



Fostering Health and Equity through Community Engagement

From the

TACTIC Webinar Series

TACTIC Contact Information

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Webinar Description

This webinar will provide information on how to integrate sustainable, evidence-based health equity strategies and principles into community health activities in order to address social determinants of health. Awardee presenters will explain how to plan and implement such interventions with vulnerable populations. Presenters will also discuss how to engage individual, community, and organizational partnerships in this work and sustain them into the future.

Learning Objectives

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

- Describe at least two examples of community engagement principles that can advance health equity and community health
- Identify at least two community engagement strategies that can be tailored for their communities
- List two considerations to include in planning programs and implementing interventions with vulnerable populations

Stephanie Boarden

PolicyLink

Stephanie Boarden is Associate Director at PolicyLink, providing strategic guidance and leadership to the Convergence Partnership. Focused on advancing racial and economic equity, she conducts research and provides technical assistance and training to foundations, community organizations, and government. Prior to joining PolicyLink, Boarden worked at the New York City Department of Health and Mental Hygiene coordinating community based research and programmatic evaluation activities related to health inequities, food access, active transportation and obesity.



Tamika R. Francis

Boston Alliance for Community Health (BACH)

Tamika R. Francis is both a technocrat and a humanist. She is committed to people-centered development and approaches that involve those most affected by a problem working towards a solution. Her lived experiences, coupled with work in multi-sectors, and training in capacity building, led to her role as the key architect behind LGHB's Healthy Community Champions Program.



Tameka Brazile

Multnomah County Public Health

Tameka Brazile is the Program Manager for REACH with the Multnomah County Public Health Division in Portland, Oregon. She has her MBA in Healthcare Administration and has been working in the health care sector for 22 years. Her passion is deeply rooted in connecting communities with decision makers to develop strategies that systematically change the social injustices that exist, in particular for communities of color/ethnic identity.



Webinar Series Disclaimer

This webinar is supported in part by Contract No. GS-23F-9777H (200-2011-F-42017). The findings and conclusions in this webinar are those of the authors and do not necessarily represent the views or official position of the U.S. Department of Health and Human Services or the Centers for Disease Control and Prevention (CDC). In accordance with U.S. law, no federal funds provided by CDC were permitted to be used by community grantees for lobbying or to influence, directly or indirectly, specific pieces of pending or proposed legislation at the federal, state, or local levels. Links to non-federal organizations found in this presentation are provided solely as a service. These links do not constitute an endorsement of these organizations or their programs by CDC or the federal government, and none should be inferred. CDC is not responsible for the content of the individual organization web pages found at these links.

April 19, 2017



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Engaging Local Leaders for Health Equity

Fostering Health and Equity through Community Engagement
April 19, 2017

Stephanie V. Boarden
PolicyLink
Associate Director

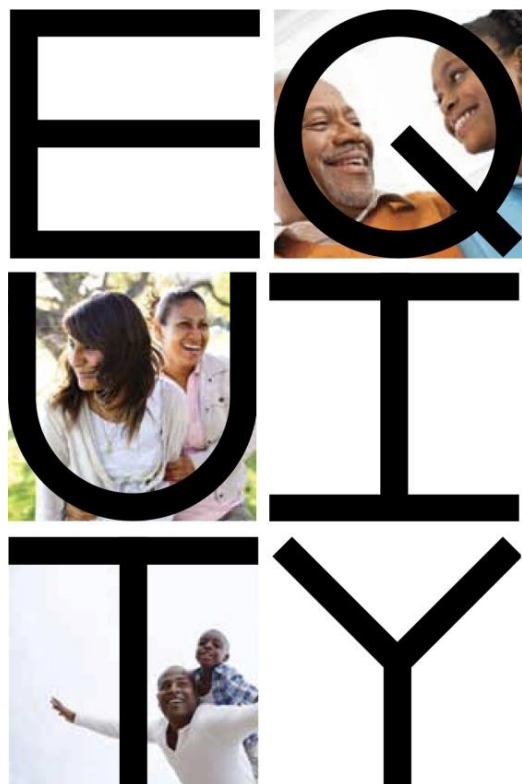


PolicyLink is a national research and action
institute advancing economic and social equity
by Lifting Up What Works.®

Health *is an overall state of physical, economic, social and spiritual well-being*

Equity means *just and fair inclusion.*

Health equity *is achieved when everyone, regardless of race, neighborhood, financial status, has the opportunity for health – physical, mental, economic, and social well-being.*

