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ADVANCING EQUITY AND HEALTH EQUITY: CHWs AS INTERNAL CATALYSTS

Vayong Moua, Director of Health Equity Advocacy
Community Health and Health Equity

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WE ARE OUR ANCESTORS WILDEST DREAMS

HEALTH EQUITY

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“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”--RWJF

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NO HEALTH EQUITY WITHOUT RACIAL EQUITY

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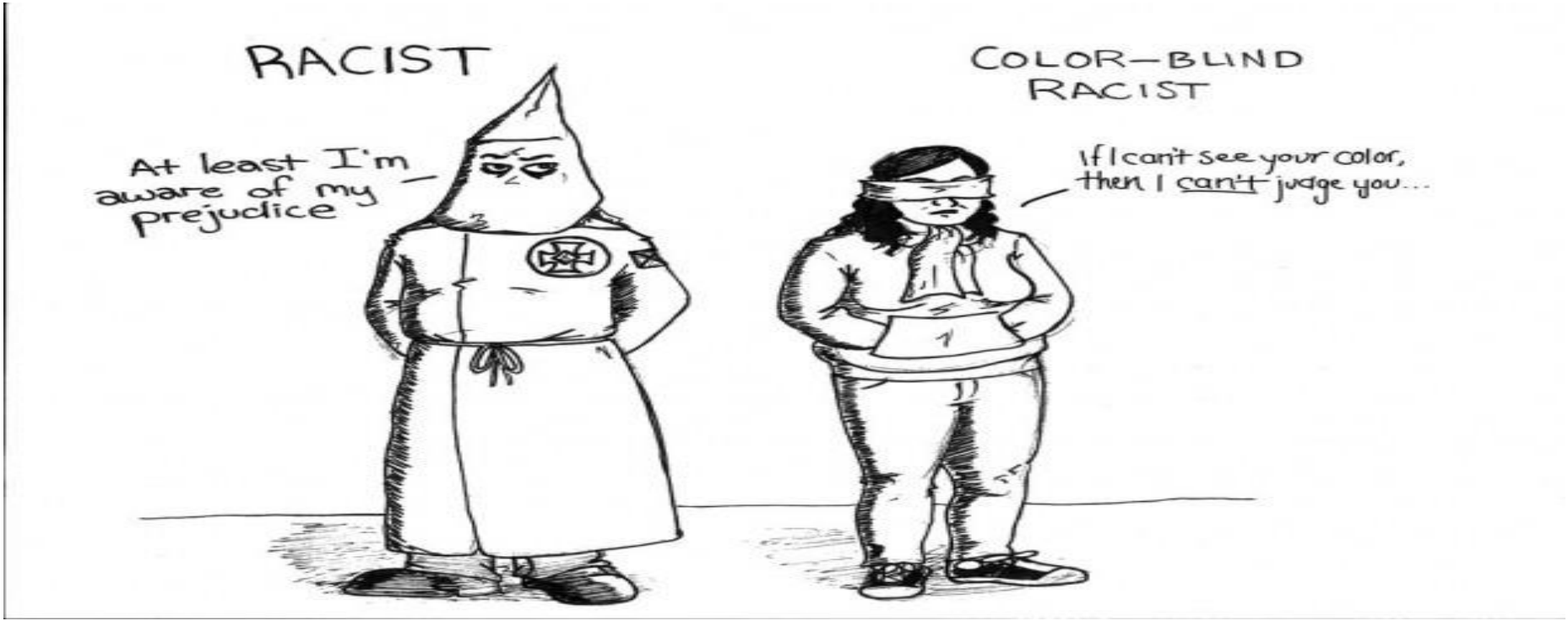
IMPLICIT, COMPLICIT, EXPLICIT BIAS AND BLIND SPOTS



LEVELS OF RACISM AND INEQUITIES

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Internalized—The set of private beliefs, prejudices, and ideas that individuals have about the superiority of whites and the inferiority of people of color. Among people of color, it manifests as internalized oppression. Among whites, it manifests as internalized racial superiority.

