

Addressing Health Inequities Through Community Engagement and Evaluation

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Minnesota
Department *of* Health

Overview

- Efforts to Address Inequities
- Community Engagement
- Menthol and the African American Community
- Smoke-free Public Housing
- Health Equity Data Assessment

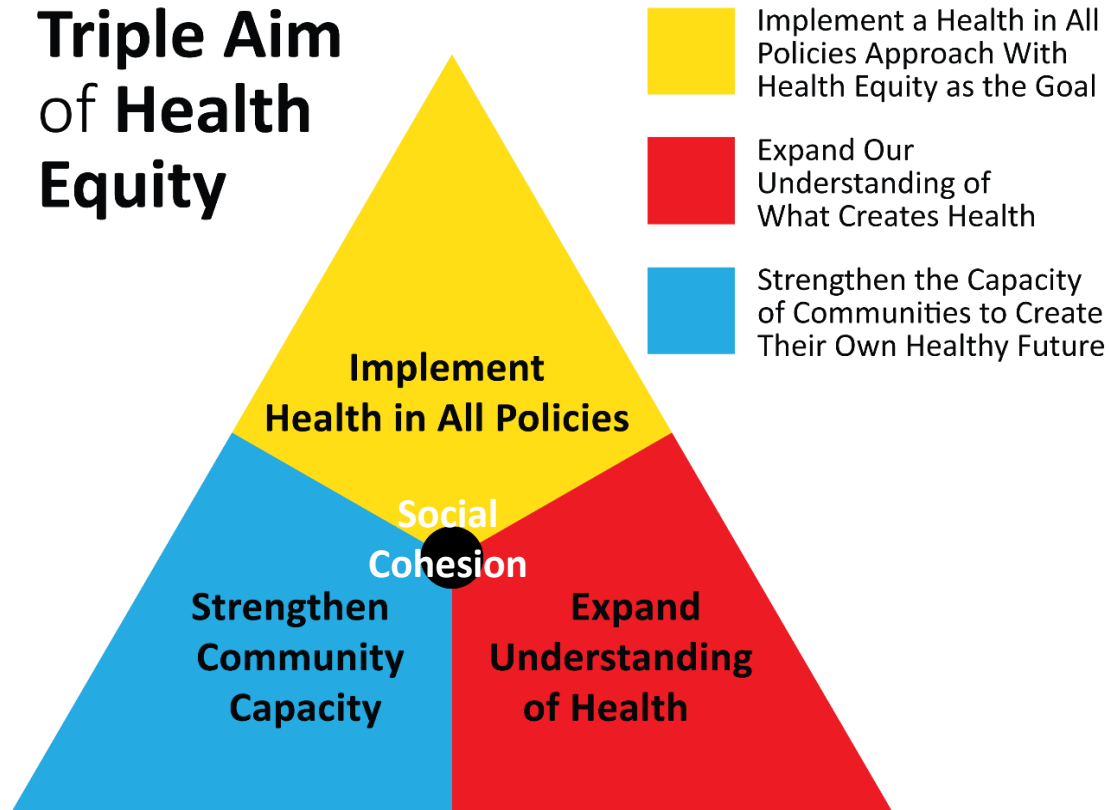
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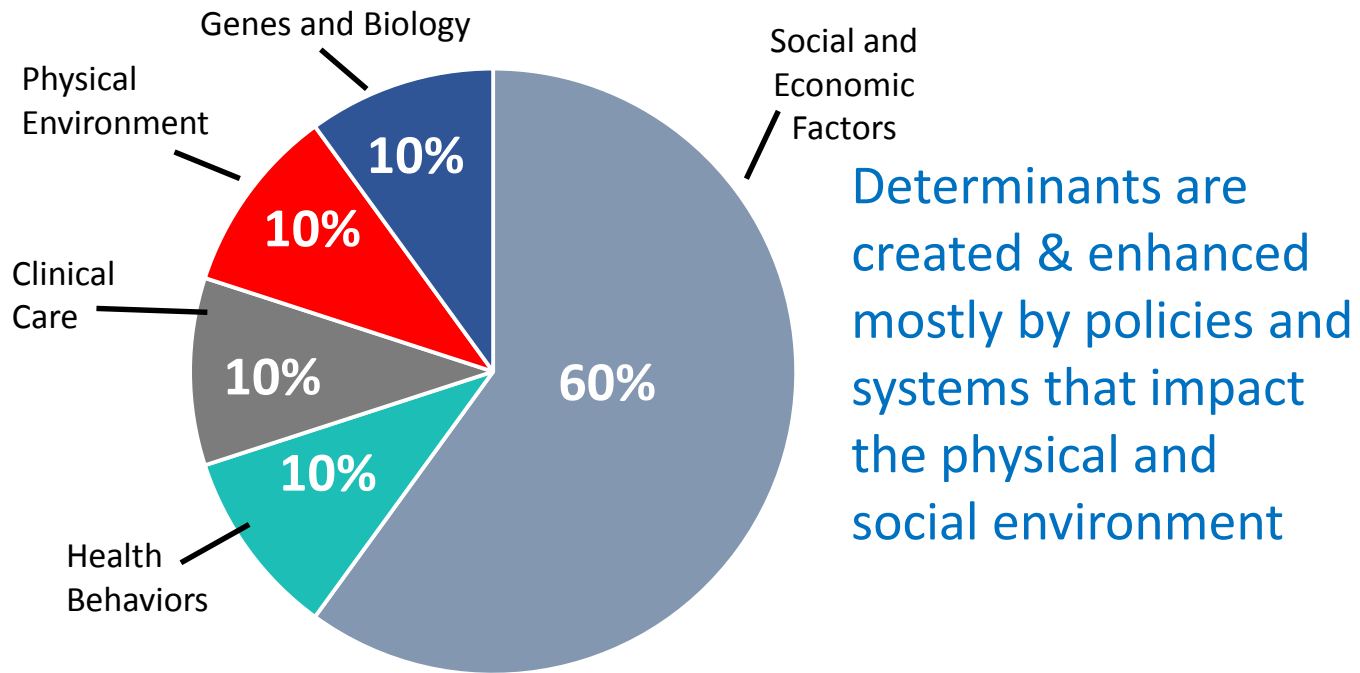
Advancing Health Equity and Optimal Health for All

Minnesota Approach to Equity and Tobacco Control

Triple Aim of Health Equity



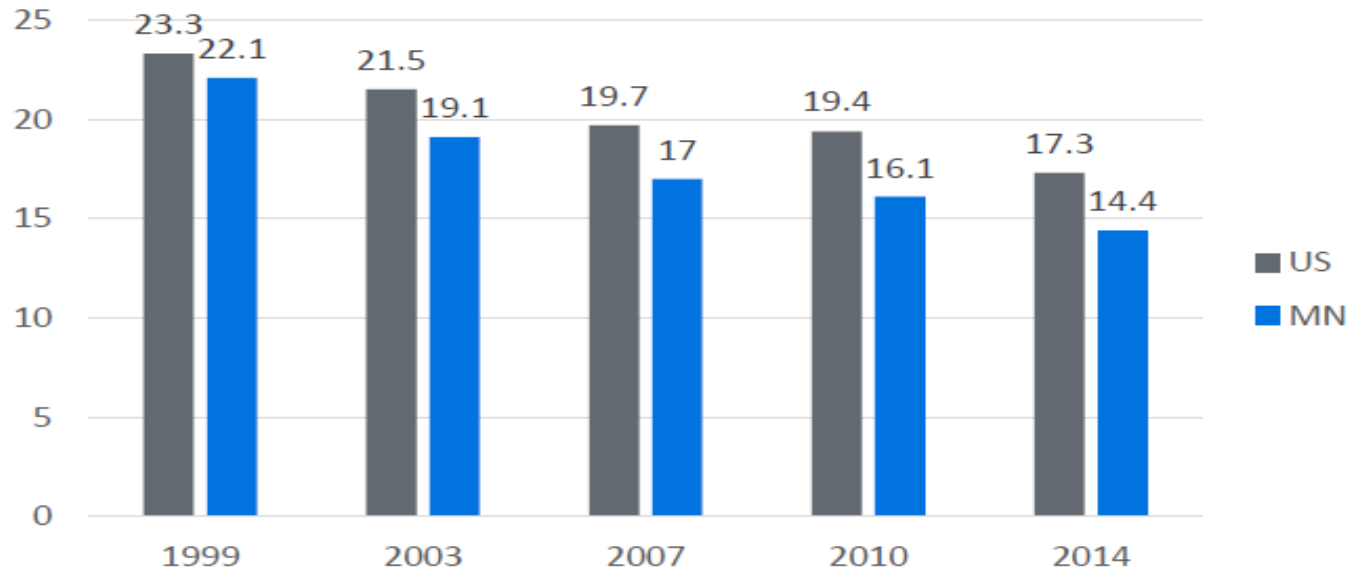
Expand the Understanding of What Creates Health



