

Interdisciplinary Approaches to Advance Health Equity

Cynthia Romero, MD, FAAFP

Director, Brock Institute for Community and Global Health Professor, EVMS Family and Community Medicine

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Objectives

- Review definitions of community health, health disparities and health equity
- Describe examples of health disparities and healthcare inequities
- □ Discuss current strategies to address health disparities and advance health equity



CDC Definition of Community Health

- □ A public health discipline strengthening communities to prevent disease and promote healthy living at *ALL PLACES*
- □ Focus on reaching people affected most by death, disability and suffering from chronic disease (health disparities)
- ☐ Goal for communities to be places where all people can achieve optimal health (health equity)



CDC Definition of Health Disparities

- □ Preventable differences in health outcomes
 - □ Disproportionate burden of disease, injury, violence, or barriers to achieve optimal health
- □ Often experienced by socially disadvantaged populations leading to poorer health outcomes



AHRQ Definition of Healthcare Disparities

- Preventable differences in access to and delivery of healthcare resulting in differences in health outcomes
 - □ Differences in access (lack of insurance, location)
 - □ Different patient care experiences due to racial, ethnic, socioeconomic and geographic groups



AHRQ Definition of Healthcare Disparities

- □ National Healthcare Quality and Disparities Report
 - presents trends for measures
 - □ Access to care
 - □ Affordable care
 - □ Care coordination
 - □ Effective treatment
 - ☐ Healthy living
 - □ Patient safety
 - □ Patient-centered care

Source: ahrq.gov



AHRQ Definition of Healthcare Disparities

Strongest and Weakest Measures by State				
Snapshot Summary Virginia's Strongest Measures				
Strongest & Weakest	Measure	Estimate	Benchmark	Distance to Benchmark
All Topics	Long-stay nursing home residents with physical restraints	0.1	0.3	Achieved: 48% Better
Race & Ethnicity				
Income Levels State	Long-stay nursing home residents with a urinary tract infection	2.0	2.8	Achieved: 30% Better
Virginia	Home health care patients whose management of oral medications improved	79.8	66.2	Achieved: 20% Better
	Hospital admissions for community-acquired pneumonia per 100,000 population, age 18 and over	109.8	137.1	Achieved: 20% Better
	Home health care patients whose ability to get in and out of bed improved	85.0	72.6	Achieved: 17% Better
	Virginia's Weakest Measures			
	Measure	Estimate	Benchmark	Distance to Benchmark
	New HIV cases per 100,000 population age 13 and over	10.8	4.1	165%
	Adults who had a doctor's office or clinic visit in the last 6 or 12 months whose health providers sometimes or never showed respect for what they had to say, Medicare managed care	5.2	1.7	213%
	Hospital admissions for immunization-preventable influenza per 100,000 population, age 65 and over	171.3	52.9	224%
	Drug overdose deaths involving any opioid per 100,000 resident population	26.0	4.3	507%
Download PDF	Drug overdose deaths involving other synthetic opioids (other than methadone) per 100,000 resident population	24.1	1.1	2195%



WHO Definition of Health Inequities

- Systematic differences between populations
 - □ Result *in* differences in health status or health outcomes
 - □ Result *of* differences in distribution of resources
 - □ Differences are unfair, unjust and avoidable with right mix of policies



Institute of Medicine Report

- □ 2002
- □ Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care
- □ Prompted efforts to document and understand health disparities in the U.S.

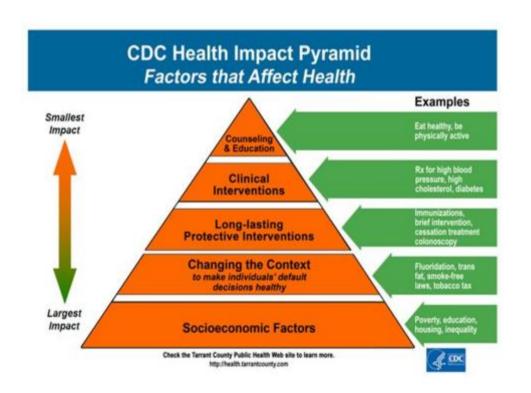


The Big Picture





Health Impact Pyramid





Maslow's Hierarchy of Needs Theory

selfactualization

morality, creativity, spontaneity, acceptance, experience purpose, meaning and inner potential

