

Narrow the Health Equity Gaps

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E×PLORE
HEALTHCARE SUMMIT

DISCLOSURES

None



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OBJECTIVES

- List health disparities in Oklahoma compared to other states
- Identify how health disparities impact clinical practice
- Discuss how family physicians can identify healthcare disparities in their practice
- Recognize how family physicians can work toward health equity in their communities



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What type of practice do you have?



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Tale of two newborns

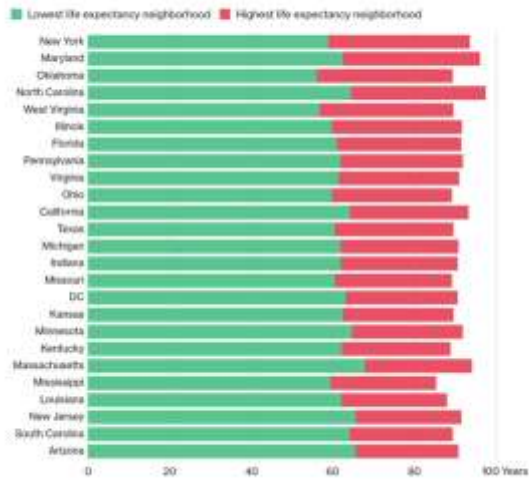


- Jose: Term AGA male born to 27 g2p2002 nl pregnancy and prenatal care. Mom is recent immigrant, work in housekeeping, no PMH and takes no medication. Lives with husband and 3 y/o son
- Jose's parents moved to their neighborhood due to the proximity of other family members. As native Spanish speakers many people on their block speak their language and have helped them find jobs and resources in Tulsa.
- Eliza: Term AGA female born to 35 y/o G3p3 with normal pregnancy and prenatal care. Mom is SAHM, lives with husband and 2 children 5 and 3. Mom has no PMH and takes no medication
- Eliza's parents chose this neighborhood due to the school system and feeling that this neighborhood was safe. Her mom is active in a nearby church and the school PTA.

What factors will influence the life expectancy of Jose and Eliza?



The starkest differences in U.S. life spans



Sources: National Center for Health Statistics and U.S. Small-Area Life Expectancy Estimates Project

