Using a community-inclusive framework to identify and address health disparities

Sandra Clark, MPH
Health Share of Oregon

Coordinated Care Model Summit - November 17, 2015

Together we are health share
Health Share of Oregon

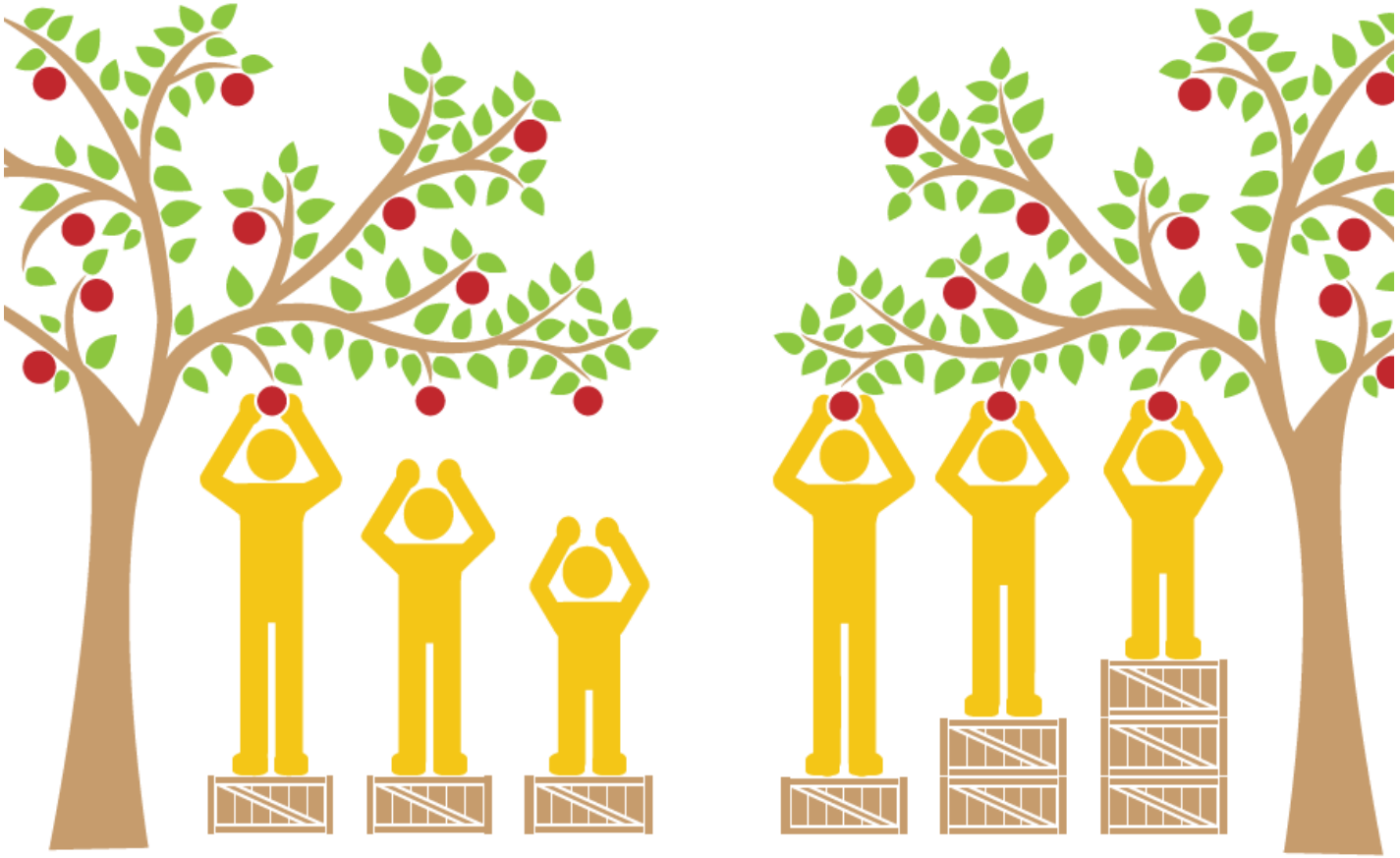
Does it go without saying?

in·clu·sion (inˈklo͞oZHən/)

1. the action or state of including or of being included within a group or structure.

com·mu·ni·ty (/kəˈmyo͞onədē/)

1. a group of people living in the same place or having a particular characteristic in common.
2. a feeling of fellowship with others, as a result of sharing common attitudes, interests, and goals.



