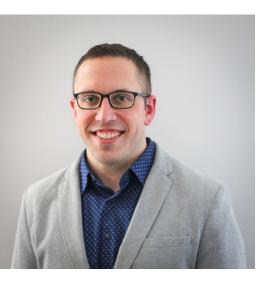


#### Massachusetts Community Health & Healthy Aging Funds Capacity Building Webinar #1

September 4, 2019

### Introductions





Nineequa Blanding Vice President, Grantmaking Director, Community Health & Healthy Aging Funds

#### Kevin Myers Program Officer, Community Health Fund





Abby Atkins Managing Director, M Community Health F Assessment Evaluation Lead, Community Health & Healthy Aging Funds

Jennifer Lee Managing Director, Grantmaking Program Officer, Healthy Aging Funds

### **Webinar Objectives**

- Understand the focus and intent of the Funds and their importance in advancing population health
- Identify need through engaging community and data
- Formulate and implement ideas that advance health and racial equity



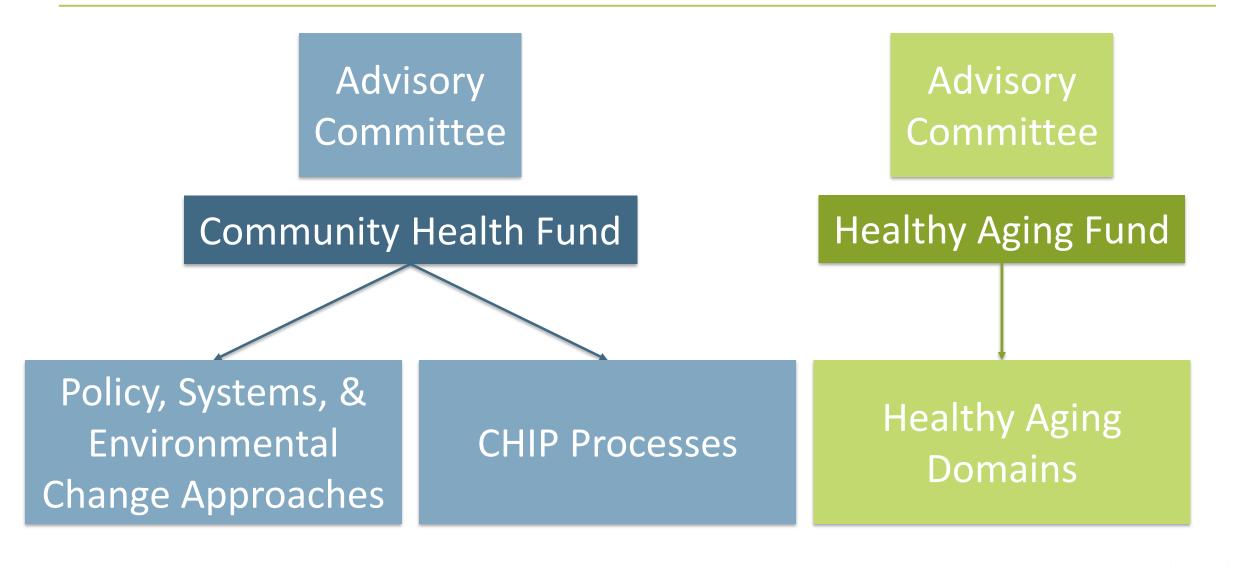
Торіс	Time
Background	15 minutes
From Idea Formation to Evaluation	10 minutes
Engaging Community and Identifying Need	20 minutes
Using Data to Define Your Idea	15 minutes
What's the Big Idea?	20 minutes
Resources	10 minutes

### Housekeeping

- If you have any **questions** related to this webinar, please type them into the chat box. Answers to questions raised will be available on the Frequently Asked Questions webpage.
- The webinar recording, slides, and transcript will also be available.
- To make this webinar accessible we will communicate all details on the slides.

