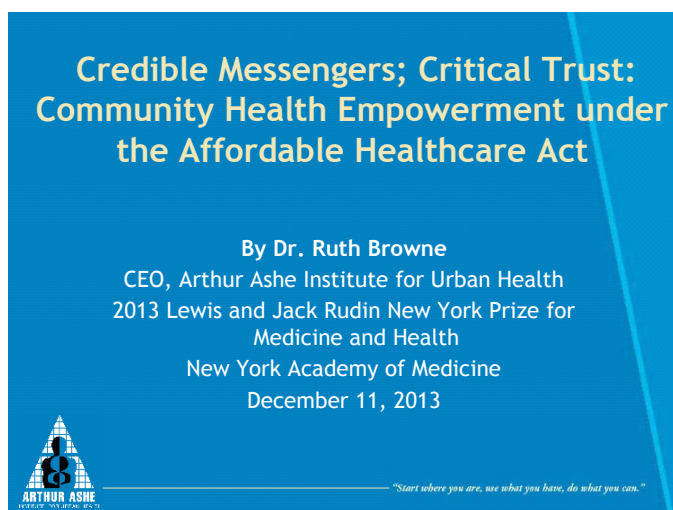


## Credible Messengers; Critical Trust: Community Health Empowerment under the Affordable Healthcare Act

By Dr. Ruth Browne  
CEO, Arthur Ashe Institute for Urban Health  
2013 Lewis and Jack Rudin New York Prizes for Medicine and Health  
New York Academy of Medicine  
December 11, 2013



Thank you for this award. I am moved that our work at the Institute is seen as having “made important contributions to demonstrating how the health care delivery system can work effectively with partners in public health and the community to address issues associated with prevention, healthy community options, and policies that support investment and change in determinants of health.”

I am tremendously honored to be acknowledged by this esteemed organization and to accept this award in the company of New York’s health care leadership. I would like to thank the May and Samuel Rudin Family Foundation, the Greater New York Hospital Association, and the New York Academy of Medicine. Special thanks to Tim Johnson, Kenneth Raske, and Lee Perlman of the Greater New York Hospital Association, and to Jo Boufford of the New York Academy of Medicine.

Congratulations to Henry Chung; I deeply appreciated your remarks today.

I would also like to acknowledge my partners who make the work of the Arthur Ashe Institute for Urban Health possible. The nomination process for this award is a mystery to me. I am pleasantly surprised, but know that this award would not be possible without the dedicated efforts of AAIUH Board Chair, E. Mandeville and other Board members of organization (list those present?) that I’ve had pleasure of building with and serving for 20 years, as well as the remarkable staff of the Institute, under the leadership of Dr. Marilyn Fraser-White and Dr. Mary Valmont. This is one of the best community health empowerment talent benches in the country.

I also want to acknowledge the Institute’s 20 year academic partner, SUNY Downstate Medical Center. Together we have built a national model for universities in partnership with communities.

## Partnership: the Institute's Core Strategy

AAIUH:

- Brings people together,
- Builds on the community's existing strengths, and
- Recruits and supports community members as leaders, messengers, advocates.



*"Start where you are, use what you have, do what you can."*

Partnership is the core strategy of everything we do at the Institute, linking community leaders and activists, legislators, and providers in addressing the root causes of health disparities. We are guided by our founder Arthur Ashe's simple but profound words, "To achieve greatness, start where you are, use what you have, do what you can." I feel particularly honored to be in a room that is diverse enough, experienced enough, -- and despite

everything that has happened in the last few months, -- committed enough to achieve greatness in this next chapter of reinventing healthcare in the US.

## Dr. Camara Jones' "Cliff Analogy"

**ambulance** ~ acute care, tertiary prevention

**safety net** ~ secondary prevention

**fence** ~ primary care

*Social Determinants of Equity and Social Determinants of Health, May 2009.*



*"Start where you are, use what you have, do what you can."*

So let's start where we are, on the eve of the Affordable Healthcare Act's Implementation.

