



Health and Public Health CMS Innovation Grant CHW Training Module 3

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Health Care & Housing Are Human Rights

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL



Hello!

WELCOME





Funding Support



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Learning Objectives



Define Health

Recognize the role of Social Determinants of Health

Understand How Where You Live Can Affect One's Health



Describe how the U.S. Health Care Dollar is Spent.

Identify the Difference between Primary and Public Health

Describe the Changes for Medicaid in 2014

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Are you Healthy?



Think of the last time
you experienced
yourself as “healthy”

Jot down a few words
or phrases that
describe the feeling,
and the context





What is Health?



Scientific View

Health as the absence of disease.

Health as the absence of illness

Definition of Disease – presence of pathology or abnormality in a body part
Illness – feelings of anxiety, pain or distress usually associated with a disease.



Chronic Diseases

- **Heart disease**
- **Cancer**
- **Diabetes**
- **High blood pressure**
- **Asthma**
- **HIV/AIDS**

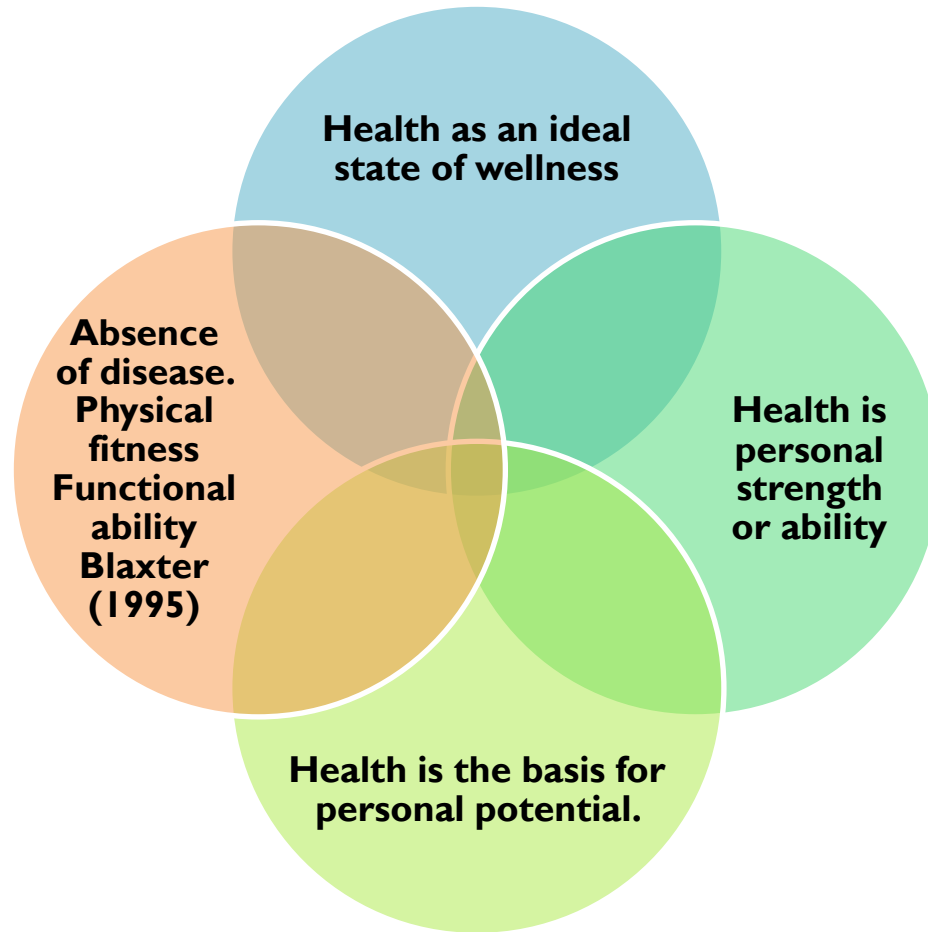
“Chronic diseases are the leading causes of death and disability in the United States. Chronic diseases account for 70% of all deaths in the U.S., which is 1.7 million each year.”

--Centers for Disease Control and Prevention (CDC), 2012





Different Views of Health





Holistic View of Health



**Health is
physical,
social,
mental,
emotional,
financial and
spiritual
fitness
(wellness)**



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Who is the Healthiest?





How does American life expectancy compare to other countries?



