

# Why Racial Health Inequity Persists and What We Aren't Doing About It *Yet*

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BOSTON  
PUBLIC  
HEALTH  
COMMISSION



BUILDING A HEALTHY BOSTON

# Overview

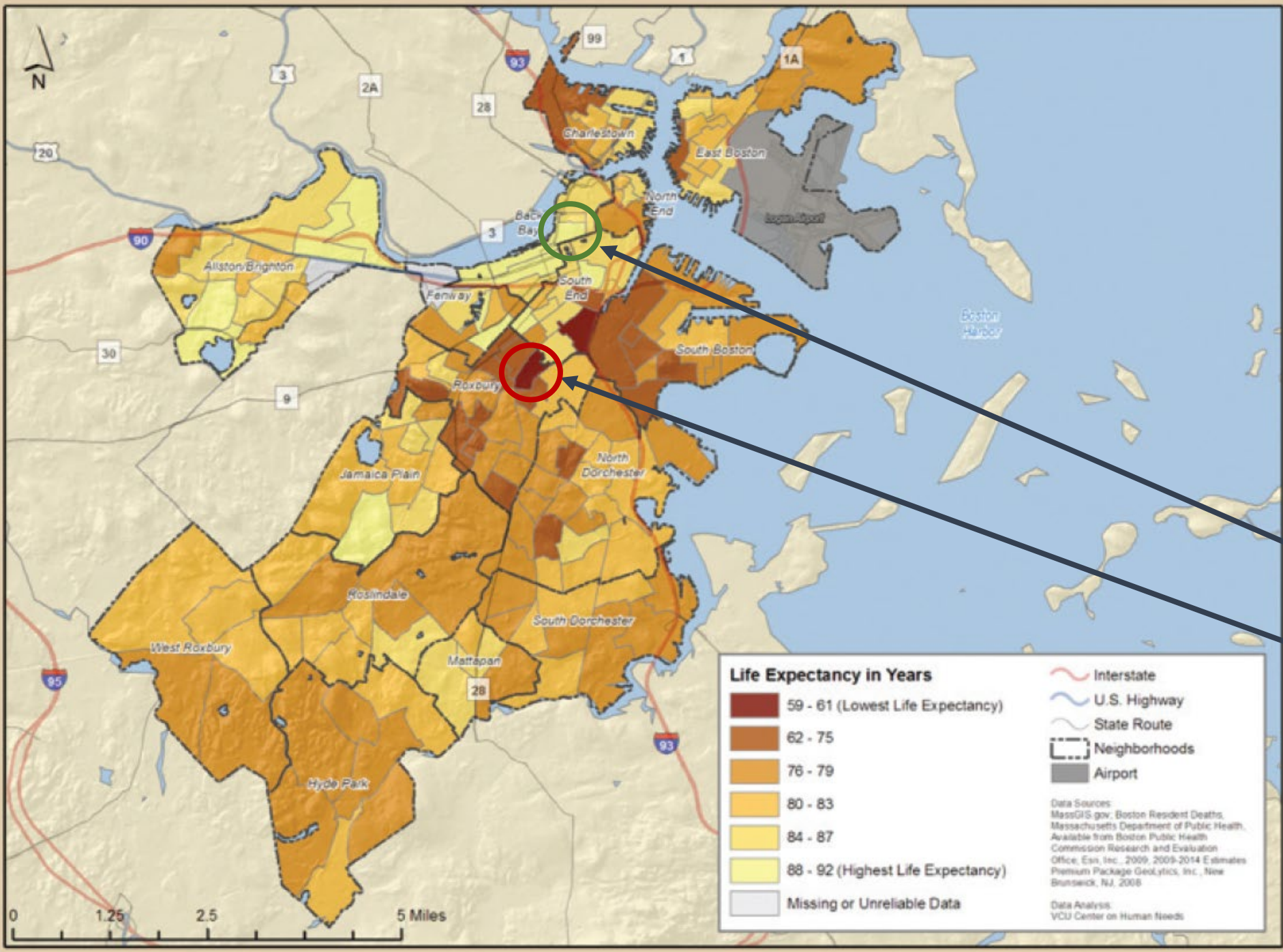
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***Review*** data demonstrating persistent racial inequities in health outcomes in Boston

