The True Fall & Harvest of the Haves and Have Nots: A SDH Perspective

I AM:

- Licensed, practicing MD by training
- Public health practitioner by passion
- Health Policy Advocate by calling
- Founder of W3CProductions
- Honored and excited to be here with you

This presentation is offered free from commercial support.
I have no financial relationships which would impact
the content and quality of this program.

I AM NOT:

A pharmacist

BUT…

I do write prescriptions
I work with pharmacists
I need pharmacists
I depend on pharmacists
I am here to learn from pharmacists

PQA

Optimizing Health by Advancing the Quality of Medication Use

- Dr. Laura Cranston
- Dr. Matthew Pickering
- Dr. Irene Nsiah
- Virginia Sweeter
- My fellow presenters

SPONSORS:

National Pharmaceutical Council

PQS
PHARMACY QUALITY SOLUTIONS

you


WELCOME
WE'RE GLAD YOU'RE HERE!

SOCIAL DETERMINANTS OF HEALTH FORUM

EXPLORING MEDICATION ACCESS & QUALITY

November 14 -15 • Alexandria, VA

"The purpose of this multi-stakeholder event will be to discuss the impact of social determinants on medication access and quality and to inform new opportunities for improving care by targeting patients' unmet social needs."

WHY AM I HERE?

Session Objectives:

- Explain social factors that influence health
- Describe challenges, opportunities, and a future vision for health equity
- Discuss the role of the health care system and quality measurement in addressing social determinants

TELL SOMEONE

https://www.youtube.com/watch?v=1k8craCGpgs

A JOURNEY

A FANTASTIC & INTERACTIVE VOYAGE

MC Hammer

Remembering The 80's

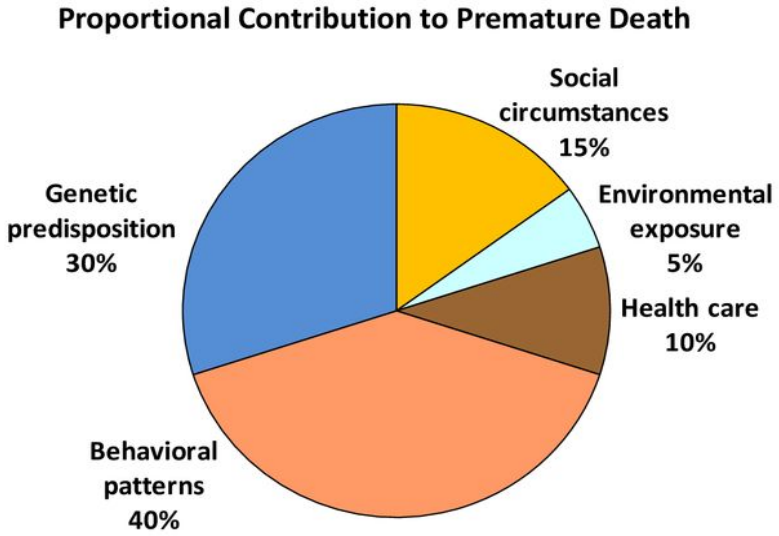
Let's Get It Started

~Lorinne's Creations~

World Health Organization

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

Determinants of Health and Their Contribution to Premature Death



Adapted from: McGinnis JM, Williams-Russo P, Knickman JR. The case for more active policy attention to health promotion. Health Aff (Millwood) 2002;21(2):78-93.

WHAT IS PUBLIC HEALTH?

- Public Health is the science of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention.
- Public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood, or as big as an entire country.

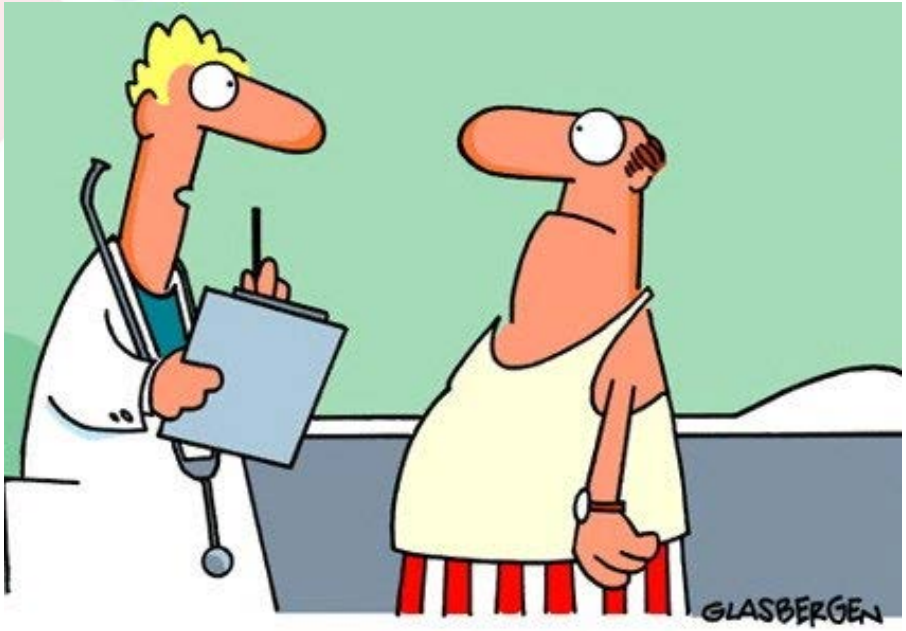
PREVENTION

PREVENT DISEASE
&
PROMOTE HEALTH


PUBLIC HEALTH
IS THE ROOT OF OUR HEALTH CARE SYSTEM
SAFE WATER
HEALTHY STARTS
FOOD INSPECTIONS
DISASTER RESPONSE
CLEAN AIR
VACCINES
HEALTH ALERTS
DISEASE PREVENTION
EVERY DAY
Public Health keeps our families safe – and is so effective, we don't think twice about potential safety risks as we go about our day.

POPULATION

MEDICINE



"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"

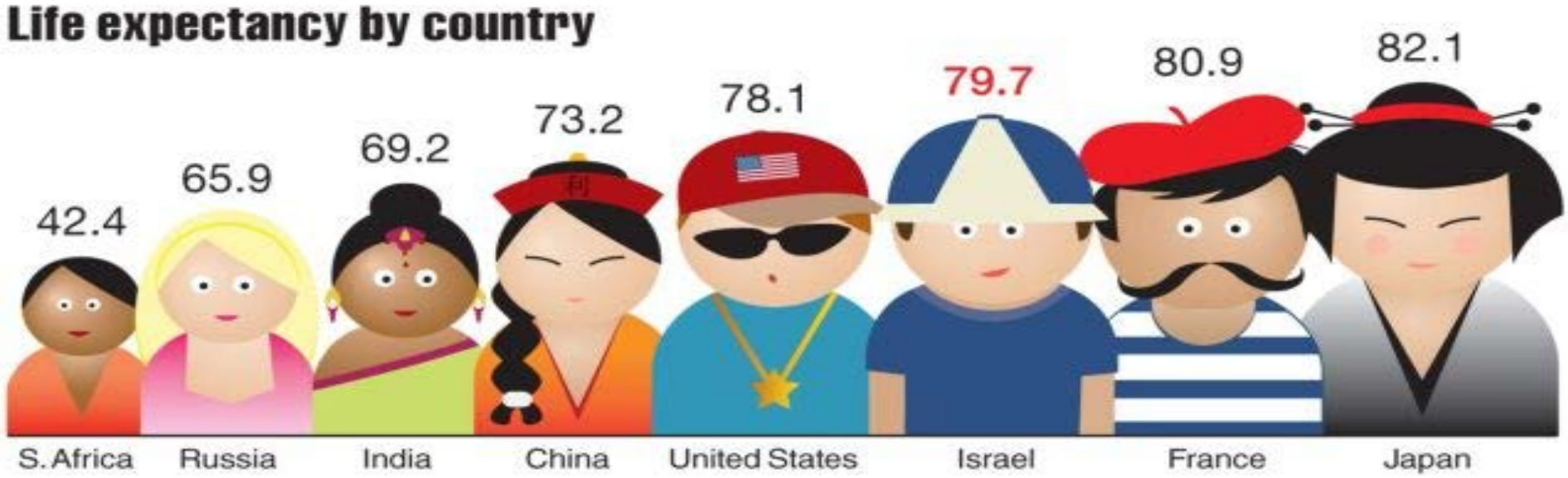
Individuals

HEALTH DISPARITIES

DISPARITIES:
Simply Stated are just
DIFFERENCES

National Institute of Health:
“Health Disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States”

