

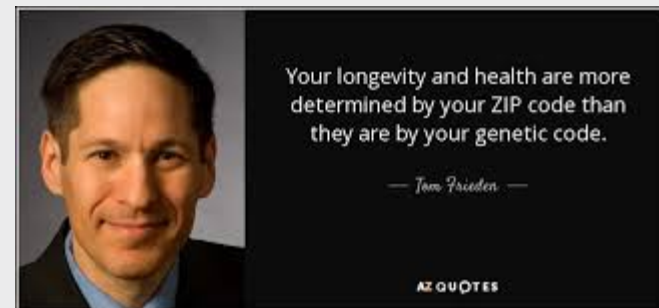
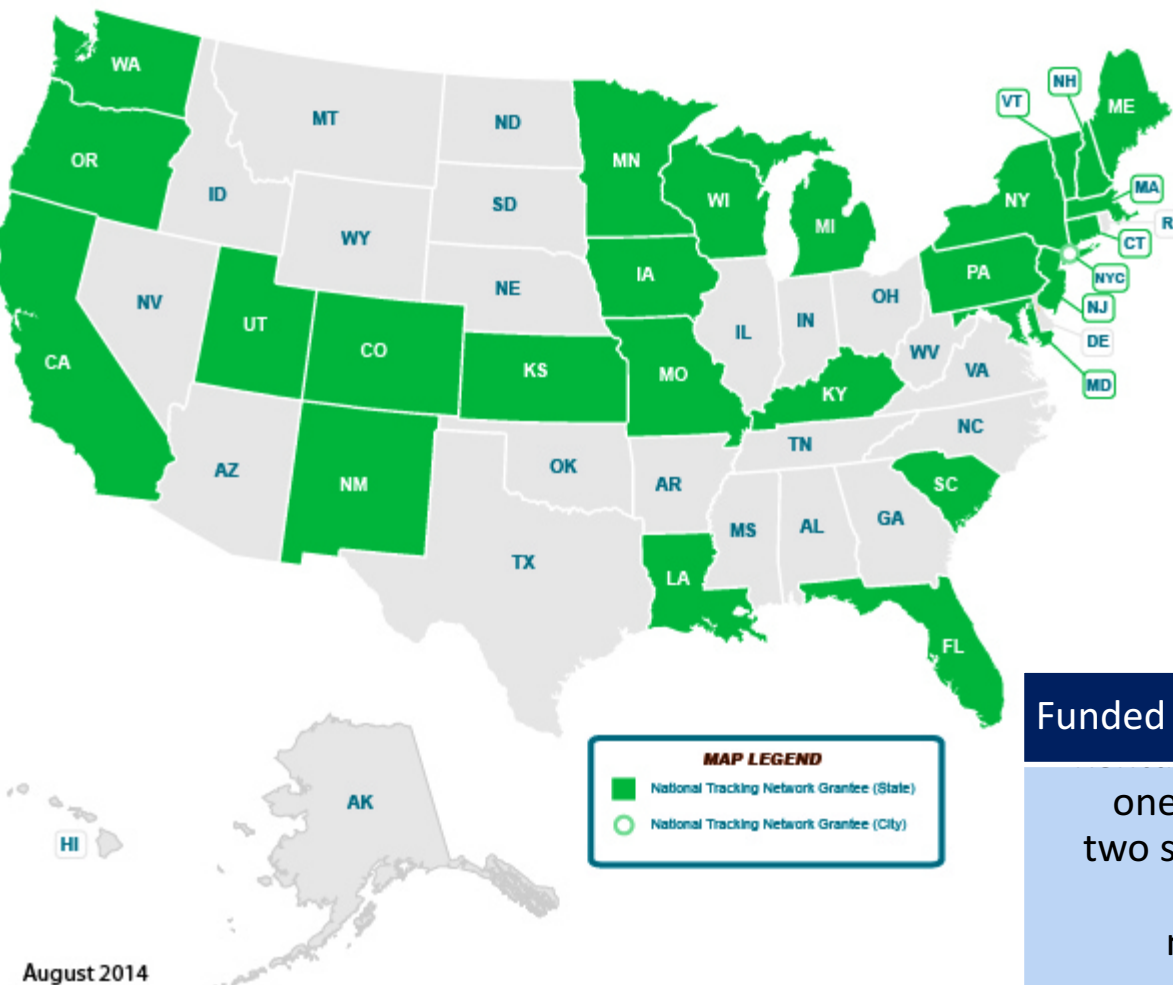
Advancing Equity Through Health In All Policies

Holly Avey, Project Director

August 15, 2017



CDC's National Environmental Public Health Tracking Program



Funded in 2014

one of only two states to receive national funding during this cycle

National Network

Kentucky joined the network that now has 25 states and 1 city (New York City)

Data to Public Health Action

Overall goal to make data easy to understand and accessible all in one location

Via: Timely and Locally Relevant Data

Public Health 3.0



It's time for an **upgrade**. #PH3

Public Health 3.0

expand public health to address **all** aspects of life that promote health and well-being, including:

- Economic development
- Education
- Transportation
- Food
- Environment
- Housing
- Safe Neighborhoods

Local Health Engagement

Integrated website, useful for Community Health Assessment and Planning via community profiles and dashboards, maps, infographics, social media, etc.

Mini-grant funding to assist LHDs with environmentally related projects

(avg. \$15,000 per cycle, per health department)

EnviroHealthLink

Alignment with Public Health 3.0 by providing **timely and locally relevant data for** public health action

Public Health Response, bridging environmental and epidemiology for community impact



Greetings from KY DPH Leadership

<https://youtu.be/RbvnaIRhxAM>

KY Office of Health Equity

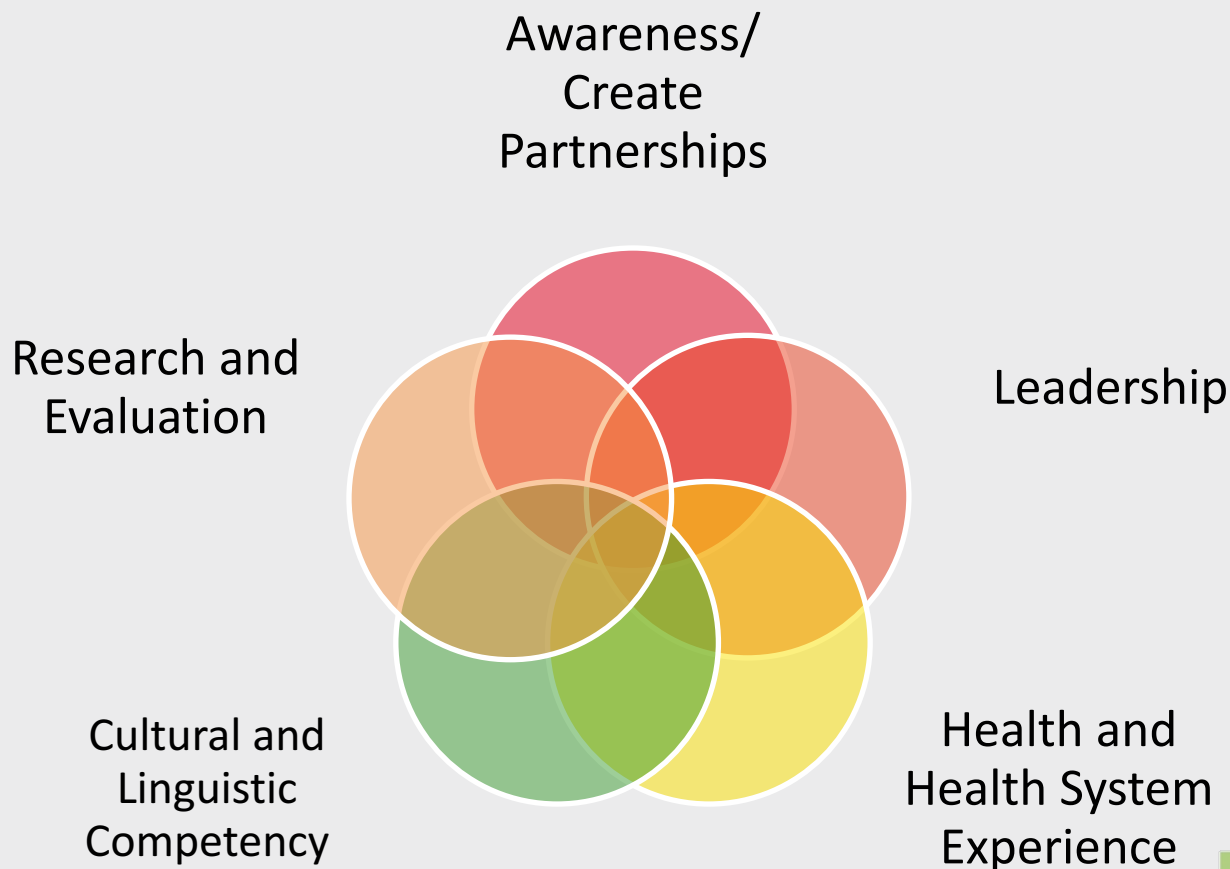
Established in Fall 2008

Funded by the U.S. DHHS, Office of Minority Health and the KY Dept. for Public Health, REACH US, and Cervical Cancer Free KY

Overarching Goals:

- To eliminate health disparities among racial and ethnic minorities, rural and low income populations in the state of KY.
- OMH continued Funding through 2015
- To promote health equity in the state of KY.

