Welcome to the

“How Do We Train for Health Equity?”

Advisory Committee Meeting
May 12, 2017
What is health equity?

Health equity means achieving the conditions in which all people have the opportunity and resources – which could be targeted or differential – to attain their highest possible level of health.

- Minnesota Department of Health, Advancing Health Equity

Health disparities: differences in health status and mortality rates across population groups, which can sometimes be expected.

e.g., Cancer rates in the elderly vs children

Health inequities: differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust.

e.g., Breast cancer mortality for black women versus white women
Equality doesn’t mean Equity
Health Starts Where We Live, Learn, Work and Play.

What makes us healthy?

20% Health Behaviors
20% Clinical Care
5% Genes and Biology
55% Social, Economic and Environmental Factors

Adapted from http://www.cdc.gov/socialdeterminants/FAQ.html
Health Starts Where We Live, Learn, Work and Play.

What makes us healthy?

- 20% Clinical Care
- 55% Social, Economic and Environmental Factors
- 20% Health Behaviors
- 5% Genes and Biology

Adapted from https://www.cdc.gov/socialdeterminants/FAQ.html

Your Zip Code Impacts Your Health.

Tacoma
- 08407
- 80.6 YEARS
- 08405
- 74.9 YEARS

Lakewood
- 08408
- 78.7 YEARS
- 08430
- 79.6 YEARS

In Pierce County, neighbors living less than a mile apart can have up to 8 years difference in life expectancy.

Health Is Tied to Income, Education, Neighborhood and Other Social Factors.

Neighborhood: Places that offer easy access to opportunities have better health outcomes.

People in a neighborhood with 6% more poverty than another can expect to live for one less year.

Income: How much money you make impacts your health.

- $25K
- $75K

People making less than $25K are 2.5 times as likely to have diabetes as those making more than $75K.

Race: The stress of discrimination impacts health for generations.

Black infants die at a rate twice as high as white infants.

Education: Better education can improve health.

35% of people without a high school education experience poor mental health compared to only 9% of people with college degrees.

Other factors that can negatively impact health outcomes include gender, disability, immigration status and sexual orientation.

We Can Work Together to Create a Healthier Pierce County.

- Tacoma Pierce County Health Department cares deeply about health for all in Pierce County. We commit to looking at all our work including our partnerships and our impact on neighborhoods, to make sure we support fairness across places.

- Learn more about the issues.
- Learn more about your neighborhood.
- Partner with others.
- Help achieve better health for all.
- Advocate for economic and social opportunities for all.
- Focus efforts in places with highest need.

City of Tacoma

City Hall

200 4th Street

Tacoma, WA 98402

www.tacoma.gov

(253) 794-2401

City of Pierce County

5100 76th Street NE

Lakewood, WA 98499

www.piercecountywa.gov

(253) 774-0100

City of Lakewood

City Hall

620 SW Swart Avenue

Lakewood, WA 98499

www.lakewoodwa.gov

(253) 567-1000
2010-2012 census data shows that Pierce County residents may be as much as 20 years apart in average life expectancy.

