

**“There is no
such thing as
a single-issue
struggle
because we
do not live
single-issue
lives.”**

– Audre Lorde





Health Disparities in New Jersey: Race and Racism As a Driver of Inequity

Facilitated by:
Bianca Mayes, MPH, CHES
She/Her/Hers



POST SESSION NOTICE

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As we navigate our lives in continued quarantine and racial unrest we must examine our immediate surroundings and take control. We must take control of our own agencies while simultaneously working collectively for a better nation, a better world.

Use this session to reflect on your own experience and be fully present. What is shared in this space, stays in this space.

WELCOME

In this session, we'll explore

health disparities in New Jersey, inequity, programmatic equity efforts, organizational culture and discuss ways to advance health equity. Please use this space today as a opportunity to collaborative. Together, we'll identify that the only way to dismantle inequities is to rely on each other and our resources. This session is intended for health educators and administrators in the healthcare industry.

What this session will NOT be...

- Racism/Race Equity 101
- Anti-Blackness 101
- Health Equity 101
- Inequity 101

It is important to note that each of the previously mentioned topics are important and foundational from an individual, communal, and organizational structure. If you haven't already, I would search for professional development opportunities that would provide you and/or your team, the knowledge and competency to address each one. There is value in understanding that all oppression is connected.

About Me

Bianca Mayes, MPH, CHES is the Associate Director of Health Equity at PPFA and adjunct professor. Her expert knowledge and advocacy skills make her a dynamic facilitator on topics such as LGBTQIAP2S+, health disparities and inequities, and intersectionality. In 2019, she was featured in New Jersey's Insider's LGBT+ Power List. Bianca's community engagement is inspired by her love for social and racial justice.



ACTUALLY ABOUT ME



First Born Child

MSU Alum

Avid Makeup Lover

Libra

Bunny Mom

Sushi Fanatic

GETTING TO KNOW YOU!



Name + Pronouns



What You Bring to This Space Today



What You Hope to Leave This Space With

Race in New Jersey



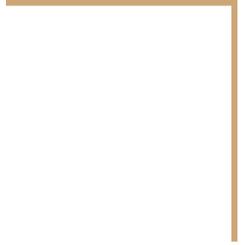
Setting the Stage...

How Race and Racism Impacts New Jersey

- Redlining
- Homelessness
- Stigma
- Lack of Resources
- Policies
- Education
- Segregation

Can anyone in the comment section identify another way race and racism impact inequities in New Jersey?

Health Inequities in New Jersey



New Jersey's Primary Topics

According to the New Jersey Department of Health, the list to the right are the top health inequities in our state. So often we look this and think individual behavior, but we know it's much more than that.



Atlantic
Health System

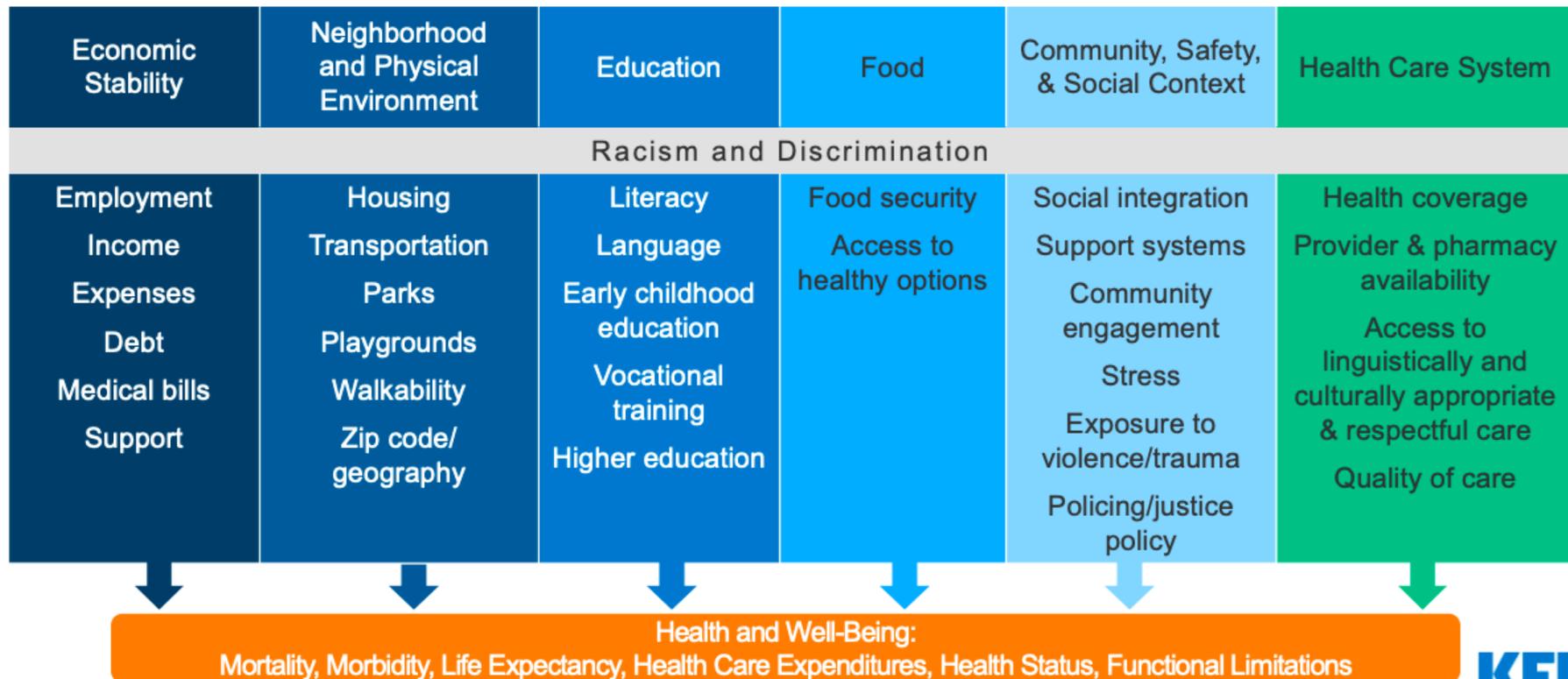
- asthma
- breast, cervical, prostate, and colorectal cancer screening
- cardiovascular disease
- diabetes
- hepatitis C
- HIV/AIDS
- immunizations (adult and child)
- infant mortality
- injuries (accidental) and violence
- kidney disease
- obesity
- sexually transmitted diseases

