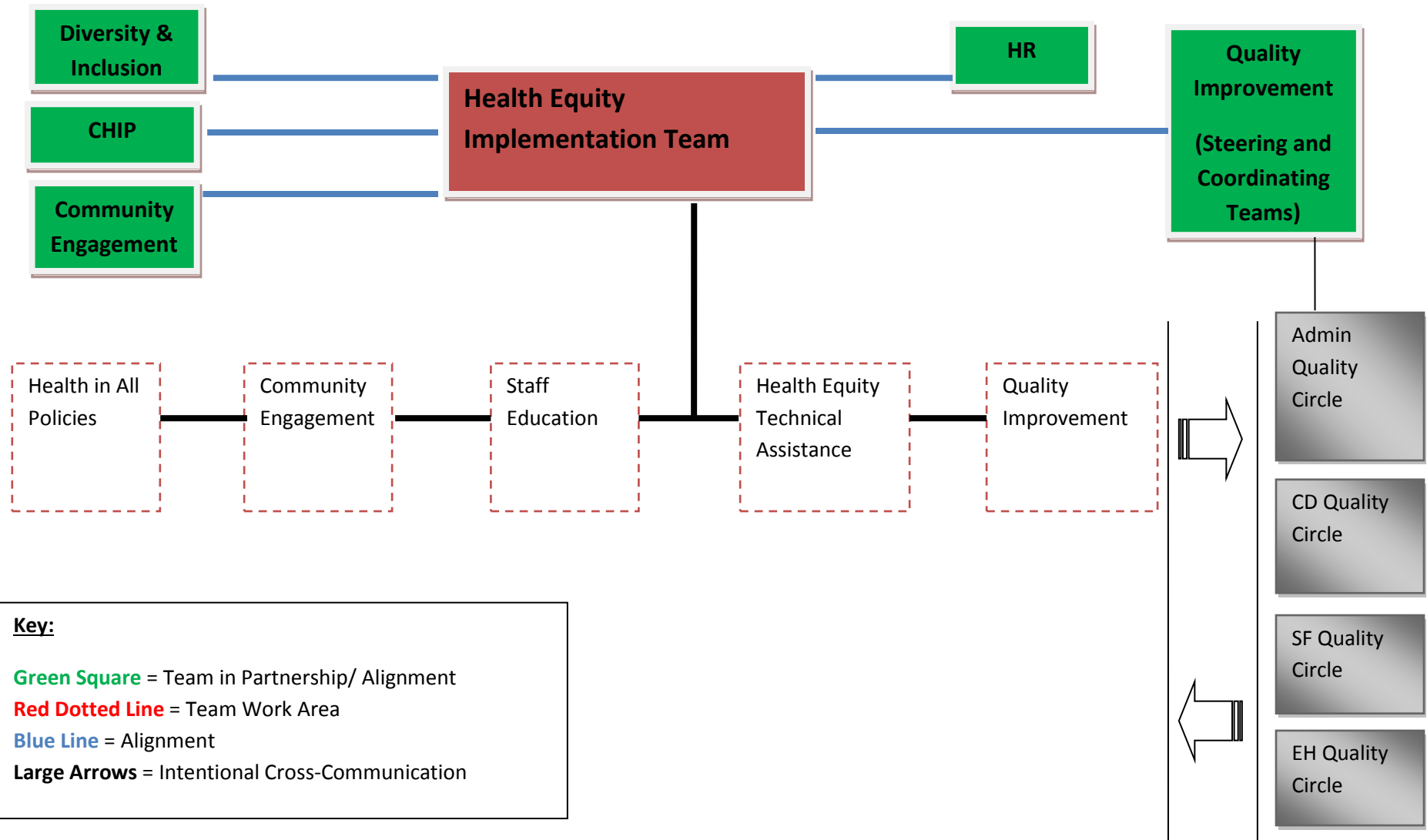


**2016 Health Equity Implementation Team (HEIT) Structure**



# Communities of Focus

Tacoma-Pierce County Health Department—Communication Plan

Sept. 1, 2016

Jacques Colon

## Situation Analysis

Pierce County has continually ranked in the bottom third of Washington State counties for health, according to the Robert Wood Johnson Foundation's County Health Rankings. In order to improve our county's health, all our communities should have equitable opportunities to achieve better health outcomes. Some communities in Pierce County have fewer opportunities for health than others, leading to the big differences in health we see across the county. To help those communities with worse health and fewer opportunities, we plan to focus efforts and resources on them based on need (according to data) and community readiness. We will call them communities of focus.

This work will be an extension of our health equity initiatives. We will collaborate with our community partners, coordinate Health Department programmatic work, offer mini-grants, and identify funding sources to further build and support capacity in communities of focus. Our goal is to expand opportunities for health in communities of focus while we serve the rest of our communities according to their needs.

## Risk Analysis (SWOT)

### Strengths

- This is a clear implementation strategy to achieve health equity in Pierce County.
- Momentum has been building to begin this implementation strategy.
- We can address communities of focus in a myriad of ways to allow all to connect in some way.
- A clear framework exists to define when to make focused investments in communities based on data and readiness.

### Weaknesses

- The lines between communities are blurry; there are no clear delineations between communities.
- The needs in Pierce County are great, and there are too many communities of focus to address at one time.
- No current systems that allow for coordination by communities of focus.
- It may be difficult to coordinate communities of focus by both geography and other factors such as race.

### Opportunities

- Increased engagement and trust from communities of focus.
- Improved health outcomes in communities of focus.

1. Pierce County Community Health Assessment.
2. 2009 BRFS

- Improved systems of coordination for the Health Department.

### **Threats**

- Communities that are not a focus may resist because they feel they should be a focus.
- Staff may resist because of extra workload, actual or perceived.
- Staff may not see the value in participating in communities of focus.
- Many communities of focus have not felt supported by the health department in the past and may distrust the local government.

### **Communication Goals**

- Staff, our partners, and the community have an increased understanding of which communities are communities of focus.
- Staff, our partners, and the community understand how to address the needs of communities of focus.
- Staff, our partners, and the community understand how to focus efforts in both policy and action for communities of focus.

### **Communication Objectives**

- Staff increases coordination of internal efforts in communities of focus.
- Staff and partners increase investments into communities of focus through mini-grants, grants, contracts, purchasing, and other areas of opportunity.
- Staff, partners, and the community support and maximize collective impact efforts in communities of focus.

### **Key Messages**

- **Messages for all audiences:**
  - Our mission is to protect and improve the health of all people and places in Pierce County.
  - The Health Department protects the health of all of Pierce County by ensuring everyone has clean air to breathe, clean water to drink, safe food to eat, and much more.
  - We also recognize that some communities in Pierce County have far worse health outcomes than others, and that focusing on these communities with the most opportunity to improve health is essential to achieving our mission.
  - We are calling these communities “communities of focus”, and they were selected based on:
    - Strong data.
    - Strong community readiness.
  - Based on these criteria, communities of focus for 2017 are:

- Group 1: Eastside Tacoma (98404, 98408, parts of 98418)
  - Group 2: Springbrook (98439) and Key Peninsula North (98394)
  - Group 3: Remaining 10 zip codes from Health Equity Assessment
- We can take action to improve opportunities for health in these communities of focus—and you can help.
- **Policy and Decision Makers** - Those who have the opportunity to create or influence policies that impact health:
  - You can make the biggest improvement in your community’s health when policies address the social, economic, and environmental conditions in communities of focus.
  - Advancing health in your community does not mean taking on new work. It means leveraging opportunities in existing policies to improve health outcomes.
  - Improving opportunities for the parts of our community with the worst health will benefit everyone in our community, including employers.
- **Stakeholders** – Those who work alongside the Health Department on common goals:
  - We want create collective action in these communities of focus in partnership with you.
- **Communities of Focus** – Those segments of the county that experience a larger burden of negative health outcomes:
  - We would like to work with you to ensure that you community has access to more opportunities for health.
  - You, as a community, have the power to advocate for the changes you want to see that will improve your health.
  - We are listening to you.
  - We want to work with you and support you to address your priorities for improving the health of your community.
- **Other Communities** – Those segments of the county that do not experience a disproportionate burden of negative health outcomes:
  - We are committed to working with all communities in Pierce County to protect and improve health.
  - We will continue to work with your community to protect your health.
  - We will also stay involved in your community to be able to take advantage of opportunities to improve health that may arise.
- **Health Department Staff:**
  - We protect the health of everyone in Pierce County through our foundational public health services.
  - Working more intentionally with communities of focus is one of the ways that we work to create health equity in Pierce County.

- We will continue to work with other communities and continue to strengthen them until data, partnerships and capacity, and strong community readiness demonstrate a need for increased focus.
- Communities of focus will be flexible, as communities will move from tier to tier based on changes in community context and readiness.
- It takes time to build rapport and capacity within a community.
- Questions staff should consider regarding their specific area of work:
  - Does your program work to improve the health of any of our communities of focus?
  - Do opportunities exist to focus the program’s work more intentionally on the communities of focus?
  - Who can you collaborate with to advance efforts in communities of focus?
- Strategies to leverage resources in communities of focus:
  - Participatory budgeting.
  - Participatory decision-making.
  - Pilot projects.
  - Mini-grants.
  - Identifying new grants to do work in communities of focus.
  - Leveraging existing grants to prioritize communities of focus.
  - Sharing data about communities of focus.
  - Community engagement.
  - Collaborating with local schools.
  - Partnerships.

## Tactics

- **Health Department Staff:**
  - Presentations at team meetings.
  - All Staff meetings.
  - Lunch-n-Learn.
  - HUB Announcement and other internet posts.
  - The Latest.
  - Project team meetings.
  - Division team meetings.
  - Management Team meetings.
  - Posters around the Department.
  - Programmatic Technical Assistance work.
  - Community Engagement Cross-Divisional Team.
  - Health Equity Team.
  - Trainings, as needed.
  - Other methods as determined by the Health Equity Implementation Team.

- **Decision Makers** – Those who have the opportunity to create or influence policies that impact health:
  - Presentation to Board of Health Study Session.
  - Presentations to other decision makers as opportunities become available, including:
    - Tacoma City Council.
    - Pierce County Council.
  - Share Health Equity Assessment via communications channels such as website and social media.
  
- **Stakeholders** – Those who work with or alongside the Health Department on common goals:
  - Presentation to partners, hosted at Tacoma-Pierce County Health Department.
  - Presentations at partner organizations at their meetings, including:
    - City of Tacoma Office of Equity and Human Rights.
  - Ad hoc opportunities such as existing meeting, coalitions, and fairs.
  - Share Health Equity Assessment via communications channels such as website and social media.
  
- **Communities of Focus** – Those segments of the county that experience a disproportionate burden of negative health outcomes:
  - Work with partners serving affected populations to engage members of the community during ad hoc opportunities.
  - Develop more sustained and coordinated engagement with priority communities.
  - Develop participatory processes in priority communities through existing program work and new pilot projects.
  - Sustain relationships with priority communities through community engagement, contracting, partnership, and more.
  - Share Health Equity Assessment via communications channels such as website and social media.
  
- **Other Communities** – Those segments of the county that do not experience a disproportionate burden of negative health outcomes:
  - Ad hoc opportunities such as existing meeting, coalitions, and fairs.
  - Share Health Equity Assessment via communications channels such as website and social media.

**Timeline:**

Include important events, due dates for mailings, and other timed activities that will be helpful to keep track of important deliverable dates.

**Budget:**

# Health Equity Initiative Roadmap

PHAB Measure	Activities	Outputs	Outcomes		
			Short	Medium	Long
1.1.2 3.1.3	Health equity assessment --health factors --inequity factors	List of prioritized inequities			
6.1.1	Evaluation of laws (impact on health equity)	List of laws/regulations that negatively impact health equity			
3.1.3	Efforts to address social changes, environmental improvements, policies, etc.	Plan to address inequities that affect health outcomes			Reduce inequities
11.1.4	Policy/procedure how to incorporate equity into programs, policies, etc.	Agency policy/procedure addressing health equity			
3.1.3	Efforts to change internal policies and procedures to address health inequities	List of prioritized agency policies, procedures or processes			

**External factors/ challenges**



## *14 Inside and Outside Strategies to Advance Health Equity within Local Public Health Practice*

**August 2016**

### **Introduction**

Below is a list of 14 internally- and externally-focused strategies that health departments should implement to advance health equity practice. We developed this list by reviewing what leading public health voices have written about health equity over the last several years and identifying and summarizing common themes across those resources. This is also infused with our own understanding of what it takes to advance health equity based on our research and capacity-building work with local public health departments.

Underlying these practices is our understanding of why inequities exist and what we must do to overcome them. In short, health inequities – systemic, avoidable, unfair, and unjust differences in health outcomes – result in a large part from inequities in the social determinants of health, such as housing, employment, and education. Inequities in the social determinants are the result of social factors such as structural, institutional, interpersonal, and internalized forms of racism, classism, sexism, heterosexism, and able-ism, as well as differences in power between various social groups. These social factors also directly result in health inequities. Those who currently hold power – through influence on elected officials, the political agenda, and people’s understanding and interpretation of the world – benefit from inequity and use the various forms of oppression to maintain power. Conversely, those who suffer from inequities often lack power and face oppression.

