



2019 Grantmakers in Health Forum: Using Data as Tool for Community Engagement

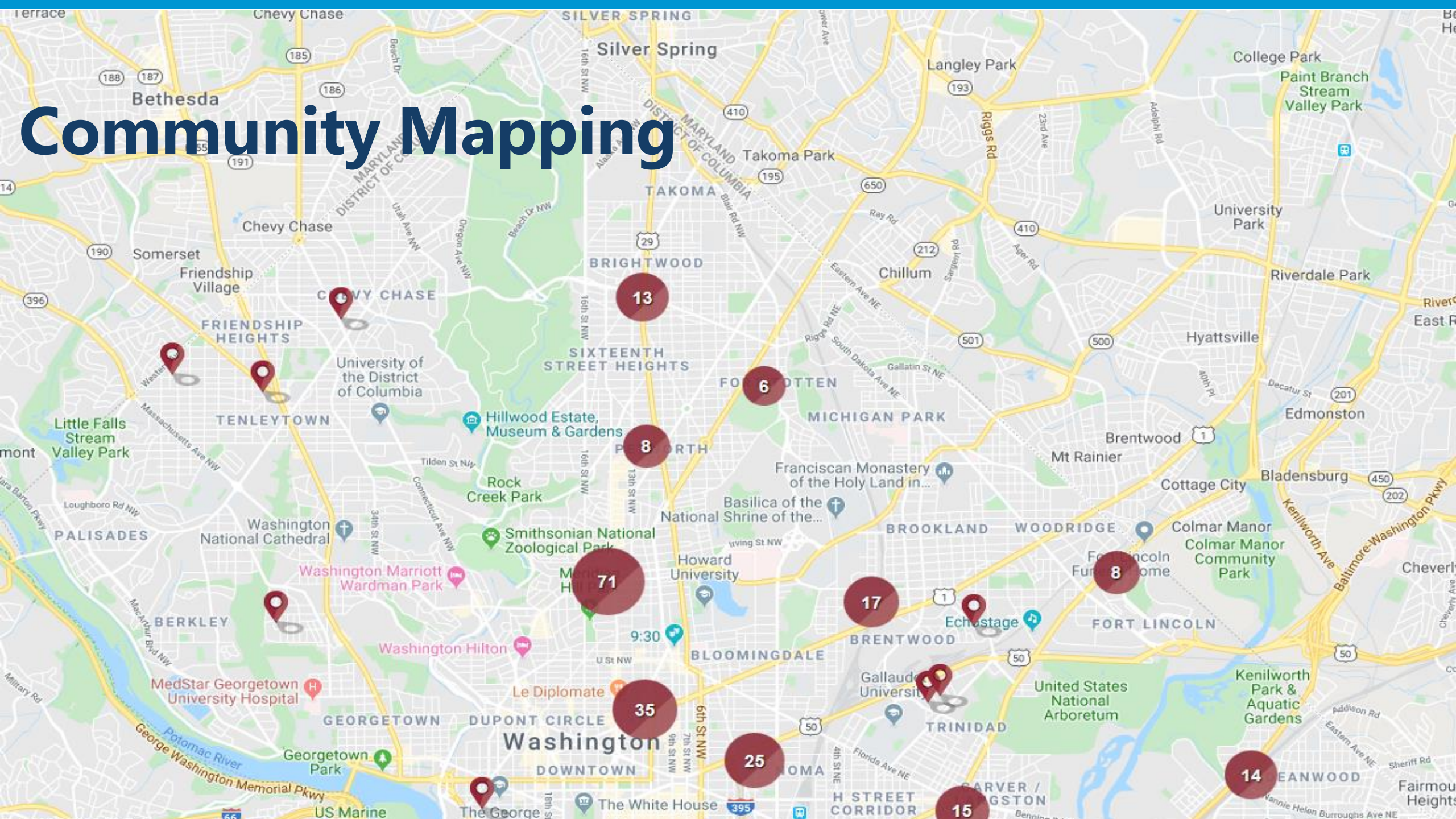
Mychal Cohen
Research Analyst
Urban Institute



Value of Community Engaged Research Methods

- Providing context and meaning to quantitative data
- Build community power and agency
- Ensure accuracy of research

Community Mapping



Community-Based Participatory Research



Doing Community Engagement Well

- Ongoing commitment to communities you work with
- Engage folks as early as possible in the process
- Make the process accessible

Art + Health Equity: 3 Benefits

1

Increases safety, understanding, disclosure, participation

(better health care, community relationships, data)

