

LANDSCAPING GUIDE *for Health Equity*



This guide is intended to help users understand the underlying context of health equity within a defined community, either broadly or through a specific lens. It may be used to increase clarity on how to outline and execute a community-driven vision to address health equity gaps. In practice, that may include informing programmatic or operational decisions, mobilizing partners or funders, or redirecting ongoing programming to serve a community more effectively.

Before an organization or coalition can take action to improve [health equity](#), it is critical that they first evaluate the current state of health outcomes within the community, identify barriers to and facilitators of health equity, and understand regional demographics. Doing so will serve as the foundation to inform the future vision for each organization and will support prioritization of focus areas to advance equity. After assessing a community's current state of health equity, an organization can envision what the future would look like if everyone had a fair and just opportunity to attain their highest level of health and wellness potential.

This guide draws on principles and tools from the [PIH-US/DHEI Collaborative Infrastructure Framework](#), which defines "collaborative infrastructure" within the context of health equity as referring to a network of resilient partnerships among community members, organizers, government, service providers, and more that pool resources, power, expertise, and access to uproot underlying causes of health inequities and address immediate needs of community members. In particular, this landscaping guide explores targeted uses of resources within Chapter 1 of the Framework: *Understanding Health Equity Within Your Community*. It also builds upon concepts within PIH-US' new simple and intuitive approach to managing and measuring our work: [results-based accountability \(RBA\)](#), which works backwards from many traditional approaches, starting with goals to work towards means. The landscaping and context-setting templated in this document aligns with RBA by helping to establish an understanding of a community and/or issue to create a goal for a program or project. Our approach seeks "the story behind the baseline" to focus on causes before actions; the process of landscaping will help define the stories and define perspective on why conditions are as they are.

Research derived from this process should be used in conjunction with deep community engagement to not only confirm research findings from within the community, but also identify sources of information, partners, and experiences not easily found through traditional landscaping/research methods. This can include [key informant interviews](#), [community forums](#), [focus groups](#), or social canvassing, and is absolutely essential to growing an understanding of a place, its people, and potential engagements.

DEFINITIONS

Key Informant Interviews: Qualitative in-depth interviews with people who know what is going on in the community. The purpose of key informant interviews is to collect information from a wide range of people who have first-hand knowledge about the community. These community experts, with their particular knowledge, understanding, and experience, can provide insight on the nature of problems and give recommendations for solutions. [\[UCLA\]](#)

Public/Community Forums: Public forums and listening sessions are a valuable resource in upholding open lines of communication with the public, as public participation in community projects can help identify and solve problems. Public forums are meetings in which facilitators lead a discussion of various aspects of an issue to inform problem-solving, strength-preservation, and subsequent planning. [\[KU\]](#)

Community Focus Groups: A focus group is a form of community engagement and is a small group discussion guided by a trained leader. It is used to learn about opinions on a designated topic and to guide future action. Given the structured and direct nature of focus groups, they are expressive and can often yield significant information in a relatively short time. [\[KU\]](#) Community focus groups aim to be mutually beneficial for the organization, partners, and the local community, uncovering information lifting up dialogues that guide project planning. [\[WaterNow Alliance\]](#)

WHAT CAN THIS GUIDE BE USED FOR?

If you are interested in working in a new geographic area

This guide can help establish an understanding of broad issues of health equity and the underlying ecosystem, and hone in on potential areas of impactful engagement.

EXAMPLE: PIH-US is interested in expanding work in Florida to the Homestead area where it has not operated previously. Landscaping helps us understand the underlying health issues, inequities, and historical context necessary to prioritize specific areas of programmatic interest and potential partners.

If you are interested in a specific issue and/or program type and need background data for how to understand that issue within a given context

This guide can help offer a deep and well-rounded knowledge of the issue at hand (or program style), providing direction for how best to understand that issue within the context of the specific community and its historical and lived experiences. It can help establish a baseline understanding of the partners working within this space and opportunities for complimentary collaboration.

