Welcome, this web conference will begin soon

HEALTH EQUITY APPROACHES TO PREVENTING SEXUAL AND INTIMATE PARTNER VIOLENCE: AN OVERVIEW

Thursday, September 29, 2022
11:00 AM PT/2:00 PM ET

prevent connect
A ValorUS' PROJECT
Meet the PreventConnect Team

Ashleigh Klein-Jimenez
Director of Prevention
she/her/hers

Tori VandeLinde
Project Manager
she/they
How to use Zoom

- Text chat
- PowerPoint Slides
- Polling Questions
- Phone
- Closed Captioning
- Web Conference Guidelines
Have you attended a PreventConnect Web Conference before?

Polling Question
PreventConnect

- Domestic violence/intimate partner violence
- Sexual violence
- Violence across the lifespan, including child sexual abuse
- Prevent before violence starts
- Connect to other forms of violence and oppression
- Connect to other prevention practitioners
HEALTH EQUITY APPROACHES TO PREVENTING SEXUAL AND INTIMATE PARTNER VIOLENCE: AN OVERVIEW

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PreventConnect is a national project of ValorUS sponsored by the U.S. Centers for Disease Control and Prevention. The views and information provided in this web conference do not necessarily represent the official views of the U.S. government, CDC or VALOR.
Objectives

- Define and explain the concept of health equity
- Identify specific factors (social determinants of health) that contribute to health disparities
- Identify examples of health equity approaches to preventing sexual and intimate partner violence
Meet Today's Guest Speaker

Mighty Fine
Director
Center for Public Health Practice and Professional Development
American Public Health Association
What does ‘health’ mean to you?

Text Chat Question
HEALTH EQUITY & VIOLENCE PREVENTION RESOURCES

Back to Basics
Partnering with Survivors and Communities to Promote Health Equity at the Intersections of Sexual and Intimate Partner Violence

A Health Equity Approach to Preventing Sexual Violence

https://www.nsvrc.org/backtobasics

Health Equity - What is it?

“Health equity means that everyone has a fair and just opportunity to attain their full health potential and that no one is disadvantaged, excluded, or dismissed from achieving this potential.”

Prevention Institute, (NSVRC, 2019).

https://www.nsvrc.org/sites/default/files/2021-06/health_equity_approach_to_preventing_sv_final508_0.pdf
Why are sexual and intimate partner violence health equity issues?

Systemic issues create a disproportionate burden of violence on some communities.

https://www.nsvrc.org/sites/default/files/2021-06/health_equity_approach_to_preventing_sv_final508_0.pdf
Health Equity is Our Work

“In our work to prevent gender-based violence, we share a vision for a world where individuals, families, and communities thrive. To realize this vision we must create social and physical environments that provide every person the opportunities for good health and positive well-being. This means that health equity is our work.”

https://www.nsvrc.org/sites/default/files/.../10/backtobasicsfinal.pdf
What is a health equity approach to preventing violence?

“A health equity approach to preventing sexual violence means that we need to both understand and address the factors that contribute to violence and safety and factors that expose some communities — especially communities that have been historically oppressed — to higher rates of sexual violence.” (NSVRC, 2019)

https://www.nsvrc.org/sites/default/files/2021-06/health_equity_approach_to_preventing_sv_final508_0.pdf
People are advancing health equity in sexual violence prevention by:

- Elevating community leadership and resilience
- Creating spaces for healing in prevention efforts
- Facilitating internal organizational change
- Addressing underlying factors that contribute to violence and safety
- Partnering across fields and movements
Building Capacity for Health Equity

1. Make health equity a strategic priority
2. Build infrastructure to support health equity
3. Address multiple determinants of health
4. Eliminate racism and other forms of oppression
5. Partner with the community to improve health equity
Meet Today’s Guest Speaker

Mighty Fine
Director
Center for Public Health Practice and Professional Development
American Public Health Association
Applying a Health Equity Lens to Prevention

September 29, 2022
Mighty Fine, MPH, CHES
Director
Center for Public Health Practice
Mighty.fine@apha.org
Agenda

- Overview of definitions
- Examine the determinants of health and equity
- Define racism and racial equity
- Describe a health equity approach to violence prevention
My Journey to Public Health

My Hometown: Brooklyn, NY
My Journey to Public Health

HiTOPS
Equity and Equality
Inequality

- How does inequality operate?

Source: https://medium.com/busara-center-blog/is-your-data-inclusive-ddd59933f108
Equality

- How does equality operate?

Source: https://medium.com/busara-center-blog/is-your-data-inclusive-ddd59933f108
Equity

- How does equity operate?

Source: https://medium.com/busara-center-blog/is-your-data-inclusive-ddd59933f108
Social Justice

• Why is justice the goal?

Source: https://medium.com/busara-center-blog/is-your-data-inclusive-ddd59933f108
Equity...

