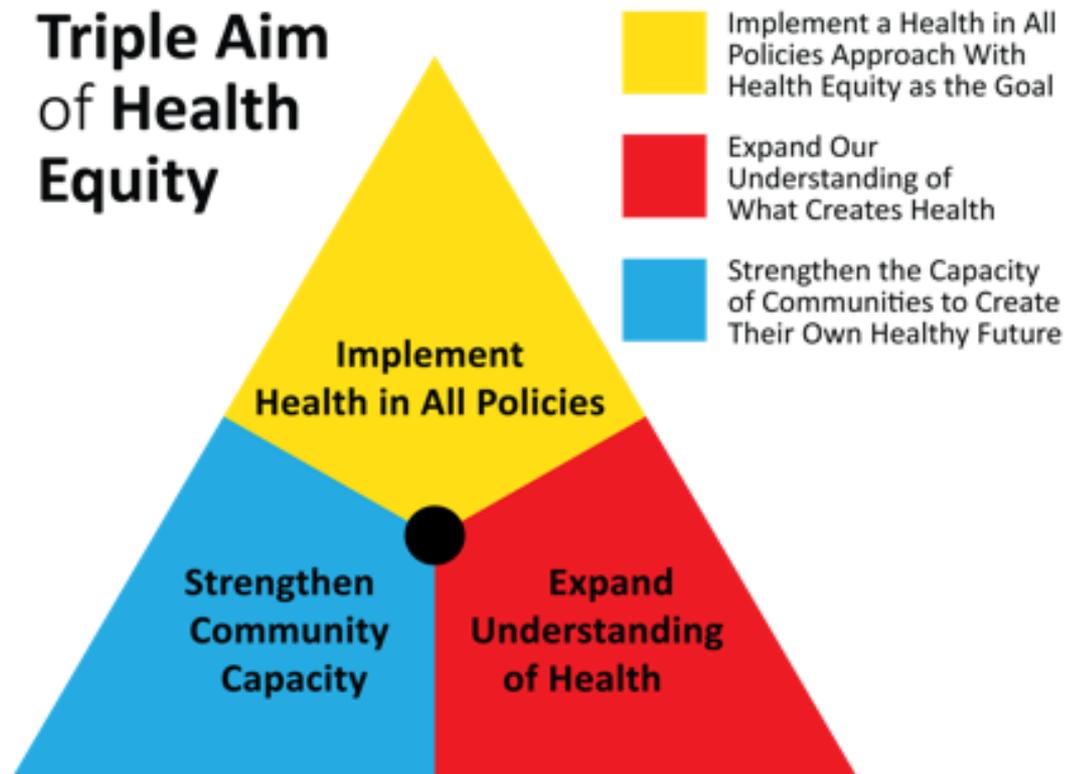


Using Data to Identify Health Inequities: A Pilot Project with 10 SHIP grantees

