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Ensuring Health Equity for Every Person in Rochester, NY

Prepared for Northstar Network

EY Center for Health Equity

June 6th, 2024

EY

Building a better
working world

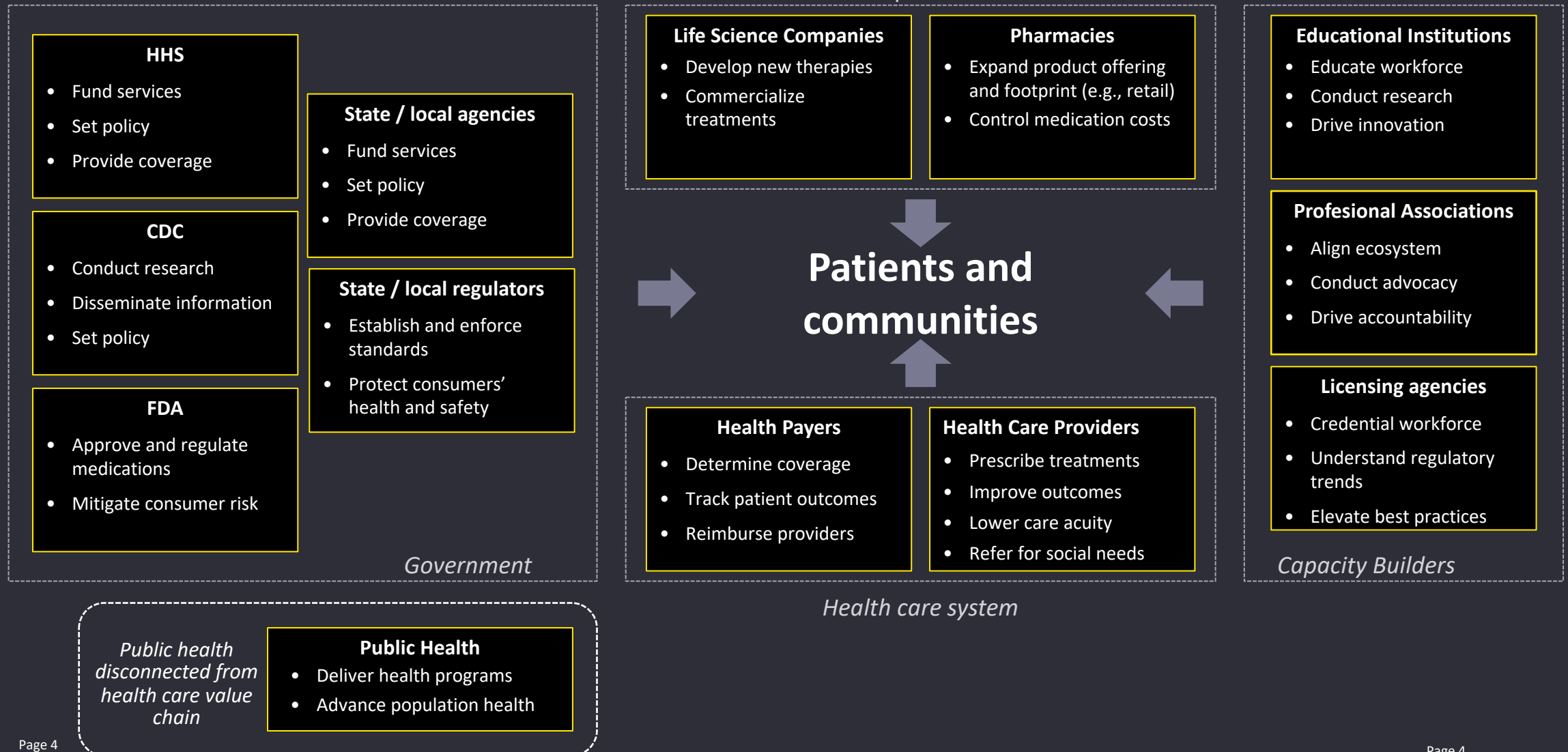


1

The evolving US healthcare landscape

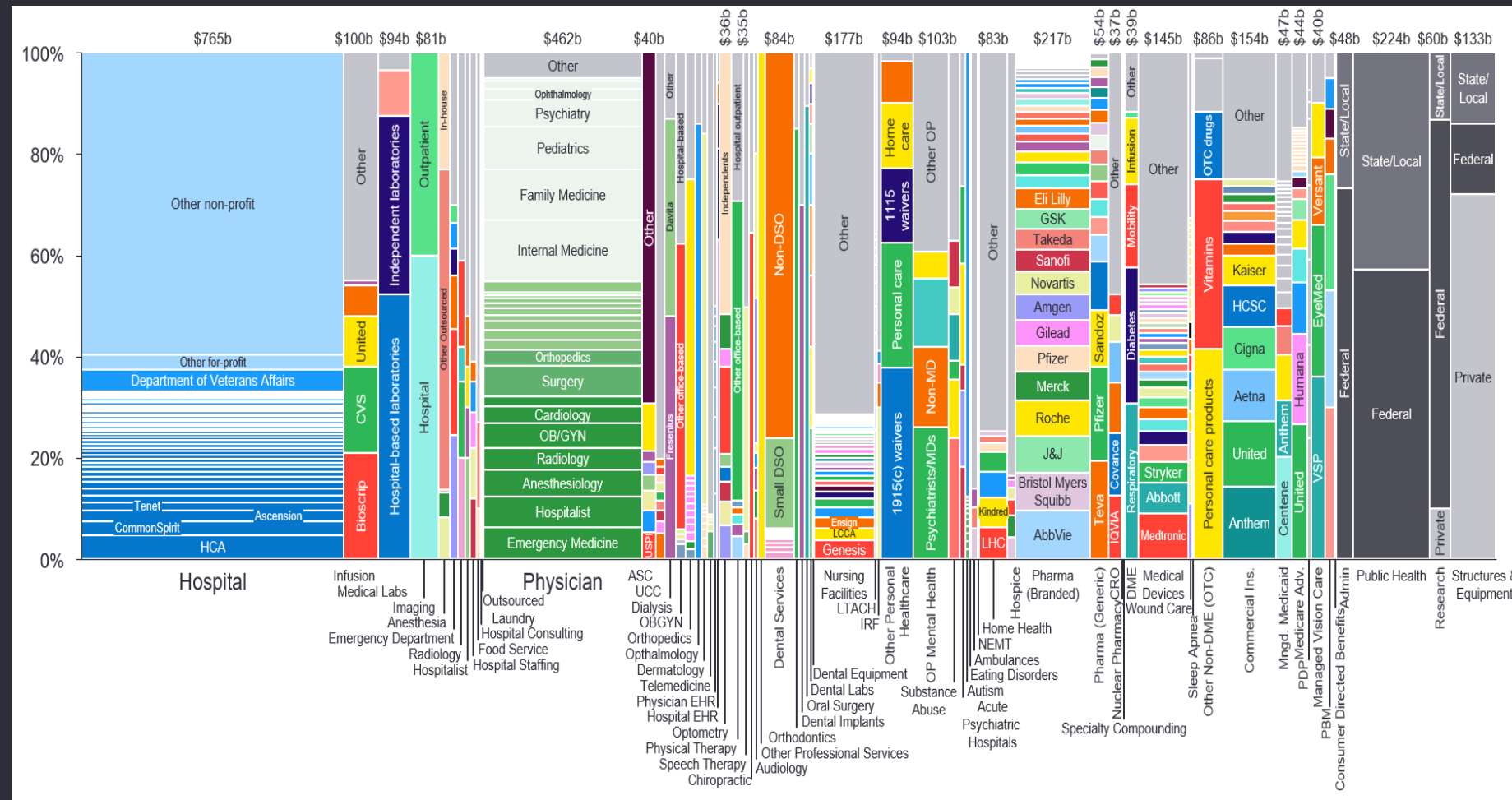
The healthcare value chain involves the interplay of diverse stakeholder organizations with differing motivations and incentives

Healthcare Value Chain



With an increasingly complex US Health system, health equity has not been a strategic priority for the health industry

US national health expenditures (2022) ¹



\$4.5t
Total US health expenditures (2022) ¹

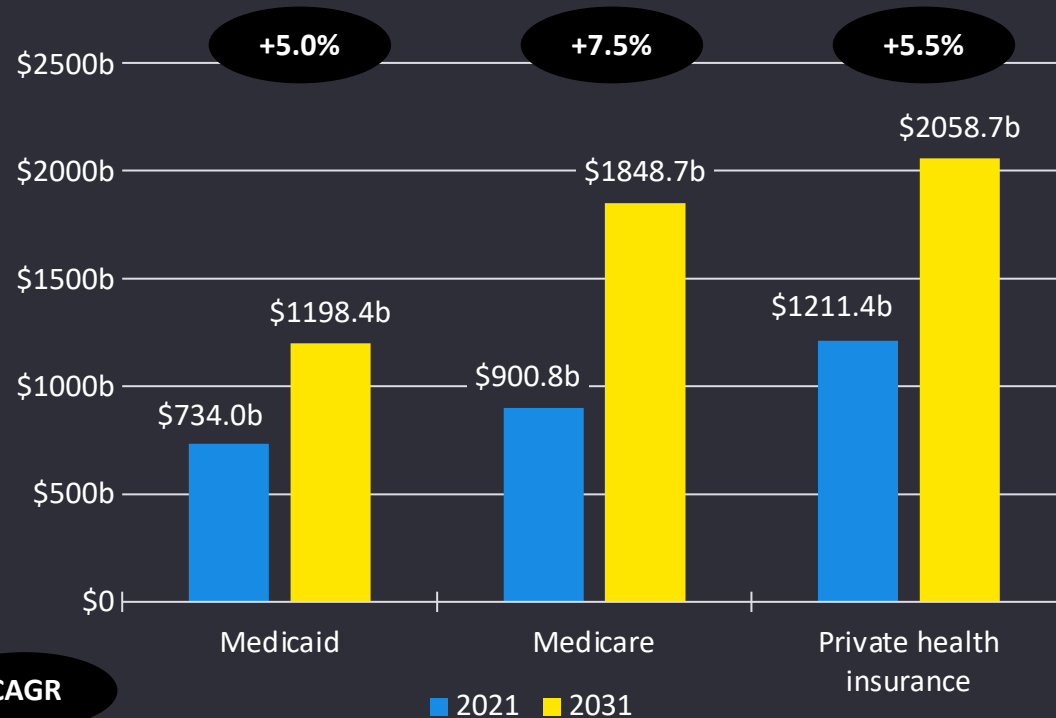
\$457b
Est. annual cost of racial/ethnic health disparities (2018) ²

