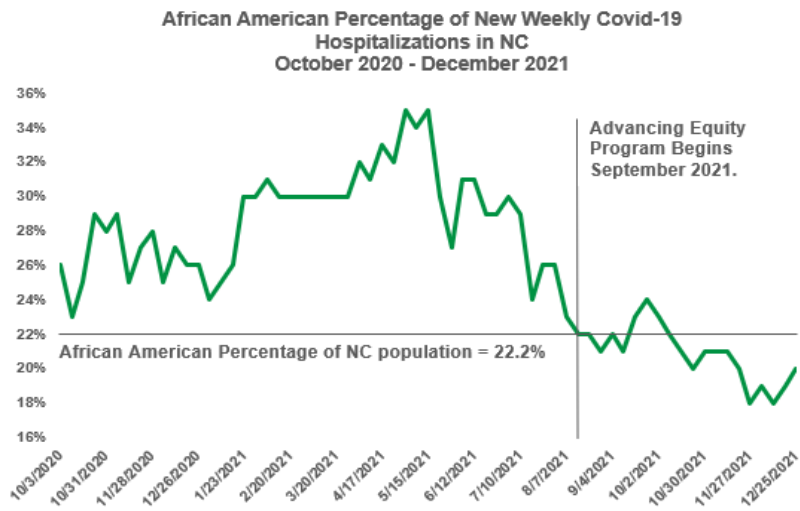


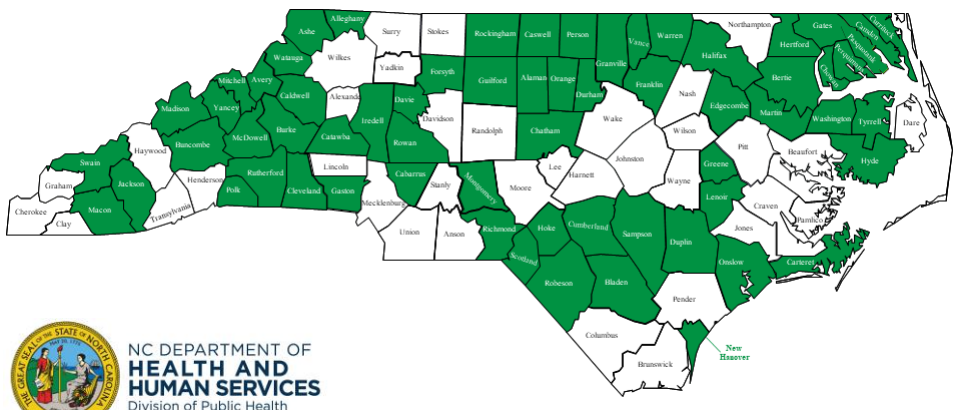
# ADVANCING EQUITY IN LOCAL HEALTH DEPARTMENTS: AN INSIDE-OUT APPROACH

## Program Purpose

The COVID-19 pandemic revealed long-standing health inequities for historically marginalized populations (HMP) in North Carolina (NC). Despite representing only 22.2% of the state's population, African Americans accounted for a higher proportion (see graph below) of NC's new COVID-19-related hospitalizations each week from October 2020 through July 2021.<sup>1,2</sup> In response to this need, the Healthy Communities Program in the Chronic Disease and Injury Section, Division of Public Health, NC Department of Health and Human Services, created the **Advancing Equity** program to increase local health department (LHD) organizational capacity to address equity.<sup>3</sup>

