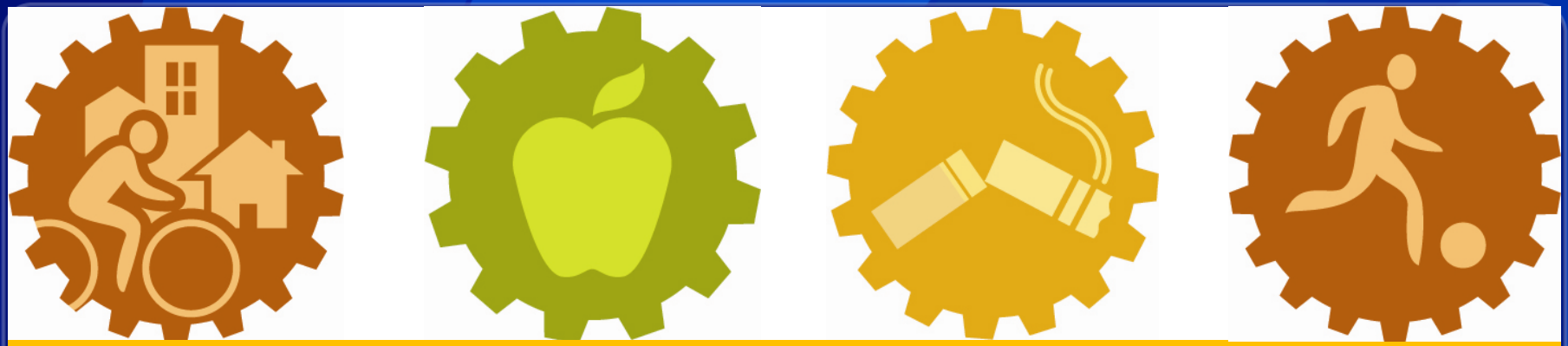


CTG and Health Equity: From Theory to Practice

Pattie Tucker, Dr PH, RN

Acting Associate Director for Health Equity

Carolyn Brooks, MA

Health Equity Coordinator

October 24-26, 2011

National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

Core Principles of CTGs

Maximize health impact through prevention

Advance health equity and reduce disparities

Use and expand the evidence-base for local policy, environmental and infrastructure changes that improve health

Our Legislative Mandate

"Prioritizing strategies to reduce racial and ethnic disparities, including social, economic, and geographic determinants of health"

"Addressing special populations' needs, including all age groups and individuals with disabilities, and individuals in urban, rural, and frontier areas"

Affordable Care Act Sec. 4201, *Community Transformation Grants*

Evolving Terminology

Health Disparities
(or Inequalities)

