Strategies to Repair Equity and Transform Community Health Initiative

STRETCH Framework

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The STRETCH Framework was made possible by the Robert Wood Johnson Foundation. Developed by the CDC Foundation, Association of State and Territorial State Officials (ASTHO) and Michigan Public Health Institute (MPHI), the framework draws upon experiences, evaluations and lessons from the Strategies to Repair Equity and Transform Community Health (STRETCH) initiatives.

The framework reflects insights, views and best practices shared by participating health department and community partners and are not necessarily the CDC Foundation's nor partners' views.

Strategies to Repair Equity and Transform Community Health

THE STRETCH INITIATIVE

We all want to live in a community where everyone has the opportunity to reach their best health and wellbeing, no matter their race, ethnicity or class.

Accessible health care, clean air, parks, childcare, transportation options and many other aspects of our social, economic and environmental conditions impact our overall health. Communities are best placed to understand their own conditions and to find effective solutions for their needs.

Communities working in partnership with public health entities drives impactful change for community health.

The Strategies to Repair Equity and Transform Community Health (STRETCH) Initiative works to strengthen the foundational relationships imperative to ensuring all members of the community can thrive as well as improve the structures and processes needed to drive more equitable community health.

The CDC Foundation, Association of State and Territorial Health Officials (ASTHO) and Michigan Public Health Institute (MPHI) supported by the Robert Wood Johnson Foundation partnered on STRETCH 1.0 to bring together 10 state public health agencies (SPHAs) and their community partners to build and expand equitable public health practices and strategies.

Building upon the experiences in the first round of the STRETCH initiative, STRETCH 2.0 aims to establish shared language, build capacity for power sharing and equitable relationships, develop a shared plan to advance equity work and strengthen relationships among state team members and community partners to advance and sustain health equity through systems change.

The STRETCH initiative champions a systems change approach by analyzing the underlying policies, practices, resource allocations, power dynamics, relationships and mental models—our beliefs or assumptions that influence our perceptions—that have created barriers to everyone having the opportunity to live their healthiest life.

Community-based organizations and state public health agencies are working in partnership to ensure a better future for all. STRETCH is providing additional support to strengthen these relationships with a focus on community-led needs for long-term changes.

A Tool for Achieving Systems Change

THE STRETCH FRAMEWORK

Stretching public health practices.

Stretching public health models.

Stretching impact.

The STRETCH Framework is designed to guide efforts to create meaningful change and achieve health equity in communities.

The framework aims to re-imagine standard public health practice by centering equity as a through line throughout all public health domains and deploys a systems change approach to address the enduring legacy of structural biases and oppression such as racism, ableism and gender identity.

By addressing root causes through a systems change approach, the STRETCH Framework is meant to re-frame and re-imagine current public health models to lead to more equitable outcomes. The framework emphasizes partnering with communities and intermediaries to stretch the impact governmental agencies can achieve.

As the STRETCH Initiative delved into technical assistance for specific projects of the participating state teams, central to every discussion was addressing the root causes within public health systems and across five domains—community-led approaches, place-based initiatives, workforce development, data-driven management and finance systems—to have a meaningful impact on equitable health outcomes.

Addressing root causes is the foundational thinking and commitment necessary to take a systems change approach to all facets of public health work.

Health equity is the non-negotiable qualifier guiding the STRETCH Framework.

Health Equity

Systems Change

Community-Led Approaches
Place-Based Initiatives
Workforce Development
Data-Driven Management
Finance Systems

