



NATIONAL PARTNERSHIP FOR ACTION

to End Health Disparities

NPA Blog
December 2017

Improving Organizational Capacity to Address Health Equity

by Tiffany M. Pertillar, Marisa New, and Robyn Taylor

Chronic diseases are the leading cause of premature death and disability in the United States (U.S.). The burden of chronic disease disproportionately impacts racial and ethnic minority populations. Through their chronic disease programs, state health departments play a significant role in providing population health and preventive health services. Given this, it is important to understand the capacity of state-level chronic disease programs to promote health equity.

A recent special issue from the Journal of Health Disparities Research and Practice (Volume 9, Issue 6 [2016]) features the Office of Minority Health (OMH) and the National Partnership for Action to End Health Disparities (NPA). An article in that issue, [“An Assessment of Funding and Other Capacity Needs for Health Equity Programming Within State-Level Chronic Disease Programs,”](#) was written as a result of a partnership between the NACDD-HEC and NPA.

The article examines the capacity needs of state-level chronic disease programs in promoting health equity. The authors used data from an NACDD survey of members to identify major funding sources for chronic diseases and understand the extent to which funding and other capacity needs align with health equity. The following is an interview with three of the authors: Tiffany M. Pertillar, Marisa New, and Robyn Taylor.

NPA Blog (NPA): Please tell us about the impetus behind the NACDD partnership with the NPA and your article.

Marisa New: There is a longstanding relationship between the NPA and NACDD with overlapping membership between the two organizations. The NACDD delivered a webinar to its members on the NPA and it brought to light the shared commitment to addressing health disparities, including strategies for strengthening the effectiveness of chronic disease programs.

After the webinar, discussion continued regarding funding health equity programs. We wondered how state health departments funded their chronic disease programs and what, if any, similarities and differences existed. We realized that the answers to these questions could be useful to state chronic disease programs and decided to write the paper.

NPA: Why is it important to integrate a health equity lens into state-level chronic disease programs and policies?

Marisa New: Using a health equity lens encourages state health departments to consider the specific challenges faced by vulnerable populations, and it helps departments to develop programs that better address social determinants of health (SDoH).



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Robyn Taylor: Integrating a health equity lens into programs can combat the economic effects of health inequities. Eliminating health disparities for minorities would have reduced indirect costs associated with illness and premature death by more than \$1 trillion between 2003 and 2009 (LaVeist 2009). With people of color projected to account for over half of the nation's population in 2045, it is increasingly important to address health disparities since people of color are also more likely to be affected by poor health.

NPA: Can you elaborate on the role of funding, staffing, and other capacity needs of state-level chronic disease programs with respect to promoting health equity?

Tiffany Pertillar: Funding allocation needs to include resources for training staff on health equity and culturally and linguistically appropriate services (CLAS). Other capacity needs also include increasing the diversity of the healthcare workforce and across sectors that impact SDoH.

Robyn Taylor: Currently, with regards to the fight to eliminate health disparities, sometimes it appears we are at a standstill because we are not getting to the root causes. Public health practitioners and our social determinants of health partners (housing, transportation, schools, safety, etc) should be expected to have a bidirectional flow of data and information. With sustained and deliberate exchanges of information, partners can explore opportunities to work towards common goals. And, to make sure that a policy from one sector does not circumvent the efforts of another. We need program plan coordination across sectors, along with training and funding to make this possible. It has been said that health begins where we live, learn, work and play. And, if this is true, then frequent and meaningful collaboration between these various sectors should be encouraged, expected and desired.

NPA: How can requirements or expectations tied to funding create incentives to address health equity within state-level chronic disease programs?

Tiffany Pertillar: Since state-level chronic disease programs only work on what is required in FOAs, adding a requirement that is tied to a health equity performance measure in the funding opportunity can compel the programs to address health equity. It also makes programs accountable to these measures and improves the quality of programs.

NPA: What are some opportunities to enhance funding, and other capacity needs of state-level chronic disease programs to promote health equity?

Robyn Taylor: As this work evolves, chronic disease directors and staff recognize there are opportunities to work with managed care programs, hospitals, education, housing, and other SDoH partners to promote health equity. However, there is a need for training in this area. Increased awareness of the National Stakeholder Strategy to Achieve Health Equity could align efforts across states. The National Strategy provides a blueprint for Chronic Disease Directors and staff in the five goal areas of awareness, leadership, health system/life experience, cultural competency; and data, research and evaluation.



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Tiffany M. Pertillar, MPH, MSW, CHES, is a Public Health Consultant at the National Association of Chronic Disease Directors Health Equity Council (NACDD-HEC). She is working in the areas of diabetes prevention and health equity. Tiffany provides leadership and management for NACDD's efforts in diabetes prevention by working with State Health Departments to raise awareness of prediabetes and CDC's National Diabetes Prevention Program.



Robyn Taylor, MBA, is the health equity consultant for the National Association of Chronic Disease Directors Health Equity Council. Robyn is the former assistant director of the Office of Health Equity the Ohio Department of Health. Robyn has worked in the community, state level and now the national level to help develop, implement and promote health equity strategies.