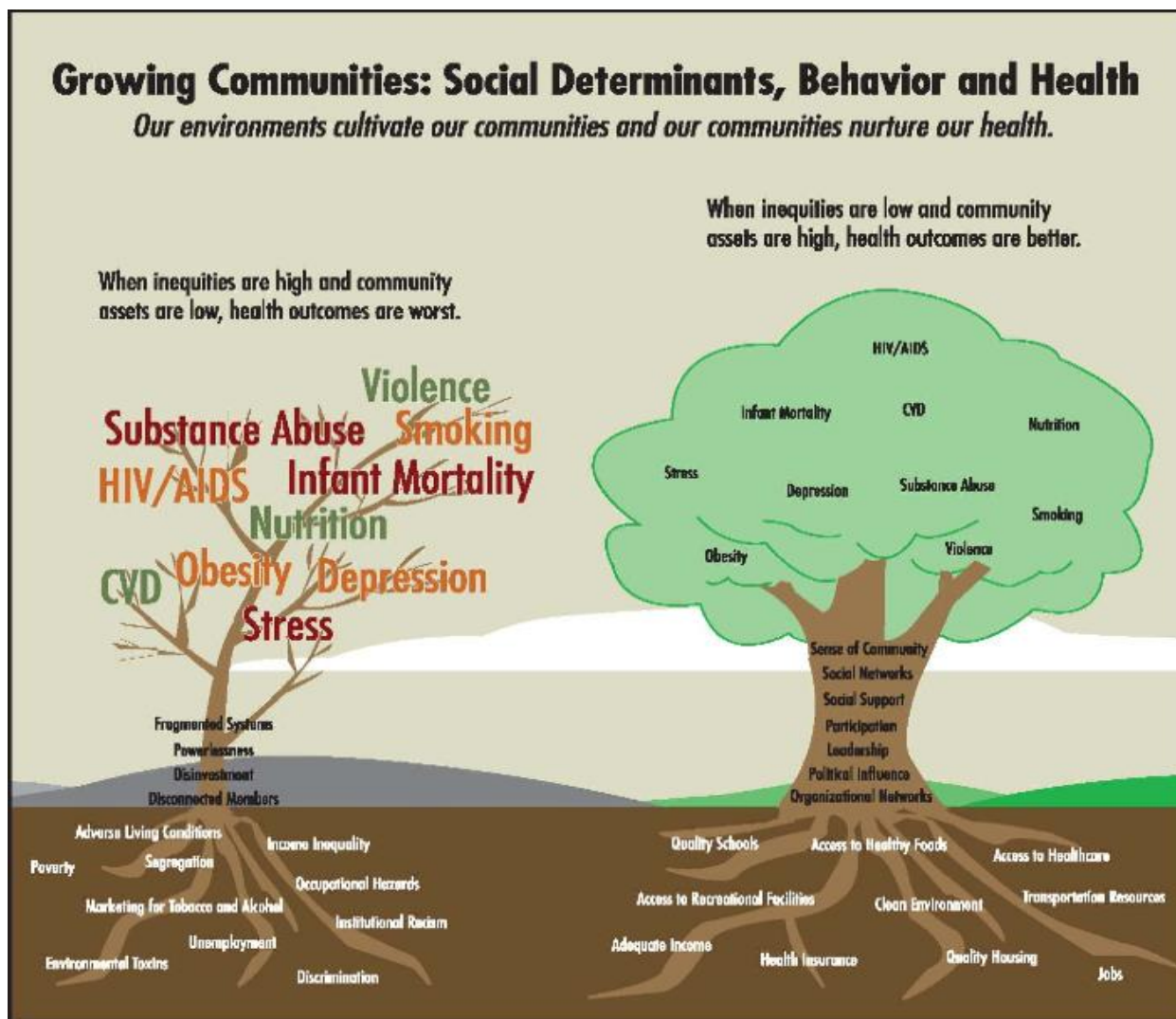


Health Disparities

Differences in the rates of health outcomes across groups, by:

- Race/ethnicity
- Socioeconomic status
- Sexual orientation
- Gender
- Disability status
- Geographic location
- Combination of these

Health Inequities



Source: Brennan Ramirez LK, Baker EA, Metzler M. *Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2008, pp 11.

Place Matters

Communities of Opportunity

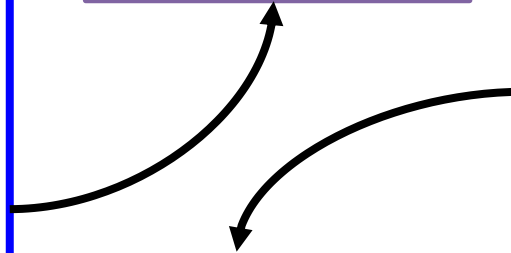
- Parks
- Grocery Stores
- Financial Institutions
- Employment Opportunities
- Safe & Affordable Housing
- Better Performing Schools
- Good Public Transportation

Good Health Status

Disinvested Communities

- Fast Food Restaurants
- Liquor Stores
- Unsafe/Limited Parks
- Poor Performing Schools
- High unemployment
- Increased Pollution and Toxic Waste Sites
- Limited Public Transportation
- Inadequate Child Care & After School Programs

Poor Health Status
Contributes to health disparities:
•Obesity
•Diabetes
•Asthma
•Infant mortality



The intangible elements of place: Why Is Engagement & Leadership Important?

- Processes have *historically excluded* and *marginalized*
- Knowledge and perspective of low-income communities and communities of color is *vital* to turning visions for revitalization into reality
- Lack of engagement in the process sometimes results in *opposition to results* that does not reflect community needs
- Meaningful community engagement requires participation in *governance and decision making*

Principles of Community Engagement

- Build trusting and accountable relationships with community.
- Value and integrate diversity and culture.
- Develop a shared vision for community change.
- Build partnerships with diverse sectors.
- Develop and sustain community capacity
- Translate community vision into policy and environmental change.

Institutional Structures for Community Engagement

**Stronger
Impact**



**Weaker
Impact**

Towards More Equitable Public 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 public engagement interact and influence decision-making?

Questions to Consider: Data Collection and Analysis

- What data collection and analysis has been or is currently being undertaken to understand community conditions?
- What indicators are you using in your analysis to better understand health inequities in your communities?
- *Who* is most impacted by these inequities? *Where* are these inequities most severe?
- How are community assets being identified?
- What learning has come from community residents?

Case Study: Mandela MarketPlace

- Community food assessment in which residents involved in survey review, data collection, and key survey participants
- Resident-led, community planning process led to:
 - Comprehensive food system plan
 - West Oakland Food Collaborative (WOFC)
- Mandela MarketPlace established with cooperative ownership model
 - Job creation
 - Local and regional wealth generation and ownership
 - Improved food access and eating habits



Community Engagement Considerations

- Acknowledge power dynamics
- Address issues of race, culture, class
- Outreach is not engagement
- Be willing to slow the process down
- Be intentional on inclusion, accessibility, and transparency

Thank you!

