Public Health-Dayton & Montgomery County Dayton Council on Health Equity

2017 DASHBOARD REPORT NPA CHECKLIST SURVEY RESULTS

As adapted from the National Stakeholder Strategy for Achieving Health Equity, U.S. Department of Health & Human Services, National Partnership for Action to End Health Disparities (NPA)

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ORGANIZATIONAL PROFILES FOR DAYTON & MONTGOMERY COUNTY, OHIO

This report illustrates responses to a PHDMC-developed online survey titled the *National Partnership for Action (NPA)* Checklist Survey for Organizations.

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The NPA Checklist Survey was disseminated to local organizations between 2013 and 2017.



2015 Partner Group includes Early 2013-Mid 2015 responses 2017 Partners Group includes Mid 2015-Late 2017 responses

RSHIP FOR ACTION ties

The NPA Checklist Survey is based on the USDHHS National Stakeholder Strategy for Achieving Health Equity.

A full narrative outlining the five goals and twenty strategies is available at http://minorityhealth.hhs.gov/npa/



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Key Evaluation Question:

"How are leaders in public agencies and in the private, nonprofit and community sectors engaged in collaborative, efficient, and equitable working partnerships to eliminate health disparities and achieve health equity?" (NPA, 2014)

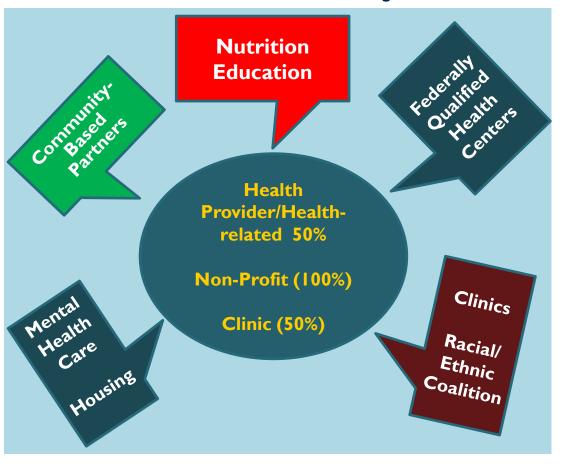






*2015 and 2017 respondents were different organizations

Who completed the NPA Checklist Surveys?*





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The most common organizational foci for our partners:

- Health education
- Health care/screenings
- Public/Private education
- Food/Nutrition assistance
- Community outreach
- Interpretation/Translation
- Transportation Assistance
- Advocacy/public policy

Definitions:

Health disparity is a particular type of health difference closely linked to socioeconomic, environmental and historical disadvantages.

Health equity is attainment of the highest level of health for all people, regardless of race or ethnicity or economic standing. Health care disparity is the differences in the quality of health care that are not due to access, medical needs, or appropriate intervention; but are due to bias, discrimination, and stereotyping of individuals by providers or at the systems level.

Source: USDHHS NPA Stakeholder Strategy for Achieving Health Equity, 2011.

THE FIVE NPA GOALS

The five goals for organizations are (abbreviated):

- I. Increase awareness of the significance of health disparities
- 2. Strengthen and broaden leadership for addressing health disparities
- 3. Improve health and healthcare outcomes for racial, ethnic, and underserved populations



- 4. Improve cultural and linguistic competency and the diversity of the health-related workforce
- 5. Improve data availability and coordination, utilization, and diffusion of research and evaluation outcomes

Source: USDHHS NPA Stakeholder Strategy for Achieving Health Equity, 2011

SAMPLE SURVEY QUESTION*

Possible scoring for each inquiry: **Minimal** None **Moderate Significant Optimal EXAMPLE: GOAL 1, AWARENESS** Increase awareness of the significance of health disparities, their impact on population health, and the actions necessary to improve health outcomes for underserved populations, including racial and ethnic groups. None **Minimal Moderate Significant Optimal** Includes health disparities on the organization's board agenda Provides administration leaders, health professionals, and staff, information or an orientation about health).

