

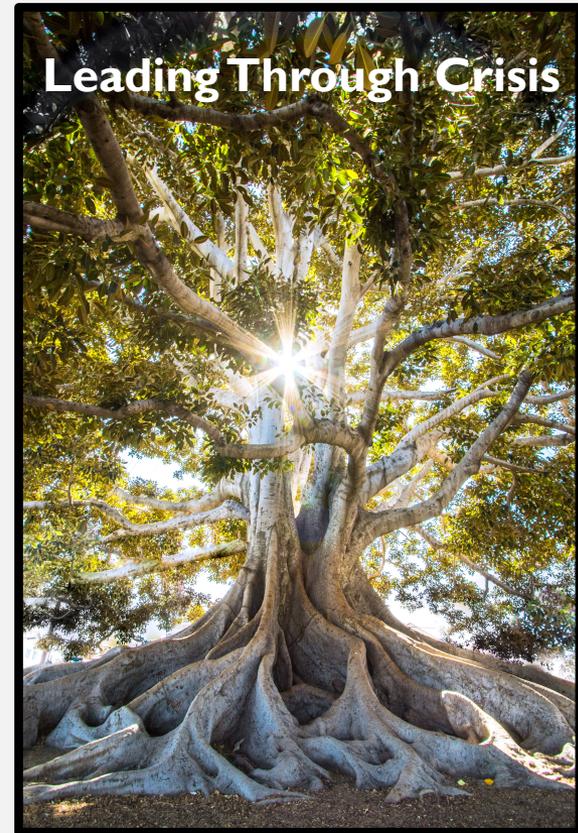


**A CALL TO ACTION:  
OUR RESPONSIBILITY AS LEADERS TO ADDRESS  
STRUCTURAL RACISM AND  
RESULTING HEALTH INEQUITIES  
JULY 29, 2020**

**Welcome! We will get started momentarily**



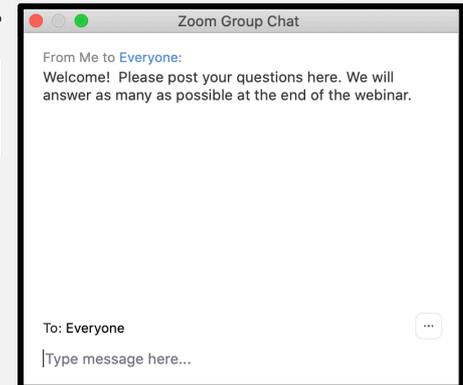
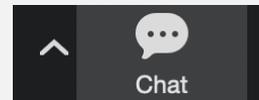
- **Part 1**
  - Presentation
- **Part 2**
  - Discussion with Panelists & Deep Dive into topics
  - *Separate registration required!*



[www.leaders4health.org/leading-through-crisis](http://www.leaders4health.org/leading-through-crisis)

WELCOME

- We want to hear from you! Share your **questions** and **comments** via the **chat box**.



- A **recording** of today's discussion with **materials** will be made available within 24 hours. We'll send you an email once it is online.

# OBJECTIVES

## **Participants will be able to:**

- Identify and classify inequities experienced from the lens of the communities or populations they serve using SEM;
- Understand the impacts of inequities on populations with behavioral and other complex health needs;
- Articulate concrete examples of ways in which as leaders, they can address inequities occurring at each level of the social ecological model.

