

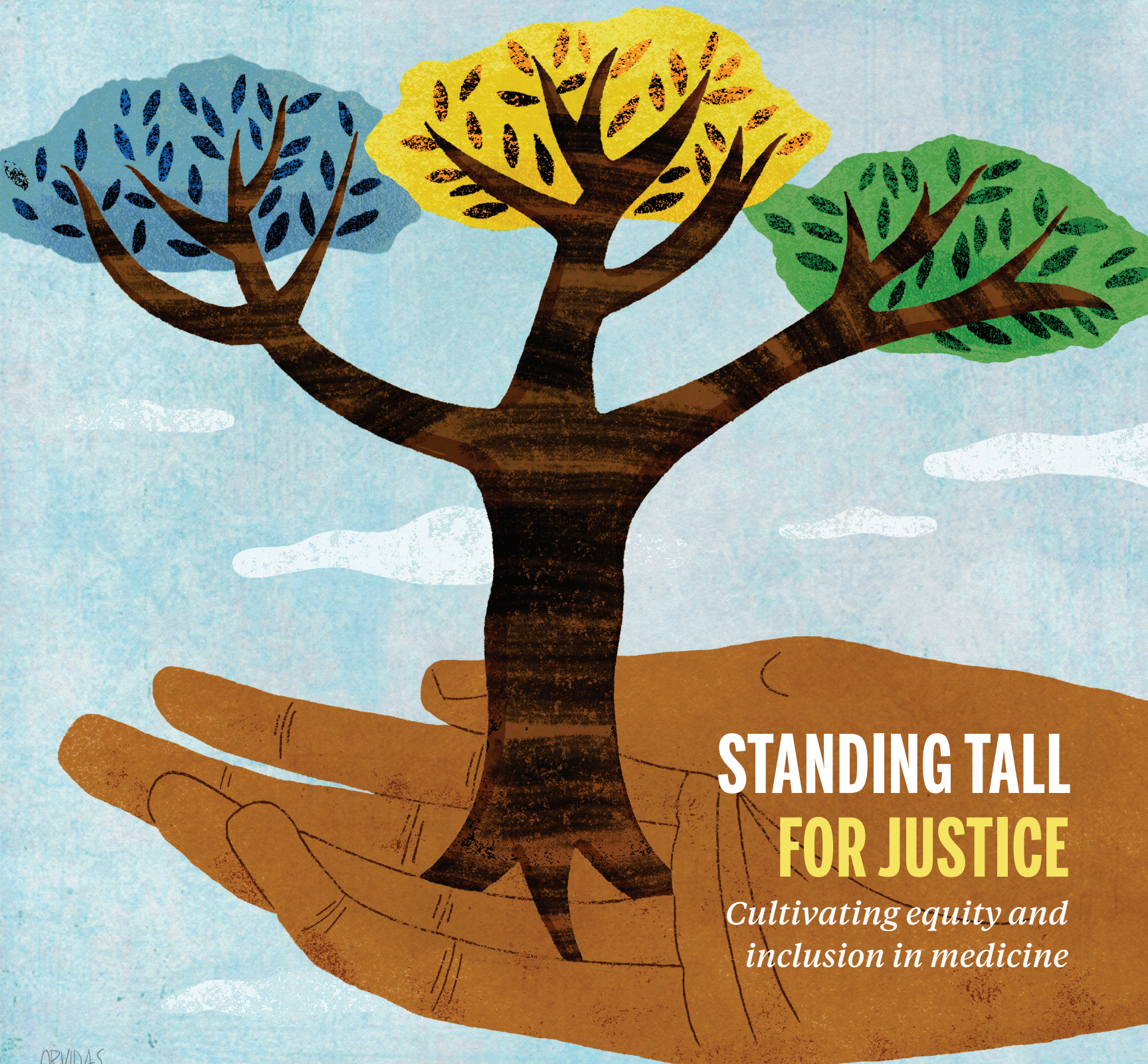
Reprint from the Winter 2022 edition

HEALING THE DIVIDE: EQUITY IS THE
HEART OF HEALTHY COMMUNITIES

Brigham

HEALTH

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STANDING TALL FOR JUSTICE

*Cultivating equity and
inclusion in medicine*



Equity is the heart of healthy communities

Written by **LAUREN THOMPSON**

Throughout the U.S., deep and longstanding health inequities exist along socioeconomic and racial lines. In Boston, Back Bay residents enjoy the city's highest life expectancy at almost 92 years. A few zip codes away, Roxbury residents' life expectancy is just 59 years, the city's shortest. Wedged between these neighborhoods is Brigham and Women's Hospital, serving patients and employing staff who live worlds apart. What explains a more than 30-year difference in life expectancy between residents who live four miles apart, in the shadows of several world-renowned healthcare institutions?



Left: Yomairy Presinal takes her son for a check-up at Southern Jamaica Plain Health Center. Right: Maureen Balaguera, MSN, RN, CDCES, CNL, Maria Matos, BSN, RN, and Nadia Raymond, PhD, MSN/MHA, RN, meet in the clinic at Southern Jamaica Plain Health Center.

THE WEALTH-HEALTH GAP

Decades of research show that access to medical care accounts for around 20% of what makes a person healthy. The remaining 80% of our health is driven by the myriad ways our wellbeing and lifespans are dictated by what are called social determinants of health: reliable access to safe and affordable housing, quality education and work opportunities, nutritious food, recreation, clean air and water, and other factors unevenly available throughout the nation.

Leaders at the Brigham and its parent organization, Mass General Brigham (MGB), are working harder than ever to tackle social determinants of health and close health gaps in Boston and beyond. They are reaching people directly in their neighborhoods, understanding the circumstances that can restrict health choices, striving to eliminate those barriers, and redesigning healthcare for a more equitable future.

Tom Sequist, MD, MPH, is an internist at the Brigham and the chief medical officer for MGB. Sequist is familiar with the public health consequences of long-term disinvestment in

