

Health Inequities: America's Chronic Condition Driving a Hard Reset and Going Upstream

introducing



Jay Bhatt, DO, MPH, MPA, FACP

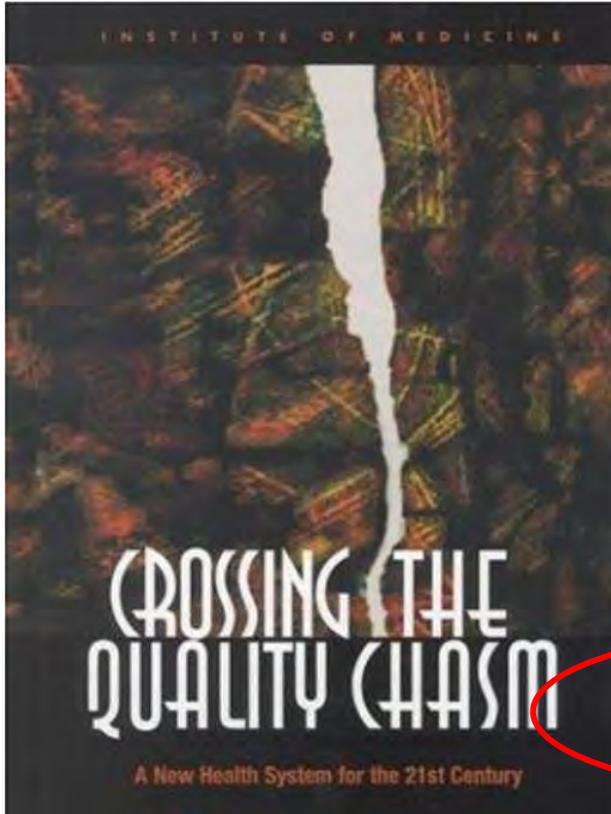
Illinois Department of Public Health Medical Advisor
Former Chief Medical Officer, American Hospital Association



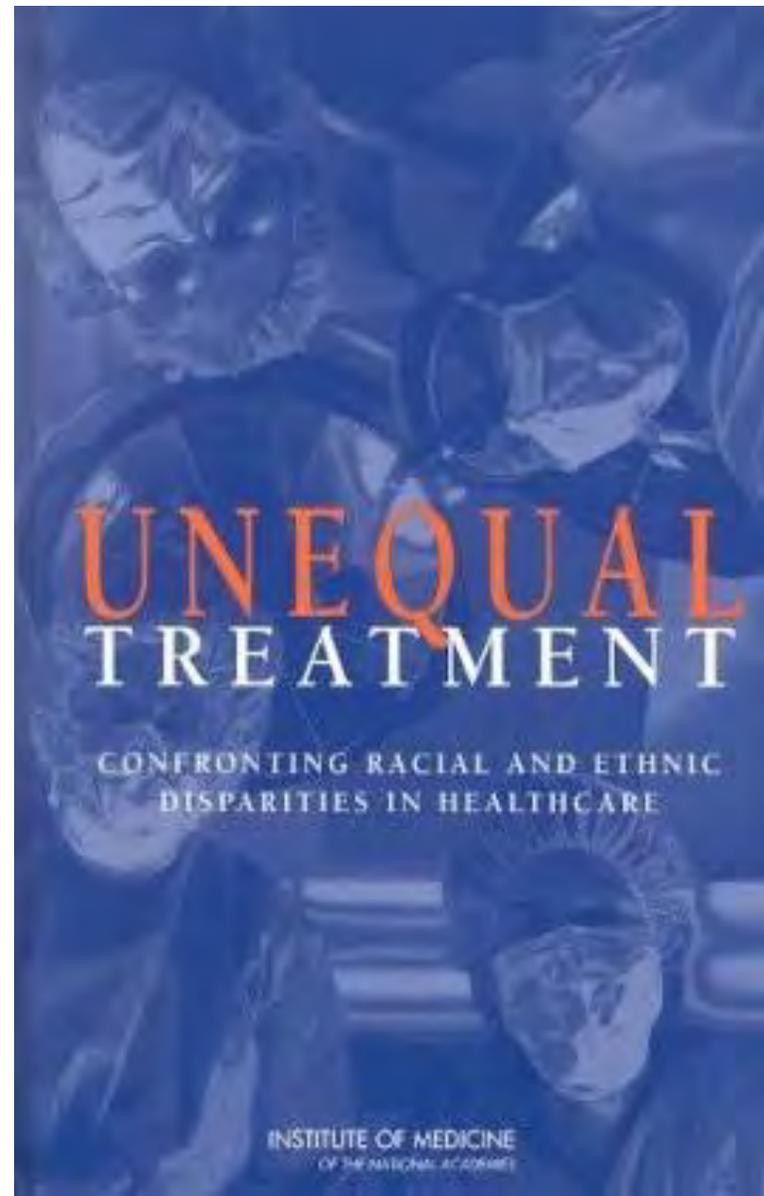
Thank you to Dr. Kurt Newman and the Children's National Medical Center

Project Brotherhood





- ◆ Safe
 - Minorities have more medical errors with greater clinical consequences
- ◆ Effective
 - Minorities received less evidence-based care (diabetes)
- ◆ Patient-centered
 - Minorities less likely to provide truly informed consent; some poorer patient experience
- ◆ Timely
 - Minorities more likely to wait for same procedure (transplant)
- ◆ Efficient
 - Minorities experience more test ordering in ED due to poor communication
- ◆ Equitable
 - No variation in outcomes
- ◆ Also



Leadership from Where You Are



ABC 7 News - WJLA  @ABC7News · 17h

"I hope that my 13-year-old son grows up to be just as amazing as they are."

Rahul Dubey opened his home to nearly 70 strangers overnight and sheltered them during D.C.'s curfew. He says our country needs people like THEM.

FULL INTERVIEW: bit.ly/3cxjKo9



672

40.8K

115.7K



- Accepting responsibility for enabling shared purpose in the Face of Uncertainty

ADAPTIVE vs. TECHNICAL

Level 1 Technical	Level II Technical & Adaptive	Level III Adaptive
Problem definition is clear	Problem definition is clear	Problem definition, solution and implementation require new learning
Leader or expert provide solution	Solution requires new learning	Responsibility for the solution resides with the team
Easiest to resolve	Both leader and team are responsible for the solution	Most difficult to resolve

Structural Racism as a Driver for Health Inequities

Structural racism and health inequities in the USA: evidence and interventions

Article (PDF Available) in [The Lancet](#) 389(10077):1453-1463 · April 2017 with 2,081 Reads ⓘ

DOI: 10.1016/S0140-6736(17)30569-X

[Cite this publication](#)

 Zinzi Bailey 21.5 · University of Miami Miller School of Medicine	 Nancy Krieger
 Madina Agénor 31.16 · Tufts University	 Jasmine Graves

By Nichole A. Smith, Dexter R. Voisin, Joyce P. Yang, and Elizabeth L. Tung

Keeping Your Guard Up: Hypervigilance Among Urban Residents Affected By Community And Police Violence

JONATHAN M. METZL

DYING OF WHITENESS

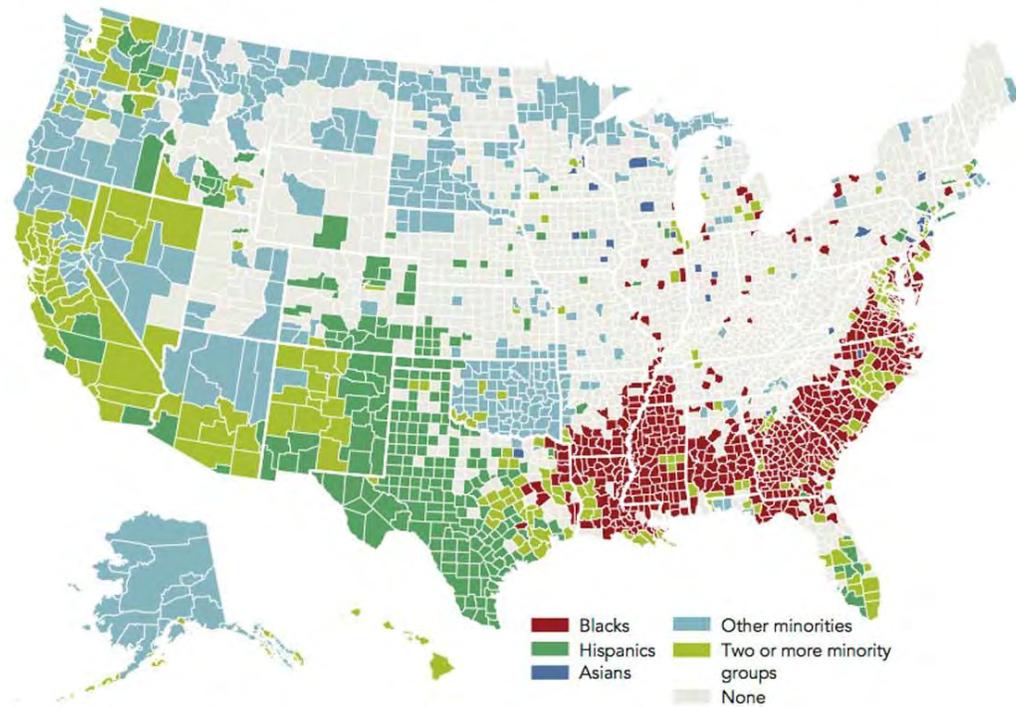
HOW THE POLITICS OF
RACIAL RESENTMENT IS KILLING
AMERICA'S HEARTLAND

- Senior White House economic adviser Kevin Hassett told [CNN's "State of the Union"](#) on Sunday that America's "human capital stock" is ready to get back work as the country moves toward reopening its economy.

The changing landscape of the nation

MAP 3-2

America's Racial Kaleidoscope: Counties where minorities are overrepresented, 2010^a

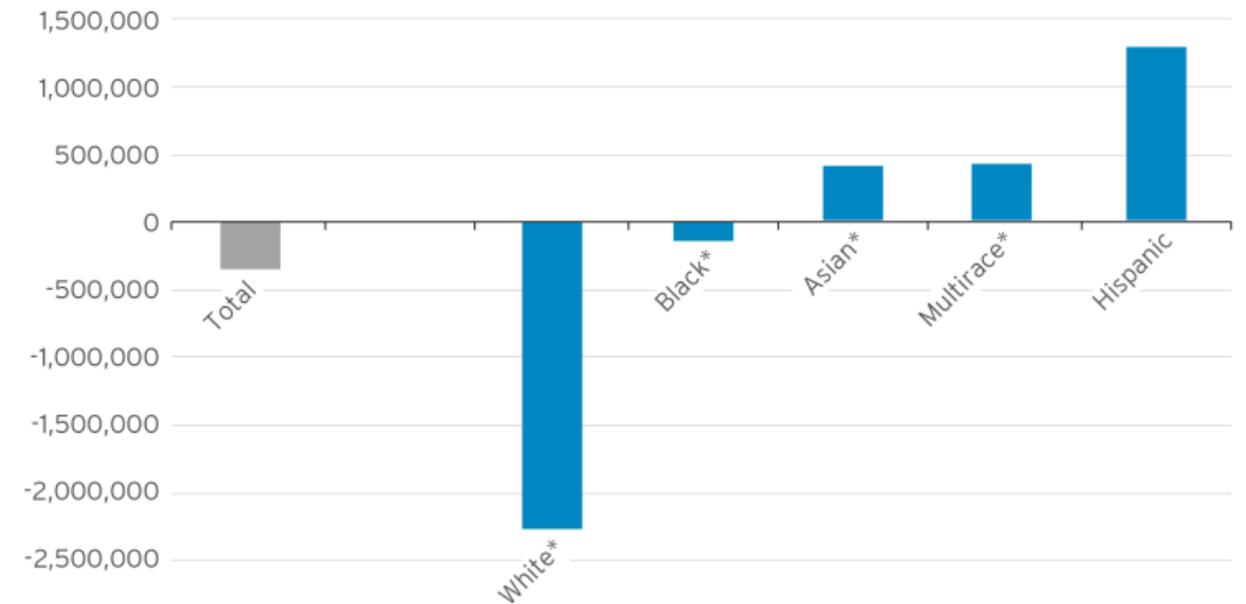


Source: 2010 U.S. census.

