Bold Solutions

Regional Health Equity Initiative

Introduction

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Project Overview

The motivation for this effort comes from a longstanding commitment to health equity and the confluence of events in 2020:

- A global pandemic – COVID-19
- Disproportionate deaths of Black Americans from COVID-19 and other health conditions
- The brutal killing of George Floyd and other Americans
- The resurgence of the Black Lives Matter Movement

Mission

Use Science and Action to dismantle structures, behaviors, and social norms that create and sustain racism.

We seek to:

- Fight against racism at the interpersonal, institutional, and structural levels.
- Create a standard of antiracism best practices that can be disseminated nationally to both healthcare systems and non-healthcare institutions.
- Use behavioral science and innovation to improve health among Black Americans.
- Fundamentally shift the distribution of power, resources, and opportunity to create a more equitable society for all.
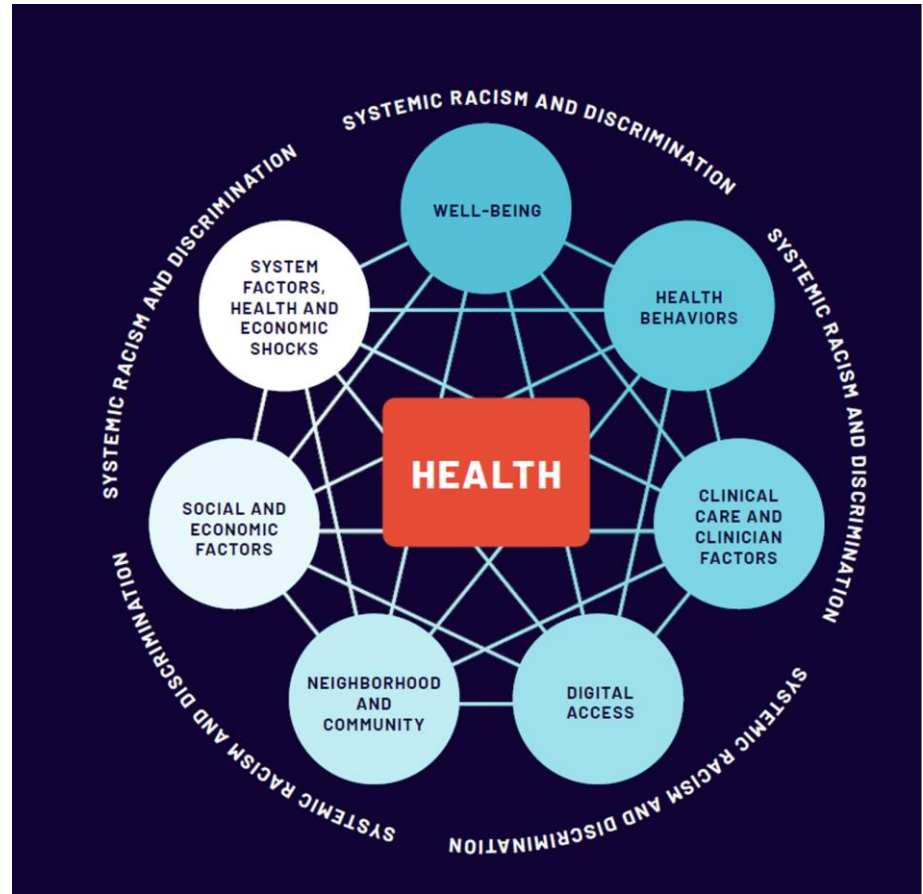
Significance

Philadelphia is ranked 67th out of 67 counties for health outcomes in Pennsylvania for the last decade

Health outcomes are worse for Black and/or Hispanic Philadelphians in more than 75% of select health outcome measures

Conceptual Model

Conceptual model to acknowledge the complex interplay of factors affecting health and health equity

Aims

We are creating a regional collaborative focused on improving health among Black Americans in Southeastern Pennsylvania. The initial phase of work included creating a **regional health equity dashboard** to benchmark progress in several population health metrics.

What is the Dashboard?

