MOVING BEYOND THE RHETORIC OF ADDRESSING RACIAL AND ECONOMIC INEQUITIES

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MOVING BEYOND THE RHETORIC OF ADDRESSING RACIAL AND ECONOMIC INEQUITIES

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SESSION OBJECTIVES:
- Surface key issues in addressing equity challenges;
- Identify barriers and solutions to equity challenges and dynamics;
- Ground solutions in the context of CIH partnerships, collaboration & coalitions
The official definition of poverty – an annual income of about $12,000 for a single person and $25,000 for a family of four – only tells half the story.

More than 100 million people in the United States — one in every three residents, and nearly half of all people of color — are economically insecure, with a household income below 200 percent of the federal poverty level.

- PolicyLink, “100 Million and Counting: A Portrait of Economic Insecurity in The United States”
MOVING BEYOND THE RHETORIC: ADDRESSING RACIAL & ECONOMIC INEQUALITIES

VIDEO:

“THE TALE OF TWO ZIPCODES”

HTTPS://WWW.YOUTUBE.COM/WATCH?V=EU7D0BMRT0O
“WHAT IS RACISM?”

- **Internalized Racism** is 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 Racism** is the expression of racism between individuals. It occurs when individuals interact and their private beliefs affect their interactions.
“WHAT IS RACISM?”

- Institutional Racism is 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 the institutions take on the power of the institution when they reinforce racial inequalities.

- Structural Racism is a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequality...
Health Disparities: Mean the same thing as health inequalities. They are simply differences in the presence of disease, health outcomes, (or natural occurrences rooted in genetics).

Health Inequities: Are differences in health that are not only unnecessary and avoid, but, in addition are considered unfair and unjust. Health inequities are rooted in social injustices that make some population groups more vulnerable to poor health than other groups.
Consider the following examples:

❖ Male babies are generally born at a heavier birth weight than female babies. This is a health disparity. We expect to see this difference in birth weight because it is rooted in genetics. Because this difference is unavoidable, it is considered a health disparity.

❖ On the other hand, babies born to Black women are more likely to die in their first year of life than babies born to White women. Some of this difference can be attributed to poverty – a higher percentage of Black mothers are poor and face hardships associated with poverty that can affect their health; however, we find differences in the health of Black and White mothers and babies even if we compare Blacks and Whites with the same income. Many scientists have shown links between the stress from racism experienced by Black women and negative health outcomes. A health inequity (unfair/avoidable/social)
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HEALTH EQUITY

- Health Equity: The assurance of the conditions for optimal conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and addressing contemporary injustices by providing resources according to need. Health and health care inequities will be eliminated when health equity is achieved.

- Race Equity: Is achieved when you can’t predict advantage & disadvantage by race.
STOCK STORIES
VS
CONCEALED STORIES
TABLE DIALOGUES

“What are the Stock Stories that drive the narrative of our nation – and support inequitable treatment, policies and racism?”

“What are the Concealed Stories of the realities of our nation?”

“What makes it difficult to make progress around addressing racial and economic inequities?”
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➢ DALILA MADISON ALMQUIST, MPH (DIRECTOR OF CONSTITUENCY ALIGNMENT - POLICY LINK)

➢ LENA HATCHETT, MA, PHD (ASSOCIATE PROFESSOR AND DIRECTOR, COMMUNITY AND UNIVERSITY PARTNERSHIPS - LOYOLA UNIVERSITY CHICAGO, STRITCH SCHOOL OF MEDICINE)

➢ STEVE TARVER (PRESIDENT & CEO - YMCA OF GREATER LOUISVILLE)

➢ JAY BHATT, DO, MPH, MPA, FACP (SENIOR VP, CHIEF MEDICAL OFFICER - AMERICAN HOSPITAL ASSOCIATION AND PRESIDENT OF HRET)
1. WHAT’S MOST-INFLUENCED/SHAPED YOUR THINKING AROUND RACE & EQUITY?

2. WHAT HAS BEEN MOST-CHALLENGING IN ADDRESSING RACIAL AND ECONOMIC INEQUITIES?

3. WHAT DOES “GOOD” LOOK LIKE (AN EXAMPLE OF WHERE WE’RE STARTING TO MOVE BEYOND,...GAIN TRACTION?)
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PANEL
AUDIENCE
Q & A
PILLARS OF (HEALTH) EQUITY

1. FOCUS ON POPULATION(S) OF GREATEST NEED (THOSE “MOST-AFFECTED BY INEQUITIES”):

2. DEEPEN & BUILD COMMUNITY RELATIONSHIPS, ENGAGEMENT AND LEADERSHIP CAPACITY;

3. DEVELOP & IMPLEMENT CULTURALLY-TAILORED APPROACHES;

4. INCREASED EMPHASIS ON THE SOCIAL DETERMINANTS OF HEALTH;

5. STRENGTHEN COMMUNITY COLLABORATION(S)
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VIDEO:

“CHANGE THE ODDS FOR HEALTH”
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1. TEXT, ALL CAPS
   - Second level text, sentence case
     • Third level text, sentence case