Implement a Health in All Policies Approach with Health Equity as the Goal

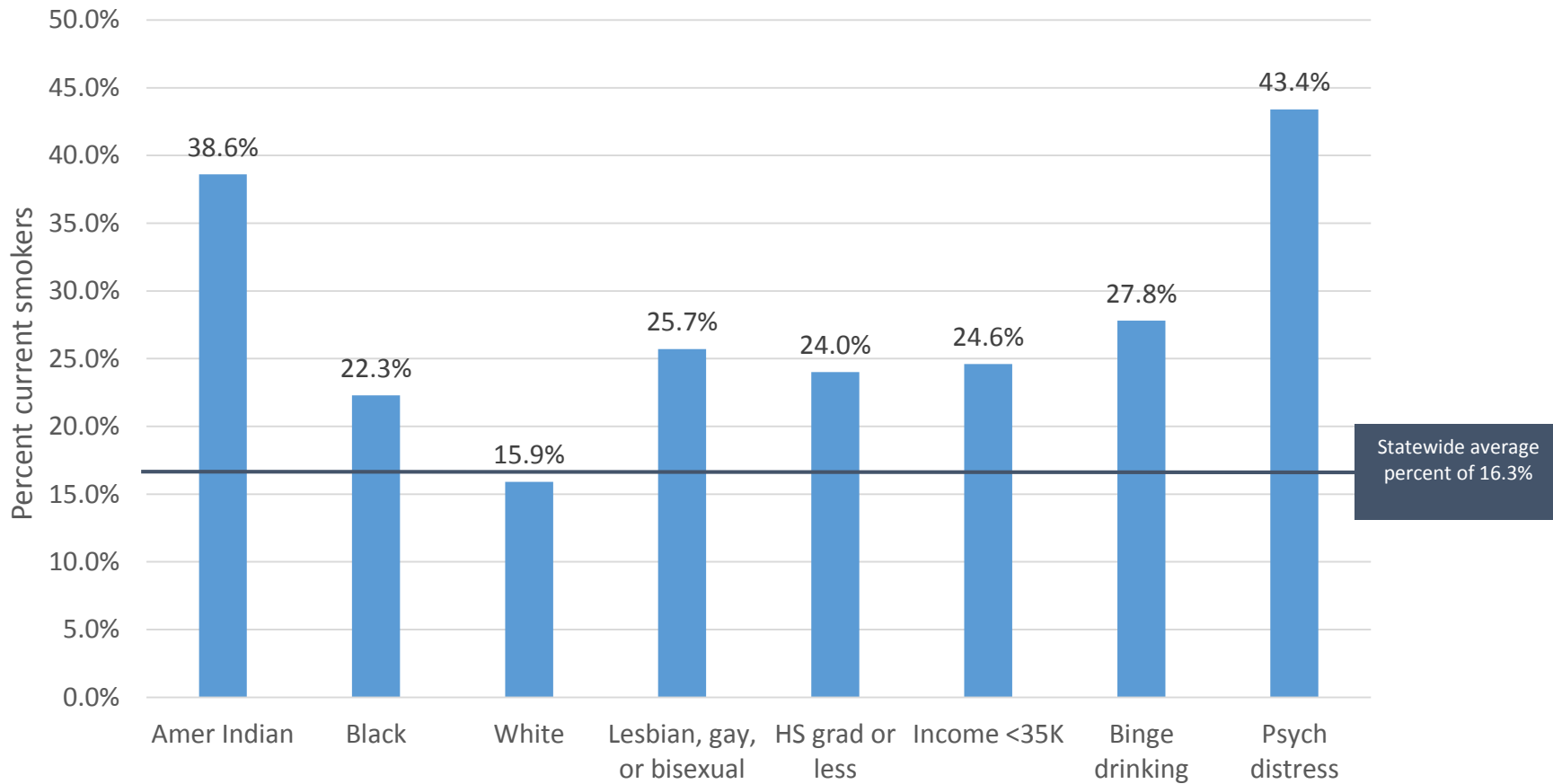


Adult Smoking Prevalence U.S. and MN, 1999 - 2014

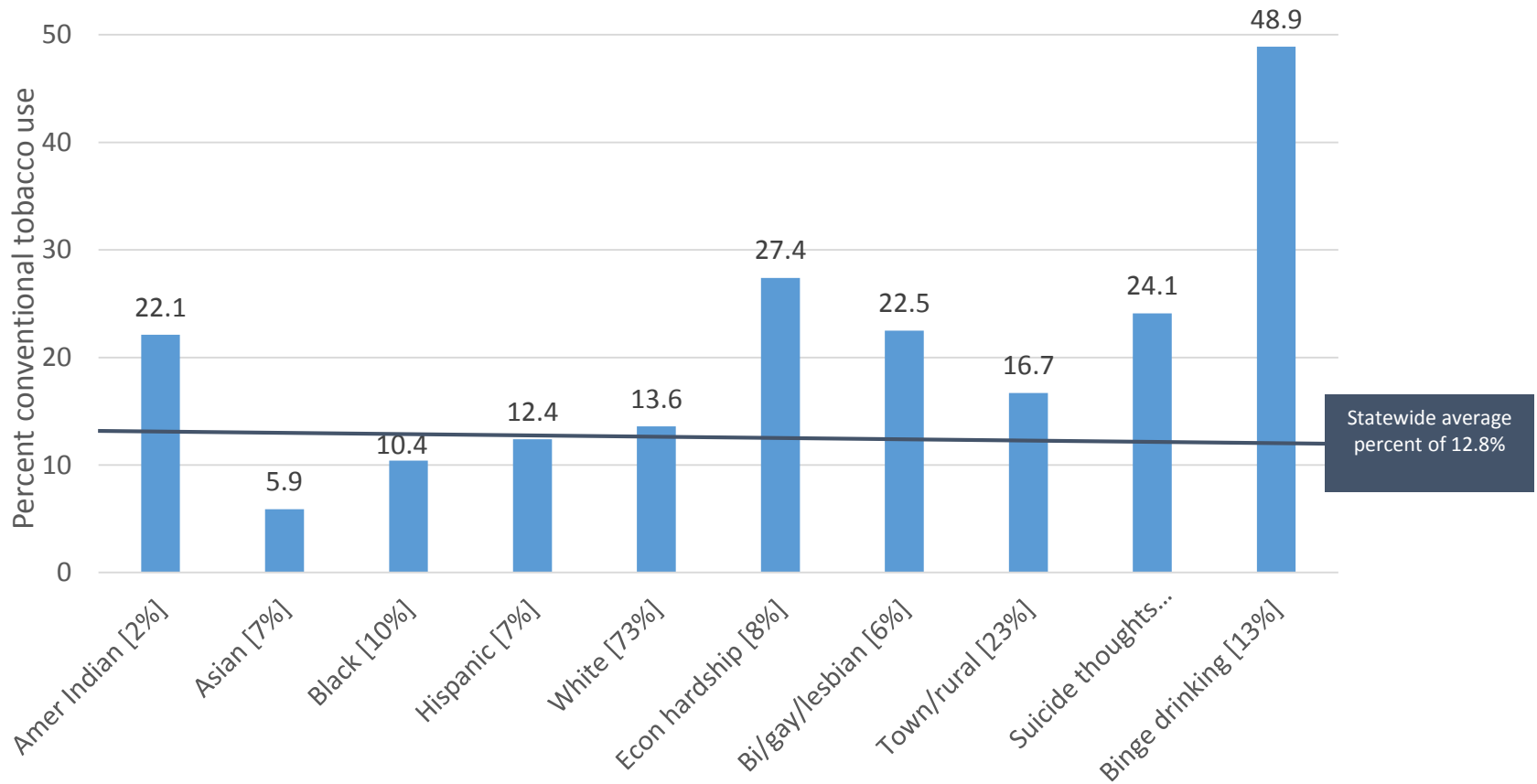


Source: Minnesota Adult Tobacco Survey (MATS), 2014

Percent of adults who are current cigarette smokers, by subgroup, 2014



Percent of 11th grade students using conventional tobacco in past 30 days by subgroup, 2016



