Where We're Going

- Welcome and Speaker Introductions
- Advancing Organizational Equity Toolkit
- Group Discussion

Contributors:

California 21 Day Racial Equity Challenge

Cuyahoga County EDI Strategic Plan

**Illinois and Chicago** THRIVE. Initiative

Iowa 18 Month Racial Equity Challenge

Michigan

New York State IDEA Priority Plan

North Dakota Braiding Funding to Identify, Hire, and Sustain Equity Positions

Philadelphia Embedding Equity Requirements into RPFs

ADVANCING
ORGANIZATIONAL
EQUITY
——— TOOLKIT

NASTAD

ADVANCING ORGANIZATIONAL EQUITY **TOOLKIT**

NASTAD

2024
NATIONAL
HIV & HEPATITIS
TECHNICAL ASSISTANCE MEETING
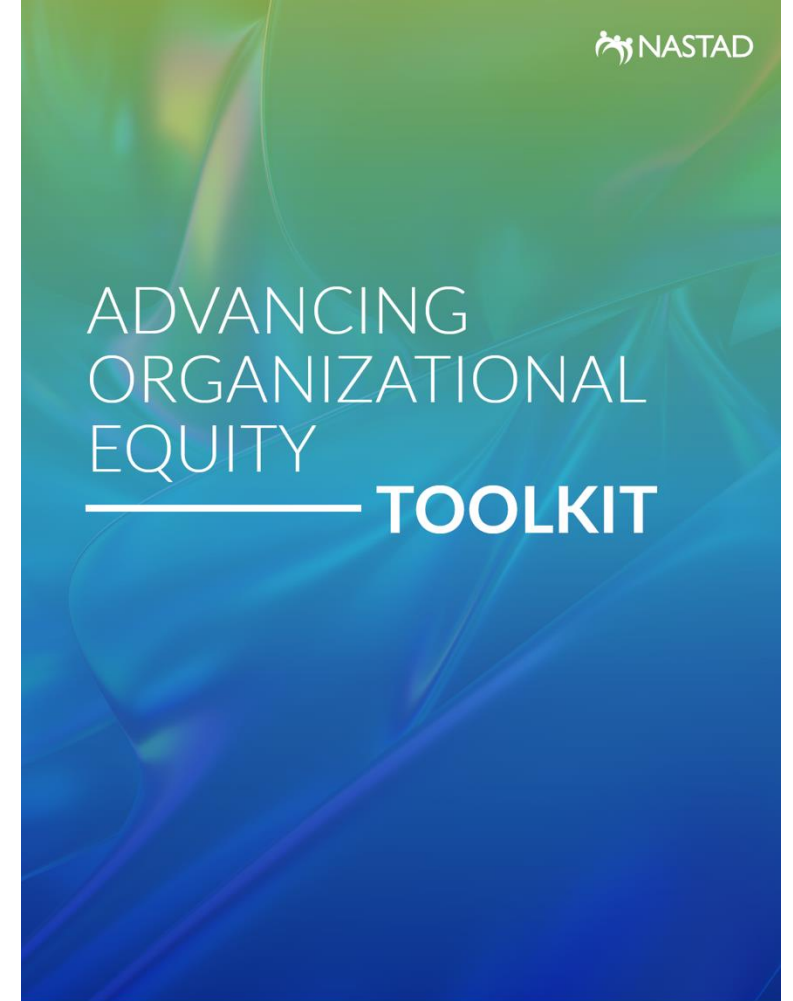
Louise Square (she/her)

Health Equity Manager

New York State Department of Health AIDS Institute

Andrea Perez (she/her)

HIV/AIDS Section Chief

Illinois Department of Public HealthIV/AIDS Section Chief

2024 NATIONAL HIV & HEPATITIS TECHNICAL ASSISTANCE MEETING

Health Equity and Social Justice in the New York State Department of Health's AIDS Institute

Commitment and Advancement

Louise Square, Health Equity Manager

A Little About Me…

- 36 Years in Public Health
- Long history working with National Association of Chronic Disease Directors (NACDD)
- Evolving responsibilities:
  - Staff Health Equity "volunteer/ champion"
  - Hired as Health Equity Coordinator
  - Health Equity Manager along with creation of Health Equity Unit
- Frequently tapped for key tasks beyond the AIDS Institute
  - Facilitated NYS COVID-19 Vaccine Equity Webinars
  - Managing DOH-wide IDEA Assessment (based on AI model)
- Sharing the work with others

TIMELINE

Health Equity at Work Survey: NACDD

Creation of Health Equity Initiative

Health Equity Coordinator Hired – October 2019

Organizational Assessment / Priority Planning - 2022-2023

Health Equity Initiative SharePoint site

NEW YORK STATE | Department of Health

Health Equity Initiative

HEI Mission

The AIDS Institute Health Equity Initiative is committed to improve health equity by understanding historical and contemporary experiences, implementing best practices, and strengthening workforce development and capacity.

