

ADDRESSING HEALTH EQUITY IN RILEY COUNTY

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OUTLINE

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- Part 2: Applied Practice Experience
- Part 3: Project Descriptions
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PART I: BACKGROUND

HEALTH EQUITY/INEQUITY VS HEALTH DISPARITIES

- Health Equity: Principle underlying a commitment to reduce – and ultimately, eliminate – disparities in health and in its determinants
- Health Inequity: Avoidable inequities in health between groups of people within and between countries - unfair and unjust
- Health Disparities: Health differences that adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on characteristics historically linked to discrimination or exclusion

WHY HEALTH EQUITY?

WHY RILEY COUNTY?

PART 2: APPLIED PRACTICE EXPERIENCE

FLINT HILLS WELLNESS COALITION

January 2018-December 2018

- Work with citizens and groups in Riley County to address health needs, develop community norms, and support healthy behaviors and environments
- Mission: To create a healthy, equitable community for residents through policy, system, environmental, and personal change.
- Workgroups
 - Active Transportation
 - Nutrition
 - Food and Farm Council
 - Health Equity
 - Mental Health
 - Access and Coordination of Services
- Coalition Liaison – interact with and support members of the coalition and the administrative support team
- Preceptors: Julie Hettinger and Brandon Irwin

LEARNING OBJECTIVES

- Understand the difference between “health inequity” and “health disparities” and why this understanding is important
- Be able to understand and describe health data and how it relates to the work being done within the coalition
- Create a presentation to be used to educate members of the coalition on health equity in Riley County
- Interview health professionals in Manhattan, KS about their role and how that work relates back to the concept of health equity
- Gather personal stories and insights on health inequities in Manhattan and the populations that are most affected by these

ROLE & RESPONSIBILITIES

- Attend monthly coalition meetings, regular liaison meetings, and monthly administrative support team meetings
- Meet one-on-one with workgroup chairs
- Attend individual workgroup meetings
- Take meeting minutes
- Run the coalition Instagram page
- Create communication plan
- Create KHI presentation
- Create health equity presentation
- Interview public health professionals
- Outreach and capacity building

PART 3: PROJECT DESCRIPTIONS

COMMUNICATION PLAN

The communication plan offers a framework for communication between members of the coalition and communication with the community at large

Goal 1 – Improve internal communication between the administrative team, the workgroups, and members of the coalition

Goal 2 – Raise awareness, support, and participation in coalition initiatives among the public

FHWC COMMUNICATION PLAN

info@flinthillswellness.org
www.flinthillswellness.org

WHY

This communication plan offers a framework for communication between members of the coalition and communication with the community at large

The coalition can also benefit from an increased presence in the online community by

- Circulating updated and correct information about the coalition and related events to the community and surrounding areas
- Spreading awareness and educating members about each of the coalition work groups
- Building capacity of the coalition and its presence in the community
- Demonstrating support for existing community groups and organizations

GOALS

Goal 1 – Improve internal communication between the administrative team, the workgroups, and members of the coalition

- Create Chair and Co-Chair position at coalition level
- Create a simplified meeting facilitation model
 - Members will come to meetings prepared with updates, questions, and asks for the groups
- Continue to improve internal communication structure
 - Face to face communications
 - Monthly coalition administrative support team meetings
 - Monthly coalition meetings
 - Monthly workgroup meetings
- Electronic communication will be through e-mail

Goal 2 – Raise awareness, support, and participation in coalition initiatives among the public

- Create direct links from the coalition to the community
 - Coalition website
 - Social media accounts
- Identify and train communications specialists within each workgroup

KHI PRESENTATION

Presentation create using data from *Chartbook: Racial and Ethnic Health Disparities in a Changing Kansas*

Used to present data specific to Riley County on a conference call by chartbook author Lawrence Panas, Ph.D. (Senior Analyst, KHI)

Useful is formatting and understanding public health data

Riley County Health Disparities Data

Developed by the Flint Hills Wellness Coalition based on *Chartbook: Racial and Ethnic Health Disparities in a Changing Kansas*

Presented by:

[Lawrence John Panas, Ph.D.](#) | Kansas Health Institute

March 1st, 2018



Mothers Receiving Adequate or Better Prenatal Care

Race/Ethnicity	1999-2003		2004-2008		2009-2013	
	Count	%	Count	%	Count	%
All	3,105	67.1	3,651	75.4	4,389	80.9
Non-Hispanic White	2,449	69.4	2,862	78.3	3,380	83.8
Non-Hispanic African American	271	56.6	244	65.1	258	68.8
Non-Hispanic American Indian/Alaska Native	31	64.6	18	58.1	7	63.6
Non-Hispanic Asian/Pacific Islander	139	64.1	162	69.8	205	77.7
Hispanic	206	59.5	270	64.6	385	70.1

Percentages for Kansas resident females for three five year periods.