(Based on 2005 data reported in the 2007 United Nations Human Development Report)

- A. 1st Place
- B. Top 10
- C. 29th place
- D. 15th Place



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ANSWER:

C. 29th place



At 77.9 years, we are tied with South Korea and Denmark for 29th – 31st place, despite being the second wealthiest country on the planet (measured by per capita GDP).

Japan has the highest life expectancy at 82.3 years

+

Generally speaking, which group has the best overall health in the U.S.?

A. Recent Latino immigrants

B. Native-born whites

C. Native-born Latinos

D. Native-born Asian Americans





ANSWER:

A. Recent Latino immigrants



Recent Latino immigrants have better health outcomes than other U.S. populations despite being, on average, poorer. However, the longer they live here, the worse they fare.





Conditions

- **Health doesn't start at the hospital, clinic or doctors office.**
- **Health starts where we live, work and play.**
- **Zip code may be more important to health than genetics**





What Determines our Health?



- ▶ **The Social Determinants of Health: “Where we live, learn, work and play can have a greater impact on how long and how well we live than medical care.”**



Source: The Robert Wood Johnson Foundation, Commission to Build a Healthier America (2008-2009)



The Social Determinants of Health



Housing and Neighborhoods

- Housing quality, exposure to toxins
- Transportation options and accessibility
- Safe places for recreation
- Commercial businesses, grocery stores, etc.

Education

- Quality of public schools
- Opportunities for higher education

Race/Racism

- Chronic stress of discrimination
- Historical legacy of institutional exclusion

Income and Wealth

- Financial safety net
- Credit availability and history

Jobs and Work

- Availability of jobs
- Wages

Maternal Health

- Prenatal care
- Nutrition
- Health status of mother before and during pregnancy

