

Racial Healing and Health Equity: A Look at Promising Policies and Community-Driven Interventions



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 you all at Macy's!



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EXECUTIVE SUMMARY

For many community leaders and community-based organizations, the relationship between racial inequity and health inequity has long been understood and acknowledged. But policy makers and the public continue to have more limited recognition of this intersection. The COVID-19 pandemic, with its disproportionate toll on the lives and livelihoods of people of color, did provide a window into racial health disparities for the general public and the media. But despite this spotlight, the larger frame of how our society's health inequities have ties to racism and to existing systems of power and privilege has not been thoroughly interrogated.

One of the foundational elements to achieving greater global health equity is the elimination of racial inequities in our societies. Supporting communities of color and indigenous communities in accessing health care, educational and employment opportunities, economic participation, safety, and social standing, all create a stronger culture of health and equality.

But getting there requires work. There is the work of racial healing, a process that begins with recognizing and addressing the harms of racism, which have deepened racial and health inequities. Simultaneously, any population that embarks in the process of racial healing has to commit to changing policies, practices, and attitudes that prevent new harms from happening in the future.

To delve more deeply into questions of how to advance health equity and racial healing, Health Equity Initiative, a member-driven nonprofit membership organization, designed, organized, and hosted a discussion, as part of its Community Leaders Forum series, to develop recommendations for policy and practice from the point of view of community leaders whose work is centered on these issues.

The forum took place on November 18, 2021 and was designed to capture the varying perspectives of the participating Community Leaders on issues which included: 1) how racial healing can contribute to health equity; 2) how to maintain the spotlight on health and racial inequities in our communities including through the media and by policymakers; 3) the role of community leaders and community-based organizations in shaping policies and racial healing; and (4) some promising emerging practices or policies to promote racial healing.

The discussion highlighted possible solutions to further racial healing such as the shifting and shaping of the narrative around experiences of communities of color and Indigenous communities and helping policymakers use a racial equity lens when considering systems change. Recommendations on reducing health inequities included recognizing that the community itself can best determine what kinds of solutions are most needed, and that effective approaches include those that are built upon the strengths and assets of the community members.

This report and call to action include a summary of the discussion from the Forum and highlights specific recommendations for policy change and community-driven interventions as grounded in the experience of the community leaders who participated.

Participants

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

Von Gordon, Executive Director/Youth Engagement Manager, Alluvial Collective

Shannon Fleg, Co-Partnership Director, Native Health Initiative

Denise Morrow, PhD, Executive Director, BE MORE

Moderator:

Renata Schiavo, PhD, MA, CCL, Health Equity Initiative

Call to Action and Policy Recommendations

The call to action and policy recommendations described below aim to propose solutions for stakeholders who are interested in or engaged around issues of racial healing and health inequities. These recommendations emerged from a discussion on November 18, 2021, at Health Equity Initiative's Community Leaders Forum featuring and reflect the organization's commitment to help raise the influence of community voices on health equity. Recommendations are directed at policymakers, organizational leaders, grant-making organizations, and/or other leaders and organizations across professions and disciplines, who can affect much needed change and help address health, racial, and social inequities. Health Equity Initiative may continue to explore each of these themes in future events and resources.

1) Engage in storytelling and sharing histories to shift the narrative on racial inequity and past harms

to inform the public, policymakers and the media. Storytelling, through its many forms, whether through story circles, testimony, public forums, or through the press, provides a space to share individual and community histories. Be intentional in creating the right spaces for people with varied backgrounds to feel comfortable coming forward to share their experiences and perspectives. Practice cultural humility and awareness when hearing people's stories. Community-based organizations can use the stories and testimonies they hear to shape the focus of the work they do as part of their process of promoting racial healing and addressing health inequities.

2) Seek every opportunity to educate people about the racial harms that communities of color and Indigenous people have experienced

to promote redress and encourage racial healing. This process requires calling attention to the through-line of social discrimination, bias, and cultural destructiveness that communities of color and Indigenous communities have experienced throughout history. It also includes educating people on how the creation of wealth and freedom for some has historically come at the expense of others, and that perceptions and experiences relating to quality-of-life issues, such as safety and policing, are not the same across all communities. Continually exposing people to the often-untold

truths of history is central to the fight for racial equity.

3) Recognize that systems change is about changing the individuals who actually run the systems and provide spaces for them to see how policies have created racial and health inequities. Creating opportunities for policymakers and the media to use a racial equity lens when considering an issue or policy will broaden their scope of understanding. This requires finding avenues to intersect with these individuals and sharing recommendations both for policies that will aid in racial healing and changes to discriminatory practices to reduce health and racial inequities.

4) Invest in connecting people and strengthening the health and racial equity movement, as interdisciplinary connections are key to addressing health inequities and promoting racial healing. These may include forums as this one, and/or other venues and spaces to give voice to people from multiple fields and highlight the connection between mental and physical health and how these are influenced by social and political factors.

5) Use approaches like Community Asset Mapping that utilize the strengths and assets of the community when designing health equity interventions and solutions. Approaches like this focus on amplifying the strengths of individuals or communities to improve the health and wellness of

the community. Determining those strengths requires building trust within a community, including identifying and working with the gatekeepers and leaders, but also involving community members in designing and developing any solutions, programs or activities. The goal—whether it relates to creating a health equity solution, evaluating a project, or doing community-based research—is to empower members of the community to participate and shape the process and outcomes.

