

A Commitment to Advance Racial Equity and Social Justice in Health



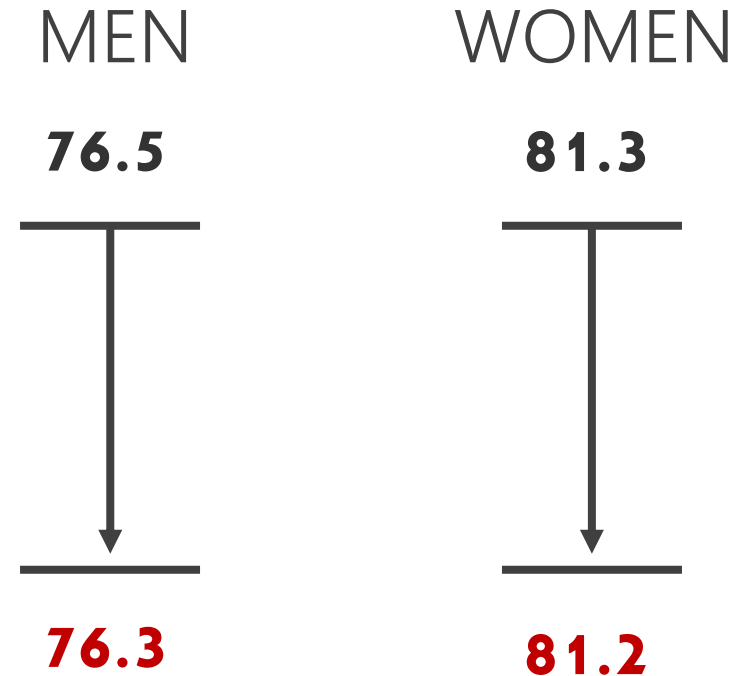
New York Academy of Medicine
4th Annual Population Health Summit

Dr. Aletha Maybank
December 12, 2016

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“Life Expectancy in U.S. Declines Slightly, and Researchers Are Puzzled” – [NYTIMES](#), THURSDAY, DECEMBER 8

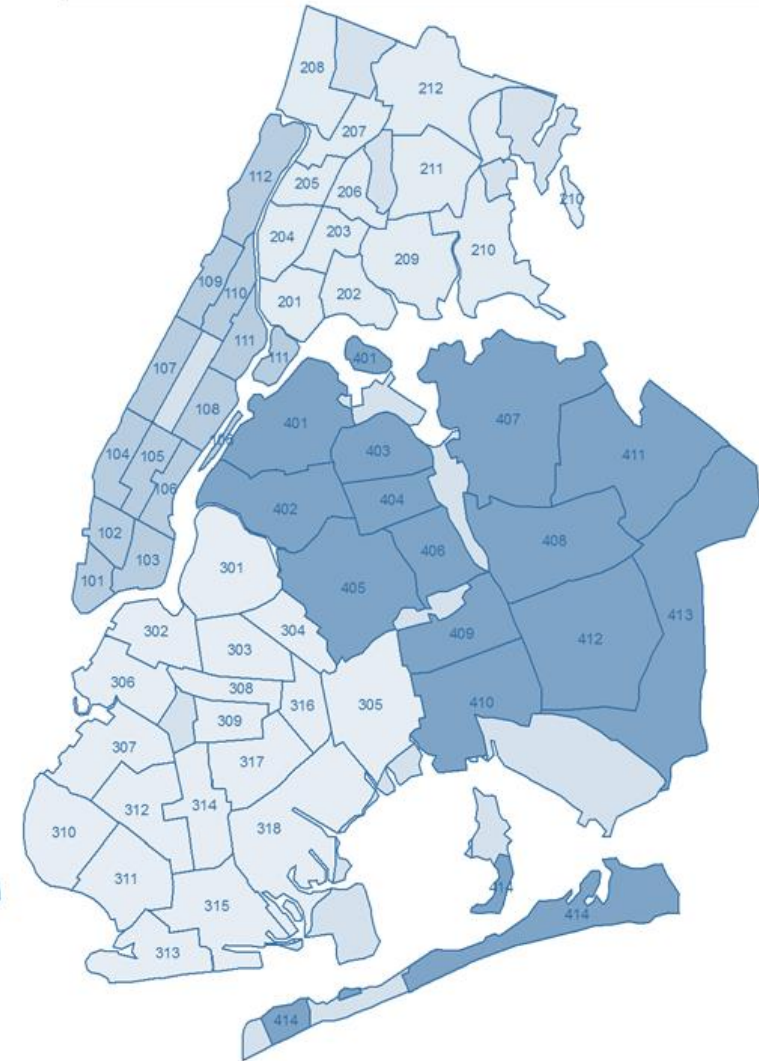
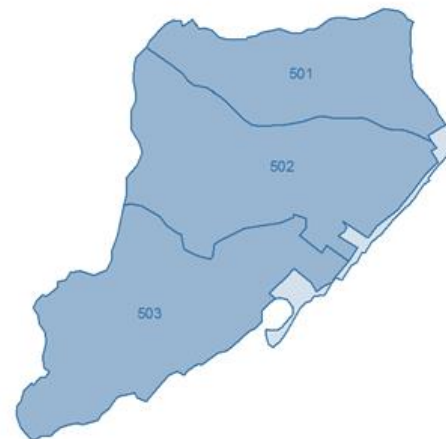
- U.S. death rate has increased for the first since 1993, particularly among people younger than 65
- The obesity epidemic could be playing a role in the increase in deaths from heart disease, strokes, diabetes and possibly Alzheimer's



A City of Neighborhoods

Our Mission:

“To protect and promote the health of all New Yorkers. DOHMH has the overall responsibility for the health of the residents of New York City.”



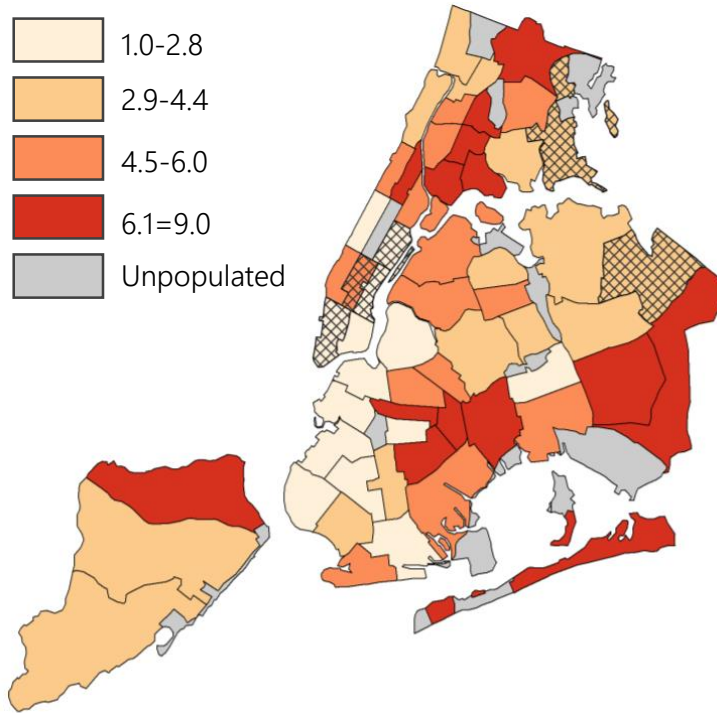
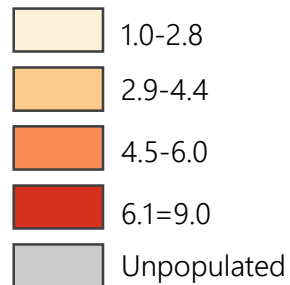
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Across Neighborhoods

BABIES AND PEOPLE ARE DYING TOO EARLY

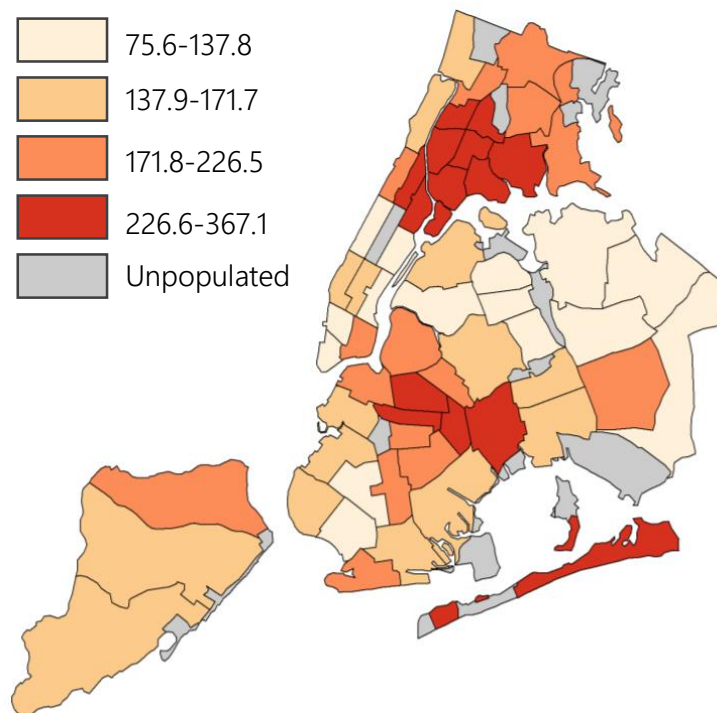
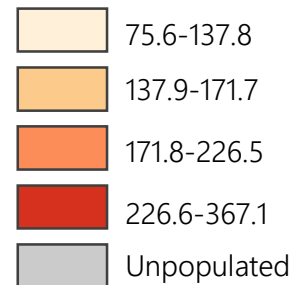
Infant Mortality

Rate per 1,000 live births



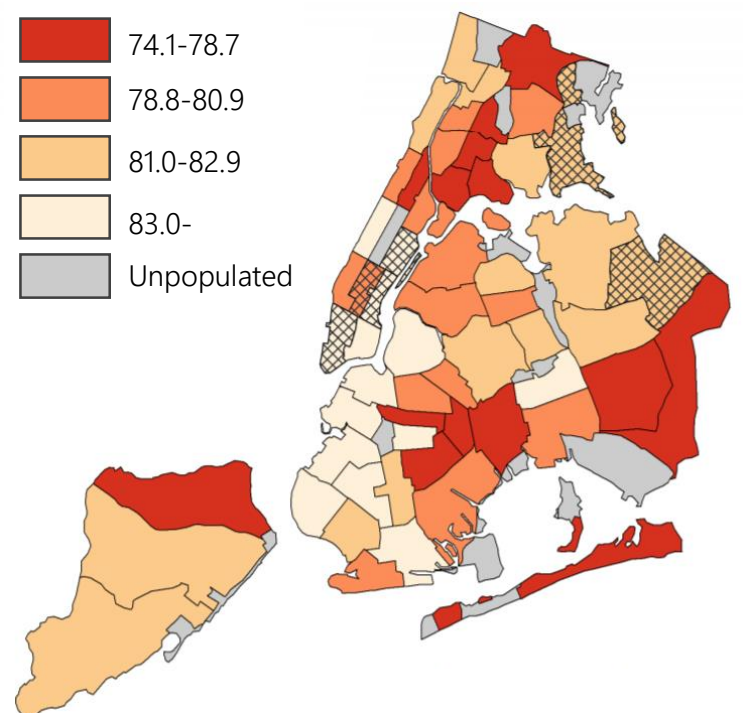
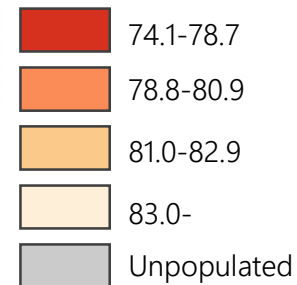
Premature Mortality (death before age 65)

