

# Health Equity at Work: Training at Whatcom County Health Department

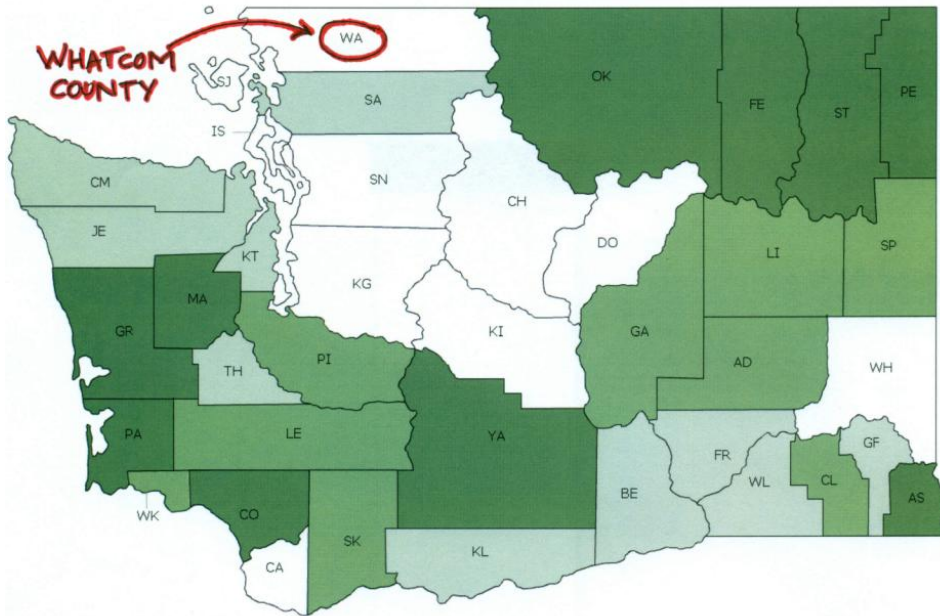
## APHA Public Health Workforce Development

November 1, 2011

Linn Gould, MS, MPH  
*Just Health Action*

Liz Mogford, PhD, MPH  
*Western Washington University*

Astrid Newell, MD  
*Whatcom County Health Department*



# Presenter Disclosures

**Linn Gould, Liz Mogford, Astrid Newell**

**The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

No relationships to disclose

# Today

1. Project background
2. Details of training
3. Lessons learned



# Whatcom County Snapshot

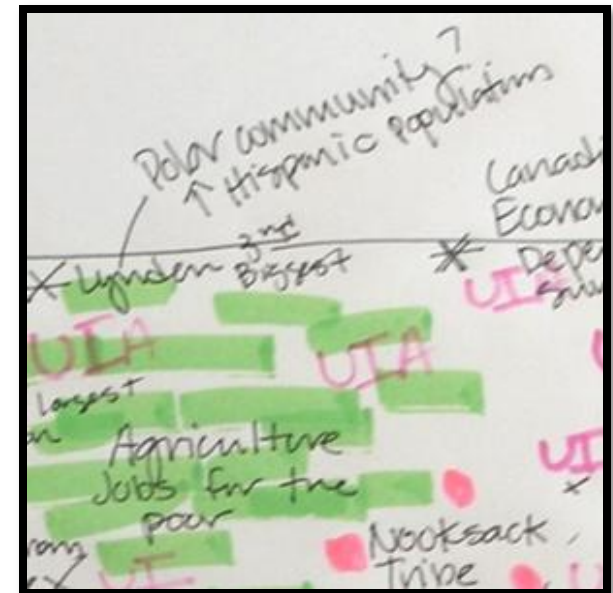
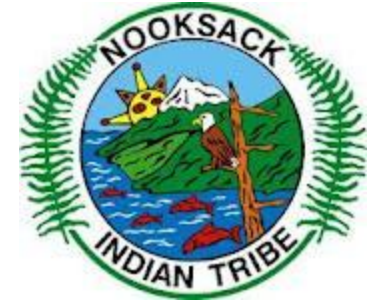
- Population
  - 200,000 (80,000 in Bellingham, otherwise mostly rural)
  - Race/ethnicity: Mostly white (83.3%)
- Community Assets
  - Higher education, hospital, schools, outdoor recreation



- Jobs/Economics
  - Education, healthcare, oil refineries, agriculture, seafood
- Politics
  - Polarized (Liberal vs. Conservative)
- Health Status
  - Ranked **6<sup>th</sup>** healthiest county in WA State, **but.....**

# The “Other” Whatcom County

- Tribes/Reservations (~5000)
  - Lummi/Nooksack
  - Unemployment, substance use, injuries
- Hispanic Population (12,000)
  - Rural Areas/North Bellingham
  - Jobs, housing, pesticide exposure, gangs
- Immigrant Population (??)
  - Russian/Slavic communities (fleeing religious persecution)
  - Language, distrust
- Poverty
  - Rural/pockets in Bellingham
  - Single mothers, generational poverty
  - Education, jobs, transportation, health care access



# WCHD Momentum for Health Equity

- Inspired by other efforts (national, state, media)
- Comprehensive Health Planning Process ('07-'08)
- CDC ACHIEVE Chronic Disease Initiative ('09-'10)
- Health Department Strategic Planning ('09-'10)



