

HEALING THE TRAUMA OF RACISM

SPECTRUM HEALTH Lakeland

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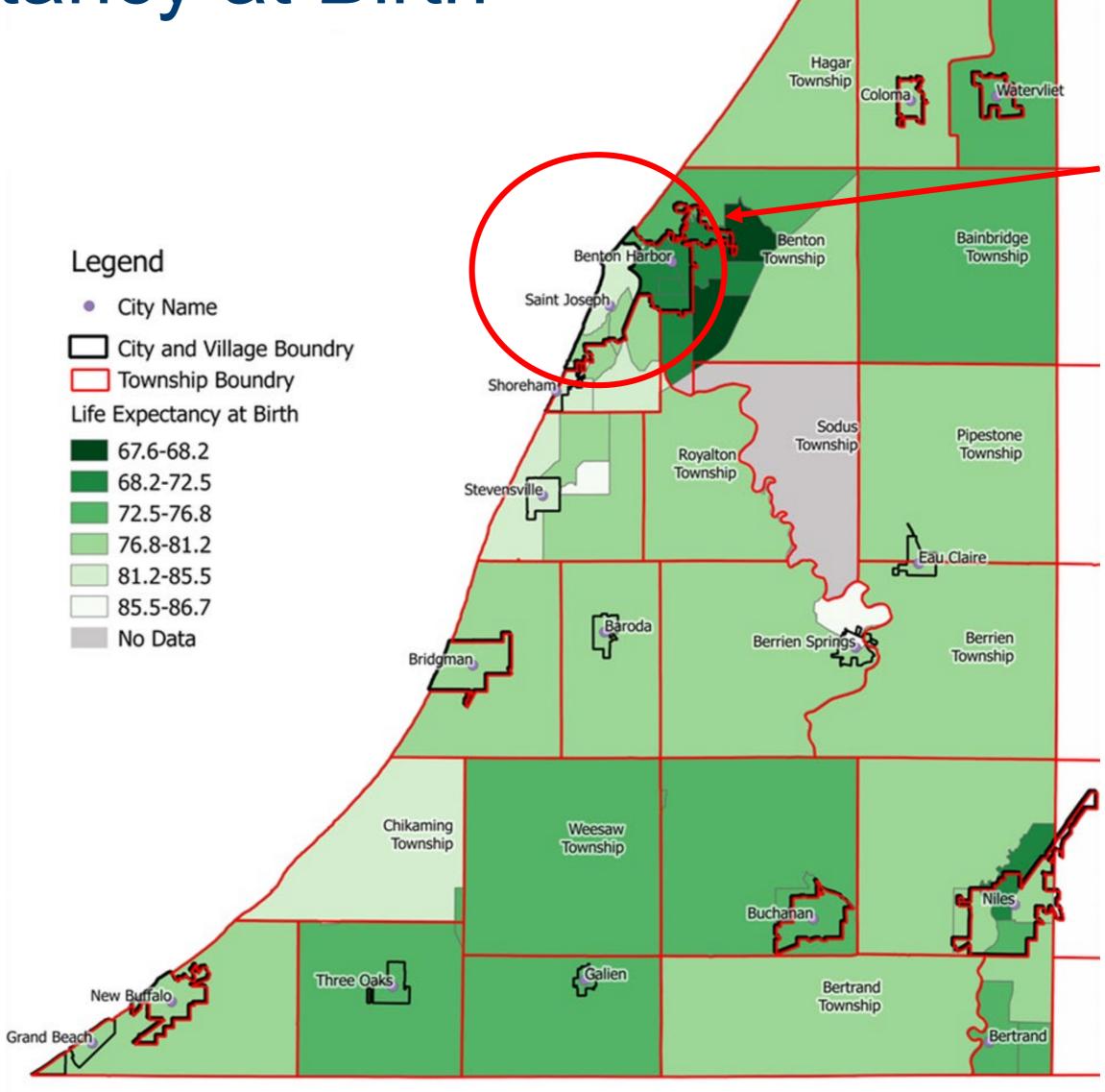