Health inequities are differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age. Health inequities are unfair and could be reduced by the right mix of government policies.

World Health Organization

Figure 1

Health Disparities are Driven by Social and Economic Inequities



What is necessary for health equity?

Do you think anything needs to be added to this image?





Equity in Action



This idea that **we all have the same life** is false. Race, class, gender come together to share the life chances of people in **very different ways.**

Kimberlé Crenshaw



We live in live in a
society that values...



- Ableism
- Ageism
- Classism
- Colorism
- Cissexism
- Heterosexism
- Racism
- Sexism

Minority Stress Theory

None of us are exclusive to one identity. Take a minute and reflect on your own identities. There are identities we don't think about as much, and then we have identities that are constantly on our minds.

Often the identities more on our mind is because of our surrounding environments and how much support we do or do not have.



Examine Your Own Self

Own your power, we have the ability to influence organizational change. Real change makers are able to gather support within their institution, surrounding communities, and patients/clients to dismantle oppressive systems.

- Have you done/are you doing the work to address personal bias you have in your personal and professional life?
- Are you challenging the narrative that things cannot change at your institution?
- Are you developing resiliency skills to advocate for equity?

Being equitable means staying up to date with best practices through conferences, continuing education opportunities...**but also the community itself!** Very often we do not here from the communities themselves that we are trying to reach outside of a patient setting.

Use informal methods of information gathering and involve the community in ways that **is convenient to the patient.**

Examine your Organizational Practices

1. What is your mission statement?
 - Does it include race and health equity?
2. Does your organization have a white supremacist culture? (Deadline based, sense of urgency, etc.)
3. What is your own organization's history?
4. What is your SOP (standard operating procedure)?
5. How does your organization hold itself accountable?
 - How is it measured?
 - Is accountability in your leadership/board?

Harms Unique to BIPOC People

- Being the only BIPOC in the space
- “Tokenization”
- Teachers, leaders that does not reflect our communities
- Hearing negative experiences about our communities around school/online/work etc.
- Spaces purposely and historically not designed for us to thrive?
- Lack of supports that you can use if you are harmed
- Marginalization Hierarchy
- Higher Expectations of you because of your identity

Take a minute and reflect on your own experiences, does any of this sound familiar to you?

How do you (or your agency)
implicitly and/or explicitly
contribute to the oppression
of BIPOC/LGBTQ+
communities?

How committed are you to **anti-racism** and **anti-blackness**?

Last year provided unique circumstances in which many became aware of the racial injustices of this country and globally. With COVID-19 lurking, government lockdowns, With January's violent coup, we must ask ourselves hard questions about everything we know, from **our personal circle to our professional systems**.

- Have you “recently awakened” awakened to racial tensions?
- Do you have friends that are BIPOC?
- Do you elevate BIPOC stories, voices, etc.?
- How involved are you with BIPOC communities?
- When you give our grants, do they go to communities of color?
- Do you have BIPOC staff?
- Do you regularly work on address your own explicit and implicit bias?

