

How Racism is Embodied:

A new social determinants of health curriculum



PRRAC
Small Grants Program
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Today

- Who is Just Health Action?
- PRRAC grant
- New racism/health curriculum
- Outcomes
- Discussion

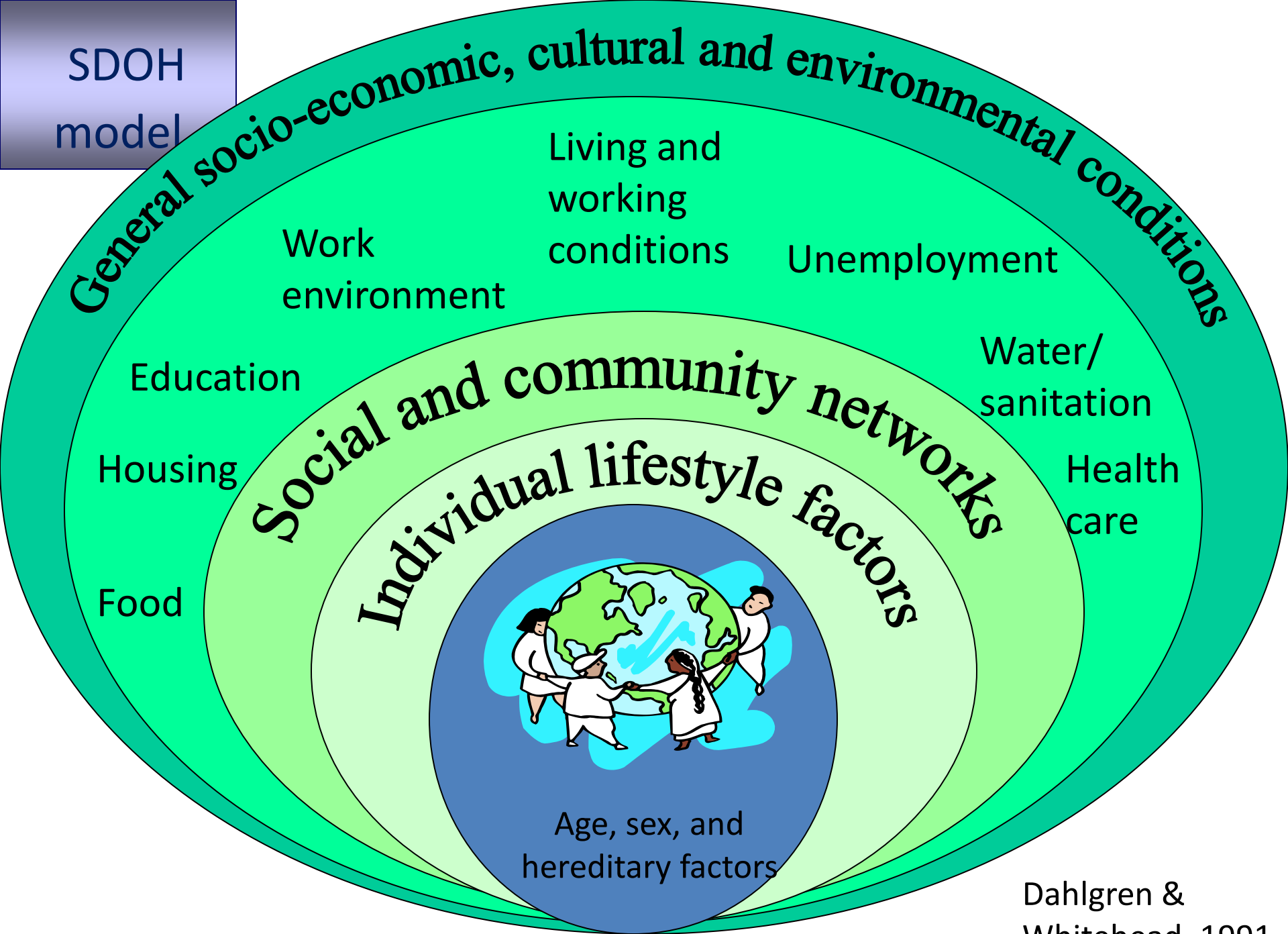
JHA mission statement



Just Health Action
advocates for reducing health inequities that result from social, political, economic, and cultural factors.

Through a social justice lens, we teach workshops and classes that review the evidence and facilitate discussion and consensus on how individuals and communities can take action on these root causes.

SDOH
model



Dahlgren &
Whitehead, 1991

Case for teaching the SDOH

- Call to action – **Raise public awareness** about the SDOH and train policy actors, stakeholders, and practitioners in the SDOH.

- International – (WHO , 2008, 2009)

- National – (Freedman et al, 2009)

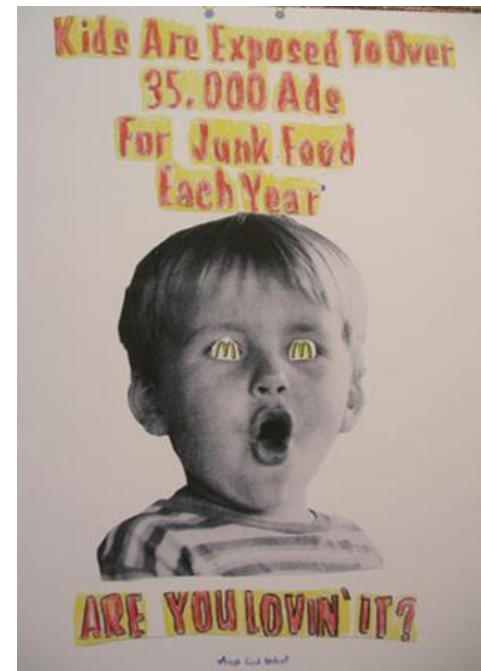
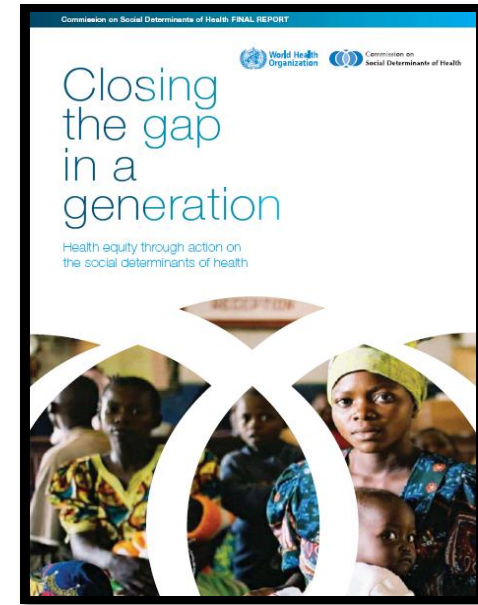
- Reduce health inequities

- Individual behavioral vs societal factors.

