



COLLEGE OF PHARMACY

XAVIER UNIVERSITY *of* LOUISIANA

General Session I & Opening

From Disparity to Equity:
Building Healthier Communities

10th Anniversary
HEALTH DISPARITIES CONFERENCE
March 16-17, 2017 | New Orleans, Louisiana



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DISCLOSURE STATEMENT

Speakers for this session have nothing to disclose. Any updates in disclosure will be made from the podium.

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GREETINGS

Marsha Broussard, DrPH

10th Anniversary
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Creating Equitable Opportunities for Health in New Orleans

Joining Forces to Address Root Causes of Health Inequities

Dr. Marsha Broussard, Health Director 16 Mar 2017, Xavier University



What do we Mean by Health Equity?

Health equity means all people and communities have the **opportunity** to attain their full potential and highest level of health.

Achieving health equity requires:

- Valuing everyone equally
- Focusing on eliminating inequities experienced by those with greater obstacles to health based on characteristics historically linked to discrimination or exclusion
- Addressing the **social, economic and environmental conditions** that create unjust differences in health status and opportunities for health in communities.





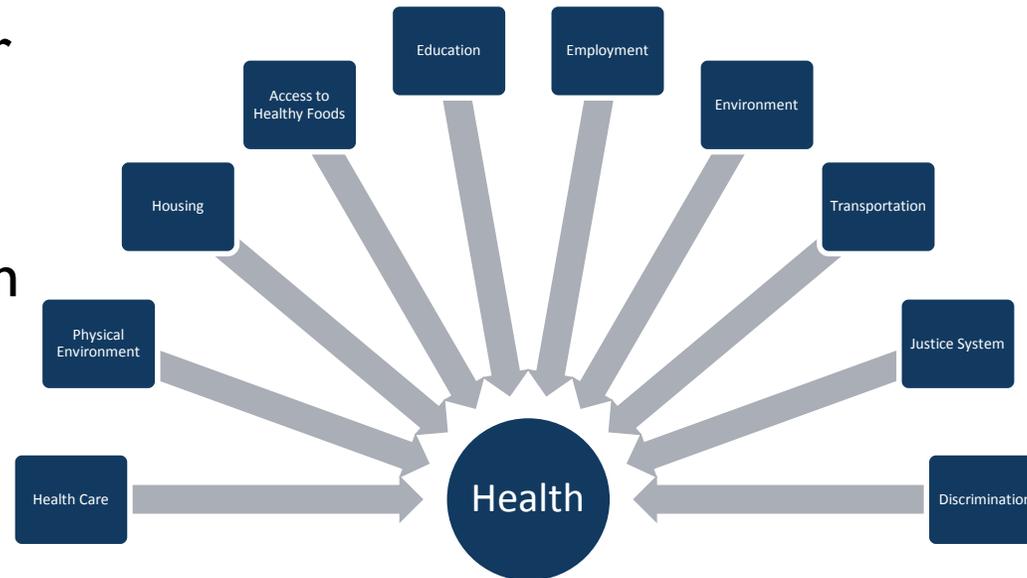
Equity Goal: Eliminate Historic Inequities that Compromise Health

- **39%** of New Orleans children live in poverty
- **44%** of working age Black males are unemployed
- Black male students attending school in NOLA are at disproportionate risk of suspension and expulsion from school.
- **50%** of surveyed youth aged 11-14 feel at risk of being shot, stabbed, beaten, or murdered
- **71%** of people newly diagnosed with HIV are Black
- **55%** of renters are cost-burdened



How will the NOHD address “health equity”?

- The NOHD Framework for Health Equity
 - Joining forces with other New Orleans agencies and sectors to address the root causes of health inequities.
 - Promoting policies and systems change that increases opportunities for a healthier city





What Does an Equity Lens Look Like in Practice?

- Building internal capacity and infrastructure
- Promoting policy and systems change
- Increasing community voice and influence
- Sharing data to support action
- Building cross-sector partnerships
- Delivering culturally responsive services





Health Equity Takes All of Us

- **Learn more** about our framework for health equity
 - Visit nola.gov/healthequity
- **Engage** with #EquityNewOrleans, a citywide initiative to assess the role of equity in City government
 - Visit equityneworleans.org
- **Partnerships** to aligning our efforts
 - Focus upstream
 - Address the social conditions that create health and/or limit opportunities to health
 - Advocate for health in all policies



Thank You!

Marsha Broussard, DrPH, MPH

Director of Health

mmbroussard@nola.gov

nola.gov/health

[@nolahealthdept](https://twitter.com/nolahealthdept)



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KEYNOTE SPEAKER

Brian D. Smedley, PhD

10th Anniversary
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**Collaboratives
for Health Equity**

Where People, Place and Power Matter

Place, Race, and Chronic Disease:

Addressing the Roots of Health Inequities

Brian D. Smedley, Ph.D.

National Collaborative for Health Equity

Geography and Health – the U.S. Context

- The “Geography of Opportunity” – the spaces and places where people live, work, study, pray, and play powerfully shape health and life opportunities.
- Spaces occupied by people of color tend to host a disproportionate cluster of health risks, and have a relative lack of health-enhancing resources.



