



Health Equity LEARNING SERIES

2013 - 2015

**IMPACT OF THE HEALTH EQUITY LEARNING
SERIES IN SEVEN COLORADO COMMUNITIES**

Prepared for The Colorado Trust by:

Melanie Tran, MHPA, Department of Health and Behavioral Sciences, University of Colorado Denver
Nancy Csuti, DrPH, Director of Research, Evaluation & Strategic Learning, The Colorado Trust

» Introduction

In 2013, The Colorado Trust began funding the Health Equity Learning Series (HELS). The purpose of HELS was to increase knowledge and awareness of the social determinants of health (SDOH) in Colorado. A series of speakers annually spoke in Denver, primarily to the local nonprofit community. At the same time, grants were awarded to nonprofit organizations in 65 communities around the state to host “viewing parties,” giving others outside of Denver the opportunity to hear the speaker and have a discussion.

Among the 65 organizations over the course of three years, seven were awarded grants all three years, thereby hosting community events for approximately 12 speakers. This report is based on qualitative interviews conducted with these

3-YEAR GRANTEES

- Southeastern Area Health Education Center (AHEC)
- Southwestern AHEC
- Community Foundation of the Gunnison Valley
- Eagle County Health and Human Services
- Northwest Colorado Visiting Nurse Association (now Northwest Colorado Health)
- Poudre Valley Health System Foundation
- YMCA of the Pikes Peak Region

HELS SPEAKERS

2013

- Anthony Iton, MD, JD, MPH
- Winston Wong, MD
- Brian Smedley, PhD, MA
- Adewale Troutman, MD, MPH, CPH
- Elizabeth Myung Sook Krause, ScM
- Nichole June Maher, MPH
- Yanique Redwood, PhD
- Paula Braveman, MD, MPH

2014

- Laura Frank
- Llewellyn Smith
- Manuel Pastor, PhD
- Mildred Thompson

2015

- Doran Schrantz
- Denise Gonzales
- Susan Wilger, MPAff
- john a. powell, JD

seven grantees. The purpose of the interviews was to understand how these organizations and communities applied lessons from HELS speakers to their daily work, how HELS impacted their efforts and how they were able to implement informed action as a result.

» Talking About Health Equity

The concept of health equity is often an unknown or new concept, even to those working in health care sectors. In communities that received HELS grants, the learning series initially served as a method to establish baseline knowledge of health equity among viewing party participants.

*“The series provokes conversation on really important issues and makes people think. It encourages us to expand the services that we provide, and we do it with a better **baseline knowledge** of why certain things happen and don’t happen.” ~ Grantee*

Grantees reported that events provided learning opportunities to hear from health equity experts and discuss the SDOH for different populations. Awareness of these concepts gradually drew attention to how organizations could proactively implement change in their communities.

Over time, as HELS built upon the events and speakers, familiarity with health equity started to develop in the communities. Grantee organizations gained a better understanding of health equity and integrated speakers’ concepts into their everyday work, such as through grant applications, strategic organizational planning and redeveloping value statements. HELS also served as an

additional opportunity to contextualize current health equity and social justice efforts.

Outside of their organizations, grantees started bringing conversations about health equity into other realms. Grantees and viewing party participants reached out to key players involved with promoting health, such as community nonprofits and service organizations. A few grantees worked to collaborate with other organizations with similar overarching goals to address health inequities.

Grantees also began to integrate health equity initiatives in tandem with other projects. For example, one grantee mentioned being more empowered and confident to be part of a partnership grant that focused on advancing health equity through community development projects.

When specifically discussing the role of SDOH, grantees described the journey to understanding as an evolution. It was through a commitment of sharing HELS over the three years that they began to see an elevated understanding of health equity in their communities.

*“We have a better understanding of what health equity is **and integrated that concept into our everyday work**, whether it be looking at grants or planning for the next year and looking at our value statements.” ~ Grantee*

“I think there’s a lot of pride in our city but a lot is being swept under the rug. We value health, but there are areas for growth, specifically for the Hispanic/Latino and low socioeconomic status population. It’s our duty to really shed light on the needs that are not being met. The lack of cultural competency and cultural sensitivity to these populations means we need to start very basic with what health equity is. HELS started the conversation and served as the starting point to change.” ~ Grantee

Through the learning series speakers and conversations, grantees affirmed progress toward their communities’ understanding of SDOH and health equity.

» Beginning the Health Equity Journey

Over the three years, over 800 participants attended viewing parties, representing a wide range of demographics. In these seven communities, a core group of regular participants consistently attended and shared a passion for health equity. It was with this core group of individuals that meaningful conversations emerged. For example, one grantee described looking at their community as “strengths-based vs. deficits-based” when assessing and evaluating opportunities to improve health, a concept they learned from various health equity discussions, including HELS.





