

PERSPECTIVE



BY **Steven A. Wartman**
MD, PhD, MACP
AAHC President / CEO

Advancing health equity is one of the greatest challenges to healthcare in general and academic health centers in particular. The difficulties stem from a complicated and highly variable health insurance payment (or non-payment) system and the

well-known observation that healthcare itself is not the biggest factor in determining health and well-being.

Because academic health centers were largely created to train students, conduct research, and treat patients, they are not inherently designed to tackle issues such as the social determinants of health, which are viewed by many as “society’s problems.” Yet many academic health centers are taking important leads in this area, and I urge readers to carefully review the approaches being taken by the three institutions represented in this issue.

At the University of Illinois at Chicago, Dr. Robert Barish, vice chancellor for health affairs, deftly covers the scope of the problem while pointing out several important programs. Through initiatives such as Better Health Through Housing and the Chicago Cancer Health Equity Collaborative, UIC is making real progress in addressing the health equity challenge.

Dr. Carmencita D. Padilla, chancellor of the University of the Philippines Manila, describes three important approaches her institution has undertaken in the area of health equity: health policy statements, health professions community-based education, and research geared to provide affordable care in highly limited environments. The stepladder curriculum, started in 1976, is a valuable model of community-based interprofessional development that has stood the test of time and produced more than 2,200 health professionals.

Dr. Paul B. Roth, chancellor for health sciences at the University of New Mexico, succinctly describes the approach of the state’s only academic health center, which has fully embraced in word and deed the challenge of achieving health equity. Of their many programs, the HEROs program (Health Extension Rural Offices) is an outstanding example of meaningful and effective outreach.

The challenges of leading an academic health center are substantial, especially as the healthcare environment grows more complex. Addressing health equity is, I would argue, essential for organizations whose missions are the achievement of health and well-being for the communities they serve. The excellent examples in this issue provide a taste of what is possible when a dedicated and committed leadership makes a priority of addressing this fundamentally important issue.

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202.265.9600



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LEADERSHIP PERSPECTIVES

Academic Health Centers Addressing
Health Equity



Robert A. Barish, MD, MBA
VICE CHANCELLOR FOR
HEALTH AFFAIRS
INTERIM CHIEF EXECUTIVE
OFFICER, UNIVERSITY OF
ILLINOIS HOSPITAL AND CLINICS
University of Illinois at Chicago



**Carmencita D. Padilla, MD,
MAHPS**
CHANCELLOR
*University of the Philippines
Manila*



Paul B. Roth, MD, MS
CHANCELLOR FOR HEALTH
SCIENCES
University of New Mexico

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Robert A. Barish, MD, MBA // *Vice Chancellor for Health Affairs,
Interim Chief Executive Officer, University of Illinois Hospital and Clinics
University of Illinois at Chicago*

Achieving health equity lies at the heart of all we do at UI Health. We are a public academic health center that serves greater Chicago and beyond. Our clinical health needs assessment data show dramatic differences in health outcomes by the race and ethnicity of patients we serve. If you go just three miles south of Chicago's Gold Coast, for example, the average lifespan drops from 85 to 67. Black and Latino residents have disproportionate challenges accessing the care they need.

The social determinants of health are often beyond the scope of a single healthcare provider. Nonetheless, it is our responsibility to do whatever we can, even in lean times, to help improve the health of our patients. Accordingly, we have launched a number of novel, aggressive approaches, including specific initiatives to reduce emergency department visits and avoidable hospital readmissions.

Another initiative, Better Health Through Housing, provides lodging for a small number of homeless patients. Our hospital pays more than a quarter of a million dollars a year to help house homeless individuals who come to our emergency department. Instead of just turning them back on the street after they receive care, we work with various organizations to house them and see that they get the social services they need.

We recognize that the efforts of a single institution alone cannot meet the overwhelming health-related needs of the communities we serve. For that reason, we collaborate with the Health Impact Collaborative of Cook County and the West Side Total Health Collaborative. The hope is that together we can develop shared implementation strategies and ultimately shared successes in achieving health equity in the communities we collectively serve.

We also address health equity through grants. We are part of a groundbreaking cancer research, education, and training partnership, the Chicago Cancer Health Equity Collaborative (ChicagoCHEC). Funded by the National Cancer Institute, ChicagoCHEC works to improve cancer health outcomes in low income and minority Chicago communities through meaningful scientific discovery, education, training, and outreach. We are also part of another major federal grant, the All of Us Research Program,

a historic national effort to advance the use of precision medicine to improve health by gathering data from at least 1 million people in the U.S.

In sum, from our departments and hospital, across our system, in collaborations with hospitals and organizations around Chicago, and with large national research projects, we work to reduce health disparities at many levels of care.



