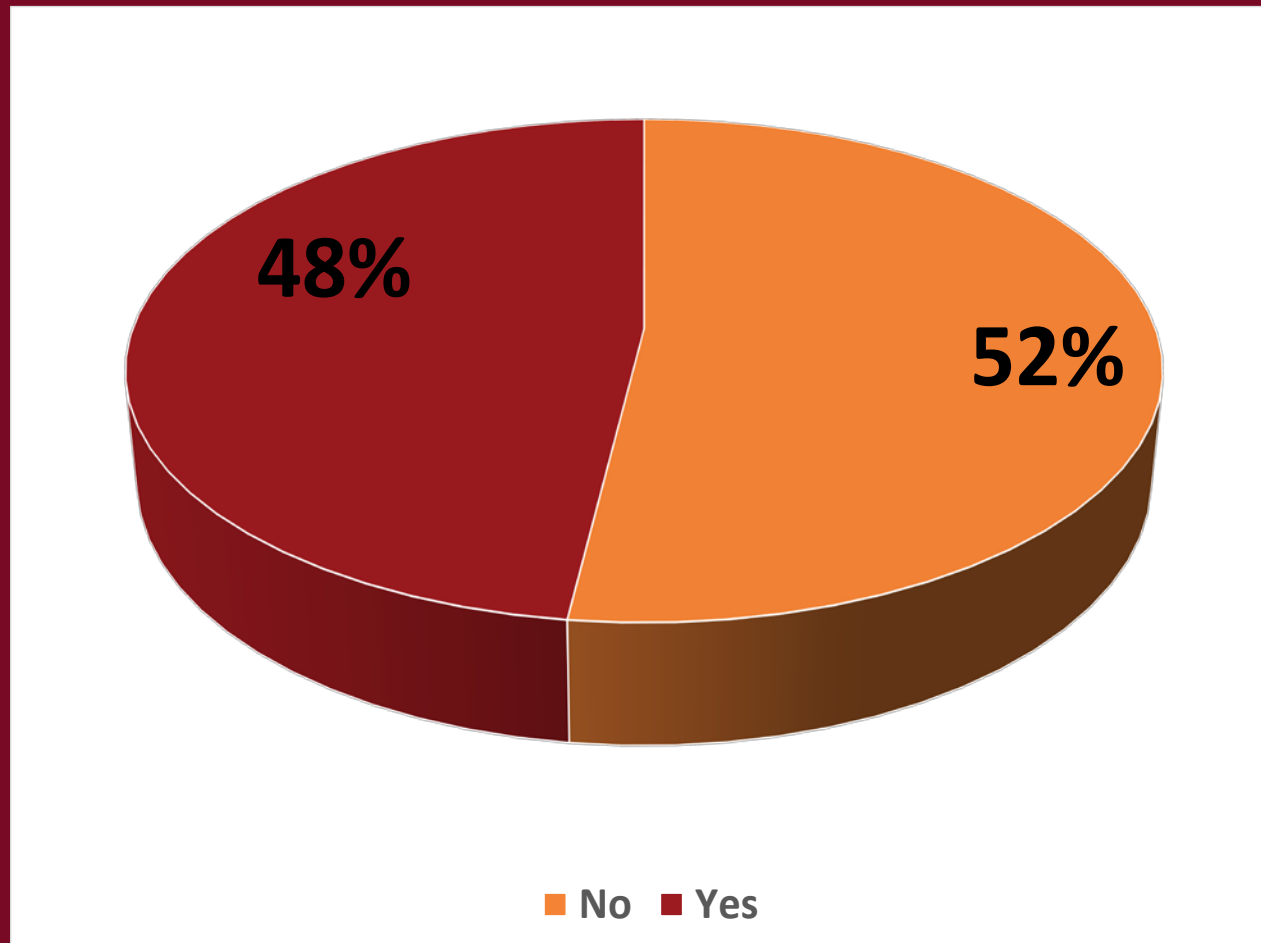


Have you Experienced any Microaggressions from Other Students on Campus?





Have You Experienced Any Microaggressions from Other Students on Campus When They were Intoxicated?