Source: Kansas Department of Health and Environment, data from combined years 1999-2003, 2004-2008 and 2009-2013.



HEALTH EQUITY PRESENTATION

Objectives:

Define health equity

Discuss trends in health and health disparities in Riley County

Discuss the next steps

Emphasis on personal story and understanding health equity on a personal level

Future use: to be utilized to educate the coalition and members of the community

Advancing Health Equity in Riley County

And addressing root causes

HEALTH EQUITY PRESENTATION CONT.

- Specific areas of interest
 - Years of Potential Life Lost (YPLL)
 - Low birth weight births
 - Premature births
 - Births to mothers with less than a high school education
 - Pregnancy rates for mothers age 15-19
 - Mothers receiving adequate or better prenatal care
- All data was collected by the KHI from 1999-2013 and is broken down by race/ethnicity

INTERVIEWS

Key experts involved in public health via the
Riley County Health Department

- Jennifer Green – Director of the Riley County Health Department
- Maria Baquero – Spanish Interpreter
- Earlisha Killen – Breastfeeding Consultant
- Jan Scheiderman – Raising Riley
- Breva Spencer – Maternal and Child Health

RESULTS

Key findings were interpreted from interviews conducted with various professionals within the health department.

- Two common themes
 - Inequity as a function of misunderstanding
 - Lack of understanding between those providing a public health service and those receiving it
 - Lack of knowledge of culture, race/ethnicity, religion, specific health needs
 - E.g. Accelerated aging and weathering
 - Inequity as a function of miscommunication
 - Ability to communicate health symptoms
 - Ability to understand prescribed management strategy
 - Frustration, fear, and helplessness

DISCUSSION

- To make progress in reducing and eliminating health disparities and health inequities, health professionals and policy makers need to focus on what is avoidable and preventable
- Efforts should focus on reducing known inequities, providing training regarding health equity to health professionals, and encouraging open and transparent dialogue among the community regarding these disparities and inequities
- Health professionals need to move beyond a generalized understanding of minority populations and begin to more fully understand the individuals and populations at risk for adverse health outcomes

PART 4: COMPETENCIES

MPH FOUNDATIONAL COMPETENCIES

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- 4 - Interpret results of data analysis for public health research, policy or practice
- 6 - Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organization, community, and societal levels
- 18 - Select communication strategies for different audiences and sectors
- 19 - Communicate audience-appropriate public health content, both in writing and through oral presentation
- 21 - Perform effectively on interprofessional teams

COMPETENCY 4

Interpret results of data analysis
for public health research, policy
or practice

- Classes
 - MPH 701 – Fundamental Methods of Biostatistics
 - MPH 754 – Introduction to Epidemiology
- Kansas Health Institute presentation
 - Data collected by the KHI throughout state of KS from 1999 to 2013 and was published on March 1st, 2018 as *Chartbook: Racial and Ethnic Health Disparities in a Changing Kansas*
 - Responsible for pulling data pertaining to Riley County, and translating data into visuals
 - Opportunity to decipher each piece of information, determine relevancy to project, and how it can be used for future research, policy development, and public health projects

COMPETENCY 6

Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organization, community, and societal levels.

- Classes
 - MPH 818 – Social and Behavioral Bases of Public Health
- Main focus of health equity presentation developed for the coalition
- Culmination of previous knowledge, research, and interviews
- Strong understanding of how social determinants can affect individual health – and how inequities can affect social determinants
- Interviews with public health professionals helped reaffirm knowledge on topic of health equity and challenge that populations face when it comes to underlying racism and structural bias

COMPETENCY 18

Select communication strategies
for different audiences and sectors

- Emphasis on communication as part of experience as Coalition Liaison
- Communication via presentations, newsletters, social media, one-on-one meetings, large groups meetings, etc.
- Creation of the communication plan to create framework for communication both internally and externally

COMPETENCY 19

Communicate audience-appropriate public health content, both in writing and through oral presentation

- Communicating information through social media – Instagram, Website, and Facebook
- Content included information regarding public health topics, upcoming public health-related events, meeting reminders, and introductions to members of the coalition
- Emphasis on updated and accurate information being distributed through online sources

