Welcome!

We are so glad you are here!

We will get started shortly.
In the meantime, we invite you to intentionally enter this space.



Silence your cell phone



Stretch



Close the door



Take a few deep breaths



Close browser windows



Emotionally release your to-do list



Check your audio and video



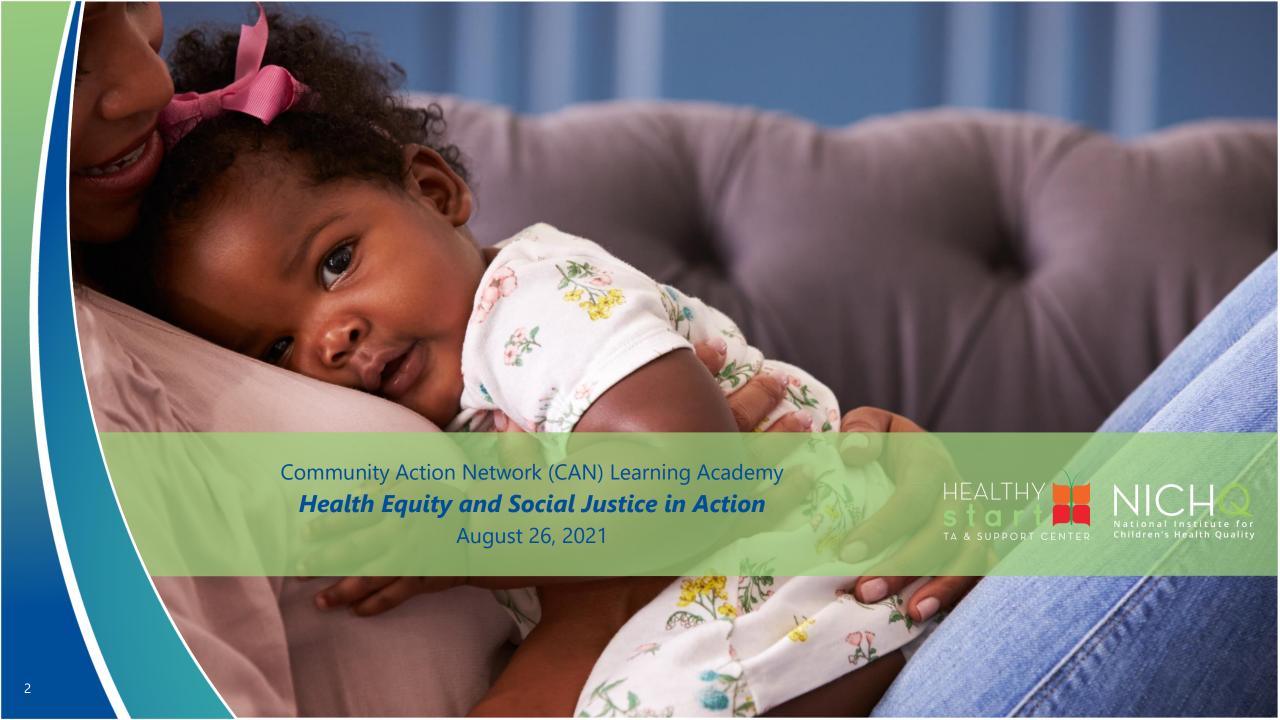
Take a bio break

CAN Learning Academy — Session 4

Health Equity and Social Justice in Action







Agenda



Housekeeping	Lisa Hong, NICHQ
Introduction to CAN LA Session #4	Olivia Giordano, NICHQ
Welcome Back & Review	Angela Ellison, MSEd
Tools for Advancing Health Equity	National Association for County and City Health Officials (NACCHO)
Wrap-up & Next Steps	Angela Ellison, MSEd

3

Meeting Logistics









- This session is being recorded.
- All participants are muted upon entry. We ask that you remain muted to limit background noise.
- Members are encouraged to participate in the discussion by typing your comments or asking questions using the chat box.

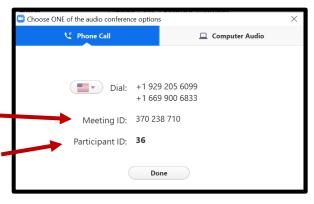
Connecting to the Audio Conference



- Join the Zoom Meeting by clicking the Zoom Meeting link
 & launching the Zoom application
- An audio conference box will appear
 - If you do not see the box, click 'Join Audio'
- From the audio conference box, select 'Phone Call' or 'Computer Audio'
 - If using the phone:
 - Dial one of the given numbers next to "Dial"
 - You will be prompted to enter the Meeting ID
 - Then you will be prompted to enter the **Participant ID**

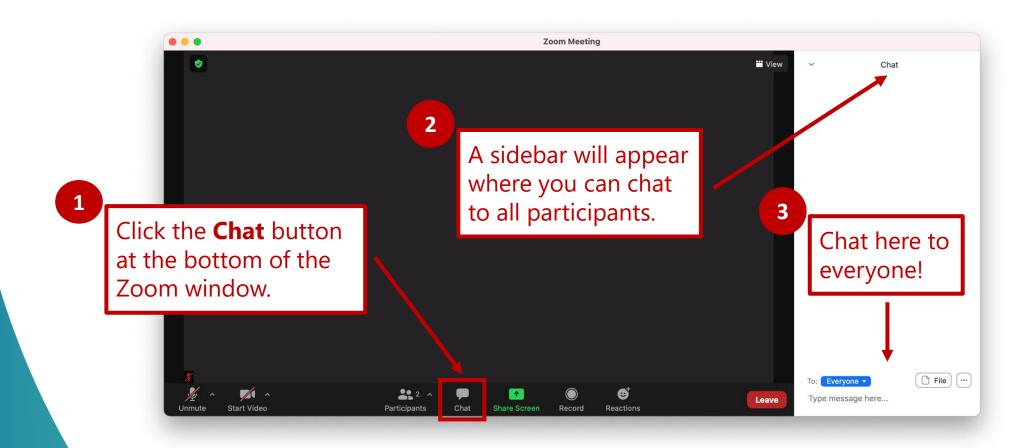
Join Zoom Meeting: https://zoom.us/j/237206404















Send all messages to the five-digit number 22333

To join, include in body of text the word HEALTHYSTART428

You only need to do this once





After you have successfully joined, you will receive a confirmation message.





