



Got Health Equity?

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First things first.....

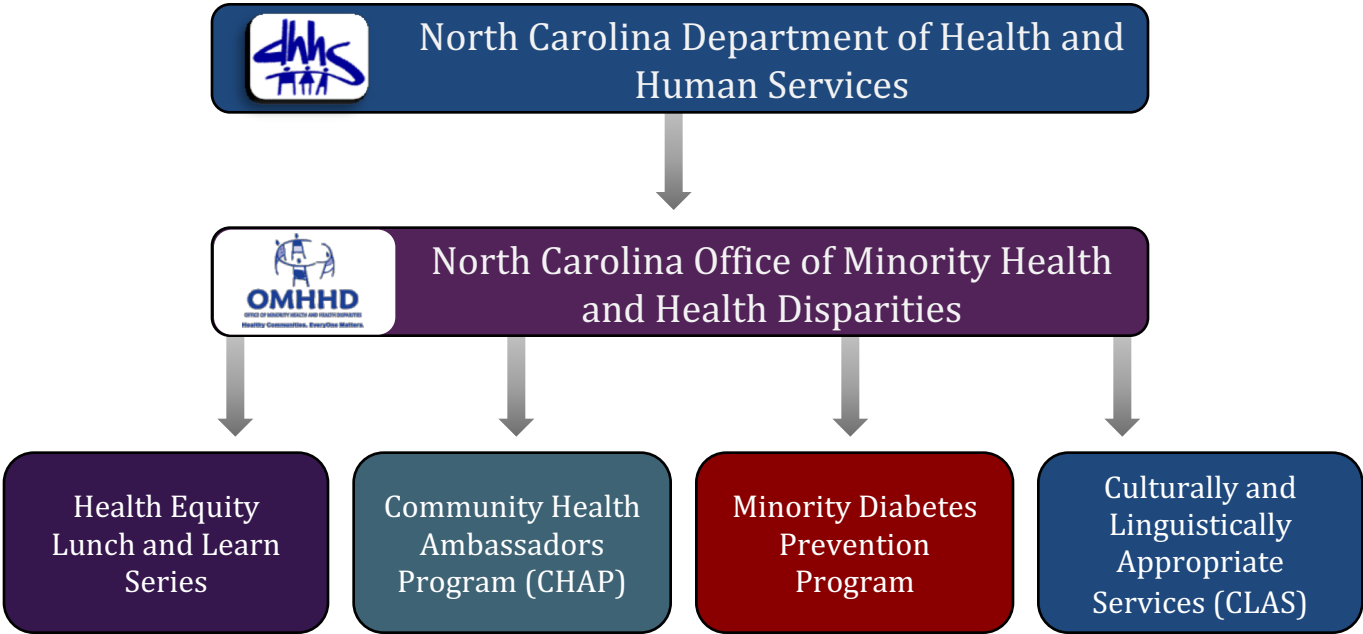
- Honor the land we are on.
 - “There have always been indigenous peoples in the spaces we call home, and there always will be,”

Kanyon Sayers-Roods

- Who am I?
- Top things about New Jersey!
- Why we are here?



Office of Minority Health and Health Disparities



Source: www.ncminorityhealth.org

Mission and Vision of NC OMHHD

Vision

- All North Carolinians will enjoy good health regardless of race/ethnicity, disability or socioeconomic status.

Mission

- To promote and advocate for the elimination of health disparities among all racial and ethnic minorities and other **underserved populations** in North Carolina.



Minority Health Advisory Council

“To advance the elimination of health and health care disparities among racial/ethnic minorities and underserved populations through health equity advocacy.”

Legislative Mandate:

The Council has the following duties and responsibilities to serve racial/ethnic minority communities:

- Advise and make recommendations to the Governor and Secretary of Health and Human Services
- Identify limitations associated with existing laws, regulations, programs, and services
- Examine the financing and access to health services
- Identify and review health promotion and disease prevention strategies
- Support policies and legislation to improve accessibility and delivery of health services

What factors impact health equity? What are some strategies and lessons?

- Health Communication
 - Common language
 - CLAS
- Maximum Impact
 - Equity-based approaches
 - Changing our narratives
- Connections
 - Convening stakeholders
 - Connecting with others
- Self Awareness
 - Power
 - Hope

