



RESOURCE GUIDE:

# From Survive to Thrive COVID-19 Health Equity Implementation Best Practices *Summer 2022*



*The content of this resource guide and training series is that of the presenters and does not necessarily represent the official position of or endorsement by the Centers for Disease Control and Prevention. This resource guide and training series were supported by funds made available from the Centers for Disease Control and Prevention, Center for State, Tribal, Local and Territorial Support, through cooperative agreement OT18-1802, Strengthening Public Health Systems and Services Through National Partnerships to Improve and Protect the Nation's Health award #6 NU380T000303-04-02.*

*This document is a compilation of resources shared in the From Survive to Thrive ECHO series sessions. If you have any questions, please direct them to [projectecho@nnphi.org](mailto:projectecho@nnphi.org).*

## ► PURPOSE

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Inspired by the way clinicians learn from medical rounds during residencies, the Project ECHO Model has evolved into a learning framework that applies across disciplines for sustainable and profound change. Through a seven-session **Project ECHO for Public Health** series, participants engaged in a virtual community with their peers where they shared support, guidance, and feedback. During each ECHO session, participants presented real case experiences to subject matter experts—and each other—for discussion and recommendations. Participants learned from one another as knowledge is applied and refined through a local lens. This knowledge-sharing model brings together practitioners from multiple focus areas for a robust, holistic approach to improving community health. This guide includes presentation recordings, resources, and tools featured in the training series.

## ► SERIES OVERVIEW

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**From Survive to Thrive: COVID-19 Health Equity Implementation Best Practices Project ECHO** is a peer-sharing training series designed to highlight best practices and impactful takeaways to help OT21-2103 grant recipients advance sustainable health equity during the COVID-19 pandemic. The series is intended as an open space to unpack how systemic oppression and marginalization continue to lead to COVID-19 health inequities among populations of focus, including inequities by race and ethnicity as well as those experienced by rural communities.

## ► PRESENTATION RECORDINGS

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The seven presentation recordings are available to watch and share with colleagues.

The presentation topics include:

- [\*\*Building Mental Fortitude: Best Practices for Supporting Individual and Staff Joy in Work During COVID-19\*\*](#)
- [\*\*Shifting Power: Community Engagement Strategies for Joining the Right Tables\*\*](#)
- [\*\*Amplify: Letting Community Engagement Drive ‘Evidence to Action’ Planning\*\*](#)
- [\*\*Storytelling: Utilizing Varying Methods of Data Collection to Effectively Communicate Needs\*\*](#)
- [\*\*Impactful Infrastructure: Nuanced Case Studies of Emerging Health Equity Initiatives\*\*](#)
- [\*\*Use Blue Skies: Established Health Equity Offices’ Strategies for Planning Ahead\*\*](#)
- [\*\*Just, Don’t, Do It: Operationalizing Health Equity at All Levels\*\*](#)

## ▶ SESSION I – BUILDING MENTAL FORTITUDE: BEST PRACTICES FOR SUPPORTING INDIVIDUAL AND STAFF JOY IN WORK DURING COVID-19

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*COVID-19 has left the current Public Health workforce over-tasked and under-resourced, causing a mass exodus and widespread burnout. This kickoff session created space to reflect on the behavioral and emotional barriers that precede burnout and specific strategies to build individual resiliency and develop system-wide changes for employee support and re-engagement.*

[The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement.](#)

**Shawn Ginwright**

This article details the limitations of the term “trauma-informed care,” for instance, its focus on pathology rather than possibility. The paper presents a more holistic, “healing-centered approach” involving culture, spirituality, civic action, and collective healing.

[How to Do Walking Meetings Right.](#) *Russell Clayton, Christopher Thomas, and Jack Smothers*

This article, featured in the Harvard Business Review, highlights the benefits of “walking meetings” (or movement meetings). Recent research shows that movement meetings increase creative thinking, honest exchange, and productivity.