self-esteem

confidence, achievement, respect of others, the need to be a unique individual

love and belonging

friendship, family, intimacy, sense of connection

safety and security

health, employment, property, family and social stability

physiological needs

breathing, food, water, shelter, clothing, sleep

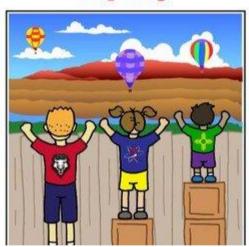


Equality



Empowerment







Health equity is **defined** as the absence of unfair and avoidable or remediable differences in **health** among population groups **defined** socially, economically, demographically or geographically."







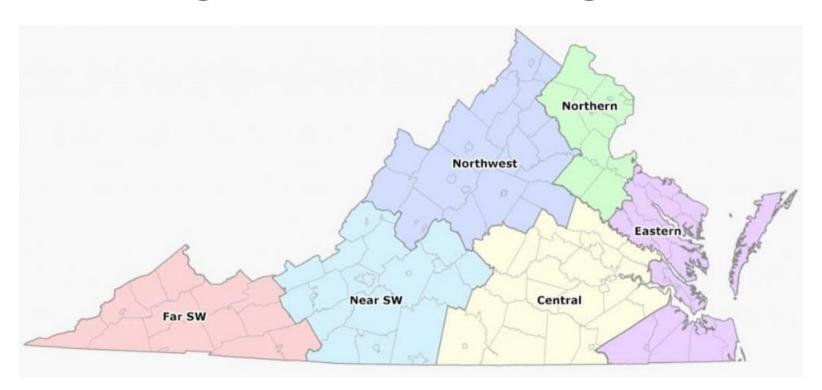








Virginia Healthcare Regions





Hampton Roads Metropolitan Service Area





Demographics

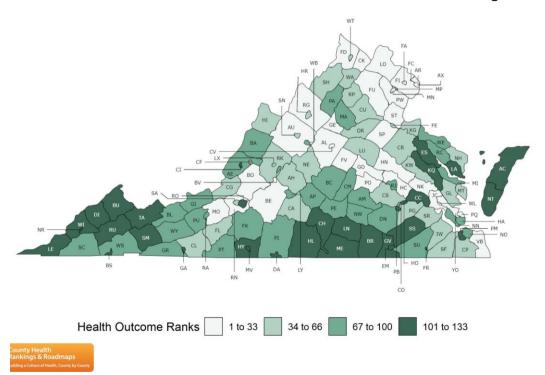
- □ Hampton Roads
- □ 1.8 million
 - □ Non-Hispanic White 52.6%
 - □ Black/African American 30.2%
 - □ Hispanic 10.2
 - □ Asian 4.3%
 - □ American Indian/Alaskan Native 0.5%
 - □ Native Hawaiian/Pac. Islander0.2%

- □ Virginia
- □ 8.6 million
 - □ Non-Hispanic White 60.2%
 - □ Black/African American 19%
 - □ Hispanic 10.2
 - □ Asian <mark>7.2%</mark>
 - □ American Indian/Alaskan Native 0.6%
 - □ Native Hawaiian/Pac. Islander0.1%Source: ghrconnects.org and