\$978b
Est. annual cost of education-related health disparities (2018) ²

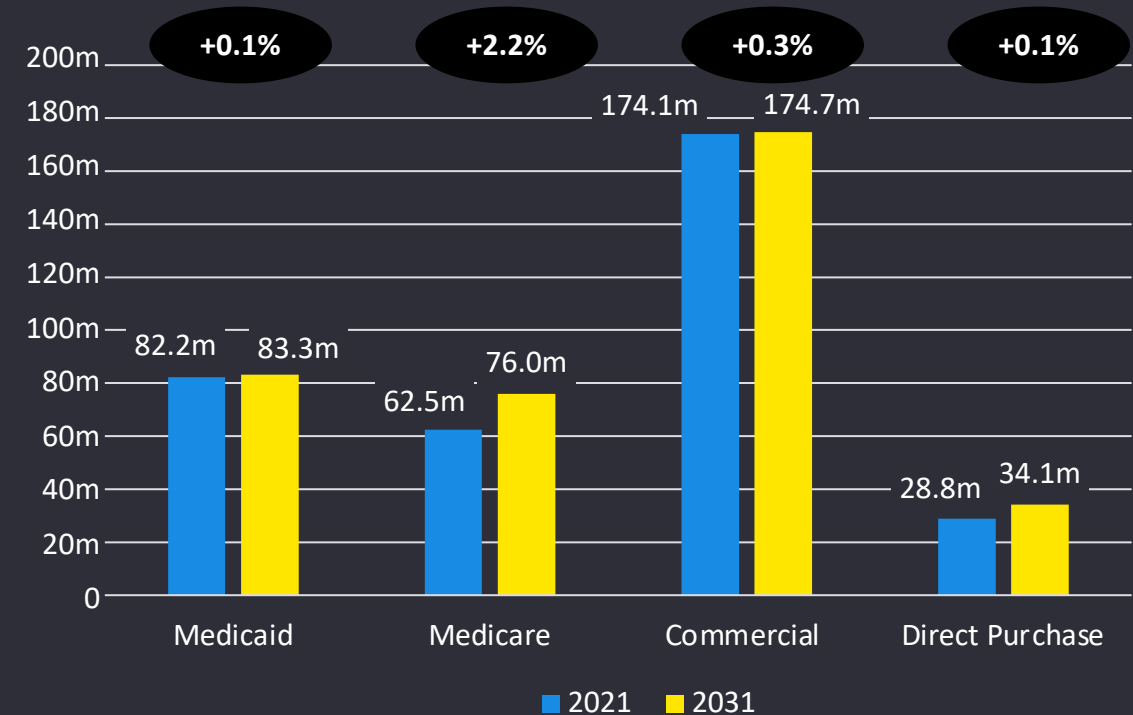
¹EY-Parthenon analysis ² NIH, 2023.

Health expenditures are forecasted to grow disproportionately to payer member populations growth projections

National Health Expenditures (NHE) by line of business, 2021 - 2031



Health insurance enrollment by line of business, 2021 - 2031



CMS projects disproportionate increase in costs per member despite low growth in total member populations.

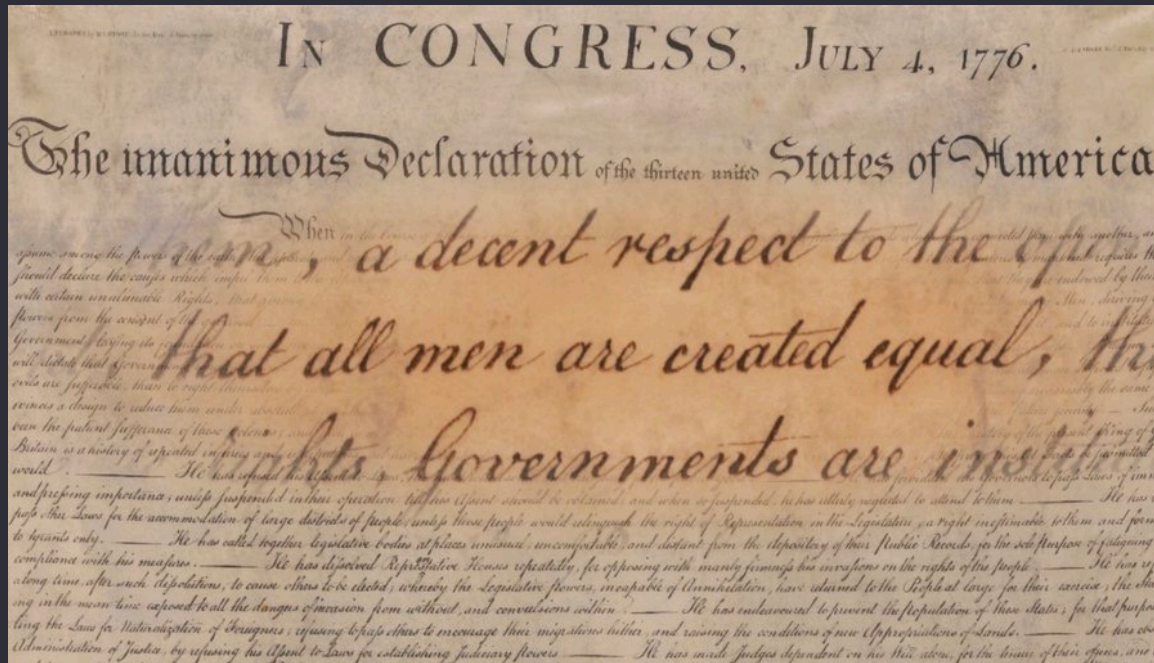
Health disparities are a significant driver of these growing costs.

A photograph of a male doctor with a beard and glasses, wearing a white lab coat, smiling as he examines a young girl. He is using a red stethoscope to listen to her chest. The girl is smiling back at him. The background is a blurred clinical setting.

2

Health equity context and drivers of inequity

The Declaration of Independence advanced the idea that “all men are created equal,” while simultaneously entrenching racial and gender inequity across society



“We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.”

– Thomas Jefferson in the US Declaration of Independence, 1776

Inequity was created with intention and can only be undone with intention.

What is health equity?

Principle of health equity

Health equity is the principle underlying a commitment to reduce — and, ultimately, eliminate — disparities in health and in its determinants, including social determinants.¹

Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.¹



How health equity is achieved

Health equity is achieved when every person has the opportunity to “attain their full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”²

¹ “What Are Health Disparities and Health Equity? We Need to Be Clear,” *National Institutes of Health website*, accessed November 2, 2020.

² “Attaining Health Equity,” *U.S. Centers for Disease Control and Prevention (CDC) website* accessed November 2, 2020.

From Slavery to Post-Reconstruction: The US health system was intentionally designed to be unequal



01

Unconscionable experiments performed on enslaved people



02

The medical profession intensified efforts to justify slavery scientifically



03

The medical profession embraced and further entrenched a segregated health system



04

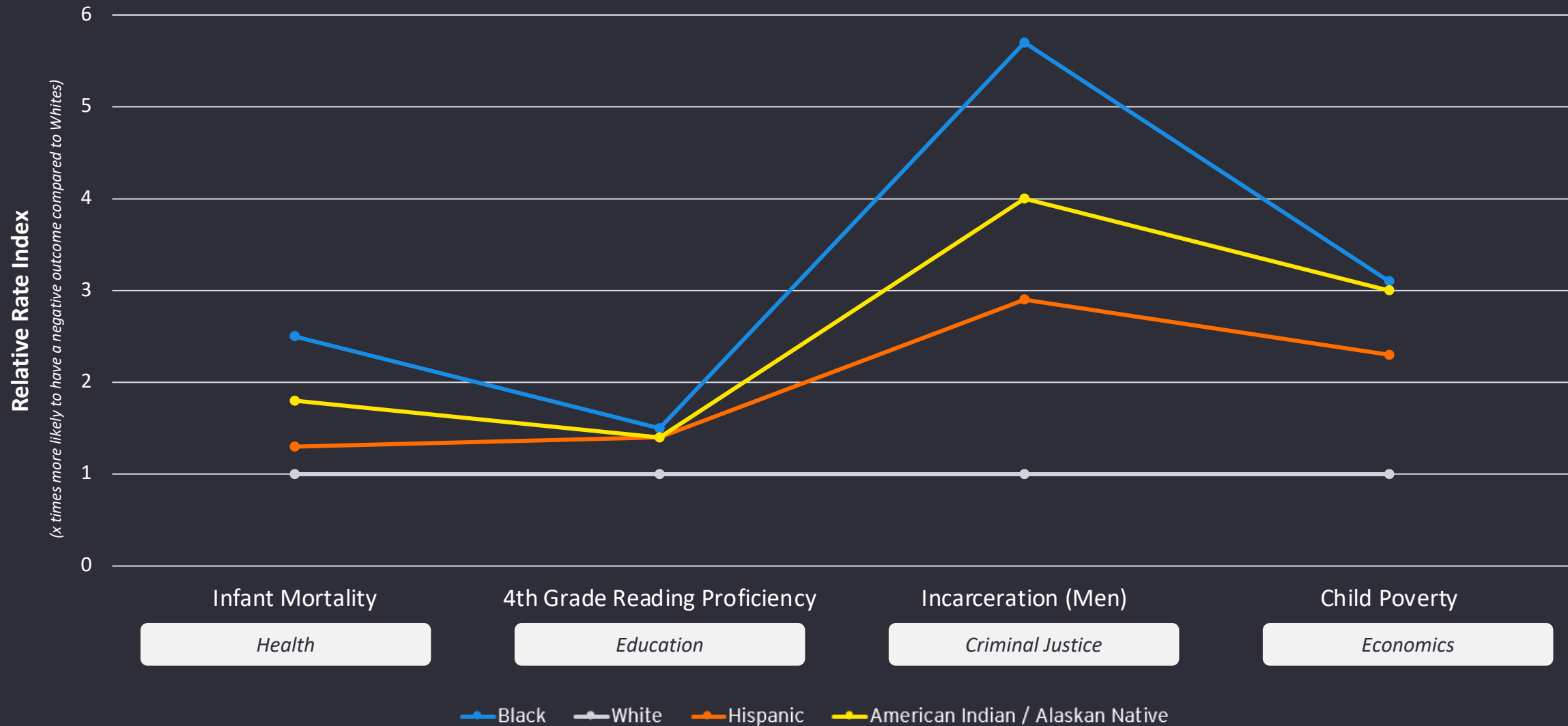
Jim Crow Laws segregated whites and Blacks, starting in the 1880s