Where do you get your information?

Information or the lack thereof can paint a story. When you do or read research, how many participants are white?

- Do you collect information from BIPOC/LGBTQ+ people?
 - Do you collect demographic identity information like race/ethnicity and sexual orientation and gender identity (SOGI)?
 - Do you do focus groups with BIPOC people?
 - Do you do focus groups with LGBTQ BIPOC people?
-

Diversify your resources!

Many times when people are looking for BIPOC resources, they are not distinctively looking for resources based on race and/or ethnicity.

Just because an organization highlights the BIPOC community, it doesn't mean that the organization is reaching and positively impacting the BIPOC community. |

Do you have resources available for different

races and/or ethnicities?



Change Your Message

You cannot use a one size fits all approach to all marginalized communities. Think about it, for years we (the industry say) we serve everyone, even though historically we have not. Your agency's history and patient demographics reflect the past in the present.

You need to create strategies to equitably reach different communities.

Develop different campaigns for each target group that you'd like to improve community relations with!



Additional Suggestions

- Lead and participate in community partnerships to identify health disparities in local populations, and prioritize and address these disparities.
- Ensure each primary health care system explicitly addresses local public health problems related to non-medical determinants of health (eg, lifestyle factors) and, where feasible, secondary and tertiary health care disparities.
- Develop and support interconnected programs to explicitly address social and economic barriers to adherence to common chronic disease treatment and self-management (eg, diabetes, arthritis, chronic obstructive pulmonary disease, congestive heart failure, mental illness) outside of the practice, which address the determinants of health.
- Develop and support programs that explicitly address barriers to access and health care adherence for “hard to reach” populations.
- Ensure undergraduates, residents, and practising physicians have resources to develop the appropriate skills and competencies to reduce gaps in health disparities in partnership with other agencies.
- Stimulate and participate in the intersectorial arrangements and programs in each primary health care system to address the needs of each of the disadvantaged groups (eg, homeless, recent immigrants, drug addicts, adolescents with legal and educational problems), according to local context and priorities.
- Participate in and collaborate on community partnerships, identifying and solving health-related problems with vertical integration in relation to the community’s social environment (eg, violence, lack of day care) and physical environment (eg, personal security, housing, non-medical social determinants).

Policy, Policy, Policy!

By now you should be able to identify that policy and inequities are connected. It simply isn't enough for us as health educators to only advocate health care, we must advocate policy too! It's important we understand that if policies don't change, inequities won't change either.

Again, we must be changemakers in our own institutions. If your agency hasn't advocated in the past, it might be time to do so. Start small, your organization could advocate for change in the neighborhood/local communities or county!



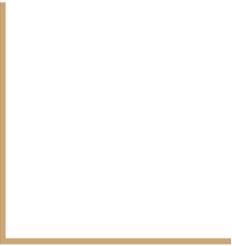
Policy is POWER!

Resources for Anti-Racism & Anti-Blackness

- Race Forward
- Read: How to Be Anti-Racist by Ibram X. Kendi
- White Accomplices
- Race Equity Tools
- Race Conscious
- NYT: An Anti Racist Reading List
- Intersectionality Matters Podcast by Kimberle Crenshaw
- Code Switch by NPR
- 21 Day Equity Challenge
- & More!

QUESTIONS?

It should be noted, that for today's session I will only answer general equity questions. If you have a Planned Parenthood Question, please contact Bianca.Mayes@ppfa.org.



Time for Breakout Rooms!

Instructions for Breakout Rooms

In a few minutes, you'll be assigned to a breakout room from 12:45pm-1:10pm. Each breakout room is for different structures in which people work:

1. Nonprofit/Community Focused
2. Corporation/Pharma/Health Insurance
3. Education
4. Health Department
5. Hospital/Clinic
6. Other

Each group will talk about the unique challenges and opportunities your workplace has. This is a great space to take lessons/inspirations/assistance from others!

Breakout Room Prompts

In your breakout room your lead facilitator will walk you through the following prompts:

- Why is this work important to the community you serve?
- What unique barriers exist at your organization and what supports need to be in place to advance equity?
- How does your organization identify inequities and what does it do with that information?
- How does your organization hold itself accountable? How is it measured? Is accountability in your leadership/board?

Or...you might have your own dynamic discussion!

When Returning from the Breakout Rooms

At 1:10pm, we will return from our breakout rooms and into the main room. During this time we will share out what was discussed in each room. For the sake of time, please assign a spokesperson in each breakout room. If you'd like to contribute individually, please utilize the chat function.

If you need assistance in your breakout room, please use the 'Ask for Help' function on the Zoom Platform.

THANK YOU!