- Contextual behaviors

- “Blame the victim”

Raphael, 2003, Health Promotion International, Vol 18, No 4



theory: three levels of health literacy

1. functional



Transmission of factual information (AIDS, drugs, tobacco)

2. interactive



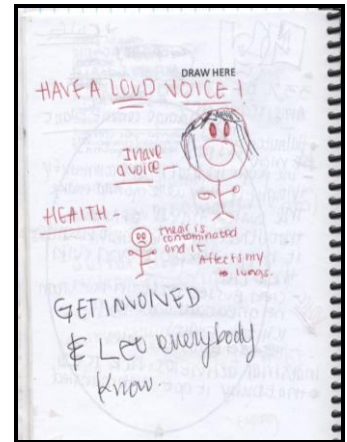
Develop personal skills – problem solving, communication, decision making. Act independently on advice received.

3. critical



*Individual and community capacity to **understand** and **change** how social, economic, and political forces affect health – social action on policies and practices.*

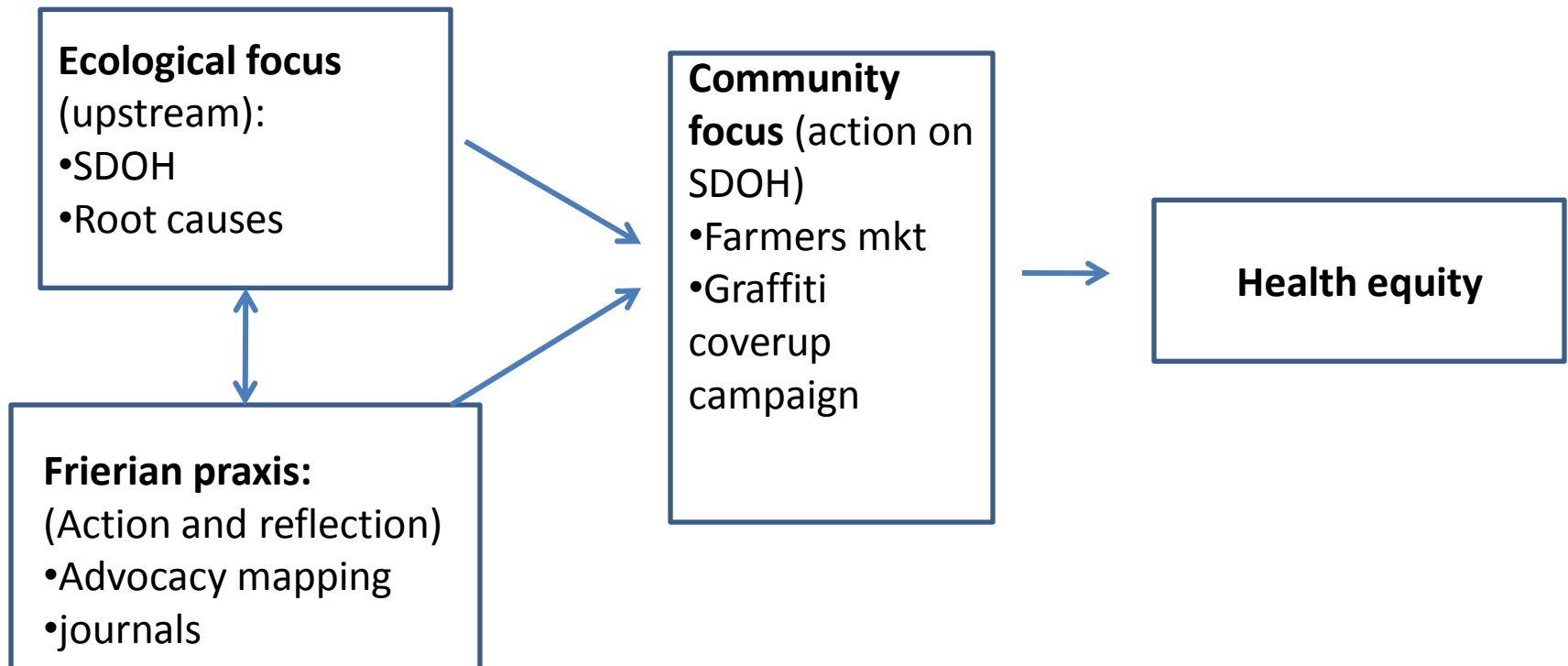
Critical health literacy plus empowerment education