# OUR PRESENTERS



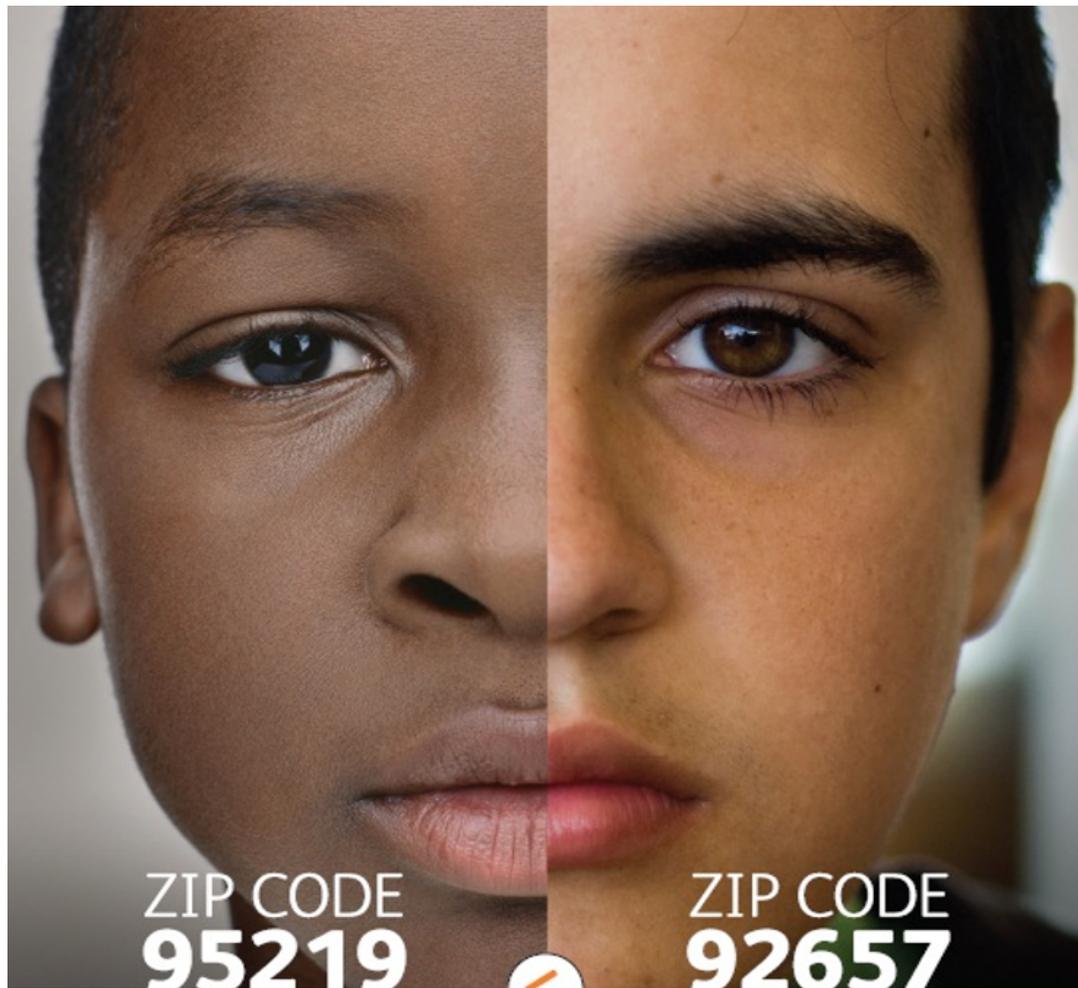
**Larissa J. Estes, DrPH**  
Executive Director  
ALL IN Alameda County



**Jei Africa, PsyD, MSCP**  
Director  
Marin County Behavioral Health  
and Recovery Services

# A LITTLE ABOUT YOU

- Where are you from?
- How do you classify your current role?
- In what sector do you work?
- Have you been actively involved in the COVID response?



ZIP CODE  
**95219**

Life Expectancy

**73**

ZIP CODE  
**92657**

Life Expectancy

**88**



To learn more visit

[www.calendow.org](http://www.calendow.org)

Your **zip code** should not determine the length of your life. This year, California legislators and Governor Jerry Brown recognized that **health happens in neighborhoods**. The California Endowment would like to thank California's leaders for taking steps to make our communities and our state stronger.

