

INTRODUCTIONS

At your tables, please go ahead and introduce yourselves by answering these questions:

1. What is your name, and what organization are you affiliated with?
2. What stood out to you in the exhibit?



HEALTH EQUITY: RACE AND PLACE IN ATLANTA

April 25, 2018



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FOUNDATION





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DESIRED OUTCOMES

By the end of today, we will have:

- An initial sense of what we mean by Health and Race Equity
- An opportunity to build relationships and make connections between our own identities, experiences, leadership and work to advance health equity
- An opportunity to learn frequently **untold stories about Atlanta** and U.S. history that are critical to an understanding of **health and race inequity** in Atlanta today

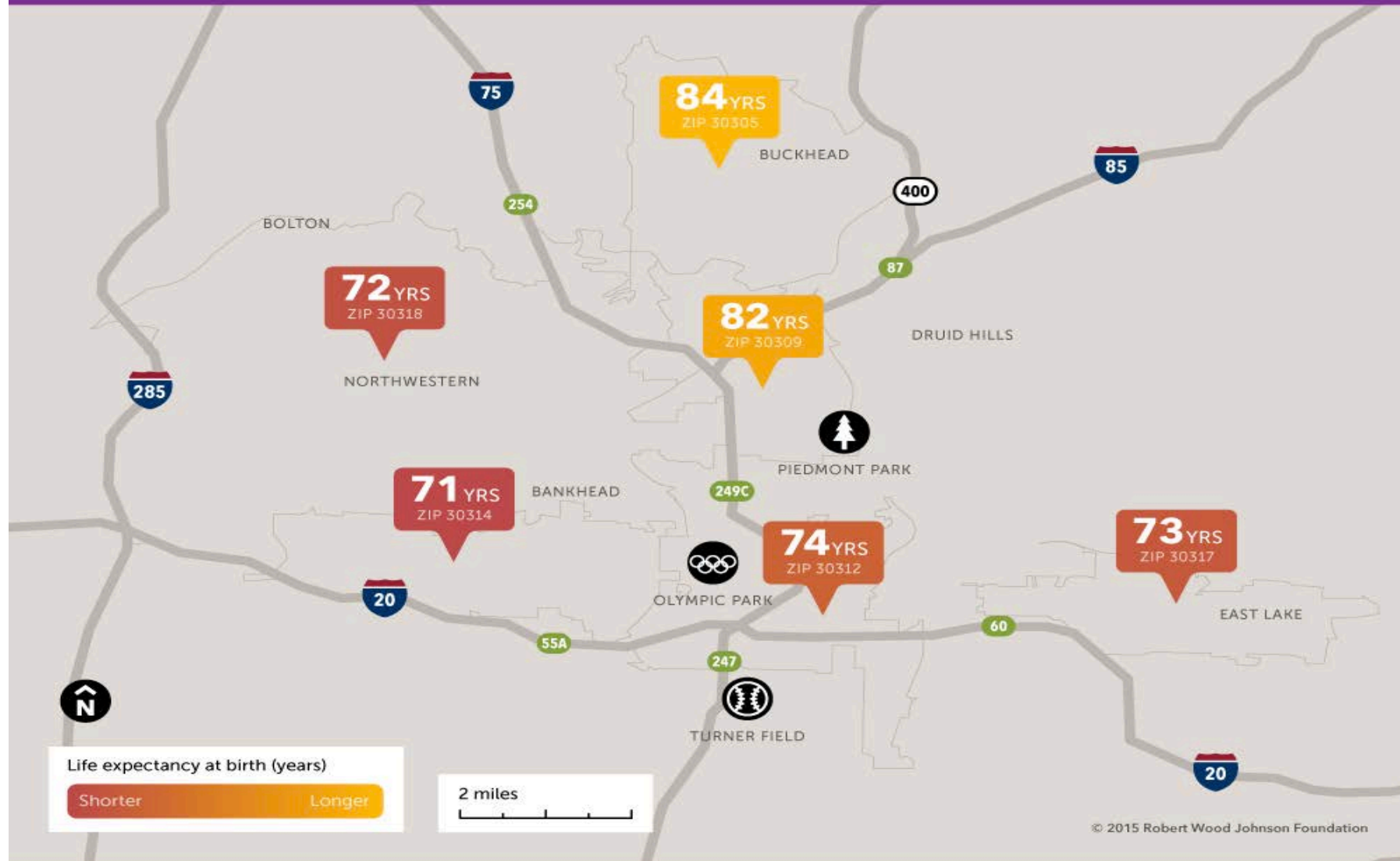




HEALTH

**IS UNBALANCED
IN OUR REGION**

Short Distances to Large Gaps in Health



ATLANTA TRANSFORMATION SCENARIO



FAMILY PATHWAYS



EXPAND INSURANCE



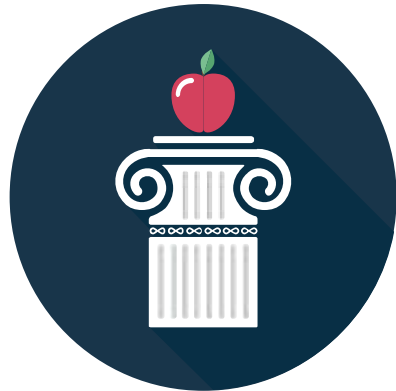
INNOVATION FUNDS



GLOBAL BUDGETING



CARE COORDINATION



HEALTHY LIFESTYLES



CAPTURE AND REINVEST



ATLANTA TRANSFORMATION SCENARIO



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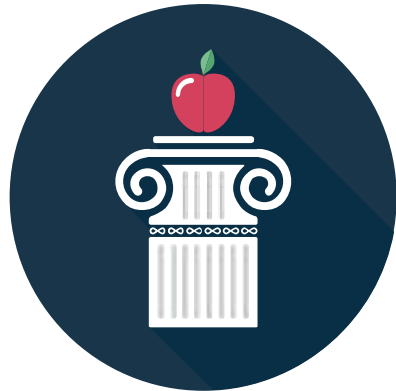
INNOVATION FUNDS



GLOBAL BUDGETING



CARE COORDINATION



HEALTHY LIFESTYLES



CAPTURE AND REINVEST

Health Equity

ARCHI DOES THIS IN FOUR CRITICAL WAYS:

