“How Health Equity Impacts the Triple Aim”

Dr. Alisha Moreland-Capuia
By the end of this lecture, you should be able to:

- Appreciate the triple
- Understand Health equity
- Comprehend Stereotype Threat
- Appreciate the role of Health Impact Assessments (HIA’s)
- Explore how CareOregon can operationalize “health equity”
Triple Aim

Improved Health

Better care
Lower Costs
Health Equity

Let’s vet the statement:
“A rising tide lifts all boats”
Health Equity

▪ The absence of avoidable and unfair inequalities in health

The World Health Organization Commission on Social Determinants of Health (WHO CSDH) endorses that health equity must involve:

▪ Fair distribution of growth and benefits.
▪ Moral responsibility

*A world that is greatly out of balance in matters of health is neither stable nor secure.*

Health Equity

In 2008, the WHO Commission on Social Determinants of Health released its final report and set of recommendations to create an extensive prescription of what is required to “close the gap” through action on social determinants across all sectors of society, structured under the following three overarching recommendations:

▪ improve daily living conditions;
▪ tackle the inequitable distribution of power, money and resources;
▪ measure and understand the problem and assess the impact of action.

Social determinants of Health

Conditions in the places where people live, learn, work, worship, age and play *IMPACT* social, physical, psychological, financial safety & quality-of-life outcomes and risks

Social Determinants - Structural

Social Determinants of Health

- Neighborhood/Environment
- Financial/Economic Stability
- Education
- Community
- Health and Health Provision
Potential threats to Equity

▪ Powerful social construct of racism
▪ History
▪ Bias
▪ Narrative
▪ Underlying assumptions
Exercise
Sandra Annette Bland
- Grew up in a Suburb of Chicago
- Family was middle class
- She was college educated
- Graduated with a degree in Agriculture
- She was a musician
The pain leaps out...everyone can relate to this feeling.
THE POWER OF IMAGES

Context and subtext: Conscious expression, subconscious application AND race as the powerful social construct
What can underlying assumptions lead to?
Conscious denial, subconscious application

Timothy McVeigh - Oklahoma
James Holmes - Colorado
Dzhokhar Tsarnaev – Boston
Eric Harris and Dylan Klebold – Colorado

Treyvon Martin - Florida
Michael Brown – Missouri
Freddie Gray – Baltimore
Sandra Bland – Texas
Eric Garner – New York
Stereotype Threat

Stereotype threat is a situational predicament in which people are or feel themselves to be at risk of conforming to stereotypes about their social group.

(Claude Steele, 1995)
Stereotype Threat

- African-American students who regarded the test as a measure of intelligence had more thoughts related to negative stereotypes of their group.

- Steele and Aronson measured this through a word completion task.

- African Americans who thought the test measured intelligence were more likely to complete word fragments using words associated with relevant negative stereotypes (e.g., completing "__mb" as "dumb" rather than as "numb").

(Steele & Aronson, 1995)
Toni Morrison calls out the racist association of blackness with criminality

https://www.youtube.com/watch?v=WvcJ1YyQCkA
Addressing health inequities

1. System
2. Individual
3. Both
Health Impact Pyramid

- Increasing Population Impact
- Long-Lasting Protection Interventions
- Clinical Interventions
- Counseling and Education
- Changing the Context to Make Individuals’ Default Decisions Healthy
- Socioeconomic Factors

Frieden T. American Journal of Public Health | April 2010, Vol 100, No. 4
Health Impact Assessment (HIA)

Northern and Yorkshire Public Health Observatory in Great Britain:

- A multidisciplinary process within which a range of evidence about the health effects of a proposal is considered in a structured framework . . . based on a broad model of health which proposes that economic, political, social, psychological, and environmental factors determine population health.

HIA

Five generally accepted key characteristics of HIA:

- A focus on specific policy or project proposals,
- A comprehensive consideration of potential health impacts,
- A broad, population-based perspective that incorporates multiple determinants and dimensions of health,
- A multidisciplinary systems-based analytical approach, and
- A process that is highly structured but maintains flexibility.

