Lobby

Please tell us a little bit about yourself! How would you describe your role?

- Substance Misuse Prevention Practitioner
- Substance Misuse Treatment Provider
- Law Enforcement Representative
- Teacher/educator
- Researcher/Scientist
- Coalition Member
- Other

Northwest (HHS Region 10)

PTTC Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Health Equity in Prevention Part I

Ona Crow, MSW, CPSII

Ailala Kay, MA

September 3, 2020

Disclaimer

The views expressed in this webinar do not necessarily represent the views, policies, and positions of the Substance Abuse and Mental Health Services Administration or the U.S. Department of Health and Human Services.

This webinar is being recorded and archived, and will be available for viewing after the webinar. Please contact the webinar facilitator if you have any concerns or questions.

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SDRG

SCHOOL OF SOCIAL WORK
UNIVERSITY of WASHINGTON

Prevention Science Graduate Program
WASHINGTON STATE UNIVERSITY

CASAT
Center for the Application of Substance Abuse Technologies
University of Nevada, Reno

Upcoming Webinars – Save the Dates!

Health Equity in Prevention – Part II

October 1, 2020

1:00 – 2:30 PM Pacific

Northwest PTTC Leadership Academy

Virtual Academy – Limited space for prevention practitioners in Region 10 only:

September 14th – 10:00 AM – 12:00 PM

September 24th – 10:00 AM – 2:00 PM

September 25th – 10:00 AM – 2:00 PM

October 6th – 10:00 AM – 11:30 AM

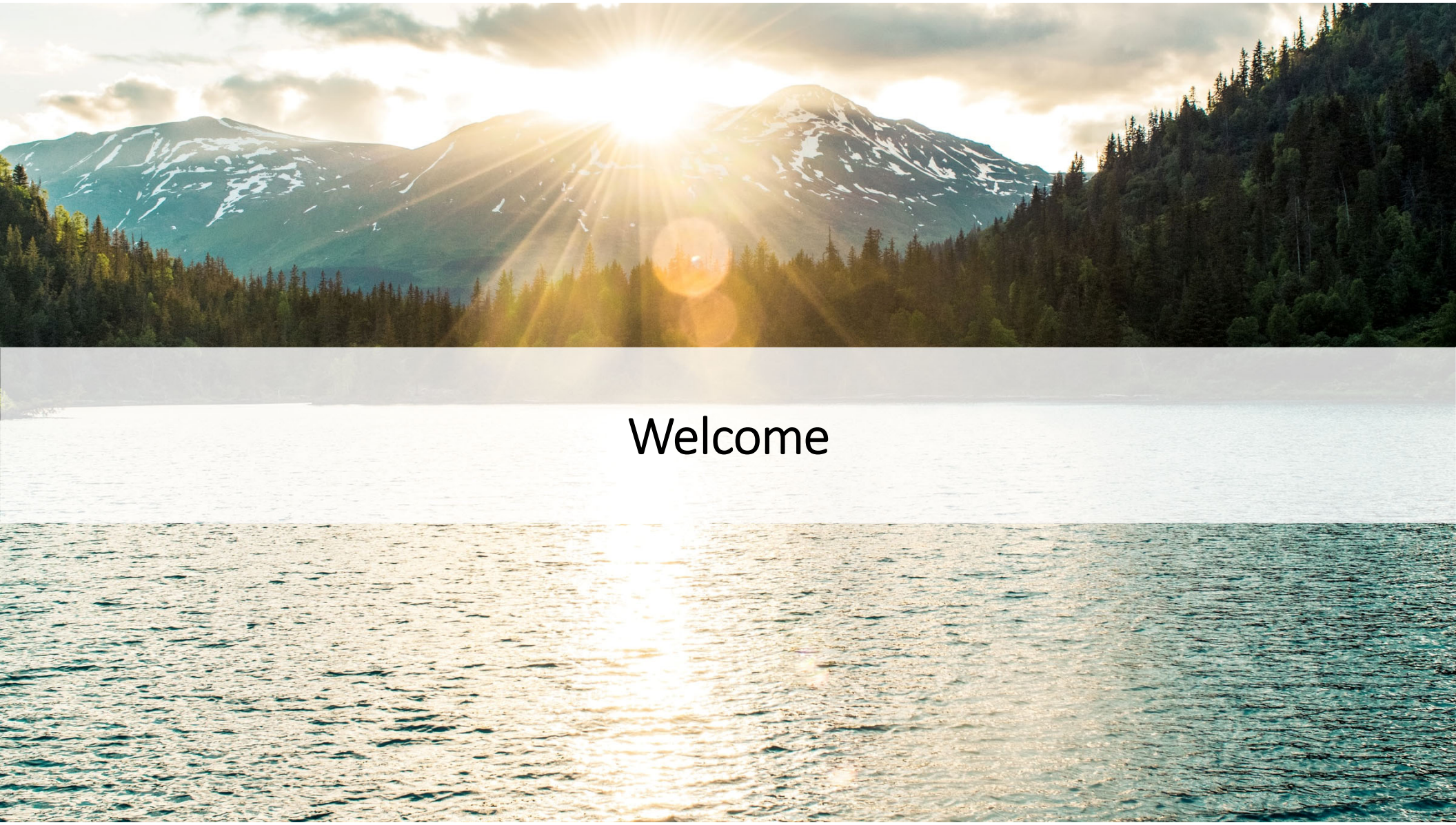
October 14th – 10:00 AM – 11:30 AM

Presenters

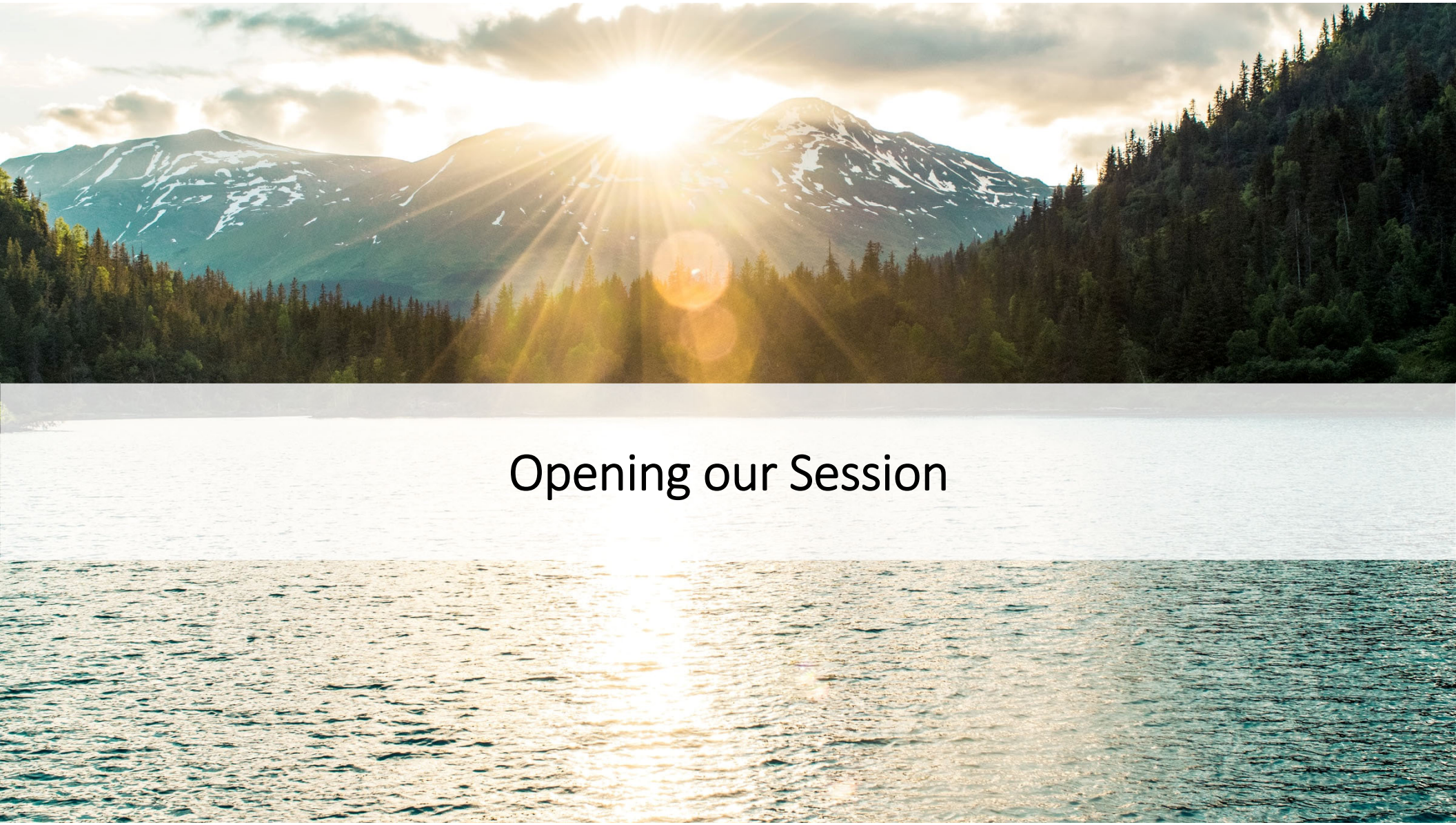
