Foundation for a Healthy St. Petersburg | CENTER FOR HEALTH EQUITY

Grantmakers In Health

Fall Forum

Randall H. Russell, ACSW
President & CEO

ERADICATE INEQUALITY | ACHIEVE HEALTH EQUITY | IMPROVE POPULATION HEALTH

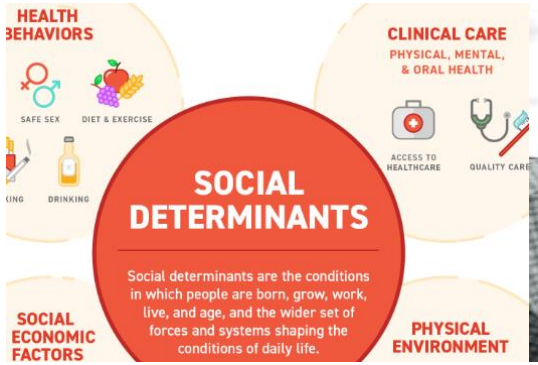
Social Science for change will work – it already has

Research Reports

RESEARCH AND DATA FOR HEALTH EQUITY

The Foundation is launching a series of ongoing community briefings under the banner of **Research and Data for Healthy Equity**. This is a wide-ranging effort to bring evidence-based approaches to advance equitable health outcomes in Pinellas County. The Foundation supports research conducted by nonprofit and governmental partners with expertise in key social determinants of health including education, housing, economic justice, and food and nutrition. Upcoming reports will include an enhanced Pinellas County Community Health Needs Assessment, in collaboration with the Florida Department of Health in Pinellas, and a report on Pathways to Post-Secondary Education, with the Pinellas Education Foundation.