Equality doesn't mean **Equity**

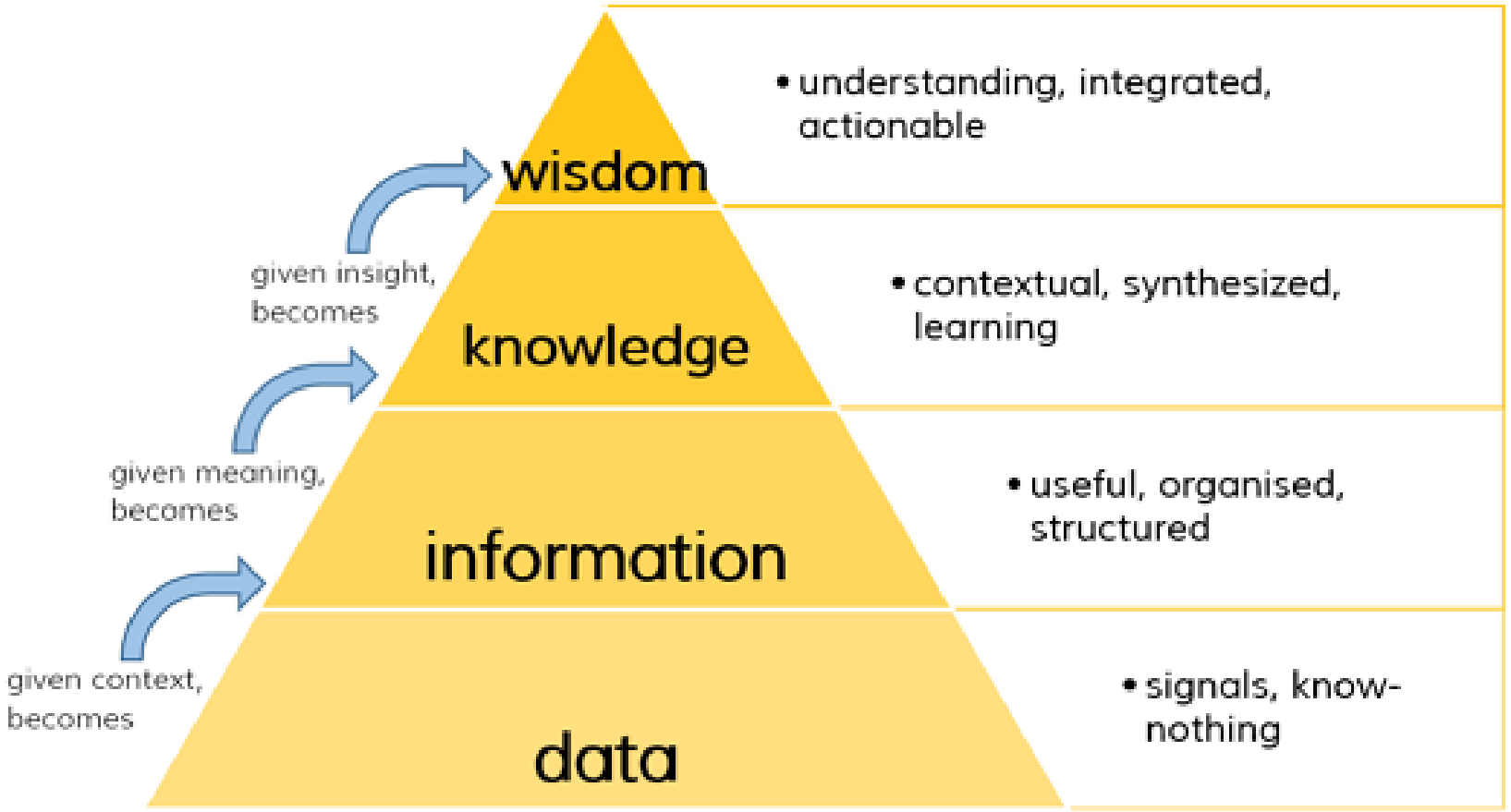
Together we are health share

Health Share of Oregon

What happens if we don't include communities in identifying and addressing disparities?

- We become part of the problem
- Data aren't turned into meaningful information
- We make "data-driven decisions" that aren't relevant or meaningful
- We waste time and resources

What will happen if we do?