Rate per 100,00 population



Life Expectancy

Years



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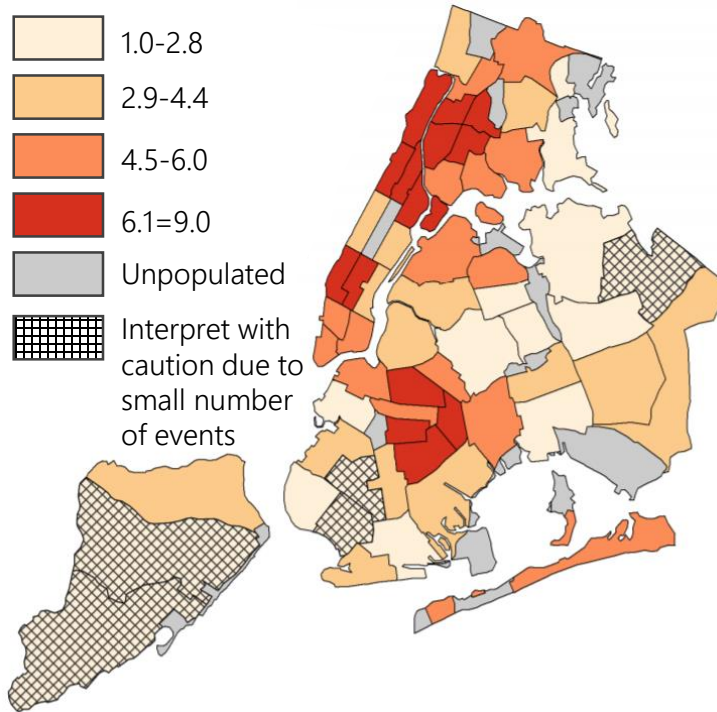
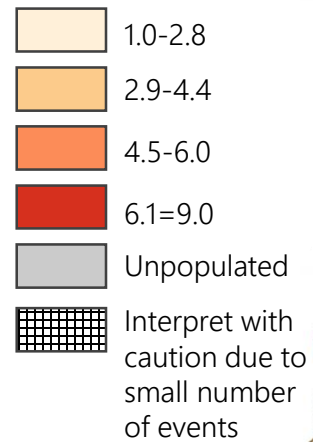
Source: New York State Department of Health Community Health Profiles — 2015 Atlas

Across Neighborhoods

DIFFERENCES IN HEALTH OUTCOMES

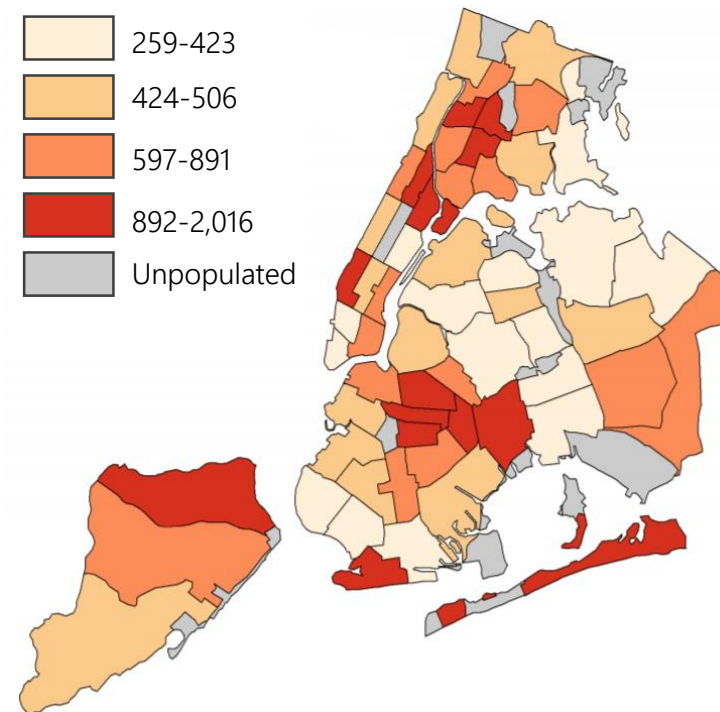
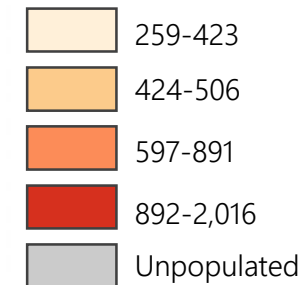
New HIV Diagnoses

Rate per 1,000 live births



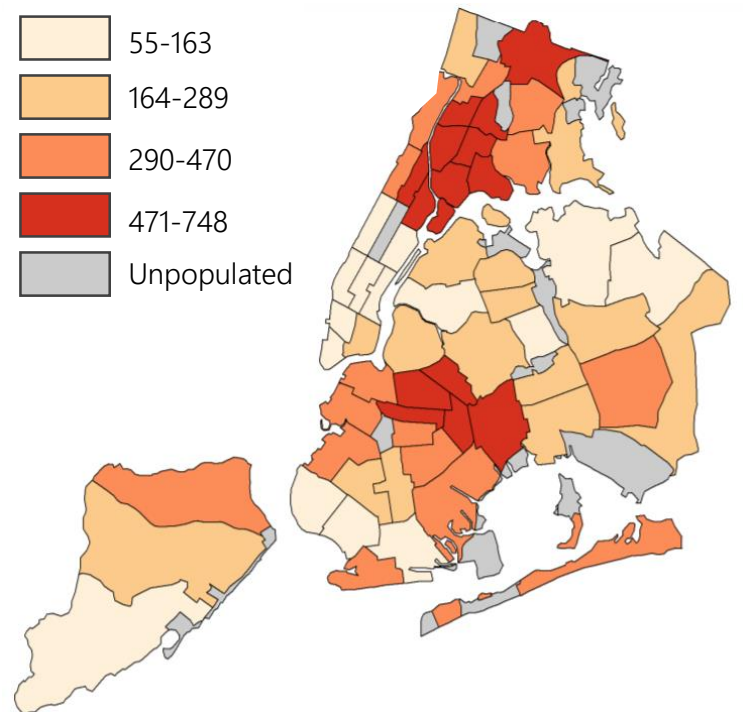
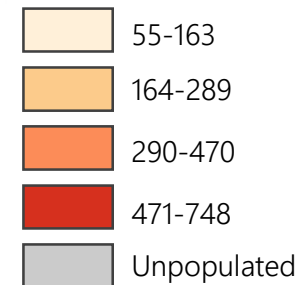
Psychiatric Hospitalizations

Rate per 100,00 population



Avoidable Adult Diabetes Hospitalizations

Rate per 100,00 adults



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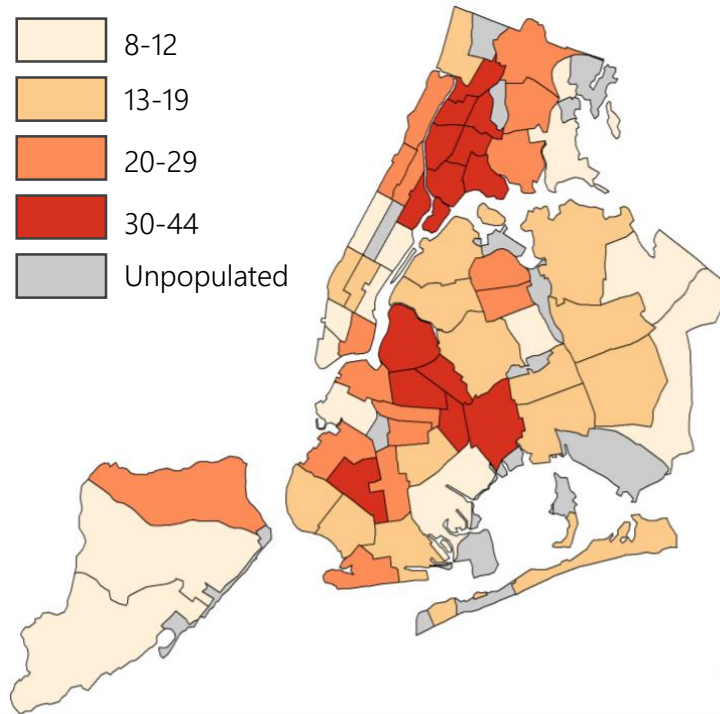
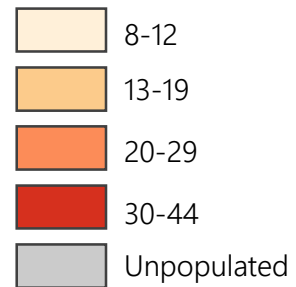
Source: New York State Department of Health Community Health Profiles — 2015 Atlas

Across Neighborhoods

DIFFERENCES IN SOCIAL CONDITIONS

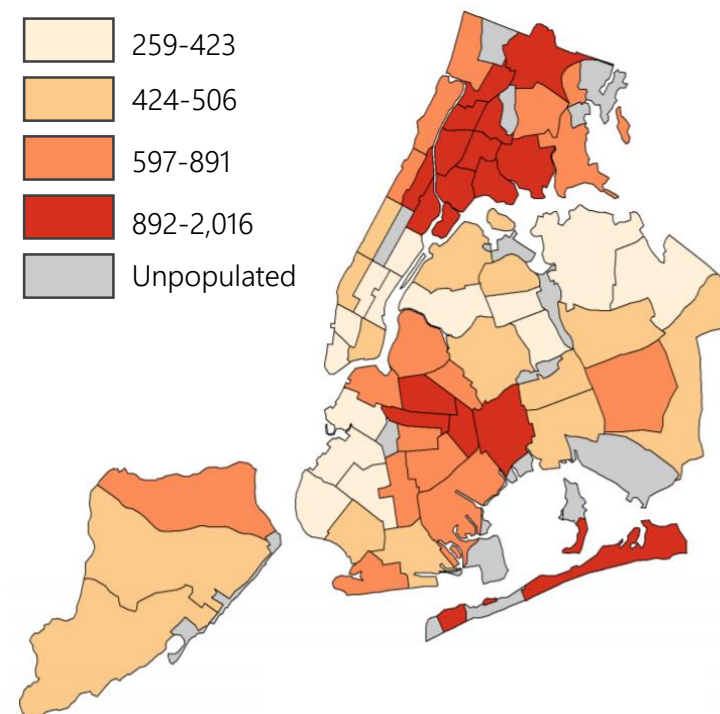
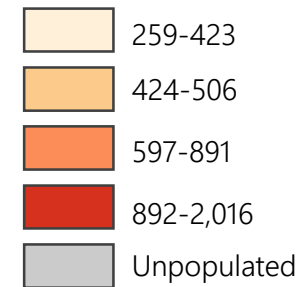
Poverty

Percent below federal poverty level



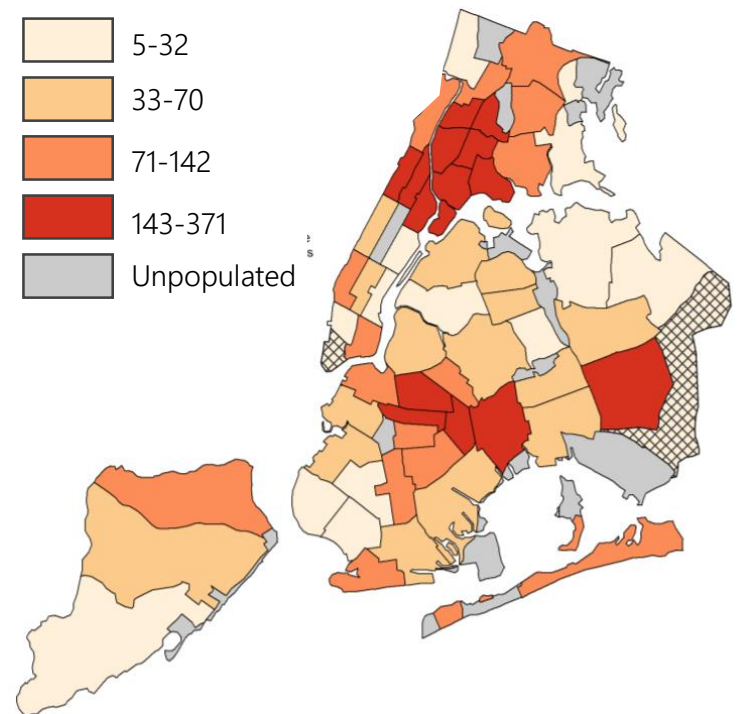
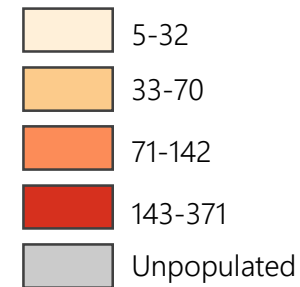
Elementary School Absenteeism

Percent of elementary students (Missing 20+ Days)



