

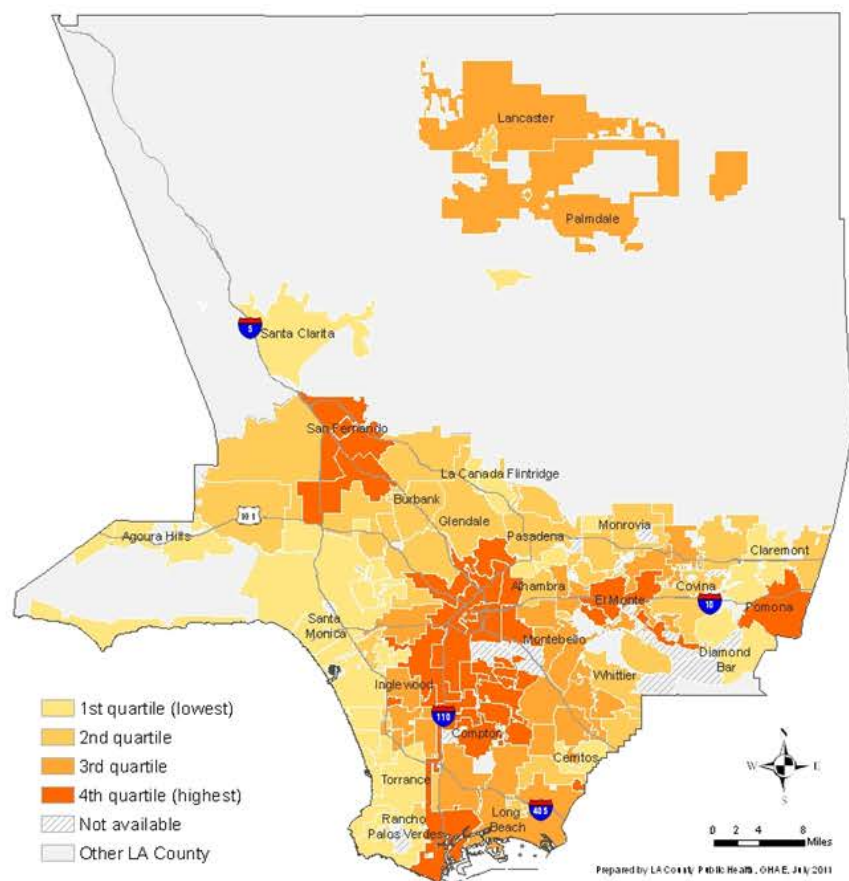
SYSTEMS APPLICATIONS FOR ADDRESSING STRUCTURAL BARRIERS TO OBESITY

SOMAVA SAHA, MD MS, EXECUTIVE LEAD WELL-BEING AND EQUITY (WE) IN THE WORLD AND WELL BEING IN THE NATION (WIN) NETWORK

