Implementing Community Strategies for Engagement and Sustainability to Advance Health Equity

From the Division of Community Health Webinar Series
TACTIC Contact Information

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This webinar will provide strategies on tailoring community health initiatives to address health inequities and enhance sustainability, including how to practice authentic community engagement. Presenters will share steps for identifying and overcoming barriers and unintended consequences that priority populations may face from community interventions. Presenters will also share tips for keeping health equity at the forefront of decision-making among stakeholders.
Pattie Tucker, MPH, DrPH, RN is Acting Associate Director for Health Equity in CDC Division of Community Health (DCH). She has more than 30 years of public health experience providing vulnerable populations with healthcare and health promotion services at state and local public health departments and in an urban hospital. She has co-authored peer-reviewed publications and book chapters addressing health disparities in vulnerable population groups.
Dalila Butler, Associate Director, works with the PolicyLink Center for Health Equity and Place to promote social, economic and health equity through environmental and policy improvements. She provides technical assistance to communities across the country and supports research and writing for health team projects. She also supports the Boys and Men of Color team by working with networks in advancing policy and practice to improve the life chances of California’s boys and young men of color. Dalila currently serves as the California Department of Public Health Office of Health Equity Advisory Committee Chair.
Alisha Brown
Stapleton Foundation for Sustainable Urban Communities

Alisha Brown is the Vice President of the Stapleton Foundation for sustainable urban communities and the Founder and Director of its be well Health and Wellness Initiative. Her current focus is to produce systematic change through community based strategies that advance health equity.
Charmaine Ruddock is the Director of the Institute for Family Health, a network of federally qualified health centers in New York. In her role, she directs Bronx Health REACH, a coalition of 70 community and faith-based organizations addressing racial and ethnic health disparities in the Bronx and oversees a multi-sectoral effort to address health equity.
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Learning Objectives

By the end of the webinar, participants should be able to:

- Explain how authentic community engagement strategies are established and maintained to benefit priority populations.
- Describe unintended consequences that may be experienced by priority populations.
- Ensure health equity is at the forefront of designing and planning community health initiatives.
Priority Populations

A group of individuals (i.e., Asian men, Latino children, older African American adults, Native American women, etc.), a geographical area (i.e., rural, frontier, urban, suburban, etc.), or settings (worksites, schools, multi-unit housing, etc.) where the group is at increased susceptibility to adverse health outcomes.
Strategies to Advance Health Equity

Active Living

Healthy Food & Beverage
Strategies to Advance Health Equity

Clinical and Community Linkages

Tobacco Free Living
A Practitioner’s Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease

A resource for practitioners and others working to advance health equity through community health interventions. This online guide focuses on implementation of policy, systems, and environmental improvements where people live, learn, work, and play.

[Link](https://www.cdc.gov/HealthEquityGuide)
Multi-Sector Partnerships

Community Sectors

- Community Finance Institutions
- Agriculture
- Education
- Community Planning and Development
- Tribal Community Leaders
- Resident Experts
- Transportation
- Businesses
- Healthcare
- Housing
- Public Agencies
- Faith-Based Organizations
- Community-Based Organizations

National Center for Chronic Disease Prevention and Health Promotion
Division of Community Health
Implementing Community Strategies for Engagement and Sustainability to Advance Health Equity

Dalila Butler
Associate Director
June 22, 2016
TACTIC Webinar Series
This presentation aims to answer...

• What is authentic community engagement and why is it important?

• What are key considerations for community engagement?

• What are some components and promising practices for authentic community engagement?
Where you live affects how you live.
What is Health Equity?