# Background

### **Two Funds and Three Funding Opportunities**

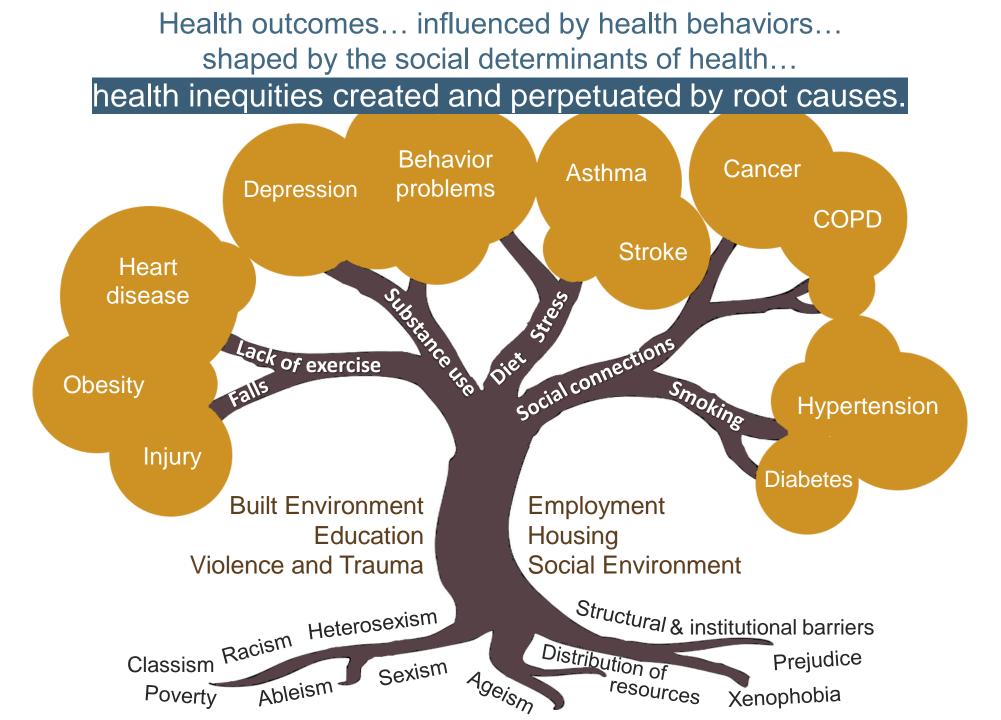


**Community Health Fund Vision:** Massachusetts communities are transformed so all residents have an equitable opportunity to have the highest quality of life possible.

**Healthy Aging Fund Vision**: The Healthy Aging Fund resources will contribute to equitable systems across sectors affecting community-level physical environments and social and economic conditions, ultimately leading to a better quality of life and health outcomes for older adults as they age in Massachusetts.

## **Upcoming Deadlines**

Healthy Aging Inquiry of Ideas (IOI)	Policy, Systems, Environmental Change Approach Inquiry of Ideas (IOI)	Community Health Improvement Planning (CHIP) Proposal
2:00pm, Wednesday	2:00pm, Wednesday,	2:00pm, Wednesday,
September 18, 2019	October 2, 2019	November 20, 2019



**Health Equity** - everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles to health — such as poverty, discrimination, and deep power imbalances — and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.\*

> "Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death."

\*Source: Human Impact Partners, Health Equity Guide https://healthequityguide.org/about/defining-health-equity/)

Martin Luther King Jr.

### **Additional Information**

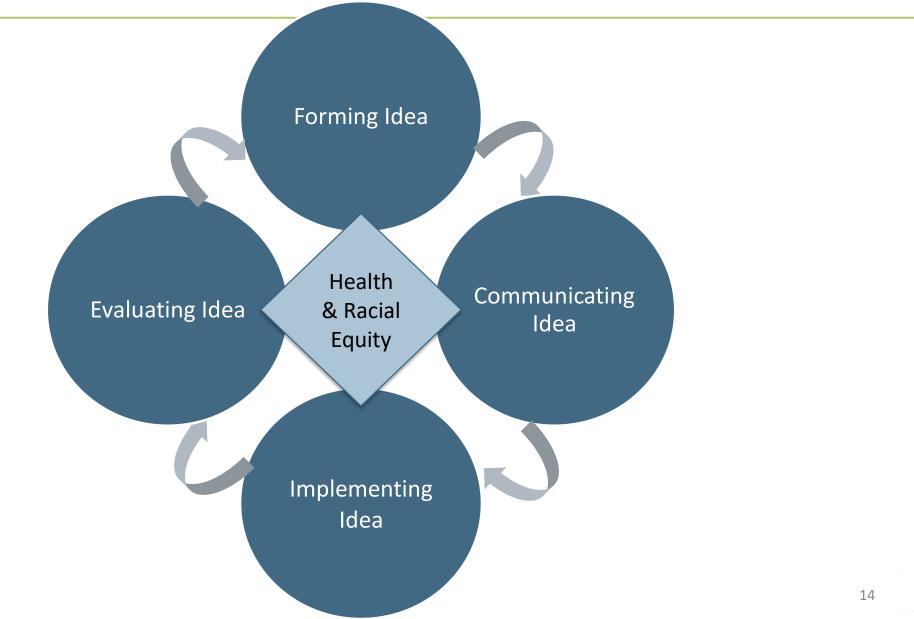
#### **Funding Announcement Webinars**

For more information on how to apply, you can view recordings, slides, and transcripts of the funding announcement webinars:

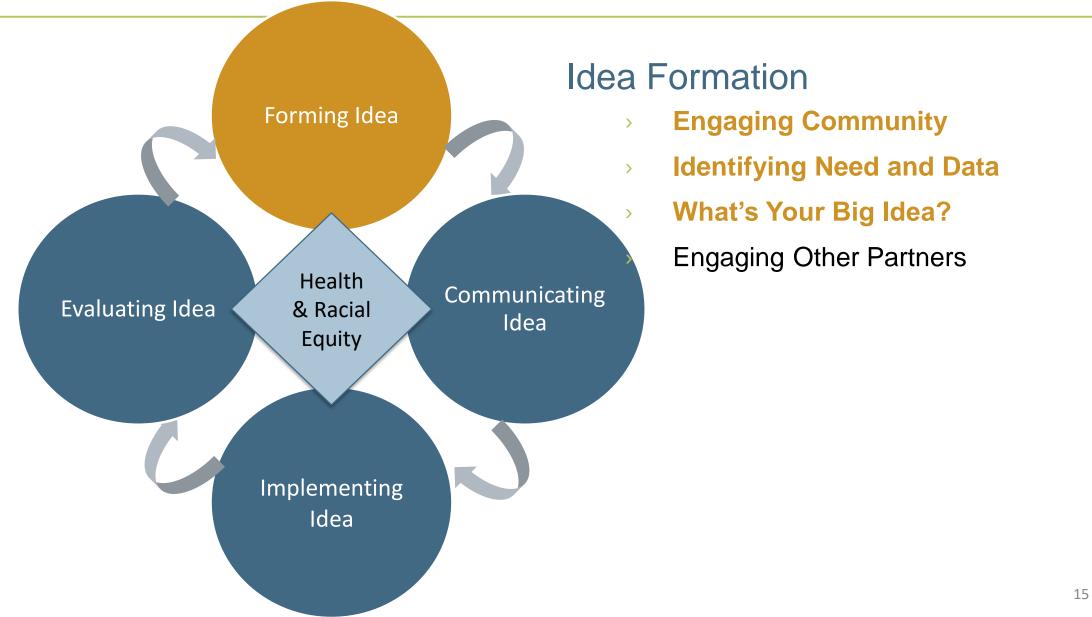
- Policy, Systems, and Environmental (PSE) Change Funding Announcement Webinar
  - Webinar Recording
  - Webinar Slides
  - Webinar Transcript
- Healthy Aging Funding Announcement Webinar
  - Webinar Recording
  - Webinar Slides
  - Webinar Transcript
- Community Health Improvement Planning (CHIP) Processes Funding Announcement Webinar
  - Webinar Recording
  - Webinar Slides
  - Webinar Transcript

# From Idea Formation to Evaluation

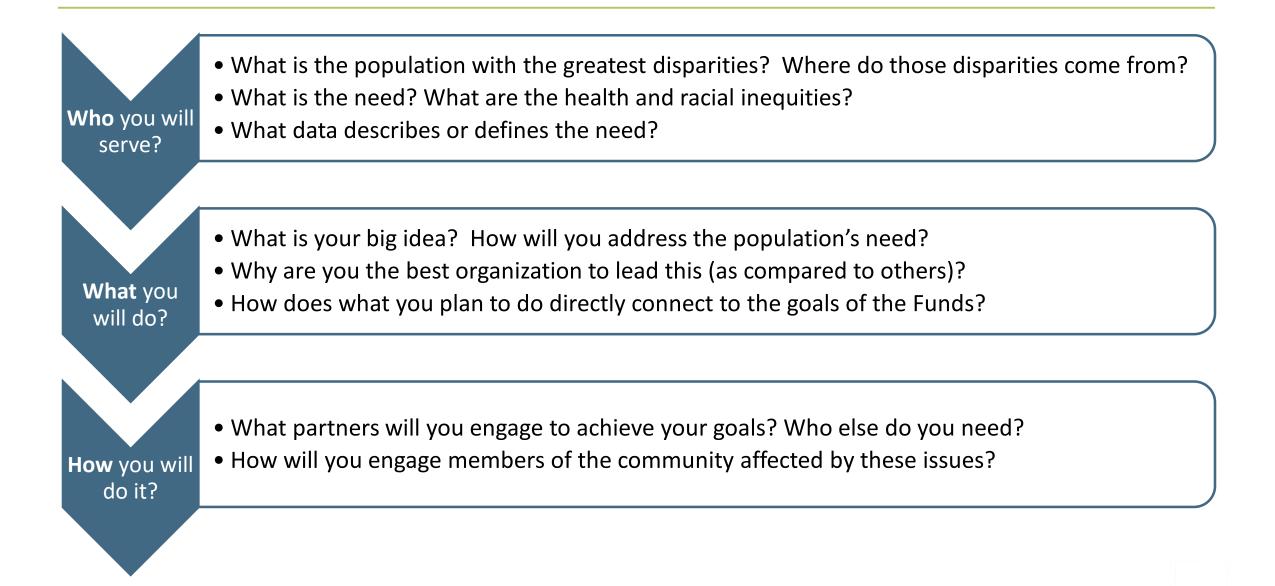
### **From Idea Formation to Evaluation**



### **From Idea Formation to Evaluation**



### **Idea Formation Guiding Questions**



### **Addressing Inequities Guiding Questions**

When considering a particular idea to address an inequity, we continuously ask four questions, especially considering people experiencing inequities:



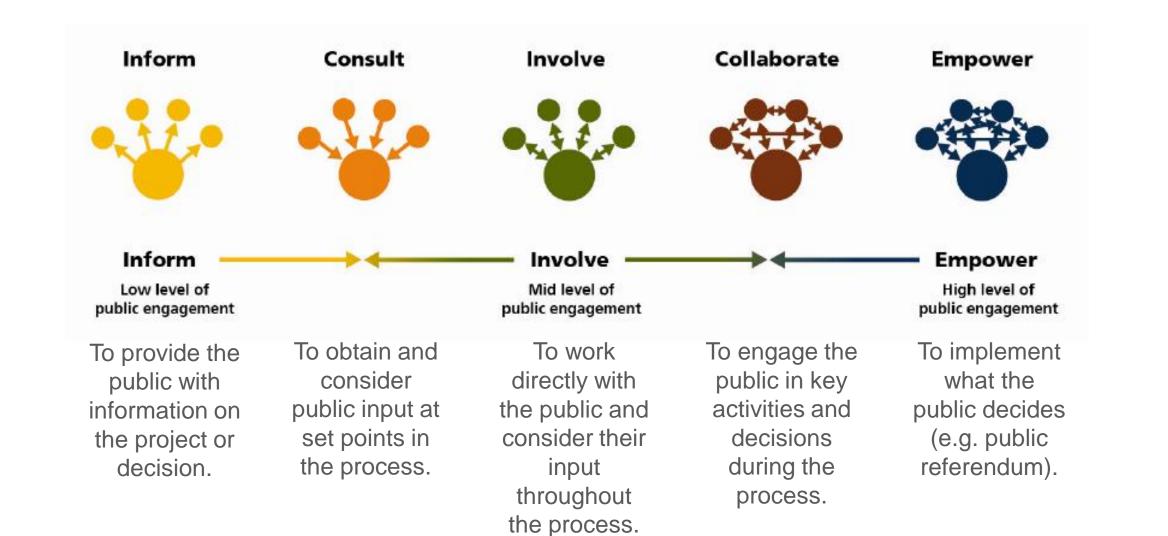
# **Engaging Community and Identifying Need**

### We Want to Hear From You!



#### How do you define *Community*?

### **Community Engagement Spectrum**



Source: http://tompkinscountyny.gov/tccp/publicparticipation

# **Key Considerations When Engaging Community**

- Engage community members with lived experience to understand challenges they face
- Understand who are decision makers and influencers and how might they be leveraged
- Understand how might other stakeholders may offer support in addressing the identified need

### We Want to Hear From You!

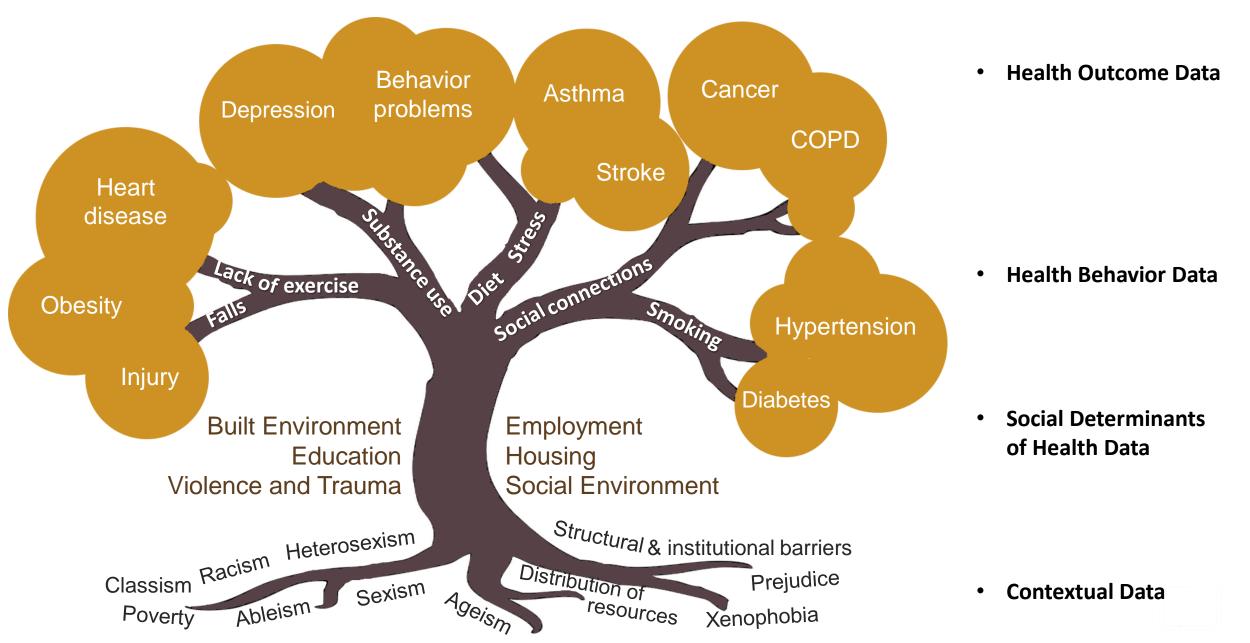


What strategies are effective in engaging your communities?

Where does your organization generally operate in the community engagement spectrum?

# Using Data to Define Your Idea

### **Data for Your Idea**



### **Sources of Health Data**

#### Health Surveys

- Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Survey (YRBS)
- Disease and Injury Registries
  - MA Cancer Registry, Weapon-related injury surveillance system, Vital Statistics

