Thank you for attending today’s training. By doing so you are strengthening the ability of your community-based and patient-directed health center to deliver comprehensive, culturally competent, high-quality primary health care services.

**Presented by:**
Jason Vitello, Denver Public Health, Colorado Public Health Association (CPHA)

**Live Broadcast Date/Time:**
Tuesday, September 1, 2020
12:00–1:15PM Mountain Time / 1:00–2:15PM Central Time

**Target Audience:**
The presentations in the series are intended for health center and PCA staff from various positions including clinical and non-clinical. Please see the registration information sent out prior to each training for more information about learning objectives and other details.

**Event Overview:**
The current pandemic has shed new light on the foundational inequities of this nation. This webinar will offer insight into the structures and systems that cause health disparities and how the pandemic has brought new perspective to those.

**Learning Objectives:**
Though this session, participants will:
- Have a better understanding of how structures and systems have caused health disparities.
- Have a better understanding of how the pandemic has brought to light health and racial disparities in the greater environment and in our communities.
- Come away with strategies for acknowledging/recognizing health disparities in their daily lives.

**CONTENTS**

Page 2: CCHN/CHAMPS Archives
CCHN/CHAMPS Descriptions
Page 3: Speaker Biography
Pages 4-24: Slides
Page 25: Additional Resources
CCHN/CHAMPS ARCHIVES
This event will be archived online. This online version will be posted within two weeks of the live event and will be available for at least one year from the live presentation date.

For information about all CCHN archives, please visit: www.CCHN.org/webinar-archive.

For information about all CHAMPS archives, please visit: www.CHAMPSonline.org/events-trainings/distance-learning.

DESCRIPTION OF CCHN
The Colorado Community Health Network (CCHN) represents the 20 Colorado Community Health Centers that together are the backbone of the primary health care safety-net in Colorado. For more information about CCHN, please visit www.CCHN.org.

DESCRIPTION OF CHAMPS
Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII (CO, MT, ND, SD, UT, and WY) federally funded Community, Migrant, and Homeless Health Centers they can better serve our patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, and the collection and dissemination of regional data. For more information about CHAMPS, and the benefits of CHAMPS Organizational Membership, please visit www.CHAMPSonline.org.
SPEAKER BIOGRAPHY

Jason Vitello is the Behavioral Health Coordinator at Denver Public Health, an adjunct professor at the University Of Denver Graduate School Of Social Work, and a community activist. He is also a national speaker on social justice, critical race theory, criminal justice reform, father engagement, male mental health, and collective liberation. In 2017, Jason founded the Colorado Public Health Association’s Health Equity Coalition and was elected as the first Health Equity Director. He presently serves as the Health Equity Officer.

Prior to his career in public health, Jason was a social worker and therapist who provided advocacy, mentorship, case management, and clinical services. It should be noted that before he was ever a provider of human services or family assistance - he was a recipient of them. His ultimate interest is in the betterment of the human condition through fierce compassion, difficult conversations, collaboration across struggles, the peaceful obliteration of structural inequalities, and comprehensive paradigm transformation.
Health Equity in the Context of COVID-19

Tuesday, September 1, 2020
12:00-1:15 PM MT/1:00-2:15 PM CT

www.CHAMPSonline.org
COLORADO COMMUNITY HEALTH NETWORK (CCHN)

www.CCHN.org

PRESENTED BY

Jason Vitello
Behavioral Health Coordinator, Denver Public Health
Health Equity Officer, Colorado Public Health Association (CPHA)
HOW MANY PEOPLE ARE WATCHING THE EVENT AT YOUR COMPUTER, INCLUDING YOURSELF?

Submit your answers using the Q&A Box.

PLEASE INTRODUCE YOURSELF:
NAME, ORGANIZATION, STATE

Submit your answers using the Chat.
PRACTICE POLL QUESTION

Did you attend the first session in this series, "Health Equity is Social Justice: Health Centers in the Context of Racial and Social Justice"?

• Yes
• No
• I watched the recording
• Not sure

Health Equity in the Context of COVID-19

Jason Vitello, MSW
Behavioral Health Coordinator
Learning Objectives

• Participants will have a better understanding of how structures and systems have caused health disparities.

• Participants will have a better understanding of how the pandemic has brought to light health and racial disparities in the greater environment and in our communities.

• Participants will come away with strategies for acknowledging/recognizing health disparities in their daily lives.

Poll Question

On a scale of 1 to 5, (1 being not at all and 5 being very), how knowledgeable would you say you are on health disparities and health equity?
Poll Question

On a scale of 1 to 5, (1 being not at all and 5 being very), how comfortable are you discussing health disparities and health equity?

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Health

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.
Health Disparities

Differences in health status and/or health outcomes between groups
Health Inequities

Differences in health status between groups that are systemic, avoidable, and unjust

COVID-19 Racial Inequities

<table>
<thead>
<tr>
<th>Rate ratios compared to White, Non-Hispanic Persons</th>
<th>American Indian or Alaska Native, Non-Hispanic persons</th>
<th>Asian, Non-Hispanic persons</th>
<th>Black or African American, Non-Hispanic persons</th>
<th>Hispanic or Latino persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases(^1)</td>
<td>2.8x higher</td>
<td>1.1x higher</td>
<td>2.6x higher</td>
<td>2.8x higher</td>
</tr>
<tr>
<td>Hospitalization(^2)</td>
<td>5.3x higher</td>
<td>1.3x higher</td>
<td>4.7x higher</td>
<td>4.6x higher</td>
</tr>
<tr>
<td>Death(^1)</td>
<td>1.4x higher</td>
<td>No Increase</td>
<td>2.1x higher</td>
<td>1.1x higher</td>
</tr>
</tbody>
</table>