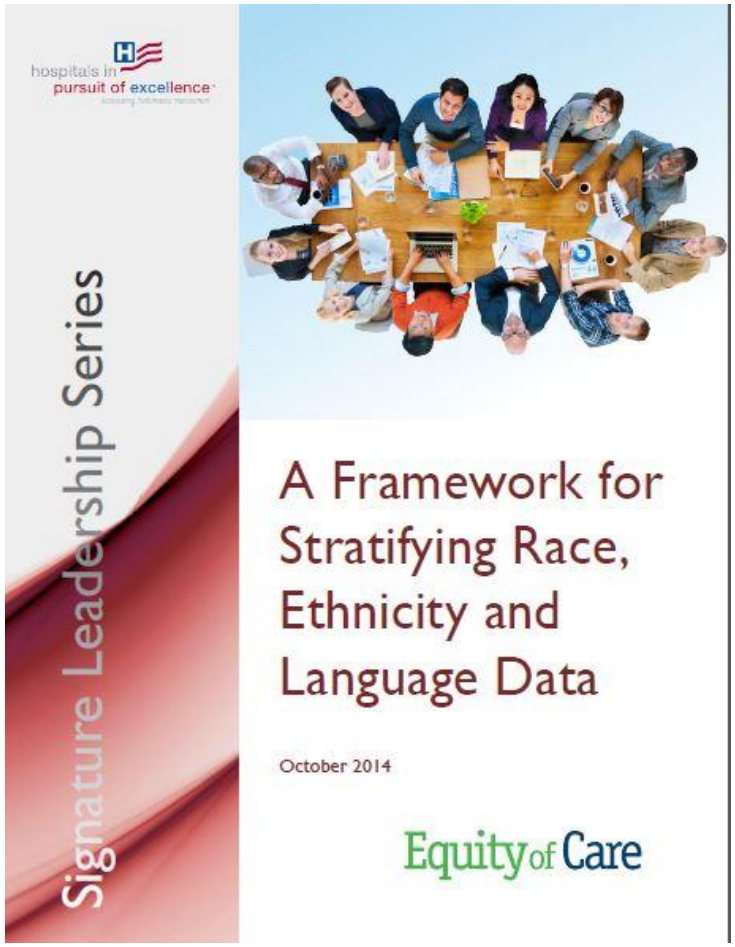


We established a foundation for equity and inclusion at Health Share

- Naming our commitment
- Developing our staff's capacity
- Equitably allocating resources
- Continuous learning
- Team-based work
- Community engagement

We selected a framework recommended by OHA

1. Team approach
2. Develop procedure
3. Identify priorities
4. Analyze
5. Present



Health Share's Disparities Analytics & Reporting Team (DART) is:

- **Developing** an organized, comprehensive disparities data analysis framework that promotes collaboration across Health Share's partners and strategic initiatives;
- **Assessing** Health Share's race, ethnicity, language, and other disparity data quality;
- **Testing & implementing** practices and procedures for disparities data stratification, analysis, validation, and presentation;
- **Engaging communities** to understand disparities data, to make meaning, and take action.

Creating our procedure:

- Multiple drafts and community input
- Testing different approaches: summer CAC presentation example
- Applying our principles early
- Bridging across data analysts and equity staff at Health Share through the DART
- Creating meaningful opportunities for community engagement
- Strengths-based approach

How do we define "strengths-based data analysis"?

- A strengths-based interpretation and presentation of disparities refers to community and individual strengths.
- The community and their strengths are shared first
- Disparities are identified in context of the knowledge and wisdom of impacted communities

Recommendations to CAC and CCO staff

- Work as a team – this isn't a one or two person "project"
- Promote the adoption of a standard process for analyzing and interpreting data – this will help share responsibility and improve your team's commitment
- Invest in the strengths of your team by allocating time and resources to improve your approach

Recommendations for community inclusion in data analysis

- Share data before it is published – inclusion isn't an afterthought
- Don't ask your team, "Is our data perfect?" but instead ask, "Who did we consult with to make sure we're getting this right?"
- Build trusting relationships with community members
- Show how your CCO is using their input. Document their stories.

What we're learning

- Organizational readiness takes time and effort
- It's fun
- It's necessary
- Trust can be built and rebuilt
- Communities experiencing health disparities know what they need to be healthy

Together
we are

Health Share of Oregon