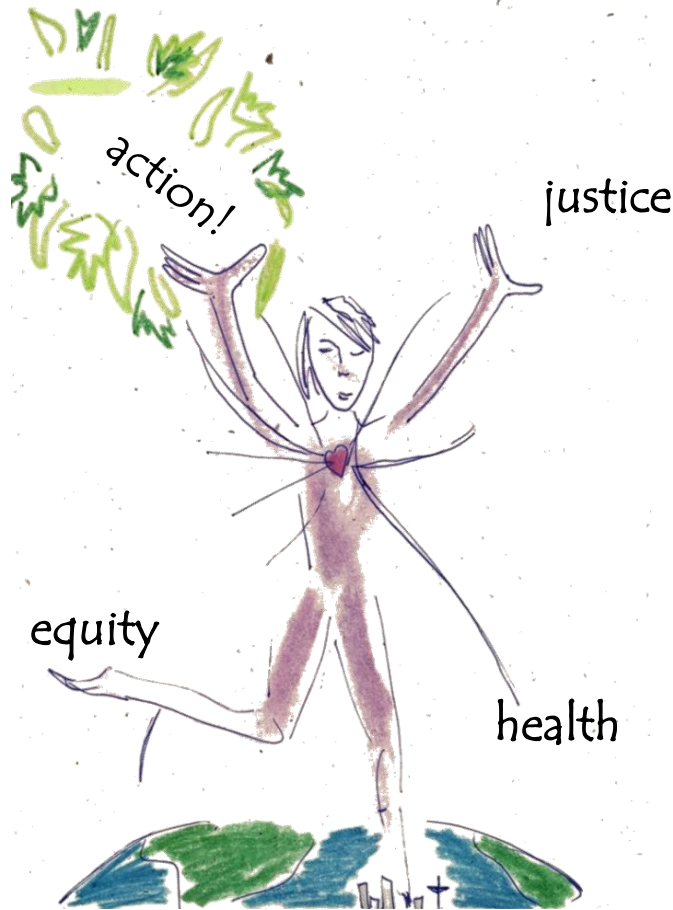


# Health Equity Strategic Plan: JHA Health Equity Training

- Conduct social determinants of health and health advocacy training for ALL staff
- Develop health equity team to serve as catalyst for action within the department



# Who is JHA?



**Just Health Action** advocates for reducing health inequities that result from social, political, economic, and cultural factors.

Through a social justice lens, we teach workshops and classes that review the evidence and facilitate discussion and consensus on how individuals and communities can take **action** on these root causes.



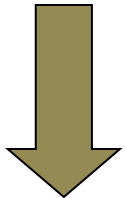
# Critical health literacy

1. functional



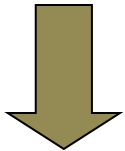
*transmission of factual information (e.g. AIDS, drugs, tobacco)*

2. interactive



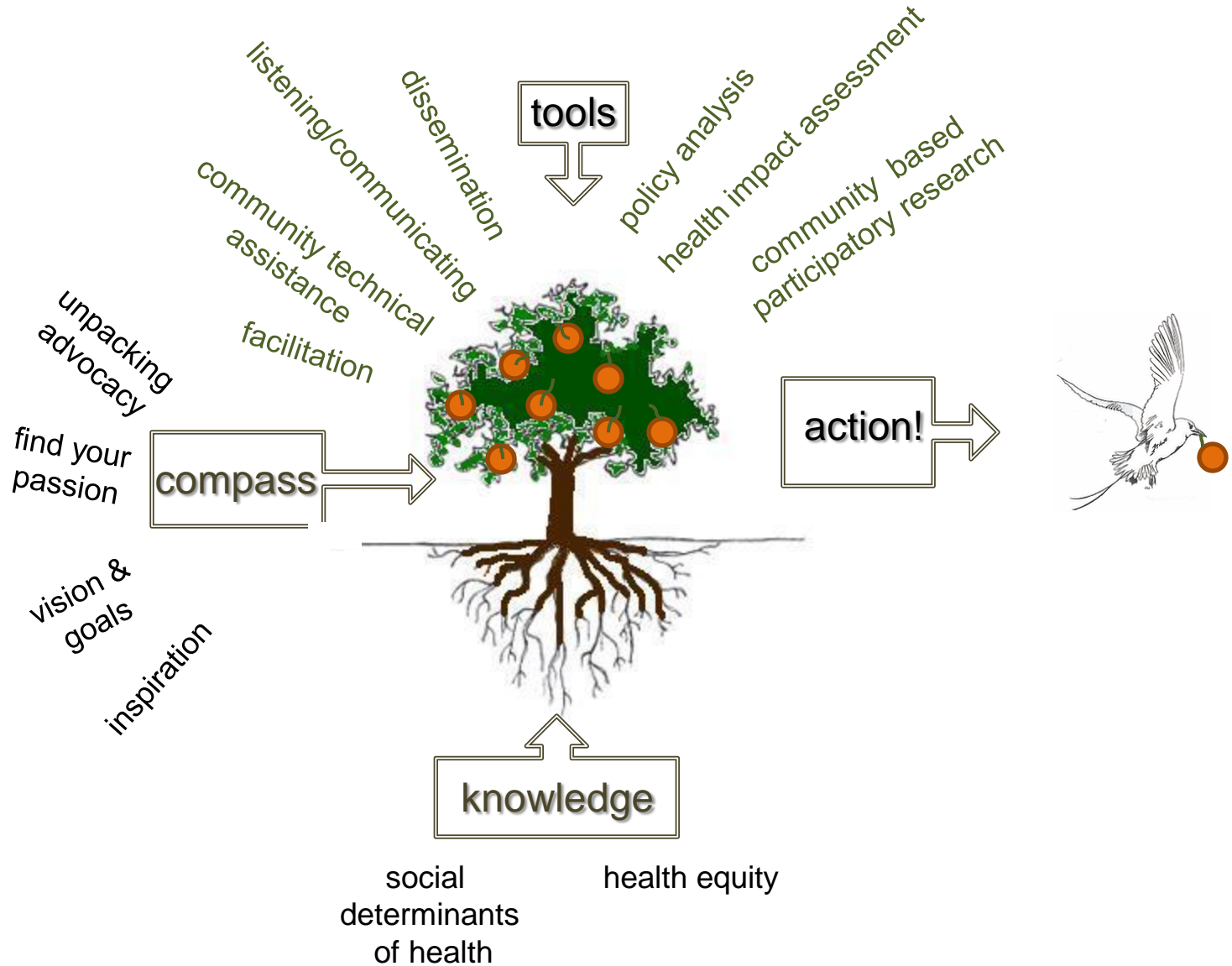
*develop personal skills – problem solving, communication, decision making, act independently on advice received (e.g. refusal skills)*

