

Racial Healing and Health Equity: Promising Policies and Community-Driven Interventions (Part 2)



Community Leaders Forum: Report and Call to Action

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We are grateful to Macy's Inc. for their generous support and partnership on our Community Leaders Forums initiative, which aligns with Health Equity Initiative's commitment to equitable community systems and to raising the influence of community voices on health, racial, and social equity issues. A heartfelt thank you to all Macy's!



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EXECUTIVE SUMMARY

There are a range of systemic and structural challenges to achieving health equity in the US today. These challenges include population-wide issues such as lack of access to health care services, insufficient affordable housing, environmental hazards, a paucity of health education, and limitations in the built environment that make physical activity and social engagement more difficult. The experience of racial discrimination mechanisms such as microaggressions, blatancy, or unconscious bias may be less distinguishable than other social determinants of health, but it also functions as a major contributor to health inequities.

Health Equity Initiative, a member-driven nonprofit organization that engages across sectors and disciplines to advance health equity, held a Community Leaders Forum specifically to consider the intersection of racial healing and health equity and identify how community leaders and policymakers can support these aims from a program, practice, and policy perspective.

The forum, which took place on December 12, 2022, was Health Equity Initiative's second session on this theme. The first Forum on racial healing and health equity took place in November 2021 and proved to be so rich in content that it quickly became clear that one session wasn't sufficient to cover everything. Thus, the 2022 Forum built and expanded upon some of the key themes and insights from the earlier discussion.

The most recent forum focused on (1) the leaders' experience with racial healing and how this applies to health equity issues, (2) personal and professional values the leaders bring to their work and everyday life, and implications for racial healing, (3) lessons learned from community-driven interventions and strategies that aim to build or

restore community trust, (4) community perspectives on the impact of racism among specific groups, and opportunities for group-specific strategies and policies for racial healing, (5) a discussion on both key policies that have the potential of jeopardizing racial healing, as well as policies which may help promote racial healing, and (6) recommendations and sample steps toward racial healing and equity to be implemented at the policy level and within community settings.

This report includes a summary of the discussion from the December 2022 Forum and offers a call to action with specific recommendations to strengthen and advance racial healing and health equity in the US. Through this event and other Community Leaders forums, Health Equity Initiative puts a spotlight on the value of the expertise offered by community leaders and offers a platform for them to both express the needs and priorities of their communities and to share their knowledge and thinking to support the larger ecosystem.

Participants

Forum Participants/Panelists (in alphabetical order by last name)

Jesus Ayala, Director, South Providence Health Equity Zone

Von Gordon, Executive Director, The Alluvial Collective

Denise Morrow, Executive Director, BEMORE

Moderator:

Renata Schiavo, PhD, MA, CCL, Founder and Board President, Board of Directors, Health Equity Initiative

Call to Action and Policy Recommendations

This Call-to-Action highlights community interventions and practices that can foster racial healing and health equity in the U.S. and identifies approaches to policies that can further the equity movement. These recommendations were shared at Health Equity Initiative's Community Leaders Forum which took place on December 12, 2022. They are designed to assist policymakers, community leaders, funders, and other interested individuals and organizations who are seeking the tools and pathways to advance health equity and racial healing within their own communities and across the country. Health Equity Initiative is grateful to have the opportunity to amplify the voices of those on the front lines of the fight against racial discrimination and growing inequities and to share their wisdom with others.

1) To help build and restore trust in local institutions, community-based organizations can develop interventions that meet people where they are and engage in efforts to identify and serve those who are traditionally less visible in society.

Regarding meeting people where they are, community leaders expressed the benefit of venturing into the community to provide needed health services to build trust with those individuals who loathe going to a healthcare setting. One example was holding vaccination clinics in a bus parked by a popular supermarket in a Rhode Island town that was frequented by many of the Latino residents in the community. Another recommendation around building trust centered on the use of informal networks to connect with those who might not be as visible and help reduce the inequities they face. One example was of a network of Black women in Mississippi focused on community needs who were able to identify how the elders in the community didn't have sufficient access to water and to provide them with this resource. There was an acknowledgment that even simple solutions represented by these two examples can be highly effective.

2) The fight for greater equity requires an expansion of how we think about solidarity and organizing including broadening the tent with whom we form alliances, recognizing other marginalized groups who would benefit from

support, and focusing on unity over polarization.

Community leaders addressed how important it is to think beyond the Black-White binary as the lens through which people see race, and instead build solidarity among various groups who have faced challenges due to discrimination, including anti-immigrant bias. There was an exhortation to work more intentionally with those closest to the action in the battle for health equity from all different groups, including Native communities. Community leaders agreed that the goal was to develop a shared sense of justice and that getting there required locking arms across communities, lifting up more marginalized groups who lacked visibility, and finding apertures to transcend that which polarizes us in society.

3) There are policies in place that can promote or hinder health equity and racial healing and it is incumbent upon individuals and community-based organizations to identify what kinds of impacts policies may have on communities of color and advocate accordingly. Community leaders identified the myriad laws that restrict voting in states across the US as not only reducing political participation but also potentially jeopardizing racial healing and equity. Being aware of how elections are funded, how power is distributed, and the far-reaching consequences of enacted policies are important components in the fight for health equity and racial justice. One community leader's definition of

politics as “who gets what, when, where, and how,” underscores the point. The lack of codification of the Dreamers Act was also identified as something that is a destabilizing factor for young Dreamers who have struggled with their identity and sense of belonging.