6) **Work within communities to develop health equity solutions** instead of imposing them from behind a desk. Practice cultural humility to learn about what is important to the community members with whom you are working, and to determine how best to support them in achieving physical, emotional, mental, social, and spiritual wellness. Be open to the expertise that comes from community members regardless of whether they are considered leaders or have other titles and continue to create spaces for those people to engage in ways that allow their stories to come to life.

Forum Discussion

Moderator: Renata Schiavo, PhD, MA, CCL

Forum Participants/Panelists: Shannon Fleg, Von Gordon, Denise Morrow, PhD

Renata Schiavo: Welcome everyone. It's great to see you all here today and thank you very much, Denise, Shannon and Von for the work you do to promote racial equity and well-being in your communities, and for being here today at this very busy time. Thank you also to Macy's Inc. Office of Diversity and Inclusion, for their support of Health Equity Initiative 2021 Community Leaders Forum, a series that we launched last year. I am Renata Schiavo and serve on the board of directors of Health Equity Initiative as the organization's founder and board president.

As many of you already know, Health Equity Initiative is a member-driven nonprofit membership organization, which is dedicated to building a global community and bridging silos across different professions, different communities, and different sectors. HEI has always dedicated its efforts to bringing people and organizations together from both the public and private sectors and across professions and geographical communities to build capacity for integrating health equity within different kinds of work and removing social and policy barriers that prevent people from leading a healthy life.

We believe that education, advocacy, and community and capacity building opportunities, which are all key action areas of Health Equity Initiative, can help empower participants to integrate health equity in their organization and their communities. We also strongly feel that communities and their leaders, such as yourselves, are the real experts in community needs, values, and priorities, and should inform solutions and policies to advance health, racial, and social equity, and to promote racial healing. Today's topic, Racial Healing and Health Equity: A Look at Promising Policies and Community-Driven Interventions, reflects one of Health Equity Initiative's key areas of focus. Since our inception ten years ago, we've worked to bring attention to social discrimination and implicit bias in its many manifestations, which often unfortunately

intersect, including racism, xenophobia, sexism, bias against the LGBTQI+ community, cultural destructiveness, and much more. All of these are key root causes of health inequities.

We have had webinars, panels, and summit sessions on the connection between racism and health inequities. I think Denise here, who is one of the community scholars at one of our recent summits, also participated in one of our Innovation Think Tanks on racism and health equity. We've worked to establish racism as a key health equity issue throughout our dedicated Racism is a Health Equity Issue campaign, and many other resources we have developed over the years.

We are proud to be one of the 144 organizations that was engaged in the 2016 design of the Truth, Racial Healing and Transformation (TRHT) initiative of the Kellogg Foundation, and to have participated in the first ever National Day of Racial Healing, and I believe Von and the Alluvial Collective also participate in the National Day of Racial Healing. We have held community circles on racial healing and health equity, and some of us also bring experience working in countries, such as Angola and Rwanda, where Truth and Reconciliation Commissions, not by any means perfect, but still helpful in attempting to promote dialogue and healing, were established in an attempt to promote social and racial healing after a human rights crisis and to recognize wrongdoing or discriminatory policies against specific groups.

Because of this experience and the personal stories that we have brought to Health Equity Initiative which motivate our work, we know this is difficult work, and we have a long way to go, unfortunately. We also know how arbitrary social discrimination is, and that there are many similarities in the kind of propaganda used to unfairly target specific populations, for example, communities of colors and indigenous communities across history. This is

why we always approach this work, and please believe me, with a lot of humbleness and a lot of hesitation and great respect for communities that have been affected by social discrimination. As we know that it's very difficult to repair, if ever possible, the kind of injustice and cost in human suffering that have been created by discriminatory policies, existing systems of power and privilege, and cultural destructiveness.

We also know too well that history can repeat itself, that the past informs the present, and that the many harms will continue to be perpetuated in the absence of purposeful interventions. For these, at Health Equity Initiative, we are sorry, and deeply care about doing our share. We are here today to give voice to your own ideas to promote racial healing, to provide context for future policy solutions, so that this can be also informed by the ideas, needs and priorities of the community you serve and represent. We look forward to listening and learning from you all and thank you very much everyone for being here today.

Shannon Fleg: This is Shannon. I'd love to take the opportunity to give a land acknowledgement. I know we're in a virtual space and being able to give the acknowledgement to the indigenous peoples and the lands that they have inhabited and also currently reside in and be able to open up with that. We talk about racial healing and that's one way to be able to start the conversation is to be able to have a land acknowledgement. Good morning. Good afternoon. Good evening. However, you may be listening.
*[Land acknowledgement from Ms. Shannon Fleg]

I am a member of my house clan, I'm Diné and I am very excited to be a part of this conversation, serving not as an expert, but a member of a group of wonderful leaders. My passion as the Co-Partnership director with the Native Health Initiative (NHI) is actually to work with quiet, humble leaders, but also passionate leaders, and being able to see that there is practice-based evidence and being able to say that there's things that the people actually do have and work with and I want to honor that and be able to show that there's a demonstration of respect of being able to also honor those ways of the people and so being able to bridge those modern ways as well as with those practice and traditional ways is one of my aspects of being able to be not only an individual as a community leader, but also a

vessel, so I'm very excited to share about that today. Thank you for this opportunity.

