HIV Care Services Fundamentals
Health Equity
March 26, 2019

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Presenter: Christopher Allen, Health Equity Coordinator, UT-Austin
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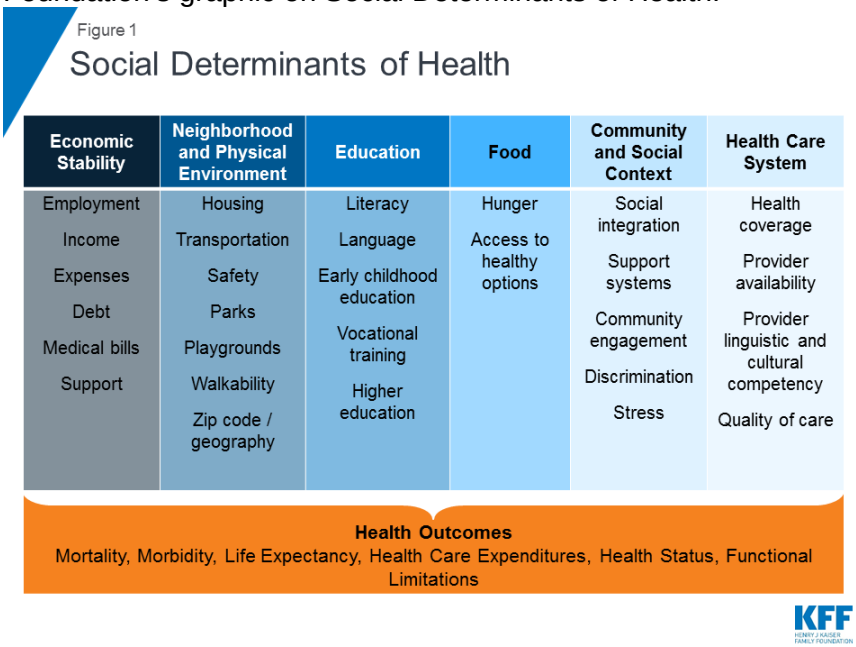
Presentation Overview

- Anthony introduced meeting and Desty introduced Chris Allen from the UT-Austin team to discuss health equity.
- Chris started presentation with the Dr. Phyllis Camara-Jones Urban Institute video entitled, "Dr. Camara Jones Explains the Cliff of Good Health" (https://www.youtube.com/watch?v=to7Yrl50iHI)
- Chris introduced the term, "social determinants of equity" and included the Kaiser Family Foundation's graphic on Social Determinants of Health:



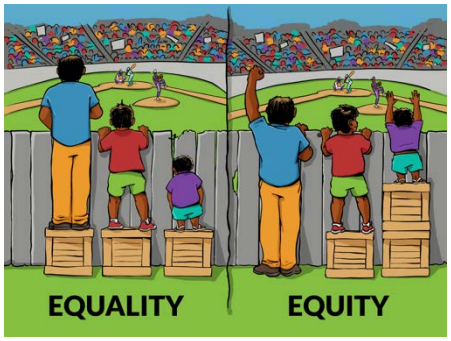
- "Social Determinants of Equity" are "systems of power that determine the range of social contexts and the distribution of populations into those social contexts, including, but not limited to: economic systems, racisms, homophobia, 'isms'
- Social determinants of HEALTH answers the question, "Why do we see this distribution of behavior?" where Social determinants of EQUITY answer the question, "Why do we see this distribution of contexts?"
- Chris emphasized that this is an important discussion to have because it allows us to have an informed approach when interacting with each other and clients and encourages us to see the whole person and to refer individuals to the appropriate resources.

Questions/thoughts from participants:

- Sha'Terra Johnson mentioned that she would be presenting the Achieving Together plan in East Texas and will plan to use the Dr. Camara-Jones video as an introduction and would like for Chris to present as well on this topic at her meetings

- Desty wanted to emphasize the differences between social determinants of health (something most providers are inundated with) and social determinants of equity and wanted to know what everyone thought about the differences between those two terms and how that has manifested itself in their agencies.
  - One participant mentioned that they both go hand in hand, and that most grants ask about "social determinants of health," but she is going to start talking about "social determinants of equity" she can write about as well in grant proposals.
    - Participant was concerned that video was saying that we shouldn't help people until we take care of the equity issues, which she didn't agree with
    - Desty asked participant to talk about what these issues might look like in every day work
      - Clients may come in at different stages of "disease" and economic factors can compound their barriers; also, their education can play a factor – if the client doesn't know the symptoms, they may not come into clinic as soon would be preferable; provider may also need to alter language based on client's knowledge