4) To improve the likelihood that proposed and implemented policies can advance racial healing and health equity, it's beneficial to assist policymakers in developing an equity lens, and important to identify whether the actual application of enacted policies is equitable. Community leaders advocated for the use of storytelling to provide a view of the people behind the data sets and to build a new culture of leadership in our country that celebrates those stories. Community leaders and activists were encouraged to monitor how laws and policies are applied, recognizing that useful policies may be in place but if there is inconsistency in how they are applied, it can lead to real disparities in outcomes.

5) To further the fight for health equity and racial healing, key stakeholders need to build deeper alliances, better lift up the voices of community leaders to share their experiences, and support the efforts of those working every day to achieve the movement's goals. Community leaders singled out how funders are in a strong position to build deeper relationships with other funders and other organizations that have the capacity to support this critical work. They underscored the need to have future forums and other events for community leaders' voices to be heard, acknowledging how there's “nothing about us without us.” There was also a call out to community-based organizations to support their own workers and compensate them fairly for the work they do.

Forum Discussion

Moderator: Renata Schiavo, PhD, MA, CCL

Forum Participants/Panelists: Jesus Ayala, Vondaris (Von) Gordon, Denise Morrow

Renata Schiavo: Welcome, everyone. It's a pleasure to see you all here today. Thank you for making the time.. Thank you to returning leaders, Denise and Von, and a leader who's new to our community leaders forum initiative, Jesus. Thank you for the work you all do in our communities to promote racial equity and well-being. Thank you also to Macy's, Inc., the Office of Diversity and Inclusion for their support of Health Equity Initiative's 2022 Community Leaders Forums. This is their second year supporting the forums, which is a series that we launched in 2020 during the peak of the pandemic. Macy's also recently launched a new initiative that is called Mission Every One.

I'm Renata Schiavo, I serve on the board of directors of Health Equity Initiative as the organization's founder and board president. Before we start the forum, please allow me to say a few words for the ones who are new to Health Equity Initiative.

As you know, Health Equity Initiative is a member-driven, non-profit membership organization that is dedicated to building a global community and bridging silos across different professions, geographical communities, and disciplines in support of health equity. We accomplish our mission through several action areas, the first being community building through our membership and volunteerism, then education and advocacy via resources and efforts to give voices to community leaders and professionals from multiple sectors, then professional development, capacity building, and training. We seek to empower other organizations and communities to integrate the health equity lens in their work. Our work is also grounded in partnerships with other organizations as we strongly believe that in the health equity movement, we are stronger together. As one of our core values, we recognize the expert in everyone and strongly feel that communities and their leaders are the real experts in their needs, values, and priorities. Those needs, values, and priorities need

to inform policy solutions and interventions. Today's Community Leaders Forum is another milestone in our capacity-building and advocacy efforts.

I want to say, why a second forum on Racial Healing and Health Equity: Promising Policies and Community-Driven Interventions? Not only does this topic reflect one of Health Equity Initiative's key focus areas over the past 11 years but given the complexity of racism and its many manifestations, this is a topic that always needs more discussion and awareness, as also demonstrated by the last forum and the call to action that emerged from it.

Our own work at Health Equity Initiative has focused on addressing social discrimination and implicit bias in its many forms: Racism, xenophobia, sexism, bias against the LGBTQI+ community or people living in poverty or with a disability, cultural disruptiveness, and much more. As social discrimination is a key root cause of health inequities, it always feels that advocacy on this topic should never end until we achieve real racial healing and social transformation in our communities and cities. In addition to the many types of events and resources, we have worked to establish racism as a key health equity issue through our Racism Is A Health Equity Issue campaign and pledge. The campaign was recently re-designed on social media, so I invite you all to take a look and take our pledge. We are also proud to be one of the 144 organizations that were engaged in the design phase of the Truth Racial Healing and Transformation Initiative of the Kellogg Foundation and to have participated in the first-ever National Day of Racial Healing. We also held community circles on racial healing and health equity, and more recently posted or authored blogs on our Health Equity Blog on topics related to bias, and organized community leaders forums.

I personally bring to the topic my experience working in countries such as Angola and Rwanda

where Truth and Reconciliation commissions, which are not by any means perfect, but they're still helpful in attempting to promote dialogue and healing, were established to nurture social and racial healing after a human rights crisis and to recognize the wrongdoing from this crisis. This is the same as racism in the United States, a long-term and underrecognized humanitarian crisis.

We know this is difficult work. We know that we have a long way to go. We also know how arbitrary social discrimination is, and there are many similarities in the kind of propaganda that is used to unfairly target many communities such as communities of color across history. This is why we always approach this work with deep humbleness. We also know our difficulties to repair, if ever possible, the kind of injustice and cost in human suffering, lost lives, and lost opportunities that has been created by discriminatory policies and existing systems of privilege and cultural disruptiveness.

At Health Equity Initiative, we are really sorry and care very much to do our part. Today's forum builds upon some of the topics that emerged from the past forum on the same topic. It seeks to focus on specific groups within communities of color in providing context for future policies and solutions. We look forward to learning from you all. I want to thank you again for taking the time to be here today.