How we listen



Listening

Diagnosing

2015	2016	2017	2018	2019

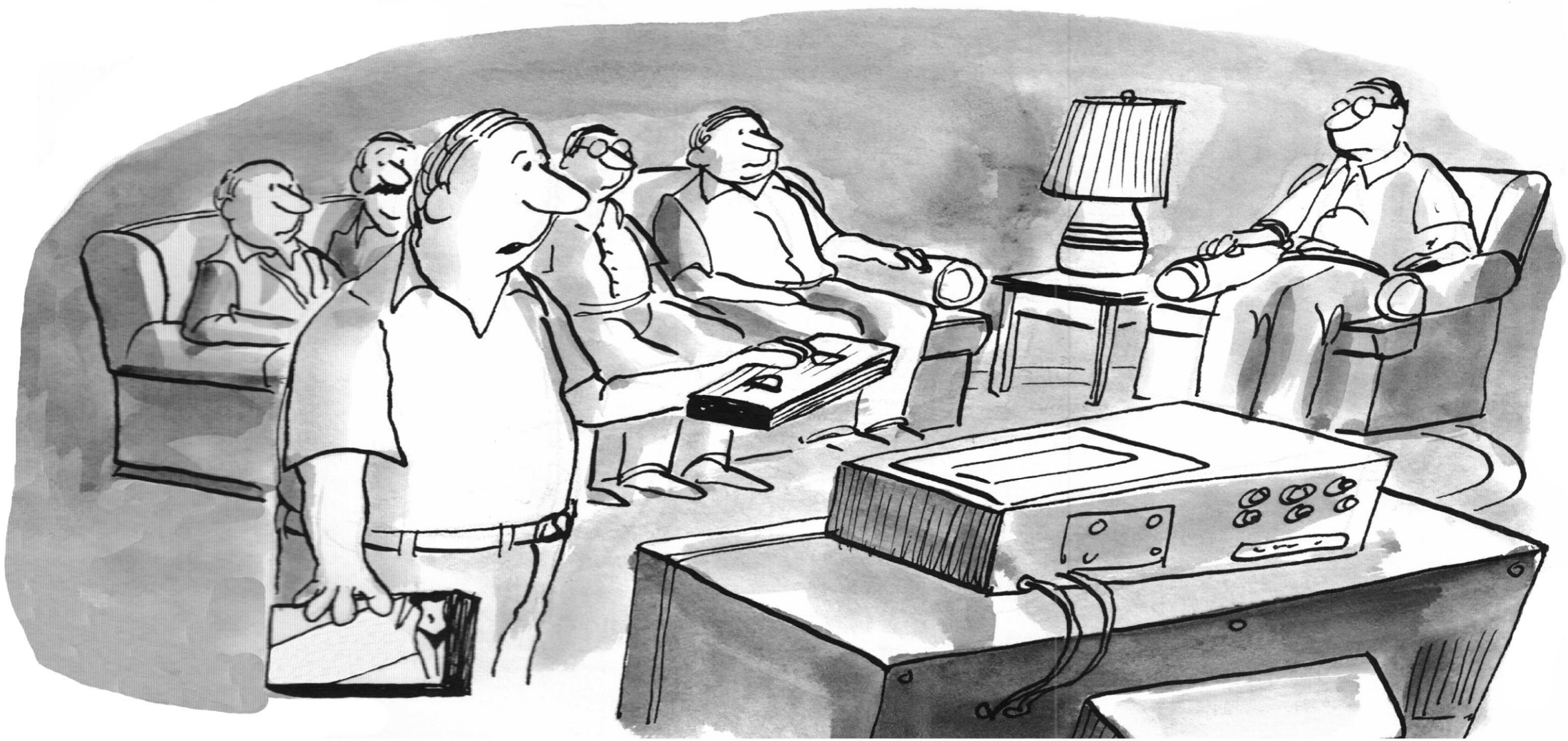
$21 Million

Invested $21 million learning about capacities

- **704 Grant Applications**
- **1,000 Voices**
- **Engagement & Advocacy Policy/Plan**
- **6 county-wide research reports**

An Equity Profile of

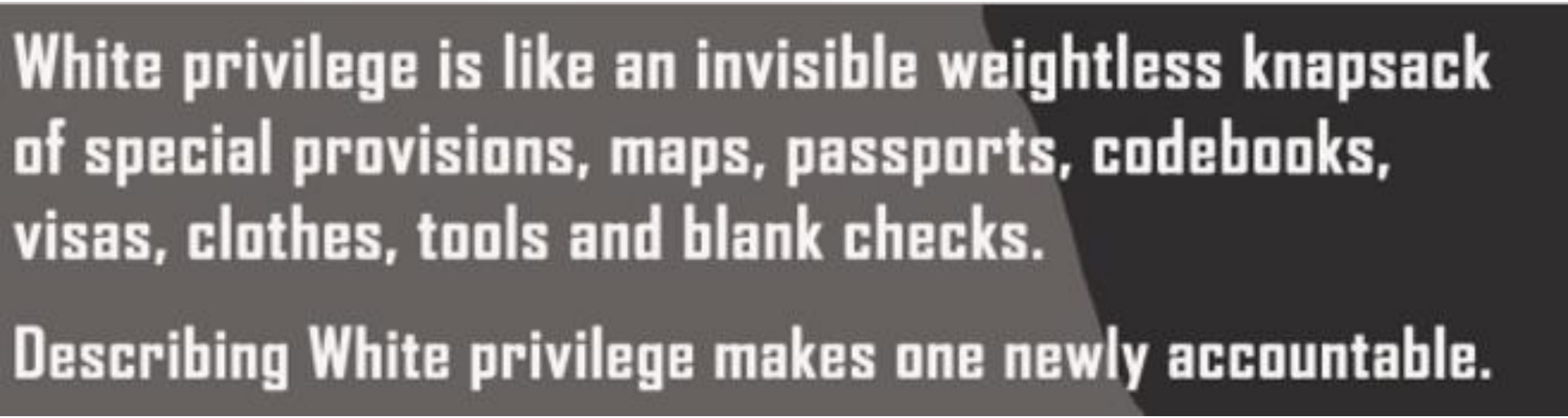
Pinellas County



**“Our company is going to embrace cutting edge change ...
that’s why the room is full of old white guys
waiting for me to load a motivational video into a VCR.”**

Population health & white status quo forces

- Power: Why would – on its own – the status quo change?
- Equity requires systemic and social change to undo the power dynamic



