Advancing Health Equity Through a Racial Justice + Power Framework

Oregon Coalition of Local Health Officials
September 17 + September 24, 2020

Facilitators:
Lili Farhang
Solange Gould

Oregon Coalition of Local Health Officials

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Human Impact Partners

Through advocacy, organizing, capacity-building, and action-oriented research, we transform the field of public health to center equity and build collective power with social justice movements.

Criminal Justice

Economic Security

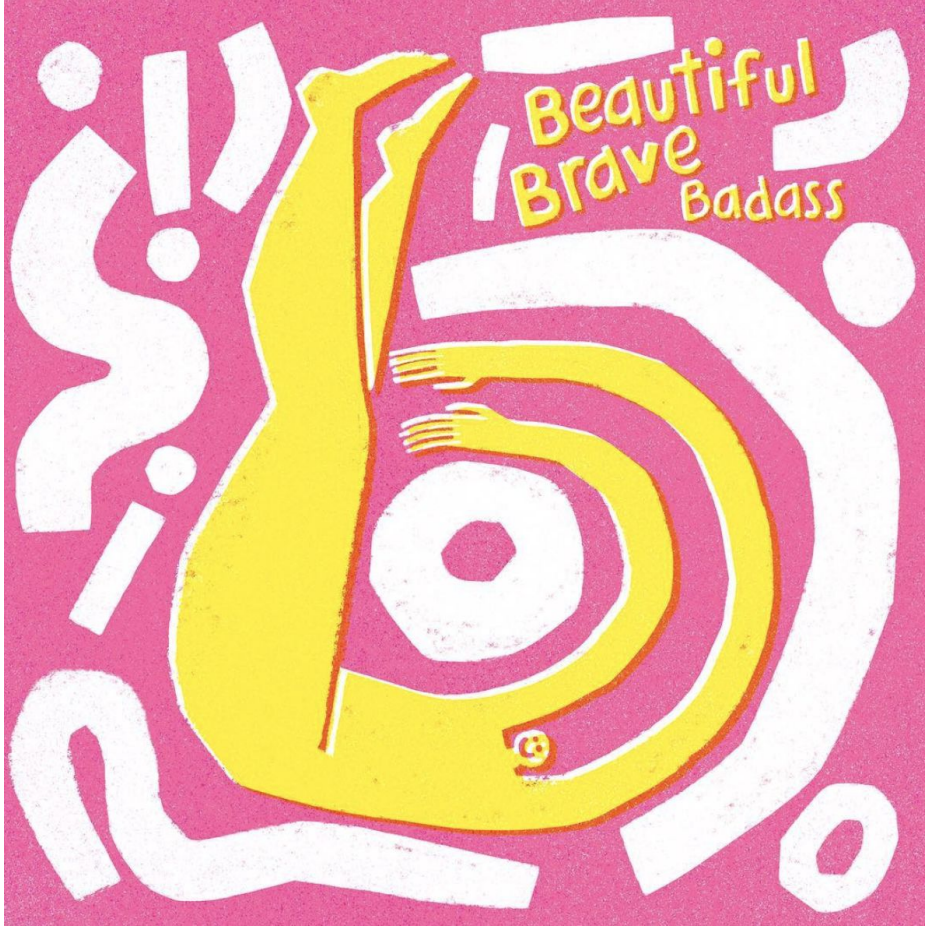
Immigration

Housing

Land Use and Transportation

Overview of our time together

- Deepen relationships among participants to support having authentic conversations and achieve collective outcomes (Both days!)
- Build a shared analysis of a racial justice and power framework to advance health equity, including key terms and definitions (Focus of Day 1)
- Learn about tools to help operationalize definition and framework (Focus of Day 2)



Art by: https://www.instagram.com/goodvibestype/

Small group introductions

- Name + agency + how long you've been there
- One fun thing you can not tell by looking at me
- One thing I'm excited about being here
- How I came to work at the health department
- Your racial, ethnic, and cultural identities *(as you know for now…)*

Part 1 Training (9/17/20):
Health Equity Through a Racial Justice + Power Framework

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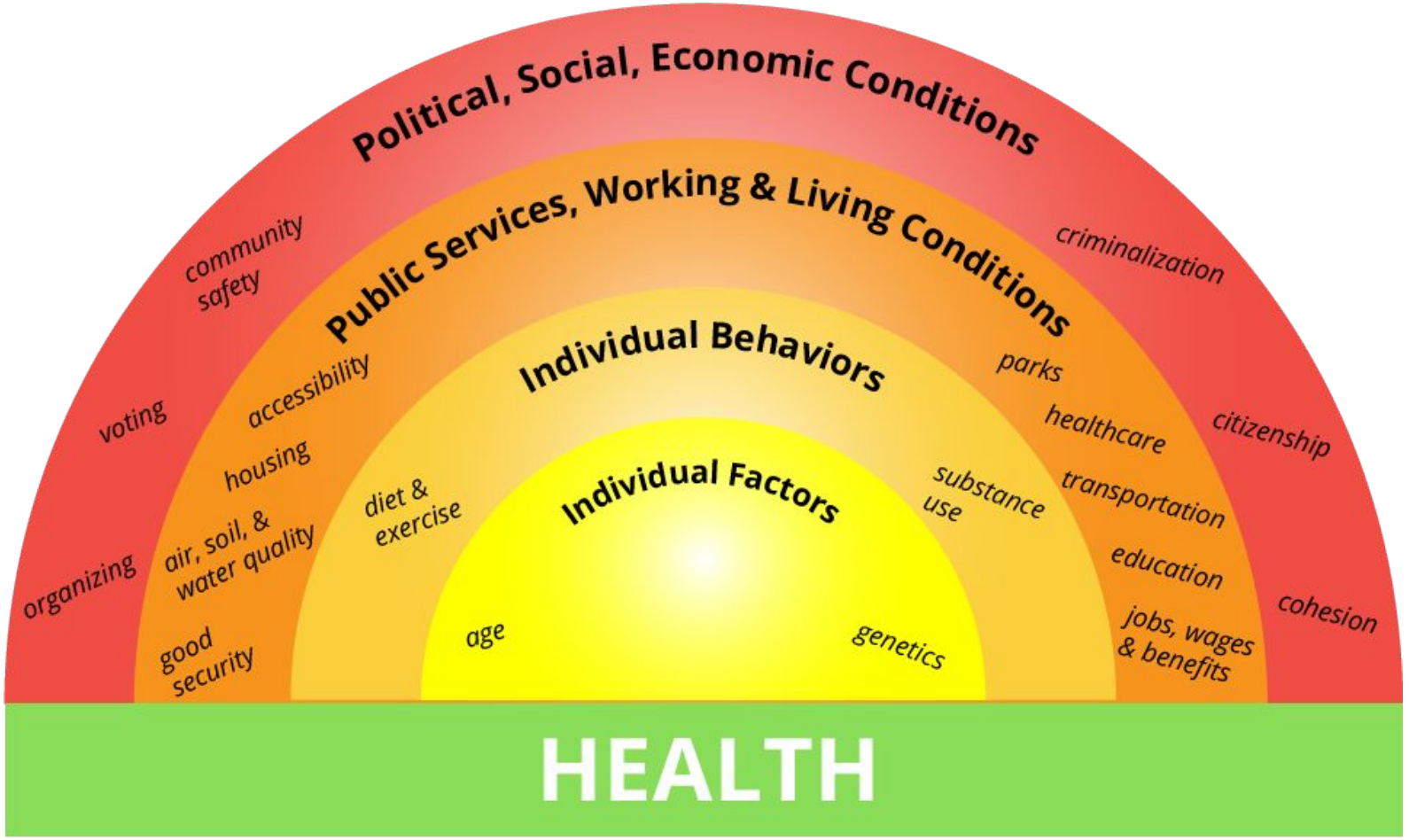
Assumptions

- Inequity is structural
- A critique of systems is not a critique of good people in those systems
- Health equity work requires
  - Organizational transformation and culture change
  - Depth and breadth
  - Reintegration of the head and heart

Dominant Health Narrative:
The individual is responsible

Emerging Health Narrative:
Social determinants of health contribute



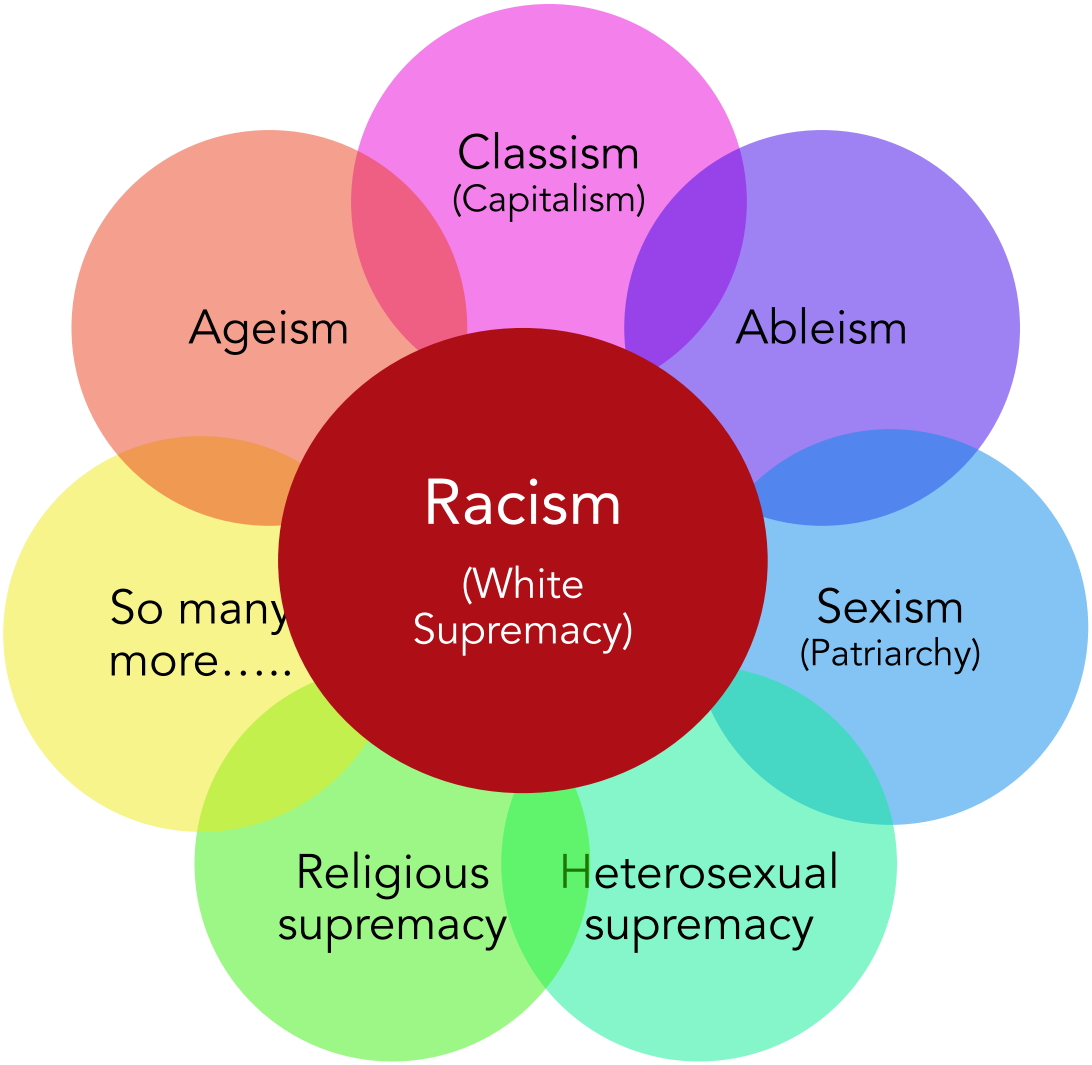
Future Health Narrative:

Confront root causes to create the conditions for health

Overcome Power Imbalances

Overcome Structural Oppression

What is Structural Oppression?



Racism is….

"… a **system** of structuring opportunity and assigning value based on phenotype ("race"), that:

- unfairly disadvantages some individuals and communities
- unfairly advantages other individuals and communities

….undermines realization of the full potential of the whole society through the waste of human resources."

- Dr. Camara Jones, Former President of the APHA

Dimensions of Racism

INTERNALIZED

Beliefs within individuals
Stereotype Threat

INTERPERSONAL

Bigotry between individuals,
Racial Anxiety

INSTITUTIONAL

Bias within an agency, school. . .

STRUCTURAL

Cumulative among institutions,
durable, multigenerational

Racism Codified in Worker Protections

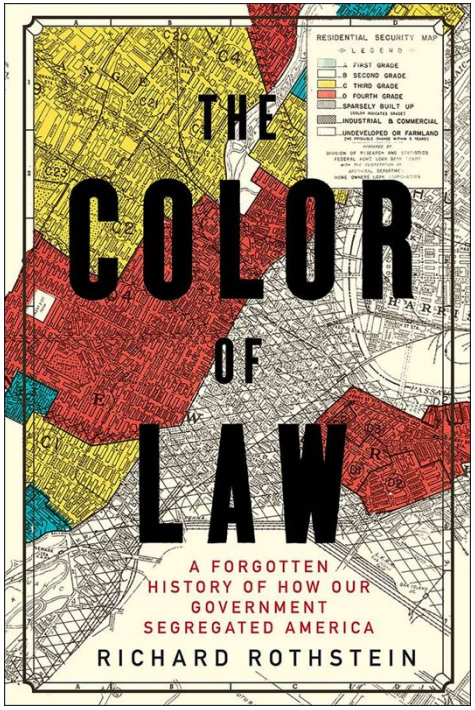
National Labor Relations Act (1935)

Excluded farm and domestic workers (who were predominantly African American in the 1930s) to appease Dixiecrats.

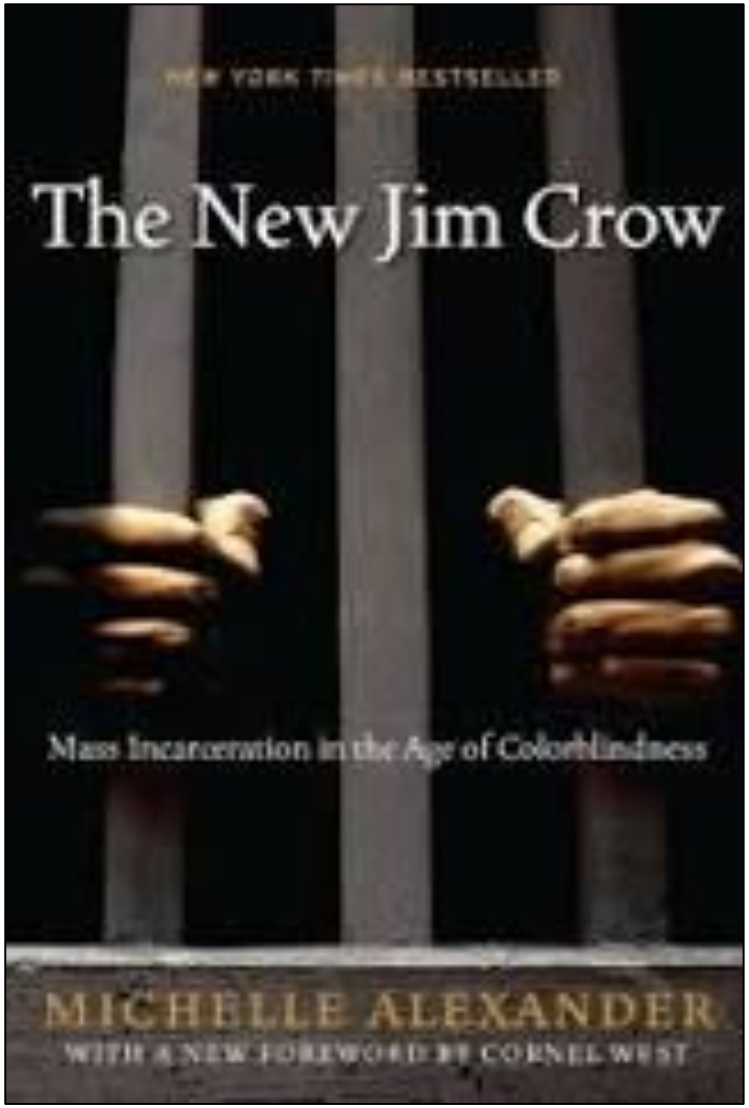
Racism Codified in Housing + Wealth

Federal Housing Administration (1934-1968)

Otherwise celebrated for making homeownership accessible to White people by guaranteeing their loans, the FHA explicitly refused to back loans to Black people or even other people who lived near Black people.

