Achieving Health Equity through Public Health Accreditation: Policy, Partnerships and Performance Management

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Kristin Sullivan, Connecticut Department of Public Health

Open Forum for Quality Improvement and Innovation in Public Health
Louisville, Kentucky - March 29, 2018
Overview

Objectives:

• Gain a better understanding of the linkage between health equity and public health accreditation.

• Learn innovative approaches to achieve health equity and accreditation through policy development, partnerships and performance management.

Agenda:

I. Introduction of Health Equity
II. Overview of Health Equity and Public Health Accreditation
III. Colorado’s Approach: Performance Measurement and Partnerships
IV. Connecticut’s Approach: Policy
V. Tools and Resources for Implementation at your Agency
Introduction to Health Equity

March 29, 2018

Whitney Hewlett Noël
Program Analyst, Performance Improvement
• I see the role of my organization as an “expert” or a “facilitator” on health equity work
• In my organization, we advance equity through concrete policy and practice changes
• My organization has an explicit commitment to address structural racism as a root of health outcomes (both good outcomes and bad outcomes)
• My organization has an explicit commitment to address power as a root of health outcomes (both good outcomes and bad outcomes)
Health Equity

“...is the assurance of the conditions for optimal health for all people.”

vs. equality

Source: Dr. Camara Jones, MD, MPH, PhD
Health inequities are...

“Differences in the distribution of disease, illness, and death that are systematic, patterned, unjust, actionable, and associated with imbalances in political power.”

vs. health disparities

Social Determinants of Health Inequity

POLITICAL – ECONOMIC SYSTEMS

SDOH

- Economic Stability
- Neighborhood and Built Environment
- Health and Health Care
- Education
- Social and Community Context
Root Causes of Health Inequities

- Structural Racism
- Class Oppression
- Gender Inequity
- Heterosexism
- Ableism
Setting the Stage

Achieving Health Equity through Public Health Accreditation: Policy, Partnerships and Performance Management

Jamie Ishcomer, MPH, MSW
Senior Analyst, Quality Improvement and Performance Management
Association of State and Territorial Health Officials
March 29, 2018
Vision
State and territorial health agencies advancing health equity and optimal health for all.

Mission
To support, equip, and advocate for state and territorial health officials in their work of advancing the public’s health and well-being.
Acknowledgment of funding source:

The ASTHO Health Equity and Accreditation Issue Brief and information shared in this presentation was supported by funds made available from the Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support.

Disclaimer:

The content, findings, and conclusions shared in this presentation are those of the authors and do not necessarily reflect the official position of or endorsement by the Centers for Disease Control and Prevention.
Setting the Stage

• Paving the Road to Health Equity
  • Infrastructure
  • Programs
  • Measurement
  • Policy

• Health Equity for All

• Health Equity and the PHAB Standards and Measures
Health Equity is when everyone has the opportunity to be as healthy as possible.

Programs: Successful health equity strategies

Measurement: Data practices to support the advancement of health equity

Policy: Laws, regulations, and rules to improve population health

Infrastructure: Organizational structures and functions that support health equity
Health Equity is when everyone has the opportunity to be as healthy as possible.

- **Partnerships**
- **Programs**
  - Successful health equity strategies
- **Measurement**
  - Data practices to support the advancement of health equity
- **Policy**
  - Laws, regulations, and rules to improve population health

**Infrastructure**
Organizational structures and functions that support health equity

*PUBLIC HEALTH ACCREDITATION

PAVING THE ROAD TO HEALTH EQUITY

*modification by ASTHO
Health Equity For All

• Health Agency Leadership
  • Encourage and support the integration of health equity throughout the agency
    - Inclusion of health equity in agency strategic plan
  • Partner with other governmental agencies to address the social determinants of health

• Public Health Accreditation and Performance Improvement Staff
  • Inclusion of all staff in the accreditation process
  • Ensure staff are equipped to develop QI initiatives through a health equity lens