The Regional Health Equity Dashboard identifies critical targets for eliminating health inequities in Philadelphia County. It is intended to raise awareness and inform priority setting and development of interventions which can be scaled to have a sustainable impact.

Regional Health Equity Dashboard

15 topic areas were identified based on the Philadelphia Community Health Needs Assessment and input from stakeholders. For each topic area, we identified 2-3 metrics to track progress over time by race/ethnicity or neighborhood depending on publicly available data.

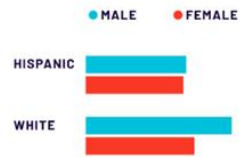*Selected metrics may change over time. Sources can be found below.*

BEHAVIORAL HEALTH

ASIAN

HISPANIC

WHITE

CARDIOVASCULAR HEALTH

HISPANIC

WHITE

BLACK

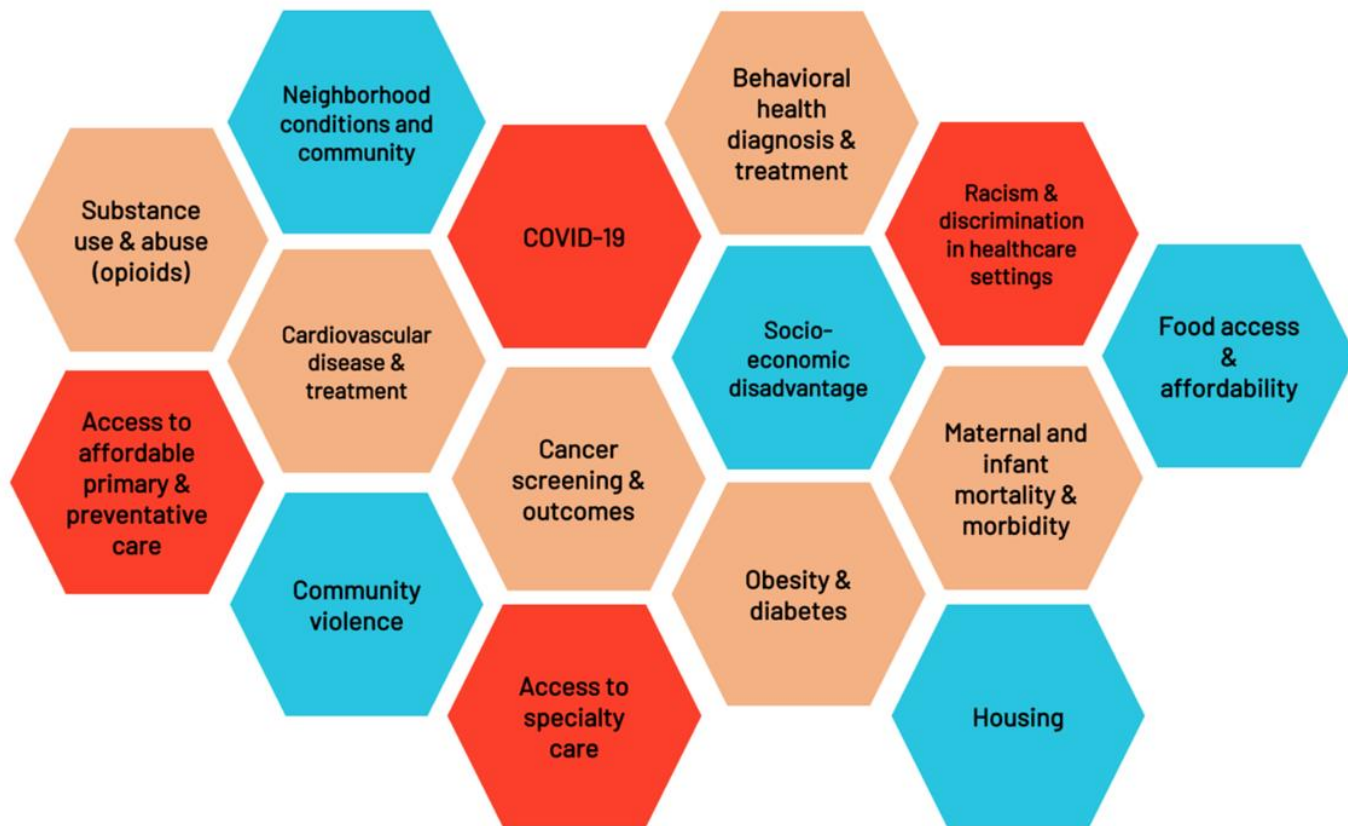0   80

COLORECTAL CANCER

● MALE   ● FEMALE

HISPANIC

WHITE

Dashboard Topic Areas

15 topic areas were identified based on the Philadelphia Community Health Needs Assessment and input from stakeholders. For each topic area, we identified 2-3 metrics to track progress over time by race/ethnicity or neighborhood depending on publicly available data.

Methods

Phase 1 work requires preliminary assessment of potential measures for the dashboard, informed by the literature on health equity and prior efforts with measurable outcomes. Our team will conduct an extensive environmental scan to better understand existing efforts.

We will critically assess other health equity dashboards and identify strengths and weaknesses—with a particular focus on whether measures used within other dashboards are likely to:

1. Have a meaningful impact on health outcomes
2. Be modifiable by our coalition partners within 2-3 years
3. Improvable at a cost that is not likely to constitute an insurmountable barrier.

Specific Scholar Role

- Assist with environmental scanning and literature reviews to better understand and catalog efforts to improve health equity across the city of Philadelphia
- Assist in developing mock-up dashboard content including data visualizations
- Attend weekly stakeholder meetings and engage with coalition membership throughout the summer.

Work on Dashboard

BOLD SOLUTIONS | A REGIONAL HEALTH EQUITY INITIATIVE

DASHBOARD   ABOUT   CONTACT   PARTNERS

Housing Access & Affordability

More than half of renters in Philadelphia are paying more than they can afford on housing, including over a third who are paying more than half of their income toward rent. Black Philadelphians experience disproportionately high rates of homelessness, and women of color experience the highest eviction rates and housing cost burden. The COVID-19 pandemic has deepened these disparities.

Severe housing insecurity creates chronic health disparities, exacerbating hypertension, diabetes, and other medical conditions that contribute to the alarmingly high COVID-19 death rates in communities of color.

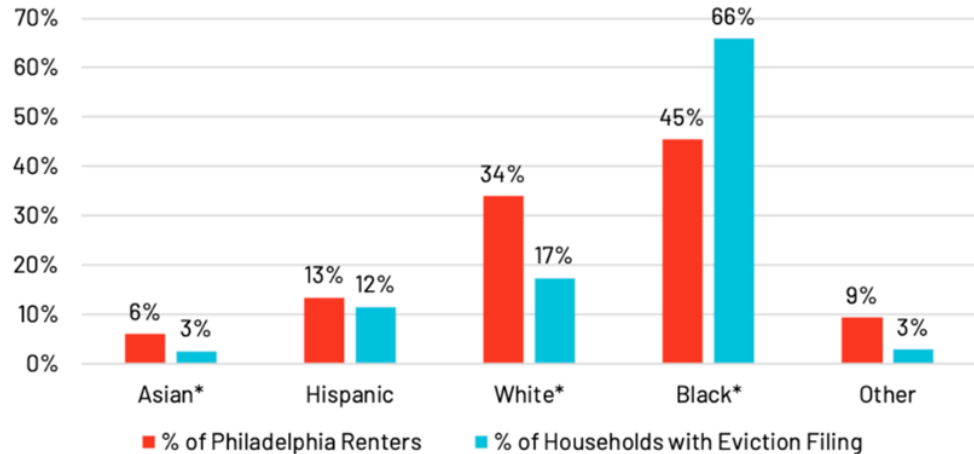## Select Key Metrics on Housing Stability & Affordability

Background

Eviction

Black tenants are substantially over-represented among households facing an eviction filing.