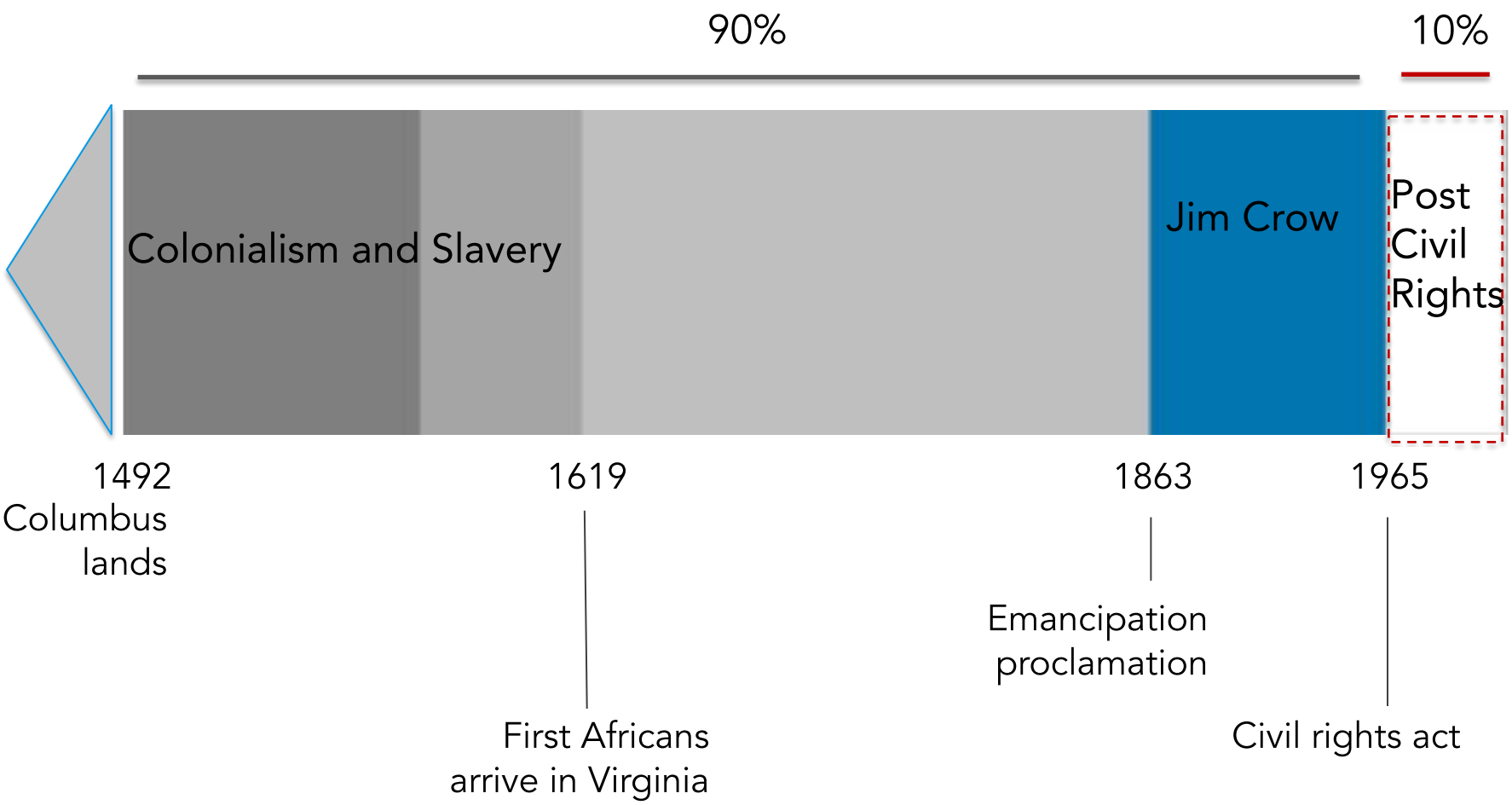


Racism Codified in Criminal Justice

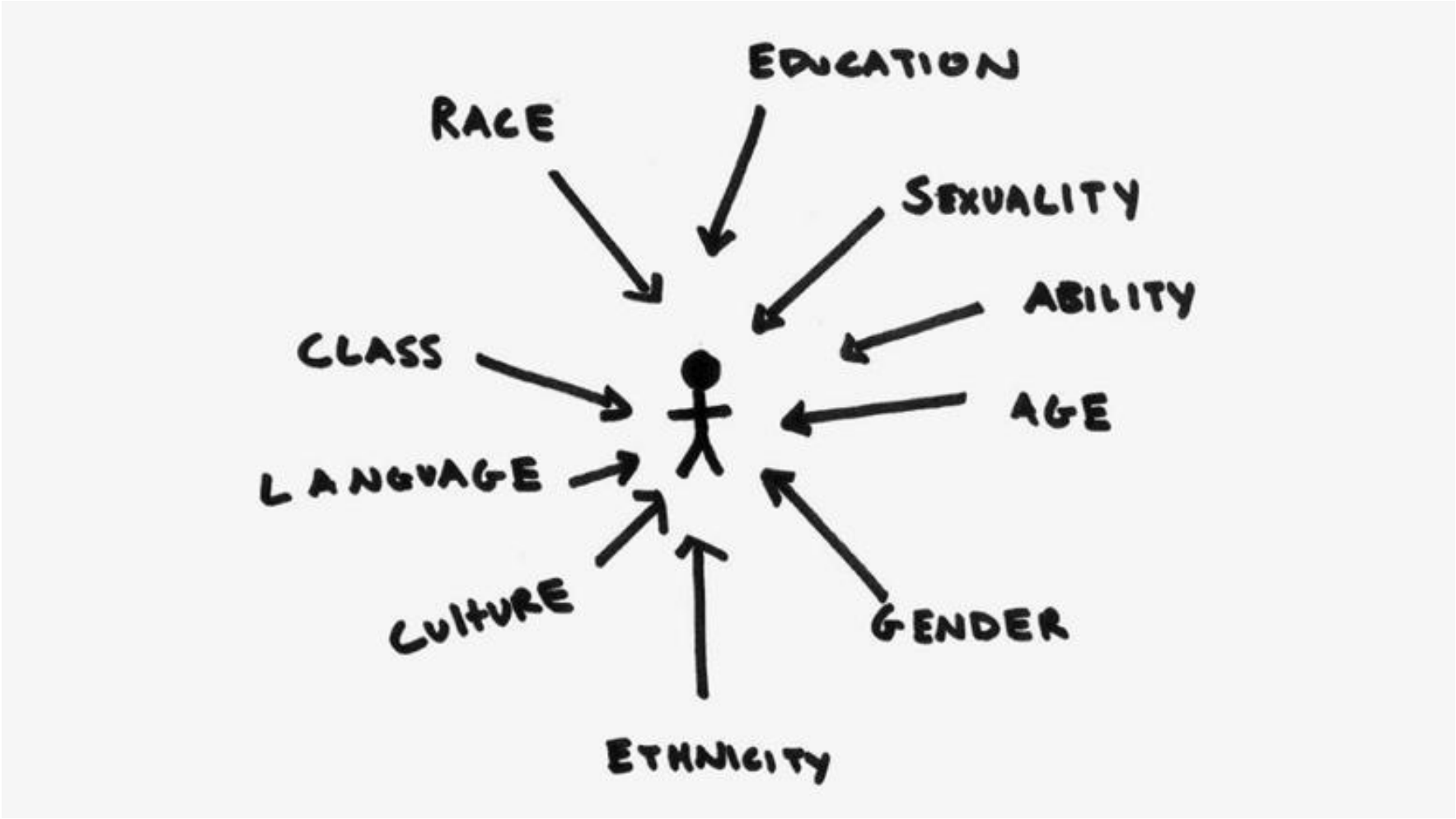


Stop and Frisk
(1990s-2000s)

Why such a long legacy?



Credit/Source: Bayard P. Love Consulting


EDUCATION
RACE
SEXUALITY
ABILITY
CLASS
AGE
LANGUAGE
CULTURE
GENDER
ETHNICITY

How does Structural Racism Affect White People?

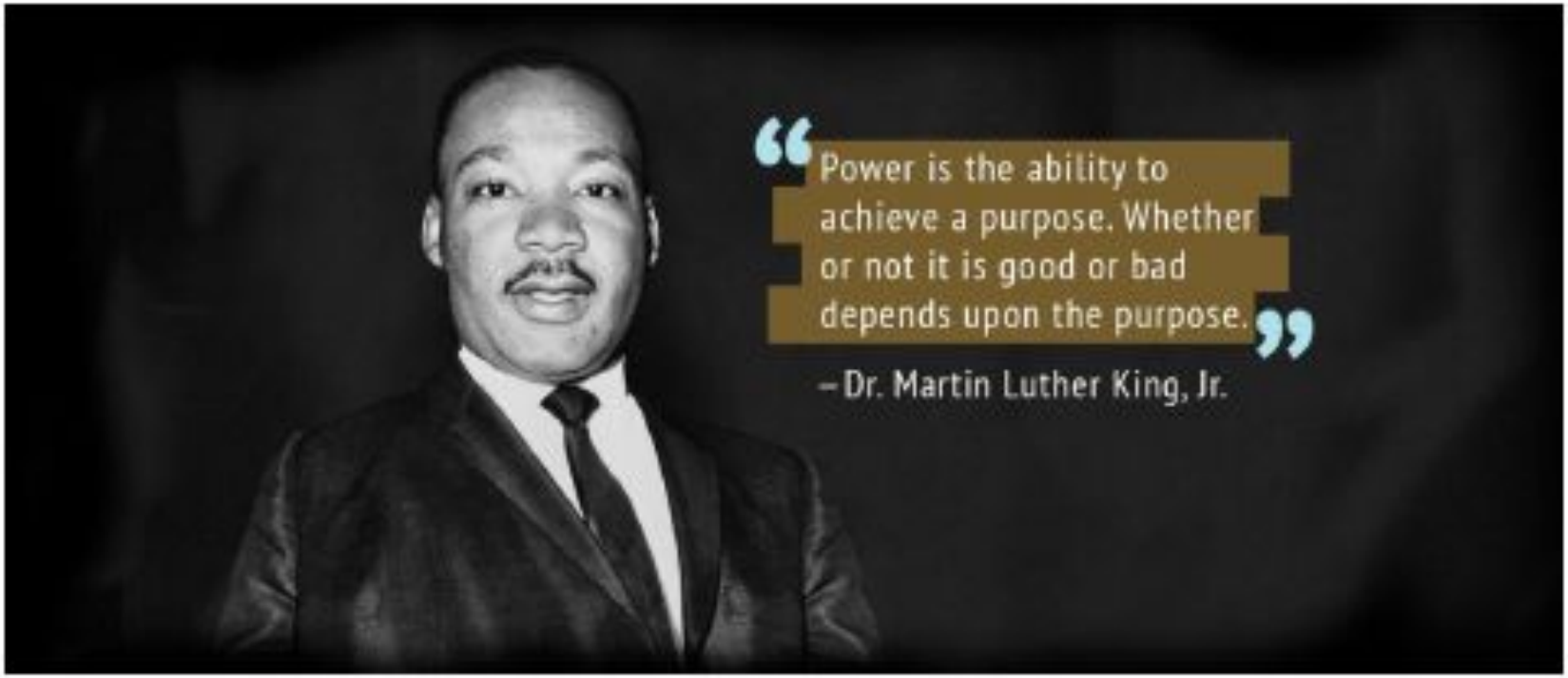
Future Health Narrative:

Confront root causes to create the conditions for health

Overcome Power Imbalances

Overcome Structural Oppression

What do we mean by power?

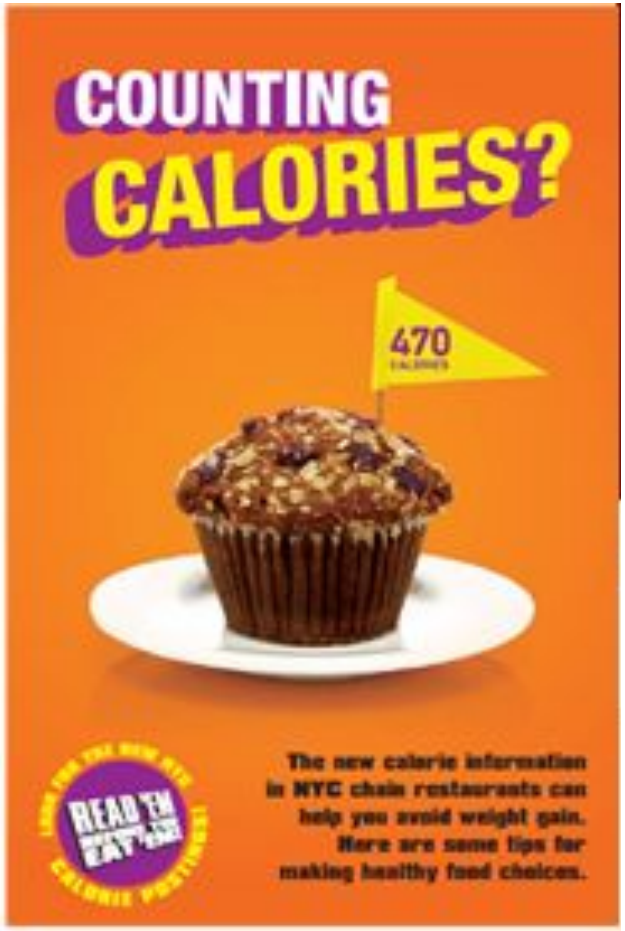


Grassroots Policy Project Framework

3 Dimensions of Power:

- Winning specific policies, decisions
- Setting the agenda
- Changing and holding narratives

Power to win/achieve a election, initiative, policy, decision



COVER OREGON™

Power to set the decision making or political agenda

CLHO
COALITION OF LOCAL HEALTH OFFICIALS

Partners for a
HUNGER-FREE
OREGON

American
Lung
Association.