Life expectancy at birth:
by census tract, Pierce County, 2010 – 2012

Areas in red have the worst health, while areas in green have the best health.
Life expectancy vs. percent of people whose income in the past 12 months is below the poverty level: by census tract, Pierce County, 2009-2013
<table>
<thead>
<tr>
<th></th>
<th>Obese* (BMI &gt; 30)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>CI</td>
</tr>
<tr>
<td>All adults</td>
<td>30.1</td>
<td>28.0-32.2</td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>30.1</td>
<td>27.0-33.3</td>
</tr>
<tr>
<td>Female</td>
<td>30.0</td>
<td>27.3-32.9</td>
</tr>
<tr>
<td><strong>Education:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; High School</td>
<td>28.4</td>
<td>20.6-37.7</td>
</tr>
<tr>
<td>High School or GED</td>
<td>31.2</td>
<td>27.3-35.5</td>
</tr>
<tr>
<td>Some College</td>
<td>31.8</td>
<td>28.4-35.4</td>
</tr>
<tr>
<td>College Degree</td>
<td>26.7</td>
<td>23.5-30.0</td>
</tr>
<tr>
<td><strong>Household Income:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;$25,000</td>
<td>36.3</td>
<td>31.2-41.7</td>
</tr>
<tr>
<td>$25,000 to $49,999</td>
<td>28.2</td>
<td>24.3-32.4</td>
</tr>
<tr>
<td>$50,000 to $74,999</td>
<td>27.2</td>
<td>22.4-32.6</td>
</tr>
<tr>
<td>$75,000+</td>
<td>30.5</td>
<td>26.6-34.6</td>
</tr>
<tr>
<td><strong>Race:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, Non-Hispanic</td>
<td>31.1</td>
<td>28.8-33.6</td>
</tr>
<tr>
<td>Non-White or Hispanic</td>
<td>26.8</td>
<td>22.5-31.6</td>
</tr>
</tbody>
</table>

*Excludes missing, don’t know and refused
When comparing demographic estimates, confidence intervals that do not overlap indicate a significant difference
## Self-Reported Health Status

Table 7.5 Fair or Poor Self-Rates Health among Pierce County Adults (average for 2013-2014)

<table>
<thead>
<tr>
<th>SEX</th>
<th>AGE</th>
<th>INCOME</th>
<th>EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>18-29</td>
<td>11.3%</td>
<td>&lt;$25,000</td>
</tr>
<tr>
<td></td>
<td>30-44</td>
<td>16.7%</td>
<td>$25,000-$49,999</td>
</tr>
<tr>
<td>Women</td>
<td>45-64</td>
<td>21.5%</td>
<td>$50,000-$74,999</td>
</tr>
<tr>
<td></td>
<td>65+</td>
<td>22.7%</td>
<td>$75,000+</td>
</tr>
</tbody>
</table>

What creates health inequities?

The social factors that influence health (income, education, housing, transportation, access to healthy foods, and more), have a huge impact on health.

Systems and policies often (unintentionally) prioritize certain people and groups, creating inequitable foundations for health.
### Low Birth Weight in Pierce County

#### Table 7: Low Birth Weight by Race and Ethnicity, 3-Year Rates, 2011-2013

<table>
<thead>
<tr>
<th></th>
<th># LBW</th>
<th>Total Births</th>
<th>Percent</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>243</td>
<td>2,808</td>
<td>8.7%</td>
<td>(7.6-9.8)</td>
</tr>
<tr>
<td>Asian Pacific Islander</td>
<td>189</td>
<td>3,102</td>
<td>6.1%</td>
<td>(5.3-7.0)</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>30</td>
<td>550</td>
<td>5.5%</td>
<td>(3.7-7.8)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>212</td>
<td>4,270</td>
<td>5.0%</td>
<td>(4.3-5.7)</td>
</tr>
<tr>
<td>White</td>
<td>917</td>
<td>21,679</td>
<td>4.2%</td>
<td>(4.0-4.5)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,603</strong></td>
<td><strong>32,517</strong></td>
<td><strong>4.9%</strong></td>
<td><strong>(4.7-5.2)</strong></td>
</tr>
</tbody>
</table>

Source: Birth Certificate Database, WA State Depart of Health, Center for Health Statistics, 2009-11, 3-year estimates
Infant Mortality in Pierce County

