

UNLEASHING ABUNDANCE IN OUR COMMUNITIES

SOMAVA SAHA, MD MS, FOUNDER AND EXECUTIVE LEAD, WELL-BEING AND EQUITY (WE) IN THE WORLD

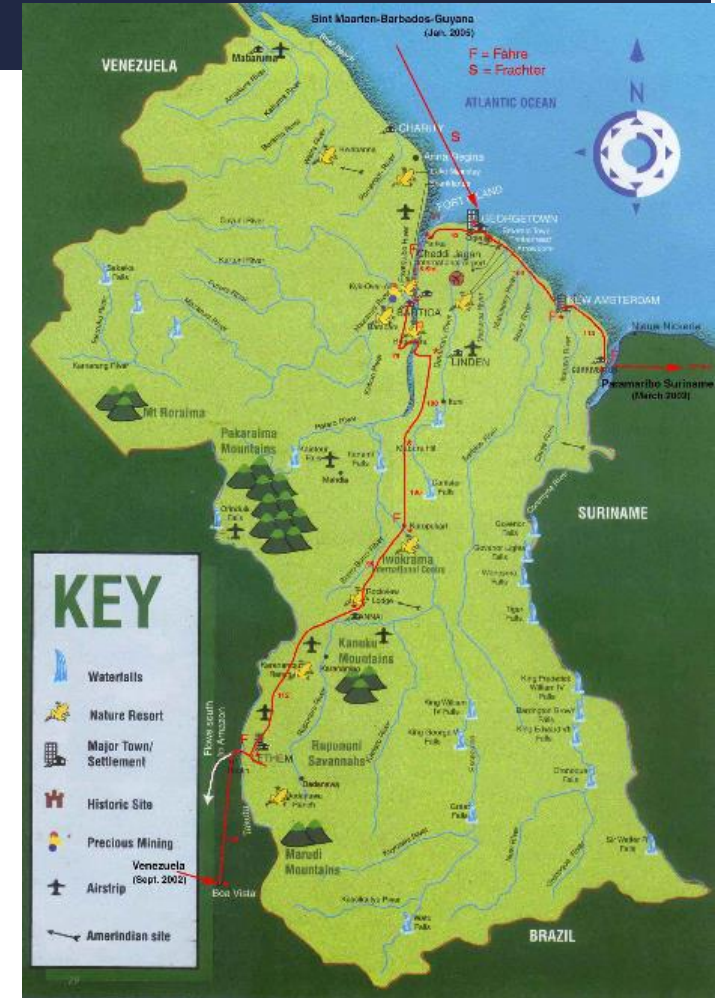




VARQA FOUNDATION, RUPUNUNI REGION OF GUYANA



- 16,000 people
- 33,000 sq miles
- No roads, communication, electricity
- 5th grade education
- Subsistence economy



UNLOCKING THE TRAPPED AND UNTAPPED POTENTIAL OF PEOPLE



ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz



A POWERFUL WAY OF BEING AND DOING



- From isolation to interconnectedness
- From pathology to vision
- From poverty to potential
- From scarcity to abundance
- From having answers to asking questions
- From perfect planning to learning and failing forward
- Embracing system transformation

