



Beyond Vulnerabilities - Where We Still Need Innovation to Build Equity into our Health Systems

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Health equity

Neighborhood data

Obstacles to care

The bigger picture

Equity measures are included in several different external reporting venues

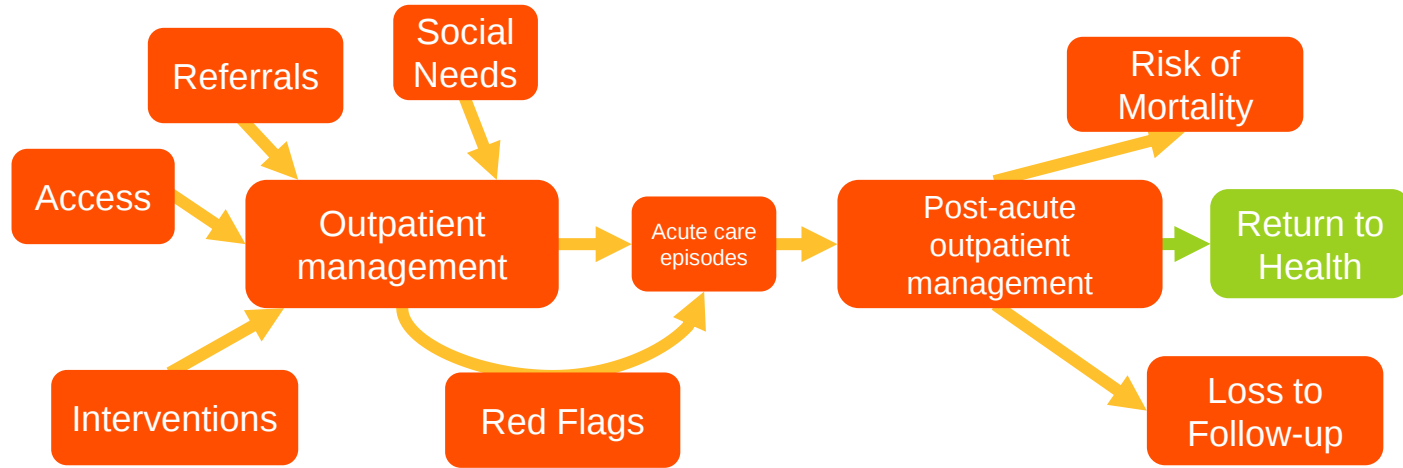
Common measures include:

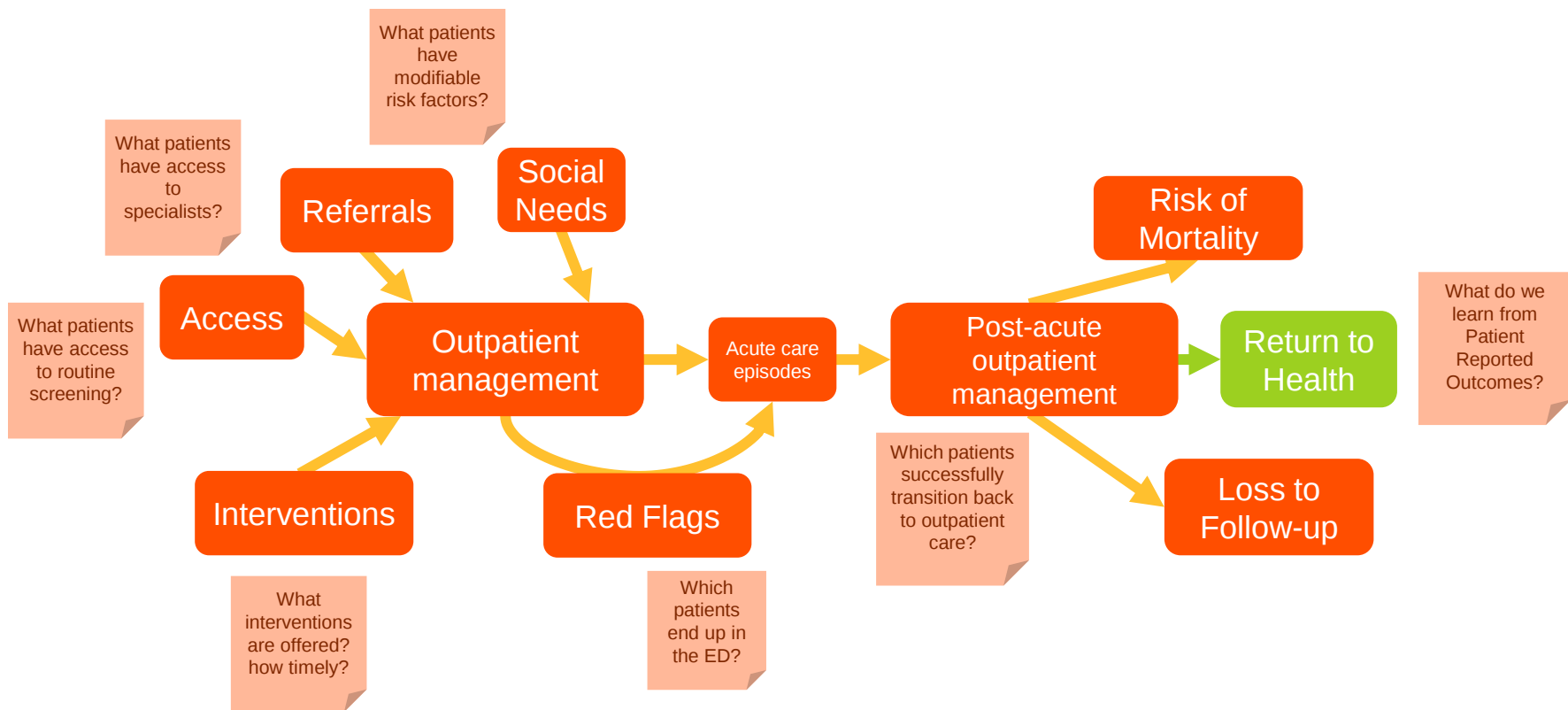
- Collection of demographic data
- Stratification of measures
- Screening for health-related social needs
- Communication and leadership involvement

