

MOBILIZING FOR HEALTH EQUITY TRAINING SERIES

What is Health Equity?

January 31, 2019



Let's Learn Together

MOBILIZING FOR HEALTH EQUITY TRAINING SERIES

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Media & Social Media Advocacy	Jun 27
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Housekeeping



- We encourage this to be a learning environment – please use the questions feature to **share questions, your perspectives, and resources**
- You are in listen-only mode
- The webinar will be recorded. Slides and recording will be shared after today's webinar
- Please take 1 minute to complete an evaluation after the webinar



Your CPEHN Resources



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What Is Health Equity???



What is Health Equity?

Health equity means that everyone has a fair and just opportunity to be healthier.

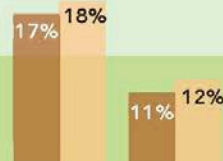
Source: Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.



What Affects Health Equity?

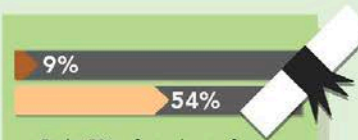
HEALTH INEQUITIES

Health inequities are differences in health that are avoidable, unfair, and unjust. They are a result of...



Minority Men (17%) and Women (18%) experience fair or poor health at higher rates than all men (11%) and women (12%).

SOCIAL CONDITIONS



Only 9% of students from the lowest income group finish college as compared to 54% from the highest income group.

ECONOMIC CONDITIONS



Lower income neighborhoods tend to have **fewer** safe places to exercise, limited access to healthy foods, poor schools, and limited job opportunities.

ENVIRONMENTAL CONDITIONS

HEALTH DISPARITIES

Health disparities are differences in health outcomes among groups of people. They are affected by...

HEALTH INEQUITIES



...are differences in health that are avoidable, unfair, and unjust. They are a result of social, economic, and environmental conditions.

HEALTH BEHAVIORS



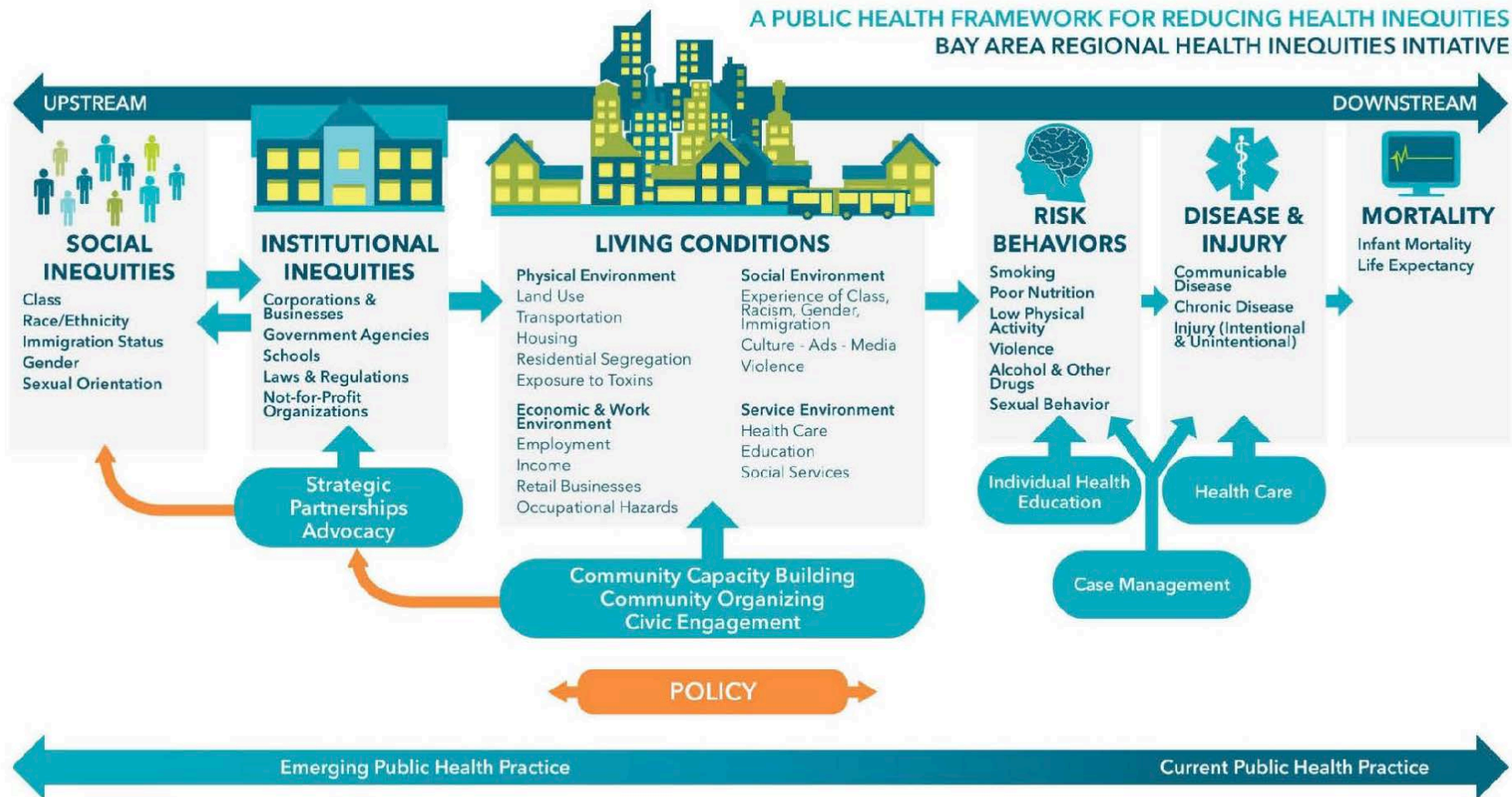
...are influenced by health inequities. Smoking, poor nutrition, and lack of exercise are all behaviors that may lead to poor health.

