

Policy and Systems Change: A Call to Action to Advance Health Equity

Staci Young, PhD – Department of Family and Community Medicine

Wisconsin Cancer Summit (virtual)

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knowledge changing life



GOALS



provoke critical
THOUGHT



generate
QUESTIONS



spark ACTION

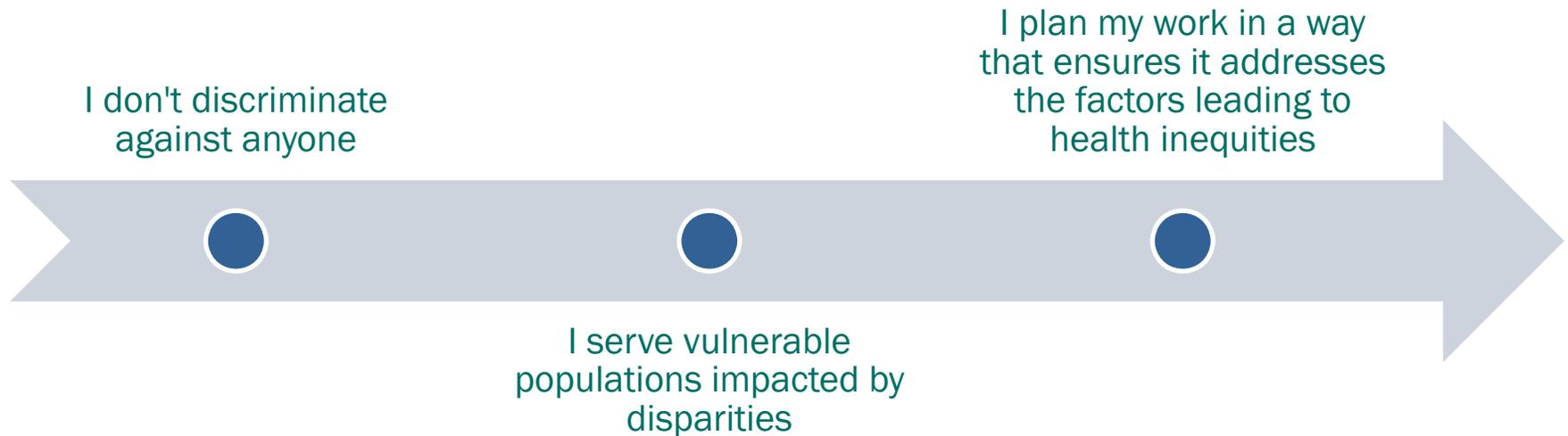




*Health equity:
Everyone has
a fair and just
opportunity to
be as healthy
as possible*

Source: Robert Wood Johnson Foundation

My work includes health equity because...



Source: Hood (2014)