With that said, I'm going to ask all of you to introduce yourselves and focus on the "one thing" that makes you passionate about working on these issues in your community and/or with young people, especially as related to promoting racial healing and addressing systemic racism and other forms of bias. Thank you all for being here.

Jesus Ayala: Hello, thank you for having me today. My name is Jesus Ayala-Figueroa. I'm the director of the South Providence Health Equity Zone, which is a place-based health initiative. My zone is in South Providence, Rhode Island, and my agency is called Family Services of Rhode Island. South Providence in particular has a very rich history of being left out. Racially, it's composed mostly of Hispanics, Blacks, and immigrants. It's an under-invested community and the immigrant pocket of Rhode Island, and it has historically been left behind.

I am passionate about this work because I see other folks like me who did not have the chances or privileges that I've had. I always like to think of myself as a bridge in the gaps that other people have created. While I cannot represent all Hispanics, because we're not all a monolith, I tend to connect quickly with people from the Caribbean, Puerto Rico, the Dominican Republic, and Cuba, because our idiosyncrasy is very similar. There are other comments and details I could add, but I will keep it there for now.

Denise Morrow: Good morning. My name is Denise Morrow. I serve as the executive director and principal researcher for the BEMORE Organization. The one thing that inspires our community service is the goal to enhance quality of life. We approach quality of life as the central measure of overcoming the injustices that underlie systemic racism, implicit bias, and racial healing. We have primarily focused on local partnerships with municipalities. We promoted the inclusion of youth in one of Detroit's large parades, the annual Labor Day parade. Youth organization participants such as the Better Detroit Youth Movement, who continue to do really good work, demonstrate future opportunities to elevate the community. We are proud to have been one of their initial supporters. Additionally, we appreciate Health Equity Initiative's work, and we are delighted to contribute.

Von Gordon: Dr. Renata, you've been a real gift to work with on this. I am Vondaris Gordon. I go by Von. I am the executive director of the Alluvial Collective. We are an organization that's over 20 years old. For the life of our organization, we've worked in Mississippi. We've been really fortunate to work in different spaces all over the country in that time, but our heart is in Mississippi. The thing that makes me, and I think to a large extent my colleagues, so passionate about this work is our roots here in Mississippi. We don't have to look far or wide to see the impact of systemic oppression, racism in particular. I am a child of the Mississippi Delta and there are stories, both personal and community, that all illustrate the challenges that we face, but there's also a great resilience that we see. For every act of oppression, there's always been an act or two of resistance. I'm passionate about the work in part because I know both of those narratives. I'm familiar with the history and I'm also

inspired by the resistance and by the resilience that I see. This is going to be a very fruitful conversation because while place does matter, there are some universal experiences that I think people have. I view us today as building community with each other and expanding our community so I'm excited to be with you all.

Renata Schiavo: Thank you very much, everyone. At Health Equity Initiative, we believe in a value-based approach to the work that we do in addressing social discrimination and other determinants of health inequity. I would like to ask you to start by sharing a personal or professional story on today's topic and how this story informs the values you bring to your work and to your everyday life. Thank you.

Denise Morrow: I guess I'll start. I had an eye-opening experience in 2001. I was in an academic setting and I was the only Black person in an advanced role. About the third day or so, my new colleagues, my new friends, asked me why all Black people weren't like me, particularly given the longevity of Blacks in America. I diplomatically explained the tenants of tethered slavery, Jim Crow, racism, and unresolved reckons, as well as the perpetual violence and activity that operate to prevent people like me. I could tell by the looks on their faces, that the level of systemic and systematic collusion, assimilation, and societal enabling necessary for my explanation to even be plausible was too far-averse, illegitimate, and inhumane for my peers to have any confidence in. They needed a different explanation, at least until 9/11 happened. My new friends, my new Middle Eastern friends, contacted me (to their credit, I might add) and discussed the changes in their lives and their prior unwitting assimilation to the Black subordination scenario. It was so subtle and indoctrinating that they had not realized it, and then they saw it, and that was a different experience for them. The value of service for me, and I believe for all of us at BEMORE, is to complete the progression toward the point where truth and justice yield equity. All three components are interrelated to resolve the criminology, which includes the perpetuation of harm and discrimination. In this discussion, and having this discussion, suggests that generations of disingenuous social themes are unraveling.

Von Gordon: That is an all too familiar experience, Denise. Courage and justice are two very important values to me in this work. I think that they are very important in meeting the challenges that we face. I don't have to look very far. I have a news story. Living in Jackson, Mississippi, we have experienced what many of us watched in horror, not that many years ago in Flint, Michigan on TV. We have experienced one of the most basic human needs, water, be inaccessible for a time. We live with all that comes with a crumbling infrastructure, and the root cause of almost all of it is systemic. Racism accounts for a lot, and classism counts for a lot.

There are a lot of different contributors, and so my story is that every day I wake up in a home with three beautiful little girls all under the age of 17. I have to make sure that I do my best to meet their needs. I'm reminded every day of the challenges that await outside of our house but also the challenge coming through our pipes; all of the other environmental challenges that they face. They are young, Black women, and that produces a compounding set of challenges. My story is really rooted in where I live and the people around me that I care about and wear a lack of justice. The courage to explore identity and impact outside of one's own narrow experience has created a real mess. It is going to take connection and community and expansion of perspective to solve, so that's my story.

