

Pennsylvania Health Equity

TACTICAL PLAN 2014 - 2016



Nov. 8, 2013



Pennsylvania Health Equity Tactical Plan

EXECUTIVE SUMMARY

The Pennsylvania Department of Health (PADOH), Office of Health Equity's (OHE) tactical plan has been developed by the OHE and its advisory committee with representatives of various stakeholder organizations. The purpose of this plan is to outline a compelling five-year strategic direction that will be implemented through an organized and collaborative effort of OHE and its partners, including public, private and nonprofit stakeholder organizations.

Health equity, as defined by the National Partnership for Action to end Health Disparities, is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone with focused and ongoing societal efforts to correct or eliminate avoidable inequalities, historical and contemporary injustices, and health and healthcare disparities.

The National Stakeholder Strategy for Achieving Health Equity contains the following on the importance of this major policy focus:

In 1985, the United States Department of Health and Human Services (HHS) released a landmark report documenting the existence of health disparities for minorities in the United States. It called such disparities “an affront both to our ideals and to the ongoing genius of American medicine.” In the decades since the release of that report, much has changed in our society

— including significant improvements in health and health services throughout the nation. Nevertheless, health and healthcare disparities continue to exist and, in some cases, the gap continues to grow for racial and ethnic minorities, the poor and other at-risk underserved populations.

Pennsylvania is the sixth largest state in the U.S. with an estimated population of 12,604,767 in 2009 (Pa. State Data Center). It is estimated that, by 2030, 25 percent of the total rural population will be 65 years old or older. The black and Hispanic populations are projected to increase by 8.47 and 38.8 percent, respectively, while the white population is expected to increase by only 0.57 percent. Especially in light of this increasing racial diversity, it is necessary for Pennsylvania to address disparities in healthcare access in more culturally competent ways.

For the purpose of the Pennsylvania Health Equity Tactical Plan, we define underserved populations as those groups that receive inequitable treatment. This may be due to (but is not limited to) race, ethnicity, national origin, sexual orientation, disability, religion, age, mental health, geographic location, health literacy, socio-economic status, etc.



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Implementation of the Pennsylvania Health Equity Tactical Plan is focused on achieving the following vision, mission, overarching goal and five interrelated objectives:

VISION and MISSION

Vision

Measurably improve health equity in Pennsylvania through the implementation of the Pennsylvania Health Equity Tactical Plan among agencies and community partners.

Mission

Provide awareness of the health inequities that exist in Pennsylvania and a mechanism whereby community partners and healthcare providers can improve and provide equitable health care to all people in their community.

Tactical Plan Goal

Improve health equity and access for underserved populations

Supporting Objectives

1. Improve access to quality health care, preventive services and wellness activities that impact leading chronic diseases
2. Advance the awareness and application of Culturally and Linguistically Appropriate Services (CLAS) Standards
3. Build cultural bridges for greater collaboration, diversity and professional development
4. Leverage technology to help identify and address health inequities
5. Develop and deploy marketing and communication strategies and tools



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THE MISSION and HEALTH EQUITY DEFINED

The mission of the OHE is to create awareness of health inequities, advocate for the development of programs and collaborate with community-based organizations to address health inequities. One of the goals of the PADOH, OHE, is to raise awareness of health disparities and social determinants of health in the PADOH, as well as with the stakeholders throughout the commonwealth.

A working definition of health equity is **“the highest attainable standards of health experience for any group when compared to other populations.”**

The Need for a Tactical Plan

It is clear that, nationally, the increase in minority populations, mainly people of color, is constantly and significantly changing U.S. demographics. These patterns can also be seen in Pennsylvania. According to the 2010 census, the Latino/Hispanic population increased 83.7 percent between 2000 and 2010 (from 394,088 to 724,036). In addition, the Asian-Indian Americans population increased by 57.1 percent in the same time period (from 218,296 to 342,964). The African-American population increased more modestly at 14.1 percent (from 1,202,437 to 1,371,857). The white population showed only a slight increase at 0.8 percent growth (from 10,322,455 to 10,403,248). These demographic changes exacerbated existing inequities.

Major findings indicate that health inequities exist among many minority groups within the Commonwealth of Pennsylvania. These include racial and ethnic groups, the lesbian, gay, bisexual, transgender, intersex (LGBTI) community, seniors, incarcerated individuals, and individuals with physical and mental disabilities.

The roots of health inequities include, but are not limited to, the lack of cultural competency, the structural consideration of all the social determinants of health, and the various components that affect disproportionately vulnerable and unrepresented populations. These ratify the importance of cultural competence, cultural sensitivity, language access and health literacy for healthcare providers, public health practitioners and the general public.

The Health Equity Advisory Committee met in August 2013 to begin its work on this tactical plan. The planning process was designed to consider three major questions concerning health disparities in the Commonwealth of Pennsylvania, recognizing that much attention has been given to this issue on the national level through HHS initiatives. In particular, the HHS Action Plan to Reduce Racial and Ethnic Health Disparities [April 2011], in conjunction with the National Stakeholders Strategy for Achieving Health Equity, seeks to coordinate action to address racial and ethnic health disparities across the country. Likewise, Pennsylvania, through the PADOH and the OHE, seeks to strategically address the health and healthcare disparities of Pennsylvanians. The three questions that framed the development of this tactical plan were:

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- Where are we today with regard to health equity?
- Where do we need to be?
- How are we going to achieve that goal?