Health Inequities

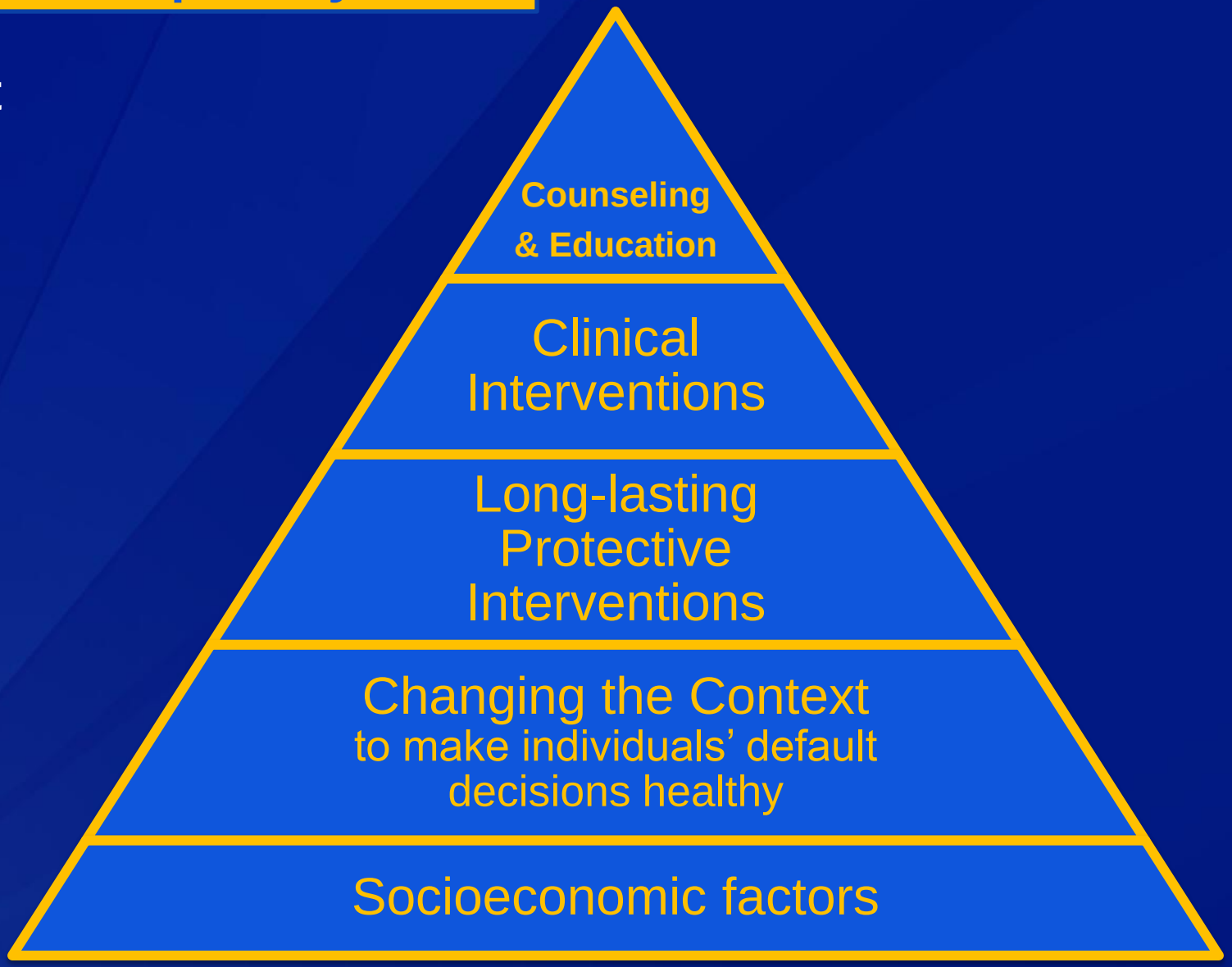
Social Determinants of Health

Health Equity

The Health Impact Pyramid

Smallest Impact

Largest Impact



