Arizona Center for Rural Health
and
Arizona State Office of Rural Health (SORH)
Webinar Series

The SORH provides technical assistance to rural stakeholders to disseminate research findings, policy updates, best-practices and other rural health issues to statewide rural partners and stakeholders.
Arizona State Office of Rural Health

THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

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ARIZONA TELEMEDICINE PROGRAM
SOUTHWEST TELEHEALTH RESOURCE CENTER
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- Audience is muted during the presentation.
- Enter your questions into the chat box.
- Please fill out the post-webinar survey.
- Webinar is being recorded.
- Recording will be posted on the AzCRH www.crh.arizona.edu/ and SWTRC www.southwesttrc.org/
DEI Credit for this session:

- You **must** complete this form if you want to receive DEI credit for this session

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Dr. Mona Arora is a Tucson native and an Assistant Research Professor at the Mel and Enid Zuckerman College of Public Health. She currently serves on the UArizona pandemic response team and is a co-chair of the campus COVID-19 Vaccine Task force. Dr. Arora has recently taken on the role of co-lead on a CDC-ADHS COVID-19 Health Disparities Initiative aimed at advancing health equity & address social determinants of health related to COVID-19 health disparities among higher risk and underserved populations. She teaches undergraduate and graduate courses in Emergency Preparedness, Climate Change, and One Health at the College of Public Health.
Mobilizing Partners: Advancing Health Equity and Addressing Health Disparities in Arizona

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Learning Objectives

1. Describe lessons learned from two years of COVID response.
2. Understand the importance of adopting a health equity lens to inform continued COVID-19 response and recovery.
3. Identify CRH-led initiatives to support rural health care and public health partners in addressing COVID-19 driven inequities.
Understanding What Happened

COVID Response & Rural Communities
Key Challenges for Local and State Health Departments During COVID-19

- **Clarifying Roles and Lines of Authority**: Clear decision-making, need for federal leadership, importance of consistent messaging.
- **Addressing Systemic Health Inequities**: Investing in vulnerable populations; supporting social needs during COVID-19.
- **Data Sharing & Technology Platforms**: Bridging public health and care delivery; supporting surveillance and case reporting.
- **Funding Gaps for Foundational Needs**: Going beyond temporary funding boosts; investing in minimum capabilities; improving the flexibility and timeliness of disbursement.
- **Leadership & Workforce**: Support from elected officials for the public health workforce; implementation of Chief Health Strategist role.
- **Partnerships & Community Engagement**: Developing mechanisms for shared decision-making; using private sector capabilities.

Source: National Academy of Medicine
Inequities in How Impacts were Felt

- Risk, morbidity & mortality significant in certain communities and demographics
- 1 in 3 Arizonans experienced food insecurity
- One-third of 65+ do not have Internet Access, Laptop, Computers, Smartphones
# Health Inequities During the COVID Pandemic

<table>
<thead>
<tr>
<th>Rate ratios compared to White, Non-Hispanic persons</th>
<th>American Indian or Alaska Native, Non-Hispanic persons</th>
<th>Asian, Non-Hispanic persons</th>
<th>Black or African American, Non-Hispanic persons</th>
<th>Hispanic or Latino persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases(^1)</td>
<td>1.7x</td>
<td>0.7x</td>
<td>1.1x</td>
<td>1.3x</td>
</tr>
<tr>
<td>Hospitalization(^2)</td>
<td>3.7x</td>
<td>1.0x</td>
<td>2.9x</td>
<td>3.1x</td>
</tr>
<tr>
<td>Death(^3)</td>
<td>2.4x</td>
<td>1.0x</td>
<td>1.9x</td>
<td>2.3x</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control & Prevention
Inequities & Rural Communities

- Demographic shifts: decreasing populations and aging population
- Aging infrastructure
- Small, rural towns have limited staff and capacity to pursue grants and infrastructure driven projects
- Local politics and governance influence priorities and initiatives
- Barriers to federal funding
Baseline Health

Underlying health and wellbeing: Needs Improvement

Ethnic minorities and populations of color have disproportionately high rates of many health conditions that may put them at higher risk for serious illness if they contract coronavirus, including diabetes, heart disease, asthma, and obesity.

Access to care: Needs Improvement

Individuals in rural communities rely on hospitals and health centers that may be hours away for a provider making it more challenging not only to seeking health services but also COVID testing and vaccination.
Health Equity – a Definition

“everyone has a fair and just opportunity to be as healthy as possible.”

-Institute of Medicine
The future of Public Health (1988)
Why Health Equity Matters

• Inequities are the common denominator for every health, public health, social issue

• Health risks and impacts of any threat to public health and wellbeing are not distributed equally across people and communities

• Risk is significantly moderated by individual and community vulnerability and resilience driven by the distribution of money, resources, and power.

• A disaster exacerbates health and social inequities

Interventions, solutions need to act on systemic causes to address the existing inequities
Lessons Learned #1- Equity in All Policies

- Equity mindset needs to be deliberate and across the board
- Need to recognize structural inequities, evaluate our policies, programs
- No one size fits all

Checklist for Reflection:
- Is equity reflected in agency mission statement and strategic plans?
- Where and how is equity placed within the agency structure (e.g., Equity Officer or Workgroup)
- What are inherent individual and agency biases?
- What resources, partners, knowledge can be leveraged?
- What are the most pressing needs for the community as identified by the community?