The power of story is another value to me because I think it is the pathway to that expansion both for those who are willing and able and those who are resistant and confused. So, courage, justice, and story. Those are the values for me.

Renata Schiavo: Thanks so much for such powerful words, Denise, and Von. Jesus, do you want to add your story to this?

Jesus Ayala: Yes, I love Denise's and Von's stories. My story and where my values come from are similar to Von's. I grew up in Puerto Rico, where everything positive or successful was tied to the US or US identity. I also grew up in a single-mother household, and I always felt that in order to move forward in life, I needed to get rid of a lot of things that represented me. I aspired to be like the

successful people, but they behaved differently than me. I have this memory from when I moved to Rhode Island four years ago; the company I was working for at the time gave me the employee handbook. In the beginning section, the handbook talked about how you should dress. It said to be modest, not to wear jewelry, etc. And it's not that I'm opposed to those rules; I know that there's a space for that. But not in this particular place. And so, in doing this equity work, I've recognized the value of something as simple as respect. An individual can work with dreadlocks or speak a certain way, and they're not more or less intelligent than you. You need to respect them and give them a space. If you allow for that, the synergy that will come through all of this diversity will better us all.

I honestly feel like this equity work right now is more important than ever for this country because as demographics change, you have a very large portion of the population that doesn't feel recognized or respected. How are you supposed to move a country forward if the citizens feel as though they are not accepted or do not necessarily fit in? Or if we cannot go to certain places because our kind is not welcome there. Again, I guess the values come from recognizing and placing value on one's own self-identity and how it can create this synergy toward progress and respect. The work of equity is just respect.

Renata Schiavo: Thank you very much, Jesus, Von, and Denise, for these great words. In the work we do in health and racial equity, we're all brothers and sisters. We all share very similar values. I loved your perspective on this topic today.

Moving to the next question, creating an anti-racist environment is key to community development that will bring across the United States, and also to connecting the people who are being discriminated against, with the opportunities they deserve. We know that this is often associated with building trust through listening, strengthening inter-group content and resources, engaging the community in developing their own solutions to building and restoring trust, and promoting healing. As you know, trust is a major topic - as demonstrated by the pandemic. Is there any example of community-driven intervention you have seen working in your community in building or restoring trust in the community in which you work or represent?

Jesus Ayala: This happened very recently. The South Providence Health Equity Zone collaborates with our backbone agency, Family Service of Rhode Island, to deliver vaccination clinics. We do these vaccination clinics out in the neighborhood rather than inside a healthcare setting. We partner with another organization, Blue Cross Blue Shield of Rhode Island, which has a bus. We park it in the parking lot of a very popular supermarket in our area. It has a lot of Spanish products and people love to go there. We didn't invent this; this has been done elsewhere. But the feedback was so positive. A lot of people, particularly Hispanic men, are not fond of going to the doctor. That's a very well-researched topic. So, we delivered the clinics to where they were at. They were really appreciative of that, because they don't like to go out of their way to get a vaccine. The vaccines were for COVID and the flu. I was honestly so surprised by the positive feedback, because in my mind I thought, "We're doing something good, but in my opinion, it's not super innovative." Then, when I started receiving feedback from people, I was so surprised about how something so simple, in my opinion, made this huge impact in the community, to the point that now when they see me, they always ask me, "Jesus, when's the next clinic? I have a person for you. They're looking out for it."

Von Gordon: I will, again, draw on recent experiences. One is the recent experience in response to the water and infrastructure crisis here in the city. I've watched so many organizations come together and try to meet needs out of their unique capacity. There's an amazing cohort of organizations largely run by young people of color, especially young Black women, who have put together networks. Some of them are informal and some are formal. They came together and brought resources together to support communities in need. Sometimes they did it in ways that should have been obvious, but others were what you do in a crisis situation. For example, making sure that the elders in our community received invitations to pick up water in different spaces. Some of our young leaders developed whole programs to make sure that water was taken to the elders in communities. That's important and it builds trust because it makes people visible, who sometimes are made invisible by the pace and speed of our society, or the assumptions we make about their ability to contribute either to what we're doing or to society as

a whole. That was one.

The other is an opportunity I had this summer to work with a group of young people around the history and tragic death and legacy of Emmett Louis Till. This was an interracial group, a multi-ethnic group, of young people from different school spaces, some very well-resourced, some urban, and some very rural. To watch the way they interacted around that history and made the connections between contemporary challenges was a very powerful and renewing experience for me. In some ways, I feel like I get that every summer because of the summer program we run.

In this context, it was really exciting and unique to me, because, through an understanding of that history, they are much better able to process what we are seeing now. There is patriarchy in that tragic history. There is racism in that tragic history. There are class divisions in that history and even regional and cultural divisions in that history. Big initiatives are great and program designs are amazing and necessary, but seeing individuals connect through their stories and their shared desire to move forward have been two really important experiences for me recently.

