

# Build Internal Infrastructure to Advance Health Equity

November 16, 2017

12:00-1:00 Pacific | 3:00-4:00 Eastern

**Technical trouble?**

Send us a question in the **Q&A** panel.

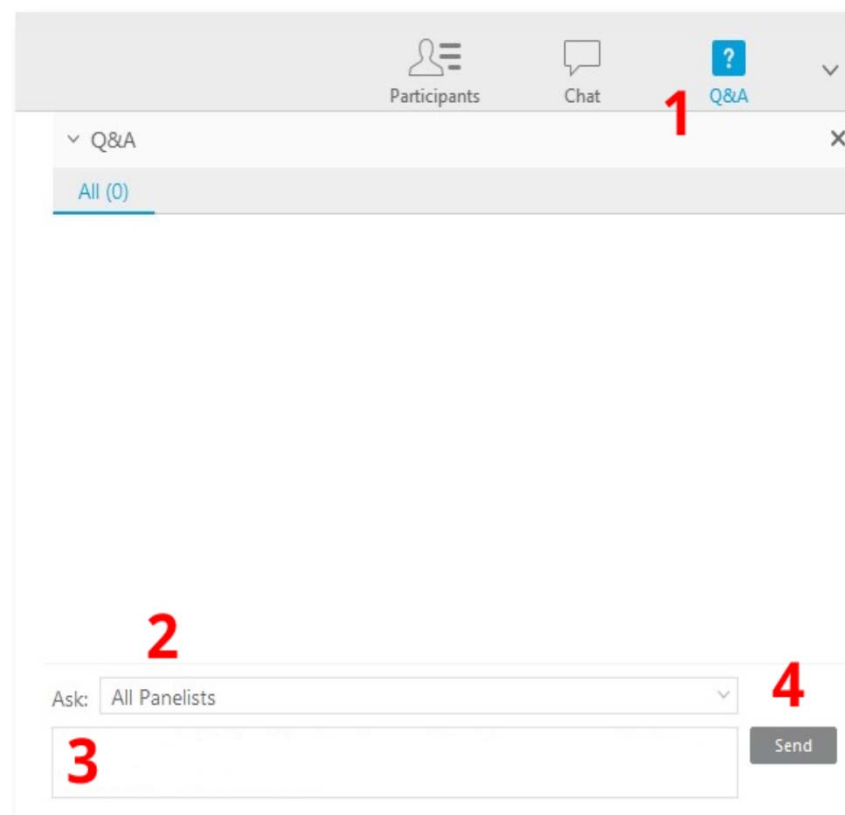


LOCAL AND REGIONAL  
GOVERNMENT ALLIANCE ON  
**RACE & EQUITY**



# Q & A Feature

1. Open the Q&A panel
2. Select “All Panelists”
3. Type your question
4. Click “Send”



# Objectives for Today's Webinar

- ✓ Describe why building internal infrastructure is key to advancing health equity
- ✓ Highlight:
  - How New York City is changing internal policies to address racism and structural oppression
  - How Rhode Island is braiding together various sources of funding and mobilizing data to build capacity
  - How National Collaborative for Health Equity is helping health departments prioritize upstream policy change
- ✓ Showcase the Health Equity Guide as a resource to help your health department advance health equity

# Today's Speakers



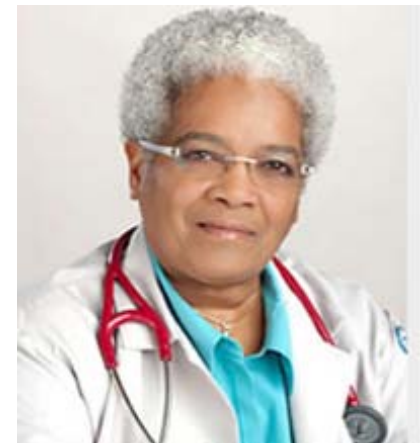
**Lili Farhang**  
HIP  
Facilitator



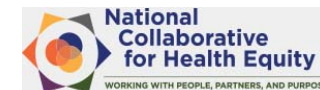
**Rebekah Gowler**  
NYCDOHMH  
Case Study #1



