



A Web-Based Course for the Public Health Workforce: Roots of Health Inequity

2020 National Ryan White Conference on HIV Care and Treatment

August 13, 2020

**HIV/AIDS Bureau (HAB), Office of Health Equity (OHE), Bureau of Health Workforce (BHW) – HRSA
and
National Association of County and City Health Officials (NACCHO)**

Vision: Healthy Communities, Healthy People



Health Resources and Services Administration (HRSA)

Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care



HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.



Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV
 - ✓ More than half of people living with diagnosed HIV in the United States – more than 519,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
- Funds grants to states, cities/counties, and local community based organizations
 - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 87.1% of Ryan White HIV/AIDS Program clients were virally suppressed in 2018, exceeding national average of 62.7%.



Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018; CDC. HIV Surveillance Supplemental Report 2018;21(No. 4)



HRSA's Office of Health Equity

Overview

HRSA's Office of Health Equity (OHE) works to reduce health inequities so that communities and individuals can achieve their highest level of health for all people. This is accomplished through the development of strategic partnerships, internally and externally, with an emphasis on the integration of equity concepts into policy and programming across all HRSA bureaus and offices to positively impact the people we serve.



HRSA's Office of Health Equity

Three Key Areas



**Advance Health Equity
Concepts,
Achievements, and
Cultural Competence**



**Develop and Sustain
Internal and External
Strategic Partnerships**



**Provide and Conduct
Policy Consultation
and Research**

**Mission: Reduce inequities and improve health equity, especially in
vulnerable and disadvantaged populations**

Agenda

- Objectives and Expectations
- Overview of NACCHO's Roots of Health Inequity course
- HRSA's Implementation of the Roots of Health Inequity course
- Unit Activity and Discussion



Learning Objectives

At the conclusion of this presentation, you will be able to:

- Understand the purpose, design, functionality, use, and value of NACCHO's Roots of Health Inequity course
- Understand how the course is implemented by HRSA staff and applied to their work
- Consider how the course can be used by your staff



Roots of Health Inequity

An Introduction to NACCHO's Health Equity and
Social Justice Online Course

Presentation to
2020 National Ryan White Conference

August 11-14, 2020

About NACCHO

- The National Association of County and City Health Officials (NACCHO) is the national organization representing the nearly 3,000 local health departments across the country.
- NACCHO strives to be a leader, partner, catalyst, and voice for local health departments.
- Our efforts focus on promoting health and equity, combating disease, and improving the quality and length of all lives.

A Focus on Root Causes

Health inequities are...

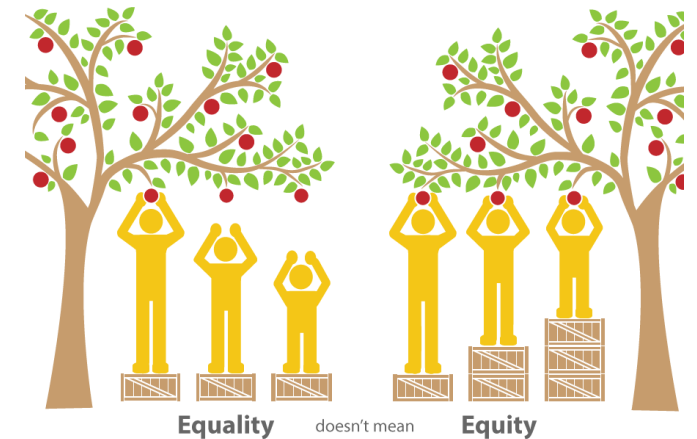
Differences in the distribution of disease, illness, and death that are systematic, patterned, unjust, actionable, and associated with imbalances in political power.¹

vs. health disparities, or the differences in health outcome

Health equity is...

Assurance of the conditions for optimal health for all people.²

vs. equality



¹ Margaret Whitehead, "The Concepts and Principles of Equity and Health," Intl JI of Health Services 3 (1992): 429. [paraphrased]

² Dr. Camara Jones, MD, MPH, PhD

A Focus on Root Causes

Root causes

- Underlying social injustices that have accumulated over a long history that cause or drive health inequities
- Derive from fundamental social disadvantage, based on imbalances in political power or privilege¹
- Racism, class oppression, and gender inequity

Social determinants of health

- The results of injustice that produce the conditions in which people are born, grow, live, work, and age
- Examples: lack of education, limited access to transportation, accessibility of healthy foods

¹Richard Hofrichter, "Health Inequity: A Charge for Public Health," white paper, NACCHO Annual, July 2016.

About the Course

Origins

- In response to population health practitioner need for assistance tackling the root cause of health inequities

Funding

- National Center for Minority Health and Health Disparities at the National Institutes of Health, California Endowment, Kellogg Foundation and HRSA