Equity means *just and fair inclusion.*

Health equity is *attainment of the highest level of health for all people.*
An Equity Agenda

Policy & Environmental Changes to Support Health

- Safety/violence prevention
- School wellness policies
- Land use/zoning
- Safe Routes to School
- Safe Parks and Trails
- Bike share programs
- Developing or updating neighborhood/general plans

- Grocery stores/supermarkets
- Corner store/bodega and restaurant initiatives
- Farmers’ markets & collaboratives with local farmers
- EBT access at farmers’ markets
An Equity Agenda
Addressing barriers and avoiding unintended consequences
An Equity Agenda

- Establish strategic targets
- Change the places where we live, work, learn and play so people can thrive
- Increase power of people of color and low-income people
- Shift public perceptions
- Engage strongly with vulnerable communities
Authentic Community Engagement

...is an ongoing process that involves people in solving problems, making decisions, determining policies, and shaping programs that affect the places where they and their families live, work, study, and play.

- Community Engagement Resource Guide, RWJF Center to Prevent Childhood Obesity
Principles for Community Engagement

- **Build capacity** for high-level engagement
- Facilitate **collaborative, equitable partnership** in all phases of work
- Acknowledge power dynamics and foster empowering, **power-sharing process**
- Prioritize community knowledge and concerns
- Address issues of race, culture, class
Poll Question

Through our health initiatives, we have authentically engaged residents and community leaders through:

a. Town hall meetings
b. Focus groups
c. Task forces
d. Advisory groups
e. Decision making boards and commissions
Principles for Community Engagement, cont.

- **Target resources** to support ongoing engagement
- **Craft framing and messaging components**
- Be willing to **slow the process down**
- **Encourage mutual learning** and employ ongoing feedback mechanisms
Promising Practices

Image source: Native American Community Development Institute

PolicyLink

Lifting Up What Works®
Components of Authentic Community Engagement

• Trusting and accountable relationships with community Leadership and residents
• Shared vision for community change
• Partnerships with public agencies and organizations that serve impacted communities
• Opportunities to develop and sustain capacity
• Community vision translating into community change
Develop & Sustain Partnerships to Amplify the Voice of Impacted Populations
Link Proposed Community Changes to Underlying Conditions

Mandela MarketPlace

Image source: Mandela MarketPlace
Engage Community in Decision-Making

Community Health Improvement Partners Resident Leadership Academy
Photo credit: CHIP San Diego Facebook
Institutional Structures for Community Engagement

**Stronger Impact**

- **Governance Level**
  - Appointment to decision making boards and commissions

- **Consortia**
  - Membership based group with options for decision making

- **Advisory Groups**
  - Provide guidance and advice to decision makers

- **Task forces**
  - Short term participation with opportunity to offer recommendations

- **Focus Groups**
  - One-time opportunity to provide input

- **Town Hall Meetings**
  - Information provided one time, sometimes an ability to offer group comments

**Weaker Impact**
Towards More Equitable Community Engagement Processes:

• **Inclusive:** What communities and interests need to be represented and in what capacity?

• **Accessible:** Will people and organizations from a diversity of backgrounds feel comfortable and engaged?

• **Transparent:** How does the community interact with and influence decision-making?
“If you want to go fast, go alone.
If you want to go far, go together.”
PolicyLink Tools

- Community Based Participatory Research: A Strategy for Building Health Communities and Promoting Health

- Why Place and Race Matter Executive Summary & Report

- Equitable Development & Advocating for Change Web Toolkits

- Getting Equity Advocacy Results Tool

- Community Engagement Checklist

- Community Mapping for Health Equity Advocacy

http://www.policylink.org/resources
http://www.policylink.org/FindResources/Library
Thank you!

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Implementing Community Strategies for Engagement and Sustainability to Advance Health Equity

Alisha Brown, M.N.M.
Vice President
Stapleton Foundation
Director
*be well* Health and Wellness Initiative
An on the ground movement of communities coming together to take charge of their health and wellness.

