



# ***The Evaluators' Network***

## **S&E Webinar Series: National Networks Spotlight Part 1 — Evaluating through a Health Equity and Disparities Lens**

Thursday, July 29, 2021

3:00 p.m. – 4:15 p.m.

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Passcode: 963819



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# National Behavioral Health Network for Tobacco and Cancer Control

Thursday, July 29, 2021  
3:00 – 4:15pm ET

# Welcome!



**Tamanna Patel, MPH**  
Director,  
Practice Improvement



**Shannon Laing, MSW**  
Michigan Public Health  
Institute

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# National Behavioral Health Network for Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health* & *Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among individuals experiencing mental health and substance use challenged
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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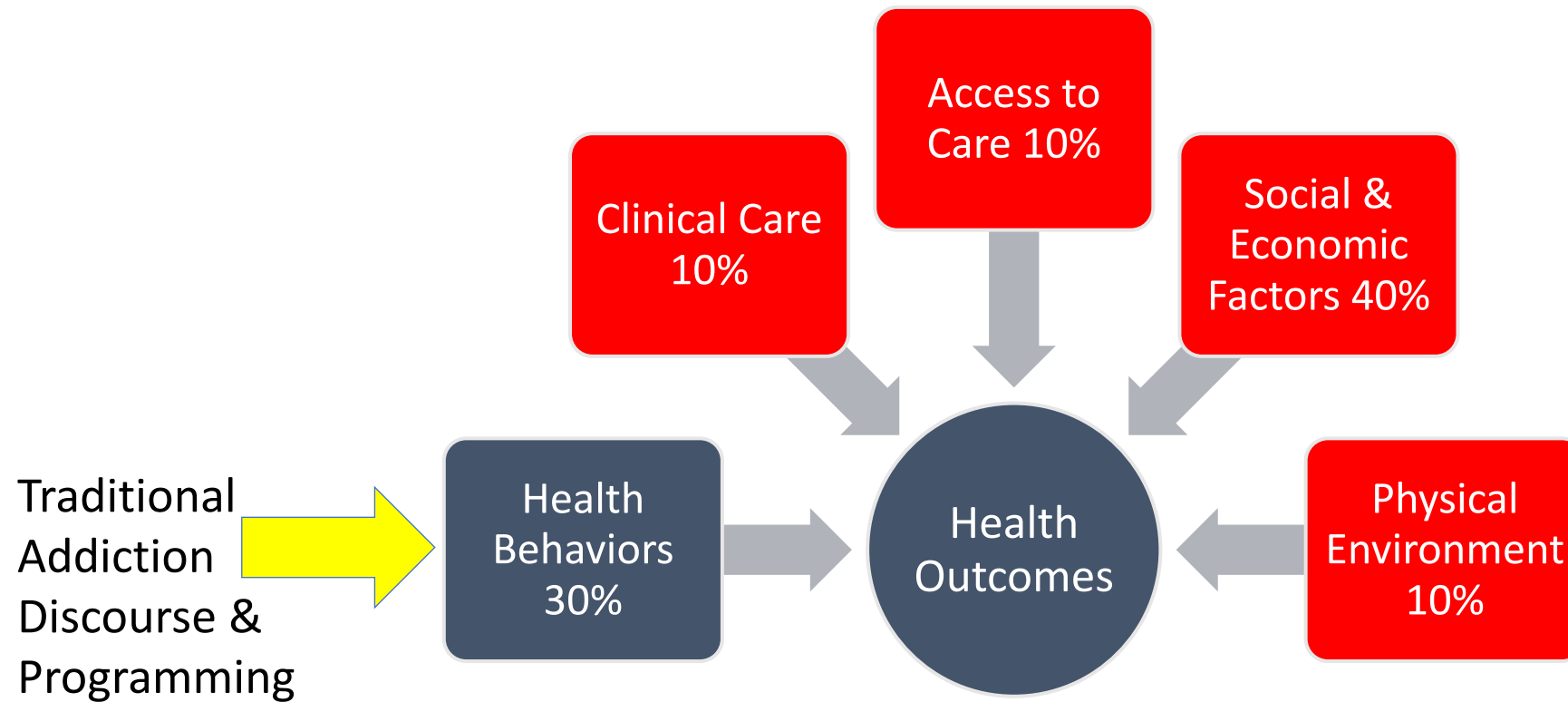


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# Determinants of Health



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# Tobacco & Behavioral Health: *What has caused the disparity?*

IT'S A PSYCHOLOGICAL FACT: **PLEASURE HELPS YOUR DISPOSITION**

*How's your disposition today?*

**EVER YIP LIKE A TERRIER** when the store sends you the wrong package? That's only natural when little annoyances like this occur. But — it's a psychological fact that pleasure helps your disposition! That's why everyday pleasures — like smoking, for instance — mean so much. So if you're a smoker, it's important to smoke the most pleasure-giving cigarette — Camel.



**For more pure pleasure... have a Camel**

*"I've tried 'em all — but it's Camels for me!"  
Rock Hudson*



YOU CAN SEE RUGGED ROCK HUDSON STARRING IN U/S "NEVER SAY GOODBYE"

**No other cigarette is so rich-tasting yet so mild!**

ROCK HUDSON AGREES with Camel smokers everywhere: there is more pure pleasure in Camels! More flavor, genuine mildness! Good reasons why today more people smoke Camels than any other cigarette.  
Remember this: pleasure helps your disposition. And for more pure pleasure — have a Camel!



The overall rate of cigarette smoking among adults has been falling decreasing, but individuals with mental health challenges have been neglected in prevention efforts, environmental and clinical interventions.

This **disparity** can be attributed in part to predatorial practices by tobacco companies which included:

- Targeted advertisements
- Providing free or cheap cigarettes to psychiatric clinics
- Blocking of smoke-free policies in behavioral health facilities
- Funding research that perpetuates the myth that cessation would be too stressful and negatively impact overall behavioral health outcomes
- **High rate of ACEs/Trauma**
- **Limited access to high quality care (delays in care, lower quality of care, and more)**

“...is the opportunity for everyone to reach their full health potential, regardless of any socially determined position or circumstance.”

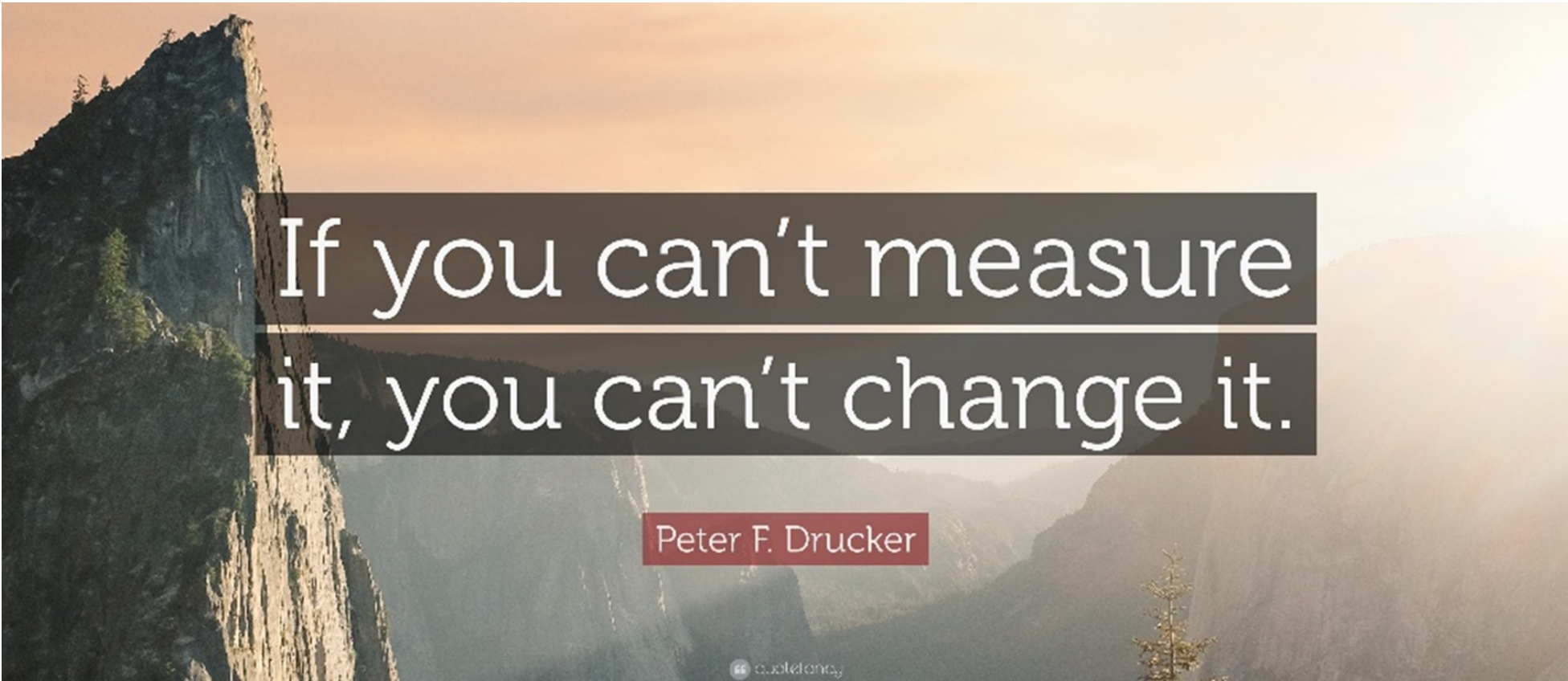


How can we  
harness the power  
of data to support  
equity evaluation  
strategies?

Can be achieved in tobacco prevention and control by:

- **Reducing disparities** among groups most affected by tobacco use and secondhand smoke exposure
- Addressing **underlying factors** that influence tobacco-related disparities
- Creating a return on investment
- **Building support** for tobacco control among diverse parts of the community





If you can't measure  
it, you can't change it.

Peter F. Drucker

quotation

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# Data & Evaluation Strategies to Advance Equity



Insight and B.A.D.



Comprehensive AND Tailored Approaches



Intersectionality



Build Capacity

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# Insight & B.A.D. (Best Available Data)



**Engage people with lived experience in collecting AND interpreting data**

- **You don't have all the answers AND you aren't supposed to!**
- Get out and make friends!
  - It's who you know (and who they know)
  - W.I.F.Y.: What's in It For You
- Get curious!
  - ASK: People how the conditions of their lives could be improved
  - ASK: Partners how things could be improved to help them reach your shared goals
  - Don't ask if you don't want the answer



# Insight & B.A.D. (Best Available Data)

- Everyone has B.A.D. but not everyone uses it
  - Data is just organized information
  - All data sources have limitations and sources of error
  - Don't search for the 'golden ticket'
- What data DO you have now?
  - What data do your partners have now? Make the most of what exists
  - What do they want? Identify opportunities to improve

# Potential Data Sources

## National Data Sources

- National Youth Tobacco Surveys
- National Adult Tobacco Surveys
- National Health Interview Surveys
- Youth Risk Factor Surveillance Systems
- National Health and Nutrition Examination Survey
- National Survey and Drug Use and Health Survey
- Current Population Survey
- SAMHSA N-MHSS
- SAMHSA N-SSATS
- SAMHSA Treatment Services Locator

## State Data Sources:

- State Behavior Risk Factor Survey
- State Medicaid Data
- State Quitline Data
- State Youth Tobacco Surveys
- State Adult Tobacco Surveys
- Youth Tobacco Surveys
- State Health Interview Surveys
- Youth Risk Factor Surveillance Systems (YRBS)
- State Health and Nutrition Examination Survey
- State Survey of Drug Use and Health

## Local or Other Data Sources:

- Special Population Risk Factor Survey
- Community assessment tool
- Provider survey
- Hospital data
- CCBHC or FQHC EHR data
- Qualitative data (focus groups, interviews, photovoice)
- System assessments (quality, readiness, capacity)
- Other:



# Comprehensive & Tailored Approaches

- Clearly define your priority population
- Identify existing population-based data options
- Zoom-in and learn about AND from your priority population
- Create and explore possibilities for sub-population data (focused priority groups)

# Clearly define your priority population



**How you define your priority population determines what disparities you may address (and how you measure it)**

- Individuals with severe and persistent mental illness
- Individuals Dx with Substance Use Disorder
- Adults receiving mental health counseling
- Individuals in treatment or recovery
- 14 or more days of poor mental health
- Dr. ever told you that you had depression or anxiety disorder
- Heavy drinker, binge drinker
- Ever drug use, drug use in past ## days
- Ever attempted suicide
- 4 or more Adverse Childhood Experiences (ACEs)

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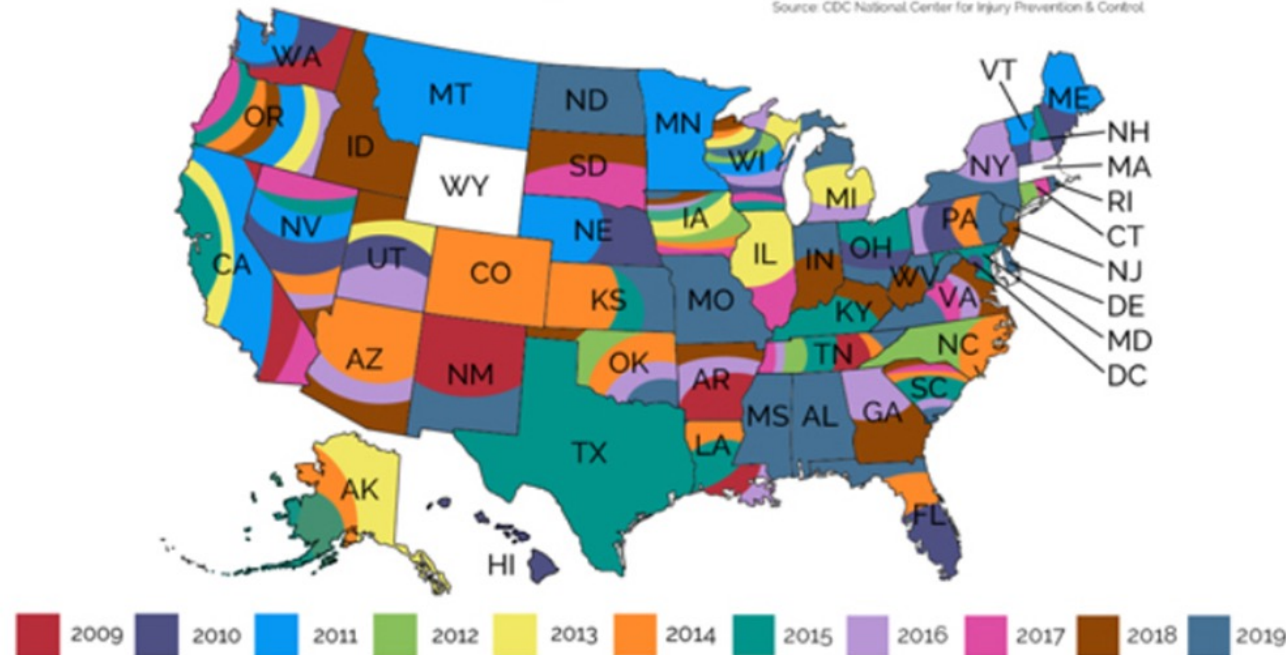
# States Collecting ACE Data in the BRFSS through 2019



ELIZABETH PREWITT PACES CONNECTION STAFF ○ 2/20/20 @ 2:15 PM \*

## States Collecting ACEs Data 2009 - 2019

Source: CDC National Center for Injury Prevention & Control





# Create and explore focused priority groups



**How you define your priority population determines what disparities you may address (and how you measure it)**

- Add new questions or screening tools to existing data collection activities\*
- Expand demographic sections of surveys
- Create/add enhanced modules (e.g. ACEs)
- Priority sub-samples and special oversamples
- Small scale pilot data collection with selected organizations\*



# Intersectionality

Describes how race, class, gender, and other individual characteristics “intersect” with one another and overlap (Crenshaw, 1989)

- A framework for understanding how aspects of a person's social and political identities combine to create different modes of discrimination and privilege.
  - gender, sex, race, sexuality, language, disability, physical appearance, caste, class, religion
- Intersectionality identifies multiple factors of advantage and disadvantage. These intersecting and overlapping social identities may be both empowering and oppressing.

*“Excavate the ways in which a person’s multiple identities and social positions are embedded within systems of inequality”*

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# Use an Intersectionality Health Equity Lens

- We can get there by “valuing everyone equally, rectifying historic inequities, and **distributing resources according to need.**”
- Think deeply and critically about equity as **a never-ending process** that requires constant and on-going vigilance and **not just an outcome** that once accomplished can be forgotten.