GENETICS



...play a factor in health differences. We are learning more everyday about how our genetic make-up makes us more vulnerable to certain risks.

What Affects Health Equity?



How Do We Achieve Health Equity?

Policy and systems change

Investment in communities

Research and data

Narrative change

Power



California Black Health Network

#HealthyBlackPeople. That's our mission and we're sticking to it. Part of that mission is the creation of a Black Health Agenda. In solidarity and coalition with our statewide partners we're gathering direct information about the health and well-being of African Americans, from African Americans. Once we're done, we'll publish an open source document to be used by any and everyone focused on, say it with me, **#HealthyBlackPeople.** Join us.



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CBHN'S HEALTH EQUITY ADVOCACY: TOWNHALLS



#CARRYTHEVOICE: THE PEOPLE'S VOICE 1ST.

#CARRYTHEVOICE: THE PEOPLE'S VOICE 1ST.

- Africans Americans are 6.5% of California's population. The toughest challenge is ensuring that the 'minority' voice is heard and heeded in health policy. Our strategy is two-fold:
- (1) Collect and carry the voice of African Americans through direct engagement in communities through out town halls and
- (2) with those direct lived experiences and insights we join coalitions with ethnic, racial, gender and economic groups to build a united voice to create policy that positively affects our community and communities in solidarity with ours.

What does health equity mean?

- **It means that Black people need more**, require more, deserve more when it comes to access to the highest quality health care.
- **It means the removal of structural racism**, macro and micro-abrassions as it relates to the care delivery, access to insurance, preventative and chronic/emergency care.
- **It means representing the entire Black community** including undocumented Black immigrants and the Black LGBTQ community.
- It means a focus on the social determinants of health including generational wealth, the lived environment (physical & social).
- **It means that Black Lives Matter so BLACK LIFE MATTERS.**

Last Year's Fight

- Three areas (1) The fight for universal health care and (2) the fight against the Trump Administrations sabotage of the ACA/Obamacare. (3) Prescription drug costs
- (1) We supported SB 974 (Lara) focused on expanding Medi-Cal coverage for 19-25yr olds regardless of documentation status. We advocated in solidarity w/ undocumented Californian's while adding the 30,000 undocumented Californian's of African descent into the conversation.
- (2) We supported SB 910 (Hernandez) which banned short term or 'junk insurance' in California, a product not aligned with the comprehensive insurance cover requirements of the ACA.
- (3) We supported SB 1021 (Wiener) – which capped a 30 day supply of prescription drugs to \$250.

This year's fight....

