Agenda

• Welcome and Zoom overview
• Coronavirus update: Dr. Karen Hacker and Dr. Peter Briss
• Learning module: Carol Hall-Walker and Deborah Garneau, Rhode Island Department of Health
  – Topic: Rhode Island Health Equity Measures
• CDD response: Tara Hylton, Chief of the Bureau of Chronic Disease Prevention, Florida Department of Health
• Q & A/Discussion
• Office on Smoking and Health Presentation: Karla Sneegas
  – Topic: Tips 2020
• NACDD announcements
Coronavirus (COVID-19) Update

Dr. Karen Hacker, Director
Dr. Peter Briss, Medical Director

National Center for Chronic Disease Prevention and Health Promotion
Zoom meetings overview

Use the “Chat” function to:
- Ask questions
- Send a message to Abby Lowe-Wilson for assistance during the webinar

- Use the arrows right next to “Mute” to mute and unmute yourself
- Use the arrow next to “Start Video” to start or stop your video
Zoom overview and slides

• Under view options at the top of your Zoom window, select “Full screen” or “Fit to window.”

• Slides available here: https://www.chronicdisease.org/page/CDDF_First_Thursday.
Speakers

Carol Hall-Walker
Associate Director of Health,
Division of Community Health and Equity,
Rhode Island Department of Health

Deborah Garneau
Health Equity Institute Director & Maternal Child Health Director,
Rhode Island Department of Health

Karla Sneegas
Branch Chief, Program Services Branch,
Office on Smoking and Health,
Centers for Disease Control and Prevention
Outline

• Rhode Island Department of Health (RIDOH) Strategic Priorities

• Rhode Island Health Equity Measures
Life expectancy vs. health expenditure, 1970 to 2015

Health spending is reported as the annual per capita health expenditure and is adjusted for inflation and price level differences between countries (measured in 2010 international dollars).

OurWorldInData.org/the-link-between-life-expectancy-and-health-spending-us-focus • CC BY
For every $1 spent on healthcare, most countries spend $2 on public health and social services. The US only spends 55 cents.
Health Starts in our Communities

80% of health happens in the community

Genes and Biology: 10%
Social and Economic Factors: 40%
Physical Environment: 10%
Clinical Care: 10%
Health Behaviors: 30%

# 23 Population Health Goals

## Promote Healthy Living for All through All Stages of Life
1. Reduce obesity in children, teens, and adults
2. Reduce chronic illnesses, such as diabetes, heart disease, asthma, and cancer
3. Promote the health of mothers and their children
4. Promote senior health to support independent living
5. Promote behavioral health and wellness among all Rhode Islanders
6. Support Rhode Islanders in ongoing recovery and rehabilitation for all aspects of health

## Ensure Access to Safe Food, Water, and Healthy Environments in All Communities
7. Increase access to safe, affordable, healthy food
8. Increase compliance with health standards in recreational and drinking water supplies
9. Reduce environmental toxic substances, such as tobacco and lead
10. Improve the availability of affordable, healthy housing and safe living conditions

## Promote a Comprehensive Health System that a Person Can Navigate, Access, and Afford
11. Improve access to care including physical health, oral health, and behavioral health system
12. Improve healthcare licensing and complaints investigations
13. Expand models of care delivery and healthcare payment focused on improved outcomes
14. Build a well-trained, culturally-competent, and diverse health system workforce to meet Rhode Island’s needs
15. Increase patients’ and caregivers’ engagement within care systems

## Prevent, Investigate, Control, and Eliminate Health Hazards and Emergent Threats
16. Reduce communicable diseases, such as HIV and Hepatitis C
17. Reduce substance use disorders
18. Improve emergency response and prevention in communities
19. Minimize exposure to traumatic experiences, such as bullying, violence, and neglect

## Analyze and Communicate Data to Improve the Public’s Health
20. Ensure that quality public health data are collected consistently using current technology
21. Analyze public health data to monitor trends, identify emerging problems, and determine populations at risk
22. Provide public health data to support program planning, policy, development, and surveillance needs
23. Improve health literacy among Rhode Island residents
RIDOH OVERARCHING GOAL
Positively Demonstrate for Rhode Islanders the Purpose and Importance of Public Health

RI Population Health Plan
LEADING PRIORITIES

Address Socioeconomic and Environmental Determinants of Health in Rhode Island

Eliminate Disparities of Health in Rhode Island and Promote Health Equity

Ensure Access to Quality Health Services for Rhode Islanders, Including Our Vulnerable Populations

CROSS-CUTTING STRATEGIES
RIDOH Academic Institute: Strengthen the integration of scholarly activities with public health
RIDOH Health Equity Institute: Promote collective action to achieve the full potential of all RIsers
Adverse health outcomes stem from generations-long socioeconomic and environmental inequities – including structural racism and discrimination.

