



West Virginia Health Equity Action Team

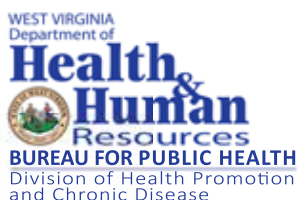
A CALL FOR ACTION

In September 2018, West Virginia, along with the other 49 states and the District of Columbia, received funds from the Centers for Disease Control and Prevention (CDC) to address the serious national health problems of diabetes, heart disease and stroke. This five-year cooperative agreement primarily focuses on policy and systems changes to improve access to and coverage for various evidence-based lifestyle change interventions.

Prior to the start of the grant's second year (May 2019), the CDC challenged states to look more closely at assessing the use of standardized clinical quality measures to identify specific priority populations to target efforts for the elimination of healthcare disparities related to high blood pressure and high cholesterol. This pushed our team to look at our past reluctance to identify and serve those under-represented populations in our state and based upon data and experience, we determined that we would focus this effort on West Virginia's African American and LGBTQ+ communities.

"Being a person of color and joining the West Virginia Health Equity Action Team, **my voice is being heard regarding health disparities in West Virginia.** My life is dedicated to being optimistic and hoping that West Virginia can start uniting all fronts to combat health disparities and bring health equity to the forefront."

– LaDawna, *Minority Health Coordinator, West Virginia Office of Minority Health*



Even with this momentum, difficulties arose with incorporating health equity work in grant programming if the funding organization did not provide guidance or infrastructure to support it. Often, these interventions require more specialized resources, technical assistance, or flexibility to what is usually needed for program work.

Health promotion in WV has historically focused on low-income and geographically isolated populations due to WV income inequality and rurality in the state. While focus on these populations is crucial to decrease health disparities, other marginalized groups in the state have been overlooked due to the small size of these populations.

The WV Department of Health and Human Resources (DHHR), Bureau for Public Health (BPH) identified a need to expand health promotion programs and practices to include historically marginalized populations in the state to decrease health disparities and improve population health overall.

COVID-19 AND CLARITY

The onset of COVID-19 uncovered what had previously been hidden in plain sight – the glaring health disparities facing communities of color and poor rural communities across the nation. Strong evidence of health inequity across race, ethnicity, and socioeconomic status has existed for decades with only superficial efforts made to “address” this crisis. Now with the startling evidence of disproportionate impact of the virus on marginalized communities, systems are finding it necessary to respond and ultimately make needed change.

During the global pandemic and co-occurring social movement, these health inequities became blatantly clear and spurred expert public health organizations including the CDC and the National Association of Chronic Disease Directors (NACDD) to speak on the link between social determinants of health, systemic racism, and health disparities.



“We want to make changes to ensure the work we do is inclusive and make certain that healthy living is accessible to all. Root Causes of Health Initiative (RoCHI) allowed us to reflect on why we do this work, why it’s important, and gave us the space and resources to come up with an action plan. We are already seeing a change and we are ready to continue doing the work necessary to fulfill our action plan. I’ve grown as a person and a public health professional by participating in RoCHI and subsequently WVHEAT. I’m even more motivated than before to do this work.”

– Kathryn, Evaluator, Division of Health Promotion and Chronic Disease, DHHR’s Bureau for Public Health

HOW THE WV HEALTH EQUITY ACTION TEAM (WVHEAT) CAME TO BE

As part of the Root Causes of Health Initiative (RoCHI) funded by the National Association of Chronic Disease Directors, several divisions of DHHR’s Bureau for Public Health (BPH) have joined together to form the WVHEAT to start a concerted effort towards addressing health equity in the state.

As part of RoCHI, WVHEAT members attended an 8-week training on understanding the root causes of health disparities and the social determinants of health. As a team, we were encouraged to discuss what motivates each of us to do health equity work, how we can come together as a team to create policy, systems, and environment changes to advance health equity, and tasked with creating a strategic action plan to incorporate health equity into all the work we do. NACDD provided funding in addition to the training in order to meaningfully support action by the WVHEAT team.

WVHEAT GOALS AND ACTION PLAN

As a team, we set several goals:

BECOME

conscious contributors toward a more equitable society, which includes incorporating health equity into ALL the work we do.