neighborhoods where Black, Brown, and immigrant families live: fewer opportunities, more adverse life experiences, more toxic stress that prematurely weathers the body. All of these fuel higher rates of chronic disease and early death.

“For decades, government-sponsored policies intentionally prevented Black and low-income residents from establishing and growing wealth through homeownership,” he explains. “That legacy is still felt today with wealth-earning potential relatively stagnant in these communities. And wealth buys the flexibility, resources, and insulation from the worst effects of a crisis like the COVID-19 pandemic.”

Sequist is building coalitions across the Brigham, as well as MGB, to ensure all patients can access top-notch care. He and his colleague Elsie Taveras, MD, MPH, are spearheading the United Against Racism initiative, a system-wide roadmap for the Brigham and its peer institutions to become antiracist organizations, with specific timelines and metrics of success.

“COVID-19 exposed the profound gaps in

health that have existed for a long time,” says Taveras, chief community health equity officer for MGB. “We’re thinking carefully about the context in which racism and inequities exist and lead to racial inequities and suboptimal outcomes for our BIPOC [Black, Indigenous, and people of color] patients.”

United Against Racism has ambitious goals for community health, including focusing on social determinants of health across all primary care sites and boosting resources to vulnerable neighborhoods. The program also involves collaborating with policymakers and local organizations to address underlying structures that suppress health in communities of color. At the Brigham alone, health equity grants totaling more than \$4.5 million support community-led programs across Boston—strengthening resources for mental health and wellness, housing advocacy, and employment and job skills development for residents. MGB recently invested \$50 million to improve mental health services, workforce development, chronic disease management, and nutrition security in underserved communities.

Financial investment is just a start. Health equity leaders insist deeper culture and systems change is equally imperative.

“To make lasting and measurable differences in health outcomes in the communities we serve, we need to lean in and be deliberate, disciplined, and accountable,” says Taveras.

