



A Road to Health Equity: Embracing Historical Truths and the Power of Collaboration

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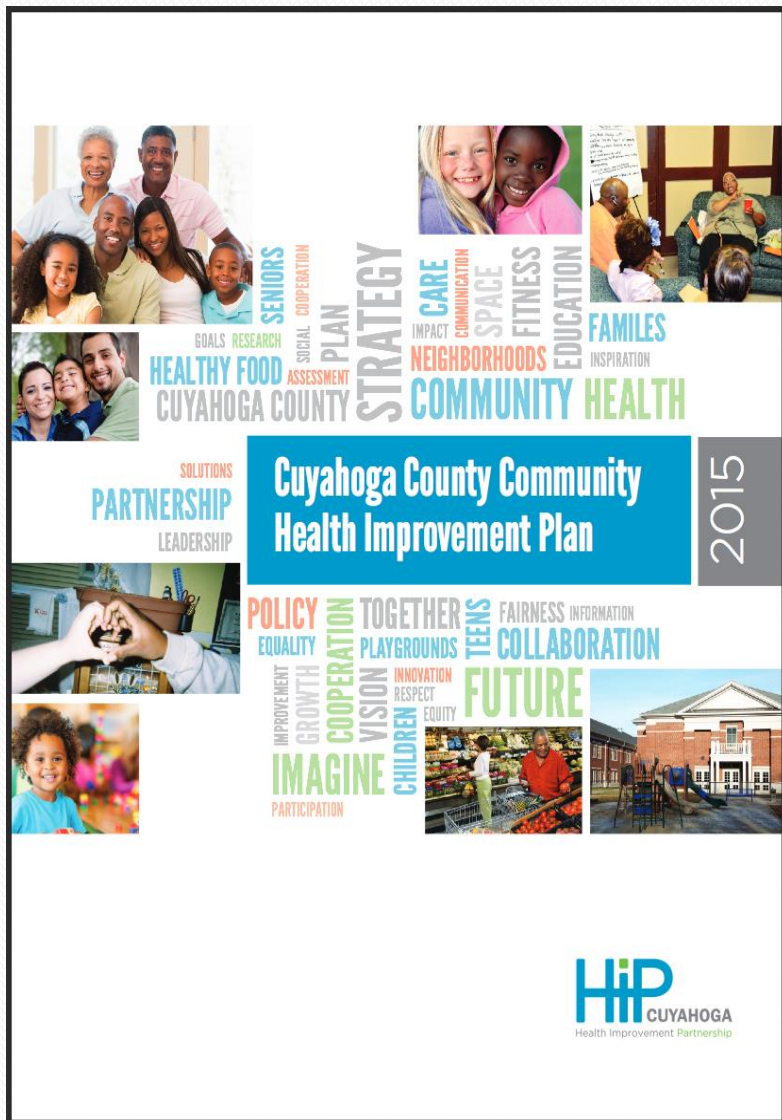
Director of Epidemiology, Surveillance, and Informatics

Cuyahoga County Board of Health

Annual Meeting of American Evaluation Association: Speaking Truth to Power

November 2, 2018

Cleveland, Ohio



Partnership consists of more than 100 active organizations with a network of over 1000 individuals working together to build opportunities for **EVERYONE** in Cuyahoga County to achieve their fullest health potential.

The plan serves as a roadmap to address the most important factors impacting the health and wellbeing of our county's residents.

Equity is Attainable in our Community...

By working TOGETHER

WE BELIEVE THAT ALL PEOPLE
IN CUYAHOGA COUNTY HAVE THE RIGHT
TO LIVE THEIR HEALTHIEST LIVES, NO
MATTER WHERE THEY LIVE OR WORK,
HOW MUCH MONEY THEY MAKE, OR
WHAT THEIR RACE, RELIGION, SEXUAL
ORIENTATION, OR POLITICAL BELIEFS.