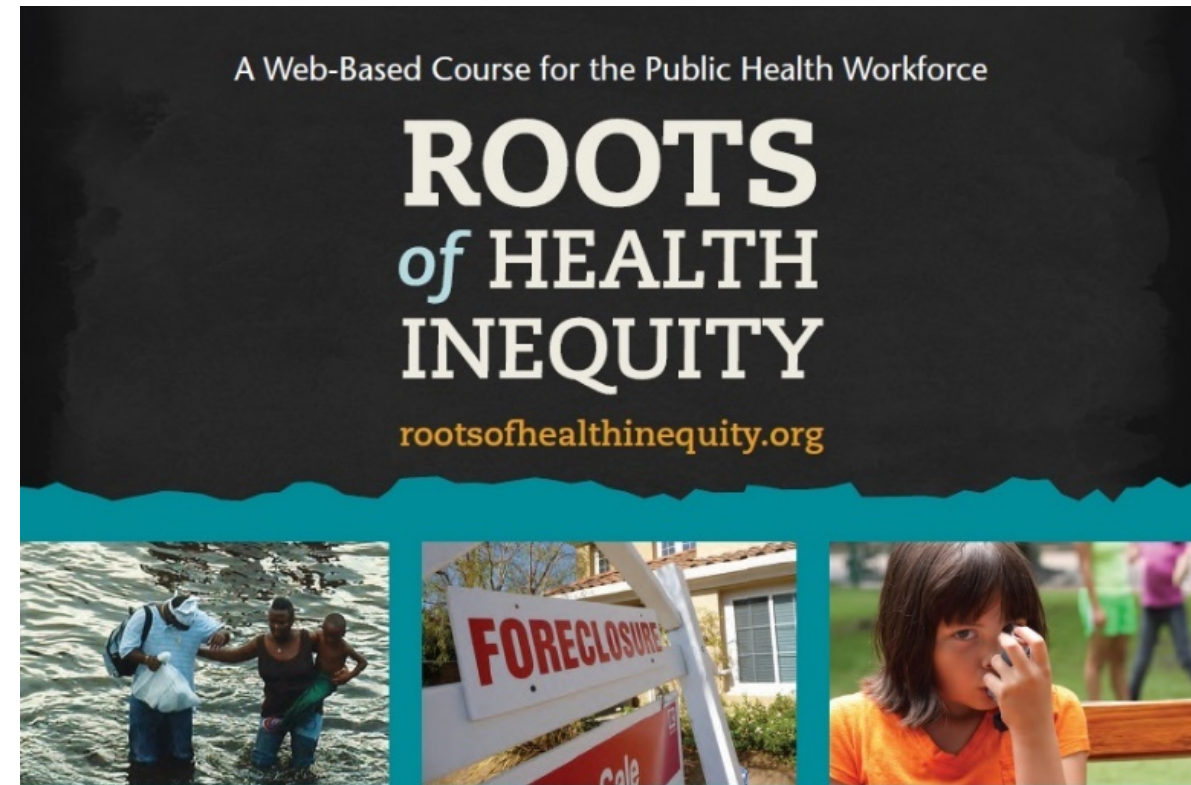
The screenshot shows the NACCHO website for the 'The Roots of Health Inequity' course. The page features a dark background with a large, diverse group of people. At the top left, the NACCHO logo is visible. The main heading reads 'ROOTS of HEALTH INEQUITY'. Below this, it says 'NACCHO presents The Roots of Health Inequity A Web-Based Course for the Public Health Workforce'. There are navigation links for 'ABOUT PROJECT', 'ABOUT COURSE', 'PREVIEW INTERACTIVES', 'HOW TO REGISTER', 'SITE CREDITS', and 'LEARN MORE CONTACT'. A 'LEARN MORE »' button is also present. At the bottom, there is a section titled 'What's in this Online Learning Collaborative?' with a list of bullet points: 'Explore social processes that produce health inequities in the distribution of disease and illness.', 'Strategize more effective ways to act on the root causes of health inequity.', and 'Form relationships with other local health departments who are working to ensure health equity.' A circular button at the bottom right says 'ENTER ROOTS COURSE SITE' with a right-pointing arrow.

<http://www.rootsofhealthinequity.org/>

About the Course

Purpose

- A free educational website and collaborative learning course for current and future health professionals
- Offers a starting place for those who want to address systemic differences in health and wellness that are actionable, unfair, and unjust



About the Course

Design

- Interactive and customizable
- Participate as a group or an individual
- Signing-up is free; engage in it at any time
- Register at <https://members.rootsofhealthinequity.org>

The screenshot shows the registration page for the 'ROOTS of HEALTH INEQUITY' course. The page header includes the NACCHO logo and the course title 'ROOTS of HEALTH INEQUITY: A Web-Based Course for the Public Health Workforce'. Navigation links for 'Create new account', 'Log in', and 'Request new password' are visible. The main content area features a 'Welcome, please log in.' message and a brief description of the course. A registration form is present with sections for 'Account Information' (E-mail address) and 'Personal information' (First Name, Last Name, Organization, Organization Type). A dropdown menu for 'Organization Type' is currently set to 'N/A'. On the right side, there are two sidebar boxes: 'Help Guides' with links to download visual help guides and 'About the Course' with links to learn more, technical requirements, and how to register.

Roots of Health Inequity provides...

- A conceptual frame that links social justice to public health practice
- Resources and insights learners can share with others
- Reflections and actions for confronting health inequities
- Opportunities to collaborate and strategize with colleagues across the country

Course Overview

Roots of Health Inequity is organized into six units:



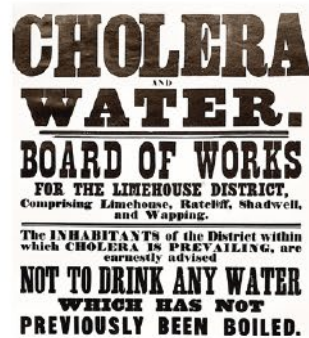
1

Where Do We Start?



