# A Commitment to Advancing Health Equity

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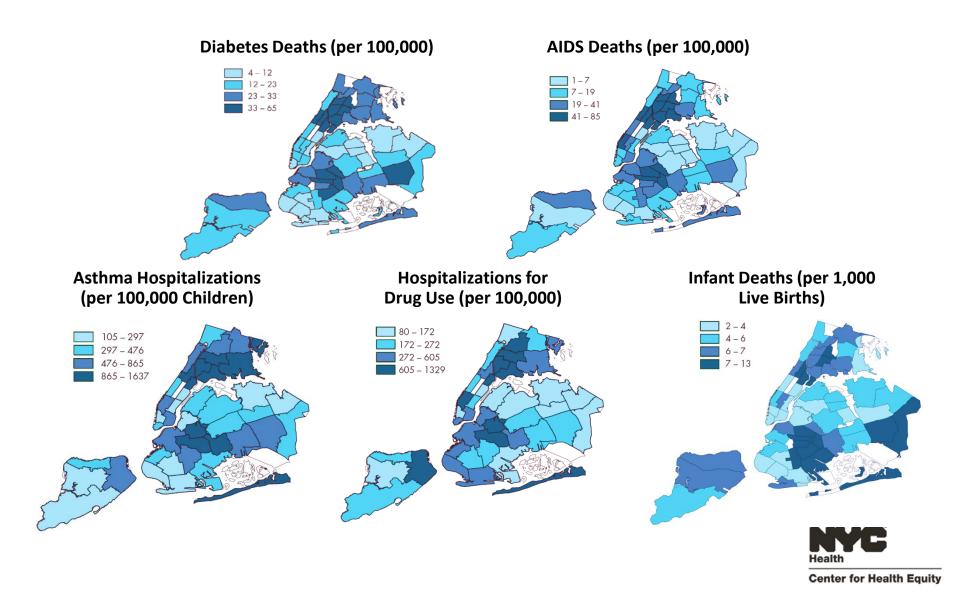
"Inequities in health are unfair, unnecessary and avoidable. New York City is the most unequal city in the United States and one of the most segregated. It is no surprise that these everyday realities are reflected in our health. A more deliberate effort to name and address these disparities will frame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

