Purchaser Solutions to Addressing Social Determinants of Health

Tuesday, December 7, 2021

8:00 – 10:00am

Kentuckiana Health Collaborative

Building a Bridge to Better Health, Better Care and Better Value

WELCOME

Natalie Middaugh

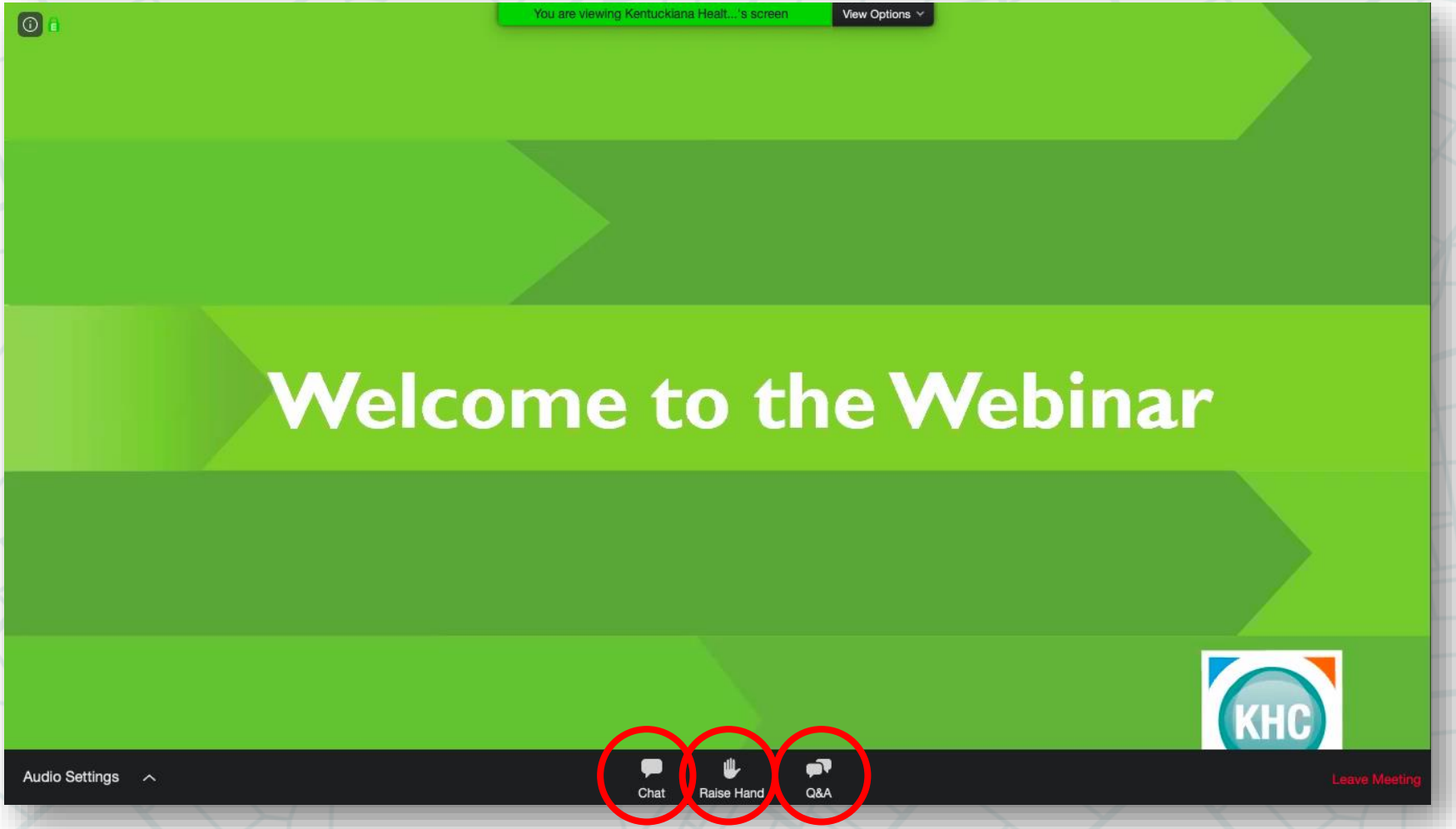
Community Health Program Manager
Kentuckiana Health Collaborative

ATTENDEE SCREENVIEW

Select "Q&A" to type a question and submit it to the host and speaker.

Select "Raise Hand" to be unmuted by the speaker.

Select "Chat" to send a message to other attendees.



Logistics

Access event materials
on the forum event page.

https://khcollaborative.org/event/december-community-forum/

Logistics

Social Media

Twitter: @KHCollaborative

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#KHC

Agenda

8:00 - Welcoming Remarks

8:05 –Defining Social Needs, Risk Factors, and Determinants of Health

8:35 – Panel: *Leading by Example* Project Learnings and Reflections

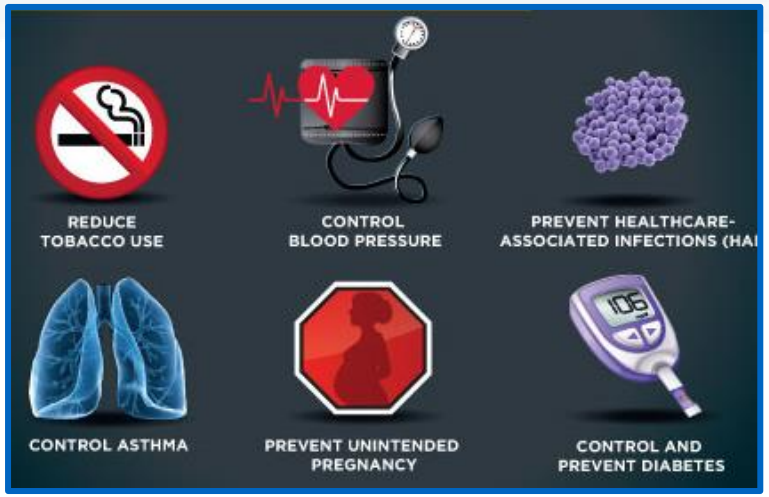
9:40 – Health Equity and Social Determinants of Health: A Louisville Update

9:55 - Closing

DEFINING SOCIAL NEEEDS, RISK FACTORS, AND DETERMINANTS OF HEALTH

Christa-Marie Singleton

Senior Medical Advisor, Population Health and Healthcare Office (PHHO), Office of the Associated Director for Policy and Strategy (OADPS)
Centers for Disease Control and Prevention



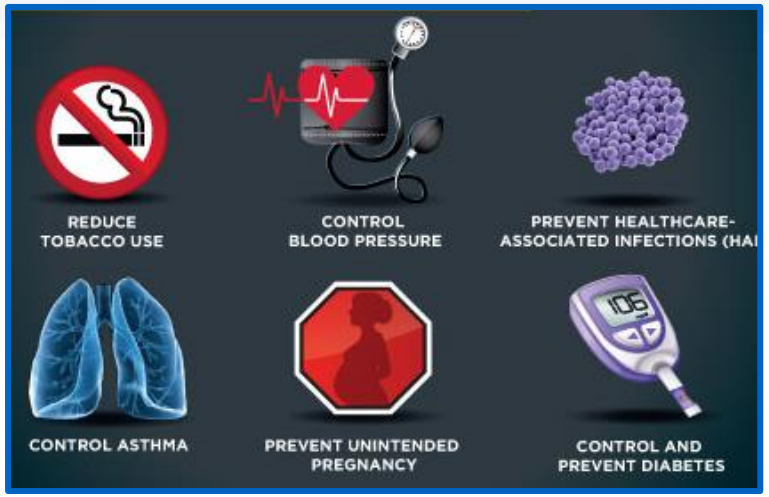
HI-5
HEALTH IMPACT IN 5 YEARS

KHC December Community Health Forum, Purchaser Solutions to Addressing Social Determinants of Health

Christa-Marie Singleton, MD, MPH

Office of the Associate Director for Policy and Strategy
Centers for Disease Control and Prevention

