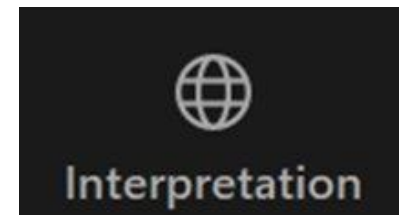


Partnering for **Vaccine Equity**



Pathways to Population Health Equity
6.23.23



Zoom Meeting Features

- Participants will **remain muted** during this meeting, but you can use the **raised hand feature** to be unmuted to ask a question, OR
- Use **the chat box** in Zoom task bar to submit a question at any time
- **Live Spanish interpretation:** for meetings offering this option, access the interpretation option in the Zoom toolbar (Globe icon)
- **Technical problems?** Email vaxequitylearning@urban.org

SPEAKERS



Charlaine V. Loriston, MEd, CHES, TIRF,
Public Health Advisor,
CDC National Center for
Immunization and
Respiratory Diseases
(NCIRD)



Judy Lipshutz,
CDC National
Center for State,
Tribal, Local and
Territorial Public
Health Infrastructure
and Workforce



Somava Saha, MD, MS,
President & CEO,
Well-being and Equity
(WE) in the World



Veronica Halloway,
Past Chief for Center
for Minority Services,
Illinois Department of
Public Health



Allegra Scharff,
Chief of Healthcare
Equity, Rhode
Island Department
of Health

Pathways to Population Health Equity - *Welcome*

**Charlaine V. Loriston, MHEd,
CHES, TIRF**

Public Health Advisor, National
Center for Immunization and
Respiratory Diseases (NCIRD)

Judy Lipshutz

CDC National Center for State, Tribal,
Local and Territorial Public Health
Infrastructure and Workforce



PATHWAYS TO POPULATION
— HEALTH EQUITY —

Overview of Pathways to Population Health Equity Framework & Implementation Tools

Somava Saha, MD, MS

President and CEO, Well-being and Equity (WE) in the World

Executive Lead, Well Being In the Nation (WIN) Network



A TALE OF TWO KIDS

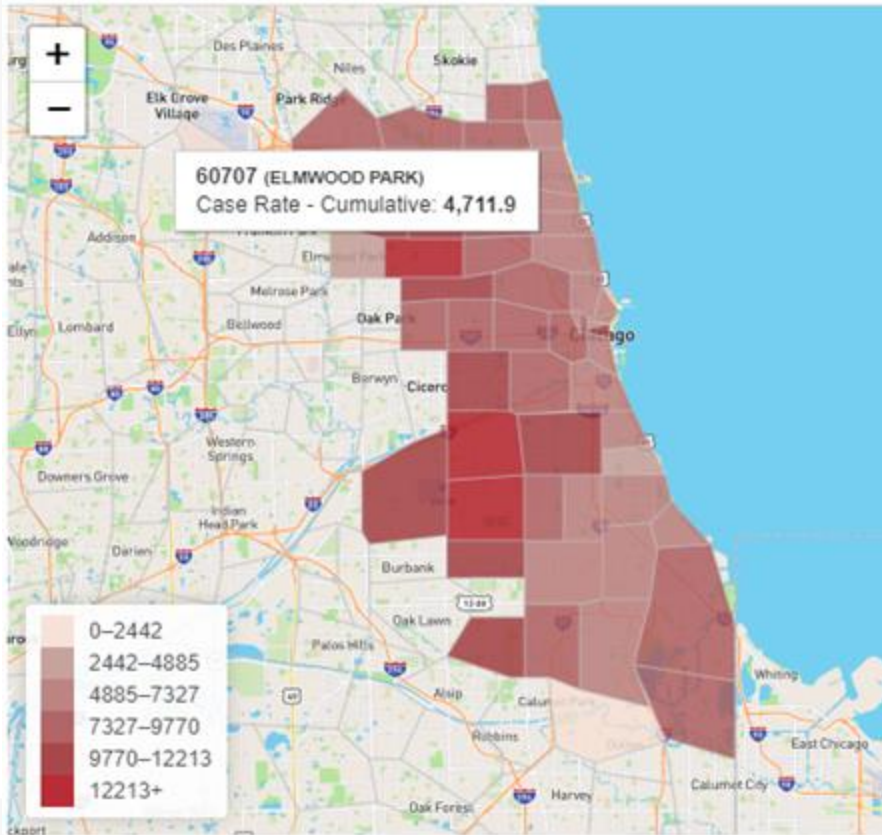


THE NEW REDLINING (CHICAGO)



