

Health Equity: "Place Matters"  
Especially in a Health  
Department

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M.P.H.

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General Comments on Rights  
and Racism

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THE  
CENTER  
FOR  
HEALTH  
EQUITY

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Generating political and community buy in

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The Genesis ( 2 year process )

- Establish principle of *data driven departmental action* for both staff and policy makers
- Build on *core functions*, local public health based on national standards ( Assessment )
- Relate the work to *Healthy People* and *Healthy Kentucky 2010*
- The Mayors *strategic plan* ( timing )
- The departmental strategic plan

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The Genesis ( Cont )

- Frequent and consistent community outreach ( dozens of community presentations )
- Budget cycle request to *fund comprehensive community health status assessment and BRFSS reports*
- Use of the data to request funds for the Center
- The Uganda Principle*

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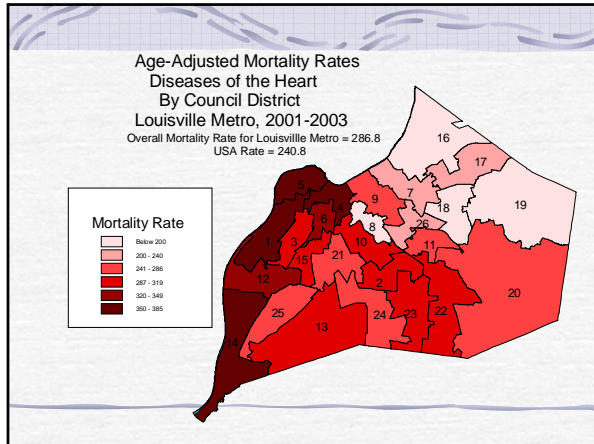
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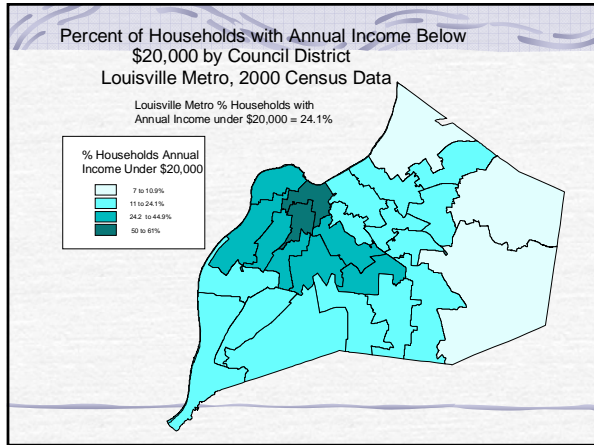
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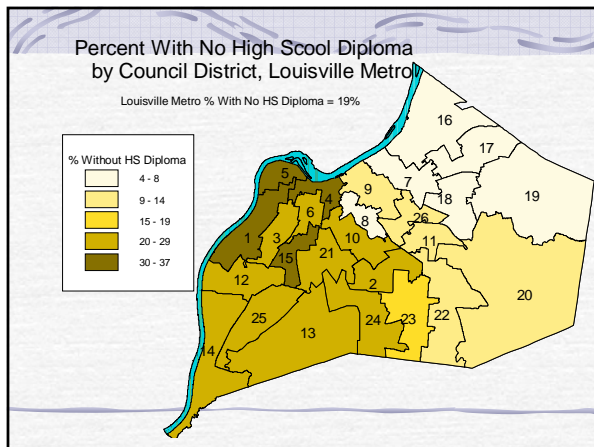
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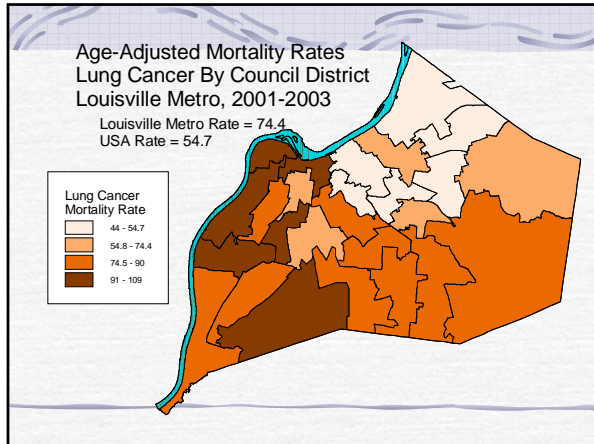
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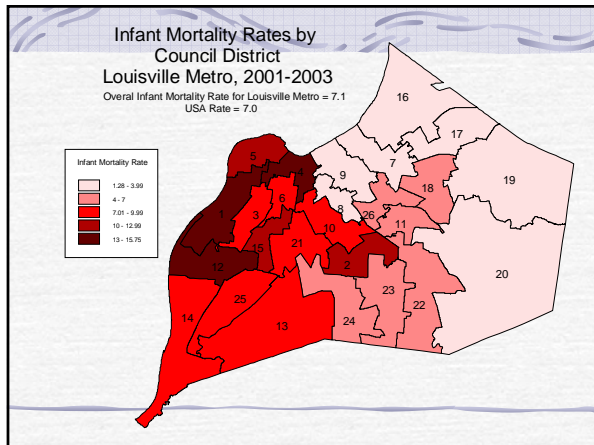
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**The Genesis ( Cont )**