Overview

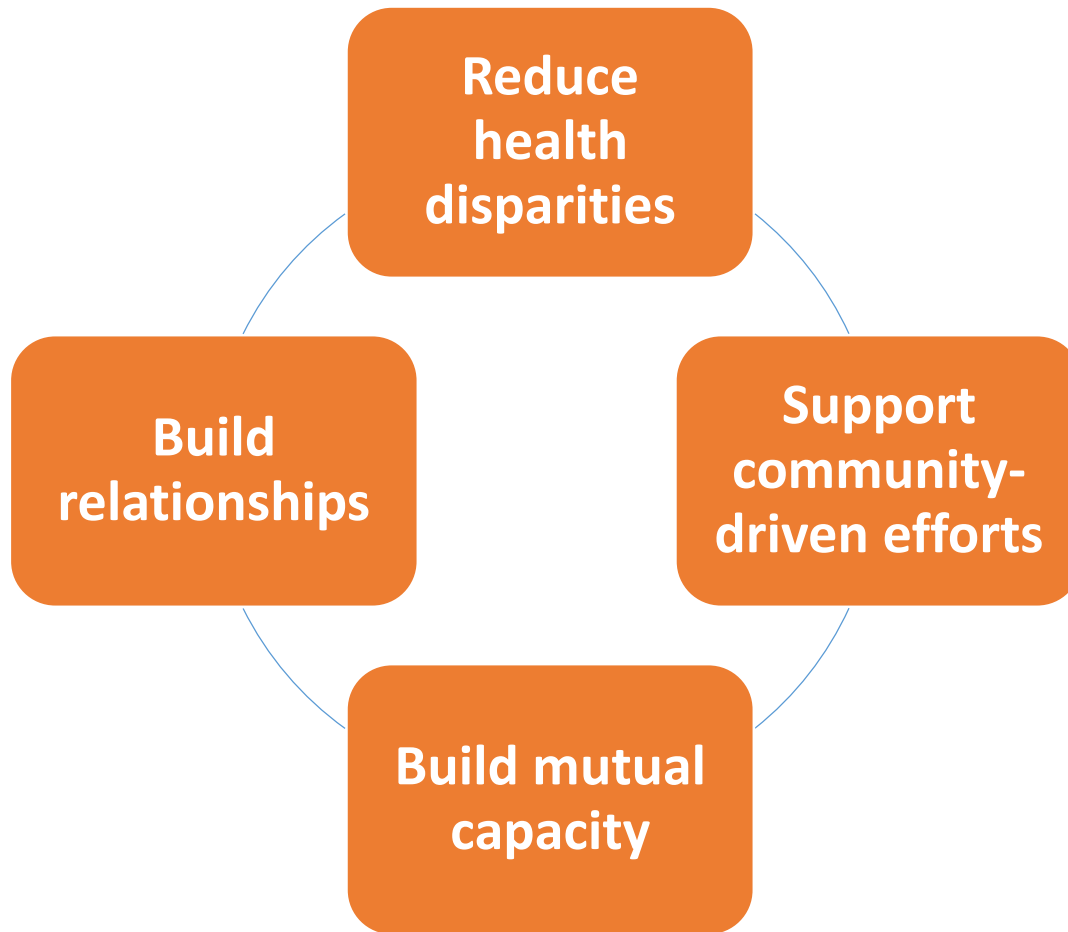
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community
VOICES

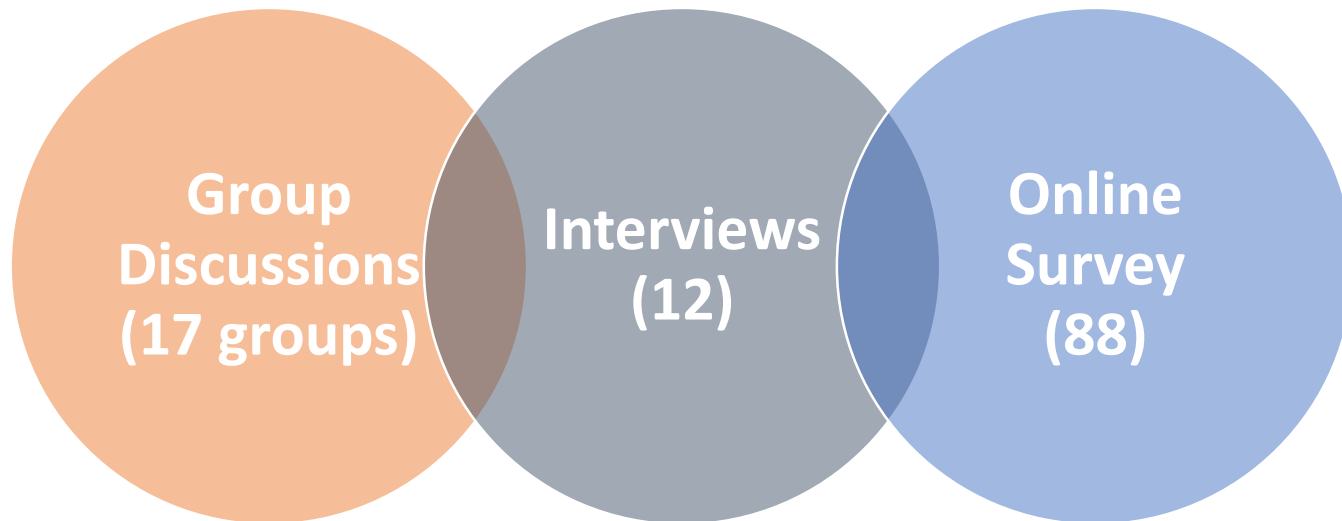


Reducing Tobacco-Related Health Inequities

Why collect this data?

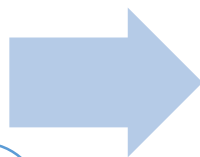


Methods



Finding

- Communities have enormous strengths with distinct leaders, assets, and culturally specific strategies for building health.

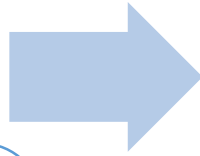


Opportunities

- Use asset-based approaches to leverage community strengths and leadership through sustained funding and training.
- Support and integrate advocacy and capacity building; allow flexibility with grant activities and outcomes.

Finding

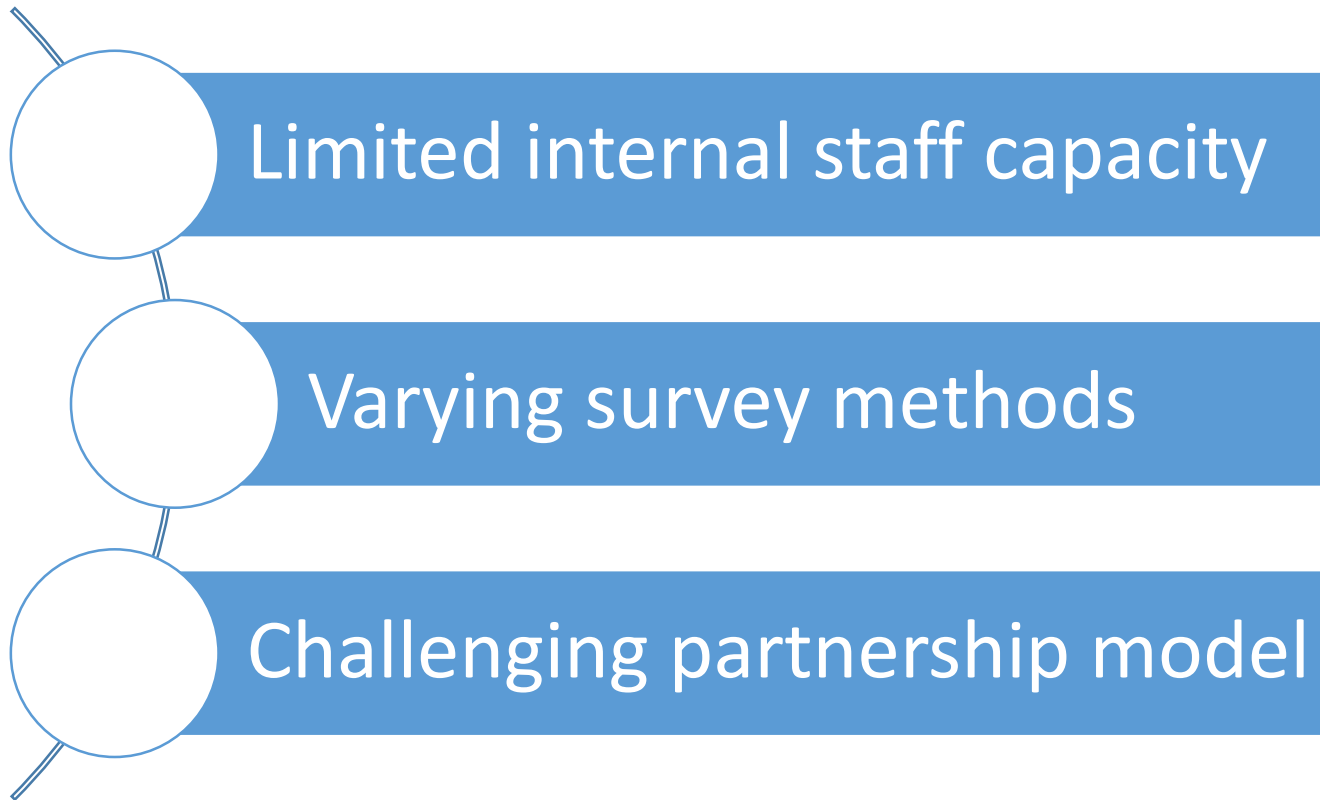
- Community members wish to use services that are provided by members of their own communities, which are not necessarily available.



