Partnership for Southern Equity

TOGETHER WE PROSPER

Health Equity Assessment Guide®

Foreword

In 2017, Healthcare Georgia Foundation launched The Two Georgias Initiative -- a five-year, place-based program that funded 11 rural communities across Georgia. The Initiative is designed to achieve greater health equity among rural Georgians through the elimination of health disparities. The goals of Two Georgias include: achieve greater health equity among rural populations; improve health and healthcare for rural Georgians; build healthier rural communities; improve social conditions that impact the health of rural populations and build community, organizational and individual leadership capacity (coalition development) in rural Georgia.

Since the beginning of this multi-year investment, the Foundation has had the honor and privilege of joining forces with the Partnership for Southern Equity in the pursuit of bringing health equity to all Georgians. This partnership began as an opportunity for PSE to provide technical support focused on Equity principles to the eleven lead organizations taking part in the Foundation's Two Georgias Initiative and has evolved over time into a mission-driven relationship that has impacted rural communities all over the state. The Partnership for Southern Equity is uniquely qualified to carry

out this work of supporting communities who are pursuing health equity; as a young and growing organization with visionary leadership, PSE has the advantage of being close to the real-time impact they can have on Georgia's residents. In August 2020, Healthcare Georgia Foundation's presented the Partnership for Southern Equity with the Foundation's inaugural Health Equity Award, in recognition of how PSE exemplifies the values and principles of health equity As the Foundation's grantee partner, PSE has accomplished incredible and inspiring work that has only just begun.

The following Health Equity Assessment Guide is the fruit of a multi-year effort by the Foundation and PSE to educate and strengthen Georgia's rural communities in health equity; an often misunderstood or underestimated element that can heal and strengthen traditionally marginalized populations and provide an opportunity for growth and sustainability. Healthcare Georgia Foundation is proud to call the Partnership for Southern Equity an ally and advocate for rural Georgia, and it is the Foundation's hope that this Health Equity Assessment Guide encourages communities to reflect on their own pathways and progress towards the pursuit of a fair and equitable Georgia.

Healthcare Georgia Foundation
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Partnership for Southern Equity (PSE) Overview

PSE encourages community partners to engage in the framing of health equity strategies and actions in collaboration with the communities we serve, in particular, the populations most impacted by institutional racism and implicit bias. We strongly believe it is critical to benchmark strategies and actions, decision-making, and capacity and skill-building required for advancing health equity.

This tool is intended to serve as a user's guide to benchmark strategies and actions, grow coalition and/or a community group's capacity, encourage and monitor resident engagement, and collaborative efforts. It also asks the most imperative and pressing question to our organizations: How well are we doing in minimizing inequities we have identified as barriers to achieving optimal health for individuals and community?

As we continue to learn more about the health inequities revealed by both the COVID-19 pandemic and the racial equity movement, the disparities in health outcomes and data tells us that systemically, Black, low-income, and historically disinvested communities of color in the American South experience poorer health, the negative impacts of social determinants of health, and experience health inequities at a disproportionate rate compared to other populations.

Structural and institutional racism embedded in healthcare systems, access to health care and resources, public policy and laws – from the inequality in health services and care, negative health impacts including heart disease, cancer, lung disease, childhood asthma, chronic illness, and now COVID-19 – add to the burden of poverty. And, as we know, too often residents and communities most impacted by inequities are virtually unrepresented in planning and decision-making processes that drive inequitable outcomes and policy.

While familiar to some, this information is unfamiliar to many – too often policies significantly impact health outcomes, household economic stability, and impinge upon the overall quality of healthcare, access to healthcare and resources, housing, air quality, water, and other natural resources that affect our health and well-being.

Against the backdrop of the poor health outcomes, racism, poverty, declining infrastructure, unhealthy housing, and air quality for people of color and low wealth communities, these disparities have driven equity and justice to the forefront of the health conversation and made 'Just Health' a growing imperative. Listed below are actionable ways to ensure that health equity is a core value in the work that we do. Ultimately, adopting such practices and asking critical questions about our work will produce better health outcomes for those we serve and bring us closer to a more equitable future for all.