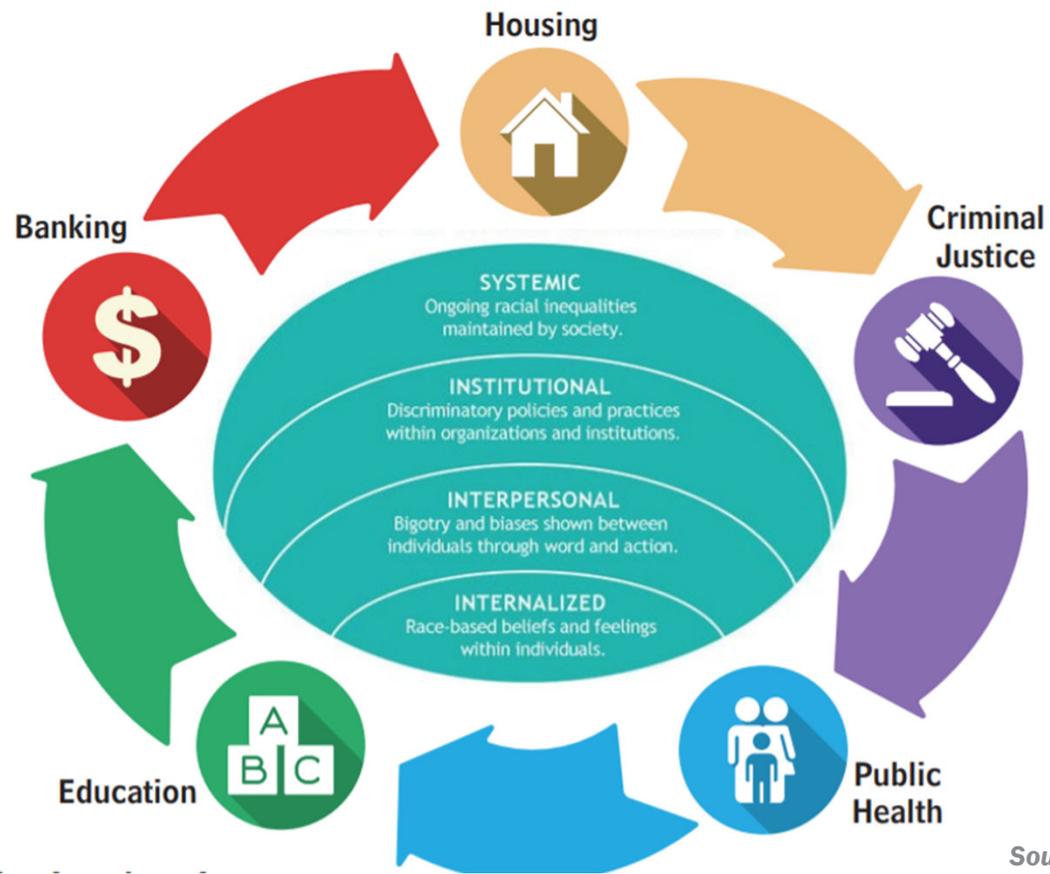
Degree of impact

Figure 2

Social and Economic Factors Drive Health Outcomes

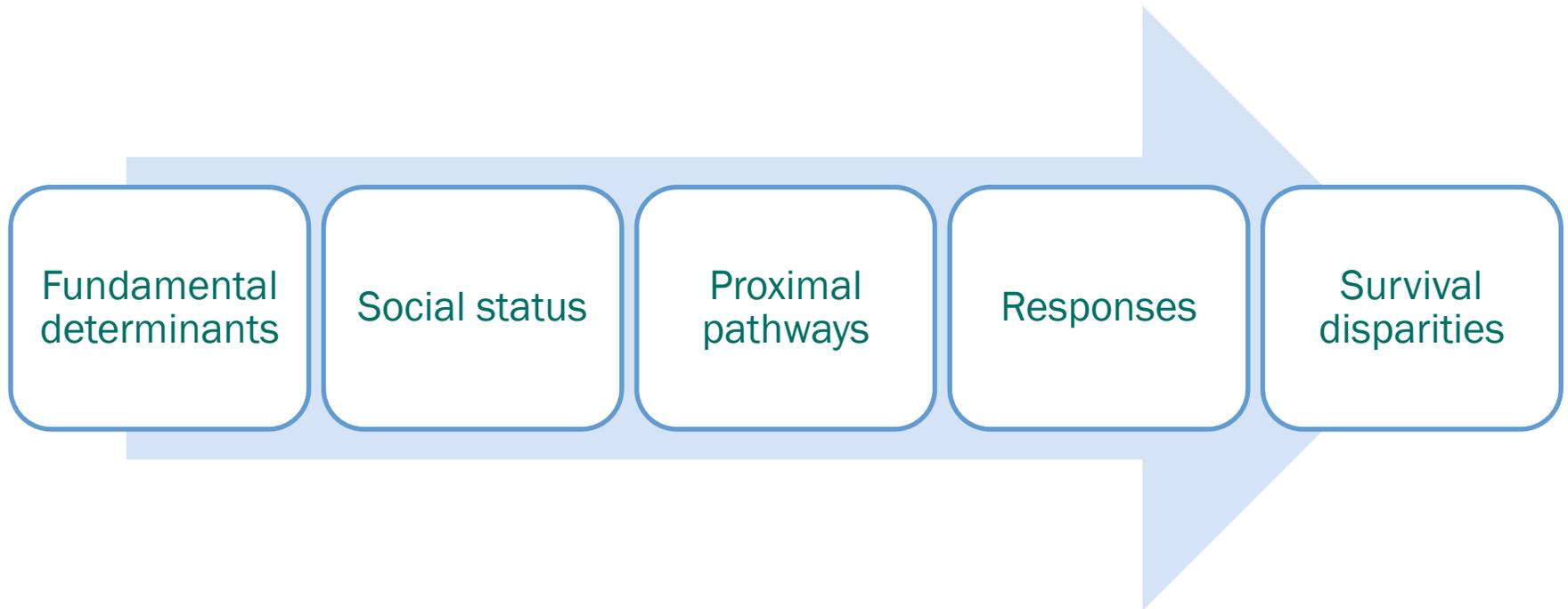
Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Racism and Discrimination					
Employment	Housing	Literacy	Food security	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Stress	
Medical bills	Playgrounds	Higher education		Exposure to violence/trauma	Quality of care
Support	Walkability				
	Zip code / geography				