• Health Equity Staff
  • Diverse stakeholder/community engagement
  • Equip staff with information to ensure programs are developed through a health equity lens

• Programmatic Staff
  • Identify culturally appropriate interventions
  • Cross-sectoral collaboration
Health Equity and the S & M v 1.5

**Count of keywords per PHAB domain:**

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<td>Domain 3: Inform &amp; Educate</td>
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<td>Domain 4: Community Engagement</td>
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<td>Domain 6: Public Health Laws</td>
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<td>Domain 8: Workforce</td>
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**Count of keywords mentioned in Standards and Measures:**

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<td>Adverse childhood event/s</td>
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<tr>
<td>Vulnerable population/s</td>
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</table>

*Measure 1.4.2 S (pg. 52), under Significance: “These will be summaries of data that focus on a particular issue, for example, health behaviors, health equity factors, or the incidence of infectious diseases.”*
Integrating Health Equity into Accreditation-Related Activities – Examples from the Field

• Domain 1: Assess
  • Include data on underrepresented groups, think bigger than just racial and ethnic minorities
  
  • Assess the social determinants of health, not just health outcomes

  • If data doesn’t exist, collect it! Make sure you’re doing so in a manner that is appropriate to the population, though!
Integrating Health Equity into Accreditation-Related Activities – Examples from the Field

• Domain 3: Inform and Educate
  • Develop “priority population” reports and make them available to the public. These can be used to inform programs and policies, both internally and externally

• Assess your department to examine factors that may enhance, enable or impede the effectiveness and performance of its service delivery system. This can help you identify ways to provide services and education that consider physical, social, cultural, language and literacy variables
Integrating Health Equity into Accreditation-Related Activities – Examples from the Field

• Domain 4: Community Engagement
  • Facilitate community engagement events throughout your jurisdiction, including: rural areas, inner city, tribes (in collaboration with the tribe)
  • Provide ample opportunity for the community to provide feedback, in person and otherwise
    - Don’t hold events at the same time, every time
    - Use social media
  • Collaborate with the subpopulations to develop culturally appropriate programs, interventions, etc.
    - Non-public health partners
    - Tribes
Integrating Health Equity into Accreditation-Related Activities – Examples from the Field

• Domain 5: Policies and Plans
  • Make achieving health equity a priority by including in your strategic plan

  • Ensure strategies and activities address social and economic conditions that influence health equity and the needs of all citizens
    - Don’t only think about ways to improve health equity, also take into consideration how something might further disadvantage minority populations

  • Develop policies and plans (SHIP, Emergency Operations, etc.) with the support of non-traditional public health partners to ensure a holistic, multi-sector approach
Integrating Health Equity into Accreditation-Related Activities – Examples from the Field

- Domain 6: Public Health Laws
  - Assess laws through a health equity lens, thinking about each of the social determinants

- In addition to assessing how a law or policy may improve health equity, don’t forget to assess how it might negatively affect subgroups of the population
  - Seek input from others, if necessary
Integrating Health Equity into Accreditation-Related Activities – Examples from the Field

• Domain 7: Access to Care
  • Work with the community to determine their care needs, your approach may not be a “one size fits all”
    - Rural vs urban
  • Partner with other entities to ensure activities are culturally appropriate
    - Immigrant communities
    - American Indians and Alaska Natives
• Ensure materials take into account health literacy and are available in all languages your population might need
  - Have interpreters available, if necessary
Integrating Health Equity into Accreditation-Related Activities – Examples from the Field

• Domain 8: Workforce
  • Ensure your workforce is equipped to work with all subgroups within the population
    - Mandatory cultural competency trainings
  • Dedicate resources to recruit and maintain a diverse workforce
Integrating Health Equity into Accreditation-Related Activities – Examples from the Field

• Domain 9: Quality Improvement
  • Work with programs to ensure each has a set of indicators that addresses health disparities
  • Monitor health equity indicators and disparities data regularly
    - Health Equity Dashboard
  • Track health equity initiatives at the agency
Integrating Health Equity into Accreditation-Related Activities – Examples from the Field