The mission of be well is to effect programs, policies and practices to create health equality and access for all people.

be well’s vision is for a culture in which all people have an equal opportunity to achieve the health they desire, regardless of their race, income, gender, or location.
6 Neighborhoods
Approximately 100,000 People
be well
Healthy Neighborhoods Council

A 13 member community oversight board that guides the efforts of the be well Health and Wellness Initiative

- Created the be well mission/vision
- Developed Community Action Plan
- Talks with people in their community
- Sets annual goals
- Identifies potential barriers and
- Monitors the use of be well funds
be well Relationship Diagram

Healthy Neighborhoods Council

be well Block Captains

be well Healthy Neighborhoods Coalition

be well Northwest Aurora

be well Youth

be well be EPIC

be well Centers
Healthy Neighborhoods Coalition

A multi-sector coalition that consists of:

- Residents & Community Stakeholders
- Healthcare
- Housing
- Development
- Education
- Transportation
- Churches Businesses & Organizations
- City Officials
Residents and Community Stakeholders

- 1st Bank
- 2040 Partners for Health
- 50/50 Fitness
- AF Williams Family Medicine
- Aurora Housing Authority
- Aurora Public Schools
- Bluff Lake Nature Center
- Center for African American Health
- City of Aurora Parks and Recreation
- City of Denver Parks and Recreation
- Colorado Council of Black Nurses
- Colorado Department of Public Health and Environment
- Denver Health
- Denver Health Community Voices
- Denver Public Schools

- East Montclair Neighborhood Association
- Forest City, Stapleton
- Gary Williams Energy Company
- Greater Park Hill, Inc.
- Greater Stapleton Business Association
- I’m Unique
- Inner City Health Center
- Johnson and Wales University
- Mile High Fitness
- Northwest Aurora Neighborhood Organization
- Northeast Denver Housing
- Original Aurora Renewal
- Park Hill Thriving Communities
- Piton Foundation
- Platte College
- Regis University
- Regional Transportation District (RTD)

- SandCreek Regional Greenway
- Senator Michael Johnston
- Stapleton Development Corporation
- Northeast Transportation Connections
- Stapleton United Neighbors
- Taking Neighborhood Health to Heart
- Tri-County Health Department
- University of Colorado Dept. of Family Medicine
- Urban Land Conservancy
Advancing Health Equity the *be well* Way

Building capacity of communities is essential to advancing health equity and involves:

- Community leaders and residents being educated about disparities in their community
- Bringing together multiple stakeholders who have an interest in health equity
- Stakeholders engage decision-makers in discussions on community needs
be well strategies to advance Health Equity

Inclusive Participation: be well is characterized by partnering with groups or individuals that others may not be aware of or have access to.

Civic Engagement: be well helps educate community members around policy and system level improvements informing them of opportunities to become fully active in their communities.

Health Education: be well educates and builds awareness around the social determinants of health using trainings and information dissemination.

Education is essential to helping community members overcome their skepticism that their opinions don't matter.
The **be well** Way

Engagement Strategies

- Meet people where they are:
  - Little League Practice
  - Apartment Complexes
  - Bus Stops
  - Healthy Happy Hours
  - Church
  - School
  - Grocery Store
  - Door to Door Outreach
  - Word of Mouth

- Make involvement simple
  - Clear pathways to participation

- Be open to the community’s suggestions for how they’d like to be engaged
be well Block Captains

• Share & receive information

• Demonstrate how individual experiences are part of the larger community context

• Engage residents in community efforts

• Address community challenges and leverage opportunities

• Empowerment
At *be well*, we know how busy life can be, so we’ve created a volunteer structure within the Block Captain program that gives volunteers the opportunity to engage the *be well* community at a level that best matches their personal interests and availability.

