

Serving Populations with, and at Risk for, Complex Health and Social Needs

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Innovating
for Life and Living
Campaign



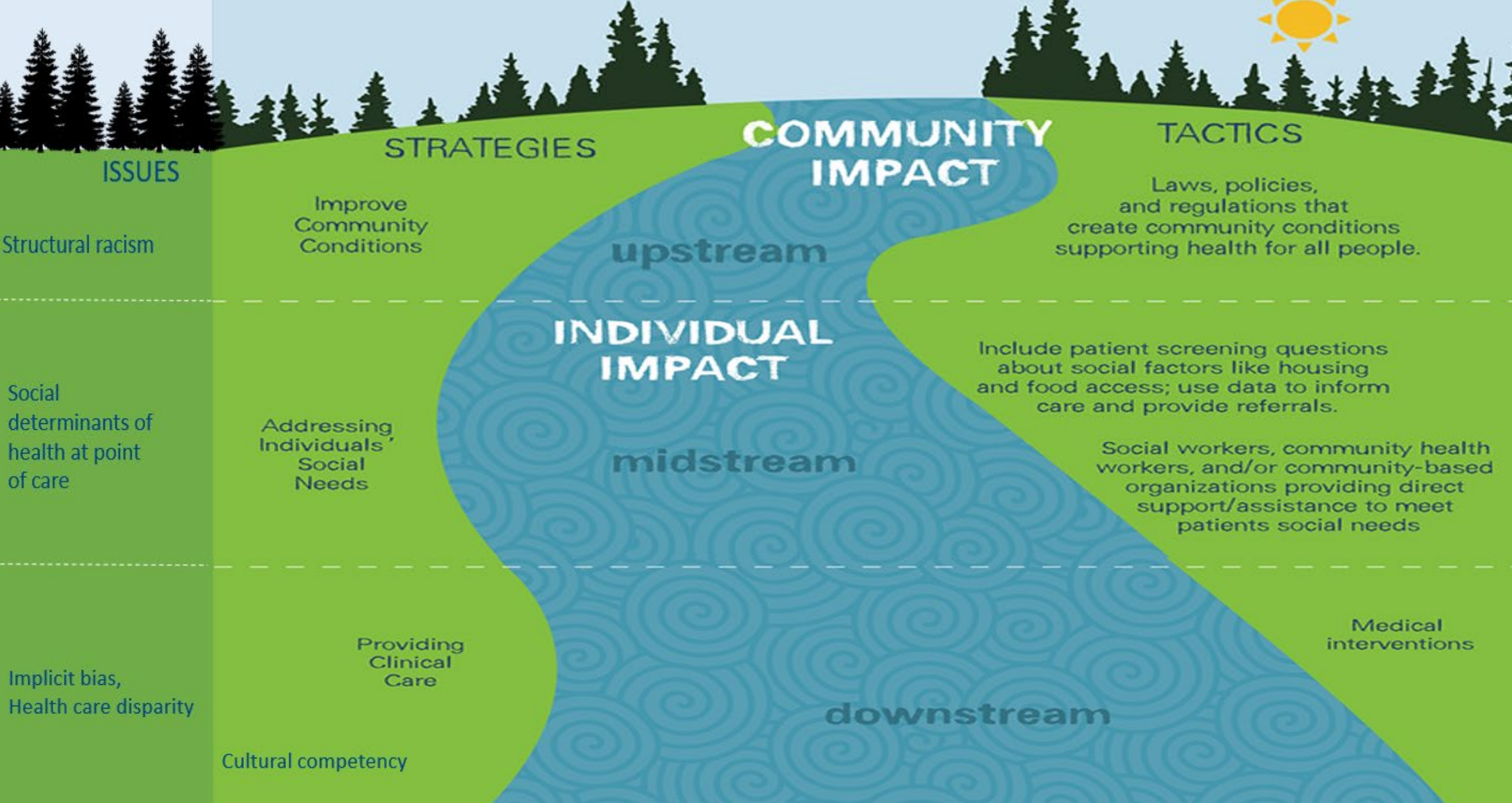
Advancing Health Equity



- **Health disparity** – health difference closely linked with economic, social, or environmental disadvantage
- **Health inequities** - based on ethical judgments about differences
- **Health equity** – everyone has the opportunity to attain their highest level of health

(Healthy People 2020, Whitehead, 2006; Braveman, 2014; RWJ, 2018; APHA, 2019)





