1.1 Operationalizing Health Equity

After establishing the conceptual framework around health, health equity and power in the previous modules, we're now going to focus on how we take that knowledge and apply it - how to operationalize health equity through changing practice and shifting conditions of power.

1.2 Goals for this module

After completing this module, you will be able to:
- Describe how to *expand the definition of health, strategically use data, assess and influence the policy context* and *strengthen community capacity*.
- Identify opportunities to operationalize these strategies in your individual and organizational work.
- And reflect on how these strategies can help advance health equity.

1.3 Operationalize Health Equity

There are many ways to operationalize health equity, including integrating health equity into policy-making processes and governance, decision-making, resource allocation, program development, and other forms of practice. It includes both internal work within organizations and institutions, and external work in partnerships with others.

Many resources exist to help individuals and organizations think through how to operationalize health equity. You can find links to resources on the website for the UW Population Health Institute's MATCH group.

1.4 4 Strategies to Operationalize
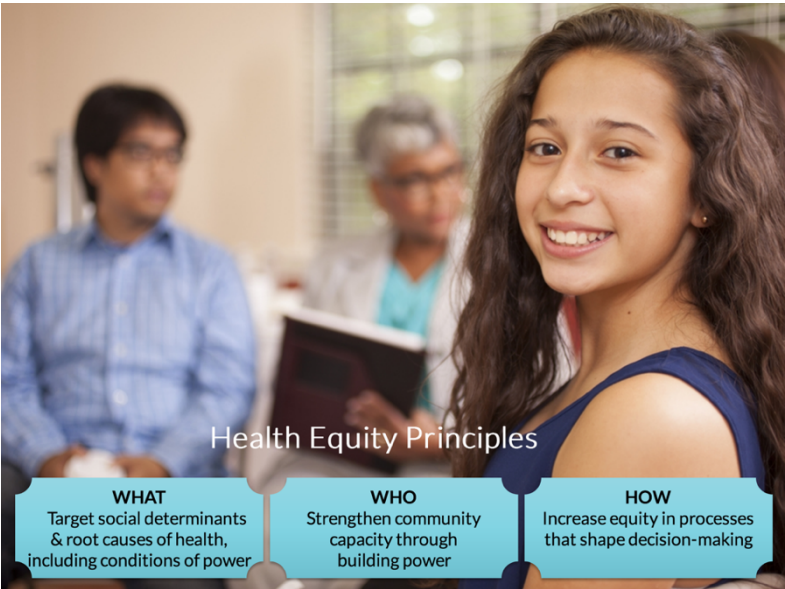
In this module, we draw on these resources and highlight four strategies for operationalizing health equity in individual and organizational practice.

This helps us change the way we work. We can intentionally target social determinants of health, promote factors that support and strengthen assets in communities, and shift conditions of power.


Click on each item to hear about the strategies and how they connect with the health equity principles from the last module.
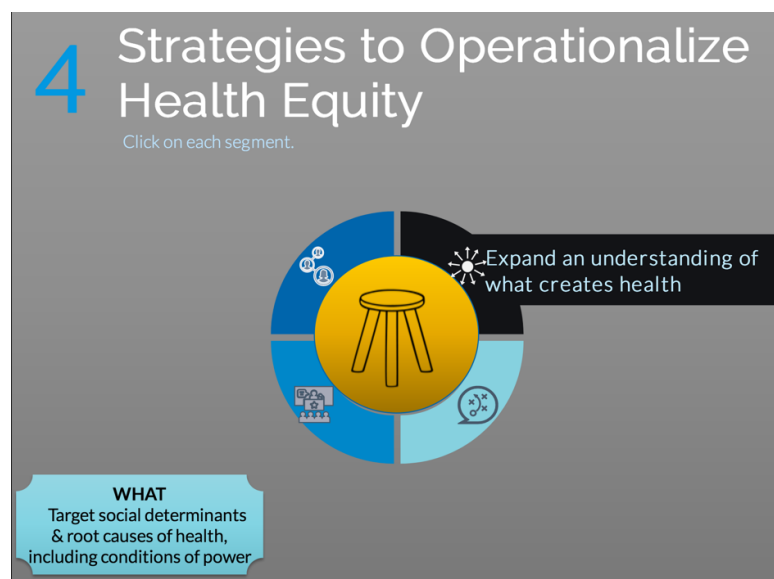
Expand an understanding of what creates health. This strategy helps us communicate the many ways that shape health, and encourage broad support to target root causes.

Strategically use data. This allows us to target root causes and engage affected communities.
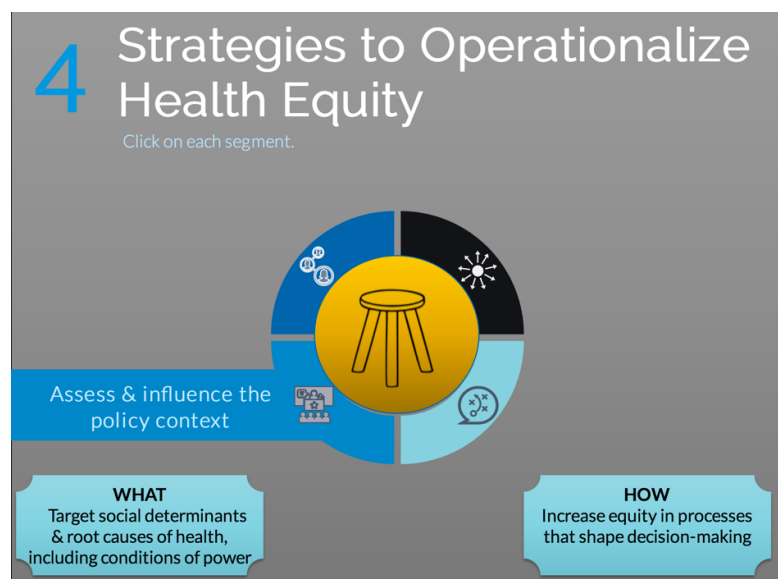
Assess and influence the policy context. When we are active in this realm, we build understanding of and strategize around targeting root causes and structural change at multiple levels.


Strengthen community capacity. This strategy allows us to focus on equitable decision making and building alliances with affected communities.

1.5 Strategy 1: Expanded Understanding

What do we mean when we say we need to expand the understanding of what creates health?

