Moving to Create Health Equity; The Louisville Experience

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My Story
How you frame an issue

- The questions you ask
- Determines your analysis of the issue
- Determines how you prioritize it
- Determines your policy choices
- Determines resource allocation
- Can determine your allies and your enemies
- Can define when an issue has been resolved
Reframing

- Health vs. Healthcare
- Individual vs. Population Health
- Market Justice vs. Social Justice
- Rights vs. Privileges
- Biological/Behavioral Determinants vs. Social Determinants
- Creating Health Equity vs. eliminating Health Disparities
Leadership Buy-In

Dr. Adewale Troutman, Director
Louisville Metro Department of Public Health & Wellness
Center for Health Equity

CHE works to serve as a catalyst for change through capacity building, policy change & evidenced-based initiatives.
The CHE is dedicated to a civic process that builds social engagement, autonomy and movement to strengthen communities and influence public policy in an effort to Create Health Equity
Current Work

- Framing research
- **Health Equity Community Hearings**
- Civic capacity building mini grants
- Health Equity Speaker Series
- Web based learning
- **Retraining workforce** (Dialogue process)
  - Outreach workers as community organizers
- Undoing Racism workshops (community wide)
- Health Equity Summit

The Troutman Group
Current Work (Cont)

- Photo voice
- Community dialogues/Unnatural Causes
- Operationalizing Health Equity within the department
- CHI project
- HIA-Shepard Square (Hope 6)
- The cabinet dialogue
- Food justice/Food security task force
Current Work ( Cont )

- Kellogg grant-Racial Healing
- West End Visioning Process
UNNATURAL CAUSES

Is Inequality Making Us Sick?
Health in All Policies addresses the effects on health across all policies such as agriculture, education, the environment, fiscal policies, housing, and transport. It seeks to improve health and at the same time contribute to the well-being and the wealth of the nations through structures, mechanisms and actions planned and managed mainly by sectors other than health. Thus HiAP is not confined to the health sector and to the public health community, but is a complementary strategy with a high potential towards improving a population’s health, with health determinants as the bridge between policies and health outcomes.
Health Impact Assessment
Health Impact Assessment (HIA)

A combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population (Gothenburg consensus statement, 1999)
Food access and food justice
Phyllis Wheatley Students present Photo-voice Exhibits on Health Policy Issues Youth Involvement
Photo Voice

- Youth empowerment through engagement
- Community health and barriers
- Youth as creators, producers, interpreters
- Raise awareness about the policy process
- Presentation to policy makers (Mayor Metro Council, Board of Health, Business Community)

The Troutman Group
Every day I go to the community center on the side of it, they are selling drugs or showing off their guns and sometimes I am scared to walk pass because I think they will shoot me.

Michael: age 10
Muhammad Ali is the GREATEST. I went in to get a job at the Ali Center, but when my background check came back I couldn’t get hired because of my felony conviction. Muhammad Ali was given a second chance because he was a fighter. I’M A FIGHTER TOO!
Health Equity & Public Health Practice

- A Health Equity Orientation is concerned the societal reasons for the persistence of health inequities.

- It is a distinct ethical & decision making perspective that should directly affect Public Health POLICY, PRACTICE & CULTURE
Changing the Question

- **Conventional** - What social programs and services are needed to address poor health outcomes?

- **Health equity** - What types of institutional and social changes are necessary to prevent poor health outcomes?
## Changing the Model

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<thead>
<tr>
<th>Focus</th>
<th>Traditional</th>
<th>Equity</th>
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<tbody>
<tr>
<td>Surveillance, promoting healthy behaviors &amp; treating diseases</td>
<td>Societal systems, policies &amp; practices.</td>
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Goal: Operationalize health equity within the Dept. of Public Health & Wellness by engaging all staff in developing strategies to address health inequities.
The Essence of A Learning Organization

- “… where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning how to learn together”

-- Peter Senge, 1990
The CHALLENGE:

- How do we *infuse health equity* into *everyday work & practice*?
Leadership Personal Characteristics for Change

- Knowledge base re health inequities
- Empowering management style
- Encouraging risk taking
- Innovator
- Self confident
- Understanding the dynamics of change
- Uniqueness of the problem
- Seeing cultural competence as a process
More personal characteristics

- Ability to reframe the issue
- Dialogue or didactic
- Challenging the status quo
- Knowledge of the empowerment process
- “takin it to the streets”
- Social justice, human rights or “market justice”
- “Culturally Competent” organization