KY Office of Health Equity Goals and Strategies



Introductions

(10 minutes)



Introduce yourself to others at your table

- Name
- Agency/organization (No acronyms allowed!)
- What is your WHY? Why are you involved in this work – is there a very brief personal story that you can share?

Human Impact Partners

HIP is a national non-profit – based in Oakland, CA – 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 science to campaigns and movements for a just society.

Agenda

Welcome & Introductions

Connecting Environmental, Social, and Political Conditions and Health

Kentucky Social Determinants of Health

Health in All Policies

Health in All Policies Case Studies

Lunch

Equity

Health in All Policies & Equity

Brainstorming Session

Closing

Connecting Environmental, Social, and Political Conditions and Health

Health is a Widely Used Frame



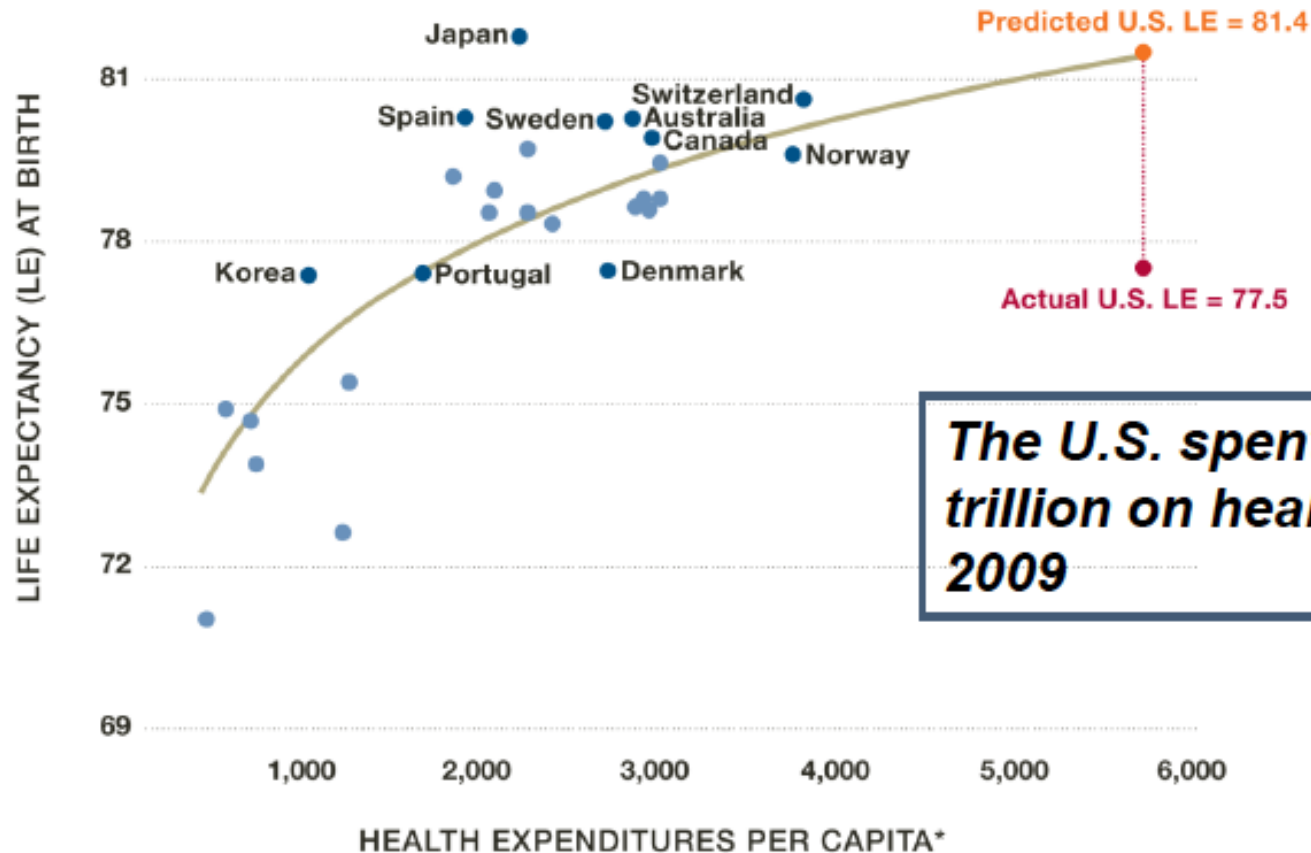
Editorial: Open port crucial to healthy economy

VANCOUVER SUN EDITORIAL MARCH 21, 2013



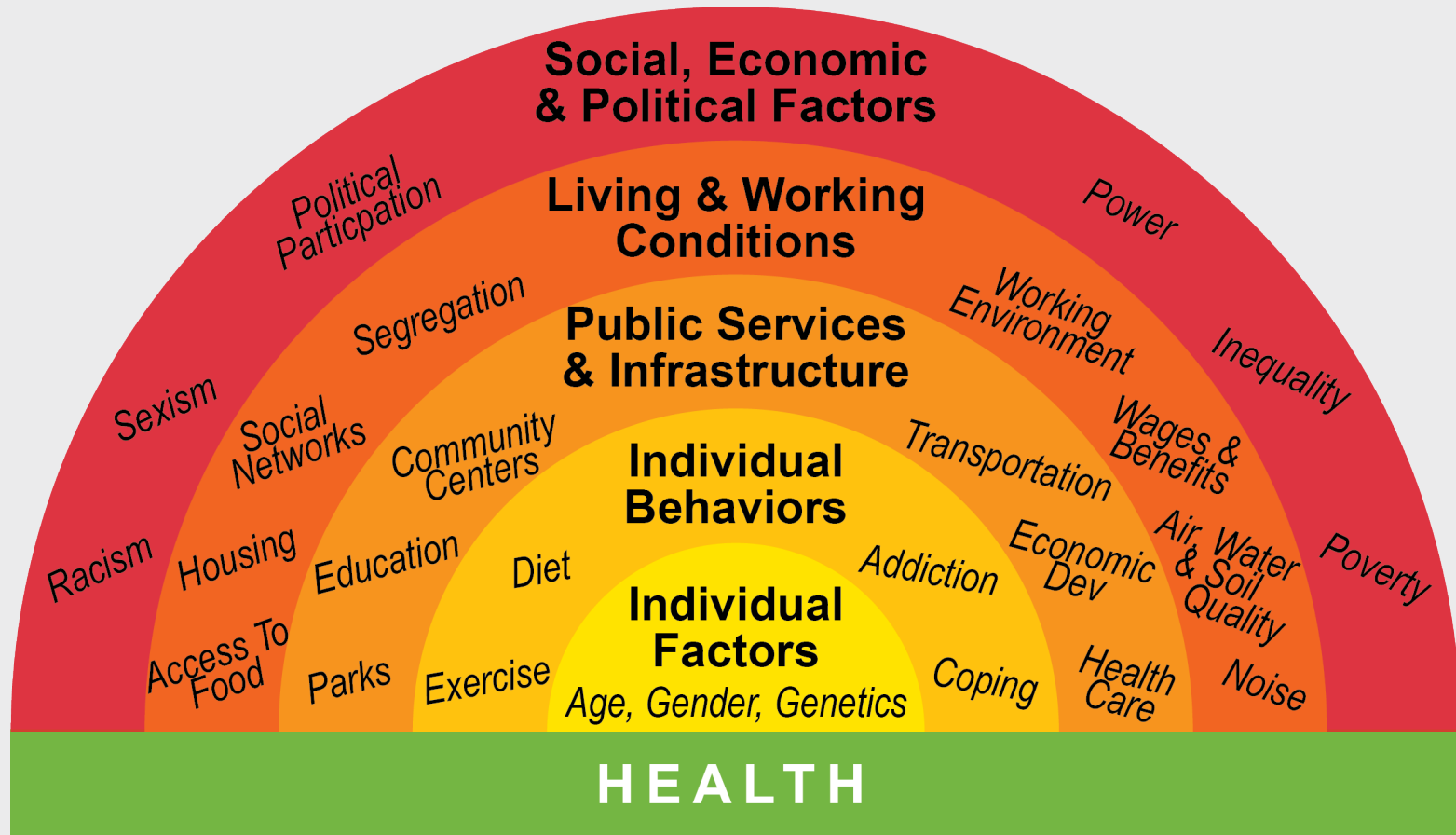
High Healthcare Spending ≠ Good Outcomes

