Snapshot of Missouri Local Public Health through an Equity Lens

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MO DHSS AND LPHA PUBLIC HEALTH CONFERENCE
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Introduction
Health Equity

• All people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance.

• Various terminology used
  • Inequity = unfair, disparity = unequal
  • Health inequities, health disparities, health inequalities ➔ vulnerable populations
Social Determinants of Health

WHO Definition:
Social determinants of health (SDOH) are the conditions in which people are born, grow, live, work and age.

A girl born in Sierra Leone can expect to live into her 40’s, where counterpart in Japan has life expectancy into 80’s

CDC Health People 2020

Life Expectancy At Birth, By Years Of Education At Age 25, By Race And Sex, 2008.

S. Jay Olshansky et al. Health Aff 2012;31:1803-1813
Public health’s role in ensuring health equity

- assessing and reporting the existence and impact of healthy inequity
- partnering with other government and community organizations
- modifying interventions to meet the unique needs of vulnerable populations
- leading, supporting, and participating in interventions to reduce health inequities including policy, systems, and environmental changes that address social determinants of health
Study
Study Purpose

• To what extent are LPHAs in MO engaging in these activities to address health equity?

• What are the elements of the organizational climate that facilitate or hinder LPHAs engagement in programs and policies to promote the health of vulnerable populations (PPHE)?

• What are some additional training and skills sought by LPHA?
Survey Development

• A survey was developed based on theory and with input from local public health practitioners

• Questions were based on:
  - Consolidated Framework for Implementation Research- 4 domains of implementation climate: relative priority, tension for change, compatibility, and organizational incentives and rewards
  - previous frameworks and tools
  - current and emerging public health practice

• Survey was modified based on cognitive response testing with current and former LHD practitioners

Data Collection

• Survey was distributed to 115 local public health agency administrators in Missouri
• 92 respondents, 80% response rate
DESCRIPTIVE FINDINGS
Characteristics of LPHAs and Respondents

- Characteristics of LPHAs
  - ~80% Missouri LPHAs serve populations <50,000
  - Locally governed
  - Most have male (75%), white (98%) top executive

- Characteristics of Respondents
  - Primary Position: 90% Agency Director
  - 36% were in the position for 10+ years
  - 84% in public health 10+ years
### VP most in need of prevention and public health services in your jurisdiction (%)

<table>
<thead>
<tr>
<th>Vulnerable Populations</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty/low income</td>
<td>92</td>
</tr>
<tr>
<td>Low education</td>
<td>69</td>
</tr>
<tr>
<td>Elderly</td>
<td>69</td>
</tr>
<tr>
<td>Children/infants</td>
<td>66</td>
</tr>
<tr>
<td>Geographic area (e.g. remote areas, low-resource neighborhoods)</td>
<td>59</td>
</tr>
<tr>
<td>Disability status</td>
<td>30</td>
</tr>
<tr>
<td>Racial/ethnic minorities</td>
<td>26</td>
</tr>
<tr>
<td>Immigrant populations</td>
<td>20</td>
</tr>
<tr>
<td>LGBT populations</td>
<td>9</td>
</tr>
<tr>
<td>Gender</td>
<td>5</td>
</tr>
</tbody>
</table>
To what extent are LPHAs in MO engaging in activities to address health equity?
<table>
<thead>
<tr>
<th>LPHA functions that address health of vulnerable populations</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addressing VPs in strategic plan/action plan</td>
<td>26</td>
</tr>
<tr>
<td>Consideration of VPs during CHA/CHIP</td>
<td>97</td>
</tr>
<tr>
<td>Programs and policies that promote the health of VPs</td>
<td></td>
</tr>
<tr>
<td>In all programs or policies</td>
<td>33</td>
</tr>
<tr>
<td>In some programs and policies</td>
<td>64</td>
</tr>
<tr>
<td>In no programs and policies</td>
<td>3</td>
</tr>
<tr>
<td>Monitor health or analyze data related to VPs</td>
<td>56</td>
</tr>
<tr>
<td>Local champion or leader promotes health of VPs</td>
<td>24</td>
</tr>
</tbody>
</table>
## Specifics under CHA/CHIP around addressing the health of vulnerable populations

<table>
<thead>
<tr>
<th>Items</th>
<th>Within past 3 years (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess the health status of VP in community</td>
<td>61</td>
</tr>
<tr>
<td>Identify reduced medical access</td>
<td>67</td>
</tr>
<tr>
<td>Involve partners representing VP</td>
<td>87</td>
</tr>
<tr>
<td>Engage local policymakers in plans</td>
<td>69</td>
</tr>
<tr>
<td>Incorporate social determinants frameworks</td>
<td>42</td>
</tr>
<tr>
<td>Assess community in terms of policy environment, and/or public perceptions</td>
<td>64</td>
</tr>
<tr>
<td>Prioritize, identify or develop ordinances</td>
<td>36</td>
</tr>
<tr>
<td>Incorporate evidence-based approaches</td>
<td>60</td>
</tr>
<tr>
<td>Identify potential funding sources for interventions</td>
<td>62</td>
</tr>
</tbody>
</table>
Top 3 programs and/or policies that have been designed to promote the health of vulnerable populations

1. WIC/ Maternal and Child Health/ Family Planning
2. Immunizations
3. Health Education/ Healthy Eating/ Active Living
4. Home Health
5. Free/ Reduced Cost Clinics
6. Emergency Preparedness
7. Smoking Cessation/ Prevention
8. Chronic Disease Management
What are the elements of organizational climate that facilitate or hinder LPHA engagement in programs and policies to promote the health of vulnerable populations (PPHE)?
### Relative Priority of Programs and Policies that Promote the Health (PPHE) of Vulnerable Populations (%)