When everyone gets the opportunity to be on a level playing field with their peers, it means that there is an unusual level of fairness to compete.
Equity

• Advancing equity is both a process and an outcome
  – As a **process**, we apply an equity lens when those most impacted by structural inequity are meaningfully involved in the creation and implementation of the institutional policies and practices that impact their lives.
  – As an **outcome**, we achieve equity when one’s identity will no longer predict opportunities, outcomes, or the distribution of resources
Determinants of Health
What community-level factors do you feel influence health?

Text Chat Question
Determinants of Health

What Goes Into Your Health?

Socioeconomic Factors
- Education
- Job Status
- Family/Social Support
- Income
- Community Safety

Physical Environment
- 40%
- 10%
- 30%
- 20%

Health Behaviors
- Tobacco Use
- Diet & Exercise
- Alcohol Use
- Sexual Activity

Health Care
- Access to Care
- Quality of Care

Social Determinants of Health

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
<td>Health coverage</td>
</tr>
<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>Access to healthy options</td>
<td>Community engagement</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td>Access to healthy options</td>
<td>Discrimination</td>
<td>Provider linguistic and cultural competency</td>
</tr>
<tr>
<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td>Access to healthy options</td>
<td>Stress</td>
<td>Quality of care</td>
</tr>
<tr>
<td>Support</td>
<td>Walkability</td>
<td>Zip code / geography</td>
<td>Access to healthy options</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Health Outcomes
- Mortality
- Morbidity
- Life Expectancy
- Health Care Expenditures
- Health Status
- Functional Limitations
Concentrated Disadvantage
Social Determinants of Health & Violence

Violence affects SDOH:

- Education: Diminished performance, lower attendance, decreased grad. rates
- Economic Conditions: Reduced business investment, reduced commercial activity
- Health Care System: Higher costs from violent injuries and increased chronic conditions
- Built Environment: Unsafe public spaces leading to reduced usage
- Community Resources: More resources to public safety; high demand due to trauma
- Community Cohesion: Reduced cohesion and sense of collective efficacy

SDOH affects violence:

Plus violence causes even more violence.
“It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural and physical environment conspire against such change.”

− Institute of Medicine
We optimize the conditions in which people are born, grow, live, work, learn and age. We work with other sectors to address the factors that influence health, including employment, housing, education, health care, public safety and food access. We name racism as a force in determining how these social determinants are distributed.
Determinants of Equity

- Monitoring inequities in exposures, opportunities, disparities in outcomes
- Examining of structures, policies, norms and values
- Rectifying historical injustices
- Distributing resources according to need
- Transforming structures and systems of power (e.g., racism)
- Result = Eliminate inequities and disparities; achieve social justice
Racial equity = Health Equity
RACIAL EQUITY

• The condition where one’s race identity has no influence on how one fares in society.

• Must be addressed at the root causes and not just the manifestations.

• Requires elimination of policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race.

U.S. Climate Action Network. Justice Equity Diversity and Inclusion Glossary
https://www.usclimatename.com/justice_equity_diversity_and_inclusion
RACIAL EQUITY LENS

- The process of paying disciplined attention to race and ethnicity while analyzing problems, looking for solutions, and defining success.
- Rejects a “color blind” approach
- Helps illuminate disparate outcomes, patterns of disadvantage, and root cause.


U.S. Climate Action Network. Justice Equity Diversity and Inclusion Glossary
https://www.usclimatenetwork.org/justice_equity_diversity_and_inclusion
What are the top 2 challenges that you encounter doing racial equity work?

Polling Question
Barriers to Achieving Health Equity
Narrow Focus on the Individual

- Self interest narrowly defined
- Limited sense of collective efficacy
- Systems and structures as invisible or irrelevant

Source: Camara P. Jones, MD, MPH, PhD
A-historical Stance

- The present as disconnected from the past
- Current distribution of advantages/disadvantages as happenstance
- Systems and structures as given and immutable

Source: Camara P. Jones, MD, MPH, PhD
American Public Health Association

**Myth of meritocracy**

- “If you work hard you will make it”
- Denial of racism
- Two babies: Equal potential or equal opportunity?

Source: Camara P. Jones, MD, MPH, PhD
American Public Health Association

Myth of zero-sum game

- If you gain, I lose
- Fosters competition over cooperation
- Masks the costs on inequity

Source: Camara P. Jones, MD, MPH, PhD
American Public Health Association

Limited future orientation

- Disregard for the children
- No “How are the children”? focus

Source: Camara P. Jones, MD, MPH, PhD
Myth of American exceptionalism

- Disinterest in learning from others
- Sense of US entitlement

Source: Camara P. Jones, MD, MPH, PhD
Declaring Racism a Public Health Crisis
RACISM DEFINED

• A **system** of structuring opportunity and assigning value based on the social interpretation of how a person looks.

