Engaging Community in Health Disparity Data Communication

WNC HEALTH NETWORK

Providers Working Together

DASH CIC-START Grantee
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Presenters

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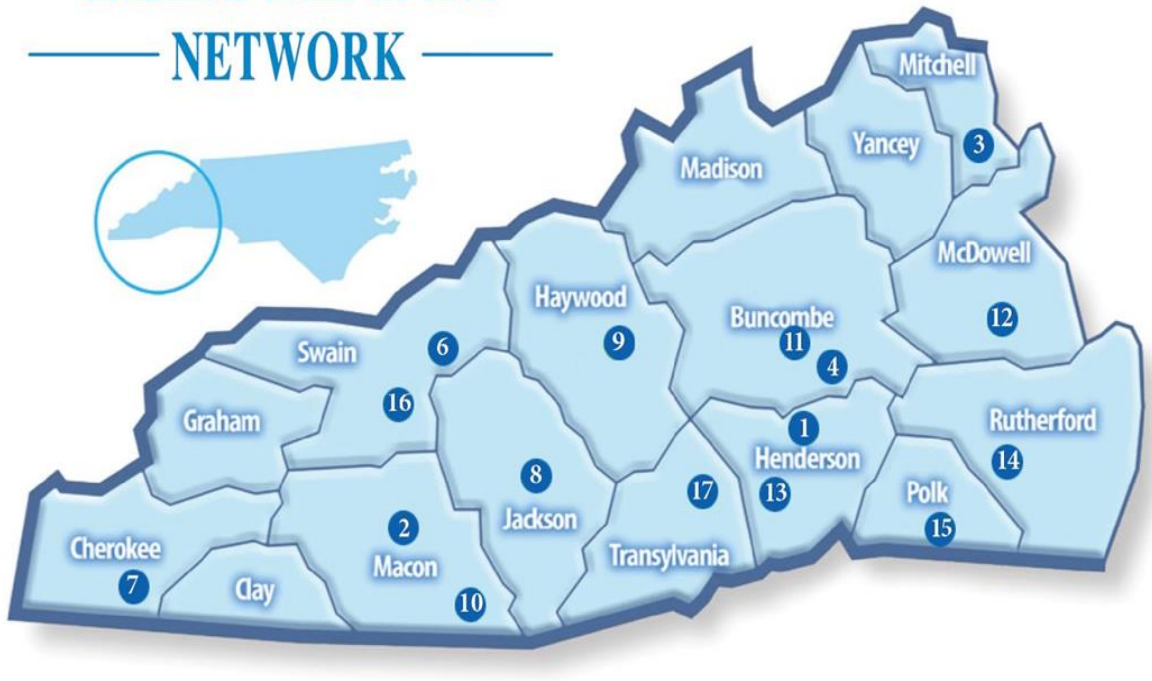
About WNC Health Network

We are the **alliance of hospitals** working together to create **healthy and thriving communities** in western North Carolina.

We celebrate having over 20 years of successful collaboration together.

We are proud of western NC for being a unique and inspirational model for impact nationally.