December 2021



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December 2021

Work

AFFECTS PHYSICAL, PSYCHOLOGICAL, AND SOCIAL WELL-BEING

CAN CONTRIBUTE TO OR DETRACT FROM PERSONAL HEALTH AND HEALTH OF FAMILY MEMBERS

DETERMINES WORKERS' TYPE OF HEALTH CARE,

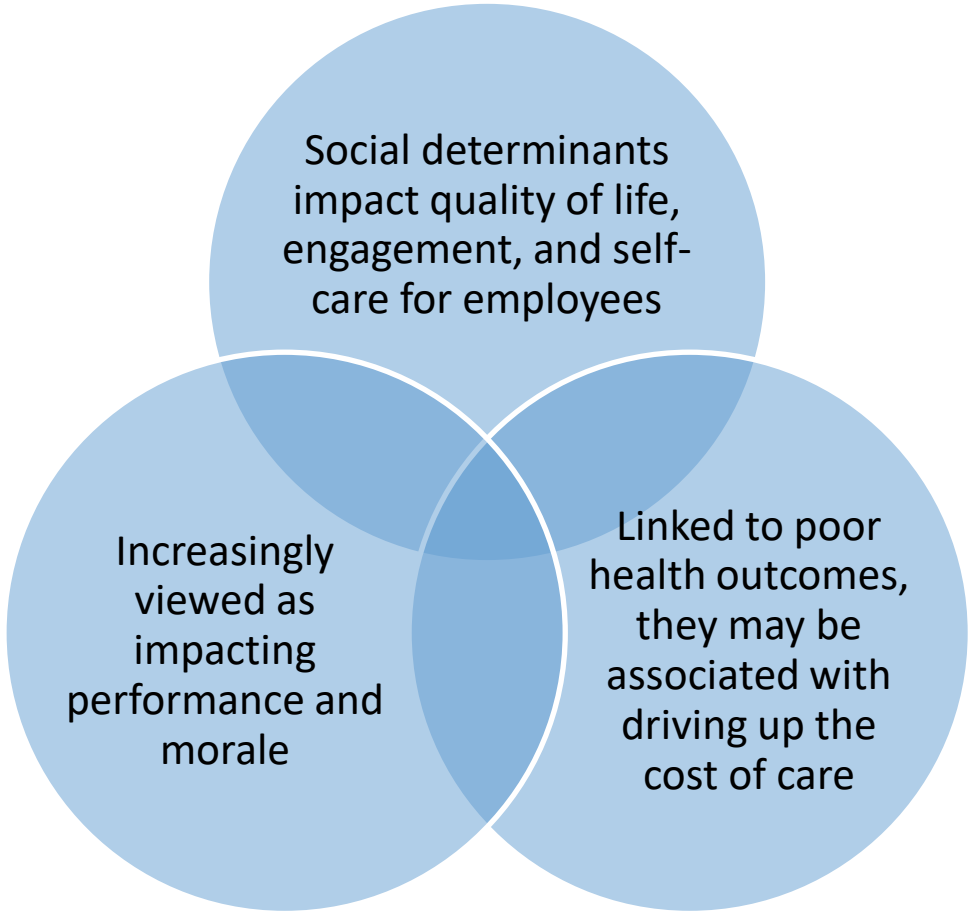
THE KIND OF NEIGHBORHOOD IN WHICH THEY CAN AFFORD TO LIVE

HOW MUCH MONEY THEY HAVE TO MEET THEIR FAMILIES' NEEDS

TIME THEY HAVE TO SPEND WITH THEIR FAMILIES

https://www.cdc.gov/socialdeterminants/faqs/#faq9

Why Should Employers Care About Social Determinants of Health?



Fendrick M. Center for Value-Based Insurance Design (V-BID) | Institute for Healthcare Policy & Innovation. https://ihpi.umich.edu/center-value-based-insurance-design-v-bid. Accessed April 5, 2020.

How social determinants of health affect your employee benefit program

Employers and their employees can benefit from programs and tactics tailored to address social determinants of health that affect employees.

By **Bruce Sherman** | November 15, 2018 at 10:50 AM

Trending Stories

1. **11 best small(ish) towns for retirement**
2. **Student debt repayment and t CARES Act: What to know**
3. **7 COVID-busting benefits that will help employees return to work**
4. **10 companies with the best HI departments**
5. **How location dictates your Thanksgiving COVID-19 exposure risk**

https://www.benefitspro.com/2018/11/15/how-social-determinants-of-health-affect-your-empl/

Social Determinants of Health (Healthy People 2030)

"conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks"

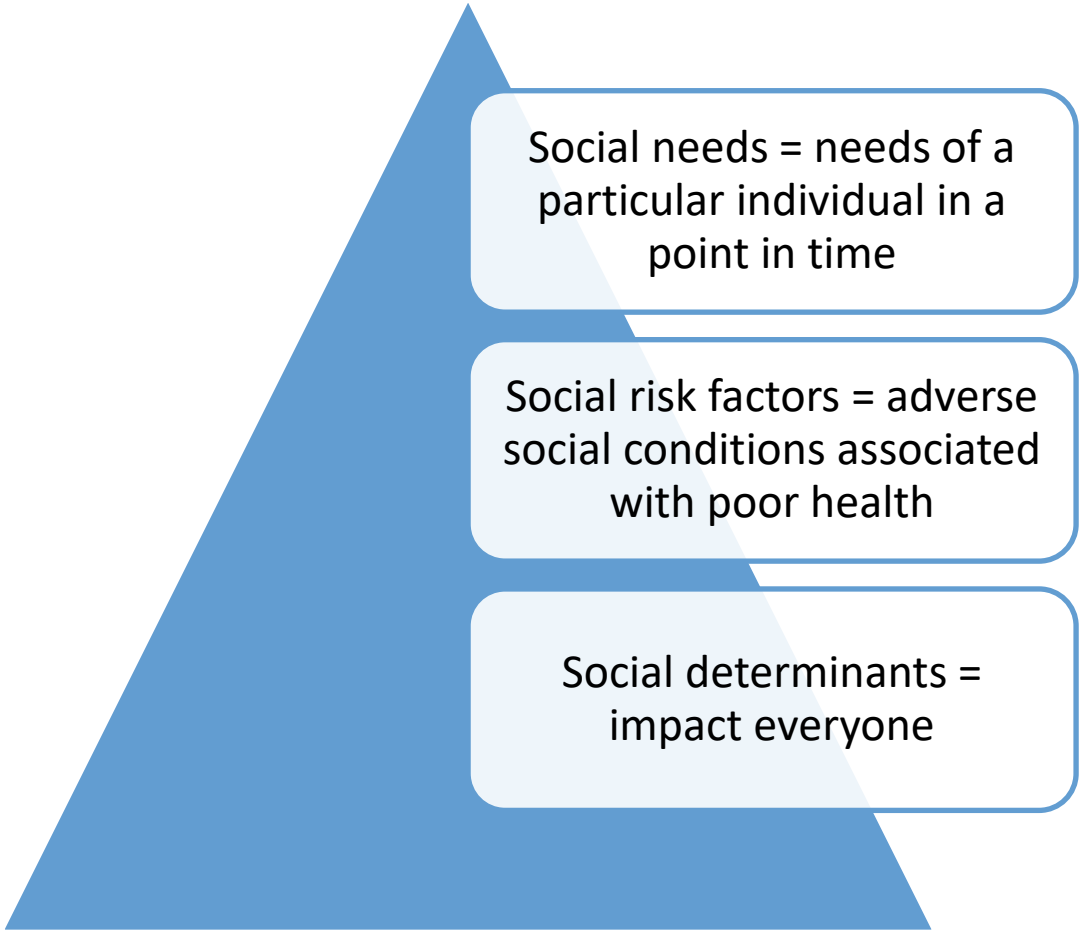
https://www.cdc.gov/socialdeterminants/faqs/#faq9

Social Determinants of Health and Underlying Social Risk Factors

Economic Stability	Education	Social and Community Context	Health and Health Care	Neighborhood and Built Environment
•Employment •Food Insecurity •Housing Instability •Poverty	•Early Childhood Education and Development •Enrollment in Higher Education •High School Graduation •Language and Literacy	•Civic Participation •Discrimination •Incarceration •Social Cohesion	•Access to Health Care •Access to Primary Care •Health Literacy	•Access to Foods that Support Healthy Eating Patterns •Crime and Violence •Environmental Conditions •Quality of Housing

https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

Social Determinants, Social Risk Factors, and Social Needs



https://www.healthaffairs.org/do/10.1377/hblog20190115.234942/full/

Social Determinants, Social Factors, and Social Needs Example

Free or low cost healthy food at work site = individual's social need

Lives in zipcode that is a food desert = social risk factor

Job with limited access to living wage/income/economic instability = social determinant

Employer Perspective Example

- "One in four families in this country are one paycheck away from being homeless“
- Employers may not think they have employees who are dealing with homelessness, but "almost every employer has an employee, somewhere in the organization, who is living in their car and then coming to work.“

Jeffrey Brenner, senior vice president for clinical redesign at UnitedHealthcare, speaking in April at the Business Health Agenda 2019 Conference in Washington, D.C.

https://www.shrm.org/resourcesandtools/hr-topics/benefits/pages/employers-tackle-social-determinants-employee-health.aspx

Employer Examples Using Value Based Benefit Design Offerings to Address Social Risk Factors and Social Needs