BRIDGING INEQUITIES

Only four square miles in size, Boston’s Jamaica Plain (JP) neighborhood is a microcosm of the city’s demographic extremes. Stark inequities exist between the historically Black and Latinx communities and its increasingly white, affluent population. While JP’s mostly white Jamaica Pond-area households earn an average of \$179,000, the average family income in predominantly BIPOC households near Jackson Square is \$31,000, according to U.S. Census data (2021 estimates).

And the scales keep tipping. The 2020 census found the share of white JP residents grew from 53% in 2010 to 80% in 2019. During that same decade, the median price of a home in JP skyrocketed from \$363,000 to \$750,000. When the Brigham’s Center for Community Health and Health Equity conducted community-wide surveys in 2019, affordable housing was the top concern on residents’ minds, affecting everything from work and educational opportunities to air quality and green space.

“Every part of JP is experiencing gentrification, and the effects show up in data for the roughly 30,000 people living in our census tracts,” says Abigail Ortiz, MSW, MPH, co-director of racial justice and equity initiatives at Southern Jamaica Plain Health Center (SJPHC), one of the Brigham’s two community-based health centers.

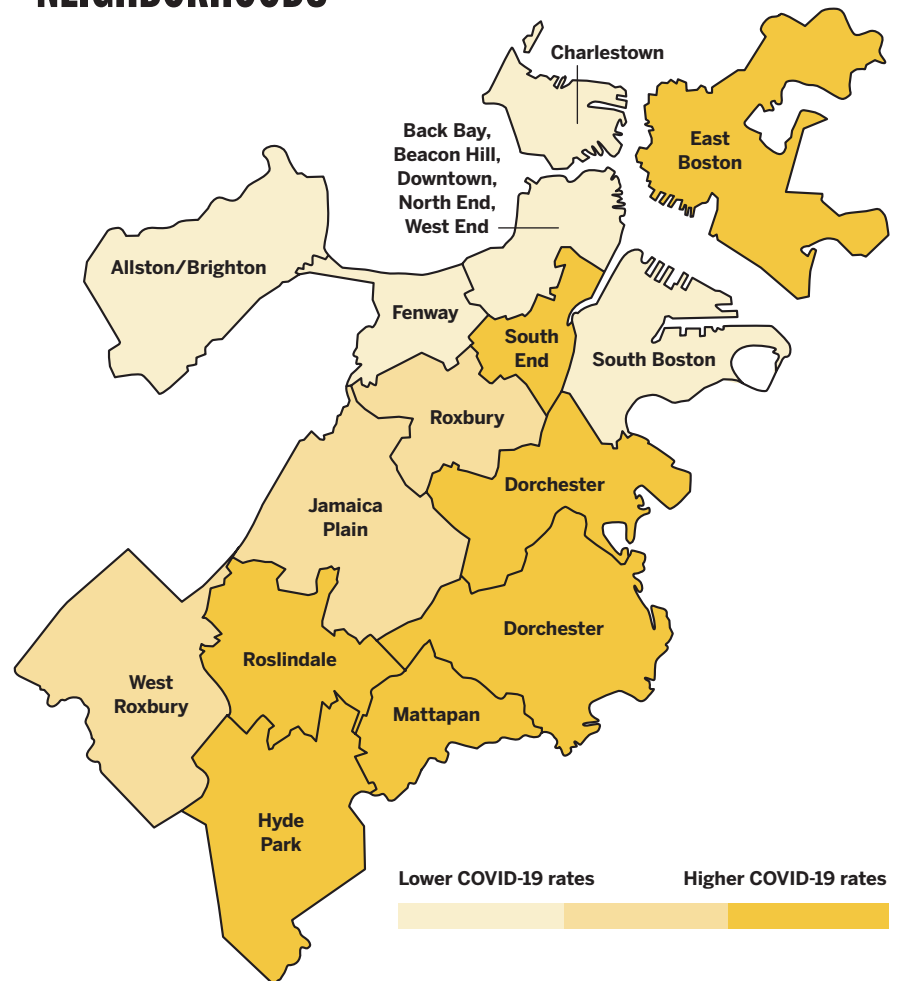


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– ELSIE TAVERAS, MD, MPH

MAPPING INEQUITY IN BOSTON’S NEIGHBORHOODS

Data reveals the same Boston neighborhoods—predominantly communities of color—experience the worst public health outcomes, including from COVID-19, impacts of climate change, and premature death.