3. critical

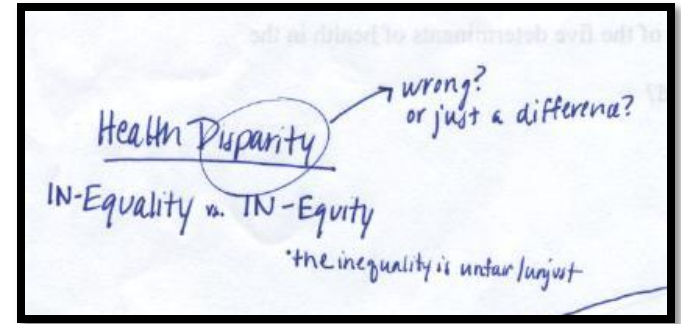


*Individual's understanding of the SDOH combined with the skills to take action at both the individual and community level (e.g. taking action on teen violence in the community)*

# JHA critical health literacy framework link to WCHD health equity workshop series



# WCHD Health Equity Workshop Series



- WS1: Introduction to social determinants of health (all staff)

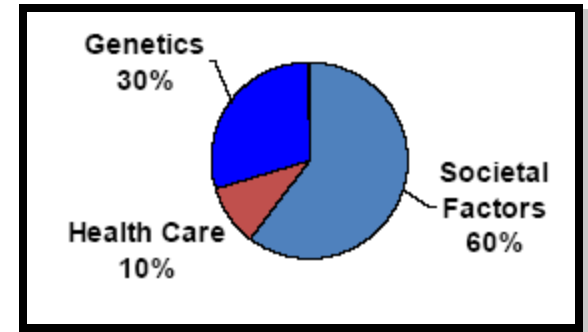
## HEALTH EQUITY TEAM IS FORMED

- WS2: Advocacy for health equity
- WS3: Operationalizing health equity at WCHD
- WS4: Tools for health equity
- WS5: Reflection and Evaluation

# WS1: Intro to population health

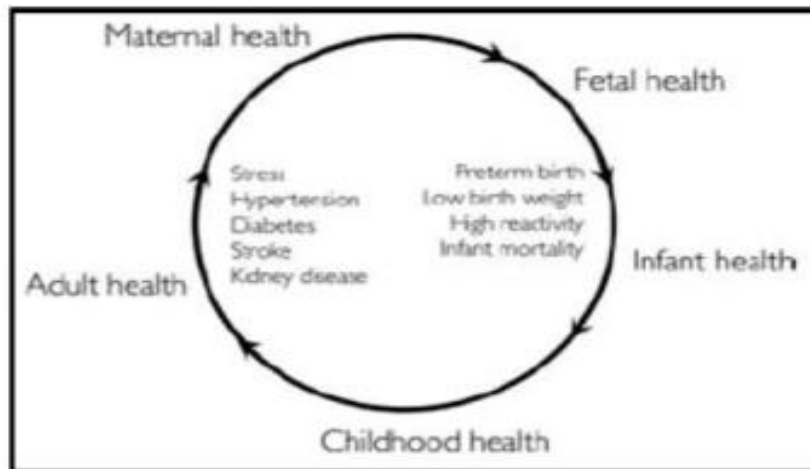
(June 18 and July 27, 2010)