Denise Morrow: I'll jump in. I'm Dr. Denise Morrow, I'm the Executive Director of Be More. We are a community-based organization that primarily focuses on the citizen needs in Detroit, Michigan. We have a unique perspective of the concepts that are being discussed here today, specifically the meaningful discussion around racism, around systemic racism surrounding biases as well as health equity. As many are aware, the African American community was significantly affected throughout COVID, and the murdering of George Floyd.

It has an intricate response and as people may speak frequently about biological systems' response to panic and fright, and the flight or fight principles, the reality is that replaying occurs for us every day as people continue to lose family members, as people continue to suffer through COVID, as people continue to experience long-term responses to the COVID virus. This pandemic has created various problems for us particularly, or exposed various problems that were already prevalent particularly in the education of our children, the inability to go to school and have schools have the capacity to make the transition to technological learning. We appreciate having the opportunity to be here in this meaningful discussion, and our central theme is improving quality of life, and these are things that are intricately related to accomplishing those goals.

Von Gordon: Thank you very much, Ms. Renata, Ms. Denise, and Shannon. It's a pleasure to be on with the two of you. Shannon, I want to thank you especially for giving us the opportunity to listen to the land acknowledgment. I currently sit on land that's been occupied by the Choctaw and the Chickasaw here in Mississippi. I'm excited. Through the introductions, I already feel I'm amongst family. I'm really grateful to be here.

I am the Executive Director of the Alluvial Collective (formerly the William Winter Institute for Racial Reconciliation). Our organization really seeks to create spaces where people can build community through story and dialogue in ways that lead to equitable co-creation. We want people in communities to learn who they mean when they

say, “the people in my community”. We want them to know names and stories. We want them to understand the data of their community beyond the narrative or their perceptions.

We want a reality-based future where people are building stronger communities together. My colleagues and I come to this work from a lot of different places and faith spaces. We have a civil rights veteran, educator, and documentarians all part of our staff. We bring a really broad range of experiences to the work. But the one thing I think we all appreciate is an axiom that's been used—it's hard to hate people whose stories you know. We really believe in the immersion of people in each other's stories and experiences.

That's a part of the reason I'm really passionate about this work, and it's one of the reasons I'm happy to be on this panel, because I recognized you listening to you all about the work that you do, especially the work that HEI is doing. A big part of this, a big part of our challenge is filling knowledge gaps. There's so much that people just don't know about how our past is informing where we are right now.

There is what people don't know, and there are also the things that people have been misinformed about. I think in this circle among family, we know that there's been probably as much misinformation as there has been no information. That is a big part of our challenge globally, but certainly here locally in our communities, it's a challenge. I'm just so grateful to the God I serve and the universe for putting me in a position to be able to do it.

Renata Schiavo: Thank you very much, and welcome to all. You all already alluded to this, but we want to jumpstart with a question that relates to you and your own experience and learn about what brought you today, how you relate to the topic of racial healing, either professionally or personally, or in reference to what you observe in your own communities or the communities you serve, which we know have been marginalized for centuries. It's important to reflect on history and the current reality and how we got here, and please share your own vision on how racial healing can contribute to health equity.

Denise: I could start with our vision. My vision for Be More, and what guides the projects that I lead within the groups of a wonderful team, I think we're really fortunate to have a group of people who would be considered activists on their own, who care enough to step out there and try to make a difference individually and then to bring that energy together as a group. I'm really pleased about that opportunity to work with such dynamic people. When I look at my vision for Be More and what guides the projects that I lead is the focus on telling the truth.

The perpetuation of the false narratives has institutionalized a conversation that begins within a false narrative and trying to circle back to the truth once you've already created a disillusionment, is really difficult. That probably comes and stems from the concept of meeting people where they are, because generally, when we're talking to people who can impact the situation, they are not associated directly with the situation. They present with a narrative that sometimes people find themselves trying to work back from, but by doing that, it appears disingenuous, because it is.

Then everything else gets lost in translation. It's almost as if someone presented a story to you, and you knew that it was false. Everything that comes out of their mouth after that is not going to resonate with you on a central level of change. I think that that's one of the areas that my vision really essentially focused on. Ignoring those, and by doing that, we also disassociate people whose experience doesn't match the disingenuous narrative that they're hearing. Therefore, their confidence in what is being presented and opportunities that are associated with it, again, are lost in translation.

Because I do believe that people come from a place of wanting to be good, wanting to perform appropriately, I think-- What just popped into my head was one of my favorite movies, Any Given Sunday. Has anyone ever seen that with Robert De Niro—big sports fan here? Basically, in there, one of the characters says first you get along, and then you go along, so the opportunity for change just doesn't exist in that conversation. I think that, in order to create that level of integration, people have actually allowed a narrative conversation to exist that has not been beneficial.

Von: I'm happy to be here. I'm a 41-year-old Black man. Racism, in particular, is an existential threat to me, and that's why I show up every day. I'm the father of three really beautiful little girls and a wife who was beautiful as well and loved me. I recognized that when I go on to get my reward, I really need this to be a place, local community, nation, globe, that's more hospitable to them than it was to me when I came into the world in 1980.