I'm going to use an analogy developed by Dr. Camara Jones when she was a Medical Officer at the Centers for Disease Control and Prevention. (She is currently a Senior Fellow at the Satcher Health Leadership Institute.)

Dr. Camara Jones uses the analogy of a cliff to describe health care as it has existed:

She describes a cliff of health that some people fall off on a regular basis. An ambulance, representing acute care, is sent to the wreckage at the bottom of the cliff to pick up the pieces.

The wreckage at the bottom of the cliff builds up as people continue falling over. So, a safety net is placed halfway down the cliff to catch those in free fall. Think of this as secondary care.

Eventually, people construct a fence near the ledge of the cliff, representing primary care, to prevent the fall.

However, when there is a landslide, or an epidemic, more and more people fall off at once, crashing through the fence and through the safety net and into the wreckage on the ground. Many more ambulances are sent, and some don't work very well.

Some people speculate that maybe the safety net (which was becoming more and more frayed) should be replaced by a trampoline, bouncing those in free-fall back to the cliff's edge or partial functioning, waiting for the almost inevitable next fall.

Those who live further away from the cliff may feel threatened and try to move farther away to safety, but safety becomes more and more elusive as the landslide of chronic, often preventable disease corrodes the cliff that becomes more and more jagged.

The sound of all the ambulances at the bottom of the cliff has become a deafening, and expensive, traffic jam.

The Healthy People 2010 goals for health disparities had to be restated for Healthy People 2020 because so little progress had been made. African Americans are twice as likely as whites to die from heart disease, diabetes and various forms of cancer. The average lifespan for African Americans is seven years shorter than for their white counterparts. Despite the fact that African Americans represent 25% of the US population, they represent only 7% of graduating medical students, a figure that has incremented only minutely since medical schools were desegregated in the US at the turn of the 20<sup>th</sup> century.

We know that compliance and therefore health outcomes improve when practitioners and patients share language, culture and ethnicity, so it is not hard to see that these two facts are related, and how the disconnect can grow even more extreme as formerly uninsured people enter the healthcare system under the Affordable Care Act.

So, what do we have that we can use? Nothing could have prepared us for the events of the last few months, but we cannot let the government shut down, the unfortunate glitches in the roll-out of the healthcare.gov webpage, or the perplexing decision of high-need states who opted not to expand Medicaid make us forget the spirit of the act, which is grounded in the belief that health equity is possible in the United States. No matter what happens on a legislative level, deep systemic change still happens in increments, and one person at a time.

We believe that people cannot fully accept responsibility for their health without an expanded range of options. From personal care establishments, like beauty salons and barber shops, to under-resourced middle and high schools, the Institute supports potential community leaders as messengers and advocates committed to improving community health, cutting across class, age and educational level.

At the Ashe Institute, we navigate worlds that do not usually trust each other, or even talk together much: the institutional universe of academic medicine and day-to-day life on the block in multi-ethnic, multi-racial, multi-linguistic neighborhoods like Brooklyn's. These are also the neighborhoods with the most shocking health disparities.

In our work, we partner with people and organizations working to provide health services, address social determinants of health and to address social determinants of equity.

Let me give you a little background on the Institute and our programs.

## The Arthur Ashe Institute for Urban Health

# The Institute's History

- Founded in 1992 by tennis champion and humanitarian, Arthur Ashe
- Located in Brooklyn, New York at SUNY Downstate Medical Center
- Utilizes a model of Community Health Empowerment (CHE) to address health conditions that disproportionately affect underserved communities.



*"Start where you are, use what you have, do what you can."*

## The Institute's Approach: Leverage Community Assets

- All communities have assets that can be engaged on behalf of the communities' health
- Assets include businesses, churches, local health and social service agencies, personal care establishments, libraries, schools, etc.
- Proprietors, personal care givers, stylists, barbers, ministers/faith leaders, nurses and other health care practitioners who live in communities can be engaged in community health empowerment (CHE) as lay health advocates



*"Start where you are, use what you have, do what you can."*

We know that we have a lot to work with—community assets and local heroes who are often overlooked.