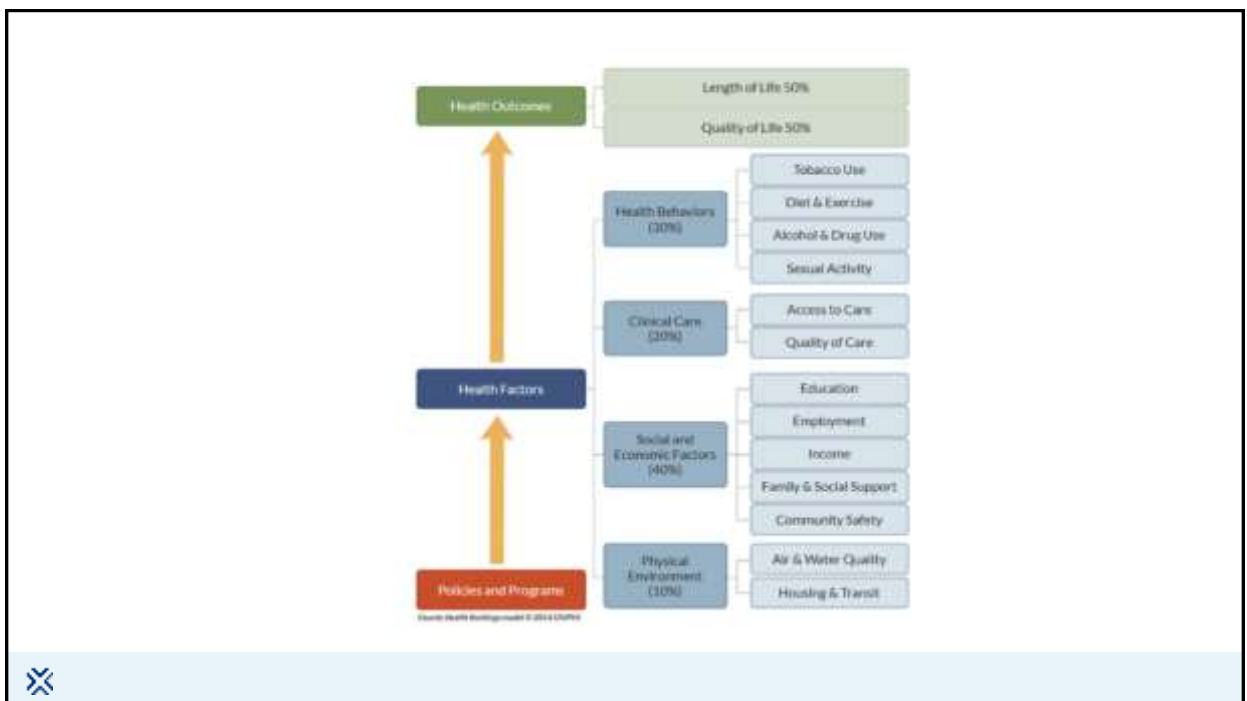
Bloomberg



“Why treat people and send them back to the conditions that made them sick in the first place?”¹

– Sir Michael Marmot





SOCIAL AND STRUCTURAL DETERMINANTS



HEALTH EQUITY

Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”



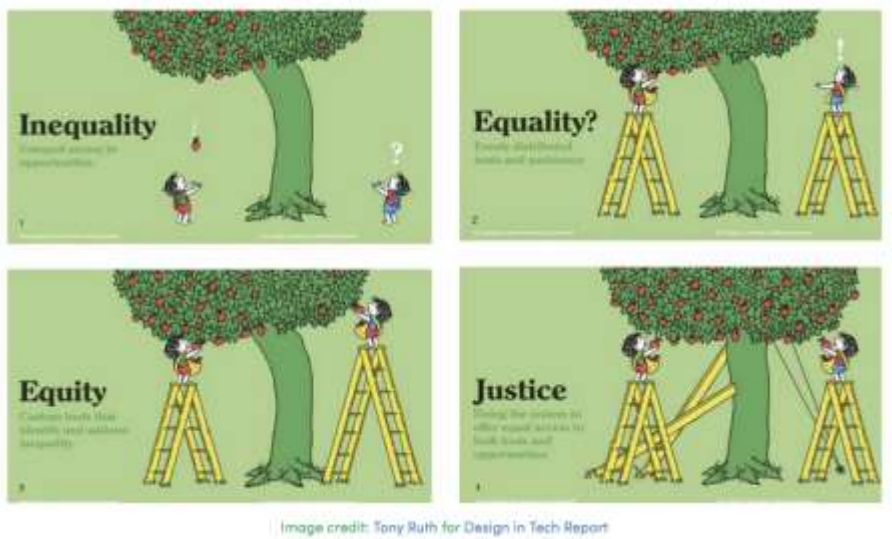
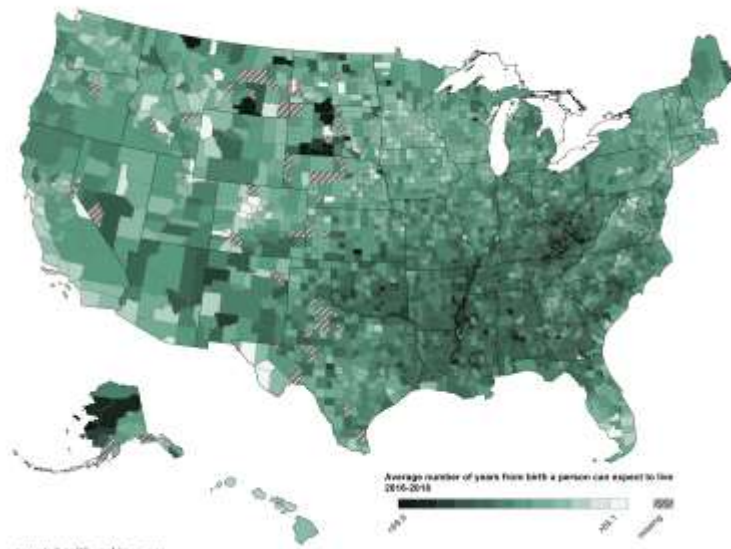


