Alliance Equity Collaborative Launch & Building Internal Capacity to Advance Equity

Public Health Alliance
Regional Equity Learning Collaborative

Tracy Delaney, PhD
(she/her)
Founding Executive Director

Marley Williams, MPAff, MSW (she/her)
Health Equity & Justice Manager

Ana Bonilla, MPH, MURP
(she/her)
Health Equity & Justice Coordinator
“It is important to understand the longstanding history that has brought you to reside on the land, and to seek to understand your place within that history. Land acknowledgements do not exist in a past tense, or historical context: colonialism is a current ongoing process, and we need to build our mindfulness of our present participation.”

- Native American and Indigenous Initiatives, Northwestern University
Virtual Convening Logistics

**Try to Minimize Distractions**
- Please mute your phones and try to reduce background noise
- Remember to mute yourself when you are not speaking

**Engage and Participate**
- The space is what we make it! We encourage keeping your camera on
- Ask questions and share comments/feedback in the chat
- Utilize the Raise Hand feature if you would like to be unmuted during the discussion portion of the agenda
- Utilize the feedback reactions

**Technical Questions**
- If you experience any technical issues or have questions, please send a message directly to the host, Savannah North (snorth@phi.org)
- If you lose connection, please attempt to log back on or call in

**Additional Questions**
- Contact Marley or Ana at mwilliams@phi.org or abonilla@phi.org

Let Us Know If You Need to Step Away!
Our Mission

Mobilize the transformative power of local public health for enduring health equity

10 Local Health Departments

- Imperial
- Long Beach
- Los Angeles
- Orange County
- Pasadena
- Riverside
- Santa Barbara
- San Bernardino
- San Diego
- Ventura

60% of CA Population
Marley Williams (she/her)
Health Equity & Justice Manager

- I am a proud, mixed race, Lumbee Indian and White Jewish woman, born and raised in an upper-middle class neighborhood in Tucson, Arizona
- I am the daughter of two civil rights and social justice activists and community leaders
- I am the beneficiary of a top tier, well-resourced K-12 public education system that afforded me the opportunity and access to a high quality post-secondary education
- I am the Health Equity & Justice Manager with the Public Health Alliance of Southern California where I work to support our members in advancing equitable policies and practices as individual departments and in partnership with the communities they serve
- I have spent close to 15 years working professionally to advance equity and justice across systems and sectors, including in government, philanthropy, K-12 and higher education and non-profit sectors
- My main purpose is to support institutions in dismantling systems and structures that perpetuate inequities and work with community to co-create sustainable solutions that work to achieve health equity & justice for all
I identify as a Latinx woman, daughter of two immigrants from Nicaragua and was raised in a mixed-status family for several years where Spanish was my first language.

I was born in East LA, and spent most of my life (20+ years) in public housing in Long Beach, CA. I benefitted from several social safety net programs, including free/reduced lunch, food stamps, and free/low-cost healthcare.

I am the Health Equity and Justice Coordinator with the Public Health Alliance of Southern California where I am a part of the Equity Team working to support our members in advancing equitable policies and practices, as well as advancing our organizational equity goals.

For over a decade I have worked to improve community health outcomes through policy, systems, and environment change. Specifically I have focused on built environment and health, land use, gentrification and displacement, affordable housing, and more recently equity in the Southern CA region.

I believe that every facet of our lives has an impact on health and I hope that we can bring in other sectors to lead as champions in advancing health equity in our communities have been historically and disproportionately impacted by inequities.
Collaborative Objectives

• Strengthen local public health jurisdiction (LHJ) infrastructure and capacity to advance health and race equity
• Build and strengthen relationships across staff and across LHDs to facilitate cross-departmental and regional communication and collaboration
• Build collective capacity and alignment for advancing health and race equity across the Southern California region
• Infuse and elevate promising/best equity practices happening here in CA and across the nation
What to Expect from Today

Session 1 Collaborative Time: 1:00pm – 4:30pm

1:00pm – 1:45pm: Welcome, Overview & Grounding
1:45pm – 2:15pm: Group Breakout: Our Regional Vision for Equity
2:15pm – 2:25pm: Break
2:25pm – 3:40pm: Building Organizational Capacity: Speaker Panel
3:40pm – 3:45pm: Stretch Break
3:45pm – 4:20pm: Equity Change Team Breakout: Identifying Areas of Opportunity for Building Organizational Capacity
4:20pm – 4:30pm: Closing Reflections
Welcome LHJ Equity Change Teams!
In the Padlet Under Your LHJ
Please Write:

- Your Name
- Preferred Pronouns
- Title/Role
- What is one thing from the past year that give you hope for a more equitable future (e.g. story, policy victory, etc.)?
Developing a Shared Regional Language

What Do We Mean When We Talk About:

• Equality, Equity & Justice?
• Health Equity?
• Racism not Race?
• Applying an Equity Lens?
**Equality** is the condition under which all individuals receive uniform treatment, resources, and opportunities → we cannot have equality without equity and justice.

**Equity** is acknowledging that we do not all start from the same place, and therefore, we need different resources and opportunities to thrive.

**Justice** can take equity one step further by fixing the systems in a way that leads to long-term, sustainable, equitable access for generations to come. With justice, no supports are needed because the cause of the inequity is addressed; the system is changed.

Source: Milken Institute School of Public Health, George Washington University
What Do We Mean By Health Equity?