Get Oregon kids
moving
Walking, biking and rolling to school planning guide

Power to change and hold public narratives

THE INSTITUTE OF MEDICINE RECOMMENDS DRAMATIC MEASURES SUCH AS OVERHAULING FARM POLICIES AND ZONING LAWS, AND POSSIBLY INTRODUCING A SODA TAX TO FIX AMERICA'S OBESITY EPIDEMIC...
THAT'S CRAZY!
ARGHH!!
WHAT EVER HAPPENED TO PERSONAL RESPONSIBILITY?!!
IRONICALLY, RAGING AGAINST THE NANNY STATE IS MURRAY'S ONLY CARDIO.
Chips
© FLORIDA TODAY and FORT MYERS NEWS-PRESS
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Dimensions of Power Interrelated

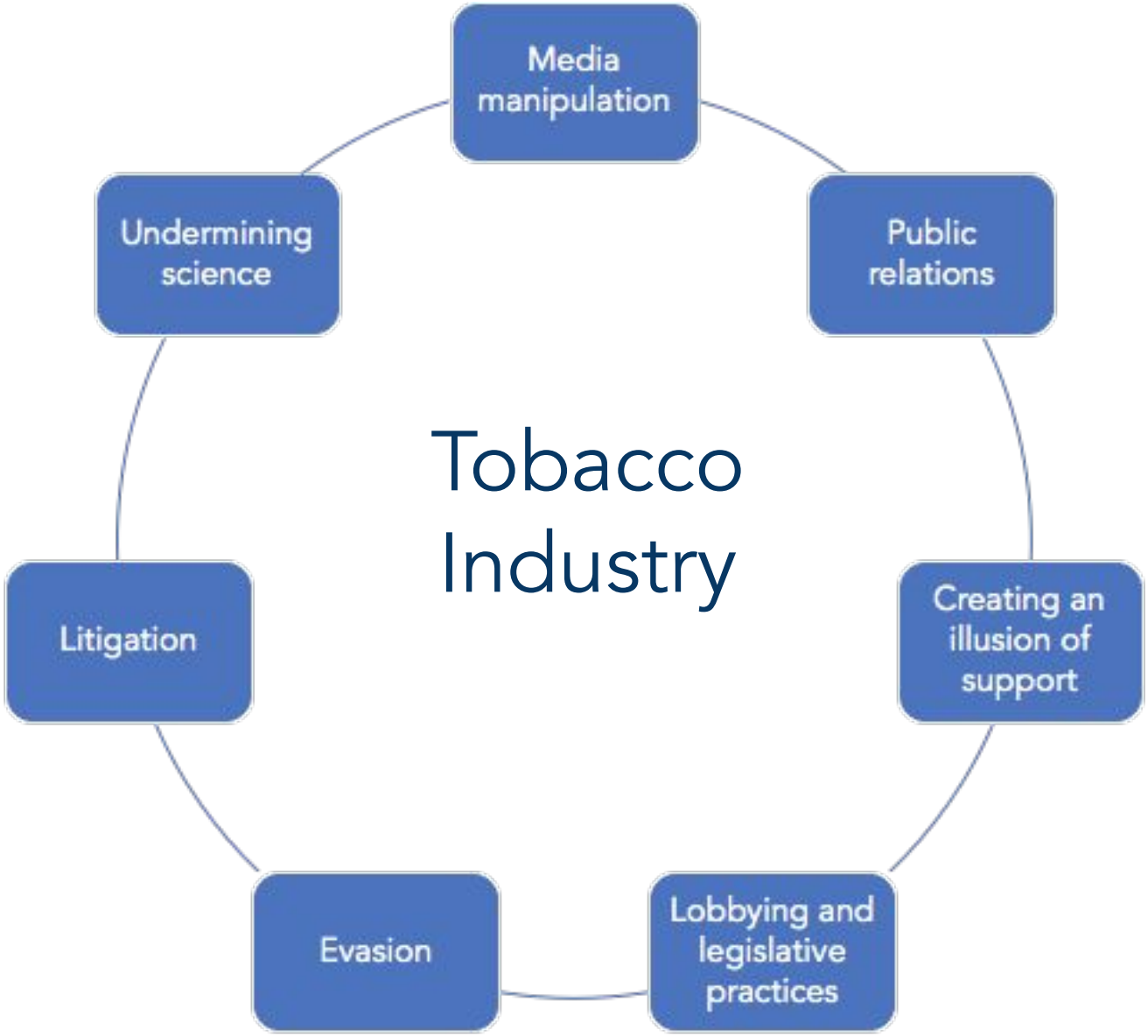
Immediate gains
Issue campaigns
Electoral campaigns

Political infrastructure
Deep alliances
Inside-outside strategy

Transformative Change

Worldview
Shape public understanding
Challenge conservative worldview
Activate deep beliefs

Power in Action



Community Engagement = Power

"That makes four 'Yes'es and one 'No, no, a thousand times no.'"

Who's at the Table Changes…

- The goals
- Topics that are prioritized
- What data is collected
- Resource allocation
- How policies are made + enforced
- Who is accountable

Housing Example

How does conversation change when person at table is…

- Corporate Landlord
- Affordable Housing Developer
- Code Enforcement Inspector
- Tenants Rights Organizer
- Family at Risk of Displacement
- Resident Experiencing Homelessness

Work with Organizers to Change Balance of Power

community alliance of tenants

RURAL ORGANIZING PROJECT

IMIrJ

OPAL
ORGANIZING PEOPLE / ACTIVATING LEADERS

APANO
Asian Pacific American Network of Oregon

Why is it so important to name structural oppression and power as the roots of health inequities?

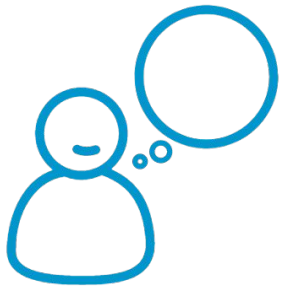
Narratives are Power

When we change the story of what produces health, we are changing what solutions people think are possible.

Communities Know the Truth

Clarifying Questions??

Reflecting on what you're hearing (15 min)



What does is it feel like to hear words power, oppression, and racism, in relation to what it means to advance health equity?

Where did you feel challenged? Where did you feel confirmed?

Organizational Change Frameworks

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What do we mean by transformative?

	Transactional Solutions	Transformational Solutions
Food access + Nutrition	- Supporting food pantries to offer healthier options - Sign people up for SNAP - Educate people on nutrition and healthy eating	- Use public resources to invest in the expansion of grocery stores/co-ops - Do direct advocacy on SNAP and federal legislation - Figure out a strategy to address corporate power
Worksite wellness	- Educate employees on healthy lifestyles - Provide behavioral nudges for physical activity	- Expand to consider career, financial, and social wellbeing - Reimagine organizational practices that address culture
Active living design	- Focusing design efforts on *new* buildings, workplaces, and civic spaces	- Influence state and local investments in roadway infrastructure to support active living rather than driving - Work with criminal justice reform groups to understand how policing/enforcement affects active living in communities

	Transactional Approach	Transformative Approach
Problem identification	Easy	Difficult (easy to deny)
Approach	Routine solutions using skills and experience readily available	Require changes in values, beliefs, roles, relationships, and approaches to work
People responsible	Often solved by an authority or expert	Solved by the people with the problem
Changes required	Require change in just one or a few places; often contained within organizational boundaries	Require change in numerous places; usually cross organizational boundaries
Receptivity	People are generally receptive to technical solutions	People try to avoid the work of "solving" the adaptive challenge
Timeframe	Can be implemented quickly - even by edict	"Solutions" can take a long time to implement and require experiments and new discoveries; they cannot be implemented by edict

Transformational Change Requires Organizational Change

- Organizations change when people change.
- Lion's share of resources – in changemaking process – are put into the technical aspects of the change and the little of what is left goes into supporting the people.
- Need to find the characteristics that motivate change, so that acceptance becomes contagious and spreads more easily throughout an organization.

