### County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

# BUILDING EQUITY INTO YOUR NETWORK OF PARTNERS

## October 20, 2020



Support provided by



Robert Wood Johnson Foundation



County Health Rankings & Roadmaps is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

A Robert Wood Johnson Foundation program

## **YOUR FACILITATORS & GUEST**



Ericka Burroughs-Girardi Action Learning Coach



Carla Freeman Action Learning Coach



#### **Abby Charles**

Program Director, Institute for Public Health Innovation

# JOIN US FOR MORE DISCUSSION – TODAY!

- When: <u>Immediately</u> following the webinar
- What: Interactive learning experience, opportunity to share ideas and ask questions
- How: Videoconference and/or phone via Zoom
- Why: Deepen the webinar learning, allow further exploration

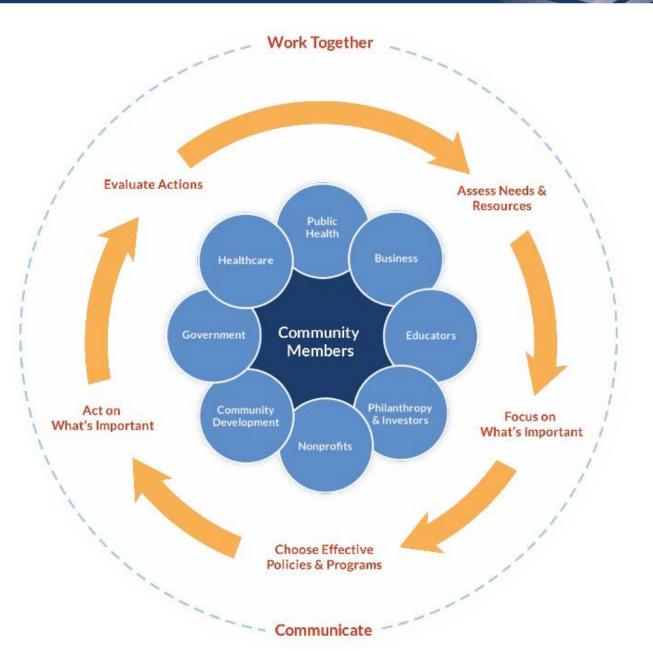




### WHY WE DO WHAT WE DO

Improve Health Outcomes





### Take Action Cycle

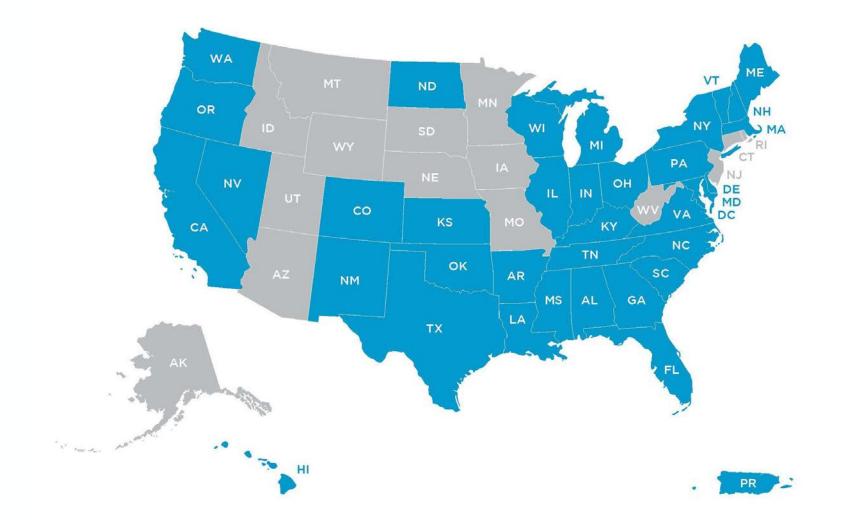
## WHAT DO WE MEAN BY NETWORKS?