Image credit: Tony Ruth for Design in Tech Report

Family Physicians Practice Health Equity Everyday



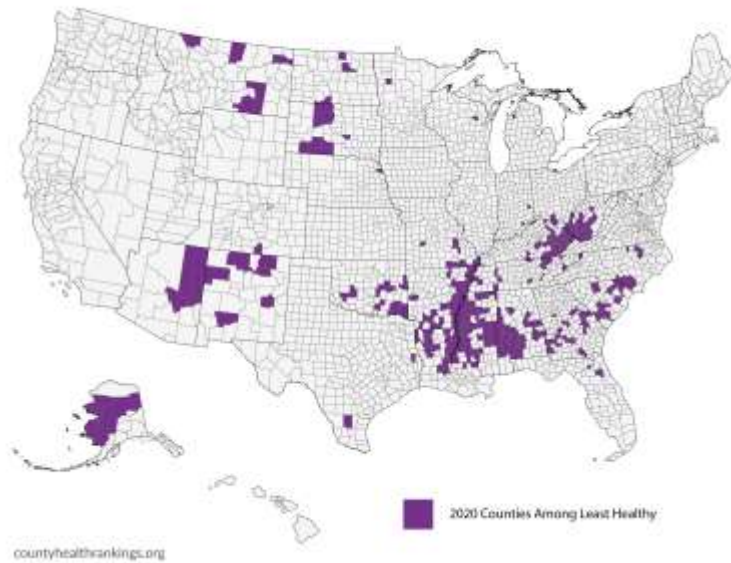
Life Expectancy Among U.S. Counties (Rankings 2020)

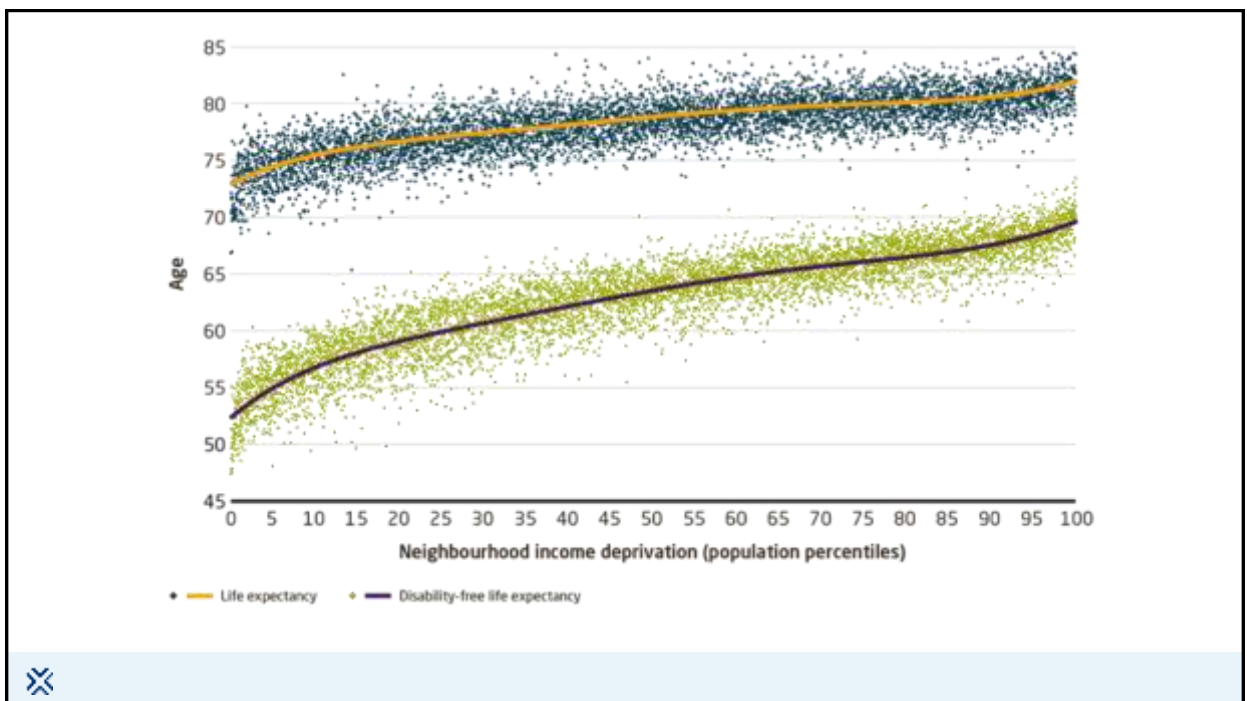


countyhealthrankings.org



Counties Among the Least Healthy for Outcome Measures (Rankings 2020)





HEALTH DISPARITIES VS. HEALTHCARE DISPARITIES

- Health Disparities: Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

- Vs.

