

Cultivating 21st Century HiAP Practice-Change Opportunities

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DC | **HEALTH** GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR



Workshop Session 1.3.2. Health in All Policies - implementation
and case studies



Louisville, KY



Washington, DC



Kansas City, MO



3 Cities & Contrasting Contexts

USA ATIONAL CONTEXT



2010 America's Top 50 Bike-Friendly Cities

- *Washington DC = #13*
- *Louisville #21*
- *Kansas City, Mo = #32*

3 Cities & Contrasting Contexts

GOVERNMENTAL STRUCTURE & SIZE

Louisville, KY	City of Washington, DC	Kansas City, MO
City-County Metro Government <ul style="list-style-type: none"> Mayor-Council Structure 	City “State” Government <ul style="list-style-type: none"> Mayor-Council Structure 	City Government (City Manager) <ul style="list-style-type: none"> Council-Manager Structure
US City Size: <ul style="list-style-type: none"> US Rank* = 32 Largest 	US City Size: <ul style="list-style-type: none"> US Rank* = 22 Largest 	US City Size: <ul style="list-style-type: none"> US Rank* = 37 Largest
Population & Growth: <ul style="list-style-type: none"> Pop 2014: 612,780 Change 2010-2014: +2.59% 	Population & Growth: <ul style="list-style-type: none"> Pop 2014: 658,893 Change 2010-2014: +9.50% 	Population & Growth: <ul style="list-style-type: none"> Pop 2014: 470,800 Change 2010-2014: +2.40%
Area: 325 sq miles <ul style="list-style-type: none"> Pop. Density - 1,837 per sq mile 	Area: 61 sq miles <ul style="list-style-type: none"> Pop. Density - 9,856 per sq mile 	Area: 315 sq miles <ul style="list-style-type: none"> Pop. Density - 1,460 per sq mile
MSA 2015: 1,278,413 (#43)	MSA 2015: 6,097,684 (#6)	MSA 2015: 2,087,471 (#30)

**US City Rank by Population July 2014*



3 Cities & Contrasting Contexts

PUBLIC HEALTH & AIR QUALITY GOVERNANCE INFRASTRUCTURE

Louisville, KY

City of Washington, DC

Kansas City, MO

County Public Health Department

- Resident Pop 2015 : **763,263***

LM PH&W Budget:

- FY15 - **\$26,800,000**

- Board of Health

Center for Health Equity – 2006

- ✓ *First of its kind in US*
- ✓ *Health Equity Report 2011 & 2014*
- ✓ *Violence Prevention Workgroup 2012*
- ✓ *Community Transformation Grant (2012 – 2014)*
- ✓ *Healing Possible Quorum, 2015*

Air Quality Management:

- APCD** (*Independent District*)

State Public Health Department

- Resident Pop 2015 : **672,228***

DC DOH Budget:

- FY15 - **\$270,000,000**

- NO Board of Health

Office of Health Equity – 2015

- ✓ *OHE Launched 2015*
- ✓ *Safer Stronger Advisory Committee Report, May 2016*
- ✓ *Community Health & Safety Study (CHASS) 2016*
- ✓ *Health Equity Report -2018*

Air Quality Management:

- DOEE; plus regional MWCOG

City Public Health Department

- Resident Pop 2015 : **475,378***

KCMO Health Dept. Budget:

- FY15 - **\$22,000,000**

- Mayor's Health Commission

No 'Health Equity' Division

- ✓ *Differential Life-Expectancy by Zip Code Map*
- ✓ *City-Wide Business Plan 2015-2020 – "HE & HiAP Strategies"*
- ✓ *Aim for Peace*
- ✓ *Culture of Health Prize, 2015*

Air Quality Management:

