Strategies to Repair Equity and Transform Community Health Initiative

STRETCH Framework

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While state public health agencies (SPHAs) are integral to establishing a culture of health, they face challenges in creating the lasting systems change needed to achieve the vision of healthy and resilient communities. These challenges range from a disinvestment in public health to a workforce deeply impacted by the global pandemic to historic and systemic biases. As the challenges facing public health become more complex, the role of partnerships and strategic alignment with communities, state and local organizations, intermediary organizations and others becomes more critical.

Strategies to Repair Equity and Transform Community Health (STRETCH) engages intermediary organizations, such as local health providers, the faith community and others, to support governmental state public health agencies to achieve health equity and support resilient communities. The STRETCH initiative helps state agencies and their community partners rethink approaches to addressing health inequities and leverage the influx of federal funding from the pandemic to create long-term systems change leading to inclusive, collaborative and equitable public health systems.

To ensure public health initiatives have long-term impact and break down barriers causing health inequities, public health practitioners understand creating sustainable systems change is necessary. These practitioners also understand this approach requires adjusting and transforming the policies, practices, power dynamics and the social norms that have allowed health inequities to persist, despite laudable efforts of the field. The 10 SPHAs teams selected to participate in the STRETCH initiative became part of a peer learning community and received tailored technical assistance on a variety of topics focused on systems change.

The STRETCH Framework was developed as part of STRETCH as a tool for participating state teams and other public health partners—such as state health agencies, local health departments and community-based organizations—to understand the shifts needed to achieve true systems change.

Primary Objectives:

1. Use new influx of funding to create and execute public health financing strategies to drive the greatest, most equitable public health impact.

2. Design meaningful and lasting systems change and create inclusive and equitable public health systems.

3. Embed equity into SPHAs strategic priorities, partnership approaches, program development and implementation, policies and practices.

The STRETCH Initiative

Strategies to Repair Equity and Transform Community Health
A tool for achieving systems change

The STRETCH Framework

Stretching health equity.

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. This framework emphasizes partnering with communities and intermediaries to stretch the impact governmental agencies can achieve.

As STRETCH delved into technical assistance for specific projects of the participating state teams, central to every discussion was addressing the root causes present 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 be able to take a systems change approach to all facets of public health work.

Health equity is the non-negotiable qualifier that guides the STRETCH Framework.
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: they are 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. As well as 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. It 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 them (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 pushes us to continue to ask why differences in health outcomes exist. That is, why do different populations have disproportionate access to quality, safe and affordable housing, education, transportation AND health care?
STRETCH Framework

Asking why allows us to think more explicitly about how oppression is operating and pushes us 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, and asking questions such as:

- How are resources being allocated and distributed? And who decides?
- Who has decision-making power and the authority to influence individuals and organizations?
- What assumptions or deeply held beliefs are influencing the way we think, how we talk and what we do to address public health issues, particularly health inequities?

By assessing the 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 across several domains.

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.

“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)

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.
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

Change at all three levels, across all six conditions, is critical for sustainable altering 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 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

For the purposes of the STRETCH Initiative, the framework guides state health agencies and their partners through capacity building and technical assistance. These inform how organizations operationalize the principles of health equity and sustain community, relational, infrastructural and individual public health systems change over time.

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:

**Community-led approaches**: Centers health equity actions on the community priorities regarding what is needed to improve their health and wellbeing.

**Place-based initiatives**: Develops collaborative, long-term approaches to build thriving communities defined by place, interest or action.

**Workforce development**: Ensures the quality and capacity of the workforce meets the current and future public health challenges and improves health and equity outcomes for the communities served.

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

**Finance systems**: Focuses on how agencies can organize their finances for long-term sustainability and success.

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.

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 purpose of the domains as part of the STRETCH Framework is to assess a team’s and organization’s levels of readiness and 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**

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

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?

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**

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 relevant experience the lead organization [backbone] and collaborating organizations have engaging with members of the prioritized communities with the greatest burden of health disparities and provide examples.
- Describe the role of community health workers or other designations of patient navigation.
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. To determine the appropriate modifications needed to current health data systems and assess the value of redesigning data management systems, analyze the following:

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

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 you collect information about the demographic composition of full-time staff and/or key partners that will support 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 agency staff to advance understanding of structural racism and health equity.

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
Finance Systems

Finance systems look to how agencies can organize finances for long-term sustainability and success.

The finance systems domain determines how agencies can move away from restrictive approaches, such as funding streams based on pre-existing silos, and adopt approaches to match community needs and priorities that capitalize on the prevention potential of upstream public health initiatives. 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 of projects the state public health agency has completed 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?

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
The STRETCH Framework outlines a circular process of creating a system focused on health equity. Addressing root causes leads to system changes leading to capacity building. Continuously questioning why and addressing those root causes strengthens our communities’ health systems.

Notably, the STRETCH Framework is designed to support power-sharing in community partnerships while building ongoing trust. These partnerships can offer new perspectives and help ensure all voices are invited to the table and contribute to the outcome. A range of partnerships is key to ensuring the funding coming to state public health agencies is invested across 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. As noted in the FSG *The Water of Systems Change*, “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” (Kania et al 2018).

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