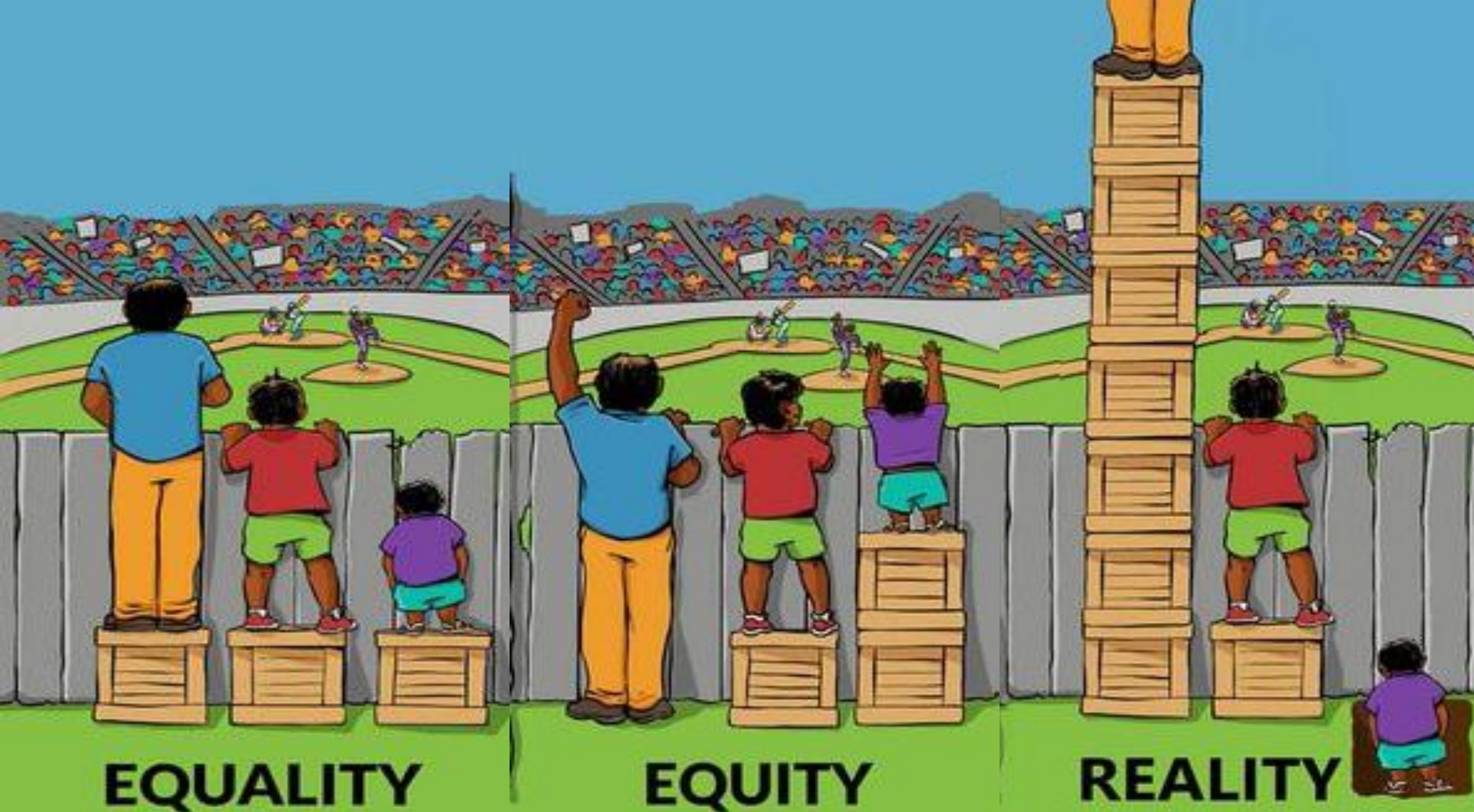
Jail Incarceration

Rate per 100,00 adults (ages 16+)



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Source: New York State Department of Health Community Health Profiles — 2015 Atlas



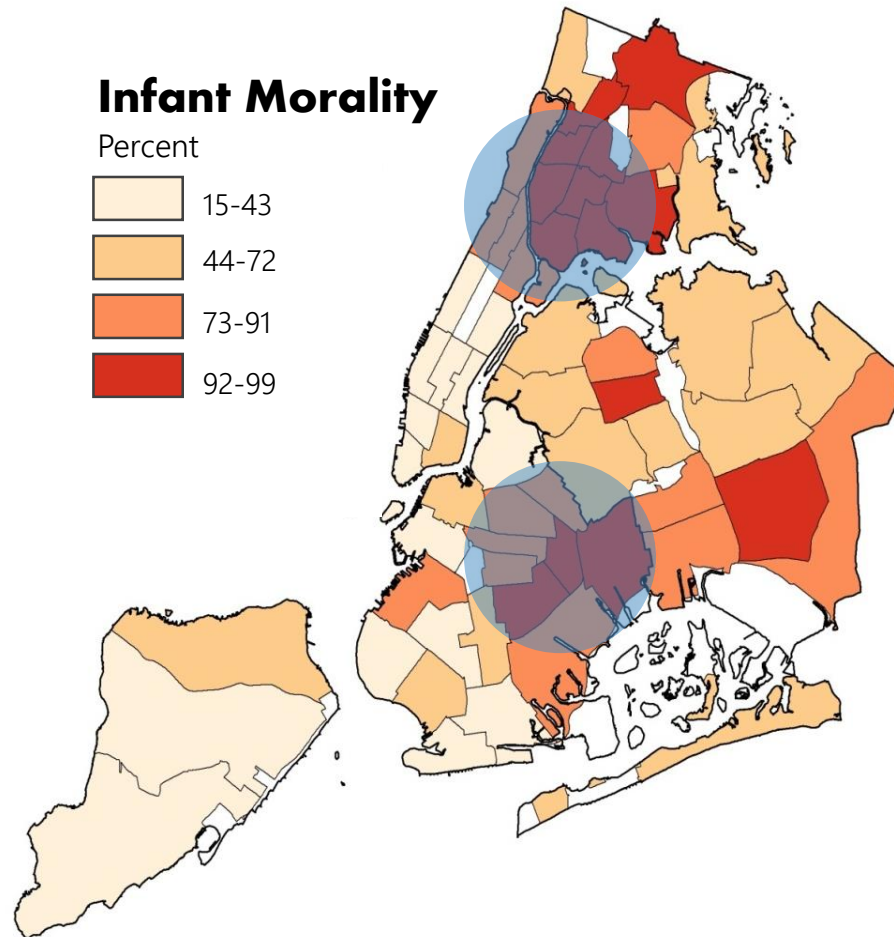
EQUALITY

EQUITY

REALITY

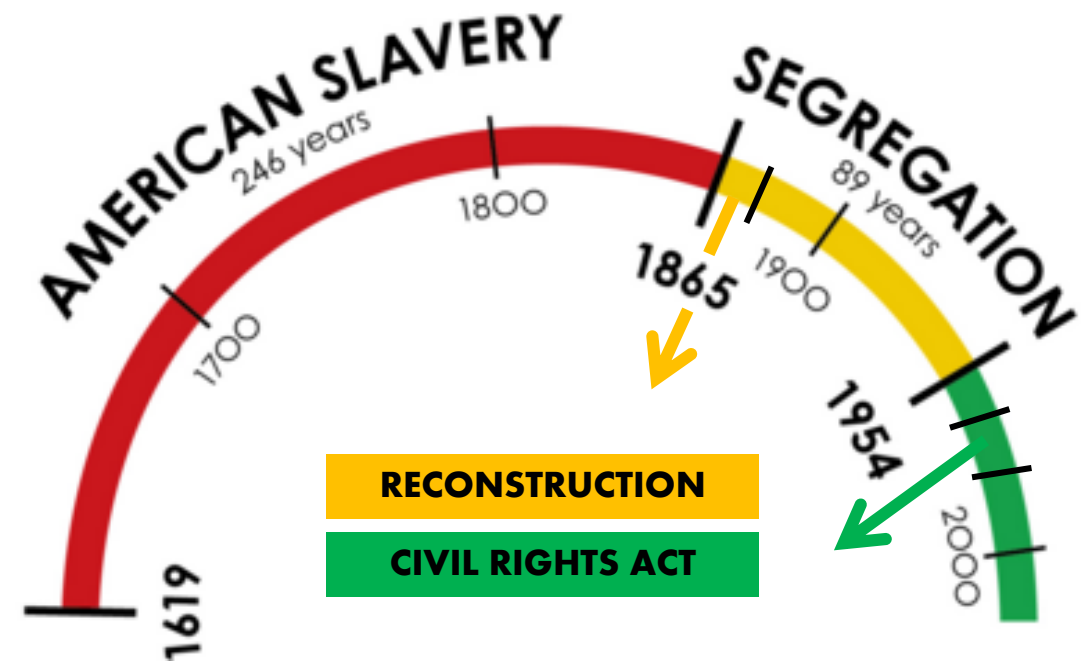
Across Neighborhoods

SEGREGATION BY RACE



Racism is a System of power and oppression that structures opportunities and assigns value based on race, unfairly disadvantaging people of color (racial oppression), while unfairly advantaging Whites (racial privilege & supremacy)

-Internalized-Interpersonal-Institutional-Structural



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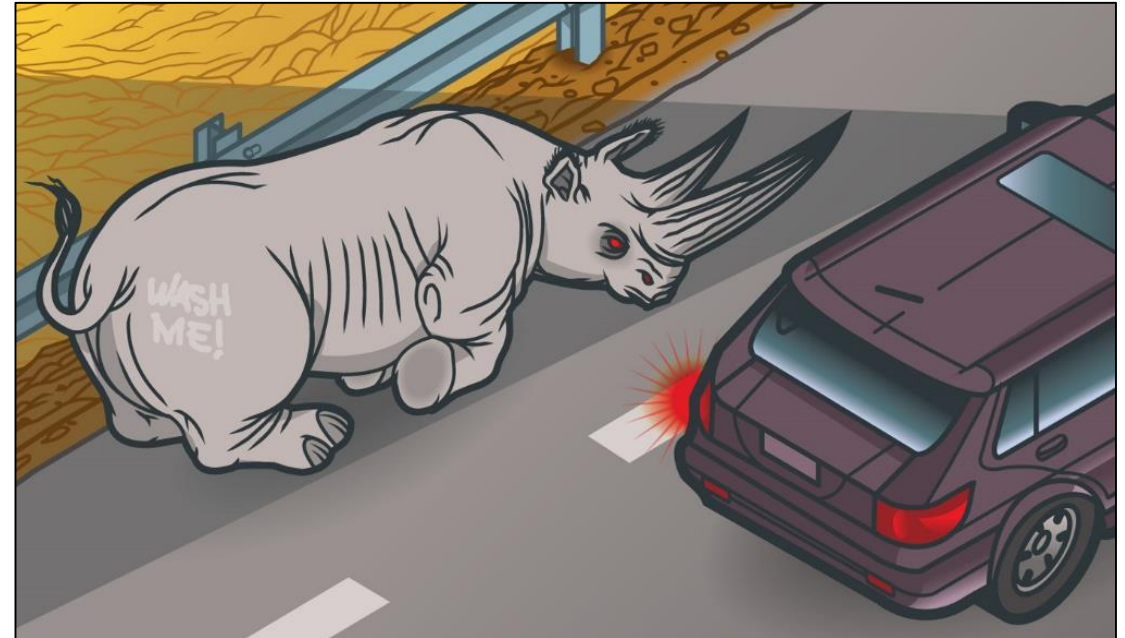
Source: NYC DOHMH population estimates, matched from US Census Bureau intercensal population estimates, 2010-2013, updated June 2014
 U.S. Census Bureau; American Community Survey, 2013 3-year Estimates, Table S1701; generated using American Fact Finder (<http://factfinder2.census.gov/>)

Unconscious Bias/Implicit Bias

"All of us, despite the best of all possible intentions, are affected by unconscious processes. It affects what we see, how we react, how we feel, how we behave. If we're not aware of it and taking measures to counter it, it affects quality of care."

- **Michelle van Ryn, Ph.D.**

Director of Mayo's Research Program
on Equity and Inclusion in Health Care



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Got Privilege?

"In my class and place, I did not recognize myself as a racist because I was taught to see racism only in individual acts of meanness by members of my group, never in invisible systems conferring unsought racial dominance on my group from birth.."

