

Health Justice Report Card
 A Tool for Community Based Health Policy Development

A collaborative project between
 The Praxis Project and the
 Health Policy Institute, Joint Center for
 Political and Economic Studies

September 2006

The Project

- To build public awareness and understanding of the role of social determinants in creating and maintaining health disparities
- To create venues for discussion and collaboration between community-based advocates and public health agencies around the development of place sensitive approaches to health disparities that integrated key social factors such as economic development, access to jobs and civic engagement.
- Engender and support an online community www.healthjustice.us to exchange ideas on program and policy approaches to addressing root causes of health disparities

The Report Card

1. User-friendly tool that automates most data gathering and calculation (requiring links to electronic datasets)
1. A representative breadth of indicators that reflect a social determinants framework (i.e., links "traditional" health factors with socioeconomic factors)
1. Web tools that allow users to post their city or county's "grade", view other local data and grades and share commentary and ideas

Indicators

- Infant Mortality Rate
- Racial Residential Segregation
- Educational Attainment
- Living In Poverty
- Access to Translation for those of Limited English Proficiency
- Index of Medical Underservice
- Percent Uninsured
- Democratic Participation
- Ratio of Retail Liquor Outlets to Population
- Environmental Health Equity

Infant Mortality Rate

Rationale: Infant mortality is a key indicator of both environmental stressors and access to primary and preventive care.

Data Sources: Federal datasets at the FIPS code level.

Comparison: Gaps between local data and national average on a descending scale. Automatic point loss if data is not disaggregated by race.

Racial Residential Segregation

Rationale: Low-income, segregated neighborhoods are plagued with lack of access to goods and services (including health care and quality education), high crime, low property value and political capital, all of which are considered roots causes of inequality.

Data Source/Comparison: University of Michigan, Population Measurement Center. Indicator measures the residential patterns of one racial/ethnic group in relation to another using a Dissimilarity Index. Scores are assigned on an ascending scale based on higher index of dissimilarity.

Educational Attainment

Rationale: Educational attainment is a key indicator of access to quality jobs and education. Poor quality schools and limited access to education are risk factors for poor health and early morbidity and mortality.

Data Source: Census data on educational attainment for local residents age 25 years and older by race.

Comparison: Difference between white and other racial group data scored on a descending scale.

Living in Poverty

Rationale: The income disparity between racial groups is both the manifestation and perpetuation of the unequal burden of disease, inequitable educational and criminal justice systems and other structural discrimination experienced by communities of color.

Data Source: Census data

Comparison: Ratio of non-whites living in poverty to whites living in poverty

Access to translation for those with Limited English Proficiency (LEP)

Rationale: The importance of linguistic competence can not be overstated when assessing culturally competent health. The lack of linguistically appropriate staff and materials can alienate limited English proficient populations, reducing their chances of seeking out health-related information and care.

Data Source: Advocate surveys (survey provided)

Comparison: Survey scores along descending scale

Index of Medical Underservice

Rationale: Areas are scored by their Index of Medical Underservice (IMU), which is based on four criteria: the ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. The value of each of these variables for the service area is converted to a weighted value, and the four values are summed to obtain the area's score.

Data Source: Index of Medical Underservice (IMU) by census tract or set of census tracts on a descending score of 10 (IMU Score of 91 or higher) to 2 (IMU score of less than 60)

Percent Uninsured

Rationale: The number of uninsured reveals the level of access individuals have to health care. Uninsured individuals receive less preventative care, are diagnosed at more advance stages of disease, and once diagnosed, tend to receive less therapeutic care (drugs and surgical interventions)

Data Sources: The Small Area Health Insurance Estimates (SAHIE) program provides model-based estimates of health insurance coverage for counties and states based on 2000 data. We found no racial data for the county level.

Comparison: Measuring the county percentage to the national rate of uninsured people.

Democratic Participation

Rationale: Numerous studies have demonstrated that it is not how wealthy a society is that is key to healthy outcomes but how much equality there is. Nations with the most equity and political participation tend to be healthier and have better health systems.

Data Source: USA Today 2000 Presidential Election results for each county. No voting data for racial categories currently available.

Comparison: Percentage of voting-age people in a given county who cast a ballot in the 2000 presidential election and the national average.

Ratio of Retail Liquor Outlets to Population

Rationale: A high concentration of number of liquor stores is not only indicative of easier access to alcoholic beverages and tobacco, particularly to minors, but also the obstruction of community development. Numerous studies have established a relationship between alcohol outlet density and alcohol-related injury and violence

Data Source: State alcohol beverage licensing data for 2004 by city and county from all 50 states.

Comparison: Descending scale based on number of outlets per every 1000 persons over 18 in the jurisdiction (over 21 not as easily available across all states). The higher number of outlets the lower the score.

Environmental Health Equity

Rationale: Communities victimized by environmental health inequity experience higher levels of cancer and lead poisoning, which can be linked to the environmental pollutants.

Data Source: Pollution Information Scorecard, which has only two racial categories: people of color and white.

Comparison: Ratio of the burden on people of color and white people, rewarding smaller numbers.

The Website



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Pick A State Select A County Pick A Race

Get the grade

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- ADAMS
- ALLEN
- BARTHLOMEW
- BENTON
- BLACKFORD
- BOONE
- BROWN
- CARROLL
- CASS
- CLARK
- CLAY
- CLINTON
- CRAWFORD
- DAVISS
- DEARBORN
- DEKALB
- DELAWARE
- DUBOIS
- ELKHART

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(will have mirror interface for Joint Center site as well)

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- African American
- Hispanic
- Asian
- Native American
- White

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Indiana ADAMS African American

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African Americans in Adams County, Indiana:

GRADE: D

Click [here](#) to get individual scores for each indicator.

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Indicator #1:
 Infant Mortality Rate

National Rate: 6.9
 Adams County Rate: 7.22

Rate for African Americans in Adams County is 14.66

This indicator contributes 1 point to their grade.

Click [here](#) for Indicator #2.

The Website: Additional Features

- Saving your grades
- Top ten "best and worst" lists
- Interactive forum and posts
- Resources and links

We look forward to your feedback! We apologize for missing the opportunity to be there with you in person!

The Praxis Project www.thepraxisproject.org