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Fostering Health and Equity through Community Engagement



Boston Alliance *for*
Community Health

Tamika R. Francis
Community Engagement Manager

Boston Partnerships to Improve Community Health

- The Boston Public Health Commission (BPHC) is leading Boston PICH in partnership with the Boston Alliance for Community Health (BACH), and we are calling our Boston initiative “**Let’s Get Healthy, Boston!**”
- One of 39 initiatives funded nationwide by the Centers for Disease Control and Prevention (CDC) to support implementation of voluntary **policy, systems and environmental** changes to encourage healthy choices in physical activity, nutrition and tobacco control.



Health Equity Framing

Boston Public Health Commission

The Boston Public Health Commission envisions a thriving Boston where all residents live healthy, *fulfilling lives free of racism, poverty, violence, and other systems of oppression*. All residents will have equitable opportunities and resources, leading to optimal health and well-being.

Boston Alliance for Community Health

We envision a Boston that is vibrant, just, and equitable, where all people who live, work, play, pray and learn have optimal health and well-being and enjoy a *supportive environment and a sense of safety and belonging-regardless of who they are, what neighborhood they live in, or where they come from*.



Let's Get Healthy, Boston!

Eat well. Be active. Go smoke free.

A Partnership to Improve Community Health initiative



Together, increasing access to:

- Smoke Free Housing
- Healthy Food And Beverage
 - Active Transit



Mobilizing for Action through Planning and Partnerships (MAPP)



Strategic Issue # 1- Achieving racial and ethnic health equity

Strategic Issue # 4- Improving health outcome by focusing on education employment, and transportation policies and practices

Strategic Issue # 5- Increasing the number of immigrants, people of color, and other under-represented residents in meaningful leadership roles and decision-making processes



Changing Face of Boston/Community Context



Let's Get Healthy, Boston!

Healthy Community Champions



Program Goals

1. Build citywide support to achieve Let's Get Healthy, Boston Project's overall goals
2. Build capacity among residents, by providing training in health issues & engagement skills
3. Promote cross-neighborhood collaboration and learning opportunities
4. Building a sustainable set of voices from the community that are knowledgeable and vocal supporters for healthy communities



Program Components



Policy, Systems & Environmental Change through:

- Training & Capacity Building
- Coaching & Mentorship
- Cross-Neighborhood Communication & Collaboration
- Compensating Participation



Healthy Community Champions Role



- Engage
- Model and communicate
- Provide testimony
- Rally others
- Write letters
- Speak
- Inform the city wide communications campaign
- Distribute information
- Serve as key neighborhood allies