Ona Crow, MSW, CPSII, serves primarily on OMNI's Statewide Training and Technical Assistance Project, which provides customized training and technical assistance in needs assessment, capacity building, planning, implementation, and evaluation of evidence-based prevention programs, policies, and practices to organizations and communities in Western Colorado. Ona also supports additional projects related to equity, food access, organizational development and planning, and more.

Ailala Kay, MA, is the Learning and Development Director at OMNI where she has worked since 2004. Ms. Kay brings over 15 of experience developing, leading and managing statewide capacity building projects with a team of regionally based, remote staff to implement consistent high-quality services while allowing for the flexibility needed to be responsive to areas of health equity, culture, and other needs of each community.

Community Panelists: Donna Kelly and Cristina Perez, are joining the discussion from the states of Washington and Idaho. They will be sharing their thoughts around what health equity means for the communities they live and work in.



Welcome



Opening our Session

Our Journey

Where we've been today

1. Defining Health Equity as it relates to Racial Equity
2. Integrating Equity into Prevention + Break Out Groups
3. Moving to an Embodied Practice of Equity + Storytelling in Pairs
4. Mindful Reflection and Q&A

Learning Agreements

How we hold each other in this space.

Listen and witness

The biggest gift we can offer is to truly listen deeply to what others share.

Take space and make space

Balance your voice with the voices of others. Speak up or pause as needed.