2010-2015 Life Expectancy at Birth

United States: 78.7

Michigan: 78.1

Berrien County: 77.3 years



High concentration of low life expectancy tracts

Berrien Census Tracts: 19-year Life Expectancy Gap

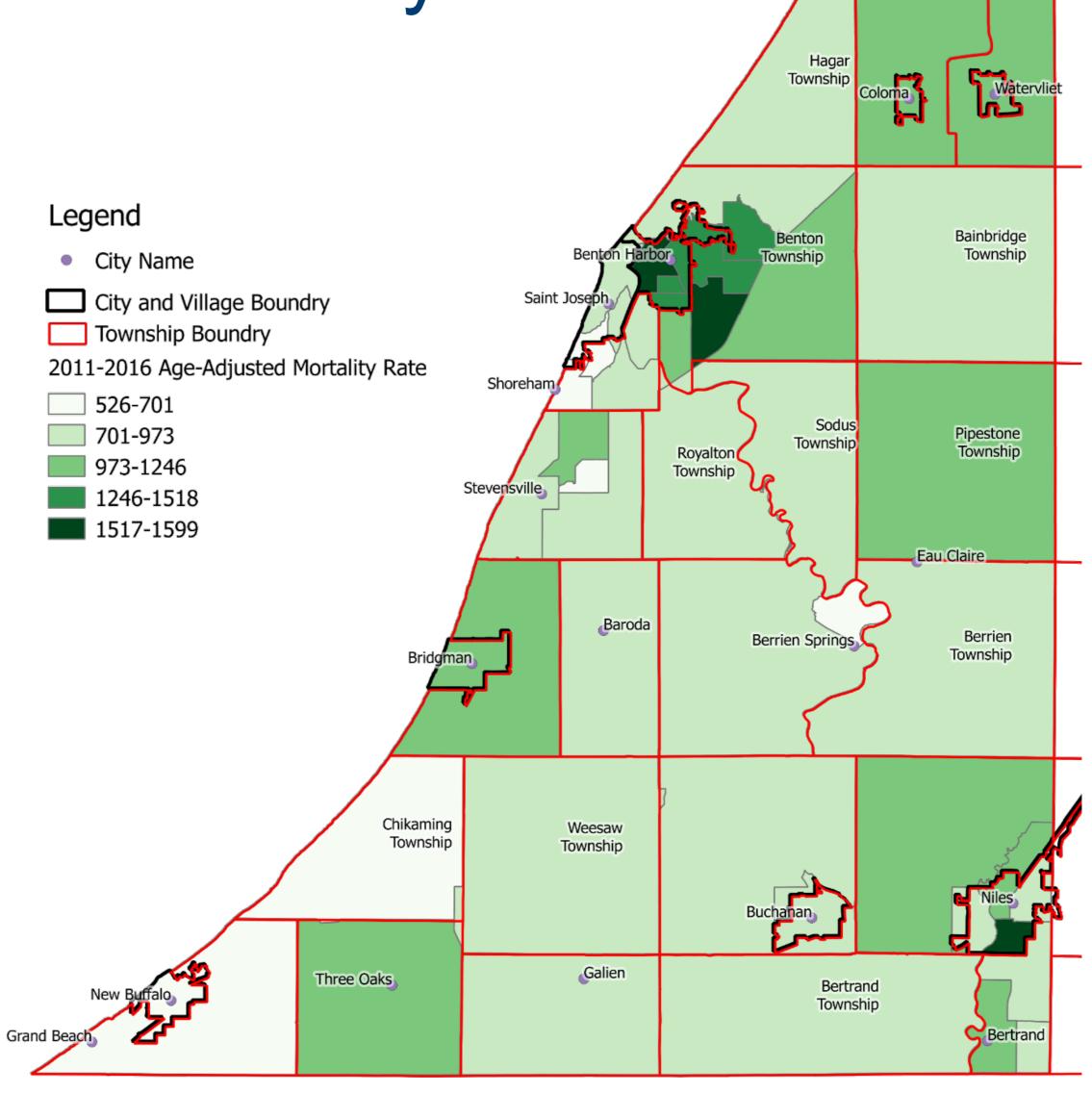
Life Expectancy/Census Tract					
5 Lowest (Census Tract)	Life Expectancy	Place (% AA)			
21	67.6	Benton Heights (36%)			
23	67.7	Benton Heights (31%)			
22	69	Benton Heights (86%)			
5	69.6	City of Benton Harbor (87%)			
3	69.9	City of Benton Harbor (86%)			
5 Highest (Census Tract)	Life Expectancy	Place (% AA)			
8	81.9	St. Joseph (5.6%)			
15	81.9	Stevensville (0.8%)			
13	83.1	Shoreham (2.3%)			
16	86.2	Lincoln Township (2.7%)			
213	86.7	Berrien Springs (33.5%)			

SJ-BH: 2 miles = 14.3 yr gap.

For every mile traveled between Benton Harbor and St. Joseph, there is a 7-year reduction in life expectancy.

2011-2016 Age-Adjusted Mortality Rate per 100,000 by Census Tract

The highest death rate (1,598/100,000) is more than three times the lowest death rate (526/100,000)



68% AA's Berrien Live in High Death Rate Tracts

Age-Adjusted Mortality/Census Tract					
5 Lowest (Census Tract)	Age-Adjusted Mortality	Place (% AA)			
21	1,598.62	Benton Heights (36%)			
4	1,566.85	City of Benton Harbor (89.9%)			
207	1,526.70	City of Niles (10.1%)			
5	1,455.90	City of Benton Harbor (86.8%)			
6	1,453.30	City of Benton Harbor (84.9%)			
5 Highest (Census Tract)	Age-Adjusted Mortality	Place (% AA)			
213	660.5	Berrien Springs (33.5%)			
9	608.54	St. Joseph (8.6 %)			
113	607.59	New Buffalo/Grand Beach/ Michiana (2.7%)			
16	549.56	Stevensville (2.7%)			
13	525.92 Shoreham (2.3%				

60% of high death rates tracts are majority AA

100% of low death rate tracts a majority white.