It means using a broad definition of health that makes clear the connections between health and the drivers of health, including social determinants, policies, programs, and systems, and social and institutional power.
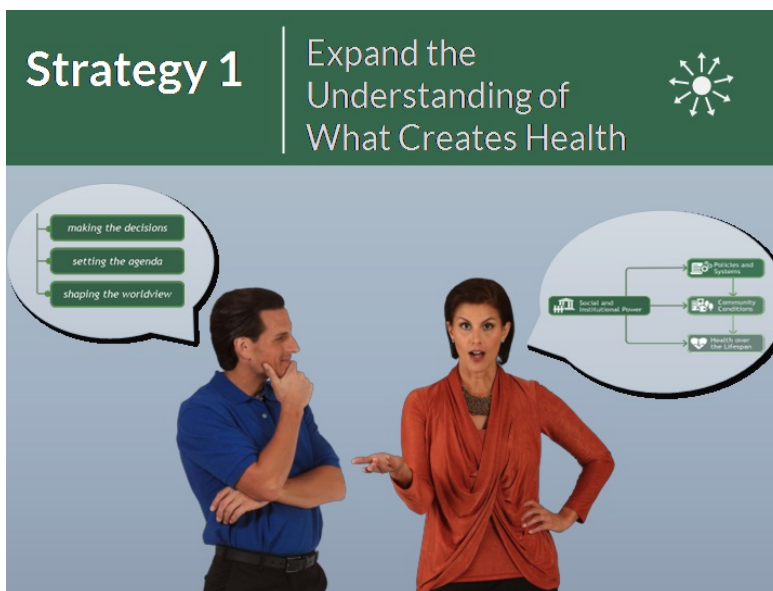
Within an organization, this definition can guide communication strategies and work plans.

1.6 Examples
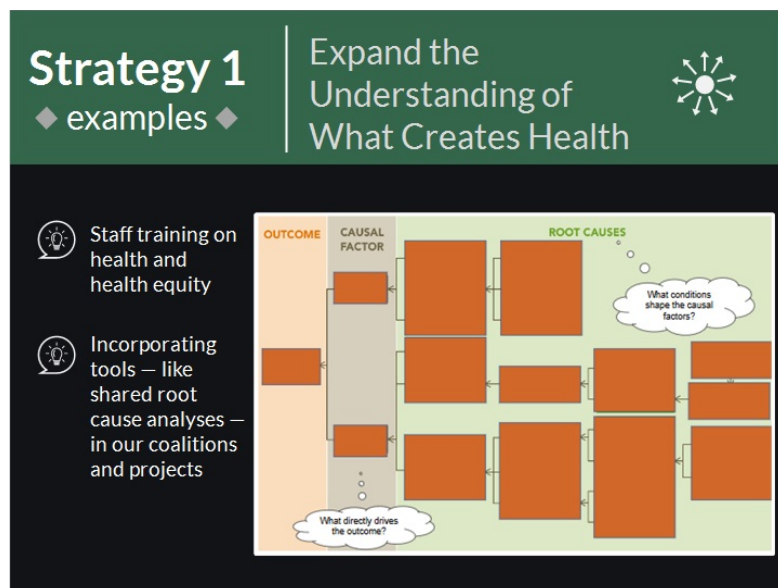
Examples of how we can utilize these definitions and frameworks to operationalize health equity in our work include:

- Staff training on health and health equity, and
- Incorporating tools like root cause analysis in our coalitions and projects to identify community conditions, policies, programs and systems, and power dynamics that influence health outcomes.

Even a simple root cause analysis, such as listing 5 drivers of health outcomes or behaviors, and then listing 5 more root causes of those drivers, can help groups of staff, partners and key stakeholders think more broadly.

The first two modules provided several examples of how we are collaborating here in Wisconsin to expand the definition of health and change the narrative about what creates health in Wisconsin.
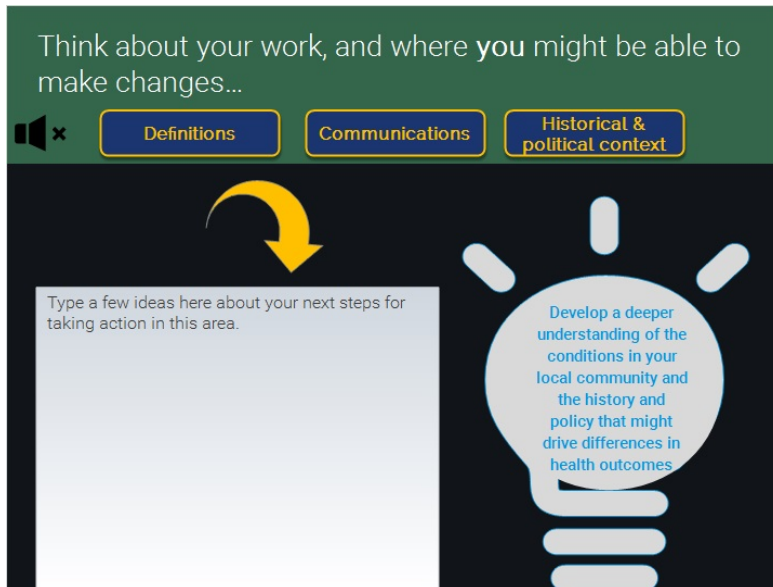
1.7 Reflect & Take Action

While it is important for our organizations, coalitions, and networks to do this work, we can also take time to reflect on how we as individuals advance this strategy in the course of our daily work.

Take a minute to think about your immediate work environment and consider these three options for how you might be able expand the definition of health.

Select one strategy to intentionally work on over the next several weeks.Click on the buttons for ideas, and an opportunity to reflect.

Reflections:
- Share and reinforce definitions of health equity and what creates health with others in your organization and partnerships.
- Include this understanding of health in your communications
- Develop a deeper understanding of the conditions in your local community and the history and policy that might drive differences in health outcomes

1.8 Strategy 2: Use Data Strategically

The second strategy considers how we use data.

Strategically using data to operationalize health equity requires us to consider what data we are using, how we are framing data, what story we are telling with it, and how we are acting on data.

1.9 How do you use data?

Think for a minute about your organization.
- What data activities do you already engage in?
- Does your organization analyze data to develop an understanding of the relationships among the social determinants of health and health outcomes?
- Has your organization conducted any analyses using tools such as health impact assessment or research studies to examine and demonstrate impact on health inequities across policy sectors?
- How many of these approaches does your organization use? Choose all that apply.

Thank you for your response: (feedback)
There are many ways to consider and use data strategically in an organization to advance health equity. What other methods would you like to incorporate in your own work?

