



## **Detroit Area Agency on Aging Inclusive Health Care Task Force Charter**

Social Determinants of Health (SDOH) are the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, risks, and quality-of-life outcomes. Extensive research indicates that about 80% of the health and well-being of older adults and the general population alike are significantly tied to the SDOH with 20% associated with access to health care.

The factors associated with SDOH include: socioeconomics at 40%, lifestyle behaviors at 30% and the physical environment at 10%. These SDOH factors that influence the health of people and communities include socio-economic status related to income and financial status; power, social engagement, and societal value; educational status and literacy level; the physical environment and neighborhoods as well as occupational and retirement status.

The *Inclusive Health Care Task Force* has been established to bring together public and private partners and consumers to work collaboratively to develop a community-wide plan that provides a road map for community action centered around better coordinating and integrating systems and resources that impact health and wellness. *Responding to the latest findings of DAAA's Dying Before Their Time III Report, the Task Force will operate from a position of "productive outrage" about the continuing premature and excess death rate of older Detroiters exacerbated by Covid-19 to drive system change.*

This *IHC (Inclusive Health Care) Task Force* consists of a Steering Committee, an Executive Advisory Council, an Implementation Team and five Subcommittees:

### **Executive Advisory Council**

The Executive Advisory Council consists of Ronald Taylor, President and CEO of the Detroit Area Agency on Aging (DAAA); Renee Canady, Ph.D., President and CEO of MPHI (Michigan Public Health Institute) and Paula D. Cunningham, State Director of AARP (American Association of Retired Persons) Michigan. These individuals provide oversight to the Inclusive Health Care Task Force, an AD-Hoc strategic planning group supported by a Michigan Health Endowment Fund Planning Grant bestowed to the DAAA because of their Dying Before Their Time III Report.

### **Implementation Team**

The Implementation Team consists of DAAA and MPHI staff team responsible for operationalizing the project and meeting logistics:

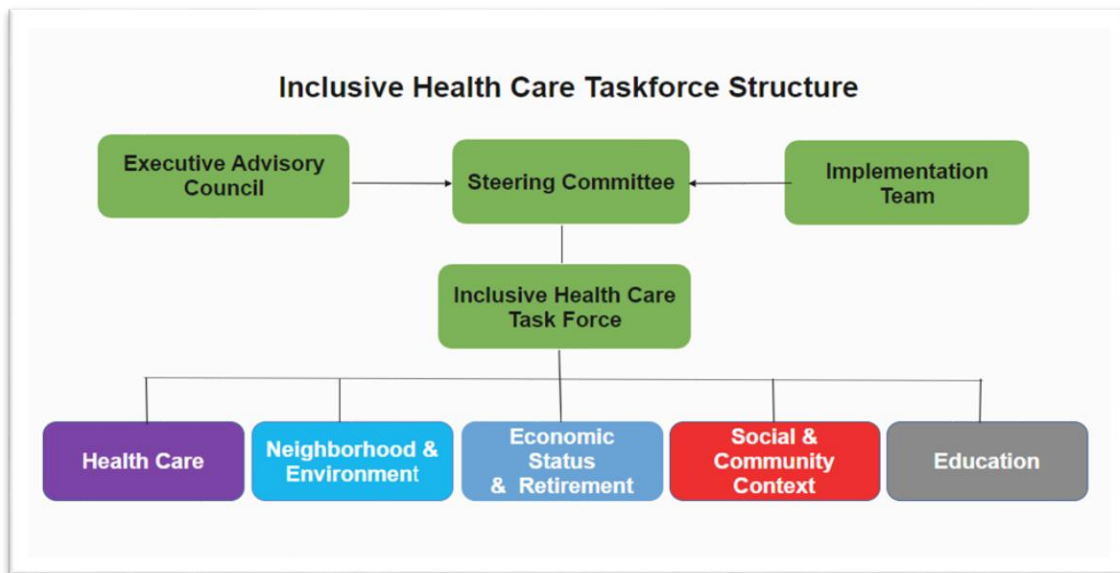
- Anne Holmes Davis
- Crisshara Allen
- DiAnna Solomon
- Chloe Holmes
- Fayana Richards/Jordan Evans
- Phillip Barnhart
- May Darwish-Yassine
- Julie Heany

**Strategic Planning Facilitator:** Elizabeth Whitaker Walker, Raymond Associates, LLC.

### **Inclusive Health Care Task Force**

The Task Force consists of the Steering Committee and five subcommittees. The Steering Committee consists of the Chairs and consumers of the five Subcommittees, the implementation team and student fellows. The five subcommittees consisting of public and private partners as well as consumers focused on the five domains of the SDOH:

- ★ Economic Status and Retirement
- ★ Education
- ★ Health Care
- ★ Neighborhood and Built Environment
- ★ Social and Community Context



