

**Root Cause Research Center  
Partner Solicitation**

Metro Council: Health and  
Education Committee Meeting

July 17, 2019  
Louisville, KY

Humana  
Foundation

## Introduction- Root Cause Research Center

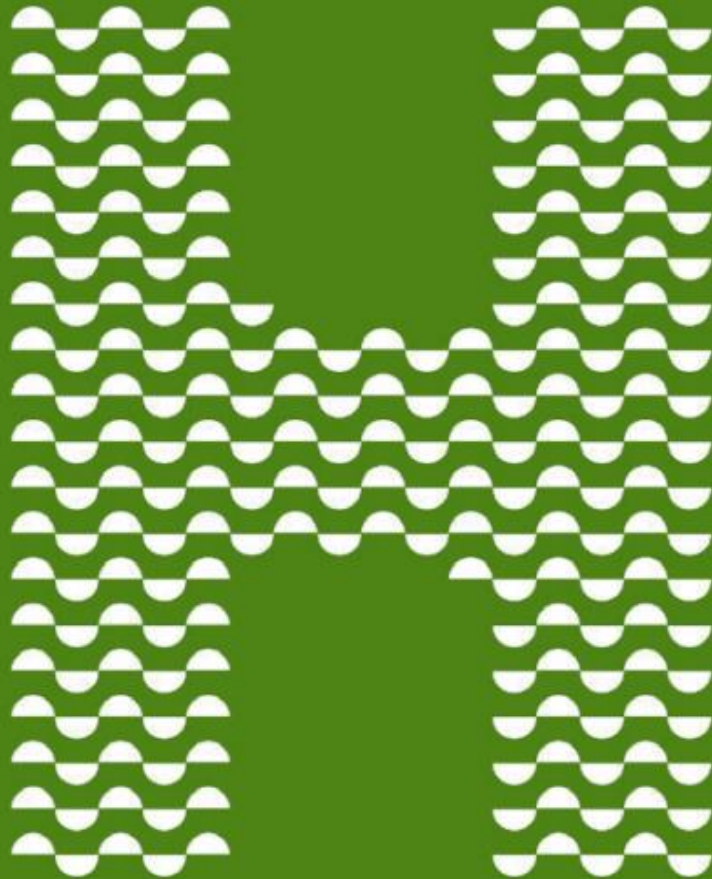


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# Humana Foundation



Root Cause Research Center  
Partner Solicitation

June 2019

## Informational Webinar Slides

Hosted on: 7/2 and 7/8

For more information:  
[humanafoundation@humana.com](mailto:humanafoundation@humana.com)

## The Foundation Continues Its Strategic Evolution



### *Our Mission*

The **Humana Foundation** co-creates communities where leadership, culture and systems work to improve and **sustain positive health outcomes**.

### *Our Strategic Themes*



***“Fewer, Bigger”  
Investment Model***



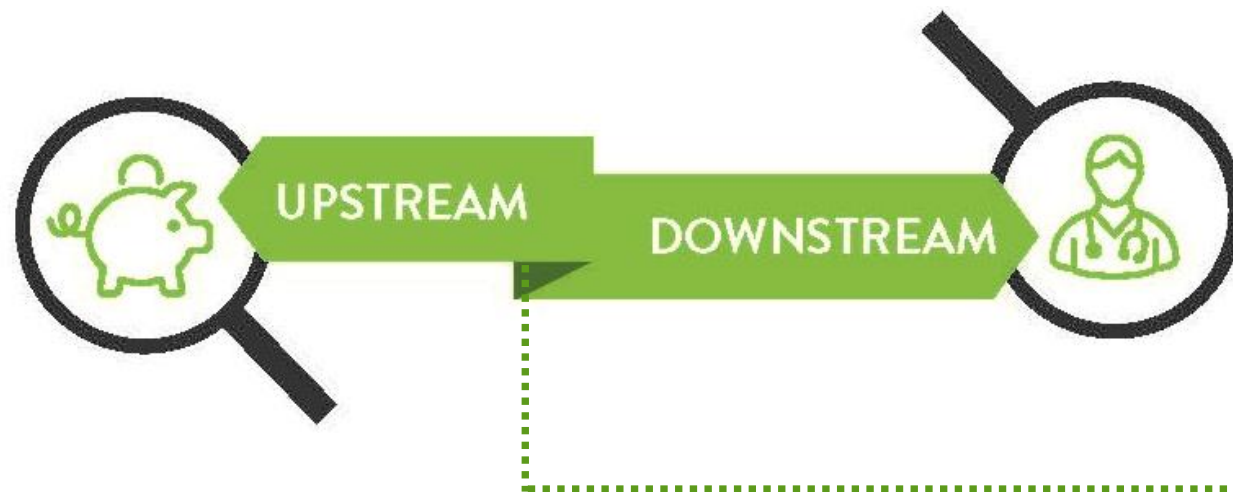
***Shift from “Funder” to  
“Investor” in SDOH***