HOW

1. PROVIDE

UNBIASED PLATFORM

2. INCENTIVIZE

UNLIKELY PARTNERS

3. ACTIVATE

INNOVATIVE MODELS

4. DEMONSTRATE

MUTUAL BENEFIT

PROOF

DECREASE

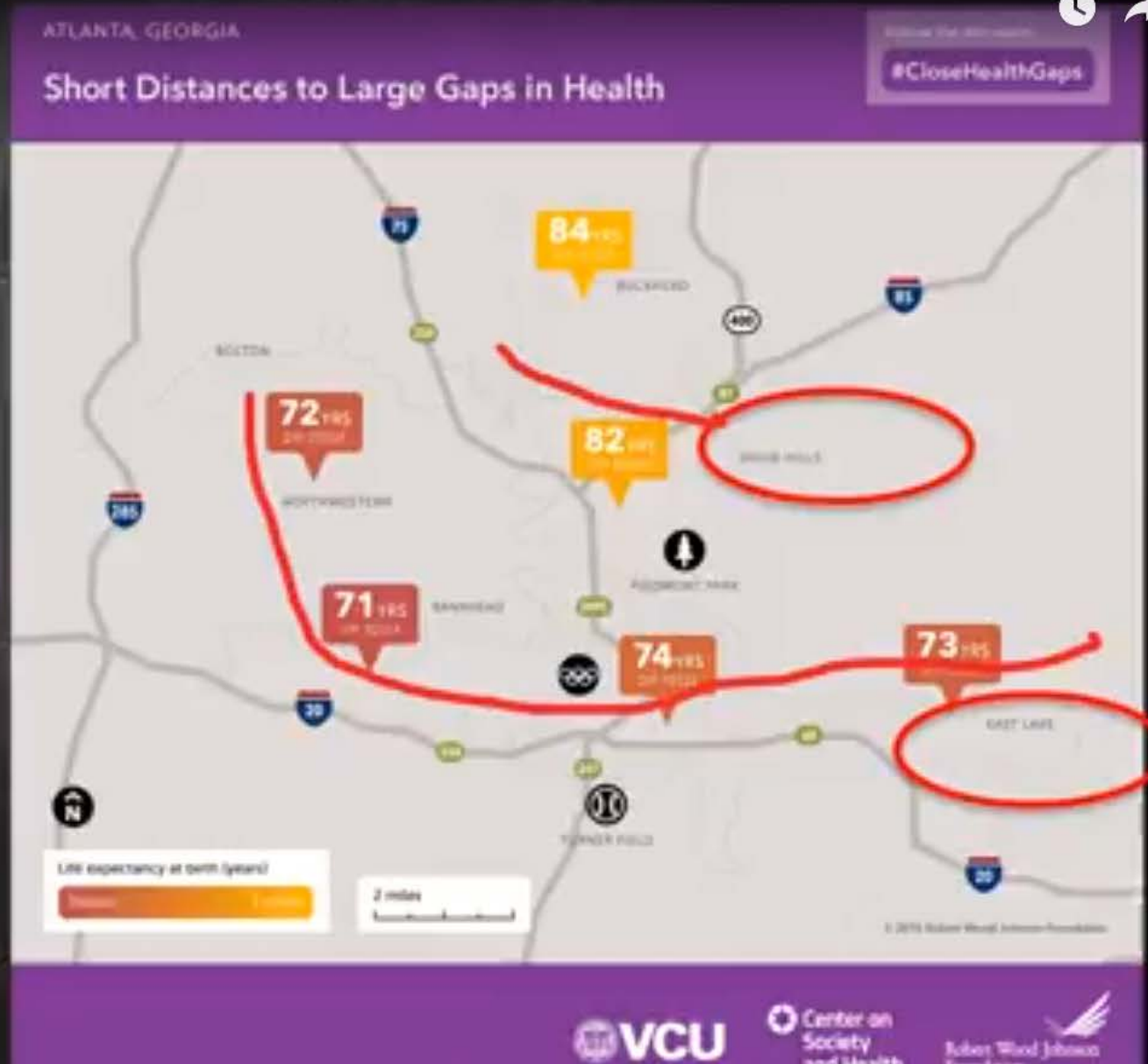
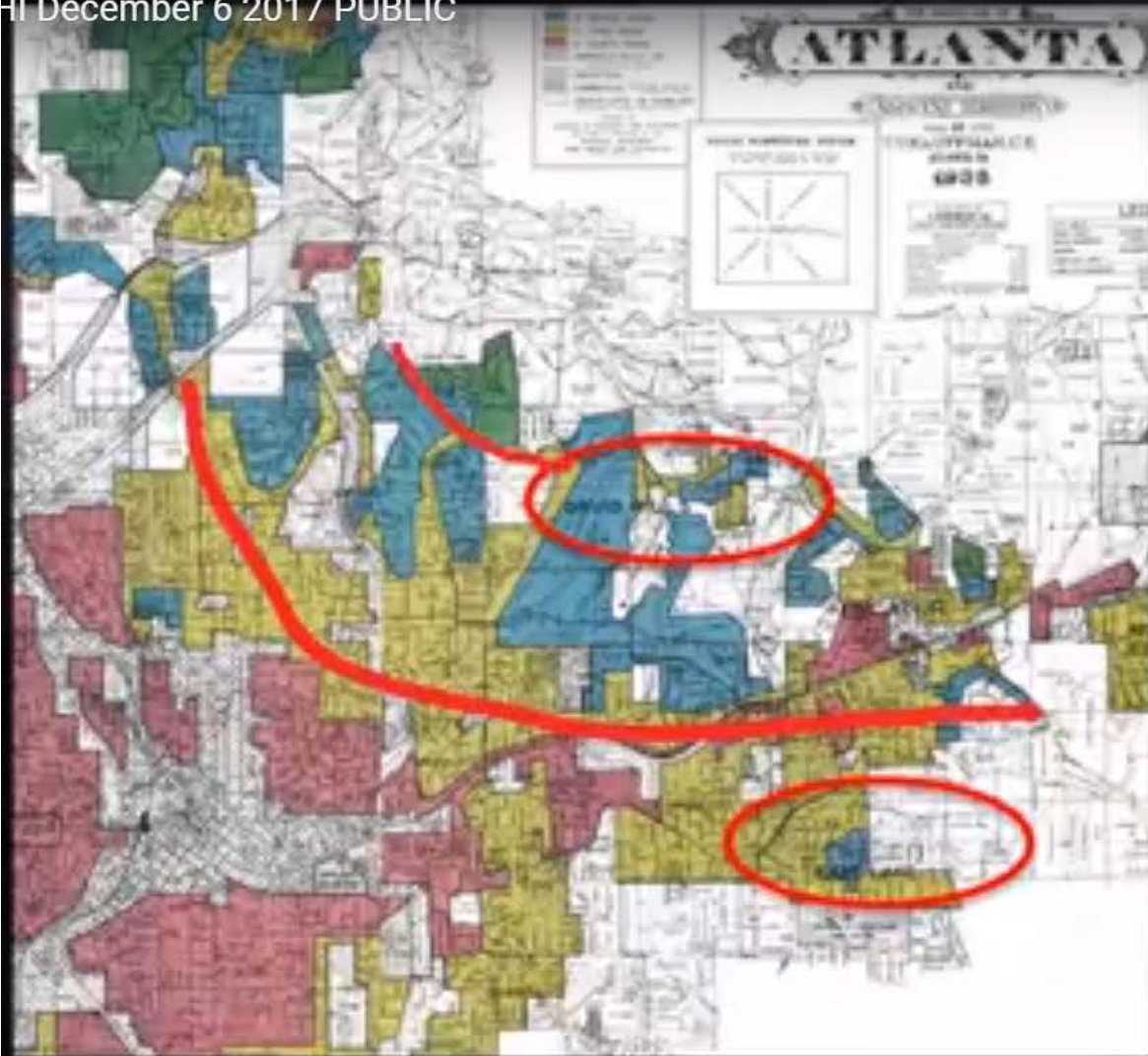
HEALTHCARE COSTS BY 13%
NON-URGENT ER TRIPS BY 45%
HOSPITAL READMISSIONS BY 13%