There are lots of sicknesses in the world, mental and emotional illnesses. There are certainly physical things—the ACE [Adverse Childhood Experiences] scores of a lot of our young people and a lot of our adults are a lot higher than they should be, because of oppressive factors, whether it is poverty being imposed on people or as you mentioned earlier, Ms. Renata, all of the different ways that intersectionality-wise, we experience oppression. It's just really, really important to me, that I try to create transformational experiences for people.

We talk about systems change—that's a buzzword. Everybody wants to see systems change, but individuals, people, run systems, legislators make policy. If we're to really create transformation, and make it sustainable, then we've got to create transformational experiences for the people shaping the systems and for the people who are driving the local community narratives as well.

That's what I'm passionate about here, that the personal part meets the professional part, frankly, meets the national and global part for me. Since I realized it was my experience, not long ago, one of the best things that ever happened to me, when I was young was being told that I was Black. There had been subtle cues throughout my early life but then I don't remember who just told me what it was or if I saw it on TV, but growing up, I just thought it was one of the greatest blessings of my life because there was culture and arts, and you've got just so many amazing parts of the culture, and of the many different things that can mean to be Black, particularly in America, many of the ones that I heard were just inspiring to me. The flip side of that coin was it was also the worst thing that ever happened to me. My family didn't get to choose. When I was born, not only did I get to be Black on my birth certificate, but I also got the stigma that came with it. Dr. King talks really powerfully about what that stigma has meant throughout the course

of history. Personally, and professionally, I wear all of that, both the blessing and the curse.

It has certainly informed my empathetic senses and how the experiences of other people, people groups, and individuals can be very different from mine but at times equally painful. When I show up, that is both the personal and the professional aspects of me, and one of our visions as an organization is to end discrimination wherever it exists based on difference, and that's lofty. It won't happen in my lifetime, but I think it's really important that we have a really clear north star, if you will.

Shannon: Yes, interestingly youth leaders brought me to this conversation. I want to thank my youth leaders that helped create the film within the Native Health Initiative, but as I had mentioned earlier, I'm a co-partnership Director for the Native Health Initiative (NHI). I'm not an expert. I'm one of merely 53 volunteers that's helping to run a non-profit organization.

NHI actually looks at and uses and addresses health inequities through loving service. Loving service is not a missionary term, but it was coined out of an indigenous perspective to mean that human-to-human element of wanting to serve others with our indigenous population, but we realize now it also has to be inclusive of other populations as well. Being able to serve, love is our foundation of our work and being able to improve the health and wellness of the people we serve but it's also inclusive of how the people take that and what does that mean to them. We use that as our guiding force to be able to say how should we move forward—how do we get directed by the people, with the people, and for the people? Being able to have that, we actually have, and we value that NHI is a community of both participants and also as leaders. Being able to say that NHI primarily serves the indigenous population, but we begin to see that there's other communities, whether they're dealing with racial inequities and being able to say racial healing, as well as understanding what is affecting their social determinants of health, and also being able to see how we can also have health equity. It's being able to look at and move forward and say, how do we serve all people whether it's within their ages, their fitness levels, their economic background, and their abilities, but also to take them for who they are, whether it's at face value or being

able to save their expertise and their knowledge. It takes me back to my way of being as a Diné woman. I was always told that in order to keep the knowledge, in order to heal also, one should be able to share the knowledge that they have.

That took me back of being able to say, if I know enough about being culturally aware, going through ceremonies, knowing about the social determinants of health, being able to be happy, being able to understand health equity, understand racial healing as well, and being able to be an advocate for my community, I should also be able to share that with my community as well and make them, and build them to be stronger just as well, to be able to carry that on as a community member. But then I also think of how our people, and I say our people from an indigenous perspective, is that growing up, I had to experience also being, from a triad approach, of being able to understand that, yes, I am, from being a Diné community, I had my tribal community, but I also had to meet with being a native American Indian, a minority, and then also being a US citizen. I'm in this triad of being able to identify myself constantly and being able to move forward and go back. It's ever evolving and revolving around being able to identify who I am and within the setting of whether it is looking and addressing health equity, racial healing, and even saying our social determinants of health and being able to see that I want to be able to move our community of leaders to become leaders, to be strong enough, to continue to be resilient. That's from the youth all the way up to the elders. Being able to be a representative of that and being able to find that love can move and be our force of our work, but it also is an ethical check for us. So, I love being able to share that.

Renata Schiavo: Thank you very much for sharing. I want to move to the next question. A lot of you already mentioned either a personal story or the story of re-visiting one's identity in order to do this work. As you know, storytelling is often a great tool to bring to light stories of the communities being affected by social discrimination, stigma, and racism. Would you feel comfortable sharing a story that directly informs your work, including some of its implications for the way you approach your work every day? Also, please reflect on the implications of this story for well-being and health equity in your community. What is the significance

of the story and more in general how storytelling can contribute to inform policy or intervention design?

Von Gordon: Well, Denise and Shannon, I need to jump in first because it's hard for me to go last and stay within the minute. Let me just say, I think that storytelling is absolutely critical. Before there were bound books capturing history, history was passed on through story and beyond narrative, beyond facts and the who, what, when, where and how, one of the important things that comes out through story is very similar to what Shannon described earlier in that vision of loving service.