WNC HEALTH NETWORK

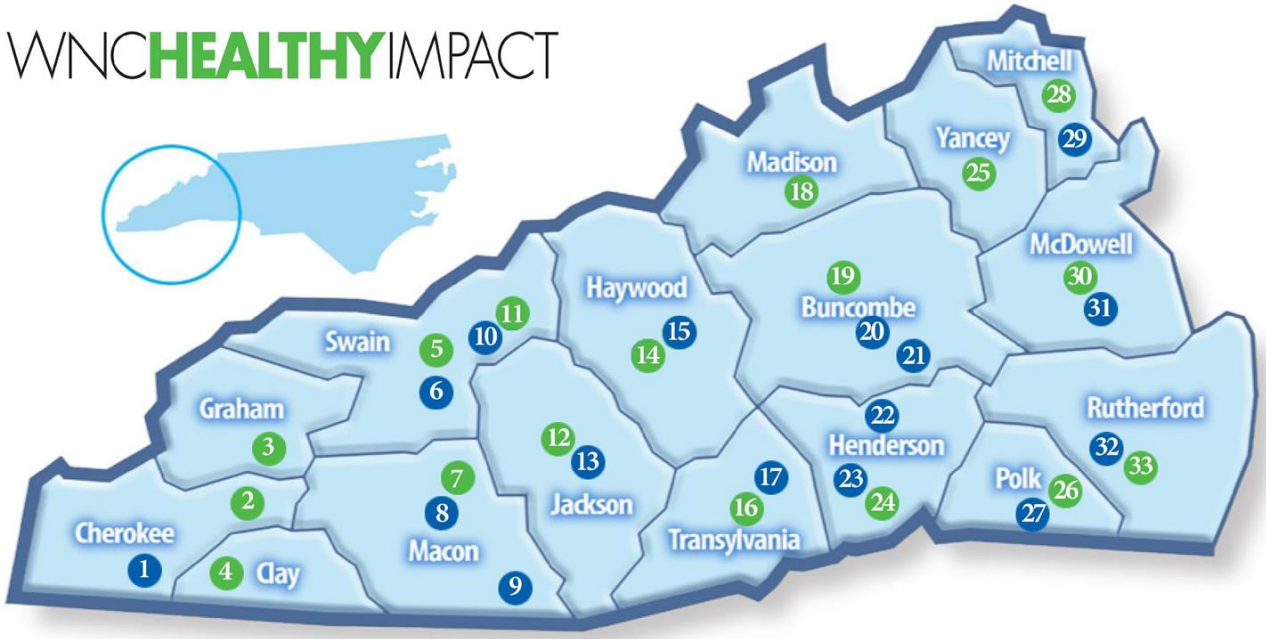


1. AdventHealth Hendersonville
2. Angel Medical Center
3. Blue Ridge Regional Hospital
4. CarePartners Health Services
5. Charles George VA Medical Center
6. Cherokee Indian Hospital
7. Erlanger Western Carolina Hospital
8. Harris Regional Hospital
9. Haywood Regional Medical Center
10. Highlands-Cashiers Hospital
11. Mission Hospital
12. Mission Hospital McDowell
13. Pardee UNC Health Care
14. Rutherford Regional Health System
15. Saint Luke's Hospital
16. Swain Community Hospital
17. Transylvania Regional Hospital

We strengthen community health together.

We lead **WNC Healthy Impact**, a partnership between hospitals, public health agencies, and key regional partners in western North Carolina, working towards a vision of improved community health.

We are working together locally and regionally on a **community health improvement process** to assess health needs, develop collaborative plans, take coordinated action, and evaluate progress and impact.



We support local community health improvement.

For local leaders and partners to:

- Complete local community health assessments, which **establish common ground** with shared priorities built from transparent data
- Conduct listening sessions to **amplify the voices of those most impacted by key health issues**
- Lead community-wide strategic planning to agree on a **path forward**
- Craft **performance measures** to know if we're getting there
- Support **clear communication** throughout the cycle

We collect and curate high-quality regional data.

Since 2011, we have provided foundational data for local and regional community health efforts:

- WNC Dataset
  - Primary Survey Data Collected Every 3 Years
  - Secondary Data Updated Annually
- Online Key Informant Survey
- Maps

Health Disparity Data Project and Process

Making our data more engaging and accessible

We made regional data more accessible & engaging:

- From an Excel Workbook….
- … to interactive data stories & short videos highlighting key health issues in western NC

Making our data more equitable

- Previous data products/ tools were not accessible outside of our direct community health partners
- Data Stories illuminated a gap when it came to disparity data
- We finally had enough combined years of community health assessment survey data for analysis
- We wanted to build on efforts to incorporate more feedback into data communication

Results we had in mind

Analyze

Analyze our existing raw primary data for trends in health disparities among vulnerable, low-income, and racial-ethnic subgroups

Review

Hire community members as consultants to review and provide input on data and data communication products

Revise

Revise existing and create new data products using an equity lens

Process – “The How”

