

Session A6/B6

This presenter has
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Activating Global Health Change Agents for Equity

IHI National Forum 2018

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#IHIFORUM



**Mount
Sinai**

Nothing to disclose

1. Natalie Privett today have no relevant financial or nonfinancial relationship(s) within the services described, reviewed, evaluated, or compared in this presentation.

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Special Thanks to Alyssa Smaldino

Session Objectives

Agenda

1. Introduction
2. Understanding Health Equity:
Beyond the Social Determinants of
Health
3. The Role of Health Systems
4. Equipping Change Agents:
Global Health Change Agent
Competencies
5. Takeaways

Session Objectives

- ▶ Develop a lens for seeing structural and systemic elements of health inequity
- ▶ Identify systemic health inequities within your institutions and communities and create change management strategies to address them
- ▶ Leverage the Global Health Change Agent Competency Framework to equip and activate change agents who advance health equity within your own institutions and communities

The Arnhold Institute for Global Health

Mission

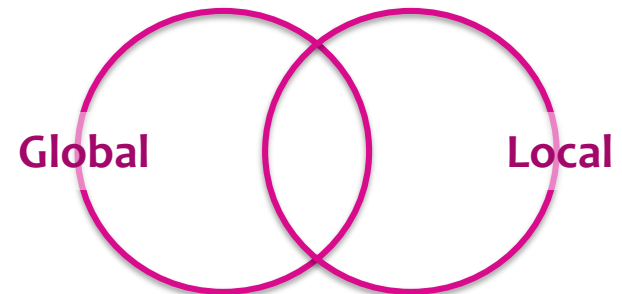
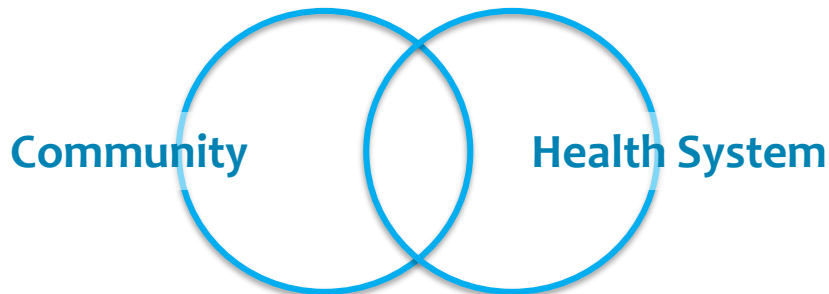
to strengthen community health systems,
working in partnership with practitioners

**Three areas
of work:**

Technology

Care
Models

Training &
Workforce



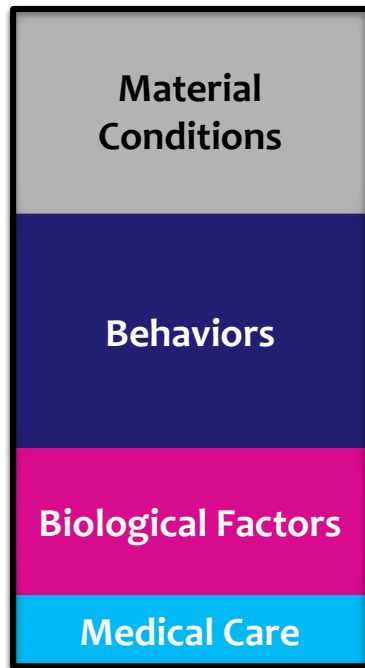
United States Peers in Health



Index	United States County	Life Expectancy	Comparison Area	Life Expectancy
1	Oglala Lakota County, South Dakota	66.8	Western Cape, South Africa	65.9
2	Union County, Florida	67.6	Rajasthan, India	67.7
3	Sioux County, North Dakota	68.6	Talas, Kyrgystan	68.9
4	Owsley County, Kentucky	70.2	Yunnan Province, China	69.5
5	McDowell County, West Virginia	70.3	Maranhao, Brazil	70.3
6	Kusilvak Census Area, Alaska	70.8	Arusha, Tanzania	70.5
7	Tunica County, Mississippi	70.9	Moscow, Russia	70.9
8	Phillips County, Arkansas	71.3	Sucre, Venezuela	71.3
9	Madison Parish, Louisiana	71.6	Chihuahua, Mexico	71.5
10	Walker County, Alabama	71.6	San Martin, Peru	71.6

How do we understand the HEALTH of an individual?