• Domain 11: Administration and Management
  • Ensure internal policies aren’t creating an unjust work environment
    - Revise health agency policy making process to include health equity considerations

• Ensure all employees have access to internal policies
  - Janitorial staff

• Review RFA process to ensure it is equitable to all eligible applicants, take into consideration staff capacity and the burden it may place on smaller organizations
Integrating Health Equity into Accreditation-Related Activities – Examples from the Field

• Domain 12: Governance
  • Ensure governing entity receives regular updates on the status of minority populations
    – Biennial Minority Health Status Report to state legislature
  • Develop an interagency council/workgroup on health disparities that reports to the governing entity
Addressing Common Challenges

• Funding and Infrastructure / Staff & Capacity
  • Use the accreditation requirements within the Standards and Measures to justify the need for this work.
    - Workforce development to equip staff with cultural competence
  • Remember, public health take a village – strategic partnerships can help offload some of the work

• Administration and Political Changes
  • The Standards and Measures can be used as a guide to sustain heath equity work and maintain accreditation status. It also provides a framework to build the relationship with the governing entity
  • Use of “health equity” verses “populations at higher risks for poorer health outcomes” PHAB uses the later due to possible pollical implications, consider doing the same
Key Takeaways

• Everyone at the agency has a role
• External partnerships with other governmental agencies and community organizations are critical
• It is never too late to integrate health equity into your programs, policies and procedures
• Baby steps eventually lead to big outcomes
Coming Soon

Linking Health Equity to Public Health Department Accreditation Issue Brief

Jamie Ishcomer, MPH, MSW
jishcomer@astho.org

Thank you!
Partnerships, Internal Spread, and Data in Colorado

Sarah Hernandez
Director of Policy, Office of Health Equity
Decisions impact our lives

Slide adapted from Hennepin County, CA, HiAP presentation
Triple Aim of Health Equity

Implement Health in All Policies

Strengthen Community Capacity

Expand Understanding of Health

Image source: ASHTO
Partnerships

• Two types of partners:
  • Community organizers
  • Other state agencies

• Examples:
  • Advisory and planning committees
  • Mutually beneficial data
  • Resource alignment
Measurement & Internal Spread

• Health Equity & Environmental Justice policy

• Divisions chose one progress measure

• Initial outcomes:
  • RFA revision
  • Regulatory guidance for environmental programs
  • Thinking about data differently
Data have decision-making power
Data

• Critical thinking re: language we use when sharing data
• Evaluation data & surveillance data
• Balancing numbers with stories to drive decision-making
• Cross-sector data & root causes of inequities (history)
Progress so far

• Progress on the social determinants of health
• Equity issues brought to the forefront
• Breaks down silos to encourage innovation
• Partnerships can reap benefits long into the future
Quick questions?

I DON'T KNOW MAN, I JUST...

WHAT IF I NEVER FIND OUT WHO'S A GOOD BOY
What indicators can help identify public health needs related to housing?
Connecticut’s Approach to Health Equity through Policy

Spring 2018 Open Forum for Quality Improvement in Public Health

March 29, 2018

Kristin L. Sullivan, Manager
Public Health Systems Improvement
Connecticut Department of Public Health
Health Equity and Accreditation Journey