US spends more money per person on health than any other country, but our lives are shorter

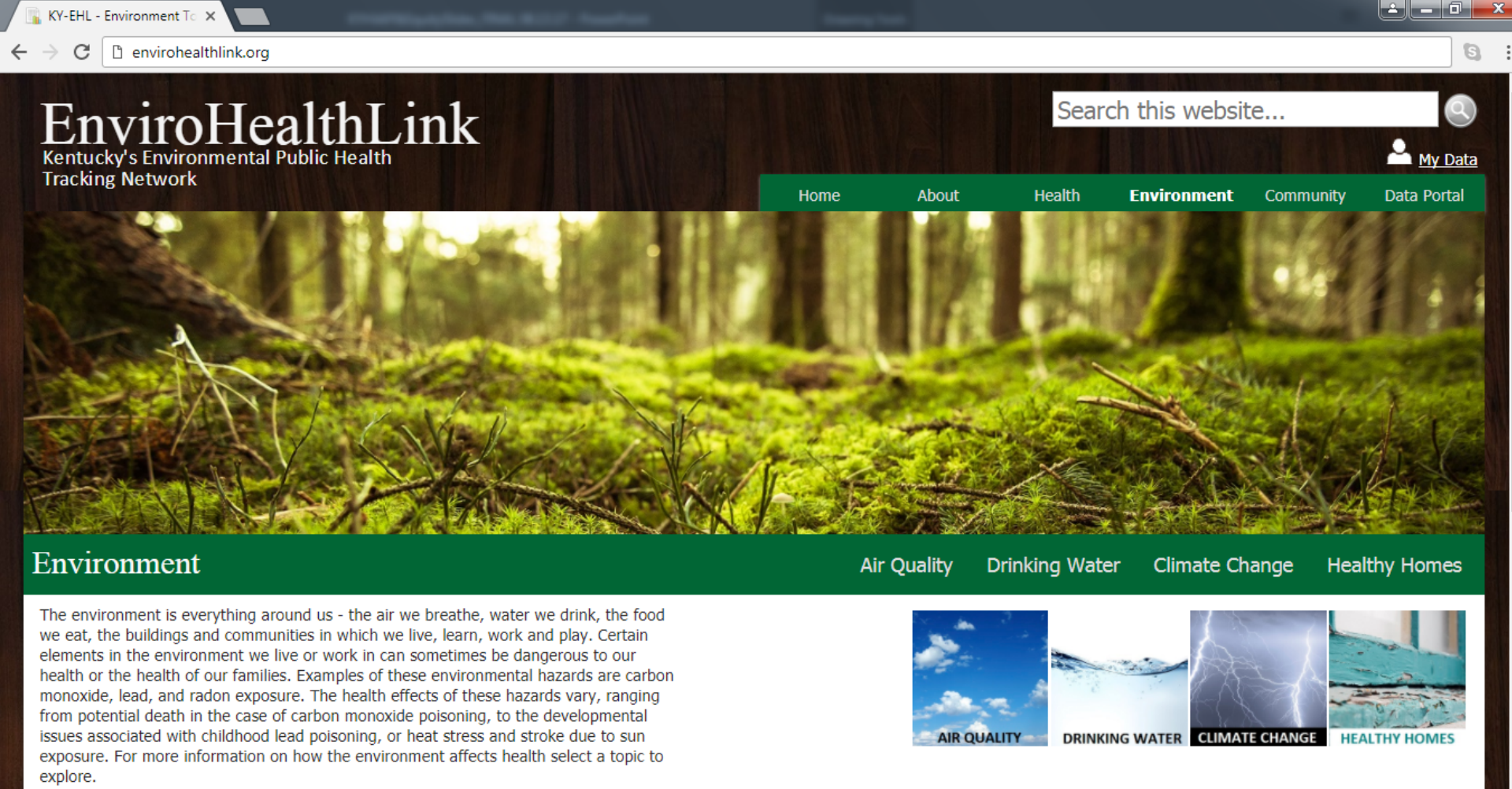


Source: Prepared for the RWJF by the Center for Social Disparities in Health at UCSF

Factors Responsible for Population Health



Kentucky Social Determinants of Health



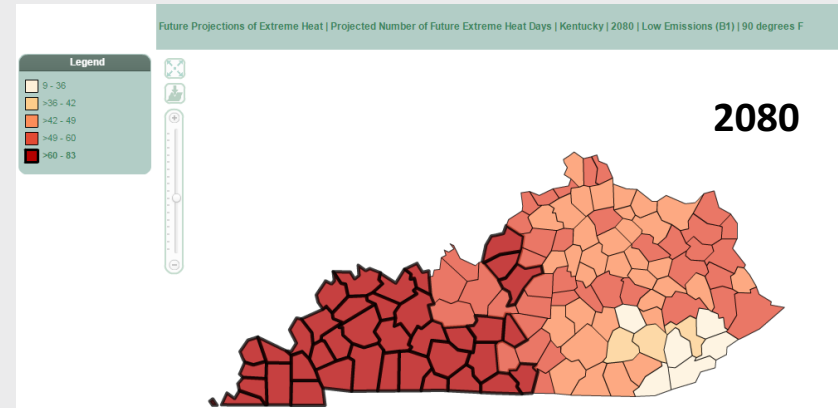
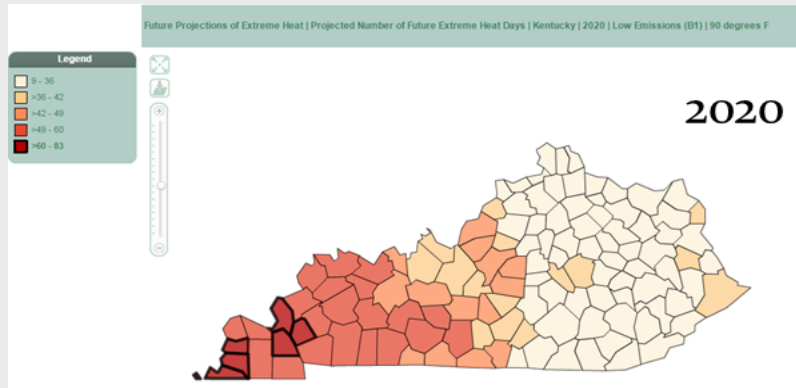
EnviroHealthLink.Org

Demonstration

Environment

Extreme Heat

Useful for Community Health Assessment and Planning, especially with vulnerable populations and/or those with increased respiratory and/or heart conditions. (*Heat threshold 90 degrees F*)



Source: CDC, Kentucky Environmental Public Health Tracking Network, envirohealthlink.org



Some Kentuckians may be exposed to environmental hazards including pesticides and hazardous waste sites.

Reported pesticide exposures are higher in Kentucky than in the rest of the United States.

Kentucky has 13 Superfund sites that may pose threats to human health and/or the environment. A Superfund site is any land in the United States that has been contaminated by hazardous waste and identified by the Environmental Protection Agency (EPA) for cleanup.

Source: CDC, Kentucky Environmental Public Health Tracking Network, envirohealthlink.org

Exposure

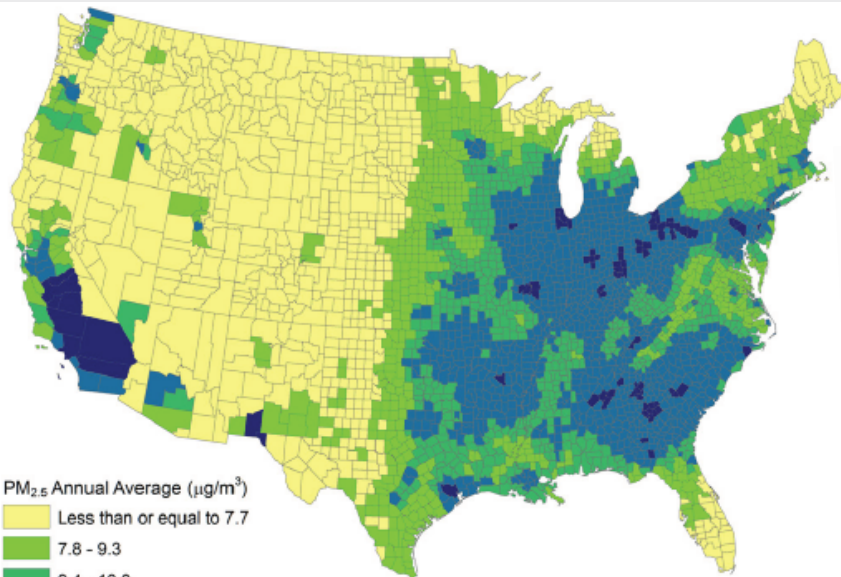
KENTUCKY		UNITED STATES
45.5	 Rate of exposure to pesticides per 100,000 people (2014)	32.8
13	 Number of Superfund sites Source: U.S. EPA	27 (average number of sites per state)

Environment

Air pollution is a leading environmental threat to human health.