We must engage the community to better understand how their environments and experiences affect health.
An innovative, place-based approach that equips the whole community to collaborate to create healthy places to live, learn, work, and play.
Health Equity Zones

Community led
Place based
Data driven
Based on collective impact
Equity focused (root causes)
Evidence based
Represent many sectors
Braided Funding

Drives collective action with authentic engagement and supports community-identified priorities.

HRSA
SAMHSA
CDC
CMS
State of RI

HEZ Funding
• Rhode Island Department of Health (RIDOH) Strategic Priorities
• Rhode Island Health Equity Measures
As part of RIDOH accreditation, formed to engage diverse partners and develop recommendations to improve local health outcomes.

Developed **Rhode Island Health Equity Measures** to monitor progress to improve the socioeconomic and environmental conditions that impact health.

- Developed through **extensive community engagement** process.
- **Designed to complement existing efforts**, including RI’s Population Health Goals and the national Health Opportunity and Equity (HOPE) measures.
Phase 1: Identified policy priorities and reviewed similar work nationally/internationally

Phase 2: Examined 180+ potential measures

Phase 3: Selected core set of measures

Phase 4: Promoting measures as statewide standard to assess progress towards health equity
Selection Criteria

- Publicly available for Rhode Island
- Updated regularly
- Reflected 2015 or more recent data
- Able to break down data by community and/or demographics
- Were upstream and affected more than one demographic/region
## New Ways to Measure Success: Rhode Island Health Equity Measures

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<th>Determinant</th>
<th>Measure</th>
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How can the Rhode Island Health Equity Measures help us better understand how children are faring in local communities?
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Measure: Environmental Hazards

Data source: RIDOH Environmental Lead Program

Note: Data for some cities/towns is not reported due to RIDOH’s small numbers policy: Barrington, Burrillville, Charlestown, East Greenwich, Exeter, Foster, Glocester, Hopkinton, Jamestown, Narragansett, North Kingstown, Richmond.
Measure: Education

Data source: Rhode Island Department of Education
Measure: Public Safety

Violent crime rate per 100,000 people, 2016

Data sources: RI State Police Uniform Crime Reports, FBI Uniform Crime Reporting
Measure: Social Services

Ratio: Number of individuals receiving SNAP to number of individuals eligible based on income, 2016

Data sources:
Supplemental Nutrition Assistance Program, US Census Bureau
Measure: Social Vulnerability

Social Vulnerability Index data are available by census tract, including this sample census tract in Woonsocket.

Some of the factors used to determine this measure include poverty, transportation access, and housing and population density.

Data source: CDC Social Vulnerability Index, Agency for Toxic Substances and Disease Registry
Next Steps - RIDOH

- **Promoting measures** as statewide standard for assessing progress towards health equity in RI.
- **Posting baseline data** to our website at [www.health.ri.gov/data/healthequity](http://www.health.ri.gov/data/healthequity)
- **Engaging in conversations** about how additional measures and datasets can build upon, align with, and/or complement the indicators
• **Conducting additional analyses** to evaluate the impact of health equity interventions.

• **Working with Health Equity Zones** to integrate the measures into their evaluation plans and reports.

• **Convening the Community Health Assessment Group** (CHAG) on a quarterly basis moving forward.
Next Steps - Partners

Use Rhode Island Health Equity Measures to:

• **Identify** systems/policies that affect Rhode Islanders’ ability to live healthy lives.
• **Evaluate** the impact of health equity initiatives.
• **Measure** our shared progress.

Integrate measures into funding and action plans.

Collaborate across sectors to address barriers to health and advance health equity.

Share feedback or **join CHAG meetings**.
Carol Hall-Walker, MPA
Associate Director of Health
Division of Community Health & Equity
carol.hallwalker@health.ri.gov