30%
median
income

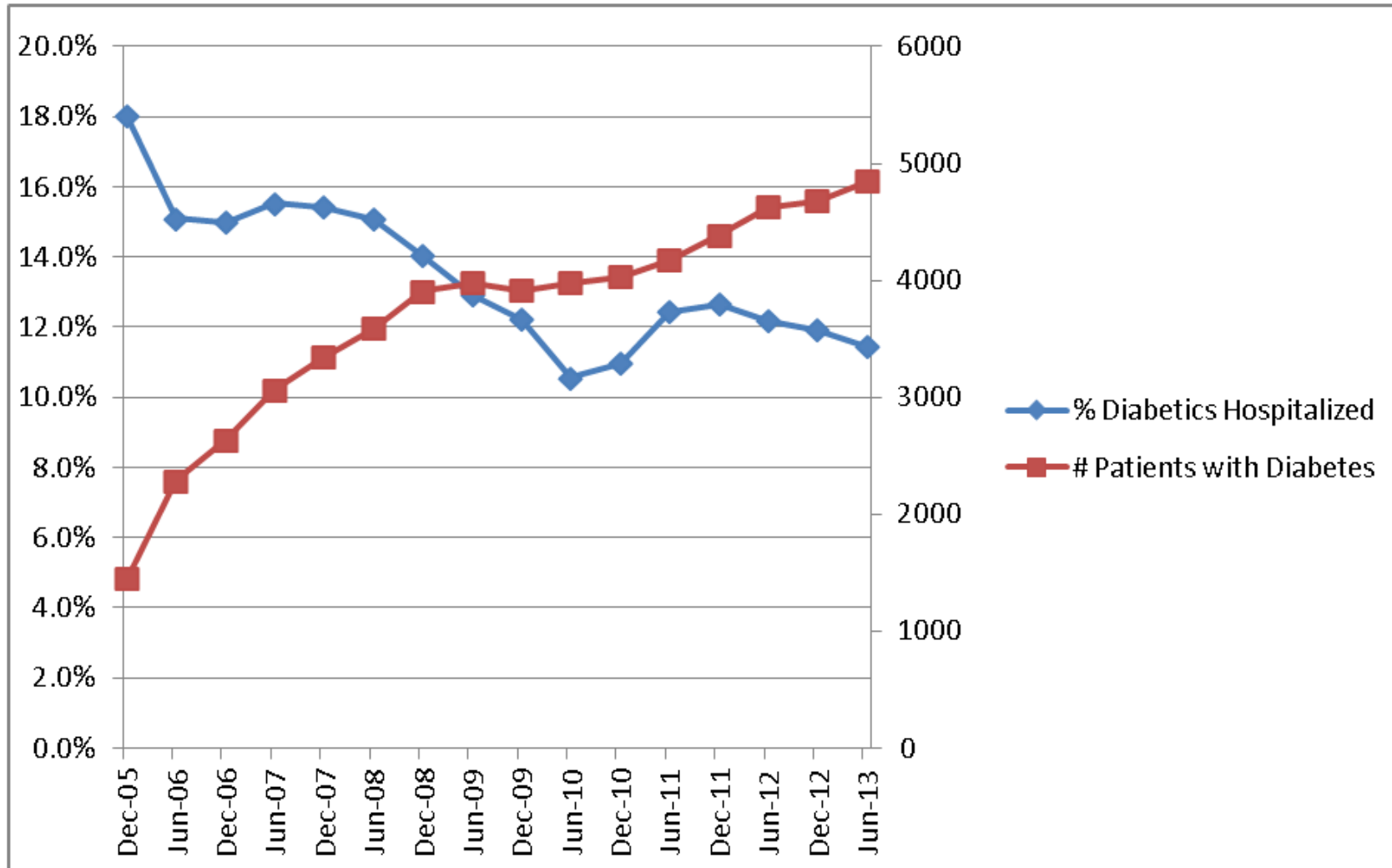
2x cost,
37th in
outcomes

Changing
demographics
worldwide



Image: Matt Collins,
Scientific American 1/20/09


Breakthrough outcomes in healthcare will not be enough to turn the tide



The 5000:1
problem

COST OF CHRONIC DISEASE UNSUSTAINABLE

THE STAGGERING COST OF DIABETES

<p>Today, 4,660 AMERICANS WILL BE DIAGNOSED WITH DIABETES</p>	<p>NEARLY 30 MILLION AMERICANS HAVE DIABETES</p> 	 <p>86 million Americans have prediabetes <small>More than the population of the east coast from Connecticut to Georgia</small></p>
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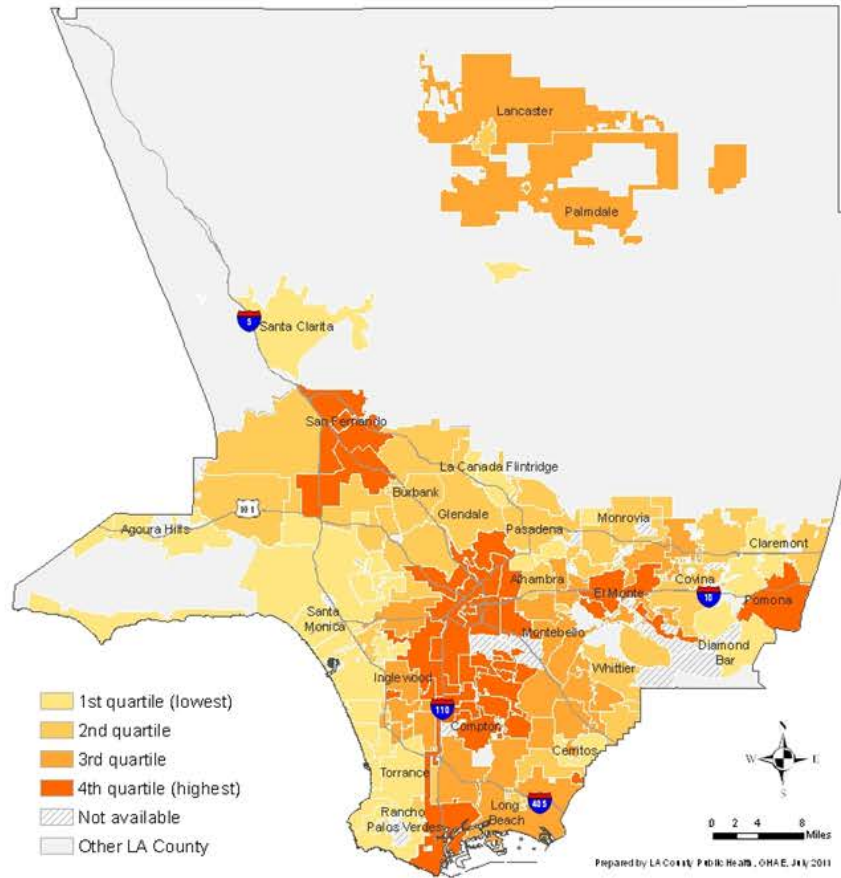
	<p>DIABETES AND PREDIABETES COST AMERICA \$322 BILLION PER YEAR</p> 
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<p>\$ 1 in 5 health care dollars is spent caring for people with diabetes</p>	<p>\$ 1 in 3 Medicare dollars is spent caring for people with diabetes</p>	<p>\$ People with diagnosed diabetes have health care costs 2.3 times higher than if they didn't have the disease</p>
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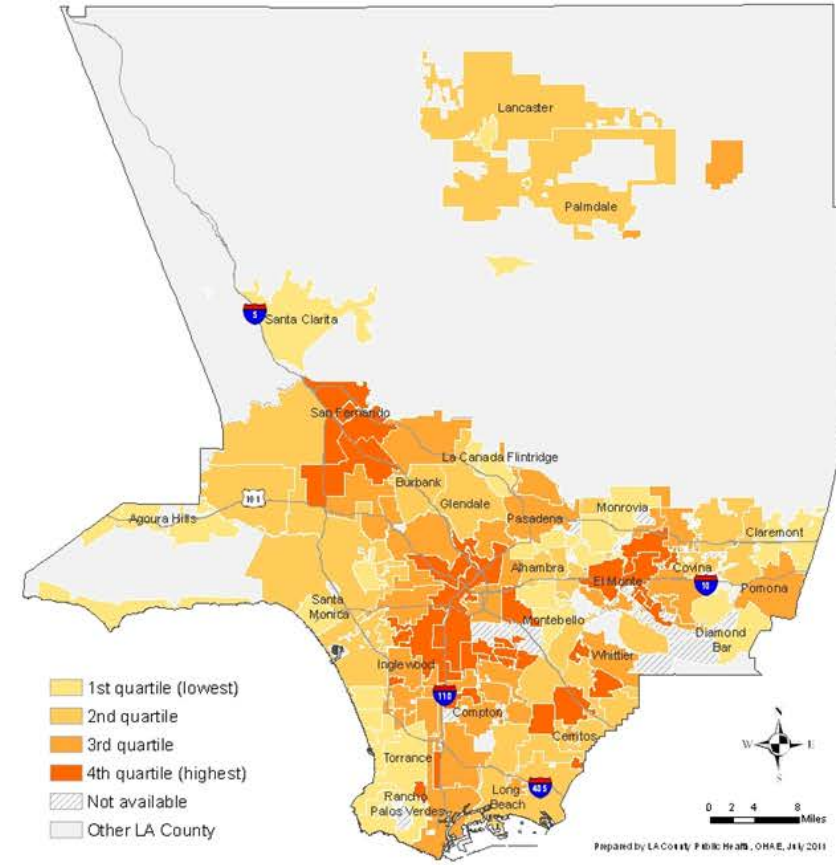
	<p>Learn how to combat this costly disease at diabetes.org/congress</p>	
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HEALTH AND SOCIAL INEQUITY ARE INTERCONNECTED