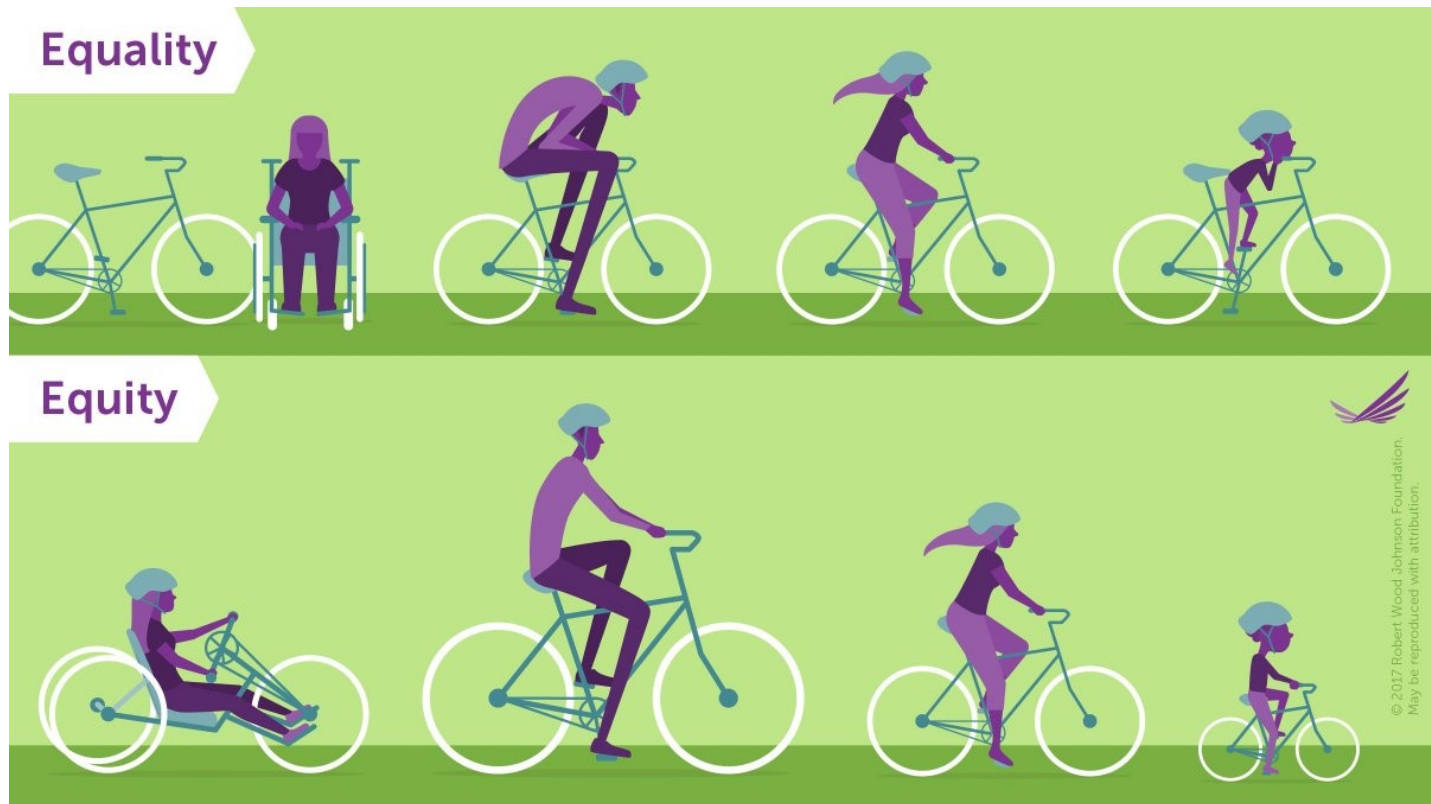
Health Communication

- Common language
- CLAS



Health Equity, Inequities, Disparities

Health **equity** is the opportunity for everyone to have good health.

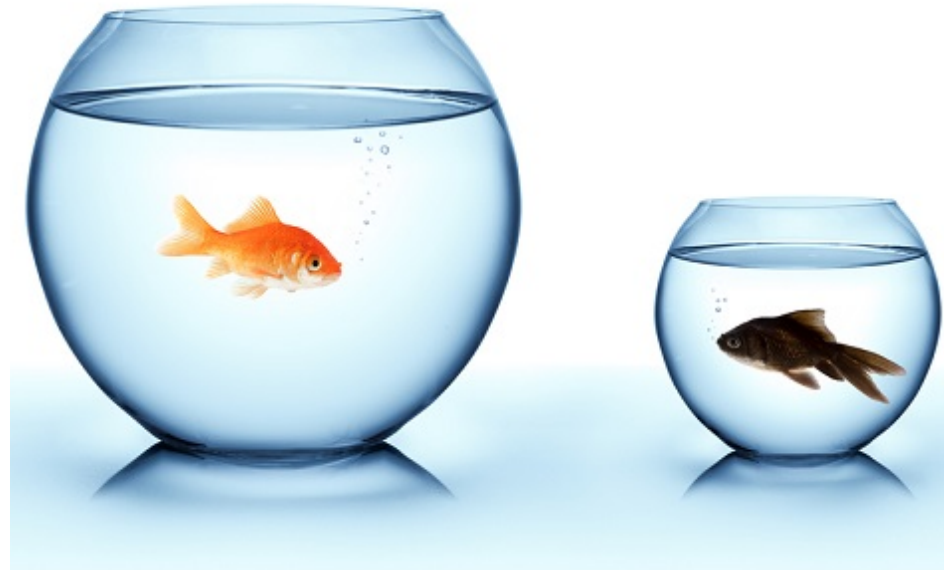


North Carolina Office of Minority Health; Robert Wood Johnson Foundation image

Health Equity, Inequities, Disparities

Health **inequities** are the unfair differences that prevent everyone from the opportunity to have good health.

Health **disparities** are the measurable differences or gaps seen in one group's health status in relation to another or other group(s).