Process: Through an Equity Lens

- Organizing
- Visioning
- Assessments
- Identifying Strategic Issues & Key Priorities
- Formulating Goals &
- Action Cycle

Mobilizing for Action through Planning and Partnerships (MAPP)



Source: National Association of County and City Health Officials (NACCHO)

Vision, Mission, and Core Value

- **Our Vision** – “Cuyahoga County is a place where all residents live, work, learn, and play in safe, healthy, sustainable, and prosperous communities.”
- **Our Mission** – “To inspire, influence, and advance policy, environmental, and lifestyle changes that foster health and wellness for everyone who lives, works, learns, and plays in Cuyahoga County.”
- **Our Core Value** – “Building **opportunities** for everyone in Cuyahoga County to be healthy.”

OUR FRAMEWORK FOR ACTION



Key Priority Areas



**ELIMINATE STRUCTURAL RACISM
(ESR)**



**HEALTHY EATING AND ACTIVE LIVING
(HEAL)**



**LINKING CLINICAL AND PUBLIC
HEALTH**



**CHRONIC DISEASE MANAGEMENT
(CDM)**

Explore these priority areas in depth at our website:
hipcuyahoga.org

Building the Case for Equity

- Shared value and commitment to equity
- Taking a **head** and **heart** approach
- Recognizing that historical policies and practices shape current inequities
- Building collective capacity of partnership
- Thinking, understanding, and valuing differently, then acting differently –
Perspective Transformation