HEI Vision

The AIDS Institute Health Equity vision is to be the champion for health equity serving as a catalyst for change, protecting and preserving the health and well-being of our communities, eliminating health disparities/inequities, and achieving health equity for all individuals in NYS.

NEW YORK STATE | **Department of Health**

Message from Health Commissioner McDonald

To be intentional about operating with a foundation of health equity, we need a plan. The Health Equity Plan is the first time we as the New York State Department of Health are laying out clearly what everyone's responsibility is to advance health equity in their job role.

… recognizing not all of us start at the same place, nor have the same advantages, health equity is about everyone, regardless of who they are or where they live, have a fair and just opportunity to achieve optimal health.

Health inequities are unacceptable, and as a Department, we are committed to addressing them.

NEW YORK STATE | **Department of Health**

Message from Health Commissioner Bassett

...As part of the Department of Health's effort to rebuild, I'm determined to make sure that health equity is embedded in all that we do. Health equity touches everything: how the department thinks; how it strategizes; how it uses it data; how it implements programs and monitors their progress; how it relates to partner organizations and cultivates new partners.

Health equity should be an unbroken thread woven through everything we do, so that underserved communities not only have access to care, but that they have care providers whom they can trust. Medical personnel who treat them with dignity and provide the same standard of care, regardless of their race or ethnicity.

We need to not only bring health care to underserved communities but to build trust. Access is important, but not enough to break centuries of mistrust in the health care system **among communities of color**

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Health Equity Initiative Internal Training/ Discussions

- Addressing Racial Equity: AIDS Institute Staff training- 2021
- Unnatural Causes - 2021
- Under our Skin - 2022
- 21 Day Challenge – 2023
- 21 Week Challenge - 2024
- Chat and Chew - 2024
- Unity in Wellness Book club - 2024
- Staff Newsletter (ongoing)

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External Training: Health Equity and Racial Justice

- Health Equity 101 online
- Medical Mistrust online
- Applying a Health Equity Lens online
- AIDS Institute & the Office of the Medical Director has a long collaborative history with training in cultural competency & anti-stigma

NEW YORK STATE | Department of Health | AIDS Institute

Applying a Health Equity Lens to Inequities in HIV

The Health Equity Unit of the AIDS Institute developed a technical assistance tool and then an online course titled "***Applying the Health Equity Lens: An Organizational Approach***"

By applying a health equity lens, we can work towards Ending The Epidemic goals while centering the needs of underserved populations and those most affected by the inequitable distribution of resources

NYS Department of Health AIDS Institute
HIV Education & Training Programs

[FAQs]

HOME   COURSE LIST   PEER CERTIFICATION   TRENDING   ABOUT TRAINING CENTERS

Click the 'Reset Password' button below in order to reset your password.
Reset Password

Log On
Email Address❓
Password
☐ Remember me?
Log On

Register if you don't have an account.

working with clients remotely

HEALTH EQUITY CORNER

HIV the Facts
EXPECT THE TEST

Show 10 ∨ entries

Keyword Search: Applying a Health Eq

	Name		
New	**Applying the Health Equity Lens: An Organizational Approach** *Description*: This on-line self-paced training is designed to navigate a leadership team through the process of applying a health equity lens to the work of their organization. The training walks the leadership team through 12 distinct steps, providing guiding questions to explore at each step in the process of applying a health equity lens. The training allows the team to c... more Register		O

Showing 1 to 1 of 1 entries (filtered from 122 total entries)

Previous 1 Next

Applying the Health Equity Lens: An Organizational Approach

Full course available at:
http://hivtrainingny.org/

To take the course create a free account and search for the course title on the site.

