A Commitment to Advance Racial Equity and Social Justice in Health

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What Impacts Health?

- Discrimination and stressors
- Housing
- Educational opportunities
- Quality affordable healthcare
- Environmental quality
- Neighborhood conditions
- Stable income and job security
- Food security and access to healthy foods

Health is affected by...
A City of Neighborhoods

Our Mission:

“To protect and promote the health of all New Yorkers. DOHMH has the overall responsibility for the health of the residents of New York City.”
Across Neighborhoods
PEOPLE ARE DYING TOO EARLY

Infant Morality
Rate per 1,000 live births
- 1.0-2.8
- 2.9-4.4
- 4.5-6.0
- 6.1-9.0

Premature Mortality (death before age 65)
Rate per 100,000 population
- 75.6-137.8
- 137.9-171.7
- 171.8-226.5
- 226.6-367.1

Life Expectancy
Years
- 74.1-78.7
- 78.8-80.9
- 81.0-82.9
- 83.0-85.4

Unpopulated
Interpret with caution due to small number of events
Across Neighborhoods
DIFFERENCES IN HEALTH OUTCOMES

New HIV Diagnoses
Rate per 1,000 live births
- 4.4-16.9
- 17.0-26.9
- 27.0-42.4
- 42.5-116.8
- Unpopulated

Psychiatric Hospitalizations
Rate per 100,000 population
- 259-423
- 424-596
- 597-891
- 892-2,016
- Unpopulated

Avoidable Adult Diabetes Hospitalizations
Rate per 100,000 adults
- 55-163
- 164-289
- 290-470
- 471-748
- Unpopulated

Source: NYC Dept. Health: Community Health Profiles — 2015 Atlas

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Interpret with caution due to small number of events.
Across Neighborhoods
DIFFERENCES IN SOCIAL CONDITIONS

Poverty
Percent below federal poverty level
- 6-12
- 13-19
- 20-29
- 30-44
- Unpopulated

Elementary School Absenteeism
Percent of elementary students (Missing 20+ Days)
- 4-10
- 11-16
- 17-27
- 28-40
- Unpopulated

Jail Incarceration
Rate per 100,00 adults (ages 16+)
- 5-32
- 33-70
- 71-142
- 143-371
- Unpopulated

Interpret with caution due to small number of events

Source: NYC Dept. Health: Community Health Profiles — 2015 Atlas

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Socio-Economic Model

- Implement Federal/State laws and regulations that support cancer screening
- Healthy People 2020 goals, National Prevention Strategy goals
- Clinical, program policies, or recommendations of recognized bodies, national organizations, and professional associations (e.g., USPSTF, Community Guide, ACS, ACR, ASCCP, NCQA, AGA, NCCRT, and others)
- Clinical, program policies of AI/AN organizations (e.g., NIHB, NCAI)

**Policy**

**Community**

- Comprehensive cancer control coalitions

**Organizational**

- Healthcare systems/academic medical institutions
- Medicare & Medicaid
- Professional organizations & associations
- Community-based organizations
- Research institutions

**Interpersonal**

- Community health worker/promotora
- Friend/Patient Navigator
- Tribal urban health clinics

**Individual**

- Provider
- Patient

**Some groups may fit within multiple levels of this model.**
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Racism is a System of power and oppression that structures opportunities and assigns value based on race, unfairly disadvantaging people of color (racial oppression), while unfairly advantaging Whites (racial privilege & supremacy)

-Internalized-Interpersonal-Institutional-Structural

Across Neighborhoods
SEgregation by Race

Non-White Population

Percent

- 15-43
- 44-72
- 73-91
- 92-99
- Unpopulated

Source: NYC DOHMH population estimates, matched from US Census Bureau intercensal population estimates, 2010-2013, updated June 2014
U.S. Census Bureau; American Community Survey, 2013 3-year Estimates, Table S1701; generated using American Fact Finder (http://factfinder2.census.gov/)
# Levels of Racism

