Taking Bold Action to Achieve Health Equity

Healthcare Leadership Council
Dr. Alex Garza, MD, MPH
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Presenter

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Incident Commander, St. Louis Metropolitan Pandemic Task Force
Former Asst. Secretary, Chief Medical Officer, U.S. Dept. of Homeland Security
Rooted in Our Mission:
Through our exceptional health care services, we reveal the healing presence of God.
“Harm inflicted on individuals from guns or germs can be random; however, in both cases there are unequal burdens on different populations and they are heavily influenced by social determinants.”

--Health Progress, Nov./Dec. 2019 issue
STOP SPREAD, SAVE LIVES

INPUT
- Community efforts
- Social distancing
- Following guidelines (washing hands, cleaning surfaces)

PROCESS
- Coordinated efforts of healthcare and hospital systems across the region

OUTPUT
- Minimize the number of fatalities

GOALS
STOP SPREAD
- Lower the number of positive cases of COVID-19

SAVE LIVES
- Reducing the strain on healthcare systems to allow treatment and ensure availability of resources
Projections vs. Actuals: Inpatient Census for St. Louis MSA Hospitals

SOURCE: St. Louis Metropolitan Pandemic Task Force | UPDATED: 9/17/2020
A Question We Must Continually Ask: What is the Risk?

Risk = TVC

Risk = Threat X Vulnerability X Consequence

Intent Capability

Intent Capability

Intent Capability
Lessons Learned from H1N1
Pertinent Policy Issues: Local, State, Federal

Whose Jurisdiction Is It Anyway?

• Metro area covers two states. Within those states, there is much variation.
  • Mobility for work and play
  • Different mask mandates
  • Gubernatorial emphases
• Each county and state has its own public health programs and investment in public health, which makes the responses different.
Pertinent Policy Issues: Local, State, Federal

Whose Jurisdiction? It’s Complicated

For example:

• The City of St. Louis is not in St. Louis County
• St. Louis County and the City of St. Louis take a different approach than St. Charles County
• Sophistication of public health departments—budgets, staff, resources—from St. Louis County, City of St. Louis, St. Charles County, Franklin County and Jefferson County
Pertinent Policy Issues: Local, State, Federal

Whose Jurisdiction? Whose Responsibility?

The Federal response

- CDC
- FEMA
- HHS
- Task Force
The Cost of Not Having Health Equity
Undeniable impact on health outcomes and spending
Consequences associated with unaddressed social determinants of health

<table>
<thead>
<tr>
<th>Impact on patients</th>
<th>Impact on system</th>
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<tbody>
<tr>
<td><strong>2X ↑</strong> Higher death rate for individuals unemployed for more than six years</td>
<td><strong>$2,320</strong> Per capita annual health system expenses due to housing instability</td>
</tr>
<tr>
<td><strong>16 years</strong> Decrease in life expectancy across six mile stretch in Chicago neighborhoods</td>
<td><strong>24-67%</strong> Higher likelihood of readmission for patients dually enrolled in Medicare and Medicaid</td>
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<tr>
<td><strong>5X ↑</strong> Higher risk of developing mental health conditions due to exposure to violence and feeling unsafe during childhood</td>
<td><strong>60%</strong> Higher risk of ED utilization for patients requiring language services</td>
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<td><strong>2X ↑</strong> Increased risk of developing coronary artery disease due to social isolation</td>
<td><strong>$155B</strong> Annual cost to the U.S. health system due to food insecurity</td>
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**IMPACTS ON BLACK COMMUNITIES**

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<tr>
<th>More Than</th>
<th>Nearly</th>
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<tbody>
<tr>
<td><strong>4x</strong></td>
<td><strong>2.5x</strong></td>
<td><strong>1.5x</strong></td>
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- As likely to **test positive**
- As likely to be **hospitalized**
- As likely to be **admitted to the ICU**
DEMOGRAPHIC DISTRIBUTIONS (RACE) OF DIFFERENT OUTCOMES: BJC, MERCY, SSM

Black Population in St. Louis MSA as of 2010 Census Data: 18.8%
DEMOGRAPHIC DISTRIBUTIONS (RACE) OF DIFFERENT OUTCOMES: BJC, MERCY, SSM

- **Admitted**: Non-Black and Black populations are approximately equal.
- **Transferred ICU**: Non-Black has a higher percentage compared to Black.
- **Died**: Black has a higher percentage compared to Non-Black.

Legend:
- Non-Black
- Black
COVID-19 DEATHS DISPARITY

Black Population in St. Louis MSA as of 2010 Census Data

18.8% of the St. Louis Population

55 of every 100k black persons
15 of every 100k non-black persons
What Are Social Determinants?

The World Health Organization defines social determinants of health as the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. While not a complete list, the AHA has identified the following social determinants of health:

- Economic Stability: Food security, housing, employment and income/poverty level
- Neighborhood and Built Environment: Quality of housing, food access, violence, crime/public safety, environment (clean water and air or pollution), healthy workplaces, schools and transportation
- Education: Language and literacy, educational attainment and early childhood development
- Social and Community Context: Social support, social cohesion, civic engagement, faith-based communities and incarceration
- Health and Health Care: Access to primary, specialty and emergency care, affordability, health literacy, quality of care and insurance coverage
- Biology: Genetics, race/ethnicity, gender identity and sexual orientation
- Health Behavior: Personal health practices and behaviors (eating, exercise, sexual practices, etc.)
What Are We Doing?  
What Can We *All* Do?