We pick up themes of both our values, cultural values, community values through the stories that we tell and for people, and we encounter people like this often who are somewhat suspicious, and the stories are mushy. It's like holding hands. They don't feel comfortable sometimes with storytelling processes. One, as a matter of process, it's important that we be intentional about how we create the spaces for stories to be told but the other thing, I think we are informed not just by what people say in their stories, but sometimes by what they don't say, what they don't have words for, or they don't acknowledge particularly when you know that that thing was there, you know enough about the context they give.

You say, wait a minute, you can't tell the story of a community in the Mississippi Delta, and you don't tell the story about race. You can't tell the story about the wellness of children, and you don't tell the story of the gender oppression women have faced. Story is really, really critical to creating a space for people to understand the data as well as the shared values or values that are not shared.

Renata Schiavo: Absolutely. I also like the emphasis on what is not being said in stories that you brought to the conversation.

Denise Morrow: I will say that my focus is primarily on the wellbeing of the community and when I look back at that, the story that still resonates mostly with me and with our community is the George Floyd story. I guess I'd like to put that in a different perspective, because it exhibits the racial discrimination, the stigma as well as the social

discrimination that hinders both the wellbeing and the health equity. Here, the story is of a police officer who calmly took the life of a person, absent any concern of retribution. That narrative, that story, and as I recall, the policemen, all of them had already completed their reporting of the incident prior to the release of the video.

This is someone literally taunting someone while they're sitting on their neck expressing distress, saying, "Well, just get up then" while you're on his neck. The officer was telling him, "Well, just get up then". This story of a life-taking incident of a Black man in broad daylight, a report that was issued and considered just another day at the office. Really the reason it appeared to be just another day at the office was because it actually was just another day at the office, and it's that story that's most terrifying.

Then post-release of the video for our community, our focus is looking at the police department and saying, how could you push back on a system that allows this to happen? Someone could be killed. You take the word of three or four people who were involved being they're your employees, no investigation, no willingness to even reform any aspects of your practices. That is a significant threat to the community so that's from that story, because until we accept that story and present a narrative that there was an injustice done, no remedy can come out of it.

Shannon Fleg: Thank you, Von and Denise. I'm very excited about this because when we talk about storytelling, Von, you mentioned how verbal stories before written and that's what we have as our generational way of being able to share information and being able to be a Native American woman. I think back about the stories of being able to understand the cultural aspects of where I come from and who my people are, and so the Native Health Initiative was actually founded on that basis of being able to say, it was people, community people whether they were leaders or not, titles or not, accolades or not, that created this organization. Being able to look back at that as a foundation of saying, that's where we need to remind ourselves of being able to say, how do the people see it? How did the people want it? How are we going to move forward and be able to—whether they're volunteers or not, whether they're Native or not—how are we going to really shape them into being able to look at

the focus, and the actual principles of how we do the work and why we do the work?

That's an important thing because when we began to have community, what is it that we should do as an organization to move forward to actually look at addressing health inequities? First thing that came about was really seeing their stories and hearing their testimonies, and not just making it about testimony but how do we put those testimonies to action and being able to say, I dealt with being an American Indian that didn't have free health care service or did have healthcare service, but there was no cultural safety, no cultural awareness.

Being able to look at how we actually use that as a way to guide us, to be able to say, let's educate both native and non-native on indigenous health perspective. How do we also sustain community health projects, with the community at their guidance and with them and being able to reevaluate with them. Then third is the cultural exchange of being able to say, we want to share about the indigenous health, but we also want to learn about other cultures whether it's culture of food, culture of medicine, or culture of business.

There are different cultures also knowing that if someone wants to learn about our indigenous communities, how do they also share their culture and make it reciprocal rather than just one way. Then the last, is the youth capacity building of being able to really honor that youth, our future generation, and being able to say, how do we direct them? How do we build and instill that leadership aspect of being able to guide them to become whether it's health career professionals, go to college, but to be someone, to know that they are leaders, and how do we continue to sustain that within them in any path that they're taking?

Again, learning from our indigenous communities of being able to say whether they're verbal, they're taboos, or being able to hear their testimonies and stories, we want to be able to share that, but we also want to put it into action by making them community coaches, community leaders, and community advocates, and make them the experts regardless of having titles or not. We want to bring a grandmother who has an informal education to the table and say, "You know what? My mother always said, your grandmother had more knowledge than

you did."

You can get your bachelor's, you can get your master's, but guess what, she has her knowledge, her degree in an informal way. She knows about rug weaving, she knows about herding her sheep geography, and even the plant-based aspect of the traditional way of being a Diné woman. Honoring that and being able to connect those and integrate that into what we call systems, being able to work with the community and knowing what their systems already are and how we can relate that to what is now in the current day of our healthcare system, understanding the different systems in the work that we do.

