Moving Beyond the Status Quo in Advancing Health Equity in Georgia: How the HOPE Initiative Informs Action

Dennis P. Andrusis, PhD, MPH
Senior Research Scientist, Texas Health Institute
Associate Professor, University of Texas School of Public Health

Nadia J. Siddiqui, MPH
Chief Health Equity Officer
Texas Health Institute

January 12, 2021 | State of the Public’s Health Conference | University of Georgia College of Public Health
About Texas Health Institute

We are an independent, non-profit, non-partisan public health institute in Texas.

OUR VISION
Healthy People, Healthy Communities

OUR MISSION
To advance the health of all
Overview

• What is Health Equity?
• What is the HOPE Initiative?
• What does HOPE measure?
• What does HOPE tell us about Georgia?
• How can HOPE’s findings be used to advance action?
Defining Health Equity

Everyone has a fair and just opportunity to be as healthy as possible.

This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Braveman et al., 2017
What is the HOPE Initiative?
About the HOPE Initiative

THE HEALTH OPPORTUNITY & EQUITY (HOPE) INITIATIVE

HOPE provides a new opportunity approach and actionable data to help our nation and states move beyond measuring disparities to spurring action toward health equity.
HOPE Partners

• Funded by Robert Wood Johnson Foundation

• Lead Investigators:
  • Gail Christopher, DN, National Collaborative for Health Equity (PI)
  • Dennis Andrulis, PhD, MPH, Texas Health Institute (Co-PI)
  • Derek Chapman, PhD, VCU Center on Society & Health (Co-PI)

• National Advisory Committee:
  • Led by David Williams, PhD, MPH, Harvard T.H. Chan School of Public Health
HOPE’s New Interactive Data Platform Launched in November 2020

www.HopeInitiative.org
HOPE’s Data Featured in an Interactive Perspective in the
New England Journal of Medicine
Value of HOPE in Current Times

• Provides a starting point on journey to achieving racial and health equity
• Rethinking disparities and inequities to consider what’s possible
• Identifies similarities and differences in opportunity and health across racial/ethnic groups with implications for shaping programs and policies
• Grounded in the social determinants of health
• New opportunities to advance equity in the Biden Administration
HOPE’s Unique Value & Contribution

Centered in Equity
Its design, data, and measurement are centered in equity

Opportunity Frame
Instead of deficits and disparities, it focuses on opportunities for all

HOPE’s Unique Features

HOPE Goals
Sets aspirational, yet achievable evidence-based equity goals

Distance to Goal
Measures what it will take our nation and states to achieve equity goals
What Does HOPE Measure?
## What Does HOPE Measure?

*27 conditions that are modifiable by policy and action*

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Socioeconomic Factors</th>
<th>Community &amp; Safety Factors</th>
<th>Physical Environment</th>
<th>Access to Health Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult health status</td>
<td>Livable income</td>
<td>Low poverty concentration</td>
<td>Home ownership</td>
<td>Access to primary care</td>
</tr>
<tr>
<td>Mental health status</td>
<td>Affordable housing</td>
<td>Low murder rate</td>
<td>Housing quality</td>
<td>Access to psychiatric care</td>
</tr>
<tr>
<td>Child health status</td>
<td>Post-secondary education</td>
<td>Low sexual assault rate</td>
<td>Low liquor store density</td>
<td>Health insurance</td>
</tr>
<tr>
<td>Premature mortality</td>
<td>Connected youth</td>
<td>Low physical assault rate</td>
<td>Food security</td>
<td>Affordable health care</td>
</tr>
<tr>
<td>Infant mortality</td>
<td>Preschool enrollment</td>
<td>Low robbery rate</td>
<td></td>
<td>Usual source of care</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>Employment</td>
<td></td>
<td></td>
<td>Colorectal cancer screening</td>
</tr>
</tbody>
</table>
What Does HOPE Tell Us?

HOPE provides a roadmap and actionable data to help national and state leaders chart a path for achieving equity in opportunity and health.