To advance equity, therefore, health departments must act at this fundamental level to eliminate oppression and build power among those facing inequities. Doing so requires both inside and outside strategies. On the inside, leadership and staff of health agencies must first build their understanding of equity, power, and oppression and then act on that understanding. But by itself a health agency will never have enough power to advance equity, so outside relationships are also necessary. Health agencies must build relationships and work closely with community groups and others that can use their democratic rights to advocate for change and hold the agency and others in government accountable to their needs.

We believe that advancing health equity requires ‘strategic practice.’ There is not a recipe or a toolkit that will provide a health department with step-by-step instructions as they build their capacity to advance health equity. Instead, doing so takes a combination of both hard and soft skills that must be molded to the local context, practiced and refined, and adapted as the context shifts. There is no quick fix that will get a health department where they need to be; advancing health equity requires ongoing work and dedication.

Our goal here is to further enumerate a set of strategic practices – focused internally and externally – that health departments can implement to advance health equity. Importantly,

doing just one or two of these will not achieve the outcomes to which we all aspire. And the inside and outside strategies are not independent; they must be used together, strategically, through an intentional and adaptive process to achieve our goals.

Human Impact Partners will continue to refine these strategies, provide examples of how they are being implemented, discuss barriers to implementation and potential solutions, and develop a set of self-reflective questions health departments can use to evaluate their current practice and identify next steps. We must also identify how we define and measure progress on implementation of these strategic practices, both in the short and long term.

## **Inside strategies: Internally focused practices to advance health equity**

### **1. Focus on addressing the “causes of the causes of health inequities” – oppression and power**

Health inequities typically are the result of inequities in the social determinants of health (e.g., housing, transportation, education). Inequities in the SDOH are typically the result of social and political inequities, which include uneven distribution of power and the various forms of oppression used to maintain power. To advance equity, public health must, through our work, discuss and address:

- Building power, including empowering communities facing inequities, changing what is on the political agenda, building cross-organization and cross-sector alliances that advance social justice, and changing narrative and worldview; and
- Addressing forms of oppression based on institutional and structural racism, income/SES, gender, sexual orientation, and ability.

### **2. Prioritize improving the social determinants of health through policy change**

Health inequities typically are the result of inequities in community conditions – the social determinants of health such as housing, transportation, and education. Therefore health equity practice must influence SDOH-related policies that are outside of traditional public health, rather than only responding to the symptoms of inequities by providing services. Policy change can be accomplished through a number of tactics, including research, advocacy, capacity building, and partnerships. Health Impact Assessment and Health in All Policies are approaches that can aid in this work when they include a specific equity focus.

### **3. Build understanding of and capacity to address equity across the organization**

Health department staff across the organization must develop the knowledge to support health equity practice. Health departments must therefore implement organizational development strategies that build both theoretical understanding of equity, oppression, and power and practical skills focused on how staff can advance equity in all their work.

### **4. Support leadership, innovation, and strategic risk-taking to advance equity**

In conservative political environments as well as progressive ones, advancing health equity is difficult because those who benefit from the status quo often hold power and are opposed to changes that advance equity. Health departments need leadership – at the top and throughout

the organization – willing to take on those challenges. Health equity work requires health departments to support leadership development, innovation, and strategic risk taking. Health departments must also encourage a culture of learning and experimentation as health equity practice needs to be responsive to the social and political context and evolve as that changes.

### **5. Change the narrative of what leads to health**

Disease, risk factors, the biomedical model, and individual behavioral change dominate the current narrative about what public health is. Health departments must actively work to change this narrative to expand the understanding of what creates health – the social determinants and equity – both within the department and with community, agency, and elected partners. This also includes expanding the definition of what public health can – and must – do. This work involves harnessing the power of popular culture at one end and developing communications plans and messages at the other – all to clearly and consistently express and translate the concepts included in health equity.

### **6. Commit the organization and its resources to advance equity**

Health departments must institutionally commit to advancing health equity as a primary focus of their missions. This commitment must be reflected across the agency and be fostered and supported in all activities. Importantly, it must be reflected in budgeting decisions; resources, including categorical funding and new grants, must be used creatively and targeted to work that advances health equity.

### **7. Use data, research, and evaluation to make the case**

Public health departments often pride themselves on their data, research and evaluation capacities. These strengths must be leveraged to advance health equity. This can take many forms: using data about inequities to identify priorities and then holding the department and others accountable to advancing health equity; developing reports that focus on health equity; partnering with other agencies to identify and share data about the social determinants of health; providing community-level data and profiles; collecting and reporting data disaggregated by race, ethnicity, income, gender, neighborhood, etc.; working with community members to identify indicators of interest and using those to measure progress; using qualitative methods (surveys, interviews, focus groups) to ground-truth and bring to life quantitative data and to lift community voice; and making data available to communities so they can use it as a form of power to advance equity.

### **8. Change internal practices such as hiring and contracting**

Health departments must change internal policies and practices across programs to advance equity and to remove barriers to advancing equity. This includes: increasing workforce diversity by revising hiring practices and through retention, promotion, and training; building cultural competence and humility throughout the organization; revising policies and practices that prevent working on social determinants of health and on addressing power and oppression; revising administrative processes, including contracting and RFPs, to support health equity goals; building equity goals into continuous process improvement; and focusing on health equity as part of accreditation.

## **Outside strategies: Externally focused practices to advance health equity**

### **9. Build partnerships with communities experiencing health inequities in ways that intentionally share power and decision making and allow for meaningful participation**

Strong, strategic, long term, and trusting relationships with community partners are vital to advancing health equity and to transforming public health practice so it can most effectively advance equity. These relationships must recognize each others strengths, be rooted in shared values and interests, share decision making, and allow for authentic participation by those facing inequities. Health departments must intentionally:

- Build the capacity and power of communities facing inequities to gain control over the factors that affect their lives and advance change;
- Provide data and research to support community partners, including research conducted through CBPR methods; and
- Conduct advocacy in support of community partners and their work, using the health department's standing as experts as well as lifting up the voices of those facing inequities in all stages of policy and program development and at all levels of decision making.

### **10. Build alliances and networks with community partners to protect against risk and build power**

Health departments also play a convening role that can be used to advance health equity. Alliances and networks that include community partners and other agencies, convened and led by the health department or others, can collectively and powerfully take action to advance equity, for example by increasing awareness, advocating for policy and systems change, and ensuring accountability. These alliances can also protect the health department from the political risk or pushback associated with advancing equity by providing a base that can advocate on behalf of the work of the health department with elected officials and other leaders. They can also create openings for the health department to expand the boundaries of their work, beyond traditional public health activities.

### **11. Build alliances with other agencies**

Because many of the decisions about social determinants of health related policy are made by other agencies, health departments must develop long term and multi-sector partnerships to advance health equity. These include agencies responsible for housing, transportation, labor, education, and criminal justice. An equity-focused Health in All Policies approach may be useful.

### **12. Engage strategically in social justice campaigns and movements**

In addition to supporting community partners generally, health departments must specifically and strategically support social justice campaigns and movements that advance equity with research, advocacy, and capacity building. These campaigns may be initiated and led by community partners, rather than the health department, and advancing health equity may or may not be the explicit focus of the campaign/movement.

### **13. Change the administrative and regulatory scope of public health practice**

In order to be able to take enforceable actions on social determinants policy, health departments must expand the scope for which they are responsible. This should include expanding the statutory authority they hold.

### **14. Join broader public health movements to advance equity**

The more health departments work together with each other and other partners and align their strategies and actions, the more successful they will be in advancing equity. The movement for health equity must also align with and support social justice campaigns and movements less explicitly focused on health but that would advance equity goals. Health departments can learn from each other and use each other's work to justify their own equity work, building capacity and mitigating risk by doing so.

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# Health Equity & QI Framework



How does health equity work fit into division quality circles? Health equity is a quality issue because if we are not achieving equity, our work is not of the highest quality. We have an opportunity to create sustainable change by embedding equity into our divisions and organization through QI. This framework is a tool for quality circles to use a health equity lens when developing performance measures and initiating QI projects.

## Quality Principles

- Customer Focus
- Quality Focus
- Process Focus
- Data-Driven Decisions
- Continuous Improvement

## Quality Process Steps (equity lens in parentheses)

1. **Define** (What are the inequities in this area?)
2. **Measure** (Where are the inequities? Among whom? How significant are they?)
3. **Analyze** (What could affect these inequities? Who can help?)
4. **Improve** (Shift programs to address existing inequities)
5. **Control** (Evaluate results and re-assess approach)

## Quality Structure

- [Quality Steering Team](#)
  - This is where the vision and strategic direction is set.
- [Quality Coordinating Team](#)
  - This is where oversight, guides, knowledge, tools, and leadership happens.
- [Divisional Quality Circles](#)
  - This is where the bulk of the work resides (performance measures, QI projects, and quality culture).
- [Health Equity Implementation Team](#)

## Implementation of Health Equity Considerations in Divisional Quality Circles

There are two main ways that quality circles can use an equity lens to help drive the work of divisional staff.

- Performance Measures
  - Have we looked at inequities when defining the problem?
  - Have we measured those inequities?
  - Process measures: Who are we involving?
  - Outcome measures: Are we addressing/reducing inequities or disparities? Why or why not?
  
- Quality Improvement Projects
  - Process: How do our current structures and processes create barriers for:
    - Addressing inequities;
    - Sharing power and knowledge with staff and community
    - Community to address inequities;
    - Results to be achieved, etc.
  - Customer focus: Are those most affected involved in the design and delivery of programs and services?
    - Are our products and services designed for the actual customer?
    - Is money used to the greatest benefit of the customer?
    - Are there priority customers? ([geographic](#), [racial](#), [ethnic](#), etc.)
  
  - Data: Are we looking at the *right* data to affect inequities?



## **Health Equity Assessment Email Template**

Hi (insert name),

I want to share our newest tool to help understand and address the health inequities in Pierce County, the 2015 Health Equity Assessment. What will you find in the report? Our data shows that there are significant health inequities in Pierce County, and they are largely the result of social, economic, and environmental inequities. The assessment analyzes and maps how health in Pierce County differs by where community members live, learn, work, and play.

We should not accept these inequities. Your zip code shouldn't limit how healthy you are likely to be in Pierce County. All communities here should have the opportunity to make healthy, convenient, affordable choices regardless of income, education, race, or other factors.

Luckily, there are action steps that we can take as a community to address the root causes of health inequities. There are many strategies to do this, and many folks are already trying to tackle these challenges. Email [jcolon@tpchd.org](mailto:jcolon@tpchd.org) to learn more about the many ways you can partner with the Tacoma-Pierce County Health Department and others to tackle health inequities in Pierce County.



# Fairness Across Places? *Your Health in Pierce County*

2015 Health Equity Assessment Summary  
Tacoma - Pierce County Health Department

August 2015



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***Our Vision:*** Healthy People in Healthy Communities.

***Our Mission:*** To Safeguard and enhance the health of the communities of Pierce County.

## The Unfolding Story of Health Disparities in Pierce County

Do all Pierce County residents have equal access to opportunities for good health? At Tacoma–Pierce County Health Department, we’ve been taking a hard look at this question.

We already know that many communities in Pierce County suffer from poor health outcomes. We have data that show very clear trends. But what are we, as a community, doing about it? That’s where our Health Equity initiative comes in.

Recent work, such as the Pierce County Community Health Improvement Plan (CHIP), brought into focus the picture that was already clear to so many in our community.

The plan identified health inequities, or differences in health between communities, as one of the county’s top health concerns.<sup>1</sup>

Health equity means we have fairness across places and the zip code you live in doesn’t determine how healthy you are or can be. It means that everyone is able to reach their full health potential no matter how much money they make, how educated they are, what color their skin is, or what neighborhood they live in. Health equity means that everyone has a fair opportunity to live a long, healthy life.<sup>2</sup>

We don’t yet have fairness across places in Pierce County. This report will explore the inequities that exist in our communities. Perhaps more importantly, it will also shed light on why those differences exist so we can learn what we can do to impact and improve health for *everyone* in Pierce County.

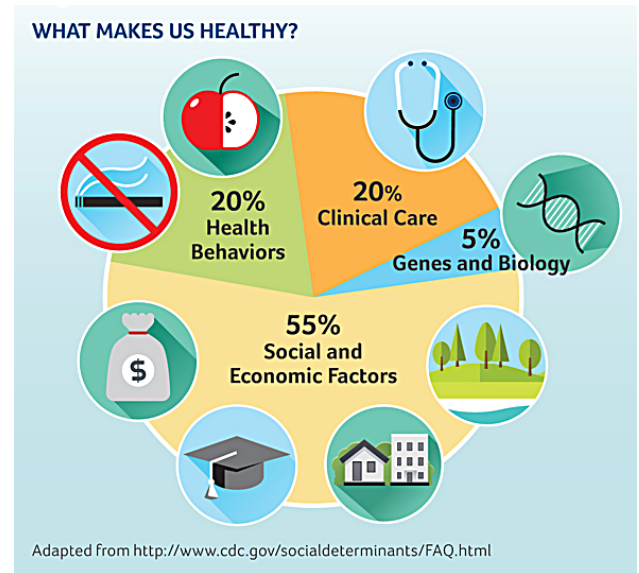
## Health Starts Where We Live, Learn, Work and Play

When we consider what makes people healthy, many of us think about genetics and family history, access to doctors and medical care, and things we do—our behaviors—that make us more or less healthy. But, data from health experts<sup>3</sup> tell us that our social and economic conditions have a greater affect on our health than all of these other factors combined.

