

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.”

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

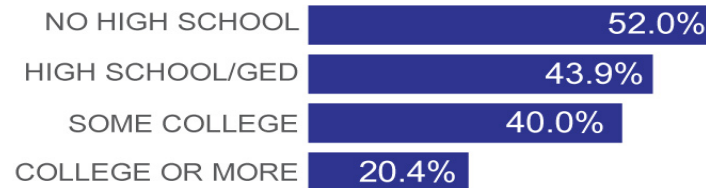
Education, Health & Wealth

Behavior Risk

People Ages 25-65 Reporting Risk Behaviors

Louisville Metro BRFSS, 2009

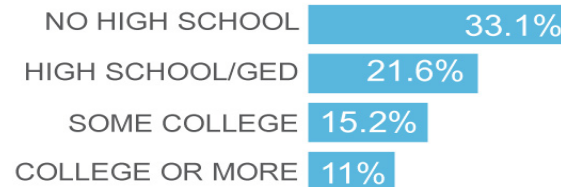
SMOKE EVERYDAY



NOT EATING 3 OR MORE VEGETABLES DAILY



NO PHYSICAL ACTIVITY OUTSIDE OF WORK



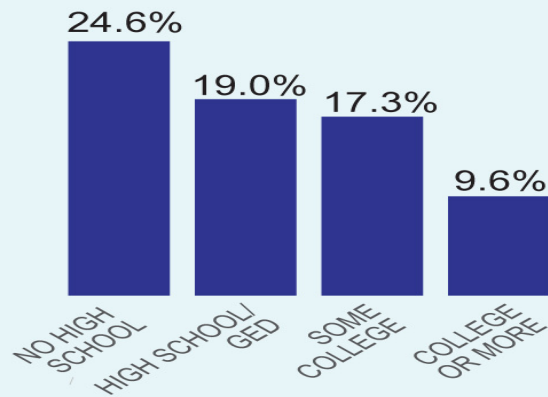
Education, Health & Wealth

Chronic Conditions & Education

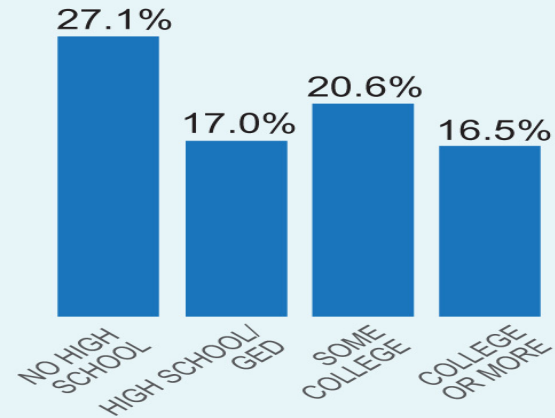
People Ages 25-65 Reporting Chronic Conditions