Economic Hardship Index by City/Community, Los Angeles County, 2000



Prevalence of Childhood Obesity by City/Community, Los Angeles County, 2005

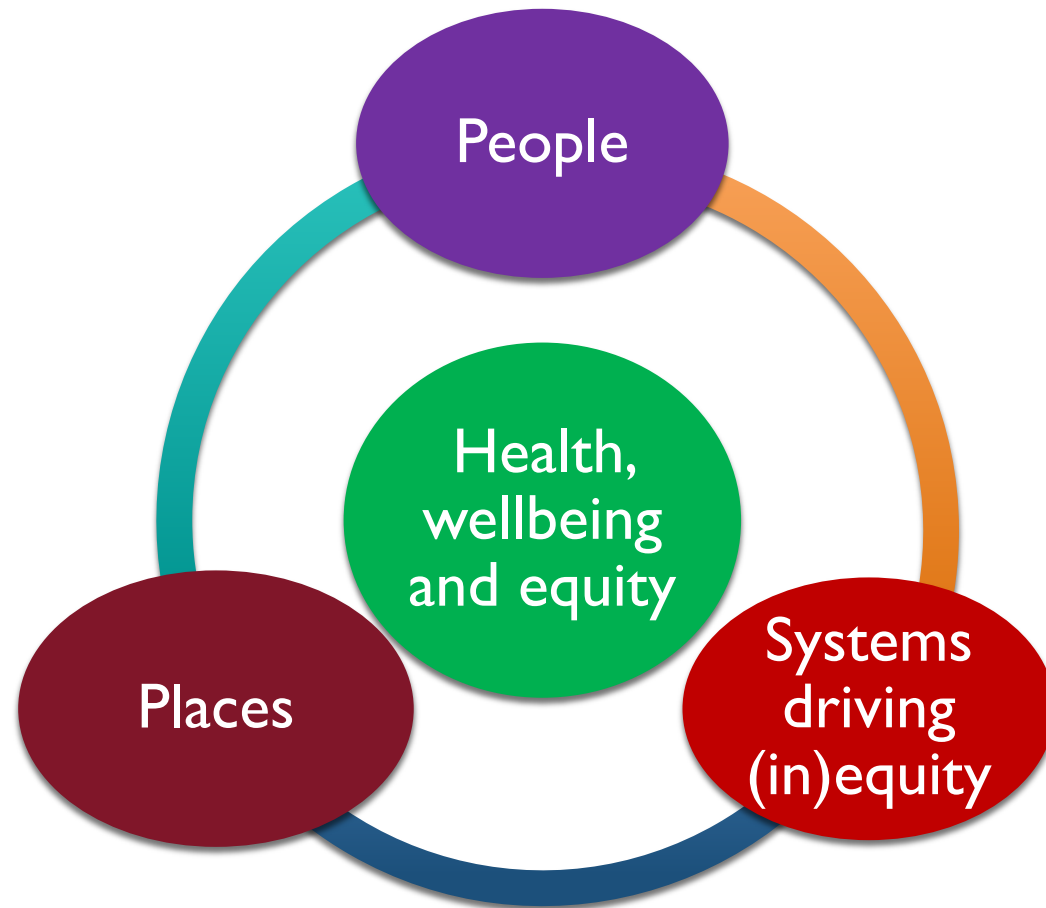


IN CHILDHOOD



<https://wsvn.com/news/us-world/color-blind-boys-scheme-to-get-same-haircut-to-trick-teacher/>

FIGURE 2 INTERCONNECTION BETWEEN HEALTH, WELLBEING AND EQUITY OF PEOPLE, PLACES AND THE SYSTEMS OF SOCIETY



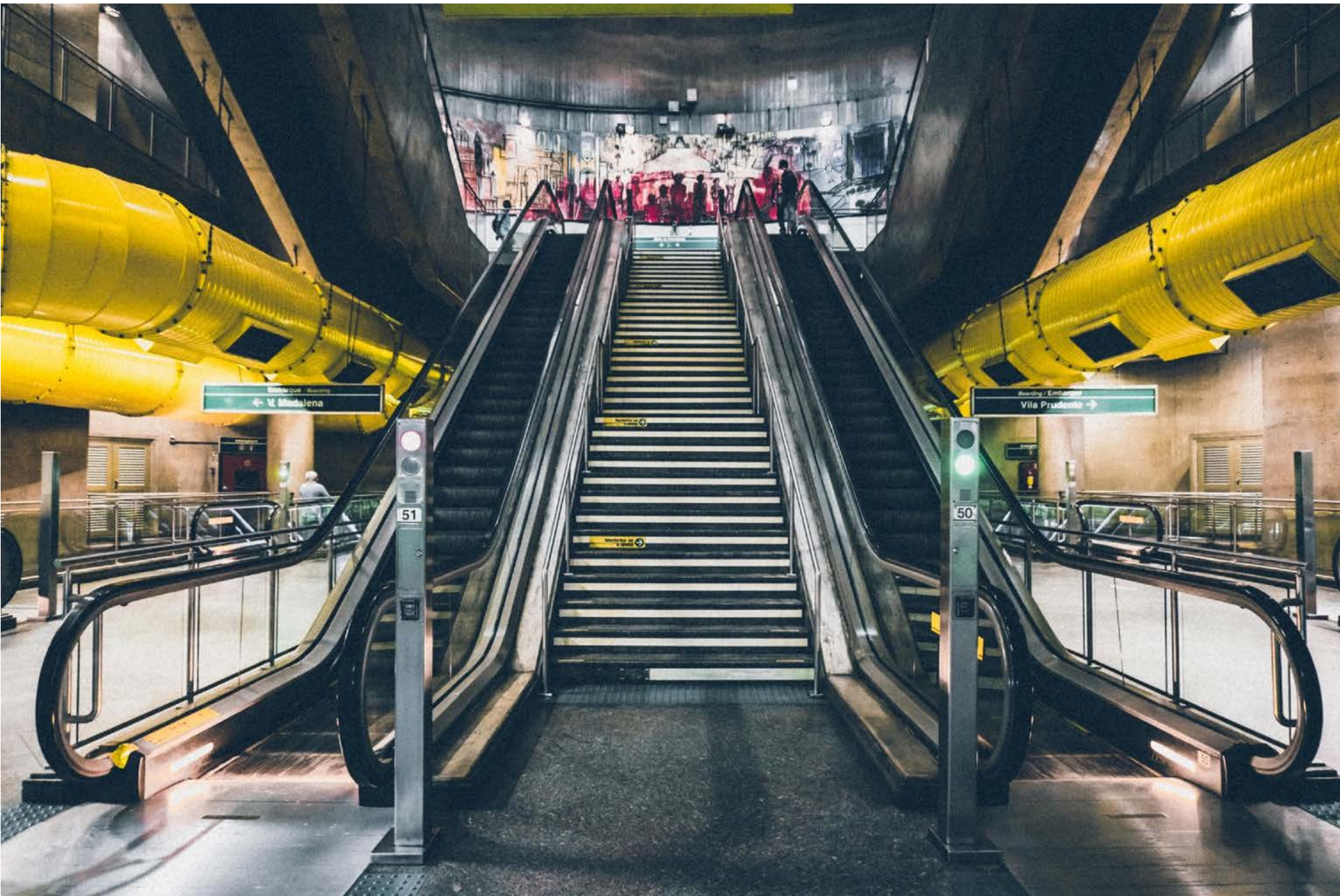
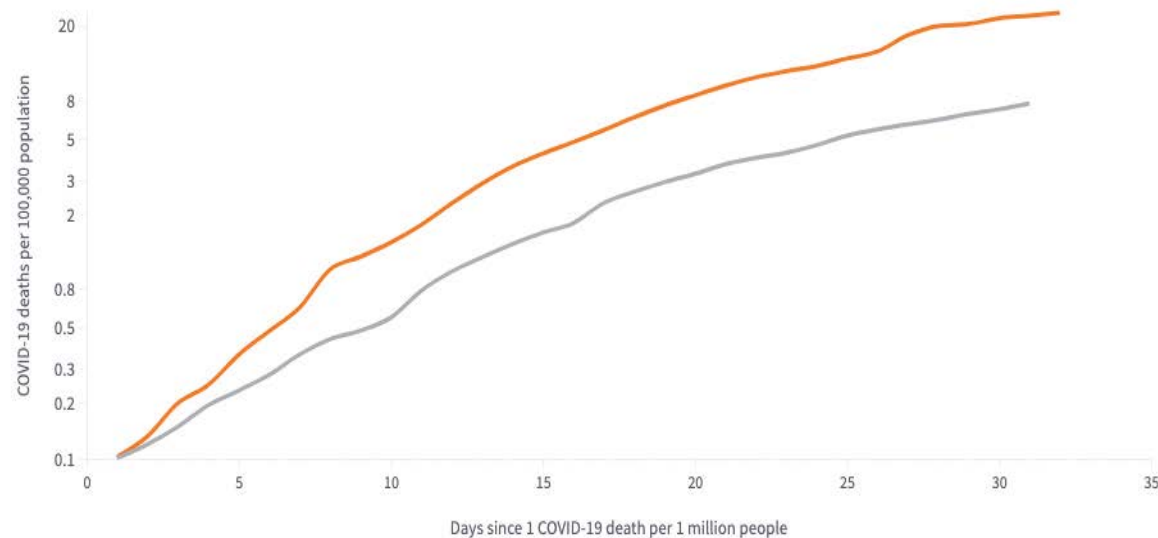