**AB 581 (Perez)** : Brings grocery stores to neighborhoods where they are needed.

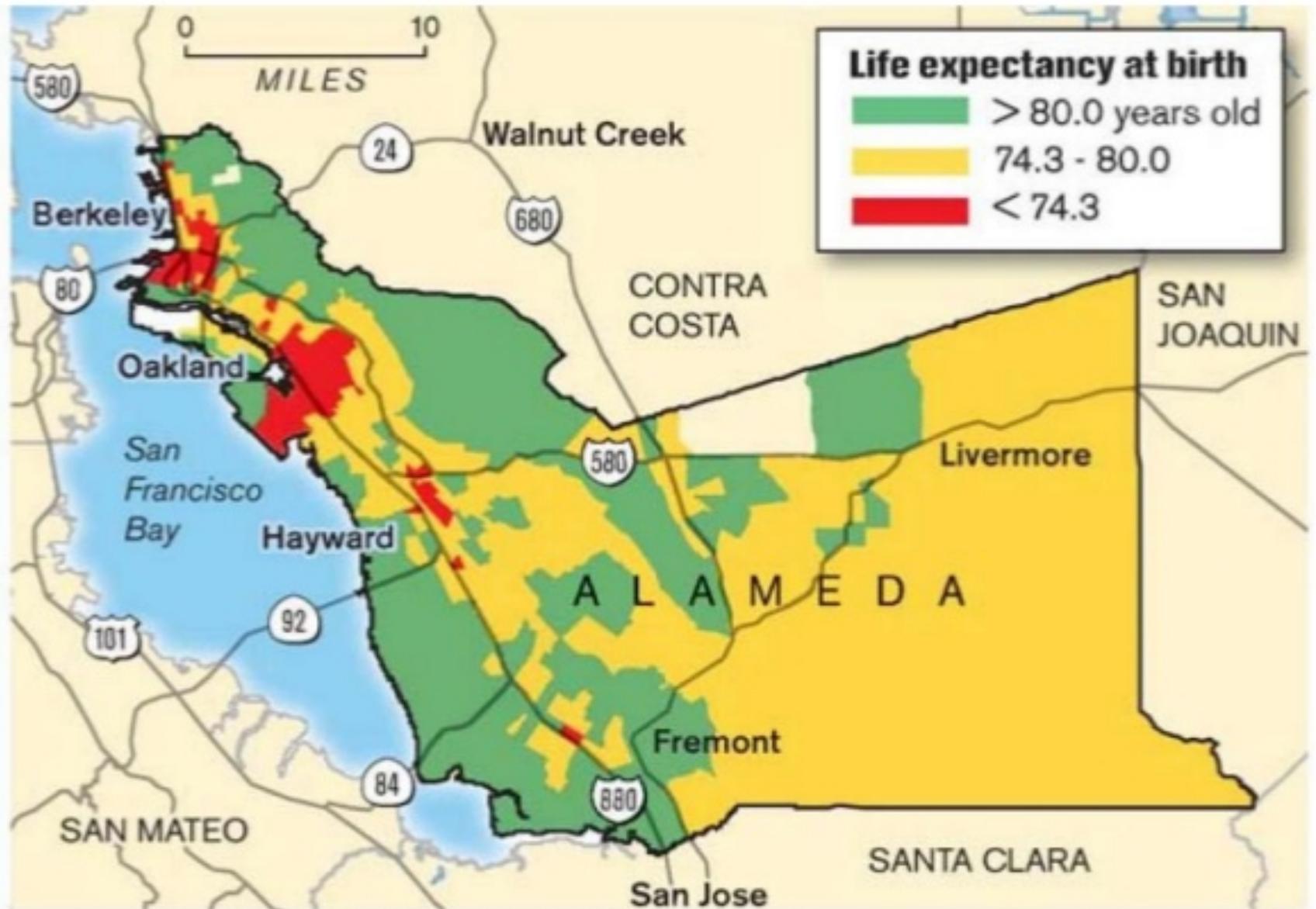
**AB 6 (Fuentes)** : Eliminates bureaucratic red tape for families who need access to healthy food.

