Successful Strategies for Interdisciplinary Collaboratives to Achieve Health Equity

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Disclaimer

The views expressed in this presentation are that of the presenter and not those of previous or current employers.
Agenda

• Health Disparities v. Health Equity
• Challenges to “Operationalizing” Health Equity
• Building the Right Health Equity Infrastructure
• Tips for Success
• Discussion
HEALTH DISPARITIES V. HEALTH EQUITY
Healthy People 2020: Definitions

Health Equity:

- **IS** the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address **avoidable inequalities, historical and contemporary injustices**, and the elimination of health and health care disparities.”

Health Disparity:

- **IS** “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

*CDC Healthy People 2020, Dec 2010 --http://www.healthypeople.gov/2020/about/disparitiesAbout.aspx*
Defining Disparities

- **Health**
  - Incidence
  - Prevalence
  - Morbidity
  - Mortality

- **Healthcare**
  - Services
    - Access to providers/ hospitals
    - Access to procedures/ medications
  - Insurance
Causes of Disparities

• Operation of Healthcare Systems
  – Cultural or linguistic barriers
  – Fragmentation of healthcare systems
  – Incentives to contain costs
  – Quality and type of facilities where minorities receive care

Causes of Disparities

• Clinical Encounter
  – Bias (or prejudice) against minorities
  – Greater clinical uncertainty
  – Beliefs (or stereotypes) about the behavior or health of minorities

Causes of Health Inequities

• Socioeconomic Status
  – Poverty
  – Unemployment
  – Institutional Racism
  – Education
  – Neighborhood Segregation
Education, Health & Wealth

Behavior Risk

People Ages 25-65 Reporting Risk Behaviors
Louisville Metro BRFSS, 2009

- **Smoking Everyday**
  - No High School: 52.0%
  - High School/GED: 43.9%
  - Some College: 40.0%
  - College or More: 20.4%

- **Not Eating 3 or More Vegetables Daily**
  - No High School: 95.7%
  - High School/GED: 94.3%
  - Some College: 90.3%
  - College or More: 81.5%

- **No Physical Activity Outside of Work**
  - No High School: 33.1%
  - High School/GED: 21.6%
  - Some College: 15.2%
  - College or More: 11%
Education, Health & Wealth

Chronic Conditions & Education

People Ages 25-65 Reporting Chronic Conditions
Louisville Metro BRFSS, 2009

**DIABETES**
- No High School: 24.6%
- High School GED: 19.0%
- Some College: 17.3%
- College or More: 9.6%

**ASTHMA**
- No High School: 27.1%
- High School GED: 17.0%
- Some College: 20.6%
- College or More: 16.5%

**HEART DISEASE**
- No High School: 7.6%
- High School GED: 5.1%
- Some College: 6.1%
- College or More: 4.1%

**STROKE**
- No High School: 5.1%
- High School GED: 4.8%
- Some College: 4.2%
- College or More: 3.8%
CHALLENGES TO OPERATIONALIZING HEALTH EQUITY
“Operationalize” Health Equity-The Challenge

• Placing responsibility for achieving health equity on healthcare providers and healthcare delivery systems
  – Hospital based and health center projects tend to focus on health care disparities designed to impact health outcome disparities
“Operationalize” Health Equity - The Challenge

• Lack of awareness of health disparities/inequities possibly due to a primary focus on education and civic engagement among disparate populations
  – Only 4 percentage point increase in US adults who are aware of racial and ethnic disparities that affect African Americans and Hispanics or Latinos from 1999 to 2009
  – 89% of African Americans were aware of African American and white disparities versus 55 percent of whites¹

¹Benz J et al. Awareness of Racial and Ethnic Health Disparities Has Improved Only Modestly Over A Decade Health Affairs, 30, no.10 (2011):1860-1867
“Operationalize” Health Equity-The Challenge

• Minimal research and evaluation to link local health outcomes and socioeconomic factors
  – Moving theory to practice—and showing it works!

• Integrated approach to health equity practice
  – How can health equity be intertwined with all policies, programs, and practices

• Lack of recognizing changing funding streams
  – Funding to improve health outcomes doesn’t only come from health focused agencies—and that’s okay!
BUILDING THE RIGHT INFRASTRUCTURE FOR HEALTH EQUITY COLLABORATIVES
6 Simple Steps

• Define the Issue
• Identify Stakeholders
• Identify Core Functions
• Choose/Develop Leadership
• Identify Resources
• Demonstrate Outcomes
DEFINE THE ISSUE
What is Health?

“Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

World Health Organization
How Do We Improve Health?