Geisinger Health System - Springboard Healthy Scranton

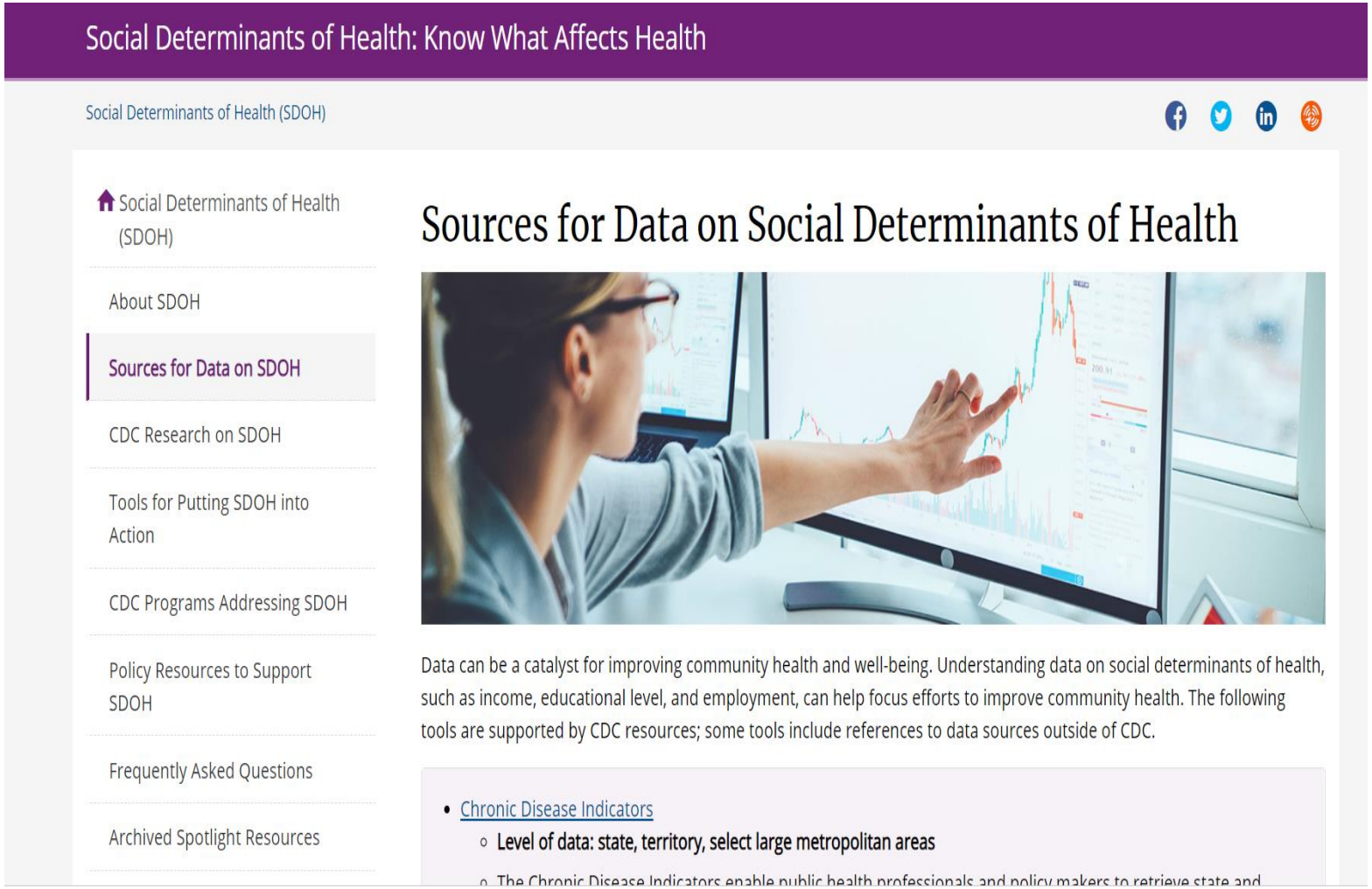
- Targets employees and patients to sustain lifestyle changes
- Food prescription program, the Fresh Food Farmacy™
- Improve access to healthy foods and brings together community organizations including a hospital and local food bank[1]

University of Southern California (USC) targeted employment

- Goal: to increase employment in neighborhoods immediately surrounding its campus
- Reports have shown that “one out of every seven applicants for staff positions at USC was hired from the seven ZIP codes nearest the campus”[2]

1. Springboard Healthy Scranton - Geisinger Health System. Springboard. https://www.springboardhealthy.org/ Accessed April 6, 2020. 2. What is Community Wealth Building? https://community-wealth.org/search-ex/USC

What are the most pressing conditions in your community and your workforce?



Commercial Health Plan Example - Aetna

- 2017 study of eight of Aetna's large commercial group plan customers revealed poorer health outcomes and excessive health plan costs associated with low-wage workers in four main areas:
  - Higher incidence of preventable disease
  - Later-stage recognition and treatment of diseases
  - Limited ability to navigate health system and comply with self-care regimens
  - Treatment in more expensive and less effective settings — low-wage workers had more than twice as many ER visits as higher-wage workers.
- Reasons for outcomes?
  - Take home pay?
  - Where they live, work and play

Aetna's Pilot Approach with Employer Data

- Use an employer's own health plan data and apply ROI driven metrics
- Isolating the cost, utilization and engagement results for workers most likely impacted by SDoH, include several key areas, including but not limited to:
  - PCP utilization
  - ER utilization
  - Community prevalence of chronic conditions, specifically diabetes, hypertension and hyperlipidemia

Example of Social Service Referral Effect on Social Needs

- **By the se(reported had a $24 group tha being me**

Expenditure Reductions Associated with a Social Service Referral Program

Zachary Pruitt, PhD, MHA,[1] Nnadozie Emechebe, MPH,[2] Troy Quast, PhD,[1] Pamme Taylor, MHA, MBA,[3] and Kristopher Bryant, MHA[4]

ract

cent health system innovations provide encouraging evidence that greater coordination of medical and social ces can improve health outcomes and reduce health care expenditures. This study evaluated the savings ciated with a managed care organization's call center-based social service referral program that aimed to t participants address their social needs, such as homelessness, transportation barriers, and food insecurity. program evaluation linked social service referral data with health care claims to analyze expenditures in nual periods, before and after the first social service referral. Secondary data analysis estimated the change in n expenditures over 2 annual periods using generalized estimating equations regression analysis with the tity link. The study compared the change in mean health care expenditures for the second year for those rting social needs met versus the group whose needs remained unmet. By comparing the difference between irst and second year mean expenditures for both groups, the study estimated the associated savings of social ces, after controlling for group differences. These results showed that the decrease in second year mean nditures for the group of participants who reported all of their social needs met was $2443 (10%) greater than lecrease in second year mean expenditures for the group who reported none of their social needs met, after rolling for group differences. Organizations that integrate medical and social services may thrive under policy atives that require financial accountability for the total well-being of patients.

words: social determinants of health, costs, accountable care, Medicaid, Medicare Advantage

By the second year, those participants who reported having all of their social needs met had a $2443 (or 10%) savings compared to the group that reported none of their social needs being met

https://www.liebertpub.com/doi/10.1089/pop.2017.0199

CDC Employee Internal Study Under Development

- Identify the relationship between employees and their residence in Atlanta area zipcodes to determine relationship between zipcode and wellbeing indexes in the county/zipcodes in which employees live

- Describe and better understand the intersection of CDC employee home locations, the relationship between these communities and access to Atlanta-area resources to support healthy living

- Inform potential strategies for CDC collaborations within the Atlanta area to support healthier communities for its employees


CDC
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CONYERS
LAWRENCEVILLE
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“Is our community thriving, healthy, inspiring, and attractive to blossoming talent, or is it perceived as deteriorating, sick, and unsafe?”

How an organization answers that question will shape the approach taken towards public health promotion and SDOH interventions

Good Health Is Good Business: The Value Proposition of Partnerships between Business and Governmental Public Health Agencies to Improve Community Health

https://www.debeaumont.org/news/2019/report-good-health-is-good-business/

Summary SDOH Questions for Consideration

- Workplace Culture of Health?
- Work Cultural Environment?
- Health and Well-being Benefits?
- Work Schedules and Pay?
- Work-Life Social Connections?
- Work Physical Environment?

Improving health **where it begins**.

LIVE

LEARN

WORK

PLAY

Healthy communities are a good value for all

Additional Resources

- CDC
  - Health Impact in 5 Years www.cdc.gov/hi5
  - 6|18 Initiative www.cdc.gov/sixeighteen
- 100 Million Healthier Lives **<100mlives.org>**
- A New CSR Frontier: Business and Population Health **<bsr.org>**
- Build Healthy Places Network **<buildhealthyplaces.org>**
- Chief Executives for Corporate Purpose **<cecp.co>**
- Community Commons **<communitycommons.org>**
- Good Health Is Good Business **<bipartisanpolicy.org/report/good-health-is-good-business>**
- HERO Publications (Get-HWHC.org) **<hero-health.org/resources/committee-publications/>**
  - Category: Healthy Workplaces, Healthy Communities
  - Category: Employer-Community Collaboration Study Committee
- National Academies: Health and Medicine Division **<nationalacademies.org>**
  - Roundtable on Population Health Improvement
  - Action Collaborative on Business Engagement in Building Healthy Communities
  - Communities in Action: Pathways to Health Equity **<nationalacademies.org/promotehealthequity>**

Thank you!

Questions?

Christa-Marie Singleton zbi9@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Leading by Example Project Learnings and Reflections

Moderator

Margaret Rehayem
Vice President
National Alliance of Healthcare Purchaser Coalitions

Sharron Burton
Deputy Commissioner
Department of Employee Insurance, Kentucky Personnel Cabinet

Donna Church
Director, Health Benefits & Leaves
GE Appliances, a Haier company

Andrew Renda
VP, Bold Goal and Population Health
Humana

Leading by Example & Moving Upstream Together

December 2021

National Alliance
of Healthcare Purchaser Coalitions
Driving Health, Equity and Value

Leading by Example & Moving Upstream Together

2020-2021 Project Overview

- Purpose: To learn what employers may need to begin the journey to more effectively address social needs, social risks, and social determinants
- Brought together the Centers for Disease Control and Prevention's (CDC) Office of the Associate Director for Policy and Strategy, the National Network of Public Health Institutes (NNPHI), and the National Alliance in late 2020

The Project

- Engaged two regional business coalitions who *each* brought 3 employer members to the project
- Employer and coalitions engaged through a learning collaborative environment – to share individual progress, challenges and learnings as they navigated their organizations' efforts.
- Employers had ongoing opportunities to learn from subject matter experts and other employers
- The process helped employers determine tools and resources, including potential data sources to inform a plan of action that would address at least one social need/social determinant of health (SDoH) that impacts the workforce.

