

# Presenter Disclosures

Rita  
Kornblum

- (1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose



**Health Equity Alliance**

Working together for healthier communities

# Connecticut Health Equity Initiative

**APHA Conference**

**November 8, 2010**

**Connecticut Association of Directors of Health**



# Background:

## 2003 Survey of Local Health Directors

### 74% respondents:

- believed that public health workforce resources should be devoted to health equity
- felt they should collaborate with other sectors or disciplines

### 82% respondents:

- reported that education in principles, objectives and practice of health equity through social justice was important

Health directors agreed that quality data is important to illustrate social and economic conditions that lead to health inequities. “Just as knowledge is power, so is having good, quality data.”



# Health Equity Alliance Mission:

Enhance the capacity of local health departments, in partnership with community partners and leaders, to achieve health equity through a focus on the social, political, economic, and environmental conditions that affect health.



# Web-Based Community Profiles

- Disseminate community health equity data using GIS & the Web
- One-stop access to social, economic, environmental, political information in relationship to demographic and health outcomes information
- Support collaboration among multiple partners
- Raise awareness about social determinants of health



# Index Provides:

- Platform for Community Engagement
  - Municipal Partners & Community Residents
- Community-based Social Epidemiology
- Framework and Impetus for Changes in Policy & Practice



# Capacity Building: Working with Municipal Colleagues

- Local Health Department as catalyst, convener & “shepherd”
- Requires paradigm shift
  - Emphasis on Social Determinants of Health
  - Political/social change actions through community partnerships



# Capacity Building: Working with Municipal Colleagues

- 5 focus groups were conducted in November and December 2008.
  - Assess existing knowledge of health inequities among municipal leaders.
  - Determine the extent to which health equity is considered in the development of regulations and policies/practices.
  - Identify potential benefits and barriers of working collaboratively with health directors.
  - Identify opportunities to communicate information on the root causes and opportunities to address health inequities.





# Participants

- Focus groups were organized by social determinant category.
  - Land use and housing
  - Environment
  - Public safety
  - Economic development
  - Education



# Key Findings



- Inequities related to socioeconomic status are evident to varying degrees in urban, large suburban, suburban, and rural communities.
  - Observed inequities are unique to each community and reflect the population of that geographic area.
  - Communities of all sizes indicated that inequities will become more apparent and of increasing concern because of the economic crisis.

***Health inequities may become more evident in suburban and rural communities as job loss rates and house foreclosures continue to increase.***

***Education Focus Group***



# Key Findings

- Participants enthusiastically agreed that increased communication & collaboration across disciplines would be helpful in creating awareness & addressing inequities at a local level.
  - Local and state government officials should encourage collaboration among various disciplines to ensure policy and regulation decisions best meet the needs of communities.
  - Chief Elected Officials must take an active role in initiating and fostering collaborative efforts.

***A proactive approach to research, identify, and confirm health problems would enable municipalities to better set priorities and allocate resources.***

***Environmental Focus Group***

# Key Findings

- Participants acknowledged that collaboration with local health directors would:
  - reduce duplication
  - increase efficiencies
  - and maximize resources
- Limited understanding of the role of public health.
- Better access to the knowledge and experiences of health directors would benefit the overall wellness of communities.



# Capacity Building: Working with Municipal Colleagues

- Strategic Messaging
- Communication Materials
  - Brochure
  - Website
  - Electronic Newsletter



# Community Capacity Building: Pilot Sites

- Identify & organize partners
  - Local Champions
- Assess existing community efforts
- Develop a decision-making process
- Identify opportunities for policy change
- Ensure the process is inclusive and representative of local community stakeholder groups



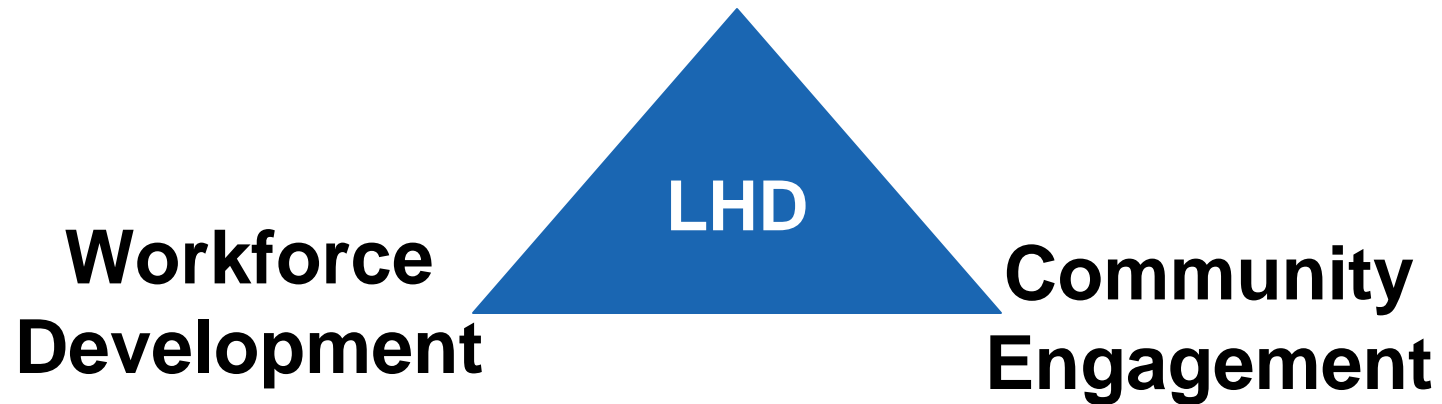
# Community Capacity Building: Pilot Sites – Considerations

- Dynamic process with unique local characteristics
- Distinguish between engagement and empowerment
- Navigate among established institutions
- Acknowledge the differences between institutional culture & community groups
- Maintain a clear purpose & vision



# HEA Model

**Health Equity  
Index**







**Questions?**



# Health Equity Alliance

Working together for healthier communities

[www.healthequityalliance.us](http://www.healthequityalliance.us)

Sharon Mierzwa, MPH

HEA Project Director

[smierzwa@cadh.org](mailto:smierzwa@cadh.org)

(860) 727-9874 ext. 108