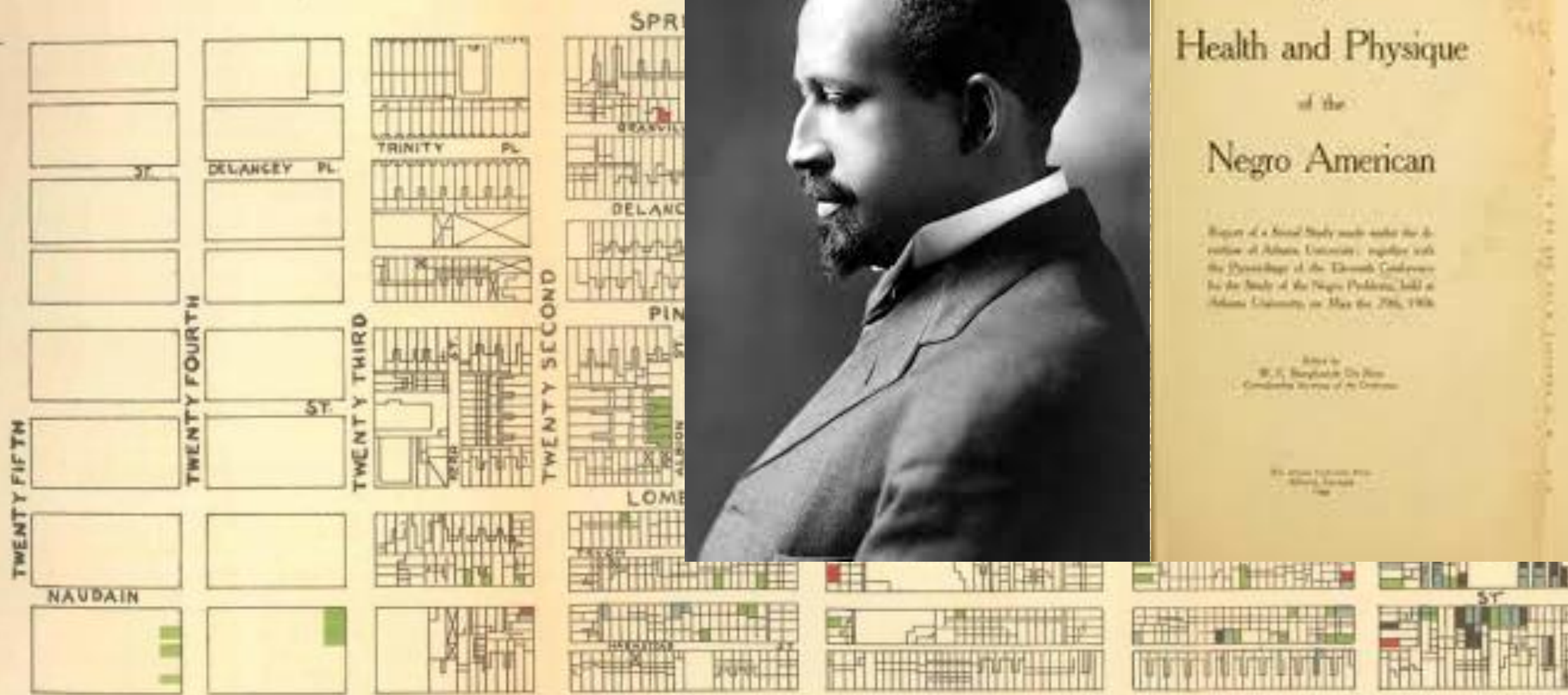
- **Peggy McIntosh, 1988**

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Root Causes of Inequities

- Policies that created all types of systems of unbalanced power and privilege
- Caused by historical practice of exclusion & discrimination across the life course
- Led to geographic concentration of poverty and hyper-segregation

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The Seventh Ward of Philadelphia

The Distribution of Negro Inhabitants Throughout the Ward, and their social position

(For a more detailed explanation of the meaning of the different grades, see [at] chap. xx.)

- Grade 4: *Evilness and Driveling Classes.*
- Grade 3: *The Poor.*
- Grade 2: *The Working People—Fair to Comfortable.*
- Grade 1: *The Wealthy.*
- Residence



The Health and Physique of the Negro American

Report of a Social Study made under the direction of Atlanta University, together with the Proceedings of the Eleventh Conference for the Study of the Negro Problem, held at Atlanta University in May the 29th, 1916.

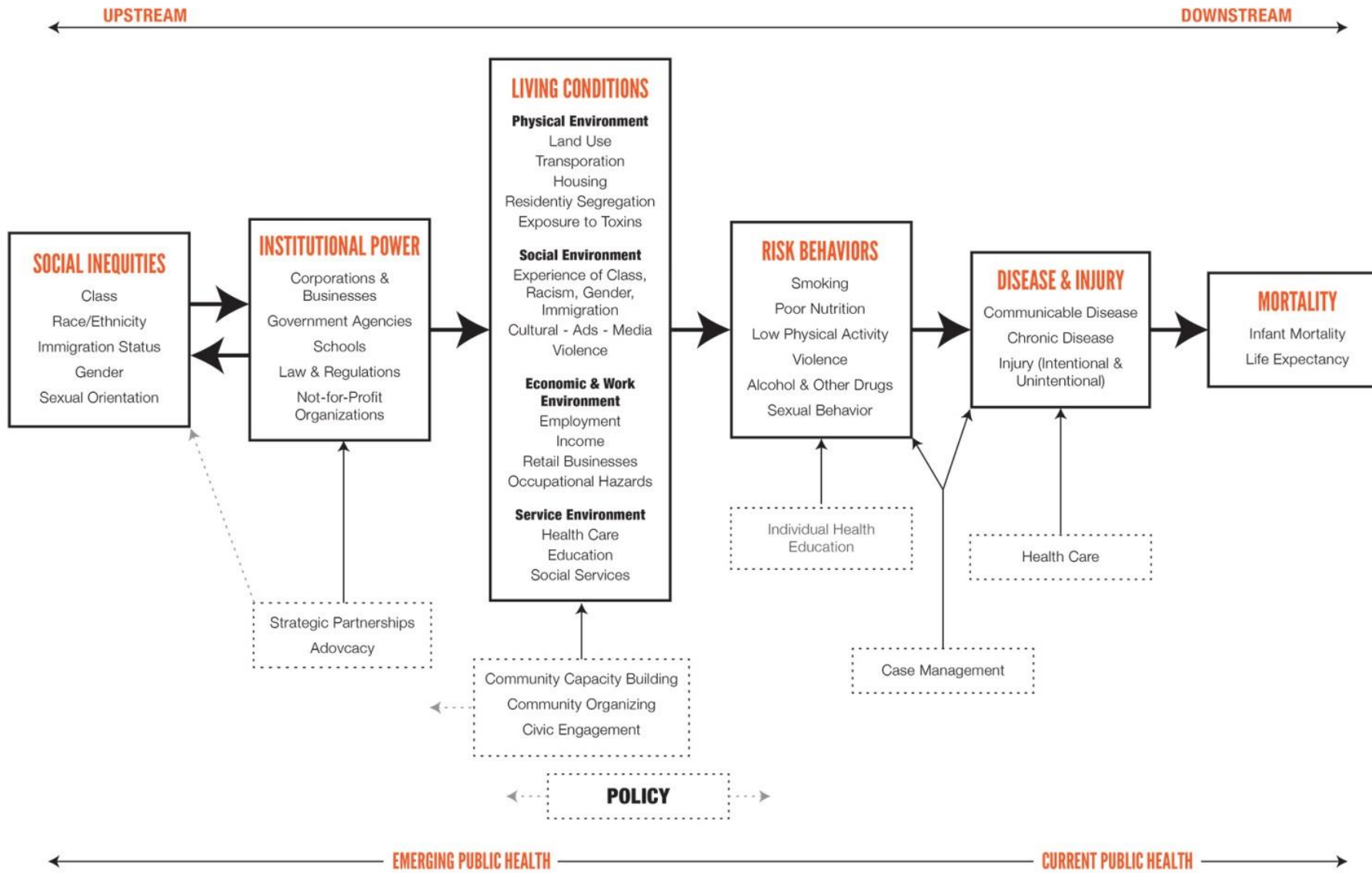
Edited by
W. E. B. DuBois
Coordinating Director of the Conference

Published by
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THE UNIVERSITY OF CHICAGO PRESS
 5 EAST COLUMBIA STREET
 CHICAGO, ILL. 60607
 1916

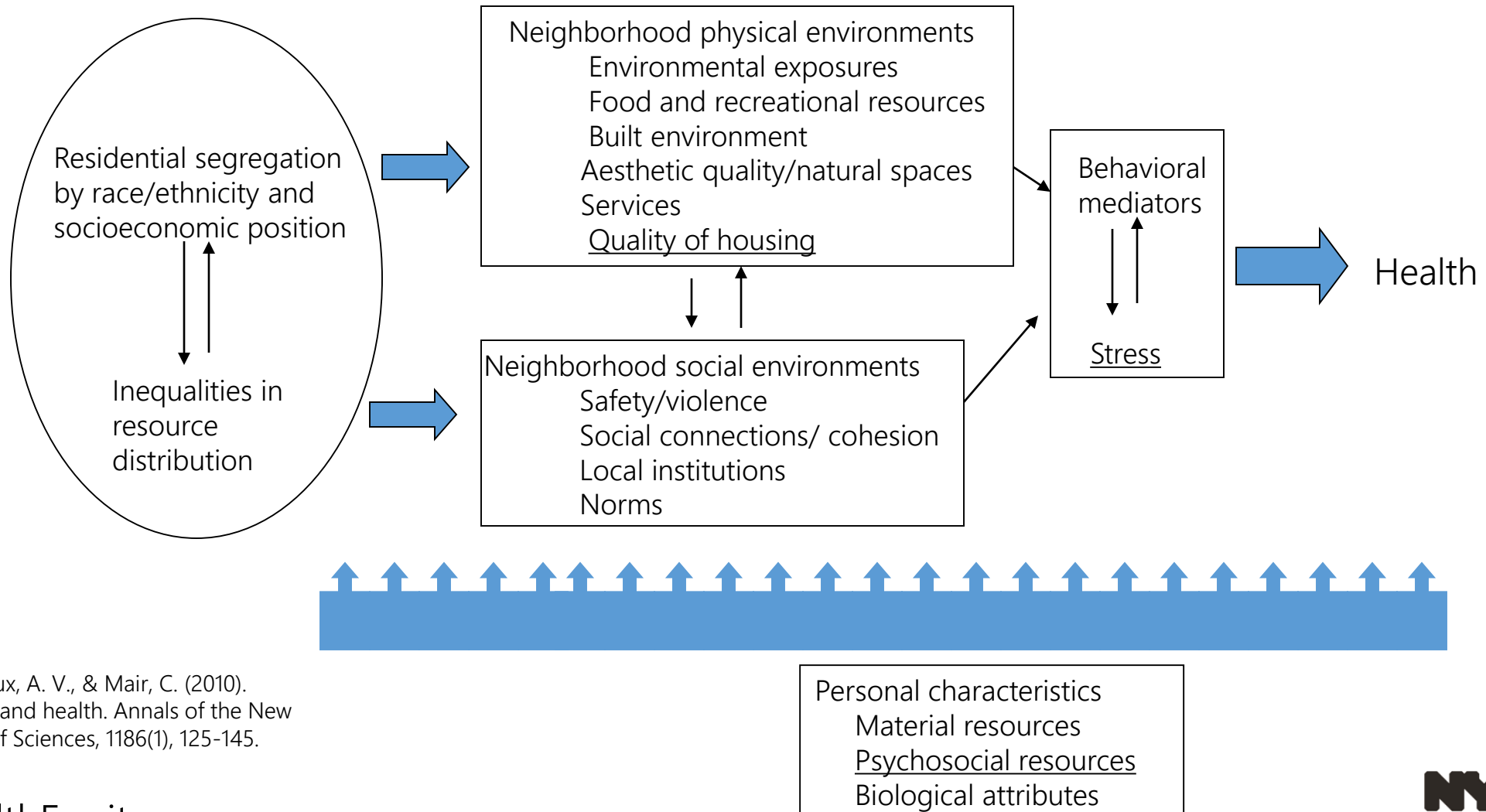
A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES

Bay Area Regional Health Inequities Initiative (BARHII)



