

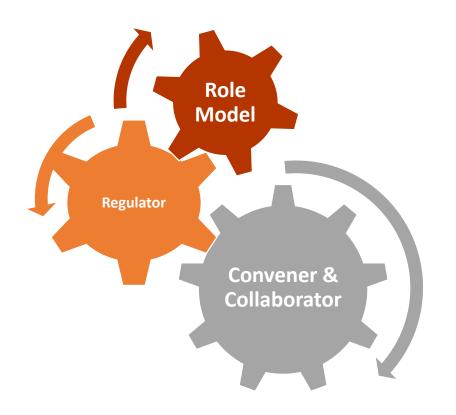
HEALTH EQUITY & ACCESS in DC: A Briefing

HBX Social Justice & Health Disparities Working Group | May 6th, 2021

C. Anneta Arno, Ph.D., MPH | Director, Office of Health Equity

21ST CENTURY PUBLIC HEALTH LEADERSHIP: TRANSFORMING DC HEALTH

3-Pronged Role of DC Health



5 Strategic Priorities

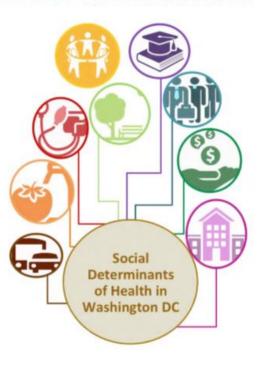
- Promote a Culture of Health and Wellness
- Address the Social Determinants of Health
- Strengthen Public-Private Partnerships
- Close the Chasm between Clinical Medicine and Public Health
- Implement a data-driven outcomeoriented approach to program and policy development



PLANNING IN THE DISTRICT



Health Equity Report: District of Columbia 2018



The Social & Structural Determinants of Health

Office of Health Equity, District of Columbia, Department of Health

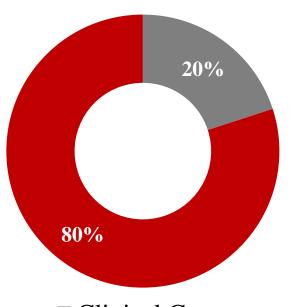




DC HEALTH EQUITY REPORT 2018: FRAMEWORKS

SOCIAL & STRUCTURAL DETERMINANTS OF HEALTH

Determinants of Health



- Clinical Care
- Non-Clinical Determinants

Health Equity 101: Key Insights

- ✓ Health is more than healthcare
- ✓ Health Inequities are neither natural nor inevitable
- ✓ Your zip-code may be more important than your genetic code for health
- ✓ The choices we make are shaped by the choices we have
- ✓ Structural Racism acts as a force in the distribution of opportunities for health
- ✓ All policy is health policy



DC HELTH EQUITY REPORT: Framework

POPULATION HEALTH DRIVERS: SOCIAL & STRUCTURAL DETERMINANTS

The

World

Health

(CSDH)

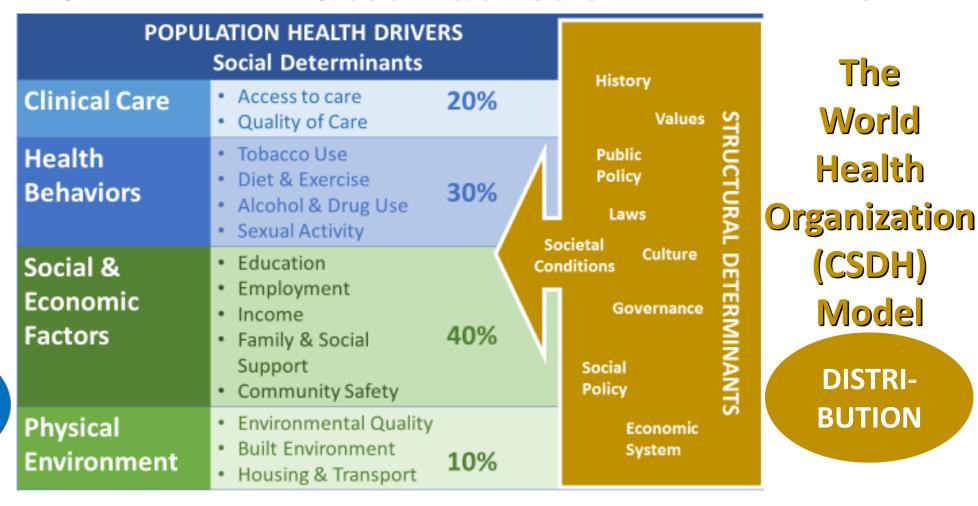
Model

DISTRI-

BUTION

The County Health **Rankings** Model

CAUSES





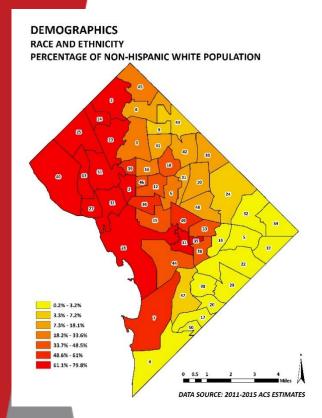
DC HEALTH EQUITY REPORT 2018

- ➤ Nine (9) Key Drivers
 - •Education
 - Employment
 - Income
 - Housing
 - Transportation
 - Food Environment
 - Medical Care
 - Outdoor Environment, and
 - Community Safety
- > Data and analysis to 51-statistical neighborhoods
- Correlations with life expectancy at birth
- Social & Structural Determinants of Health