The Role of Segregation



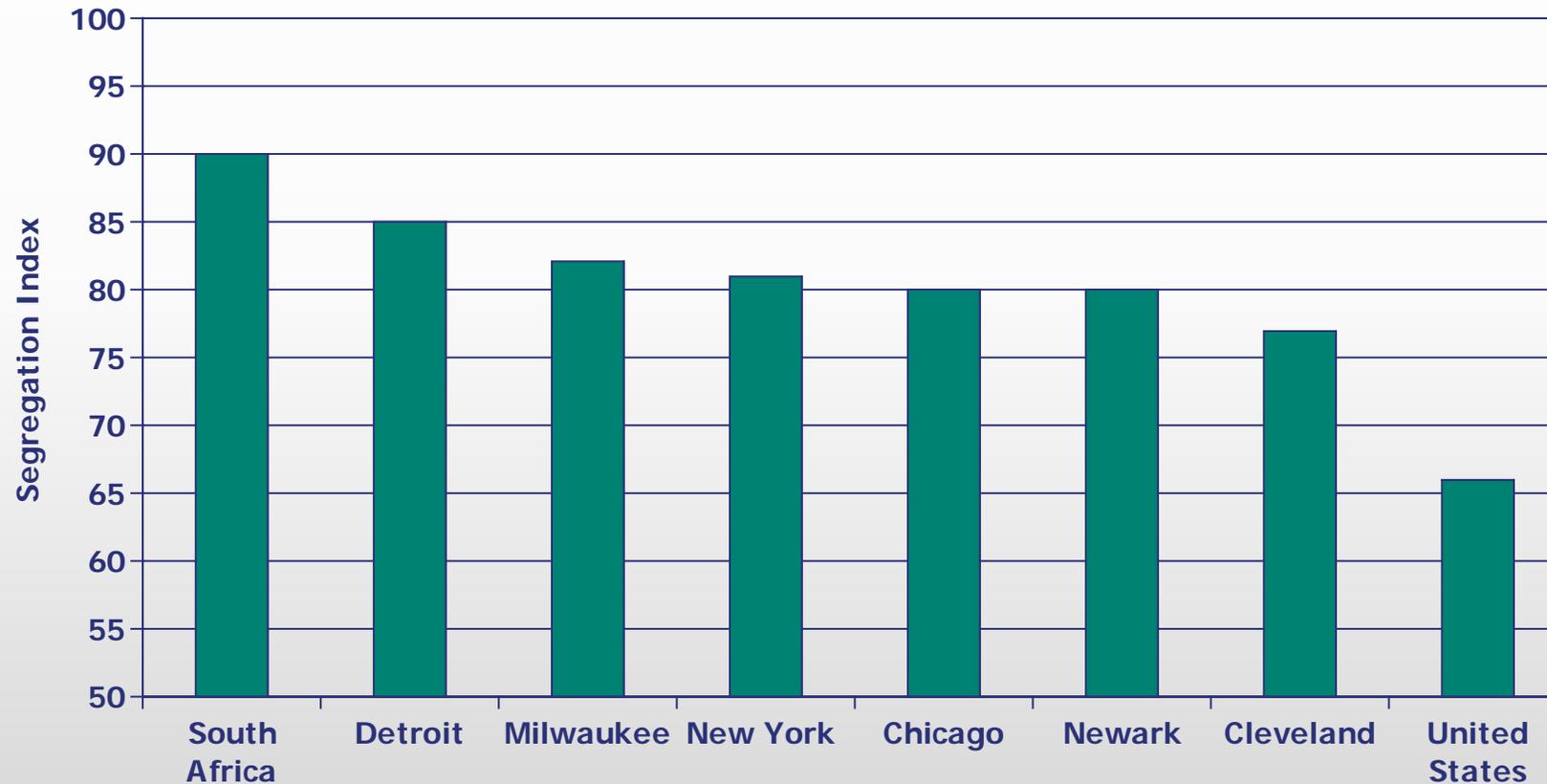
Myth of de facto segregation arising from the unintended consequences of economic forces

Federal, state, and local governments systematically imposed residential segregation with

- undisguised racial zoning,
- public housing that purposefully segregated previously mixed communities,
- subsidies for builders to create whites-only suburbs,
- tax exemptions for institutions that enforced segregation, and
- support for violent resistance to African Americans in white neighborhoods.

Racial Residential Segregation – Apartheid-era South Africa (1991) and the US (2010)

Source: Frey 2011; Massey 2004; Iceland et al 2002



Negative Effects of Segregation on Health and Human Development

- Racial segregation *concentrates poverty* and excludes and isolates communities of color from the mainstream resources needed for success. Many people of color are more likely to reside in poorer neighborhoods regardless of income level.
- Segregation also *restricts socio-economic opportunity* by channeling non-whites into neighborhoods with poorer public schools, fewer employment opportunities, and smaller returns on real estate.
- African Americans are *five times less likely* than whites to live in census tracts with supermarkets, and are *more likely* to live in communities with a high percentage of fast-food outlets, liquor stores and convenience stores



Negative Effects of Segregation on Health and Human Development (cont'd)

- Black and Latino neighborhoods also have *fewer parks and green spaces* than white neighborhoods, and *fewer safe places* to walk, jog, bike or play, including fewer gyms, recreational centers and swimming pools
- Low-income communities and communities of color are *more likely to be exposed* to environmental hazards. For example, in 2004 56% of residents in neighborhoods with commercial hazardous waste facilities were people of color even though they comprised less than 30% of the U.S. population.
- The “Poverty Tax:” Residents of poor communities *pay more for the exact same consumer products* than those in higher income neighborhoods— more for auto loans, furniture, appliances, bank fees, and even groceries.



Trends in Poverty Concentration



A Lost Decade: Neighborhood Poverty and the Urban Crisis of the 2000s



September 2011



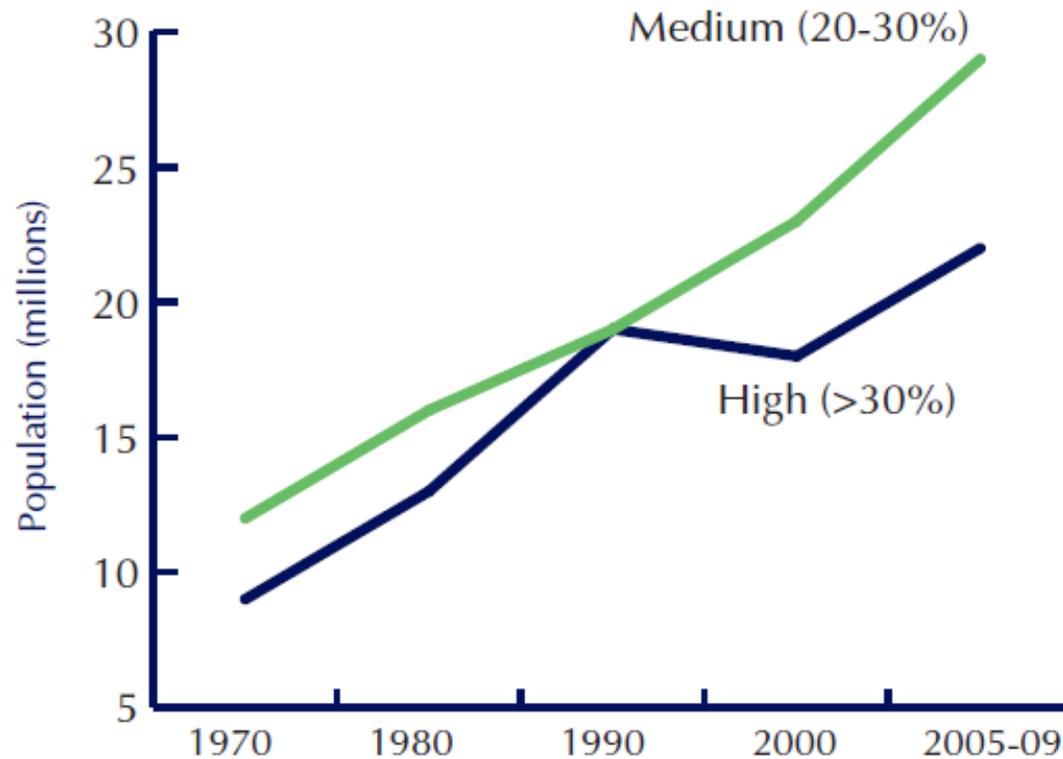
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Research Action Council*