Social Determinants Of Health Screening at AIDS Institute Funded Programs

- Developed Screening Tool
- Provider Experience/ Acceptability Survey
- Incorporate into AIDS Institute Data System
- Training
- Piloted with a number of sites (2023)
- Roll-Out Underway
- Data could be invaluable for promoting Health Equity

Health Equity Competencies and Organizational Considerations: developed in concert with a work group of clinical leaders

SUNY Downstate Health Equity Fellows Program

Promising Practice to Evidence Based

- Two Year contract with State University of New York (SUNY) Downstate to implement the competencies and considerations
- Two Fellows
  - ❖ Implementation
  - ❖ Evaluation
- Action stage

NEW YORK STATE | Department of Health | AIDS Institute

Request For Application/Request For Proposal Reviews

Multi-layered Process:

- Request For Application Guidance Document
- Health Equity section in the Request For Application template
- Review of all Request For Application's in progress
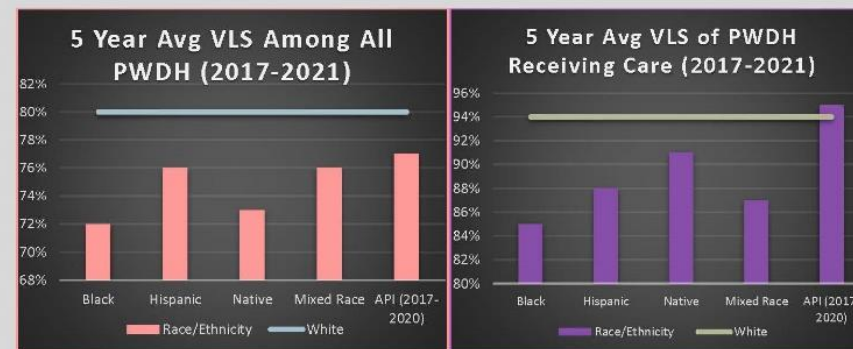- Training of Reviewers

Implementing a Racial Justice and Health Equity Approach

A Racial Justice and Health Equity Approach to Addressing Disparities and Inequities in HIV Viral Load Suppression
New York State Department of Health AIDS Institute, April 2023

Background Viral load suppression (VLS) is an important indicator of successful HIV treatment and increased likelihood of overall positive health outcomes for people living with HIV[1]. New York's ETE (Ending the Epidemic) Dashboard tracks several metrics related to viral load suppression. One metric examines VLS rates for all people with diagnosed HIV (PWDH), without regard to level of engagement in HIV care. Another ETE metric specifically examines rates of VLS among people living with HIV who are in care, defined as having a viral load test within the past calendar year resulting in an undetectable status or having less than 200 copies/ml. It is expected that VLS rate would be higher for those who are in care and that having access to care would be a mitigating factor, meaning disparities would be less prominent when comparing VLS rates among Black, Hispanic, Native American, Mixed Race, Asian Pacific Islander (API), Hawaiian and Asian individuals to White individuals in care. Updated ETE data introduces Native Hawaiian/Pacific Islander (NH/PI) and Asian categories for the first time in 2021. API data reflects information collected until 2020.

Disparity Observed The graphs below display five-year averages for VLS suppression by race and Hispanic ethnicity for the two metrics noted above. The graph on the left examines VLS by race for all people diagnosed with HIV regardless of care status. This graph shows that Black, non-Hispanic individuals have an 8-point lower percentage of VLS, and Hispanic individuals have a 4-point lower percentage of VLS than White individuals. Mixed Race and NH/PI PWDH experience a 4-point and 7-point lower percentage of VLS, respectively. Further, examining the graph on the right demonstrates that the disparity is greater when compared by race or ethnicity for PWDH who are in care, with a 9-percentage point difference for Black PWDH, and 6-percentage point difference for Hispanic PWDH, when compared to White PWDH. For Mixed Race individuals, the disparity for those in care is 7 percentage points. Data from 2021 regarding NH/PI shows a similar trend in disparities. This is particularly concerning if the expectation is that accessing care would have a mitigating effect on disparities.

The disparity between White PWDH and Black, Hispanic, Mixed Race and NH/PI PWDH is higher when comparing cumulative data for individuals who are in care versus all PWDH regardless of care status. This is disturbing as care should be mitigating the disparity, but instead it is increased.