## What are Social and Economic factors?

How much money and education we have, gender, race and ethnicity, sexual orientation, disabilities and immigration status are social factors that affect how we live our daily lives. Conditions in our neighborhoods, such as quality of housing, availability of healthy food, safety, health care services, transportation, parks and more are other social factors. This assessment will focus on:

- Income
- Neighborhood
- Race/Ethnicity
- Education



## Income

Nationwide, people with incomes above the federal poverty line typically live more than five years longer than those below the poverty line.<sup>4</sup> In Pierce County, the relationship between income and health is also quite strong. In fact, the higher the average household income in Pierce County, the higher the life expectancy.

<sup>1</sup> Tacoma–Pierce County Health Department Community Health Improvement Plan (CHIP)

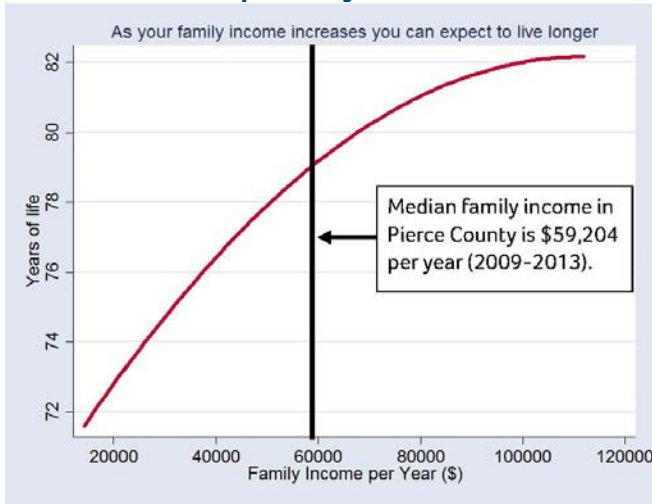
<sup>2</sup> [www.bphc.org/chesj/about/Pages/WhatIsHealthEquityDisparities.aspx](http://www.bphc.org/chesj/about/Pages/WhatIsHealthEquityDisparities.aspx)

<sup>3</sup> Such as the U.S. Centers for Disease Control and Prevention (CDC)

<sup>4</sup> <http://thenationshealth.aphapublications.org/content/45/2/1.1.full>



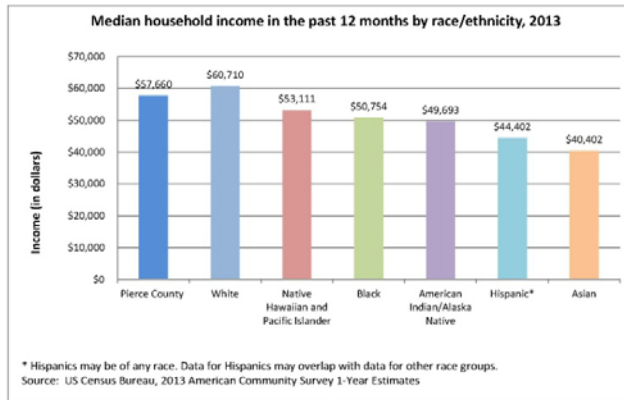
### Income and Life Expectancy



As income increases, so does how long people can expect to live.

From 2009-2013, the median household income in Pierce County was \$59,204. But median doesn't mean equal. People of color, on average, have lower household incomes compared to White residents.

### Race and Income



People of color, on average, have lower household incomes compared to White residents.

In fact, 12.4 percent of the Pierce County population is living below the poverty level.<sup>1</sup> Among children under the age of 18, 16.9 percent were living in poverty. Some groups have worse rates of poverty than others.

Poverty rates exceed the county average for the following groups of people:

- Hispanics (23.9%)

<sup>1</sup> US Census Bureau, American Community Survey, Table S1701, 2009-2013, 5-Year Estimates

<sup>2</sup> Health Impact Partners. *Income and Health: Why it Matters*. (2015)

- American Indian/ Alaska Natives (20.2%)
- Black (18.7%)
- Native Hawaiian and Other Pacific Islander (15%)

Poverty and life expectancy are related. In communities with more poverty, the average life expectancy is lower. Life expectancy drops by two months of life for every 1 percent of increased poverty rate in a given population.

Poverty affects health. Living in poverty means you can't afford quality housing, your neighborhood may not have sidewalks or parks, and healthy foods are too expensive for your budget. And the cumulative stress of living in poverty contributes to chronic diseases

such as cardiovascular disease and increases the use of stress-related behaviors, like smoking and over eating, that do not support good health. National data show that lifting working families out of poverty will reduce the number of premature deaths and decrease rates of chronic diseases, like high blood pressure, diabetes and heart failure.<sup>2</sup>

#### DID YOU KNOW? Income relates to life expectancy.

In Pierce County, people making more than \$75K are much more likely to live to an age of 77 years compared to those making less than \$25K.

### Education



**EDUCATION: Better education can improve health.**

**35%** of people without a high school education experience poor mental health compared to only **9%** of people with college degrees.

Education level is also linked to health. Those with more education tend to have better health. They have lower rates of tobacco use and mental health issues, and they live longer. In 2013, 25 percent of adults in Pierce County had a bachelor's degree or higher and 36 percent had an associate's degree or higher.

As with income, education level is not equitable across groups in Pierce County. Education level is highest among Asians and Whites: 41 percent of Asians and 37 percent of Whites had an associate's degree or higher, compared to 19 percent of

American Indians and 19 percent of Hispanics.

### Race, Place and Health Outcomes

Just like income and education, race affects health outcomes. But are those outcomes related to genetics, or to place? Sickle-cell anemia is a rare example of a disease that is linked to genetic differences. More often, differences in health are linked to historic policies and practices that have benefited some people while creating economic and social barriers for others.

**RACE: The stress of discrimination impacts health for generations.**

**Black infants die at a rate twice as high as white infants.**

For example, in the 1940s and 1950s, neighborhoods used covenants to prevent people of color from living in certain neighborhoods. This practice fostered racially segregated neighborhoods.

Banks used a practice called "redlining" to draw a red line around neighborhoods on a map and determine how to invest in those communities based on how many non-white residents lived there. Neighborhoods with a high percent of non-whites were less likely to receive small business loans and civic investments like sidewalks, parks, libraries or bus routes.

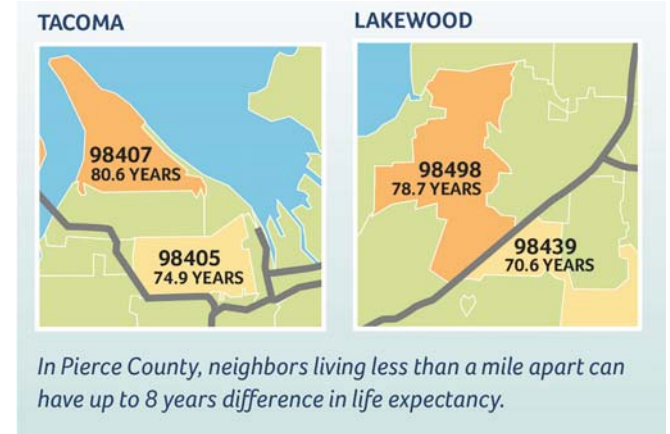
Industries that were kept out of affluent areas would locate in redlined neighborhoods. Historic policies like these create conditions that led to income and neighborhood inequities that we see today.

Certain industries may have added to environmental risk factors that unfairly affect some neighborhoods. In Pierce County; the death rate for cancer is far higher for American Indian/Alaskan Native and African-American populations than for any other racial groups.

We see those higher cancer-related death rates and lower life-expectancy rates in poorer neighborhoods that have a historic connection to practices such as

red lining. These historic policies and practices have a profound influence on how our neighborhoods developed-- and who grew up there.

### Fairness Across Places: Your Zip Code Impacts Your Health



### Neighborhoods

Where you live, learn, work, and play has more to do with your health than any other factor.

Healthy neighborhoods should have clean water, air, and land so residents can live free of disease. They should offer safe public spaces to meet neighbors and stay active, such as parks to exercise and public sidewalks to safely walk separate from traffic. They should also provide easy and affordable opportunities for people to have adequate housing, access to transportation, access to healthy foods, opportunities to be physically active, and more. Places without convenient and affordable access to a wide range of choices can make healthy behaviors more difficult and negatively affect health.

Our county has a 17-year difference in life expectancy between the healthiest and least healthy zip codes. The zip codes with the highest life expectancy are in Elbe (98330) and Carbonado (98323), each with life expectancies of more than 86 years. The zip codes with the lowest life expectancy are in Tacoma's Hilltop Neighborhood (98405), and in Vaughn (98394), each with life expectancies less than 75 years.

What causes the difference in health between places? Income, education, and race/ethnicity are important factors. The way we develop our neighborhoods also affects opportunities for physical, social, and mental

health. Two neighborhoods with the same average income may have different life expectancies because neighborhood design can either contribute to or limit access to healthy behaviors.



The Life Expectancy map (Appendix A) highlights some of the differences in life expectancy between places in Pierce County. Neighborhoods with lower incomes often have fewer opportunities for healthy choices, and have worse health outcomes. How does your zip code or neighborhood compare to others in Pierce County?

## Easier Choices for Long, Healthy Lives

### Chronic Disease

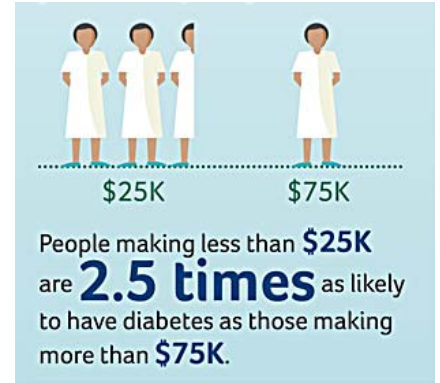
According to the Pierce County Community Health Assessment (2014), most deaths in Pierce County are from chronic diseases. Heart disease and cancer were the top two causes of death, accounting for more than half of all deaths. In focus groups, workshops, surveys, and other data collection, Pierce County residents identified chronic diseases (e.g., heart disease, asthma, diabetes, and cancer) as top health concerns.

Smoking and obesity, two major contributors to chronic disease, continue to affect residents' health. One out of every five adults in Pierce County is a current smoker. Thirty percent of Pierce County adults are obese. While similar to the rest of the United States, the number of obese adults in Pierce County continues to increase. And 25 percent of 10th graders are overweight or obese. Obesity can lead to health problems such as diabetes, high cholesterol, high blood pressure, heart disease, stroke and many types of cancer.

Doctors are telling 10 percent of Pierce County adults that they have diabetes. The distribution of diabetes in Pierce County is not even; see the Diabetes map (Appendix B). Some zip codes have far higher rates than others. Differences in the rates of many chronic diseases are also related to differences in income, education and neighborhoods.

Pierce County residents have said that they lack access to healthy foods and physical activity, but have easy access to fast foods and unhealthy foods.

Community members also voiced the need for tobacco prevention and resources to help them quit.



### Mental Health

Poor mental health is a big problem in Pierce County. According to the CHIP, 16 percent of Pierce County adults reported 14 or more days of poor mental health in the last 30 days.

**DID YOU KNOW?** Poor mental health is not equal across genders.

Pierce County women had a significantly higher percentage of poor mental health (24 percent) compared to Pierce County men (14 percent).

Poor mental health is also a big concern for our youth. In 2012, 33 percent of 10th graders felt so sad or hopeless for two weeks or more that they stopped doing their usual activities.

Among Pierce County youth, depression was significantly higher for females (41%) than males (24%). Hispanic 10th graders also had a significantly higher percentage of youth depression (38%) compared to white 10th graders (31%).

Like many other health outcomes, poor mental health is not equal across groups in Pierce County. Pierce County women (24%) had a significantly higher percentage compared to Pierce County men (14%). Individuals with less than a high school education have a significantly higher percentage of poor mental health days compared to those with a high school education or above.

Mental health issues exist in certain areas because income and education affect what neighborhoods people can afford to live in.

The Mental Health map (Appendix C) shows how mental health issues are more common in some zip codes.

### Access to Health Care

When the Affordable Care Act was getting underway in 2013-2014, we were talking to residents about a plan to improve our community health. Residents participating in the CHIP identified access to health care as a high impact health issue.

Barriers to health care, such as lack of insurance or few doctors in the community, and the effect of lack of quality health care were regularly mentioned. When people spoke about poverty, health disparities, health behaviors and poor health outcomes, they also brought up access to care. Access to quality health care is one of several factors that influence an individual's health status. People with access to quality health care are more likely to receive preventive health care, such as immunizations and adequate medical care when sick. The Access to Care map (Appendix D) shows how coverage rates differ across places.