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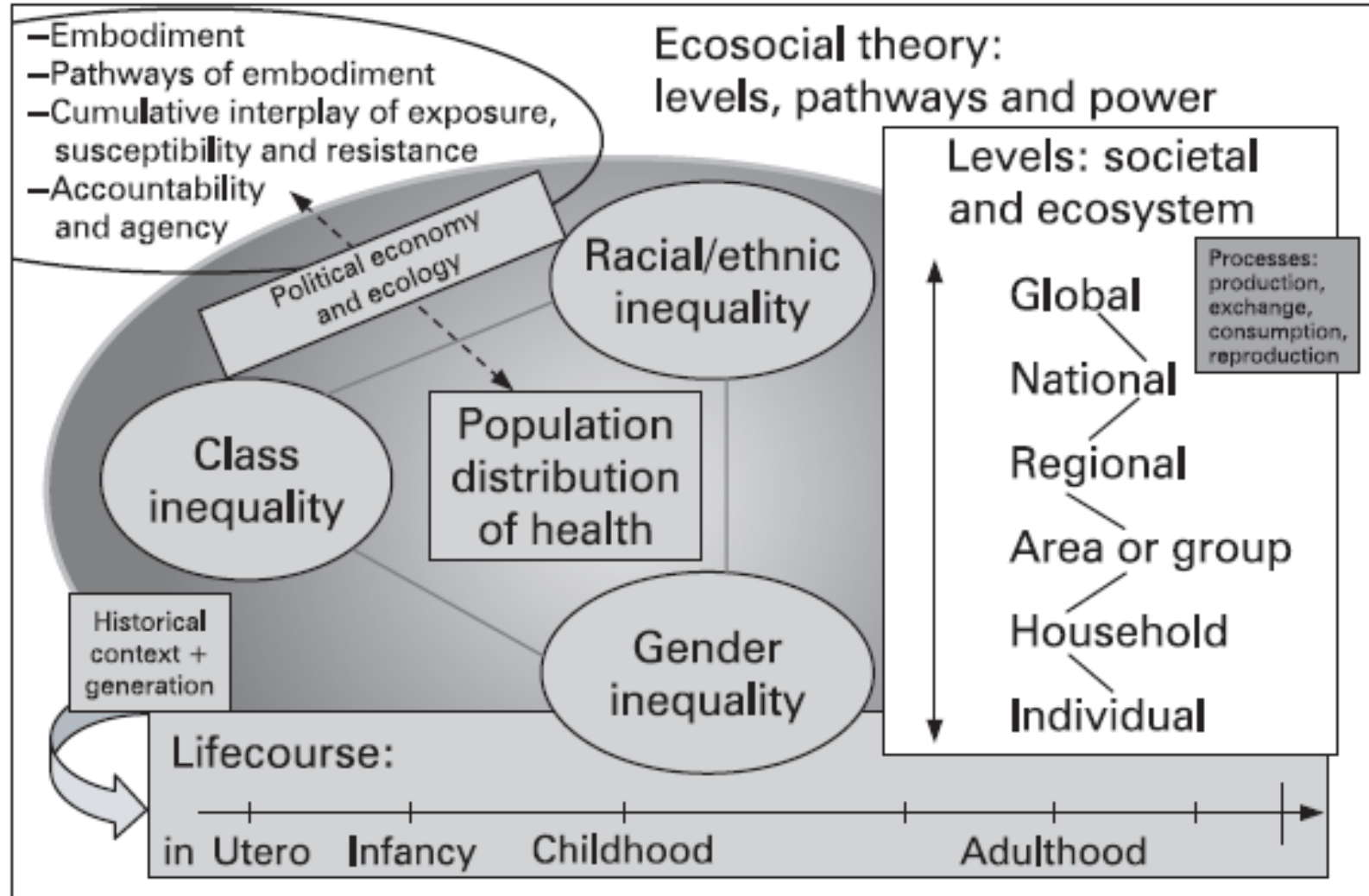
Neighborhood Pathways to Health



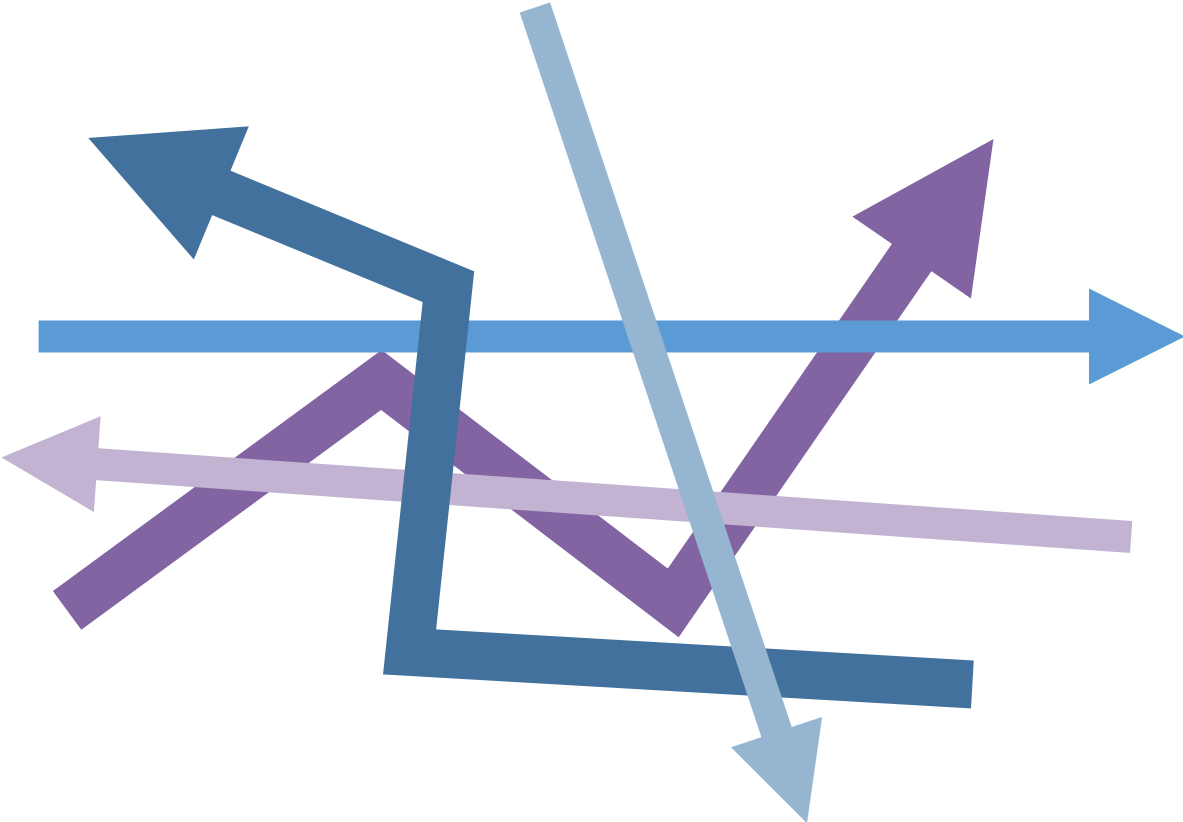
Source: Diez Roux, A. V., & Mair, C. (2010).
Neighborhoods and health. *Annals of the New
York Academy of Sciences*, 1186(1), 125-145.

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Ecosocial Theory



Where do we go from here?



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NYC Blueprint for Equity, Sustainability, and Health

“The actions we take now will ensure we have a dynamic, inclusive economy, a healthier environment, more affordable housing, and more reliable and resilient infrastructure.”

- New York City Mayor Bill de Blasio



- Decrease premature mortality rate to 143.32 deaths per 100,000 (25% decrease) and dramatically decrease racial/ethnic disparities by 2040
- Decrease infant mortality rate to 3.7 infant deaths per 1,000 live births (20% decrease) and dramatically reducing racial and ethnic disparities by 2040

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A Call to Action

“Inequities in health are unfair, unnecessary and avoidable. New York City is the most unequal city in the United States and one of the most segregated. It is no surprise that these everyday realities are reflected in our health. A more deliberate effort to name and address these disparities will frame all that we do.”

- **NYC Health Commissioner Mary T. Bassett**

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The NEW ENGLAND JOURNAL of MEDICINE

#BlackLivesMatter — A Challenge to the Medical and Public Health Communities Perspective
MARCH 19, 2015



University of Vermont Medical Students during a "Die-In" Protest.

Bassett, Mary T. (2015). #BlackLivesMatter — A Challenge to the Medical and Public Health Communities. *New England Journal of Medicine*, 372(12), 1085-1087. doi:10.1056/NEJMp1500529

TEDMED Attend Speakers TEDMED Live Talks The Hive Partnerships About Blog



Mary Bassett

Why your doctor should care about social justice



Center for Health Equity

Center for Health Equity

Mission

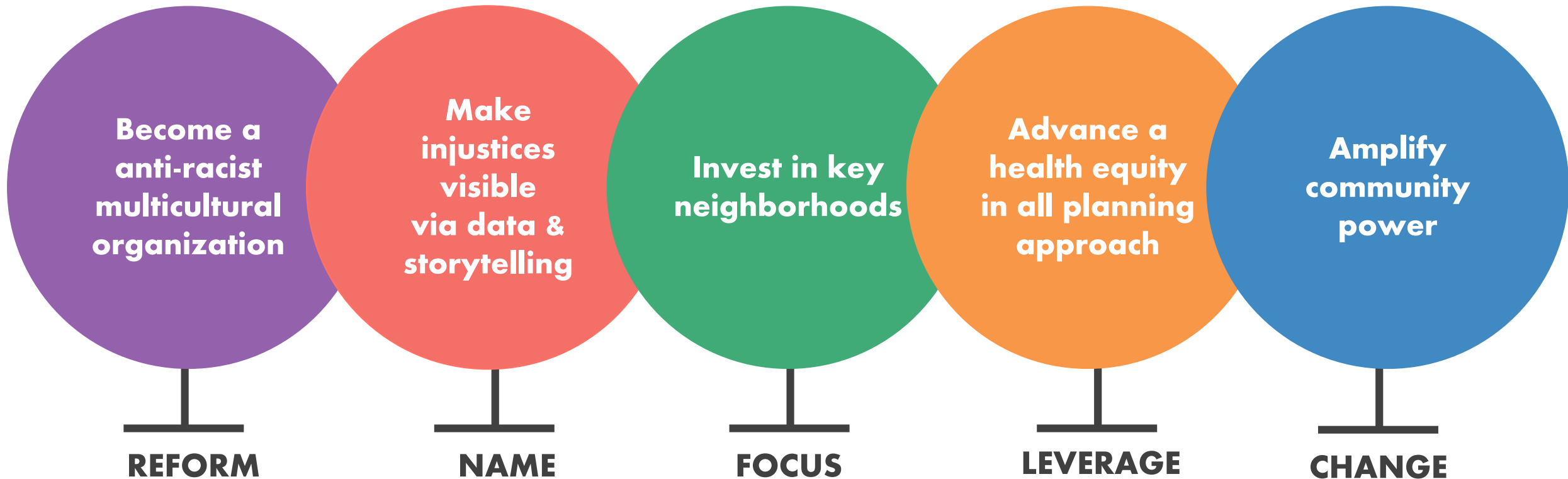
To strengthen and amplify DOHMH's work to eliminate health inequities, which are rooted in historical and contemporary injustices and discrimination, including racism.