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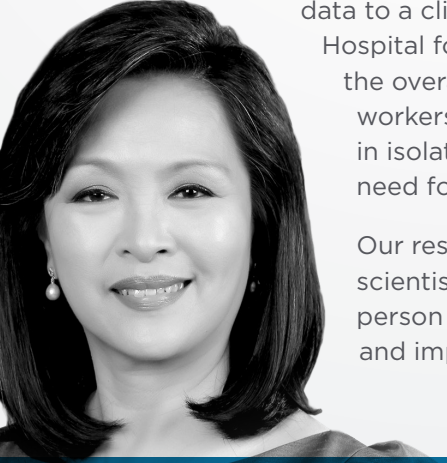
Carmencita D. Padilla, MD, MAHPS // *Chancellor
University of the Philippines Manila*

Our university has several initiatives committed to promoting health equity in our country. Starting on the national level, we advance health equity by contributing directly to the Philippines' health policy development by producing policy statements that can be the basis for policies at the Ministry of Health; and we prepare draft bills to be filed at Congress. Experts at the University of the Philippines Manila evaluate all health bills under deliberation at Congress. Indeed, producing policy is one way for us to ensure that our nation's citizens can access equitable, quality healthcare.

On the local and community level, our School of Health Sciences has a unique program—the stepladder curriculum, an innovative approach to meeting the staffing needs for healthcare across the Philippines' 7,100 islands. Students nominated by their communities first train as midwives. After returning to practice in their communities, successful midwives can elect to return for additional training to be a nurse. Students who successfully complete that curriculum and pass the Nurse Licensure Examination return to practice in their communities, after which they can elect to return to the university to complete the Doctor of Medicine program.

Started in 1976, the program has produced more than 2,200 healthcare professionals. Seventy-six percent practice as midwives, 14 percent are nurses, and 10 percent are physicians. The program has helped stem the brain-drain the Philippines had been experiencing, while also meeting our nation's need to field health workers in far-flung communities.

Research directly related to health equity resulted in two products that work as inexpensive tools for diagnosis. “Lab-in-a-mug” is a rapid diagnostic test for dengue and, soon, for other diseases. Using simple technology, this tool helps bring a much-needed test to our communities. The reasonably priced kit can be attached to a battery, making the test accessible in areas that may not have regular electricity supply. Another tool we have developed, the Rx Box, is a telemedicine device. It captures patient vital signs (such as blood pressure, oxygen levels, ECG, and fetal heart rates), stores that information in an electronic medical record, and transmits the data to a clinical specialist in the Philippine General Hospital for expert advice. The RxBox can reduce the overall cost of healthcare by enabling health workers to diagnose, monitor, and treat patients in isolated local health facilities, without the need for the patient to go to a tertiary hospital.



“Our responsibility is to produce specialists and scientists such that the healthcare of every person in the country is impacted and improved.”

Paul B. Roth, MD, MS // *Chancellor for Health Sciences
University of New Mexico*

Our vision at the University of New Mexico Health Sciences Center is to substantially improve health and health equity for our state's residents. This is in large part shaped by New Mexico's unique historical, cultural, geographic, and economic challenges; and, it is our legacy as an institution: it's imprinted in our DNA.

Our population is incredibly diverse. Forty-six percent of residents identify as Hispanic, 41 percent as white, nine percent as Native American. African Americans and Asian Americans total about four percent. The state chronically struggles with serious social, economic, and educational disparities, usually ranking near the bottom in comparative measures in most income, social, and health statistics.

Our Native American, Hispano/Latino, African-American and immigrant families suffer disproportionately. This is what we mean when we say that social factors and life circumstances play a much greater role in health outcomes and well-being than the sophistication of the medical community. New Mexico is the poster-child for this paradigm.

As New Mexico's only academic health center, we have fully embraced our critical role in addressing these issues. We know that attending to the “upstream” social determinants that underlie chronic health conditions not only alleviates human suffering, but it allocates resources more effectively than waiting for patients to present in acute distress at one of our hospitals or clinics. As value-based reimbursement becomes more prevalent, there is an even greater economic incentive for adopting this philosophy.

Our patient care, educational, and research initiatives are not only informed by this vision but are directly focused on impacting disparities in our state. Through our Healthy Neighborhoods Albuquerque program, we work with the local school systems and businesses in designing programs to maximize high school graduation rates and reduce unemployment among graduates. Another aspect of this initiative is to buy and contract locally.

Today, our HEROs program (for Health Extension Rural Offices) follows the agricultural extension agent model, posting health professionals throughout the state to serve as ambassadors for the university and all-around problem solvers for their neighbors.

Our Clinical & Translational Science Center conducts community-based research, such as studying the health effects of uranium mining on the Navajo Nation. The UNM Brain & Behavioral Health Institute brings together researchers and advocates for people suffering from neurological disorders and injuries.

Going forward, we will continue to improve the health and well-being of all New Mexicans, confident that we have the roadmap to help us do that.



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