Achieving Health Equity: Trends, Policies, and the Role of Partnerships

Presentation to CHCANYS15
2015 Statewide Conference & Clinical Forum

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October 19, 2015
Faculty Disclosure

• All faculty involved in the preparation of this presentation and the work described herein have no relevant financial relationships to disclose.
Overview

• Net gains in NYC health over last 10-15 years are substantial and must be preserved and enhanced

• Unacceptable inequalities persist, some worsening

• To reduce inequalities we need to:
  o Partner with vulnerable populations and communities
  o Engage other sectors that also produce health
  o Optimize the impact of healthcare sector on health
Figure 3  Life Expectancy at Birth by Race/Ethnicity, New York City, 2001–2010

- Hispanic
- Non-Hispanic white
- Non-Hispanic black

Life expectancy (years)

Year

2001  2002  2003  2004  2005  2006  2007  2008  2009  2010

73.4  78.2  79.7  81.4  81.9  77.2
Figure 4  Life Expectancy at Birth by Neighborhood-Poverty Level, New York City, 2001–2010
Education: Bachelor’s Degree & Higher, NYC, 2000 - 2012

% NYC adults

- White
- Black
- Hispanic
- Asian

Furman Center Annual Report 2012
Poverty rate, NYC, 2000 - 2012

% households < poverty

- White
- Black
- Hispanic
- Asian

Furman Center Annual Reports, 2006 and 2012
Severe crowding: % of rental households, NYC, 2006 - 2012
(>1.5 household members/room)
Current smoking, ≥18 years old, NYC 1993–2010

- Tax increase (2002)
- Anti-smoking media campaign initiated (2006)
Smoking rates – NYC, 2002 - 2013

Source: New York City Department of Health and Mental Hygiene, Community Health Survey 2002-20013. Available at: https://a816-healthpsi.nyc.gov/epiquery/
An example: The NYULMC Community Needs Assessment and Community Service Plan

- Who is our community?
  - Hospital discharge data (the “4% problem”)  
  - What is the closest area of greatest need?
- What data are available about need?
- How should we prioritize?
Lower East Side and Chinatown (Manhattan Community District 3)
CD 3 Poverty
Selected Demographic Characteristics of Manhattan Community District 3 with Public Housing Unit Overlay, 2010

### Community District Total

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>Occupied Housing Units</td>
<td>72,188</td>
<td>100.0</td>
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<tr>
<td>Owner</td>
<td>9,816</td>
<td>13.6</td>
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<tr>
<td>Renter</td>
<td>62,372</td>
<td>86.4</td>
</tr>
<tr>
<td>Renter Occupied Units</td>
<td>62,372</td>
<td>100.0</td>
</tr>
<tr>
<td>NYCHA Units</td>
<td>14,620</td>
<td>23.4</td>
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### East Village

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Occupied Housing Units</td>
<td>23,116</td>
<td>100.0</td>
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<tr>
<td>Owner</td>
<td>2,817</td>
<td>12.2</td>
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<tr>
<td>Renter</td>
<td>20,299</td>
<td>87.8</td>
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<tr>
<td>Renter Occupied Units</td>
<td>20,299</td>
<td>100.0</td>
</tr>
<tr>
<td>NYCHA Units</td>
<td>2,559</td>
<td>15.1</td>
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### Chinatown

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>Occupied Housing Units</td>
<td>16,494</td>
<td>100.0</td>
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<tr>
<td>Owner</td>
<td>1,564</td>
<td>8.5</td>
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<tr>
<td>Renter</td>
<td>16,930</td>
<td>91.5</td>
</tr>
<tr>
<td>Renter Occupied Units</td>
<td>16,930</td>
<td>100.0</td>
</tr>
<tr>
<td>NYCHA Units</td>
<td>2,559</td>
<td>15.1</td>
</tr>
</tbody>
</table>

### Lower East Side

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupied Housing Units</td>
<td>30,678</td>
<td>100.0</td>
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<tr>
<td>Owner</td>
<td>5,435</td>
<td>17.8</td>
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<tr>
<td>Renter</td>
<td>25,143</td>
<td>82.2</td>
</tr>
<tr>
<td>Renter Occupied Units</td>
<td>25,143</td>
<td>100.0</td>
</tr>
<tr>
<td>NYCHA Units</td>
<td>11,704</td>
<td>46.5</td>
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</table>