- Location in the affected area ( Co located with all Community Health Education and Promotion staff
- Formation of *"Think Tank "* group ( respecting the work already done )
- National search for director
  - Rewrite *job description*
- Official *opening as a major community event*

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Generating Departmental Buy In

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Strategic goal #2;  
Creating Health Equity  
Through Social Justice

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**Staff Involvement**

- ✔ Strategic planning process
  - Work groups for each strategic goal
  - Presentation to the BOH
  - Presentation to the entire department ( buy in )
- ✔ The "training "
  - Departmental wide
  - Mandatory

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## The Training ( Cont )

- ☞ Personally led
- ☞ Principles of *equity, justice, rights* and *causation*
- ☞ Focus on *systems thinking*
- ☞ Focus on *social determinants and root causes*
- ☞ *Historical* analysis
- ☞ *Dialogue* question
  - "How does this manifest itself in your daily work life"
  - "How can you incorporate these principles into your work "

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## Center for the Health Equity

- ☞ Uniquely placed in a local health department ( Beyond academic research institute)
- ☞ Replication of proven strategies
- ☞ *Link with U of L*, Export Centers, PRC's
- ☞ *MOU, MSM* and Dr Satcher
- ☞ Multidisciplinary collaborations
- ☞ Applied research, *Community Participatory Research*
- ☞ *Training Center*, Community Education

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## Center ( cont )

- ☞ Location of singularly focused organized activity aimed at Creating Health Equity
  - Consolidation of related activities
- ☞ Upstream focus
- ☞ Changing the practice of Public Health
- ☞ Impetus for funding from federal, state agencies, foundations, etc.
- ☞ *Budget request \$250,000*
  - \$100,000 Carry over funds
  - \$150,000 *General funds* 2006
  - *U of L SPHIS committed to partial funding beginning year 2*

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**Center Objectives**

- ☛ To *educate and train the current and future workforce* on the social determinants of health ( Upstream focus)
- ☛ TO *increase community awareness* regarding the existence of health inequities and to *facilitate critical reflection* about and actions to address the *root causes* of health inequities (Including social marketing)

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**Objectives**

- ☛ To *build community capacity* resulting in community organizations and groups capable of building and sustaining the knowledge, institutions, structures, systems, human capital and sociopolitical skills so they are better able to define and achieve Health Equity

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**Objectives**

- ☛ To facilitate the development of a *Community Based Participatory Research Model* aimed at creating Health Equity ( Morehouse School of Medicine )
- ☛ To *expand community support* for the Center through community wide collaboration of key institutions and organizations ( Includes resource expansion )

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**Objectives**

- ☛ To *evaluate* the actions of the Center for Health Equity to gauge the achievement of measurable outcomes
- ☛ To *critique and replicate strategies proven to be effective* in improving the health of target populations

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**Objectives**

- ☛ To *seek and secure grants* to increase the capacity of the Center for Health Equity

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**Center Activities**

- ☛ Staff Training on Community Organizing
- ☛ Staff and Community Training on Capacity Building
- ☛ Community Policy Mini-grants
- ☛ Speakers series
- ☛ On line learning in Health Equity for consumers and state employees in health

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The Center as Influencer

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The Signature Partnerships Process

- U of L mission ( Urban research universe )
- How to engage the community
- University Community Advisory Board
- The Creation of Human equity**
  - Health, Education, Economic Development, Family and Human Services
- Center for Health Equity as a major focus of U of L ( funding pending )**

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Framing Research

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Undoing Racism

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Citywide Health Equity Partnership

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Faith Community and Public Health; Tradition of Social Justice

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*The answers we gather  
are determined by the  
questions we ask. Are we  
asking the correct  
questions?*

Stimulating the dialogue. The  
"but why" questions.

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What's happening at your  
local and state departments?  
Is it symptomatic treatment or  
"curative"/Preventive ?

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Does it change the basic  
relationships in our  
communities or ignore it?

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Does it focus on upstream or is it a continuation of business as usual resulting in nothing but a healthier underclass in a society where social injustice flourishes and equity is a non entity?

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How do you make radical change from within a static organization?

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*How do we define success? What does Health Equity and Social Justice look like?*

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What are the barriers to our success?

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Are we willing to take the **RISK?**

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An 11<sup>th</sup> Essential Service or an integration of the principles of equity and social justice into the accepted 10?  
Kellogg Dialogue Grant  
Core Competencies Expansion  
Accreditation and Certification

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How do we build *sustainable*  
horizontal and vertical  
leadership?