Renata Schiavo: Thank you very much Shannon, Denise, and Von for your contribution to this discussion. Our next question is about the horrifying events that led to the killing of George Floyd, COVID-19 and the news cycle. In the last two years, we have seen long existing racial inequities coming to the spotlight, both because of COVID-19 and the killing of George Floyd. However, some of us are already feeling that this kind of focus is coming out from the news cycle and from the spotlight in so many contexts. While progress is being somehow made, and there are more people aware of inequities, how do we keep this topic in the news cycles, in the policy making cycle? How do we keep the momentum going, not only in our communities, but also with the mass media and policymakers who have the power to affect change? Also, do you feel the same? Perhaps, I'm the only one that feels the topic is already moving out from the spotlight and being worried about it.

Von Gordon: No, I absolutely see it. I see it, I feel it. To be really blunt, I'm injured by it. I think there's a truth that has to be told at the mountain tops and in the coffee shop. We have to tell the story that a lot of wealth, a lot of freedom, so to speak, has been built, it's been created at the expense of other human beings and their potential. That's happened for hundreds of years, thousands of years.

We have to keep telling that story, that what you enjoy comes at a cost, and to be really specific to the story, there are lots of people who don't understand that the way their perception of safety in their community is created, is by Derek Chauvin-like

policing of neighboring communities. I think that's how we do it. We are reminded that and that it's also not new, so helping people understand the historical context, and I think we have to do that.

Unfortunately, there's no pill for it, Renata, we have to do it with every call we're on, in every conversation we have that we can weave it in, we have to do it because like Shannon, I spent the last nine years working very intentionally with young folks, and we'd been telling the story to them and exposing them to the history of Emmett Till. Since our youth program began 12 years ago, over the last couple of years, they're like, "Wait a minute. That's the same way George Floyd died, that carelessness", so making the connections to history and reminding people of the cost others pay for their wealth and their perception of freedom. I think we have to call television producers and remind them sometimes that that's what it is.

Denise Morrow: Well, I'll jump in. I come from a policy and legislation background. I've spent many years with health and human services as the focal point for policy and legislation development, and I've had the opportunity to lead and participate and operationalize many of the governors' initiatives and I had the opportunity to sit or the responsibility of sitting across the table from policy and political pariahs who make real threats and use, or should I say, who give very clear messaging about their focus of interest and their potential responses to the lack of spoke focus of interest. What I can say about that is, the capacity to win the policy narrative in a public fight or forum or movement depends on the focus of the issue.

You can't always win a policy fight in a public forum, and we see that because we saw after the voting, after the past election, we saw states within minutes just go create new policy, go create new law, they were exposed after they had created these bills. They could not have created those bills and won the public support for them had they waited for the public support to come.

A proactive strategy, and there are champions for issues that cannot come to the forefront and championing issue, and one of the challenges of the public forum approach is there may be a pro-channel, and there's definitely a negative channel.

The voice that's loudest is generally the negative voice. When you have a situation as we do today, with such sensationalized media, I know that was the case when we had newspapers, sensationalized, or 24/7 news cycle, is a challenge for professionals far greater than myself.

Shannon Fleg: I'd just like to say prayers to the family and individuals who continue to advocate for Mr. Floyd, but being able to see that and seeing that was one individual, I think of myself as a brown person as willing to relate to how many families had felt on that day, and it takes me back to historical trauma. Von, you mentioned this and how in this current day in 2020, our Native American people are still dealing with those racial and also health inequities from being able to look at missing and murdered indigenous women and relatives to no water rights, land rights, no electricity, and all of these aspects of whether it's unemployment or looking at the social determinants of health.

COVID-19 just added another layer of being able to say, well, there's eviction, there's now policies that are being effected, there's things that are being created, in terms of different policies, because there's no one coming to the table to make those representations, or people are being left out in conversations, and being able to look at that with the higher rates of COVID cases, lack of services or increased cases on and off the reservation, but lack of services and access to health also. We really look at how our organization used that as saying, there's a lot of the negatives, but let's look at the aspects of cultural and also strength-based approaches of how do we really pull ourselves out of that? How do we get ourselves to move forward and it took our community of leaders, program leaders—we have six different programs that we utilize—and how do we move forward and so being able to take the time to listen to the community, and we heard that communities really wanted support in the areas of physical, emotional, mental, and social and spiritual wellness, and wellbeing, and so being able to use our programs to move forward and provide services, whether it was through a running walking program and community coaches were the ones who put that in there. They were the ones giving their time and being able to also say it took our Native Health Initiative Circle of Healing Council—that's actually our name for our board, but they're the ones who

also stepped up and with my other Co-Partnership Director, Dr. Anthony Fleg, we said let's create this loving service support to assist families who need financial assistance, who also need food, shelter, they need resources and support, and being able to not have any strings attached, but being able to say who really desires and also needs this at this time without saying, okay, give me your application, what do you need, how do we need to do this, and put up the red tapes, but open it up for both non-Native families in the urban setting, and also in the rural settings of New Mexico.

We also looked at how we could utilize that virtual world of being confined by COVID to say, let's provide services to our youth groups and actually within the time, we actually continue to provide eight months of virtual service to about 35 youth high school students looking at advancing and looking at going into health careers. We also took the time to be able to continue to do scholarship and grants and being able to provide one of the key things was looking at indigenizing wellness, but also Community Asset Mapping (CAM). Again, reminding people this is the time that we're most vulnerable, but we're also most compassionate and we use that as a driving force to continue to provide services within our community and I feel like that's one of the things of it pulled us back into really focusing on how to be in the community, be involved with the community and also to be able to invest in the community. Those are the focuses of Community Asset Mapping.