Examples:

- LAI Clinic
- Behavioral Health Urgent Care opening
- Madison (WI) barbershop partnership
- Shawnee (OK) VeggieRx

Private-public partnerships

- New SSM Health board member Sam Ross and housing for veterans he developed at Bon Secours Mercy

- Helping community members become vendors for RWJBarnabas Health
Thank you.
Maternal Health Equity in the United States
The U.S. maternal mortality rate (MMR) is more than double the average MMR in other high-income countries.

We are the only high-income nation with a rising MMR; 1 of only 8 countries in the world where the MMR is going up.

Black women are 2-3 times more likely to die during pregnancy and childbirth than white women - one of the widest racial disparities in women’s health.
COVID-19 pandemic exacerbates maternal health inequities

Black and Latino individuals are **3x as likely to become infected & 2x as likely to die of COVID-19** in compared to white individuals\(^1\)

**Increased maternal stress** for all mothers – exacerbated for Black & Latina expectant mothers

35% of low-income workers – more often Black and Latino individuals - have lost their jobs due to the pandemic, **leading to loss of employer-based coverage & delays in seeking care**\(^2\)

**Increased incidence of c-sections and early inductions** – women of color already experience higher rate\(^3\)
Merck’s efforts to improve health equity in the US

Merck Commits Additional $10 Million to COVID-19 Relief Efforts to Help Disparately Impacted Patients and Communities

Inspired to become a nurse by Hurricane Katrina, this Merck employee is giving back by volunteering on the frontlines of COVID-19

Emma Mason, a nurse and volunteer, has joined the COVID-19 battle to return the favor to those who helped her and her family during Hurricane Katrina

Creating safer childbirth cities: leaning into our values of diversity and inclusion

“My mother and her family grew up outside of Pittsburgh and are still there. Back in the 1930s, 1940s, and 1950s, it was a time that if you were black and you were sick, there were only certain hospitals that you could go to,” says Celeste Warren, vice president of Global Diversity & Inclusion Center of Excellence at Merck. “There was this inherent and systemic, disparate treatment—fast forward to today and to know that women still face racial disparities giving birth in both Pittsburgh and across the U.S., it’s disheartening and something we know we need to address.”

Merck Foundation Launches Five-Year Initiative to Reduce Disparities in HIV Care for Vulnerable and Underserved Southeastern US Communities
Merck for Mothers

Merck for Mothers is our company’s $500 million initiative to help create a world where no woman has to die while giving life.

Our approach to reduce maternal mortality harnesses the invention and expertise of the private sector to solve a global health challenge.

Our Purpose

✓ Address a critical unmet global health need
✓ Contribute MSD expertise
✓ Forge meaningful partnerships
✓ Embody MSD’s social values
Public-private collaboration can lead to sustainable system strengthening

2 out of 3 deaths were determined to be preventable

Pregnancy-related deaths occurred during pregnancy, delivery, and up to 1 year postpartum

More than 45 states now have a maternal mortality review committee
Public-private collaboration can build momentum

*CDC’s Hear Her campaign* seeks to raise awareness of potentially life-threatening warning signs during and after pregnancy and improve communication between patients and their healthcare providers.

*Momma’s Voices* – a national coalition of patient organizations and individuals with lived experience using their voice to reduce maternal complications in pregnancy and the postpartum period.
Promising Solutions

Redesigning Systems with Black Women initiative supports communities and maternity care teams to create health care systems focused on delivering high-quality, respectful, and equitable care.

City-based Maternal Mortality and Morbidity Review Committee includes the perspectives of women who have experienced a life-threatening childbirth event as part of case reviews to inform more comprehensive findings and recommendations.

March of Dimes hosted a series of free webinars to provide up-to-date information about accessing maternity care during the COVID-19 pandemic, with a focus on addressing health disparities.

“The women recounted incidents ranging from verbal abuse and ineffective or condescending communication to outright discrimination and racism. Some experiences were characterized as a failure to meet professional care standards or linked to outdated hospital practices like not allowing women to get up and move around during labor.”

- From “To Reverse the Maternal Health Crisis, We Must Break the Cycle of Distrust”
Public-private collaboration can kickstart meaningful change

Safer Childbirth Cities initiative aims to support community-based organizations in U.S. to implement evidence-based interventions and innovative approaches to reverse the country’s maternal health trends.

Cohort 1 Cities
- Atlanta, GA
- Baltimore, MD
- Camden, NJ
- Chicago, IL
- Columbus, OH
- Jackson, MS
- Newark, NJ
- New Orleans, LA
- Philadelphia, PA
- Pittsburgh, PA

Bridging the gaps in maternal health to promote health equity

Addressing the social determinants of health to help ensure pregnant and birthing people get the care they need

Collaborating with doulas and perinatal support workers to bolster support systems around women and families

10 Cities
10 Community-Based Organizations
10 Community-Led Solutions
Supporting Women Across the U.S.
Thank you
Health Equity and the Digital Divide

Eve Gelb
Health Equity and the Digital Divide

Health equity is achieved when every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.” ~ United States Centers for Disease Control and Prevention

Digital divide is the economic, educational, and social inequalities between those who have computers and online access and those who do not. ~Merriam-Webster.com
Senior’s Use of Health Technology, but…

Seniors are using health technology more than ever, but many don’t have access, knowhow, and comfort.
Telehealth Visits

SCAN 2020 Member Visits

Lessons:
• Audio visits small but important
• Video visits work for some people for some things
• Technology is not making up for needed access
Solutions

- Support people in learning new technology
- Take the technology to the person
- Bring in-person care to the person
- Allow audio-only visits
- Supply people with devices and connectivity