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The Importance of Political  
Will

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The Center's role in advancing the mission across the nation

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The importance of a presence  
and a physical structure

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The Power of the Word

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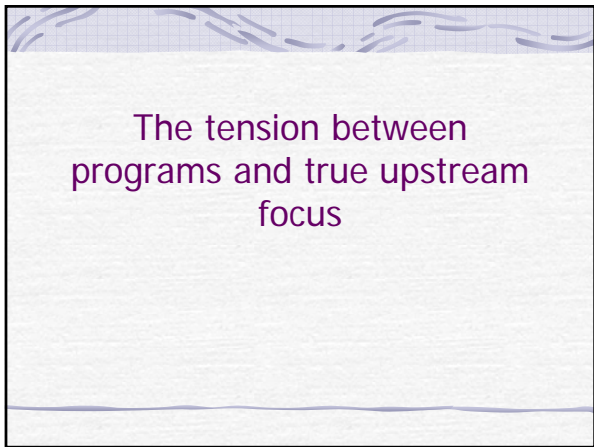
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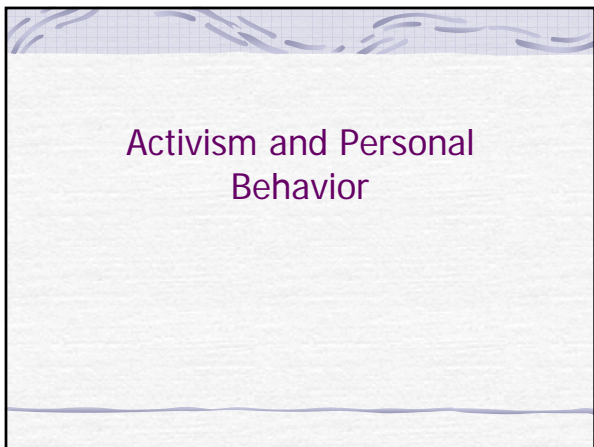
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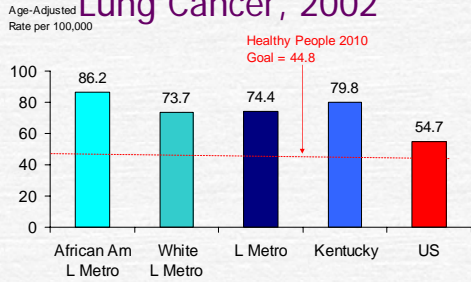
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## Age-Adjusted Mortality Rates Lung Cancer, 2002




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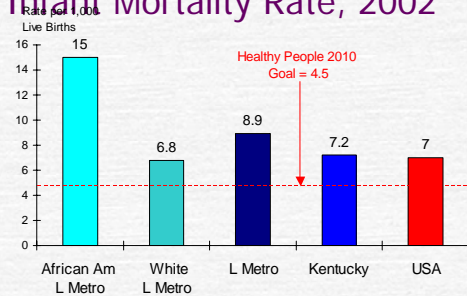
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## Infant Mortality Rate, 2002




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## Center Staffing

- ✓ National search for Center Director
  - JD, MPH, PhD candidate in Health Policy
- ✓ 4 additional staff
- ✓ Creation of a new health educator position
- ✓ Satellite location in the heart of the African American community
- ✓ Community resource
- ✓ Tai Chi garden

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**Health and Social Justice**

- ☛ Health Status inequities are directly related to the continued existence of social injustice
- ☛ The existence of social injustice typified by the continued growth of the gap between the haves and the have-nots, lack of access to services and care ,preventive and curative is unethical and immoral
- ☛ ***The focus on Health Equity and Justice must rise out of social revolution***

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**Community Buy In**

- ☛ Giving acknowledgement to “what came before”
- ☛ Two year process of community consciousness raising re inequities and relationships
- ☛ “Community Think Tank”
- ☛ Community hearings ( BOH, CHE )

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**Media**

- ☛ Editorial Board meeting
- ☛ Frequent coverage
- ☛ Series on the health status of the community
- ☛ Coverage of opening
- ☛ Op Ed pieces
- ☛ Community hearings ( BOH, CHE )

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Name the disease. Are we treating the symptoms or eradicating the disease ?

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It all begins from a belief in the right to health and a belief in the existence of universal principles. This gives it a spiritual not a pragmatic base.

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*The Tommie Smith Youth Track Initiative is an initiative under the*



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Dr. Troutman and  
Former Olympian  
Tommie Smith

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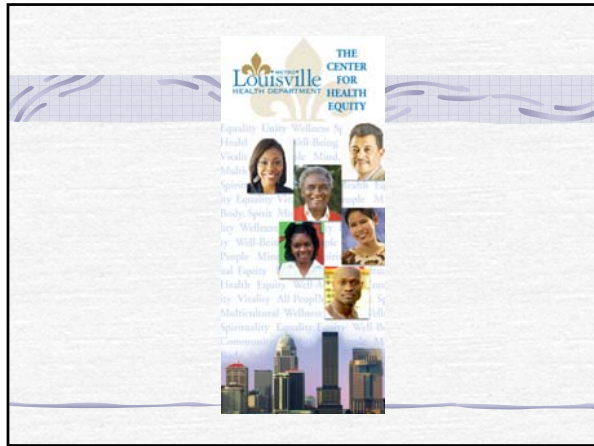
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