• The result is a system that:
  o Unfairly disadvantages some
  o Unfairly advantages others
  o Saps the strength of the whole society through the waste of human resources

LEVELS OF RACISM

• Institutional
  – Differential access to opportunities, goods and services by race.

• Personally mediated
  – Bias, prejudice and discrimination

• Internalized
  – Acceptance of negative messages about abilities and intrinsic worth

Racism: A Public Health Crisis

• Affects large numbers of people
  ▪ Growing demographic of communities of color; concentrated poverty; opportunity/income/wealth gap

• Threatens health over the long-term
  ▪ Disparities in life expectancy; rates of chronic disease; maternal and infant mortality

• Requires the adoption of large-scale solutions
  ▪ Policy and systems changes vs. individual intervention
Health Equity Approach
Implementing a Health Equity Approach

- Community engagement and leadership
- Address the underlying factors
- Support cohesion and healing
Health Equity Approach to Violence Prevention
Actions

Racial equity specific policies and programs

• Minneapolis (MN): Evaluate City Charter and all Cities policies and procedures to prioritize racial equity

• Allegheny County (PA): Advocate for policies that improve health for communities of color, including the “Black Mamas Matter” policy agenda

Agency/Organizational Capacity

• Douglas County (NE): Conduct all HR, vendor selection and grant management activities through and RE lens, including review of internal policies and practices (e.g. leadership appointments, hiring)

• Boulder County (CO): Courageous Conversations about Race (CCAR) trainings and ongoing discussions for all Boulder County employees
Actions

Funding

• Boston (MA): Redirects $12 million from police overtime funds to equity and inclusion efforts, including new funds for the Boston Public Health Commission

• Minneapolis (MN): Requests allocation of funds for small business development, housing, and community-based infrastructure. Sustainable fund for youth development.
Elevating community leadership and resilience, y Creating spaces for healing in prevention efforts, y Facilitating internal organizational change, y Addressing underlying factors that contribute to violence and safety, and y Partnering across fields and movements.
DECLARATIONS OF RACISM AS A PUBLIC HEALTH CRISIS

What to include

Background (Whereas) Section
• Define racism
• Describe the connection between racism and health
• Demonstrate how racism impacts the health of your community

Action (‘Be it resolved’) Section
• Assert racism to be declared a public health crisis in your jurisdiction
• State commitment to further action, in areas to include:
  ➢ Data & Accountability
  ➢ Community Engagement
  ➢ Racial Equity Policies Practices and Programs
  ➢ Agency/Organizational Capacity
  ➢ Funding
Resources for Advancing Racial Equity
Awake to Woke to Work: Building a Race Equity Culture

AWAKE: Focused on *people* and on building a workforce and boards comprised of individuals from different race backgrounds. The primary goal is *representation diversity*).

WOKE: focused on *culture* and on creating an environment where everyone is comfortable sharing their experiences, and everyone is equipped to talk about race equity and inequities. The primary goal is *inclusion*.

WORK: Focused on *systems* to improve race equity. The primary goal is *integration of a race equity lens* into all aspects of an organization.

https://equityinthecenter.org/aww/
Where is your organization on the spectrum of building a racial equity culture?

Polling Question
• Small non-profits
• Guides board and staff members in exploring their current racial diversity, equity and inclusion practices
• Assesses E-D-I imbalance in five key organizational areas of focus; and
• Connects board and staff members to resources and tools on how to make improvements within those five organizational areas.
<table>
<thead>
<tr>
<th>Inclusion Scale</th>
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</thead>
<tbody>
<tr>
<td><strong>Appreciation</strong></td>
<td>You see differences as positives and consider them to possess traits you value. You enjoy and <strong>choose</strong> to be around them.</td>
</tr>
<tr>
<td><strong>Acceptance</strong></td>
<td>Someone’s differences don’t matter to you. You notice how they are the same as you in general.</td>
</tr>
<tr>
<td><strong>Tolerance</strong></td>
<td>You’re slightly uncomfortable with someone’s differences. You think they should be treated respectfully but you’d rather not interact with them.</td>
</tr>
<tr>
<td><strong>Avoidance</strong></td>
<td>You feel very uncomfortable around people with these differences. You try to avoid them and do not want to work with them.</td>
</tr>
<tr>
<td><strong>Repulsion</strong></td>
<td>You strongly believe that these people are different in ways that are not normal, and they do not belong.</td>
</tr>
</tbody>
</table>
THANK YOU

Mighty.fine@apha.org

APHA racism resources: http://www.apha.org/racism
From Me to Everyone:
Use this text chat box to respond to our questions, ask your own, and connect with others!

To: Everyone

Type message here...
Thank you!

Questions?

amber@humanimpact.org – email
https://humanimpact-hip.medium.com – blog

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COMMUNITY ENGAGEMENT FOR PREVENTION PART 2
AUTHENTICITY IN PRACTICE

Monday, May 23, 2022
11 AM-12:30 PM PT/2 PM-3:30 PM ET