But having health insurance does not assure that health care is accessible or affordable. Co-pays, deductibles and lack of coverage for certain services or conditions create barriers to health care for people who have health insurance. In fact, about 20 percent of Pierce County adults reported there was a time in the past year when they could not afford to see a doctor.

**DID YOU KNOW?** Access to healthcare is greatly dependant on your income.

Access to healthcare has historically been substantially lower for those with incomes less than \$25,000 than for those with incomes above \$50,000.

Fortunately, Pierce County has good news about trends in access to healthcare. As of March 2015 Pierce County had 7,418 health insurance plan renewals and 5,934 new enrollees through the Affordable Care Act. Additionally, 61,117 Pierce County residents qualified for health care under Medicaid expansion. This represents a total of 74,469 Pierce County residents who now have access to

healthcare who may not have before the Affordable Care Act.

### Take Actions to Reduce Health Inequities



We need to work together to make changes that will improve health for those who suffer most from poor health.

At the Health Department, we are taking a hard look at our piece of this puzzle. We are looking at the types and design of our programs, focusing our limited resources in places with the highest need, our hiring practices, and how we engage with and collaborate with the community. Our goal is to do everything in our power to provide opportunities for health to everyone in Pierce County, especially those who currently have the fewest opportunities.

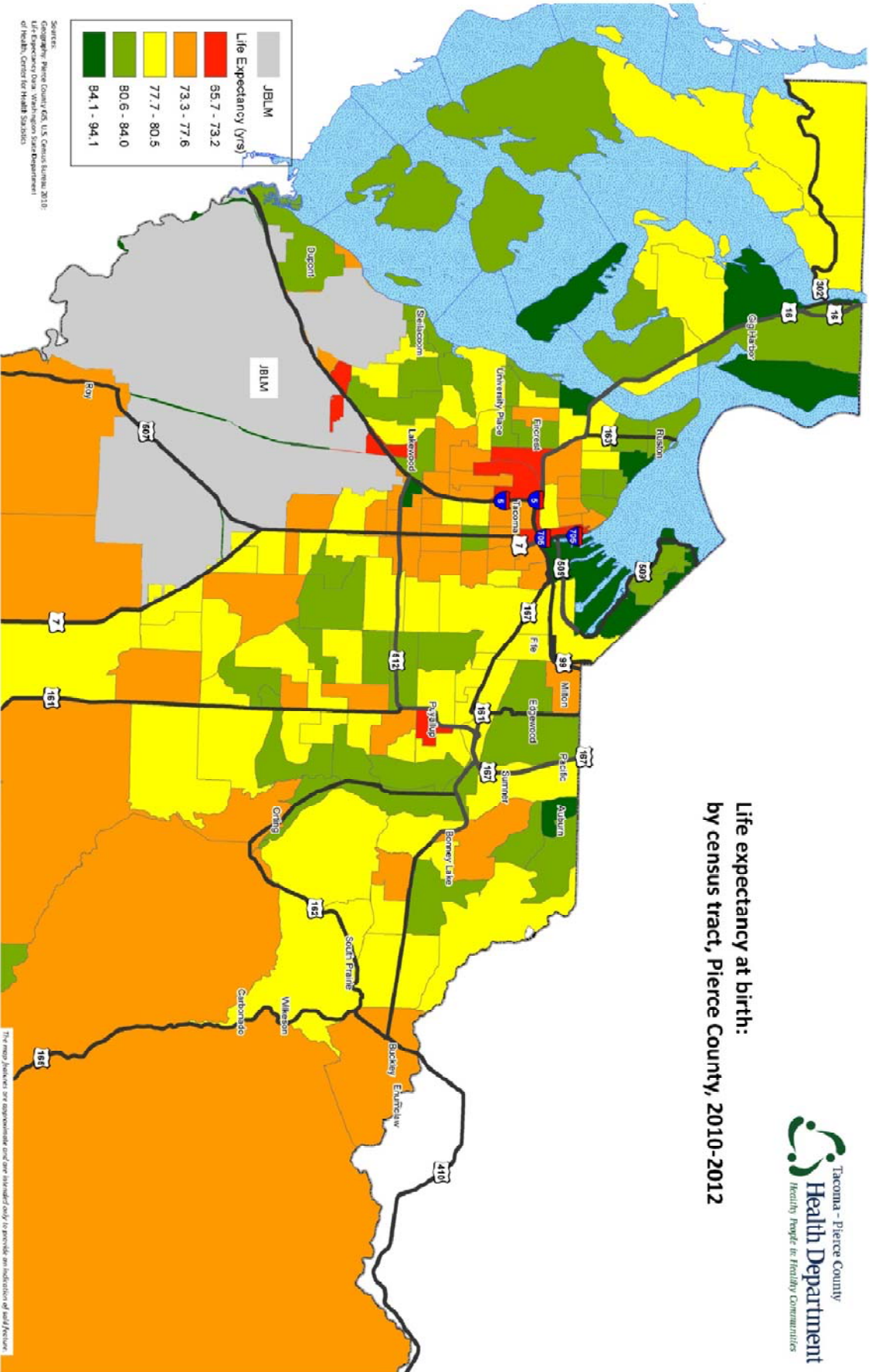
We need your partnership, too. We are engaging local groups that are also working to improve opportunities for all in Pierce County. Together, we can rely on public health information to help us tell the story of health inequities and advocate for policies and programs that will strengthen economic and social opportunities for all Pierce County residents.

When all of us in Pierce County work together to create fairness across places, we will indeed realize the vision of healthy people in healthy communities.

For more information, call (253) 370-5687 or visit [tpchd.org/healthequity](http://tpchd.org/healthequity).