05

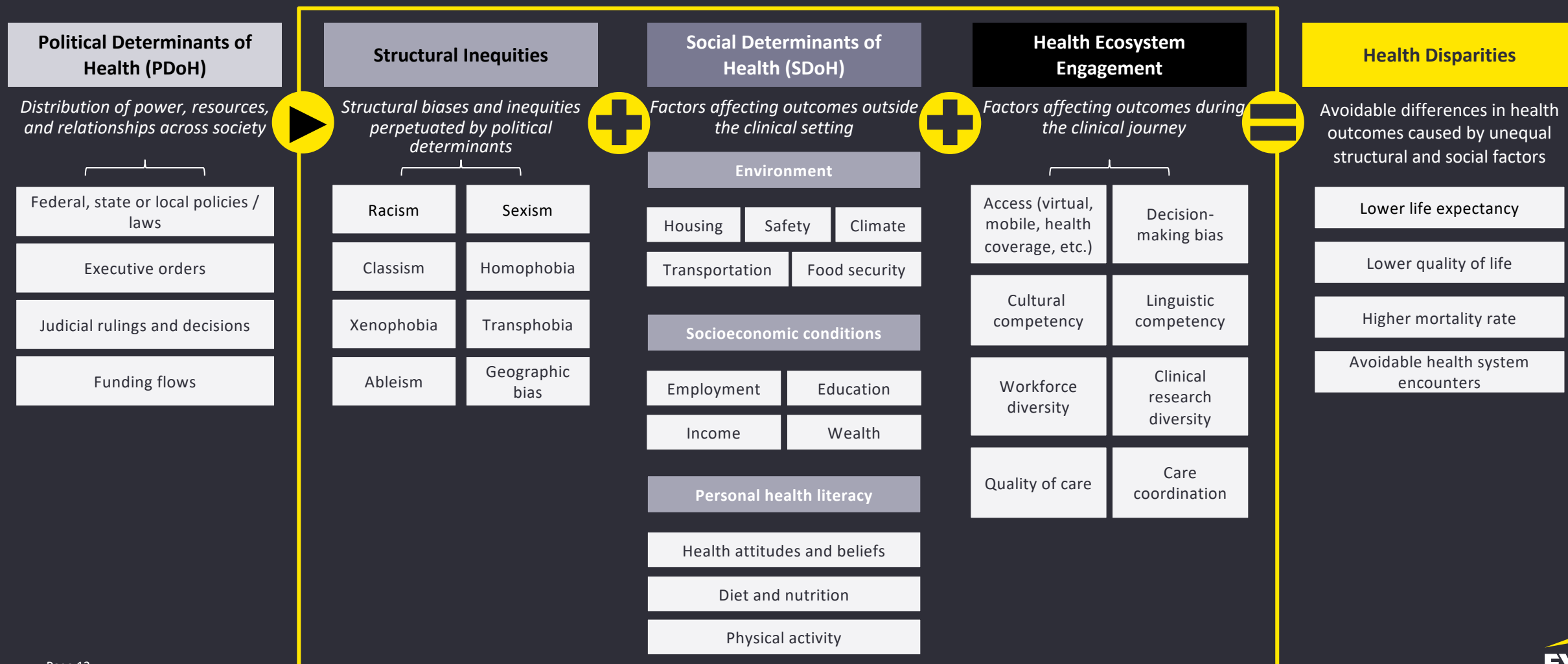
White physicians took legal action to bar African Americans from accessing quality health care

Racial inequality across national systems permeates every facet of American society



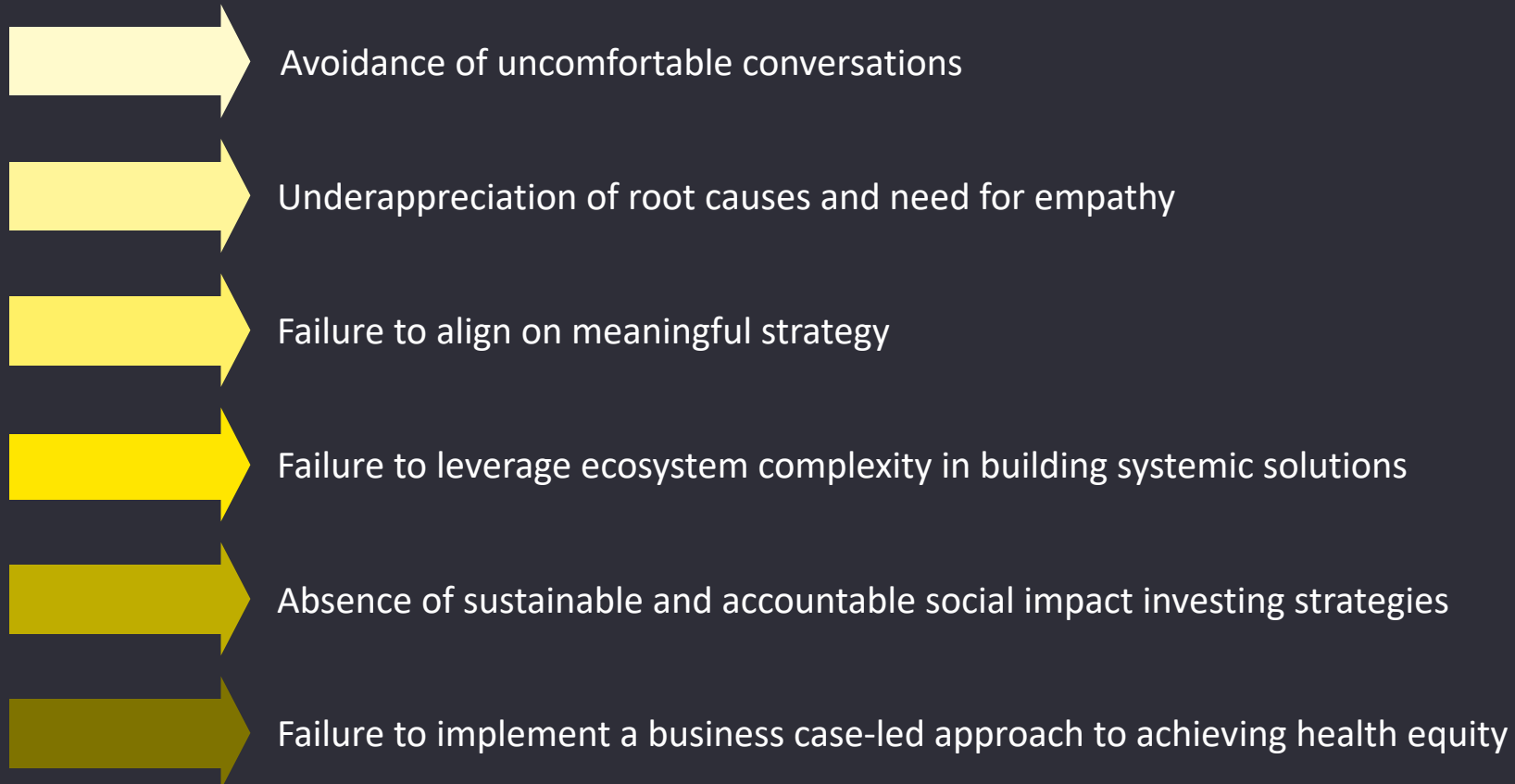
Why do Health Inequities exist?

Health inequities persist through a **complex system of upstream root causes, lived experiences, and healthcare ecosystem relationships.**



Why do Health inequities persist?

Efforts to date have failed to strategically address upstream drivers

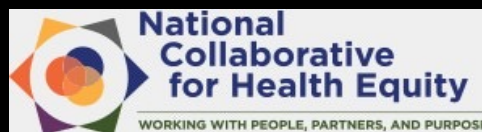


A differentiated, strategic, holistic and integrated approach is critical for impact

To date, the market has primarily viewed health equity as a moral and social obligation



CENTER FOR THE STUDY OF
RACISM, SOCIAL JUSTICE & HEALTH



Health equity centers and institutes have existed across the US for decades...

...but are they **designed and resourced for systemic impact and supported by a business case?**

Nearly ~\$200b has been invested to address social determinants and advance health equity in the US over the last 20 years

The key sectors leading investments in health equity in the US include:



Government
2002-2022

\$173B



Philanthropy
2002-2022

\$4B

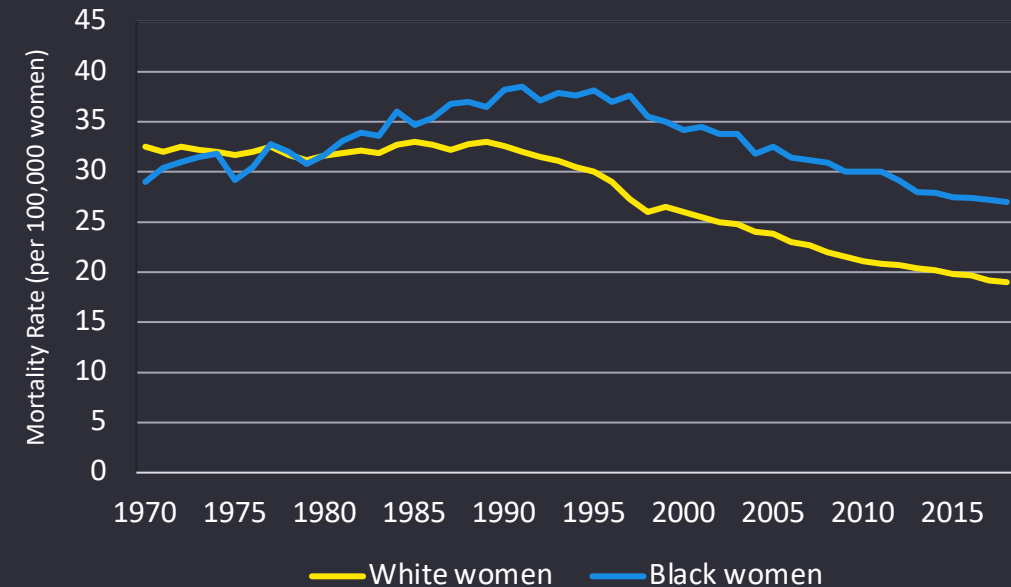


Corporate
2012-2022

\$2B

Despite significant financial investment being made to address health inequities, disparities have persisted and even worsened:

US Breast Cancer Mortality by Race, 1970-2018¹



- ▶ Breast cancer mortality has declined for all races since 1990
- ▶ Black women have higher breast cancer mortality rates since 1980, with the disparity increasing over time



