Won’t You Be My Neighbor?

Health Policy at the Intersection of Place and Race

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Managing Editor, Adventist Health Policy Association

Image Source: Michael Tuszynski Photography

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Conversation Map

- What do we need to know?
- How do place, race, and policy intersect?
- What can we do about it?

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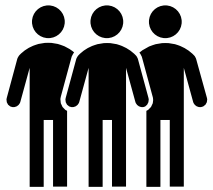
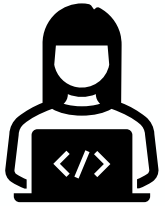
Figuring out how to deliver high quality, equitable care to all patients is top priority right now.

Federal regulations with equity-related proposals and requests for comment have **sharply increased**.



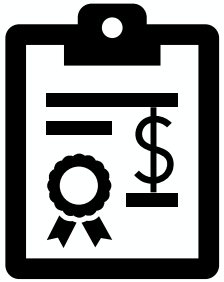
Patients' health equity concerns have been **repeatedly linked to costly delaying of care**.



There is an increasing focus on **having race, ethnicity, gender identity and other demographic data** to inform strategic care delivery.

Commercial payers are looking to reduce costly health disparities and improve the health of beneficiaries.

Congress has formed new caucuses and working groups specifically focused on health equity.



CMS has begun including **health equity measures in quality payment programs**.

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“We champion policies that promote wellness and access to the highest standard of quality health care for all people regardless of race/ethnicity, age, ability, sexual orientation, gender identity, socioeconomic status, geography, citizenship status, or religion.”

- The Adventist Health Policy Association

www.adventisthealthpolicy.org

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“Policyspeak”

The Department of Health and Human Services (HHS): The federal department overseeing (much of) public health policy, including the governance of health agencies.

The Centers for Medicare and Medicaid Services (CMS): The federal agency over Medicare, Medicaid, the Children’s Health Insurance Program, and the Health Insurance Marketplace.

Innovation Models (“Models”): Experiments outside of CMS’ normal, fee-for-service way of paying for health care. These are often grounded in the latest research and best practices.

Proposed Rule (NPRM): Officially called a *Notice of Proposed Rulemaking*, this draft shares tentative policy ideas the government is considering and gives opportunities to influence.

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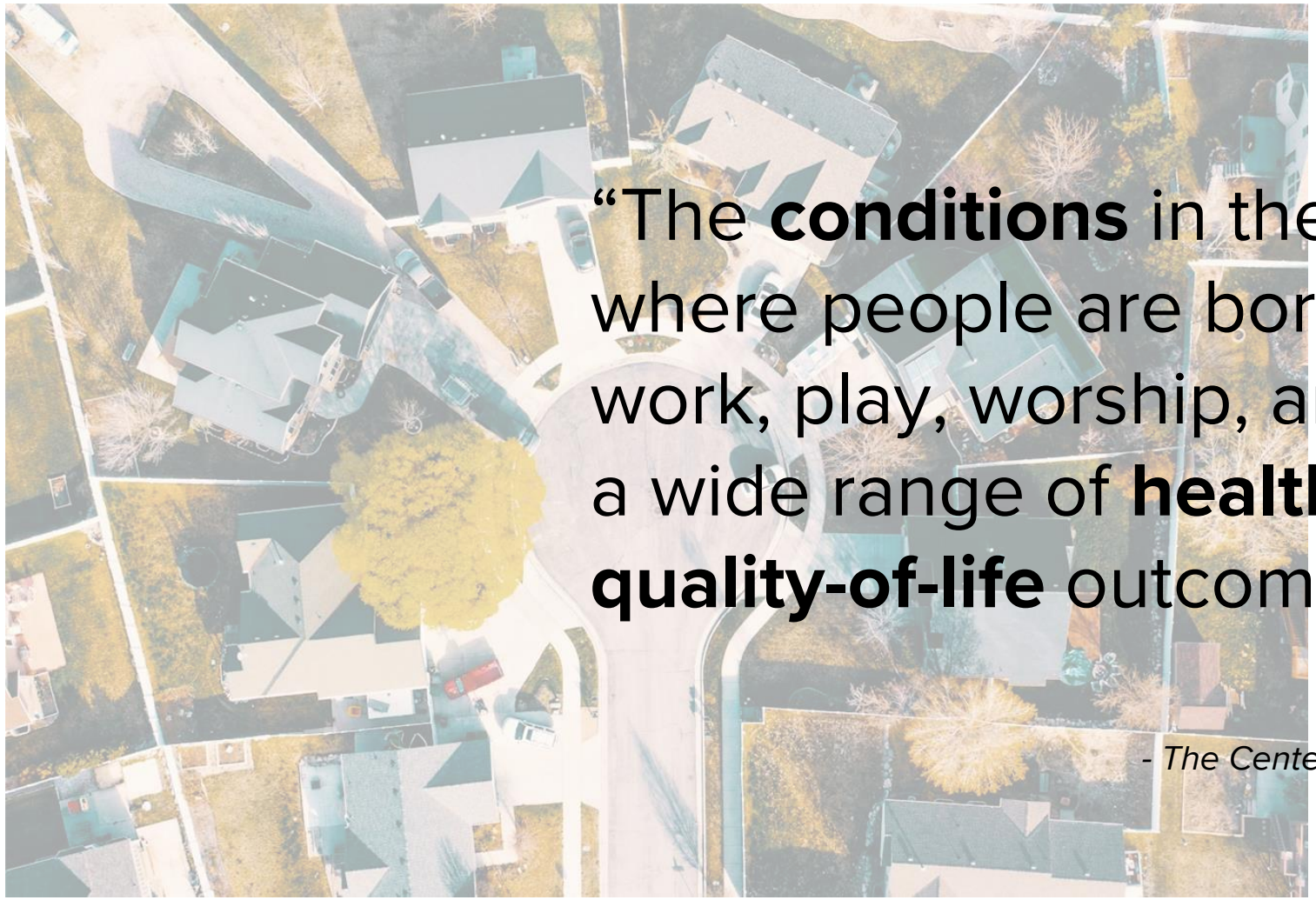
The Social Determinants of Health



"The **conditions** in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of **health** and **quality-of-life** outcomes."

- The Centers for Medicare and Medicaid Services, 2023 Rulemaking

Social Determinants of Health and High-Cost Utilization Among Commercially Insured Population (ajmc.com)

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The Social Determinants of Health

Loma Linda University Health

2022 Community Health Needs Assessment

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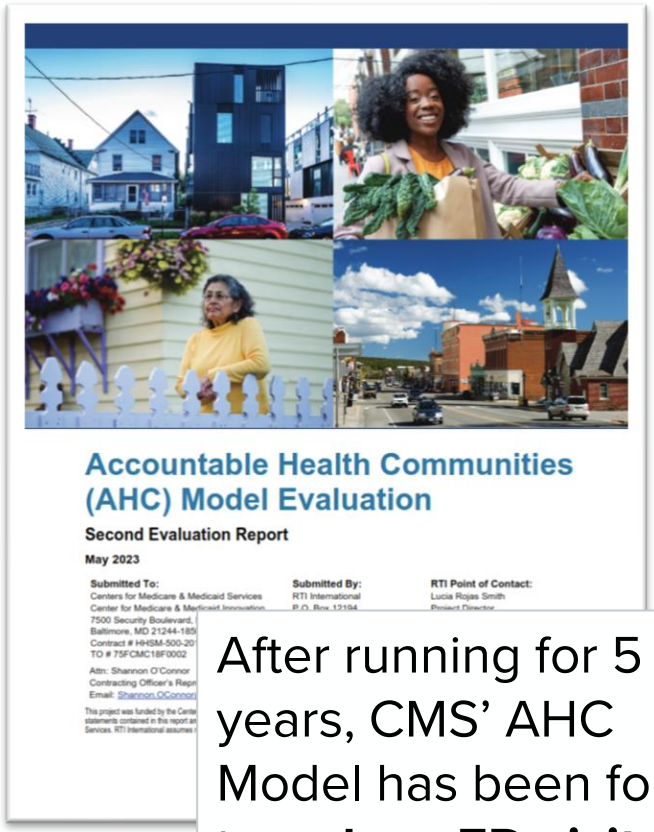
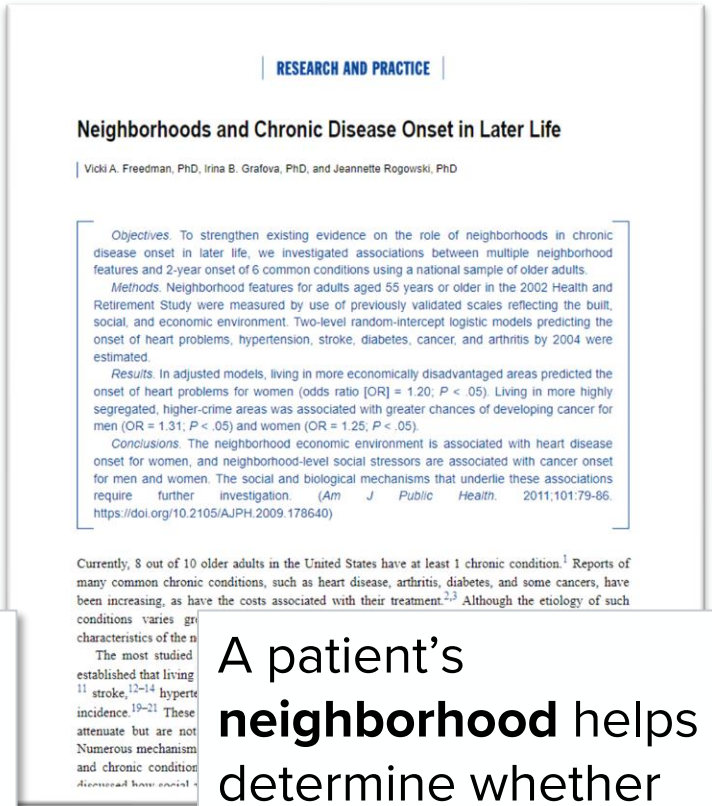
Addressing the social needs of the community can improve health outcomes and help manage costs.