1. What is population health?
2. What is the SDOH model?
3. Social factors shape biology

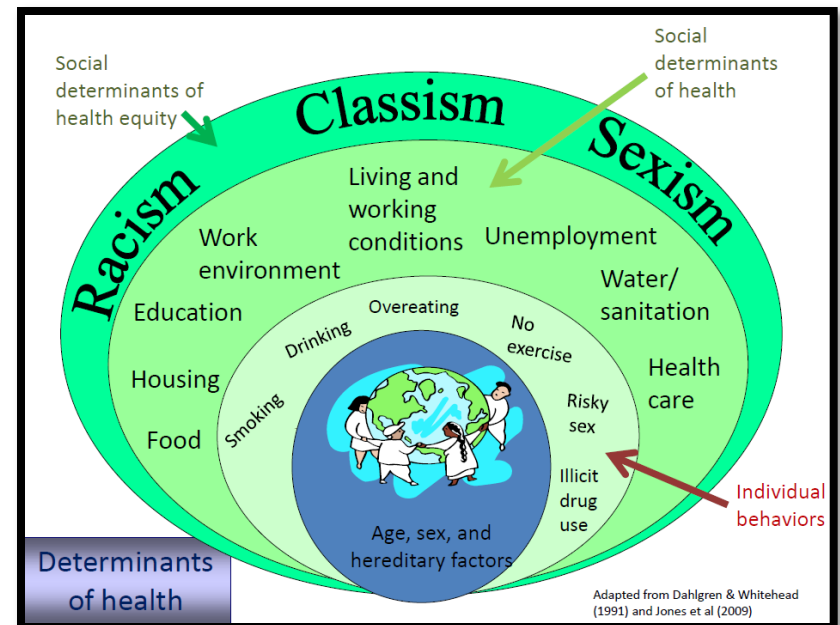


McGinnis, 2002

## Life Course Health Model



Gravlee, 2009

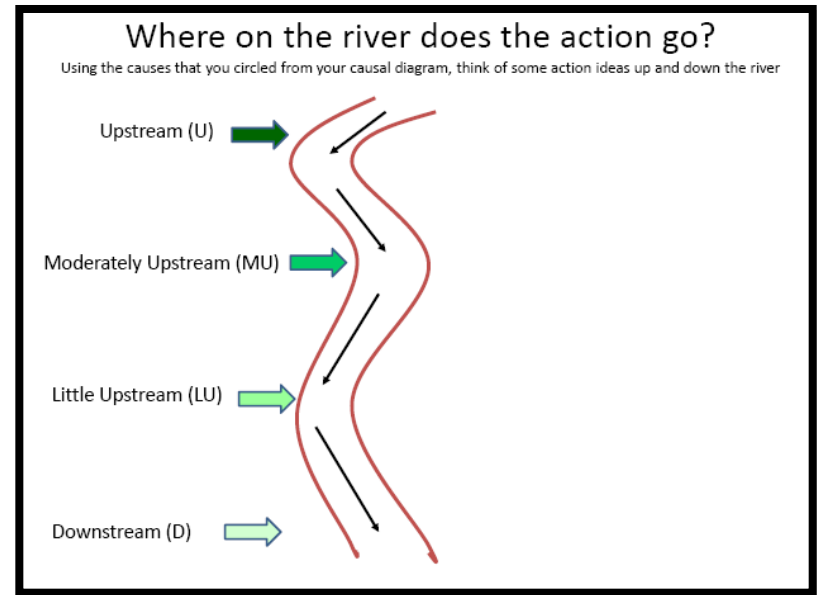
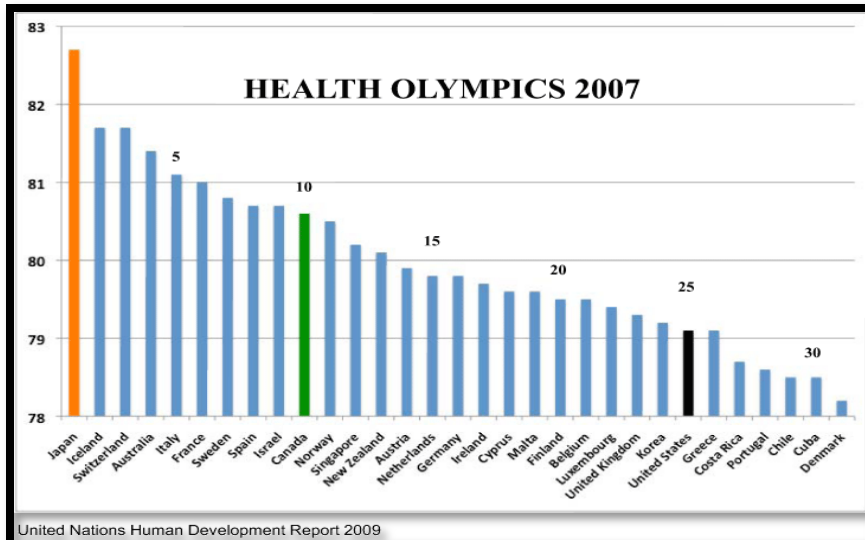
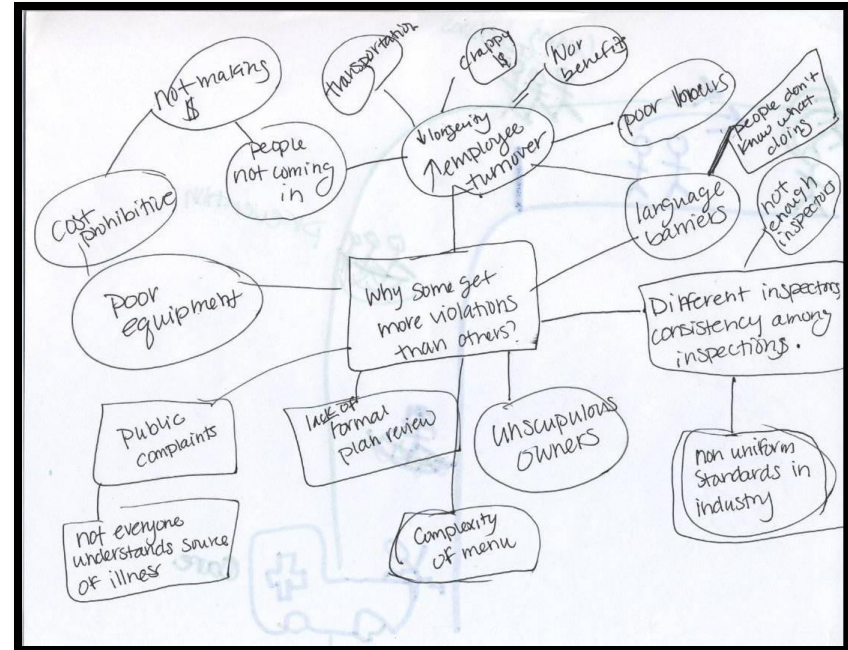