- **July 1998**: DPH Office of Multicultural Health established by state statute CSA 19a-4
- **June 2006**: The Connecticut Health Disparities Project (2006 – 2008) established to improve the statewide infrastructure for documenting, reporting, and addressing health disparities through a grant from the Connecticut Health Foundation
- **July 2008**: CT Multicultural Health Partnership established to draw together expertise, resources, and programming to eliminate health disparities in Connecticut
- **May 2012**: DPH Health Equity Policy Statement approved and signed by DPH Commissioner Jewel Mullen on May 11, 2012
- **February 2013**: Launch of agency’s Strategic Plan
- **September 2013**: The DPH CLAS Standards Initiative (2013-2015) established to promote National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care through a grant from US DHHS
- **January 2015**: Performance Management System launched
- **May 2015**: DPH Office of Health Equity definitions and vision created
- **June 2015**: DPH Health Equity Strategic Plan draft completed
- **September 2015**: PHAB Accreditation application submitted
- **October 2015**: PHAB Accreditation Site Visit
- **March 2017**: Achieved PHAB Accreditation
- **April 2017**: Policy and Procedures for Collecting Sociodemographic Data established
- **June 2019**: The first Connecticut DPH health disparities report, Multicultural Health: The Health Status of Minority Groups in Connecticut, published
- **October 2007**: First Statewide Meeting on Health Disparities – Monitoring Health Disparities: Concepts and Challenges in State Health Data Collection held at the CT Legislative Office Building, Hartford on October 19, 2007
- **August 2012**: Connecticut Department of Public Health’s five-year strategic plan for 2012-2017 finalized and published, which identified “champion of health equity” as one of six agency goals
- **September 2012**: DPH Staff Health Equity Workgroups formed as part of the DPH Strategic Planning Initiative in the areas of: Definitions, Data and Surveillance, CLAS Standards, Staff Training Needs, and Partnerships
- **March 2014**: Connecticut SMART/HP published with health equity and the social determinants of health as cross-cutting priorities
- **April 2016**: DPH Office of Multicultural Health renamed “Office of Health Equity” name and revised mission statement adopted and signed into law by CT Governor Malloy on June 30, 2014
- **October 2014**: DPH Office of Health Equity established on October 1, 2014
- **November 2014**: Accreditation Kickoff teams developed to collect documentation
* Develop and align agency strategic plans to support health equity

* Build a Health Equity in all Policies Approach

* Measure and report progress on improving disparities

* Develop Health Equity Tools to support our workers
Measure and Report Progress on Improving Disparities

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<tr>
<th>Health Connecticut 2020 Focus Area and Areas of Concentration</th>
<th>Performance Dashboard</th>
<th>Health Disparity Dashboard</th>
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<td>1. Maternal, Infant, &amp; Child Health (PDF)</td>
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<td>Birth Outcomes</td>
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<td>Healthy Communities</td>
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<td>HIV Infection</td>
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All Connecticut Children are Lead-Free. and 1 more...

Environment: Ratio of black to non-black children under the age of six with confirmed blood lead levels at or above the CDC reference value (5 μg/dL)

Data Source: CT DPH Lead Prevention Program

Graph: Ratio of black to non-black children under the age of six with confirmed blood lead levels at or above the CDC reference value (5 μg/dL)
# Health Equity in All Policies Approach

## Health Equity® Impact of Legislative Proposals Worksheet

1. Does this legislation impact all CT residents? Check one: Yes No
2. Does this legislation impact any of the following priority populations of DPH (or else all CT residents)? If yes, check all that apply:
   - [ ] Racial minority
   - [ ] Ethnic minority
   - [ ] Age group
   - [ ] Gender group
   - [ ] Low income or education
   - [ ] Immigrants/Refugees
   - [ ] Homeless
   - [ ] Incarcerated
   - [ ] Mentally ill
   - [ ] Limited English proficiency
   - [ ] Underserved geographic area
   - [ ] Disabled
   - [ ] Veterans
3. Does this legislation impact any of the following social, structural factors? If yes, check all that apply:
   - [ ] Access to healthy food
   - [ ] Access to safe, affordable housing
   - [ ] Access to healthy indoor and outdoor places, such as homes, schools, parks, and playgrounds
   - [ ] Access to quality medical care and/or social services
   - [ ] Access to safe medical care and/or social services
   - [ ] Access to medical/social services that are affordable and culturally appropriate
   - [ ] Appropriate language/communication services in medical care/social service settings
   - [ ] Diverse pool of health and medical practitioners representative of the populations served
   - [ ] Community economic development that supports local homes, businesses, buildings and land
   - [ ] Data collection on sociodemographic factors that influence health (e.g., race, language spoken)
   - [ ] Early childhood development services and community supports
   - [ ] Education that is high quality and culturally appropriate for all students
   - [ ] Job training and jobs that provide all residents a livable income
   - [ ] Law and justice system that provides equitable access and fair treatment for each person
   - [ ] Policies to eliminate discriminatory practices that negatively affect the priority populations
   - [ ] Public safety that includes fire, police, emergency medical services, and code enforcement
   - [ ] Safe and supportive communities
   - [ ] Transportation that is safe, efficient, affordable, convenient, and reliable for everyone
   - [ ] Underserved medical or health professional shortage areas
   - [ ] Other, describe:
4. Would the proposed legislation improve or harm the target population's relationship to these factors?
   - a. Legislation may improve the target population's relationship to one or more factors listed in #3: Yes No
   - b. Legislation may harm the target population's relationship to one or more factors listed in #3: Yes No
   - c. Legislation does not consider the health impact of these social factors on the target population: Yes No
   - Additional comments:
5. Describe any positive or negative impacts the bill may have on health equity.

