A Commitment to Advancing Health Equity

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“Inequities in health are unfair, unnecessary and avoidable. New York City is the most unequal city in the United States and one of the most segregated. It is no surprise that these everyday realities are reflected in our health. A more deliberate effort to name and address these disparities will frame all that we do.”

-NYC Health Commissioner

Mary T. Bassett, MD, MPH, 2014
Neighborhood Health Outcome Differences Exist

- **Diabetes Deaths (per 100,000)**
- **AIDS Deaths (per 100,000)**
- **Asthma Hospitalizations (per 100,000 Children)**
- **Hospitalizations for Drug Use (per 100,000)**
- **Infant Deaths (per 1,000 Live Births)**
Health Equity

Equality doesn’t mean Equity

[Diagram showing two trees with apples, illustrating the concept of equality and equity]
Root Causes of Inequities

- Policies that created all types of systems of unbalanced power and privilege
- Caused by historical practice of exclusion & discrimination across the life course
- Led to geographic concentration of poverty
Place-Based Approach to Advance Health Equity

- Choices are dependent on neighborhood context
- Allows for finding problems and solutions in the same place
- Solutions that get to the root causes of disease; environmentally and socially based, historic and unjust
- Changing systems in which people live
- Multi-sector participation is necessary for optimal solutions; value of community expertise
- Shift → balance in power to lift up voices not typically heard or allowed influence
Value of Community Health Workers

- Maintained Trust & Engagement
- Real World Experience
- Linguistic & Cultural Peer
- Flexible Service Delivery
- Insider View of Needs & Solutions
- Field Authority Not Authority Figure
- Shared Interest With Population
- Unbiased 3rd Party To Caregiver Relationship

NYC Health
Center for Health Equity
East Harlem Community Health Worker Demonstration

Harlem Health Advocacy Partners
East Harlem HHAP Program Goals

Rationale
- Large numbers of public housing residents in East Harlem suffer from poorly managed chronic disease

Overarching Goals
- Implement a place-based Community Health Worker Initiative
- Improve the health of East Harlem public housing residents
- Decrease existing disparities in the management of chronic diseases such as diabetes, hypertension and asthma

A “hotspot” map generated using data from the A1c Registry shows the areas where the greatest numbers of people with A1c results >9%. The hotspot displayed here represents 900 people with uncontrolled diabetes.
HHAP Theories of Change

CHWs can improve community health by:

• **Coaching** residents to increase self-efficacy for healthy behavior change

• Supporting residents to **access health & social services** benefits through navigation

• **Building capacity** of residents to **seek, create** healthy conditions and acceptable services through **advocacy** to government and other stakeholders
Layers of Service & Action

- **All Residents**
  - Insurance Navigation
  - Wellness Activities

- **400 Residents**
  - Health Coaching

**Community Stakeholders**
- All Residents
- Community Stakeholders
- External/Internal Assets

**All residents of**
- Clinton
- Johnson
- King Towers
- Lehman Village
- Taft

**400 Residents with**
- Diabetes
- Hypertension
- Asthma
Refining Our Approach to Advocacy

What **advocacy** often entails:

*speaking for the benefit of those who are unable or unwilling to speak for themselves*

**Equity** requires a different relationship:

*preparing and facilitating communities to organize, mobilize, plan, and advocate for their needs*
Putting Our Approach Into Action

• Leveraging our expertise in surveillance
  • Capturing data on and legitimizing structural barriers to chronic disease management

• Investing resources in community organizing
  • Coordinating logistics for planning, facilitating resident leadership, providing issue education

• Using convening power strategically
  • Broker exchange between community and other institutions, identify windows of opportunity
HHAP – Health Advocacy Flow Chart

CHW

Health Coaching

Action Plan Development: Establish Short/Long Term Goals

Goals Met / Progress towards goals

Goals not met

Reinforce Behavior / Motivation

Measure Outcomes

Identify / Document Assets

CHW
Participant

Individual / Access Barriers

Systemic / Structural Barriers

Health Coaching

CSS HA

Systematic Documentation to Inform CAT

Individual Health Advocacy

Community Health Advocacy

Additional Services / Support Needed?

Health / Social Service Referrals

Insurance / Coverage Barriers?

Community Activation Team sets advocacy priorities / action plans
Community Activation Team

Collaborative, resident-led, working team that aims to improve the health status of NYCHA residents in Clinton, Johnson and Taft Houses, King Towers and Lehman Village through community organizing, health education and community advocacy and engagement.

The team will work together around the following Working Groups!

- Wellness & Group Level Activities Outreach
- Outreach
- Systemic Issues & Barriers
- Mental Health
Community Activation Team In Action
Vision for CHWs at DOHMH

**Phase 1**
- Launched HHAP
- Launched Community Activation Team
- Completed scan of clinical and non clinical CHW peer models for citywide intelligence interviews

**Phase 2**
- Evaluate outcomes for best practices
- Draft citywide CHW curriculum with an equity lens
- Develop technical assistance package for CHWs
- Develop policy agenda to advocate for CHW certification & reimbursement