---Peggy McIntosh, Sociologist

Center for Health Equity

Equity | Social Determinants | Data-Informed

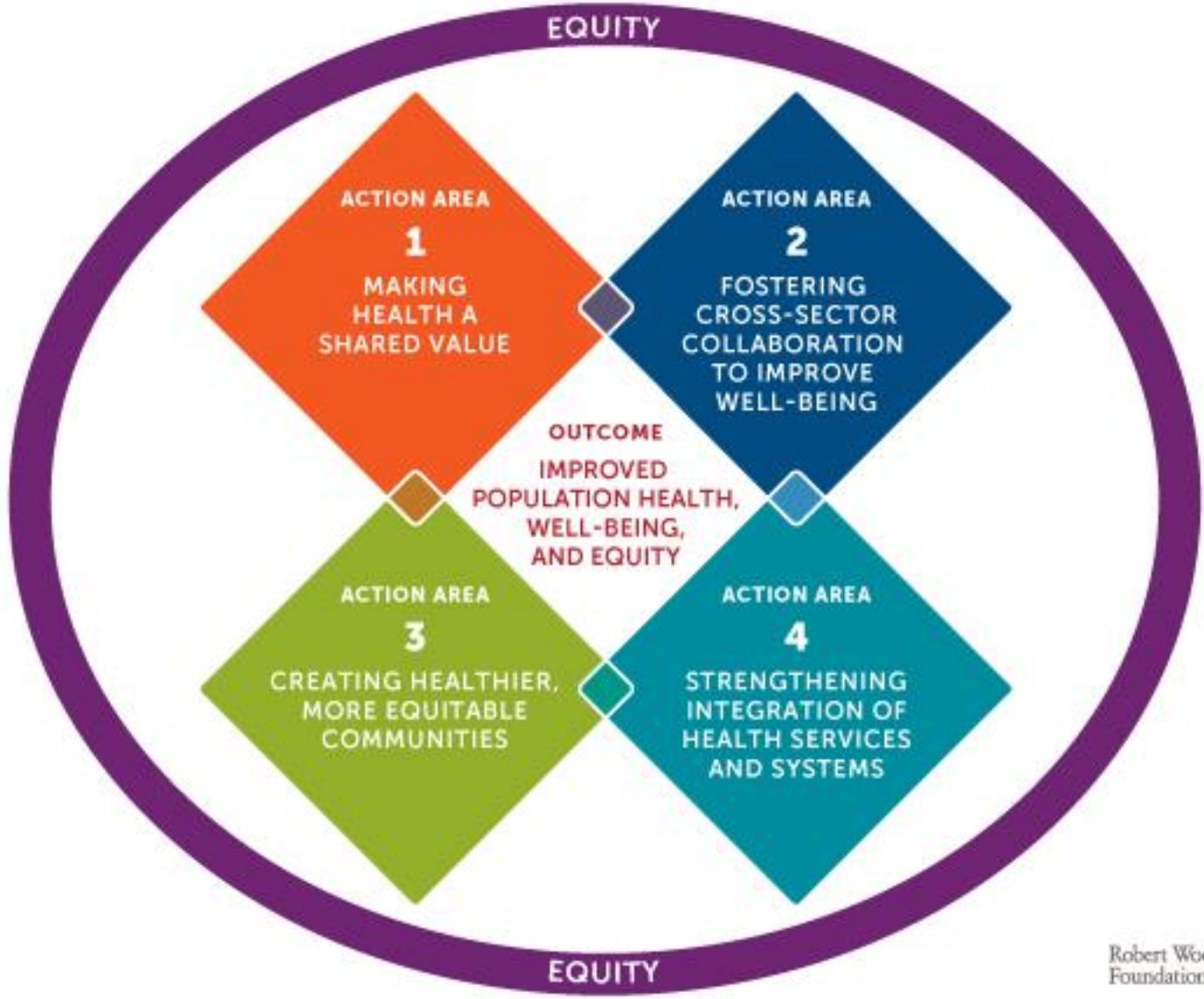
Building a Culture of Health:

Supporting Health Equity through Research and Data

Tina J. Kauh, PhD, MS
Senior Program Officer, Research-Evaluation-Learning
Robert Wood Johnson Foundation

Robert Wood Johnson Foundation

CULTURE OF HEALTH ACTION FRAMEWORK



Robert Wood Johnson Foundation

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare.