**Audience Question**

What is the story behind these numbers?  
*(please submit your answers and thoughts using the Chat)*

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**Factors that contribute to increased risk**

- Discrimination  
- Healthcare Access and Utilization  
- Occupation  
- Educational, Income, and Wealth Gap  
- Housing

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Health Equity

The active assurance that everyone is afforded the opportunities essential to attaining their highest level of health.
Critical Race Theory

“CRT is a way of thinking and being in the world … As a critical theory it promotes a structural approach to addressing the problems of a diverse society, rather than merely expanding access to existing resource and opportunities…. [It promotes] changes in institutional arrangements while simultaneously recognizing personal distress and resistance” (p. 176)

Basic Tenets of CRT

- Critique of Liberalism
- Race as a social construction
- Whiteness as Property
- Endemic Racism
- Voices of color
- Counter narratives
- Differential racialization
- Interest convergence / materialist determination
- Antiessentialism / intersectionality

Critique of Liberalism

Liberal ideals such as color-blindness or conceptions of equality that often seek rules insisting on treatment that is the same across the board, only really address the most overt and blatant forms of racism or discrimination. They fail to recognize the more subtle forms of racism imbedded in out societal structures. (Delgado & Stefanic, 2012)
Race as a Social Construction

CRT bears witness to the truth that race is not an objective, biological, fixed or inherent reality but rather a social construct, a product of “social thought and relations” (p. 8). While people may share some genetic or physical traits, these “constitute only an extremely small portion of their genetic endowment, and are dwarfed by that which we have in common” (p. 9). These shared traits have little to do with our humanity or such characteristics as intelligence, morals, or personality.

Delgado & Stefanic (2012)

Whiteness as Property

- Right of possession
- Right to use
- Right to transfer
- Right of use and enjoyment
- Right of exclusion

Endemic Racism

Racism is endemic, “ordinary, not aberrational... it is the usual way our society does business, the common, everyday experience of most people of color in this country” (p. 7). In today’s society, racism at this level is often not acknowledged which therefore makes it difficult to “cure.”

Delgado & Stefanic (2012)

What is racism?

• Levels of Racism
  – Personally mediated
  – Internalized
  – Institutional

**Personally mediated racism**

- Intentional
- Unintentional
- Acts of commission
- Acts of omission
- Maintains structural barriers
- Condoned by societal norms


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**Internalized Racism**

- Reflects system of privilege
- Reflects societal values
- Erodes individual sense of value
- Undermines collective action

Institutional Racism

- Initial historical insult
- Structural barriers
- Inaction in face to need
- Biological determinism
- Unearned Privilege


Voices of Color

“The voice-of-color thesis holds that because of their different histories and experiences with oppression, black, American Indian, Asian, and Latino/as “are better able to speak and communicate about race and racism to whites. They “may be able to communicate to their white counterparts matters that the whites are unlikely to know and have a presumed competence”.

Delgado & Stefanic (2012)
Counter Narratives

- Give audience to often ignored or alternate realities and challenge the validity of the dominant narrative,
- Challenge us to analyze myths, presuppositions and received wisdoms within our societal culture,
- Invite us to bear witness to the lived experience of non-dominant cultures and populations,
- Offer diverse interpretations of the significance of race, and
- Explore our shared and individual experiences of race and other intersecting identities.

Delgado & Stefanic (2012)

Racial Equity Tools for Organizational Change:
https://www.racialequitytools.org/act/strategies/organizational-change-processes
https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/MDPH.HE_Guidebook_FINAL08142018_0.pdf

COVID-19 and Equity Resources:
https://www.apha.org/topics-and-issues/communicable-disease/coronavirus/equity
General Racial Equity Resources:

http://www.racialequityresourceguide.org/resources/resources
https://www.nytimes.com/2019/05/29/books/review/antiracist-reading-list-ibram-x-kendi.html
https://www.racialequitytools.org/act/strategies/organizational-change-processes

Poll Question

On a scale of 1 to 5, (1 being not at all and 5 being very), how knowledgeable would you say you are on health disparities and health equity?
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On a scale of 1 to 5, (1 being not at all and 5 being very), how comfortable are you discussing health disparities and health equity?
QUESTIONS?

Type any questions into the chat box at the bottom of the screen.

THANK YOU!

Please fill out the event evaluation here: www.surveymonkey.com/r/HE2020-Event2
DON’T MISS THE REST OF THE SERIES!

Tuesdays, 12:00-1:15PM MT / 1:00-2:15PM CT

Organizational Commitment and Strategies for Health Equity Communication
September 22, 2020
Click here for more information and to register.

Applying the Health Equity Lens: Serving People with Disabilities
October 13, 2020
Click here for more information and to register.
**Additional Resources**

Colorado Community Health Network (CCHN):
- [COVID-19 Resources](#)
- [Racism is a Public Health Issue Statement](#)

Colorado Public Health Association (CPHA):
- [CPHA’s Formal Commitment to Health Equity](#)

Community Health Association of Mountain/Plains States (CHAMPS):
- [Coronavirus 2019 (COVID-19) Resources](#)
- [Coronavirus 2019 (COVID-19) Resources: Health Equity Resources](#)
- [Health Equity Resources](#)