Photo courtesy of Kaique Rocha. Metaphor courtesy of Natalie Burke.

UNDERSTANDING INEQUITIES IN THE CONTEXT OF COVID-19

Deaths from COVID-19 in High- and Low-Concentration Black Counties

- Counties with higher-than-average black race
- Counties with lower-than-average black race



Notes: Higher than average prevalence black race includes counties where the population is at least 13.4% black, based on the national average (<https://www.census.gov/quickfacts/fact/table/US/PST045218>). • The y-axis is plotted on a log10 scale.

Data: Johns Hopkins University Center for Systems Science and Engineering (JHU CSSE). Obtained on April 21, 2020.

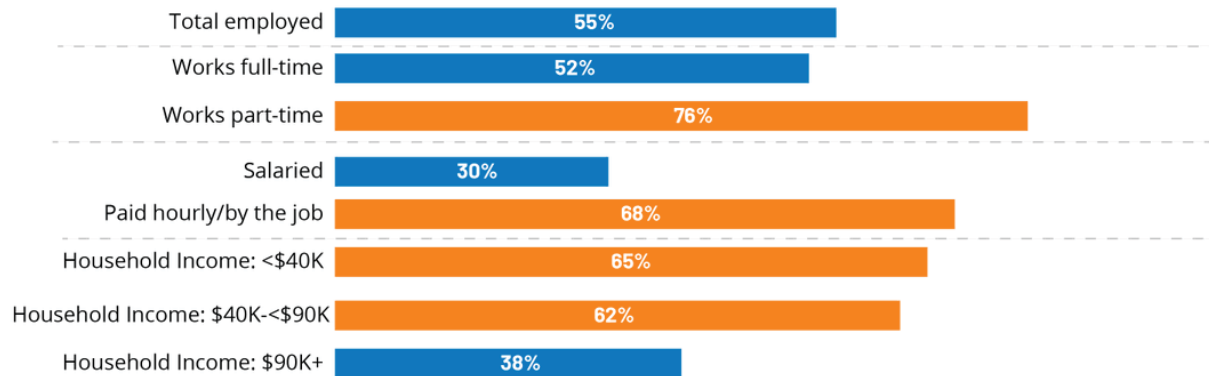
- × Deaths from COVID-19 far higher among African-American, Hispanic and Native American populations across the country
- × Related to underlying conditions of place (clean water, environmental pollution, access to health care) and underlying prevalence of chronic illness

Commonwealth Fund, April 2020

MEANINGFUL WORK AND WEALTH

Over Half of Those Employed as of February Say They've Lost a Job, Hours, or Income Due To Coronavirus

Percent who say they lost their job, had hours reduced, took a pay cut, or have been furloughed as a result of the coronavirus outbreak:

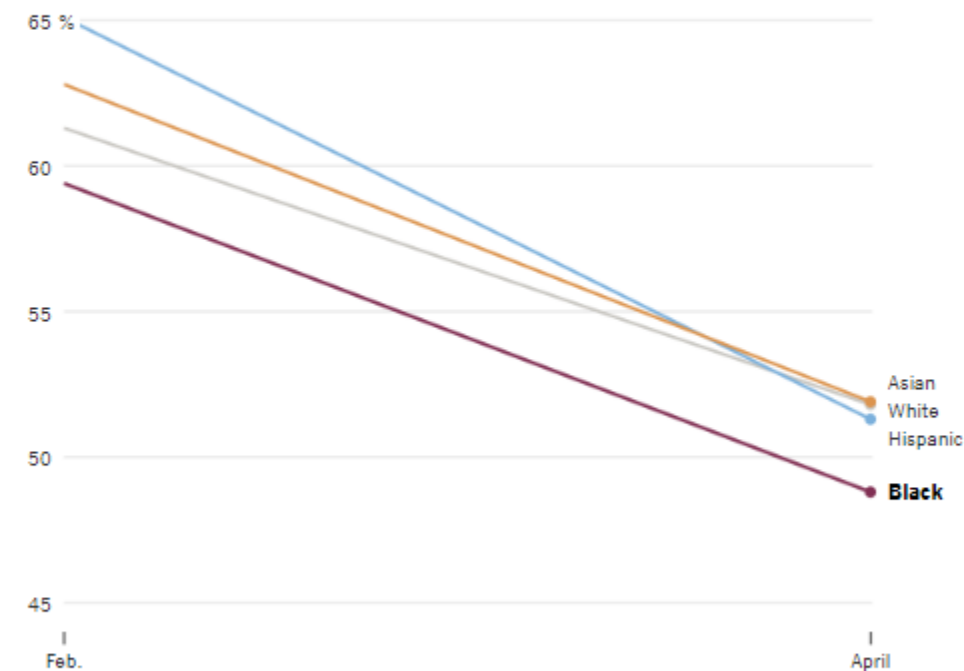


SOURCE: KFF Health Tracking Poll (conducted April 15-20, 2020). See topline for full question wording.



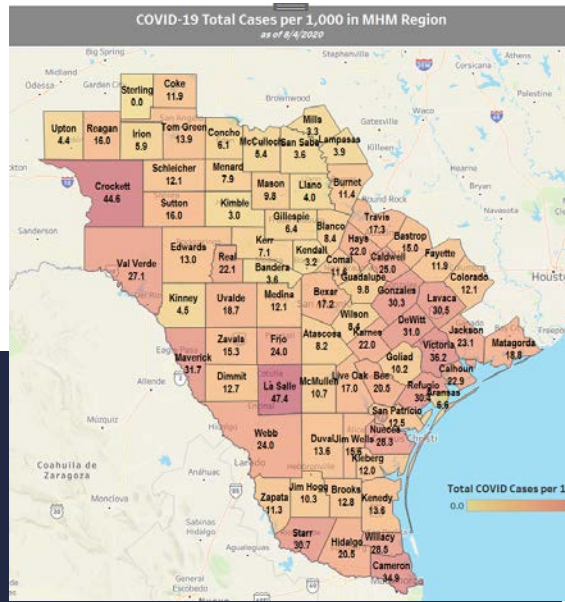
Less Than Half of Black Adults Now Have a Job

Share of population working before and after the pandemic shutdowns began, by race and ethnicity

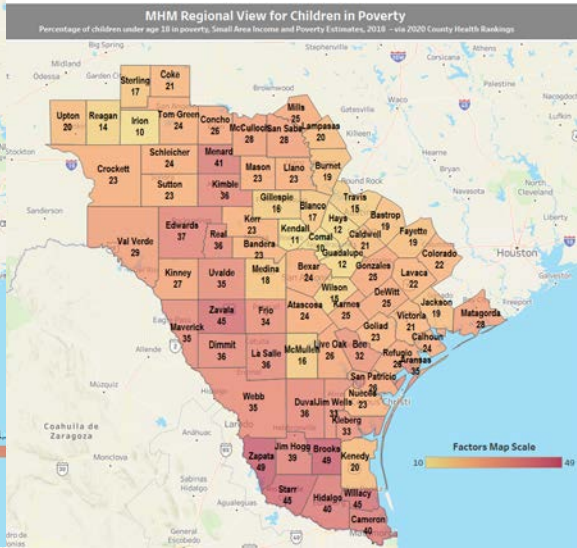


By The New York Times | Source: Bureau of Labor Statistics

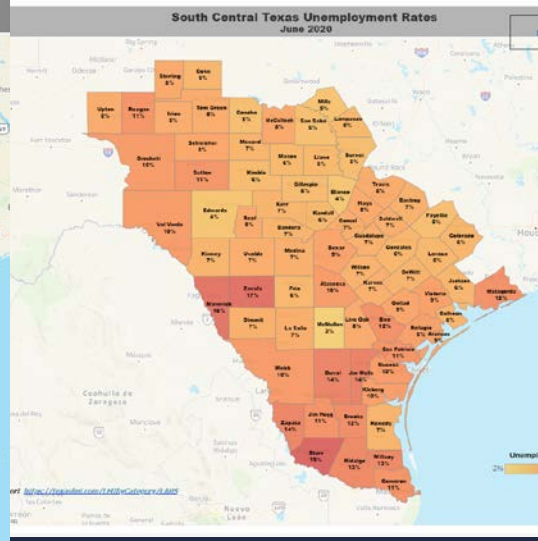
COVID Cases



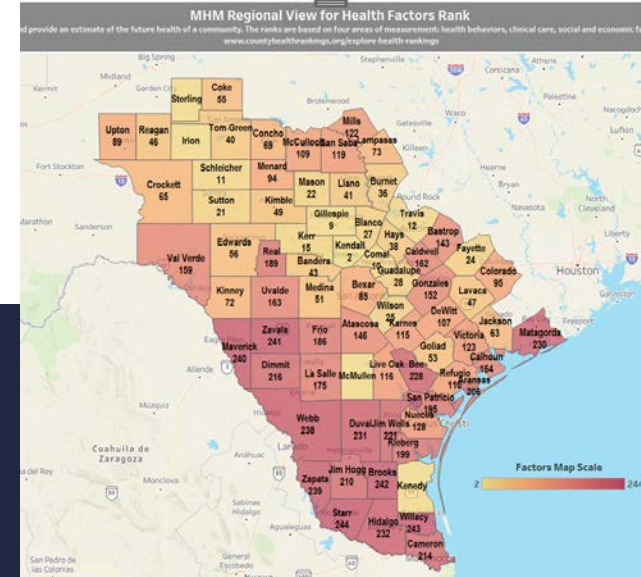
Child poverty



COVID Unemployment



Health status



RACE, PLACE, HEALTH AND WEALTH

5 KEY SHIFTS WE NEED TO MAKE

1. From a “health care system” to a “health and wellbeing system”
2. From “me” to “we”, from silos to interconnectedness
3. Connect the dots between race, place, health, wealth and systemic inequities – and recognize that we can no longer afford to keep people trapped in poverty
4. From people and communities in poverty with problems to people and communities of solutions
5. From scarcity to abundance

ABUNDANCE

“Abundance does not happen automatically. It is created when we have the sense to choose community, to come together to celebrate and share our common store. Whether the scarce resource is money or love or power or words, the true law of life is that we generate more of whatever seems scarce by trusting its supply and passing it around. Authentic abundance does not lie in secured stockpiles of food or cash or influence or affection but in belonging to a community where we can give those goods to others who need them—and receive them from others when we are in need.”