*“Using intersectionality as an analytic lens highlights the multiple nature of individual identities and how varying combinations of class, gender, race, sexuality, and citizenship categories differentially position every individual.”*

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# Invest in building capacity AND showing impact



**We (our methods) can accidentally deepen and perpetuate the disparities we seek to eliminate, by design.**

- How are you selecting partners?
  - Partners with capacity = quick wins
  - Partners with less capacity = big opportunities
  - Resources according to need
- How are you incorporating capacity-building into your strategies?
  - Include capacity building activities AND timeline
  - Accomplishing tasks is NOT the real goal, advancing health equity is
  - Developmental evaluation



Health Equity  
Community-Clinical Linkages



Strategic Planning (State/Local)  
Communications (Tailored)

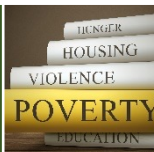
National Networks Spotlight Part 1:  
Evaluating through a Health Equity and Disparities Lens  
Presenter: Dwana “Dee” Calhoun, MS-National Network Director  
SelfMade Health Network (SMHN)  
July 29, 2021

## Question #1

Which of these populations was selected as a priority population for your state tobacco control program or evaluation plan (DP-20-2001) *[Select all that apply]*:

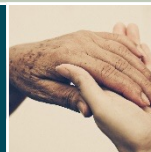
- African-American or Black
- American Indian or Alaska Native
- Asian American, Native Hawaiian, or Pacific Islander
- Hispanic/Latino
- LGBTQ+
- Low SES (Socioeconomic Status)
- Behavioral Health
- Rural area
- Urban or Metropolitan area
- Disability/Limitation
- Veteran/Active Military
- Geographic Region or Area with High Commercial Tobacco Use
- Young Adults (18-24 years)
- Youth (Younger than 18 years old)

# Overview: Priority Populations



Annual Income

Geography



Level of Education

Health Insurance



Employment Status



## Historical Milestones/Accomplishments (1)

### **2016: Academy of Oncology Nurse and Patient Navigators (AONN) Seventh Annual Navigation & Survivorship Conference**

- Selected as a Faculty Member and Conference Presenter (Cancer Disparities Among Low SES Populations)

### **2017 American Association for Cancer Research (AACR) Conference on The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved**

#### **Breast Cancer Disparities (Tennessee)**

- *Investing in Public-Private Partnerships to Address Breast Cancer Disparities among African-American Women (Low-income) within a Non-Medicaid ACA Expansion State and Appalachian Region*  
[Dwana “Dee” Calhoun, MS and Patricia Matthews-Juarez, PhD/Meharry Medical College-Previous SMHN Regional Resource Lead Organization]

#### **Lung Cancer Disparities (Kentucky)**

- *Lung Cancer Prevention and Survivorship is Good Business: Unifying Communities and Industries for Better Health*  
[Lung Cancer Disparities, Kentucky-SelfMade Health Network Regional Resource Lead Organization]

### **2017 CDC National Cancer Conference**

- *Innovative Public-Private Partnerships to Address Lung Cancer Disparities (Kentucky-SMHN Regional Resource Lead Organization) –Published in the American Journal of Men's Health*





## Historical Milestones/Accomplishments (2)

### **2017 CDC National Conference on Tobacco or Health (NCTOH): Tobacco-Related Cancer Disparities**

#### ***National SelfMade Health Network Tobacco Cessation Marketplace Project***

##### Michigan (SelfMade Health Network grantee)

- *Enhancing Access to Tobacco Cessation among Historically “Hard to Reach” Populations throughout Diverse Communities in the Great Lakes Region*

##### Iowa (SelfMade Health Network grantee)

- *“Looking Beyond” Traditional Partnerships to Connect Iowa’s Underserved Tobacco Users within the Affordable Care Act (ACA) Healthcare Arena*

##### Pennsylvania (SelfMade Health Network grantee)

- *Cross Collaboration of Tobacco Cessation and Social Services to Expand Access Among Underserved Populations in Pennsylvania*

### **2019 CDC National Conference on Tobacco or Health (NCTOH)**

#### **SelfMade Health Network (SMHN) Regional Resource Lead Organization (RRLO)-Kentucky**

- *Men’s Health: Lung Cancer Prevention and Survivorship Among Rural, Low-income Worksites in Southern Kentucky: Recommended Communication Strategies*

#### **Publication: Peer-review journal (2019)-SMHN Regional Resource Lead Organization: Kentucky**

- Knight JR, Williamson LH, Armstrong DK, Westbrook EA. Understanding Lung Cancer Resources and Barriers Among Worksites With Mostly Male Employees in Eight Rural Kentucky Counties: A Focus Group Discussion. *Am J Mens Health*. 2019;13(6):1557988319882585. doi:10.1177/1557988319882585.



## Question #2

Which option best describes *your experience* with CDC National Disparity Networks?

1. Attended a conference (virtual, face-to-face) sponsored by a CDC National Disparity Network
2. Attendee in a webinar sponsored by a CDC National Disparity Network
3. Collaborated with a CDC National Disparity Network on a project, initiative or funding opportunity
4. Participated in a workshop or training sponsored by a CDC National Disparity Network
5. Participated in a strategic planning/action planning meeting that included a CDC National Disparity Network
6. Participated in a one-on-one technical assistance (TA) call (telephone or virtual format) involving a CDC National Disparity Network
7. Partnered with a CDC National Disparity Network to develop or co-brand a resource, report or document
8. Participated in an orientation/introductory call involving a CDC National Disparity Network presentation
9. Participated on a steering committee or workgroup that included a CDC National Disparity Network
10. Participated in survey or assessment administered by a CDC National Disparity Network
11. Joined as a member of at least one CDC National Disparity Network
12. Utilized at least one resource (report, fact sheet, guidance document, infographic, etc.) developed by a CDC National Network
13. Reviewed content on at least one CDC National Disparity Network's website
14. This is my first introduction to CDC National Disparity Networks, I'm excited



## General Overview: Support Services Provided

### **Provision of Training and Technical Assistance**

Assess knowledge, skills and abilities of National Comprehensive Cancer Programs and Tobacco Prevention & Control Programs as well as their grantees and partners to identify training needs/interests (planning, implementation and evaluation) and develop tailored training (including webinars/webcasts)

#### **Strategic Planning**

#### **Community-Clinical Linkages**

#### **Healthcare System Strategies**

### **Health Equity Reviews and Recommendations**

Accreditation Standards (American College of Surgeons-Commission on Cancer Programs): Submitted recommendations (healthcare quality improvement, health equity, public health) on behalf of the CDC Consortium of National Networks (8 networks)

### **Mass Reach Health Communication:**

Leverage CDC and State Program Media Campaigns via increased dissemination to organizations focused on populations with low SES characteristics

Co-branding of resources

Assist in the development of tailored communication materials (including Fact Sheets)



## SMHN Forms of Support (DP20-2001)

- Webinars and other forms of virtual trainings (staff training meetings)
- One-on-one calls with state program staff
- Conduct SME reviews (health equity, tobacco-disparities perspective) to provide recommendations leading to the development or revision of strategic plans, workplans, annual action plans, health equity reports, data summaries, etc.
- Assistance with identifying additional resources to support evaluation goals, strategies or activities
- Assistance with identifying subject matter experts (SMEs) for state conferences, summits, etc.
- Assistance with developing or revising Health Equity Measures Fact Sheets
- Provision of training and technical assistance or recommendations on enhancing data collection (including quitline services) pertaining to low SES populations or organizations/entities that impact low SES populations
- Provision of training and technical assistance on evidence-based interventions (EBIs), strategies, best and promising practices to advance or improve health equity among populations with low SES characteristics

### *Expanded scope (beginning 4<sup>th</sup> Quarter-2021)*

- Develop a core set of guiding principles for including health equity strategies as part of State Comprehensive Tobacco Control Plans development or revisions
- Assist with providing training and continuing technical assistance (TA) on community engagement in policy strategies
- Provision of training and continuous technical assistance (TA) on the intersection of tobacco use and increased risk of COVID-19 on populations experiencing health disparities
- Provision of training and ongoing technical assistance (TA) to address statewide and community-based requirements (R/T to Low SES populations) as well as corresponding strategies:
  - Component 1: Prevention, Cessation, and Secondhand Smoke Exposure
  - Component 2: Capacity, Disparities, and Mass Reach Health Communications



## SMHN Forms of Support (DP20-2001)-States

South Dakota

Pennsylvania

Indiana

Kansas (*Most recent*)



## Additional SMHN Resources (1)

### **SelfMade Health Network (SMHN) Guidance Document:**

*SelfMade Health Network (SMHN) Data Resource Recommendations Guide for State Programs: National Comprehensive Cancer Control Programs (NCCPs) and National Tobacco Control Programs (NTCPs)*

- Final version is scheduled to be released this Fall, 2021
- Future webinars will be launched throughout the year to assist state programs with operationalizing some of these recommendations more extensively.

Future webinar topics to be launched throughout the year (4<sup>th</sup> Quarter 2021 thru 4<sup>th</sup> Quarter 2022) will include:

- Incorporating a healthy equity lens into evaluations
- Analysis of data using health equity lens, including for populations with low SES characteristics (example, low – income populations)
- Recommendations for data collection at the community level when state level surveillance systems may not be available to obtain a significant sample size or utilizing both state level and community-level data sources
- Practical examples of evaluations (tobacco control) that have integrated health disparities (including tobacco-related disparities) and/or a health equity lens

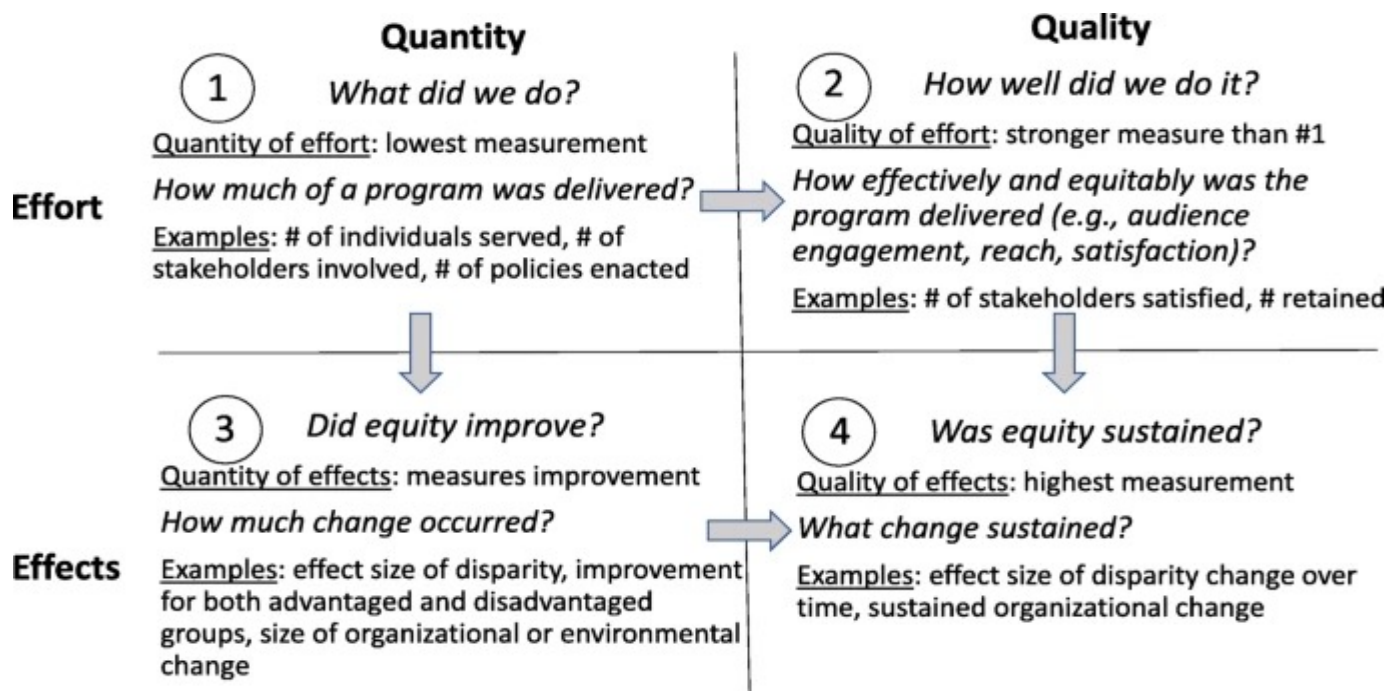
## Determinants of Health Fact Sheet Series



Some SMHN Fact Sheets include a “Resources” or “References” Section with a data emphasis on: health equity, health disparities and/or multi-level factors from a data perspective affecting populations with low SES characteristics.

## Coronavirus (COVID-19) Fact Sheet Series



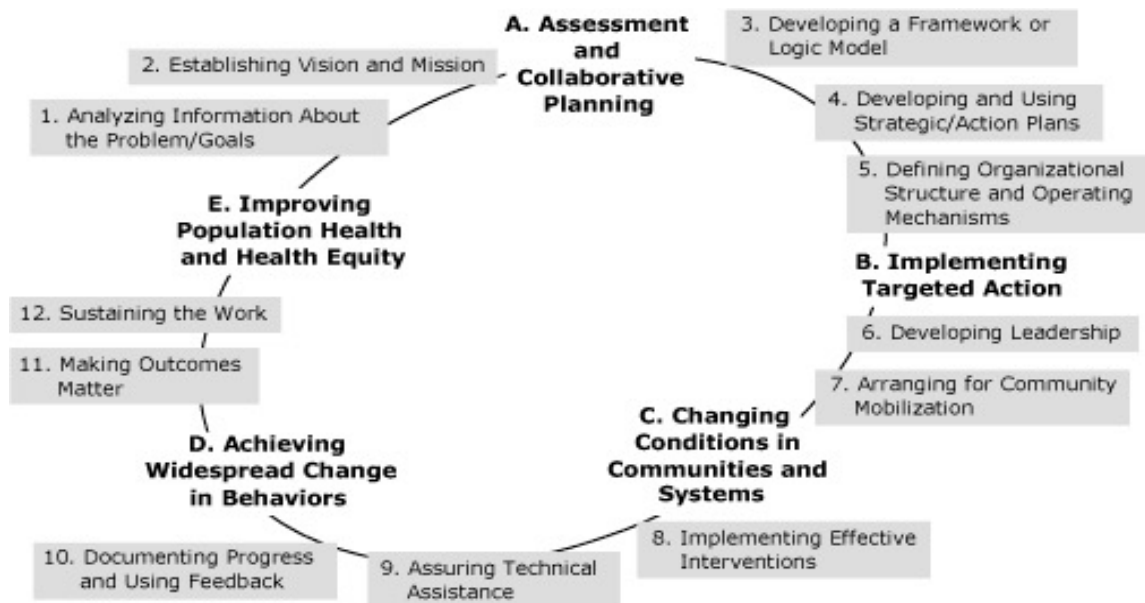


SelfMade Health Network (SMHN) webinars and downloadable Supplemental materials are available at: <https://selfmadehealth.org/>

*Reference:* Brownson, R.C., Kumanyika, S.K., Kreuter, M.W. et al. Implementation science should give higher priority to health equity. *Implementation Sci* 16, 28 (2021). <https://doi.org/10.1186/s13012-021-01097-0>.



# Excerpt from SMHN Webinar: “Supplemental Resource” Example



SelfMade Health Network (SMHN) webinars and corresponding downloadable materials are available at: <https://selfmadehealth.org/>

*Reference:* Fawcett S, Schultz J, Watson-Thompson J, Fox M, Bremby R. Building multisectoral partnerships for population health and health equity. *Prev Chronic Dis* 2010;7(6). [http://www.cdc.gov/pcd/issues/2010/nov/10\\_0079.htm](http://www.cdc.gov/pcd/issues/2010/nov/10_0079.htm)

## Question #3

As your team strives to address CDC's annual NTCP evaluation requirements, please select which **Component 1** category is *most challenging* or may require additional guidance or technical assistance?