^aCounties where group contains at least the national 2010 share for Hispanics (16.3 percent), blacks (12.2 percent), or Asians (4.7 percent). "Other minorities" pertains to counties where the sum of American Indians and Alaska Natives, persons identifying with two or more races, and persons of some other race constitute at least a 4 percent share of the population. "Two or more minority groups" pertains to counties where two or more of the groups—Hispanics, blacks, Asians, or other minorities—are overrepresented.

FIGURE 2

Change in under age 15 child population in the United States, 2010-2018

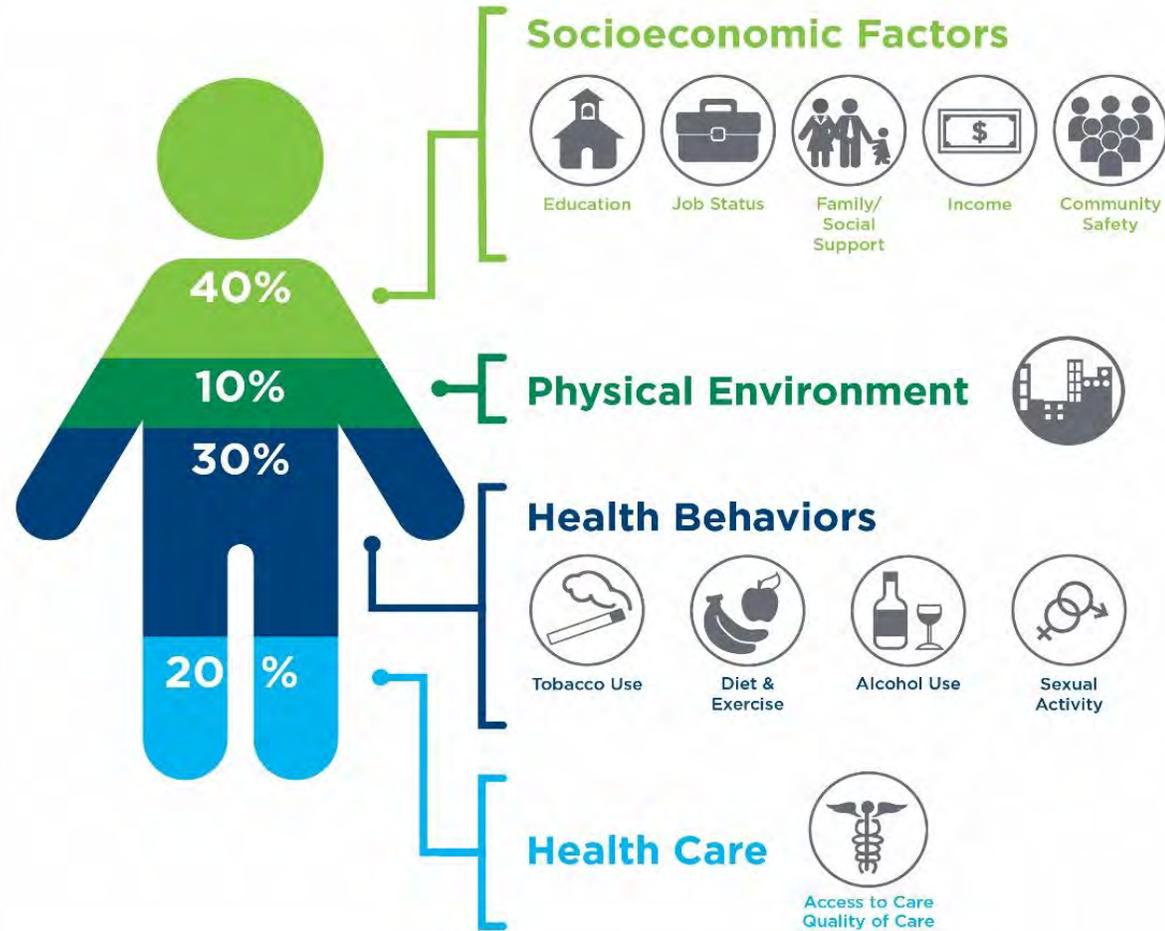


* Non-Hispanic members of racial group

Source: William H. Frey analysis of US Census population estimates released June 20, 2019

B Metropolitan Policy Program
at BROOKINGS

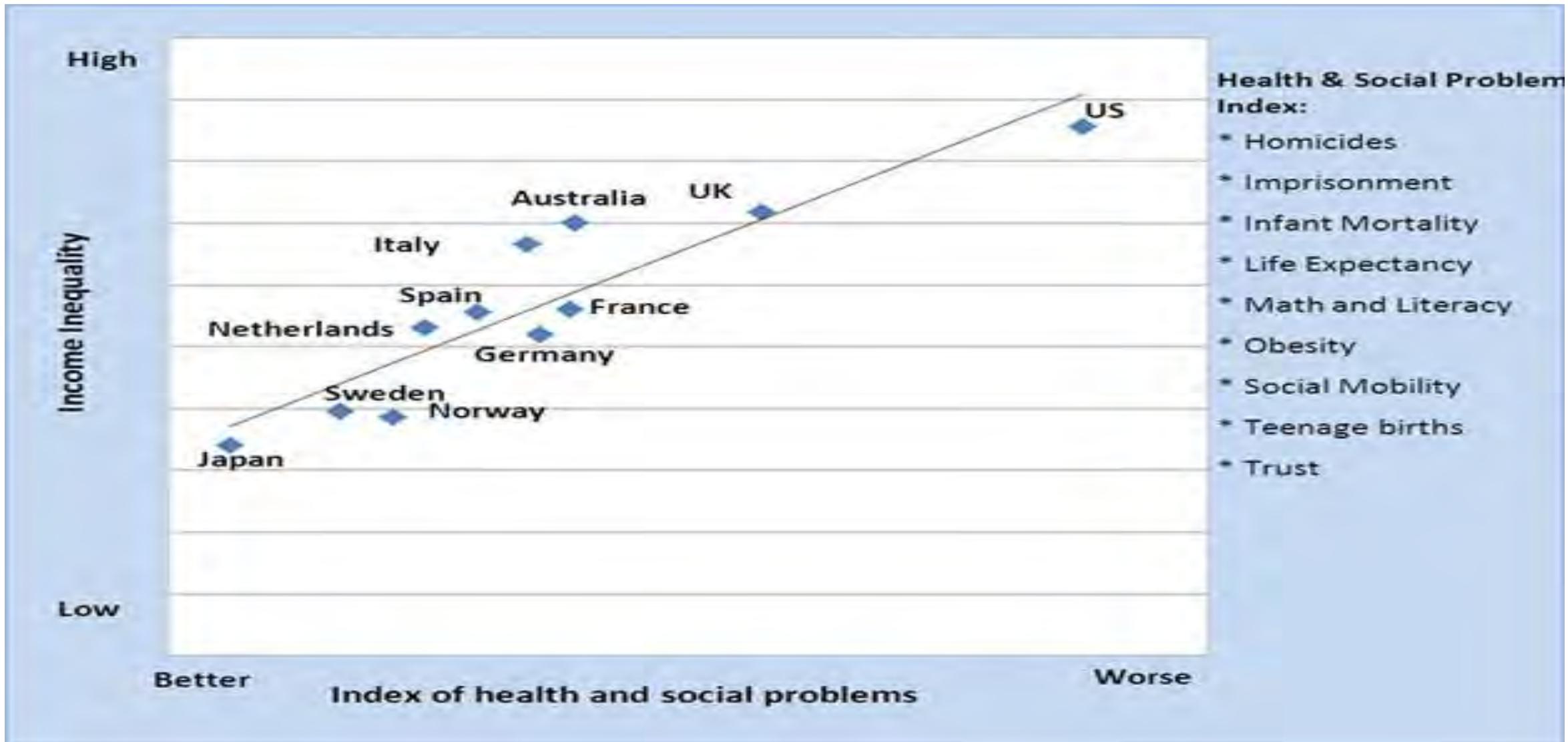
What Goes Into Your Health?



HEALTH IMPACT OF SOCIAL, ECON, ENV Factors

1. Hunger as a health issue
2. Impact on mental health on physical health
3. Infant mortality
4. Health impacts of unemployment
5. Health impacts of inadequate housing

