

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



## Community Leaders Forum: Report and Call to Action

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# 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

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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.

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**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.

# Forum Discussion

Moderator: Renata Schiavo, PhD, MA, CCL

Forum Participants/Panelists: Essence Carson, Ashley Gomez, MPH, Alicia Tauro,

**Renata Schiavo:** Welcome, everyone. It's great to see both some familiar faces and some new faces among the community leaders who have graciously accepted to participate in today's forum. Thank you, Ashley, Alicia, and Essence for the work you do in our communities, and for being here today. Thank you to Macy's Inc., Office of Diversity and Inclusion for their support of Health Equity Initiative's 2021 Community Leaders Forum. I'm Renata Schiavo, and serve as the founder and board president at Health Equity Initiative.

As many of you know, Health Equity Initiative is a member-driven nonprofit membership organization dedicated to building a global community and bridging silos across different professions, geographical communities, and disciplines in support of health equity. By understanding the importance of multi-sectoral approaches and community-driven solutions in addressing health inequity, Health Equity Initiative has dedicated its efforts to bring people and organizations together, from both the public and private sectors and across professional communities.

We have also dedicated ourselves to build capacity for integrating health equity across different types of professional and community endeavors to advocate for removing social and policy barriers that prevent people from achieving a healthy life. Education, advocacy, and community capacity-building opportunities have become HEI's key action areas through which we believe the participants in our health equity movement can be empowered to integrate health equity into their own work and into their own communities.

Today's Community Leaders Forum is an important step forward in our capacity-building and advocacy efforts, and an additional event to this important series we launched last year. Essence Carson, who has been part of our network since 2011 may remember that community engagement and raising the influence of community voices on health equity

have always been our major themes. Everyone here today, of course, feels that the community and its leaders are the experts in community needs and priorities, and should inform solutions and policy, especially in this critical moment.

Moving on to today's topic, as we all know COVID-19 has exacerbated existing health, social and racial inequity, which have resulted in a disproportionate burden of the pandemic among many groups that have been experiencing marginalization or other kinds of vulnerability or disadvantage. These groups, of course, include women and girls around the globe and here in the United States.

We know that that COVID-19 pandemic has disproportionately impacted women and girls, especially those from communities that have been marginalized or have experienced other kinds of disadvantage, such as communities of color, rural communities, immigrant communities, communities from economically developing nations, and many others. We know that both men and women from communities experiencing disadvantage have been deeply affected by the many existing inequities exacerbated by the pandemic.

Yet, women and girls have been found to face greater exposure and sometimes greater risk since they are more highly represented in sectors like healthcare, food services, and other essential services. The pandemic has also increased incidence of sexual exploitation, gender-based violence, and decreased access to reproductive and maternal health care and opportunities for many women. Women have also, for the most part, taken on themselves longer child care 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 contribute to depression and anxiety at this critical stage of



development. Women's rights have also become under threat. The economic downturn is disproportionately pushing women into poverty, and in some cases, depriving them of essential educational opportunities. These are all important root causes of health inequity, not only among women but also for the many generations they raise, and are strongly connected to achieving health equity in our countries, cities, and communities.

These are issues that many communities experiencing marginalization and vulnerability share across countries, cities, and regions. And this is why for this specific forum we decided to invite a panelist from a community-based organization in India, a country affected by the pandemic also because of vaccine inequities, so that together with the two US-based panelists, we can share experiences, learn from each other, and think of solutions and policies that may benefit women and girls from the most marginalized communities.

We are here today to give voices to the communities we represent, Ashley, Alicia, and Essence, and to make sure that policy change and other solutions are informed by what we're learning from those communities. As a woman and immigrant, and someone who grew up in a family of modest means, I really know that gender equity is very far from a reality, and is strongly interconnected with health equity.

**We look forward to hearing about your experiences and thanks again for being here. It's very special to see you all. Without further delay, I wanted to ask everyone in our panel to introduce themselves and also to speak about the one thing that makes them passionate about working with the community and more specifically, with women and girls from communities that have been marginalized or experienced other kinds disadvantage or vulnerability.**

**Essence:** My name is Essence Carson. I am a member of the WNBA for 13 seasons. I'm also a music creator, and a staple presence in my community. I am very passionate about health equity within the community that I serve because when I look at the grand scheme of things—not only our community but our humanity—I want to leave it better than how I found it.