- Mid-America Regional Council

*Health Dept. Resident Pop - ACS 2015



3 Cities & Contrasting Contexts

SOICIAL INDICATORS

Louisville, KY	City of Washington, DC	Kansas City, MO
Race & Ethnicity	Race & Ethnicity	Race & Ethnicity
White Alone 73%	White Alone 44.1%	White Alone 59.2%
Black/African American 21%	Black/African American 48.3%	Black/African American 29.9%
Asian Alone 2.7%	Asian Alone 4.2%	Asian Alone (2010) 2.5%
Two or more races 2.3%	Two or more races 2.7%	Two or more races (2010) 3.2%
<ul style="list-style-type: none"> Hispanic / Latino Percent 4.9% Foreign Born 6.7 % 	<ul style="list-style-type: none"> Hispanic /Latino Percent 10.6% Foreign Born 14% 	<ul style="list-style-type: none"> Hispanic / Latino (2010) 10.0% Foreign Born 7.6 %
Education & Income	Education & Income	Education & Income
Bachelors Degree or higher 30.8%	Bachelors Degree or higher 53.4%	Bachelors Degree or higher 31.6%
<ul style="list-style-type: none"> Poverty Rate 16.8% 	<ul style="list-style-type: none"> Poverty Rate 17.7% 	<ul style="list-style-type: none"> Poverty Rate 19.4%
Median HH Income \$47, 692	Median HH Income \$69,235	Median HH Income \$45,376



Changing the Context: HiAP Critical Success Factors

Job 1: City & Public Health Infrastructure

- Understand the governance structure of your jurisdiction/organization
- Seek & Leverage Opportunity
- Start with “Coalition of the Willing”

Job 2: Stakeholders & Potential Partners

- Identify the right stakeholders
- Engage the right players at the right time
- Seek Strategic Partnerships

Job 3: Multi Sector “HiAP” Collaboration

- Cultivate and maintain trust and respect
- Share Ideas – but defer to the subject matter experts
- Share resources (human, financial)
- Be humble but marketable

