



**Big Idea Room: Anti-Racism/Health Equity
Programs Success Showcase 2022**

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Thursday, Jan. 20, 2022

ROBYN TAYLOR:

Thank you all for joining me today. So today I just want to take a few minutes to share with you our anti-racism and health equity work that we're engaged in in the association at the National Association of Chronic Disease Directors. I'm happy to be here with you all today. And if you have questions for me, please place those questions in the chat.

We will be monitoring the chat so that I can respond to your questions. And again, please place your questions starting now. If you have a question now, place it in the chat. Because when we get to the last five minutes, we'll be taking a look at what those questions are so that we can answer whatever questions you may have.

But at this time, I'm going to go ahead and get started. So again, to fulfill our mission, the National Association of Chronic Disease Directors is committed to implementing and supporting public health practice that promotes equity and eradicates the fact that race, income, where a person lives, and other social factors determine a person's access to care and opportunities to live a long healthy life.

And let me tell you, the association really holds fast to this mission and what this vision is for the association, as far as how we see our work and how important this work is. But before we begin to talk about our work in this space to promote racial and health equity, we, I must talk to you again about a journey to a perspective transformation. You know, with this work in promoting equity, addressing health disparities, promoting racial equity culture within our respective organizations and within our nation, it does require us to have a perspective transformation. And again, what I mean by that is really making sure that our head and our heart is involved in this work.

Again, knowing the data, understanding public health practice is so critically important. But at the same time, it's also important that we are concerned with what is just, what is fair, you know, what is right for our communities and for our nation. So I ask you, as we continue our work in public health and as we all work towards equity, that we have our heads and our hearts involved in the work that we do. NACDD has a commitment to health and racial equity and this commitment is reflected in our strategic map. Uh, we've actually updated our strategic map here recently to really elevate racial equity as a main goal and a main mission for the organization. But as you can see here in each of these

columns, column A, B, C, and D, there are some references to equity and the work that we're doing to promote equity within the organization. And this is an effort by the association to embed equity strategies and work from the rooter to the tooter of the organization, to say it, you know, in plain terms. And we're trying to embed this work into the organization as a whole. And that also means that equity work is not just reflected within the center for health equity or within one particular division of the organization, but that equity work is viable and persistent throughout the life cycle of the organization.

You know, thinking about equity and thinking about health equity and racial equity, one of the things that I've been seeing in the landscape as I continue to monitor the landscape of what different organizations are doing as it relates to promoting racial and health equity, one of the things that I've been noticing, and there's been an evolution in the practice of public health from really concentrating on individual behaviors and access opportunities for individuals, but moving further upstream to deal with the root causes and working with our social determinants of health to create communities of opportunity for everyone. And so when we think about the work that we're doing at NACDD, we keep this in our mind, that it's not just about the downstream strategies. It's not just about individual behavior change, and it's not just about access and communities, but it's also about engaging our partners and even moving further upstream to have an impact on the systems and structures within our nation and within our states and communities.

And with the realization that, you know, not only public health, but our social determinants of health partners, our health system partners, are realizing the need to move further upstream to get to the root causes and to explore opportunities for partnership. You know, that leads to internal and external work as an association.

So we have some things that we're doing regarding health equity internally and with our partners externally. And this also holds true for our racial equity work within the organization as well. Our equity efforts are not just something that's just sporadically done. One of the things that we have done in the last few years is created a logic model that is really helping us to stay on the chart, stay on the path, to get to and to realize those long-term, short-term, and medium, medium term outcomes that we're wanting to realize as an association.

But long-term wise, what we're really trying to do is improve chronic disease outcomes for groups with high rates. We want to make sure that NACDD is recognized as a national health equity leader and partner, and we're wanting to increase funding to support health, equity strategies for states. But how we're doing that, uh, you know, we're, we have many partners at the table that are contributing to the activities and contributing to who we reach and how we engage with our partners and how we engage with our members as well.

So there is a method to the madness. There is a reasoning behind every single thing that we're doing as it relates to health and racial equity. Now again, you've heard me say many times that well I think about health equity is my long-term goal personally is to make sure that again, health equity is embedded across the association.