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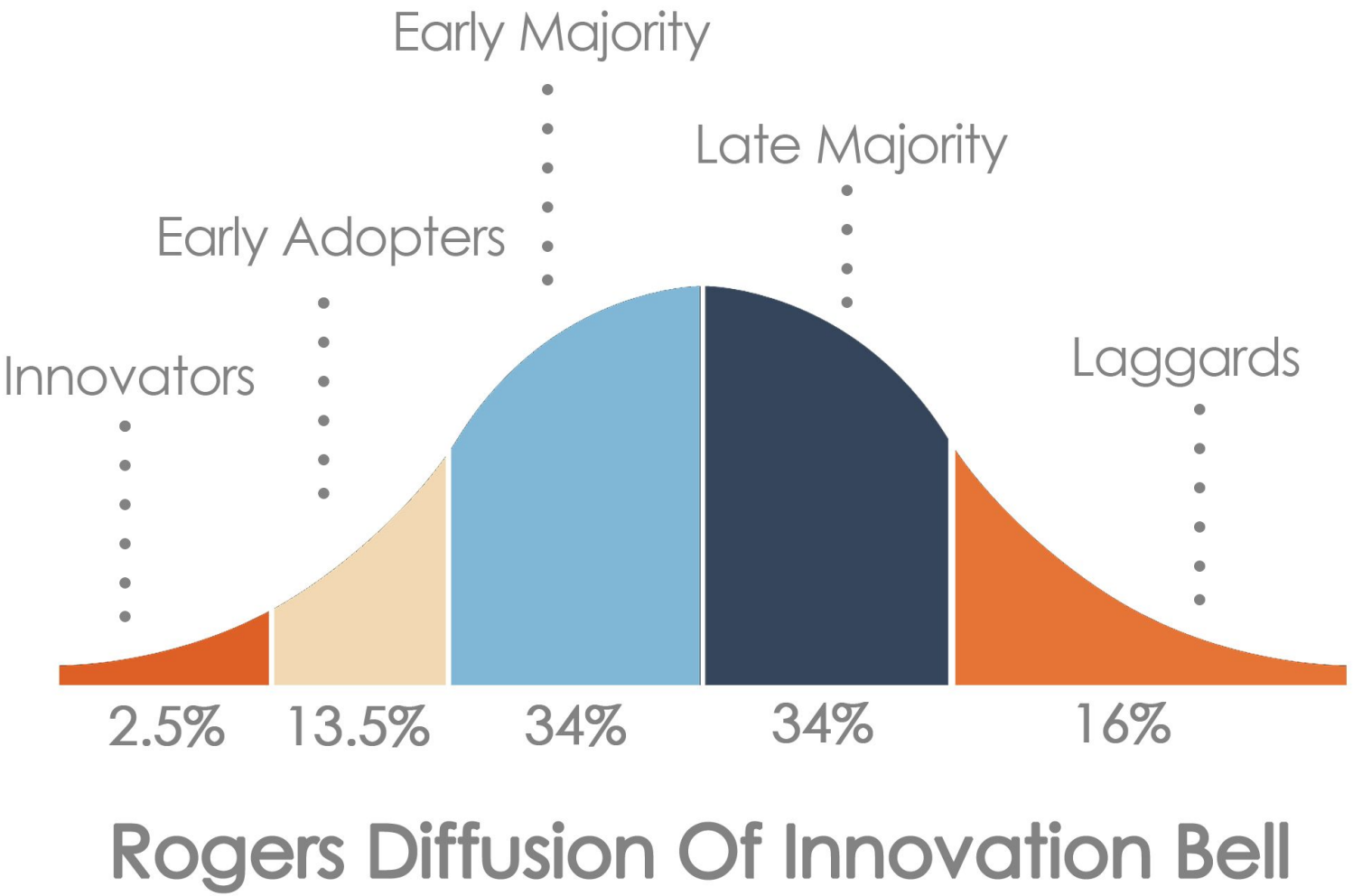
Diffusion of Innovation



Take Strategic Risks

1. What would I do if I were being more courageous?

2. What will inaction cost me one year from now if I do nothing?

3. Where is my fear of failure getting in the way?

Source: "Take a Risk: The Odds Are Better Than You Think" Margie Warrell, Forbes.com (June 2013)

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"What we practice at the small scale sets the patterns for the whole system."

-adrienne maree brown

Next time on 9/24: Operationalizing Health Equity

- Health Equity Guide (brief)
- Root Cause Analysis Tool (brief)
- Equity Lens Tool (deep)

Also, optional session on 9/21 re: Affirm-Counter-Transform tool

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Quick Evaluation of Today

What I liked	What I would improve
• Small groups • How you set agenda and expectations in the beginning, it was very clear. Advance emails and assumptions were very organized. • I'm glad this group was not just administrators. • Appreciate your kindness and generosity. We all feel we're not doing enough and could do more. Hearts and brains as one unit! • Resources shared--books, podcast. Breadth--I struggle with learning our history. • liked that there was concrete follow up from the last CLHO retreat on this topic… • I liked the beginning presentation to lay the foundation and then the breakout to the small groups.	• More time in the small groups, we need to complete discussions. • Can we have the same people in the small groups, so that we don't have to intro ourselves again? (Or give more time in 2nd group for intros.) • Reminder on registration! And make link bigger.

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Thank you!

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Part 2 Training (9/24/20): Operationalizing Health Equity

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Small group intros + check-ins

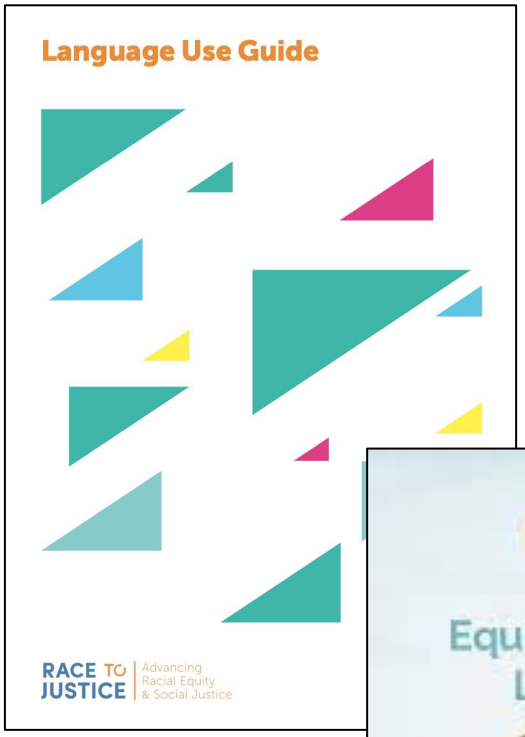
- Name + agency + how long you've been there
- One fun thing you can not tell by looking at me
- One a-ha moment I had since the last training
- One thing that didn't quite fit for me

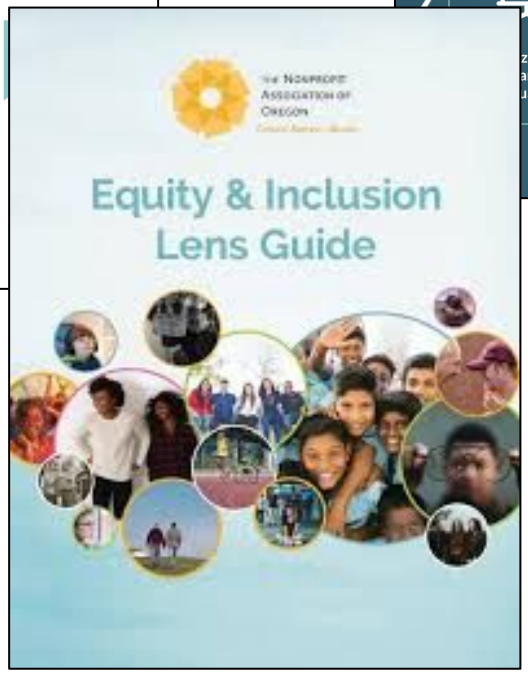
Health Equity Theory of Change

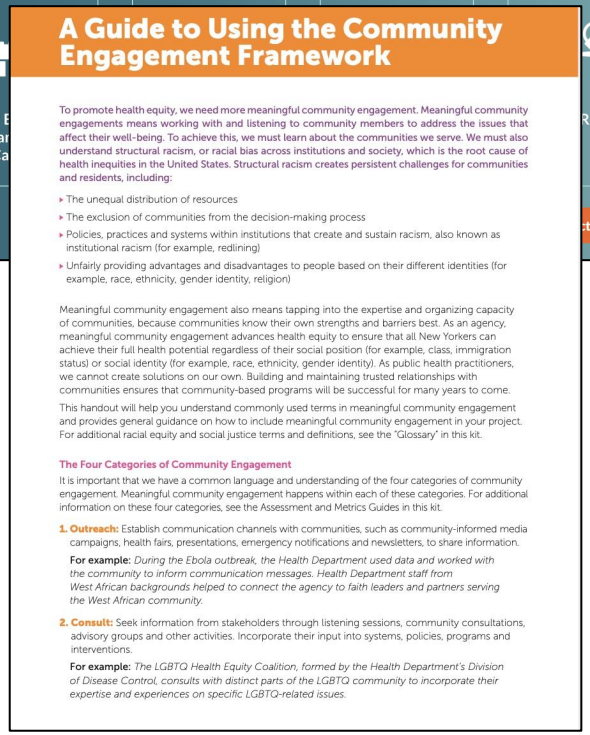
Overcome Power Imbalances

Overcome Structural Oppression

There is no shortage of tools…..







What We'll Cover Today

- Health Equity Guide (brief)
- Root Cause Analysis Tool (brief)
- Equity Lens Tool (deep)

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Tool #1: Health Equity Guide (brief)