- Capitalization does not matter; spelling and spaces do.
- You only have to text '**HEALTHYSTART428**' the first time. After that, send normal text messages to respond to polls.
- If texting 22333 does not work, visit pollev.com/HEALTHYSTART428 to respond to the current poll.
- There will be NO charges to your cellphone beyond what your phone carrier typically charges for a text message.





Introduction to the Healthy Start CAN Learning Academy Session #4

Olivia Giordano Healthy Start TA & Support Center





CAN Learning Academy

Goal:

Empower grantees to elevate their CAN to address maternal and child health disparities and other disparities by implementing CAN activities that are developed using a racial equity lens.



CAN Learning Academy Schedule

Session #1	May 27, 2-4 p.m. ET
Session #2	June 24, 2-4 p.m. ET
Session #3	July 22, 2-4 p.m. ET
Session #4	August 26, 2-4 p.m. ET
Session #5	September 23, 2-4 p.m. ET
Session #6	October 28, 2-4 p.m. ET



Poll





Pre-Session Readiness Assessment







Angela Ellison, MSEd CAN Learning Academy Dean









Welcome Back!

Angela Ellison, MSEd

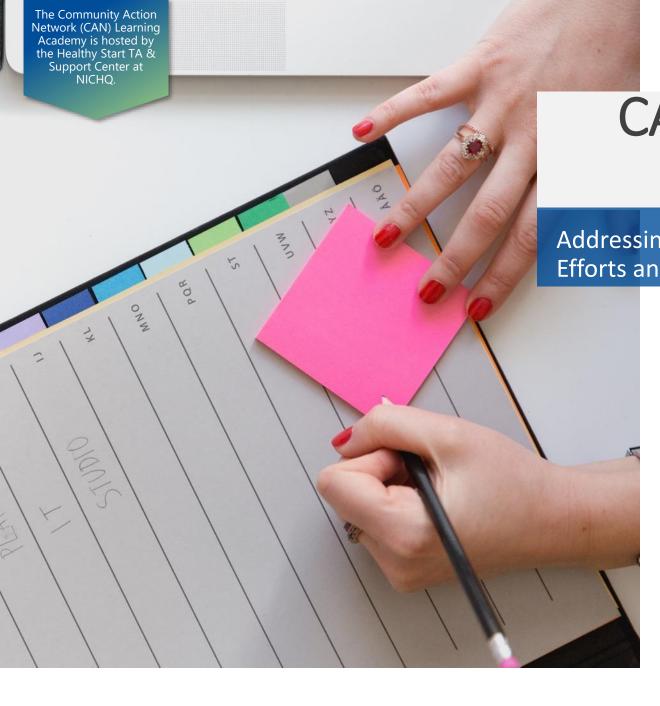




Welcome Back Icebreaker

If time and money did not matter, where would you be?

Put your answer in the chat

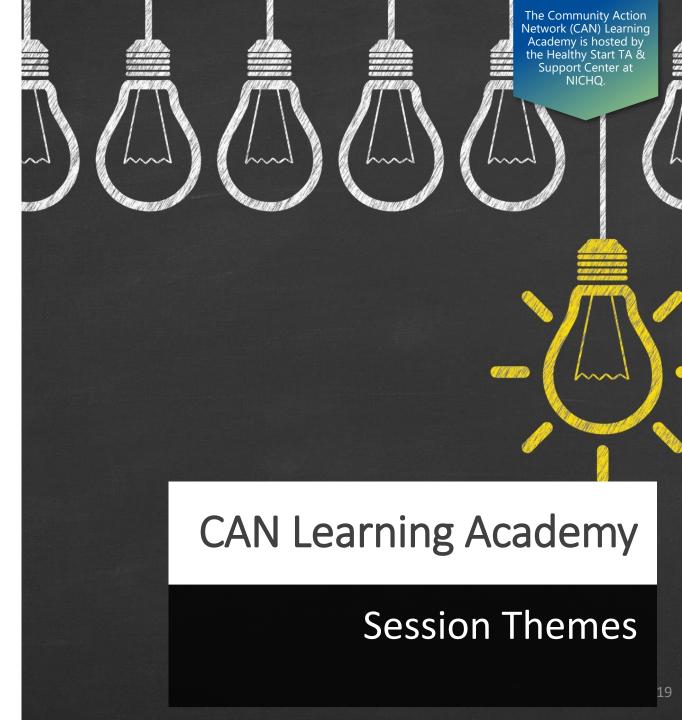


CAN Learning Academy
Objectives

Addressing Racial & Health Equity though Collective Impact Efforts and Facilitating System Change

- 1. Participants will develop a deeper understanding of systemic policies and practices that impact maternal and child health inequities.
- 2. Participants will be able to develop activities and/or projects that are designed to address health equity at the system level.
- 3. Participants will develop a deeper understanding of how to deepen the focus of their current CAN in order to impact equity at multiple levels (i.e., Policy, political will, health system, community empowerment etc.)
- 4. Participants will recognize the power of the CAN to effect changes in outcomes in the Healthy Start communities

- Making the Journey Assessing Readiness
- 2. Making New Friends & Identifying Champions Community Engagement and Partnership
- 3. Understanding Data and Using It to Address Health Inequities and Advance Equity
- 4. On the Journey Now Strategic Planning Part 1
- 5. Seeing the Light at the End of the Tunnel Strategic Planning Part 2 and Moving to Implementation
- 6. Summary/Review and Project Presentations







Tools for Advancing Health Equity

National Association of County and City Health Officials (NACCHO)





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Health Equity & Social Justice
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Consulting Specialist
NACCHO Consulting
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About NACCHO

NACCHO serves 3,000 local health departments across the United States and is the leader in providing cutting-edge, skill building, professional resources and programs. Our mission is to improve the health of communities by strengthening and advocating for local health departments.

Our Work:







Advocate on behalf of local public health



Encourage NACCHO member engagement



Optimize strategic alliances and partnerships



Learning Objectives

- Develop a shared language for discussing health equity
- Develop an understanding of what the root causes are
- Understand the purpose, design, functionality, use, and value of NACCHO's Roots of Health Inequity course
- Understand how to implement the course for your own use
- Understand how NACCHO can support you in your utilization of the course
- Gain experience using public health frames and narratives



What is Health Equity?



