Recognizing Power: Community & Data

CULTURE OF DATA CONFERENCE

JUNE 23, 2017

VAISHNAVI HARIPRASAD

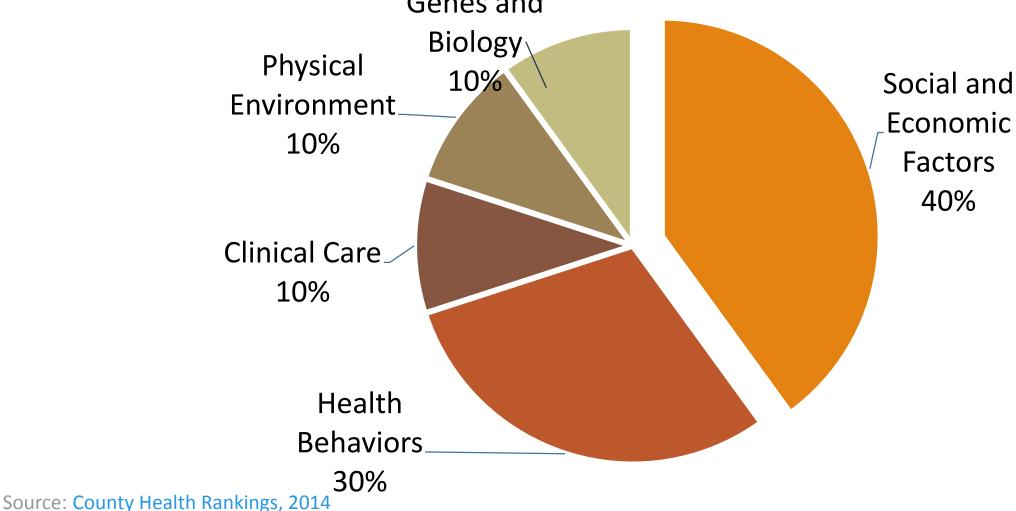
SARAH HERNANDEZ

Objectives

- Gain a foundational understanding of how to frame data with the intent of advancing equity
- Describe the community engagement continuum and how to meaningfully incorporate community

What is Health Equity?

Socioeconomic factors = largest predictor of health Genes and



Health Disparity vs. Health Inequity

<u>Health disparities:</u> differences in health status and mortality rates across population groups, which can sometimes be expected.

e.g., Cancer rates in the elderly vs children

<u>Health inequities:</u> differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, & unjust.

e.g., Breast cancer mortality for black women versus white women

Health equity

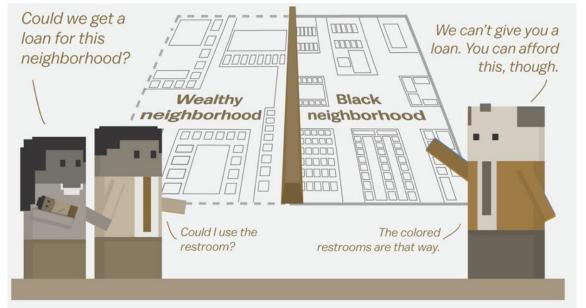
Health equity means removing economic and social obstacles to health such as poverty and discrimination.

How did we get here?

"Poverty is not an accident. Like slavery and apartheid, it is man-made and can be removed by the actions of human beings." —Nelson Mandela

Injustice as a Result of Policy: Redlining





Equity: What does it mean for our work today?

Sweet (Suite of) Tools:

- Meaningful Community Engagement
- Framing Data
- Measuring Equity Efforts (performance measurement)
- Hiring
- Communication