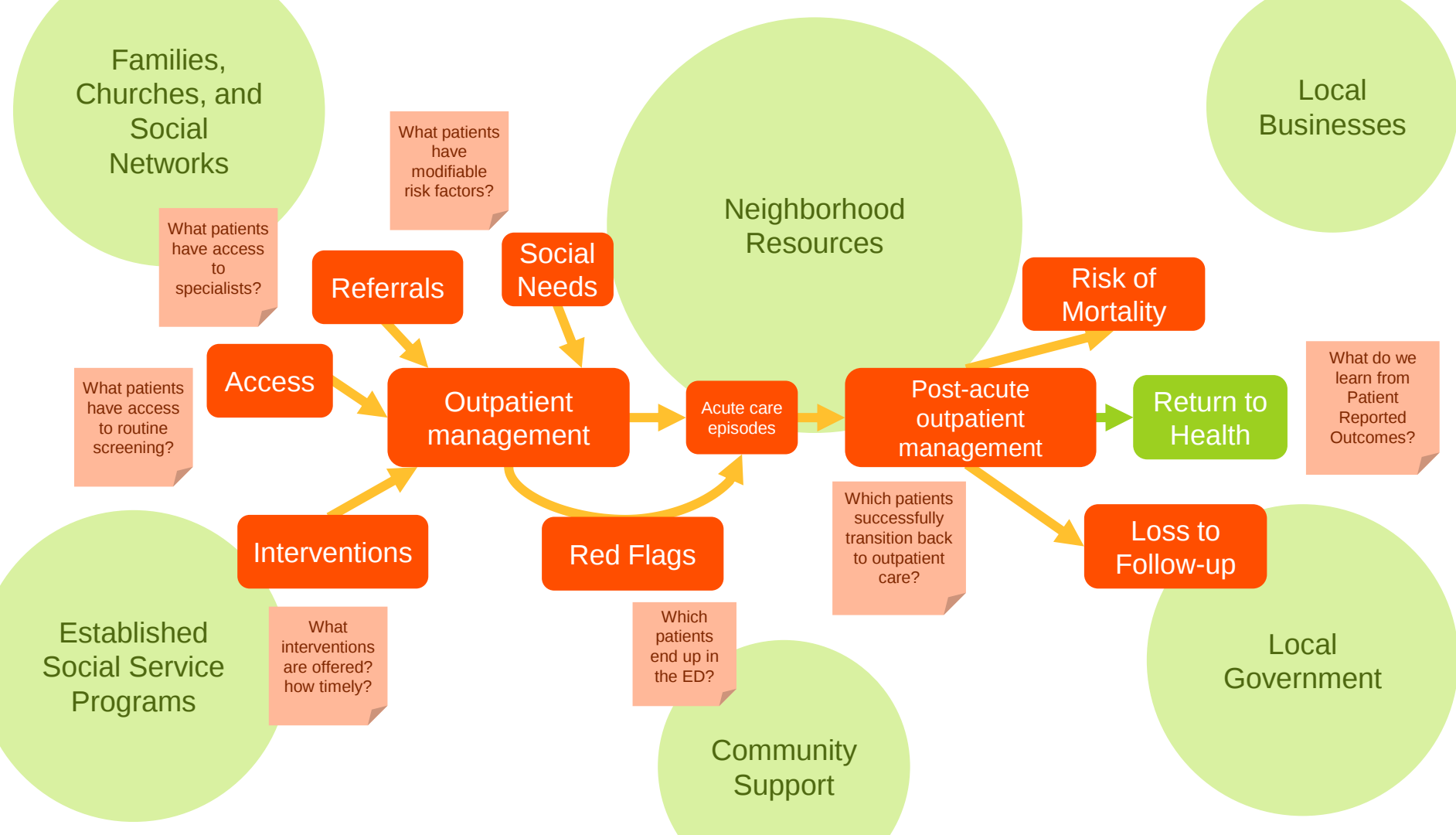
US News and Lown Institute analysis of MedPar and HCRIS data:

- Comparisons of race or payer distributions to local area (HSA, County, or Lown-defined catchment area)
 - Admissions
 - Potentially-preventable admissions
 - Elective procedure admissions
- Race stratification of readmissions
- Expenditures for charity care, community benefit, wages