****Key Takeaways – COLLABORATION & RELATIONSHIPS!***

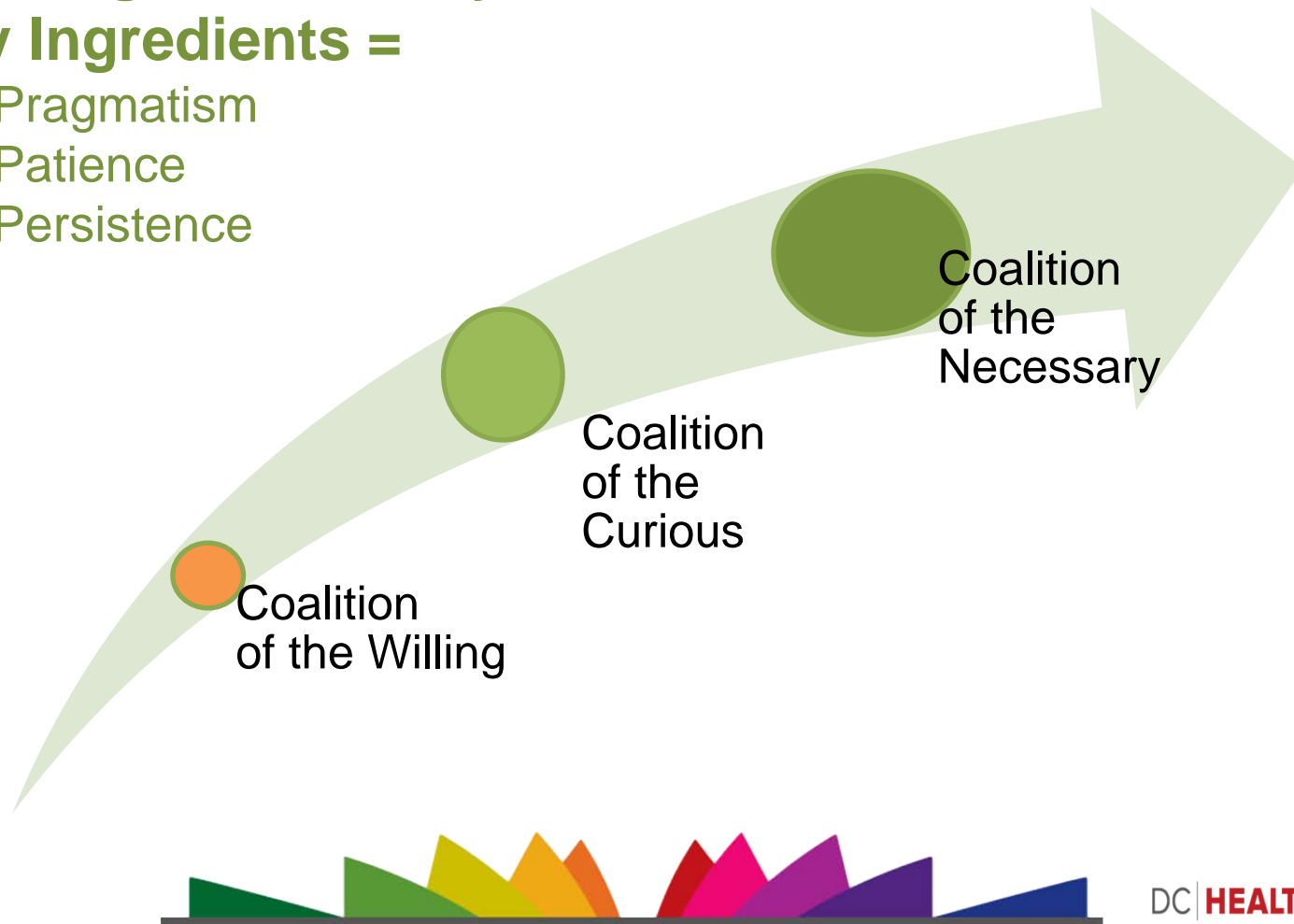


HiAP Engagement Continuum

Cultivating 21st Century HiAP Practice:

➤ Key Ingredients =

- ❖ Pragmatism
- ❖ Patience
- ❖ Persistence



Kansas City, MO

Council Goal: *Neighborhoods & Healthy Communities (p15)*

“Support the development, maintenance, and revitalization of sustainable, stable, and healthy communities in which neighborhoods are safe, clean, well maintained and consistently improved”

Departmental Strategic Objectives:

1. Increase overall life expectancy and reduce health inequities in all zip codes.
 - ❖ Establish multi-departmental committee or taskforce to identify underlying causes of the City’s inequities and recommend an implementation plan.
2. Produce the Community Health Improvement Plan



Submitted
CITYWIDE BUSINESS PLAN
2015-2020



BUDGET OFFICE

