



- The public health institute of Western MA:
  - research assessment
  - program evaluation
  - coalition building
- Social Justice is at the heart of our public health work

*We believe the consequences of our country's historic and continued hierarchy of race and class manifests today through health inequities.*



### Today's Desired Outcomes

- Shared understanding of health equity
- Shared understanding of social determinants of health
- Shared understanding of accessing and using data
- Shared understanding of tools to engage your community and to share power in your planning process
- Shared understanding of how to build diverse teams
- Shared understanding of how to choose your priorities
- **Incorporate health equity into Community Health Improvement Planning**

*Difficult subject matter and difficult histories are our **collective truths**. As {public health practitioners}, we are **not interested in perpetuating mistruths, misunderstandings and old ways of thinking**. What is exciting {in regard to} **being honest** is how we move forward culturally; we believe that histories should be **explored and corrected and learned from**.*

- adapted from David Burns of Fallen Fruit

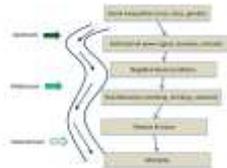


### 3 Metaphors Throughout the Day



**Gears** – social determinants are interconnected and interrelated

**Peeling an onion** – a person, situation, or system is more complicated than it appears to be.



Moving from **downstream** behaviors to **upstream** population health

### Key Elements of Health Equity Not Covered Today

#### Developing Leadership

- Human Impact Partners: Capacity Building
- Interaction Institute for Social Change: Facilitative Leadership

#### Racial Healing

- Healing Racism
- Kirwan Institute: Understanding Implicit Bias

#### Cultural Humility



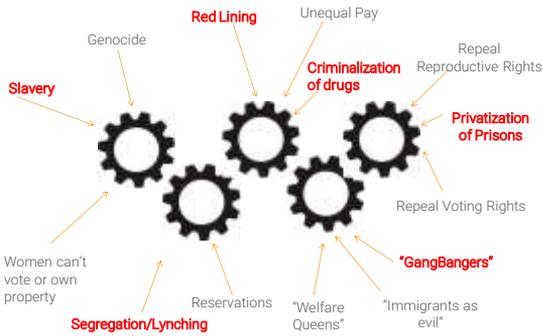
## Health Equity and Social Determinants of Health



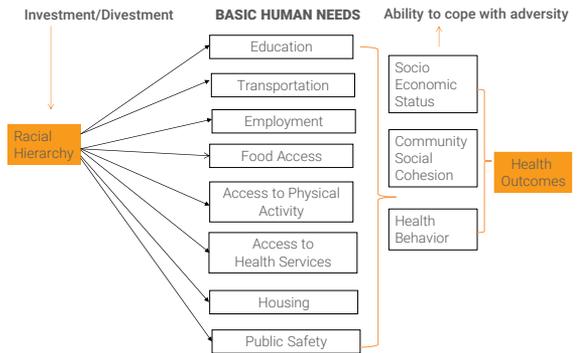
The opportunity for everyone to attain their full health potential.



## History and Reality of the US



## A Health Equity Framework



## How Our Health is Determined



County Health Rankings & Roadmaps

## Health Factors - 14 Counties



County Health Rankings & Roadmaps

## Health Outcomes – 14 Counties



County Health Rankings & Roadmaps

## Peeling Back the Onion

How our history plays out today with regard to social determinants and health outcomes.  
One child's story ...



## Using Data to Identify Health Inequities



## Data Can Help Us Understand Health Inequities

- Ask the questions – peel the onion
- Use data to answer the questions
  - Are groups impacted differently?
  - What actions can we take to address health inequities?



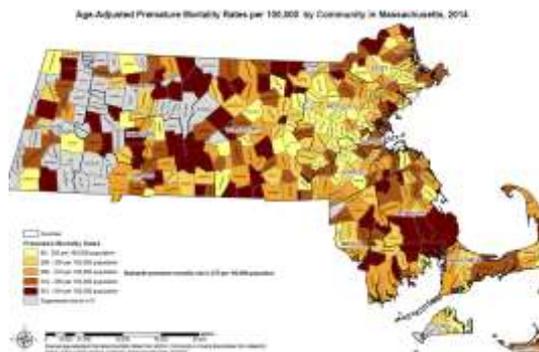
## What Does the Data Tell Us?