I'm always interested, motivated and aspiring to push society forward and improving the quality of life. Coming from Paterson, New Jersey, I understand what it means to come from an impoverished community and the importance of providing opportunity and equity within not only the socio-economic structure, but really keying in on the side of healthcare as well.

**Ashley:** My name is Ashley Gomez. I am a doctoral candidate at Brown University School of Public Health. I'm also a public health practitioner and evaluation specialist in community health worker programs. I'm particularly passionate about the health of women, particularly Latinas in the US, because I am myself one. I am the daughter of Mexican immigrants.

I've seen my community face extreme hate in at least the past ten years, and the existing health inequities, such as lack of access to quality health care and resources were only exacerbated. The mental health of my community has most definitely been impacted in recent years and so I'm completely passionate about this work and hoping to work towards policy change that leads to more health equity for Latinx families in the US.

**Alicia:** My name is Alicia and I work with YUVA in Mumbai, India. We work with communities, especially informal and very deprived and marginalized communities that constitute the urban poor of the city. Before the pandemic also, there were several inequities that these communities faced, right from basic access to adequate housing and services like sanitation and water, health care, and during the pandemic, this was completely exacerbated and purely a reflection of an already broken system.

I think these communities really suffered during the pandemic with absolutely no access—no transportation and a lack of mobility— and the one thing that drives me to strive to work for gender equity and healthcare for these communities is that I've seen the transformative shift that communities can make and have made when they come together, organize, take action, and really activate their citizenship and claim their rights. It's when they really make systems accountable that they can make progress. So, I'm very hopeful for that kind of transformative change and I think that it drives me.

**Renata:** Thank you everyone for introducing yourself. In times of crisis when resources are strained and institutional capacity is limited, women and girls face the most burden with far-reaching consequences. In your opinion, what's the most significant way women and girls have been affected by the pandemic in the last 18 months? In other words, what existing problems got worse for women and girls, and what new problems emerged for women and girls during the pandemic? I will invite you to reflect on your own experience working with specific communities or the communities you belong to. Thank you.

**Ashley:** Women were already at a disadvantage with respect to wages. Latina women, in particular, are paid the lowest wages compared to White, Asian and Black women. During the pandemic, Latinas experienced a disproportionate amount of job loss compared to racial and ethnic groups of any gender, and within the same gender they continue to have a disproportionate amount of unemployment, even as we continue through this "recovery."

No employment means no money for food or for rent. There's an increased amount of stress in the household and in the community health work that I do, we've seen a lot of incidences of domestic violence, particularly during the start of the pandemic where stress was an all-time high, and there was the inability for folks to be away from abusive family members. So, job losses and domestic violence were definitely the things that got worse during the pandemic and onward.

**Essence:** I just wanted to go ahead and piggyback off of Ashley. When you look at the effect of COVID-19 on minority communities, you have to understand that these problems were pre-existing within a broken system. What the pandemic did was multiply them, magnify them and increase them exponentially.

African-American women are two to three more times likely to die in childbirth than women of any other race or ethnicity, and that just increased with the pandemic. Why? Racial discrimination within the healthcare system, poor access to maternal care, and especially in my community, single mothers who try to work all day to provide for their families, oftentimes leaving them less time available to become informed and educated about what's

going on. You have less education about the pandemic itself, and less access to the vaccines, and it just piles on top of one another. From the perspective of my community, I believe those are the three areas where we've been hit the hardest—access to healthcare, in general, and maternal healthcare; access to information; and access to vaccines.

**Alicia:** I agree with Ashley and Essence and they've already touched on several important points. I think one very critical aspect of marginalize communities is the complete lack of social protection because there's no form of documentation to really even be able to access the social protection and the relief packages that were given out by the government. In addition, I think that the financial crisis increased and was the cause of a lot of violence and conflicts in families, the increase of violence in the public as well as in the private sphere. I think a lot of girls and women reported violence at home, but also felt unsafe in the community, because there was no one on the streets, the street lights were off, and there was no access to many basic services. Also, access to sanitary pads and contraception products were difficult and it was challenging for them to maintain their health.

Another challenge was access to health systems for non-COVID-related ailments. We know that women are the last to ask for treatment—they ignore their needs and always put the needs of the family first. So, in this situation, especially for pregnant women and women who had just delivered, there were a lot of challenges because they were not able to reach hospitals and healthcare centers. This increased the number of non-institutional deliveries of children, which really was very hazardous to their health, as well as the health of the child.