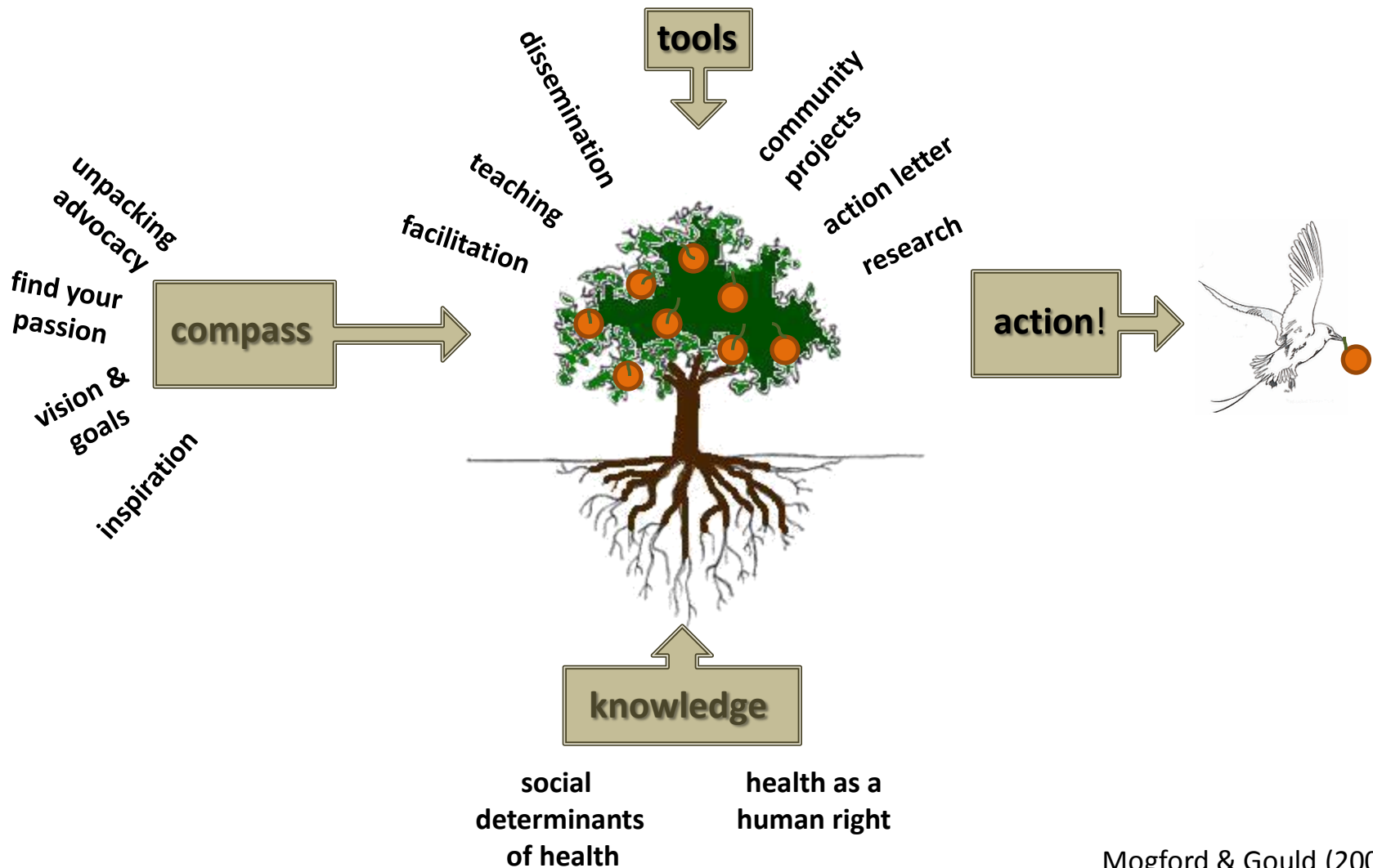
CRITICAL HEALTH LITERACY

EMPOWERMENT

GOAL

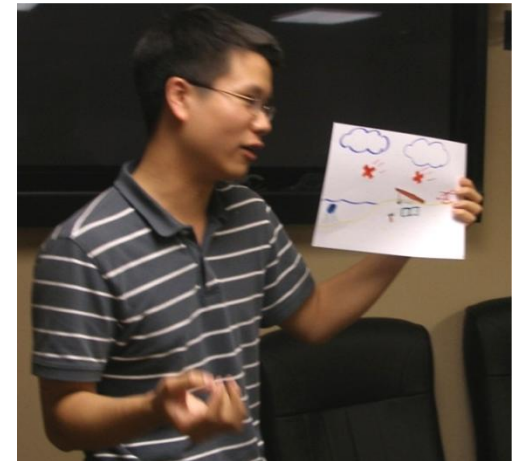


JHA critical health literacy framework



JHA curriculum venues

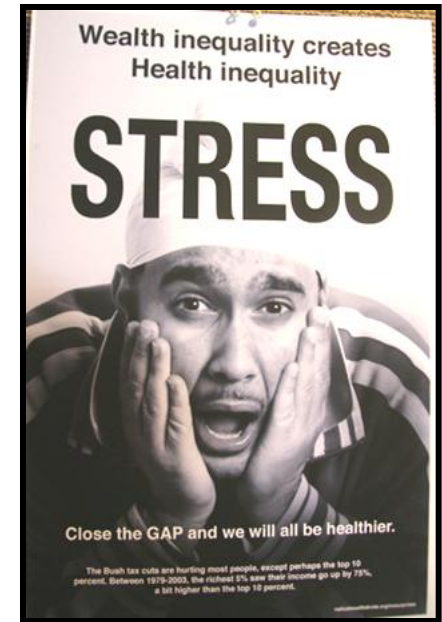
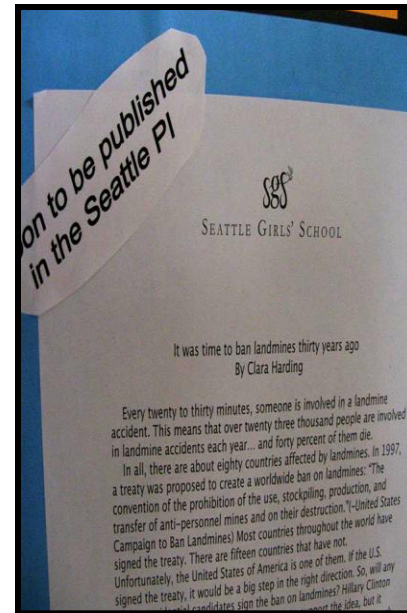
- **Middle school** (Seattle Girls School, Evergreen School, Harbor School)
- **High school** (Running Start - Puget Sound Early College, Everett Community College, Environmental Justice Youth Corps)
- **University** (University of Washington, Western Washington University)
- **Health** (Sea Mar Community Health Centers, Whatcom County Health Department)



teaching action skills and taking action



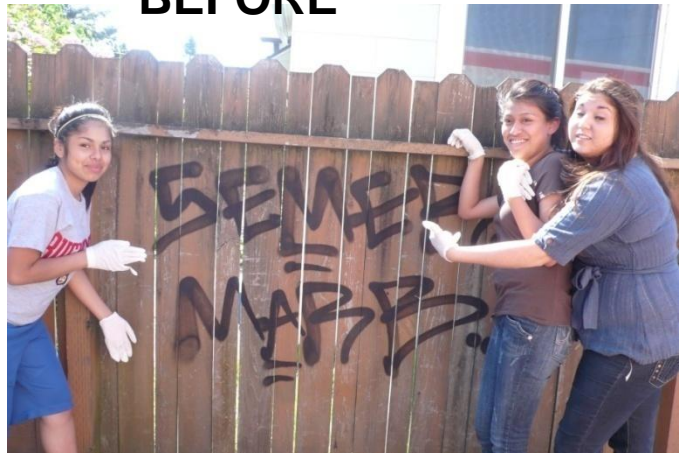
- Community action project
- Action letter
- Facilitating health equity conversations
- Raising SDOH awareness through art
- Writing advocacy mission statement



EJYC COMMUNITY ACTION: GRAFFITI COVER UP AND LITTER PICKUP



BEFORE



THEN.....TALK TO KIDS
ABOUT RELATIONSHIP
BETWEEN GRAFFITI AND
GANGS

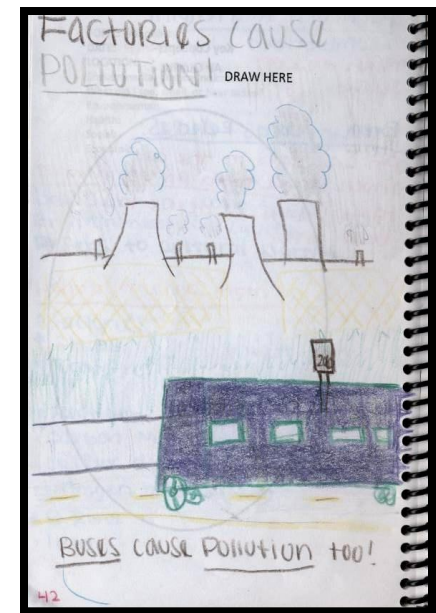
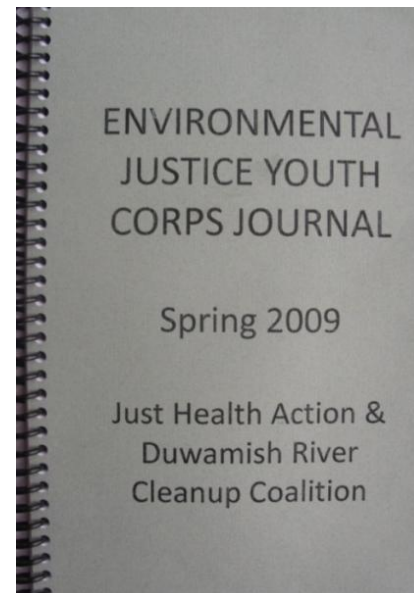