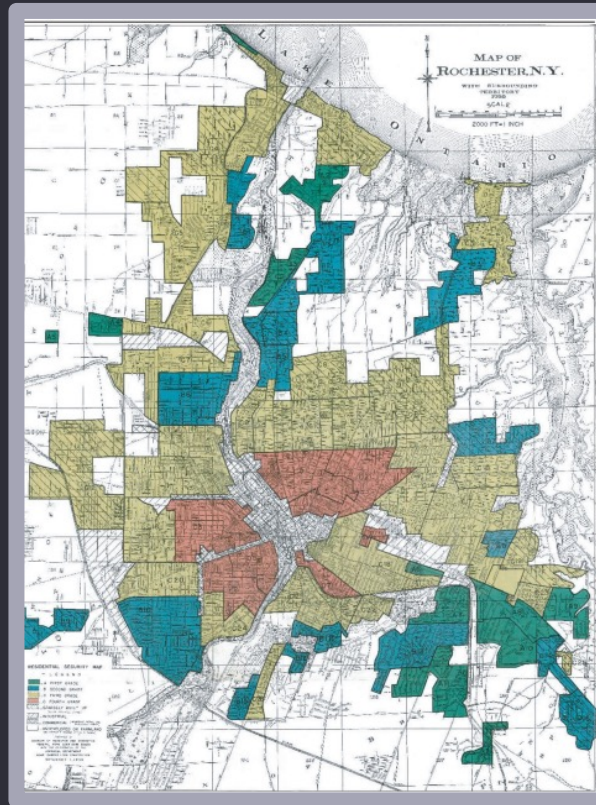
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Health and healthcare in the Finger Lakes

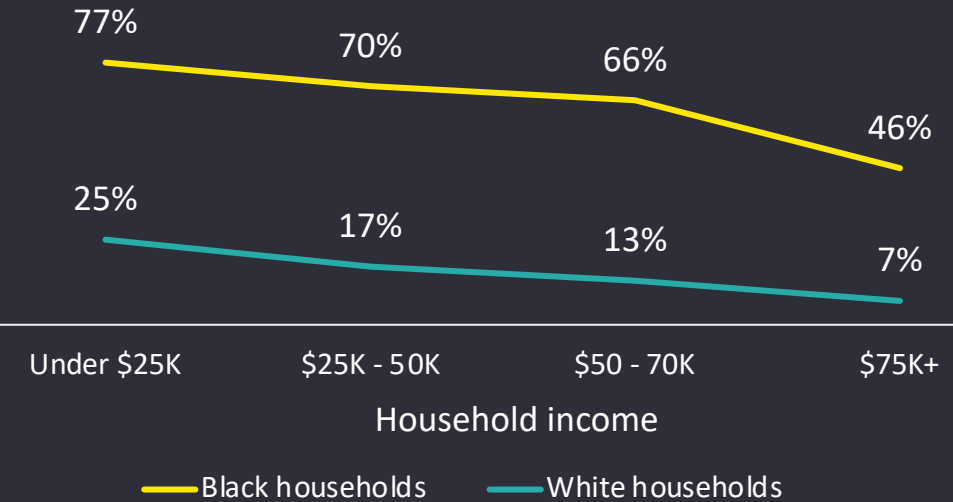
While redlining was banned 50 years ago, its legacy continues to adversely impact minority communities today

Redlining was the discriminatory mortgage appraisal practice used by the federal government after the Great Depression, drawing lines around Black and immigrant areas that denoted them as risky sites for mortgages.

Neighborhoods were classified from "A" or desirable, to **"D" for hazardous, and colored in red.**



Percent of households in census tracts with high deprivation (Area Deprivation Index $\geq 9/10$)

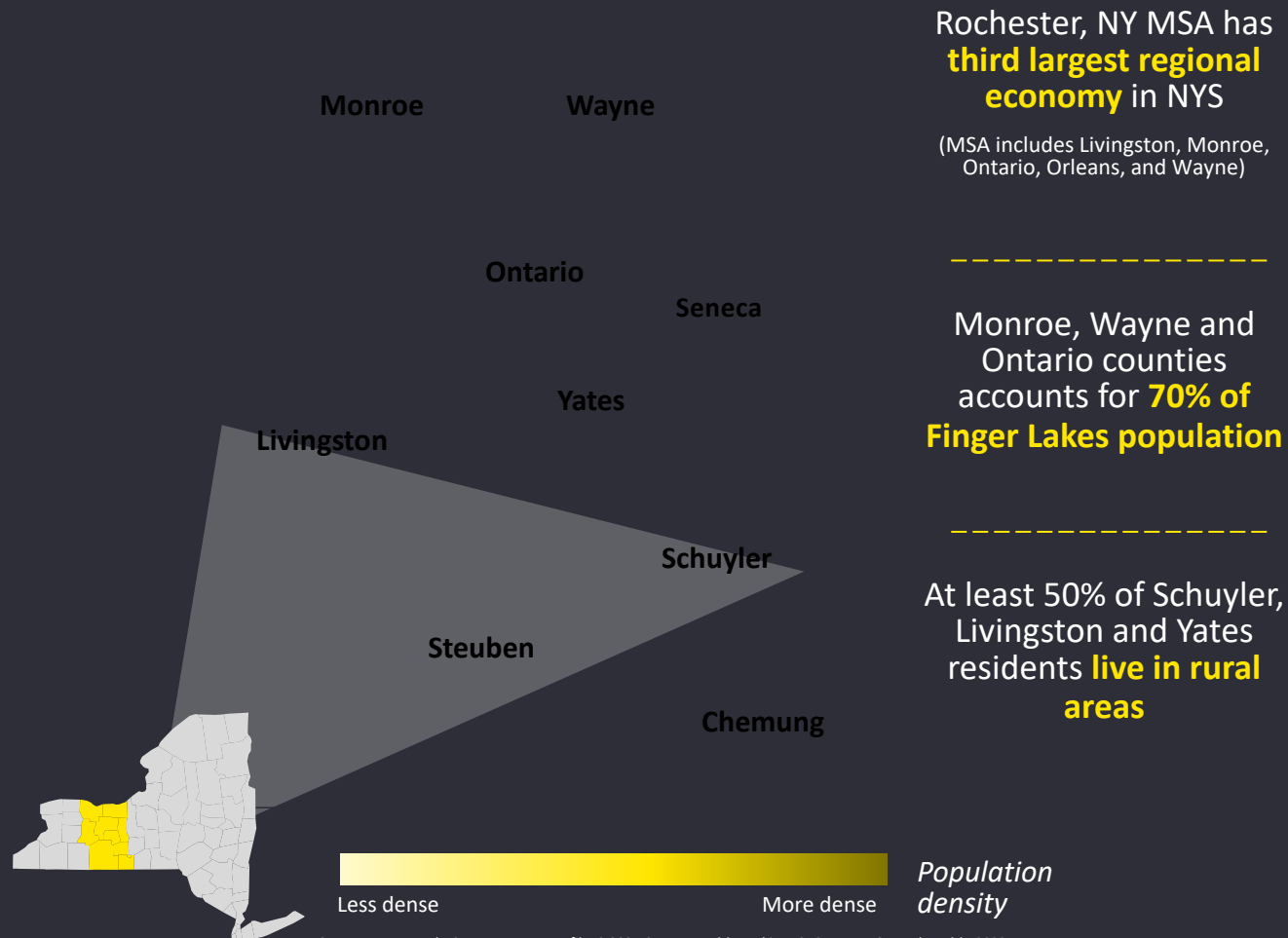


Pre-term birth rate in Fingers Lakes, 2005 - 2018



Compared to New York overall, Finger Lakes is a more rural region with greater social determinant needs

Finger Lakes Population by ZIP Code¹



Finger Lakes by the numbers^{2,3}

19%

of Rochester residents **live with a disability**, compared to 13% of NYS.

31%

of Finger Lakes residents live in **rural areas**, compared to 13% of NYS.

35%

Of Finger Lakes residents are considered **obese**, compared to 29% of NYS.

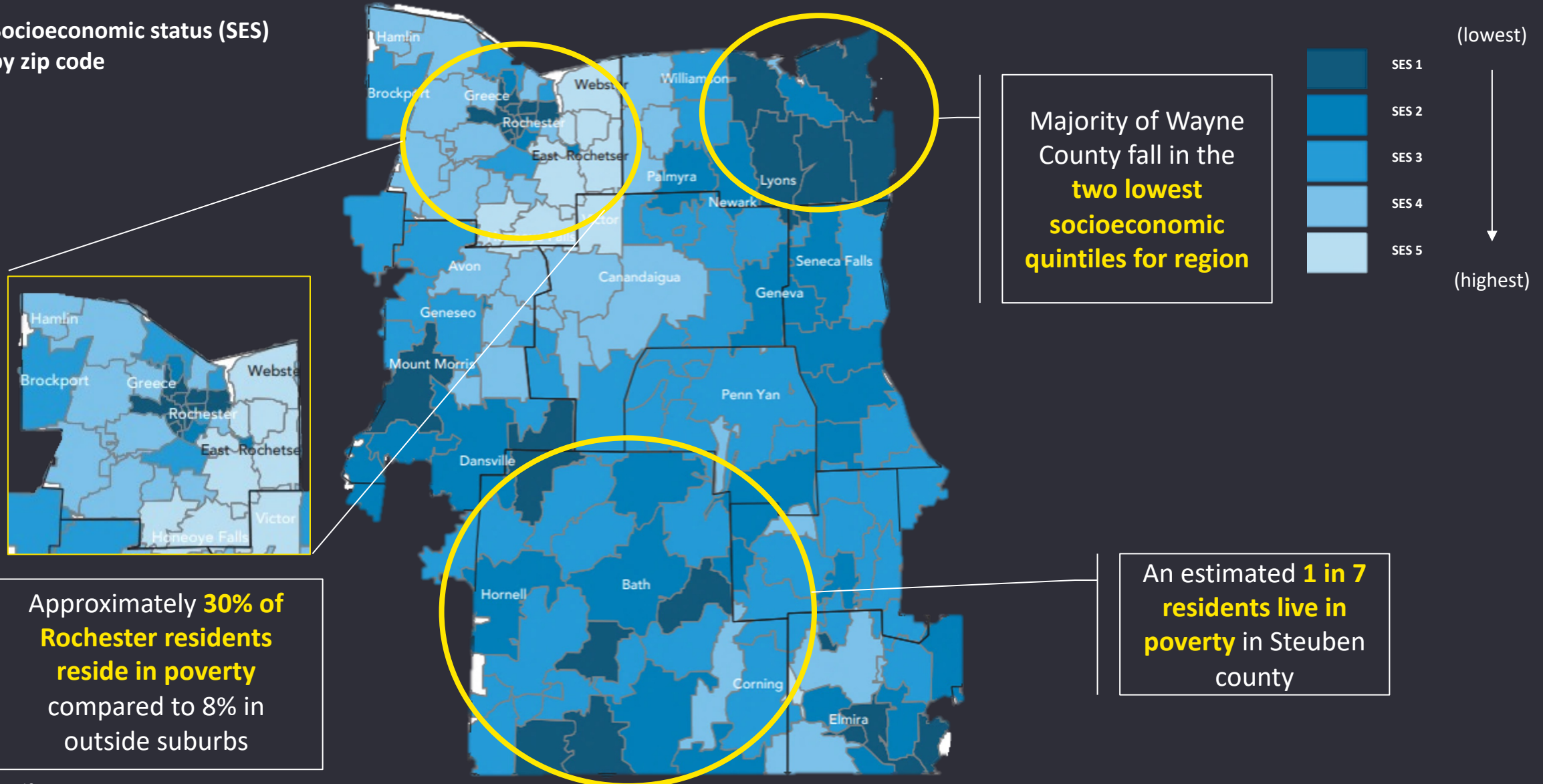
19%

Of Finger Lakes adults smoke, compared to 12% of NYS.