- They are intentional with a shared goal or vision.
- They can be informal or formal organized sets of relationships.
- Networks are an approach to multisector collaboration that provide a path for building, enhancing, and managing relationships.
- Networks can help us make the most of our connections.

# **NETWORKS CONSOLIDATE SKILLS & EXPERTISE**

- University of Wisconsin Population Health Institute (UWPHI)
  - County Health Rankings & Roadmaps
- Institute for Public Health Innovation (IPHI)
  - Racial Equity Expertise

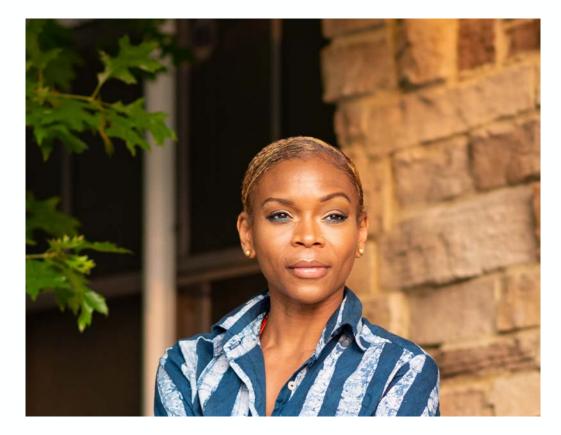
# NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES



# WHAT MAKES A STRONG & SUCCESSFUL NETWORK?

- More members?
- Friends in high places?
- What about diverse membership?
- Including affected population?

# **EQUITY: THE KEY TO STRENGTHENING NETWORKS**



Engaging in this work to address equity requires placing the lens on our institutions and institutional practices (hiring, leadership structure, decision making, diversity, inclusion, hidden and visible power etc.)

Often organizations and networks are more willing to engage in the external work and less willing to consider what they need to do internally to address equity. I'd say organizations need to do both.

Abby Charles Program Director, Institute for Public Health Innovation



# How Do We Integrate Equity Into our Network?

### Engaging in Equity Practice



titute *for* 

- 1. Level Setting Build Consensus On Racial Equity And Inclusion Principles
  - 1. Train your stakeholder group in equity principles
  - 2. Conduct an organizational racial equity analysis
- 2. Engage Affected Populations And Stakeholders Constantly Assess:
  - 1. Do we have the right people/groups involved?
  - 2. Who else needs to be involved?
  - 3. What tables do we need to go to?
  - 4. What are the power dynamics in our interactions?
  - 5. How are decisions being made? Who is leading decision-making?
- 3. Use Data To Identify Inequitable Outcomes
- 4. What Are The Root Drivers Of Inequities?
- 5. Identify Strategies And Target Resources To Address Root Causes Of Inequities: what policy, systems and environmental changes can be implemented to address the systems and structures that create racially inequitable outcomes
- 6. Use An Equity Lens And Integrate Equity Assessment Strategies For Each Strategy You Implement
- 7. Constantly Evaluate And Adapt Strategies To Address Equity
- 8. Coordinating Funding and Investments for Equity

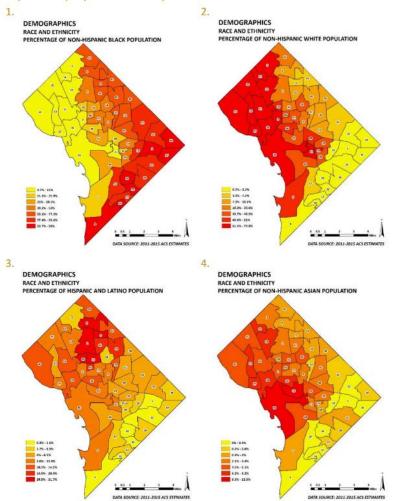
<u>Adapted from:</u>7 STEPS TO ADVANCE AND EMBED RACE EQUITY AND INCLUSION WITHIN YOUR ORGANIZATION. The Annie E Casey Foundation https://www.aecf.org/m/resourcedoc/AECF EmbracingEquity7Steps-2014.pdf#page=4