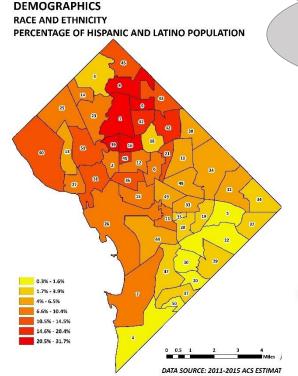


RACE & ETHNICITY BY NEIGHBORHOOD GROUP



1. Non-Hispanic White

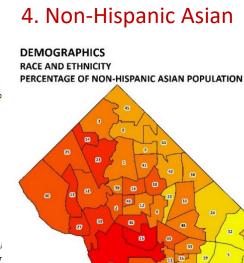
2. Non-Hispanic Black **DEMOGRAPHICS** RACE AND ETHNICITY PERCENTAGE OF NON-HISPANIC BLACK POPULATION DATA SOURCE: 2011-2015 ACS ESTIMATES

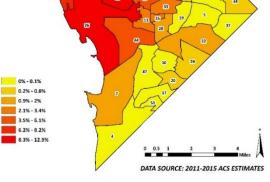


3. Hispanic

RDI* Score =70.9 (2011-2015)

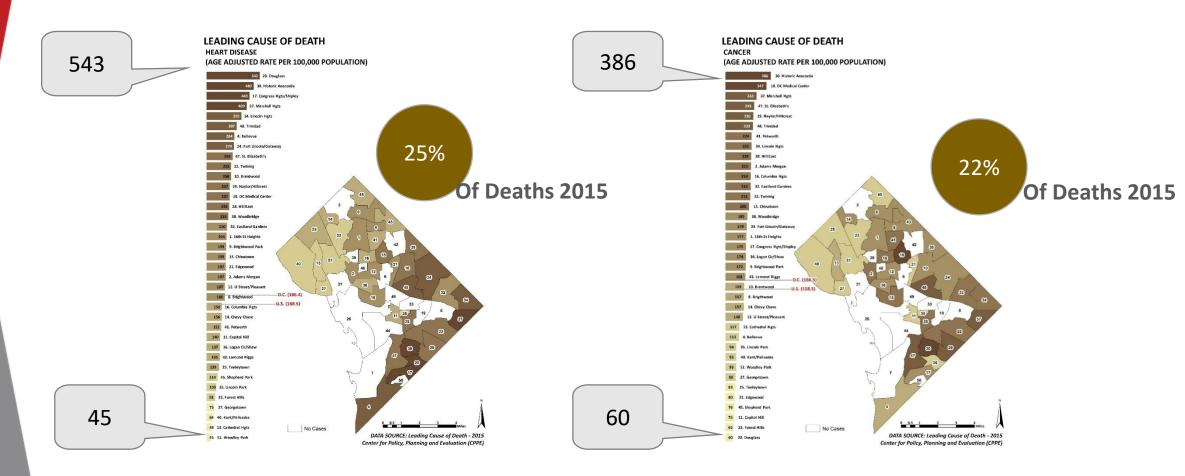
4. Non-Hispanic Asian





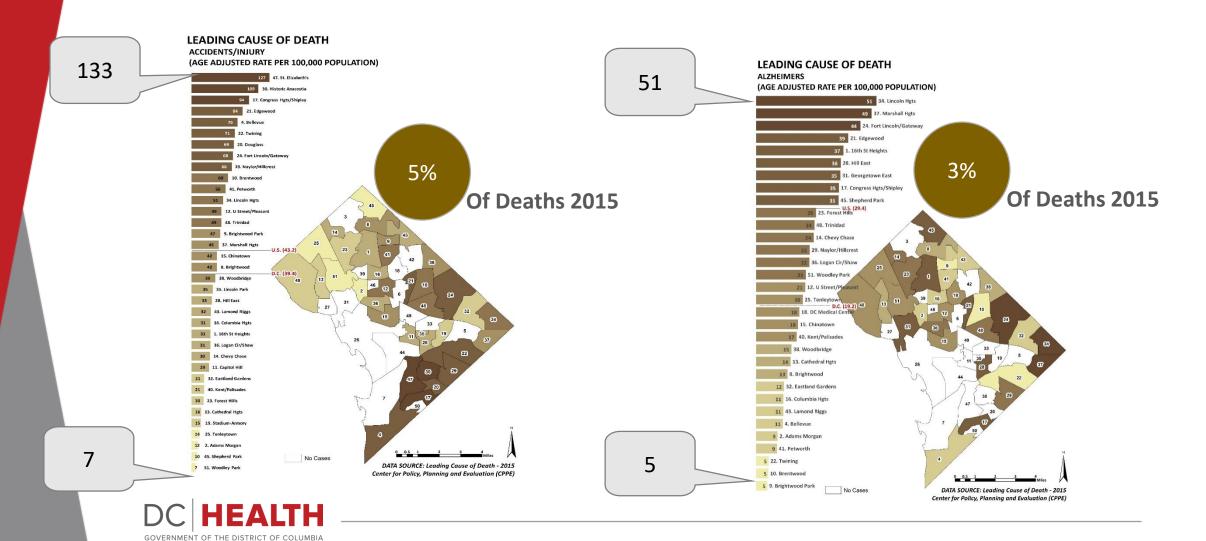


Leading Causes of Death: DC 2015 #1 & 2 - Heart Disease & Cancer