Individual, community-level, and societal factors perpetuate health disparities across vulnerable demographics.

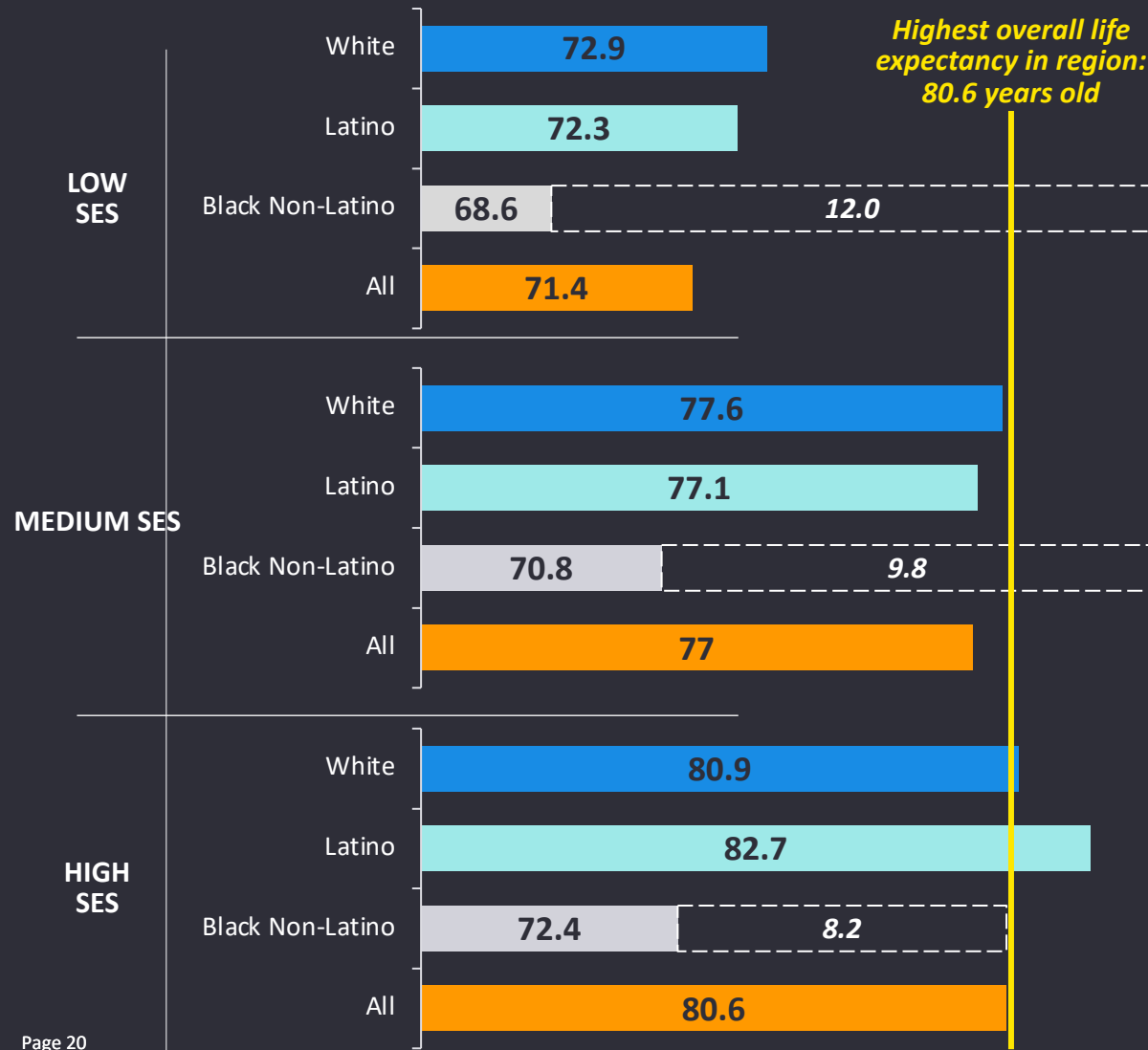
Pockets of poverty exist throughout the region; zip codes outside of Rochester are home to some of the highest SES found in the Finger Lakes

Socioeconomic status (SES) by zip code



Life expectancy is highly correlated with race and SES; There is ~10-year gap between low and high socioeconomic status across Finger Lakes residents

Life expectancy by socioeconomic status (SES) in the Finger Lakes Region (2021)



Intersection of race and socioeconomic status

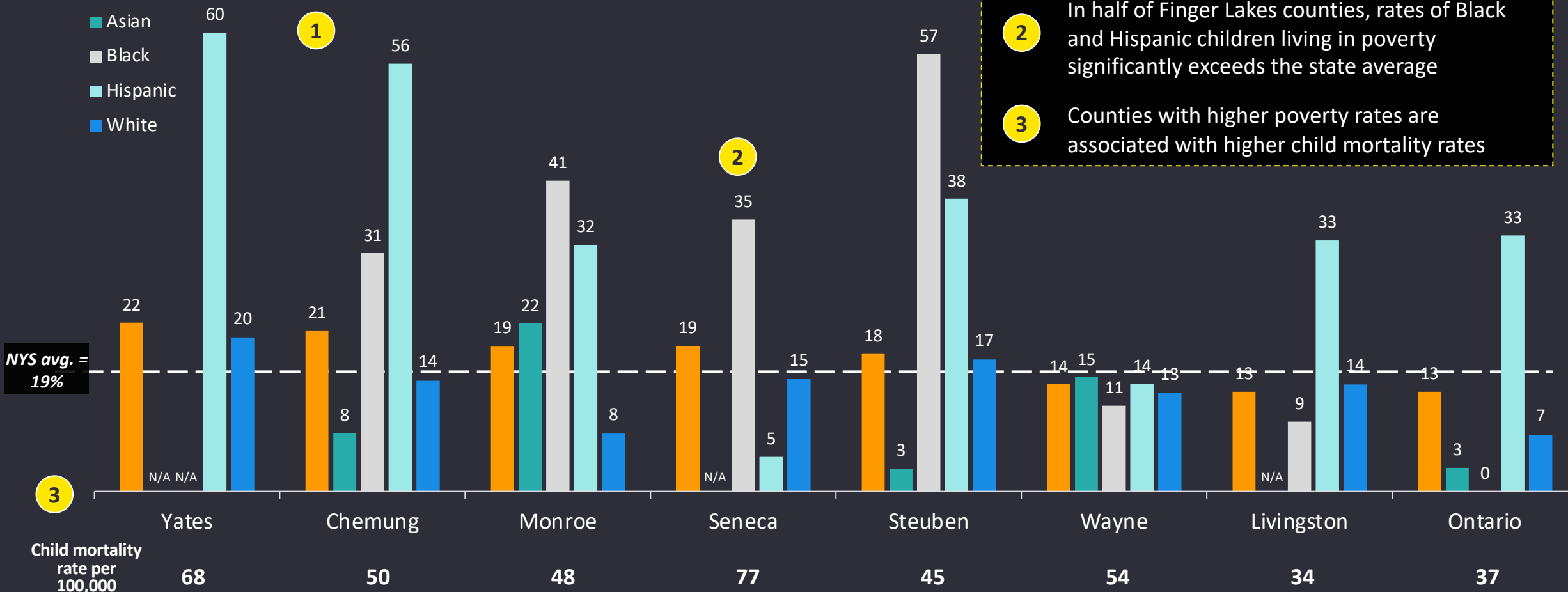
- Across the Finger Lakes, life expectancy ranges from **68 - 82 years of age**
- At every SES level, **Black Non-Latinos have the lowest life expectancy**
- **Living in a higher SES area did not provide the same positive impact on life expectancy for Black Non-Latino residents** than it did for Latinos or White Non-Latino
- Black residents in a high SES environment have a **lower life expectancy** than White residents in a low SES environment

While rates of child poverty vary by race/ethnicity across the region, Black and Hispanic youth are most affected

Children living in poverty (%) by Race/Ethnicity by county, 2022

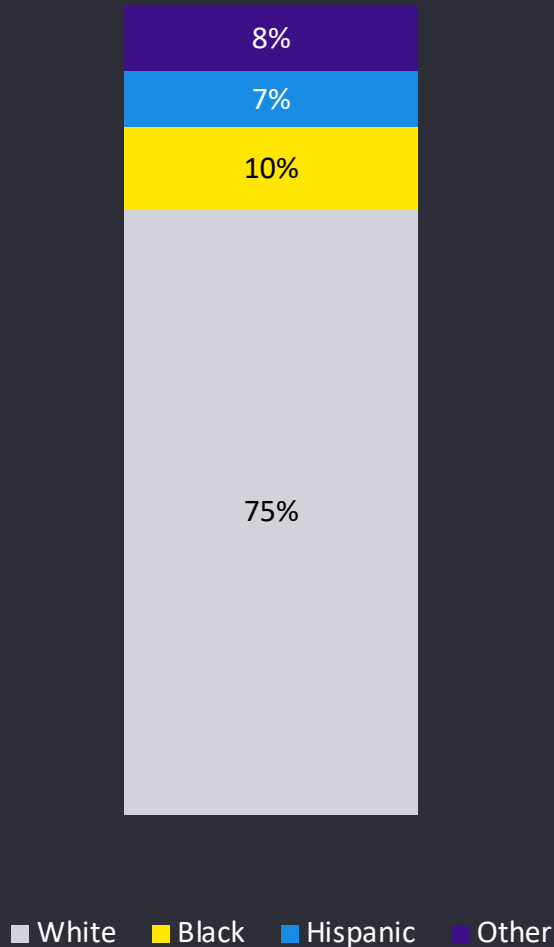
Overall
Asian
Black
Hispanic
White

- 1 More than half of all Hispanic children in Yates and Chemung counties live in poverty
- 2 In half of Finger Lakes counties, rates of Black and Hispanic children living in poverty significantly exceeds the state average
- 3 Counties with higher poverty rates are associated with higher child mortality rates