1.10 Use Data to Advance Health Equity

Many of us use data in community health assessments, grant writing, cross-sector collaborations, program development, and policy and systems change efforts.
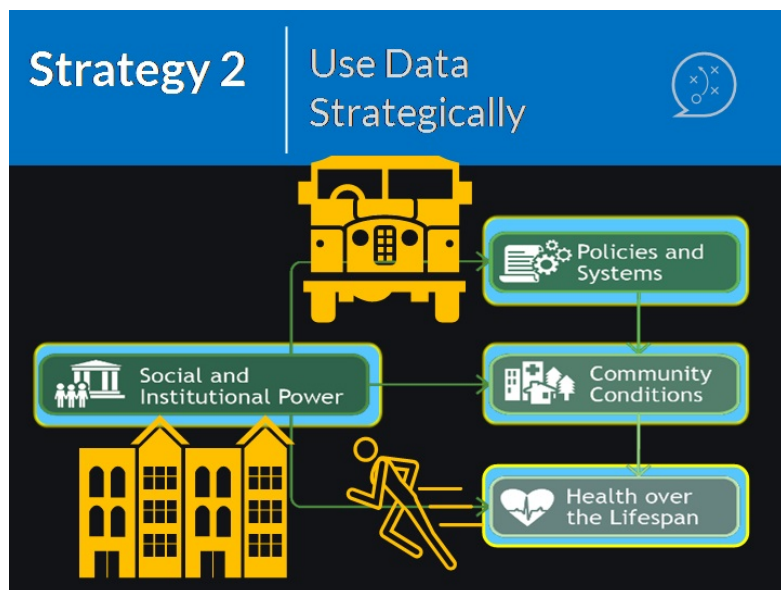
Our data can define what approaches we take in health promotion and prevention. For example, if we only examine the relationship between patterns of behaviors of individuals and obesity rates, our interventions are likely to focus on strategies for change, such as motivating individuals to exercise more.

Alternatively, if we incorporate data about community conditions or policies and programs, we may end up focusing on evidence-based strategies for intervention, such as restricting child focused advertising, expanding public transportation to increase access to culturally relevant youth programming, or even strategically using mixed-use and affordable development to desegregate neighborhoods.

Using data to advance health equity requires bringing together multiple sources of data, including those that focus on intermediary and structural determinants of health that impact social and economic conditions. These data are fundamental to expanding the understanding of the factors that contribute to health and health equity, and can help us in healthy public policy making.

Data collection, analysis, and reporting should occur in coordination and collaboration with cross sector agencies and relevant organizations - including the business community and community partners.

1.11 Consider language & collaboration
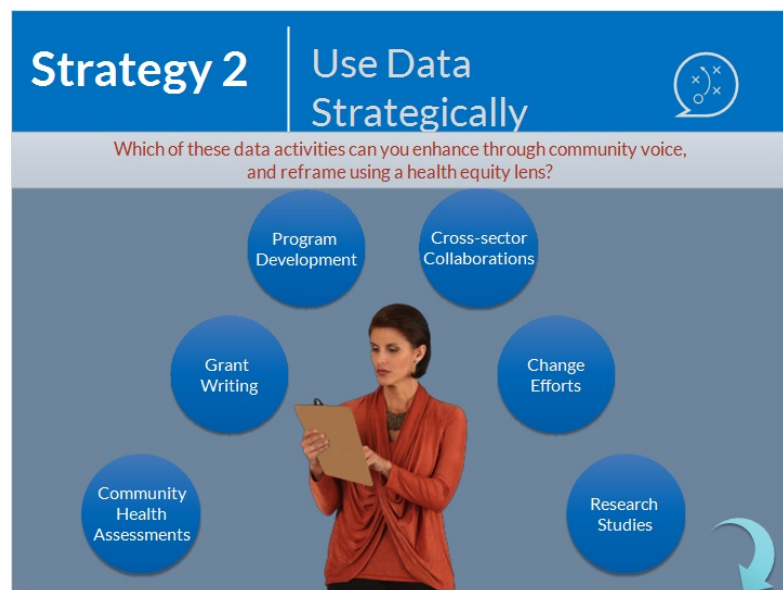
Now, in which of these activities do you connect your data to language about health equity and upstream drivers of health, or collaborate with communities impacted by the issues addressed in your data?

Thank you for your response. (feedback)
Our data can define what approaches we take to health promotion and prevention.
Think about other ways you can leverage data to communicate and collaborate.

1.12 Examples

Ways we can strategically use data in the work of our organizations and initiatives include...

- Identifying and tracking interrelationships between key determinants of health and their contributions to measures of health outcomes and health inequities.

- Developing data-driven reports that highlight health inequities and their root causes and leveraging findings from data collection and analysis in order to help change the narrative of what creates health, inform and inspire policy change and support partnerships and engagement.

1.13 Track Interrelationships

A variety of tools can help us in identifying interrelationships between key health outcomes and determinants of health. This helps us clarify what data or measures might be strategic to use. Our health equity framework, which we applied to the example of asthma earlier, can be helpful in identifying and tracking interrelationships in our data.

Let's apply this framework now to a different issue and think about how specific data and measures can be used to identify and track interrelationships.

For example, we may be interested in disparities in birth outcomes experienced by a particular segment of the community. We can explore the prevalence of health behaviors that may be commonly associated with premature birth or infant mortality, such as maternal risk behaviors like smoking.

However, we can also identify and look for associations with key measures of community conditions that are theorized to influence this health outcome.

Key measures might represent factors such as housing affordability, neighborhood violence, patient to health care provider ratios, average commute time to health clinics, insurance coverage rates, and median household income.

Digging further into potential determinants of premature birth and infant mortality, we can look for associations with measures of policies and systems, such as the existence of living wage policy, earned income tax credit policy, incentives for siting businesses, land use planning that determines the location affordable housing, the presence of community-based mental health support systems, the extent to which care systems are integrated, and policies that facilitate regional transit.

We may even be interested in tracking measures of social and institutional power that shape policies and systems, community conditions, and disparities in birth outcomes. Measures of social and institutional power may represent proxies at the community level, such as residential segregation, experience of implicit and cultural bias in clinical settings, demographics/backgrounds of elected officials, and the extent to which an area has experienced gerrymandering.

