

Health Equity Transformation

A Cost-Effective Model

Presented by
Akosua Dosu, Health & Racial Equity Coordinator
Jordan Selha, Capacity Extension Program Manager

Health Equity Capacity Extension

Health Equity Capacity Extension staff are employed through the bureau's subcontract with NuCara Staffing Services. This employment arrangement allows for flexibility and autonomy within HE work.

Bureau of HIV STI and Hepatitis
Health Equity Framework

Health Equity Capacity Extension Staff Roles

Jordan Selha
Capacity Extension
Program Manager



- Program management including: strategic planning, quality and program evaluation
- Staff consultation and supervision
- HR & Hiring Practices
- Lived experience: transgender & queer

Liaison With...

HE Advisory
(CPG)

HHS Office of
Equity

HE Data Advisory
Committee

Management
Team

Bureau of HIV STI and Hepatitis
Health Equity Framework

Health Equity Capacity Extension Staff Roles

Akosua Dosu
Health & Racial Equity
Coordinator

- Bureau HE Organizational Development
- Sub-recipient HE Capacity Building and Quality Improvement
- HE Workforce Development
- Community Engagement
- Lived Experience: SDOH Advocate, Woman of the African Diaspora



Liaison With...

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(CPG)

HHS Office of
Equity

HE Data Advisory
Committee

Bureau of HIV STI and Hepatitis
Health Equity Framework

Health Equity Capacity Extension Staff Roles

Alicia Mercado
Regional Health Equity
Specialist

- RHS Stakeholder HE Capacity Building
- HE Academic Detailing and Education
- Community Engagement
- Lived Experience: Latina, Puerto Rican American, mother of teen who identifies as a part of the LGBTQ community



Liaison With...

RHS Team

HE Advisory
(CPG)

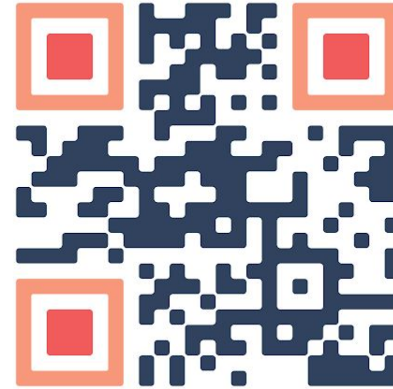
Community
Stakeholders

Bureau of HIV STI and Hepatitis
Health Equity Framework

Health Equity Capacity Extension Staff Roles

Vacant Vaccine Access & Equity Coordinator

- Health and racial equity as a guiding principle in vaccine access, acceptance, and coverage.
- Systems-level practices to increase availability, accessibility, and coordination of Mpox vaccine.
- Lived Experience: Mpox priority population



Liaison With...

Prevention Team

HE Advisory
(CPG)

Bureau of
Immunization

Bureau of HIV STI and Hepatitis
Health Equity Framework

Health Equity Key Areas

Leadership

- Health Equity Consultation
- Manager's Coaching
- Health Equity Work Plan

Bureau Staff

- Equity in Recruitment and Hiring Practices
- Racial Equity Challenge Phase I & II
- Health Equity Team

Care and Prevention Subrecipients

- Health Equity Scans
- Technical Assistance
- Disparity Projects

Community Engagement and Advisory Groups

- Strategic Planning
- Advisory Groups
- Regional Health Equity

Health and Racial Equity at the Bureau

The Health and Racial Equity Team integrates health equity into bureau workplace programming, practices, and culture. In the past two and a half years we have seen health equity improvements in four key areas.

Health Equity Transformation



How much does health equity cost?

NEWS

DEI BUDGET CUTS? Why that's a bad idea:



Now is the time for accountability with DEI. 95% of CEOs believe DEI is a priority, but only 44% have developed a formal, actionable strategy.