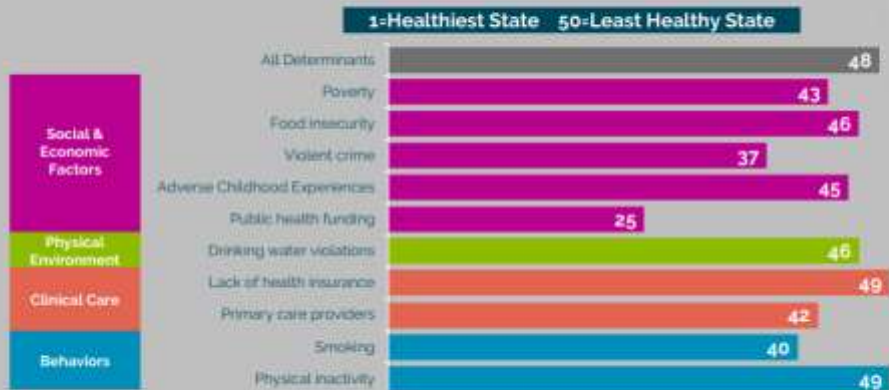
- HealthCare Disparities: “differences in the quality of health care that are not due to access-related factors or clinical needs, preferences or appropriateness of intervention”

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STATE RANKS POORLY ON DETERMINANTS OF HEALTH

Health Determinants Rankings, Oklahoma, 2020



Source: United Health Foundation, "America's Health Rankings 2020"



Oklahoma females lose ground

Life expectancy is the number of years a newborn baby can expect to live, on average. Healthy life expectancy is the number of years the average baby can expect to not have significant disabilities or medical conditions. Both have trended up for decades, making even a small decrease a worrisome sign.

Female life expectancy	1990	78.3	-0.1 years difference
	2016	78.2	
Female healthy life expectancy	1990	66.6	-0.8 years difference
	2016	65.8	
Male life expectancy	1990	71.6	1.6 years difference
	2016	73.2	
Male healthy life expectancy	1990	62.5	0.8 years difference
	2016	63.3	

Shorter, sicker lives

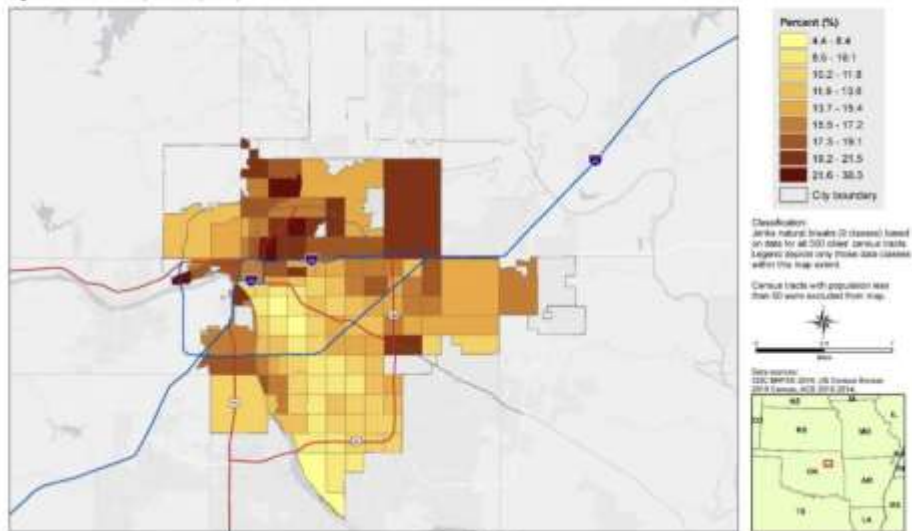
Both males and females in Oklahoma have shorter life expectancies than other Americans. Babies born in Oklahoma can expect to live fewer years and to develop serious health conditions earlier than their peers in other states.

