



***The 2015 Health Equity Assessment: Findings and Recommendations***

The National Association of Chronic Disease Directors (NACDD) is collaborating with the National Partnership for Action to End Health Disparities, a national initiative coordinated by the Office of Minority Health and the Centers for Disease Control and Prevention to identify ways in which State Health Department Chronic Disease Programs can better address health disparities and promote health equity through existing programs. ***In order to assess current funding for and work in health equity, current data collection and analysis, interest in new data topics, current training, and interest in additional health equity training, a team of NACDD staff with broad expertise developed and implemented the 2015 Health Equity Assessment.*** The Assessment was administered in June 2015 and was open to all NACDD members. Sixty-nine respondents from 37 states/territories provided complete responses to the assessment.

Less than half of respondents (45%) felt their health department adequately addresses health inequities in its daily work; time and funding are major barriers. Among those who have funding for health equity work, most said the funding requires only a small proportion of funding go toward health equity topics. Nonetheless, most respondents (83%) said their chronic disease division currently collects data about health disparities or social determinants of health. The BRFSS is a common data source and most chronic disease divisions work regularly with their BRFSS office, but only about half of respondents (54%) were aware of the Social Context module. Very few had ever used it (12%), but most reported they would be interested in the topics and endorsed many potential uses for the data, including identifying factors associated with health disparities and documenting and tracking disparities over time. Few respondents have mandatory health equity training and most felt their training was inadequate. There was broad interest in additional training on the topic. Findings from the 2015 Health Equity Assessment are provided below. Based on these findings, NACDD recommends the following activities to increase capacity for health equity work within health departments:

1. **Highlight current activities** and capacity for health equity work in state and territorial health departments
2. **Develop health equity training** and/or planning sessions targeted to state chronic disease programs
3. **Increase awareness of the BRFSS Social Context module and provide guidance** for its use, including data analysis

***Findings from the 2015 Health Equity Assessment***

The full Health Equity Assessment Report will be made available on the NACDD website in October.

***Perceptions about Current Health Equity Work***

Less than half of respondents (45%) feel their health department adequately addresses health inequities in its daily work; 46% said they feel their current work is inadequate and 9% were not sure. Among those who did not report adequately addressing health disparities, funding was the most commonly reported barrier to addressing health equities.

Barriers to addressing health equity in state health departments.

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|  **Respondents who Identified Barrier Barrier (n=38)** |
| **Not enough time**  | **39%** |
| **Not enough funding**  | **61%** |
| **Not enough training on health equity** | **58%** |
| **Not a priority**  | **26%** |
| **Other** | **21%** |
|  **Don’t know** | **5%** |

***Data about Health Equity***

Most respondents (83%) said their chronic disease division currently collects data about health disparities or social determinants of health. Commonly used data sources include the Behavioral Risk Factor Surveillance System (BRFSS; 89%), Census (61%), and vital statistics records (54%).

Information currently collected about health disparities or social determinants of health.

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|  **Topic or Population Respondents who Reported Collecting Data (n=57)** |
| **Employment, occupation, hours worked**  |  40% |
| **Income**  | 68% |
|  **Housing**  | 39% |
| **Built environment**  | 47% |
| **Race/ethnicity disparities**  | 95% |
| **Gender disparities**  | 93% |
| **Gender identity/LGBTQ disparities**  | 42% |
| **Disability disparities**  | 51% |
|  **Other disparities** | 26% |

***Health Equity Training***

Most respondents said they either have optional (rather than mandatory) health equity training (45%) or no health equity training options available (16%) in their state. Most respondents felt their health equity training was inadequate to do their job effectively (60%). In general, respondents reported interest in a variety of training topics related to health equity.

Interest in health equity-related training topics.

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|  **Topic Respondents Reporting Interest (n=67)** |
|  **Building a diverse workforce** | 40% |
| **Social determinants of health concepts** | 64% |
| **Institutional equity**  | 46% |
| **Applying data to practice**  | 78% |
| **Applying theory to practice**  | 54% |
| **Developing grant applications with a health equity focus** | 48% |
| **None of these**  | 6% |

Note: respondents could have selected more than one area so percentages do not sum to 100

We would like to thank each person who took time to respond to the Assessment. We hope to provide another opportunity for your voices to be heard so please be on the look out for more opportunities to participate in the near future. Also, please be reminded, The Health Equity Council meets every second Thursday of the month at 2:00 pm EST. For more information on the Health Equity Council, or NACDD’s work in health equity, how you can get involved in our work, or to be included on the Health Equity Council listserv, please contact Tiffany Pertillar, NACDD’s Council Consultant for Health Equity (tpertillar@chronicdisease.org).