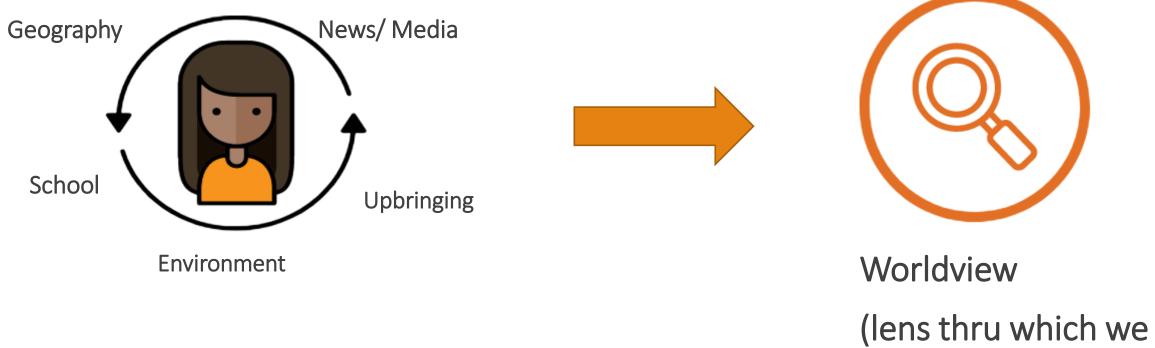


https://www.colorado.gov/pacific/cdphe/suite-of-tools

Framing Data

"Never let facts get in the way of a good story."

- Mark Twain



see the world)

Tip #1: Provide structural context

- Tie data to <u>systems</u>, not individuals: Include data on structural, environmental and social conditions
 - Ex: infant mortality is tied to residential segregation



One out of every four young girls has a sexually transmitted infection.

Adapted from: Glynis Shea, Communications Director at the Konopka Institute for Best Practices in Adolescent Health

One out of every four young girls has a sexually transmitted infection.

versus

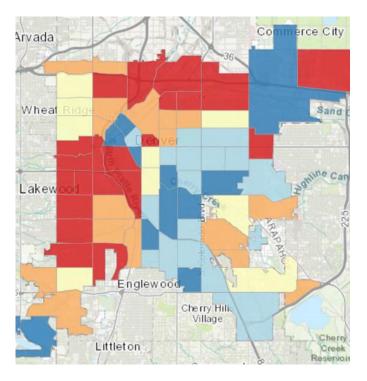
80% of physicians do NOT offer STI screening to patients under 18.

Adapted from: Glynis Shea, Communications Director at the Konopka Institute for Best Practices in Adolescent Health

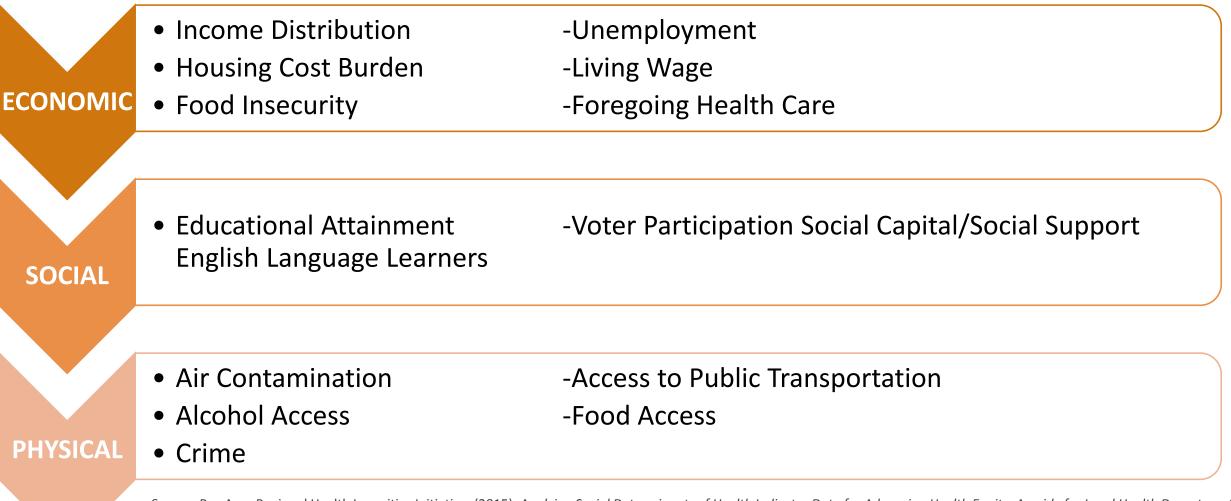
Tip #1: Provide structural context (cont'd)