- *Thought from participant: "As someone new to the field, I think it's important to understand the systemic inequities that exist in determining health outcomes. I always have to remind myself about understanding the difference between equity and equality."*
  - Chris then addressed the differences between "equity" and "equality" and referenced the prevalent image often used to demonstrate equity vs equality and discussed how that relates to HIV treatment and care (some communities need more attention and resources to achieve the same results as other communities):



        - Desty emphasized that equity doesn't mean that any client(s) should be respected any more or any less — all clients deserve equal respect — this approach is about different public health approaches and how people navigate the healthcare system; some clients might simply require additional assistance in understanding infrastructures and/or institutions they might not have had access to
        - Chris emphasized as well that when we see that some communities are in different places, we sometimes place blame on those communities rather than the contexts in which people live in. It is important to recognize that it is not their fault that they live in particular environments and have not historically had certain opportunities due to discrimination.

- *Q: How do you specifically measure the problem and evaluate action to be able to expand the knowledge base to develop a workforce that is trained in the social determinants of health for rural areas?*
  Q: How do you determine what resources are needed to reduce the inequity? Man/Womanpower? Finances? Training?
    - Sha'Terra Johnson: There is an equity issue in urban vs. rural in this issue; she is currently trying to get folks to even understand what "social determinants of health" are as people (particularly in rural areas) do not understand "social determinants of health" and how that impacts health outcomes; she is trying to invite other social services to be at the "table" in these discussions and how their services impacts health outcomes in the community.
    - Chris: one of the first steps in trying to measure the problem is to conduct community needs assessment and community readiness assessment — you can shape these to meet your
        - Needs Assessment Tools: https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/develop-a-plan/main
        - CDC Community Needs Assessment: https://www.cdc.gov/globalhealth/healthprotection/fetp/training_modules/15/community-needs_pw_final_9252013.pdf
        - See attached documents for examples of community readiness assessment

- *Q: If I am a case manager and I don't do planning: how can I be mindful of these practices when I'm serving clients?*
    - Chris: It is important to understanding the context and the person in front of you as a whole person who is experiencing a variety of issues;
        - It is important to have a robust referral base that is culturally-appropriate on hand
            - Make sure to vet organizations that you have as referral services to make sure they are affirming of people's identities and experiences

- *Q: Are conversations happening at the state?*
    - Chris stated that the conversations are happening at the state level as far as HIV/STD branches; but he is not sure about Ryan White providers; he says that DSHS incorporating healthy equity in intentional manner

- *Q: Are there any other specific ideas that would play a huge role in addressing health determinants?*
    - Chris stated that having one-on-one conversations with each individual that comes in, assessing each person as an individual and understand what is affecting them to better understand how to address their specific needs. Assessments are a great place to start as well, and in-particular, identifying resources available in your community (see links and attachments)

- *Thought: One participant mentioned that their agency is using a combination of medical transportation and telemedicine to address issues of access and equity among their clients.*

- *Thought: One participant mentioned that Legacy uses social work interns to do interviews with clients about food insecurity, housing, etc.; once need is determined, then students refer clients to appropriate services.*

- *Thought: One participant mentioned the importance of "training your staff [and] providing tools and establishing policies and workflows that will allow patients to achieve desired health outcomes. It's also so important to follow-up regarding referrals so we are making sure that the actual needs are being met."*

- *Thought: One participant mentioned that the HIV Syndicate created tools to address "Social determinants of health" specifically for case managers: https://txhivsyndicateorg.files.wordpress.com/2017/05/public-awareness-toolkit-08-15-2017_final.pdf*

- *Thoughts: One participant mentioned that "as a case manager you need to know the community we are working I think that field work helps a lot to identify clients need and having more exposure to different population also helps."*
    - Desty emphasized how important it is to get to know the community you work with if you are not a part of that community.
    - Another participant suggested asking clients about services as they often know about more resources than providers

If you have additional questions about discussion from this call please contact:
Chris Allen at callen22@utexas.edu or 512-710-9287. He also conducts monthly conversations on Health Equity on 3rd Monday of the month at 11am. Contact Chris if you'd like to be included in the calls.

Anthony mentioned that DSHS would like to get all of the FUNdamentals information online for those who can't attend the online meetings – will keep everyone updated.

Next Call: Tuesday April 3, 2019, 1:00pm–2:00pm