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

Slavery
Genocide
Women can’t vote or own property
Segregation/Lynching
Unequal Pay
Criminalization of drugs
“Welfare Queens”
“Immigrants as evil”

A Health Equity Framework

Investment/Divestment
BASIC HUMAN NEEDS
Ability to cope with adversity

Racial Hierarchy

Transportation
Employment
Food Access
Access to Physical Activity
Access to Health Services
Housing
Public Safety
Socio-Economic Status
Community Social Cohesion
Health Behavior

How Our Health is Determined

Health Factors - 14 Counties

CHIP
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"
What Does the Data Tell Us?

MDPH. Massachusetts State Health Assessment, 2017.

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!

Choosing Assessment Methods

<table>
<thead>
<tr>
<th>Considerations</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>• How much time do you have to conduct the activity? Some tools require much more preparation and development.</td>
</tr>
<tr>
<td>Resources</td>
<td>• What will using the tool require in terms of people to facilitate/carry out the activity? • How much will it cost? • What other material or human resources might you need?</td>
</tr>
<tr>
<td>Expertise</td>
<td>• Does the tool require expertise in the area? • Is there an opportunity to be trained on using the tool?</td>
</tr>
<tr>
<td>Output</td>
<td>• What type of data will it provide? • Will this be helpful toward answering your questions?</td>
</tr>
<tr>
<td>Population</td>
<td>• How many people do you want to reach/gather information from?</td>
</tr>
<tr>
<td>Geography</td>
<td>• What is the geographic area you want to cover? (e.g., a community, neighborhood, streets, blocks surrounding specific housing?)</td>
</tr>
</tbody>
</table>
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

Coordinating Council

- Parent Education Workgroup
- Regional School Health Task Force
- Youth Leadership Initiative
- Policy and Practice Change Workgroup
- Mass in Motion Steering Committee

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

Missed school because felt unsafe (past 30 days)

Health disparities: mental health

Have experienced signs of depression (past 12 months)

Health disparities: unstable situation at home

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

Health disparities: Early exposure to risk

Tried smoking cigarettes before age 13

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?a=v&pid=sites&srcid=ZGVmYXVsdGRvbWFpbnxjdGNub3RlbXBsYXRlfGd4OjdkZTdmNWNlMDE3OWE5OA](https://docs.google.com/viewer?a=v&pid=sites&srcid=ZGVmYXVsdGRvbWFpbnxjdGNub3RlbXBsYXRlfGd4OjdkZTdmNWNlMDE3OWE5OA)
- YouTube link to “TED TALK” [https://www.youtube.com/watch?v=PnV2FbZB8sY](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?a=v&pid=sites&srcid=ZGVmYXVsdGRvbWFpbnxjdGNub3RlbXBsYXRlfGd4OjVjZWE0Yjc3ODM3MTU3NTE](https://docs.google.com/viewer?a=v&pid=sites&srcid=ZGVmYXVsdGRvbWFpbnxjdGNub3RlbXBsYXRlfGd4OjVjZWE0Yjc3ODM3MTU3NTE)
  - videos (Unnatural Causes: https://unnaturalcauses.org/about_the_series.php, Dr. Camara Jones: [https://www.youtube.com/watch?reload=9&v=GNhcY6fTyBM](https://www.youtube.com/watch?reload=9&v=GNhcY6fTyBM))

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

Health Equity Assessment Matrix

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

Low level of community engagement → Mid level of community engagement → High level of 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 measureable 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

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

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
Unlocking a Process for Priority Setting for Health Equity

**BIG P**

**Little p**

Upstream.... Downstream

Prevention Institute

Countering the Production of Inequities: Built Environment

**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.

Prevention Institute
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

<table>
<thead>
<tr>
<th>Priority and Strategy Considerations</th>
<th>Behavioral Health</th>
<th>Access to Food</th>
<th>Reducing Tobacco</th>
<th>Enhancing Understanding of Health Equity</th>
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<td>Which strategy on the prevention spectrum?</td>
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<td>Is the strategy a win/win?</td>
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Q & A

Thank you!

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