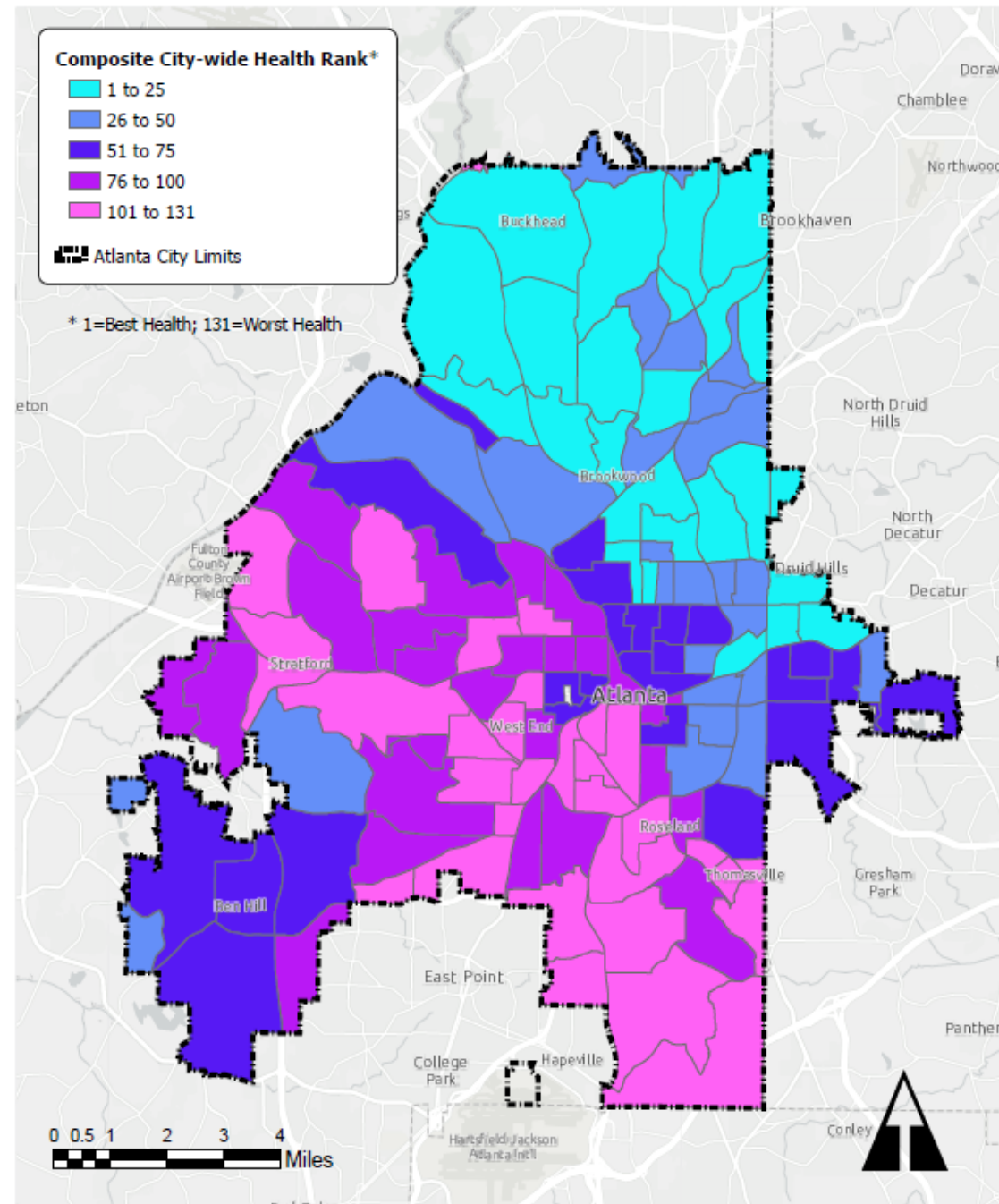
INCREASE

WORKER PRODUCTIVITY BY 7%
ACCESS TO PREVENTIVE
AND CHRONIC CARE BY 16%



HI December 6 2017 PUBLIC







MATTICE HAYNES
JEN WILLSEA

LEAD FACILITATORS



CORE CONCEPTS

HEALTH DISPARITIES VS INEQUITIES

Health disparities are simply differences in the presence of disease, health outcomes, or access to health care between population groups.

Health *inequities*, on the other hand, are differences in health that are not only unnecessary and avoidable but, in addition, are considered unfair and unjust. Health inequities are rooted in social injustices that make some population groups more vulnerable to poor health than other groups.

Source: Boston Public Health Commission

HEALTH EQUITY