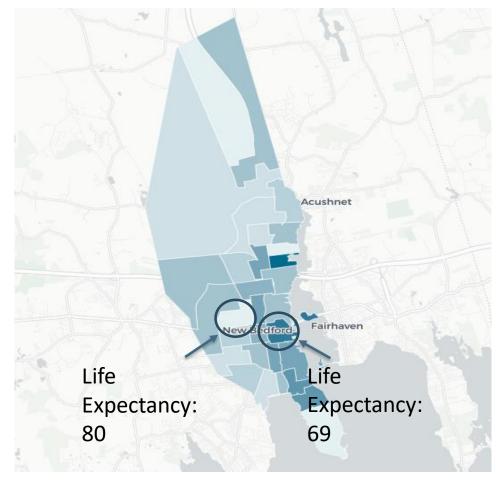
#### Clinical Data

Claims data, Emergency Room data, Electronic Health Record (EHR) data

#### Census Data

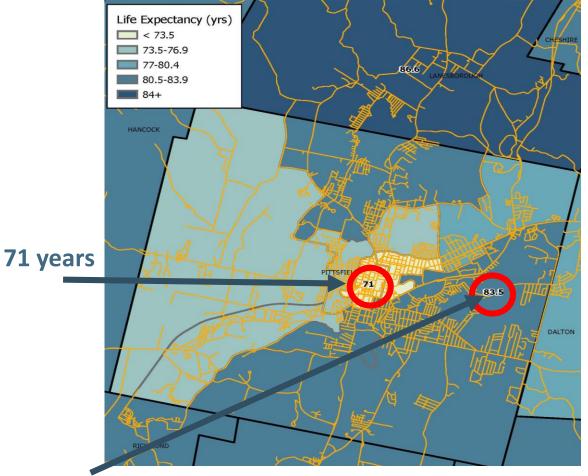
## **Health Disparities in Geographies – Life Expectancy**

### **New Bedford**



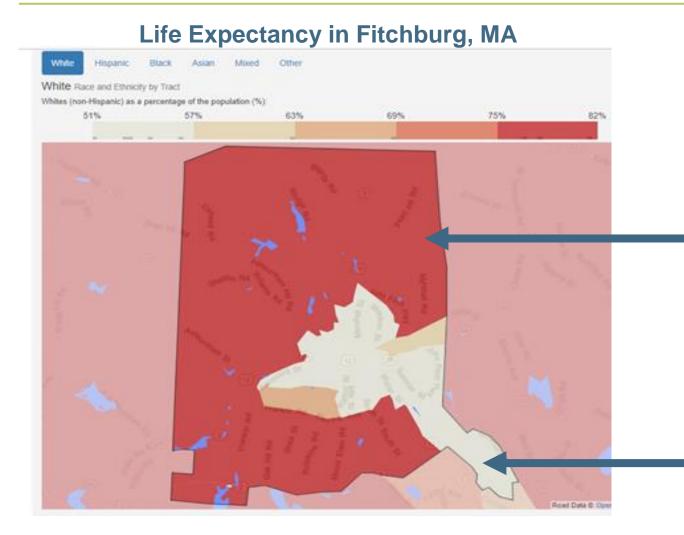
Data source: City Health Dashboard.

### **Pittsfield**



**83.5 years** Source: Berkshire Regional Planning Commission

### **Health Inequities in Populations and Geographies**



Census Tract 711100: 81.4% White Life Expectancy Estimate: 81.6

Census Tract 710100: 51.1% White Life Expectancy Estimate: 74.4

#### Population Health Information Tool (PHIT)

mass.gov/orgs/population-health-information-tool-phit

Topic BRFSS Single Yea Statewide Estimat	ar Ever Diag es A	Sub-topic jnosed with Predial mong MA Adults	betes A	Category Age-adjusted Percent	Sub-category All Education Levels
Year or Year Rang 2012 to 2016	e	Sex Total		Race/Ethnicity All - Hispanic	Age Group 18 years and over
Revise Query			Export	to Excel	Export to CSV Go to Footnotes
20.0 15.0 15.0 10.0 5.0 0.0 10.0	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	20 <sup>1</sup> Å 20 <sup>1</sup> Å Year	I the not asked	2010	

Geography	Year	Age-adjusted Percent	Lower CI	Upper CI
MA	2012	7.5	4.4	10.5
	2013	11	6.9	15.2
	2014	6.6	3.2	10.1

#### Massachusetts Healthy Aging Data Report

mahealthyagingcollaborative.org

COLI	LABORATIVE DATA REPORT PROGRAMS AGE-FRIENDLY RESOURCES JOIN NEWS								
DATA REPORT	HOME > DATA REPORT > EXPLORE THE REPORT +/-TEXT SIZE PRINT SIZE PRINT								
Explore the Report	Explore the Report								
Highlights Report	The Massachusetts Healthy Aging Data Report is designed to help								
Community Profiles	residents, agencies, providers and governments understand the older								
Infographic	adults who live in their cities and towns – their ages, living arrangements, health status, strengths and vulnerabilities. The report was first released in								
State Maps	January 2014 and updated in March 2015 and most recently in December								
Interactive Map	2018.								
Data Sources and Methods	The 2018 report includes 379 Community Profiles: 351 for each of the								
Find Other Data	Commonwealth's 351 cities and towns plus neighborhoods in Boston, Springfield, and Worcester. Each Community Profile includes 179								
Area Plans on Aging	indicators of individual and community health listed alongside state averages, allowing for a comparison of how a town is doing relative to the rest of the state by each variable.								
	The report was funded by Tufts Health Plan Foundation with research led by the Gerontology Institute of the John W. McCormack Graduate School of Policy and Global Studies at the University of Massachusetts Boston.								
	Explore the Report								
	<ul> <li>Read the 2018 Highlights Reports</li> <li>Explore the community profiles</li> <li>View an infographic of the data</li> <li>View the statewide health indicator maps</li> <li>Explore the interactive map</li> <li>Learn about the data sources</li> </ul>								