^{*}Adapted from the USDHHS National Stakeholder Strategy for Achieving Health Equity

2017 Dayton NPA Dashboard Goal I: Community Benchmark

Frequencies ("Moderate to Optimal level") for the eight NPA Strategies in Goal 1:

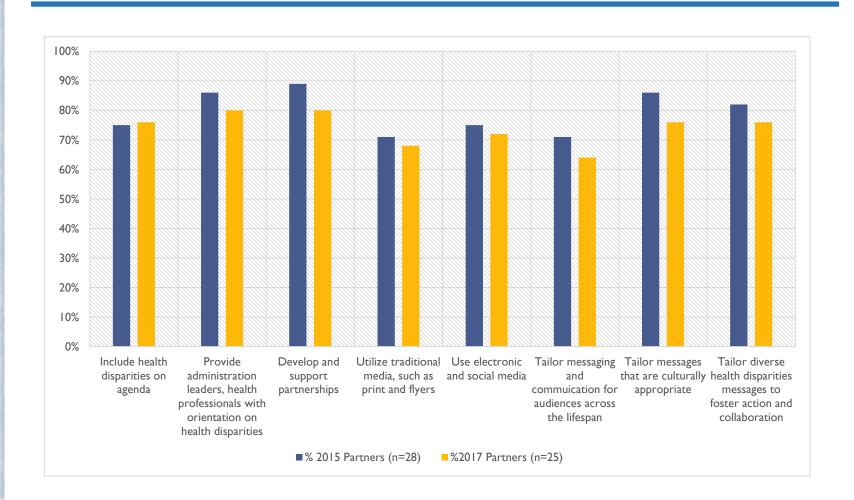
- 1. 76% Include health disparities on the organization's agenda
- **2. 80%** Provide administration leaders, health professionals, and staff information or an orientation about health disparities
- 3. 80% Develop and support partnerships that drive action
- 4. 68% Utilize traditional media, such as print or flyers
- 5. 72% Use electronic and social media
- **6. 64%** Tailor messaging and communication mechanisms for specific audiences across the lifespan
- **7. 76%** Tailor messages that are culturally sensitive and culturally appropriate
- **8. 76%** Tailor messages to present varied views of the consequences of health disparities in a way that fosters understanding, action, cooperation, and collaboration







Goal 1: 2015 and 2017 Dayton NPA Dashboard. Increase awareness of the significance of health disparities, their impact on population health, and the actions necessary to improve health outcomes for underserved populations, including racial and ethnic groups.



2017 Dayton NPA Dashboard Goal 2: Community Benchmark

Frequencies ("Moderate to Optimal level") for the three NPA Strategies in Goal 2:

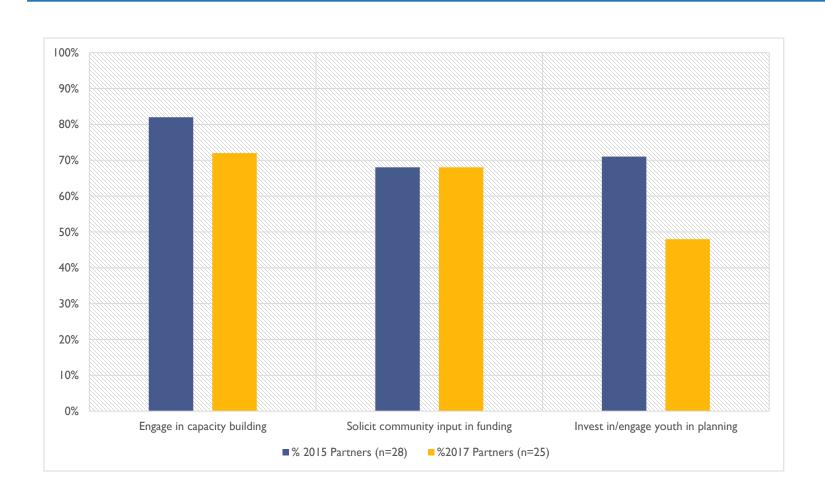
- 1. 72% Engage in capacity building
- 2. 68% Solicit community input in funding
- 3. 48% Invest in/engage youth in planning







Goal 2: 2015 and 2017 Dayton NPA Dashboard Strengthen and broaden leadership for addressing health disparities



2017 Dayton NPA Dashboard Goal 3: Community Benchmark

Frequencies ("Moderate to Optimal level") for the seven NPA Strategies in Goal 3:

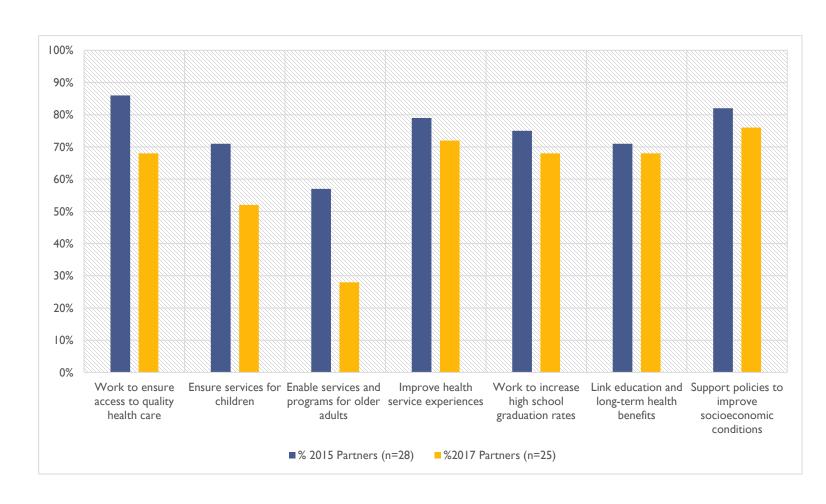
- 1. 68% Work to ensure access to quality healthcare
- 2. 52% Ensure services for children
- 3. 28% Enable services and programs for older adults
- **4. 72%** Improve health service experiences
- **5. 68%** Work to increase high school graduation rates
- 6. 68% Link education and long-term health benefits
- 7. 76% Support policies to improve socioeconomic conditions







Goal 3: 2015 and 2017 Dayton NPA Dashboard Improve health and healthcare outcomes for racial, ethnic, and underserved populations



2017 Dayton NPA Dashboard Goal 4: Community Benchmark

Frequencies ("Moderate to Optimal level") for the four NPA Strategies in Goal 4:

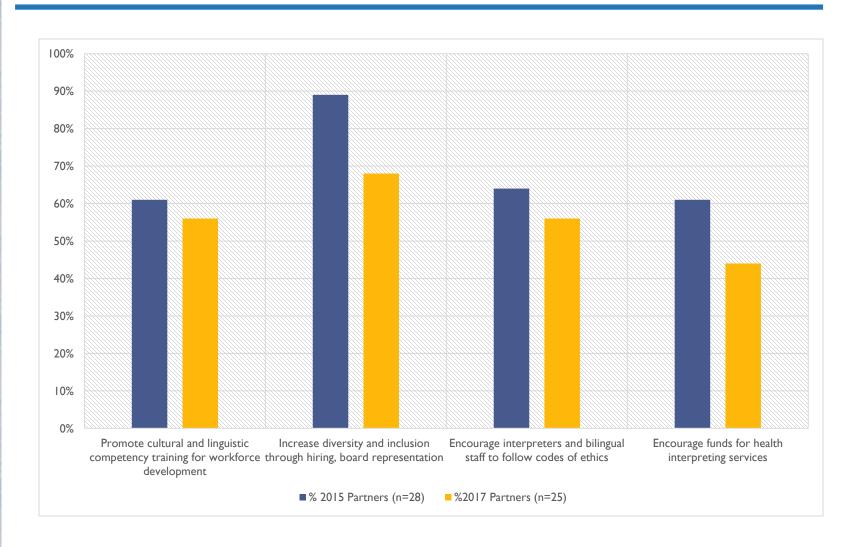
- **1. 56%** Promote cultural and linguistic competency training for workforce development
- 2. 68% Increase diversity and inclusion through hiring, board representation
- **3. 56%** Encourage interpreters and bilingual staff to follow codes of ethics
- **4. 44%** Encourage funds for health interpreting services







Goal 4: 2015 and 2017 Dayton NPA Dashboard Improve cultural and linguistic competency and diversity of the health-related workforce



2017 Dayton NPA Dashboard Goal 5: Community Benchmark

Frequencies ("Moderate to Optimal level") for the eight NPA Strategies in Goal 5:

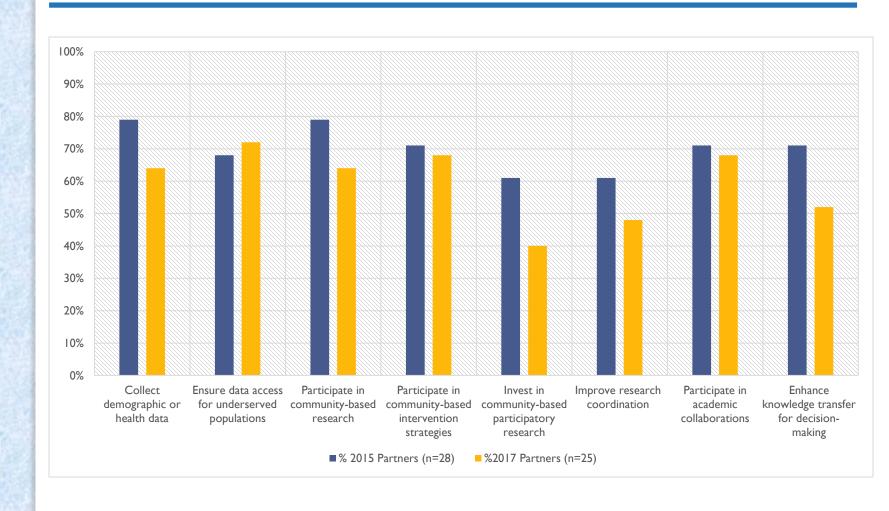
- 1. 64% Collect demographic or health data
- **2. 72**% Ensure data access for underserved populations
- **3. 64%** Participate in community-based research
- **4. 68%** Participate in community-based intervention strategies
- 5. 40% Invest in community-based participatory research
- **6. 48%** Improve research coordination
- 7. 68% Participate in academic collaborations
- 8. 52% Enhance knowledge transfer for decision- making