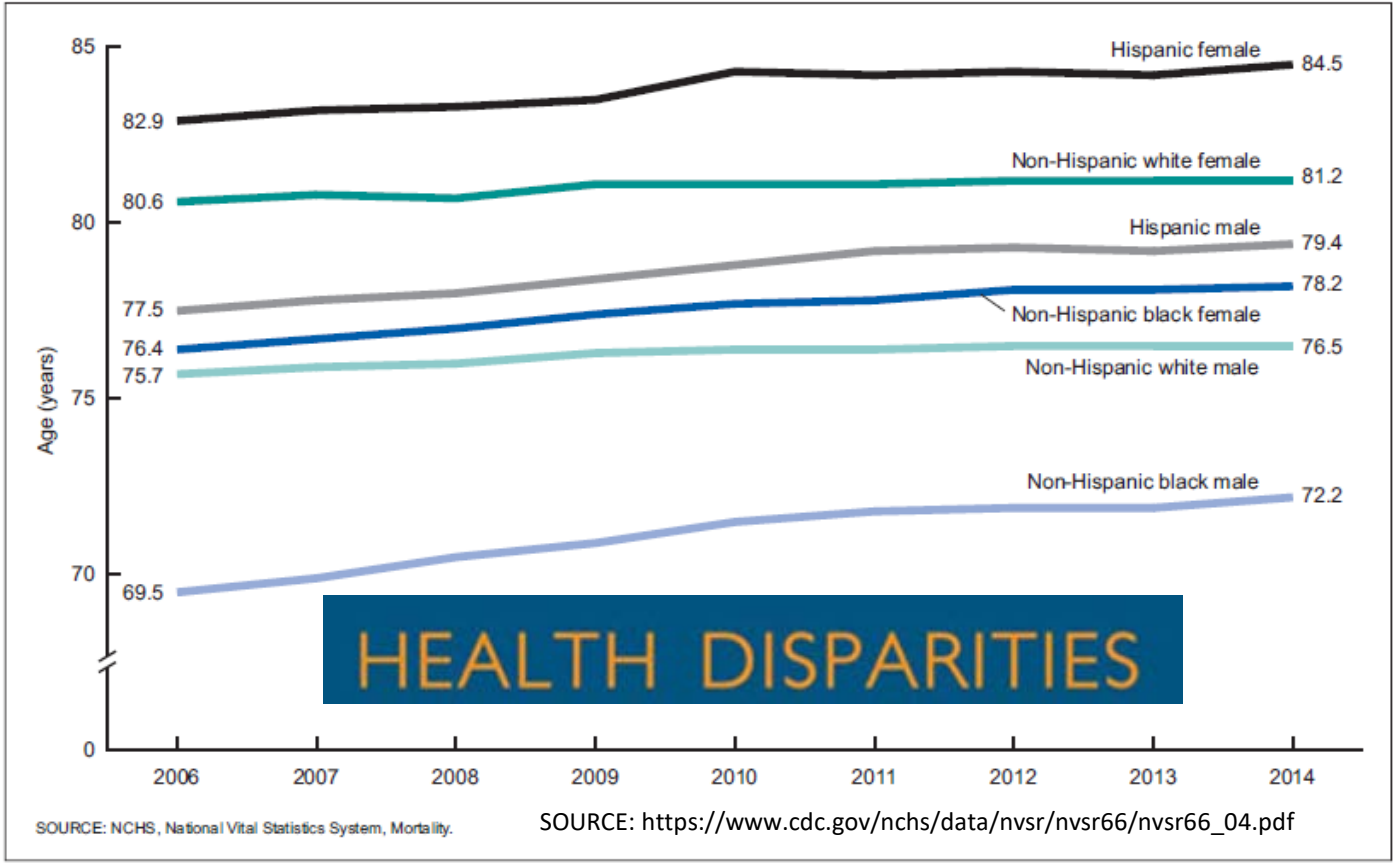
INTERNATIONAL - GLOBAL DISPARITIES



Source: http://www.who.int/gho/mortality_burden_disease/life_tables/situation_trends/en/

Image: http://tobkes.othellomaster.com/archives/2018/09/07/global-life/

US LIFE EXPECTANCY



SOURCE: https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_04.pdf

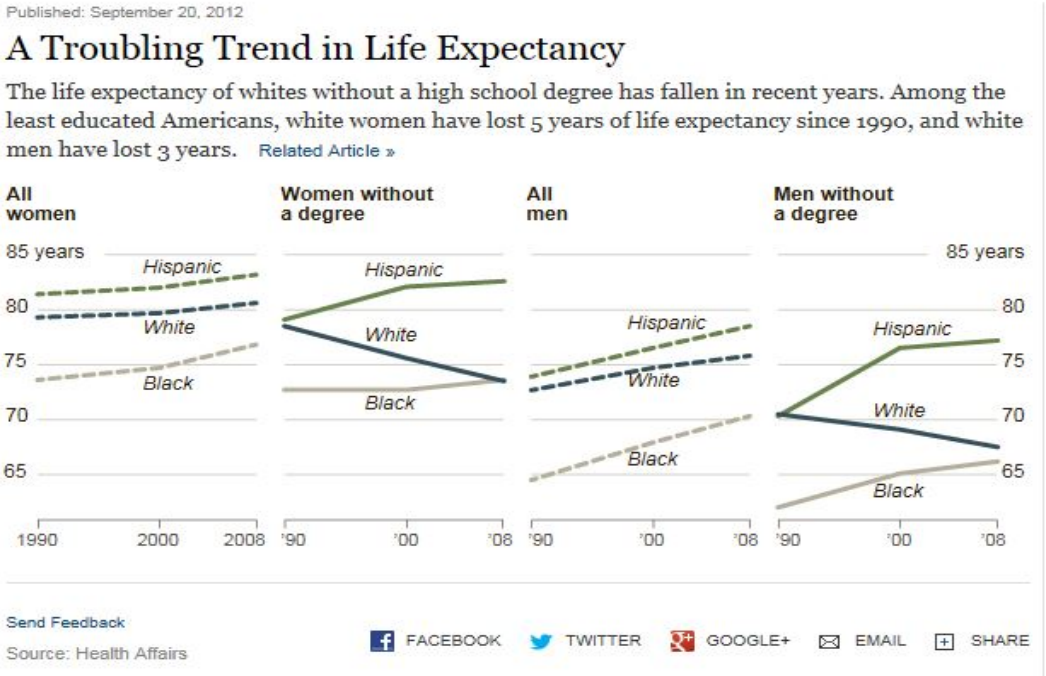
Figure 2. Life expectancy at birth, by Hispanic origin, race, and sex: United States, 2006–2014

The New York Times

U.S.

Life Spans Shrink for Least-Educated Whites in the U.S.

By SABRINA TAVERNISE SEPT. 20, 2012



HEALTH DISPARITIES

Unhealthy diet, physical inactivity, tobacco use and abuse of alcohol increase risk for poor health in every population segment.

TOP KILLERS

AMONG ALL RACES AND ETHNICITIES

heart disease & cancer

White or Caucasian

1. Heart disease
2. Cancer
3. Stroke
4. Chronic lower respiratory disease
5. Unintentional injuries
6. Alzheimer's disease
7. Diabetes
8. Influenza and pneumonia
9. Kidney disease
10. Suicide

Native American

1. Heart disease
2. Cancer
3. Unintentional injuries
4. Diabetes
5. Chronic liver disease
6. Chronic lower respiratory disease
7. Stroke
8. Suicide
9. Kidney disease
10. Influenza and pneumonia

Asian American

1. Cancer
2. Heart disease
3. Stroke
4. Unintentional injuries
5. Diabetes
6. Influenza and pneumonia
7. Chronic lower respiratory disease
8. Suicide
9. Kidney disease
10. Alzheimer's disease

African American

1. Heart disease
2. Cancer
3. Stroke
4. Diabetes
5. Unintentional injuries
6. Kidney disease
7. Chronic lower respiratory disease
8. Homicide
9. Septicemia
10. Alzheimer's disease

Latino American

1. Cancer
2. Heart disease
3. Unintentional injuries
4. Stroke
5. Diabetes
6. Chronic liver disease

Pacific Islander

1. Cancer
2. Heart disease
3. Stroke
4. Unintentional injuries
5. Diabetes
6. Influenza and pneumonia
7. Chronic lower respiratory disease
8. Suicide
9. Kidney disease
10. Alzheimer's disease

We're Much the Same...

- The top 2 causes of death in every population are heart disease and cancer.
- Stroke is in the Top 4 for every population except Native Americans (7).
- With only five exceptions, the Top 10 are the same for all populations.

...and Different

- Chronic liver disease is a Top 10 disease among Native Americans (5) and Latino Americans (6).
- Homicide is a Top 10 killer among African Americans (8) and Latino Americans (9), but these are the only populations in which suicide is not among the Top 10.
- African Americans are the only population for which influenza and pneumonia are not Top 10 diseases. Septicemia (bacteria in the blood) is.

LEADING HEALTH DISPARITIES:

- Cardiovascular Disease
- Cancer
- Stroke
- Diabetes
- HIV/AIDS
- Infant Mortality
- Asthma
- Mental Health
- Obesity
- Opioid Addiction

SOURCE: http://www.healthypeople.gov/2020/about/disparitiesAbout.aspx

US HEALTHY PEOPLE	GOAL
2000	To reduce health disparities
2010	To eliminate health disparities
2020	To achieve health equity, eliminate disparities, and improve the health of all groups.

HEALTHY PEOPLE 2030

"To eliminate health disparities, achieve health equity and attain health literacy to improve the health and well-being of all"

WHO IS IMPACTED BY HEALTH DISPARITIES

VULNERABLE POPULATIONS:

- Racial & Ethnic Minorities
- Low income & low resourced communities
- Homeless
- Unemployed
- Sexual Orientation
- Geographic Location (Rural)
- Disabled
- Age (extremes of age)
- Gender
- Incarcerated
- Insured vs. Uninsured
- Others

BUT WHY?