<table>
<thead>
<tr>
<th>Levels</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Internalized</strong></td>
<td>People of color internalize the negative messages spread about minorities and come to loathe themselves for being “different.”</td>
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<td><strong>Interpersonal</strong></td>
<td>Consists of overt acts by individuals that cause death, injury, destruction of property, or denial of services or opportunity.</td>
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<td><strong>Institutional</strong></td>
<td>Involves policies, practices, and procedures of institutions that have a disproportionately negative effect on people of color access to and quality of goods, services, and opportunities</td>
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<td><strong>Structural</strong></td>
<td>The basis of individual and institutional racism; it is the value system that is embedded in a society that supports and allows all types discrimination; often invisible</td>
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“In my class and place, I did not recognize myself as a racist because I was taught to see racism only in individual acts of meanness by members of my group, never in invisible systems conferring unsought racial dominance on my group from birth.”

"For me, white privilege has turned out to be an elusive and fugitive subject. The pressure to avoid it is great, for in facing it I must give up the myth of meritocracy. If these things are true, this is not such a free country; one's life is not what one makes it; many doors open for certain people through no virtues of their own."

-Peggy McIntosh, 1988

White Privilege: Unpacking the Invisible Knapsack
Built into our structures and institutions

ENSLAVEMENT OF AFRICANS
1619 - 1865
- Dehumanization of people of African Descent
- Chattel property
- 3/5 of a Human
- Established Slave Codes

- Development of Black Codes
- Sharecropping
- Mass Lynchings

RECONSTRUCTION
1865 - 1877

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- Codified Racial Segregation in Law
- Developed Institutionalized practices for de jure segregation
- Depictions of Black Caricatures
- Mass Lynching

JIM CROW PERIOD
1890 - 1965

- Civil Rights Acts
- Advent of Globalization.
- Systematic Dismantling of Black Power Movement
- Mass Police Killing

CIVIL RIGHTS
1965 - 1980

- Mass Incarceration
- War on Drugs
- War on Gangs
- Disproportionate Police Surveillance
- Stop and Frisk
- Operation Clean Halls
- Mass Police Killings

PRESENT DAY
1980 – Present

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"All of us, despite the best of all possible intentions, are affected by unconscious processes. It affects what we see, how we react, how we feel, how we behave. If we’re not aware of it and taking measures to counter it, it affects quality of care."

-Michelle van Ryn
Director of Mayo’s Research Program on Equity and Inclusion in Health Care
Key Terms

**Health equity**: The attainment of the highest level of health for all people. Additionally, no one is disadvantaged from attaining the highest level of health “because of social position or other socially determined circumstances.” (Source: Adapted from Healthy People 2020 and CDC.)

**Health disparities**: The metrics we use to measure progress toward achieving health equity. (Sources: Adapted from Paula Braveman.)

**Health inequity**: Differences in health outcomes, rooted in social and structural inequities that are avoidable, unfair and unjust. (Sources: Adapted from NACCHO and BPHC)

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Key Terms (cont.)

**Social determinants of health:** The conditions in which people are born, live, learn, work, play and age that contribute to (determine) health outcomes. (Source: Healthy People 2020.)

**Racial equity:** The condition that would be achieved if one's racial identity no longer predicted life outcomes. This includes elimination of policies, practices, attitudes and cultural messages that reinforce differential outcomes by race or fail to eliminate them. Racial equity is a necessary part of social justice. (Source: Adapted from Center for Assessment and Policy Development.)
Neighborhood Pathways to Health

Residential segregation by race/ethnicity and socioeconomic position

Inequalities in resource distribution

Neighborhood physical environments
- Environmental exposures
- Food and recreational resources
- Built environment
- Aesthetic quality/natural spaces
- Services
- Quality of housing

Behavioral mediators
- Stress

Neighborhood social environments
- Safety/violence
- Social connections/cohesion
- Local institutions
- Norms

Health


Personal characteristics
- Material resources
- Psychosocial resources
- Biological attributes

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NYC Blueprint for Equity, Sustainability, and Health

"The actions we take now will ensure we have a dynamic, inclusive economy, a healthier environment, more affordable housing, and more reliable and resilient infrastructure."

