All Communities are Not Created Equal:
How a Health Equity Approach Enhances Violence Prevention Efforts

Presenters:
Annie Lyles, Program Manager, Prevention Institute
Dawn R. Stover, Executive Director, Native Alliance Against Violence
Dalila Butler, Senior Associate, PolicyLink

Moderator:
Jennifer Rose, Consultant with Futures Without Violence

Welcome to the Webinar
We will begin at 11:00am (PT) / 2:00pm (ET).

A recording will be available after the webinar.
Your line will be muted to cut down on background interference so please use the chat box to share your name, your organization, your location and any questions you have for our featured speakers.
How to use this technology

• You can choose to connect via computer OR via telephone.
  • Should you choose computer, please mute your computer microphone to avoid feedback.
  • Should you choose to dial in, please follow the audio instructions on the screen or in the audio pop up:
    • Dial: 1-888-850-4523
    • Enter the Participant Code: 418086#
    OR
    • Dial: 1-719-234-7800
    • Enter the Participant Code: 418086#
• There will be time for Q & A at the end of the presentation.
• Please enter any questions you have in the Public Text Chat box.
• A recording and PDF slides will be available after the webinar.
All Communities are Not Created Equal: Advancing health equity goals to prevent violence

Annie Lyles
Program Manager, Prevention Institute

Thursday, July 31, 2014
The Presenter

Annie Lyles, MSW
Program Manager
Prevention Institute
Prevention

a **systematic** process that reduces the frequency and/or severity of illness or injury.

**Primary Prevention**

Promotes healthy environments and behaviors to prevent problems from occurring **before** the onset of symptoms
The Prevention Continuum

**Up Front**
Approaches that take place BEFORE violence has occurred to prevent initial perpetration or victimization

**In The Thick**
Immediate responses AFTER violence has occurred to deal with the consequences in the short-term

**Aftermath**
Long-term responses AFTER violence to deal with the lasting consequences and treatment interventions
The Prevention Continuum

**Up Front**
- Parenting skills,
- Quality after-school programs, youth leadership,
- Conflict resolution,
- Social connections in neighborhoods,
- Economic development

**In The Thick**
- Mentoring,
- Family support services,
- Violence interruption and street outreach

**Aftermath**
- Mental health services,
- Successful re-entry
Approaches to Violence

- Criminal Justice Perspective
- Human Rights Perspective
- Public Health Perspective
- Social Justice Perspective
Polling Question

What approach do you primarily work in?

A. Criminal Justice
B. Human Rights
C. Public Health
D. Social Justice
E. Other
“Violence is a contagious disease…Actually it’s the number one cause of death in many of our cities of young people, so it’s frankly the cancer or heart disease of the young”

— Gary Slutkin, founder and executive director of NGO Cure Violence
What would you expect to see in a health equity approach?
What is Health Equity?

- Attainment of the highest level of health for all people

- Achieving HE requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities

Source: *A Practitioner’s Guide for Advancing Health Equity*
Violence Damages Well-Being

- Physical
- Sexual
- Reproductive
- Emotional
- Mental
- Social

And violates basic human rights
Health Equity works in direct response to “isms” such as:

- Racism
- Sexism
- Heteroism
- Cisgenderism
- Classism
- Ableism
- Ageism
Health & Safety

Environment

Behavior

Prevention Institute
How does racism play a role in the lives of both abusive people and people who experience abuse?

Does IPV really happen more in low income communities?

Why do women report higher levels of abuse?

How can gender norms impact IPV among lesbian, gay, bisexual and/or trans and gender-nonconforming people?

These complex intersections will be examined in light of the group’s professional and personal experience. This is an opportunity to step outside the daily routine and think critically about the context in which IPV occurs.
How can a health equity approach improve our work?
Health Equity Can Improve Our Work

- Better outcomes
- Increased partnerships
- Expands options for primary prevention strategies
- Serve more communities
- Remove barriers to create change
- Healthier and safer communities
Native Alliance Against Violence

www.oklahomanaav.org

Dawn Stover
Executive Director
Dalila Butler
Senior Associate
<table>
<thead>
<tr>
<th>Measure</th>
<th>Subject</th>
<th>Author</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>SB-1165</td>
<td>Pupil instruction: sexual abuse and sex trafficking prevention education.</td>
<td>Mitchell</td>
<td>Assembly - Appropriations</td>
</tr>
<tr>
<td>SB-967</td>
<td>Student safety: sexual assault.</td>
<td>De León</td>
<td>Assembly - Appropriations</td>
</tr>
</tbody>
</table>
## California Legislation

<table>
<thead>
<tr>
<th>Measure</th>
<th>Subject</th>
<th>Author</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>SB-1165</td>
<td>Pupil instruction: sexual abuse and sex trafficking prevention education.</td>
<td>Mitchell</td>
<td>Assembly - Appropriations</td>
</tr>
<tr>
<td>SB-967</td>
<td>Student safety: sexual assault.</td>
<td>De León</td>
<td>Assembly - Appropriations</td>
</tr>
</tbody>
</table>
“Everyone thinks of changing the world, but no one thinks of changing himself.”