In 2018-2019, less than half of Philadelphia tenants were Black, yet 65.9% eviction filing defendants were Black. By contrast, white Philadelphians account for a third of tenants but just 17.3% of eviction filings.

Share of Philadelphia Renters Compared to Share of Households with Eviction Filing in Philadelphia by Race/Ethnicity | 2018-2019

Asian*: 6% / 3%; Hispanic: 13% / 12%; White*: 34% / 17%; Black*: 45% / 66%; Other: 9% / 3%

■ % of Philadelphia Renters　■ % of Households with Eviction Filing

*Non-Hispanic

Source: Evictions in Philadelphia: Race (and Place) Matters, Reinvestment Fund | February 2021

Severe Housing Problems

Black and Hispanic households experience the highest rates of cost burden in Philadelphia. This means they spend 30% or more of their income on housing costs, including rent, mortgage payments, utilities, insurance, and property taxes.

This may reflect the city's high poverty rate among Black and Hispanic residents.

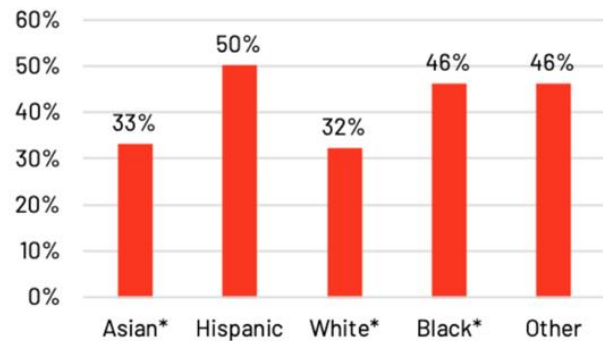## Homelessness

Non-Hispanic Black Philadelphians represented 79% of all people served in housing crisis and assistance programs from July 2018 to July 2019 but made up only 44% of the city's population.

Rates of Cost Burden Among Philadelphia Households by Race/Ethnicity | 2018

Race/Ethnicity	Rate
Asian*	33%
Hispanic	50%
White*	32%
Black*	46%
Other	46%

*Non-Hispanic

Source: Pew analysis of U.S. Census Bureau, American Community Survey, Public Use Microdata Sample (2018 one-year estimates)

Housing has major implications for people's health. Even after adjusting for individual clinical, behavioral, and demographic risk factors:

- Housing quality is significantly associated with risk for childhood asthma.

Work on BDT Pilot

Benefits Data Trust

BDT "use private-sector strategies to reduce poverty by using data, targeted outreach, policy change, and new technologies to proactively connect people to benefits and services"

1 million+	**$7.5 billion+**	**95,000+**
households screened since 2005	secured in benefits since 2005	total applications submitted in 2020

Unclaimed Benefits

Philadelphia: 450 million/yr

US: 60 billion/yr

These benefits include support for food, housing, healthcare and others that can have a significant impact on well-being, upward mobility, and financial stability

- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid (MA)
- Children's Health Insurance Program (CHIP)
- Many more

Benefits are unclaimed for a multitude of reasons such as lack of awareness, the complexity of the process, and challenges that come with completing the applications

Proposed Pilot

Evaluate the impact of connecting Penn Medicine patients seeking care in the ED with benefits specialist on health, wellbeing, access, and healthcare utilization.

- Eligibility: >18 years of age, seeking care in a Penn ED (e.g. HUP, Presby, Cedar)
- Design: RCT, 9 months
- Outcomes: health, wellbeing, access, healthcare utilization

We propose the ED as a pilot location as the ED provides care for a safety net population and an ED encounter can represent a critical opportunity for connecting with individuals who may be eligible for benefits

Lessons Learned and Next Steps

- A good team makes everything easier
- Communication is important
- Data visualization and data collection through literature reviews

- Pilot will conduct a brief screener survey over several weeks to collect de-identified data
- In-depth interviews will be conducted with patients who have received benefits in the past in order to better understand the context benefit utilization.

Thank you!

Joanne Levy and Joanna Kim

SUMR Cohort

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