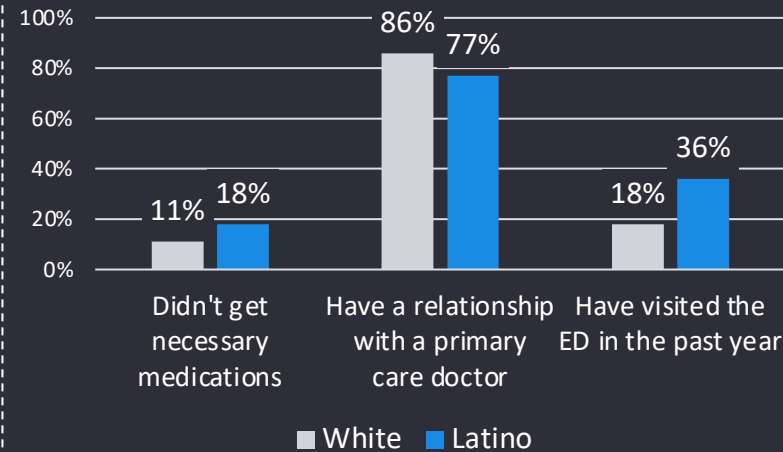


Communities of color report more barriers in accessing care, greater care utilization, and worse health outcomes

Race / Ethnicity in the Finger Lakes



Compared to White residents, **Hispanic communities are more likely to report access to care barriers.**



Compared to White residents, **Black communities report more hospital visits** for chronic disease.

6x Rate of preventable hospital visits related to hypertension*

6x Rate of preventable hospital visits related to asthma**

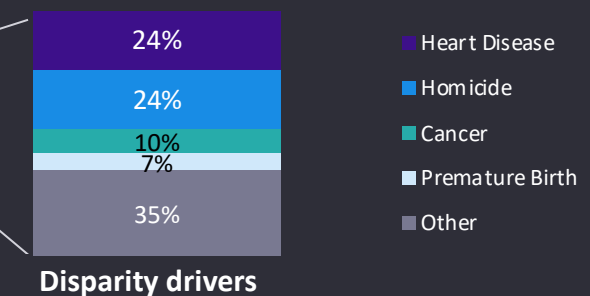
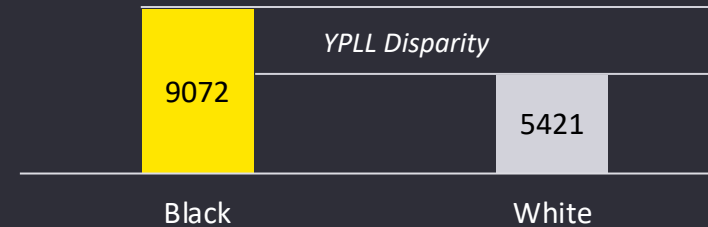
4x Rate of ED visits related to diabetes*

*Preventable Hospital Visits per 100,000

**Adult ED Visits per 100,000

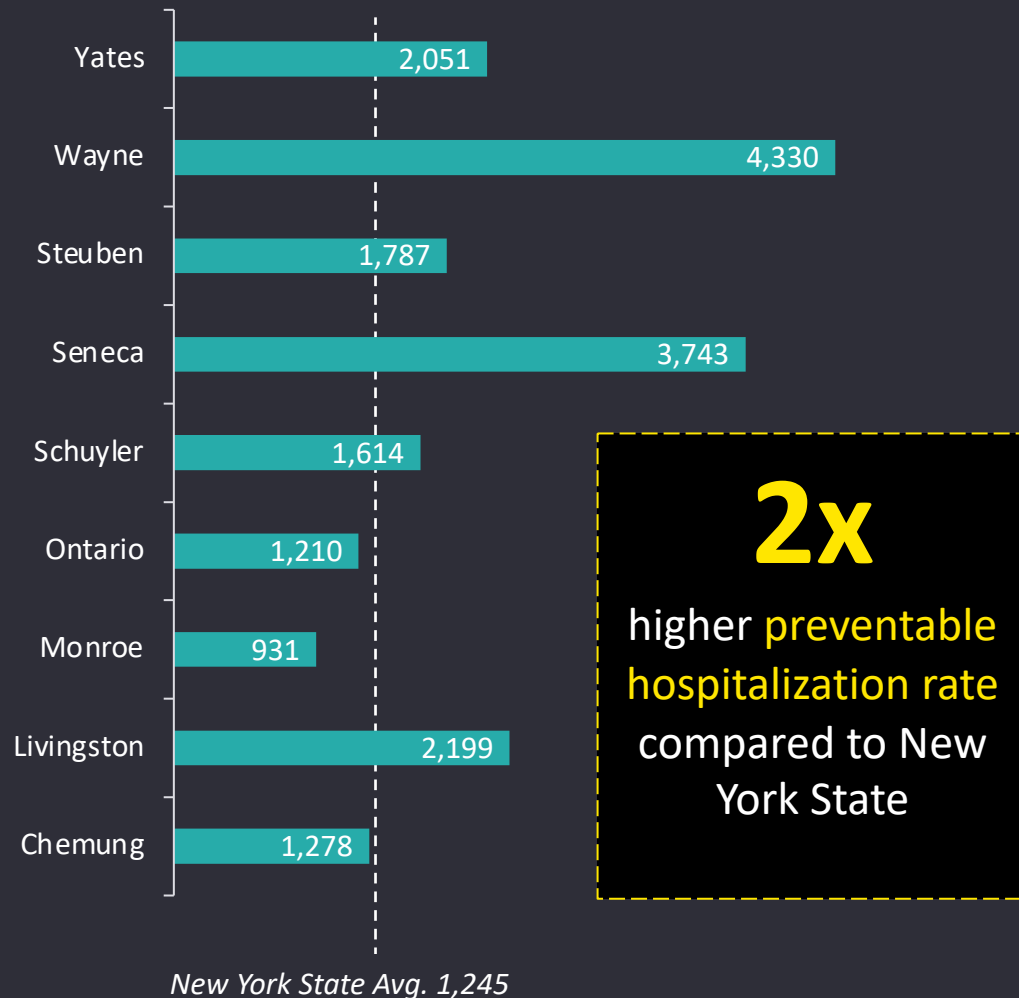
Compared to White residents, **Black residents have higher rates of premature mortality.**

Years of potential life lost rate (per 100,000)

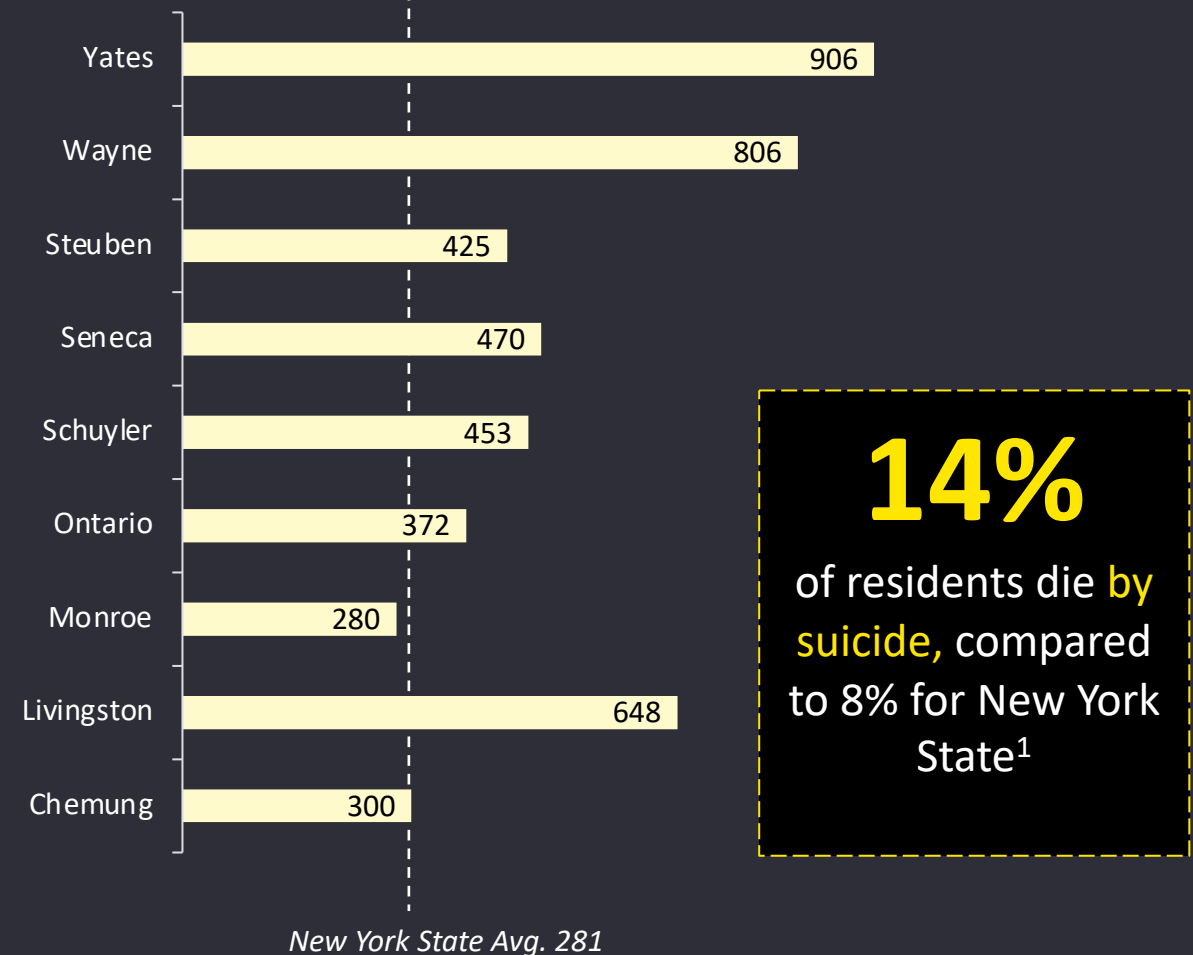


While Monroe County reports above average access, the broader region faces provider shortages that result in costly, avoidable healthcare encounters

Primary Care Physicians per 100,000 (2021)



Mental Health Providers per 100,000 (2021)



Social determinant of health (SDoH) factors across the Finger Lakes point to significant vulnerabilities that impede community health and wellness



HOUSEHOLD FOOD
INSECURITY
2021

Finger Lakes

10%

New York State

11%



FREQUENT MENTAL
DISTRESS
2021

16%

13%



HOUSEHOLD MEDIAN
INCOME 2022

\$66,579

\$79,463



HOUSEHOLDS WITH
SEVERE COST BURDEN
2022

12%

18%



POST-SECONDARY
EDUCATIONAL
ATTAINMENT
2022

62%

70%



Within this footprint, anchor healthcare institutions are advancing strategic efforts to address health disparities for Finger Lakes residents and communities

ILLUSTRATIVE

**2022**

Established the **Office of Health Equity Research** to quantify the impact of structural biases on health and develop evidence-based interventions that advance health equity for Finger Lakes residents.