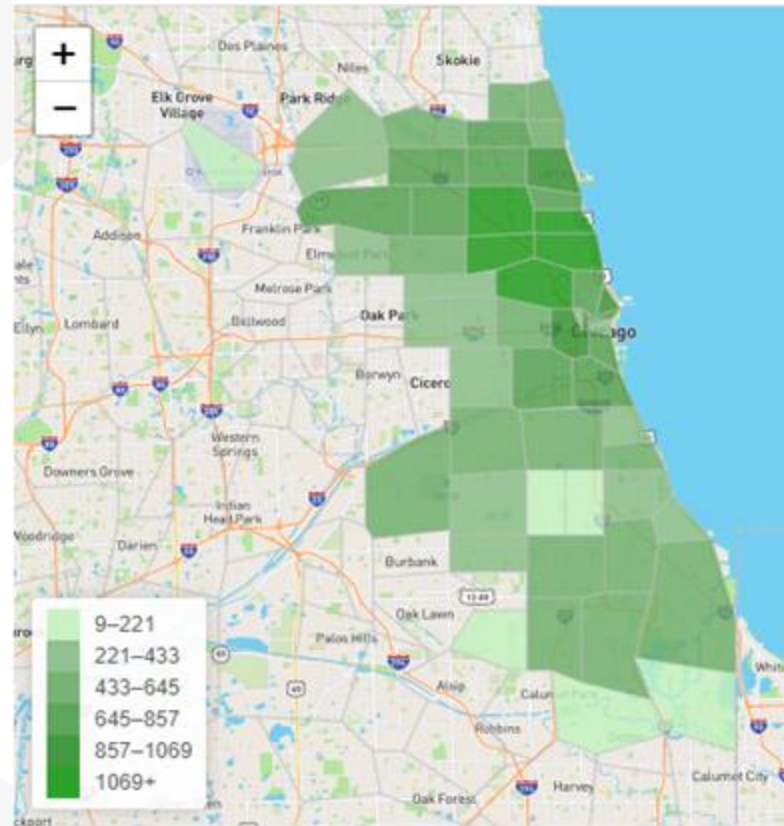
Case Rate per 100k Population

Source: Chicago zipcode correlations



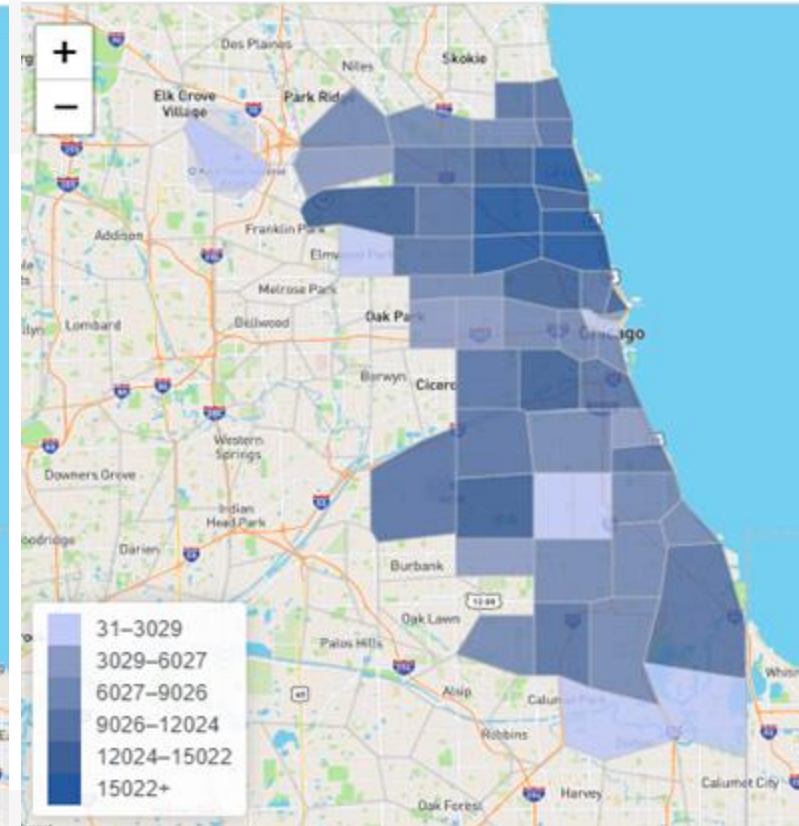
Number of Loans

Source: Chicago zipcode correlations

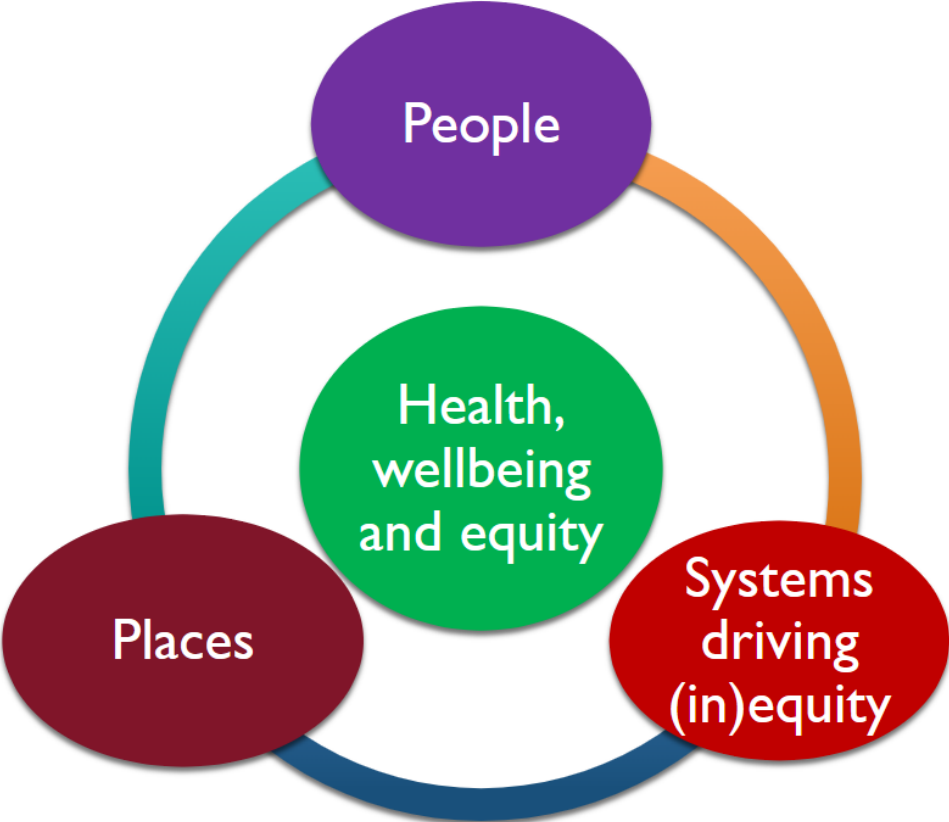


Total Doses

Source: Chicago zipcode correlations



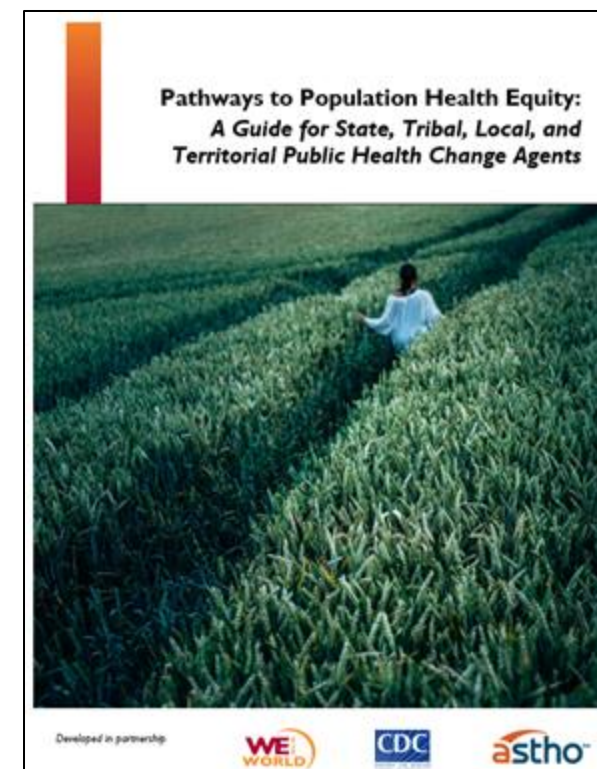
INTERRELATIONSHIP BETWEEN THE HEALTH, WELLBEING AND EQUITY OF PEOPLE, PLACES AND THE SYSTEMS OF SOCIETY



PATHWAYS TO POPULATION HEALTH EQUITY



- Developed with public health change agents and communities across the country at the request of the Centers for Disease Control and Prevention
- Adapts an existing framework for health equity that has already resonated with other sectors in health care, faith, and business, as well as with community residents to be used in public health
- Practical tools to take action, regardless of where you are on your population health and equity journey
- Connects you with the best available tools and strategies to take action
- Aligned with other tools and processes in public health – eg, PHAB standards



PATHWAYS TO POPULATION HEALTH EQUITY – FOUNDATIONAL CONCEPTS – BRIEF VERSION



1. Health and well-being develop over a lifetime.



2. Root causes and structural inequities lead to unequal health and well-being outcomes.



3. Root causes are related to place and result in some communities not having the vital conditions (social determinants) we all need to thrive.



4. Health equity is a core public health strategic priority.



5. Public health can adopt a more balanced and strategic approach to health equity.



6. Health equity requires partnership.

PATHWAYS TO POPULATION HEALTH EQUITY – FOUNDATIONAL CONCEPTS – EXPANDED VERSION



1. Health and well-being develop over a lifetime.



2. Root causes (e.g., racism, classism) and structural inequities (e.g., urban-rural divides, exclusionary zoning) drive unequal health and well-being outcomes throughout life.



3. Root causes are related to place and result in some communities not having the vital conditions (social determinants) we all need to thrive.



4. Health equity is a core public health strategic priority because everyone deserves a fair chance to reach their full potential for health and life.

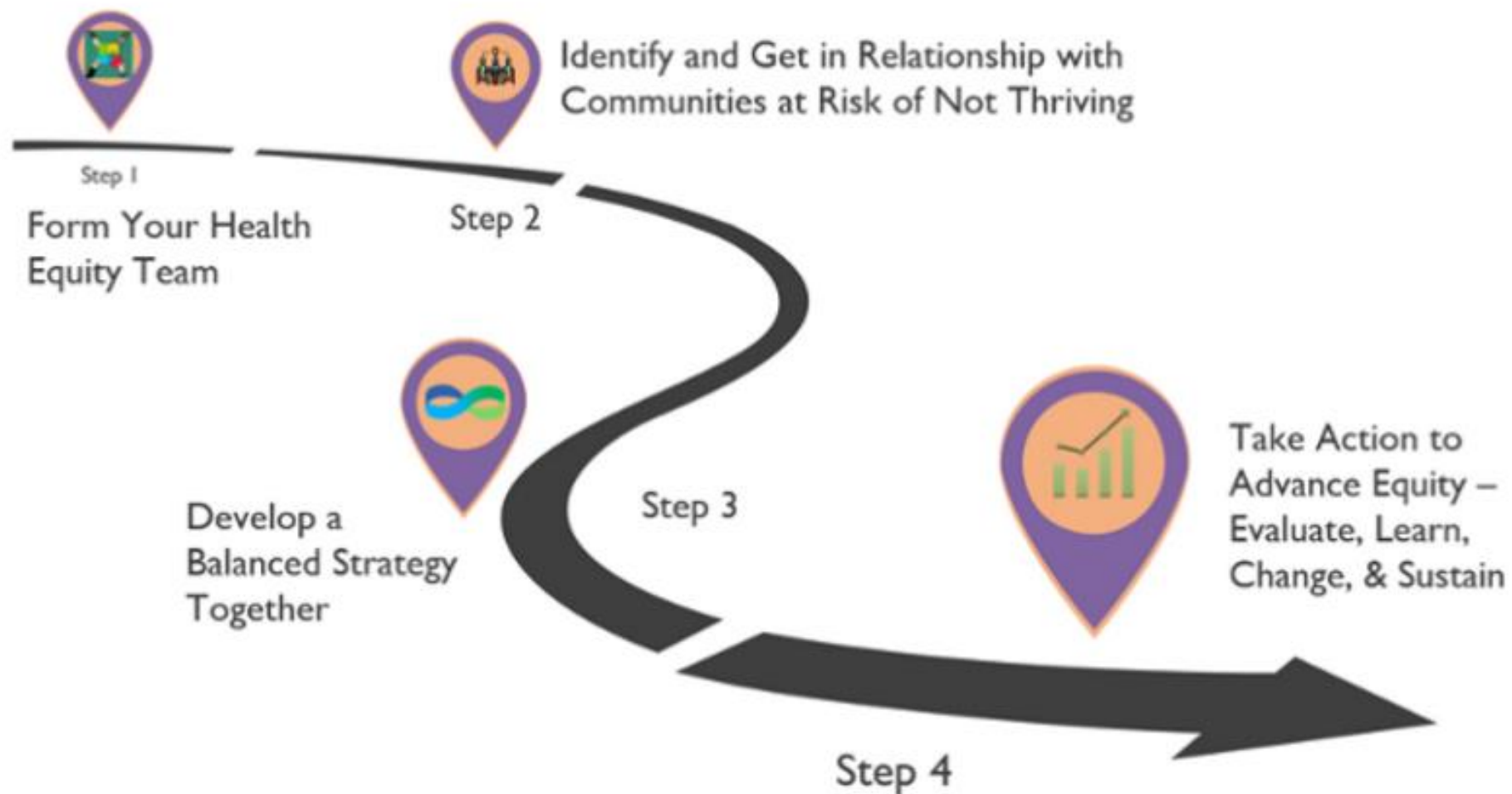


5. Public health must adopt a more balanced and strategic approach to health equity that addresses health and well-being outcomes, community conditions, and root causes.