Health equity is assurance of the conditions for optimal health for all people. Achieving health equity requires:

- valuing all individuals and populations equally,
- recognizing and rectifying historical injustices, and
- addressing contemporary injustices by providing resources according to need.

Health and health care inequities will be eliminated when health equity is achieved.

Adapted from Dr. Camara Jones

RACISM

A system of oppression based on the socially constructed concept of race exercised by the dominant racial group (whites) over non-dominant racial groups; a system of oppression created to justify social, political, and economic hierarchy.

MICRO	MACRO
Internalized	Institutional
Interpersonal	Structural

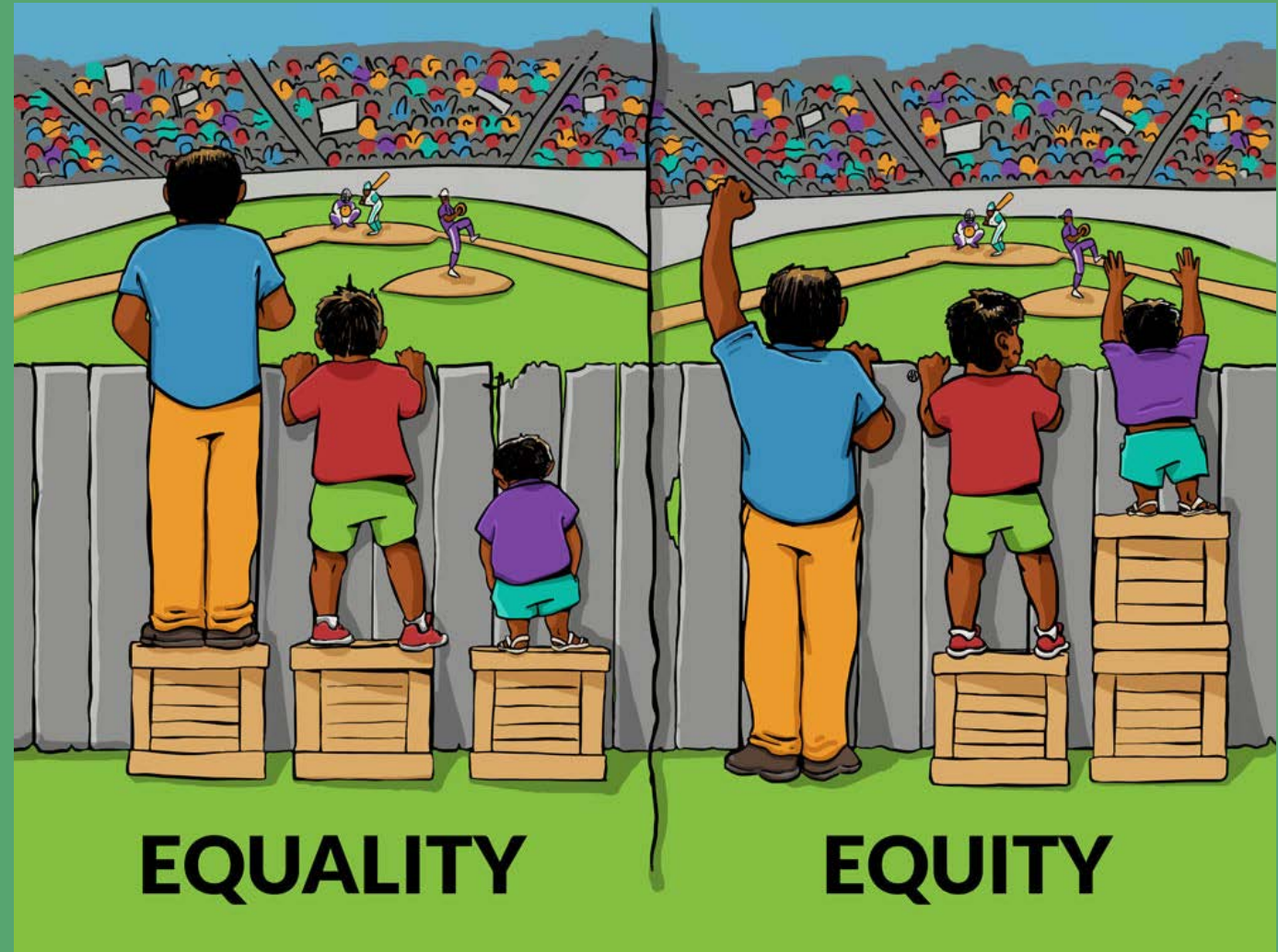
Sources: Interaction Institute for Social Change and Race Forward