2020

Launched URM's 2020 – 2025 **Equity & Anti-Racism Action Plan**:

1. Build anti-racism infrastructure
2. Recruit diverse learners, faculty, and staff
3. Nurture a respectful learning and work environment
4. Exemplify inclusion in places and digital spaces
5. Engage in equitable health care

Excellus

**2022**

Established the **Member and Community Health Improvement (MACHI)** grant program to improve maternal health equity in upstate NY. To date, \$1m in funding has been distributed to 8 local nonprofits with the goal of eliminating pregnancy-related health disparities and improving health outcomes for new mothers and babies.

2021

Established the **Health Equity Innovation Awards**, providing financial support to nonprofit and community-based organizations engaged in initiatives and research that target the root causes of health inequities and seek to close racial and ethnic health disparities in upstate NY

Northstar Network plays a critical role in bringing together the local health ecosystem to collaboratively improve community health and wellbeing

Mission & Vision

- ▶ Transform the Rochester, NY healthcare system to be the **highest quality and lowest cost healthcare delivery system in the US**
- ▶ Leverage the diversity of local organizations and their people to **inspire collaboration and innovation that improves the health** of the people in the community and the health of the local economy



Organization Overview

Key initiatives:

- ▶ **Healthcare Business Academy (HBA):** Serve as a healthcare knowledge partner to healthcare industry executives through tailored educational experiences
- ▶ **HBA Fellowship Program:** Year-long leadership development program designed to equip local healthcare and business leaders with skills to lead in today's evolving healthcare environment
- ▶ **Cracking the Code on Healthcare:** Twice annual stakeholder convenings to accelerate community-based solutioning aligned with healthcare quality improvement and cost reduction

Health industry stakeholders engaged:

Providers	Payers	Employers
Academia	Social Services	Technology
Community-Based Orgs.	Governmental Agencies	Philanthropy

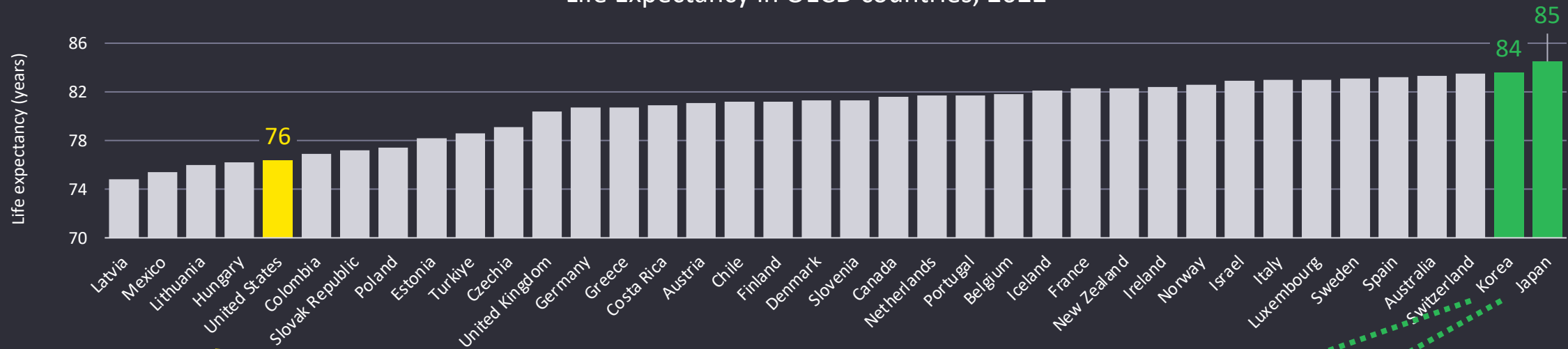


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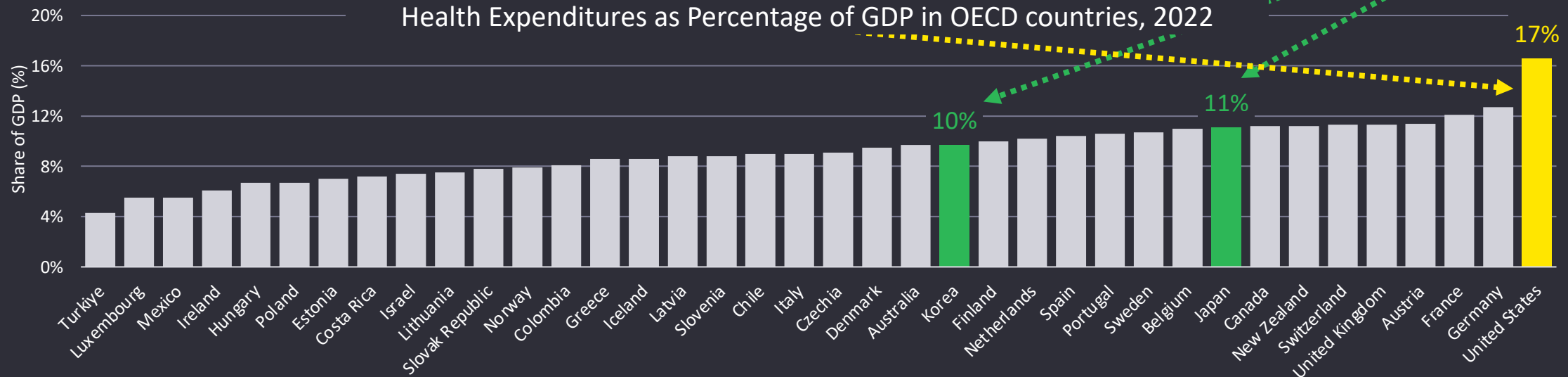
Driving accountability for health equity in
Rochester, NY

Macroeconomic benchmarks of health industry value demonstrate **White Americans experience health inequity** compared with global peer groups

Life Expectancy in OECD countries, 2022



Health Expenditures as Percentage of GDP in OECD countries, 2022



Equity-led design shows how supporting marginalized people can benefit all in society

The Curb-Cut Effect – cutaways to accommodate people with disabilities – illustrates the potential for **outsized benefits to accrue to everyone** from policies and investments designed to meet needs of a minority group in order to achieve equity.




*“Then a magnificent and unexpected thing happened. **When the wall of exclusion came down, everybody benefited**—not only people in wheelchairs. Parents pushing strollers headed straight for curb cuts. So did workers pushing heavy carts, business travelers wheeling luggage, even runners and skateboarders.”*

As vulnerable populations are more likely to experience access barriers, SDoH complications, and poor health outcomes, a **one-size-fits-all model is insufficient to address systemic bias and drive equity across populations.**

Leading with equity by design and intention: Medicare led Hospital Desegregation in 1965

By threatening to withhold federal funding from any hospital that practiced racial discrimination, as required by Title VI of the Civil Rights Act, passed in 1964, **Medicare forced the desegregation of every hospital in America virtually overnight.**



What could we do today?

Enable strict measures and requirements to drive clinical trial diversity, such as:

- The FDA not approving any trials without requisite demographic diversity
- Restricting Medicare coverage of drugs to only those that have gone through requisite diversity in trials

In the room today are the organizations and leaders positioned to create health equity and advance wellbeing for all Finger Lakes residents

ACCOUNTABLE
— HEALTH PARTNERS —

Excellus

Jewish Senior Life



Rochester Regional
Health System

trillium
HEALTH

Advizex

Finger Lakes
Health

JH Jordan Health

THE BONADIO GROUP
CPAs, Consultants & More

FLPPS
FINGER LAKES PERFORMING
PROVIDER SYSTEM

Monroe County Medical Society
mcm
Patients Are Our Number One Priority

M&T Bank

ROCHESTER
REGIONAL HEALTH
Foundations

ROCHESTER RHIO
Regional Health Information Organization

1850
MELIORA
UNIVERSITY of
ROCHESTER

CASA
TRINITY
Hope begins, here.

Catholic
Charities
COMMUNITY SERVICES

Finger Lakes Area
Counseling & Recovery Agency
FLACRA
Together We Will

monroe plan
FOR MEDICAL CARE

mindware
connections
connecting your mind to software

Ronald McDonald
House Charities®

UNIVERSITY of
ROCHESTER
MEDICAL CENTER

Common Ground
Health

Goodwill
of the Finger Lakes

Hillside
Family of Agencies

MLMIC
Medical Liability Mutual Insurance Company

ST. ANN'S
COMMUNITY
Full of Life

UR MEDICINE | HIGHLAND
HOSPITAL

CCSI
Coordinated Care Services, Inc.
Innovative Solutions in Human Service Delivery

greater rochester
Health
foundation

GRIPA

MVP
HEALTH CARE

ST. JOSEPH'S
NEIGHBORHOOD
CENTER INC.

strategic
interests
Transforming Healthcare

SCHOOL OF
NURSING
UNIVERSITY of ROCHESTER

UR MEDICINE
EASTMAN
INSTITUTE FOR ORAL HEALTH

cognisight

Delphi Rise
LIFT UP AND LIVE TRUE

Episcopal
SENIORLIFE
Communities

HHUNY
HEALTH HOMES OF UPSTATE NEW YORK
Empowering you. Expanding possibilities.

PAYCHEX

ST. JOHN FISHER
UNIVERSITY
WEGMANS SCHOOL OF NURSING

VILLA of HOPE
rebuild. recover. renew.

DEPAUL

IBERO
AMERICAN ACTION LEAGUE, INC.