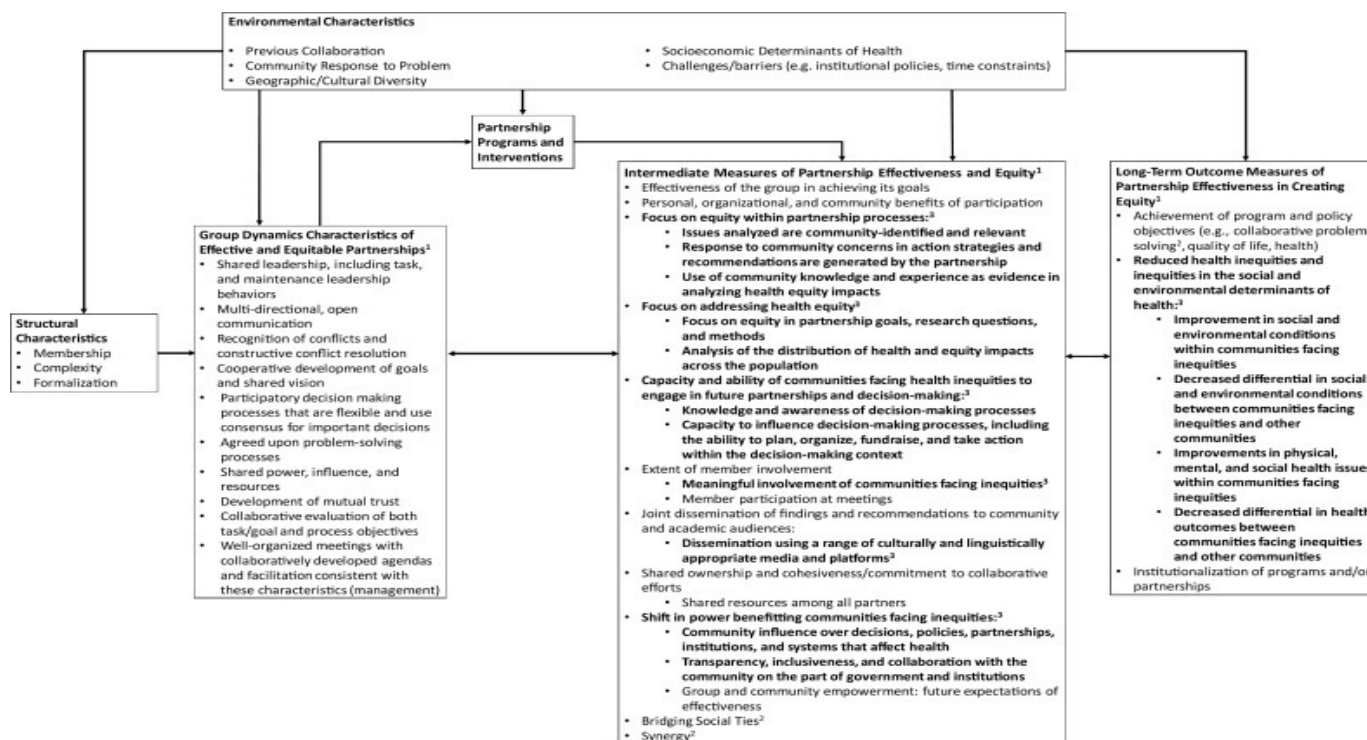
- Statewide Requirement (Behavioral Health)
- Statewide Requirement (Low SES)
- Community-Based Requirement: Prevention Strategies
- Community-Based Requirement: Secondhand Smoke Strategies
- Community-Based Requirement: Cessation Strategies
- Policy or Health Systems Change Requirement
- E-cigarette Youth and Young Adult Requirement
- Quitline Evaluation: Targeted disparate populations

## Question #4

As your team strives to address CDC's annual NTCP evaluation requirements, please select which **Component 2** category is *most challenging* or may require additional guidance or technical assistance?

- Capacity: Educate and inform stakeholders/decision-makers about evidence-based strategies to increase tobacco cessation
- Capacity: Expand delivery of tobacco use and dependence treatment services
- Capacity: Increase public-private partnerships to reimburse/pay for evidence-based cessation treatment and support quitline sustainability
- Disparities: Conduct ongoing assessments and data-driven action planning to increase use and reach of the quitline among underserved populations
- Disparities: Includes culturally appropriate, evidence-based strategies to reduce tobacco – related disparities
- Mass-Reach Health Communications

## Conceptual Model for Evaluating Equity



Reference: Ward M, Schulz AJ, Israel BA, Rice K, Martenies SE, Markarian E. A conceptual framework for evaluating health equity promotion within community-based participatory research partnerships. *Eval Program Plann.* 2018 Oct;70:25-34. doi: 10.1016/j.evalproplan.2018.04.014. Epub 2018 Apr 30. PMID: 29894902; PMCID: PMC6077092.



## Health Equity Lens (2): Contextual Factors

### ▪ **STRUCTURAL DRIVERS**

- Neighborhood Disinvestment Index
- Index of Dissimilarity
- Rates of incarceration by race/ethnicity
- Geographic distribution of health: life expectancy by zip code
- Community Readiness
- Number of communities with projects OR Number of funded projects, initiatives and/or collaborations with the \*community focused on health equity, health disparities, tobacco prevention or control, chronic disease, or another health-related issue

### **COMMUNITY DETERMINANTS**

#### *Social-cultural environment*

- Collective efficacy
- Civic engagement
- Social cohesion

#### **Physical/built environment**

Physical activity environment

Retail Food Environment Index

Number of comprehensive smoke-free policies in places that prohibit smoking in all indoor areas of work-sites and public places (indicator)

### **COMMUNITY DETERMINANTS (Continued)**

#### *Social-cultural environment*

- Civic engagement
- Social cohesion

#### **Physical/built environment**

- Physical activity environment
- Retail Food Environment Index
- Number of comprehensive smoke-free policies in places that prohibit smoking in all indoor areas of work-sites and public places (indicator)

#### **Economic environment**

- Geographic concentration of poverty: Poverty rate, percentage of people in poverty by county  
Unemployment rates
- Educational Attainment: Educational attainment among persons aged ≥25 years, high school graduation rates and percent of persons aged 16-19 years not enrolled, not high school graduates.

#### **HEALTHCARE SERVICES**

Percent of patients that can access a place they call their “medical care home” within two weeks’ time  
-Additional indicators (not shown)

\*Community maybe defined as a county, zip code, census tract, town, city, metropolitan statistical area (MSA), medically underserved area (MUA), multiple county region within a state, multi-unit housing campus or area, etc.

References: Measuring What Works to Achieve Health Equity: Metrics for the Determinants of Health (Prevention Institute)

Data Set Directory of Social Determinants of Health at the Local Level

[https://www.cdc.gov/dhdsp/docs/data\\_set\\_directory.pdf](https://www.cdc.gov/dhdsp/docs/data_set_directory.pdf)



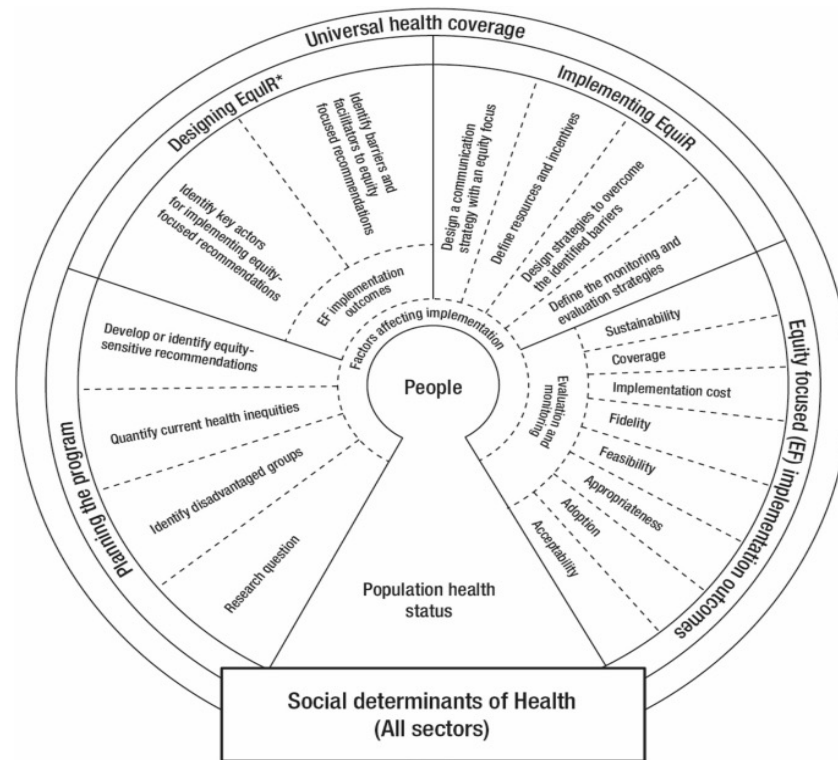
## Health Equity Lens (3)

### Local Use of Metrics:

- Choose indicators that would be measured over time to produce trend data and provide indications of progress.
- Using qualitative data in addition to quantitative data is important, as is telling the stories behind the data, because data without context will not motivate people including stakeholders, potential partners and decision-makers to action.
- “Maps are powerful communicators of differences in health outcomes across a geographic area and highlight a history of policy decisions that have contributed to poor health outcomes.”
- Sharing data and metrics about demographic change can help start a conversation about health equity and health disparities (including tobacco-related disparities).

Reference: National Academies of Sciences, Engineering, and Medicine 2016. Metrics That Matter for Population Health Action: Workshop Summary. Washington, DC: The National Academies Press. <https://doi.org/10.17226/21899>

# Health Equity Lens (4)



\* Equity-focused Implementation Research - EquIR

Reference: Eslava-Schmalbach, J., Garzón-Orjuela, N., Elias, V. *et al.* Conceptual framework of equity-focused implementation research for health programs (EquIR). *Int J Equity Health* **18**, 80 (2019). <https://doi.org/10.1186/s12939-019-0984-4>.



## Health Equity Lens (5)

### **Marginalized and disadvantaged populations and decision-making**

- Do members of marginalized and disadvantaged populations have central decision-making roles in the scope, priorities, content, and other aspects of strategic planning?
- Does the process of developing the plan include outreach to and participation of members of all populations experiencing health inequities for their perspectives, including their priorities and their views on the greatest obstacles they face to achieving good health and on measures for improving their health?
- Does the process of developing plans include measures, such as targeted capacity-building, to enable members of marginalized and disadvantaged communities to acquire greater community assets, and skills?

### **Maximizing Health Equity**

#### **Social and other determinants of health**

- Does the plan address all social, environmental, economic, and political determinants of health (including structural determinants), or has there been a process to determine the most important determinants, with these being addressed?
- Does the plan address equity with respect to these determinants, or is it linked to strategies for other determinants that do thoroughly address equity?
- Do the plan's actions encompass any reforms needed in laws and policies with respect to different determinants and how they affect health equity?
- Does the plan involved account for sub-populations (for example low SES subgroups) and different situations they may be experiencing in regard to health equity and measures Required to address these inequities?

Reference: Woodward, E.N., Singh, R.S., Ndebele-Ngwenya, P. et al. A more practical guide to incorporating health equity domains in implementation determinant frameworks. *Implement Sci Commun* 2, 61 (2021). <https://doi.org/10.1186/s43058-021-00146-5>





## Health Equity Lens (6)

### *Build Trusting and Accountable Relationships with Community Leadership*

- Conduct an environmental scan to identify areas in need of change, community assets, and potential opponents and allies.
- Develop shared vision for community change.
- Ensure equity in all processes.
- Identify who (populations, subgroups, sectors, etc.) is being left behind with data and needs assessments.
- Engage community members in collecting data and mapping neighborhood characteristics to inform stakeholders of facts and trends.

### *Translate Community Vision into Policy Change*

- Develop influence: turn community priorities into policies that will lead to improved health outcomes.

Reference: National Academies of Sciences, Engineering, and Medicine 2016. Metrics That Matter for Population Health Action: Workshop Summary. Washington, DC: The National Academies Press. <https://doi.org/10.17226/21899>



Social Media:

Twitter: @SelfMade Health

Twitter: @DeeCalhounSMHN

\*Facebook: SelfMade Health Network

Website: <http://www.selfmadehealth.org/>

Membership Information: Sign-up to become a national network member

Quarterly Newsletter: Available to member organizations and state programs

Send questions or contact us at anytime via shared SMHN mailbox: [info@selfmadehealth.org](mailto:info@selfmadehealth.org)



# NATIONAL NETWORK SPOTLIGHT: EVALUATING HEALTH EQUITY AND DISPARITIES FOR DP20-2001

*Nuestras Voces (Our Voices) Network*

Thursday, July 29, 2021

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# PRESENTATION OVERVIEW

- The National Alliance for Hispanic Health
  - *Nuestras Voces* (Our Voices) Network Program
  - *Nuestras Voces* Regional Lead Agencies
  - Hispanic Population Projections
  - Commercial Tobacco Use Among Hispanics
  - *Nuestras Voces* Program Evaluation
  - Integrating Health Equity in Evaluation
  - Conclusions
-

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# THE NATIONAL ALLIANCE FOR HISPANIC HEALTH (THE ALLIANCE)



**Our Mission:  
Best Health for  
All.**



**We work to  
ensure that  
health is based  
on what we  
know about  
people, science,  
and culture.**



**Leading non-  
partisan health  
organization  
for research,  
service, and  
advocacy.**



**Largest and oldest  
Hispanic network of  
community-based  
organizations that  
deliver services to 15  
million persons each  
year around the U.S.**



**Believe in  
community-  
based  
solutions.**



**No funds from  
tobacco,  
alcohol, or  
sugar  
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---

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# ***NUESTRAS VOCES* (OUR VOICES) NETWORK PROGRAM**



The National Alliance for Hispanic Health's *Nuestras Voces* (Our Voices) Network Program is an initiative of the Centers for Disease and Control and Prevention Networking2Save consortium of national networks implementing population-specific and public health-oriented strategies, to impact the prevalence of commercial tobacco use and tobacco related cancers.

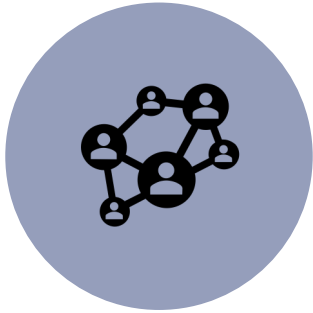


The purpose of the *Nuestras Voces* Network: Expand multi-sector networks and their capacity to effectively address and impact the threats of commercial tobacco use and reduce the impact of tobacco related cancers on the nation's health and wellbeing, with a particular focus on reducing disparities in underserved Hispanic communities.

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## HOW WE WORK:



**National  
Network**



**Training &  
Technical  
Assistance**



**Tailored  
Interventions**



**Mass Health  
Communications**

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## REGIONAL LEAD AGENCIES:

Chicago Hispanic  
Health Coalition  
Chicago, IL

Hispanic  
Federation  
New York, NY

El Centro de la  
Raza  
Seattle, WA

Hispanic Health  
Coalition of  
Georgia  
Alpharetta, GA

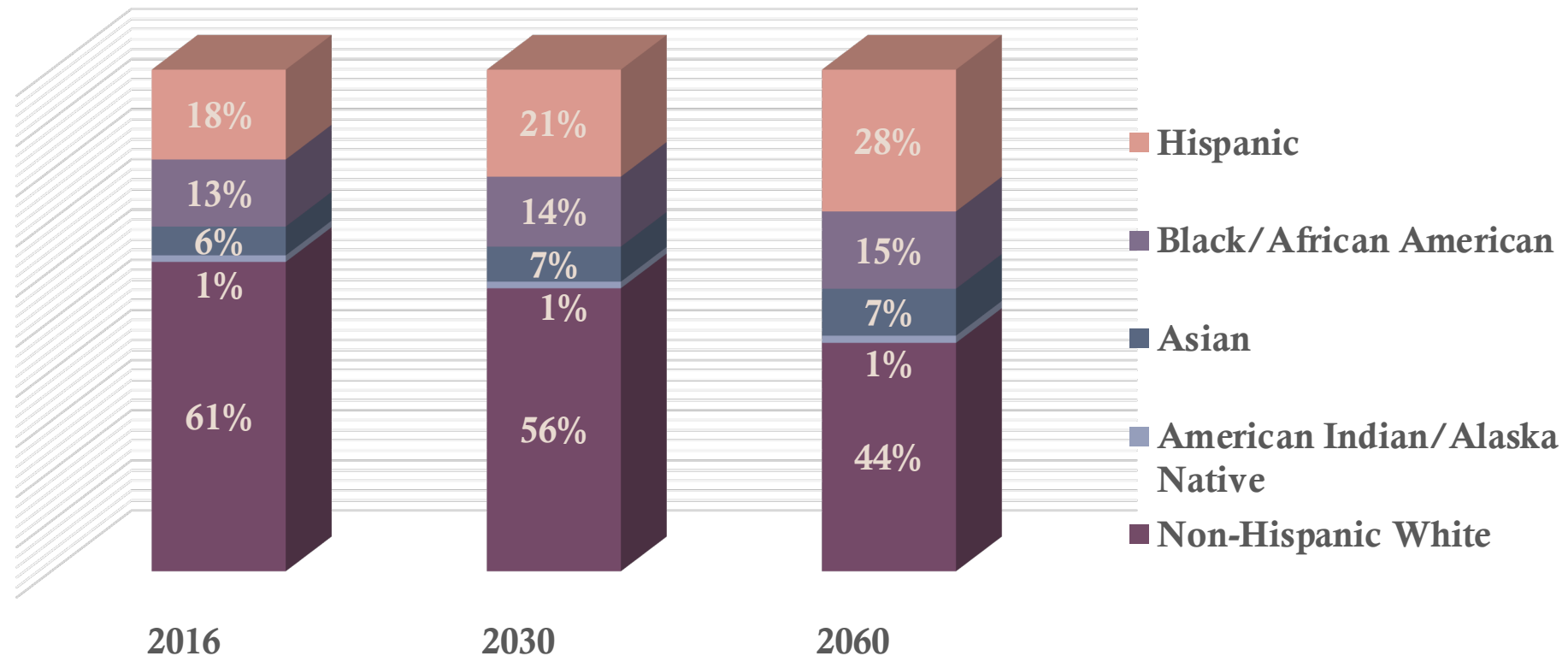
*Día de la Mujer  
Latina*  
Houston, TX