### *1.14 Develop Data Driven Reports*
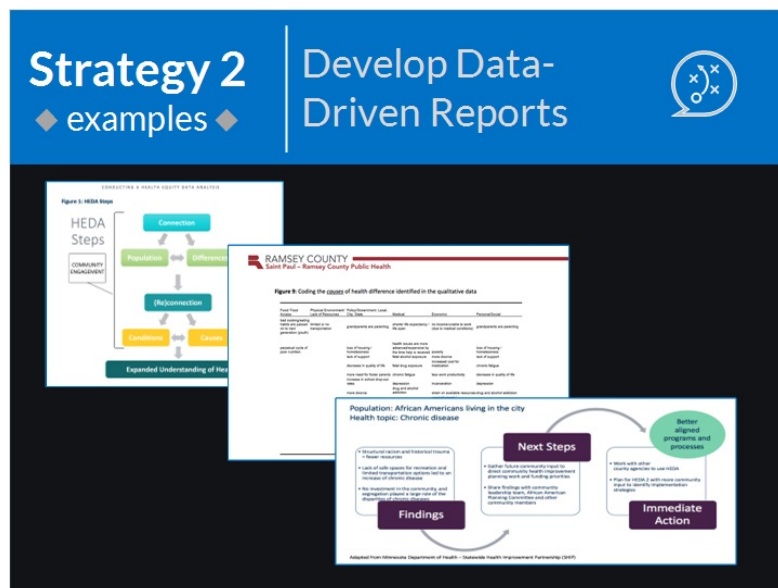
These interrelationships can be especially powerful when we integrate them into public facing documents and plans, and when we partner with communities to analyze the data and provide recommendations. Let's look at some examples of data-driven reports.

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Image sources (the full reports are available on the course home page or from the Resources tab in this module)

• HEDA: Conducting a Health Equity Data Analysis: A Guide for Local Health Departments in Minnesota, Ver. 2.
  • https://www.health.state.mn.us/data/mchs/genstats/heda/healthequitydataguideV2.0-final.pdf
• Ramsey County Health Equity Data Analysis Final Report (2017 - SHIP)
  • St. Paul - Ramsey HEDA
    https://www.ramseycounty.us/sites/default/files/Departments/Public%20Health/HEDA_10.12.17.pdf

1.15 Health Equity Data Analysis
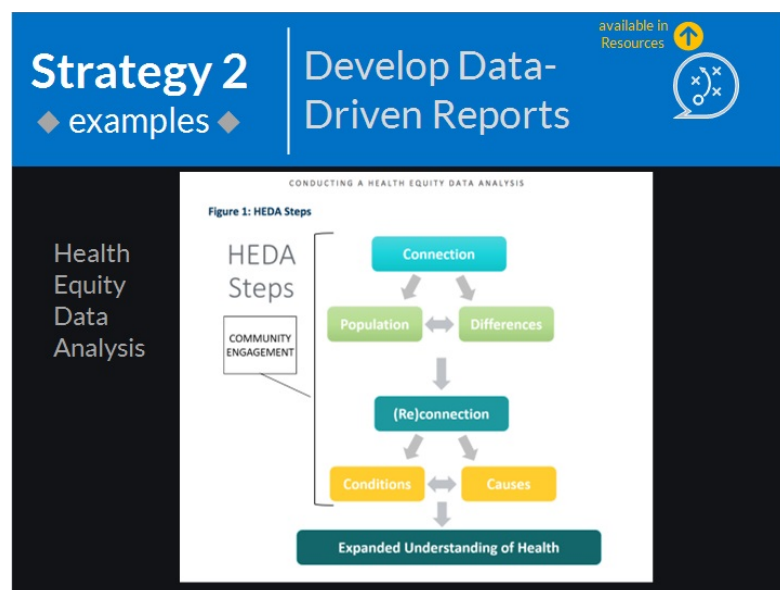
The Minnesota Department of Health's Health Equity Data Analysis provides a helpful approach for developing reports that can utilize such a suite of measures and related qualitative data. In addition, it promotes engaging and building capacity with populations that experience health inequities as a key partner in the assessment process.

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Image source: (the full report is available on the course home page or from the Resources tab in this module)
• HEDA: Conducting a Health Equity Data Analysis: A Guide for Local Health Departments in Minnesota, Ver. 2.
    • https://www.health.state.mn.us/data/mchs/genstats/heda/healthequitydataguideV2.0-final.pdf

1.16 Obtain Data to Assess Root Causes
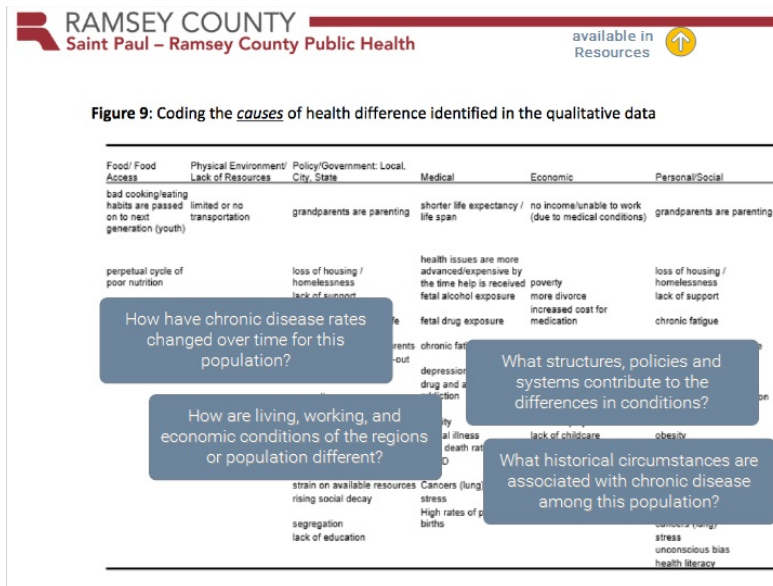
The process includes looking for data that can help assess the root causes of a health issue. For example, if we are partnering with a community to look at a disproportionate incidence of chronic disease within a particular population, we might ask questions like:

- How have chronic disease rates changed over time for this population?
- How are the living, working and economic conditions of the regions or the populations that display higher rates of chronic disease different from those with low rates of chronic disease?
- What structures, policies and systems contribute to the differences in conditions?
- What are the historical circumstances associated with chronic disease among the population of interest?