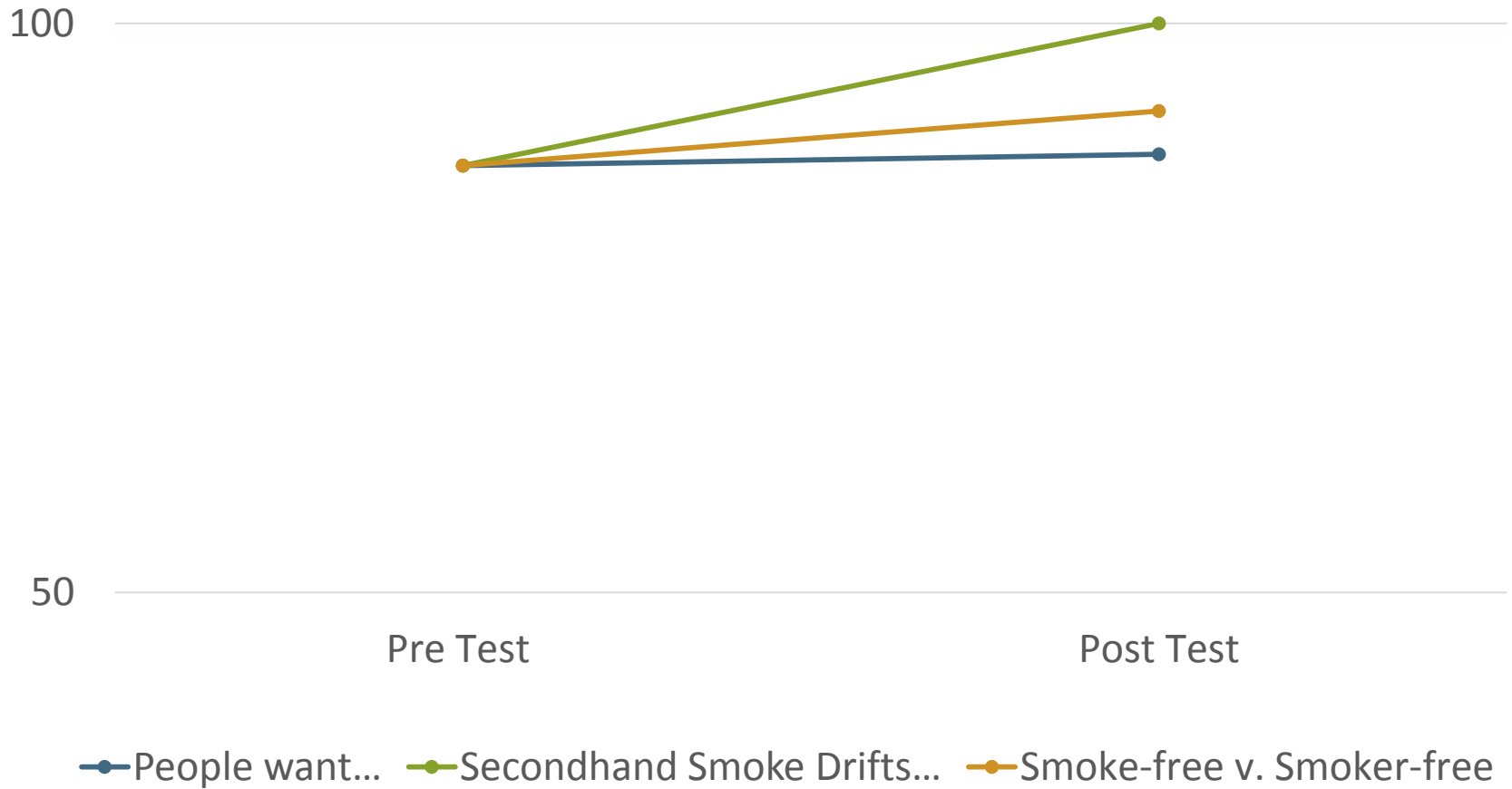
Evaluation Methods

- Describe the experience and perspectives of the Healthy Community Champions (HCC)
- Review pre-post test training survey data
- Conduct focus groups with HCCs from three areas of focus
- Examine successes, challenges, and lessons for the future from broad set of stakeholders:
- Focus group with the HCC Coordinators