Family Health  
Centers of San  
Diego  
San Diego, CA

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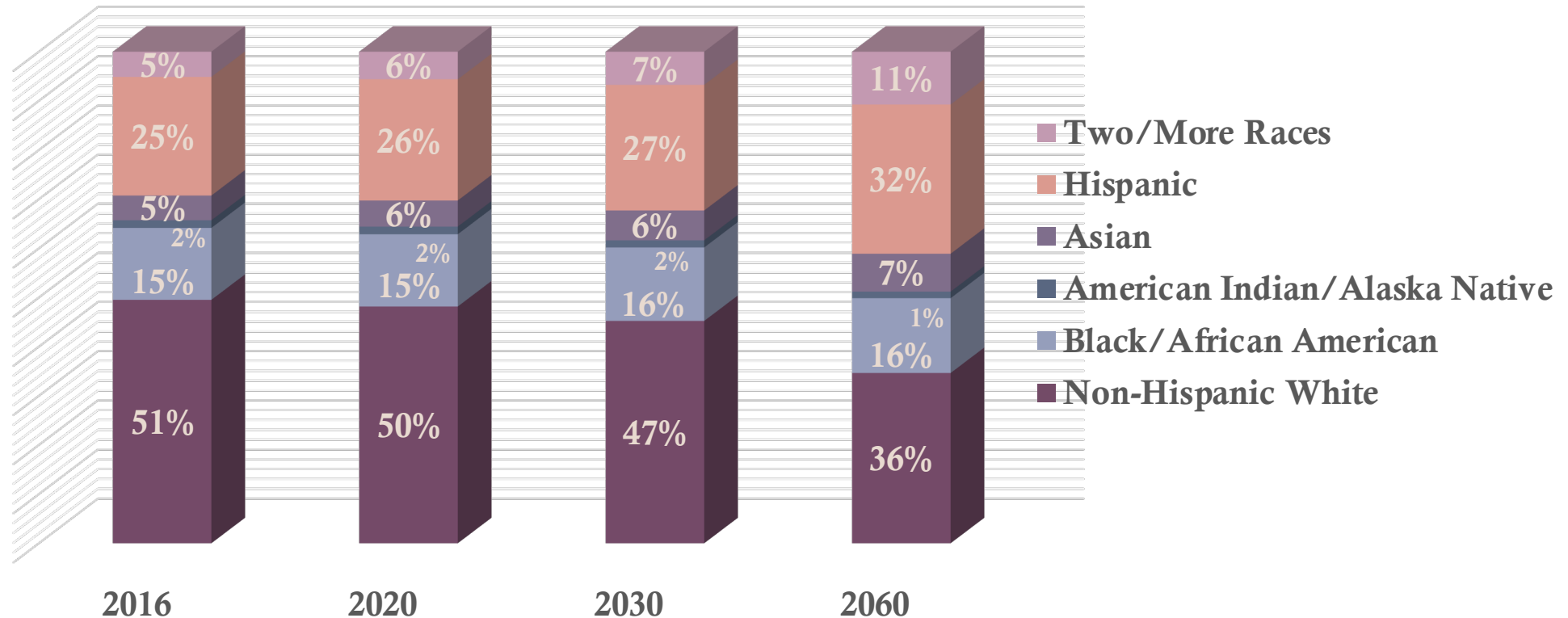
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## SMOKING PREVALENCE AMONG HISPANICS

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- Among Hispanic subgroups, Puerto Ricans had the highest rates of smoking at 28.5%, followed by Cubans (19.8%), Mexicans (19.1%), and Central and South Americans (15.6%).

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## COMMERCIAL TOBACCO USE AMONG HISPANIC YOUTH

The youth issue is a major concern as Hispanic middle school youth are the group most likely to use commercial tobacco products among their peers. According to the results from the 2018 National Youth Tobacco Survey:

- Hispanic middle school students are more likely than their peers to be current tobacco users (9.5%) compared to non-Hispanic white (6.6%) and non-Hispanic black (6.8%).
- Hispanic middle school students have also the highest prevalence of e-cigarettes use (6.6%) compared that of their non-Hispanic white peers (4.9%) and non-Hispanic black peers (3.0%).

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# ***NUESTRAS VOCES*** NETWORK PROGRAM EVALUATION

## Methods

### Network administration and management

- Document the agencies' recruitment of new members over time

### Training and technical assistance

- Analyze webinar feedback and evaluation surveys to assess effectiveness and identify areas for improvement

### Reach of interventions

- Analyze progress in providing technical assistance to state tobacco and cancer control programs

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- Document dissemination and reach of media messages
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# ***NUESTRAS VOCES* NETWORK PROGRAM EVALUATION**

## Health Equity Considerations

 Is NV Network membership diverse?

 Do NV Network members serve diverse populations?

 Is the NV Network accessible to all?

 Are webinars available to all?

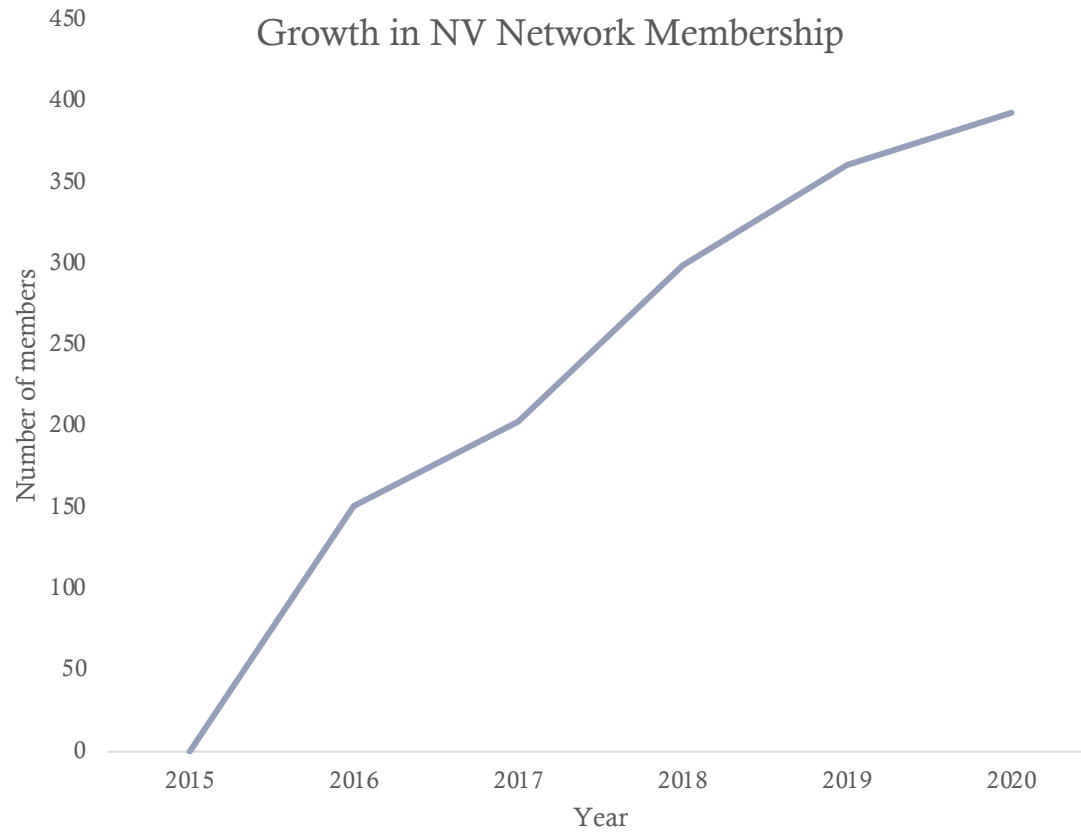
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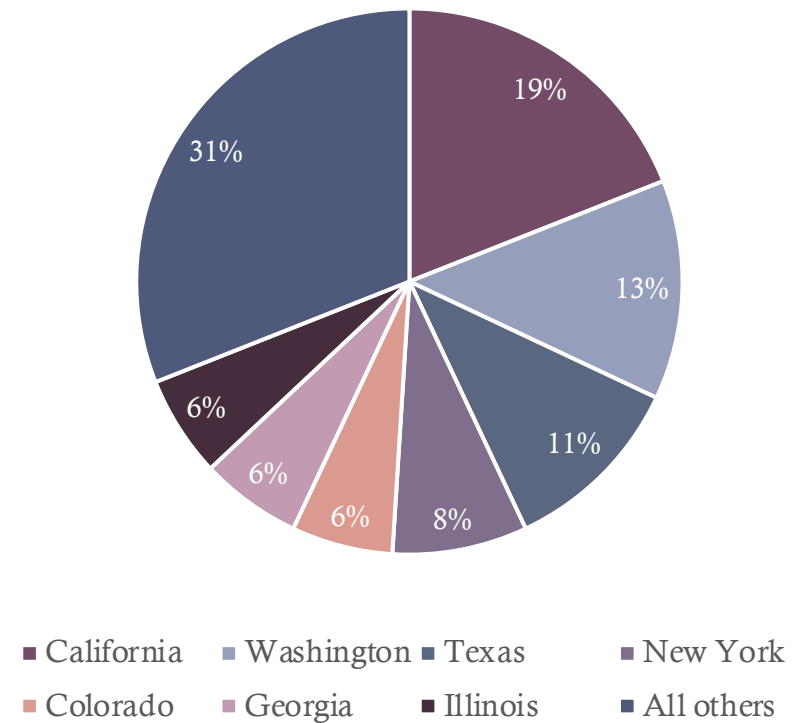
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# ***NUESTRAS VOCES NETWORK PROGRAM EVALUATION***



U.S. States represented in NV Network membership



# ***NUESTRAS VOCES*** **NETWORK** **PROGRAM** **EVALUATION**

## **WEBINAR ANALYTICS**



Nuestras Voces (Our Voices) Network

Webinar Analytics: Beyond Translation: Reaching Hispanic Communities with Effective Tobacco Cessation Messaging Campaigns

### Webinar Analytics

- 72% of respondents rated the webinar as excellent and 28% as good.
- All respondents indicated that they were very likely or likely to use information from the webinar in the next 12 months.
- 94% of respondents rated the presenters as very knowledgeable.
- All respondents indicated that the information presented will help address commercial tobacco control in Hispanic communities.



### Agencie/Organizations Represented:

- 39% State Health Departments
- 11% Community-Based Organizations
- 11% Voluntary Organizations
- 6% Tobacco/Cancer Coalitions
- 6% Nuestras Voces Network Members
- 6% Nuestras Voces Regional Lead Agencies
- 28% Other (state quitlines; natl. non-profit, Latino agency; CHW)

### Some Comments:

- *Very informative! I could have easily seen this webinar being longer and really taking a dive into various case studies across the country examining what has been and hasn't been successful. You provided a perfect example of a successful campaign! Thank you for your hard work!*
- *Idaho is very excited about this information and will more than likely be reaching out in the future to discuss further..*
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# ***NUESTRAS VOCES* NETWORK PROGRAM EVALUATION**

<b>Evaluation Findings</b>	<b>Health Equity Implications</b>
<ul style="list-style-type: none"><li>• <i>Nuestras Voces</i> continues to build its network and disseminate information to Hispanic-serving agencies and stakeholders.</li></ul>	Will evaluate <i>Nuestras Voces</i> Network membership for diversity and accessibility
<ul style="list-style-type: none"><li>• Webinars have been well-attended and have received positive feedback. However, survey participation is low.</li></ul>	Ensure that culturally appropriate, accessible information is disseminated equitably
<ul style="list-style-type: none"><li>• Outreach to national and state tobacco control and cancer control programs has improved, but COVID-19 has made it challenging.</li></ul>	Disseminate strategies to increase equity in access to information and services
<ul style="list-style-type: none"><li>• Messaging through social media, infographics, and the website has been very successful.</li></ul>	Bringing accessible messages to underserved communities will increase health equity

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# INTEGRATING HEALTH EQUITY IN EVALUATION

Provision of technical assistance to states to conduct health equity informed surveillance and evaluation through:

- Support with the development of culturally proficient and language appropriate evaluation tools and instruments.
  - Support states to improve data collection.
  - Facilitating connections with local organizations/partners that can support evaluation efforts.
  - Helping in the development of health equity reports that focus on Hispanic communities.
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## CONCLUSIONS

*Nuestras Voces* is promoting health equity by providing culturally appropriate and accessible information about tobacco and cancer to Hispanic communities and to support the work of Hispanic-serving providers.

---

*Nuestras Voces* promotes health equity by encouraging members to share and disseminate effective strategies to reduce tobacco use and increase cancer screening among Hispanics.

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The program is beginning to be known by states, and states are calling on *Nuestras Voces* for expertise in developing interventions, tools, and resources to improve health equity.

---

*Nuestras Voces* can support states to conduct health equity informed surveillance and evaluation activities.

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# Q & A

**Become a Member**

**[www.nuestrasvoces.org/join.html](http://www.nuestrasvoces.org/join.html)**

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# THANK YOU

Marcela Gaitán, M.P.H., M.A.,  
Senior Director for External Relations  
National Alliance for Hispanic Health

Jennifer Unger, Ph.D.,  
Professor of Preventive Medicine  
University of Southern California, Keck  
School of Medicine



E-mail: [mgaitan@healthyamericas.org](mailto:mgaitan@healthyamericas.org)



Website: [www.nuestrasvoces.org](http://www.nuestrasvoces.org)



E-mail: [unger@usc.edu](mailto:unger@usc.edu)

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# NATIONAL NETWORK SPOTLIGHT: EVALUATING HEALTH EQUITY AND DISPARITIES FOR DP20-2001

*Nuestras Voces (Our Voices) Network*

Thursday, July 29, 2021

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# PRESENTATION OVERVIEW

- The National Alliance for Hispanic Health
  - *Nuestras Voces* (Our Voices) Network Program
  - *Nuestras Voces* Regional Lead Agencies
  - Hispanic Population Projections
  - Commercial Tobacco Use Among Hispanics
  - *Nuestras Voces* Program Evaluation
  - Integrating Health Equity in Evaluation
  - Conclusions
-

---

# THE NATIONAL ALLIANCE FOR HISPANIC HEALTH (THE ALLIANCE)



**Our Mission:  
Best Health for  
All.**



**We work to  
ensure that  
health is based  
on what we  
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people, science,  
and culture.**