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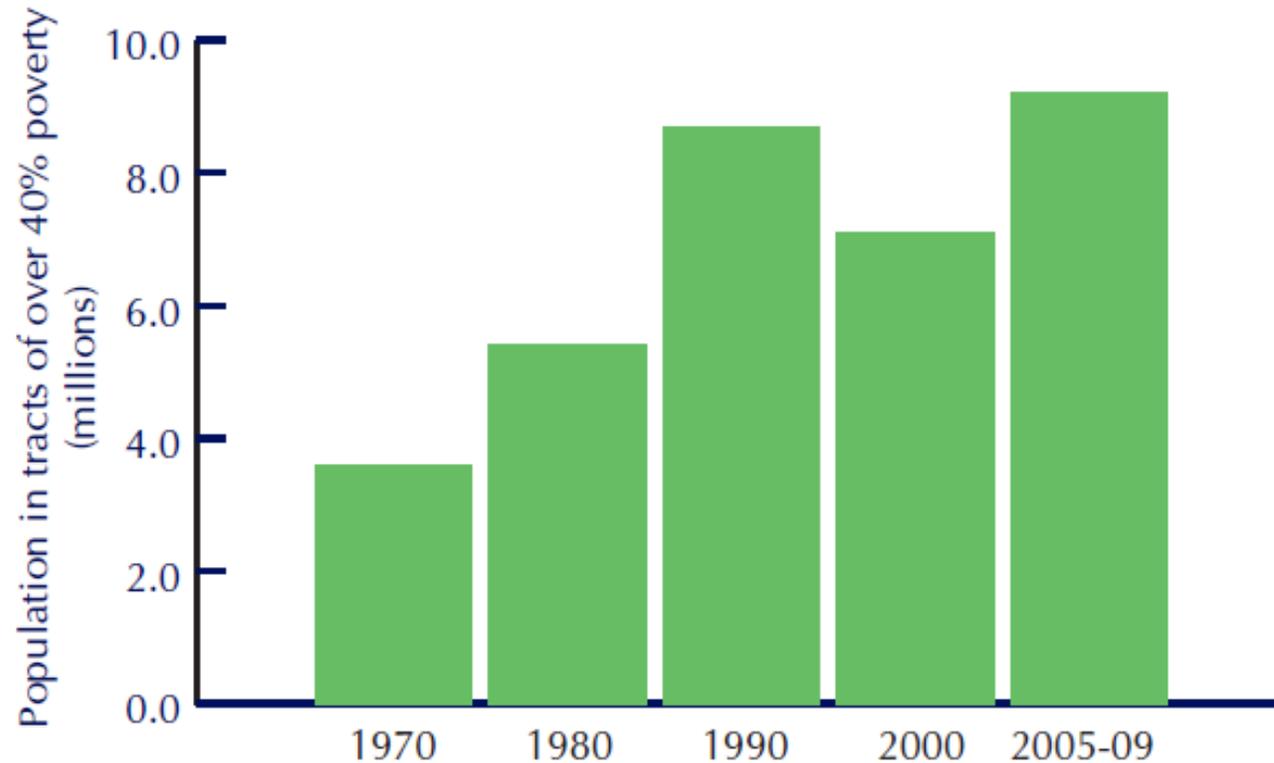
Steady rise in people in medium, high-poverty neighborhoods



Source: U.S. Census Bureau, Decennial Censuses of Population and Housing and American Communities Survey five-year estimates, based on authors' calculations.



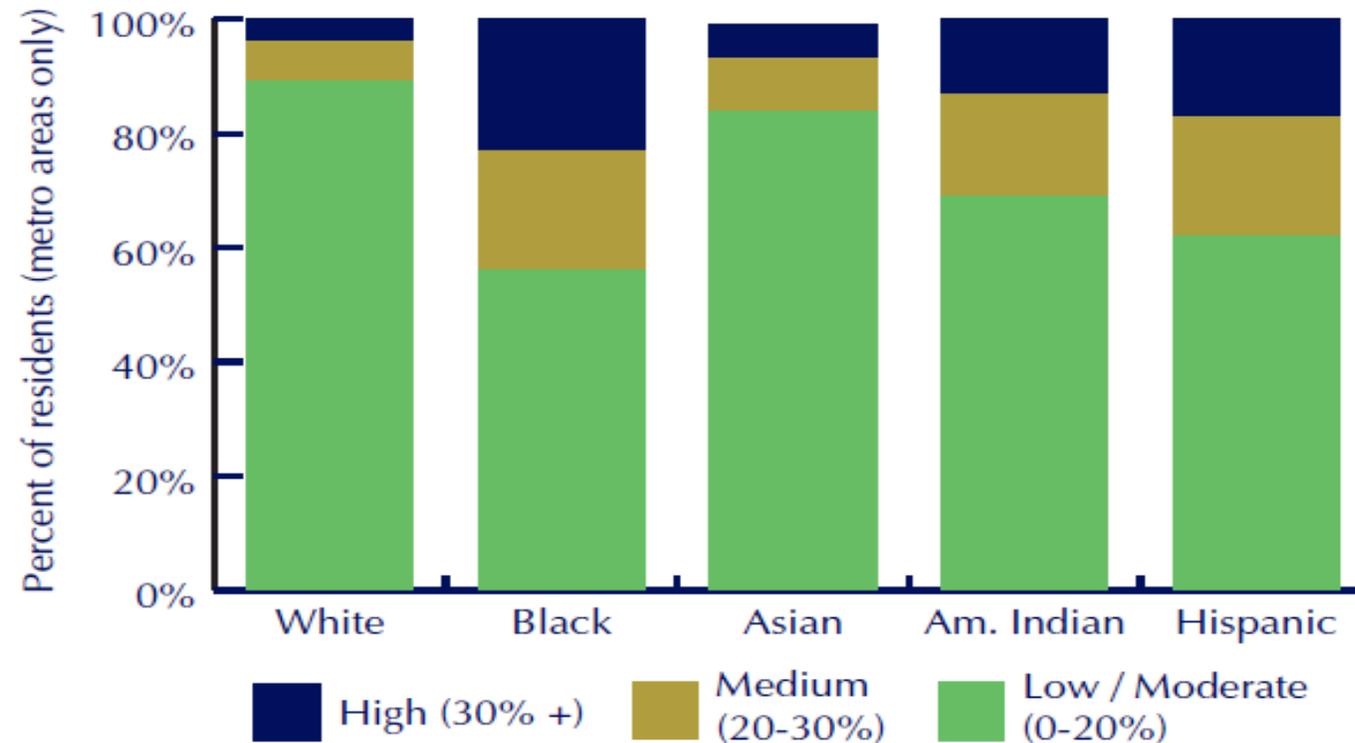
2000s: Population soars in extreme-poverty neighborhoods



Source: U.S. Census Bureau, Decennial Censuses of Population and Housing and American Communities Survey five-year estimates, based on authors' calculations.