Values

- Racial & Social Justice
- Community Power
- Accountability
- Diversity & Inclusion
- Data & Community-informed Practice

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Approaches to Health Equity



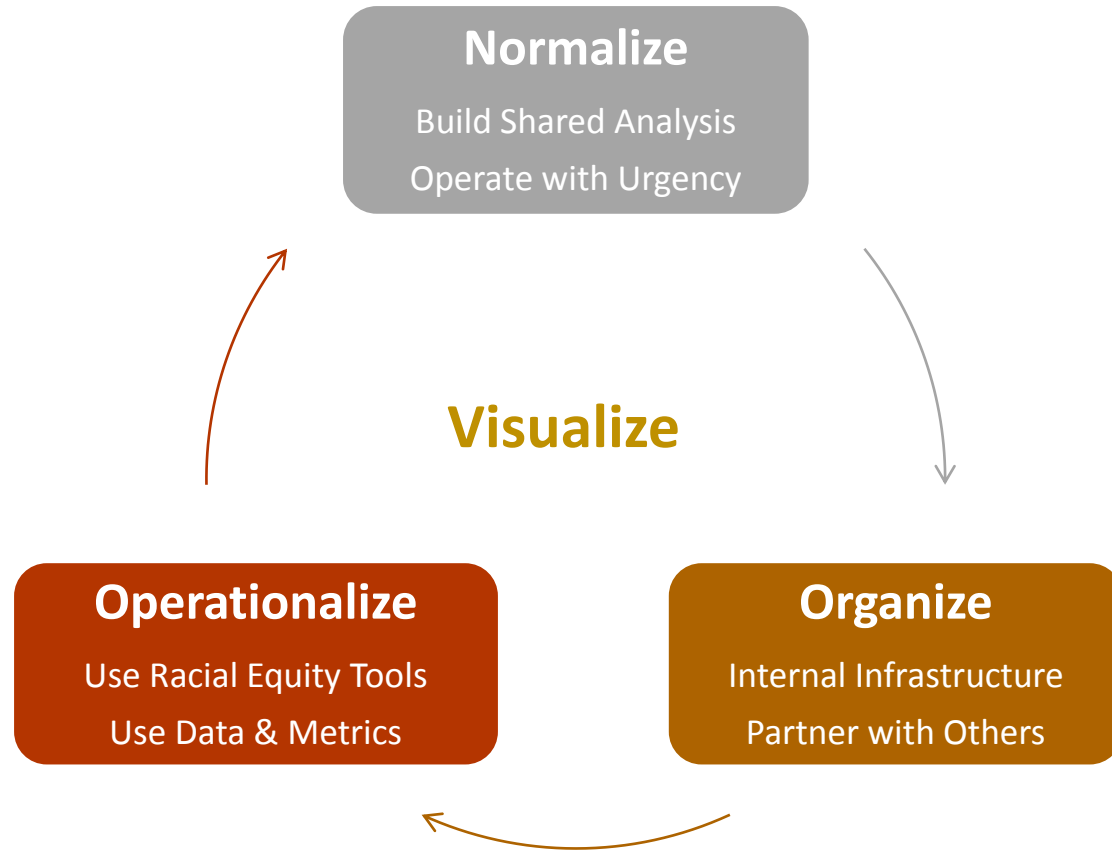
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Reform

Become a anti-racist and multi-cultural organization



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National Best Practice

From Center for Social Inclusion (CSI) and Government Alliance on Race and Equity (GARE)

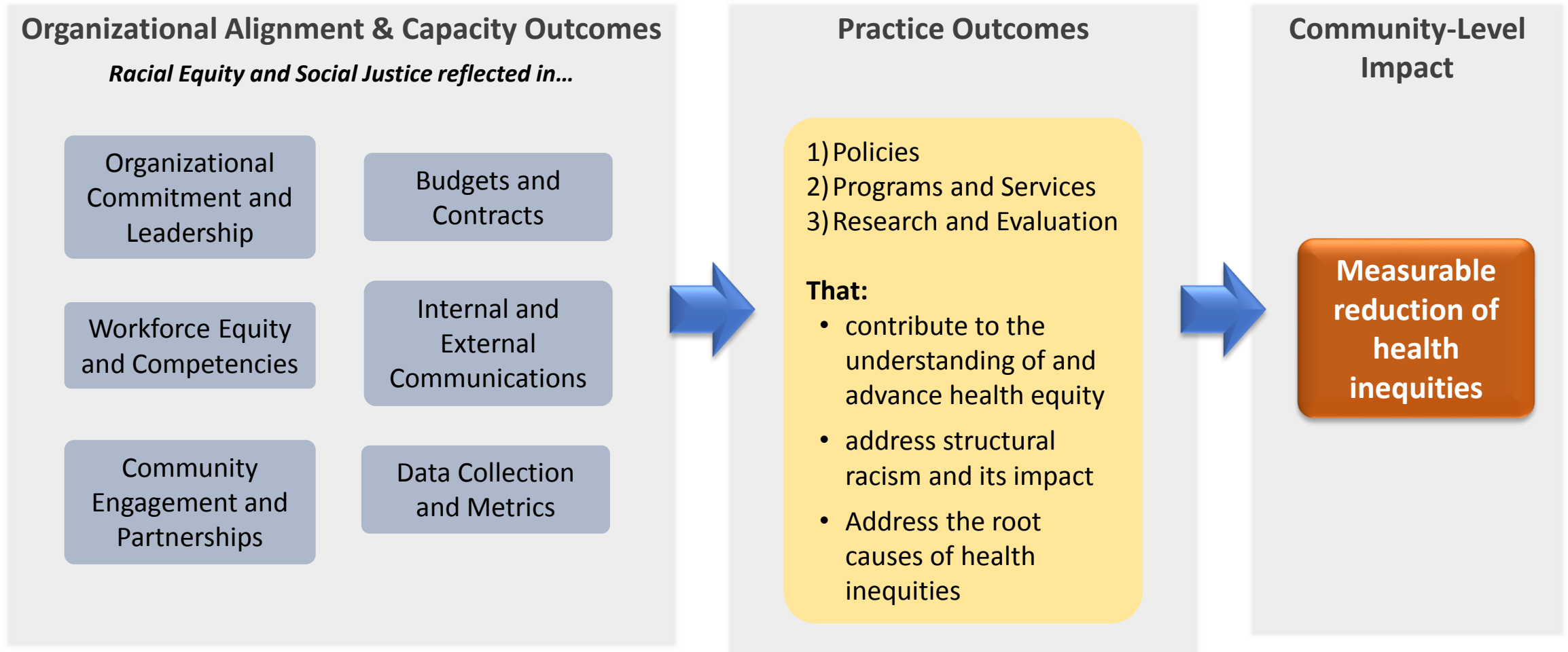
Action Planning Areas

1. Organizational Identity & Communications
2. Workforce Equity & Competencies
3. Community Engagement
4. Budgets and Contracts

Visualize

Internal Reform Process Desired Outcomes

Theory of Change: *Building Organizational Capacity to Reduce Inequities and Advance Structural Change*



Normalize

Build Shared Analysis; Operate with Urgency

Communications Strategy

- Core Narrative & Key Messages
- Name & Branding
- Common materials:
 - Definitions
 - Style Guide
 - Language guidance
- External Communications

Staff Training

- Deputy Commissioner Trainings/Coaching
 - PolicyLink, RaceForward
- CHE Staff Trainings
 - PolicyLink, Roots of Health Inequity
- Partners-Neighborhood Health Action Centers
 - PolicyLink
- All staff training plan *(in development)*

Organize

Internal Infrastructure; Partner with Others

Core Team

- **Structure**

- 28 member team with equal representation across all DOHMH Divisions (2 staff per Division), and 1 staff each from Commissioner and First Deputy Commissioner offices
- Monthly full-day meetings that include skill building and action planning

- **Role & Responsibilities**

- Guide action planning and infrastructure development
- Serve as liaison between Division and internal reform process
- Commit 12hrs/mo for 6 months

- **Selection Process & Guiding Criteria**

- Open application; all staff eligible to participate
- Diversity along multiple dimensions – race, gender, role, DOHMH location, tenure at agency, supervisors and frontline staff, and others

Operationalize

Use Racial Equity Tools; Use Data & Metrics

Core Team Action Planning Areas

1. Organizational Identity & Communications

Goal: Racial equity and social justice are explicit and integral components of organizational identity, environment, and leadership; these values are evident in management and accountability systems. Internal and external communications consistently and proactively integrate racial equity and social justice messages.

2. Workforce Equity & Competencies

Goal: DOHMH workforce reflects the diversity of the communities we serve, and this diversity exists across the breadth (functions) and depth (hierarchy) of the agency. Staff at all levels and functions have the knowledge, skills, and tools needed to advance racial equity and social justice in their work.

3. Community Engagement

Goal: Community residents and partners are engaged in all areas of DOHMH work, and administrative processes make it easy for community partners and DOHMH to interact.

4. Budgets and Contracts

Goal: Financial resources are effectively allocated to advance racial equity and social justice, to support WMBE, and invest in neighborhoods that are deprived of resources

Focus

Invest on key neighborhoods

- New York City is highly segregated residentially by race and poverty-level
- As such, place-based approaches and geographical targeting of resources are by default health equity strategies

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Catchment Neighborhoods

Bronx Neighborhoods

Community Districts 201 to 206

Neighborhoods targeted:
201-202 Mott Haven, Hunts Point
203-204 Highbridge, Morrisania
205-206 Crotona, Tremont

Harlem Neighborhoods

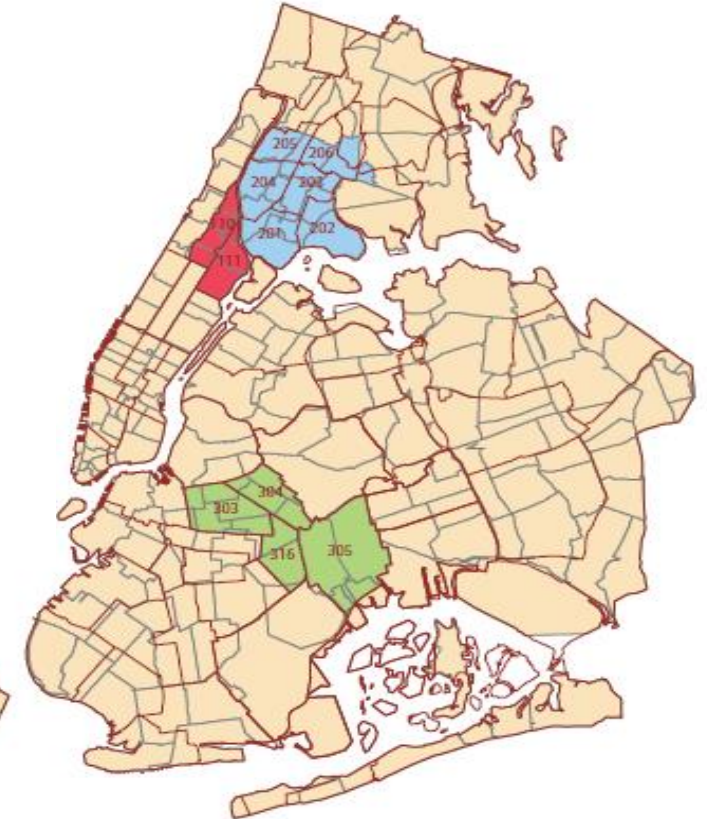
Community Districts 101 and 111

110 Central Harlem
111 East Harlem

Brooklyn Neighborhoods

Community Districts 303 to 305, 316

303 Bedford Stuyvesant
304 Bushwick
305 East New York
316 Brownsville



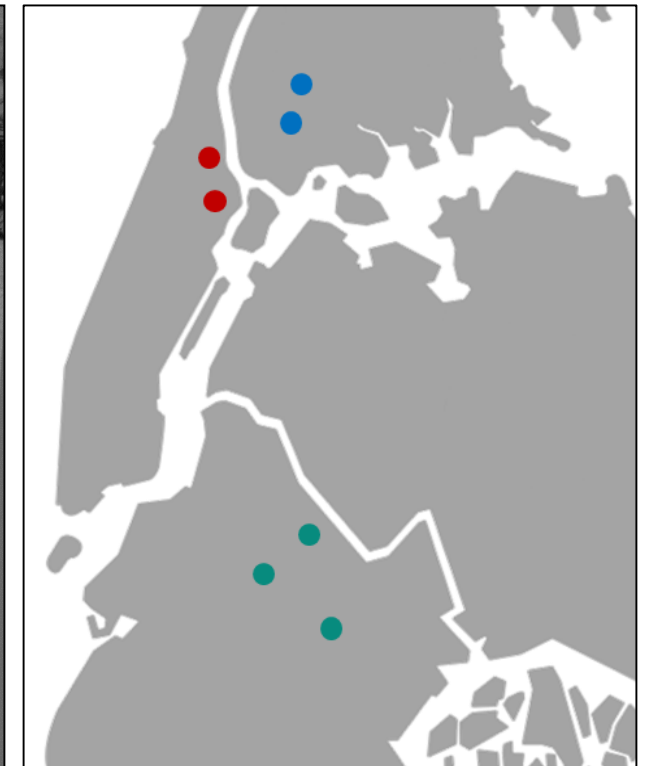
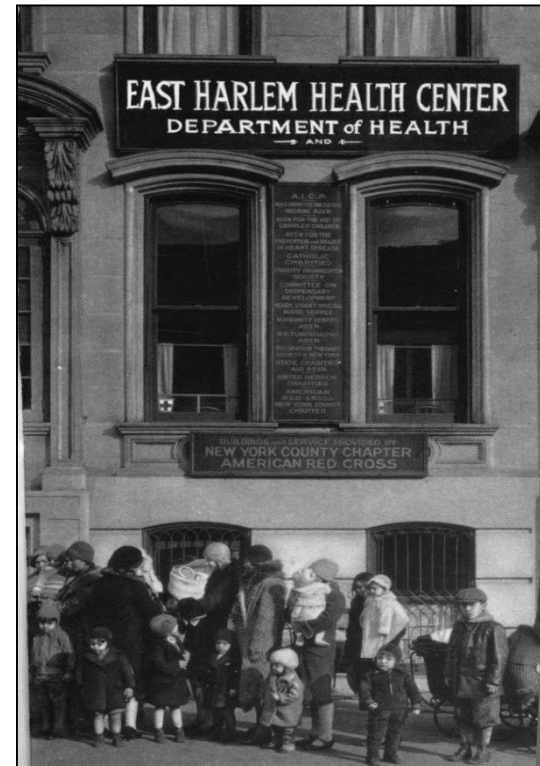
Neighborhood Health Action Centers

- Revitalize underutilized health department buildings by co-locating community-based organizations, clinical providers, and City Govt. Agencies
- Leverage other existing Health Department priorities such End the Epidemic, ThriveNYC, and Cure Violence
- Build on neighborhood assets (people and institutions) and identify resource gaps to measurably improve population health
- Neighborhood Health Planning - Capitalize on rezoning, housing plan, and participatory processes

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“Team-work has brought the power to increase efficiency and to prevent duplication of effort, to discover gaps in the local health program, and to provide the service needed.”