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# Community Health Empowerment The CHE Model

- **Community Health Empowerment (CHE)** connects people to information, tools and resources to make informed health decisions, so that they can safeguard and improve the health of their families and neighborhoods by promoting wellness within their communities.
  - **Health messages are tailored** so that participants can act on them immediately and convey experience and outcomes to others.



*"Start where you are, use what you have, do what you can."*

Our Community Health Empowerment model is designed to increase the options people have, increasing their sense of urgency and making it more likely that they will share their experience and knowledge with others, sparking the "social contagion" that has been documented as effective in addressing obesity, teenage pregnancy and smoking cessation.

# CHE Model Underlies Multi-Pronged Program Design

We partner with a wide variety of grassroots, institutional organizations and policy makers to provide:

- **Community Health Interventions:** Outreach initiatives using lay health advocates in trusted venues, such as barber shops, salons and laundromats
- **Health Science Academy:** Culturally appropriate after-school programming to increase the number of minority healthcare practitioners
- **Brooklyn Health Disparities Center:** Community-informed Research, training and advocacy through a 13-year campus-community partnership with SUNY Downstate Medical Center and the Brooklyn Borough President's Office.



*"Start where you are, use what you have, do what you can."*

This model informs our multi-pronged program design and evaluation.

- We partner with a wide variety of grassroots, institutional organizations and policy makers to provide:
  - **Community Health Interventions,**
  - **a Health Science Academy, and**
  - **the Brooklyn Health Disparities Center**

# Behavioral Health Interventions: Reaching those others can't

- Barbershop Talk With Brothers
- Heart of a Woman
- Access: Connecting formerly incarcerated to health services



The Affordable HealthCare Act calls for comprehensive medical homes and preventive services and education that occurs outside of clinical settings, a vision that has shaped our work since our founding. This is what that model looks like “on the block.” These are some of the faces of this work.

## ◆Barbershop Talk with Brothers

## ◆Heart of a Woman

◆**Access**—75% of the New York State prison population comes from seven NY city neighborhoods, three of which are in Brooklyn. Our Access program connects formerly incarcerated people to health services. We found that many barbers already working with us, had been formerly incarcerated, making them more credible role models and message carriers and they were willing & able to help identify the types of services people needed and strategies for overcoming barriers to reentry.

What we are looking at with these programs is the health behavior of customers based on a barber- or stylist- delivered health message.



# Diversifying the Healthcare Workforce

- Middle school
- 9<sup>th</sup> Grade Bridge
- Academy
- Alumni Program



*"Start where you are, use what you have, do what you can."*

The **Affordable** Healthcare Act also acknowledges and begins to address the underrepresentation of diverse groups of color in the healthcare workforce. This requires the development of a real pipeline that takes youth through middle school to graduate school and creates opportunities for entry and advancement in professional health practice.



*More than 60% of Academy graduates choose to study science as undergraduates...*



*... in contrast with less than 6% of minority students nationally.*



*"Start where you are, use what you have, do what you can."*

The Health Science Academy, founded in 1994, is a signature program of the Institute. More than 900 students from Brooklyn have graduated from our 3 year afterschool program since 1997, and the Academy now has a robust expanded pipeline that starts even earlier, in middle school, introducing career exploration and extends forward with programming for Academy alumni in varying phases of advanced study and health practice. More than 60% of Academy graduates choose to study science as undergraduates in contrast with less than 6% of minority students nationally.