After running for 5 years, CMS' AHC Model has been found to **reduce ED visits** for participants.

Medicaid patients with high social needs were **40% more likely** to need emergency room care.



A patient's **neighborhood** helps determine whether they develop a **costly chronic illness** later.

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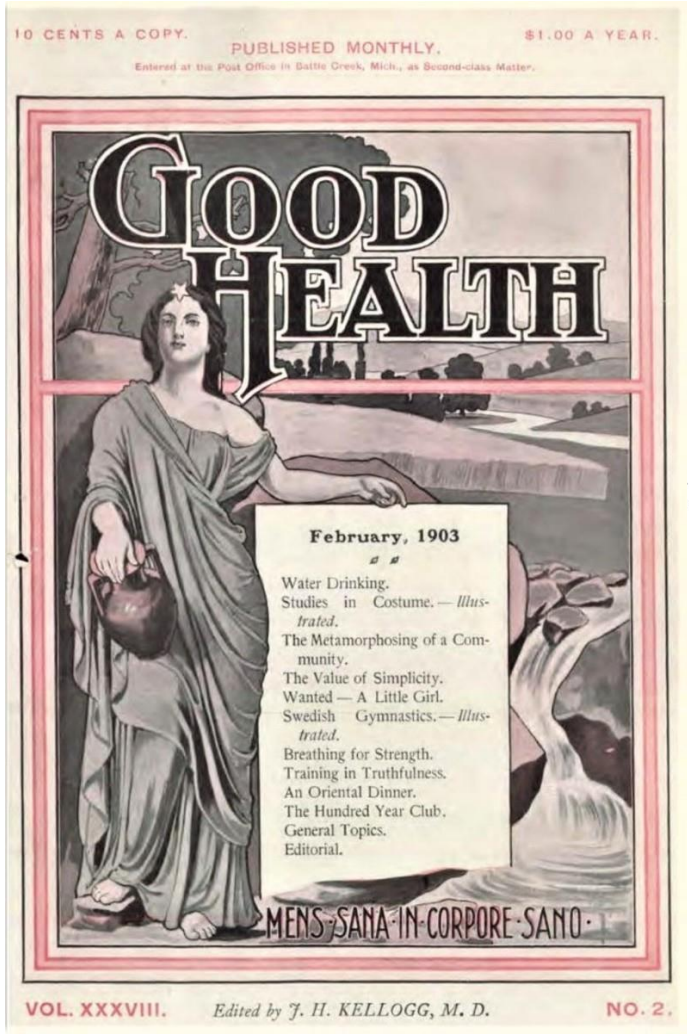
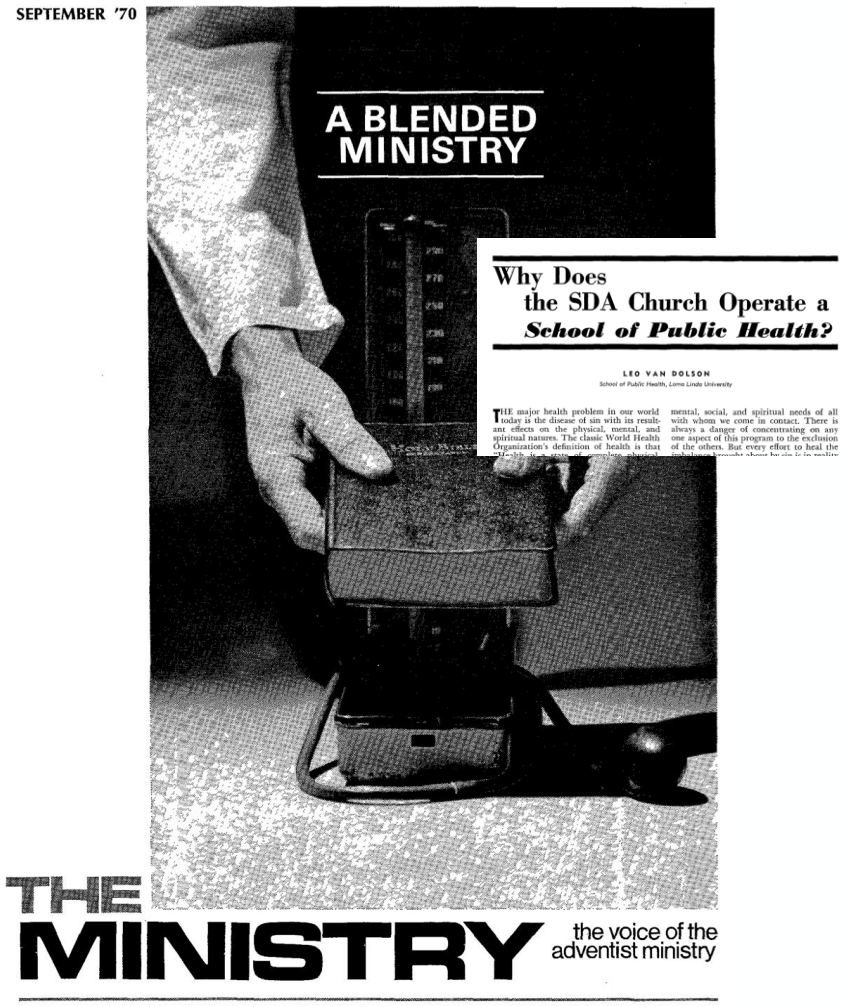
Adventist Legacy of Whole-Person Care





"Pure air, sunlight, abstemiousness, rest, exercise, proper diet, the use of water, trust in divine power, —these are the true remedies."

Ministry of Healing

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Health equity is aspirational.

When we advocate for health equity, **we are seeking to address health differences between groups that are systematic, avoidable and unfair.**

Instead, we aspire for communities where **every person can attain their full health potential** and is not disadvantaged because of their:

Race **Ethnicity** **Language** **Ability** **Age**

Gender **Social Class** **Religion** **Gender Identity**

Sexual Orientation **Socio-economic Status**

Education **Community**

Source: CDC's Office of Minority Health & Health Equity.
https://www.cdc.gov/healthequity/features/asian-pacific/index.html

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Race and ethnicity are social constructs.

Race and ethnicity are **deeply-meaningful, human-invented** classification systems.

Although race is not biological, our race has a **real, material impact** on how we move through the world.

These experiences and environments, not the race itself, have **physiological consequences**.

Source: CDC's Office of Minority Health & Health Equity.
https://www.cdc.gov/healthequity/features/asian-pacific/index.html

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Important Distinctions: Disparity v. Inequity

Although sometimes used interchangeably, **disparity** and **inequity** have slightly different meanings.

A **disparity** is a simply a difference. This difference *might* not be innately unfair.

An **inequity** is a difference that is *unfair and unjust*.

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Important Distinctions: Equality v. Equity

Good policy goes beyond elementary “equality.”

Treating everyone equally, means **giving everyone the exact same thing**, regardless of their individual needs.

Equity, however, is concerned with truly **making things fair**.

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Important Distinctions:
Monolithic Approaches v. Intersectionality

Monolithic public health thinking **homogenizes (often relying on broad stereotypes)** racial, ethnic, and other population groups.

Intersectional public health theory keeps our patients' **multiple, intersecting identities** and experiences in mind.

Health Inequities, Social Determinants, and Intersectionality - National Academy of Medicine

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Concepts of equity can seem so simple in theory, but in practice, each neighborhood's ability to thrive has many layers.

Scientific curiosity is critical in strategic health care delivery.

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Once you get curious, you can begin your policy exploration.

How are the **schools**? How much do they cost?

What else is around?