***Investment in Bold Goal  
Communities***

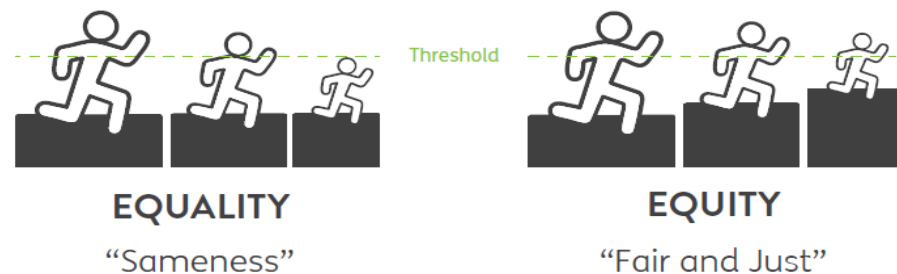
- A Journey and Approach
- B Programs
- C Deliverables and Proposal Submission
- D Questions

## Taking the Upstream Approach in Pursuit of Health Equity



Health equity means that everyone has a **fair and just opportunity** to be healthier.

Health equity is **the absence of systematic disparities** in health or in the major social determinants of health between social groups who have different levels of underlying social advantage/disadvantage.





# INVESTMENT IN BOLD GOAL COMMUNITIES



*Alignment & Synergy*



**...And More To Come!**

## FOUNDATION PROGRAMS



### Strategic Community Investments

**\$ Amount:** \$500,000 +

**Geographies:** Bold Goal Markets

**Focus:** Social Determinants of Health



### Community Partners Program

**\$ Amount:** <\$100,000

**Geographies:** Louisville

**Focus:** Innovation, Collaboration, Inclusion & Diversity



### Disaster Philanthropy

**\$ Amount:** Discretionary

**Geographies:** United States

**Focus:** Natural & Un-natural Disasters



### Associate Programs

**\$ Amount:** Various

**Geographies:** Humana Associate Locations

**Focus:** Volunteerism, Matching Donations, Scholarships

## STRATEGIC AREAS OF FOCUS



Food Security



Social Connectedness



Financial Asset Security



Post-Secondary Success

*Driving Impact  
In...*



# Aligning Distinctive Assets to Advance Health Equity in Humana Communities

**UPSTREAM**  
SOCIAL FACTORS

DETERMINANTS OF HEALTH

**DOWNSTREAM**  
MEDICAL MODELS

SOCIAL INEQUITIES INSTITUTIONAL POWER NEIGHBORHOOD CONDITIONS RISK BEHAVIORS DISEASE AND INJURY HEALTH STATUS

## 2018- 2019 Strategic Community Investment Program

**Humana Foundation** | communities exemplify holistic approaches to health equity  
Investment level \$500K and above

Post-secondary  
success & sustaining  
employment

Asset security

Social connection

Food security



**UF**\*



**OATS**



**AARP**  
FOUNDATION



GEOGRAPHIC AREA OF FOCUS:  
Louisville, KY

GEOGRAPHIC AREAS OF FOCUS:

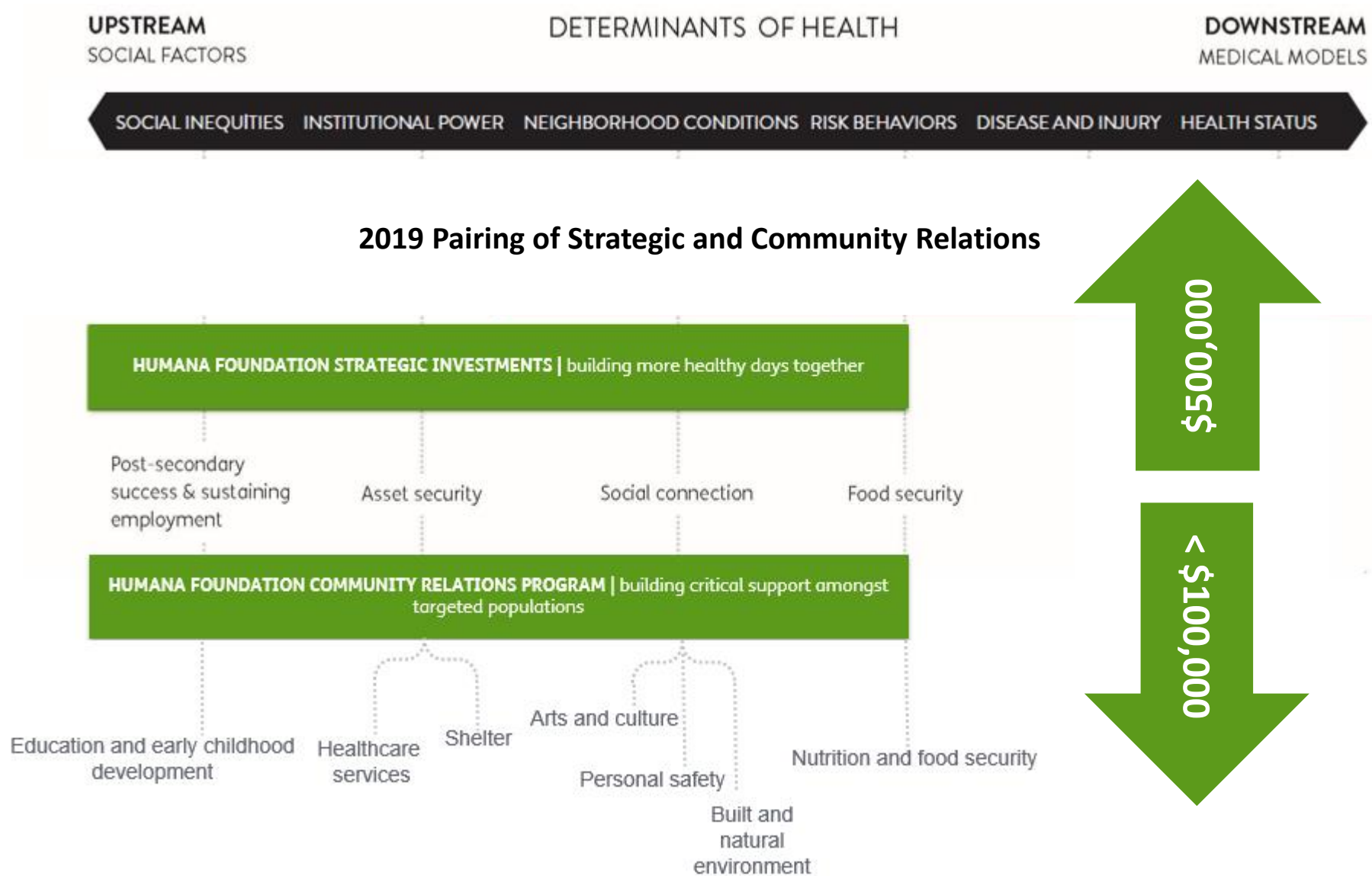
Baton Rouge, LA; Broward County, FL; Jacksonville, FL; Knoxville, TN;  
New Orleans, LA; Tampa Bay, FL; San Antonio, TX

\*University of Florida and Family Scholar House are covering three focus areas

\*\*Metro United Way is only investment covering Asset security

\*\*\* No New Orleans investments in this cohort

# Holistically Addressing the Determinants of Health



### All programs seek to close systemic gaps and enhance success for everyone.

The Foundation is interested in transformational changes in population health and health related quality of life where health is seen as through an interactive lens between behavior and the systems (e.g. policies) or structures that influence health outcomes. We seek to work together to create a more equitable society where leadership, culture and systems work to improve and sustain positive health outcomes and even greater Health Days.