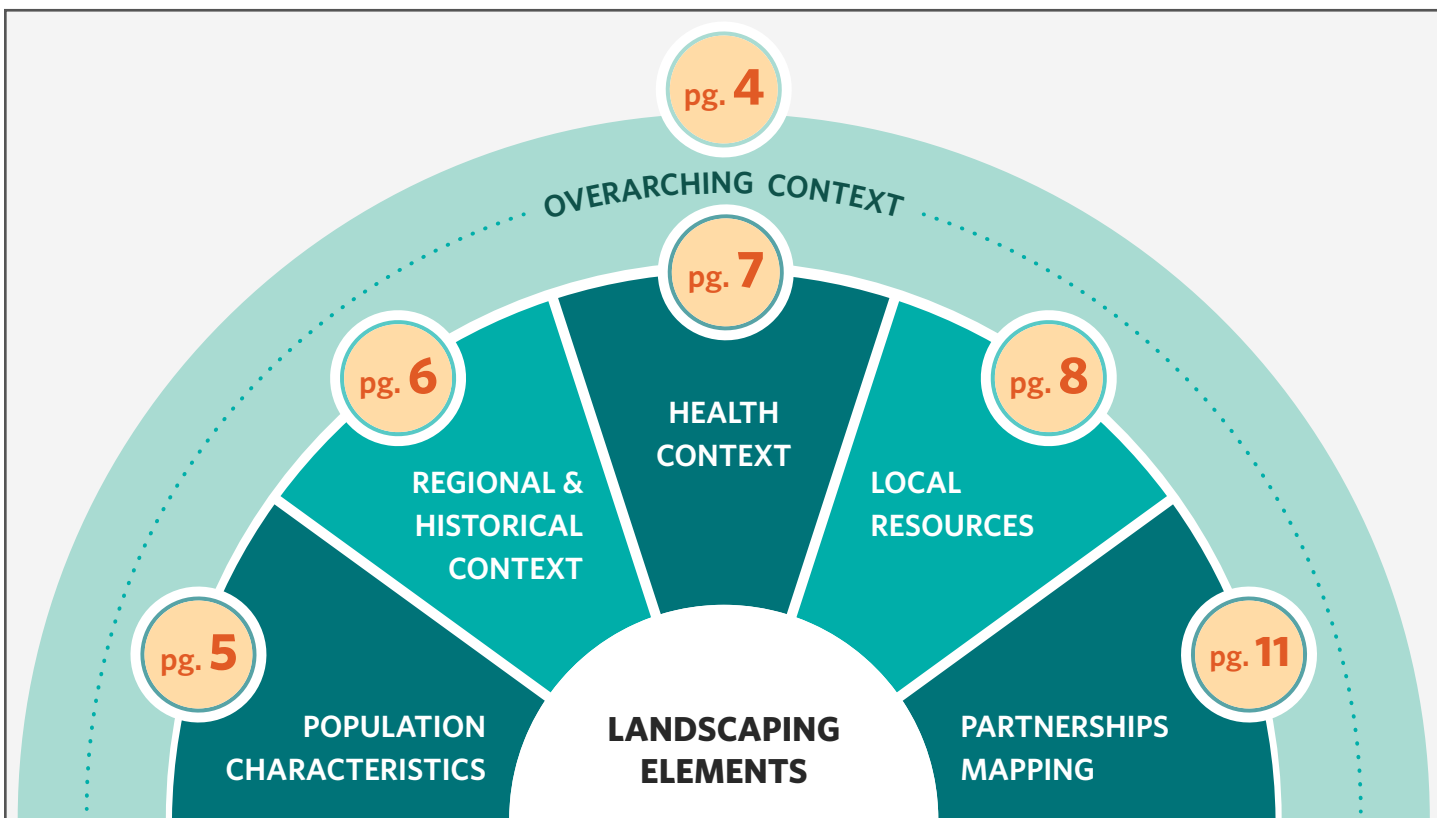
EXAMPLE: PIH-US is interested in exploring the issue of maternal mortality in the U.S., including the clinical and social factors that contribute to maternal mortality, and the interventions appropriate to affect them. This template may be used to help site teams collaboratively explore the underlying issues contributing to maternal mortality in the places in which we work and establish lofty but realistic goals for collaborative partnerships to tackle this issue.

EXAMPLE: Spurred by the interests of partners on a previous project, PIH-US is exploring a new workstream of migrant health in the Chicagoland area. Without dedicated experience working of this issue before (in Chicagoland or elsewhere), landscaping can help establish a baseline understanding of the current issues within the migrant health space, identify opportunities for engagement, and pinpoint appropriate collaborators to ensure any emerging programming is impactful and well-received.

If you know what issue you will be working on, where, and need information to understand the partner landscape

This guide can offer tools and guidance for how best to landscape those working on this issue, as well as those who may not be directly working on this issue but may have tangential interest in doing so. It offers ways to keep the values of equity and justice at the forefront when researching and considering partnerships.