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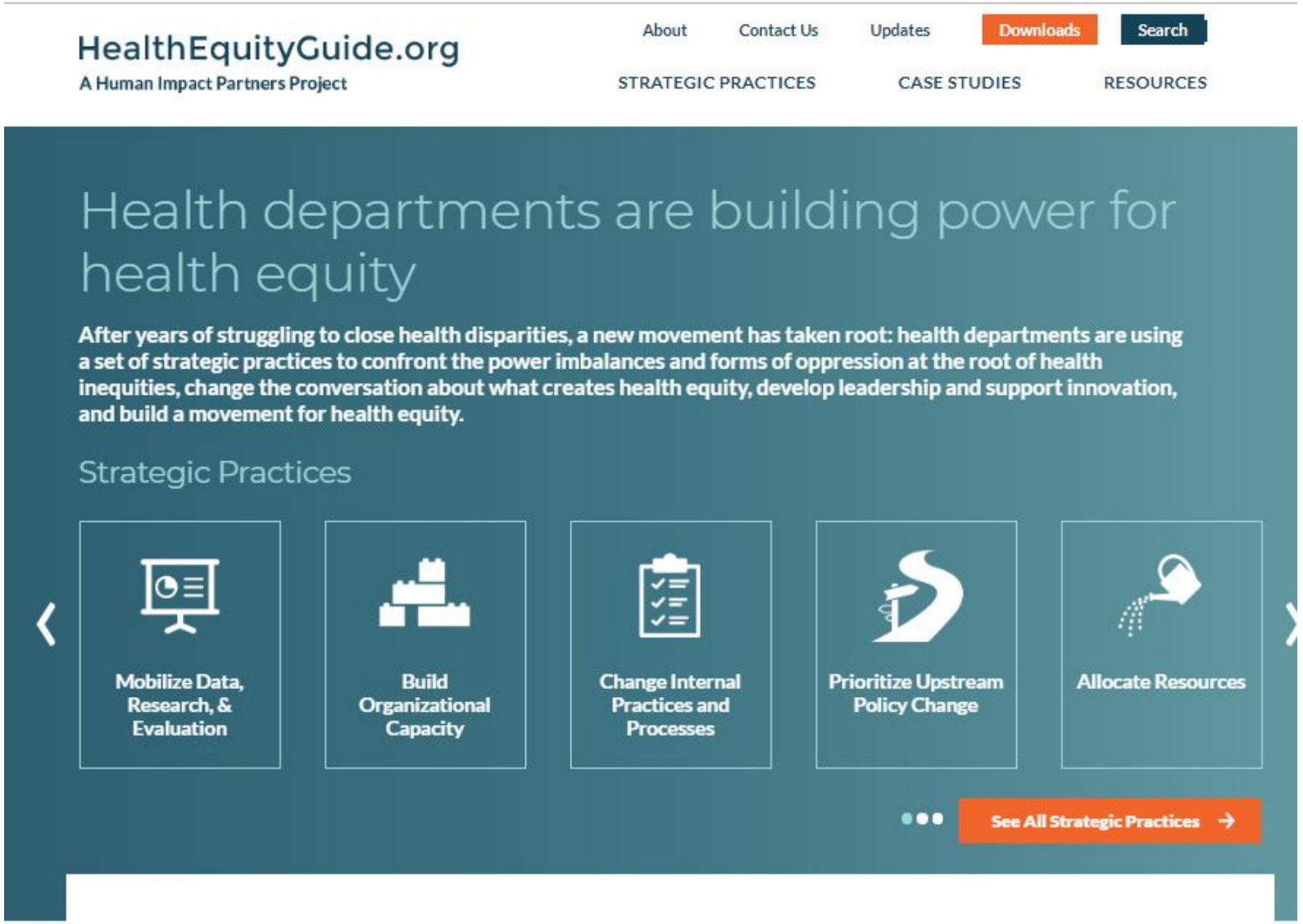
HealthEquityGuide.org
A Human Impact Partners Project
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STRATEGIC PRACTICES
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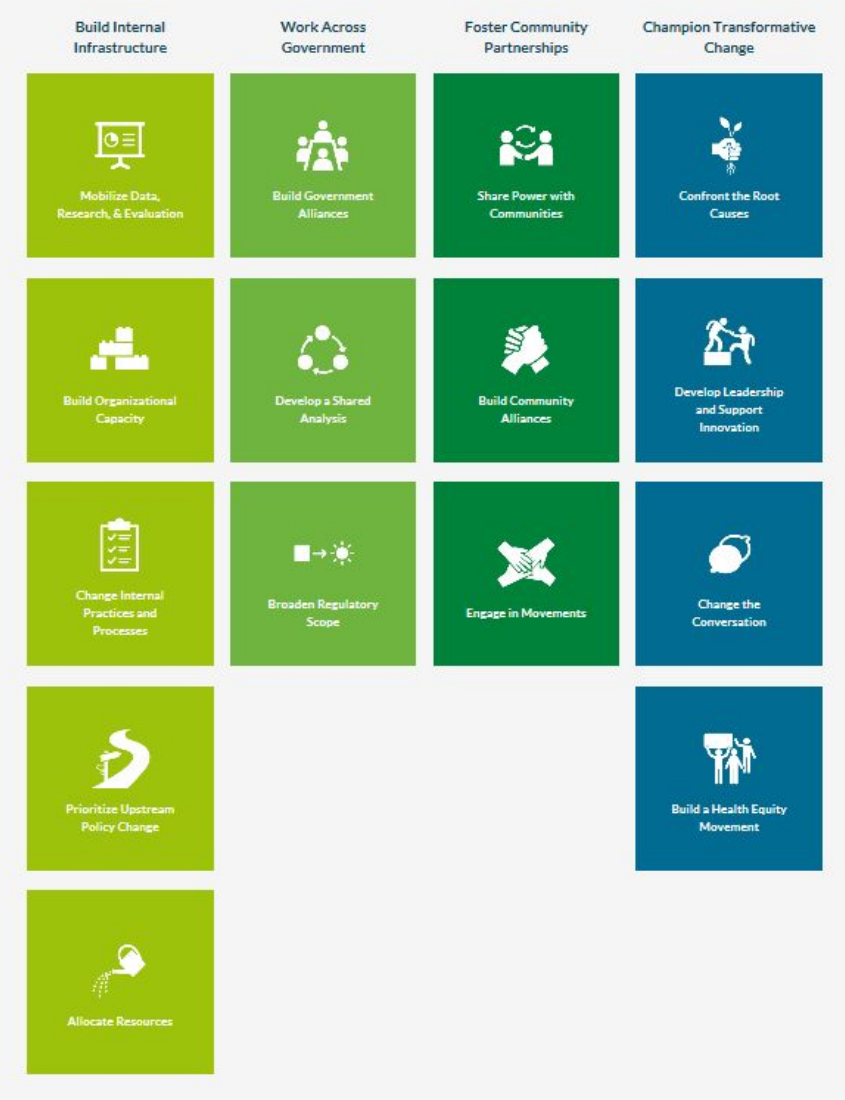
Health departments are building power for health equity
After years of struggling to close health disparities, a new movement has taken root: health departments are using a set of strategic practices to confront the power imbalances and forms of oppression at the root of health inequities, change the conversation about what creates health equity, develop leadership and support innovation, and build a movement for health equity.
Strategic Practices
Mobilize Data, Research, & Evaluation
Build Organizational Capacity
Change Internal Practices and Processes
Prioritize Upstream Policy Change
Allocate Resources
See All Strategic Practices
We want to scale up this transformation
This website is structured around a set of strategic practices that health departments can apply to more meaningfully and comprehensively advance health equity. Over and over, more health departments are asking "What are the strategic steps we can take to advance health equity at our health department?" This resource showcases success stories from across the United States to answer this question.

15 Strategic Practices



Build Internal Infrastructure

- Mobilize data, research, and evaluation
- Build organizational capacity
- Change internal practices and processes
- Prioritize upstream policy change
- Allocate resources

Work Across Government

- Build government alliances
- Develop a shared analysis
- Broaden administrative + regulatory scope

Foster Community Partnerships

- Share power with communities
- Build community alliances
- Engage in movements

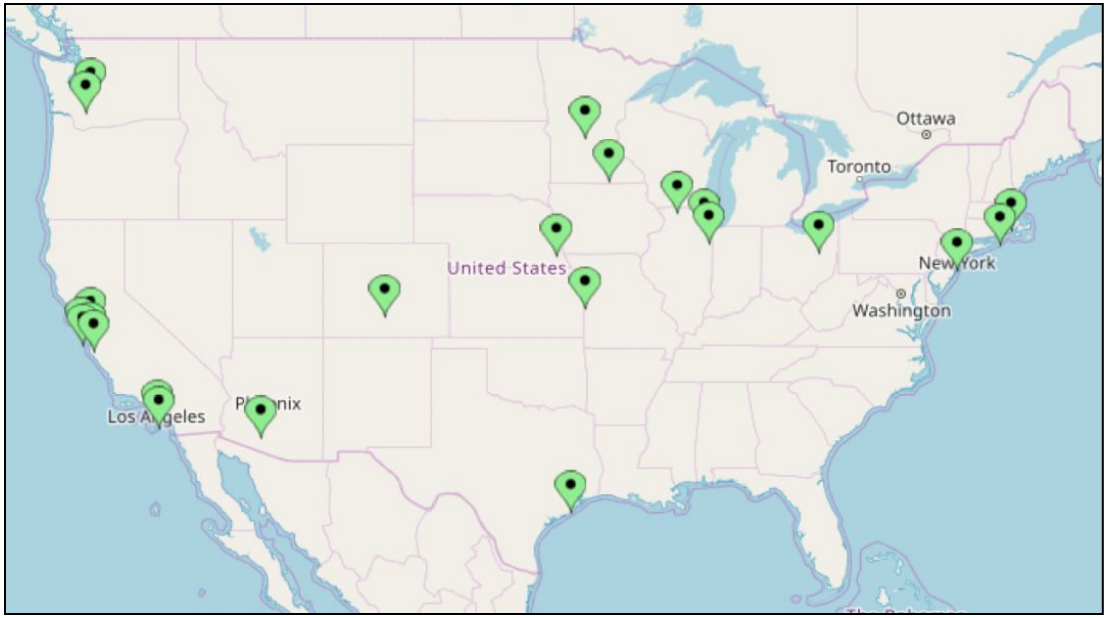
Champion Transformative Change

- Confront root causes
- Develop leadership and support innovation
- Change the conversation
- Build a health equity movement

Case Studies

Each case study includes:

- Overview of their work
- What sparked their work
- Program description
- Outcomes and impacts
- Advice for health depts
- Ways you can get started
- Resources and contact info



How HEG has been used by LPHDs

Washtenaw County MI + Cook County, IL + others: Integrated strategic practices into agency-wide strategic plan + CHIPs

Madison/Dane County, WI: Crosswalk of Health Equity Guide Strategic Practices with PHAB Accreditation Standards

Washington State Association of Local Public Health Officers: Health Equity Guide domains used directly to inform Community Health Leadership Committee Strategic Plan 2019-2022

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Clarifying Questions?