### County Health Rankings

#### countyhealthrankings.org

Back Tele	Back To Map Berkshire (BE) Show areas to explore Show areas of strength								
		County Demographics +							
lank 🔻	County			Berkshire County	Trend	Error Margin	Top U.S. Performers	Massachusetts	Rank (of 14)
1 2	Nantucket (NT) Middlesex (MI)	Health Outcomes							13
3 4	Norfolk (NO) Hampshire (HP)	Length of Life							14
5	Dukes (DU) Essex (ES)	Premature death	0	<u>7,400</u>	~	6,800- 8,000	5,400	5,700	
,	Franklin (FR)	Quality of Life							11
0 .0 .1 .2 .3	Plymouth (PL) Worcester (WO) Barnstable (BA) Suffolk (SU) Bristol (BR) Berkshire (BE)	Poor or fair health Poor physical health days Poor mental health days Low birthweight Additional Health Outcome	0	4.5 <u>8%</u>	d in ove	13-14% 3.6-3.9 4.3-4.7 7-9% erall ranking	12% 3.0 3.1 6%	14% 3.4 4.0 8%	
4	Hampden (HA)	Health Factors							11
Españo	1	Health Behaviors							8
		Adult smoking Adult obesity	0	15% 25%	~	15-16% 22-28%	14% 26%	14% 24%	

### County Health Rankings

#### countyhealthrankings.org

CountyMarginPerformersMassachusettsM							
Social & Economic Factors       11         High school graduation       88%       96%       88%         Some college       64%       61-68%       73%       73%         Unemployment       4.3%       2.9%       3.7%       10%       10%         Children in poverty       4.6%       3.7%       3.7%       10%					Performers	Massachusetts	Rank (of 14)
High school graduation       88%       96%       88%         Some college       64%       61-68%       73%       73%         Unemployment       4.3%       2.9%       3.7%         Children in poverty       165%       12-21%       11%       14%         Income inequality       4.8       4.6-5.1       3.7%       5.5         Children in single-parent       39%       34.43%       20%       31%         Social associations       11.5       1.9       9.4       144         Injury deaths       79       22.86       57       59         Additional Social & Economic Econom	Additional Clinical Care (not inc	luded in c	verall r	anking) <b>+</b>			
Some college64%61-68%73%73%73%Unemployment4.3%✓1.9%3.7%3.7%Children in poverty16%✓12-21%11%14%Income inequality4.84.6-5.13.7%5.5Children in single-parent39%✓34-43%20%31%Social associations11.5✓11.99.4Violent crime420✓5.5364Injury deaths7972-865759Physical Exconometry125.5Lational Sector Se	Social & Economic Factors						11
Line of the powerLineLineLineUnemployment4.3%I2.9%3.7%Children in poverty16%I12-21%11%14%Income inequality4.84.6-5.13.75.5Children in single-parent households39%34-43%20%31%Social associations11.5I.99.4Violent crime trime420Image: Power384Injury deaths7972-865759Additional Social & Economic Factors (not include in oversite) <b>111</b> Air pollution - particulate matter trip structure <b>9</b> 7.7Image: Power <b>1</b> Severe housing problems17%15-18%9%18%Priving alone to work78%76-80%72%71%	High school graduation	88%			96%	88%	
Children in poverty16%Image: Parent bill12-21%11%14%Income inequality4.84.6-5.13.75.5Children in single-parent biouseholds39%34-43%20%31%Social associations11.521.99.4Violent crime420Image: Parent biouseholds384Injury deaths7972-865759Additional Social & Economic Factors (not include tin overall ranking) +12Physical Environment7.7Image: Parent biousehousehousehousehousehousehousehouseh	Some college	64%		61-68%	73%	73%	
Income inequality4.84.6-5.13.75.5Children in single-parent households39%34-43%20%31%Social associations11.521.99.4Violent crime420✓63384Injury deaths7972-865759Additional Social & Economic Factors (not inclusive in overall with sectors)+12Physical Environment7.7✓6.17.7Drinking water violationsYes518%Severe housing problems17%15-18%9%18%Driving alone to work28%76-80%72%72%	Unemployment	4.3%	~		2.9%	3.7%	
Children in single-parent households39%34-43%20%31%Social associations11.521.99.4Violent crime420<	Children in poverty	<u>16%</u>	~	12-21%	11%	14%	
households347.4347.420%31%Social associations11.521.99.4Violent crime420•63384Injury deaths7972-865759Additional Social & Economic Fortunations7972-865759Physical Environment12Air pollution - particulate matter7,7•5.17.7Drinking water violationsYesSevere housing problems17%15-18%9%18%Driving alone to work78%76-80%72%71%	Income inequality	4.8		4.6-5.1	3.7	5.5	
Violent crime420C63384Injury deaths7972-865759Additional Social & Economic Factors (not real to overal		39%		34-43%	20%	31%	
Injury deaths7972-865759Additional Social & Economic Econom	Social associations	11.5			21.9	9.4	
Additional Social & Economic Factors (not include in overall ranking) +         Physical Environment       12         Air pollution - particulate matter       •       7.7       •       6.1       7.7         Drinking water violations       Yes       -       -       15-18%       9%       18%         Severe housing problems       17%       15-18%       9%       18%         Driving alone to work       78%       76-80%       72%       71%	Violent crime	420	~		63	384	
Physical Environment       12         Air pollution - particulate matter       7.7       6.1       7.7         Drinking water violations       Yes       5       5         Severe housing problems       17%       15-18%       9%       18%         Driving alone to work       78%       76-80%       72%       71%	Injury deaths	79		72-86	57	59	
Air pollution - particulate matterImage: Constraint of the second se	Additional Social & Economic Fa	actors (no	t includ	ed in overa	ll ranking) +		
Drinking water violationsYesSevere housing problems17%15-18%9%18%Driving alone to work78%76-80%72%71%	Physical Environment						12
Severe housing problems         17%         15-18%         9%         18%           Driving alone to work         78%         76-80%         72%         71%	Air pollution - particulate matter	7.7	~		6.1	7.7	
Driving alone to work         78%         76-80%         72%         71%	Drinking water violations	Yes					
	Severe housing problems	17%		15-18%	9%	18%	
Long commute - driving alone 23% 22-25% 15% 42%	Driving alone to work	<u>78%</u>		76-80%	72%	71%	
	Long commute - driving alone	23%		22-25%	15%	42%	