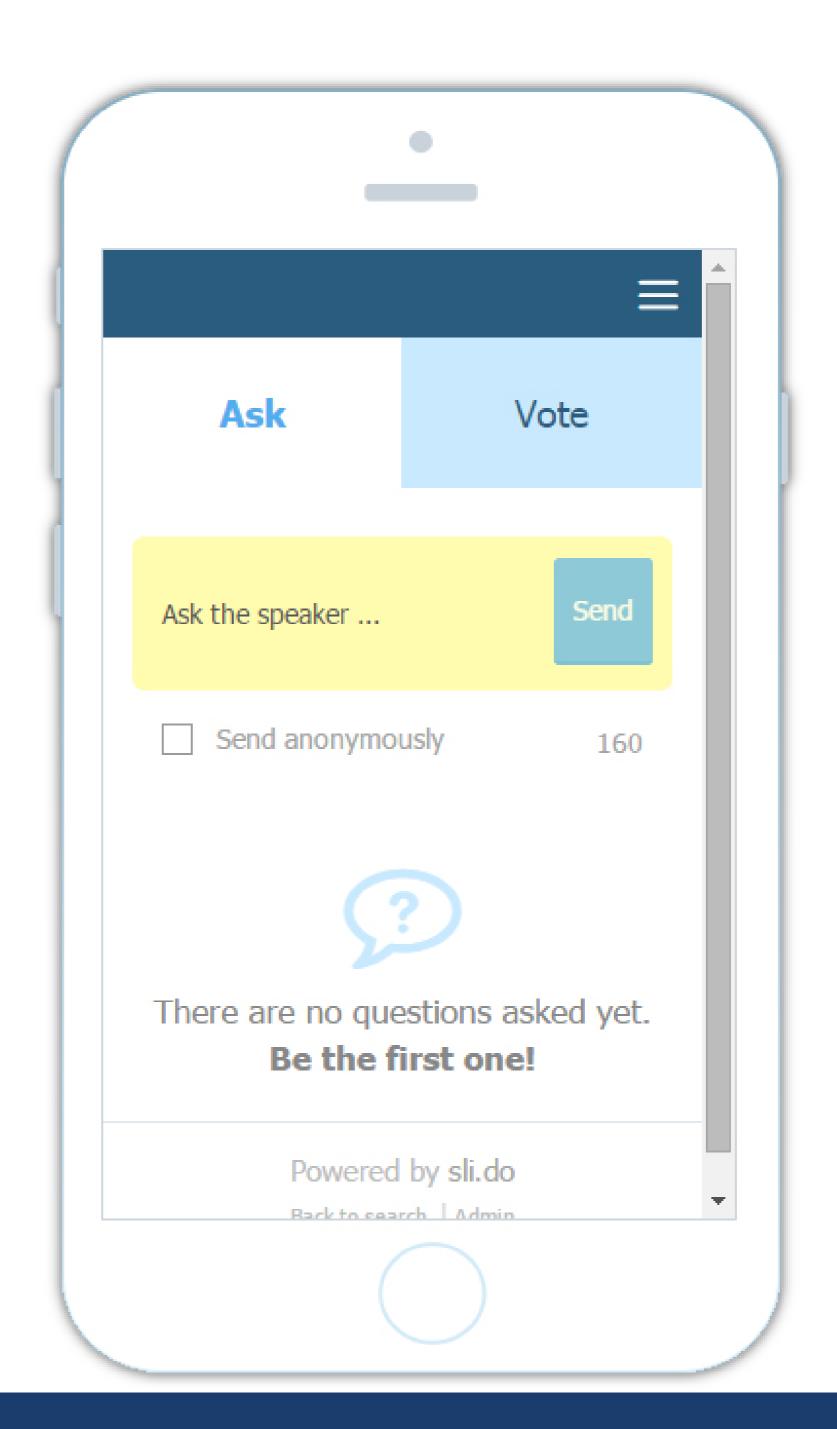
Death Rate Disparities

			African							
			American					Death Rate		
			Rate			White Rate		Disparity		
	African	African	Change			Change	Death Rate	Relative to		
	American	American	(2007-2011			_	Disparity %	Whites %		
Cause of death by age	Rate 2007-	Rate 2012-	to 2012 to	White Rate	White Rate	to 2012 to	(2007-	(2012-		
group (years	2011	2016	2016)	2007-2011	2012-2016	2016)	2011)	2016)		
All causes										
AAMR	1006.5	1065.5	6%	770.3	795.8	3%	30.7	33.89	widening	
AAPMR	569.9	607	7%	354.3	355.4	0%	60.9		widening	
<1	1741.4	1286.2	-26%	612.5	526.1	-14%	184.3	144.48	narrowing	
1 to 4	***	***	***	***	***	***	***	***	Ŭ	
5 to 14	***	***	***	***	***	***	***	***		
15 to 24	***	104.5	***	77.9	85.5	10%	***	22.22		
25 to 34	148	222.3	50%	113	142.6	26%	31.0	55.89		
35 to 44	372.3	294.5	-21%	163.9	181.4	11%	127.2	62.35	narrowing	
45 to 54	784.7	869.1	11%	412.1	433.1	5%	90.4	100.67	widening	
55 to 64	1476.3	1594.3	8%	881.5	902.9	2%	67.5	76.58	widening	
65 to 74	2722.7	2994.9	10%	2028.4	1893.1	-7%	34.2	58.20	widening	
75 to 84	5559.8	5780.1	4%	4940.2	5002	1%	12.5	15.56		
85+	14412	15261.6	6%	13959.5	15309.1	10%	3.2	-0.31		
Malignant neoplasms										
AAMR	232.2	250.4	8%	177.8	173.1	-3%	30.6	44.66	widening	
AAPMR	144	153.7	7%	103.3	100	-3%	39.4	53.70	widening	
Heart Disease										
AAMR	216.4	244.8	13%	175.4	193.3	10%	23.4	26.64	widening	
AAPMR	110.1	120.1	9%	59	60.9	3%	86.6	97.21	widening	
Cerebrovascular diseases										
AAMR	72.8	69.2	-5%	53.7	50.7	-6%	35.6	36.49		
AAPMR	29.8	24.1	-19%	12.1	10.1	-17%	146.3	138.61	narrowing	
Green color indicates that o	lifference is	significant								
*** indicates that a rate ha	s been surpr	essed or is u	nreliable du	e to a small n	number of de	eaths				
Death rate disparity= (Black rate minus white rate) divided by white rate times 100										