County Health Rankings



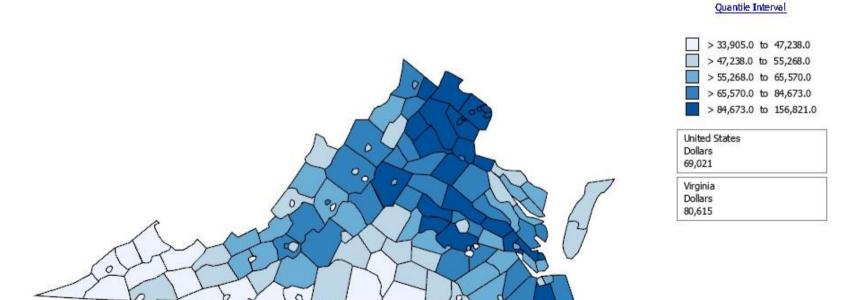
Virginia Health Outcomes Map 2023





Median Household Income by County

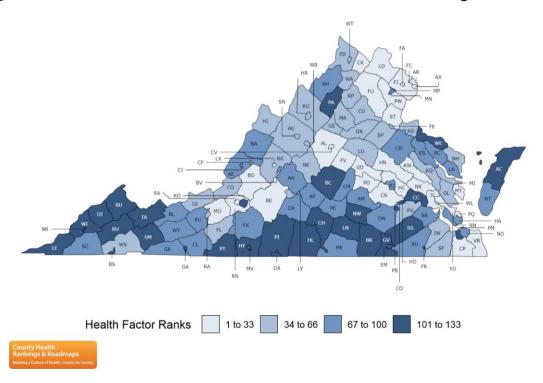
2017 - 2021



Dollars

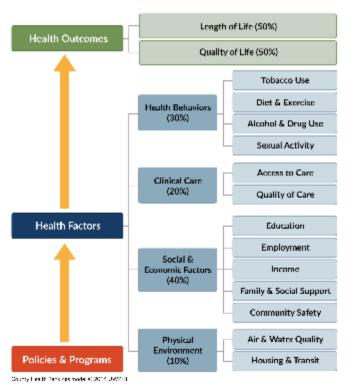


Virginia Health Factors Map 2023





County Health Rankings & Roadmap Model





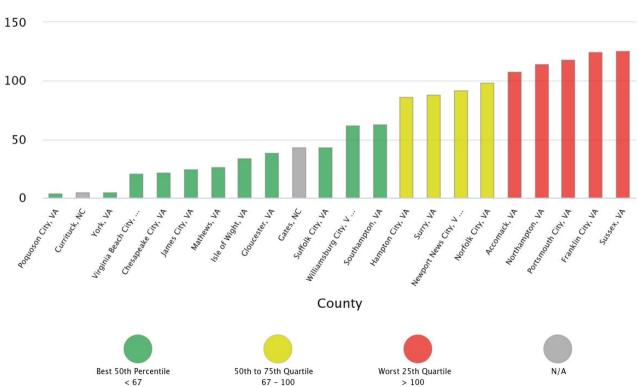
The Big Picture





www.ghrconnects.org

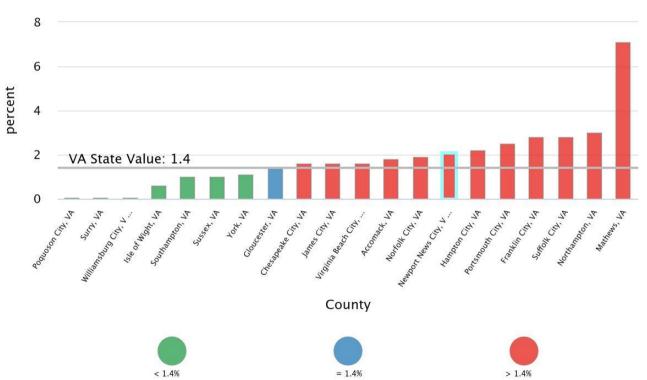
Social and Economic Factors Ranking







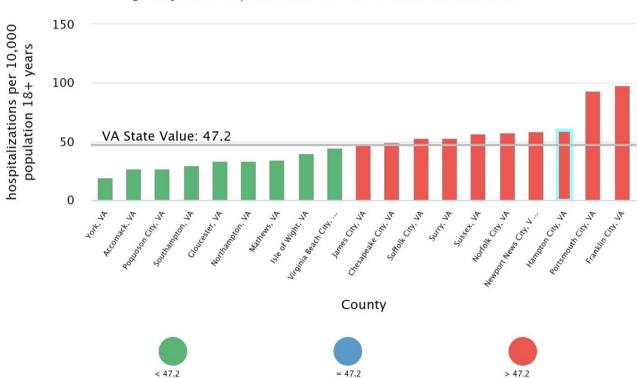
Babies with Very Low Birthweight





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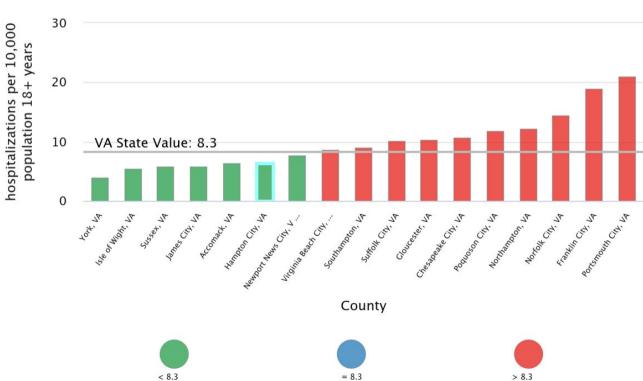
Age-Adjusted Hospitalization Rate due to Adult Mental Health