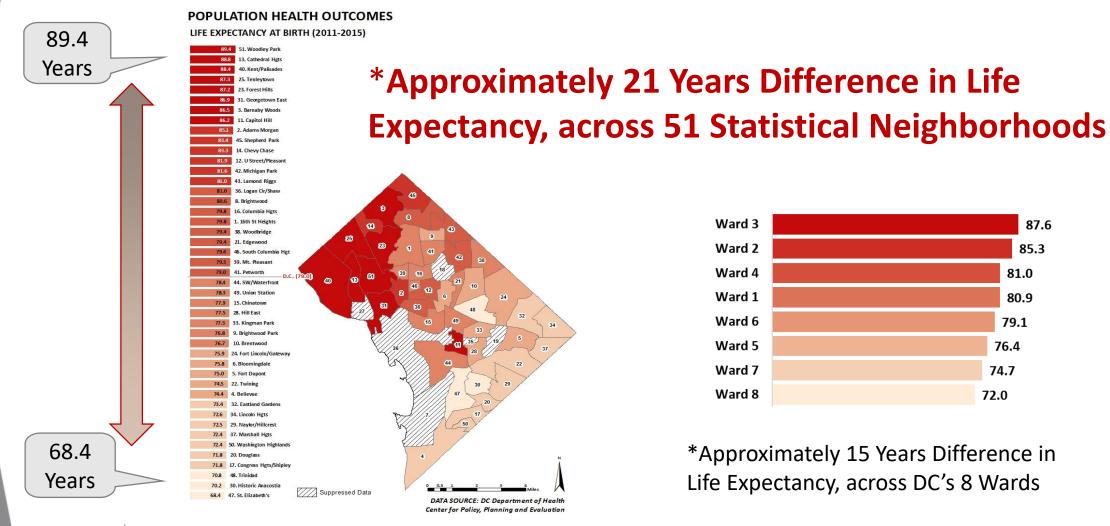


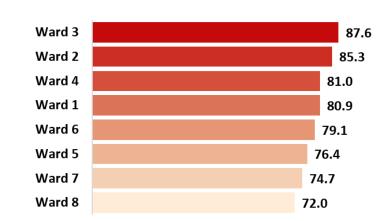


Leading Causes of Death: DC 2015 #3 & 8 – Accidents/Injury & Alzheimer's



Life Expectancy at Birth: 5-Year Average By Neighborhood & Ward: 2011-2015



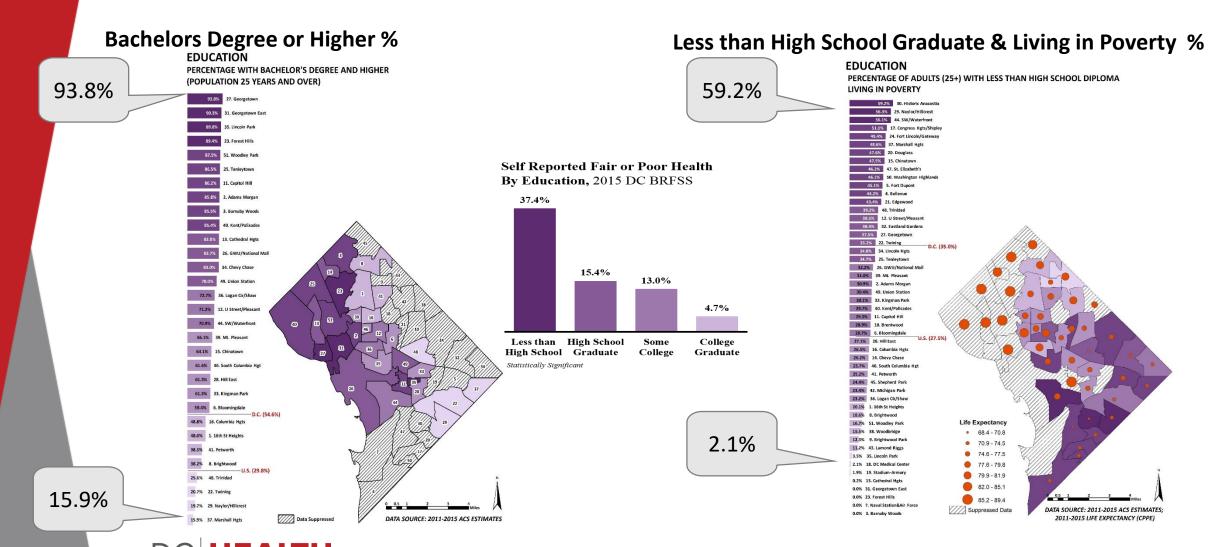


*Approximately 15 Years Difference in Life Expectancy, across DC's 8 Wards



Driver #1: Education

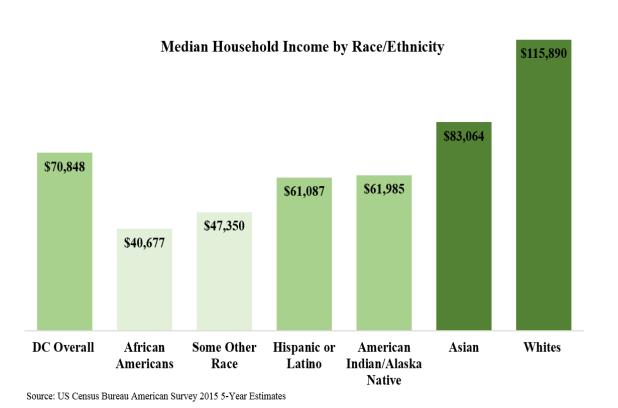




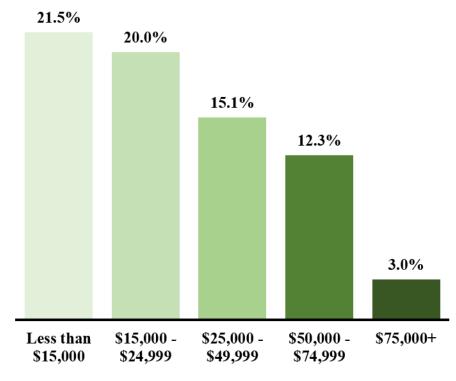
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Driver #3: Income