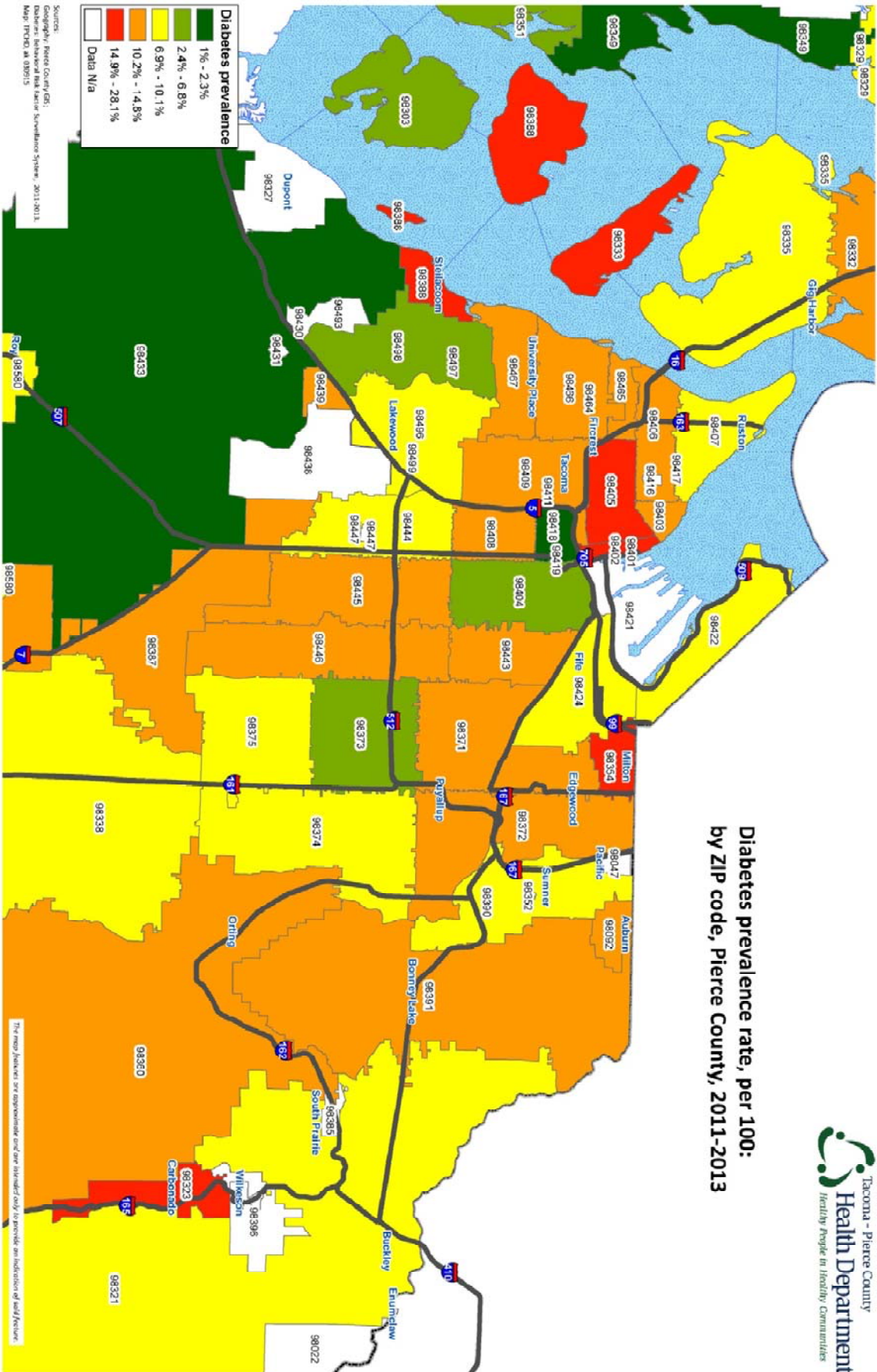


Appendix A: Life Expectancy Map



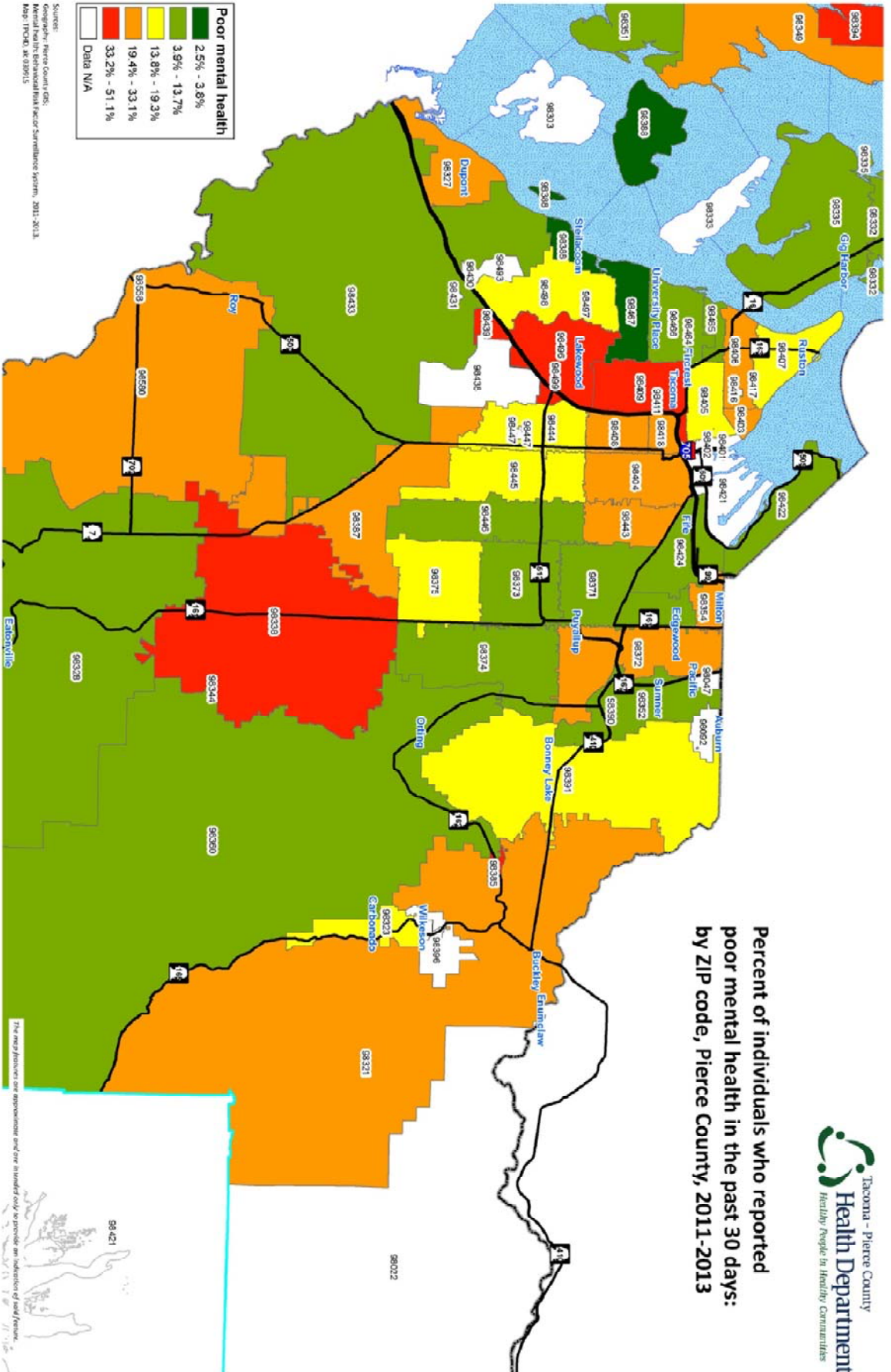
Appendix B: Diabetes Map

Diabetes prevalence rate, per 100:  
by ZIP code, Pierce County, 2011-2013





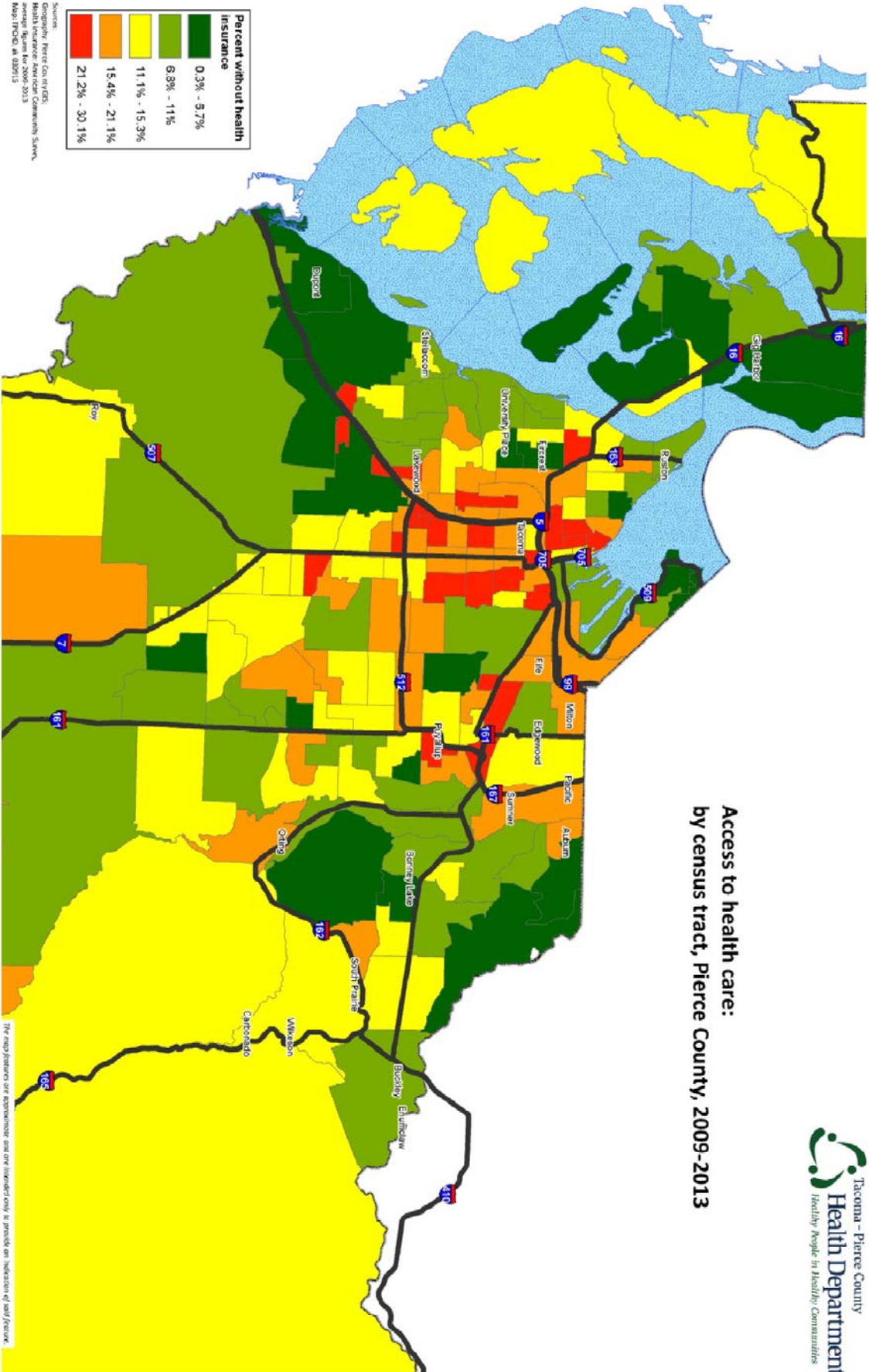
Appendix C: Mental Health Map



Appendix D: Access to Care Map



Access to health care:  
by census tract, Pierce County, 2009-2013



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Krisberg, K. (2015, March). *The Nation's Health*. Retrieved August 2015, from <http://thenationshealth.aphapublications.org/content/45/2/1.1.full>

US Census Bureau, American Community Survey, Table S1701, 2009-2013, 5-Year Estimates.

## Acknowledgements

Report prepared by Jacques Colon, Health Equity Coordinator and the Tacoma-Pierce County Health Department Health Equity Implementation Team:

Amy Pow, Brogan Shell, Charron Plumer, Claudia Catastini, Erica Swanson, Gabrielle Fidelman, George Hermosillo, Gina Shackelford, Jacques Colon, Keyna Wehmeyer-Heine, Miae Aramori, Rachel Knight, Rob Olsen, Sandy Bodner, Sharon Freeman.

This report would not have been possible without the efforts and support of:

Alex Klementiev, GIS Specialist  
Dallas Thomson, Communications  
Edie Jeffers, Communications and Community Relations Manager  
Sandy Bodner, Epidemiologist  
Stephanie Wood, Analyst

Anthony L-T Chen, MD, MPH, Director of Health  
Nancy Sutton, Deputy Director and Executive Sponsor.

Special thanks to the many community members who provided input for this report.

## Health Equity Assessment Distribution Plan: Talking Points

It is important that we have an aligned message as we distribute the Health Equity Assessment to staff, partners, and the community. This report is merely a tool to help us get to our end goal of mobilizing for action, and because of that we should be intentional about delivering a message with the report that will put us in the best position to mobilize ourselves and those we work with to action.

Here are the five main talking points to use as you share the Health Equity Assessment:

1. What's the issue:

- **Our data show that there are significant health inequities in Pierce County.**

2. Why this is an issue:

- **Our health inequities are the result of social, economic, and environmental inequities.**

(Health starts where we live, learn, work, and play. This includes factors such as income, education, race, gender, sexual orientation, disability, and neighborhood)

3. Why people should care:

- **We should not accept these inequities. Your zip code shouldn't limit how health you can be.**

4. What our goal is:

- **All Pierce County communities should have the opportunity to make healthy, convenient, affordable choices.**

(Regardless of income, education, race, ethnicity, neighborhood, gender, disability, sexual orientation, etc)

5. How people can get involved:

- **There are action steps that we can take as a community to address the root causes of health inequities.**

(There are many strategies to do this, and many folks are already trying to tackle these challenges. Email [jcolon@tpchd.org](mailto:jcolon@tpchd.org) or call (253)370-5687 to learn more about the many ways to partner with the Tacoma-Pierce County Health Department and others to address the root causes of health inequities)

# Health Equity

Tacoma-Pierce County Health Department—Communication Plan

August 31, 2015

Jacques Colon

## Communication Goals

This is your dream with a plan, “big picture” statement. Limit to one to three goals.

- Geographic areas of opportunity are identified and focused on by the health department, our partners, and the community.
- Decision makers, stakeholders, and the community are engaged and empowered to address the root causes of health inequity in partnership with TPCHD.
- All health department staff plan and execute their work with a health equity lens.
- Implement a “Health in All Policies” approach throughout the county.

## Key Messages

Create specific key messages to your audience.

- Messages for all audiences:
  - Health starts where we live, learn, work, and play.
  - Fairness across places; Your zip code shouldn’t determine how healthy you can be.
  - All residents should have the opportunity to make healthy, convenient, and affordable choices that allow them to live a long, healthy life.
  - There are action steps that we can take to address health inequities. (You have a role in this!)
- Decision Makers and Stakeholders (Partners and Sister Agencies)- Those who have the opportunity to create or influence policies that impact health and those who work alongside the health department on common goals.
  - Not everyone in our community has the opportunity to make easy, healthy decisions.
  - You have the knowledge, power, and responsibility to make healthy choices easy for everyone in Pierce County.
  - You have the opportunity to advance policies that will have the best possible impact on people’s lives by using health as a decision-making criterion.
  - Advancing health in your community does not mean taking on new work. It means taking opportunities in your existing work to improve health outcomes.
  - Improving opportunities for the parts of our community with the worst health will benefit everyone in our community, including employers.
- Affected Populations- Segments of the community that experience a larger burden of negative health outcomes.
  1. Pierce County Community Health Assessment.
  2. 2009 BRFSS

- You, as a community, have the power to advocate for the changes you want to see that will improve your health.
  - We are listening to you.
  - We want to work with you to address your priorities for improving the health of your community.
- Medical Community
    - Pierce County residents should be able to see a doctor, but it is time we made it less likely that they need to.
    - Social and economic factors that influence health include income, education, neighborhood conditions (housing, transportation, access to healthy foods), and race.
    - To impact long term health outcomes we need to focus on the root causes of poor health.
    - There are steps that health care providers can take to ensure they are providing the same access and quality of care to all members of the community.
- Health Department Staff- Employees of the TPCHD.
    - Social and economic factors that influence health include income, education, neighborhood conditions (housing, transportation, access to healthy foods), and race.
    - There are areas of our county that don't have access to the social and economic factors necessary for good health; we should focus our efforts in those areas.
    - Equity is not equality: Everyone doesn't need to get the same thing. We should invest where the need is greatest.
    - Inequities are unfair, unjust, and avoidable. We have the knowledge and ability to create equitable opportunities for healthy choices for everyone in our community.
    - All of our programs and policies should support and work towards health equity. Everyone in TPCHD has a role to play in achieving health equity.
    - Approaching our work with a health equity lens will allow us to more efficient with our resources and effective in accomplishing our desired outcomes. (through collaboration, community engagement, effective use of data, etc.)
    - Improving opportunities for the parts of our community with the worst health will improve our population's health outcomes. Here are some questions that staff should ask themselves with regards to their specific area of work:
      - Who do we serve?
      - Is who we serve representative of all Pierce County residents?
      - Are certain people or groups benefiting or being burdened by our policies and programs, often unintentionally?
      - Who do we interact with the most? Who do we not interact with?
      - What patterns do we see among those with poor health outcomes or poor compliance?
      - What patterns do we see in terms of barriers to good health?



- Who is and is not in the room when we are making decisions?
  - What are we ultimately trying to accomplish through our program?
  - Are we effectively reaching our ultimate goals of improving and enhancing the health of all Pierce County residents?
- There are multiple routes to improving the root causes of health inequities including programmatic, policy, and partnership options.
- Health in All Policies (HiAP) is an effective approach to affecting social and economic policy to improve the root causes of health inequities.
- TPCHD quality work (PMs, QI projects, Quality Culture) includes looking at how using an equity lens can improve the effectiveness of projects.

## Tactics

- Decision Makers- Those who have the opportunity to create or influence policies that impact health.
  - Presentation to Board of Health
  - Presentations to decision makers as opportunities become available, including:
    - Tacoma City Council
    - Pierce County Council
    - PC Mayor's Breakfast
  - Share Health Equity Assessment via communications channels such as website and social media.
- Stakeholders (Partners and Sister Agencies)- Those who work with or alongside the health department on common goals.
  - Presentation to Partners, hosted at TPCHD.
  - Presentations at partner organizations at their meetings, including:
    - CoT Office of Equity and Human Rights.
  - Ad hoc opportunities such as existing meeting, coalitions, and fairs.
  - Share Health Equity Assessment via communications channels such as website and social media.
- Affected Populations- Segments of the community that experience a disproportionate burden of negative health outcomes.
  - Engage affected populations to help in the review of materials or processes to ensure that they are accessible and readable.
  - Invitation to community equity event, TBD.
  - Table at community events as they occur, including Minority Health Event.
  - Present to Cross Cultural Collaborative.
  - Present to any other interested community organizations.
  - Work with partners serving affected populations to engage members of the community during ad hoc opportunities.

- Share Health Equity Assessment via communications channels such as website and social media.
- Non-Affected Populations- Segments of the community that do not experience a disproportionate burden of negative health outcomes.
  - Ad hoc opportunities such as existing meeting, coalitions, and fairs.
  - Share Health Equity Assessment via communications channels such as website and social media.
- Health Department Staff- Official members of the TPCHD.
  - All-Staff Meetings.
    - Division All-Staff meetings (such as CD All-Staff 8-25-15)
  - Lunch-n-Learn.
  - HUB Announcement and other internet posts.
  - The Latest.
  - Project team meetings.
  - Division team meetings.
  - Posters around the department.
  - xMT.
  - Request staff discuss the assessment with partners during certain opportunities.
  - Trainings, as needed.
  - Other methods as determined by the Health Equity Implementation Team.

**Timeline:**

Include important events, due dates for mailings, and other timed activities that will be helpful to keep track of important deliverable dates.