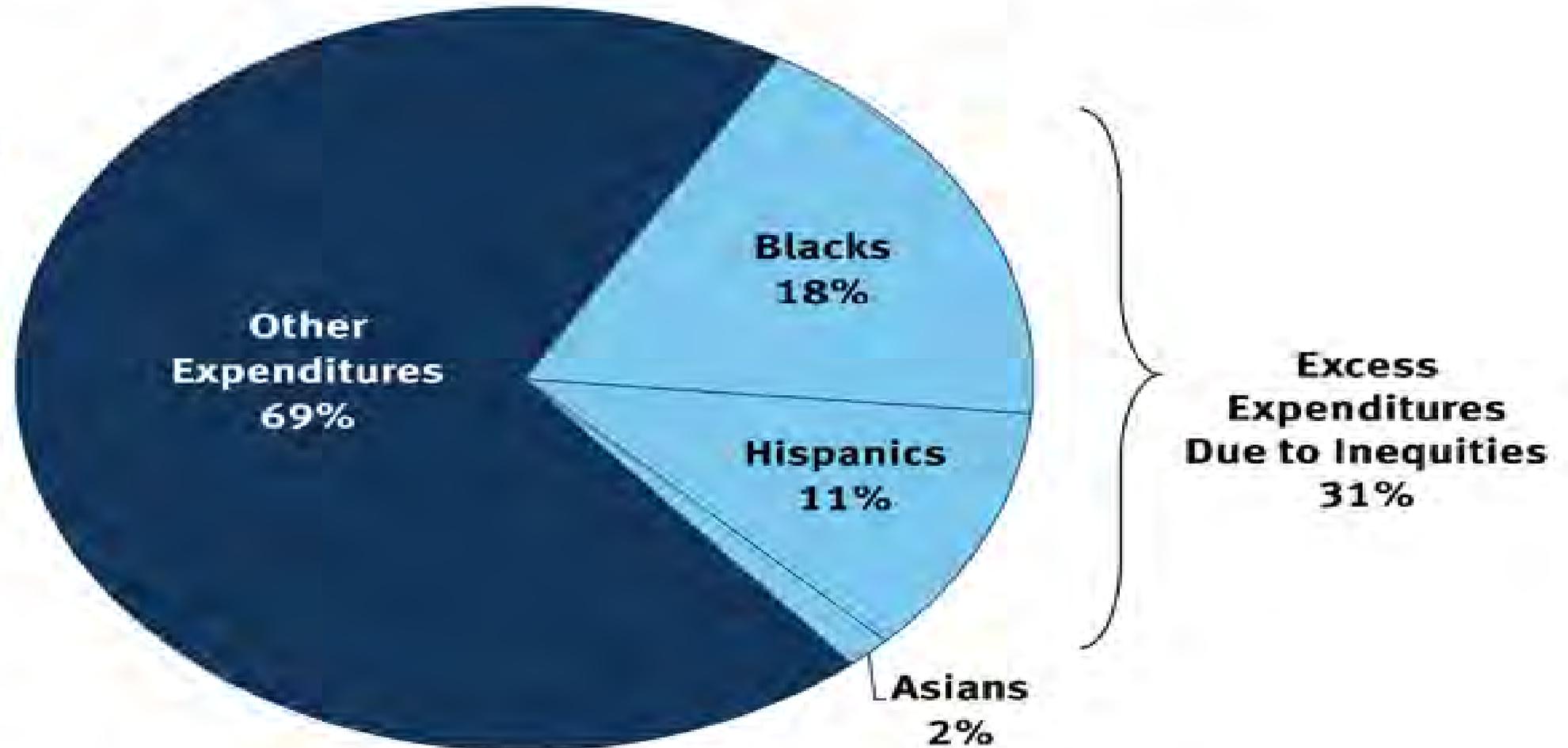
Medical vs Social investments



Excess Medical Expenditures Due to Health Inequities

 MORE THAN **3x**
AS LIKELY
to be diagnosed
with HIV
THAN WHITES

 MORE THAN **2x**
HIGHER
teen birth
rate
THAN WHITES



Total Expenditures 2003-2006 = \$749 Billion

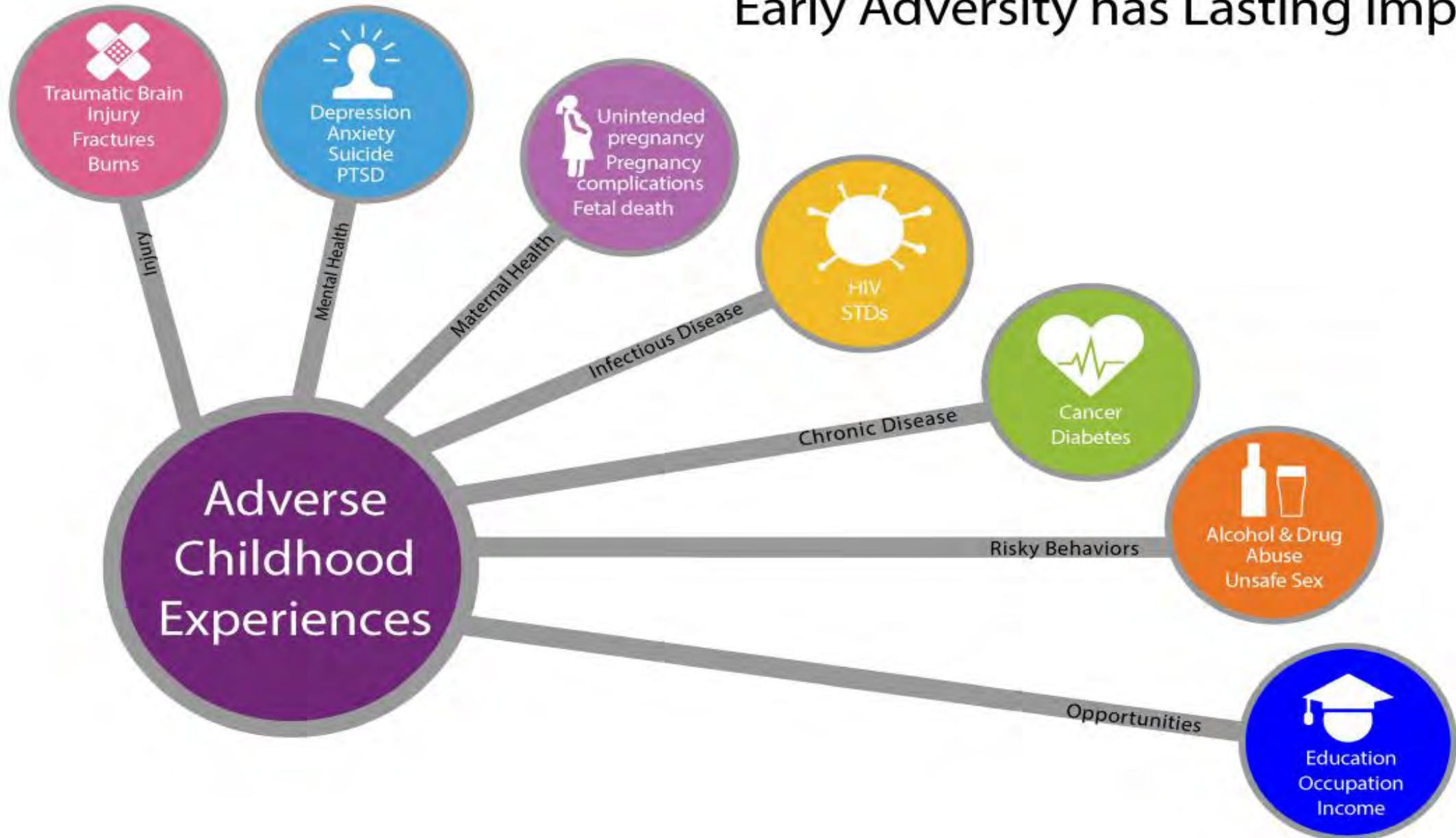
SOURCE: LaVeist, T., Gaskin, D., and P. Richard, "The Economic Burden of Health Inequalities in the United States," Joint Center for Political and Economic Studies, September 2009.



AMERICA IS FAILING ITS BLACK MOTHERS

For decades, Harvard Chan alumni have shed light on high maternal mortality rates in African American women. Finally, policymakers are beginning to pay attention.

Early Adversity has Lasting Impacts



The Power of Z Codes and Adverse Childhood

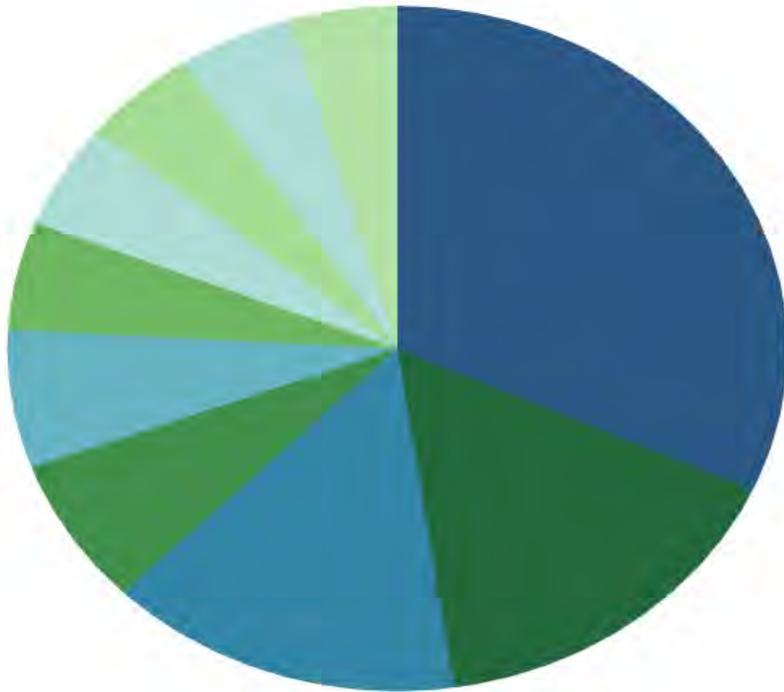
Top 10 Z-Codes per Volume

Overview

	Volume	% Total
Top 10 Z-Codes	57,890	74.97%
Other	19,323	25.03%

Z-Code Details

		Volume	% Total
Z590	Homelessness	18,390	31.77%
Z62810	Personal history of physical and sexual abuse in childhood	9,204	15.90%
Z560	Unemployment, unspecified	8,531	14.74%
Z602	Problems related to living alone	4,027	6.96%
Z630	Problems in relationship with spouse or partner	3,777	6.52%
Z639	Problem related to primary support group, unspecified	2,959	5.11%
Z634	Disappearance and death of family member	2,877	4.97%
Z599	Problem related to housing and economic circumstances, unspecified	2,771	4.79%
Z62820	Parent-biological child conflict	2,766	4.78%
Z638	Other specified problems related to primary support group	2,588	4.47%



Equity Defined

FIGURE 7 | Equality vs. equity in the short and long term



In this first image, it is assumed that everyone benefits from the same support. They are being treated **equally**.



Individuals are given different support to make it possible for them to have equal access to the view. They are being treated **equitably**.