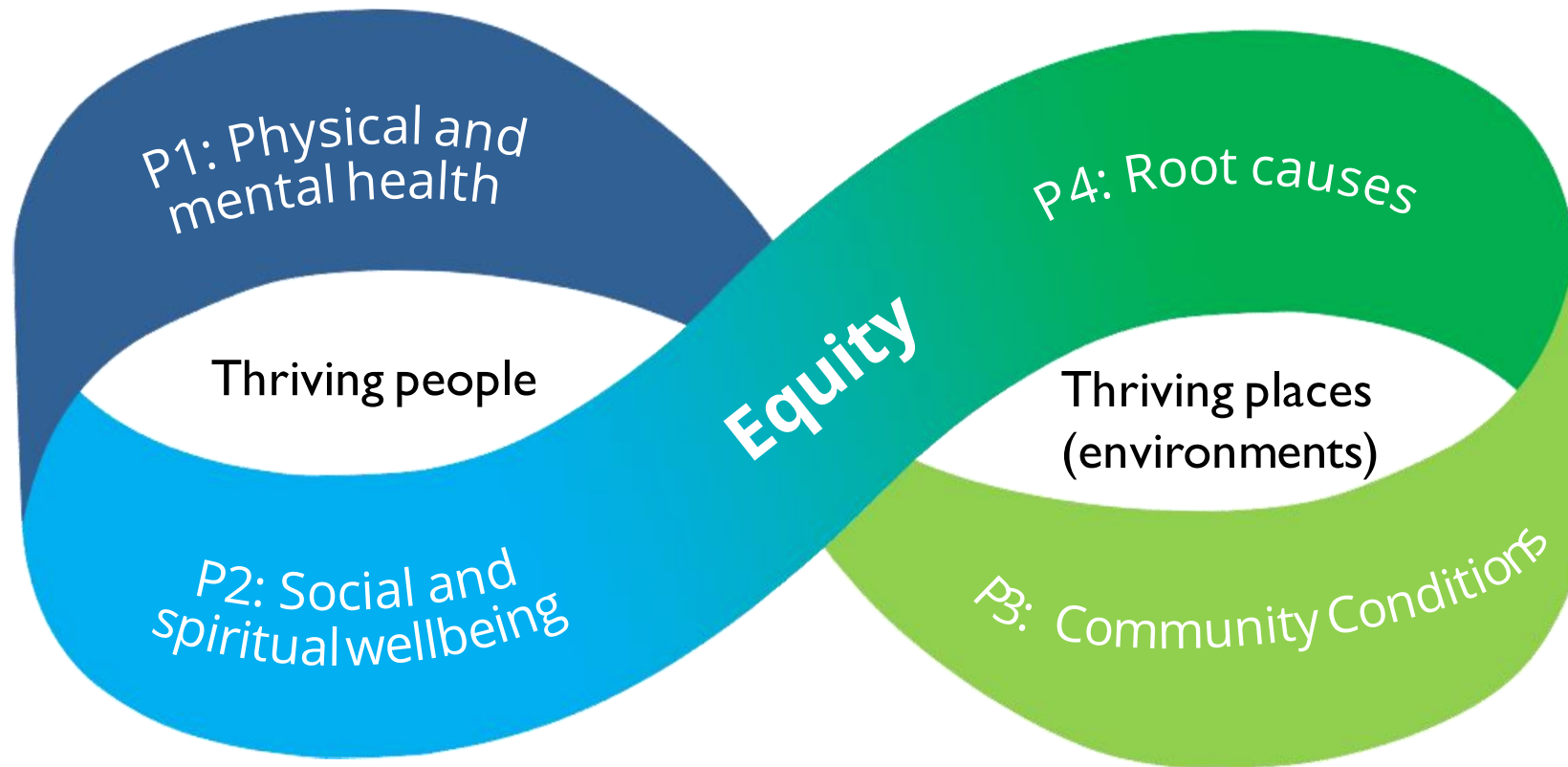


6. Health equity is everyone's job and requires partnership between public health, other sectors, and community residents experiencing inequities.

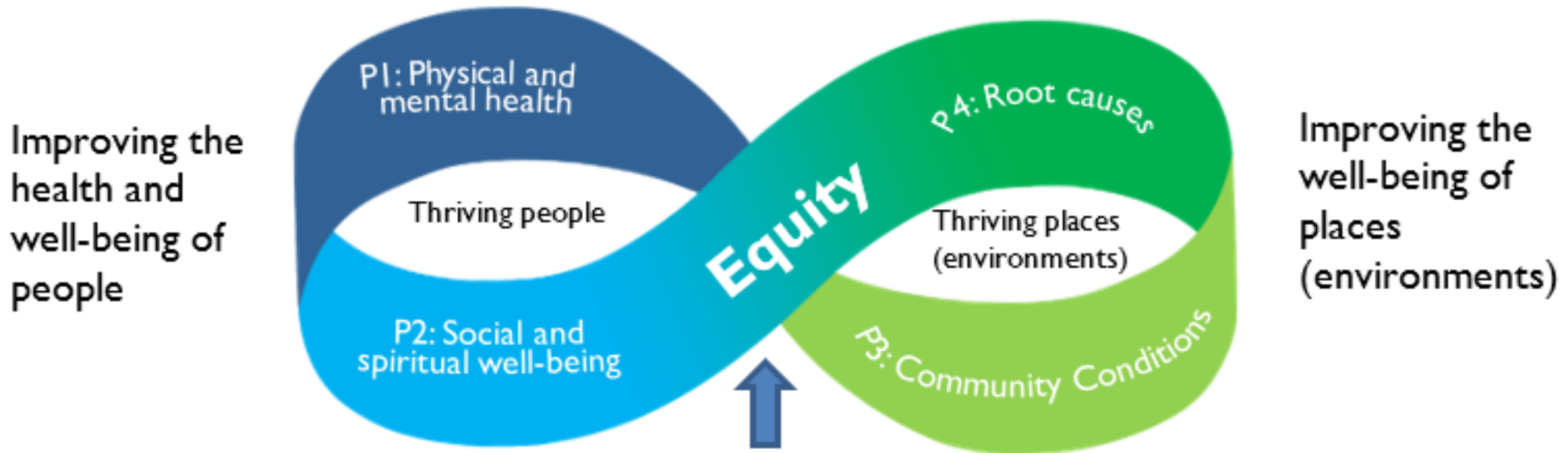
ROADMAP TO POPULATION HEALTH EQUITY



PATHWAYS TO POPULATION HEALTH EQUITY: FOUR PORTFOLIOS



BALANCED STRATEGY PORTFOLIOS TO ACHIEVE POPULATION HEALTH EQUITY



Transforming inequitable structures and systems together with those who experience inequities

PATHWAYS TO POPULATION HEALTH EQUITY - PHAB STANDARD CROSSWALK

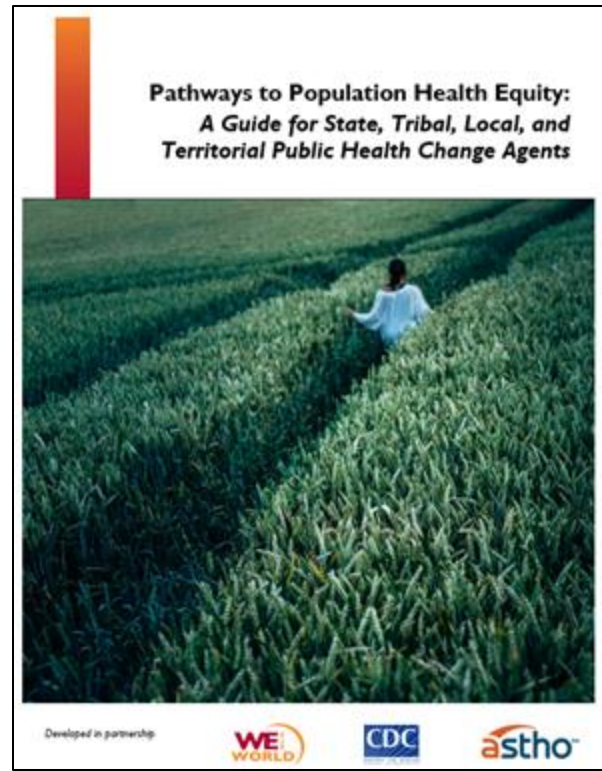


PHAB Standard	P2PHE Roadmap	P2PHE Compass
Standard 1.1: Participate in or lead a collaborative process resulting in a comprehensive community health assessment.	X	X
Standard 1.2: Collect and share data that provide information on conditions of public health importance and on the health status of the population.	X	X
Standard 1.3: Analyze public health data, share findings, and use results to improve population health.	X	X
Standard 2.1: Anticipate, prevent, and mitigate health threats through surveillance and investigation of health problems and environmental hazards.		X
Standard 2.2: Prepare for and respond to emergencies.		
Standard 3.1: Provide information on public health issues and public health functions through multiple methods to a variety of audiences.		X
Standard 3.2: Use health communication strategies to support prevention, health, and well-being.	X	X
Standard 4.1: Engage with the public health system and the community in promoting health through collaborative processes.	X	X
Standard 5.1: Serve as a primary and expert resource for establishing and maintaining health policies and laws.	X	X
Standard 5.2: Develop and implement community health improvement strategies collaboratively.	X	X
Standard 6.1: Promote compliance with public health laws.		
Standard 7.1: Engage with partners in the health care system to assess and improve health service availability.	X	X
Standard 7.2: Connect the population to services that support the whole person.	X	X
Standard 8.1: Encourage the development and recruitment of qualified public health workers.		X
Standard 8.2: Build a competent public health workforce and leadership that practices cultural humility.		X
Standard 9.1: Build and foster a culture of quality.		X
Standard 9.2: Use and contribute to developing research, evidence, practice-based insights, and other forms of information for decision making.		X
Standard 10.1: Employ strategic planning skills.	X	X
Standard 10.2: Manage financial, information management, and human resources effectively.	X	X
Standard 10.3: Foster accountability and transparency within the organizational infrastructure to support ethical practice, decision-making, and governance.	X	X