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles to health — such as poverty, discrimination, and deep power imbalances — and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

– Robert Wood Johnson Foundation (Included in the Public Health Alliance Equity Workgroup Glossary)
Racism NOT Race

- We lead explicitly, though not exclusively, with race
- We name structural racism as a fundamental root cause of health inequities
- We acknowledge intersectionality and our multiple identity dimensions
Racism

Racism Is:
A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”):

• Unfairly disadvantages some individuals and communities
• Unfairly advantages other individuals and communities
• Saps the strength of the whole society through the waste of human resources

Source: Dr. Camara Jones, “Levels of Racism: A Theoretic Framework and a Gardener’s Tale.”
Grounding in Our Current Moment

• The COVID-19 pandemic has exposed and exacerbated deep, underlying inequities that have existed in our country for centuries

• Well over 700,000 Americans have lost their lives to COVID-19; Nationally (adjusted for age):
  • Indigenous Americans are ~2.6 times as likely as White Americans to have died of COVID-19
  • Latinx and Pacific Islander Americans are 2.4 times and 2.6 times as likely to have died of COVID-19 as White Americans (respectively).
  • Black Americans are 2 times as likely to have died of COVID-19 as White Americans

Source: APM Research Lab
Here In California...

All Cases and Deaths associated with COVID-19 by Race and Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>No. Cases</th>
<th>Percent Cases</th>
<th>No. Deaths</th>
<th>Percent Deaths</th>
<th>Percent CA population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino</td>
<td>2,009,025</td>
<td>52.9</td>
<td>32,194</td>
<td>45.6</td>
<td>38.9</td>
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<tr>
<td>White</td>
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<td>23.3</td>
<td>22,783</td>
<td>32.3</td>
<td>36.6</td>
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<tr>
<td>Asian</td>
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<td>6.8</td>
<td>8,062</td>
<td>11.4</td>
<td>15.4</td>
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<tr>
<td>African American</td>
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<td>5.0</td>
<td>4,816</td>
<td>6.8</td>
<td>6.0</td>
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<td>Multi-Race</td>
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<td>1.6</td>
<td>1,061</td>
<td>1.5</td>
<td>2.2</td>
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<tr>
<td>American Indian or Alaska Native</td>
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<td>0.4</td>
<td>311</td>
<td>0.4</td>
<td>0.5</td>
</tr>
<tr>
<td>Native Hawaiian and other</td>
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<td>0.6</td>
<td>432</td>
<td>0.6</td>
<td>0.3</td>
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<tr>
<td>Pacific Islander</td>
<td>356,926</td>
<td>9.4</td>
<td>899</td>
<td>1.3</td>
<td>0.0</td>
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<tr>
<td>Total with data</td>
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<td>100.0</td>
<td>70,558</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Cases: 4,680,273 total; 880,366 (19%) missing race/ethnicity
Deaths: 71,759 total; 1,201 (2%) missing race/ethnicity
*2,585 cases with missing age
How Race and Place Drive Inequities in Health Outcomes

California COVID-19 Mortality Rates (per 100,000) by HPI Quartile (Q1 = Least Healthy)

California COVID-19 Mortality Rates (per 100,000) by Race/Ethnicity and HPI Quartile (Q1 = Least Healthy)
The Impact of Community Conditions on COVID-19 Outcomes

Less than 1:5 Black workers and roughly 1:6 Latinx workers are able to work from home.

About 1:6 Californians live in overcrowded houses or apartments that make it difficult to isolate from one another.

Data from the American Time Use Survey
Addressing Racism as a Public Health Crisis
Pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next.

Arundhati Roy
The year is 2032. Over the past decade, our region has taken steps to transform Southern California into a more equitable place for all residents. In particular, you have seen major improvements in health outcomes for many communities that were most disproportionately impacted by the COVID-19 pandemic, including Black, Latinx, Indigenous, Native Hawaiian/Pacific Islander, and other communities of color. If you were to write the newspaper headline that summarizes some of our greatest regional equity accomplishments, what would your headline say?

Follow-up group discussion:
• Collectively, what did we see that changed as a region? As a jurisdiction, what did you all do to contribute to the regional shift?
• How have you worked with communities most impacted by health inequities to improve health outcomes and create more just systems and structures?
Stretch Break
10 minutes
Building Your Capacity to Advance Equity: Harnessing the Power of Your Equity Staff

Analilia Garcia
Racial & Health Equity
Senior Manager
Santa Clara County
Public Health

Megan McClaire
Deputy Director
Los Angeles County
Department of Public Health

T. Benicio Gonzalez
Director of Center for Health Equity
City of Louisville
Department of Public Health
Stretch Break
5 minutes
Change Team Breakouts
Building Our Capacity to Advance Equity

- Based on what you heard from the panelists today:
  - What are some key strategies you have already identified to build your organizational capacity to advance equity?
  - Based on what you heard during today’s panel discussion, what are some additional areas of opportunity you are interested in pursuing?
  - Do you anticipate any barriers and/or challenges?
Closing & Next Steps

- What are 1-2 Key Takeaways from Today’s Session?
- Equity Learning Collaborative Website
  - Additional Tools & Resources
- Next Steps:
  - Session I Office Hours: Wednesday, December 1st, 1pm-3pm
  - Session II: Addressing Racism as a Public Health Crisis: Building Our Capacity to Advance Racial Equity
    - Session Date and Time: Thursday, January 20th, 1pm-4:30pm