Webinar Guidelines

- You will be listening to this webinar over your computer speakers. There is no need to call in.
- There is a chat box located on the lower right side of your screen for the live webinar.
- The live webinar will have a question and answer period at the end but you may type your questions into the chat box at any time.

Chat Box

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- The planners, moderators, and presenters for this webinar series do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this presentation.
- This program is funded by a grant from the New York State Department of Health.
- No commercial funding has been accepted for this activity.
Welcome to the Latino(a) Structural Competency Series

- This webinar is being presented live on June 16, 2015, and is being recorded and archived for future viewing.
- You can find Frequently Asked Questions on structural competency and additional readings and resources at: www.advancingcc.org

What is Structural Competency?

Structural competency refers to the capacity of practitioners to recognize and respond to the ways in which broad social, political and economic structures contribute to the vulnerability and ill health of the individuals and communities we serve.

The Four "Beats" of this Structural Competency Series
1. Historical frames of oppression
2. Present day socio-political barriers and challenges to health
3. Activism and advocacy within the community around health
4. Clinical cases

Webinars in the Latino/a Series

Today's Webinar:
Addressing Suburban Structures: Health and Latino Communities on Long Island
Martine Hackett, Hofstra University

Other Webinars in the Latino/a Series
Latin@ Health Disparities: Beyond the Culture Answer
Edgar Rivera Colon, Columbia University
Moises Serrano, El Cambio
Measuring Structural Vulnerability with a Day Laborer Case Study
Emiliano Bourgois-Chacon, Program Coordinator, San Francisco Day Labor Program and Women's Collective
Structural Issues Affecting Latinos in Small Cities and Rural Areas in New York State
Ladan Alomar and the Upstate Latino/a Coalition
Learning Objectives

1. Explain the structurally-related causes of health inequality on Long Island and other suburbs
2. Recognize the social and economic conditions that reduce health disparities
3. Identify strategies for addressing structurally-related health disparities in clinical and public health settings.

Continuing Education Credits and Evaluation

CNE, CME, CPH and CHES credits are available.

Complete the post-test and evaluation here:
http://www.albanycphhp.org/eval/pshev/eval.cfm?ID=245

Even if you do not intend to apply for Continuing Education credits, we would really appreciate it if you would fill out the evaluation. We value your feedback and are using it in the development of this structural competency series.

Martine Hackett, Ph.D., MPH
Department of Health Professions, Hofstra University
Addressing Suburban Structures: Health and Latino Communities on Long Island

Learning Objectives

1. Explain the structurally-related causes of health inequality on Long Island and other suburbs
2. Recognize the social and economic conditions that reduce health disparities
3. Identify strategies for addressing structurally-related health disparities in clinical and public health settings.

Structural Competency

The capacity for health professionals to recognize and respond to health and illness as the downstream effects of broad social, political, and economic structures.

"A shift in medical education ... toward attention to forces that influence health outcomes at levels above individual interactions." – Metzl and Hansen 2014
Components of Structural Competency in a Suburban Setting

- Recognizing influences of structures on patient health
- Recognizing influences of structures on the clinical encounter, including implicit frameworks common in healthcare
- Responding to structures in the clinic
- Responding to structures beyond the clinic
- Structural humility

Long Island: A Changing Suburb

Demographics Nassau County 2010-2012

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Non-Hispanic</th>
<th>Hispanic</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (2012)</td>
<td>871,867</td>
<td>153,091</td>
<td>1,024,958</td>
</tr>
<tr>
<td>Median household income in US dollars</td>
<td>80,220</td>
<td>112,763</td>
<td>94,273</td>
</tr>
<tr>
<td>Percent of families below poverty</td>
<td>2.2%</td>
<td>4.1%</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

### Demographics Suffolk County 2010-2012

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Non-Hispanic</th>
<th>Hispanic</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (2012)</td>
<td>1,067,563</td>
<td>111,185</td>
<td>1,499,273</td>
</tr>
<tr>
<td>Percent of population below poverty level</td>
<td>2.9%</td>
<td>8.4%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Median annual household income in US dollars</td>
<td>91,024</td>
<td>66,662</td>
<td>88,721</td>
</tr>
<tr>
<td>Percent of families below poverty level</td>
<td>11.1%</td>
<td>4.5%</td>
<td>4.3%</td>
</tr>
</tbody>
</table>

**Source:** NYS DOH, Nassau County Health Indicators by Race/Ethnicity, 2010-2012


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### Population Below Poverty Level, Adult 18-64
The relationship between place and health

- Residential segregation is the "fundamental cause of health disparities" (Williams & Collins, 2001)
- Built environment
- Housing hazards
- Environmental hazards
- Lower quality residential neighborhoods and amenities

Understanding Structural Competency in the Suburbs: A Digital Storytelling Approach
Population, Hispanic or Latino, Percent by Tract, 2009-2013

Hispanic or Latino, with Brownfield Sites (2014)

There are significant differences in health outcomes by race/ethnicity on Long Island.
Health Disparities by Race/Ethnicity in Nassau County