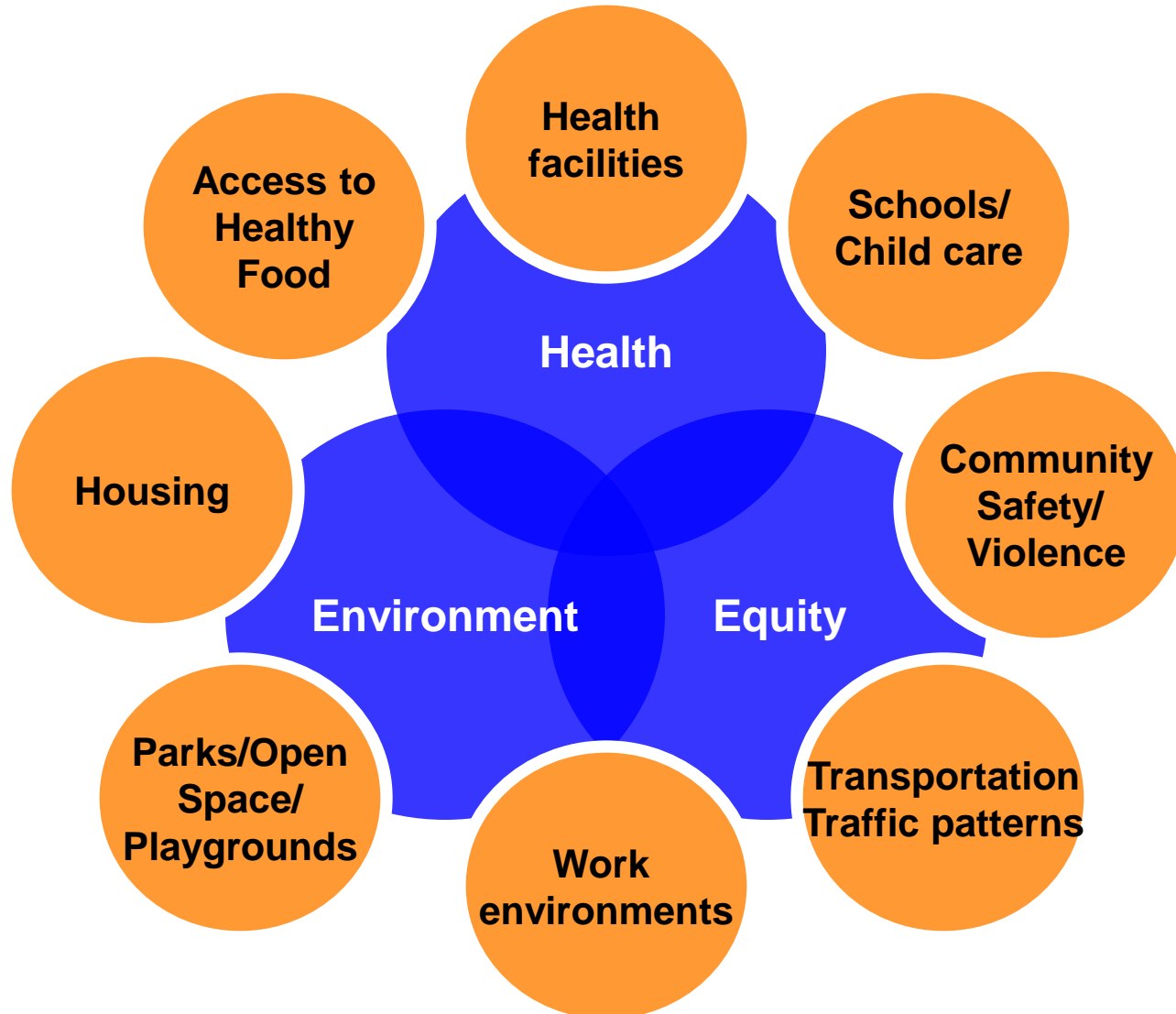
Food Security

- Chronic stress of food insecurity
- Nutritional deficiencies

Social isolation

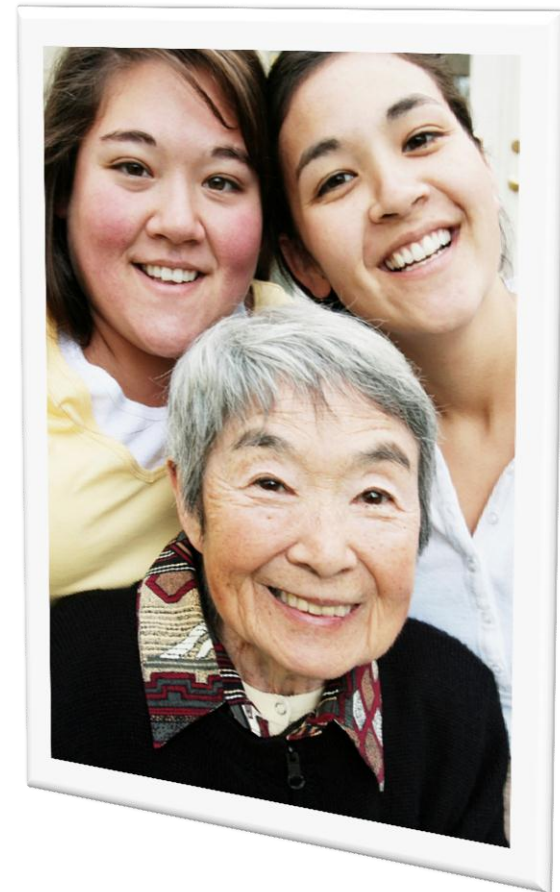
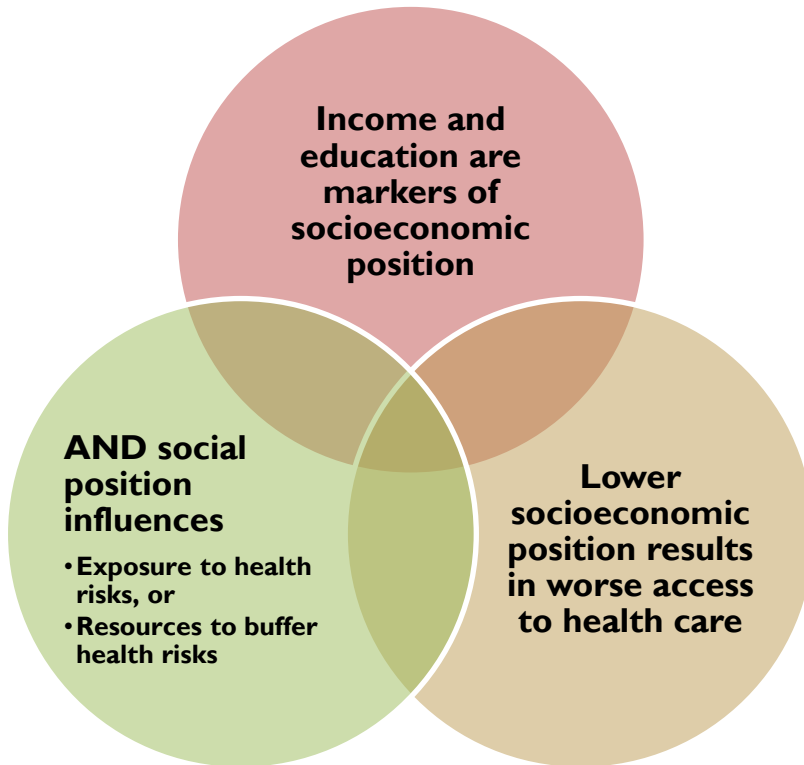
- Networks of support

