Health Equity Team Member Characteristics and Strategies Used to Identify and Address Community Needs

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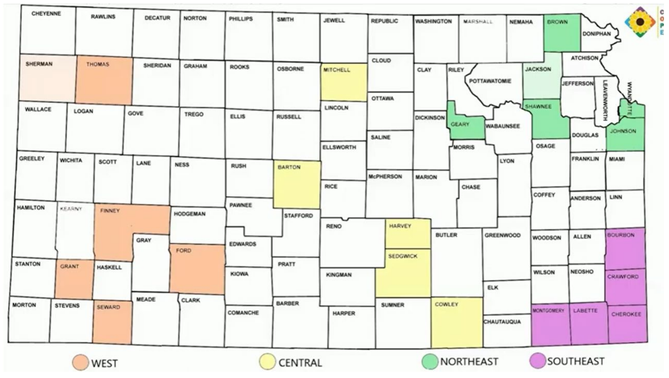
Background

Communities Organizing to Promote Equity (COPE) was established in 20 Kansas counties to address health inequities exacerbated by COVID-19. Community members, social service agency representatives, and community health workers (CHWs) comprise local health equity action teams (LHEATs).

LHEATs identify and prioritize health inequities in their communities and implement strategies to address those priorities. Outside of CHWs, little is known about the characteristics of LHEATs. The purpose of this study was to describe the characteristics of non-CHW LHEAT members and identify strategies used to address inequities in their communities.



Methods

A demographic survey was administered to LHEAT members, and semi-structured interviews were conducted with a random sample of LHEAT members. Interviews were recorded via Zoom and transcribed.

Results

In total, 175 surveys were completed by non-CHW LHEAT members. Most (84%) reported being female, 50% are community organization representatives and 39% are community members. Participants reported having lived in a rural environment (82%), experienced economic hardships (30%), being an immigrant (14%), having a disability (11%), having been unhoused (6%).

Fifty interviews were completed with non-CHW LHEAT members. Participants described the importance of LHEAT members working together to define and address the needs of their community. Many identified the benefits associated with having professional and personal connections to other residents to inform the identification of needs and to address needs more effectively. Participants consistently reported wanting to recruit more people with "lived experience" to their LHEAT.

Findings from this study suggest most health equity team members felt they understood their community's needs.

Discussion

To help with identifying and understanding community needs, incorporating community members with lived experience (i.e., experienced hardships, being an immigrant, having a disability, having been unhoused) into the health equity action team was a focus of the team formation.

Connections, both personal and professional, were a key factor in both identifying and addressing community needs. Several reported this was because they listened to those who serve populations in need. One LHEAT lead reported, *"I think we understand really well because all of us on our team either work or volunteer in service-help organizations, or they do work on their own."* Several participants reported using data (e.g. community health assessment) to understand the needs of their community.

Limitations

Surveys and interviews were conducted early in the project's implementation and therefore some health equity teams were not fully developed and may not have had full representation of the lived experience.

Conclusions

Non-CHW LHEATs members are diverse and rely on partnerships and connections to address inequities in their communities.

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COMMUNITIES ORGANIZING TO PROMOTE EQUITY