Opportunities

- Expand and integrate cessation and tobacco education into existing services and networks.
- Work directly with community members to identify needed resources.

Challenges



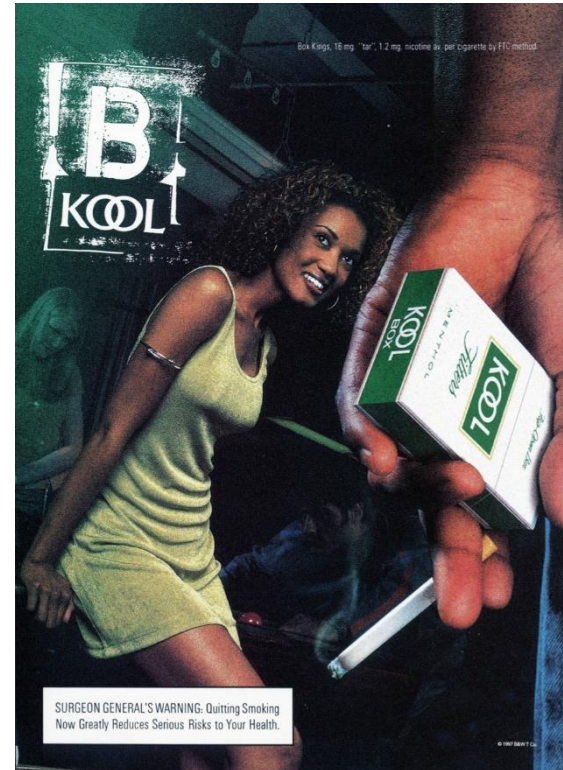
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African Americans are a target market

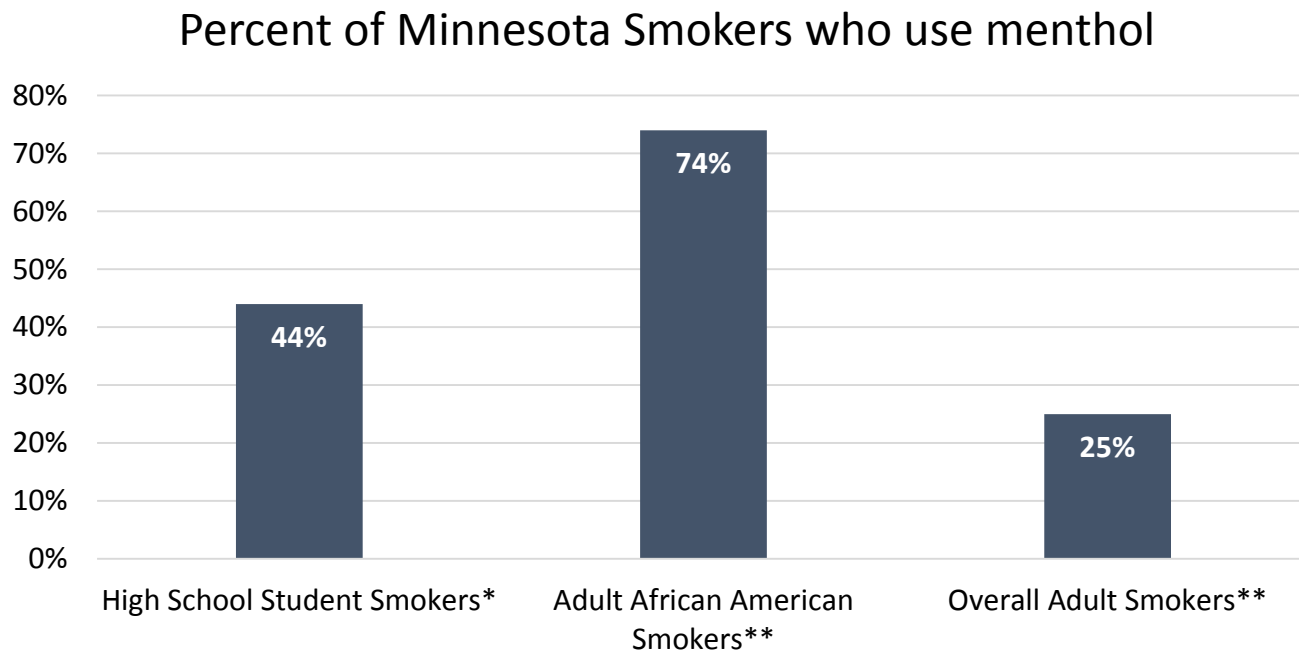


Published in Ebony magazine, June 1977, Vol 32, No. 8



From the collection of *Stanford Research Into the Impact of Tobacco Advertising* (tobacco.stanford.edu)

MN has wide menthol use disparities



* Minnesota Youth Tobacco Survey, 2014

** Minnesota Adult Tobacco Survey, 2014

Menthol Cigarette Intervention Grant

- Purpose: to engage the African American community in fighting menthol tobacco use in this community