Self Reported Fair or Poor Health By Income, 2015 DC BRFSS



Statistically Significant



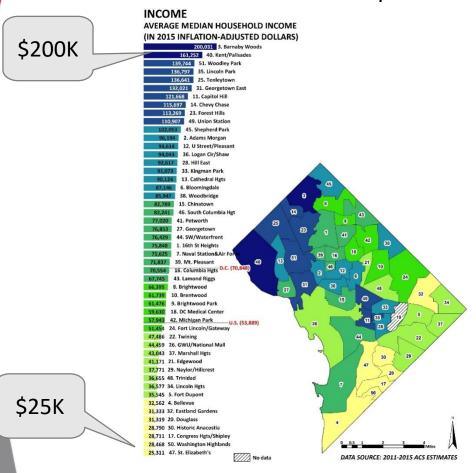
Driver #3: Income

33.6%

1.9%



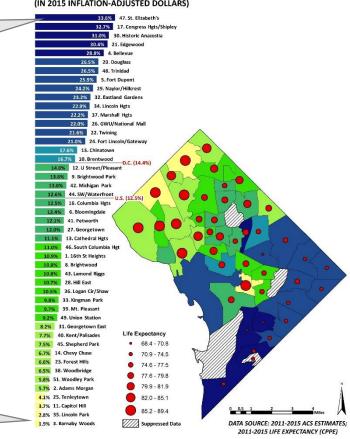
Median Household Income \$



Household Income \$15,000 or lower

PERCENTAGE OF HOUSEHOLDS EARNING LESS THAN \$15,000 (IN 2015 INFLATION-ADJUSTED DOLLARS)

INCOME

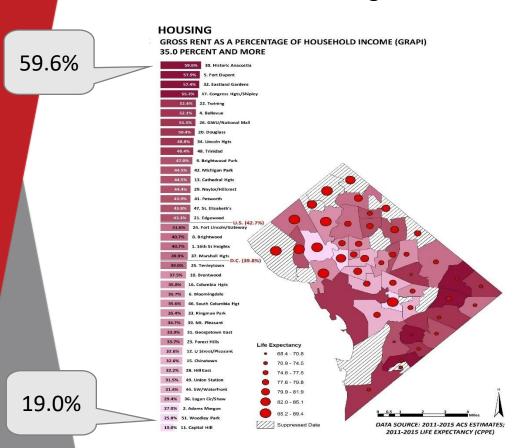


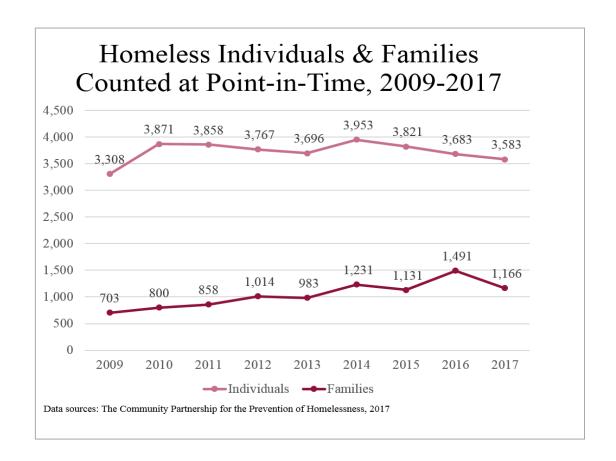


Driver #4 – Housing



Gross Rent as Percentage of Household Income



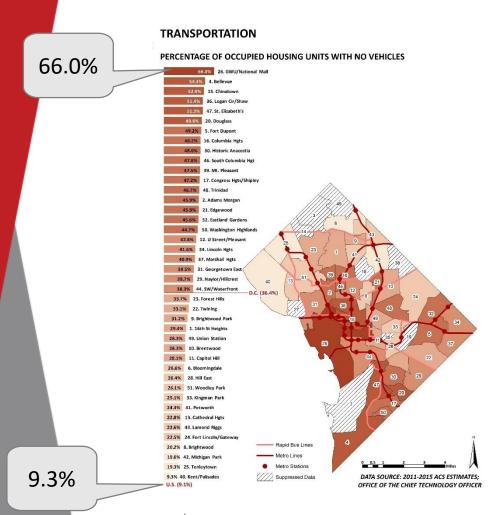




Driver #5: Transportation







TRANSPORTATION PERCENTAGE OF OCCUPIED HOUSING UNITS WITH NO VEHICLES 66.0% 26. GWU/National Mall 54.4% 4. Bellevue 52.9% 15. Chinatown 51.4% 36. Logan Cir/Shav 5113% 47. St. Elizabeth's 48.2% 16. Columbia Hgts 48.0% 30. Historic Anacostia 47.8% 46. South Columbia Hgt 47.5% 39. Mt. Pleasant 47.2% 17. Congress Hgts/Shipley 46.7% 48. Trinidad 45.9% 21. Edgewood 45.6% 32. Eastland Gardens 44.7% 50. Washington Highland 42.8% 12. U Street/Pleasant 41.6% 34. Lincoln Hgts 40.9% 37. Marshall Hgts 38.7% 29. Naylor/Hillcrest 38.3% 44. SW/Waterfront 33.7% 23. Forest Hills 33.1% 22. Twining 31.2% 9. Brightwood Park 29.4% 1. 16th St Heights 28.3% 49. Union Station 28.3% 10. Brentwood 28.1% 11. Capitol Hill 26.6% 6. Bloomingdale 26.4% 28. Hill East 26.1% 51. Woodley Park Life Expectancy 25.1% 33. Kingman Park 68.4 - 70.8 24.3% 41. Petworth 0 70.9 - 74.5 22.8% 13. Cathedral Hgts 22.6% 43. Lamond Riggs 9 74.6 - 77.5 77.6 - 79.8 22.5% 24. Fort Lincoln/Gateway 20.2% 8. Brightwood 79.9 - 81.9 19.6% 42. Michigan Park 82.0 - 85.1 19.3% 25. Tenleytown