***Describe*** some current strategies to advance health equity and gaps in those strategies

***Identify*** opportunities for change

# Life Expectancy in Boston By Census Tract 2003-2007



Back Bay: 92 years

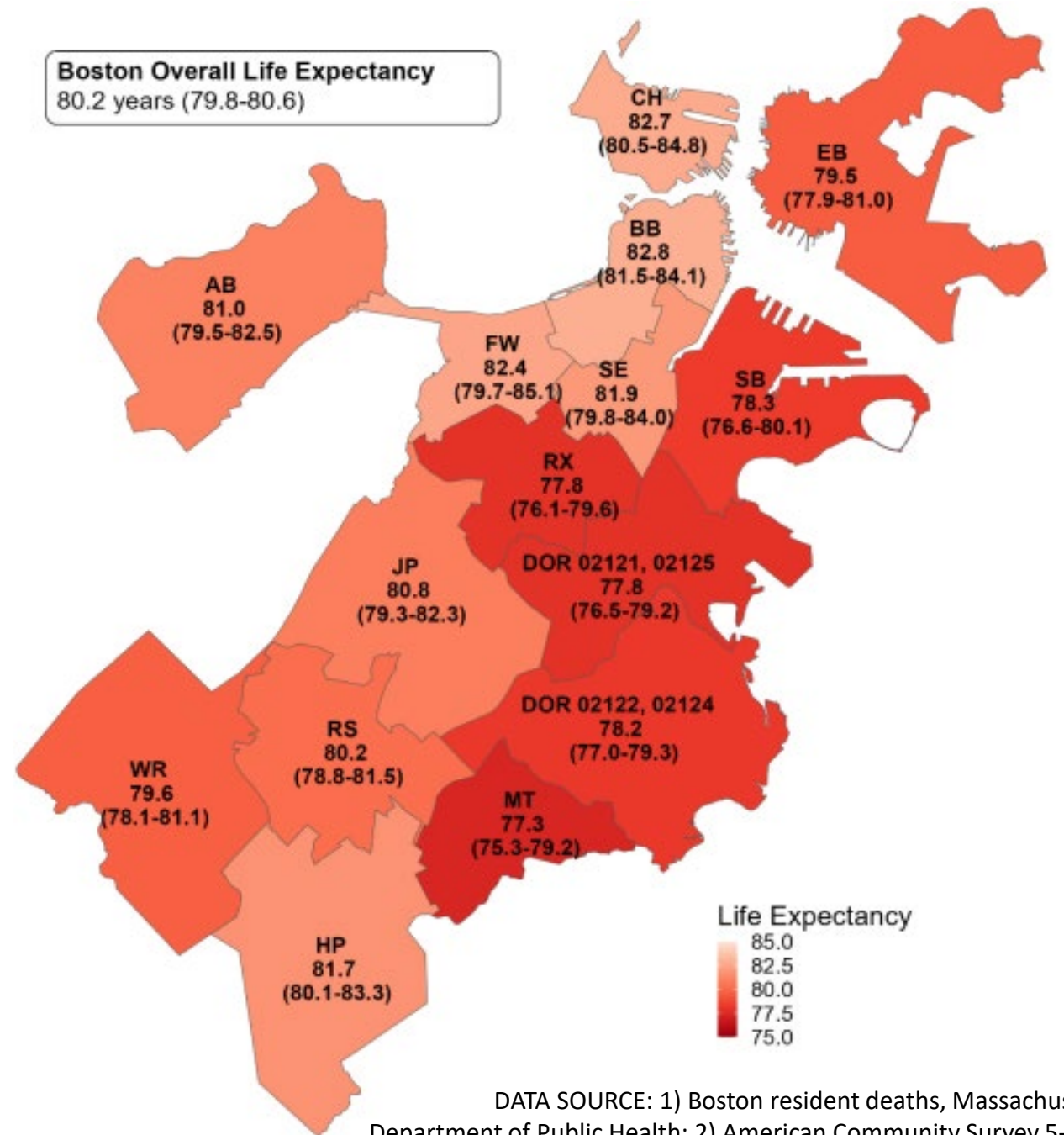
Roxbury: 59 years

**33-year difference**

# Life Expectancy in Boston 2017-2021 by Neighborhood (years)

Boston (average) 80.2 years

<b>Mattapan</b>	<b>77.3</b>
Roxbury	77.8
Dorchester 02121, 02125	77.8
Dorchester 02122, 02124	78.2
South Boston	78.3
East Boston	79.5
West Roxbury	79.6
Roslindale	80.2
Jamaica Plain	80.8
Allston/Brighton	81.0
Hyde Park	81.7
South End	81.9
Fenway	82.4
Charlestown	82.7
<b>Back Bay, Downtown, Beacon Hill</b>	<b>82.8</b>
<b>North End, West End</b>	



DATA SOURCE: 1) Boston resident deaths, Massachusetts Department of Public Health; 2) American Community Survey 5-Year Population Estimates (2017-2021)