<table>
<thead>
<tr>
<th>Race/Ethnicity of Mother</th>
<th># deaths</th>
<th>Total Births</th>
<th>Rate</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black - NH</td>
<td>26</td>
<td>2,917</td>
<td>8.9</td>
<td>(5.8-13.1)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>28</td>
<td>4,398</td>
<td>6.4</td>
<td>(4.2-9.2)</td>
</tr>
<tr>
<td>Asian / Pacific Islander - NH</td>
<td>20</td>
<td>3,174</td>
<td>6.3</td>
<td>(3.9-9.7)</td>
</tr>
<tr>
<td>White - NH</td>
<td>95</td>
<td>22,482</td>
<td>4.2</td>
<td>(3.4-5.2)</td>
</tr>
<tr>
<td>American Indian / Alaskan Native - NH</td>
<td>5</td>
<td>555</td>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td>Total</td>
<td>179</td>
<td>33,640</td>
<td>5.3</td>
<td>(4.6-6.2)</td>
</tr>
</tbody>
</table>

Source: Death Certificate Database, WA State Dept of Health, Center for Health Statistics, 2009-13, 2-year estimates

** Less than 10 events/CI higher than the rate
A Path Forward for Training

1. Be clear about what you are trying to train for, i.e. what is the change that you seek to create?

2. Understand the assets and gaps in the skill set of your staff.
   1. Recognize that there will always be a spectrum of skills, and that not everyone needs every skill.

3. Identify a training strategy (strategies) that will meet needs/ address gaps/ have high impact.

4. Have a plan for follow-up/ implementation support.
What are you training for?

There are many different components of “equity”:

• **The “whats”**
  • Health in All Policies
  • Social, Economic, and Environmental Conditions
  • PSE Change

• **The “hows”**
  • Internal Process Changes
  • Community Engagement
  • Communities of Focus
  • Anti-racism
  • Cultural Competency/Humility
Strategic Practices to Advance Health Equity

Align HD activities to advance equity

- Confront the “causes of the causes of health inequities” – racism, other forms of oppression, and power
- Prioritize improving the social determinants of health through social and policy change
- Use data, research, and evaluation to make the case for health equity
- Change the narrative of what leads to health and health inequities
- Change the administrative and regulatory scope of public health practice
Strategic Practices to Advance Health Equity

Build internal infrastructure to advance equity

- Build understanding of and capacity to address health equity across the organization
- Commit the organization and its resources to advance health equity
- Change internal practices such as hiring and contracting
- Support leadership, innovation, and strategic risk-taking to advance health equity
Strategic Practices to Advance Health Equity

Build external infrastructure to advance equity

• Build partnerships with communities experiencing health inequities in ways that intentionally share power and decision making and allow for meaningful participation
• Build alliances and networks with community partners to protect against risk, promote political education, and build power in communities facing inequities
• Build alliances with other government agencies to advance equity work and self-reflection of government’s historical and current roles in perpetuating and mitigating inequities
• Engage strategically in social justice campaigns and movements
• Join broader public health movements to advance health equity
Table Activity

• 1-2-4-all

• Answer the following question:
  
  • What change are you ultimately trying to create at your HD?
  
  • What are the gaps in the skill set of your staff that you think are most important to develop?
Training Choices and Tradeoffs

1. Mandatory vs. Not Required
2. Full Day vs. Partial Day
3. Internal Trainers vs. External Trainers
4. All-Staff vs. Select Staff
5. One Topic vs. Many Topics
6. Internal Only vs. Inviting Partners
7. In-Person vs. Online
8. Synchronous vs. Asynchronous

Both?
Target Goals for Quick, High Impact

• **Those most affected (and most vulnerable) must share the power.**
  • Planning
  • Decision-making
  • Budgeting (Participatory)

• **Focus on areas of high priority.**
  • Different areas and groups of people experience emergencies differently, often due to social, economic, and environmental factors.