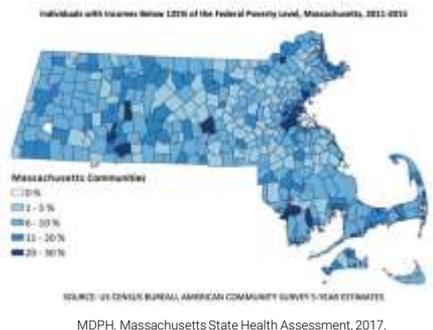
Massachusetts is the Healthiest State in the U.S.

United Health Foundation. 2017. "America's Health Rankings"

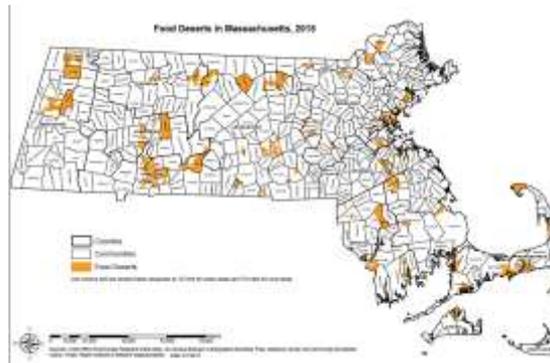
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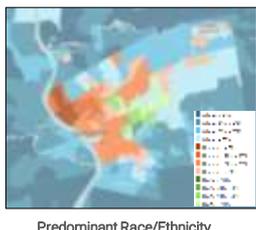
## What Does the Data Tell Us?



## What Does the Data Tell Us?



### Taking a Closer Look: Springfield



CDC, 500 Cities Project. Model-based estimates for obesity and no leisure-time physical activity among adults aged >=18 years - 2015; Community Commons, U.S. Census 2010

## What Types of Data Can We Use to Answer our Questions?

- Existing data
- Collect new data – assessment method examples
  - Qualitative methods
    - Key informant or stakeholder interviews
    - Focus groups
    - Windshield and Walking Surveys and Audits
    - SWOC (strengths, weaknesses, opportunities, challenges)
    - PhotoVoice
  - Quantitative methods
    - Surveys
    - Pedestrian/bike/traffic counts
  - Qualitative and/or quantitative
    - Community forums/town hall meetings
    - Asset mapping



## Data through a Health Equity Lens

- Disaggregate data to examine differences
- May need different types of data – quantitative & qualitative
- Look at health, SDOH and geographic differences
- Involve community in your data assessment process
  - Design
  - Data collection
  - Interpretation
  - Reporting out
- Use participatory approaches – your assessment itself can help foster health equity!

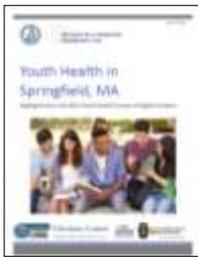


Resident Walk Audits

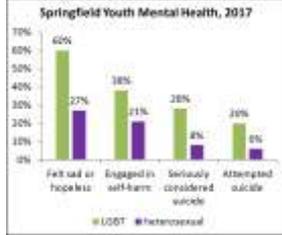
## Choosing Assessment Methods

Considerations	Questions
Time	<ul style="list-style-type: none"> <li>How much time do you have to conduct the activity?</li> <li>Some tools require much more preparation and development</li> </ul>
Resources	<ul style="list-style-type: none"> <li>What will using the tool require in terms of people to facilitate/carry out the activity?</li> <li>How much will it cost?</li> <li>What other material or human resources might you need?</li> </ul>
Expertise	<ul style="list-style-type: none"> <li>Does the tool require expertise in the area?</li> <li>Is there an opportunity to be trained on using the tool?</li> </ul>
Output	<ul style="list-style-type: none"> <li>What type of data will it provide?</li> <li>Will this be helpful toward answering your questions?</li> </ul>
Population	<ul style="list-style-type: none"> <li>How many people do you want to reach/gather information from?</li> </ul>
Geography	<ul style="list-style-type: none"> <li>What is the geographic area you want to cover? (e.g., a community? neighborhood? streets/blocks surrounding specific housing?)</li> </ul>

## DATA IN ACTION: Springfield Youth Mental Health



Mental Health Inequities Among Springfield Teens



## DATA IN ACTION: Using Data to Identify Health Inequities in Franklin County and the North Quabbin Region

Communities That Care Coalition



## Our Vision and Mission

The Communities That Care Coalition's **vision** is that Franklin County and the North Quabbin Region be a place where young people are able to reach their full potential and thrive with ongoing and coordinated support from schools, families, and the community.