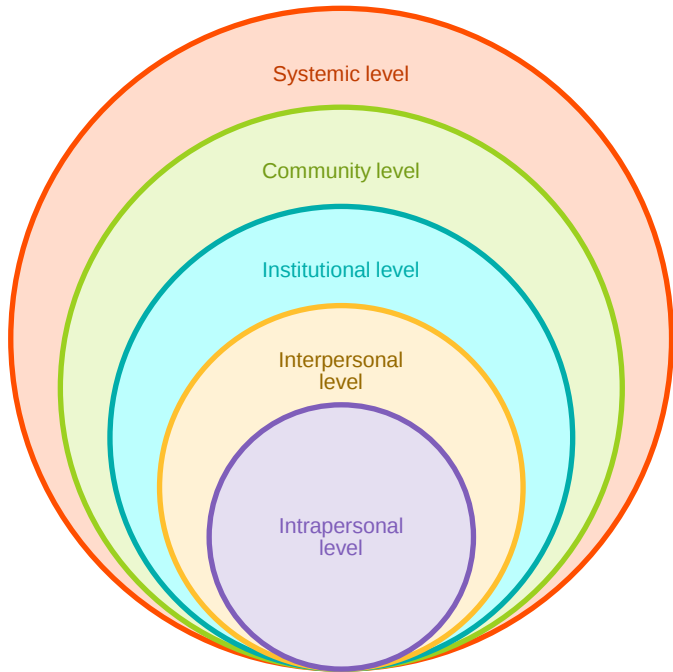






Neighborhood Vulnerability Neighborhood Strengths

Health Equity extends beyond the inpatient space



Systemic Level

- Immigration policies
- Incarceration policies
- Predatory banking

Community Level

- Differential resource allocation
- Racially or class segregated schools

Institutional Level

- Hiring and promotion practices
- Under- or over-valuation of contributions

Interpersonal level

- Overt discrimination
- Implicit bias

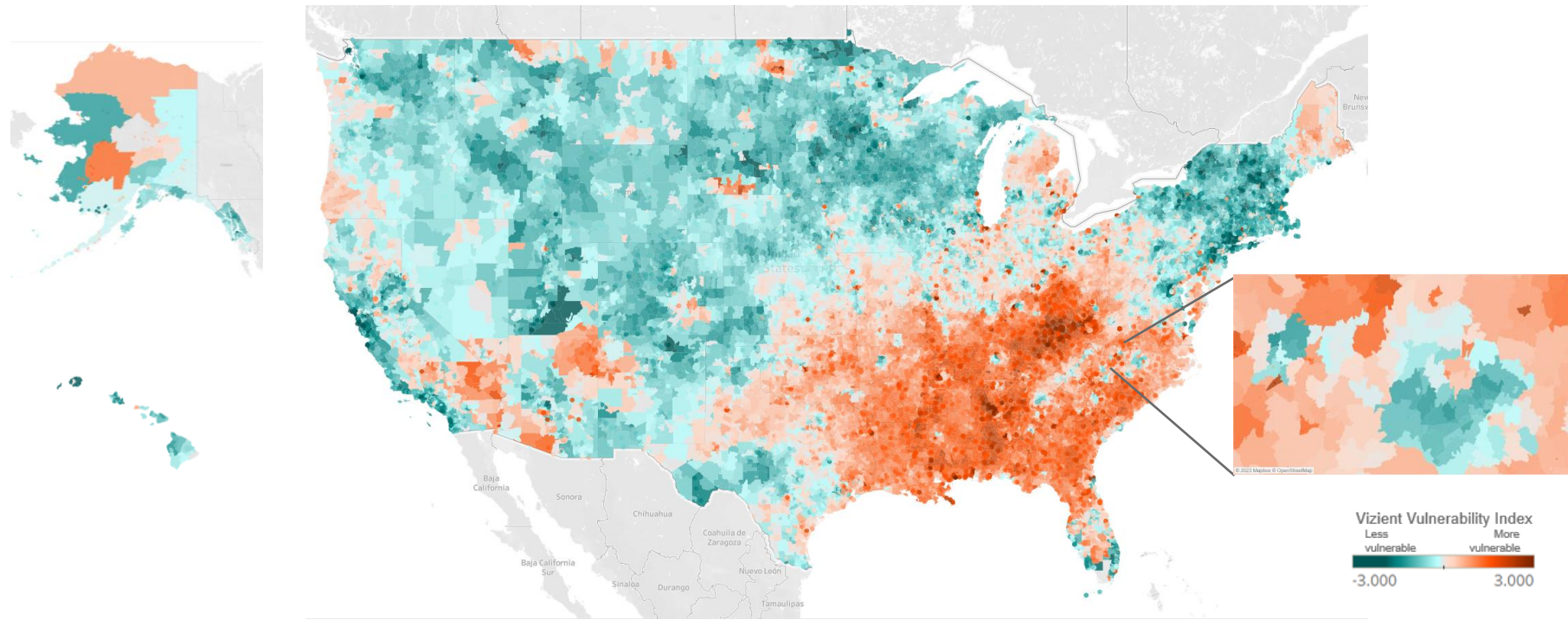
Intrapersonal level

- Internalized racism
- Stereotype threat
- Embodying inequities

- Health inequity has its roots in a whole system of issues of different scopes and sources.
- Some of these are within a hospital or payer's control and some are not, but all need to be addressed.
- Improvement will come from addressing sources of health inequities in partnership with the community

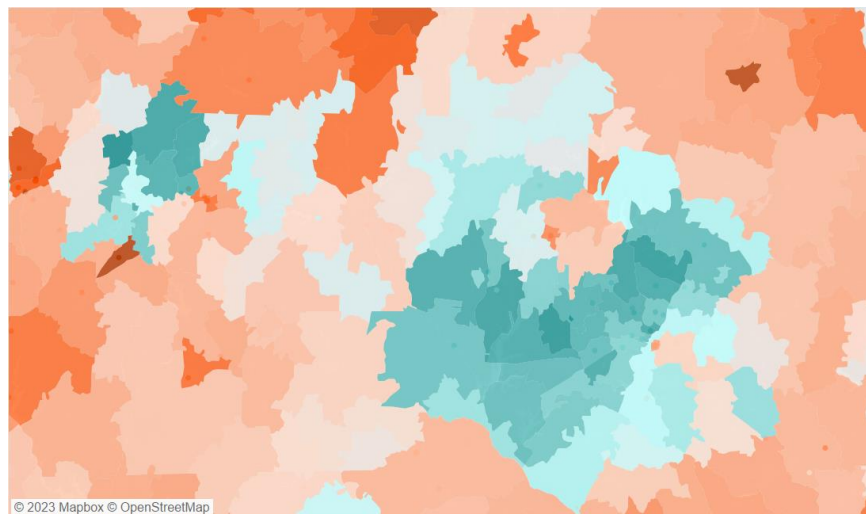
<http://nap.edu/24624> Communities in Action: Pathways to Health Equity (2017) 582 pages | 6 x 9 | PAPERBACK
ISBN 978-0-309-45296-0 | DOI 10.17226/24624 James N. Weinstein, Amy Geller, Yamrot Negussie, and Alina Baciu, Editors;
Committee on Community-Based Solutions to Promote Health Equity in the United States; Board on Population Health and Public Health Practice; Health and Medicine Division; National Academies of Sciences, Engineering, and Medicine