MODIFIABLE

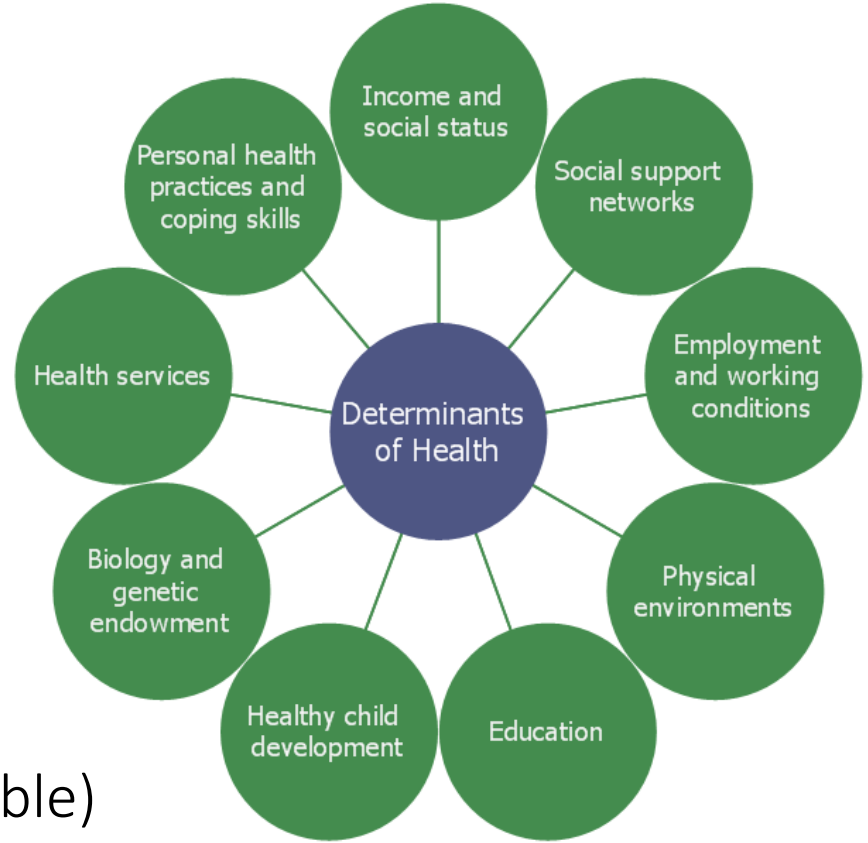
- Zip Code/Neighborhood
- Educational attainment
- Employment/Occupation status
- Housing status
- Transportation
- Socioeconomic status
- Social environment
- Physical environment

NON MODIFIABLE

- gender, race, ethnicity, and age

OTHERS (may or may not be modifiable)

- culture, religion individual but also societal level, nationality

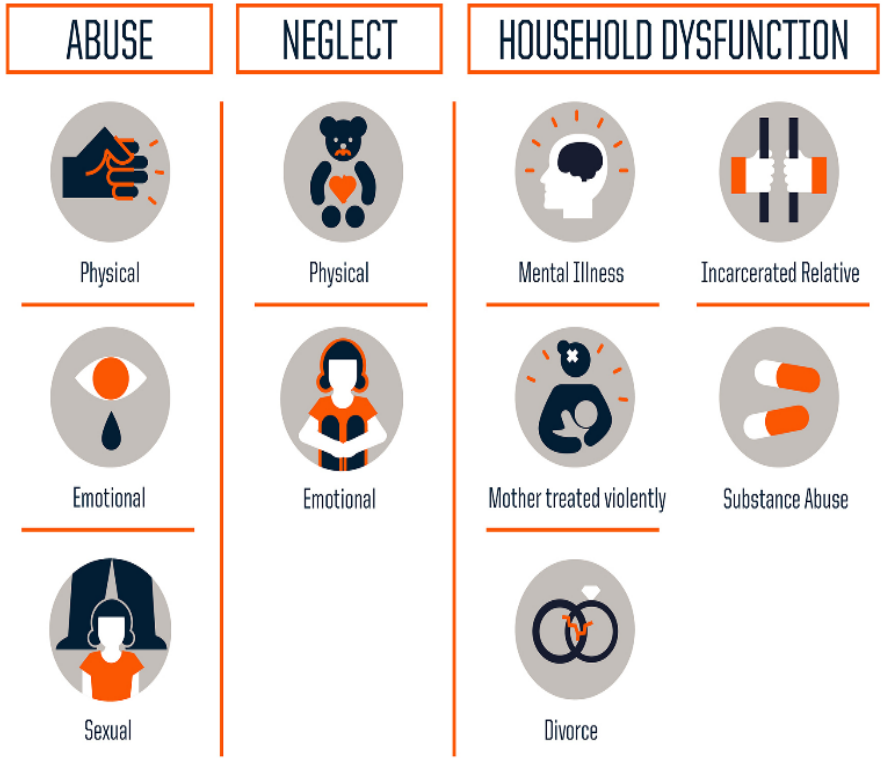


Where you live, work, play and pray makes a tremendous impact on health and long term life outcomes

THE STARTING LINE IS NOT THE SAME


What's Your ACE Score?
START THE QUIZ

Three Types of ACEs

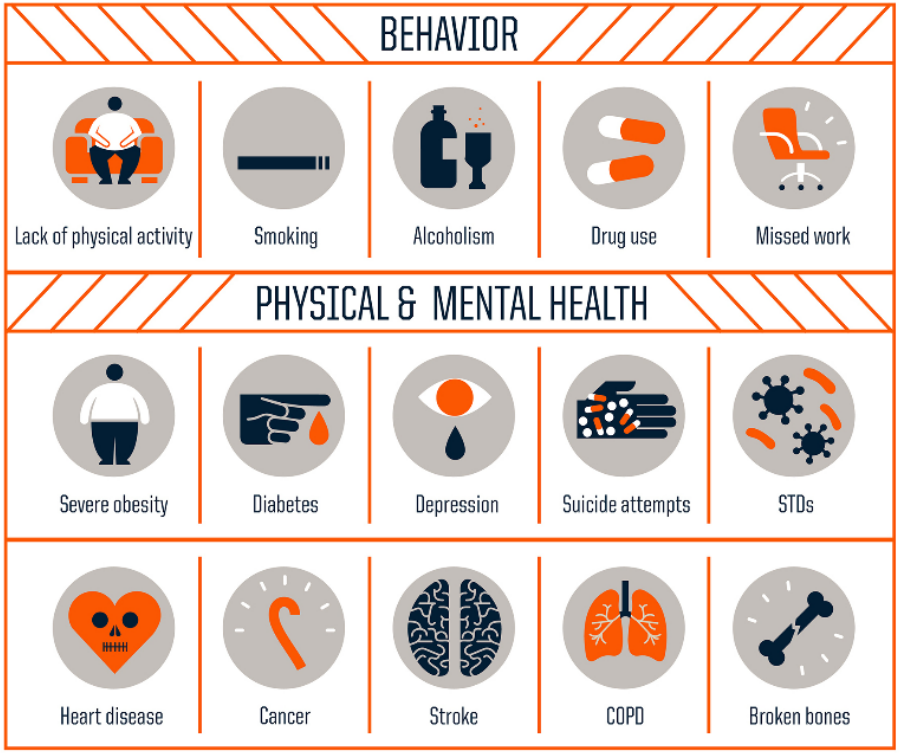


Source: Centers for Disease Control and Prevention

Credit: Robert Wood Johnson Foundation

ACEs Increase Health Risks

According to the Adverse Childhood Experiences study, the rougher your childhood, the higher your score is likely to be and the higher your risk for various health problems later.



Source: Centers for Disease Control and Prevention

Credit: Robert Wood Johnson Foundation

RWJF COUNTY RANKINGS

How Healthy is Your Community?

Source: http://www.countyhealthrankings.org/app/virginia/2018/rankings/alexandria-city/county/outcomes/overall/snapshot

THAT OTHER SOCIAL DETERMINANT

THE ELEPHANT IN THE ROOM

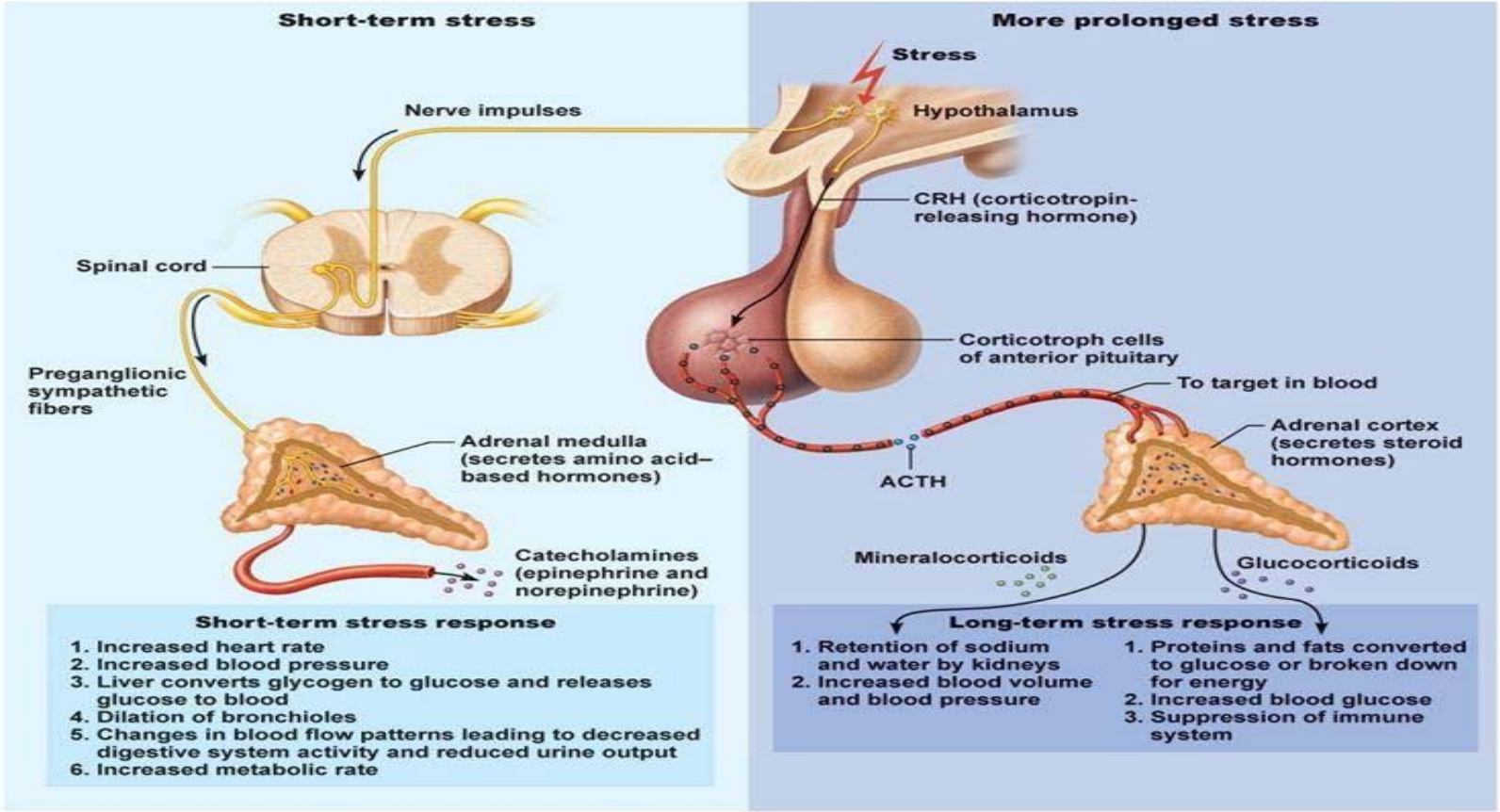
SPECIFIC SOCIAL DETERMINANTS

WHAT ARE THE SOCIAL DETERMINANTS IMPACTING THE PHARMACY SECTOR?