CHANGE

the culture of our workplace to move us from “doing things how we have always done them” to doing work how it should be done.

BE OPEN

AND WILLING TO LEARN, because we recognize and acknowledge that we don't have all the answers.

“This experience has made me realize I need to learn more about myself, how I was influenced, and my own heritage, and how to preserve my culture. I need to learn more how to model authenticity in my decisions, do what I can to open doors to others who never even had doors before. And that I need to be doing this not just through my work, but where I live, learn, eat and play.”

– Jessica, *Interim Co-Director of the Office of Community Health Systems and Health Promotion/Director of the Division of Health Promotion and Chronic Disease, DHHR's Bureau for Public Health*



To do this important work and fulfill these goals, WVHEAT implemented several activities over the past year.

- **WVHEAT conducted an internal BPH employee survey** to assess the frequency and reach of health equity trainings, how data drives funding decisions, and the extent of health equity work currently being conducted by division.
- **WVHEAT created a mini-grant program** to aid and provide funding to community-based organizations (CBOs) whose work promotes health equity and predominately serves racial or ethnic minorities in WV.
- In the future, **WVHEAT will conduct focus groups with individuals who identify as a racial or ethnic minority and/or LGBTQ+** to learn how we can best serve West Virginians who have been historically underrepresented.

“My RoCHI journey began reluctantly. I remain engaged, not just because of the skin that I am in, but also because I am committed to seeing real change take place.”

– Sheryn, *Deputy Director, Division of Health Promotion and Chronic Disease, DHHR's Bureau for Public Health*

Keeping our goals in mind, WVHEAT will work to incorporate the following into our action plan:

- **Expand BPH's definition of health equity** to include additional marginalized communities in West Virginia.
- **Recommend internal BPH changes that further promote health equity** and encourage systemic change at BPH.
- **Provide support and funding to community-based organizations** already doing this important work while encouraging other organizations to make health equity a systematic consideration in their work.

“The HEAT project has allowed me an opportunity to hear other perspectives, to really listen to what is being said and a safe environment to explore my own thoughts with regards to equity.

To understand that there may be unique obstacles to various populations beyond race and the importance of exploring these in a respectful way.”

– **Stephanie, Interim Co-Director, Office of Community Health Systems and Health Promotion/ Director, State Office of Rural Health, DHHR’s Bureau for Public Health**

What’s Next for WVHEAT

This year has allowed us the opportunity to lay a foundation that will help shift the conversation from problem acknowledgement to actionable solutions. We recognize that structural racism and institutional discrimination cannot be undone overnight. It will require time to break down silos and build a unified and targeted approach at each level in our social ecology.

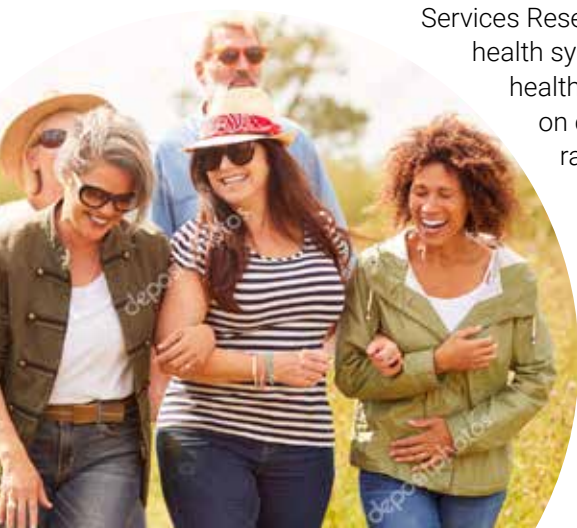
We are ambitious and optimistic. We believe that through our collective efforts, we can contribute to making positive systemic changes where health equity is not just a buzzword, but actions and policies that are woven tightly into every fabric.