**Deborah Garneau**  
RIDOH  
Case Study #2



**Linda Rae Murray**  
NCHE  
Respondent



# Poll # 1: Who is on the Call?

***Please complete your poll now!***

## **Part A: Geography**

- A. Northeast
- B. Southeast
- C. Midwest
- D. West Coast
- E. Southwest
- F. Outside US

## **Part B: Primary Affiliation**

- A. Local/County Health Department
- B. State Health Department
- C. Tribal Health Department
- D. Federal Health Department
- E. Other Government/Tribal Agency
- F. Nonprofit/NGO
- G. University/Academia
- H. Individual/Independent
- I. Other

# Introduction to the Health Equity Guide

Lili Farhang, MPH

Co-Director, Human Impact Partners

[lili@humanimpact.org](mailto:lili@humanimpact.org)



# Human Impact Partners

**HIP** – a national non-profit working to transform the policies and places people need to live healthy lives by increasing the consideration of health and equity in decision making

*Through research, advocacy, and capacity-building, we bring the power of public health to campaigns and movements for a just society*

# About the Health Equity Guide

## Background

- Identified common themes – aka “Strategic Practices” – for how health departments advance health equity
- Articulated a theory of change
- Developed the web resource with 20+ health equity advisors

### What’s on the Website?

- **Strategic Practices & Key Actions** to advance health equity in health departments
- **25+ case studies** that describe how health departments advanced the practice, factors enabling the work, impacts, and advice for others
- **150+ resources** from allied organizations and others



# Inside/Outside Theory of Change



To systematically address power imbalances, racism, and other forms of oppression – the roots of health inequities – health departments must pursue a wall-to-wall transformation.



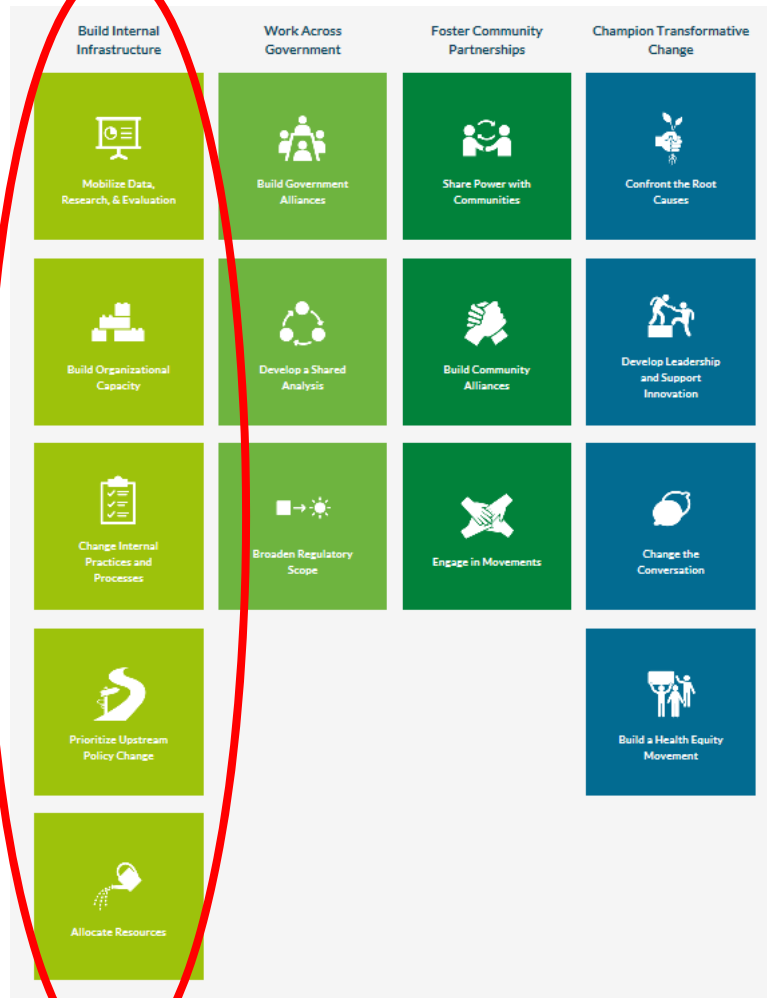
They must:



- Build internal capacity and a will to act
- Develop relationships with and mobilize communities AND government



# Today's Focus



## Strategic Practices to Build Internal Infrastructure

- Mobilize Data, Research and Evaluation
- Build Organizational Capacity
- Change Internal Practices and Processes
- Prioritize Upstream Policy Change
- Allocate Resources

# Case Study 1: NYC Races to Justice



**Rebekah Gowler, MSW, MPH**

Director, Health Equity Capacity Development

Center for Health Equity

New York City Department of Health and Mental Hygiene

[rgowler@health.nyc.gov](mailto:rgowler@health.nyc.gov)

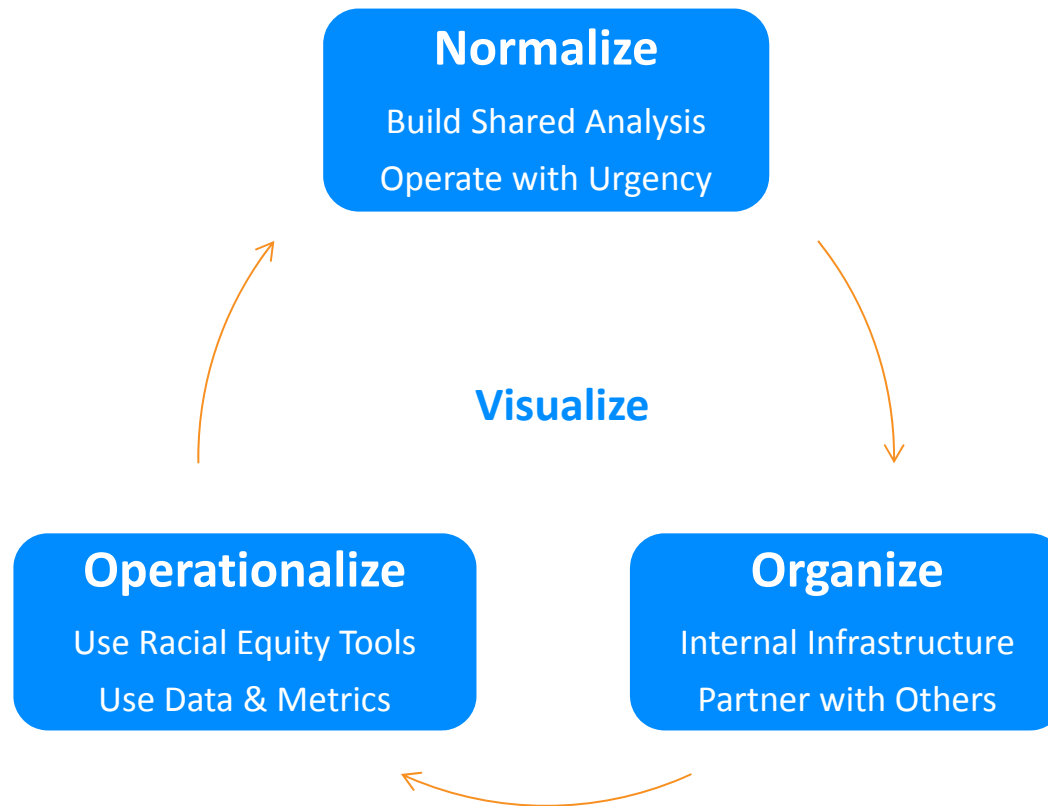


## Why it was important to **build internal infrastructure** in NYC DOHMH to advance equity...

- Make agency's equity priority visible within the organizational structure
- Organize for change – can't be “business as usual”
- Dedicate staff and resources to develop and implement equity strategies & capacity building
- Build & support leadership for racial equity and social justice across all areas of the agency
- Sustain and share responsibility for equity approaches – “this is all of our work”

# RACE TO JUSTICE FRAMEWORK

*Build DOHMH capacity to advance racial equity and social justice in all that we do*



*From Center for Social Inclusion (CSI) and Government Alliance on Race and Equity (GARE)*

