POLICY BRIEF

UNIVERSITY OF DELAWARE
COMMUNITY ENGAGEMENT INITIATIVE

PARTNERSHIP FOR HEALTHY COMMUNITIES

DELAWARE FOCUS: HEALTH INEQUITIES AND RACE IN THE FIRST STATE

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How Healthy are Delawareans?

Health is often defined as a state of physical, mental and social wellbeing and not merely the absence of disease. It is a positive concept emphasizing resources and capabilities[1] and at a population level, is only marginally impacted by the delivery of healthcare[2]. Rather, experts agree that social circumstances and our living and working conditions—referred to as social determinants of health (SDH)—are the most important drivers of health.

America's Health Rankings (AHR), an initiative of United Health Foundation, has been tracking determinants of health and health outcomes across the US for nearly 30 years. AHR assigns a score to each state based upon a composite of indicators, with health determinants accounting for three-quarters and health outcomes accounting for one-quarter of each state's overall score. In 2018, Delaware (DE) ranked 31st among US states, which is down one spot from 2017.[3] DE does well compared with other states in terms of childhood immunization rates (#6) and in the percentage of the population that is uninsured (#11). We are challenged by other factors such as air pollution (#41), children living in poverty (#30) and violent crime (#38). Further, DE ranks in the bottom half of states for overdose deaths, cancer deaths, diabetes, physical inactivity, deaths from cardiovascular disease. Finally, we rank 48th in the country in infant mortality.

Social Determinants of Health & Inequities in Delaware

The DE Department of Health and Social Services has long recognized the importance of SDH. Its most recent state health assessment argues that "quality of life and health status are intrinsically linked to economic, income and educational attainment of Delaware residents"[4, p5]. Differences in these social conditions drive health inequities in our state, such that many DE communities—those that lack employment opportunities, have poor quality schools and low graduation rates, lack healthy food retailers but have an abundance of alcohol and tobacco establishments, unstable housing and a lack of safe recreational spaces—have poorer health than communities with more resources.

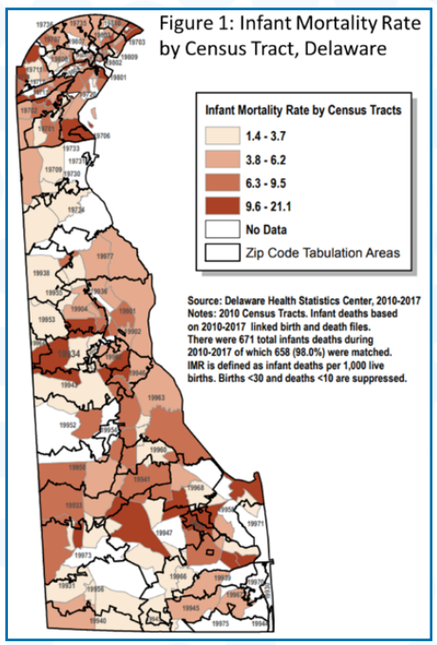

Figure 1: Infant Mortality Rate by Census Tract, Delaware

Infant mortality is an indicator often used to describe the overall health of a community, and to make comparisons between communities. Differences in infant mortality are often attributed to differences in SDH. Figure 1 shows infant mortality rates by census tract across the state, suggesting differences in underlying community conditions and resources.

Racism & Health[i]

Researchers, Gee and Ford, remind us that "over a century ago, W.E.B. Du Bois recognized the connection between societal inequities and health inequities, raising several central arguments related to racism, poverty, and other social problems".[5, p2] More recently, attention to structural racism as an important determinant of health inequities has grown in the academic literature. **Structural racism** is defined as the "totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, healthcare and criminal justice".[6, p1454]

Structural racism is believed to underlie many of the health inequities experienced by Black communities in our state. For instance, Blacks have an infant mortality rate that is approximately two and half times that of Whites; the homicide rate for Black men increased 116% between 2012 and 2016, and is seven times higher than for White men; although the death rate for HIV/AIDS has decreased in recent years, it is still 11 times higher for Blacks than Whites in DE.[7]

Delaware's history of residential **segregation** and its lasting impact on health is apparent in the ways in which health inequities can be viewed geographically. Table 1 provides estimates of segregation across DE counties and the city of Wilmington according to the dissimilarity index, which is a commonly used measure of residential segregation.