Data Source: Boston Public Health Commission, Boston Surveillance System (January 1, 2020 to April 23, 2020, 4:06pm); U.S. Census Bureau, American Community Survey, 2018 5-yr estimates (2014-2018).
Data Analysis: Boston Public Health Commission, Research and Evaluation Office.

DID YOU KNOW?

According to the U.S. Centers for Disease Control and Prevention, social determinants of health broadly fall into five groups:

1. Economic stability
2. Education access and quality
3. Healthcare access and quality
4. Neighborhood and environment
5. Social and community context

WEB EXTRA



CREATING SAFE SPACES FOR YOUTH

The Racial Reconciliation and Healing Project at Southern Jamaica Plain Health Center has given space for local teens to share their perspectives and experiences and learn about the health impacts of racism.

Brighamhealthmag.org/racialrec

The Brookside Community Health Center leadership team gathers for its standing meeting. Pictured from left: Darlin Liriano, BSN, RN; Margaret Cole, MBA, BSN, RN, Claudia Liranzo, and Mimi Jolliffe, FNP, MPH; Cynthia So-Armah, MD

“Compared with other Boston neighborhoods, JP is faring better in terms of health outcomes for conditions like asthma and diabetes,” Ortiz says. “And while that sounds great, we know it’s not necessarily BIPOC folks who are doing better.”

Ortiz runs SJPHC’s Health Promotion Center, which offers a movement studio, youth groups, and other wellness programming to SJPHC’s 13,000 patients. It is also the home base for the health center’s racial justice and equity work in the local community—and the Brigham community, too.

“It’s easy to talk about the structural racism that exists out there, somewhere else; it’s a lot harder to talk about it within your own institutions,” says Ortiz. “As a health center, if we know low-income Caribbean Latinx patients have higher rates of diabetes, the first thought might be to teach them nutrition or cooking lessons. But that would be ignoring the data.”

Ortiz describes the phenomenon in public health called the immigrant paradox: As immigrant families resettle in the U.S., their rates of chronic disease and behavioral health disorders often dramatically increase, even rippling through second- and third-generation children. Experts link these adverse health outcomes to the socioeconomic disadvantages many foreign-born Americans face.

“If we consider that our patients were healthier on the islands and then got sick once they moved here, would we hire a nutritionist to teach a cooking class, or would we hire one of our patients to come teach us how to cook Caribbean food?” Ortiz says. “These are the kinds of questions we ask: How would a racial justice nutrition program work? How would a racial justice diabetes intervention program look?”

DIFFERENT BY DESIGN

SJPHC and its sister health center across town, Brookside Community Health Center, were founded in the 1970s. On the heels of the civil rights movement, thousands of community health centers opened across the nation to ensure all neighborhoods, especially those neglected due to racism and classism, had access to essential healthcare services.

Today’s community health centers are still striving to close persistent health equity gaps. They are also leading some of the most innovative and thoughtful racial and social justice work in medicine.

Compared with traditional primary care centers, Brookside and SJPHC are different by design: Nearly all staff are bilingual and bicultural, the doors are open to all, and financial counselors are available to connect uninsured individuals with coverage so they can be seen. The centers’ leaders are explicit and intentional about pursuing racial justice, and they believe everyone benefits when healthcare is designed for people with the least advantages.

“As a team, we focus on addressing the impacts of structural racism and implicit bias on our community,” says Mimi Jolliffe, FNP, MPH, executive director of Brookside. “Each of us views life through our own lens, and it is important that we are intentional about acknowledging and addressing our own biases so that we can more effectively create a trusted healthcare environment that works not only for our predominantly Latinx patient population, but for all patients.”