Support of Emp

Training (u

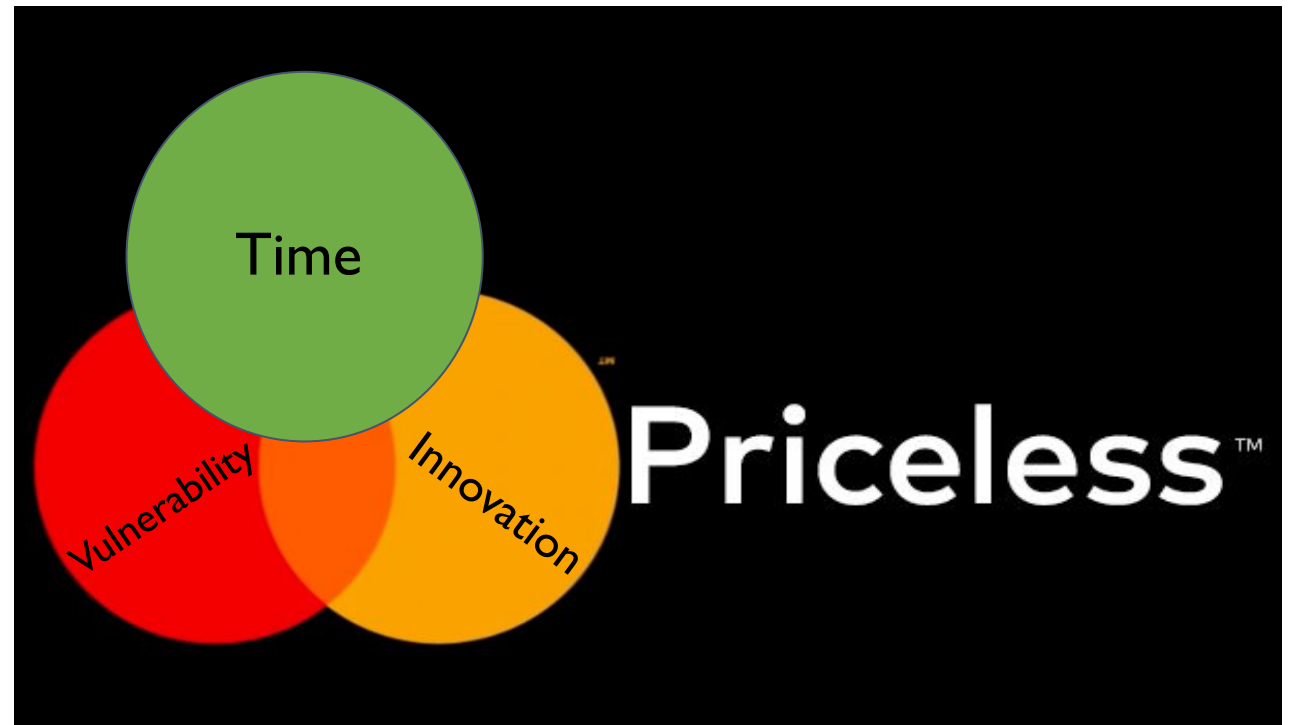
Other D

Partnerships or sp

The True Cost of Health Equity Transformation

Developing a Health Equity Program needs an allowance that goes beyond monetary.

1. Unlimited time
2. Expansive vulnerability
3. Endless supply of innovation



A Cost Effective Model

Leadership

- Health Equity Consultation
- Manager's Coaching
- Health Equity Work Plan



Health Equity Transformation

Leadership Health Equity Consultation

- Facilitated by myself and Olivia Walker, Health Equity Coordinator and Office of Equity Team Lead
- The work includes:
 - Assessment of policies, practices and power
 - Team building and emotional resiliency
 - Manager's coaching
 - Increasing Intercultural Development capacity
 - Health Equity Work Plan development



Health Equity Transformation

Time, Vulnerability, and Innovation

Time

- 12 months; 3 hour consultations each month
- Homework
- 8 hrs of coaching over 6 months

Vulnerability

- Tough conversations, exposing unaddressed issues

Innovation

- Power analysis
- Managers' meeting and communications strategies
- Equitable budgeting process

A Cost Effective Model

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Health Equity Transformation

Racial Equity Challenge

Phase I: Racism and Discrimination in America Past and Present

- Challenge resources shared bi-weekly
- Monthly meetings
- “Lunch and Learns” facilitated by staff
- Facebook Engagement

"In a racist society it is not enough to be non-racist.

We must be anti-racist."