AFTER



PPRAC GRANT: Racism & Health

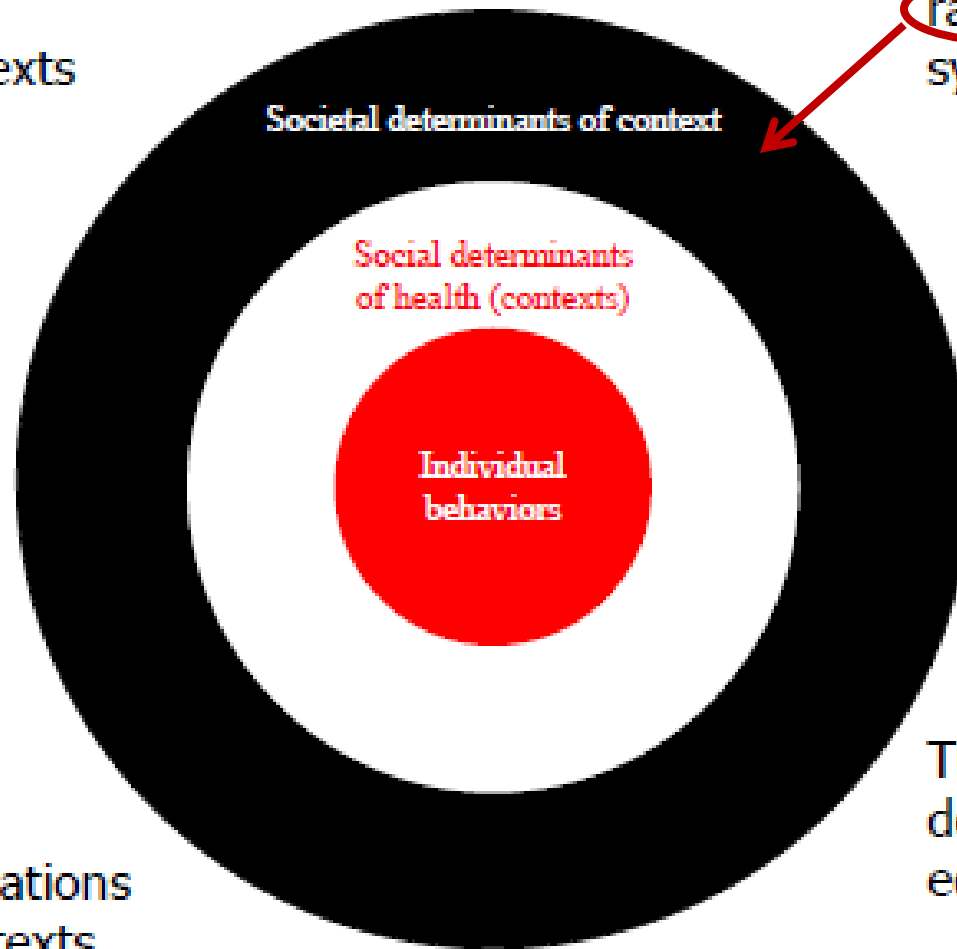
- Racism - implicitly discussed but not an explicit part of the JHA curriculum
- Students raising the issue
- PRRAC Proposal
 - Develop 3-part curriculum on how racism is embodied
- DRCC lost EJYC funding for 2010



Determinants of health

Determine the range of observed contexts

Include capitalism, **racism**, and other systems of power



Determine the distribution of different populations into those contexts

The social determinants of equity

Curriculum Development Process

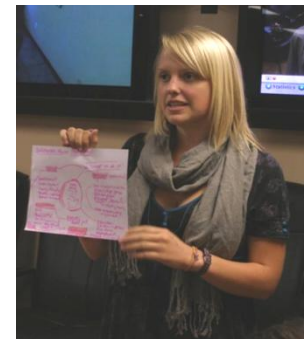
- “Interns” (young, creative, increase capacity)
- Literature review
- Locate venue/s and meet (middle school, university, health clinic)
- Develop Racism/Health curriculum to fit JHA pedagogy
- Pilot at Sea Mar Community Health Centers with Health Corps Volunteers (process evaluation)
- Redevelop curriculum and pilot - Seattle Girls School
- Redevelop curriculum for university (Western Washington University) audience and pilot