Cultural Consciousness and Contextuality

Cultural consciousness is the process of developing awareness of culture in self, which can result in expanding understandings of culture and developing deeper cultural knowledge about other individuals and contexts.



Source: Banks, James; Encyclopedia of Diversity in Education

Cultural Consciousness and Contextuality

Cultural contextuality consists of the values, symbols, interpretations, and perspectives that are shared by a particular group.

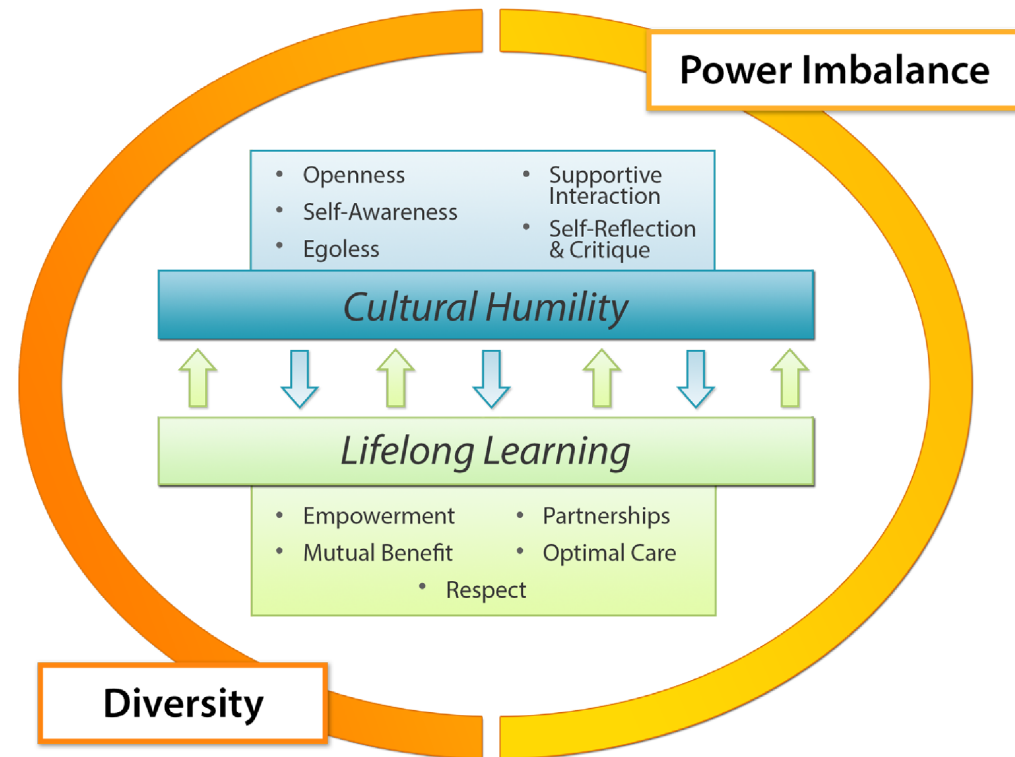
Understanding a clients cultural contextuality is critical in designing learning activities, service provision and development of programs.



Source: Banks, James; Encyclopedia of Diversity in Education

Cultural Humility

- A process of self-reflection and discovery in order to build honest and trustworthy relationships. The ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person].

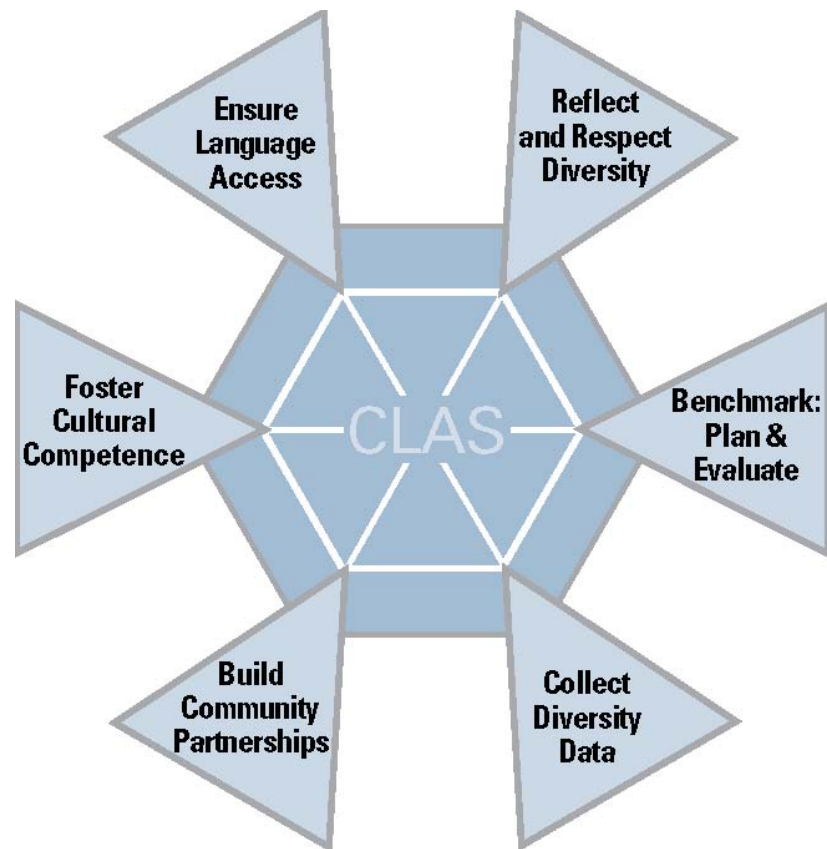


(Hook, J. N., Davis, D. E., Owen, J., Worthington Jr., E. L., & Utsey, S. O. (2013).