EXAMPLE: In Newark, New Jersey, our partner the Newark Department of Health and Community Wellness wanted to introduce mobile vans throughout the city in an effort to offer clinical and social services and make up for delayed health care during the COVID-19 pandemic. As a part of this work, PIH-US performed desk research on national best practices, case studies, toolkits, and data sources (aligning with the work noted in workstream #2 above). We also landscaped this space in the Newark area to understand potential collaborators and suggested next steps to establish meaningful community partnerships for the mobile van project.



A landscaping document may follow the structure above, at the discretion of site teams or others working to set the context, with particular consideration for the issue/area/program type being landscaped.

OVERARCHING CONTEXT

This section should serve as a sort of executive summary of the most relevant findings from the research below, able to stand alone as a synopsis of the context that can inform programmatic decisions. It should provide information to those seeking to understand the current state of health equity within a community:

What is the ideal future the community envisions?

Who are the actors that influence outcomes today?

Where are the most impactful points of change?

Major population characteristics of particular importance to the proposed intervention (more detail to be discussed in later, more specific section).

- ▶ Overall context for program engagement by PIH-US and/or partners, including underlying circumstances affecting proposed intervention.
 - ▷ Can include key factors that may be relevant (e.g., environment for engagement, political leadership, funding context, etc.).
- ▶ Overarching historical background, with specific emphasis on factors influencing equity.
 - ▷ Can include regional or local lived experiences of racism, underrepresentation, migration, disenfranchisement, or other relevant systems of oppression.

POPULATION CHARACTERISTICS

This section should effectively illustrate the characteristics of the community we're aiming to examine for this landscaping exercise. It should describe the demographic, economic, and social intricacies of the community, taking special care to draw out characteristics contributing to the community and/or issue considered within this landscaping effort. If possible, it should provide information grounding the statistics in comparison to the region/state/national context.

Possible statistics to consider:

GENERAL DEMOGRAPHICS	Total Population Size	Household Size and Composition
	Age Distribution	Migration/Foreign-Born Population Rates
	Race Distribution	Linguistic Diversity/Major Languages Spoken
	Educational Distribution	
ECONOMIC CHARACTERISTICS	Median Household Income	Income Inequality Statistics
	Per Capita Income	Home Ownership Rates
	% of Population Living Below Poverty Level (age breakdown)	
HEALTH INSURANCE CHARACTERISTICS	% of Population with/without Health Insurance (age breakdown)	Health Coverage Breakdown by Type

Resources and tools to identify this information may include (but are not limited to):

- ▶ [Community status assessments](#)* or community health needs assessments may be key here to understanding key socio-economic and quality-of-life outcomes within the community. (*NACCHO requires a login, but access is free)
- ▶ Recent [census](#) for area; with limitations of this data acknowledged.
- ▶ State health datasets; with limitations of this data acknowledged.
- ▶ [DataUSA](#).
- ▶ [CDC PLACES](#), a collaboration between CDC, RWJF, and the CDC Foundation, that provides health data for small areas across the country. Provides model-based, population-level analysis and community estimates of health measures to all countries, places, census tracts, and Zip Code Tabulation Areas (ZCTAs) across the U.S.
- ▶ [KFF](#), which has an array of population-level data, including data on [uninsured populations](#), [migrant health and racial equity](#), [health coverage and care for individuals with limited English proficiency](#), and [health costs](#), among many other areas.

REGIONAL AND HISTORICAL CONTEXT

This section should provide context for the community with regards to geographic location and implications, historical background informing how the community arrived at where it is currently, and political and representational considerations. If possible, this information should be supplemented by the lived experiences of those within the community to create a picture of how the community and those within it have been shaped by their collective location, history, and representation.

Possible statistics to consider:

GEOGRAPHIC CONTEXT	Proximity to major urban areas/resource centers (i.e., academic institutions, major employers, hospitals, etc.) State/County/City/Neighborhood	Climate Transportation Context Rural/Urban Distribution
HISTORICAL EXPERIENCE	Employment: Key employers, evolution of employment sectors and mix of employment Population Shifts: Major events in migration, gentrification, disasters, etc.	Environmental Issues: Major effects of climate-affected experiences causing changes or consequences Equity: Experiences (historical and/or ongoing) of racism, xenophobia, or other exclusive histories influencing inequities and opportunities
REPRESENTATION	Political representation (names, levels, elected/hired)	Notable informal representation

Resources and tools to locate this information may include:

- ▶ Local county/city government websites.
- ▶ Google Maps/GIS.
- ▶ Articles and postings from local media sites and newspapers.
- ▶ KFF, which has data on [extreme heat and implications for health disparities](#), [climate change and its affect on health equity more broadly](#), [climate-related health risks among workers](#).
- ▶ Federal resources including CDC, EPA, FEMA, OSHA.