no significant change between five year mortaltiy rates Just provide the 10 year table in the document and mention this finding in text?										

Questions?

Open a web browser and enter sli.do into the address field

Enter event code #CGR1 to submit your questions throughout the presentation







Today's Objectives:

- Identify unmet social needs that impact health and prioritize meeting those needs to improve individual health
- Recognize roles, responsibilities and opportunities to create social health change at scale
- Distinguish community health approaches to population health improvement



Bechara Choucair, MD



Bechara Choucair, MD



Advancing Health?

It's About the Mind, the Body and the Community.

Senior Vice President and Chief Community Health Officer for Kaiser Permanente

OUR MISSION

To provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

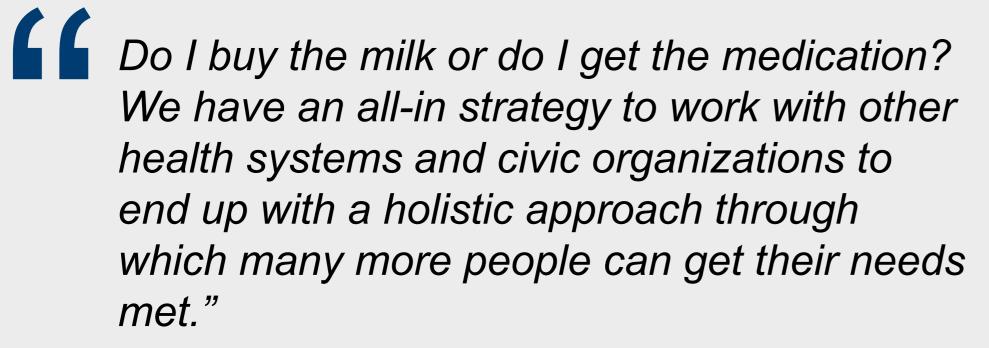
OUR VISION

We are trusted partners in total health, collaborating with people to help them thrive, creating communities that are among the healthiest in the nation, and inspiring greater health for America and the world.



Investing in Social Health

To improve health outcomes across communities, evidence points to a need to invest in social health.



- Bernard J. Tyson, Chief Executive Officer, Kaiser Permanente



"Broadening the debate beyond what should be spent on health care to include what should be invested in health—not only in health care but also in social services and public health—is warranted."

Elizabeth H. Bradley, Vassar College, Health Affairs

Social Needs in America Survey Revealed Gap in Addressing Unmet Social Needs

Unmet social needs are a barrier to health for all Americans.

68%

Had at least one unmet social need in the past year

People reporting unmet social needs are

2x

as likely to rate their health as fair or poor

97%

Of respondents want medical providers to ask about social needs during care visits.