Factors that Affect Health

- Counseling & Education
  - Examples: Eat healthy, be physically active
- Clinical Interventions
  - Examples: Rx for high blood pressure, high cholesterol, diabetes
- Long-lasting Protective Interventions
  - Examples: Immunizations, brief intervention, cessation treatment, colonoscopy
- Changing the Context
t  - Examples: Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax
- Socioeconomic Factors
  - Examples: Poverty, education, housing, inequality
Determinants of Health

- Health Behaviors: 30%
- Clinical Care: 20%
- Physical Environment: 10%
- Social & Economic Factors: 40%
- Policies & Programs: 50%

Health Factors = 50%
Framework For Public Health & Equity

Social Determinants = 50%

Upstream Socio-Economic Factors

Social Inequalities
- Class, Race Ethnicity, Gender
- Sexual Orientation
- Immigration Status

Institutional Power
- Corporations & other Businesses
- Government Agencies
- Schools

Neighborhood Conditions
- Physical & Social Environment
- Residential Segregation

Risk Behaviors
- Smoking
- Nutrition
- Physical Activity
- Violence

Disease & Injury
- Infectious & Chronic Diseases
- Injury (intentional & un-intentional)

Mortality
- Infant Mortality
- Life Expectancy

Health Care Access

Health Status

Socio-Ecological Factors

Socio-Economic Factors

Medical Model

Health Status
IDENTIFY STAKEHOLDERS
Identify Stakeholders

Local Public Health System

- Police
- EMS
- Providers Serving People with Disabilities
- MCOs
- Health Department
- Faith Based Organization
- Home Health
- Corrections
- Parks
- Health Care Providers
- Hospitals
- Philanthropist
- Schools
- Elected Officials
- Nursing Homes
- Mass Transit
- Civic Groups
- Community Centers
- Environmental Health
- Employers
- Economic Development
- Laboratory Facilities
- Drug Treatment
- Mental Health
Interdisciplinary v. Multi-sector

- Interdisciplinary
  - Medicine
  - Public Health
  - Nursing
  - Social Work
  - Pharmacy
  - Occupational & Physical Therapy
  - Psychology and Behavioral Health
  - Other Allied Health Professions

- Multi-sector
  - Law/Public Policy
  - Public Safety
  - Transportation
  - Economic Development
  - Education
  - Planning
  - Public Works
Identify Stakeholders

Coalition of the Willing

Coalition of the Curious

Coalition of the Necessary
IDENTIFY CORE FUNCTIONS
Identify Core Functions

- Assess
- Evaluate
- Monitor Health
- Diagnose & Investigate
- System Management
- Research
- Inform, Educate, Empower
- Mobilize Community Partnerships
- Develop Policies
- Enforce Laws
- Link to / Provide Care
- Assure Competent Workforce

Policy Development
Assurance
Identify Core Functions

• Core and essential functions maintain support
• Need to link with the evidence for providing a “service”
• Allows you to meet the “local” community need

Establishes Necessity!
ESTABLISH LEADERSHIP
Two “Schools of Thought”

Health equity can only be achieved when policymakers, government leaders, and elected officials “buy-in”

Health equity can only be achieved when communities disproportionately impacted by inequities are mobilized

Are they Mutually Exclusive?
Community/Non-Profit Led

• Pros
  – Community can take ownership of its issues/challenges
  – aPolitical
  – Able to influence policy through advocacy and lobbying
  – Can lead cultural change more effectively

• Cons
  – Community must be willing to engage
  – Unstable/inconsistent funding sources
    • “strings attached”
  – Risk of diversion from “mission driven” to “funding driven”
  – Viewed as a “desire” of the community and not a “need” of the community
Government Led

- **Pros**
  - Can require alignment of organizational and legislative policies to support health equity
  - Establish stable funding through budget process
  - Direct contact with policymakers (policy) and elected officials (Policy)
  - Can be naturally embedded in public health infrastructure

- **Cons**
  - Requires supportive executive branch
  - Requires supportive legislative branch
  - Community members perceive powerlessness
  - Support waxes/wanes with changes in elected and appointed leadership
  - Can get lost or isolated in public health infrastructure
IDENTIFY RESOURCES
Identify Resources

• Are there ongoing/fragmented health equity activities?
• Are there human resources available?
• Are investments being made in all areas of the 10 core functions?
• What are other public and private organizations funding that is consistent with the identified issues and core functions?
• Are foundations and philanthropist interested in health equity (e.g., food deserts, physical activity opportunities, improving educational attainment)?
Identify Resources

• What funding is the organization eligible to receive?
• Who’s funding health equity at the local, regional, state, and federal level?
DEMONSTRATE OUTCOMES
## Demonstrate Outcomes

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<th>What Did We Do?</th>
<th>How Well Did We Do It?</th>
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**What Happened as a Result?**
TIPS FOR SUCCESS
Tips for Success

• Share responsibilities
  – Recognize and value non-traditional approaches improving health outcomes

• Be humble
  – The health care system won’t always get the credit.....and that’s okay!

• Know why your partners do what they do
  .......and decide how you feel about it
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