# Life Expectancy in Boston by Census Tract 2015-2021

## A Census Tract in Back Bay



**92 years**

Median Income: \$141,250

College Degree: 91%

White: 82%

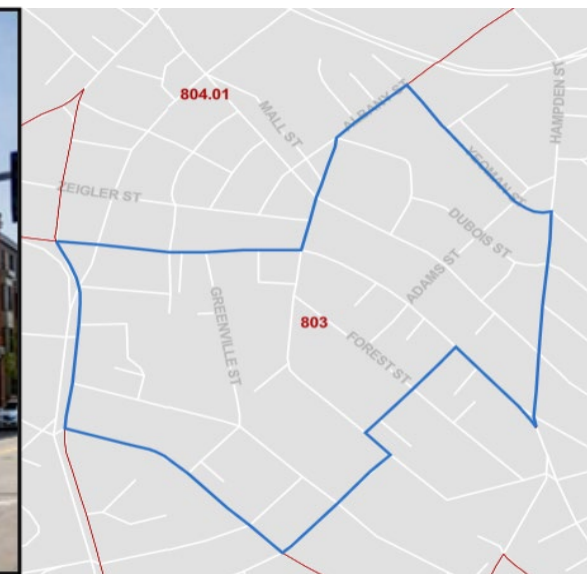
Black/African-American: 1%

Latinx: 8%

# Life Expectancy in Boston by Census Tract 2015-2021

## A Census Tract in Back Bay

## A Census Tract in Roxbury



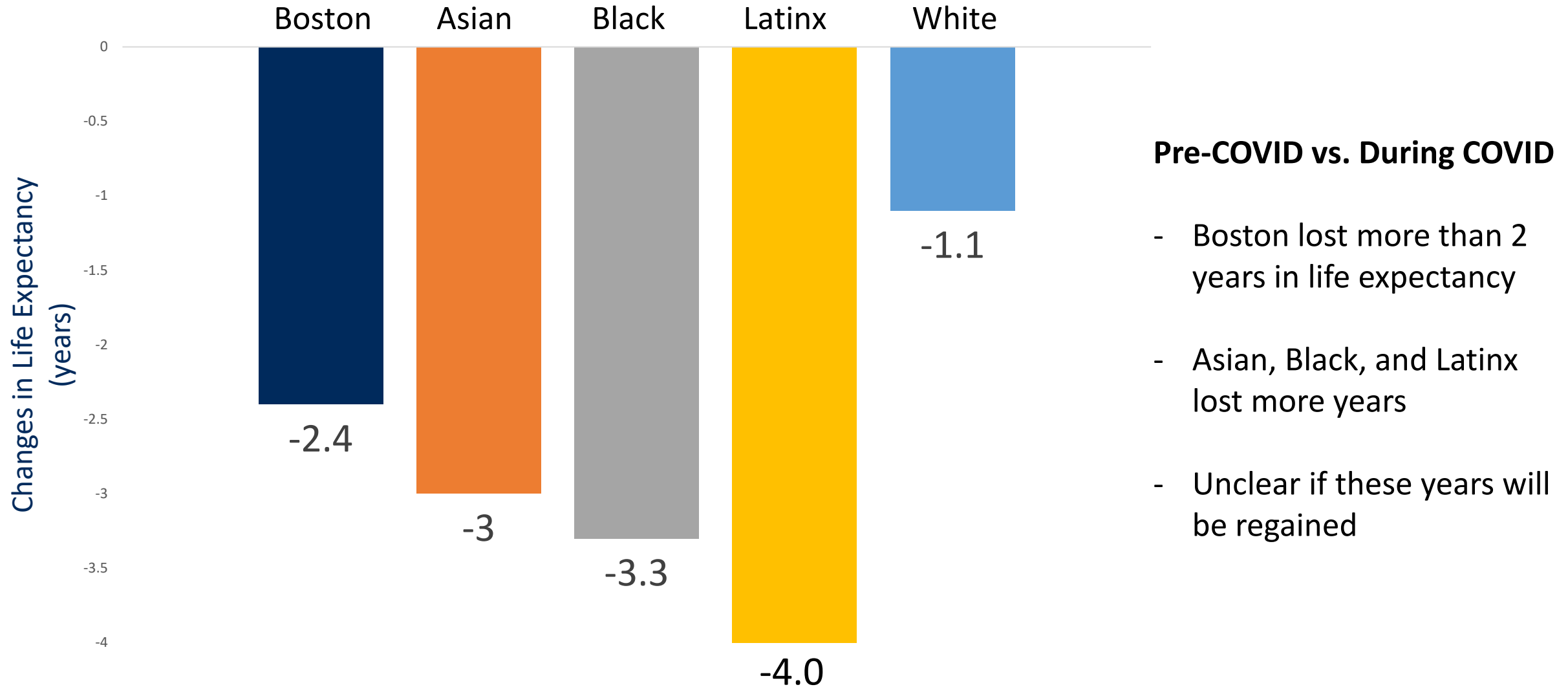
**92 years**  
 Median Income: \$141,250  
 College Degree: 91%  
 White: 82%  
 Black/African-American: 1%  
 Latinx: 8%

