

# 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.



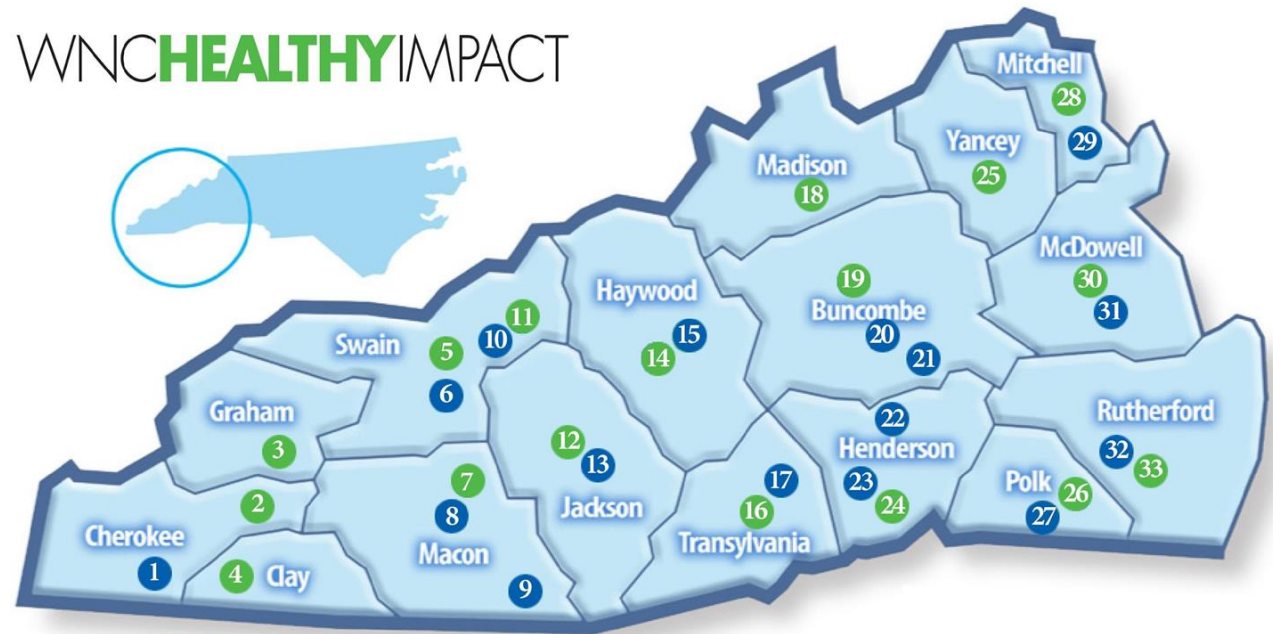
- 1 AdventHealth Hendersonville
- 2 Angel Medical Center
- 3 Blue Ridge Regional Hospital
- 4 CarePartners Health Services
- 5 Charles George VA Medical Center
- 6 Cherokee Indian Hospital
- 7 Erlanger Western Carolina Hospital
- 8 Harris Regional Hospital
- 9 Haywood Regional Medical Center
- 10 Highlands-Cashiers 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.

## WNC **HEALTHY** IMPACT



- 1 Erlanger Western Carolina Hospital
- 2 Cherokee County Health Dept.
- 3 Graham County Dept. of Public Health
- 4 Clay County Health Dept.
- 5 Swain County Health Dept.
- 6 Swain Community Hospital
- 7 Macon County Public Health Center
- 8 Angel Medical-Center
- 9 Highlands-Cashiers Hospital
- 10 Cherokee Indian Hospital
- 11 EBCI Public Health and Human Services
- 12 Jackson County Dept. of Public Health
- 13 Harris Regional Hospital
- 14 Haywood County Health & Human Services Agency
- 15 Haywood Regional Medical Center
- 16 Transylvania Public Health
- 17 Transylvania Regional Hospital
- 18 Madison County Health Dept.
- 19 Buncombe County Health and Human Services
- 20 Mission Hospital
- 21 CarePartners Health Services
- 22 AdventHealth Hendersonville
- 23 Pardee UNC Health Care
- 24 Henderson County Department of Public Health
- 25 Toe River Health District- Yancey
- 26 RPM Health District- Polk
- 27 Saint Luke's Hospital
- 28 Toe River Health District- Mitchell
- 29 Blue Ridge Regional Hospital
- 30 RPM Health District- McDowell
- 31 Mission Hospital McDowell
- 32 Rutherford Regional Health System
- 33 RPM Health District- Rutherford

# 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



The screenshot shows the WNC Health Network website. The header includes the logo and navigation links: Home, Who We Are, What We Do, WNC Healthy Impact, WNC Data, and Contact Us. The main heading is 'Regional Key Health Issues'. Below this is a sub-header 'Key Health Issues' with links to 'About This Project', 'Data Methodology', 'WNC Dataset', 'Local Priorities & Reports', and 'Give Feedback'. The main content area features a large image of a person riding a bicycle on a path, with the text 'ASTHMA in Western North Carolina'. Below the image is the question 'Why is asthma a key health issue in western North Carolina?'. To the right of the text is a video thumbnail titled 'How does asthma work? - Christopher E...' with a play button icon. Below the text is a small text block: 'The percentage of adults diagnosed with asthma in western North Carolina has risen from 9.7% in 2015 to 11.4% in 2018. (WNCHN - WNC Healthy Impact Community Health Survey, 2018)'. The footer of the website is not visible in this screenshot.