Use neighborhood level data when possible

Dark red = neighborhoods with low opportunity
Dark blue = neighborhoods with high opportunity

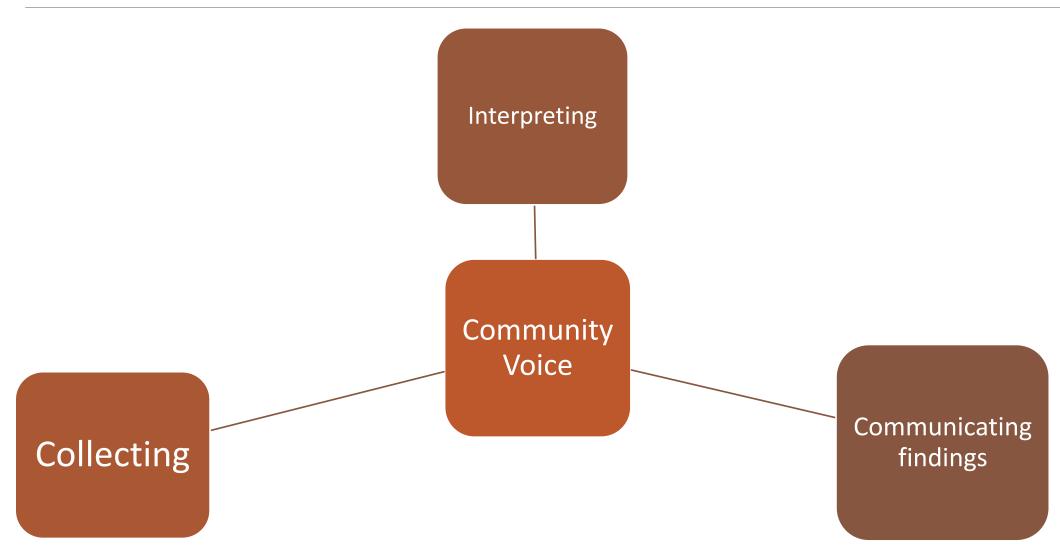


Tip #2: Include cross-sector data



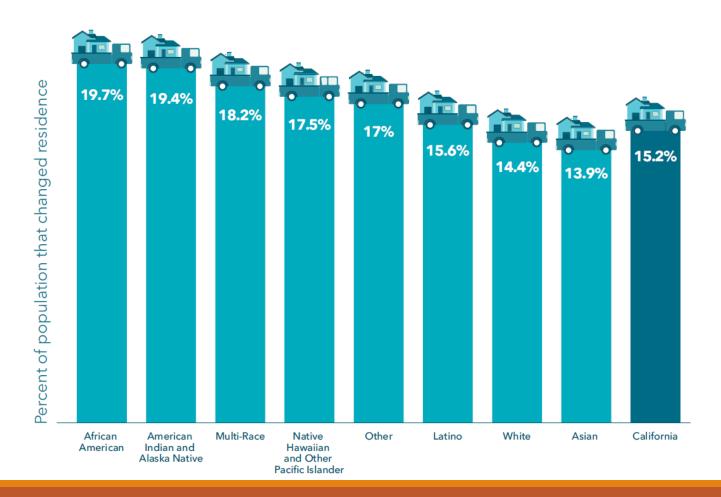
Source: Bay Area Regional Health Inequities Initiative. (2015). Applying Social Determinants of Health Indicator Data for Advancing Health Equity. A guide for Local Health Department Epidemiologists and Public Health Professionals. Oakland, CA.

Tip #3: Incorporate the voice of people facing inequities



Tip #4: Know Your Audience

AFRICAN AMERICANS AND AMERICAN INDIANS/ALASKA NATIVES ARE MORE LIKELY TO EXPERIENCE THE DISRUPTION OF A RESIDENTIAL MOVE THAN ARE OTHER RACE/ETHNICITIES



Source: California Department of Public Health. (2015). Portrait of Promise: The California Statewide Plan to Promote Health and Mental Health Equity.

