

Achieving Sustainable Health Equity Locally After the COVID-19 Emergency Response

Introduction

In May 2023, NACCHO's Marketing and Communications team sought out authors to contribute to the November/December 2023 issue of the Journal of Public Health Management and Practice (JPHMP). NACCHO's Health Equity and Social Justice team then released a call for abstracts to the 49 LHD recipients of the OT21-2103 grant, requesting examples of health equity sustainability in response to COVID-19. In selecting co-authors, the team emphasized ethnic/racial, topical, and geographic diversity as a reflection of the multitude of communities impacted by the work of this grant. This poster reflects the experiences of select grant recipients across the nation.

Context

The selected co-authors included Douglas County Health Department (Nebraska), Mecklenburg County Public Health Department (North Carolina), and Boston Public Health Commission (Massachusetts). Each co-author shared insight on projects utilizing 2103 funding. Key findings of each project are presented on this poster.



Funding for this initiative is supported by the Centers for Disease Control and Prevention (CDC) under award 6 NU38OT000306-04-02 entitled National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities.

Key Findings

Douglas County Health Department



Using OT21-2103 funding, DCHD created an office of health equity (OHE) to include a health equity educator, a health equity epidemiologist, a health equity advisor, and a health planner. Accreditation, Performance Management and Quality Improvement, and Workforce Development were moved under the OHE to ensure that concepts of equity are built into the foundational work of the department.

Boston Public Health Commission



BPHC and a partnering local consulting group, Ocha Transformations (OCHA), utilized OT21-2103 funds to conduct an LGBTQ+ Health Equity Assessment for Boston residents following the COVID-19 emergency. This initiative aims to identify health inequities created or exacerbated by the pandemic and actionable resolutions within the LGBTQ+ community, particularly among minoritized and racialized LGBTQ+ groups.

Mecklenburg County Public Health Department



MCPH Department established a Hispanic/Latino Community Liaison position using OT21-2103 funding to focus on systems level change related to equity for the Hispanic/Latino/x community, particularly as it relates to COVID-19 and social determinants of health (SDOH). This liaison was able to build partnerships and serve as a conduit between MCPH and individuals/organizations in the county.

Recommendations

- 1. Leadership must intentionally and urgently act to ensure health equity is integrated in their health systems.** Leadership teams should assess the composition and work of their LHD to acknowledge the necessary work that remains to achieve health equity. NACCHO's *Roots of Health Inequity* course is a valuable tool health leadership can use to better understand the redirection and restructuring needed to introduce more inclusive practices into the department's culture and work.
- 2. Community ownership should drive practices to establish health equity systematically.** Deliberate power-sharing between LHDs and their communities can initiate a path to sustainable relationships that improve health outcomes. NACCHO's Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 Assessments and Human Impact Partners (HIP) power-building trainings are resources to assist LHDs working with communities to design, implement, and evaluate community and health equity-centered solutions.
- 3. Intersectionality should be an approach in all LHDs' plans to effectively combat health inequities.** According to a recent study published in British Medical Journal, the intersectionality approach is still rare in research and health practice. Therefore, LHDs must continue to collaborate with and elevate the voices of marginalized people, such as BIPOC, LGBTQ+, people living with disabilities, and so forth, to develop strategies that dismantle unconscious bias and mitigate health inequities.

The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.