The Communities That Care Coalition's **mission** is to bring together schools, families, youth, and the community to promote protective factors, reduce risk factors, prevent substance use and other risky behaviors, and increase healthy eating and active living to improve young people's ability to reach their full potential and thrive.

## Coalition Structure



## Youth Risk Behavior Survey

- CDC survey, 1991-present on national and state levels
- Among topics covered:
  - tobacco, alcohol and other drug use
  - sexual behaviors that might lead to unintended pregnancy or sexually transmitted disease
  - dietary behaviors & physical activity
  - behaviors associated with intentional or unintentional injuries
  - mental health, including depression & suicidality

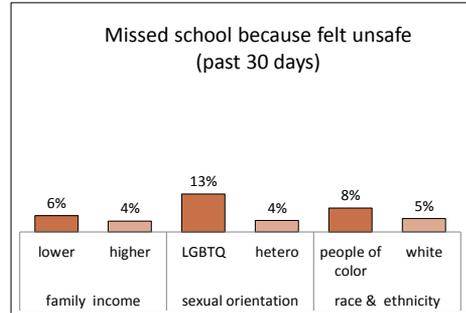
## Health disparities evident in our local data

- We looked at contrasts along three dimensions:
  - Race and ethnicity
  - Income
  - Sexual orientation
- We found disparities across the board, notably:
  - **Victimization**
  - **Mental Health**
  - **Unstable situations at home**
  - **Early exposure to risk**

### Health disparities evident in our local data



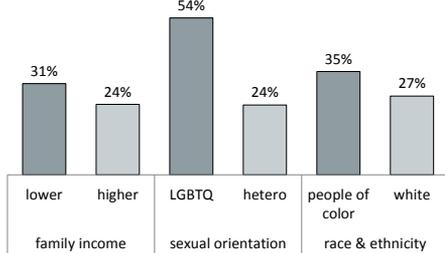
### Health disparities: **victimization**



FC/NQ YRBS 2016, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades combined and weighted to reflect enrollments

### Health disparities: **mental health**

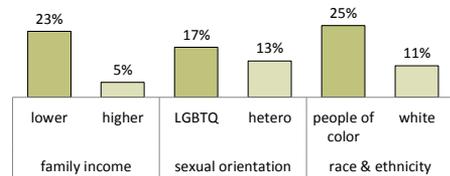
Have experienced signs of depression (past 12 months)



FC/NQ YRBS 2016, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades combined and weighted to reflect enrollments

### Health disparities: **unstable situation at home**

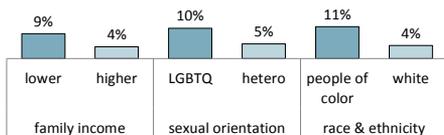
Have a parent in jail or prison now or in the past



FC/NQ YRBS 2016, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades combined and weighted to reflect enrollments

### Health disparities: **Early exposure to risk**

Tried smoking cigarettes before age 13



FC/NQ YRBS 2016, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades combined and weighted to reflect enrollments

### **Initial Coalition Responses to Data**

- Focused our data release and spring Coalition meeting on health equity.
- Added a coalition goal on health equity
- Coordinating Council held a racial justice retreat and began working with a consultant to work racial justice into our work
- To diversify membership, the Parent Ed Workgroup moved its meeting place from CSO to Oak Courts, and has renewed its energy with the participation of several Oak Courts residents.
- Developed a "TED Talk" on health equity and posted on YouTube