PATHWAYS TO POPULATION
HEALTH EQUITY

PATHWAYS TO POPULATION HEALTH EQUITY



Pathways to Population Health Equity Roadmap

Purpose This is a pathway for public health departments to deepen health equity efforts using the [Pathways to Population Health Equity](#) framework. While it looks linear, health departments and communities are encouraged to identify where they are on the journey and start there. This journey is an expanding spiral of transformation in which, with every turn, you expand and deepen the partnerships and work. This roadmap aligns closely with the [2020 Public Health Accreditation Board standards](#) and can help meet these standards.

Step 1: Form your health equity team

- Gain leadership buy-in from key community partners and public health practitioners.
- Begin to form your health equity improvement team including a balance of community residents with lived experience of inequities, multi-sector leaders (e.g., health care, business, housing, schools) and facilitative leaders who are good connectors. TIP: A facilitator and data analyst are helpful to include!
- Take the P2PHE Compass assessment as a team for only the health department component if you don't yet have a community collaboration. Identify and act on three opportunities for improvement in readiness.

Step 2: Get in relationship to communities who are at risk of not thriving

- Learn about the history of structural inequities and cultural changes which has shaped your communities.
- Show up in community forums in-person and virtually. Get in relationship with those experiencing inequities.
- Conduct or review a **community assessment** with disaggregated data about the health and well-being of communities, vital community conditions, and root causes with community input and stories. Use community sensemaking to identify and risk stratify which groups of people and places are at greatest and rising risk of not thriving.
 - Review existing disaggregated population health data by race, place, wealth, and other equity factors.
 - Use measures and resources like the [PolicyLink Equity Atlas](#), [Well-being in the Nation](#) measures, [County Health Rankings and Roadmaps](#) or [Community Compass](#) to identify community conditions and root causes.
 - Understand data sharing processes between public health departments and community organizations and use data from across sectors to build the whole picture of community needs and assets.
- Listen to people experiencing inequities. Listen to their stories to see the system underlying these stories as well as to their solutions. Take action to implement as many immediate solutions as possible.
- Invite community residents who at greatest and rising risk of health inequities to join your health equity team (or join their teams if a group already exists). Take the community collaboration portion of the P2PHE Compass together with your expanded team and identify three areas of improvement.

Step 3: Develop a balanced strategy together with community residents experiencing inequities and key partners across sectors in a community

- Transforming your health department/collaboration: Develop and implement strategies in the areas you identified on the Compass to build your health equity readiness, processes, and capacity.
- Transforming your community: Based on your community assessment and improvement plan, develop strategies for each portfolio to create a balanced strategy.
 - Mental and physical health
 - Social and spiritual well-being
 - Community conditions
 - Food justice
- Map your existing strategies to the four strategy areas (portfolios) and identify gaps.
- Map community assets to potential strategies that remain to be developed.
- Identify areas for immediate action (**Impact/Effort and**) and areas for sustained long-term strategic effort.

Step 4: Take action to advance equity - evaluate, learn, change, and sustain

- Develop and implement a series of 90-day equity action cycles in each strategy area or portfolio guided by your health equity improvement team.
- Identify outcome, process, and balancing measures aligned with your strategies and overall objectives for national goals like [Healthy People 2030](#) and the [PHAB standards for accreditation](#) around equity.
- Together with community residents, evaluate your progress in real-time and adapt as you learn.
- Regularly engage additional community leaders as a leadership group to assess and shift strategies as needed.
- As things emerge that work, ensure they are sustained by making them a new norm through policy and practice.



FRAMEWORK

ROADMAPS

COMPASS



PATHWAYS TO POPULATION HEALTH EQUITY COMPASS



The P2PHE Compass is a tool intended to help public health and other multi-sector leaders in communities to assess where their organizations and community collaborations are on the journey to population health and equity and to chart a path forward.

		Not yet started	Starting: “We’re in the early stages and are still figuring things out”	Gaining skill: “We’re getting the hang of this!”	Sustaining: “This is who we are and how we do our work”						
5. We have diverse collaboration with leadership representatives of the community		We want a diverse group of organizations and community residents in our collaboration but are not there yet. We tend to invite the same groups to the table that we have historically worked with, even though they don’t bring us the diversity we need. We have not begun actively recruiting new organizations or individuals	We are recruiting community members from different backgrounds into our work. This includes people who have formal power. It also includes community members or organizations who speak for the community	We have both formal leaders and people from populations that are not thriving in our collaboration	Our collaboration is diverse and reflective of our community in most initiatives (>75%). There are many ways someone can be a leader in our work. We see this diversity as a source of strength						
					We have influential leaders from appropriate sectors. We also have influential leaders from populations who aren’t thriving who are able to reach many others						
In our community collaboration	Not sure or NA	1	2	3	4	5	6	7	8	9	10

PATHWAYS TO POPULATION HEALTH EQUITY COMPASS



		Not yet started	Starting: “We’re in the early stages and are still figuring things out”	Gaining skill: “We’re getting the hang of this!”	Sustaining: “This is who we are and how we do our work”						
13. <u>We partner across sectors and groups (public health, health care, social service, business, etc) to improve our community’s health and well-being with an equity lens</u>		We usually work alone	We have formed partnerships, largely within one sector. We have identified appropriate partners	About half of the appropriate sectors are engaged to address the priorities at hand	Most (>75%) appropriate sectors are working together to advance community health and equity						
In our community collaboration	Not Sure or NA	1	2	3	4	5	6	7	8	9	10



Pathways to Population Health Equity

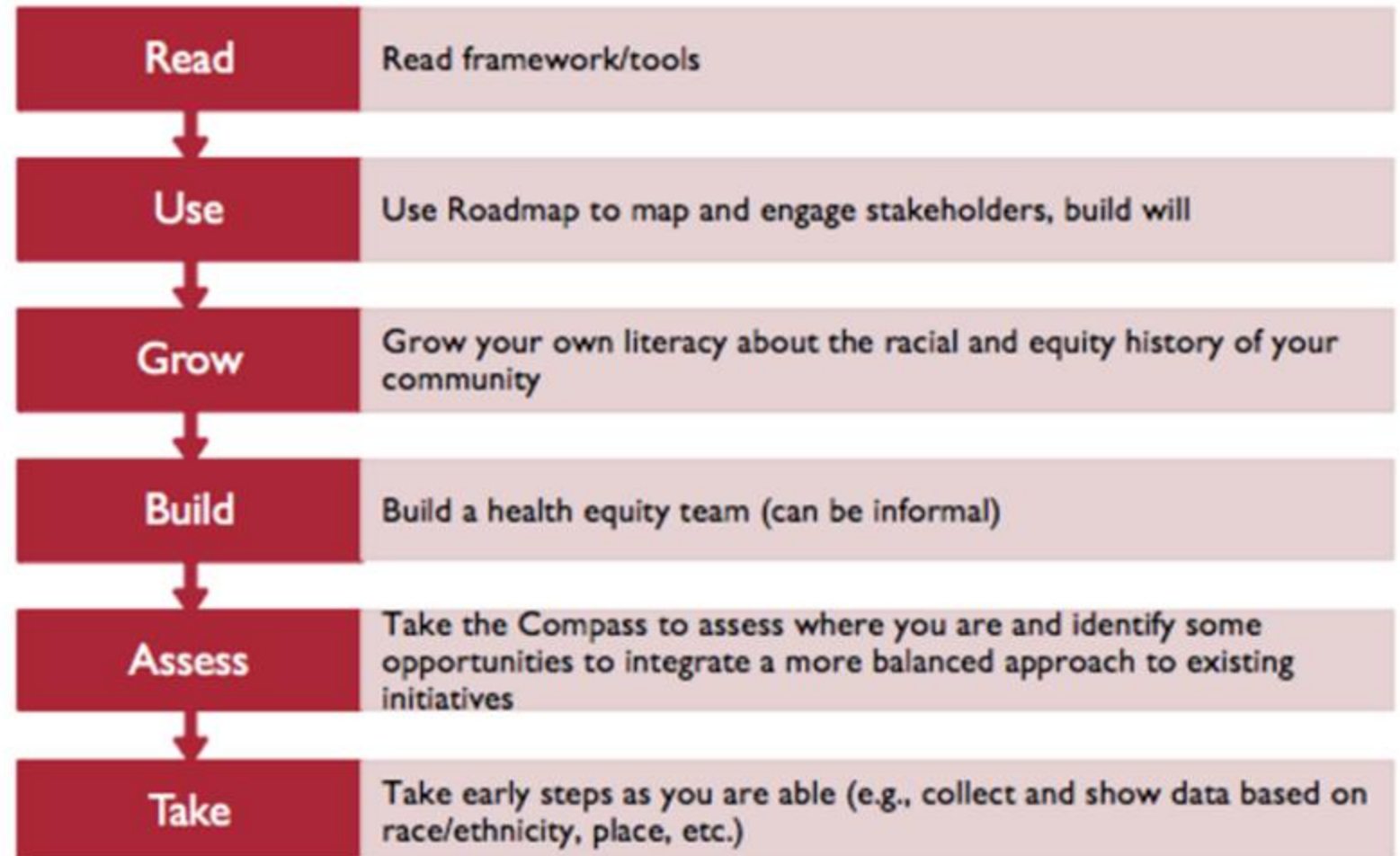
When everyone has a fair chance to reach their full potential for health and well-being, freed from unfair systems that hold them back,

When public health change agents have the tools they need to create equitable change in partnership with communities experiencing inequities,

We can create the conditions for everyone to thrive together.