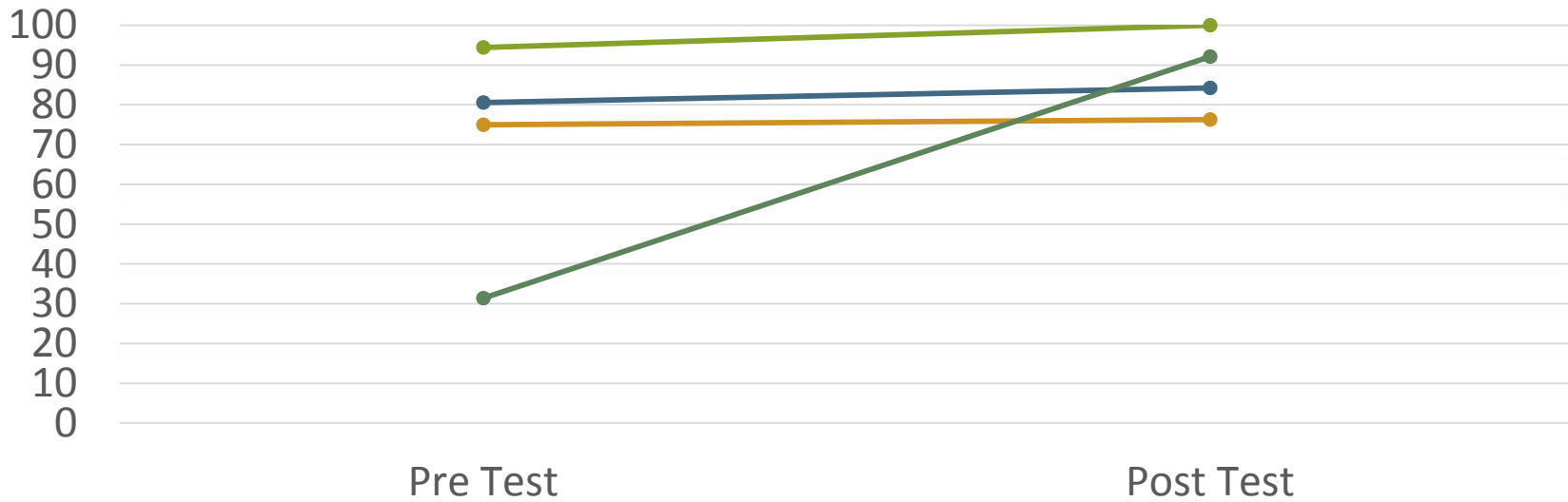
Sample Training Pre-Post Survey Results

SMOKE-FREE HOUSING



Sample Training Pre-Post Survey Results

HEALTHY FOOD AND BEVERAGES



—●— Environmental Factors

—●— Intake of Sugary Beverages

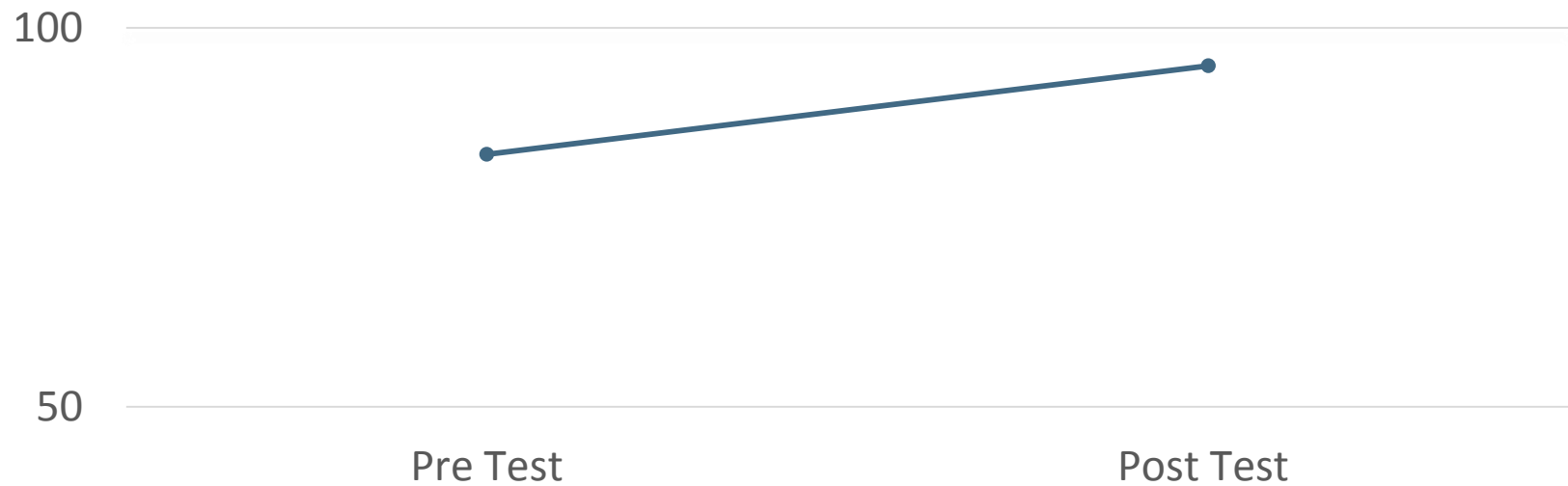
—●— Sugary Beverages Defined

—●— Teaspoons of Sugar



Sample Training Pre-Post Survey Results

ACTIVE TRANSPORTATION



—● Active Transportation does not include...



Engagement and Leadership in the HCC Program



- Team Accountability
- Content Area Leadership
- Oversight Committee Representation
- Communities of Practice
- Workshop/ Expertise
- Spokes models
- Fun & Relationships



Closing Thoughts



- Acknowledge the context of the community
- Be willing to be vulnerable and to fail fast (within reason)
- Commit to learning and value all lessons.
- Value experts and experience on all sides
- Be willing to work with your team/city – us, we, our.



Resources

- **Community Engagement's Inner Circle: Making Investments Where They Count**
<https://www.livingcities.org/blog/776-community-engagement-s-inner-circle-making-investments-where-they-count>
- **BACH's MAPP Report**
<http://bostonalliance.org/strategic-issue-working-groups/>



Contact Information

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Fostering Health and Equity through Community Engagement

Wednesday, April 19, 2017

Tameka Brazile, MBA
REACH Program Manager
Multnomah County
Health Department
Portland, Oregon

Today's Objectives

- Highlight partnerships
- Provide a brief overview of current REACH nutrition strategies
- Share examples of community engagement strategies used
- Describe how food access and health equity are applied and prioritized in two citywide development projects



Sharing the Work

- **Action Communities for Health, Innovation and EnVironmental ChangE (ACHIEVE) Coalition**
- Multnomah County Health Department's (MCHD) Tobacco Control & Prevention
- Micro Enterprises Services of Oregon
- Design & Culture Lab
- Oregon State University (OSU) Extension Services



Sharing the Work

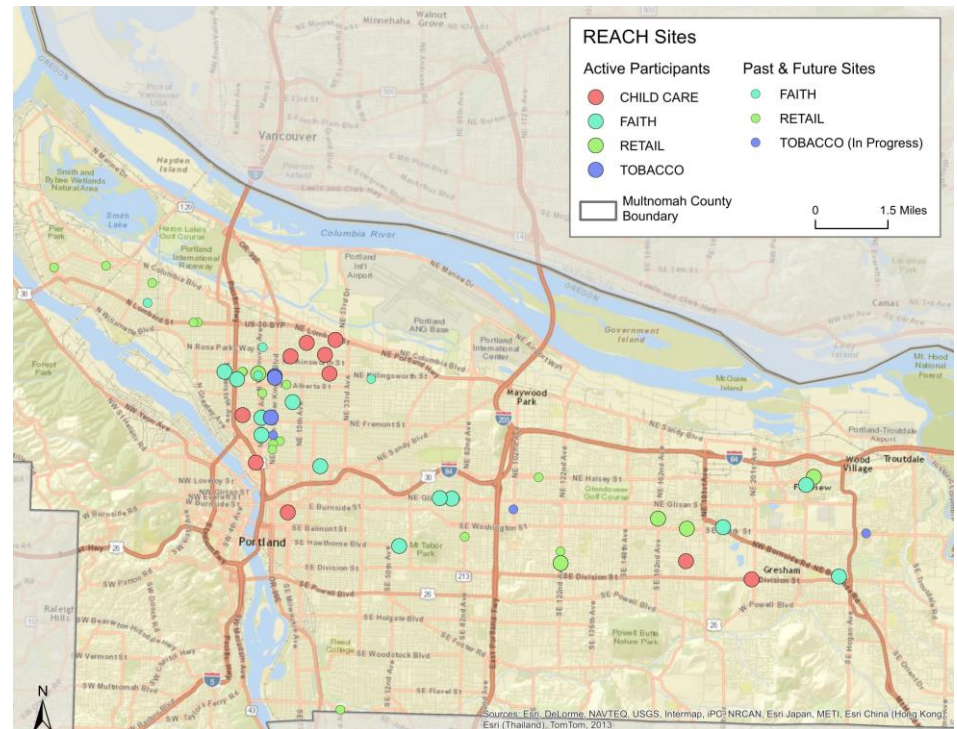


Nutrition Strategies

More people with better access and availability of healthier food options

Healthy Food Access Policies

- Faith-Based
- Child Care
- Retail Environments
- Food Access & Transportation Policies



Gresham REACH funded Projects

1. Rockwood Rising
2. Active Transportation Plan



CITY OF
GRESHAM



Food Access & Transportation Policies



food & health
care desert =



“The number one thing I hear is, ‘We need access to healthy food’ and number two is ‘We need a community center.’ It would be great to have a place to learn about each other’s cultural heritage.”