"The frame always trumps the facts." - Glynis Shea

University of Minnesota. Konopka Institute for Best Practices in Adolescent Health. <u>Health</u> <u>Disparities & Pediatrics</u>.

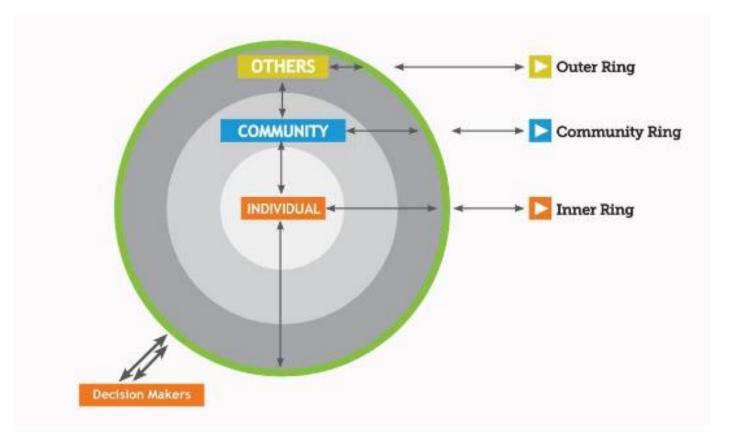
Community Engagement

Diversity vs Inclusion

Diversity is counting people. Inclusion is making people count.

-- Unknown

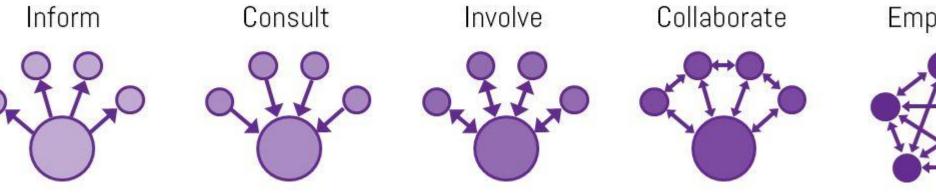
Progression of Leadership



Win –win for the individual Win-win for the community Win-win for the

organization

Community Engagement Spectrum



Provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions Obtain public feedback on analysis, alternatives and/or decisions Work directly with community throughout the process to ensure that concerns and aspirations are consistently understood and considered Partner with community in each aspect of the decision, including the development of alternatives and the identification of the preferred solution Empower



Place final decision making in the hands of the community

Dimensions of Power



Human Impact Partners

The Five Bases of Social Power French & Raven, 1959

Legitimate Power: title or rank

Expert Power: based on skills & knowledge

Referent Power: reciprocity & mutual respect

Reward Power: ability to give or take away rewards

Coercive Power: ability to punish

The Key Ingredients to Meaningful Community Engagement

- Know yourself and your biases (Harvard Project Implicit)
- Understand your community
- Develop trusting relationships
- Acknowledge Power
- Be accountable: communicate effectively with your community
- Course correct: evaluate & adjust accordingly



What types of systems can we build it we move out of our comfort zone and into the space where the magic happens?

Your turn...



- Scenario and materials are at your table
- Work in small groups to brainstorm an approach to the scenario
- 20 minutes
- Be prepared to report out

Scenario #1: Community Engagement

Scenario #2: Framing Data

What happened in real life?

Statement on structural inequity

The Colorado Department of Public Health and Environment acknowledges that social, economic and environmental inequities result in adverse health outcomes and have a greater impact than individual choices. Reducing health disparities through systems change can help improve opportunities for all Coloradans.

https://www.colorado.gov/pacific/cdphe/statement-on-structural-inequity

Your real-life examples



CONNECT WITH US!



Subscribe!



Health Equity Colorado



cdphe_healthequity@state.co.us



@HealthEquityCO

Vaishnavi.Hariprasad@state.co.us



healthequityco

Sarah.Hernandez@state.co.us

We're hiring!

Do you see yourself as a *Social Epidemiologist*???

Apply at:

https://www.governmentjo bs.com/careers/colorado/jo bs/1774130/socialepidemiologist-5228