And it's not just work this coming from a particular office. But every piece of the organization is involved in advancing equity. And as I'm, what I wanted to show you here is that these are a list of all of the health equity projects that the association is engaged in. So as you can see across the board, there are projects that, you know, there are health equity council focused projects, but there are projects that are happening across the various projects within the association's portfolio. So it's not just the health equity council, it's not just the health equity consultant or the senior director of health equity, but what we have is army, so to speak, or a group, or a team, an association of working together to promote equity and to explore equity strategies, um, as, as a association so that we can catalog all of those strategies of what works, what's effective, what we've seen to resonate with states. So we can catalog those things and share those strategies with others. So I want to take a few minutes to talk about how we're promoting racial equity within the organization and outside of the organization.

So the NACDD REDI Alliance. One of the things I must say about our leadership within NACDD is that our leadership is committed to health and racial equity. And not just verbally, but by action as well. And one of the things that we've been able to do as an organization is to create the REDI Alliance, where we're looking at racial equity, diversity, and inclusion.

This alliance is comprised of our leaders of the organization, as well as consultants and staff. And we're hoping that as we continue to move down the road and continue to matriculate through developing the REDI Alliance, further developing the work that we're doing internally and externally, that we, we hope to engage our members as well.

But the REDI Alliance has done some really creative things over the last year. Um, not only have we come together as an alliance and did some work internally among the members of the alliance before even reaching out to our, um, to other staff and consultants. We've been really busy making sure that we have an understanding of what a racial equity culture is, what diversity and inclusion is and what are the different levers within the organization. What, what do we do within the organization to promote racial and health equity?

One of the models that we've been looking to is this Awake, Woke to Work model that we have been exploring. Um, and I encourage you to go to equityinthecenter.org and to take a look at this Awake, Woke to Work model.

The reason why we like this model is that the model really talks very intimately about what an organization and what steps an organization can take to promote a racial equity culture within the organization. Not only does it talk about holistically what an organization can do, but it also breaks down the organization by function to really explain and provide a blueprint for what each level of the organization, what type of activities that folks can engage in to promote equity and to promote a racial equity culture within our organization.

As you can see here with this visual, it defines what it means to be Awake, Woke to Work. So when we're awake, that's when organizations are focused on representation, that's when organizations are realizing that there is some work to do. Being woke means that the organization is evolving their culture to value all people's contributions to the culture and the work of the organization.

And work means that the organization is actively engaged, you know, in the activities to promote a racial equity culture at all levels of the hierarchy of the organization. So again, as you see here, these are levers to move organizations through the race equity cycle. So there are, again, there's a blueprint for the board of directors to executive leadership, to managers, to those who are focused on data and the learning environment and communities, you know, there are different things, there's a blueprint of activities to consider and promoting a racial equity culture within your organization.

Another thing that we're doing in the organization to advance racial equity is our GEAR groups. And if you were a part of the keynote panel discussion, I made reference to our GEAR groups. GEAR groups are a wonderful experience.

I really enjoy the GEAR groups, because again, this is a peer to peer, case-based action learning opportunity for our members to explore emerging or long standing chronic disease prevention and control topics, to explore strategies, to share strategies, to share experiences so that we all can learn from each other.

And it also provides an opportunity for support for our public health professionals. Because again, it has been a tough last couple of years, but this GEAR group opportunity provides that support that we all need in moving forward during these tough times that we're experiencing.

Some of the topics of some of our past GEAR groups have focused on racial equity and exchanging ideas among state health departments about what it is that they're engaged in within their respective state health departments and what has worked, what has not worked, sharing resources and tools as it relates to racial equity and health equity. So it has been a really good experience for our members.

As far as the workforce development with peer groups, the achievements that we've experienced because of this opportunity to that we provide to our members is that we've had 43 state and territorial health departments to participate in GEAR groups thus far. The GEAR group work experience is of course, a great opportunity to learn about and from each other, um, as I've stated before. We've also had folks to say that by participating in the GEAR groups, that they feel empowered and that they're able to make connections that not only are active during their participation in the GEAR groups, but even beyond their GEAR group experience.