-NYC Health Commissioner

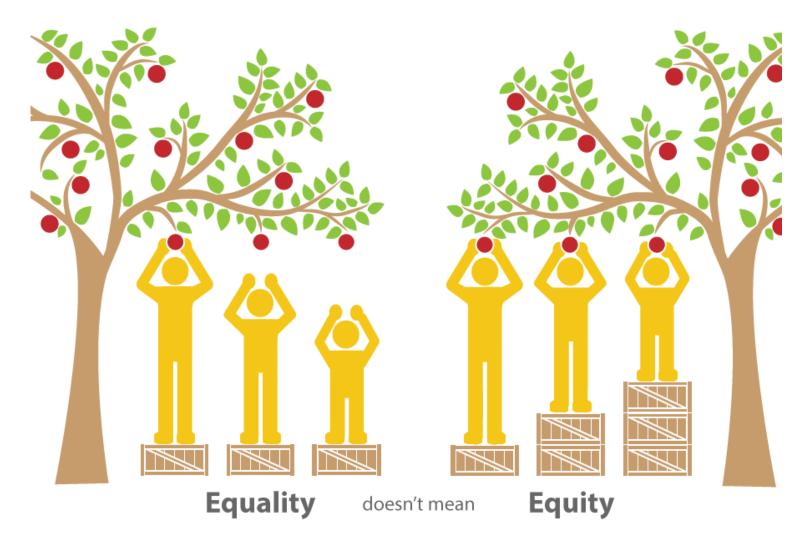
Mary T. Bassett, MD, MPH, 2014



## **Neighborhood Health Outcome Differences Exist**



## **Health 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

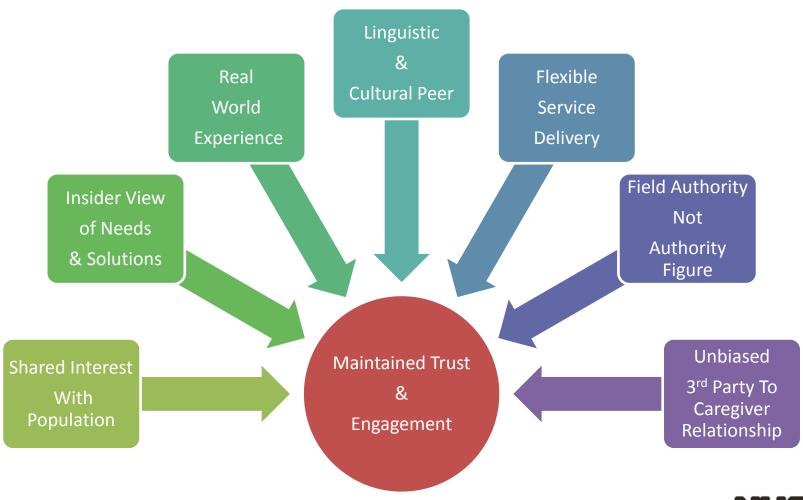


# Place-Based Approach to Advance Health Equity

- 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**















East Harlem Community Health Worker Demonstration

**Harlem Health Advocacy Partners** 



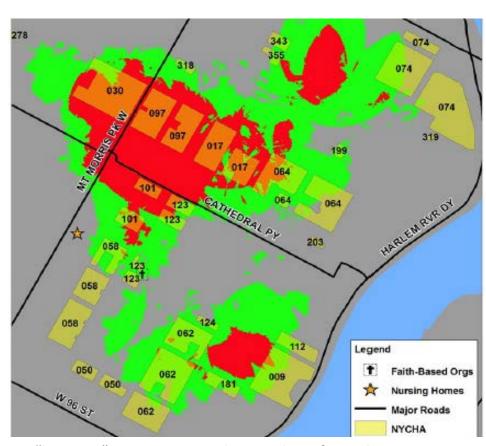
## **East Harlem HHAP Program Goals**

#### Rationale

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

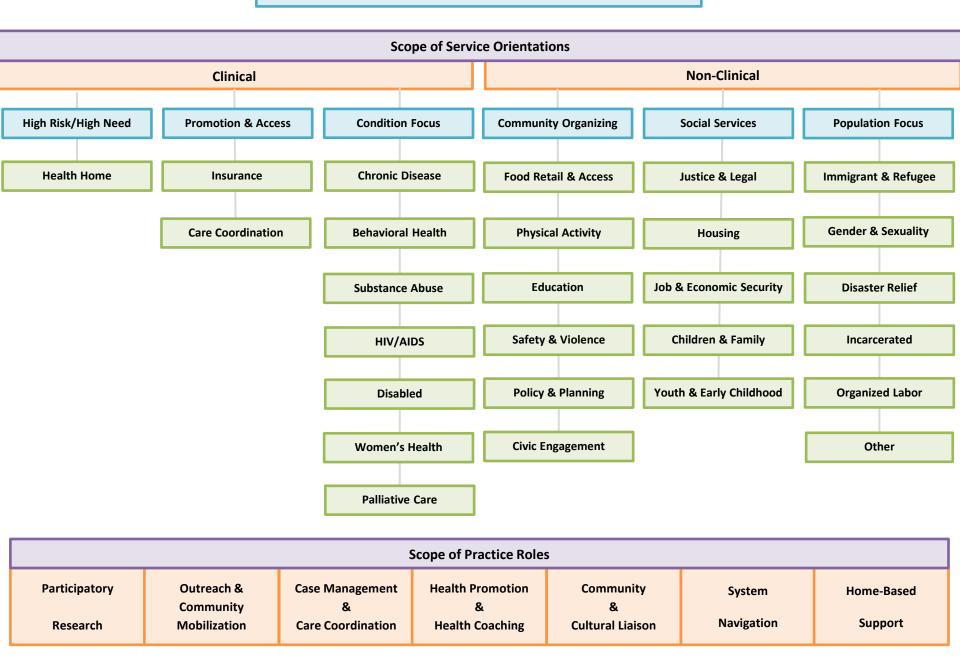
### **Overarching Goals**

- 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.