Source: CDC
Imbedding Equity in the Response
Lessons Learned #2: Using Data to Advance Health Equity

- Race and ethnicity missing from health records
  - Identify where disparities exist
  - Inform existing efforts
  - Direct resources, funding, programs, and services
  - Establish benchmarks and accountability

- Social Determinants of Health (SDOH): identifying standard mechanism to capture information accurately and timely

- Transparency in data-sharing: laws, HIPPA compliance, data access

- Building and maintain trust
Lessons Learned #3: Listening...for (a) change

• First time that such a large amount of medical content has been available to the public

• Disinformation is here to stay

• Deliberate approach to the message, messenger, the target audience, and the delivery

• Trusted leaders from different backgrounds, professions, and demographics

“trust is eroded when people you’ve never seen before, suddenly show up out of the blue and start giving you unsolicited advice about how you should make decisions that affect life and death.” –Sherine Guirguis, Common Thread
Lessons Learned #4: Building Trust & Shared Decision-Making

• Developing trust takes time
• Engaging across sectors: communities, businesses, the media, governmental public health, and the health care delivery system
• Words matter
  • Subjects | Participants | Patients | Clients vs. Partners | Collaborators
• Using feedback to inform programs, interventions
• Centering words and actions around equity will build trust
• Community engagement is not a one-time process
Lessons Learned #5- Building Public Health Infrastructure & Workforce Capacity

• Loss in workforce over past decade due to decreased public health funding
• Invest in the *upstream* drivers of health, including health inequities and community resilience
• **Sustained** funding mechanisms that encourage multi-sectoral, multi-jurisdictional collaboration
• **Workforce** retention & recruitment
• Build robust, interoperable public health **digital infrastructure**
ADHS-CDC COVID-19 Health Disparities Initiative
AHEAD AZ Advancing Health Equity, Addressing Disparities in Arizona

The overall goal is to reduce COVID-19 related health disparities in rural and underserved communities across Arizona.
GOALS

- Strengthening Future PH Workforce Capacity
- Workforce Training & Education
- COVID-19 & SDOH Community Outreach & Education
Mobilizing Partners

- Local Health Departments
- Rural Health Care Settings
- Faith Based Organizations
- University Partners
- Local Community Advisory Boards & Coalitions
- Community Food Banks
- Community Based Organizations
- Tribal Organizations
- Rural Partners
- Non-Profit Organizations
- School Districts
- Public Libraries
Youth Program

**Goal:** Engage youth in developing a fundamental understanding of public health

**Target Audience:** High school students

**Topics:**
- Identifying and correcting misinformation
- Contact tracing 101
- Transmission mechanisms
- Mitigation strategies
- Effective risk communication

Community Program

**Goal:** Build awareness of public health and community resilience; Prepare to lead as community advocates

**Target Audience:**

**Topics:**
- Building vaccine confidence
- Combatting mis/disinformation
- Best practices for health communication
- Identification and promotion of community resources
- Building community resilience
Practitioner to Practitioner (P2P) Warmline

- Arizona ranks 31st in total active physicians
- The Practitioner-to-Practitioner Warmline seeks to aid in the transfer of knowledge between rural physicians and their urban counterparts and building local capacity.
- Collaborator: Sai Parthasarathy, MD, Division of Pulmonary, Allergy, Critical Care & Sleep Medicine University of Arizona College of Medicine
Communications Support & Education

Design Approach

• Keeping target audience at the center of the content and design
• Mapping out the message to address specific disinformation
• Collaborative design with community representatives
• Linguistic, culturally, and age appropriate
PES® Placemats: Health and Wellbeing through a Purpose, Engagement, Socialization Model

PES is an approved continue education program with the National Certification Council for Activity Professionals.

Educate and provide opportunity for families to engage through conversation and activities

**Purpose:** Reawaken a youthful spirit;

**Engagement:** Challenge Abilities;

**Socialization:** Foster communication and sharing of stories.
Final Thoughts

The COVID-19 pandemic has:

- Highlighted systemic inequities in policies, programs, and communities
- Driven the focus away from preparing from other issues influencing health and wellbeing
- Made it difficult to have honest, solutions focused conversations that are *not politically charged*
Building strong systems and resilient communities

- Think, plan, mobilize in terms of “co-benefits”
- Understand co-harms and planning for storms of crisis
- Imbed health equity in goals, programs and initiatives via strategic planning
- Science-based decision-making through partnerships
- Sustained social services and support systems post COVID
- Population & place-based focus to identify salient, targeted solutions
References


- De Beaumont. Research Brief. Staffing Up- Workforce Levels Needed to Provide Public Health Services to All Americans. October 2021


- Environmental and Energy Study Institute https://www.eesi.org/06161820rural


Questions and Discussion
Please type your questions and comments into the Zoom Webinar Platform Chat box.

Survey:  https://uarizona.co1.qualtrics.com/jfe/form/SV_509kuk7N4mbiQXs
Land Acknowledgement

We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O’odham and the Yaqui. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.
Arizona Center for Rural Health and AZ State Office of Rural Health (SORH) Webinar Series

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