And so we find ourselves with this opportunity of creating or enlarging our network of folks that we talk to, that we work with, that we support that we exchange ideas and resources and tools. The GEAR groups provide that opportunity for our members. One of the things that I'm most proud about and most, was most excited about in the last year was our president's challenge by Dr. Susan Kansagra, who was our board chair last year. She's our first past chair now. But one of the things I was amazed when she announced her, I was just so excited and was just like go Susan, you know, when she announced her president's challenge. And her president's challenge was all about racial equity. And she presented an opportunity for our members to participate in this challenge.

And within the challenge, there were some opportunities such as, or some options, uh, for our states to do either three things. Those things were to apply our health equity at work assessment tool within their chronic disease programs, to apply the moving to institutional tool that was developed by our health equity council as well within their health departments, or to explore the, the APHA series of racial equity videos that have been put together over the last couple of years and that are available on their website. And then I'm sorry, there was a fourth opportunity as well, which is to engage in the foundations of health equity, creating a culture of health training with their staff, their chronic disease staff within their state health departments.

And so as you see here, this is an overview of what the states actually decided to do. We had 25 states to participate in the president's challenge with 89 commitments. And this particular slide gives you an overview of what these states actually decided to do. We had 36 states to commit to increasing staff knowledge about racial equity, racial justice, and connections to health outcomes and professional development.

We also had 18 states to implement at least one action based on data related to racial inequities and chronic disease outcomes. And then there were 35 commitments of accessing organizational policies and procedures using a racial equity framework, which is our moving to institutional equity tool that was developed by our health equity council in 2017.

Now, as it relates to the 36 commitments to increase staff knowledge about racial equity, racial justice, and the connection to help outcomes and professional development within those 36 commitments, 12 of those commitments were about having their team to participate in two trainings provided by NACDD.

And I'll tell you, last year was a very, very, very busy season for all of us because we did have, uh, quite a few states that followed up with this commitment. And we were able to take a two day training that we did in person before the pandemic and translate that training for the virtual environment is why we really want it to be in those state health departments working with the chronic disease staff to deliver these trainings. We just adapted it for the virtual environment and were able to successfully offer the training to states. We also see that there were 12 commitments to ask chronic disease team members to complete the APHA racial equity webinar series, 9 commitments to ensure state representation on that NACDD health equity council.

And the council has grown exponentially over the last year thanks to the president's challenge. And then there were 3 others that were states were defining their own paths towards increasing staff knowledge about racial equity, racial justice, and the connection to health outcomes, and professional development.

We had 18 states to implement at least one action based on data related to racial inequities and chronic disease outcomes. And again, that work involved these, these several things here incorporating the reaction to race module into their states BRFSS survey, incorporating national data on the connection between racial inequities and health outcomes into presentations.

Um, and to help with that effort, one of the things that Dr. Kansagra and myself, one of the things that we did along with the health equity council, was to create a racial equity slide deck that we made available to states as well that had a lot of really interesting data and information as it relates to racism, racial equity, the levels of racism, systemic and structural racism. So that slide deck was made available to our state health departments. We had eight commitments as well to examine state racial inequities and chronic disease outcomes data and implement at least one new action based on that data. And then this slide here, again, we had 35 commitments to assess organizational policies.

And so as a result of that, 18 commitments were around establishing racial equity champions, action teams to lead cross-program discussion and action steps. We had six commitments to hire individuals and contract with businesses and organizations representing priority communities. And then seven commitments to evaluate policies, programs, and budgets using a racial equity tool.

So that was some really good work that happened during the president's challenge. And actually some of our states are continuing this work even into 2022. Another opportunity that we made available to our members is the promoting racial equity and social justice initiative, which we called a mini grant opportunity for our states.

We had seven states to participate in the promoting racial equity and social justice initiative. This initiative was really interesting for our states because we gave again, the states an opportunity to choose what it is they wanted to do. They could again, implement this health equity at work assessment, apply the institutional equity tool, or engage with us for the foundations of health equity training. And for these seven states, our foundations that felt like retraining that was offered to states that chose to do C, the training was tailored to their state health department, um, and we took time to look at the data within our states and really tailor the content of the training for those state health departments.