Methods



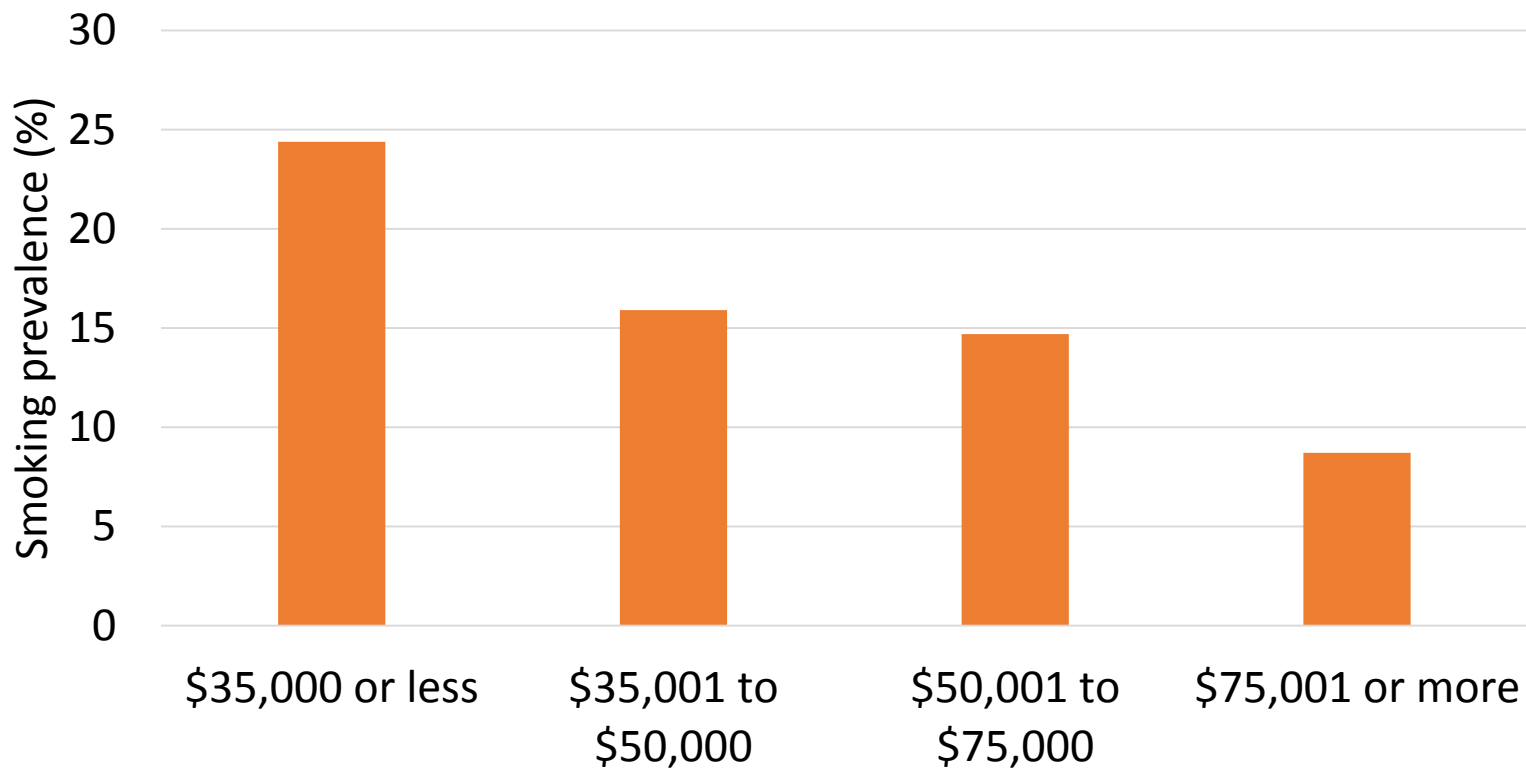
Key findings from pre-assessment

- Among smokers:
 - 84% use menthol
 - 60% said they would quit if menthol was not available
 - 51% tried to quit in past year
- Key informants believed African Americans were generally aware of menthol harm
 - Also cited a lack of culturally relevant cessation resources

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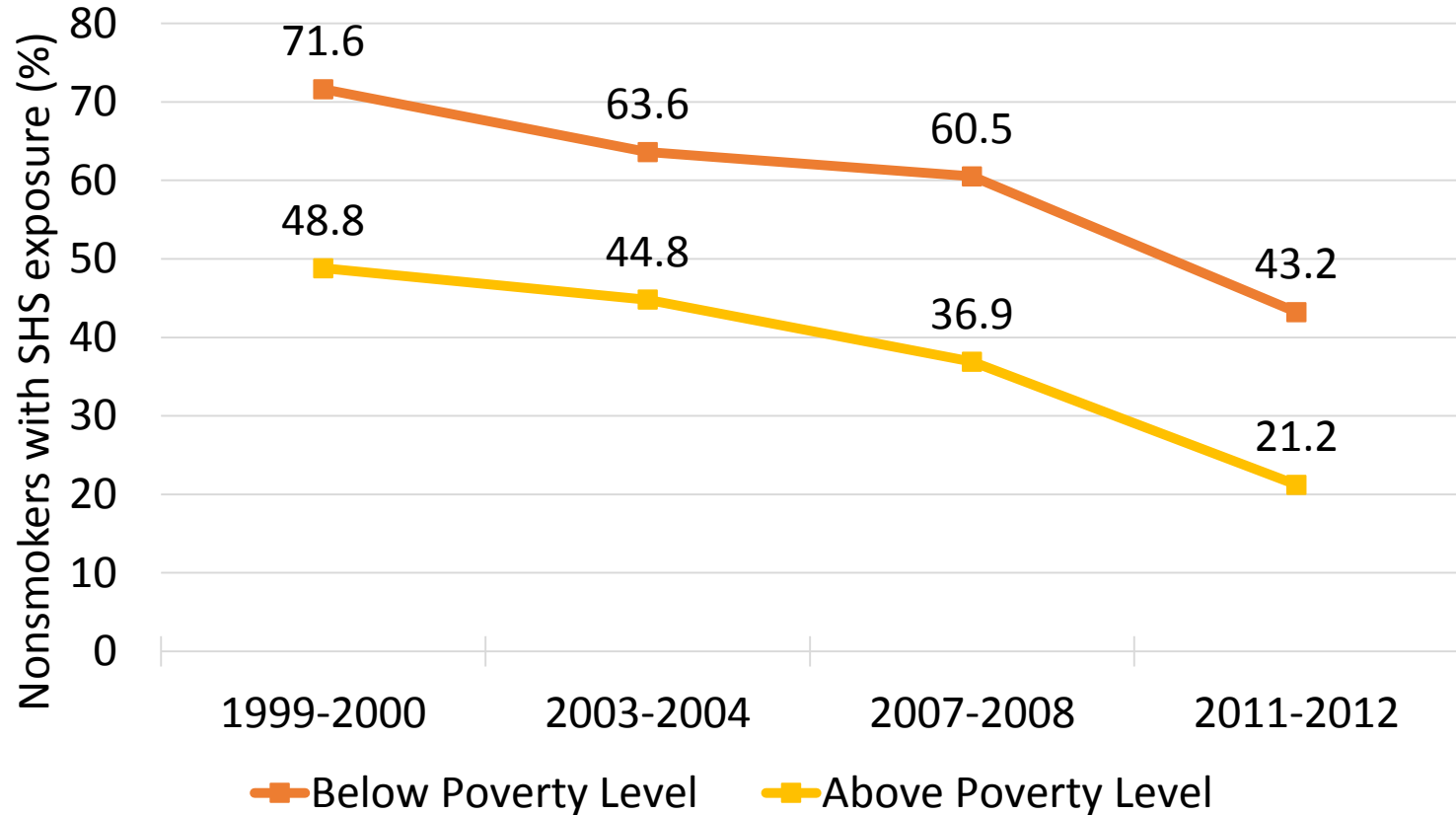
Minnesota Adult Smoking Prevalence by Income