+Intersection of Health, Place & Equity



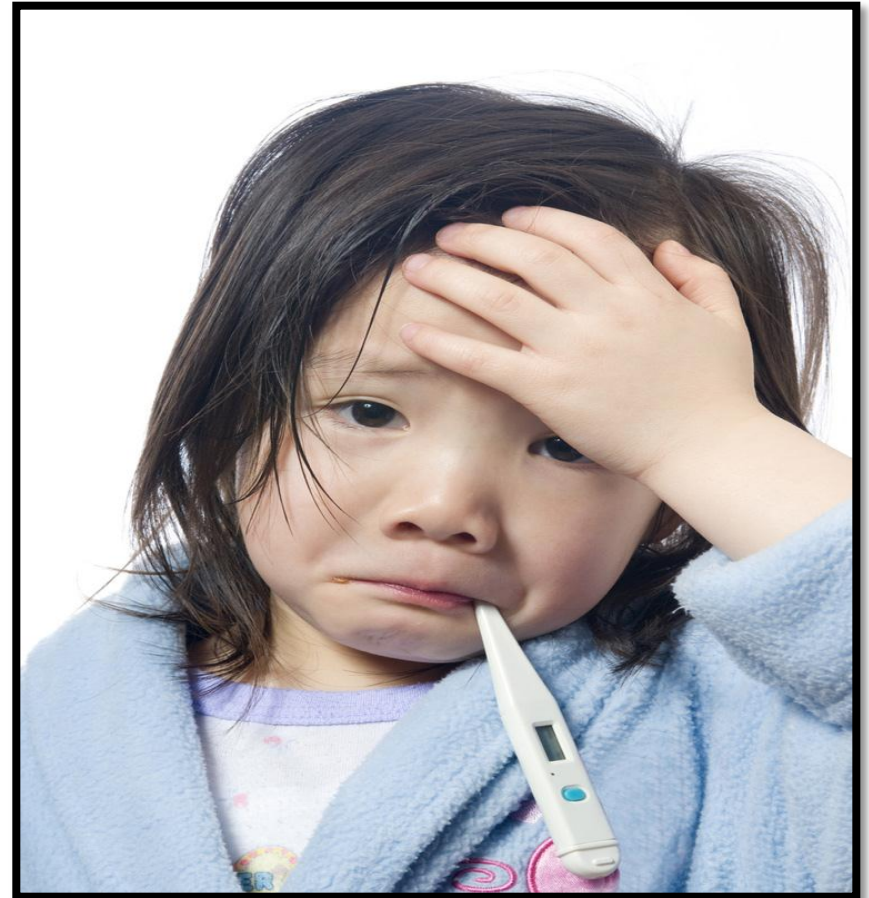


Social Position Matters



+ Children living in poverty are how many times more likely to have poor health, compared with children living in high-income households?

- A. 3 times**
- B. 4 times**
- C. 5 times**
- D. 7 times**



+

ANSWER: D. 7 Times



Children are most vulnerable. Not only are they susceptible to sub-standard housing, poor food, bad schools, unsafe streets and chronic stress, but the impacts of childhood poverty are cumulative, leading to a pile-up of risk that influences adult health and can even affect the next generation.



In Short....



“Poorer people live shorter lives and are more often ill than the rich. This disparity has drawn attention to the remarkable sensitivity of health to the social environment.”

Source: Social Determinants of Health, The Solid Facts. World Health Organization, 2003





Race Matters



- Racial discrimination contributes to uneven distribution of income, education, neighborhood poverty, and access to health care.
- Racial discrimination creates chronic stress and contributes to poor health independent of these factors.





Stress Matters



Chronic stress is toxic affecting physiological processes that can trigger diabetes, asthma, and heart disease.