— Leo Tolstoy
Health Equity: Considerations

- Build organizational practices that support equity
- Have the community involved- and lead!
- Partner and collaborate for health equity
- Integrate health equity goals into evaluation

Source: A Practitioner’s Guide for Advancing Health Equity
Build Organizational Practices that Support Equity
## Organizational Practices to Support Health Equity

<table>
<thead>
<tr>
<th>Institutional Commitment</th>
<th>Alignment with Funding</th>
<th>Deliberate Hiring and Recruitment Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track and Capture HE in Training and Performance Plans</td>
<td>HE in Services and Resources</td>
<td>Establish Diverse Collaborations</td>
</tr>
</tbody>
</table>

Source: *A Practitioner’s Guide for Advancing Health Equity*
Campus Leadership Program
Culturally Reflective to Reflexive
Have Community Involved—And Lead!
“Community participation, when it’s real, is your main investment in accountability. It’s your main investment in sustainability…community participation is when, truly, you involve people in creating a mechanism for themselves to define change.”

- America Bracho, Executive Director, Latino Health Access
Accessing Opportunities for Community Engagement

- Am I aware of how my agency/coalition is perceived within the community?

- How we gone beyond informing community to creating opportunities for leadership?

- Am I aware of past similar projects in the community? Were they overall positive or negative experiences for the community?

Source: Making Healthy Places: Designing and Building for Health, Well-Being, and Sustainability
Accessing Opportunities for Community Engagement

- Does the project include an information feedback-loop so that the community can learn how their voices were heard and included?

- Does my project have a mechanism to include community-based data in the planning?
Youth Development

Todd County, SD

Culture Matters

Photo credit: National Indian Child Welfare Association

Source: Charging Buffalo Society
http://chargingbuffalo.org/1.html
Involvemen and boys as critical partners in preventing violence.

Source: Report of the Attorney General’s National Task Force on Children Exposed to Violence
Partner and Collaborate for Health Equity
Partner and Collaborate for Health Equity

- What partners are missing in our network/coalition that should be included?

- How can we ensure that all partners meaningfully participate and influence decision making?

- What is each partner’s role in addressing health equity?

Source: A Practitioner’s Guide for Advancing Health Equity
Partner and Collaborate for Health Equity

- How can we strengthen our commitment to health equity through communications and messaging?

- How do our partners’ commitment to health equity translate into identifiable and measurable activities?

Source: A Practitioner’s Guide for Advancing Health Equity
Designing for Reproductive Justice

www.Newschool.edu/parsons

Forwomen.org
Integrate Health Equity Goals into Evaluation
“Violence is not a rare event that happens to only a few highly vulnerable women and girls. It is a crisis that can happen to any woman and any girl, and it happens too often too far too many.”

– Esta Soler, Futures Without Violence
Disparities from AG Task Force

“Children and families in tribal communities, and others in rural or urban settings who live with poverty or discrimination because of their race, culture or language, sexual orientation, or mental or physical disabilities, have experienced decades and generations of exposure to violence and extreme psychological trauma.

They require special attention, and they must receive it.”

Source: Report of the Attorney General’s National Task Force on Children Exposed to Violence
Integrate Health Equity Goals into Evaluation

“Unless there is a deliberate intention to address health inequalities and to build up evaluations that purposefully use equity as a value criterion, the field of health promotion may go astray regarding its underlying commitments to equity in health.”

-Louise Potvin, Universite de Montreal
Lyn Mikel Brown
lmbrown@colby.edu
www.hghw.org
✓ The desire to be heard and taken seriously
✓ An ordinary courage: "to speak one's mind with all one's heart" (Rogers, 1993);
✓ The capacity to name and get “really mad” at unfairness, hurt;
✓ The desire for genuine connection
✓ The potential to work together

STARTING WITH GIRLS’ RELATIONAL STRENGTHS AND HEALTHY RESISTANCE
Hardiness is...

A way of talking about risk and resilience that moves beyond an individual girl’s problems, her “odds-defying” behavior, or even her need for “one caring adult, to focus on the relational, social, and cultural context she needs to grow and thrive; i.e., to help her see and realize the opportunities.
“This soil is bad for certain kinds of flowers. Certain seeds it will not nurture, certain fruit it will not bear, and when the land kills of its own volition, we acquiesce and say the victim had no right to live.”

- Toni Morrison, *The Bluest Eye*
When The Soil is Rich

- Girls are encouraged to name the problems, and demand change
- Girls work together to seek out solutions that affirm who they are and strengthen connections
- Girls are provided with safe spaces and the necessary tools to think critically about themselves, the world, and their place in it.