85.2 - 89.4

Suppressed Data

DATA SOURCE: 2011-2015 ACS ESTIMATES;

2011-2015 LIFE EXPECTANCY (CPPE)

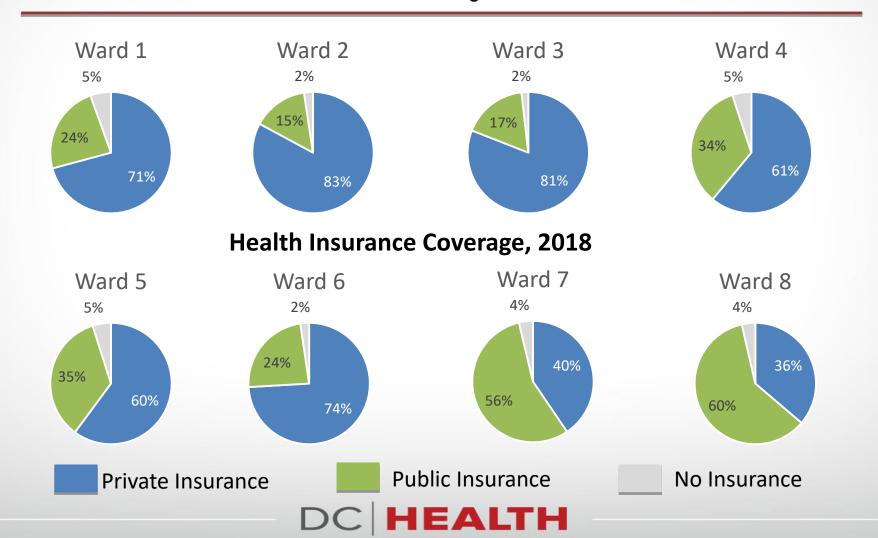
9.3% 40. Kent/Palisades

U.S. (9.1%)



DC Population Characteristics

Approximately, 96% of residents have health insurance either through private or public coverage.



Driver #7: Medical Care





98.5%

PERCENTAGE OF POPULATION WITH HEALTH INSURANCE COVERAGE (CIVILIAN NONINSTITUTIONALIZED POPULATION)

98.5% 25. Tenleytown

93.1% 32. Eastland Gardens

92.7% SO. Washington Highland 92.7% 3. Barnaby Woods

92.1% 46. South Columbia He 91.2% 1. 16th St Heights

91.1% 21. Edgewood

89.3% 8. Brightwood

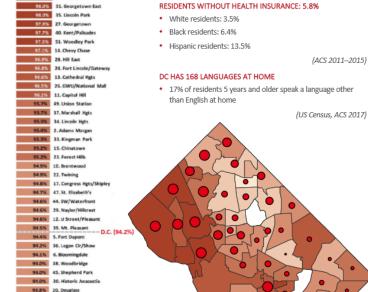
88.4% 48. Trinidad

84.7% 9. Brightwood Park

90.8% 42. Michigan Park

90.6% 16. Columbia Hgts

88.9% 41. Petworth U.S. (87.0%)



Life Expectancy • 68.4 - 70.8

• 70.9 - 74.5

74.6 - 77.5

77.6 - 79.8

9.9 - 81.9

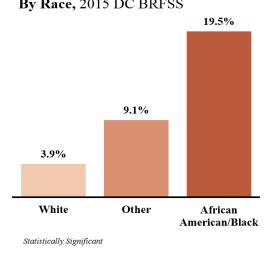
82.0 - 85.1

85.2 - 89.4

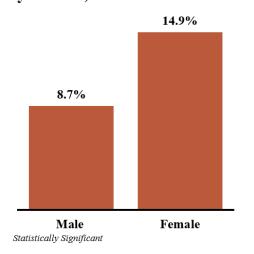
DATA SOURCE: 2011-2015 ACS ESTIMATES

Self Reported Fair or Poor Health

By Race, 2015 DC BRFSS



Self Reported Fair or Poor Health By Gender, 2015 DC BRFSS



84.5%



DIFFERENTIAL OPPORTUNITIES FOR HEALTH

Selected Indicator Summary – Part 1:

Table 1: Differential Opportunities for Health in DC Notes: *Ranked by Life Expectancy at Birth Selected Indicator Summary for 45 Statistical Neighborhoods with available data (6 omitted = suppressed data) Opportunity Measure Selected Indicator: Score in Top 10 Score in Bottom 10 Statistical Life Residents Residents Median Household Household Household Population Residents Age-Neighborhoods Expectancy (25 years (16 years Household Gross Rent Without a Receiving with Public adiusted Living in **Public** *Ranked by Life at Birth or older) or older) Income 35% or Car/Transit Insurance Violent Poverty (2011-2015)(2011-2015)(2011-2015)Expectancy at Birth more of Dependent Assistance Deaths with high Unemp-Coverage (%) (%) school loved Income (%)Income or (%) Rate - per (2011-2015) (2011-2015)diploma or SNAP (past 100,000 (%) (%) 12 months) higher population (2011-2015) (%)(2011-2015) (%) \$139,744 26.1% 1. Woodley Park 89.4 years 97.8% 2.5% 25.8% 2.5% 16.4% 9.9 6.6% Cathedral Heights 88.8 years 96.8% 3.9% \$90,124 44.5% 22.8% 0.8% 15.8% 5.1 15.8% Kent /Palisades 88.4 years 97.9% 5.9% \$161,252 Data Supp. 9.3% 0.6% 17.4% 7.4 9.3% 4. Tenleytown 87.3 years 98.7% 2.4% \$136,641 39.0% 19.3% 2.1% 18.5% 1.1 4.5% Forest Hills 87.2 years 99.1% 3.5% \$113,269 33.7% 33.7% 1.3% 17.9% 13.0 9.2% Georgetown East 86.9 years 98.9% 3.1% \$132,021 33.9% 39.5% 1.0% 13.2% 5.7 10.3% Barnaby Woods 86.5 years 98.9% 2.8% \$200,031 Data Supp. Data Supp. 0.0% 16.0% 2.6 1.7% Capitol Hill 86.2 years 98.1% 3.2% \$121,668 19.0% 28.1% 1.6% 13.7% 10.5 5.7% 27.0% 9. Adams Morgan 85.1 years 95.9% 5.0% \$96,194 45.9% 3.6% 15.2% 8.4 7.2% 10. Shepherd Park 83.4 years 93.2% 11.7% \$102,053 Data Supp. Data Supp. 7.8% 35.9% 5.4 11.0% 11. Chevy Chase 83.3 years 94.1% 3.9% \$115,697 Data Supp. Data Supp. 5.5% 18.7% 2.1 8.5% 12. U Street/Pleasant 81.9 years 88.9% 7.2% \$94.614 32.6% 42.8% 10.9% 20.0% 9.6 12.0% 13. Michigan Park 81.6 years 85.8% 16.2% \$57,943 44.5% 19.6% 17.4% 37.9% 3.2 12.3% 14. Lamond Riggs 81.0 years 89.2% 15.2% \$67,745 Data Supp. 22.6% 11.7% 46.1% 29.2 8.9% 15. Logan Circle/Shaw 81.0 years 90.7% 3.5% \$94,043 29.4% 51.4% 5.4% 18.5% 16.9 10.9% Brightwood 80.6 years 84.3% 8.7% \$66,395 40.7% 20.2% 11.3% 40.8% 10.1 12.7% 17. Columbia Heights 79.8 years 6.7% \$70.554 35.8% 48.2% 18.1% 38.8% 17.8 16.7%



DIFFERENTIAL OPPORTUNITIES FOR HEALTH

Selected Indicator Summary – Part 2:

18. 16 th St. Heights	79.8 years	82.8%	8.0%	\$75,848	40.7%	29.4%	14.9%	35.9%	14.8	12.9%
19. Woodbridge	79.4 years	92.7%	13.8%	\$85,947	Data Supp.	Data Supp.	9.6%	36.3%	23.5	10.5%
20. Edgewood	79.4 years	83.8%	19.7%	\$41,171	43.4%	45.9%	29.8%	47.0%	25.0	29.1%
21. S. Columbia Hgts.	79.4 years	89.8%	8.2%	\$82,241	35.6%	47.8%	14.2%	31.2%	11.9	13.5%
22. Mt. Pleasant	79.3 years	89.4%	5.3%	\$71,837	34.7%	47.5%	10.6%	23.5%	7.8	11.5%
23. Petworth	79.0 years	86.3%	11.9%	\$77,020	43.9%	24.3%	17.7%	36.4%	21.8	13.2%
24. SW/Waterfront	78.4 years	93.5%	6.7%	\$76,429	31.4%	38.3%	11.2%	29.0%	27.1	13.5%
25. Union Station	78.3 years	94.5%	5.3%	\$110,907	31.5%	28.3%	5.4%	14.6%	11.7	10.4%
26. Chinatown	77.9 years	88.8%	5.3%	\$82,789	32.6%	52.9%	13.0%	33.1%	18.7	18.3%
27. Hill East	77.5 years	91.7%	8.8%	\$92,617	32.2%	26.4%	15.0%	31.8%	14.9	13.6%
28. Kingman Park	77.3 years	91.7%	8.3%	\$91,073	35.4%	25.1%	13.7%	28.3%	24.5	12.2%
29. Brightwood Park	76.8 years	86.7%	10.3%	\$61,476	Data Supp.	31.2%	13.6%	41.5%	15.0	16.3%
30. Brentwood	76.7 years	86.9%	14.8%	\$61,739	37.5%	28.3%	25.4%	48.5%	38.3	18.7%
31. Fort	75.9 years	81.3%	13.6%	\$51,454	41.6%	22.5%	22.3%	52.4%	23.8	19.0%
Lincoln/Gateway										
32. Bloomingdale	75.8 years	90.9%	8.6%	\$87,146	35.7%	26.6%	12.9%	24.3%	21.2	12.3%
33. Fort Dupont	75.0 years	81.6%	23.8%	\$35,545	57.9%	49.2%	36.7%	64.6%	48.1	30.6%
34. Twining	74.5 years	87.8%	16.3%	\$47,486	52.4%	33.1%	30.3%	55.7%	57.1	20.9%
35. Bellevue	74.4 years	82.9%	30.0%	\$32,562	52.1%	54.4%	43.4%	67.7%	33.1	39.6%
36. Eastland Gardens	73.4 years	79.4%	21.3%	\$31,333	57.4%	45.6%	37.5%	66.0%	40.6	34.1%
37. Lincoln Heights	72.6 years	80.7%	20.6%	\$36,577	48.8%	41.6%	32.7%	63.5%	58.5	26.2%
38. Naylor/Hillcrest	72.5 years	84.1%	16.6%	\$37,771	44.4%	38.7%	32.7%	57.8%	31.5	34.5%
39. Marshall Heights	72.4 years	84.4%	19.6%	\$43,043	39.9%	40.9%	39.4%	58.7%	46.8	29.2%
40. Washington	72.4 years	Data Supp.	Data	\$28,468	Data Supp.	44.7%	Data Supp.	Data Supp.	36.3	38.7%
Highlands			Supp.							
41. Douglass	71.8 years	81.7%	22.6%	\$31,319	50.4%	49.8%	53.9%	67.4%	48.6	36.7%
42. Congress	71.8 years	82.4%	26.8%	\$28,711	55.2%	47.2%	41.3%	62.3%	50.0	39.4%
Heights/Shipley										
43. Trinidad	70.8 years	79.9%	18.0%	\$36,655	48.4%	46.7%	31.0%	50.9%	47.6	28.5%
44. Historic Anacostia	70.2 years	83.2%	14.9%	\$28,790	59.6%	48.0%	43.7%	61.7%	52.4	37.3%
45. St. Elizabeth's	68.4 years	Data Supp.	18.1%	\$25,311	43.8%	51.3%	Data Supp.	70.1%	65.4	40.2%
District of Columbia	79.0 years	89.3%	9.6%	\$70,848	39.8%	36.4%	15.6%	35.1%	19.5	18.0%
United States	78.8 years	86.7%	8.3%	\$53,889	42.7%	9.0%	13.9%	32.1%	na.	15.5%



