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Working with the BARHII Self-Assessment Toolkit for Addressing Health Inequities

Experiences of Mid-Sized Health
Department

THE CITY OF COLUMBUS
COLUMBUS PUBLIC HEALTH

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Acknowledgements

- Sandi Galvez, BARHII
- Kate Clayton, City of Berkeley Health Department
- Katherine Schaff, Alameda County Health Department

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Columbus Public Health (CPH)

- 400 full-time & part-time employees
- \$46 million dollar budget with over 40 programs
- 787,033 residents


Demographic	Percentage
non-Hispanic white	59%
non-Hispanic Black	25%
Hispanic/Latino	6%
non-Hispanic Asian, Native Hawaiian, or other Pacific Islander	6%
non-Hispanic multi-racial	3%
non-Hispanic American Indian or Alaska Native	< 1%

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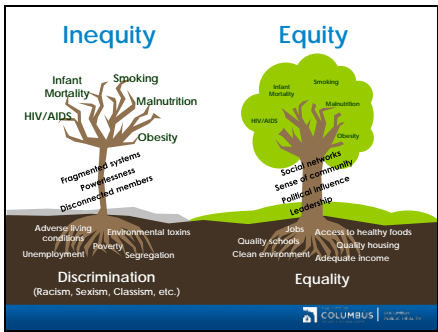
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Staff Knowledge

- NACCHO Conference 2007
- Unnatural Causes
- Action Learning Collaborative (MCH)
- Dr. Camara Jones
- Tree slide




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Inequity **Equity**

Infant Mortality Spoking
Malnutrition
HIV/AIDS Obesity
Fragmented systems
Powerlessness
Disconnected members
Adverse living conditions
Unemployment Poverty Environmental toxins
Segregation
Discrimination
(Racism, Sexism, Classism, etc.)


Social networks
Sense of community
Political influence
Leadership
Jobs Access to healthy foods
Quality education Quality housing
Clean environment Adequate income
Equality



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Tailoring the Tool

- Staff experience with health equity work
- Current organizational issues
- Matrix of organizational characteristics and workforce competencies



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Tailoring the Tool: Matrix

What are the characteristics of a local health department that can effectively address health inequities?

Political/Commitment to Address Health Inequities	Staffing to Address Health Inequities	Structure that Supports True Community Partnerships	Support Staff to Address Health Inequities	Transparent & Inclusive Communications (community staff, partners, etc.)
<ul style="list-style-type: none">Develop public health and health equity into workforce and program developmentDecision making to includeIndividual commitment to primary preventionInstitutional commitment to addressing health inequitiesClear vision, goals and benchmarksSuccession plan provides for continuity of vision and provides new leadershipStrategic plan and mission statement	<ul style="list-style-type: none">Human Resources operations develop and promote job specifications and qualifications that reflect the skills and characteristics desired to address health equityHuman Resources operational practices, social justice practices, work identity, reflect the population served, represent large geographic, build the workforce's capacity to address health inequitiesHuman Resources operational practice being equity, justice	<ul style="list-style-type: none">community partnerships are welcomed and supportedstructured to actcollaborative with other agencies and stakeholders to ensure health equityaddress the needs of community residents such as child care, affordable, etc... to promote their participation	<ul style="list-style-type: none">Health Staff<ul style="list-style-type: none">strongly supports professional growthconsistent supervision to ensure practiceequated training for all new permanent staff	<ul style="list-style-type: none">transparent communicationcommunication is multi-directionalskills and uses community inputdecision making is shared with community partners

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Tailoring the Tool

- Alameda County's strategic planning survey
- Katherine Schaff
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Lessons Learned

- Give yourself enough time to tailor and implement the toolkit
- SurveyMonkey links
 - Generic for staff survey
 - Unique for partner survey
- Survey taking meetings and incentives to increase response rate
- Keep staff updated

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Results


- Provides feedback on organizational processes
- Highlights strengths and gaps in staff skills
- Provides important information for accreditation
- CPH Health Equity Roadmap



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Accreditation

- Strategic planning
- Quality improvement
- Workforce development needs
- Partnerships
- Policies and procedures



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