HOW AND WHY


STRESS
CHRONIC
EFFECT
EXHAUSTION
CONTROL
PAIN
ANGER
THERAPY
SYMPTOM
DEPRESSION
CRISIS
EMOTIONS
HEADACHE EFFECT
BREAKDOWN
HEART
ANXIETY
TENSION
FATIGUE
HORROR
BRAIN
WORK

Function of cortisol in stress



LIFECOURSE MODEL

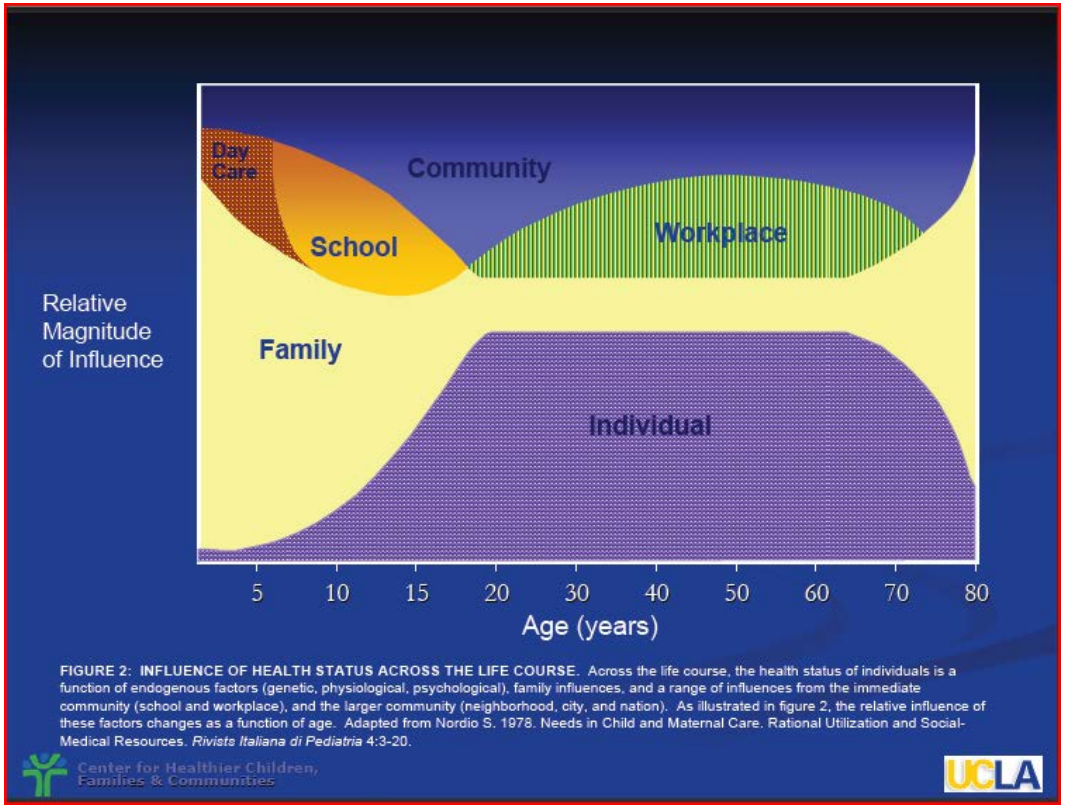


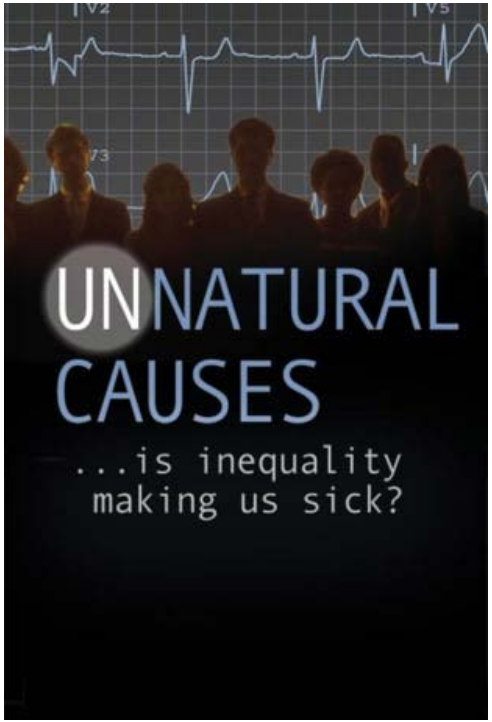
FIGURE 2: INFLUENCE OF HEALTH STATUS ACROSS THE LIFE COURSE. Across the life course, the health status of individuals is a function of endogenous factors (genetic, physiological, psychological), family influences, and a range of influences from the immediate community (school and workplace), and the larger community (neighborhood, city, and nation). As illustrated in figure 2, the relative influence of these factors changes as a function of age. Adapted from Nordio S. 1978. Needs in Child and Maternal Care. Rational Utilization and Social-Medical Resources. *Rivists Italiana di Pediatria* 4:3-20.

Center for Healthier Children, Families & Communities

UCLA


ZIP CODE
95202
Life Expectancy
73
<
ZIP CODE
92606
Life Expectancy
88
Your ZIP Code shouldn't predict how long you'll live, but it does.
health happens here
#HealthHappensHere
www.colendow.org
APHA
AMERICAN PUBLIC HEALTH ASSOCIATION
#APHA12
www.apha.org

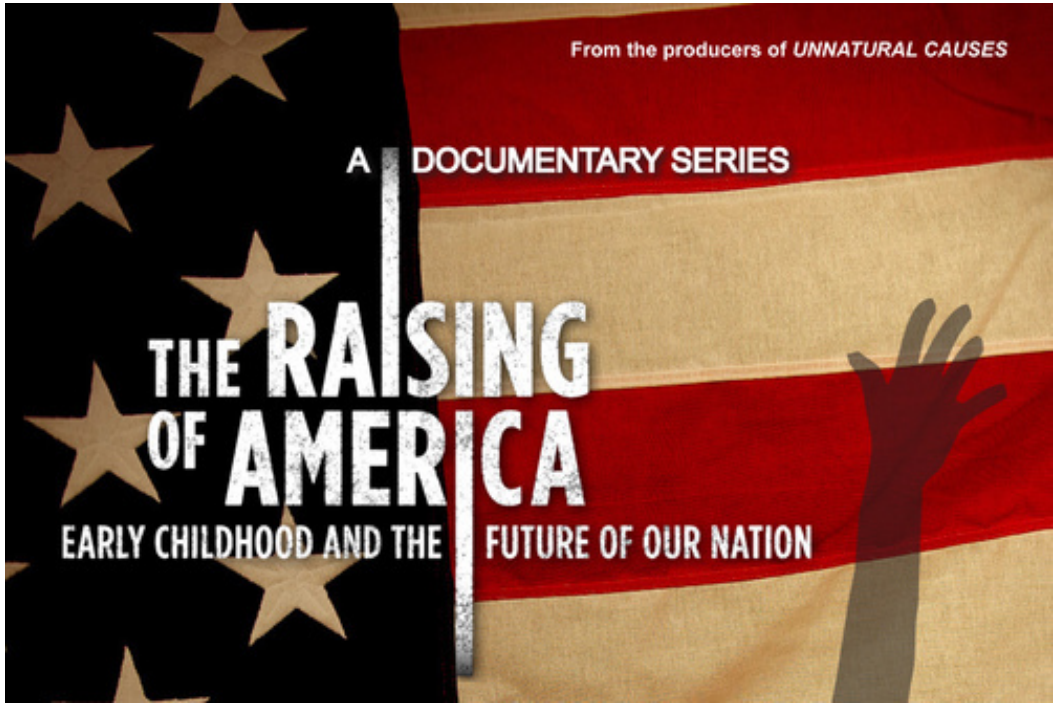
UNNATURAL CAUSES



https://www.youtube.com/watch?v=bXBkOYMCAro

WE REAP WHAT WE SOW

THE RAISING OF AMERICA



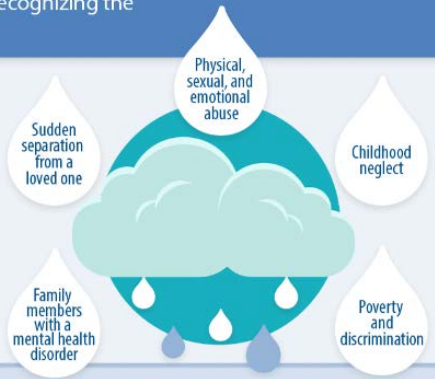
https://www.youtube.com/watch?v=1JgU_dRQyww

10 KEY INGREDIENTS FOR TRAUMA-INFORMED CARE

As health care providers become aware of the harmful effects of trauma on physical and mental health, they are increasingly recognizing the value of **trauma-informed approaches to care**.