Differential Opportunities for Health in DC



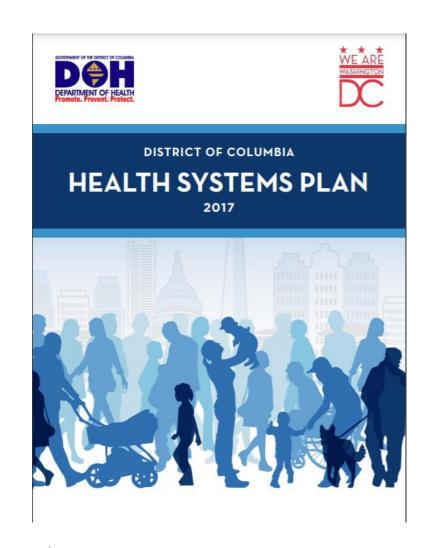
Nine (9) Key Drivers & Interrelated Pathways

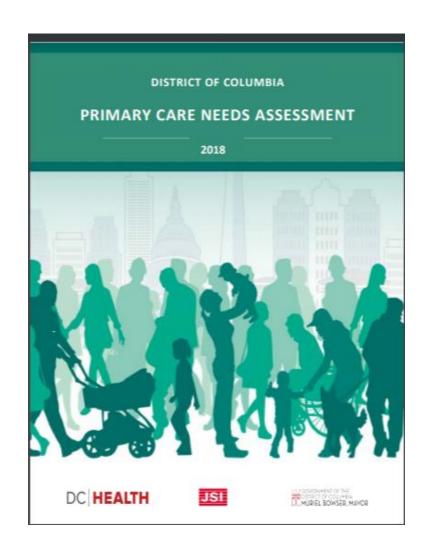
- ✓ Life expectancy at birth varies by 21 years across the 51-statistical neighborhoods
- More opportunities for health (positive outcomes) are concentrated in the neighborhoods with the longest life expectancy; and
 - The opposite is true for neighborhoods with the shortest life expectancy
- ✓ Overall, it is clear there are differential opportunities for health, by income, place and race



• DC Health Systems Plan 2017 & Primary Care Needs Assessment Plan 2018



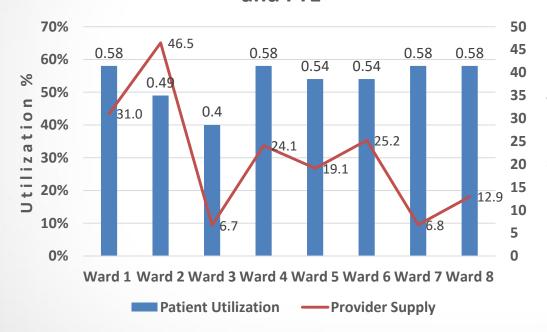






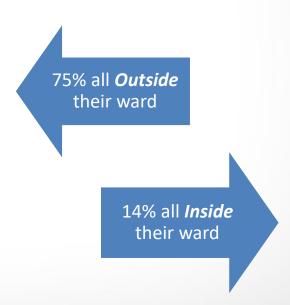
Primary care usage is not defined by geography or travel time for Medicaid & Alliance patients

Medicaid & Alliance Enrollees Utilization and FTE



Source: District of Columbia. DC Department of Health. Primary Care Office. *District of Columbia Primary Care Needs Assessment. By* John Snow, Inc. 2018. pp. 34 and 42. Print.

Where did patients receive care?



Source: District of Columbia. DC Department of Health. Primary Care Office. *District of Columbia Primary Care Needs Assessment. By John Snow, Inc.* 2018. p. 47. Print.



Low overall utilization of primary care amongst all Medicaid & Alliance enrollees, within a 12-month period

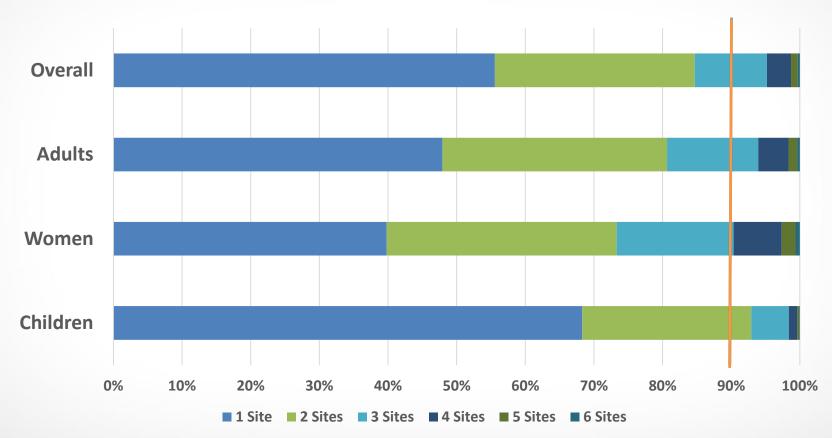


Source: District of Columbia. DC Department of Health. Primary Care Office. District of Columbia Primary Care Needs Assessment. By John Snow, Inc. 2018. pp. 34 - 36. Print.