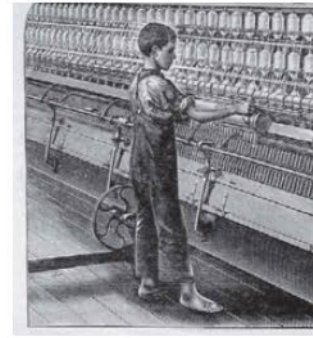
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Perspectives
on Framing



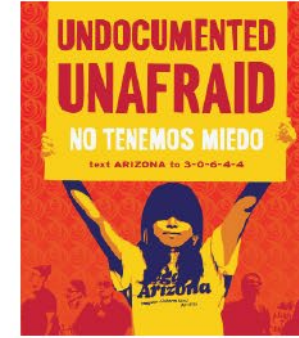
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Public Health
History



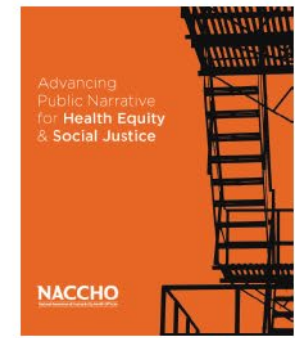
4

Root Causes



5

Social Justice



6

Public Health
Narrative

And offers:

- Case studies, interactive/multimedia activities, voices from the field, and ways to move through the content at your own pace and design

West Harlem's Battle for Clean Air

In the 1950's, the City of New York quietly decided to build a massive sewage treatment plant in West Harlem. The plant protected the Hudson River, but its air pollution made nearby residents sick. Fed up with the community's skyrocketing rates of asthma and other respiratory diseases, residents formed a coalition to confront the disturbing history behind the plant's placement and construction.



WE-ACT

Peggy Shepard, Chuck Sutton, and Vernice Miller (not pictured) co-founded the community group West Harlem Environmental Action (WE-ACT).

[Listen to Their Story](#)


[Download Audio File >](#)
(MP3 File)

[Download Transcript >](#)
(PDF File)


Anatomy of an Un-Natural Disaster

In 2005, Hurricane Katrina swept the Gulf Coast, setting off a chain of catastrophic events that would change millions of lives forever. After the levees broke, thousands of survivors—for the most part, Black and poor—were displaced and trapped in dismal conditions. Over 1,800 people died, more than half in New Orleans alone. Was the stage set for this disaster long before Katrina came ashore?

Explore the deep-seated roots of this unnatural disaster.



1 2 3 4 5 6 7 8 9 10 Next




#1 PUBLIC HEALTH OFFICIAL

ANSWER

The water is toxic because of the presence of chemical X. The LHD will investigate the health effects of this chemical, closely monitor the levels of chemical X in the water, supply bottled water or filtering systems in places where the level poses a risk, and provide information to area physicians who will be the most likely to encounter patients suffering from the effects of chemical X.

[REVEAL QUESTION](#)




#2 PUBLIC HEALTH OFFICIAL

ANSWER

Chemical X entered the water through a leak in a holding pond at the XYZ Mine. The LHD will work with other government agencies to require the company to fix the leak, fine them for the release, closely monitor future safety procedures, and ask the company to pay for the required clean-up.

[REVEAL QUESTION](#)



#3 PUBLIC HEALTH OFFICIAL

ANSWER

The water is toxic because pressure for jobs allowed industry to develop without adequate government regulation, corporate structures valued short-term profits over long-term community safety. The people who lived nearby were poor and without the political power to draw attention to what was happening. The LHD will organize residents to research mining methods that do not use chemical X and facilitate a campaign to reduce reliance on energy sources that use chemical X in the mining process.

[REVEAL QUESTION](#)

Join Discussion

Format B I U

[Save](#)

Comments (1)

Geoffrey (Geof) S...
3 days 18 hours ago

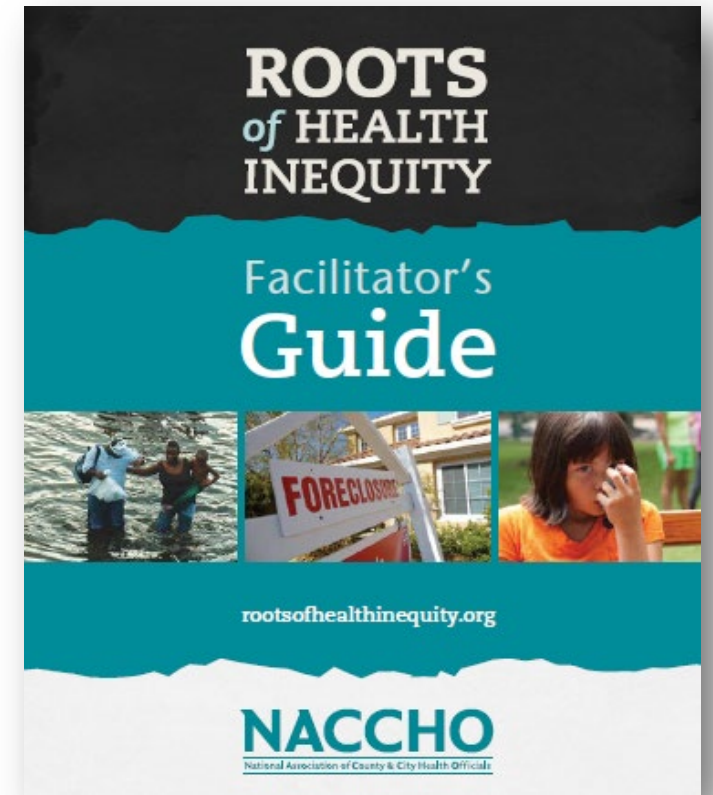
[reply](#)
[Reset flags](#)

