Presentation Outline

- Context: Health inequities in Alameda County
- ACPHD approach
  - Freirian/ popular education
  - TOP (Technology of Participation)
- Focused Activities
  - Strategic planning, PH 101, social justice dialogues, sessions on institutional racism
- Challenges, questions and lessons learned
Mortality Rate by Poverty Group

Poverty Group

0-9.9%  10-19.9%  20-29.9%  30+%
Mortality Rate by Poverty Group and Race/Ethnicity

Alameda County Health Status Report 2006
Life Expectancy:
Oakland Flats and Hills

<table>
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<tr>
<th>Race</th>
<th>All Races</th>
<th>AfrAm</th>
<th>Asian</th>
<th>Latino</th>
<th>White</th>
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<td>74.8</td>
<td>70.2</td>
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<td>75.6</td>
<td>84.9</td>
<td>81.7</td>
<td>81.8</td>
</tr>
</tbody>
</table>

Oakland Flats  Oakland Hills
African-Americans: Highest rates of Illness and/or Death

- All cause mortality
- Coronary heart disease
- Stroke
- Diabetes
- Lung cancer
- Prostate cancer
- AIDS
- Infant mortality
- Low birth weight
- Assault/Homicide
- Unintentional injury
- Motor vehicle crash
- Asthma

Alameda County Health Status Report 2006
Health Disparities Among Other Groups

Native Hawaiian/Other Pacific Islander
- lowest rate of early prenatal care

Latino
- highest teen birth rate

Asian
- highest tuberculosis incidence rate

White
- highest all cancer and breast cancer incidence rate
- high rate of hospitalizations due to self-inflicted injury
National Average Earnings (of college-educated men and women employed full-time/year-round)

Average Earnings of College-Educated Men and Women Employed Full-Time/Year-Round

- 1989: Ages 30-34, Men: $57,832, Women: $43,637

Average Cumulative Losses from Gender Wage Gap (for a college-educated woman who was between ages 25 and 29 in 1984)

Social Inequities

↓↓ ↓↓ ↓↓ ↓↓

Health Inequities
Pedagogy for Social Justice

Approach
• Freirian/ popular education pedagogy
• Technology of Participation

Goal
• Create learning activities that foster a deep understanding of social determinants of health and build commitment to eliminate health inequities in our diverse population.
Popular Education

• “A trigger is a concrete physical representation of an identified issue in any form,” such as: videos, pictures, experiential exercises, or a brief series of slides.

Popular Education

- Conscientization is engaging in critical reflection “to analyze the societal context for personal problems and their own role in working on problems.”

Popular Education

• *Praxis* can be attained, which is “the ongoing interaction between reflection and actions that people take to promote individual and community change.”

Popular Education

- Problem-posing or liberating education “consists in acts of cognition, not transferals of information...the teacher is no longer merely the-one-who-teaches, but one who is himself taught.

Technology of Participation

- A highly participatory technique with specific frameworks for:
  - Focused conversation
  - Consensus workshops
  - Strategic planning

- Fosters creative thinking, consensus-based decision making, and team building

- Generates ownership of decisions
Activities to address social justice

- Strategic planning
  - Social Justice Dialogues
- PH 101
- Institutional Racism Sessions
ALAMEDA COUNTY PUBLIC HEALTH DEPT. STRATEGIC PLANNING PROCESS

PUBLIC HEALTH FELLOWS
- Dialogue Process
- Group Discussion

LEADERSHIP TEAM
- Dialogue Process
- Group Discussion

MANAGERS & ALL PHD STAFF
- Surveys
- Group Discussion
- Interviews

PUBLIC HEALTH COMMISSION
- Group Discussion

CBOs AND OTHER PARTNERS
- Surveys
- Community Forums
- Interviews

COMMUNITY RESIDENTS
- Community Forums by district
- Interviews

IDENTIFY 5-7 PRIORITIES FOR STRATEGIC PLAN FROM ABOVE DATA

CREATE A STRATEGIC ACTION PLAN FOR EACH PRIORITY

INCORPORATE INTO ALL DIVISION WORK PLANS
Building Internal Capacity to Address Social Inequities

PH 101

- An Overview of Public Health (includes social justice history)
- Cultural Competency and Cultural Humility
- Health Inequities
- Undoing Racism
- Community Capacity Building
Module 3: Health Inequities

Map 4: Childhood Asthma (<5 years) Hospitalization, Alameda County, 2001-2003

Age-Adjusted Rate per 100,000

- >2 times HP2010 objective
- 1 to 2 times HP2010 objective
- <=HP2010 objective
- NA

HP2010 objective: 250/100,000 children <5 years
Annual county rate: 689/100,000 children <5 years

Source: CAPE; OSHPD, Census 2000, DOF.
Module 4: Undoing Racism

What is this thing called race?

RACE
the power of an illusion

Courtesy of California Newsreel
Social Justice Dialogues

With 20 ACPHD Leadership

Three areas:

– Institutional racism

– Gender exploitation and discrimination

– Class exploitation
Institutional Racism Sessions

Participants:

- CAPE Staff (Community Assessment, Planning, Education/Evaluation),
- Leadership Team, Senior Managers, Community Health Services managers and staff, Public Health Nurses, Community Health Outreach Workers

Sessions begin with Race: The Power of an Illusion and proceed to in-depth dialogues
CAPE Institutional Racism

Discussions

Goal

• To undo racism at individual, interpersonal, and institutional levels to achieve social justice by raising consciousness, improving practices, and empowering communities.
Example of Problem-Solving During Institutional Racism Sessions

**Racism Dialogues for Staff and Community**
- Show the 3 films to all new hires
- Share with school-age kids

**Effect Legislation Process to Address Racism**
- Be part of the legislative process to change the current laws which perpetuate racism

**Improve Hiring Process**
- Strive for staff diversity to match county diversity
- Speed up hiring process to allow more people ability to access jobs

**Examine Policies for Racism**
- Examine our policies to see if they perpetuate racism
Challenges and Lessons Learned

Challenges:

- Groups are diverse and not conducive to “pure” Freirian/popular education
- Difficult discussions: topics can provoke emotional reactions
- Facilitating awareness to conscientization to praxis takes time and ongoing effort
- Evaluation of modified Freirian and ToP methodology
Challenges and Lessons Learned (cont’d)

Lessons learned thus far:

• Pay attention to participants’ reactions, growth, comments, feedback
• Be flexible and revise scripts, dialogues, formats continuously
• Necessary to have experienced facilitation
Resources

- Alameda County Health Status Report 2006
  [www.acphd.org/User/data/DataRep_ListbyCat.asp?DataRepdivId=2&DataRepdivcatid=46](http://www.acphd.org/User/data/DataRep_ListbyCat.asp?DataRepdivId=2&DataRepdivcatid=46)

- Race: The Power of an Illusion
  [www.pbs.org/race](http://www.pbs.org/race)

- Unnatural Causes: Is Inequity Making Us Sick?
  [www.unnaturalcauses.org](http://www.unnaturalcauses.org)
Resources

- Institute for Cultural Affairs (Technology of Participation)
  www.ica-usa.org

- NACCHO’s Health Equity and Social Justice webpage
  www.naccho.org/topics/justice/index.cfm
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