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

Antonia M. Villarruel, PhD, RN, FAAN
Professor and Margaret Bond Simon Dean of Nursing
Senior Fellow, Leonard Davis Health Institute

National Academies of Medicine Town Hall
University of Pennsylvania School of Nursing
July 24, 2019
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)
Adapted from Castrucci and Auerbach, 2019
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

(Adapted from Castrucci and Auerbach, 2019)
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.
...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 see to address patients' social needs directly (e.g. income assistance, housing and food supports)

(Alderwick and Gotlieb, 2019)
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

11th Street Family Health Services
Patricia Gerrity, PhD, RN, FAAN

Centering Healthcare Institute
Sharon Schindler Rising, CNM, MSN

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

Community Health Education, Advocacy, and Empowerment: Promotores de la Salud
Connie Vance, EdD, RN, FAAN
Mary Healey-Sedutto, MPA, PhD

https://www.aannet.org/initiatives/edge-runners/profiles
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

(Martsolf, Gordon, May, et al., 2016)
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)
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 (i.e. “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

(Yearby, 2018; Davies et al, 2019; Crowley et al, 2015; Du Bois et al, 2018; Transgender Law Center, 2019)
Adapted from Castrucci and Auerbach, 2019
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

(Spatz, 2018)
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

(Jacoby et al., 2018, Richmond et al, 2004)
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 (Groups Advocacy Integrative Network of Services) 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

https://penntoday.upenn.edu/news/university-pennsylvania-names-calvin-bland-fellows
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

http://www.nursing.emory.edu/student-life/service-learning/farmworker-family-health-program.html
Counseling and Education
Clinical Interventions
Long-Lasting Protective Interventions
Changing the Context to Make Default Decisions Healthy
Socioeconomic Factors
Policy

Health Impact Pyramid

Increasing Population Impact

Increasing Individual Effort

(Adapted from Health Impact Pyramid, Frieden, 2010)
Health Impact Pyramid

Policy

Socioeconomic Factors

Changing the Context to Make Default Decisions Healthy

Long-Lasting Protective Interventions

Clinical Interventions

Counseling and Education

Increasing Population Impact

Increasing Individual Effort

(Adapted from Health Impact Pyramid, Frieden, 2010)
Implicit Bias

Structural Racism

• 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

https://www.bates.edu/news/2017/10/26/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

https://poets.org/poem/let-america-be-america-again