Created 02/02/16; last revised: 11/22/16
Strategic Partnerships

Results from the 2016 Partnership Survey

- **Government Sector**
  - Strong Partners: CT Dept. of Health
  - Gap Partners: CT Dept. of Insurance
  - Complementary Partners: CT Police and Public Safety

- **Health Care Sector**
  - Strong Partners: Hospital
  - Gap Partners: Community health centers
  - Complementary Partners: Public Safety

- **Organizations/Coalitions**
  - Strong Partners: CT Assoc. of Directors of Health
  - Gap Partners: CT Assoc. of Regional Planning

- **Major Partnership Gap Areas**
  - Top 3 Needs from Gap Areas:
    1. Promotion/education of DPH services
    2. Better data sharing and disease reporting
    3. More TA from national partners

- **Complementary Services**
  - Strong Partners: General Public
  - Gap Partners: Parents/Parent Organizations

- **Community Services**
  - Strong Partners: Faith-Based Organizations
  - Gap Partners: Faith-Based Organizations
New Partners/New Approaches: CT Green & Healthy Homes Project

- Research feasibility of integrated energy, health and housing services through sustainable public and private sources of funding
- Engage stakeholders and philanthropies
- Pilot design/Implementation (2018-2021)
Goal: Statewide integrated service delivery model for housing, health and energy services in Connecticut

The GHHI Model: “No Wrong Door”
Aligning services and funding, braiding relevant resources, coordinating service delivery to produce results

Philanthropy
Government
Private-sector

System
- Single intake system
- Comprehensive assessment
- Coordinate services
- Integrated interventions
- Cross-trained workers
- Shared data

Outcomes
- Lead-hazard reduction
- Asthma-trigger control
- Household injury prevention
- Energy efficiency
- Weatherization
- Housing rehabilitation

Accomplishments
- 98% reduction of lead poisoning in Maryland
- 35 pieces of healthy homes legislation passed
- Over 30 GHHI sites across the country
- Over $300 million raised
- 597,000 integrated healthy and energy efficiency units in partnership with HUD
Five Exemplary Leadership Practices
* Model the Way
* Inspire a Shared Vision
* Challenge the Process
* Enable Others to Act
* Encourage the Heart
Activity 3: Health Equity Impact Worksheet

Use the handout and information on the next slide to evaluate a legislative proposal that seeks to improve housing.

Work with the person sitting next to you

Approximately 10 Minutes
The population is aging and becoming more diverse. 32% are white non-Hispanic; 32.5% are Black non-Hispanic; 27% Hispanic; 4.9% Asian non-Hispanic; and 3.2% Other/multi race. 32% speak a language other than English at home. 15% are age 65 and older. 12% are non-elderly disabled.

There are large disparities in income depending upon the neighborhood you live in within the jurisdiction. Median household income is $37,534 and 26.4% of residents live below the poverty line.