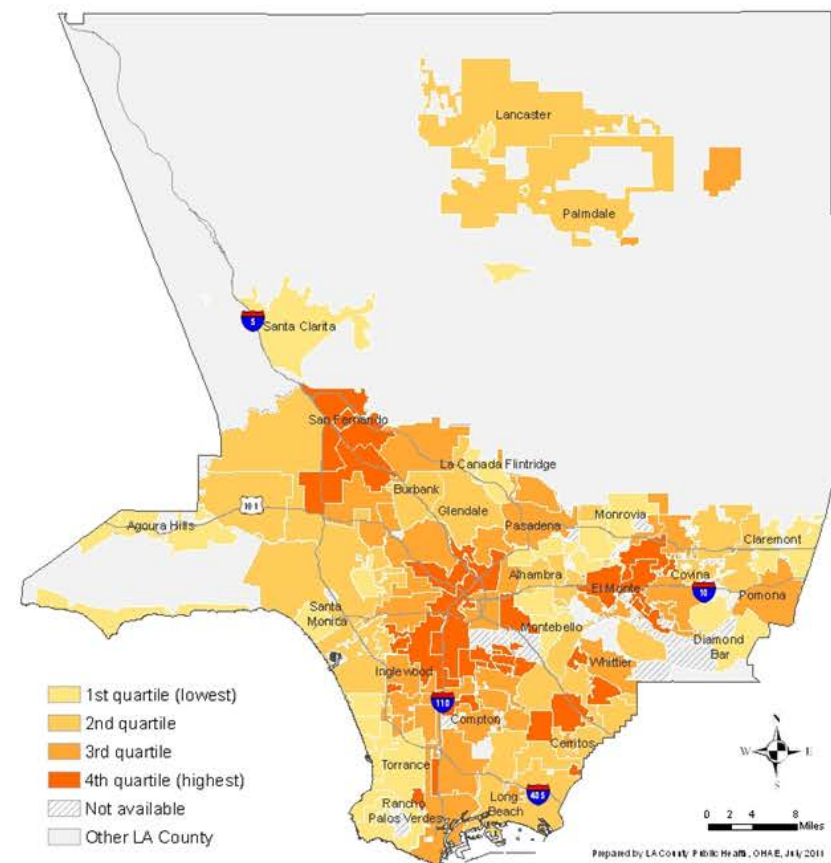


RELATIONSHIP BETWEEN THE HEALTH AND WELL-BEING OF PEOPLE, PLACES AND EQUITY

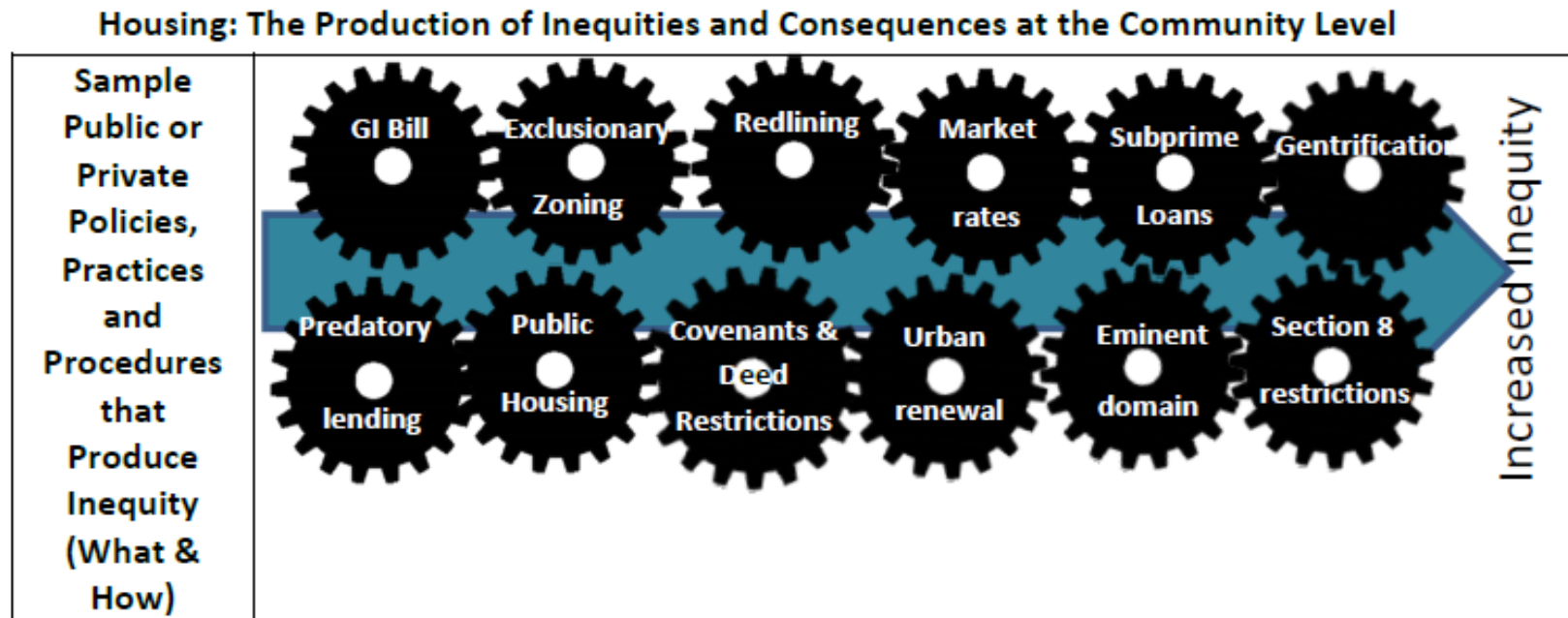
Economic Hardship Index by City/Community, Los Angeles County, 2000



