Lobby

How confident are you in your ability to do your work through an equity lens?

- a. Very confident
- b. I'm pretty confident
- c. I'm sure there's more I could do...
- d. I'm not sure where to start



Northwest (HHS Region 10)

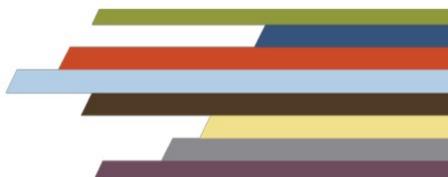
TC Prevention Technology Transfer Center Network Funded by Substance Abuse and Mental Health Services Administration



Implementing Diversity, Equity and Inclusion Throughout the SPF

November 10, 2021

Nicole M. Augustine





The Northwest PTTC is a partnership led by the Social Development Research Group (SDRG) at University of Washington (UW) School of Social Work in collaboration with the Prevention Science Graduate Program at Washington State University (WSU), and the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada, Reno (UNR).

Northwest partnering institutes share a vision to expand the impact of communityactivated prevention by equipping the prevention workforce with the power of prevention science.









WASHINGTON STATE UNIVERSITY



Behavioral Health Equity and Prevention Series



Culture As Medicine: Healing Through Connection

December 8, 2021 @ 11:00 am Pacific

Visit the PTTC Website to Learn More & Register:

https://bit.ly/3o5RPTO

Regional Highlights and Panel Discussion: Integrating Race, Equity and Inclusion into Prevention

December 15, 2021 @ 1:00 pm PT

Disclaimer

This webinar is supported by SAMHSA of the U.S. Department of Health and Human Services (HHS) through SAMHSA Cooperative Agreement # H79SP080995. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by SAMHSA/HHS, or the U.S. Government.

This webinar is being recorded and archived, and it will be available for viewing after the webinar. Please contact the webinar facilitator if you have any concerns or questions.



Nicole Augustine



Founder & CEO of RIZE Consultants



- Diversity, Equity & Inclusion
- Professional development for Prevention Specialist





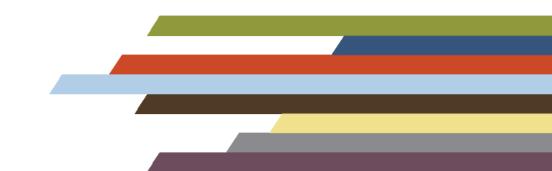
Objectives

- Define foundational terms like disparity, equity, inequity and social determinants of health.
- Describe how to prioritize equity in prevention planning.
- Describe why equity is an ethical and practical component of our prevention job competencies.

Foundational Terminology

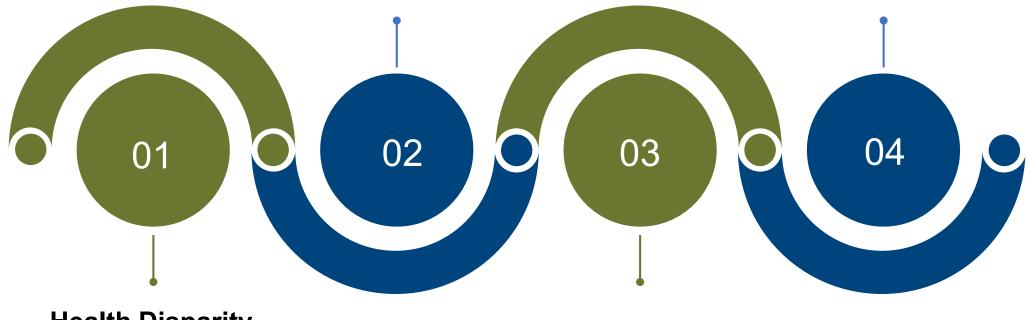
"To attain knowledge, add things everyday. To attain wisdom, remove things every day"

-Lao Tse



Foundational Terminology

Words Matters



Health Disparity

| Location | | Black/Afri can American | American Indian/Ala ska Native | Asian |
|------------|-------|-------------------------------|--------------------------------------|-------|
| Washington | 63.8% | | | |

2019 HIV Diagnosis Rates

| Location | White | Black/Afri can American | American Indian/Ala ska Native | |
|------------|-------|-------------------------------|--------------------------------------|--|
| Washington | 44% | | | |

| Location | White | Black/Afri can American | | American Indian/Ala ska Native | Asian |
|------------|-------|-------------------------------|-------|--------------------------------------|-------|
| Washington | 63.8% | 4.1% | 13.6% | N/A | 10.3% |

2019 HIV Diagnosis Rates

| Location | White | Black/Afri can American | | American Indian/Ala ska Native | |
|------------|-------|-------------------------------|-----|--------------------------------------|----|
| Washington | 44% | 22% | 24% | 0 | 5% |

| Location | | Black/Afri can American | | American Indian/Ala ska Native | Asian |
|----------|-------|-------------------------------|-------|--------------------------------------|-------|
| Oregon | 76.3% | 1.9% | 11.2% | N/A | 5.5% |