**23 years**

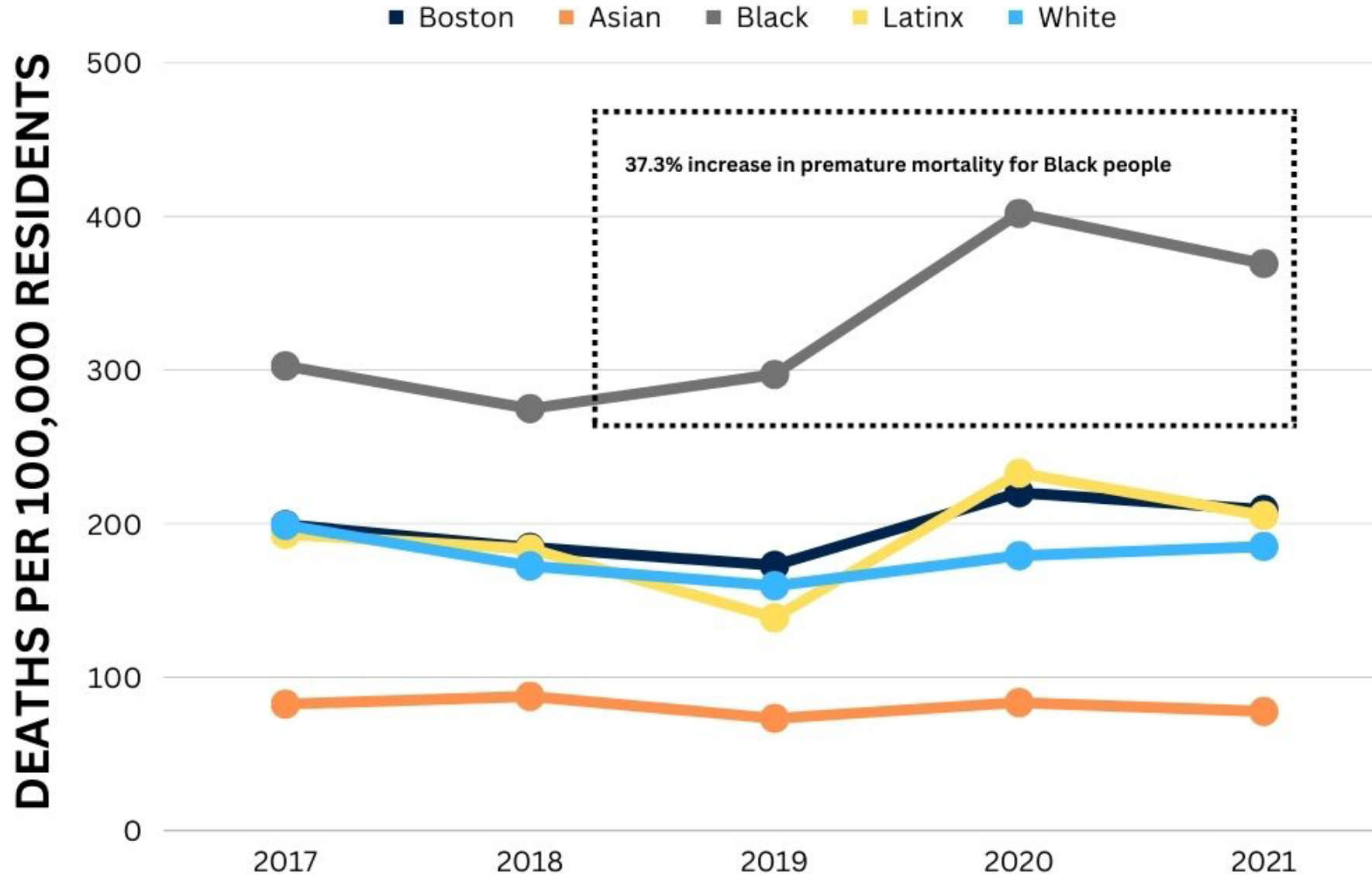


**69 years**  
 Median Income: \$41,211  
 College Degree: 44%  
 White: 13%  
 Black/African-American: 50%  
 Latinx: 32%