- Jan-May 2015
  - Development of Health Equity Assessment
  - Learning Opportunities
    - All-Staff Meetings
    - xMT
  - Support to staff as needed on consulting basis
  - Work with Health Equity Implementation Team in development and planned roll-out of Health Equity Assessment
  - BOH Study Session
  - Community Input Process
    - Pop-Up Interviews
- May 2015
  - Completion of 1-Pager Draft
  - Completion of 5-Pager Draft
  - Community Input Process
    - Pop-Up Interviews
    - Community Advisory Group

- BOH Study Session
- Development of roll-out plans for each division by members of the Health Equity Implementation Team.
- Begin divisional meetings and roll-out.
- Community communication opportunities:
  - HCC253 Fair
  - HPC3-identified opportunities
  - Health Equity Summit (Leaders in Women’s Health)
- xMT retreat
- June-December 2015
  - Engagement of partner organizations to move towards action in partnership
    - City of Tacoma
    - Pierce County
    - Other City Governments
      - Lakewood
      - Puyallup
      - Eatonville, Orting, Roy, etc.
    - United Way
    - MDC
    - NWLF
    - Tacoma Urban League
    - JBLM
    - Others, as identified
  - Community Event (if budget and process allow)
- August-September 2015
  - Completion of Full Report
  - Begin opportunities for pilot projects, if possible

**Budget:**

Jacques Colon’s 0.8 FTE time.

Additional 2015 budget: \$3,000

# Job Description Form



For assistance completing this form, contact your Human Resource Office.

**DRAFT 12/3/13**

**Position Information**

<b>Classification:</b> Health Promotion Coordinator 3	Working Title (if different): Health Equity Coordinator	Effective Date: 2/**/2014
FTE: .8 Full Time    Part Time <input checked="" type="checkbox"/>	Position Type: Regular	Position location: 3629 So. D St, Tacoma, WA 98418
Incumbent: <b>VACANT</b>	Schedule/Hours and Days: TBD	Schedule Flexible <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Division: Administration	Supervisor's Name and Title: Nancy Sutton	
Program: Office of the Director	Supervisor's Phone: 253-798-2951	

**Vision:** Healthy People in Healthy Communities  
**Mission:** To safeguard and enhance the health of the communities of Pierce County  
**Core Values:** Integrity, Respect, Leadership

**Position Summary**

Describe the position's main purpose and how the position supports the Department's mission.

Health Equity is a foundational policy principle incorporated into the department's strategic plan. Systematic inequities in health between social groups that can be avoided by reasonable means, and are not avoided, are unfair. TPCHD is committed to achieving health equity for all populations in Pierce County.

In an advanced professional classification and under general direction of a manager, this position will

- Lead the health department's internal effort to ensure that health equity is addressed in all policies, programs and funding decisions within TPCHD
- Work collaboratively across TPCHD divisions to coordinate and focus multiple department efforts to improve health equity
- Establish multi-sector collaborations and relationships with diverse communities affected by health inequities
- Focus implementation efforts initially in the Environmental Health Division

**Essential Functions**

Indicate as clearly as possible the significant duties and responsibilities associated with this position. List the approximate percentage of time spent for each duty. Focus on major responsibilities rather than detailed work routines.  
**Percentage of time must total 100%**

<p><b>Assessment</b></p> <p>Position is responsible for initial and on-going assessment of efforts within the health department and Pierce County to improve equitable health outcomes. Assessment will address policy needs, system improvements and environmental improvements. New research and policy innovations will impact assessment results.</p>	<p>30%</p>
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<p><b>Planning and Collaboration</b></p> <p>This position will collaborate with leads for other TPCHD cross-division efforts.</p> <ul style="list-style-type: none"> <li>• Work with partners including those living in communities with disparate health outcomes, health care systems, schools, universities, housing, business, faith communities, local, county and state governments, and others to positively impact social determinants of health and advocate for addressing health in all policies.</li> <li>• Collaborate with the TPCHD Coordinators for the Community Transformation Grant, School Health Coordination, and Community Health Assessment and Improvement Planning.</li> <li>• Develop written strategic goals and a strategic plan for TPCHD health equity work that includes broad community and staff input, builds on and coordinates existing efforts, and engages impacted communities in planning.</li> <li>• Collaborate with the TPCHD Diversity and Inclusion Committee to ensure alignment between health equity policies and staff competencies, training and recruitment efforts.</li> </ul>	30%
<p><b>Focused Internal Implementation</b></p> <ul style="list-style-type: none"> <li>• Use data, mapping and a quality planning approach to devise strategies that will result in a ‘health in all policies’ approach within TPCHD and specifically the Environmental Health Division.</li> <li>• Assist EH in assessing their programs and policies for unintended impacts on the poor, disenfranchised and poorly educated and developing strategies to engage these communities in designing policies and programs.</li> <li>• Consult with EH staff on designing strategies to work more effectively with diverse communities in specific programs.</li> </ul>	20 %
<p><b>Communication and Advocacy</b></p> <ul style="list-style-type: none"> <li>• Collaborate with the TPCHD Communications Manager to ensure health equity communication goals and messages are fully integrated into the department communication strategic plan.</li> <li>• Work with TPCHD Office of Assessment, Planning and Improvement to collect, generate and distribute local data and maps that tell the story of health inequities in Pierce County.</li> <li>• Based on community and department priorities, advocate for local, state and national changes in policy, programs and services to impact the social determinants of health.</li> </ul>	15%
<p>Other duties as assigned – includes emergency planning and response</p>	5 %
<p><b>Total</b></p>	100%

<b>Responsibilities for the Work of Others</b>	
<input type="checkbox"/> Position manages employees	Number of employees:
<input type="checkbox"/> Position supervises employees	Number of employees:
<input type="checkbox"/> Position leads employees	Number of employees:
<b>Position Qualifications</b>	
List <b>required</b> qualifications (education, experience, licensure, certification, knowledge, skills or abilities):	
<ul style="list-style-type: none"> <li>• Master’s degree and four years of relevant experience in community health, environmental, education, or other relevant field; or</li> <li>• Equivalent combination of education and experience to perform the essential functions of work.</li> <li>• Ability to pass a background check</li> </ul>	
List <b>desirable</b> qualifications:	
<ul style="list-style-type: none"> <li>• Experience convening and facilitating diverse community groups to address public health or social challenges</li> <li>• Experience working on social determinants of health, health equity or institutional racism issues</li> <li>• Experience successfully partnering with diverse communities to achieve identified goals</li> </ul>	
<b>Position Specific Qualifications</b>	
None	

### Position Expected Competencies

Key competencies for this position include:

#### Leading Change

- Open to change and adapts to shifting circumstances, considers and develops alternative strategies
- Effective under pressure, recovers quickly from setbacks
- Accurately assess the external environment and plans for the future

#### Leading People

- Inspires, fosters and values diverse participation and innovation
- Adapts leadership style to differing situations
- Recognizes and advances ideas from others that contribute to achieving the goal
- Respects differences and works effectively with people from diverse backgrounds

#### Achieving Results

- Identifies problems, uses data to analyze issues and develops and promotes solutions
- Makes educated, timely and effective decisions
- Sets clear, realistic and achievable goals
- Holds self and others accountable for deliverables
- Uses planning, writing and assessment skills to deliver comprehensive plans within assigned timeframes

#### Directing the Work

- Uses leadership skills to engage team members in accepting and completing assignments

### Working Conditions

#### Work Setting

General office setting in the department facilities. Broad participation with community partners in a variety of community locations. Travel to and from community locations may subject worker to increased risk of driving hazards. Community locations may subject worker to communicable diseases, insects and other disease vectors, toxins, hazardous materials, chemicals and animals. Position involves travel primarily in Pierce County. Occasional travel required within the state or nation. In all settings, employees in this classification may occasionally need to relate to members of the public who exhibit challenging, atypical or hostile behaviors and/or communication.

#### Equipment

Equipment used to perform essential functions includes: Computer, telephone, copier, fax, personal or department vehicle, public health and medical equipment and supplies related to duties. Must have valid driver's license when operating agency vehicle.

#### Emergencies

The employee is expected to take a role in the Department's Emergency Response Organization when activated. This may involve responding at any time, including nights and weekends, with possible deployment to locations other than the department. Emergency response roles will be assigned based upon employee skills, abilities and the physical demands of the activated role.

### Acknowledgement of Position Description

The signatures below indicate that the job duties as defined above are an accurate reflection of the work performed by this position.

Date: /2014

Supervisor's Signature:

Date: /2014

Hiring Authority's Signature:

As the incumbent in this position, I have received a copy of this position description.

Date: /2014

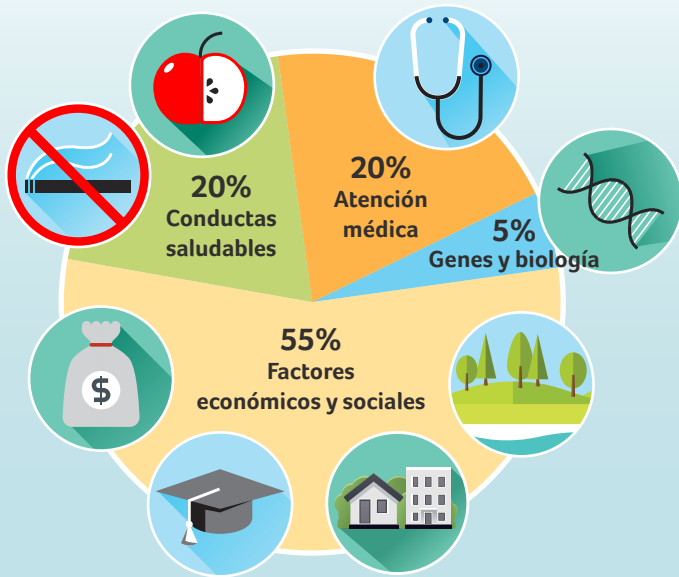
Employee's Signature:

# ¿IGUALDAD DE OPORTUNIDADES EN DISTINTOS LUGARES?

## SU SALUD EN EL CONDADO DE PIERCE

La salud comienza en el lugar en el que vivimos, aprendemos, trabajamos y jugamos.

### ¿QUÉ NOS HACE SALUDABLES?



Adaptado de <http://www.cdc.gov/socialdeterminants/FAQ.html>

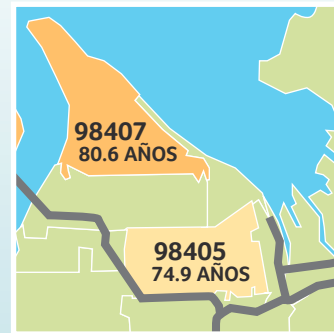
### Podemos trabajar juntos para crear un Condado de Pierce más saludable.

El Departamento de Salud del Condado de Tacoma-Pierce está profundamente interesado en que la salud sea para todos en el Condado de Pierce. Asumimos el compromiso de examinar todo nuestro trabajo, incluso nuestras sociedades y nuestro impacto en los vecindarios, para asegurarnos de apoyar la igualdad de oportunidades en los diferentes lugares.

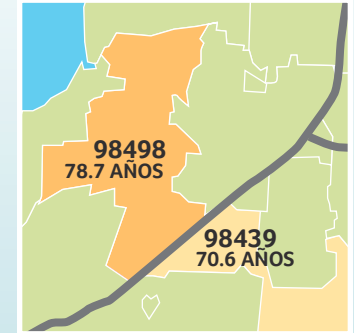


### Su código postal tiene un impacto en su salud.

#### TACOMA



#### LAKEWOOD



En el Condado de Pierce, los vecinos que viven a menos de una milla de distancia pueden tener una diferencia de hasta 8 años en su expectativa de vida.

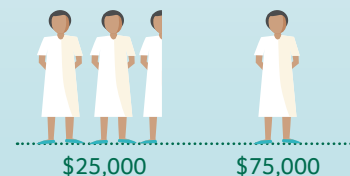
### La salud está vinculada con los ingresos, la educación, el vecindario y otros factores sociales.



**VECINDARIO:** Los lugares que ofrecen fácil acceso a oportunidades tienen mejores resultados de salud.

Las personas en un vecindario con **6%** más de pobreza que otro pueden tener una expectativa de vida de un año menos.

**INGRESOS:** La cantidad de dinero que usted gana afecta su salud.



Las personas que ganan menos de **\$25,000** tienen **2.5 más** probabilidades de tener diabetes que las que ganan más de **\$75,000**.

**RAZA:** El estrés de la discriminación afecta la salud por generaciones.

Los bebés de raza negra tienen tasas de mortalidad que duplican las de los bebés blancos.



**EDUCACIÓN:** Una mejor educación puede mejorar la salud. **35%** de las personas sin educación secundaria tienen una salud mental deficiente en comparación con solo el **9%** de las personas con títulos universitarios.

Otros factores que pueden afectar negativamente los resultados de salud incluyen género, discapacidad, situación de inmigración y orientación sexual.