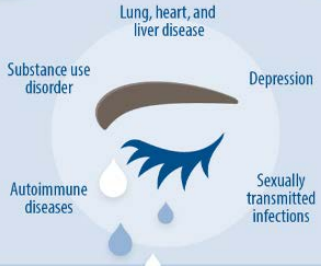
WHAT IS TRAUMA?

The Substance Abuse and Mental Health Services Administration (SAMHSA) describes trauma as **events or circumstances** experienced by an individual as **physically or emotionally harmful** or **life-threatening**, which result in adverse effects on the individual's **functioning and well-being**.



WHAT IS THE IMPACT OF TRAUMA ON HEALTH?

The Adverse Childhood Experiences (ACE) Study, conducted by the CDC and Kaiser Permanente, revealed that the more an individual is exposed to a variety of stressful and potentially traumatic experiences, the greater the risk for **chronic health conditions** and **health-risk behaviors** later in life.



HOW CAN PROVIDERS BECOME TRAUMA-INFORMED?

Trauma-informed care acknowledges that understanding a patient's life experiences is key to potentially improving engagement and outcomes while lowering unnecessary utilization.

In order to be successful, trauma-informed care must be adopted at the **organizational *and* clinical levels**.

Organizational practices reorient the culture of a health care setting to address the potential for trauma in patients *and* staff:

1. Lead and communicate about being trauma-informed
2. Engage patients in organizational planning
3. Train both clinical and non-clinical staff
4. Create a safe physical and emotional environment
5. Prevent secondary traumatic stress in staff
6. Build a trauma-informed workforce

Clinical practices address the impact of trauma on individual patients:

7. Involve patients in the treatment process
8. Screen for trauma
9. Train staff in trauma-specific treatments
10. Engage referral sources and partner organizations

For more details, read CHCS' brief, *Key Ingredients for Successful Trauma-Informed Care Implementation.*

Visit **www.chcs.org** for additional resources.

CHCS Center for Health Care Strategies, Inc.

Robert Wood Johnson Foundation


WORDS
DON'T TEACH,
ONLY LIFE
EXPERIENCE
Abraham Hicks


Let's Play
A Game!


The HAVES and the HAVE NOTS

YOUR COMMUNITY

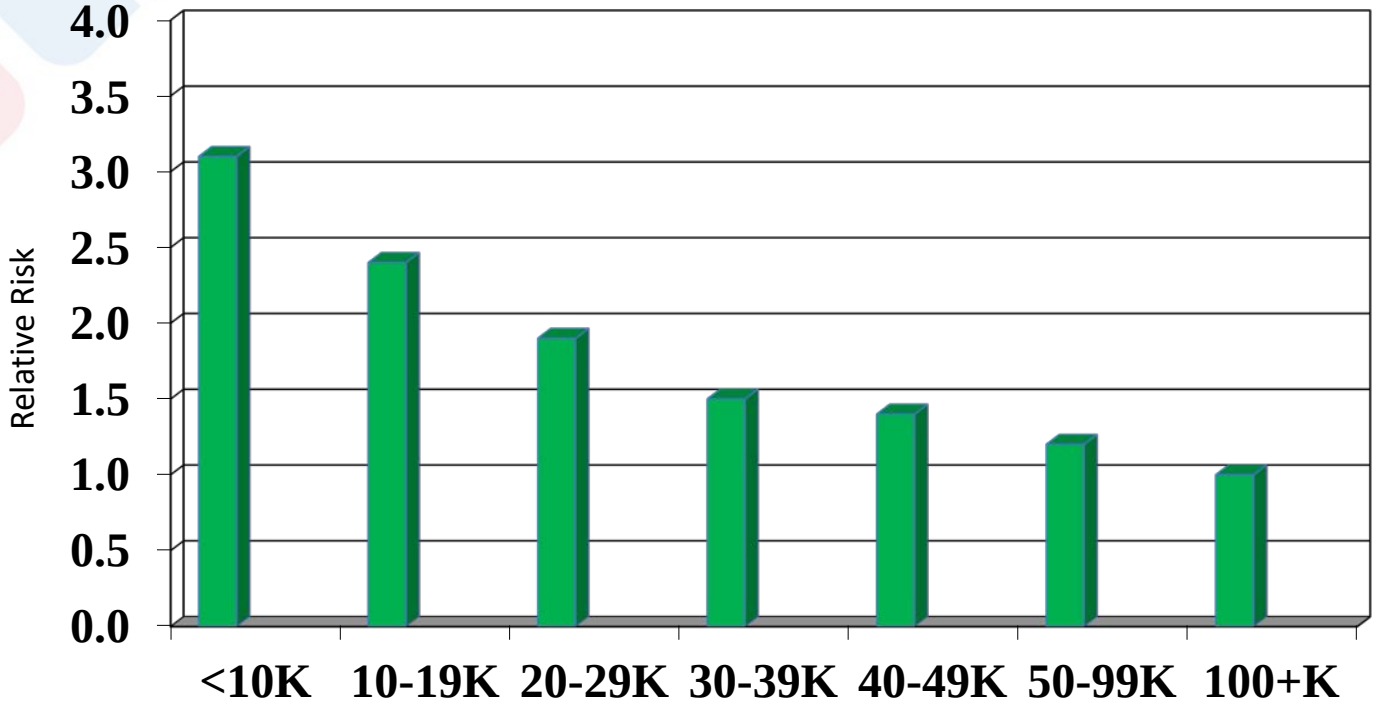
PLACE MATTERS

YOUR PHARMACY

THE HAVES AND THE HAVE NOTS

1) Married parents at the time of birth
2) Could swim by the age of 5
3) Had books growing up in your household
4) Travelled internationally (have a passport)
5) Education was financed by private funds
6) Had private health insurance vs. Medicaid growing up
7) Family owned their home
8) Moved more than twice in childhood
9) Wore a helmet when riding a bike
10) Which direction do you ride your bike now? (With or against traffic)

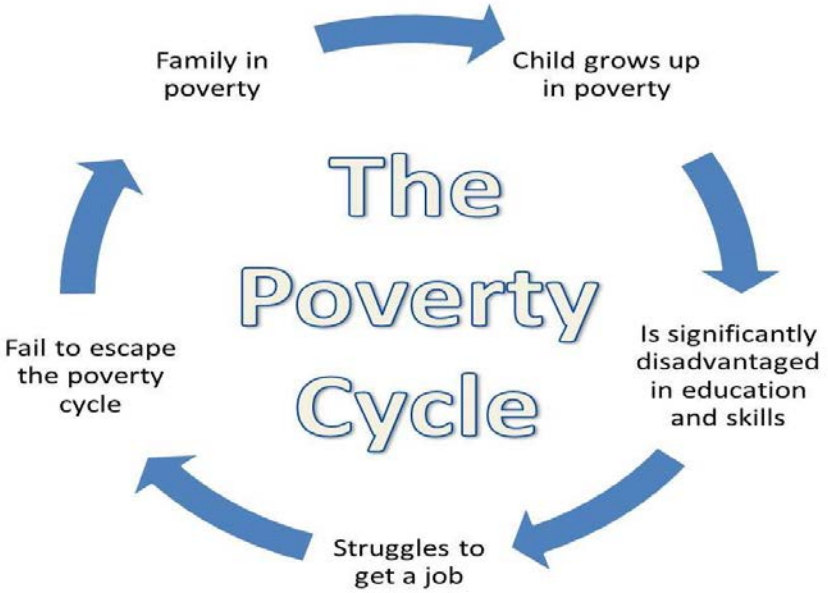
WEALTH IS GREATEST PREDICTOR OF HEALTH



Premature Death: <65

9-year mortality data from the National Longitudinal Mortality Survey

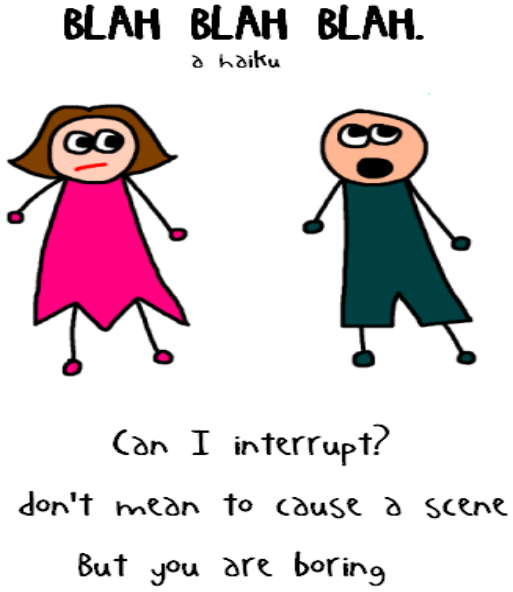
POVERTY


The Poverty Cycle
Family in poverty
Child grows up in poverty
Is significantly disadvantaged in education and skills
Struggles to get a job
Fail to escape the poverty cycle

MEDICATION QUALITY & ACCESS

SYSTEMIC ISSUE: PATIENTS, PROVIDERS, POLICY

So what does this have to do with the Pharmacist Again?




It's story
TIME

MEDICATION ACCESS & QUALITY MATTERS


PROBLEM
ANALYZE
SOLUTION!

