#### National Center for **Family Professional Partnerships**



#### Leadership is a Journey The Role of Leadership in Health Equity Work May 16, 2018

Presented by Damie Jackson-Diop & Johanna Bergan

Welcome! We will begin shortly. <u>Phone lines are muted</u> but will be opened for Q&A at several points throughout the presentation.

Please use the mute button on your phone when not speaking. (Note: Audio is NOT broadcast through the computer; you must dial-in/dial-out via phone to access the audio)

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**A Youth MOVE National Presentation** 

## Leadership is a Journey

What is My Culture? What are My Values? Part Two

Damie Jackson-Diop, Member of Youth MOVE National Board of Directors

May 16, 2018

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## Welcome!

- Name
- Role/Location
- Icebreaker
  - Back in the day, what was your favorite toy or activity, favorite book or story, favorite TV show or movie, what they wanted to be when they grew up?
- Poll Question





## What Creates Health?

## "Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love."

The World Health Organization (WHO)

The Ottawa Charter (1986)



## Social Determinants of Health

"...conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place."



## Health Disparities and Health Equity

According to Healthy People 2020:

- In contrast, a <u>health disparity</u> is "...a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage."
- <u>Health Equity</u> is "...the attainment of the highest level of health for all people."



#### YOUTH MENTAL HEALTH IS WORSENING AND ACCESS TO CARE IS LIMITED

IN A FIVE YEAR PERIOD, RATES OF

SEVERE YOUTH DEPRESSION

# HAVE INCREASED





THAT'S ENOUGH TO FILL

**EVERY MAJOR LEAGUE** 



8



RECEIVE TREATMEN

YOUTH WITH MAJOR DEPRESSIVE EPISODES

## Social Factors

- Housing
- Education
- Income
- Transportation
- Access to Health Affordable Food
- Employment

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## **Intersecting Axes of Inequity**

- Race
- Gender
- Ethnicity
- Labor roles and social class markers

- Nationality, language, and legal status
- Sexual orientation
- Disability status
- Geography/Place
- Religion



## **Changing Demographics**



## Equality vs. Equity

#### EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.





In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.



## The Role of Leadership and Achieving Health Equity

- "Health equity" is assurance of the conditions for optimal health for all people
- Achieving health equity requires
  - Valuing all individuals and populations equally
  - Recognizing and rectifying historical injustices
  - Providing resources according to need
- Health disparities will be eliminated when health equity is achieved

Source: Jones CP 2010, adapted from the National Partnership for Action to End Health Disparities.

### The Role of Leadership and Reaching Health Equity (cont'd)

- Leadership Actions
  - Think Cultural Health National Culturally and Linguistically Appropriate Standards
  - Incorporate the H.U.M.B.L.E Model
  - Dig Deep into the Data



#### Think Cultural Health - The National Culturally and Linguistically Appropriate (CLAS) are structured as...

#### Standard 1:

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

#### Standards 2-4

Governance, Leadership, and Workforce

#### Standards 5-8

Communication and Language Assistance

#### Standards 9-15

Engagement, Continuous Improvement, and Accountability



## The H.U.M.B.L.E. Model

- Humble about the assumptions you make about knowing the world;
- Understanding how your own background and culture can impact your interactions;
- Motivating yourself to learn about cultures, health beliefs and practices you frequently come across;
- B eginning to incorporate this knowledge into your work;
- L ife-long learning about other cultures;
- E mphasizing and establishing respect in our interactions in order to maintain health and productive relationships.



## Data

- Data helps explain WHY your cause (addressing health disparities, for example) is important
- Data helps suggest HOW to fix the problem at hand by suggesting WHAT the problem is
- Use in social media posts, speeches, and lessons given during your advocacy campaign
- Data can be used to improve service performance





## **Other Populations By...**

- Socio-economic status
- Geography (urban or rural)
- Gender
- Age
- Disability status
- Risk status related to sex and gender



## Racial and Ethnic Minority Populations

- American Indian/Alaska Native (AI/AN)
- Asian American
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander (NHOPI)



## Databases

- Web-based Injury Statistics and Query Reporting System (WISQARS)
- Youth Behavioral Risk Survey System (YBRSS)
- National Violent Death Reporting System (NVDRS)
- Center for Behavioral Health Statistics and Quality (CBHSQ)
- National Mental Health Services Survey (N-MHSS)
- National Survey on Drug Use and Health (NSDUH)

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## Resources

#### **Think Cultural Health**

https://www.thinkculturalhealth.hhs.gov/clas

#### **The National Adolescent Health Information Center**

https://www.healthypeople.gov/sites/default/files/Framing AYAH\_HP2020\_Webinar.pdf

The National Partnership for Action to End Health Disparities

https://minorityhealth.hhs.gov/npa/



## Thanks for joining us!

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## **Thanks for hanging out.** Follow us.

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