National Standards For Culturally and Linguistically Appropriate Services In Health And Health Care In (National CLAS Standards)

Since issued in 2000, the concept of cultural competence has evolved.

Enhanced in 2013, the CLAS standards broaden culturally appropriate services to define them as services that are effective, equitable, understandable and respectful, as well as responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.



Culturally and Linguistically Appropriate Services In Health And Health Care In (National CLAS Standards)

CLAS guidelines assist with the following:

- Improving health equity by identifying and reducing health disparities
- Becoming responsive to diverse cultures, beliefs and practices

Culturally and Linguistically Appropriate Services In Health And Health Care In (National CLAS Standards)

CLAS guidelines assist with the following:

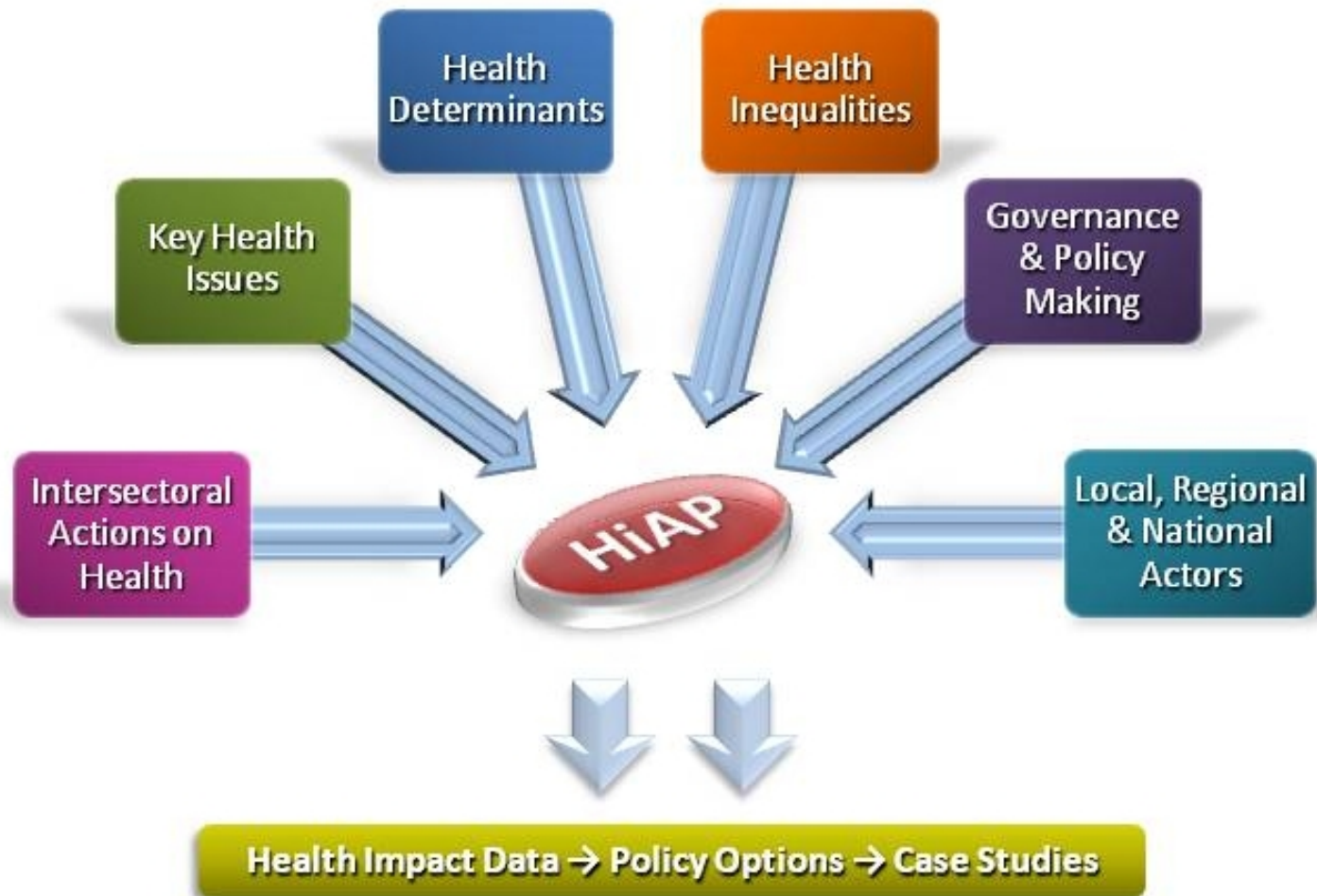
- Creating a welcoming environment for racially and ethnically diverse clients, LGBT persons, persons with disabilities and persons with low health literacy
- Offering understandable, respectful care to persons who are deaf or hard of hearing, who have disabilities, or who have low literacy, as well as clients with limited English proficiency

Connections

- Convening stakeholders
- Connecting with others



Adopting a Systemic View to reveal hidden opportunities to make long-lasting progress



Health Equity In All Policies

Health in all Policies is an approach to improving health by incorporating health considerations into decision-making across sectors and policy areas.

