Why Place Matters

A Path for Building Healthier People & Communities

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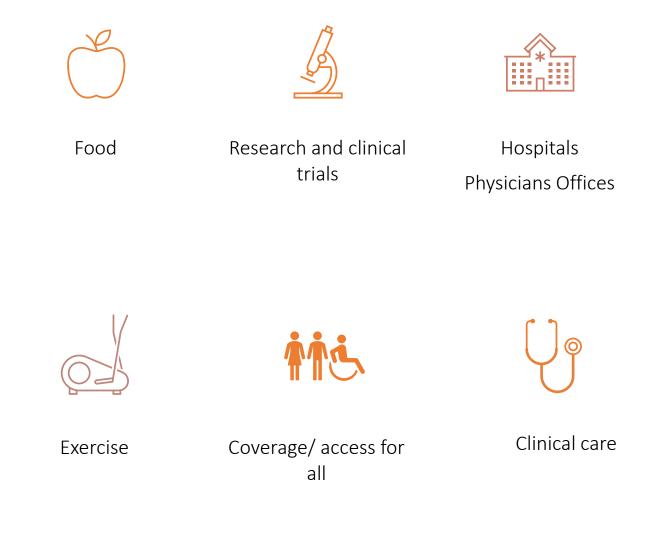


Corewell Health by the numbers

Vision: A future where health is simple, affordable, equitable & exceptional

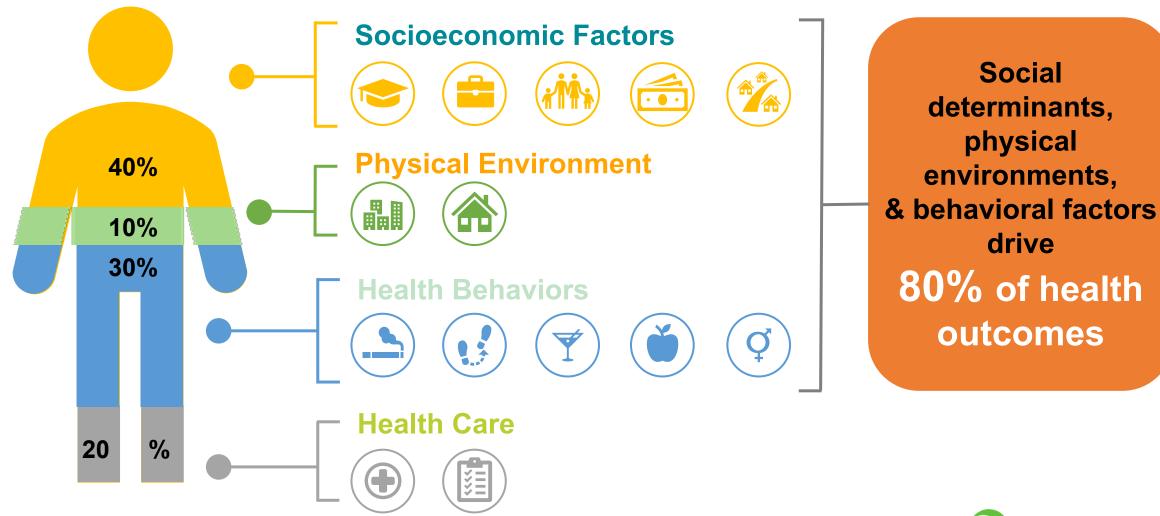


What comes to mind when you think about **Health?**





Addressing Deeper, Socially Determinant, Causes of Poor Health



Priority Health

drive

Thought Question

How have the decisions you've made today, this week, this year....

Impacted your health?



Health Equity

What?

The absence of **unfair**, **avoidable**, and **remediable** differences in health among groups of people.

How?

Equity is achieved when **resources** and **opportunities** required for good health are allocated according to need and/or circumstance.

Equality:

Everyone gets the same – regardless of whether it's needed or right for them

Equity:

Everyone gets what they need – understanding the barriers, circumstances, and conditions



Treating everyone equally does not achieve equity.



Why Health Equity?