Our Options

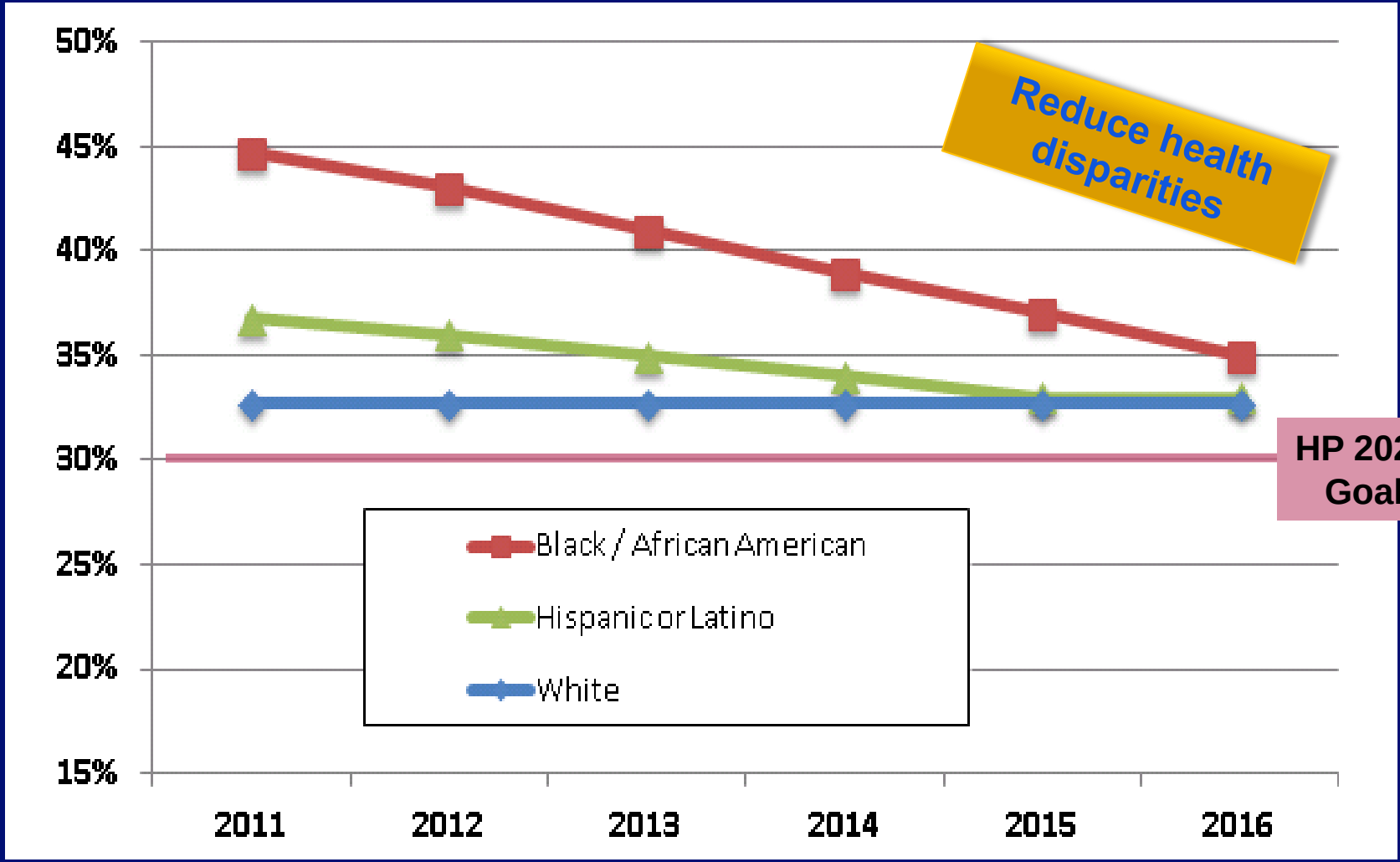
Either

Reduce health disparities

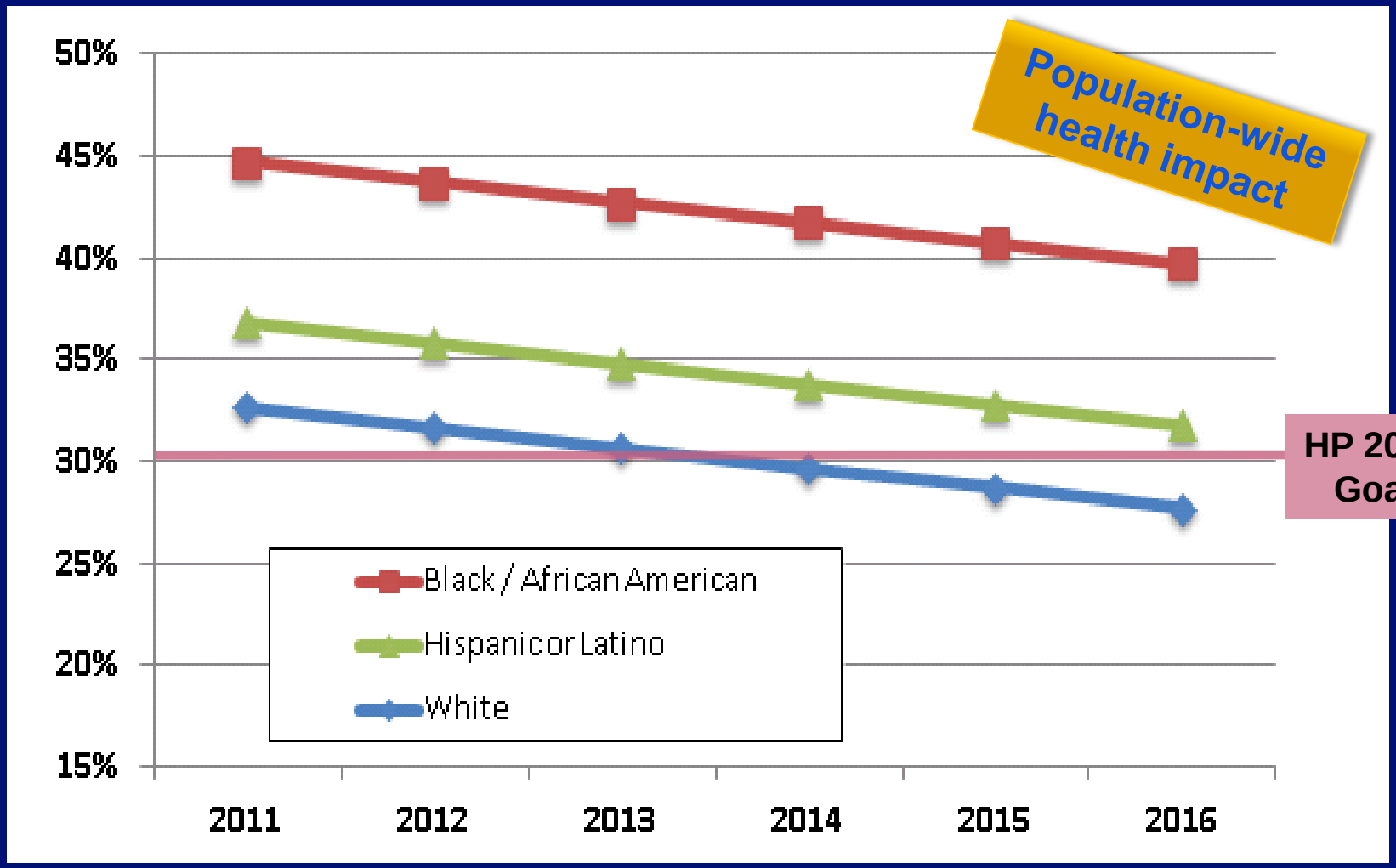
Or

Achieve population-wide health impact