Tool #2: Root Cause Analysis

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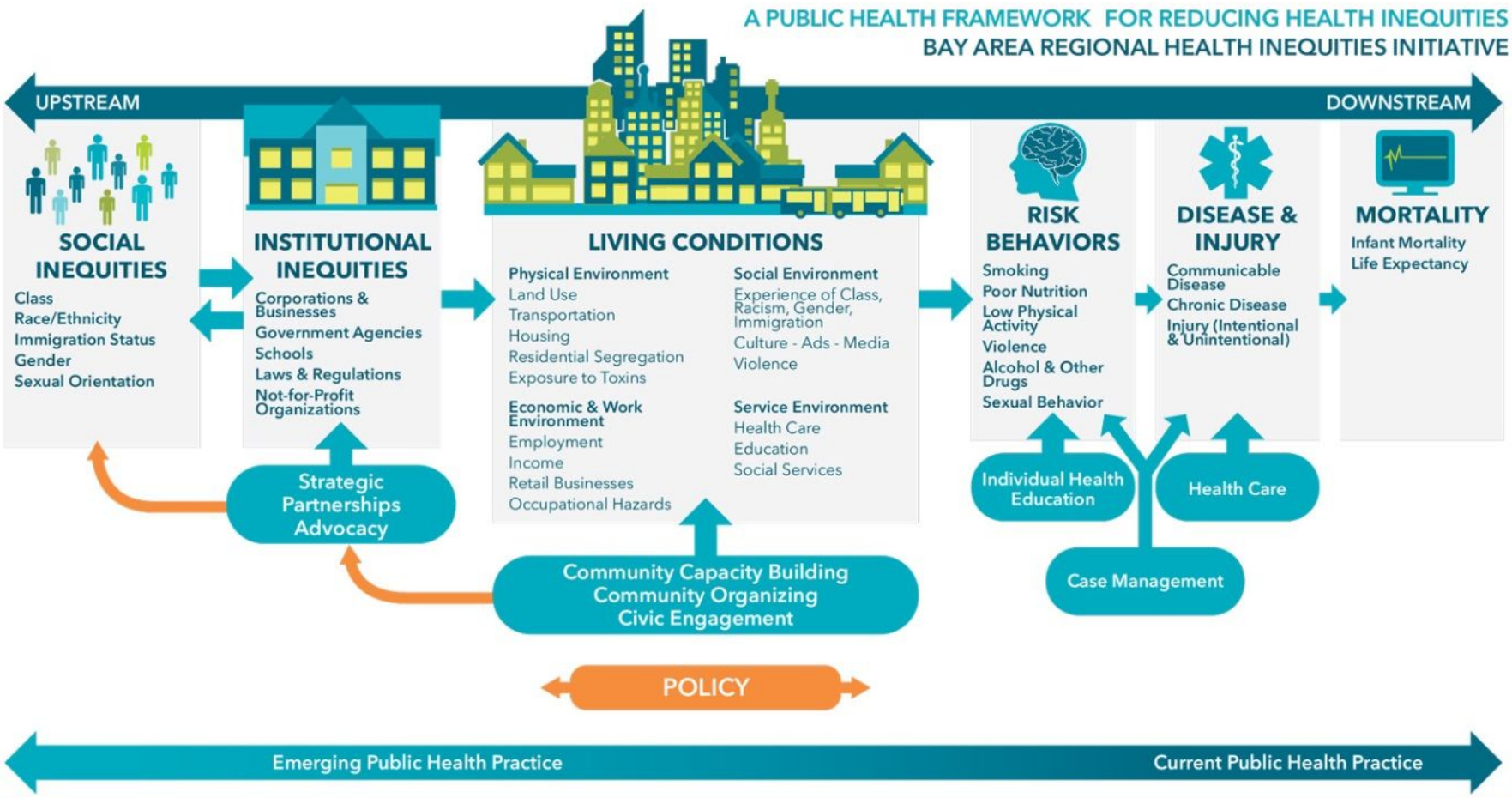
1. Identify root causes and contributing factors

2. Surface possible strategies and solutions for addressing the problems

3. Help discern among the options generated which strategies and solutions can leverage desired changes and make transformative systemic impacts

Source: Annie E. Casey Foundation Race Equity and Inclusion Action Guide


A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE
UPSTREAM
DOWNSTREAM
SOCIAL INEQUITIES
Class
Race/Ethnicity
Immigration Status
Gender
Sexual Orientation
INSTITUTIONAL INEQUITIES
Corporations & Businesses
Government Agencies
Schools
Laws & Regulations
Not-for-Profit Organizations
LIVING CONDITIONS
Physical Environment
Land Use
Transportation
Housing
Residential Segregation
Exposure to Toxins
Economic & Work Environment
Employment
Income
Retail Businesses
Occupational Hazards
Social Environment
Experience of Class, Racism, Gender, Immigration
Culture - Ads - Media
Violence
Service Environment
Health Care
Education
Social Services
RISK BEHAVIORS
Smoking
Poor Nutrition
Low Physical Activity
Violence
Alcohol & Other Drugs
Sexual Behavior
DISEASE & INJURY
Communicable Disease
Chronic Disease
Injury (Intentional & Unintentional)
MORTALITY
Infant Mortality
Life Expectancy
Strategic Partnerships Advocacy
Community Capacity Building
Community Organizing
Civic Engagement
Individual Health Education
Health Care
Case Management
POLICY
Emerging Public Health Practice
Current Public Health Practice

Key Questions in Root Cause Analysis

1. What institutions are involved in creating the issue? What policies and/or practices are involved?

2. What social conditions or determinants contribute to the problem? (e.g., poverty, segregation, education)

3. What cultural norms, myths or popular ideas justify or maintain the problem?

4. Who is burdened most and who benefits most?

5. In what ways is the work of your team addressing root causes? Where are the gaps and opportunities?

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	Downstream Solutions	Upstream/Root Cause Solutions
Food access + Nutrition	- Supporting food pantries to offer healthier options - Sign people up for SNAP - Educate people on nutrition and healthy eating	- Use public resources to invest in the expansion of grocery stores/co-ops - Do direct advocacy on SNAP and federal legislation - Figure out a strategy to address corporate power
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Group Discussion

- Where or how are you currently addressing the root causes of health issues you're working on?
- Where or how can you go further in addressing root causes in your Department's public health practice?
- How could a tool like this support you to do that?

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Tool #3: Equity Lens Tool

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Purpose: Equity Lens Tool

- Designed to integrate explicit consideration of equity – primarily racial equity – in policies, practices, programs, and budgets.

- Can help develop strategies and actions that reduce inequities and improve success for all groups.

- Provide a structure for operationalizing the consideration of equity. It is both a product and a process.

Assumptions of Using an Equity Lens Tool

- Racial disparities exist in virtually every key indicator of child, family, and community well-being.

- Many racially inequitable impacts are produced inadvertently, through processes and choices that may not even explicitly address race, may appear race neutral, or may even be offered to address racial disparities.

- Racial equity tools are not sufficient by themselves to advance equity or eliminate inequities.

Formal Adoption of Racial Equity Lens Tools

- State level: Iowa, Connecticut, Oregon, and New Jersey
- Local level:
  - Multnomah County + City of Portland (OR)
  - King County + City of Seattle (WA)
  - City of Madison + Dane County (WI)
  - City of St. Paul + City of Minneapolis (MN)

Racial Equity Toolkit
to Assess Policies, Initiatives, Programs, and Budget Issues

RACE & SOCIAL JUSTICE INITIATIVE

The vision of the Seattle Race and Social Justice Initiative is to eliminate racial inequity in the community. To do this requires ending individual racism, institutional racism and structural racism. The Racial Equity Toolkit lays out a process and a set of questions to guide the development, implementation and evaluation of policies, initiatives, programs, and budget issues to address the impacts on racial equity.

When Do I Use This Toolkit?

Early. Apply the toolkit early for alignment with departmental racial equity goals and desired outcomes.

How Do I Use This Toolkit?

With inclusion. The analysis should be completed by people with different racial perspectives.

Step by step. The Racial Equity Analysis is made up of six steps from beginning to completion:

Step 1. Set Outcomes.
Leadership communicates key community outcomes for racial equity to guide analysis.

Step 2. Involve Stakeholders + Analyze Data.
Gather information from community and staff on how the issue benefits or burdens the community in terms of racial equity.

Step 3. Determine Benefit and/or Burden.
Analyze issue for impacts and alignment with racial equity outcomes.

Step 4. Advance Opportunity or Minimize Harm.
Develop strategies to create greater racial equity or minimize unintended consequences.

Step 5. Evaluate. Raise Racial Awareness. Be Accountable.
Track impacts on communities of color overtime. Continue to communicate with and involve stakeholders. Document unresolved issues.

Step 6. Report Back.
Share information learned from analysis and unresolved issue with Department Leadership and Change Team.

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Typically Embedded in Racial Equity Framework

CITYWIDE RACIAL EQUITY GOALS & STRATEGIES

OFFICE of EQUITY and HUMAN RIGHTS
CITY OF PORTLAND

EQUITY GOAL #1

We will end racial disparities within city government, so there is fairness in hiring and promotions, greater opportunities in contracting, and equitable services to all residents.

EQUITY GOAL #2

We will strengthen outreach, public engagement, and access to City services for communities of color and immigrant and refugee communities, and support or change existing services using racial equity best practices.

EQUITY GOAL #3

We will collaborate with communities and institutions to eliminate racial inequity in all areas of government, including education, criminal justice, environmental justice, health, housing, transportation, and economic success.

OVERALL STRATEGIES

1. **Use a racial equity framework:**
   Use a racial equity framework that clearly articulates racial equity; implicit and explicit bias; and individual, institutional, and structural racism.

2. **Build organizational capacity:**
   Commit to the breadth and depth of institutional transformation so that impacts are sustainable. While the leadership of electeds and officials is critical, changes take place on the ground, through building infrastructure that creates racial equity experts and teams throughout the city government.

3. **Implement a racial equity lens:**
   Racial inequities are not random; they have been created and sustained over time. Inequities will not disappear on their own. It is essential to use a racial equity lens when changing the policies, programs, and practices that perpetuate inequities, and when developing new policies and programs.

4. **Be data driven:**
   Measurement must take place at two levels—first, to measure the success of specific programmatic and policy changes; and second, to develop baselines, set goals, and measure progress. Using data in this manner is necessary for accountability.

5. **Partner with other institutions and communities:**
   Government work on racial equity is necessary, but insufficient. To achieve racial equity in the community, government needs to work in partnership with communities and institutions to achieve meaningful results.

6. **Operate with urgency and accountability:**
   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. Collectively, we must create greater urgency and public commitment to achieve racial equity.

