Tackling Inequalities from Longevity to COVID-19:

the importance of data, partnerships, and advocacy

Becky A. Kurtz, Director Metro Atlanta Area Agency on Aging Atlanta Regional Commission

What is the Atlanta Regional Commission?

ARC engages local government leaders, community partners, and residents to develop a shared approach for improving metro Atlanta's quality of life and addressing our rapidly evolving future.

www.atlantaregional.org www.empowerline.org

Atlanta Regional Commission

Regional planning and intergovernmental coordination agency for the 10-county area

Dedicated to unifying the region's collective resources to prepare the metropolitan area for a prosperous future

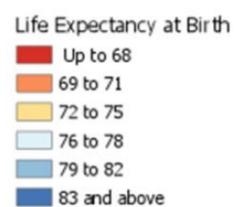
Examples of Focus Areas:

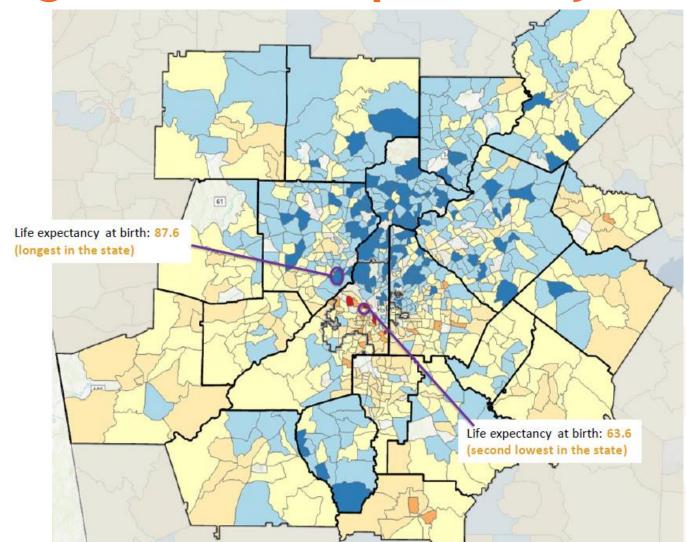
- Land Use Planning
- Natural Resources Planning
- Transportation Planning
- Workforce
- Research and Analytics
- Aging and Independence
 Services (AAA)

Henry

Fayette

ARC Regional Life Expectancy





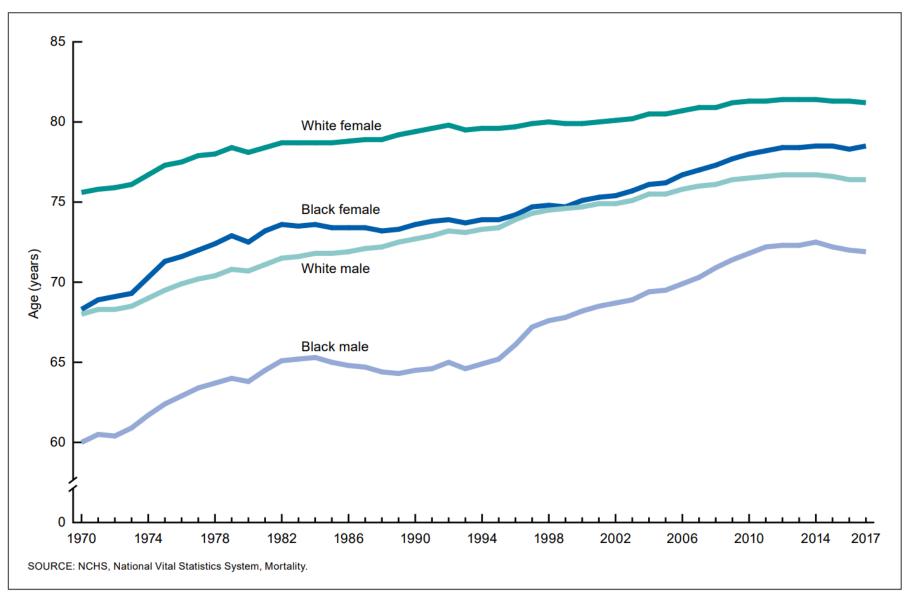
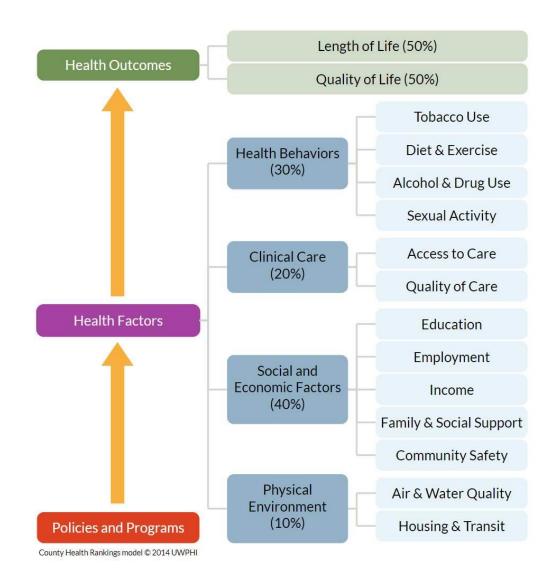