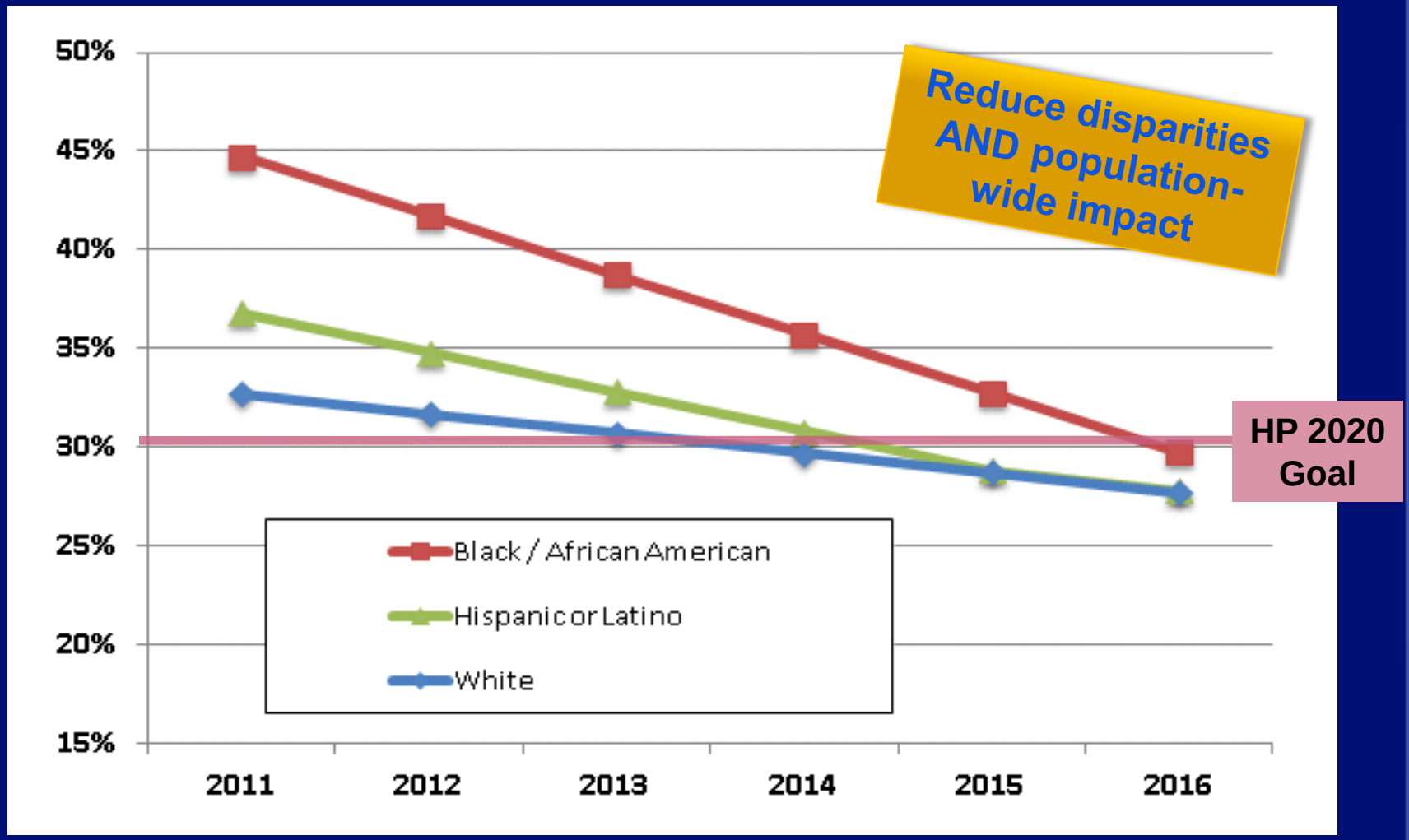
Percentage of adults who are obese [hypothetical projection]



Percentage of adults who are obese [hypothetical projection]

