

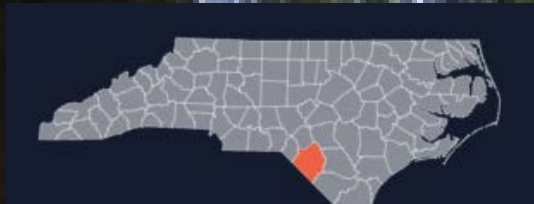
A sunset scene with a road leading towards a bright sun. The sun is a large, glowing yellow and orange orb in the center of the frame, partially obscured by a dark silhouette of a tree. The sky is a mix of orange, red, and purple. The road is a two-lane asphalt road with white dashed lines, leading from the bottom center towards the sun. The background shows a landscape with trees and utility poles.

**HEALTH  
EQUITY**

**Building Health Equity through the  
Convergence of Grassroots and  
Professional Communities and Cultures**  
Rev. Mac Legerton

# Robeson County, North Carolina

- The most racially diverse, rural county in the U.S.
- One of the most eco-diverse places in NC and the nation – a land of 50 swamps and a river running through it.
- Home of the Lumbee, the largest Native American nation East of the Mississippi River.
- One of the poorest counties in NC and the nation



# 20 Robeson County Department of Public Health 15 State of the County Health Report

## Health Ranking

The County Health Rankings measure the health of nearly every county in the nation. Published online at [countyhealthrankings.org](http://countyhealthrankings.org), the Rankings help counties understand what influences how healthy residents are and how long they will live.

Counties receive two ranks: Health Outcomes & Health Factors. **Health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. **Health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental.

Year	Health Factor Ranking	Health Outcome Ranking
2010	100	98
2011	100	98
2012	100	99
2013	100	97
2014	100	97
2015	100	95

Source : RWJ Foundation Health Rankings 2010-2015

# RACIAL AND ETHNIC HEALTH DISPARITIES IN NORTH CAROLINA

NORTH CAROLINA HEALTH EQUITY REPORT 2018



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Office of Minority Health  
and Health Disparities





# **Greatest Barrier to Health and Well-Being Posit:**

**The greatest barriers in creating equitable access to health and well-being are the barriers between the characteristics - i.e. assumptions, values, principles, and practices - of our professional communities and cultures and those of our grassroots communities and cultures**



## Grassroots Characteristics and Standards



Belonging  
Meaning  
Relationships  
Community-based  
Process  
Feminine  
Decentralization  
Andragogy  
How  
Motivational  
Emotion and Feeling  
Integrity and Responsibility  
Heart  
Spiritual

## Professional Characteristics and Standards



Longing  
Purpose  
Tasks  
Individual-based  
Product  
Masculine  
Hierarchy  
Pedagogy  
What Reason and Cognition  
Authoritarian  
ion  
Rules and Liability  
Head  
Material

# Acknowledgement

**Both our community and professional communities  
and cultures have dysfunctional characteristics**

## Why?

**Our greatest strengths are  
also our greatest weaknesses**

Source: Wisdom Teaching



Source: Unknown



# How are Grassroots-Professional Barriers Manifest in the Medical Field?

- One-on-One Case Management
- Focus on Productivity and Efficiency
- Profit-Driven
- Focus on Need and Lack
- Provider – Recipient Relationship
- Healer – Patient Roles
- Use of term “patient” indicates a level of irony. It means “long-suffering” and passive





# How do we converge our grassroots and professional cultures to advance health equity?

## Step 1



- Create a long-standing team of grassroots and professional partners committed to health equity.
- Meet on a regular basis – once per week.
- Develop relationships, community, trust, and a principle and practice of honesty that heals and restores, not harms and shames.
- Identify cultural barriers, dysfunctions, and challenges in both the grassroots and professional cultures

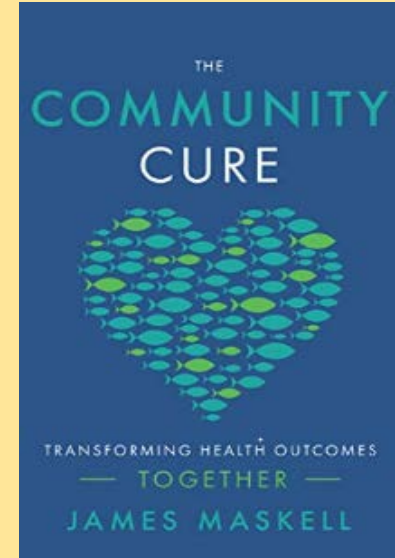


## Step 2

- Assess every aspect of the relationship between the health care agency or system with the public and how it hinders and deters meaningful relationship-building regarding every step in the process of relating and performance.
- Identify solutions that reduce and remove barriers and create meaningful relationships, community, and engagement between grassroots and professional participants in the health care institutional or systems context.

## Step 3

- Consider the use of groups of community care
- (i.e. communities of health program participants) in your medical practice.
- Develop ways to place community groups of common health interests at the center of health care.
- Review and consider adapting the model of shared, group medical appointments and visits as described in The Community Cure: Transforming Health Outcomes by James Maskill



Convergence (continued)

## Step 4



Consider use of mutual assistance, peer-to-peer support models and peer-based learning modalities of group-based medicine that focus on “the medicine that happens in the room between patients”.

Tawny Jones, “The Love Diet: Healing Through Community”

<https://drhyman.com/blog/2019/11/13/podcast-ep80/>





# Nine Levels of Change

Source: Mac Legerton, ABD

<b>Individual</b>	<b>Institutional</b>	<b>Environmental</b>
<b>Family</b>	<b>Systems</b>	<b>Moral</b>
<b>Community</b>	<b>Cultural</b>	<b>Spiritual</b>



Note: Strategies of effective and successful change on all nine levels are more similar in practice than most “change theory” assumes. All nine levels engage various forms of influence and power between common and conflicting interests and agents that are both within and external to the boundaries of experience.



## Four major Types of Change

Source: Mac Legerton, ABD

- Relief
- Support
- Development
- Transformation

Note: Strategies and activities of health education, prevention, assistance, support, training, advocacy, and justice all serve one of these four types/categories of change.



# Major Learnings related to Health Equity (continued)

- Activities and programs that create significant health equity involve relationships of accompaniment and empowerment that are staff intensive and cannot be filled in conventional case management and crisis management roles.
- Research indicates that community-based, health equity programs that engage and empower program participants in sustained groups optimize changes in behavior and health outcomes, advance participant leadership in the health care system, equalize relationships of power between roles, reduce costs, and increase revenue for health care service providers.





**“Building Health Equity through the Convergence of  
Grassroots and Professional Communities and Cultures”**

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