RWJF Equity Research Efforts

- **Healthy Equity Briefs Series from UCSF**
- **Equitable Evaluation**
- **Field Building**
  - New Connections 2.0
  - Expanding the Bench
- **Census**
- **Ethnic/Racial Data Disaggregation**

“Typical” Disaggregated Ethnic/Racial Data

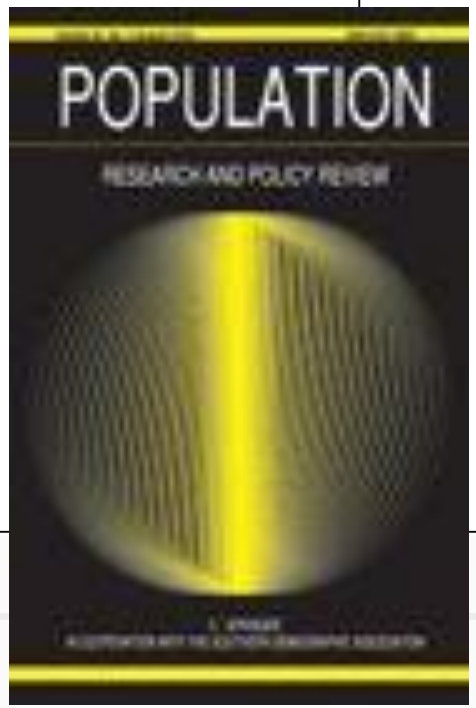
- Hispanic/Latinx, Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, Multiracial, Other
- Hispanic/Latinx, Black/African American, American Indian/Alaska Native, Asian/Native Hawaiian/Pacific Islander, Other
- White, Black/African American, Hispanic/Latinx, Other
- White, Other

August 16, 2018

Counting a Diverse Nation — Disaggregating Racial/Ethnic Data to Advance Health Equity

How we measure America's rapidly expanding diversity has critical implications for the health of the nation. Too often, the data used to drive policymaking, allocate resources, and combat health disparities is based on broad racial and ethnic categories that can render the unique needs, strengths, and life experiences of many communities invisible.

That is why PolicyLink is excited to release ***Counting a Diverse Nation: Disaggregating Data on Race and Ethnicity to Advance a Culture of Health***, a



Culture of Health Blog

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Explore the Blog FEATURED TOPICS

Aug 30 2018

Can Capturing More Detailed Data Advance Health Equity?

Aug 30, 2018, 1:00 PM, Posted by Tina Kauh

How we measure America's rapidly expanding diversity has critical implications for the nation's health. A new PolicyLink report offers recommendations for improving how we collect and report data about racial and ethnic subgroups.

Does the kind of data we collect and report ensure everyone has a fair and just opportunity to live their healthiest life possible?

As the country grows more ethnically and racially diverse, there is a growing debate among health researchers about the value of breaking down data in more refined ways. The argument is that simply looking at health outcomes through the lens of broad racial or ethnic categories (e.g., black people or Asian Americans) doesn't paint an accurate enough picture of health and well-being. It masks what's happening within subgroups and glosses over the nuanced experiences that greatly influence outcomes in these populations.

Recently, the Robert Wood Johnson Foundation (RWJF) partnered with PolicyLink to identify the needs and gaps in how ethnic and racial data are collected, analyzed, and reported for each of the major aggregated ethnic and racial groups.

BROOKINGS

< VIEW ALL EVENTS

2019 SEP 26

PAST EVENT

Data disaggregation as a means to improved health research and policy-making

Current Efforts

- **Advocating for policy change**
  - *Iyan John, Asian Pacific Islander American Health Forum*
- **Understanding the opposition**
  - *Naima Wong & Yanique Redwood*
- **Providing technical assistance & training**
  - *Ninez Ponce & AJ Scheitler, UCLA*
- **Supporting pilot grants**
  - *Ninez Ponce & AJ Scheitler, UCLA*
- **Considering important trends**
  - *Trista Harris*
- **Developing messaging**
  - *Metropolitan Group*

Reimagining Equity Measurement: The **H**ealth **Op**portunity and **E**quity (HOPE) Initiative

Brian Smedley, National Collaborative for Health Equity

Why HOPE?