Continuous Process Improvement

Research

-Reach out to potential partners and All In members

Hire local Equity Consultant

Co-design tools

-Info session invitation

-Job description

-Background Agenda

Recruit community members and design work together

-Informational sessions

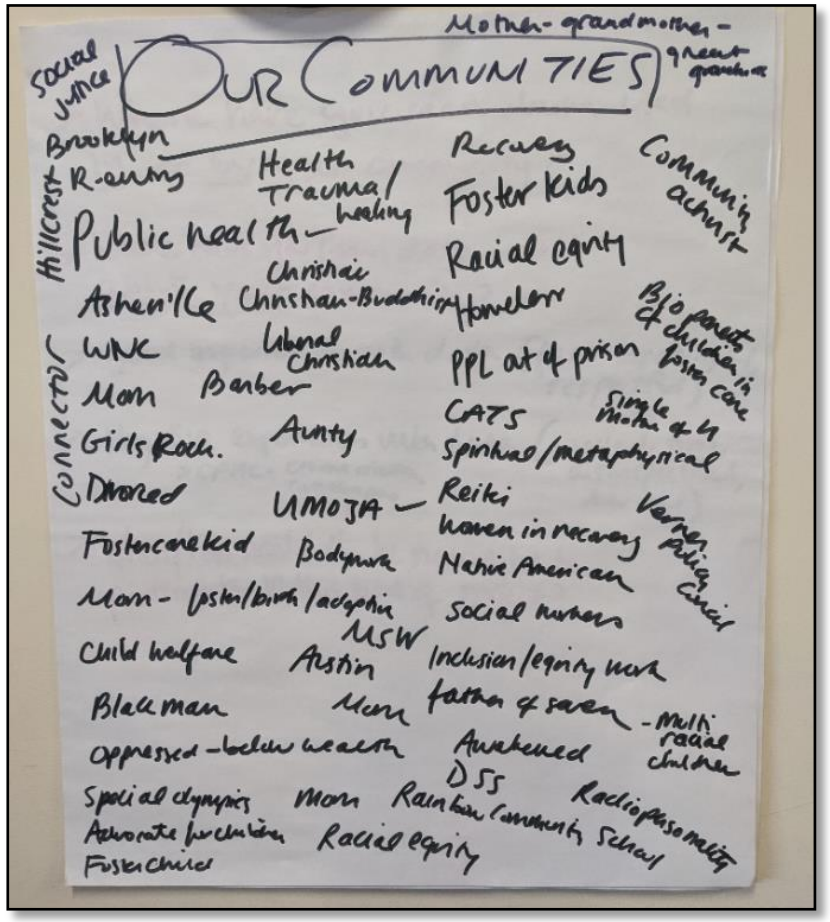
Work with community members

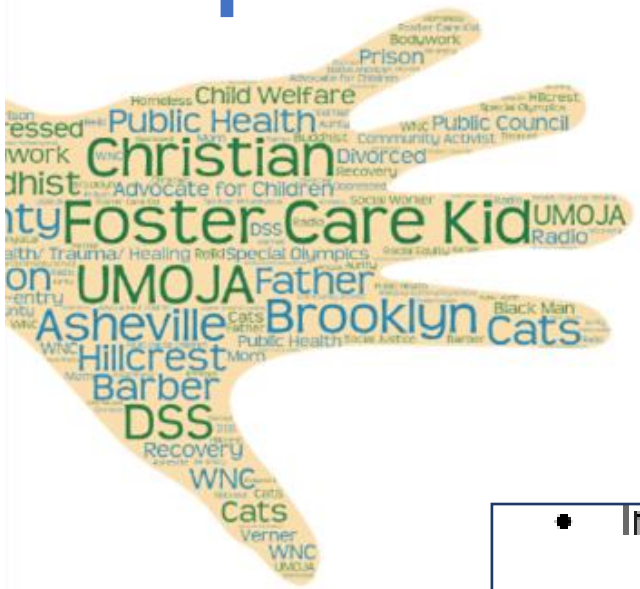
-1-1 Interviews

-Surveys

-Zoom meetings

Community data expert input





- Introductions
  - Name
  - What are your communities? (we model – track on flip chart)
  - Acknowledge sense of pride/challenges
  - What is this telling us about what community is?

Assets and barriers/ challenges

	Assets	Barriers/ Challenges
Internal	Organizational structure	This work takes time
	Organizational values	Paying people
	Funding	
External	Flexibility of DASH funding	COVID-19 pandemic
	Talented local consultants	Individuals/ communities are going through a lot
	Ability to leverage pre-existing relationships for recruitment	Geography

What we've accomplished (so far)

- ✔ Compiled health disparity data for western North Carolina
- ✔ Co-designed editable ACEs & resilience infographics/ tools
- ✔ Involved community members in how health disparity data is communicated and shared in the region
- ✔ Developed new partnerships with agencies we had not collaborated with before
- ✔ Strengthened relationships with partners, local community members and Community Data Experts

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COVID-19 & HEALTH DISPARITIES IN WNC

"Public health crises take a significantly increased toll on groups who were marginalized before the crisis."
(FSG, 2020)

Even before the COVID-19 pandemic, inequities in western North Carolina meant that individuals who were low-income, uninsured, unemployed, or belonging to communities of color were more at risk for poor health outcomes.