KENTUCKY EMPLOYEES' HEALTH PLAN (KEHP)
Population Segment/Key Target Areas

300,000

Kentuckians covered by KEHP. *That's one in 15 Kentuckians!*

400+ Employers

- State Employees
- Boards of Education
- Early Retirees
- Quasi-governmental Agencies
- City and County Governments

97%

of all KEHP members live in Kentucky

Key Target Areas

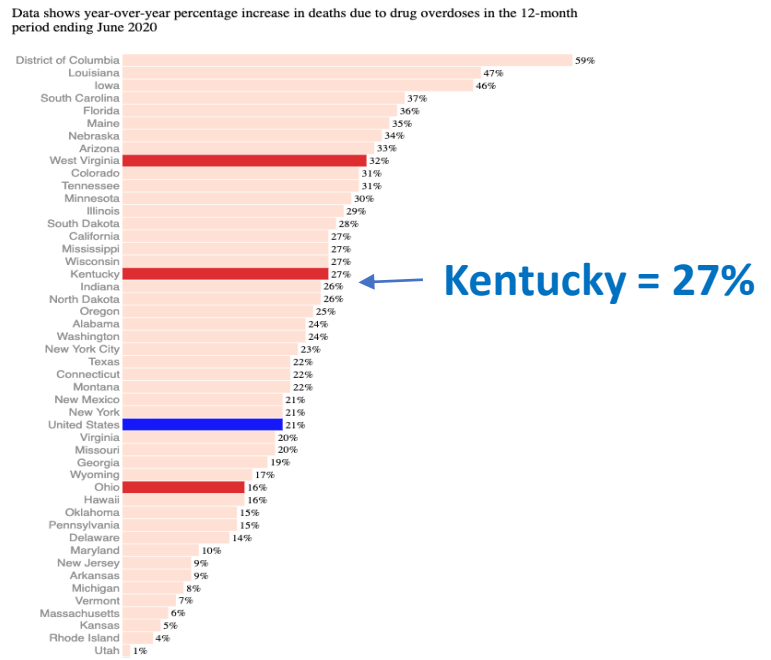
- Analyzed data from the KEHP Health Insights database (IBM), publicly available data, and socio-demographic data from the Commonwealth.
- Analyzed access to behavioral health services by area, defined by counties
- Analyzed behavioral health and medical outcomes by geographic area and socio-demographic factors

Population Segment

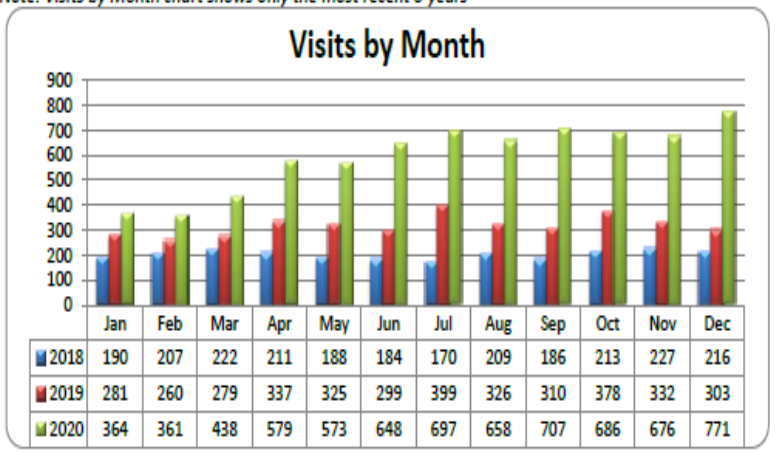
- All KEHP Members – (healthcare utilization)
- State Employees – (salary and ethnicity)

KENTUCKY EMPLOYEES' HEALTH PLAN (KEHP)
Framing The Issue

- **27% increase** in drug overdose deaths in Kentucky from June 2019 to June 2020
- Minimal substance abuse claims **($4.2M)** in 2020. (For perspective: KEHP pays $1.6 billion in claims annually, and $4.4 million in claims daily.)
- Clinical depression among adults **tripled** during the pandemic
- **34% increase** in the use of anti-anxiety drugs after the start of the pandemic.
- Increase in LiveHealth Online Behavioral Health visits in 2020, almost **doubling**.
- Wellness health assessment reveals **stress** as one of the top three risk categories.
- Counseling services made the **top ten** for FSA/HRA Visa card expenditures for the first time in 2020.
- Enrollment in **Rethink Benefits** (a free resource for caregivers of children with developmental delays) increased dramatically in Q2 of 2020 from 358 to 516 and again in Q3 from 516 to 571.
- Since COVID, **40%** of U.S. adults have reported symptoms of anxiety or depressive disorders.
- **65 percent** of Americans aged 18 to 34 have had concerns about their own mental health or that of household members.



Note: Visits by Month chart shows only the most recent 3 years



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2018	190	207	222	211	188	184	170	209	186	213	227	216
2019	281	260	279	337	325	299	399	326	310	378	332	303
2020	364	361	438	579	573	648	697	658	707	686	676	771

KENTUCKY EMPLOYEES' HEALTH PLAN (KEHP)
Key Insights

- More than **15%** of KEHP members had a Mental Health/Substance Abuse (MHSA) episode in 2020.
- There was a **7%** increase in MHSA patients between 2019 and 2020.
- **Anxiety** and **Depression** are the most prevalent MHSA conditions in the whole KEHP population and employees only.
- The prevalence for **Anxiety, Bipolar Disorder, Depression, and Obsessive Compulsiveness** is higher in 2020 than in 2019.
- Anxiety disorders account for nearly **50%** of employees' MHSA episodes in counties with less than one provider per 1,000 members.
- Those that live in areas with less than one provider per 1,000 members have a higher incidence of the most common **comorbidities**.
- For MHSA episodes, patients between **45-55** were the highest in **7 of 9** cost and utilization metrics.
- In the counties with less than 1 MHSA Provider per 1,000, 22% of Providers (Physician Type) were **Nurse Practitioners**, 15% were **Family Practice** and 12% were Psychiatry
- Over **100K members** live in counties where there is less than one MHSA provider per 1,000 members.
- Members are traveling to other counties to see MHSA providers:
  - Hopkins County has 724 MHSA patients but only 4 MHSA providers
  - Laurel County has 664 MHSA patients but only 7 MHSA providers
  - Russell County has 250 MHSA patients and no MHSA providers
- Areas with less than 1 provider per 1,000 members had the **most MHSA episodes** in 2019 and 2020.
- **All ethnicities** have seen an increase in MHSA episodes between 2019 and 2020.

KENTUCKY EMPLOYEES' HEALTH PLAN (KEHP) Intervention

Limitations

- **Government plan**
  - Budget constraints –legislative appropriation for premium increases/programs required
  - Use Third Party Administrators – no direct contracting
  - Complex procurement process
  - Politics
- **Multi-employer plan** – Limited data source
- **Stigma** associated with seeking help for mental health issues
- **Geographical**
  - KEHP covers employees in all 120 Kentucky counties
  - Broadband issues
  - Shortage of providers

Programs Available

Anthem

- LiveHealth Online Behavioral Health
- Substance Use Disorder telephone resource line (24/7)
- 24/7 Nurseline
- In home addiction treatment available
- Telehealth available through provider networks

Rethink

- 24/7 phone or video chat with a behavior expert

WebMD

- Drive Healthy Habits: sleep, eating, mindfulness
- Promote stress management programs and leverage resources available through all vendor partners.
- Health coaching

Premise Health

- FindHelp.PremiseHealth.com – resource for employees to seek services in response to social determinants of health
- Telehealth – mental health screening and referrals