Source: Minnesota Adult Tobacco Survey, 2014



Nonsmokers' Secondhand Smoke Exposure by Poverty Status



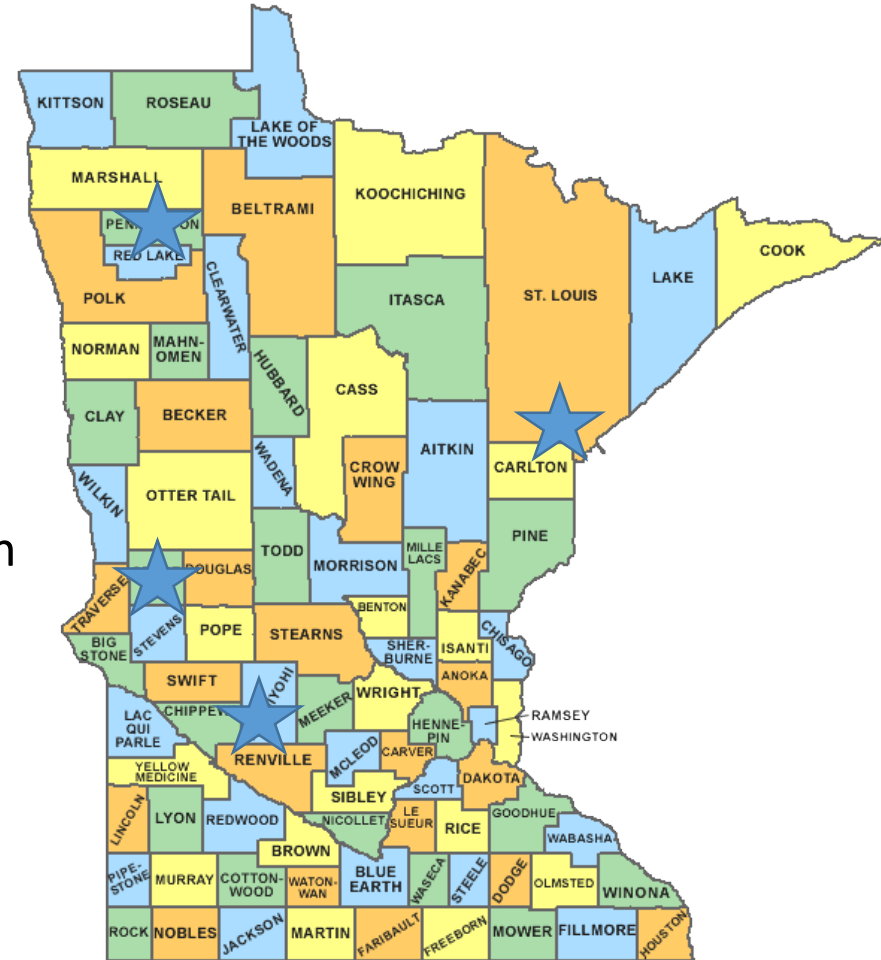
Source: Homa et al., 2015 – Vital Signs

Pre-/post-policy surveys

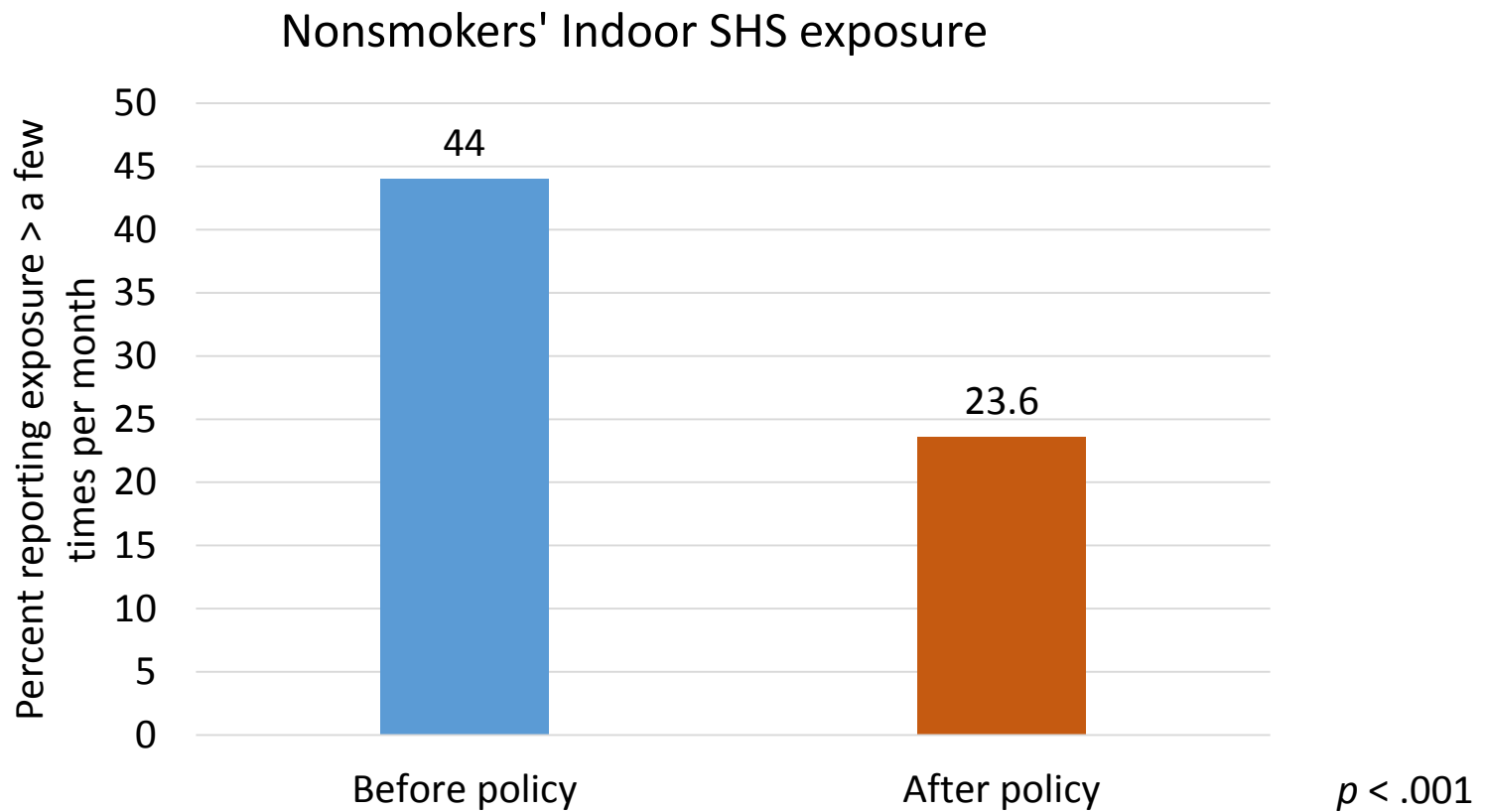
- Recruited public housing properties that were planning to go smoke-free
- Door-to-door resident surveys
 - 1 month pre-implementation
 - 6 months post-implementation

Methods

- 8 properties
- 168 participants
- Surveys assessed:
 - Secondhand smoke exposure
 - Changes in cigarette consumption



Indoor Secondhand Smoke Exposure



Cigarette Consumption

Post-policy: How has the amount you smoke changed in the past 6 months?

	Number of smokers	Percent
I'm smoking about the same	4	18%
I'm smoking less	17	77%
I quit smoking in the past 6 months	1	5%
TOTAL	22	100%

Conclusions

- Smoke-free public housing policies may help reduce SHS exposure among low income residents
 - However, compliance and enforcement issues require attention
- Reducing cigarette consumption was common post policy

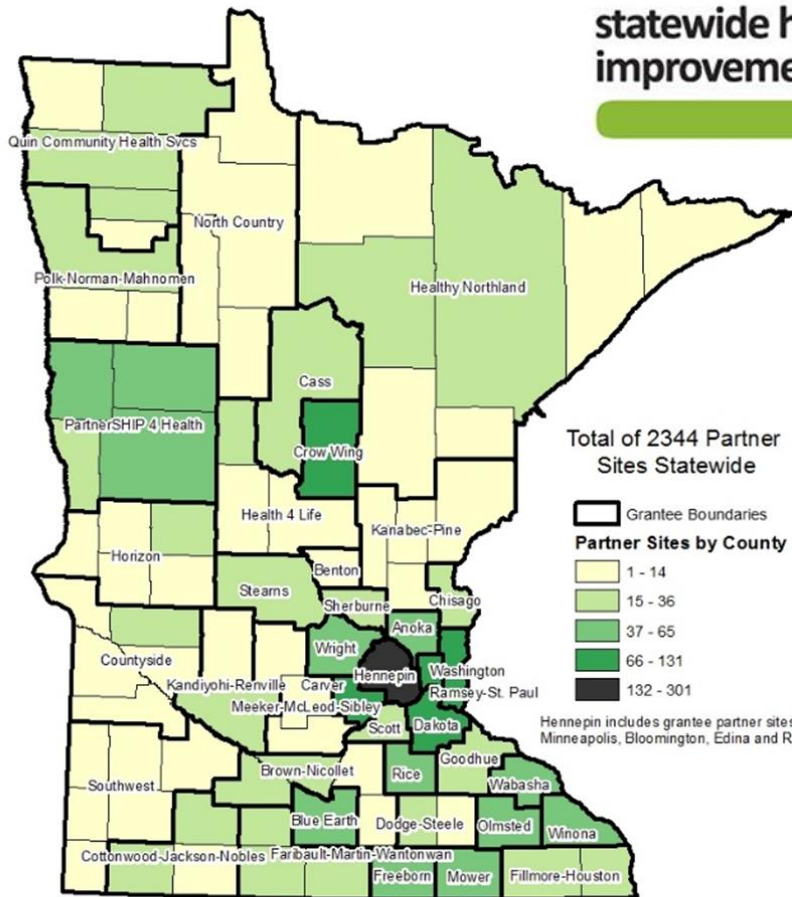


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- **Health Equity Data Assessment**

ship

statewide health improvement partnership



Using Data to Identify Health Inequities

www.health.state.mn.us/divs/chs/healthequity/guide/index.htm

The screenshot shows the Minnesota Department of Health website. The header includes the MDH logo and navigation links for HOME, TOPICS, and ABOUT US. The main content area is titled "Using Data to Identify Health Inequities" and "A Guide for Local Health Departments in Minnesota". It provides an overview of the process, listing five sections: I. Introduction, II. Layers of Influence on Health, III. Process for Identifying Health Inequities, IV. Data Challenges, and V. Moving from Analysis to Action. A "Spotlight" section highlights a white paper on income and health. A "Questions?" section provides contact information. A "Web Resources" section lists various links related to social determinants, quantitative data, and qualitative data collection methods.

Minnesota Center for Health Statistics (MCHS)
MCHS Home

General Statistics
Indicators for Community Assessment
Minnesota Vital Statistics Interactive Queries
Minnesota State, County and CHB Vital Statistics Trends
Minnesota Vital Signs
Minnesota County Health Tables
Minnesota Health Statistics Annual Summary
BRFSS
Minnesota Student Survey

Topic-specific Statistics
Health Equity
Infant Mortality
Induced Abortions in Minnesota Reports
Racial and Ethnic Statistics and Reports
Tobacco Reports

Related Sites
Center for Health Equity
Selected Public Health Data Websites

Using Data to Identify Health Inequities

A Guide for Local Health Departments in Minnesota

Analyzing health inequities requires a process that uses data to identify health differences **between population groups** instead of only examining the population as a whole. The process then continues by identifying and examining the **causes** of these population differences in health. "Using Data to Identify Health Inequities" provides information on how to think about and analyze data related to health equity, and serves as a starting point for understanding how to document health inequities in Minnesota. The Guide is organized into the following sections:

- I. Introduction
- II. Layers of Influence on Health
- III. Process for Identifying Health Inequities
- IV. Data Challenges
- V. Moving from Analysis to Action

[Using Data to Identify Health Inequities: A Guide for Local Health Departments](#)

Web Resources

The following links are resources that are referred to in the Guide. These links provide additional information about certain topics in the Guide.