Take specialty care, for example. Navigating costly or complex procedures can be difficult for even the most well-resourced patient. But for



non-English speakers and individuals who have low income, rely on public transportation, or live with a disability, the challenges can be insurmountable. So Jolliffe and her team work to bring more specialty services in-house at Brookside, where the center's adult and pediatric patients can receive most of their care under one roof.

"We know patients are more likely to come if they can access specialty services in the same spaces where they are used to receiving care—a place and people they trust," she says. "When we refer patients externally, only 40% to 50% of them make those appointments. It's one thing if patients aren't moving forward with something elective or non-urgent, but many issues become chronically worse without specialty treatment. So we are thinking of ways to build partnerships to expand the number of specialists practicing within our walls."

Since it first opened, Brookside has offered adult, family, and pediatric medicine as well as midwifery, gynecologic surgery, mental health counseling, dental care, and nutrition services. Brookside also partners with Brigham physicians to offer cardiology, pulmonology, and nephrology, and is working to bring in other specialties, like ophthalmology and physical therapy.

"Because we also offer pediatrics at Brookside, we are eager to partner with pediatric specialists from across the system to better serve our kids within our walls," says Jolliffe. "We know the more specialty services we can provide with providers our patients trust, the better we will be able to meet their healthcare needs."

STEPPING UP

From the beginning of the COVID-19 pandemic, neighborhoods where Black and Latinx families live have experienced higher rates of infection, hospitalizations, and deaths.

"It was devastating and predictable," says Christin Price, MD, director of community programs at Brookside. "These are the same neighborhoods with the highest rates of poverty, food insecurity, and unemployment, and where so many essential workers live in close quarters in multigenerational homes."

Recognizing the need to better support communities at greatest risk, Price and her colleagues brought services where patients live. They organized testing sites in Hyde Park, Roxbury, Mattapan, Dorchester, and Jamaica Plain. They opened vaccine clinics in non-medical spaces like the Strand Theatre, a Dorchester landmark. Brookside became one of several home bases for a fleet of community health vans in the Boston area.



EQUITY IN MOTION AT THE MOBILE CLINIC

On a gray, humid morning in Jamaica Plain, the parking lot is buzzing at Brookside Community Health Center. The mobile COVID-19 vaccine clinic is in full swing. Many visitors are families of teenagers ready to receive their shots before school starts.

The feeling on the ground is captured by the colorful murals along the outer walls of Brookside—one of two community health centers run by Brigham and Women's Hospital. The painted scenes reflect the parents, grandparents, kids, friends, neighbors, and staff who call Brookside a family in its own right.

"We are a family here," says Mireille Louis, a community resource specialist for the mobile clinic. With warmth and humor, she guides patients from registration to their seats.

A mother with two teenage sons approaches Louis and asks her a question in Creole. Louis, who is from Haiti, responds in her native language. The women fall into easy conversation, and the mother motions for her boys to sit and wait for the nurses to administer their vaccines. Louis brings the boys care packages filled with school supplies and toiletries donated from the local nonprofit Cradles to Crayons.

From his seat, a young man calls to Louis; he asks how he can talk about the vaccine with his skeptical family members. He references the U.S.'s history of racial injustice in medical research and his family's fear of being exploited.

"Education is a key part of our work here at the mobile clinic," Louis says. "People are hearing so much misinformation about the vaccine that it means a lot to them to talk with someone they feel they can trust."

"It's so important to be patient and calm, and to stick to the facts," she adds. "I feel grateful to be here helping in this way."

Pictured above: Emmanuel Pierre-Victor is vaccinated against COVID-19 by Nancy Joseph, RN, right, at a pop-up clinic in the Mattapan neighborhood of Boston. (Photo by Paul Connors/Boston Herald)



Dennie Butler-MacKay, LICSW, and Abigail Ortiz, MSW, MPH, co-directors of racial justice and equity initiatives at Southern Jamaica Plain Health Center

While testing and vaccinating patients at the mobile clinic, staff also asked patients if they had enough food and needed medications at home, or if they were at risk for intimate partner violence.