# **Using Data to Identify and Describe Inequities**

#### **RACE AND ETHNICITY by Neighborhood Group**

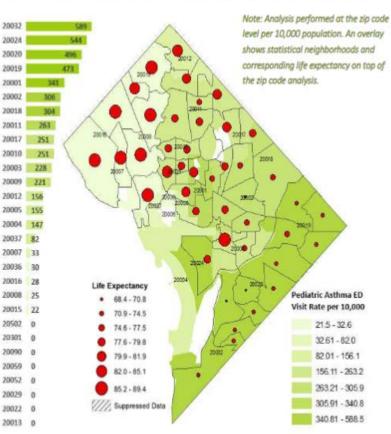
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Figure 14: Percentage of Non-Hispanic White; Black; Hispanic and Asian Populations (Maps 1-4 Clockwise)



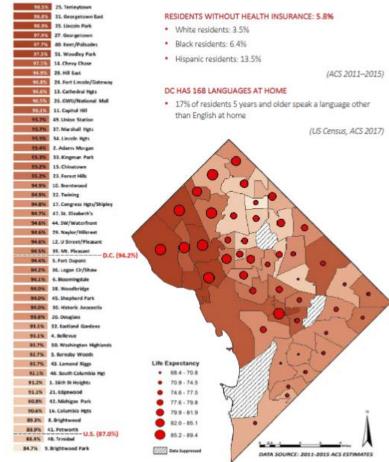
**OUTDOOR ENVIRONMENT by Zip Code and Life Expectancy** Figure 11: Pediatric (age 2 to 17) Asthma Emergency Room Visits, 2014-2016

#### RATE PER 10,000 PEDIATRIC (AGE 2-17) ASTHMA EMERGENCY ROOM VISITS



Data Source: Hospital Discharge Data 2014 - 2016, DC Hospital Association Data Analysis: Center for Policy, Planning and Evaluation, DC Department of Health MEDICAL CARE by Neighborhood Group and Life Expectancy Figure 9: Population with Health Insurance Coverage

#### PERCENTAGE OF POPULATION WITH HEALTH INSURANCE COVERAGE (CIVILIAN NONINSTITUTIONALIZED POPULATION)

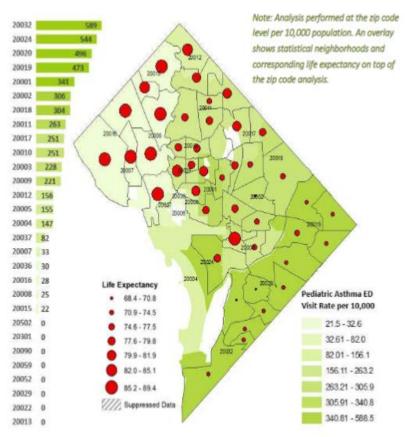


Health Equity Report: District of Columbia 2018 Institute *for* Public Health https://app.box.com/s/yspij8v81cxqyebl7gj3uifjumb7ufsw

# **Using Data to Identify and Describe Inequities**

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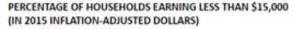


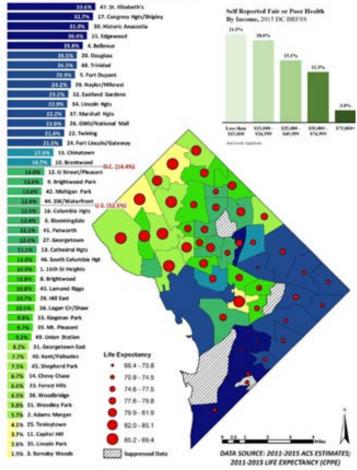
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Public Health