- **Conduct** educational outreach and community engagement to ensure African Americans, Latinx, Native People, and low wealth communities have a sense of ownership and participation throughout the community building process
- **Engage** marginalized and vulnerable communities in the beginning, middle and end of community health planning activities
- **Ensure** there is a mechanism in place to grow the agency of vulnerable communities and/or populations to participate in the decision-making processes
- **Strategies and actions, and resources** should be focused on the inequities identified by the coalition and community to minimize inequities faced by the most vulnerable segments of the community
- **Identify and understand** the health implications for the people most impacted by inequities
- **Ensure there is a process** for data collection to assess the distribution of health impacts across populations and/or communities e.g. surveys, focus groups, storytelling (interviews) and "lived experiences" can all be used to understand the distribution of health equity impacts
- **Determine what strategies and/or actions** will achieve the maximum health benefits and positive health outcomes among the populations and/or communities most impacted by health inequities
- **Monitor and evaluate** decisions and actions taken to minimize health inequities

Critical Questions to Consider in the implementation of Community Health Improvement Plans (CHIP)/COVID-19 response and recovery efforts, and other community building projects or actions:

1. Are you engaging communities as "a missionary" or "community builder"; acknowledge everyone has something to contribute?
2. *Are we working to **EMPOWER** or **ENABLE** community stakeholders?*
3. *Are we supporting the community in understanding and leveraging their community assets and resources to strengthen community engagement?*
4. *Are the people most affected by the issue actively involved in identifying; defining inequities; and shaping solutions?*
5. *How does our work support and/or improve the conditions for the communities and people most impacted by health inequities?*
6. *Will the people most negatively affected by inequities identified benefit the same; less so; or more so as a result of the actions we take?*
7. *What barriers or unintended consequences impact marginalized or underserved populations?*
8. *Are we managing our privilege and power when engaging diverse communities and stakeholders?*
9. *Are we assessing and with intention address privilege and power dynamics within our partnership, group, and the community?*

Benchmark Along the Way

- Where are we now – what is our current process for integrating health equity in our respective spheres of influence, CHIP strategies, implementation, ongoing educational outreach and community engagement; shift in focus and actions as a result of response to COVID-19 and/or racial equity concerns?
- People as assets – are we engaging the people most impacted by inequities as partners – a) working with vs. working over (taking into consideration the dynamics of power within and outside collaborative efforts), b) to lead, we have to be willing to serve, c) long-term change happens from the ground up (getting communities to see themselves as agents of change), and, d) what are our outreach and community engagement efforts?
- What partnership decisions may have worked as a barrier to advancing health equity?
- Where do we go from here – what can we do differently to improve or enhance the partnership, community engagement, policy and processes to advance health equity?

Effective Health Equity Case Studies

The following case studies illustrate *effective interventions on the part of health care providers and community-based organizations* to integrate more equitable practices into how they respond to crises and co-create health objectives.

1. **Hospitals in Lincoln County, Oregon** experienced their first COVID-19 cases during an outbreak in June. With less than 40 beds to serve three of the surrounding counties, the hospital quickly launched a medical plan that included providing comprehensive testing services and locating new suppliers to meet the need for personal protective equipment (PPE). As the hospitals are rural and thus at the end of the supply and communication chain of priority, they had difficulty sourcing testing kits and incurred exponential costs for courier services to transport tests to laboratories.

   The hospital also became aware that nearly 50% of patients who tested positive were of Latinx descent, including migrant workers from Guatemala. Many of these patients lived in multi-family or congregate housing without personal transportation. To meet the needs of patients, the hospital reached out to local non-profits working on challenges in the migrant and Latinx community for provision of services and cultural awareness trainings, ultimately expanding measures for equity and culturally sensitive care. The CEO of the hospital, Dr. Lesley Ogden noted that addressing these gaps in health equity during COVID-19 was an "opportunity" for growth and sustainable change.

Read the full case study here

2. They sought to improve birth conditions in Richmond, Virginia and sent researchers to conduct a survey at a nearby public housing complex to find out more about community needs. Residents of the housing complex were initially wary of participating in the study, having experienced unmet

