

Bringing Health Disparities into Public Policies and Practices

A Template for Initiating and Expanding Dialogue

As Colorado moves forward with healthcare reforms, both comprehensive and targeted, integrating a discussion of health disparities into policy and practice dialogues can lead to more successful outcomes. *Health disparities* can be understood as persistent differences in health outcomes (i.e., access, disease, disability, and death) across many areas of health over time because of race, ethnicity, gender, gender identity, sexual orientation, geography, environment, workplace, education, or socioeconomic status.

This template can be used by:

- *Individuals* seeking to better understand a policy or practice from the perspective of health disparities.
- *Groups and organizations*, including legislatively mandated commissions and councils, seeking to better understand each other's perspectives on health disparities within the context of policies and practices.
- *Policymakers* seeking to build bridges with communities and other stakeholders as they address health disparities.

This template can be used with:

- Policies and practices that *have implications for health outcomes*, such as healthcare reform, other healthcare, human services, education, transportation, employment, housing, public safety, and public assistance policies, as well as other policies that might have intended or unintended health consequences.
- Policy and practices *of many types*, such as bills, statutes, regulations, state or local agency practices, grantor policies, or programs in public and private settings.

This template can be used to:

- *Develop new policies* and practices that incorporate key health disparities issues.
- *Explore existing policies* and practices to ensure that health disparities issues are included and identify areas for improvement.
- *Create dialogues* between diverse stakeholders to explore differing perceptions of new or current policies and practices.

Template components include:

- *Questions*: Questions are based on themes from the CIPP policy brief, *Connecting Colorado*. Each question illuminates important components of policies and practices.
- *Scoring*: Scores range from 1 to 3 as described below. Each person or group may score the same policy differently. Exploring why the scores are not the same is an important part of policy dialogue.
 - **1**: The policy addresses the question.
 - **2**: The policy addresses elements of the question; there is room for improvement.
 - **3**: The policy has not addressed most or all elements of the question.
- *Comments*: Comments allow groups to share different perspectives on the same policies in greater detail.

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Policy/Practice: _____			
	Questions	Scoring	Comments
1.	Integration: To what extent...		
a.	Does the policy bridge different policy systems, such as transportation and health? If not, should it? What systems could be included?	1 2 3	
b.	Does the policy address existing policies that are duplicative, conflicting, or otherwise overlapping?	1 2 3	
2.	Communication: To what extent...		
a.	Does the policy include engagement of diverse communities and consumers in the implementation of the legislation?	1 2 3	
b.	Does the policy include an evaluative component? If so, does it engage communities and consumers in the evaluation?	1 2 3	
c.	Is there a mechanism for providers and diverse communities to learn from one another?	1 2 3	

Template term definitions (alphabetical, based on the *Connecting Colorado Policy Brief*)

Community and culturally based groups are providers and other organizations who are based in local, and sometimes diverse, communities. They are staffed by and supported by the community members.

Community involvement is the engagement of local and diverse stakeholders, including consumers, who are directly affected by policies, through active participation in meetings, decision-making, review of materials, or other key activities.

Culturally traditional services are healthcare and other services that emerged from diverse communities and may not exist within the mainstream health system. For example, sweat lodges are a historically and culturally traditional response to health and mental health needs in some Native American cultures.

Diverse communities include Asian American Pacific Islander, African American, Native American, Latino, lower income, disabled, aging, LGBT (lesbian, gay, bisexual, and transgendered), and rural communities, all of whom are affected by health disparities.

Engagement is when stakeholders have an opportunity to inform and participate fully, including being part of advisory or governance boards and providing early and ongoing input on many aspects of the policy.

Evaluative components are the mechanisms for stakeholders, including policy implementers, to determine if a policy is meeting its intended goals such as formal evaluations, audits, and public feedback opportunities.

Flexible funding is when funding streams ensure accountability through outcomes or performance measures, rather than sharply limiting the types of needs that the funds can cover. Flexible funding is more likely to meet diverse needs and achieve good outcomes than narrowly defined funding streams.

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Policy/Practice: _____		
Evaluation Questions	Scoring	Comments
3. Policy Process: To what extent...		
a. Were diverse stakeholders involved in developing the policy, including those outside the Denver-metro area?	1 2 3	
b. What type of research, if any, is the bill based on? For example, who lead the research and how was the community involved?	1 2 3	
4. Funding, Financing, and Budgets: To what extent...		
a. Does the policy increase or decrease the complexity of funding streams like Medicaid or grant programs?	1 2 3	
b. Does the policy create a flexible funding stream or increase the flexibility of existing funding streams?	1 2 3	
c. Does the policy encourage or allow funding for culturally traditional services?	1 2 3	
d. Does the policy encourage or allow provision of integrated services by community and culturally based groups?	1 2 3	

Template term definitions (alphabetical, based on the *Connecting Colorado Policy Brief*)

Funding streams are the mechanisms by which policies and practices are publicly or privately funded.

Implementation of a policy is the ongoing process of putting in place and governing the people, equipment, activities and other components of a policy to accomplish the intended goal.

Mechanisms for learning in this context could be joint training sessions, shared governance roles, co-located staff, or any other approaches that help differing stakeholders learn about and with each other.

Policies (and practices) include such things as bills, statutes, regulations, state or local agency practices, grantor policies, programs in public and private settings,

Providers include mainstream and community-based organizations providing health promotion, screening, treatment, and other services.

Research is the methodical collection and analysis of information that helps to understand a problem and/or possible solutions, including evaluations, health epidemiology studies, and academic studies. "Evidence-based" research is often called for by policymakers, but it can be too narrowly defined to include the holistic solutions to health disparities that communities believe are needed. Community-based participatory research is another type of research. It engages communities fully in the design, implementation, and reporting of research findings.

Systems, in this context, are the multiple policy domains that are relevant to health disparities, such as health and health financing, human services, education, transportation, employment, housing, public safety, and public assistance, criminal justice, and many others.

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Tell me more. The Colorado Institute of Public Policy brief, *Connecting Colorado: Overcoming the Disconnects that Lead to Health Disparities*, provides insight on the diverse array of issues that contribute to health disparities. Over 50 community leaders serving and representing Asian, African American, Native American, Latino, lower income, disabled and aging, LGBT (lesbian, gay, bisexual, and transgendered), and rural communities.

A lack of integration and breakdowns in communication between communities and decision makers were the overwhelming themes of many dialogues. The policy brief represents the synergy of concerns around disconnects and the ways in which to reconnect. The key integration and communication disconnects are:

Integration, in the context of health disparities, is about recognizing the many facets of the problem. Health disparities go beyond just healthcare issues, and they cannot be solved by the healthcare system alone. Affected communities are essential to finding solutions and improving outcomes. Specifically, integration:

- Moves beyond the healthcare system to create holistic policy solutions;
- Bridges mainstream providers and diverse communities;
- Ensures that health and mental health policies go hand in hand;
- Makes health information accessible inside and outside the healthcare system;
- Recognizes and adapts to different cultures and needs; and
- Creates diverse staff at all levels.

Improving **communication** underlies many of the possible solutions to health disparities and the absence of appropriate communication can be detected in the disconnects that exist among stakeholders. Legitimate communication:

- Starts early, before important decisions are made;
- Maintains continuous dialogue, not one-time opportunities to connect;
- Learns and adapts to other cultures and expectations; and
- Helps partners speak the same language and understand each other.

Why a template? This is a “hands-on” practical tool to encourage effective problem solving within a group and among multiple stakeholders. It is also a work in progress. Please go to the CIPP website www.cipp.colostate.edu/people to view the most recent version and download the policy brief.