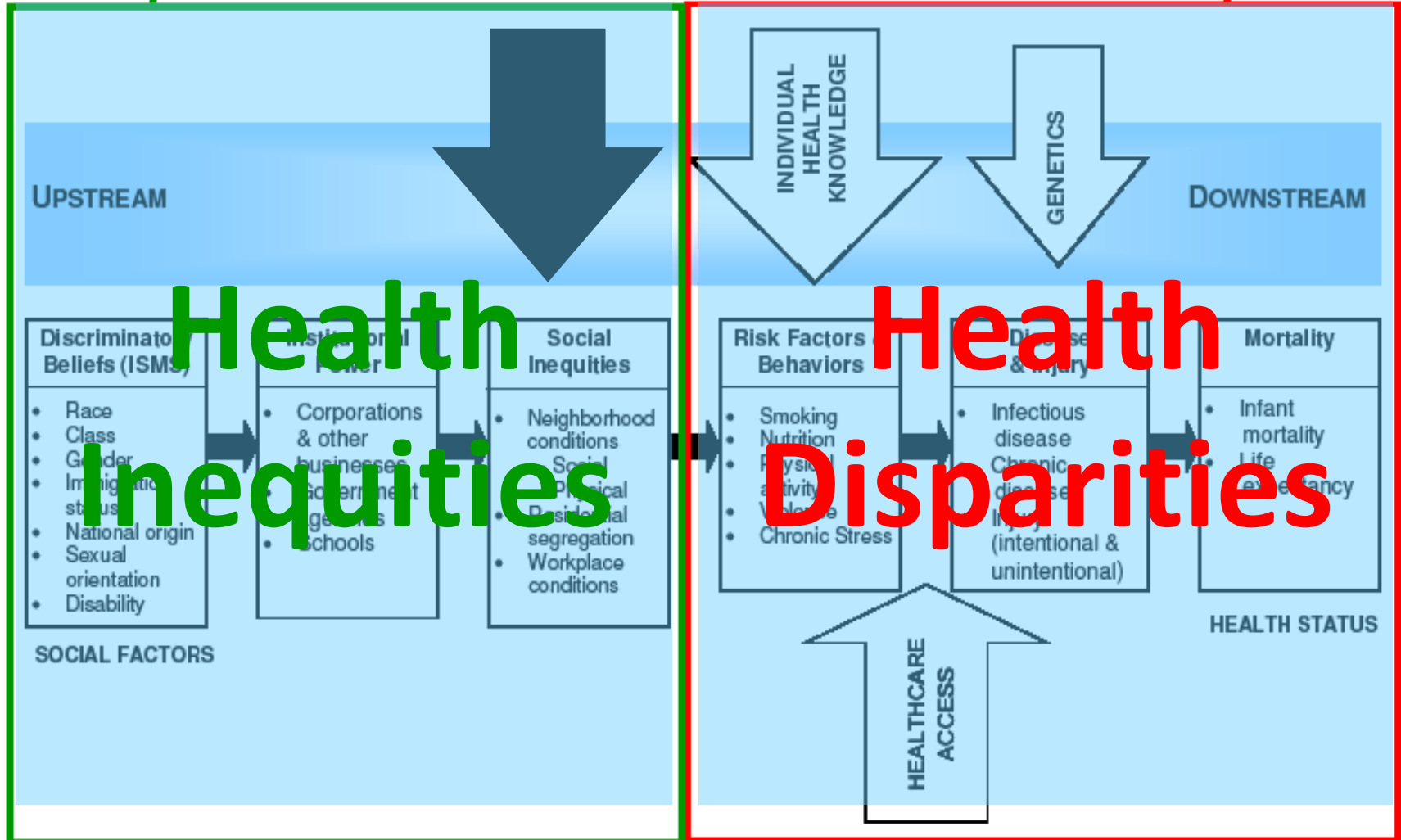
Top Causes of Death in the U.S. in 2000

Cause of Death	Percent	Actual Cause of Death	Percent	Actual Actual Cause of Death	Percent
Diseases of the heart	29.6	Tobacco	18.1	Low Education	10.2
Malignant neoplasms	23.0	Poor diet and physical inactivity	16.6	Racial Segregation	7.3
Cerebrovascular diseases	7.0	Alcohol consumption	3.5	Low Social Support	6.7
Chronic lower respiratory diseases	5.0	Microbial agents	3.1	Individual Poverty	5.5
Accidents	4.0	Toxic agents	2.3	Income Inequality	5.0
Diabetes mellitus	2.9	Motor vehicles	1.8	Area Level Poverty	1.6