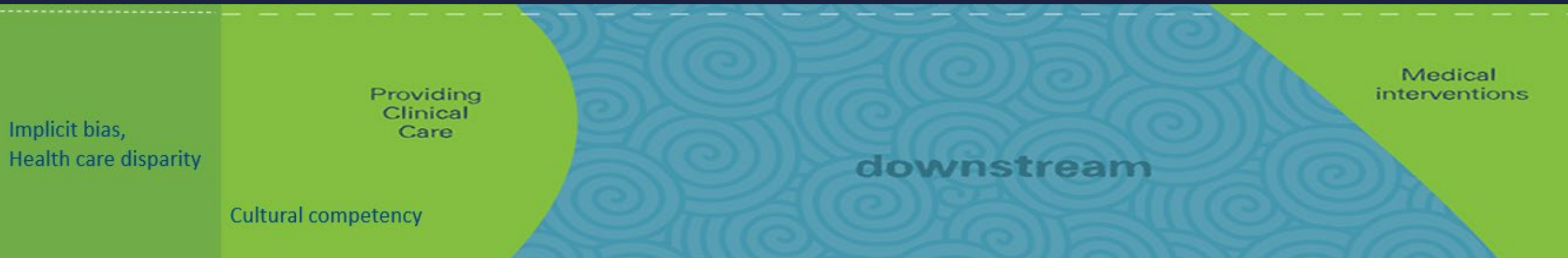
Implicit bias – a stereotype that is relatively inaccessible to conscious awareness and/or control

Cultural competency - the attitudes, knowledge, and skills necessary for providing quality care to diverse populations

The clinical consequences are decreased & unequal access to care and increased health care disparities:

- Mistreatment of women during pregnancy: Indigenous (32.8%), Hispanic (25%), and Black (22.5%) women reporting disproportionate amounts of poor treatment (verbal abuse, physical abuse)
- Higher levels of implicit bias yielding lower levels of patient adherence, follow-up appointments, and trust in health care providers, and overall adverse effects on assessment and care

(Project Implicit, 2011; AACN, 2009; Vedam et al, 2019; Narayan, 2019)



(Adapted from Castrucci and Auerbach, 2019)



Social
determinants of
health at point
of care

Addressing
Individuals'
Social
Needs

INDIVIDUAL IMPACT

midstream

Include patient screening questions
about social factors like housing
and food access; use data to inform
care and provide referrals.

Social workers, community health
workers, and/or community-based
organizations providing direct
support/assistance to meet
patients social needs

(Adapted from Castrucci and Auerbach, 2019)



...conditions in which people are born, grow,
live, work and age ... shaped by the
distribution of money, power and resources at
global, national and local levels. (WHO, 2008)

...SDOH affect the whole
population, not just the poorest or most
vulnerable patients. (Alderwick and Gottlieb, 2019)

Addressing social needs (social prescribing) at the point of care

- Social needs – informed care: activities that involve modifications to traditional health care to account for patient's social circumstance (e.g. transportation, translators, data on food access)
- Social needs – targeted care: activities in clinical settings that seek to address patients' social needs directly (e.g. income assistance, housing and food supports)



Addressing social needs: exemplars

“Making Transitional Care More Effective & Efficient”

Mary D. Naylor, PhD, RN, FAAN



“Living Independently for Elders Center”

Eileen M. Sullivan Marx, PhD, RN, FAAN

Interprofessional Practice at the Vine School Health Center:

A School-Based Nurse-Managed Clinic

Nan M. Gaylord, PhD, RN, FAANC

Accountable Community of Health

Billie Lynn Allard, MS, RN

11th Street Family Health Services

Patricia Gerrity, PhD, RN, FAAN

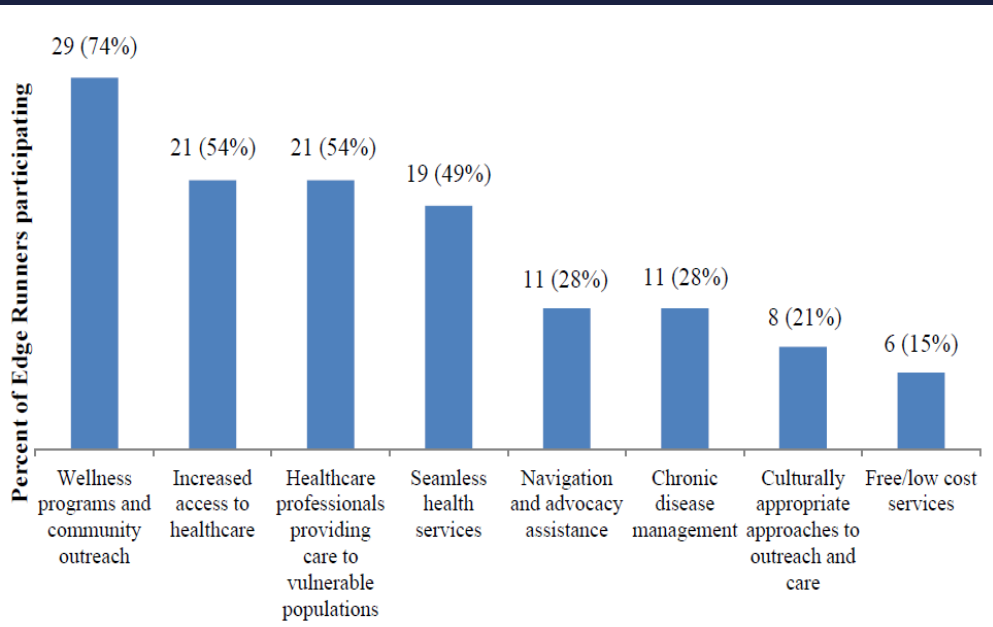
Community Health Education, Advocacy, and
Empowerment: Promotores de la Salud