Some of today's fastest growing populations are also among the least healthy



The diversity index of the counties Corewell Health serves has **increased an average of 6.9% over the last decade.**



What will it cost us to **not** invest in health equity?

What happens if we don't address health inequities?

Deloitte: US health care can't afford health inequities

Inequities in the US health system cost approximately **\$320 billion today** and could eclipse **\$1 trillion in annual spending by 2040** if left unaddressed.

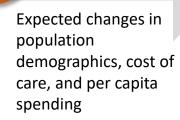
Unnecessary health care spending due to **structural inequities and biases** is well documented.



Modeling the cost of health inequities in 2040

Cost of inequities in 2040 \$1 trillion

Cost of inequities today **\$320 billion**





Davis, A., Batra, A., Dhar, A., & Bhatt J. (2022, June 22). US health care can't afford health inequities. Deloitte. Retrieved from https://www2.deloitte.com/us/en/insights/industry/health-care/economic-cost-of-health-disparities.html

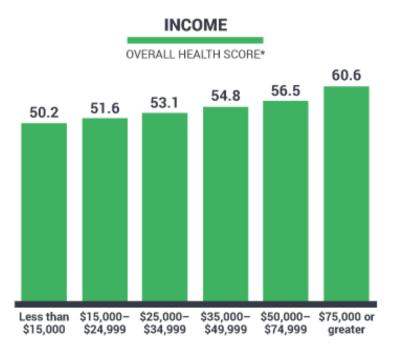


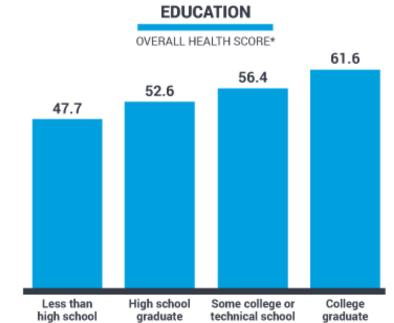
Social Determinants of Health

The circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness, and which are shaped by broader forces, including economics, social policies, and politics. (WHO, 2008)

Social Determinants of Health









35% of people in the top 10 most healthy states made \$75,000 or more, compared to only 29% in all other states. 42% of people in the top 10 most healthy states were college graduates, while only 35% were college graduates in all other states.

Education and Income Impact Health



"In the long run, housing may be more important to health than hospitals"

Dr. Lester Breslow



Families who have trouble paying for housing are 84% more likely to delay necessary medical care and 116% more likely to postpone purchasing needed medications.

Only 1 out of every 4 extremely low income renters can find an affordable apartment in Arizona.





Health care costs for treating diseases caused by obesity are estimated at approximately \$100 billion. Investment in prevention - including housing and healthy communities reduces overall health care costs.

Residents of the most walkable communities within the county are more likely to meet the U.S. Surgeon General recommended 30 minutes per day of moderate activity.





Seniors in supportive housing are half as likely to enter nursing homes as seniors in buildings without supportive services.

A Housing First program in Seattle serving homeless individuals with severe alcohol problems showed a health care costs savings of \$42,964 per person per year. This more than offsets the \$13,440 per person costs of housing and services provided to program participants.