CATHERINE NICEWOOD,
ROCKWOOD NEIGHBORHOOD
ASSOCIATION PRESIDENT

The Rockwood Rising Development Project

CHALLENGES

FOOD

- 1 **FOOD DESERT:** Long identified as a significant food desert, residents have access to few major grocery stores.
- 2 **BARRIERS:** Low income residents with few transportation options shop at convenience stores, gas stations and fast food outlets.
- 3 **HUNGER:** 38% of households receive food stamps; 74% of students are eligible for free/reduced lunch.

HEALTH CARE

- 1 **INCREASED HEALTH RISKS:** Rockwood residents experience higher rates of chronic conditions such as obesity, Type 2 diabetes, and cardiovascular disease than anywhere in Oregon.
- 2 **HEALTHCARE DESERT:** Greatest shortage of primary health care providers than nearly all other areas of Oregon. Highest dental care needs in all of Multnomah County*.
- 3 **LANGUAGE AND CULTURAL BARRIERS:** Navigating the complex health care system is challenging for the many residents who don't speak English and/or are recent immigrants/refugees.

(*SOURCE: US DEPARTMENT OF HEALTH AND HUMAN SERVICES' HEALTH PROFESSIONAL SHORTAGE AREA SCORE)



inventive +
integrated =

ROCKWOOD



FRESH FOOD MARKETPLACE

- 33,774 square foot fresh food marketplace with commissary kitchen
- Meats, bakery, produce, prepared foods
- Farmers market plaza
- Creating a food ecosystem of existing restaurants, farms, agriculture and food incubator businesses for affordable, healthy food options

MEDICAL CLINIC

- New primary care clinic providing reduced cost care
- Medical assistant training program with Mt. Hood Community College
- Culturally specific community health workers on site to assist residents to access primary and preventative healthcare

Conceptual renderings of pop-up retail stores, restaurants and community plaza by YBA Architects.

Project photography by Fred Joe Photography

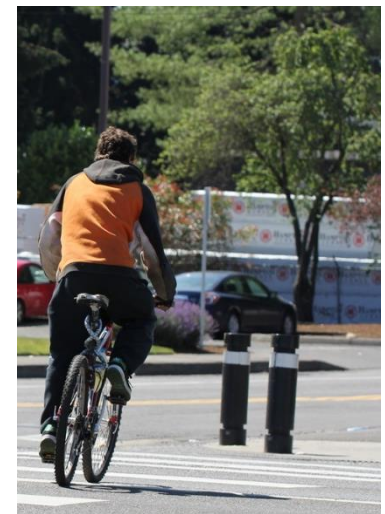
Graphics by the City of Gresham



The Rockwood Rising Development Project

What is active transportation?

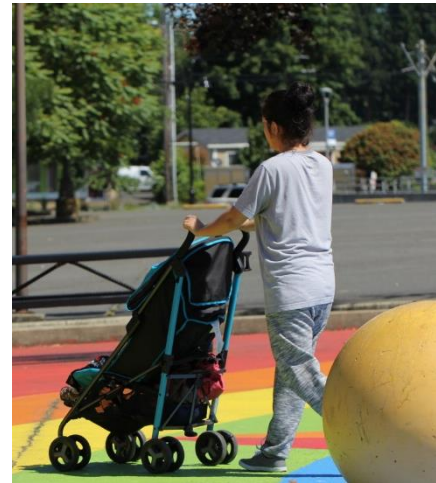
- Working definition
 - Any human-powered way to move through the city, such as walking or bicycling



Project Goals

Better biking and walking

- Update walking and biking existing conditions
- Create updated walking and biking networks
- ID projects to complete those networks
- Determine how to prioritize projects
- Update vision for programs
- Create 'design toolbox'



Community Engagement Strategies

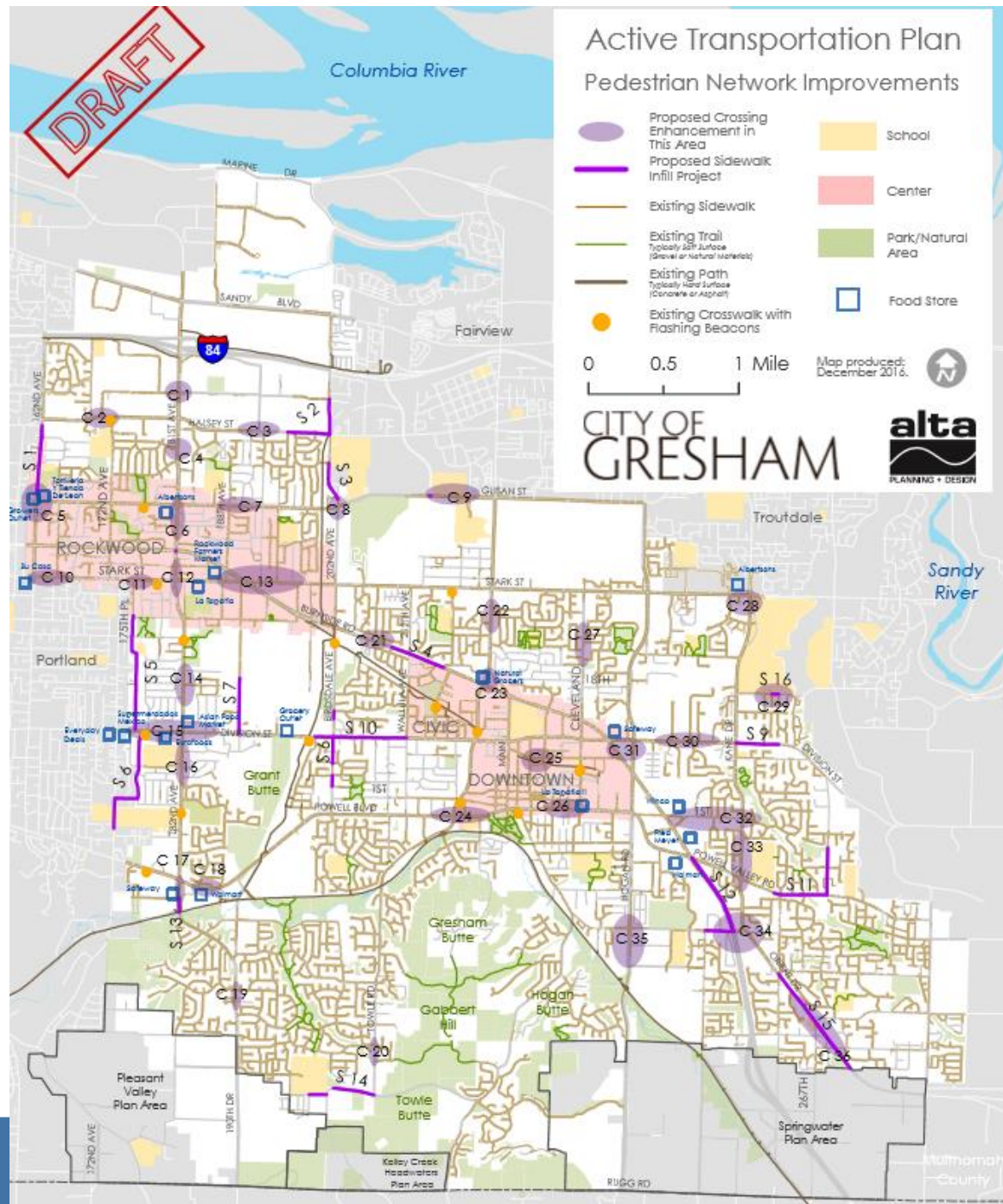
- Walk, Talk & Eat
- Farmers Market
- National Night Out
- Gresham Arts Festival
- Nadaka Community Festival
- August Youth Jam
- Neighborhood Walks
- Door Knocking
- Advisory Group
- Website interactive map