Connie Vance, EdD, RN, FAAN

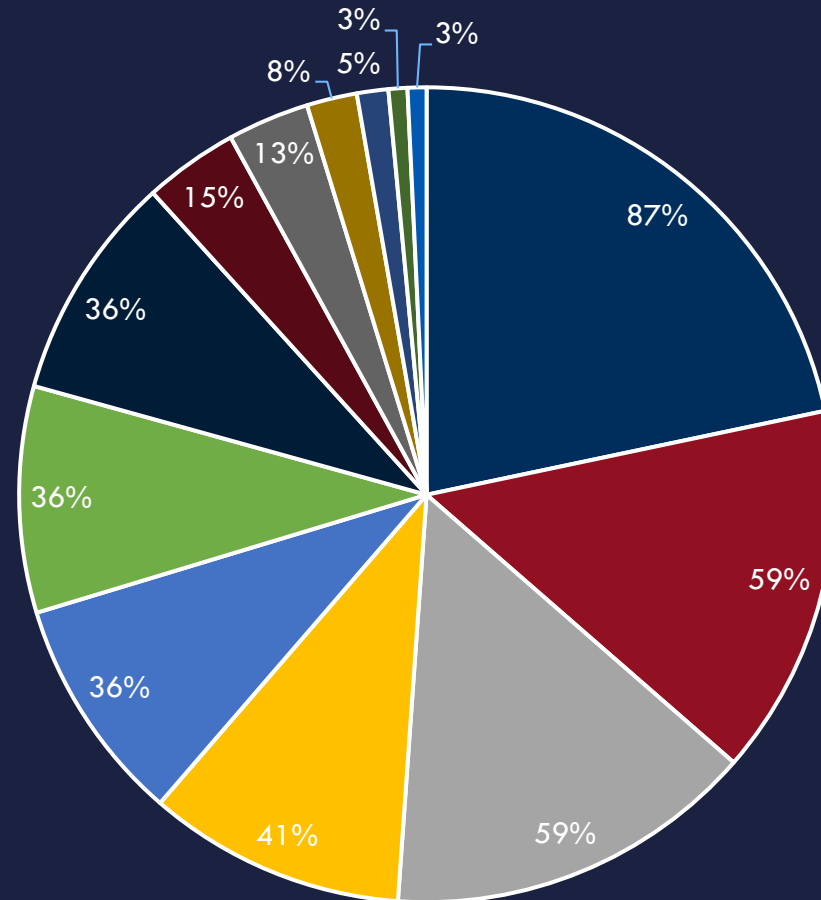
Mary Healey-Sedutto, MPA, PhD

Centering Healthcare Institute
Sharon Schindler Rising, CNM, MSN

Innovative Nursing Care Models and Culture of Health: Early Evidence



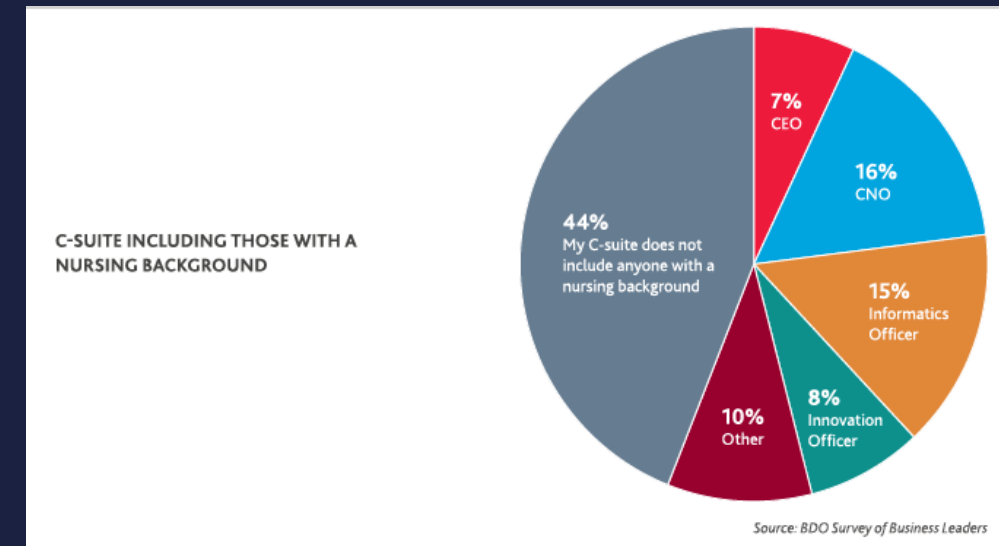
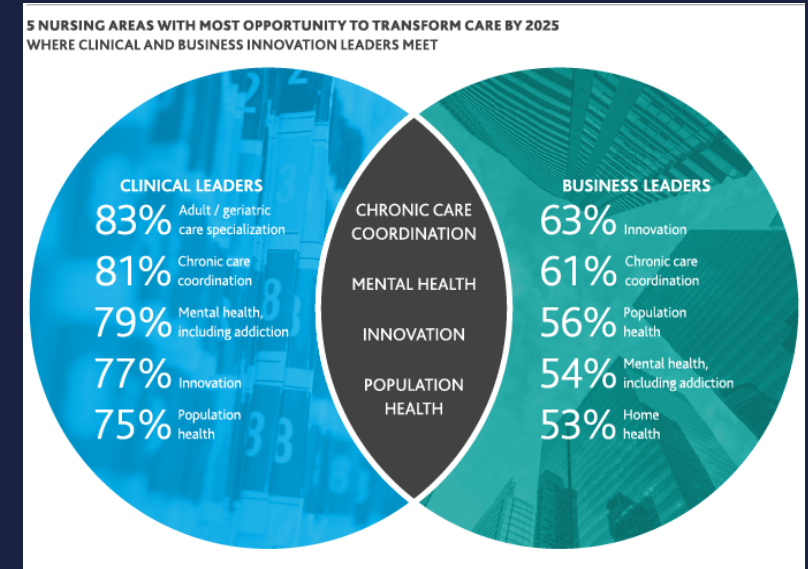
Edge Runner Activities



- ☐ Strengthening integration of health care services and systems
- ☒ Fostering Cross Sector collaboration to improve well-being
- ☒ Creating healthier, more equitable communities
- ☒ Collaboration with community stakeholders
- ☒ Partnership across providers to offer care, especially to vulnerable populations
- ☒ Services to provide social and basic needs
- ☐ Health education
- ☒ Making health a shared value
- ☒ Community wide health promotion
- ☒ Advocacy, media campaigns, public health discussions
- ☒ Economic Insecurity
- ☒ Addressing food deserts
- ☒ Volunteering engagement

Accelerating Nurse Innovations

- **Foster system-level infrastructure that leverages the contributions of nurses for current and emerging roles** in the care of older adults coping with complex health and social needs and their family caregivers (Demeris, et al, 2019)
- **Accelerating the adoption or adaptation of evidence-based interventions** is an immediate opportunity to achieve higher-value health care for this (older adults with multiple chronic conditions) population (Naylor, Hodgson, Demeris 2018)
- **Remove barriers** that discourage nurses from practicing to their full scope
- **Create organizational structures** and incentives