Denise Morrow: Thank you, Von. Let me just say, that was heartwarming and touching. When I look at this, I look at it from a long history of the African American struggle, shouldering the burden of civil rights and promoting trust by sharing, appreciating, and embracing the many groups that have joined and supported building an equitable nation. Making that trust real and embedded in our social system. Two examples are prevailing for me. The first is the Civil Rights Act, and its incentives such as affirmative action that are used by every disenfranchised group that is exposed to illegality or discrimination, yet Blacks have not seen the fruits of their labor or sacrifices. Voting rights haven't even been codified.

The second galvanizing moment for our multi-ethnic, multicultural, multiracial advancement was Black Lives Matter. Their movement mounted global support after the routinized practices of police to kill and brutalize were exposed. The global response was, "Enough! We have had enough and this needs to stop." Then we experienced the simultaneous

disproportionate impact of the COVID crisis. I'm glad to learn that you were instrumental in making things happen for your community. My African American community still tends to struggle with trusting health agencies. I'm going to take heed of what you said, to try to do some more encouraging. Therefore, for my community at this point, I see, as Von mentioned, courage. Our community has a long history of perseverance, courage, and sacrifice, and is short on quality of life, health promotion, and intervention. BEMORE is working to fill that gap. Our work is multi-level to meet the complexity of long-term structural racism.

Renata Schiavo: Thank you. Thank you also for mentioning Black Lives Matter, because I think their impact, not only in the U.S. but also globally, has gone beyond the very important issue of police brutality and murder and has also addressed other expressions of racism. I like to see the movement for racial equity to continue to thrive and expand in many ways.

I want to talk about specific groups that are affected by race, and many inequities, and speak about the specific challenges each of them is facing. Of course, this includes boys and men of color from the BIPOC community, young people of color, or women of color. Can you please offer your perspective on the impact of racism and specific challenges among these specific groups or any others you may want to highlight? What are some of the opportunities for group-specific strategies and policies for racial healing that you would recommend or that you have seen working in your experience?

Von Gordon: I'll take this one first, Jesus and Denise, if you don't mind. I have been inspired over the last three or four years, especially, by the work that's being done in Mississippi by three specific groups that I want to lift up. One is our Asian American relatives. Those who are Asian, East Asian, and Indian, who I think have a unique experience coming out of 2020 and the pandemic. We tend to think of the death of George Floyd and Breonna Taylor as a spark of something, and then the pandemic hit us from a different angle. Those people have had a unique experience. I think here in Mississippi it has been especially challenging because the Black-white binary is generally the lens

through which people view race and often think about solutions in terms of their specific impact on African Americans, or our white brothers and sisters here. But there's a lot more here. Our brothers and sisters face unique challenges there and have had to build solidarity both within those communities and also more intentionally connect with their Black brothers and sisters who have been on the front lines in the ways that Denise described earlier in the fight for civil rights and health equity and everything else. Our native brothers and sisters here in Mississippi, through the Mississippi Band of Choctaw Indians, had a very difficult time early in COVID. It hit the tribe really, really hard. Not just in Neshoba County, but in the other communities where they live. They had to take some very difficult actions to protect other communities. Of course, the communication around whether or not to be vaccinated was a challenge. So I admire all three of the groups I'm going to mention for the work they did internally, the relationships that they built externally, and our Latina brothers and sisters and those who identify as Hispanic. Unfortunately, all over the country but especially here in Mississippi, I think a lot of the anti-immigrant rhetoric and xenophobia has created a group of people who are rendered invisible. They've been dehumanized through political rhetoric and other things.

We know when people are dehumanized, they don't just fit into a corner in that space of dehumanization. They are often abused. The dehumanizing as a strategy is often designed to make sure that that abuse can happen with relative impunity. I honor some of my friends, Lorena Quiroz, and many of the people here in Mississippi who organized very intentionally to make sure that those people pushed into the shadows were given support. That when vaccination efforts were made, they made sure resources got to those people in ways that did not put them in further danger.

Of course, I would be remiss if I didn't say I am especially grateful for the friends and family and people within the Black community here in Mississippi, who I think historically has always shown itself willing as a community to lock arms with others for a shared destiny, a shared sense of justice. Sometimes that has taken a lot of courage. One of my heroes is Fannie Lou Hamer, and her right-hand man, so to speak, was Charles McLaurin. Mr. McLaurin often says about Fannie Lou Hamer, "I

just couldn't understand how somebody with so little gave so much."

I think in all of these stories, to remedy impact or to be interventions against systemic stuff, that spirit of giving and generosity and intentionality has been there. Those are the three that I looked up.

Denise Morrow: For me, the specific challenges lie in the legislative practice of bewilderedness surrounding the long-term racial damage and how it's going to be resolved. There was initially a premise that resolving the wrongs suffered by indigenous groups has really focused on the harm to the children. The bodies of children, the taking away of children, and then the need to relocate tribes/groups to different lands because of climate change. Some people are saying the government shouldn't help them relocate. There's always some pushback on equity.

I contend that indigenous people and Blacks who were viciously and unlawfully separated from their families, from their property, from their wealth, from their land, from opportunity, and used to generate wealth that has sustained the world for centuries under mob-like practices, and abuse of power, must be made whole. For truth and justice to prevail in a land of laws governed by liberty and justice for all, injustice must be resolved. Blacks have fought in decade-long wars at higher rates than any of the 18 nationalities in this nation. Italian, Asian, Irish, Middle Eastern, German, Russian, Spanish, Dutch, and Filipino etc.; Blacks were nearly 40% of the Vietnam War. They are still fighting in court to get the benefits that they were denied simply because they were Black, which is a repeat of World War II. Ultimately, I guess at this point, I will try to come up with a nice quote as Von did. John F. Kennedy said, "Ask not what your country can do for you. Ask what you can do for your country." I think we've done that, and I think the country should act like they know it and appreciate it. In America, like every other nationality, there is a homeland that they are connected to by a cousin or grandmother except for Blacks; that history and reality must be resolved.