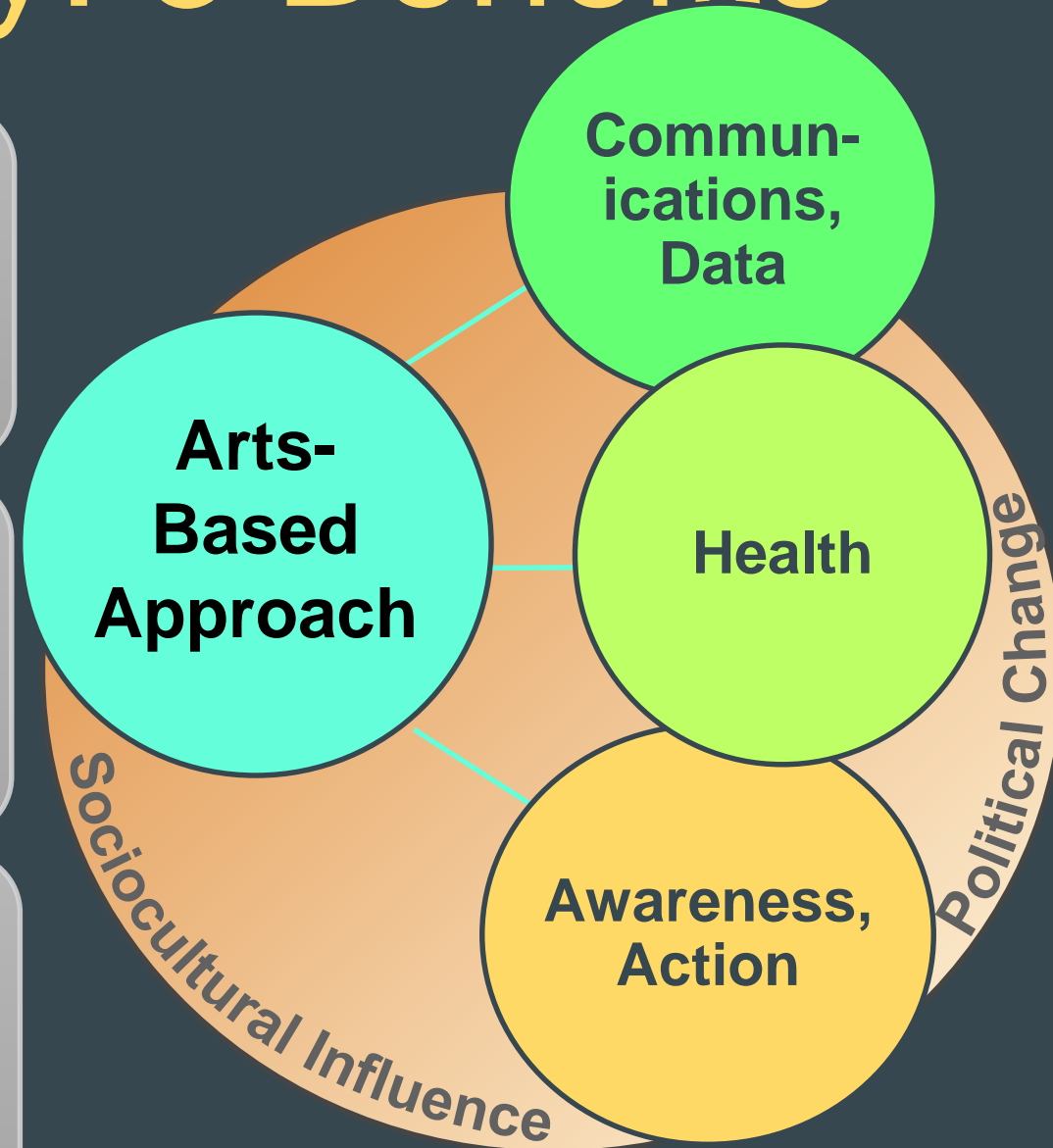
2

Provides direct benefits

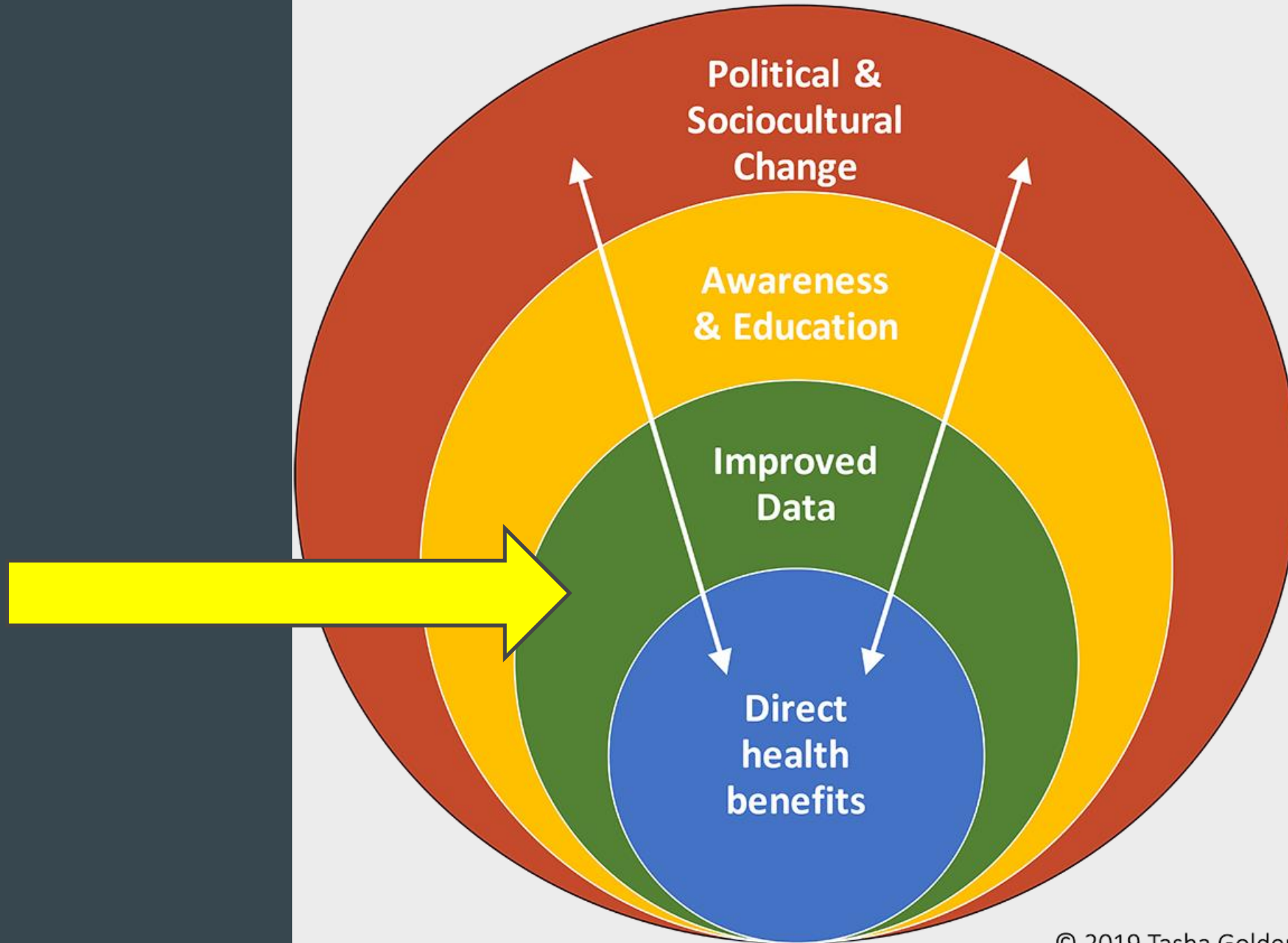
(greater participant health, social cohesion, community relationships, research reciprocity)

3

Creates new opportunities for public education, awareness, involvement, action, change



Arts in Public Health: Opportunities for Impact



Developed, Tested, & Compared 3 New Methods



Juvenile Justice

- Arts-Based Intervention (Ongoing)



City-wide

- Writing Contest (Sarabande Books)



University

- Play Script (written/performed by students)

Incarcerated Girls Are Letting Their Voices Soar With Poetry

Twice a week Tasha Golden walks through six secure doors to the classroom where she teaches poetry to the young women as part of their school day at Louisville Metro Youth Detention Services downtown.

Feb. 23, 2019

BY MAGGIE MENDERSKI, Courier Journal

LOUISVILLE, Ky. (AP) — "guidance was a lack

hurt was a fact

My mother was a loss



Incarcerated girls are letting their voices soar with poetry. And it's powerful [courier-journal.com]

Top Stories Topics Video Listen

Incarcerated girls are letting their voices soar with poetry

By MAGGIE MENDERSKI today

HOME NEWS INVESTIGATIONS OPINION

Incarcerated girls are letting their voices soar with poetry

By MAGGIE MENDERSKI - Associated Press - Saturday, February 23, 2019

PEOPLE

Incarcerated girls are letting their voices soar with poetry

BY MAGGIE MENDERSKI COURIER JOURNAL

FEBRUARY 23, 2019 10:35 AM

EDUCATION

Incarcerated girls are letting their voices soar with poetry

By MAGGIE MENDERSKI, Courier Journal | February 23, 2019



NEWS

Incarcerated girls are lettin...