Prevalence of Childhood Obesity by City/Community, Los Angeles County, 2005



CHRONIC PLACE-BASED INEQUITIES ARE NOT ACCIDENTAL – THERE IS A SYSTEM IN PLACE THAT PROPAGATES THEM



“Countering the Production of Health Inequities” Report from the Prevention Institute

A TALE OF TWO BOYS



<https://wsvn.com/news/us-world/color-blind-boys-scheme-to-get-same-haircut-to-trick-teacher/>

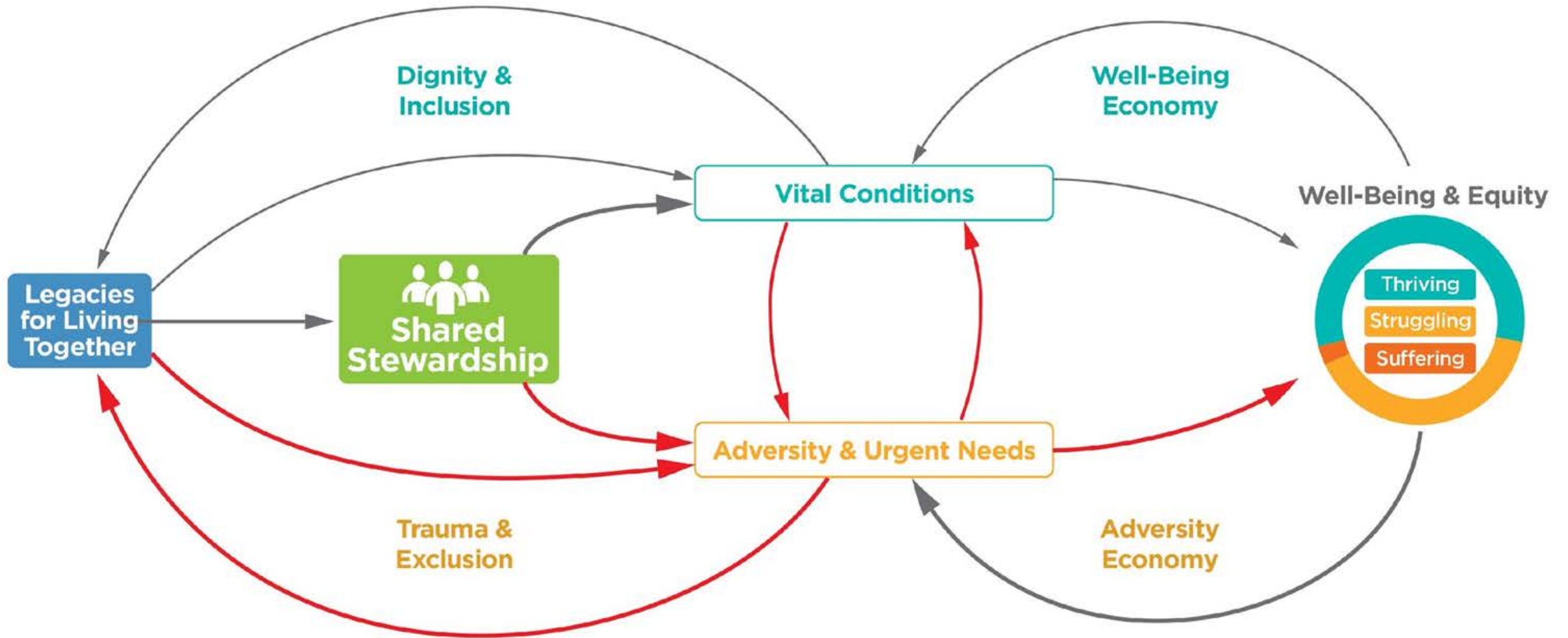
ADDRESSING OBESITY THROUGH STRUCTURAL CHANGE

2011 Oct 20;365(16):1509-19. doi: 10.1056/NEJMsa1103216.

ADDRESSING STRUCTURAL CHANGE IN A WAY THAT SHIFTS THE NARRATIVE

- HUD study – 4500 women with children living in public housing where at least 40% residents in neighborhood had incomes below the federal poverty level
- HUD Moving to Opportunity Program, randomized study – Between 1994-1998
 - 1,788 women were given housing with vouchers only valid in neighborhoods with a poverty level under 10%
 - 1,312 given vouchers they could use anywhere
 - 1,398 received no vouchers
- 20% reduction in obesity within 6 months among women in more affluent neighborhoods
- Ten years later, rates of morbid obesity and diabetes 1/5 lower than in the control group
- Not accounted for by neighborhood characteristics alone, including food prices, restaurant and food store availability, physical activity facility availability, the prevalence of crime and population density.
- "What you see 10 to 15 years down the road is giving moms a chance to move from high to low poverty areas has about the same impact on diabetes as what you see from medical interventions that were explicitly designed to reduce diabetes," Yens Ludwig, University of Chicago and lead author

