

The Impact of COVID-19 on Women and Girls: Implications for Health Equity



Community Leaders Forum: Call to Action

Suggested Citation: Schiavo, R., Carson, E., Gomez, A., Tauro, A., Ramesh, R. and Health Equity Initiative (2021). The Impact of COVID-19 on Women and Girls: Implications for Health Equity. A Community Leaders Forum: Report and Call to Action. New York, NY: Health Equity Initiative. October 2021. Available at: <https://www.healthequityinitiative.org/reports.html>

Copyright © 2021 by Health Equity Initiative
48 Wall Street, Suite 1100 New York, NY 10005
www.healthequityinitiative.org

Credits: Project coordination: Radhika Ramesh, MA; Cover image, Report layout and Transcript editing: Nicole Carberry; Thank you to Macy's Inc for their generous grant.

CONTENTS

- 04** Executive Summary
- 05** Participants List
- 06** Call to Action and Policy Recommendations
- 08** Participants (Bios and Pictures)
- 10** Acknowledgements



EXECUTIVE SUMMARY

Undoubtedly, COVID-19 has disproportionately affected communities that have been historically marginalized or experience other kinds of disadvantages. The pandemic has exacerbated existing inequities among those who already did not have access to adequate opportunities for health and social well-being.

Yet, across communities and country settings, women and girls have been found to face greater exposure and risk since they are more highly represented in key sectors like healthcare, food services, and other essential services. The pandemic has also increased incidence of sexual exploitation and gender-based violence, and decreased access to reproductive and maternal health care and economic opportunities. Many women have also had to take on longer childcare hours, due to school closures and the mental health impact of COVID-19 on children. In this scenario, social media companies have continued to prey on young girls and contributed to depression and anxiety in this group. Hard fought gains for women's rights have come under threat. The economic downturn is disproportionately pushing women into poverty, and in some cases depriving them of educational opportunities. As we know, gender equity is an important determinant of health, not only among women, but within entire communities because of the influence of women's well-being on current and future generations.

In response to these existing and emerging challenges, Health Equity Initiative, a member-driven nonprofit membership organization, designed, organized, and hosted a forum in its Community Leaders Forum series to develop recommendations for policy and practice in the own voices of community leaders. The forum took place on October 4, 2021, and was designed to capture local, national and global perspectives on:

- How the pandemic has impacted women and girls in a variety of ways (e.g., health, employment, mental health, and others)
- How this is likely to further exacerbate existing health and gender inequities, including implications for health equity
- Policy solutions and other community-driven interventions that may address emerging and pre-existing needs of women and girls, with special emphasis on women and populations that experience marginalization or vulnerability.

The discussion highlighted several existing and new challenges to gender equity during the pandemic, which resonate with communities both in the United States and around the world. These include increased food insecurity, especially among households led by single mothers; increased depression and anxiety; the exacerbation of domestic violence; increasing discrimination in the workplace; and more limited access to essential services (e.g., contraception, maternal and reproductive healthcare, transportation, childcare) and recreational and community-building activities (e.g., sports), which all have greatly affected women and girls. The importance of considering and engaging a diverse group of women, including women of color, women from migrant communities, women from low-income backgrounds, in designing local solutions, as well as addressing communication inequities and building resilience to misinformation were other themes that emerged from the discussion.

This report and call to action include a summary of the discussion from the Forum and highlights specific recommendations for policy change and community-driven interventions as grounded in the experience of the community leaders who participated

Participants

Forum Participants/Panelists (in alphabetical order by last name)

Essence Carson, WNBA Player, Music Industry Creative, Producer/Artist, Community Leader and Health Equity Champion, United States

Ashley Gomez, MPH, PHD Candidate, Brown University; Evaluation Consultant and Former Senior Program Manager, Community Health Workers Initiatives, Grameen Primacare, United States

Alicia Tauro, Project Coordinator, Youth for Unity and Voluntary Action (YUVA), India

Moderator:

Renata Schiavo, PhD, MA, CCL, Health Equity Initiative

Call to Action and Policy Recommendations

The call to action and policy recommendations described below aim to achieve improved outcomes for a diverse group of women and girls from communities that have been marginalized or experience other kinds of disadvantages. These recommendations emerged from the discussion on October 4, 2021, with the community leaders who participated in Health Equity Initiative's Forum and reflect the organization's commitment to help raise the influence of community voices on health equity.

Recommendations are directed at policymakers, organizational leaders, grant-making organizations, and/or other leaders and organizations across professions and disciplines, who can affect much needed change and help address health, racial, and social inequities among women and girls during and after the COVID-19 pandemic. Unless otherwise specified, the recommendations below apply to addressing global gender inequities across country settings. Health Equity Initiative may continue to explore each of these themes in future events and resources.

1) Improve access to culturally relevant and evidence-based information by engaging women and girls from communities of color, migrant communities, low-income groups, and other populations in the design of communication interventions that meet their needs, values, and priorities, address communication inequities and barriers to recommended health behaviors, and help build resilience to misinformation.

In addition to topics related to COVID-19, other issues that could be covered by participatory communication efforts include sexual and reproductive rights (of relevance across country settings), how to prevent Black maternal mortality in the United States, menstrual hygiene in India, and the increasing burden of domestic violence.

2) Expand the reach and sustainability of community health workers (CHWs) programs by designing mechanisms for reimbursement and/or adequate CHW compensation for services that go beyond the provision of care in healthcare settings, and also account for the critical role CHWs play in connecting local communities to healthcare services, as well as addressing information and disease prevention needs among women and girls. CHWs are trusted voices within local communities and are key to building or restoring trust in health information and services, and providing social support for healthy behaviors.