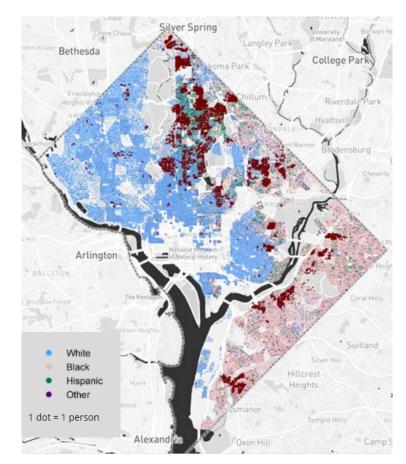
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#### INCOME by Neighborhood Group and Life Expectancy Figure 5: Low Household Income (less than \$15,000/year)





# The Legacy of Racial Covenants, 1940-2010



#### Health Equity Report: District of Columbia 2018

https://app.box.com/s/yspij8v81cxqyebl7gj3uifjumb7ufsw

#### https://www.mappingsegregationdc.org/

### **POWER DYNAMICS Levels of Community Participation**

Community Participation <sup>3</sup>					
Mode of Participation	Type of Participation	Outsider Control	Potential for Sustainability, Local Action & Ownership		
Co-opted	Tokenism and/or manipulation; representatives are chosen but have no real power or input.				
Cooperating	Tasks are assigned, with incentives. Outsiders decide agenda and direct the process.				
Consulted	Local opinions are sought. Outsiders analyze data and decide on course of action.				
Collaborating	Local people work together with outsiders to determine priorities. Responsibility remains with outsiders for directing the process.				
Co-learning	Local people and outsiders share their knowledge to create new understanding and work together to form action plans with outside facilitation.				
Collective Action	Local people set the agenda and mobilize to carry it out, utilizing outsiders, NOT as initiators or facilitators, but as required by local people.				



# **Power Dynamics In Networks**



### **Visible Power**

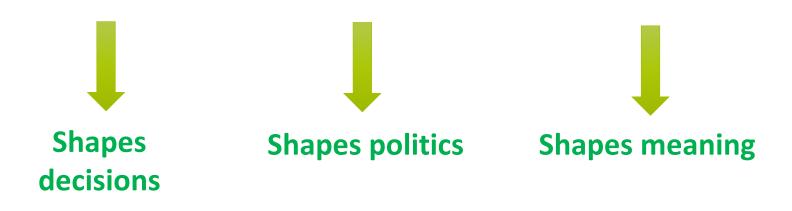
Who is at the decision-making table? How are decisions made?

### Hidden Power

Who decides who's at the decision-making table? What are(not) priorities? How set?

### **Invisible Power**

Narratives that define the understanding of the issue/problem





http://www.intergroupresources.com/rc/RESOURCE%20CENTER/Nonprofit%20Online%20Ne ws%20Journal%20-%20Power%20primer.pdf

# **Evaluating Power Dynamics**

stitute for

	Examples	Responses/Strategies					
Visible Power— Who's represented? How inclusive is decision- making?							
Hidden Power— Who decides who's at the table? Who decides agenda?	network:	➤How do Visible/Hidden/Invisible power play out in the					
Invisible Power—What are the narratives that shape understanding of the issues	at are the bat shape ng of the issues → How do these power dynamics shape decision making a outcomes?						
and dynamics?							

# **Network Leadership**

- Affected communities involved in leadership and decision-making
  - Commitment to community-derived solutions to community-based problems
  - Ability to advocate for and defend community-based solutions and approaches
- Distributed leadership
- Consent based decision-making
- Transparency & clear communication
- Rooted in principles, values and goals related to equity