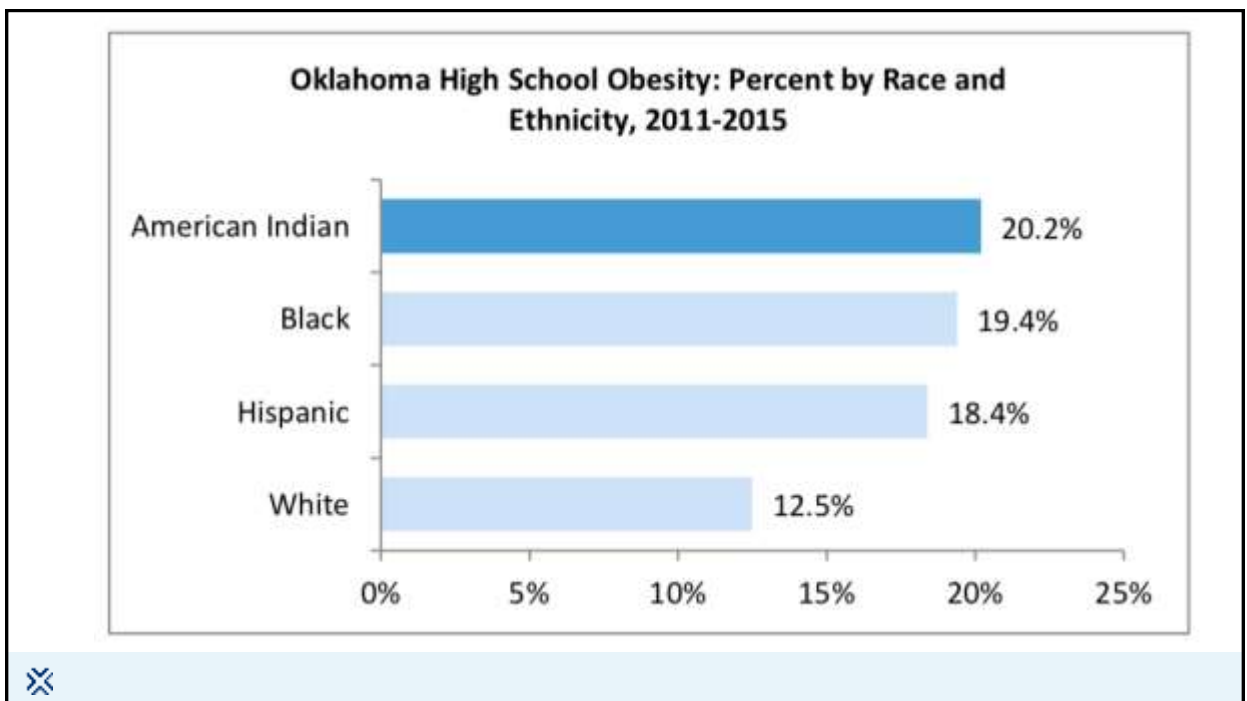
Female life expectancy	OKLAHOMA	78.2	3 years difference
	U.S.	81.2	
Female healthy life expectancy	OKLAHOMA	65.8	3.2 years difference
	U.S.	69	
Male life expectancy	OKLAHOMA	73.2	3.3 years difference
	U.S.	76.5	
Male healthy life expectancy	OKLAHOMA	63.3	3 years difference
	U.S.	66.3	

