Measuring Equity

Invest Health Convening Workshop

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Center for Social Inclusion

The Center for Social Inclusion's mission is to catalyze grassroots community, government, and other institutions to dismantle structural racial inequity.



Government Alliance on Race and Equity

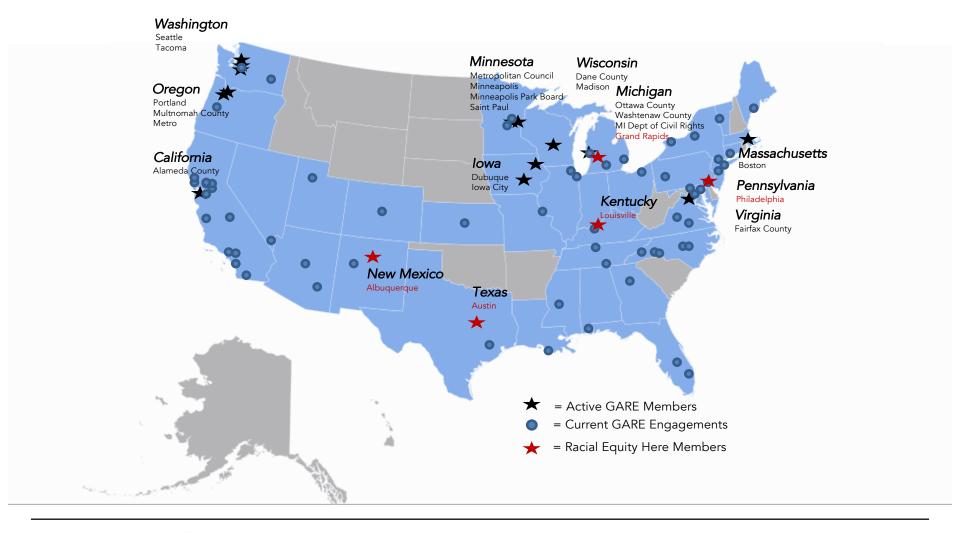
A national network of government working to achieve racial equity and advance opportunities for all.

- ✓ Supporting jurisdictions at the forefront
- Expanding jurisdictions in 30 states and more than 100 cities all levels of government
- Providing tools and resources to put theory into action





Government Alliance on Race and Equity







National best practice

Normalize

- A shared analysis and definitions
- Urgency / prioritize

Visualize

- Operationalize
 Racial equity tools
- Data to develop strategies and drive results

Organize

- Internal infrastructure
- Partnerships





Public Health & "Equity"

Health Disparities: Differences in health that are unfair because they result from social and health policies, conditions, and practices that can be changed.

Social determinants of Health: The places we live, learn, work and play have a tremendous impact on our health.

Health Equity: Everyone has a fair opportunity to live a long, healthy life. Implies that health should not be compromised or disadvantaged because of an individual or population group's race, ethnicity, gender, income, sexual orientation, neighborhood or other social condition.

Social determinants of Equity: Considers systems of power-like RACE. Considers root causes, structures and systems.



Invest Health and CSI

- CSI tapped to provide perspectives/presentations in last convening, led to deeper engagement based on participant feedback
- CSI has surveyed the network to understand needs, established an Invest Health Equity Committee (met 2x virtually to drive design/content for learning journey)
- CSI has completed one webinar for the network
- Committee members include: Westminster, CO, Tallahassee, FL, Napa, CA, Peoria, IL, LaHarbra, CA, Roseville, CA, Gulfport, MS, Akron, OH, Portland, ME, Riverside, CA & Youngstown, OH
- Equity Committee Members include, <To join email snoor@thecsi.org>:





With a partner, discuss this question

What are your current challenges/ opportunities in regards to equity and measurement?





Look at Racial Disparities in Outcomes

Black, non-Hispanic people had the **highest** age-adjusted total **mortality rate** in the State

New York State 2011-2013

Black babies <u>premature births</u>
and low birthweight were almost
double that of white babies

Black and Latino rates of <u>diabetes</u> related deaths and hospitalizations were 2-4X the rate of whites

Black New Yorkers had more than 5X the rate and Latinos had 4X the rate of <u>asthma</u> hospitalizations compared to whites

We need tools.

Results Based Accountability (RBA)

Community Centered, Race Equity Lens as the Foundation for Data Collection and Use

Community leaders and early adopters (or Core Team) of staff responsible for developing a plan of action to Identify, collect, and use data

Creation of a transparent, non-punitive data *analysis* and *use* culture that is distinct from compliance for funders or deficit orientation

Community Centered, Race Equity Lens as the Foundation for Data Collection and Use

Rigor and discipline

Distinguishing between experimentation and thoughtful testing of ideas that will likely work to disrupt and shift racially disproportionate outcomes.