Particulate matter (PM_{2.5}) or very small particles that are less than 2.5 micrometers wide (smaller than a grain of sand) can be inhaled deeply into the lungs and can affect the heart, blood vessels, and lungs.

Being exposed to any kind of particulate matter may lead to increased emergency department visits and hospital stays for those with heart problems and/or respiratory conditions, such as asthma and COPD. This can be especially problematic for children in Kentucky whose lungs are still developing, along with other vulnerable populations, such as the elderly or those who are immunocompromised.

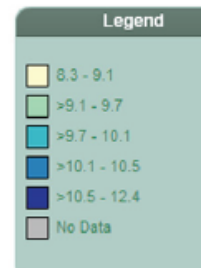
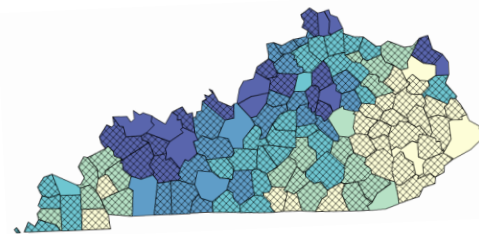


PM_{2.5} Annual Average ($\mu\text{g}/\text{m}^3$)

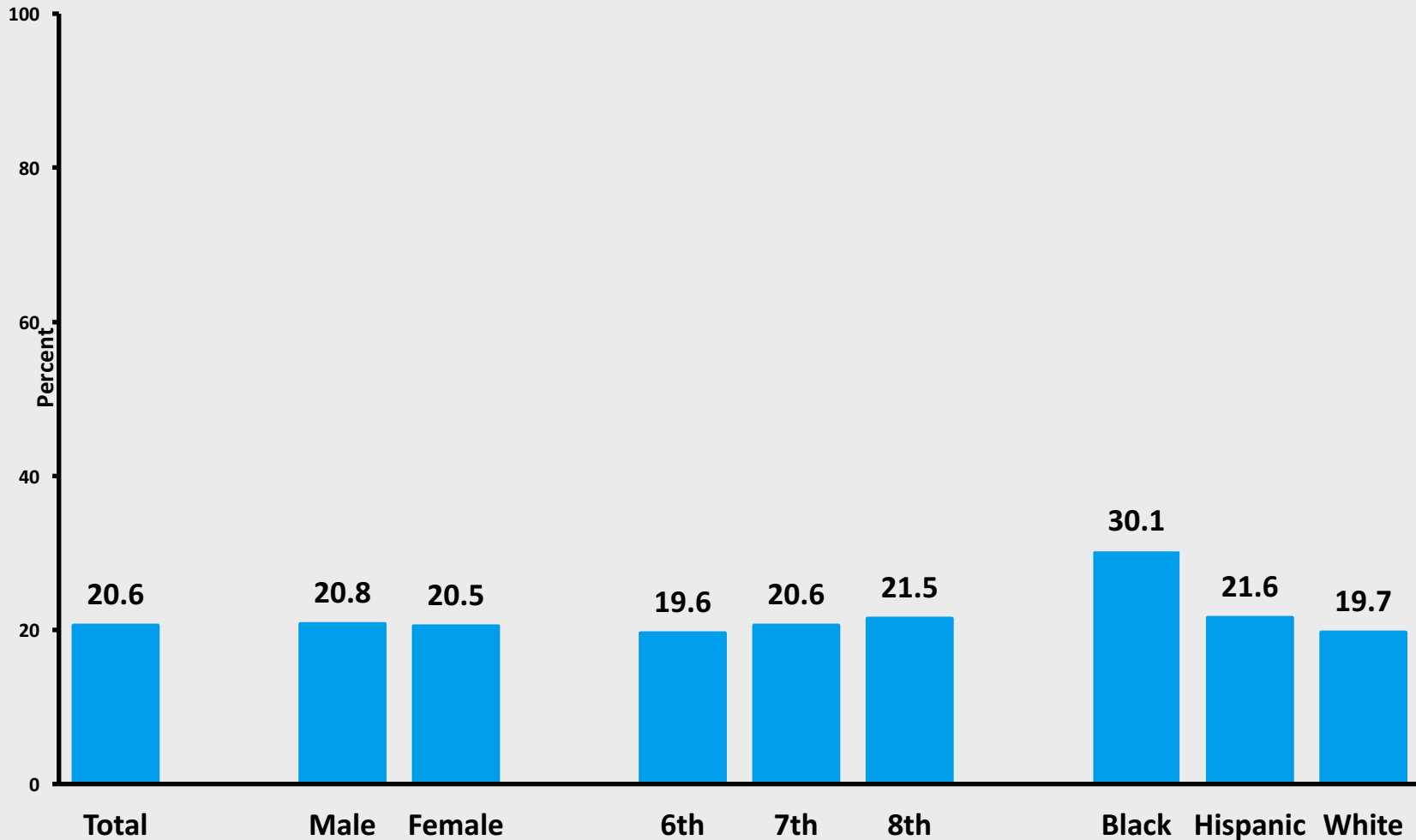
- Less than or equal to 7.7
- 7.8 - 9.3
- 9.4 - 10.0
- 10.1 - 12.0
- Greater than 12

2011 Annual Average Ambient Concentrations of PM_{2.5}

Source: CDC Environmental Public Health Tracking,
Kentucky Environmental Public Health Tracking Network, envirohealthlink.org



Percentage of Middle School Students Who Had Ever Been Told by a Doctor or Nurse That They Had Asthma, by Sex, Grade, and Race/Ethnicity,* 2015

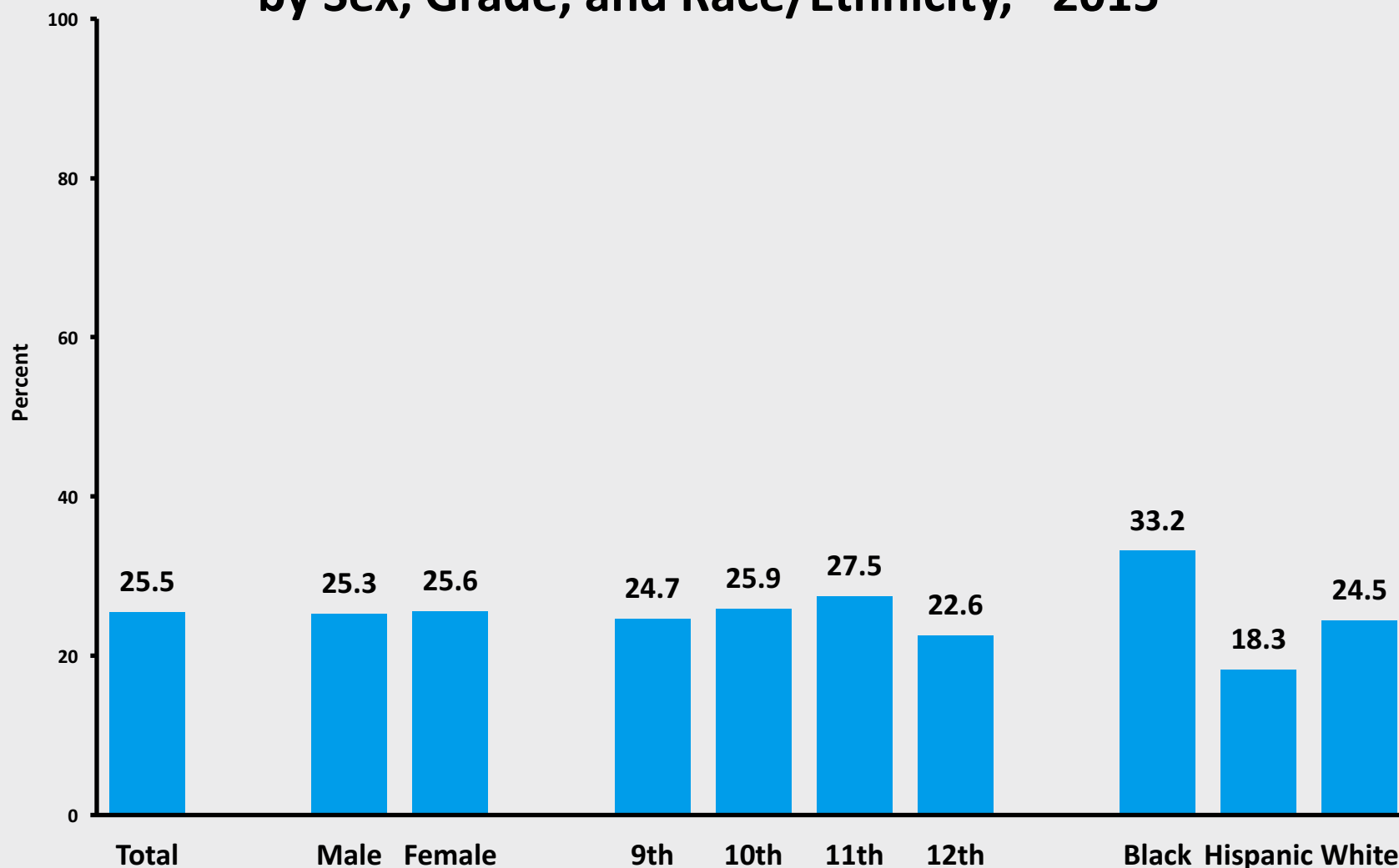


*B > W (Based on t-test analysis, $p < 0.05$.)