Defining Health Equity

Health Disparities are...

"...a particular type of **health difference that is closely linked with** social, economic, and/or environmental disadvantage." (Healthy People 2020)

"...preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are **experienced by socially disadvantaged populations**." (CDC)



Defining Health Equity

Health Inequity

"Differences in the distribution of disease, illness, and death that are systematic, unjust, actionable, and associated with imbalances in political power."

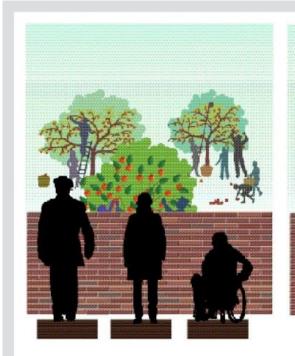
Health Equity

"Health equity is the assurance of the conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources, according to need."

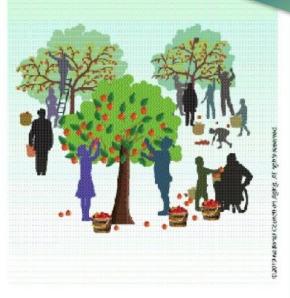
Source: Dr. Camara Jones, Morehouse College



The CAN Learning Academy is hosted by the Healthy Start TA & Support Center at NICHQ.







EQUALITY

Treating everyone the same.

EQUITY

Giving each person what they need to be successful.

JUSTICE

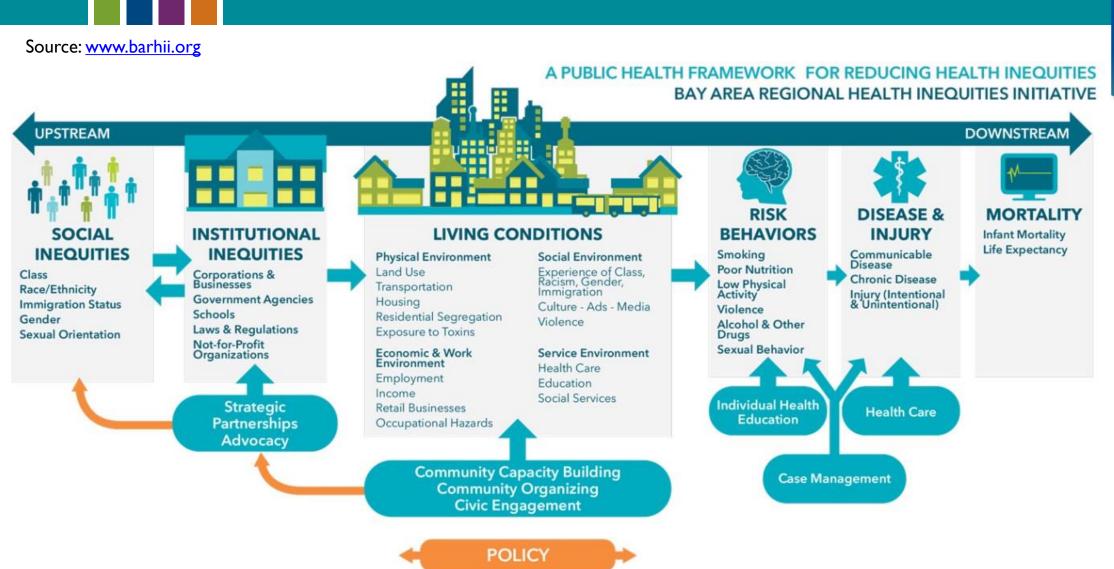
Eliminating barriers so that everyone can succeed.

INCLUSION

Creating environments in which everyone can be and feel welcomed, respected, supported, and valued to fully participate.

Source: NCOA





Emerging Public Health Practice

Current Public Health Practice



Foundations and Root Causes of Inequity



Understanding the Foundations of Inequity

- Native genocide
- Chattel slavery

A Country is Born: Foundation of Inequity

Myth of White Supremacy

- Economic, legal, and social domination, exploitation & oppression
- Racist policies & practices

- Modes of power & privilege are entrenched
- Permeate across social identities today – sexual orientation, immigration status, gender, class, etc.

Inequity



What is White Supremacy?

Overt White Supremacy (Socially Unacceptable)

Lynching Hate Crimes

Blackface The N-word Swastikas Neo-Nazis Burning Crosses Racist Jokes Racial Slurs KKK

Calling the Police on Black People White Silence Colorblindness
White Parents Self-Segregating Neighborhoods & Schools
Eurocentric Curriculum White Savior Complex Spiritual Bypassing
Education Funding from Property Taxes Discriminatory Lending

Covert White Supremacy (Socially Acceptable)

Mass Incarceration Respectability Politics Tone Policing
Racist Mascots Not Believing Experiences of BIPOC Paternalism

"Make America Great Again" Blaming the Victim Hiring Discrimination
"You don't sound Black" "Don't Blame Me, I Never Owned Slaves" Bootstrap Theory
School-to-Prison Pipeline Police Murdering BIPOC Virtuous Victim Narrative
Higher Infant & Maternal Mortality Rate for BIPOC "But What About Me?" "All Lives Matter"
BIPOC as Halloween Costumes Racial Profiling Denial of White Privilege
Prioritizing White Voices as Experts Treating Kids of Color as Adults Inequitable Healthcare

Eurocentric Beauty Standards Anti-Immigration Policies Considering AAVE "Uneducated"

Assuming Good Intentions Are Enough Not Challenging Racist Jokes Cultural Appropriation

Denial of Racism Tokenism English-Only Initiatives Self-Appointed White Ally
Exceptionalism Fearing People of Color Police Brutality Fetishizing BIPOC Meritocracy Myth
"You're So Articulate" Celebration of Columbus Day Claiming Reverse-Racism Paternalism
Weaponized Whiteness Expecting BIPOC to Teach White People Believing We Are "Post-Racial"

"But We're All One Big Human Family" / "There's Only One Human Race" Housing Discrimination

Safehouse Progressive Alliance for Nonviolence (2005). Adapted Ellen Tuzzolo (2016); Mary Julia Cooksey Cordero (2019); The Conscious Kid (2020)

- a political or socio-economic system where white people enjoy structural advantage and rights that other racial and ethnic groups do not, both at a collective and an individual level
- an <u>ideology</u> that white people and the ideas, thoughts, beliefs, and actions of white people are superior to those of People of Color
- ever present in our institutional and cultural assumptions that assign value, morality, goodness, and humanity to the white group while casting people and communities of color as worthless (worth less), immoral, bad, and inhuman and "undeserving".