CVS

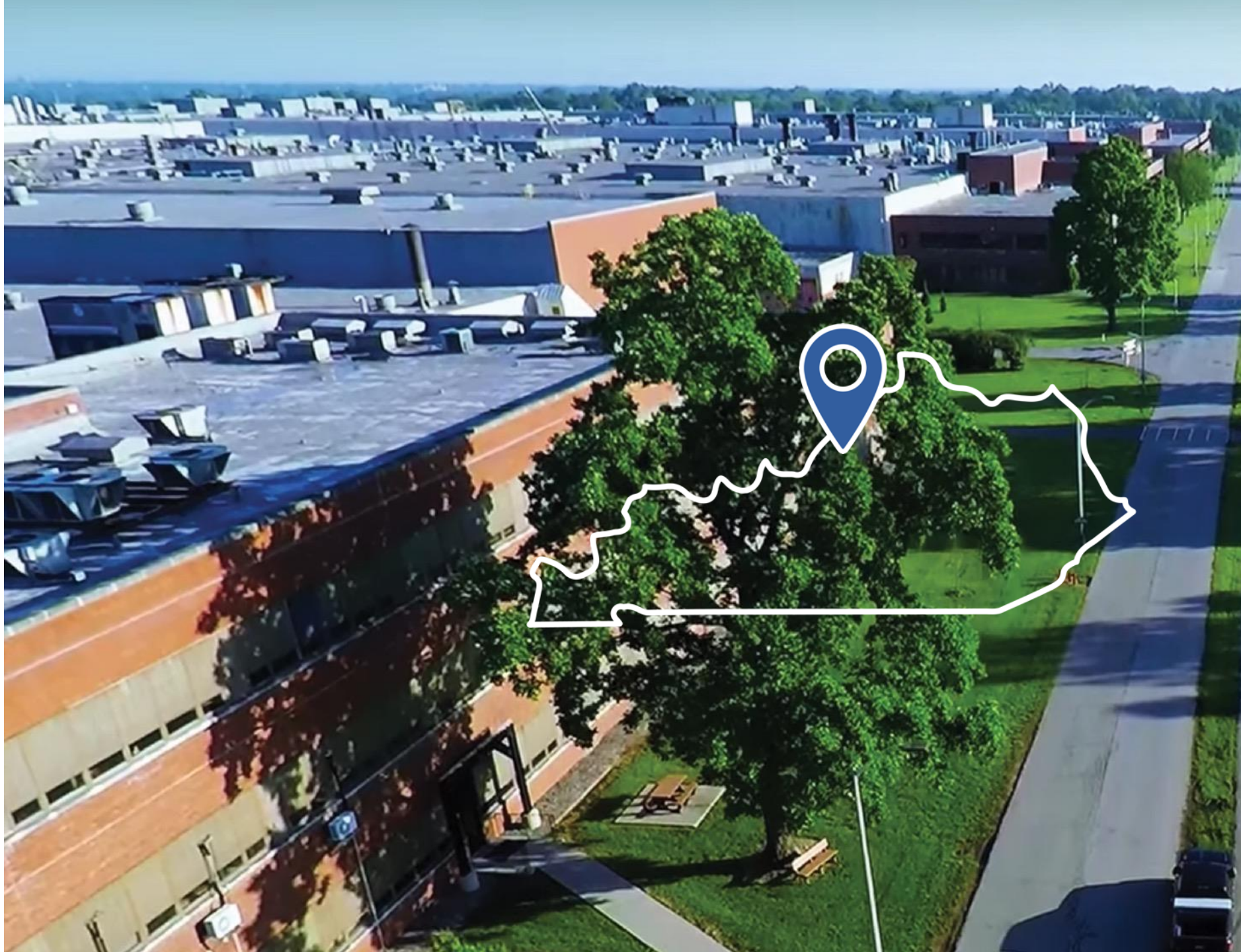
- Prescription/Drug Therapy/Opioid Management

GE APPLIANCES
a Haier company

Our appliances are in **half of all U.S. homes**

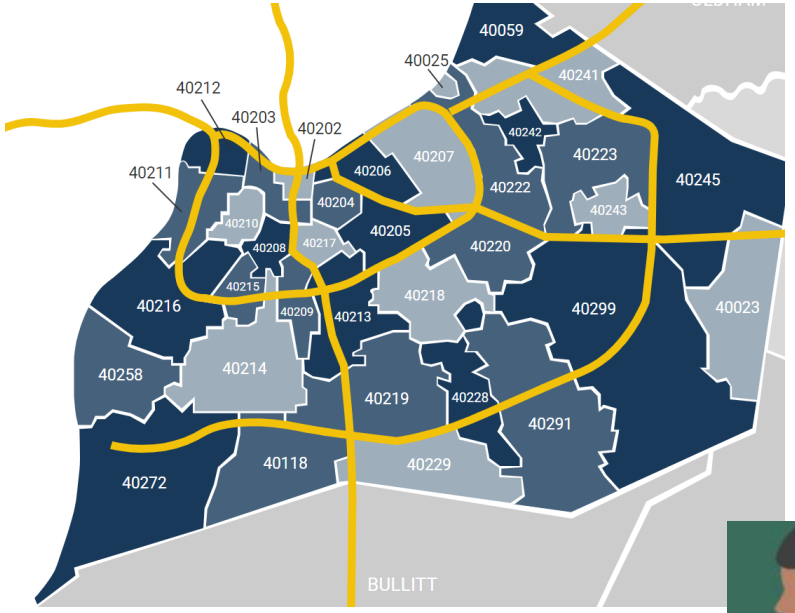
14,000
employees across the globe

Contributing to local economies in **46 states**



Healthcare Through a Different Lens

GE APPLIANCES
a Haier company



Highlights & Focus

GE APPLIANCES
a Haier company

On-site Wellness Center

- New partner with shared utilization targets
- More data sharing
- Two patient advocate roles
- The art of near-site center placement

Production Employee Pulsing

- Are you receiving the messages?
- Checking knowledge of the resources
- How would you like to receive messages?
- Prioritize your resource needs

Benefit Design & Navigation

- How do I get started? Where do I get help?
- Health literacy
- Union layer

Humana

Focus: Financial Wellbeing

Andrew Renda, MD, MPH
Vice President
Bold Goal and Population Health Strategy

Humana®

About Andrew

Dr. Andrew Renda is Vice President of Humana's Bold Goal and Population Health Strategy, leading Humana's vision to improve the health of the people and communities it serves by making it easier for people to achieve their best health.

The Bold Goal team's mission is three-fold: (1) Generate SDOH insights and strategies that create actions, interventions and products. (2) Integrate SDOH into the daily operations and fabric of Humana. (3) Improve health outcomes and make care affordable for all.

Dr. Renda's work includes leading population health and social determinants of health work streams, including: Insights, Informatics, Strategy & Execution, Business Integration & Engagement, and Thought Leadership & Communications.

A published researcher and speaker in the fields of population health, social determinants of health and chronic disease, Dr. Renda's work strives to inform co-created solutions to improve community health.

Previous roles have included advancing clinical models of care through development, implementation and evaluation of population health initiatives aimed at preventing and delaying progression of chronic disease. This included product and benefit design, as well as health projects ranging from messaging campaigns and self-care interventions to clinician-led disease management programs. Significant initiatives include: Chronic Condition Special Needs Plans (C-SNP), Metabolic Syndrome Support Service, Asthma and COPD disease management and self-care programs, Sleep Apnea diagnostics and management strategy, Flu and pneumonia campaign, Tobacco cessation service integration and outreach.

Dr. Renda has a B.S. in psychology and biology from the University of Kentucky where he was a National Science Foundation Undergraduate Fellow. He received his medical degree and a diploma in clinical psychiatry from the Royal College of Surgeons in Ireland, followed by a Masters in Public Health from Harvard T.H. Chan School of Public Health.

Dr. Andrew Renda

VICE PRESIDENT

Bold Goal and Population Health

Humana.

Humana Focus: Financial Wellbeing

- Background:
  - Over the past 10 years, Humana has focused on SDOH to support the holistic associate wellbeing
  - Results: Focus on populations with unique needs, leverage data to support decision making, greater variety of benefits/program, new tools to measure progress
  - Financial Wellbeing:
    - Measurement: Financial Health Network's **FinHealth Score** - Simple 8-question validated survey instrument that assesses overall financial health as well as financial health on 4 key financial behaviors: *Spend, Save, Borrow and Plan.*
    - 2021 assessment (~11,000 Humana associates):

Financial health rated on a scale from 0-100, with broad categories ranging from Vulnerable to Coping to Healthy

Ave. score was 70.1, but there is variability between sub-indices - Paying bills (highest), Having emergency funds and confidence that one would be able to save for future needs (lowest)

# of Assoc	% of Assoc	Category	Score Range
4061	40.7%	Healthy	80-100
3062	30.7%	High Coping	60-79
1737	17.4%	Low Coping	40-59
1124	11.3%	Vulnerable	0-39

Overall	70.1		
Sub-Index		Individual Component	
Spend	74.9	Spending	65.3
		Bills	84.5
Save	62.0	Emergency Fun	64.8
		Confidence	59.2
Borrow	75.1	Debt	73.8
		Credit Score	76.4
Plan	68.4	Insurance	67.3
		Plan Ahead	69.5

Humana Focus: Financial Wellbeing

Case Study #1: Benefits Refresh Work

- **Background:** 2010 and 2017 reviews of benefits, focused on perceived value of SDOH-related benefits/services
- **Data sources:** Demographic data, HR data, including salary, gender, race/ethnicity, etc.
- **Findings:** Value benefits that financially support caregiving, value simple benefits (ex. PTO), value benefits for others (ex. Adoption)
- **Outcomes/Interventions:** Merged retirement plans into 401k, Parental Leave, Caregiver Leave, Reduced deductibles for lower up-front medical costs, Student loan refinancing guidance

Case Study #2: COVID-related Support

- **Background:** COVID-19 pandemic had far-ranging impacts on associates. Humana offered support, including time away and financial.
- **Data Sources:** Demographic data, Utilization of existing programs ('Helping Hands' hardship fund), Utilization of new time away and direct support COVID-19 benefit programs, Self-reported COVID-19 illness data
- **Findings:** Lower salaried associated infected at higher rates, Utilization of COVID benefits is inversely related to Salary, higher utilization of almost all COVID benefits among POC, disparities in use of the Job Loss/Food Insecurity benefit
- **Outcomes/Interventions:** Greater need existed in commonly disadvantaged populations (POC, lower income, etc), Humana developed benefits that effectively supported racial/ethnic and lower-income populations

Case Study #3: Earned Wage Access

- **Background:** Major challenge facing those that are economically insecure is aligning their incoming income with expenses.
- **Data Sources:** HR data (FLSA code, hourly wage), benefit (amounts & frequency), *** Do not have household data
- **Findings:** Study determined Earned Wage Access benefit would be used most frequently by lower earners
- **Outcomes/Interventions:** In 6 mo, 3,700 associates have signed up to have access to their wages prior to payday as well as benefit from the additional budgeting and savings tools offered, $8M has been accessed early, $500K have been saved using the savings tool, 84% of users have said that the benefit has had a positive impact of their financial health

Key Observations & Recommendations

- Participants recognized the important of raising the social needs/social risks to the same level of other healthcare priorities – can help better address overall health challenges and provide a more meaningful healthcare value
- Employers should come to this type of work with an open mind and a willingness to be persistent in having a real, comprehensive understanding of workforce issues and challenges
- Organizations should not be hesitant to supplement internal employee demographic data with public/community data to provide contextual input for possible solutions to support desired outcomes
- The pandemic's highlighted the limitations of a "one-size-fits-all" approach to benefits. Employers can conduct employee surveys to better understand social needs and social risk factors
- Consider developing a diverse internal team that brings together appropriate people from across the organization to better address issues and take advantage of opportunities. Eliminate silos within organizations to improve employee health and wellbeing.