Health disparities persist. Asthma hospitalizations for black non-Hispanic residents is 5 times that of white non-Hispanic residents; and the infant mortality rate is 3 times that of the white non-Hispanic population.

62% of the housing stock was built before 1950 and 71.7% of the homes are renter occupied.

The average energy burden for a household is 11.8% of annual income, and for the lowest income families can be as much as 58% of annual income on energy. The average energy burden for low-income households is 60% higher than the national average.

Last year the jurisdiction reported over 15,000 asthma-related hospitalizations, and over $50 million in Medicaid claims related to asthma. Falls are the leading injury-related cause of mortality for older adults, and the fourth leading cause across all ages. Over 1,100 children under the age of six are currently diagnosed with elevated blood lead levels.
*Thank you!*

Connecticut Department of Public Health
Keeping Connecticut Healthy
NACCHO’s Roots of Health Inequity Course
**Roots of Health Inequity** is an educational website and collaborative learning course for current and future public health professionals.

It is:
- Based on a *social justice* framework
- Interactive
- Group-based
- Customizable
Roots of Health Inequity Course

**Roots of Health Inequity provides...**

- A conceptual frame that links social justice to public health practice
- Resources and insights learners can share with others
- Reflections and actions for confronting health inequities
- Opportunities to collaborate and strategize with colleagues across the country
Roots of Health Inequity Course

Roots of Health Inequity offers real case studies:

- **West Harlem’s Battle for Clean Air**
  - In the 1960s, West Harlem residents fought to clean up their neighborhood's air pollution from a nearby incinerator.
  - The community organized workshops and educational events to raise awareness about the health impacts of air pollution.

- **Polluting Sites in Northern Manhattan**
  - Northern Manhattan is home to several industrial facilities, leading to high levels of air pollution.
  - The community organized a campaign to clean up the area and improve air quality.

- **Anatomy of an Un-Natural Disaster**
  - In 2011, Hurricane Katrina caused widespread flooding and destruction in New Orleans.
  - The community organized recovery efforts and advocated for long-term solutions to prevent future disasters.

- **Bridging the Health Divide**
  - The community organized a series of workshops and events to address health disparities in the area.
  - The workshops focused on identifying and addressing the root causes of health inequities.

These case studies highlight the community organizing and advocacy efforts that are essential to addressing health inequities.
Roots of Health Inequity Course

...voices from the field:
Roots of Health Inequity Course

...multimedia features:
Roots of Health Inequity Course

...ways to move through the content at your own pace and design:

Index of Content for this Unit

Click on a title to jump to that page.

What Is Social Justice?
- Social Justice and Public Health
- INTERACTIVE: Principles of Social Justice
- DISCUSSION: Describe Your Experience and Expectations
- SLIDE SHOW: The Five Faces of Oppression
- DISCUSSION: Social Injustice in Your Jurisdiction

Identifying An Approach
- Tackling Causes of Social Injustice
- ACTIVITY & DISCUSSION: Why Is the Water Toxic?
- ACTIVITY & DISCUSSION: Remediation vs. Social Justice

REVEAL QUESTION

ANSWER
The water is toxic because of the presence of chemical X. The LHD will investigate the health effects of this chemical, closely monitor the levels of chemical X in the water, supply bottled water or filtering systems in places where the level poses a risk, and provide information to the public. The LHD will work with other government agencies to require the company to fix the leak, fine them for the release, closely monitor future safety procedures, and ask the company to pay for the required clean-up.

PUBLIC HEALTH OFFICIAL

REVEAL QUESTION

ANSWER
Chemical X entered the water through a leak in a holding pond at the XYZ Mine. The LHD will work with other government agencies to require the company to fix the leak, fine them for the release, closely monitor future safety procedures, and ask the company to pay for the required clean-up.

PUBLIC HEALTH OFFICIAL

REVEAL QUESTION

ANSWER
The water is toxic because pressure for jobs allowed industry to develop without adequate government regulation, corporate structures valued short-term profits over long-term community safety. The people who lived nearby were poor and without the political power to draw attention to what was happening. The LHD will organize residents to research mining methods that do not use chemical X and facilitate a campaign to reduce reliance on energy sources that use chemical X in the mining process.

