



HEALTH EQUITY *Through Action*

Lessons Learned and the Path Forward



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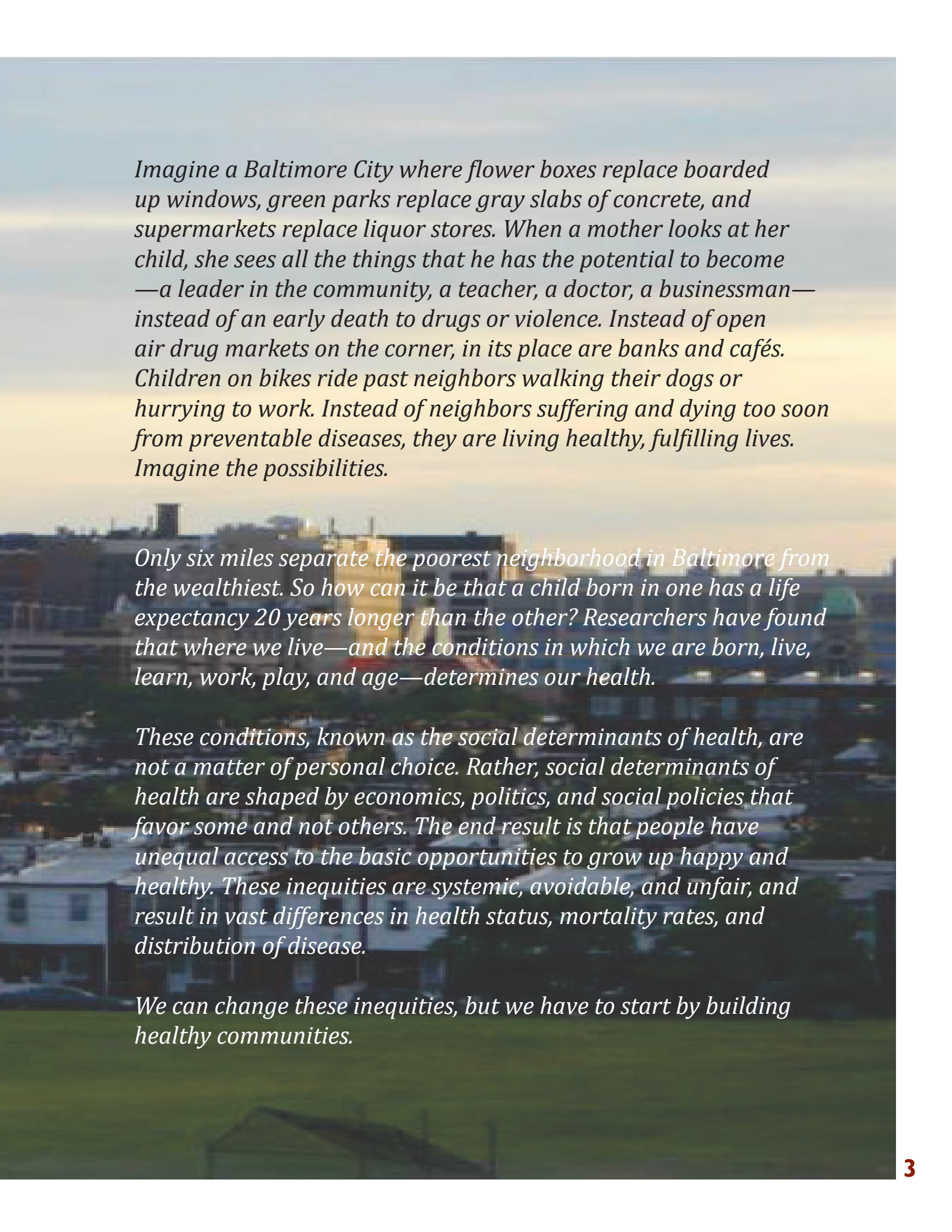


Johns Hopkins

Urban Health
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Lessons Learned and the Path Forward

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Imagine a Baltimore City where flower boxes replace boarded up windows, green parks replace gray slabs of concrete, and supermarkets replace liquor stores. When a mother looks at her child, she sees all the things that he has the potential to become—a leader in the community, a teacher, a doctor, a businessman—instead of an early death to drugs or violence. Instead of open air drug markets on the corner, in its place are banks and cafés. Children on bikes ride past neighbors walking their dogs or hurrying to work. Instead of neighbors suffering and dying too soon from preventable diseases, they are living healthy, fulfilling lives. Imagine the possibilities.