### Table 1  Health impact assessment in the United States: completed and in-progress HIAs (as of September 9, 2006)\(^1,2\)

<table>
<thead>
<tr>
<th>Title or topic</th>
<th>Location of the proposed policy or project</th>
<th>Organization(s) involved</th>
<th>Date</th>
<th>Key impacts and pathways</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles City Living Wage Ordinance (16)</td>
<td>Los Angeles, California</td>
<td>UCLA school of public health</td>
<td>2003 (published 2005)</td>
<td>Income Health insurance</td>
</tr>
<tr>
<td>After School Programs—Proposition 49 (74)</td>
<td>State of California</td>
<td>UCLA school of public health</td>
<td>2003</td>
<td>Education Crime</td>
</tr>
<tr>
<td>2002 Federal Farm Bill (74)</td>
<td>United States</td>
<td>UCLA school of public health</td>
<td>2004</td>
<td>Subsidies/nutrition Biofuels/air pollution</td>
</tr>
<tr>
<td>Sacramento Safe Routes to School (74)</td>
<td>Sacramento, California</td>
<td>UCLA school of public health and CDC, Project Move</td>
<td>2005</td>
<td>Physical activity Injury</td>
</tr>
<tr>
<td>Buford Highway/NE Plaza (74)</td>
<td>Atlanta, Georgia</td>
<td>UCLA school of public health and CDC, Project Move</td>
<td>2005</td>
<td>Physical activity Injury</td>
</tr>
<tr>
<td>Injury liability protection for recreational physical</td>
<td>State of California</td>
<td>UCLA school of public health</td>
<td>2005</td>
<td>Physical activity</td>
</tr>
</tbody>
</table>

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What is Behavioral Health?

Behavioral Health (substance use, mental and physical health)
Whole person wellness
Integrated Wellness

Criminal Justice

Healthcare

Education

Employment

Housing

Community (Land Use Planning and Public Health)

Environment (Land Use Planning and Public Health)

Family

RACISM, DISCRIMINATION, BIAS
Mental Health

According to the World Health Organization (WHO), depressive disorders are foremost contributors to the world’s health burden; affecting approximately 350 million people worldwide.

Study by Yu examined:
- the association among the ratio of female to male depressive disorder rates
- gross domestic product
- the GINI Index (a measure of statistical dispersion intended to represent the income or wealth distribution of a nation's residents, and is the most commonly used measurement of inequality), and the gender inequality index for 122 countries.

Findings of the study revealed:
- there exists a significant correlation between gender inequality and gender disparities in mental health.
- the GINI index is significantly associated with male—but not female—depressive disorder rates.
- Third, gender disparities in depressive disorders are associated with a country’s wealth.

Substance Use Disorders

- Approximately 9 million adults with a substance use and mental health disorder (co-occurring disorder)
- Access to treatment limited
- Shame and stigma is predominant
- Attitudes around Medication Assisted Treatment and Harm Reduction

Socioeconomic status

- Systematic review demonstrates a relationship between low socioeconomic status, health inequities and non-communicable diseases.

- WHO Commission on Social Determinants of Health reiterates that health inequalities are the result of the cumulative impact of decades of exposure to health risks of those who live in socioeconomically less advantaged circumstances.

Incarceration

- The impact of incarceration of mental and physical health is demonstrable.
- The impact of incarceration of families and communities is profound.

Oregon & Poverty

- In 2016, **12%** of Oregon adults and **17%** of children lived at or below the federal poverty level.

- Oregon ranks **22nd out of 51 states** (includes D.C.) for income inequality.*

- As of October 2017, Oregon ranked **30th** in the nation in unemployment, with **4.3%** of people in the state unemployed according to the U.S. Bureau of Labor Statistics.*

- Economic disadvantage impacts Frontier > rural > urban

Oregon & Education

- Resources for early childhood education are limited, costs for childcare is high
- Oregon Prekindergarten, the state’s largest publicly-funded preschool program, provides spaces for only six out of ten families facing poverty.‡

- Oregon Early Head Start, a state- and federally-funded program for children ages birth to three, currently provides access to only 8.1% of eligible children.

- Oregon is ranked 48th in education

- Abseentism is high, graduation rates are low

- Racial/ethnic and individuals with different abilities disparities in who accesses, are prepared and can afford post-secondary education in Oregon

Oregon & Food Insecurity

- Oregon ranks **44th** in the country (down from 34th in 2009)* in food insecurity.

- Among children in Oregon, one in five are food-insecure,

Oregon & Houselessness

- Houselessness - According to the January 2017 Point-In-Time Count, **13,953** people were homeless in Oregon (up 6% from 2015).

- 43% were sheltered† and 57% were unsheltered.‡

It was noted that this may be an underestimate.