- **End Structural Racism/Implicit Bias** in Healthcare Systems (AB 2275 redux)
- **Focus on Black Women's Health** – Including maternal and infant health.
 - \$45 million in the budget for trauma screening connected to ACEs lead by the new Surgeon General Dr. Nadine Burke Harris
 - New Budget Funding for the Black Infant Health Program, Implicit Bias Training
- **Violence as a Public Health Issue** – From Domestic Violence to Police Brutality
- **A conversation about IVF/Fertility and Sickle Cell Anemia**
- **Overall Affordability** in Healthcare (Insurance, Premiums, etc.)
- **Oral Health** – Chronic cases of Oral Cancer in the AA community
- **Social Determinants of Health**- Health, Wealth, Justice, Education
- **“Lowest Performing Sub-Group Precedent”** – Weber's LCFF Bill

Questions for Dr. Williams: Legislation

- **[AB 2635](#) (Weber – AD 79) Finance: LCFF: Supplemental Grants: Lowest Performing Sub Group** (*Passed as Budget Language, signed by the Governor*) **Summary:** AB 2635 provided more funding for the lowest performing sub-group in K-12 education. Right now, that group is African Americans. **How would this bill impact African Americans:** This bill helps close the achievement gap for Black students by providing equity funding. Notwithstanding issues related to Proposition 209, this bill may have set a precedent for equity-based funding in health. Although the mechanisms for education funding and health funding are different, the precedent of equity-based funding could be translated into health and healthcare funding.

Southeast Asia Resource Action Center (SEARAC)

2019 Opportunities and Health Equity for Southeast Asian Americans

January 31, 2019

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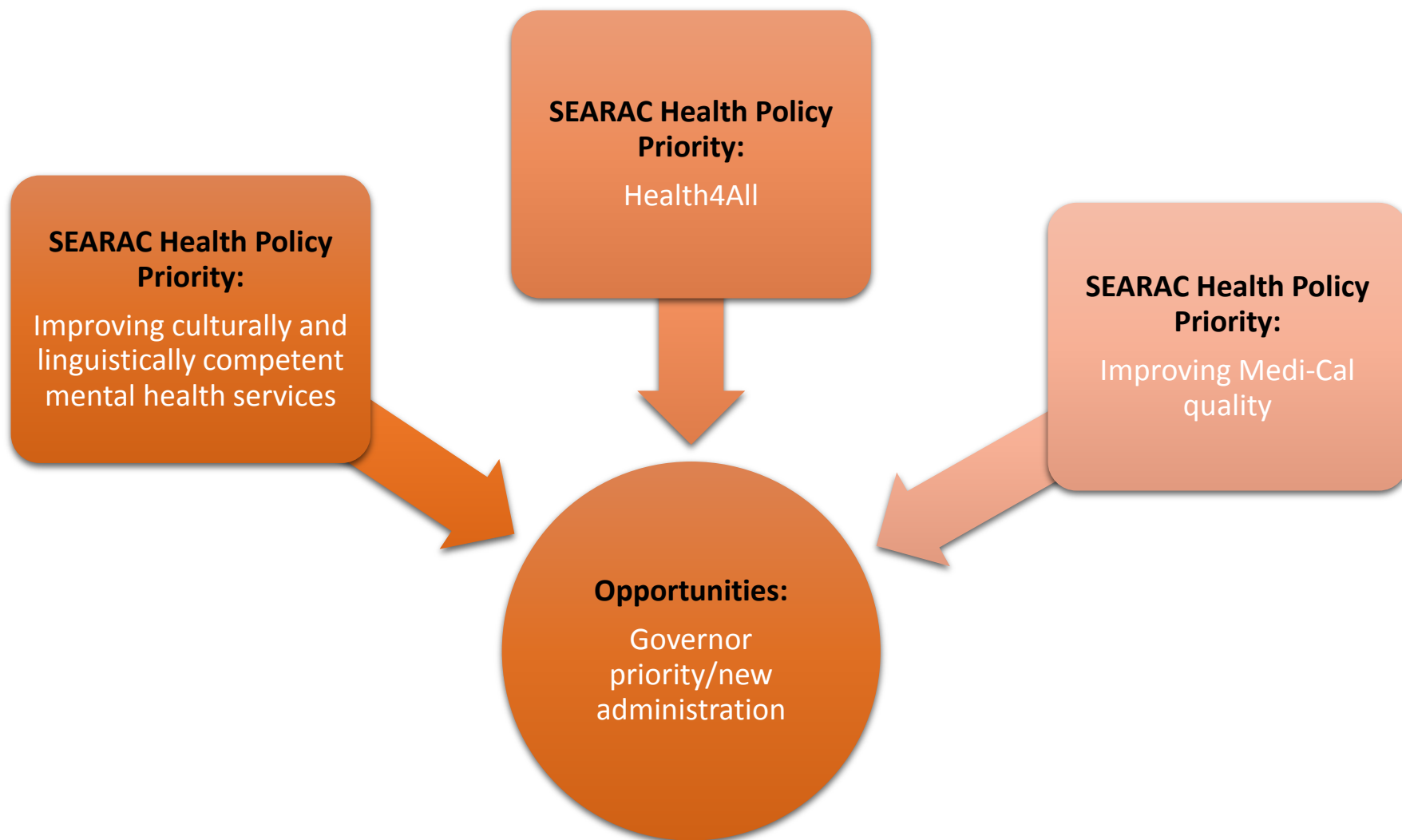
SEARAC