#### National Equity Atlas nationalequityatlas.org



Begin with the U.S. Summary 🌖

By 2044, the majority of Americans will be people of color. Rising diversity is a tremendous asset—if all can access the resources and opportunities they need to thrive.

Explore the Atlas to get data on changing demographics, racial inclusion, and the economic benefits of equity—in your city, region, state, and nationwide. Begin with the U.S. Summary to explore indicators like the map below.

Percent people of color by County, 2050

The Face of America is

20% 40% 60% 80%

Changing

#### ChangeLab Solutions changelabsolutions.org



#### The Health & Housing Starter Kit

This guide was developed to help local institutions take their first steps toward creating bold and innovative health and housing initiatives.

LEARN MORE >>

#### The BLOCK Project

This project draws on the expertise of community advocates, academics, and practitioners from across the country to highlight cutting-edge health and housing work.





### **Additional Resources**

- Community Commons communitycommons.org
- RWJF City Health Dashboard cityhealthdashboard.com
- Opportunity Index opportunity index.org
- State/Community Health Needs Assessments
  - 2017 Massachusetts State Health Assessment <u>www.mass.gov/service-details/2017-state-health-assessment</u>
  - Local Hospital Community Health Needs Assessments see local hospital websites
  - Local Health Department Health Assessments see local health department
- Organization/Agency data
  - Quantitative
  - Qualitative

#### We Want to Hear From You!



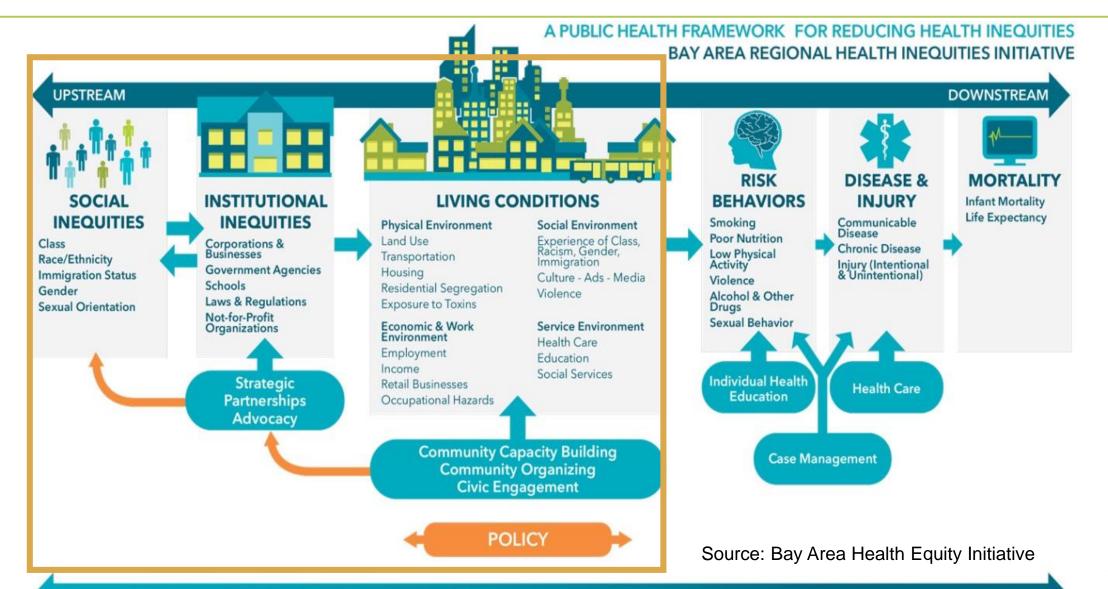
What are other data sources that you're aware of, or that you've used before, that we haven't listed and that you'd suggest to your peers?