ACTION PATHWAYS CUSTOMIZED FOR YOUR CONTEXT



HOW P2PHE BEING USED

- **Alignment** within and across health department divisions/offices
- Developing statewide **strategy & infrastructure** to address underlying vital community conditions & root causes of inequities
- Creating **shared language across sectors** (e.g., public health & Medicaid) to co-invest in long-term place-based health equity strategies
- Developing and advancing community-based strategy to advance health equity

WHERE IS P2PHE BEING USED?

45

Contributors spanning local, state and federal levels

300+

Public health change agents already using these tools



Where public health change agents are using this framework





PATHWAYS TO POPULATION
— HEALTH EQUITY —

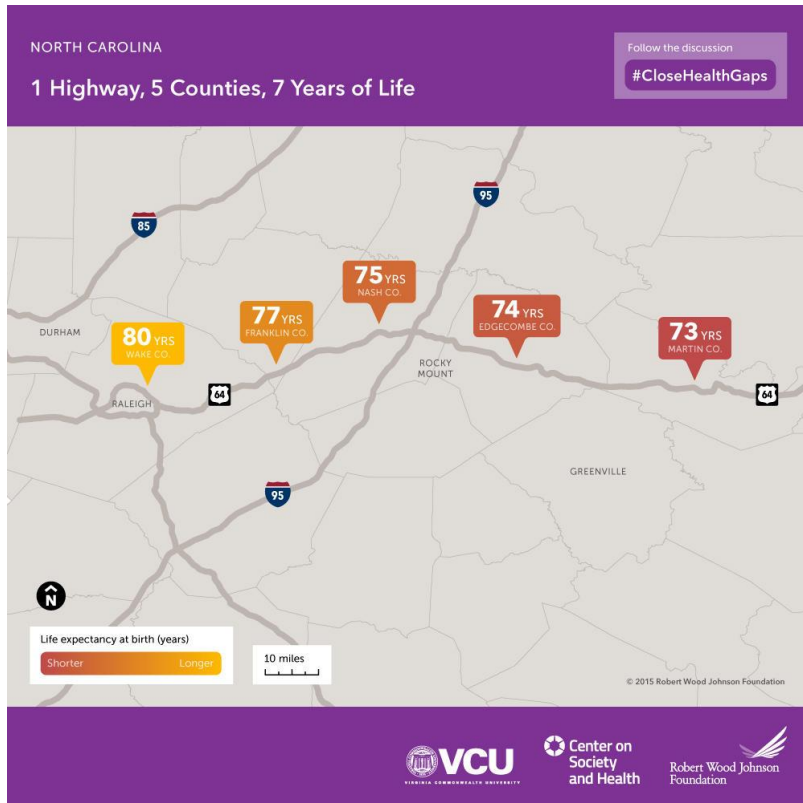
Pathways to Population Health Equity in Action