Sources: U.S. Census Bureau: 2010 Censuses-Summary File 1; New York City Housing Authority, 2011 Population Division-New York City Department of City Planning
CD 3 Ethnicity

Manhattan Community District #3
Percentage of Asian and Hispanic Population

Asian

Hispanic

Legend:
- Less than 10%
- 11% - 25%
- 26% - 50%
- 51% or more

Prepared by Barbara Tagliatello
Sources: US Census Bureau, 2007-2011 ACS

NYU Langone Medical Center
Persons* by English Language Ability
Manhattan Community District 3, 2008-2012

Community District Total

- Speaks Only English at Home: 45%
- English Proficient: 25%
- Not English Proficient: 30%
- Chinese: 20%
- Spanish: 8%
- All Other: 2%

Total 5 years and over = 158,833

East Village
Total 5 years and over = 42,863

- Speaks Only English at Home: 70%
- English Proficient: 20%
- Not English Proficient: 10%
- Chinese: 3%
- Spanish: 3%
- All Other: 4%

Lower East Side
Total 5 years and over = 71,038

- Speaks Only English at Home: 41%
- English Proficient: 28%
- Not English Proficient: 30%
- Chinese: 16%
- Spanish: 13%
- All Other: 2%

Chinatown
Total 5 years and over = 44,932

- Speaks Only English at Home: 29%
- English Proficient: 23%
- Not English Proficient: 48%
- Chinese: 42%
- Spanish: 4%
- All Other: 2%

Sources: U.S. Census Bureau, 2008-2012 American Community Survey-Summary File
Population Division-New York City Department of City Planning

* Persons 5 Years and Over
Obesity

- $150 billion/yr. in health care costs
- $450 billion/yr. for the US economy
- More than half adult NYers -- and 2 out of 5 NYC elementary school children -- are overweight or obese
- Obesity is risk factor for diabetes, heart disease, stroke, arthritis, cancer, hypertension
- For first time, children’s lifespan shorter than their parents
- Charles B. Wang Community Health Center -- 40% overweight/obesity among US born boys, 6-12
Smoking

- Smoking is the leading cause of morbidity and mortality in the U.S.: over 440,000 premature deaths/yr and 8.6 million people living with a serious illness.

- Lung cancer is the leading cause of cancer death, but smoking causes many other cancers.

- Smoking rates in NYC
  - 16.1% in 2013
  - 18.4% for low-income populations.
  - Cotinine in kids 45% higher if in apts vs houses.
Early Childhood Setting
A population-level approach to buffer the adverse effects of poverty on early childhood health and development by engaging and supporting both parents and teachers of young children.

- For all children in early childhood education or childcare settings
- Family-centered program developed to be relevant and engaging for all families in disadvantaged neighborhoods, with recognition of the full breadth of diversity found in urban areas

Evidence for Impact from RCTs

- Self-Regulation:
  - Normalized Stress Response
  - Social and Emotional Competence
  - Impulsivity and Aggression

- Early Learning:
  - Emergent Reading, Math and Writing Skills

- Academic Attainment:
  - Reading Achievement
  - Academic Performance
  - Conduct Problems

- Mental Health:
  - Anxiety and Depression

- Physical Health:
  - Obesity
  - Sedentary Behavior
  - Physical Activity

L Brotman, 2014
Primary Care Setting: Greenlight

- Obesity prevention for children living in poverty, 2 months - 2 years
  - Low literacy educational materials for parents
    - 40 million Americans have low functional literacy (21% of population)
    - 50 million have marginal literacy skills (25% of population)
  - Health communication training for pediatric residents, doctors, waiting room peer counselors
Be Active With Your Baby

Have tummy time with your baby – everyday!

- Lie on your back and put the baby on his stomach on top of you. Can he lift his head for a few seconds? Talk to him and have him look at you.

- Put him on his tummy on a blanket on the floor. Soon he’ll be holding up his head for 10 seconds! Put a toy in front of him to look at.

- Have tummy time for 2 minutes at a time. Try this 3 times a day.

- Remember, when he sleeps, he should always be on his back, NOT on his tummy.

TV time is not active time

It is best to choose active things to do with your baby!

Too much TV can cause adults and children to gain too much weight.

Be a good example – limit the time you and your baby spend in front of the TV. Your baby is learning from you.

Put your baby on her tummy to play every day.
Help keep your baby growing strong!