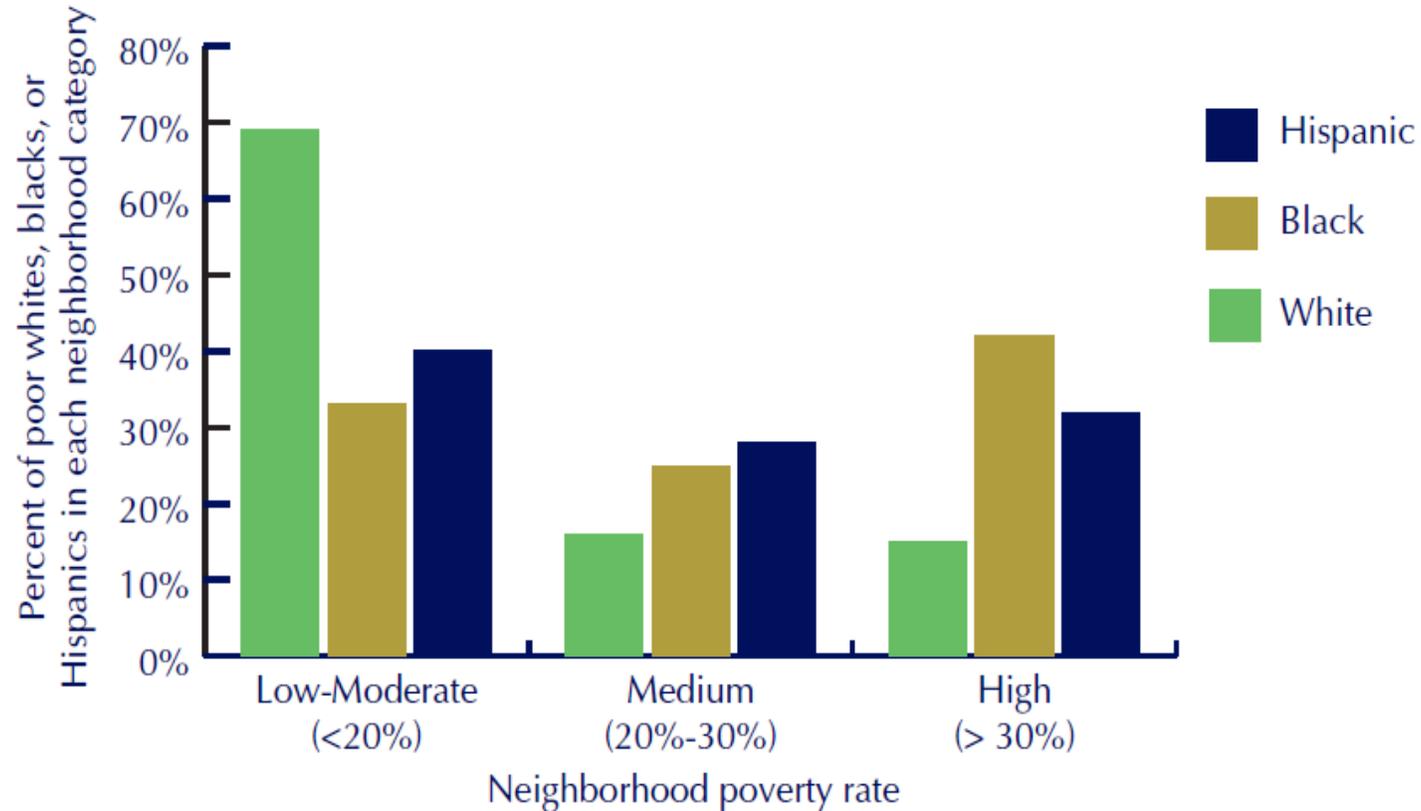
Blacks, Hispanics, Amer. Indians over-concentrated in high-poverty tracts



Source: U.S. Census Bureau, Decennial Censuses of Population and Housing and American Communities Survey five-year estimates, based on authors' calculations.



Poor blacks and Hispanics are more likely than poor whites to live in medium- and high-poverty tracts

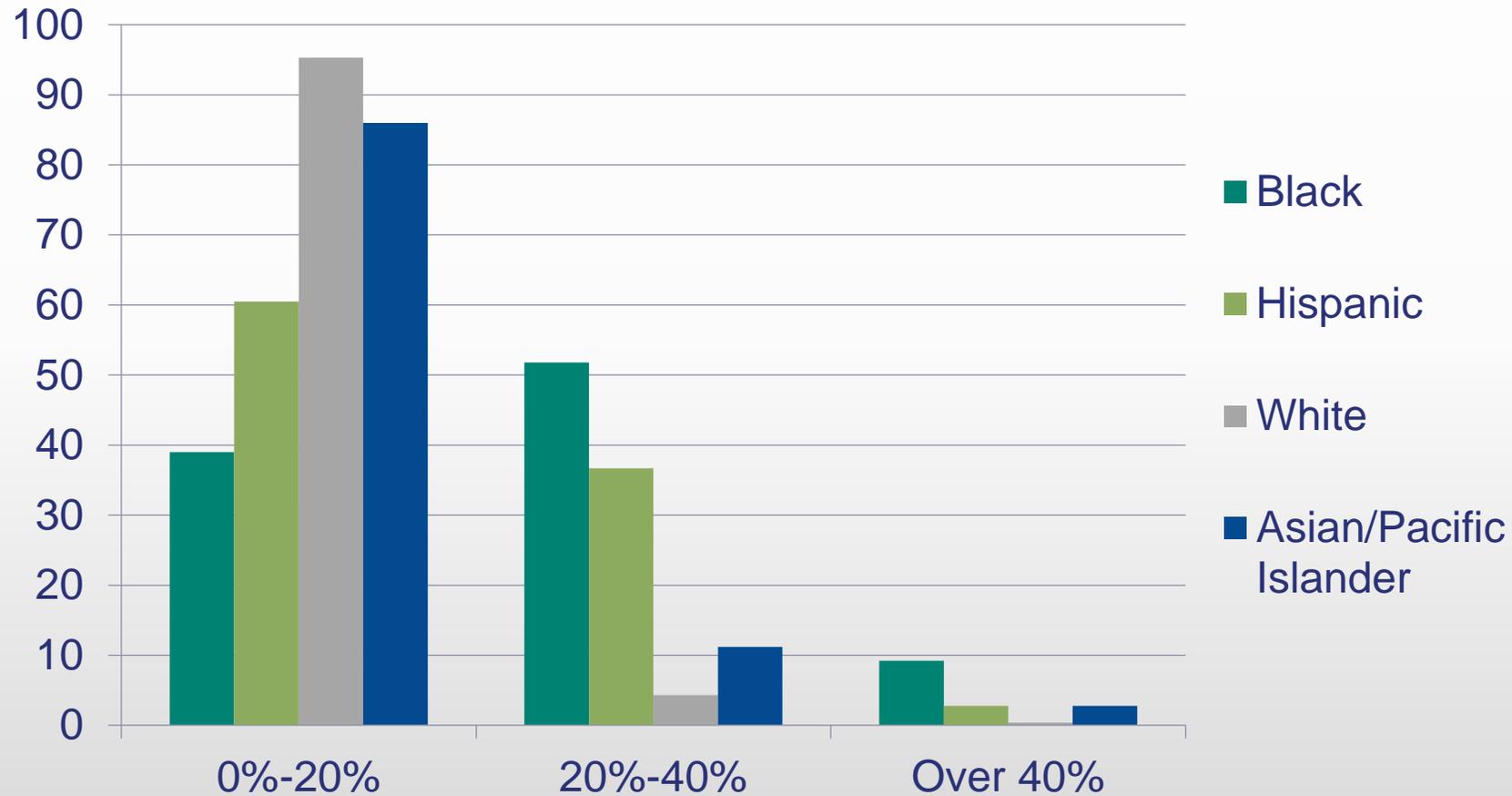


Source: U.S. Census Bureau, Decennial Censuses of Population and Housing and American Communities Survey five-year estimates, based on authors' calculations.