Interpersonal—The expression of racism between individuals. It occurs when individuals interact and their private beliefs affect their interactions.

Institutional—Discriminatory treatment, unfair policies and practices, inequitable opportunities and impacts within organizations and institutions, based on race, that routinely produce racially inequitable outcomes for people of color and advantages for white people. Individuals within institutions take on the power of the institution when they reinforce racial inequities.

Structural—A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequality. It is racial bias among institutions and across society. It involves the cumulative and compounding effects of an array of societal factors including the history, culture, ideology and interactions of institutions and policies that systematically privilege white people and disadvantage people of color.

***Adapted from Applied Research Center**

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WHY INEQUITIES EXIST:

STRUCTURAL PROBLEMS REQUIRE STRUCTURAL SOLUTIONS

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RATIONALE: MATCH SOLUTIONS WITH ROOT

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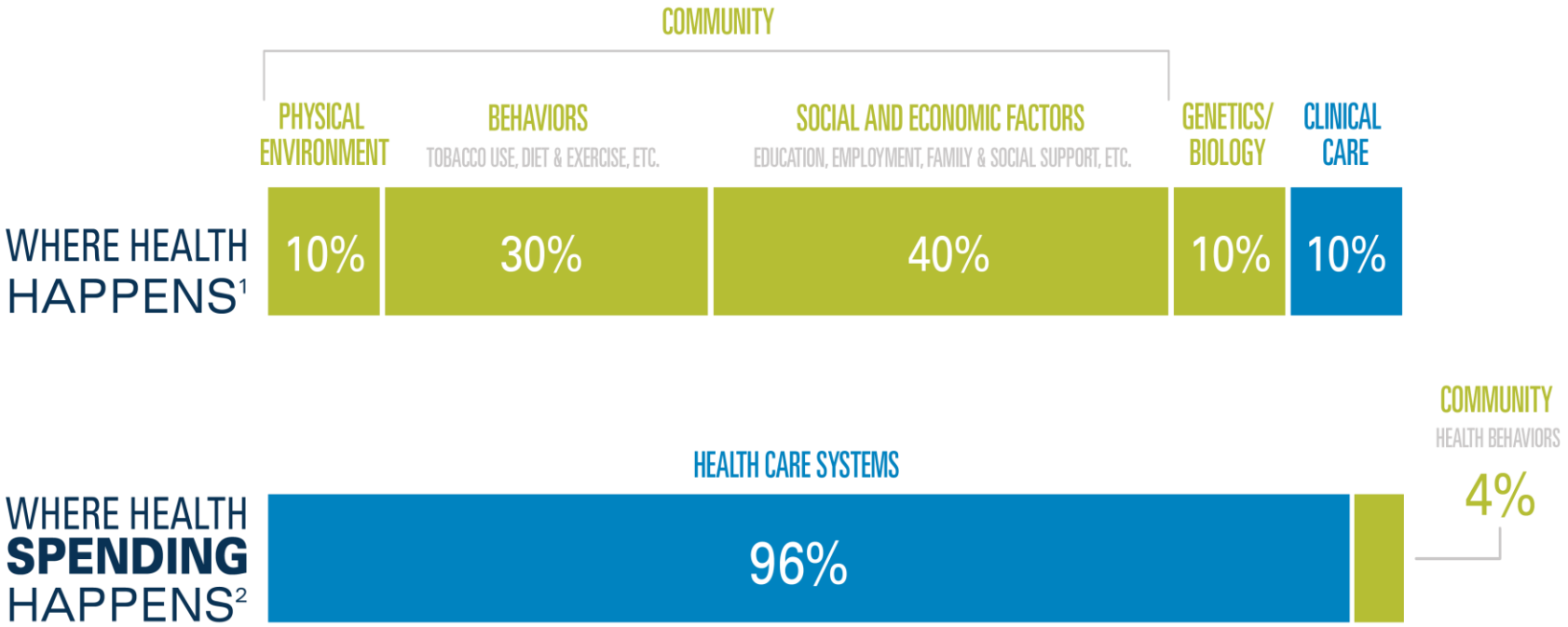