Only six miles separate the poorest neighborhood in Baltimore from the wealthiest. So how can it be that a child born in one has a life expectancy 20 years longer than the other? Researchers have found that where we live—and the conditions in which we are born, live, learn, work, play, and age—determines our health.

These conditions, known as the social determinants of health, are not a matter of personal choice. Rather, social determinants of health are shaped by economics, politics, and social policies that favor some and not others. The end result is that people have unequal access to the basic opportunities to grow up happy and healthy. These inequities are systemic, avoidable, and unfair, and result in vast differences in health status, mortality rates, and distribution of disease.

We can change these inequities, but we have to start by building healthy communities.



We must help people understand what high expectations are all about... So often people believe they are supposed to die early.

*Congressman
Elijah Cummings*

Opportunities to Move to Safer, Healthier Neighborhoods

SUCCESS STORY

In the Moving to Opportunity initiative, families in a variety of cities including Baltimore were given the opportunity to move to neighborhoods with better schools and less violence. Two thousand families relocated as a result of this initiative and the improvements in mental health among women who escaped poverty were on par with best practices in antidepressant therapies. Relocation also reduced extreme obesity and diabetes for these families and increased levels of subjective well-being equivalent to earning another \$25,000 a year. Participants also experienced an increase in housing quality and safety, a reduction in neighborhood poverty, and an increase in access to higher quality schooling. The Moving to Opportunity initiative demonstrates that giving people the opportunity to escape concentrated poverty can make a difference, and we should encourage a number of options for safe, affordable housing when evidence shows it's helpful.

The 2nd Annual Symposium on the Social Determinants of Health: Action for Equity

In an attempt to understand and address the social factors that drive health inequities in Baltimore, the Johns Hopkins Urban Health Institute sponsored the 2nd annual symposium on the Social Determinants of Health on April 23, 2013, and invited local and national leaders to discuss how we can achieve health equity in Baltimore City.

Over 30 researchers and practitioners spoke on topics including building healthy communities in order to reduce health disparities, policies that have altered the landscape, race and racism and building human capital. Speakers included Sir Michael Marmot, Chair of the World Health Organization's Commission on Social Determinants of Health; Dr. Anthony Iton, Senior Vice President of Healthy Communities, The California Endowment; Congressman Elijah Cummings of Maryland's 7th District; Dr. James Comer, Founder of the Comer School Development Program; Vincent DeMarco, President of the Maryland Citizens' Health Initiative; and many other prominent thought leaders.

The symposium brought together over 625 faculty, students, community leaders, and other advocates dedicated to pursuing the highest quality of health for all of society. What follows is a compilation of the lessons learned and the success stories shared during the symposium. The intent is to continue the discussion beyond the one-day symposium, and form ongoing workgroups to tackle the underlying factors

that are the root causes of health inequalities, and begin pursuing evidence based strategies that have been shown to be effective locally, nationally, and internationally.

Understanding the Social Determinants of Health

Many of the factors that influence health are directly related to what kind of neighborhood you live in. So, for example, where we live determines the rate of HIV and sexually transmitted infections more than behavior and where we live determines our access to cancer treatment protocols more than race.

If you live in an affluent community, you are more likely to live a longer, healthier life. But if you live in a poor community, you are more prone to chronic conditions like obesity, asthma, diabetes, and heart disease, not because of unhealthy behavior, but because of the conditions of your neighborhood, access to resources, and mainstream attitudes and biases.



**SUCCESS
STORY**

*Investing
in Human
Capital
Rather than
Incarceration*

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.

Unhealthy Neighborhoods Lead to Health Disparities

When there are no grocery stores with nutritious foods in a neighborhood, you can't eat healthy. When there are no parks or open spaces, you can't exercise. When there are no good schools, no businesses moving in and no economic development, there are no opportunities. When your housing is dilapidated and infested with rodents, cockroaches, mold, or lead, your family's health suffers.

When the streets are unsafe, when you are routinely exposed to violence, open air drug markets and danger, your stress levels soar, and stress alone can lead to hypertension, cardiovascular disease, and a predisposition to chronic diseases. When you don't have access to health care, or the transportation to get there, you are unable to get preventive care or treatment for controllable conditions like hypertension and diabetes. If you live in one of these poverty-stricken neighborhoods, you have a higher chance of dying from stroke, heart attack, cancer, or violent crime.