Council Goal: *Finance & Governance (p13)*

“Establish a community/departmental panel or taskforce to investigate causes of the City’s racial divide and make recommendations on solutions”



Louisville, KY

Mayor's Healthy Hometown Movement (MHHM) Expansion



MHHM Leadership Team*

Public Sector Partners – Agency Heads – No Substitutes

- **Public Health & Wellness = Chair***
- Deputy Mayor, Community Building
- Metro Parks
- Public Works
- Codes & Regulations
- Human Resources
- Economic Growth & Innovation
- Louisville Metro Police Department
- Community Services and Revitalization
- Transit Authority of River City
- Jefferson County Public Schools
- Human Relations Commission
- Louisville Metro Council
- Housing Authority
- Emergency Management Agency
- Air Pollution Control District

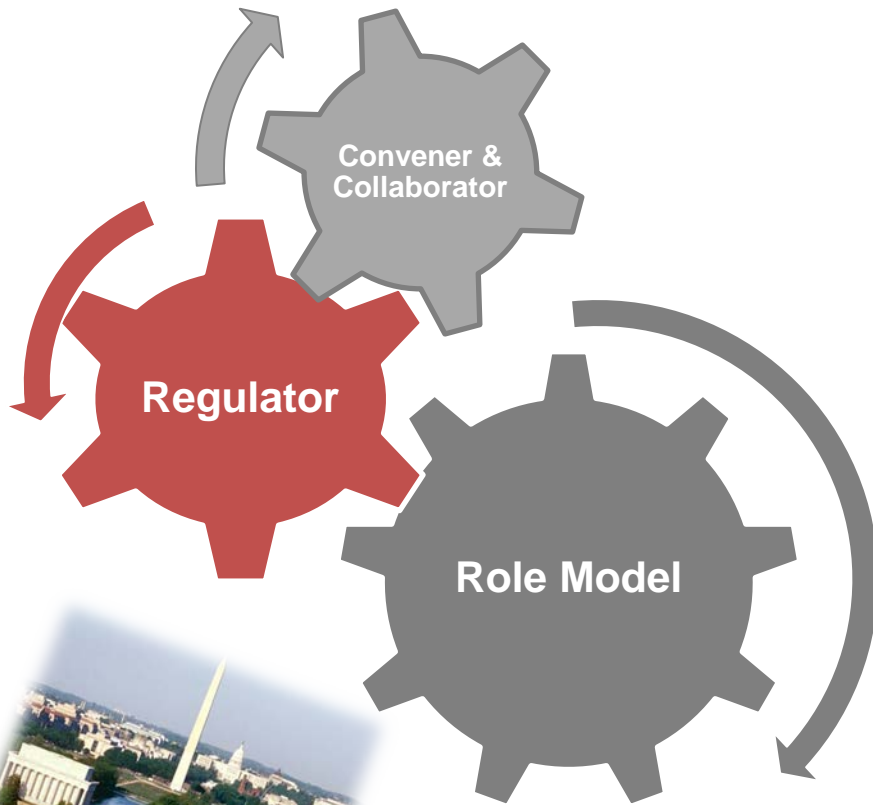
* **MHHM Leadership Team, as Convened by Mayor**



