Health Equity in Public Health:
A Step by Step Guide

COPPHI Open Forum for Quality Improvement

Jacques Colon and Cindan Gizzi
Tacoma-Pierce County Health Department

Jonathan Heller
Human Impact Partners

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What We’ll Do Today

• Share . . . Where You Are with Health Equity.
• Learn . . . About Health Equity Initiatives at Public Health Agencies.
• Plan . . . to Make Health Equity Real at Your Department.
Workshop Objectives

• Understand the components of a health equity initiative.
• Learn how to tailor these components.
• Review tools/materials and explore how you can adopt/adapt them.
• Identify next steps to implement these components at your agency.
Before We Get Started . . .

- Take care of your needs.
- Today is INTERACTIVE.
- It’s a safe place to share.
- What we don’t get to goes in the “chicken coop” to track.
Sharing Time
What is Health 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

Equality doesn’t mean Equity

Everyone has the same vs. Everyone has what they need.
2010-2012 census data shows that Pierce County residents may be as much as 20 years apart in average life expectancy.

Areas in red have the worst health, while areas in green have the best health.
Why We Have Health Inequities

Social and economic factors are the single greatest contributor to health.
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 and Economic Factors

Adapted from http://www.cdc.gov/socialdeterminants/FAQ.html
Power Differentials
Health Equity Assessment

- One-page infographic
- Summary report
- Full report
- GIS maps (40+)
- Organizational self-assessment
2016 Health Equity Strategies

• Health in all policies.
• Community engagement.
• Internal processes.
• Internal programs.
Strategies Discussion

• What is it?
• Why is it important?
• Which of the 14 elements are represented?
• What does it look like in practice?
Health Equity Components

- Hiring a health equity coordinator.
- Developing a cross-divisional health equity team.
- Conducting staff education.
- Creating a health equity assessment.
- Developing a sustained health equity communications strategy.
Lessons Learned

• Help people understand the scope of public health.

• Most public health folks need support to implement health equity practices.

• Build on what is there.
More Sharing Time
Questions

• Which of these strategies/activities is your organization already doing?

• Where are the gaps in your organization?

• What might be some next steps for your organization?
Lunch Break

We’ll start again in one hour.
Why Do We Start with Race?
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
Roundtable Discussions

- Group 1: Organizational programs and processes.
- Group 2: Health in all policies.
- Group 3: Assessment & QI.
Next Steps: Discussion
Debrief the Day

• What worked well?
• What would you do differently if we repeated this?
Thank You!

Tacoma-Pierce County Health Department

Cindan Gizzi  
 cgizzi@tpchd.org  
 253.798.7695

Jacques Colon  
 jcolon@tpchd.org  
 253.370.5687

Human Impact Partners

Jonathon Heller  
 jch@humanimpact.org  
 510.452.9442, ext. 100