Neighborhood vulnerability varies regionally, but also at the very local level



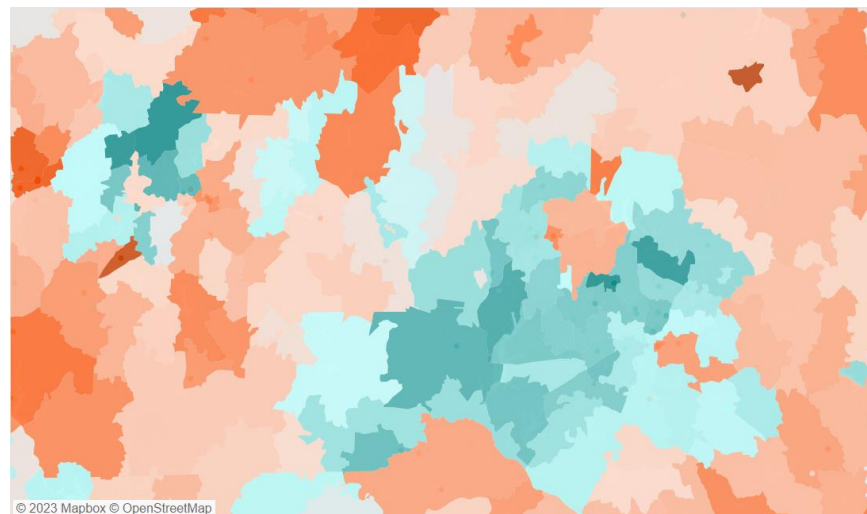
Ultimately, disparities in neighborhood resources manifest in disparities in life expectancy

Vizient Vulnerability Index



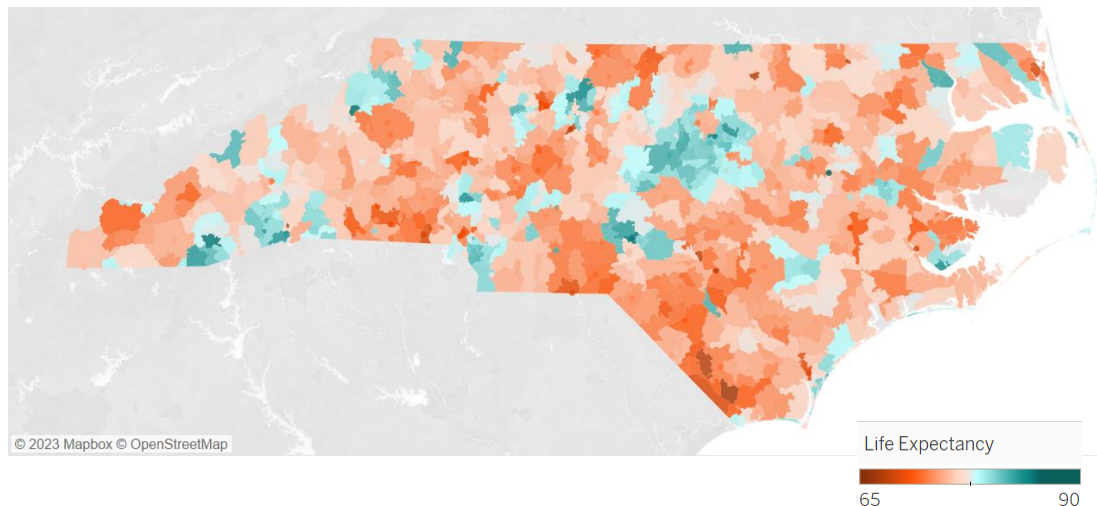
Vizient Vulnerability Index
Less vulnerable More vulnerable
-3,000 3,000

Life Expectancy at Birth



Life Expectancy
65 90

What we know about life expectancy tells us a lot about chronic disease management



Leading Causes of Death

Data are for the U.S.