Pedestrian Projects

Priorities

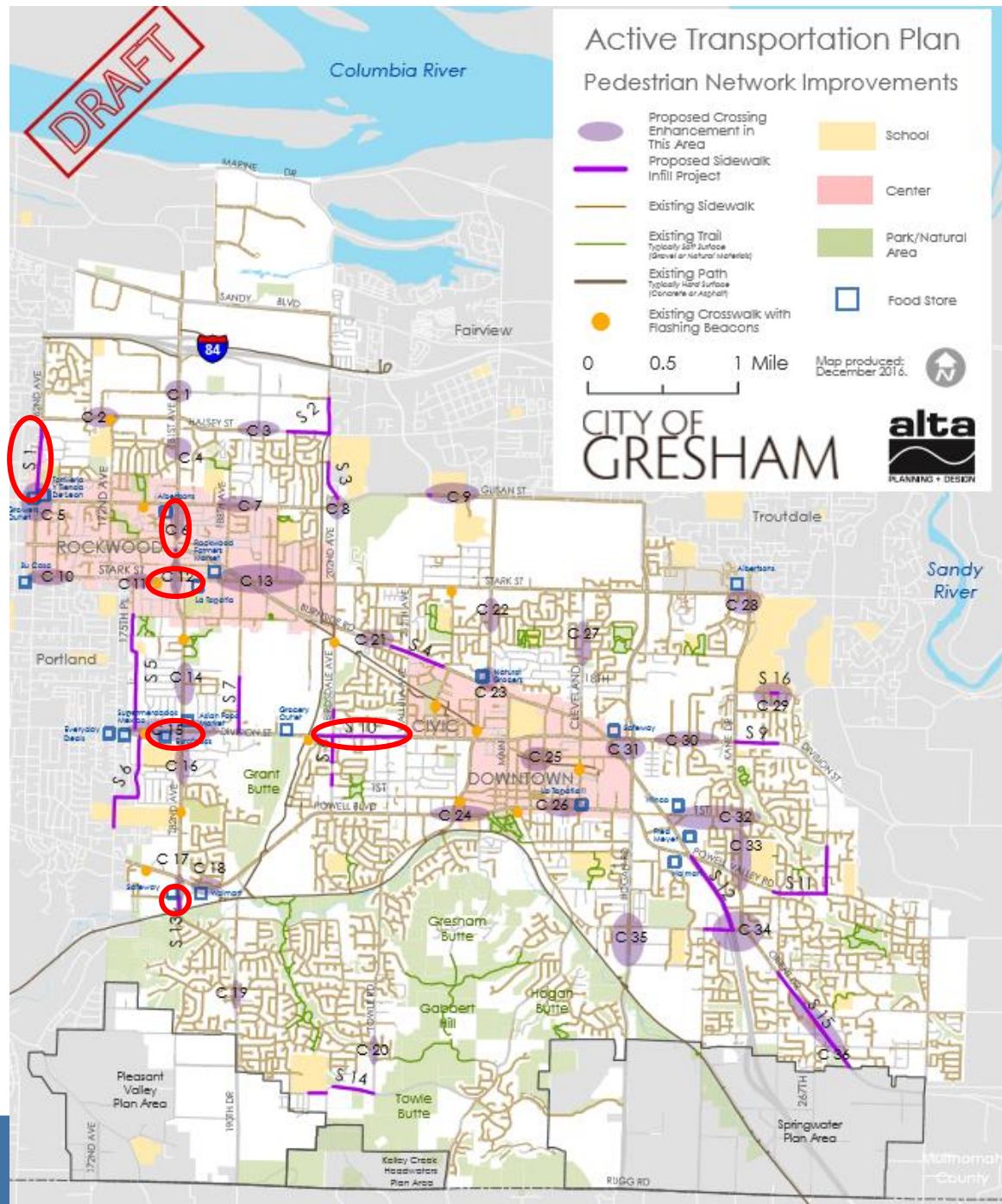
- Key Destinations
- Transit Access
- Level of Comfort
- Promote Safety
- Promote Health
- Equity