Another existing problem that came to the surface was the increased incidence of depression, anxiety-related behaviors, and mental health issues. In a developing country, mental health is often not a priority. There are many other challenges people are dealing with, and mental health is often overlooked. I think this is the first time that the civil society, the government, and everyone is talking about mental health in a big way because it has emerged as one of the biggest challenges since people lost their sources of income and had nothing to fall back on.

**Renata:** Thank you all for some very good insights. Before I go to my next question, I feel that there was one themes that emerged from your answers, which is the role of discrimination, whether it's racism or gender discrimination, in perpetuating health inequities. I wonder if any of you feels comfortable sharing how social discrimination has affected your community or you personally, especially in regard to women and girls.

**Essence:** I feel that my community, the African American community, has been affected in many ways especially from the perspective of the woman. Just as Ashley touched on earlier when she spoke about the impact on the workforce, in my community, many members of the community are essential workers.

When you think of essential workers, of course, you think of those that are on the frontline involved in health care at the hospitals, but you also have to think of those who work at the local grocery store, and the janitor at your local schools who have been impacted greatly by the pandemic. These essential workers have to go to work because they have no other way to provide for their families. They are at an increased risk of being exposed to the COVID-19 virus, literally putting their lives on the line each and every day just to provide for their families financially.

Another issue is the lack of information coming their way about COVID-19. I'm sure everyone on this panel has seen the robust amount of misinformation being passed around about the virus itself over the past year and a half. A lot of times, people of our communities are, I don't want to say fall victim, but are susceptible to that misinformation. They don't have an adequate enough background or opportunity or access to the correct types of information that would aid them, and protect them and their families.

So, we're taking major hits on the workforce side of things. Now, when you think about girls in sports, something that we've been trying to champion for the last few years because we saw numbers declining there, one thing about sports and exercise is that it does tend to help with mental health. It gives you an outlet, and also builds comradery and teamwork. It teaches you all the intangible things that actually propel you towards success. You can

use them in any industry, not only in athletics. When schools aren't opening and you don't have access to these programs, you have the girls just sitting idly. When you think back to when we've been children, we just loved to go out and express ourselves in play and exert our energy. When you take that away from someone so young, that can be detrimental to their mental health. Both young women and girls have been greatly affected by this.

**Renata:** Great. Thank you, Essence.

**Alicia:** I think one very big, underserved group in India was the migrant workers—the informal workforce—and large cities like Mumbai and the metros saw a huge reverse migration of people back to their villages or smaller towns and cities. This population went largely on foot, walking thousands of kilometers to get back to their homes because the lockdown was announced just with four hours' notice in India, and people had no time to take any mode of transportation to go back home.

Part of our efforts as a relief organization was to facilitate transportation, support them during this journey, and provide them with food and water.

**Renata:** Thank you, Alicia. The issue of migrant workers is very important and also resonate across countries.

**Moving to the next question...You all already alluded to this, but how does the coronavirus pandemic underscore many of the challenges we know already existed with gender equity? I think Essence also mentioned that these inequities are not new. We always knew that they existed, and they've been only exacerbated by the pandemic. Could you mention some specific examples from your community on how those preexisting challenges have been exacerbated?**

**Ashley:** I think I can provide, an anecdote from my dissertation research where I interviewed Latinas to learn about their experiences during COVID-19. I interviewed one woman who was already living in a homeless shelter with her child, before the pandemic hit. She was already limited to lower-wage work, and once the pandemic started, she had her hours reduced. She noted that she was making \$400 a month in the summer of 2020, but was

paying \$300 a month in child care.

How is someone expected to survive under these conditions? You're already in the hole. She thought that it would be best to stay home with her child rather than doing backbreaking work, cleaning homes for those who could afford that luxury, risking COVID-19 for herself and her child, to only bring home \$100.

She is limited to what she can find in food pantry assistance, continuing to live in a homeless shelter, but at the very least has the peace of mind that she's not exposed to COVID-19. But there's also no income coming in, and this also means that her child is living in poverty and lacks food security.

**Essence:** One thing that Ashley mentioned that I was going to bring up as well was food insecurity. The place I'm from is in a food desert, many of which exist throughout the country and the world. This pandemic coming along just made it even worse and just as Ashley touched on, it just becomes a cycle at that point. If you're living within an area that's considered a food desert, it doesn't get any better.