Commitment and Presence

Please remove distractions and give the gift of your full presence to everyone

Confidentiality

Share what you are learning freely, and keep the stories of others private

Space that is brave and safe

When you share, be brave. When others share, hold a safe space for their bravery

Hold each other with care

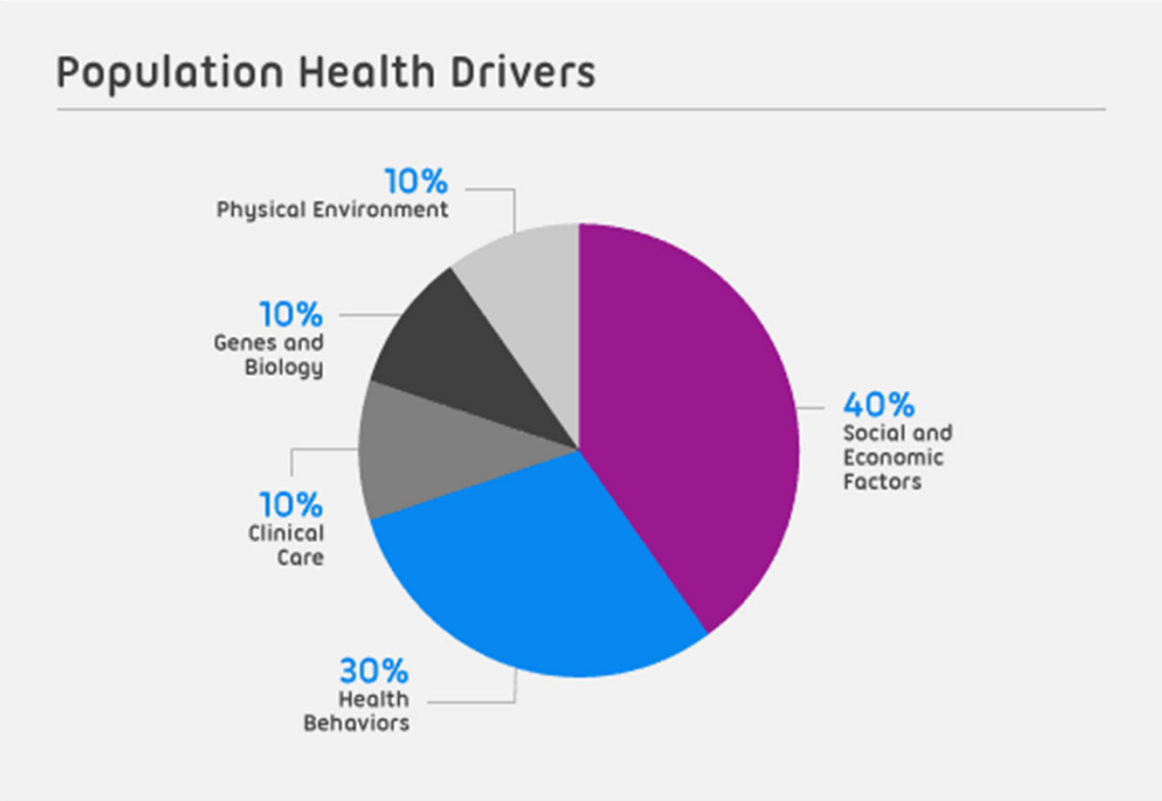
In these hard conversations, hold each other with compassion and tenderness

Breathe!

Defining Health Equity as it relates to Racial Equity

What has the biggest impact on a person’s overall health throughout their lifetime?

Determinants of Health



Source: Tarlov AR. Public policy frameworks for improving population health. Ann N Y Acad Sci. 1999;896:281-293. doi:10.1111/j.1749-6632.1999.tb08123.x

Health Equity

In our society, **historical context which has led to the current systems and structures** that determine whether a person has a health advantage or disadvantage based on their identities.

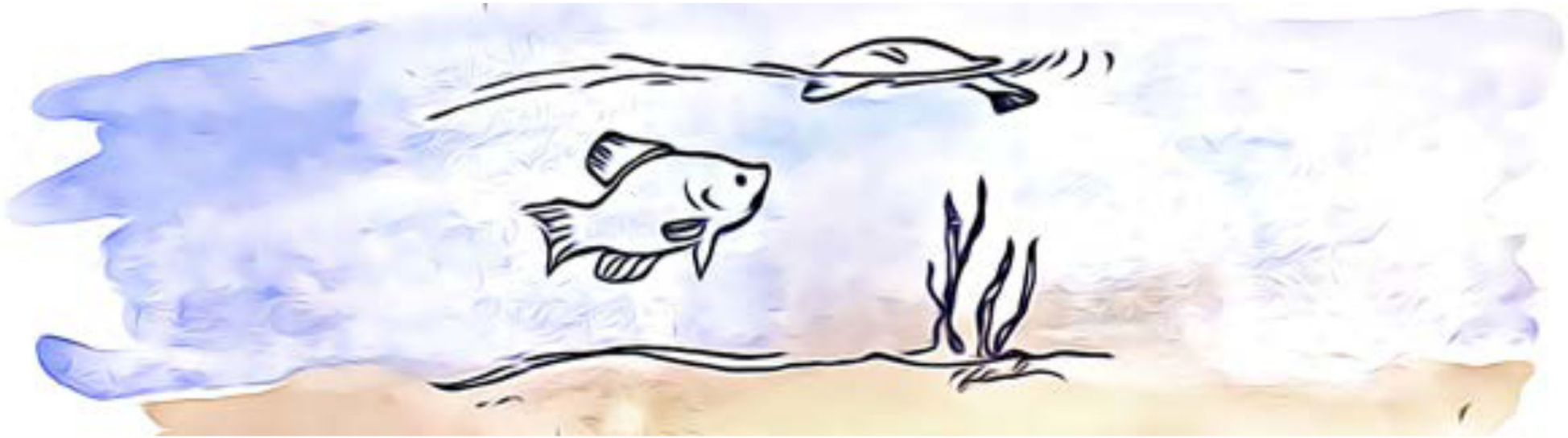
The term **health inequity** is the term often used to describe this concept, that not everyone has the same *opportunity* to be healthy.