Oregon & Affordable Housing

- Limited low-income and affordable housing options

- Limited transitional housing for persons re-entering the community (treatment, incarceration)

Oregon & Incarceration

- More than **200,000** people in Oregon spend time in a county, state, juvenile, or federal correctional institution every year.

- Approximately **180,000** spend time in a county jail, and **14,000** spend time in an institution operated by the Oregon Department of Corrections.

- The Oregon Youth Authority detains **6,000** adolescents every year and federal institutions detain another **1,700**.

- Among female prisoners in Oregon, **75%** are mothers, which has profound consequences for many children in our state.*

Oregon & Trauma

- Among Oregon adults, 46.2% experienced two or more ACEs during childhood and 22.3% experienced four or more.

- Among Oregon children 0 to 17 years old, 22.4% have experienced two or more ACEs. Among children with a special health care need, 41% have experienced two or more ACEs.

The percentage of people in Oregon experiencing four or more ACEs is higher for those with less than a high school education (29.4%) compared to those with more than a high school education (18.6%).

People living at or below the federal poverty level are more likely to have a high ACE score compared with those living above federal poverty level.

Brainstem: “survival center” - the primitive brain

Brain stem contains centers that regulate several functions that are vital for survival; these include blood pressure, heartbeat, respiration, digestion, and certain reflex actions such as swallowing and vomiting.

Fear: a natural response

**THALAMUS**
Giant switchboard, directs information to other parts of the brain

**HIPPOCAMPUS**
Sensory cortex and AMYGDALA—gives context to the situational and emotional aspects of fear

**HYPOTHALAMUS**
Fight-or-Flight response is activated.

**FRONTAL & TEMPORAL LOBES**
Higher cortical areas where the experience of dread happens

Dopamine is released & can cause panicked, irrational behavior

http://ridiculouslyefficient.com/this-is-your-brain-on-fear-infographic/
The fear response is meant to be time limited, once the fear trigger is eliminated, the fear response should subside. What happens when you live in a constant state of fear?
The Fear response...

- Is designed to help us “seek safety” in the face of threat

- When the threat leaves, theoretically, we should no longer be “seeking safety”

- However, there are some among us who remain in a constant state of fear and always “seeking safety” = trauma
Natural fear response unchecked = traumatization

“Traumatization occurs when both internal and external resources are inadequate to cope with external threat.”

-Van der Kolk, 1989
Being trauma-informed

▪ Builds greater capacity for empathy
▪ Restores a sense of basic humanity
▪ Inherently renders you culturally-responsive
Profound Lesson in developing greater capacity for Empathy: “A Time to Kill”

Three dimensional fear

Fear that undergirds powerful social constructs influences behavior and deleteriously impacts mood/ways of being
In order to achieve the triple aim, there must be keen attention paid to individuals within any given system delivering services and or care.

Healed people can support helping people heal. Whole people...
Vicarious Trauma and Secondary Traumatic Stress used interchangeably

- The term **Vicarious traumatization** (VT) was coined by Pearlman & Saakvitne (1995) to describe the profound shift in world view that occurs in helping professionals when they work with individuals who have experienced trauma.

- **Secondary Traumatic Stress** (STS) is a concept that was developed by trauma specialists Beth Stamm, Charles Figley and others in the early 1990s as they sought to understand why service providers seemed to be exhibiting symptoms similar to Post Traumatic Stress Disorder (PTSD) without having necessarily been exposed to direct trauma themselves.
Exposure to Trauma in the “Helping” Profession

Shift in Perception and Perspective

Unfortunate
- Trauma from hearing/seeing/reading/Responding
- Compassion fatigue

Varied Responses/Reactions

Limited
- Managed well and in a healthy fashion

Favorable
- Compassion preserved
- Compassion resilience/tra nsformation
Vicarious Resilience vs. Vicarious Trauma

**Vicarious resilience**
- Shift in goals or priorities
- Increased hopefulness and inspiration
- Change/impact on spiritual beliefs and practices
- Improved self-care practices
- Improved resilience and perspective taking on one’s own challenges
- Heightened racial, cultural and structural consciousness and awareness of relative privilege, marginalization and oppression

**Vicarious trauma**
- Disturbance in sleep
- Increased fear
- Irritability
- Fatigue
- Emotional numbing
- Nightmares
- Flashbacks and intrusive thoughts
Trauma

- **Acute** trauma results from a single incident.

- **Chronic** trauma is repeated and prolonged such as domestic violence or abuse.