# The **impacts** of our efforts to advance health equity include...

- Increased capacity and leadership for racial equity and social justice across the agency
  - Over **175 staff** are active members of Race to Justice groups (Core Team, workgroups, action teams, staff facilitators)
  - Division & bureau action teams are having early successes:
    - Early Intervention action team advised program on new PSA to increase outreach in neighborhoods where participation is low
    - Disease Control action team developed equity strategic plan for the division, of which they now help manage implementation
  - **370 staff** trained in Race to Justice Core Workshop
    - Additionally, over **2,000 staff** completed Intro to Health Equity module
    - Over **5,500 staff** completed Gender Identity & Expression Awareness module

# One thing health departments could do to build internal infrastructure to advance health equity is...

- **Organize and staff an equity team that draws on experiences, perspectives, and expertise from across the department**

*Position this team in a way that they have power to develop and advise on equity strategies for the department*



*Race to Justice  
staff facilitator cohort*

# Case Study 2: Rhode Island Braids Funding



**Deborah Garneau, MA**

Co-Director, Health Equity Institute  
Rhode Island Department of Health  
[deborah.garneau@health.ri.gov](mailto:deborah.garneau@health.ri.gov)





## THREE LEADING PRIORITIES

Address the  
Social and  
Environmental  
Determinants of Health  
in Rhode Island

Eliminate the  
Disparities of Health  
in Rhode Island  
and  
Promote Health Equity

Ensure Access to  
Quality Health Services  
for Rhode Islanders,  
Including Our  
Vulnerable Populations

## FIVE STRATEGIES

1. Promote healthy living for all through all stages of life

2. Ensure access to safe food, water, and healthy environments in all communities

3. Promote a comprehensive health system that a person can navigate, access, and afford

4. Prevent, investigate, control, and eliminate health hazards and emergent threats

5. Analyze and communicate data to improve the public's health

## 23 POPULATION HEALTH GOALS

- 1 Reduce obesity in children, teens, and adults
- 2 Reduce chronic illnesses, such as diabetes, heart disease, asthma, and cancer
- 3 Promote the health of mothers and their children
- 4 Promote senior health to support independent living
- 5 Promote behavioral health and wellness among all Rhode Islanders\*
- 6 Support Rhode Islanders in ongoing recovery and rehabilitation for all aspects of health\*
- 7 Increase access to safe, affordable, healthy food
- 8 Increase compliance with health standards in recreational and drinking water supplies
- 9 Reduce environmental toxic substances, such as tobacco and lead
- 10 Improve the availability of affordable, healthy housing and safe living conditions\*
- 11 Improve access to care including physical health, oral health, and behavioral health systems
- 12 Improve healthcare licensing and complaints investigations
- 13 Expand models of care delivery and healthcare payment focused on improved outcomes\*
- 14 Build a well-trained, culturally-competent, and diverse health system workforce to meet Rhode Island's needs\*
- 15 Increase patients' and caregivers' engagement within care systems\*
- 16 Reduce communicable diseases, such as HIV and Hepatitis C
- 17 Reduce substance use disorders
- 18 Improve emergency response and prevention in communities
- 19 Minimize exposure to traumatic experiences, such as bullying, violence, and neglect\*
- 20 Encourage Health Information Technology adoption among RI healthcare providers as a means for data collection and quality improvement
- 21 Enhance and develop public health data systems to support public health surveillance and action
- 22 Develop and implement standards for data collection to improve data reliability and usability
- 23 Improve health literacy among Rhode Island residents\*

\*These goals have been proposed through the State Innovation Model and are under review.