PLAN GOAL and OBJECTIVES

The tactical plan's high-level direction is reflected in the following overarching goal and five objectives. Plan implementation is organized to carry out strategic actions and initiatives aimed at meeting each objective and achieving the overall goal.

Tactical Plan Goal

Improve health equity and access for underserved populations

Supporting Objectives

- 1. Improve access to quality health care, preventive services and wellness activities that impact leading chronic diseases**
- 2. Advance the awareness and application of CLAS Standards**
- 3. Build cultural bridges for greater collaboration, diversity and professional development**

- 4. Leverage technology to help identify and address health inequities**
- 5. Develop and deploy marketing and communication strategies and tools**

The five objectives of the plan were developed following critical analysis by the OHE Advisory Committee, including assessment of present strengths, weaknesses, opportunities and threats (SWOT analysis). The critical thinking around each objective is reflected in part by the bullets following the objective statements.

Objective 1

Improve access to quality health care, preventive services and wellness activities that impact leading chronic diseases

- Federal mandates—primarily healthcare reform and the Affordable Care Act—demand greater attention to health equity.
- The rising cost of health care is a significant constraint in addressing health equity.
- A well-structured plan can be a catalyst for strengthening health policy in ways that improve health equity.



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- The demographics of health equity for Pennsylvania are compelling as we see increased growth of Hispanic, African-American and Asian populations, which are those most impacted by health disparities.

Objective 2

Advance the awareness and application of CLAS Standards

- Federal requirements dictate that greater attention be given to the CLAS Standards.
- The growing immigrant community demands greater attention to implementation of the CLAS Standards.
- Healthcare literacy is a significant health equity challenge and opportunity.
- Enhanced CLAS Standards provide an extraordinary opportunity to improve health equity throughout the commonwealth.

Objective 3

Build cultural bridges for greater collaboration, diversity and professional development

- Pennsylvania has many and diverse academic centers that can be leveraged for bringing about needed change.

- Opportunities for interdisciplinary collaboration with medical, legal, community and social services can be enhanced.
- A driving force is the organizational momentum created in part by the establishment of an OHE.

Objective 4

Leverage technology to help identify and address health inequities

- At present, there is a need for better shared definitions and more standardization of data collection.
- Advances and innovations in technology and communication systems is another current driving force to be leveraged.
- Even with innovative technology and the ability to enhance communication through these tools, many of our systems are not talking to each other.

Objective 5

Develop and deploy marketing and communication strategies and tools

- The significant lack of effective communication and awareness around health equity issues must be addressed.



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- There are many opportunities to improve health equity through new and innovative collaboration with nontraditional marketing strategies and tools.

IMPLEMENTATION PRINCIPLES

This tactical plan is a starting point. The key is to move to an effective implementation characterized by an organized effort of OHE and its existing and future stakeholders. The plan will be implemented by the OHE and its statewide advisory committee following the 10 key principles listed below and briefly described. It will also rely on the use of a Strategic Action Tracker, regularly updated for progress monitoring, which appears on Page 6.

- **Engaging stakeholders** – We will build momentum by striving to keep all present stakeholders meaningfully engaged in implementing the strategic direction of the plan.
- **Building partnerships** – Recognizing the monumental challenges and opportunities associated with the plan’s vision, goal and objectives, we will continue to find ways to build new partnerships for carrying out the wide range of strategic actions and initiatives.
- **Multiplying leadership** – Effective leadership is the key to this plan’s implementation. We will look in all areas to expand and grow leadership.
- **Being clear on roles and responsibilities** – As the plan is implemented, we will commit to achieving clarity on roles and responsibilities of all participants in ways that make implementation more seamless and coordinated.
- **Expanding education and awareness** – As a foundation for the plan’s implementation, we will continue to raise awareness of health equity challenges, needs and opportunities.
- **Communicating progress and promoting involvement** – We will communicate progress made in plan implementation, including various success stories that can be built upon.
- **Emphasizing accountability** – We will place a strong emphasis on accountability for the commitments made.
- **Tracking progress** – We will track progress with updates to the action plan tracker on a regular basis.
- **Leveraging resources** – We will be creative with stakeholders to leverage resources to the greatest extent possible.
- **Measuring performance** – We will strive to measure progress toward each strategic objective in the plan.

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Evaluation Framework

The Pennsylvania Health Equity Tactical Plan places a premium on advancing the five strategic objectives in order to achieve our vision and overarching goal. Implementation also entails an effective management approach as described by the implementation principles in the previous section. Effective management requires a process to evaluate the plan’s implementation. The chart below describes the four-pronged practical approaches to evaluation.