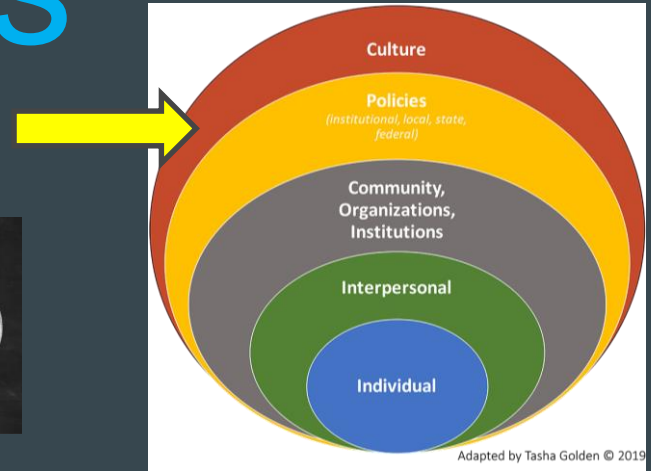
rm poems by

band Ellery was asked to

Implications

1. For Social Ecological Approach

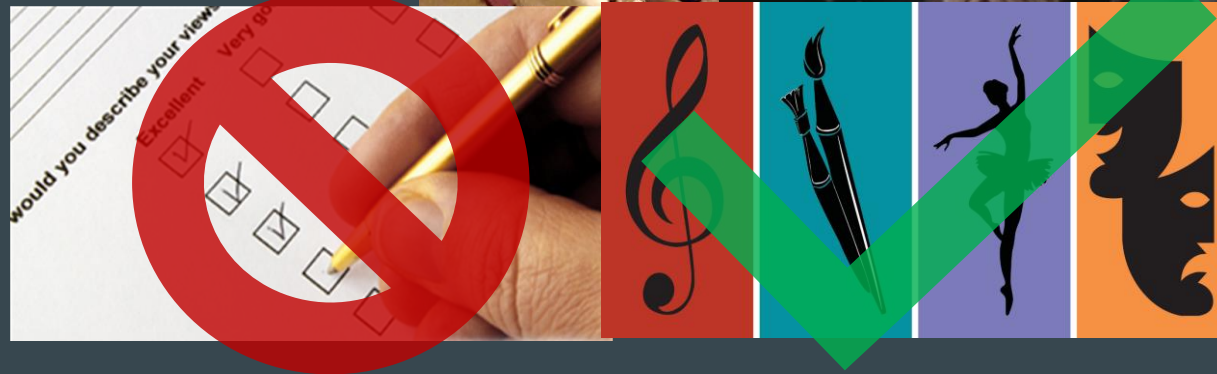
2. For Research, Eval Ethics



3. For Communications



4. For Funding



5. For Community Relationships, Capacity

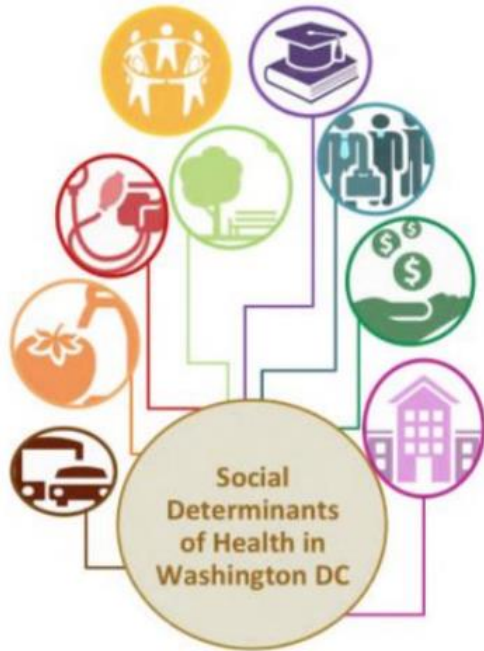
DC | HEALTH

“Using Data as a Tool for Community Engagement” Conversations with the Community

**Grantmakers In Health Fall Forum
Washington DC, 2019**

DC Health, Office of Health Equity

Health Equity Report:
District of Columbia 2018



The Social & Structural Determinants of Health
Office of Health Equity, District of Columbia, Department of Health

DC HEALTH GOVERNMENT OF THE DISTRICT OF COLUMBIA MURIEL BOWSER, MAYOR

“Using Data as a Tool for Community Engagement”