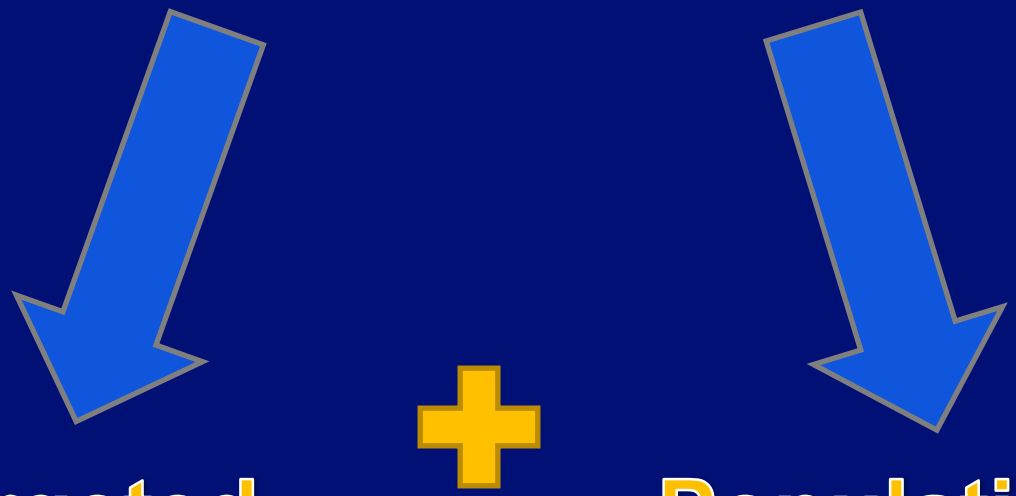


Percentage of adults who are obese [hypothetical projection]



Our Approach

Both *And*



Targeted interventions as needed

Population-wide interventions with a health equity lens

To advance health equity…

- "WHAT" you do is critical, but not sufficient
- "HOW" you do the work should be different
  - You have to understand "WHY"
  - Be cognizant of "WHO" you engage
  - Be strategic in "WHERE" to focus
  - Work with an explicit "INTENT" toward equity
  - Understand this is a "CONSTANT NEGOTIATION"

HOW you get there matters

Using a “Health Equity Lens”

- Organizational Structure/Supports
- Identifying the Issues
- Leadership Teams, Coalitions, Community Engagement
- Intervention Selection, Design, and Implementation
- Evaluation

Organizational Supports

- Assess organizational infrastructure and capacity for advancing health equity
- Grantees must include staff that have experience in health equity
- Grantees should work towards a diverse staff that is reflective of the community
- Grantees should build capacity of staff and partners
- Grantees could make health equity a requirement of partners and sub-contracts

Reflection & Discussion

Identifying the Issue

- All activities should be based on a robust analysis of area health burden overall and across population groups to establish a baseline from which to measure progress.
- Specifically, capacity grantees must design and implement a health assessment that engages and identifies populations groups experiencing health disparities.
- All grantees must be able to articulate disparities in health outcomes and in community conditions and how they are being addressed in CTIP.

Identifying the Issue

- Understand existing disparities in health outcomes
- Understanding existing disparities in community conditions
- Understand mechanisms by which inequities are created, maintained, or increased.

Existing Data	GIS	Windshield Tours
Community Input	Photo voice	Environmental Assessments

Proposed Population Groups Identified In CTG

Population Group	Proportion of Implementation grantees (excluding 3 Tribes)
Populations with Low-Incomes	100%
Racial/Ethnic Minorities	85%
Other At Risk Groups	73%
People Living with a Disability	36%
LGBT Community	18%

Reflection & Discussion

Leadership Team, Coalitions, & Community Engagement

- Leadership Team and Coalition should include representative(s) of populations experiencing health disparities
- Grantees should actively engage population groups experiencing disparities to understand potential barriers to and needs for PEPI changes

Leadership Team, Coalitions, & Community Engagement

Possible Considerations:

- **RFP training for mini-grants to build community capacity**
- **Combining coalitions to strengthen voice and share resources**
- **Building partnerships with community organizers to stay connected to the "reality" on the ground**

Reflection & Discussion

Intervention Selection, Design, and Implementation

- Objectives MUST be explicitly linked to identified groups experiencing disparities
- Mix of interventions is essential
- Not everyone is starting at the same place
- Interventions should be comprehensive
- Must always be conscious of barriers, unintended consequences to ensure equitable impact

Targeted Strategies

- If objective addresses underserved areas/populations:

  a. Is this clearly written in the objective?

  b. Is the outcome measurable?

  c. Is strategy culturally tailored to unique needs of underserved?

  d. Are barriers considered and accounted for in milestone activities?