Jesus Ayala: For me, Inspiration has come from the work that our African-American brothers and sisters have done, like Denise and Von highlighted. I feel like there's a lot of work and terrain to be harvested concerning how our African-American brothers and

sisters directly made it easier for those of us who weren't born in this country to come here and thrive. I feel like lately that has been more heightened because unfortunately, I've seen a rise in right-wing Hispanics that somewhere along the way got confused about how other people's fights allowed them to thrive and be successful here.

I also draw inspiration from the part on healing. Ever since the 2016 election, I feel there has been a rift in this country, and we've become very polarized. There are plenty of people writing and speaking about this. I've been going to circles of people who are trying to focus more on the healing part and having that open, honest conversation and going to the core of the issue rather than calling out and blatantly attacking the other side. That's not necessary. Attacking each other that way will only cause us to drift apart from each other and nobody will win. I've been consuming books, media, and social media on that topic to better arm myself and to be a better healing agent for my own community.

Renata Schiavo: Thank you very much everyone for your very powerful words. I want to highlight a couple of concepts if I may. Namely, the concept of polarization and on the other side, unity. Everyone who has been doing this work for a while knows that polarization has always existed. Yet, in the last few years, hate speech has been legitimized and that is what has changed.

I also want to mention something that Von also alluded to, that it is important to remember all the other communities that are also suffering because of racism. We saw it during the pandemic, the China virus, and the spike of hate against the Asian-American community. We see this now with some of the laws being passed in many states against the LGBTQI+ community. We see it every day in the racism in many institutions against Black people, immigrants, and other groups. I feel that unity is very important, remembering that we win when we are stronger together.

I still have a couple of questions for you all. First, I would like to ask whether you can name a policy that is being currently debated or one policy, that has been recently adopted at a local or national level, that in your opinion has the potential of jeopardizing racial healing or equity, and also one

policy that has the potential to help racial healing or equity.

Denise Morrow: The policy that I believe is jeopardizing racial healing is the activity surrounding expanding state rights. As we know, the most oppressive actions occur in states where, as Von mentioned, the classism, racism, and limitations on opportunities are imposed at the state level. There is a reason why post-civil rights, the 13 or 28 states were not allowed to host their own elections, because of their massacres of Blacks aiming to vote and other illegalities. Those states regained rights in 2011 or '12 or '13. They resumed or reverted to the same racist behavior. Because of their consistency and congruence to inequity, there's really no reason to think they will change. The lawsuits attempting to allow states the right to sabotage, overthrow, or determine elections or human rights will jeopardize racial healing and health equity.

The policy approach I think will promote racial healing and equity is President Biden's policies like the infrastructure act, which presidents over the last 40 years have talked about that finally got done in the last year and a half. Traditionally, calmer environments exist when there isn't much disparity. Perhaps at that point, we can discuss moving forward more realistically in terms of justice.

Jesus Ayala: My example of policy is the DREAM Act, because that generation of immigrants, these kiddos who were brought into this country at a very young age, are a very important sector of the population in terms of numbers. They're the young millennials/generation Z. Recently I've read a lot of articles about how that generation has always struggled with their own identity. I will use myself as an example. I wasn't born and raised here, so I developed my own identity in my own country. When I moved to the U.S., I knew who I was to a certain extent. But these kiddos and what they go through greatly impacts their health equity, since they didn't grow up in the country their parents were born in. As they grew up in the US, the system told them, "You don't belong here." The Hispanics like me, who grew up in our countries of origin, told them, "You're not Hispanic because either you don't speak Spanish, or your Spanish is all broken up." These poor kiddos, who are young adults now, are in this limbo, and

they feel as though they do not belong anywhere.

And when relating it to health equity, there's something called the Latino Health Paradox. This paradox describes how the health of people who aren't born in the U.S. improves when they move to the U.S., particularly in the first year they are here. But something happens and as they live longer in the US, their health progressively worsens. Researchers don't know why. There's a lot of talk about it but no one has pinned the exact reason. When I think about that group of kids, I realize that we had an advantage because we grew up in our own countries and then moved here. I think about the children of those people, who could one day be my children. That will put them in such a bad situation. Again, going back to what I mentioned earlier, how are we supposed to advance this country? If the people don't feel welcome or safe, and are not healthy and able to do what they're supposed to be doing.

Renata Schiavo: Thanks for mentioning. Such an interesting example, Jesus. Actually, related to this topic is the Latino paradox. As you know, while there are no definitive findings on the contributing factors to the Latino paradox, lots of ideas and hypotheses focus on social support that Latino immigrants receive in their countries of origin and not after immigration. This seems to contribute to the worsening of health outcomes after immigration. Social support, community support, and family ties are very important in the work we do in health equity. Social support is a major determinant of health and inequity.