- The first two approaches to "water is toxic" are more remedial, the third is more of a social justice approach.
- In some ways, this reminds me of the "5 Whys" approach to problem-solving. Why-1: Why is the water toxic? Because there is a chemical in it. Why-2: Why is there a chemical in it? Because there was a leaky pipeline. Why-3: Why-4, eventually Why-5: Because of societal conditions that allow the chemical plant to be located in a poor neighborhood, have poor oversight, etc. To me, public health has limited itself in the past to things that were clearly related to basic pathophysiology and epidemiology, but now with calls to go continually further "upstream" (social justice approach) it's clear that we must stop limiting ourselves in these regards, and claim the bigger, more upstream picture as a legitimate - and essential - part of our practice.

Course Overview

The *Facilitator's Guide* includes..

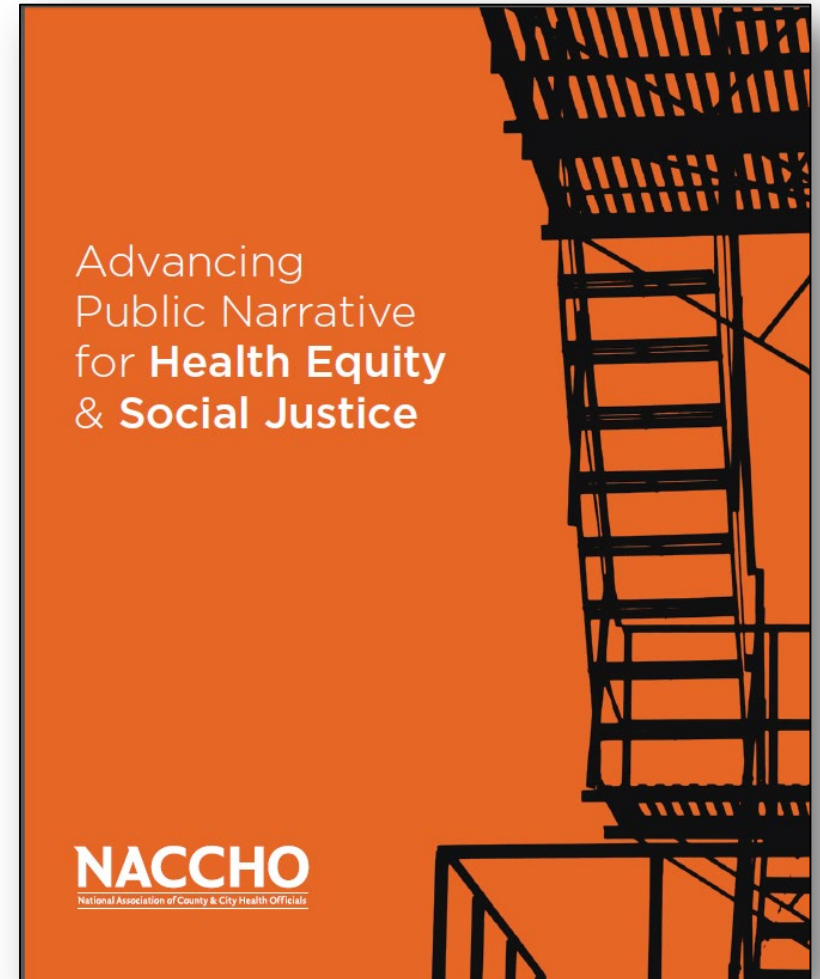
- Information for each unit of the course
- Tips for getting started
- Directions for forming a learning group
- Guidance and tools to support facilitation of social justice discussions



Course Overview

New companion resource, which...

- Provides overview of dominant public narratives that impact health;
- Aims to develop skills for recognizing and addressing these narratives;
- Looks to advance health equity through a social justice-based public narrative; and
- Includes facilitated dialogue strategies