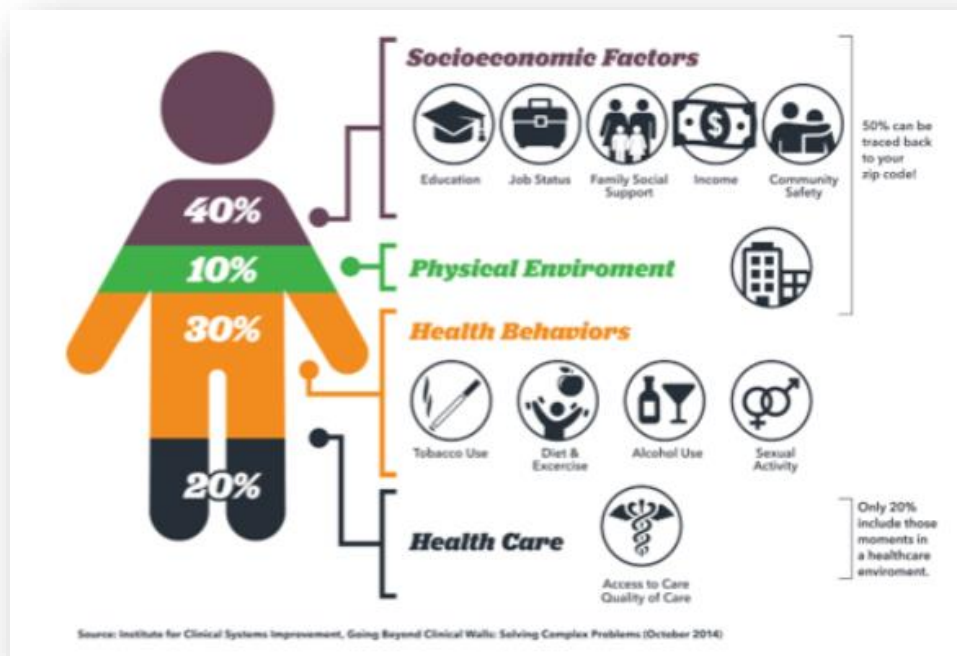
These five Subcommittees of the Inclusive Health Care Task Force are charged to collectively provide input into the community-wide action plan focused on collaborative efforts that can offer long term interventions and investments in addressing barriers, gaps and challenges tied to the SDOH.

### **Guiding Principles of the Inclusive Health Care Task Force**

1. Allow all voices to be heard to develop a comprehensive, inclusive health care strategy for the targeted community.
2. Promote strategies that bring public and private partners as well as consumers together to better integrate and coordinate community assets and resources for maximum community impact.
3. Pursue outcomes that can be measured and make a difference in the lives of individuals across the lifespan that use technology to bridge resources and generations.

## Deliverables:

1. Engage public and private partners and consumers in strategic planning discussions designed to facilitate the development of strategies and recommendations to improve access to care among older persons, adults, and younger populations to reduce health disparities.
2. Recommend strategies to better coordinate and integrate health care along the continuum to ensure that patients are connected to healthcare systems that provide preventative care and proper treatment plans.
3. Improve and expand access to technology training, broad-band internet access and technology to help keep people healthy.



Topic: Inclusive Healthcare Taskforce Kick-off Meeting – November 5, 2021, Meeting Recording:

<https://us02web.zoom.us/rec/share/RQS9fU-lhw2dvGNS8w2Y6-JyQ1oy89r-9mo1uyntxnLI65QcGQVVvP6tmclJSXQ.EQXYirkuKToFDUG9>

## Inclusive Health Care Task Force

### Health Care Subcommittee

Social Determinants of Health (SDOH) are the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Extensive research indicates that about 80% of the health and well-being of older adults and the general population alike are significantly tied to the SDOH with 20% linked to access to health care. Factors such as socio-economic status related to income and financial status; power, social engagement, and societal value; educational status and literacy level; the physical environment and neighborhoods; as well as occupational and retirement status significantly influence the health of people and communities.

For the *Inclusive Health Care Task Force*, the SDOH are grouped into five domains: Economics and Retirement, Education, **Health Care**, Neighborhood and Built Environment and Social and Community Context. These five Subcommittees are charged to collectively help design a community-wide action plan focused on collaborative efforts that can offer long term interventions and investments in addressing barriers, gaps and challenges tied to the SDOH.

**Health Care Sub-Committee Purpose:** Many people in the United States, State of Michigan and Detroit area do not get the health care services they need. The Health Care Sub-Committee of the *Inclusive Health Care Task Force* will assess the assets and needs of older persons, adults with disabilities and caregivers in the Detroit metropolitan area related to health care access and quality, with a focus on better coordinating and integrating health care access and services as well as the technology and training needed to improve their quality of life.

#### **Deliverables:**

1. Develop strategies and recommendations to improve access to care among older adults and younger populations upstream to reduce health disparities.
2. Recommend strategies to better coordinate and integrate health care along the continuum to ensure that patients are connected to healthcare systems that provide preventative care and proper treatment plans.
3. Improve and expand access to technology training, broad-band internet access and technological devices to help keep people healthy.