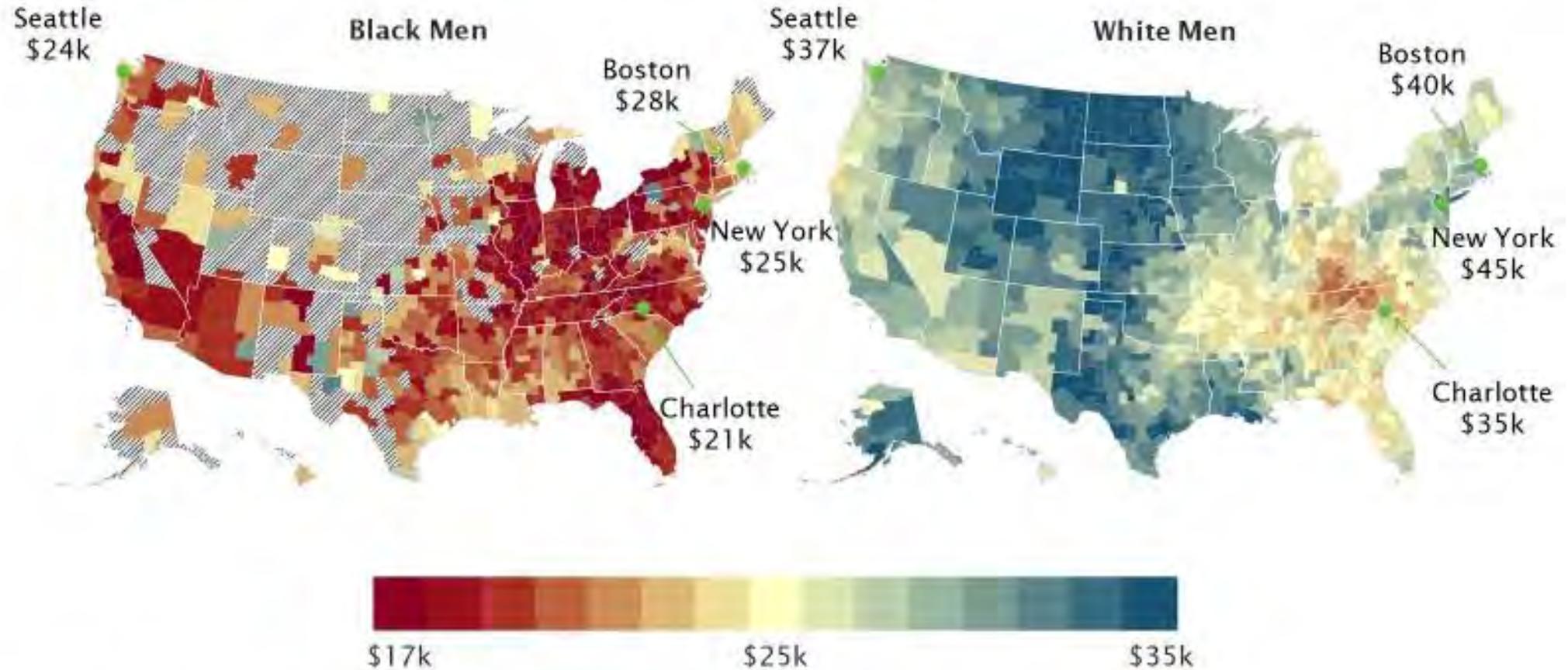


All three can see the view without any support because the cause of inequality was addressed. The systemic barrier has been **removed**.

Equity is the fair and just treatment, access, opportunity, and advancement for all people in pursuit of their total well-being.

Inequities widening for Black Men

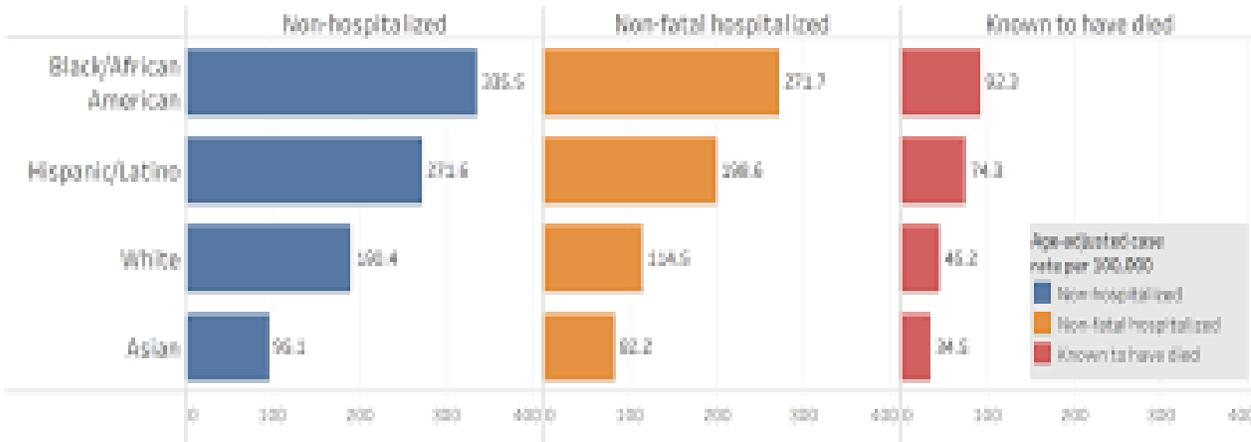
Two Americas: The Geography of Upward Mobility for Black vs. White Men
Average Earnings at Age 35 for Men Whose Parents Earned \$27,000 (25th Percentile)



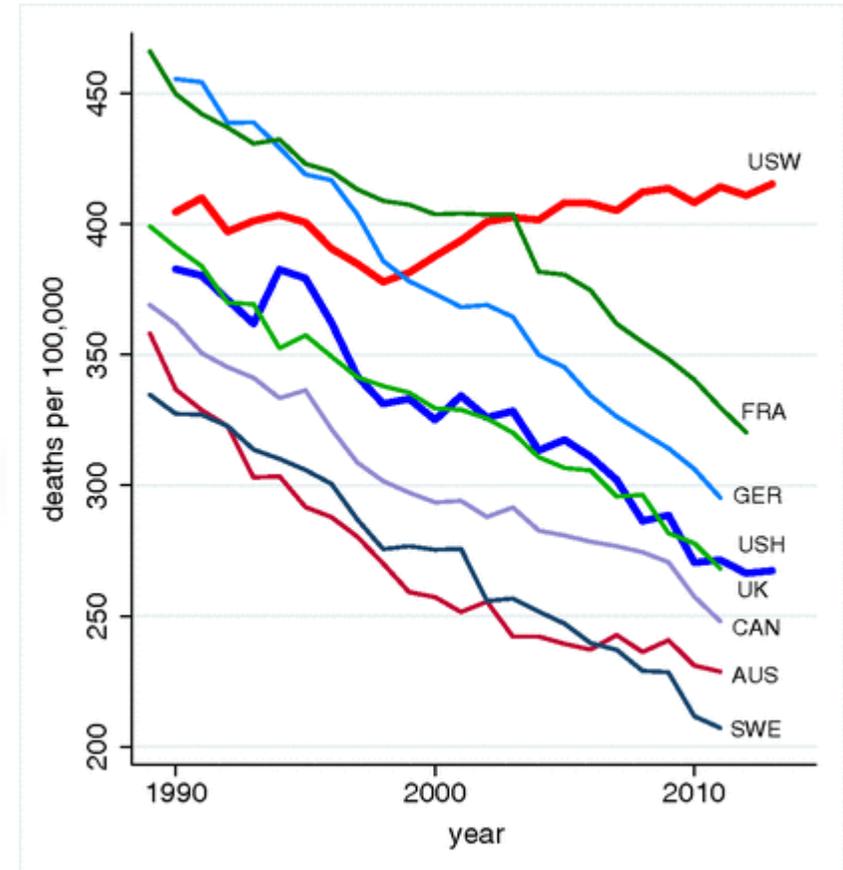
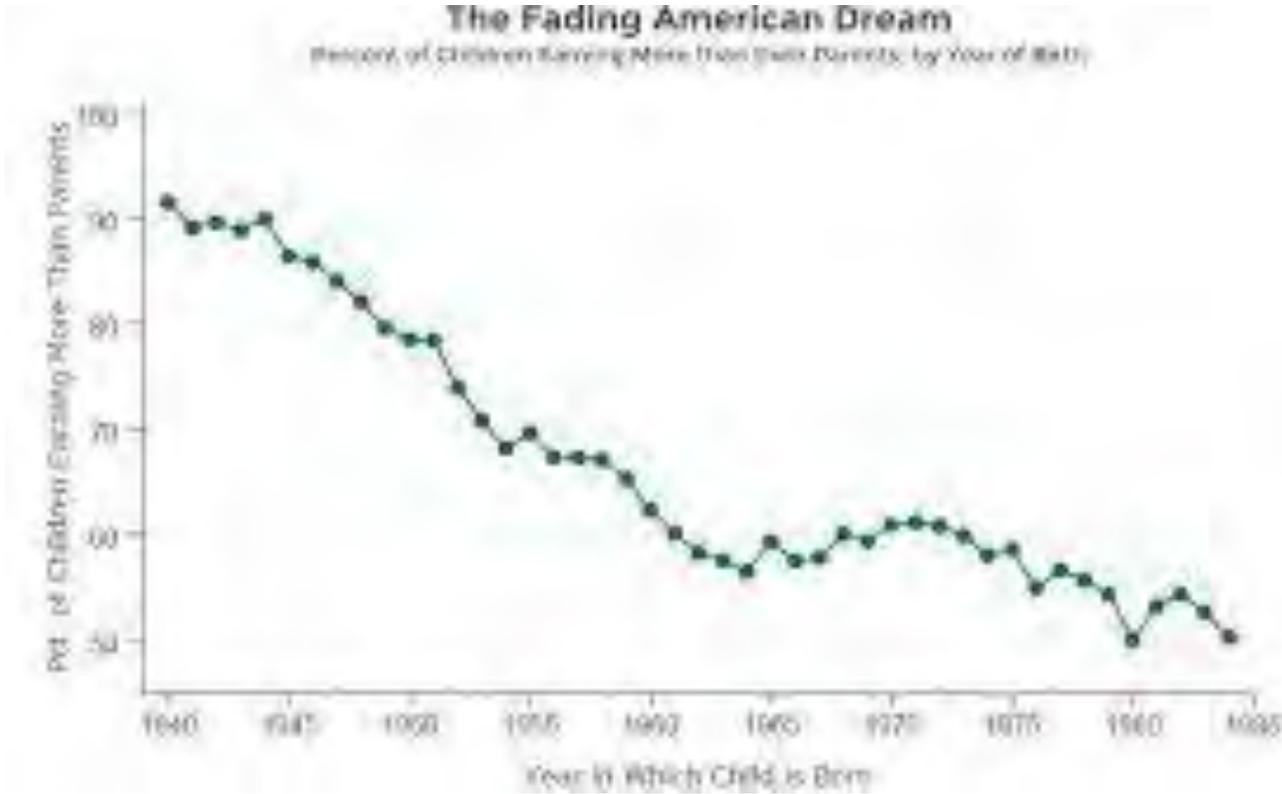
Note: Blue = More Upward Mobility, Red = Less Upward Mobility
Source: Chetty, Hendren, Jones, Porter 2018

Magnifying Glass on Inequities and COVID19

Age-adjusted rates of lab-confirmed COVID-19 non-hospitalized cases, estimated non-fatal hospitalized cases, and patients known to have died 100,000 by race/ethnicity group as of April 16, 2020



Magnifying Glass on Inequities and COVID19



So what do health care leaders do – Hard Reset and Go Upstream

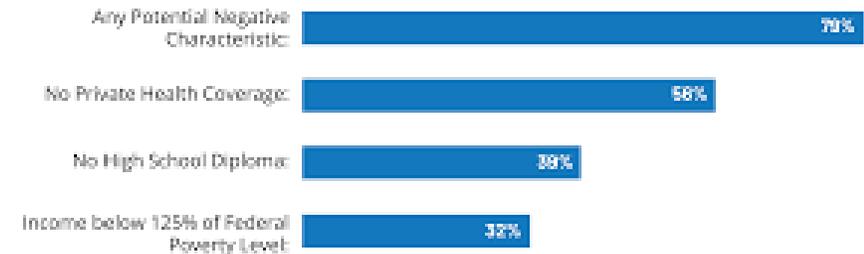


Framing Social Needs, Social Determinants, Health Equity



Select Characteristics That Could Count Against Immigrants in "Public Charge" Determinations

Share of noncitizens who entered the U.S. without legal permanent resident status who have:



To defeat COVID-19, don't only treat the patient, treat the neighborhood:
OPINION

African American and Latino communities have been hit hard by the disease.