- **Elevate at least one nursing leader to the C-suite** of every clinical and broader health business (BDO & PennNursing, 2019)





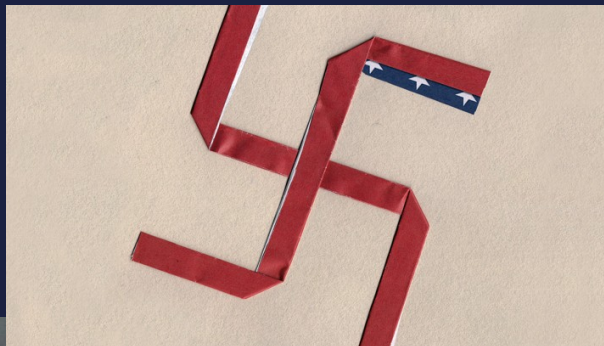
(Adapted from Castrucci and Auerbach, 2019)

STRUCTURAL RACISM

“A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity.”

(The Aspen Institute, 2019)

Structural Oppression



Structural Oppression in Healthcare

- Racial segregation's impact on nutrition (ie "food deserts"), hospital closures and "physician flight," and biological and psychological effects of environmental stressors
- Cultural and legislative impact on women's health, access to care and leadership roles
- Discrimination and disparity in HIV health policy, psychiatric disorders linked to lack of LGBT protections, insurance exclusions for transgender patients





Promoting breastfeeding

- Problem
 - Human milk mitigates against toxic stress, and vulnerable families are at highest risk for not initiation or continuing breastfeeding
 - Only 22% of infants are exclusively breastfed for the first six months and only 31% of infants are breastfed for one full year (CDC, 2016).
- Clinical Solution
 - The Spatz 10 Step Model and similar models have increased the use of human milk and breastfeeding in the US and globally
- Health Care System Level Solution
 - Implement informed decision-making across hospitals
 - Interventions in the community and among vulnerable populations
- Policy Solution
 - Advocating for policies to improve lactation support in the workplace & the community