Pedestrian Projects

Priorities

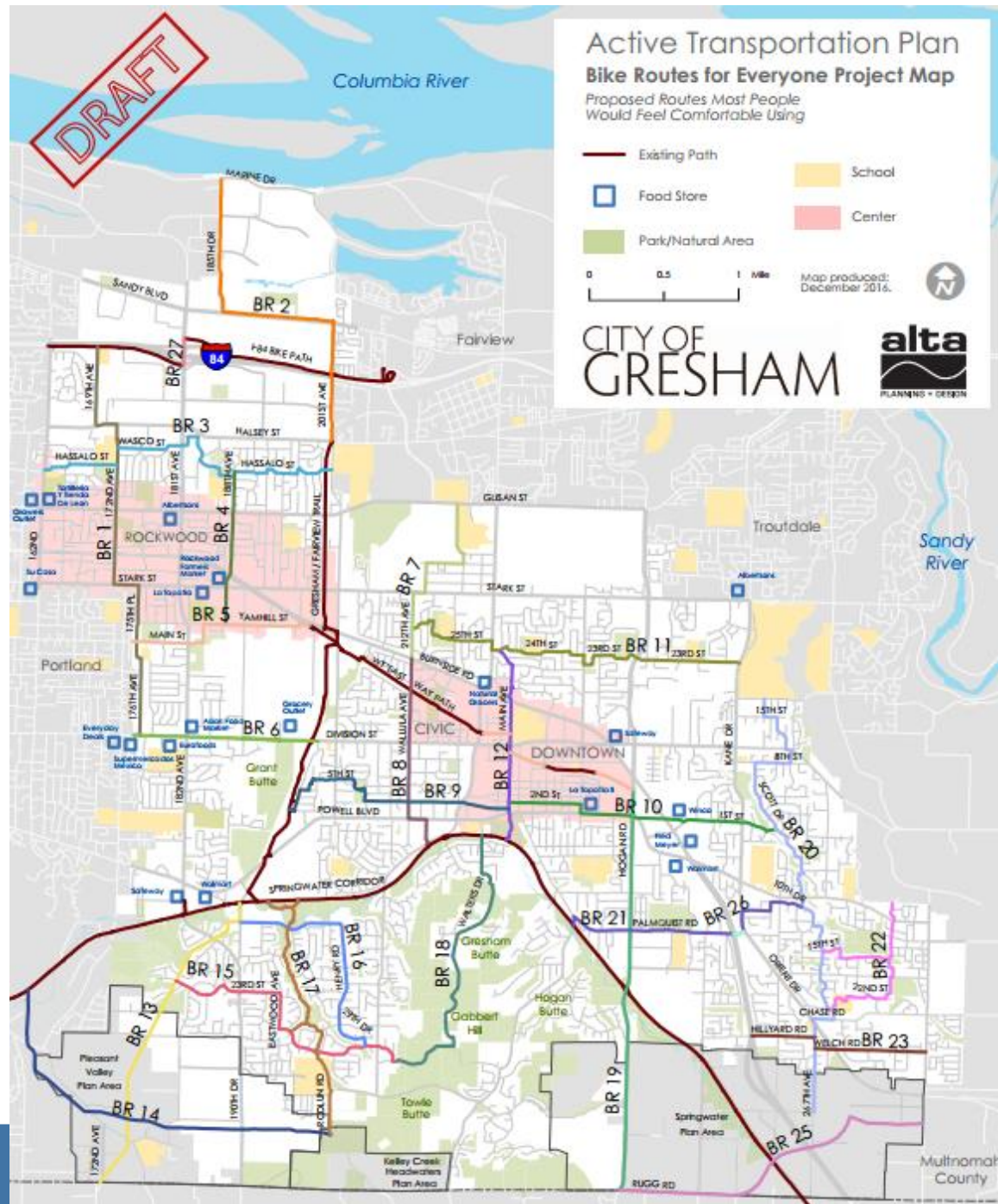
- Key Destinations
- Transit Access
- Level of Comfort
- Promote Safety
- Promote Health
- Equity



Bike Projects

Priorities

- Key Destinations
- Transit Access
- Level of Traffic Stress
- Connectivity
- Promote Safety
- Promote Health
- Equity



Conclusions

- Developed innovative approaches to reaching diverse community members
- The City collaborated across departments on outreach efforts
- Built stronger relationships with the community
- Considered equity impacts and included them in policy



Unintended Consequences (-/+)

- Community Liaisons identified additional needs/gaps that were unrelated to Rockwood Rising or ATP projects
- + The value of this level of engagement has been recognized by adding COMMUNITY ENGAGEMENT AS A LINE ITEM in the City of Gresham's Urban Renewal budget for the first time ever.



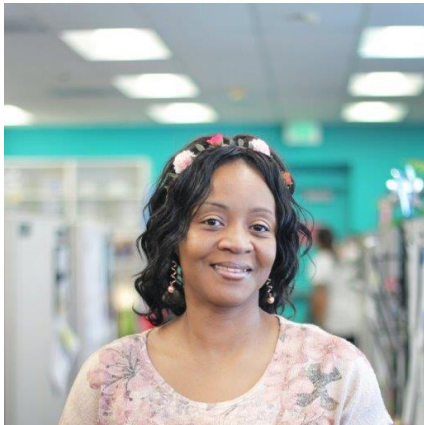
Questions?

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