It also becomes more evident that disparities exist between not only races or ethnicities, but also between genders. Oftentimes, households headed by women suffer from food insecurity. As the head of the household, a single mom is faced with the decision of, "Do I stay home and care for my child and do not have any income?" or, "Do I go out into the workforce and expose myself to this virus, therefore exposing my family and my children?"

You're between a rock and a hard place and it's very difficult to figure out solutions for groups like this.

**Alicia:** I think one very specific inequity that existed previously, especially for women and girls, was around being able to negotiate their spaces and join collectives, move out of the home, access different spaces, and basically exercise their mobility. This is highly restrained during the pandemic because of increased surveillance and increased presence of male members in the home. Previously, when fathers, relatives or brothers were out at work and other places, women would negotiate those spaces, move out, join groups, find time to spend with friends in the community. But this has become a .

challenge now because they have someone constantly watching them.

This has also led to an increase in marriages of young girls. There've also been several cases of child marriage because of parents feeling the financial burden of having too many children at home, and the responsibility of protecting a girl. Also, there has been an increase in the burden of care work and household work for girls and women.

**Renata: Thank you very much, Alicia. Can you all speak about what you're already seeing about the connection between gender inequities and our ability to advance health and social justice in the community you serve or represent?**

**Alicia:** I think one big gap in communities is the access to information, which again has been disrupted in many ways during COVID-19. Also, menstrual hygiene services for women and girls, access to SRHR (Sexual and Reproductive Health and Rights), knowledge of SRHR, and access to contraception and health care are very huge gaps in the health system.

In addition, there were no provisions made for women who were pregnant and they were asked to, in many cases, come to the hospitals only once they experienced labor pains. Since no registrations were being taken in public hospitals, a lot of women ended up not going to them. All our work over the years of improving women's access to healthcare was in many ways reversed by the pandemic.

Services for non-COVID ailments were also limited. For instance, tuberculosis, diabetes, hypertension, and menstrual issues were not really being addressed because all the outpatient departments were closed, and private clinics were charging very exorbitant fees that many could not afford. I think these were some of the ways in which gender inequities affected women during the pandemic and really pushed back their access to healthcare.

**Essence:** One of my concerns was for the victims of domestic violence—which was definitely heightened during this time—and creating some sort of safe space or policy or protocol to put in place to serve as protection in those type of situations. I definitely do think that there needs to be additional policies put in place for those that are victims of violence,



whether it's domestic violence or whether it's violence on women throughout the pandemic.

**Renata:** Thank you, Essence. I want to do a speed round about the most promising or emerging practice or policy that you see in your community that would address the emerging or existing gender inequity, and how such practice or policy can also help advance health equity.

**Ashley:** There are a couple of policies that have been enacted or at least put on the table that may impact the health of women and girls in particular. One is to support a sharper focus on the childcare infrastructure, so that we can strengthen the care work infrastructure, provide funds for direct care workers, home health aides, childcare providers, especially in communities where Black women and Latinas are overly represented. As stated at the beginning, this kind of care work is often the burden of women. So how do we alleviate that burden?

Also, community health workers have been receiving a lot more recognition. Community health workers serve as a bridge to communities who often don't have access to quality health care or health information. Community health workers, combat misinformation in a way that is culturally responsive, and understood by the community. They are very important in linking folks to health care and health information, and any policies that support their work would vastly contribute to health equity. They also work to alleviate the mental health issues of the community, especially in communities that are subject to structural violence and were not able to meet their basic needs even before the pandemic.

I think that there has to be some way for our community health workers to be compensated outside of reimbursements for the provision of healthcare. Community health workers do so much outside of the medical institution by working in communities, linking people to healthcare, so yes, they should be reimbursed for this work.

**Essence:** I think closing the gender wage gap will help my community where a lot of single mothers are heads of households. They do need that opportunity. I am reluctant to say "assistance" because that comes with a negative connotation. So, just providing them with the opportunity to have

financial gains, financial stability so that they can better support their families during this time, and not place themselves or their families at risk of contracting this virus will be helpful.

**Alicia:** One practice I think has been effective for addressing gender equity on the ground is the building of solidarity through some collectives. YUVA facilitates Nakshatra, a young girls' collective, which offers them a safe space to discuss the issues they face. Women and girls often do not have any social support or social systems to really talk about their issues. Building these collectives, helping girls and women understand what their rights are, and helping them claim their citizenship as active citizens of the city and of the country, and also demanding a space in policy has been very important.