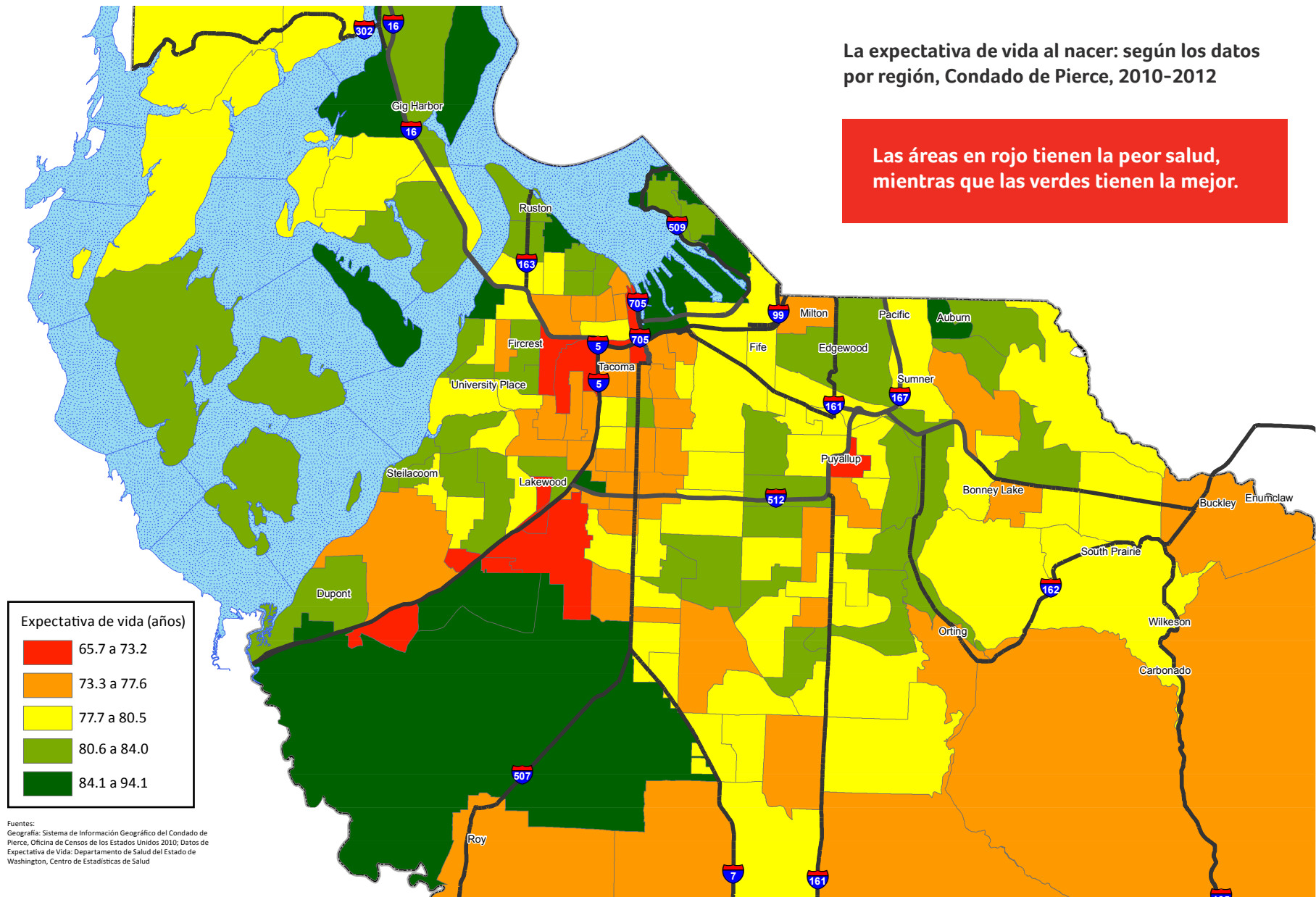
Para obtener más información, llame al (253) 370-5687 o visite [tpchd.org/healthequity](http://tpchd.org/healthequity).



Los datos del censo 2010-2012 indican que los residentes del condado de Pierce pueden tener una diferencia en la expectativa de vida promedio de hasta 20 años.

La expectativa de vida al nacer: según los datos por región, Condado de Pierce, 2010-2012

Las áreas en rojo tienen la peor salud, mientras que las verdes tienen la mejor.



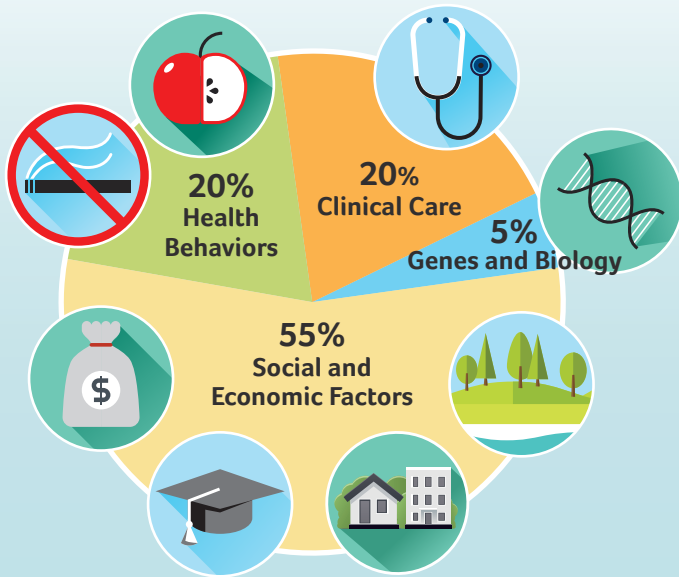


# FAIRNESS ACROSS PLACES?

## YOUR HEALTH IN PIERCE COUNTY

Health starts where we live, learn, work and play.

### WHAT MAKES US HEALTHY?



Adapted from <http://www.cdc.gov/socialdeterminants/FAQ.html>

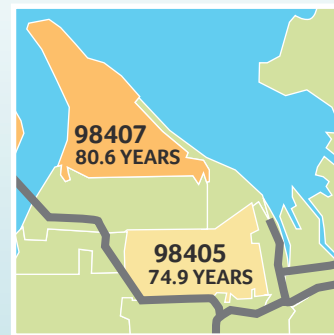
We can work together to create a healthier Pierce County.

Tacoma-Pierce County Health Department cares deeply about health for all in Pierce County. We commit to looking at all our work, including our partnerships and our impact on neighborhoods, to make sure we support fairness across places.

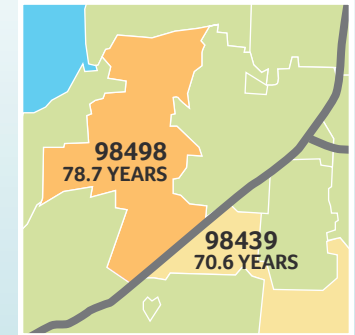


Your zip code impacts your health.

### TACOMA



### LAKEWOOD



In Pierce County, neighbors living less than a mile apart can have up to 8 years difference in life expectancy.

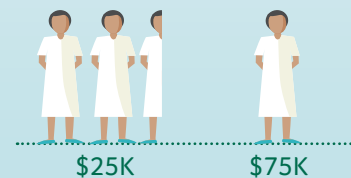
Health is tied to income, education, neighborhood and other social factors.



**NEIGHBORHOOD:** Places that offer easy access to opportunities have better health outcomes.

People in a neighborhood with **6%** more poverty than another can expect to live for one less year.

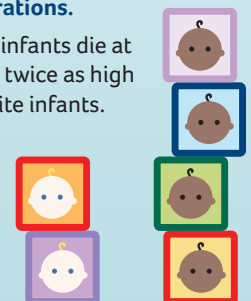
**INCOME:** How much money you make impacts your health.



People making less than **\$25K** are **2.5 times** as likely to have diabetes as those making more than **\$75K**.

**RACE:** The stress of discrimination impacts health for generations.

Black infants die at a rate twice as high as white infants.



**EDUCATION:** Better education can improve health. **35%** of people without a high school education experience poor mental health compared to only **9%** of people with college degrees.

Other factors that can negatively impact health outcomes include gender, disability, immigration status and sexual orientation.

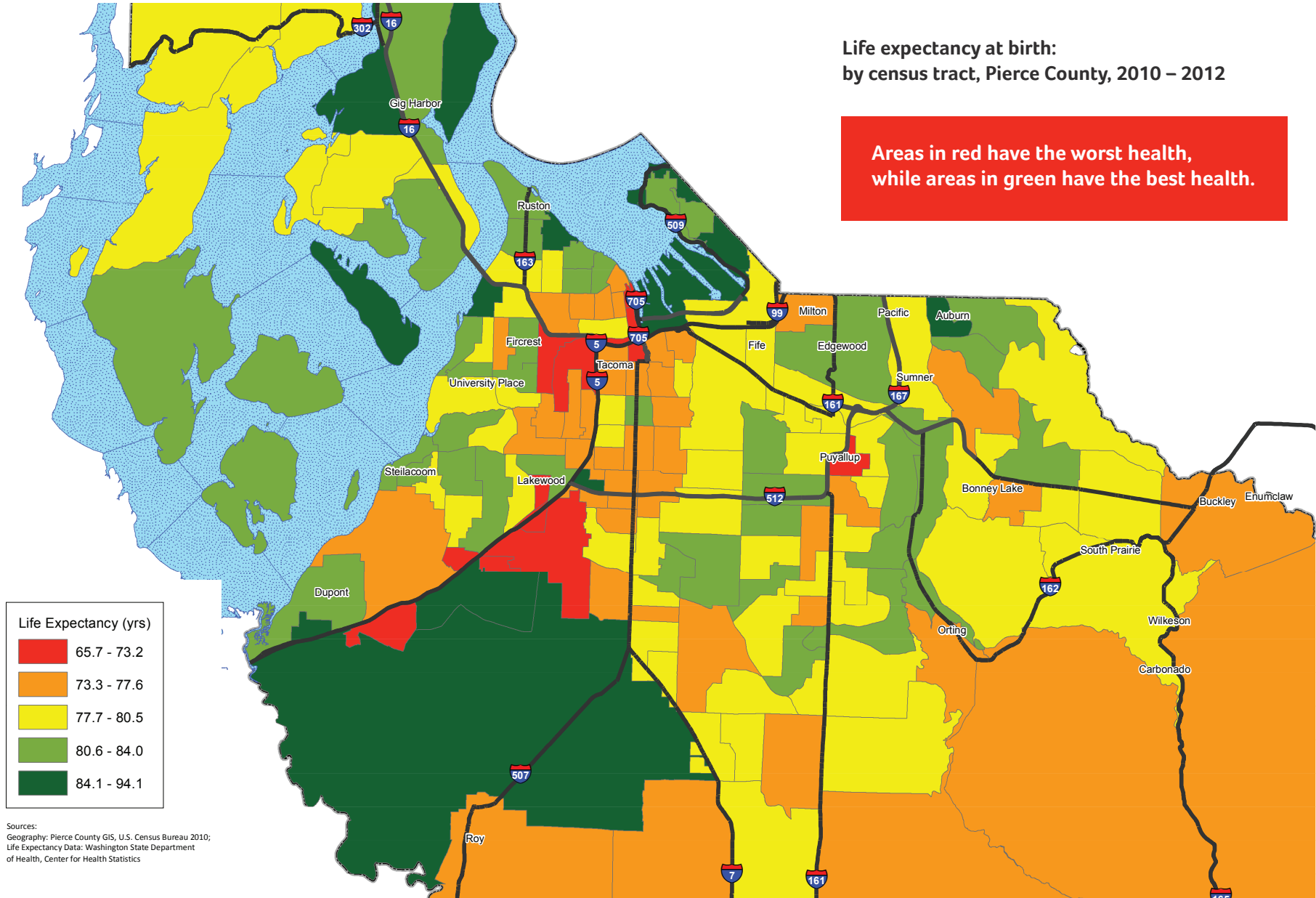
For more information, call (253) 370-5687 or visit [tpchd.org/healthequity](http://tpchd.org/healthequity).

Close but far apart.

2010-2012 census data shows that Pierce County residents may be as much as 20 years apart in average life expectancy.

Life expectancy at birth:  
by census tract, Pierce County, 2010 – 2012

Areas in red have the worst health,  
while areas in green have the best health.



Sources:  
Geography: Pierce County GIS, U.S. Census Bureau 2010;  
Life Expectancy Data: Washington State Department  
of Health, Center for Health Statistics

# Health in All Policies

## Health Lens Analysis Tool



### What is Health in All Policies?

Policies have cumulative health effects—positive and negative—on the communities and the people they affect. Health in All Policies (HiAP) integrates health into decisions and policy-making. When decision makers use this approach, they help to advance health equity by tackling the root causes of poor health outcomes—the social, economic and environmental conditions that contribute to health.

### Who should use the Health Lens Analysis Tool?

1. Local elected officials and appointed commissioners.
2. City managers and leaders.
3. Government planners.
4. Non-government organizations.

### What can the tool help you do?

1. Assess the affects of a proposed policy, strategy or action before making or implementing a decision.
2. Identify partners to collectively address social, economic and environmental issues, and improve health.

### Why?

1. To make public health considerations visible in policy decisions.
2. To advance equity and improve health for everyone by consistently assessing the impacts on health in planning, policy development and implementation.

### Background

Name of proposal or decision to be implemented?	
What are the issues?	
Who are your existing partners?	