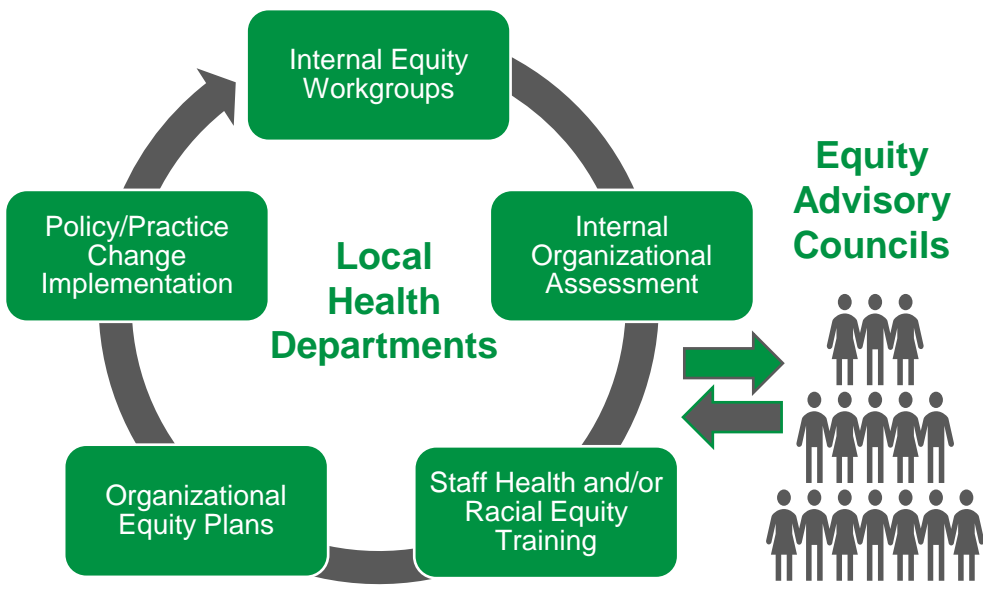


LHDs implemented Advancing Equity through an “inside-out” approach. They started by assessing organizational capacity and identifying assets and opportunities for growth. They then worked to build trusting relationships with HMP communities and gather input to inform LHD policy changes and community-based public health approaches. **Forty-nine LHDs** representing **63 NC counties** participated in the program from September 2021 through May 2023.



## Increasing Capacity to Address Equity

**Year 1:** LHDs established internal equity workgroups, comprised of all levels of staff across departments, and prioritized HMP staff participation. Workgroups conducted internal equity assessments and used the results to develop organizational equity plans. Each LHD aimed to implement two equity-based policy or practice changes in Year 2.



Internal equity workgroups also formed community-based Equity Advisory Councils (EAC) to provide recommendations on internal and external LHD operations that impact HMPs. The EACs included trusted community leaders, local officials, board of health members, members from local organizations, and/or residents from HMP communities.

**Year 2:** LHDs began implementing their organizational equity action plans, enacting at least **82 equity-related policy/practice changes** by the end of Year 2. Examples of policy/practice changes included incorporating equity into the LHD strategic plan and mission statement, revamping staff recruitment processes, and requiring annual equity training for all employees through annual workplans and onboarding. LHDs and EACs also partnered to identify, plan, implement and/or evaluate chronic disease related strategies around food security, substance or tobacco use prevention, and physical activity, among others.

## Program Evaluation Results

The Healthy Communities team conducted interviews with 12 LHDs demonstrating promise in developing internal LHD equity workgroups and/or EACs. The program coordinators reported their internal equity workgroups provided employees a space to raise equity concerns about their LHD. **Strong leadership support, a diverse workgroup composition with varying seniority levels across LHD departments, and the shared responsibility of conducting internal equity assessments supported this change by cultivating an environment of trust.**

Coordinators also conveyed the critical role that EAC membership plays with helping LHDs better understand the needs of their communities. EAC meeting attendance remained consistent throughout the grant, with **coordinators attributing attendance rates to having well-defined member expectations, roles, and responsibilities, established meeting times, and technical assistance support provided by the state Healthy Communities team. Leadership buy-in was integral for proving LHD commitment to utilizing HMP voices to shape programmatic decisions.** Examples of policy changes directly informed by EAC guidance included LHDs instituting new quarterly community feedback surveys to evaluate their community engagement progress and requiring Spanish translation services at all community-facing events.

### Post-Program Survey on LHD Equity Capacity and Sustainability

The Healthy Communities team conducted a post-program survey with former Advancing Equity coordinators in October 2023, garnering a 78% response rate, measuring their perceptions on how program participation increased their LHD's organizational capacity and commitment to sustain the work of Advancing Equity.



**References**

1. U.S. Census Bureau, Population Estimates Program (PEP), July 1, 2022, (V2022), North Carolina. Quick Facts. Retrieved from <https://www.census.gov/quickfacts/fact/table/NC/PST045222>.
2. North Carolina Department of Health and Human Services. NC DHHS Covid-19 Hospitalizations Dashboard. Available at: <https://covid19.ncdhhs.gov/dashboard/hospitalizations#COVID-19HospitalizationDemographics-7883>.
3. The Advancing Equity program was funded by CDC's "National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities" grant.

**Authors**

- Ryan Ward, Healthy Communities Program Consultant/Evaluator
- Karen Stanley, Healthy Communities Program Manager
- Georgia Childs, Healthy Communities Program Consultant
- Lakecia Owens, Healthy Communities Equity Coordinator
- Breyana Davis, DPH Health Equity Team Lead