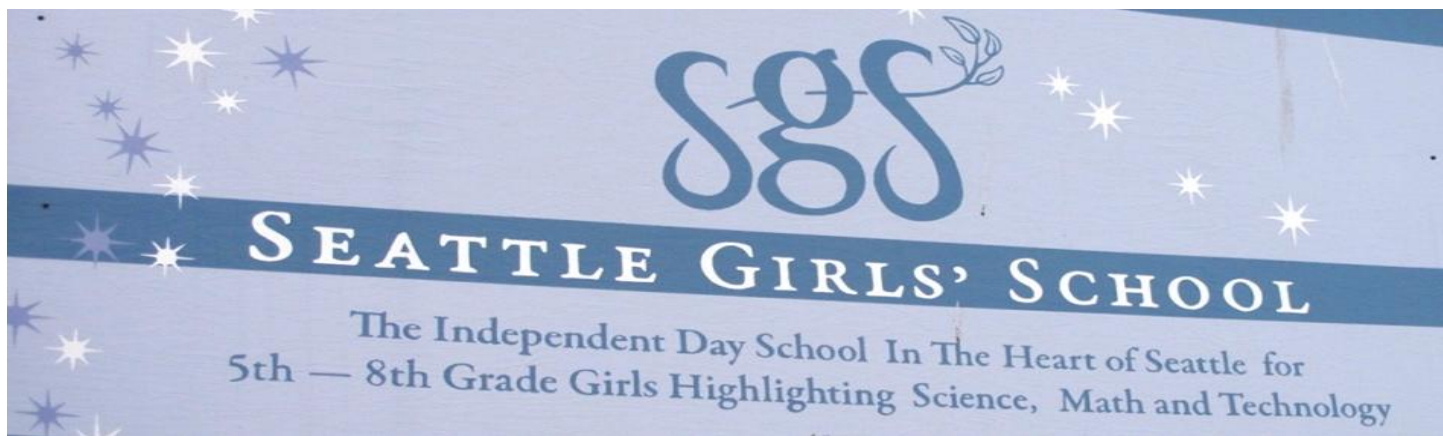
Jon Huang, UW MPH candidate



Meghan Brombach,
Sea Mar Health Corps volunteer



Jess Barnes,
Sea Mar Health Corps volunteer



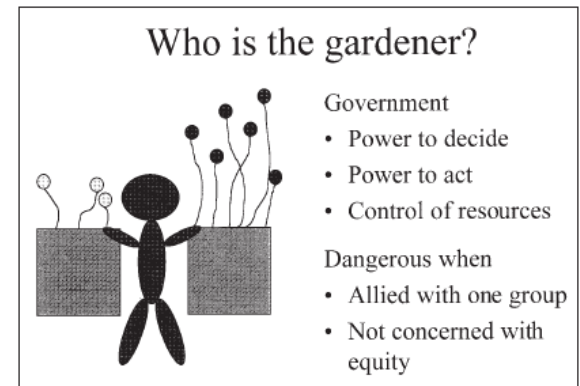
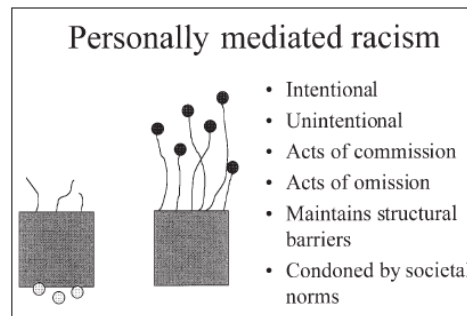
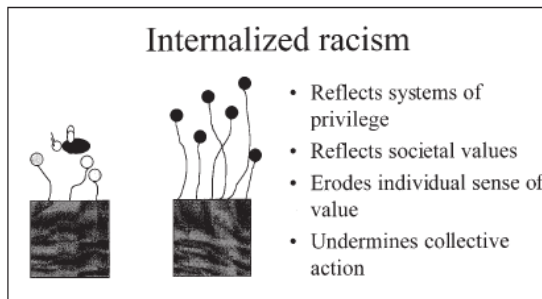
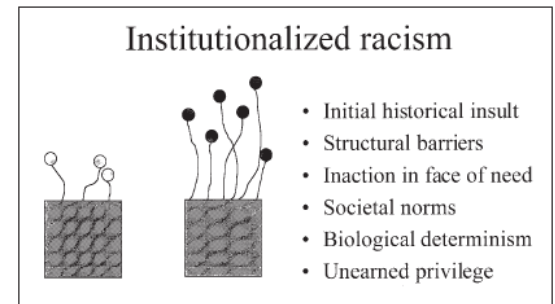
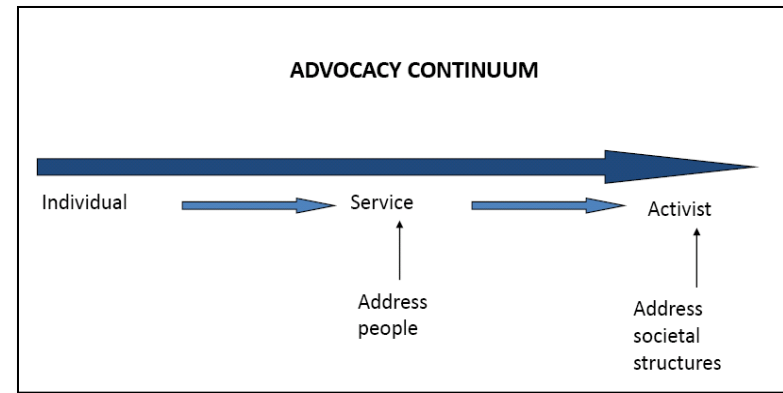
- 40% of students receive financial aid
- 40% students of color
- Integrated, project-based curriculum
- JHA model - collaborates with core subject teachers (not a separate health curriculum)
- Population Health Curriculum at SGS:
 - Food Security (6th graders, Winter/Spring 2005)
 - Environmental Justice (7th graders, Spring 2006)
 - Advocacy Framework (7th graders, Spring, 2007-2010)
 - **How Racism is embodied (7th graders, Spring, 2010)**

JHA Racism/Health Curriculum: Knowledge

1. What is race?
2. Historical perspectives on race and how evolved
3. What is racism?
4. Race and health disparities
5. Models to explain health
6. Biology of inequality - stress
7. Racism and the life course perspective
8. Maternal and child health evidence
9. Immigration

SGS pilot: Lesson 1

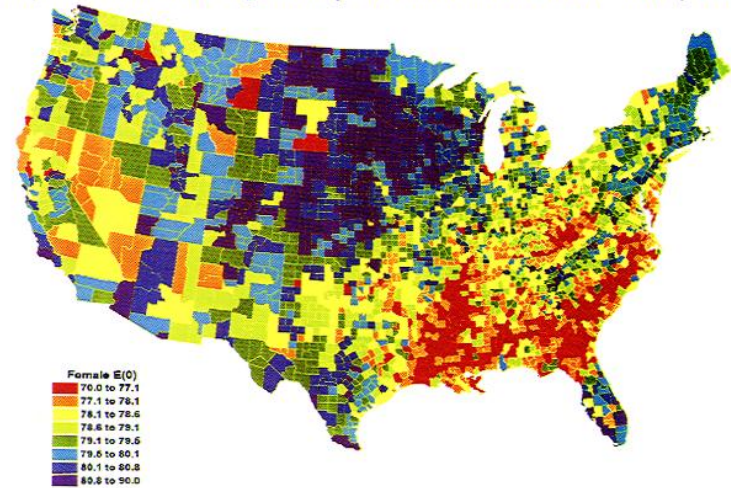
1. JHA Advocacy continuum
2. Introduction: WHY this class?
3. Three levels of racism: A Gardener's Tale (Camara Phyllis Jones)