#### Postsecondary Attainment and Sustaining Employment

Programs result in **closing systemic gaps in middle-skills employment**<sup>1</sup> as measured by effective partnerships with employers and industry partners that result in participating individuals being **trained or credentialed, and hired or retained for living wage jobs**<sup>2</sup> that are specific to the region and offer a range of support services specific to the population.<sup>3-6</sup>



#### Financial Asset Security

Programs result in **closing systemic gaps in wealth** as measured by participating households experiencing **high income, low debt to monthly income ratio, the ability to save money**<sup>7</sup> and their surrounding Public Use Microdata Area **moving below 20 percent using the standard Federal Poverty Line**.<sup>8</sup>



#### Social Connectedness

Programs result in **closing systemic gaps** in social inclusion in three domains of-- **participation, connectedness and a sense of belonging, and citizenship**.

##### Key Measurements:

Personal Social Capital Scale-E.<sup>9</sup>

Social and Community Opportunities Profile-short<sup>9</sup>

The Campaign to End Loneliness Scale<sup>10</sup>



#### Food Security

Programs result in **closing systemic gaps in food security**<sup>11</sup> and food justice<sup>12-13</sup> by increasing access, affordability, availability and consumption<sup>14</sup> of Fresh Fruit and Vegetables (FFV) and enhancing awareness, appeal, and autonomy of nutritious choices as measured by the **Whole Measures for Community Food Systems**.<sup>12</sup>



## RESEARCH MODEL



*Focused Relationships Collaborative Partnerships Increased Capacity*



**CO-CREATE**



**IDENTIFY**



**FOCUS**

## Deliverables

### Health Equity Reports

Each of the social determinants of health as listed are going through strategic systematic literature reviews to help us ensure awareness. We want to know in these reports, what do the pressure points of these SDOH uniquely look like in these communities.

### Community Collaboration

Fundamental to finding the solutions in communities is making sure that we are working with partners that are critical to influencing how the network operates.

### Implementation Plans

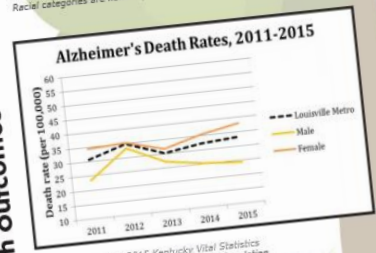
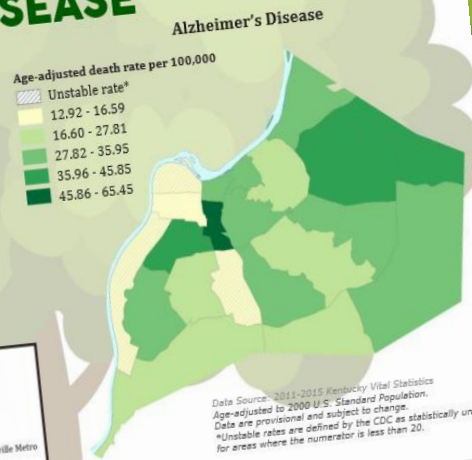
Recognizing that to impact health equity we need to intentionally work at all levels of society through collaborations at multiple sectors.



# ALZHEIMER'S DISEASE

Alzheimer's Total 2011-2015

	Count	Age-adjusted rate (per 100,000)
White Female	960	37.40
Louisville Metro	1460	32.22
Other Male	**	29.11*
White Male	367	27.25
Black Male	40	24.32
Hispanic Female	6	23.37*
Black Female	81	21.31
Other Female	**	8.97*
Hispanic Male	0	0*



Most people who die from Alzheimer's disease are white women; this is most likely a reflection of the fact that women have a longer life expectancy and are less likely to die from other health outcomes earlier in life. However, national trends suggest that people of color experience Alzheimer's at higher rates. Geographically, Alzheimer's disease affects the Old Louisville area the most.

The median age of those who died from Alzheimer's disease in Louisville Metro from 2011-2015 was 88.

