Community Science

Effective Strategies – Equitable Systems – Strong Communities

Evaluating Health Equity: Your Role & Where Do You Start?

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Today's Takeaways

1. Framework for evaluators whose goal is to promote health equity
2. How to identify the drivers and indicators of health equity
3. Evaluation methods to advance health equity

Agenda

- Introductions
- Building Blocks of Health Equity
- Systems Lens in Evaluation
- Practical Application in Planning and Design
- Summary and Discussion

Meet Community Science

Effective Strategies. Equitable Systems. Strong Communities.

Community Science is an award-winning strategy, research and development organization that works with governments, foundations, and non-profit organizations on solutions to social problems through community and other systems changes fostering learning and improved capacity for social change.

Community Science

A BCT Partners Company

Welcome

Your Hosts:

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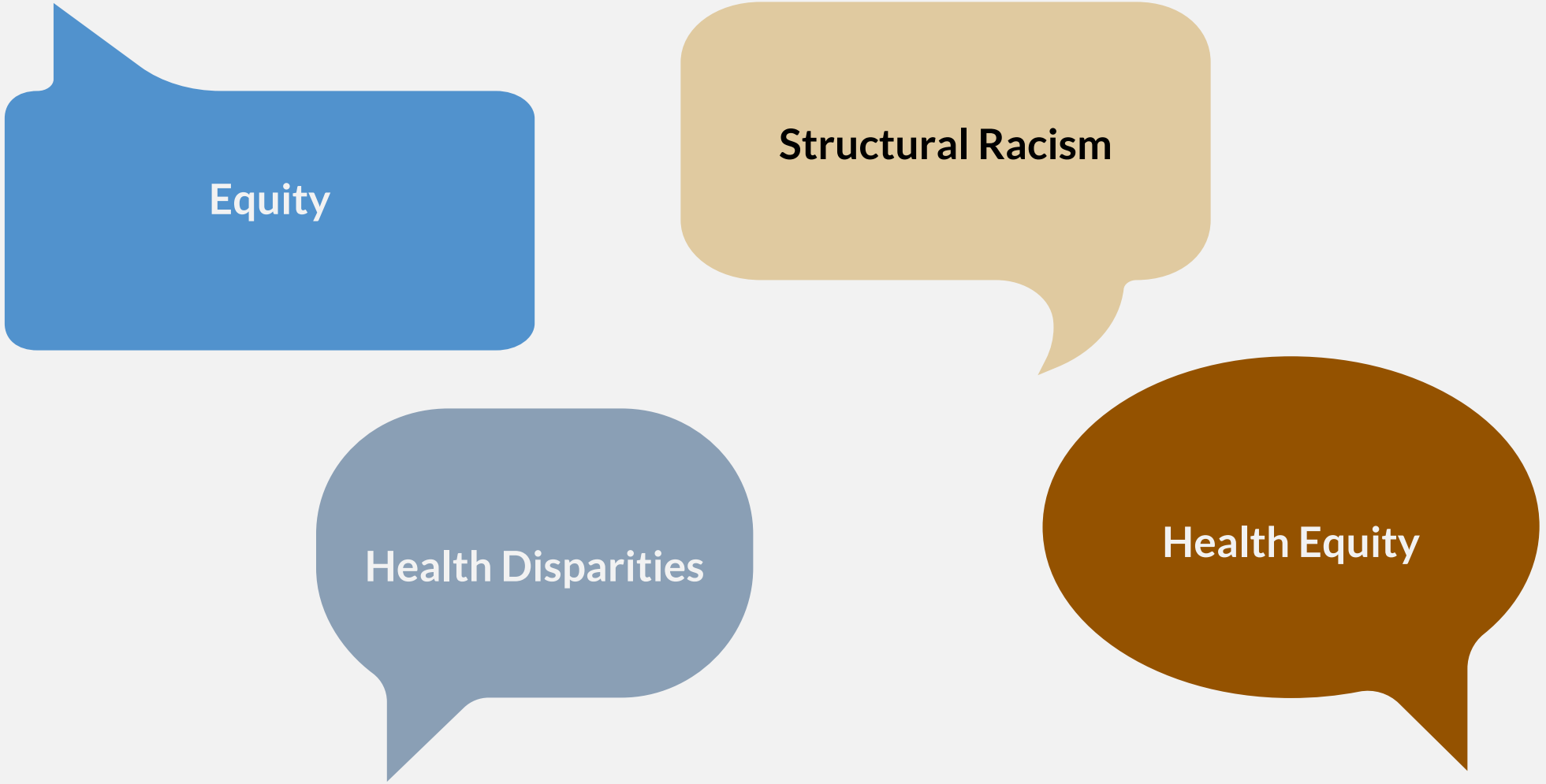
Let's Level Set: What Do We Mean By…



What is Equity?