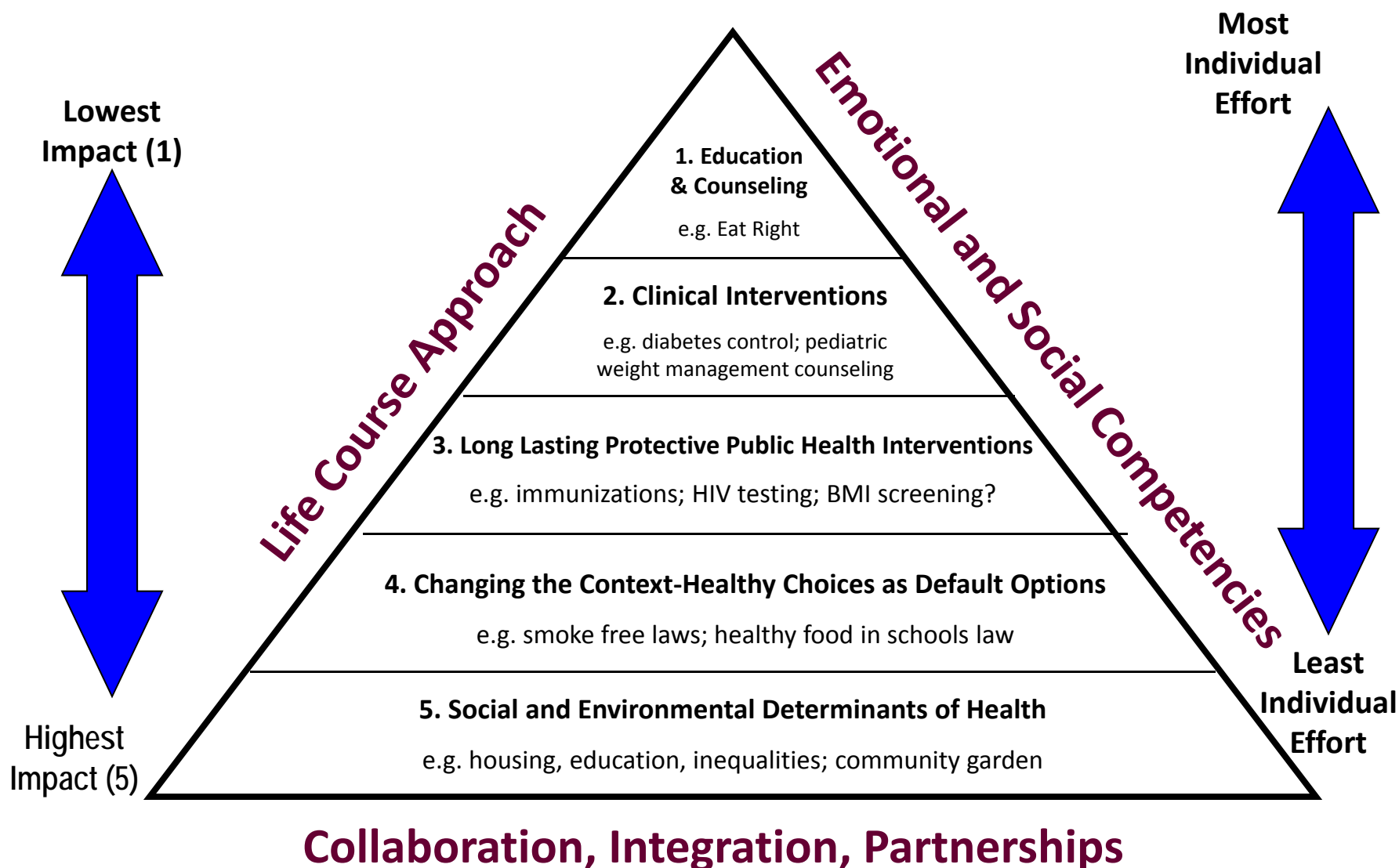
# Why it was important to **build internal infrastructure** in RIDOH to advance equity...

- To realign investments
- To reduce health disparities
- To address population health



# Health Equity Framework - Equity Pyramid

This pyramid is adapted from Thomas Frieden, MD, MPH, Health Impact Pyramid presentation at the Weight of the Nation conference, Washington D.C., July 27, 2009



# The **impacts** of our efforts to advance health equity include...

- Increased resident leadership capacity
- WIC and SNAP redemption at farmer's market increased by 34%
- Over 3000 youth engaged in healthy eating, physical activity, and empowerment programming
- Built 76 community gardens from vacated and unused lots
- Forged positive relationships among residents and law enforcement
- Community involvement in municipal planning (transit, parks, markets, services)
- Influenced policy (recess law, housing, community policing)
- Leveraged funding





# One thing health departments could do to build internal infrastructure to advance health equity is...

## Commit to doing the work differently.

Take a health equity lens to each funding opportunity, each application, each initiative, and each evaluation.