SOCIAL DETERMINANTS OF HEALTH



What are the **strengths & weaknesses** of this approach?

Is this an appropriate framework for understanding **HEALTH INEQUITY?** **NO**

Why is SDoH insufficient for understanding HEALTH INEQUITY?

- ▶ **Stops too short.** Doesn't address causes of the causes
- ▶ **Focus is exclusively individual.** Focuses on individual narratives at the exclusion of their structural drivers.

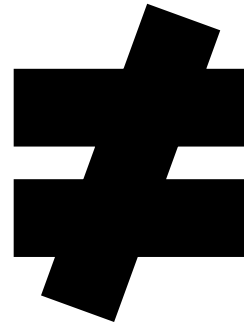
“How do we build structural explanations that do not reduce social and economic forces to individual attributes or deficits?” (Williams 2003)

- ▶ **Reduces larger forces to individual attributes or deficits.**
- ▶ **Blurs a distinction.**

To [apply health determinant models to health inequalities] may “blur the distinction between the social factors that influence health and the social processes that determine their unequal distribution.” (Graham, 2004)

- ▶ **Generates ineffective policy**

SDoH insufficient to understand HEALTH INEQUITY

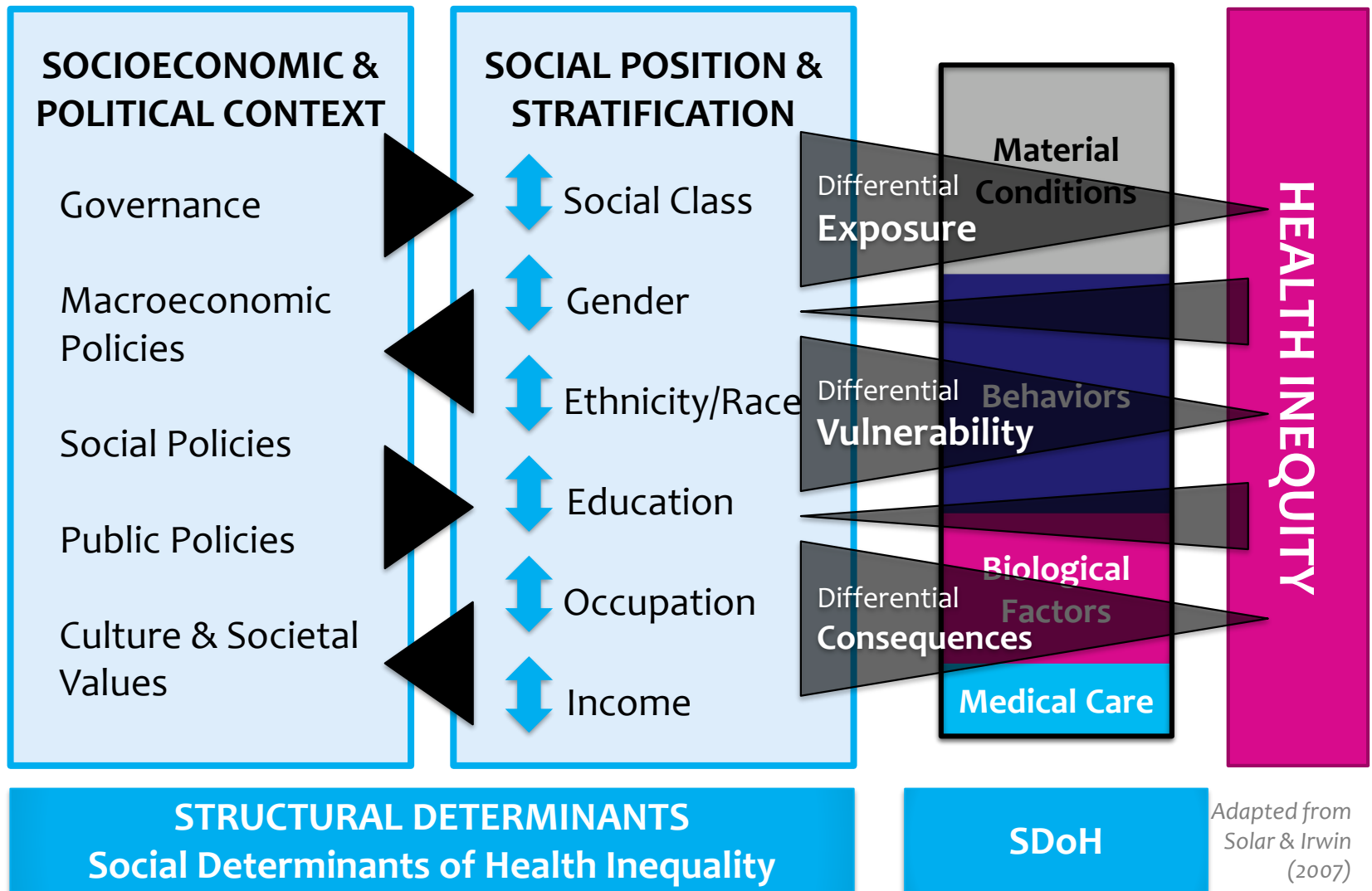


HEALTH is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity
(WHO)

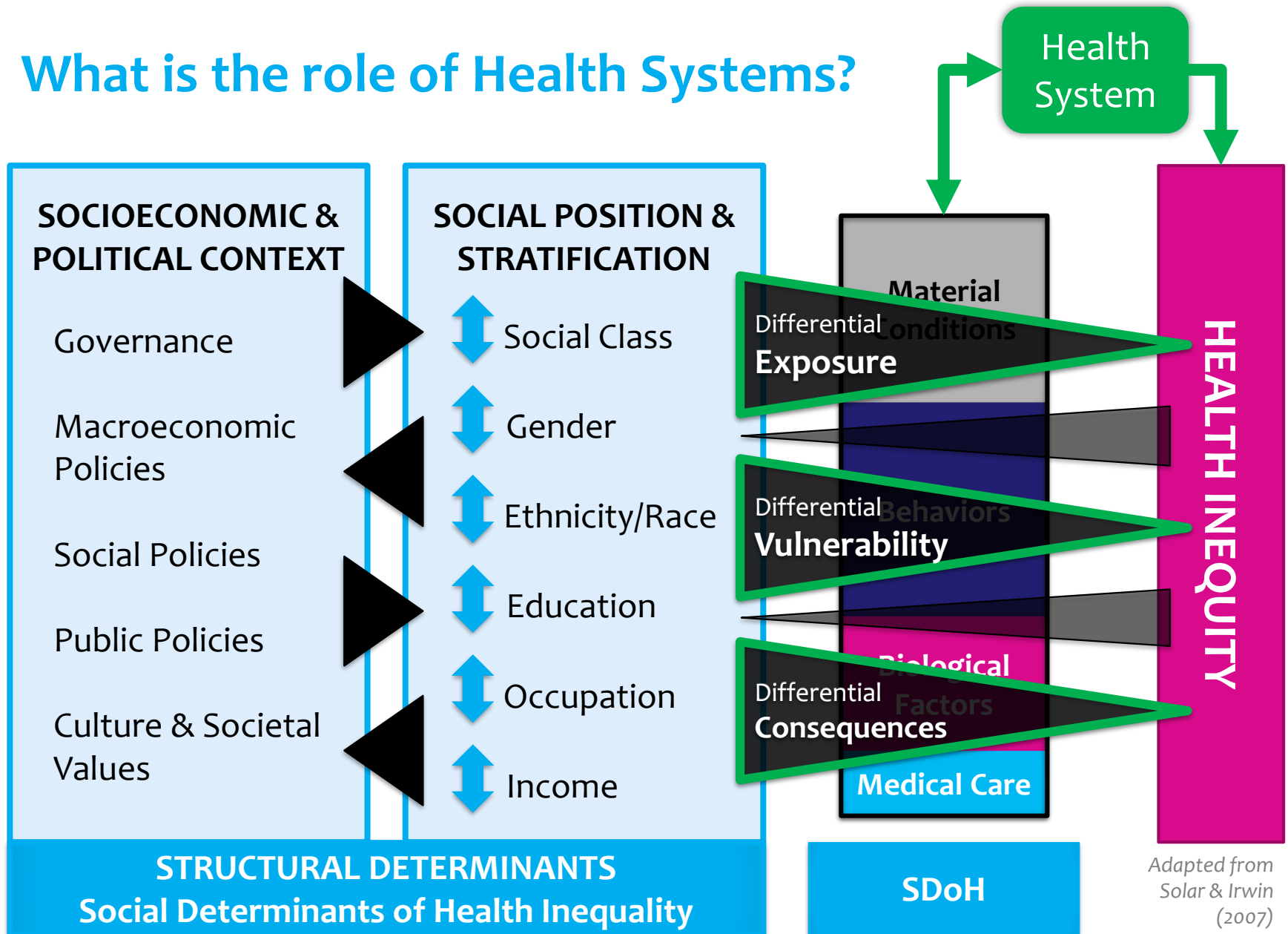
HEALTH INEQUITY is the systemic, unequal distribution of health outcomes between groups of people; avoidable inequalities in health between groups of people (*b-WHO*)

How can we understand HEALTH INEQUITY?