# Change in Life Expectancy in Boston by Race and Ethnicity 2018-2019 vs 2020-2021



# Premature Mortality<sup>†</sup> by Race/Ethnicity and Year, 2017-2021





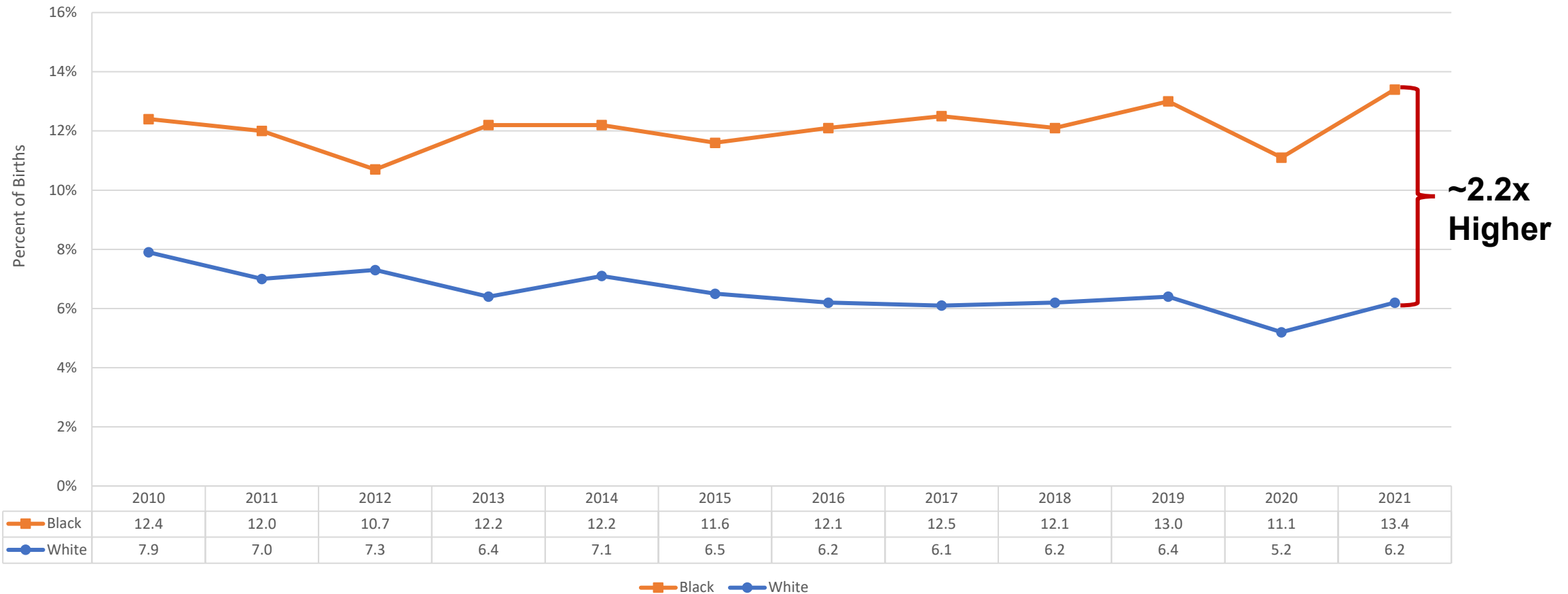
# Leading Causes of Premature Mortality among Black Boston Residents, 2017 to 2021

	#1 Cause of Death
2017	Cancer
2018	Cancer
2019	Heart Disease
2020	Accidents
2021	Accidents

\*Accidents are unintentional injury deaths and include deaths due to drug overdose

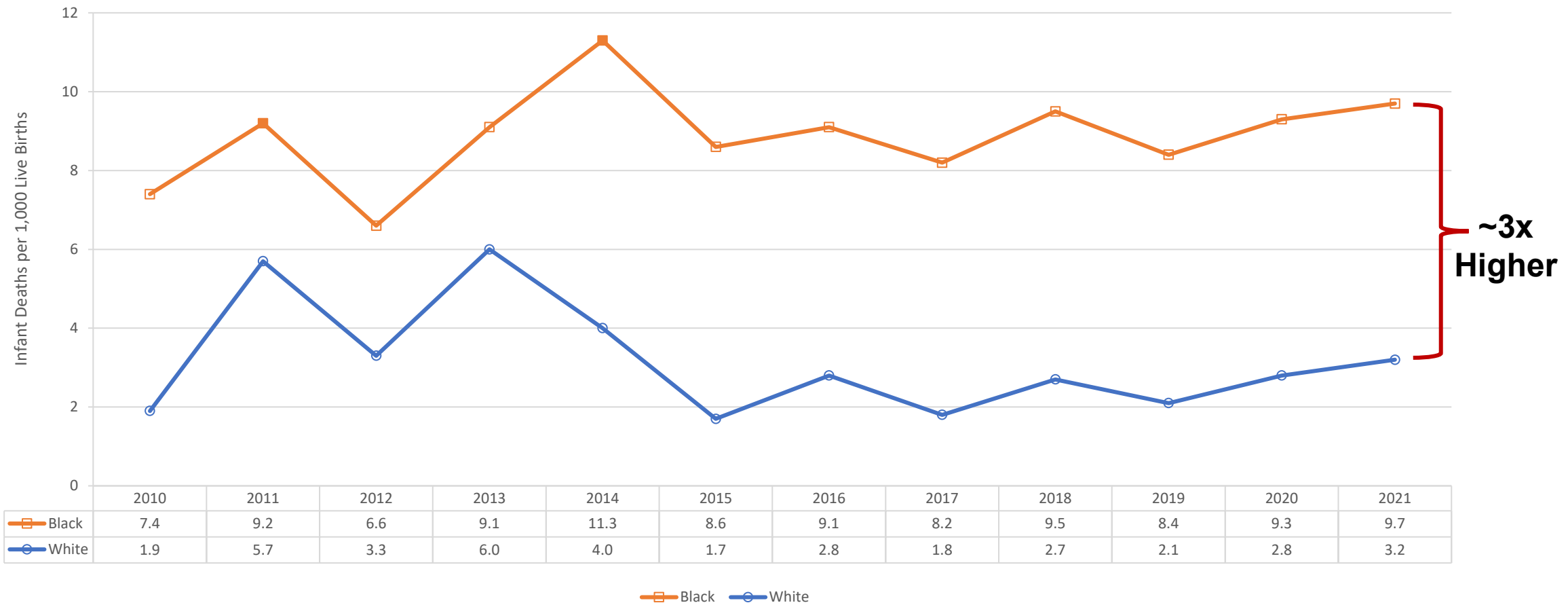
# MATERNAL AND INFANT HEALTH

## *Low Birthweight Black vs White Infants, 2010-2021*



# MATERNAL AND INFANT HEALTH

## Infant Mortality Rate Black vs White Infants, 2010-2021





August 8, 1985

## SPECIAL ARTICLE

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### RACIAL AND SOCIOECONOMIC DISPARITIES IN CHILDHOOD MORTALITY IN BOSTON

PAUL H. WISE, M.D., M.P.H., MILTON KOTELCHUCK, PH.D., M.P.H., MARK L. WILSON, Sc.D.,  
AND MARK MILLS, M.A.