New York City Mayor Bill de Blasio

• Decrease premature mortality rate to 143.32 deaths per 100,000 (25% decrease) and dramatically decrease racial/ethnic disparities by 2040

• Decrease infant mortality rate to 3.7 infant deaths per 1,000 live births (20% decrease) and dramatically reducing racial and ethnic disparities by 2040

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TCNY/2020
EVERY NEIGHBORHOOD, EVERY NEW YORKER
EVERYONE’S HEALTH COUNTS

Create Healthier Neighborhoods
Support Healthy Living
Promote Healthy Childhoods
Increase Access to Quality Care
A Call to Action

“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.”

-Mary T. Bassett
NYC Health Commissioner

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Mission
To strengthen and amplify DOHMH’s work to eliminate health inequities, which are rooted in historical and contemporary injustices and discrimination, including racism.

Values
- Racial & Social Justice
- Community Power
- Accountability
- Diversity & Inclusion
- Data & Community-informed Practice
Approaches of the Center for Health Equity

- Reform: Become a racial justice and multi-cultural organization
- Name: Make injustices visible via data & storytelling
- Target: Invest in key neighborhoods via place-based efforts
- Mobilize: Advance a health equity in all planning approach
- Change: Amplify community power via collective action & volunteerism

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Reform

Become an anti-racist and multi-cultural organization

“Taking a racial justice approach to public health is not a witch hunt, but a prescription for a national pathology from which none of us is immune.”

NYC Health Commissioner Mary T. Bassett
Calerone Prize Recipient 2016

Normalize
Build Shared Analysis
Operate with Urgency

Operationalize
Use Racial Equity Tools
Use Data & Metrics

Organize
Internal Infrastructure
Partner with Others

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Name
Make injustices visible via data and storytelling

- Community Health Profiles
- Neighborhood Reports
- Epi Data Briefs
- Journal articles
- Opinion editorials
- Press events
- Blogs

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America: Equity and Equality in Health 3 – Raising a Voice in the LANCET
“Structural racism and health inequities in the USA: evidence and interventions”
Zinzi D Bailey, Nancy Krieger, Madina Agénor, Jasmine Graves, Natalia Linos, Mary T Bassett

HEALTH
People with fair or poor health (2014)
14.1% 13.6% 12.2% 7.3% 8.3% 8.9%

WORK
People of colour face discrimination in the workplace
Hiring managers call back those with traditionally white names (e.g., Brad or Emily) 50% more often than those with traditionally black names (e.g., Jamal or Lakisha)

LIVING CONDITIONS
People of colour are more likely to live in neighbourhoods with:
- A high concentration of dilapidated housing
- A substandard social and built environment
- Exposure to pollutants
- Limited opportunities for education

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New York City is highly segregated residentially by race and poverty-level. As such, place-based approaches and geographical targeting of resources are by default health equity strategies. Through the co-location and the expansion of sites, amenities and functions, the District Public Health Offices have evolved into the Neighborhood Health Action Centers.
History

- High infant mortality and tuberculosis rates in certain neighborhoods
- Most ‘health and welfare’ operated autonomously
- Health Dept. divisions suffered from lack of coordination
- 1920, conceived initially by American Red Cross with NYC Health Commissioner as the East Harlem Demonstration Project
- Lessons of coordination from WWI

“Team-work has brought the power to increase efficiency and to prevent duplication of effort, to discover gaps in the local health program, and to provide the service needed.”

Ten-Year Report of the East Harlem Health Center – 1930s
Becoming the Neighborhood Health Action Centers

- **Co-location**: Revitalize underutilized health department buildings and co-locate community-based organizations, clinical providers, and City Govt. Agencies.

- **Innovation in programs and policy**: Bring together and build upon neighborhood assets (people and institutions), identify resource gaps, and optimize alignment for action to measurably improve population health.