3) Remove barriers, such as racial discrimination and limited investment in the well-being of communities of color and other groups experiencing marginalization and vulnerability to essential health services, including COVID-19 vaccines, quality healthcare services, mental health, chronic disease management (e.g., diabetes), and adequate maternal healthcare. Improve resources and design adequate policies that will prioritize underserved neighborhoods for the provisions of such services, and address recommendations based on existing data to affect change and promote government accountability.

4) Invest in strengthening social systems, and social and financial support for women by, for example, bridging the financial salary gaps between men and women, providing incentives to women entrepreneurs, and creating financial mechanisms for assisting single mother led households in reaching their financial goals and providing for their children.

5) Create and/or strengthen policies to improving childcare access and prevent domestic violence among women from communities that experience vulnerability and disadvantage. As childcare as well as the care of older family members is often a task delegated primarily to women, new policies are needed to provide women with funds for direct care workers, home health aides, and childcare providers,

especially in neighborhoods in the United States where Black and Latina women are overly represented. To prevent and address domestic violence, the recommendation is to develop policy protocols and safe spaces to serve as protective factors for women experiencing violence.

6) Build solidarity and skills for advocacy among women by creating women's collectives that provide a safe space for women and girls to discuss the issues they face, and gain social support from other women participants. Examples of this kind of initiative already exist in India and other parts of the world, and should be considered as a suitable strategy in the United States and other country settings as well.

7) Promote women's engagement and participation in policy and intervention design, by encouraging them and their communities to decide key priorities for action. This is key to effective transformation processes, as too often policy decisions and intervention design follow a top-down approach, and are driven by funders, organizations, and policymakers instead of local communities. For this reason, they often lack sustainability and may fail to meet people's needs, values, and priorities.

8) Be deliberate in improving overall representation of women and girls, especially from communities that experience marginalization, poverty, or vulnerability, such as women of color, migrant and immigrant women, and others—in decision-making processes, institutions, and policymaking. Invest in strengthening essential skills for participation and advocacy, and regard women as a key constituency group. Always strive to include and empower diverse groups of women, across race, ethnicity, socioeconomic status, sexual orientation, nationality, and more, to transform power dynamics and achieve gender equity.

Participants

(In alphabetical order by last name)

Essence Carson



A graduate and member of the Rutgers University Athletic Hall Of Fame, Essence Carson is a 13-year WNBA veteran, World Champion (Los Angeles Sparks), All-Star, music industry creative (Motown Records), speaker, and philanthropist. A Paterson, NJ native and deeply rooted in the community, Essence has been an ambassador of Health Equity Initiative for a decade. As an active player of the WNBA, she has stood on the front lines championing equality and equity and is no stranger to initiating change

Ashley Gomez, MPH



Ashley Gomez, MPH is a bilingual public health practitioner with experience working with federal and local government agencies, nonprofits, and community-based organizations to promote health equity for Latinxs in the U.S. Ashley's experience and expertise centers on immigrant Latina entrepreneurship, occupational health, community health workers, and the intersection of identity and place. Ashley is currently a doctoral student at Brown University's School of Public Health and holds an MPH degree in Sociomedical Sciences and a certificate in Public Health Research Methods from the Mailman School of Public Health at Columbia University.

Participants

(In alphabetical order by last name)

Alicia Tauro



Alicia Tauro is Project Lead for Children and Youth rights at Youth for Unity and Voluntary Action (YUVA) and has been working with historically oppressed and marginalized groups to bring their voices to the decision-making table and address structural inequalities. A post-graduate in social work from the Tata Institute of Social Sciences, Alicia is passionate about building the leadership of young girls and women from urban poor and marginalized communities and advocating for more responsive and accountable governance systems. As Thematic Focal Point for the United Nations mandated space for Children and Youth (UNMGCY), she has liaised with the youth constituency on SDG 8 and presented the demands of young people at the ministerial dialogue at the Financing For Development Forum, 2019. She currently serves as the State convener for the Campaign Against Child Labour (CACL) in Maharashtra, India.

Renata Schiavo, PhD, MA, CCL



Renata Schiavo is the Founder and Board President of Health Equity Initiative. She is a passionate advocate for health equity and a committed voice on the importance of addressing and removing barriers that prevent people from leading healthy and productive lives. She has 20+ of experience working across sectors and disciplines to improve the health and wellbeing of vulnerable, marginalized and underserved populations, including communities of color, Indigenous and immigrant communities in the United States, and low-income groups, refugees, and patients from underserved areas in global settings. Renata is a Senior Lecturer at Columbia University Mailman School of Public Health, the Editor-in-Chief of the peer-reviewed Journal of Communication in Healthcare: Strategies, Media and Engagement in Global Health, and a Principal at Strategic Communication Resources, a global consultancy. She has significant experience on health policy and community, patient, and citizen engagement and has written extensively on raising the influence of community voices on health equity.

Acknowledgements

Health Equity Initiative would like to thank everyone who made this forum possible. First, thank you to our three wonderful speakers and Renata Schiavo in moderating and guiding the discussion. Finally, thank you to our board of directors for their support of this project, Radhika Ramesh for her excellent project coordination skills, and Nicole Carberry for creating the report's cover, editing the Forum's transcript, and other work on this document. Thank you all!

Health Equity Initiative (HEI) is a member-driven nonprofit membership organization dedicated to build a global community that engages across sectors and disciplines to advance health equity. By bringing together and enlisting the efforts of the public and private sectors, professions and communities that have both a stake and an influence on social determinants of health, HEI advocates for improving conditions and achieving equity in health for all.

We focus on championing transformative change to advance health equity, supporting knowledge, engaging communities and leaders, and building capacity to address barriers that prevent people from leading a healthy and productive life.

Bridging Silos, Building ONE Community for Health Equity!