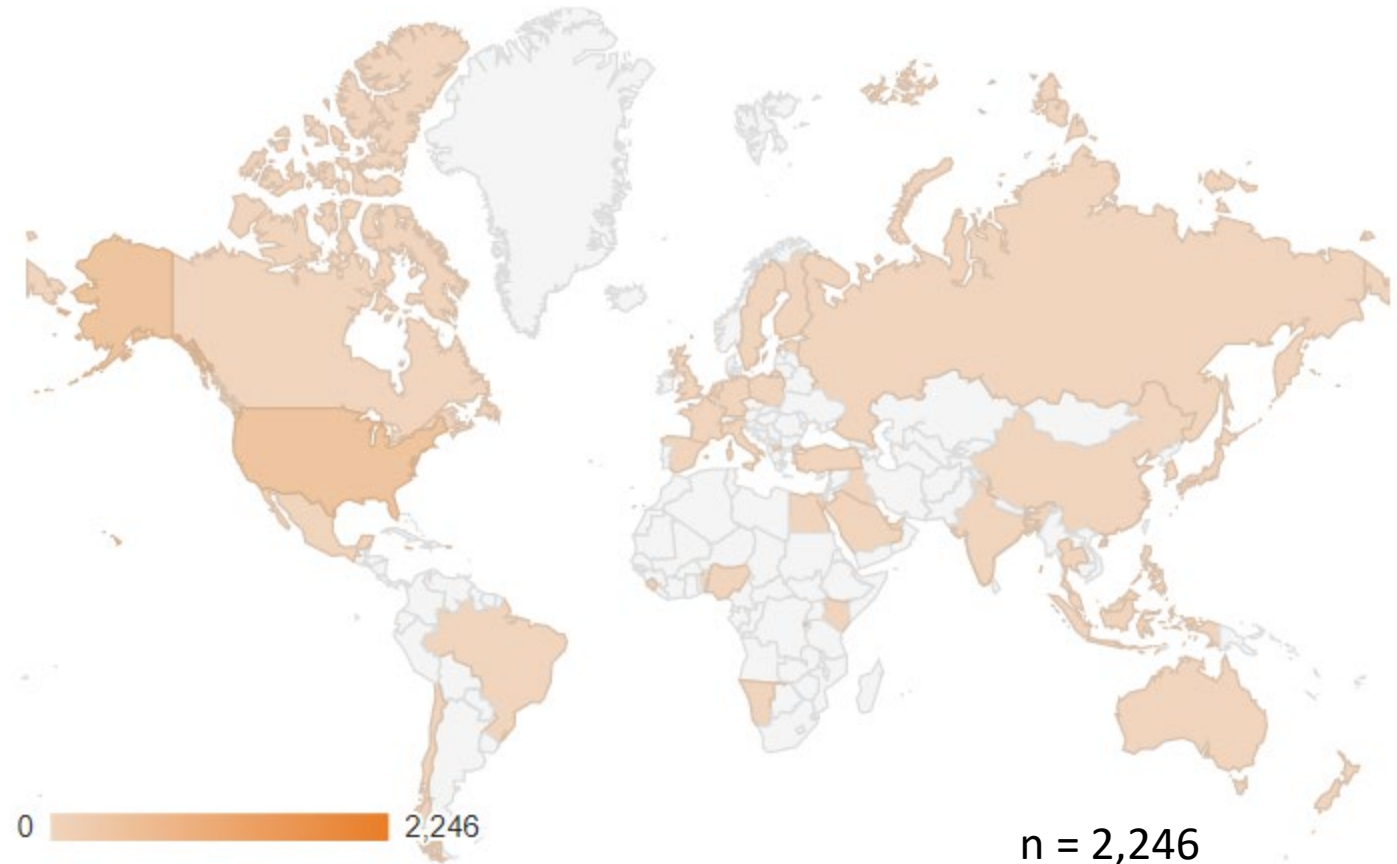


Course Participants

International

- Over 2,200 multi-session users from 48 countries, incl.
 - USA
 - South Korea
 - Canada
 - Australia
 - United Kingdom
 - Japan
 - India

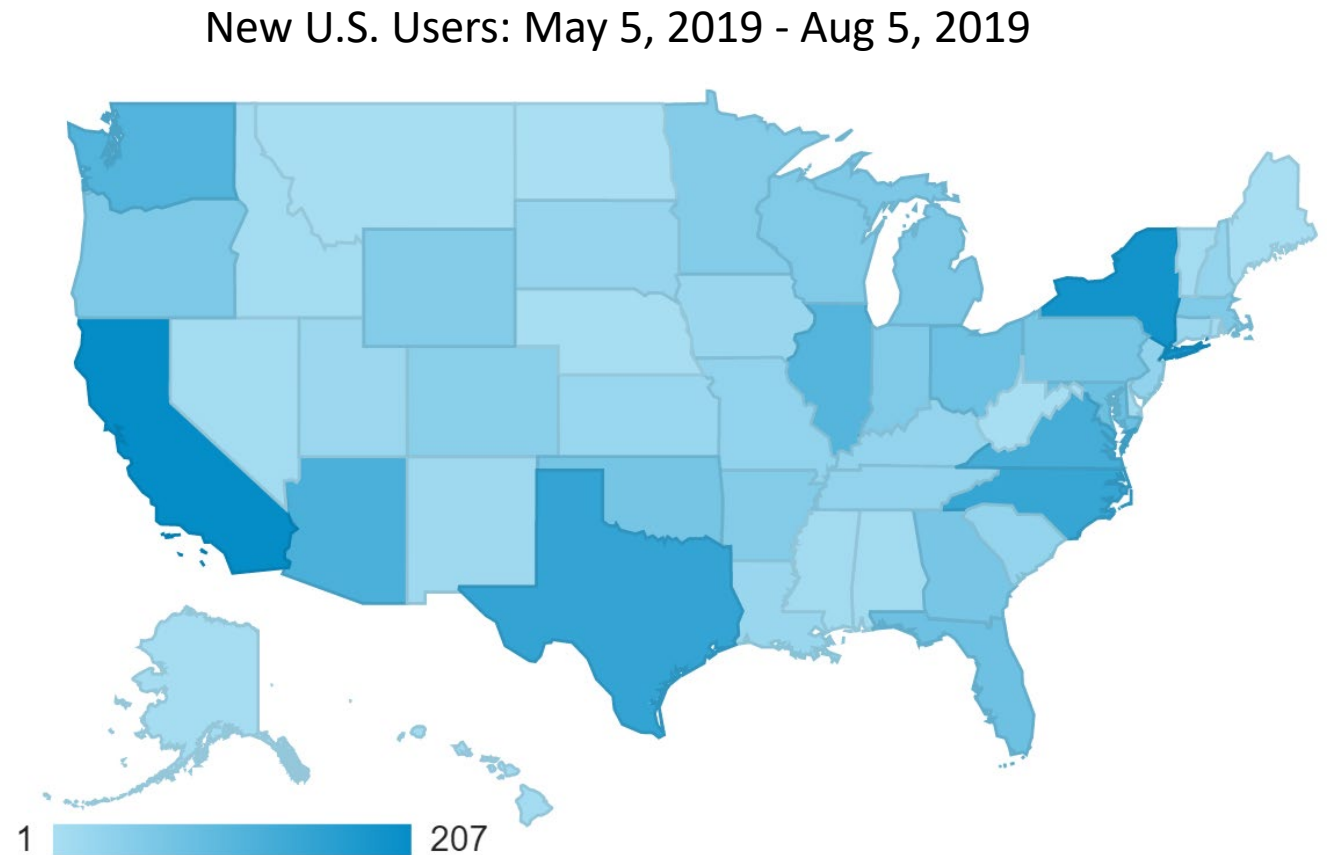
Multi-Session Users: May 5, 2019 - Aug 5, 2019



