

DOH Office of Health Equity Initiated Programs to Reduce Health Disparities

November 27, 2024

A report by the Office of the District of Columbia Auditor



Audit Team
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Executive Summary

Why ODCA Did This Audit

This discretionary audit was initiated to assess the effectiveness of the Office of Health Equity (OHE) and the potential impact of the COVID-19 pandemic as it relates to health equity.

What ODCA Found

OHE initiated programs and issued reports to help reduce health disparities within the District. OHE's commitment to identifying and addressing social determinants of health contributed to the success of the programs reviewed. In 2018 OHE issued the Health Equity Report for the District of Columbia (DC HER) which provided an assessment of health equity and opportunities to improve the health of DC residents.

During our audit we reviewed three programs led by OHE, the Calling All Sectors Initiative (CASI), Health Equity Impact Review (HEIR), and the Health Literacy Learning Collaborative (HLLC). For each of the programs reviewed it was determined that OHE achieved its goals, as set forth by the agency's mission and strategic objective, to foster a reduction in health disparities within the District. OHE also developed partnerships with other government agencies and community partners to implement the programs reviewed.

We also found that OHE adjusted to unprecedented times, by responding to health disparities as a result of the COVID-19 pandemic. In collaboration with the Executive Office of the Mayor (EOM) and other District agency partners OHE contributed to the response to COVID-19 by providing equity-informed feedback to policies, programs, and practices to assist with decision making.

We found that the Commission on Health Equity was inactive during our review period due to a lack of voting members. Six of the nine voting member seats within the Commission were vacant as of the end of our audit, December 31, 2023. Five of the six vacant positions are appointed by the Mayor and one vacant position is appointed by the Council.

What ODCA Recommends

1. The Mayor and the Council should appoint voting members to the Commission on Health Equity in accordance with D.C. Code § 7-756.01 to ensure continuous operation of the Commission on Health Equity.

Background

The D.C. Department of Health (DOH) established the Office of Health Equity (OHE) in 2015 by Organization Order 2015-1 within the Office of the Director to address the root causes of health disparities by supporting projects, policies, and research that will enable every resident to achieve their optimal level of health—regardless of where they live, learn, work, play, or age. To achieve this mission, OHE sets out to inform, educate, and empower individuals about health issues and facilitate multi-sector partnerships to identify and solve community health problems related to the social determinants of health.

OHE’s FY 2023 approved budget was \$805,000, which included funding for six full-time equivalent positions, responsible for initiating and executing programs throughout the District, and collaborating with other government agencies, community partners, and all DOH administrations.

Figure 1 shows information on OHE’s budget, actual expenditures, and approved FTEs from FY 2018 through FY 2023.

Figure 1: OHE Budget and Full Time Equivalents (FTEs)

Fiscal Year	2018	2019	2020	2021	2022	2023
	(Dollars in thousands)					
Approved Budget	\$619	\$638	\$768	\$912	\$819	\$805
Actual	\$459	\$392	\$648	\$654	\$721	\$646
Change in Approved Budget +/-		19	130	144	(93)	(14)
Approved FTE’s	5	5	6	6	6	6

Source: Office of the Chief Financial Officer’s Fiscal Year 2019–2025 Approved Operating Budget Chapters, Operating Appendix Tables, and Capital Budgets by Agency

Despite many resources in the District, health outcomes continue to reflect health inequities for District residents. In 2018, OHE released the first Health Equity Report for the District of Columbia (DC HER). This report provided a baseline assessment of health equity and opportunities for health in Washington, D.C. The DC HER report itself was a significant accomplishment and major milestone in the organizational history of OHE. It served as a strategic framework for public health and its role in relation to other governmental non-health sectors and elements it identified are now routinely used to analyze health equity in DC neighborhoods.

The report identified and evaluated nine key drivers of health for the 51 statistical proximal neighborhood groups within the District. Those drivers are:

- Education
- Employment
- Income

- Housing
- Transportation
- Food Environment
- Medical Care
- Outdoor Environment
- Community Safety

Following the publication of the DC HER, OHE hosted a series of community conversations across the District to summarize the results of the 2018 DC HER. In addition to community conversations and the Health Equity Impact Report, OHE has collaborated with community partners and other D.C. government agencies to engage the community and issue reports to address health equity in the District.

The Commission on Health Equity

To further develop and understand health inequities in the District, DOH established the Commission on Health Equity in accordance with DC Code § 7-756.01. The Commission on Health Equity was developed to provide comprehensive recommendations to the Department of Health, the Council, and the Mayor to both examine and address health inequities across the District.

Objective, Scope, and Methodology

Objectives

- To determine whether OHE achieved its goals, as set forth by the agency's mission and strategic objective, to reduce health disparities within the District.
- To determine how OHE informed the District's response to the COVID-19 pandemic.