LOSING LIVES WITH MILES IN NORTH CAROLINA



PATHWAYS TO POPULATION
— HEALTH EQUITY —



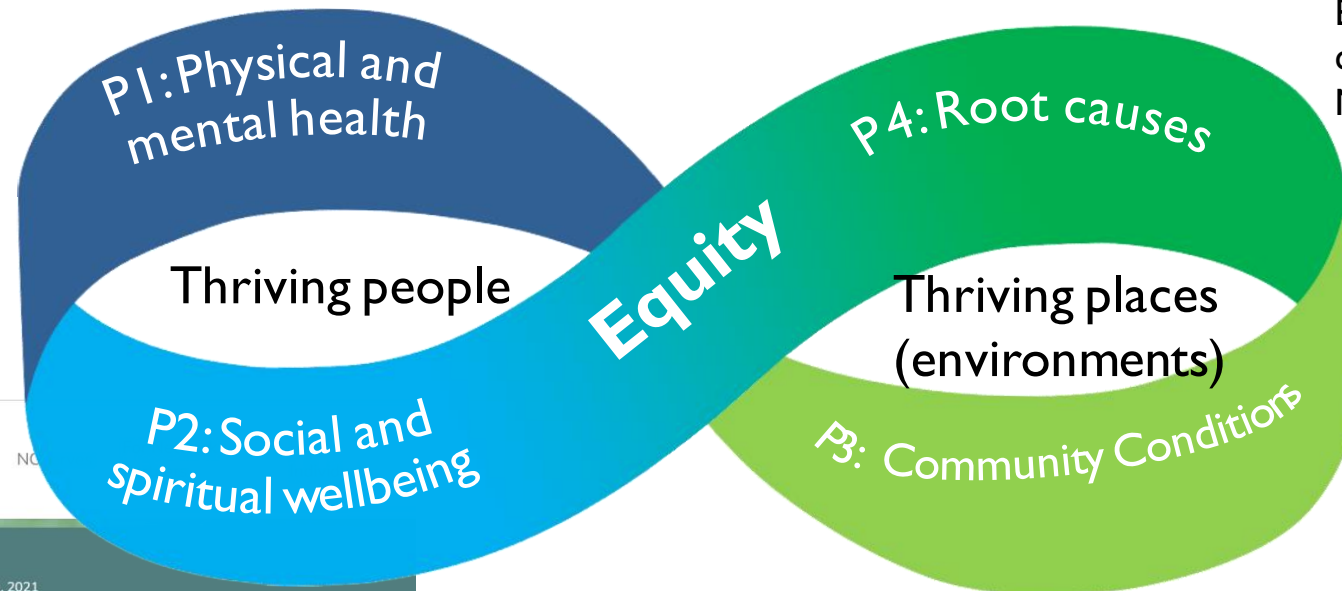
ADVANCING HEALTH EQUITY IN THE CONTEXT OF COVID IN NORTH CAROLINA



PATHWAYS TO POPULATION
— HEALTH EQUITY —

Food and housing assistance distributed alongside COVID vaccines

Bringing together communities to expand Medicaid



Supporting minority farmers to own their own food system

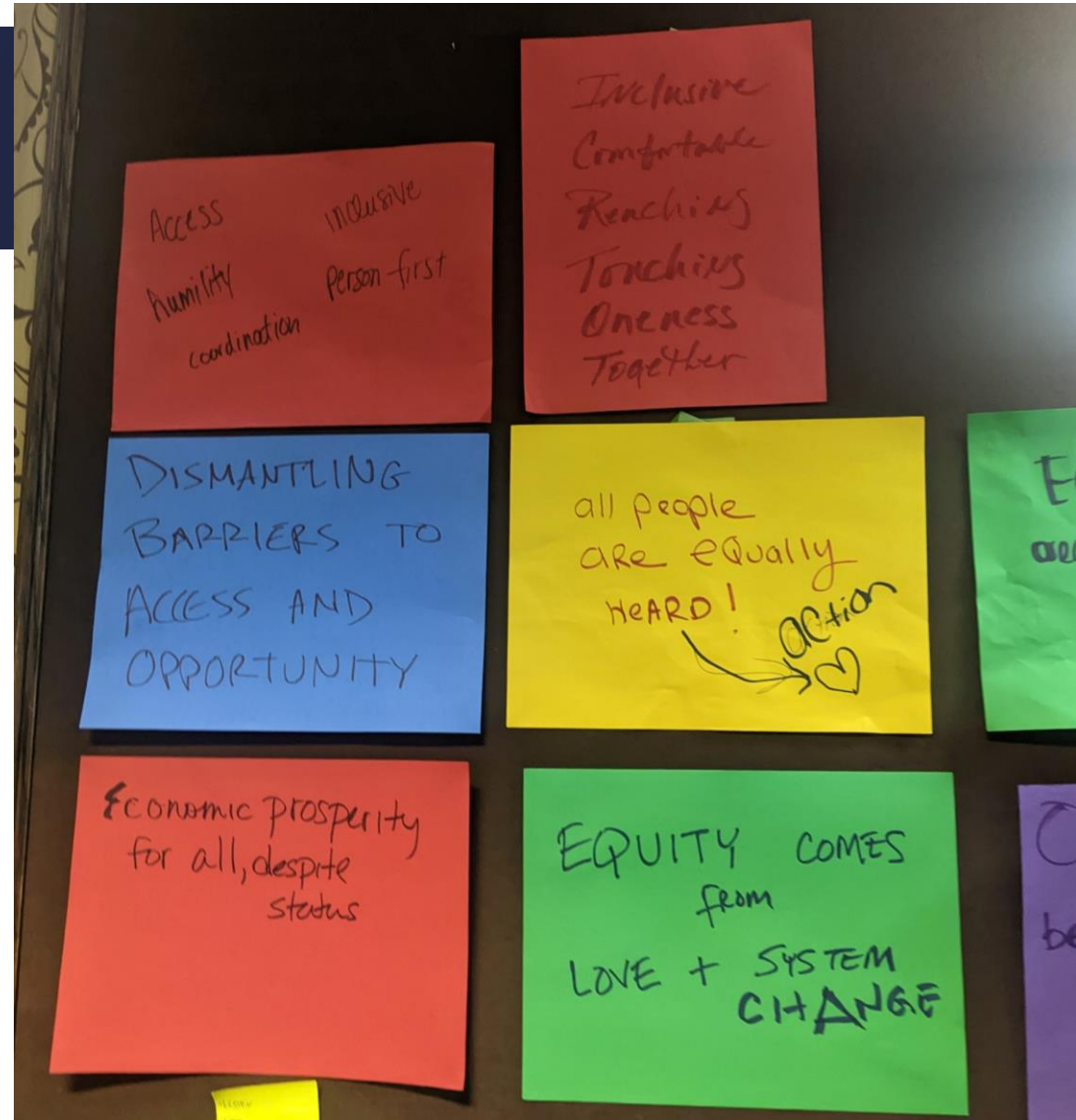
NCCARE360

About News & Events Funding Opportunities

Last updated: December 1, 2021

100	2,500 ⁺	42,000 ⁺
Counties Activated	Organizations Onboarded	Users Onboarded

BUILDING EQUITY ON A FOUNDATION OF TRUST IN ILLINOIS





PATHWAYS TO POPULATION
— HEALTH EQUITY —

ARISE (Activating Relationships in Illinois for Systemic Equity) in Illinois

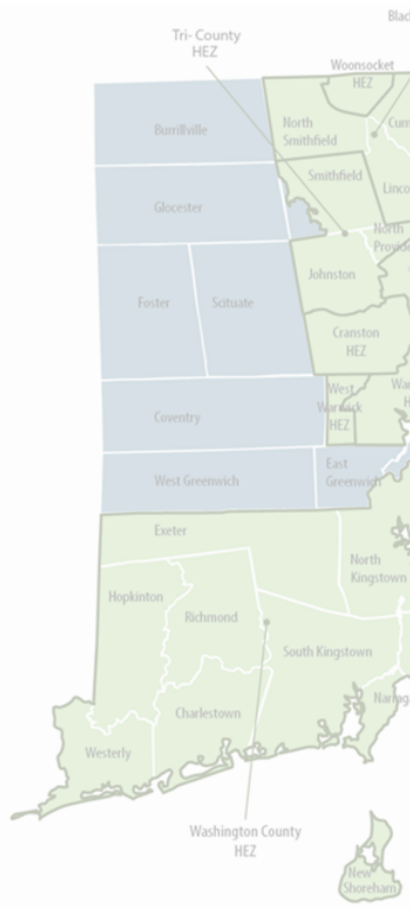




ADVANCING INTEGRATED HEALTHCARE

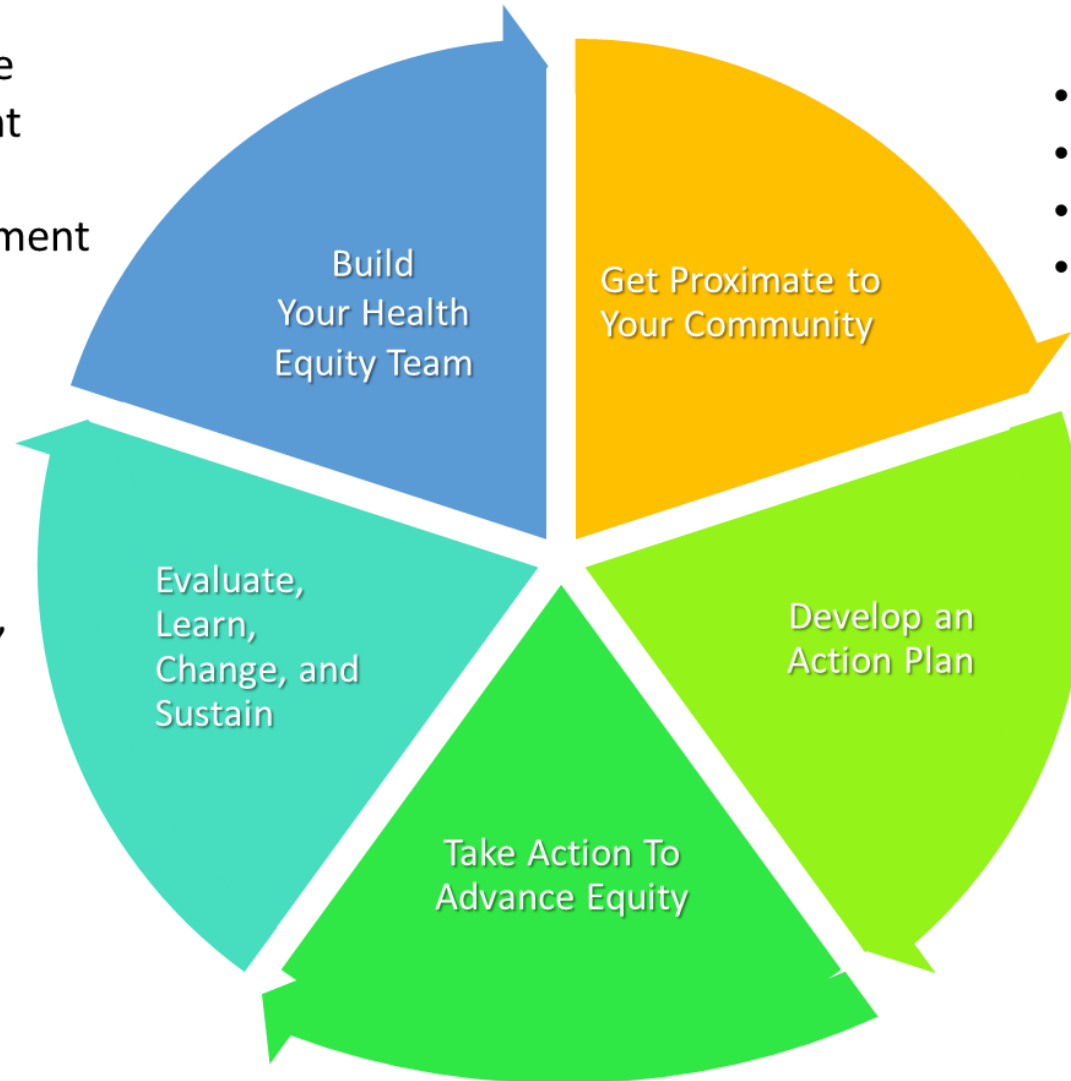
State of Rhode Island: *Rhode to Equity*

Our Patients = Our Community



HEZ	BVCHC	Coastal	IHP	Integra	PCHC	Prospect	Thundermist	Total AE Members Per HEZ
Blackstone Valley	846	491	352	2,975	320	1,528	1,331	7,843
Bristol	21	115	276	462	109	307	55	1,345
Central Providence	698	831	2,357	4,785	22,411	3,283	616	34,981
Cranston	170	1,428	3,335	4,291	3,626	2,381	911	16,142
East Providence	243	1,083	1,501	2,355	1,494	996	142	7,814
Newport	<15	112	1,860	151	76	37	86	2,322
Pawtucket/Central Falls	10,702	1,809	812	10,692	3,170	2,509	855	30,549
South Providence	84	194	290	870	4,979	660	124	7,201
Warren	<15	107	342	480	51	374	29	1,383
Warwick	70	1,952	2,681	4,163	713	1,284	1,430	12,293
Washington County	15	2,025	4,562	5,607	246	861	3,139	16,455
West Elmwood	174	278	924	1,399	10,049	1,460	242	14,526
West Warwick	31	703	721	2,311	317	261	2,923	7,267
Woonsocket	211	195	412	2,798	534	937	10,812	15,899
Tri-County	536	1,083	3,978	4,393	3,690	3,073	849	17,602
Total AE Members Across HEZs	13,801	12,406	24,403	47,732	51,785	19,951	23,544	193,622