# WS1: Intro to population health (cont)

4. Health disparities vs inequities

5. "Causes of the causes" diagramming

6. Solutions to the causes



# WS 2: Advocacy for health equity

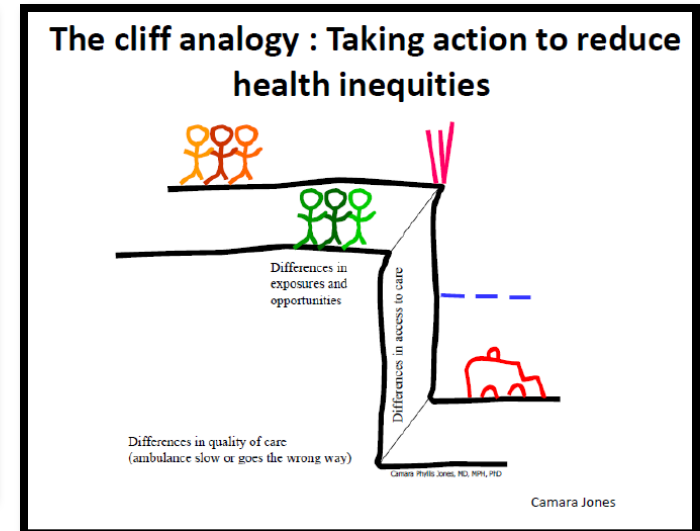
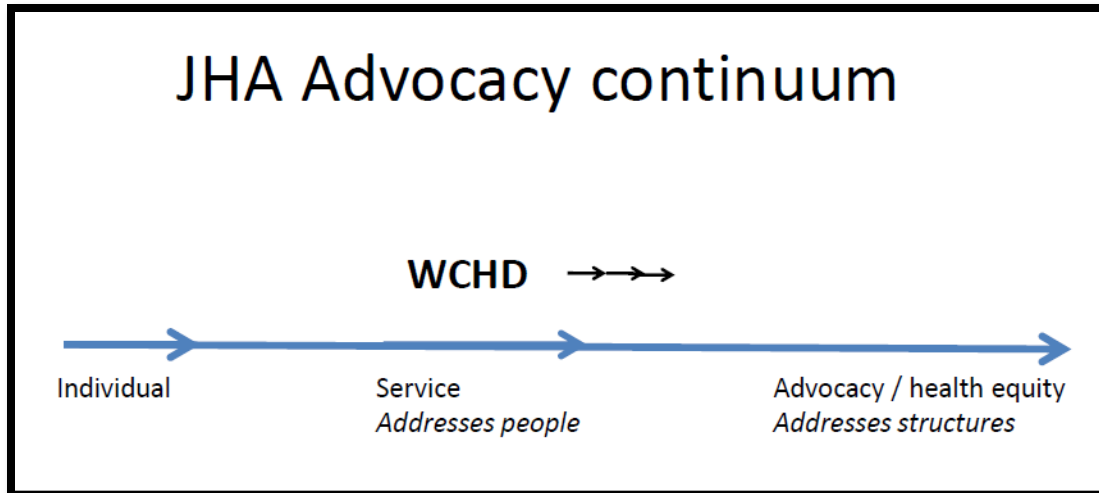
## 1. Is health equity in my job description?

- Public health rooted in egalitarian tradition from late 1800s in US.
- Public health founded on 3 basic principles
  - Social justice
  - Public responsibility for social health and welfare
  - Advocacy



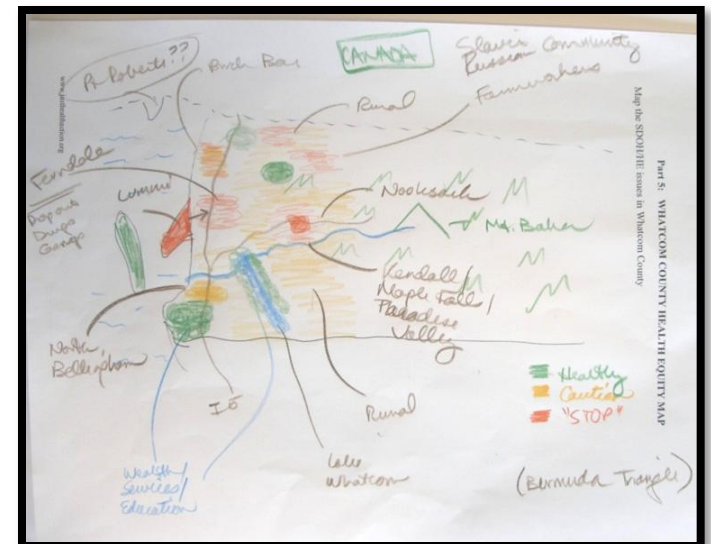
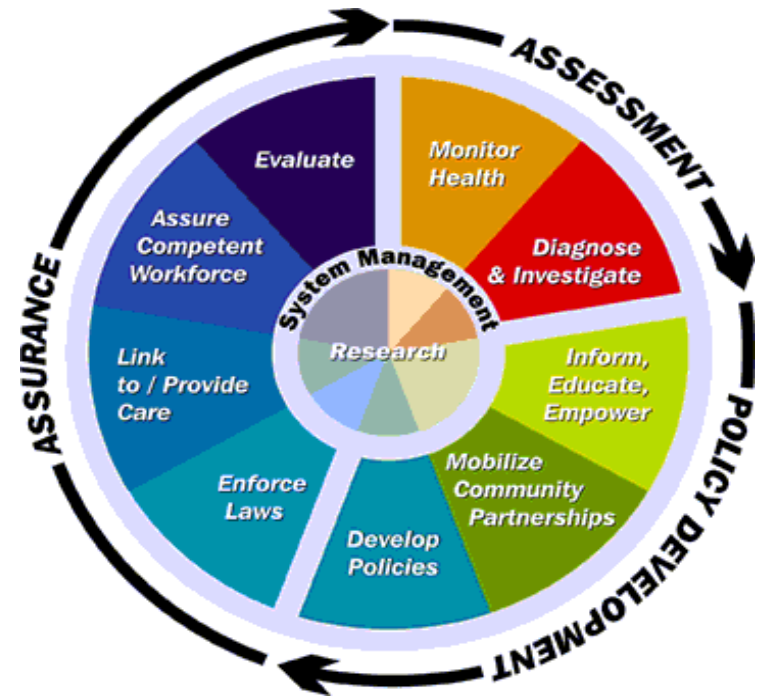
# WS2: Advocacy for health equity

