HEALTH DEPARTMENTS MOVING FROM “LET ME TELL YOU” TO “YOU TELL US.”

Presented by:

Isabel Montemayor-Vazquez, PhD, MA, BS, Executive Director, Hispanic Latino Commission of Michigan

Dana Watson, MS, Health Equity & Social Justice Coordinator, Ingham County Health Department
Who are we?

Isabel Montemayor-Vazquez  ---Ee-sah-beh-I  Mon-te-mah-yor Vah-z-keh-z

Dana Watson  --DAY-nuh WAWT-son
Who are we?

HESJ Work

Health Equity Council

Health in All Policies

Mini grantees

Workforce Development Team

Racial Equity Data Initiative

Implicit Bias Training

Inclusive Language

Beyond Bias Dialogue
Location

Ingham County Health Department is located in Lansing, MI.

We have a longstanding history of community engagement, health equity and social justice initiatives. Racial uprisings, events across the nation and community discourse highlight the need to expand efforts and move from engagement to shared decision making around developing robust equity systems of change.

****Ad hoc COVID-19 BIPOC Advisory Group

- Equitable Distribution of Vaccine
- Outreach to Community
About REDI – Racial Equity Data Initiative

REDI convened in January 2021 by Ingham County Health Department (ICHD)

Goal to build capacity in engaging communities of color and marginalized populations around health-related data

- Financial Support from the Kresge Foundation and the Michigan Department of Health & Human Services (MDHHS)

- Technical Support from Illinois Public Health Institute – Data Across Sectors for Health (DASH) Program
Why Lead with Race?

We lead explicitly — though not exclusively — with race because racial inequities persist in every system across the country, without exception. We can’t find one example of a system where there are no racial disparities in outcomes: Health, Education, Criminal Justice, Employment, and so on. Baked into the creation and ongoing policies of our government, media, and other institutions — unless otherwise countered — racism operates at individual, institutional, and structural levels and is therefore present in every system we examine.
We also lead with race because when **you look within other dimensions of identity** — income, gender, sexuality, education, ability, age, citizenship, and geography — there are inequities based on race. Knowing this helps us take a more intersectional approach, while always naming the role that race plays in people’s experiences and outcomes.

Last, we lead with race because inflaming racial tension has been a deliberate political strategy by those seeking to maintain their own power. **Preventing groups from joining forces to build power.** This has been detrimental to the physical, mental, social, and economic health of people of all races, including whites and must be countered if we are to advance equity.
Spectrum of Community Engagement

1. **Inform**
   - Provide the community with relevant information

2. **Consult**
   - Gather input from the community

3. **Involve**
   - Ensure community needs and assets are integrated into process and inform planning

4. **Collaborate**
   - Ensure community capacity to play a leadership role in implementation of decisions

5. **Defer to**
   - Foster democratic participation and equity by bridging the divide between community and governance, through community-driven decision-making

## Public Participation Spectrum

### Increasing Impact on the Decision

<table>
<thead>
<tr>
<th>Participation Goal</th>
<th>Inform</th>
<th>Consult</th>
<th>Involve</th>
<th>Collaborate</th>
<th>Empower</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public Participation Goal</strong></td>
<td>To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities, and/or solutions.</td>
<td>To obtain public feedback on analysis, alternatives, and/or decisions.</td>
<td>To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.</td>
<td>To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.</td>
<td>To place final decision making in the hands of the public.</td>
</tr>
<tr>
<td><strong>Promise to the Public</strong></td>
<td>We will keep you informed.</td>
<td>We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision. We will seek your feedback on drafts and proposals.</td>
<td>We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.</td>
<td>We will work together with you to formulate solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.</td>
<td>We will implement what you decide.</td>
</tr>
</tbody>
</table>
REDI Efforts

Developing a shared governance model for

- Determining data priorities,
- Facilitating partner led methods of qualitative data collection, and
- Informing community health improvement efforts to achieve health equity in our community
REDI consists of six organizational partners representing Ingham County’s Hispanic/Latinx, Black/African-American, Refugee/Newcomer, and LGBTQ+ communities.

Capital Area Behavioral Risk Factor Survey—Revision of Demographic Variables, Oversampling Hispanic/Latinx Residents

Community driven, qualitative data collection—in the form of public events facilitated by REDI partners—to identify critical insights not found through quantitative methods and establish a model for future collaborative equity projects.
Partner Led Methods of Qualitative Data Collection

- Community-based focus groups on barriers to health (partners recruited)
  - Development of Vignettes (culturally aligned stories to spur discussion)

- Recognizing who was present (power dynamics of government presence)

- Safe, accessible location of events (safe spaces for sharing)
Informing Community Health Improvement Efforts

- Health Equity Council -- redistribution of grant funds to community
- Monkeypox -- asking partners what they need from ICHD at outset
- Advance Peace for violence prevention -- community advisory council
- ICHD processes of engaging community
  - Approaches to coalition work
  - Active partner participation in decisions
Con’t Informing Community Health Improvement Efforts

- Healthy! Capital Counties regional CHA/CHIP project
- Spreading reach of REDI work to neighboring counties
- Insight for future CHA/CHIP cycles
Conclusions

❖ Persistent and exacerbated health disparities call for new approaches to health equity work at the local level.

❖ Through REDI, ICHD has laid the foundation for a developmental approach to shared decision making around public health data priorities and integration.

❖ Future plans include moving from data to action, including additional community partners, and codifying a shared governance structure.
QUESTIONS? COMMENTS?
Sources

https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines

HumanImpact.org | HealthEquityGuide.org | PublicHealthAwakened.org


https://healthequityguide.org/about/why-lead-with-race/