**Abstract** We examined racial and income-related patterns of mortality from birth through adolescence in Boston, where residents have high access to tertiary medical care.

Childhood mortality was significantly higher among black children (odds ratio, 1.24;  $P < 0.05$ ) and low-income children (odds ratio, 1.47;  $P < 0.001$ ). Socioeconomic effects varied for different age groups and causes of death. The largest relative disparity occurred in the neonatal and postneonatal periods, and the smallest in adolescence. Of the total racial differential in neonatal mortality (6.88 deaths per 1000 live births), 51.2 per cent occurred in premature infants, 13.4 per cent in term infants who were

small for their gestational age, and 25.9 per cent in neonates who were both premature and small for their age. Black neonatal mortality was elevated at all income levels. Beyond the neonatal period, mortality from respiratory disease, fire, and homicide had strong inverse relationships with income, and mortality from injuries to the occupants of motor vehicles was directly related to income.

These data suggest that despite access to tertiary medical services, substantial social differentiation in mortality may exist throughout childhood. Equity in childhood survival will probably require policies that emphasize preventive goals.

# Boston Public Health Commission



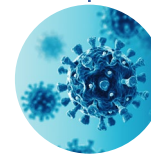
Emergency Medical Services (EMS)



Child, Adolescent, & Family Health Bureau (CAFH)



Community Initiatives Bureau (CIB)



Infectious Disease Bureau (IDB)



Homeless Services Bureau (HSB)



Recovery Services Bureau (RSB)

**6 Bureaus**  
**1300 Employees**  
**\$180 Million Budget**  
**Over 60 Programs to Address Health Inequity**



**BOSTON  
PUBLIC  
HEALTH  
COMMISSION**



## **OUR MISSION**

*To work in partnership with communities to protect and promote the health and well-being of all Boston residents, especially those impacted by racism and systemic inequities.*



# HEALTHY START SYSTEMS

## *Healthy Baby Healthy Child*

Healthy Baby, Healthy Child is a federally funded home visiting program that provides nursing, advocacy, and social work, and mental health services from pregnancy through early childhood.

- Eligibility
  - Boston residents with children up to the age of five.
- Long Standing Program - 33 yr Anniversary
- Staff bilingual: English, Spanish, Haitian Creole, Cape Verdean Creole



Led by Becky Cruz Crosson, Morgan Taylor- McFadden, and Bureau Director, Dr. Uchenna Ndulue

# HEALTHY START SYSTEMS

## *Healthy Start in Housing*

Healthy Start in Housing supports housing insecure, high risk pregnant and/or parenting families, to secure and retain housing.

- Eligibility
  - Pregnant/or with a child up to the age of 2 yrs. Old
  - Medical condition (mother or child(ren))
  - Housing instability
- Intensive case management
- Time limited





# CHRONIC DISEASE PROGRAMMING

*Nutrition, Fitness, CHW and Patient Navigation, Asthma Prevention and Control*



- Provide funding to support heart disease, diabetes programming at CHCs
- CHW training center - Community Health Education Center: >30years
- Nutrition Education
  - Local Food Resources
  - Food Assistance Programming
- Active Living and Fitness
  - Boston Free Fitness Series
  - In-person and Virtual
- Asthma: Breathe Easy at Home



THE BOSTON PARKS  
**FALL**  
FITNESS SERIES  
Virtual and in-person fitness classes

FREE

FREE

SEPTEMBER 24 - NOVEMBER 4, 2023

DAY OF WEEK	TIME	CLASS	LOCATION
Sunday	11:00 a.m.	Family Zumba®	Noyes Playground, East Boston (Basketball courts)
Monday	10:00 a.m.	Gentle Yoga	Adams Park, Roslindale
	5:00 p.m.	Afrobeats Dance	Virtual
Tuesday	6:00 p.m.	Yoga	Virtual
Wednesday	6:00 p.m.	Strength & Conditioning	Virtual
Thursday	7:00 a.m.	HIIT	Virtual
	1:00 p.m.	Tai Chi	Brighton Common, Brighton
Friday	12:00 p.m.	Chair Yoga	Virtual
Saturday	9:00 a.m.	Walking Group	Franklin Park
	10:00 a.m.	Zumba®	Virtual

For class registration, visit [boston.gov/fitness](https://boston.gov/fitness)