Triple Aim of Health Equity



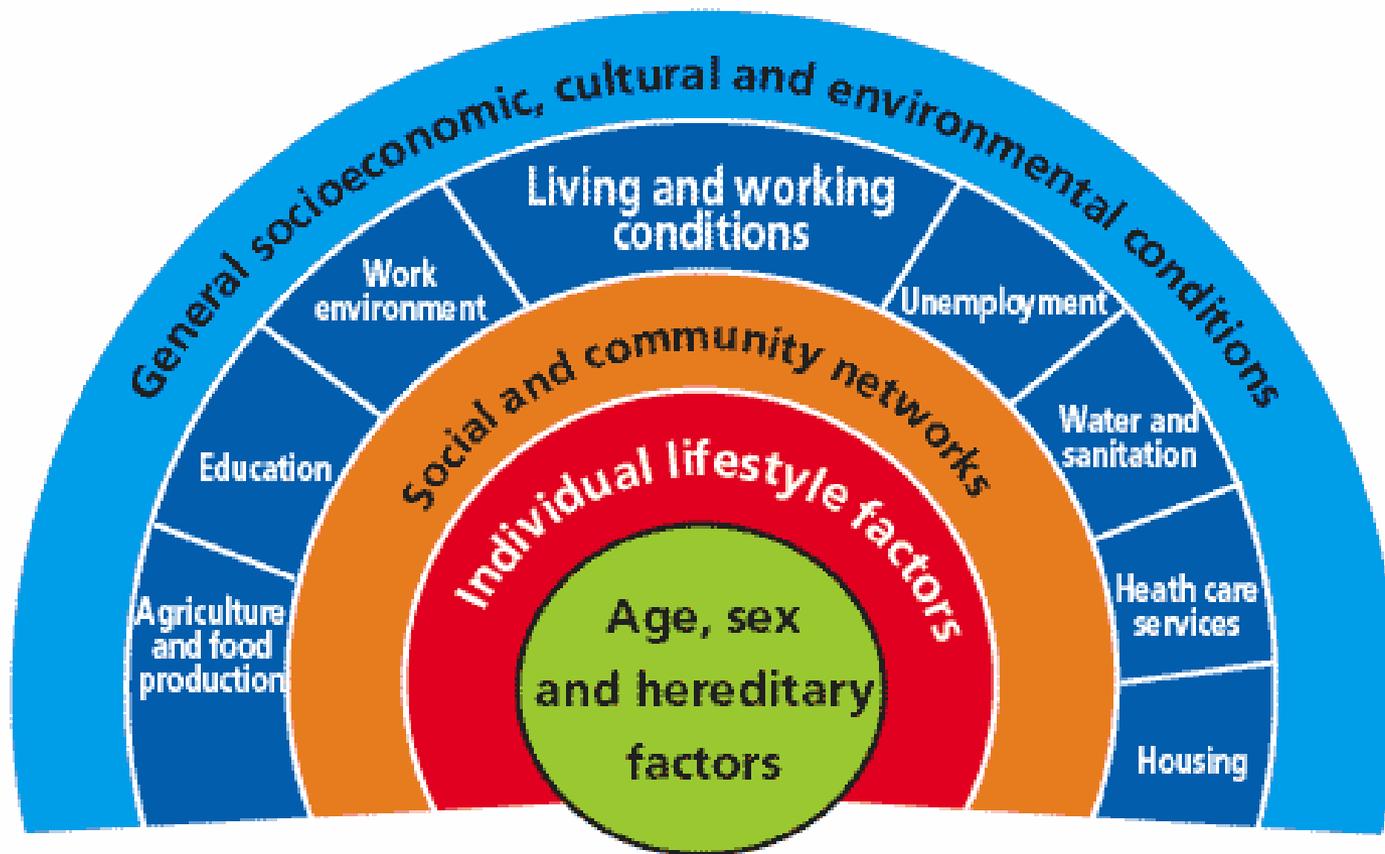
Using Data to Identify Health Inequities