2. JHA advocacy continuum
3. “Cliff analogy” and case study examples using health equity lens



# WS3: Operationalizing health equity at WCHD (September 28, 2010)

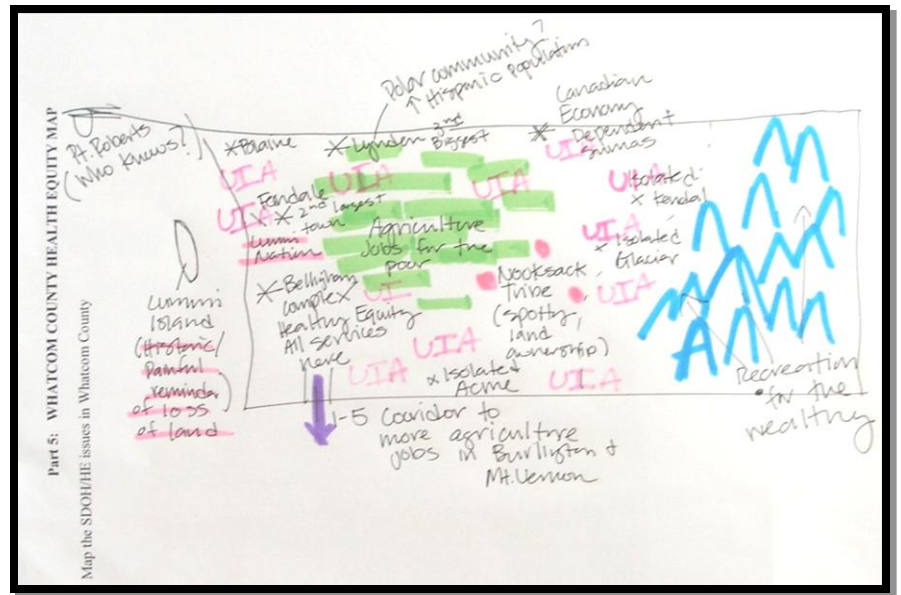
1. Establish credibility/power of the “health equity team”
2. WCHD SDOH analysis and mapping (6 parts)
3. WCHD role: public health core functions and link to health equity





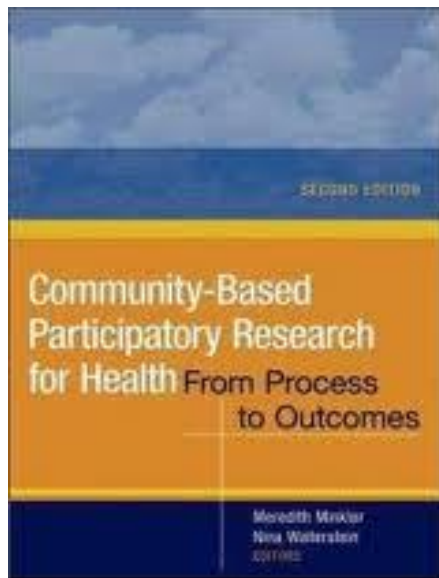
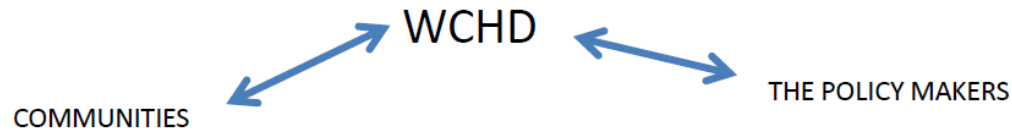
# WC SDOH Analysis

- What are the SDOH issues in WC?
- Who is affected?
- Where and how big are the problems?
- Why do the problems exist?
- Is this fair?
- MAP IT...



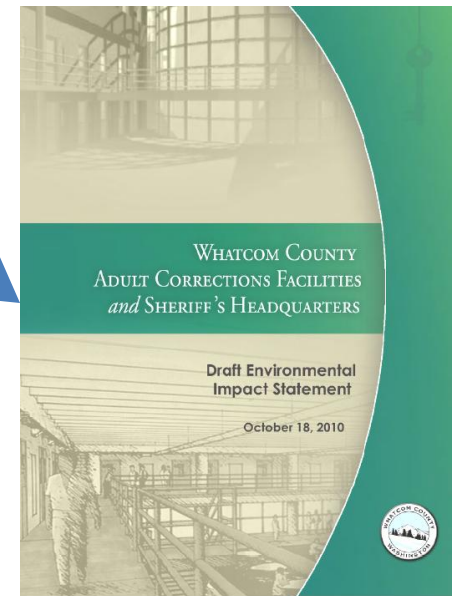
# Workshop 4: Tools for Health Equity

(January 25, 2011)