There are 3 different tiers:

- Connector
- Captain
- Coach
The *be well* Way
Block Captain Training

• Capacity-focused approach

• Supports residents seeking to create positive and meaningful improvements

• Helps residents to actively contribute to their health and wellness and that of their families, friends, neighbors, and community
be well Way

Training Sessions

<table>
<thead>
<tr>
<th>Week</th>
<th>Topic</th>
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<tr>
<td>1.</td>
<td>The <strong>be well</strong> Way Orientation</td>
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<td>2.</td>
<td>Prevention: Heart Health &amp; Chronic Disease</td>
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<td>3.</td>
<td>Nutrition &amp; Physical Activity</td>
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<td>4.</td>
<td>Manage Your Mental Load</td>
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<td>Healthcare Access and Coverage</td>
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<td>7.</td>
<td>Race, Health, Civic Engagement</td>
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<tr>
<td>8.</td>
<td>Getting Out There! Celebrating!</td>
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Increasing Physical Activity Opportunities through Transit Equity

In Northeast Denver, physical inactivity is a risk factor for poor health outcomes, particularly among African Americans.

**Hypothesis:** Poor health outcomes are related to a variety of obstacles including the potential of under-developed linkages to public transit systems from targeted neighborhoods.

**Activities:** *be well* is leading efforts to better engage African American residents in opportunities to impact transit decisions.

**Outcome:**
- *be well* hosted six community conversations
- residents formed a transit stakeholder group
- group reviewed proposed plans and provided feedback to RTD
- route that was deemed to be cut, will be continued with a slight reduction in service
Hypothesis: Poor health outcomes are related to a variety of obstacles including the lack of usage of the local recreation centers for physical activity.

Activities: *be well* is leading efforts to engage African Americans in compiling data and participating in civic engagement processes to impact recreation center services.

Outcomes:
- Hosted 9 Healthy Happy Hours
- Created a recreation center workgroup
- Shared the City Auditor’s 2014 Report
- Completed a Health Impact Assessment
- Learned about new methods
- Entered into an agreement with Denver Parks and Recreation to form a standard partnership project

Increasing physical activity by making Denver Recreation Centers more accessible.
Challenges

Slow Wins
- Relationships take time
- Policy and systems improvements take time

Burn Out
- Too many meetings
- Duplication of effort

Competing Priorities
- *be well* framework allows flexibility

Political Environment
- Changes in administration or leadership
  - Organizational Changes
Sustainability

- Community Ownership
  - How the community has informed the project
- Clear Roles and Responsibilities
  - What is expected of me
  - What supports are in place
  - Who is my contact person
- Recognition
  - be well Awards and Community Celebration
- Support from other sources
  - Refreshments
  - Tickets to Events
  - Gift-cards
  - Exploring the development of a be well Club Card
Lessons Learned

- Do your home-work
- Ensure that your staff is diverse and can relate to the community you intend to serve
- Enter communities humbly/You are not the expert
- Speak the community’s language not public health lingo
- Invest time, energy, and resources in relationship building
- Expose your agenda while being open to change
- Be open and genuine
- Communities are not laboratories: Be committed
The be well Block Captain “How To Guide” & Tool-Kit
Get in the ZONE!

Follow us:

Facebook:
be well Health and Wellness Initiative
Twitter:
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Making Health Equality a Reality: Improving the Quality and Amount of Physical Education in New York City Schools

TACTIC Webinar – June 22, 2016

Charmaine Ruddock, MS
Project Director, Bronx Health REACH
Outline

- Overview of the Bronx
- The Bronx Health REACH
- Advancing Equity in Physical Education (PE)
  - The Problem
  - Our Efforts
  - Successes
- Lessons Learned
- The Future
The Bronx

- Population - 1.45 million
- Approx. 90% Black and Hispanic
- Poorest urban congressional district
- Unemployment rate – 6.6%
- College readiness – 10%
- Overweight/obesity rates – 4 in 10 children
- 2016 RWJ County Health Rankings – 62 out of 62 in NYS

