



Affiliate Health Equity Subcommittee Survey Report: Executive Summary

In 2011, ASTHO's Affiliate Health Equity Subcommittee conducted an online quantitative survey to assess how ASTHO and its 22 affiliate organizations address racial/ethnic minority health, health disparities and health equity. The survey included nine questions on the populations served by the affiliates, internal discussions on health equity within the organization, affiliates' health equity activities, workforce activities, and affiliates' needs for resources and tools. Seventeen affiliate organizations responded to the survey. Additionally, ASTHO's Health Equity Workgroup staff conducted 30-minute qualitative interviews with five respondents to delve deeper into their health equity approach. Response rate was 74% percent, with 17 out of 23 organizations responding to the survey.

Results

The following results are from the 17 affiliate organizations who responded to the quantitative survey as well as the five respondents who gave qualitative interviews.

Internal Discussions on Health Equity

When asked if their organization had internal discussions around health equity and its meaning in their work, nine organizations said yes, four said no, and three organizations said somewhat. Discussions around health equity included:

- Using foundational materials to teach new nurses current practice and research.
- Ensuring that health equity is incorporated into every state health plan for chronic disease.
- Having the board of directors and the executive leadership support the incorporation of health equity designs and concepts into their programs.
- Infusing all programs with health equity, such as competencies for a training course.
- Diversifying the pool of trainers and updating the curriculum to incorporate health equity.
- Strategic planning to engage membership around health equity and providing recommendations to the executive board.
- Incorporating health equity questions into the biannual survey to state injury programs.

Health Equity Programs and Planning

When asked if their organization had planned programs and activities around health equity and its meaning in their work, seven organizations reported "yes" and seven responded "no," and two said "somewhat." Examples of health equity programs and planning included:

- Convening membership to specifically discuss health equity.
- Implementing a policy statement on health equity in all contracts.
- Ensuring that vendors follow best practices related to health equity and support minority-based vendors.

- Holding webinars for members on cultural competencies in order to address health equity, cultural competency, and effective communication with people from various cultural backgrounds.

Workforce Development or Leader Enhancement for Minority Populations

When asked if their organization sponsored or facilitated efforts to address workforce development or leader enhancement for minority populations, five organizations said yes, seven said no, and four said somewhat.

Examples of workforce development/leader enhancement for minority populations included:

- Developing a mentoring program among state health department staff to encourage diversity among the leadership.
- Managing a workforce development program for minority professionals.

Affiliate Strategies to Address Health Equity

When asked about strategies that the organizations used to address health disparities, the most frequently reported strategy was including health equity language in contracts, proposals and charters, followed by communications planning, staff training and including health equity in job descriptions. Other strategies mentioned were researching market data, data collection, best practices and organizational strategic planning.

Resources Needed to Address Health Equity within the Organization

Resources were needed to address health equity within the organization. Best practices were reported by 15 organizations, staff training and success stories were both reported by 13 organizations, followed by networking with colleagues reported by 9 organizations. Other needed resources were state-based antiracism training and diversity partners training.

Resources Needed to Address Health Equity within the Membership

Resources were needed to address health equity within the affiliates' membership. Best practices and staff training were reported by 16 and 13 organizations respectively, followed by success stories and networking with colleagues reported by 12 and 10 organizations. Suggestions for more resources included:

- More stories that showed challenges and successes, links to other organizations, a lexicon on health equity terms, and best practices for diversifying the workforce.
- Other partners in this effort such as businesses, media, service industry and academics.
- Additional funding to conduct training among state health department staff.
- Online training to share with members and materials that provide guidelines when writing reports or policy statements.

Summary and Recommendations

The results and interviews show that the majority of the affiliate organizations vary in their health equity approach and are committed in their pursuit of health equity. These reported activities provide many opportunities for collaboration between the affiliates on health equity issues. Sharing resources on health equity language in grants, position statements, requests for proposals, and job descriptions is one way of collaborating on these important issues. Recommendations from the interviews include:

- Ensure health equity is incorporated in everything that you do (hiring practices, grants, requests for proposals, etc).
- Identify creative ways to work with minority-serving organizations.
- Develop and implement strategies to meet your health equity goals.
- Monitor progress related to health equity.
- Create an environment where people can feel comfortable talking about the root causes of poor health outcomes.