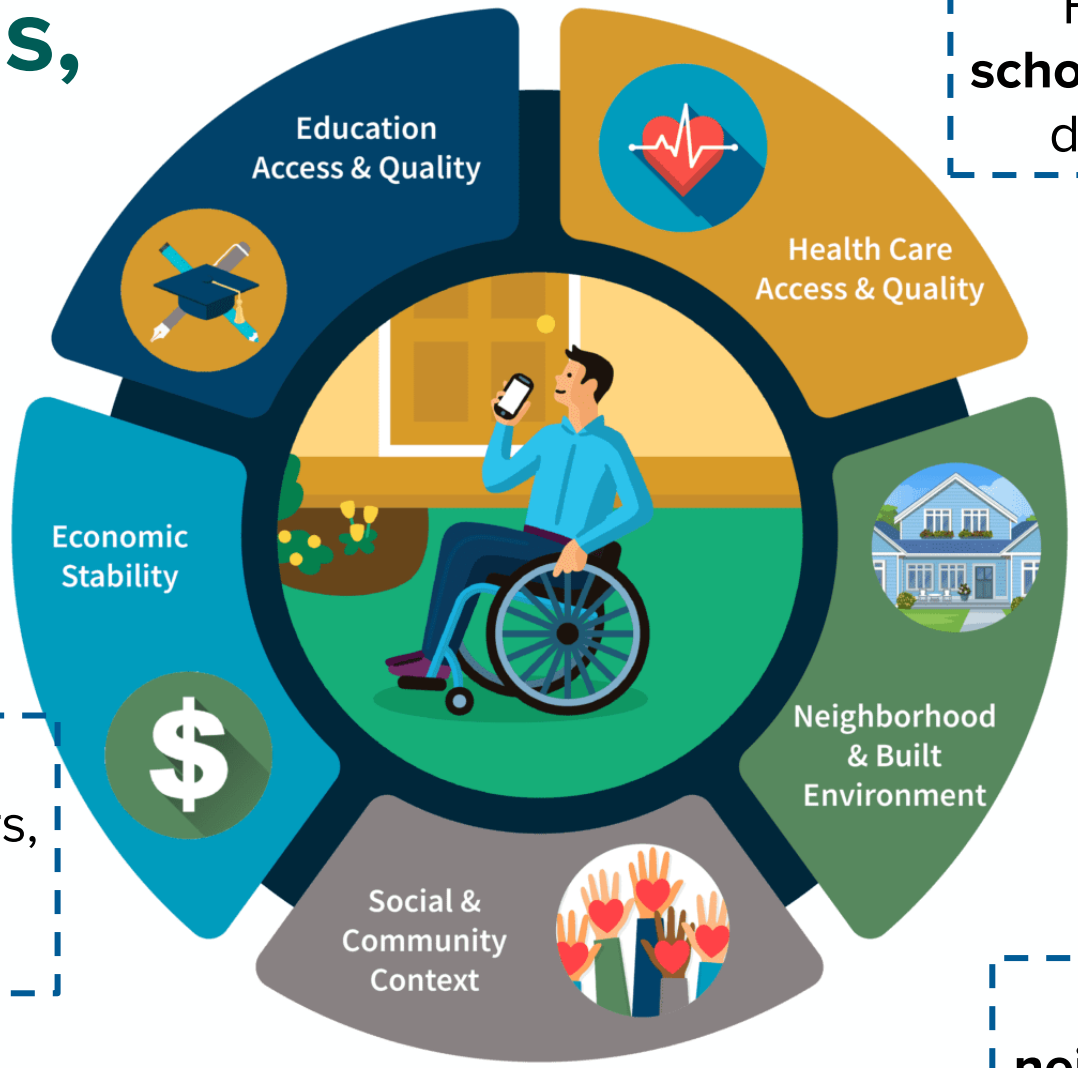
What was their neighborhood like **in the past**?

What's their **neighborhood** like today?

Are they **welcome** in their community?

Are there **good jobs**, fair employers, and ethical hiring practices?

Are there **hospitals**, **clinics**, **healthy food stores**, **safe spaces** to play?



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The **places** of our lives affect the **quality** of our **health**.

Factors about ourselves like disability status, race, age, and income influence **which** places are available to us.

In North America, **place** and **race** walk hand-in-hand.

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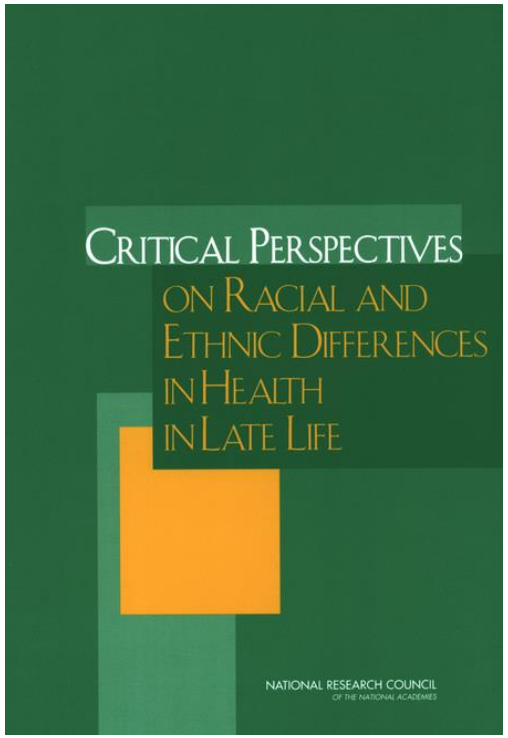
Neighborhood

We've long known that the local context shows up in individual health and well-being.



"Although a long history of research shows that health status varies strongly across local, state, regional, and national settings, what distinguishes the **new generation of research** on neighborhoods and health is its attention to **investigating the multilevel causation** of these differences."
National Research Council (2004)

Built Environment:

The **human-made physical conditions** in our communities, including:

- Buildings
- Greenspaces & Parks
- Public Infrastructure
- Transportation
- Water Management

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Past policy missteps may not be our *fault*, but they are still our *problem*.

- **Poor policy is still impacting health outcomes today.** The ghosts of bad policy still haunt our service areas.
- **Health systems are being increasingly expected to adopt more risk**, move to capitated models, and be more accountable for patients' total health outcomes.
- **Not-for-profit, mission-driven hospitals are under scrutiny.** Lawmakers, patients, and the general public want to know whether we are truly worth the tax benefits we are afforded.

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Policy Curiosity: Our Toolkit

What are we looking out for?

- **Health Outcomes**
  How are folks doing?
- **Demographic Info**
  Who lives there?
- **Assets**
  What tools does the community have?
- **Barriers**
  What's standing in the way of "whole-person" health?

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Staying Curious:
What should we watch for?

- Differences in neighborhood health outcomes that **cannot be easily, logically explained**
- A **lack of historical nuance** in current policy discussion
- **Gaps in access** to services, spaces, and resources
- **Misalignment** with current public health and wellness best practices and research
- **Generalizations**, **stigmatizing language**, or **monolithic thinking** associated with a given area
- **Personal bias** and overreliance on anecdotal data

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Curiosity in Action: Place, Race, Health

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Can the people in the community *actually afford* to engage with the built environment?

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Housing: The Great Determinant

"There are several aspects to housing that impact health, including **affordability**, **stability**, **quality** and **safety**, and surrounding **neighborhood**."

- Healthy People 2030

Housing Instability:

- Trouble paying rent
- Overcrowding
- Moving frequently
- Rent burdened

- Increased risk of chronic and infectious disease
- Depressed mental and behavioral health outcomes
- Elevated exposure to physical and verbal violence
- Restricted access to fresh fruits and vegetables