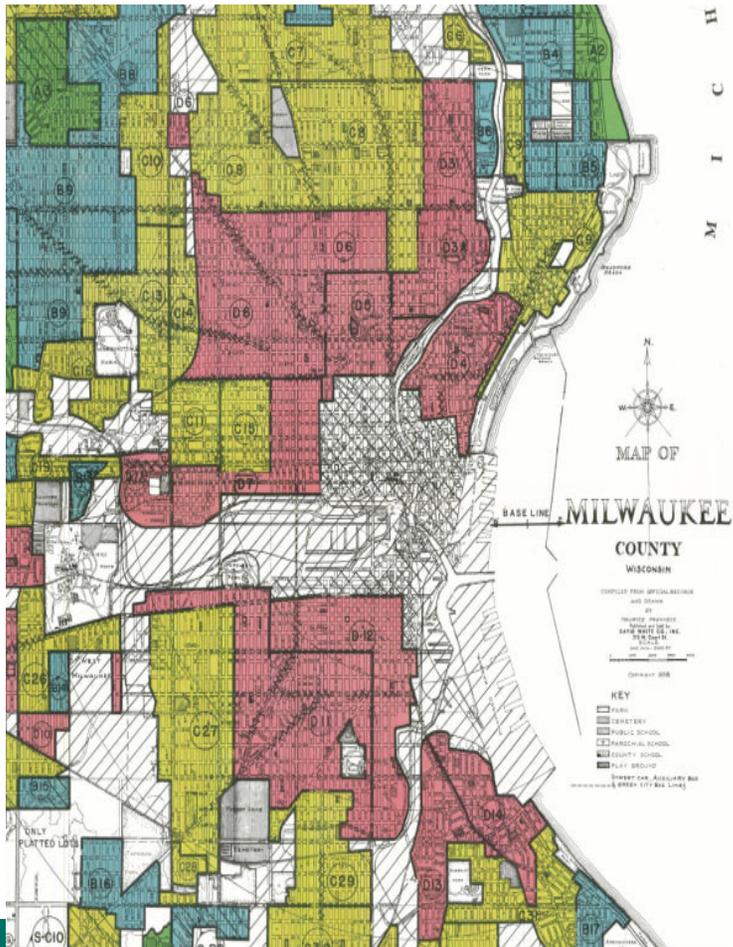
Health Outcomes: Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



Source: UNC Frank Porter Graham Child Development Institute

Pathways of determinants to survival





Housing policy and effects on cancer outcomes

'Re-imagining' policy change



The weights of policy change





The NEW ENGLAND JOURNAL of MEDICINE

CASE STUDIES IN SOCIAL MEDICINE

Structural Racism — A 60-Year-Old Black Woman with Breast Cancer

Kristen Pallok, B.S., Fernando De Maio, Ph.D., and David A. Ansell, M.D., M.P.H.