DOCUMENTED CANCER HEALTH DISPARITIES INCLUDE

VIA AMERICAN CANCER SOCIETY

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- a higher incidence of a particularly aggressive form of breast cancer (the triple-negative subtype) among African American women than women of other racial/ethnic groups
- substantially higher rates of prostate cancer incidence and death among African American men than men of other racial/ethnic groups
- higher rates of kidney cancer among American Indian and Alaska Natives than other racial/ethnic groups
- higher rates of liver cancer among Asian and Pacific Islanders than other racial/ethnic groups
- higher rates of cervical cancer incidence and death among Hispanic and African American women than women of other racial/ethnic groups

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THOSE LIVING IN OR NEAR POVERTY

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	Poverty	Near poverty
• Somali	57%	26%
• Ojibwe	38%	26%
• African Am.	35%	25%
• Ethiopian	35%	21%
• Dakota	30%	22%
• Hmong	27%	34%
• Mexican	26%	32%
• Puerto Rican	21%	13%
• Liberian	21%	33%

	Poverty	Near Poverty
Vietnamese	15%	17%
Lao	12%	27%
Russian	12%	21%
All Minnesotans	**11%**	**15%**
Chinese	9%	13%
Korean	9%	15%
White	8%	13%
Filipino	7%	14%
Asian Indian	6%	9%

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THOSE WITHOUT HIGH SCHOOL DIPLOMA OR GED

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Minnesota

• Mexican	39%
• Somali	34%
• Hmong	27%
• Lao	23%
• Dakota	22%
• Filipino	6%
• **All Minnesotans**	**6%**
• Asian Indian	4%
• Korean	4%
• White	3%

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THOSE WHO HAVE ONE OR MORE DISABILITIES

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Ages 18-44

- African American 14%
- Ojibwe 11%
- All Minnesotans 6%

Ages 45-64

- Hmong 34%
- African American 31%
- Ojibwe 28%
- All Minnesotans 12%

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UNNATURAL AND UNACCEPTABLE CAUSES