What does health equity mean to your communities?



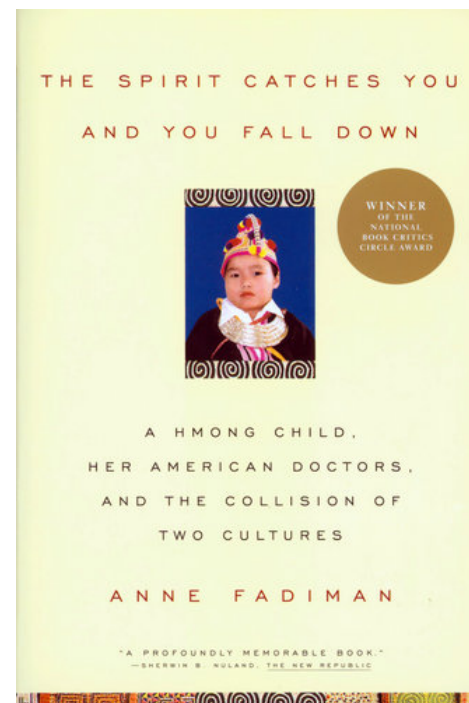
- Ensuring that our community can live, thrive, and age with care and dignity.

What do you think are the key health equity priorities and opportunities for your communities in 2019?



What is an example of a health equity advocacy campaign that SEARAC has championed

- Western medicine vs. traditional medicine
- Distrust and the cost of miscommunications



Hmong Health Collaborative

- The Fresno Center (formerly known as Fresno Center for New Americans)
- Fresno Interdenominational Refugee Ministries
- Healthy House within a MATCH Coalition
- Lao Family Community of Sacramento
- Lao Family Community of Stockton
- Merced Lao Family
- Southeast Asian Assistance Center
- Southeast Asia Resource Action Center
- Legal Services of Northern California



Hmong Health Collaborative in Action

- Held advocacy meetings with stakeholders and medical institutions targeting large hospitals (Mercy).

LATEST NEWS

Merced's Mercy Medical opens its door to Hmong shamans

BY BARBARA ANDERSON
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OCTOBER 19, 2009 12:42 AM, UPDATED OCTOBER 19, 2009 09:13 AM

Staff at most hospitals would be baffled by an instruction like this on a bedside chart: to prepare patient for surgery, provide 15 minutes of soft chanting and tie a red string around the neck.

It's different at Mercy Medical Center in Merced. There, nurses know they must call a shaman.

Mercy is the nation's first hospital with a formal policy for Hmong shamans, allowing the traditional healers, working alongside doctors, to help patients recover.

Hospitals around the country are paying attention as they seek to accommodate cultural beliefs of diverse patient populations.

Mercy Hospital Policy Changes

- Formally recognized cultural role of traditional healers
- Nine approved ceremonies in the hospital
- Training/certification program for shamans → granted unrestricted access to patients (as given to clergy members)



Policy changes → Advancing SEAA health equity

- Trained Hmong shamans about western medicine and learned healing ceremonies allowed under the hospital policy
- Trained doctors more on the importance of Hmong Spiritual healing ceremonies
- Integration of western and traditional medicine



- Model culturally relevant health care
 - Trained trusted community leader served as cultural broker
- Demystified western medicine
- Hmong community became more trusting of western medicine and increased usage
- Many Hmong elders know of their right to a shaman



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Questions & Discussion



Thank you! For more info:

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