Louisville Metro BRFSS, 2009

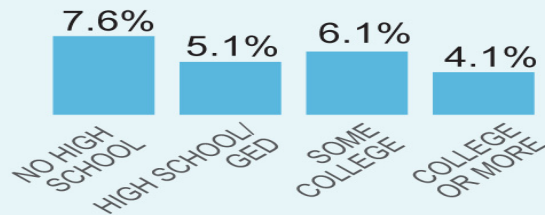
DIABETES



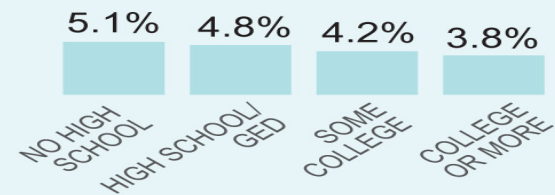
ASTHMA



HEART DISEASE



STROKE



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

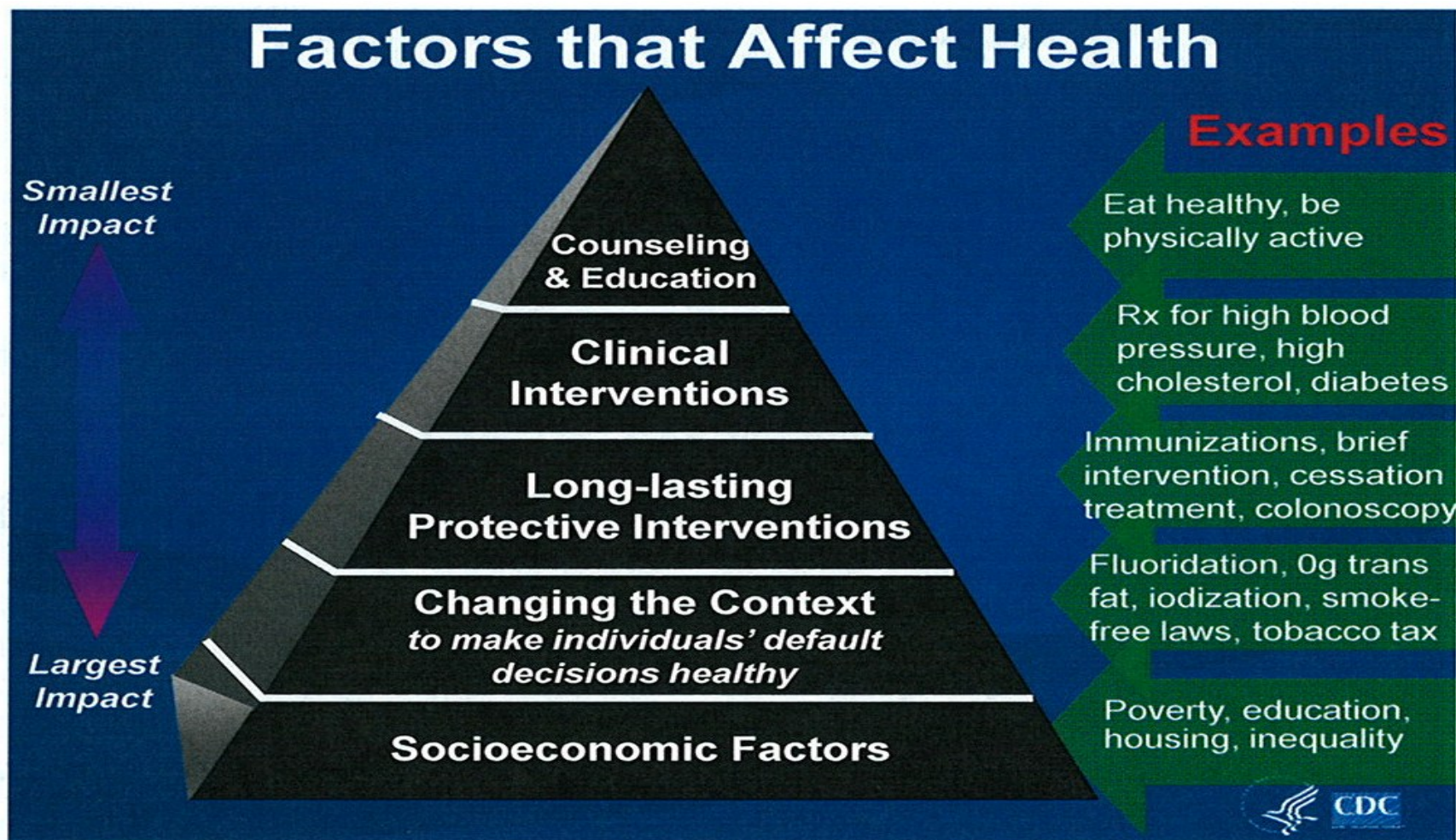
What is Health?