**SB 20 (Padilla)** : Gives Californians the facts about restaurant food.

**SB 244 (Wolk)** : Requires local land use planning to include improvement of disadvantaged communities.

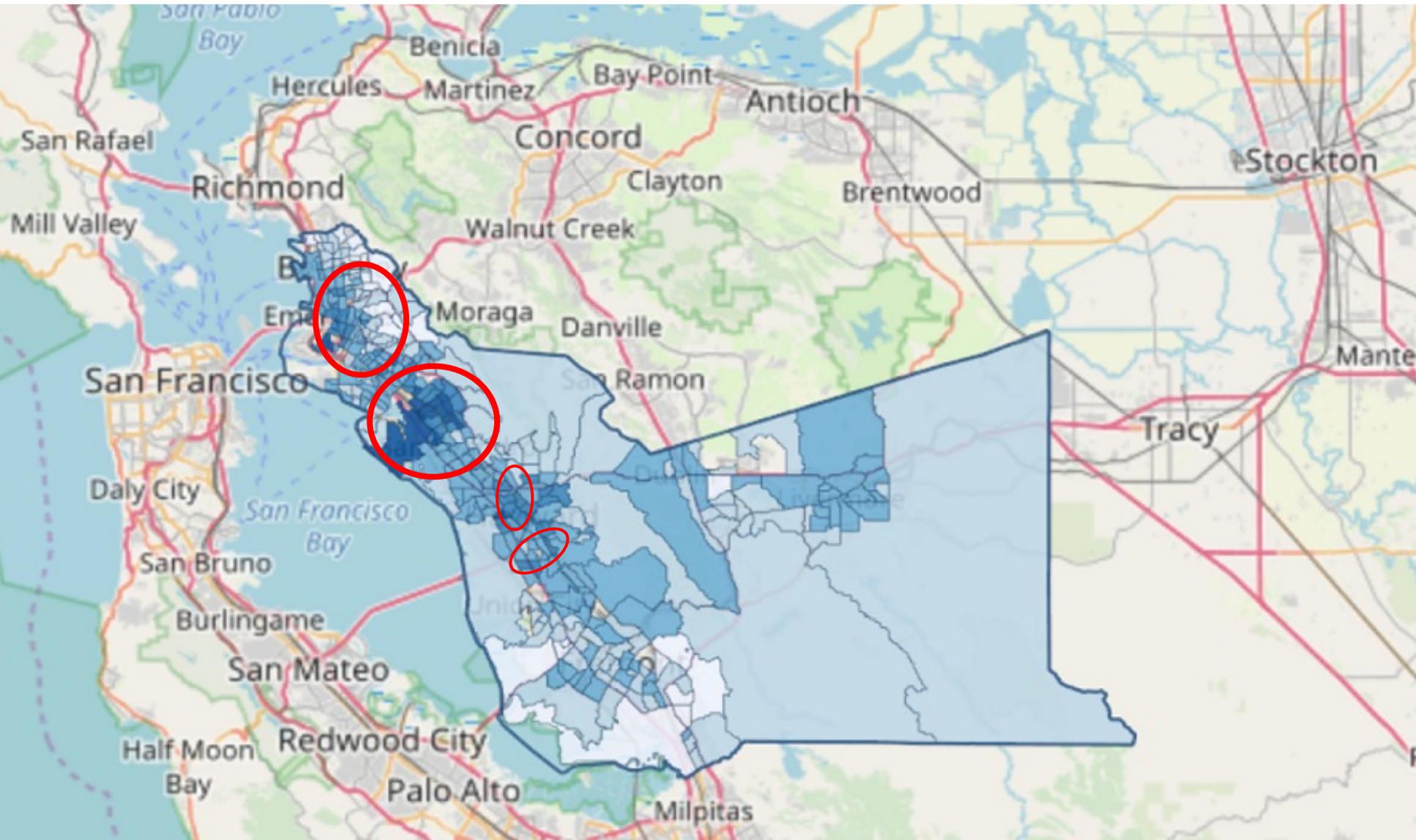
health  
happens  
**here**  
In Neighborhoods