Structural Change
Transformative Change
Relational Change

Addressing Root Causes
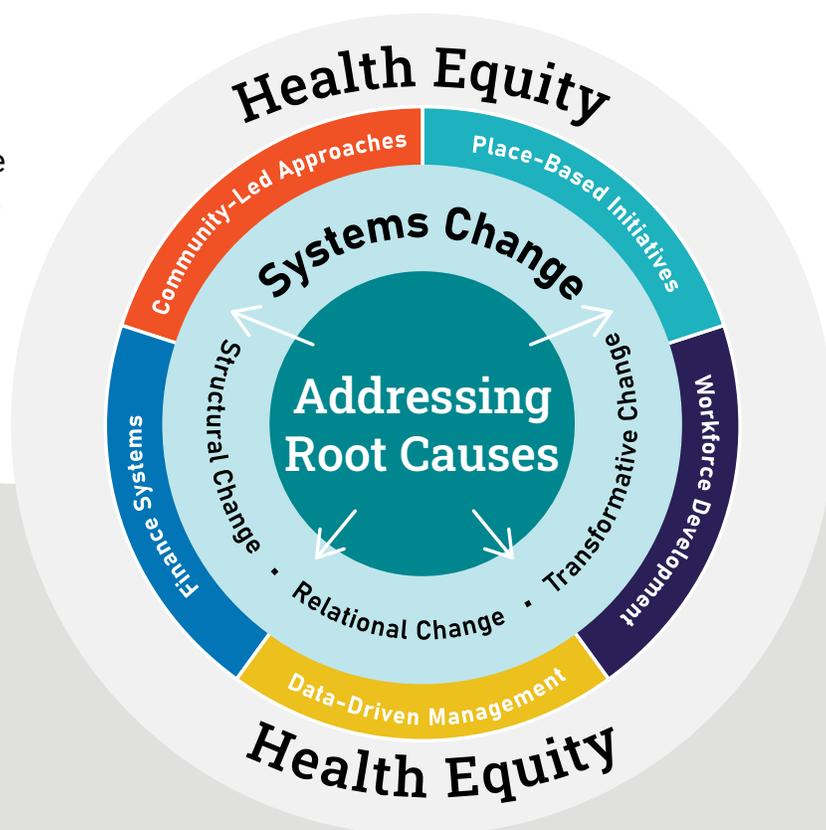
Health Equity

AN EQUITY APPROACH

Starting with the assumption that health inequities are not natural or inevitable calls for a critical examination of how public health as a field conceptualizes and implements policies, practices and programming designed to improve population health and reduce health disparities.

Where much of public health programming is categorical and focuses on individual behavior change and outcomes, achieving health equity requires shifting focus to systemic causes i.e., historical and contemporary oppression such as racism, gender discrimination and classism.

Structural racism is a primary driver of entrenched inequities and, although it operates as a concerted combination of activities that harm health in ways that can be both described and measured, directly addressing racism is largely absent from standard public health practice.

"

Health inequities are directly related, indeed, produced and reinforced by inequities in other parts of society, including the workplace, housing, education and criminal justice systems. These inequities are produced by historical, contemporary, individual and collective decisions made by people; they are not natural or inevitable."

(American Medical Association and Association of American Medical Colleges 2021)

ADDRESSING ROOT CAUSES

An equity approach to systems change implies those engaging in the work are thinking from a root cause perspective.

This means examining the role historical and current conditions—e.g., racism, classism, gender discrimination—have played in producing and perpetuating disparate outcomes across populations and systems.

Taking a health equity approach requires a re-imagining of our daily practices. It also requires an exploration into our taken-for-granted ways of understanding health experiences and outcomes, how our systems operate and how these systems are designed to advantage some while disadvantaging others.

A health equity approach also means a shift away from thinking about disparities alone. Disparities stop short by only documenting disproportionate differences in health outcomes between groups but do not tell us why these differences exist.

Engaging an equity frame challenges the assumption that differences in health are natural or inevitable by shifting away from individual's behavior and social constructs and focusing on the conditions that produce the disparities (see the FSG system change conditions on page 7).

Focusing on upstream conditions—such as housing, health beliefs and attitudes, access to food, safe transportation options, etc.—means not only addressing the social determinants of health but continuing to ask why differences in health outcomes exist.

Why do different populations have disproportionate access to quality, safe and affordable housing, education, transportation AND health care?

Asking why opens up the opportunity to more explicitly think about how oppression is operating and pushes further to explicitly name and address racism, among other forms of oppression, as a root cause.

Using an equity approach to systems change allows us to assess the current conditions with committed attention to root causes.

> A health equity mindset keeps the "why" at the center of the discussion and project development.

Assessing Current Conditions

To begin addressing root causes, your team should be assessing current conditions with an equity lens.

By assessing the current conditions using an equity lens, strategic and targeted action plans can be developed to disrupt conditions perpetuating inequities and transform systems to better address root causes.

Start by asking questions such as:

- What assumptions or deeply held beliefs are influencing the way we think, how we talk and what we do to address public health issues?

- Who has decision-making power and the authority to influence individuals and organizations?

- How are resources being allocated and distributed? And who decides?

SYSTEMS CHANGE

There are many different systems concurrently working in public health—such as funding, data and workforce.

A systems change approach thinks through mental models, relationships and other dynamics within these systems to create long-term change.

A systems perspective to equity is an approach and a skill.

It includes identifying different parts of a system and how those parts balance, react and reinforce conditions.

An important step to achieving systems change is to establish direction, alignment and commitment across current and emerging sectors involved (Ernst et al 2011). This includes across levels of work and authority, functions and expertise and internal and external groups.