“We screened and then connected people to resources,” Price says. “We handed out bags of fresh produce. We registered folks to vote. We helped set up home deliveries for prescription refills. During the first surge, two-thirds of folks who came to us in Dorchester screened positive for food insecurity. So we signed them up for eight-week food delivery programs.

“Our commitment was not just to COVID-19 response, but to learning all the different drivers of health inequity in our neighborhoods,” she adds, noting that the mobile clinic is expanding offerings to include screening and services for chronic disease prevention and substance use disorders.

During peak days last summer, the mobile clinic served 500 walk-in patients—making it an invaluable resource in the city’s ongoing efforts to contain COVID-19.

In the earliest days of the pandemic, Jolliffe and her team called Brookside’s patients to address prescription needs, screen for social determinants of health, and check in during lockdown. Anyone would benefit from this level of attention and sensitivity. But for vulnerable patients, the extra support was a lifeline.

“After 50 years, Brookside has built a trusting relationship with our community, and we want to build on that and continually push ourselves to do better, to be better,” Jolliffe says. “We want to provide healthcare in a way that each patient feels respected and supported.”

IMPROVING CARE FOR EVERYONE

At SJPHC, the team has spearheaded anti-racism efforts for decades. The center’s Adaptive Leaders for Racial Justice model, which develops clinicians’ understanding of the root causes of racial health inequities, is so robust that it was adopted in 2021 by the American Medical Association.

SJPHC is beginning to use racial equity impact analyses, which is the same idea as an environmental analysis of traffic, pollution, and noise. Any new policy, procedure, or space improvement proposal goes through this analysis to see how racism operates in healthcare. Such efforts are informing broader hospital decision-making around equitable care—helping project planners across the Brigham think through whether potential care improvements would benefit patients of color as much as white patients.


Ortiz says that designing and leading racial justice efforts at SJPHC is about making outcomes better for everyone.

“This is not about white people taking care of people of color,” says Ortiz. “If we design the health center’s policies, practices, and structure to work for a Black transgender woman who uses a wheelchair or an undocumented person, it’s going to work better for everyone.”

This process is called designing from the margins, she explains.

“Unlike a lot of other primary care practices, the health center is open evenings and weekends,” says Ortiz. “For me, as a person with lots of structural advantages, I still benefit from those flexible hours, even if I don’t need them the way other patients and families

WEB EXTRA 



MAKING CONNECTIONS IN THE COMMUNITY

At Sportsmen’s Tennis and Enrichment Center in Dorchester, a partnership with Brigham physicians shows how wellness programs work best where patients live, work, and play.

Brighamhealthmag.org/ccw

STRENGTHENING OPPORTUNITIES IN THE BRIGHAM WORKFORCE



With more than 20,000 employees at the Brigham, hospital leaders believe that building a more equitable community in Greater Boston starts with the Brigham's own workforce.

At the Brigham, multiple efforts are underway to increase professional opportunities inside and outside the hospital's walls. Programs are in place to help employees take courses in computer skills, English as a Second Language, and immigration and U.S. citizenship. The hospital also engages in career development outreach to residents in surrounding neighborhoods, college students, and youth through initiatives like the Student Success Jobs Program.

Brigham departments are also establishing their own diversity, equity, and inclusion oversight committees to increase professional opportunities for underrepresented employees at every level. The committees task department leaders to meet specific benchmarks for hiring and promoting diverse candidates.

Normella Walker, MA, directs the Office of Diversity, Equity, and Inclusion at the Brigham. To her, it's essential for conversations about labor and the workforce to be informed of the history of racism in American work culture and how employees today continue to be impacted by that legacy.