All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

Note: This graph contains weighted results.

Percentage of High School Students Who Had Ever Been Told by a Doctor or Nurse That They Had Asthma, by Sex, Grade, and Race/Ethnicity,* 2015



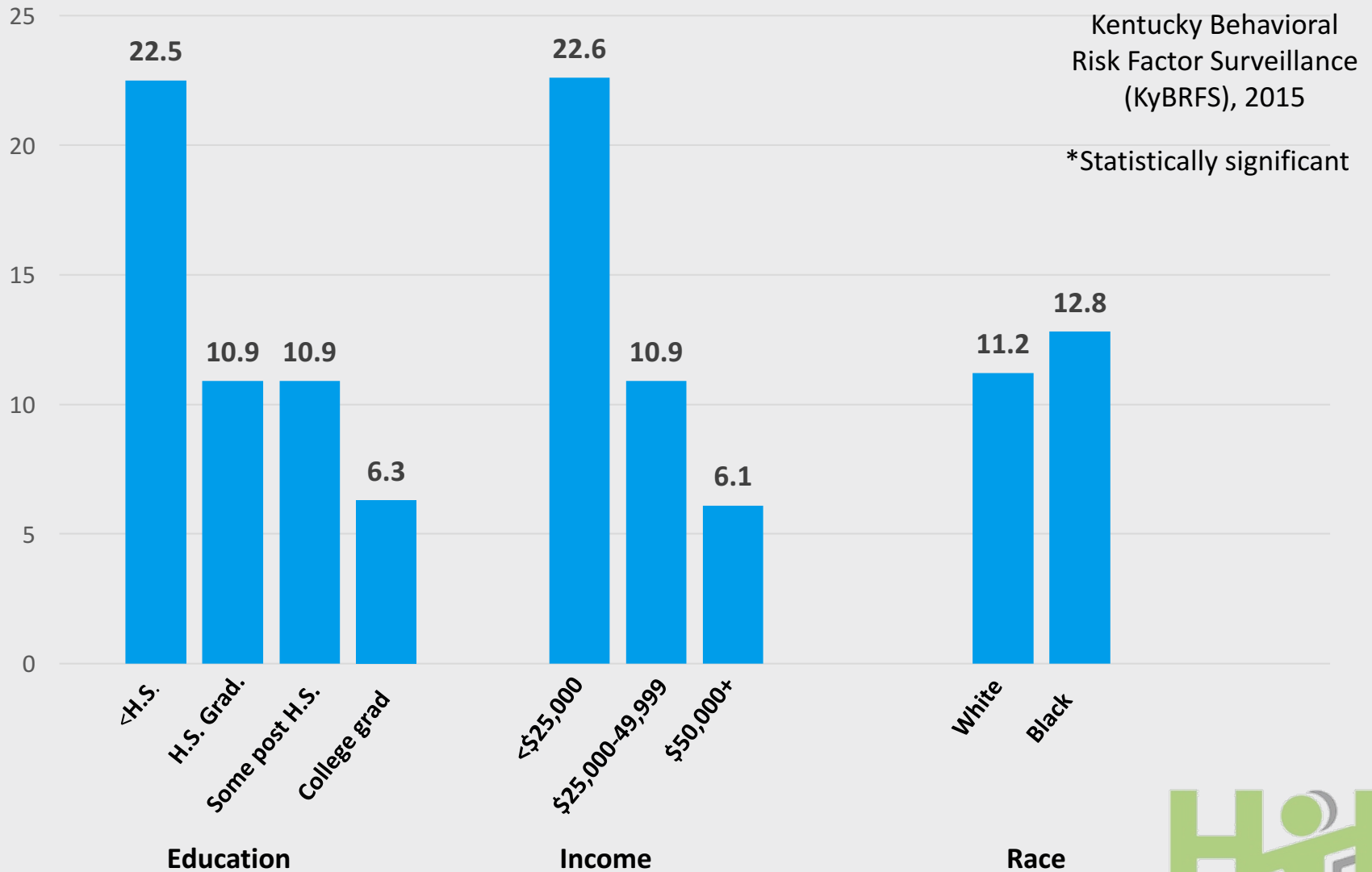
*B > H (Based on t-test analysis, $p < 0.05$.)

All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

Note: This graph contains weighted results.

Kentucky - YRBS, 2015 - QN87

Percent of Kentucky Adults who Have Current Asthma by *Education and *Income, 2015



National and Kentucky Prevalence of Adverse Childhood Experiences Among Children Age 0-17

Adverse Child or Family Experiences	Kentucky Prevalence	National Prevalence	State Range
Child had ≥ 1 Adverse Child/Family Experience	55%	48%	41% (CT) - 58% (AZ)
Child had ≥ 2 Adverse Child/Family Experiences	30%	23%	16% (NJ) – 33% (OK)
Extreme economic hardship	30%	26%	20% (MD) – 34% (AZ)
Family discord leading to divorce	29%	20%	15% (DC) – 30% (OK)
Having lived with someone who had an alcohol or drug problem	14%	11%	6% (NY) – 19% (MT)
Having been a victim or witness of neighborhood violence	8%	9%	5% (NJ) – 17% (DC)
Having lived with someone who was mentally ill or suicidal	11%	9%	5% (CA) – 14% (MT)
Witnessing domestic violence in the home	10%	7%	5% (CT) – 11% (OK)
Parent served time in jail	13%	7%	3% (NJ) – 13% (KY)
Treated or judged unfairly due to race/ethnicity	4%	4%	2% (VT) – 7% (AZ)
Death of a parent	4%	3%	1% (CT) – 7% (DC)

ACEs and Chronic Health Problems of Children 0-17

Category of children	Study population	Prevalence of ACEs	
		1 ACE	2 \geq ACEs
All	100%	25%	23%
In fair or poor overall health	3%	32%	39%
With special healthcare needs	20%	26%	36%
With special healthcare needs and EBD	7%	24%	52%
At risk for developmental, behavioral, or social delays	26%	27%	19%
With asthma	9%	27%	33%
With ADHD	8%	25%	45%
With autism spectrum disorder	2%	27%	34%
Who are overweight or obese	31%	26%	37%
With a behavior problem	3%	24%	61%
Who bully	2%	23%	55%

Bethell, C, Newacheck, P, Hawes, E, Halfon, N. Adverse childhood experiences: assessing the impact on health and school engagement and the mitigating role of resilience. (2014) Health Affairs Dec; 33(12);210-2016

Health in All Policies

Health in All Policies

HiAP Goals

Ensure decision makers are informed about the health, equity, and sustainability consequences of policy options during the policy development process

Bring resources and support of health departments to the work of other agencies and expand the responsibility that other agencies take for health outcomes

Nuts and Bolts of HiAP

HiAP initiatives require that people across different sectors work together as a group, but the membership, level of formality, and activities will vary.

Windows of Opportunity for HiAP in Government

Data

Direct service provision

Education & Information

Employer

Funding

Guidance & Best Practices

Permitting & Licensing

Procurement & Contracts

Regulation

Research & Evaluation

Legislation & ordinances

Taxes & Fees

Training & TA

Roles in HiAP

HiAP is conceived of as an agency-to-agency process

“Governmental partners are an essential part of Health in All Policies initiatives.”

Stakeholders

“Stakeholders are those outside of government who are impacted by your work but are not already partners in your Health in All Policies government initiative. They can help ensure that your Health in All Policies work is responsive and accountable to community needs.”

Source: Health In All Policies: A Guide for State and Local Governments

HIA is one example of Health in All Policies

HIA is conducted within the context of Health in All Policies

A collaborative approach to improving the health of all people by incorporating health considerations into decision making across sectors and policy areas

Recognizes that many determinants of health are not controlled by policies within the health sector

Objective: Consider Health in Decision Making

Health Impact Assessment

A systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program, or project on the health of a population and the distribution of those effects within the population. HIA provides recommendations on monitoring and managing those effects.