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

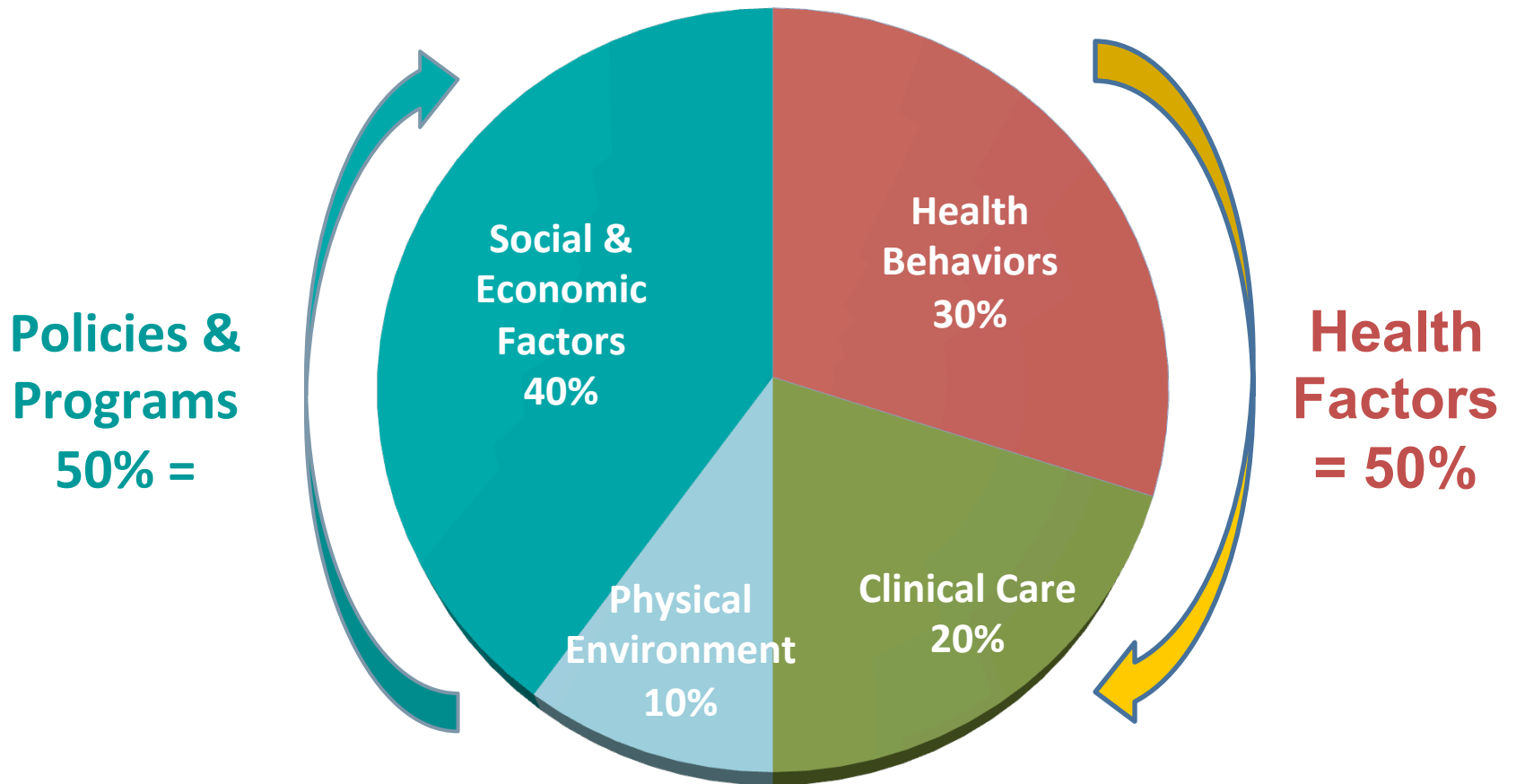