With that said, I wanted to ask you if we had to promote racial healing and health equity, where would you start? What are some of the key steps toward racial healing and equity that should be implemented at the policy level or in our schools and communities?

Von Gordon: I'll take that one first, Dr. Renata. It'll include a little bit of the last question. I think anything that secures voting rights and political participation is absolutely essential. When I was a freshman in college, I took political science one-on-one, and Dr. Marvin Ovy said to us, politics in one way is defined as who gets what, when, where, and how. That's a lot, right? Full participation, I think, is a

foundational step in the expansion of what is the answer to your question, to me.

In flowery language, it's the expansion of what we view as sacred. A definition of sacred is "worthy of protection". He said, well, protection from what? Protection is protection, right? I think there's a challenge. I am experiencing it as a new executive director doing work that is a partner to change. It is part human connection and community building, but generally, it's the things that take time. There does not seem to me to be enough individuals and organizations willing to support that kind of work. I live it every day.

I'll give you a specific example of where I think it is applicable and it leads directly to systems change. I challenge those who view this. They will have our information, I'm sure, to share some models. I like to describe it as, this is a goal of ours, but to create an experience for policymakers that helps them develop an equity lens, right? An equity lens really hinges on their ability to see the value in others. Those they have accepted negative outcomes for, those who they have accepted the policies that they write and the administration of those policies to yield bad outcomes.

I think a space for us to do really meaningful work is in working with our leaders, our policy developers, and even those who lead in the administration, to engage in ways that broaden their sense of what is sacred. Who among us is sacred and why, right? The stories of individuals and people go a long way in that. Data sets only support good stories, right? Nobody cares about a data set, disconnected from a human story. That is where I think we can do some special work and yes, some people are in the positions they're in because there's an ideology that they subscribe to and they find safety in it. Sometimes they are built on dehumanizing or marginalizing or seeing something or someone that's not sacred. I think that can be interrupted and I think a new culture of leadership can be built in our country.

Renata Schiavo: Actually, this also reflects what we believe here at Health Equity Initiative, that policy solutions should be co-designed with community members. Thank you for offering that, Von. Denise and Jesus, do you want to add anything?

Denise Morrow: Well, I will piggyback on that because BEMORE is currently working on an initiative that is multi-level, as I mentioned earlier. One of those levels is the policy level. What we believe, and what I hope will be helpful to share, is that inequity doesn't exist because the laws and policies aren't there. The problem is the laws and policies are not applied equitably. That is the focus of our inequity work to address the disproportionate or lack of application. I'll use healthcare as a prime example since we've alluded to that issue. Preventive health screenings don't happen equitably, and we know that preventive health screenings are substantive to longevity and that early detection is substantive to cure. When people do not get the appropriate screenings, they are subject to risks, a long-term inability to fight disease, conquer disease, or to have better or more well days at term as evaluated by the CDC. Those things are important and imperative to quality of life. Now, what makes the lack of screening as a mere oversight almost ridiculous is that prevention is the industry model, their rate-setting guide, their expertise, and there is no context where they are not reviewing their own data. Longitudinal studies have demonstrated under-service in the Black community. Over two-thirds of the population are managed care-based organizations. Utilization is what they measure. Yet organizations fail to recognize that screenings that they receive premiums to perform are not occurring. The prestigious Institute of Medicine, now the National Academy of Sciences, noted the care disparity not only in 2001, but they reemphasized it in a 2017 study. The fact that care behavior has not changed represents systemic and structural tolerance of deliberate inequity. To intervene, we start with consistency. We make health disparity indicators the focal point for sustainable mitigation values. The point for key steps or intervention.

Jesus Ayala: Quickly, piggybacking on what Denise and Von mentioned, it boils down to that phrase of "nothing about us without us". I really love that phrase.

I also want to highlight the work of community health workers. Before I had this position, I was a researcher for asthma in children. I have come to appreciate community health workers through my work in research. They reached out to

undocumented people in the community, who will never go to a clinic or anything that smells like the government. They don't understand the difference between nonprofit and government. Their thought process is, "If you're dressed well and you speak like you went to school, then you smell like the government and I don't want to be near you". That's the reality. Through CHWs and the work they do, I've come to appreciate how important it is to have someone out there, down on the street going to these people and saying, "Hey, we're having a vaccination clinic. Come, it's safe. We don't share your information with anyone." They might not come the first time, but they watch you, and they keep watching, and then one day, one person comes and then that person tells another, and it keeps snowballing.

Renata Schiavo: Great. Nothing about us, without us is a saying that started with our brothers and sisters from the disability community. I think it also applies to advancing health, racial, and social equity. **At this point I want to ask you all if you have any final thoughts, any recommendations that you want to leave with the organizations, policymakers, and leaders who will access the call to action and report from this forum. What would you like to urge them to do?**

Jesus Ayala: Quickly, as a bilingual person; for organizations that are trying to impact not just Hispanics, but any group whose first language is not English, please pay your staff appropriately. A bump of \$1,000 or \$2,000 more than a similar position who only speaks English is not enough. We do so much more than just produce materials in Spanish. We're adapting our idiosyncrasy, the idiosyncrasy you created in a book, to the idiosyncrasy of this person who didn't grow up in this country. That goes beyond Spanish. That will be my recommendation.