The problem is that people cannot escape factors that are place-based. Two-thirds of children born in Baltimore City

are Medicaid-eligible. When people are born into poverty, they lack the resources or social mobility to move out, so they have no control over the conditions in which they live. And when people can't move, their opportunities are restricted. As a result, people have unequal access to the basic opportunities to grow up safe and healthy.

When you consider all of the multifaceted issues that affect health disparities—social and economic policies related to health, early childhood development, education, economic opportunity, employment, and housing—the task of reducing inequities seems daunting. But at both the local and national levels, there is abundant evidence that change can happen.

Lessons Learned and the Path Forward

*We have the knowledge and the means to close
the gap. Do we have the will?*

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



1

Leverage Evidence-Based Practices

Sir Michael Marmot, put forth six domains of recommendations in his commissioned report for the British government, "Fair Society Healthy Lives," that would give every child the best start in life: early childhood development, education to enable all children and young people to maximize their capabilities, fair employment and working conditions, minimum income standards for healthy living, sustainable communities, and prevention. His evidence-based recommendations are closing the gap in health disparities in London and Birmingham, England was able to close the gap in just three years.

Dr. Tony Iton, Senior Vice president of Healthy Communities, The California Endowment, presented strategies being used to improve the health of 14 low-income communities with health disparities in California. They are investing a billion dollars to build healthy communities, focusing on six key areas: health systems, human services, schools, physical, social, and economic environments. The strategy is based on gathering meaningful input from those most affected; breaking down the silos; investing in youth leadership; leveraging partnerships; and changing the narrative about why health disparities exist.



If we want to change the policies, we have to change the narrative.

Dr. Tony Iton, Senior Vice President of Healthy communities, The California Endowment

SUCCESS STORY

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 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, and there was a pilot demonstrating that it worked.

2

Focus on Upstream Interventions to Change Downstream Outcomes

We need to look for the root causes of disparities and change them if we want to change results. We need to focus on interventions that will improve quality housing, education, health services, social support, employment, and other critical factors that result in health inequities. For example, we should advocate for health promoting policies that would improve walkability and bikeability in the community, and using public properties like schools as parks or recreational centers in the summers and evenings.

3

Make Clear What the Costs and Benefits Are to Everyone—Not Just the Poor

Make it clear that the cost of continuing health inequity is millions and billions. We need to demonstrate costs and benefits using concrete examples: How much does it cost if a child has several emergency department visits a year for asthma versus the cost of fixing an apartment? We need to show what's at stake for our society and for individuals. We are engaged because we see health inequities as an ethical and moral issue, but others are more interested in economic implications.

4

Listen to the Community and Echo Their Thoughts

Engage those who are directly affected, and seek their input. Bring people most impacted together to craft solutions.

Make sure the message reflects their culture and what they want.

5

Empower Individuals and Community

Invest in community organizing to get the individuals who are most affected involved and inspire people to participate in changing the agenda. The California Endowment is spending \$100 million on hiring community organizers to go door-to-door to invite people to participate in the Healthy Communities effort to change their communities.

The goal is to create a critical mass of social and political power.

6

Start Small, Then Scale Up

First, identify strategies at a neighborhood level that improve health outcomes. Start small—changing outcomes at the neighborhood level—and then scale up to multiple neighborhoods, then the entire city, state, and beyond.



7

Measure Outcomes

We can measure the effects of adapting recommendations by looking at specific outcome measures. We can observe changes in not only the length of life, but the quality of life, as measured by life lived without disability, for example. A range of measurable outcomes, such as obesity, out of wedlock births, prenatal births, or the number of children born in poverty need to be developed. We should select specific measures and hold ourselves accountable every year to see what differences have been made. The societal goal should be to improve health for everybody, as well as narrow the gap.

Nobody in the City of Baltimore wants the outcomes that we have, and so we have to stop judging people and seeing them as the enemy, but invite others in to be aligned toward these common goals.

*Dr. Peter Pronovost,
Vice President for Patient Safety and Quality,
Johns Hopkins University School of Medicine*

8

Don't Underestimate the Importance of Politics

It is important to recognize that health is political. In the U.S., policies and practices have steered resources disproportionately to favored populations due to racism, classism, immigration status, sexual orientation, disability status, and political priorities. Even with statistics that show the truth, justice is also about power. In order to change health inequities, we need to understand power and how it works. Politics can be defined as the struggle over the allocation of scarce social goods. Child poverty is a political decision not to use taxes and social policies to reduce child poverty. No child chooses to be born in poverty, and poverty is not a matter of personal responsibility. According to Dr. Iton, a framework for health equity should include changing the narrative, policy advocacy, and building power in place. The current political narrative needs to change.