Making Progress: Targeted Strategy

Austin/Travis County Integral Care, the local authority for behavioral health and developmental disabilities, passed a comprehensive tobacco-free worksite policy protecting 19,000 clients and staff from exposure to tobacco both indoors and outdoors at all of their 36 locations.

NO SMOKING

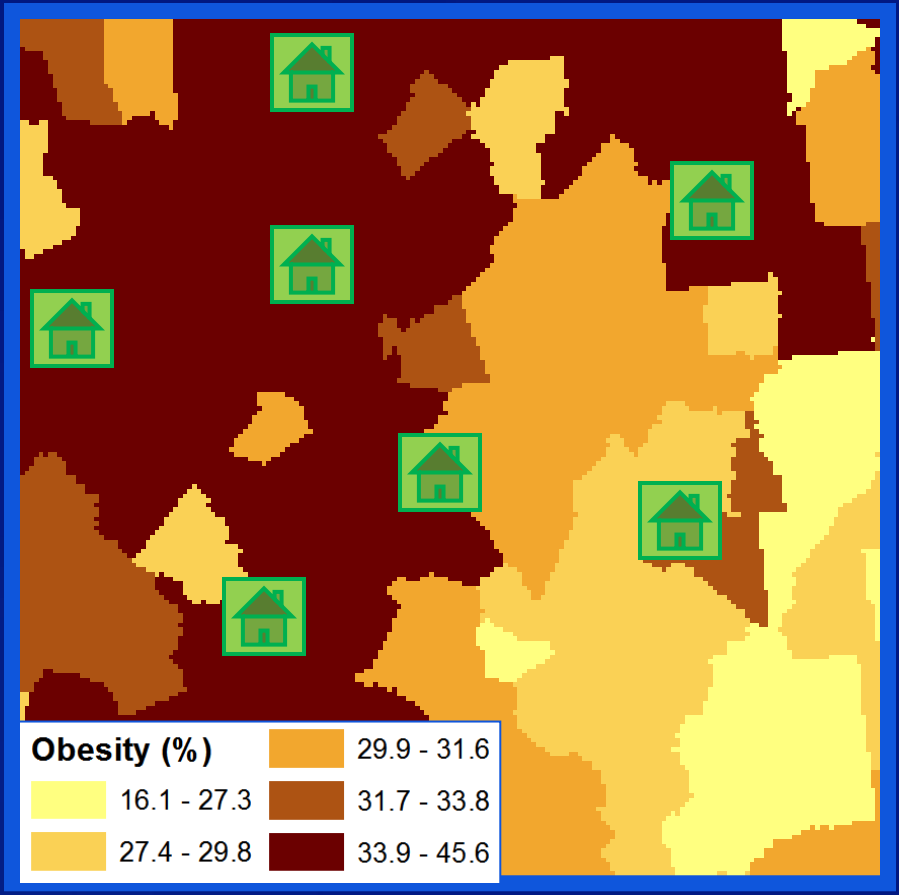
Site Selection Strategies

- If <u>not</u> jurisdiction wide:

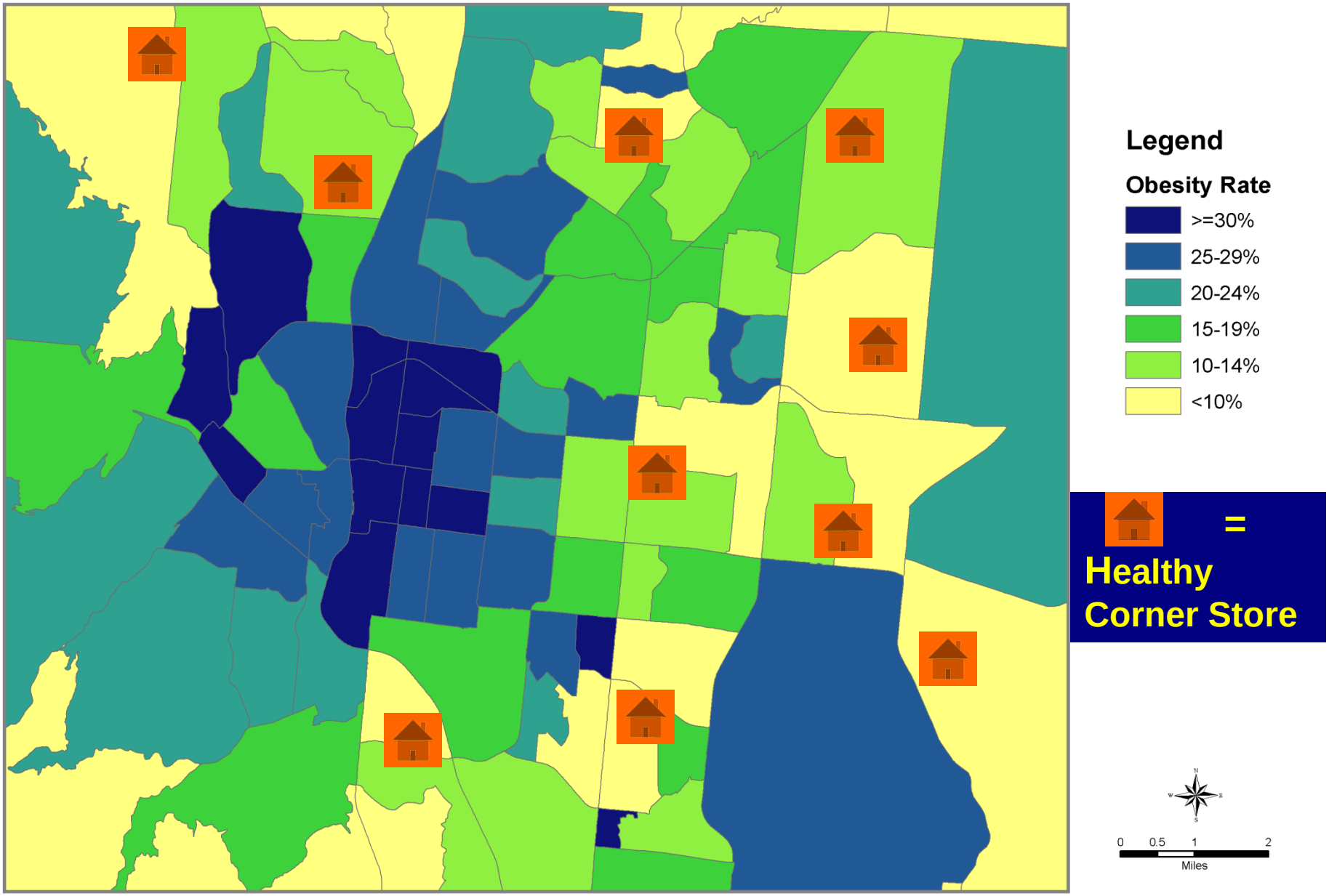
  a. Does the selection criteria of sites reflect populations/areas with highest burden?

  b. If not, is selection criteria logical/justified?

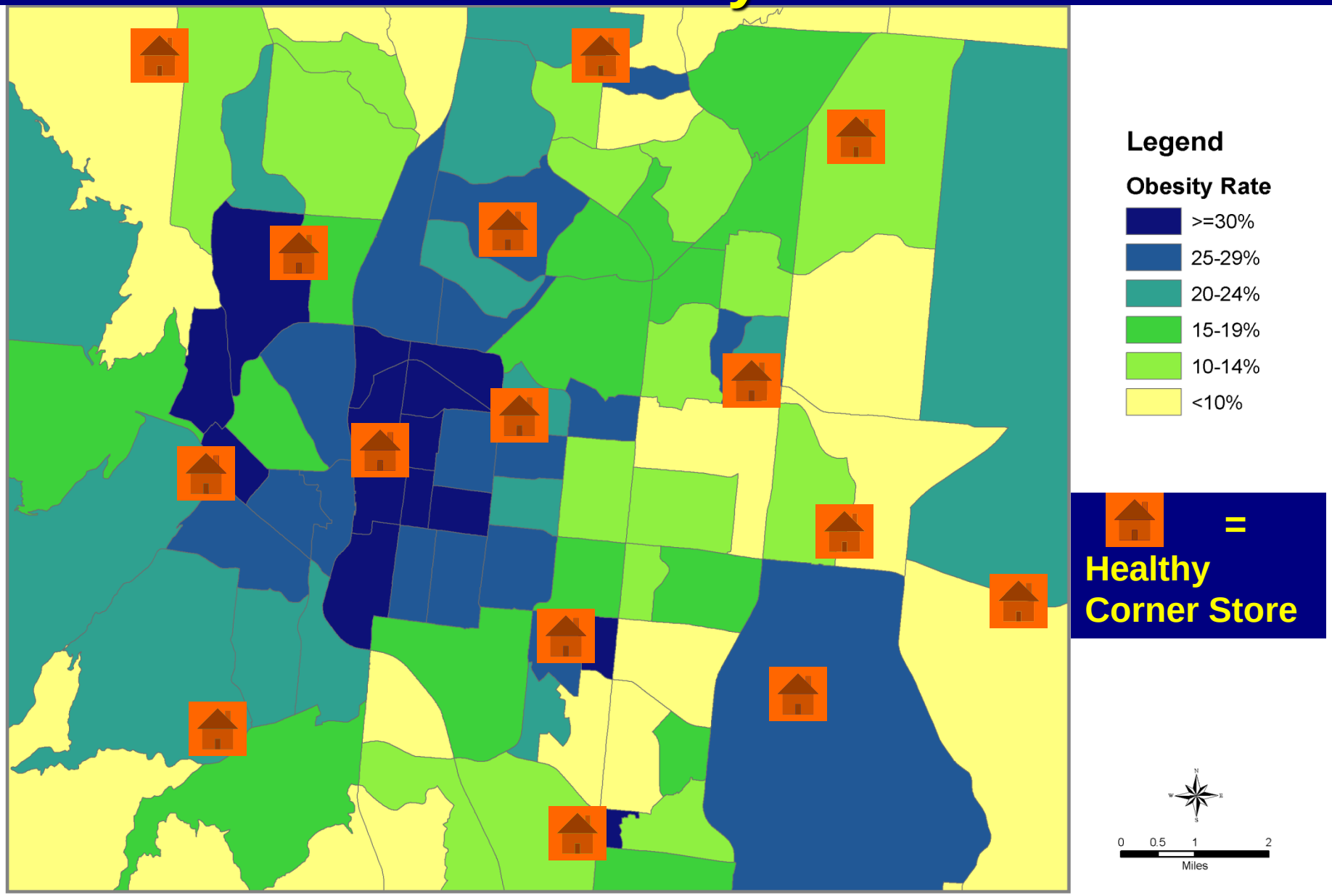
  c. Once identified, are additional supports needed for all sites to be successful?