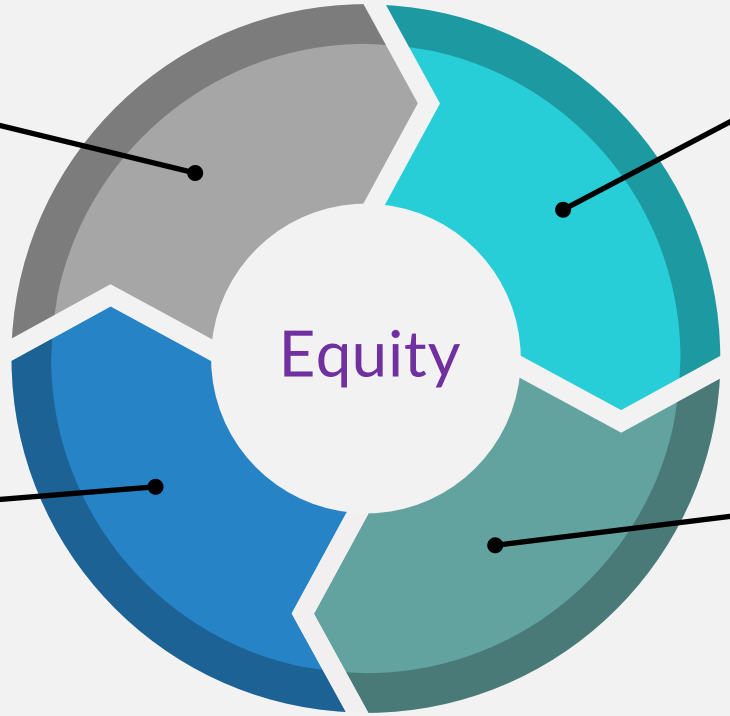
Equity is achieved when people, regardless of their race first and foremost, gender, sexual identity, disability, socioeconomic status, and any other demographic characteristic, and place of residence have:

Fair Access

Fair access to the resources and opportunities they need to reach their full potential.

Rights

The rights to these resources and opportunities.