Who makes up WVHEAT

WV Health Promotion and Chronic Disease (HPCD)

- Created a Health Equity Committee to incorporate health equity benchmarks into the West Virginia Healthy People Healthy Places Application.
- Through the Building Resilient Inclusive Communities (BRIC) program, HPCD will be working with communities to address health and wellness and increase the social connectedness of seniors in 6 counties.
- As of 2020, HPCD Mini-Grants have a health equity requirement. All applicants must speak to how they are addressing marginalized communities in their work.
- The Mountains of Hope Cancer Coalition, funded through HPCD, has started an LGBTQ+ Cancer Awareness Campaign.
- Through the CDC grant, Improving the Health of Americans Through Prevention and Management of Diabetes, Heart Disease, and Stroke and with the West Virginia University Office of Health

Services Research, partner with health systems to analyze health outcomes based on characteristics like race and ethnicity or LGBTQ+ status to better identify potential health disparities.



WV Division of Tobacco Prevention

- The mission of the WV Division of Tobacco Prevention (DTP) is to reduce disease, disability and death related to tobacco within the state. Because DTP embraces the values of community, health equity, and the protection and improvement of the health of all West Virginians, there is a substantial concentration in areas with significant health disparities to ensure that all West Virginians have the same access to a healthy, tobacco-free life. As a result, DTP currently awards grant funding to entities that offer tobacco cessation and preventive education aimed specifically at the African American population; tobacco cessation and preventive education aimed specifically at the LGBTQ+ population; and smokeless tobacco cessation and preventative education aimed specifically at rural populations which are economically disadvantaged.

WV State Office of Rural Health

- Support access to healthcare for the rural population through
 - *Critical access hospitals*
 - *Rural health clinics*
 - *Placement of healthcare providers through the J-1 VISA Waiver program*
 - *Retain healthcare staff with support of loan repayment programs*
- Provide support to communities
 - *Funding and technical assistance to agencies who are targeting minority populations*
 - *Revising the recruitable communities’ program and ensuring community needs are addressed*
 - *Supporting the Wild Wonderful Healthy WV programs for community capacity development*
 - *Supporting BRIC communities*



Minority Health Institute at Marshall University

- The mission of the West Virginia Office of Minority Health (WVOMH) is to improve and protect the health and well-being of racial and ethnic minorities through the development of programs, policies, and practices to eliminate health disparities.
- The WVOMH purpose is to serve as a resource and collaborative partner to community organizations, healthcare providers, and government agencies in efforts to decrease morbidity and mortality in minority populations.
- The WVOMH coordinates statewide efforts to reduce health inequity for vulnerable populations as defined by race/ethnicity, social-economic status, geography, age, disability status and among other populations identified to be at risk for health disparities.

“Health equity work can sometimes be all talk. **Seeing the training and funding for the initiative from the National Association of Chronic Disease Directors was huge and allowed us to translate words into actions.** I think our team is really excited to see what we can do with this project, and how we can build the momentum.”

– Megan, *Epidemiologist Manager, Division of Health Promotion and Chronic Disease, DHHR’s Bureau for Public Health*

“Being new to public health, being from a primarily middle class, white community, and before participating in RoCHI, I had not given a great deal of thought to the meaning of health equity. My assumptions were limited because I had not taken enough time to fully educate myself. **I am thankful to now not only understand what health equity means, but to also be a part of helping find solutions that will allow opportunities for equal outcomes.**”

– Michele, *Tobacco Program Coordinator, WV Division of Tobacco Prevention, DHHR’s Bureau for Public Health*

- The Minority Health Institute was established in 2018 to reduce health disparities, morbidity, and mortality rates in the state of West Virginia. The Minority Health Institute is a partnership with the Bureau for Public Health.
- In 2018, the Minority Health Institute established a memorandum of understanding (MOU) with the Bureau for Public Health to carry out the following objectives:
 - *Work with the Bureau to identify, establish, and maintain an individual to serve as the designated Office of Minority Health Coordinator, who will serve as the primary contact for the Office initiatives.*
 - *Develop a Minority Health Profile to identify health disparities and monitor the health status of racial, ethnic, and undeserved vulnerable populations.*
 - *Work with the WV Health Statistics Center to obtain and maintain current and accurate data.*
 - *Develop a comprehensive strategic plan for a statewide minority health improvement initiative.*
 - *Develop partnerships with community healthcare providers and other resources to provide outreach services to vulnerable communities and educate at-risk populations.*

For more information or to get involved in promoting Health Equity in WV, contact:

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