By **Jay Bhatt**, **Kelli Todd** and **Kavita Patel**

April 20, 2020, 2:12 PM • 7 min read



The Complexity of the Neighborhood

- Observational study considers social determinant of health (SDOH) variables and mortality outcome at a small area resolution
 - In a cross-sectional view, SDOH may have more explanatory power of health outcomes than differences attributed to changes in medical care or technology (Fuchs 2017).
- Data: Census data (ACS 2014 5-year average) from the Social Vulnerability Index and Census, and Chicago premature mortality data (2009-2013 average), Violent crime data (battery, assault, robbery, and homicide in 2014)
- Coding and Software: Data Wrangling and some mapping in R (scripts opened), Analysis in GeoDa, Interactive Map in Carto

Original Investigation | Public Health

January 29, 2020

Quantification of Neighborhood-Level Social Determinants of Health in the Continental United States

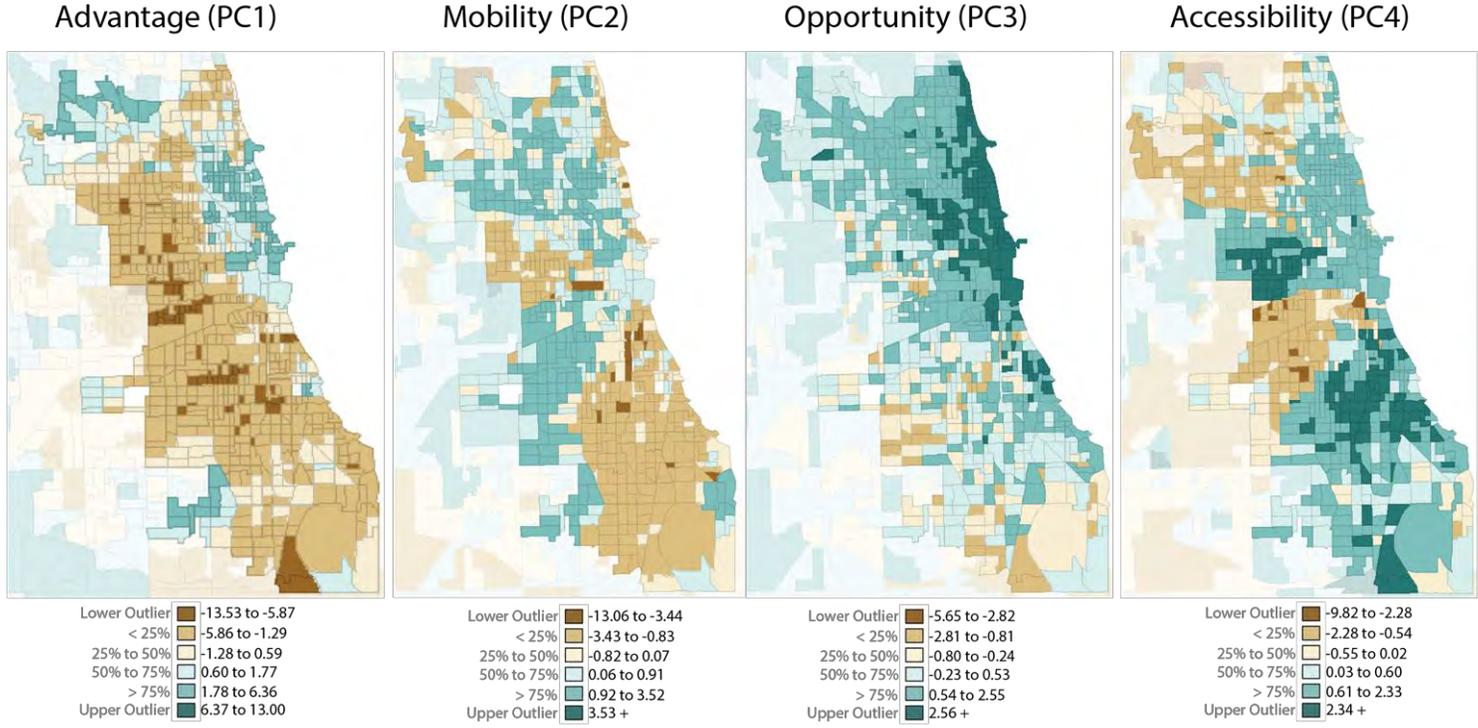
Marynia Kolak, PhD, MFA, MS¹; Jay Bhatt, DO²; Yoon Hong Park, MPP¹; [et al](#)

» [Author Affiliations](#) | [Article Information](#)

JAMA Netw Open. 2020;3(1):e1919928. doi:10.1001/jamanetworkopen.2019.19928



Over 65% of variation in premature deaths in Chicago can be explained by SDOH alone



	OLS		SAR	
Advantage (PC1)	-0.069 (0.009)	** *	-0.049 (0.009)	** *
Mobility (PC2)	-0.152 (0.009)	** *	-0.115 (0.009)	** *
Opportunity (PC3)	-0.089 (0.008)	** *	-0.057 (0.008)	** *
Accessibility (PC4)	-0.022 (0.009)	* 	-0.019 (0.008)	*
Violent Crime	0.038 (0.011)	** *	0.023 (0.012)	*
Spatially Lagged YPLL			0.3480 (0.038)	** *
R squared	0.604		0.653	
Adjusted R squared	0.602		0.627	

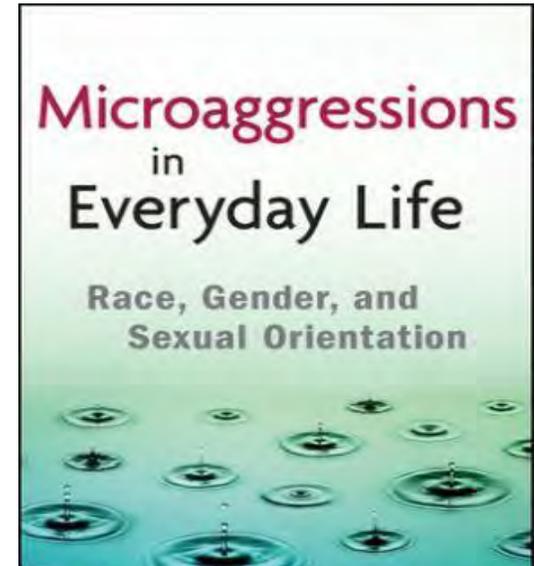
Hospitals can be a hub for racial healing

- **Disability:** difficulty achieving a high quality clinical orientation
- **Language:** inability to communicate with Registrars
- **Geography:** Limited to access in rural communities
- **Gender:** Disparate approach to patient education
- **Sexual Orientation:** Visitation rules restrict access to support network
- **Socioeconomic:** Income and insurance status determine level of access
- **Veteran:** Care process that doesn't contemplate impacts of PTSD and TBI
- **Age:** Higher level of difficulty traveling to healthcare providers
- **Race/Ethnicity:** Minimal understanding of cultural practices



What are microaggressions?

- A question, a comment, even an intended compliment, sometimes, that nevertheless suggests something demeaning
- White people often ask Asian Americans where they are from, conveying the message that they are perpetual foreigners in their own land.
- Example – telling a person of color that he/she is “so articulate,” which implies that all other people of color are not.
- Example – “You’re not like those other [women, gays/lesbians, Blacks, Latinos], etc.”
 - This implies that the person is an exception.



Opinion

VIEWPOINT

Racial Bias in Health Care and Health Challenges and Opportunities

David R. Williams, PhD, MPH
Department of Social and Behavioral Sciences, Harvard T. H. Chan School of Public Health, Boston, Massachusetts; and Department of African and African American Studies, Harvard University, Cambridge, Massachusetts.

Ronald Wyatt, MD, MHA
The Joint Commission, Oakbrook Terrace, Illinois.

A landmark report from the Institute of Medicine (IOM) in 2003 documented that from the simplest to the most technologically advanced diagnostic and therapeutic interventions, African American (or black) individuals and those in other minority groups receive fewer procedures and poorer-quality medical care than white individuals.¹ These differences existed even after statistical adjustment for variations in health insurance, stage and severity of disease, income or education, comorbid disease, and the type of health care facility. Very limited progress has been made in reducing racial/ethnic disparities in the quality and intensity of care.² The IOM report concluded that multiple factors contribute to racial disparities in medical care and that unconscious bias by health care professionals contributes to deficits in the quality of care. This Viewpoint discusses the potential contribution of societal racial bias to disparities in health care and health status.

Individuals who sympathize with those who have experienced injustice and are committed to principles of racial equality. Higher levels of implicit bias among clinicians have been directly linked with biased treatment recommendations in the care of black patients, although the pattern is not uniform.⁴ Implicit bias by clinicians has also been associated with poorer quality of patient-physician communication and lower patient ratings of the quality of the medical encounter.

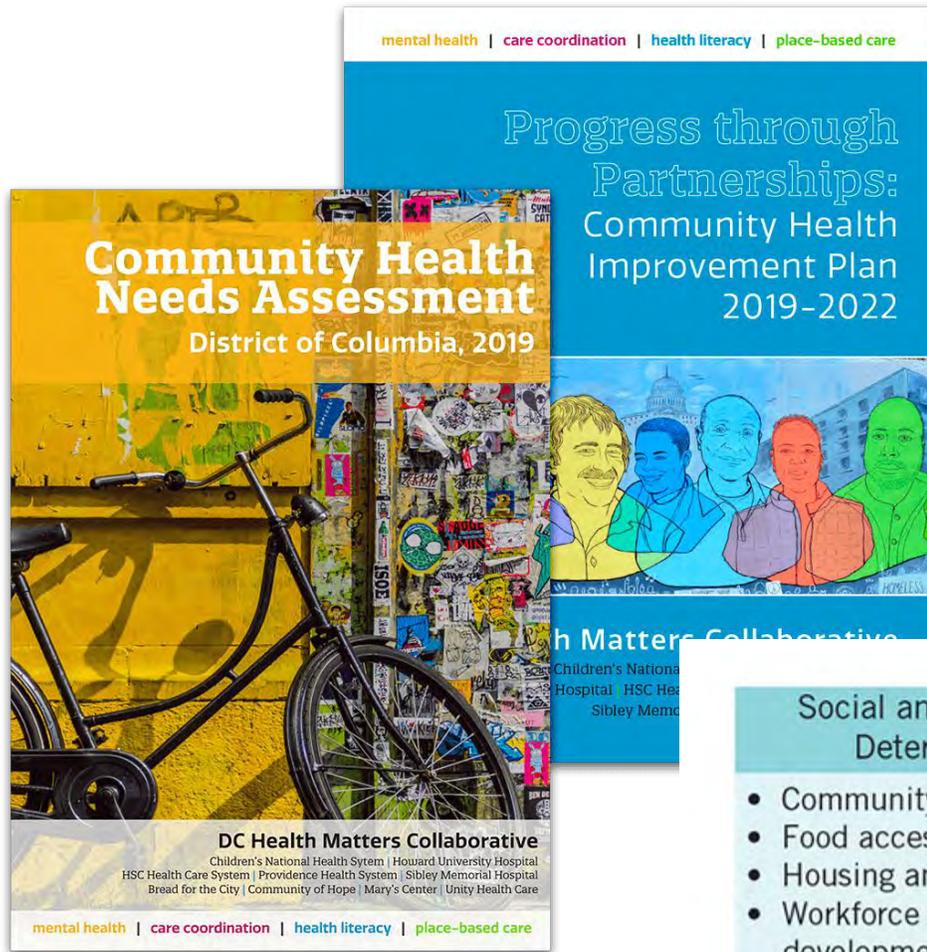
Race/Ethnicity and Health

Disparities in medical care contribute to the even larger challenge of pervasive and persistent racial/ethnic disparities in health status. In the United States, compared with white individuals, black individuals have earlier onset of multiple illnesses, greater severity and more rapid progression of diseases, higher levels of comorbidity and impairment throughout the life course, and

“Boss Says You’re Smart for a Woman,”

<http://www.npr.org/2014/04/10/301417507/boss-says-youre-smart-for-a-woman>

Community Health Needs Assessment as Intelligence



Collective Purpose:

Improve population and community health by:

- Promoting **health equity**
- **Capacity building**, shared learning, and connecting local initiatives
- Addressing **social and structural determinants of health**
- Developing broad city/county wide initiatives and **creating systems**
- Engaging community partners and **working collaboratively** with community leaders
- Developing **data systems** for population health to support shared impact measurement and community assessment
- Collaborating on **population health policy and advocacy**



Figure 29.2: Structure of the Alliance for Health Equity.