Health Equity in all Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.



Leveraging an Equity-Based Approach to remove entrenched barriers and balance out power



LEVERAGE



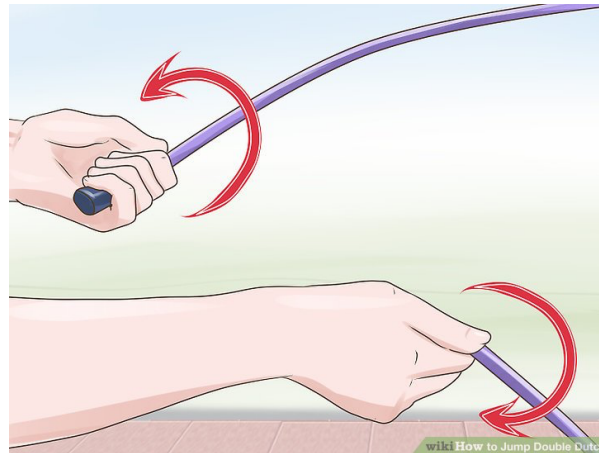
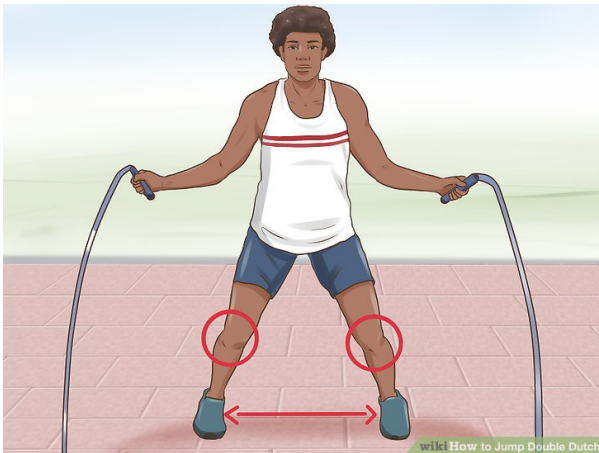
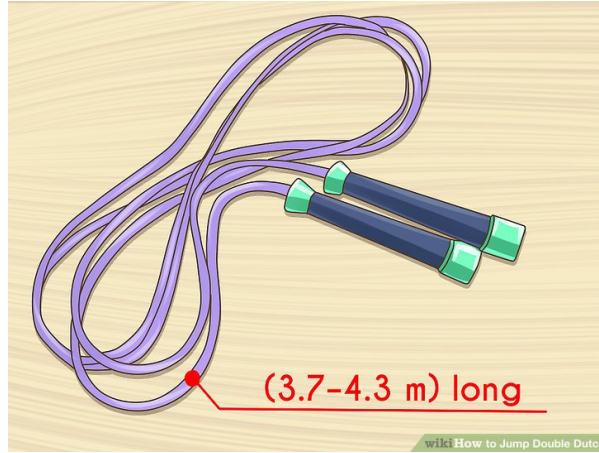
Key of Huge Success

Convening Stakeholders to nurture vital relationships and turn new insights and ideas into game-changing solutions:

Purposeful Partnering What does that mean?

- The intentional relationship between two or more people or organizations with shared/common interests to achieve a specific goal or aim.
- Relationships vs. Situationships
- **THREE (3) brave volunteers**

Relationship Rhythms



How to jump doubledutch

Find the rhythm before you JUMP in!



“Relationship Rhythms”

Theoretical Concept by Cornell P. Wright, MPA on Community Engagement, Partnership, and Outreach



Finding the “Relationship Rhythm”

1

Identify Potential
Community Partners
“Who needs to be at the
table?”

2

Observe/Research
Community
Environment

3

Connect with
“Gatekeepers” to find
Entry Point(s)

