

Health Equity Mindset

Cultivating Collaboratives to Advance Health Equity

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UTAH DEPARTMENT OF
HEALTH
Office of Health Disparities

Introduction

As the COVID-19 pandemic spread to Utah in 2020, racial and ethnic minority communities began to shoulder some of its heaviest burdens: infection, hospitalization, economic distress, and death, mirroring national trends.¹

COVID-19 exacerbated existing racial and ethnic health disparities,² exposed health inequities, and demanded a focus on advancing health equity overall in Utah.

The Utah Department of Health (UDOH) Office of Health Disparities (OHD)'s mission is to advance health equity and reduce health disparities in Utah. This means giving special attention to the needs of those communities at greatest risk for experiencing health disparities.

Advancing health equity requires a health equity mindset. It is not about doing more; it is about thinking differently.

This perspective guides all strategies and actions.

¹ Lewis NM, Friedrichs M, Wagstaff S, et al. Disparities in COVID-19 Incidence, Hospitalizations, and Testing, by Area-Level Deprivation — Utah, March 3–July 9, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1369–1373. DOI: <http://dx.doi.org/10.15585/mmwr.mm6938a4>

² Webb Hooper M, Nápoles AM, Pérez-Stable EJ. COVID-19 and Racial/Ethnic Disparities. *JAMA*. 20. doi:10.1002/323(24):2466–2467. 1/jama.2020.8598

With a health equity mindset, it becomes intuitive to:

- Be intentional, strategic, and open-minded about partnerships
- Address health in context
- Profoundly recognize and value lived experience
- Foster power building and sharing
- Operate with flexibility, adjust quickly, and advance in uncertainty

These strategies are foundational in building trust-based partnerships to effectively address health disparities while simultaneously building public health system infrastructure and capacity focused on sharing power and advancing health equity.

The OHD applied a health equity mindset to build and foster the COVID Community Partnership (CCP) project—a community collaborative to mobilize community health workers (CHWs) in Utah’s COVID-19 response to address health disparities.

Below are five perspectives of a health equity mindset: why these perspectives are important to advance health equity, ideas for how to put the perspectives into action, and examples of how they were used to shape the CCP project.

Be intentional, strategic, and open-minded about partnerships

Why this is important to advance health equity

No single organization can reach all communities experiencing health disparities—partnerships are the only way to do it.

Intentional partnerships ensure the right partners are reaching the right people—those bearing the burden of health disparities.

Strategic partnerships leverage partners' strengths in a way that aligns efforts, capacity, and resources to address health in the context of social needs.

Open-mindedness about partnerships allows room for continual progress, fosters unconventional efforts, and facilitates deeper dives into addressing health inequities.

Ideas for how to put this into action

- Examine who your partnerships are reaching, who they are not reaching, and who you would like them to reach.
- Think through the experiences and needs of your target communities and align partner efforts, resources, and capacity to meet the demand for all those needs in a mutually beneficial way.
- Understand the contributing and underlying factors to the health disparities you are addressing and reach out to non-traditional partners.
- Mentor, provide technical support, and capacity building to invest in partnerships and maximize added value.

CCP Project Application: Investments in partnership before the emergency

In May 2020, the UDOH Office of Health Disparities needed to quickly mobilize community partners for the COVID-19 response. Because of the rapid response needed to address COVID-19 health disparities, the OHD relied on partnerships it had been cultivating for over a decade in the community to support the COVID Community Partnership (CCP) project.

Across its different projects and efforts over the years, the OHD prioritized funding and partnering with diverse organizations including minority and female-owned small businesses. Over time, the OHD invested in training and technical support to build the capacity of the OHD and community-based organizations (CBOs) to foster cooperation.

When the COVID-19 pandemic began to spread across Utah, since the OHD's foundational investment in working partnerships had already been made, the OHD could rapidly and effectively engage and position CBOs in a COVID-19 response effort through the CCP project.

The COVID Community Partnership (CCP) project initially partnered with 11 CBOs to reach underserved populations in Utah, primarily focused on racial and ethnic minority communities. Through each phase of the pandemic and CCP project, the OHD added partners including local health departments (LHDs) and additional CBOs. Diversifying strategic partnerships continues to be a project priority.