Mental Health



- In 2014:
 - Entering students' self-rated emotional health dropped to 50.7%, its lowest level ever and 2.3% lower than 2013.
 - Students who “frequently” felt depressed rose to 9.5%, 3.4 percentage points higher than in 2009
- <25% of students with mental health diagnoses are currently receiving treatment
 - 33% of students with depression
 - 50% of students who report suicidal ideation
- < 25% of students in treatment are adequately treated
- Male, students of color, and international students are significantly less likely to report mental health treatment.

<http://www.heri.ucla.edu/monographs/TheAmericanFreshman2014.pdf>

Hysenbegasi A, Hass SL, Rowland CR. The impact of depression on the academic productivity of university students. *J Ment Health Policy Econ.* 2005;8(3):145-51.

Yu JW, Adams SH, Burns J, et al. Use of mental health counseling as adolescents become young adults. *J Adolesc Health.* 2008;43(3):268-76.

Blanco C, Okuda M, Wright C, et al. Mental health of college students and their non-college-attending peers: results from the National Epidemiologic Study on Alcohol and Related Conditions. *Arch Gen Psychiatry.* 2008;65(12):1429-37.

Eisenberg D, Hunt J, Speer N, et al. Mental health service utilization among college students in the United States. *J Nerv Ment Dis.* 2011;199(5):301-8.

Eisenberg D, Chung H. Adequacy of depression treatment among college students in the United States. *Gen Hosp Psychiatry.* 2012;34(3):213-20.



UW-Madison Healthy Minds Survey, 2016

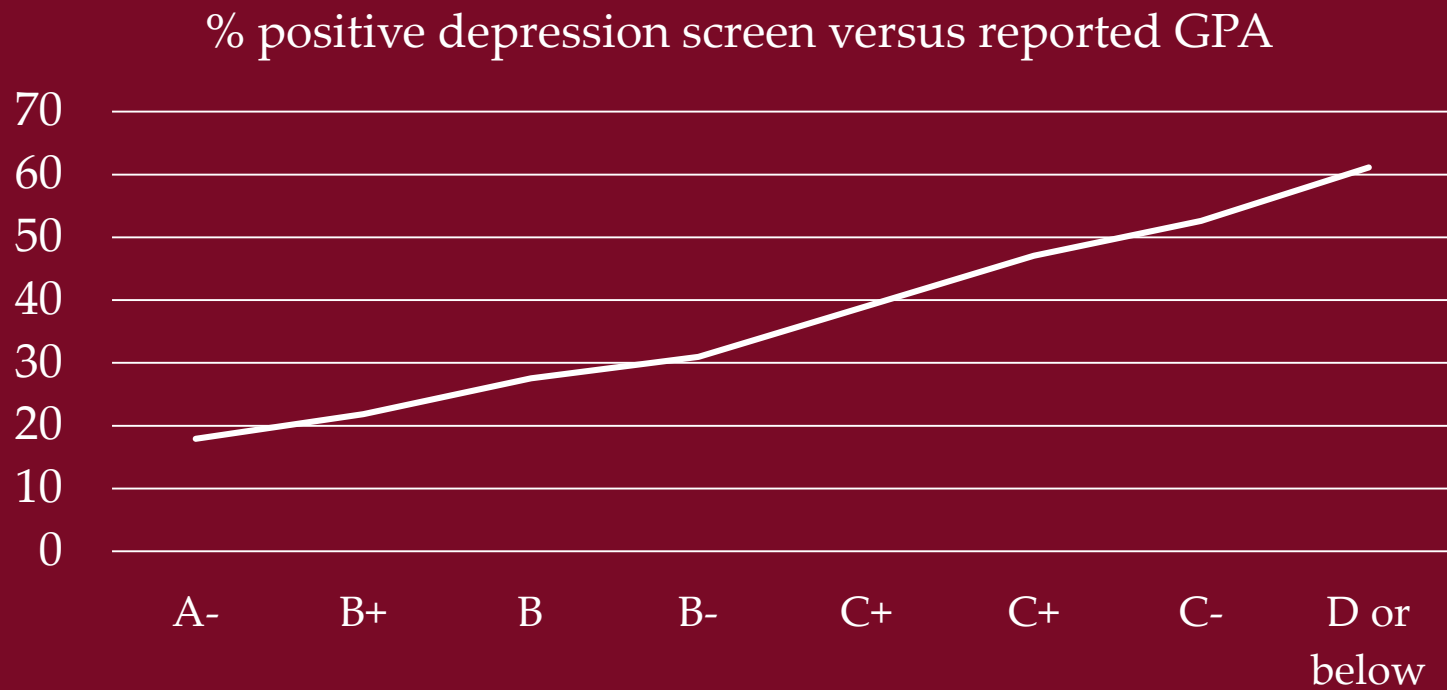
Of UW-Madison students who responded:

- 21% screened positively* for depression
- 16% screened positively* for anxiety
- 9% reported experiencing suicide ideation in the last year.
- 27% reported being diagnosed with a mental health disorder in their lifetime
- 50% of students with positive depression/anxiety screens received treatment in the last year.
- 47% of students reported positive mental health
- Depression was strongly correlated with reported GPA

*Used PHQ 9 and GAD-7 screener to evaluate symptoms; PHQ9 or GAD7 \geq 10



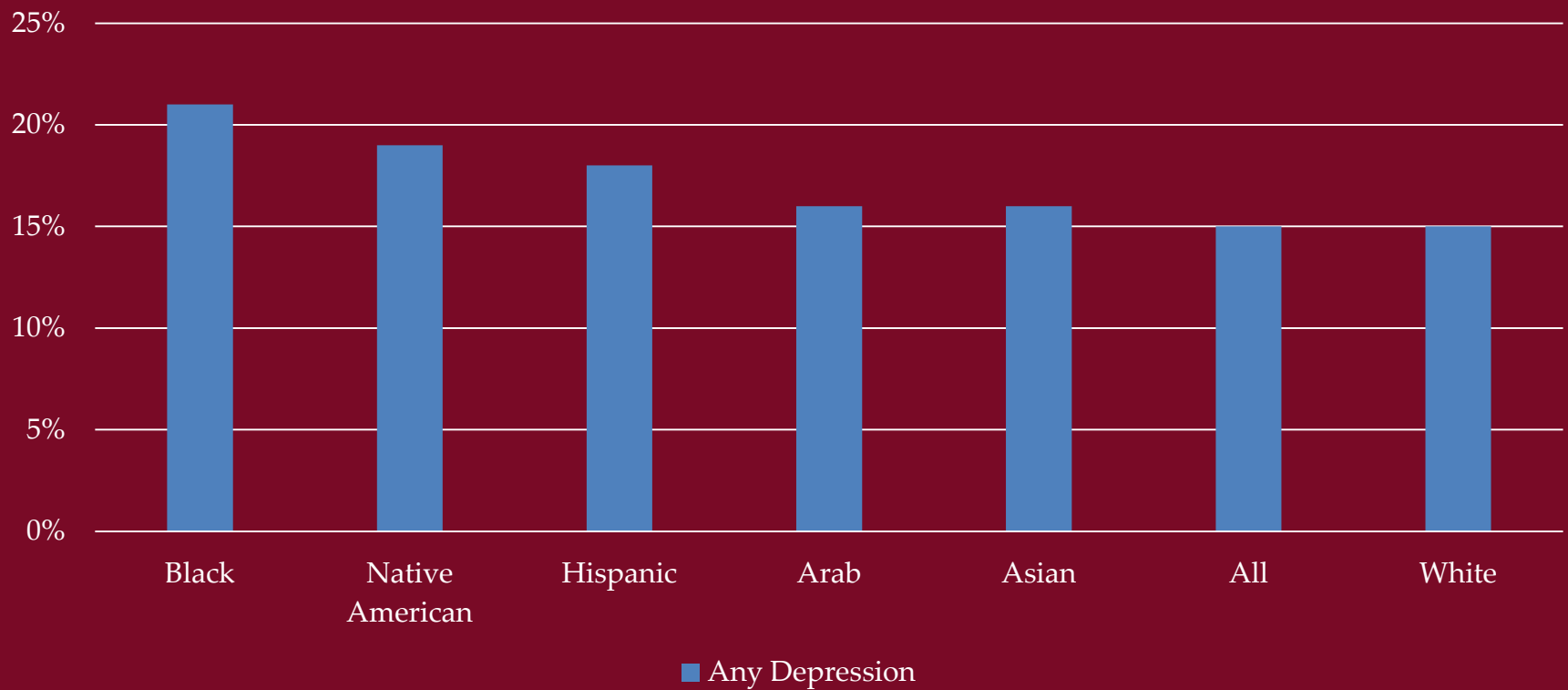
Depression and GPA



Healthy Minds Survey



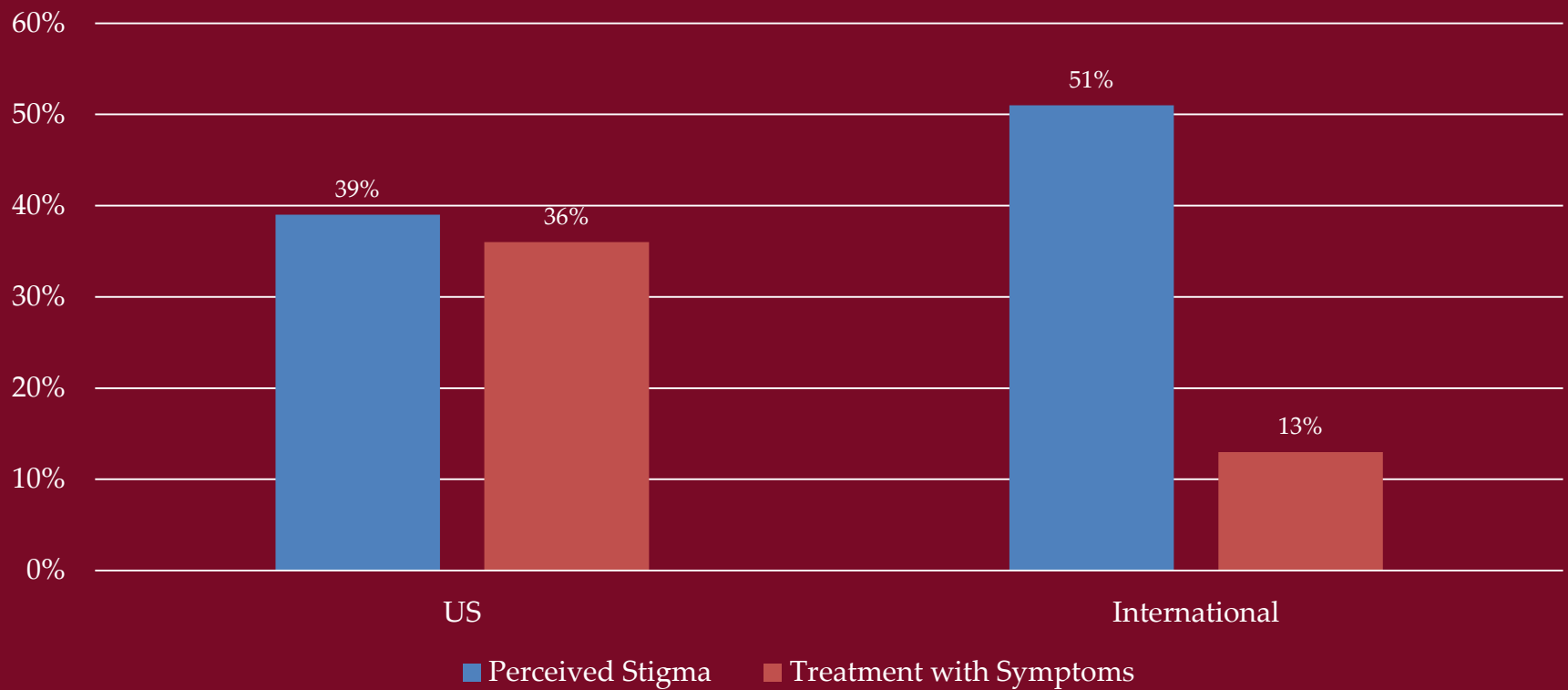