The following key areas were identified during the project:

- Improving Employee Access to Healthcare
- Addressing Economic Instability
- Improving Community Health and Wellbeing
- Using Data Differently to Address Social Needs/Risks
- Addressing Social Risk Factor Challenges

Final Activities

Early January 2022

- Public Release of Final Report
- Action Brief with Action Steps for Employers

February 2022

- National Webinar
- Whitepaper

Leading by Example
and
Moving Upstream Together

FINAL REPORT

HEALTH EQUITY: A LOUISVILLE UPDATE

Rebecca Hollenbach

Executive Administrator
Louisville Metro Department of Public Health and Wellness Center for Health Equity

Health Equity in Louisville

Louisville Metro Department of
Public Health & Wellness

Center for Health Equity

Rebecca Hollenbach, MPH, CHES - Executive Administrator

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DEPARTMENT OF
PUBLIC HEALTH
AND WELLNESS

Download the report at **HealthEquityReport.com**

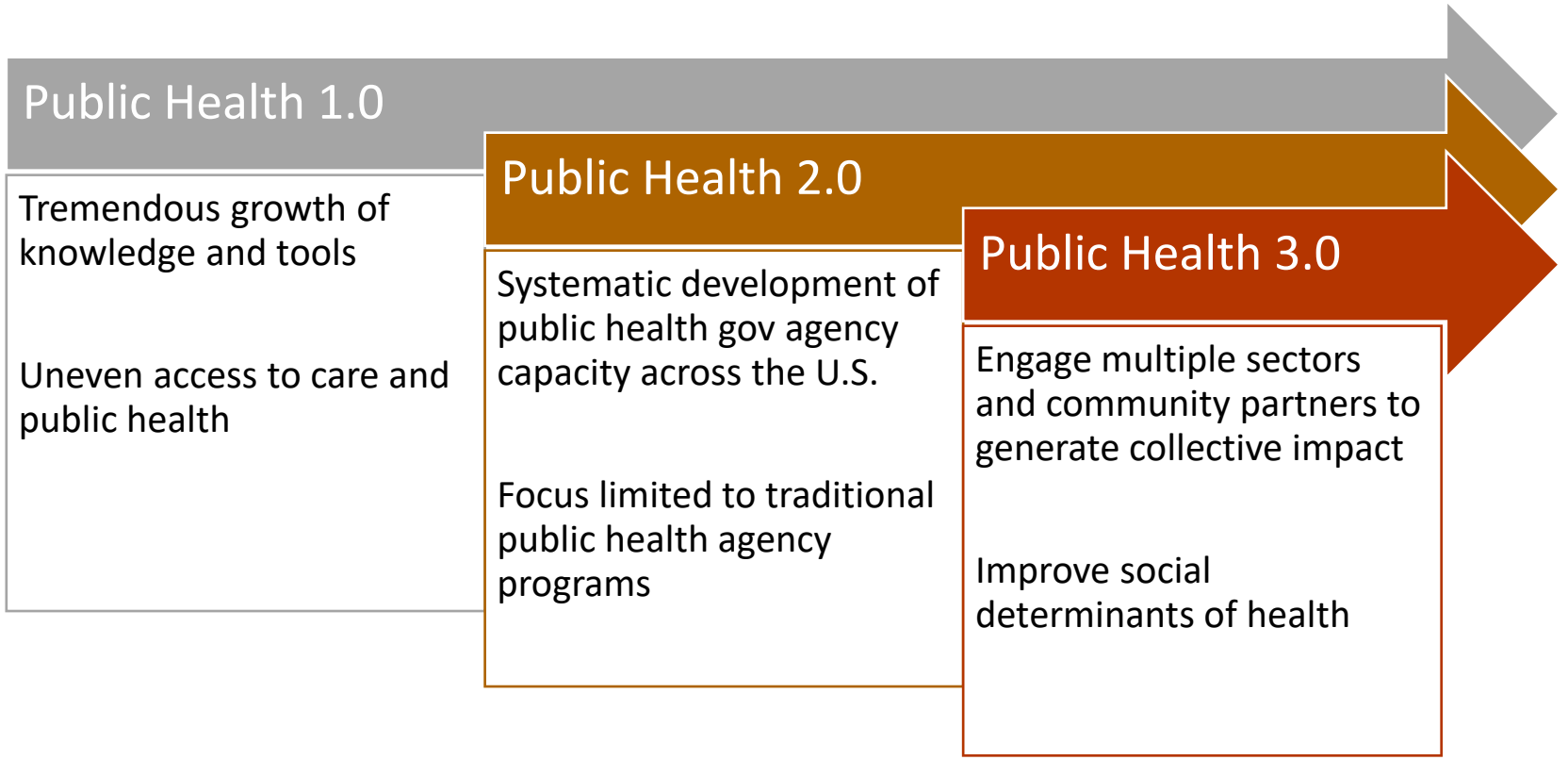
OUR VISION

A healthy Louisville where everyone and every community thrives

MISSION

To achieve health equity and improve the health and well-being of all Louisville residents and visitors

Evolution of Public Health



Center for Health Equity

- Established in 2006
- Was the first of its kind in the nation
- Focus on racism and health inequities through the lens of public health and health equity
- Use data, strategic partnerships, community voice, programs, and policy to advance equity

Download the report at **HealthEquityReport.com**

Center for Health Equity

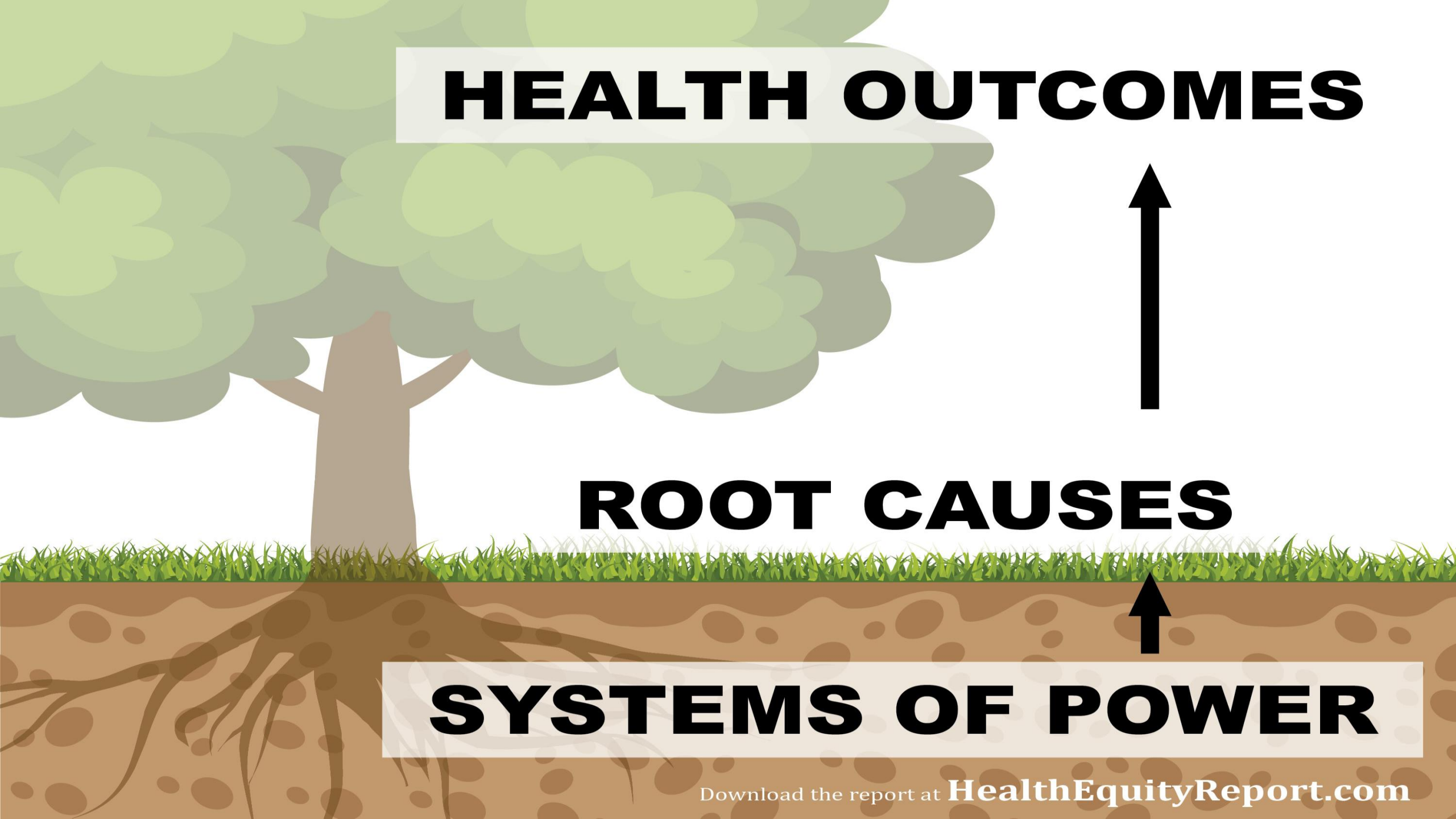
Strategic Partnerships	Performance and Data	Policy and Innovation	Academic Health Department
• Maternal and Child health programs • Community Health Workers • Senior Medicaid Patrol • Behavioral Health Equity	• Data analysis and reporting • Performance improvement • PHAB accreditation • CHA and CHIP	• Health Impact Assessments • Policy analysis • Health Equity Report	• Student experiences • Research coordination

WHAT IS HEALTH EQUITY?