**Leading non-  
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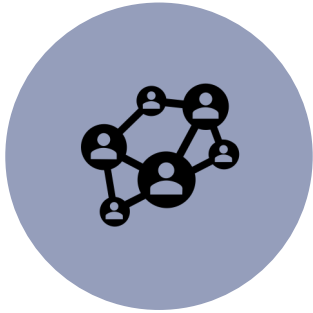


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**Tailored  
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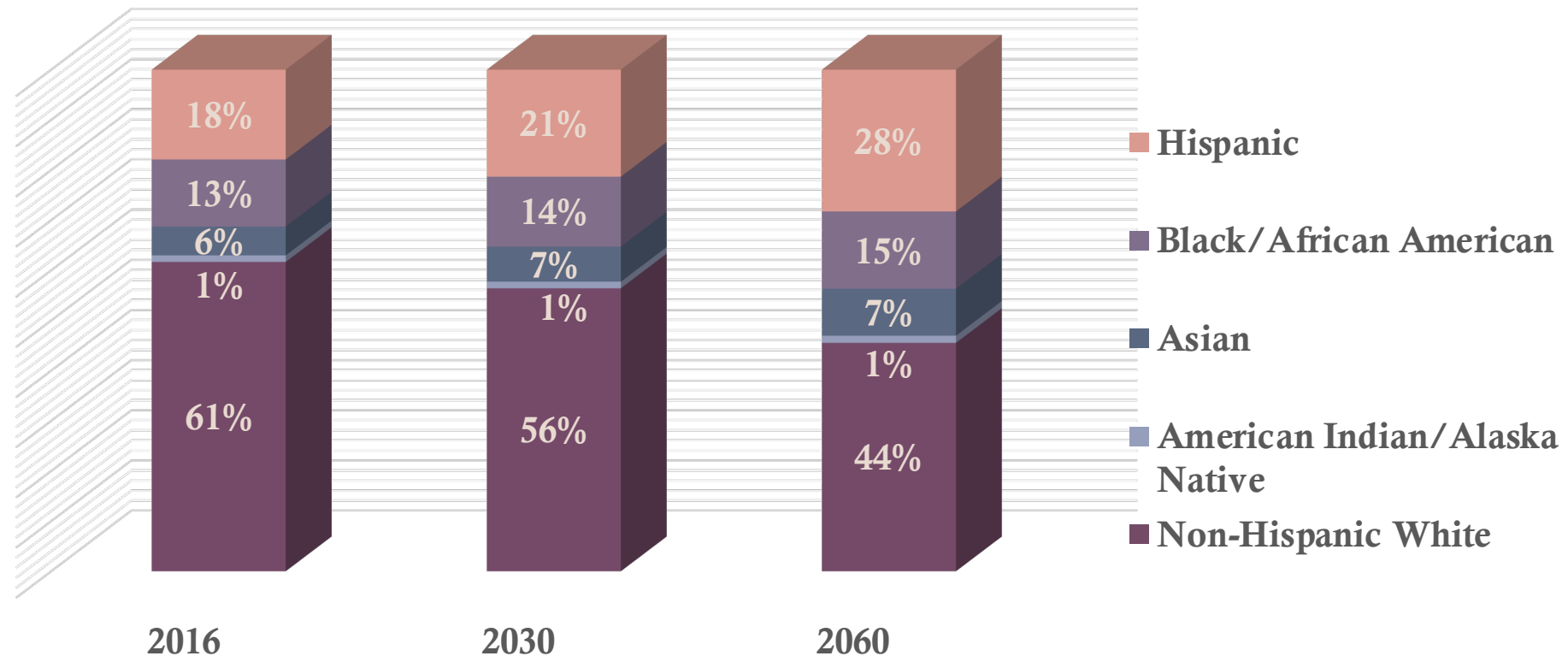
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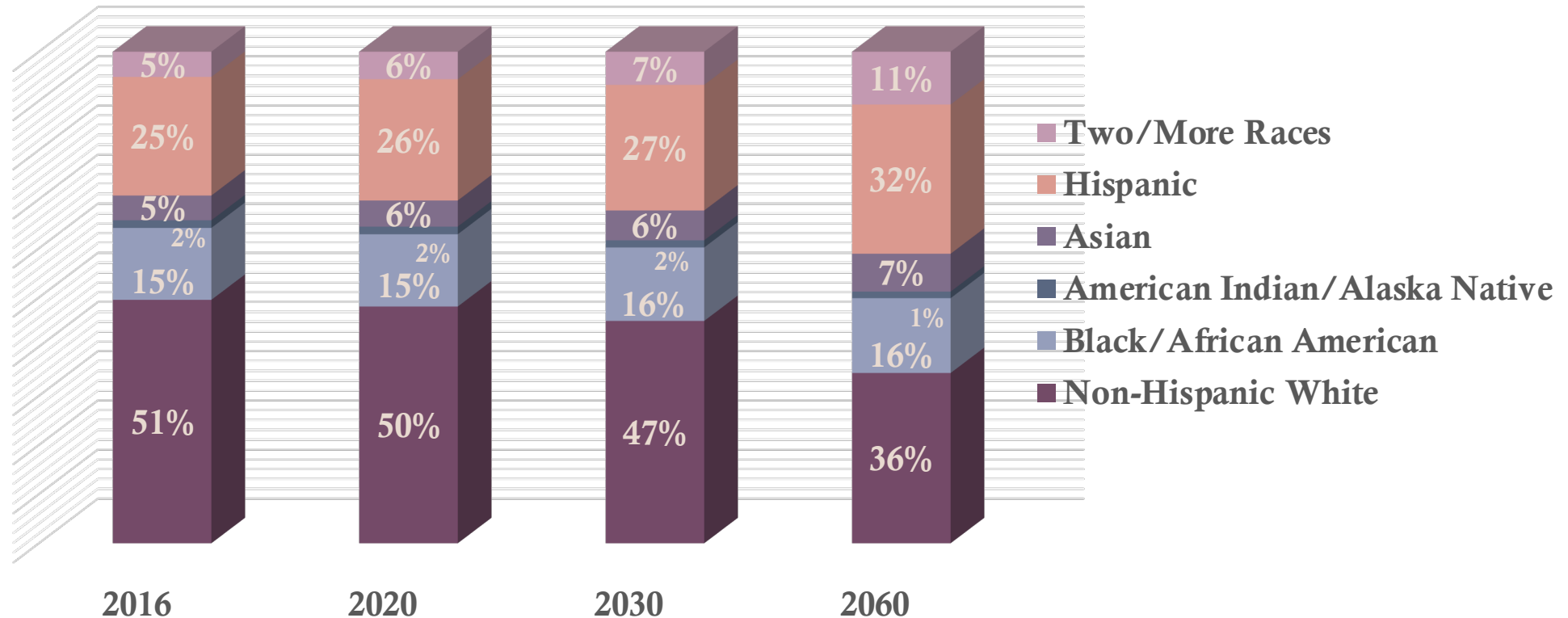
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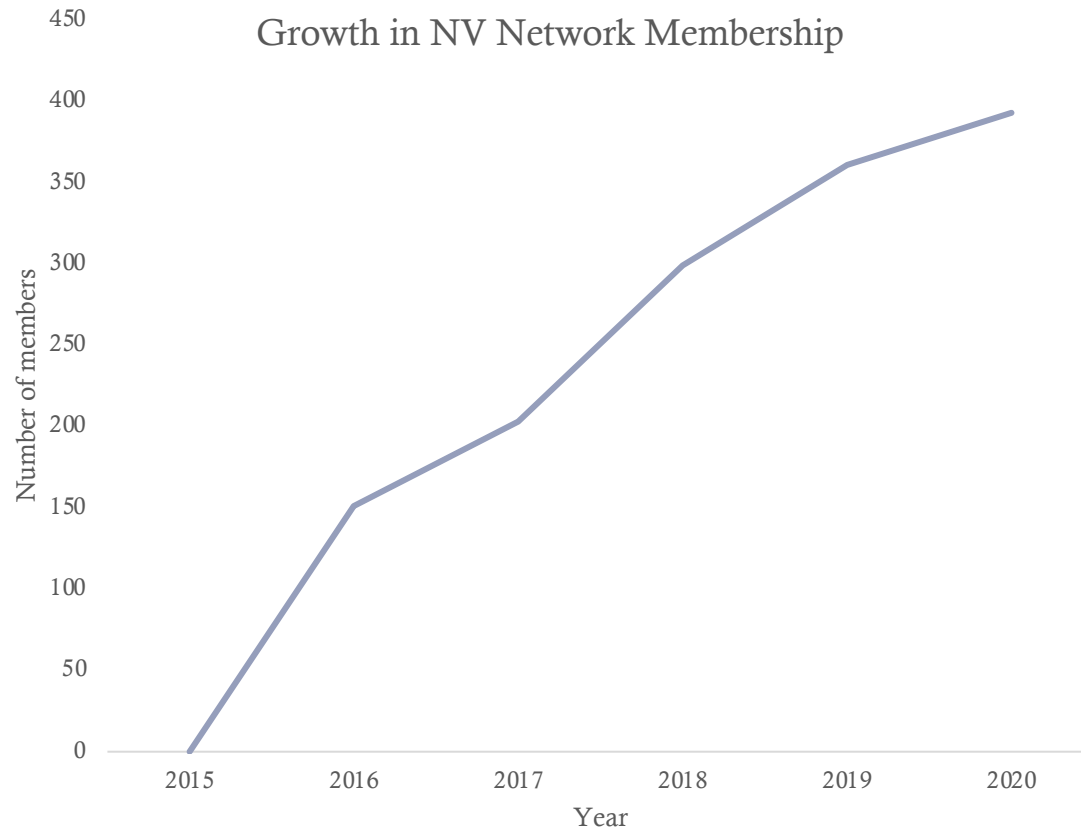
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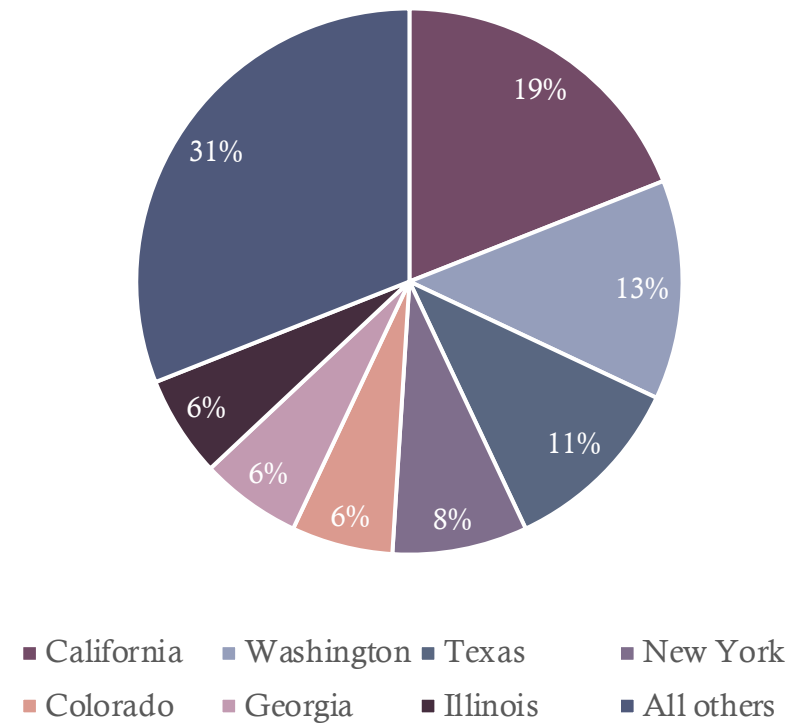
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U.S. States represented in NV Network membership



# ***NUESTRAS VOCES*** **NETWORK** **PROGRAM** **EVALUATION**

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**Nuestras Voces (Our Voices) Network**

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<b>Evaluation Findings</b>	<b>Health Equity Implications</b>
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*Nuestras Voces* can support states to conduct health equity informed surveillance and evaluation activities.

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# Q & A

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# THANK YOU

Marcela Gaitán, M.P.H., M.A.,  
Senior Director for External Relations  
National Alliance for Hispanic Health

Jennifer Unger, Ph.D.,  
Professor of Preventive Medicine  
University of Southern California, Keck  
School of Medicine



E-mail: [mgaitan@healthyamericas.org](mailto:mgaitan@healthyamericas.org)



Website: [www.nuestrasvoces.org](http://www.nuestrasvoces.org)



E-mail: [unger@usc.edu](mailto:unger@usc.edu)

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# NATIONAL NETWORK SPOTLIGHT: EVALUATING HEALTH EQUITY AND DISPARITIES FOR DP20-2001

*Nuestras Voces (Our Voices) Network*

Thursday, July 29, 2021

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# THE NATIONAL ALLIANCE FOR HISPANIC HEALTH (THE ALLIANCE)



**Our Mission:  
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**We work to  
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**Leading non-  
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**Largest and oldest  
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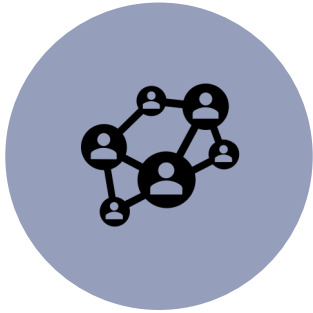


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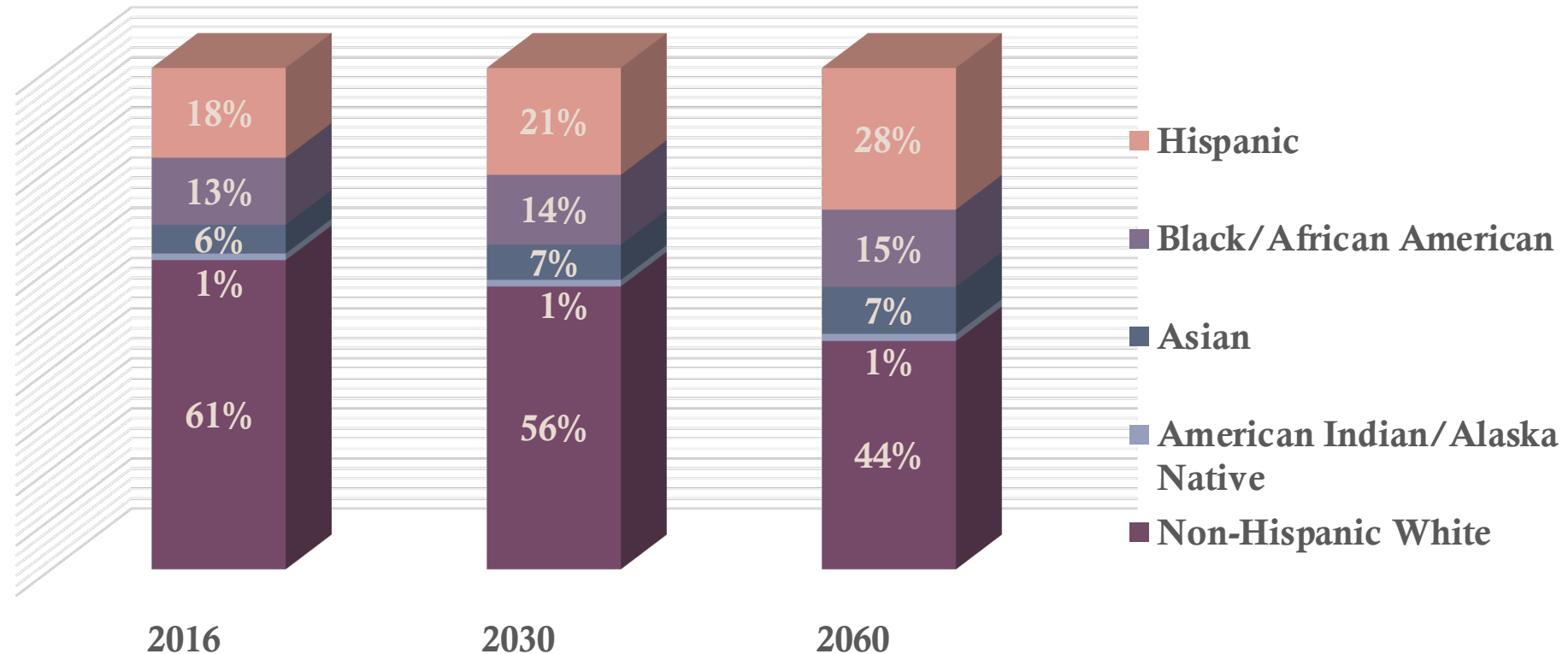
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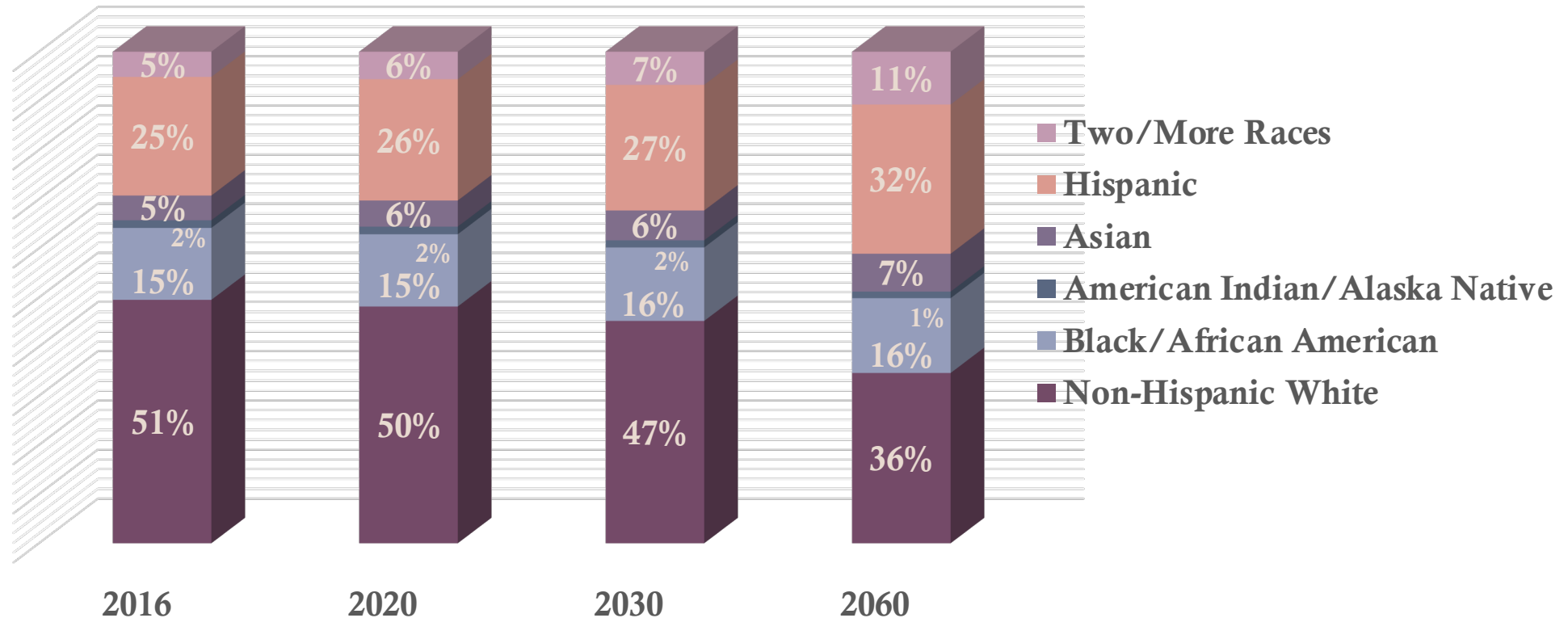
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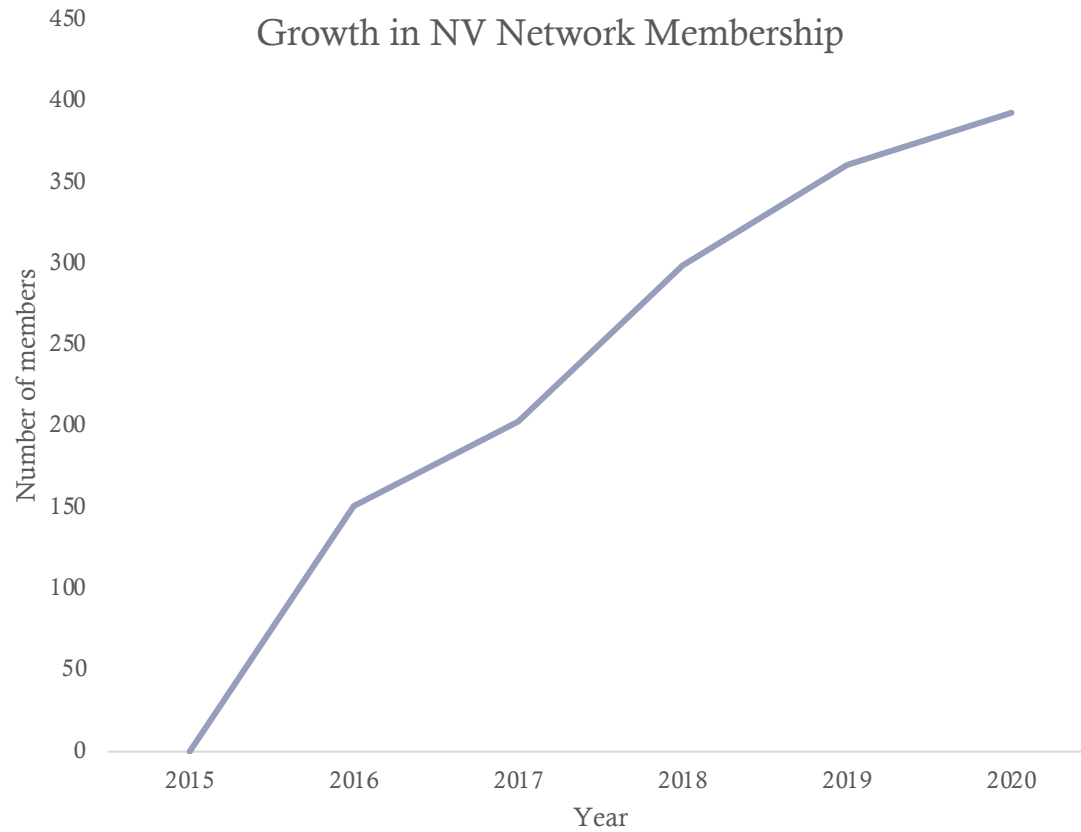
 Are webinars increasing agencies' capacity to promote health equity?