- Guide
- Website
- Technical Assistance

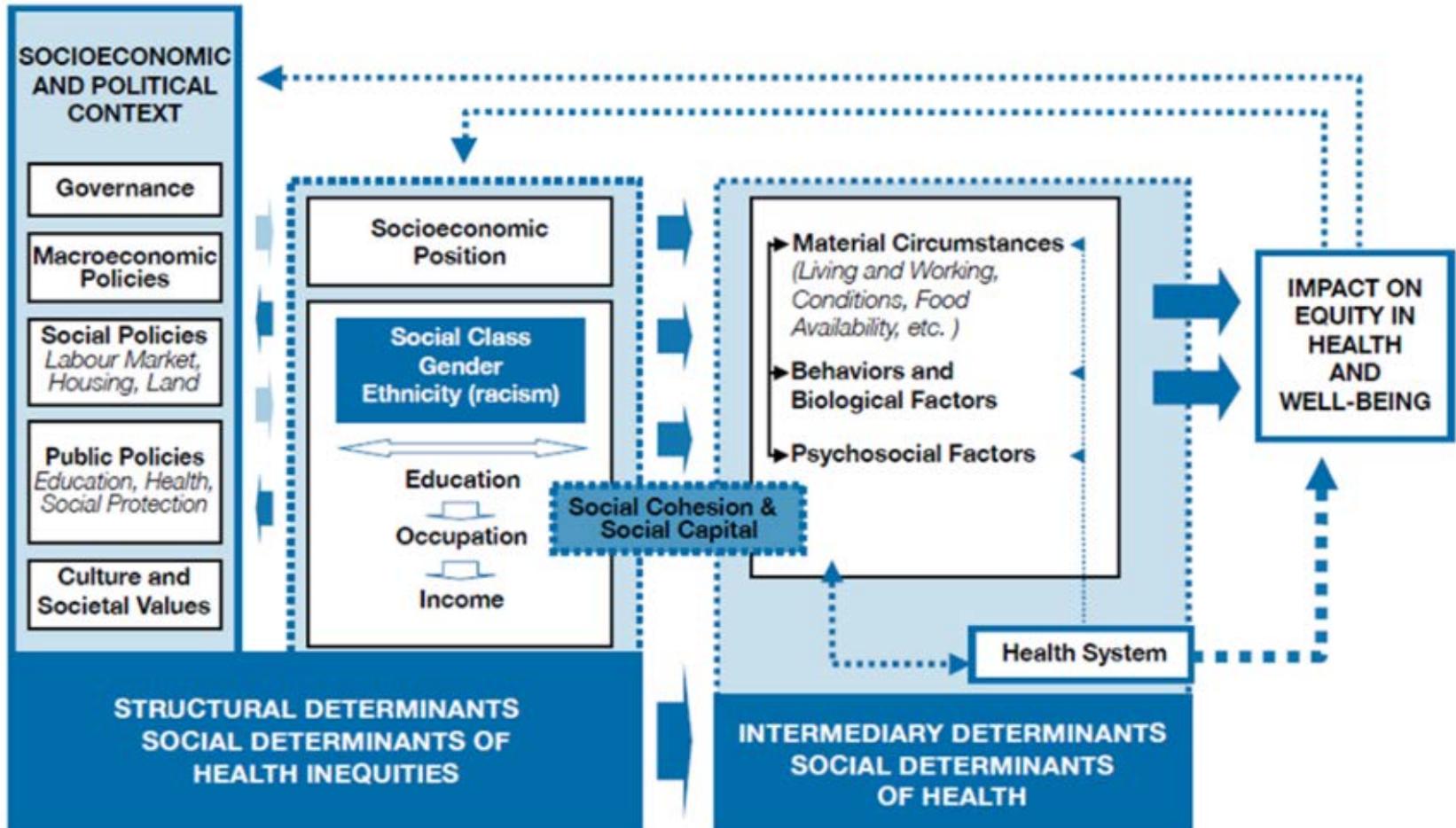
Using Data to Identify Health Inequities: the Guide

- 4 main sections:
 - Determinants of health model
 - Identification of data and data sources
 - Steps for a health equity data analysis (HEDA)
 - Moving from analysis to action

Determinants of Health Model



Source: Dahlgren and Whitehead, 1991



Source: WHO/Solar and Irwin, 2010

Reframing the Questions We Ask

- **Conventional direction for action:**
 - How can we promote healthy behaviors?
 - STOP THERE
- **Health equity direction for action:**
 - How can we promote healthy behaviors?
 - How can we target dangerous conditions and reorganize policies to ensure healthy environments?

Reframing Our Data Approach

- **Conventional data approach:**
 - What is the obesity rate?
 - STOP THERE
- **Health equity data approach:**
 - What is the obesity rate?
 - What groups have higher rates of obesity?
 - Why do these groups have higher rates?
 - What are the conditions that create the difference in obesity between populations?

Steps for a Health Equity Data Analysis

What does a Health Equity Data Analysis Involve?

- A HEDA involves identifying differences in health outcomes by population groups, and then considering not only individual factors but also the high level factors (e.g. policies and systems) that create those differences.
- This process requires more in-depth analyses than the “conventional data approach” and the use of quantitative and qualitative data and analysis methods.