<table>
<thead>
<tr>
<th></th>
<th>strongly agree/agree</th>
<th>neither</th>
<th>disagree/strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important relative to current initiatives</td>
<td>86.2</td>
<td>12.5</td>
<td>1.2</td>
</tr>
<tr>
<td>Successfully prioritized</td>
<td>73.8</td>
<td>21.2</td>
<td>5.0</td>
</tr>
<tr>
<td>Do not conflict with other priorities</td>
<td>43.2</td>
<td>21.2</td>
<td>32.5</td>
</tr>
<tr>
<td></td>
<td>strongly agree/agree</td>
<td>neither</td>
<td>disagree/strongly disagree</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------------</td>
<td>---------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Internal push</td>
<td>66.7</td>
<td>25.9</td>
<td>7.5</td>
</tr>
<tr>
<td>Political push</td>
<td>24.7</td>
<td>38.3</td>
<td>37.0</td>
</tr>
<tr>
<td>Community push</td>
<td>39.5</td>
<td>34.6</td>
<td>25.9</td>
</tr>
<tr>
<td>Funding requirement</td>
<td>61.7</td>
<td>18.5</td>
<td>19.8</td>
</tr>
<tr>
<td>Essential to meet</td>
<td>88.9</td>
<td>8.6</td>
<td>2.5</td>
</tr>
<tr>
<td>community need</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Compatibility with PPHE for Vulnerable Populations (%)

<table>
<thead>
<tr>
<th></th>
<th>strongly agree/agree</th>
<th>neither</th>
<th>disagree/strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational values/norms</td>
<td>91.4</td>
<td>8.6</td>
<td>0</td>
</tr>
<tr>
<td>Other organizations values/norms</td>
<td>76.5</td>
<td>19.8</td>
<td>3.7</td>
</tr>
<tr>
<td>Existing organizational practices</td>
<td>88.9</td>
<td>11.1</td>
<td>0</td>
</tr>
<tr>
<td>Current programs</td>
<td>82.7</td>
<td>16.0</td>
<td>1.2</td>
</tr>
</tbody>
</table>
### Organizational Incentives/Rewards for PPHE Vulnerable Populations (%)

<table>
<thead>
<tr>
<th></th>
<th>strongly agree/agree</th>
<th>neither</th>
<th>disagree/strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are well regarded by organizational leadership</td>
<td>85.2</td>
<td>11.1</td>
<td>3.7</td>
</tr>
<tr>
<td>Teams/Individuals receive recognition</td>
<td>53.1</td>
<td>34.6</td>
<td>12.4</td>
</tr>
<tr>
<td>Feedback influences goals</td>
<td>65.4</td>
<td>27.2</td>
<td>7.4</td>
</tr>
<tr>
<td>Align with other organizational goals</td>
<td>70.4</td>
<td>27.2</td>
<td>2.5</td>
</tr>
</tbody>
</table>
Facilitators

Top 1-3 things that help your LPHA promote the health of VPs:

1. Funding
2. Media/ Social Media/ Advertising or Networking
3. Partnerships/ Coalitions
4. Education/ Training/ Investment of Staff
5. Staffing
6. Federal/ State/ Local Programs & Policies
7. Data
8. Awareness
9. Organization's Mission
10. Community Involvement/ Support/ Interest
11. Resources
Barriers
Top 1-3 things that get in the way of your LPHA promoting the health of VPs:

1. Funding/ Lack of
2. Limited Staff/ Training/ Resources
3. Time Constraints
4. Culture/ Political Climate
5. Lack of Interest/ Participation/ Denial
6. Lack of Data
Training that would help move LPHA toward promoting the health of vulnerable populations

- Incorporating social determinants frameworks and models (74%)
- Assessing the community needs and assets (72%) and health status of vulnerable populations in your community (71%)
- Incorporating evidence-based approaches to address the health of vulnerable populations (72%)
Training, continued

- Assessing access to care and health promoting resources among vulnerable populations (70%)
- Evaluating effectiveness of programs (76%) and changes in policies, systems, & environments (74%)
- Evaluating the effectiveness of collaborations (74%)
Case study: Obesity Prevention

Policies, systems and environments to improve equitable access to physical activity and healthy eating
LPHA role in promoting healthy eating and physical activity to meet the needs of VP
Food Environment Index (limited access to healthy foods and food insecurity), 2012-13

Dark= worst access

Source: County Health Rankings
Modified Retail Food Environment Score

Source: Community Commons
WIC-Authorized Stores Rate per 100,000 population

Source: Community Commons
SNAP-Authorized Retailers
Rate per 10,000 population

Source: Community Commons
Conclusions and Implications for Future Work

• LPHAs in MO recognize the importance of promoting the health of a wide range of vulnerable populations within their communities

• Developing and implementing these programs, policies, systems and environmental changes will require:
  - Increased funding
  - Increased support, incentives and push from outside political and community sources
  - Increased training in terms of social determinants frameworks; and how to assess the effectiveness of interventions and the collaborative relationships needed to create, implement and sustain these interventions
Discussion
1. Funding was an oft-cited barrier to working with vulnerable populations in our survey. What are your ideas for "small steps" to address this?

2. Several LPHAs cited that while vulnerable populations are important to consider, it was often hard to incorporate a focus on vulnerable populations in strategic plans. What are some initial steps to help LHDs move toward incorporating vulnerable populations in strategic plans or action plans?

3. In what ways can the lack of political and/or community support for promoting the health of vulnerable populations be overcome? (given large proportion of respondents indicated lack of political and community “push” or motivation to PPHE VPs?)

4. What are some strategies to increase training on social determinants?
Thank you!

Contact Information:

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