WELL BEING IN THE NATION (WIN) THEORY OF CHANGE

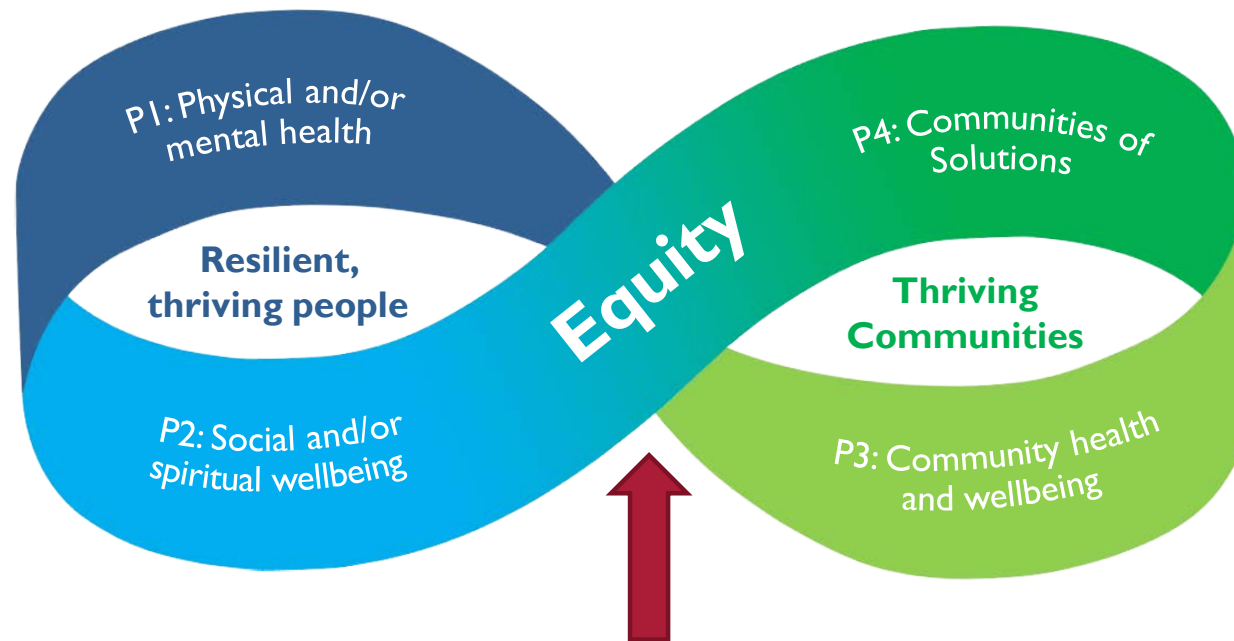


A BALANCED STRATEGY: PATHWAYS TO POPULATION HEALTH EQUITY

Health, well-being and equity

Downstream
(medical needs for
people we reach)

Midstream (social
needs for people we
reach)



Groundwater –
address root causes
and legacies

Upstream- change
underlying vital
community conditions

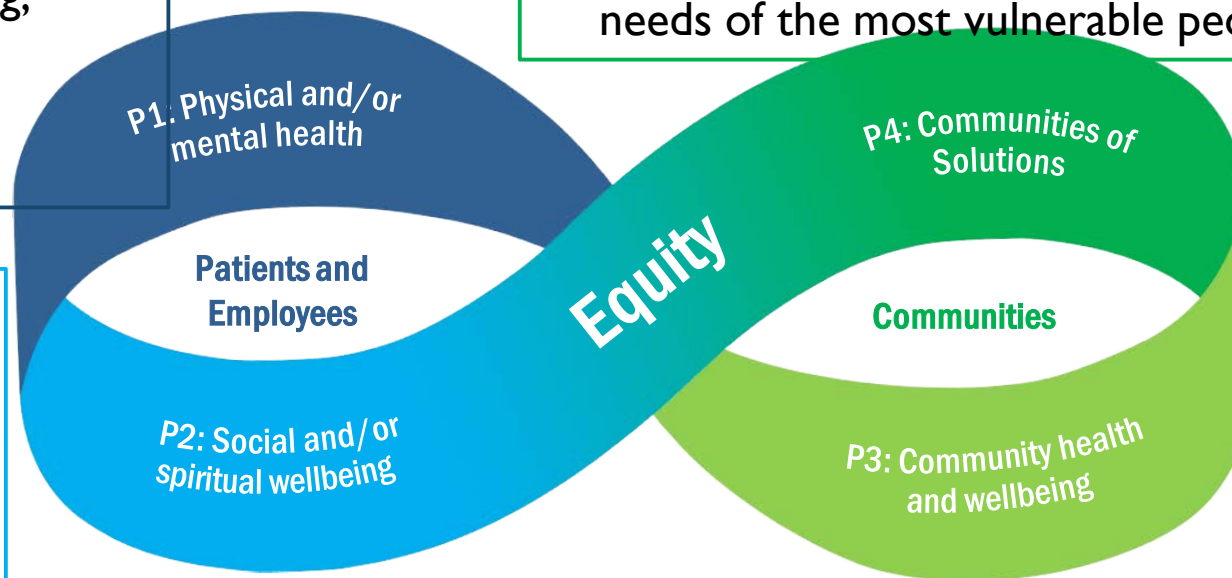
Improving the systems of society to “reverse the down escalator”

APPLYING P2PH IN THE CONTEXT OF COVID-19 IN RHODE ISLAND FOR PEOPLE WITH CHRONIC ILLNESSES

- Stratify the population with diabetes in terms of COVID-19 risk, diabetes/physical health risk, mental health risk and social risk
- Access to medications, BG monitoring, supplies
- Telehealth services for physical and mental health (and reimbursement)

- Understanding who might have lost access to health care benefits or is feeling financially insecure due to loss of employment or reduced hours
- Loss of access to caregivers as a result of physical distancing
- Social isolation, loss of purpose
- Access to food, transportation, etc

- Advancing policies today that will help in the long run as well (paid family leave, living wages, etc)
- Sharing assets and investments to meet the needs of the most vulnerable people in the state