Health Impact Assessment exercise

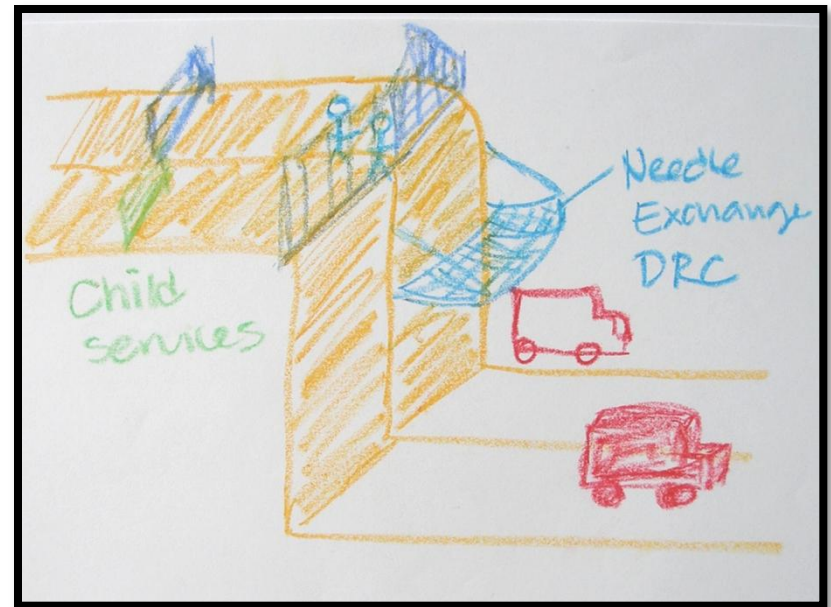
Community based participatory research exercise



# WS5: Reflection and Evaluation

(October 4, 2011)

- How has health equity been operationalized?
- Original WS goals reviewed and revised
- Administer JHA critical health literacy instrument
- Wrap up



# Health Equity Team: Operationalizing health equity in WC



- Confidential survey to ALL WCHD staff
  - WCHD current capacity to work in community in health equity issues
  - WCHD workplace as determinant of health
- CO-Communication project –
  - Contact and communication with vulnerable pops during emergency events (Slavic and Latino pops)
- Community Health Assessment
- CDC ACHIEVE Project – Equity as main vision
  - Bellingham – equity as “legacy goal”
  - Bellingham Master Pedestrian Plan