# 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

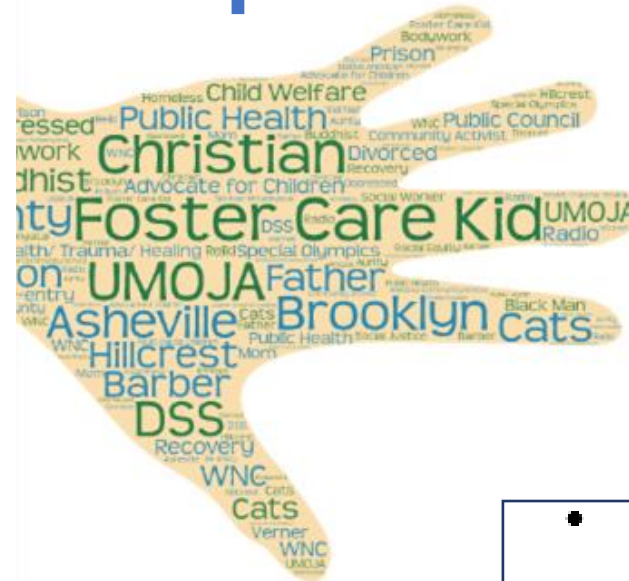
- Informational sessions

### Work with community members

- 1-1 Interviews
- Surveys
- Zoom meetings

# Community data expert input

Social Justice | **OUR COMMUNITIES** | Mother-grandmother-great-grandmother  
 Brooklyn | Health Trauma/healing | Recovery Foster Kids | Community activist  
 R-sung | Public health | Racial equity |  
 Hillcrest | Ashenille | Christian | Homeless | Bio parent of children in foster care  
 WNC | Liberal Christian | PPL at & prison | Single Mother & by  
 Mom | Barber | CATS | Spiritua/metaphysical  
 Girls Rock. | Auntie | Reiki | Verner Police Council  
 Divorced | UMOJA - | Women in recovery |  
 Foster care kid | Bodywork | Native American |  
 Mom - foster/birth/adoption | MSW | Social workers |  
 Child welfare | Austin | Inclusion/equity work |  
 Black man | Mom | father & saem - multi racial children  
 Oppressed - below wealth | Awakened |  
 Special olympics | Mom | DSS | Rainbow Community School |  
 Advocate for children | Racial equity |  
 Foster child




- 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



*"Public health crises take a significantly increased toll on groups who were marginalized before the crisis."*  
*(ESG, 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: [ESG](#), [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

## Tree of ACEs Western North Carolina

ACE Score Percent of population with 3+ ACEs		
US: 24.6 (CDC, 2014)	NC: 22 (BRFSS, 2012)	WNC: 24.4 (WNCHN, 2018)

ACE stands for Adverse Childhood Experiences that occur before our 18th birthday.

Examples of adverse childhood experiences are physical, sexual, and emotional abuse, and physical or emotional neglect. They also include having a parent/caretaker or someone else in the home who is mentally ill, misuses substances, in jail, or a victim of domestic violence. Absence of a parent through divorce, death, or abandonment counts, too. Racism, poverty, discrimination, and community violence can also contribute heavily to trauma and ACEs.

ACEs are just one part of a person's story. They are NOT the end of the story. These experiences can affect our stress, how our bodies and brains react, and eventually how we respond to cope. It's never too late to build up our resilience and find support for the effects of these experiences.

### Mental Health

19% of adults in WNC report poor mental health (WNCHN, 2018)

### Substance Use

47% of adults in WNC report life has been negatively affected by substance use (WNCHN, 2018)

### Children in Foster Care

2% of children in WNC are living in foster care (NC Child, 2018)

### Child Abuse Substantiated Cases

395 substantiated cases of child abuse or neglect in WNC (UNC-CH Jordan Institute for Families, 2019)

Poverty Racism  
Incarceration Fifth Root Violence

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This infographic is modeled after the work of Wendy Ellis and Bill Dietz and The George Washington University's Building Community Resilience project. It was adapted by WNC Health Network, using the resilient voices of community members in Buncombe and Haywood Counties.

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## Tree of Resiliency Western North Carolina

Resilience is the ability to adapt well, or "bounce back" in the presence of difficult life events.

Whether our ACEs score is low or high, there are personal strategies and community resources that exist to support us all. Having strong, stable relationships and finding and utilizing using our support systems and coping skills are ways to build up our resilience. Getting professional help can be another source of learning to thrive and overcome a rough start. These resources can assist in breaking the cycle of ACEs in our families.

Supporting and strengthening communities can build up everyone's resilience and can lessen the impact of ACEs on ourselves, our families, and our communities.

### Access to Health Insurance

85% of adults in WNC are have health insurance (WNCHN, 2018)

### Increased Food Security

76% of adults in WNC are food secure (WNCHN, 2018)

### Fewer Living in Poverty

85% of population in WNC are living above poverty (ACS, 2019)

### Lower Violent Crime Rates

WNC 190.1 per 100,000 (NC Department of Justice, 2019)

Access to Healthcare Access to Employment and Living Wages  
Access to Healthy Food Fifth Root Communities Free of Violence

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# 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...**

A scenic photograph of a sunset over a mountain range. The sun is a bright yellow orb on the right side of the horizon, partially obscured by a thin layer of clouds. The sky is a gradient of orange and yellow, with some darker clouds. The mountains in the foreground are silhouetted against the bright sky, and the overall atmosphere is warm and peaceful.

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