■ -Parker Palmer, *Let Your Life Speak*

100 MILLION HEALTHIER LIVES

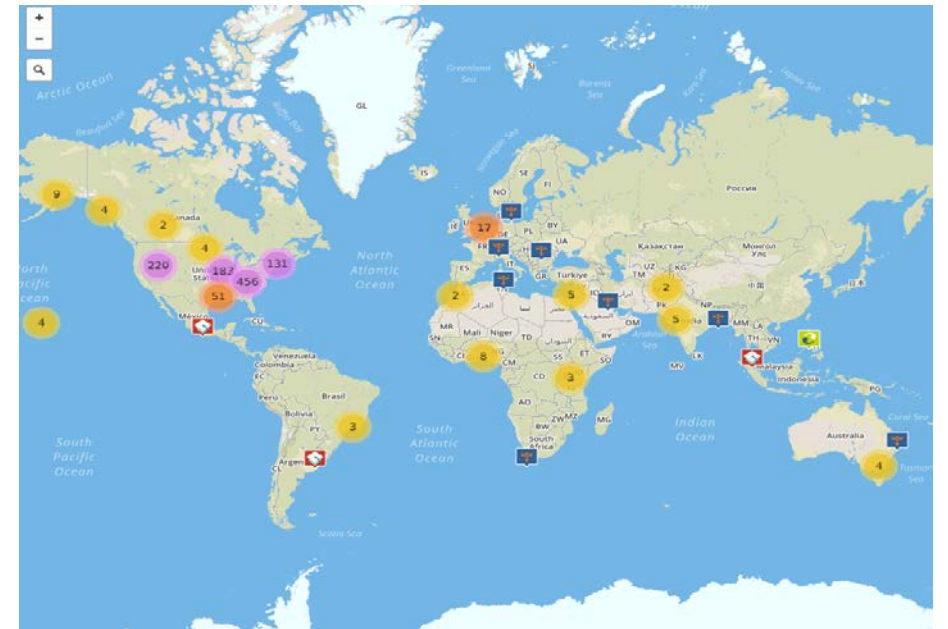
Who: An unprecedented collaboration of change agents pursuing an unprecedented result:

100 million people living healthier lives by 2020

Vision: to fundamentally transform the way we think and act to improve health, wellbeing and equity.

Equity is the price of admission.

www.100mlives.org



>1850+ partners reaching >500 million people in 30+ countries

Convened by the Institute for Healthcare Improvement, owned by all



The Health Advocates In-Reach and Research Campaign (HAIR)

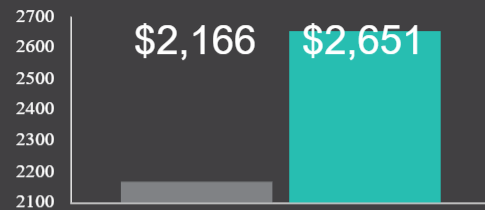


Communities of Solutions



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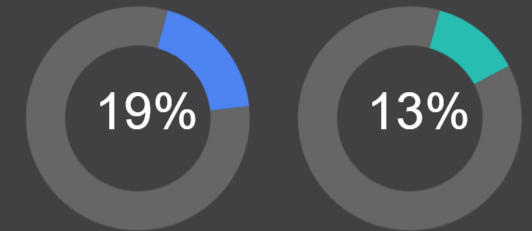
FAMILY INDEPENDENCE INITIATIVE: TRUSTING THE POOR



Average increase in monthly income

↓ 42%

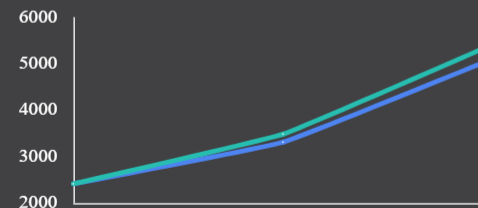
Average decrease in subsidies such as TANF and SNAP



19% of FII Families are entrepreneurs vs. 13% of Americans



% of their students have excellent, good or improved grades



Families grow their yearly income by 2.4x and their assets by 1.7x the initial \$2,400 investment

\$21,050,454

Total estimated amount FII families have exchanged through social capital activities



This pastor is improving the health and economic well-being of his North Carolina congregation and 21 others.