Firearm violence

- Problem

- Disproportionate burden of interpersonal gun violence (gun homicide rate = 4.78, all black men = 33.15, black males 15-30y = 78.86.)
- Red-lined areas from the 1930's directly map to violence crimes and firearm assaults today

- Clinical Solution

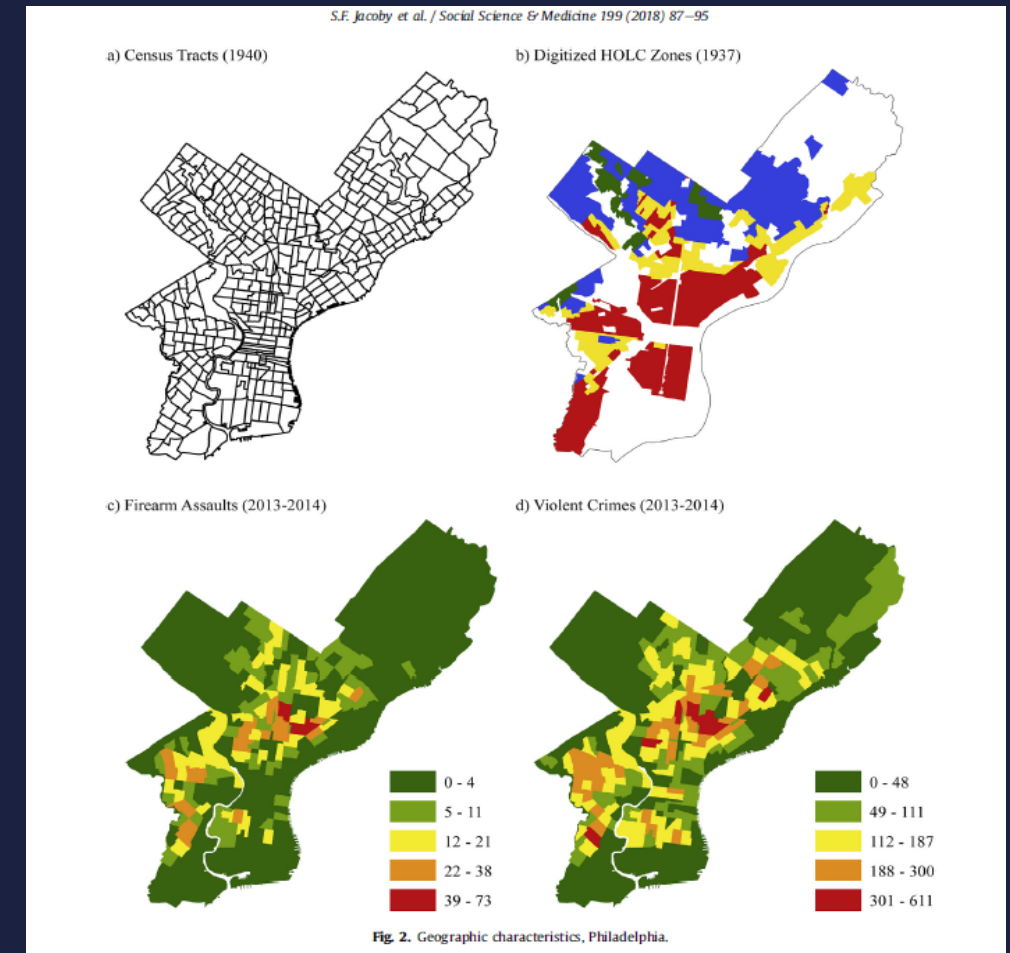
- Institute primary and secondary prevention strategies (individual, community and environmental level)

- Health Care System Solution

- Implement evidence based solutions at all levels
- Invest in neighborhoods to address upstream determinants of health

- Policy Solutions

- Recast firearm violence as a public health crisis
- Development of the National Violent Death Reporting System embedded in the CDC.
- Enterprise zones, neighborhood development corporations



Cardiovascular Health

- Problem

- Black men experience a disproportionate burden of hypertension-related morbidity and mortality with death rates twice that of white men
- Black men have high rates of incarceration and have an approx a 12 fold increased risk of death in the first 2 weeks after release with CVD among the leading cause of death



- Clinical solution

- CVD health interventions are one part of a multilevel interdisciplinary approach

- Health care system (criminal justice)solution

- GAINS (**G**roups **A**dvocacy **I**ntegrative **N**etwork of **S**ervices) Diversion program
- Integration and partnerships with universities business owners, community activists



- Policy solution

- Criminal justice reform/alternatives to jail
- Diversion programs for first time offenders