## Resources

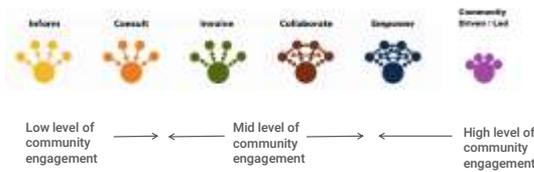
- The 2016 data : <https://docs.google.com/viewer?ea=v&pid=sites&srcid=ZGVmYXVsdGRvbWVpbnxjdGNub3RibXBsYXRlRiGd4OjdkZTdmNWNIIMDE3OWE5OA>
- The data release for 2016 focused on health equity. CTC held a press conference. GCTV video here: <http://gctv.org/videos/teen-health-survey-results-2016>
- YouTube link to "TED TALK" <https://www.youtube.com/watch?v=PnV2FbZB8sY>
- The Spring 2017 full coalition meeting was entirely dedicated to health equity:
  - slides: <https://docs.google.com/viewer?ea=v&pid=sites&srcid=ZGVmYXVsdGRvbWVpbnxjdGNub3RibXBsYXRlRiGd4OjVjZW9EYjczODM3MTU3NTE>
  - videos (Unnatural Causes [https://unnaturalcauses.org/about\\_the\\_series.php](https://unnaturalcauses.org/about_the_series.php) , Dr. Camara Jones <https://www.youtube.com/watch?reload=9&v=GNhcY6Fv6M> )

Jeanette Voas, Evaluation Coordinator  
Partnership for Youth, Franklin Regional Council of Governments  
[jvoas@frcog.org](mailto:jvoas@frcog.org) 413-774-3167 ext 122

## Health Equity Assessment Matrix

Qualitative Assessment Tool	How have you used these methods in the past? If not, do you need to?	Adding on a health equity framework – how would you do it in the future?
Focus Groups		
Key Informant Interviews		
Windshield and Walking Surveys/Audits		
PhotoVoice		
Community Forums		
Asset mapping		

## Shared Power/Community Engagement



## Why Shared Power?

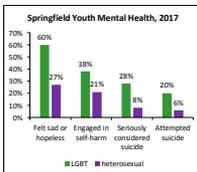
"Any serious effort to reduce health inequities will involve **changing the distribution of power** within society and global regions, **empowering individuals and groups to represent strongly and effectively their needs and interests** and, in so doing, to challenge and change the unfair and steeply graded distribution of social resources (the conditions for health) to which all, as citizens, have claims and rights."

-- Final Report of the WHO Commission on Social Determinants of Health



## Community Partnerships & Data In Action

Mental Health Inequities Among Springfield Teens



## Community Partnerships & Data In Action

Springfield Age Friendly City Initiative



## Building a Collaborative Process



## Everyday Democracy

Equity - fairness or a state where ethnic identity, culture, class, gender, sexual orientation, age, etc. are not indicators of one's life opportunities in any measurable or disparate way.



Processes that are using a health equity lens require that decisions must be informed and shared by the very people whose lives will be impacted.



## Stakeholder Analysis Through an EQUITY LENS

1. **WHO ARE THE GROUPS** affected by the CHIP decision making process you are establishing?
2. **WHAT GROUPS** are likely to be impacted by CHIP recommendations (i.e., practice, policy, decision or law)?
3. **ARE THE GROUPS** affected by CHIP decisions at the table, represented equitably and possess voice?

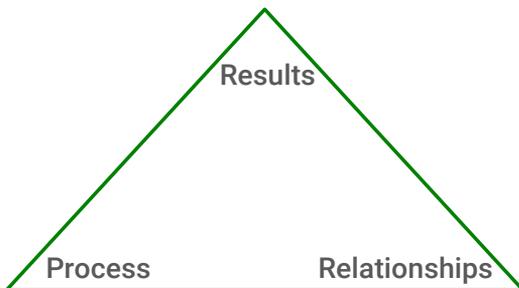
*DEPENDING ON the above answers, what changes need to happen to ensure equity in the "who" at the table making decisions about practice, policy, decision or law?*

## Stakeholder Analysis

- **IDENTIFY BLOCKERS**...individuals who are gatekeepers, they have the power to defeat or advance the project. They do not need to be in the room, but they are in your plan
- **IDENTIFY THE CHAMPIONS**...individuals that are ready and willing to sponsor a working group, and serve as the "facilitative leader" of the effort.
- **IDENTIFY ALLIES AND PARTNERS**...where are they placed along the continuum: constant communication only, essential for collaborative work, and a must in collaborative strategies for change.