Washington, DC

DC | **HEALTH** 3-Pronged Role & 5 Strategic Priorities

Public Health 3.0 – 21st Century Leadership



- ✓ Promote a Culture of Health and Wellness
- ✓ Address the Social Determinants of Health
- ✓ Strengthen Public-Private Partnerships
- ✓ Close the Chasm between Clinical Medicine and Public Health
- ✓ Apply Data Driven & Outcomes-approach to Program and Policy Development



DC **HEALTH** Office of Health Equity

MISSION:

*“The Office of Health Equity works to address the root cause of health disparities, **beyond healthcare and health behaviors**, by supporting projects, policies and research that will enable every resident to achieve their optimal level of health.*

The Office achieves its mission by informing, educating, and empowering people about health issues and facilitating multi-sector partnerships to identify and solve community health problems related to the social determinants of health.”

OVERARCHING GOAL:

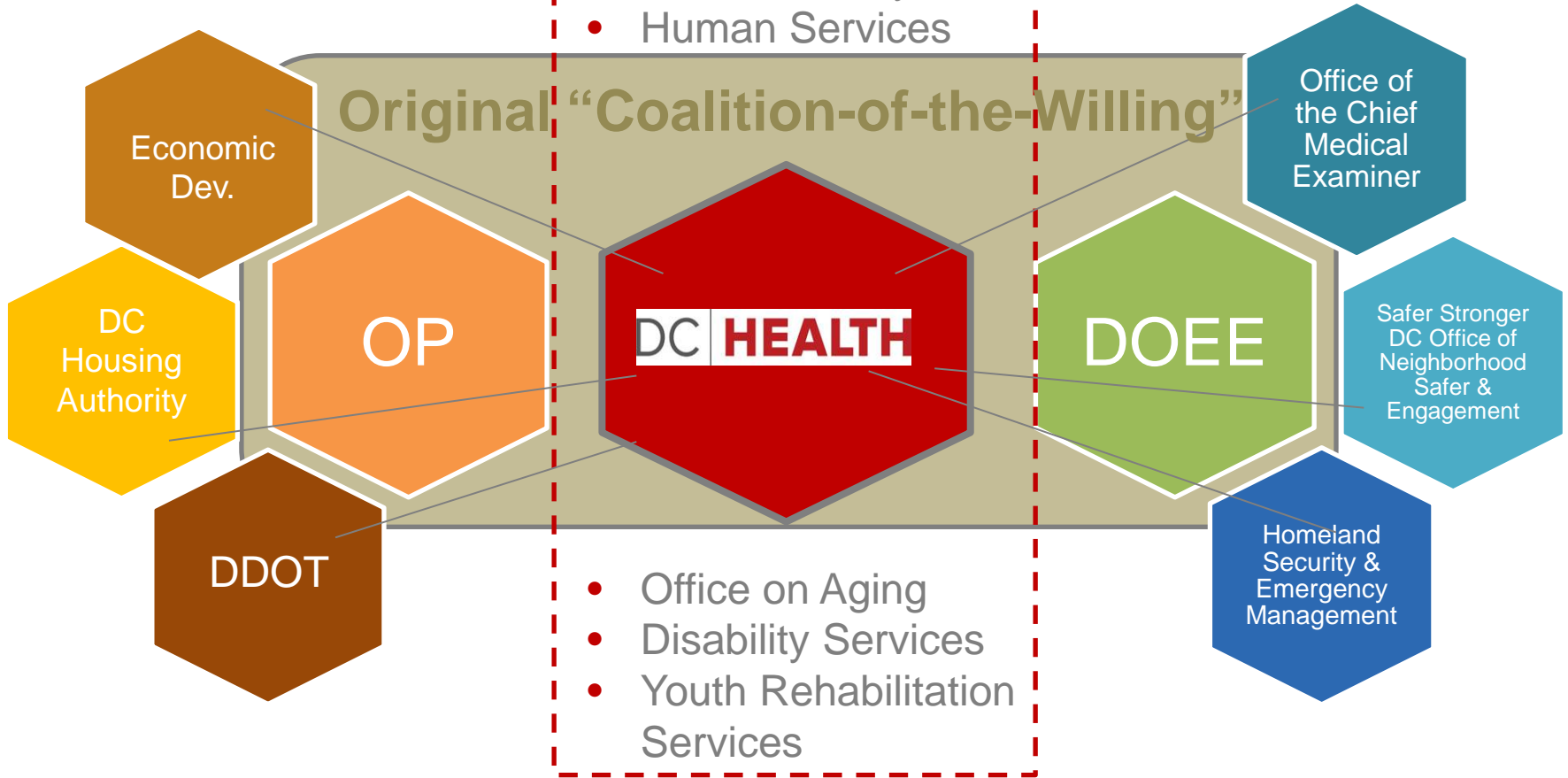
Improve Context for Equitable Opportunities for Health in DC