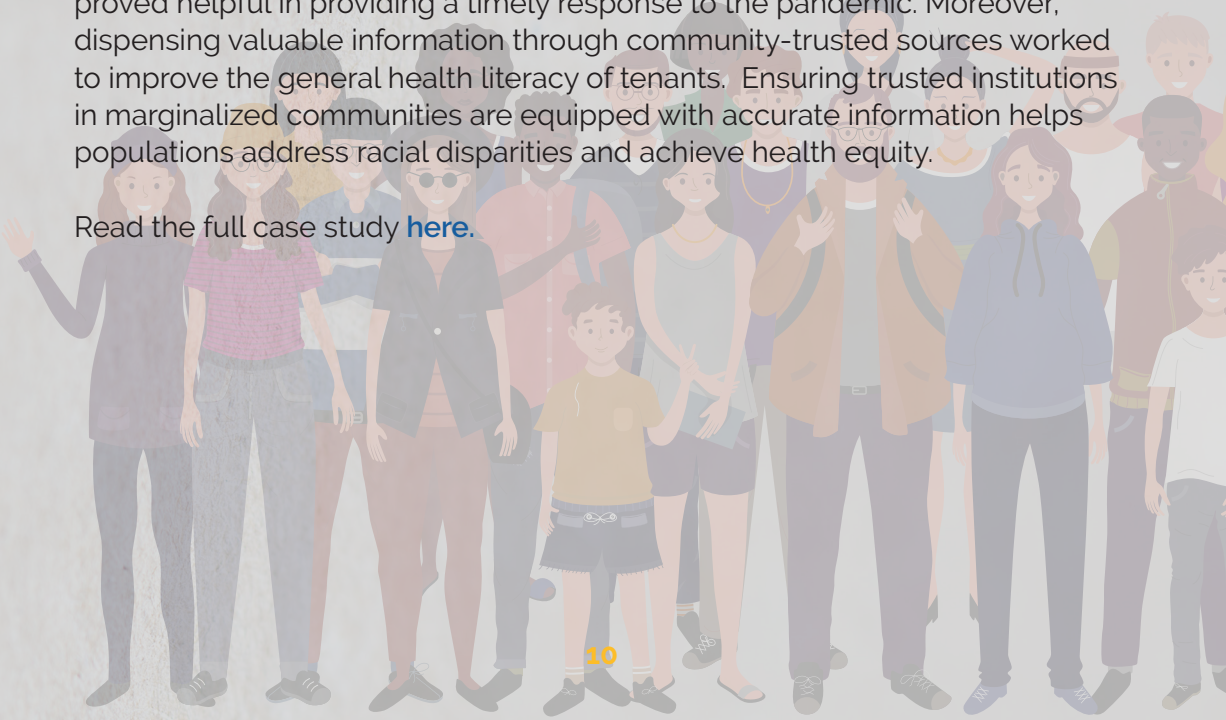
promises in the past from academics and public health officials so they decided to form a community health coalition called **Mosby Health Connection** to oversee the intervention, ensure accountability measures, and facilitate trust-building. After engineering a study in which 100 residents took part, dialogues were facilitated to understand community priorities and needs to complement the quantitative data. The Connection figured out that birth outcomes were a low priority to residents, and that access to quality medical facilities, in general, was at the top of the list. In 2011, a new community resource center was opened to address pressing community needs, such as transportation, access to services, and more. Through the establishment of the community coalition and the Center's intent to listen instead of prescribing needs, mutual health equity objectives were achieved.

Read more about the case study here

During the beginning of the Covid-19 pandemic, the **Housing Authority of the Birmingham District (HABD)** grew concerned about the wellbeing of their public housing tenants living in close quarters, most of whom are African American. In efforts to provide individuals with accurate health information, HABD partnered with the public health school at University of Alabama (UAB) to convene a virtual town hall via Zoom. To thwart any misinformation about COVID-19, the town meetings called on trusted figures in the Birmingham African American community to disseminate accurate health information. Specifically, pastors and other faith based leaders facilitated conversations about illness prevention and potential symptoms associated with Covid-19. As a follow up to the virtual meetings, UAB released a series of educational clips to assist HABD with ongoing resident health education. The videos were made available on multiple streaming platforms and shared by the university and the Housing Authority.

The existing partnership between HABD and the University of Alabama proved helpful in providing a timely response to the pandemic. Moreover, dispensing valuable information through community-trusted sources worked to improve the general health literacy of tenants. Ensuring trusted institutions in marginalized communities are equipped with accurate information helps populations address racial disparities and achieve health equity.

Read the full case study **here.**



In response to the disproportionate harm of COVID-19 on Hispanic populations, Better Together, a community-academic coalition led by **Penn State College** initiated a series of webinars conducted in Spanish to disseminate relevant health information. After interviewing community leaders, it became apparent that the local Hispanic population dealt with limited access to healthcare. Additionally, a lack in Spanish-based health resources restricted relevant information.

After discovering that the majority of the target population had regular access to the internet, **Better Together** developed a series of one hour long Spanish-based webinars. The series utilized an "all teach, all learn" approach, meaning participants were encouraged to participate in the sessions and instructors were told to set aside 10-15 minutes for questions. After the meetings, the recordings were made available to the public via Youtube. Presentation slides and resources were also sent out via email and posted online. In addition, the coalition drafted and disbursed a one page document in Spanish that addressed pertinent issues relating indirectly to health like unemployment benefits and food access. The one-pager was handed out to families picking up meals from local food distribution sites.

These responses operationalized health equity goals and can be referenced for replication among other populations.

Read the full case study here

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