Medicaid & Alliance patients sought primary care from multiple locations, within a 12-month period

Number of Sites Medicaid & Alliance Patients Accessed

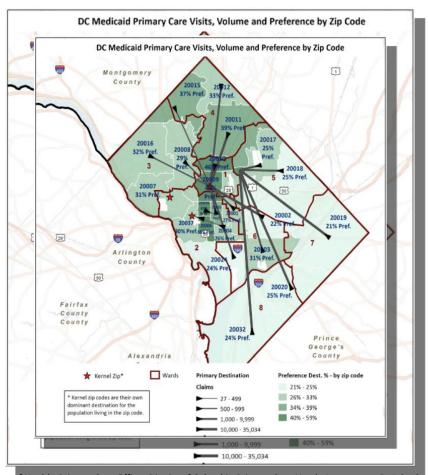


Source: District of Columbia. DC Department of Health. Primary Care Office. District of Columbia Primary Care Needs Assessment. By John Snow, Inc. 2018. p. 51. Print.



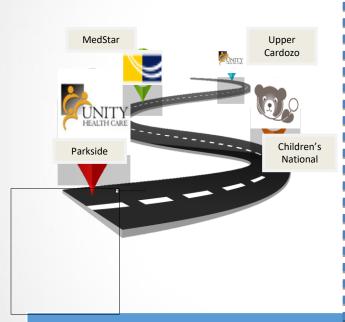
Low community-level preference amongst Medicaid & Alliance participants for local health care resources

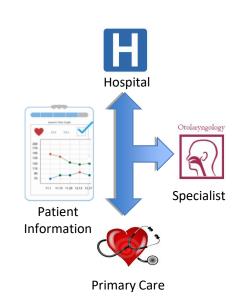
DC Medicaid Primary Care Visits, Volume and Preference by Zip Code (2015 – 2016)



Source: District of Columbia. DC Department of Health. Primary Care Office. District of Columbia Primary Care Needs Assessment. By John Snow, Inc. 2018. p. 45. Print.

Gaps in systems of care









Food



Patient Care-Seeking

- Medical home utilization
- Community-level preferences

Vertical Fragmentation

- Transitions between different levels of care
- Transfer of patient information

Horizontal Fragmentation

- Primary care and mental health
- Community-clinical linkages

DC PCNA 2018: Key Findings

- 1. There is Sufficient Primary Care
- 2. Physicians make up High-Percentage of Primary Care Workforce
- 3. Primary Care Use NOT Defined Home Address or Travel Time
- 4. Low Preference for Local Health Resources
- 5. Low Engagement with Medical Home for Primary Care
- 6. Low Utilization of Primary Care by Medicaid Enrollees
- 7. Untapped Medicaid Provider Capacity
- 8. High Utilization to Demand & Need
- 9. Gaps in Systems of Care



PCNA 2018 Recommendations: 1-4

- 1. Address patient perceptions of BRAND; QUALITY; & CONVENIENCE
- 2. Promote Use of accessibility of Medical Homes especially among women:
- 3. Engage residents who are not accessing care:
- 4. Promote development of systems of care that emphasize community-clinical linkages, and care transitions, and ensure residents across the District can access these systems locally



PCNA 2018 Recommendations: 5-8

- 5. Encourage maximizing and strategically leveraging existing provider resources to address identified and perceived gaps:
- 6. Strengthen partnerships and systems to routinely collect, analyze, and disseminate data on access to care:
- 7. Identify and explore emerging issues through targeted quantitative and qualitative data collection and analyses:
- 8. Ensure a workforce that supports team based care delivery



Investments in Access to Affordable Healthcare

- The Mayor's FY21 budget invests **\$4.9M** to implement recommendations from the **Mayor's Commission on Healthcare Systems Transformation** to reduce reliance on emergency care and health improve outcomes:
 - > \$1.5M to retain primary care and recruit specialty care providers in Health Professional Shortage Areas and Medically Underserved Areas.
 - > \$1.2M to support the State Planning and Development Agency Certificate of Need responsibilities.
 - > \$500,000 to increase the capacity of primary care providers to treat substance use disorders.
 - > \$485,000 to enable the exchange of electronic advance directive forms among providers.
 - > \$400,000 to incentivize the assessment and sharing of social determinants of health at healthcare visits.
 - > \$265,000 to implement National Emergency Department Overcrowding Scores (NEDOCS) in all acute care hospitals.
 - > \$250,000 to better connect prenatal care to labor and delivery options, with a focus on Wards 7 and 8.
 - \$150,000 to conduct a quality improvement review of the clinical licensure process.
 - > \$100,000 to conduct a study on how sobering centers could be implemented throughout the city.
 - > \$60,000 to implement cultural competence and implicit bias training for clinicians.



Disparities in COVID-19 Outcomes: Understanding Root Causes Key to Achieving Equity

To eliminate disparities in health outcomes, our <u>collective</u> <u>actions</u> must be <u>intentional</u> in 3 key areas:

- (1) access to quality health care
- (2) social and structural determinants of health
- (3) structural and institutional racism

"The most sustainable impacts will be achieved through the **long-term interventions and investments that address the social and structural determinants of health**—those that are designed to achieve equity—granting us all the opportunity to achieve our best health".

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

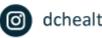
LaQuandra S. Nesbitt, MD, MPH (2021), JPHMP



899 North Capitol Street NE, 5th Fl, Washington, DC 20002









For more information on the District's COVID-19 response, visit coronavirus.dc.gov