## **Inclusive Health Care Task Force**

### **Education Subcommittee**

Social Determinants of Health (SDOH) are the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Extensive research indicates that about 80% of the health and well-being of older adults and the general population alike are significantly tied to the SDOH with 20% linked to access to health care. Factors such as socio-economic status related to income and financial status; power, social engagement, and societal value; educational status and literacy level; the physical environment and neighborhoods; as well as occupational and retirement status significantly influence the health of people and communities.

For the *Inclusive Health Care Task Force*, the SDOH are grouped into five domains: Economics and Retirement, **Education**, Health Care, Neighborhood and Built Environment and Social and Community Context. These five Subcommittees are charged to collectively help design a community-wide action plan focused on collaborative efforts that can offer long term interventions and investments in addressing barriers, gaps and challenges tied to the SDOH.

**Education Sub-Committee Purpose:** Education is a life-long learning proposition that enriches the lives of all citizens. People with higher levels of education are more likely to be healthier and live longer. The Education Sub-Committee of the *Inclusive Health Care Task Force* will assess educational assets and needs of older persons, youth and adults in the Detroit metropolitan area that can enrich their lives with a focus on life-long learning, the expansion of intergenerational programs and the expanded use of technology to improve their quality of life.

#### **Deliverables:**

1. Develop strategies and recommendations to provide high-quality educational opportunities that enrich the lives of youth, adults, older persons, and caregivers to address health literacy upstream to reduce the onset of chronic diseases.
2. Expand intergenerational programs and experiences to increase understanding of the aging process.
3. Improve and expand access to technology training, broad-brand, and technological devices.

## **Inclusive Health Care Task Force**

### **Economics and Retirement Subcommittee**

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For the *Inclusive Health Care Task Force*, the SDOH are grouped into five domains: **Economics and Retirement**, Education, Health Care, Neighborhood and Built Environment and Social and Community Context. These five Subcommittees are charged to collectively help design a community-wide action plan focused on collaborative efforts that can offer long term interventions and investments in addressing barriers, gaps and challenges tied to the SDOH.

**Health Care Sub-Committee Purpose:** In the United States, 1 in 10 people live in poverty and many people cannot afford healthy food, health care, and housing – their basic needs. In the Detroit area, 1 in 3 older adults live in poverty. The Economics and Retirement Sub-Committee of the *Inclusive Health Care Task Force* will assess the assets and needs of older persons, adults with disabilities and caregivers in the Detroit metropolitan area to ensure that there is adequate access to employment and training, as well as retirement planning to improve the quality of life.

#### **Deliverables:**

1. Develop strategies and recommendations to improve access to employment and training as well as retirement planning for all ages with an emphasis on 50-plus individuals.
2. Develop linkages between public and private partners to better integrate and coordinate access to basic needs and services.
3. Explore strategies to improve access to technology and training to facilitate job placement and retirement planning.

## **Inclusive Health Care Task Force**

### **Neighborhood and Built Environment Subcommittee**

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For the *Inclusive Health Care Task Force*, the SDOH are grouped into five domains: Economics and Retirement, Education, Health Care, **Neighborhood and Built Environment** and Social and Community Context. These five Subcommittees are charged to collectively help design a community-wide action plan focused on collaborative efforts that can offer long term interventions and investments in addressing barriers, gaps and challenges tied to the SDOH.

**Neighborhood/Built Environment Sub-Committee Purpose:** The neighborhoods residents live in have a major impact on their health and well-being. The Neighborhood and Built Environment Sub-Committee of the *Inclusive Health Care Task Force* will assess the neighborhood assets and needs of older persons, adults with disabilities and caregivers in the Detroit metropolitan area, with a focus on improving health and safety in places where people live, work, learn and play to improve their quality of life.

#### **Deliverables:**

1. Develop strategies and recommendations needed to improve public safety.
2. Recommend strategies to reduce exposure to environmental factors such as good air, soil and water quality through policy changes, interventions and improved and responsive regulations.
3. Expansion of the adoption of age friendly community principles and practices through neighborhood organizations/block clubs as well as municipalities – local, county, and regional governmental levels.

## **Inclusive Health Care Task Force**

### **Social and Community Context Subcommittee**

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**Social and Community Context Sub-Committee Purpose:** People's relationships and interactions with family, friends, co-workers, and community members can have a major impact on their health and well-being. The Community/Social Context Sub-Committee of the *Inclusive Health Care Task Force* will assess the assets and needs of older persons, adults with disabilities and caregivers in the Detroit metropolitan that support positive relationships and opportunities at home, work and within the community including the integrations of the technology and training needed to improve their quality of life.

#### **Deliverables:**

1. Develop strategies and recommendations to improve access to mental health and other services needed for those at-risk.
2. Recommend strategies to community diversity, equity, and inclusion as well as social justice.
3. Better coordinate family and kinship support services throughout the lifespan including using technology, social media and other state-of-the-art strategies supported by interaction and technology.



# Social Determinants of Health