Sources: ESRI, Alameda County Public Health Department

The Chronicle



67.7 - 74.6

74.6 - 78.8

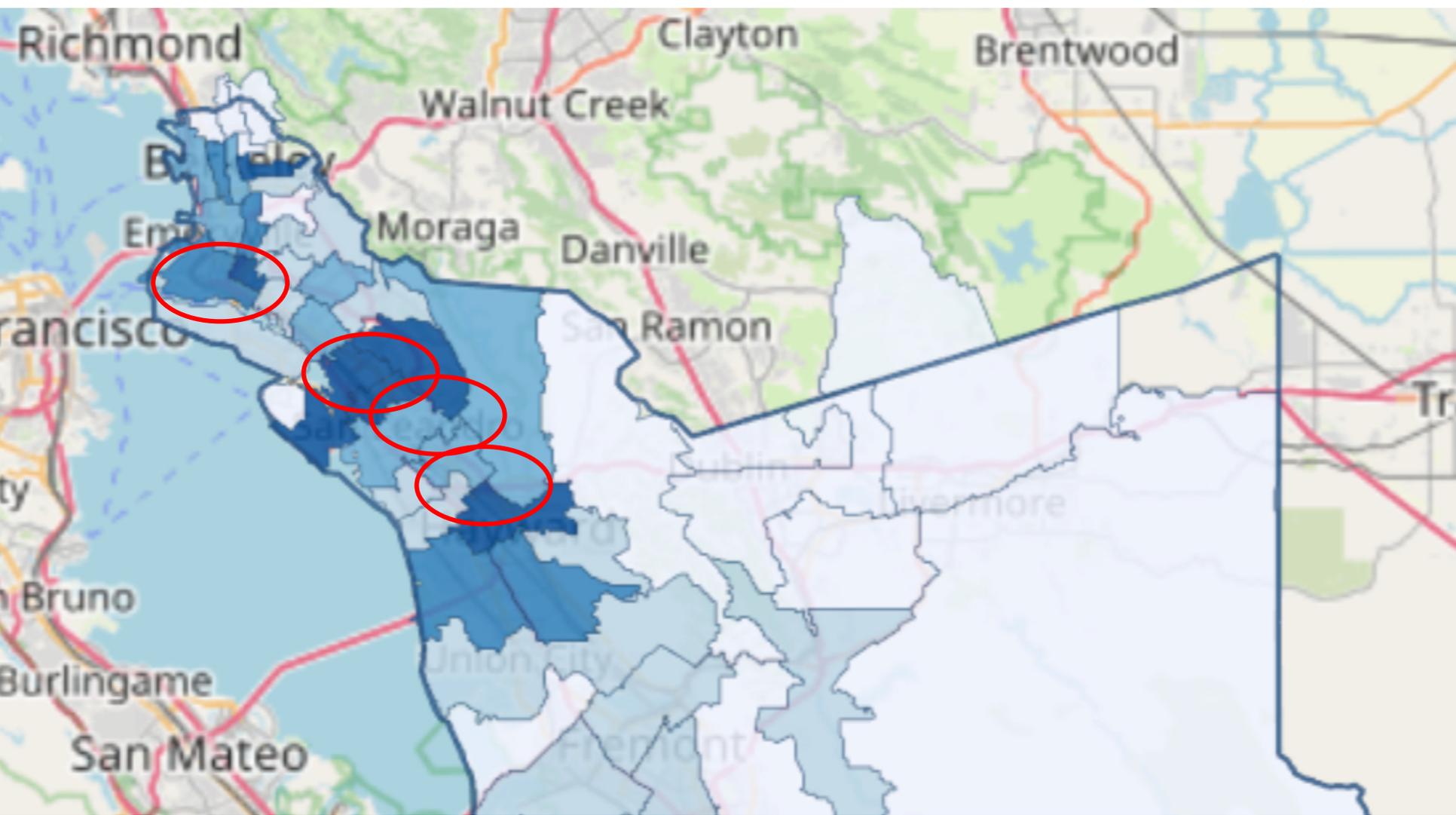
78.8 - 82.7

82.7 - 86.6

86.6 - 95.6

N/A

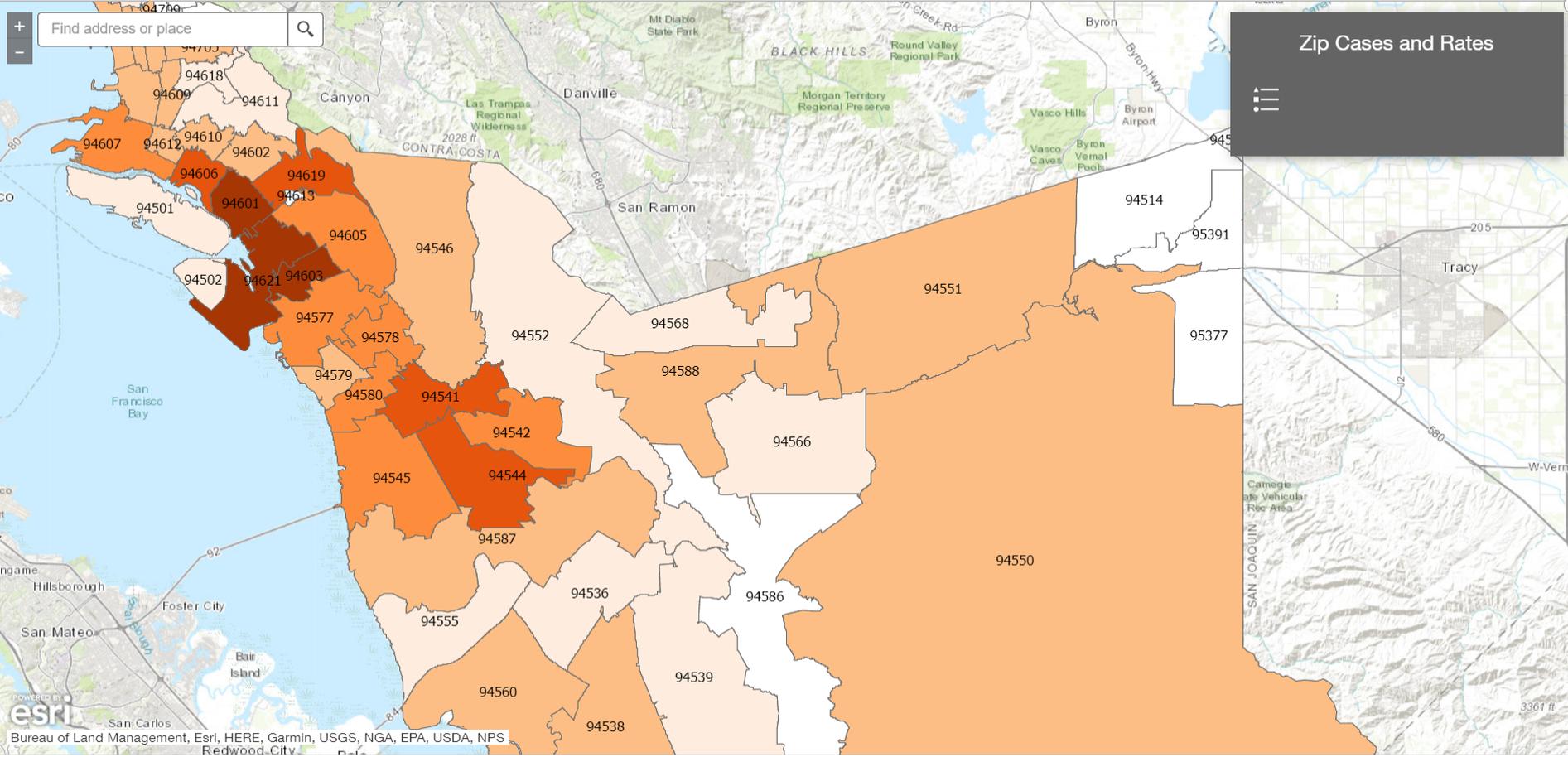
years



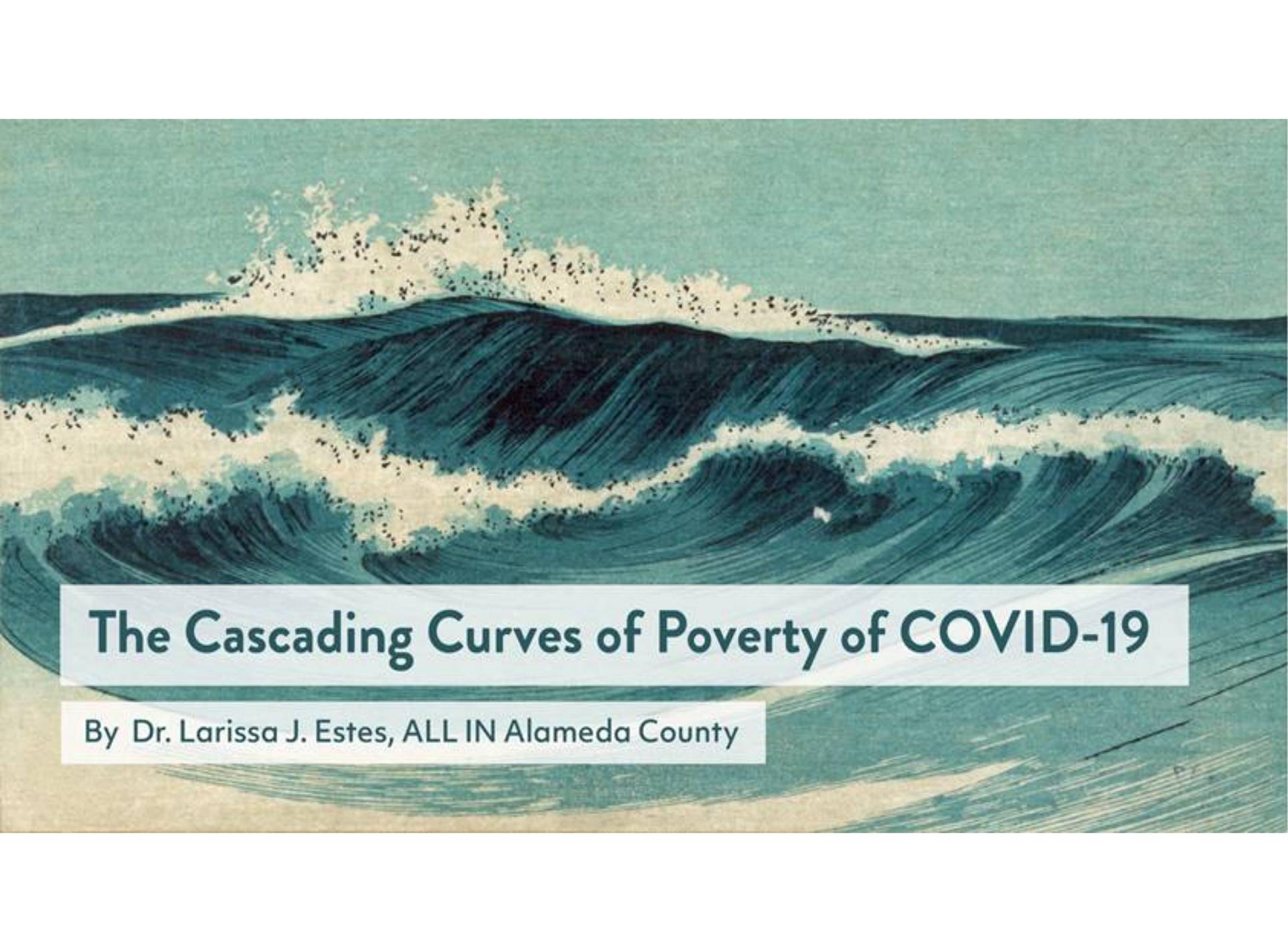
Find address or place

### Zip Cases and Rates

- ☰
- ☷
- ☶



POWERED BY  
**esri**  
Bureau of Land Management, Esri, HERE, Garmin, USGS, NGA, EPA, USDA, NPS



# The Cascading Curves of Poverty of COVID-19

By Dr. Larissa J. Estes, ALL IN Alameda County

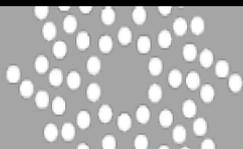


“It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change.”

**Institute of Medicine**

A black and white photograph of four children playing in the water. The children are silhouetted against a bright, overcast sky. One child in the center is jumping or running through the water, creating a splash. Another child to the left has their arm raised. A third child is on the far left, partially submerged. A fourth child is on the right, looking towards the others. The water has gentle ripples.