"At its roots, racism is a system that was put in place to control labor," says Walker. "It was a system that created divisions to keep people from uniting and uprising against inequities. In today's culture, we are taught that opportunity is a pie without enough to go around. But inclusion is about sharing power and bringing more people in. We have to correct those mistaken belief systems around opportunity and start growing the pie for everyone."

Pictured above: Labina Shrestha, operations manager in the Department of Environmental Services, has led several professional development opportunities at the hospital.

do. When Black women are good in the healthcare system, I'm going to be good, too. That is racial justice and liberation."

Dennie Butler-MacKay, LICSW, is the senior clinical social worker at SJPHC. She provides psychotherapy for individuals and families and co-directs racial justice and equality initiatives at the center.

In community health settings, behavioral healthcare for BIPOC patients is elusive, Butler-MacKay notes. With partial programs and other social services closing in communities across Massachusetts, the few available resources are designed to respond to crises, without the full context and contours of patient's lives.

"We have a powerhouse group of behavioral health professionals who access hefty trauma-informed practice with the latest clinical approaches," says Butler-MacKay. "We want our trauma treatment to be state of the art. We bring in treatment approaches and frameworks from across practices and communities, including sensorimotor psychotherapy, internal family systems, somatic abolitionism, embedded social justice, and meditation."

At SJPHC, Ortiz and Butler-MacKay embrace any chance to explicitly confront racism, an approach they lament still feels radical in healthcare. Through the racial justice and health equity training they lead, they relish opportunities to help others—especially those with advantage—become more attuned to how inequity harms us all.

"Racism is race-based trauma," Butler-MacKay says. "That trauma is more acute and health-harming for people of color. But white people feel it, as well. We all have to metabolize what our bodies have been explicitly holding."

She adds, "It's a liberation practice, and it's much more accessible than you might

think. This isn't a program; it's a movement. And it has to include the body. You have to be able to feel, in order to heal, in order to deal, in that order, for longstanding change."

PARTNERING FOR IMPACT

The success of the Brigham's community health efforts owes much to the passion and dedication of individuals stepping up and responding to the city's needs. But in a nation that spends significantly more on healthcare than other developed countries, with worse outcomes, lasting gains in health equity depend on systemic investment and organizations coming together and working differently.

"We won't make a dent in improving everyone's healthcare if we don't address underlying inequities, and that requires investment—investment in resources like the community health vans or a food pantry, investment in better job opportunities in our neighborhoods," says Price.

She adds, "We don't have to solve this totally on our own; in fact, we shouldn't. That's why we are looking at how we can better support community organizations already doing this work really well."

Taveras says now is a pivotal time to think big in terms of community outreach and interventions. With \$250 million in funding dedicated to community health in the American Rescue Plan, she is excited to see those dollars foster more collaboration across Boston's healthcare, government, and non-profit ecosystems.

"We are fortunate to have many local community-based organizations and healthcare institutions to make a collective impact," she says. "We understand our own responsibility in the community and are excited to have resources coming down the pipeline for us to share in improving the wellbeing of everyone in our city." ❄️



"Our commitment was not just to COVID-19 response, but to learning all the different drivers of health inequity in our neighborhoods."

— CHRISTIN PRICE, MD



Uniting for Justice and Health Equity

Following the killings of Ahmaud Arbery, Breonna Taylor, and George Floyd in the spring of 2020, a group of internal medicine residents began planning a small vigil for Black lives at the Brigham. Word spread so quickly that hundreds of people from throughout the Brigham filled the large expanse of Stoneman Park on June 5, 2020.

At the gathering, members of the hospital community led reflections on the injustices of systemic, institutional, and interpersonal racism in the U.S. The vigil galvanized a movement across the Brigham, sparking greater awareness and action for health equity and racial justice. *(Photo by Benjamin Lee)*



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Standing Together

A vigil organized in June 2020 by Brigham internal medicine residents galvanized the hospital community to confront racism as individuals and as an institution.

(Photo by Jim Rathmell, MD)