RacialEquityTools.org/glossary



ROOT CAUSES / THE "-ISMS"

- White Supremacy
- Structural racism
- Classism
- Sexism
- Cissexism
- Homophobia
- Transphobia
- Ableism



Racism

A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that:

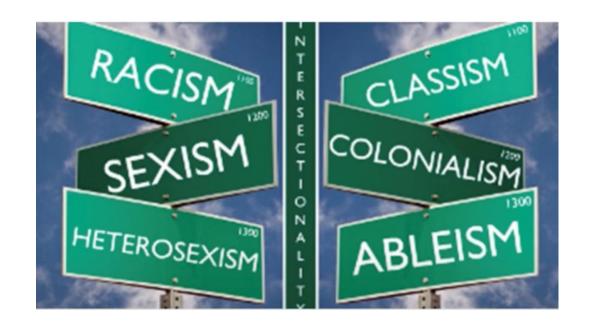
- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

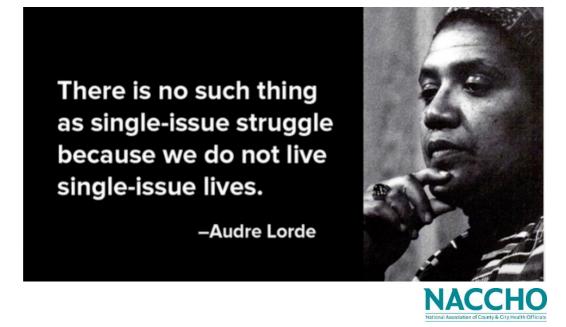




Intersectionality

"A theoretical framework for understanding how multiple social identities such as race, gender, sexual orientation, SES and disability intersect at the microlevel of individual experience to reflect interlocking systems of privilege and oppression (i.e. racism, sexism, heterosexism, classism) at the macro social-structural level (Bowleg, 2012).











Political Power and Public Health's Role

- Political power is the ability to control the behavior of people and/or influence the outcome of events
- Political inequalities consist of inequalities in access to and exercise over political power
- Political power is inextricably linked to wealth, race, class, education and other structural determinants of health



Source:unitedstatesofmuricacivilrights.weebly. com lunch counter sit-ins



Source: https://www.theatlantic.com/notes/2016/07/a-single-photo-that-captures-race-and-policing-in-america/490664/



A Focus on Root Causes

Root causes

- Underlying social injustices that have accumulated over a long history that cause or drive health inequities
- Derived from fundamental social disadvantage, based on imbalances in political power or privilege¹
- Racism, class oppression, and gender inequity

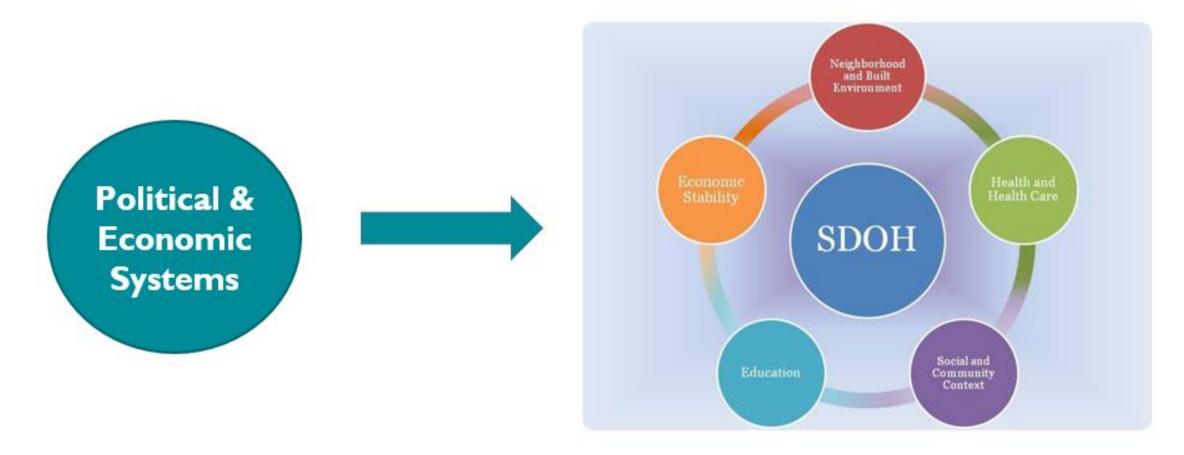
Social determinants of health

- The results of injustice that produce the conditions in which people are born, grow, live, work, and age
- Examples: lack of education, limited access to transportation, accessibility of healthy foods



¹Richard Hofrichter, "Health Inequity: A Charge for Public Health," white paper, NACCHO Annual, July 2016.

SOCIAL & STRUCTURAL DETERMINANTS OF HEALTH

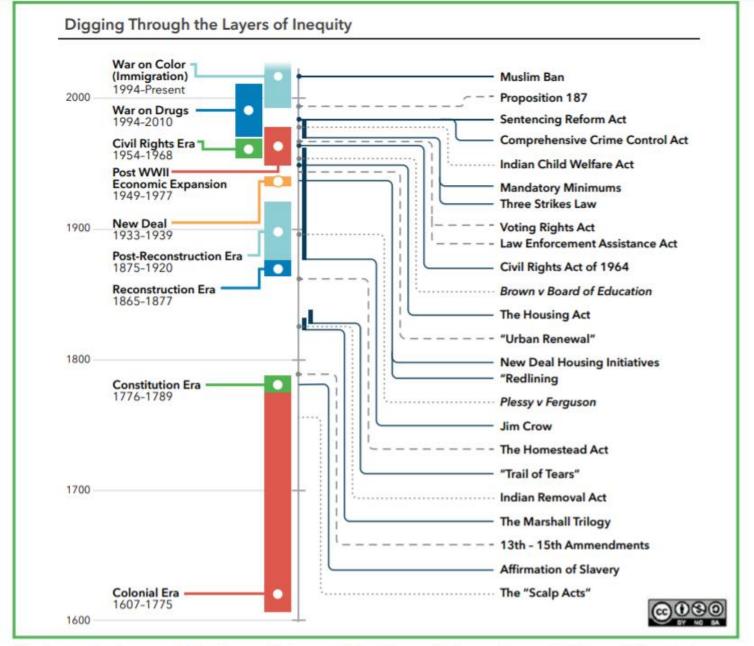




The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.