- **27 Indicators**
- **By Population Group**
  - Race and Ethnicity
  - Income
  - Education
- **By Geography**
  - National
  - State

1. Identify Equity Gaps
2. Set Equity Goals
3. Measure Distance to Goals
4. Drive Equity Action
1. Identify Equity Gaps

• HOPE helps our nation and states identify:
  • How different racial, ethnic, and socioeconomic populations are faring on opportunity and health
  • How wide equity gaps are for different population groups
  • Which groups are most affected
2. Set Equity Goals

• HOPE helps our nation and states set equity goals that are:
  • Aspirational, yet achievable
  • Average of best rates achieved across top 5 states
  • Based on education and income, not on race
  • Can be applied at any geographic level
  • Benchmarks to measure progress toward equity
3. Measure Distance to Goals

- HOPE helps our nation and states measure the “Distance to Goal” or the progress that must be made to achieve HOPE’s equity goals
  - Overall
  - By Race and Ethnicity
  - By Socioeconomic Status
4. Drive Equity Action

• HOPE helps drive equity action by:
  
  • Illuminating where “bright spots” exist across states that are effectively closing equity gaps
  
  • Encouraging “learning” to identify what policies, programs and conditions have enabled these states to close equity gaps
  
  • Inspiring “evidenced-informed” actions
What Does HOPE Tell Us About Georgia?
Key Takeaway 1: According to HOPE Data, if all Georgians had the same opportunities as those with the best outcomes in the nation...

- **3.0 Million** more would live in neighborhoods with low poverty
- **2.0 million** more would live in households with a livable income
- **2.0 million** more would have food security
- **1.7 million** more adults would be in excellent or very good health
- **Nearly 16,000** more adults 25-64 years would survive each year
Key Takeaway 2: But health and well-being in Georgia vary profoundly by race, ethnicity and socioeconomic status.

Georgia ranks in the bottom half of all states on HOPE’s indicators for health outcomes, physical environment, and access to health care.

A state’s domain ranking is based on combined performance on:

- **Distance to Goal**: How far they have to go to achieve HOPE goals
- **Racial Inequity**: How much variation there is across racial and ethnic groups
Black (11.2) and Native American (10.5) infants have an infant mortality rate that is more than 4 times the HOPE Goal (2.5), and higher than all other infants in the state.
Hispanic adults are not only farthest from the HOPE Goal for health status compared to all other groups in Georgia, but they are farther than Hispanic adults in other states.
Hispanic, Native American, and Black adults in Georgia face the greatest barriers to achieving a livable income. Whereas 73% of White adults have a livable income, rates are far lower for Hispanic (46%), Native American (51%), and Black (53%) adults.
Key Takeaway 3: Racial and ethnic groups facing the greatest systemic barriers to basic life opportunities also face the poorest health outcomes in the state.
**Key Takeaway 4:** On some indicators, such as Food Security, all Georgians have a greater distance to go to achieve the HOPE Goal compared to their peers in other states.

**Food Security**

*Portion of people living in census tracts that are not food deserts (i.e., census tracts not designated low income and low food access)*.

- **Current Rate**
  - 77% of people with food security

- **Hope Goal**
  - 97% of people with food security

- **Distance to Goal**
  - 2.0 million more Georgians with food security
Key Takeaway 5: Systemic investments to achieve HOPE’s equity goals in opportunity and health can help lift the boat for all Georgians, and especially for people of color who have long endured the effects of systemic racism.

**NEIGHBORHOOD POVERTY CONCENTRATION**
HOPE Goal: 100%

Achieving the HOPE Goal means 3.0 Million more Georgians would live in neighborhoods with low poverty, including:
- 1.4 Million Black
- 1.2 Million White
- 363,000 Hispanic
- 66,000 Asian & Pacific Islander
- 42,000 Multiracial
- 6,000 Native American

**LIVABLE INCOME**
HOPE Goal: 88%

Achieving the HOPE Goal means 2.0 Million more Georgians would live in households earning a livable income, including:
- 835,000 White
- 806,000 Black
- 249,000 Hispanic
- 62,000 Asian & Pacific Islander
- 21,000 Multiracial
- 5,600 Native American