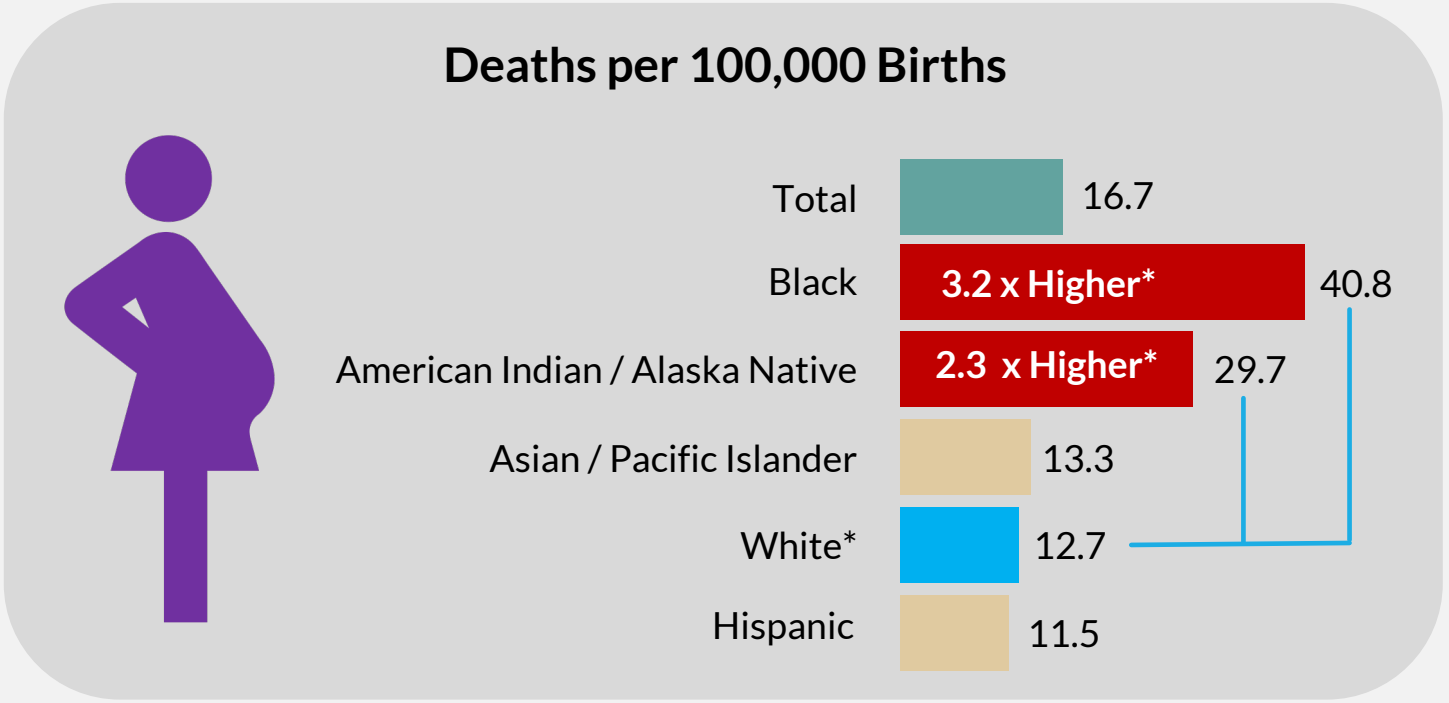
Conditions

The conditions to take advantage of these resources and opportunities.

Freedom

The freedom from any discrimination to obtain these resources and opportunities as respected by institutions and the law.

What Are Health Disparities?



Differences in the **incidence, prevalence, mortality, and burden of diseases and other adverse conditions** as well as access to, and use of, of health care services for prevention, diagnosis, and treatment across different racial, ethnic, socioeconomic, gender, differently abled, and other historically disadvantaged groups.

Image Source: CDC (2019) For full citation visit: www.nihcm.org

What is Health Equity?

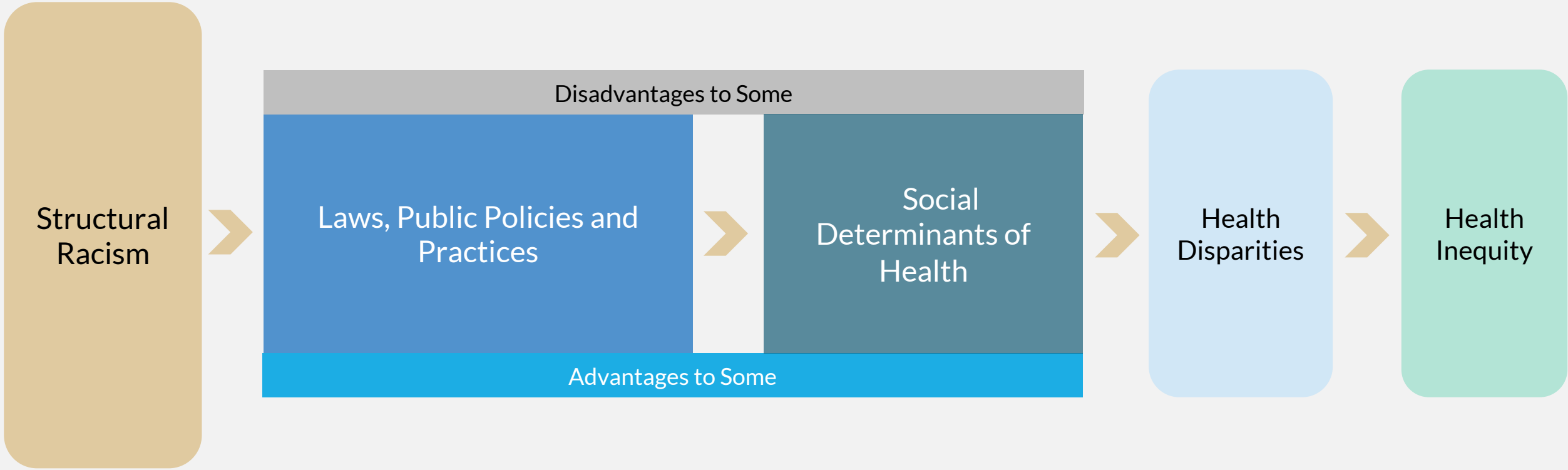
Every person and community has fair access and the ability to take advantage of healthcare resources and opportunities in order to attain their full health potential. No person or community is disadvantaged from achieving this potential because of race and ethnicity, socioeconomic status, gender, or other socially determined circumstances.

https://www.boldgoals.org/advancing-health-equity-in-jefferson-county/

What is Structural Racism?