# BUILDING RESILIENCE



# The Institutional Problem



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We face a host of systemic challenges traditionally beyond the reach of our individual institutions.

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Continuing to do what we are currently doing but doing it harder or smarter is not likely to produce very different outcomes.

---

The path to catalyzing and guiding systemic change at a scale must commensurate with the scale of problems we face.

# RACISM IS NOT EASY TO TALK ABOUT

- Lancet (2016): most use “race” (and not “structural racism” or “systemic racism”)
- Quick search of Health Affairs website reveals only 114 pieces that included the word racism; 39-year history of the journal
- 2018 systematic literature review of the public health literature additionally found only 25 articles that used “institutionalized racism” between 2002 and 2015
- Pub Med database done on June 23, 2020, revealed 86 articles that included both “race” and “structural racism” or “institutional racism”; 32 published within the last 18 months

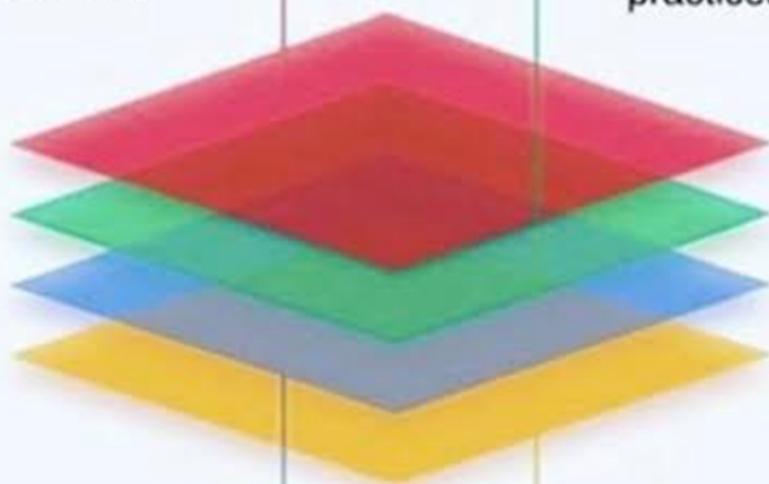
# THE FOUR <sup>OF</sup> DIMENSIONS **RACISM**

## **INSTITUTIONAL**

Policies and practices that reinforce racist standards within a workspace or organization.

## **STRUCTURAL**

Multiple institutions collectively upholding racist policies and practices, i.e. society.



## **INTERPERSONAL**

Racist acts and micro-aggressions carried out from one person to another.

## **INTERNALIZED**

The subtle and overt messages that reinforce negative beliefs and self-hatred in individuals.

# Social- Ecological Model:

Framework that helps understand, explore and address issues on multiple levels.