CITY OF BOSTON



# 10 Reasons that Racial Health Inequity Persists

1. Interventions are frequently only focused on the individual or household-level
2. Programs are clinically oriented or disease-focused
3. Programs are time-limited
4. Programs are not brought to scale
5. Financial investment isn't large enough
6. Efforts are institutionally siloed
7. Lack of community ownership; sharing power is hard
8. Lack of political will
9. Lack of societal interest
10. Altering systems and policies is hard

**Systems  
Policies**

**Dictate SDOH**



## **Systemic Health Inequity:**

The systemic disadvantage of one group vs others through unequal allocation of **power** and **resources** which manifests in disproportionate social, economic, and environmental conditions and ***results in poor health outcomes.***

# Structural Racism:

Systems of hierarchy, privilege and power that exclude non-White individuals

A critical aspect of structural racism is  
**who** has material resources  
and  
**who** has the power to control material resources

## **Structural Interventions**

Alter the political, social and economic environments  
that create  
social determinants of health

**\*Place-Based**

**\*Community-Led**

**\*Sustainable Over Time**

# An Act to Advance Health Equity

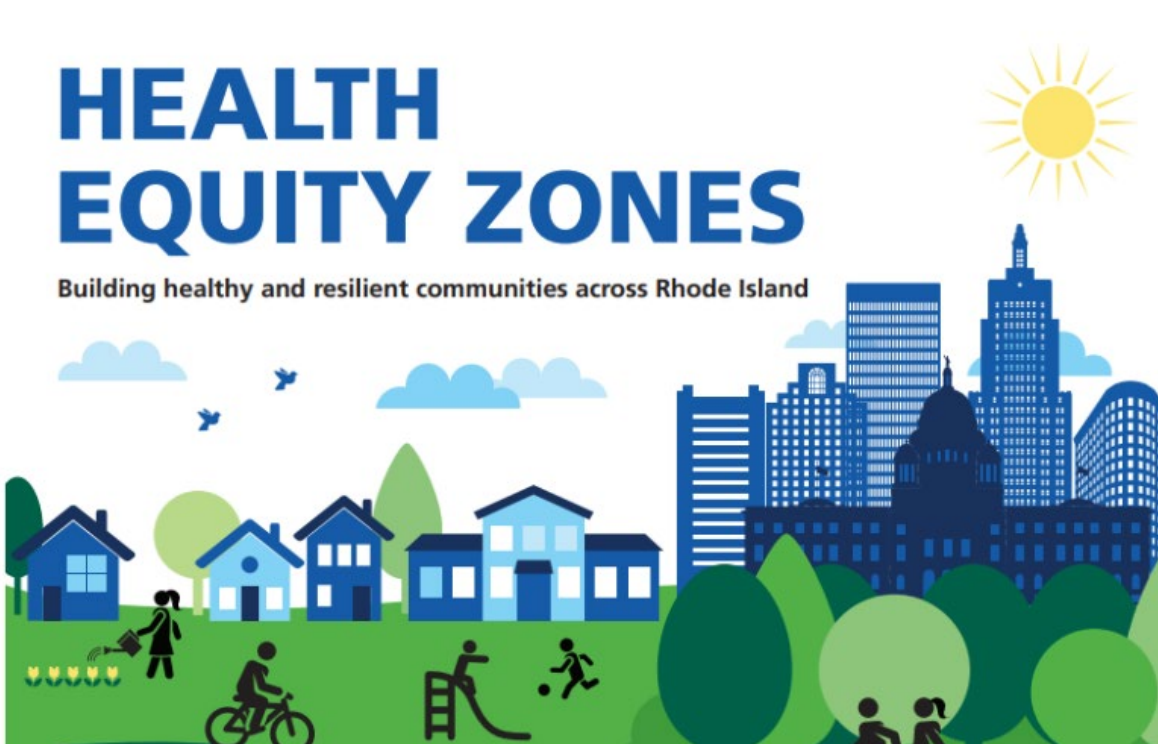
This legislation aims to advance systemic policy changes that will support the fair and just opportunity for all residents of the Commonwealth to live healthy lives. It broadens and strengthens the state's foundation to advance health equity in the following ways:



- Make government more equitable
- Hold our health system accountable
- Improve communities access and quality of care
  - ❖ Create “Health Equity Zones”



# Structural Change to Advance Health Equity



An **innovative, place-based approach** that funds local efforts led by the community to advance health equity.

- ❖ **Shift** decision-making power from institutions to communities
- ❖ **Support** community-led coalitions to advance health equity
- ❖ **Fund** place-based strategies to address local needs
- ❖ **Promote** accountability and sustainability



BOSTON COMMUNITY  
HEALTH COLLABORATIVE

# Who We Are

Collaborative of Boston health centers, community-based organizations, hospitals, residents, and the Boston Public Health Commission working to improve the health of Bostonians.





# Boston's Community Health Improvement Plan



## ***Economic Mobility and Inclusion***

Close the historic, generational, racial, and ethnic **income** and **wealth gaps** in the city of Boston.