Laws, public policies, institutional practices, and other norms across multiple systems that cumulatively deny or limit access to opportunities and resources based on race (or the way people look or the color of their skin)

What Causes Health Inequity?



Improving Health Equity

Use

- Resources
- Expertise
- Partnerships & Collaborations
- Other Supports

Programs, Strategies, Initiatives

To

Transform public policies, institutional practices, and other norms across multiple systems that cumulatively deny or limit access to opportunities and resources

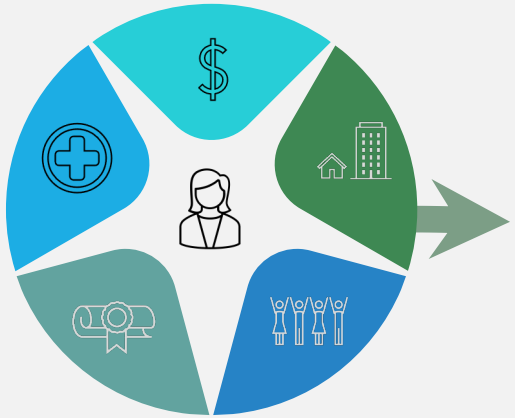
Strengthen capacity of the communities affected by disparities to frame the issues and drive solutions

Disruptions to Structural Racism For Populations Historically Disadvantaged

Drive

Progress Toward Racial Equity

Improve



Changes to SDOH: Conditions in Which We Live, Play, Work, Learn, Worship, and Age

& Lead To

- Reductions in Disparities
- Improvements in Health Equity

Evaluation, Learning, and Continuous Improvement Process

Plan: Apply a Systems Lens and Make Explicit Assumptions

- What is unfair, unjust, and for whom?
- What are the root causes of disparities, violation of rights, harmful narratives, etc.?
- What are the systems and levers of change that impact the root causes?
- Who has the power to push and pull the levers of change?
- Where does power need to be shifted?

Design (and Improve): Determine What It Takes and What can Be Expected

- What outcomes can the funder, partners, and grantees achieve?
- What are the potential scenarios (success, progress, failure)? How does each affect the stakeholders?
- Does every grantee have equitable access to resources, opportunities, and support to be successful?
- What existing narratives may be affected by the work?
- Where does power show up and how does it affect the work?

Implement: Collect Information for Process Outcomes

- What is facilitating or impeding the strategy's implementation?
- Is there sufficient capacity (knowledge, skills, resources, relationships) to successfully implement the strategy and evaluation?
- Are data collection instruments and activities contextually and culturally appropriate?
- How does power affect the implementation, monitoring, and evaluation of the strategy?

Reflect and Learn: The "So What"

- What works or doesn't work? What is the supporting evidence?
- Will communities and relationships in the communities be harmed by unfavorable findings?
- How does context, history, place, and power affect the outcomes, and incorporated into the communication of the findings?
- Whose story is it to tell? How does the story support or disrupt existing narratives?
- What conditions and capacities are required for progress and success?

Learn about systems, levers of change, power dynamics, and role of the funder, to inform theory of change

Hone the theory of change, evaluation questions, learning agenda, and measurement framework

Regularly, consistently assess implementation and process outcomes, provide real-time feedback, adjust, and improve likelihood of achieving outcomes

