CommonHealth ACTION :: APHA Health Equity Workshop

- Genetics: 10 – 20%
- Health Behaviors: 30 – 40%
- Systems & Determinants: 40 – 50%
Community Context:
Social Determinants of Health

Community Context

Individual Behaviors

CommonHealth ACTION :: APHA Health Equity Workshop
Adding a Layer: Privilege & Oppression

Community Context
(Social Determinants of Health)

Individual Behaviors

Oppression
- Sexism
- Racism
- Ableism
- Heterosexism
- Classism
- Xenophobia
UNDERSTANDING “ISMS”
Privilege and Oppression

Module 2

Health Equity Workshop | June 10, 2014
RACE
the power of an illusion
Privilege & Oppression: A Select Timeline of Public Policy & Private Action

- 1676: Bacon’s Rebellion
- 1705: 50 Acres & A Musket
- 1682: Slave Laws
- 1790: Naturalization Act (defines citizenship)
Privilege & Oppression: A Select Timeline of Public Policy & Private Action

1830
Indian Removal Act

1848
Treaty of Guadalupe Hidalgo

1862
Homestead Act

1868
Treaty of Fort Laramie
Privilege & Oppression: A Select Timeline of Public Policy & Private Action

1924
Virginia Racial Purity Act
(“One Drop” Rule)

1924
Indian Citizenship Act

1934
Federal Housing Administration &
“redlining”

1935
Social Security Act
Privilege & Oppression: A Select Timeline of Public Policy & Private Action

1942 Executive Order 9066

1944 Serviceman’s Readjustment Act ("GI Bill")

1945 McCarran-Walter Act

1954 Brown v. Board of Education

1965 Voting Rights Act
Racism as a Blueprint: Levels of Oppression

- **Interpersonal** is the expression of racism between individuals.

- **Internalized** is the set of private beliefs, prejudices, and ideas that individuals have about the superiority of Whites and the inferiority of people of color.

- **Institutionalized** is discriminatory treatment, unfair policies and practices, inequitable opportunities and impacts within organizations and institutions, based on race.

- **Structural** is racial bias across institutions and society. It’s the cumulative and compounded effects of an array of factors such as public policies, institutional practices, cultural representations, and other norms that work in various, often reinforcing, ways to perpetuate racial inequity.
How Privilege & Oppression Continue to Persist: An Analogy
# Privilege & Oppression Worksheet

<table>
<thead>
<tr>
<th>TYPE OF OPPRESSION</th>
<th>CHARACTERISTIC</th>
<th>PRIVILEGED / FAVORED GROUPS</th>
<th>OPPRESSED GROUPS</th>
</tr>
</thead>
</table>
| Racism                 | Race/Color     | Whites                      | People of Color, Asians, Pacific Islanders, Native Americans, Hispanic/Latino/
|                        |                |                              | Chicano Americans                                                                |
| Sexism                 | Sex            | Men                         | Women                                                                           |
| Classism               | Socio-Economic Class | Middle, Upper Class              | Poor, Working Class                                                              |
| elitism                | Education Level | Formally Educated           | Informally Educated                                                             |
| Religious Oppression   | Religion       | Christians                  | Muslims, Jews, Others                                                            |
### Breakout Room Assignments

<table>
<thead>
<tr>
<th>GROUP</th>
<th>ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A</td>
<td>Breakout Room 1</td>
</tr>
<tr>
<td>Group B</td>
<td>Breakout Room 1</td>
</tr>
<tr>
<td>Group C</td>
<td>Breakout Room 1</td>
</tr>
<tr>
<td>Group D</td>
<td>Breakout Room 2</td>
</tr>
<tr>
<td>Group E</td>
<td>Breakout Room 2</td>
</tr>
<tr>
<td>Group F</td>
<td>Breakout Room 2</td>
</tr>
<tr>
<td>Group G</td>
<td>Main meeting room (Columbia B)</td>
</tr>
<tr>
<td>Group H</td>
<td>Main meeting room (Columbia B)</td>
</tr>
<tr>
<td>Group I</td>
<td>Main meeting room (Columbia B)</td>
</tr>
<tr>
<td>Group J</td>
<td>Main meeting room (Columbia B)</td>
</tr>
</tbody>
</table>
At CommonHealth ACTION, we believe that health is a production of society. In addition to genetics, our health outcomes are determined by the contexts within which we live our lives and make personal behavioral choices. We envision an America in which all people have equitable opportunities and neighborhood conditions to achieve their best possible health.

As a national public health organization, CommonHealth aligns people, strategies, and resources to create community-generated solutions to health and policy challenges. We achieve our mission by focusing our resources and talent on three strategies: 1) Health Equity Training and Education, 2) Community-in-Health Programming, and 3) Multi-Sector Strategies.

Our focus is on traditionally under-resourced U.S. communities and populations. Collectively, our staff has worked in more than 100 communities in 42 states. CommonHealth ACTION builds the capacity of individuals, organizations, and agencies to create equitable opportunities and improve health behaviors.

We Create Opportunities for Health

Explore how we can do that together!
www.commonhealthaction.org

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PUBLIC HEALTH CAPACITY BUILDING APPROACH

SOCIO-ECOLOGICAL LEVELS OF INTERVENTION
- Individual
- Organizational
- Community
- Public Policy

NATIONAL PREVENTION STRATEGY STRATEGIC DIRECTIONS
- Healthy and safe community environments
- Community clinical and preventive services
- Educated, engaged, and mobilized people
- Health disparities elimination

1. Core functions and essential services; 2. Core competencies for public health professionals; 3. Accreditation planning and implementation; 4. Priority areas for public health quality improvement; and 5. Goals for public health quality improvement.

COMMON HEALTH WORKFORCE AND ORGANIZATIONS*, COMMUNITY-BASED ORGANIZATIONS, GOVERNMENT, AND INDIVIDUALS

IMPROVES SYSTEMS AND NEIGHBORHOOD CONDITIONS (SOCIAL DETERMINANTS OF HEALTH)

HEALTHY PEOPLE 2020 GOALS**
1. Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; 2. Achieve health equity and improve the health of all groups; 3. Create social and physical environments that promote good health for all; and 4. Promote quality of life, healthy development, and healthy behaviors across all life stages.

CommonHealth ACTION envisions an America in which all people have equitable opportunities and neighborhood conditions to achieve their best possible health.

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*COMMUNITY PUBLIC HEALTH PRACTICE

**HEALTHY PEOPLE 2020 GOALS

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