Health outcomes

## EMPLOYMENT AND INCOME

## EDUCATION

The exact cause of Alzheimer's disease remains unknown to researchers; however, evidence indicates patterns that show higher levels of the disease for Black and Latino communities.<sup>11</sup> Those who end up dying from Alzheimer's are usually those who do not die of another co-morbidity first. Here we explore what is known about root causes and their correlation to Alzheimer's. It is important to remember that because two things occur at the same time does not mean one causes the other. As with any health outcome, the reason why any one individual acquires a disease is complex and is likely the result of many factors, such as social, biological, environmental and genetic, rather than one. There remains much to be learned about Alzheimer's disease at every level.

## EDUCATION

Educational attainment can have a major impact on a person's ability to earn income and access meaningful employment opportunities.<sup>12</sup> The resulting higher income can provide greater access to needed care for someone who has Alzheimer's. However, studies show there is a higher occurrence of dementia in populations with lower education levels.<sup>42</sup> This suggests that education can enhance neurological functions that can then act as a coping mechanism if and when degenerative changes begin to occur, which would delay symptoms.<sup>43</sup>

Education levels are also related to other important factors impacting brain health throughout life and into older adulthood. Education levels can impact exposure to toxic environmental factors, chronic disease, nutrition, and facilitate mentally stimulating activities.<sup>4</sup>

In communities with low-income wage earners, educational achievement is much more difficult. When considering the context of the consequences communities with lower income levels and lower levels of formal education may not have the protective factors that education provides against Alzheimer's, and could increase their susceptibility to disease.

## EMPLOYMENT AND INCOME

Socioeconomic status impacts health at every stage of life, and in 2014, 10% of adults 65 years old and older were living in poverty.<sup>44</sup>

Research shows various factors have a significant impact on cognitive functions and disorders, even when these factors are present early in a person's life. These include socioeconomic status, educational achievement, and job environment.<sup>45</sup> Although research does not identify which of these has the greatest impact, it is clear the compounded effects are critical to the racial and ethnic differences in who is most impacted by an Alzheimer's diagnosis.

While income is definitely not the only factor that impacts whether a person will be diagnosed with Alzheimer's, it does play an important role in the stress that a person is trying to manage, what healthy choices are available to a person, and whether they will have access to the long-term care needed after diagnosis.

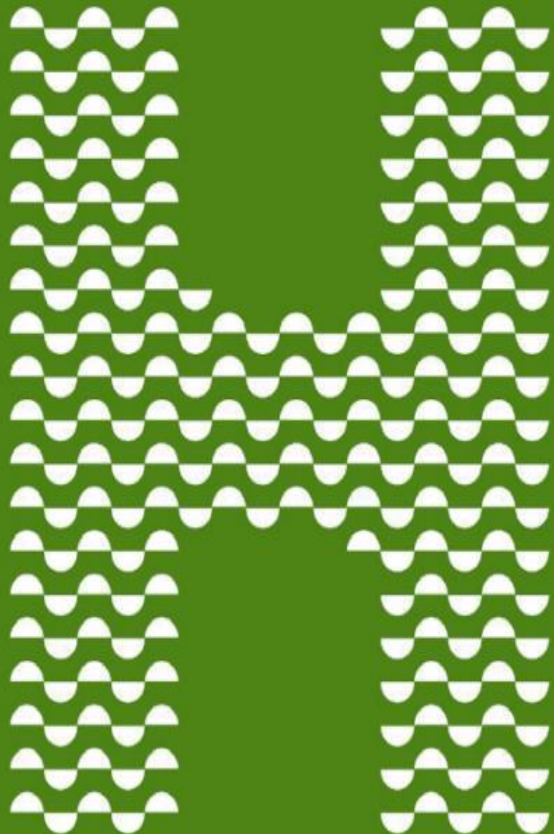
Individuals and communities with more financial resources throughout their life are better situated to have good physical and neurological health, and are more likely to maintain cognitive health.