Systemic/Structural Perspective for Health Inequity



What is the role of Health Systems?



Adapted from Solar & Irwin (2007)

What opportunities does this highlight for Health Systems?

Directly address differences in **exposure**

Reduce susceptibility to health effects from inequitable exposures

Promote intersectoral action to improve health status

Directly address differences in **vulnerability**

Improve equitable access to care

Address patients' barriers to adherence

Mediate differential **consequences** of illness

Ensure health problems don't further deteriorate social status

Treat and rehabilitate health problems that create a socioeconomic gap

ACTIVITY:

Opportunities for Addressing Health Inequity

Directions: Fill in the table with ideas and specific examples that can address health inequity.

Think about

- Your institution
- Your patient/client populations
- Your community

Determinants of Health Inequity Framework
Adapted from WHO Commission on Social Determinants of Health Conceptual Framework

Opportunities for Addressing Health Inequity
Fill in the table with ideas and specific examples that can address health inequity.

	Idea	Specific Examples
Social Position & Stratification	Directly address Differential EXPOSURE to health damaging conditions and risks	<ul style="list-style-type: none"> Reduce susceptibility to health effects from inequitable exposures through health promotion and prevention^{1,2} Promote intersectoral collaboration/action to improve health status³
	Directly address Differential VULNERABILITY to health-compromising conditions due to health conditions and available resources	<ul style="list-style-type: none"> Food supplementation through health system Vaccination Campaigns
Socioeconomic & Political Context	Mediate Differential CONSEQUENCES (economic, social and health) for more or less advantaged	<ul style="list-style-type: none"> Transport policies that address geographic barriers to access health care Health care biases and norms³
		<ul style="list-style-type: none"> Improve equitable access to care¹ Address patients' barriers to adherence¹
		<ul style="list-style-type: none"> Health financing that prevents medical care costs from exacerbating poverty Support chronically ill reinsertion into workforce

1. Mackenbach JP, Mackenbach S, 2007. A conceptual framework for action on the social determinants of health. WHO, 2007(1): 9. 2. Dahlgren G, Whitehead P, 2006. Changing the game: A generation health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization. IHI National Forum 2018 | Activating Global Health Change Agents for Equity | Natalie Privett PhD

Opportunities for Addressing Health Inequity

Fill in the table with ideas and specific examples that can address health inequity.

Idea	Specific Examples	
<p>Directly address Differential EXPOSURE to health damaging conditions and risks</p>	<p>Reduce susceptibility to health effects from inequitable exposures through health promotion and prevention^{1,2}</p>	<ul style="list-style-type: none"> • Food supplementation through health system • Vaccination Campaigns
	<p>Promote intersectoral collaboration/action to improve health status¹</p>	
<p>Directly address Differential VULNERABILITY to health-compromising conditions due to health conditions and available resources</p>	<p>Improve equitable access to care¹</p>	<ul style="list-style-type: none"> • Transport policies that address geographic barriers to access health care
	<p>Address patients' barriers to adherence¹</p>	
	<p>Health care biases and norm²</p>	
<p>Mediate Differential CONSEQUENCES (economic, social and health) for more or less advantaged</p>	<p>Ensure health problems don't further deteriorate social status¹</p>	<ul style="list-style-type: none"> • Health financing that prevents medical care costs from exacerbating poverty
	<p>Rehabilitate health problems that create a socioeconomic gap¹</p>	<ul style="list-style-type: none"> • Support chronically ill reinsertion into workforce

Key to Change: People

The key to advancing HEALTH EQUITY
is people.

But are we equipping the health workforce to advance HEALTH EQUITY?



In almost all countries, the education of health professionals has failed to overcome dysfunctional and inequitable health systems”¹

Those within health systems lack capacity to
transform these systems to advance health equity.