- Connect assets and initiatives across the clinic and HEZ to meet the needs of people with diabetes and equity gaps

METROHEALTH, CLEVELAND

Downstream

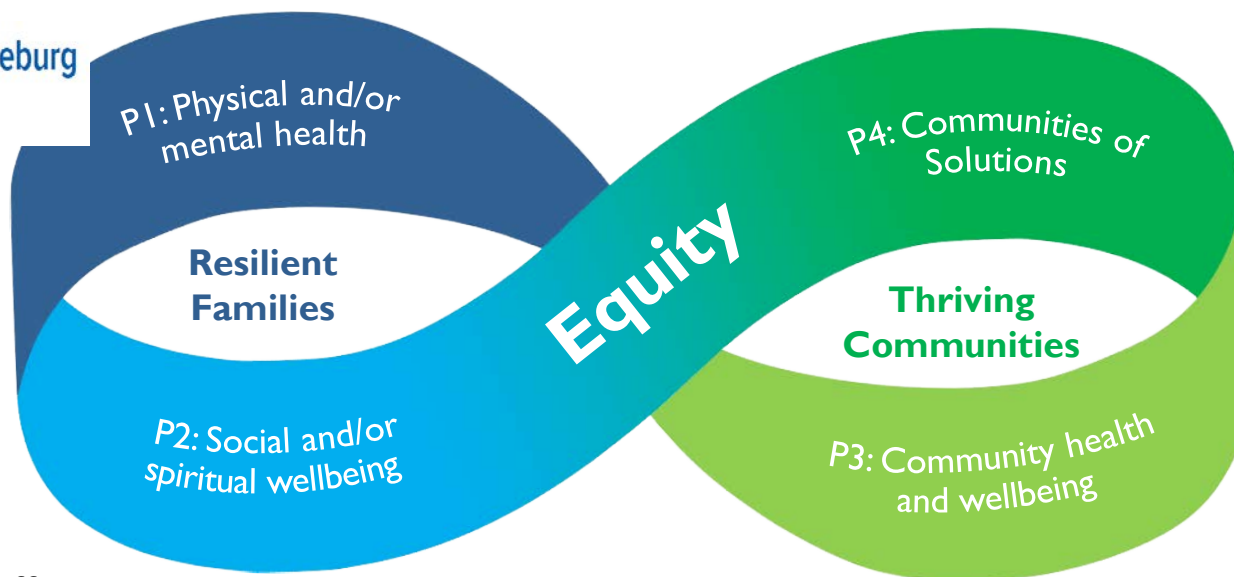
High functioning primary care

Drive-Up Vaccine Service Available at Middleburg Heights Health Center



Midstream

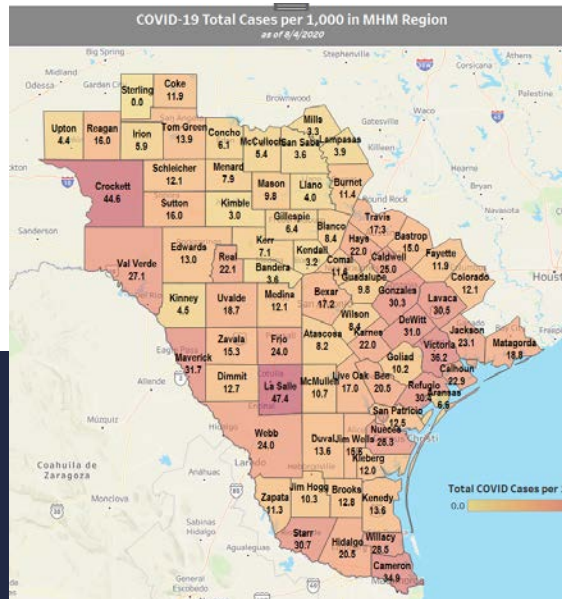
Pay increases for frontline staff
Addressing social needs in primary care
Hiring pipelines and policies