Steps for a Health Equity Data Analysis

Connection Step: Make the case about the connections between social determinants of health and health outcomes (e.g. how does education influence health).

Population Step: Describe the population.

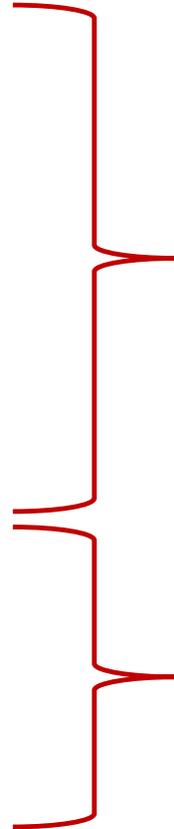
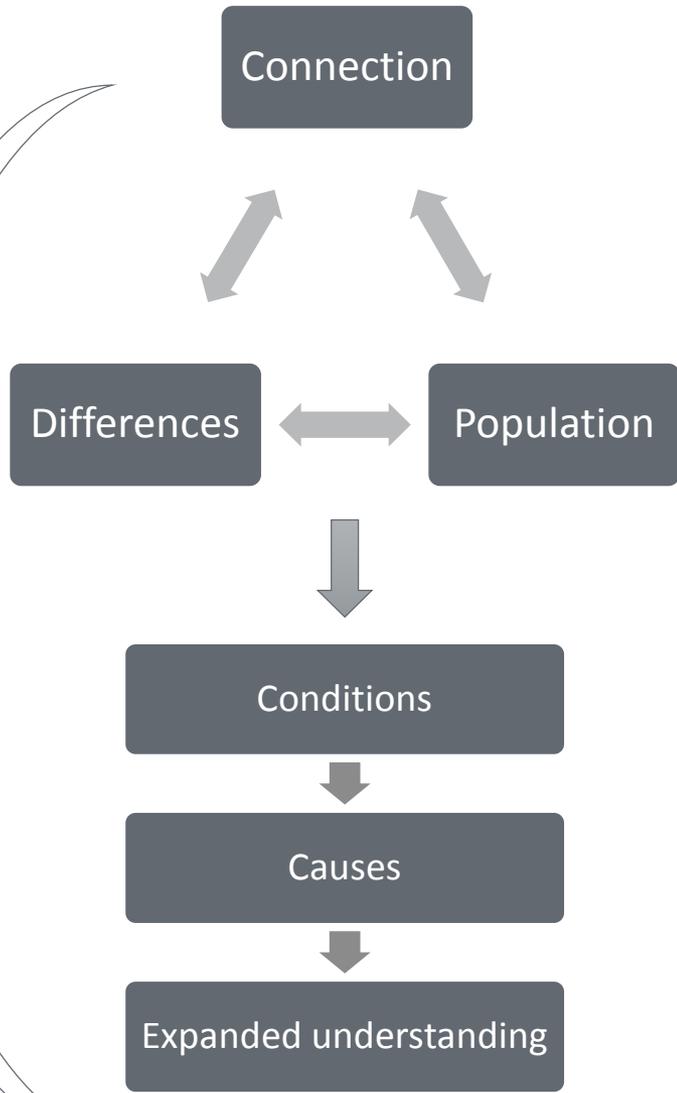
Differences Step: Determine the differences in health outcomes between populations.

Conditions Step: Describe the conditions that created the differences in health outcomes that exist between populations.

Causes Step: Describe the causes of these differences in conditions and health outcomes

The Steps

Community involved throughout process



Any order

After the connection, differences and population steps, the conditions and causes steps are sequential.