Any Depression



Healthy Minds Survey



Stigma and Treatment

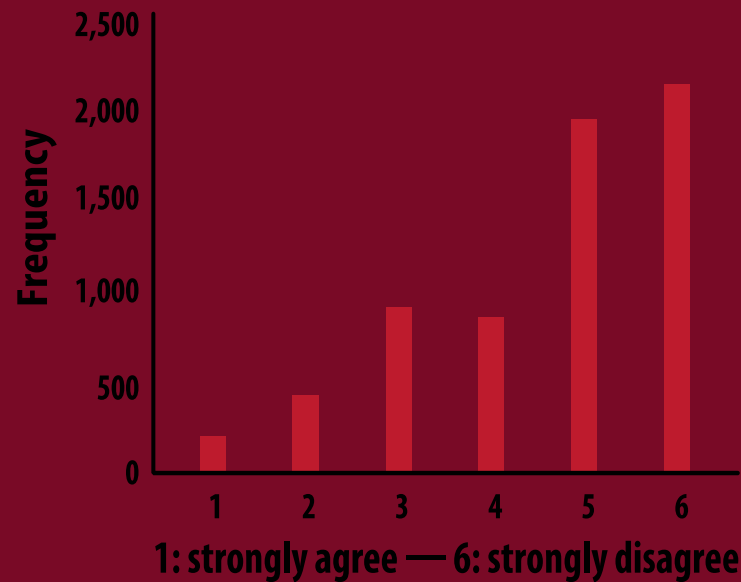


Healthy Minds Survey

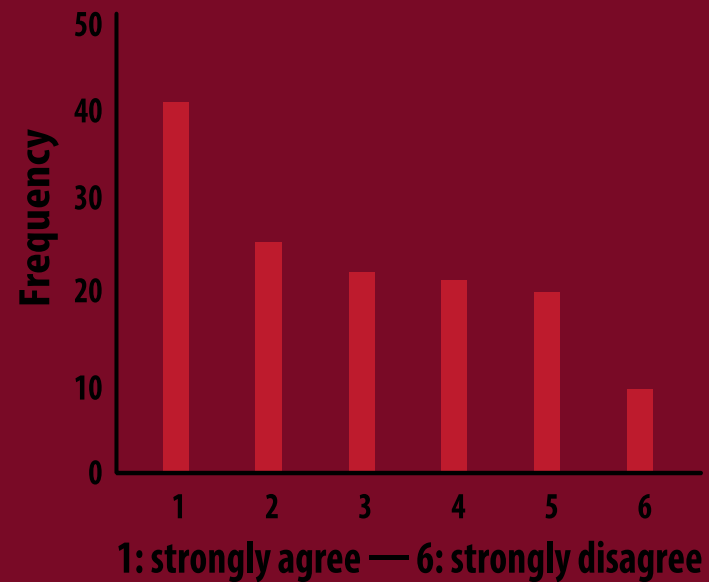


Bias/Discrimination Affects My Well-Being

Individuals who do NOT identify as Black or African-American



Individuals who identify as Black or African-American



Healthy Minds Survey



- Historically underrepresented and marginalized students were more likely to report:
 - mental health symptoms
 - experiences in which they did not feel they belonged or connected to UW–Madison
 - that discrimination/bias impacted their mental health and well-being
- Financially struggling students seemed to fare worse than most students.
- International students felt that the university cared more about their mental health than most domestic students

Healthy Minds Survey



- 40% of students perceived that there is a stigma around seeking mental health treatment.
- 10% of students personally had stigma around mental health treatment
- Most marginalized groups endorsed high levels of stigma with seeking services
- LGBTQ students were more likely to endorse stigma with seeking services and turned to peer support far more than any other group
- Informal help-seeking was common