TV time is not active time.
Choose active things to do with your baby!
Be active with your baby

Try tummy time with your baby – everyday!

Many parents think their baby is not ready for tummy time – but most babies are! Here’s how to start....

- Lie on your back and put the baby on his stomach on top of you. Can he lift his head for a few seconds? Talk to him while he looks at you.
- As he gets stronger, put him on his tummy on a blanket on the floor. Soon he’ll be holding up his head for 10 seconds! Put a toy in front of him to look at.
- Have tummy time for 2 minutes at a time. Try this 3 times a day.

Remember: When your baby sleeps, he should always be on his back, NOT on his tummy.

Screen time is not active time

Screen time means watching anything on a: TV (DVD) • Computer • Tablet (iPad) • Cell phone

Too much screen time can cause adults and children to gain too much weight.

Be a good example – limit the time you and your baby spend in front of any screen. Your baby is learning from you.

Put your baby on his tummy to play every day. With practice, your baby will grow strong!

Screen time is not active time. Choose active things to do with your baby!
与你的宝宝一起「动」起来

每天跟你的宝宝尝试趴著玩！

很多父母认为宝宝还未可以趴著玩 — 其实大部分宝宝是可以的，这是如何开始的方法……

• 你可以仰躺下来，然后让宝宝趴在你的身上。
  他能夠抬头来几秒吗？跟他讲话及让他看著你。

• 当他强壮一点时，放一张毛毯在地上，让宝宝趴
  在上面。很快他就可以把头抬起来，而且可以保持
  姿势十秒钟！你可以放一个玩具在他面前给他看著。

• 每次趴著玩的时间大概是两分钟。一天尝试玩三次。

记住：当宝宝睡觉的时候，他应该经常保持著仰卧的
  姿势，不是趴著的姿势。

看屏幕时间不是「动」的时间

看屏幕时间是指观看下列物件：
• 电视（影片）
• 电脑
• 平板电脑（iPad）
• 手机

看太多屏幕让成年人和小孩增加体重。

做个好榜样 — 限制你和宝宝看任何
  屏幕的时间。
  你的宝宝会学习你的榜样。

每天让宝宝有趴著玩的时间。
  藉着锻炼，宝宝会茁壮成长！

看屏幕不是活动的时间。
  选择一些能与宝宝一起活动的项目！
Community Setting
摆脱烟瘾
你可以做到

华语戒烟专线
1-800-838-8917

你是否准备戒烟？让我们为你提供要诀！立即拨打全美亚裔戒烟专线，获得经证明可让戒烟成功率大幅提高的免费服务，包括一对一电话咨询。请立即拨打专线，你可以做到！

asiansmokersquitline.org
Health + Housing Intervention (HHI) key pilot elements

- Place-based (co-located in two low-income buildings)
- Community Health Workers hired from within building or community
- Addresses social, environmental, behavioral, and structural determinants of health
- Tailored to specific needs of building residents
Heart disease is the leading cause of death for men and women in the United States.

Residents of low-income neighborhoods in NYC have higher mortality rates from cardiovascular disease than residents of higher income neighborhoods.

*HealthyHearts NYC* is a partnership between NYU Medical Center and NYC DOHMH’s Primary Care Information Project and CHCANYS designed to ensure that primary care practices that serve low-income communities have the support and resources they need to help their patients adopt the ABCS of cardiovascular disease prevention.

*HealthyHearts NYC* uses onsite practice facilitation and coaching, expert consultation and EHR support.

Funded by Agency for Healthcare Research and Quality – one of seven regional cooperatives.
Building a Partnership

• Memoranda of Understanding
  o data sharing
  o publications, presentations
  o dissemination and outreach

• Building in sustainability

• Providing resources ($, expertise, connections)

• Making a long-term commitment

• Ensuring collaboration and cross project synergies through a Coordinating Council

• Spending time – creating trust

• Change isn’t always “out there”
Vision for the future

- A set of sustainable and replicable interventions that reduce obesity and other risk factors for cardiovascular disease and cancer (including exposure to secondhand smoke)

- A model for:
  - Academic/community/government partnerships
  - Family/community engagement
  - Fostering healthy behavior change across cultures

- A framework for:
  - Using data to identify and address health needs
  - Collaboratively developing projects
  - Building capacity (at NYUMC and with partners)
  - Identifying emerging issues