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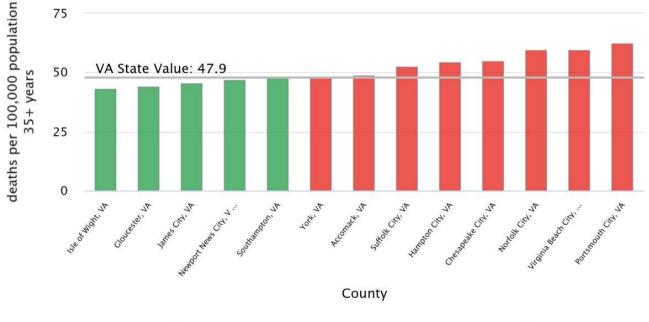
Age-Adjusted Hospitalization Rate due to Substance Use





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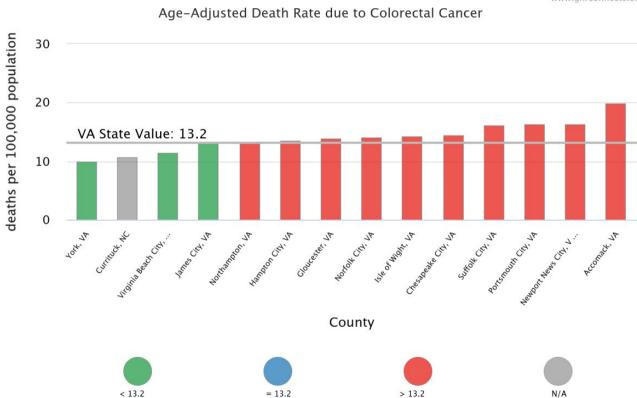








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Eliminating Health Disparities: Does everyone have a role?

- ☐ YES! Individually and collectively
 - □ Different roles
 - □ Variety of voices
 - □ VIPs
 - □ Very Important People
 - □ Vital Informative Perspectives



RISE TO HEALTH COALITION

- American Hospital Association
- □ American Medical Association
- □ Institute for Healthcare Improvement
- National Association of Community Health Centers
- National Committee for Quality Assurance
- □ Others: <u>www.risetohealthequity.org</u>



RISE TO HEALTH COALITION

- Patients want systems that treat them with dignity and respect
- Hospitals and clinicians want systems that incentivize and reward whole-person care
- □ Payers want incentives or financing to help address social drivers of health
- □ Community organizers want trusting co-equal partnerships



Advancing Health Equity: Do Advanced Practice Providers have a role?

- □ YES! **Individually** as the best clinicians for patients
 - □ Trusted environment
 - □ Engage in conversation
 - □ Build on relationships
 - □ Be bold in accountability



Advancing Health Equity: Do Advanced Practice Providers have a role?

- □ YES! **Collectively** as part of interdisciplinary teams
 - heath in all policies beyond clinical settings
 - □ Trusted environment
 - □ Engage in conversation
 - □ Build on relationships
 - □ Be bold in accountability



Advancing <u>Health Equity and Improving Community</u> <u>Health</u>:

Can YOU Play a Role?

- □ YES!
 - □ Virginia's Plan for Well-Being
 - □ Engage with Everyone
 - □ Consider consequences of discriminatory practices and policies
 - □ Understand the impact of policies on underserved populations
 - □ Use a data-driven approach



Advancing <u>Health Equity and Improving Community</u> <u>Health</u>:

Can WE Play a Role?

- □ YES!
 - Be aware of systematic barriers
 - Work with small businesses
 - □ Understand the role housing plays in health
 - □ Build social connections
 - Drive to make Virginia the healthiest state in the nation



"Be the change you wish to see in the world."

-Mahatma Gandhi



Thank You!