9th Annual CUGH Conference:
Health Disparities: A Time for Action Plenary Session

March16, 2018
9:30 – 10:45am
(10-12 minute speech)

Welcome and Acknowledgements

- Thank you for the introduction. Before I move on to my remarks, I want to acknowledge my co-panelists: Jimmy Volmink, Stephen Lewis, and Patty García and thank Wafaa El-Sadr and Keith Martin for the invitation and for organizing this wonderful event. It is a privilege to be here with all of you this morning.
- Today I'd like to draw on my personal experiences working in different settings to describe the practical opportunities, as well as challenges and obstacles, to using public health practice for advancing social justice and addressing health disparities.
- The key message of my talk is that making injustice visible, and acting on it, is important for all of us – whether we are working in an urban center in the US, a rural community in Latin America or a slum in Africa.
- Tackling injustice in the US as part of a global health movement for great equality and equity is political, as is this type of work anywhere, but let's not shy away from it.

Zimbabwe

- I spent almost two decades in Zimbabwe. Among the many lessons I learned and brought back to my work in NYC, is one key lesson-- that the district health model works.

- While in Zimbabwe there was a massive expansion of rural health centers placed roughly 80% of the population less than a two-hour walk from services.
- Before 1980 about 25% of children were fully immunized; by 1990 this proportion stood at 80 percent.
- At that time the key concern and motivation for rural health clinics was to ensure closer proximity to services but reducing the distance is not the only reason to implement such a model. Better targeting and tailoring of services is also more easily advanced through a decentralized model.
- In public health we cannot assume that improvements in *overall* health due to new medicines or new technologies or even new policies, will lead to improvements in everyone's health and being close to the ground is important.
- In fact, public health teaches us that there are many determinants of health, most of them outside the doctor's office. Of course, this is something we all know intuitively and clear that health is local – it is rooted in neighborhoods.

Back in New York City

- Mindful of this, when I returned to NYC in 2002, I recognized the need to better address the health inequities that existed at the neighborhood level.
- I helped set up three District Public Health Offices, now rebranded as Neighborhood Health Action Centers in locations with the greatest need – namely the South Bronx, East and Central Harlem, and Central Brooklyn.
- Neighborhoods which our data showed that were experiencing the greatest burden of inequitable health outcomes. We wanted to provide resources but

also to tap into the inherent power and knowledge that exists within our communities to address their complex challenges.

- My goal was to revive this concept of co-location, take advantage of existing DOHMH buildings, building on new evidence on how to engage with communities in collective planning, and based on a new assessment of where the greatest health disparities persist.
- We looked at the data again to see if the targeting was correct, and sadly, although there had been improvements in health in these areas, premature mortality is still concentrated in these same neighborhoods.
- Of course these are not the only neighborhoods in need – and with this in mind, we embarked on an expansion and revival of the neighborhood based health center movement more broadly to help bridge public health primary care, through a social-determinants of health approach.
- While improving access to quality medical and health services has been made available through these Action Centers, my aim is to use a social determinants of health approach and bring a much broader set of actors to the table.
- We launched *Harlem Health Advocacy Partners*, a community-health worker initiative aimed to (1) decrease morbidity and premature mortality through 1:1 health coaching, group wellness activities, insurance enrollment and peer support; (2) improve and response system within the neighborhood by systematically gathering data on barriers to achieve optimal health and sharing systemic barriers and trends with clinical providers and systems, at five NYCHA developments in East Harlem.
- As a premiere Health Department we take pride in our technical excellence, namely our data including Epi Data Briefs, Vital Signs, Community Health

Profiles and special reports like Social Determinants of Health Survey which focused on the structural determinants and conditions in which people are born, grow, live, work, and age.

- The goals of this survey were twofold. First, was to conduct surveillance of the social determinants of health and how they connect with health. We included questions on a variety of topics, including whether people have enough money to make ends meet, experiences of racial and gender discrimination, employment, participation in political and religious activities, sleep, access to health care, and social support networks.
- The second goal was to do some methods experiments to provide us with information to improve all of our surveys.
- The current political climate is really something to monitor. With repeated attempts to repeal the Affordable Care Act, efforts to restrict funding for women's health care, and plans to loosen environmental regulations, the hostile anti-immigrant language, increased deportations of undocumented immigrants, and other actions targeting persons born outside of the United States have led to anxiety and fear and anecdotal reports of decreased healthcare utilization and adverse health outcomes.
- To monitor impact of new federal policies, rumors, and threats on health, we developed surveillance system and are working with Big Cities Health Coalition to monitor a subset of indicators in other cities.
- Through this work we monitor core domains like access to care, reproductive health, food security, environmental health or general health created a list of possible indicators and identified existing data sources that could be used to construct it.

- As you can see these are just a few examples of how the Health Department is working to address the social determinants of health and advance neighborhood health.

Commitment as Health Commissioner

- I am deeply committed to making injustices visible through data and storytelling and achieving health equity for all New Yorkers.
- Between local and global public health, healthy equity ought to be our guiding light.
- Specific injustices vary over place and time, but the consequences of oppression, poor distribution of health and wealth are remarkably similar.
- I credit all of you for your diligence in expanding approaches to structural challenges and continuing the conversation on how to address social determinants of health and prioritize the lives of people in the city, across the nation and globally.
- Thank you.