1 in 4 Americans

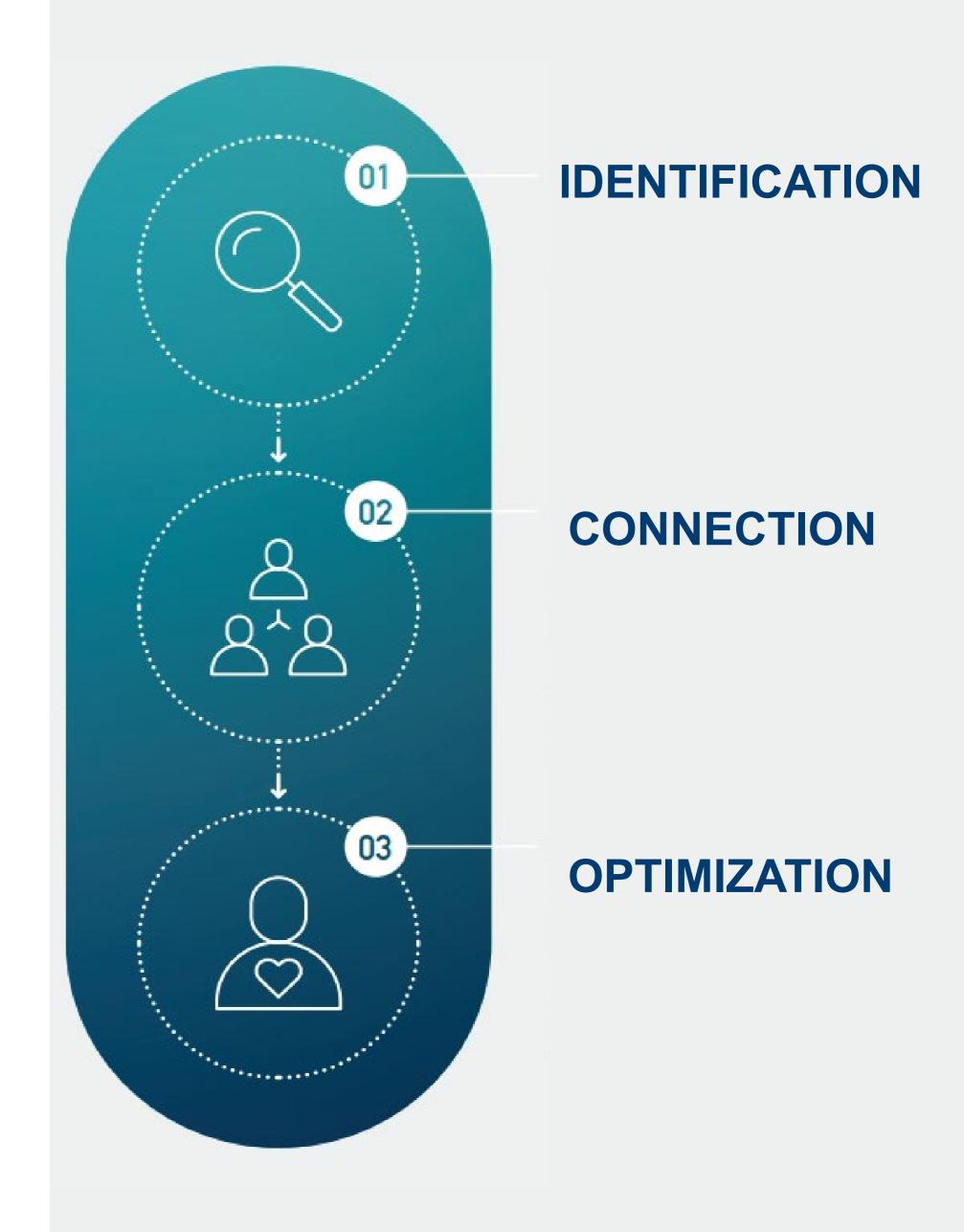
have had an unmet social need they say was a barrier to health in the past year.



Closing The Gap in Social Needs to Improve Total Health – Mind, Body, Community

Thrive Local aims to address unmet social needs. Our social health network will:

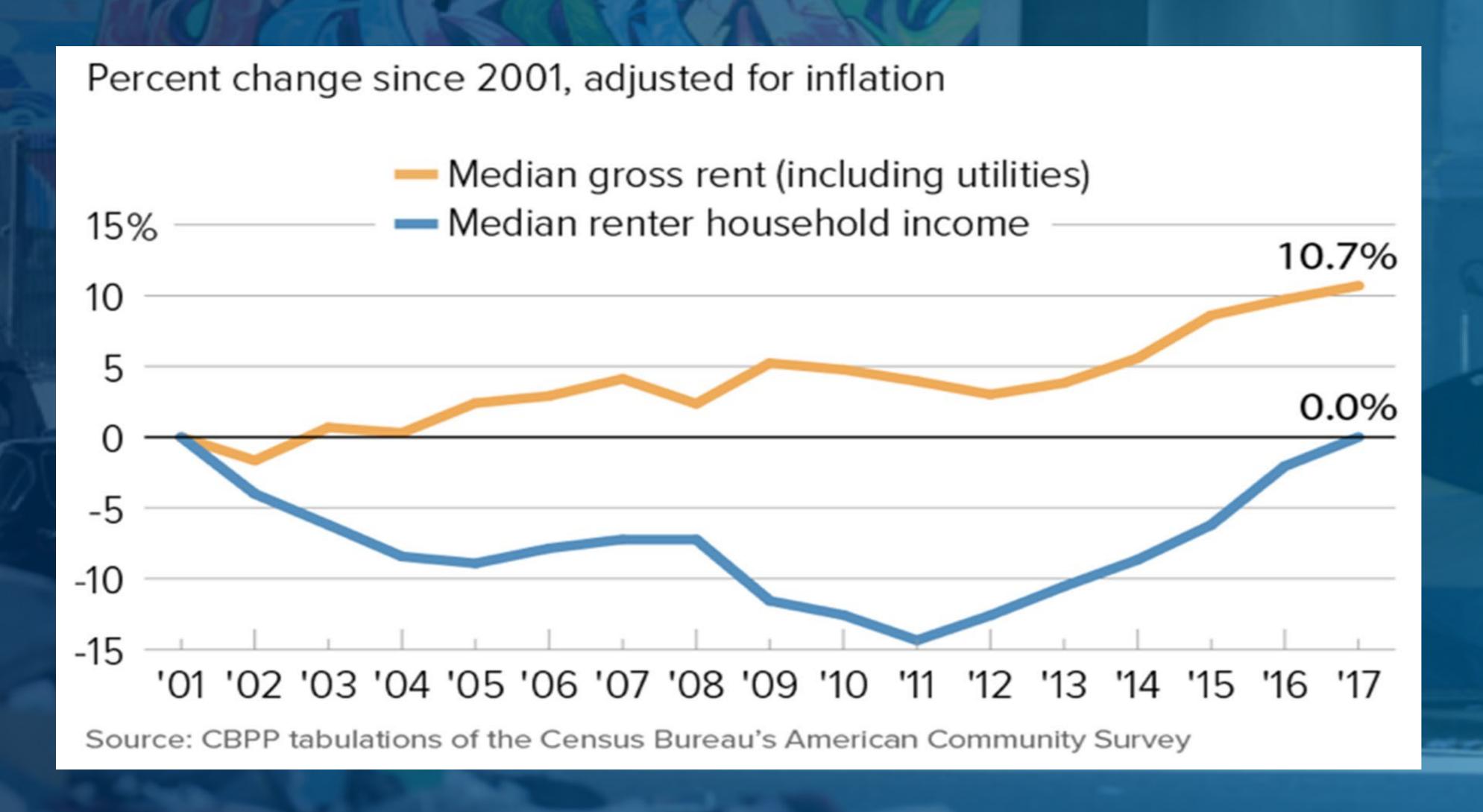
- Provide an online Resource Directory with up-to-date, searchable information on a wide range of social services and public benefits
- Engage Geographic Community Partner Networks, including community-based organizations and public agencies that health care providers can refer to.
- Partner with Unite Us to establish a technology platform that allows for two-way, closed-loop referrals.