National Research Council of the National Academies, 2011

Steps of HIA

HIA Step	Description
Screening	Determine the need and value of an HIA
Scoping	Identify health impacts to evaluate and methods for analysis
Assessment	Provide: 1) a profile of existing health conditions 2) evaluation of potential health impacts
Recommendations	Provide strategies to manage identified adverse health impacts and maximize benefits to health
Reporting	Include: 1) HIA report 2) communication of findings & recommendations
Evaluation & Monitoring	Track and evaluate: 1) process of conducting the HIA 2) impacts on decision-making 3) impacts of the decision on health outcomes

See “HIA Minimum Elements and Practice Standards”

Health in All Policies Case Studies

Local Health Department Mini-Grant Projects



Asthma, Healthy Homes

Lead

Radon

Urban Heat Island

Health Impact Assessment

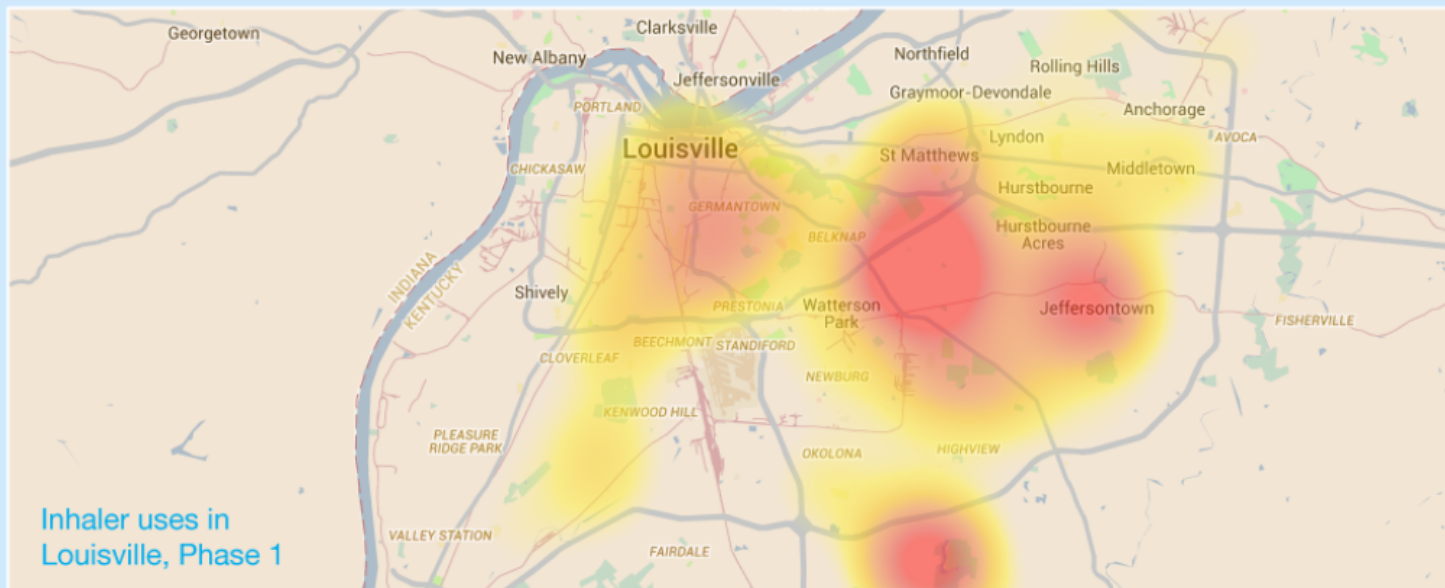
Tobacco-Free Schools

Climate Change

Built Environment

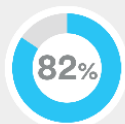
Community Gardens

Vector Surveillance

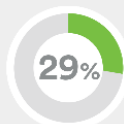


ASTHMA IS A SERIOUS PROBLEM IN OUR COMMUNITY

AIR Louisville helped participants improve their asthma and COPD. Over 12 months, we saw:



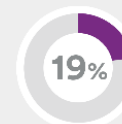
An average of 82% reduction in asthma rescue inhaler use



29% of uncontrolled participants gained control of their asthma



On average, AIR Louisville participants more than doubled their symptom-free days



AIR Louisville participants slept better, with an average 19% increase in symptom-free nights

The G Town Soul Swales



Plant a Seed. Pull a Weed. Take what you need.
Eat for Free.

LUNCH

EQUITY

Disparity vs. Inequity

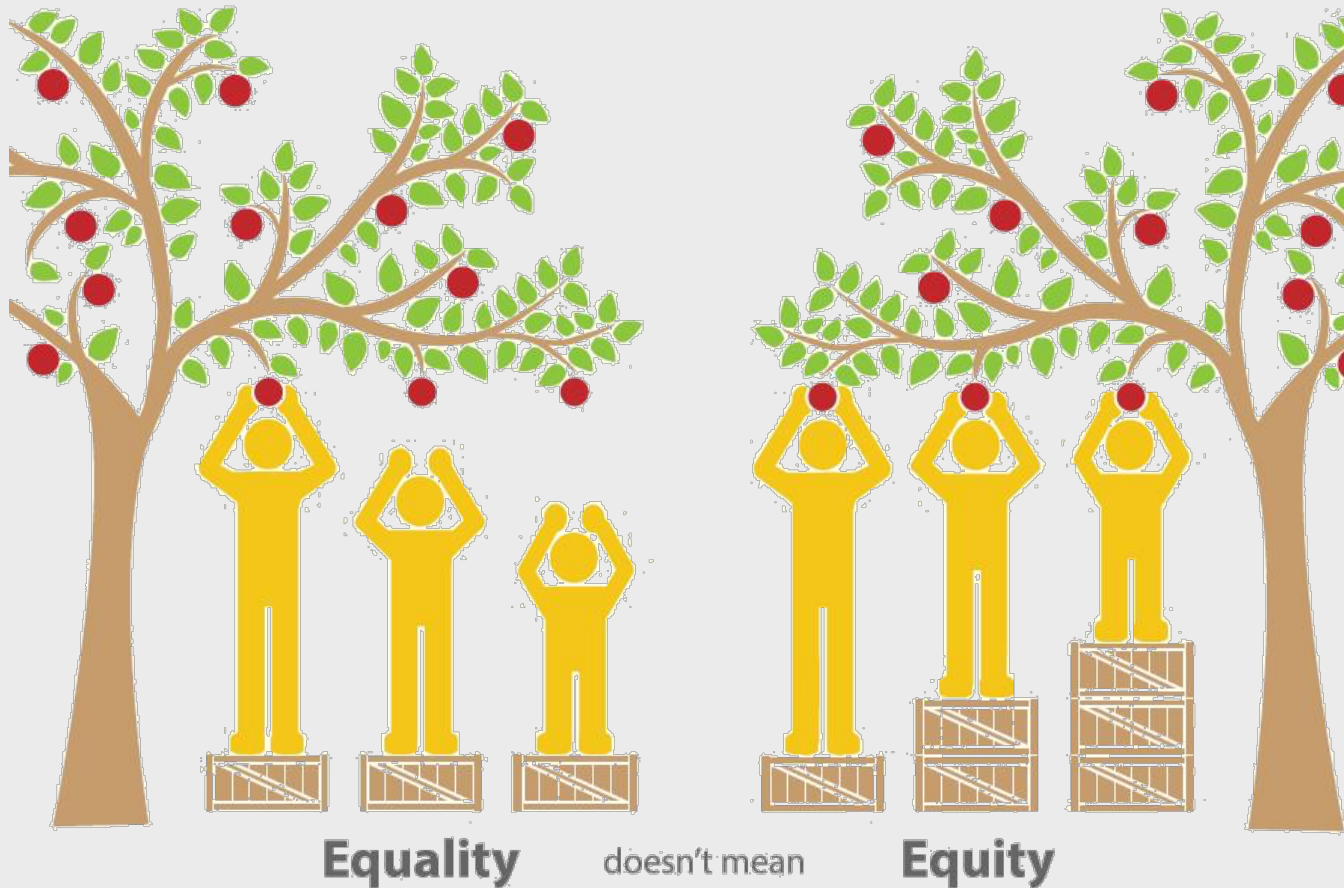
Health disparities: differences in health status and mortality rates across population groups, which can sometimes be expected.
e.g., Cancer rates in the elderly vs children

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

-- Margaret Whitehead

e.g., Breast cancer mortality for black women versus white women

Equity vs. Equality



Everyone has the same

vs.

Everyone has what they need.

Dimensions of Racism



INTERNALIZED

Beliefs within individuals
Stereotype Threat



INTERPERSONAL

Bigotry between individuals,
Racial Anxiety



INSTITUTIONAL

Bias within an agency, school. . .