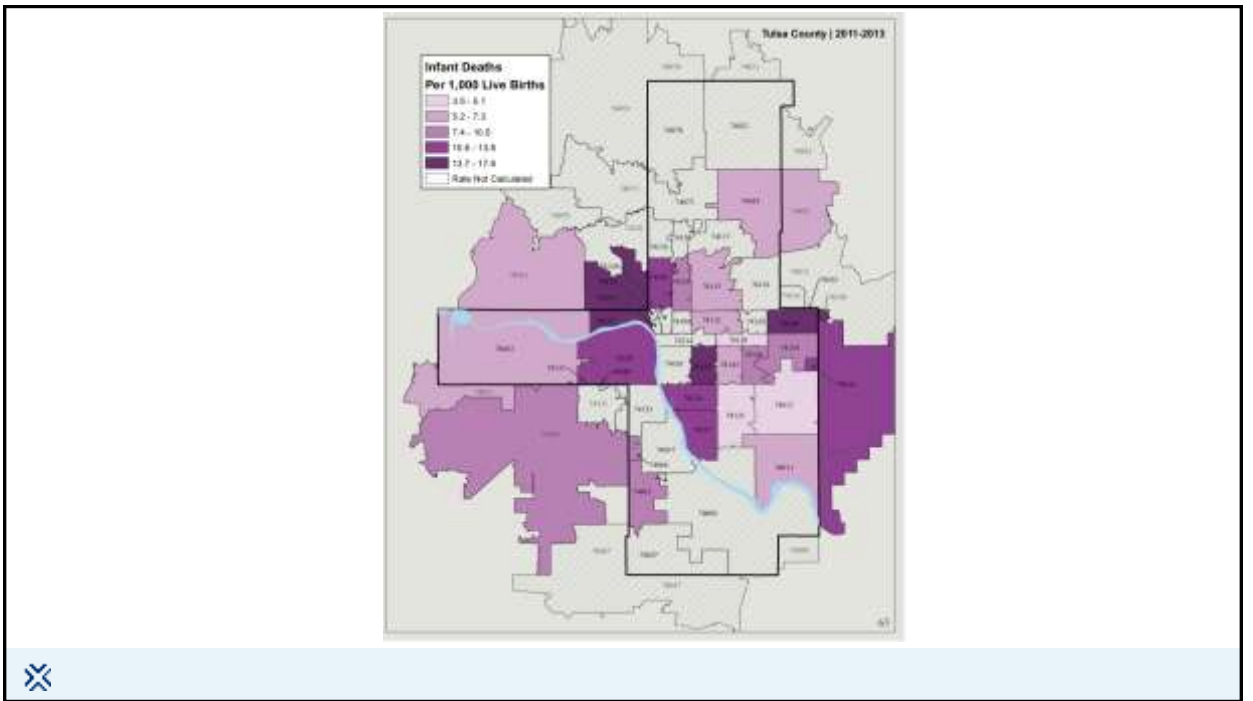


Figure 17

**Mental health not good for ≥ 14 days among adults aged ≥ 18 years
by census tract, Tulsa, OK, 2014**

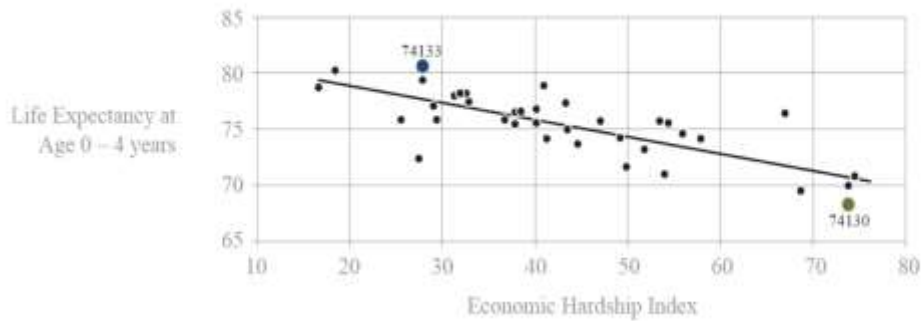






Zip Code and Life Expectancy

Association of Life Expectancy and Economic Hardship Index in Tulsa County ZIP Codes | 2011 – 2013



If medicine is to fulfill her great task, then she must enter the political and social life. Do we not always find the diseases of the populace traceable to defects in society?