In 2015, Ms. M., a 60-year-old, unemployed, uninsured black woman, presented to the emergency department at a Chicago community hospital with a breast lump. The emergency medicine physician suspected an infection and, without diagnostic testing or planned follow-up, discharged her with a prescription for antibiotics. assigned to the hospital by the non-profit Metropolitan Chicago Breast Cancer Task Force to review abnormal mammograms and guide women into evidence-based treatment. The navigator referred Ms. M. to a breast surgical oncologist at an academic medical center. There, the specialist informed her that she had stage III infiltrating

IMPLICATIONS

- Clinicians should make the invisible visible
- Health care organizations should engage the community
- Institutions can make systemic changes (e.g. quality improvement)



Source: Stat news

Strengthening
and
maintaining the
workforce



Ensuring a
safety net of
coverage



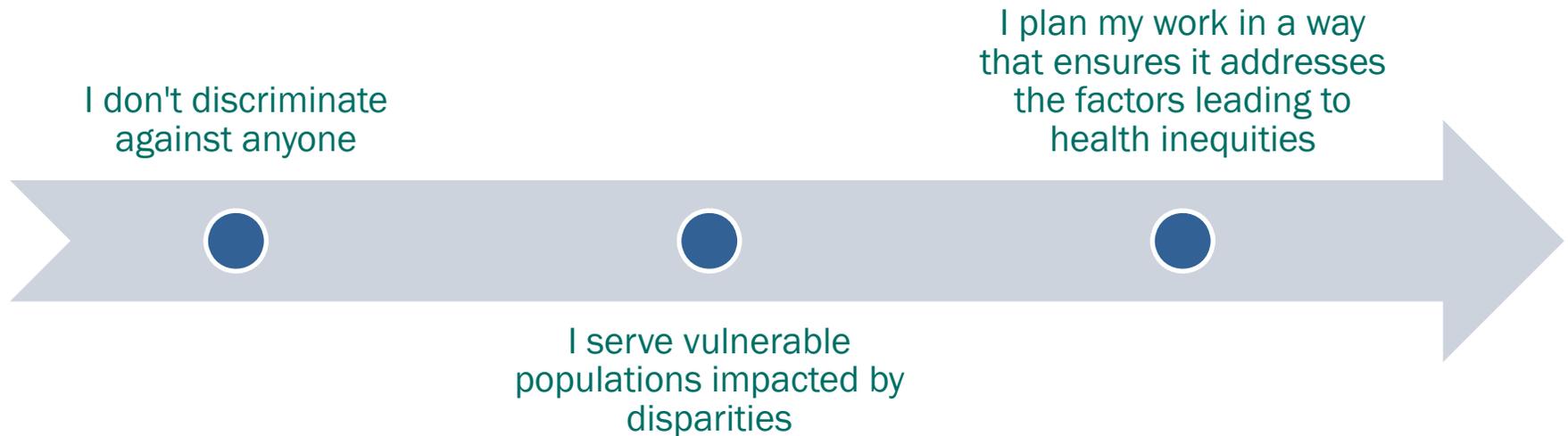
Health in all Policies

1. Promote health, equity, and sustainability
2. Support intersectoral collaboration
3. Benefit multiple partners
4. Engage stakeholders
5. Create structural change

BUILD Health Challenge

- **BOLD** – shift in short term programmatic work to long-term influence
- **UPSTREAM** - factors that have the greatest influence on community health, beyond access
- **INTEGRATED** – Aligned practices and perspectives under a shared vision
- **LOCAL** – engaging residents and community leaders as key voices and thought leaders
- **DATA-DRIVEN** – use data from clinical and community sources to identify needs

My work includes health equity because...



Degree of impact



THANK YOU!