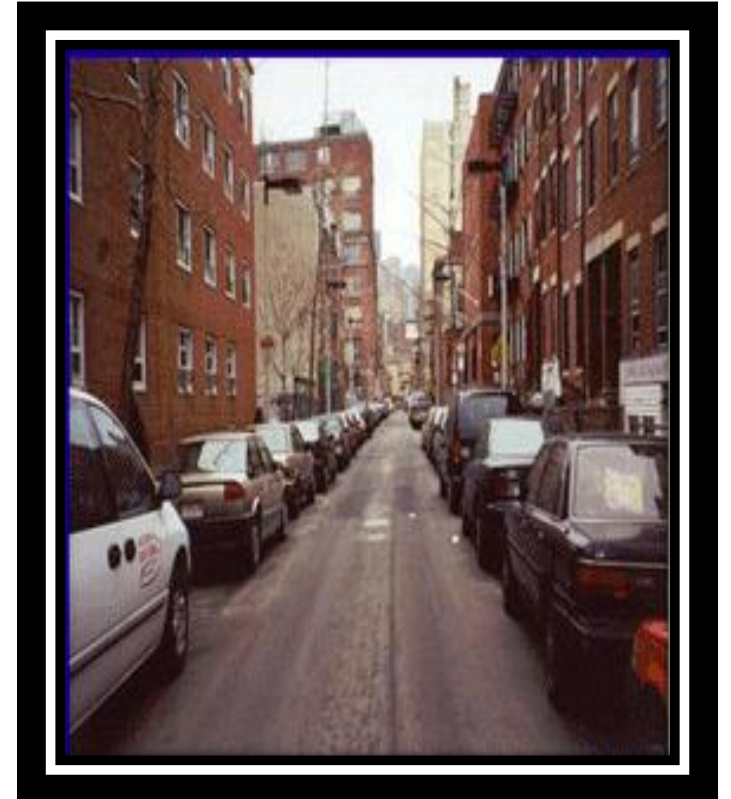
People with lower socioeconomic position have higher levels of chronic stress and fewer resources to deal with stress.





Place Matters

Where a person is on the social ladder determines whether a person is surrounded by things that make it easy or difficult to maintain healthy behaviors.



+

Where you Live Affects how you Live.



+ What is the greatest difference in life expectancy observed between counties in the U.S.?

- A. 7 years**
- B. 15 years**
- C. 22 years**
- D. 25 years**





ANSWER:

B. 15 Years



Populations in some wealthy communities live on average well into their 80s, while others in some inner city neighborhoods and Native American reservations barely scratch 60.



+

Having a Place Matters

**Housing is a Social
Determinant of Health**





Place Matters



Communities of Opportunity

- Parks
- Sidewalks
- Grocery Stores
- Financial Institutions
- Better Performing Schools
- Good Public Transportation

Good Health Status

Low- Income Communities

- Fast Food Restaurants
- Liquor Stores
- Unsafe/Limited Parks
- Poor Performing Schools
- Increased Pollution and Toxic Waste Sites
- Limited Public Transportation

Poor Health Status
contributes to health disparities:
Obesity
Diabetes
Asthma
Infant mortality

+ On average, how many more supermarkets are there in predominantly white neighborhoods compared to predominantly Black and Latino neighborhoods?

- A. About the same
- B. 2 times as many
- C. 4 times as many
- D. 6 times as many



+ ANSWER: C. 4 times

Predominantly Black and Latino neighborhoods have more fast-food franchises and liquor stores, yet often lack stores that offer fresh, affordable fruits and vegetables.





ACTIVITY



http://www.unnaturalcauses.org/interactivities_03.php

+ Asking the Right Questions

Instead of only asking....	Perhaps we should also ask.....
Why do people smoke?	What social conditions and economic policies predispose people to the stress that encourages smoking?
Who lacks health care coverage, and why?	What policy changes would redistribute health care resources more equitably in our community?
How do we connect isolated individuals to a social network?	What institutional policies and practices maintain rather than counteract people's isolation from social supports?
How can we create more green space, bike paths, and farmers' markets in vulnerable neighborhoods?	What policies and practices by government and commerce discourage access to transportation, recreational resources, and nutritious food in neighborhoods where health is poorest?

+ On average, which of the following conditions is the strongest predictor of your health?