> "
> Systems change is an intentional process designed to alter the status quo by shifting the function or structure of an identified system with purposeful interventions…It is a journey which can require a radical change in people's attitudes as well as in the ways people work…"
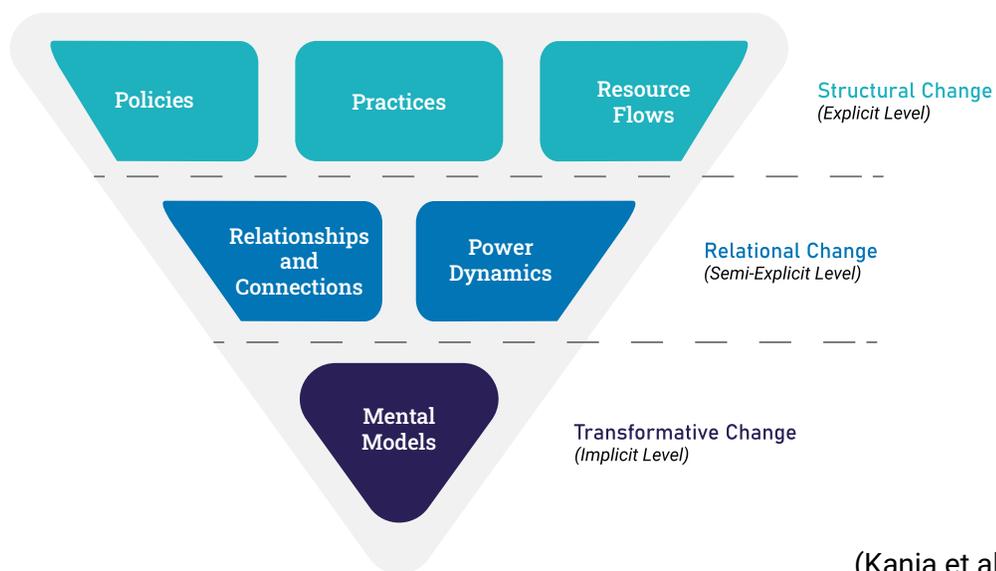>
> (Kania et al 2018)

LEVELS OF SYSTEMS CHANGE

While no systems change framework is exhaustive, it is helpful to have a reference point that supports systems thinking. In a model put forth by FSG, the Six Conditions of Systems Change, the authors describe three types of change:

- **Structural/Explicit:** policies, practices and resource flows

- **Relational/Semi-Explicit:** relationships and connections, power dynamics

- **Transformative/Implicit:** mental models

| Policies | Practices | Resource Flows | Structural Change (Explicit Level) |

Relationships and Connections | Power Dynamics | Relational Change (Semi-Explicit Level)

Mental Models | Transformative Change (Implicit Level)

(Kania et al 2018)

Change at all three levels, across all six conditions, is critical for creating sustainable change to how systems operate.

This can be challenging because less explicit, e.g., power dynamics, conditions are relatively difficult to identify and shift compared to more explicit conditions, e.g., policies and practices.

Therefore, those attempting to engage in systems change work must be intentional in attending to the less explicit conditions. Especially the underlying mental models—our beliefs or assumptions that influence our perceptions—embedded throughout the systems in which they work.

> "
> Systems change is about shifting the conditions that are holding the problem in place.
>
> (Kania et al 2018)

THE FIVE DOMAINS

The STRETCH Framework includes five domains to guide systems change processes, providing ways of assessing an organization's readiness to undertake the promotion of policies, programs, protocols and mindset shifts needed to achieve health equity.

The five domains are: community-led approaches, place-based initiatives, workforce development, data-driven management and finance systems.

By exploring all of these areas as an integrated web instead of siloed operating functions, public health agencies can work toward fruitful partnerships with communities and intermediaries that can stretch the impact of projects and lead to long-term change.

For the purposes of the STRETCH Initiative, the framework guides participants through capacity building and technical assistance.

The domains aim to discover operational approaches to redefining and reprogramming how we implement sound public health strategies. Building relationships, shifting mental models, re-evaluating power dynamics and focusing on root causes are central to work plan development and project management.

The domains create the ability to assess a team's and organization's levels of readiness for health equity work, as well as the format of decision-making to promote policies, programs and protocols that restructure the chances for everyone to have the opportunity to maintain a healthy life.

COMMUNITY-LED APPROACHES

Centers actions on the community priorities regarding what is needed to improve health and wellbeing.