Using Data to Identify Health Inequities

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Using Data to Identify Health Inequities

www.health.state.mn.us/divs/chs/healthequity/guide/index.htm

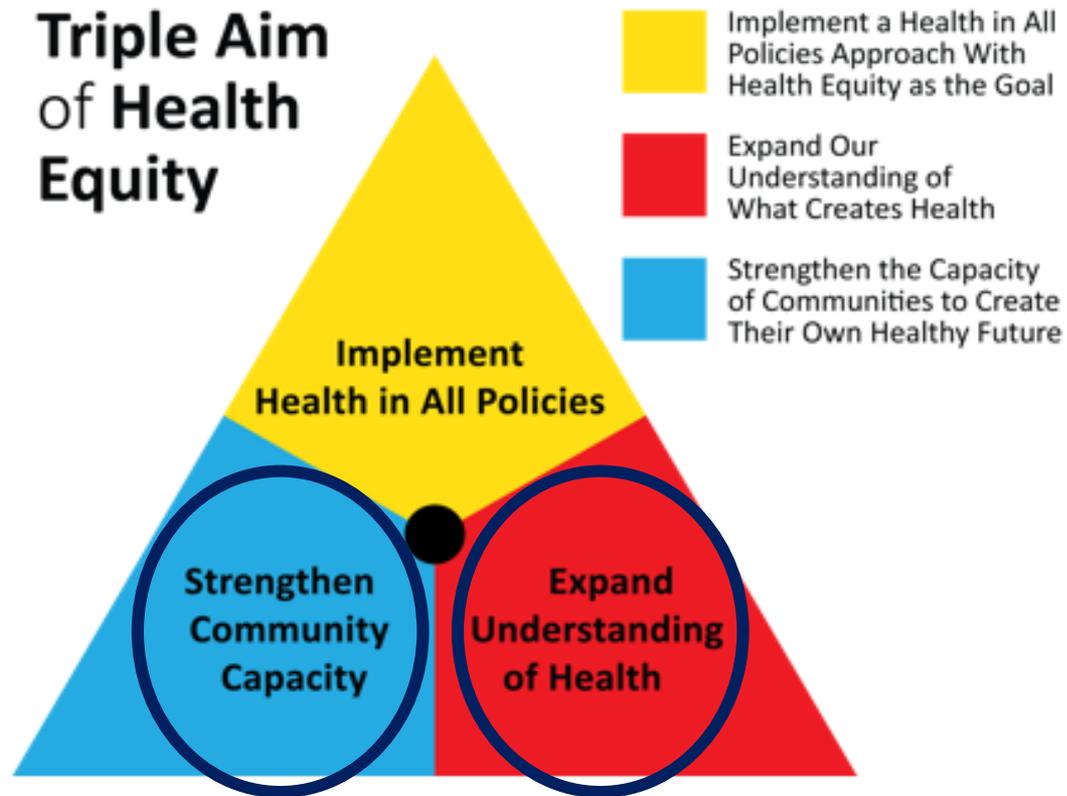
■ Website

The screenshot shows the website for the Minnesota Center for Health Statistics (MCHS). The page title is "Using Data to Identify Health Inequities: A Guide for Local Health Departments in Minnesota". The page content includes a description of the guide, a table of contents, and a list of web resources. The table of contents lists five sections: I. Introduction, II. Layers of Influence on Health, III. Process for Identifying Health Inequities, IV. Data Challenges, and V. Moving from Analysis to Action. The web resources section lists several links, including "Documenting the Impact of Social Determinants of Health on Health (Connection Step)", "Quantitative Data: Demographic and Socio-Demographic Data for Minnesota Counties (Population Step)", "Quantitative Data: Health Outcomes by SDOH for Minnesota and its Counties (Differences Step)", "Qualitative Data Collection Methods (Conditions and Causes Steps)", "Health Equity Definitions", and "Health Equity Data Analysis Frameworks".