World Health

Organization

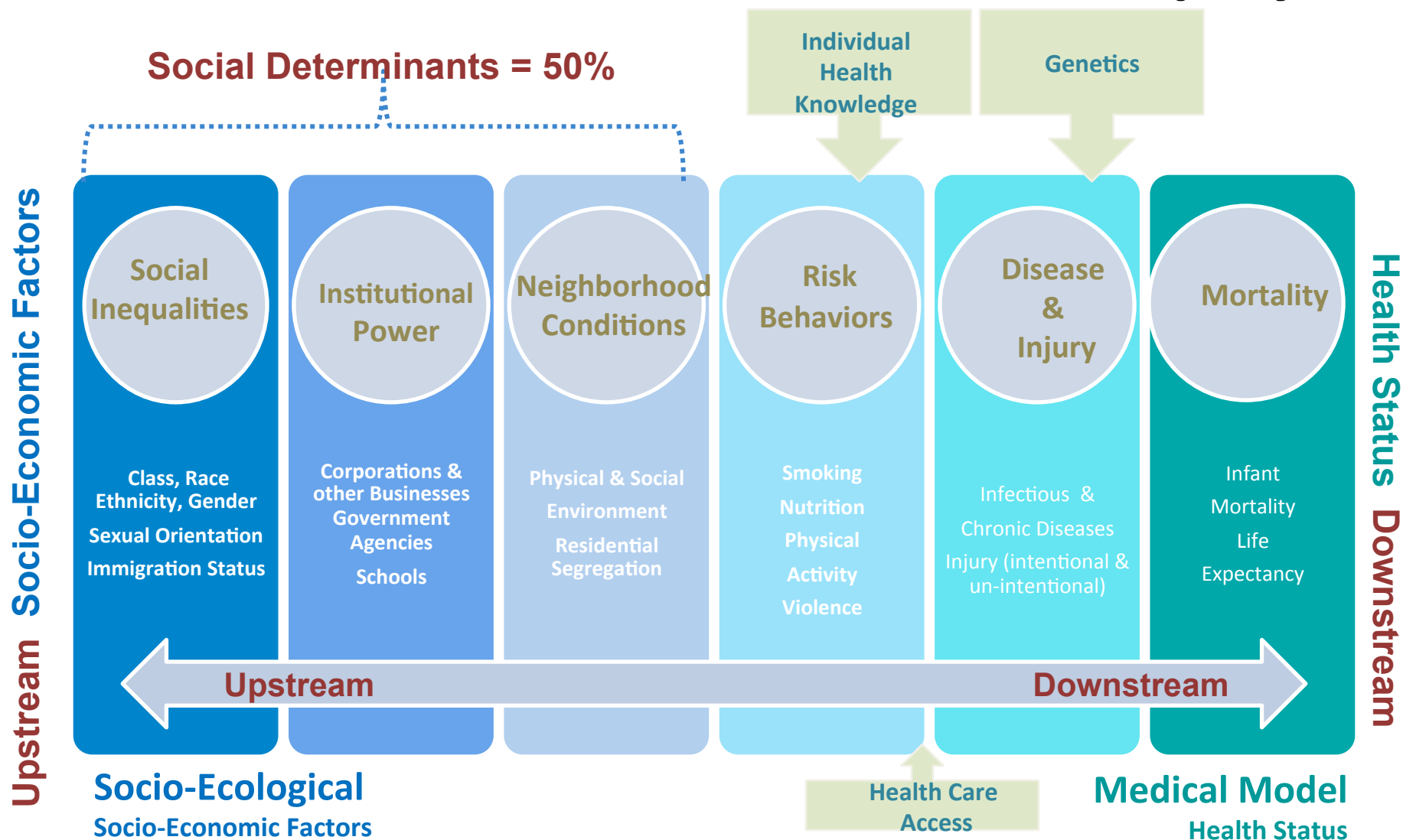
How Do We Improve Health?