Renters' Incomes Have Not Kept Up With Housing Costs



Unsafe and Unhealth Housing Cost the U.S. Billions Annually

\$56B

Asthma

\$50B

Lead Poisoning

\$500M

Residential Fatalities from CO Poisoning

\$2.9B

Radon-Induced Lung Cancer

\$200B

Unintentional Injuries

We Are Facing a Housing crisis

Our nation is facing a housing crisis. And Kaiser Permanente's communities are in the center, with some of the highest rates of both wealth and homelessness.

NATIONALLY:



More than 500,000 people in the US experience homelessness on any given night.

(U.S. Department of Housing and Urban Development)



Nearly 200,000 people experiencing homelessness are unsheltered.

(U.S. Department of Housing and Urban Development)

ACROSS KAISER PERMANENTE REGIONS:



25% of the Nation's homeless are in California.

(US Department of Housing and Urban Development)



King County, Washington has the **third largest concentration of people experiencing homelessness**, behind only LA and NYC.

(Applied Survey Research, 2017b)

41%

41% of all homeless in Washington, DC were recorded as chronically homeless, nearly twice the national average.

(Giambrone, 2017)

A Growing Health Crisis Nationwide and Close to Home



Widening gaps in affordability drive homelessness – and mortality rates – nationwide.

76%

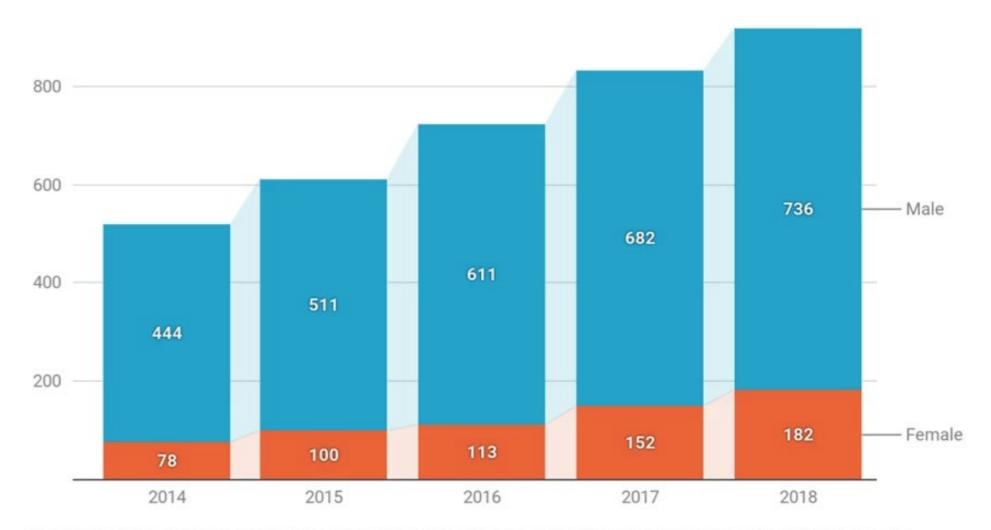
Increase in deaths among homeless individuals in Los Angeles in past five years

918

Homeless individuals passed away in Los Angeles in 2018

Homeless Deaths Surge In Los Angeles County

Of the 3,612 people who died from 2014 to 2018*, 4 in 5 were men. But during that period, the number of deaths among homeless women more than doubled.