- ▶ [Documenting the Impact of Social Determinants of Health on Health \(Connection Step\)](#)
- ▶ [Quantitative Data: Demographic and Socio-Demographic Data for Minnesota Counties \(Population Step\)](#)
- ▶ [Quantitative Data: Health Outcomes by SDOH for Minnesota and its Counties \(Differences Step\)](#)
- ▶ [Qualitative Data Collection Methods \(Conditions and Causes Steps\)](#)
- ▶ [Health Equity Definitions](#)
- ▶ [Health Equity Data Analysis Frameworks](#)

Share This

Spotlight
[White Paper on Income and Health \(PDF: 936KB/36 pages\)](#)

Questions?
Contact health.equity@state.mn.us

The cover page features the title "Using Data to Identify Health Inequities" in a large blue font, followed by the subtitle "A GUIDE FOR LOCAL HEALTH DEPARTMENTS IN MINNESOTA" and "VERSION 1.0" in a smaller blue font. At the bottom, the MDH logo and the text "Minnesota Department of Health MINNESOTA CENTER FOR HEALTH STATISTICS" are displayed.

Using Data to Identify Health Inequities

A GUIDE FOR LOCAL HEALTH DEPARTMENTS IN MINNESOTA
VERSION 1.0

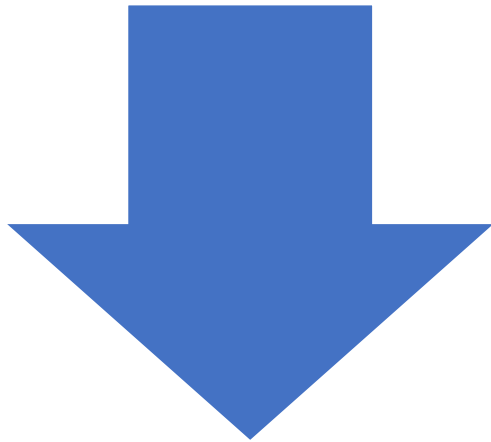
MDH Minnesota Department of Health
MINNESOTA CENTER FOR HEALTH STATISTICS



What is a Health Equity Data Analysis? [HEDA]

- A HEDA involves identifying differences in health outcomes by population groups, and then considering not only individual factors but also the high level factors (e.g. policies and systems) that create those differences.
- This process requires more in-depth analyses than a “conventional data approach” and the use of quantitative and qualitative data and analysis methods.

Key HEDA Questions



Conventional Questions:

What is the obesity rate?

What groups have higher rates of obesity?

STOP THERE

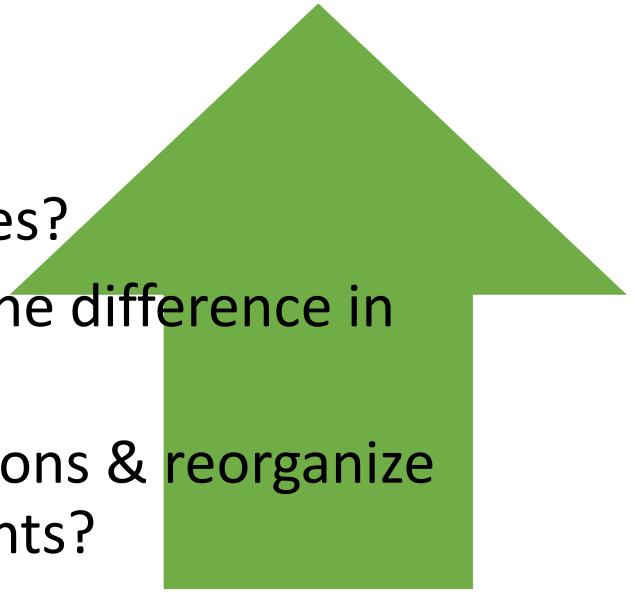


Health Equity Direction:

Why do these groups have higher rates?

What are the conditions that create the difference in obesity between populations?

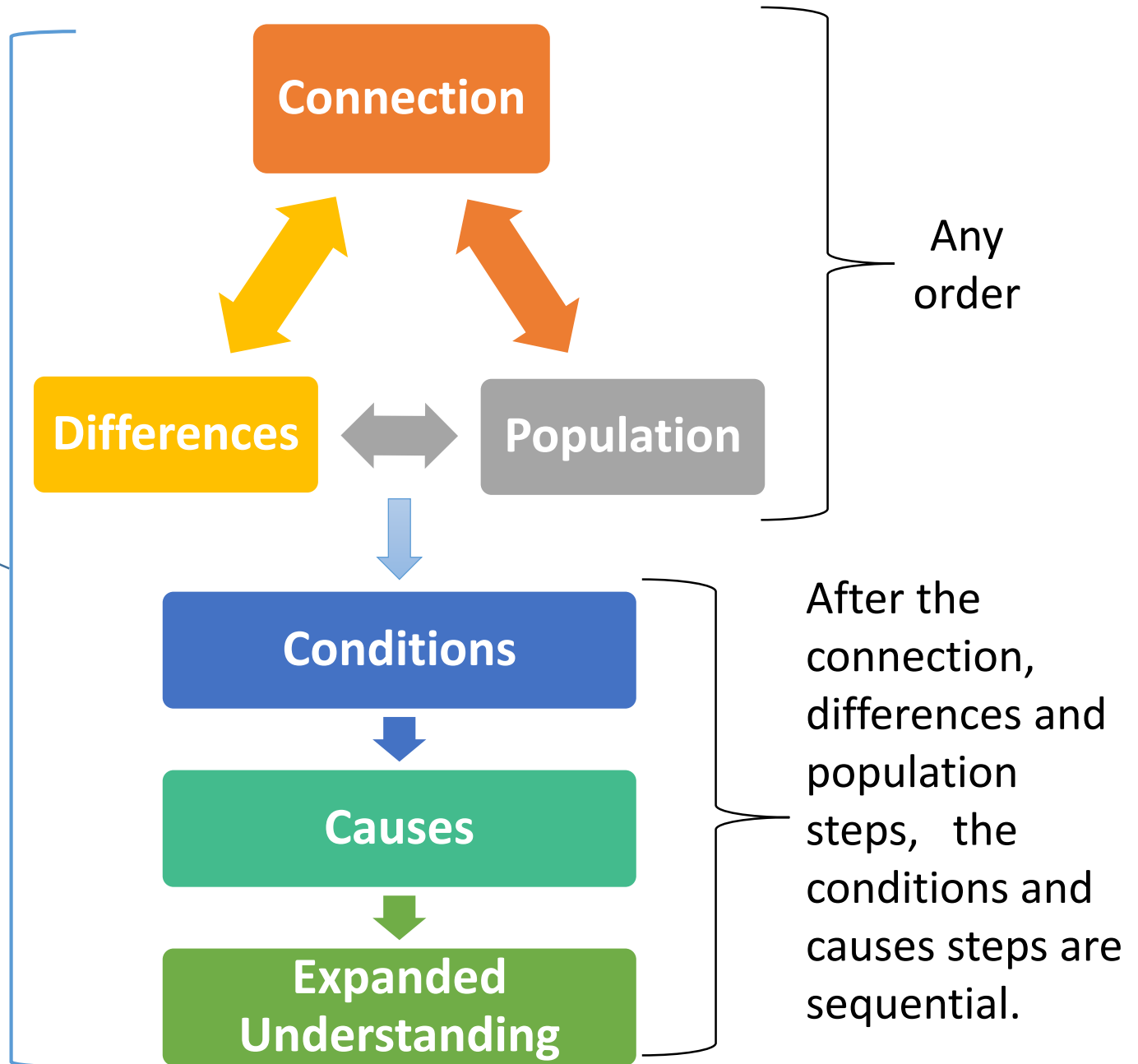
How can we target underlying conditions & reorganize policies to ensure healthy environments?