Deborah Garneau, MA
Health Equity Institute Director
Maternal Child Health Director
Deborah.Garneau@health.ri.gov
Appendix
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<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Annette Bourne</td>
<td>HousingWorks RI</td>
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<tr>
<td>Brenda Clement</td>
<td>HousingWorks RI</td>
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<td>Caitlin Towey</td>
<td>Care Transformation Collaborative Rhode Island</td>
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<tr>
<td>Carolyn Belisle</td>
<td>Blue Cross and Blue Shield of RI</td>
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<td>Carrie Zaslow</td>
<td>LISC Rhode Island</td>
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<tr>
<td>Ckarla Silva-Agudelo</td>
<td>Thundermist Health Center / Woonsocket Health Equity Zone</td>
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<tr>
<td>Craig Pereira</td>
<td>Horsley Witten / Bristol Health Equity Zone</td>
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<tr>
<td>Cynthia Roberts</td>
<td>Rhode Island Coalition Against Domestic Violence</td>
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<tr>
<td>Denise Crooks</td>
<td>Thundermist Health Center / West Warwick and Woonsocket Health Equity Zones</td>
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<td>James Beasley</td>
<td>Rhode Island KIDS COUNT</td>
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<tr>
<td>Jim Berson</td>
<td>YMCA of Greater Providence</td>
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<tr>
<td>Katie Murray</td>
<td>Murray / Zoll &amp; Associates</td>
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<tr>
<td>Larry Warner</td>
<td>Rhode Island Foundation</td>
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<tr>
<td>Megan Hall</td>
<td>The MHC Group</td>
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<tr>
<td>Nikki Bond</td>
<td>North Providence Health Equity Zone</td>
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<tr>
<td>Rachel Newman Greene</td>
<td>City of Providence Health Equity Zone</td>
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<tr>
<td>Sarah Hall</td>
<td>Fio Partners</td>
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<tr>
<td>Stephen Buka</td>
<td>Brown University Department of Epidemiology</td>
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<tr>
<td>Tamara Calise</td>
<td>John Snow, Inc.</td>
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<tr>
<td>Alvaro Tinajero</td>
<td>Rhode Island Department of Health</td>
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<tr>
<td>Ana Novais</td>
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<td>Carol Hall-Walker</td>
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<td>Carol Votta</td>
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<td>Christopher Ausura</td>
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<td>Deborah Pearlman</td>
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<td>Dora Dumont</td>
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<td>Elise George</td>
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<td>Samara Viner-Brown</td>
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<tr>
<td>Sandra Powell</td>
<td>Rhode Island Department of Health</td>
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<tr>
<td>Christine Robinson</td>
<td>Rhode Island Department of Corrections</td>
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<tr>
<td>Corinna Roy</td>
<td>Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals</td>
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<tr>
<td>Kimberly Paull</td>
<td>Rhode Island Executive Office of Health and Human Services</td>
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<tr>
<td>Libby Bunzli</td>
<td>Rhode Island Office of the Health Insurance Commissioner</td>
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<tr>
<td>Katelyn St. Amand</td>
<td>Brown MPH Scholar</td>
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<tr>
<td>Kirsten Bryan</td>
<td>RI Division of Planning</td>
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</tbody>
</table>
Measure: Percentage of adults who reported not seeking medical or dental care due to cost (2 measures)

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Strata: Race/ethnicity, income, education, disability status

Groups experiencing highest disparities: Rhode Islanders who:

- Are Hispanic
- Have lower incomes
- Have less than a high school education
- Have a disability
Measure: Ratio: Number of individuals receiving to number of individuals eligible for SNAP benefits, based on income

Data Source: Supplemental Nutrition Assistance Program (SNAP), US Census Bureau

Strata: City/town

Groups experiencing highest disparities: New Shoreham, Narragansett, Little Compton
Measure: Ratio: Number of naloxone kits distributed to number of overdose deaths

Data Source: RIDOH Drug Overdose Prevention Program, Prevent Overdose RI website

Strata: City/town

Groups experiencing highest disparities: Coventry, Portsmouth

Note: Overdose death rates are suppressed for cities/towns with fewer than five overdoses for purposes of statistical reliability and to protect confidentiality.
Measure: Percentage of registered voters participating in the most recent presidential election.

Data Source: RI Board of Elections

Strata: City/town

Groups experiencing highest disparities: Central Falls, Providence, Woonsocket, Pawtucket
Measure: Index score that reflects the social vulnerability of communities

Data Source: CDC/Agency for Toxic Substances and Disease Registry (ATSDR)

Strata: Census tract

Groups experiencing highest disparities: Census Tracts 2 and 7, Providence; Census Tract 152, Pawtucket; Census Tract 108, Central Falls
Measure: Ratio: Number of low- to moderate-income housing units to number of low- to moderate-income households

Data Source: HousingWorks RI, Comprehensive Housing Affordability Strategy

Strata: City/town

Groups experiencing highest disparities: Little Compton, Scituate, West Greenwich
Physical Environment:  
Natural Environment