This section should provide an overarching narrative regarding relevant health statistics for the local and/or target population. This information should provide an understanding of the burden and distribution of health-related outcomes in jurisdictions and ultimately assist in planning public health and/or SDOH-oriented interventions. The staff performing this landscaping exercise should consider data at their discretion, given their familiarity with the community or program being examined. These statistics are best understood in comparison to regional/state/national-level averages and/or in relation to public goals (such as HP2030 targets or local aims) to provide a baseline understanding for major inequities or health areas ripe for improvement. If possible, data should include breakdowns by race or census tract (potentially zip code if census tract unavailable).

The underlying context (and level of disaggregation) to include should be tailored to the proposed intervention style or area. The following may be useful to include, though is not limited to this list.

Possible statistics to consider:

ACCESS TO CARE	Primary Care/Routine Check Up Rates Follow-Up Care Rates	Dependency on Emergency Care Vaccination Rates
DISEASE BURDEN(S)	Life Expectancy Cancer Rates; Cancer Screening Rates; Cancer Death Rates Diabetes Rates Heart Disease Rates Stroke Rates Rates of High Blood Pressure Maternal and Neonatal Mortality/Morbidity Rates; Rates of Prenatal Care	Sexual Health Rates (STI rates, infants born with congenital STIs, etc.) HIV/AIDS Rates Mental Health (Including access to care among those with mental illness) Dental Health Tobacco Use Rates Food Insecurity Rates Environment Concerns Impacting Health

Resources and tools to locate this information may include:

- ▶ Some areas may have resources such as disparities dashboards or information from the CDC PLACES project.
- ▶ Tools such as a [community health context assessment](#)* can be used to understand lived experience and the key drivers or barriers through community member interviews and community health worker input (*NACCHO requires a login, but access is free).
- ▶ A [community health assessment toolkit](#) can be used in conjunction with this data to help identify the most pressing community health needs.
- ▶ KFF, including [state health facts](#) with 800+ health indicators at the state level that can be mapped, ranked, and downloaded.
- ▶ Dashboards overlaying data from different levels (state, region, county, town) to break down key health indicators and help differentiate areas by vulnerability:
 - ▷ Examples may include the [Chicago Health Atlas](#), [Miami-Dade Matters](#), or [Prince George's Country, MD Health Zone](#).

LOCAL RESOURCES

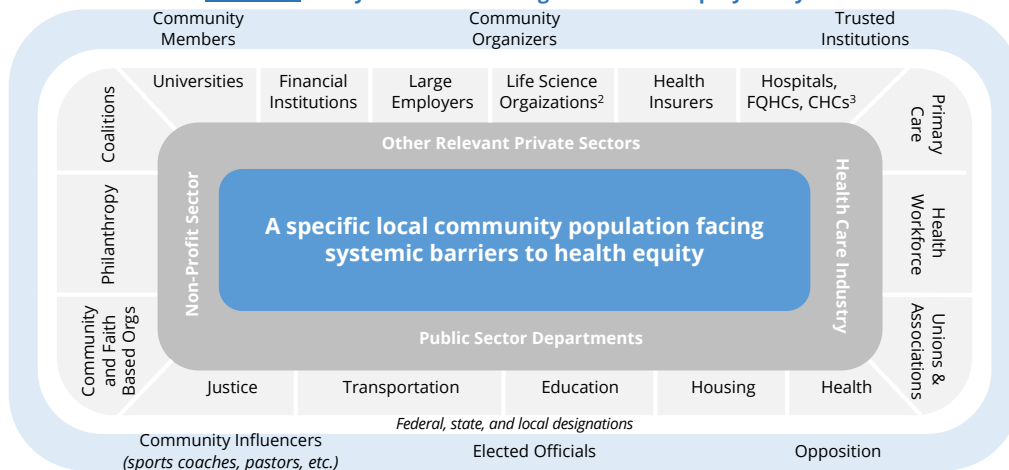
It is critical to understand the full array of formal and informal resources and players operating within a community that affect outcomes and influence collaboration. The best way to understand this context is to rely on deep community knowledge and tap into trusted members of the community. This may be supplemented with research and organized around helpful tools identified within the Collaborative Infrastructure Framework.