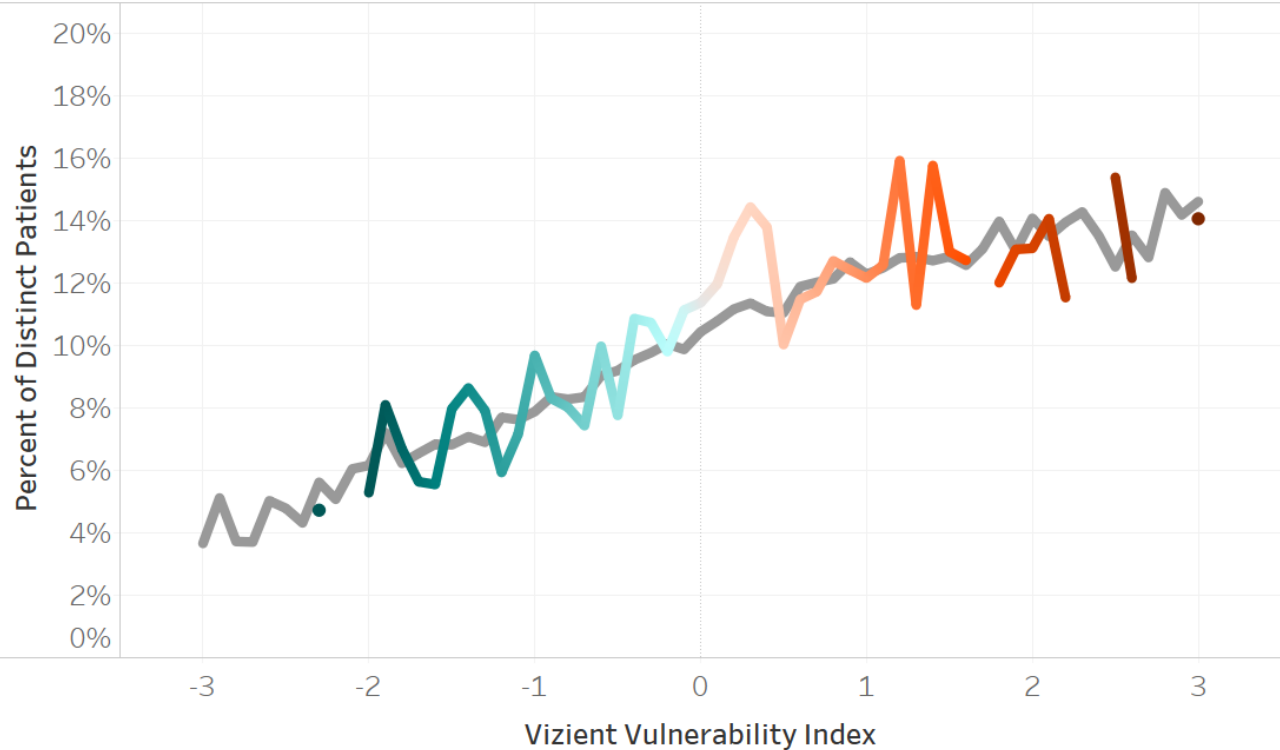
Number of deaths for leading causes of death

- Heart disease: 696,962
- Cancer: 602,350
- COVID-19: 350,831
- Accidents (unintentional injuries): 200,955
- Stroke (cerebrovascular diseases): 160,264
- Chronic lower respiratory diseases: 152,657
- Alzheimer's disease: 134,242
- Diabetes: 102,188
- Influenza and pneumonia: 53,544
- Nephritis, nephrotic syndrome, and nephrosis: 52,547

Source: [Mortality in the United States, 2020, data table for figure 4](#)

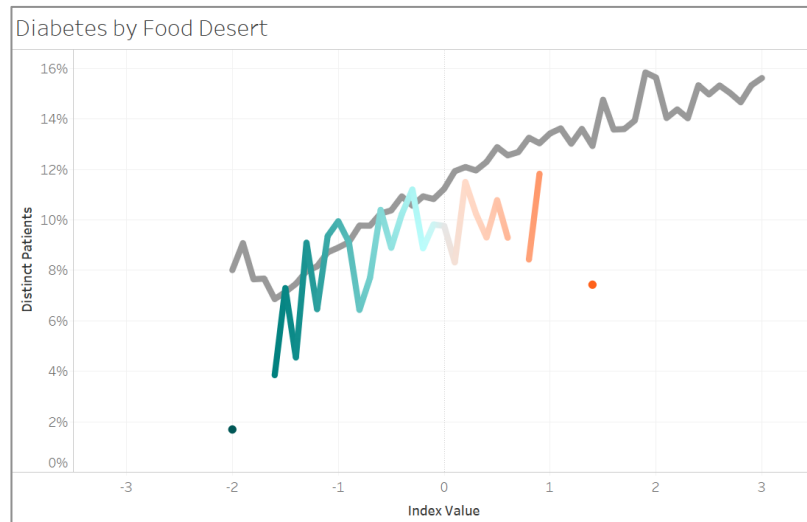
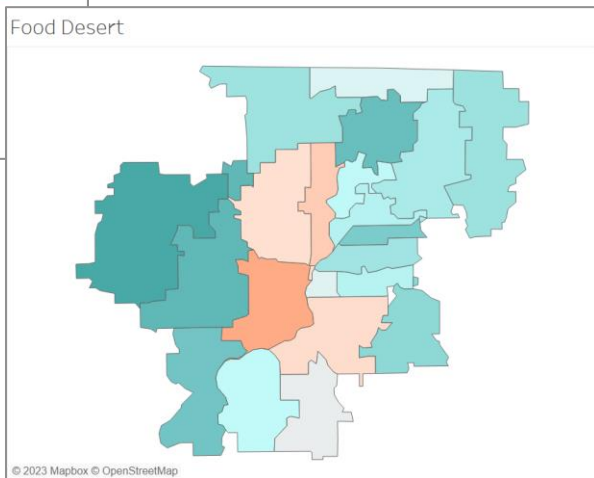
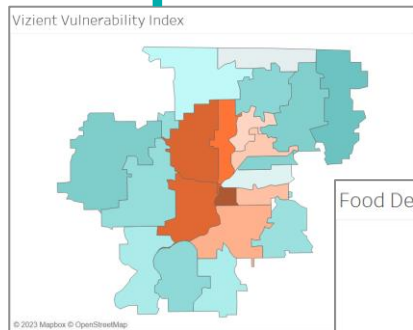
<https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