# HEALTH OUTCOMES

# ROOT CAUSES

# SYSTEMS OF POWER

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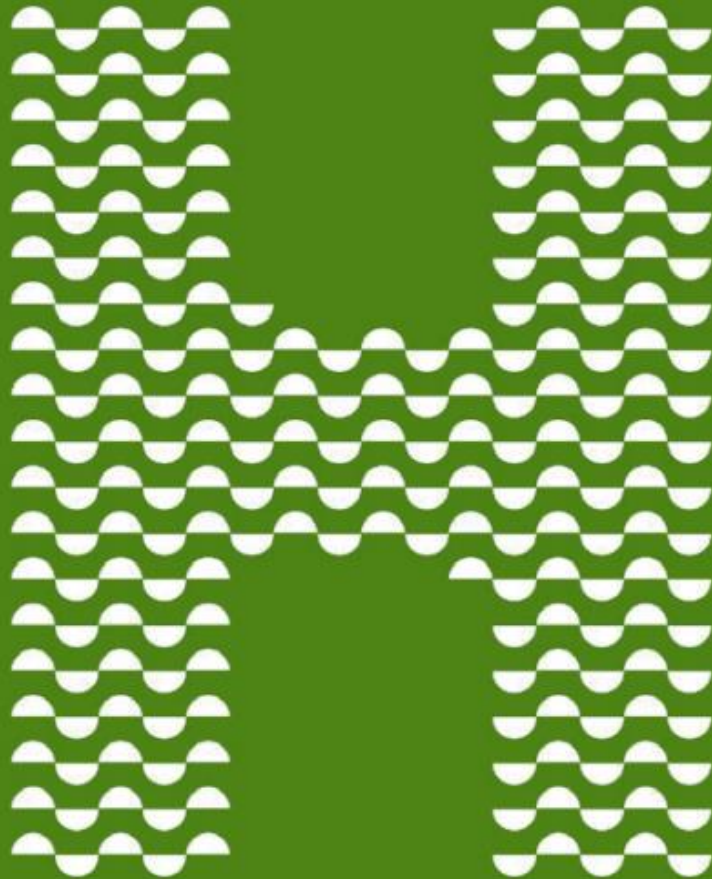
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1. Letter
2. Background and Approach
3. Timeline
4. Identification of Market Areas
5. Team
6. Relevant Experience
7. Past Implementation Outcomes
8. Budget Request



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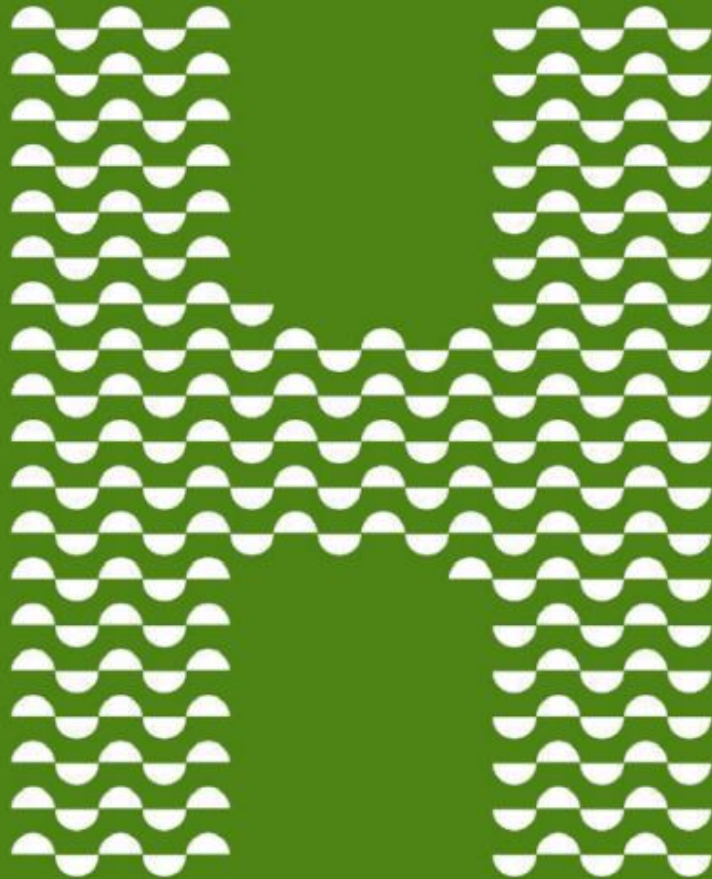
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Submission  
**EXTENDED:**

August 6, 2019  
4:00 PM EST

[humanafoundation@humana.com](mailto:humanafoundation@humana.com)  
RCRC\_[Name of Organization]\_ Brief

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## QUESTIONS??

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4:00 PM EST

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RCRC\_[Name of Organization]\_ Brief