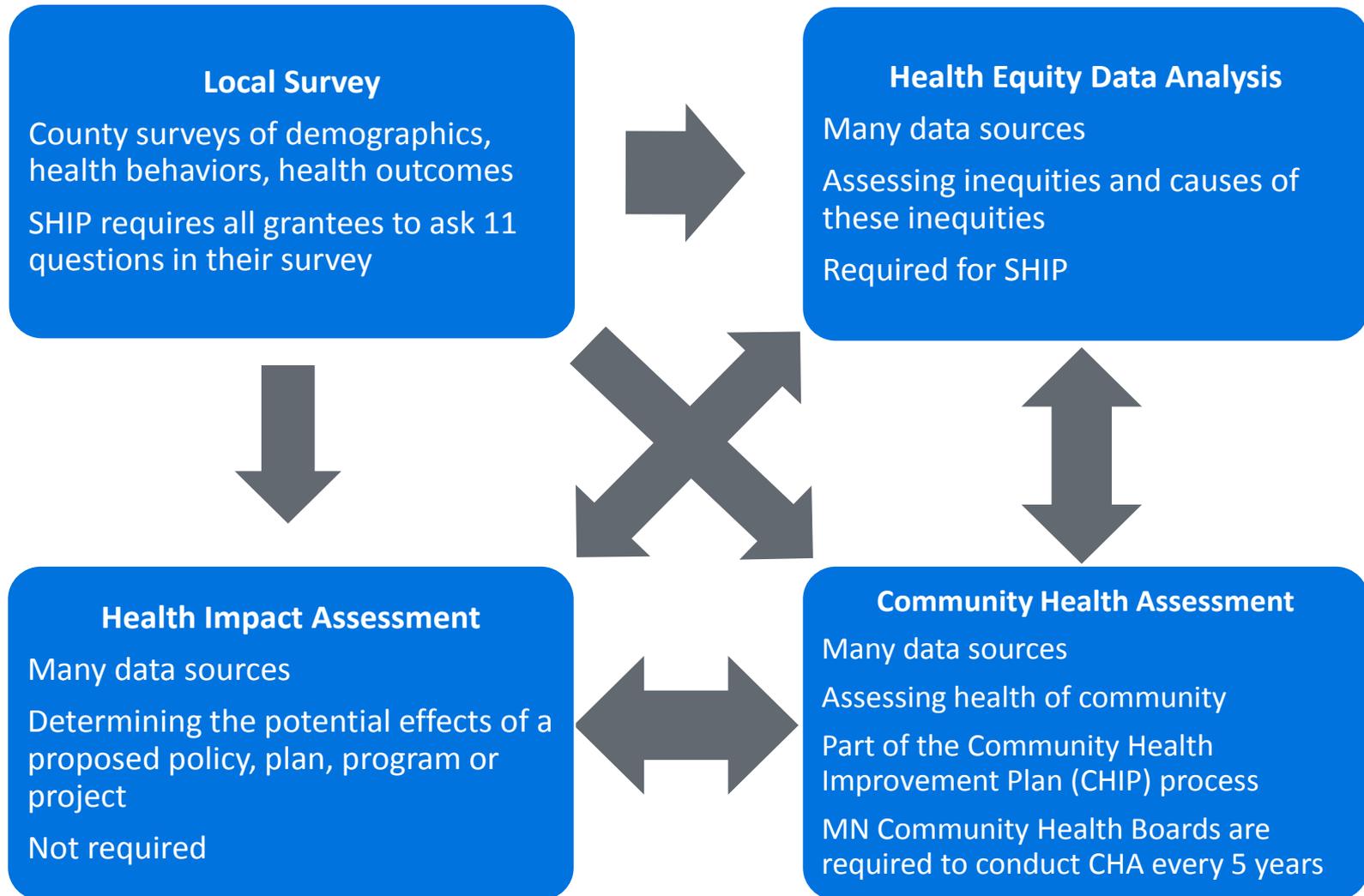
■ Technical Assistance

- Where to find data
- How to use data
- Qualitative data collection and analysis
- Community engagement