Course Participants

Over 2,300 new users every 3 months, including:

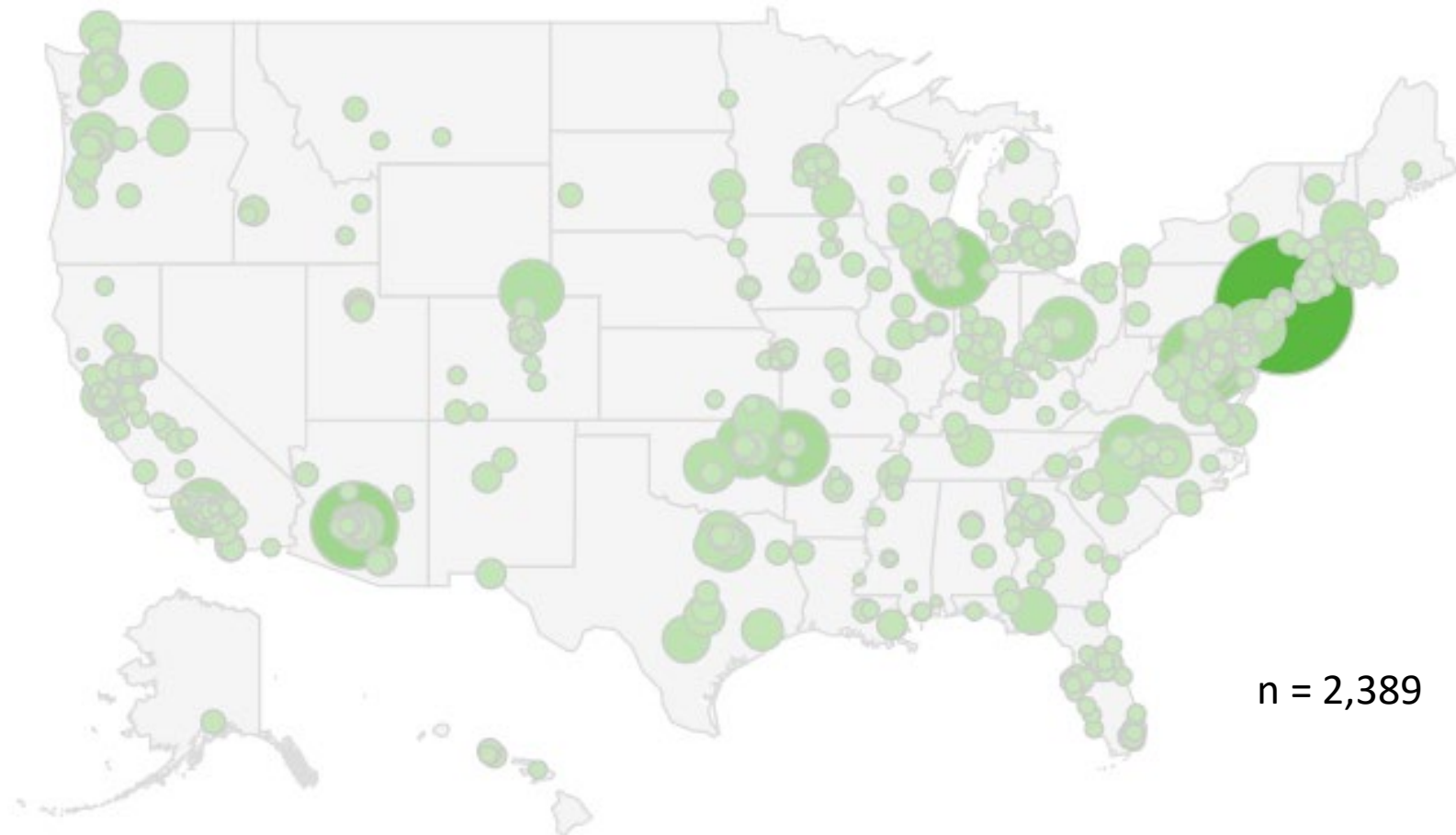
- Local and state health departments
- Healthcare organizations
- Academia
- Federal agencies (HRSA)
- Community-based organizations
- Faith-based organizations



Course Participants

New users engaged in the course from 250+ cities across the U.S. over the past 3 months