[1] Drain PK, Dorward J, Bender A, et al. Point-of-Care HIV Viral Load Testing, an Essential Tool for a Sustainable Global HIV/AIDS Response. *Clin Microbiol Rev. 2019*;32(3)e00097-18. Published 2019 May 15. doi:10.1128/CMR.0097-18

Inclusion Diversity Equity Anti-racism (IDEA) Priority Planning

Advancing Health Equity – Dr. Uche Blackstock, 2021-2022 and ongoing –

- Use of an external consultant was very valuable to establish legitimacy

- Online staff survey

- 5 focus groups

- Key informant interviews

- Develop report to synthesize findings and meet with Health Equity Initiative (HEI) leadership team to make meaning of findings

- Leadership Charette

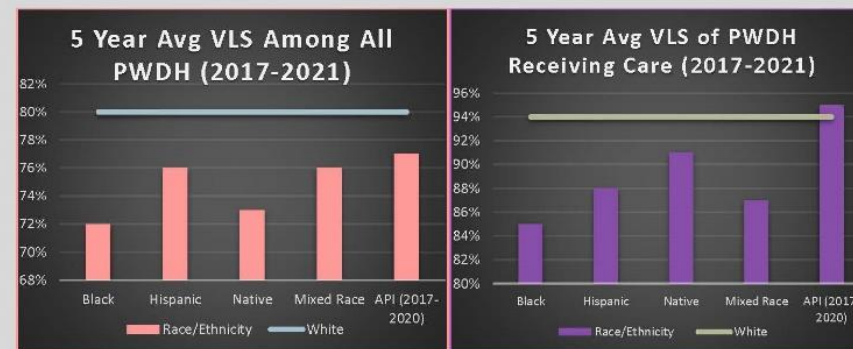- Multiple meetings with staff to share findings

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5 Year Avg VLS Among All PWDH (2017-2021)

5 Year Avg VLS of PWDH Receiving Care (2017-2021)

The disparity between White PWDH and Black, Hispanic, Mixed Race and NH/PI PWDH is higher when comparing cumulative data for individuals who are in care versus all PWDH regardless of care status. This is disturbing as care should be mitigating the disparity, but instead it is increased.