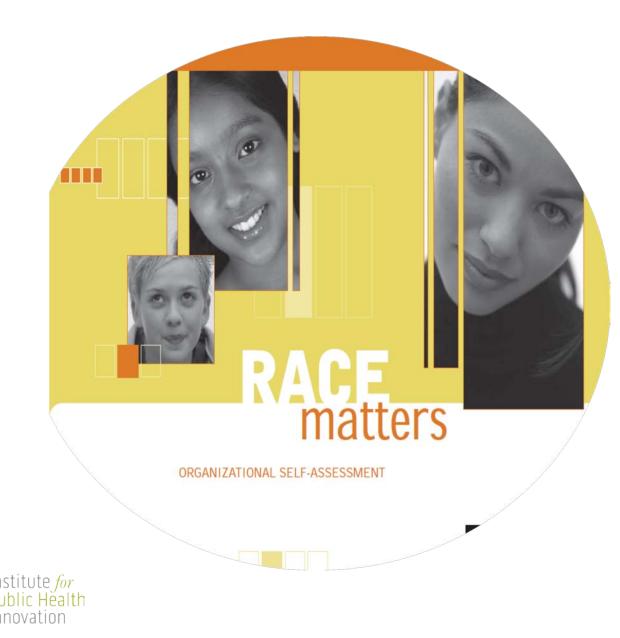
# HOW DO WE RESPOND WHEN A NETWORK SEEMS UNWILLING TO CHANGE?

# **Tools for Racial Equity**

- Organizational Racial Equity Assessment/ Anti-Racism Assessment
- Root Cause Analysis Tools
- Ant-racism Continuum
- Equity Impact Assessment Tools
- Dismantling Inequity

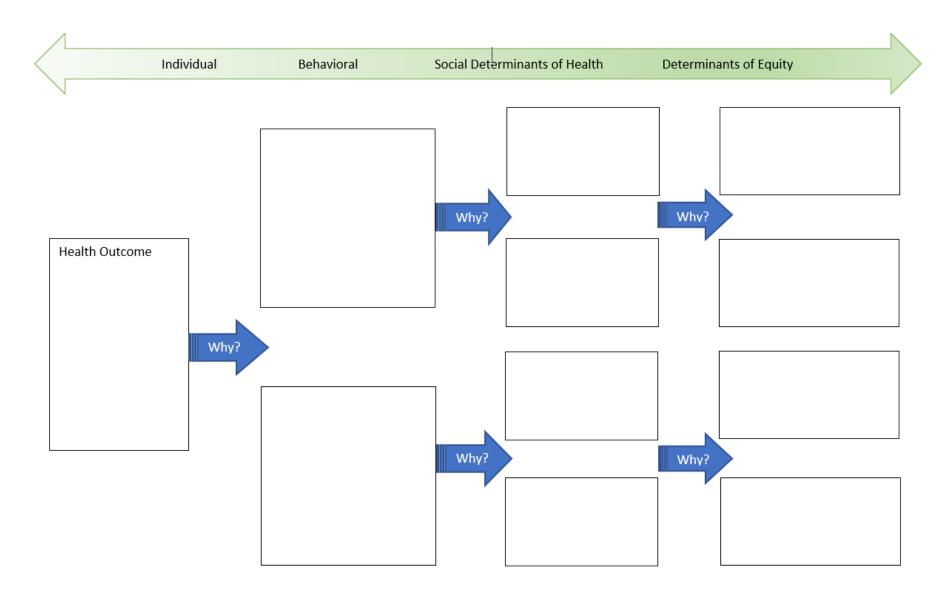


### **Annie E. Casey-Race Matters Organizational Self-Assessment**



- Brief assessment intended to:
  - Raise organizational awareness
  - Start focused conversations
  - Contribute to the development of equity action plans
  - Track organizational change
- Designed to assess:
  - Staff competencies- 9 questions
  - Organizational operations- 10 questions