A Louisville where everyone has a fair and just opportunity to be healthy and reach their full human potential.


HEALTH OUTCOMES
Download the report at HealthEquityReport.com


HEALTH OUTCOMES
ROOT CAUSES
Download the report at HealthEquityReport.com


HEALTH OUTCOMES
ROOT CAUSES
SYSTEMS OF POWER
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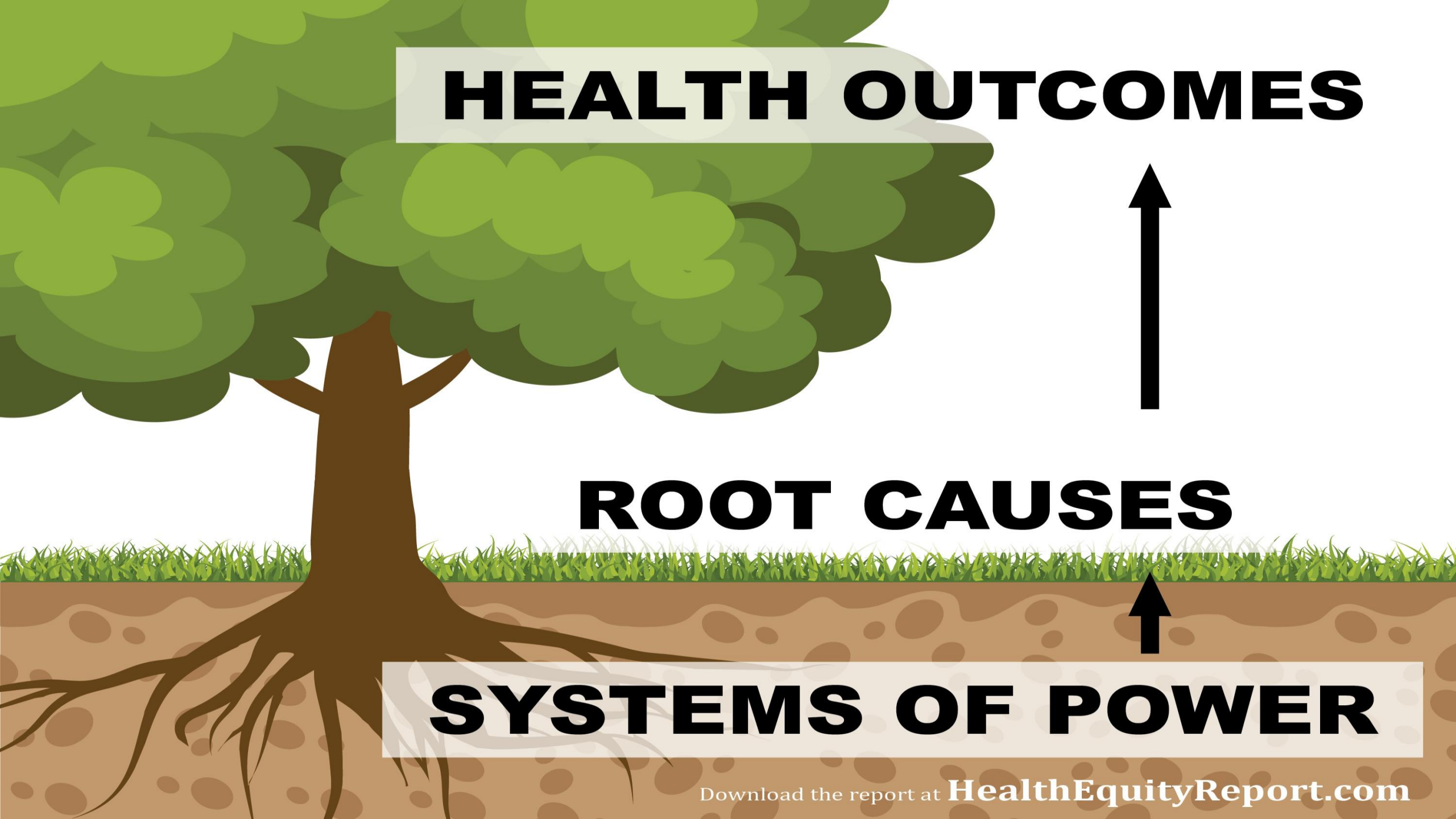
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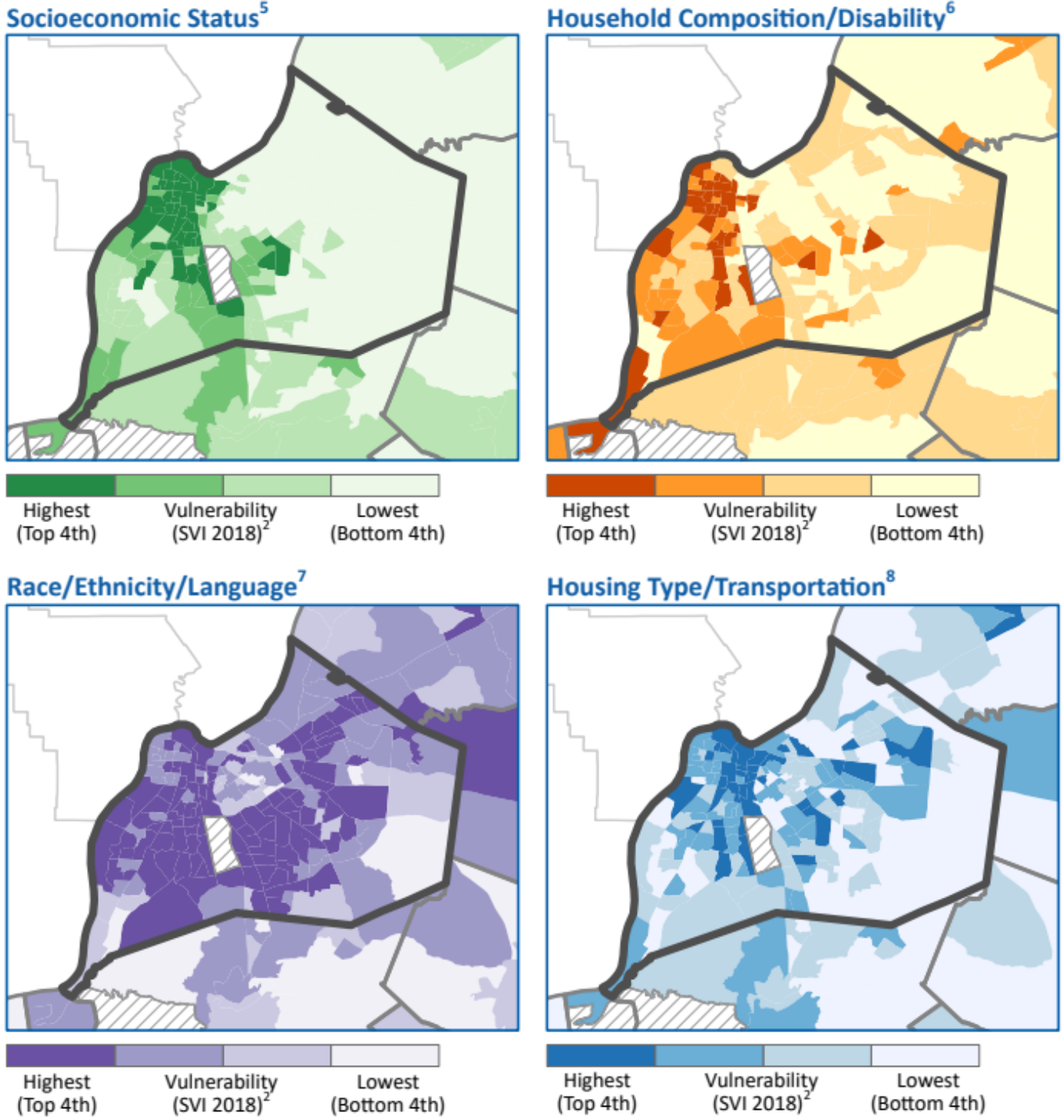
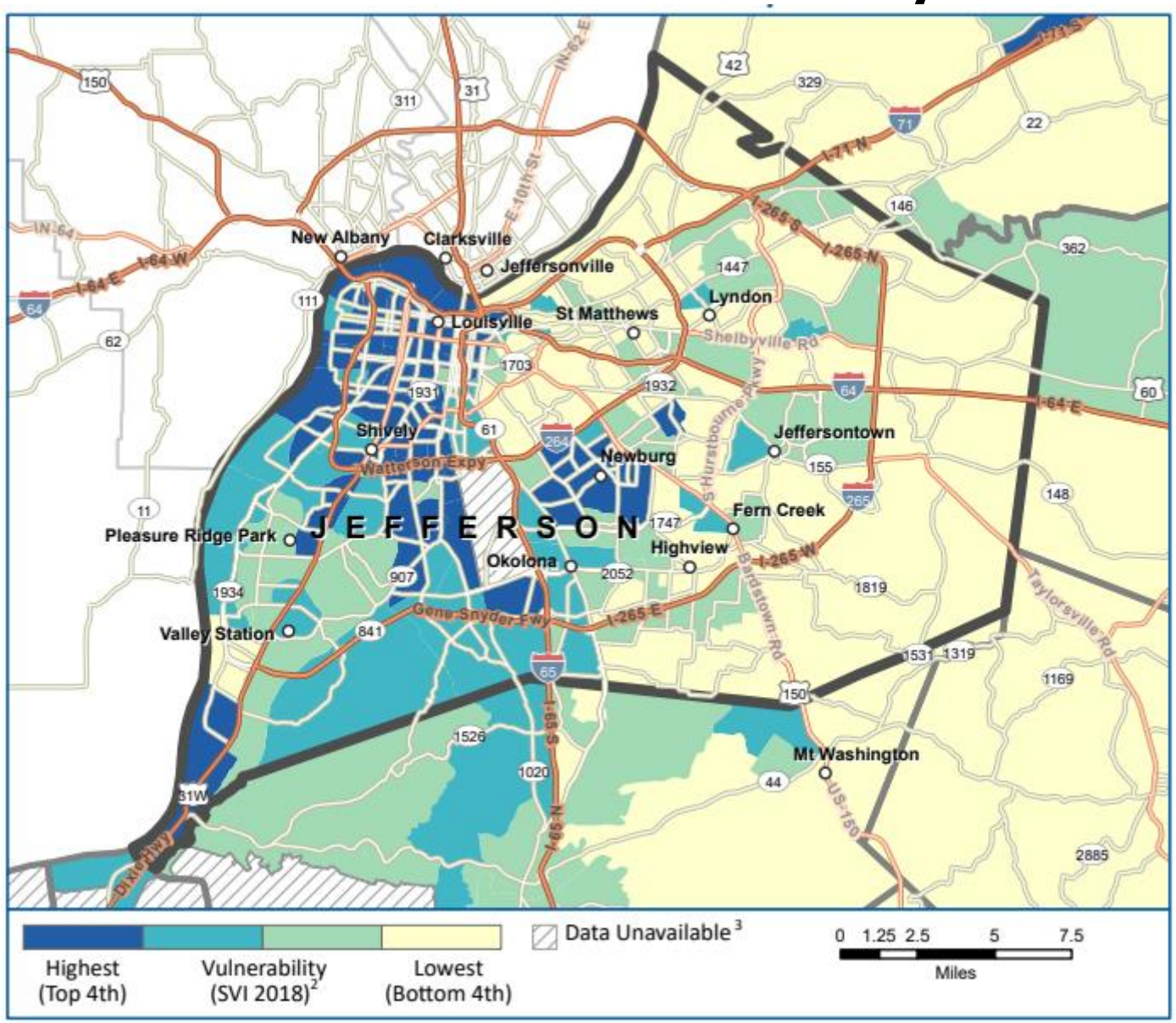
CDC Social Vulnerability Index