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Priority Planning

- Advancing Health Equity – Dr. Uche Blackstock, 2021-2022 and ongoing

- Inclusive Priority Planning Report

- Priority Planning Groups: Developed Recommendations and Tools under review

NEW YORK STATE | Department of Health | AIDS Institute

Inclusive Priority Planning

Priority Planning

Organizational Commitment to Racial and Health Equity

Creating Equitable Organizational Culture

Recruiting, Hiring, Retaining Diverse Workforce

Accountability and Partnership with Black, Indigenous and people of color

Accountability and Partnership with LGBTQIA+

NEW YORK STATE | Department of Health

WHAT'S NEXT:
IDEAS
TO
MOVE
US
FORWARD

Videos – Health Equity
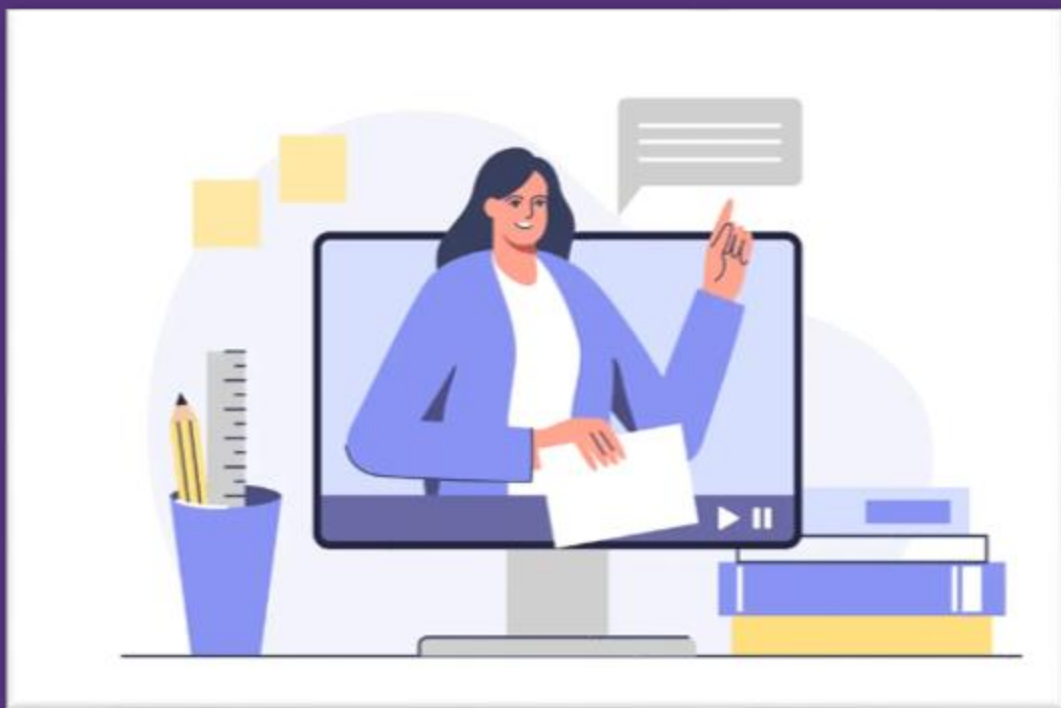
ON DECK

- Implicit bias
- Cultural humility
- Anti-racism

Request For Applications Intervention Analysis

- Partner with internal data experts and key initiatives
- How is our effort to infuse health equity into Request for Applications (RFA) panning out?
- What is working?
- What may not be?
- Requests For Application's have been identified for pilot evaluation.

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Focus on HIV Health Equity Data and Establish Goals for Metrics

- AIDS Institute Reporting System (AIRS) Viral Load Suppression Data and Race

- Ending the Epidemic Viral Load Suppression Data and Health Equity

- Social Determinants of Health Screening

- AIDS Mortality by Race

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Political Determinants of Health Technical Assistance Tool

Rather than have social workers work to set up transportation for each individual client, how does leadership get the municipality to establish a new bus route with a stop at the health care/ social services facility?

- What are the actual drivers that shape access to social determinants of health?
- How can we educate our partners to work upstream
- Tool would identify the policy makers and agencies that can make structural changes needed to address to social determinants of health

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Training Center of Expertise: Promoting Health Equity and Racial Justice to Improve Community Health Outcomes

- Funding has been secured to have this resource available for clinical and non-clinical providers
- Moving through the internal review process
- Fall 2024 release anticipated

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Panel of Health Equity Consultants:
An opportunity to shape innovative projects

Short term contracts that will fund external training and technical assistance that can include:

- developing interactive training curricula to address health equity and racial justice

- facilitating conversations and trainings on health equity and racial justice

- providing **systems change** capacity building assistance to support **AIDS Institute internal policies and practices** of specific initiatives

- providing systems change **capacity building assistance to a health facility or community-based organization** identified by the AIDS Institute

- providing systems change capacity building assistance to a **collection of agencies located in a priority community**

Key Insights

- Value champions and create lanes for growth
- Priority planning requires leadership support
- Keep staff engaged at key intervals in the IDEA Priority Planning process
- Establish and communicate supervisor support for staff participation in health equity planning and activities
- Emphasize that addressing HIV health equity is the job of everyone in the AIDS program
- Expect your health equity expertise to be tapped by other areas of the health department
- **Identify Funding & Never Stop Training**

THRIVE.

Andrea Perez, Chief
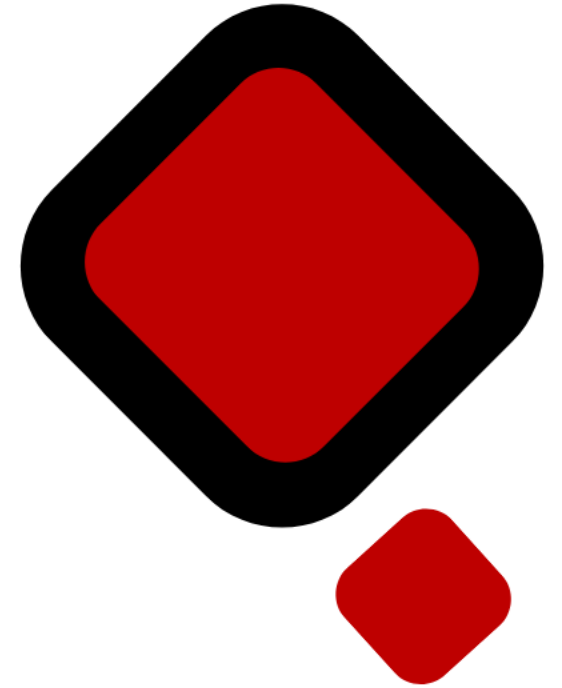HIV/AIDS Section
Illinois Department of Public Health

Dave Kern, Deputy Commissioner
Syndemic Infectious Disease Bureau
Chicago Department of Public Health

thrive

[THrīv]

verb

to grow, develop, prosper or
flourish well or vigorously.