Intended and unintended outcomes

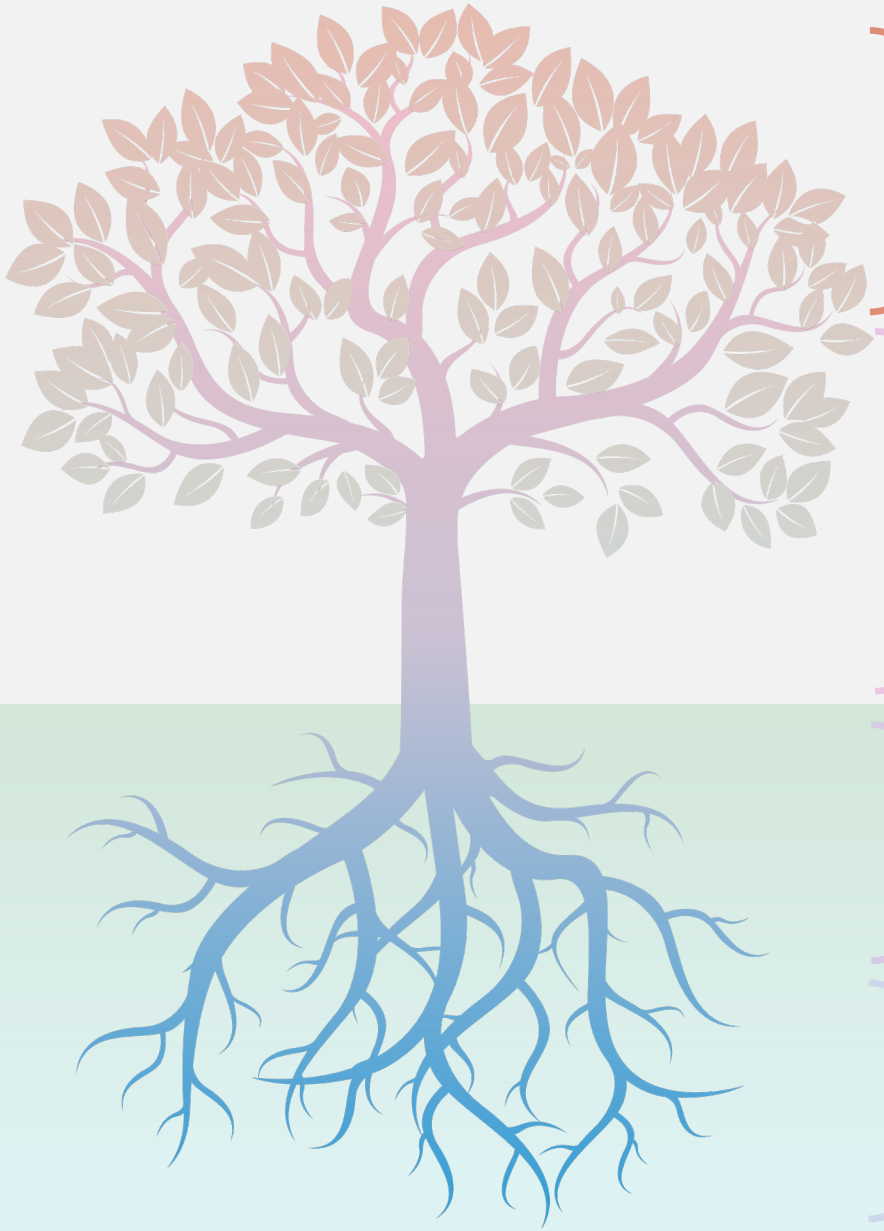
Unintended consequences

Rival explanations

Interpret findings, learn, discuss implications for improvement, and be accountable

Adapted from *Doing Evaluation in Service of Racial Equity: Diagnose Systems and Biases*, written by Community Science and commissioned and published by the W.K. Kellogg Foundation, 2021

Employing a Systems Lens to Make Equity More Explicit



Symptom:

What racial disparities you can observe?

Patterns & Trends:

What links many symptoms over time?

Systems of Organized Entities, Relationships & Policies & Practices:

What holds the system together and contributes to the patterns and trends?

Mental Models & Narratives:

What are people's frames that shape and become baked into the systems of organized entities, relationships & policies & practices?

Extracted from *Doing Evaluation in Service of Racial Equity Practice Guide: Diagnose Biases and Systems*, 2021. Published by W.K. Kellogg Foundation and Community Science. Reuse requires explicit, written permission.

A Basic Theory of Change and Logic Model

Inputs	Activities	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
Grants Community partnerships	More education/outreach on the importance of preventing preterm birth/low birth weight	Improved birthing parent/family health behaviors	Increased use of prenatal health care services for prevention, diagnosis and treatment	Reduced incidence of preterm birth/ low birth weight + Improved infant health equity
	More training and professional development for physicians, nurses and other health professionals	Improved adherence to recommended standards of care		

Using a Systems Lens to Explore Structural Racism

Mental Models and Narratives
Is lack of understanding/education/outreach the main reason for preterm/low birthweight? Who makes what decisions about education and outreach needed? **Why these decisions**?

Patterns & Trends
Do people have what is needed to take full advantage of services to prevent preterm/low term birth? **Why not**?

Mental Models and Narratives
What implicit and explicit narratives exist about preterm birth/low birthweight? How do these narratives vary by race, ethnicity, and/or income? What drives these narratives? **Why**?

Patterns & Trends
What other outcomes are affected by low/inadequate utilization of prenatal health care services? **Why?**

Symptoms
Which racial/ethnic groups are most likely to experience preterm/low birth weight? **Why**?

Is the data sufficiently disaggregated to know who is disproportionately impacted?