Health Equity
COMMUNITY CONVERSATIONS

C. Anneta Arno, Ph.D., MPH
Director, Office of Health Equity

Grantmakers in Health Fall Forum

DC Health 2019, Washington DC

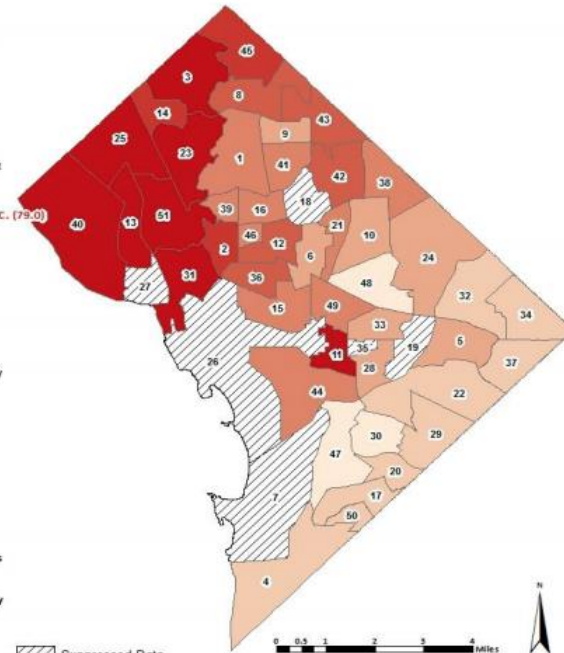
Life Expectancy at Birth: 5-Year Average

By Neighborhood & Ward: 2011-2015

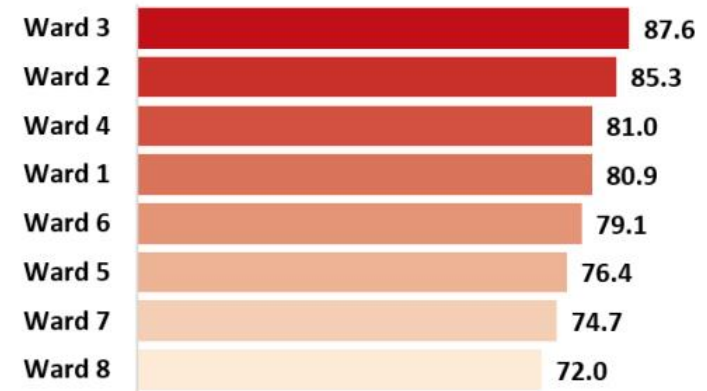
POPULATION HEALTH OUTCOMES

LIFE EXPECTANCY AT BIRTH (2011-2015)

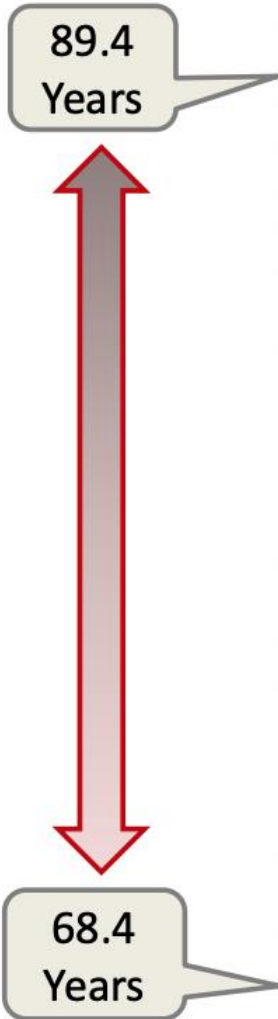
89.4	51. Woodley Park
88.8	13. Cathedral Hgts
88.4	40. Kent/Palsades
87.5	25. Tenleytown
87.2	23. Forest Hills
86.9	31. Georgetown East
86.5	3. Barnaby Woods
86.2	11. Capitol Hill
85.1	2. Adams Morgan
83.4	45. Shepherd Park
83.1	14. Chevy Chase
81.9	12. U Street/Pleasant
81.6	42. Michigan Park
81.0	43. Lamond Riggs
81.0	36. Logan Cir/Shaw
80.8	8. Brightwood
79.8	16. Columbia Hgts
79.8	1. 16th St Heights
79.4	38. Woodridge
79.4	21. Edgewood
79.4	46. South Columbia Hgt
79.3	39. Mt. Pleasant
79.0	41. Petworth
78.4	44. SW/Waterfront
78.3	49. Union Station
77.9	15. Chinatown
77.5	28. Hill East
77.3	33. Kingman Park
76.8	9. Brightwood Park
76.7	10. Brentwood
75.9	24. Fort Lincoln/Gateway
75.8	6. Bloomingdale
75.0	5. Fort Dupont
74.5	22. Twining
74.4	4. Bellevue
73.4	32. Eastland Gardens
72.6	34. Lincoln Hgts
72.5	29. Naylor/Hillcrest
72.4	37. Marshall Hgts
72.4	50. Washington Highlands
71.8	20. Douglass
71.8	17. Congress Hgts/Shipley
70.8	48. Trinidad
70.2	30. Historic Anacostia
68.4	47. St. Elizabeth's