The CAN Learning Academy is hosted by the Healthy Start TA & Support Center at NICHQ.



The Center for Community Resilience, Redstone Global Center for Prevention and Wellness, Milken Institute School for Public Health, George Washington University. Visit go.gwu.edu/ccr for original work.



Using the Roots Course to Advance Health Equity



NACCHO's Roots of Health Inequity Online Course



- Addresses the root causes of health inequities and systemic differences in health and wellness that are actionable, unfair, and unjust
- Explores social processes that produce health inequities in the distribution of disease and illness
- Participants will be able to strategize more effective ways to act on the root causes of health inequity



http://www.rootsofhealthinequity.org/



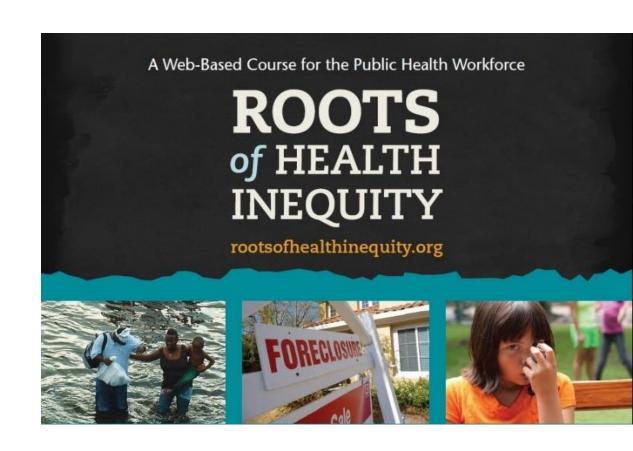


About the Course



Purpose & Audience

- A free educational website and collaborative learning course for current and future health professionals
- Offers a starting place for those who want to address systemic differences in health and wellness that are actionable, unfair, and unjust

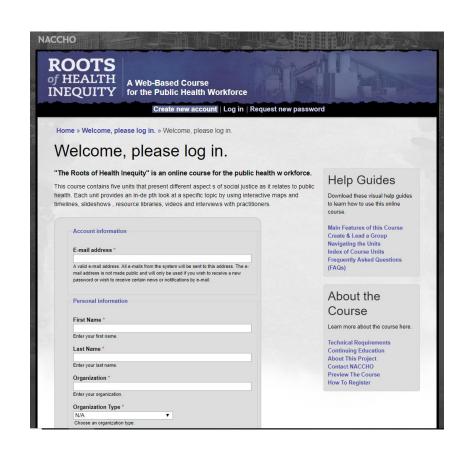


About the Course



Design

- Interactive and customizable
- Participate as a group or an individual
- Signing-up is free; engage in it at any time
- Register at https://members.rootsofhealthinequity.org





Course Overview



Roots of Health Inequity provides...

- A conceptual frame that links social justice to public health practice
- Resources and insights learners can share with others
- Reflections and actions for confronting health inequities
- Opportunities to collaborate and strategize with colleagues across the country



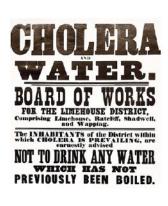
Course Overview



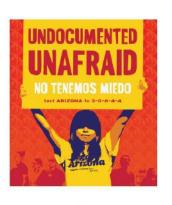
Roots of Health Inequity is organized into six units:

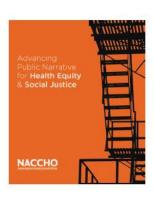












Where Do We Start?

Perspectives on Framing

Public Health History

Root Causes

Social Justice

Public Health Narrative

And offers:



 Case studies, interactive/multimedia activities, voices from the field, and ways to move through the content at your own pace and design

Site Engagement







The water is toxic because of the presence of chemical X. The LHD will investigate the health effects of this chemical, closely monitor the levels of chemical X in the water, supply bottled water or filtering systems in places where the level poses a risk, and provide information to area physicians who will be the most likely to encounter patients suffering from the effects of chemical X.



ANSWER

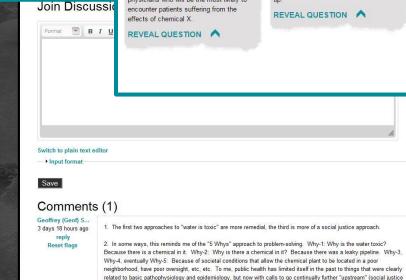
Chemical X entered the water through a leak in a holding pond at the XYZ Mine. The LHD will work with other government agencies to require the company to fix the leak, fine them for the release, closely monitor future safety procedures, and ask the company to pay for the required clean-



ANSWER

The water is toxic because pressure for jobs allowed industry to develop without adequate government regulation, corporate structures valued short-term profits over long-term community safety. The people who lived nearby were poor and without the political power to draw attention to what was happening. The LHD will organize residents to research mining methods that do not use chemical X and facilitate a campaign to reduce reliance on energy sources that use chemical X in the mining process

REVEAL QUESTION A



a ligitimate - and essential - part of our practice.

approach) it's clear that we must stop limiting ourselves in these regards, and claim the bigger, more upstream picture as

Virtual Tour of the Roots of Health Inequities Course







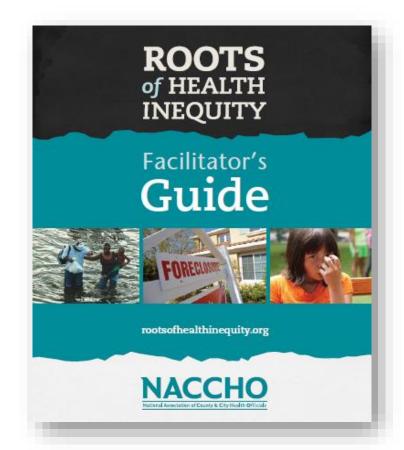


Course Overview



The Facilitator's Guide includes...