Von: There's a hero of mine here in Jackson, Mississippi, named Reverend Frank Figures, and, Shannon, to hear my response or Denise's response and to hear your response and where you ended up reminded me of Mr. Figures. In the 1960s, when they were organizing Freedom Summer here in Mississippi in 1964, there were no newspapers on their side, their stories weren't being told on the evening news, or local newspapers or national ones. Life magazine wasn't really picking it up, so he said, "The approach was to do what you can from where you are, with what you have", and I just want to honor you all for, despite the loss of focus and attention, you did what you could from where you were, with what you had, and you all are still doing it, so just kudos to you all for that and that probably is the medicine. Thank you, Renata.

Renata Schiavo: No, thank you very much, and I think this is a great message to leave with the forum. Moving to the next question. I want to ask about the most promising emerging practice or policy to promote racial healing that you're all aware of and how can such practice or policy contribute to advancing health equity, we know this is a complex issue, which requires a lot of political will and commitment, but if you had a magic wand, what would be the one intervention or policy that you would like to see implemented?

Shannon Fleg: I want to say, I mentioned Community Asset Mapping, that is our promising practice right now within the Native Health Initiative is to actually use that strength-based and asset-based approach to addressing health inequities and racial healing. And CAM, Community Asset Mapping, actually came from Kretzmann and McKnight, which actually looks at how we amplify on the strengths and assets in an individual or in a community and being able to use that to improve the health and wellness of the community or the situation rather than the problem.

The same applies for creating, implementing, or evaluating a project or even doing research, is actually to look at that approach of being able to say how do we utilize the community, the strengths within the community and being able to also say that it can be if someone's dealing with something or if a community is dealing with something that we don't just see it as a problem, how does the community define it?

Being able to say that Community Asset Mapping is not like rocket science, it actually is looking at how-cultural humility can go a long way and being able to use that is a reminder that we have to remind folks even in the professional world that we want to be able to say, how would you want someone to enter your home or your community and begin to create or remodel your home without you. Or your community and building projects and activities, without your input. Here it's looking at that and just being able to see that, we want to have individuals, whether at the professional level or in the community and remind them when we're working with the communities and for the community it needs to be in the community. We can't do it behind

the desk. We can't be in our research paper or our scholarly approach, we have to bring the community.

We have to bring ourselves into the community. We also have to ride our bikes. We have to run into the community. We have to sit at the table. But we always have to be in the community. The other is to inquire, our best majority of being able to look at resources in the community is actually apparent from the inside, rather from the outside. My grandfather always said you have two ears and one mouth, so you should be listening more rather than speaking.

Being in the community and building that trust, when you inquire is actually identifying who are the gatekeepers, along with the actual leaders that are identified by title, but also involving, community members in all phases of projects, activities, programs, scholarly reports and being able to say that when you involve individuals, you empower individuals, you also create equality amongst people power.

The person with the title can bring in the individual without a title, but still there can be a lot of collaboration and partnership and being able to exchange roles as well and being able to say, invest, that's the most important thing because when you leave, who's going to do the work when you leave. That's one of the things that being able to say, Community Asset Mapping is our promising practice.

Denise Morrow: At this point, one of the things that we're working on right now is an institutional research project. We are preparing a proposal for institutional level intervention and in our community, if I could wave a magic wand what I would have is three more community-based organizations, such as many of those sitting here, approaching leadership of major institutions to create the top-down change. At this point, because of the integrated focus of the corporation into the community, community-based organizations may need to partner more together than they have in the past to create a larger community to have a larger impact. That would be my wish list at the end of the day.

Von Gordon: I don't show up in this space with a public health background like you all do. It's really, we need more of this. I'm very thankful for Macy's foundation. I'm really thankful for the organizations who are investing in the connection of people, interdisciplinary connection and I'm going to say that being an expert in your own stories is a discipline.

In that way when you bring the young folks into the community and you bring the elders into the community, those who as Shannon said earlier, who were non-traditionally educated or outside of what we would consider academic spaces, continue to create spaces for those people to engage in ways that allow their stories in their work to come to life.

That to me is the most important intervention that we can all engage in. Those who can write big checks, write big checks to work that connect people because those connections will yield the kind of results we need. Here in Mississippi, I sure wish we could expand access to healthcare. That's the thing, because the physical health impacts mental health and all of the social determinants of health. If I get even more specific, I wish brilliant people who understand the social determinants could be more intentional about simplifying it and making that knowledge more accessible to people.

I got to spend a little bit of time with leaders of the CHEST Foundation earlier in the pandemic, some of them pulmonologists. A part of my challenge to them was, how about you just get your practitioners to spend a little bit more time with their patients before the exam. That's the lowest hanging fruit, but it could probably be the one that has the greatest impact on the quality of care going up because it would increase trust. When people are well, they show up differently, right? Instead of showing up with sickness, they show up willing to be agents of healing. I'm grateful for what you all bring to it. I think there's as great power in more spaces where we get to hear each other's voices and insights.