The health, economic, and social impacts of COVID-19 are likely to perpetuate and exacerbate existing disparities in the region, such as those around race, income, and employment. These increased disparities may, in turn, have both short- and longer-term impacts on health status and outcomes. National data shows that people of color are experiencing a disproportionate burden of serious illness and death associated with COVID-19. In North Carolina, African Americans make up 22 percent of the population; however, they currently account for 36 percent of the state's COVID-19 deaths. In an emerging trend, statewide and regionally, a disproportionate number of Hispanic/ Latinx people are testing positive for COVID-19. This group makes up 9 percent of the state population; however, they currently account for 32 percent of laboratory confirmed COVID-19 cases in North Carolina. Accurate and complete race and ethnicity data is necessary to understand the true burden of the disease on people of color and to inform appropriate COVID-19 planning and response. Additional race and ethnicity impact data is available **here**.

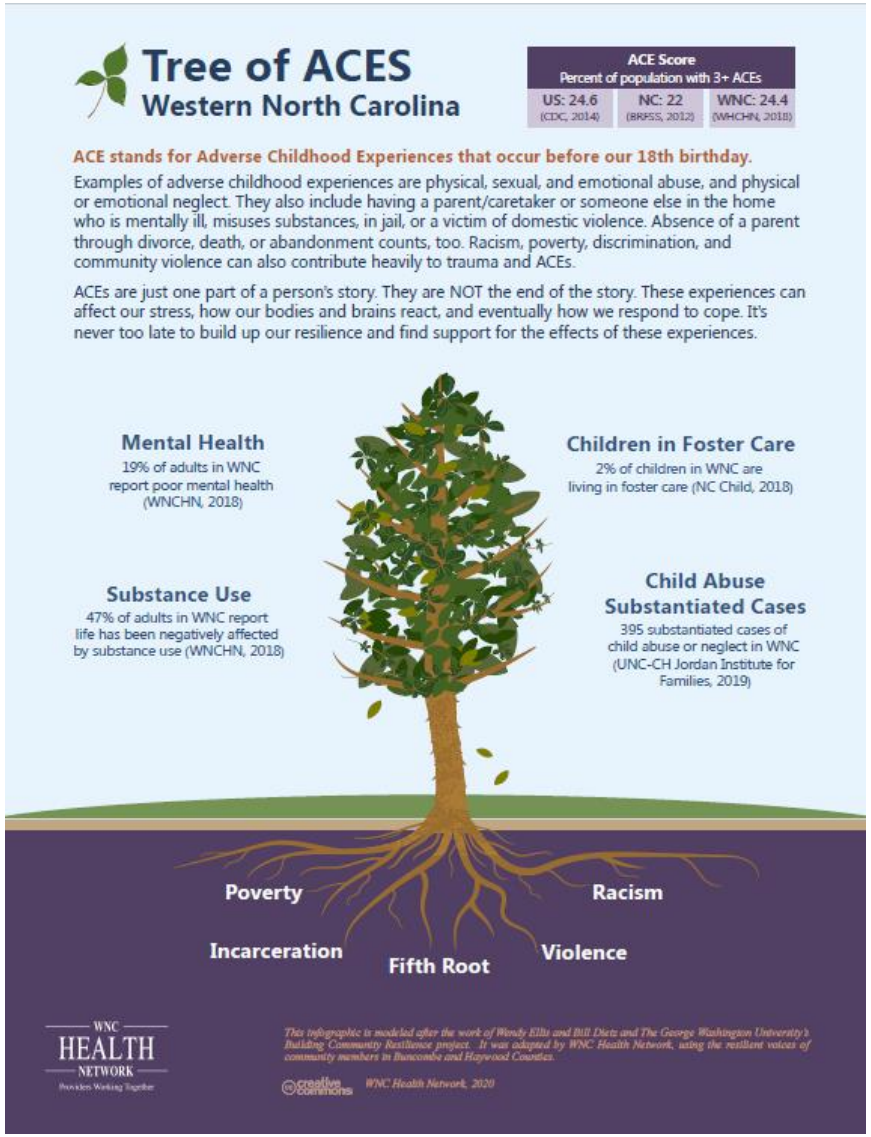
Our region is already experiencing negative impacts in the social determinants of health that experts have predicted from this pandemic:

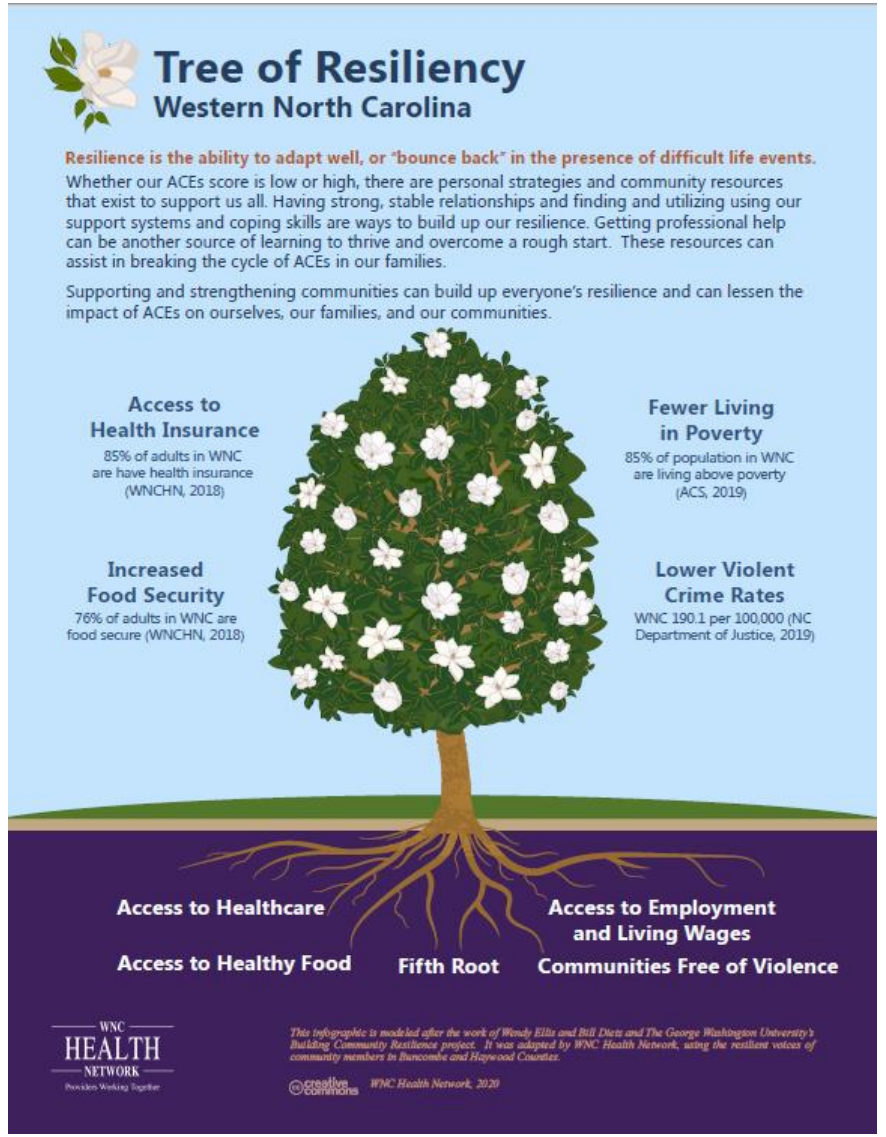
- Low-income and working poor individuals will lose valuable income
- Food insecurity will increase
- More people will experience mental health and substance use disorders
- Housing insecurity and instability will increase
- Children and family members will be at increased risk of trauma and violence
- Children will have their educational progress upended by prolonged school closures and suffer associated "learning loss"

Sources: FSG, CDC, AMA

The work many agencies, collaboratives, funders, and other local and regional partners are doing together to address these challenges is more important than ever. Together, we can—and must—ensure that we are addressing the needs of our most at risk populations during this public health emergency and creating systems and policies that will put western North Carolina on a path to eliminating health disparities in the future. With each decision made during this crisis, we have an opportunity to either perpetuate the inequities that contribute to these disparities or, together, to build a future that is fair for everyone.

ACEs & resilience infographics





Resources

- COVID –19 and WNC Health Disparities (Report)
- Editable ACE & Resilience Infographics
- Community Data Expert Info Session Invitation Example
- Community Data Expert Job Description
- Community Data Expert Information Session Background Agenda
- Community Data Expert Information Session Exit Survey

What's next...

- Convening and release of the full data report in February '21
  - **Data for Health Equity in Western North Carolina:** *Understanding key health disparities to improve strategies and data collection*
  - Community Conversation Guide
  - Updated Data Stories
- ACEs & Resilience Infographic – full release
- Engaging community members in the data collection phase – January '21

Key learnings...

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