THE GOAL

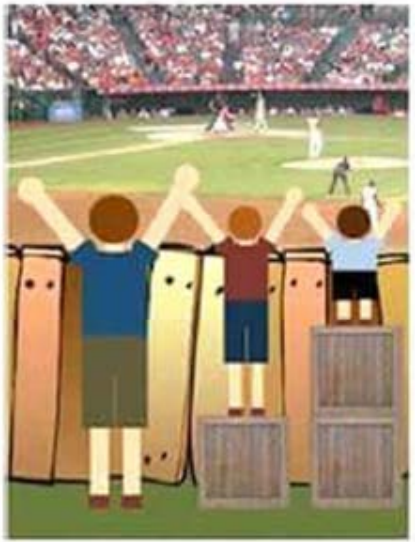
HEALTH EQUITY

A basic principle that all people despite race/ethnicity, gender, age, religion, geographic location, or sexual orientation have equal opportunity to lead healthy lives.

(access to quality, affordable medications)

EQUALITY VERSUS EQUITY

In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.

In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

CONCEPTUAL FRAMEWORK

GAINS IN HEALTH DISPARITIES

THE **AFFORDABLE CARE ACT** IN 2010 WAS THE MOST SIGNIFICANT PIECE OF LEGISLATION TO **REDUCE HEALTH DISPARITIES** SINCE **MEDICARE AND MEDICAID**, ACCORDING TO DR. NADINE GRACIA, DIRECTOR OF THE FEDERAL HEALTH AND HUMAN SERVICES' OFFICE OF MINORITY HEALTH.

CHANGES SINCE THE START OF THE FIRST OPEN ENROLLMENT PERIOD INCLUDE:

16.4 MILLION
UNINSURED PEOPLE GAINED COVERAGE

4.2 MILLION
HISPANICS GAINED COVERAGE

2.3 MILLION
AFRICAN-AMERICANS GAINED COVERAGE

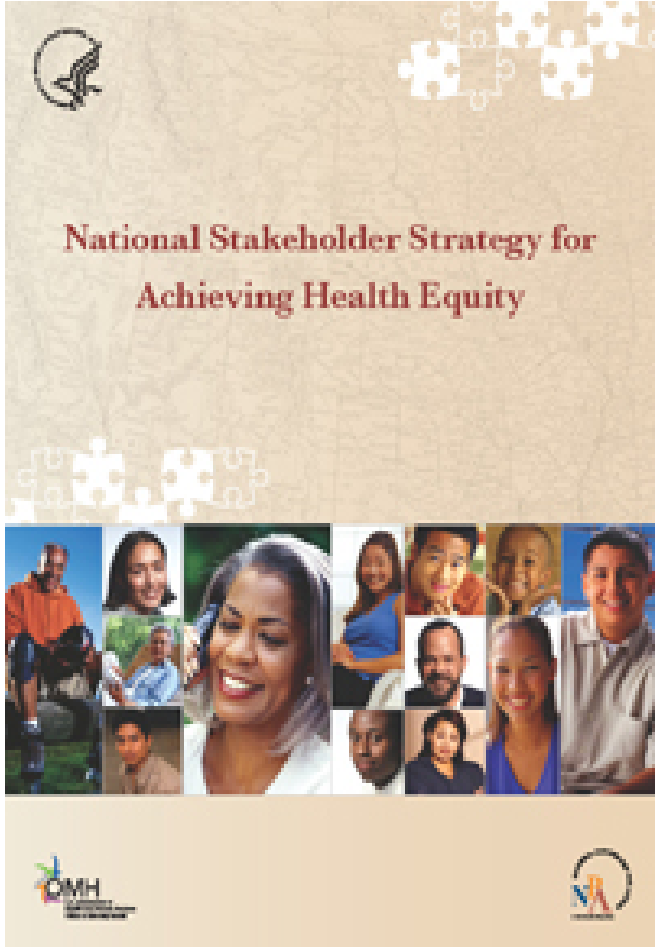
THE **UNINSURED** RATE FOR AFRICAN-AMERICANS **DECLINED** BY

41 PERCENT

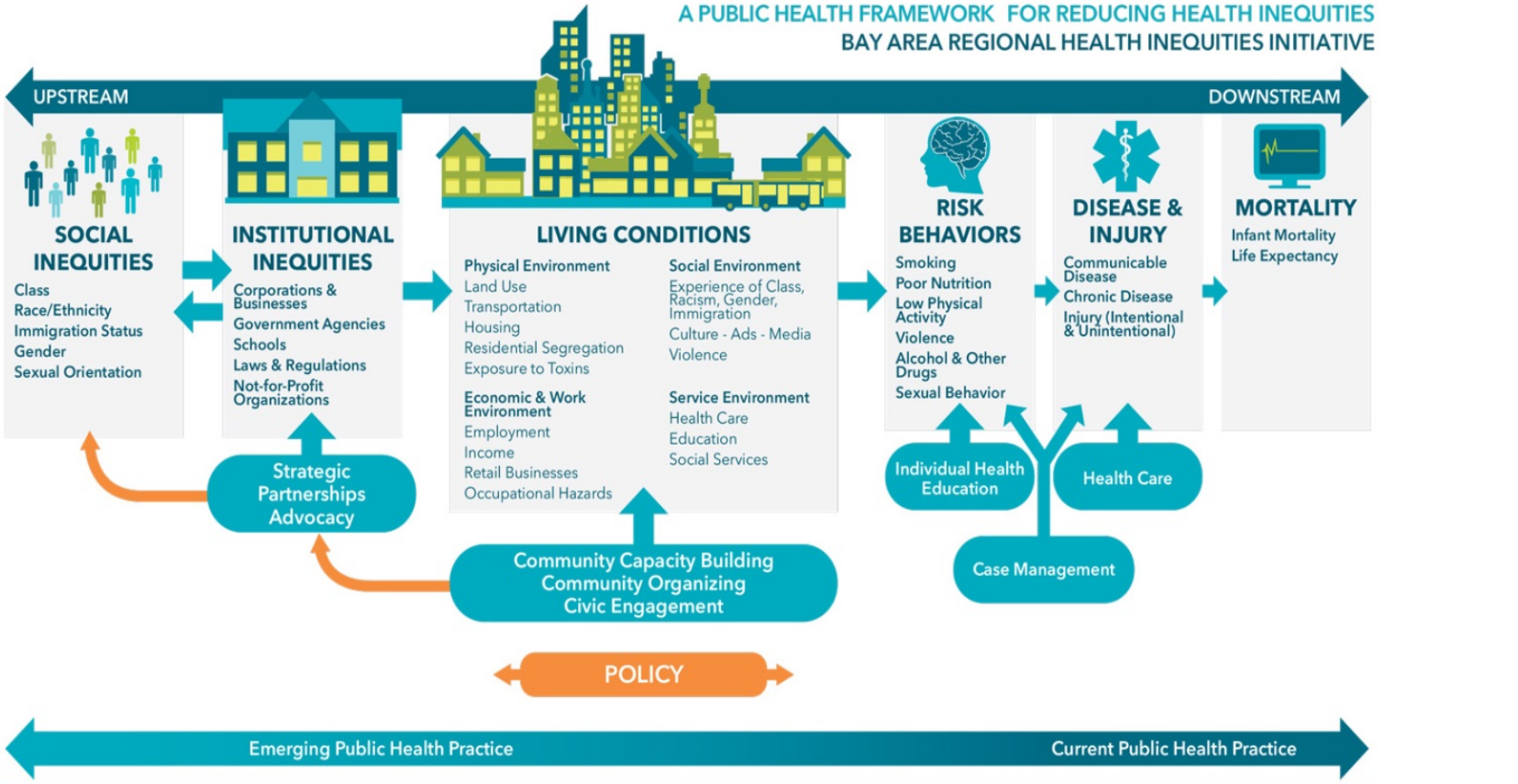
THE **UNINSURED** RATE FOR HISPANICS **DECLINED** BY

29 PERCENT

Source: U.S. Department of Health and Human Services

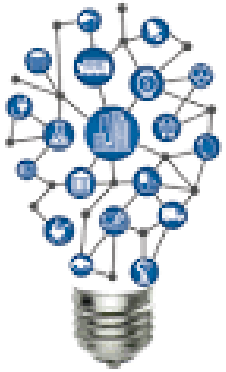

National Stakeholder Strategy for
Achieving Health Equity

CDC PROGRAMS ADDRESSING SOCIAL DETERMINANTS OF HEALTH


A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE
UPSTREAM
DOWNSTREAM
SOCIAL INEQUITIES
Class
Race/Ethnicity
Immigration Status
Gender
Sexual Orientation
INSTITUTIONAL INEQUITIES
Corporations & Businesses
Government Agencies
Schools
Laws & Regulations
Not-for-Profit Organizations
LIVING CONDITIONS
Physical Environment
Land Use
Transportation
Housing
Residential Segregation
Exposure to Toxins
Social Environment
Experience of Class, Racism, Gender, Immigration
Culture - Ads - Media
Violence
Economic & Work Environment
Employment
Income
Retail Businesses
Occupational Hazards
Service Environment
Health Care
Education
Social Services
RISK BEHAVIORS
Smoking
Poor Nutrition
Low Physical Activity
Violence
Alcohol & Other Drugs
Sexual Behavior
DISEASE & INJURY
Communicable Disease
Chronic Disease
Injury (Intentional & Unintentional)
MORTALITY
Infant Mortality
Life Expectancy
Strategic Partnerships Advocacy
Community Capacity Building
Community Organizing
Civic Engagement
Individual Health Education
Health Care
Case Management
POLICY
Emerging Public Health Practice
Current Public Health Practice