Figure 1. Life expectancy at birth, by race and sex: United States, 1970–2017

Life Expectancy

A summary mortality measure often used to describe the health status of a population and defined as the average number of years a population of a certain age would be expected to live, given a set of age specific death rates in a given year

Healthy People 2020



County Health Rankings Model: **Health Factors** for How Well and Long We Live

Population Level Factors that Cause, Contribute to, or Correlate with Changes in Population Level Life Expectancy

Increasing these factors decreases life expectancy

- Obesity
- Diabetes
- Lung cancer
- COPD
- Institutionalization
- Unintentional injuries
- Suicide
- Alzheimer's disease
- Chronic Liver disease
- Hypertension
- Unintentional poisonings (including drug and alcohol poisoning)
- Physical inactivity

Increasing these factors increases Life Expectancy

- Per capita income
- Education
- Government spending
- Immigration

Reducing these factors increases life Expectancy

- Infant mortality
- Older adult mortality
- Physical inactivity
- Air pollution
- Physical disability
- Heart disease
- Cancer
- Stroke
- Pneumonia
- Aortic aneurysm
- Cardiovascular disease
- Smoking
- Racial inequity
- Ethnic inequity
- Gender inequity
- Socioeconomic inequity

Community and Stakeholder Input

- Partnered with <u>Sage Squirrel</u>
- 14 key informant interviews
 - Housing
 - Health access
 - Transportation
- Stakeholder groups
 - ARC managers (other than AAA)
 - AAA staff
 - Georgia State Unit on Aging, and
 - multiple advisory groups.



Community Input: Major Themes

- General awareness among stakeholders of life expectancy issues
- Multiple existing community initiatives touch on life expectancy issues.
- Impacting life expectancy was recognized as a very long-range goal far beyond a five-year plan
- Concern for maintaining community engagement over such a long period of time;
- Importance of letting data drive this initiative
- Need for the process to enable ARC to effectively focus on specific factors

Community Input: Challenges

- Issues around health and growing older perceived as personal issues, rather than societal issues
- Status quo bias is a powerful force
- Reaching beyond the "choir" people who may already be tuned into these challenges

ARC Strengths

- Designated Area Agency on Aging
- Beyond the AAA:
 - Organizational resources to contribute (e.g., research, urban planning)
 - Organizational willingness/readiness to impact equity



ARC Aspirations

- Reduce disparities in life expectancy
 - Based on where people live
- Build organizational and community awareness of disparities
- Build capacity to address disparities





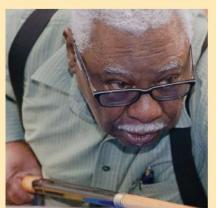
















Live Beyond Expectations 2020-2025





Overall Goal

During the next five years, the ARC, lead by its Aging and Independence Services Group, will implement a strategic plan, designed to identify and address inequities that create disparities in life expectancy.

1.
Identify
key
areas of
focus

Establish steering committee

Identify disparities and indicators

Identify gaps in community efforts

Select areas that ARC will focus

Enhance existing partnerships and expand engagement with new partners.

Inventory existing community initiatives that address disparities in health access, social determinants or life expectancy.

Develop approaches to meet identified gaps in community needs, such as services, information and/or outreach.

Identify and connect with underserved persons.

Increase awareness of disparities in life expectancy and the factors that drive them.