- Information for each unit of the course
- Tips for getting started
- Directions for forming a learning group
- Guidance and tools to support facilitation of social justice discussions



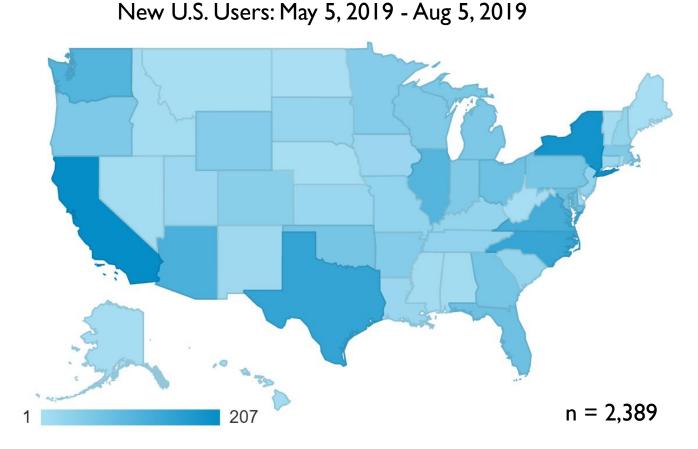


Course Participants



Over 2,300 new users every 3 months, including:

- Local and state health departments
- Healthcare organizations
- Academia
- Federal agencies (HRSA)
- Community-based organizations
- Faith-based organizations



Course Results



As a result of this unit/course:	% who agree or strongly agree
I gained new insights about the issue in relation to my work	81%
I am more aware of what needs to be done to tackle the root causes of health inequity in my jurisdiction or how to approach the issue	81%
As a result of this unit/course, I am likely to do the following in the near future:	
Talk to my colleagues about it	76%
Change how I conduct my work, where applicable	75%

Tips



Some things to keep in mind...

- The Roots course can be conducted in-person or virtually
- There are several different ways to implement the course
 - E.g., 1 unit over 5 weeks, 1 hour per week
 - E.g., Pathways / sequencing
- NACCHO is here to provide guidance and technical assistance on how to implement and facilitate the course



2 Minute Break

We will resume at 3:10pm ET



Leveraging the Power of Public Narrative to Advance Health Equity





How do we build equity?

ROOTS

Understand history, context and the root causes

NARRATIVE & FRAMING Subvert and reclaim dominant public health narratives

DATA

Change the questions and identify indicators of health inequity

COMMUNITY

Engage, partner with and empower communities



The Pair of ACEs

Adverse Childhood Experiences

Practice & Programs

Maternal Depression

Physical & Emotional Neglect **Outcomes**

Emotional & Sexual Abuse

> Substance Abuse

Divorce

Mental Illness

Incarceration

Domestic Violence

Homelessness

Adverse Community Environments

Poverty

Discrimination

Policy

Community Disruption

Lack of Opportunity, Economic Mobility & Social Capital Poor Housing Quality & Affordability

Root Causes

Violence

Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011



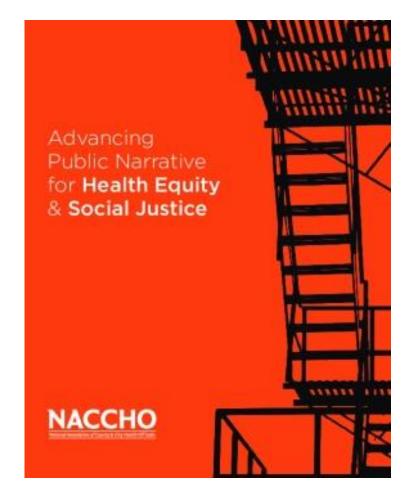
Public Narratives

- Narrative collection or system of related stories that represent a central idea or belief
- Public Narrative –
 shared systems of
 meaning about the world
 and our place in it



Transforming Public Health Narratives

"Dominant narratives can tell a story about who is responsible for the production of health and illness, and this affects the choice of strategies which seem possible or imaginable."





Public Narrative in Media



Public Narrative

Framing





One Issue, Two Frames



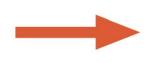


Elements for Advancing Public Narrative

- Provides a vision for a socially just society that is feasible, desirable and necessary
- Makes social injustice visible
- Encourages incorporating the specific language, beliefs, values, and cultural representations of social justice, equality, and democracy as a normal feature of political objectives and practices
- Directs attention to the root causes of health inequity, distinguishing between action emphasizing mitigation vs. confronting social injustice through social change
- Demonstrated that oppression and inequality are *produced*, not random or the result of inevitable unnamed "forces"
- Acknowledges and reinforces the voices and stories of those who experience social injustice, and illustrates how they
 represent the shared experience of all people
- Ensures that those in dominant groups become aware of their own privilege and power, and racial, economic and gender location
- Emphasizes social and political indicators of health and well-being, e.g., measures quality and distribution of safe and affordable housing, education, levels of public investment, and participation in public decisions by neighborhood
- Provides effective explanations for economic, social and political injustice the context to produce health and illness
- Builds permanent alliances with community organizers and residents
- Exposes and dramatizes social injustice so recognized as a public concern, and experienced as shared, not isolated
- Engages in political education to increase the knowledge base, skills, required to establish effective opposition to social
 injustice and the conditions that sustain it

Reframing the Narrative

Misplaced or Missing Responsibility



Include a Causal Pathway

It Just Is "Disparities exist among populations."

"Black women are less likely to receive prenatal treatment during pregnancy."

Missing actor / passive voice "Youth are highly exposed to tobacco ads."

- Some Americans are protected from health harms - others aren't
- Discrimination & poverty increase stress, and trigger longer-term health problems, for some groups
- Unjust and unfair practices have caused harm and continue today
- Implict bias & biased practices built into systems shapes experiences of some groups
- Industry saturates some neighborhoods with marketing for harmful products



Reframing the Narrative

Factors such as our race, ethnicity or socioeconomic status should not play a role in our health.

Social injustices such as racism or class exploitation, e.g., social exclusion and marginalization, should be confronted so that they do not influence health outcomes.

For too many, prospects for good health are limited by where we live, how much money we make, or discrimination we face.

Decisions by landowners and large corporations, increasingly centralizing political power and the nation's wealth, limit prospects for good health and well being for many groups.

Native Americans have the highest mortality rates in the United States.