HELs VIEWING PARTY
~ Montrose, Colo.



HELs SPEAKERS

“For me personally and our organization, [thinking about health equity] has transitioned dramatically. Primarily on the leadership side, we’ve refocused our attention to social determinants of health and how **so much of health is determined outside our four walls**, and how we can connect to that. We’ve transitioned our programs to try to meet those needs. We’re trying to figure out how to make health equity a part of everything we do.” ~ Grantee

Further, HELS served as a platform to engage a variety of representatives from different sectors and sparked dialogue to explore the root causes of health inequities.

Involving more community members was an area that HELS grantees felt needed improvement. All grantees agreed on the value of including community members at the events, and they cited two primary reasons to both the importance and barriers to expanding the audience:

“A lot of our population are on public assistance, so they’re in a survival mode. I don’t know if they’re talking about health equity. They’re just trying to survive day-to-day so they haven’t had time to process that issue.”

“Other than health care workers who use the terminology in their profession,

for the most part, community members don't really apply, know or use [health equity] as a resource for themselves to get into programs. Our community members do what they have to do without knowing that there are resources that address health equity."

With the shared goal of improving health equity and reducing health disparities, grantees strived to focus on improving collaborative community relationships and working toward addressing the SDOH. Strategies to engage fundamental players in advancing the concepts from HELS resulted in a three-step process.

1] COMMUNITY ACCESS TO HELS

Without community member involvement, it can be difficult for such an educational series to truly impact a community. **The first step involves improving access to HELS and removing barriers that impede opportunities to participate.** Establishing shared definitions for terms and phrases, creating an environment that is conducive to discussing health equity and developing personal connections with community members are essential. One grantee worked with a community liaison to develop meaningful and intentional relationships with the surrounding community. These relationships helped encourage community members to participate in HELS in a way that reached beyond event flyers. During one of the events, the grantee started with an exercise of defining race that allowed the group to get to know each other and think

"We need to break down the definition to talk about what health equity is, make it okay to not know the meaning, and allow for questions." ~ Grantee

together about how culture, heritage and race are intertwined. Afterward, the HELS presentation spurred conversations and shared learning. This approach demonstrates how improving access helps facilitate awareness of relevant issues surrounding the SDOH and initiates conversations that bring voice to health equity obstacles in communities.

2] HOW TO APPLY HELS LESSONS

Next, grantees found success in discussing the relevance of the series' topics and beginning to apply the information to their community. By continuing to identify strategies to make the content understandable to any and all audiences, grantees removed barriers to discussion so all could participate. For example, one grantee divided the HELS presentation into segments that allowed the attendees to pause, reflect and make their own connections from the material to their community. Attendees could also share what they were doing or could be doing in their own organizations to contribute to health equity. Allowing the community discussion to have flexibility to go where

DISCUSSION QUESTIONS GRANTEES FOUND USEFUL:

- What areas in the presentation resonated for you?
- How does this information apply to our community?
- How can you use this information in your work?
- What rises to the top as an area to focus on? What are the “easy wins”?
- Where are opportunities for action, particularly through empowerment or engagement?

participants guided it (as opposed to a strict or formal agenda) was another successful facilitation strategy grantees recommended.

to bring to board and leadership meetings in order to incorporate it into everyday work. Through community and organization-wide dialogue, grantee efforts for leveraging knowledge on SDOH have the potential to leave a long-term impact in addressing health inequities.

3] IMPLEMENT INFORMED ACTION

Finally, after spending a significant amount of time discussing health equity, many grantees emphasized taking action in their communities. One grantee formed a health equity action team and worked on opportunities for collaboration with other community partners. Other grantees worked with senior leadership to refocus attention to SDOH and recognize how health is impacted beyond the four walls of their organizations. The topic of health equity became essential

“We are learning that everything is interconnected, not only with health care access, but being well in the community. Everything is very connected with education, work, access to social services and access to information.” ~ Grantee

» **Conclusion**

This report summarizes interviews with several HELS grantees that received grants over a three-year period. Grantees reported that HELS impacted the understanding of SDOH in their communities. Through these interviews, more insight into the effects of a speaker series over time was gained. Common themes emerged among grantees about what it will take to increase knowledge and awareness of health equity within Colorado communities.

As more organizations and communities in Colorado and other states attempt to tackle issues of health equity, raising awareness and advocating for change is a critical step. A speaker series such as HELS can serve as one strategy to foster intentional conversations that encourage organizations and communities to talk opening about the SDOH, how they integrate into everyday work and actions that can be taken to address them locally.





**THE
COLORADO
TRUST**

1600 SHERMAN STREET
DENVER, COLORADO 80203
WWW.COLORADOTRUST.ORG

PHONE: 303-837-1200
TOLL FREE: 888-847-9140
FAX: 303-839-9034

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