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5 Key Steps + Questions in Equity Lens Tool

1. Are the voices of all groups affected by the decision at the discussion and decision making table?

2. How will the proposed decision affect each group? Who benefits? Who is burdened?

3. How will the proposed decision be perceived by each affected group? Especially given history of the issue?

4. Does the decision worsen or ignore existing disparities, or does it close gaps?

5. Based on the above responses, what revisions are needed in the decision to avoid or mitigate impacts?

Equity Lens = Process + Outcome

Outcome = Written assessment that summarizes findings across key questions, and actionable decisions to improve equity

Process = Setting up your team, *how* you work together to complete the assessment, and also how community is engaged

Appropriate for Government Staff

Routine use of an equity lens tool by staff allows integration across the breadth of government functions, and depth across the hierarchy:

- Policy analysts can integrate into policy development and implementation
- Budget analysts can integrate into budget proposals
- Program staff can integrate into program proposals

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Before Getting Started……

- What is the **specific decision** you are evaluating?
- Is it **early enough** in the timeline?
- Who is the **team** to do it collaboratively?
- Are you prepared to use the tool at **every critical decision** step of an issue?

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Small Groups Discussion (20 min)

- Has your jurisdiction adopted or institutionalized something like this?
  - What do you know about its usage and effectiveness?

- Could you imagine doing something like this routinely for COVID or other policy decisions?

- What would have to change to build this into your practices?

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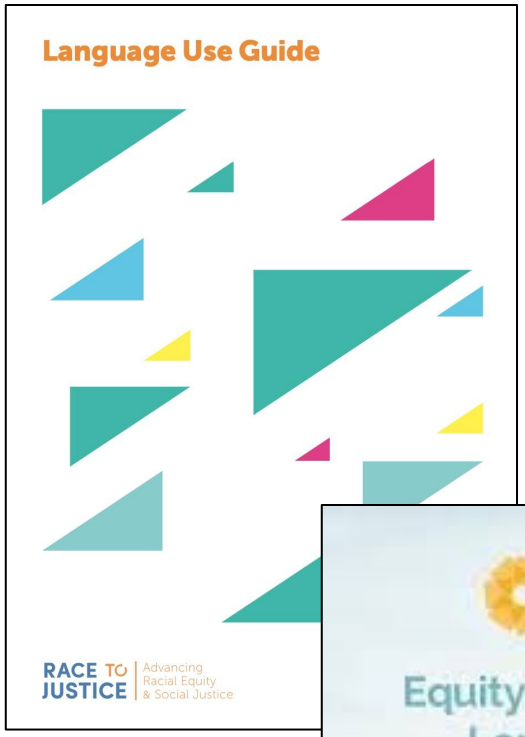
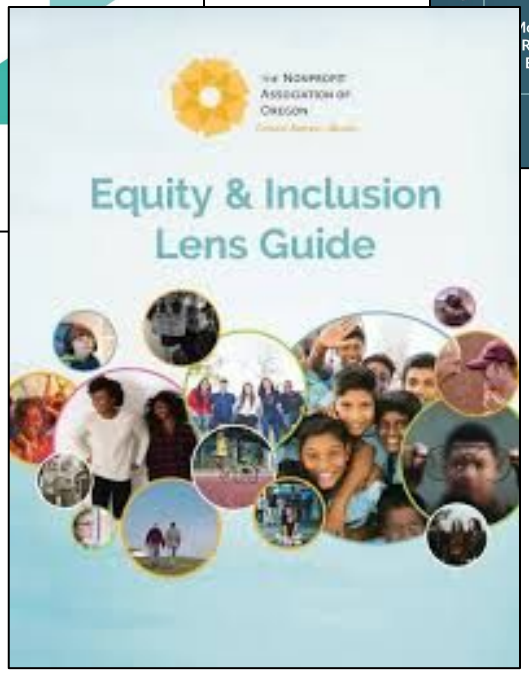
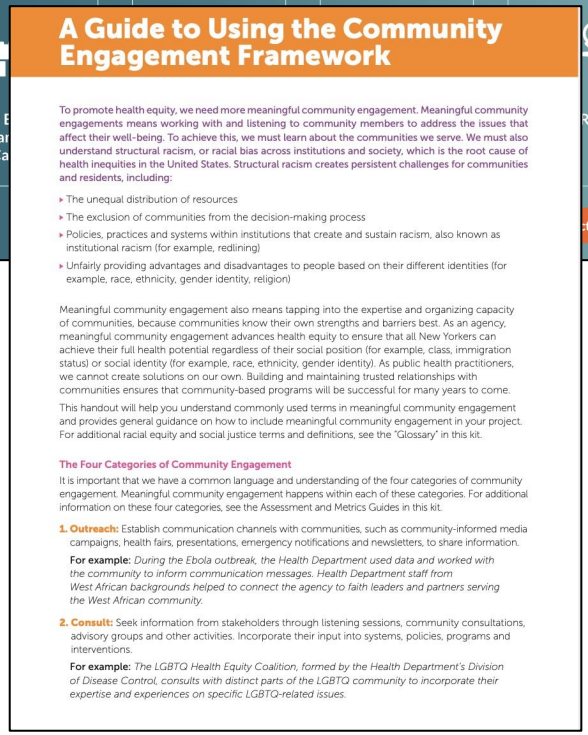
No shortage of opportunities…..







Transformational Change Requires Organizational Change

- Organizations change when people change.
- Lion's share of resources – in changemaking process – are put into the technical aspects of the change and the little of what is left goes into supporting the people.
- Need to find the characteristics that motivate change, so that acceptance becomes contagious and spreads more easily throughout an organization.

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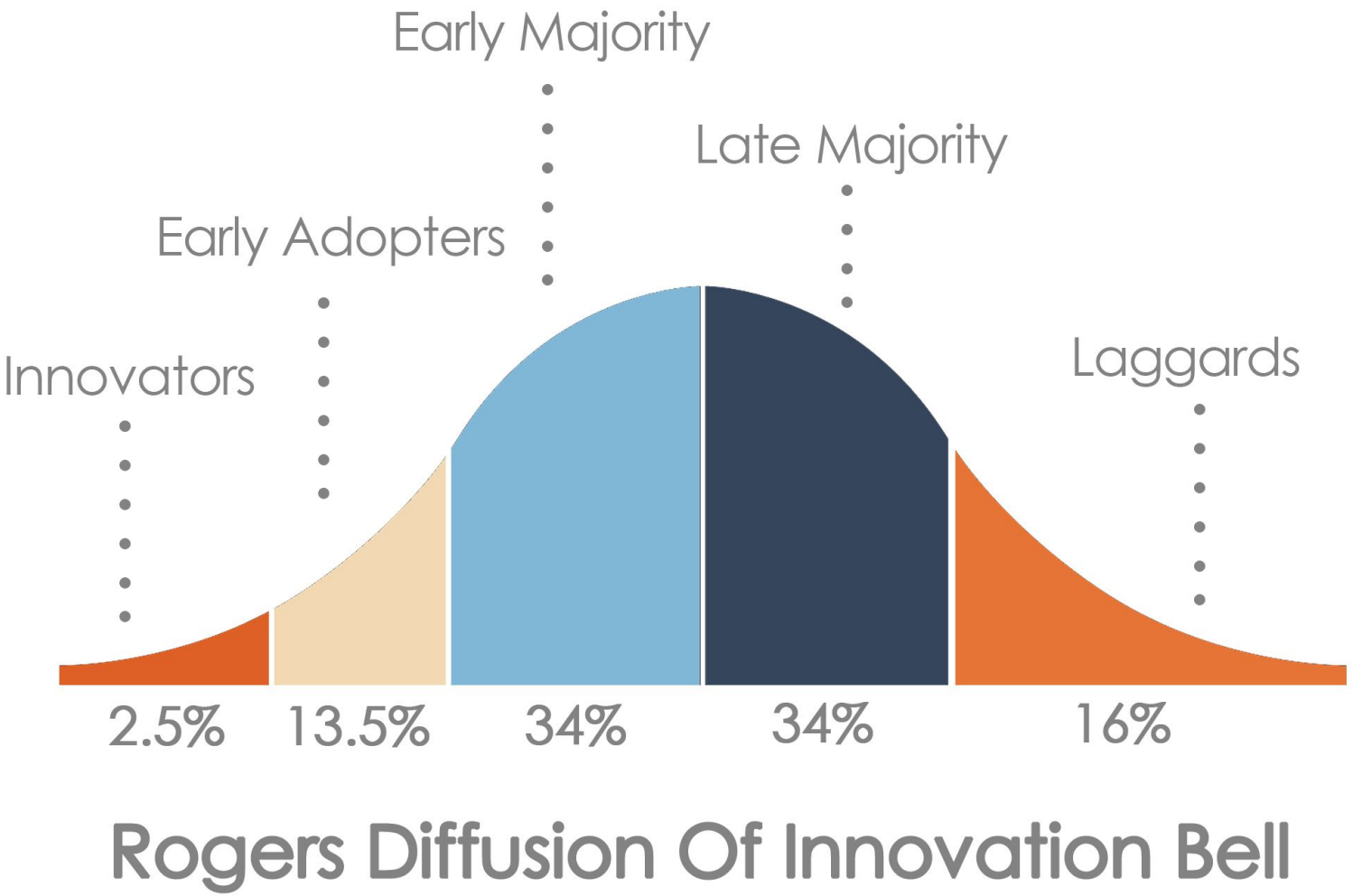
Diffusion of Innovation



Rogers Diffusion Of Innovation Bell

Take Strategic Risks

1. What would I do if I were being more courageous?

2. What will inaction cost me one year from now if I do nothing?

3. Where is my fear of failure getting in the way?

Source: "Take a Risk: The Odds Are Better Than You Think" Margie Warrell, Forbes.com (June 2013)

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Closing Discussion Question (10 min)

- Now that we have a shared analysis, understand managing organizational change, and have reviewed some of the tools available, what is getting in the way of pursuing your vision?

- And what do we need to do to address these root causes of our own capacity to make the changes we seek?

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Evaluation + Appreciations

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Quick Evaluation of Today

What I liked	What I would improve

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Closing Exercise

Type into the Chat:

One thing that you can commit to doing or thinking about differently coming out of this meeting.

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Thank you!

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