The term **Health Equity** describes the goal of creating a world in which everyone has the opportunity to be as healthy as they can be.

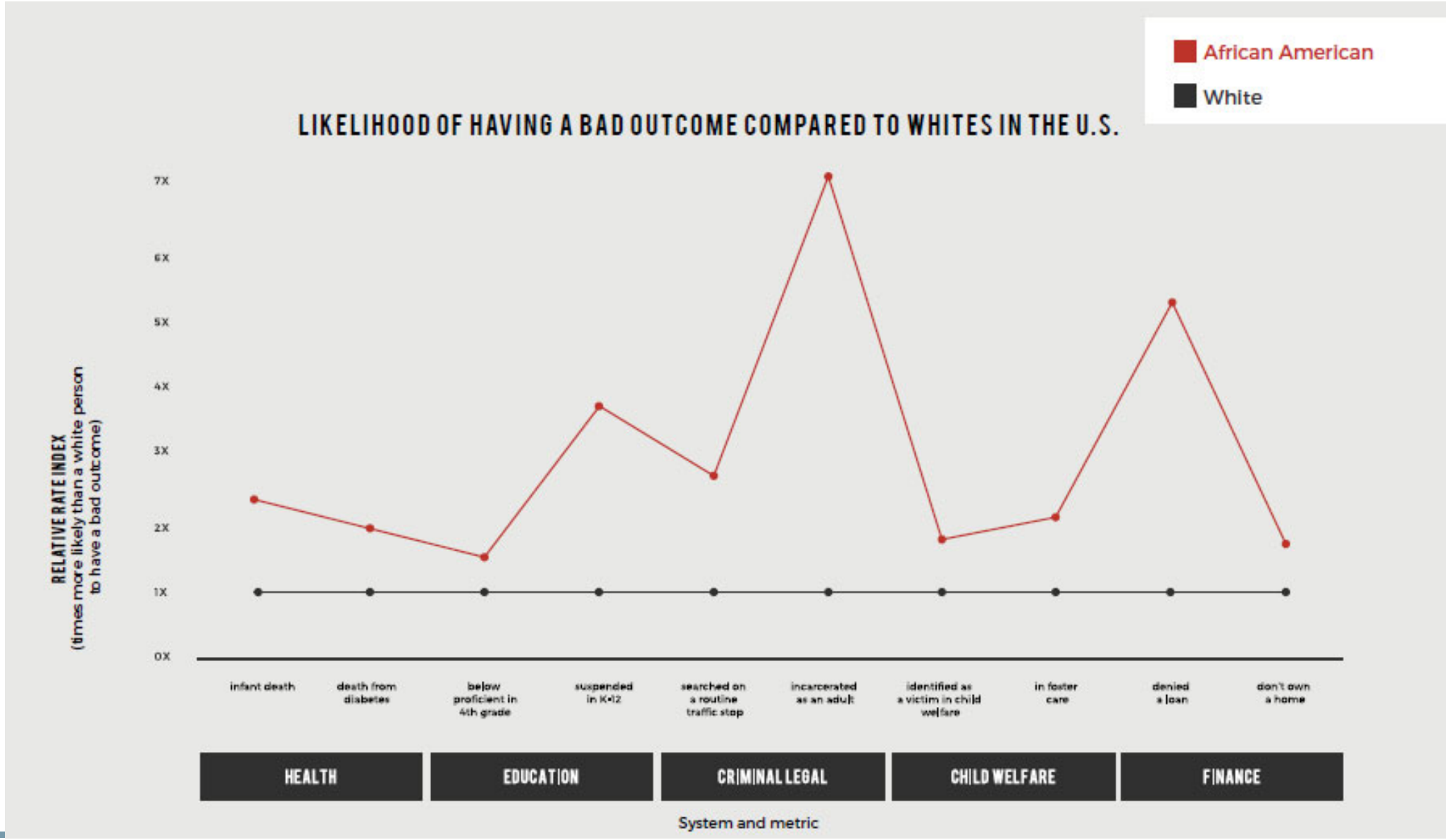
...pause...

The Groundwater Approach

By Bayard Love and Deena Hayes-Greene of The Racial Equity Institute



Artwork by Jojo Karlin (jojokarlin.com)


African American
White
LIKELIHOOD OF HAVING A BAD OUTCOME COMPARED TO WHITES IN THE U.S.
RELATIVE RATE INDEX
(times more likely than a white person to have a bad outcome)
7X
6X
5X
4X
3X
2X
1X
0X
infant death
death from diabetes
below proficient in 4th grade
suspended in K-12
searched on a routine traffic stop
incarcerated as an adult
identified as a victim in child welfare
in foster care
denied a loan
don't own a home
HEALTH
EDUCATION
CRIMINAL LEGAL
CHILD WELFARE
FINANCE
System and metric