Ten-Year Report of the East Harlem Health Center



Community Health Center = Instrument for social change



Jack Geiger (left) and John Hatch (right) during the construction of the Tufts-Delta Health Center, Bollivar County, Mississippi.

Photo Credit: Dan Bernstein

..."Then the health center worked to find or create pathways to cooperating colleges, universities, and professional schools across the country to help make such hopes a reality. These efforts produced Black physicians, nurses, dentists, social workers, psychologists, engineers, and administrative managers, most now working in the health sector in Mississippi and other southern states."...

- **H. Jack Geiger, MD**

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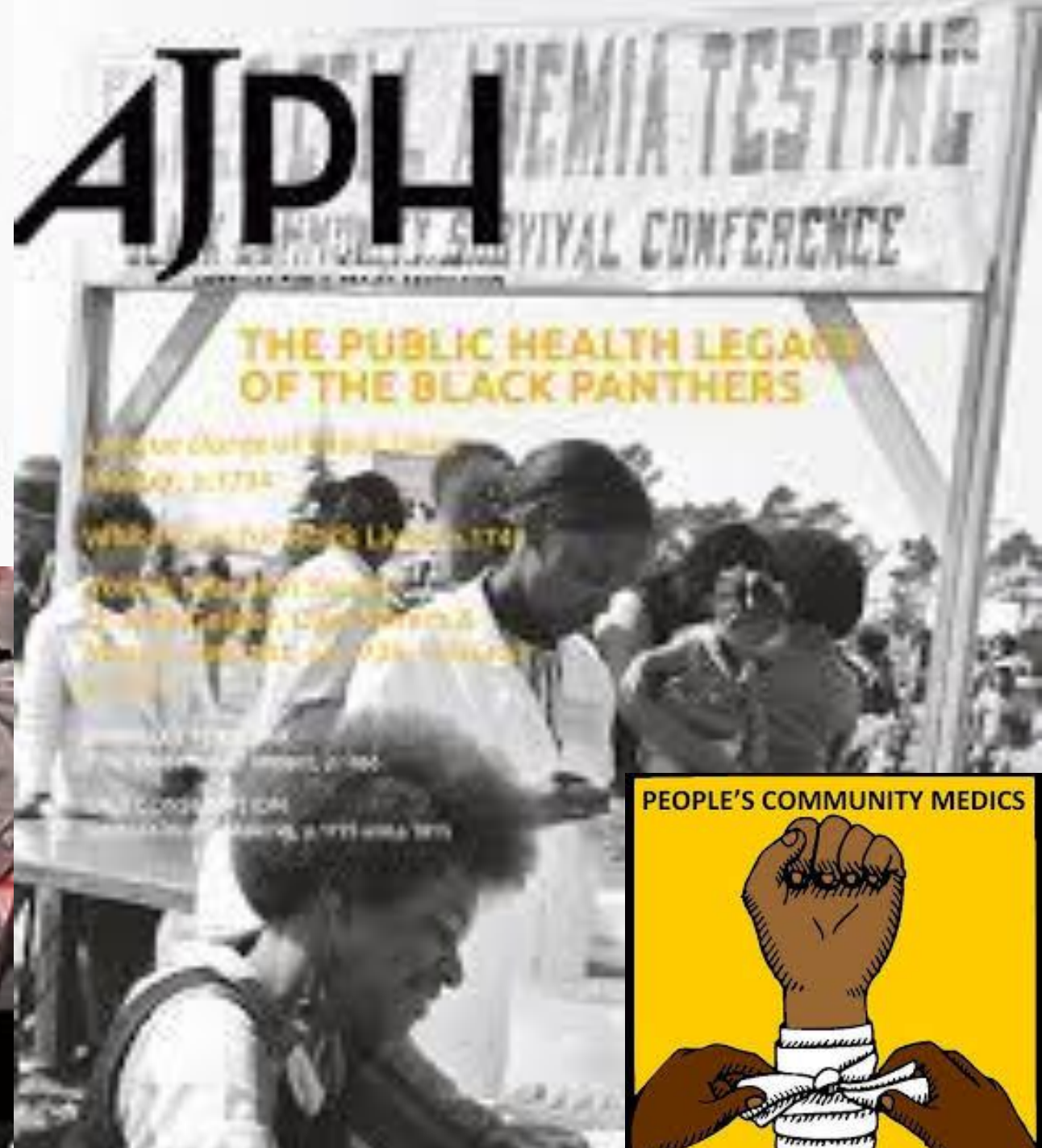


**THE
BOBBY SEALE
PEOPLE'S
FREE
HEALTH CLINIC**



BODY AND SOUL

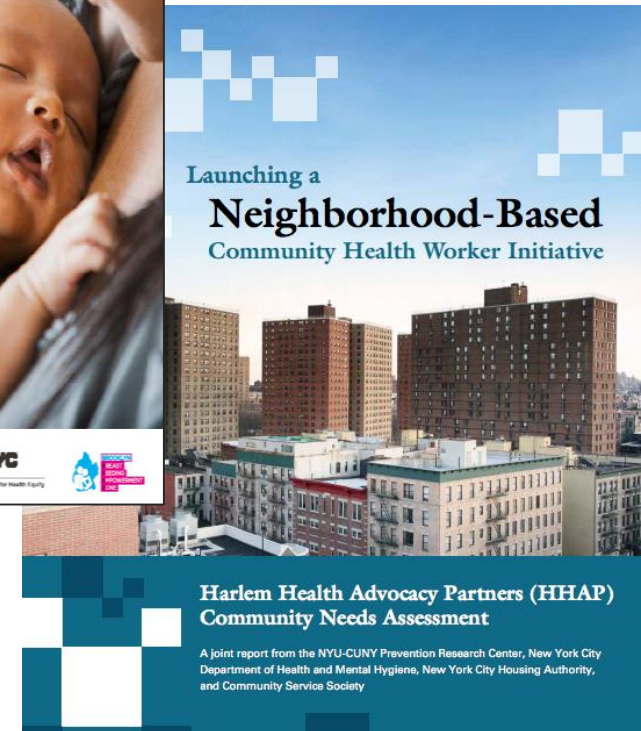
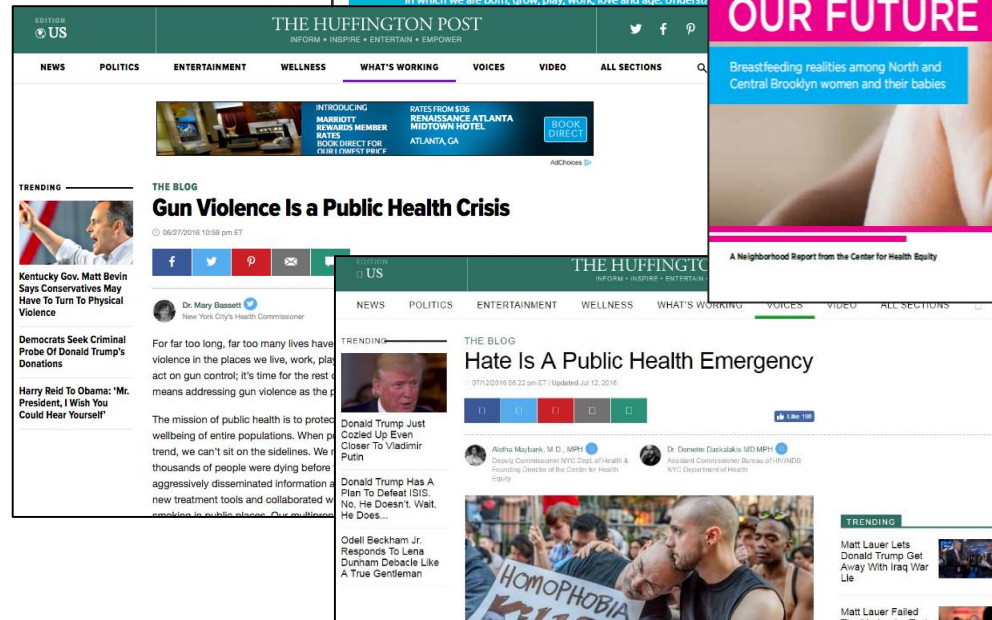
THE BLACK PANTHER PARTY AND THE FIGHT AGAINST MEDICAL DISCRIMINATION



Name

Make injustices visible
& expand the narrative

- Community health profiles
- Neighborhood reports
- Journal articles
- Opinion editorials



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Health Lens on Social Issues

Minimum Wage and Premature Mortality

- A \$15 minimum wage could have averted 2,800 to 5,500 premature deaths between 2008 and 2012 in New York City. This would have represented 4% to 8% of total premature deaths in that period.
- Most of these avertable deaths would be realized in lower-income communities, in which residents are predominantly people of color.

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AJPH RESEARCH

Estimating Potential Reductions in Premature Mortality in New York City From Raising the Minimum Wage to \$15

Tsu-Yu Tsao, PhD, Kevin J. Konty, MS, MA, Gretchen Van Wye, PhD, MA, Oxiris Barbot, MD, James L. Hadler, MD, MPH, Natalia Linos, ScD, and Mary T. Bassett, MD, MPH

Objectives. To assess potential reductions in premature mortality that could have been achieved in 2008 to 2012 if the minimum wage had been \$15 per hour in New York City.

Methods. Using the 2008 to 2012 American Community Survey, we performed simulations to assess how the proportion of low-income residents in each neighborhood might change with a hypothetical \$15 minimum wage under alternative assumptions of labor market dynamics. We developed an ecological model of premature death to determine the differences between the levels of premature mortality as predicted by the actual proportions of low-income residents in 2008 to 2012 and the levels predicted by the proportions of low-income residents under a hypothetical \$15 minimum wage.

Results. A \$15 minimum wage could have averted 2800 to 5500 premature deaths between 2008 and 2012 in New York City, representing 4% to 8% of total premature deaths in that period. Most of these avertable deaths would be realized in lower-income communities, in which residents are predominantly people of color.

Conclusions. A higher minimum wage may have substantial positive effects on health and should be considered as an instrument to address health disparities. (*Am J Public Health*. 2016;106:1036–1041. doi:10.2105/AJPH.2016.303188)

See also Galea and Vaughan, p. 973.

The 1938 Fair Labor Standard Act (29 U.S.C.A. § 201 et seq.), which established a minimum wage in the United States, declared that its intention was the “elimination of labor conditions detrimental to the maintenance of the minimum standards of living necessary for health, efficiency and well-being of workers.” The US minimum wage reached its highest real dollar value in 1968, more than 45 years ago, and the federal minimum wage was last increased in 2009.

As research on income and health consistently demonstrates that lower income and poverty are associated with worse health

minimum wage is currently \$9.00 per hour.¹² Recent legislation has established a \$15.00 per hour minimum wage in several municipalities, including San Francisco and Seattle,¹¹ and advocates in NYC are calling for a similar increase.¹³

The impact of a \$15 minimum wage on family and neighborhood income depends critically on the employment responses to a higher minimum wage. Recent studies have found a range of responses, from a small increase to a modest reduction in employment among low-wage workers following

a minimum wage hike.^{14–18} Although the economic impact of increasing the minimum wage has been the primary focus of debate in NYC,¹⁹ less attention has been given to the possible health consequences of such a policy, including the reduction of health inequities.