A Framework for Health Equity

Socio-Ecological

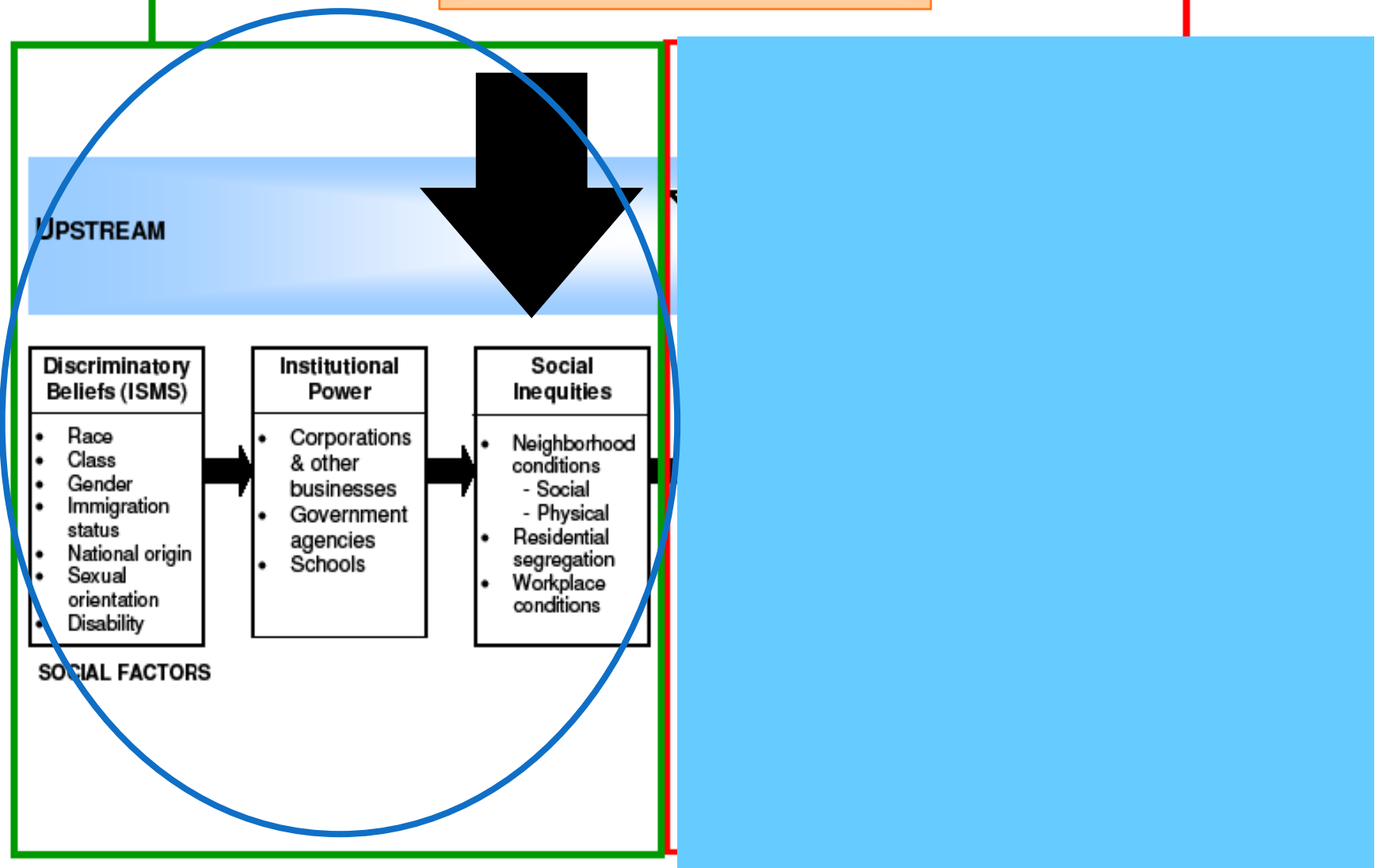
Medical Model



A Framework for Health Equity

Socio-Ecological

Medical Model





HISTORY MATTERS:

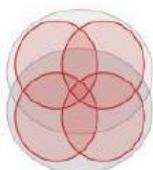
UNDERSTANDING THE ROLE OF POLICY, RACE AND REAL ESTATE IN TODAY'S
GEOGRAPHY OF HEALTH EQUITY AND OPPORTUNITY IN CUYAHOGA COUNTY

A Policy Brief Prepared on behalf of the Cuyahoga County PlaceMatters Team

Prepared by the Kirwan Institute for the Study of Race & Ethnicity &

The City & Regional Planning Program at the Knowlton School of Architecture

The Ohio State University



KIRWAN INSTITUTE
for the Study of Race and Ethnicity



CUYAHOGA COUNTY

PLACEMATTERS

HEALTH IMPROVEMENT PARTNERSHIP

hip
cuyahoga

Be HIP. Be Healthy. Be Heard.

Figure 1

Conceptual diagram of early and mid-20th century policies which enforced segregation and opportunity isolation for racial and ethnic communities.



Figure 3

Examples of the typical race and ethnic restrictions included in deeds during the racial covenant era.

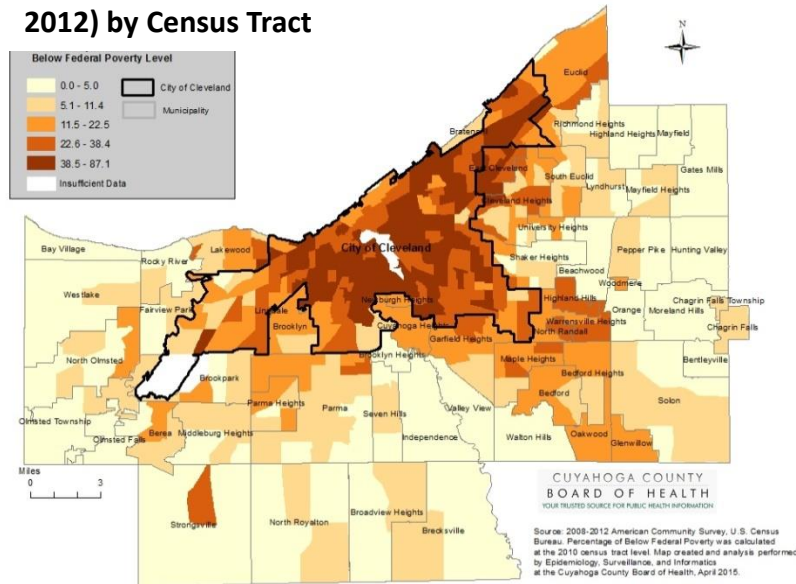
None of the said lands, interests therein or improvements thereon shall be sold, resold, conveyed, leased, rented to or in any way used, occupied or acquired by any person of Negro blood or to any person of the Semitic race, blood, or origin which racial description shall be deemed to include Armenians, Jews, Hebrews, Persians or Syrians.