Campus Climate Survey

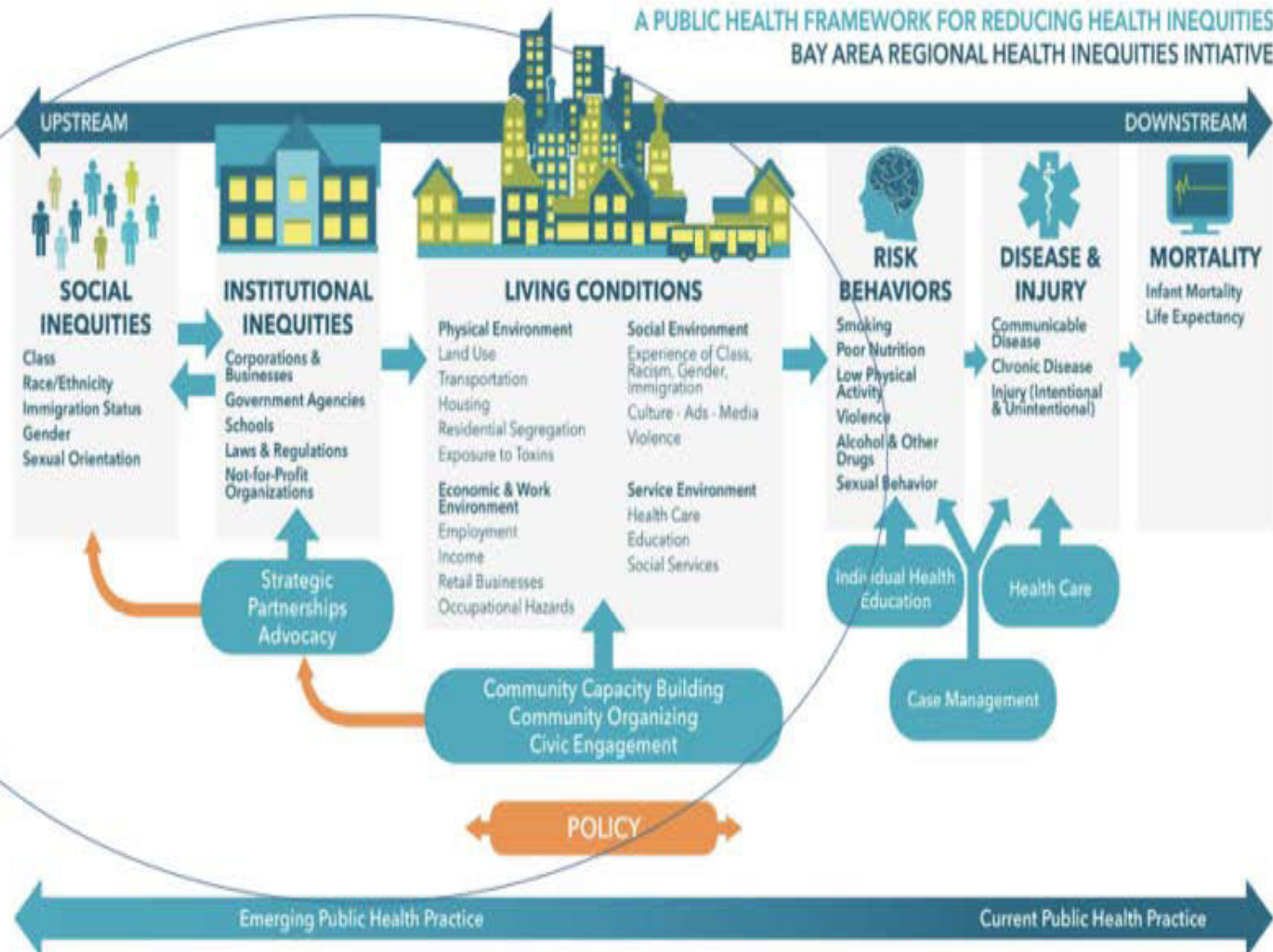
- Majority students reported a more positive campus climate than students from historically underrepresented and disadvantaged groups.
- Very or extremely safe, welcome, and respected.
 - 80% overall
 - 69% LGBTQ
 - 67% Disability
 - 65% Student of Color
 - 50% Trans/nonbinary
- Experiencing hostile, harrassing, or intimidating behavior
 - 11% Overall
 - 14% Women
 - 19% Student of color
 - 21% LGBTQ
 - 28% Disability
 - 33% Trans/nonbinary

The Big 4



- Sexual Assault and Misconduct
- High-Risk Alcohol Use
- Mental Health
- *Diversity and Inclusion*

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE



IHI Framework for Health Care Organizations to Achieve Health Equity



1. Make health equity a strategic priority	<ul style="list-style-type: none">• Demonstrate leadership commitment to improving equity at all levels of the organization• Secure sustainable funding through new payment models
2. Develop structure and processes to support health equity work	<ul style="list-style-type: none">• Establish a governance committee to oversee and manage equity work across the organization• Dedicate resources in the budget to support equity work
3. Deploy specific strategies to address the multiple determinants of health on which health care organizations can have a direct impact	<ul style="list-style-type: none">• Health care services• Socioeconomic status• Physical environment• Healthy behaviors
4. Decrease institutional racism within the organization	<ul style="list-style-type: none">• Physical space: Buildings and design• Health insurance plans accepted by the organization• Reduce implicit bias within organizational policies, structures, and norms, and in patient care
5. Develop partnerships with community organizations	<ul style="list-style-type: none">• Leverage community assets to work together on community issues related to improving health and equity