HEDA Steps

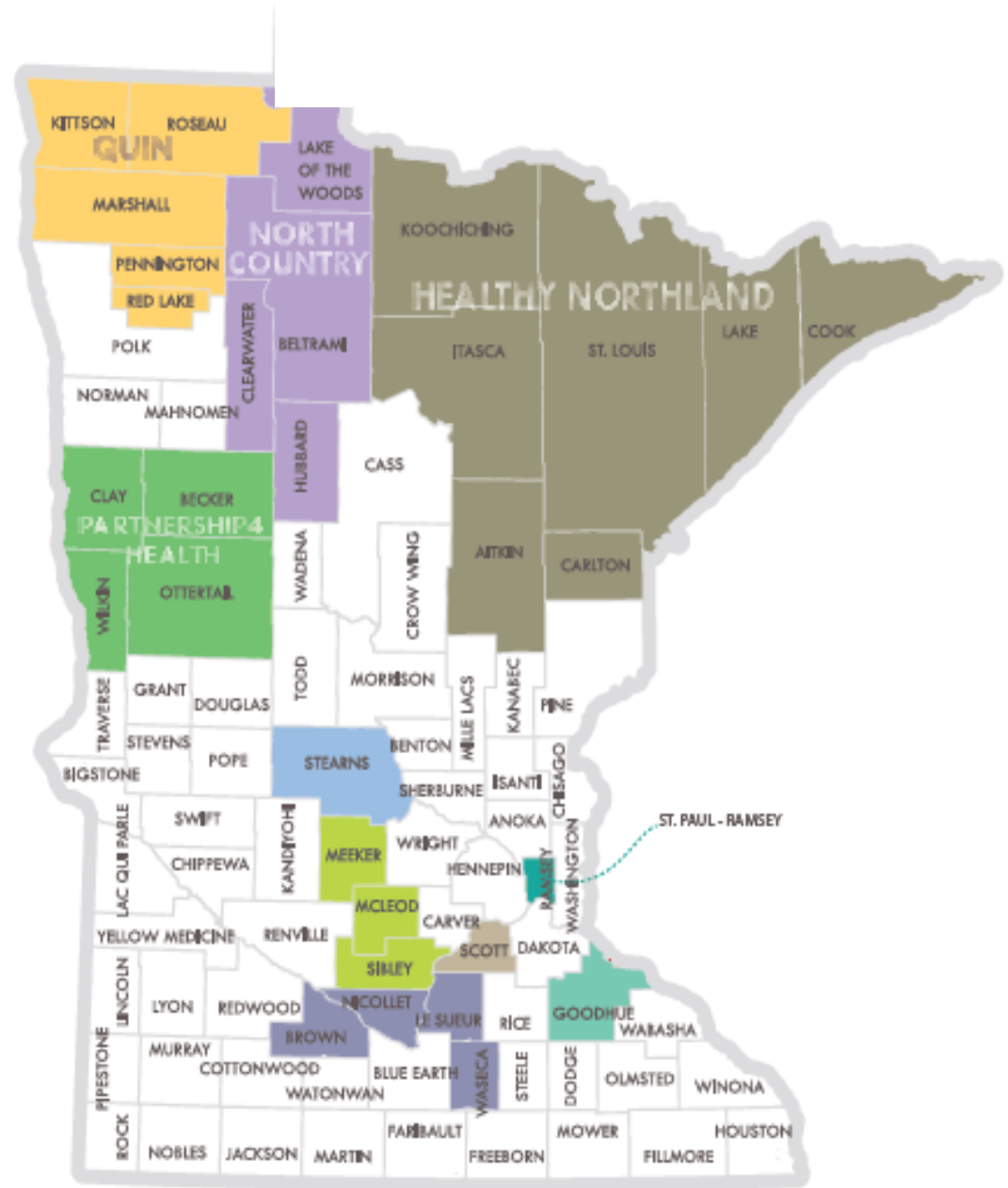
COMMUNITY
ENGAGEMENT

MDH

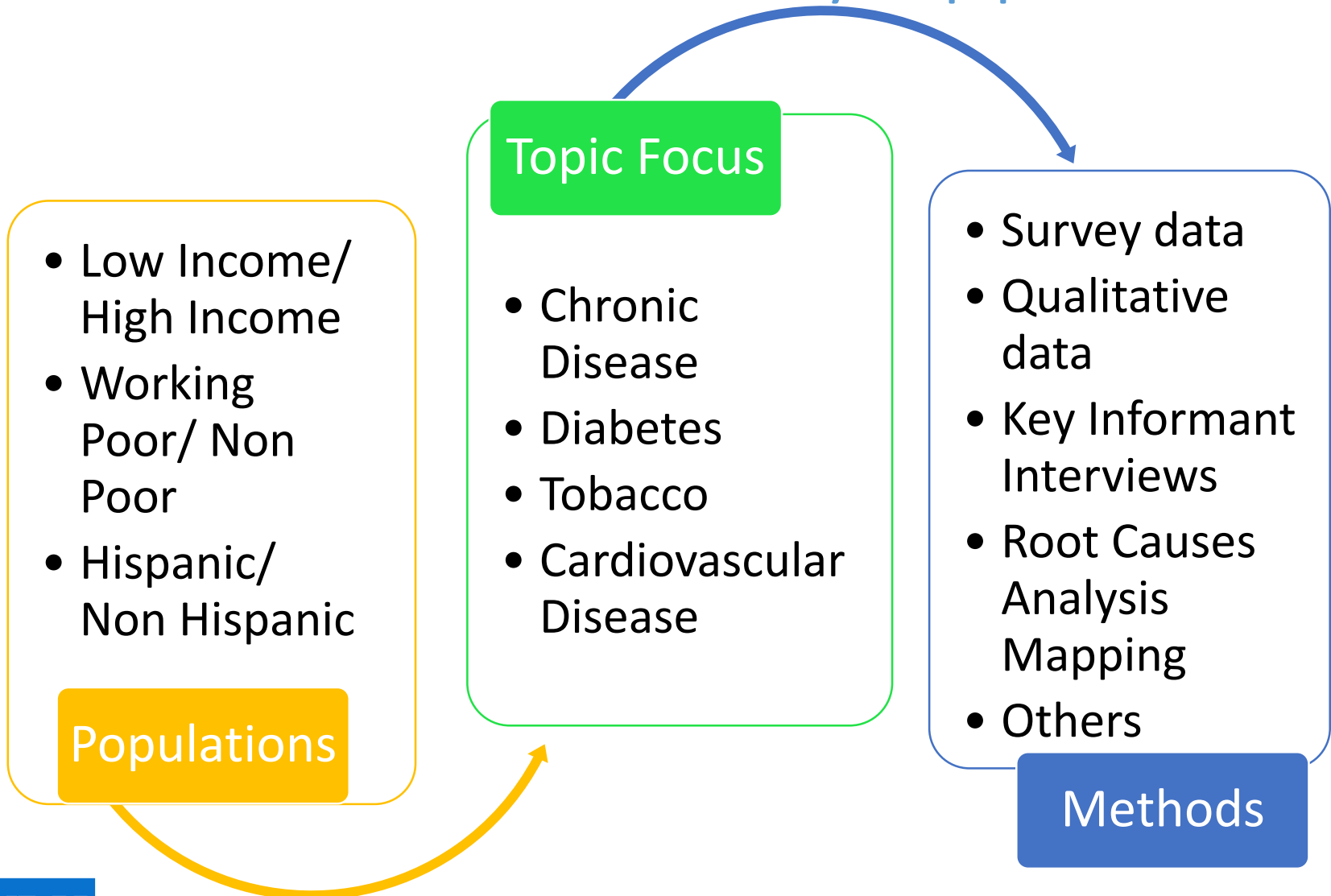


HEDA Pilot

- 10 Grantees
- 6 Month Pilot
- Community of Practice
- Series of Webinars
- Inter-Session Calls
- In-Person Meeting



HEDA Pilot Community Approaches



HEDA: Tobacco Use & Income

- 2 pilot grantees
- Target populations
 - Working poor (less than \$35,000 and employed)
 - Poor (less than \$20,000)
- Conducted key informant interviews/focus groups
 - WIC and food shelf clients and staff
- Preliminary Findings – Causes higher rates of smoking:
 - Stressful life and working conditions
 - Community norms

HEDA Evaluation Findings

Necessary Resources & Supports

- Data: Technical assistance for qualitative and quantitative data
- Team approach: Drawing on many skill sets
- Time: Relationship building, planning, and analysis

HEDA Evaluation Findings

Challenges

- Strong community engagement is a precursor – Relationships are central
- Individual narratives about health are strong – It's challenging to move upstream
- Collaboration from broad base of partners is necessary to move to action



Minnesota
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WWW.HEALTH.MN.GOV/TOBACCO