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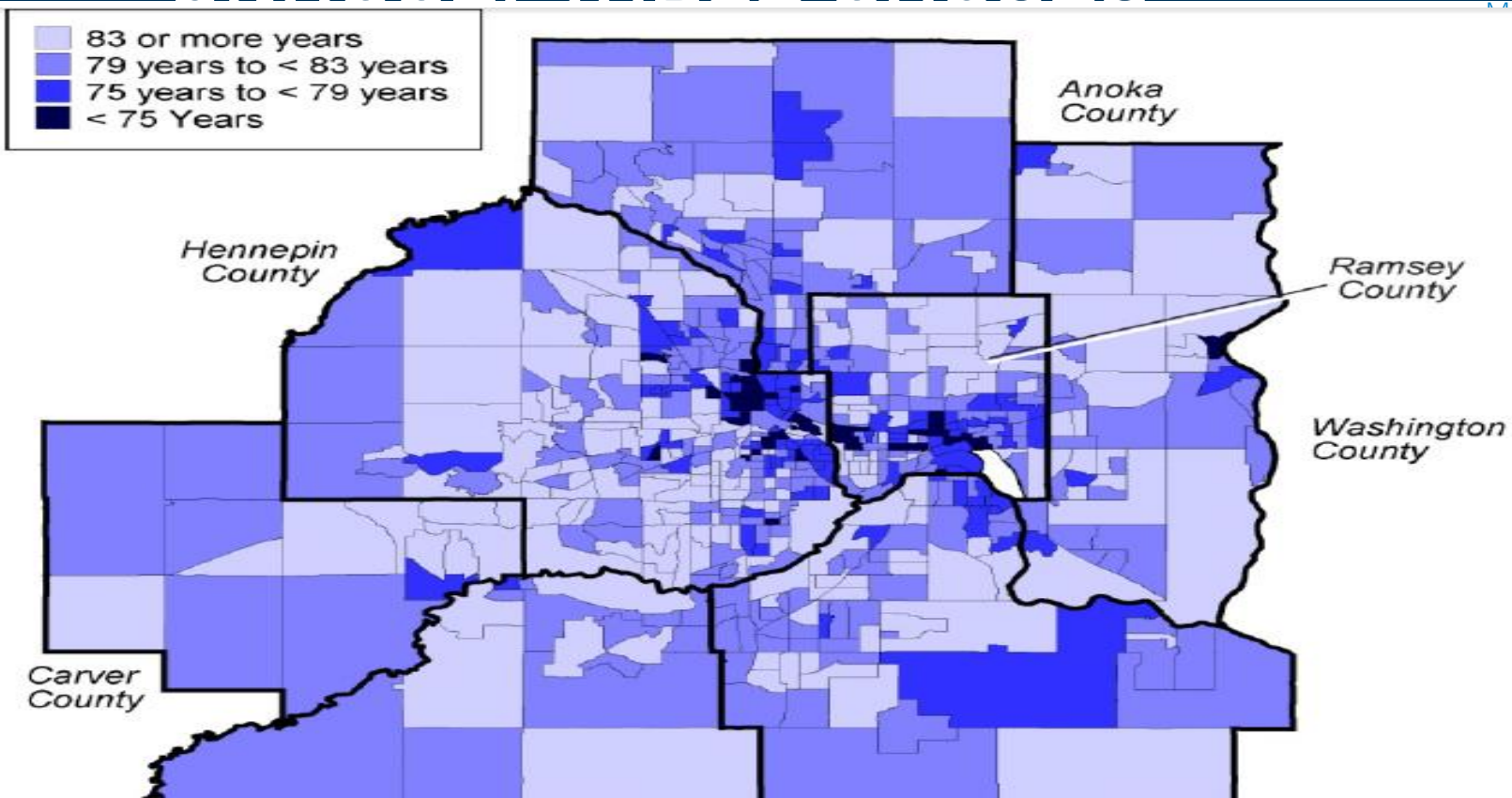

AREAS OF GREATEST NEED

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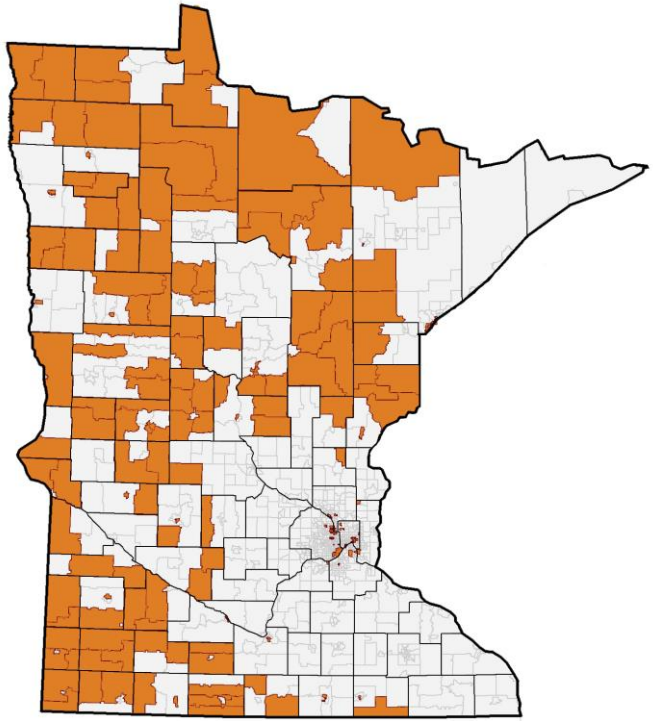