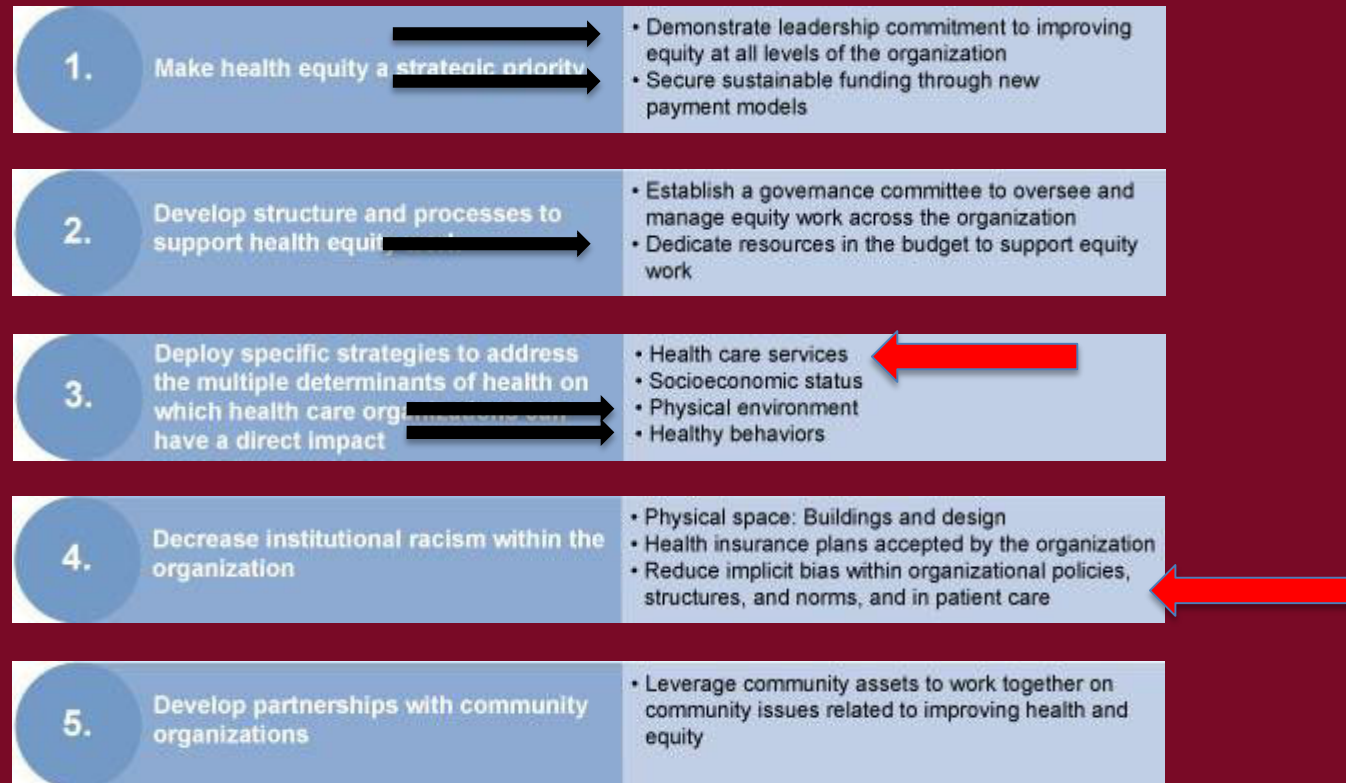
Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016.