To fill that gap, we explored the potential impact of a \$15 per hour minimum wage on all-cause premature mortality among NYC residents. We used area-based measures of income and premature mortality to create an ecological model and explore the reduction in premature mortality that could have been achieved from 2008 to 2012 if NYC’s minimum wage had been \$15 per hour during that period. Recognizing the uncertain effects of a higher minimum wage on the NYC labor market, we assumed 3 alternative scenarios in the analysis.

METHODS

We used the 2008 to 2012 NYC Department of Health and Mental Hygiene Vital Statistics data and population estimates²⁰ to calculate the crude rate of premature death in each of NYC’s 59 community districts: our outcome of interest. With few exceptions, community districts correspond to the Public Use Microdata Areas as defined by the US Census Bureau and on average have approximately 140 000 residents. Although definitions of the “neighborhood”

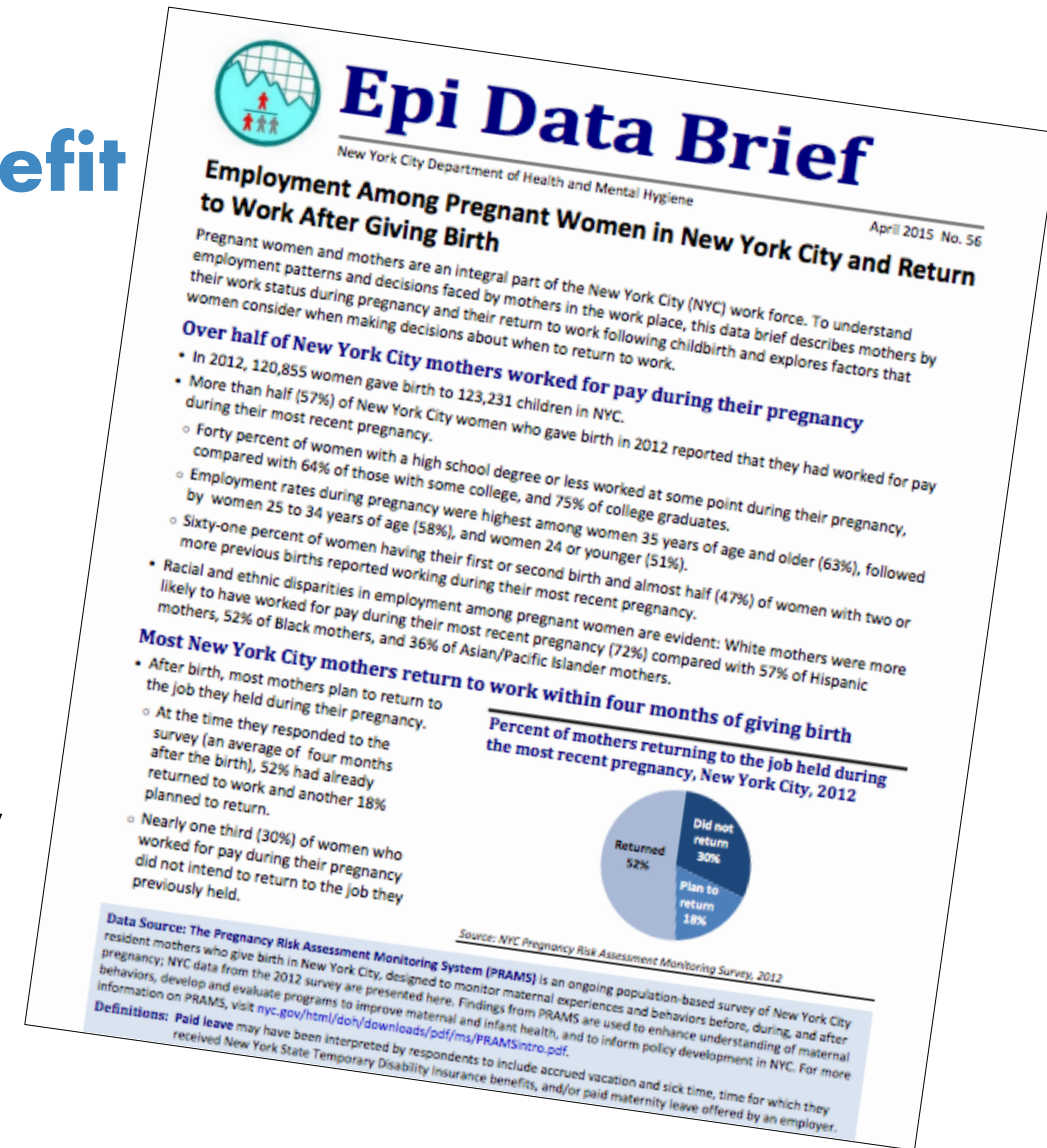
NYC
Health

Center for Health Equity

Health Lens on Social Issues

New York Paid Family Leave Benefit

- Paid parental leave benefit expected to be budget-neutral
- Full-time workers will be eligible for paid family leave after twenty-six weeks of covered employment.
- Part-time workers will be eligible for paid family leave after 175 days of covered employment.



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Leverage

Advance a health equity in all planning approach



NACCHO: Local Health Department Strategies for Implementing Health in all Policies

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NYC Parks



Coordinate Funding and Investment

“Today’s public health problems are often complex, requiring broad partnership and collective action across sectors...”

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Mayor de Blasio Announces "Building Healthy Communities"

September 29, 2016

Public-private partnership to improve health outcomes in 12 underserved neighborhoods

Initiative invests \$12 million of private funding to increase opportunities for physical activity, increase access to healthy food and improve public safety in high-poverty communities

NEW YORK—Mayor Bill de Blasio and Senior Advisor Gabrielle Fialkoff today announced Building Healthy Communities (BHC), a public-private partnership designed to improve health outcomes in 12 chronically underserved neighborhoods across the five boroughs. Spearheaded by the Mayor’s Office of Strategic Partnerships and the Fund for Public Health, BHC is a multi-agency initiative that focuses on three key goals: increasing opportunities for physical activity, expanding access to healthy and affordable food, and making improvements to public safety. BHC leverages \$270 million in public capital investments in addition to \$12 million in private funding. The 12 neighborhoods BHC is engaging with are East Harlem, Brownsville, Canarsie, Mott Haven, Hunts Point, Morrisania, Bedford-Stuyvesant, Central Harlem, Corona, Flushing, Mariners Harbor and Stapleton.

East Harlem health impact assessment shows importance of affordable housing to the health of community residents

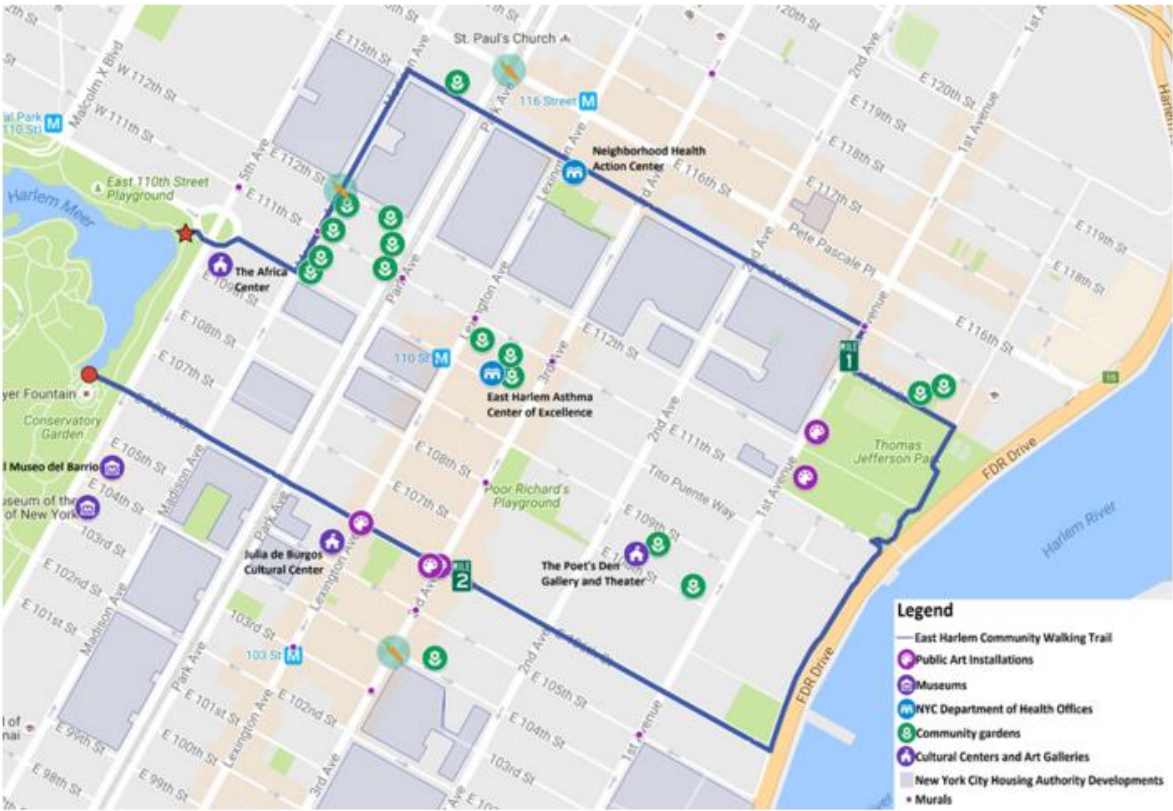
September 27, 2016

Today, the New York Academy of Medicine released the second Health Impact Assessment (HIA) conducted in New York City's history and the first for the community of East Harlem. The East Harlem HIA shows the many ways that the rapid disappearance of affordable housing, and the widespread prevalence of substandard housing, may affect the health and wellbeing of city residents, especially in low-income, urban areas.



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East Harlem Community Walking Trail



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Change

Amplify community power



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“...we (urban liberals) forget that life experience was a criterion for knowledge.”

“My goal is raising the voices and visibility of people that our mainstream media, politicians, and universities don’t think are smart enough to articulate what red-lining is, or what environmental justice is. Not only do they know it but they embody it.”

LaToya Ruby Frazier, Photographer

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Finding Common Cause

THE
MOVEMENT
FOR BLACK LIVES

***“Real, meaningful, and equitable universal health care that guarantees:** proximity to nearby comprehensive health centers, culturally competent services for all people, specific services for queer, gender nonconforming, and trans people, full bodily autonomy, full reproductive services, mental health services, paid parental leave, and comprehensive quality child and elder care.”*

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Leonard Cohen dies at 82
Cohen, a highly influential singer and songwriter, spent his childhood in Montreal.

ELECTIONS 2016

Rise in racist acts follows election

Educators say feelings that festered for years in private are coming into open

John Iacoviello
USA TODAY

Trump campaign signs painted with a message three days down from the census.

Experts and educators said an alarming increase of racist behavior, graffiti and violence since Election Day can be linked to Trump's victory. They said the Republican president-elect could play a crucial role in curbing the disgusting conduct.

Carlos Wiley, director of the Paul Robeson Cultural Center at Penn State University, said he believes the attacks represent a backlash from people who sup-



Messages of hate, including this one on a softball field dugout in Wellsville, N.Y., have raised concerns across the country.

ported their leader for years during the Obama presidency. Now they feel it is safe to openly display their contempt.

"People looked at the way you were being mistreated at Trump rallies, and they think, 'Oh, I am never diagnosed with me out for those things to go,'" Wiley said.

Rand Lerner, who teaches sociology and African American studies at the University of Missouri, said Trump's victory legitimized white supremacist hatred of color.

"There was nothing subtle with Trump -- extreme yelling and

▶ STORY CONTINUES ON 14

MORE ELECTION COVERAGE INSIDE

Protests continue across nation

Anti-Trump demonstrations in several cities

'EXCELLENT CONVERSATION'

Politics aside, Obama pledges smooth transition as Trump visits White House



David Jackson
USA TODAY



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Clinton lost

WASHINGTON President Obama said he will support a smooth transition of power to Donald Trump.



**WE WORK QUIETLY
WHILE YOU SLEEP**

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Let's Make Some Noise

"We must **take sides**. Neutrality helps the oppressor, never the victim. **Silence encourages** the tormentor, never the tormented."

Elsie Wiesel
Holocaust survivor
& Nobel Peace Prize Recipient

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"Since we live in an age in which silence is not only **criminal but suicidal**, I have been making as much **noise** as I can."

James Baldwin
Civil Rights Activist
& Writer

Thank You!

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