New U.S. Users: May 5, 2019 - Aug 5, 2019



n = 2,389

Course Results

As a result of this unit/course:	% who agree or strongly agree
I gained new insights about the issue in relation to my work	81%
I am more aware of what needs to be done to tackle the root causes of health inequity in my jurisdiction or how to approach the issue	81%
As a result of this unit/course, I am likely to do the following in the near future:	
Talk to my colleagues about it	76%
Change how I conduct my work, where applicable	75%

NYC Department of Health and Mental Hygiene

- NYCDOHMH Center for Health Equity conducted the course with 100+ staff
- In-person kickoff meeting held for all staff participating in the course
- NACCHO trained facilitators to lead in-person debriefs after completion of each unit and held regular TA calls with facilitators

ROOTS of HEALTH INEQUITY

is an online learning collaborative and educational resource that offers a starting place for those who want to address systemic differences in health and wellness that are actionable, unfair, and unjust.



Our Purpose

Roots of Health Inequity offers concepts and strategies that could lead to effective action on health inequities. The curriculum prompts participants to reflect on how our institutions structure the possibilities for health and wellness.



Why It Matters

Public health can reach the heart of the matter: the core social injustices associated with class exploitation, racism, and gender inequity. Advances can occur by thinking differently about possibilities for practice.



Why Now

A wealth of research has documented the deep connection between lived experience, social injustice, and inequities in rates of mortality, morbidity and life expectancy among different groups. Recent data demonstrates a staggering and growing degree of social and economic inequality in the United States, not seen since the Great Depression.

The New York City Center for Health Equity Learning Group

Based on a social justice framework, the *Roots of Health Inequity* introduces public health practitioners to concepts and strategies for taking action in every day practice. The CHE will use the learning collaborative to explore a social justice

NACCHO's Southern Initiative

- Was supported by the Secretary's Minority AIDS Initiative Fund and administered by HRSA's HIV/AIDS Bureau
- The purpose was to improve HIV outcomes and reduce disparities among minority populations in the South
- Staff from the four organizations that participated in the project took *Roots* to:
 - Increase awareness of health inequities and social injustices impacting health outcomes
 - Increase capacity to engage and serve minority populations
 - Address social, structural, economic, and environmental issues impacting implementation and success of clinical and behavioral interventions to improve HIV outcomes

Implementing the Roots of Health Inequity Course at HRSA



Co-creators of Knowledge



HRSA Roots of Health Equity

Courses

- 2 pilot sessions and 10 cohorts since 2015
- Class size: 15-20
- 5 sessions with one activity from each unit

Evaluations

- *“The course helped me understand some of the issues faced by populations served by my grantees, and the challenges they face in trying to close some of the disparity gaps.”*
- *“I appreciate hearing from other bureaus in HRSA and learning about the work that they do.”*
- *“As a Project Officer for HRSA this has made me think about the projects I manage and how can I support my grantees in improving the health care of Americans through the activities and programs being implemented.”*



Activity from the Roots of Health Inequity Course

Gem Daus, Office of Health Equity

Sonya Gray, HIV/AIDS Bureau

Travis Brookes, HIV/AIDS Bureau

Malcolm Clyburn, Bureau of Health Workforce

Mehrete Girmay, Office of Health Equity

Health Resources and Services Administration (HRSA)



Discussion Question

What is health equity to you?

The image contains four panels illustrating different concepts of equity and justice using the parable of the blind men and an apple tree. In each panel, three people are standing behind a brick wall, touching the tree to feel its shape. The first panel, labeled 'EQUALITY', shows three people of different heights (tall, medium, and short) standing on their own feet. The tallest person can see over the wall, the middle person can just see, and the shortest person (who is in a wheelchair) cannot see at all. The second panel, labeled 'EQUITY', shows the tallest person standing on a small block to see over the wall, the middle person standing on a larger block, and the person in the wheelchair still cannot see. The third panel, labeled 'JUSTICE', shows the tallest person standing on a tall ladder to see over the wall, the middle person standing on a shorter ladder, and the person in the wheelchair still cannot see. The fourth panel, labeled 'INCLUSION', shows the tallest person standing on a ladder to pick fruit from the top of the tree, the middle person standing on a ladder to pick fruit from the middle, and the person in the wheelchair is being helped by the other two to pick fruit from the bottom of the tree. A small vertical text on the right side of the fourth panel reads '© 2019 National Council on Aging. All rights reserved.'

EQUALITY
Treating everyone the same.

EQUITY
Giving each person what they need to be successful.

JUSTICE
Eliminating barriers so that everyone can succeed.

INCLUSION
Creating environments in which everyone can be and feel welcomed, respected, supported, and valued to fully participate.

Source: National Council on Aging

Activity – The Social Justice Approach to Public Health

Elements and Characteristics of this Approach

What are the characteristics of a social justice approach to public health practice? How do we identify injustices and the root causes of inequity, and how do we develop effective strategies to tackle them? In this activity you will reflect on some features of your overall approach to public health practice. You will explore how a social justice perspective for eliminating health inequity might inform and influence that practice.

DIRECTIONS:

Place your cursor over an image to see the title of a social justice approach. Then click on the image to read a detailed description of that approach in the right column.



THE SOCIAL JUSTICE APPROACH TO PUBLIC HEALTH

In this activity you will reflect on some features of your overall approach to public health practice. You will explore how a social justice perspective for eliminating health inequity might inform and influence that practice.