**Measure:** Percentage of overall landmass with tree canopy cover

**Data Source:** USDA Forest Service i-Tree Tools

**Strata:** City/town

**Groups experiencing highest disparities:** Pawtucket, Central Falls, Providence
Physical Environment: Transportation

**Measure:** Index score that reflects the affordability of transportation for renters

**Data Source:** US Department of Housing and Urban Development (HUD) Low-Cost Transportation Index

**Strata:** City/town, Census tract

**Groups experiencing highest disparities:**
- Census Tract 207.01, Coventry/Greene; Census Tract 209.03, East Greenwich/Places Corner; Census Tract 131.01, Glocester/Chepachet
- Scituate, Glocester, Foster
**Measure:** Number and percentage of children with blood lead levels > 5 micrograms per deciliter

**Data Source:** RIDOH Environmental Lead Program

**Strata:** City/town

**Groups experiencing highest disparities:** Providence, Central Falls, Pawtucket
Measure: Percentage of renters and owners who are housing cost burdened

Data Source: 2013-2017 American Community Survey

Strata: City/town

Groups experiencing highest disparities: Central Falls, Providence
Measure: Percentage of population who are food insecure
Data Source: Feeding America – Map the Meal Gap
Strata: County
Groups experiencing highest disparities: Providence County
Measure: Percentage of students graduating with a regular diploma within four years

Data Source: RI Department of Education

Strata: City/town, race/ethnicity, economic status, disability status

Groups experiencing highest disparities: Woonsocket, Central Falls, Providence; economically disadvantaged students; Hispanic and multiracial students
Measure: Percentage of adults reporting racial discrimination in healthcare settings in the past 12 months

Data Source: Behavioral Risk Factor Surveillance System (available 2020)

Strata: Race/ethnicity

Groups experiencing highest disparities: To be determined
Community Trauma: Criminal Justice

**Measure:** Number of non-violent offenders under RI probation and parole per 1,000 residents age 18+

**Data Source:** RI Department of Corrections, US Census Bureau

**Strata:** City/town

**Groups experiencing highest disparities:** Central Falls, Providence, Woonsocket, West Warwick
Measure: Violent crime rate and non-violent crime rate per 100,000 people

Data Source: RI State Police Uniform Crime Reports, FBI Uniform Crime Reporting Program

Strata: City/town

Groups experiencing highest disparities: Central Falls, Providence, Woonsocket, Pawtucket (violent crime); Newport, Providence, Pawtucket, Woonsocket (non-violent crime)
Q & A / Discussion
NACDD Announcements

GEAR Groups
• We are currently recruiting for the Addressing Adverse Community Experiences GEAR Group. Registration will close mid-March.
• Visit https://www.chronicdisease.org/page/2020GG to learn more.

Chronic Disease Directors Leadership Discussion Forum
• Chronic Disease Directors can request to join here: https://www.linkedin.com/groups/8796999/.
• A recent question was posted about how other chronic disease sections/units access articles. Please visit the forum to post your response to that and other questions you have answers to!
NEW CHRONIC DISEASE DIRECTOR’S ORIENTATION AND LEADERSHIP NETWORK – Starting April 2020

The purpose of this learning opportunity is to:

• Support new Chronic Disease Directors in understanding their role and responsibilities
• Provide connections to assist new or recently hired chronic disease directors in obtaining additional support they may need to be successful in their roles
• Facilitate peer interaction among a network of chronic disease leaders

Dates: Approximately April 6-30 (four weeks)

Commitment:

• Participate in four weekly one-hour webinars
• Spend about 1 hour per week reviewing course material

If you are a new Chronic Disease Director and interested in participating, please send an email to Anya Karavanov at akaravanov@chronicdisease.org
NACDD Announcements

NACDD GEAR Up Journal Club
• Meets the third Thursday of the month, 3-3:30 pm Eastern.
• Opportunity to read and discuss an article on a leadership/management topic.
• Next session: Thursday, March 19th at 3 pm Eastern.
• Reading is Meeting Individual Social Needs Falls Short Of Addressing Social Determinants Of Health, Health Affairs Blog Post
• Email Abby Lowe-Wilson at alwilson@chronicdisease.org to receive calendar invites.

Fireside Chat on GIS and Chronic Disease Prevention
• To be held April 23rd, participation by Zoom.
• Stay tuned for a registration link to be shared on our April webinar.
Evaluation

Please complete the evaluation for today’s webinar!
Next Chronic Disease Directors Forum Webinar:
Thursday, April 2\textsuperscript{nd}, 2020
from 3-4 pm Eastern
\textbf{Topic:} Community-clinical linkages