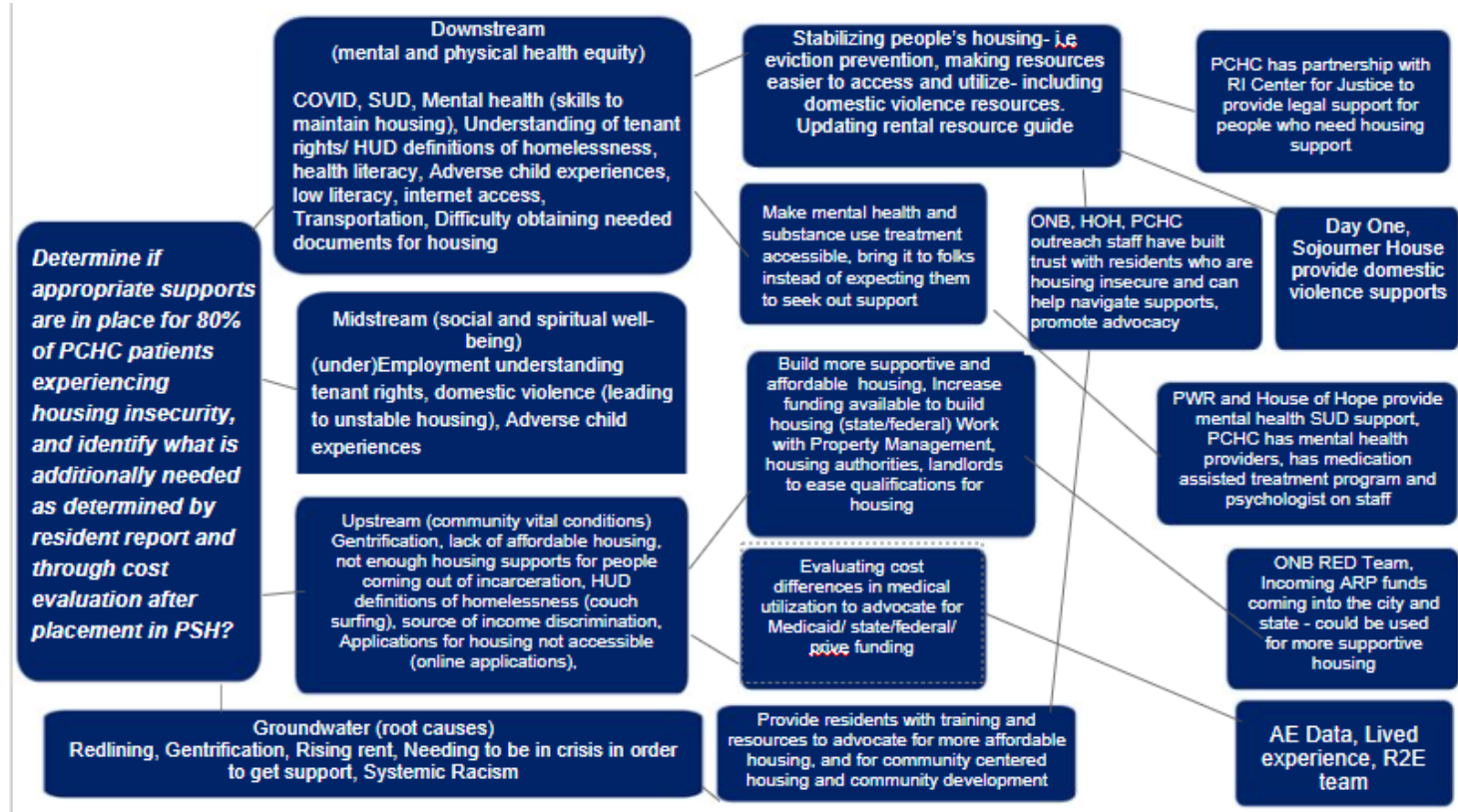
- Score and review the Compass Assessment
- Complete/reassess Stakeholder Engagement Map



- Map Assets
- Complete 7 Stories
- Review data
- Risk stratify your population

- Reflect, sustain, scale, or change
- Identify next area of focus

- Including 4 portfolios of work (upstream, mid stream, downstream, groundwater)

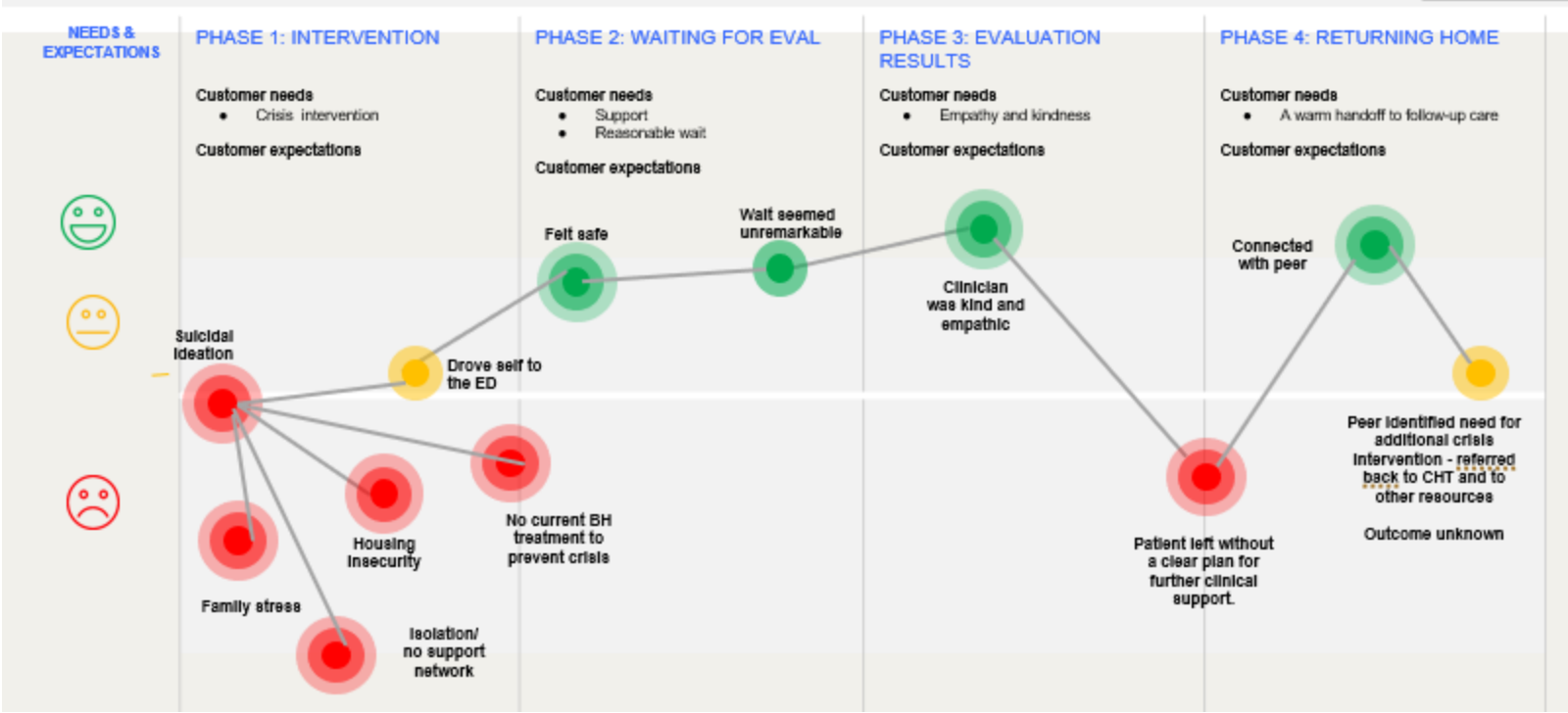


“The driver diagram has helped us see the drivers of homelessness from the individual, all the way to the systemic level.”

“As we worked to complete the Driver Diagram last month [it] rapidly became apparent that CHWs will be a key element in our initiative.”

COMPOSITE EXAMPLE - 50 YEAR OLD ADULT Suicidal Ideation

History of depression; pending eviction; unemployment; traumatic childhood; no regular behavioral health treatment; insufficient support network