- **Collective Impact and Action**: Identify and elevate system level barriers and policy opportunities via resident experiences and programs.
Neighborhood Health Action Center Locations

- **Launch**: 2016
- **Anticipated**: 2017

### Locations
- **East Harlem**
  - 158 East 115th Street
- **Central Harlem**
  - 2238 5th Avenue
- **Morrisania**
  - 1309 Fulton Street
- **Tremont**
  - 1826 Arthur Avenue
- **Bedford**
  - 485 Throop Avenue
- **Bushwick**
  - 335 Central Avenue
- **Brownsville**
  - 259 Bristol Street

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What We Offer

Clinical and programmatic providers
Co-located services will provide direct clinical and social services, while allowing for place-based planning

Navigators and referral specialists
Through building-wide free Wi-Fi and other software systems, resident will be supported in getting the services they need

The Women’s Health Suite
The Women’s Health Suite will provide amenities including a lactation lounge, children’s nook and targeted programming

Neighborhood convening space
A multipurpose room will provide a space for neighborhood partners and residents to meet, and there will be space for physical activity, events and free public Wi-Fi

Kitchens and gardens
Some will feature a kitchen for communal meals and nutritional programming as well as a garden for growing fruits and vegetables. (anticipated)

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Harlem Neighborhood Health Action Center
Juice Blender Bike
Harlem Neighborhood Health Action Center
Women and Families’ Health Suite

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NYC Teens Connection

- Decrease unintended teen pregnancy rate
- Work with community partners to connect youth with evidence-based education + contraception + resources
- Link teens to quality local clinics
Healthy Start Brooklyn

- Home Visiting
- Health Education and Training
- Interconception care
- Depression Screening and Referral

### Infant Morality
Rate per 1,000 live births

- 1.0-2.8
- 2.9-4.4
- 4.5-6.0
- 6.1-9.0
- Unpopulated


Interpret with caution due to small number of events
Harlem Health Advocacy Partners

- Improve health outcomes in diabetes, high blood pressure, and adult asthma
- Place-based; 5 NYCHA Developments
- 14 CHWs trained and on the ground:
  - Health Coaching
  - Wellness activities
  - Resident activation

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“...we (urban liberals) forget that life experience was a criterion for knowledge.... My goal is raising the voices and visibility of people that our mainstream media, politicians, and universities don’t think are smart enough to articulate what red-lining is, or what environmental justice is. Not only do they know it but they embody it.”

LaToya Ruby Frazier
Photographer

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 Collective Focus
Community Health Center: Instrument for social change

…”Then the health center worked to find or create pathways to cooperating colleges, universities, and professional schools across the country to help make such hopes a reality. These efforts produced Black physicians, nurses, dentists, social workers, psychologists, engineers, and administrative managers, most now working in the health sector in Mississippi and other southern states.”...

- H. Jack Geiger, MD
Collective Action: NYC Coalition to Dismantle Racism in the Health System

NYC Coalition to Dismantle Racism in the Health System

NYC Health Department’s Center for Health Equity, Medical, Public Health, and Academic Leaders, Student and Community Activists Host “Dismantling Racism in NYC’s Health System – The Time is Now” Forum

Participants discussed issues of race, racism and inequity in the health system

March 12, 2016 – The Health Department’s Center for Health Equity today joined the Icahn School of Medicine at Mount Sinai, the Institute of Family Health, Doctors for America-NY, White Coats for Black Lives, CUNY School of Public Health and several other organizations to co-host the forum “Dismantling Racism in the NYC Health System – The Time is Now.” Driven by public health leaders, student activists, organizers, medical school leadership and community activists, the forum addressed racism and racial inequities in the health system that contribute to poorer health outcomes in communities of color. Health Commissioner Dr. Mary T. Bassett, author of the groundbreaking article “#BlackLivesMatter – A Challenge to the Medical and Public Health

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Learning the Language

- Learn the language of racial equity, power and privilege, and unconscious bias

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Thank You!