Authentic, trusting relationships so that when data goes in the wrong direction, the group will encourage and empower people to seek solutions rather than blame team members

Use Disaggregated Data to Inform Your Decisions

...because there are unintended consequences of stopping at the first cut of data

Answer the Q:

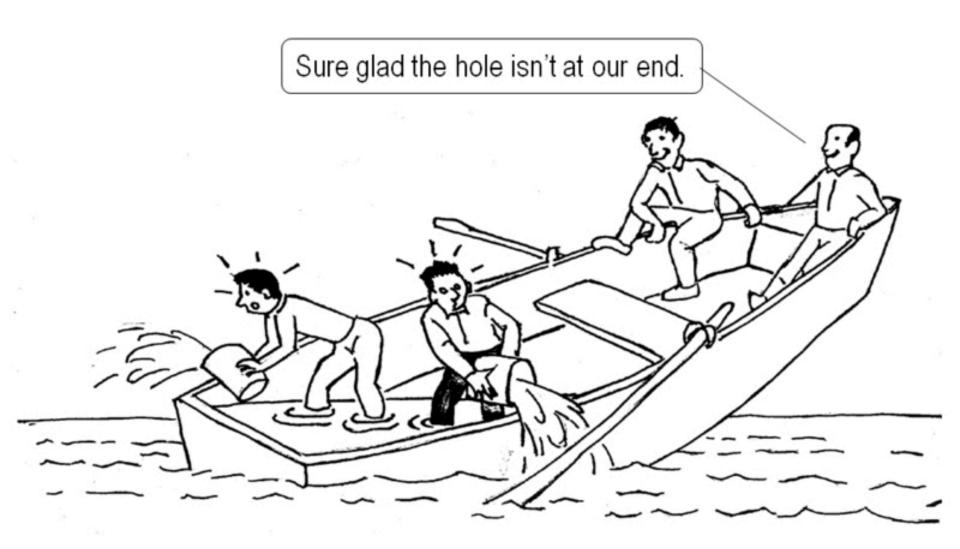
Whose lives are you looking to impact?

Then disaggregate by race, ethnicity, gender, language, etc.

Root Cause Analysis



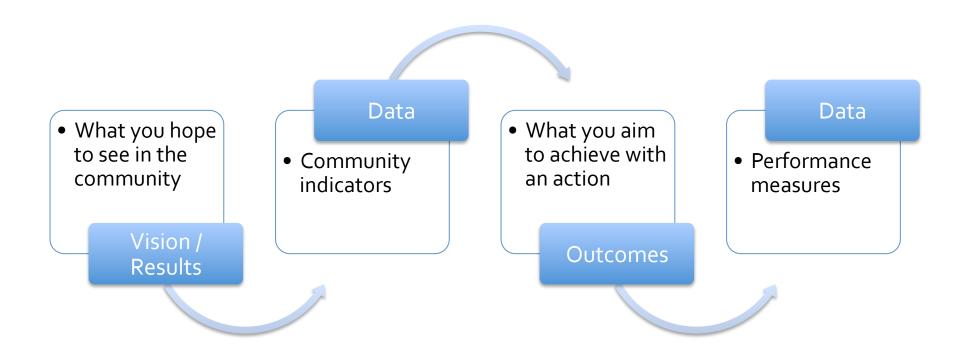








Key Measurement Principles







Definitions

RESULT

A community level condition of well-being.

i.e. Babies Born Healthy, Economically Self-Sufficient Communities, Safe Communities, Clean Environment

COMMUNITY INDICATOR

A measure which helps quantify the achievement of a result – always disaggregated by race

i.e. Rate of low-birth weight babies, unemployment rate, crime rate, air quality index

PERFORMANCE MEASURE

A measure of how well an action is working.





Performance Measures

How much will we do?

How well can we do it?

Will anyone be better off?

Workload

Output

Products

Community meetings

Contracts

Hires

Trainings

Quality

Perception of quality

Efficiency measure

Effectiveness

Impact

Outcome

Succeeded

Met/Exceeded

Disparity reduced





Ask yourself "WHY?" 3-5 times

Why are there racial disproportionalities?
Why else?
Why else?
Why else?
Why else?

Example – obesity rates

What are the explanations at an individual, institutional and structural level?





Example

Result – Increase healthy life outcomes

- Indicator Overall rate of obesity decreases from 18% to 5% in ten years, and the disproportionality by race is eliminated (currently ranges from 11.6% of Asians to 22% of Latinos)
- Indicator Disproportionality in life expectancy is eliminated (current gap – is 10 years)

Actions— what you are going to do to achieve the result

 Increase access to healthy foods, parks and open space in neighborhoods where access is lacking

Performance measurements – how you measure your success

- Pass "healthy retail" legislation
- Increase "safe routes to school" % of students walking to school





Close