PUBLIC HEALTH OFFICIAL

Resources
- Index of Resources
- Public Health as Social Justice
- A Vision of Social Justice as the Foundation of Public Health: Commemorating 150 Years of the Spirit of 1848
- Social Injustice and Public Health

Voices from the Field
- Index of Voices
- Ngaert Ohara

Satisfaction Survey
Roots of Health Inequity Course

...organized into 5 units:

1: Where do we start?
2: Perspectives on framing
3: Public health history
4: Root causes
5: Social justice
# Current Frame vs. Social Justice Frame

<table>
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<th>Current Frame</th>
<th>Social Justice Frame</th>
<th>Why are they different?</th>
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<td>Vulnerable Population</td>
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<td>Factor/Social Problem</td>
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How is the Roots course being used?

**ROOTS** of **HEALTH INEQUITY**

is an online learning collaborative and educational resource that offers a starting place for those who want to address systemic differences in health and wellness that are actionable, unfair, and unjust.

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**Our Purpose**

Roots of Health Inequity offers concepts and strategies that can lead to effective and transformative change and engages participants to reflect on how our institutions create the possibilities for health and wellness.

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**Why It Matters**

Public health can reach the root of the matter the core social issues associated with health inequity. This education and understanding of health equity allows us to become more effective in addressing health inequity and to work more effectively to ensure equity for all.

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**Why Now**

Recent research has demonstrated the deep connections between health disparities and economic conditions. This understanding of how social and economic forces interact to create health inequity allows us to become more effective in addressing the issues of health inequity.

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**The New York City Center for Health Equity Learning Group**

Based on a social justice framework, the Roots of Health Inequity introduces public health practitioners to concepts and strategies for taking action in everyday practice. The CHE will use the learning collaborative to explore a social justice...
Part I: The Politics of Health Inequity
• Structural racism and class oppression as root causes of health inequities
• Strategies for acting upon root causes

Part II: Intersectionality
• Introduction to intersectionality as a framework
  • multiple intersecting social identities at the individual level, reflect interlocking systems of privilege and oppression at the structural level
• Applications for public health practice

Part III: Stories from the Field
• Local public health practitioners discuss how to embed health equity and social justice into public health practice
Additional Health Equity Resources

- Bay Area Regional Health Inequities Initiative (BARHII)
- Human Impact Partners:
  - Health Equity Guide
  - Public Health Awakened
- Colorado tools on data and program evaluation
- County Health Rankings
- Mobilizing for Action through Planning and Partnerships (MAPP)
- NACCHO Health and Disability Resources
- National Equity Atlas
- ASTHO Linkage to Health Equity and Accreditation Issue Brief (coming soon)
Open Forum Presentations

Today

• Implementing Health in All Policies through Comprehensive Planning in Louisville, KY
• Development of the Performance Management System incorporating Health Equity at the Metro Public Health Department (Poster)
• Cross-sector innovation to improve health equity in rural communities (Poster)

Tomorrow

• Using MAPP to Advance Health Equity (Roundtable)
• Seven Strategies for Implementing Health in All Policies (Roundtable)
• Incorporating Disability into Community Health Assessments and Community Health Improvement Plans (Roundtable)
• Project HEAL: Cultural Change for Accelerating Social Impact in Population Health
• Poverty and Health: Leveraging Accreditation for Health Equity Promotion in Deschutes County, Oregon
• Exploring Project Health: Health. Equity. Art. Learning
THANK YOU!

Achieving Health Equity through Public Health Accreditation: Policy, Partnerships and Performance Management

Whitney Hewlett Noël, National Association of County & City Health Officials
Jamie Ishcomer, Association of State and Territorial Health Officials
Sarah Hernandez, Colorado Department of Public Health and Environment
Kristin Sullivan, Connecticut Department of Public Health