Both resources and potential partners (considered in more detail below) may be mapped out using toolkits and exercises such as the Local Health Ecosystem Mapping exercise (another option: [Visible Network Labs Ecosystem Mapping tool available here](#)).

Local Health Ecosystem Mapping

Mapping and understanding the array of diverse actors and each of their perspectives or roles in a community health ecosystem is key to collaboration and ultimately, to advancing health equity.

EXAMPLES of Key Actors Influencing Local Health Equity Today¹



Some toolkits that might help to identify additional partners: [Ecosystem Mapping Tool](#), [Vision Network Labs Patterns in Partnering across Public Health Collaboratives](#), [AHA/ACHI Community Engagement](#).
 1. This ecosystem map is illustrative and **not intended to be fully exhaustive**. It's important to think holistically and to consider groups, sectors, or actors that may be missing from current collaborations in order to more strategically advance a common mission of equity.
 2. [Life sciences](#) includes companies operating in the research, development and manufacturing of pharmaceuticals, biotechnology-based food and medicines, medical devices, biomedical technologies, nutraceuticals, cosmeceuticals, food processing, and other products that improve the lives of organisms
 3. FQHC: Federally Qualified Health Centers, CHC: Community Health Centers

Possible statistics to consider:

MEDICAL RESOURCES

Hospitals	Mobile Units
Community Health and Medical Clinics	Home-Based Health Programs
FQHCs	Tobacco Cessation Programs
CHW Programs	Dental Clinics
Screening Programs	