## Poll # 2: How “advanced” is your department?

***Please complete your poll now!***

**Part A: Where is your health department with respect to building internal infrastructure to advance equity?**

1. Infancy
2. Pre-teen
3. Adult
4. Wise elder
5. Not applicable - don't work in a health department

**Part B: Of the following strategic practices to build internal infrastructure, which is the most developed in your department?**

1. Mobilize data, research and evaluation
2. Build organizational capacity
3. Change internal practices and processes
4. Prioritize upstream policy change
5. Allocate resources
6. Not applicable - don't work in a health department

# Respondent

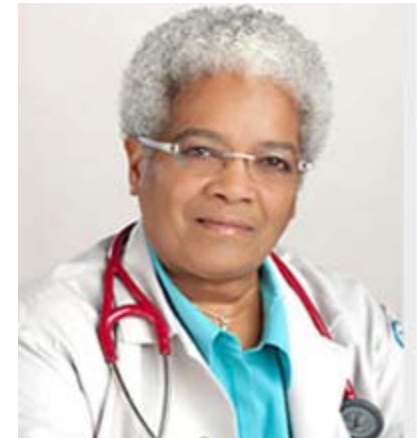


## **Linda Rae Murray, MD, MPH**

National Collaborative for Health Equity (NCHE) Advisor

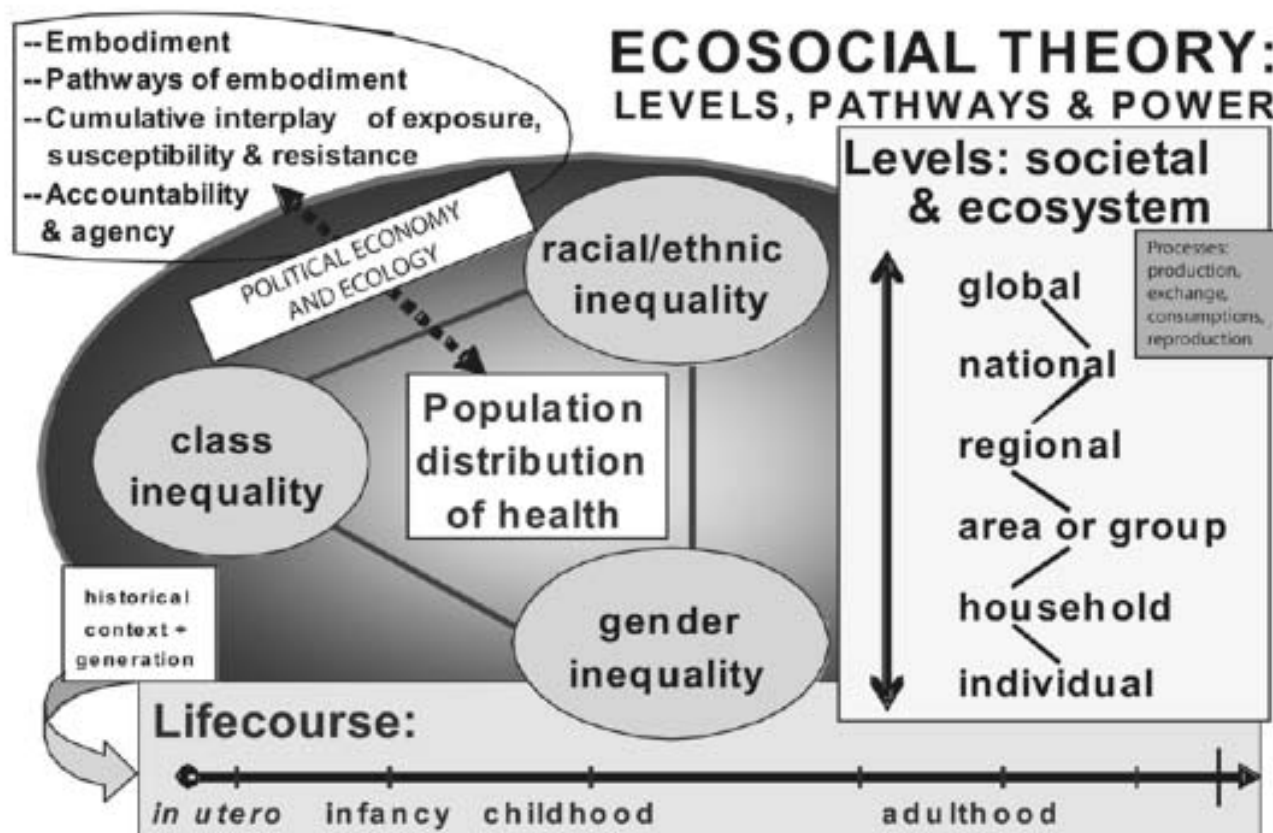
Former Chief Medical Officer, Cook County IL