Health & Human Service Cluster

- Behavioral Health
- Health Care Finance
- Child & Family Services
- Human Services

Original “Coalition-of-the-Willing”



Planning & Eco. Dev. Cluster

Health & Human Service Cluster

Public Safety & Justice Cluster

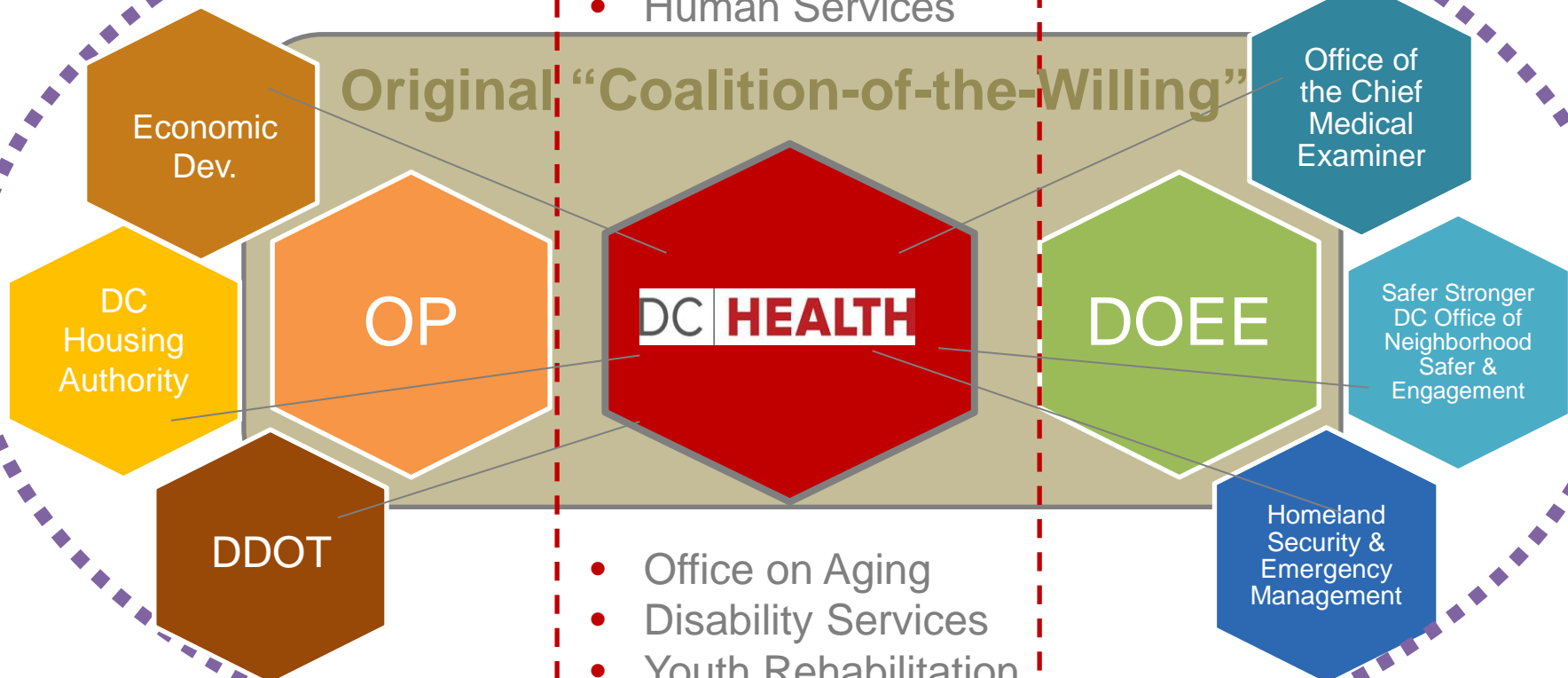


**Mayor's
Resilience
Cabinet
FY 2017**

**Health & Human
Service Cluster**

- Behavioral Health
- Health Care Finance
- Child & Family Services
- Human Services

Original "Coalition-of-the-Willing"



- Office on Aging
- Disability Services
- Youth Rehabilitation Services

**Commission on
Climate Change &
Resilience*



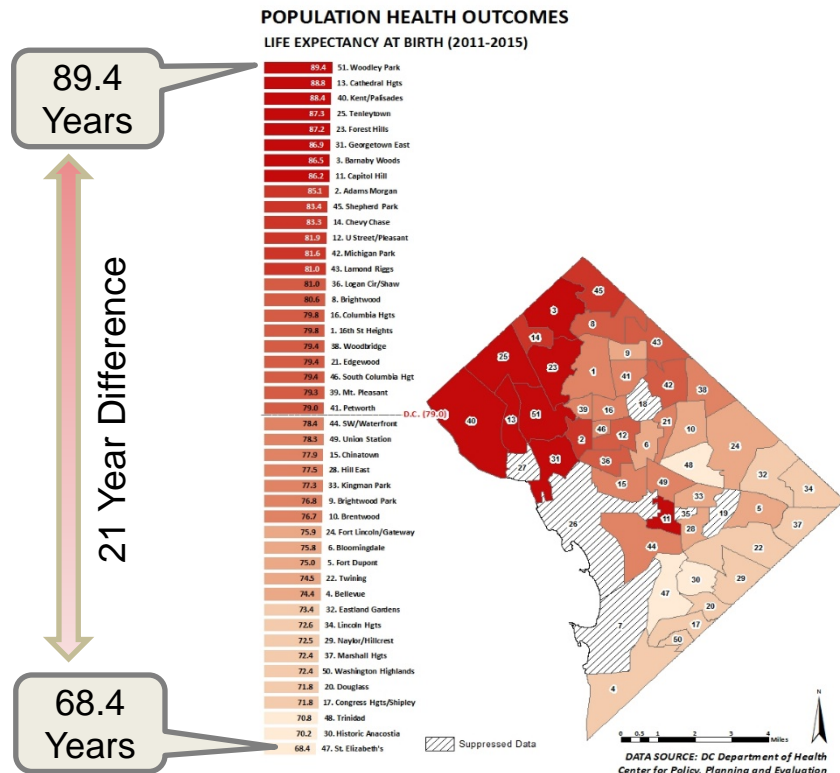
Mayor's Resilience Cabinet

- ❖ **Rashad Young** (City Administrator, Executive Office of the Mayor)
- ❖ **Kevin Donahue** (Deputy City Administrator and Deputy Mayor for Public Safety and Justice, Executive Office of the Mayor)
- ❖ **Hyesook Chung** (Deputy Mayor for Health and Human Services, Executive Office of the Mayor)
- ❖ **Courtney Snowden** (Deputy Mayor for Greater Economic Opportunity, Executive Office of the Mayor)
- ❖ **Keith Anderson** (Director, Department of Parks and Recreation)
- ❖ **Kevin Bush** (Chief Resilience Officer, Executive Office of the Mayor)
- ❖ **Odie Donald** (Director, Department of Employment Services)
- ❖ **Polly Donaldson** (Director, Department of Housing and Community Development)
- ❖ **Greer Gillis** (Director, Department of General Services)
- ❖ **Jeff Marootian** (Director, Department of Transportation)
- ❖ **Dr. LaQuandra Nesbitt** (Director, Department of Health)
- ❖ **Jenny Reed** (Director, Office of Budget and Performance Management)
- ❖ **Chris Rodriguez** (Director, Homeland Security and Emergency Management Agency)
- ❖ **Jed Ross** (Chief Risk Officer, Office of Risk management)
- ❖ **Eric Shaw** (Director, Office of Planning)
- ❖ **Barney Krucoff**, (Acting Chief Technology Officer, Office of the Chief Technology Officer)
- ❖ **Tommy Wells** (Director, Department of Energy and Environment)