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Image source: (the full report is available on the course home page or from the Resources tab in this module)
- St. Paul - Ramsey HEDA
  https://www.ramseycounty.us/sites/default/files/Departments/Public%20Health/HEDA_10.12.17.pdf

1.17 Create Reports & Publications
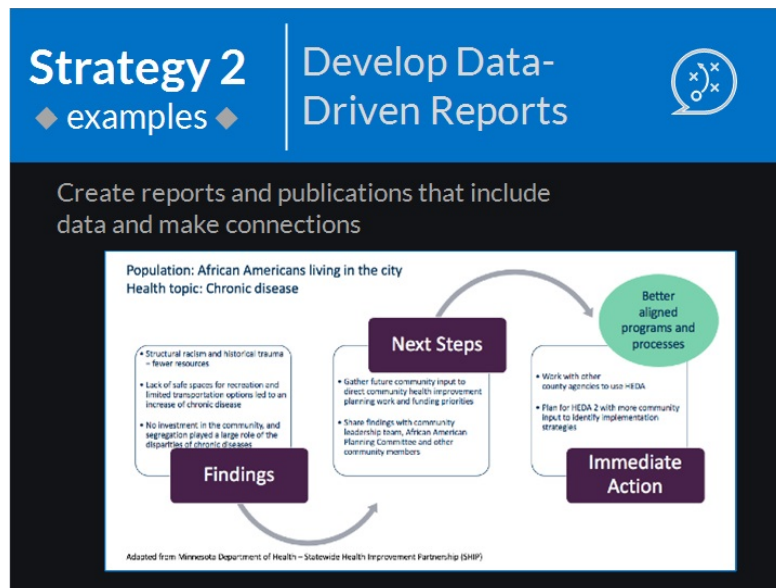
We can collaborate with communities to create reports and publications that include data and make connections between individual health outcomes to the social issues and inequities that drive them. This framing can help us present a solution to the problem that targets upstream drivers, assigns primary responsibility for who can fix the problem, and makes a practical appeal for policy or community change.
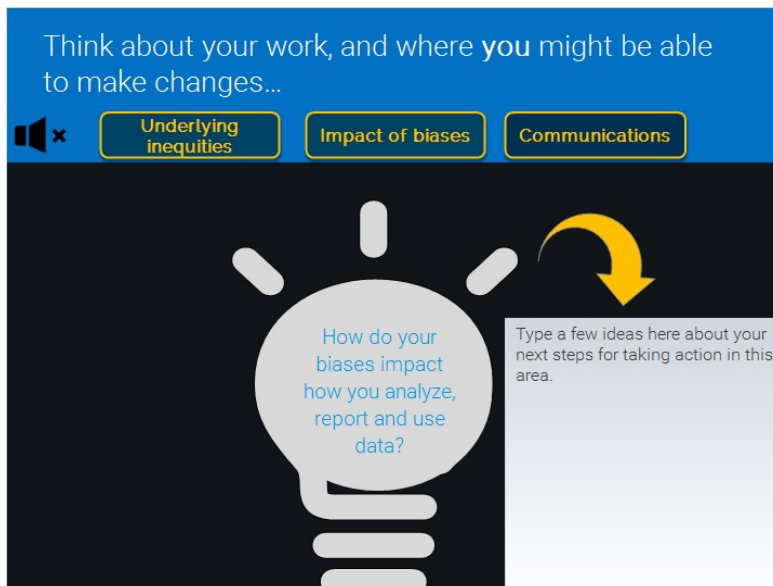
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Image sources:
- https://www.health.state.mn.us/ship

1.18 Reflect & Take Action

Let's take a minute to reflect on how we as individuals can strategically use data in the course of our daily work. Select one strategy to intentionally work on over the next several weeks.

Reflections:
- How do your biases impact how you analyze, report and use data?
- What story does the data tell? What alternative stories can you come up with? How might you reframe to include upstream drivers?
- What does the disparities data say in your organization or community? What are the underlying inequities?
  -

1.19 Strategy 3: Assess & Influence Policy Context

Let's continue now with a third strategy to operationalize health equity.

Creating the conditions in which people can be healthy often requires policy solutions, and these policy solutions extend far beyond traditional conceptions of health care policy. As Harvard researcher David Williams, the keynote speaker for a Wisconsin Partnership Program health equity conference, points out, "Housing policy is health policy. Neighborhood improvement policies are health policies. Everything that we can do to improve the quality of life for individuals in our society has an impact on their health and is a health policy."

Such policies have implications for the bottom lines of health departments - health outcomes across the lifespan, health behaviors, and health disparities.

1.20 Examples of Areas of Policy Change
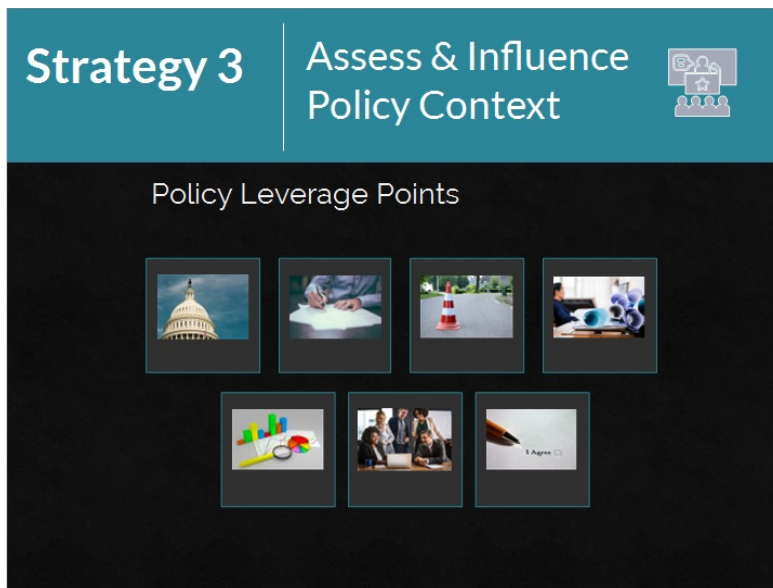
Based on this definition of health policy, there are many policy-related leverage points that public health professionals can assess and potentially influence in collaboration with partners. Click on the examples to learn more.

- Legislative policies, statutes and ordinances - remember, Wisconsin has state statutes and cities have ordinances;
- Protocols that inform how people are to do their jobs;
- Administrative policies that govern how state agencies do their enforcement, for example, how a local department of public works sets their schedule for road repairs;
- Plans - like city master plans;
- Procedures that define what steps are taken to accomplish a task like data sharing
- Organizational policies that guide whether an organization participates in coalitions or serves alcohol at organizational gatherings;
- Non-statutory protocol change that determine how organizations work together on various actions, like inter-organizational agreements.