Scope

The audit scope covered October 1, 2018, to December 31, 2023.

Methodology

To determine if OHE achieved its goals as set forth by the agency's missions and strategic objectives to reduce health disparities within the District, ODCA:

- Reviewed three programs initiated by OHE, the Calling All Sectors Initiative (CASI), Health Equity Impact Review (HEIR) and Health Literacy Learning Collaborative (HLLC).
- Interviewed OHE staff.
- Reviewed reports issued by OHE.
- Reviewed meeting agendas.
- Viewed oversight hearings and documentation submitted to Council.
- Reviewed reports issued by the Members of the Standing Panel on Social Equity of the National Academy of Public Administration (NAPA) Social Equity Framework.
- Reviewed additional relevant information.

Similarly, to determine how OHE encompassed the impact of the COVID-19 pandemic, ODCA interviewed OHE staff and reviewed reports issued by OHE and supporting documentation provided.

This report was drafted, reviewed, and approved in accordance with the standards outlined in ODCA's Audit Policies and Procedures.

Audit Results

OHE initiated programs and issued reports to help reduce health disparities within the District.

OHE's mission is to address the root causes of health disparities, beyond healthcare and health behaviors, by supporting projects, policies, and research that will enable every resident to achieve their optimal level of health—regardless of where they live, learn, work, play, or age. OHE's strategic objective is to promote health equity and to collaborate with other government agencies and community partners to identify and address the social determinants of health that are the key drivers of inequities in health outcomes.

A committee of the Social Equity Panel of the National Academy of Public Administration (NAPA) created four criteria for measuring equity: access, quality, procedural fairness, and outcomes.

To better understand if OHE achieved its mission and strategic objective, ODCA analyzed three programs led by OHE, the Calling All Sectors Initiative (CASI), Health Equity Impact Review (HEIR), and the Health Literacy Learning Collaborative (HLLC). Using the NAPA framework as a guide ODCA evaluated each program to determine if OHE addressed access and procedural fairness during the development and implementation of the sampled programs. Partnerships developed by OHE were also evaluated in line with OHE's strategic objective.

A comprehensive review of each program was conducted, and key outcomes and collaborations are highlighted below:

- **Calling All Sectors Initiative (CASI)** had an overarching goal to ensure that D.C. government's homelessness assistance systems provided coordinated and timely services that meet the holistic needs of pregnant individuals. In collaboration with CASI members, DHS created a program at the Virginia Williams Family Resource Center (VWFRC) to serve pregnant individuals in their first and second trimester who are experiencing homelessness or at risk of homelessness. The program provided 24-hour placement at low barrier shelters and connection to the Homeless Prevention Program (HPP) case management services or family shelter when needed. The program also provided access to short-term family housing (STFH) for high-risk pregnant individuals.
- **Health Literacy Learning Collaborative (HLLC)** addressed health disparities by educating the public on health care programs and how to access and manage available healthcare with a goal of increasing awareness of services available and the opportunity to utilize existing health services. To meet this goal, OHE established partnerships with the following community-based organizations that served as a bridge between District residents and health system partners.
 - Central American Resource Center (CARECEN)
 - Far Southeast Family Strengthening Collaborative (FSFSC)
 - InnerCity Collaborative Community Development Corporation (ICCCDC)
 - Latin American Youth Center (LAYC)
 - Leadership Council for Healthy Communities (LCHC)

- United Planning Organization (UPO)
- La Clinica del Pueblo (LCDP)
- Health Literacy at American University (HEAL-DC)

In addition, OHE developed the “Living Well DC – Community Conversations” newsletter and in October 2022 HLLC relaunched the Living Well DC Portal. The purpose of the Living Well DC Portal is to serve as a health information hub for three key audiences; District residents, healthcare organizations, and other community-based organizations that work to serve the community.

- **Health Equity Impact Review (HEIR)** was designed to review proposed projects, especially those related to the built environment. OHE developed a pilot HEIR which incorporated key concepts of health equity related to the built environment. The overarching purpose of the process is to evaluate potential health outcomes, support healthy communities, inform decision makers, and identify opportunities to reduce disparate health effects. HEIR was developed as a result of the Health Impact Assessment Program Establishment Act of 2019 which established a health impact assessment program within DOH to evaluate potential health effects of proposed projects on individuals and communities. The HEIR created a logic model, utilized focus group discussions framed around identified equity challenges, and analyzed policy outcomes across six focus areas for the nine key drivers. This led to proposed recommendations across the six focus areas to improve health outcomes to decrease health inequities in the Congress Heights neighborhood.