Address health in context

Why this is important to advance health equity

Working on health disparities requires more than just focusing on health outcomes. It demands complete understanding that the conditions in which people live, learn, work, and play shapes the health behaviors, health outcomes, and health differences of communities.³

When health is addressed in context, communities' decisions and actions are better supported and the opportunities exist for communities and individuals to reach their highest health potential.

Ideas for how to put this into action

- Design your work and services for people who need it most and it will help most people.
- Learn about community members' lives and how they make decisions. Talk directly to those you are trying to reach.
- Consider what you are asking them to do or access. Find out what things they have to consider or overcome. Create pathways that offer support and address barriers.
- Be mindful of those who are often overlooked such as racial/ethnic minority communities, people living with disabilities, rural communities, LGBTQI+ communities, older adults, individuals experiencing homelessness, families with young children, etc.

³ Social Determinants of Health. Centers for Disease Control and Prevention (2021, March 09). Retrieved from <https://www.cdc.gov/socialdeterminants/index.htm>

CCP Project Application: Understanding the type, nature, urgency, and nuances of social needs

In April 2020, the UDOH Office of Health Disparities (OHD) quickly adapted a social determinants of health (SDOH) screening tool⁴ to be used by community health workers (CHWs) at barriers-free COVID-19 testing sites provided by The Wellness Bus.

The tool was created to assess types of needs including food, housing, employment, prescriptions, and access to technology, but also to account for the nuances of people's needs in being able to isolate and quarantine during the pandemic.

Community members could report the nature of their needs. Some reported having no needs. Some reported having needs, but not needing assistance. Some reported having needs and requested assistance.

Some reported having no needs unless their test came back positive. Only then would they have needs and require assistance.

As CHWs followed-up with individuals to provide assistance, needs were further identified as urgent (24–72 hours), temporary (1 week–3 months), or long-term (ongoing).

Understanding the type, nature, urgency, and nuances of social needs, enabled better allocation and connection of appropriate resources. This was crucial to addressing underserved communities' needs in context and real-time. Our contributions to controlling the spread of COVID-19 in vulnerable communities depended largely on the COVID Community Partnership (CCP) project's ability to address SDOH in the most relevant way.

⁴ The CCP SDOH screening tool was an adapted version, with permission, of an ER SDOH screening and referral tool created by Dr. Andrea Wallace, PhD RN FAAN, Associate Professor, Division Chair, Health Systems and Community Based Care, The University of Utah College of Nursing and aligned with the The PRAPARE Lite assessment from Intermountain Healthcare.

Profoundly recognize, value, and learn from lived experience

Why this is important to advance health equity

Communities experiencing health disparities should not be burdened by unconscientious decisions or actions that use up valuable time and resources.

When informed by lived experience, activities can cultivate relationships and trust, bring authenticity and credibility, and promote judicious use of resources.

Integrating lived experience can make the difference between a good idea and a successful practice to advance health equity.

Ideas for how to put this into action

- Build mechanisms and processes that promote direct two-way dialogue between staff and community members (e.g., listening sessions, feedback loops, focus groups, informal meetings, etc.).
- Facilitate deep conversations to uncover intrinsic motivations and encourage candor.
- Validate individuals who contribute lived experience expertise.
- Evaluate whether your staff reflects the people you are trying to serve. Be intentional about broadening the scope of who you hire.

CCP Project Application: Designate weekly time for conversations with community partners

Between May and December 2020, the UDOH Office of Health Disparities (OHD) designated specific time to meet with community-based organizations (CBOs) and community health workers (CHWs) weekly as a priority of the COVID Community Partnership (CCP) project. A total of 80 check-in calls were conducted on a weekly basis to provide ongoing assistance and support. The OHD deliberately made these calls a safe-space for CBOs and CHWs to share experiences, be heard, provide feedback, and feel valued.

Weekly check-in calls served as a way to document community needs in real time and gauge whether public health guidance was understood and actionable. The OHD was also better able to tailor content of information shared and adjust processes and procedures of the CCP project to meet virtual CHW work needs. This two-way communication and accountability set the standard for the workflow, optimizing activities in a more practical, dynamic, and efficient manner.