Adult Type 2 Diabetes by Vizient Vulnerability Index



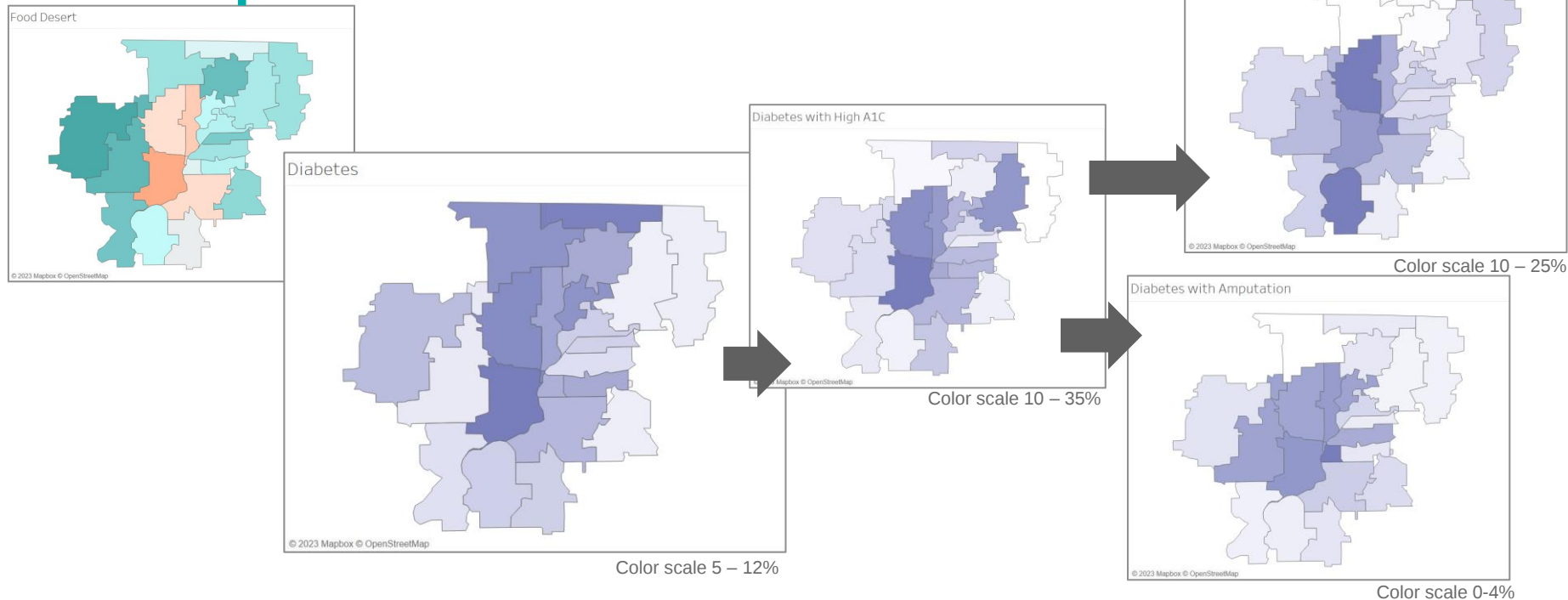
Data source: Vizient Clinical Data Base and Vizient-AAMC® Clinical Practice Solutions Center all adult patients, Q3 2020 – Q2 2022

Beyond simple vulnerability, specific components can point to actionable interventions



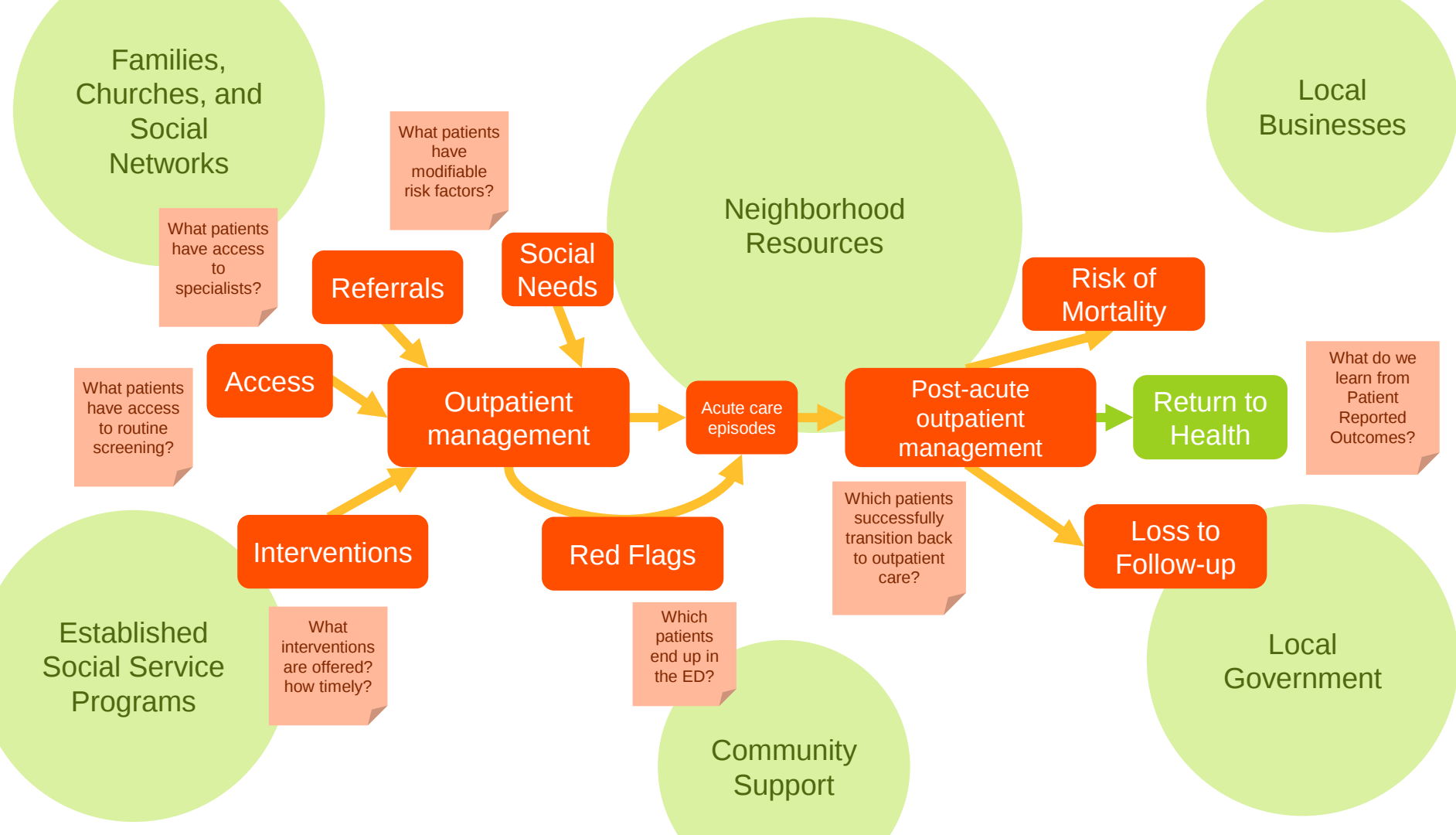
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Food Deserts correlate with Type 2 diabetes and all of the complications that can follow