COMPETENCY 2 I

Perform effectively on
interprofessional teams

- Classes
 - MPH 720 – Administration of Health Care Organizations
 - MPH 818 – Social and Behavioral Bases of Public Health
- Attended various meetings within the coalition including liaison meetings with my preceptors, administrative support team meetings, large coalition meetings, one-on-one meetings with workgroup leaders, and individual workgroup meetings
- Coalition meetings consist of community partners and individuals all over Riley County including but not limited to USD 383, Lafene Health Center, Mental Health, City of Manhattan, and other various entities
- Engagement with a variety of individuals and organizations throughout my time with the coalition

MPH EMPHASIS AREA COMPETENCIES

EMPHASIS AREA
COMPETENCIES

- Population Health
- Social, Behavioral, and Environmental Influences
- Theory Application
- Developing and Evaluating Intervention
- Support Evidence-Based Practice

POPULATION HEALTH

Examine and evaluate evidence-based knowledge of the relationship between physical activity and population health

- **Classes**
 - KIN 612 – Policy, Built Environment and Physical Activity
 - KIN 614 – Physical Activity Behavior Settings
 - KIN 655 – Individual Physical Activity Promotion
 - KIN 805 – Physical Activity and Human Behavior
- **Experience and Knowledge**
 - Population-based studies that explored the association between PA levels in populations and their health outcomes
 - Comparisons between the US and other countries in terms of PA, active transportation, and lifestyle differences helped to put into perspective this relationship
 - Understanding of positive effects of PA in terms of reduction in chronic disease, increase in life expectancy, improved cognitive function, and more

SOCIAL, BEHAVIORAL, AND ENVIRONMENTAL INFLUENCES

Investigate social, behavioral and environmental factors that contribute to participation in physical activity

- Classes
 - KIN 610 – Program Planning and Evaluation
 - KIN 612 – Policy, Built Environment and Physical Activity
 - KIN 805 – Physical Activity and Human Behavior
- Experience and Knowledge
 - Understanding relationship between environment, PA, and population health was integral to my understanding of dynamics between individuals and their surroundings
 - Not one “perfect” environment and individual success relies on many factors
 - Utilization of evaluations and other valid tools in analyzing neighborhood was crucial in this understanding
 - NEWS – Neighborhood Environment Walkability Score
 - ANC – Active Neighborhood Checklist
 - IPAQ – International Physical Activity Questionnaire

THEORY APPLICATION

Examine and select social and behavioral theories and frameworks for physical activity programs in community settings

- **Classes**
 - KIN 655 – Individual Physical Activity Promotion
 - KIN 805 – Physical Activity and Human Behavior
- **Experience and Knowledge**
 - Improved methodology
 - Encourages stronger collaboration
 - Provides a framework to understand the complex relationship between resources, implementation, and outcomes (Brazil et al. 2005)
 - Hands-on projects
 - Theory development
 - Intervention based on known theory

DEVELOPING AND EVALUATING INTERVENTIONS

Develop and evaluate physical
activity interventions in diverse
community settings

- Classes
 - KIN 610 – Program Planning and Evaluation
 - KIN 614 – Physical Activity Behavior Settings
- Experience and Knowledge
 - Intervention development focused on food insecurity
 - Intervention evaluation on built environment
 - Emphasis on evaluation of every aspect

SUPPORT EVIDENCE-BASED PRACTICE

Support public health officials and other community partners in the promotion of physical activity with evidence-based practices

- **Classes**
 - MPH 720 – Administration of Health Care Organization
- **Experience and Knowledge**
 - FHWC – supporting activities that promote physical activity
 - Grant funded – important that money is spent on projects using best evidence available, incorporating preferences of the community, and prioritizing valid evidence
- **Interviews in MPH 720**
 - Assessment of policies, organizational system, and practices
 - Interviewees stressed the importance of incorporating evidence-based practice into their own personal practice
 - Same message – incorporate clinical expertise and client values to be successful

SUMMARY

- My experience within the MPH Program, as well as my time with the FHWC was both challenging and thought provoking
- The MPH Program supplied me with knowledge, tools, and resources to learn a lot in a short amount of time
- My experience with the FHWC was engaging, hands on, and gave me real-world experience within the field of public health
- Public health is ever-changing and I will continue to learn throughout the rest of my time in this field

FUTURE DIRECTIONS

THANK YOU

Graduate Committee:

Dr. Emily Mailey

Dr. Katie Heinrich

Dr. Richard Rosenkranz

APE Preceptor:

Jullie Hettinger

Brandon Irwin

MPH Program:

Dr. Ellyn Mulcahy

Barta Stevenson