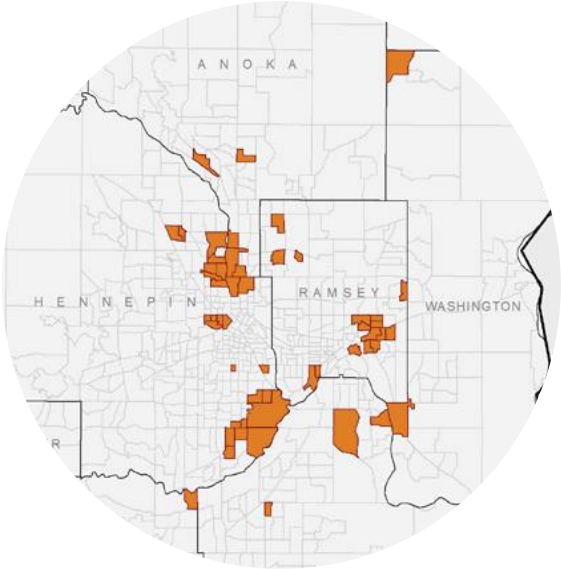

WHAT WE’RE UP AGAINST

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WHO IS THE TARGET AUDIENCE?

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"We can disagree and still love each other unless your disagreement is rooted in my oppression and denial of my humanity and right to exist."

~ James Baldwin

RAMONA AND FRIENDS

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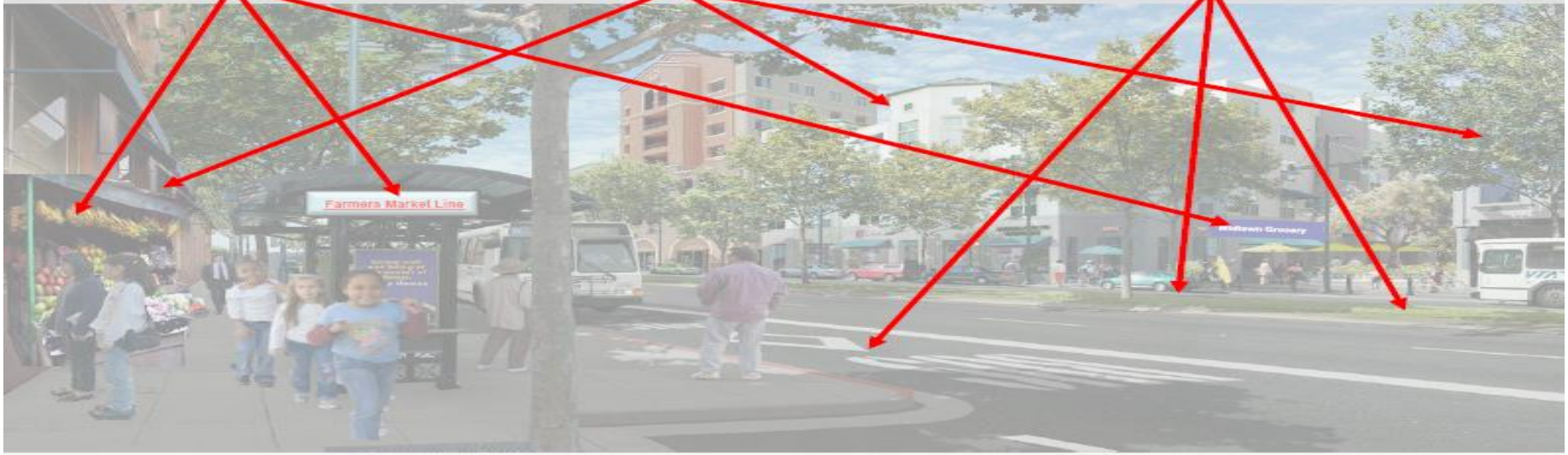
Policy Behind the Environment

Healthy Community Zoning

Comprehensive Plan

Complete Streets Ordinance



Public transit bike rack

Business incentives

Advertising ban

Lighting

Fines for littering

Business improvement district

HOW TO COMBAT INEQUITIES

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- Equity integration into key decision making bodies, processes, and policies

AIR TIGHT CASE FOR HEALTH EQUITY

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Including and Beyond Moral Imperative

The Cost of Health Inequities : 2.26 Billion Annually (lives, employment, productivity)

- Fund construction of 54 Hospitals
- Provide annual assisted living costs for more than 47k people
- Build 15 high schools
- Cover annual nursing home care for more than 25k people