Triple Aim of Health Equity



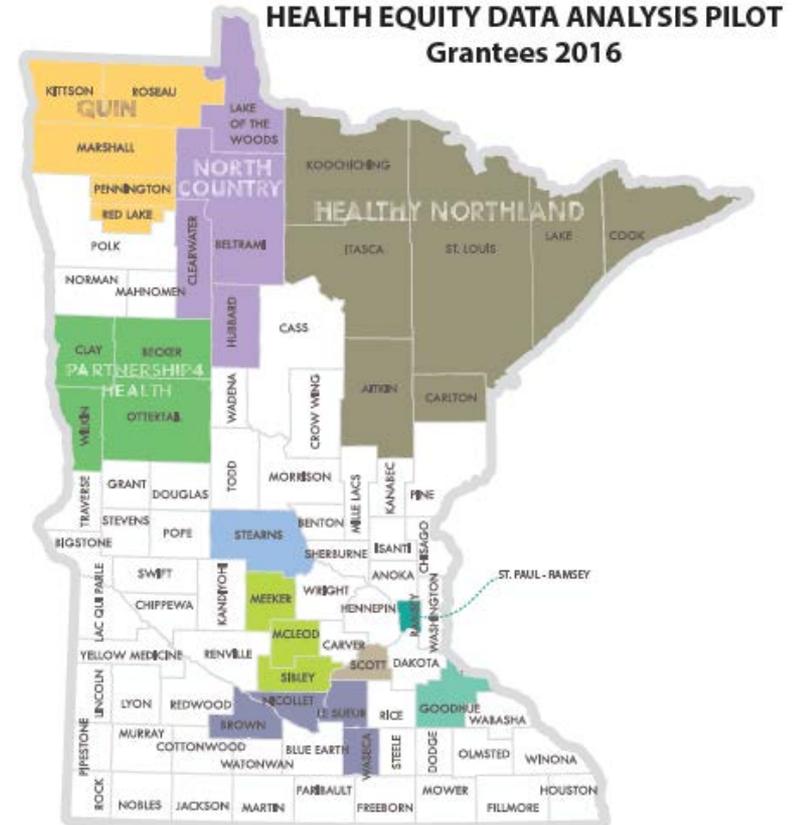
HEDA vs. CHA vs. local survey vs. HIA



Pilot Project Overview

Pilot Participants

- Pilot Grantees
 - Brown, Nicollet, Le Sueur, Waseca
 - Goodhue
 - Healthy Northland
 - Meeker, McLeod, Sibley
 - North Country
 - Quin
 - PartnerSHIP4Health
 - Scott
 - St. Paul – Ramsey
 - Stearns
- MDH
 - Center for Health Statistics
 - OSHII



Pilot Project Overview

- June 2016 through November 2016
 - Webinar meetings at least monthly
 - Assignments
 - Undertake a health equity data analysis in the community
- Goals
 - To determine the feasibility of conducting a HEDA at the local level
 - To test and refine the process for conducting a HEDA
 - To refine the Data Guide
 - For the pilot participants to act as mentors to others in local public health about HEDA

Community of Practice

Shared Learning and Decision Making

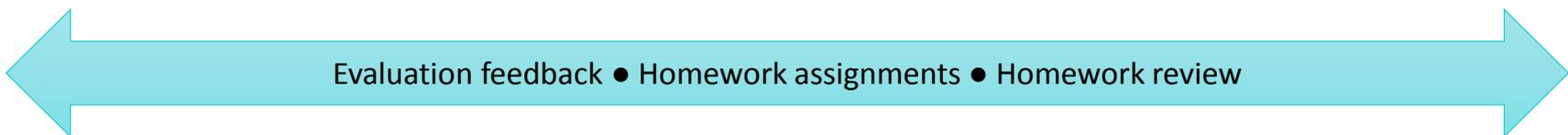
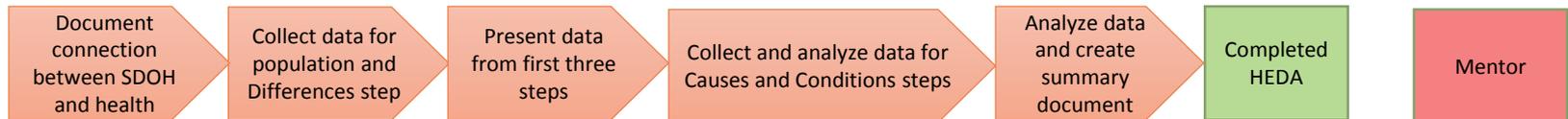
- Everyone participates, no one dominates
- Success depends on participation – share ideas, ask questions, draw others in
- Speak honestly
- Be open minded
- Be present/no distractions
- Respect confidentiality
- We are all teachers, we are all students
- Come prepared and ready to contribute