The Congress Heights Small Area Plan Health Equity Impact Report was issued in September 2022. OHE collaborated primarily with the Office of Planning (OP) to complete this project. Additional collaborators were the Deputy Mayor of Planning and Economic Development (DMPED), East of the River Development, District Department of Transportation (DDOT), Department of Energy and the Environment (DOEE), Department of Parks and Recreation (DPR), Department of Health (DOH), DC Public Schools (DCPS), Department of General Services (DGS), Department of Small and Local Business Development (DSLBD), DC Public Library (DCPL), Department of Housing and Community Development (DHCD), and Washington DC Economic Partnership (WDCEP).

For each of the programs reviewed it was determined that OHE initiated these programs with the consideration of access and procedural fairness. OHE also developed partnerships with other government agencies and community partners to implement the programs cited.

The Commission on Health Equity was inactive during our review period due to a lack of voting members.

D.C. Code established a Commission on Health Equity (“Commission”) to prepare comprehensive recommendations to the Department of Health, the Council, and the Mayor that examine and address health inequities across the District and differing opportunities for healthcare by demographic subpopulations and geographic areas, including in each ward of the District. The Code mandated that the Commission have nine voting members, six voting members to be appointed by the Mayor with the

advice and consent of the Council and three voting members to be appointed by the Council. The term for members appointed by the Mayor were initially two or three years and three years thereafter. For those members appointed by the Council, terms were initially one year and three years thereafter.

We found that six of the nine voting member seats within the Commission were vacant as of the end of our audit, December 31, 2023. Five of the six vacant positions are appointed by the Mayor and one vacant position is appointed by the Council. Figure 2 shows the disciplines to be represented by six members as well as which positions were vacant and who is responsible for appointing each position.

Figure 2: Status of Commission on Health Equity Positions as of December 31, 2023

Voting Member Position	Status as of 12/31/2023	Position Appointed by
Health Equity, Social Determinants, and Health Disparities	Vacant	Mayor
Social and Human Services and Vulnerable Populations	Filled	Mayor
Early Learning and Education	Vacant	Mayor
Minority Communities and Population Health Outcomes and Improvement	Vacant	Mayor
Economic and Community Development	Vacant	Mayor
Ecology and the Natural and Built Environment	Vacant	Mayor
Voting Member	Vacant	Council
Voting Member	Filled	Council
Voting Member	Filled	Council

New members were not appointed to the Commission by the Mayor and Council in a timely manner after the voting members’ terms expired. Per OHE, recommendations were provided to the Mayor’s Office of Talent & Appointments (MOTA) to identify replacements for the Mayoral Appointees during the first quarter of FY 2022.

A fully operational Commission could have provided the opportunity for individuals from various professional backgrounds to collaborate and share information to improve health inequities across the District and provide recommendations to DOH. The absence of this collaboration weakened OHE’s ability to fulfill its mission to address health inequities across the District.

Recommendation

1. The Mayor and the Council should appoint voting members to the Commission on Health Equity in accordance with DC Code § 7-756.01 to ensure continuous operation of the Commission on Health Equity.

OHE adjusted to unprecedented times by responding to health disparities brought about by the COVID-19 pandemic.

To achieve its mission OHE strives to inform, educate and empower people about health issues. On March 11, 2020, the World Health Organization characterized the COVID-19 outbreak as a global pandemic and on the same day Mayor Bowser issued a public emergency for the District. Given the agency's mission, we reviewed actions taken by OHE to meet the needs of District residents.

In collaboration with the Executive Office of the Mayor (EOM) and other District agency partners, OHE contributed to the response to COVID-19 by providing equity-informed feedback to policies, programs, and practices to assist with decision making.

Some examples of OHE's responses are listed below:

1. DC Health applied the DC HER 2018 framework to inform COVID -19 Operations by utilizing the 51-Statistical Neighborhood level of analysis including mapping (launched in the HER2018) the infection spread and recovery, as well as lives lost to COVID-19. DC Health's daily data releases, including those documented on the coronavirus.dc.gov website, consistently provided maps of infection rates, mortality rates, and vaccine rates, not only to the traditional eight wards of the District, but also through mapped disaggregation of the data to the 51 Statistical Neighborhoods to provide a more granular and targeted analysis of impacts on the ground.
2. DC Health issued a COVID-19 Pandemic Health and Healthcare Recovery Report in May 2021. The report addressed potential population health concerns as a result of the pandemic including delayed, preventative and chronic disease care; long-term effects of COVID-19 infection; economic impact and job loss; mental health stress, social isolation, trauma and grief; and loss of academic, social and emotional growth in children. The report also included a post pandemic framework designed to promote equity and address post-pandemic health care needs.
3. OHE served as a co-host and collaborator for the inaugural DC Health Equity Summit with the Office of Racial Equity within the Office of the City Administrator. The summit focused on the social and structural determinants of health and structural and institutional racism. The summit's theme was "Building the Roadmap to a Just Post-Pandemic Future" and included 11 government agencies, three academic institutions, four foundation and non-profit organizations, and representation from the DC business community. It facilitated a timely conversation focused on the impact of the COVID-19 pandemic and innovations to inform OHE's equity practice moving forward.
4. In response to the COVID-19 pandemic, OHE's Director served as a member of the Mayor's Reopen DC Advisory Group and its Equity and Vulnerable Populations Committee.