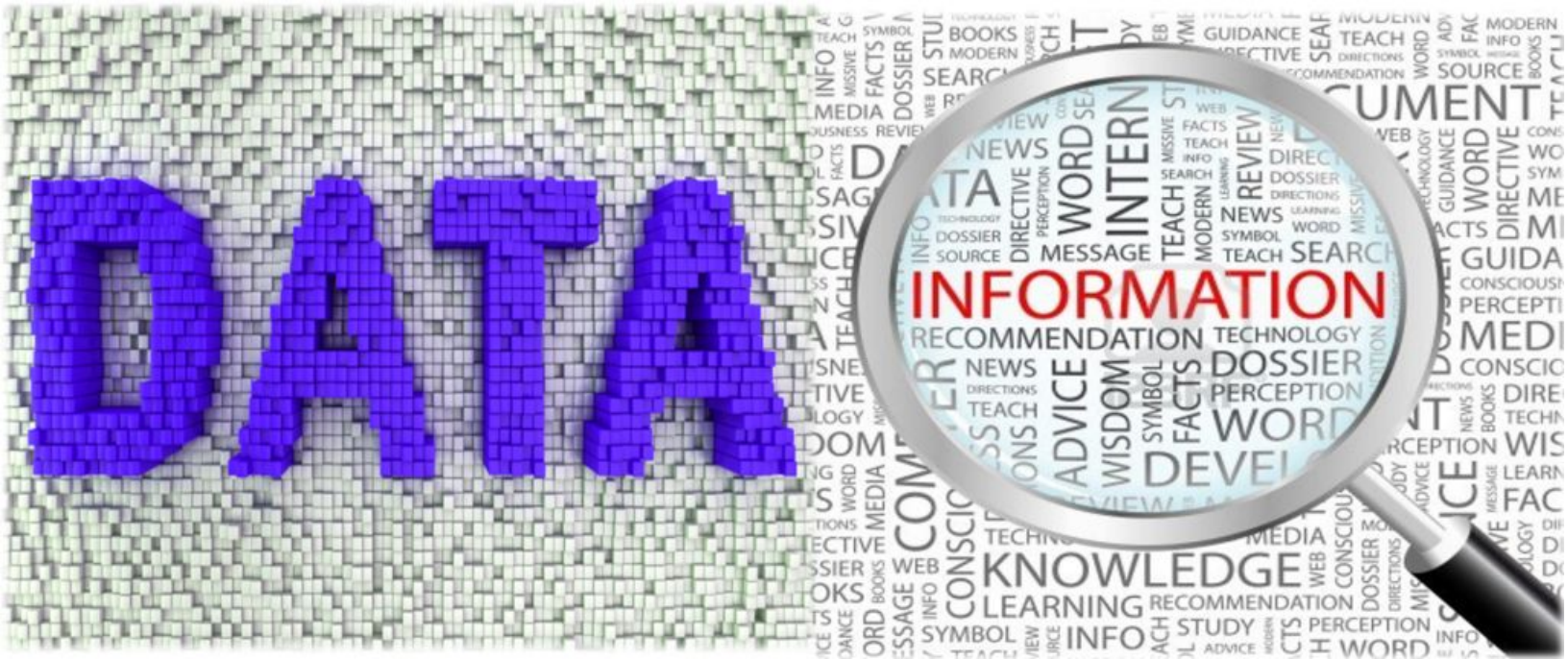
INTEGRATED SYSTEMS

Smart Systems



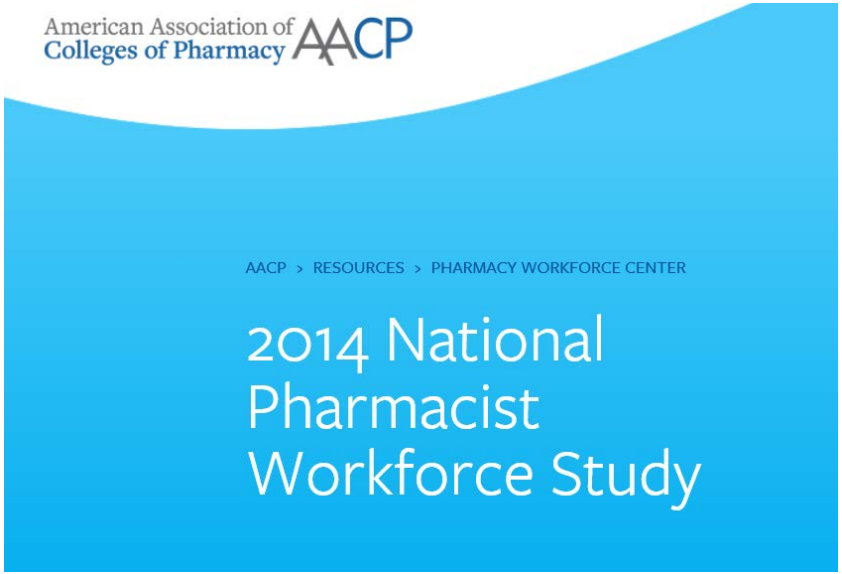
21st CENTURY TECHNOLOGY

INTEGRATED MEANINGFUL



VA & CORRECTIONS

REPRESENTATION



All of the respondents of the survey are licensed pharmacists in the United States. In order to be licensed in the U.S., pharmacists must graduate with an ACPE accredited school/college of pharmacy with a Bachelor of Science in Pharmacy or a Doctor of Pharmacy degree and must satisfy other licensure requirements (passage of NAPLEX examination, law examination and any other state board of pharmacy requirement). Pharmacists educated outside of the U.S. must satisfy an additional series of examinations and provide documentation as to their pharmacy education prior to being able to sit for licensure requirements.

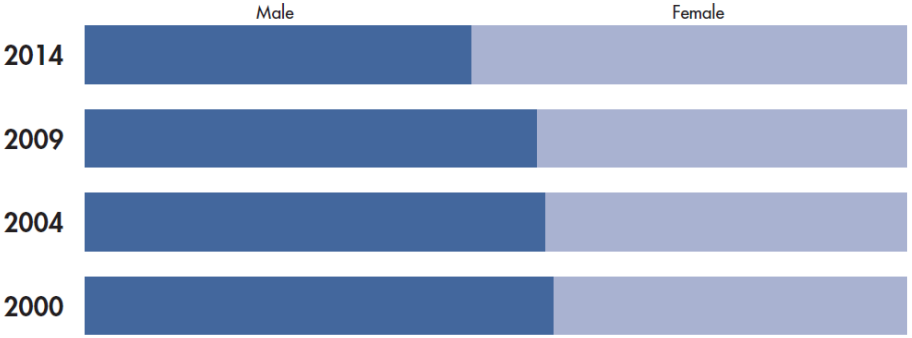
Pharmacy Workforce Center, INC.

PHARMACIST DEMOGRAPHICS

2014 National Pharmacist Workforce Survey Results

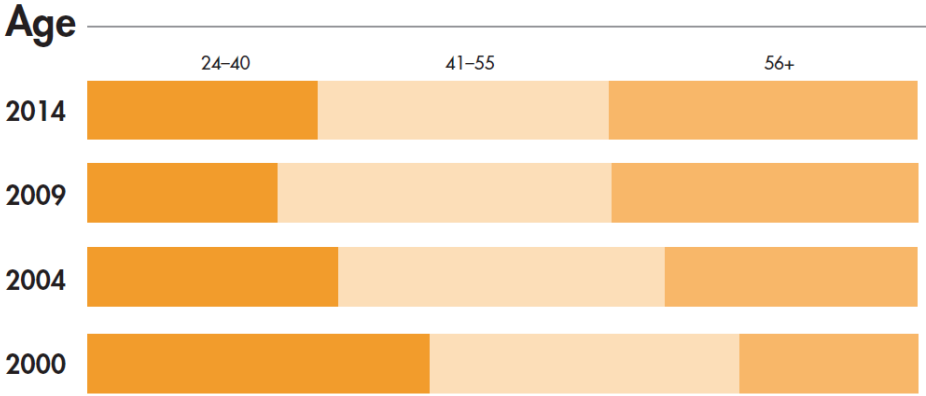
Demographic Information of Licensed Pharmacists as Percentages, 2000–2014

Gender



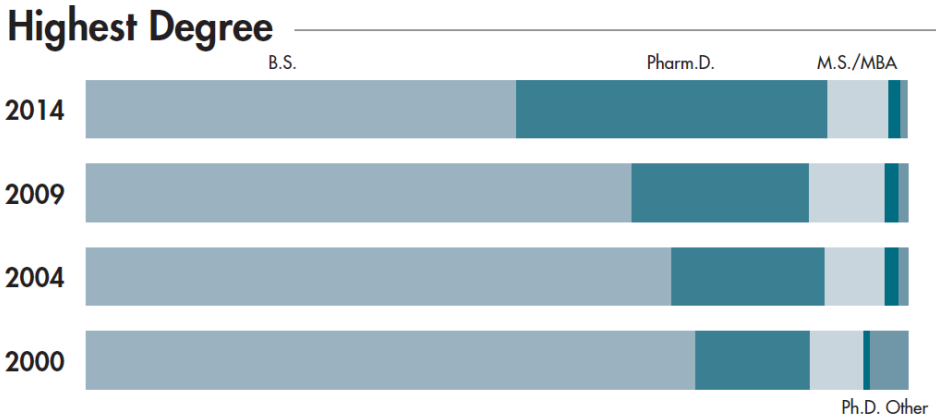
	Male	Female
2014	47.2	52.7
2009	55.2	44.8
2004	56.0	44.0
2000	56.7	43.3

PHARMACY DEMOGRAPHICS



	21–40	41–55	56+
2014	27.7	35.0	37.4
2009	22.8	40.2	37.1
2004	30.1	39.3	30.1
2000	41.1	37.3	21.6

PHARMACY DEMOGRAPHICS



	B.S.	Pharm.D.	M.S./MBA	Ph.D.	Other
2014	52.3	37.8	7.5	1.4	0.9
2009	66.3	21.6	9.2	1.7	1.2
2004	71.2	18.6	7.3	1.7	1.2
2000	74.1	13.9	6.5	0.8	4.7

PHARMACY DEMOGRAPHICS

	White	Black	Asian	Other*
2014	85.1	2.3	8.5	4.1
2009	86.5	2.3	8.1	3.3
2004	87.7	2.3	7.0	3.2
2000	87.8	2.3	7.1	3.0

*American Indian, Latino/Latina and Other

COMPETITION OR OPPORTUNITY
INNOVATION & TECHNOLOGY

Forget what you know about pharmacy

Driving to the store, waiting in line, chasing refills—today's pharmacy is a pain. PillPack is a service that saves you time, headache, and hassle.