Former APHA President



# About NCHE

*It's complicated !*



Source: Krieger, *AJPH*. 98(2):221



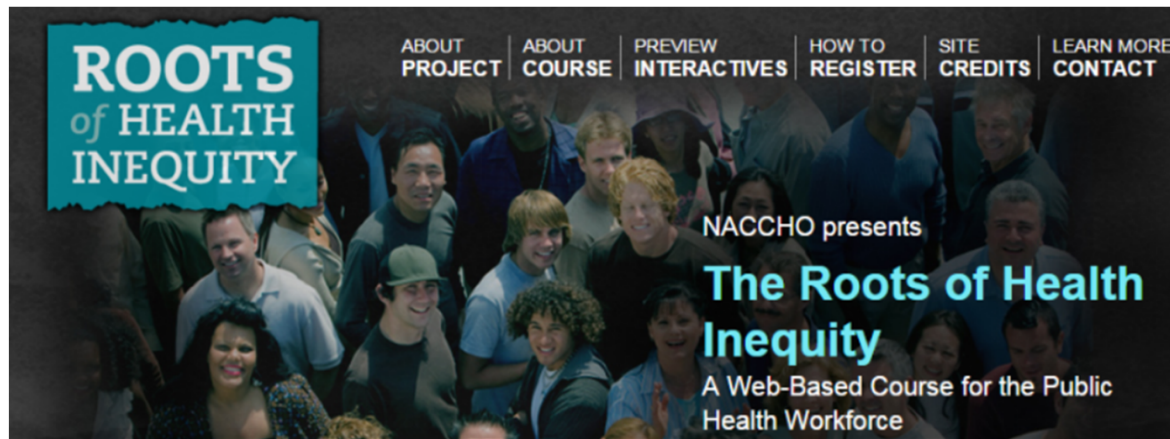
The background of the slide features a repeating pattern of various icons in shades of teal and blue. These icons include stylized human figures, circular arrows indicating a cycle or process, a hand holding a plant, a presentation screen, a handshake, a magnifying glass, a person climbing a ladder, a clipboard with a checklist, and a crossed-out 'X' mark. The icons are arranged in a grid-like fashion across the entire background.

# Reflections

## on Case Studies and Building Internal Infrastructure to Advance Equity

# Advice/Lessons Learned

- Staff education



- Understand the history of issues you are working on
- Get your organization involved with local movements



# Audience Q & A

*Submit your questions now if you haven't already done so!*

# Thank You to Our Partners and Co-Sponsors



LOCAL AND REGIONAL  
GOVERNMENT ALLIANCE ON  
**RACE & EQUITY**

# NACCHO

National Association of County & City Health Officials



The  
California  
Endowment



**National  
Collaborative  
for Health Equity**

WORKING WITH PEOPLE, PARTNERS, AND PURPOSE

# Thank you for joining us today!



## Upcoming webinar dates

- **Part 2: Working Across Government to Advance Racial and Health Equity**  
*Tues, Dec 12, 2017 | 10-11 PST*
- **Part 3: Fostering Community Partnerships to Advance Health Equity**  
*Tues, Jan 9, 2018 | 10-11 PST*
- **Part 4: Championing Transformative Change to Advance Health Equity**  
*Thurs, Feb 15, 2018 | 10-11 PST*

## Next steps:

- ❖ **Sign-up** for upcoming webinars
- ❖ Complete a 3-minute webinar **evaluation** coming tomorrow
- ❖ **Dive in** to the [Health Equity Guide](#) to support your health equity practice
- ❖ **Share the series** with colleagues