Systems
Who is and who is not able to access opportunities? **Why or why not**?

Systems
How has/does racism affect SDOH such as education, housing, healthcare accessibility/affordability, and community context? What policies/practices contribute to higher rates (e.g., who is reimbursed as a provider, elective delivery, language access?) Are there enough providers? **Why or why not?**

Symptoms
Which providers are performing at a higher level and which ones are not? **Why**? Is the data sufficiently disaggregated?

Planning and Designing the Evaluation

- **Engage Those Who are Supposed to Benefit**
  - Ask, understand, and set realistic parameters for participation
  - Explore ways to help offset costs of participation (e.g., honorarium, meals, transportation vouchers, etc.)
  - Create user-friendly/tailored communication products

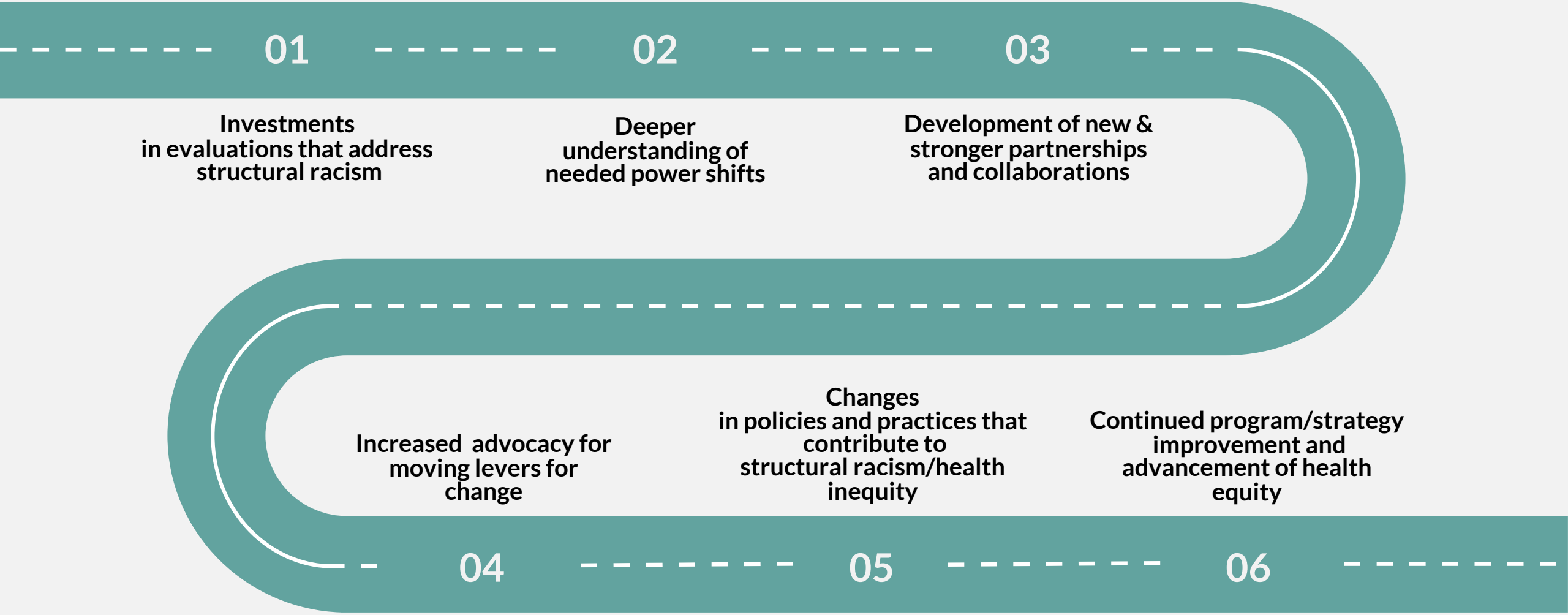
- **Be Cognizant of Power Dynamics Within the Evaluation Team**
  - Co-develop group agreements
  - Identify and address capacity-building needs

Planning and Designing the Evaluation

- **Do Your Homework**
  - Literature review, environmental scan, expert interviews, etc.
    - Intentionally explore the role of structural racism
  - Allot adequate time

- **Facilitate Learning**
  - Ask the hard questions
  - Use the "systems tree" as a tool to engage and guide conversations with partners, including community members
  - Provide space for disagreement and reflection
  - Develop a shared understanding of goals, expectations, and limitations

Evaluations in Service of Equity Can Lead to....



Discussion

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Equitable Systems
Strong Communities

Community
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THANK YOU