 Are health education materials appropriately targeted and accessible to all?

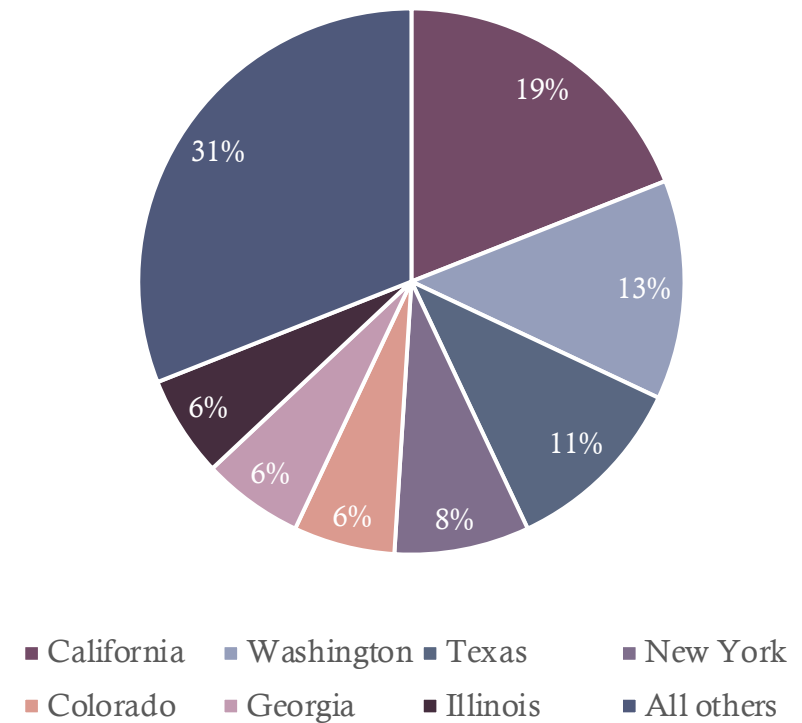
 Are all materials and communications culturally appropriate?

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# ***NUESTRAS VOCES NETWORK PROGRAM EVALUATION***



U.S. States represented in NV Network membership



# ***NUESTRAS VOCES*** **NETWORK** **PROGRAM** **EVALUATION**

## **WEBINAR ANALYTICS**



**Nuestras Voces (Our Voices) Network**

**Webinar Analytics: Beyond Translation: Reaching Hispanic Communities with Effective Tobacco Cessation Messaging Campaigns**

### **Webinar Analytics**

- 72% of respondents rated the webinar as excellent and 28% as good.
- All respondents indicated that they were very likely or likely to use information from the webinar in the next 12 months.
- 94% of respondents rated the presenters as very knowledgeable.
- All respondents indicated that the information presented will help address commercial tobacco control in Hispanic communities.



### **Agencie/Organizations Represented:**

- 39% State Health Departments
- 11% Community-Based Organizations
- 11% Voluntary Organizations
- 6% Tobacco/Cancer Coalitions
- 6% *Nuestras Voces* Network Members
- 6% *Nuestras Voces* Regional Lead Agencies
- 28% Other (state quitlines; natl. non-profit, Latino agency; CHW)

### **Some Comments:**

- *Very informative! I could have easily seen this webinar being longer and really taking a dive into various case studies across the country examining what has been and hasn't been successful. You provided a perfect example of a successful campaign! Thank you for your hard work!*
- *Idaho is very excited about this information and will more than likely be reaching out in the future to discuss further..*
- *This was one of the better webinars I've seen in recent months. Awesome videos, great visuals, good discussion of metrics, and polished speakers. Bravo.*
- *A campaign for priority populations are more effective if not translated directly from English. It needs to take into account many variables, and not just "language" to have more impact on a community.*
- *I loved the information provided and it's very timely. I will definitely be sharing this with program development in my organization. Thank you! Would love to see more of these webinars. Specifically stakeholder engagement and appreciative inquiry in Spanish speaking communities.*

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# ***NUESTRAS VOCES* NETWORK PROGRAM EVALUATION**

<b>Evaluation Findings</b>	<b>Health Equity Implications</b>
<ul style="list-style-type: none"><li>• <i>Nuestras Voces</i> continues to build its network and disseminate information to Hispanic-serving agencies and stakeholders.</li></ul>	Will evaluate <i>Nuestras Voces</i> Network membership for diversity and accessibility
<ul style="list-style-type: none"><li>• Webinars have been well-attended and have received positive feedback. However, survey participation is low.</li></ul>	Ensure that culturally appropriate, accessible information is disseminated equitably
<ul style="list-style-type: none"><li>• Outreach to national and state tobacco control and cancer control programs has improved, but COVID-19 has made it challenging.</li></ul>	Disseminate strategies to increase equity in access to information and services
<ul style="list-style-type: none"><li>• Messaging through social media, infographics, and the website has been very successful.</li></ul>	Bringing accessible messages to underserved communities will increase health equity

---

# INTEGRATING HEALTH EQUITY IN EVALUATION

Provision of technical assistance to states to conduct health equity informed surveillance and evaluation through:

- Support with the development of culturally proficient and language appropriate evaluation tools and instruments.
  - Support states to improve data collection.
  - Facilitating connections with local organizations/partners that can support evaluation efforts.
  - Helping in the development of health equity reports that focus on Hispanic communities.
-



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## CONCLUSIONS

*Nuestras Voces* is promoting health equity by providing culturally appropriate and accessible information about tobacco and cancer to Hispanic communities and to support the work of Hispanic-serving providers.

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*Nuestras Voces* promotes health equity by encouraging members to share and disseminate effective strategies to reduce tobacco use and increase cancer screening among Hispanics.

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The program is beginning to be known by states, and states are calling on *Nuestras Voces* for expertise in developing interventions, tools, and resources to improve health equity.

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*Nuestras Voces* can support states to conduct health equity informed surveillance and evaluation activities.

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# Q & A

**Become a Member**

**[www.nuestrasvoces.org/join.html](http://www.nuestrasvoces.org/join.html)**

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---

# THANK YOU

Marcela Gaitán, M.P.H., M.A.,  
Senior Director for External Relations  
National Alliance for Hispanic Health

Jennifer Unger, Ph.D.,  
Professor of Preventive Medicine  
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Health Equity  
Community-Clinical Linkages



Strategic Planning (State/Local)  
Communications (Tailored)

National Networks Spotlight Part 1:  
Evaluating through a Health Equity and Disparities Lens  
Presenter: Dwana “Dee” Calhoun, MS-National Network Director  
SelfMade Health Network (SMHN)  
July 29, 2021

## Question #1

Which of these populations was selected as a priority population for your state tobacco control program or evaluation plan (DP-20-2001) *[Select all that apply]*:

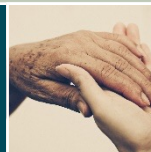
- African-American or Black
- American Indian or Alaska Native
- Asian American, Native Hawaiian, or Pacific Islander
- Hispanic/Latino
- LGBTQ+
- Low SES (Socioeconomic Status)
- Behavioral Health
- Rural area
- Urban or Metropolitan area
- Disability/Limitation
- Veteran/Active Military
- Geographic Region or Area with High Commercial Tobacco Use
- Young Adults (18-24 years)
- Youth (Younger than 18 years old)

# Overview: Priority Populations



Annual Income

Geography



Level of Education

Health Insurance



Employment Status



## Historical Milestones/Accomplishments (1)

### **2016: Academy of Oncology Nurse and Patient Navigators (AONN) Seventh Annual Navigation & Survivorship Conference**

- Selected as a Faculty Member and Conference Presenter (Cancer Disparities Among Low SES Populations)

### **2017 American Association for Cancer Research (AACR) Conference on The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved**

#### Breast Cancer Disparities (Tennessee)

- *Investing in Public-Private Partnerships to Address Breast Cancer Disparities among African-American Women (Low-income) within a Non-Medicaid ACA Expansion State and Appalachian Region*  
[Dwana “Dee” Calhoun, MS and Patricia Matthews-Juarez, PhD/Meharry Medical College-Previous SMHN Regional Resource Lead Organization]

#### Lung Cancer Disparities (Kentucky)

- *Lung Cancer Prevention and Survivorship is Good Business: Unifying Communities and Industries for Better Health*  
[Lung Cancer Disparities, Kentucky-SelfMade Health Network Regional Resource Lead Organization]

### **2017 CDC National Cancer Conference**

- *Innovative Public-Private Partnerships to Address Lung Cancer Disparities (Kentucky-SMHN Regional Resource Lead Organization) –Published in the American Journal of Men's Health*



## Historical Milestones/Accomplishments (2)

### **2017 CDC National Conference on Tobacco or Health (NCTOH): Tobacco-Related Cancer Disparities**

#### ***National SelfMade Health Network Tobacco Cessation Marketplace Project***

##### **Michigan (SelfMade Health Network grantee)**

- *Enhancing Access to Tobacco Cessation among Historically “Hard to Reach” Populations throughout Diverse Communities in the Great Lakes Region*

##### **Iowa (SelfMade Health Network grantee)**

- *“Looking Beyond” Traditional Partnerships to Connect Iowa’s Underserved Tobacco Users within the Affordable Care Act (ACA) Healthcare Arena*

##### **Pennsylvania (SelfMade Health Network grantee)**

- *Cross Collaboration of Tobacco Cessation and Social Services to Expand Access Among Underserved Populations in Pennsylvania*

### **2019 CDC National Conference on Tobacco or Health (NCTOH)**

#### **SelfMade Health Network (SMHN) Regional Resource Lead Organization (RRLO)-Kentucky**

- *Men’s Health: Lung Cancer Prevention and Survivorship Among Rural, Low-income Worksites in Southern Kentucky: Recommended Communication Strategies*

#### **Publication: Peer-review journal (2019)-SMHN Regional Resource Lead Organization: Kentucky**

- Knight JR, Williamson LH, Armstrong DK, Westbrook EA. Understanding Lung Cancer Resources and Barriers Among Worksites With Mostly Male Employees in Eight Rural Kentucky Counties: A Focus Group Discussion. *Am J Mens Health*. 2019;13(6):1557988319882585. doi:10.1177/1557988319882585.





## Question #2

Which option best describes *your experience* with CDC National Disparity Networks?

1. Attended a conference (virtual, face-to-face) sponsored by a CDC National Disparity Network
2. Attendee in a webinar sponsored by a CDC National Disparity Network
3. Collaborated with a CDC National Disparity Network on a project, initiative or funding opportunity
4. Participated in a workshop or training sponsored by a CDC National Disparity Network
5. Participated in a strategic planning/action planning meeting that included a CDC National Disparity Network
6. Participated in a one-on-one technical assistance (TA) call (telephone or virtual format) involving a CDC National Disparity Network
7. Partnered with a CDC National Disparity Network to develop or co-brand a resource, report or document
8. Participated in an orientation/introductory call involving a CDC National Disparity Network presentation
9. Participated on a steering committee or workgroup that included a CDC National Disparity Network
10. Participated in survey or assessment administered by a CDC National Disparity Network
11. Joined as a member of at least one CDC National Disparity Network
12. Utilized at least one resource (report, fact sheet, guidance document, infographic, etc.) developed by a CDC National Network
13. Reviewed content on at least one CDC National Disparity Network's website
14. This is my first introduction to CDC National Disparity Networks, I'm excited



## General Overview: Support Services Provided

### **Provision of Training and Technical Assistance**

Assess knowledge, skills and abilities of National Comprehensive Cancer Programs and Tobacco Prevention & Control Programs as well as their grantees and partners to identify training needs/interests (planning, implementation and evaluation) and develop tailored training (including webinars/webcasts)

#### **Strategic Planning**

#### **Community-Clinical Linkages**

#### **Healthcare System Strategies**

### **Health Equity Reviews and Recommendations**

Accreditation Standards (American College of Surgeons-Commission on Cancer Programs): Submitted recommendations (healthcare quality improvement, health equity, public health) on behalf of the CDC Consortium of National Networks (8 networks)

### **Mass Reach Health Communication:**

Leverage CDC and State Program Media Campaigns via increased dissemination to organizations focused on populations with low SES characteristics

Co-branding of resources

Assist in the development of tailored communication materials (including Fact Sheets)



## SMHN Forms of Support (DP20-2001)

- Webinars and other forms of virtual trainings (staff training meetings)
- One-on-one calls with state program staff
- Conduct SME reviews (health equity, tobacco-disparities perspective) to provide recommendations leading to the development or revision of strategic plans, workplans, annual action plans, health equity reports, data summaries, etc.
- Assistance with identifying additional resources to support evaluation goals, strategies or activities
- Assistance with identifying subject matter experts (SMEs) for state conferences, summits, etc.
- Assistance with developing or revising Health Equity Measures Fact Sheets
- Provision of training and technical assistance or recommendations on enhancing data collection (including quitline services) pertaining to low SES populations or organizations/entities that impact low SES populations
- Provision of training and technical assistance on evidence-based interventions (EBIs), strategies, best and promising practices to advance or improve health equity among populations with low SES characteristics

### *Expanded scope (beginning 4<sup>th</sup> Quarter-2021)*

- Develop a core set of guiding principles for including health equity strategies as part of State Comprehensive Tobacco Control Plans development or revisions
- Assist with providing training and continuing technical assistance (TA) on community engagement in policy strategies
- Provision of training and continuous technical assistance (TA) on the intersection of tobacco use and increased risk of COVID-19 on populations experiencing health disparities
- Provision of training and ongoing technical assistance (TA) to address statewide and community-based requirements (R/T to Low SES populations) as well as corresponding strategies:
  - Component 1: Prevention, Cessation, and Secondhand Smoke Exposure
  - Component 2: Capacity, Disparities, and Mass Reach Health Communications



## SMHN Forms of Support (DP20-2001)-States

South Dakota

Pennsylvania

Indiana

Kansas (*Most recent*)



## Additional SMHN Resources (1)

### **SelfMade Health Network (SMHN) Guidance Document:**

*SelfMade Health Network (SMHN) Data Resource Recommendations Guide for State Programs: National Comprehensive Cancer Control Programs (NCCPs) and National Tobacco Control Programs (NTCPs)*

- Final version is scheduled to be released this Fall, 2021
- Future webinars will be launched throughout the year to assist state programs with operationalizing some of these recommendations more extensively.