# What we learned

- Before starting the workshops
  - Administer skills assessment of staff



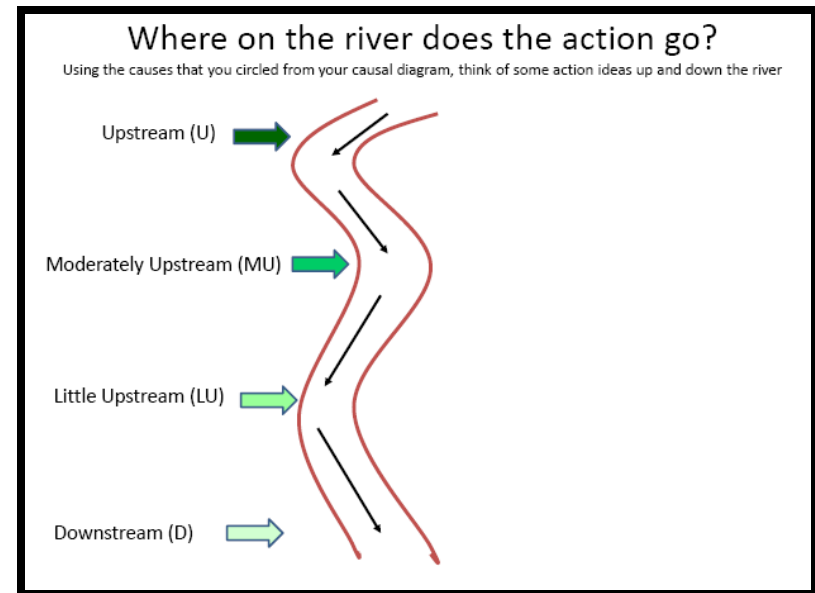
Health Equity Council

- Institutional readiness survey

# What we learned:

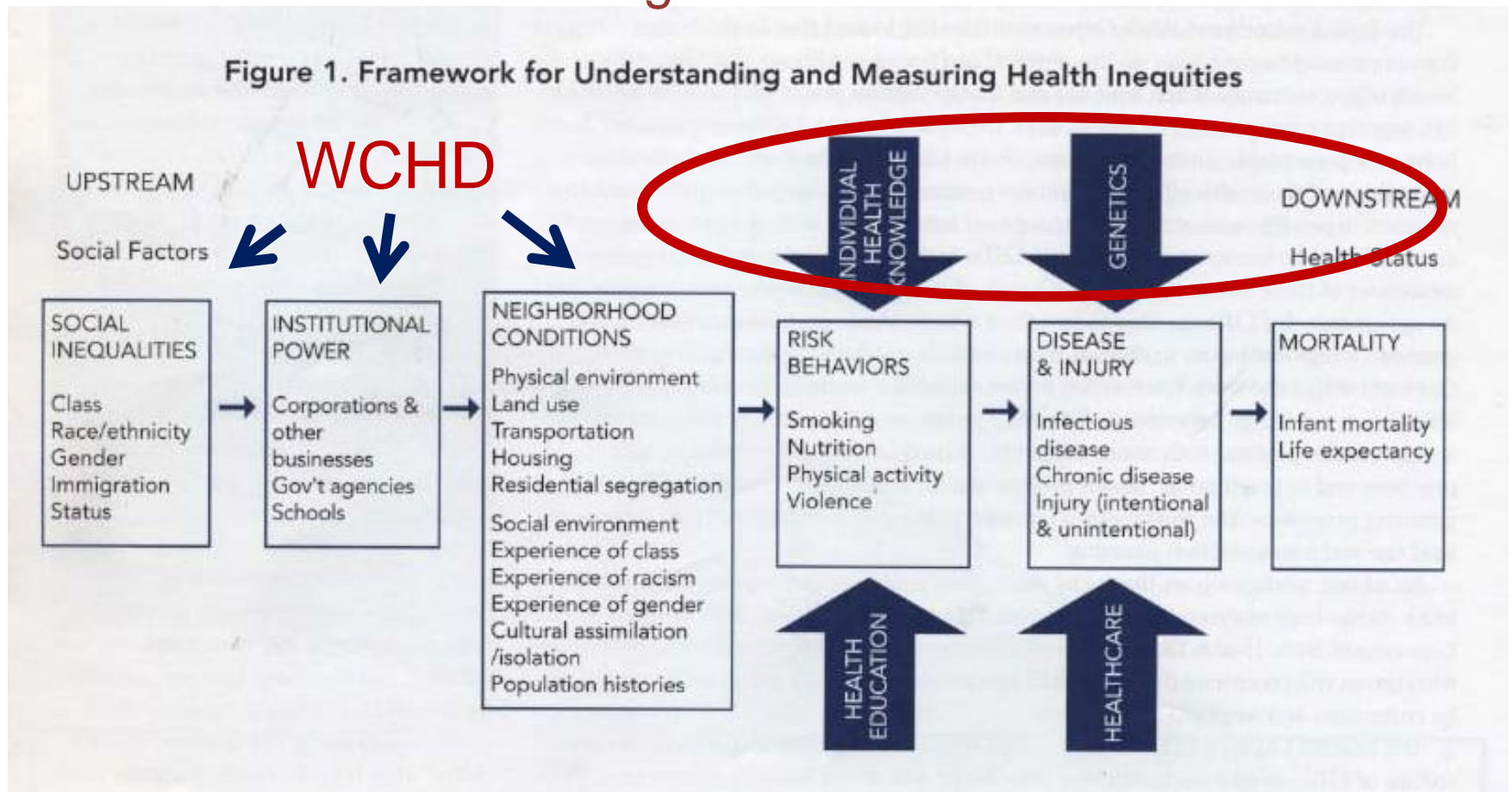
## Using appropriate examples

- Sometimes our examples seemed far-fetched or out of WCHD context
  - Overwhelming
  - Not empowering
  - Unrealistic
- Next time: work from the positive examples people are already doing and move “upstream” from there



# Respecting the institutional reality as we develop “upstream” actions

Each department/division/individual is at a different place on the continuum of change



# What we learned:

## Strengthen our process evaluation

- Debriefing with Astrid was a must but we would benefit from adding survey evaluations after each workshop





# What we learned: New exercises designed- Barriers to taking action



- Organization/institutional analysis
  - SWOT
  - Brainstorming ways around
- Outside analysis
  - Political – Health board
    - Beliefs/values
    - Semantics and messaging
  - *Cultural competency*
  - *Diversity*
  - *Health disparity*
  - *Social determinants of health*
  - *Social determinants of health equity*
  - *Social justice*
  - *Health equity*

# What was reinforced: Collaboration matters- build the time in



Astrid Newell, WCHD



Linn Gould, JHA



Liz Mogford, WWU



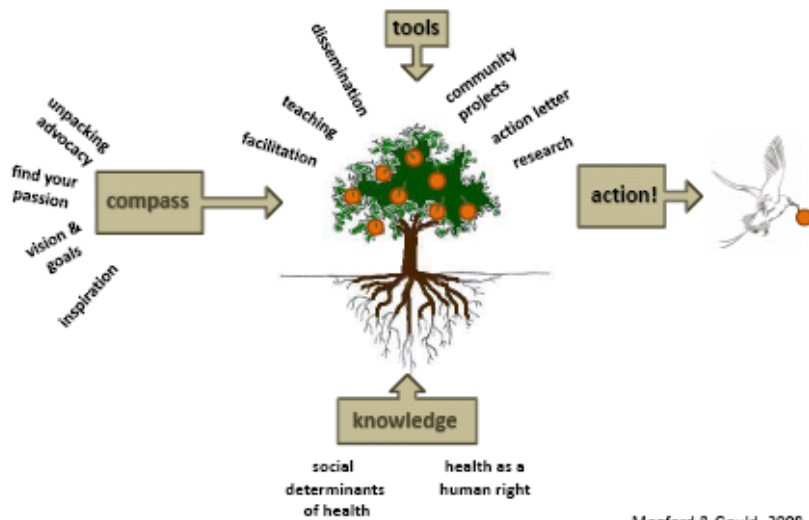
We are indebted to WCHD for  
trusting us and teaching us a lot!  
Thank you



# Interested in health equity training?



JHA critical health literacy framework



Mogford & Gould, 2008



Adaptado de Dahlgren & Whitehead (1991) and Jones et al 2009

# Thank you!

Linn Gould, MS, MPH

Just Health Action

[www.justhealthaction.org](http://www.justhealthaction.org)

[gouldjha@gmail.com](mailto:gouldjha@gmail.com)

(206) 324-0297



Liz Mogford, PhD, MPH

Western Washington

Bellingham, WA

[lmogford@wwu.edu](mailto:lmogford@wwu.edu)

(360) 220-9244



Astrid Newell, MD

Whatcom County Health Dept

[anewell@whatcomcounty.us](mailto:anewell@whatcomcounty.us)

(360) 676-4593 x 50802



# *We are Whatcom County...*