- **Complex** trauma is exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.
Burn out

- Occupational specific dysphoria
- Service relationships that such providers develop with recipients require an ongoing and intense level of personal, emotional contact
- Organizational environments for these jobs are shaped by various social, political, and economic factors
- Work settings that are high in demands and low in resources
- Prevailing norms are to be selfless and put others' needs first

- Burnout is a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job
- The three key dimensions of this response are:
  - An overwhelming exhaustion
  - Feelings of cynicism and detachment from the job, and
  - A sense of ineffectiveness and lack of accomplishment.
- The significance of this three-dimensional model is that it clearly places the individual stress experience within a social context and involves the person's conception of both self and others.


Maslach Burnout Inventory assesses the three dimensions above
Two decades of research on burnout have identified a plethora of organizational risk factors across many occupations in various countries. Six key domains have been identified, as mentioned earlier:

- Workload
- Control
- Reward
- Community
- Fairness
- Values

Burn out

- Work overload contributes to burnout by depleting the capacity of people to meet the demands of the job

- A clear link has been found between a lack of control and burnout

- Insufficient recognition and reward (whether financial, institutional, or social) increases people's vulnerability to burnout

(Maslach, 2016)
Burn out

- When peer work relationships are characterized by a lack of support and trust, and by unresolved conflict, then there is a greater risk of burnout.

- Fairness is the extent to which decisions at work are perceived as being fair and equitable. People use the quality of the procedures, and their own treatment during the decision-making process, as an index of their place in the community.

- When there is a values conflict on the job, and thus a gap between individual and organizational values, employees will find themselves making a trade-off between work they want to do and work they have to do, and this can lead to greater burnout.

(Maslach, 2016)
Compassion Fatigue

Referred to as “the cost of caring”, limited empathy

Signs
• Chronic exhaustion (emotional, physical, or both)
• Reduced feelings of sympathy or empathy
• Dreading working for or taking care of another and feeling guilty as a result
• Feelings of irritability, anger, or anxiety
• Depersonalization
• Hypersensitivity or complete insensitivity to emotional material

- Headaches
- Trouble sleeping
- Weight loss
- Impaired decision-making
- Problems in personal relationships
- Poor work-life balance
- Diminished sense of career fulfillment
Trauma Stewardship

“Trauma stewardship refers to the ENTIRETY of how we interact with others’ suffering, pain, crisis, and trauma. It includes but is not limited to:

▪ our INTENTION in choosing the work we do
▪ our PHILOSOPHY of what it means to help others
▪ the TONE our caregiving takes,
▪ and our daily decisions about HOW WE LIVE OUR LIVES.

Trauma stewardship extends even to the ultimate MEANING we extract from our work.”

TRAUMA STEWARDSHIP (Van Dernoot Lipsky, 2007)
How to manage it?

▪ Deal with creating safety – what does this look like?

▪ Power of vulnerability and the downfall as well?

▪ The functional role of suffering

Com = with

Passio (in Greek) = suffering
How to manage it?

- Know what burn out and compassion fatigue is – be educated
- Practice good self care – eat well, exercise, get proper sleep and honor your emotional needs
- Connection – cultivate positive relationships outside of work and with loved ones
- Find a sense of purpose and hope
- Engage in outside hobbies that bring you joy
- Find peer support within the work place
- Seek personal therapy
A message with deeper meaning

Until we all win – Nike
Addressing health inequities

1. System
2. Individual
3. Both
Basic Needs – Maslow’s Hierarchy
Major takeaways

- Healthy equity is less likely to be achieved if a concerted effort isn’t made to check underlying assumptions, change narratives and deconstruct powerful social constructs.

- The triple aim is less likely to be achieved, if systems do not take the time to focus on the health and well being of individuals delivering services and care for whole communities.
What can CareOregon do?

- Employ a structural Approach – Health Impact Assessment

- Employ trauma informed approaches that considers the role of fear in “three dimensions”

- Support the health and well being of your employees so that they can better support the effort of facilitating health and healing for whole communities
What could CareOregon do?

CareOregon might consider adjusting contracts to specifically require (not just suggest) that recipients of funding must:

- Have a wellness program for its employees
- Pay employees a living wage with benefits
- Not only have a trauma-informed policy in writing, but must prioritize, promote and integrate “safety”
- Partner with social service agencies for collective impact in the arenas of housing, food insecurity, workforce development, education
- Change outcome measures
Discussion/Questions/Contact

My textbook coming out Fall 2019 – “Training for Change: Transforming systems to be Trauma-Informed, Culturally Responsive and Neuroscientifically focused”

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