4

Build Trust/Capacity

5

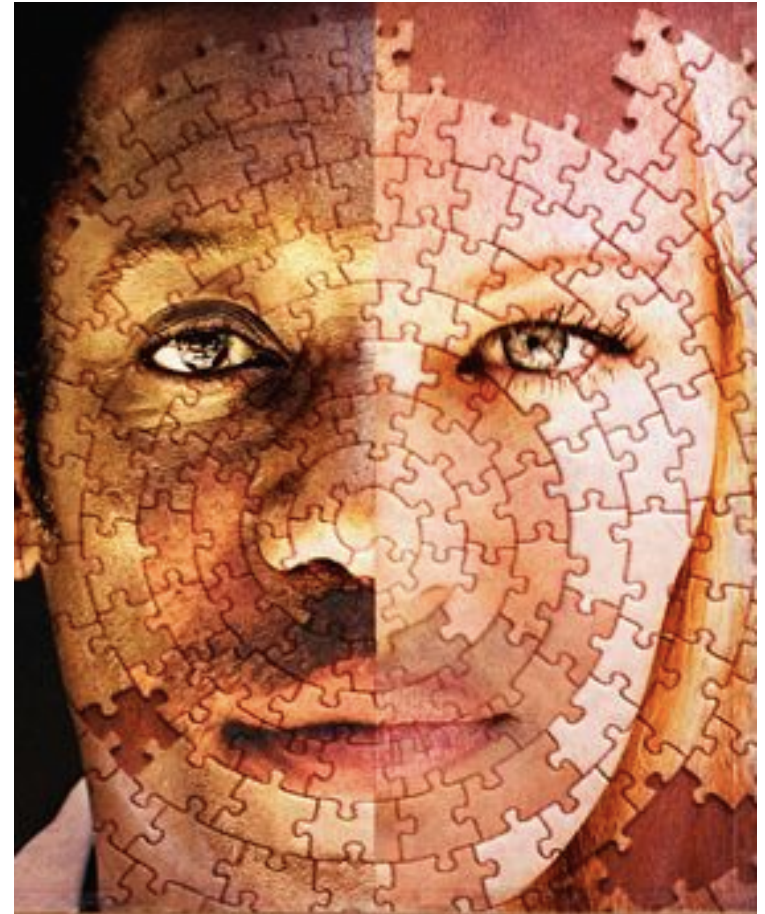
Involve and Engage Community Partners in the Entire Process

Maximum Impact

- Historical legacy
- Changing our narratives
- Equity-based approaches

Racism and Racial Equity

- **Racism:** A system of oppression based on race and unshared power.
- **Racial Equity:** When race can no longer be used to predict life outcomes and outcomes for all groups are improved

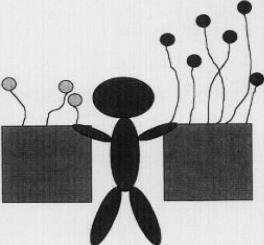


("Advancing Racial Equity and Transforming Government – A Resource Guide to Put Ideas into Action." *Local and Regional Government Alliance on Race and Equity*, <https://www.racialequityalliance.org/resources/advancing-racial-equity-and-transforming-government-a-resource-guide-to-put-ideas-into-action/>; NC Office of Minority Health and Health Disparities)

Levels of Racism: A Theoretic Framework and a Gardener's Tale



Who is the gardener?

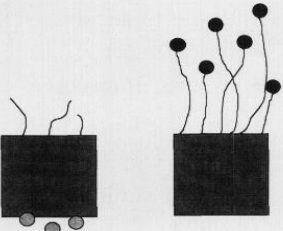


- Government
- Power to decide
- Power to act
- Control of resources

Dangerous when

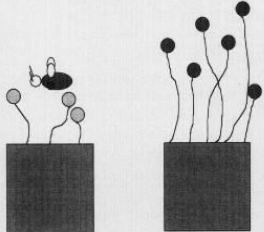
- Allied with one group
- Not concerned with equity

Personally mediated racism



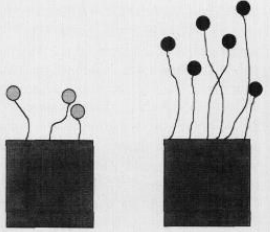
- Intentional
- Unintentional
- Acts of commission
- Acts of omission
- Maintains structural barriers
- Condoned by societal norms

Internalized racism



- Reflects systems of privilege
- Reflects societal values
- Erodes individual sense of value
- Undermines collective action

Institutionalized racism



- Initial historical insult
- Structural barriers
- Inaction in face of need
- Societal norms
- Biological determinism
- Unearned privilege

Camara Phyllis Jones, MD, MPH, PhD , Past-President of American Public Health Association (APHA) shares a simple yet remarkably profound allegory that she grew and nurtured to help people come to a place of understanding about the many layers and nuances of **institutionalized**, **personally-mediated**, and **internalized racism**.

Myths and Misunderstanding

- “Defining Racism”
- “The Unequal Opportunity Race”

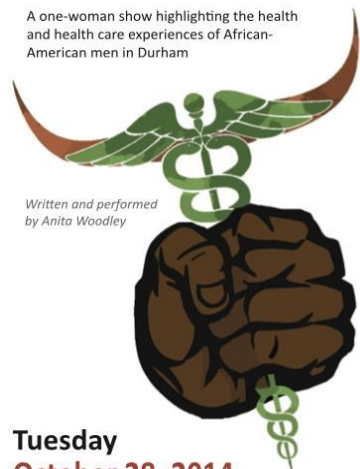


- “Reverse Racism”
- “Black on Black Crime”
- “Race vs Racism”
- “Post-Racial Society”

Changing Our Narratives to transform our collective imagination and spur creativity

BUCKING THE MEDICAL & MENTAL BULL

A one-woman show highlighting the health and health care experiences of African-American men in Durham