*** Approximately 21 Years Difference in Life Expectancy, across 51 Statistical Neighborhoods**



*** Approximately 15 Years Difference in Life Expectancy, across DC's 8 Wards**



DATA SOURCE: DC Department of Health
Center for Policy, Planning and Evaluation

DIFFERENTIAL OPPORTUNITIES FOR HEALTH IN DC

NINE (9) KEY DRIVERS & INTERRELATED PATHWAYS



Key Findings:

- ❖ DC remains highly segregated – by income, race, and neighborhood
- ❖ Life expectancy at birth varies by 21 Years across the 51-statistical neighborhoods
- ❖ Cross correlation and interconnected pathways generate differential outcomes, which are evident at the neighborhood level across ALL the key drivers
- ❖ Positive outcomes are concentrated in neighborhoods with the longest life expectancy; and the opposite is true for neighborhoods with the shortest.
- ❖ Overall it is clear – there are differential opportunities for health across the city -- by income, place, and race

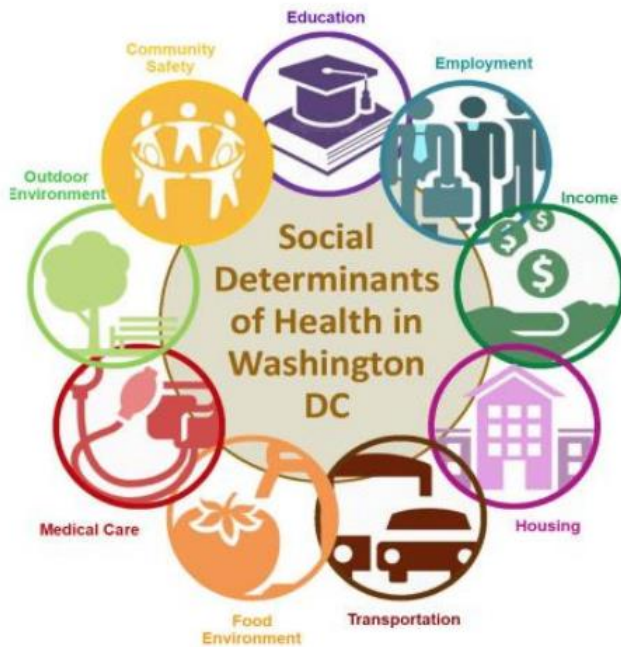
Health Equity

COMMUNITY CONVERSATIONS



LET'S TALK ABOUT:
"WHAT DRIVES HEALTH?"

What is Health Equity? It means that all people can reach their full health potential and have the opportunity to be healthy regardless of where they live, learn, work, play or age.



LOCATIONS:

Monday, March 11, 2019

Dumbarton House
2715 Q Street, NW
6:00pm - 7:00pm

Tuesday, March 12, 2019

KIPP DC Douglas Campus
2600 Douglas Road, SE
Auditorium
6:00pm - 7:00pm

Thursday, March 14, 2019

Frank Reeves Center
2000 14th Street, NW
6:00pm - 7:00pm

Purpose

- Share results of the first **DC Health Equity Report 2018**
- Engage in conversation with District residents, across all 8 wards, about **improving opportunities for health** across the whole city, for all residents
- **Listen** to the community's perspectives, lived experience, and ideas.

ENGAGING & SOLICITING FEEDBACK:

DC HEALTH Health Equity Community Conversation Attendee Survey
GOVERNMENT OF THE DISTRICT OF COLUMBIA


- 1) How did you hear about this Health Equity Community Conversation?
- 2) Date you attended this event: _____
- 3) How helpful was this event in aiding your understanding of health equity?
(a) Extremely helpful (d) Not so helpful
(b) Very helpful (e) Not at all helpful
(c) Somewhat helpful
- 4) How helpful was this event in aiding your understanding of the key drivers of health?
(a) Extremely helpful (d) Not so helpful
(b) Very helpful (e) Not at all helpful
(c) Somewhat helpful
- 5) How relevant to your community was the information presented?
(a) Extremely relevant (d) Not so relevant
(b) Very relevant (e) Not at all relevant
(c) Somewhat relevant
- 6) What do you consider to be the MOST important aspect of your life right now?
(a) Job/Career (e) Don't Know
(b) Financial Stability (f) Other (please specify): _____
(c) Education
(d) Health
- 7) What does Health Equity mean to you?
- 8) Please share something that you learned or found interesting as a result of attending the conversation today:
- 9) Do you have any suggestions on how to make this event better?
- 10) If you would like to receive information and updates from DC Health's Office of Health Equity, please enter your email address below (Your survey responses are anonymous and will not be linked to you or any email address that you provide):

THANK YOU!