**Ashley:** I think that the data required to enact policy change already exists. All that is required is political will, with which comes holding the government accountable to do what it's supposed to be doing. Like Essence said, it is important to provide opportunities to folks to do better, and to be better on their own terms. I'm a firm believer that Black and Brown women need to have a seat at the table. We've been pounding on the door from the outside, and we need to have more opportunities as politicians, collaborators, colleagues, and not only be reached out to when there are moments of crisis and people in power need something from us.

**Essence:** I'd have to second Ashley. Having a seat at the table and having representation is very important because who can speak for you better than yourself? I feel that we do have a lot of people in places that don't necessarily reflect the community they're speaking for. In order to offset that, we need to allow an increasing number of Black and Brown women to have a seat at the table because they can truly speak through the lens of Black and Brown women's experience—the women that are being greatly affected by this pandemic. Without that representation, you can't have a true understanding of the impact of this pandemic.

**Alicia:** I think I agree as well—constituency-based representation and accessibility of data to communities is very crucial. The data that currently exists is in forms that communities don't understand and cannot make sense of. Building

knowledge that is indigenous to the community, allowing for spaces that communities can build their own knowledge and share it in the mainstream space—is often not available, especially in the global south where there are so many different cultures, and so many different languages spoken. Where English is the chosen language, it doesn't reach a large number of people. I think, making opportunities for more diverse participation and creating a repository of indigenous knowledge and making it more widely available are really required.

**Renata:** Great. Thank you all for this. I want to ask you one last question about your ideas for policy solutions that they may address emerging or pre-existing gender inequities and also help advance health equity.

**Ashley:** When thinking of policy and creating a deep impact, I'd like to work at the intersection of identity and place. While we're talking about women here, and women of color, there are also immigrant women of color—immigrant Black and Brown women who are more subject to exploitative labor arrangements and discrimination by many means. A pathway to citizenship for migrant women of color could have a huge impact on health inequities that women experience by giving them the opportunities to access their basic needs, and also be able to work without fear, go to the doctor without fear, and seek healthcare for their children without fear.

**Alicia:** I think one key recommendation would be to design policy in a way that communities have a say in it, and really allow for community to decide their priorities. Policy decisions often follow a top-down approach, and are driven by funders, organizations, or the government. Communities don't really get to decide what their priorities are. Policies and solutions need to be designed keeping in mind that the community should be at the center of it all.

**Essence:** I agree with Alicia in regard to having the community be more involved in policies, but even a step before that, I want communities to be better informed. I believe Alicia touched on this a little earlier in regards to how information is able to be digested and received in our communities. I would like to focus on informing the community and providing them with the correct tools in order to help them make the decisions that they may be presented with in terms of determining what policy may affect them or may benefit them.

**Renata:** Great. Thank you. Any closing thoughts—anything that was not covered, or you want to really leave with our readers and listeners?

**Essence:** I'd like everyone to understand that many of the problems that are presenting themselves right now have not begun in this pandemic. They existed before this pandemic started. Moving forward, since change doesn't happen overnight, I would love for us to continue to move in the right direction and continue to understand that an investment in women is an investment in humanity. So, continuing to invest in us and providing opportunities for representation are two items that are the top of my list. As long as we continue to invest in women, we can see some great change moving forward.

**Ashley:** Thinking of women is great, but we also need to think of women who also have other identities—women who are of color, who are migrants, who are LGBTQI+. Solutions that reach women where they're at and are created by women have the most probability of being effective.

**Alicia:** Gender equity requires a lot more investment and action, that although being discussed are still clearly lacking. Ashley talked earlier about political will. I think that the will of communities to make the shift is also important. We are really talking about the sharing of power and people don't want to give up power. This shift of power is crucial and is going to take a lot of endurance and investment.

**Renata:** Thank you very much. This concludes our forum. I want to thank you, Ashley, Alicia, and Essence for some great insights. We spoke about bias in the healthcare system, in the workplace and many other venues; and communication inequities that affect communities of color and other communities that have been marginalized or experience vulnerability. We spoke about the importance of intersectionality and looking at a diverse group of women, about solutions that are community-driven, and the importance of community health workers, and much more. I want to thank you all, Ashley, Essence, and Alicia, for your contributions, for the work you do within your communities, for being champions for health equity and for gender equity. We hope that this forum will continue to spark a debate on the importance of bringing together community voices in addressing health and gender inequities. Thank you all.

# 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

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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!

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