Table 1: Dissimilarity index by geographic area in DE

Geographic Area	Dissimilarity Index*
New Castle County	45.2
Kent County	28.0
Sussex County	37.5
City of Wilmington	49.7

*Calculated using 5-year population estimates, 2013-2017, US Census

Values of the index between 0 and 30 are considered low segregation; 30-60 are considered moderate; and >60 are considered highly segregated[8]. Wilmington has the highest level of segregation, and if we look across neighborhoods in the city, we can see how health varies dramatically by place and race. In figure 2 of Wilmington, the darker shaded areas have the highest percentage of Black residents. **Life expectancy varies by approximately 16 years across Wilmington neighborhoods** with Black communities generally experiencing the lowest life expectancy. Although not as dramatic, Dover sees approximately an 8-year gap in life expectancy across neighborhoods.

Investments in communities can have direct benefits that reduce health threats (such as crime and pollution) and indirect benefits that promote healthy behaviors (such as sidewalks, green space, and healthy food establishments). High quality, equitable education, and safe, affordable housing are fundamental to health improvement, as is promoting living wage jobs and access to quality health and social services. Importantly, improving neighborhood conditions must be coupled with building local capacity and changing the ways in which decisions are made and resources are allocated, such that communities of color have more power in those decisions.

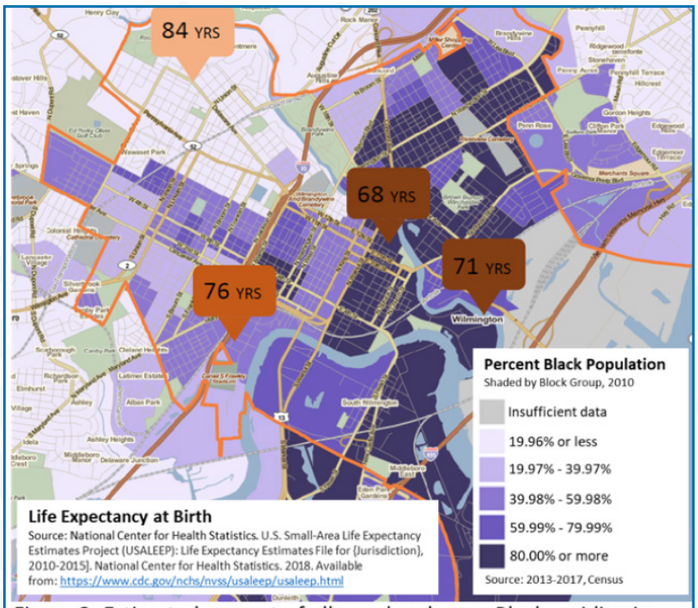

Figure 2: Estimated percent of all people who are Black residing in Wilmington neighborhoods and life expectancy

Our Vision: Healthy, Thriving Communities for All

The Partnership for Healthy Communities is inspired by the possibility of this reality for all Delaware communities; as well as being inspired by a vision of equity in health. This prompts our work so that all of our residents can live in communities with the resources that are necessary to promote optimal health, and the burdens or threats to good health are minimized. We focus especially on communities currently experiencing social inequities.

The mission of the UD Partnership for Healthy Communities is to align and strengthen University of Delaware research, educational, and service capabilities to improve the health and well-being of Delaware communities and beyond through effective community partnerships.

Acknowledgements

We are grateful to Noël Sincere Duckworth, Carol Henderson, Khaleel Hussaini, Rita Landgraf, Mary Joan McDuffie and Barret Michalec who contributed to the development of this brief and served as reviewers.

[1] World Health Organization (1986). The Ottawa Charter for Health Promotion. https://www.who.int/healthpromotion/conferences/previous/ottawa/en/.
[2] McGinnis, J.M., Williams-Russo, P. & Knickman, J.R. (2002). The case for more active policy attention to health promotion. *Health Affairs*, 21(2), 78-93.
[3] United Health Foundation (2018). *America's Health Rankings Annual Report 2018*. https://www.americashealthrankings.org/.
[4] Delaware Health & Social Services, Division of Public Health (2012). *Community Health Status Assessment*. https://dhss.delaware.gov/dhss/dph/files/shipchsa.pdf
[5] Gee, G. & Ford, C. (2011). Structural racism and health inequities: Old issues, new directions. *Du Bois Rev April 8(1)*, 115-132.
[6] Bailey, Z. D., Krieger, N., Agenor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *Lancet*, *389(10077)*, 1453-1463.
[7] Delaware Health & Social Services, Division of Public Health (2016). *Delaware Vital Statistics Annual Report*. https://www.dhss.delaware.gov/dhss/dph/hp/files/ar2016_net.pdf.
[8] Massey, D. S. & Denton, N. A. (1988). The dimensions of racial segregation. *Social Forces*. *67*(2), 281-315.

[i] See UD PHC policy brief on "Structural Racism as a Fundamental Cause of Health Inequities" for more information about the relationship between racism and health.