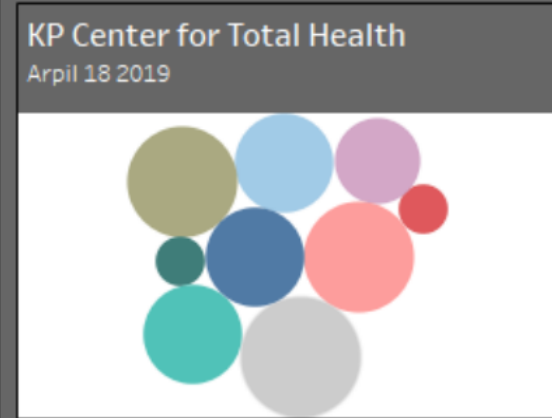
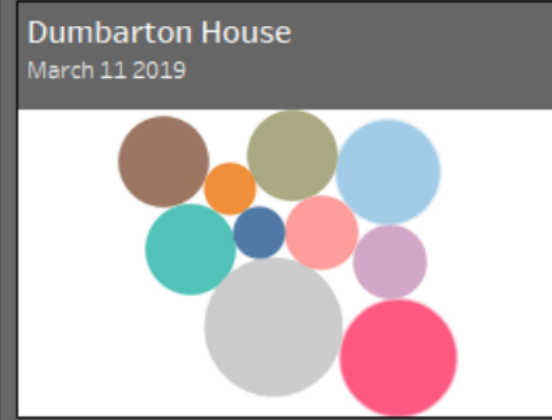
Health Equity
COMMUNITY CONVERSATIONS

We want to hear from you! Scan the code to complete a brief survey about the health equity community conversation.
Paper copies of the survey are also available.

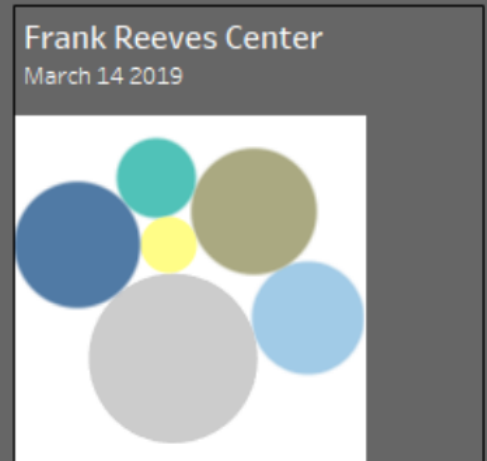
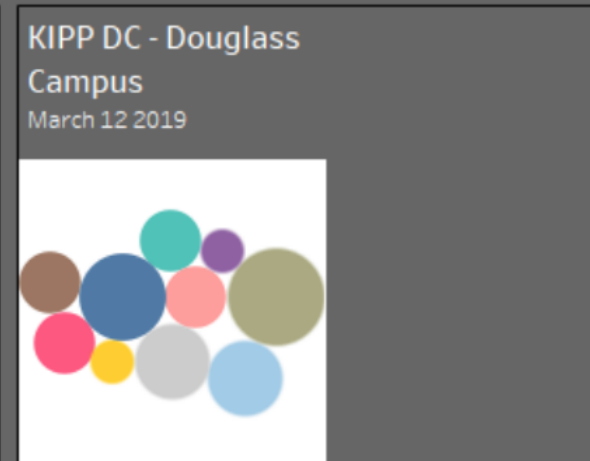
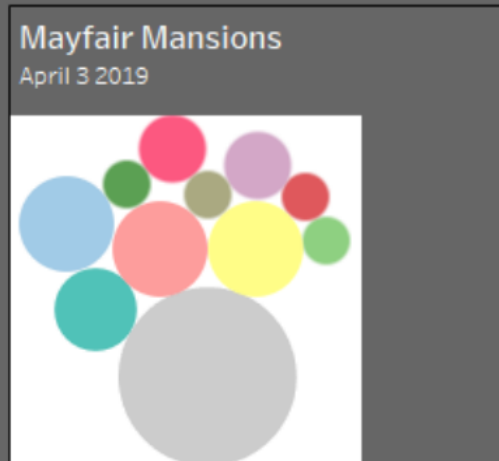
DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA



GOVERNMENT OF THE DISTRICT OF COLUMBIA



- Themes and Key Drivers of Health Equity**
- Data & Presentation Questions
 - New Insights
 - General Comments
 - Future Action
 - DC Governance
 - Collaboration
 - Health Equity Efforts
 - Community Change
 - Education
 - Income
 - Employment
 - Housing
 - Transportation
 - Outdoor Environment
 - Food Environment
 - Medical Care
 - Community Safety