Develop Life Expectancy Scorecard.

Develop and implement a communications strategy

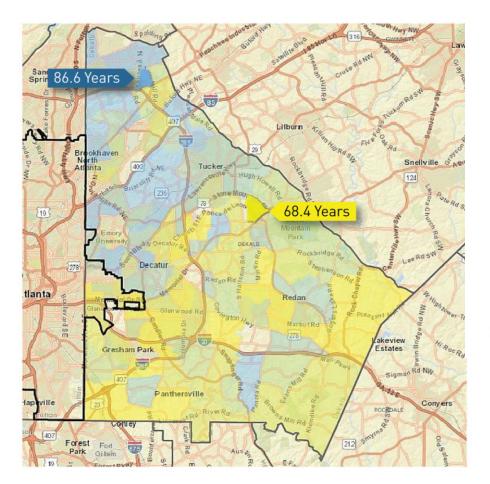
4.
Marshall resources to address disparities

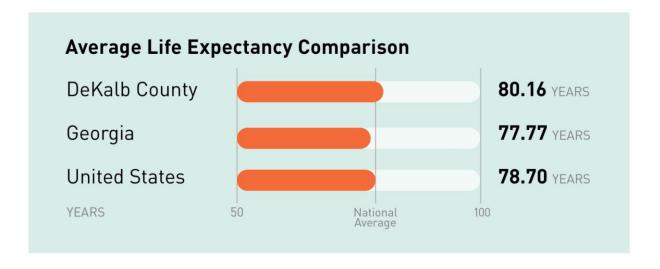
Increase available funding to support plan objectives

Update strategies for targeting of ARC funding

Explore public-private partnerships and grants

DeKalb County





Sources: U.S. Small-area Life Expectancy Estimates Project, 2010-2015 Life Expectancy Bar Charts: Robert Wood Johnson Foundation Life Expectancy Tool, January 2020



Next Steps-Implementation of Place, Policy and Practice Interventions

Place – focus on locations within each county that experience inequities

Policy – change systems and structures that create inequities and advance policies that promote equity

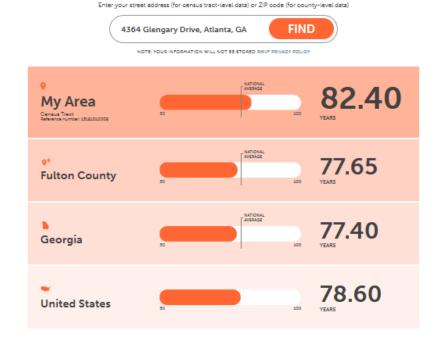
Practice – promote services and programs that address unmet needs

Communicate efforts to build support, evaluate progress and refine efforts

Check Life Expectancy in Your Neighborhood

Robert Wood Johnson Foundation Life Expectancy Calculator:

https://www.rwjf.org/en/libr
ary/interactives/whereyoulive
affectshowlongyoulive.html



How does where we live affect our opportunity to be healthy?

Impact of COVID-19 on Older People

- Higher risk of severe illness
- 80% of COVID-19 deaths
- Social distancing results in social isolation for many
 - Both in homes and long-term care residential settings
 - Decreased community engagement; examples:
 - employment,
 - volunteerism,
 - faith communities,
 - closed senior centers and arts organizations

- Most likely to need health care and other community resources during pandemic
- Disparate impact based on color.
 Compared to Whites, Latinx and Black people are:
 - 3x more likely to become infected with the virus
 - 2x as likely to die

Area Plan vs LBE Strategic Plan

Area Plan on Aging

- Goals and objectives largely related to Older Americans Act expectations and services
- "Targeting" focuses on individual levels of need
- Goals/objectives are set by the Georgia State Unit on Aging

Live Beyond Expectations

- Holistic vision for our 10county region
- Focus on population health and systems change
- Goals and objectives unrelated to specific funding source

Alignment: The Older Americans Act requires AAAs to target (i.e. provide priority in service delivery to) those in "greatest need" - i.e. low-income, minority, limited in English proficiency, frail, and in greatest social need. These factors are also among the determinants of life expectancy.