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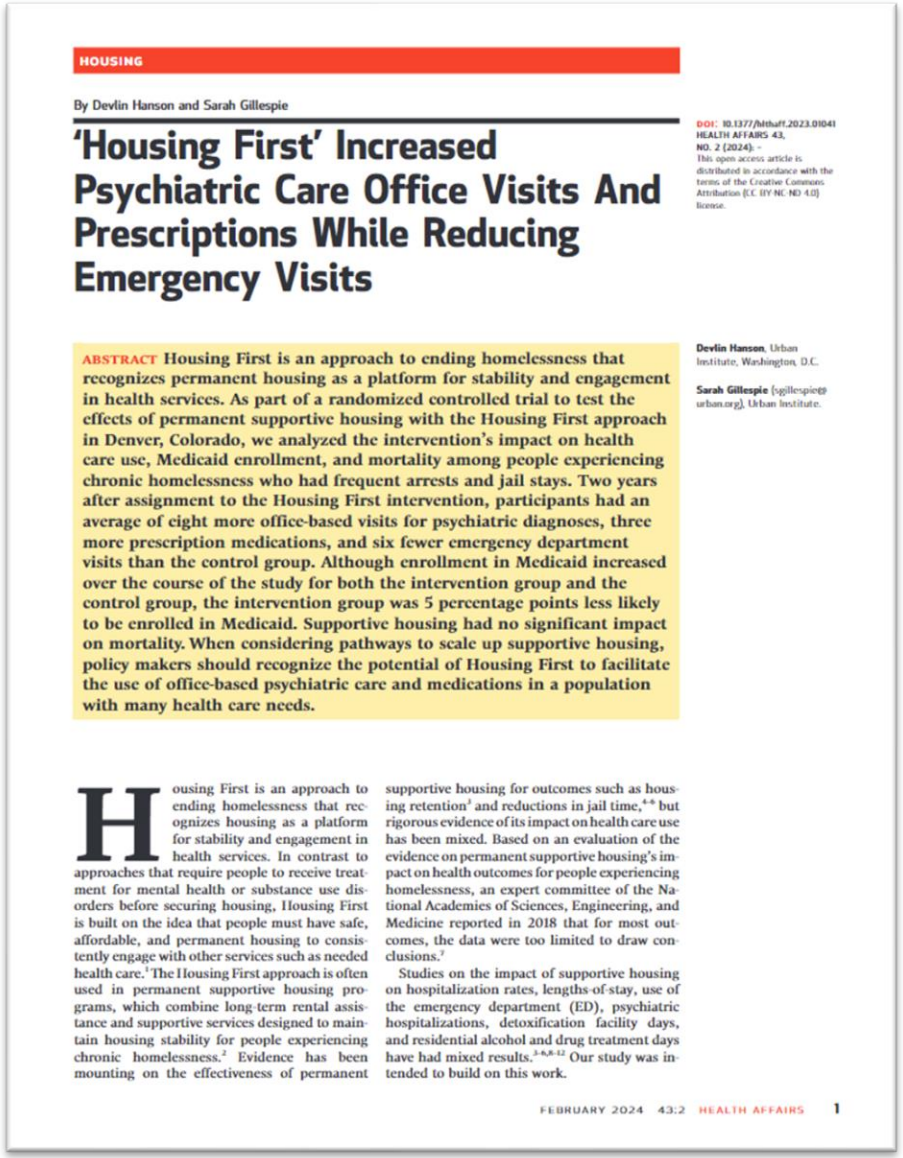
Policy Latest: *Housing First* Results



HOUSING

By Devlin Hanson and Sarah Gillespie

'Housing First' Increased Psychiatric Care Office Visits And Prescriptions While Reducing Emergency Visits

DOI: 10.1377/hlthaff.2023.01041
HEALTH AFFAIRS 43,
NO. 2 (2024). ~

ABSTRACT Housing First is an approach to ending homelessness that recognizes permanent housing as a platform for stability and engagement in health services. As part of a randomized controlled trial to test the effects of permanent supportive housing with the Housing First approach in Denver, Colorado, we analyzed the intervention's impact on health care use, Medicaid enrollment, and mortality among people experiencing chronic homelessness who had frequent arrests and jail stays. Two years after assignment to the Housing First intervention, participants had an average of eight more office-based visits for psychiatric diagnoses, three more prescription medications, and six fewer emergency department visits than the control group. Although enrollment in Medicaid increased over the course of the study for both the intervention group and the control group, the intervention group was 5 percentage points less likely to be enrolled in Medicaid. Supportive housing had no significant impact on mortality. When considering pathways to scale up supportive housing, policy makers should recognize the potential of Housing First to facilitate the use of office-based psychiatric care and medications in a population with many health care needs.

Devlin Hanson, Urban Institute, Washington, D.C.

Sarah Gillespie (sgillespie@urban.org), Urban Institute.

Housing First is an approach to ending homelessness that recognizes housing as a platform for stability and engagement in health services. In contrast to approaches that require people to receive treatment for mental health or substance use disorders before securing housing, Housing First is built on the idea that people must have safe, affordable, and permanent housing to consistently engage with other services such as needed health care.[1] The Housing First approach is often used in permanent supportive housing programs, which combine long-term rental assistance and supportive services designed to maintain housing stability for people experiencing chronic homelessness.[2] Evidence has been mounting on the effectiveness of permanent supportive housing for outcomes such as housing retention[3] and reductions in jail time,[4–6] but rigorous evidence of its impact on health care use has been mixed. Based on an evaluation of the evidence on permanent supportive housing's impact on health outcomes for people experiencing homelessness, an expert committee of the National Academies of Sciences, Engineering, and Medicine reported in 2018 that for most outcomes, the data were too limited to draw conclusions.[7]

Studies on the impact of supportive housing on hospitalization rates, lengths-of-stay, use of the emergency department (ED), psychiatric hospitalizations, detoxification facility days, and residential alcohol and drug treatment days have had mixed results.[3,8,9–12] Our study was intended to build on this work.

Housing is one of the most foundational place-related Social Determinants of Health.

CMS' *Housing First* Model seeks to meet patients' housing needs as a foundational part of their care delivery. It has been found to:

- Increase access to appropriate care and
- Reduce health care costs for beneficiaries.

'Housing First' Increased Psychiatric Care Office Visits And Prescriptions While Reducing Emergency Visits | Health Affairs

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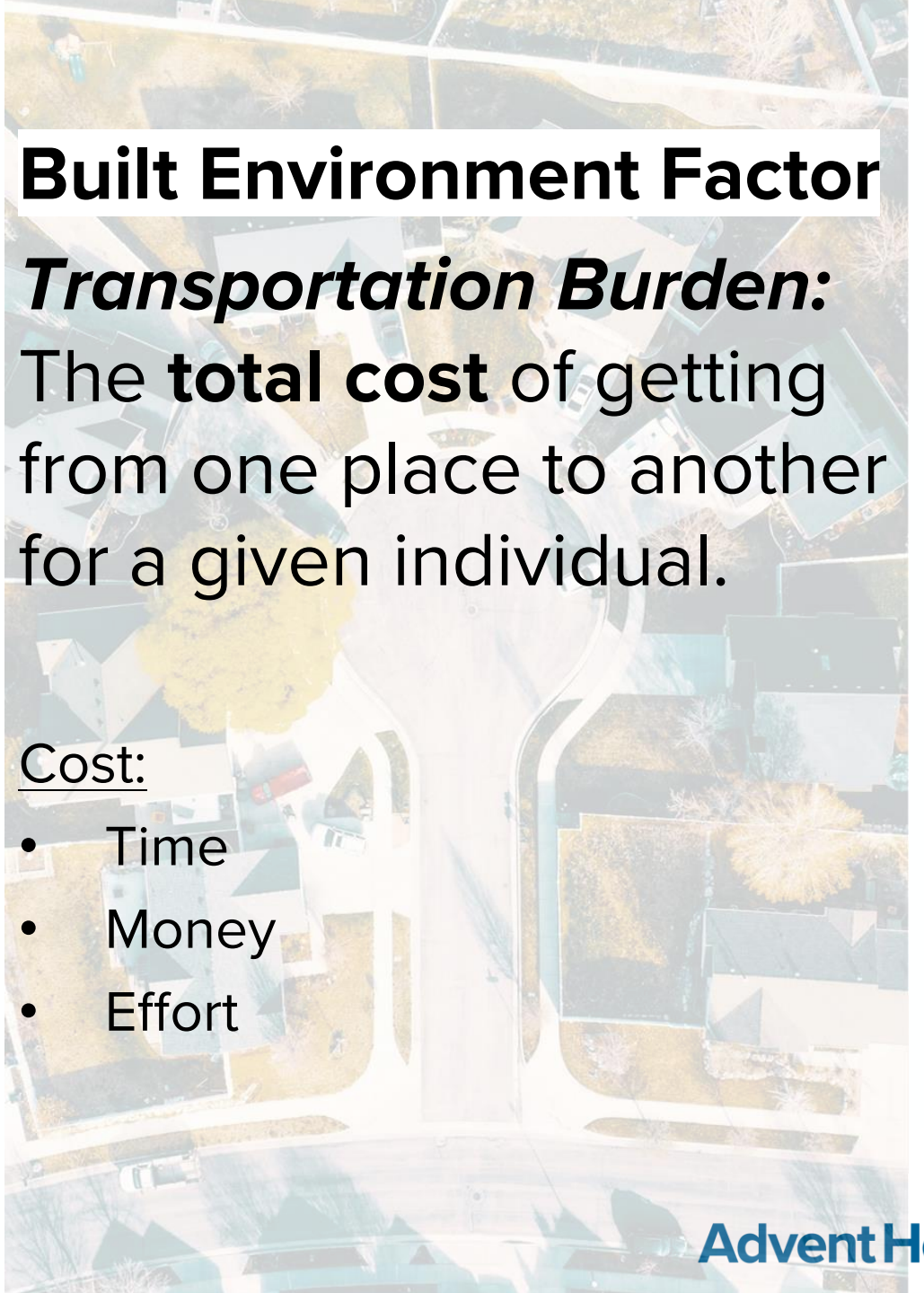
Getting to Care: Transportation Burden

Patients with high transportation burdens are more likely to **be late** for appointments or have to **miss** them entirely, less likely to optimally manage **chronic illnesses** when they have them, and more likely to need **costly interventions** down the line.

Groups with greater **social and economic disadvantage** experience disproportionately higher rates transportation burden and negative health outcomes.



Built Environment Factor

Transportation Burden:
The **total cost** of getting from one place to another for a given individual.

Cost:

- Time
- Money
- Effort

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Do the policy choices about the built environment *nurture* or *erode* our overall wellness?