Community-Engaged Health Equity Efforts Qualitative Strengths Assessment

Carine Wellington, CHES, MPH (c)

Preceptors: Makeda Vanderpujje, CPH, MPH and Dr. Anneta Arno, PhD, MPH

DC Health Office of Health Equity

U.S Department of Health and Human Services Office of Minority Health



Introduction

As the Office of Health Equity prepares to integrate community engagement into efforts to address the root causes of health disparities, beyond healthcare and health behaviors, it crucial that community members perceptions of health equity are both valued and understood.

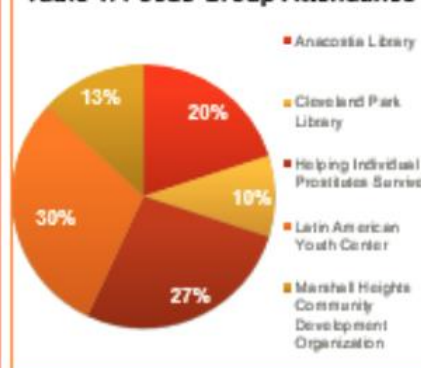
This qualitative report aims to provide a deeper understanding of how perceptions of community members' living in the District of Columbia can provide rich insight and inform future health equity efforts.

Methodology

In all, a total of five facilitated focus groups were conducted. Each focus group ranged in length from about 35 minutes to 1 hour. In addition to manual notes taken during the focus groups by support staff, each focus group was digitally recorded and later transcribed.

There was a total of 30 participants across all focus groups (See Table 1).

Table 1. Focus Group Attendance

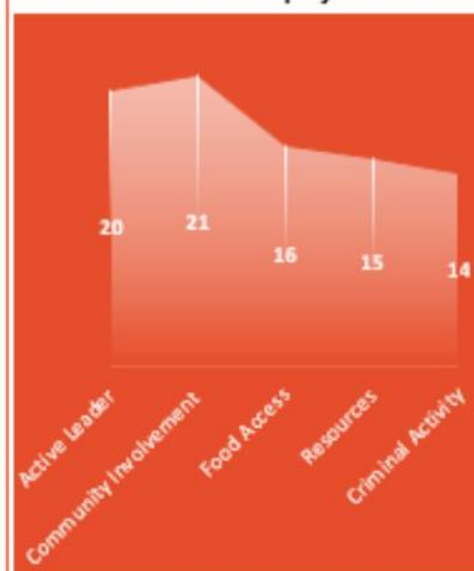


Analysis

Digital audio recordings from focus groups were transcribed and compared with manual notes taken during the focus groups.

Nvivo 12 Plus was then utilized to conduct the qualitative analysis. Data was coded into a total of 18 nodes using Nvivo by two different coders. To establish existing themes the data from all focus groups were initially viewed and analyzed simultaneously (Table 2). Table 2 highlights the most referenced themes across all of the focus groups. The data was then stratified by focus group location (Table 3) to highlight location specific common themes.

Table 2. Five Common Key Themes in Community Members' Perceptions of Health Equity



Results

Yielded results indicate that community members perceptions of health equity differ by focus group location (Table 3). Results suggest that community members' perceptions of health equity is substantially impacted by ones surrounding environment and community.

Table 3. Key Themes Stratified by Location

Location	Ward	Key Themes
Anacostia	8	Food Access Community Involvement Youth/Young People Unresponsiveness Criminal Activity
Cleveland Park	3	Housing Community Involvement Active Leader Healthcare Criminal Activity
HIPS	6	Active Leader Resources Community Involvement Housing Transportation
LAYC	1	Active Leader Food Access Resources Healthcare Community Involvement
MHCDO	7	Resources Community Involvement Environment Active Leader Food Access

Conclusion

In conclusion, within the District of Columbia, community members' perceptions should be prioritized. Health equity efforts should aim to be versatile in order to address the causes of health disparities. Continuous conversation and discussion with community members should be an essential component of the ongoing efforts throughout the District.

Recommendations

It is recommended that future health equity efforts conducted in the District of Columbia be tailored to specific communities. Findings from this project have shown a range of differences in community members' perception of health equity. To adequately address the root causes of health disparities across the District, future efforts must be individualized and uniquely tailored. Consistency of community engagement should be a vital component of all future efforts.

Acknowledgements

Makeda Vanderpujje, Public Health Analyst

Dr. Anneta Arno, Director of the Office of Health Equity

Khéphren Andrews, Intern
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U.S Department of Health and Human Services Office of Minority Health