Healthcare for migrant workers

Problem

- Higher reliance on H-2A workers (approx. 250,000 per year)
 - Need access to health care
 - Occupational hazards like pesticides, injuries
 - Preventive care and screening for common ailments like HTN, DM
- Yet many barriers to coverage + many barriers to care

Clinical solutions

- Health screening & prevention
- Tailored education on topics like heat sickness, foot care,
- Bilingual materials, culturally appropriate dietary recs, tailored follow-up communication

Healthcare system solutions

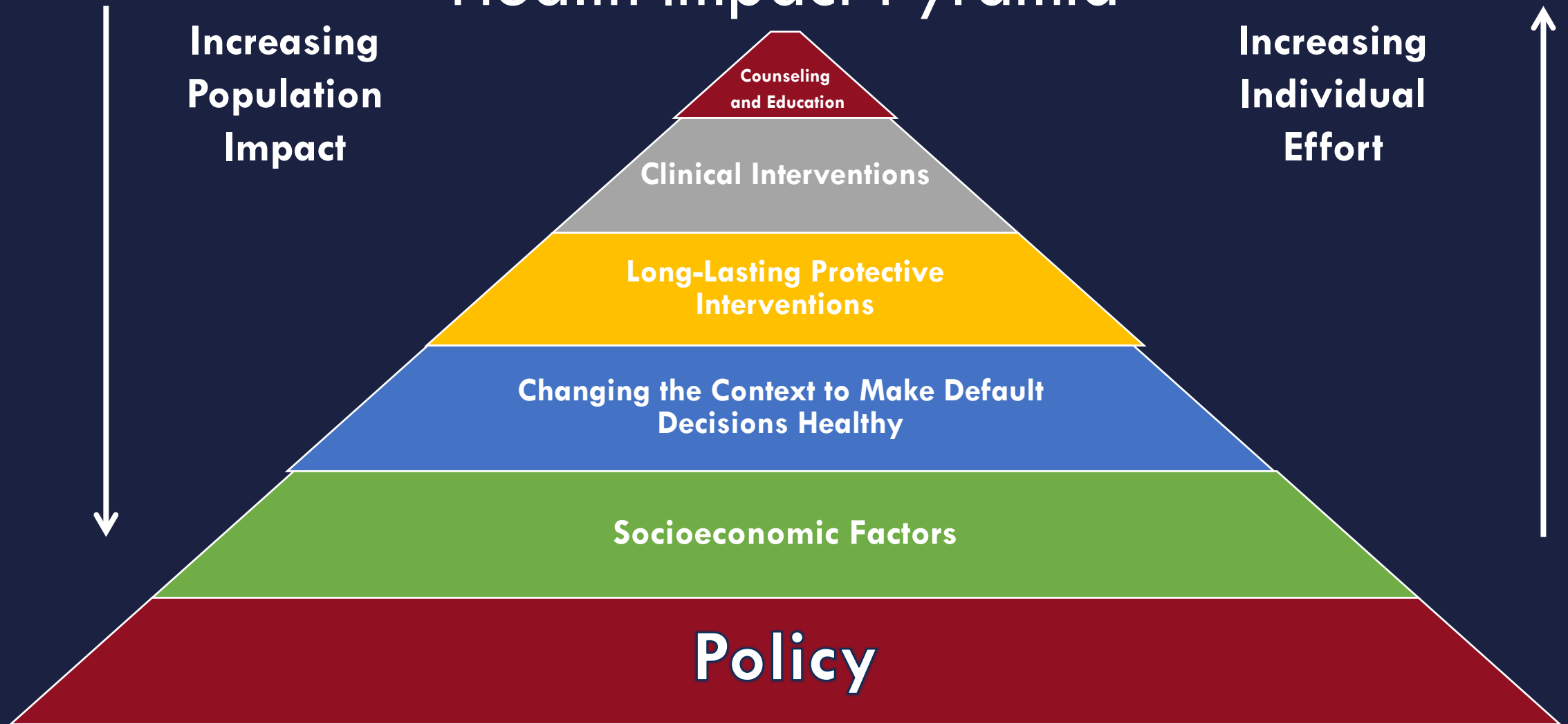
- Mobile Health Clinics (Emory Nursing's Farmworker Health Program)