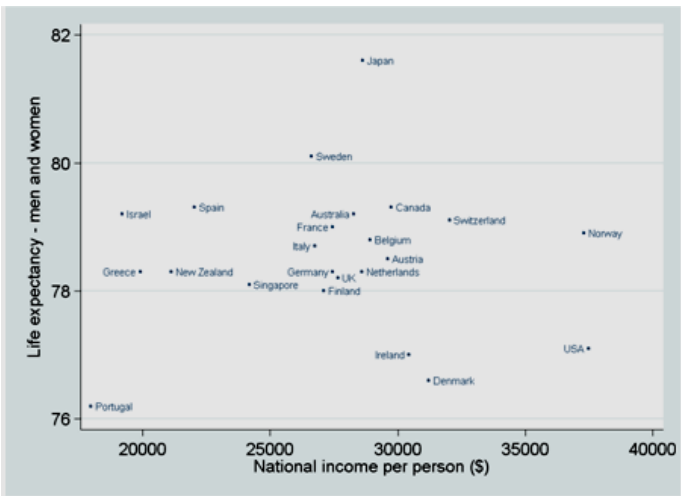
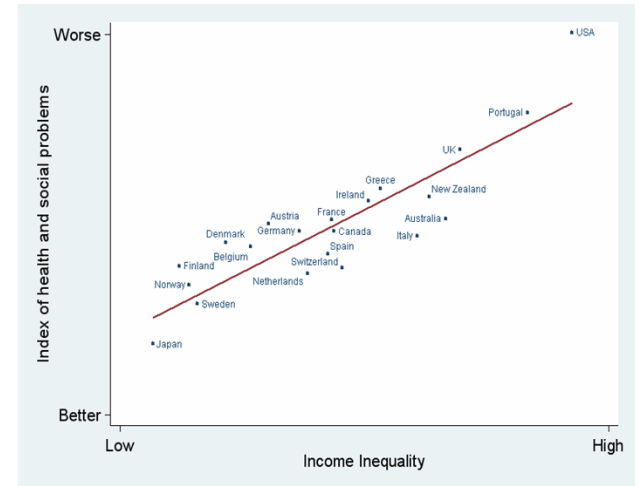
Lesson 2:

Health disparities – graph interpretation

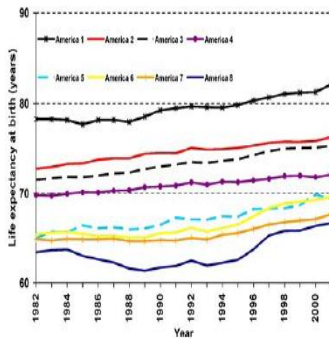
Map 2. Female Life Expectancy at Birth for the United States, 1990



- Index of:
- Life expectancy
 - Math & Literacy
 - Infant mortality
 - Homicides
 - Imprisonment
 - Teenage births
 - Trust
 - Obesity
 - Mental illness – incl. drug & alcohol addiction
 - Social mobility



Males



Females

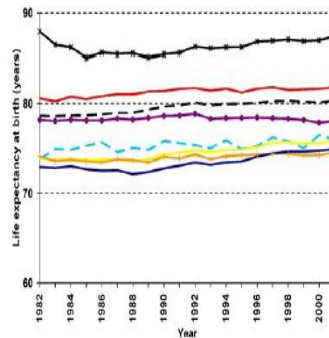
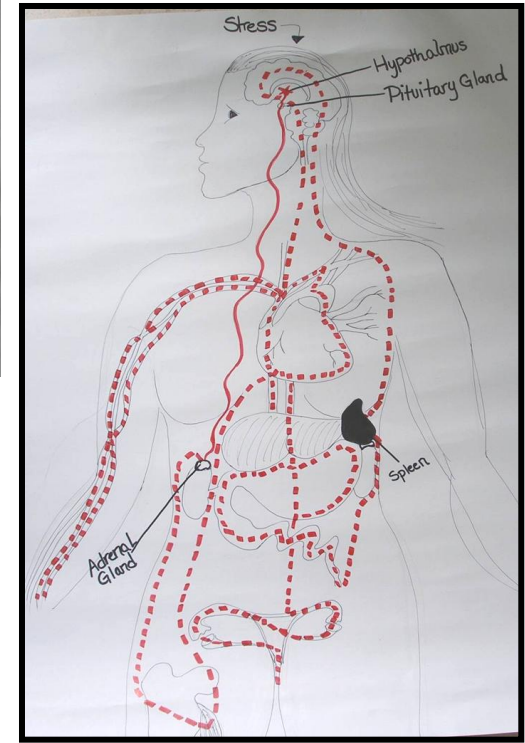


Figure 3. Life Expectancy at Birth in the Eight Americas (1982-2001)

Lesson 3: How racism gets “under the skin”



Building empathy – the
cortisol stress response

- Whistle
- Pink/blue cards

Go over to the table and take a piece of candy.
Sit down and talk loudly about how good your candy
is with a friend. Then tell that friend what your
favorite part of last summer was. Make sure to
laugh a lot and make a lot of noise.

Sit in your seat and don't talk to anyone
Under any circumstances

How did you feel?

Attacked

Someone going to shoot me

fire drill

Scared

tight / TENSE

Shocked → NOT CARE

ADRENALINE
STARTLED

NOT

EXCITING

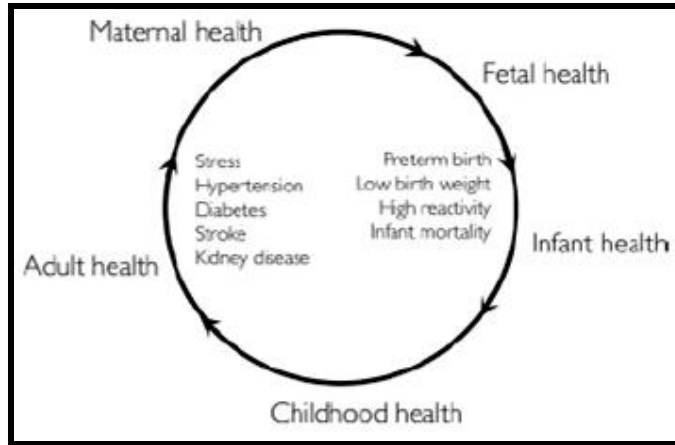
WEIRD-NOT
OFTEN

LOCK DOWN

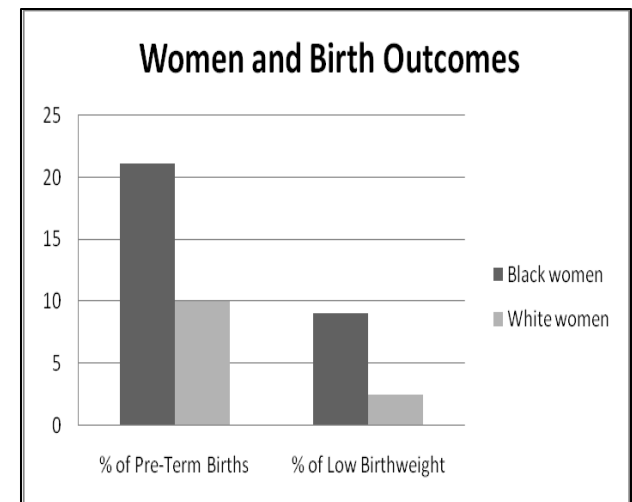
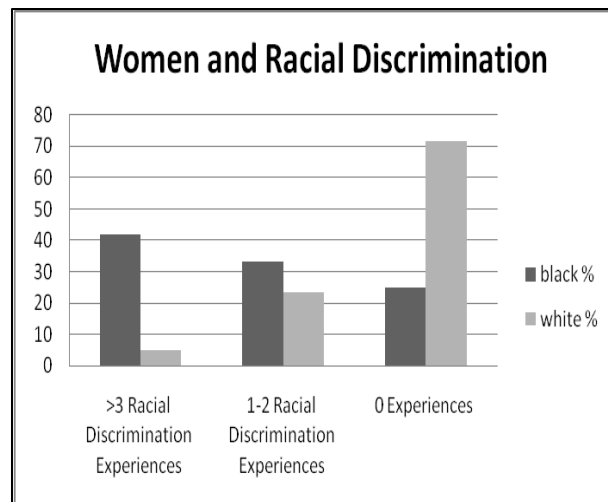
SURPRISED