# **Root Cause Analysis-5 Whys**





#### **Continuum on Becoming an Anti-Racist Multicultural Organization**

MONOCULTURAL ==> MULTICULTURAL ==> ANTI-RACIST ==> ANTI-RACIST MULTICULTURAL Racial and Cultural Differences Seen as Deficits ==> Tolerant of Racial and Cultural Differences ==> Racial and Cultural Differences Seen as Assets						
Exclusive An Exclusionary Institution	2. Passive A "Club" Institution	3. Symbolic Change A Compliance Organization	4. Identity Change An Affirming Institution	5. Structural Change A Transforming Institution	6. Fully Inclusive Anti-Racist Multicultural Organization in a Transformed Society	
<ul> <li>Intentionally and publicly excludes or segregates African Americans, Native Americans, Latinos, and Asian Americans</li> <li>Intentionally and publicly enforces the racist status quo throughout institution</li> <li>Institutionalization of racism includes formal policies and practices, teachings, and decision making on all levels</li> <li>Usually has similar intentional policies and practices toward other socially oppressed groups such as women, gays and lesbians, Third World citizens, etc.</li> <li>Openly maintains the dominant group's power and privilege</li> </ul>	<ul> <li>Tolerant of a limited number of "token" People of Color and members from other social identify groups allowed in with "proper" perspective and credentials.</li> <li>May still secretly limit of exclude People of Color in contradiction to public policies</li> <li>Continues to intentionally maintain white power and privilege through its formal policies and practices, teachings, and decision making on all levels of institutional life</li> <li>Often declares, "We don't have a problem."</li> <li>Monocultural norms, policies and procedures of dominant culture viewed as the "righ" way" business as usual"</li> <li>Engages issues of diversity and social justice only on club member's terms and within their comfort zone.</li> </ul>	<ul> <li>inclusiveness efforts, recruiting "someone of color" on committees or office staff</li> <li>Expanding view of diversity includes other socially oppressed groups</li> </ul>	<ul> <li>Growing understanding of racism as barrier to effective diversity</li> <li>Develops analysis of systemic racism</li> <li>Sponsors programs of anti-racism training</li> <li>New consciousness of institutionalized white power and privilege</li> <li>Develops intentional identity as an "anti-racist" institution</li> <li>Begins to develop accountability to racially oppressed communities</li> <li>Increasing commitment to dismantle racism and eliminate inherent white advantage</li> <li>Actively recruits and promotes members of groups have been historically denied access and opportunity <i>But</i></li> <li>Institutional structures and culture that maintain white power and privilege still intact and relatively untouched</li> </ul>	<ul> <li>Commits to process of intentional institutional restructuring, based upon anti-racist analysis and identity</li> <li>Audits and restructures all aspects of institutional life to ensure full participation of People of Color, including their world- view, culture and lifestyles</li> <li>Implements structures, policies and practices with inclusive decision making and other forms of power sharing on all levels of the institutions life and work</li> <li>Commits to struggle to dismantle racism in the wider community, and builds clear lines of accountability to racially oppressed communities</li> <li>Anti-racist multicultural diversity becomes an institutionalized asset</li> <li>Redefines and rebuilds all relationships and activities in society, based on anti-racist commitments</li> </ul>	<ul> <li>overcome systemic racism and all other forms of oppression.</li> <li>Institution's life reflects full participation and shared power with diverse racial, cultural and economic groups in determining its mission, structure, constituency, policies and practices</li> <li>Members across all identity groups are full participants in decisions that shape the institution, and inclusion of diverse cultures, lifestyles, and interest</li> <li>A sense of restored community and mutual caring</li> </ul>	