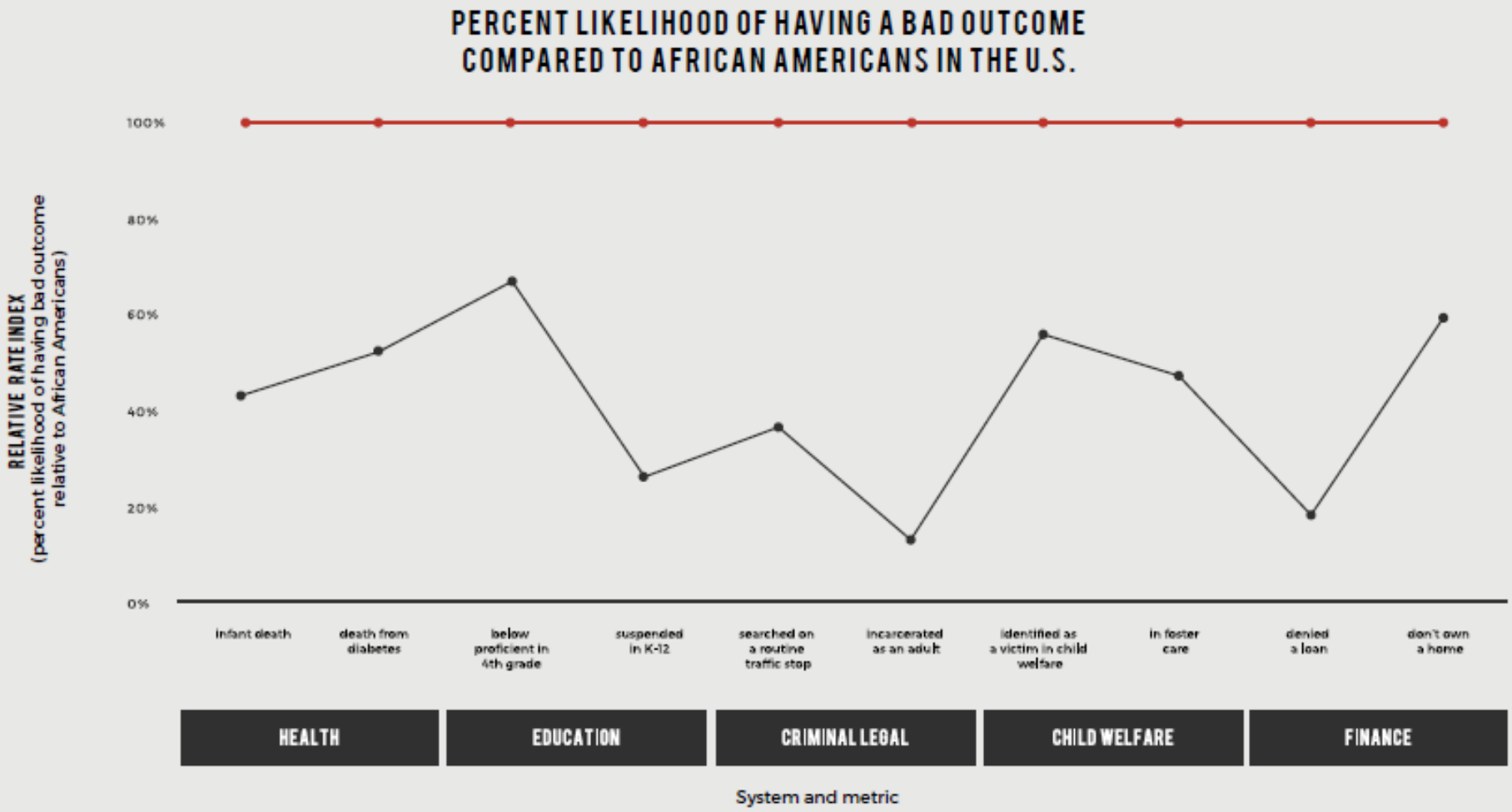


Figure 2: The same data arranged with whites as the reference group demonstrates the same point with a different frame: "Whites are only ~15%-~65% as likely to have a bad outcome across systems" (sources in text on page 6).

Reflection

How does this land with you?

Integrating Equity into Prevention

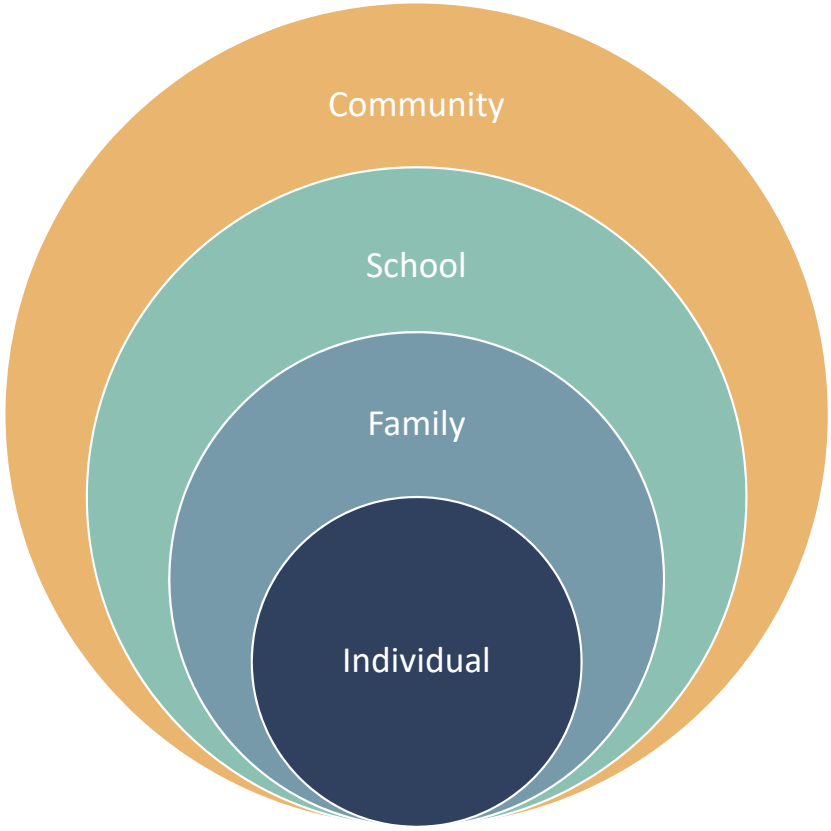
Social Determinants of Health

The social and physical environments in which we are born, live, learn, work, play, worship, and age impact our health outcomes