IHI Framework for Health Care Organizations to Achieve Health Equity



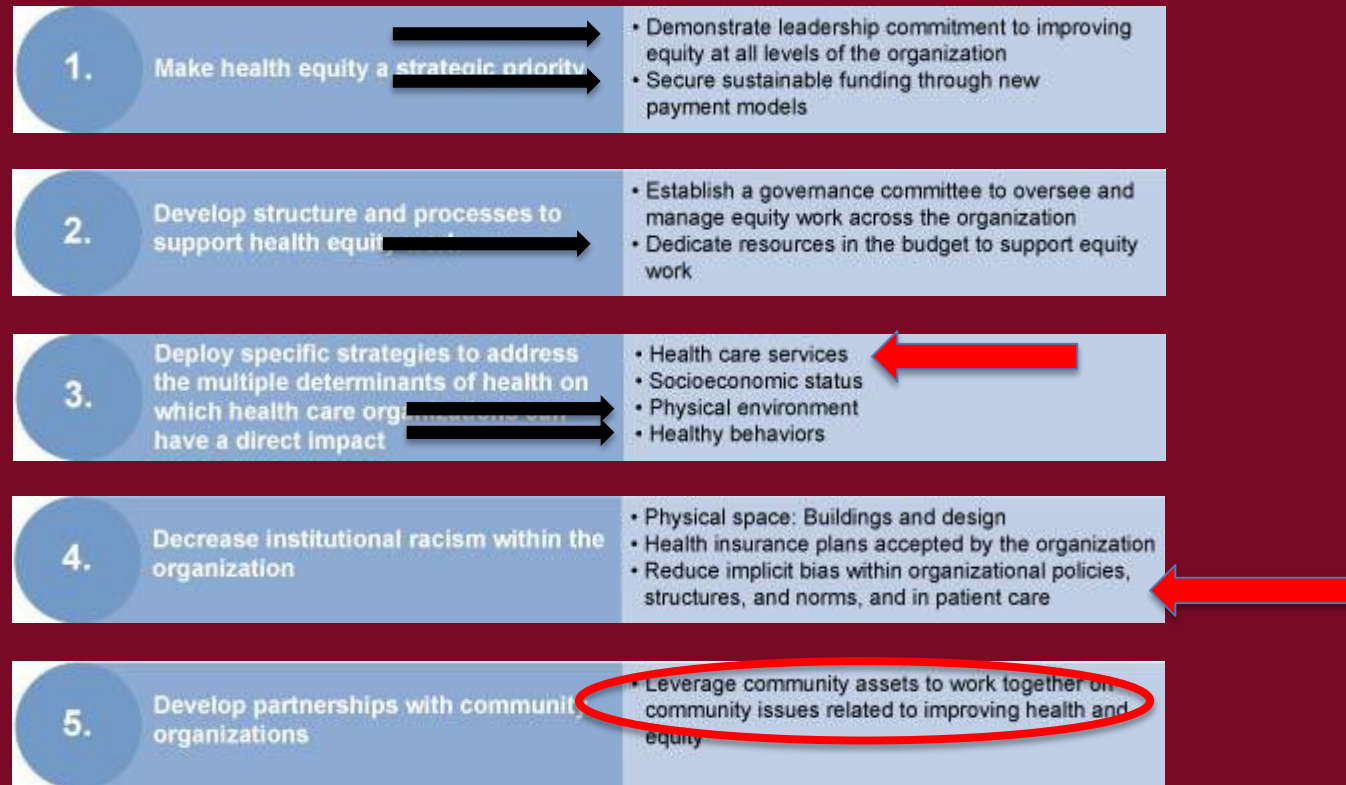
Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016.

IHI Framework for Health Care Organizations to Achieve Health Equity



Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016.

IHI Framework for Health Care Organizations to Achieve Health Equity



Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016.



Conclusions

- Disparities in health outcomes and in the delivery of health care exist in college student populations and contribute to educational outcomes.
- We should understand these as rooted in both upstream and downstream factors present in the both the larger society as well as on our campus.
- To improve population health care providers can address disparities not only in the delivery of health care.

How do we achieve health equity? We value all people equally. We optimize the conditions in which people are born, grow, live, work, learn and age.

We work with other sectors to address the factors that influence health, including employment, housing, education, health care, public safety and food access. ¹ We name racism as a force in determining how these social determinants are distributed.



Thank You

The “Buckets” of Prevention Framework

**Traditional Clinical
Prevention**



**Innovative Clinical
Prevention**



**Total Population or
Community-Wide Prevention**



Health Care

Public Health



Bucket 3

community-wide prevention

- How do we improve population health in our states and communities?
- What is the best evidence of health *and* cost impact?
- What can we do that will begin to show results soon?



AAU Survey



Sexual assault and sexual misconduct were disproportionately reported by female* students, students with disabilities, other gendered, and LGBTQ+ students

Report of Non-consensual Touching or Penetration