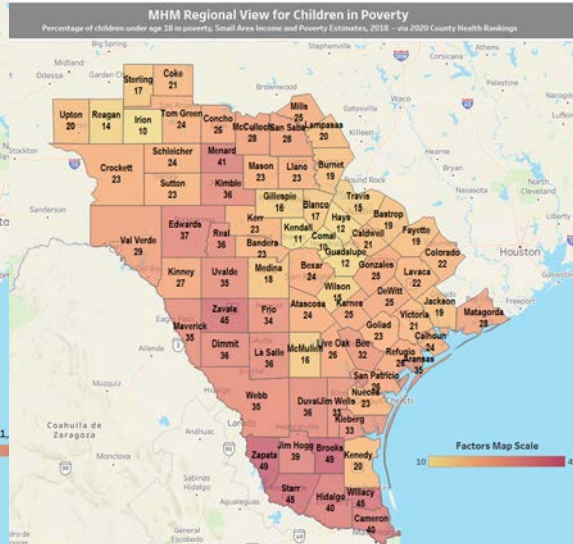
Groundwater –
Undesign the Red Line and Cleveland Circle initiative

Upstream
STEM school partnership

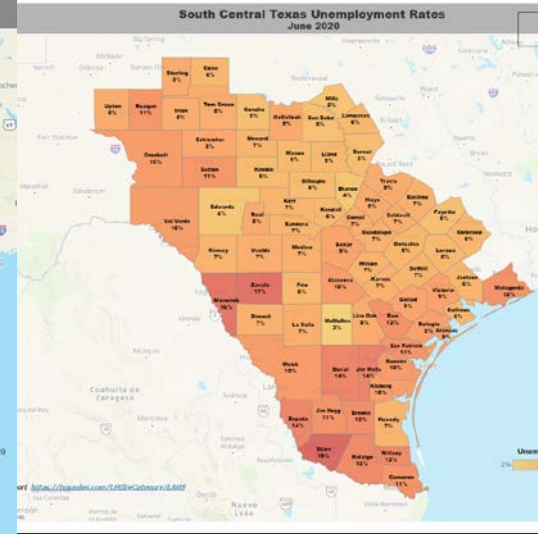
COVID Cases



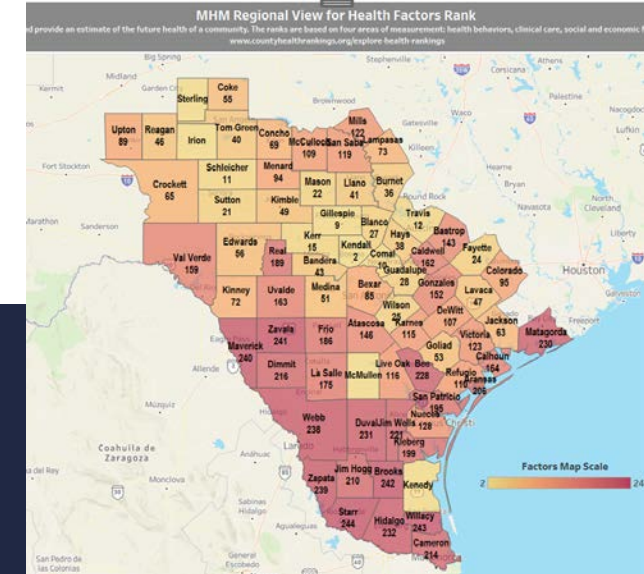
Child poverty



COVID Unemployment



Health status



RACE, PLACE, HEALTH AND WEALTH

INVEST IN EMERGENCY AND
RECOVERY SUPPORTS IN A WAY
THAT ADVANCES LONG-TERM
EQUITABLE RECOVERY AND
RESILIENCE

- Giving people food →
- Building the capacity of community assets (food banks, faith communities etc) to distribute healthy food →
- Making fresh healthy food affordable where people shop in local markets



INTERRUPTING THE CYCLE OF INTERGENERATIONAL POVERTY IN TEXAS