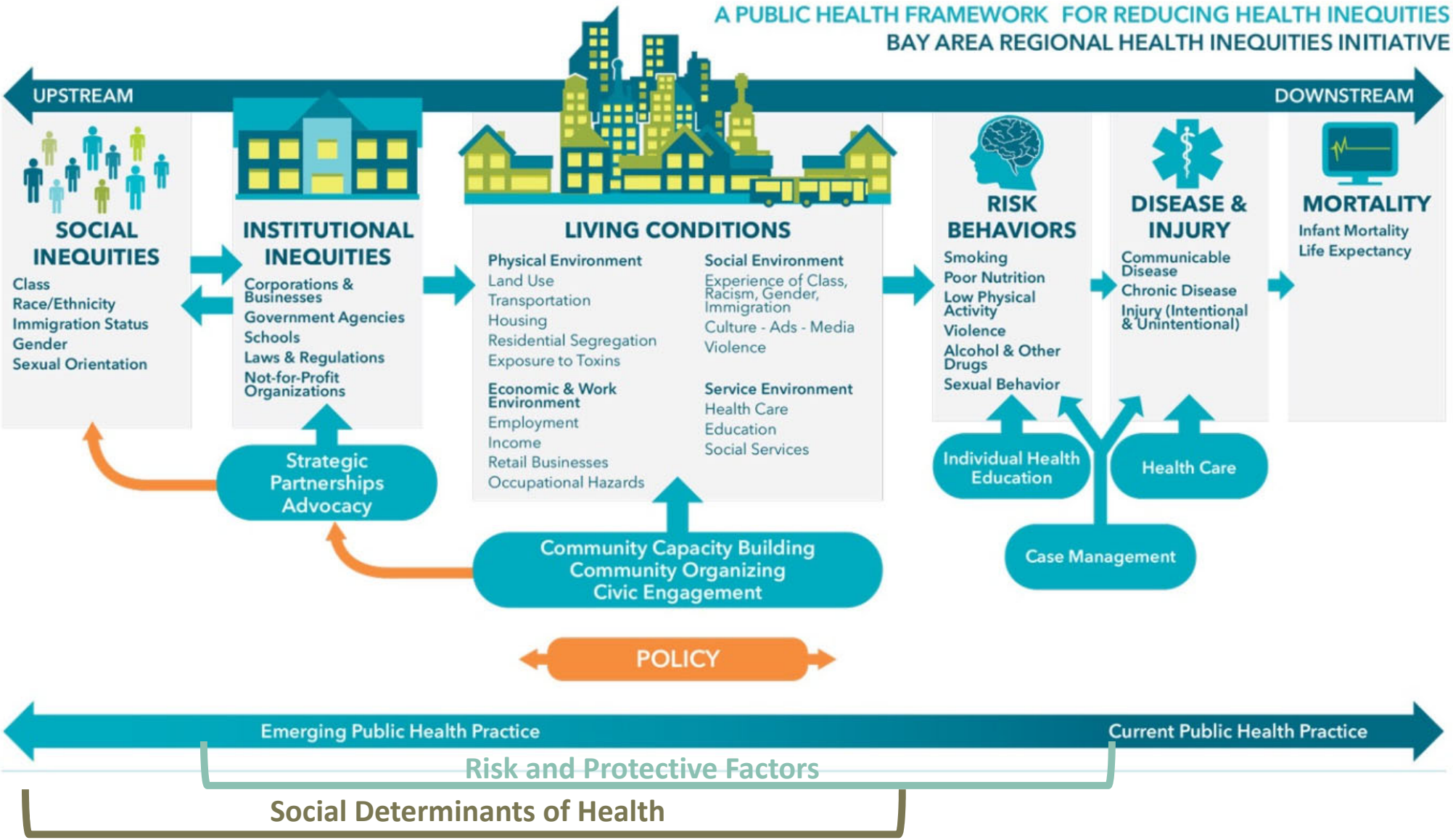
Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

Risk and Protective Factors

- **Risk factors** are those elements in a person's environment that increase the likelihood of them engaging in health compromising behaviors
- **Protective factors** buffer against risk in otherwise adverse circumstances by either reducing the impact of risk, or changing the way a person responds to it.



Adapted from https://www.communitiesthatcare.org.au/how-it-works/risk-and-protective-factors