ALARMED

Lesson 4: Racism and the life course-maternal and child health outcomes

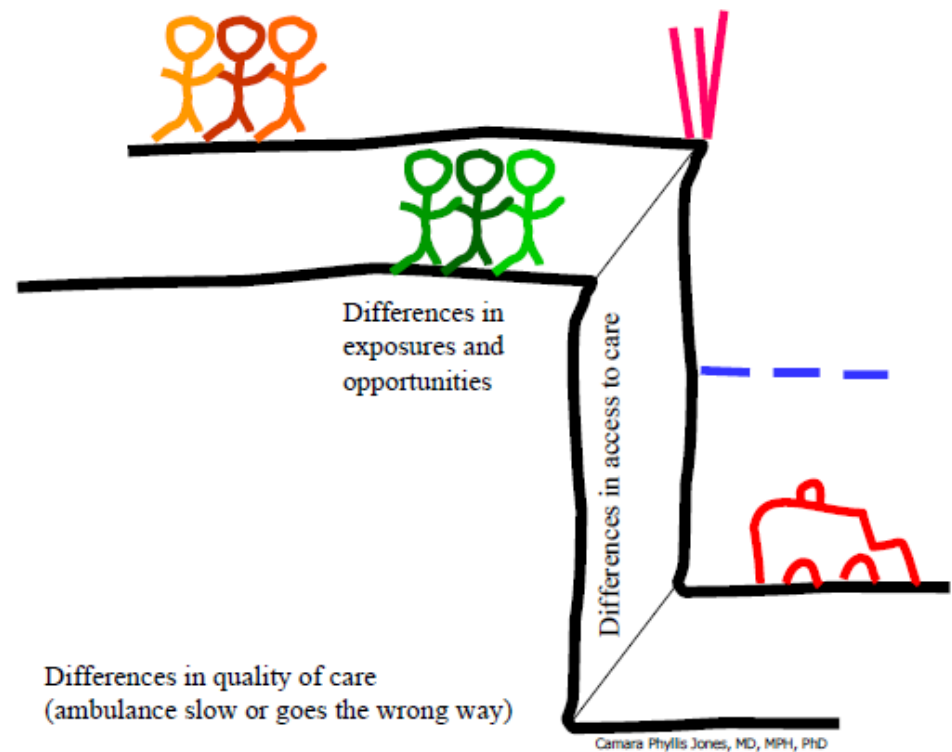
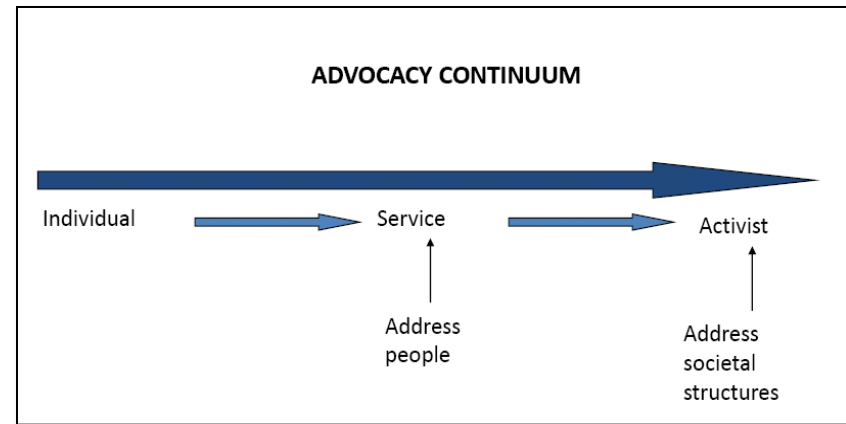


(-)	(+)
<ul style="list-style-type: none"> • no jobs in Mexico • pollution • Bad food • Violence • Fatty Foods • has friends that smoke and drink • has to work • Made fun of • prego 	<ul style="list-style-type: none"> • Healthy Birth weight • Better life • Family • Good student • Soccer Friends • Graduated • loves herself • Eat healthy • Going to doc. • Make better hood • Good decisions • Supportive Family • Positive Attitude • HOPE



Lesson 5: Taking Action: The Cliff Analogy and “Pay it forward”