RACE EQUITY

Race equity is achieved when you can't predict advantage & disadvantage by race.

Equity involves trying to understand and give people what they need to enjoy full, healthy lives.

Sources: ABFE, The Annie E. Casey Foundation, Interaction Institute for Social Change



GUIDELINES FOR CROSS-CULTURAL DIALOGUE

- “Try on”
- It’s okay to disagree
- It’s not okay to blame, shame, or attack self or others
- Practice “self-focus”
- Practice “both/and” thinking
- Notice both process and content
- Be aware of intent and impact
- Confidentiality



GETTING CONNECTED

At your tables, take 2 minutes each to share:

1. What is your racial and ethnic identity?
2. How long have you been in Atlanta and where do you live?
3. Where do you want to grow this year as a leader who centers equity?



FAMILIAR NARRATIVES AND UNTOLD STORIES: RACE AND PLACE IN ATLANTA

Alison Johnson

Maurice Hobson

Doug Blackmon

INDIVIDUAL REFLECTION

Take a few minutes to write, using the journals provided:

- What did you hear that you don't want to forget?
- What are you noticing about yourself as you listen?
- What questions are coming up for you?



Q & A

“Not everything that is faced can be changed, but nothing can be changed until it is faced.”

- James Baldwin



THE POWER OF NARRATIVE

Stock Stories & Concealed Stories

“Many of the stories we tell now are really designed to make us both comfortable and feel powerless. In a sense, I think we have to be willing to be uncomfortable, willing to demand more of ourselves and more of our country, and willing to make the invisible visible; willing to put the structures that support the system on the table, and engage in real examination of those.”

-john a. powell



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BREAKOUT GROUP TOPICS

- A. Moving Beyond the Black White Binary: Stock and Concealed Stories that Center Non-Black People of Color (POC) Communities in Atlanta (Yeou)
- B. Race, Place, AND...Intersections with Gender, Sexuality, Disability in Atlanta (Mattice)
- C. Becoming an Organization that Leads with Health Equity (?)
- D. Building Confidence as a White Health Equity Advocate (Jen)
- E. The Legend of the Black Mecca (Maurice)
- F. Sharing Power with Communities and Residents (Alison)



IN CLOSING...

Please share your feedback about your experience of today with us:

- On one side of the index card provided, write a “+” and below that, what worked well for you as a learner and participant today
- On the other side of the index card provided, write a “Δ” and below that, what suggestions you have for making another experience like this even better for you as a learner and participant





MADELYN ADAMS

KAISER PERMANENTE

ARCHI STEERING COMMITTEE MEMBER

ROBYN BUSSEY
ARCHI

We all have a role
in shaping our
region's

future.

Find out where you fit in.



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| archicollaborative.org

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