



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

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Annual Meeting of American Evaluation Association: Speaking Truth to Power
November 2, 2018
Cleveland, Ohio

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 APPROACH 1 PERSPECTIVE TRANSFORMATION

Building capacity to think, understand, and act differently to make equity and racial inclusion a shared value

KEY APPROACH 2 COLLECTIVE IMPACT

Fostering cross-sector collaboration, coordination of partnerships, alignment of priorities & actions, and mobilization of resources

OUTCOME ACHIEVING EQUITY, WELL-BEING, AND IMPROVED POPULATION HEALTH

Building opportunities for everyone in Cuyahoga County to be healthy

KEY APPROACH 3 COMMUNITY ENGAGEMENT

Involving community members in planning, decision making, and actions

KEY APPROACH 4 HEALTH AND EQUITY IN ALL POLICIES

Creating healthier and more equitable decision making across sectors, systems, and policy areas

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

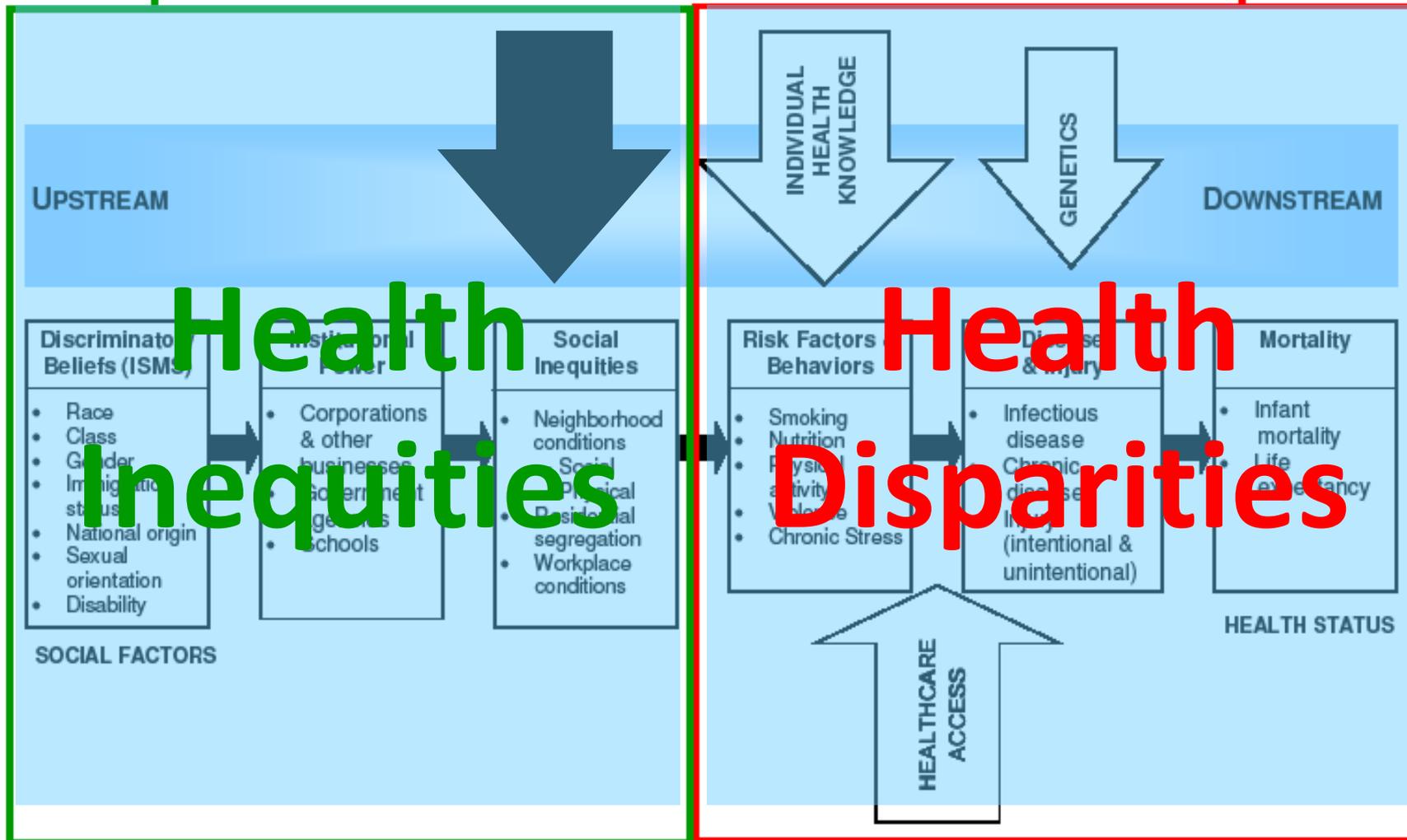
Top Causes of Death in the U.S. in 2000

| 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

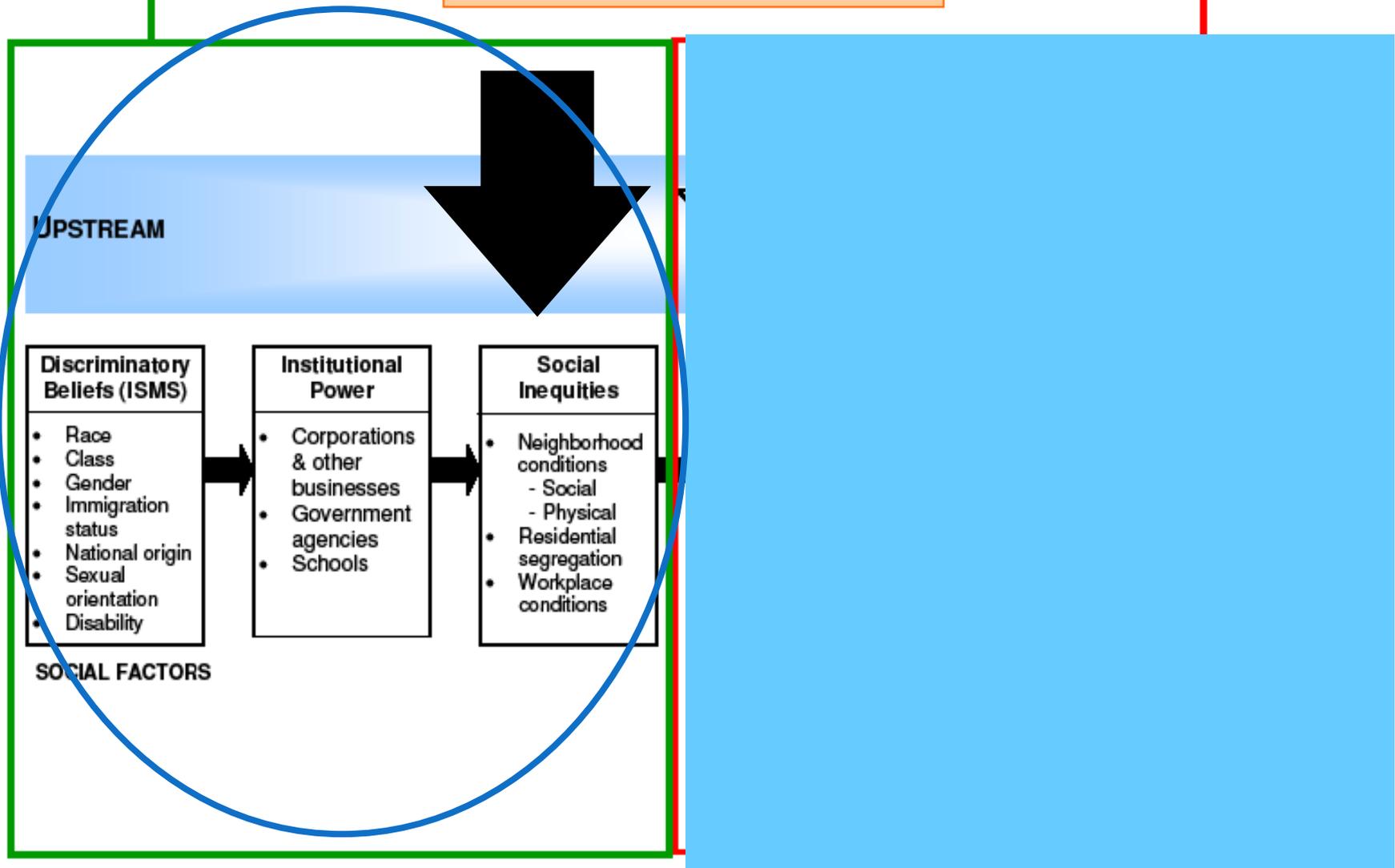
Medical Model



A Framework for Health Equity

Socio-Ecological

Medical Model





HISTORY MATTERS:

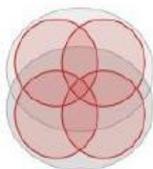
UNDERSTANDING THE ROLE OF POLICY, RACE AND REAL ESTATE IN TODAY'S GEOGRAPHY OF HEALTH EQUITY AND OPPORTUNITY IN CUYAHOGA COUNTY

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.

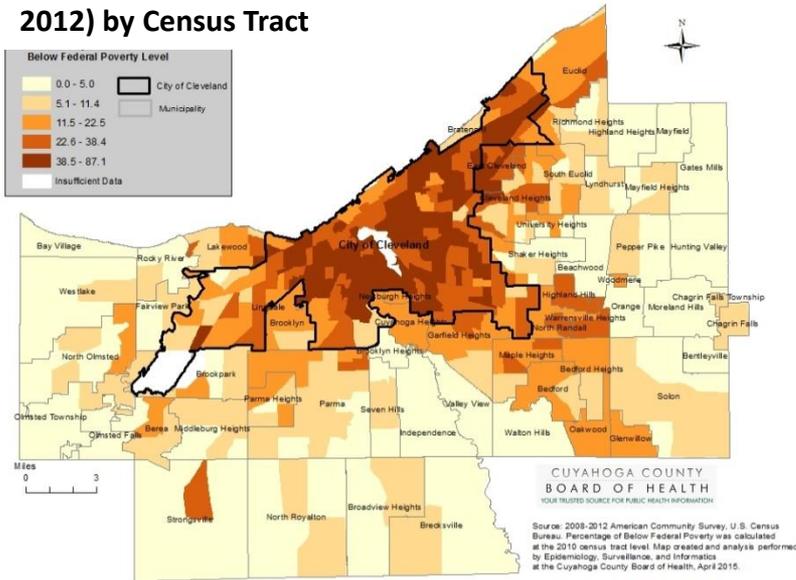