SUCCESS STORY

One initiative to help build human capital within schools in Baltimore City and around the nation is Teach for America, which strives to develop character traits and mindsets in children that lead to success, such as hard work, curiosity, and self-advocacy. It does so by hiring teachers with certain characteristics like zest, optimism, achievement, grit, social intelligence, critical thinking, and leadership to help children excel in education and in life. These are not teach-and-run educators; in Baltimore, Teach for America alumni have gone on to become principals and leaders in education, non-profit, and city government.

9

Use Social Media, Advertising, and Media to Change the Narrative

We need to change the narrative by telling the stories of people affected, because that is how the general public learns; look at who has been the most effective with getting people to buy into their message, and bring them into the mix. Use individuals trained in advertising and social media, as well as health educators, to craft messages that move people to act. Include community organizations and local health departments and don't discount non-traditional partners who may agree with your position and have the opportunities to change people's opinions such as faith communities, for example.

We need to expose kids to possibilities beyond what they would see walking to school. And you have to create very early that understanding that there is another world, there is another way...

*Dr. James Comer
Founder of the Comer School
Development Program*

10

Leverage Partnerships

Approach banks, hospitals, and other corporations and ask to leverage their Community Reinvestment Act obligations to invest in things like grocery stores, child care facilities, and parks, and push them to work with you to improve communities.

11

Work Together Toward the Common Goal

“We will only be successful if we work together—if The Johns Hopkins University works together with city government, business and philanthropy, the community-based organizations and our neighbors—that is the only chance we will have of being successful,” says Dr. Robert Blum, Director of the Johns Hopkins Urban Health Institute. We should consider ways to work together toward common results, including when approaching foundations for funding, because it is better to pool resources and use each organization’s natural strengths to complement each other.



...Success Stories

Improving Health Outcomes by Reducing Alcohol-outlet Density

In Baltimore City, liquor store establishments are disproportionately concentrated in African American neighborhoods that have the highest rate of poverty, the shortest life expectancies, the highest homicide rates, and the poorest health outcomes. Research has shown that there is a correlation between the concentration of alcohol outlets and violent crime, as well as cardiovascular disease, sexually transmitted infections, HIV, behavioral health, and alcohol-related morbidity and mortality. Through the Transform Baltimore initiative, a bill was proposed to reduce the concentration of liquor stores and provide incentives for liquor store owners to convert their business to a health food outlet or other alternative business. The bill is anticipated to reduce violent crime in the city and may also result in improved health outcomes.

Comer School Development Program

Two schools in New Haven, Connecticut operate based on the theory that development and learning are inextricably linked, and that if you promote the development of children, learning will follow. These schools focus on promoting conditions that make development and learning possible, and their philosophy is based on understanding how children develop and learn. Students at these schools are exposed to stimulating activities, learning, social skills, creative activities, politics and government, health and nutrition, spiritual and leisure time activities, business and economics. Because they created a framework that allowed a culture of learning, these two schools tied for third and fourth highest levels of achievement in the city of New Haven. The schools also went from having the worst

attendance in the city to having the best, and from having serious behavior problems all the time to having none.

Elijah Cummings Youth Program in Israel

In Baltimore, the Elijah Cummings Youth Program in Israel sends 14 high school students to Israel every year from the Jewish and African American communities in inner city Baltimore. Congressman Cummings explains that through the program, children get a chance to see beyond their neighborhood and learn to have high expectations so that they can know how to dream and imagine a better future. The program has led to a 99 percent college graduation rate for those who participate.

Access to Mental Healthcare in Schools

Baltimore City has received private funding to open up several mental health clinics in schools, which are an ideal place for young people to access mental health services because they don't require a parent to take them. Since depression is endemic in many low income communities, addressing mental health needs of young people has the added advantage of helping them focus and achieve better academically.

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.

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. 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:

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



For more information on the Social Determinants of Health symposium at the Johns Hopkins Urban Health Institute, including full transcripts from the event and video recordings of all session, visit: www.urbanhealth.jhu.edu.



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