What is needed? Global Health Change Agents

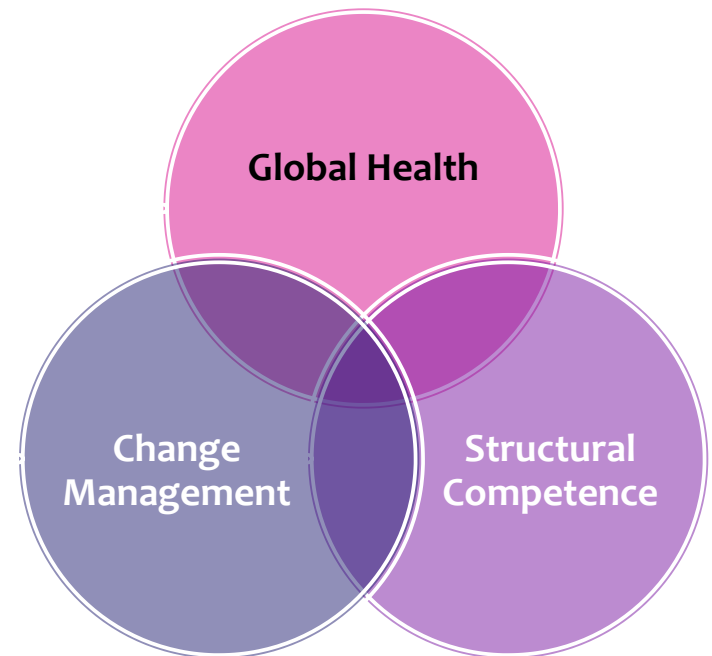
global health change agent

noun

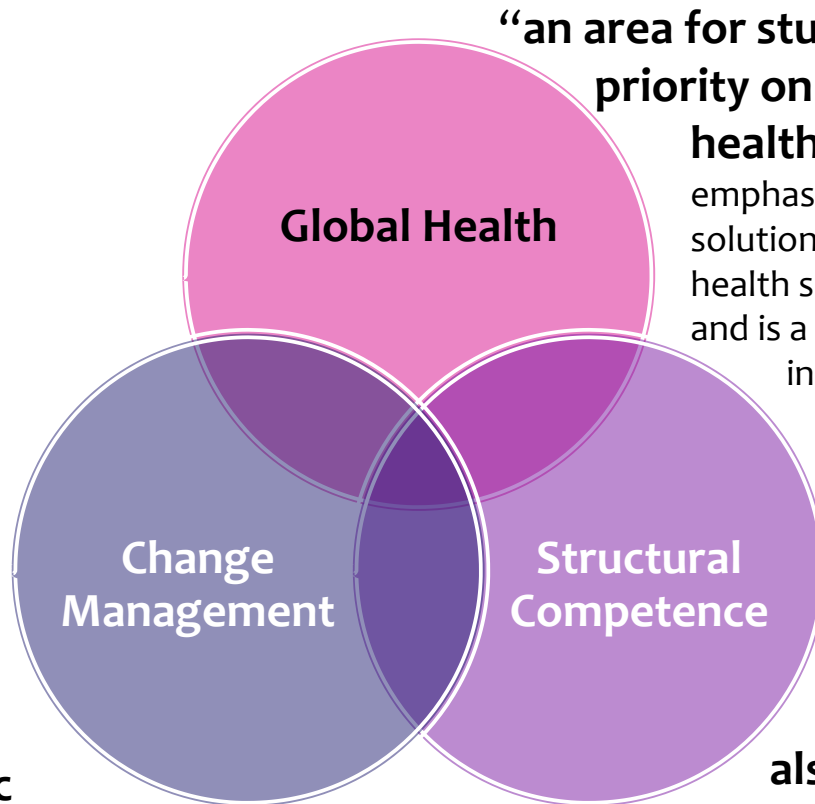
an individual with the capacity to undertake purposeful action for change in systems of health throughout the world

GLOBAL HEALTH CHANGE AGENT COMPETENCY FRAMEWORK

- **Skills, knowledge and attitudes** needed to transform health systems
- Draws from **global health, change management, & structural competency**
- Consists of **26 competencies** that are foundational to change across a variety of contexts, cultures, systems, and roles



Three fields for Global Health Change Agents



“an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care.”¹


Systemic approach to the transition or transformation of an organization

Trained ability to discern how a host of issues defined clinically as symptoms, attitudes, or diseases also represent the downstream implications of a number of upstream decisions²


ACTIVITY: Change Initiative

Directions: Choose 1 Idea from the previous activity to plan for change in your institution or community.

Change Initiative Worksheet




CHANGE IDEA
Choose 1 from your Opportunities for Addressing Health Inequity Worksheet for your own institution or community.