PLACE-BASED INITIATIVES

Develops collaborative, long-term approaches to build thriving communities defined by place, interest or action.
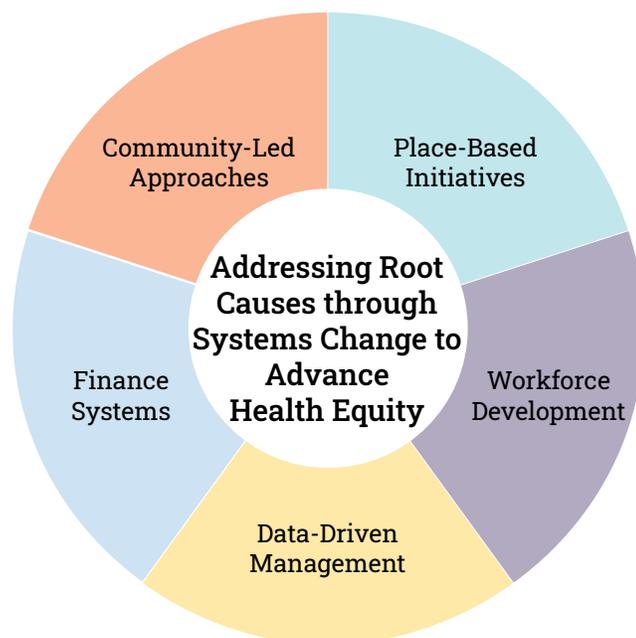
DATA-DRIVEN MANAGEMENT

Re-imagines how data is collected, shared and used to illuminate the needed investments to improve health equity.

WORKFORCE DEVELOPMENT

Ensures the quality and capacity of the workforce meets current and future public health challenges and improves health outcomes for the communities served.

FINANCE SYSTEMS

Focuses on how agencies and public health funders can organize their finances for long-term sustainability and success.

Addressing Root Causes through Systems Change to Advance Health Equity

Community-Led Approaches · Place-Based Initiatives · Workforce Development · Data-Driven Management · Finance Systems

COMMUNITY-LED APPROACHES

Community-led approaches focus on actions centered on the community and prioritizing their needs to improve health. Community-led approaches should be actions, policies and programs driven by the community, prioritize and impact local risk factors that influence health and promote health equity.

Assessing Current Approaches

To assess the value of current or potential community-led approaches, analyze the following:

- How much self-determination have communities had in previous projects?

- How does the state public health agency identify and contact community representatives?

- What is the balance between departmental expertise and community-based guidance?

- How do you ensure community members feel like their needs have been adequately addressed?

- What power-sharing dynamics exist and how have those been informed by community needs?

- Describe the power-sharing strategy that will be implemented with community partners?

- How do existing programs and structures within your department help or inhibit partnerships with community stakeholders?

- Do existing programs or staff have experience with community organizing or capacity building to help?

Assessing Structural Inequities

In addition to the assessment questions, explore the impact of the following structural inequities:

- Community dis-empowerment
- Neighborhood safety threats

- Availability of jobs and livable wages
- Abuse of power and structures of authority

PLACE-BASED INITIATIVES

Assessing Current Approaches

Place-based approaches are collaborative, long-term approaches to build thriving communities defined by place, interest or action.

To assess the value of current or potential place-based initiatives, analyze the following:

- Where are the individuals in need of these services in relation to the location? How long does it take to access these locations?

- Describe completed place-based approaches implemented in the past.

- What social, environmental and economic factors were considered in the selection process of place-based activities?

- How are place-based initiatives supported and/or administered?

- Describe the relevant experience of the backbone organization and collaborating organizations with members of the prioritized communities with the greatest burden of health disparities. Provide examples.

- Describe the role of community health workers or other designations of patient navigation.

Assessing Structural Inequities

In addition to the assessment questions, explore the impact of the following structural inequities:

- Residential segregation
- Environmental hazards
- Drive-times and transportation unavailability
- Poverty and other affordability circumstances
- Limited access to nutrient-dense foods

WORKFORCE DEVELOPMENT AND ORGANIZATIONAL INFRASTRUCTURE

Assessing Current Approaches

Workforce development and organizational infrastructure ensures the quality and capacity of the human assets meet current and future public health challenges and improve health and equity outcomes for the communities served.

The workforce development domain measures the opportunities to increase workforce skill sets, quality of organizational practices, the influence of organizational protocols on high-functioning workforce and the intentional efforts to incorporate health equity into the planning and execution of key strategies.

To determine the appropriate modifications to organizational infrastructure and assess the value of current or potential workforce development needs, analyze the following:

- Indicate how information is collected about the demographic composition of full-time staff and/or key partners supporting this work.

- Indicate the racial, ethnic and gender makeup of the leadership of your organization.

- Describe the outreach approach to including racial and ethnic groups in recruitment opportunities (full time, part time, interns, consultants, partners, etc.).