LARAMIE COUNTY, WYOMING

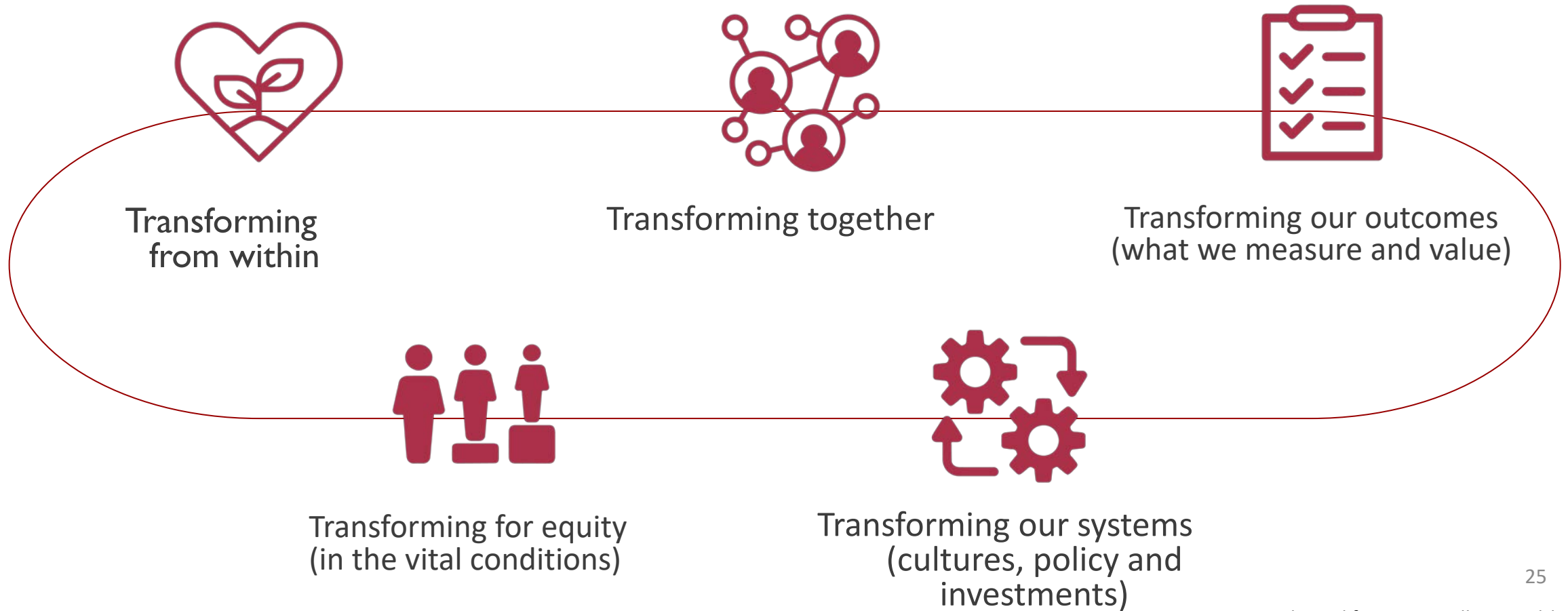


LOYOLA SCHOOL OF MEDICINE AND PROVISO PARTNERS FOR HEALTH



- Eliminate food deserts
- Community and youth leadership
- Economic development as a core strategy
- Training site

WIN Transformation Framework



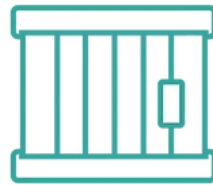
WE in the World advances intergenerational well-being and equity.

What WE Believe



Every member of society

has a piece of the puzzle to create well-being for themselves and others.



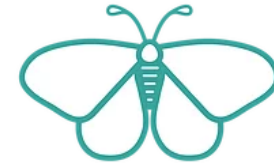
For some people and places

this potential is untapped or trapped by systems of exclusion that lead to a loss for us all.



To be successful

we must discover the right path together.



We must transform

ourselves, our relationships and our systems, in order to unleash our collective potential.

What **WE** Do

- Develop and scale frameworks and tools that change how we think and act

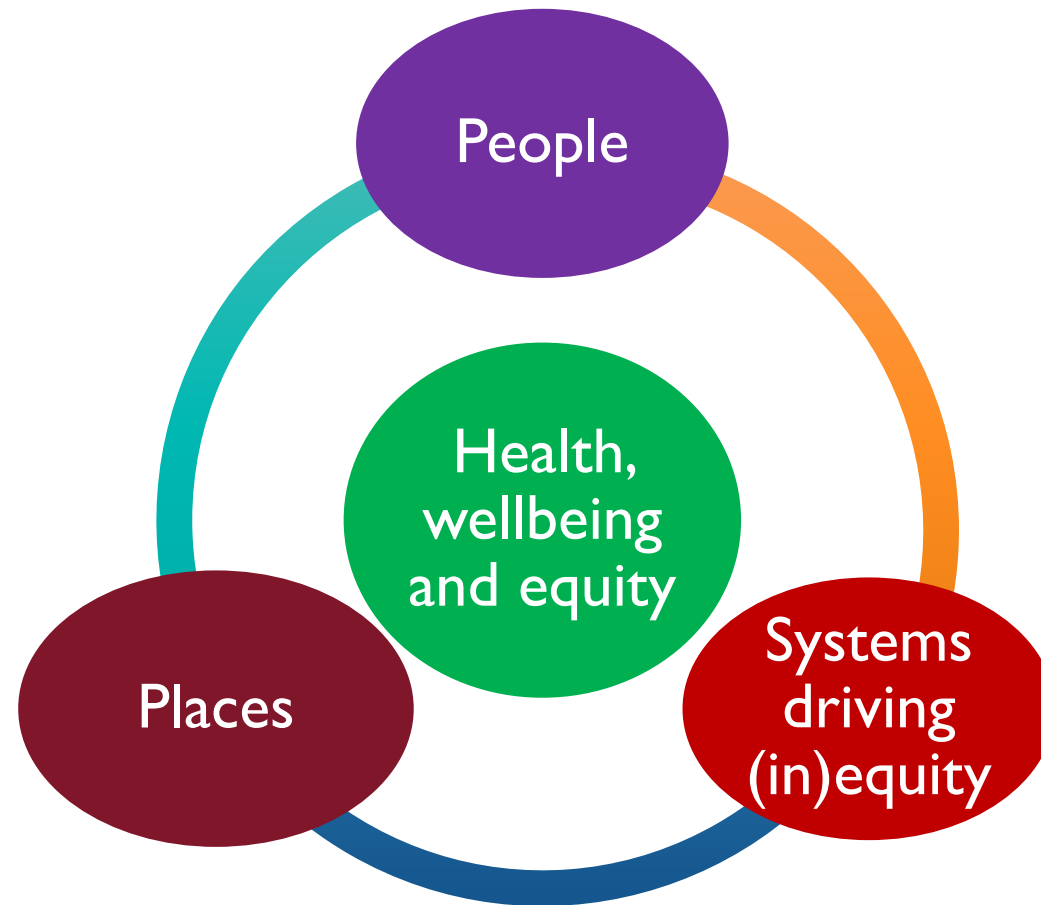


- Achieve real world change at scale

- Build a community of accompaniers capable of transforming the system

- Build strategic networks capable of changing the system

Interrelationship between the health, wellbeing and equity of people, places and the systems of society