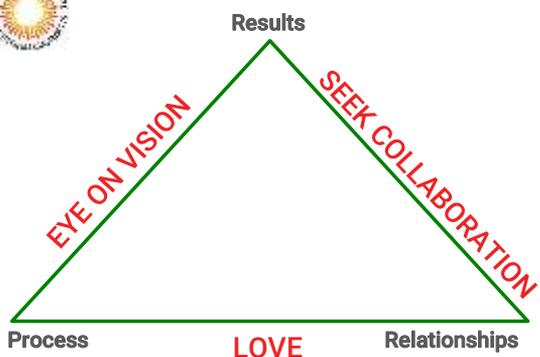


## Collaborative Leadership Teams Need to Balance:



## Our Biggest Threat ...Ourselves...

- Turf issues/competition
- Process vs. product
- Conflicts of interest
- Disputes over resource allocation
- Not adapting to environment changes
- Weak leadership
- Need for Capacity Building of leadership
- Ongoing commitment to equity



## Stakeholder Analysis Matrix

STAKEHOLDER	EQUITY INDICATOR	COLLABORATIVE LEADER	BLOCKERS	CHAMPIONS	PARTNERS/ ALLIES
Name and Contact Information	R/E, Gender, Sexual Preference, CALD, Class, Age, etc.	What are the strengths they bring?	What are critical paths where they are gatekeepers?	Unique contributions as "trailblazers", they are gatekeepers for which networks or paths?	What sector(s) do they represent? what synergy do they bring to this effort?

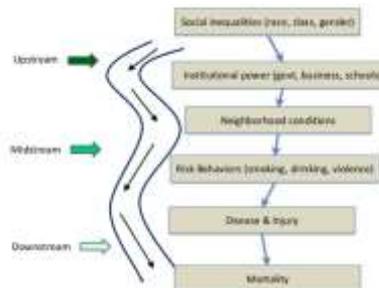


## Unlocking a Process for Priority Setting for Health Equity



Prevention Institute

## Upstream.... Downstream



## Countering the Production of Inequities: Built Environment



Prevention Institute

## Countering the Production of Inequities BIG P... little p

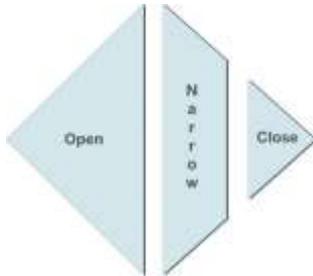


**Big P's** are legislated – public policies like water fluoridation, affordable housing, and Tobacco 21.

**Little p's** are practices and policies within an organization like smoke-free environments, mandated trainings and budget allocations.



## So How Do You Decide?



Interaction Institute for Social Change

## Other Key Things to Consider

- Are there any champions?
- What is the long term impact?
- Consider severity versus magnitude?
- Is there data that you could monitor?
- Does it leverage community assets and infrastructure?
- Is there a campaign that is already in place?
- Is there funding (short/long)?
- Is there an existing staff person to take it on?

Resource: MPHA Health Equity Policy Framework



## Priority Planning Matrix

Priority and Strategy Considerations	Behavioral Health	Access to Food	Reducing Tobacco Use	Enhancing understanding of Health Equity
Which strategy on the Prevention Spectrum?				
Is this strategy up/down stream?				
Is this Strategy P/p?				
Are there any champions?				
What is the long term impact?				
Does it address severity versus magnitude?				
Is there data that you could monitor?				
Does it leverage community assets and infrastructure?				
Is there a campaign that is already in place?				
Is there funding (short/long)?				
Is there an existing staff person to take it on?				



## Q & A



## Thank you!

- Please fill out your Post Workshop Survey!
- Contact:
  - Jessica Collins, Executive Director, [jcollins@publichealthwm.org](mailto:jcollins@publichealthwm.org)
  - Kathleen Szegda, Community Research & Evaluation Director, [kszegda@publichealthwm.org](mailto:kszegda@publichealthwm.org)
  - Kathy Wicks, Program Manager, [kwicks@publichealthwm.org](mailto:kwicks@publichealthwm.org)