—Rudolph Virchow, 1848



Levels of Intervention

- Individual
- Interpersonal
- Clinic
- Community
- Research
- Policy



Educate yourself and work against implicit and explicit racism and other bias

Individual

Approach the patient without blame or judgment

Interpersonal

Use an interpreter; diversify staff; provide structural competency training for all staff

Clinic

Advocate for safe spaces and affordable housing for community members

Community

Research the structural forces that affect the lives and health of migrants who work as day laborers, including policy and racism in your research questions and discussion

Research

Advocate for more just housing policy;

Organize against trade agreements that contribute to the exploitation of foreign labor;

Policy

Organize for universal healthcare



Individuals and Interpersonal

- ☀ Patient-centered communication
- ☀ Know community, cultures and sub-cultures
- ☀ Acknowledge and assess own cultural values and norms, implicit biases



THE FALSE BELIEFS IN SURVEY

- Blacks age more slowly than whites
- **Blacks' nerve endings are less sensitive than whites'**
- Black people's blood coagulates more quickly than whites'
- **Whites have larger brains than blacks.**
- Whites have better sense of hearing than blacks.
- **Black's skin is thicker than whites'**
- Blacks have a more sensitive sense of smell than whites
- Whites have a more efficient respiratory system than blacks.
- **Black couples are significantly more fertile than white couples.**
- Blacks are better at detecting movement than whites
- Blacks have stronger immune systems than whites



(Hoffman 2016)

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CULTURAL MISTRUST IN CLINICAL SETTING

- ☀️ Poor rapport between physician/system and patient
- ☀️ Lack of adherence to prescribed management
- ☀️ Accessing care too late in illness course
- ☀️ Lack of trust in validity of preventative treatment
- ☀️ Labeled as difficult; noncompliant; poor historian





Social Needs Screening Tool

HOUSING

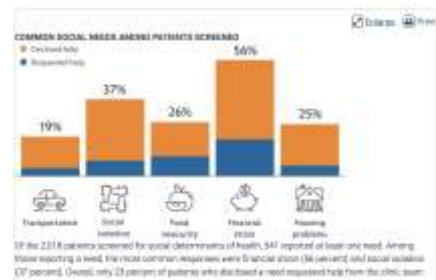
1. Are you worried or concerned that in the next two months, you may not have stable housing that you own, rent, or stay in as a part of a household?

- Yes
 No

CHILD CARE

2. Do problems getting child care make it difficult for you to work or study?

- Yes
 No



HISTORICAL TRAUMA INFORMED PRACTICES

- Incorporate knowledge about trauma into all settings for all patients
- Five Principles:
 - Safety
 - Trustworthiness
 - Choice
 - Collaboration
 - Encouragement



Trauma Informed and Historical Trauma Informed Care Training for Non-Provider Staff: Part 1 Developed June 2, 2017 Maria Yellow Horse Brave Heart, PhD ihs.gov

CLINICAL



CLINICAL



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**What ways can you
disaggregate data in your
practice?**

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Role of Family Physicians



Resource Screening & Disaggregate Your Data



Cultural Humility (Mitigate Implicit Bias & Know Population)



Community Engagement (Know Resources and Build Capacity)



Advocacy



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Does your practice have a social worker?

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RESEARCH

- Gottlieb LM, Hessler D, Long D, et al. Effects of social needs screening and in - person service navigation on child health: A randomized clinical trial. *JAMA Pediatr.* 2016 Nov 7;170(11):e162521. doi: 10.1001/jamapediatrics.2016.2521. Epub 2016 Nov 7.
 - First identified randomized clinical trial to evaluate health outcomes of a pediatric social needs navigation program. Compared with an active control at 4 months after enrollment, the intervention (caregiver received in-person help to access services with follow-up telephone calls for further assistance if needed) significantly decreased families' reports of social needs and significantly improved children's overall health status as reported by caregivers. These findings support the feasibility and potential effect of addressing social needs in pediatric health care settings.



RESEARCH

- Berkowitz SA, Hulberg AC, Standish S, Reznor G, Atlas SJ. Addressing unmet basic resource needs as part of chronic cardiometabolic disease management. *JAMA Intern Med.* 2017;177(2):244 - 252.
 - Evaluation of the effectiveness of the Health Leads program in primary care clinics on improvement in systolic blood pressure (SBP) and diastolic blood pressure (DBP), low-density lipoprotein cholesterol (LDL-C) level, and hemoglobin A1c (HbA1c) level. Health Leads consists of screening for unmet needs at clinic visits, and offering those who screen positive to meet with an advocate to help obtain resources, or receive brief information provision. Findings showed that screening for and attempting to address unmet basic resource needs in primary care was associated with modest improvements in blood pressure and lipid, but not blood glucose levels.