Healthy Corner Stores in Community X's CAP



Healthy Corner Stores in Community X's Revised Community Action Plan



Ensuring Effectiveness of Strategy

- Added Activities
  - Engage local community members
  - Include the use and promotion of bonus vouchers
  - Build community buy-in through targeted media approaches
  - Incorporate tracking of program impact of populations with disproportionate burden to monitor and evaluate program success.

Advancing Health Equity in a Jurisdiction-wide Approach

- **In theory, jurisdiction-wide policy, systems and environmental change should impact all equally**

- **In practice, this may not be the case**
  - Varying support
  - Differential Enforcement
  - Selection factors
  - Relationships
  - Implementation challenges

- **Goal is to make sure "jurisdiction-wide" strategies impacts different populations equitably.**

Jurisdiction – Wide Strategies
(with a Health Equity Lens)

"To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage" – *Fair Society, Healthy Lives.*
The Marmot Review, 2010

If jurisdiction-wide:

a. Are barriers underserved populations may face with implementation and enforcement considered in milestone activities?

b. Have potential unintended consequences been considered and accounted for?

Making Progress: Jurisdiction – Wide Strategies

Boston Implementing City-wide Bike Share Program

- Stations in three low income neighborhoods with 600 subsidized memberships
- Stations offer rental instructions in up to 17 languages
- Marketing and membership campaign outreaches to low income residents
- Trained more than 2,500 low-income children on how to safely ride bicycles.
- "Roll It Forward" bike program distributes free used bikes to residents
- "Bike-to-Market" program connects free bike repairs to Farmers Markets
- Engaging participants to assess the success of activities and to inform future program planning

Reflection & Discussion

Evaluation Considerations

- What Works?
- For Whom?
- Under What Conditions?
- Is There Any Differential Impact?
- What is the impact on disparities?

Evaluation Requirements

- Must monitor performance and assess outcomes across population and among groups.
- If sources for specific groups are not available, work with CDC to develop ways to measure health impact among these groups
- Regularly assess the project's impact on reducing health disparities
- Take health disparity measurements at least at the beginning and end of project
- May conduct enhanced or innovative evaluations of impact on disparities to add to the evidence base

Reflection & Discussion

Using a “Health Equity Lens”

- Organizational Structure/Supports
- Identifying the Issues
- Leadership Teams, Coalitions, Community Engagement
- Intervention Selection, Design, and Implementation
- Evaluation

General Resources
&
The Health Equity Playbook

Summary

- Health disparities are NOT just about race/ethnicity
- We are accountable for BOTH population-wide improvement and reduction of health disparities
- What we do AND how we get there matters
- We must work with an EXPLICIT INTENT to advance health equity and reduce disparities

Health Equity – Good Public Health

Health equity is the concept that everyone should have a fair opportunity to attain their full health potential.

Public health is what we, as a society, do collectively to assure the conditions for people to be healthy. (IOM, 1988)

Health equity

THIS IS PUBLIC HEALTH.
thisispublichealth.org

Questions?
Training Needs?

Pattie Tucker
PTucker1@cdc.gov
770-488-5445

Carolyn Brooks
Cbrooks1@cdc.gov
770-488-8574