2019 HIV Diagnosis

| Location | White | Black/Afri can American | | American Indian/Ala ska Native | Asian |
|----------|-------|-------------------------------|-----|--------------------------------------|-------|
| Oregon | 66% | 11% | 17% | 3% | 2% |

| Location | White | Black/Afri can American | | American Indian/Ala ska Native | Asian |
|----------|-------|-------------------------------|-------|--------------------------------------|-------|
| Idaho | 80.2% | 0.8% | 14.0% | N/A | 1.4% |

2019 HIV Diagnosis

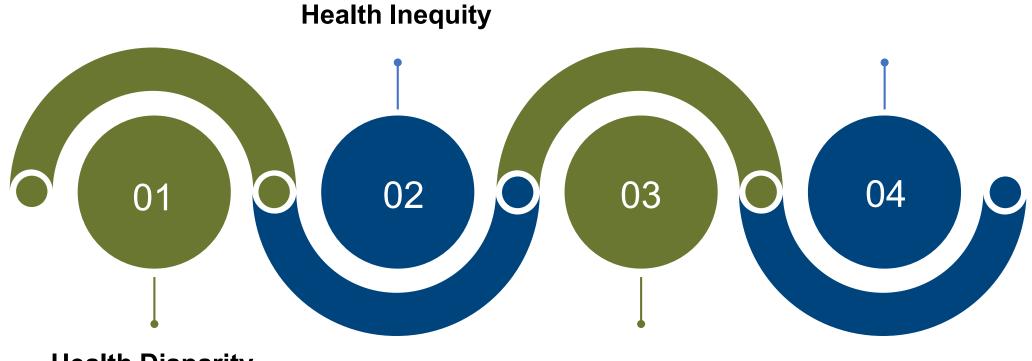
| Location | White | Black/Afri can American | | American Indian/Ala ska Native | Asian |
|----------|-------|-------------------------------|-----|--------------------------------------|-------|
| Idaho | 56% | 7% | 33% | 0% | 0% |

| Location | White | Black/Afri can American | Latinx | American Indian/Ala ska Native | Asian |
|----------|-------|-------------------------------|--------|--------------------------------------|-------|
| Alaska | 56.5% | 3.2% | 6.1% | 6.4% | 18.9% |

2019 HIV Diagnosis

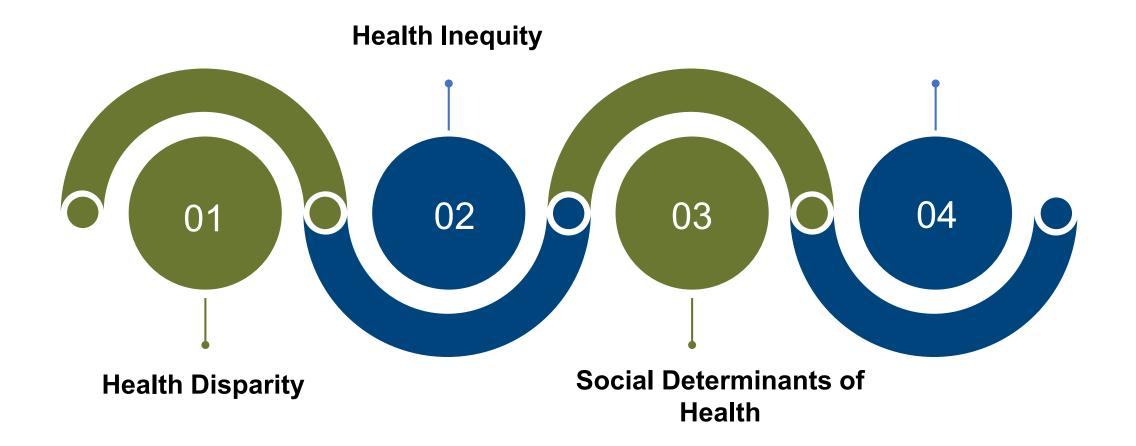
| Location | White | Black/Afri can American | | American Indian/Ala ska Native | Asian |
|----------|-------|-------------------------------|-----|--------------------------------------|-------|
| Alaska | 44% | 19% | 15% | 22% | 0% |