1.21 Examples

There are many tools and approaches that can support operationalizing health equity through assessing and influencing the policy context. Some examples include:

- Utilizing policy pathway diagramming and rapid or comprehensive health impact assessments to bring evidence to bear on the health impacts of policies in various sectors.
- Establishing evidence-based and community-informed policy agendas that address determinants of health and improve the health of our communities.

1.22 Policy Pathway Diagramming

Previously in this module, we discussed root cause analysis and Health Equity Data Analysis. These tools help identify the upstream drivers of health, including policies and systems. Conversely, the purpose of a policy pathway diagram is to brainstorm potential outcomes related to a policy change.

Policy pathway diagrams are often incorporated into health impact assessments, or HIAs. HIA is 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 policy or project on the health of a population and the distribution of the effects within the population. HIA provides recommendations on monitoring and managing those effects. It can be used to react to a policy or plan that is already proposed.

Click on the report below to read about an HIA that examined the potential health impacts of a budgetary and criminal justice policy in the State of Wisconsin. It asked what the potential health outcomes would be of an increase in funding for state Treatment Alternative Diversions, or TAD, programs.

Notably, this HIA also included leadership of those most impacted - both directly and through representative power building groups- in leadership building and solution making.

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Images:
Policy Pathway diagram - Paula Tran Inzeo
Health impact assessment model:
https://www.mecknc.gov/HealthDepartment/CommunityHealthServices/Pages/Health-Impact-Assessment-(HIA).aspx

1.23 Policy Agenda

In addition to bringing data to bear on potential policy decisions, local health departments can also bring collaborators from multiple sectors and the community together in order to identify shared priorities. Working in coalitions can be extremely helpful to local health departments and leaders seeking to set policy priorities that address social determinants of health and advance health equity. In addition, resources such as *What Works for Health* can help identify evidence-informed policy targets that influence health.

For example, Multnomah County health department's environmental health services established a policy agenda and toolkit to address healthy, affordable housing as a social determinant of health. Specifically, the toolkit produced by the health department provides definitions on key terms in policy advocacy and change,

presents a health equity framework for policy advocacy and change, and demonstrates how to achieve successful policy change through two case studies. The toolkit was based on lessons learned and case studies from a health department led community coalition.

Health departments can also set priorities related to policy-making processes. For example, Alameda County health department's efforts to assess and influence the policy context includes a legislative committee within their local health department that identifies and advances legislative priorities, a set of multi-issue health equity coalitions to identify policy priority areas across key social determinants in the county, and a voter engagement and registration initiative.

Remember, as we discussed in Module 2, strategic collaborations with power building organizations can create powerful partnerships for assessing the health effects of policies, setting priorities, and impacting the policy environment.

1.24 Reflect & Take Action

While impacting the policy context takes the work of many, there are individual steps you can take to strengthen your capacity to assess and influence the policy context. Select one of these personal steps you can take over the next several weeks.

Reflections:
- Analyze the policies and practices you have control over in your work to assess the potential equity impacts within and outside of your organization.
- Get involved with and participate in the policy agenda setting process for a local, state, or national network or professional organization of your choosing.
- Educate yourself on the difference between advocacy and lobbying.

1.25 Strategy 4: Partnerships & Community Capacity
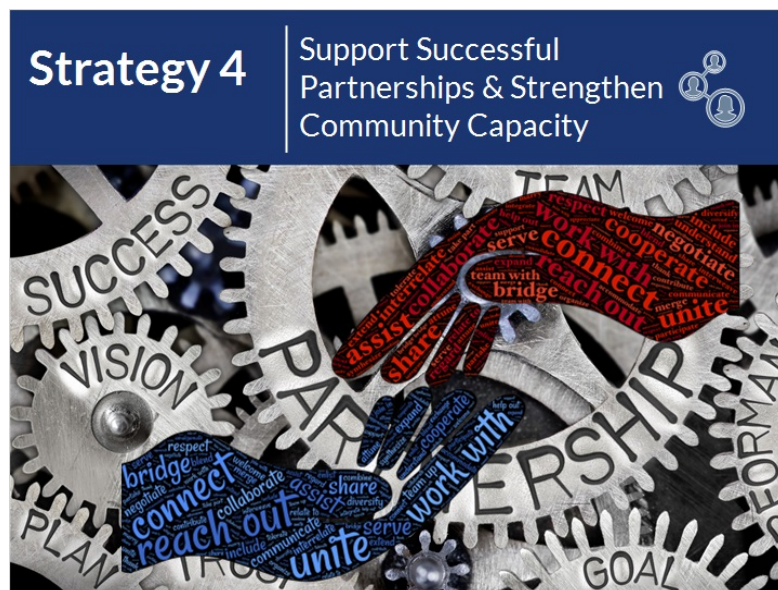
Advancing health equity requires engaging communities and partnering across sectors. Working across sectors can take many forms, ranging from simply sharing information all the way to collaborating on new projects or adopting shared goals, measures, and resources that are integrated through each other's work. Supporting communities in creating opportunities for health requires an organization to be committed to partnering responsibly through developing a deeper understanding of authentic community engagement and power.

1.26 Examples

There are many resources that can support work on cross-sector partnerships to address health equity, such as Health in All Policies toolkits. Remember, you can find these on the course landing page and MATCH website. Here, we will focus our examples on strategic partnerships with groups and organizations in communities.

We can begin to apply our understanding of power, and our commitment to responsible partnerships through the following practices:
·   Inventory power and assets within communities, including those who can shape narrative, set agendas, and influence decision-making, and
·   Partner strategically with organizations and groups in communities most affected by inequities that are powerful enough to hold us accountable to equitable partnerships

1.27 Inventory Power & Assets

In order to build powerful partnerships we have to think about the many nuances of different stakeholders. Stakeholder analyses can be used in many ways. It can be used to select partners, identify missing partners or key constituencies, to better clarify goals of partners, leverage assets, expertise and resources of partners, as well as build awareness of context and clarify the purposes for advancing a particular initiative or change effort.

One type of stakeholder analysis, power mapping, plots core constituencies, potential allies, potential opponents, key influencers, targets, and other stakeholders.