In response to the COVID-19 pandemic, OHE worked collaboratively with all DC Health Administrations and relevant District agencies.

Conclusion

OHE is a comparatively small office within DC Health. By leveraging relationships with other District agencies and community partners, OHE has achieved its mission to help address the root causes of health disparities in the District. This audit reviewed the type of programs implemented by OHE and not the overall effectiveness of the programs that were implemented. This descriptive focus was based on the timing of the audit and the lack of data to effectively quantify and evaluate the impact of the programs reviewed. OHE has taken steps to evaluate the 51 statistical neighborhoods within the District to identify the key drivers of health inequities in the HER report. The information documented in this report has been used by OHE and other District agencies to understand the needs of District residents and how to address them. The three programs reviewed—the Calling All Sectors Initiative (CASI), Health Equity Impact Review (HEIR), and the Health Literacy Learning Collaborative (HLLC)—demonstrate OHE’s ongoing commitment to fulfill its mission and develop meaningful partnerships with other government agencies and community partners.

Summary of Report Recommendations

Our audit identified one recommendation that could improve health inequities across the District.

Finding	Recommendation
The Commission on Health Equity was inactive during our review period due to a lack of voting members.	1. The Mayor and the Council should appoint voting members to the Commission on Health Equity in accordance with DC Code § 7-756.01 to ensure continuous operation of the Commission on Health Equity.

Agency Comments

On October 25, 2024, we sent a draft copy of this report to the Office of Health Equity (OHE) for review and written comment. OHE responded with comments on November 6, 2024. Agency comments are included here in their entirety, followed by ODCA's response.

November 5, 2024

Via email: Kathleen.Patterson@dc.gov

Kathleen Patterson
District of Columbia Auditor
Office of the District of Columbia Auditor
1331 Pennsylvania Avenue, N.W., Suite 800 South
Washington, DC 20004

Re: Comments on Draft Report entitled “DOH Office of Health Equity Initiated Programs to Reduce Health Disparities”

Dear Ms. Patterson:

Thank you for the opportunity to comment on the draft report regarding the Department of Health’s Office of Health Equity (OHE).

We agree with your findings that OHE initiated programs and issued reports to help reduce health disparities and that OHE adjusted to unprecedented times by responding to health disparities brought about by the COVID-19 pandemic. Despite being a comparatively small office, OHE strategically leveraged relationships with other District agencies and community partners to achieve its mission to help address the root causes of health disparities in the District.

To further address health disparities, the Mayor established the Office of Racial Equity (ORE) within the Office of the City Administrator to apply a racial equity lens across government operations to improve the quality of life for District residents. Among other things, ORE promotes strategic alignment and coordination of the District’s effort toward achieving racial equity.

The full responsibility for the sole recommendation made by ODCA lies outside the responsibilities of the OHE jurisdiction of capacity, namely that the Mayor and the Council should appoint voting members to the Commission on Health Equity to ensure continuous operation of the Commission on Health Equity. The Executive agrees and, as for Executive appointments, this recommendation was already implemented before the circulation of the draft report. Mayor’s Order 2024-105, dated June 21, 2024, and Mayor’s Order 2024-138, dated July 9, 2024, appointed six highly qualified persons to fill the six Mayoral positions on the Commission of Health Equity noted in the draft report as being vacant as of December 31, 2023. In addition, in 2024, two nonvoting

advisory member seats for persons with access to health outcomes databases were filled pursuant to Mayor's Order 2024-066, dated April 30, 2024.

Sincerely,



Ayanna Bennett, MD, MSPH, FAAP
Director

cc: Betsy Cavendish
C. Anneta Arno
Phillip Husband

About ODCA

The mission of the Office of the District of Columbia Auditor (ODCA) is to support the Council of the District of Columbia by making sound recommendations that improve the effectiveness, efficiency, and accountability of the District government.

To fulfill our mission, we conduct performance audits, non-audit reviews, and revenue certifications. The residents of the District of Columbia are one of our primary customers and we strive to keep the residents of the District of Columbia informed on how their government is operating and how their tax money is being spent.

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