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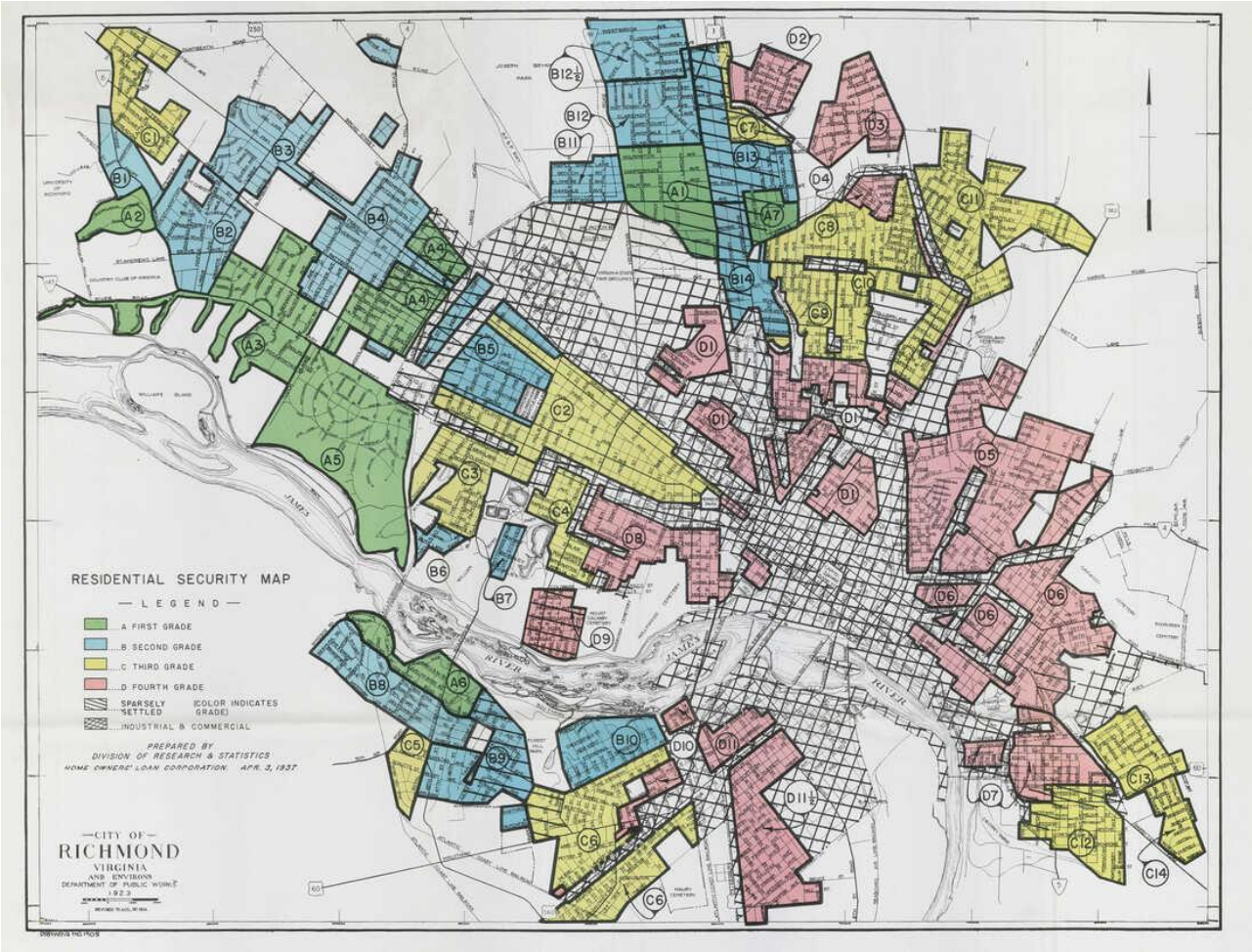
Past Policies Impacting Communities Today



Housing Policy: Redlining

The Federal Housing Administration refused to insure mortgages in or near Black and Latinx neighborhoods.

- Made it difficult for communities of color to buy or refinance.
- Concentrated poverty in communities of color.
- Severely limited access to parks, beaches and other green spaces.

"Redlining was a state-sponsored system of housing segregation."

– Richard Rothstein,
The Color of Law

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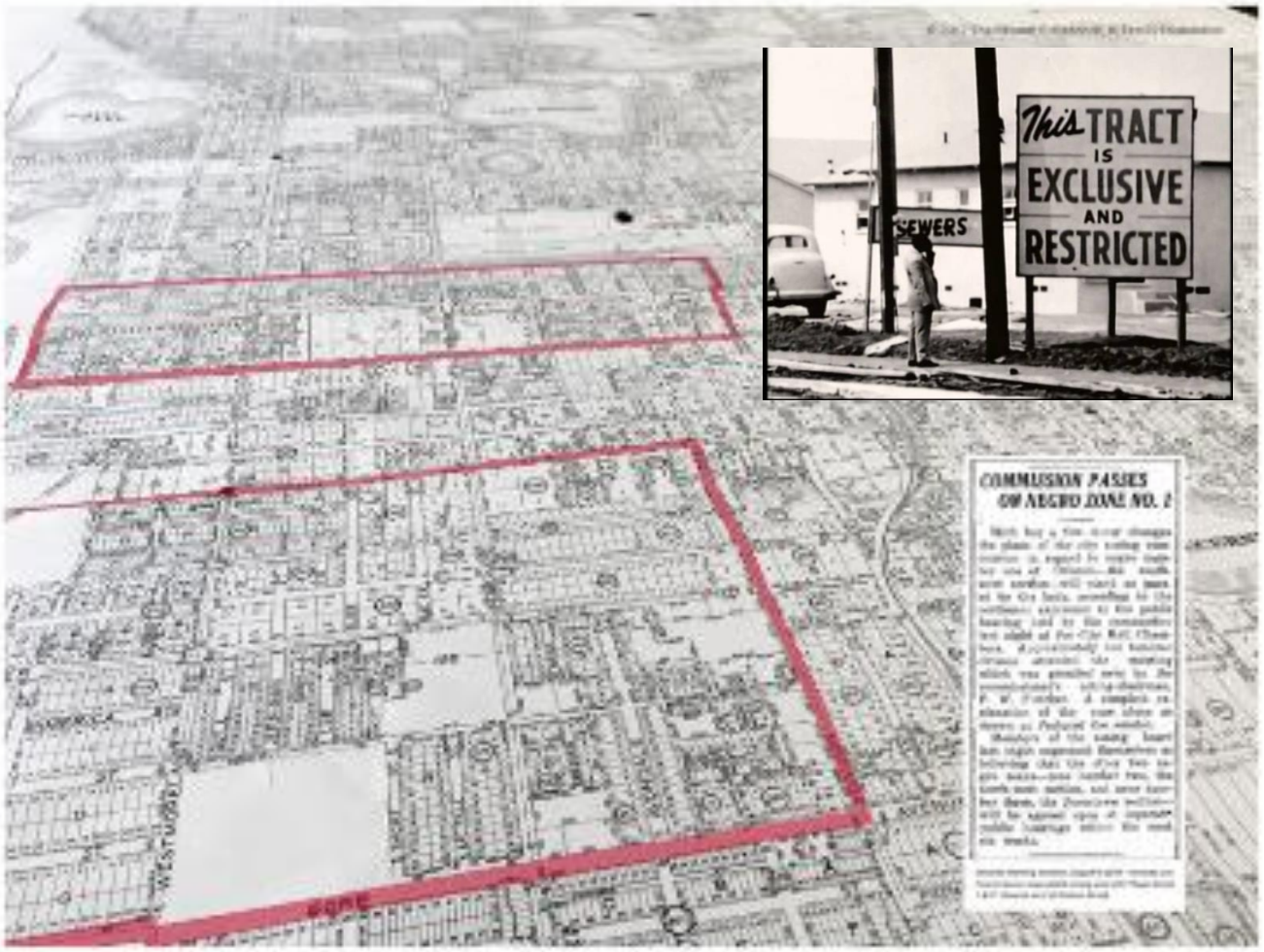
Local Policy Exploration: Orlando, FL