Native Americans, dispossessed of their land and culture, have the highest mortality rates in the United States

Low-income people have the highest level of coronary artery disease in the United States.

People under-paid and forced into poverty have the highest level of coronary artery disease in the United States.

Asking the Right Questions

Some neighborhoods don't have access to healthy food. Why?

Because there are no grocery stores within 5 miles. Why?

These neighborhoods experience poverty and have fewer businesses. Why?

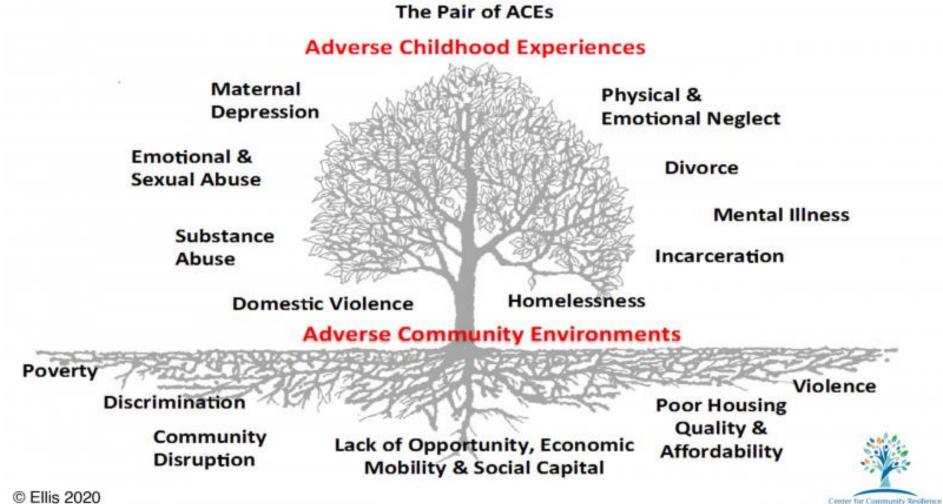
Historically, these neighborhoods were 'redlined'. Why?

Structural racism and those in power maintaining the myth of White Supremacy



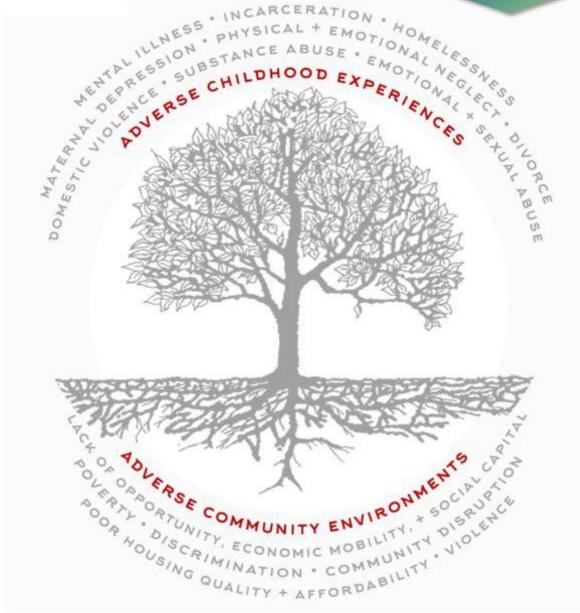
Activity





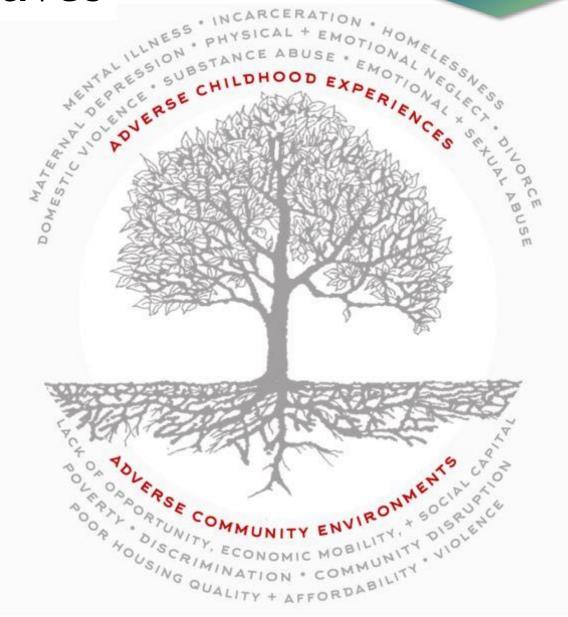


On average, African American infants die at higher rates and are at greater risk of adverse birth outcomes than White infants.



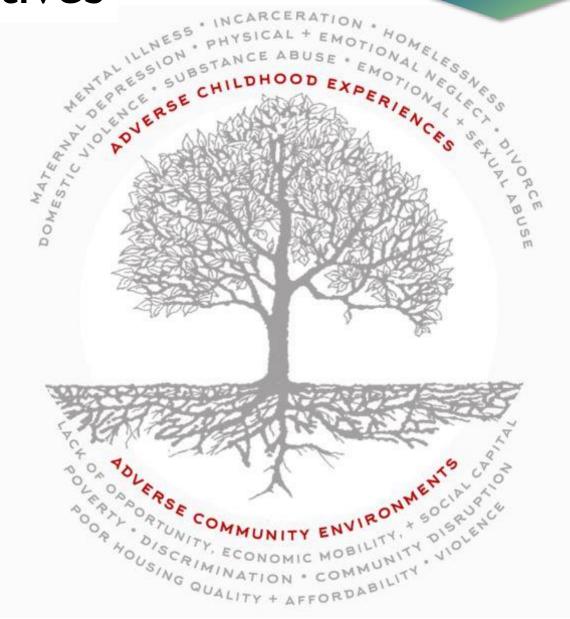
On average, African American infants die at higher rates and are at greater risk of adverse birth outcomes than White infants.

Narrative 1: What's in the leaves?