\$43K PER PERSON PER YEAR SAVINGS

How do we address



Engage Stakeholders



Understand the context

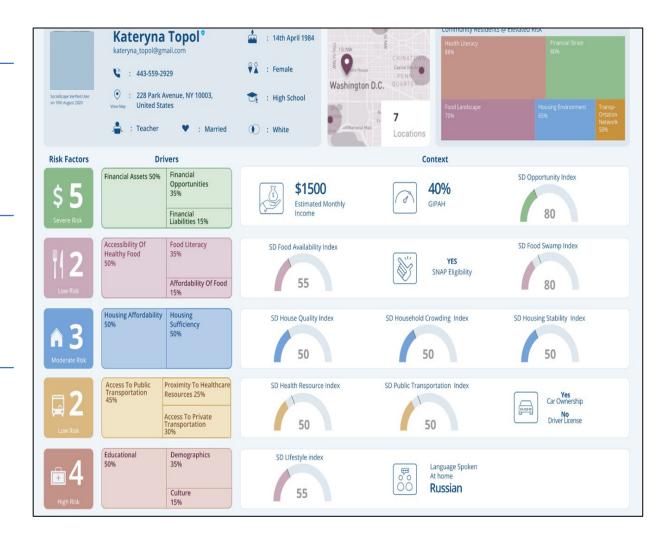


Developing a Comprehensive Member Profile

Profiles on 160,000+ Medicaid Members

Reach 88% of new Medicaid members in culturally appropriate way

1400+ members with needs addressed in the past 90 days





Complimentary Datasets Uncover Global Opportunities

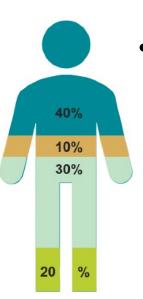
Treatment	# Members	Sex	Age Range	Race	Product
Homeless	909	Female: 41% Male: 59%	Children: 4% Adults: 89% Adults >65: 7%	White: 57% Non-White: 36% Missing: 7%	Commercial: 6% Medicaid: 83% Medicare: 11%
Problems with Housing	1,743	Female: 62% Male: 38%	Children: 8% Adults: 64% Adults >65: 29%	White: 63% Non-White: 22% Missing: 15%	Commercial: 24% Medicaid: 38% Medicare: 38%
Housing Insecure	2,652	Female: 55% Male: 45%	Children: 6% Adults: 72% Adults >65: 21%	White: 61% Non-White: 27% Missing: 12%	Commercial: 18% Medicaid: 53% Medicare: 29%



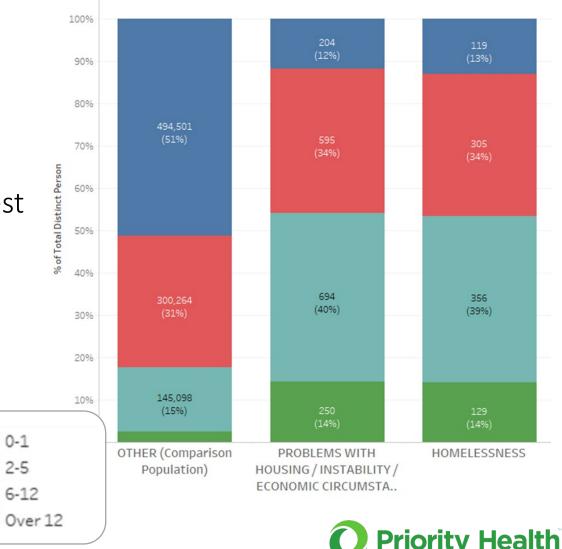
Going Beyond the 20% Attributed to Care Using a Foundation of Social Determinants

Example: Chronic Conditions

 Members with housing problems and those experiencing homelessness have a significantly higher number of chronic conditions than the rest of the population



Members with housing problems and those experiencing homelessness also have a very similar number of chronic conditions





Create Policies Build Interventions

Thought Question





10 Policies to Prevent and Respond to Childhood Lead Exposure

An assessment of the risks communities face and key federal, state, and local solutions

Michigan is committed to protecting the public from lead exposure

The Michigan Department of Health and Human Services updated their definition of an elevated blood lead level for children from 5 µg/dL to 3.5 µg/dL, following the Centers for Disease Control and Prevention updating their blood lead reference value (BLRV) in October 2021.

Every Michigander deserves safe, clean drinking water. To protect its residents, Michigan has adopted the strictest Lead and Copper Rule in the nation. This rule strengthens our ability to detect lead in drinking water and will help protect your family's health.





Economic Burden of Asthma More Than \$80 Billion Per Year



Pilot: Collaboration with home Providing in-home *nursing* and Removed triggers from **Provided** participants environmental assessments, worked Targeted population the home (carpet, with community health with families to get an assessment organization, bedding, etc) worker and *community* asthma plan navigation organization.

Results: 60% decrease in IP days; 43% decrease in IP admits; 39% reduction in ED visits.

Asthma Housing Intervention

Test & Refine



Healthier People Healthier Communities

Focus on context, solutions and measurement

Engage Stakeholders

Acknowledge Problem