# Transform Policies and Processes to Foster Antiracist, Multicultural Systems

Closing the racial life expectancy gap will require fundamental changes to the systems, policies and practices that shape our social, economic and physical environments.

SYSTEMIC RACISM
Ongoing racial inequalities maintained by society

INSTITUTIONAL RACISM
Discriminatory policies and practices within organizations and institutions

HOUSING

CRIMINAL JUSTICE

BANKING

SYSTEMIC
INSTITUTIONAL

EDUCATION

PUBLIC HEALTH
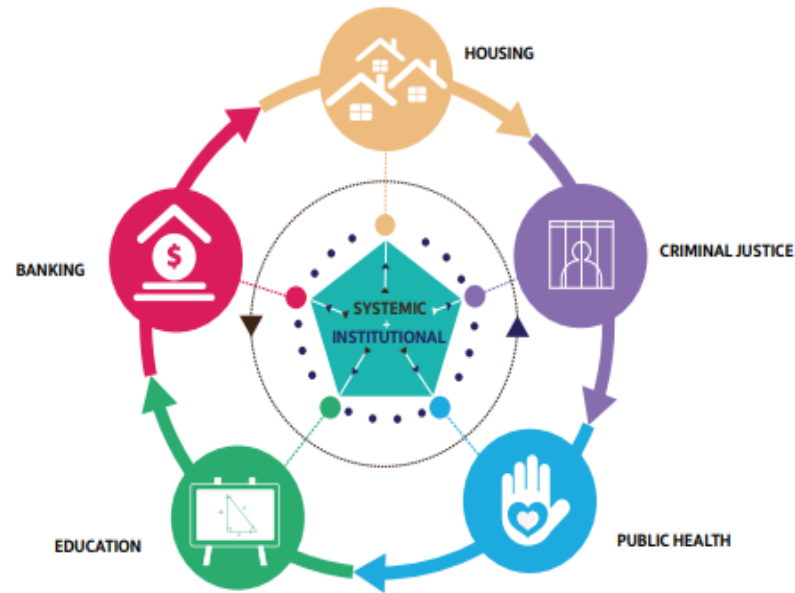
Modeled after *What Racism Looks Like: An Infographic.* Frank Porter Graham Child Development Institute

THRIVE.

We listened and here's what we heard.

- Organization leadership
- Board development
- Management level development
- Staff training
- Human resources

- Funding
- Structure
- Strategy/strategic planning
- External partnerships
- Fit

We listened and here's what we heard.

- Leadership
- Human resources
- Relationships
- Individualized capacity development and technical assistance

- Funding restrictions
- Contracting and reimbursement
- Administrative/operations costs
- Resource development
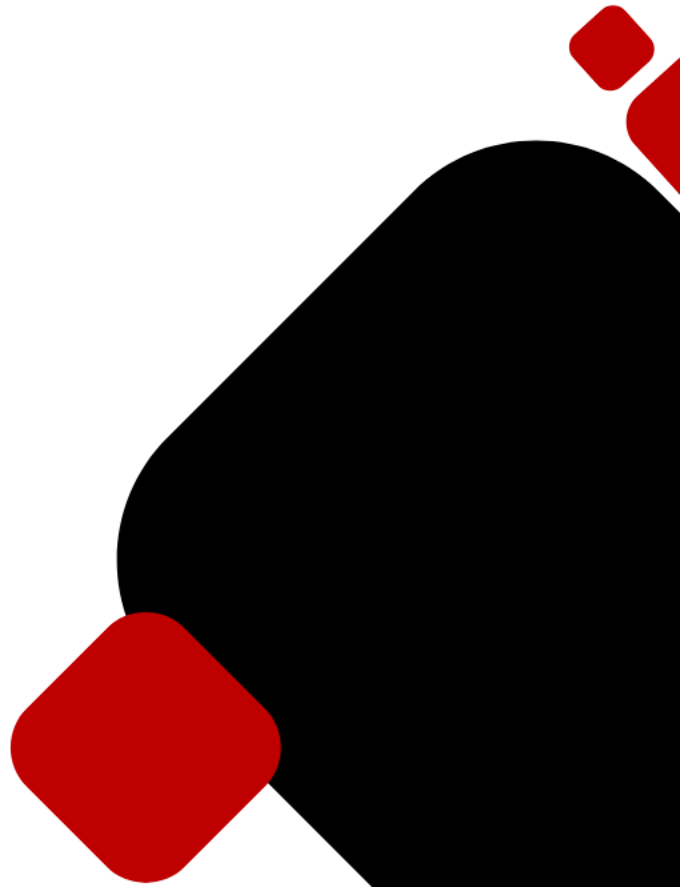
Confidence level that forums such as this can bring about positive change (N=10)