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Mortality Rate per 100,000</td>
<td>599.1</td>
<td>681.8</td>
<td>420.7</td>
</tr>
<tr>
<td>Premature Deaths Rate per 1,000 births</td>
<td>27.1%</td>
<td>55.2%</td>
<td>58.4%</td>
</tr>
<tr>
<td>Teen Pregnancy Rate per 1,000</td>
<td>5.5</td>
<td>16.2</td>
<td>30.6</td>
</tr>
<tr>
<td>Infant Mortality Rate per 1,000 births</td>
<td>9.7</td>
<td>13.6</td>
<td>9.8</td>
</tr>
<tr>
<td>Coroary Heart Disease Mortality Rate per 1,000</td>
<td>180.1</td>
<td>226.6</td>
<td>134.3</td>
</tr>
<tr>
<td>Diabetes Mortality Rate per 100,000</td>
<td>9.4</td>
<td>21.8</td>
<td>15.5</td>
</tr>
<tr>
<td>Colorectal Cancer Mortality Rate per 100,000</td>
<td>13.4</td>
<td>17.4</td>
<td>13.4</td>
</tr>
</tbody>
</table>

Source: NYS DOH, Nassau County Health Indicators by Race/Ethnicity, 2009-2011

Diabetes Mortality in Nassau County by race/ethnicity 2010-2012

Unintentional Injury Hospitalizations per 100,000 Age adjusted Suffolk County 2010-2012
Infant deaths per 1,000 births

Source: NYS DOH, Nassau County Perinatal Outcomes by Zip Code 2009-2011

Childhood Asthma discharge rate = 13.7

Source: NYS DOH, Asthma Hospital Discharge rate per 10,000 population, Nassau County, Age 0-17, 2008-2010

“[They] all serve the same thing, they don’t serve anything fresh, like vegetables and fruit.”

Roosevelt Photovoice, 2012
When social factors are equalized, health disparities dissipate. (LaVeist, et al., 2011)

Nassau University Medical Center’s (NUMC) Approach: Health Leads (HL) and Advocates for Community Health

Facing Suburban Challenges
Demographics of HL-NUMC clients

<table>
<thead>
<tr>
<th>Gender</th>
<th>% of Clients</th>
<th>Age</th>
<th>Race</th>
<th>Marital</th>
<th>Scotland</th>
<th>Household</th>
<th>Homeless</th>
<th>H.S.</th>
<th>Children</th>
<th>Medicaid</th>
<th>Medicare</th>
<th>Uninsured</th>
<th>Medicaid</th>
<th>Median Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Male</td>
<td>50%</td>
<td>26%</td>
<td>40%</td>
<td>25%</td>
<td>30%</td>
<td>20%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>$65,000</td>
</tr>
<tr>
<td>Female</td>
<td>50%</td>
<td>26%</td>
<td>40%</td>
<td>25%</td>
<td>30%</td>
<td>20%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>$65,000</td>
</tr>
</tbody>
</table>

**FIGURE 1:** Percentage of HL-NUMC clients with certain demographic characteristics

**FIGURE 2:** Percentage of HL-NUMC clients by number of "needs"
Lessons Learned from Health Leads

And now DSRIP...
Delivering System Reform Incentive Payment

What is DSRIP?

- The DSRIP program will promote community-level collaborations and focus on system reform.
- Large public hospital systems and safety net providers will collaborate with community providers, organizations and physicians to implement innovative projects.
- DSRIP creates a new provider entity, a Performing Provider System (PPS).
Goals of DSRIP

- Achieve statewide a 25 percent reduction in avoidable hospital use, including emergency department, readmissions and admissions for avoidable conditions, over five years.
- Focus on system transformation, clinical improvement, and population health improvement.

DSRIP Funding

- Funding allocated based on project valuation and outcomes
- Pay-for-performance: Incentive payments based on achieving improvements in care; must meet milestones and metrics first to get paid in the 5-year project period
- Improvements based on metrics and goals for Medicaid population
- Achievement of metrics is based on performance of whole PPS, not individual providers

Latino Population
Largest Number of Medicaid Enrollees in Nassau County

<table>
<thead>
<tr>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,561</td>
<td>2,953</td>
<td>6,514</td>
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<tr>
<td>3,715</td>
<td>2,986</td>
<td>6,701</td>
</tr>
<tr>
<td>11,151</td>
<td>9,336</td>
<td>20,487</td>
</tr>
<tr>
<td>25,815</td>
<td>25,663</td>
<td>51,478</td>
</tr>
</tbody>
</table>

Source: NYS Medicaid Claims Data, accessed 9/26/2014
Based on patient current ZIP code, which is subject to change
Structural Factors Seen as Barriers to Implementing DSRIP

- Transportation
- Availability of Services in Preferred Language
- Housing
- Health Literacy

Where do we go from here?

Health equity requires a commitment to social justice to create healthier living environments for everyone.
Thank you!
Twitter & Instagram: @publichealthy
Martine.Hackett@Hofstra.edu

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References