Direct Cost of Food Insecurity =77Billion in Health Care

https://vimeo.com/user91408460/download/319997768/43afb50940

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DEEP DIVE

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"Changing Hearts, Minds, and Structures: Advancing Equity and Health Eq" by Susan R. Weisman, Ayah Helmy et al. https://open.mitchellhamline.edu/mhlr/vol44/iss4/4/

- Metzl & Roberts. Structural Competency Meets Structural Racism: Race, Politics, and the Structure of Medical Knowledge https://journalofethics.ama-assn.org/article/structural-competency-meets-structural-racism-race-politics-and-structure-medical-knowledge/2014-09

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ALL LEVELS, ALL THE TIME

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Equity and Inclusion Competencies

- Personal
- Interpersonal
- Organizational
- Structural

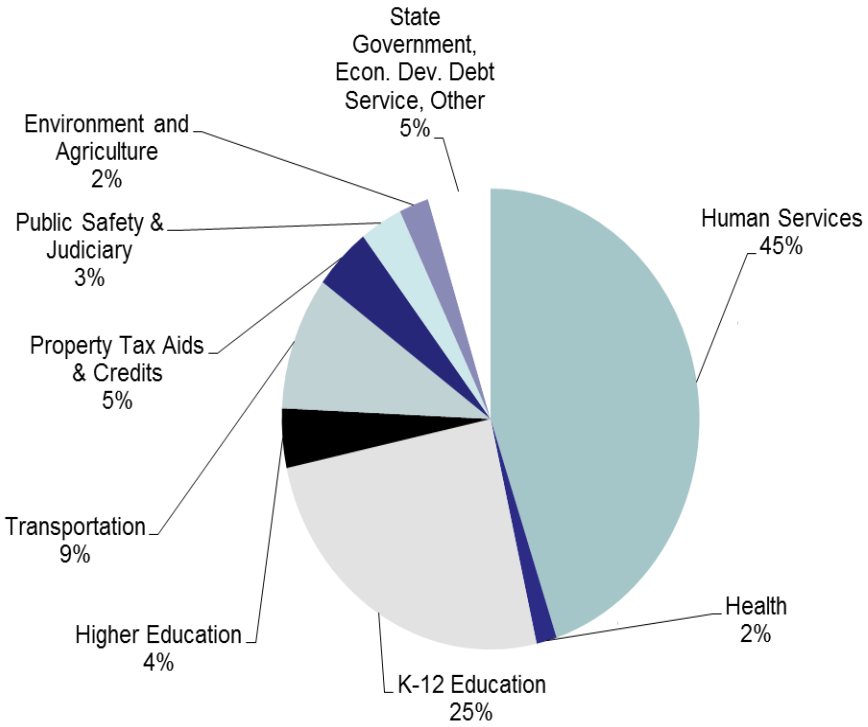
ARTICLE 2

CULTURAL AND ETHNIC COMMUNITIES LEADERSHIP COUNCIL

Section 1. CULTURAL AND ETHNIC COMMUNITIES LEADERSHIP COUNCIL.

Subdivision 1. **Establishment; purpose.** There is hereby established the Cultural and Ethnic Communities Leadership Council for the Department of Human Services. The purpose of the council is to advise the commissioner of human services on reducing disparities that affect racial and ethnic groups.

Human Services accounts for 45 percent of expected 2016-17 state spending*
(All Funds)



* Data Source: Minnesota Management & Budget August 2015

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ELEMENTS OF POLICY ON EQUITY

- Equity Committee charged with advising leadership on advancing equitable outcomes for all people
- Equity Analysis: reviewing impact of policy on populations
- Equity Coordinators
- Workforce and Leadership development: underrepresented group members at all levels
- Contracting, Procurement and Legal Compliance: equity criteria throughout contracting, grants, procurement process
- Community engagement and inclusion: inclusion of communities
- Enhanced Cultural and Linguistically Appropriate Services (CLAS) standards

HEALTH EQUITY INTEGRATION INTO GOVERNANCE

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- Equity Legislative Committee (e.g.2015 Finance Subcommittee on Equity)
- Executive Order #1: Equity, Diversity and Inclusion
- Equity Filters within Omnibus Bills
- Equity Notes (within and beyond fiscal notes)
- Agency budgeting processes
- Administration wide Equity policy
- Community Health Workers Alliance's Structure, Policy, and Praxis?