**ADULT HIGH HEALTH STATUS**
HOPE Goal: 73%

Achieving the HOPE Goal means 1.7 Million more Georgians would be in excellent or very good health, including:
- 844,000 White
- 622,000 Black
- 204,000 Hispanic
- 49,000 Asian & Pacific Islander
- 21,000 Multiracial
- 5,200 Native American
How Can HOPE’s Data Inform State Action for Health Equity?
HOPE provides a new way to frame & communicate equity priorities for bipartisan advocacy and policy change

• Shifts the narrative from deficits and disparities
• Recognizes the interconnectedness of people’s health
• Focuses on building opportunities for all to thrive
• Shows what’s possible for achieving equity in society
HOPE provides a starting point to help states on their equity journey

- Identify racial and health equity gaps
- Set evidence-informed equity goals (i.e., HOPE Goals)
- Measure distance to go for achieving equity
- Chart a path for equity action
HOPE helps identify common and distinct challenges faced by racial and ethnic groups to inform policy solutions

<table>
<thead>
<tr>
<th>Equity Gaps</th>
<th>What does this mean?</th>
<th>Examples from HOPE’s Data for Georgia</th>
<th>Levels of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narrow gaps</td>
<td>All people are faring well</td>
<td>--n/a</td>
<td>Continued monitoring and refinement of policies and programs that work for all people</td>
</tr>
<tr>
<td>Narrow gaps</td>
<td>All people are faring poorly, especially compared to their peers across other states</td>
<td>--Food security – all Georgians lag on this indicator</td>
<td>Need for broad, systemic policies and programs that benefit all people</td>
</tr>
<tr>
<td>Wide gaps</td>
<td>Wide gaps in opportunity and health, indicating programs and policies either exist for some or advantage some over others</td>
<td>--Black Georgians face greatest challenges in access to low poverty, low crime neighborhoods &amp; housing measures; Black youth more likely to be disconnected --Black and Native American infants have the poorest outcomes --Native Americans and Whites are least likely to live in areas with adequate access to primary and psychiatric care --Hispanic Georgians face the greatest challenges with post-secondary education, employment, livable income and health coverage/access</td>
<td>Broad, systemic policies and programs and/or Tailored, population-specific actions</td>
</tr>
</tbody>
</table>
HOPE identifies “bright spots” or states leading in equity progress

• What can we learn about the conditions that have enabled some states to narrow equity gaps and achieve good outcomes for opportunity and health for all?
  • e.g., health insurance coverage in Massachusetts and Hawaii
  • e.g., food security in New York and New Jersey
  • e.g., low poverty concentration neighborhoods in New Hampshire
HOPE can help states contextualize their COVID-19 data & develop long-term recovery and rebuilding priorities from an equity lens.
HOPE Team - Acknowledgements

National Collaborative for Health Equity
• Gail C. Christopher, DN, Principal Investigator
• Naima Wong Croal, PhD, MPH, Consulting Director
• Michael Frisby, Communications Consultant

Texas Health Institute
• Dennis P. Andrulis, PhD, Co-Principal Investigator
• Nadia Siddiqui, MPH, Data Director
• Kim Wilson, DrPH, Lead Data Consultant
• Afrida Faria, MPH, Data Analyst
• Kimberly Cooper, Health Equity Intern

VCU Center on Society and Health
• Derek A. Chapman, PhD, Co-Principal Investigator
• Sarah Blackburn, MS, Communications
• Latoya Hill, MPH, Data Analyst

Special Acknowledgments
• Brian Smedley, PhD, American Psychological Association
• Steven Woolf, MD, MPH, Virginia Commonwealth University
• Tracy Orleans, PhD, Robert Wood Johnson Foundation (retired)
• Dwayne Proctor, PhD, Robert Wood Johnson Foundation
• Elaine Arkin, special adviser to Robert Wood Johnson Foundation
• Maryam Khojasteh, PhD, Robert Wood Johnson Foundation
Stay in touch with Us

Dennis P. Andrulis, PhD, MPH
Senior Research Scientist, Texas Health Institute
Associate Professor, UTHealth School of Public Health
dandrulis@texashealthinstitute.org

Nadia Siddiqui, MPH
Chief Health Equity Officer
Texas Health Institute
nsiddiqui@texashealthinstitute.org
@NadiaJSiddiqui

@TXHealthInst
www.texashealthinstitute.org

We believe everyone should have an equitable opportunity to achieve optimal health.