Angela Davis



Health Equity Transformation

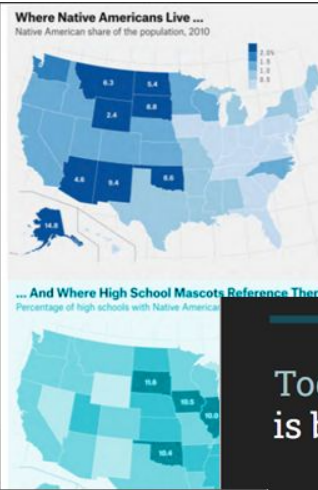
Session 18 Recap:

Native Americans' Fight For Visibility



• "While we've been consumed by the debate about the Washington Redskins, we've overlooked/tolerated thousands of team names and mascots depicting Native Americans, often stereotypically"

- Of all the active high schools in the database, 8.2 percent have Native American team names
- Iowa is in the top 5 of high school mascots that reference Native Americans



Today's Racial Equity Challenge is brought to you by the VALUE...

Appreciation

Values are the things that you believe are important in the way you live and work. When practicing integrity, your values determine your priorities and can be used as measures of progress in your personal and professional life.

TOOL Kit

Group Agreements	Engagement Tips	Reflection Log	Glossary

Time, Vulnerability, and Innovation

Time

- Phase I- 18 months, Phase II- 13 months
- Time to review resources, meet monthly, workshops, planning meetings and additional engagement activities

Vulnerability

- Triggering topics and acknowledging our lack of skills in navigating difficult conversations
- Trusting your co-workers and management with your experiences/ viewpoints/ upbringing
- Connecting it to current events and the emotional toll
- Threats from legislation (HF 802)

Innovation

- Changing the structure of the challenge
- Creating Phase II of the challenge completely based on staff requests from Phase I final survey

A Cost Effective Model

Racial Equity Challenge

Phase II: Equity in the Workplace

- Quarterly workshops with Subject Matter Experts
- Group Intercultural Development Inventory Assessment
- Introduction and Implementation of Bureau Health Equity Work Plan



Health Equity Transformation

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Care and Prevention Sites/ Subrecipients

- Health Equity Scans
- Technical Assistance
- Disparity Projects

Health Equity Transformation

Health Equity for Care and Prevention

Health Equity Scans

Health Equity Scan interviews conducted with

- Integrated Testing Services (ITS) Sites
- Ryan White program staff

Identified: strengths, opportunities, and existing initiatives to address disparities and improve equity.

Project Development

We found opportunities to help increase site capacity by

- providing access to their data and the ability to run their own reports to identify disparities
- standardizing data collection and reporting to create benchmark equity program goals

Disparity Projects

The disparity projects will provide sites with:

- a standard set of data to identify disparities
- tools and guidance to identify priority populations
- assistance tracking, measuring and documenting activities to reach populations experiencing disparities

Health Equity Transformation

Time, Vulnerability, and Innovation

Time

- Health Equity Scans traveling all over the state
- The sites are dedicating their full year of QI to Health Equity
- Monitoring calls, leadership and regional meetings

Vulnerability

- Dealing with and identifying the needs of groups that don't have obvious barriers (e.g. cultural norms versus language barriers)
- Self/ organizational reflection about one's role in creating barriers
- Struggling to not personalize the current state or lack of progress

Innovation

- Adapted a PROMISE (prevention intervention) community identification process to conduct the scans
- Leveraging QI tools and staff strengths to provide framework for disparities projects
- Creativity of ITS and RW sites

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Health Equity Transformation

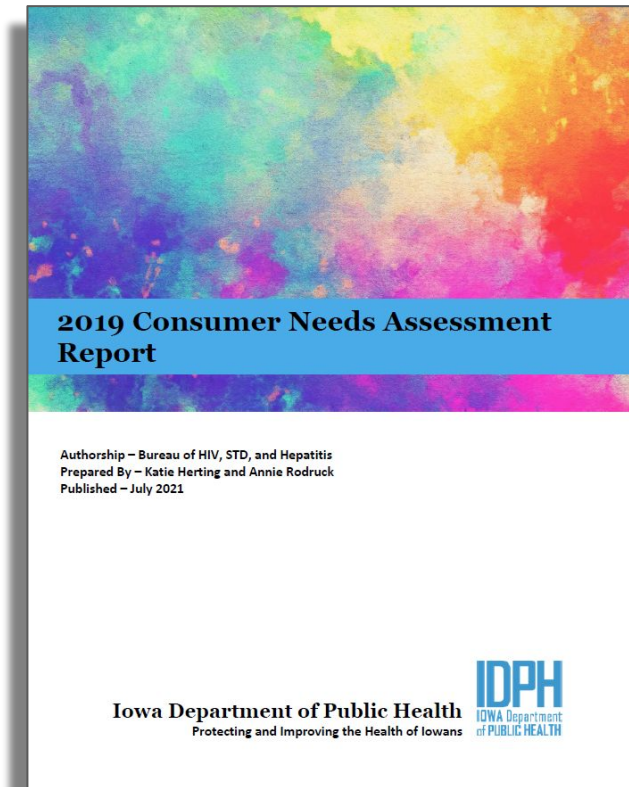
The background of the slide is a top-down view of numerous US dollar bills scattered across a white surface. The bills are of various denominations, including \$100, \$50, and \$20 bills, and are oriented in different directions, creating a sense of abundance and movement of money.