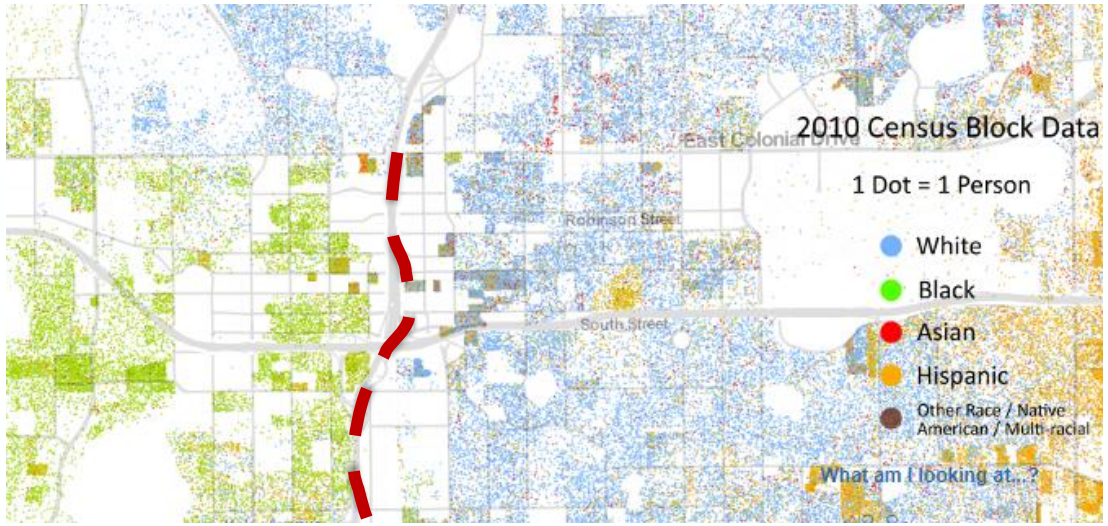


Immediate Impact

- Depressed Property Values
- Building Abandonment
- Increased Poverty

Long-term Impact

- Higher Rates of Chronic Illnesses
- Higher Rates of Injury



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Local Policy Exploration: San Bernardino, CA

"Every time I'd go to a real estate office, they'd send me back across the bridge [...] That was my **first feeling** that there was something wrong in this community. **This beautiful valley that I'd seen, something was wrong.** Then I noticed that all of the Black people lived on the other side of the freeway."

– Frances Grice
Civil Rights Activist, San Bernardino

Immediate Impact

- Depressed Property Values
- Building Abandonment
- Increased Poverty
- Social Isolation and Despondency

Long-term Impact

- Higher Rates of Chronic Illnesses
- Higher Rates of Injury
- Disproportionate Rates of Heat-Related Deaths

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Place, Heat, and Health

Every year, national and local policymakers make choices about the green spaces around our communities.

Urban forests **reduce a variety of health issues**, such as respiratory diseases and skin cancer, and **promote an active lifestyle**, which can reduce obesity.

Tree presence helps to reduce incidences of "**heat islands**," dangerous pockets of high temperatures in neighborhoods that can exacerbate health problems and worsen rates of mortality.

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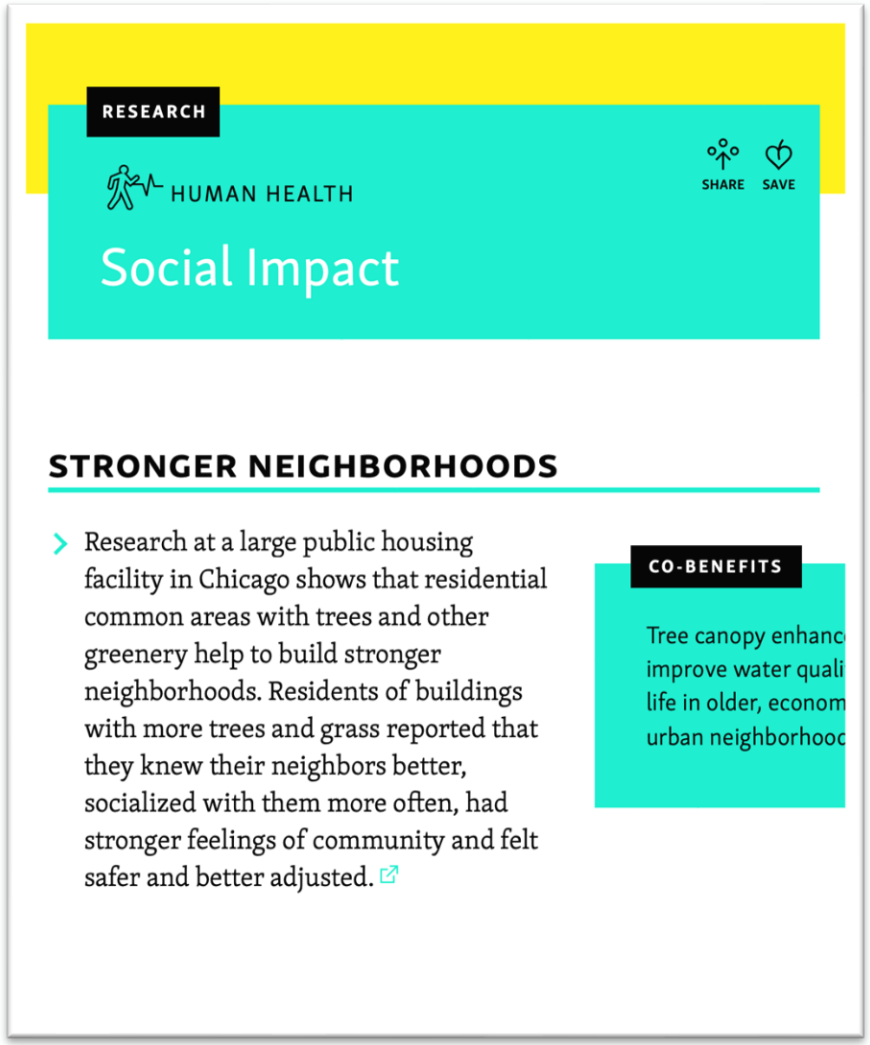
Place, Heat, and Health


RESEARCH

HUMAN HEALTH

SHARE SAVE

Social Impact

STRONGER NEIGHBORHOODS

Research at a large public housing facility in Chicago shows that residential common areas with trees and other greenery help to build stronger neighborhoods. Residents of buildings with more trees and grass reported that they knew their neighbors better, socialized with them more often, had stronger feelings of community and felt safer and better adjusted.

CO-BENEFITS

Tree canopy enhanc
improve water quali
life in older, econom
urban neighborhoo

Researchers studied Chicago public housing and found:

- Having communal greenspaces like lawns and playgrounds increased social connections and feelings of safety.
- Older neighborhoods' water quality and air purity was improved.

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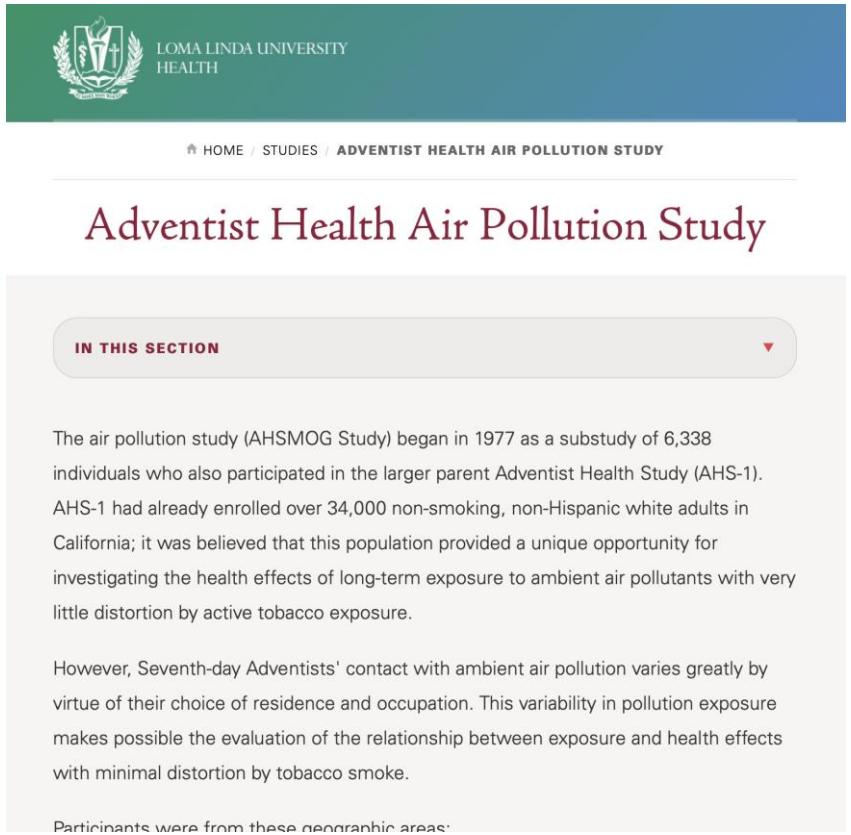
Air Quality, Tree Cover, and Asthma

There's also been longstanding scientific interest in the relationship between trees and lung health.

- With careful planning, trees can help to reduce rates of chronic asthma.
- Tree-lined neighborhoods often have shade cover reducing the heat burden, which is especially critical for some vulnerable populations.