Denise Morrow: Well, my recommendation reverts to my two favorite words: truth and justice. The ultimate priority is quality of life in this land of laws. I encourage the exercise of principle. Practically, I think the community must figure out a way to get money out of elections. It should not cost billions of dollars to put someone into a political seat. The indebtedness is great, and the influence remains disproportionate. We must be more diligent because while money doesn't equal success, it does buy corruption.

Von Gordon: For my recommendations – plural - I'm going to target three groups with this for funders and philanthropists, which includes our incredible friends from Macy's. Your work is appreciated. I'd like to recommend and challenge them to build a community with other organizations that have the capacity to support this work. We love and appreciate your support, but it's not enough. Build community with those you think are capable of doing more. For our institutional partners and people leading institutions who may do this, I challenge them, and I recommend they build deeper relationships with the people who make up their organizations. Get to know those people in ways that make them more sacred to you than just what they produce. The last is for the individuals, folks like us, who I see as the boots on the ground, the community health workers as Jesus so powerfully acknowledged. I just want to recommend that they do what a dear friend and mentor of mine, Reverend Frank Figures here in Jackson, Mississippi, often says to young people: "Do what you can with what you have from where you are. Let the Lord do the rest." That would be my recommendation.

Renata Schiavo: Thank you very much, everyone. From Health Equity Initiative's perspective, I want to reinforce a lot of the recommendations that you made. First of all, the importance of community engagement. We need to be more supportive of community efforts, as many of you have mentioned, and also listen to the people, listen to community leaders, and organize forums like this. Making sure that the perspective of community members is included in policy, solution, and intervention design. I want to thank each and all of you, Denise, Von, and Jesus for a wonderful conversation today, and I look forward to collaborating more.

Denise Morrow: Thank you, Renata, for your work and your ongoing efforts.

Von Gordon: Thank you very much.

Jesus Ayala: Thank you for having me. We need more conversations like this. Thank you.

Participants

(In alphabetical order by last name)



Jesus Ayala

Jesus Ayala is a passionate Public Health Practitioner that understands Health Equity from a lens of resilience and civic responsibility. He is the Director of the South providence Health Equity Zone, a place-based Public Health Initiative. As a hurricane survivor and first-generation migrant, he sees Equity as a healing pathway to attend to the unmet needs of the growing sect of the population. He has a master's degree in Public Health from the University of Puerto Rico.



Von Gordon

Von is a native of Moorhead, MS, in Sunflower County. He is the Executive Director of the Alluvial Collective and first joined the organization to develop and coordinate youth programs as Youth Engagement Coordinator. He attended the University of Mississippi, where he was a student leader and helped organize the first Statewide Student Summit on Race. He served as a founding board member of the Winter Institute and the only student representative. Von believes in building deep relationships and creating transformation and movement towards belonging and justice for communities, organizations, and individuals.

He is a member of the W.K. Kellogg Foundation's Community Leadership Network. He serves on the board of directors of Operation Shoestring and supports the work of the Mississippi Afterschool Network. He also serves on the Community Advisory Councils of the University of Mississippi Medical Center and the Junior League of Jackson.

Von previously worked in leadership and business development in the food and beverage industries.

He and his family now reside in Jackson, Mississippi, stewards of Choctaw land.

Participants

(In alphabetical order by last name)

Denise Morrow



Dr. Denise Morrow serves as the Executive Director of BEMORE nonprofit operations. Denise is committed to improving quality of life. As a project manager, she has established partnership agreements with municipalities and organizations surrounding health promotion, and to support HIV initiatives. Her research in health and education has afforded her participation as a roundtable contributor to congressional leadership on health reform; and a contributor role for the Governor-initiated 21st Century Education Commission. Her leadership roles in Health and Human Services program administration, hospital and health center operations, financial services, and Professor of Health Management provide an intricate understanding of opportunities to achieve health equity.

Moderator

Renata Schiavo, PhD, MA, CCL



Renata Schiavo is the Founder and Board President of Health Equity Initiative. She is a passionate advocate for health equity and a committed voice on the importance of addressing and removing barriers that prevent people from leading healthy and productive lives. She has 20+ of experience working across sectors and disciplines to improve the health and well-being of vulnerable, marginalized, and underserved populations, including communities of color, Indigenous and immigrant communities in the United States, and low-income groups, refugees, and patients from underserved areas in global settings. Renata is a Senior Lecturer at Columbia University Mailman School of Public Health, the Editor-in-Chief of the peer-reviewed Journal of Communication in Healthcare: Strategies, Media and Engagement in Global Health, and a Principal at Strategies for Equity and Communication Impact (SECI), a global consultancy. She has significant experience on health policy and community, patient, and citizen engagement and has written extensively on raising the influence of community voices on health, racial, and social equity.

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Health Equity Initiative (HEI) is a member-driven nonprofit membership organization dedicated to build a global community that engages across sectors and disciplines to advance health equity. By bringing together and enlisting the efforts of the public and private sectors, professions and communities that have both a stake and an influence on social determinants of health, HEI advocates for improving conditions and achieving equity in health for all.

We focus on championing transformative change to advance health equity, supporting knowledge, engaging communities and leaders, and building capacity to address barriers that prevent people from leading a healthy and productive life.

Bridging Silos, Building ONE Community for Health Equity!