Well-being in the Nation Measures



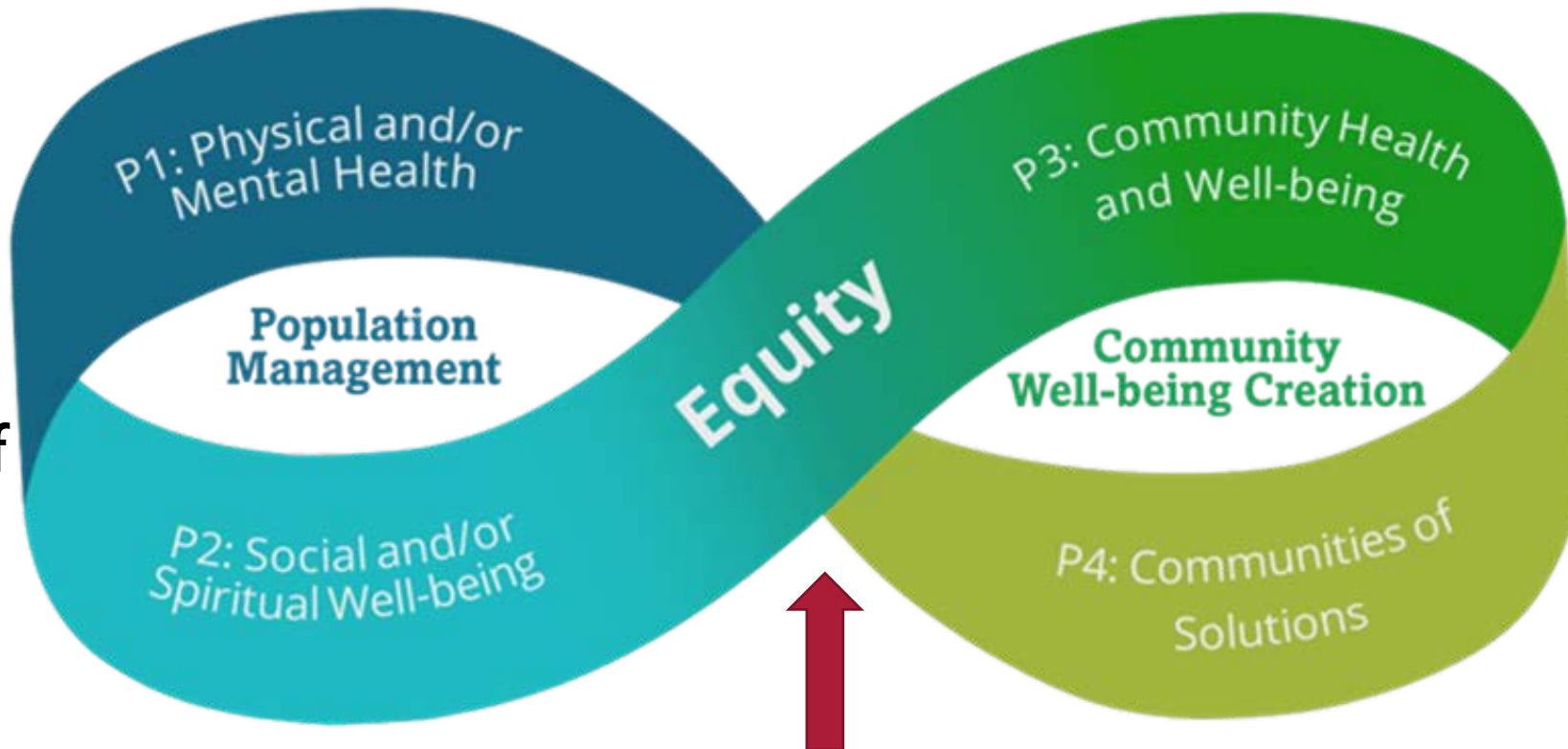
Explore data about every community in the United States.



Four Portfolios of Population Health Action for health care organizations



Improving the health and wellbeing of people



Improving the health and wellbeing of places

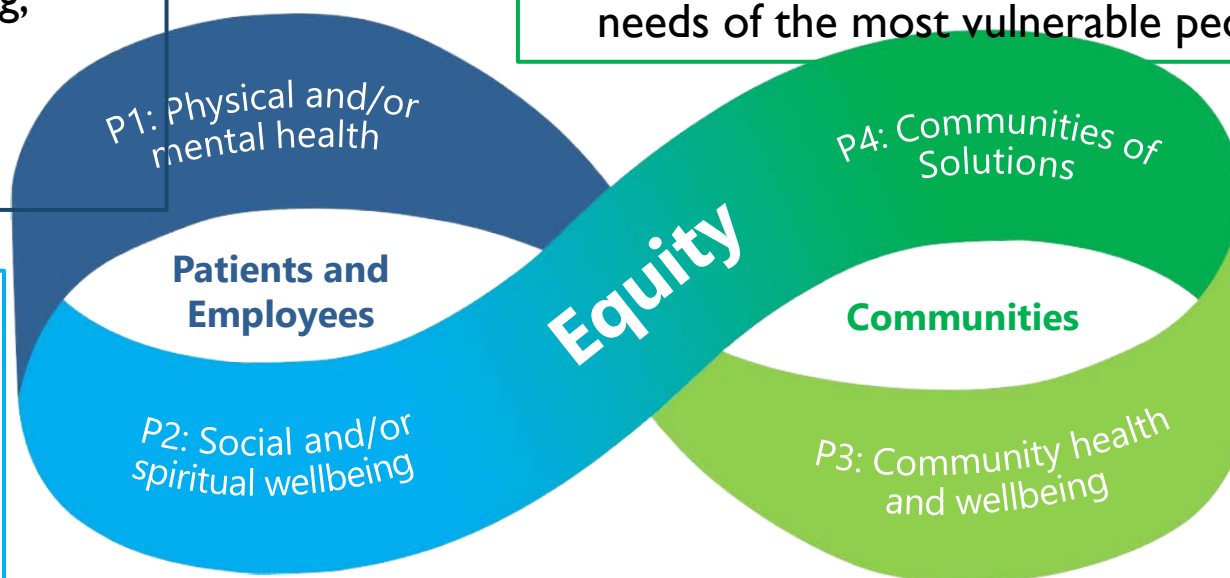
Improving the systems that drive (in)equity

APPLYING P2PH IN THE CONTEXT OF COVID-19 IN RHODE ISLAND FOR PEOPLE WITH CHRONIC ILLNESSES

- Stratify the population with diabetes in terms of COVID-19 risk, diabetes/physical health risk, mental health risk and social risk
- Access to medications, BG monitoring, supplies
- Telehealth services for physical and mental health (and reimbursement)

- Understanding who might have lost access to health care benefits or is feeling financially insecure due to loss of employment or reduced hours
- Loss of access to caregivers as a result of physical distancing
- Social isolation, loss of purpose
- Access to food, transportation, etc

- Advancing policies today that will help in the long run as well (paid family leave, living wages, etc)
- Sharing assets and investments to meet the needs of the most vulnerable people in the state



- Connect assets and initiatives across the clinic and HEZ to meet the needs of people with diabetes and equity gaps

Well Being In the Nation Network (WIN)



WELL BEING
IN THE NATION
NETWORK

What is WIN?

A strategic network coming together to advance intergenerational well-being and equity.

Who is in WIN?

A diverse and growing number of people, organizations and communities across ages and places (including those who confront challenges every day).

What do we work on?

- Changing the culture and systems that perpetuate legacies of trauma and exclusion to ones which create dignity and inclusion
- Advancing the vital conditions that everyone needs to thrive

www.winnetwork.org



FOR MORE INFORMATION

WE WIN Together Racial Justice Community:

<https://winnetwork.org/communities-1>

Springboard for Equitable Recovery and Resilience: <https://thriving.us/>

Health Equity and COVID-19: <https://conta.cc/34WoYav>

WIN Network: www.winnetwork.org

Well-being and Equity (WE) in the World - www.weintheworld.org

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