Putting Our Money Where the Marginalized Are

Health Equity Community Engagement

ESCALATE Stigma Reduction Initiative

- The “**ESCALATE**” (**Ending Stigma through Collaboration And Lifting All To Empowerment**) **Learning Collaborative** works to develop, implement, and refine stigma reduction initiatives that address HIV-related stigma
- The Iowa Ryan White stigma reduction initiative convened an intersectional and multi-cultural team of WOC subject matter experts to review our intake assessment to identify areas of stigma



Health Equity Transformation

Time, Vulnerability, and Innovation

Cost - Paid market rate for services

Time

- Four Half Day Meetings

Vulnerability

- Humility to let the Advisory group lead the process
- Making sure the participants felt valued and comfortable with each other

Innovation

- Intersectional community engagement

**This is where the \$\$\$
are necessary!**



Health Equity Transformation

Health Equity Community Engagement

Integrated Plan Development

- Focus areas (e.g. prevention, client services, health equity, social determinants of health, stigma, syndemic overlap areas, etc) led by
 - 1 Department chair
 - 1 Community chair
 - 1 Organization-representative chair
- Community engagement strategy designed by each focus area
 - Focus groups, surveys, forums - more than 3000 people engaged
- Draft objectives and strategies posted on website for public comment, shared with CPG

THE TIME
IS NOW

STOP
HIV
IOWA



Health Equity Transformation



Time, Vulnerability, and Innovation

Cost

- Increased incentive for priority population engagement
- Paid facilitator identified from within the population (PLWH, Trans, POC)

Time

- Organizing, advertising, recruiting, and hosting the community engagement activities

Vulnerability

- Participants felt heard
- Some participants never had an opportunity to share space and experiences with people who were similar to them
- Baby steps to build trust in the government/representatives of the system

Innovation

- Recruitment strategies, meeting style

A Cost Effective Model

The most important non financial cost is...

ACCOUNTABILITY

What does accountability look like in HE programs?

- Above and below the line
- Structures to ensure HE goals are accomplished and guard against derailment
- Coaching
 - personal development
 - peer support
 - institutional accountability
- Documenting successes and failures and trying again

ABOVE THE LINE

OPEN CURIOUS COMMITTED TO LEARNING

BELOW THE LINE

CLOSED DEFENSIVE COMMITTED TO BEING RIGHT

Health Equity Transformation



Thank You

Akosua Dosu (she/her)

Health and Racial Equity Coordinator,
Bureau of HIV, STI, and Hepatitis |
Capacity Extension Program* | Division
of Public Health

Iowa Department of Health and
Human Services

m. 515-776-9564

akosua.dosu@idph.iowa.gov

**NuCara is an independent
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Alicia Mercado (she/her/ella/suya)

Regional Health Equity Specialist
Bureau of HIV, STI, and Hepatitis | *NuCara*
*Capacity Extension Program** | Division of
Public Health

Iowa Department of Health and Human
Services

m. 515-322-7081

alicia.mercado@idph.iowa.gov

**NuCara is an independent contractor of
Iowa HHS*

Jordan Selha (he/him/his)

Capacity Extension Manager

Bureau of HIV, STI, and Hepatitis | *NuCara*
*Capacity Extension** | Division of Public
Health | Iowa Department of Health and
Human Services

m. 515-556-5165

jordan.selha@idph.iowa.gov

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Building Health Equity for All Communities