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Senate Finance Committee
Equity Subcommittee

Recommendations to
Senate Finance Committee

2016 Session

Line		2017
1	**Department of Employment and Economic Development**	
2	Small Business Support Grants	1,420
3	Competitive Grants to Promote Education, Economic Self Sufficiency, and Job Development	5,550
4	YWCA Career Development Programs	2,100
5	EMERGE Community Development Grants	4,250
6	Minnesota Initiative Program Grants (Expand Existing Program)	2,500
7	Business Development and Assistance Services-MEDA	5,050
8	Minneapolis Foundation-North At Work Grant	1,500
9	Metro Transit Technician Training Program	407
10	Career Connections Pathways-Hennepin County	4,800
11	Women and High Wage, High Demand, Nontraditional Jobs Grant Program	1,500
12	Grants to Address Economic Disparities in SE Asian Communities	4,000
13	Pathway to Prosperity Program	5,100
14	Grant to Address Economic Disparities in Latino Community-CLUES	1,500
15	Grant to Address Somali Youth and Community Resiliency	2,000
16	Grant to Address Educational Disparities in American Indian Communities	880
17	White Earth Nation Integrated Business Development System	1,000
18	Emerging Entrepreneurs Fund	6,000
19	Youth At Work Grant Program	8,000
20	Capacity Building Grants Program	3,000
21	**Total DEED**	**60,557**
22		
23		
24	**Department of Corrections**	
25	Job Skills Training for Released Felons	350
26		
27		
28	**Department of Management and Budget**	
29	Grant Administration	3,615
30		
31	**Department of Administration**	
32	Accounting and Procurement Software	2,500
33		
34		
35	**Department of Education**	
36	Teacher Residency Programs	1,500
37	Adult Basic Education	3,200
38	Teacher Workforce Programs	5,500
39	GED Fee Assistance	120
40	**Total MDE**	**10,320**
41		
42		
43	**Department of Human Services**	
44	SNAP Employment and Training	4,408
45		
46		
47	**Department of Agriculture**	
48	Good Food Access Program	5,000
49		
50		
51	**Minnesota Housing Finance Agency**	
52	Expansion of Family Stabilization Plan Program	500
53	Downpayment Closing Cost Assistance	3,000
54	Homeownership Capacity Training	500
55	Landlord Guarantee Fund Pilot	250
56	**Total MHFA**	**4,250**
57		
58	**Total All Agencies**	**91,000**

Dennis Albrecht, Senate Fiscal Analyst, 651-296-3817

4/19/2016 5:10 PM

NOTHING ABOUT US, WITHOUT US

- Being the health equity impact
- Even Allies and champions can’t be proxies

Houa Moua, a bilingual health aide for the Eau Claire City-County Health Department, presents information about Hmong religion and cultural values at several speaking engagements per year. Her workshops cover a range of ics, including pregnancy and ery — subjects she knows first-

7-year-old mother of three to two sons in Laos and r in the United States. band serving as her boys’ deliveries,

CHWs AS INTERNAL CATALYSTS

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- Quantum Civics
- Mutual Capacity Building
- Mission Critical vs Amenities
- Upstream, midstream, and downstream

Health Equity Integration: Insights from Good Food Access Coalition

Foundational Elements

-Coalition design and leadership
-Political and Policy Bottom lines
-Policy Agenda Criterion
-Every campaign function
-Legislative language
-Lessons learned: Can’t Retrofit Equity

TRANSFORM HEARTS, MIND, AND POLICIES/STRUCTURE

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SYSTEMATIZE URGENCY AND IMPATIENCE

QUESTIONS ?
THANK YOU

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