Written and performed by Anita Woodley

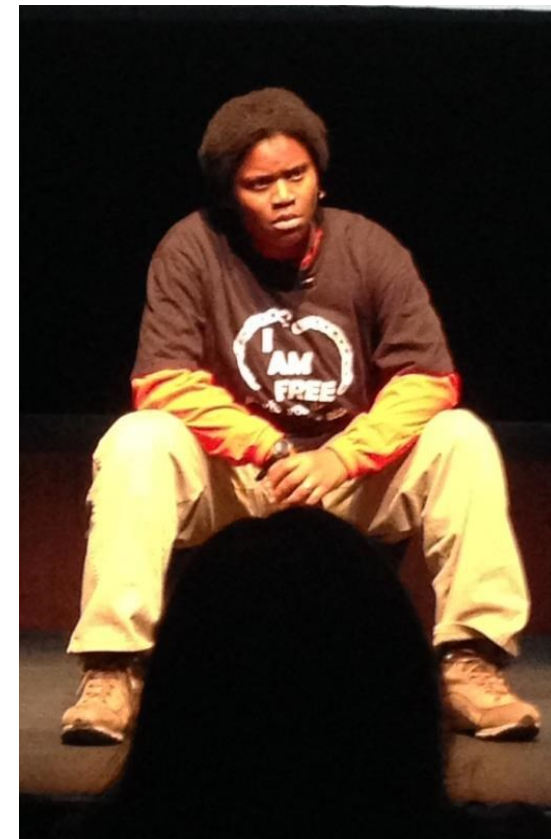
Tuesday
October 28, 2014

Doors open - 6:30 pm
Show starts - 7:30 pm

Fletcher Hall at
The Carolina Theatre of Durham
309 WEST MORGAN STREET • DURHAM, NC 27701

FREE and open to the public.
Free popcorn for the first 100 attendees!

fhi
360
THE SCIENCE OF
IMPROVING LIVES



Health Equity Lab

Project IFE (I am Fully Empowered!)



- **Impact of Policy**
 - ❖ 10A NCAC 41A .0202, NC CONTROL MEASURES – HIV
 - ❖ Decrease stigma for PLWHA
 - ❖ Limited considerations for the SDoH
- **Naming of programs:**
 - ❖ “Young Moms Connect”- for pregnant and parenting teens.
 - ❖ Renamed “Young Families Connect”
- **Syringe Exchange, Safe Bathrooms**
 - ❖ Safety and implications for transgender participants.
 - ❖ While creating protocol, looking through an equitable lens.

Self Awareness

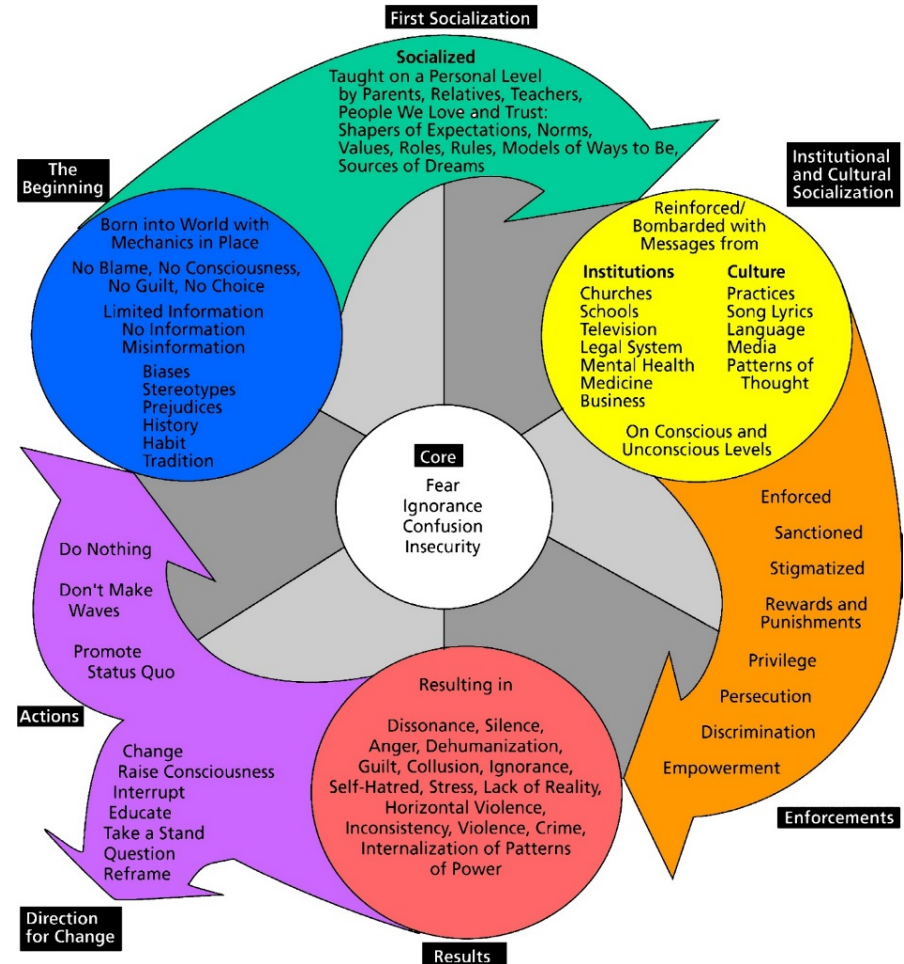
- Socialization
- Power
- Hope*



What is Socialization?