* See reference slide
Catchment Area
Bronx Health REACH Coalition

- 70+ members working in:
  - Health
  - Education
  - Food Access
  - Economic Development
  - Recreational Space
- Public health representatives
- Faith-based organizations
- Schools
- Community leaders
Mission: to eliminate racial and ethnic disparities in health outcomes in the southwest Bronx by creating a movement of individuals, agencies, organizations, and communities, working together, sharing resources, expertise, information, and services.
Arne Duncan as U.S. Secretary of Education declared, “Good health is not an add on to a good education. Our children need to be healthy to be prepared to learn, and we know active students are better able to engage in the classroom and excel academically”
NYS ED – PE standard

- 120 minutes per calendar week
- All students in K-12 must attend and participate in a physical education program.
- All pupils in grades K-3 shall attend and participate in physical education on a daily basis.
- All pupils in grades 4-6 shall attend and participate in physical education not less than three times per week.
- All pupils in grades 7-12 shall attend and participate in physical education for not less than three times per week in one semester, and not less than two times per week in the other semester.
K-6 - PE is taught either by a certified physical education teacher, or a classroom teacher “under the direction and supervision of a certified physical education teacher” for these grades.

Grades 7-12 - taught directly by a certified physical education teacher.
The Problem

- **Status of PE in New York City**
  - 41% of high schools have no physical fitness space
  - 35% of middle schools have no physical fitness space
  - 32% of schools without full-time certified PE teacher

- **Status of PE in the Bronx**
  - 26-33% of schools are without full time, certified PE Teachers
  - 23% of students at schools without full time certified PE teachers are obese
  - Over 35% of schools are without physical fitness space

*See reference slide*
The Problem

Percentage of NYC Schools without Full-Time, Certified PE Teachers, by School District

Legend
% of Schools without Full-Time, Certified PE Teachers
- Under 26%
- 26% - 33%
- 33% - 41%
- Above 41%

Source: The New York City Department of Education, The U.S. Census Bureau
NYC Schools without a Full-Time Certified PE Teacher, and Obesity among Public Elementary and Middle School Students

Legend

Obesity among Public Elementary & Middle School Students:
- Under 11.2%
- 11.2% - 15.4%
- 15.4% - 19.2%
- 19.2% - 23%
- Over 23%
- No Data

- Schools without Full-time Certified PE Teachers

Source: The New York City Department of Education; Citizens’ Committee for Children.
The Problem (cont.)

Percentage of NYC Schools without Physical Fitness Spaces, by School District

Legend

- Under 10%
- 10% - 20%
- 20% - 30%
- 30% - 35%
- Over 35%

Source: The New York City Department of Education; The U.S. Census Bureau.
Our Efforts – PE 4 All

- PE 4 All Coalition - the Partnership
- Parent Education and Community Support for PE in schools
- Amplifying the voices of PE teachers articulating the state of PE in schools
- Promoting mandatory reporting by Department of Education (DOE) on schools PE/PA activities
Advancing Equity In PE- Successes

- 2015 Comptroller’s Report on PE in NYC schools
- Funding
  - 50 new certified PE teachers in 2016 and another 150 in 2017
  - 2 new PE instructors
  - Expanding DOE’s PE Works program
- Mandatory Reporting Required
Advancing Equity in Phys Ed
Lessons Learned

- The significance of parent and community engagement
- Engage PE teachers in the effort
- Articulate the problem to community leaders
- Recruit the right partners
- Provide a structure for engagement i.e. workgroups, committees
- Long term commitment
Future

- Installing appropriate gyms and playfields in all NYC schools
- Meeting the NY State Mandate of 120 minutes of PE/PA for all NYC public school children
- Funding to employ F/T Certified PE teachers in all NYC schools
- Continued reporting on the state of PE in all public schools
References


References cont.


Thank You

Charmaine Ruddock, MS

[Email Address]

Facebook: @Bronx Health REACH
Twitter: @BXHealthREACH

Blog: [Blog URL]
Key Takeaway Points

- Engage partners working with population(s) experiencing health inequities
- Ensure authentic engagement
- Anticipate and address barriers/challenges
- Build strong relationships and leverage resources for sustainability
Communities Transforming
To make healthy living easier