Goals...More Goals

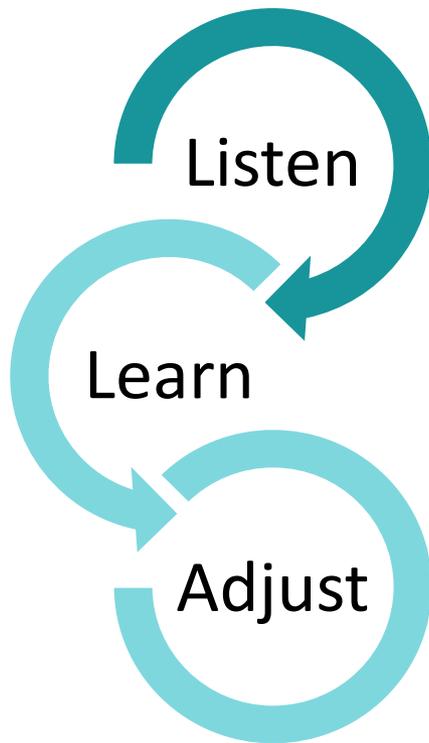
- MDH Goals
 - To refine the data guide
 - To determine the feasibility of conducting a health equity data analysis (HEDA) at the local level
 - To test and refine the process for conducting a health equity data analysis
 - For the pilot participants to act as mentors to others in local public health about HEDA
- Grantee Goals
 - To be able to bring data back to the community for discussion
 - To be able to work with Commissioners to broaden their understanding of health equity
 - To be more intentional about connecting data to health inequities

Pilot Project Sessions Overview

Session I: June 13	Session II: July 12	Session III: July 26	Session IV: August 29	Session V: September 19	Session VI: October 18	Session VII: Oct./Nov.	Post Pilot
<ul style="list-style-type: none"> •Intro to pilot •Description of HEDA steps •Connection step •Introduction to community engagement 	<ul style="list-style-type: none"> •Community Engagement •Population and Differences step •Getting started with a HEDA 	<ul style="list-style-type: none"> •Introductions •Qualitative data collection methods •Types of data 	<ul style="list-style-type: none"> •Causes and Conditions steps •Qualitative data and community engagement 	<ul style="list-style-type: none"> •Data analysis •Engaging community in data analysis 	<ul style="list-style-type: none"> •Presenting data •Intro to WHO Model 	<ul style="list-style-type: none"> •HEDA results •Disseminate findings •Lessons learned •Data Guide edits 	<ul style="list-style-type: none"> •Mentor •Share knowledge •Review HEDA tools for SHIP rollout



Pilot Project Evaluation



Evaluation Purpose:

- Provide rapid feedback
- Document lessons learned from HEDA pilot
- Inform implementation of HEDA throughout SHIP and MDH

Potential Pilot Project Products

- Grantees
 - Completed HEDA
 - Report/Fact sheet/PowerPoint which contains the results of the HEDA
- MDH and Grantees
 - Report on the pilot project and the feasibility of the HEDA process
 - Recommendations for Data Guide refinement

Post-Pilot

- November to December 2016
 - MCHS, SHIP and other MDH staff incorporate pilot findings into the Health Equity Data Guide
- January 2017
 - Official rollout of “new and improved” Data Guide and trainings for non-pilot grantees
- January to October 2017
 - Non-pilot grantees conduct HEDA
 - Trainings
 - Mentor/mentee meetings

Pilot Participants

- **Meghann Levitt** (SHIP Coordinator for Carlton County – Healthy Northland)
- **Peggy Sammons** (Planning Coordinator for Stearns County)

Questions?