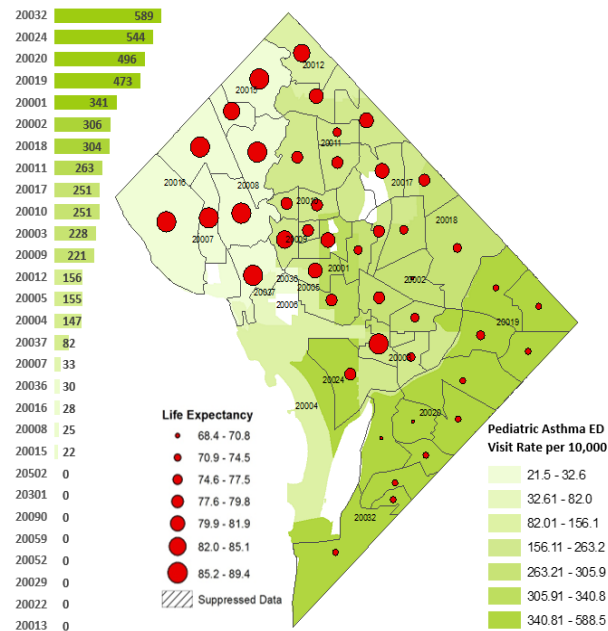


DC HER* Driver #8: Outdoor Environment

DC Life Expectancy at Birth (ACS 2011-2015) - 51 Statistical Neighborhoods



RATE PER 10,000 PEDIATRIC (age 2-17) ASTHMA EMERGENCY ROOM VISITS -- by Zip Code (with Statistical Neighborhood & Life Expectancy Overlay)



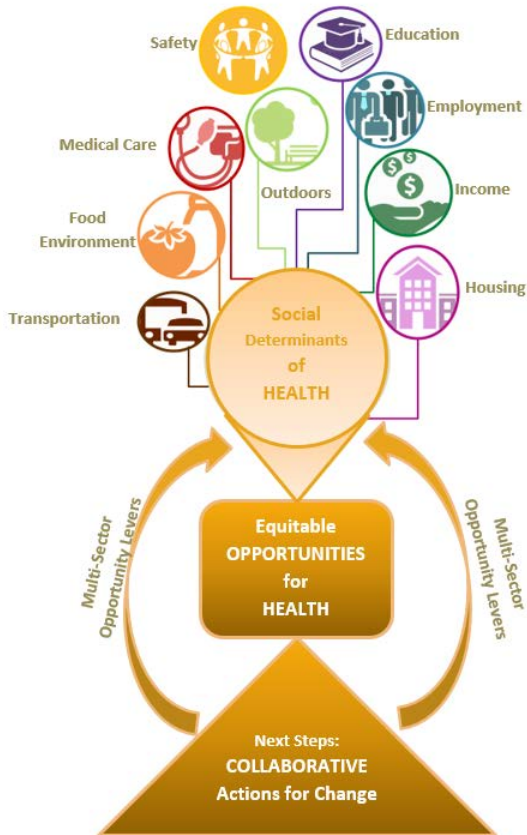
DC HEALTH

*DC HER 2018 - coming soon



DC Health Equity Report 2018*

SDH: Interconnected Pathways



Overarching Recommendations:

Proactive multi-sector solutions are essential to meaningful transformational change.

- ❖ Recognize that eliminating inequities provides a huge opportunity to invest in community. Inequity is not acceptable, and everyone stands to gain by eliminating inequity.
- ❖ Develop a multifaceted “**Health-In-All Policies**” approach in order to improve the health of all District residents, *including achieving health equity*.
- ❖ Develop equity goals, and measure and monitor the impact of social policy on health to ensure goals and improved outcomes are being accomplished. Monitor changes in health equity over time and place to help identify the impact of adverse policies and practices.

**DC HER 2018 - coming soon*