STRUCTURAL

Cumulative among institutions,
durable, multigenerational

Source: projectlinkedfate.org

Structural Racism, Segregation, Equity

How Some Baltimore Neighborhoods Reflect Segregation's Legacy

- NPR interview with Richard Rothstein, Economic Policy Institute



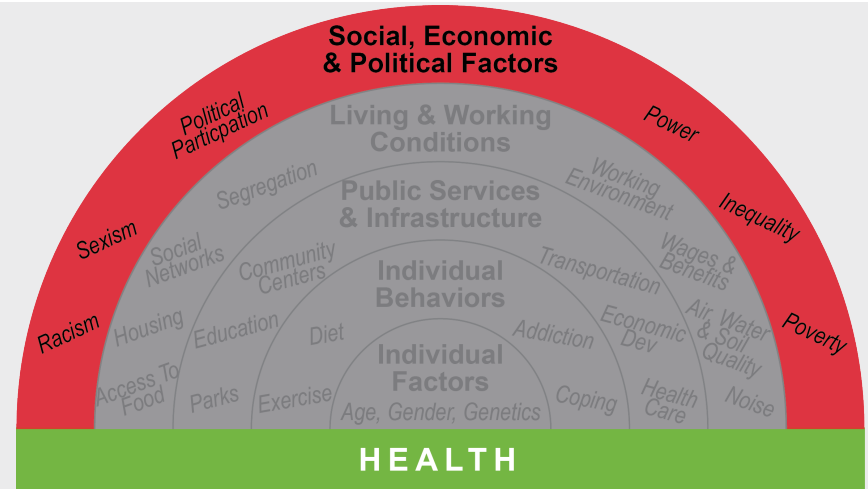
Other Forms of Inequities and Oppression

Classism

Sexism

Heterosexism

Able-ism



... all contribute to **systemic, avoidable, unfair, and unjust health outcomes** and are used as **political tools**.

In addition, the **intersections** of forms of inequities build on one other and contribute to even greater inequities for particular communities.

Rural vs Urban Inequities

Rural residents often perceive...

- “Haves” = urban, “Have-nots” = rural
 - Jobs, wealth, and public funds are unfairly distributed to urban areas
- Urban political elites exert power over rural residents without regard to their opinions or needs
- Government may be seen as less than responsive to rural needs
- Hard work is a core part of the rural identity
- Social welfare programs are the opposite of hard work
- Local government is best for rural areas



Source: Adapted from Cramer Walsh K. Putting inequality in its place: rural consciousness

and the power of perspective. *Am Polit Sci Rev.* 2012;106(3).

Chronic Poverty, Power, and Underinvestment

Historical practices such as: not having a voice in decision making, profit sharing, community investment, and allocation of resources has created a cycle of vulnerability and powerlessness that continues today in many of our rural populations.



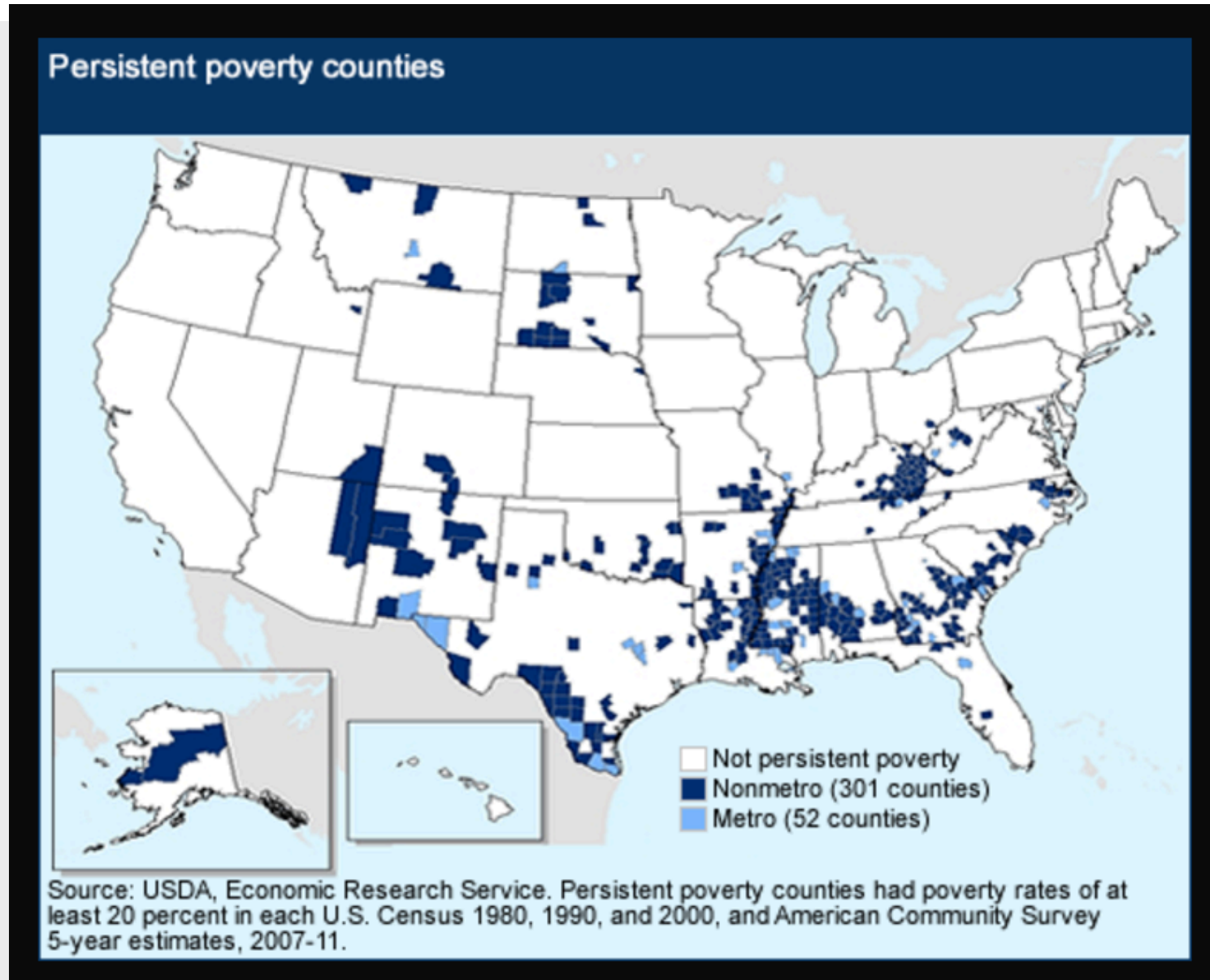
Source: <https://tinyurl.com/bleynwk>

In the case of Appalachia, the coal industry dominated community life and was an integral part in community decision making that often times controlled access to resources necessary for a thriving healthy community.

A map of **persistent rural poverty shows the same historical patterns of power differences and underinvestment**. In most other parts of the U.S., this pattern was exerted over **communities of color**, such as the Mississippi Delta and along the Mexico-U.S. border.




Source: Adapted from: Why Poverty Persists in Appalachia: An Interview with Cynthia M. Duncan, <http://www.pbs.org/wgbh/pages/frontline/countryboys/readings/duncan.html>

Persistent Poverty, 1980, 1990, 2000, and 2007-11



Three Choices for People in Poor Places

Economist Albert Hirschman says people in poor places have three choices: loyalty, exit, or voice.

	Loyalty	Accepting the status quo and the powers that be
	Exit	Leaving “Many with get up and go have” Escapism behaviors
	Voice	Staying and working for change insisting on equitable investment community organizing

Source: Why Poverty Persists in Appalachia – an Interview with Cynthia M. Duncan
<http://www.pbs.org/wgbh/pages/frontline/countryboys/readings/duncan.html>