Determinants of Health



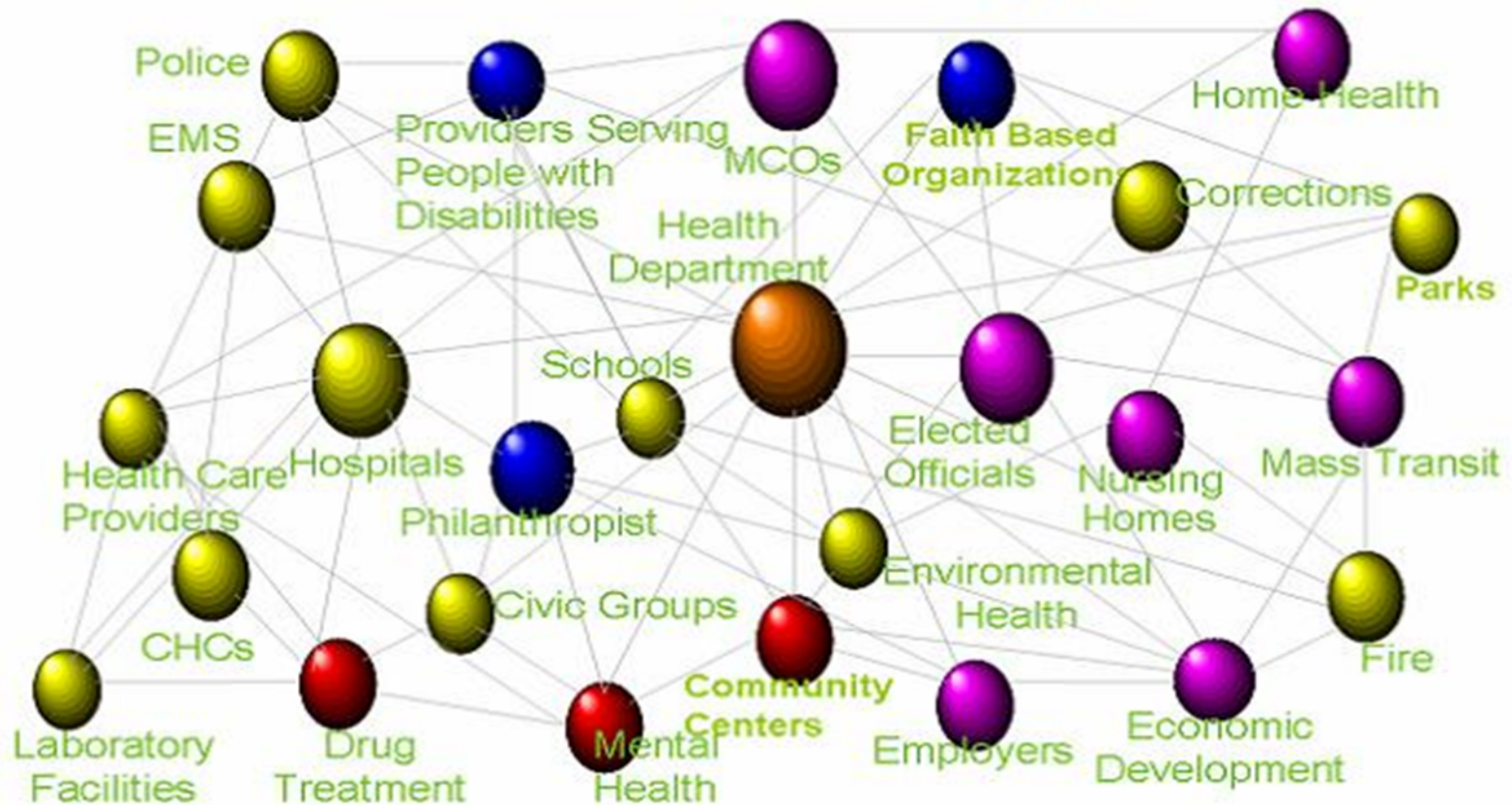
Framework For Public Health & Equity



IDENTIFY STAKEHOLDERS

Identify Stakeholders

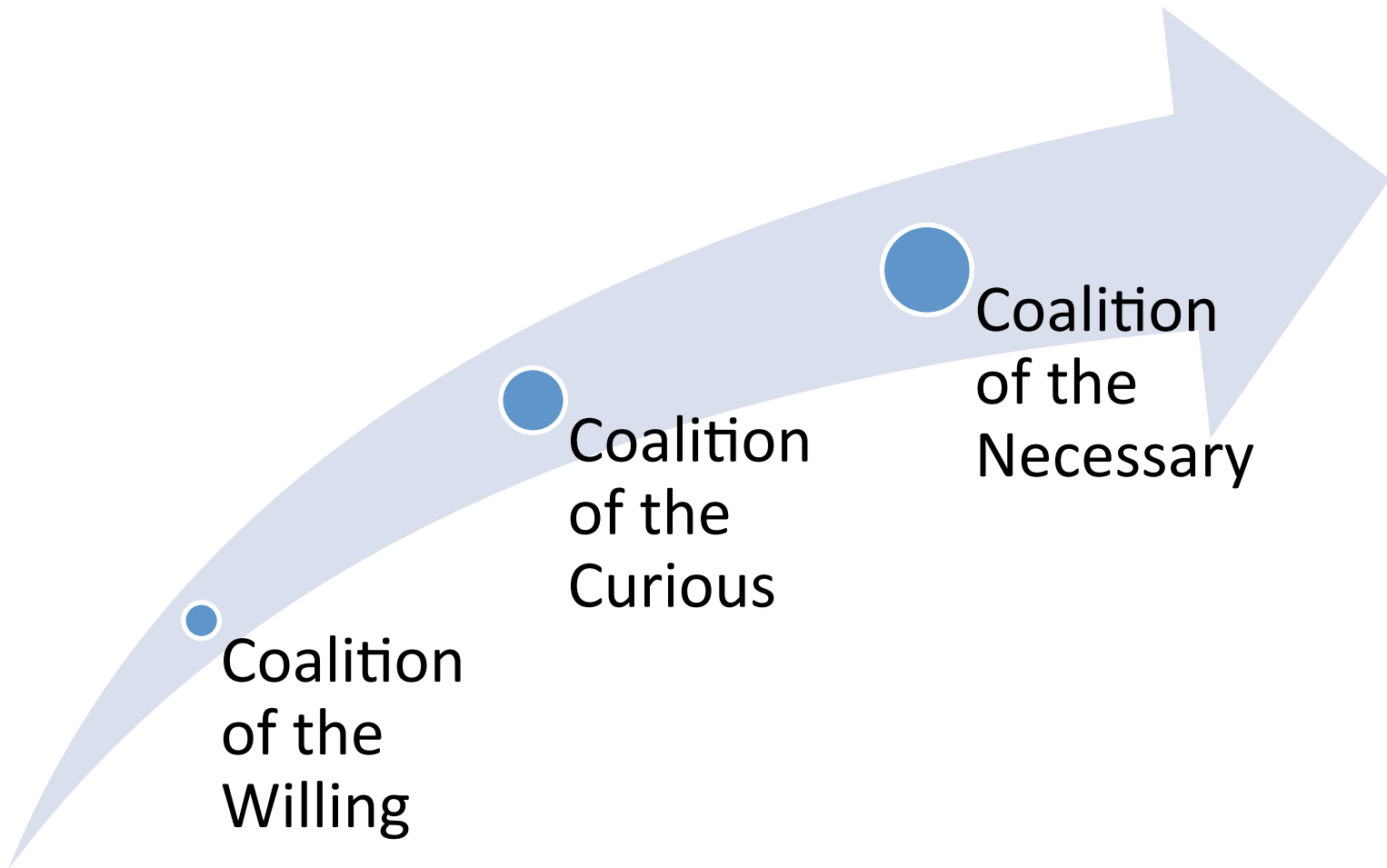
Local Public Health System



Interdisciplinary v. Multi-sector

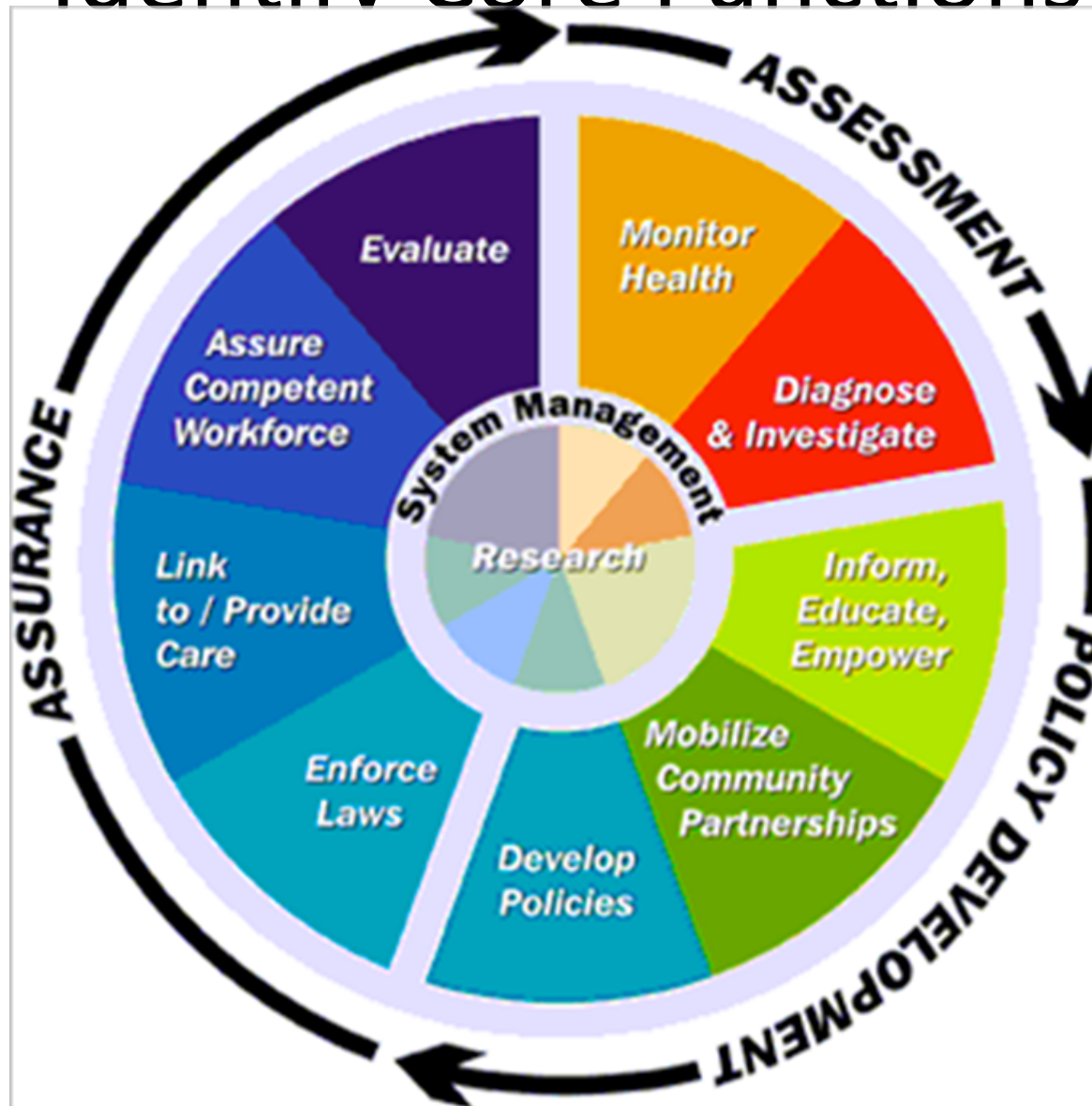
- Interdisciplinary
 - Medicine
 - Public Health
 - Nursing
 - Social Work
 - Pharmacy
 - Occupational & Physical Therapy
 - Psychology and Behavioral Health
 - Other Allied Health Professions
- Multi-sector
 - Law/Public Policy
 - Public Safety
 - Transportation
 - Economic Development
 - Education
 - Planning
 - Public Works

Identify Stakeholders



IDENTIFY CORE FUNCTIONS

Identify Core Functions



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

What Did We Do?

**How Well Did
We Do It?**

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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