And from that, what was expected as a result of participating in the mini grant, we asked states to again, develop an implementation plan for how they would do this work and also to develop a case story that our states were able to share with us as far as what was this like? What was this experience like?

What were the challenges? What were the successes? As they implemented this work within their state health department. We also have the Health Equity Council, the NACDD Health Equity Council, which has been around for several years. The Health Equity Council actually started as an interest group of the association and has grown exponentially since then.

Our current Health Equity Council chair is Louise Square from New York City, but we have representation from several states on the council. And the council was very active and has created several tools and resources for our members around advancing health equity. You can capture additional information and resources if you were to go to the chronicdisease.org website, and then you can do a search on health equity council. And it'll take you to our page where there is a list of various resources that have been made available to you. So, what is the objective of the Health Equity Council? We provide networking opportunities for our members, we share knowledge, and we develop action plans. So for example, our latest project that we're working on or finalizing right now is we develop a health equity primer. And we developed the health equity primer as a result of our members discussing the very levels of readiness that our chronic disease directors and their staff are, as it relates to addressing disparities and promoting equity.

So we put together a work group to outline the steps that a chronic disease director can take to mobilize their efforts for promoting equity. And this particular primer that we've developed, there were contributions from several different states for developing this

particular tool. So I'm looking forward to releasing the tool here soon. We're hoping to release this tool in February for our states to take advantage of.

So looking to the future, you know, I put this slide in here because you see that, you know, we have a young child, a young person with a sore where they fell, you know, possibly fell, you know, tripped over a sidewalk or something of that nature.

So as we look into the future, the reason why I'll put the slide in here is that, you know, we don't want to just be responsive as a health equity council or an organization working in a space to advance racial and health equity, but we want to get to the root causes. And so you heard me talk earlier about this evolution in public health where folks have traditionally focused downstream.

But if we've been seeing our partners and our members and our colleagues moving towards working with our social determinants of health partners. But now we're seeing an even greater evolution of really beginning to talk about, well, what are the root causes of the inequities that we are seeing today? Why are we dealing with these disparities that we're seeing?

You know, what is the reason, what is the root causes? How can we stop what we're experiencing in our nation? And so the health equity council, our association, is beginning to have conversations about root causes of health inequities and developing strategies and solutions for addressing the root causes of the inequities that we see in our nation today.

Future opportunities for the work that we're doing in the association is to continue exploration of the root causes of inequities and the possible solutions, expansion of training opportunities, expanding partners and sponsors. Because again, we as public health cannot address disparities and the health inequities in our nation alone. It requires us working with our partners to develop solutions and develop opportunities for us to work in synergy with one another so we can create communities of opportunities for everyone. And also the expansion of the NACDD health equity team. I will say that I am very appreciative of the opportunity to continue the work with the association as a staff member and not a consultant. And so this is our expansion of our work, and we're continuing to think about ways to expand the health equity team within the association.

You've heard me refer to the center for health equity, which it may not be called that in the future. But the center will be an opportunity for us to create buckets of work where we're focusing on specific things within the center, but also an opportunity to grow the team within NACDD that is working to promote equity and to address disparities within the association.

So some key takeaway things to think about. NACDD is committed to racial and health equity. From the top to the bottom. From our leader, our CEO, to our executive leadership, we are committed to racial equity. And that is evidence within our roadmap to success that we have developed, as well as just the various work and projects that we're engaged in as an association.

We realize that there is individual collective work to be done. When we began to talk about racial equity and promoting racial equity, you know, again, we want to have that perspective transformation on the individual level. And then there are some things that we can do collectively together to promote equity.

Number three. We see that there are opportunities to promote, enhance partner and community engagement. Nothing for us without us. We're beginning to really continue our thoughts on how do we have that community member perspective on the state level? Because again, that is so very important that we not prescribe solutions for community, but work with, with community to develop solutions that resonate with the community.

And again, continue to fund equity work. We want to sustain this work and not just have this, this support for a season, but continuing this work well into the future so that we can realize equity and communities of opportunity for everyone.

- END OF TRANSCRIPT -