

## 2017 Model Practices

### Applicant Information

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### Model Practice Title

Please provide the name or title of your practice: \*

Saint Louis County Department of Public Health-Health Equity Training

### Practice Categories

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category. Please select all the practice areas that apply.: \*

- |   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> Access to Care   | <input type="checkbox"/> Advocacy and Policy Making       | <input type="checkbox"/> Animal Control                      | <input type="checkbox"/> Coalitions and Partnerships | <input type="checkbox"/> Communications/Public Relations      |
| <input type="checkbox"/> Community Involvement  | <input checked="" type="checkbox"/> Cultural Competence   | <input type="checkbox"/> Emergency Preparedness              | <input type="checkbox"/> Environmental Health        | <input type="checkbox"/> Food Safety                          |
| <input type="checkbox"/> Global Climate Change  | <input checked="" type="checkbox"/> Health Equity         | <input type="checkbox"/> HIV/STI                             | <input type="checkbox"/> Immunization                | <input type="checkbox"/> Infectious Disease                   |
| <input type="checkbox"/> Informatics  | <input type="checkbox"/> Information Technology           | <input type="checkbox"/> Injury and Violence Prevention      | <input type="checkbox"/> Marketing and Promotion     | <input type="checkbox"/> Maternal-Child and Adolescent Health |
| <input checked="" type="checkbox"/> Organizational Practices                                | <input type="checkbox"/> Other Infrastructure and Systems | <input checked="" type="checkbox"/> Organizational Practices | <input type="checkbox"/> Primary Care                | <input checked="" type="checkbox"/> Quality Improvement       |
| <input checked="" type="checkbox"/> Research and Evaluation                                 | <input type="checkbox"/> Tobacco                          | <input type="checkbox"/> Vector Control                      | <input type="checkbox"/> Water Quality               | <input type="checkbox"/> Workforce                            |
| <input type="checkbox"/> Conference Theme: Bridging Clinical Medicine and Population Health |   |  |  |   |

Other::

Is this practice evidence based, if so please explain. :

The health equity training plan curriculum was adapted, designed and built after researching evidence based curriculums, materials and modules.

### Winnable Battles

To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly. Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC's seven Winnable Battles? If so, please choose from the following: \*

- |   |  |  |                                  |   |
|---|--|--|----------------------------------|---|
| <input type="checkbox"/> Food Safety            | <input type="checkbox"/> HIV in the U.S. | <input type="checkbox"/> Nutrition, Physical Activity, and Obesity | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Healthcare-associated Infections |
| <input type="checkbox"/> Motor Vehicle Injuries | <input type="checkbox"/> Teen Pregnancy  | <input checked="" type="checkbox"/> None                           |                                  |   |

Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

**Your summary must address all the questions below:**

- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
  - Were all of the objectives met?
  - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

**750 Word Maximum**

The Saint Louis County Department of Public Health (DPH) has served the citizens of Saint Louis County Missouri for over 100 years. DPH provides public health services to over 1 million residents throughout Saint Louis County at several public health centers. Saint Louis County Department of Public Health strives to keep St. Louis County one of the best places in the region to live, work, or visit. This is accomplished by regularly assessing the health and environment of the county and responding with sound policies that help assure the availability of high quality public health services for everyone. The Health Equity Committee of DPH has developed a department-wide health equity training plan that will educate employees' about social or demographic factors that affect health including, but not limited to, racial equity, LGBTQIA(Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex and Asexual) cultural competency and health literacy. This plan seeks to serve as a training guide on creating a culture of health equity. The two goals for the Health Equity Training are 1. Increase new hire and existing staff awareness and understanding of Health Equity and 2. Incorporate Health Equity awareness into our job functions to better serve Saint Louis County. The objectives for goal 1 are as follow: 1. Employees will complete Health Equity Training and gain awareness of the health equity definition by the end of December 2018; 2. Create health Equity Training Curriculum and schedule by the end of October 2016 and 3. Begin ongoing communication to share health equity training materials with DPH staff via email starting November 2016. The objectives for goal 2 are as follow: 1. Develop and implement a manager specific training to guide managers to incorporate Health Equity awareness and language into their programs by January 2017. Managers will also be coached on how to have productive follow-up conversations with team members returning from Health Equity training session. These conversations will help connect the classroom learning to the work the team member, Division and DPH does and 2. Develop all Health Equity Training to ensure "Problem Solving" component. Revise Health Equity training based on trainee and trainer feedback as needed in order to better apply Health Equity concepts on the job. The Health Equity Training has begun by implementing staff listening sessions on race and racism which lead into our second module on Undoing Racism. The goals and objective are currently in progress in relation to employees completing all of the training modules. The objectives of the listening sessions that have been conducted have all been achieved, where staff were able to come to a safe environment and share their thoughts, experiences and learn from each other. After the conclusion of the listening sessions, DPH staff completed evaluations which provided input and guidance for the improvement and continued success of the listening sessions. The listening sessions had an impact on the public health practice because staff not only learned from their colleagues experiences, but also how the customers we serve, may have or had the same experiences and how we can better serve our community. <http://www.stlouisco.com/HealthandWellness>

## Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be (1) **new to the field of public health (and not just new to your health department)** OR (2) **a creative use of an existing tool or practice**, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