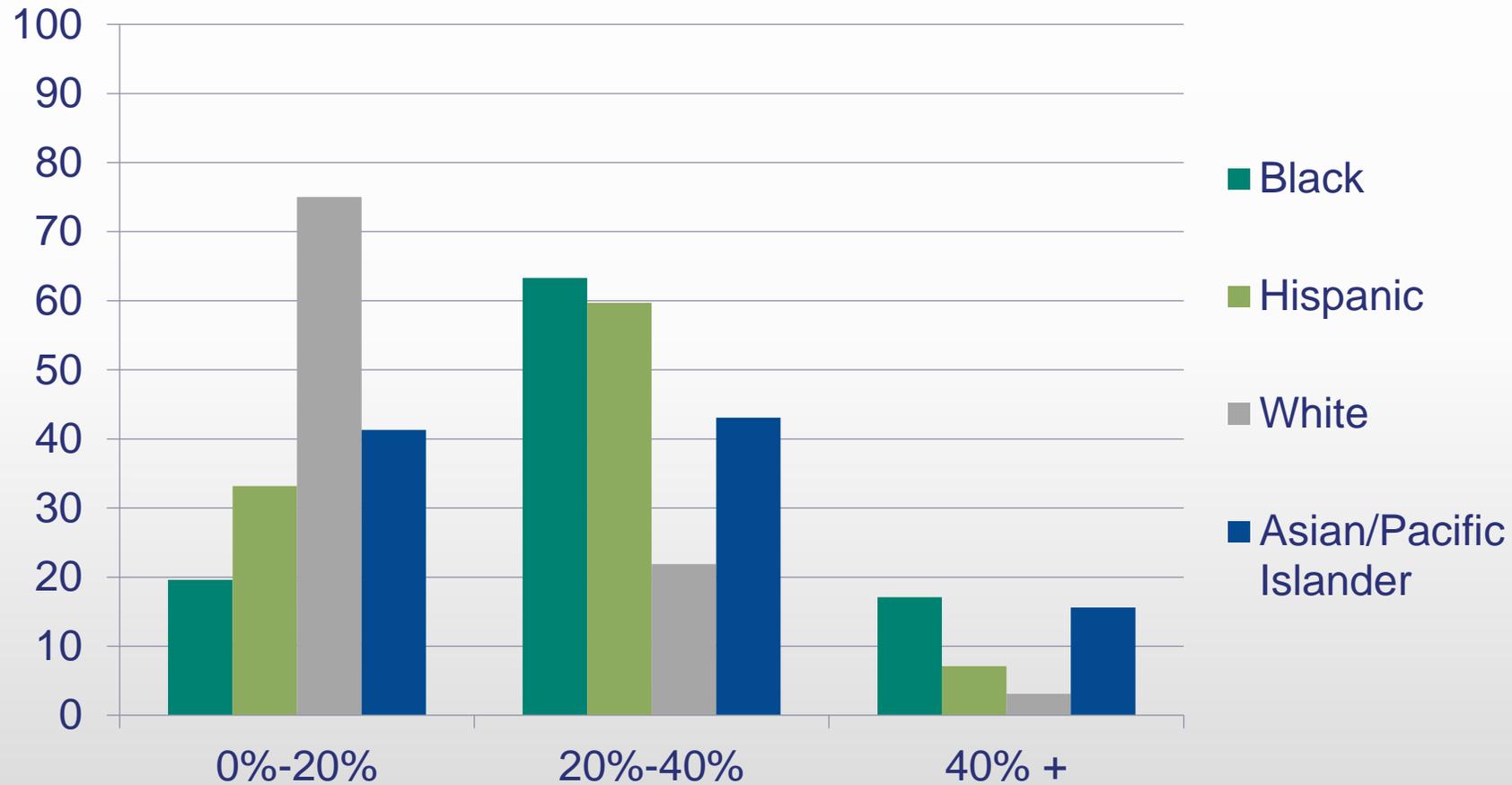
Metro Detroit: Poverty Concentration of Neighborhoods of All Children

Source: Diversitydata.org, 2011



Metro Detroit: Poverty Concentration of Neighborhoods of Poor Children

Source: Diversitydata.org



Science to Policy and Practice—What Does the Evidence Suggest?

- A focus on prevention, particularly on the conditions in which people live, work, play, and study
- Multiple strategies across sectors
- Sustained investment and a long-term policy agenda



Science to Policy and Practice—What Does the Evidence Suggest?

- Place-based Strategies: Investments in Communities
- People-based Strategies: Investing in Early Childhood Education and Increasing Housing Mobility Options



Create Healthier Communities:

- Improve food and nutritional options through incentives for Farmer's Markets and grocery stores, and regulation of fast food and liquor stores
- Structure land use and zoning policy to reduce the concentration of health risks
- Institute Health Impact Assessments to determine the public health consequences of any new housing, transportation, labor, education policies

Improve the Physical Environment of Communities:

- Improve air quality (e.g., by relocating bus depots further from homes and schools)
- Expand the availability of open space (e.g., encourage exercise- and pedestrian-friendly communities)
- Address disproportionate environmental impacts (e.g., encourage Brownfields redevelopment)

Expanding Housing Mobility Options:

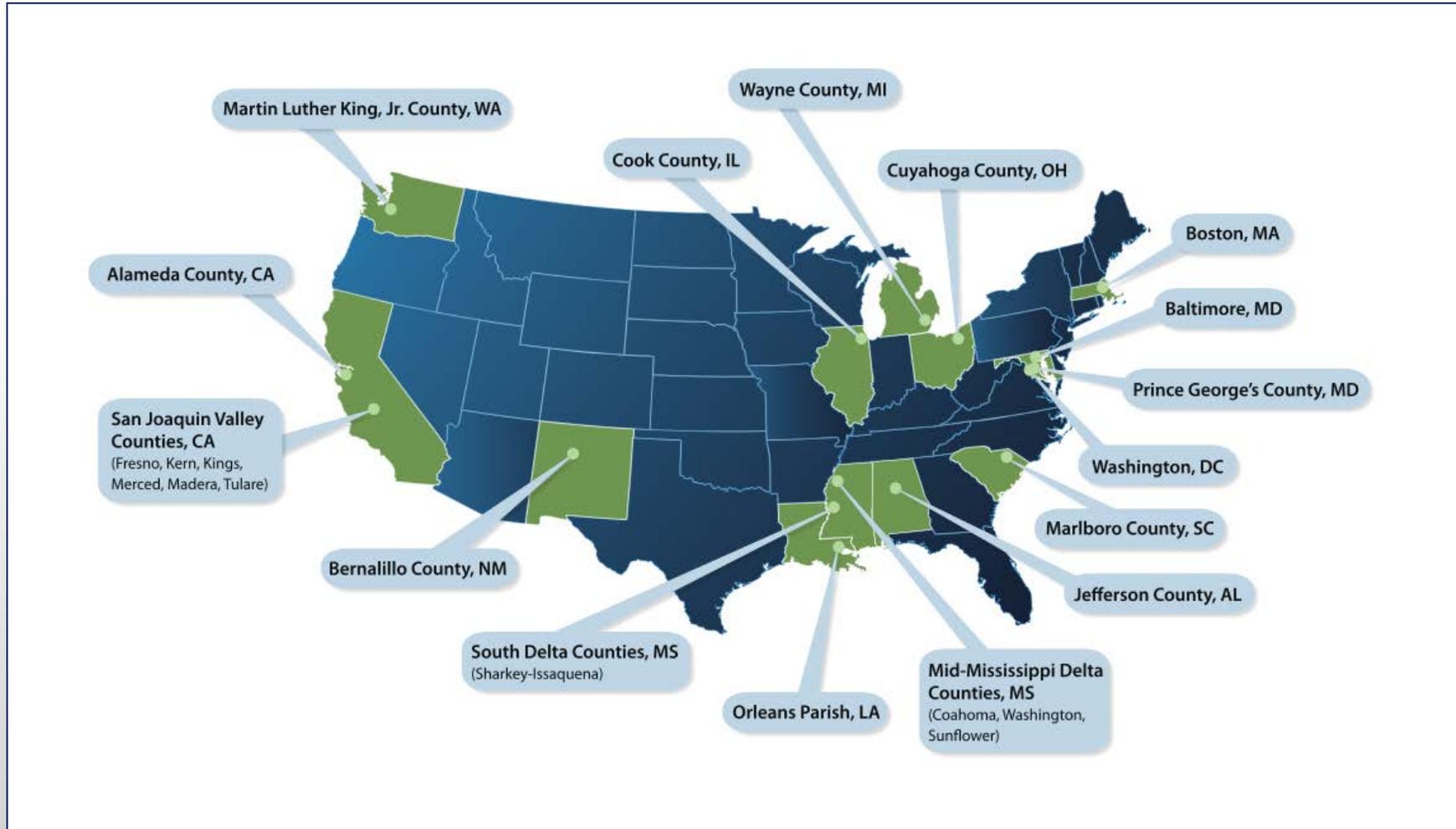
Moving To Opportunity (MTO)

- U.S. Department of Housing and Urban Development (HUD) launched MTO demonstration in 1994 in five cities: Baltimore, Boston, Chicago, Los Angeles, and New York.
- MTO targeted families living in some of the nation's poorest, highest-crime communities and used housing subsidies to offer them a chance to move to lower-poverty neighborhoods.
- Findings from the follow up Three-City Study of MTO, in 2004 and 2005, answer some questions but also highlight the complexity of the MTO experience and the limitations of a relocation-only strategy.
- Away from concentrated poverty, would families fare better in terms of physical and mental health, risky sexual behavior and delinquency? Adolescent girls benefited from moving out of high poverty more than boys.

Affirmatively Furthering Fair Housing – U.S. Department of Housing and Urban Development (2015)

- Final AFFH rule requires all jurisdictions that receive HUD funds to go through a structured planning process every five years that explores the extent of racial and economic segregation.
- Examines disparities in access to opportunity in different neighborhoods.
- The process is accompanied by a robust community engagement process that includes stakeholders and advocates from a range of sectors.
- Leads to the development of concrete goals and strategies in the jurisdiction's Consolidated Plan and Public Housing Agency Plan

Collaboratives for Health Equity Initiative



Collaboratives for Health Equity – What's the Vision?

- Equitable social, economic, and environmental conditions to support good health for all, particularly communities of color
- Sustainable change in CHE communities that provide examples for other place-based efforts
- Improved national awareness of and support for action to improve conditions that shape health
- Significant reductions in health inequalities and improved health for all



Collaboratives for Health Equity – What's our Mission?

- Build the capacity of leaders in communities around the country to identify and address social, economic, and environmental conditions that shape health inequities
- Provide examples of innovative strategies for communities around the country
- Support a national health equity movement that seeks to ensure that everyone has an equal opportunity to live a healthy life