Policy solutions

- Portable guest worker visas
- Increase H-2A Program funding

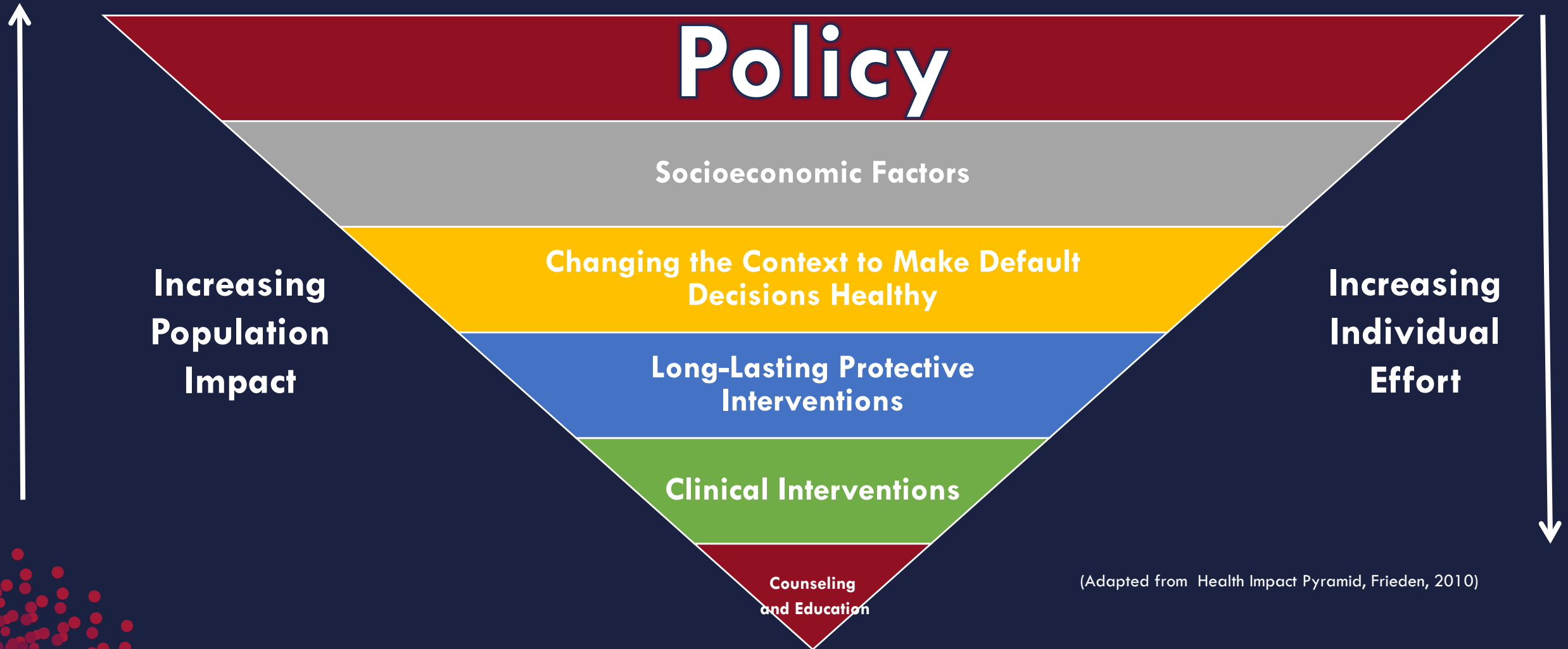


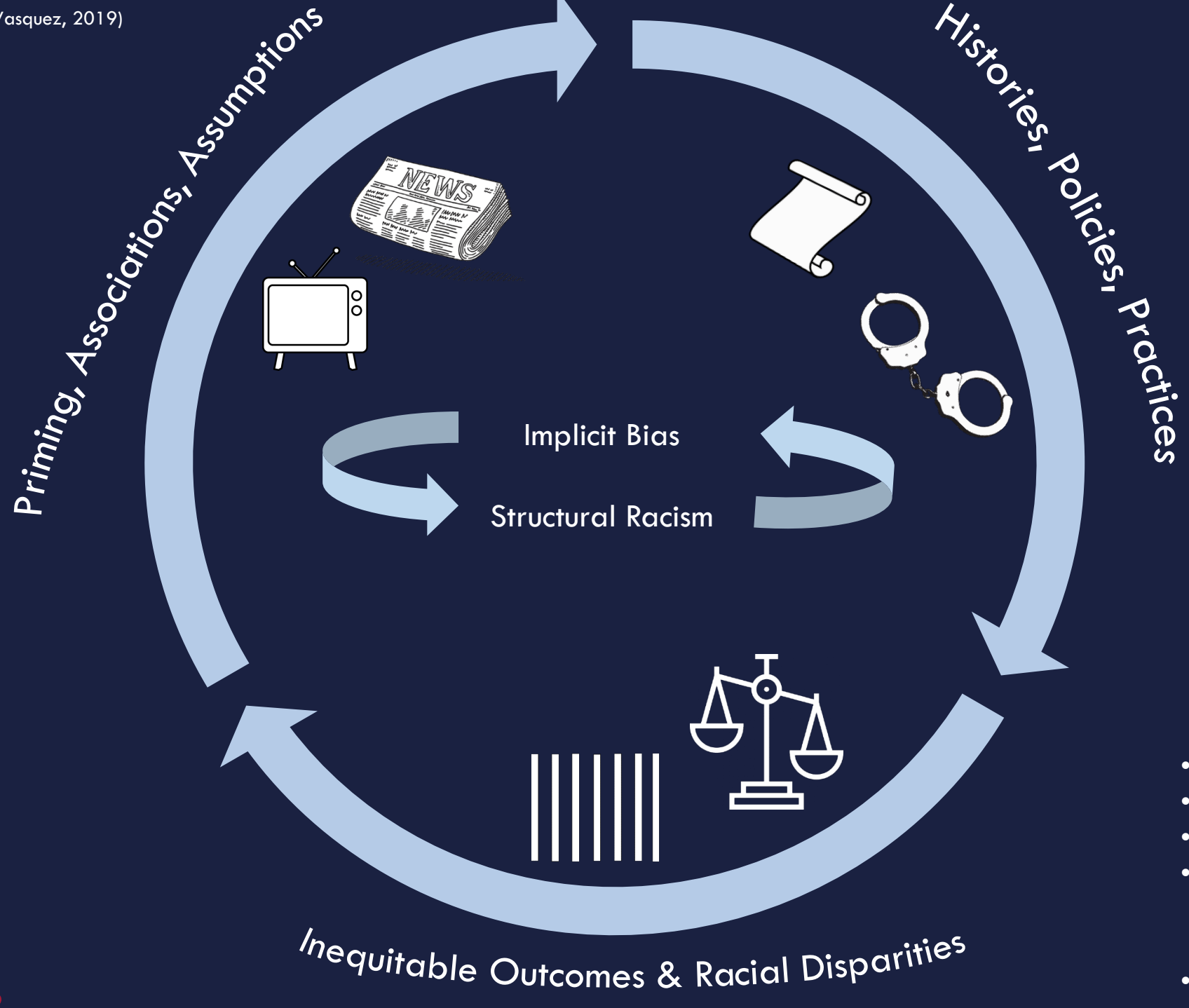
Health Impact Pyramid



(Adapted from Health Impact Pyramid, Frieden, 2010)

Health Impact Pyramid

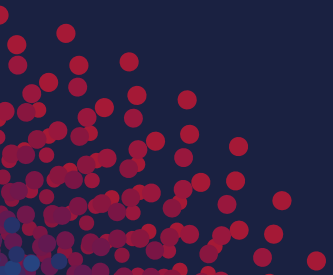




- Voting rights
- FHA loans
- Residential segregation
- Access to education, green space, resources, safety, healthcare, etc.
- Jobs, hiring, & advancement

Conclusion: Combatting the Systemic Issues that Yield Disparity

- Structural oppression/racism is nothing new, but we have a strong imperative to push back
- Achieving health equity cannot focus solely on clinical care
- Legal structures and policy are the foundation of oppression, so change begins with structural, policy-driven solutions
- Achieving health equity means a culture shift in priorities, dedicating efforts towards justice on all fronts