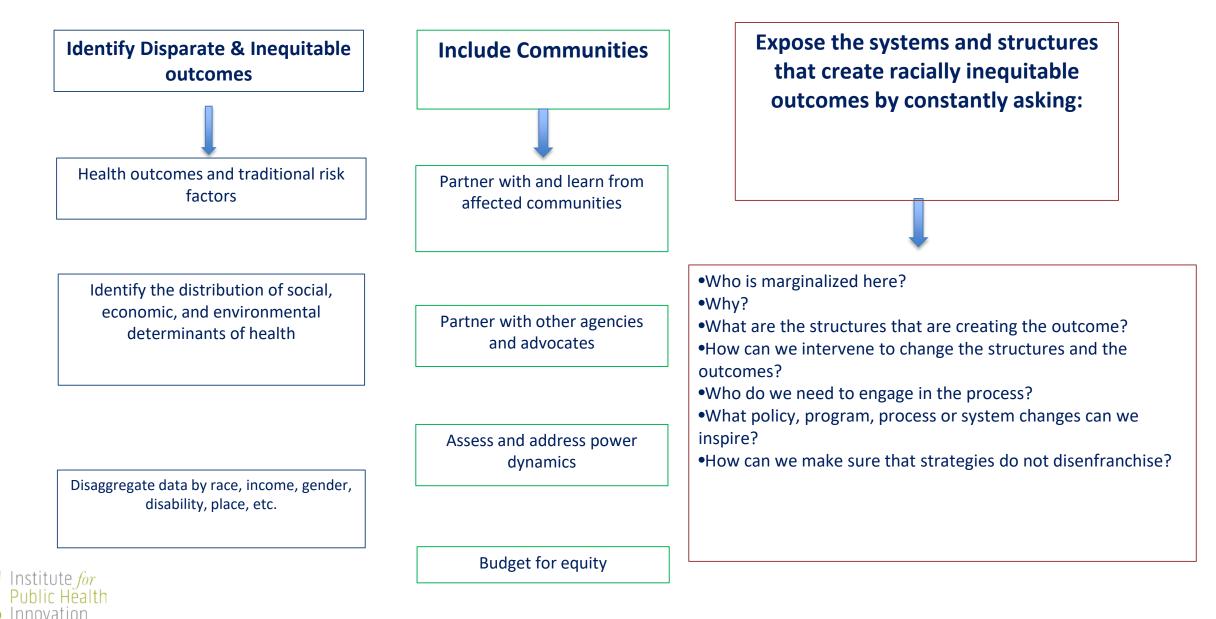


© Crossroads Ministry, Chicago, IL: Adapted from original concept by Bailey Jackson and Rita Hardiman, and further developed by Andrea Avazian and Ronice Branding; further adapted by Melia LaCour, PSESD.

# **Equity Impact Review**

Step 1: Scoping		Step 2: Potential Impacts			Step 3: Mitigation	Step 4: Monitoring	Step 5: Dissemination
a) Populations* Using evidence, identify which populations may experience significant unintended equity and health impacts (positive or negative) as a result of the planned policy, program, process, plan or system.	b) Determinants of Health Identify determinants of equity and health to be considered alongside the populations you identify.	Unintended Positive Impacts.	Unintended Negative Impacts.	More Information Needed.	Identify ways to reduce potential negative impacts and amplify the positive impacts.	Identify ways to measure success for each mitigation strategy identified.	Identify ways to share results and recommendations to address equity.
Age-related groups (e.g., children, youth, seniors, etc.)							
<b>Disability</b> (e.g., physical, D/deaf, deafened or hard of hearing, visual, intellectual/developmental, learning, mental illness, addictions/substance use, etc.)							
Ethnic-racial communities (e.g., racial/racialized or cultural minorities, immigrants and refugees, etc.)							
Homeless (including marginally or under-housed, etc.)							
Linguistic communities (e.g., uncomfortable using English or French, literacy affects communication, etc.).							
Low income (e.g., unemployed, underemployed, etc.)							
Religious/faith communities							
Rural/remote or inner-urban populations (e.g., geographic or social isolation, under-serviced areas, etc.)							
Sex/gender (e.g., male, female, women, men, trans, transsexual, transgendered, two-spirited, etc.)							
Sexual orientation, (e.g., lesbian, gay, bisexual, etc.)							
Other: please describe the population here.							

# **Dismantling Inequity**



# PLEASE RESPOND TO THIS POLL

# **DIG IN: ACTION LEARNING GUIDES**

### **Action Learning Guides**

Dig into specific topics with a blend of guidance, tools, and hands-on practice and reflection activities.