• **Equitable financial decisions.**
  • How is financial power achieving necessary co-benefits in community?
Tacoma-Pierce County Approach

1. Conceptual understanding of equity
   • All-Staff Meetings. Division Meetings, etc.

2. Deep dive into the impacts of race (racism) on health
   • Race: the Power of an Illusion Training

3. Focused TA with individual programs
   • Health Equity Program Technical Assistance

4. Performance measure and equity training
   • Health Equity and QI Framework and Guidance
# Health Equity Inventory Tool

<table>
<thead>
<tr>
<th>Explanation</th>
<th>Service Delivery</th>
<th>Priority Populations and Geographies</th>
<th>Activities Addressing Social Conditions</th>
<th>Activities Addressing Economic Conditions</th>
<th>Activities Addressing Environmental Conditions</th>
<th>Partnerships to Address Inequities</th>
</tr>
</thead>
<tbody>
<tr>
<td>How we deliver services impacts who has access and who doesn’t. Who is most affected, and does service delivery reflect that?</td>
<td>How do you determine where your limited resources get prioritized? Who benefits most from this?</td>
<td>Does your program address issues like racism, classism, sexism, homophobia, or other social issues that impact health?</td>
<td>Does your program address employment, income, worker’s rights, or other economic conditions that impact health?</td>
<td>Does your program address housing, transit, community design, water, air, soil, or other environmental conditions?</td>
<td>Who do you partner with to address social, economic, and environmental conditions?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Potential Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Program Plan Template

Health Equity Project Plan
Planning a Path Forward

This tool provides you with a clear, actionable plan for improving the ability of your program to effectively address health inequities. It will be most effective when used as the final stage of the Program Technical Assistance provided to your program by the Health Equity Implementation Team.

<p>| Health Equity Project Plan: |
| Stage 1: Low effort opportunities |</p>
<table>
<thead>
<tr>
<th>Opportunity</th>
<th>Staff Assigned</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 2: Medium effort opportunities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunity</td>
<td>Staff Assigned</td>
<td>Completion Date</td>
</tr>
<tr>
<td>-------------</td>
<td>----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 3: High effort opportunities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunity</td>
<td>Staff Assigned</td>
<td>Completion Date</td>
</tr>
<tr>
<td>-------------</td>
<td>----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How to Use this Tool:
Examples of New England HD Approaches

• What examples of health equity training can this group share?

• What do you think was effective and useful about it?
• What did you think was not effective about it?
• What lessons did you learn?
Examples of State HD Approaches

- **New Mexico DOH** Workforce training: Spanish and Navajo medical interpreting, a Public Health Spanish course, and cultural competency training.
- **Michigan DCH** Undoing Racism and Health Equity Training.
- **Hawaii DOH** Online Health Equity Training.
- **Texas Office of Minority Health and Health Equity** “Advancing Health Equity in Texas through Culturally Responsive Care (CLAS)” training. Nebraska HHS “Enhanced CLAS” online training.
- **Nebraska HHS** “Enhanced CLAS” online training.
- **Colorado DOH** Office of Equity equity trainings.
- **Oregon Office of Equity and Inclusion** “Developing Equity Leadership through Training and Action (DELTA)”
Examples of Local DOH Approaches

• **NYC (NY) DOH** “Race to Justice” Initiative
• **Alameda County (CA) DOH** “Building a Public Health Workforce to Address Health Inequities and the Social Determinants of Health” Course
• **Public Health Seattle-King County (WA)** staff trainings.
• **Whatcom County (WA)** Health Equity Workshop Series
• **Kent County (MI)** Health Equity and Social Justice Workshops
• **Hartford (CT) HHS** “Health Equity Action Training”
Table Activities

• 1-2-4-all

• Answer the following question:

  • What training strategies do you think will meet your needs/ address gaps/ have high impact?

  • What kind of support do you think staff will need after training to fully implement these concepts?
Thank You!

Jacques Colon  
Health Equity Coordinator  
jcolon@tpchd.org  
253-370-5687

Karla Todd  
NEPHTC Program Manager  
toddk@bu.edu

Beverly Heinze-Lacey  
Director, SHIELD  
bhlacey@bu.edu

tpchd.org

sites.bu.edu/nephtc

SHIELD-BU.org