Renata Schiavo: This is my last question before your closing thoughts. What is the role of community leaders and community-based organizations in shaping policy? At Health Equity Initiative, we have been promoting and advocating for community ownership for a long time. It would

be interesting to learn about your experience as well as your own opinion and recommendations on mainstreaming community engagement and ownership.

Denise Morrow: Okay, I'll start here, when we look at the role of community-based organizations in policy development, again, I think I would emphasize that policies are not siloed in many cases when it pertains to health equity, when it pertains to racial discrimination. Then when you look at policies, the focus of the policies is to solve a problem. When you look at racial discrimination, all of those things are technically illegal. Someday, we're going to have to say that these are illegal acts being perpetrated on people. In order to address these illegal acts, this policy needs to address that. We need to look across communities to find the common language, but what we really want to recognize is that we have a common problem. The ability of a community-based organization to formulate that message, come together as representatives of their community that they're trying to protect from illegality is significant in my perspective.

Shannon Fleg: I'd just like to add on again, I think it's very crucial to utilize that Community Asset Mapping lens of being able to say, how do we create policies and begin to ask ourselves, what is the community's perspective on policy development and understanding the community's process of actually promoting racial healing and also addressing or even then looking at both health disparities and also health inequities, but how do we advance health equity also from their lens and understanding how they see a policy, whether it's written or verbal or even being able to say what does a community think of an actual policy and being able to say what is already existing also, because that's one of the things a community may not have a real written, formal way of being able to say a policy is going to change something.

I give the example of being able to say when you tell tribal communities, no smoking, well, you can tell them no smoking policy, but we have to create a policy that actually also says no commercial tobacco products, and also maybe there is with the exception of traditional tobacco use. Being able to use that as an example is we can create policy, but what type of language is the community seeing and

what does it mean, when we create policies of-- the input of the community is very important, and be able to look at the--especially within our native communities and indigenous communities is there's a different language, there are different aspects and different leaders, there are different sovereignty lines also of being able to say how do people view their community and bring them to the table to understand how policy can be created, being able to really bring in the community is very key, as community-based organizations, because they're the ones that are going to, at the end of the day, report back to their community, still be in the community and also take that ownership, once health professionals leave. Also, the funding is gone, who then has to sustain those policies in the community?

Von: So, the resource is "perspective-expanding experiences" and that's a key thing. When we recognize who our community leaders are, who our policymakers are, they are people who show up like the rest of us with a unique set of experiences. James Baldwin, above all things, he's a writer. He's a cultural critic. He's a lot of different things but James Baldwin said, "not everything that is faced can be changed, but nothing can be changed until it is faced". In baseball, they say, "you can't hit what you can't see". The resource is creating experiences for our policymakers and our community leaders, to see the people and the experiences that they haven't yet learned to see. In policy speak, maybe that's an equity lens, right? Maybe there's a racial equity lens and a gender equity lens and we can go on and on and on, around the wheel of identities to develop the lens, but ultimately, it really is about creating spaces for them to broaden their horizons because I'm a firm believer that most people who raise their hand to show up and serve as community leaders or policymakers, they want to do good. What I think we need to help them see is who all they need to do good for--so for me, that will be the resource.

Renata: Thank you very much. I want to do a quick round on any closing thoughts you may want to offer to the panel. Anything that has not been covered or anything you want to leave the panel with?

Shannon: I would just like to say thank you for this opportunity to share in the sacred place and space and time and energy, both being inspired and sharing the knowledge but also knowing that NHI can be supportive to the other panelists here and also to the individuals listening and knowing that if we can heal ourselves as individuals and community, we're able to heal each other and just would like to share that may there be beauty, which is peace, harmony, and balance within you. May it be before you, may it be behind you, may it be above and below you, and all around you, and may beauty be restored within you, and happy healing to all of you. Thank you.

Von: I don't have a closing thought except to receive what Shannon just said. So, thank you for the opportunity.

Denise: I'm going to echo that. Thank you so very much Shannon, thank you so very much Renata for your diligence here and for inviting us.

Renata: Thank you very much, Shannon, for these beautiful words which I'm also going to accept, and I hope that these words (and their important meaning) will also inspire our quest for health equity and racial healing. Thank you all--Denise, Von and Shannon for participating in today's Community Leaders Forum and for your wonderful insights. Stay well and thank you all from Health Equity Initiative.

*Ms. Fleg's land acknowledgement was delivered in her Native language. The acknowledgement was not picked up by the transcript, however it is available in the recording found on HEI's website.

Participants

(In alphabetical order by last name)



Shannon Fleg

Shannon Fleg is Dine' of the Zuni-Edgewater Clan born for Towering House Clan, originally from Moenave, Arizona. She is a mother of four beautiful children and wife. She has been a public health educator, facilitator, program planner/evaluator and cultural specialist for more than 20 years in the areas of health equity, health disparities, and issues/concerns effecting Native American Indian/Indigenous populations. Shannon serves as Co-Partnership Director for the Native Health Initiative, a love-funded organization addressing health inequities in the Southwest. She resides with her family in Albuquerque, New Mexico.



Von Gordon

Von is a native of Moorhead, MS, in Sunflower County. He joined the Institute 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, PhD

Dr. Denise Morrow serves as the Executive Director of BEMORE nonprofit operations. Denise is committed to improving quality of life. As 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 wellbeing 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.

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