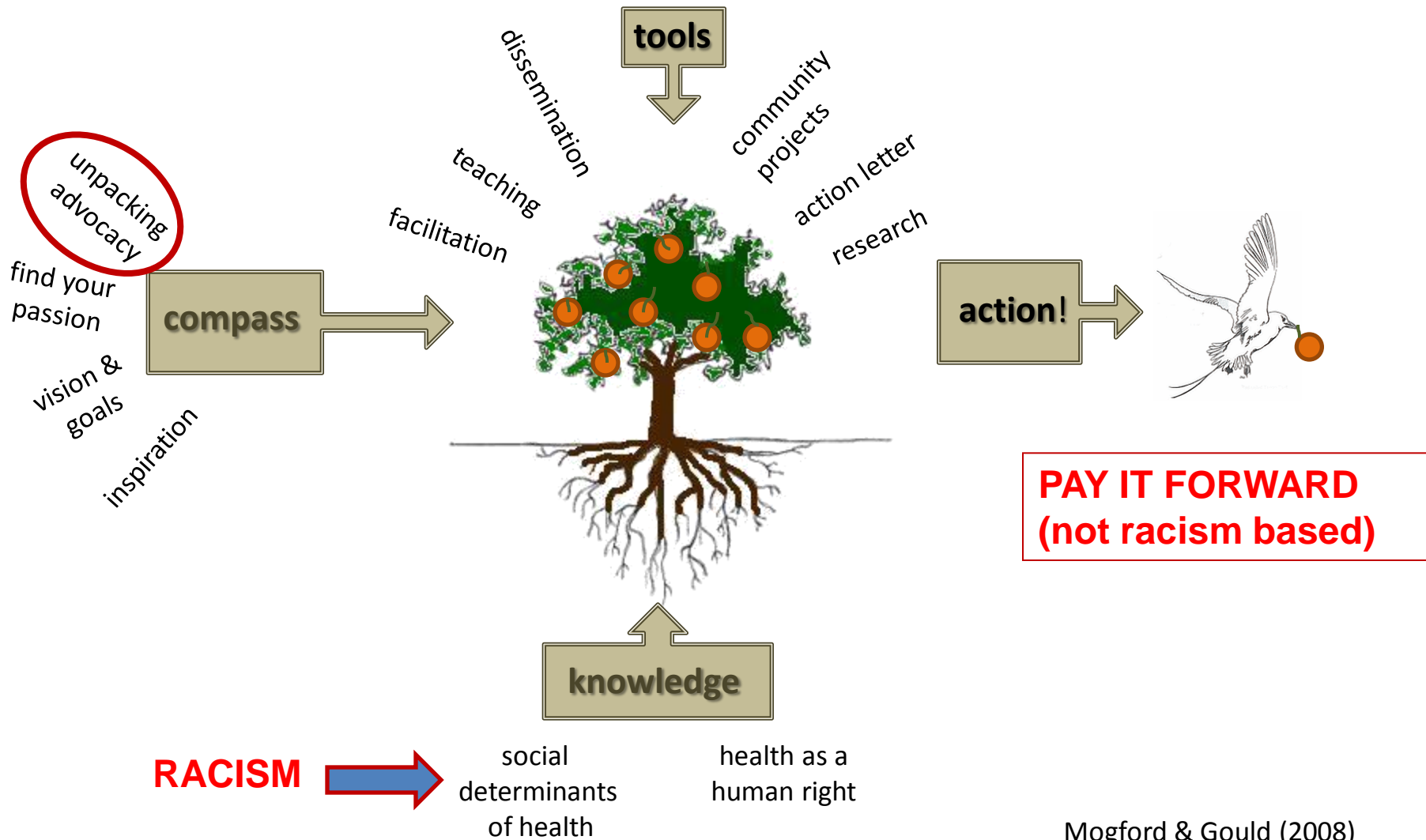
What are some upstream activist ideas you have to move people away from the cliff?



Camara Phyllis Jones, MD, MPH, PhD

Camara Jones

JHA critical health literacy framework



Q1: How do you define racism?

- Pre-tests
 - Discrimination and judging
 - Skin color
 - Making jokes or rude comments
- Post-tests
 - Dynamics of racism
 - Resources/opportunities
 - Oppression/hierarchy
 - “Engraved in our society”
 - 3 levels

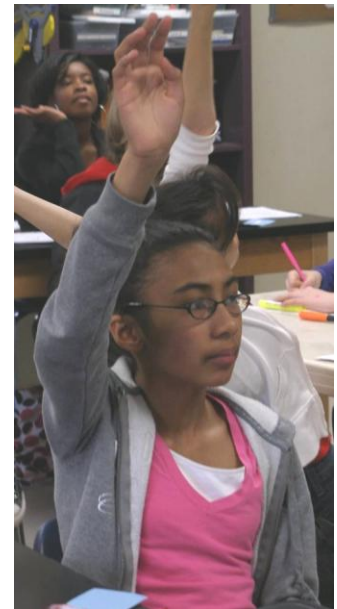


Q2: Describe how racism might affect people



- Pre-tests
 - *“It hurts”*
 - Makes people feel *“less than”, “worthless”*
- Post-tests – structural/mechanics of racism
 - *“They don’t get jobs and money”*
 - *“Causes stress”, “leads to shorter life span”*
 - *“it could affect baby because she (mother) has been discriminated against”*

Q3: What are your feelings or reactions about racism now compared to the beginning of these classes on racism?



- Pre-tests
 - Racism is “wrong”, “bad”
 - *“I mean like people have followed me in stores to make sure I don’t steal cus I’m black”*
- Post-tests – rationale added to their moral claims
 - *“I really already knew that racism was bad but I didn’t know it could effect [sic] how babies are when they are born”*
 - *“less mad about it and more like there’s something I can do about it now that I know more”*

Q4: Empowerment to change racism (scale 1-5)

Statistically significant difference between pre and post tests just below capable to just above capable.

- 48% reported positive change

“Now that I have knowledge, I can speak up”

“Because even though I’m a kid, I have experienced racism, and it will be more powerful coming from a young and experienced voice”

- 36% reported no change
- 12% report decrease

“it’s harder than I thought”



Q5/6: Likelihood of taking action against racism (scale 1-5)



- Pilot was not designed to build skills to combat racism
- No statistical difference between pre and post tests

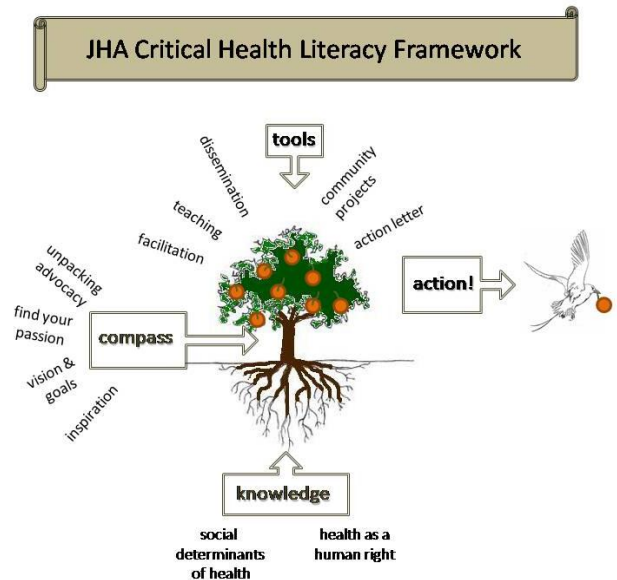
“I can stand up for those who are racially abused”

“I can educate people about racism”

- Lack of change fit JHA hypothesis: need to teach skills in order take action on institutional racism and root causes.

What's next?

- Develop curriculum for the rest of the JHA pedagogy “tree”
- Presentations: Submitted abstracts to:
 - Seattle Race Conference (August, 2010)
 - American Public Health Association (November, 2010)
- Write about it?



THANK YOU!

PRRAC

JHA INTERNS

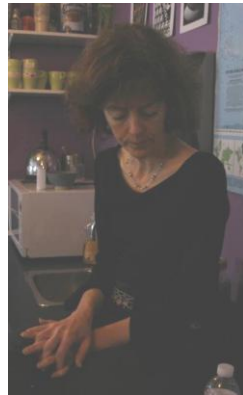
Jon Huang (UW MPH candidate)
Jess Barnes (Sea Mar)
Meghan Brombach (Sea Mar)

TEACHERS

Wendy Ewbank (SGS)
Erica Swanson (SGS)
Ava Erickson (SGS)
Dr Liz Mogford (WWU)

VENUES

Sea Mar Community Health Center
Seattle Girls School
Western Washington University



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