Explore how your own LHD's approach has influenced its practice and explore ways to design strategies that more effectively address health inequities through a perspective grounded in principles of social justice.

DIRECTIONS:

Begin the activity by mousing over an image. A description of the current image will appear in addition to a link to the social justice approach. Click on link to see a brief statement about actions that might be taken within a social justice perspective.

Activity – The Social Justice Approach to Public Health

THE SOCIAL JUSTICE APPROACH TO PUBLIC HEALTH

A Function of Public Health Practice

Working with Community Residents

Possible Actions Taken within a Social Justice Perspective

1. Share knowledge and resources of the health department with community residents.
2. Engage resources of the community to identify and eliminate health inequities,
3. Collaborate with progressive social movements.

Working with community residents
Social Justice Approach

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Reminder About The Roots of Health Inequity

- This is an educational website and collaborative learning course for current and future public health professionals. The course is free and open to everyone.
- Website:
<http://www.rootsofhealthinequity.org/>

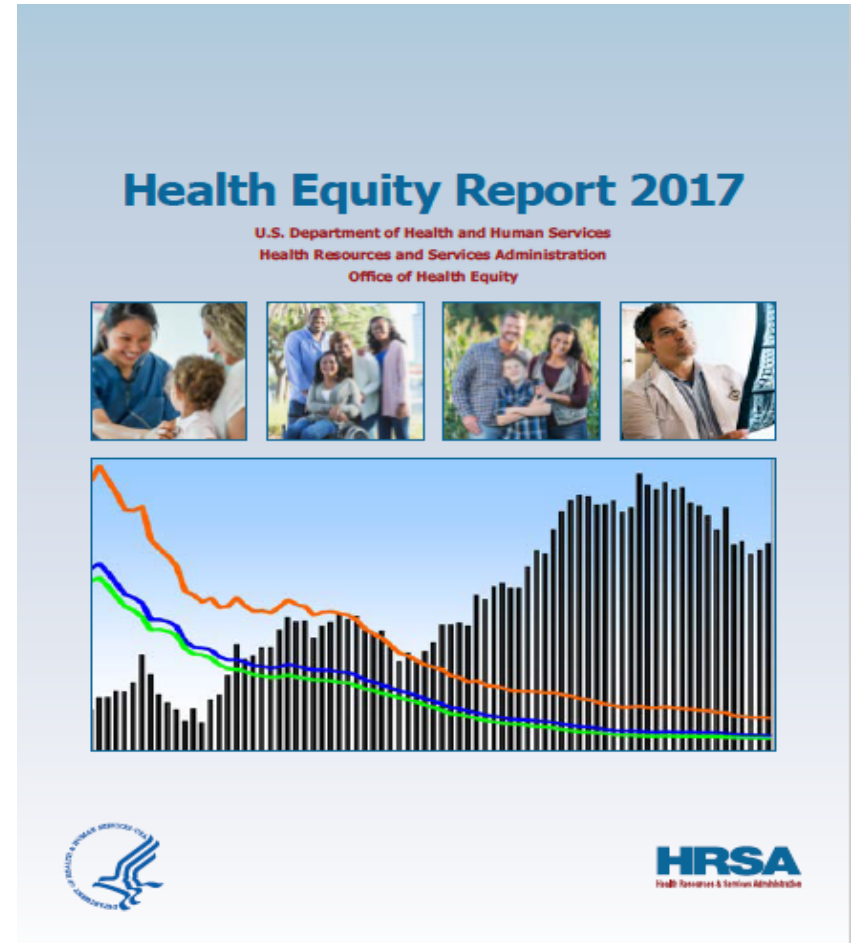


The screenshot shows the NACCHO website interface. At the top left is the NACCHO logo. At the top right are navigation links: LOGIN | FAQs | Resources | Site Requirements | Home. Below this is a menu with links: ABOUT PROJECT | ABOUT COURSE | PREVIEW INTERACTIVES | HOW TO REGISTER | SITE CREDITS | LEARN MORE CONTACT. The main content area features a large, diverse group of people. Overlaid on the image is the text: 'ROOTS of HEALTH INEQUITY' in a teal box, followed by 'NACCHO presents The Roots of Health Inequity' and 'A Web-Based Course for the Public Health Workforce'. A 'LEARN MORE »' link is present. Below the image is a section titled 'What's in this Online Learning Collaborative?' with a list of bullet points: 'Explore social processes that produce health inequities in the distribution of disease and illness.', 'Strategize more effective ways to act on the root causes of health inequity.', and 'Form relationships with other local health departments who are working to ensure health equity.' A circular button in the bottom right corner says 'ENTER ROOTS COURSE SITE' with a right-pointing arrow. A page indicator '1 | 2 | 3 | 4 | 5 | 6' is visible near the bottom center.



HRSA's Health Equity Report

- Comprehensive analysis of HRSA's program efforts in reducing health disparities and promoting health equity for various populations at the national, state, and local levels.
- Addresses HRSA's key strategic plan goals of improving access to quality health care and services, strengthening the health workforce, building healthy communities, and improving health equity.
- Trends in health disparities and improvements in health equity are presented for a number of program areas, including maternal and child health, primary health care access and quality, health care systems, HIV/AIDS, mental and behavioral health, chronic disease prevention and health promotion, health workforce, and rural-urban and geographic disparities.
- The 2019-2020 Health Equity Report will be issued Fall 2020.



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www.HRSA.gov



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