### **Data Limitations**

- Population or number of respondents is small
- Limitations to specific data sets
- Data is generalized
- Data is outdated
- Data might be invalid or not reliable important to check sources
- Additional Resources
  - <u>Using Data to Tell Your Story</u>: Webinar recording by the Community Health Training Institute that describes how to tell a compelling story with health data.
  - Visit website (<u>www.mass.gov/MAHealthFunds</u>) for resources
  - E-mail questions to CHFund@hria.org or HealthyAgingFund@hria.org
  - Schedule phone call with a TA provider

# What's Your Big Idea?

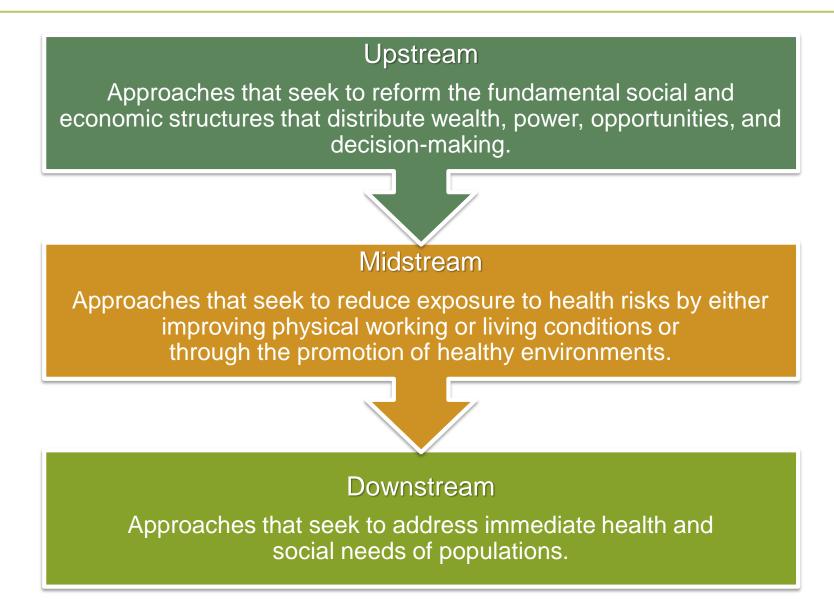
## **Moving Upstream to Reduce Health Inequities**



#### **Emerging Public Health Practice**

**Current Public Health Practice** 

### **Health Equity Takes Us Upstream**



## We Want to Hear From You!



Consider the upstream, midstream, and downstream approaches from the previous slide:

- 1) Where does your organization typically operate?
- 2) What would it look like for your organization to move that work upstream?

## **Working Upstream**

Policy	<b>Policy improvements may include:</b> a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions.
Systems	Systems improvements may include: change that impacts all elements, including social norms of an organization, institution, or system.
Environmental	<b>Environmental improvements may include:</b> change of the physical, social, or economic environment.

## Policy, Systems, & Environmental (PSE) Change Approaches

### A Programs Approach



Hosting a community bike ride



VS.

Implementing a Complete Streets policy to ensure community roads are designed to be safe and accessible for all users

**A PSE Change Approach** 



Having an "open gym night" at a local school



Implementing a town-wide Joint Use Agreement enabling community members to have access to the school's gym and fields when school is not in session



Working with a corner store to become a designated Healthy Market



Creating a city-wide healthy retail program that supports food retailers to offer a variety of products and fresh, affordable healthy foods



Opening and maintaining a community garden



Passing a municipal urban agriculture ordinance or policy which allows residents to use space for community gardens

## **The Four Questions**

When considering a particular idea to address an inequity, we continuously ask four questions, especially considering people experiencing inequities:



### Policy, Systems, & Environmental (PSE) Resources

<u>Preparing Your Community for Policy Change</u>: Webinar recording by the Community Health Training Institute that describes how to engage stakeholders to promote PSE change, leverage local data and community voice, and present at a town hall or board meeting.

Engaging Local Officials in Your Work: Webinar recording by the Community Health Training Institute that outlines policy, systems, and environmental change approaches and how to engage local officials.

<u>The Groundwater Approach</u>: A document from the Racial Equity Institute highlighting a metaphor to help individuals understand that we live in a racially structured society, and that *that* is what causes racial inequity.

## Resources

## **Capacity Building and Technical Assistance**

- Register for Thursday, September 12, 2019, 10:30-12:00 webinar
  - Learn how to engage other partners in your PSE approach, communicate your idea, and submit your idea to these funding opportunities
- E-mail questions to <u>CHFund@hria.org</u> or <u>HealthyAgingFund@hria.org</u>
- Visit our Frequently Asked Questions webpage
- Sign up for a 15-minute phone session with a technical assistance provider to discuss additional questions

## **Visit Our Website**



www.Mass.gov/MAHealthFunds

## **Upcoming Deadlines**

Healthy Aging Inquiry of Ideas (IOI)	Policy, Systems, Environmental Change Approach Inquiry of Ideas (IOI)	Community Health Improvement Planning (CHIP) Proposal
2:00pm, Wednesday	2:00pm, Wednesday,	2:00pm, Wednesday,
September 18, 2019	October 2, 2019	November 20, 2019

## **Contact Information**

#### **Nineequa Blanding, MPH**

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Managing Director, Grantmaking Program Officer, Healthy Aging Fund Health Resources in Action jlee@hria.org

#### Kevin Myers, MSPH Program Officer, Community Health Fund Health Resources in Action kmyers@hria.org

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