- Statement of the problem/public health issue
- What target population is affected by problem (please include relevant demographics)
  - What is the target population size?
  - What percentage did you reach?
- What has been done in the past to address the problem?
- Why is the current/proposed practice better?
- Is current practice innovative? How so/explain?
  - Is it new to the field of public health
  - OR**
  - Is it a creative use of existing tool or practice:  
What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO's Toolbox etc.)
- Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)

**2000 Word Maximum**

Saint Louis County Department of Public Health (DPH) has formed a Health Equity Committee to cultivate a culture within DPH that supports the growth of employees' understanding of health equity in a manner that raises consciousness, stimulates action and improves health outcomes for the community at large. The department-wide health equity training plan will educate employees' about social or demographic factors that affect health. The training plan seeks to serve as a training guide on creating a culture of health equity. The target population for the training plan is DPH employees', new hires and existing staff. To date, around 20% of 400 employees have been reached. This is a new initiative within DPH to address health equity and will continue to be evaluated for any revisions for future refresher sessions. The development of the health equity training and the listening session were creative in that the modules were designed, built and tailored from evidence based curriculums, materials and modules. The tools used were from the PRIMER, The Development, Implementation and Assessment of Health Equity Action Training (HEAT): Implications for Local Health Departments, and Unnatural Causes and Race: The Power of Illusion.

## LHD and Community Collaboration

The LHD should have a role in the practice's development and/or implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
  - Steps taken to implement the program
- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice
- Were other stakeholders involved? What was their role in the planning and implementation process?
  - What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

### 5000 words maximum

Enter the LHD and Community Collaboration related to your practice (5000 words maximum): \*

The two goals for the Health Equity Training are 1. Increase new hire and existing staff awareness and understanding of Health Equity and 2. Incorporate Health Equity awareness into our job functions to better serve Saint Louis County. The objectives for goal 1 are as follow: 1. Employees will complete Health Equity Training and gain awareness of the health equity definition by the end of December 2018; 2. Create health Equity Training Curriculum and schedule by the end of October 2016 and 3. Begin ongoing communication to share health equity training materials with DPH staff via email starting November 2016. The objectives for goal 2 are as follow: 1. Develop and implement a manager specific training to guide managers to incorporate Health Equity awareness and language into their programs by January 2017. Managers will also be coached on how to have productive follow-up conversations with team members returning from Health Equity training session. These conversations will help connect the classroom learning to the work the team member, Division and DPH does and 2. Develop all Health Equity Training to ensure "Problem Solving" component. Revise Health Equity training based on trainee and trainer feedback as needed in order to better apply Health Equity concepts on the job. To achieve these goals a subcommittee was formed to develop a training for staff. Members of the subcommittee researched several curriculum and modules to develop a Department training plan. Throughout this timeframe, training modules were developed and reviewed, along with a training plan calendar and recruitment for Health Equity committee members to become trainers to train staff on designated modules. All DPH staff will receive the training over 3 years. Meetings were held with outside organizations to look towards collaboration on designated modules. Staff from the outside organizations provided resources and guidance on how Health Equity Committee Members can be trained to provide training to DPH staff. We do not anticipate any start-up costs.

## Evaluation

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are **process** and **outcome**. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.

- Did you evaluate your practice?
  - List any primary data sources, who collected the data, and how (if applicable)
  - List any secondary data sources used (if applicable)
  - List performance measures used. Include process and outcome measures as appropriate.
  - Describe how results were analyzed
  - Were any modifications made to the practice as a result of the data findings?

## 2000 Words Maximum

Please enter the evaluation results of your practice (2000 Words Maximum): \*

The Saint Louis County Department of Public Health (DPH) Health Equity Training is currently being implemented. The modules will be completed within 3 years. The DPH Health Equity Committee held several listening sessions on race and racism for staff. Multiple sessions were held at each of the health centers over several months. The objectives for the listening sessions was for employees' to share, listen and grow from others experiences in a safe environment. Through the evaluation that was provided to staff through email, the objectives were achieved and the listening sessions will guide and lead DPH into the Undoing racism module. From the evaluation results, the Health Equity Committee was able to adjust the questions that lead into conversations during the listening session.

## Sustainability

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (*NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation.*)

- Lessons learned in relation to practice
- Lessons learned in relation to partner collaboration (if applicable)
- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?
  - Describe sustainability plans

## 1500 Words Maximum

Please enter the sustainability of your practice (2000 Words Maximum): \*

Thus far, we have learned to continue to evaluate the modules for improvements. Thus far, we have not conducted a cost/benefit analysis and look to having no cost to implement the training. The outside organizations that DPH Health Equity members have met with, staff from these organizations look forward to assisting DPH with any needs throughout the training. After year 3 of the training, the Health Equity committee plans to offer refresher/update sessions for staff on an annual basis to keep staff abreast of the current and relevant information regarding health equity.

## Additional Information

How did you hear about the Model Practices Program?: \*

- |  |   |   |  |   |
|--|---|---|--|---|
| <input type="checkbox"/> I am a previous Model Practices applicant | <input type="checkbox"/> At a Conference      | <input type="checkbox"/> NACCHO Website | <input type="checkbox"/> Public Health Dispatch                      | <input checked="" type="checkbox"/> Colleague in my LHD |
| <input type="checkbox"/> Model Practices brochure                  | <input type="checkbox"/> NACCHO Exhibit Booth | <input type="checkbox"/> NACCHO Connect | <input type="checkbox"/> Colleague from another public health agency | <input type="checkbox"/> E-Mail from NACCHO             |
| <input type="checkbox"/> NACCHO Exchange                           |   |   |  |   |