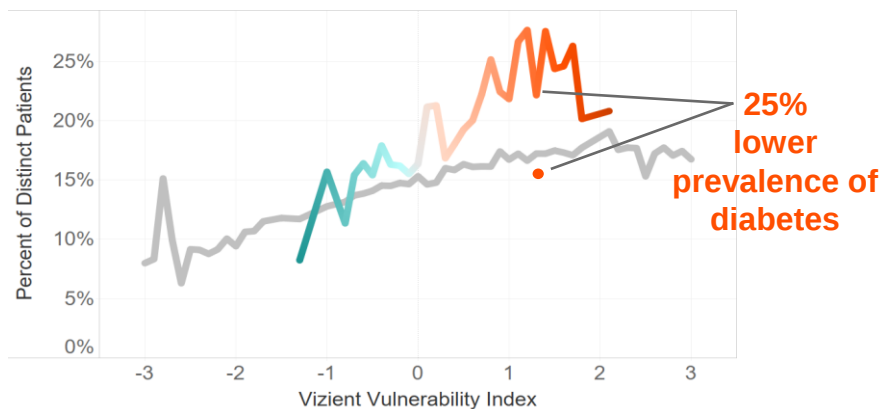
Data source: Vizient Clinical Data Base and Vizient-AAMC® Clinical Practice Solutions Center all adult patients, Q3 2020 – Q2 2022

Community Connections Locus of Control Making it Actionable

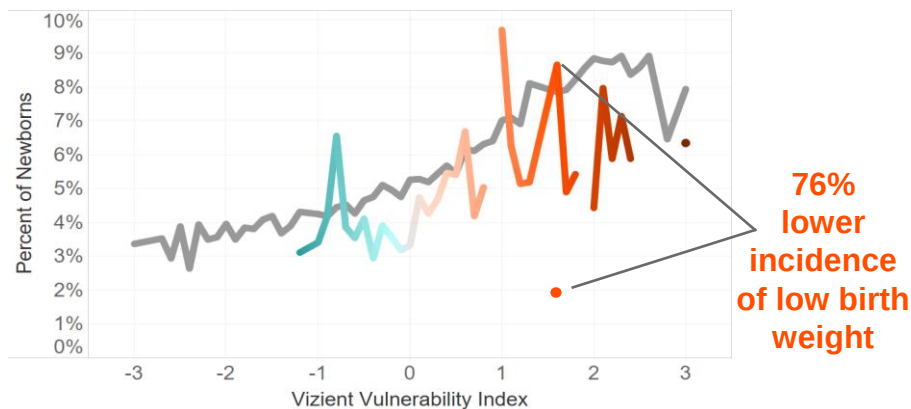


Bringing the care to the patient can overcome a multiplicity of obstacles, but it is an uphill battle

Diabetes Prevalence by
Neighborhood Vulnerability



Low Birthweight Newborns by
Neighborhood Vulnerability



Data source: Vizient Clinical Data Base, 2019-2020, Vizient Vulnerability Index v2019

Connecting with community resources is more than referring patients

- Food Banks
- Literacy Programs
- Transportation Assistance
- Housing Assistance
- Childcare and elder care programs
- Programs that support people with developmental disabilities
- Programs that support people with mental health diagnoses
- Religious organizations

What do your patients need?

Who on your staff is connected to key community resources?

How do you close the referral loop?

What do these programs need to thrive?