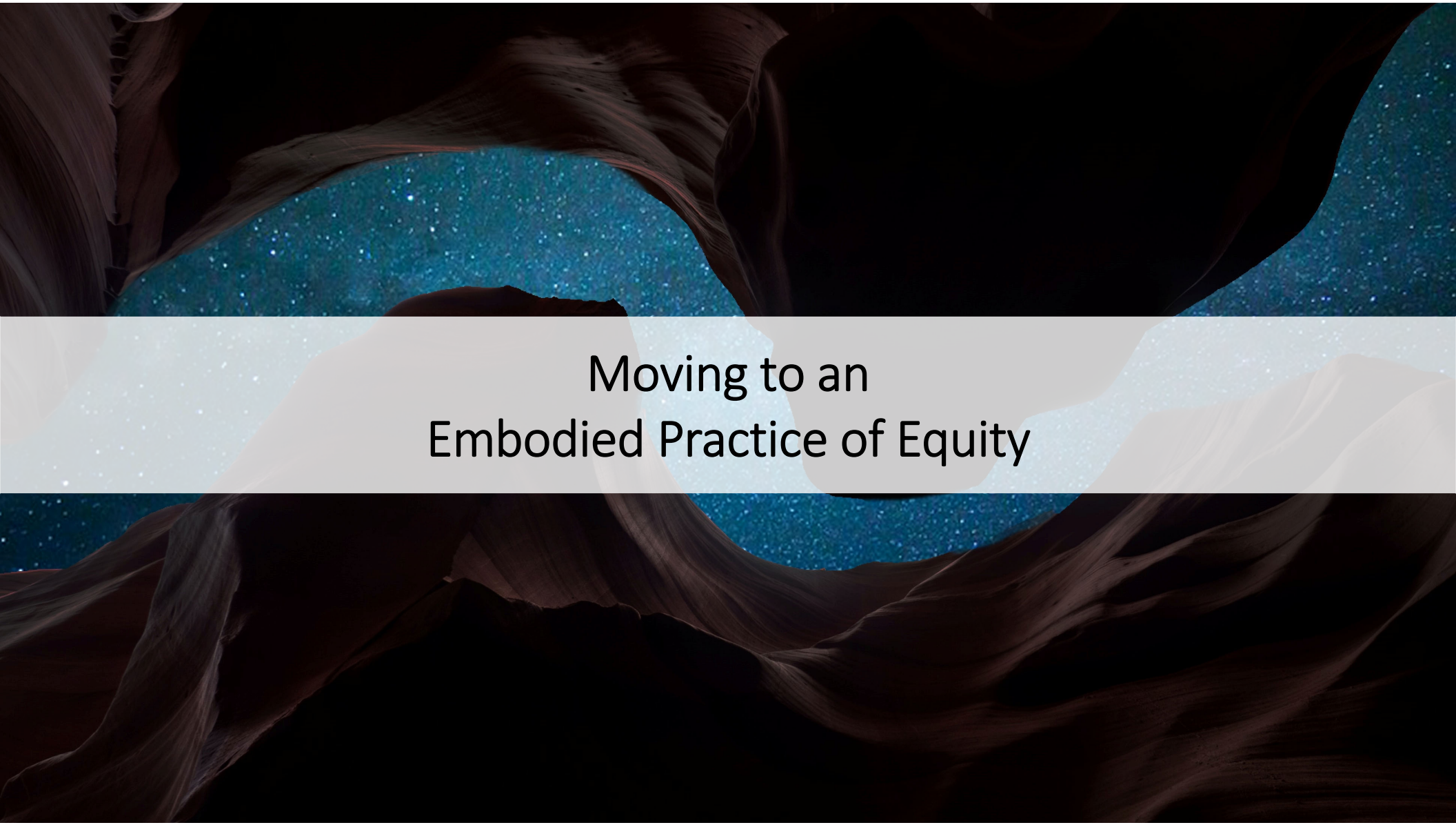

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE
UPSTREAM
DOWNSTREAM
SOCIAL INEQUITIES
Class
Race/Ethnicity
Immigration Status
Gender
Sexual Orientation
INSTITUTIONAL INEQUITIES
Corporations & Businesses
Government Agencies
Schools
Laws & Regulations
Not-for-Profit Organizations
LIVING CONDITIONS
Physical Environment
Land Use
Transportation
Housing
Residential Segregation
Exposure to Toxins
Social Environment
Experience of Class, Racism, Gender, Immigration
Culture - Ads - Media
Violence
Economic & Work Environment
Employment
Income
Retail Businesses
Occupational Hazards
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
Risk and Protective Factors
Social Determinants of Health

Story Activity

A story that could be true.

Reflecting on the Story

- Identify 1 key moments that contributed to SUD
- Determine where are the BARHII this key moment falls and which system or system were involved
- Discuss how the groundwater of structural racism and other ‘isms’ may have played a role



Moving to an Embodied Practice of Equity

An Embodied Practice

The Three Components

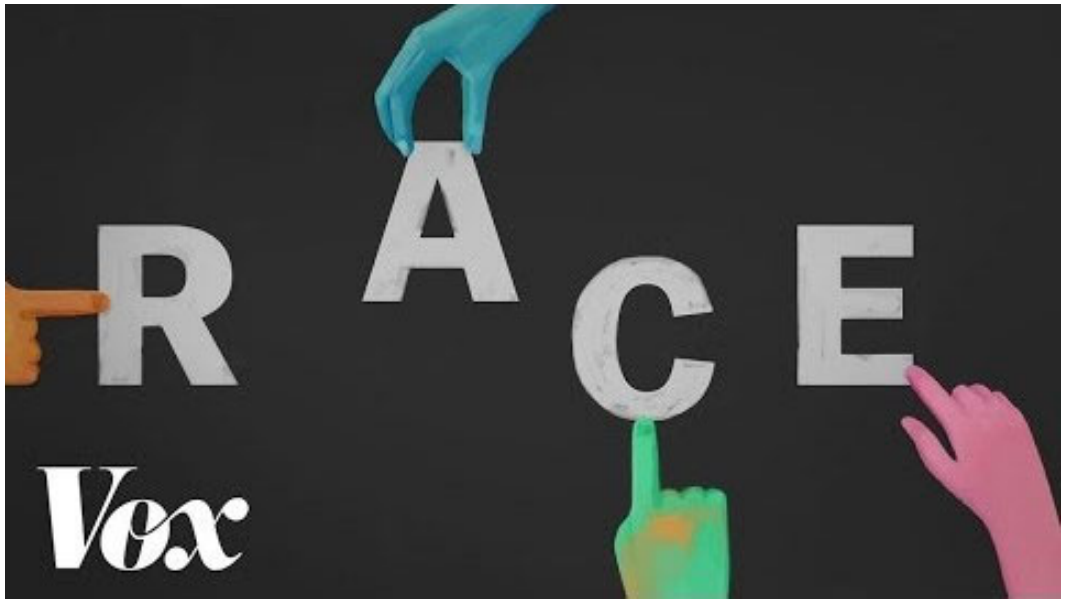
1. Shared Historical Analysis
2. Personal Reflection
3. Storytelling in Relationship