1.28 Partner Strategically
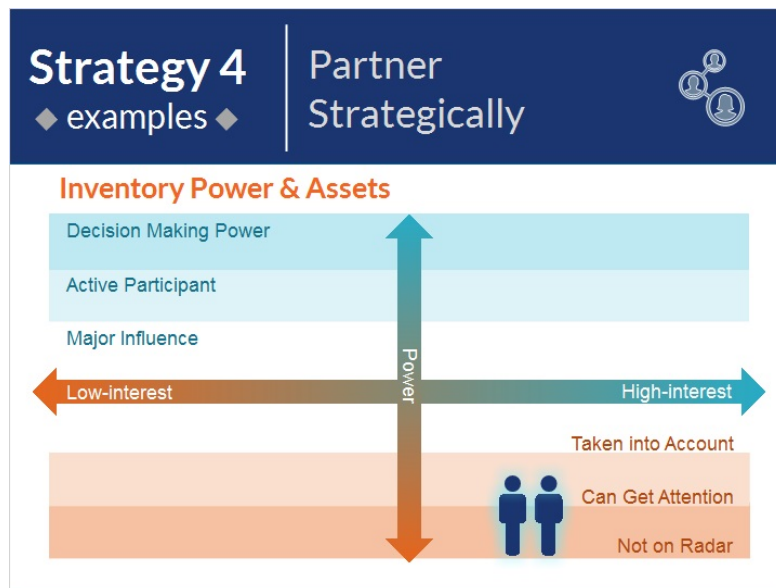
Power mapping can help us with our strategy development to shift the the influence of those who are most impacted - often with low power and high interest - to a place where they have sustained, decisive decision making power or other types of influence (e.g. social or economic).

If your stakeholder maps do not include organized community groups led by or representing those most impacted, you may need to expand your relationships with new organizations, or there may be a lack of organized power among a core constituency you work with.

Thinking about how to partner strategically
 - Who is the core constituency or group?

 - How have they been involved in defining the
problem and the solutions?

 - Do they have the capacity to act - individually &
collectively – to influence problems & solutions?

 - Does the approach you are taking help shift
the power of the core constituency or group?

 - What are the implications if organizations
made up of impacted constituents don't exist?

While thinking about how to partner strategically, consider these reflective questions:

- Who is the core constituency or group most impacted by the change you are working to achieve?
- How has this constituency been involved in defining the nature of the problem and the solutions you are asserting?
- Does this constituency have the capacity to act individually and collectively to influence the problems and solutions?
- Does the current way you are working to achieve change fundamentally shift the power of the core constituency or group whose health and well-being would be most impacted? Does the approach you are taking move this high-interest group's ability to shape the narrative, set agendas or influence decision making in a sustained way?
- Thinking back to our framework of how power influences policies and programs, community conditions, and ultimately health outcomes, what are the implications if powerful organizations made up of impacted constituents don't exist?
- Thinking back to module two on power and health, it can be important to remember here that the processes of power building are as important as the outcomes - even if a key stakeholder with power could, behind closed doors, influence a decision or goal in a top down manner, in the end that would not fully recognize the role of empowered community involvement and may not sustainably increase the power of the impacted group.

Considering how to support power building activities may be a strategic next step in your efforts to partner strategically. Importantly, however, this may not be the job of the public health department. Instead, you may need to think creatively about how practitioners can be allies through supporting assets and allocating resources to groups engaged in this work.

1.29 Inventory – Practice
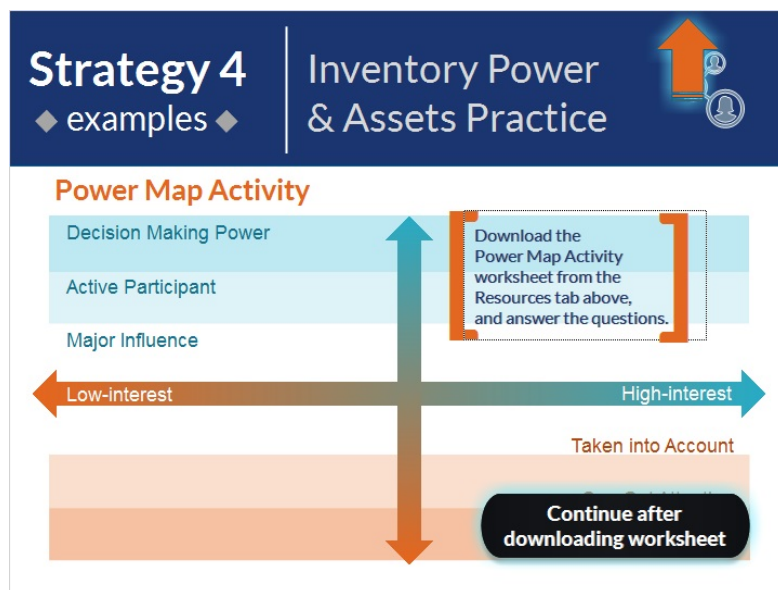
Let's do a quick example of how you might approach mapping power and assets. Consider an issue that you are working on to change - for example a policy change that could impact health disparities. Based on the change you are striving for:
- Brainstorm five groups connected with this issue. One group should be the core constituency or group whose health and well-being would be most impacted by the change you are working to achieve.
- What level of influence do each of these groups have to shape the narrative, set agendas or influence

decision making related to this issue? What level of interest and investment do each of these groups have to make the change? The combination of these two questions would help us place them on the power map.

- Based on this distribution of power, how might you approach those who have influence over the change you want to see?

1.30 Reflect & Take Action

There are also individual steps you can take to support successful partnerships and strengthen community capacity. Select one of these personal steps to work on over the next several weeks.

Reflections:
- Map out the current power and interest of the stakeholders connected to one project or program over which you have influence
- Meet with 1-2 stakeholder organizations (related to one of your projects or programs) that have high interest and low power, and learn about their priorities.
- Honestly assess the current level of community engagement (informing, involving etc.) in a project or program over which you have influence.