None of the said lands, interests therein or improvements thereon shall be sold, resold, conveyed, leased, rented to or in any way used, occupied or acquired by any person of Negro blood or to any person of the Semitic race, blood, or origin which racial description shall be deemed to include Armenians,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

JEWISH
HISTORICAL SOCIETY OF
GREATER WASHINGTON

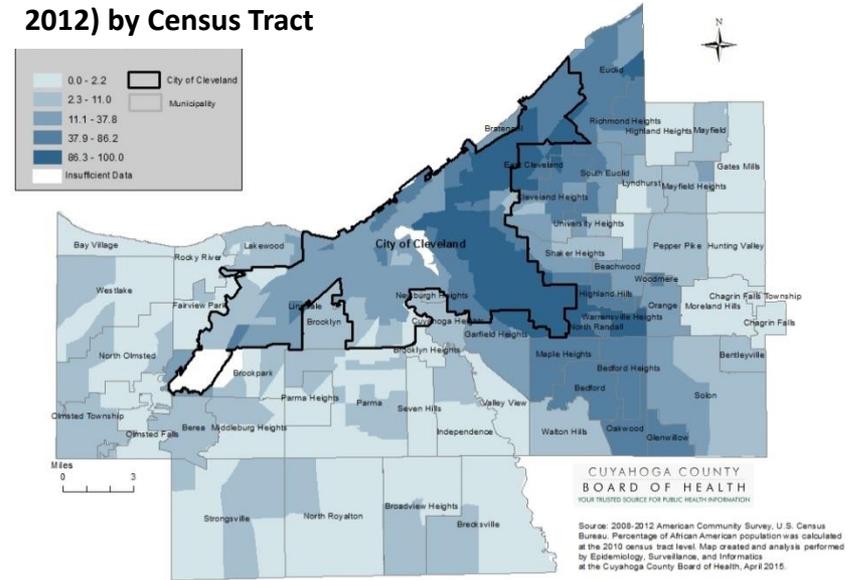
14. RACIAL RESTRICTIONS...No property in said addition shall at any time be sold, conveyed, rented or leased in whole or in part to any person or persons not of the White or Caucasian race. No person other than one of the White or Caucasian race shall be permitted to occupy any property in said addition 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"