How will you **FRAME** your initiative?

Champion Change Coalition


Every change management philosophy advocates champions, individuals who push change forward at multiple levels. Say more about the Champion Change Coalition you need to realize your Change Idea.



WHAT will your Coalition do?



WHO needs to be a part?

Continued on Back 

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Strategic Analysis	... systematically gathers and analyzes information to determine how to best realize its goals, like an audit.
Structural Determinants of Health	... processes the capacity to recognize and understand the root determinants of health and apply that knowledge.
Structural Interventions	... develops interventions that are responsive to the structure (e.g., financial, culture, policy) that shape health.
Systems Design	... designs or redesigns systems to address the, responsive, equitable mission.

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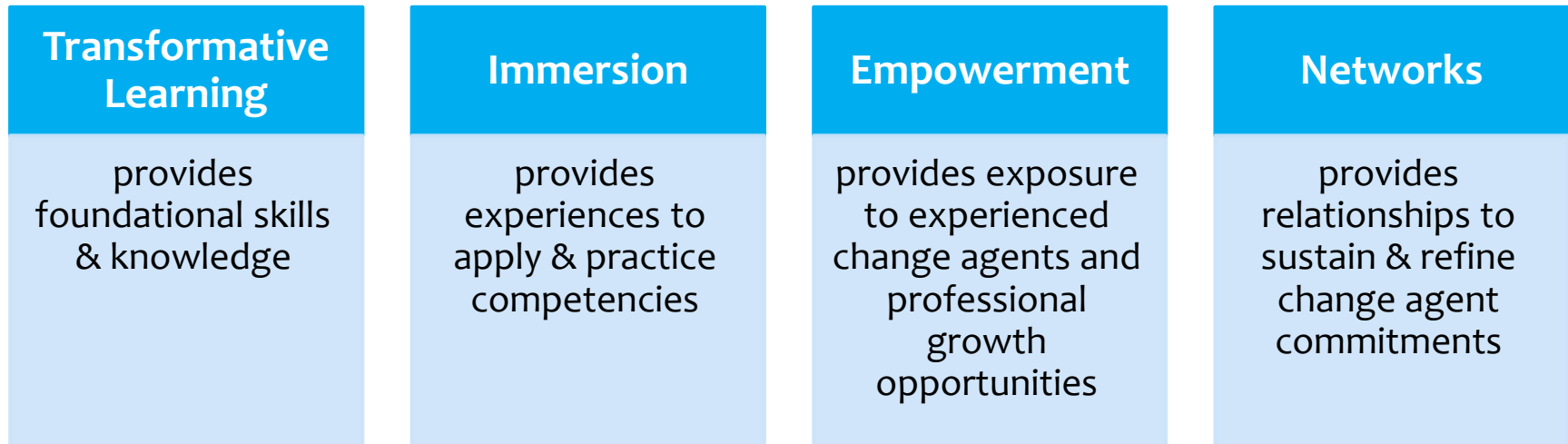
Global Health Change Agent Competency Framework Discussion

Which competencies did you highlight as most important for your coalition? Why?



The Arnhold Institute Approach and Next Steps

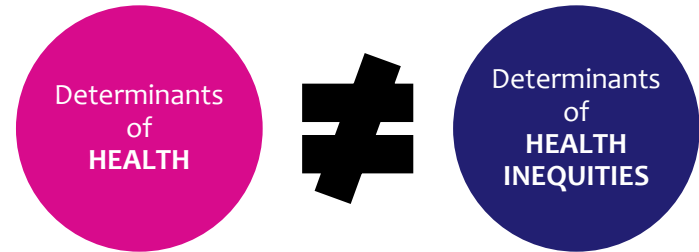
We are developing a **certificate program** that will
Equip and Activate Global Health Change Agents
through a competency-based approach* across four strategic action areas:



We also develop transformative learning workshops in partnership with other institutions and organizations.

Four Key Takeaways

- 1 **There is a distinction** between the social factors that influence health and the social-political processes that determine their unequal distribution.
- 2 Tackling Health Equity requires understanding and action toward **structural and systemic barriers**.
- 3 **Health Systems play an important role** – one that can ameliorate or exacerbate inequity.
- 4 **We need a workforce that is equipped and activated with specific competencies to change systems for health equity.**



We need Global Health Change Agents.

Activating Global Health Change Agents for Equity

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Thank you.

Please reach out to connect and/or
learn more!

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