## ***Structural***

(cumulative among institutions;  
durable; multigenerational)



## ***Institutional***

(bias within an agency)



## ***Interpersonal***

(bigotry between individuals;  
stereotype threats)



## ***Internalized***

(beliefs within individuals;  
stereotype threat)

# Action Steps at Each Level of Racism

Internalized

- Engage in self-reflection: bias and stereotypes
- Invest in increasing knowledge and skills

Interpersonal

- Create a culture of curiosity and safety
- Role model vulnerability
- Be clear and share your values

# Action Steps at Each Level of Racism

## Institutional

- Evaluate policies on recruitment, hiring, promotion
- Implement a racial equity lens to in contracting and budgeting
- Ensure meaningful community engagement

## Structural

- Partnering with local organizations focused on advocacy and equity
- Empowering & enhancing grassroots organizations/stakeholders

# WHITE SUPREMACY & THE BIAS OF “PROFESSIONALISM”

- Jones and Okun: White supremacy culture – systemic, institutionalized centering of whiteness
- At an organizational level can be seen in practices and standards related to dress code, speech, work style, timeliness, etc.
- Cultural norms (examples):
  - Perfection – mistakes seen as personal, talk about person’s inadequacies as a person or their work w/o directly talking to them
  - Fear of open conflict – emphasis of being polite
  - Objectivity – the belief that there is such a thing about being objective, invalidating people who show emotion

# SHOWING UP AS A LEADER

Invest	Invest in building authentic relationships; nurture trust
Be	Be comfortable not knowing and being able to say this out loud
Listen	Listen and observe; be ready to act through direct or indirect efforts
Facilitate	Facilitate opportunities to lift people up e.g. mentorship and sponsorship
Gain	Gain a deep understanding of the ideology of whiteness and how it shows up



**Stay in Place.**  
**Maintain**  
**Your Space.**  
**Cover Your**  
**Face.**



**#StayHealthyMarin #KeepCommunity**  
**Marinhhs.org/coronavirus**

# Power and Leadership in the COVID Moment

- Elevate issues of race and equity – if not you then who?
- Empower community members and partners to share their stories and experiences → create safe spaces and be prepared to listen and learn
- Shifting beyond mentorship to sponsorship to reflect the communities we serve
- Intentionality

“Working on social determinants of health is both scary and reassuring. If we don’t do this level system change, we will always be chasing the problem.”

Adapted from the Ohio Community Collective Impact Model for Change  
Learning Community Partner



# QUESTIONS

We want to hear from you!  
Share your **questions** via  
the **chat box**. We will  
answer as many as  
possible.

# CONTACT INFORMATION

## **Holly Salazar**

Director of Operations

*The College for Behavioral Health  
Leadership*

[hsalazar@leaders4health.org](mailto:hsalazar@leaders4health.org)

**[www.leaders4health.org](http://www.leaders4health.org)**

## PART 2

We want to hear from you!

Join the **interactive discussion** now!

Login via the **link** and **password** sent with your registration.



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# WELCOME

- We would love to see you! Turn your **video on** if you are comfortable.
- We want to hear from you!
  - Share your **questions** and **comments** via the **chat box**
  - **Wave** at me or let me know you'd like to **comment or ask a question** via chat.
  - Ask for **clarification or expansion** on specific topics of interest

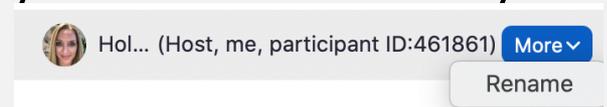
# ZOOM

- Please turn your video on!



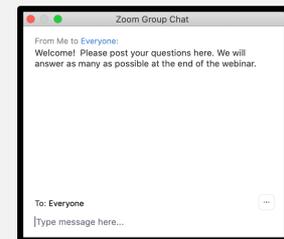
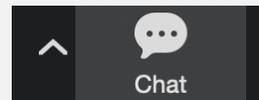
- Mute/unmute

- Rename yourself - Where are you from?



- Gallery view

- To chat:



- Breakout rooms

- Chat will turn off – you can turn back on!
- Ask for help
- Timer

LET'S GET  
STARTED

## Via a quick breakout:

1. Warm up in a safe space
2. Initiate participation
3. Get to know each other
4. Reflect

# PROMPTS

1. What resonated most in the webinar?
2. What do you still wonder about?

# QUESTIONS

- How do I effectively partner with communities to identify and respond to inequities as a result of COVID-19?
- When I identify structural racism within my own organization or community, how do I address?
- What is my role as a leader to have difficult conversations about race?
- How do I show up as an authentic leader as a person of color or as a white person in order to elevate issues of racism?

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