



POLICIES THAT HAVE ALTERED THE LANDSCAPE

In an attempt to understand and address the social factors that drive health inequities in Baltimore, the Johns Hopkins Urban Health Institute and the Office of the Provost sponsored the 2nd annual symposium on the Social Determinants of Health in April 2013, and invited local and national leaders to discuss how we can achieve health equity in Baltimore City. Among the many topics discussed were the importance of identifying processes for policy change and exploring state and local policies that have been changed to address health disparities.

Underneath health disparities are social disparities, which is why we need to identify and address the root causes of the problem. The conditions in which people live are created by economics, social policies, and politics. In order to make communities healthier, we must work to change policies that will address the factors that influence health. Current policies need to be changed to encourage universally decent housing, good schools, and access to services, parks and other places for physical activity, reliable and convenient transportation, and healthy food. This tide of change needs to begin at the community level.

To successfully change policies, it is not enough to have a good idea, or to expect politicians to act on data proving that an intervention can improve health outcomes. You have to mobilize people, gather resources, persuade politicians, and ignite a social movement to garner the support needed to change policies. “If we want to change the policies, we have to change the narrative,” explains Dr. Tony Iton, Senior Vice President of Healthy Communities, The California Endowment. The examples

that follow show how policies have successfully been changed to address health disparities in Baltimore City and beyond, and the strategies used to implement the policy changes.

HOUSING VOUCHERS TO IMPROVE CARE FOR INDIVIDUALS WITH HIV

Most of the 13,000 people who are HIV positive in Baltimore are African American or Latino, and many are homeless and not receiving the care they need. Studies have shown that when individuals who are homeless and living with HIV can access supportive housing, their risk behaviors are reduced by about half, and they are more likely to access and adhere to treatment, leading to improved HIV care and treatment outcomes. A study sponsored by CDC and HUD found that if housing vouchers are provided to individuals with HIV, 18 months later, only 15 percent of them remain unstably housed, compared to 44 percent of the control group. This intervention costs \$6,200 per quality-adjusted life year saved. As President Obama said when he released the National HIV and AIDS Strategy in July 2010, the question is

not whether we know what to do, but whether we will do it.

INVESTING IN HUMAN CAPITAL RATHER THAN INCARCERATION

Our current criminal justice system is not only expensive, but also ineffective as a deterrent. Maryland spends \$750 million to house city residents in foster care, juvenile facilities, and prison—custodial programs that harm people rather than help them. Holding a young person in juvenile detention is exorbitantly expensive, costing \$462 per day, and we know that forty three percent of adults released from prison will go back again. One in three African American men are in the criminal justice system, either in jail, on parole, or probation. For many young men who find themselves in juvenile detention, it becomes a turning point in their lives—the point where life starts to fall apart.

For individuals who are on their way to juvenile incarceration, the Maryland Opportunity Compact is a program that provides an intervention that costs less and produces better outcomes. These individuals are offered a Capable Youth Compact Program, funded by private

investment, in which they are paid for an apprenticeship, receive family counseling, and are able to earn a GED. The State of Maryland has agreed to pay for this intervention going forward if this program proves successful and costs less money. The potential cost savings are vast compared to the amount of money spent on jails and custodial programs. The proposal for a new jail would cost \$13 million annually. Instead, this money could be invested in human capital-building programs that could help prevent incarceration, such as summer jobs, recreation centers, or sports and extracurricular activities.

SIMPLE STRATEGIES UNIVERSALLY APPLIED SAVE LIVES

Dr. Peter Pronovost, Vice President for Patient Safety and Quality at Johns Hopkins University School of Medicine, demonstrated that when we have

If we put fairness at the heart of all policy making, health would improve and health inequalities would diminish.

Sir Michael Marmot, Chair of the World Health Organization's Commission on Social Determinants of Health

focused efforts, combined with simple, evidence-based interventions, we can eliminate most all medical errors. Dr. Pronovost implemented a checklist of evidence-based practices for hospitals to use to reduce infections, and as a result, hospital infection rates plummeted. He began with a pilot program, and then took it state by state to 47 states and 1,500 hospitals with funding from the Agency for Healthcare Research and Quality. Not only did infection rates decrease, but mortality rates for Medicare patients also decreased 10 percent. The keys

to success for this program were that

- it was based on evidence,
- it included culture change to get people on board—in this case, doctors and nurses,
- there were measurement and accountability systems in place,
- there was a pilot demonstrating that it worked.

Dr. Pronovost advises inviting all stakeholders to help work toward a goal, and to leverage the intrinsic motivations of clinicians. When you inspire people, and get them to believe they can fix a problem, you can align them toward something bigger. In this case, a young girl who died from what started out as a catheter infection was the inspiration for bringing clinicians together to reduce medical errors and infections. Human stories and often human tragedy can change the narrative and motivate change.

DECREASING SMOKING IN MARYLAND

By increasing cigarette taxes and making Maryland a smoke-free state, smoking has decreased by 32 percent—double the national average—in the last 15 years, resulting in 70,000 lives saved. These savings were used to expand healthcare to over 100,000 lower-income people, bringing Maryland from 34th in the country to 14th in health care for lower-income adults.

Vincent DeMarco, president of the Maryland Citizens' Health Initiative, outlined six steps for successfully transforming public will into political power:

1. Create an evidence-based plan
2. Conduct a good public interest poll
3. Build a powerful coalition
4. Use the media to the hilt

5. Make your issue an election issue
6. Take your issue to legislature

DeMarco emphasized that you cannot go right from step two to step six, because there are powerful lobbying groups with vested interests that will prevent you from success unless you follow all the steps. In the case of cigarette taxes, Marylanders were in favor of increasing the tax, but importantly, polls also showed that they would make voting decisions based on the issue.

One way to build a powerful coalition is to take time to reach out to many groups—medical, religious, health care, and community groups—from across the state. The Maryland Citizens' Health Initiative put together a one page document, known as a resolution, and got people to endorse it. They reached out to the faith community, because they have a moral authority that politicians listen to, and because the faith community is made up of a diverse population—not only ethnically, but economically politically, and religiously—and because media tends to cover faith-related issues. Media attention can be very powerful in helping build a coalition.

Most importantly, perhaps, they made legislators take a position on the issue in order to win an election. As a result, Maryland legislators passed the bill to increase cigarette taxes, resulting in thousands of lives saved in Maryland. This six point plan has worked well to save hundreds of thousands of lives in Maryland, not only from tobacco, but from alcohol and guns, and by expanding health care.