“...people implement racist policies to protect their own political, cultural, and economic interests and then, perhaps on the principle that the best defense is a good offense, deploy racist ideas to advance those policies.” - Ibram Kendi

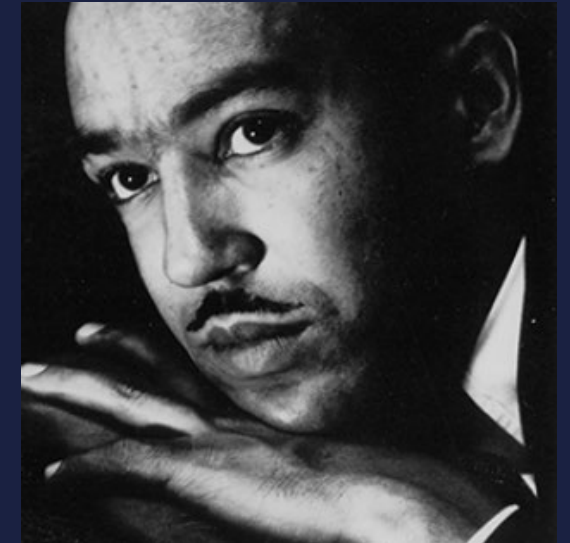


Considerations for the Committee

- How can nursing/health systems effectively address implicit bias/SDOH/structural racism? (downstream, point of care, upstream)?
 - When do we lead?
 - When do we support/collaborate?
- What types of partnerships hold the most promise for addressing SDOH/structural racism?
 - Education systems
 - Criminal justice
- How can we scale and spread effective nurse-designed/nurse-led innovations and strategies for addressing SDOH?
 - Full scope of practice federal, state, institutional level

*Out of the rack and ruin of our gangster death,
The rape and rot of graft, and stealth, and lies,
We, the people, must redeem
The land, the mines, the plants, the rivers.
The mountains and the endless plain—
All, all the stretch of these great green states—

And make America again!*



“Let America Be America Again” Langston Hughes