Adventist Health Air Pollution Study | Adventist Health Study

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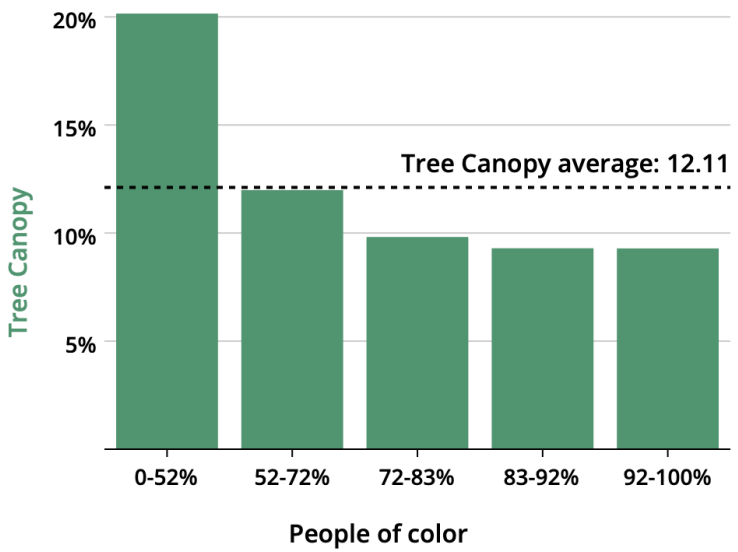
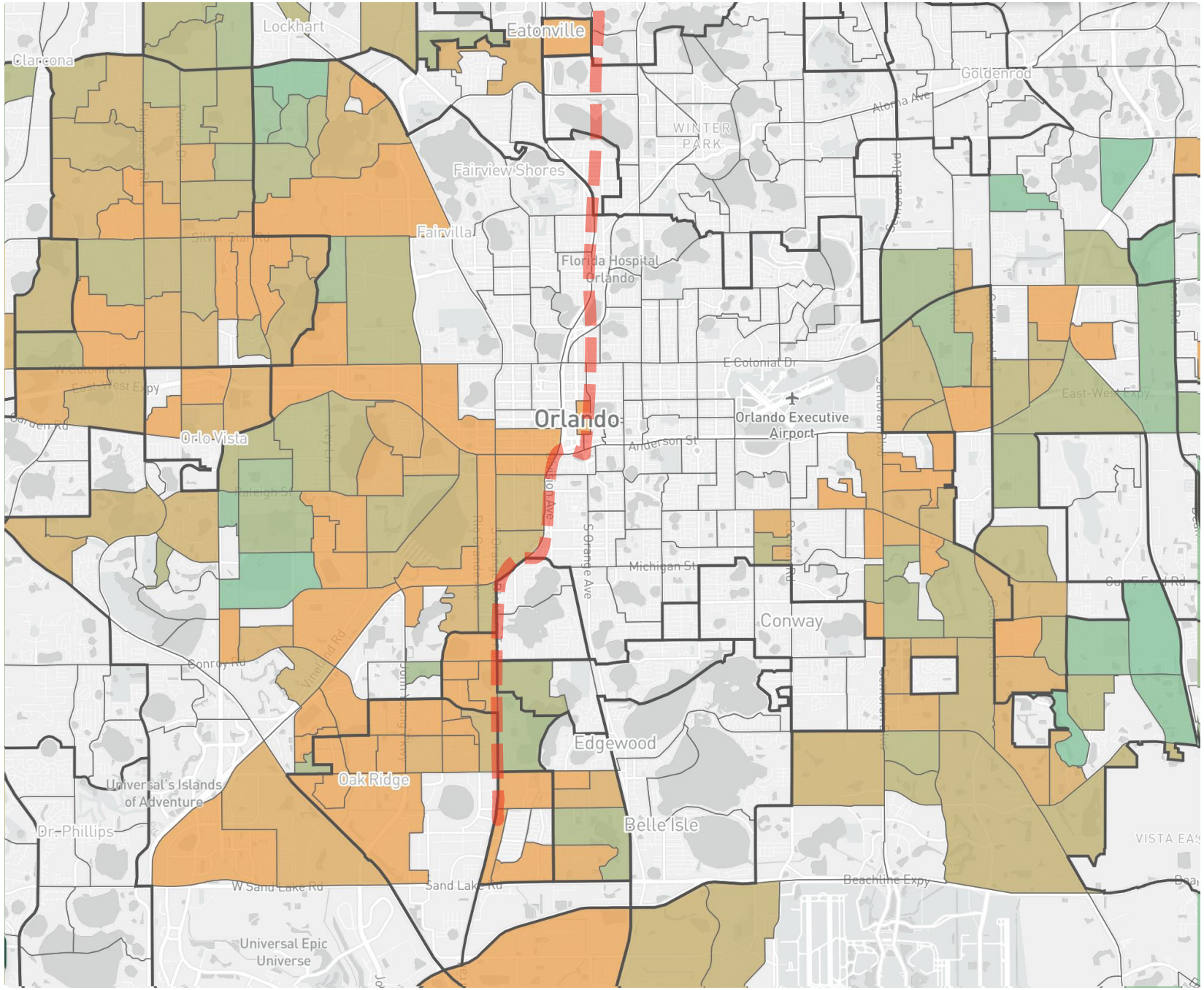
Place, Heat, Health:

San Bernardino, CA

Opportunity for Curiosity:

- **Which neighborhoods have the minimum levels of tree cover recommended for good public health?**
- **Who is most likely to live there?**





Place, Heat, Health:

Orlando, FL

Opportunity for Curiosity:

- **Which neighborhoods have the minimum levels of tree cover recommended for good public health?**
- **Who is most likely to live there?**

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Is the infrastructure in our patients' neighborhoods sufficient?

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Broadband Internet and Telehealth Equity

Not all neighborhoods have access to fast, reliable internet.

- Many Americans have poor broadband access, preventing the use of telehealth services.

- New research suggests that a lack of broadband access may have worsened health disparities in rural areas.

Audio-Only Medicare Coverage

Audio-only telehealth services allow providers to care for patients who do not have access to both audio and video devices.

Evaluation and disease management visits were some of the most commonly performed telehealth services during the PHE.

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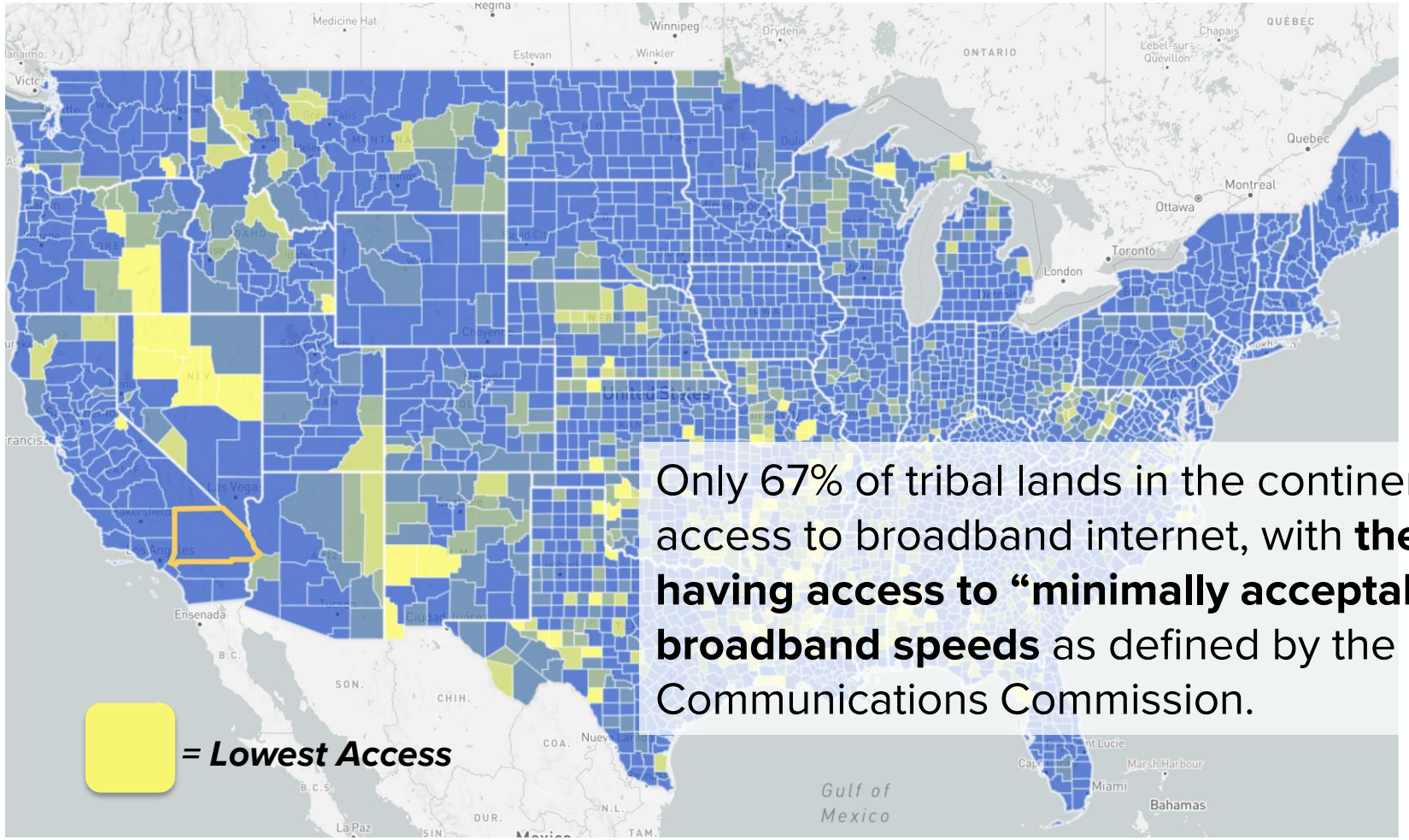
Broadband Internet and Telehealth Equity



Only 67% of tribal lands in the continental U.S. have access to broadband internet, with **the majority only having access to "minimally acceptable" broadband speeds** as defined by the Federal Communications Commission.