### Health Lens Analysis Questions

1. Who might this proposal or decision affect?

2. Have you consulted those who may be affected as you have developed or shaped the proposal?

# Health in All Policies

## Health Lens Analysis Tool



3. How would this proposal or decision improve or impair the social conditions of the community?

4. How would this proposal or decision improve or impair the economic conditions of the community?

5. How would this proposal or decision improve or impair the environment?

6. Could this proposal or decision have unintended negative health affects? If so, what are they?

7. Who are possible allies in overcoming barriers and finding solutions?

8. What is your recommendation? What actions would support or mitigate the identified issues?

Support	
Propose Changes	
Reject	

# Health in All Policies

## Health Lens Analysis Tool



### Reason to assess for public health affects

Social, economic and environmental factors influence up to 55% of a person's health, according to the Centers for Disease Control.

#### 1. Who does the policy affect?

Health risks are higher for people living in poverty, the unemployed, minority populations, young children and seniors.

#### 2. Have you consulted or involved affected people in helping to shape the proposal?

People's health improves when they have some control over their circumstances and can help shape decisions and policies that affect them.

#### 3. How would this proposal or decision improve or impair the social conditions of the community?

A root cause of poor health is social context—education level, race, disability status, housing stability and connection to the community, and other factors. Health promoting policies and decisions provide opportunities for quality education, social inclusiveness, community support, and adequate shelter for people of different social and ethnic backgrounds.

#### 4. How would this proposal or decision improve or impair the economic conditions of the community?

A root cause of poor health includes income and employment. Health promoting decisions and policies support growth of local businesses and living wage jobs near transit and homes.

#### 5. How would this proposal or decision improve or impair the environment?

Health of the natural and built environment supports overall health. Health promoting decisions and policies help balance protecting natural resources with creating safe and resilient neighborhoods. Then, it's easy for people to be physically active, eat healthy food and interact with neighbors.

#### 6. Could this proposal or decision have unintended negative health affects?

We should avoid doing harm. For example: Will economic investment force some businesses to close and vulnerable people to move because rents are too high? Loss of income and housing add stress to already vulnerable people and negatively affects health. How could the decision minimize potential negative consequences?

#### 7. Who are possible allies in overcoming barriers and finding solutions?

Improving the health and well-being of all residents takes collaboration. What other agencies may have policies for the same issues? Consider an inter-local agreement or joint resolution to achieve mutual goals.

#### 8. What is your recommendation? What are the reasons you do or do not support the proposal or decision? What actions would improve the issues or impacts identified?



International Association  
for Public Participation

# IAP2 Spectrum of Public Participation

*Increasing Level of Public Impact*

## Public participation goal

### Inform

To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.

### Consult

To obtain public feedback on analysis, alternatives and/or decisions.

### Involve

To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.

### Collaborate

To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.

### Empower

To place final decision-making in the hands of the public.

## Promise to the public

We will keep you informed.

We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.

We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.

We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.

We will implement what you decide.

## Example techniques

- Fact sheets
- Web sites
- Open houses

- Public comment
- Focus groups
- Surveys
- Public meetings

- Workshops
- Deliberative polling

- Citizen advisory committees
- Consensus-building
- Participatory decision-making

- Citizen juries
- Ballots
- Delegated decision

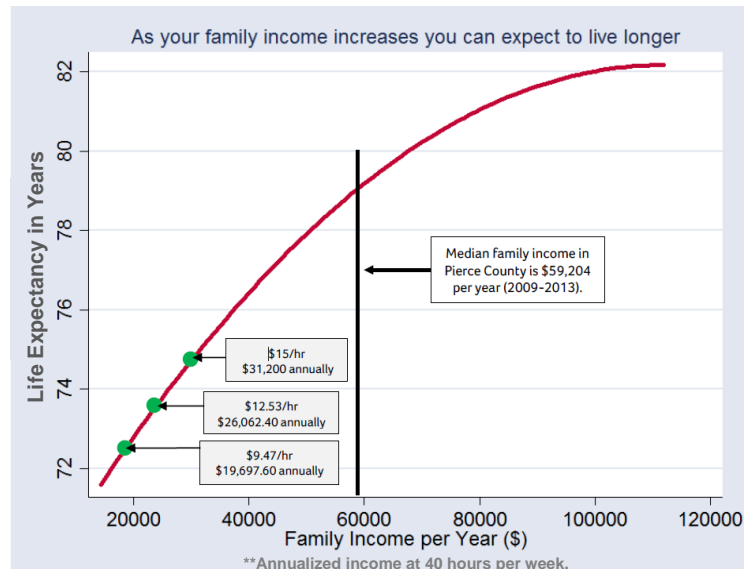


## Minimum Wage and Health

### Income Affects Health

Where we live, learn, work and play influences our overall health.

- According to Human Impact Partners, an adequate income is the single most important factor for healthy living and persistent poverty is the most harmful to health.
- Social factors such as income and employment relate to the level of health and quality of life in neighborhoods and communities.
- Income influences choices about where people can afford to live and if they have access to safe homes, neighborhoods with green space, sidewalks, grocery stores with nutritious foods, and good schools.



### Health Benefits of Increasing Minimum Wage: Higher Income, Longer Life

In Pierce County, a higher average household income correlates to higher life expectancy.

- Projected life expectancy goes up for a person working 40 hours per week at a minimum wage job as minimum wage increases.
- Tacoma-Pierce County Health Department's 2015 Health Equity Assessment shows a relationship between income level and life expectancy.

Average Annual Salary	Life Expectancy
\$19,697	72.6 years
\$26,062	73.7 years
\$31,200	74.6 years

### Potential Health Benefits of Increasing Minimum Wage May Include:

- Improved life expectancy.
- Better health for women and people of color (disproportionately represented in minimum-wage jobs).
- Reduced need for social safety net services including Medicaid, TANF, and food stamps.
- Increased employment and related health benefits of employment.

Increasing minimum wage would help workers and their families thrive, successfully manage stress, and prevent disease.

#### Data Sources:

Health Impact Partners. Income and Health: Why it Matters. (2015). (n.d.).  
Minnesota Department of Health; Center for Health Statistics. (2014, March 3). White Paper on Income and Health. St. Paul, MN.  
Graphical data derived from life expectancy (at birth) from the following sources: 1) WA State Dept of Health, Center for Health Statistics, Death Certificate Data. 2) U.S. Census Bureau, American Community Survey, 2010.

## **ORGANIZATIONAL SELF-ASSESSMENT: EXECUTIVE SUMMARY**

### **COMMUNITY ENGAGEMENT**

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- Partners are not clear about whether staff truly understand the major concerns of the community.
- Many staff are not sure what community engagement is.
- Staff is unclear and divided about which resources, tools, models, or frameworks to use for community engagement.
- When the health department makes decisions that do not reflect community input, health department staff and partners are often unsure why.
- Collaboration across divisions and programs within the health department is difficult due to time constraints and conflicting priorities. A more comprehensive and strategic approach to cross-divisional collaboration is needed to create structural support for sustained efforts.
- Less than half of staff feel comfortable creating and distributing oral and written information that is appropriate for the cultural, linguistic, and literacy needs in the community.
- Managers do not receive training on managing a diverse workforce.
- Partners feel the health department needs to encourage more leadership roles among community partners and be comfortable taking a back seat for community driven issues.
- Staff is unclear whether the health department has a structure that supports community partnerships.

### **STAFF COMPETENCY**

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- A vast majority of staff feels like they understand the environmental, social, and economic conditions that affect health, but far fewer are familiar with health inequities in Pierce County.
- Despite understanding these conditions, staff is limited in applying this knowledge to their work.
- Many staff do not feel well equipped to address the social, economic, and environmental conditions that impact health.
- The primary weakness identified among staff was a sense of limited staff efficacy in both decision-making and opportunities to improve leadership opportunities.
- Staff felt that recommendations for improved strategies and ideas have been shared with leadership yet decisions are made from outside, without their input.

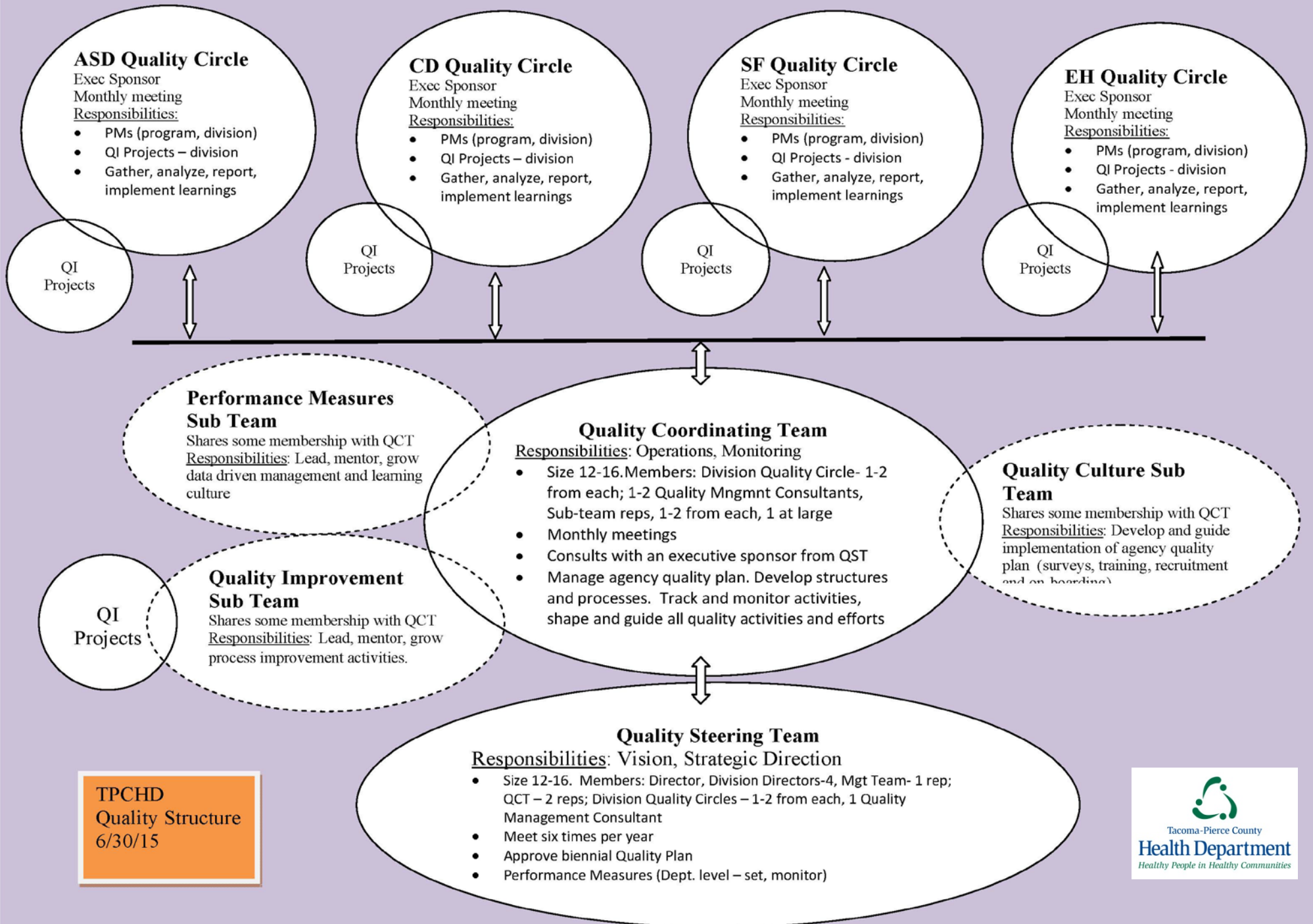
- Staff does not feel well prepared to do community engagement work due to a lack of understanding of cross-divisional work within different communities.
- A small percentage of staff feels like they know how to resolve conflicts when TPCHD's priorities do not match the priorities of the community (group).

## ORGANIZATIONAL CULTURE AND PROCESSES

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- Institutional commitment to address health inequities exists, but practices do not always reflect that commitment.
  - Staff identified barriers to addressing health inequities.
    - The staff suggests additional support structures such as:
      - improving community engagement,
      - continuing education on health inequities,
      - improved communication from leadership,
      - increasing support from supervisor to increase staff focus on health equity, and
      - improving employee diversity to reflect the diverse community makeup of Pierce County.
  - Decision-making processes vary greatly depending on supervisors, program, and divisional culture.
  - In general, decision-making is not inclusive.
  - There is a need for TPCHD to continue to work towards department-wide communication approach that is transparent internally and externally.
  - When TPCHD decisions do not reflect community input, TPCHD does not communicate openly and honestly.
  - Program planning processes do not typically involve all levels of staff and do not typically include input from community.
  - While partners feel they are invited to participate in planning processes often, they are less confident that their involvement is meaningful.
  - Most staff do not collaborate with staff from other programs within TPCHD, but staff feel like leadership is supportive of such collaboration (indicating other barriers to collaboration exist).
  - Support for innovation depends greatly on supervisors, program, and divisional culture.
-

# ALL STAFF



TPCHD  
Quality Structure  
6/30/15