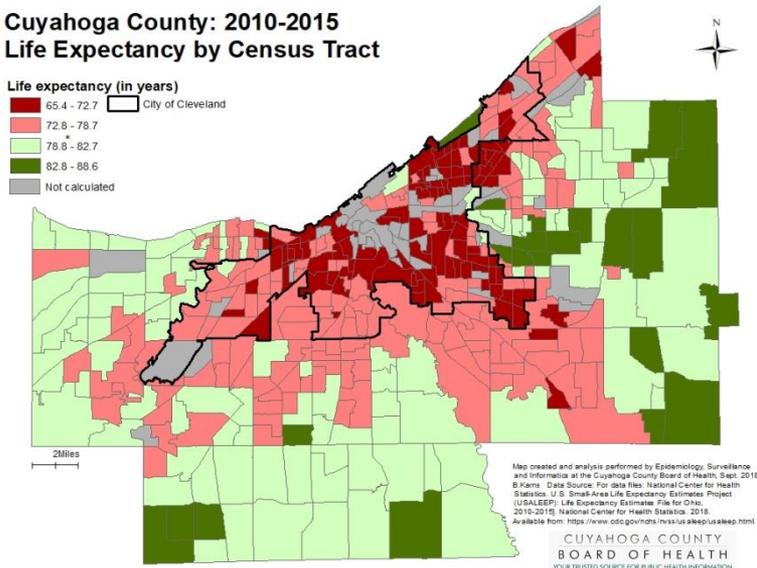
**Cuyahoga County:
Population Below Poverty (2008-2012) by Census Tract**



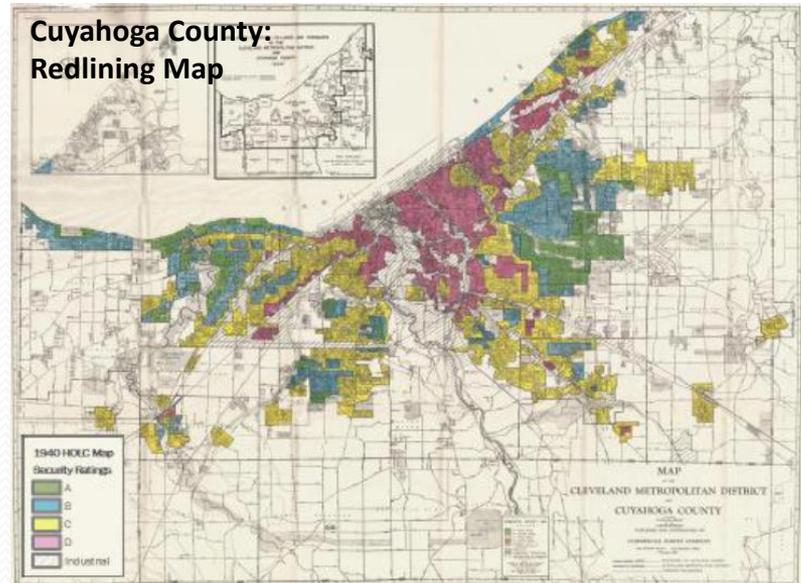
**Cuyahoga County:
African American Population (2008-2012) by Census Tract**



**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!