[Please find resources related to this session summarized here from the COVID-19 Health Equity Resource Library.](#)

## ▶ SESSION II – SHIFTING POWER: COMMUNITY ENGAGEMENT STRATEGIES FOR JOINING THE RIGHT TABLES

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*A lack of equity, diversity, inclusion, and accessibility (EDIA), at all levels, makes it increasingly difficult to advance health equity and address social determinants of health as they relate to COVID-19 health disparities. This session dived into assessing and deconstructing existing power dynamics for better coalition building, planning, and policymaking. This session examined the intersections of funding and accessibility to raise awareness of common pitfalls while highlighting best practices for moving health equity forward.*

[Racial Justice and Power-Sharing: The Heart of Leading Systems Change.](#) *Lili Farhang and Solange Gould*

This book chapter discusses how systems change leaders can center power-sharing and racial justice. The work details a critical set of core principles and capabilities central to leading effective and transformative systems to change at the interpersonal, team, organizational, and community levels.



[Shifting and Sharing Power: Public Health's Charge in Building Community Power](#), Lili Farhang and Megan Gaydos

This article describes frameworks to explore the concept of power and details best practices in community power building. The article reviews how local health departments' support of power building with grassroots community organizations is a strategy to achieve health equity.

[10 Essential Public Health Services Wheel](#), Centers for Disease Control and Prevention

This tool promotes policies, systems, and conditions that enable optimal health and seek to remove systemic and structural barriers. This framework is rooted in the belief that everyone should have a fair and just opportunity to achieve optimal health and well-being.

[Please find resources related to this session summarized here from the COVID-19 Health Equity Resource Library.](#)

## ► SESSION III – AMPLIFY: LETTING COMMUNITY ENGAGEMENT DRIVE 'EVIDENCE TO ACTION' PLANNING

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*Populations not captured in existing data structures are unlikely to have their nuanced needs adequately expressed or prioritized by decision-makers, contributing to COVID-19 health inequities. This session facilitated a conversation about humanizing data management by maximizing community engagement, surveys, interviews, and focus groups, while uplifting traditional and local stories.*

[Activities to Deepen Your Power-Building Analysis](#), Human Impact Partners

This suite of resources and activities is designed for governmental health departments and agencies to dive into power: what it is, who holds it, and how to leverage and redistribute it to create more equitable and healthy communities.

[Resources for Collaboration and Power Sharing Between Government Agencies and Community Power-Building Organizations](#), Human Impact Partners

This resource guides health departments through the why and how of partnering with Community Power-Building Organizations (CPBOs) to advance health equity via four guides with activities to build capacity and lay the groundwork for power-sharing partnerships.

[Please find resources related to this session summarized here from the COVID-19 Health Equity Resource Library.](#)



## ▶ SESSION IV – STORYTELLING: UTILIZING VARYING METHODS OF DATA COLLECTION TO EFFECTIVELY COMMUNICATE NEEDS

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*Misinformation and generic messaging are often amplified over more relevant voices, causing increasing difficulty in advancing health equity and addressing social determinants of health as they relate to COVID-19 health inequities. This session confronted how we interpret and utilize data to uplift or harm the communities we serve. This session explored the links between authentic community engagement and sustaining evidence-informed, agile, and practical programming.*

[Toward a Tribal Critical Race Theory in Education](#), Bryan McKinley and Jones Brayboy

This article outlines the central tenets of Tribal Critical Race Theory (TribalCrit). This theoretical framework, rooted in many studies, including Critical Race Theory and American Indian literature, provides a way to address the complicated relationship between American Indians and the United States federal government.

[Seven Directions: A Center for Indigenous Public Health COVID-19 Resources](#), *Seven Directions*

This page provides summaries of the Gathering Grounds Community Meetings, links to resources, materials developed by the Seven Directions team, and helpful sites for Tribal Public Health Departments.

[Native American Team Project](#)

This site reviews different modalities the Bureau of Substance Addiction Services (BSAS) used to increase Native youth's positive ethnic identity, develop evidence-based skills to make healthy choices, and prevent opioid and other substance misuse. One of the strategies is a story and narrative-based project around the consequences of opioids.

[Transforming the Narrative: Health Equity & The Community – A Video Training and Workbook](#), *National Network of Public Health Institutes*

This video training was designed to help understand the definition of narrative, the power of narrative, co-creating an aspirational narrative, and integrating it into health equity work. The video featured participants in the Adverse Childhood Experiences (ACEs) Narrative Change Project.