- Changing political landscape
- Increasing role of state governments
- New positive framing
- Equity-focused data and tools to drive action

The HOPE Initiative Measures

Health Outcomes

- Adult health status
- Mental health status
- Child health status
- Premature mortality
- Infant mortality
- Low birth weight

Socio-economic Factors

- Livable income
- Affordable housing
- Post-secondary education
- Connected youth
- Preschool enrollment
- Employment

Social Environment

- Low poverty con-centration
- Low murder rate
- Low assault rate
- Low rape rate
- Low robbery rate

Physical Environment

- Home ownership
- Housing quality
- Air quality - Particulate matter
- Low liquor store density
- Food security

Access to Health Care

- Access to primary care
- Access to psychiatric care
- Health insurance coverage
- Affordable health care
- Usual source of care
- Colorectal cancer screening

HOPE Goals

- Provide a north star and show what's possible
- Are aspirational, yet achievable
- Average of best rates across top 5 states for top SES groups
- Based on education and income
  - SES groups were either education attainment or household income
- National standard can be applied at any geographic level

Distance to Goal

- The "Distance to Goal" measures the progress that must be made to achieve the HOPE Goal for each indicator, represented as:
  - Number of people whose opportunity would need to improve to achieve the HOPE Goal or percent of population whose opportunity would need to improve to achieve the HOPE Goal

National Level Examples

Percent of adults reporting excellent or very good health

Current Rate

49%

of adults reporting high health status*

HOPE Goal

75%

of adults reporting high health status

Distance-to-Goal

53 million

adults would need their health status to improve to meet HOPE benchmark.

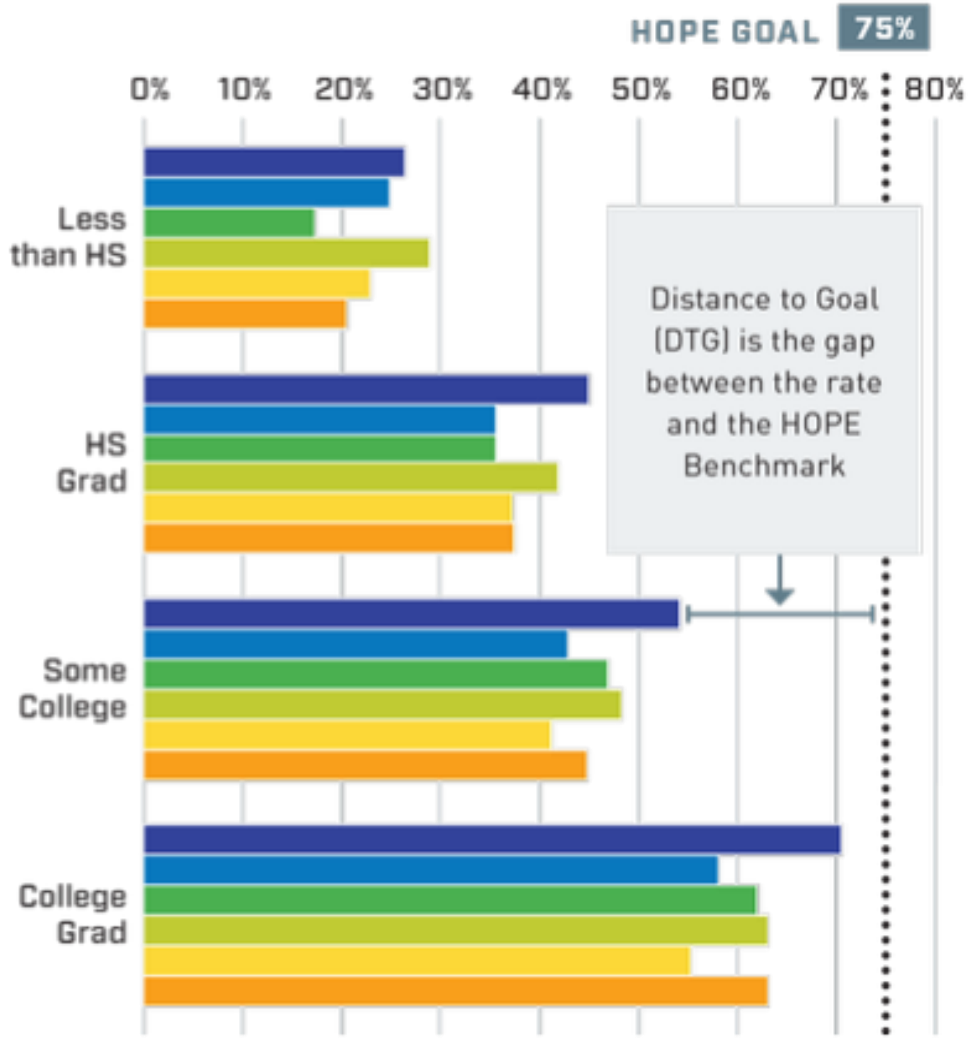
*Source: CDC Behavioral Risk Factor Surveillance System, 2012-2014