# HSA: The 'multiplier effect'

## Some of our alumni

- Julia James - Rhodes Scholar, PhD, Oxford
- Joshua McHugh - MD, SUNY Downstate
- Priya Chokshi - MD, SUNY Downstate
- Sadeaqua Scott - PhD, SUNY Downstate

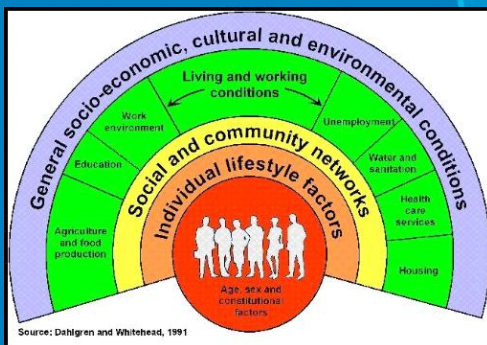


*"Start where you are, use what you have, do what you can."*



We know statistically that practitioners of color are more likely to work in inner city settings, and that certainly plays out in our graduates, several of whom return to the Academy as instructors to serve as role models and mentors for new scholars.

## Responding to Changing Conditions



All of our curricula, from the Academy to the barbershops are rooted in the social determinants of health, so that in addition, or as part of safeguarding their own health, people feel empowered to address the larger contributing factors, changing conditions at the top of the cliff so that fewer of their families and neighbors are driven over the edge. We know that health and wellness do not operate in vacuums, so understanding and addressing the social determinants of health is critically important to achieving wellness. We believe that it is just as important for youth to understand the changing

conditions in their own communities as it is for them to get the science enrichment that will prepare them for advanced study in the health professions. To that end the Institute has developed model summer programming in Brooklyn, linking high school students to community-based organizations working on issues like incarceration, racism and discrimination, immigration, economic empowerment, language access, food and energy availability and security and community level interventions required to address the adverse consequences of climate change.

## Linking Research, Community & Policy

### BROOKLYN HEALTH DISPARITIES CENTER (BHDC)

- ◇ Co-founded by Institute in partnership with SUNY Downstate and the Brooklyn Borough President's Office
- ◇ Builds on Institute's behavioral health interventions designed and piloted as formative research
- ◇ Provides mechanism for community informed training, research, intervention and policy advocacy



*"Start where you are, use what you have, do what you can."*

To achieve health equity, we have to acknowledge, document and monitor inequity. In order to do that, we have to address health disparities in a way that engages communities in the documentation, the monitoring, the decision-making and development of solutions.

The Institute has advanced its commitment to community engagement through the BHDC, a center that I direct in partnership with Dr. Moro Salifu at Downstate. BHDC has a great team of researchers who are guided by a community-based participatory research model.

# Identify Local Heroes: Lay Health

**Advocates** facilitate behavioral change and engage communities in academic /community partnerships.

They

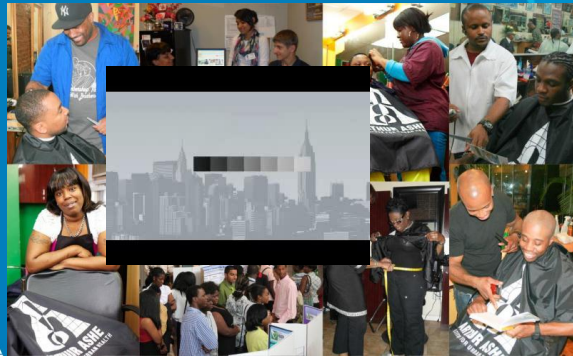
1. Participate in the design, implementation and evaluation of interventions
2. Build trust by drawing on existing relationships and standing in community
3. Provide informal counseling and health education based on most current research
4. Tailor content for cultural and linguistic fit
5. Assess readiness and individualize message to stages of change
6. Offer connection to health services through referral and follow-up services
7. Build individual and community capacity for advocacy and dissemination of tailored health messages.



*"Start where you are, use what you have, do what you can."*

We identify local heroes. These lay health advocates participate in design and evaluation, build trust, provide health education, ensure cultural competence, individualize messages to stages of change, offer referrals to health services, and build community capacity for advocacy.