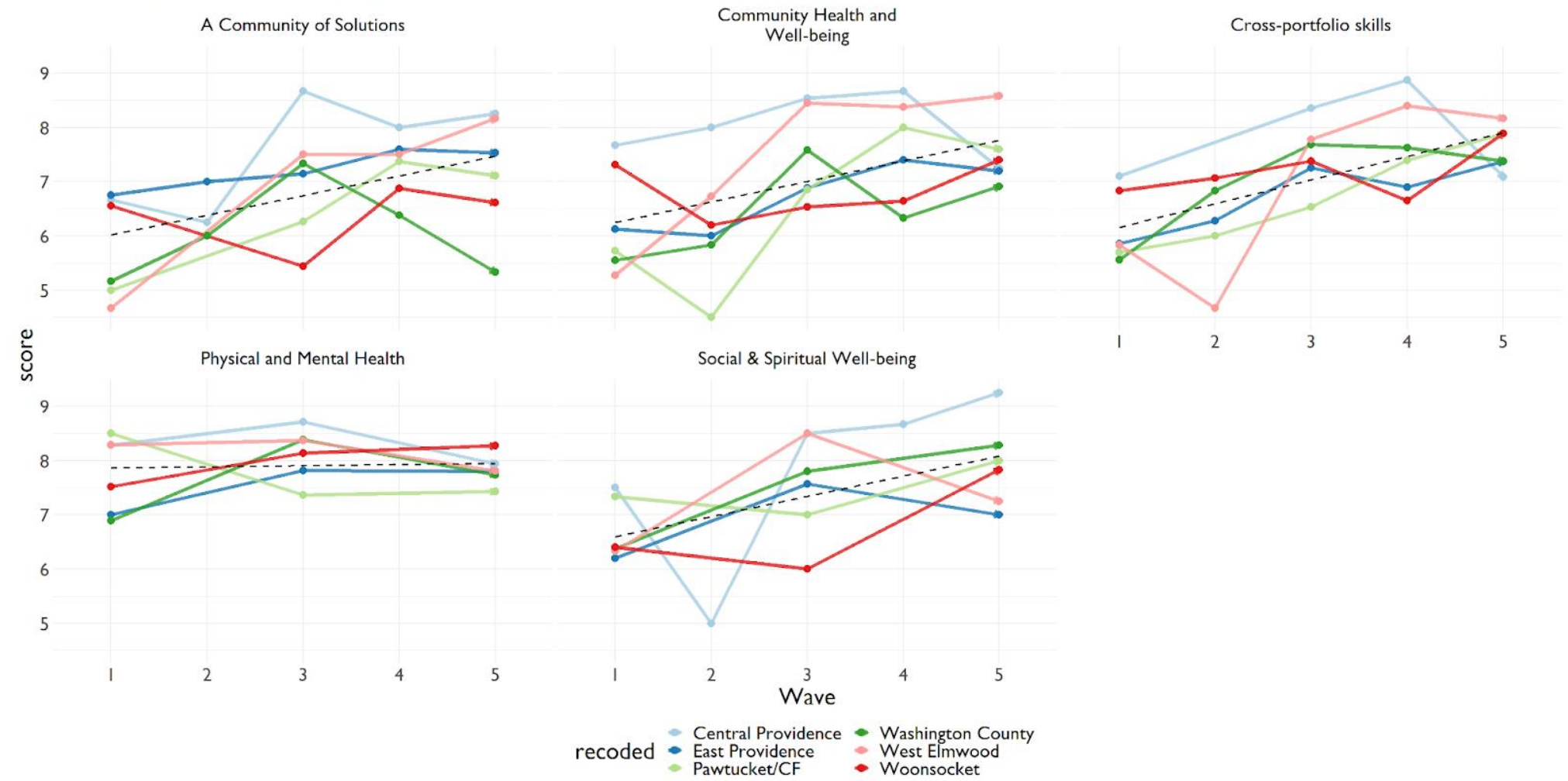


“There is a correlation and trend that shows individuals who visit their PCP frequently also visit the ED frequently as well. Now that we have identified this important data piece, the 7 stories will help our team fill in the “why” to inform solutions and strategies to address this”

“The 7 stories exercise confirmed the food affordability is significant for PCF residents. It was mentioned by every participant.; The circumstances of each story also contained layers of inequality, systemic barriers, feelings of isolation, and reminders that addressing food insecurity is personal and highly dependent on individual circumstances.”

Change Across Portfolios

Wave 1 (July 2021), Wave 2 (January 2022), Wave 3 (June 2022),
Wave 4 (January 2023), Wave 5 (June 2023)

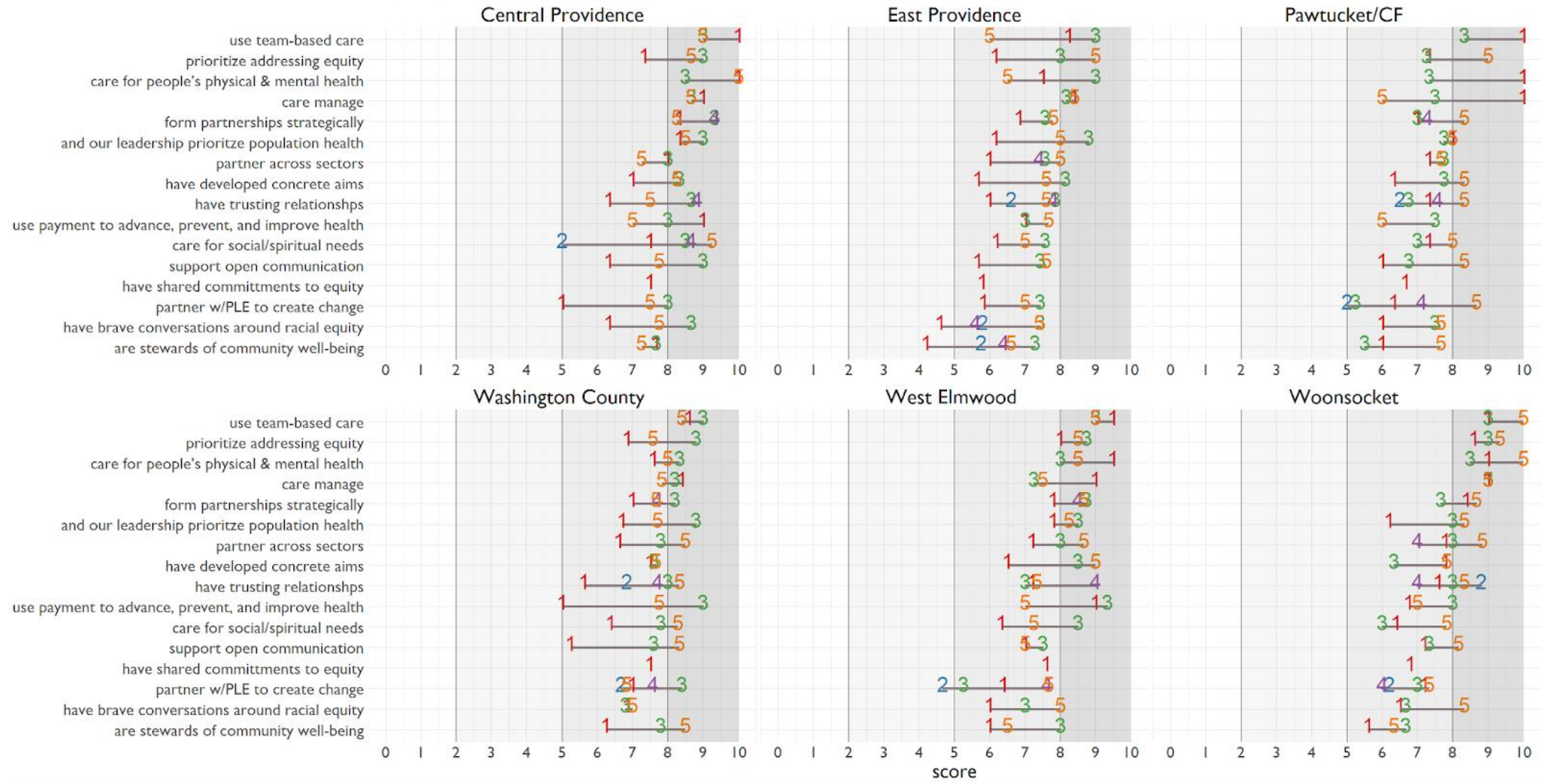


recoded

- Central Providence
- Washington County
- East Providence
- West Elmwood
- Pawtucket/CF
- Woonsocket

Changes over time: Organization-level

Wave 1 (July 2021), Wave 2 (January 2022), Wave 3 (June 2022),
Wave 4 (January 2023), Wave 5 (June 2023)



- “EPHEZ, the lead for the East Providence R2E team, hired an evaluator at the end of 2022 that is very familiar with the Pathways to Population Health framework, and is embedding it within the evaluation plan for EPHEZ going forward. Additionally, the action plans and the structure that they provide have been helpful for the team and will continue to be utilized for long- and short-term planning in the future. When structuring cross-sector health equity work, we will also utilize workplans to evenly distribute the work.”
- “We have been big fans of the Pathways to Population Health framework and use it and associated tools to organize and track our work across the portfolios, including our action plan and workplan. We also tend to work through our work by portfolio during our monthly meetings. I also regularly refer to our initial driver diagram as the work continues to evolve. We have also taken initial steps to frame out an abbreviated planning process, using most of the Pathway’s tools (Driver Diagram, Seven Stories, Resource Scans, etc) to start up work on hypertension as part of the 02907 HEZ. We just need to set a start date for when we have adequate capacity to launch a new initiative.”
- “Our action plans in HEZ are structured differently, however the addition of the portfolios will aid us in intentionally working across sector and at root cause levels.”

Event Satisfaction Poll and Announcements

Register NOW (Links in Chat):

- **Tools and Tactics to Meet Your Social Media Goals**
 - Wednesday, June 28 | 3:30-4:30 pm ET
- **Conversations on Vaccine Equity After the End of the Public Health Emergency (Discussion Session)**
 - Thursday, June 29 | 12-1 pm ET

Registration COMING SOON:

- **Vaccine Access for People with Disabilities – 4-part webinar/training series**
 - Wednesday July 12th | 1-2 pm ET - *Disability Culture and Awareness*
 - Monday, July 31st | 2-3pm ET - *The COVID-19 Vaccine and Persons with Disabilities*
 - Plus two additional sessions in late September
- **Social Media Campaign Camp – 4-part training series**
 - Every Thursday in July @ 2 pm ET (July 6th, 13th, 20th, and 27th)
 - Space limited (30 seats available per training)

Partnering for **Vaccine Equity**



Partnering for **Vaccine Equity**