Foster power building and sharing

Why this is important to advance health equity

Power is the ability to achieve a purpose. Those who lack power experience inequities in opportunity and health. Advancing equity requires attention to power (as a determinant) and empowerment, or building power (as a process).

Building power begins in the way you approach and execute your work. Interactions with communities experiencing health disparities should be intentional and model equitable power distribution.

When no one group or person holds too much power, things such as shared decision-making, mutual benefits, and accountability become viable and standard. Communities are the ultimate beneficiaries.

Ideas for how to put this into action

- Set expectations that are honest and clear about limitations and possibilities.
- Be transparent and share your knowledge, perspectives, and motivations.
- Provide context and background. Everyone needs a shared knowledge base for inclusive and informed decision-making.
- Do not expect people to always come to you on your terms. Offer to go to them or make yourself or services available and accessible.

CCP Project Application: Structuring multi-directional information-sharing and accountability

The 80 weekly check-in calls hosted May to December 2020 for the COVID Community Partnership (CCP) project were structured to encourage multi-directional information-sharing and accountability among the UDOH Office of Health Disparities (OHD), community-based organizations (CBOs), and community health workers (CHWs).

When providing weekly updates through each wave of the pandemic, the OHD endeavored to dedicate time to thoroughly explain context, decision-making, structures, and processes behind the information shared. Furthermore, as CBOs and CHWs shared candid feedback, advice, and ground-level experiences in real-time, the OHD funneled the information to decision-makers and facilitated adjustments. Most importantly, the OHD reported back to CBOs and CHWs on their questions, suggestions, and the results and impact of their work and input.

For example, in a weekly check-in call, CBO staff and CHWs shared concerns of community members living in Wendover, Utah. Wendover sits on the Utah-Nevada border and at the time virtually no cases had been detected in surveillance data. The community indicated the spread of COVID-19 and shared the lack of testing availability on the Utah side. The OHD was able to facilitate testing availability for the area in July 2020. Cases were detected, kicking off contact tracing and support through the CCP project.

Operate with flexibility, adjust quickly, and advance in uncertainty

Why this is important to advance health equity

Working on health disparities and health equity is often an exercise in navigating uncharted territory. Change and uncertainty are inevitable and welcome.

Operating with flexibility facilitates progress. It fosters innovation through problem-solving and keeps work relevant.

Adjusting quickly maximizes efficiency. It promotes trust and demonstrates accountability to communities.

Advancing in uncertainty is the only way to forge a path forward. One well-placed step at a time, signals commitment, builds resilience, and generates solutions.

Ideas for how to put this into action

- Establish a variety of feedback loops to identify areas of improvement at any touch point.
- Build into your operations opportunities to pilot new, small-scale processes.
- Document and examine failures and success. Determine what went right and what went wrong. Act on lessons learned.

CCP Project Application: Supporting the mental health of CHWs as frontline workers

Through the COVID Community Partnership (CCP) project, the UDOH Office of Health Disparities (OHD), began to recognize the mental and emotional toll of the work on community-based organizations (CBOs) and community health workers (CHWs). In weekly check-in calls, one-on-one meetings, email correspondence, and phone conversations OHD staff shared in the grief, pressure, frustration, exhaustion, and distress experienced by CBO staff and CHWs.

In response, by September 2020, the OHD partnered with Caring Connections and Latino Behavioral Health to provide support groups from trained mental health professionals and authorized CBO staff and CHWs to use paid-time to attend. To reinforce the support groups, the OHD adjusted the weekly check-in calls, committing time to implementing self-care sessions every week.

Shifting the CCP project to allocate attention, time, and resources to mental and emotional health supported CHWs as frontline workers in the COVID-19 response.

Embracing a Health Equity Mindset

This is a collection of perspectives, strategies, and examples that demonstrate how a health equity mindset guides work to address health disparities.

Advancing health equity is not about doing more; it is about thinking differently.

A health equity mindset works to align the right people at the right time using the right strategies in the right way. It moves from a one-size-fits-all approach to a personalized approach.

A health equity mindset embraces "our" wellbeing as communities and as a society instead of "us" vs "them" mentalities.

A health equity mindset leads with an open mind and is unafraid of change. Instead it esteems change as a pathway to growth, opportunity, and progress.

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