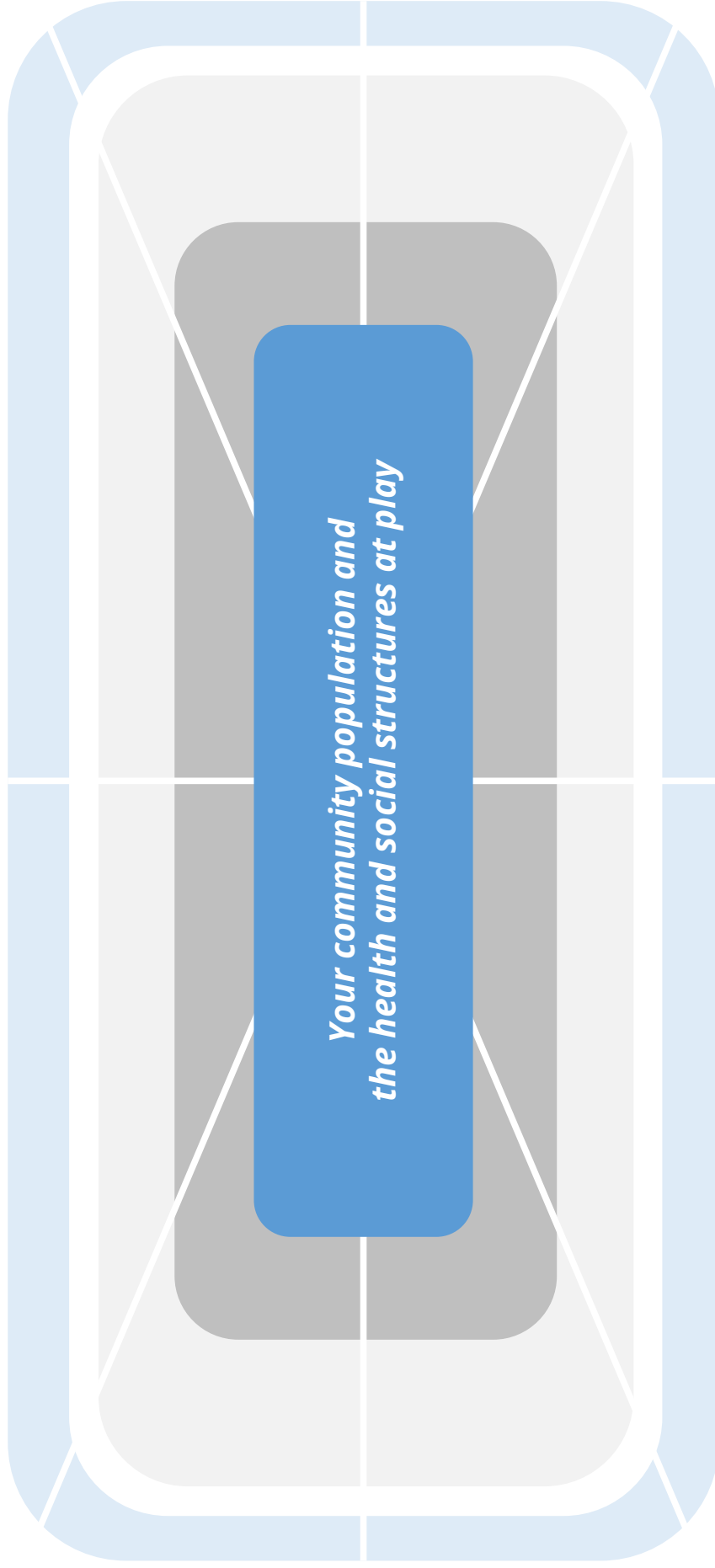
SOCIAL SUPPORTS

Food Assistance	Parenting Programs
Employment Support	Childcare Support
Housing Support	Transportation Support
Rent/Utilities Assistance	Post-Incarceration Support
Education Support	Legal Assistance

Sample Exercise: Map the actors within your Local Health Ecosystem

How to Use: Use this blank template as a starting point to populate and understand your own local health ecosystem. Consider both formal community health organizations, public and private sector players, as well as informal players that influence community health, such as bodegas and gathering places like churches and salons.

Key Actors Influencing Local Health Equity Today



Some toolkits that might help identifying additional partners include: [Ecosystem Mapping Tool](#), [Vision Network Labs Patterns in Partnering across Public Health Collaboratives](#) and [AHA/ACHI Community Engagement](#).

Resources and tools to locate this information may include:

- ▶ [ASTHO](#) houses dashboards for a variety of public health activities, services, and resources.
- ▶ Many cities and counties have community resource directories with local CBOs and social support organizations on local government home pages.
- ▶ Google Maps may also be a good resource to identify certain types of clinics or social support organizations.
- ▶ Familiarity with the community being landscaped is perhaps the most essential way to identify resources, organizations, and others working in the area. This knowledge allows for more nuanced understanding of the ways in which communities work and offer support. Often, even well-conducted formal research methods may not discover this information. Instead, in-person relationship building and an open curious spirit to pursue community knowledge is best.
- ▶ Social media (including Facebook, Instagram, or Twitter) can offer insight into the goings on within a community.
- ▶ Local media operating at a hyper local level and reporting on events, issues, and relationships within a community may provide details regarding potential collaborators or ways of working.
- ▶ Groups or organizations which may seem tangential to public health are often operating within communities to meaningfully support those with whom they work. This may include houses of worship, grocery stores, gyms, and diplomatic consulates, among others—all of which engage closely with populations and can be experts at identifying vulnerabilities and working with communities to alleviate this.

Partnerships are one of the most important elements considered within this document as you landscape your context for engagement. It is also potentially the one that requires the most work, strategizing, and negotiating. As with resources, it is important to be aware of the partners operating within the space you're landscaping. Consider potential partners to the proposed project, including those already engaged in the space (directly or tangentially) as well as those who are not yet working on this issue in this area, but may be a good fit for collaboration due to resources, interest, decision-making ability, or reach. It is important to pay particular attention to power dynamics, both within and across the community and health priorities which you are landscaping, as well as the potential power dynamics introduced by the proposed project (and PIH-US) itself. [The Commons Social Change Library Power Mapping tool](#) may assist with systematically understanding where power relationships stand in relation to the health issue identified. It is critical to consider important strategic and operational considerations to weigh (as well as the desired and feasible process of vetting and operationalizing any partnerships) as you're thinking about collaborating with partners.

Potential levels of partnership:

- ▶ Local: transit, schools, businesses, houses of worship
- ▶ Regional: Active coalitions (i.e. YMCA, United Way, etc.)
- ▶ National
- ▶ Political: elected or hired, governing body, names
- ▶ Funders
- ▶ Fundraisers

This partnerships mapping exercise can be considered a key aspect of ecosystem mapping (see above), in which the following tools may help guide an understanding of the array of actors and their roles within a community health ecosystem:

- ▶ [Visible Network Labs' Ecosystem Mapping Tool](#)
- ▶ [Xtensio: How To Do Ecosystem Mapping \(template\)](#)
- ▶ [Board of Innovation: Ecosystem Mapping Tool](#)