Our **first socialization** is interaction between ourselves and our families, especially our parents/guardians who will begin to raise us.

Socialization encompasses both learning and teaching and is thus "the means by which **social and cultural continuity** are attained"



Source: Adams, M., Bell, L. A., Griffin, P. (1997) Teaching for Diversity and Social Justice, New York: Routledge

The Cycle of Socialization

The process of internalizing the norms and ideologies of society.

As we grow older we encounter institutional and cultural socialization, where we become bombarded with messages from school, church, and pop culture as to what is normal.

We are born into a set of social identities, related to **gender, race, ethnicity, class, skin color, first language, ability status, religion, sexual orientation, and economic class.**

Source: Adams, M., Bell, L. A., Griffin, P. (1997) Teaching for Diversity and Social Justice, New York: Routledge; Harro, 1982

Implicit Bias

What is “implicit bias?”

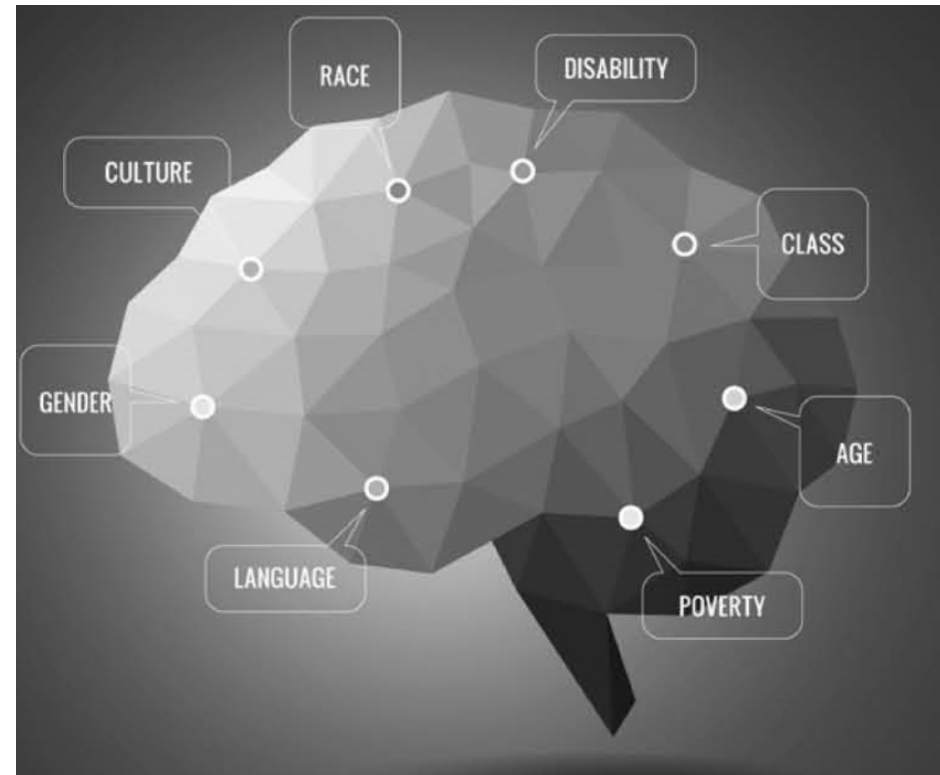
- Implicit (**subconscious**) bias refers to the attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner.
- These biases, which encompass both **favorable and unfavorable assessments**, are activated involuntarily and without an individual’s awareness or intentional control.

Source: Source: Staats C. State of the science: Implicit bias review 2014. Kirwan Institute for the Study of Race and Ethnicity. ; Rudman LA. Social justice in our minds, homes, and society: The nature, causes and consequences of implicit bias. Social Justice Research, 17(2):129-142.

Implicit Bias and Health Equity

How “implicit bias shows up in healthcare?”

- “Non Compliance”
- “Non Adherent”
- “Frequent Flyers”
- “Color-Blind Care”
- Geographic Make-up
- Food Access
- Lack of Plain Language
- Biased policies



Health Equity as Social Justice

“Health equity means social justice in health (i.e., no one is denied the possibility to be healthy for belonging to a group that has historically been economically/socially disadvantaged).”

Braveman, P., and L. Gottlieb, “The Social Determinants of Health: It’s Time to Consider the Causes of the Causes,” in *Nursing in 3D: Workforce Diversity, Health Disparities, and Social Determinants of Health, Public Health Reports* 129, Supplement 2 (January/February 2014): 19-31.

Accountability and Power

Accountability requires responsibility, when change is a priority, urgency is felt and change is embraced. Building in institutional accountability mechanisms using a clear plan of action will allow accountability.



Accountability and Power

Social and institutional **Power** includes access to resources, the ability to influence others, access to decision-makers to get what you want done, and the ability to define reality for yourself and others.



Power

The dynamics of power shape health equity in the United States today. **Power**, links back to accountability. Not “**Power over**”.

- “**Power to**” refers to the ability to act to effect change.
- “**Power with**” refers to joining with like-minded people to take collective action.
- “**Power within**” refers to a sense of confidence that comes from realizing that something can be done to change one’s circumstances (**hope**).

Questions?