^{*}There were three deaths in which the coroner did not identify the gender. Those cases are not included in this graphic.

Credit: Harriet Blair Rowan/California Healthline

Source: Los Angeles County Department of Medical Examiner-Coroner

Engage Partners to Foster Healthier Communities

A secure, stable place to live is key to a person's ability to thrive.

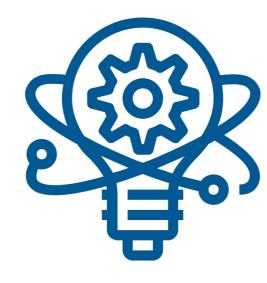
Through new partnerships and programs, we aim to:



End Chronic
Homelessness in Our
Communities through
unique partnerships
and programs



Increase Affordable
Housing Supply in the
regions and cities that
need it most



Catalyze Innovation
Across Programs by
harnessing the power of
technology



Shape Policy on Federal and Local Levels by working with national, state and city leaders

Emphasize Policies that Support Affordable Housing





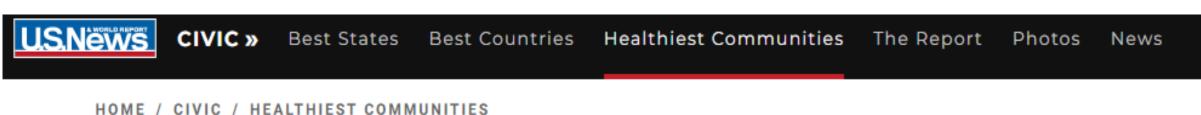


Launched partnership with Mayors and CEOs for U.S. Housing Investment

Met with mayors in our footprint and beyond

Connected policy to our community health strategy

Impact Investment to Prevent Displacement

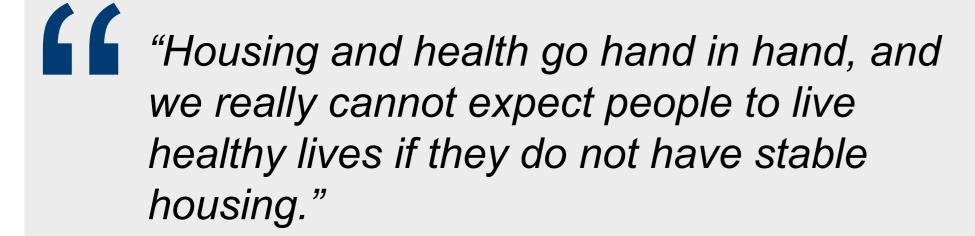


Kaiser Permanente to Focus on Housing, Homelessness With \$200M Commitment

Housing stability and health outcomes go hand in hand, company leaders say.



Why housing is now a health issue for Kaiser Permanente



- Bechara Choucair, Chief Community Health Officer, Kaiser Permanente



Address Homelessness in Our Backyard



- There are currently 515 frail, elderly residents in Oakland, CA experiencing homelessness.
- Kaiser Permanente is developing a promising approach that can help.
- As of June 1, 317 residents have been housed.

BY-NAME LIST

Work with existing agencies on identified people in Oakland, by name and location, aged 50+ with at least one major health condition.



SUPPORTS

Engage partners to administer the list and provide services for **515 people** in 2019.