…all woven together over time

Source: Framework of Equity Lab, Isaac-Grody Patinkin, Master of Public Health Thesis

Shared Historical Understanding on Race

Race is a social construct



Resources

Places to dive deeper

- Integrative Institute for Social Change
- Racial Equity Institute
- Othering and Belonging Institute
- Emergent Strategies, by adrienne marie brown
- White Fragility, by Robin DiAngelo
- How to be Anti-Racist, by Ibrim X. Kendi
- Scene on Radio Podcast, Season 2 and beyond
- Irresistible (fka Healing Justice Podcast)

Personal Reflection

- Take time to reflect on your story
- Share your stories in small groups
- Show gratitude for other’s sharing

Personal Reflection- Your story

Something you are willing to share

One thing which I (sometimes) feel judged about is:

This is important for me to tell you this because:

Storytelling

Take turns to share each of your first stories, then take turns to share each of your second stories

1

Listener - take a moment to set your story aside and prepare to listen fully
Sharer – take a moment to reread your story and prepare to share fully

2

Sharer – Share your story
Listener – Listen fully

3

Listener – Show gratitude for sharer's willingness to share
Sharer - Receive gratitude for sharing

...reflect...

An Embodied Practice

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Mindful Reflection and Q&A

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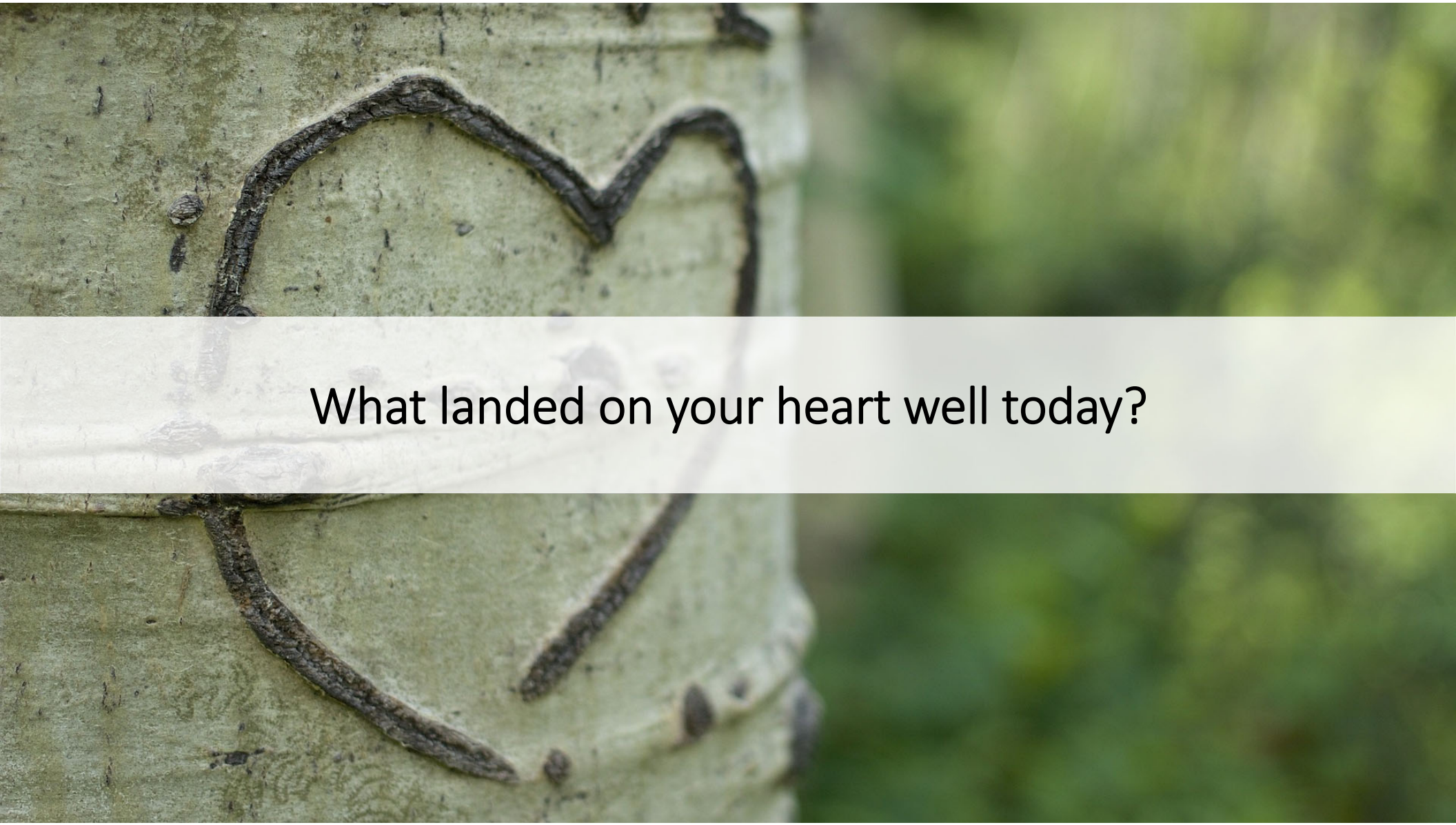
What landed on your heart well today?

Next Session

October 3rd

2-3:30 pm MT/1-2:30 pm PT

Using the Health Equity Toolkit

Closing our Session

Last Thing!

Make sure to fill out a feedback form!

https://ttc-gpra.org/P?s=383871