#### Promote Health and Equity

Introduction to Equity	Understand and Identify Root Causes of Inequities	Develop Strategies to Promote Health & Equity	Partnering With Residents
This guide explains what equity is, why it matters, and how it relates to health. It will help you get started with understanding key terms and concepts and where to begin to take action.	Not everyone has access to quality schools, healthy foods, safe neighborhoods and affordable homes. Learn how to identify the underlying factors that create inequities in communities.	This guide focuses on identifying and implementing strategies to promote health and equity, so that fair and just opportunities for good health can be a reality for everyone in your community.	Engaging community members, especially people most often left out or unheard, is an essential part of improving health outcomes and advancing equity in communities. Learn how to engage and partner with community residents in a meaningful way.
Get Started >	Get Started >	Get Started >	Get Started >

- Blend of guidance, tools, and hands-on practice to help you get started and support community change
- Topics include:
  - Understanding and using data
  - Promoting health and equity
  - Focusing on factors that influence health

# **ACTION LEARNING COACHES**



Carla Freeman



Ali Havrilla

Raquel

Bournhonesque



Ericka Burroughs-Girardi



Joe Hinton

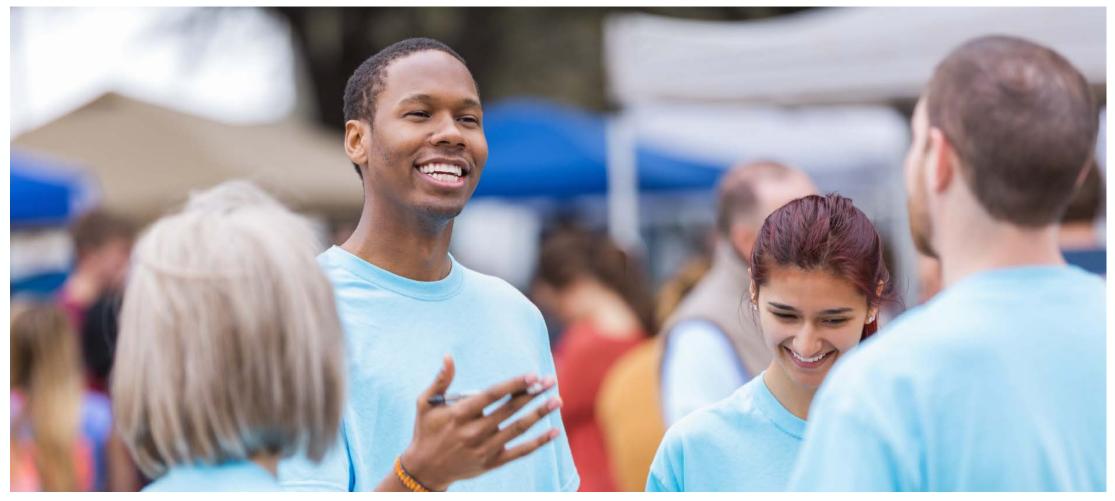


Attica Scott

- Help strengthen community efforts through tailored guidance, questions, and support.
- Support offered through online or phone guidance to the right resource at the right time for your community.
- Connect with a coach via the Contact Us form.



TIP: You can find the Contact Us button at the bottom of our website, no matter where you are on the site.



# WE WANT TO HEAR FROM YOU!

Click the link to answer a few questions about today's webinar

# JOIN OUR UPCOMING WEBINAR!

### Featuring ChangeLab Solutions!!

Chief Executive Director Sarah de Guia

Tuesday, November 17th | 3:00 – 4:00 pm ET

Register at: countyhealthrankings.org/webinars



# **QUESTIONS?**

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Webinar Discussion Group

# **STAY CONNECTED**





### **THANK YOU!**

Visit us at <u>www.countyhealthrankings.org</u>