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I have engaged in advocacy in some form in the past year?

① Start presenting to display the poll results on this slide.



Advocacy



Medical Ass...
Smaller Hospitals
sta...
against sta...
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Advocacy

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**What community events
have you attended in the
past year?**

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Community Engagement



Attend community meetings and events



Listen to needs expressed by community members



Hold clinic and hospital systems accountable to meeting community needs.



Engage the marginalized and unseen within your community



Policy

- Medicaid Expansion: +300K Oklahomans now with insurance
- Doula Reimbursement to address maternal health disparities
- Education Policy
- Housing Policy
- Economic
- Infrastructure



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Has your practice been impacted by Medicaid expansion in Oklahoma?

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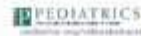
The Healthy Neighborhoods Healthy Families Initiative

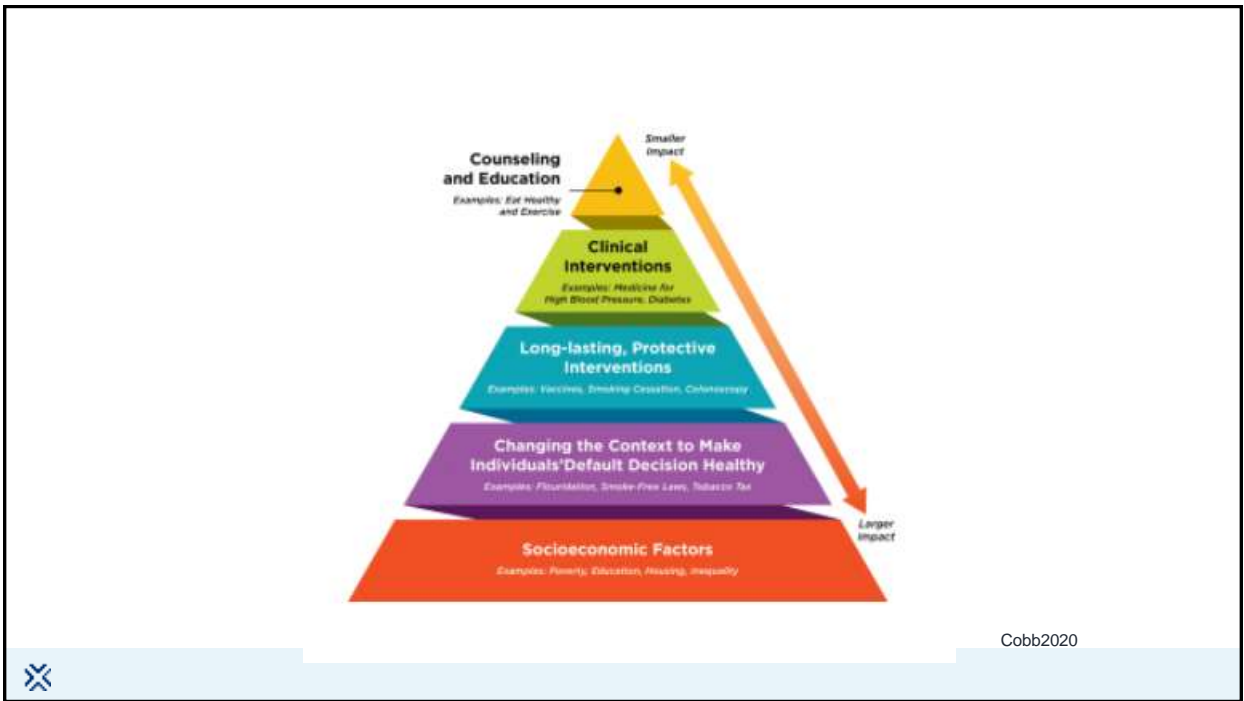
10.1542/peds.2018-0261



**NATIONWIDE
CHILDREN'S**

When your child needs a hospital, everything matters.™





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What does Oklahoma need to achieve health equity for all?

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Questions?