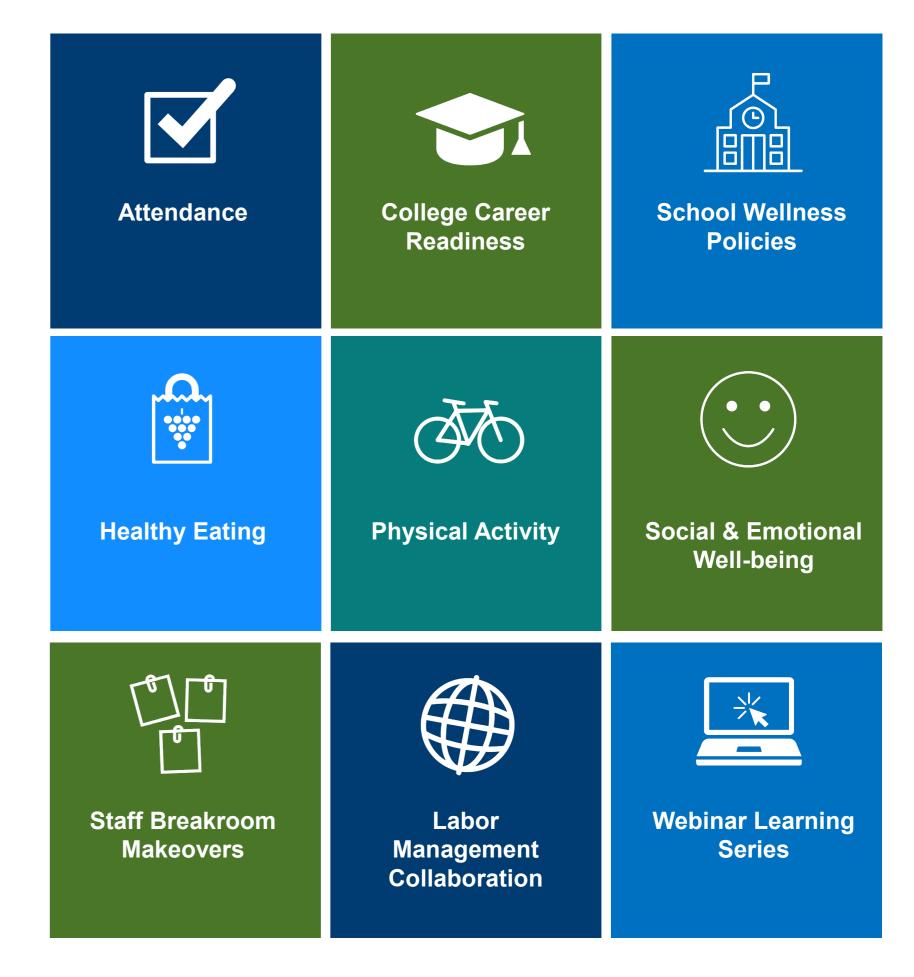
HOUSING

Connect individuals with the appropriate housing to meet their needs



Healthy Students, Staff & Teachers





Resilience In School Environments

School-Based Interventions

- Onsite Alliance for a Healthier Generation (AHG) intervention
- Virtual school-focused tools and resources
- Kaiser Permanente workforce health
- Educational theatre

Content that Connects Communities

- Messaging and resources for educators, parents & students inside and outside of school
- Focus areas: basic science behind trauma and stress, coping strategies and life skills, resilience-building strategies
- Partnerships with other ACES/Resilience campaigns (i.e., Stress Health)

Artificial Intelligence

- Algorithm + machine learning to create resilience index for every school and community
- Use AI-generated insights to recommend resources, create custom interventions







Engaging All Our Assets

Economic opportunity

Environmental stewardship

Healthy behaviors

Access to quality clinical care



Commitment to Supplier Diversity

Kaiser Permanente is a member on the Billion Dollar Roundtable, spending more than \$1 billion annually with minority- and women-owned suppliers.



ICCC Programs

7

Total KP cohorts completed across U.S.

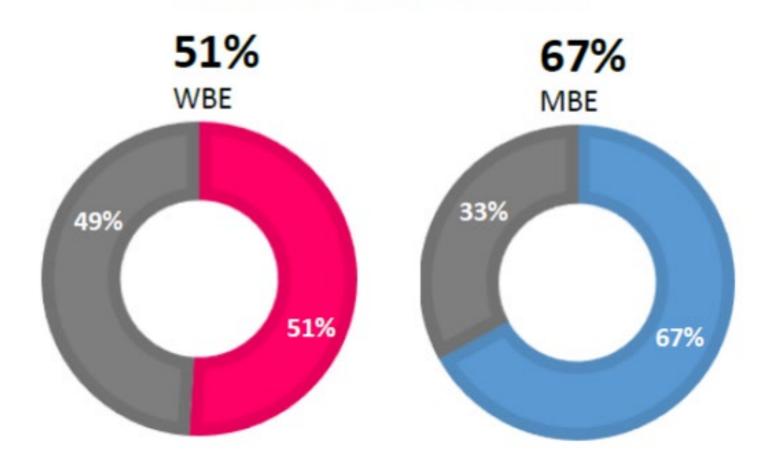
583

Aggregate number of participants across all KP sponsored cohorts

\$2.41

Average revenue of participants

Business Demographics Across all KP Cohorts 2016-2018



\$1.2M total capital raised in one year



129 total jobs created in one year



44% revenue growth in one year



2025 Environmental Stewardship Goals



Climate Action

Become "carbon net positive" by buying enough clean energy and carbon offsets to remove more greenhouse gases from the atmosphere than we emit.



Sustaining Sustainability

Meet international standards for environmental management at all of our hospitals.



Sustainable Food

Buy all of our food locally or from farms and producers that use sustainable practices, including using antibiotics responsibly.



Safer Products

Increase our purchase of products and materials that meet environmental standards to 50%.



Waste Reduction

Recycle, reuse or compost 100% of our non-hazardous waste.



Collaboration

Pursue new collaborations to reduce environmental risks to food sheds, watersheds and air basins supplying our communities.



Water Conservation

Reduce the amount of water we use by 25% per square foot of buildings.



WE'RE USING CLEAN POWER

We purchase more renewable electricity than any other health care system.

We're doubling our clean energy usage.

WE'RE BECOMING CARBON NEUTRAL

We're on track to become carbon neutral in 2020.

We've reduced our greenhouse gas emissions nearly 30%.

WE'RE CONSERVING WATER

We're committed to increasing our water efficiency by 25%.

We're more than halfway there.

WE'RE AVOIDING TAILPIPE EMISSIONS

in 2017 we filled 23.9 million prescriptions by mail.

Think of how many cars we've kept off the road.



kp.org/green







Thank You



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