Cultivating Hardiness Through Coalition-Building and Activism

1. Bring a diverse collection of girls together;
2. Teach adults to be muses;
3. Develop critical thinking skills;
4. Scaffold girls’ work;
5. Know when to get out of the way.

Material taken from Lyn Mikel Brown, Hardy Girls Healthy Women
Links Between Violence and Health

**MAKING THE CASE**

**FACT SHEET**

**Violence and Chronic Illness**

Asthma

- Adults with asthma who had witnessed violence in their neighborhoods were twice as likely to visit the hospital for asthma than those without exposure.

**MAKING THE CASE**

**FACT SHEET**

**Violence and Mental Health**

Experience

- Youth with past exposure to interpersonal violence (as a victim or witness) have significantly higher risk for Post-Traumatic Stress Disorder (PTSD), major depressive episodes, and substance abuse/dependence.
- Women who experience Intimate Partner Violence are 3 times more likely to display symptoms of depression, 4 times more likely to suffer from PTSD, and 6 times more likely to have substance abuse/dependence.

**MAKING THE CASE**

**FACT SHEET**

**Violence and Learning**

Violence and/or the fear of violence have serious implications in terms of school performance, attendance, and graduation. (1)

The presence of violence impacts communities, individuals, and community institutions (particularly schools) in ways that interfere with learning and success in academics.

- One in four middle and high school students from around the country report being a victim of violence at or around school (2)
- Fear of danger at school and in the community has measurable effects on school attendance, behavior, and grades (3,4)
- Children in early elementary school with a history of exposure to violence and/or are victims of violence are significantly lower in academic performance.

At the individual level, violence:

- Affects the emotional health of parents, influencing their ability to attend to school issues (9)
- Creates stress and anxiety among children, affecting their ability to concentrate and focus on learning (in some cases related to Post-Traumatic Stress Disorder, PTSD) (2,3,10-14)
- Leads to decreased attendance related to fear...
Violence and Health Equity

MAKING THE CASE

FACT SHEET

Violence and Health Equity

Violence is a health equity issue, and preventing violence is an important component of achieving equity in health and in communities. Health inequities are related both to a legacy of overt discriminatory actions on the part of government and the larger society, as well as to present-day institutional practices and policies that perpetuate a system of diminished opportunity for certain populations. An overwhelming number of risk factors for violence have accumulated in some communities, without resilience factors to protect against violence. Some communities and groups are far more exposed to the poor neighborhood conditions that give rise to violence and other health inequities. Preventing violence has tremendous value, not just in saving money and lives, but also as a means to foster well-being, promote health equity, and strengthen communities. This fact sheet describes violence and lack of safety as a health equity issue, and delineates why preventing violence is an important component of achieving equity in health and in communities.

Introduction

Poverty, racism, and lack of educational and economic opportunities are among the fundamental determinants of poor health and lack of safety. Inequities in the distribution of resources also perpetuate patterns of poor health.

The disproportionate impact of violence in some communities affects all of us. Violence is a terrible burden on young people, families, neighborhoods, cities and taxpayers. Violence incurs costs that cannot be easily calculated, such as the potential of young lives lost too soon, reduced quality of life, and neighborhoods where people neither trust each other nor venture outside due to fear. Further, we incur enormous costs related to medical care, criminal justice, social services and law enforcement for every incident of violence that is not prevented.

Preventing violence has tremendous value, not just in saving money and lives, but also as a means to foster well-being, promote health equity, and strengthen communities.

We know how to prevent violence. Young people need connection, identity, opportunity and hope.

Health disparities are “differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.” (1) Health inequities are differences in health outcomes that are unnecessary, avoidable, and have been produced by historic and systemic social injustices or as the unintended or indirect consequence of social policies. (2) Health equity is about providing all people with fair opportunities to have the best health possible. (2-4)
Sexual Violence & the Spectrum of Prevention

www.preventioninstitute.org/publications
A Practitioner’s Guide for Advancing Health Equity

www.preventioninstitute.org/publications
A Multi-Sector Approach to Preventing Violence

Multi-Sector Partnerships for Preventing Violence

A Guide for Using Collaboration Multiplier to Improve Safety Outcomes for Young People, Communities and Cities

www.preventioninstitute.org/publications
Thank you everyone for joining us today! We hope you enjoyed the presenters and the wonderful information they shared.

Please fill out today’s webinar which can be found here: https://www.surveymonkey.com/s/L7FFY88

Join us for the next webinar, thanks again!
All Communities are Not Created Equal:
How a Health Equity Approach Enhances Violence Prevention Efforts

RESOURCES MENTIONED TODAY:

Fact Sheets:

-Links Between Violence and Chronic Diseases, Mental Illness and Poor Learning

Vivian Chavez Video: http://youtu.be/SaSHLbS1V4w

This project was supported by Grant No. 2011-MU-MU-K011 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view expressed in this webinar are those of the presenter(s) and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.