1.31 Summary

As we recap the discussion from today, several threads tie through the different units that support the ultimate takeaway, which is that to advance health equity we must contribute to fighting for equitable conditions of power.
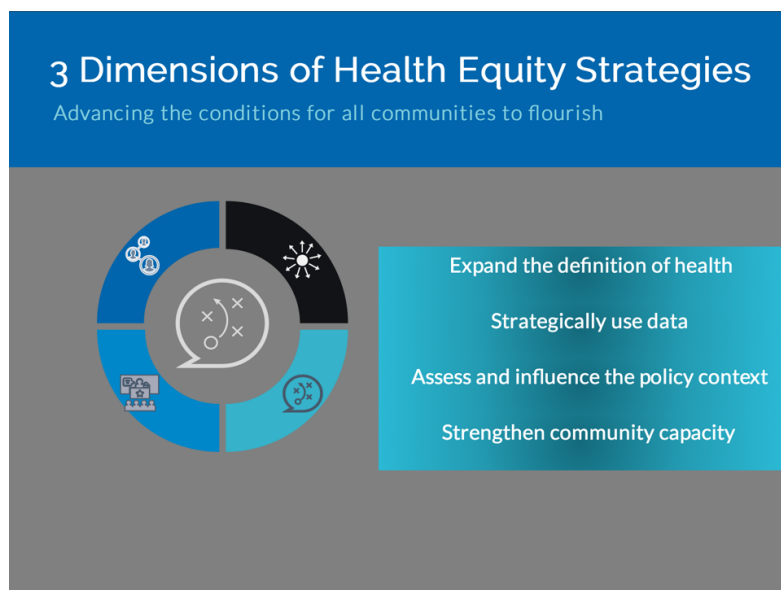
Ideally, when we pursue any of these four strategies that we've just discussed: *expanding the definition of health, strategically using data, assessing and influencing the policy context* or *strengthening community capacity*, we can strive to address all three dimensions of health equity strategies that can advance conditions for all communities to flourish.

Remember, the three dimensions describe the what, who and how related to advancing health equity.
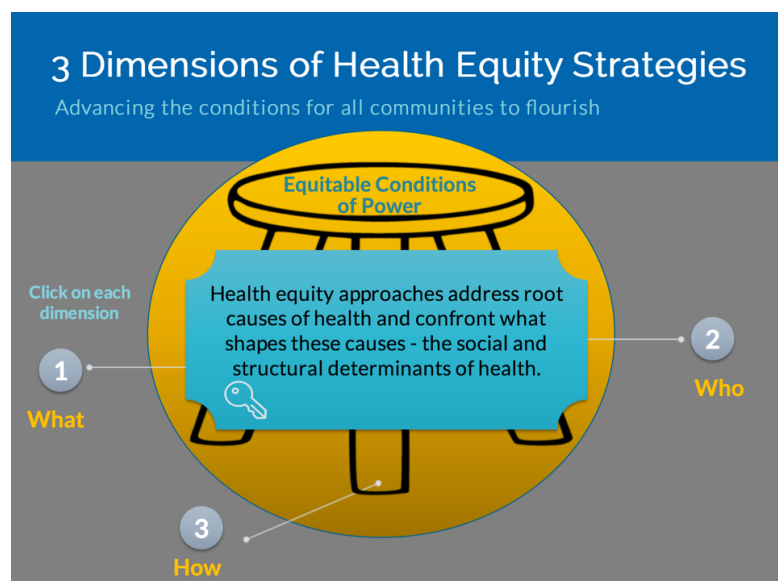
The first dimension - or what - is that health equity approaches address root causes of health and confront what shapes these causes - the social and structural determinants of health.
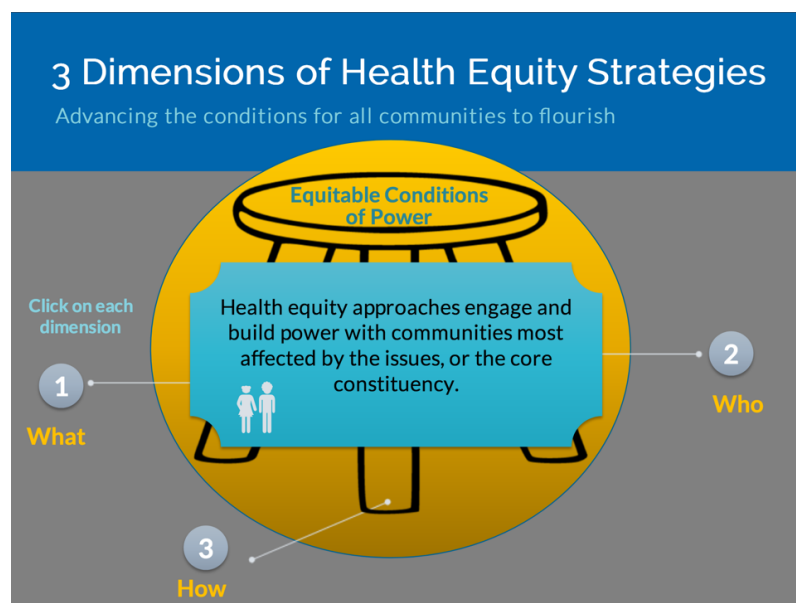
The second - or the who - is that health equity approaches engage and build power with communities most affected by the issues, or the core constituency.
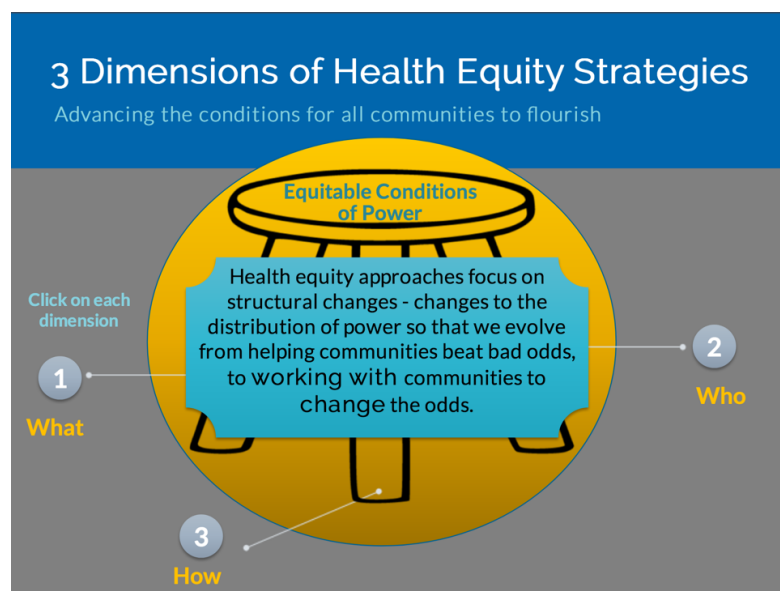
The third - or the how - is that health equity approaches focus on structural changes - changes to the distribution of power so that we *evolve from helping communities beat bad odds, to WORKING WITH communities to CHANGE the odds.*

1.32 Resources

Thank you for your time and interest in exploring this topic. We hope you have gained some new ideas that you can implement in your work.

You can find additional resources for this work on the website for UW Population Health Institute's MATCH group, and on the course home page.