- A. Whether or not you smoke
- B. What you eat
- C. Whether or not you are wealthy
- D. Whether or not you have health insurance
- E. How often you exercise





ANSWER:

C. Whether or not you are wealthy



The wealthier you are, on average, the better your health, from the bottom all the way to the top. Genes, diet, exercise and other behaviors are important. But a poor smoker still stands a greater chance of getting ill than a rich smoker.



Alternative Ten Steps for Staying Healthy

Don't be poor. If you can, stop. If you can't, try not to be poor for long.

Don't have poor parents.

Own a car.

Don't work in a stressful, low paid manual job.

Don't live in damp, low quality housing.

Be able to afford to go on a foreign holiday and sunbathe.

Practice not losing your job and don't become unemployed.

Take up all benefits you are entitled to, if you are unemployed, retired or sick or disabled.

Don't live next to a busy major road or near a polluting factory.

Learn how to fill in the complex housing benefits/ assistance application forms before you become homeless and destitute.



5 Minute Break



+ How much does the U.S. spend per person on health care?

- A. Three quarters as much as the other industrialized countries
- B. The same as the other industrialized countries
- C. More than double other industrialized countries



+

ANSWER:

C. More than double

We spent \$6102 per person on medical care in 2004 (estimates for 2007 are \$7600). That's more than double the \$2552 median of the 30 OECD countries. Yet our health outcomes are among the worst.

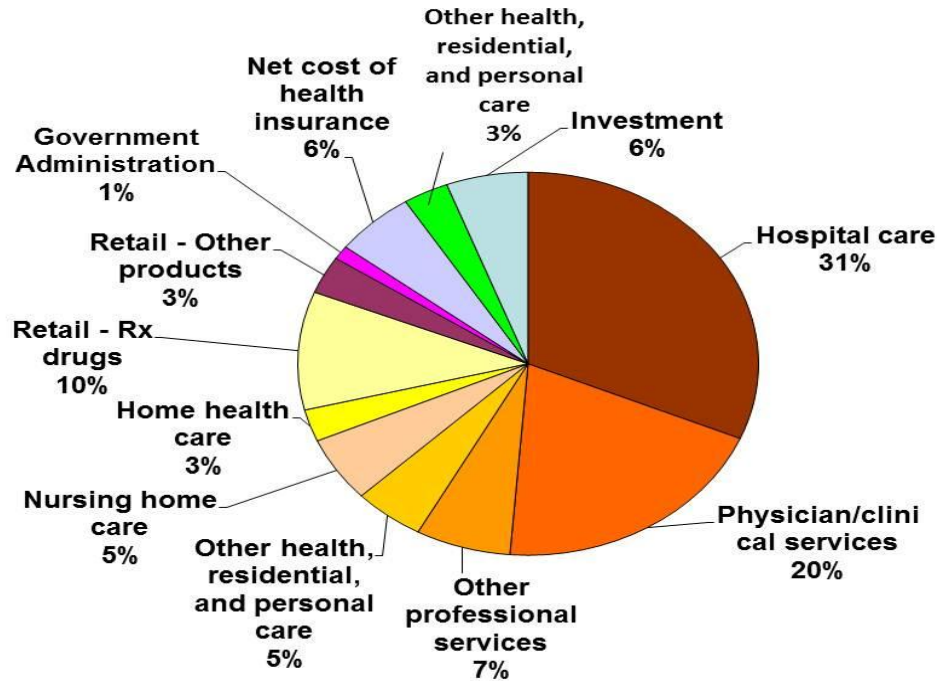




How is the U.S. health care dollar spent?