Going Downstream to Identify Upstream Action

Fig 1

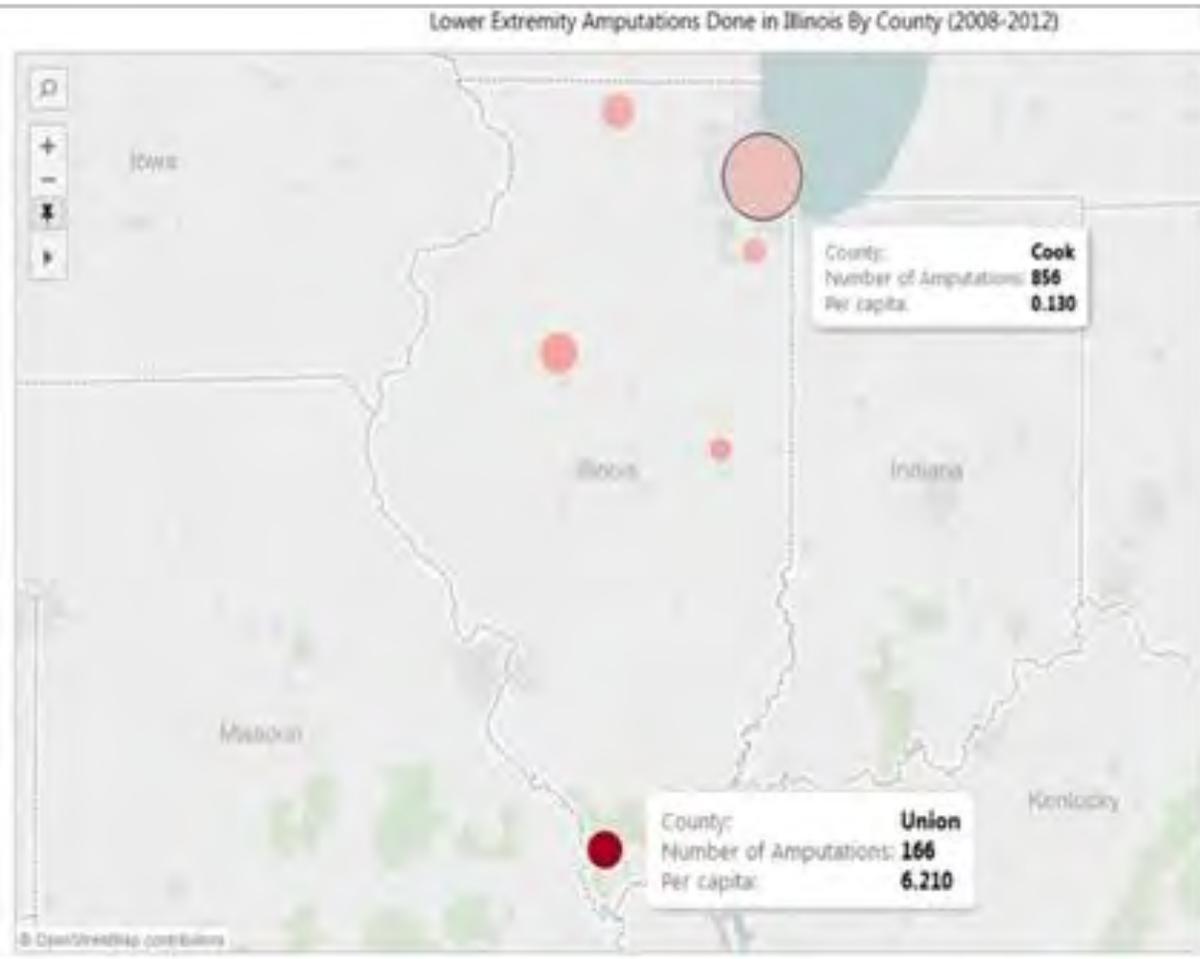
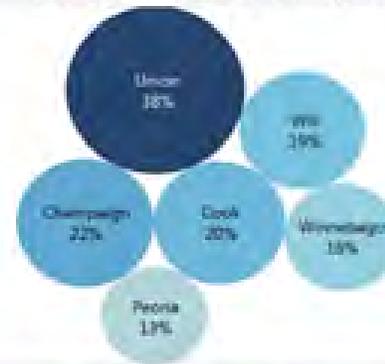
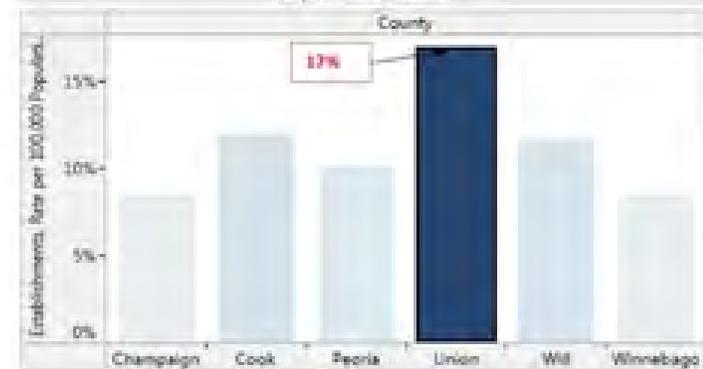


Fig 4

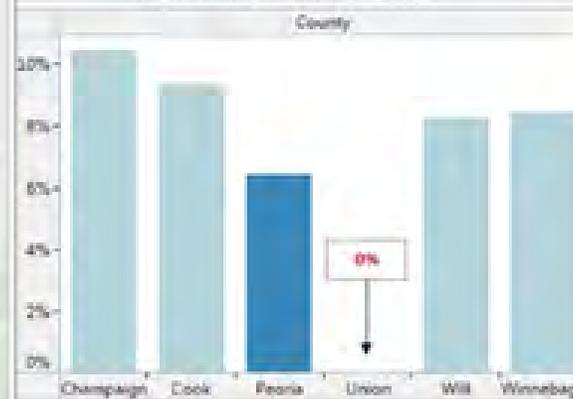
Lack of a Consistent Source of Primary Care



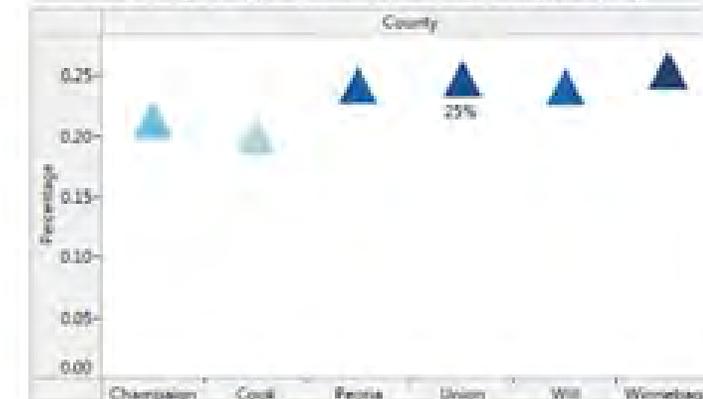
Liquor Store Access



Recreation and Fitness Facility Count



Percentage of Population with no Leisure Time & Physical Activity



Source - <https://www.communitycommons.org/insight/>

Health in All Policies and Power of Your Voice

abc NEWS CORONAVIRUS GOVERNMENT RESPONSE

More than a disease, COVID-19 exposes health risk of food insecurity: OPINION

Many patients at high health risk of COVID-19 contagion live in "food deserts."

By **Jay Bhatt**

April 26, 2020, 3:23 AM • 8 min read



Earned Sick Leave

Earned sick leave laws reduce the spread of contagious illnesses, increase employment and income stability, and save cities money in health care costs.

LEARN MORE ▶

5 6 12



High-quality, Accessible Pre-Kindergarten

Children who attend high-quality pre-k are more likely to succeed in school, go on to stable jobs and earn more as adults—all of which are linked to better health and stronger communities.

LEARN MORE ▶

12 4 18



Affordable Housing/Inclusionary Zoning

As cities grow, it's important that residents of all income levels have access to affordable housing that sets them up for good health.

LEARN MORE ▶

3 6 4

SNAP Online Purchasing to Cover 90% of Households

USDA Approves New States and Retailers to Accept SNAP Benefits Online

(Washington, D.C., May 20, 2020) – U.S. Secretary of Agriculture Sonny Perdue today announced that households in 13 new states – Connecticut, Georgia, Illinois, Indiana, Maryland, Massachusetts, Michigan, New Jersey, Ohio, Oklahoma, Pennsylvania, Tennessee, and Virginia – will soon be able to purchase food online with their Supplemental Nutrition Assistance Program (SNAP) benefits. Once operational, online purchasing will be available in 36 states and the District of Columbia, home to more than 90% of SNAP participants.