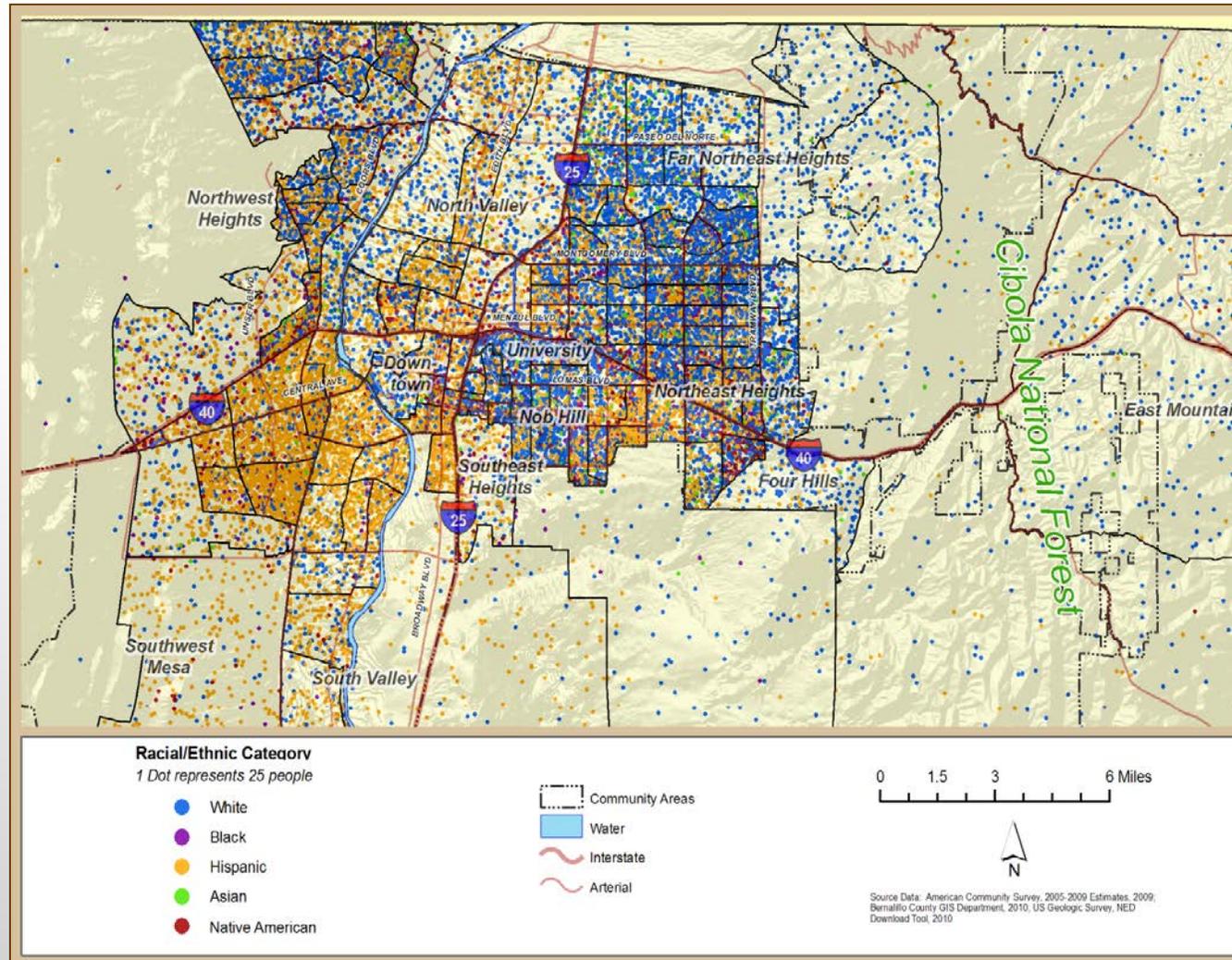
NCHE Support for CHE Teams

- Technical assistance to help teams build capacity and meet benchmarks (next slides) for progress toward advancing health equity
- Platform for teams to gain attention and support
- National community of practice, with opportunities for shared learning and peer training
- CHE brand and visibility at a national level
- Greater national attention to and action to address social determinants of health



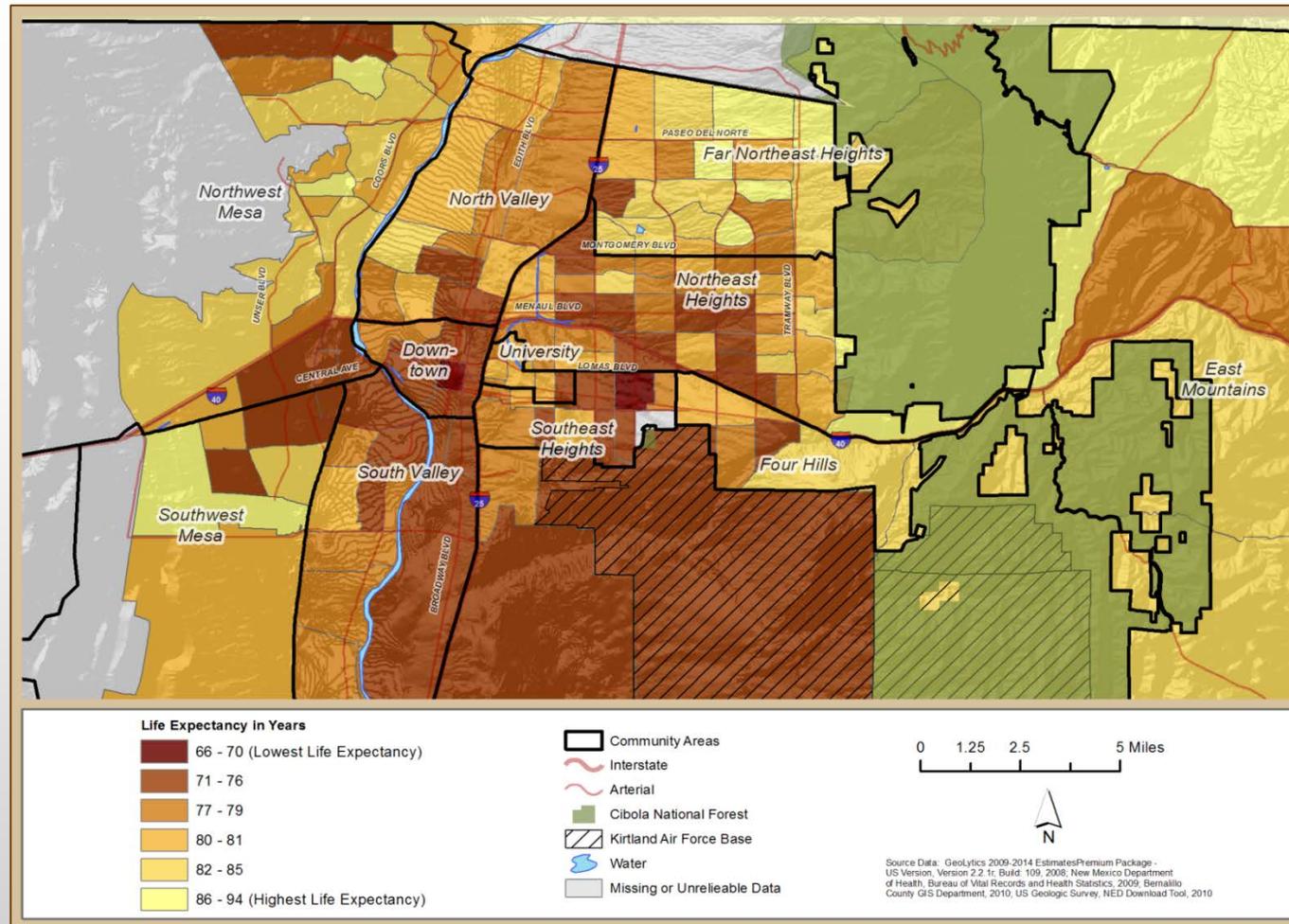
Community Health Equity Reports (CHER) – Documenting Risks to Health-Bernalillo County

Racial/Ethnic Distribution by Census Tract, Bernalillo County (2005-2009)