## ***Housing***

Support **safe, stable, healthy, equitable, affordable housing solutions** for the diverse communities of Boston through a racial equity lens.



## ***Access to Services***

Ensure all **people in Boston** have access to **coordinated and equitable health and family support services and resources** to support overall health.



## ***Mental and Behavioral Health***

Promote **mental health and emotional wellness** by nurturing **resilient communities** and building **equitable, accessible, and supportive systems of care**.

For more information, join a priority area work group, and to follow our progress: [www.bostonchna.org](http://www.bostonchna.org)

# Economic Mobility & Health

**NLC** NATIONAL  
LEAGUE  
OF CITIES  
CENTER FOR CITY SOLUTIONS

**BIL** BASIC INCOME LAB

## Basic Income In Cities

A guide to city experiments  
and pilot projects

### Strategies to Increase Economic Mobility:

- ❖ Placed-based, Community-driven-  
“Guaranteed income” payment accessible to  
certain members of a community with no  
strings attached

*Plus*

- ❖ Other Economic Mobility Strategies -  
increasing financial literacy, debt cancellation,  
expanding mortgage subsidies, tax credits,  
baby bonds



# The Persistent and Pervasive Challenge of High Black Infant Mortality

- ❖ Universal access to pre and post-natal culturally and linguistically appropriate home visits
- ❖ Economic mobility pathways for families
- ❖ Expand doula access to all pregnant people
- ❖ Enhancement of Community Action Network
- ❖ **An Act relative to conducting fetal and infant mortality review (H.2187/S.1414)**



# Housing First Policy

*Housing is Healthcare*



Immediate access to housing without conditions upon entry



Patient choice and self-determination



Recovery-oriented supports



Harm reduction and medical care



Social and community integration





# THE CITY OF BOSTON'S PUBLIC HEALTH RESPONSE AT MASS & CASS



Our 6 Boston sites are located in:

- South End
- Mission Hill
- Jamaica Plain
- Roxbury



Some residents have since been placed in low-threshold and permanent housing all around Massachusetts.

Low Threshold Housing: does not have strict entry requirements related to abstinence or engagement in treatment and services



# Boston's Low Threshold Housing Strategy

- ❖ No significant differences in rate or type of placements noted by race, ethnicity or gender
- ❖ Improved access to treatment and longer-term housing pathways for all
- ❖ **Partners:** DPH, Boston Medical Center, Victory Programs, and many others



# Sustainable Investments in Equity: Community Health Equity Empowerment Fund (CHEE Fund)



Shifting Federal Funds into CBOs Serving Census Tracts with lower LE and higher IM:

- Address root causes of inequity (social determinants of health)
- Strategy determined by the CBO/coalition



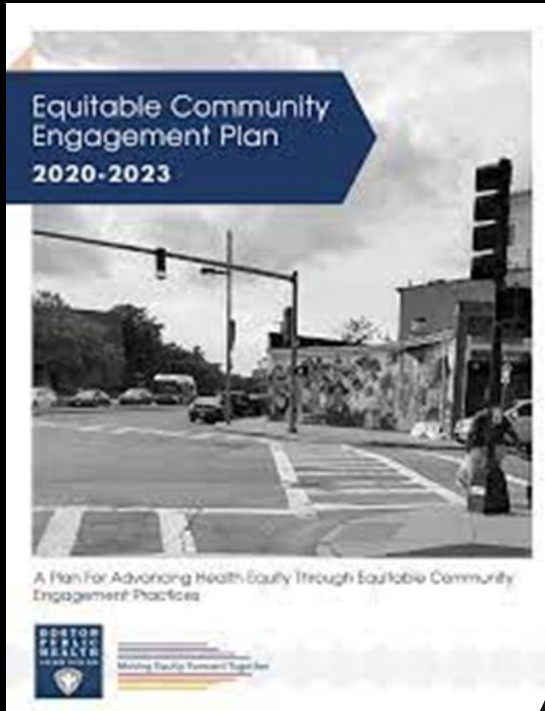
**Fund Plan:**

- Initial 2-years of funding with plan to extend depending upon outcomes
- The funded coalitions will establish a community empowerment learning collaborative. We will offer technical capacity building, strengthen core admin infrastructure





# Community Mobilization, Community Empowerment, Change Creation





# A Call to Action

- Build Community Power by Shifting Power and Resources
- Set Big Goals Locally
- Change Long-Standing Systems, Policies and Structures
- Invest Collaboratively
- Invite in New Leadership, New Voices, and New Partners

**Are We Ready?**

# A Call to Action

- Build Community Power by Shifting Power and Resources
- Set Big Goals Locally
- Change Long-Standing Systems, Policies and Structures
- Invest Collaboratively
- Invite in New Leadership, New Voices and New Partners

**Are We Ready? YES**

# Thank you Boston Public Health Commission!

- Center for Public Health Science and Innovation (SciTech)
- Executive Office
- Boston Community Health Collaborative Leadership Team
- Communications Team
- Office of Recovery Services
- Child, Adolescent and Family Health Bureau (CAFH)

# QUESTIONS?