JEWISH
HISTORICAL SOCIETY OF
GREATER WASHINGTON

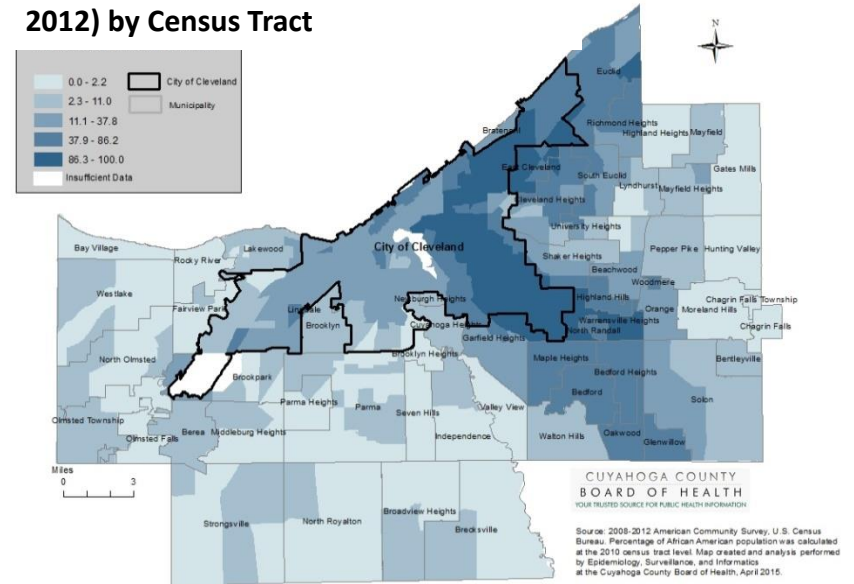
14. RACIAL RESTRICTIONS...No property in said addition shall at any time be sold, conveyed, rented or leased in whole or in part to any person or persons not of the White or Caucasian race. No person other than one of the White or Caucasian race shall be permitted to occupy any property in said addition or portion thereof or building thereon except a domestic servant actually employed by a person of the White or Caucasian race where the latter is an occupant of such property.

Comparisons between the poverty rate, the distribution of African Americans, life expectancy, and “Redlining”

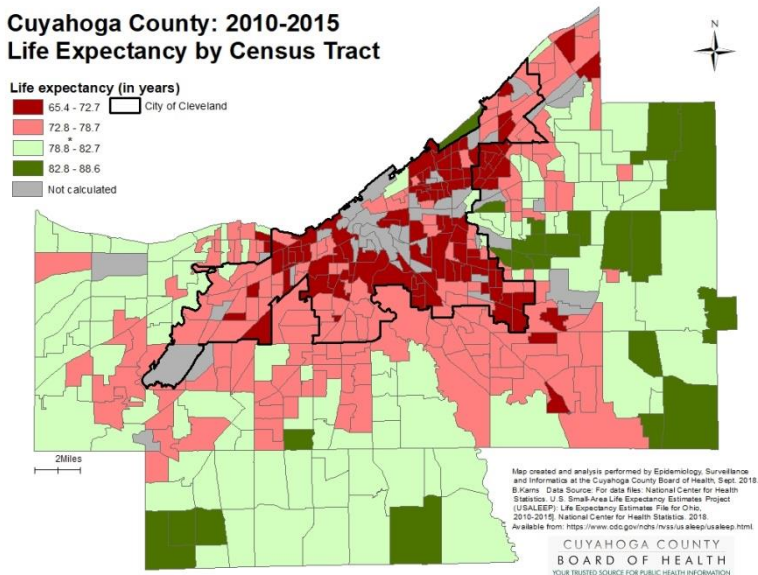
**Cuyahoga County:
Population Below Poverty (2008-
2012) by Census Tract**