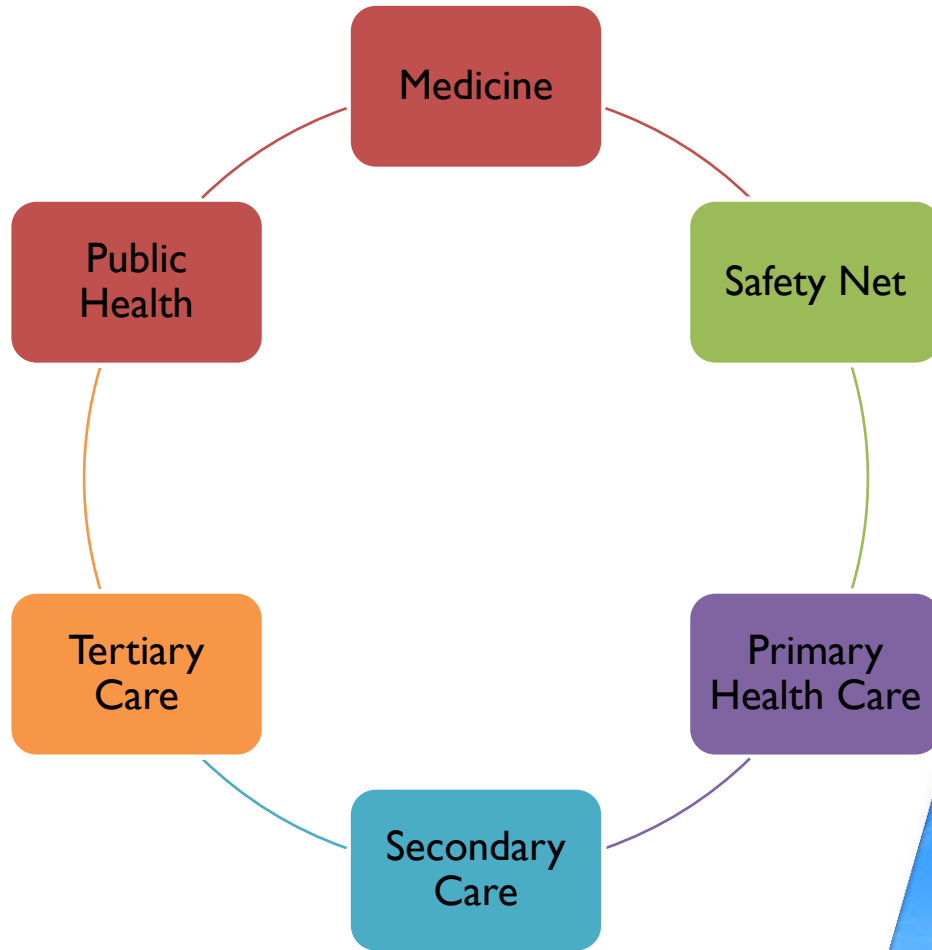
National Health Expenditures, 2010
Total = \$2.3 Trillion



Source: Martin A.B. et al., "[Growth In US Health Spending Remained Slow in 2010; Health Share of Gross Domestic Product Was Unchanged from 2009.](#)" *Health Affairs*, 2012.

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Entering the World of Health





Affordable Care Act (OBAMACARE)

ObamaCare's goal is to provide affordable health insurance for all US citizens, and to reduce the number of uninsured through new coverage options for individuals and families.

ObamaCare does not replace private insurance, Medicare or Medicaid

ObamaCare aims to improve community health care centers in an effort improve health care for those who cannot afford private health care.

Affordable health coverage means American's and their families pay what they can afford.





Medicaid Expansion



ObamaCare reforms and expands Medicaid in order to help cover more people, especially those below the poverty level.

Beginning in 2014, states have the option to expand Medicaid to nearly all individuals with incomes up to 138% of the federal poverty level (\$15,000/year for an individual)

Given their high uninsured rate & limited access to care, individuals who are homeless are one group who could significantly benefit from this expansion



Resources

Unnatural Causes

www.unnaturalcauses.org

PBS Video on U.S. Health Care

<http://video.pbs.org/video/2198039605/>

Health Reform & Homeless Populations: What Does the Law Do for You?

<http://www.nhchc.org/2012/04/health-reform-homeless-populations-what-does-the-law-do-for-you/>

Connecting Homeless Individuals to Medicaid and Health Care Services: Key Lessons from HCH Administrators and Frontline Workers

<http://www.nhchc.org/2012/08/connecting-homeless-individuals-to-medicaid-and-health-care-services-key-lessons-from-administrators-and-frontline-workers/>



CITI CERTIFICATION



- An **institutional review board (IRB)**, an **independent ethics committee** or **ethical review board**.
- The Collaborative Institutional Training Institution (CITI) Program [Collaborative Institutional Training Initiative](#)
- <https://www.citiprogram.org/Default.asp?>
-

+To register for CITI online training

- Go to www.citiprogram.org . Once there, click on "New Users Register Here".
- Under "Select your institution or organization" page, select "National Health Care for the Homeless Council" in the "Participating Institutions" drop down box.
- Next proceed to create your username and password and select the Learner group.
- After going through the registration process, you should be setup as a CITI Learner under the National Health Care for the Homeless Council.
- The following link gives instructions on how to begin your certification process -
<https://www.citiprogram.org/citidocuments/citiinstructions.htm>.