Future webinar topics to be launched throughout the year (4<sup>th</sup> Quarter 2021 thru 4<sup>th</sup> Quarter 2022) will include:

- Incorporating a healthy equity lens into evaluations
- Analysis of data using health equity lens, including for populations with low SES characteristics (example, low – income populations)
- Recommendations for data collection at the community level when state level surveillance systems may not be available to obtain a significant sample size or utilizing both state level and community-level data sources
- Practical examples of evaluations (tobacco control) that have integrated health disparities (including tobacco-related disparities) and/or a health equity lens

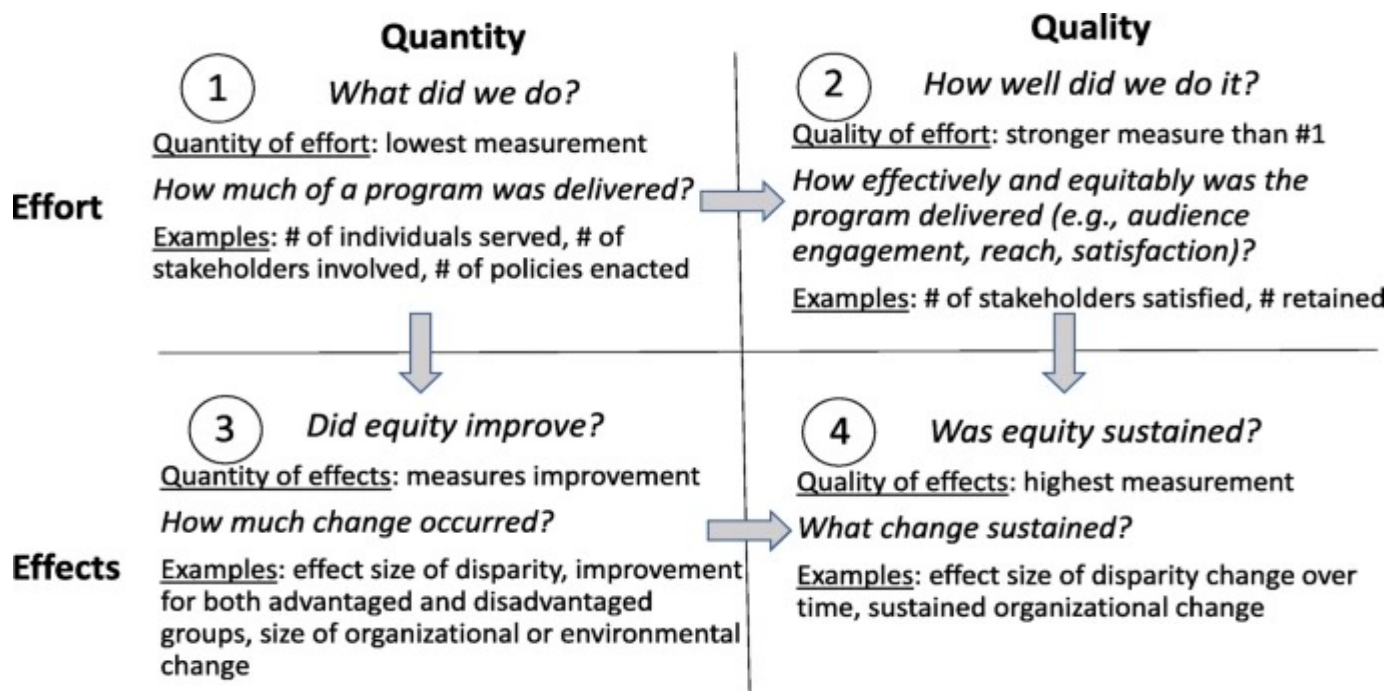
## Determinants of Health Fact Sheet Series



Some SMHN Fact Sheets include a “Resources” or “References” Section with a data emphasis on: health equity, health disparities and/or multi-level factors from a data perspective affecting populations with low SES characteristics.

## Coronavirus (COVID-19) Fact Sheet Series

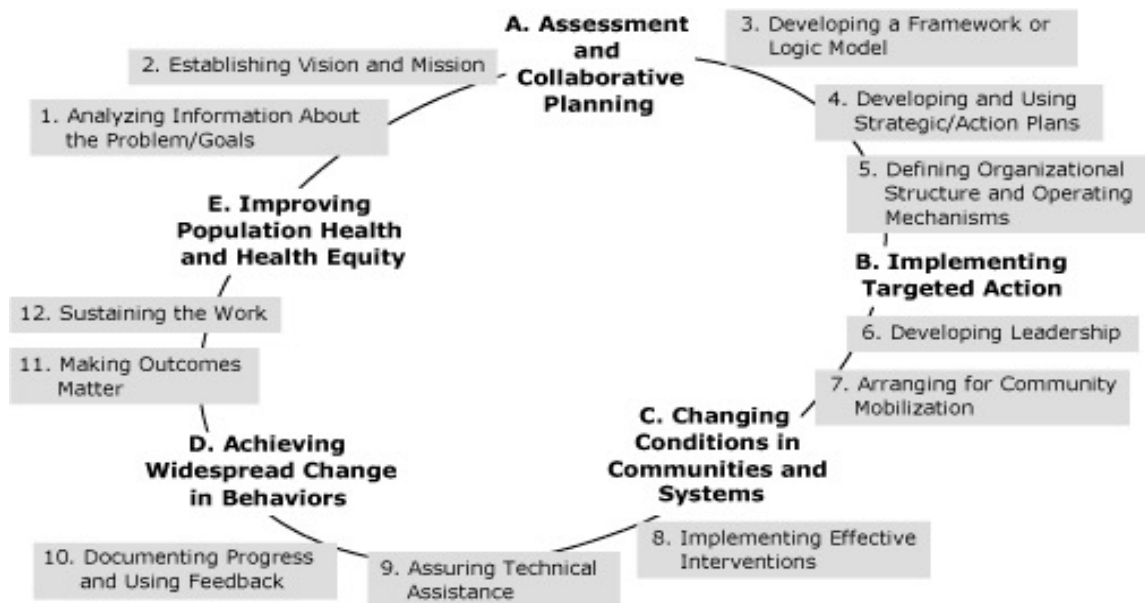




SelfMade Health Network (SMHN) webinars and downloadable Supplemental materials are available at: <https://selfmadehealth.org/>

*Reference:* Brownson, R.C., Kumanyika, S.K., Kreuter, M.W. et al. Implementation science should give higher priority to health equity. *Implementation Sci* 16, 28 (2021). <https://doi.org/10.1186/s13012-021-01097-0>.

# Excerpt from SMHN Webinar: “Supplemental Resource” Example



SelfMade Health Network (SMHN) webinars and corresponding downloadable materials are available at: <https://selfmadehealth.org/>

*Reference:* Fawcett S, Schultz J, Watson-Thompson J, Fox M, Bremby R. Building multisectoral partnerships for population health and health equity. *Prev Chronic Dis* 2010;7(6). [http://www.cdc.gov/pcd/issues/2010/nov/10\\_0079.htm](http://www.cdc.gov/pcd/issues/2010/nov/10_0079.htm)



## Question #3

As your team strives to address CDC's annual NTCP evaluation requirements, please select which **Component 1** category is *most challenging* or may require additional guidance or technical assistance?

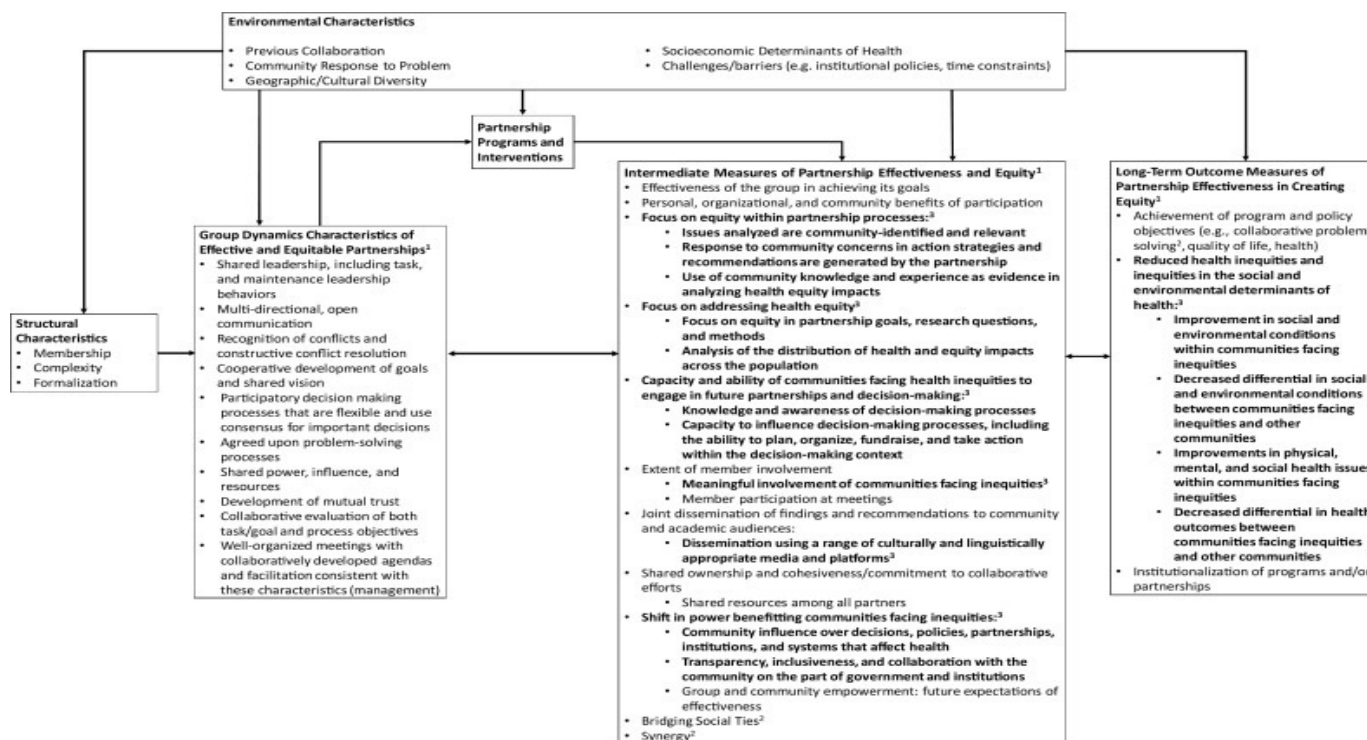
- Statewide Requirement (Behavioral Health)
- Statewide Requirement (Low SES)
- Community-Based Requirement: Prevention Strategies
- Community-Based Requirement: Secondhand Smoke Strategies
- Community-Based Requirement: Cessation Strategies
- Policy or Health Systems Change Requirement
- E-cigarette Youth and Young Adult Requirement
- Quitline Evaluation: Targeted disparate populations

## Question #4

As your team strives to address CDC's annual NTCP evaluation requirements, please select which **Component 2** category is *most challenging* or may require additional guidance or technical assistance?

- Capacity: Educate and inform stakeholders/decision-makers about evidence-based strategies to increase tobacco cessation
- Capacity: Expand delivery of tobacco use and dependence treatment services
- Capacity: Increase public-private partnerships to reimburse/pay for evidence-based cessation treatment and support quitline sustainability
- Disparities: Conduct ongoing assessments and data-driven action planning to increase use and reach of the quitline among underserved populations
- Disparities: Includes culturally appropriate, evidence-based strategies to reduce tobacco – related disparities
- Mass-Reach Health Communications

## Conceptual Model for Evaluating Equity



Reference: Ward M, Schulz AJ, Israel BA, Rice K, Martenies SE, Markarian E. A conceptual framework for evaluating health equity promotion within community-based participatory research partnerships. *Eval Program Plann.* 2018 Oct;70:25-34. doi: 10.1016/j.evalproplan.2018.04.014. Epub 2018 Apr 30. PMID: 29894902; PMCID: PMC6077092.



## Health Equity Lens (2): Contextual Factors

### ▪ **STRUCTURAL DRIVERS**

- Neighborhood Disinvestment Index
- Index of Dissimilarity
- Rates of incarceration by race/ethnicity
- Geographic distribution of health: life expectancy by zip code
- Community Readiness
- Number of communities with projects OR Number of funded projects, initiatives and/or collaborations with the \*community focused on health equity, health disparities, tobacco prevention or control, chronic disease, or another health-related issue

### **COMMUNITY DETERMINANTS**

#### *Social-cultural environment*

- Collective efficacy
- Civic engagement
- Social cohesion

#### **Physical/built environment**

Physical activity environment

Retail Food Environment Index

Number of comprehensive smoke-free policies in places that prohibit smoking in all indoor areas of work-sites and public places (indicator)

### **COMMUNITY DETERMINANTS (Continued)**

#### *Social-cultural environment*

- Civic engagement
- Social cohesion

#### **Physical/built environment**

- Physical activity environment
- Retail Food Environment Index
- Number of comprehensive smoke-free policies in places that prohibit smoking in all indoor areas of work-sites and public places (indicator)

#### **Economic environment**

- Geographic concentration of poverty: Poverty rate, percentage of people in poverty by county  
Unemployment rates
- Educational Attainment: Educational attainment among persons aged ≥25 years, high school graduation rates and percent of persons aged 16-19 years not enrolled, not high school graduates.

#### **HEALTHCARE SERVICES**

Percent of patients that can access a place they call their “medical care home” within two weeks’ time  
-Additional indicators (not shown)

\*Community maybe defined as a county, zip code, census tract, town, city, metropolitan statistical area (MSA), medically underserved area (MUA), multiple county region within a state, multi-unit housing campus or area, etc.

References: Measuring What Works to Achieve Health Equity: Metrics for the Determinants of Health (Prevention Institute)

Data Set Directory of Social Determinants of Health at the Local Level

[https://www.cdc.gov/dhdsp/docs/data\\_set\\_directory.pdf](https://www.cdc.gov/dhdsp/docs/data_set_directory.pdf)



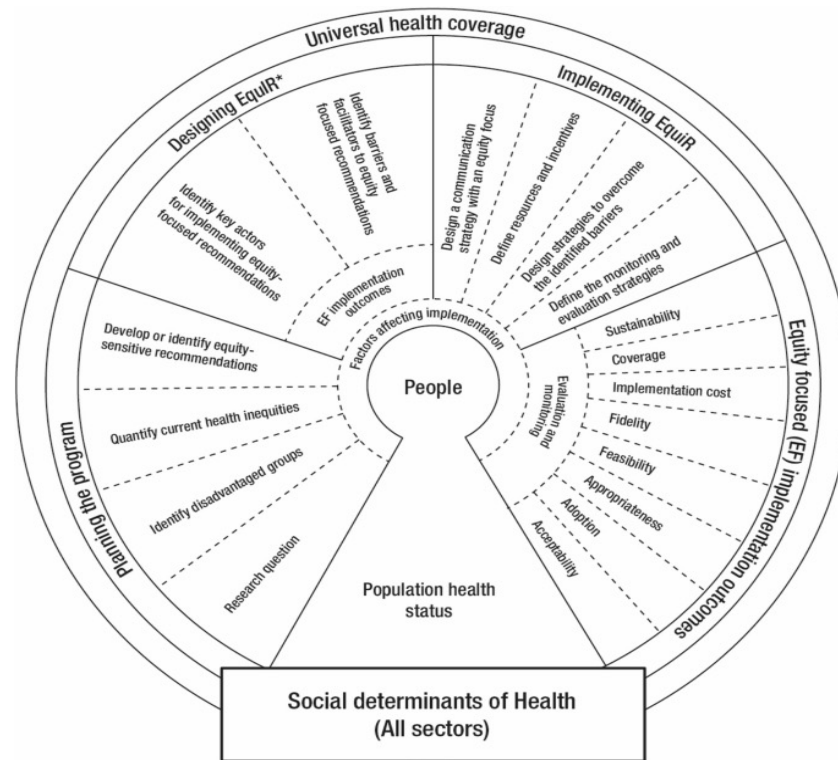
## Health Equity Lens (3)

### Local Use of Metrics:

- Choose indicators that would be measured over time to produce trend data and provide indications of progress.
- Using qualitative data in addition to quantitative data is important, as is telling the stories behind the data, because data without context will not motivate people including stakeholders, potential partners and decision-makers to action.
- “Maps are powerful communicators of differences in health outcomes across a geographic area and highlight a history of policy decisions that have contributed to poor health outcomes.”
- Sharing data and metrics about demographic change can help start a conversation about health equity and health disparities (including tobacco-related disparities).

Reference: National Academies of Sciences, Engineering, and Medicine 2016. Metrics That Matter for Population Health Action: Workshop Summary. Washington, DC: The National Academies Press. <https://doi.org/10.17226/21899>

# Health Equity Lens (4)



\* Equity-focused Implementation Research - EquIR

Reference: Eslava-Schmalbach, J., Garzón-Orjuela, N., Elias, V. *et al.* Conceptual framework of equity-focused implementation research for health programs (EquIR). *Int J Equity Health* **18**, 80 (2019). <https://doi.org/10.1186/s12939-019-0984-4>.