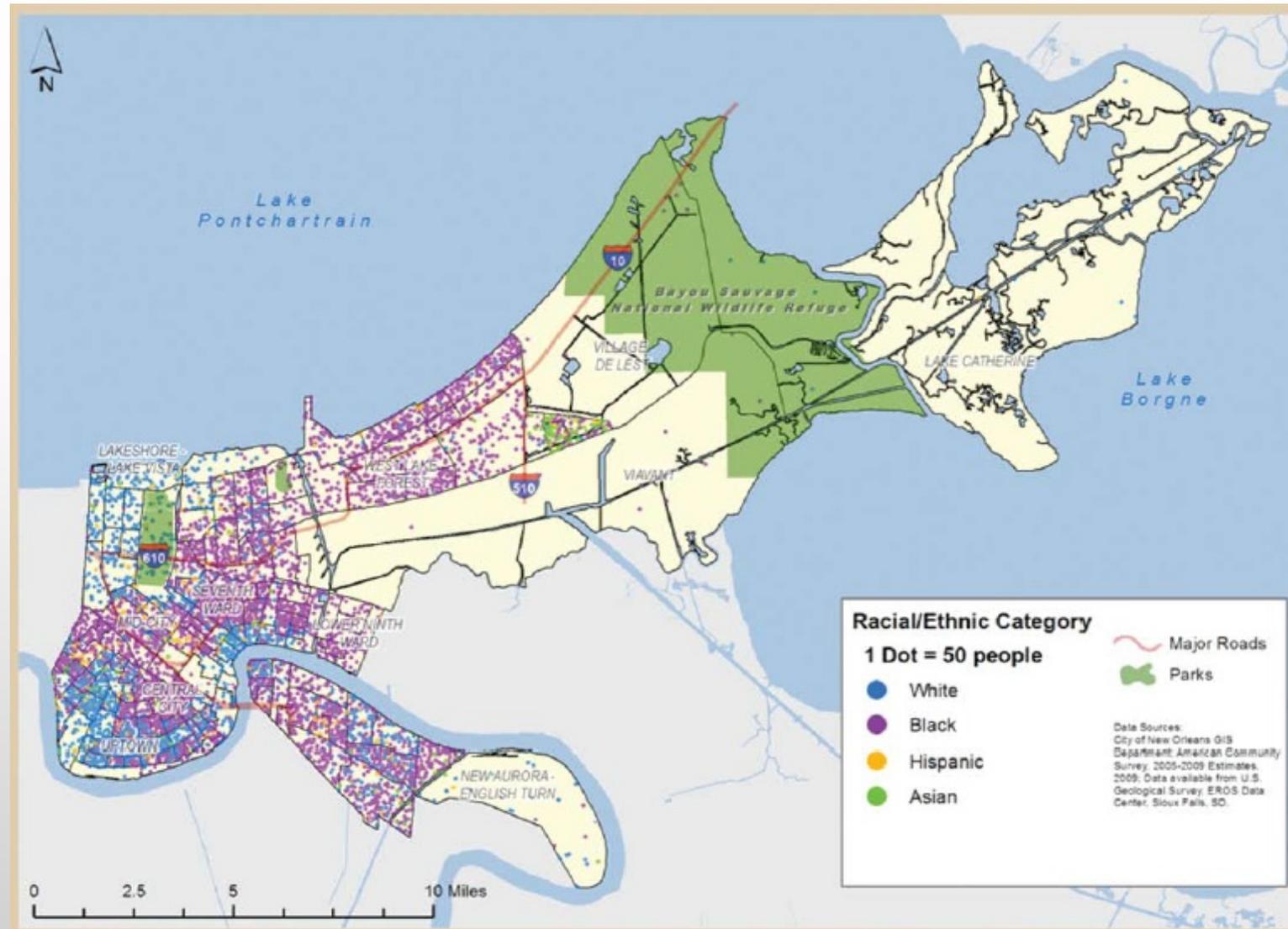


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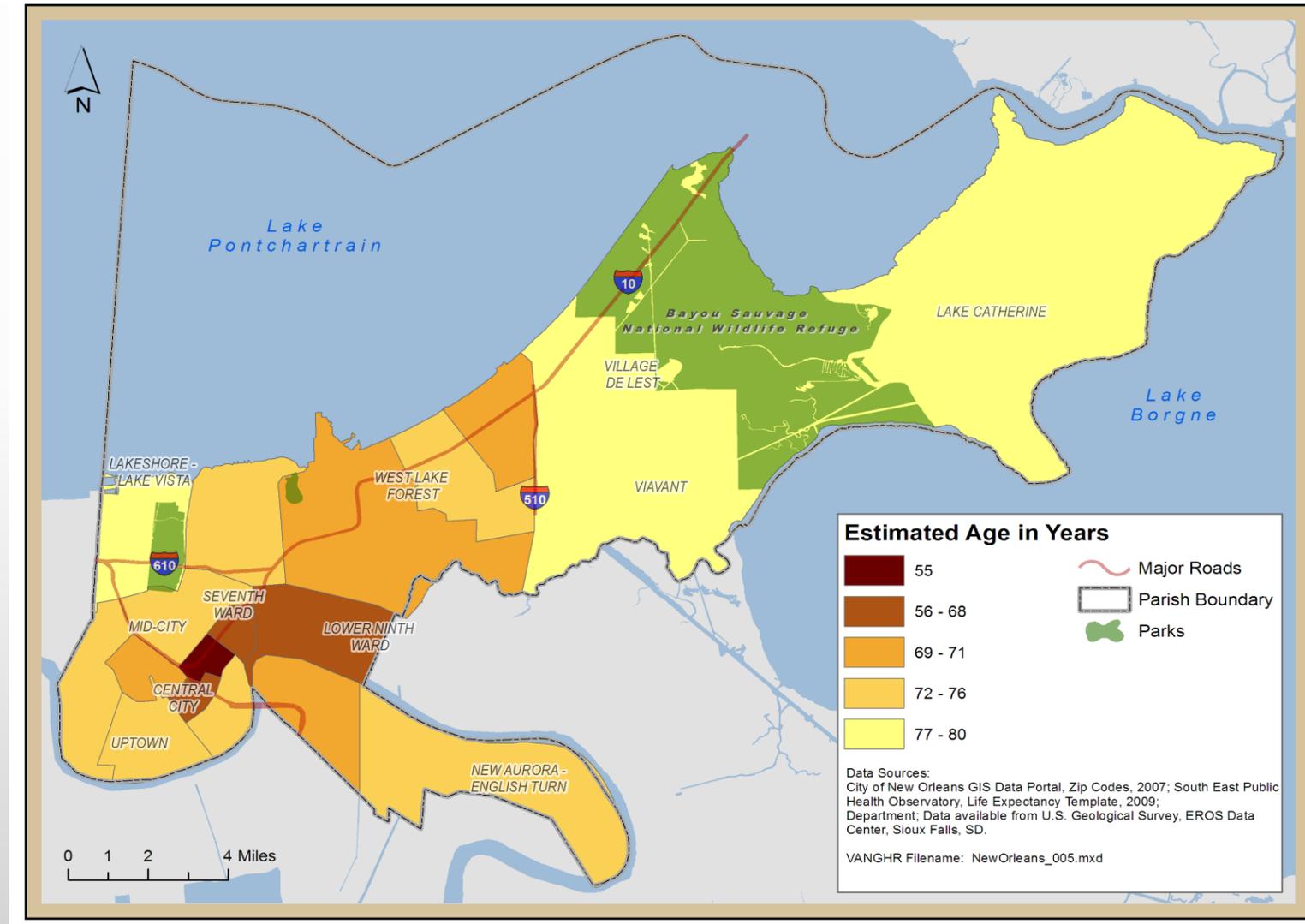
Life Expectancy by Census Tract, Bernalillo County



Racial and Ethnic Distribution of Orleans Parish Population, 2005-2009



Life Expectancy by Zip Code 2009-Orleans Parish



“Anti-racism is not a witch hunt, but a collective healing, without which our nation will remain painfully and inequitably divided, corroding opportunity, spirits, and bodies alike.”

Dr. Mary Bassett: We Must 'Name Racism' As A Cause of Poor Health
Racism is messy. But acknowledging its effects is a key part of improving public health.
02/08/2017 http://www.huffingtonpost.com/entry/racism-as-cause-of-poor-health_us_581a1376e4b01a82df6406d6