For more information

<u>Live Beyond Expectations Plan</u> <u>Framework 2020-2025</u>

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Empowerline- www.empowerline.org





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AARP HCBS Conference December 8, 2020



Disrupt Disparities 3.0

Beth Finkel
State Director
AARP New York

HOUSING

About 25% of Black and Latino families reported not being able to pay their rent in May 2020 vs. 14% of white households; 50% of Black tenant households in NYS fell behind on their rent as of late May/early June 2020











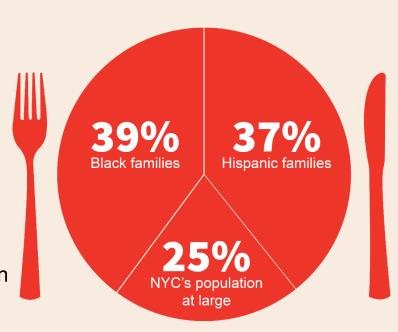




FOOD **INSECURITY**

39% of Black families and 37% of Hispanic families are **VS** 25% of NYC's population struggling with food insecurity

at large















State Reporting of COVID-19 Data by Race and Ethnicity

Elizabeth Carter, PhD, MPH
Senior Advisor
AARP Public Policy Institute

WHY WE NEED ROBUST RACE & ETHNICITY DATA FOR COVID-19 TESTS, CASES, AND DEATHS

- People of color are disproportionally impacted by the COVID-19 pandemic.
- Robust and complete data collection helps to:
 - Understand what's happening on the ground
 - Identify racial/ethnic disparities
 - Determine whether resources are being equitably distributed
 - Guide and support data-driven policy and implementation

BEST PRACTICES FOR REPORTING RACE AND ETHNICITY

- 1. Use Census Race Categories (at Minimum)
 - White
 - Black/African American
 - American Indian/Alaska Native
 - Asian
 - Native Hawaiian/Other Pacific Islander
- 2. Report Race and Ethnicity as Separate Variables
- 3. Report Rates of Tests, Cases, and Deaths per 10,000, not just raw #s
- 4. Report Levels of Missing Data

COVID-19 CASE AND MORTALITY DATA BY STATE

	А	В	F	G	Н	L	М	0	Р	R	U				
		Disparities	Raw Data	Case [Data	Morta	lity Data	Rate per	Hispanic as	Race Categories	State COVID-19				
		Task Force						10 or 100K	Racial		Data Tracker				
1								by Race?	Category?		(click on link)				
2				Race	Ethnicity	Race	Ethnicity	(Y is good)	(Y is bad)			Race Categories			
26	Minnesota		N	Χ	X	Χ	Х			B, W, A, AI, NHOPI, O, U	MN - Tracker	Α	Asian		
27	Mississippi		N	Χ	X	Χ	Х		Υ	B, W, A, AI, O, U	MS - Tracker	AI/AN	American Indian/Alask	an Nativ	e
28	Missouri		N	Х	X	Χ	X			B, W, M, O, U	MO- Tracker	В	Black		
29	Montana		N	Х	X					B, W, A, AI/NH/PI, O, U	MT - Tracker	M	Multiple		
30	Nebraska		N	Х	Х	Х	Х			B, W, A, NA, PI, O, NR	NE - Tracker	NA	Not Available		
31	Nevada		N	Х	X	Х	Х		Υ	B, W, A, AI/AN	NV - Tracker	NHOPI	Native Hawaiian/Othe	r Pacific I	slander
32	New Hampshire		N	Х	X	Х	X		Y	B, W, A, O	NH - Tracker	O U	Other		
33	New Jersey		N	Х	X	X	X		Ý	B, W, A, O	NJ - Tracker	W	Unknown White		
34	New Mexico		N	Х	X				Ý	B, W, A, AI/AN, U	NM- Tracker	v	vvnite		
35	New York (statewide		N			Х	X		v	B, W, A, O	NYS - Tracker				
36	New York (NYC)	х	Y	Х	Х	X	X	γ	Y	B, W, A	NYC - Tracker				
	North Carolina	^	N	X	X	X	X	,		B, W, A, AI/AN, NHOPI, O	NC - Tracker				
	North Carolina		IN .	^	^	^	^			B, W, A, AI/AIN, NHOPI, O	NC - Hacker				
		4													
<	Case & Mortality Data (Map)			ımmarı	y Dashboa	rd Case & Mo		ortality Data Testing		Data Testing Data (Map)	+				