Equity + Democracy = Empowerment

“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

IAP2 Public Participation Spectrum

Developed by the International Association for Public Participation

Increasing Level of Public Impact

Inform

Consult

Involve

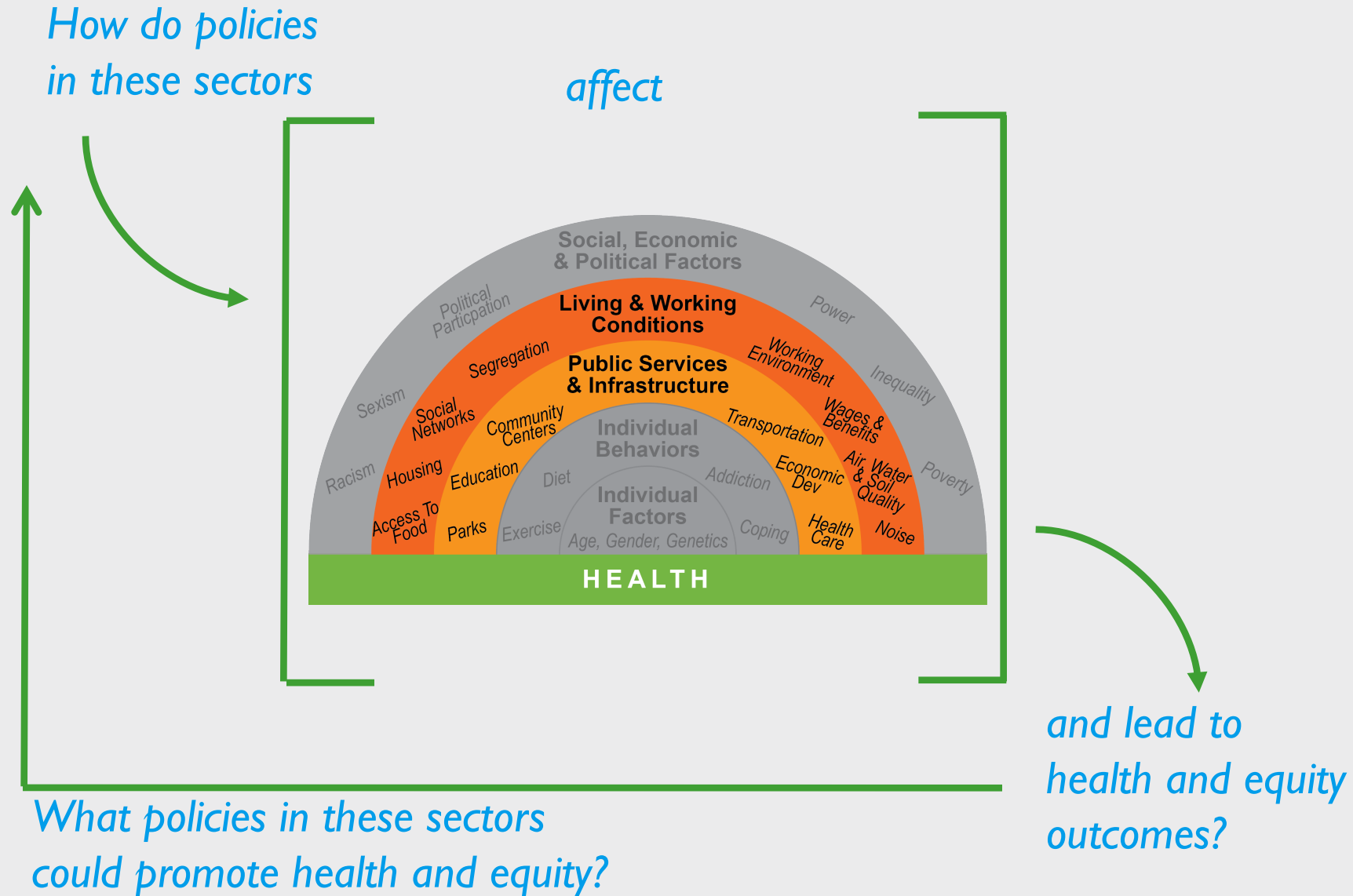
Collaborate

Empower



Equity in Health in All Policies

Health in All Policies & Equity



Integrating Equity into HiAP: Ideas for Action

Agencies should measure inequities

- Disaggregate data that inform HiAP by race/ethnicity, etc.
- Develop metrics for measuring progress on equity goals

Engage community members facing inequities to inform / guide the process

- Define what makes a community healthy
- Prioritize what the HiAP process should take on; etc.

Public Health may support other agencies to authentically engage and empower communities in decision making

- Public health can help build capacity and/or run engagement processes
- Change grant-making to build in engagement; etc.

Assessing Equity Impacts of Policy Change

Questions from the Government Alliance on Race and Equity:

- *Who benefits?*
- *Who is burdened?*
- *Who has been engaged?*
- *What are the potential unintended consequences?*

Additional questions to consider:

Will it reduce inequities?

Will it change the distribution of burdens and benefits?

Specifically, how will it impact

- vulnerable groups
- under-resourced groups
- specific geographic regions

Health Equity Guide

HealthEquityGuide.org

A Human Impact Partners Project

About

Contact Us

STRATEGIC PRACTICES

CASE STUDIES

RESOURCES

Resources

[Home](#) > Resources



Find Materials to Advance Your Work

Below is a database of toolkits, articles, websites, templates, guides, and other resources to help health departments advance the strategic practices. Although many resources exist, we are lifting these up because they focus on equity and we, our advisory group members, or people we interviewed for the case studies found them helpful. We invite you dive in and search for resources by strategic practice to advance your work. If you have a suggestion of an additional resource to be included, please suggest it on our [feedback form](#).

Select...

Work Across Government

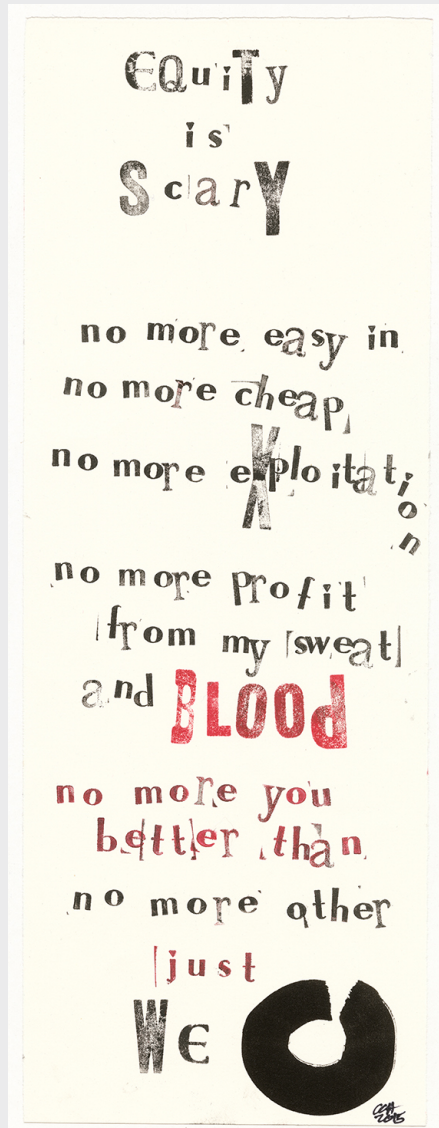


or

Choose a tag



Advancing Equity is Hard



Racism, sexism, discrimination, oppression, and power are difficult to talk about and more difficult to act on.

Political context matters, and it takes practice and expertise to be effective at advancing equity goals.

Consider this to be the beginning of a discussion – this is a journey.

Brainstorming Health in All Policies Project Ideas

Brainstorming at Your Tables (60 min)

Goal: to link community partners, LHDs, and KDPH staff to specific projects that KDPH can follow through the next year and possibly assist with resource allocations for these respective projects.

Instructions: Focusing on the same sector topic you discussed in the morning session, discuss an HiAP project idea at your tables by describing the following:

- Sector/topic:
- Population of interest:
- Relevant data sources to use:
- Partners to engage:
- Funding needed:
- Potential equity impacts:

Sharing Health in All Policies Project Ideas

Personal Stories – Connecting it Back to Your Why

Closing

Evaluation and Take-aways

Quick Evaluation

What did you like?

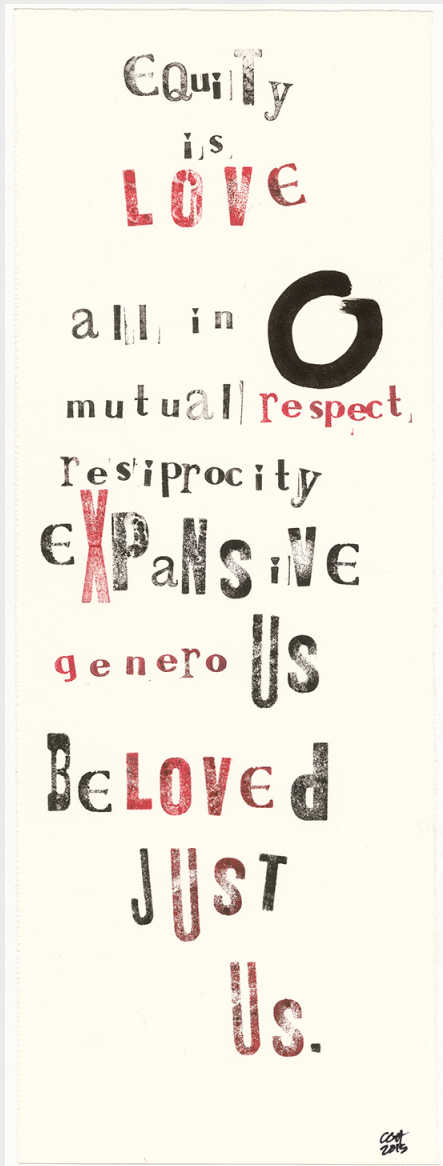
What would you change?

Take-aways

What is one thing you learned today that you'll be taking back with you to your work?

Next Steps

Thank You!



Holly Avey

510-452-9442 x108

havey@humanimpact.org