We will focus our measurement efforts primarily on the five tactical objectives. As we move into plan implementation, our initial focus will be on the Measures of Success (MOS) or Measures of

Effectiveness (MOE) that have been identified for each objective. Measurement should be progressive and dynamic. Over time, through our committees and advisory board as a whole, we will strive to improve and sharpen our measurements in order to better manage the plan, to tell our story and to foster accountability for results.

The Advisory Board and OHE will periodically consider new measures as the plan is being implemented. The overall responsibility for measuring progress may be assigned to one of the Advisory Board Committees. The Action Tracker and the MOS or MOE will be our starting point for measurement.

Type of Measure	Description
Outcome	Outcome measures represent actual impacts or changes as a result of carrying out the various strategic actions or initiatives for the various objectives. Outcomes relate to improvements in health equity throughout Pennsylvania.
Project	Project measures, as contrasted with outcomes, are more output-oriented, typically measured even as simply as a “yes or no” in terms of whether some project initiative in the action plan has been implemented or not.
Progress	Progress measures are typically captured in terms of periodic status checks on how the strategic initiatives in the Health Equity Tactical Plan Action Tracker are progressing. This provides a practical opportunity to gauge progress over time and is particularly useful for larger scale efforts that might be completed in phases.
Process	Process measures are similar to project measures in that they are primarily output-oriented — yes or no. Often a tactical plan will identify some change in process that supports the overall direction. There may be few or no process measures. Process measures are required when some change in the process may contribute to the overall strategic results that the plan is attempting to achieve. These can be either internal (e.g., OHE, the advisory board, etc.) or external process changes with other organizations, etc.



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TACTICAL ACTION TRACKER

The Tactical Action Tracker fosters implementation by providing at-a-glance information on actions, responsibilities, priorities and progress. This tool will help focus efforts and establish momentum toward our shared objectives through short-term successes and commitment to longer-term advances.

The Health Equity Tactical Plan has a three-year time horizon. Actions are classified by priority and ease of implementation according to the following keys:

- **Low Hanging Fruit (LHF)** – 0-6 month action steps; small steps to get started to establish momentum and traction and to celebrate small successes that build interest and capacity for further improvement
- **Short-Term (ST)** – actions or initiatives that we commit to accomplishing over the next 18 months
- **Longer-Term (LT)** — actions or initiatives that we will strive to complete over the three-year planning horizon

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Objective 1: Improve access to quality health care, preventive services and wellness activities that impact leading chronic diseases

MOE: Improved health outcomes of underserved populations of the leading three chronic diseases within three years

Strategic Action	Lead/Support	Timing	Performance Measures	Resource Requirements/Status
Collect incidence and provenance data for the three leading chronic diseases in underserved populations		LHF		
Analyze data as it relates to underserved populations		ST		
Identify where disparities exist, by chronic disease and location		ST		
Facilitate/convene stakeholders who serve underserved populations and those addressing the chronic disease		LT		
Identify best practices to address the chronic disease to the underserved population		ST-LT		
Foster implementation of best practices and implement measurement protocols		ST-LT		

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Objective 2: Advance the awareness and application of CLAS Standards

MOE: Need to define an MOE or MOS

Tactical Action	Lead/Support	Timing	Performance Measures	Resource Requirements/Status
Conduct an initial assessment of CLAS Standards, e.g., how they are being used		ST		
Train and educate a broad cross-section of sectors that need to be aware of the CLAS Standards and how to apply them		ST		
Include relevant provisions related to CLAS Standards in contracts		LT		
Include CLAS Standards in curriculums		LT		
Include CLAS Standards in professional development programs		LT		
Coordinate this objective with public and private organizations		LT		

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Objective 3: Build cultural bridges for greater collaboration, diversity and professional development				
MOE: Increase number of minority students/applicants pursuing healthcare professions				
Strategic Action	Lead/Support	Timing	Performance Measures	Resource Requirements/Status
Increase diversity in the healthcare system		LT		
Assist in introducing minorities to healthcare professions		LHF		
Provide cultural competency training		LHF		
Pursue new and innovative partnerships that help to advance this objective		ST		



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Objective 4: Leverage technology to help identify and address health inequities

MOS: Increased usage of innovative medical technology to provide culturally-sensitive health care

Strategic Action	Lead/Support	Timing	Performance Measures	Resource Requirements/Status
Standardize health assessment questions to be culturally sensitive		ST		
Encourage data-sharing and collaboration among stakeholders		LT		
Advance and encourage use of new and emerging medical technology standardizing electronic medical record operating systems to be culturally sensitive, consumer friendly and HIPAA-compliant		ST-LT		

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Objective 5: Develop and deploy marketing and communication strategies and tools

MOE: The needed strategies and tools are established

Strategic Action	Lead/Support	Timing	Performance Measures	Resource Requirements/Status
Investigate and gather existing marketing and communication strategies and tools as a baseline for assessing their adequacy		ST		
Identify and address gaps in communication and education for health equity		LT		
Capitalize on diversity networks to advance health equity education and awareness		LT		
Establish and improve three statewide health equity benchmarks		LT		
Establish mechanisms and protocols to exchange information and share best practices among diverse networks		ST		