Addressing Health Equity Through a Community-Driven Population Health Approach
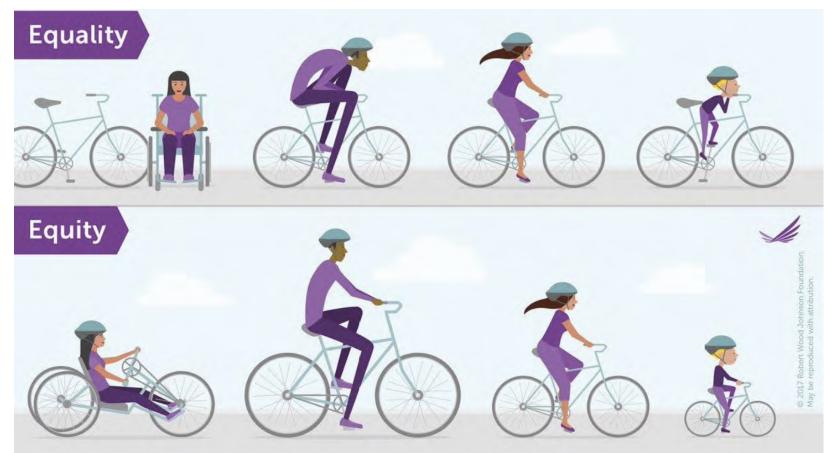
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Systemic Bias and Population Health

▶ Systemic bias exist when specific segments of the community do not have equitable access to the services and supports they need for their well-being.

Robert Wood Johnson Foundation. (2017) Visualizing Health Equity: One Size Does Not Fit All Infographic. Retrieved from:ps://www.rwjf.org/en/library/infographics/visualizing-health-equity.html#/embed

Systemic Bias and Population Health

- Inequities exist due to a population's
  - Income level
  - Where they live
  - Educational level
  - Skin color
  - Ethnicity
  - Gender
  - Religion
  - Cultural practices
  - Age
  - Special needs
- The list of factors contributing to systemic bias goes on and on.
- Called systemic because they are embedded in how systems, such as health and those that impact the social determinants of health, operate based on their written and unwritten rules.

- Result - Segments of our community are left out, not just single individuals but segments of the entire population.
- Individual approaches may work in the short run but in the long run, we must use population level approaches to:
  - Dismantle the off ramps or barriers to achieving equitable outcomes that exist in our systems, i.e. health and those systems that impact the social determinants of health, and
  - Replace them with onramps, i.e. forward thinking policies and practices that result in increased equitable access for everyone in our community, especially our most vulnerable.

3

Community-Driven Population Health Equity

- Being community-driven means that the work that is done to address an issue that is impacting the entire community and creating disparities in outcomes for specific groups is driven by the community coming together to take action, e.g. Collective Impact Model.

  - Defines the problem using valid data (both quantitative and qualitative);

  - Develops shared goals;

  - Engages in mutually reinforcing activities;

  - Shares resources and expertise;

  - Measures success based on mutually agreed upon outcomes;

  - Support of one or more backbone organizations.

- The community includes everyone who has or should have a stake in the problem and the solution on an equal playing field in which everyone is an expert in their reality and respected for their contributions.

- **The community stakeholders should not just "play nicely" side by side, running their own programs. They should play together: sharing resources, decision-making, and accountability to each other not exclusively a funding source for a shared goal.**

- The community stakeholders should view the world through an equity lens, focused not only on addressing individual needs but also on changing policies and practices to address the systemic bias, leading to equitable outcomes for all.

How Does This Approach Work in Practice : An Example - Wilmington COVID-19 Community Mobilization Group

- Launched at the beginning of the pandemic in April 2020 by a group of community leaders from the Wilmington Community Advisory Council and the City of Wilmington as the Wilmington COVID 19 Community Mobilization Group.

- The Wilmington COVID 19 Community Mobilization Group uses the "collective impact model" to address issues related to the impact of COVID in vulnerable populations in the City.

  - Composed of dozens of organizations, including the United Way of Delaware, Delaware State University, Center for Structural Equity, Delaware Health Equity Coalition, Latin American Community Center, Division of Public Health, health systems, University of Delaware, as well as the faith community and community coalitions across the City.

  - Meets every two weeks via Zoom and has attracted 25-30 participants consistently at each meeting over the last three years.

  - Major activities:

    - Tracks relevant health data in the high need zip codes;

    - Leverages federal, state and other COVID 19 related funding/supports;

    - Advocates for relevant policy change especially on community engagement, messaging and resource allocation;

    - Encourages more community organizations to provide education and outreach to the hard to reach, e.g. testing and vaccination events in high need zip codes.

Hexagon diagram with "Health Equity" in center surrounded by: Communities & Faith-Based Orgs, State Govt, Universities UD DSU, Health Systems/Providers, Non-Profits & Coalitions, County & City Govt

How Does This Approach Work in Practice

- Support from government
  - City of Wilmington's Office of the Mayor, State Division of Public Health, Governor's Office, Lt. Governor's Office, WILMAPCO, and New Castle County over the three years.
  - Support included data, communication materials, and some financial support for outreach.
    - In particular the updates from DPH have been essential to helping the group stay up to date with the COVID mitigation efforts in the State and at the Federal level.
- Planning for the future
  - Have built a strong community capacity, largely through volunteer efforts, keeping equity at the center to address health issues. Moving forward, we plan to focus on:
    - Aftermath of COVID
    - Chronic health conditions
    - Culture of preventive care and wellness
  - Developing a strategic plan to present to potential funders to secure the resources to give our group more stability in being able to support the community in addressing its needs in health and the social determinants.

Lessons Learned for Achieving Health Equity Through a Community-Driven Population Approach

- Community organizations must work collectively, not independently, in coalitions and partnerships with government on shared goals to address complex issues in health and its social determinants.
  - Safe space for the development of mutual respect and trust
  - Open conversations about the issues and possible solutions for practice and policy change
  - Shared accountability for following through on commitment made among the organizations for the goals to be achieved
  - Multi-year Investments by government and private philanthropy for "funding to succeed not fail"

- **To make this approach work, community organizations that have the trust of the community must be engaged in leadership roles and have the capacity to do the work – both in terms of funding and technical support for infrastructure.**

Achieving Health Equity Through a Community-Driven Population Approach in Summary

Whole communities must come together to address health equity issues collectively with shared accountability and sufficient resources if sustainable solutions in practice and policy change are to be put in place and be successful for having the greatest impact on achieving equitable access leading to equitable outcomes for all of us, especially the most vulnerable among us.

ALL MEANS ALL FOR QUALITY HEALTH AND WELL-BEING FOR THIS GENERATION AND THOSE TO COME!