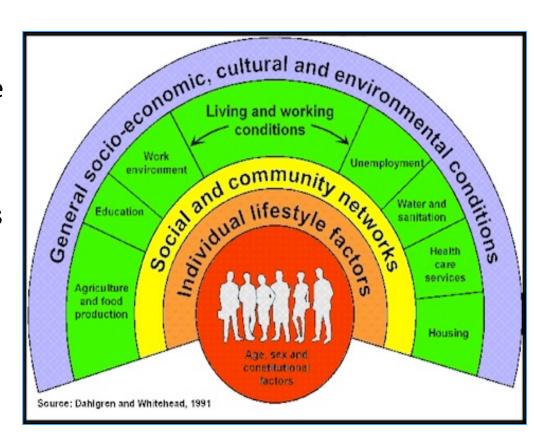
## Community Health Workers Service Frameworks for Health Equity



## **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
- CommunityStakeholders
- 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

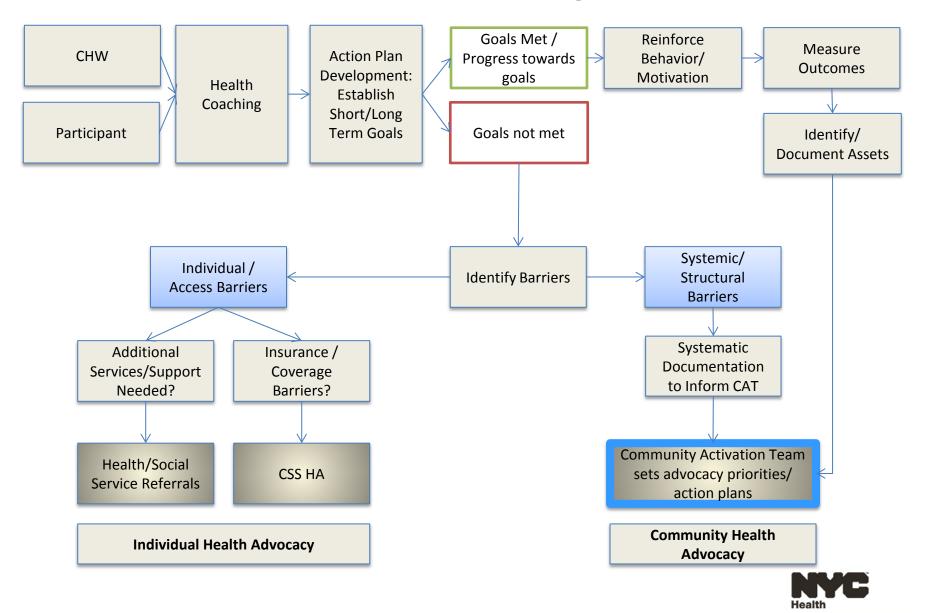


## **Putting Our Approach Into Action**

- 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**



**Center for Health Equity** 

## **Community Activation Team**

### **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

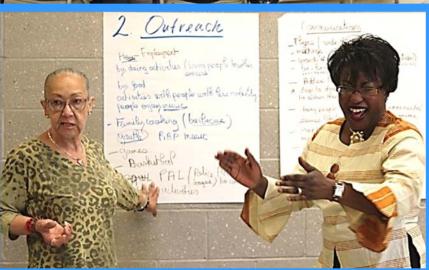
**Outreach** 

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