Think bigger about how your community is already involved

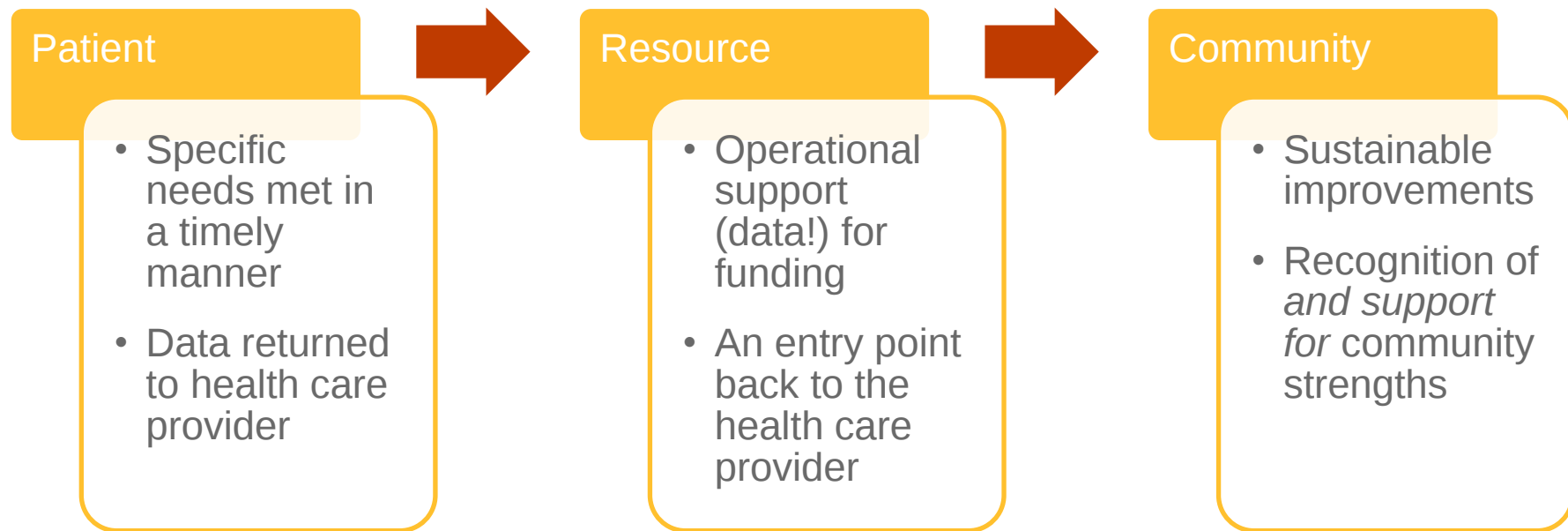


Connecting patients to services

Supporting organizations in your community – building the community strengths

Providing an entry point for prospective patients for whom the health care system is quite opaque

What does this kind of connection look like?



What does this kind of connection look like?

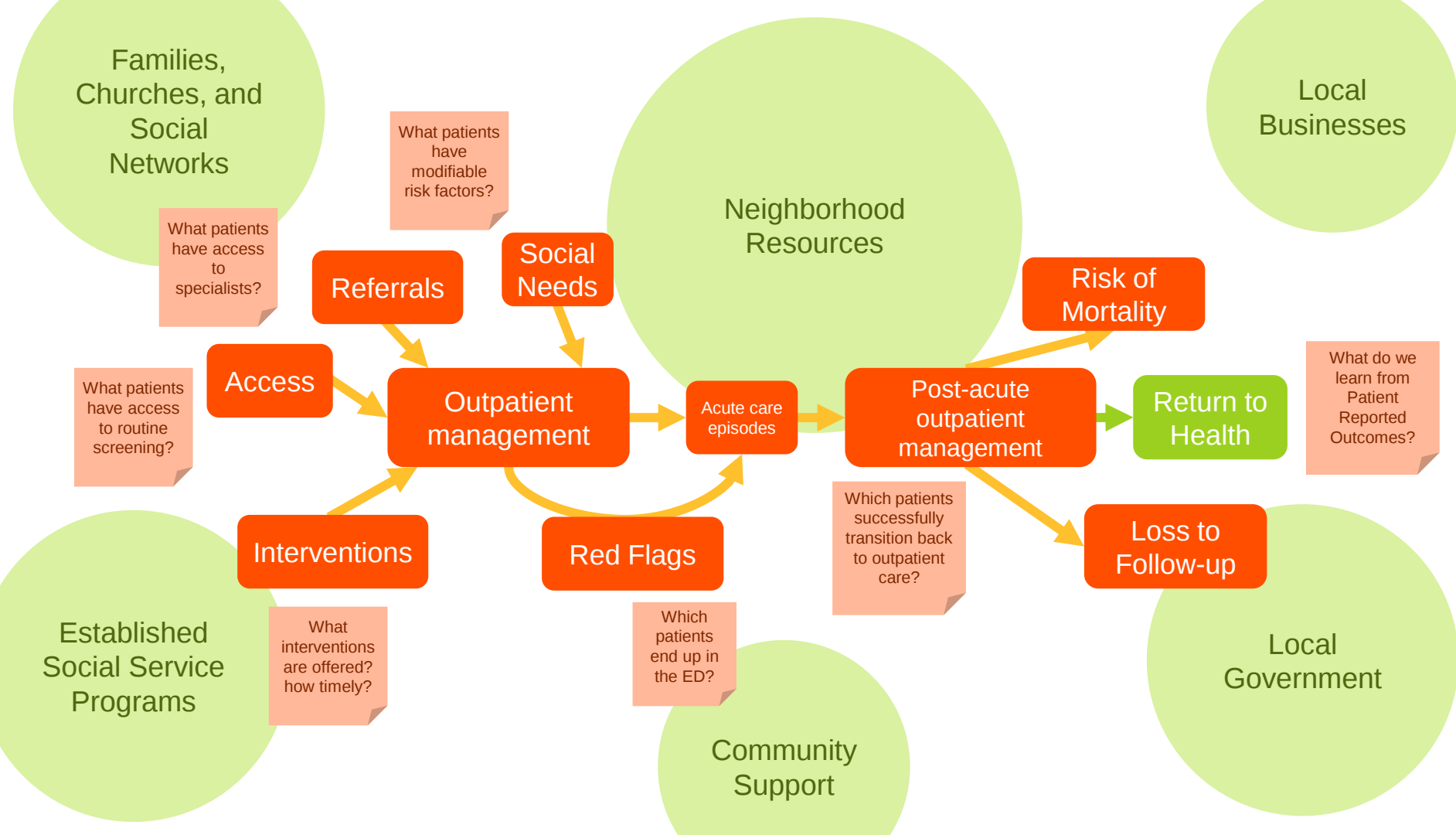
Hospital partnership with the YMCA to provide nutrition counseling and group exercise classes

Closed-loop referrals to a local literacy program that also serves as an outreach point to community members who need a connection to health care services

Operational support for the local food bank to secure grant funding with solid clinical outcomes data

Connecting with a local organization for people with developmental disabilities to design a patient-centered approach to vaccine administration





Let's work together

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