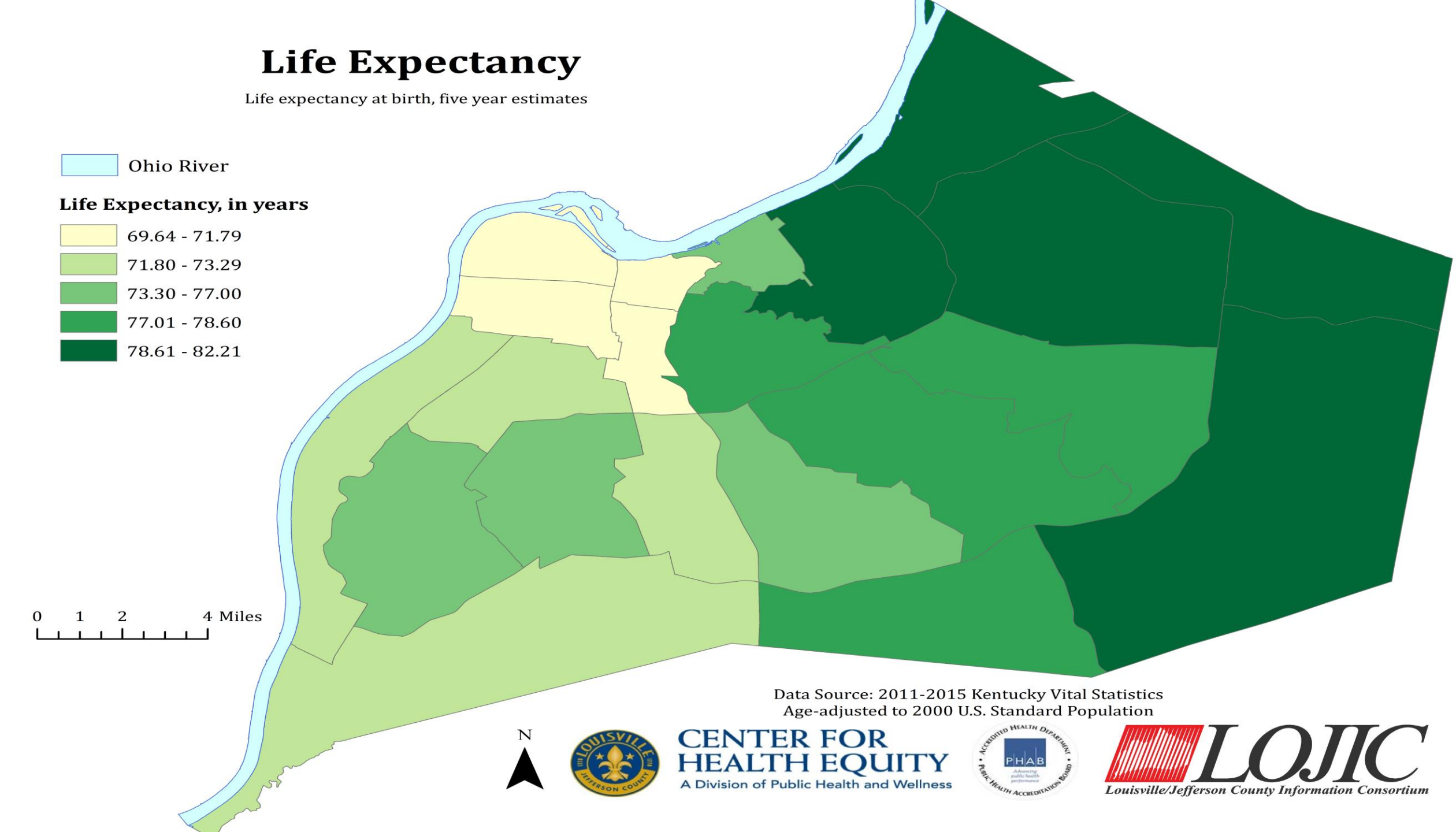


CDC Social Vulnerability Index



Life Expectancy

Life expectancy at birth, five year estimates



Data Source: 2011-2015 Kentucky Vital Statistics
Age-adjusted to 2000 U.S. Standard Population

CENTER FOR HEALTH EQUITY
A Division of Public Health and Wellness

LOJIC
Louisville/Jefferson County Information Consortium

Publicly available data

- 2017 Health Equity Report www.healthequityreport.com
  - (newest update coming soon!)
- Vital Statistics Report
- Healthy Louisville 2025 www.healthylouisville2025.com
- COVID-19 Dashboard
- CDC Social Vulnerability Index (SVI)
- Census Data (use Jefferson County as geography)

Additional Data

You can always make a data request with us!

- https://louisvilleky.gov/government/health-wellness/public-health-data-reports


PUBLIC POLICY
national, state, local law
Connect with your elected officials!
COMMUNITY
relationships among organizations
How can we link resources together?
ORGANIZATIONAL
organizations, social institutions
Change where you work, learn, pray, and play.
INTERPERSONAL
family, friends, social networks
Support each other!
INDIVIDUAL
knowledge, attitudes, skills
What you can do!

...es...

...e-

- Local, state and national laws, statutes, regulations, executive orders, and ordinances
- Allocation of resources, incentives, restrictions

s...

- Availability and location of resources
- Layering of supports and resources
- Communications and marketing

e-

- Organizational policies and processes
- Strategic plans

- Peer support networks

- Education programs

Post-event Survey

Provide your feedback.

https://khcollaborative.org/december-2021-forum-feedback/

Reminder

Access event materials
on the forum event page.

https://khcollaborative.org/event/december-community-forum/

Upcoming Events

Reducing Disparities in Cardiovascular Care

December 14, 2021 | 4:30pm-6pm

Part of *Bridging the Gap from Health Disparities to Anti-Clinical Encounters,* a healthcare equity learning series

Register at https://khcollaborative.org/event/healthcare-equity-series-cvd/

KHC 8th Annual Conference: The Quest for Value and Equity

April 13, 2022

Register at https://khcollaborative.org/conference

Sponsorship opportunities available

Purchaser Solutions to Addressing Social Determinants of Health

Thank you for attending!

Kentuckiana Health Collaborative

Building a Bridge to Better Health, Better Care and Better Value