[Indigenous Storywork Resources](#), Q'um Q'um Xiiem (Jo-ann Archibald)

This presentation by Q'um Q'um Xiiem discusses ways she learned from Indigenous storywork Elders, gives considerations for becoming story-ready, and shares examples of Indigenous storywork pedagogy.

[Please find resources related to this session summarized here from the COVID-19 Health Equity Resource Library.](#)



## ▶ SESSION V – IMPACTFUL INFRASTRUCTURE: NUANCED CASE STUDIES OF EMERGING HEALTH EQUITY INITIATIVES

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*This session explored various journeys highlighting community organizing, securing buy-in, institutionalizing and operationalizing health equity into local and state public health agencies. Panelists guided participants through pitfalls, lessons learned, and best practices for promoting health equity at an organizational level.*

[COVID-19 and Chronic Disease: The Impact Now and in the Future](#), Karen A. Hacker, Peter A. Briss, Lisa Richardson, Janet Wright, and Ruth Petersen

This article, published in Preventing Chronic Disease, reviews how the COVID-19 pandemic has exacerbated existing health inequities and laid bare underlying root causes. The paper outlines problems, challenges, and solutions to help those committed to chronic disease prevention and intervention to determine ways forward.

[Achieving Health Equity in Tobacco Control](#), Truth Initiative

This paper sets forth ways to treat tobacco use and tobacco-related diseases where they are most prevalent. Included are summaries of key facts on prevalence, cessation, health effects, and marketing among demographic groups most severely impacted by the tobacco epidemic.

[Please find resources related to this session summarized here from the COVID-19 Health Equity Resource Library.](#)

## ▶ SESSION VI – USE BLUE SKIES: ESTABLISHED HEALTH EQUITY OFFICES’ STRATEGIES FOR PLANNING AHEAD

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*The consequences of COVID-19 health inequities are so pervasive that it becomes hard for organizations to manage both short-term needs and long-term planning as they relate to advancing health equity and addressing social determinants of health. This session highlighted ways Health Equity Offices can address current needs while looking ahead through mitigation planning and policy making.*

[Accessibility Toolkit](#), Arizona Department of Health Services

This toolkit is designed to assist staff in developing documents, presentations, and events that are accessible and inclusive of people living with disabilities. Throughout this guide are hyperlinks, some of which include “how-to” videos for Google applications. The “how-to” videos are less than 60 seconds. A “how to” video for Microsoft Office products is at the end, under Other Considerations.



[Working with Arizona Tribal Communities Public Health Handbook](#), *Arizona Department of Health Services*

This handbook offers insight into American Indian / Alaska Natives (AI/AN) culture and public health topics of interest. The work also highlights the “Healthy Tribal Community Wheel”, which inspires a deeper learning, understanding and respect for AI/AN culture, traditions, and health.

[Culturally and Linguistically Appropriate Services](#), *Arizona Department of Health Services*

This 45-minute training focuses on Culturally and Linguistically Appropriate Services (CLAS), which are services respectful of and responsive to the health beliefs, practices, and needs of a diverse population. Major themes include “Governance, Leadership, and Workforce,” Communication Assistance Services,” and “Engagement, Continuous Improvement, and Accountability.”

[Please find resources related to this session summarized here from the COVID-19 Health Equity Resource Library.](#)

## ▶ **SESSION VII – JUST, DON’T, DO IT: OPERATIONALIZING HEALTH EQUITY AT ALL LEVELS**

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*Addressing and correcting inefficient operational and programmatic initiatives allows for improved resource usage to address and eliminate inequities. The conclusion to the series tied previous session themes together and provided a springboard for action through discussions of social determinants of health inequities that can be addressed at a systems level through policy, systems, and environment changes*

[Eye for Prevention Youth Campaign](#), *Denver Public Health*

This campaign was visioned and built by youth who can relate to the struggle. Youth Expertise – EYE For Prevention, is a coalition of 10 passionate young leaders, ages ranging from 16-26, with diverse lived experiences. The work focuses on mental/behavioral health and substance abuse prevention through a holistic lens.

[Please find resources related to this session summarized here from the COVID-19 Health Equity Resource Library.](#)