- What expertise is needed among staff/personnel to address structural racism and implement health equity strategies?

- Describe the training needs across organizational staff to advance understanding of structural racism and health equity.

Assessing Structural Inequities

In addition to the assessment questions, explore the impact of the following structural inequities:

- Lack of diversity and inclusion in decision-making, professional advancement opportunities, etc.
- Inadequate training
- Training that does not address implicit bias, structural racism, intersectionality and systems of oppression

- Diverse composition of workforce and recruitment strategies
- Workplace policies and protocols
- Favoritism
- One-directional feedback streams
- Safe and fair working conditions for all members of health workforce

DATA-DRIVEN MANAGEMENT

Data-driven management looks to how the health data infrastructure is modernized to re-imagine how data is collected, shared and used to illuminate the needed investments to improve health equity.

Data are critical details that describe the health of people and their communities. Data contextualizes what promotes health, drives disparities and how structural racism influences the ability to live. Measures of health and well-being should be co-created with communities to center their values, needs and priorities.

Assessing Current Approaches

To determine the appropriate modifications needed to current health data systems and assess the value of redesigning data management systems, analyze the following:

- How does your team define data?

- What data management systems are in current use?

- Are community residents/people represented though stages of the data life cycle (planning, collection, interpretation and dissemination)?

- Do data elements and metrics illuminate systemic causes of inequity and hold systems accountable?

- Does the state public health agency have bidirectional referral systems in place to share data with other health systems?

- What data sharing agreements does the state public health agency have in place?

- What type of racial, ethnic data are currently collected? Are these collection protocols universal or vary by team/project?

- How is data reported back to the community? Think of the inclusion of both quantitative and qualitative data inputs.

- What storytelling mechanisms are being utilized to communicate data?

Assessing Structural Inequities

In addition to the assessment questions, explore the impact of the following structural inequities:

- Cultural humility

- Distrust

- Misconceptions

- Misinformation

- Bias

- Incomplete data systems

- Data-driven programmatic and policy protocols

- Deficit versus strength based measurement

- Data and narrative change

FINANCE SYSTEMS

Finance systems look to how agencies can organize finances for long-term sustainability and success. The finance systems domain focuses on how governmental public health can move away from restrictive approaches, such as funding streams based on pre-existing silos. It encourages organizations to adopt approaches to match community needs and priorities that capitalize on the prevention potential of upstream public health initiatives.

The finance systems domain focuses on governmental public health as they historically hold more institutional power and resources. The probing questions for the finance systems emphasize actions governmental public health can take to shift power to communities.

Assessing Current Approaches

To determine the appropriate modifications needed to current health data systems and assess the value of redesigning data management systems, analyze the following:

- How does the state public health agency describe braided funding options? Give examples.

- How does the state public health agency create less restrictive funding opportunities?

- Describe how the state public health agency has sought to match health equity collaborative initiatives to appropriate funding sources.

- What are examples state public health agency projects that provided maximum flexibility to pursue prevention approaches that align with community needs and priorities?

- How does the state public health agency encourage a coordinated investment strategy to meet community needs as it relates to the funding design?

Assessing Structural Inequities

In addition to the assessment questions, explore the impact of the following structural inequities:

- ≫ Siloed funding mechanisms
- ≫ Top-down funding distribution
- ≫ Uncoordinated infrastructure and project-based funding needs

Public Health and Health Equity

CONTINUING FORWARD

The STRETCH Framework outlines a layered process of creating a system focused on health equity. Addressing root causes, systems change and capacity building are iterative approaches that influence one another. By addressing root causes through the multiple levels required to change systems and across a number of key public health domains, public health systems are shifted to create conditions for more equitable community health outcomes.

Systems changes is a long-term process. Changes need to be implemented and evaluated and then more changes may need to occur. Teams should move the goal post as progress occurs to continually strive for the next phase.

Notably, the STRETCH Framework is designed to support power-sharing in community partnerships while building ongoing trust.

Community partnerships can offer new perspectives and help ensure tables are created with all voices contributing to the outcome. A range of partnerships is key to ensuring the funding coming to state public health agencies is invested in communities and is utilized to create long-term, sustainable change.

The foundational component for assessing public health's current partnerships and strengthening them is systems change.

Equity pursued without systems change is not comprehensive at the level of effectiveness currently needed. "Systems Change pursued without Deep Equity is, in our experience, dangerous and can cause harm, and in fact leaves some of the critical elements of systems unchanged" (Petty et al 2020).

The STRETCH Framework will continue to be developed in partnership with the participating state public health agencies, community organizations and others. To learn more about the STRETCH Initiative, please visit the CDC Foundation website.

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