- Extremely confident
- Confident
- Somewhat Confident
- Not Confident
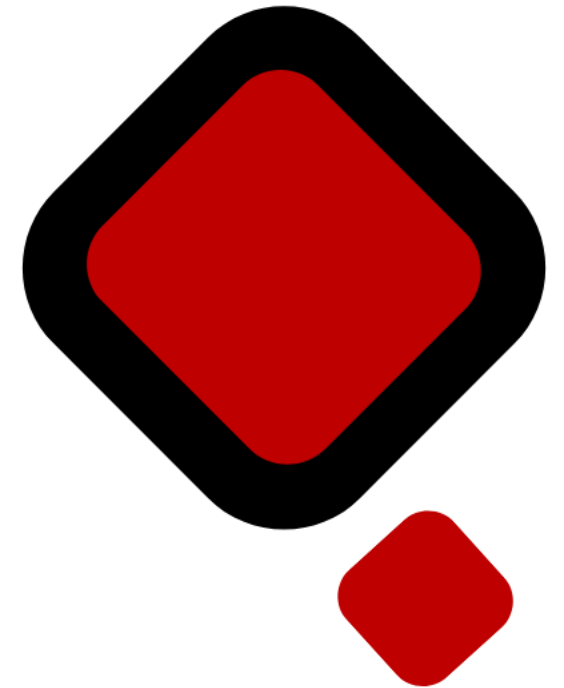
Other current realities…

- Federal legislative and policy requirements
- City/state competitive funding processes
- City/state reimbursement contracts

Balance.

- Identified organization needs
- Current realities

What makes this different?

- City/state partnership (with one another and you)
- Multi-dimensional approach
- Multi-year
- Driven by individualized needs

THRIVE Pillars.

- Strengthening executive leadership.
- Developing and strengthening organizational infrastructure.
- Developing and strengthening human infrastructure.
- Optimizing service delivery and outcome attainment.
- Addressing system and structural barriers.

THRIVE Partners.

IDPH and CDPH came together with our local AETC, MATEC, and we recruited Jacqueline Coleman of Vision Que and her team of consultants

- Sandra Houston [Lead Consultant]
- Jabari Bruton
- C. Virginia Field
- Ra'Shawn Flournoy
- Ian Haddock
- Larry Walker
- Mildred Williamson
- Phill Wilson

Project: THRIVE. BLACK-LED ORGANIZATION (BLO) FUNDING EQUITY INITIATIVE

Key Action: The THRIVE initiative was created to support capacity and infrastructure development for Black-led organizations that provide HIV services in the State of Illinois. The long-term goal of this initiative is to ensure Illinois-based, Black-led organizations grow, thrive, and continue to serve our communities.

Pillars - a) Strengthening executive leadership; b) developing and strengthening organizational infrastructure; c) developing and strengthening human infrastructure; d) optimizing service delivery and outcome attainment; and e) addressing system and structural barriers (including those inherent to funders)

Program Action - Logic Model

Inputs	Outputs		Outcomes - Impact		
	Activities	Participation	Short Term	Medium Term	Long Term
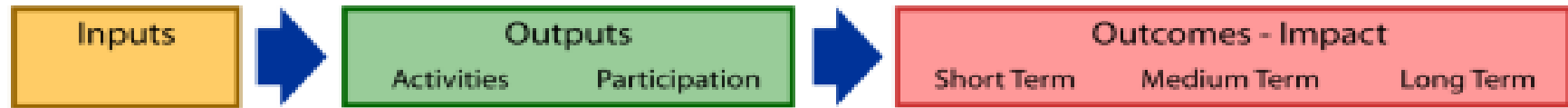
Situation

BLO's in Illinois have a long-standing history of being disproportionately funded and under-resourced and require innovative, structured capacity development (CD) in order to bolster organizational sustainability. Funders need structured and transformative CD to address their role in historical inequities.