## Health Equity Lens (5)

### **Marginalized and disadvantaged populations and decision-making**

- Do members of marginalized and disadvantaged populations have central decision-making roles in the scope, priorities, content, and other aspects of strategic planning?
- Does the process of developing the plan include outreach to and participation of members of all populations experiencing health inequities for their perspectives, including their priorities and their views on the greatest obstacles they face to achieving good health and on measures for improving their health?
- Does the process of developing plans include measures, such as targeted capacity-building, to enable members of marginalized and disadvantaged communities to acquire greater community assets, and skills?

### **Maximizing Health Equity**

#### **Social and other determinants of health**

- Does the plan address all social, environmental, economic, and political determinants of health (including structural determinants), or has there been a process to determine the most important determinants, with these being addressed?
- Does the plan address equity with respect to these determinants, or is it linked to strategies for other determinants that do thoroughly address equity?
- Do the plan's actions encompass any reforms needed in laws and policies with respect to different determinants and how they affect health equity?
- Does the plan involved account for sub-populations (for example low SES subgroups) and different situations they may be experiencing in regard to health equity and measures Required to address these inequities?

Reference: Woodward, E.N., Singh, R.S., Ndebele-Ngwenya, P. et al. A more practical guide to incorporating health equity domains in implementation determinant frameworks. *Implement Sci Commun* 2, 61 (2021). <https://doi.org/10.1186/s43058-021-00146-5>



## Health Equity Lens (6)

### *Build Trusting and Accountable Relationships with Community Leadership*

- Conduct an environmental scan to identify areas in need of change, community assets, and potential opponents and allies.
- Develop shared vision for community change.
- Ensure equity in all processes.
- Identify who (populations, subgroups, sectors, etc.) is being left behind with data and needs assessments.
- Engage community members in collecting data and mapping neighborhood characteristics to inform stakeholders of facts and trends.

### *Translate Community Vision into Policy Change*

- Develop influence: turn community priorities into policies that will lead to improved health outcomes.

Reference: National Academies of Sciences, Engineering, and Medicine 2016. Metrics That Matter for Population Health Action: Workshop Summary. Washington, DC: The National Academies Press. <https://doi.org/10.17226/21899>





Social Media:

Twitter: @SelfMade Health

Twitter: @DeeCalhounSMHN

\*Facebook: SelfMade Health Network

Website: <http://www.selfmadehealth.org/>

Membership Information: Sign-up to become a national network member

Quarterly Newsletter: Available to member organizations and state programs

Send questions or contact us at anytime via shared SMHN mailbox: [info@selfmadehealth.org](mailto:info@selfmadehealth.org)



NATIONAL  
COUNCIL  
*for* Mental  
Wellbeing

# National Behavioral Health Network for Tobacco and Cancer Control

Thursday, July 29, 2021  
3:00 – 4:15pm ET

# Welcome!



**Tamanna Patel, MPH**  
Director,  
Practice Improvement



**Shannon Laing, MSW**  
Michigan Public Health  
Institute



# National Behavioral Health Network for Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health* & *Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among individuals experiencing mental health and substance use challenged
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

Visit [www.BHtheChange.org](http://www.BHtheChange.org) and Join Today!

**Free Access to...**

Toolkits, training opportunities, virtual communities and other resources

**Webinars & Presentations**

**State Strategy Sessions**

**Communities of Practice**

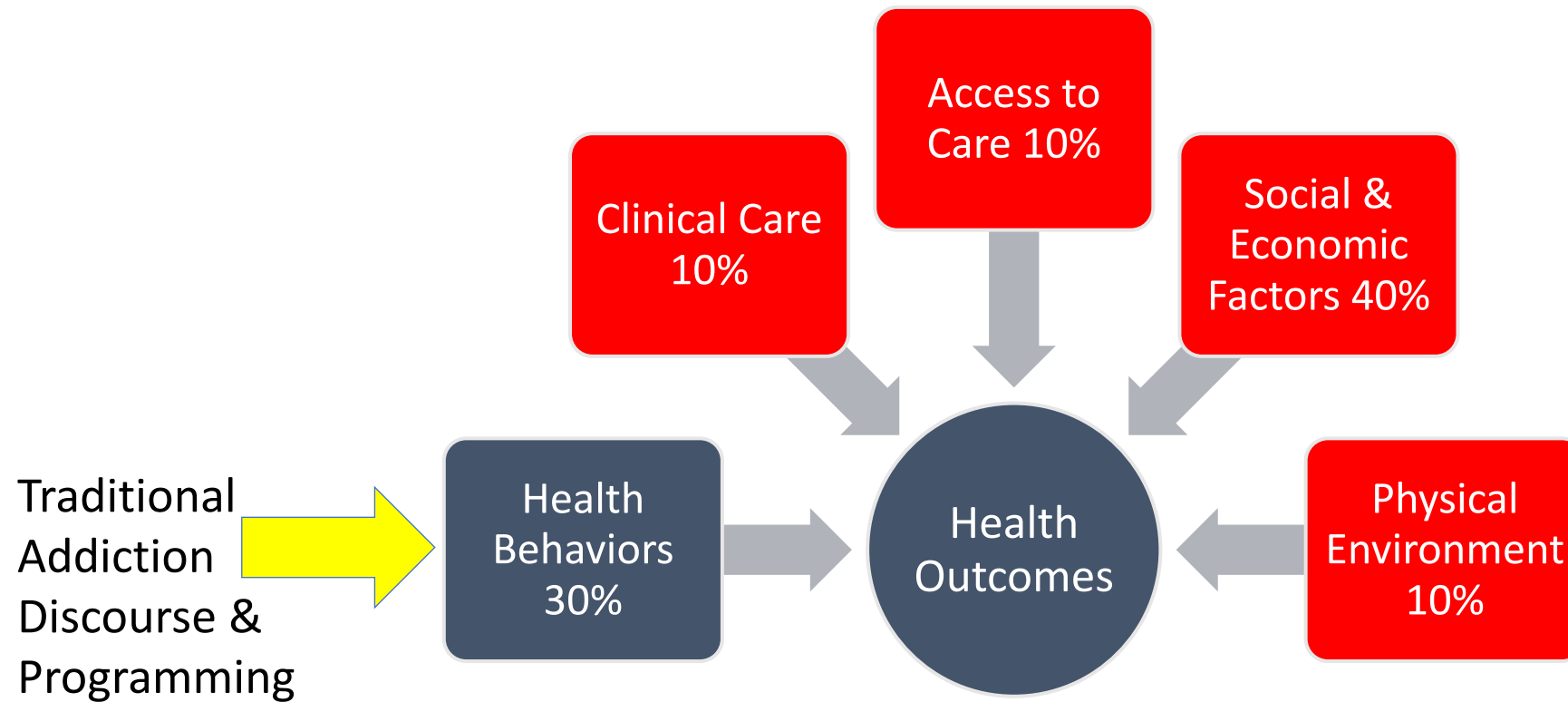


#BHthechange

NATIONAL  
COUNCIL  
for Mental  
Wellbeing



# Determinants of Health



NATIONAL  
COUNCIL  
for Mental  
Wellbeing

# Tobacco & Behavioral Health: *What has caused the disparity?*

IT'S A PSYCHOLOGICAL FACT: **PLEASURE HELPS YOUR DISPOSITION**

*How's your disposition today?*

**EVER YIP LIKE A TERRIER** when the store sends you the wrong package? That's only natural when little annoyances like this occur. But — it's a psychological fact that pleasure helps your disposition! That's why everyday pleasures — like smoking, for instance — mean so much. So if you're a smoker, it's important to smoke the most pleasure-giving cigarette — Camel.

**For more pure pleasure... have a Camel**

*"I've tried 'em all — but it's Camels for me!"*  
Rock Hudson

**NO OTHER CIGARETTE IS SO RICH-TASTING YET SO MILD!**

**ROCK HUDSON AGREES** with Camel smokers everywhere: there is more pure pleasure in Camels! More flavor, genuine mildness! Good reasons why today more people smoke Camels than any other cigarette.

Remember this: pleasure helps your disposition. And for more pure pleasure — have a Camel!

YOU CAN SEE RUGGED ROCK HUDSON STARRING IN U/S "NEVER SAY GOODBYE"

The overall rate of cigarette smoking among adults has been falling decreasing, but individuals with mental health challenges have been neglected in prevention efforts, environmental and clinical interventions.

This **disparity** can be attributed in part to predatorial practices by tobacco companies which included:

- Targeted advertisements
- Providing free or cheap cigarettes to psychiatric clinics
- Blocking of smoke-free policies in behavioral health facilities
- Funding research that perpetuates the myth that cessation would be too stressful and negatively impact overall behavioral health outcomes
- **High rate of ACEs/Trauma**
- **Limited access to high quality care (delays in care, lower quality of care, and more)**

“...is the opportunity for everyone to reach their full health potential, regardless of any socially determined position or circumstance.”

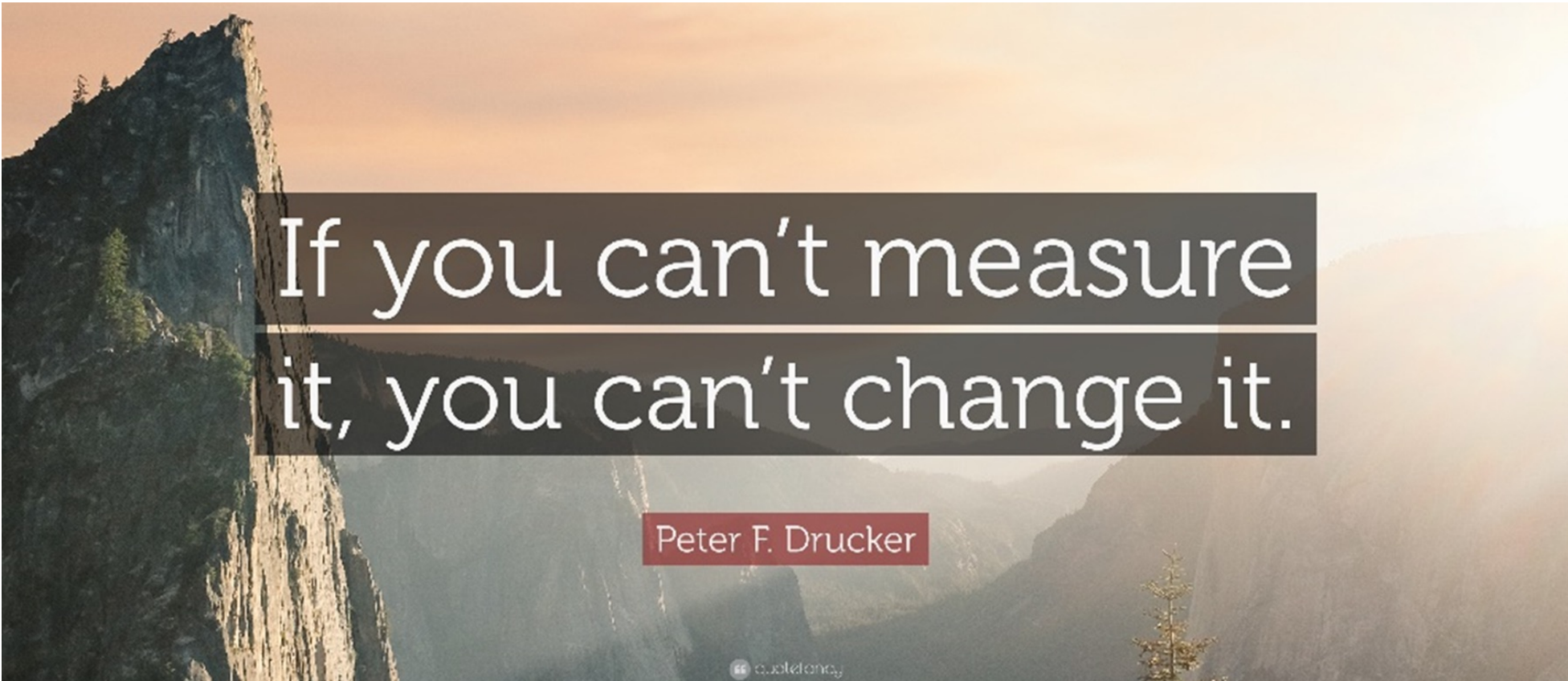


How can we  
harness the power  
of data to support  
equity evaluation  
strategies?

Can be achieved in tobacco prevention and control by:

- **Reducing disparities** among groups most affected by tobacco use and secondhand smoke exposure
- Addressing **underlying factors** that influence tobacco-related disparities
- Creating a return on investment
- **Building support** for tobacco control among diverse parts of the community





If you can't measure  
it, you can't change it.

Peter F. Drucker

quotation

NATIONAL  
COUNCIL  
*for* Mental  
Wellbeing



TheNationalCouncil.org





NATIONAL  
COUNCIL  
*for* Mental  
Wellbeing

# Data & Evaluation Strategies to Advance Equity



Insight and B.A.D.



Comprehensive AND Tailored Approaches



Intersectionality



Build Capacity

NATIONAL  
COUNCIL  
*for* Mental  
Wellbeing



# Insight & B.A.D. (Best Available Data)



**Engage people with lived experience in collecting AND interpreting data**

- **You don't have all the answers AND you aren't supposed to!**
- Get out and make friends!
  - It's who you know (and who they know)
  - W.I.F.Y.: What's in It For You
- Get curious!
  - ASK: People how the conditions of their lives could be improved
  - ASK: Partners how things could be improved to help them reach your shared goals
  - Don't ask if you don't want the answer

# Insight & B.A.D. (Best Available Data)

- Everyone has B.A.D. but not everyone uses it
  - Data is just organized information
  - All data sources have limitations and sources of error
  - Don't search for the 'golden ticket'
  
- What data DO you have now?
  - What data do your partners have now? Make the most of what exists
  - What do they want? Identify opportunities to improve

# Potential Data Sources

## National Data Sources

- National Youth Tobacco Surveys
- National Adult Tobacco Surveys
- National Health Interview Surveys
- Youth Risk Factor Surveillance Systems
- National Health and Nutrition Examination Survey
- National Survey and Drug Use and Health Survey
- Current Population Survey
- SAMHSA N-MHSS
- SAMHSA N-SSATS
- SAMHSA Treatment Services Locator

## State Data Sources:

- State Behavior Risk Factor Survey
- State Medicaid Data
- State Quitline Data
- State Youth Tobacco Surveys
- State Adult Tobacco Surveys
- Youth Tobacco Surveys
- State Health Interview Surveys
- Youth Risk Factor Surveillance Systems (YRBS)
- State Health and Nutrition Examination Survey
- State Survey of Drug Use and Health

## Local or Other Data Sources:

- Special Population Risk Factor Survey
- Community assessment tool
- Provider survey
- Hospital data
- CCBHC or FQHC EHR data
- Qualitative data (focus groups, interviews, photovoice)
- System assessments (quality, readiness, capacity)
- Other:



# Comprehensive & Tailored Approaches

- Clearly define your priority population
- Identify existing population-based data options
- Zoom-in and learn about AND from your priority population
- Create and explore possibilities for sub-population data (focused priority groups)

# Clearly define your priority population



**How you define your priority population determines what disparities you may address (and how you measure it)**

- Individuals with severe and persistent mental illness
- Individuals Dx with Substance Use Disorder
- Adults receiving mental health counseling
- Individuals in treatment or recovery
- 14 or more days of poor mental health
- Dr. ever told you that you had depression or anxiety disorder
- Heavy drinker, binge drinker
- Ever drug use, drug use in past ## days
- Ever attempted suicide
- 4 or more Adverse Childhood Experiences (ACEs)

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# Create and explore focused priority groups



**How you define your priority population determines what disparities you may address (and how you measure it)**

- Add new questions or screening tools to existing data collection activities\*
- Expand demographic sections of surveys
- Create/add enhanced modules (e.g. ACEs)
- Priority sub-samples and special oversamples
- Small scale pilot data collection with selected organizations\*



# Intersectionality

Describes how race, class, gender, and other individual characteristics “intersect” with one another and overlap (Crenshaw, 1989)

- A framework for understanding how aspects of a person's social and political identities combine to create different modes of discrimination and privilege.
  - gender, sex, race, sexuality, language, disability, physical appearance, caste, class, religion
- Intersectionality identifies multiple factors of advantage and disadvantage. These intersecting and overlapping social identities may be both empowering and oppressing.

*“Excavate the ways in which a person’s multiple identities and social positions are embedded within systems of inequality”*



# Use an Intersectionality Health Equity Lens

- We can get there by “valuing everyone equally, rectifying historic inequities, and **distributing resources according to need.**”
- Think deeply and critically about equity as **a never-ending process** that requires constant and on-going vigilance and **not just an outcome** that once accomplished can be forgotten.

*“Using intersectionality as an analytic lens highlights the multiple nature of individual identities and how varying combinations of class, gender, race, sexuality, and citizenship categories differentially position every individual.”*

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# Invest in building capacity AND showing impact



**We (our methods) can accidentally deepen and perpetuate the disparities we seek to eliminate, by design.**

- How are you selecting partners?
  - Partners with capacity = quick wins
  - Partners with less capacity = big opportunities
  - Resources according to need
- How are you incorporating capacity-building into your strategies?
  - Include capacity building activities AND timeline
  - Accomplishing tasks is NOT the real goal, advancing health equity is
  - Developmental evaluation