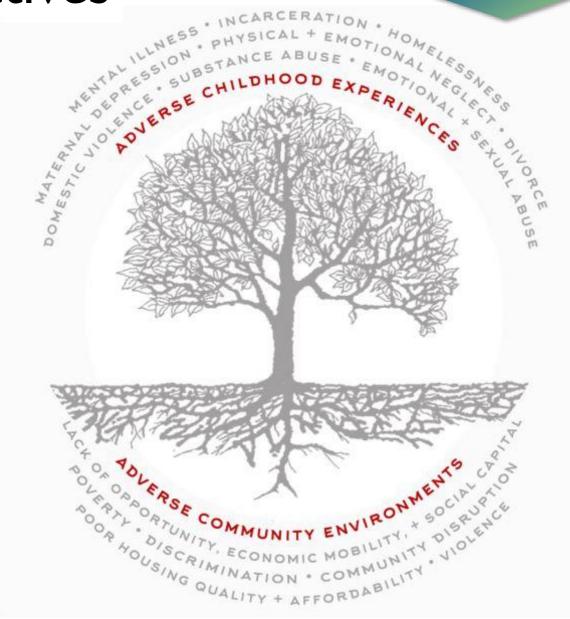
On average, African American infants die at higher rates and are at greater risk of adverse birth outcomes than White infants.

Narrative 1: What's in the soil?



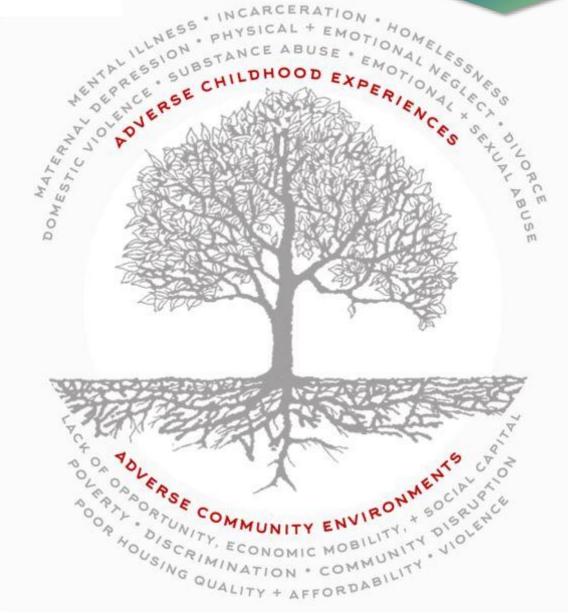
On average, African American infants die at higher rates and are at greater risk of adverse birth outcomes than White infants.

Narrative 1: How would you reframe this narrative?



It is widely recognized that there tends to be It is widely recognized that there tends to be relatively poor engagement of fathers in child relatively poor engagement of fathers in child welfare services and this is thought to be welfare services and this is thought to be detrimental... In the course of child protection detrimental... In the course of child protection work, it can feel to social workers as though they work, it can feel to social workers as though they are pombarded with men who are posing a risk to are hombarded with men who are posing a risk to children, through physical abuse, sexual abuse and children, through physical abuse, sexual abuse and emotional maltreatment (Scott and Crooks, 2004).

Fathers may be intimidating or intoxicated fathers may be intimidating or intoxicated and and abusive to workers, leading workers to be be reluctant to confront or engage with reluctant to confront or engage with them or to purposefully avoid them for fear purposefull



It is widely recognized that there tends to be relatively poor engagement of fathers in child welfare services and this is thought to be detrimental... In the course of child protection work, it can feel to social workers as though they are bombarded with men who are posing a risk to children, through physical abuse, sexual abuse and emotional maltreatment (Scott and Crooks, 2004). Fathers may be intimidating or intoxicated and abusive to workers, leading workers to be reluctant to confront or engage with them or to purposefully avoid them for fear of their violent reactions (O'Donnell et al., 2005). In this context, it is perhaps not surprising that men can be perceived as being dangerous non-nurturers.

Narrative 2: What's in the leaves?



It is widely recognized that there tends to be relatively poor engagement of fathers in child welfare services and this is thought to be detrimental... In the course of child protection work, it can feel to social workers as though they are bombarded with men who are posing a risk to children, through physical abuse, sexual abuse and emotional maltreatment (Scott and Crooks, 2004). Fathers may be intimidating or intoxicated and abusive to workers, leading workers to be reluctant to confront or engage with them or to purposefully avoid them for fear of their violent reactions (O'Donnell et al., 2005). In this context, it is perhaps not surprising that men can be perceived as being dangerous non-nurturers.

Narrative 2: What's in the soil?



It is widely recognized that there tends to be relatively poor engagement of fathers in child welfare services and this is thought to be detrimental... In the course of child protection work, it can feel to social workers as though they are bombarded with men who are posing a risk to children, through physical abuse, sexual abuse and emotional maltreatment (Scott and Crooks, 2004). Fathers may be intimidating or intoxicated and abusive to workers, leading workers to be reluctant to confront or engage with them or to purposefully avoid them for fear of their violent reactions (O'Donnell et al., 2005). In this context, it is perhaps not surprising that men can be perceived as being dangerous non-nurturers.

Narrative 2: How would you reframe the narrative?



Discussion and Q&A





Thank you



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Post-Session Readiness Assessment









Wrap-up & Next Steps

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Homework

- 1. Develop an Action Step Outline for Your CAN.
- 2. Revisit the Questions:
 - a) Are we ready?
 - b) Who is still missing from the table?
 - c) What more do I need to know to address health equity in my community?
- 3. Continue reading "Communities In Action..."

Next Healthy Start CAN Learning Academy Session

Thursday, September 23 from 2-4 pm ET





Survey

Please scan the QR code or visit https://link.nichq.org/CANLASession4 to complete the survey

Your responses will help shape the future Learning Academy sessions!





Healthy Start CoLab

Connect with your fellow Learning Academy participants on the Healthy Start CoLab!

If you do not have a CoLab account, please email healthystart@nichq.org





Healthy Start Deadlines & Events



Can be found on the EPIC website or bit.ly/hs-deadlines-and-events

September 2021

Deadlines:

Sep 15 HSMED-II Report (CSV or XML) Due

Events:

- Sep 15 An Innovative Approach to Preconception Care for Young African American Men: the Gabe Health IT System
- Sep 16 Fetal Alcohol Spectrum Disorders (FASD) Webinar #1
- Sep 20 TIROE CoP Learning Session #5 COP members only
- Sep 21 Fatherhood Talk Tuesday
- Sep 23 CAN Learning Academy Session #5
- Sep 28 Fatherhood Learning Academy Session #3





Thank You!