Priorities

Decreasing disparity in HIV outcomes, specifically HIV diagnoses, PrEP utilization, and durable viral suppression among Black people.

What we invest

IDPH, CDPH, MATEC partnership and investment of 1) staff and human resources; 2) financial resources; 3) thought leadership & innovation; 4) active, robust partnership with organizational stakeholders, allies and leaders in the Black (and Brown) communities; 5) key subject matter experts affiliated with all partnering institutions; 6) concrete planning hours; 7) best practice modalities with focused preparation for meaningful execution; and 8) funder engagement and structural transformation.

What we do

-The BLO Funding Equity Initiative Core Activities
-Launch event June 14, 2023
-Org needs assessments and data gathering
-Executive coaching
-Small and large group trainings
-Gay, Bisexual, and Same-gender Loving Men's Initiative
-Executive leadership roundtables
-1:1 tailored agency capacity development
-Learning Circle
-Collaborative and Incubator
-Purpose-driven mentorship
-Funder capacity development

Who we reach

19 Black-led organizations in Illinois
-funded by IDPH
-funded by CDPH
-funded and supported by AFC
-Emerging organizations not yet funded

Prioritized Stakeholders to impact:
1. Executive leadership/chief decision makers;
2. People leadership – senior staff, management, staff team and board of directors (governance overseers of agency)

What the short term results are

Learning

1. The Initiative strategies/activities will increase BLO leaders' knowledge of capacity and nonprofit infrastructure variables, enhancements and critical assets associated with running sustainable organizations and

2. The BLOs will learn their own organization's assets, limitations and areas to prioritize and fully develop

Results: Increased knowledge and appreciation for operational excellence

Time Period: 12-18 months

What the medium term results are

Action

1. Increased BLO leaders' engagement and execution of capacity and infrastructure components, enhancements and critical assets associated with running sustainable organizations and
2. The BLOs will begin instituting necessary changes via policies, procedures, models to shore up their own org's assets, limitations and areas to prioritize and more fully develop/thrive
3. Development of a strategy/action plan

Results: Increased operational excellence

Time Period: 19-30 months

What the ultimate impact(s) is

Conditions

Overall cohort/individual organizations will increase and scale their capacity and capability in areas of strategic planning, board and staff development, succession planning, management, service outcomes, fund/fiscal development and oversight resulting in greater levels of successful funding acquisition and monitoring from health department funders, as well as other donors.

Results: Stronger, thriving organizations; transformed funder practices

Time Period: 2-3 years

Assumptions

Tailored capacity development will be a game changer

Organizational leadership, financial and fiscal capacity & sustainability will increase; structural changes with funders

External Factors

Competing priorities & organizational culture

Full engagement by BLOs led by chief/exec director & senior managers

(THRIVE Initiative - Level Organizations) Cohort groupings determined after initial organizational assessments

Listening sessions, assessments, readiness assessment, evaluation, metrics

Evaluation

Focus - Collect Data - Analyze and Interpret - Report

THRIVE.

Activities.

- June 14, 2023: Full day kick off meeting
    - Plenary interactive group activities
    - Panel discussion featuring AA leaders
    - Sustainability activity
- September 26, 2023: Full day meeting
    - Executive Coaching Overview
    - Foundation Representatives Panel
    - Board Development
    - Profits with a Purpose
    - Managing Up: Strategic Thinking

Activities.

- April 3-4, 2024: THRIVE Summit
  - Utilizing Trauma-Informed Approaches to Build Sustainable Black-Led Organizations
  - Burnout, Secondary Trauma, Self-Care
  - Building Inclusive, Diverse Teams
  - Empowering Support Staff
  - Collaborating with Other CBOs
  - Managing Personal and Professional Relationships
  - Strategic Planning
- October 9-10, 2024: Strategy Mapping
  - Organizational Case Studies
  - Individual meetings with coaches to develop strategy maps for organizations

Group Discussion

What strategies are working to help sustain your jurisdiction's prioritization of IDEA, as the foundation of all the other programs and activities being implemented in your jurisdiction?