Opportunity for Curiosity:

- **Which counties, zip codes, and neighborhoods are most critically impacted?**
- **Who is most likely to live there?**

https://www.fcc.gov/reports-research/maps/connect2health/

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Watch Out!

Artificially Depressing Access

Pool Access

St. Augustine, FL

1964

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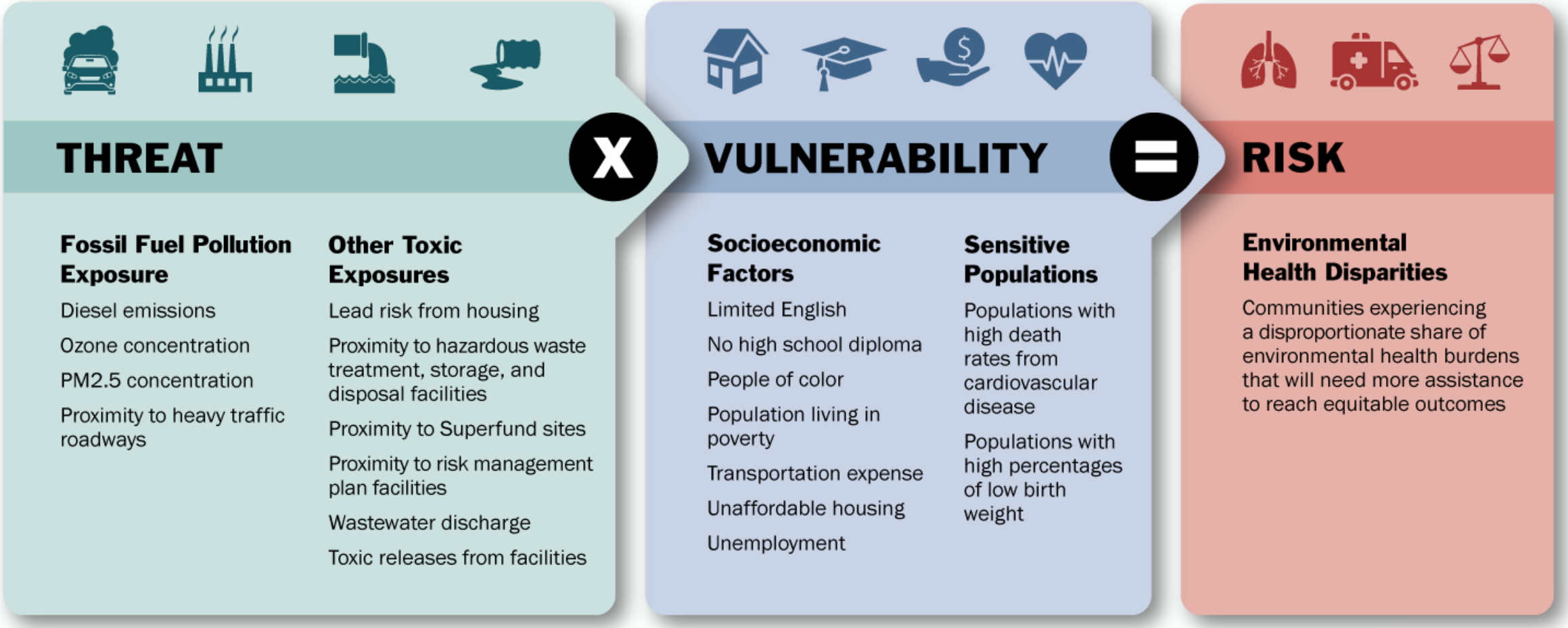
Watch Out!

Viewing Some Communities as Expendable



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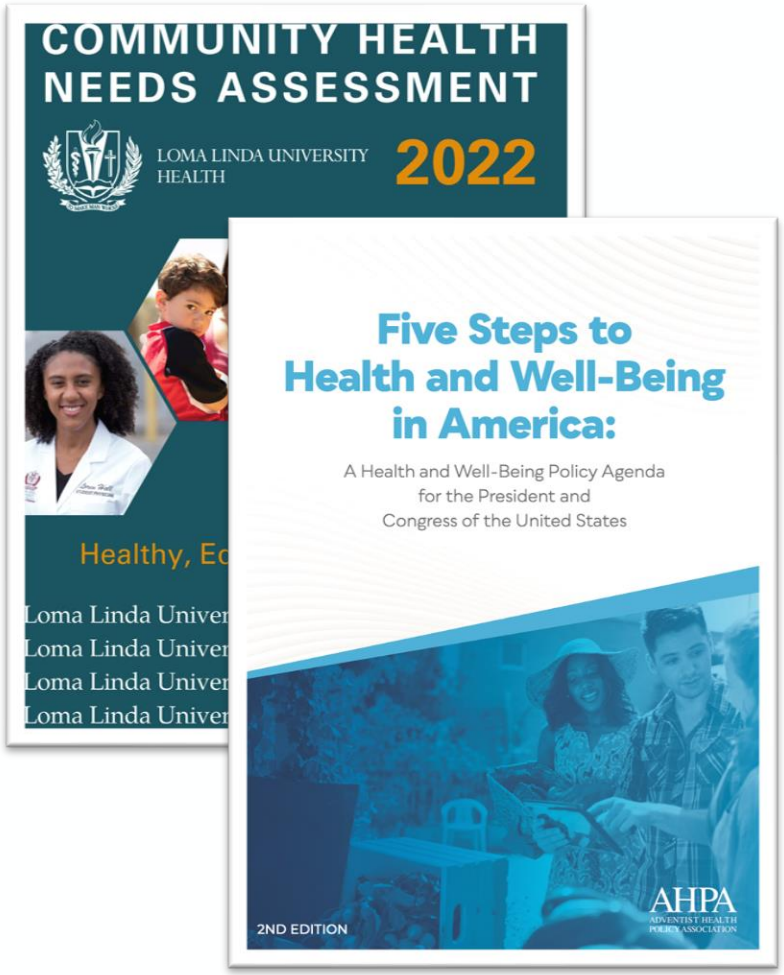
Leverage your existing resources.

- Center your professional mission.
- Find and use your system's equity principles.
- Watch for the intersections.
- Question your assumptions.
- Ground yourself in data.
- Share your informed perspective with policymakers.



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Keep a critical eye out for your neighbor.

What should we watch for?

- Differences in neighborhood health outcomes that **cannot be easily, logically explained**
- A **lack of historical nuance** in current policy discussion
- **Gaps in access** to services, spaces, and resources
- **Misalignment** with current public health and wellness best practices and research
- **Generalizations, stigmatizing language**, or **monolithic thinking** associated with a given area

Example: Remembering that place and space inequities don't only show up for racial/ethnic minorities.

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Be strategic in advocacy engagement.

Would this **promote wellness and access to the highest quality health care** in our communities?

Yes: Activate an advocacy strategy to support this change.

No: Activate to hone, revise, or oppose.

Unclear/Unrelated: Pause, do more research. Defer to other organizations and experts.

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Be not weary in welldoing.

"Men, all men,
belong to each other;
he who shuts himself away
diminishes himself, and
he who shuts another away
from him destroys himself."

- Min. Howard Thurman

"Seek the **peace** and
prosperity of the city in which
I have placed you. Pray to the
Lord for it, because
if it prospers,
you too will prosper."

- Jeremiah 29:7

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Let's stay in touch.

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For biweekly policy intel at the intersection of equity and operations, **subscribe to AHPA's *Policy Brief:***

SCAN ME

Want more policy, place, and health?

Book & Journal Recommendations:

Place Matters: Metropolitics for the 21st Century
P. Dreier, J. Mollenkopf, et al

What the Eyes Don't See: A Story of Crisis, Resistance, and Hope in an American City
Mona Hanna-Attisha, M.D.

The State Shall Provide
Adam Harris

The Color of Law
Richard Rothstein, J.D.

Evicted
Matthew Desmond

The Deepest Well: Healing the Long-Term Effects of Childhood Adversity
Nadine Burke-Harris, M.D.

GIS Browser-based Exploration

Tree Equity Score
National Map
Explore how well the benefits of trees are reaching communities.

Housing and Transportation Index
National Map
Explore how affordable housing and transportation is in a neighborhood.

Behavioral Risk Factor Scores
National Map
Explore select determinants of health, like depression or SUD.