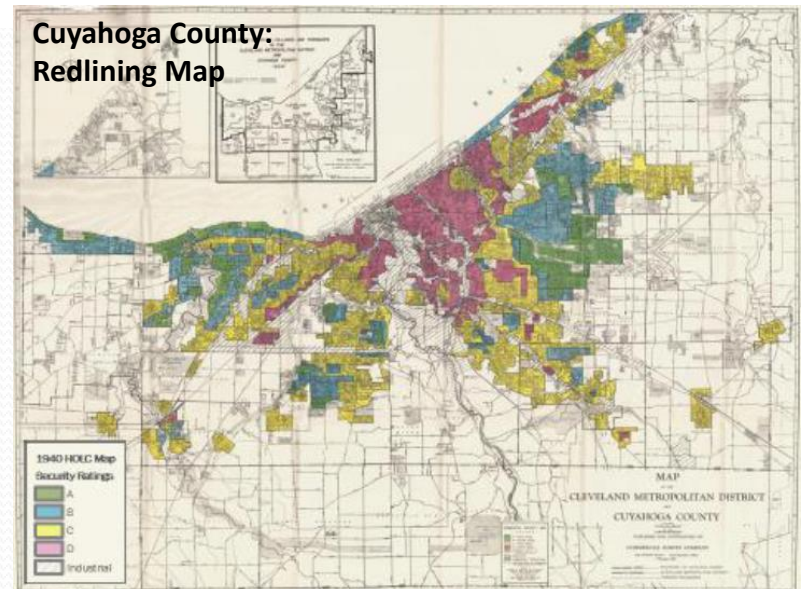
**Cuyahoga County:
African American Population (2008-
2012) by Census Tract**



**Cuyahoga County: 2010-2015
Life Expectancy by Census Tract**



**Cuyahoga County:
Redlining Map**



Evaluation “Journey”

- HIP-Cuyahoga has been a very “organic” and complex initiative
- Created workplans to help evaluate four key priorities
 - Feels like a moving target as objectives changed over time
- We were (are) novices in Collective Impact
- Received CDC Racial and Ethnic Approaches to Community Health (REACH) grant in 2014 and 2018
 - Created disproportional opportunity to formally evaluate two key priorities (i.e. HEAL and CDM)
- In 2016, sought out to identify a contractor to help develop an evaluation framework
- Framework was “finalized” in March 2018
 - To date, it has not been implemented



Equity Impact Measurement Framework

MARCH 9, 2018



Measurement
Resources

Measurement moves missions

Process:

- Document the efforts of HIP-Cuyahoga and Partners
- Collaborative Measures Selection
- Develop the Framework Action Plan for Collection of Measures

Overview of Equity Impact Measurement Framework

Equity, Diversity and Inclusion

Population Change	System Change	Program Change	Outputs
1. Reduce health disparities	7. Collaboration health	15. Meaningful participation in HIP-Cuyahoga	18. Number of groups/meetings convened
2. Increase life expectancy	8. Number of policy changes at the state, local and organizational levels	16. Achieve or maintain high levels of EDI	19. Number of information, advocacy/policy activities
3. Decrease infant mortality	9. Increase use of equity lens	17. Perceptions of improved health outcomes and equity through the adoption of policies/strategies promoted by HIP-Cuyahoga	20. Number of community engagement efforts
4. Improve Retail Food Environments	10. Perspective Transformation		21. Number of coordinated community assessments conducted
5. Improve Physical Activity Environments	11. Positive change in community conditions		22. Number of trainings conducted
6. Improve Complete and Livable Communities	12. Fidelity/alignment to intended project plan		23. Number of people served/engaged/participating/reached
	13. Percentage of target population reached		24. Number of contact hours/units of services delivered/time spent
	14. Increase connectivity/ social network		25. Number of referrals/connections/networks made
			26. Implementation of evidence-based programs

Special Thanks to Martha Halko

- Martha is our HIP-Cuyahoga leader and champion
- She is:
 - ❖ inspirational, tireless, and truly dedicated to transforming the community I call home

It's time to move upstream!