Goal 5: 2015 and 2017 Dayton NPA Dashboard Improve data availability, coordination & utilization, and use of research and evaluation





SUMMARY

Based on the dashboard, for organizations that completed the NPA Survey/Organization Profiles in 2015 and 2017:



Goal I. The overall proportion of partners indicating Moderate to Optimal levels of agreement across the 8 items remained stable between 2015 and 2017 (79% to 74%, respectively).



Goal 2. The overall proportion of partners indicating Moderate to Optimal levels of agreement across the 3 items decreased by 15%* (from 74% to 63%) between 2015 and 2017. "Invest in/engage youth in planning" showed the strongest decrease (32%) of Goal 2 items.

Goal 3. The overall proportion of partners indicating Moderate to Optimal levels of agreement across the 7 items decreased by 17%* (from 74% to 62%) between 2015 and 2017. "Enable services and programs for older adults" showed the strongest decrease (51%) of Goal 3 items. "Ensure services for children" showed the second strongest decrease (27%).

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^{*}All percentage changes are shown in <u>relative percentage</u> increases or decreases, Time ₁ – Time ₂/ Time ₁ x 100.



SUMMARY

Based on the dashboard, for organizations that completed the NPA Survey/Organization Profiles in 2015 and 2017:



Goal 4. The overall proportion of partners indicating Moderate to Optimal levels of agreement across the 4 items decreased by 19%* (from 69% to 56%) between 2015 and 2017. "Encourage funds for health interpreting services" showed the strongest decrease (28%) of Goal 4 items. "Increase diversity and inclusion through hiring, board representation" showed the second strongest decrease (24%).



Goal 5. The overall proportion of partners indicating Moderate to Optimal levels of agreement across the 8 items decreased by 15%* (from 70% to 60%) between 2015 and 2017. "Invest in community-based participatory research" showed the strongest decrease (34%) of Goal 5 items. "Enhance knowledge transfer for decision-making" showed the second strongest decrease (27%).

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^{*}All percentage changes are shown in <u>relative percentage</u> increases or decreases, Time ₁ – Time ₂/ Time ₁ x 100.

Key Takeaways

- Community partners show strong consistency, across time, in terms of raising and increase awareness about the significance of health disparities. This shows in their high levels of action-driven partnerships and collaborative decision-making.
- Partners can seek more ways to gain community input in decision-making and engage with community youth.
- Partners could broaden their health disparities programming to include older adults and children more often.
- Increasing diversity and inclusion within organizations for paid and board positions should be considered a high priority.
- More emphasis could be given to providing health interpreting services to foster access and inclusion.
- Enhancing knowledge transfer of evidence based practices within community programs could be explored, along with partnering for community-based participatory research involving residents as decision makers.

PLEASE TAKE A MOMENT AND COMPLETE THE SURVEY AT www.phdmc.org/healthy-lifestyles/dayton-council-on-health-equity

Your participation enables our community to continue to assess how well organizations are engaged in strategies that eliminate disparities and advance equity. Thank You.



The results of the 2015 and 2017 Community Renchmark and Dashboard Reports are available at

2015/17 ORGANIZATIONAL PROFILES FOR

Benchmark and Dashboard Reports are available at www.phdmc.org/healthy-lifestyles/dayton-council-on-health-equity.



Thank you for joining in our community's efforts to improve population health, eliminate health disparities and advance health equity.



To review the survey or survey results, or to request free training in particular focus area within the survey, feel free to contact:

Cheryl Scroggins, Community Coordinator of Health Equity Dayton Council on Health Equity Montgomery County's Local Office of Minority Health Public Health - Dayton & Montgomery County Office: (937) 225-4962

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