PillPack vs. your pharmacy

CONVENIENCE & TIMELINESS

COMMUNICATION

American Journal of Pharmaceutical Education 2016; 80 (2) Article 19.

VIEWPOINT

Ensuring Population Health: An Important Role for Pharmacy

Georges C. Benjamin, MD

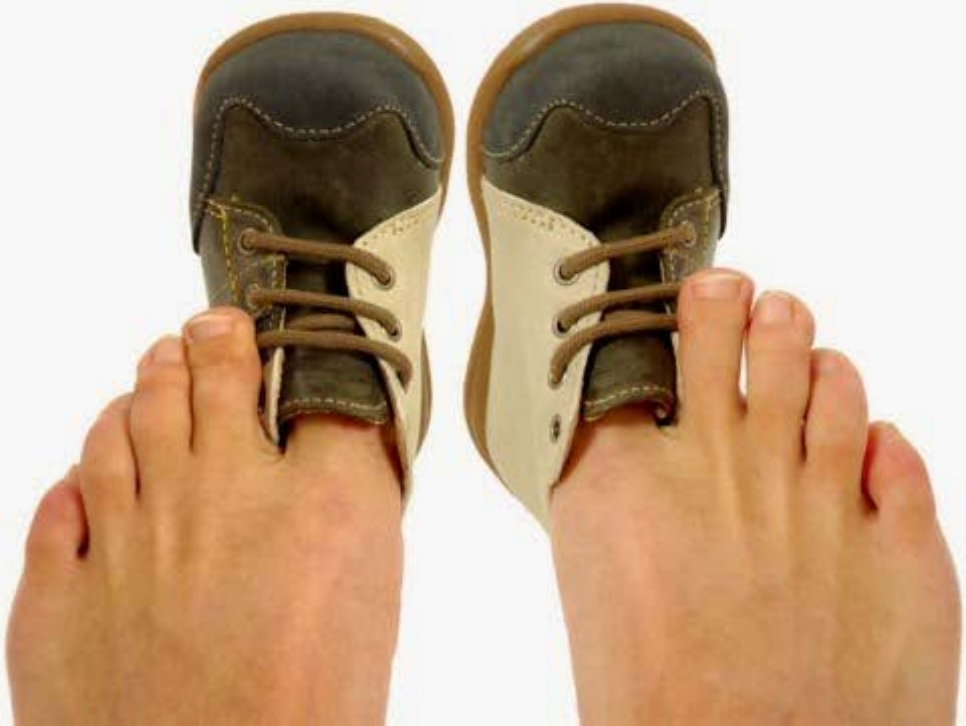
Executive Director, American Public Health Association

MY RECIPE: TED TALK

- R: RESEARCH & outREACH
- E: EDUCATION & ENGAGEMENT
- C: CLINICAL, (COLLECTIVE IMPACT, COMMUNITY)
- I: INTERDISCIPLINARY & QI
- P: PUBLIC HEALTH & POLICY (prevention)
- E: EVALUATION (empathy & empower)

HOW DO WE PUT THE U & I INTO EQ-UI-TY

One size does **NOT** fit all



WHAT FITS IN YOUR WORLD

RELEVANT, FEASIBLE SOLUTIONS

- If there were no barriers or limitations and it was guaranteed to work…
- What are some solutions specific to the PHARMACY sector to reduce disparities and improve quality and access to affordable medications?
- What role would an organization like PQA play in such a vision?


RESOURCES
9

MANY PRESENTED DURING THE FORUM…

Forum Agenda

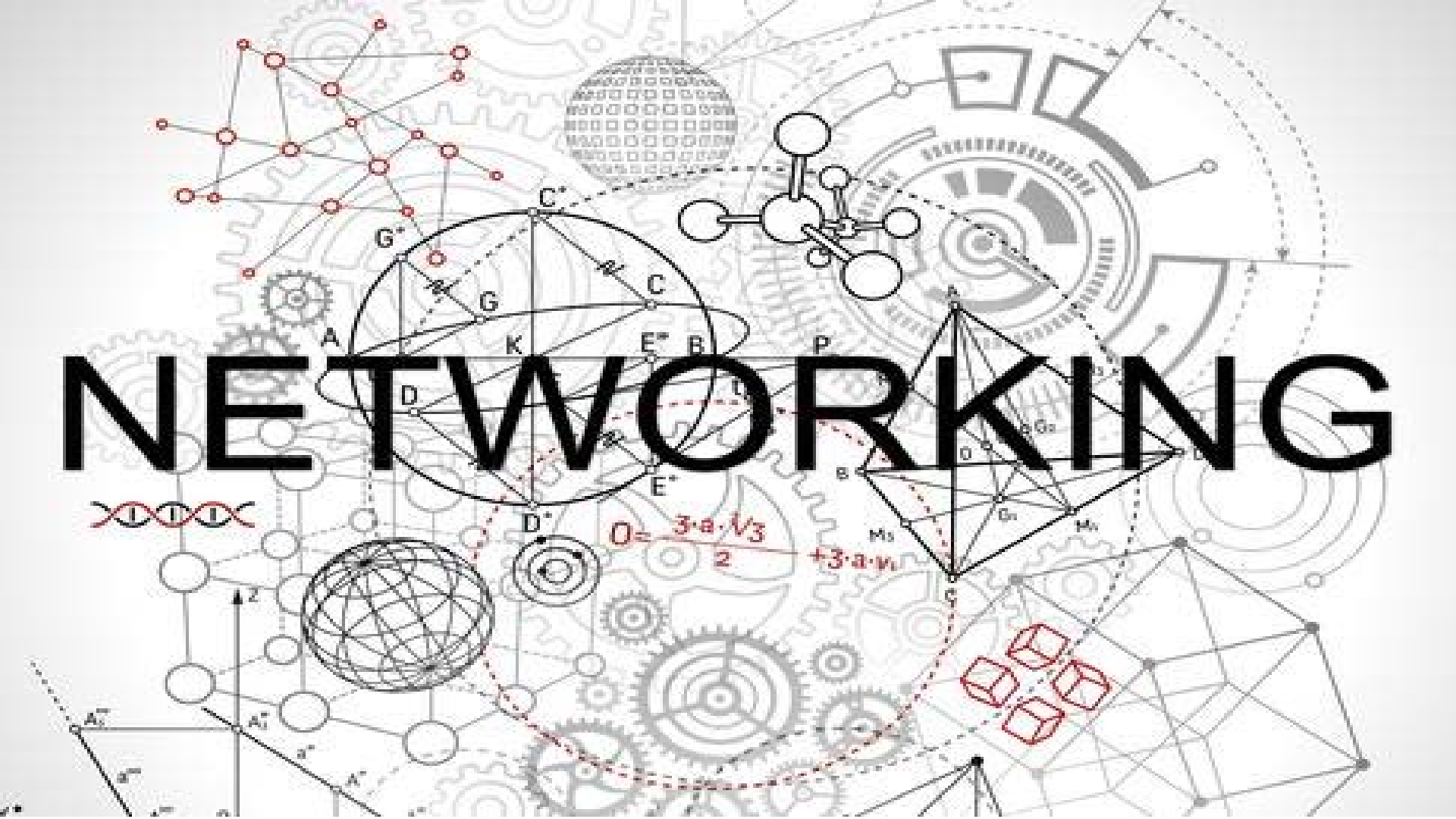
Wednesday, November 14, 2018

12:00 – 3:30pm	Registration
1:00 – 1:15pm	Welcome Remarks
1:15 – 2:00pm	Keynote: What Makes Us Healthy? The Challenges of the Health Haves and the Health Have Nots
2:00 – 2:45pm	My Zip Code and Me: When Social Determinants Get Personal
2:45 – 3:00pm	Break
3:00 – 4:30pm	What's the ROI? Bold Goals, Better Outcomes (with Discussion Panel)
4:30 – 6:00pm	Networking Reception

Thursday, November 15, 2018

8:00 – 8:45am	Continental Breakfast
8:45 – 10:00am	A Conceptual Framework of the Patient Medication Access Journey and Quality Measurement (with Discussion Panel)
10:00 – 10:15	Break
10:15 – 11:00am	Keynote: How Do We Measure a State of Equal and Equitable Opportunity
11:00 – 11:50am	Beyond Risk Adjustment: The Role of Quality Measurement in Improving Access and Reducing Disparities (Discussion Panel)
11:50 – 12:00pm	Closing Remarks
12:00pm	Adjourn

Coming Up Next . . .


NETWORKING


I'm going
to change
the world
and this is
my plan...


NEVER DOUBT
THAT A SMALL GROUP
OF THOUGHTFUL COMMITTED CITIZENS
CAN CHANGE THE WORLD:
INDEED IT'S THE ONLY THING
THAT EVER HAS.
MARGARET MEAD

All this will not be finished in the first 100 days. Nor will it be finished in the first 1,000 days, nor in the life of this Administration, nor even perhaps in our lifetime on this planet. But let us begin.

(John F. Kennedy)

Renaisa S. Anthony MD, MPH
Dranthony@W3CProductions.com