Press Release
Release No. 0268.20

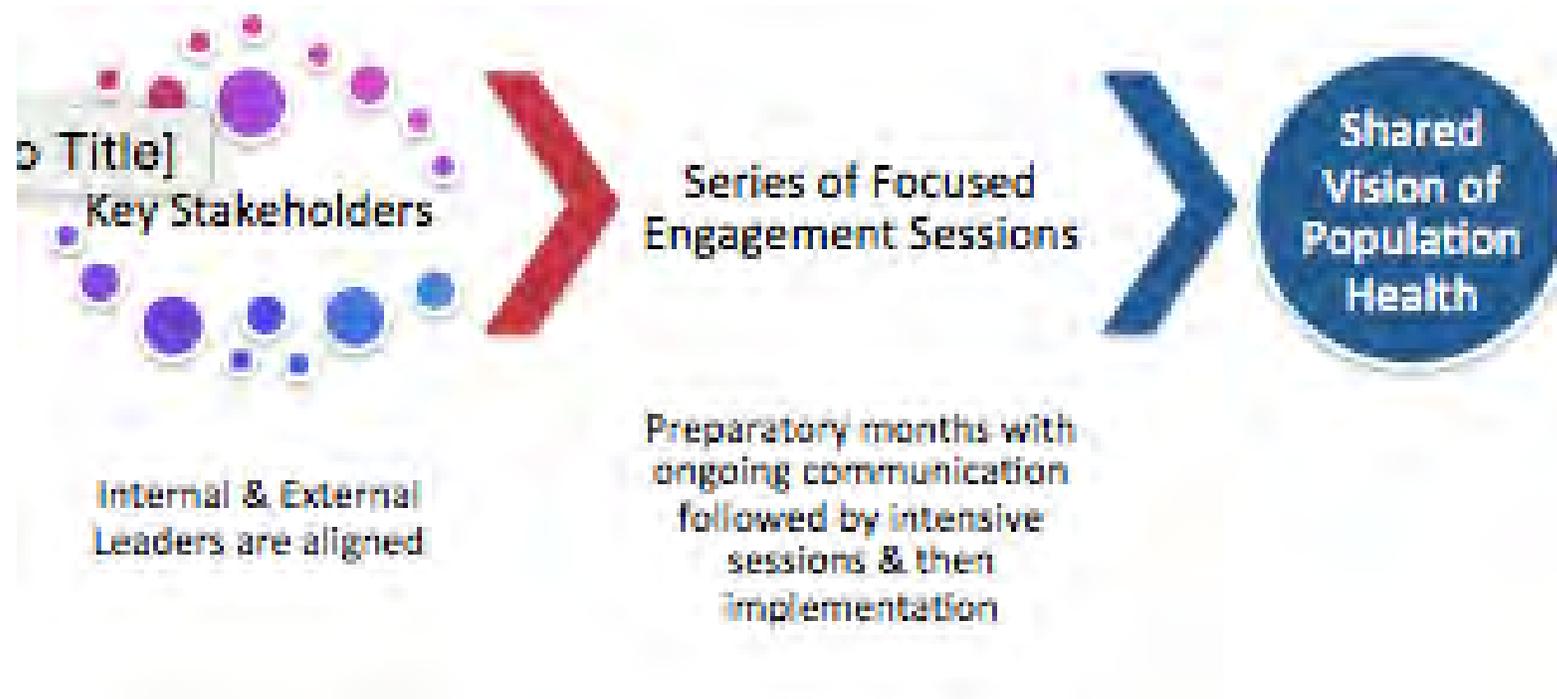
Contact: USDA Press
Email: press@oc.usda.gov

In addition, Secretary Perdue also announced an expansion of independently owned and operated retail stores beyond those included in the original pilot. Soon more SNAP authorized retailers, under multiple store banners, will be accepting SNAP benefits online.

“We are expanding new flexibilities and innovative programs to make sure Americans across this country have safe and nutritious food during this national emergency,” said Secretary Perdue. “Enabling people to purchase foods online will go a long way in helping Americans follow CDC social distancing guidelines and help slow the spread of the coronavirus. USDA is mandated with the noble goal of feeding Americans when they need it most, and we are fulfilling that mission with new innovative programs during this national emergency.”

**CITY HEALTH
Kaiser and
DeBeaumont Foundation**
[-https://www.cityhealth.org/](https://www.cityhealth.org/)

COMMUNITY VISIONING



Integration of multiple activities focused on improving population health, portfolio review, real estate assessment, financial sustainability, and ambulatory strategy, as well as raising awareness of Presence Health.

Leveraging CDFIs

There are more than 1,000 certified CDFIs nationally representing \$108 billion in assets.



Pool public and private dollars

CDFIs borrow funds from philanthropies, corporations and financial firms, federal, state and local governments and through the capital markets.

Some generate income from consulting, and lending services.



Work with local partners

Lend capital to facilitate projects, often working with community-based developers and other partners.

Some lead advocacy efforts on local, regional and national policy.



Support people and places

By investing in housing, businesses, schools, public spaces, health centers, grocery stores and more, CDFIs catalyze opportunities in communities nationwide.

Financing Gaps

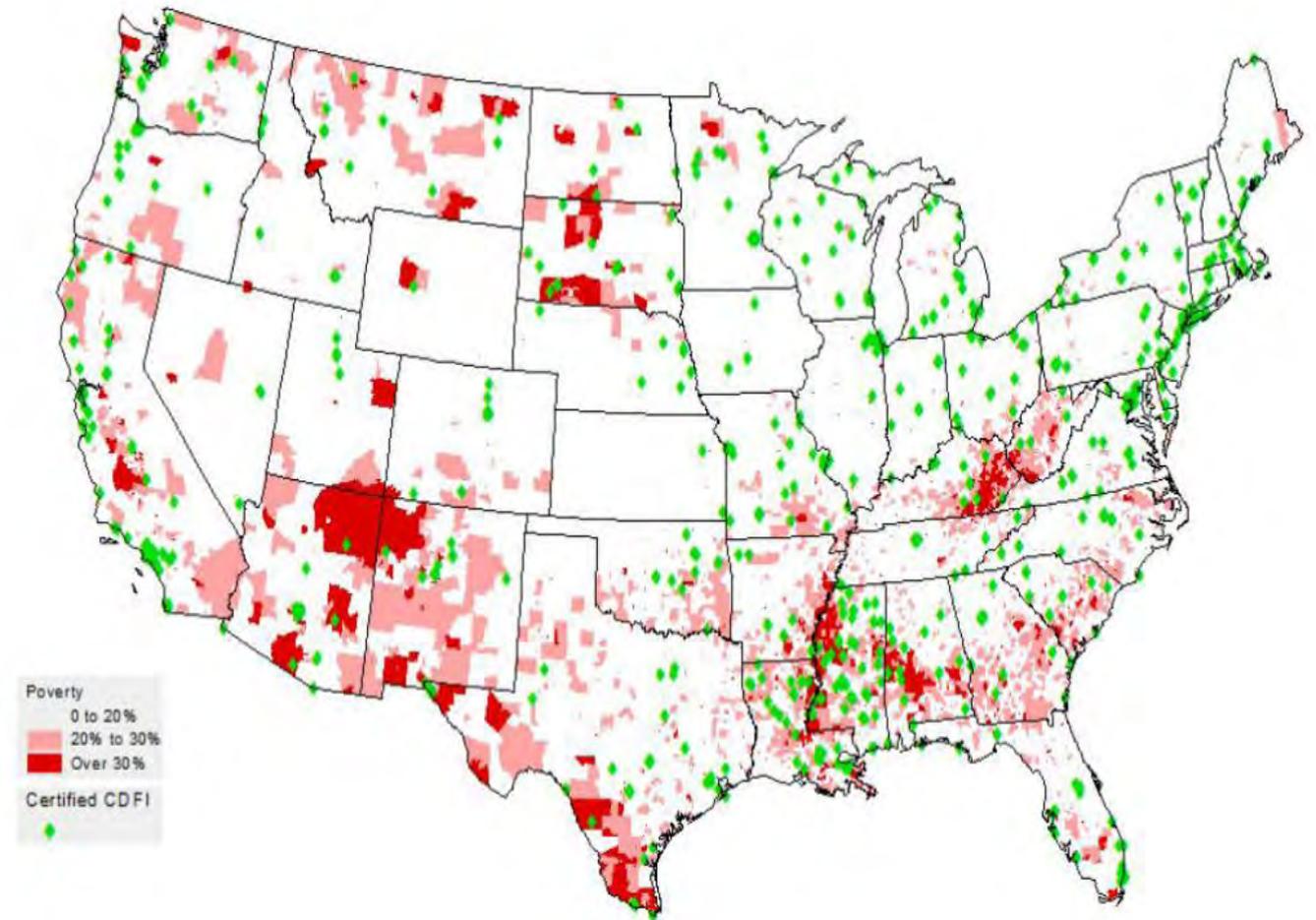
Financial institutions subject to the Community Reinvestment Act have provided CDFIs with significant resources to invest in low-income communities.

Limitations:

- Uneven reach due to the geographic focus of CRA assessment areas.
- Insufficient volume or flexibility to meet all the financing needs of economically underserved communities.

Figure 4: U.S. Poverty and CDFIs

Figure 4, right: Community Development Financial Institutions Fund. (2017). Gaps: Map of areas of poverty and CDFI headquarters. Retrieved from Community Development Financial Institutions Fund, U.S. Department of the Treasury: https://www.cdfifund.gov/Documents/FINAL%20OFN%20presentation%20092517_gaps.pdf



CDFI Impacts



220,700 units of affordable rental housing and 23,302 units of affordable for-sale housing



3 million individuals served by financial literacy training



More than 66,000 community-arts facility seats



304,800 jobs created including 800,000 construction jobs



205 million sq. ft. commercial real estate, 2.8 million sq. ft. retail space for Healthy Food projects and nearly 3 million sq. ft. production space



Increased healthcare facility capacity by more than 2 million patient visits

Between 2009 and 2017:

Source: [CDFI Fund's Year in Review 2018](#)

West Side United

FROM COMPETITORS TO CO-INVESTORS

e.g. Economic Vitality

Education and job creation

Thriving inclusive business, and equitable employment

Finances

SDOH Screening

Hire locally and develop talent



- Employment preference initiative
- Career ladder development
- Skills training
- Mentoring and coaching

Buy and source locally



- Local purchasing program
- Local labor for capital projects
- Apprenticeship
- Diversity hiring and contracts

Invest locally



- Impact investing in local communities
- Local business incubation to fulfill sourcing needs

Community Development and Engagement



- Employee engagement in local communities
- Leveraging employee expertise (e.g., teaching skills class)

Creating conditions for population wellness

Activate these strategies for community health equity

Make Sure the Census Know Who Our Kids Are

PEDIATRICS[®]

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Pediatrics Perspective

Every Child Counts: The Importance of the 2020 Census for Pediatric Health Equity

Rose Ashraf, Carolyn N. Riker and Amanda M. Stewart

Pediatrics May 2020, 145 (5) e20200061; DOI: <https://doi.org/10.1542/peds.2020-0061>



**REGISTER OUR
COMMUNITIES SO
WE
#VOTE HEALTH**

**CHECK OUT VoteER
for leading voter
registration drives**

Actions for Health Equity from RWJF

Need to Also address racism as a public health crisis

- + Collect, analyze, and report data disaggregated by age, race, ethnicity, gender, disability, neighborhood, and other sociodemographic characteristics.
- + Include in decision-making the people most affected by health and economic challenges, and benchmark progress based on their outcomes.
- + Establish and empower teams dedicated to promoting racial equity in response and recovery efforts.
- + Proactively identify and address existing policy gaps while advocating for further federal support.
- + Invest in strengthening public health, health care, and social infrastructure to foster resilience.



The Joint Commission Journal on Quality and Patient Safety

Volume 44, Issue 9, September 2018, Pages 545-551



Hospital Leadership Diversity and Strategies to Advance Health Equity



They're not too young to talk about race!