Pandion
OPTIMIZATION ALLIANCE

TogetherNow

visualDx

A surge of investments to the region brings unprecedented opportunity to reimagine the future for residents of Finger Lakes communities

Biden in Syracuse: Bright future for Micron, chip industry in New York

April 25, 2024

President Joe Biden announced a deal to provide \$6.1 billion in federal grants for the company's planned \$100B complex of computer chip plants in the town of Clay, in the Syracuse area.

- ▶ CHIPS and Science Act (2022) aims to reestablish US as leader in chip manufacturing over the next decade
 - Micron Chip Plant to add over 50,000 new jobs in Syracuse area
 - Green CHIPS community investment fund will bring \$500m investment in community and workforce development

Rochester, Buffalo, and Syracuse recognized as tech hub in nationwide competition

October 23, 2023

Rochester, Buffalo, and Syracuse have been recognized as a tech hub, allowing the region to compete for potentially billions in federal funding for manufacturing semiconductors and more.

- ▶ Rochester, NY earned federal Tech Hub designation status, with goals of:
 - Closing critical gaps in upskilling, hiring, and retention of predominantly middle-skilled positions in semiconductor-specific roles through workforce development programs
 - Creating a one-stop-shop for semiconductor research and development to facilitate collaboration across research institutions and stimulate technological innovation

What does this mean for the health of Finger Lakes residents?

- ✓ Economic growth in the form of job creation, increased revenue and new services in region
- ✓ Increased revenue generation for healthcare providers and facilities through new patient demand stemming from pop. growth
- ✗ Potential to further exacerbate healthcare access issues for most vulnerable populations
- ✗ Possibility of widening disparities if economic growth unevenly concentrated throughout region

As regulatory pressures increase, health equity has risen as a health ecosystem priority – enhancing the need for a common, baseline understanding of the issues at hand

While health equity efforts have been underway for decades, the health ecosystem has reinvigorated its collective focus in recent years.

\$179b

Multi-sector spending dedicated to improving health equity over the last twenty years¹

59%

Health organizations that have initiated a health equity strategy within the last five years²

73%

Health organizations that expect prioritization of health equity to continue to increase next year³

Now, providers, payers, life sciences, and the government and public sector alike face a shifting regulatory landscape that will have near-term, multifaceted impact how health equity is incorporated across strategy and operations.

SAMPLE REGULATORY FOCUS AREAS



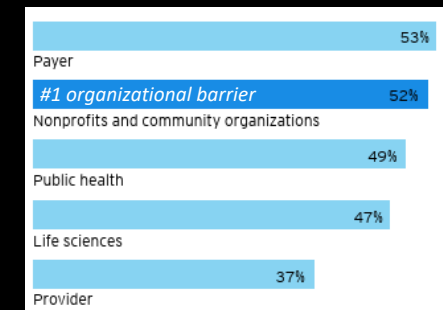
And yet, according to the 2023 EY Health Equity Outlook Report, health equity education is a major barrier across the health ecosystem

47%

Of organizations indicated a lack of health equity understanding is a top three barrier to enacting health equity strategy

By org-type

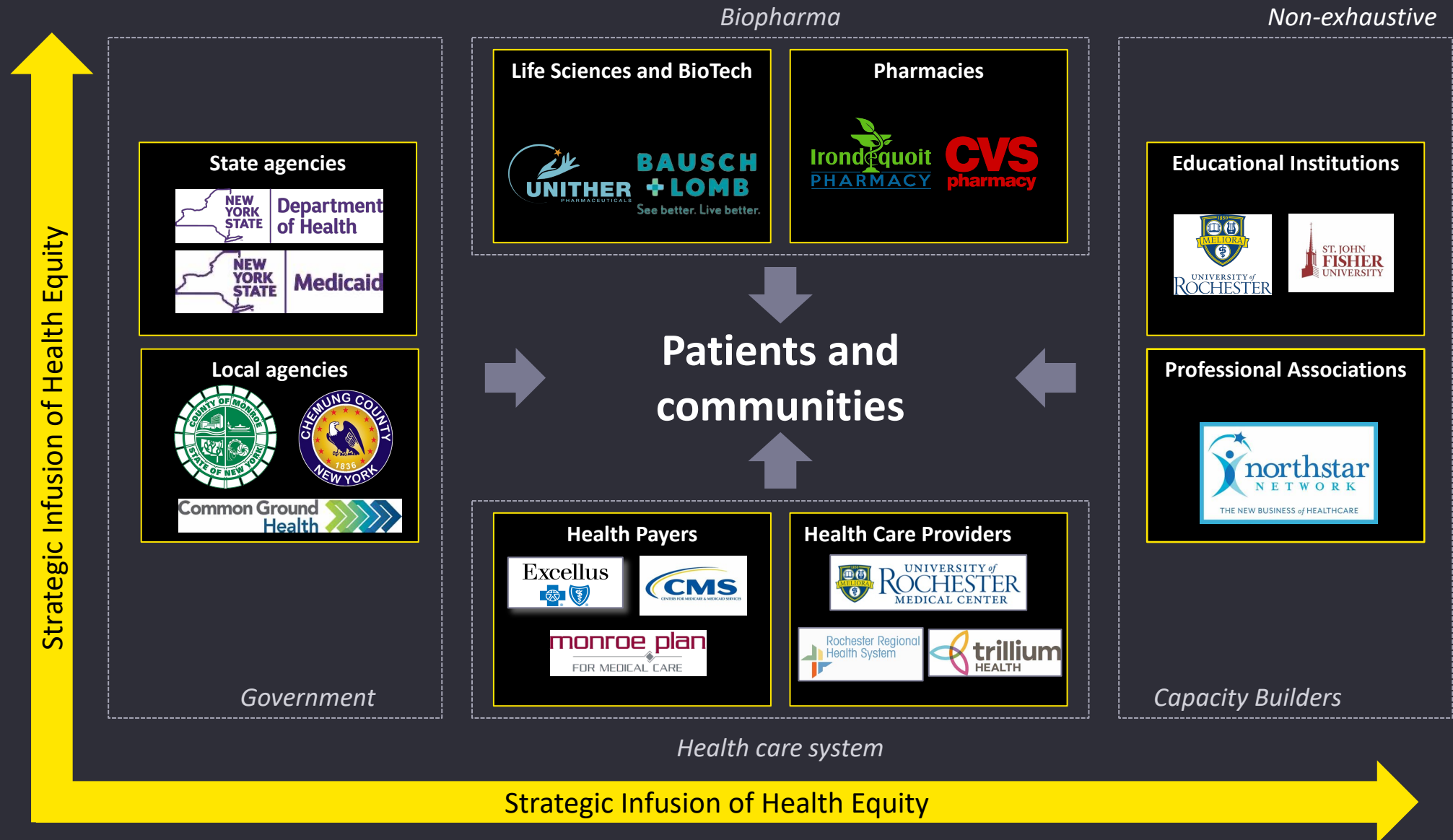
Q: Select your top three barriers to health equity strategy.



Frequency of "Lack of understanding or awareness on what health equity entails."

In Rochester, organizations are committed to delivering quality, affordable, and equitable care to patients and communities

Strategic infusion of health equity across the Healthcare Value Chain is imperative.



Health Equity Call to Action: Enabling the Mission of Northstar Network

WAYS TO GET INVOLVED

Participate in events

Engage in regional events:

Attend Cracking the Code on Healthcare events to hear from national thought leaders on emerging trends in healthcare improvement

- ▶ October 2024 event will explore topics such as:¹
 - Digital health solutions and care quality / costs
 - Role of generative AI in healthcare

Equip future leaders

Become a Healthcare Business Academy Fellow:

Enroll in a year-long leadership development program to impact healthcare quality, cost, and access

- ▶ Engage in monthly workshops, virtual learning, and interactive discussion with national and local thought leaders and healthcare industry experts

Partner for Impact

Become a Partner:

Support Northstar Network's mission and ongoing operations by becoming a corporate partner

- ▶ Partner with other organizations that address upstream root causes of health disparities (i.e., political and social determinants of health)

Advocate with Intention

Advocate for Systems Change to address PDoH:

Seek opportunities to re-engineer health industry business and care models toward achieving health equity delivery and accountability

- ▶ Utilize organization and public platforms to elevate awareness and catalyze action with ecosystem stakeholders

Your support sustains Northstar Network's efforts to improve health and health care for the Finger Lakes region.

INDIVIDUALS

ORGANIZATIONS

COMMUNITY

Health Equity Call to Action: Enterprise strategies, Ecosystem Integration

WAYS TO GET INVOLVED

Deepen understanding

Acknowledgement of the fundamental incongruity of the US health industry value chain and its failure to drive value for all Americans

Build collective momentum

Alignment on opportunity to systemically re-engineer health industry business, education, and care models toward achieving health equity delivery and accountability

Co-create strategies

Collaboration and coordination among business, political, clinical, and community leaders to **address upstream drivers and downstream consequences of inequities**

Invest in equity

Sustainable, long-term **strategic investments** in data, technology, and people

Transform systems

Execution of health equity specific strategies that drive cultural transformation and enable infrastructure integration, resource deployment, and data driven performance transparency

Health equity should be considered an ethical obligation and a business imperative for accountable organizations to **equitably meet the health needs of all patient demographics** in all communities they serve.

Through deep sector and cross-competency expertise, the EY Center for Health Equity helps clients move towards integrated, sustainable, and scalable health equity solutions

Providers

Health systems, academic medical centers, physician groups and hospitals

Payers

Commercial health plans and government payers

Government and public sector

Federal, state and local agencies and community-based organizations

Life sciences

Biopharma, medical technology and medical device companies



1 ►

Strategy

- Health equity maturity assessment
- Capability needs and gaps assessment
- Strategy and execution roadmap development
- Agile program activation and optimization
- Operating model design and operationalization

2 ►

Data and Analytics

- SDoH technology infrastructure and data governance
- Advanced health equity and program analytics
- Program evaluation and reporting
- Health equity analytics as a service

3 ►

Workforce

- Diversity, equity and inclusion evaluation and programming
- Health equity training
- Implicit bias mitigation
- Change management

4 ►

Community

- Public-private partnership development and facilitation
- Population health program design, implementation and evaluation
- Stakeholder/constituent engagement and communication strategies

“
Do the best you can until
you know better. Then
when you know better, do
better.”

Maya Angelou

“
There comes a point when
we need to stop just
pulling people out of the
river down-stream. We
need to go upstream to
find out why they are
falling in.”

Archbishop Desmond Tutu

“
And that was the fact
that there was a **certain**
kind of fire that no water
could put out.”

Dr. Martin Luther King, Jr.



| Thank you

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