## Meet Our Local Heroes: Leaders, Messengers, Advocates



*"Start where you are, use what you have, do what you can."*

To see how this works in action, I'm going to let some of those local heroes speak for themselves, fulfilling our founders directive of "starting where they are, using what they have, doing what they can."

**Critical Elements of Community Empowerment: Recommendations**



*"Start where you are, use what you have, do what you can."*


With the recent passing of Nelson Mandela, I am reminded that his life is a testament to the power of what barriers can be overcome through openness, persistence, and continuing to talk to people who oppose you until you find some common ground, some translatable language and experience.

So what can we do now?

**Summary**

The three programs, guided by our model, address complex root causes through approaches and activities designed to narrow gaps in:

- Trust
- Information
- Motivation
- Access
- Representation





*"Start where you are, use what you have, do what you can."*

The key is who is at the table, and how we find common language and actions that ensure trust, information, motivation, access and representation.

Trust reflects our individual experience in terms we can each understand and work with.

**Closing the Trust Gap**

Reliable, culturally-tailored health messages are delivered by community advocates in comfortable, informal settings.



*"Start where you are, use what you have, do what you can."*

## Closing Workforce Under-representation Gap

Local minority youth explore and prepare for health careers, engage in disparities solutions, and serve as information resources for their community and policy makers through the Health Science Academy, located at Downstate, facilitating increasing minority representation in the healthcare workforce.



*"Start where you are, use what you have, do what you can."*

Clinicians cannot be the hammers to whom everything is a nail. How we view and communicate with each other is critical now to "do what we can."

## Closing the Motivation Gap

Community advocates are coached to meet people at individual stages of readiness, build on incremental behavioral change to encourage positive "social contagion," passing accurate health messages along through family and neighborhood networks.



*"Start where you are, use what you have, do what you can."*

It starts with narrowing the gaps that keep us apart, and keep a growing proportion of the population either at the end of the cliff, clinging to a frayed safety net, or smashed at the bottom of the cliff, waiting for an ambulance that doesn't come.

## Closing the Information Gap

Accurate current information on wellness, prevention, and screening is distributed through **trusted community venues** by well-supported peer educators to inform health decision-making.



*"Start where you are, use what you have, do what you can."*

## Closing the Access Gap

Information on screening is accompanied with referrals to **culturally competent clinicians** and the means to enroll in low or no cost health coverage.

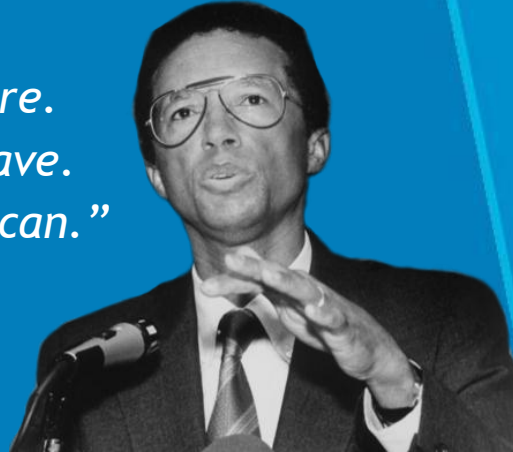


*"Start where you are, use what you have, do what you can."*



# Thank you

- We all have a role to play in this pivotal year.
- What is yours?
- *“Start where you are.*
  - *Use what you have.*
    - *Do what you can.”*



*“Start where you are, use what you have, do what you can.”*

Arthur Ashe said **“Do what you can.”**

Arthur Ashe and Nelson Mandela were friends.

Nelson Mandela said, **“It always seems impossible until it’s done.”**

Thanks again to the Rudin Family Foundation, Tim Johnson, Kenneth Raske, and Lee Perlman and the Greater New York Hospital Association, and Jo Boufford the New York Academy of Medicine. And congratulations to you, Dr. Chung. And thank you to the Arthur Ashe Institute for Urban Health for giving me a great home to be a creative participant in the legacy our founder bestowed on our community.