0

1

2

3

4

5

6+

At birth, babies look equally at faces of all races. At 3 months, babies look more at faces that match the race of their caregivers. (Kelly et al. 2005)

Children as young as two years use race to reason about people's behaviors. (Hirschfeld, 2008)

By 30 months, most children use race to choose playmates. (Katz & Kofkin, 1997)

Expressions of racial prejudice often peak at ages 4 and 5. (Aboud, 2008)

By five, Black and Latinx children in research settings show no preference toward their own groups compared to Whites; White children at this age remain strongly biased in favor of whiteness. (Dunham et al, 2008)

By kindergarten, children show many of the same racial attitudes that adults in our culture hold—they have already learned to associate some groups with higher status than others. (Kinzler, 2016)

Explicit conversations with 5–7 year olds about interracial friendship can dramatically improve their racial attitudes in as little as a single week. (Bronson & Merryman, 2009)

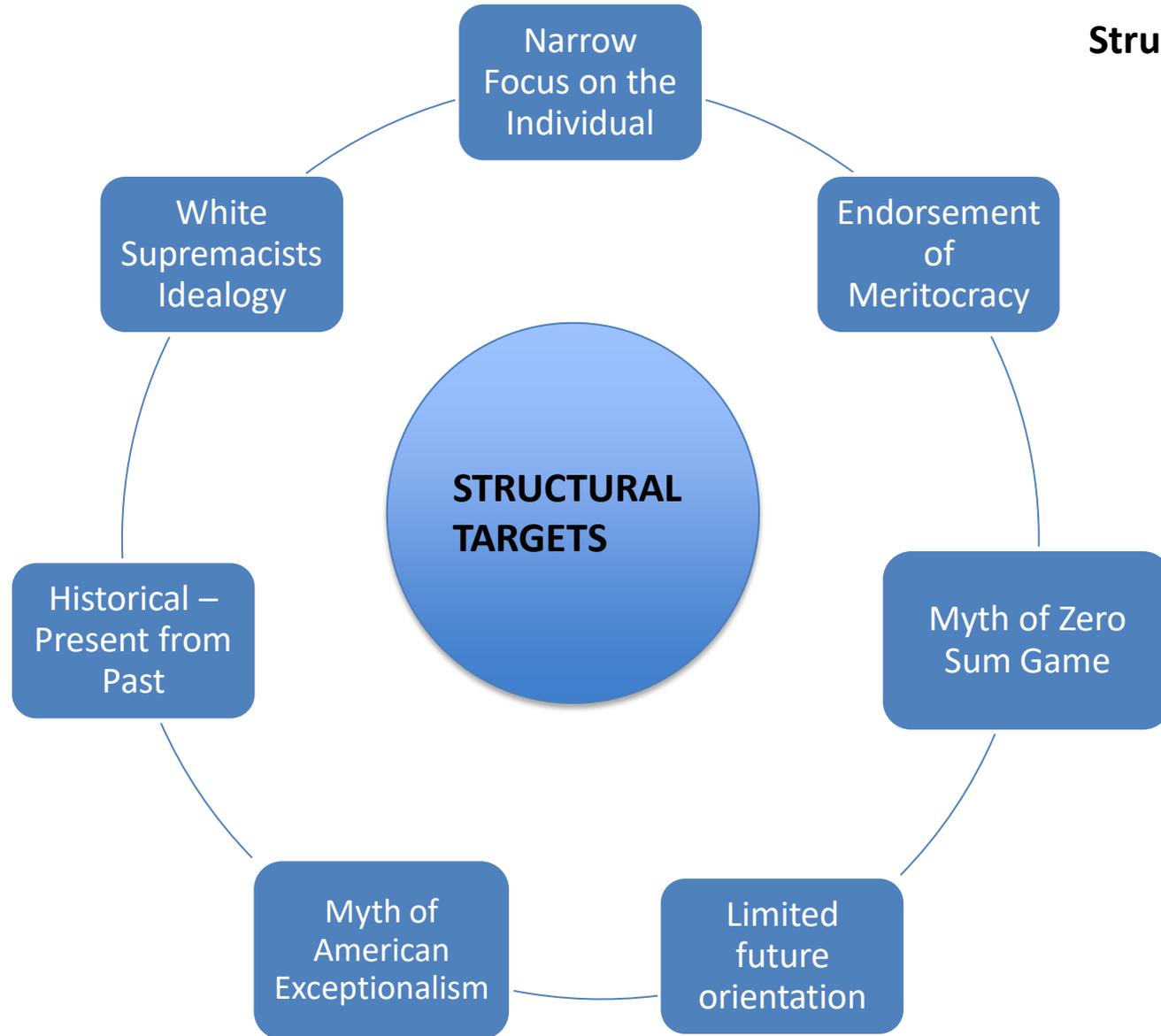
Young children notice and think about race. Adults often worry that talking about race will encourage racial bias in children, but the opposite is true. **Silence about race reinforces racism** by letting children draw their own conclusions based on what they see. Teachers and families can play a powerful role in helping children of all ages develop positive attitudes about race and diversity and skills to promote a more just future—but only if we talk about it!

Do some learning of your own to get ready for conversations with children. Here are some good places to seek *information* and *training*:

- Teaching Tolerance — tolerance.org
- Raising Race Conscious Children — raceconscious.org
- Embrace Race — embracerace.org
- Teaching for Change — teachingforchange.org
- AORTA Cooperative — aorta.coop
- Fortify Community Health (CA) — fortifycommunityhealth@gmail.com
- Delaware Valley Assoc. for the Education of Young Children (PA) — dvaeyc.org



Making Progress on Health Equity – Not the New Normal but Hard Reset



Structural competency vs cultural competency, Metzl paper

Structures - -**who** at table and what is on agenda

Policies – written **how** of decision making

Practices and norms – unwritten **how** of decision making

Values – are the **why** of decision making

- Attributed to: Dr. Camara Jones MD PhD

NOVEL STRATEGIC ALLIANCES FOR HEALTH EQUITY



“Every life has a unique story to tell and every story has an empowering lesson to teach.

If we are humble enough to listen, we will hear the story, learn the lesson, and be better positioned to make a more meaningful difference in the lives of those we are all so privileged to serve.”



There is no
quality without
equity

Google: SAMSUNG
OSTRITCH to view



Images simulated

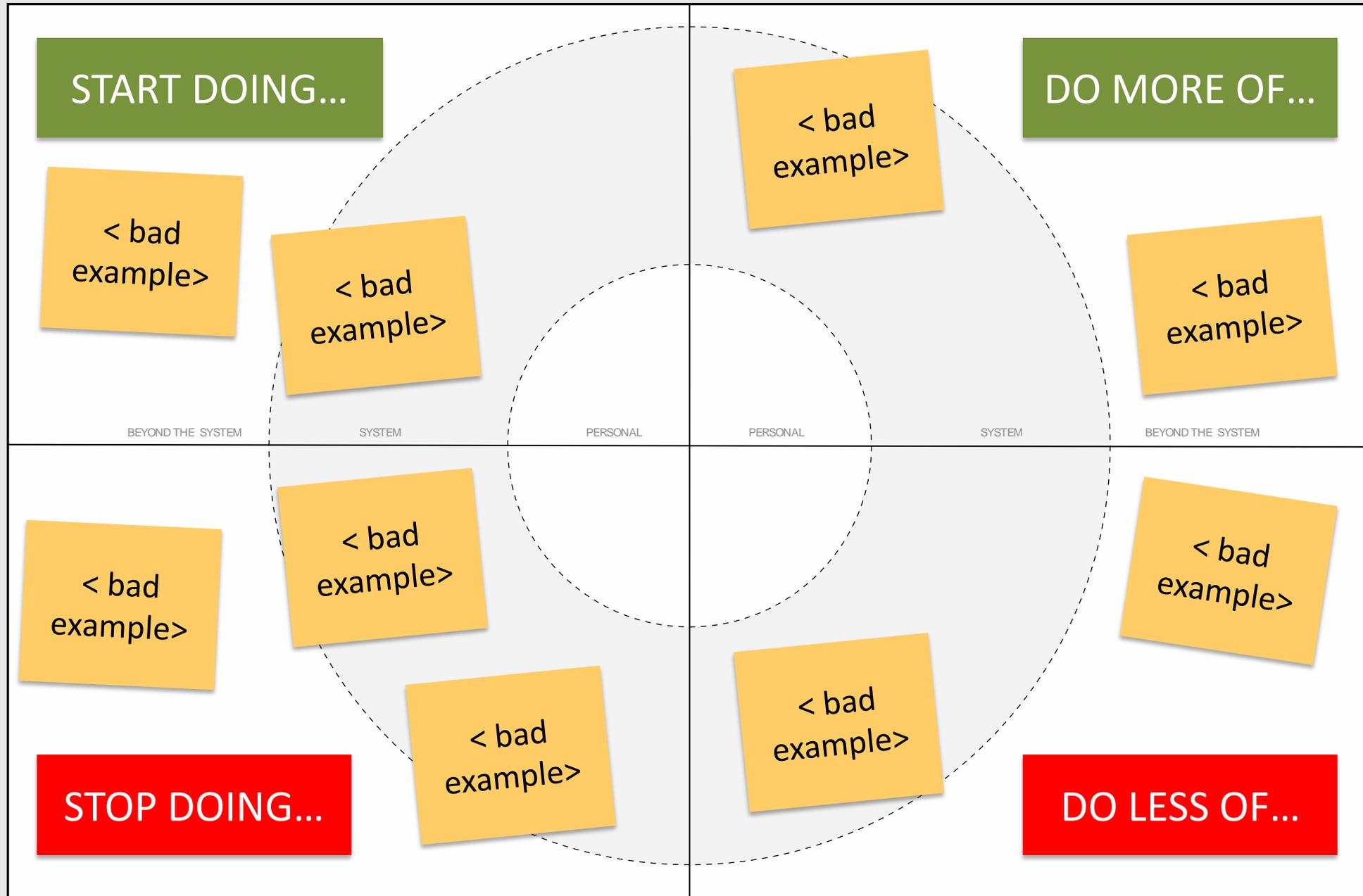


THANK YOU

QUESTIONS AND DISCUSSION

@bhangrajay | jay@drjaybhatt.com

4- ACTION FRAMEWORK CANVAS



Innovation with ProMedica Capital: Assessing Project Health Impact

LISC will assess projects seeking financing to identify potential health impacts across five areas. All projects must meet basic minimum requirements, with additional commitments encouraged through technical assistance provided to borrowers and favorable financing terms.

	<u>Project Impact Commitments</u>				
	<u>Environmental</u>	<u>Economic</u>	<u>Social</u>	<u>Health</u>	<u>Community</u>
Minimum Requirements and Scoring Criteria	<ul style="list-style-type: none"> - Energy Efficiency and Building Performance - Non-Toxic/ Hazardous Interiors - Water and Waste Reduction/Runoff Prevention - Brownfield Remediation 	<ul style="list-style-type: none"> - Financial Opportunity - Education - Housing Affordability - Neighborhood Stability 	<ul style="list-style-type: none"> - Placemaking/Community Building - Safety - Cultural relevance 	<ul style="list-style-type: none"> - Physical Activity - Health Care Access - Nutrition and Healthy Food Access - Mental and Social Services 	<ul style="list-style-type: none"> - Partnership and Connectivity - Responsiveness