National Level Example

PERCENT OF ADULTS WITH VERY GOOD OR EXCELLENT HEALTH

By Race, Ethnicity, and Education

White Black Hispanic
Asian/PI AI/AN Multiracial



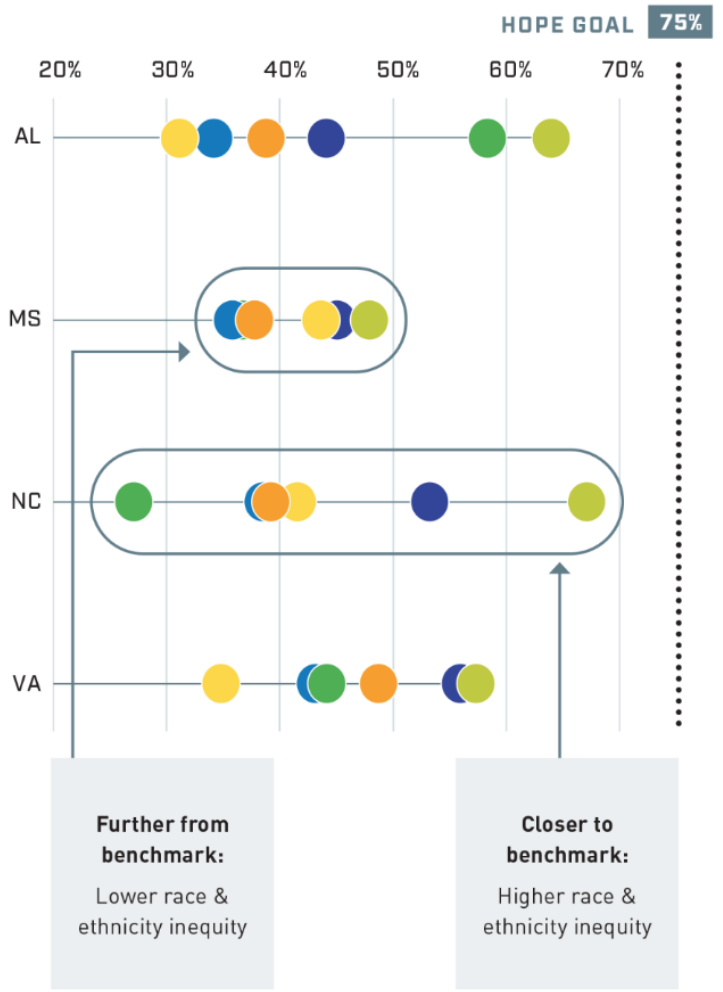
State Data by Race and Ethnicity

Demonstrating the Degree of Equity Within and Between States

PERCENT OF ADULTS WITH VERY GOOD OR EXCELLENT HEALTH

By Race and Ethnicity for AL, MS, NC and VA

White Black Hispanic
Asian/PI AI/AN Multiracial



Thank You!

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