Foundational Terminology Words Matters



Health Disparity

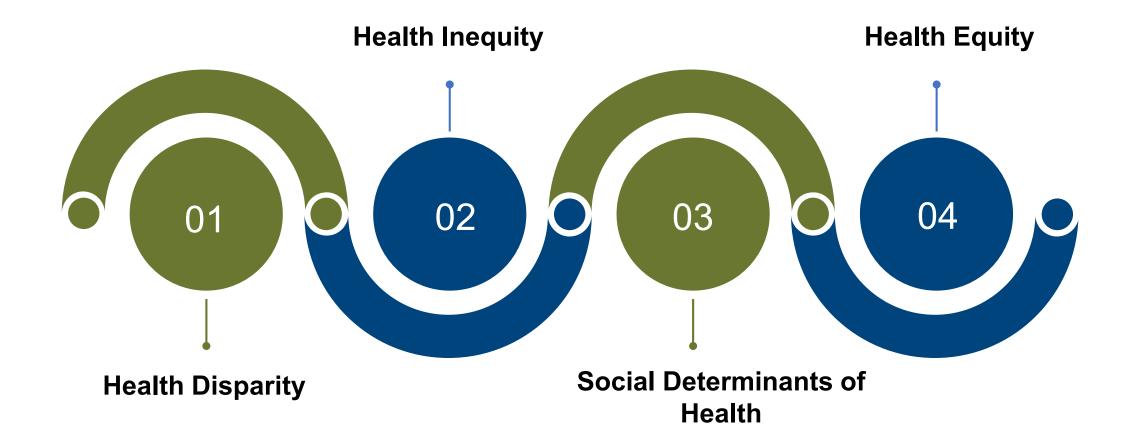
Foundational Terminology Words Matters

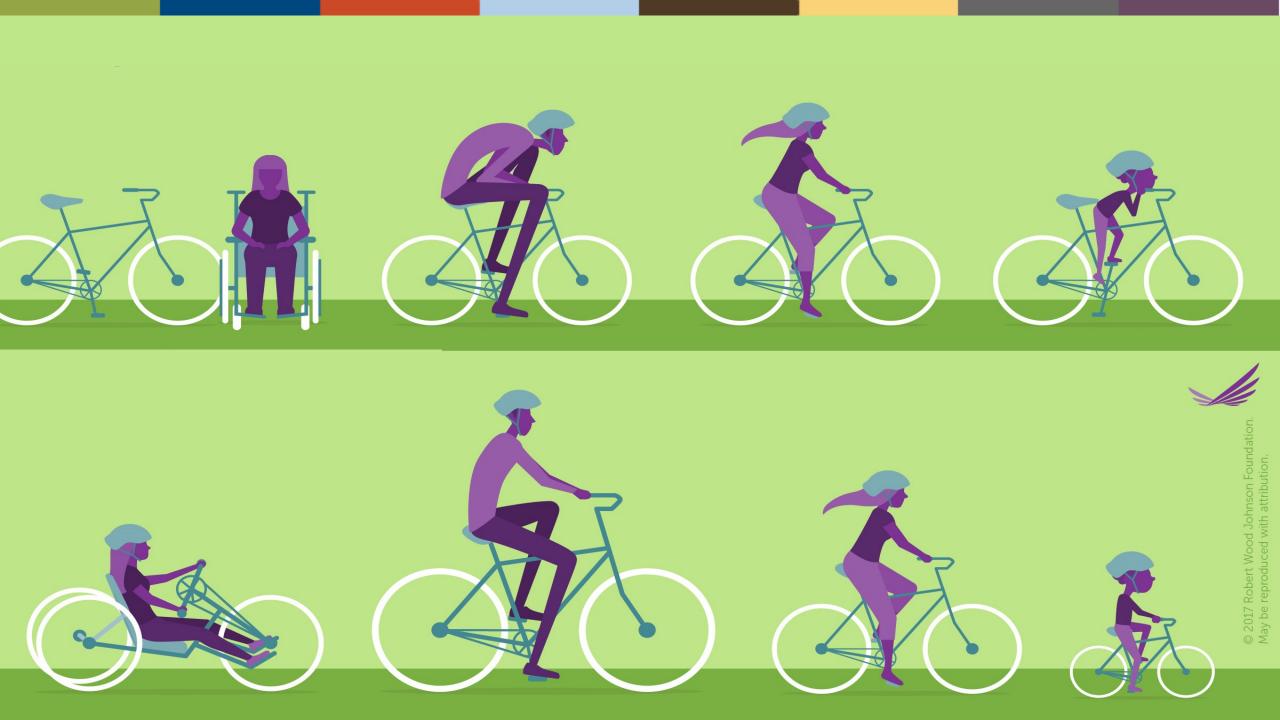




Social Determinants of Health

Foundational Terminology Words Matters







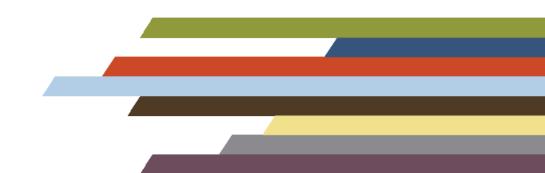




Equity in Prevention Planning

"Our goals can only be reached through the vehicle of a plan. There is no other route to success."

-Pablo Picasso



Equity in Prevention Planning



3 Areas of Focus

Data

People

Action

Create consensus

Identify underlying factors

Establish a baseline



Poll 1

I am knowledgeable about the disparities and inequities experienced in the community I serve:

- a. Very knowledgeable
- b. Somewhat knowledgeable
- c. Not at all knowledgeable

3 Areas of Focus

Data

Create consensus

Identify underlying factors

Establish a baseline

People

Improve resources

Strengthen partnerships

Improve awareness

Prepare the workforce

Action



Poll 2

The community I serve is actively involved in the work I do.

- a. Definitely!
- b. Somewhat, we've made an effort to involve the community
- c. Not really...

3 Areas of Focus

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|---|---|---|----|
| | | a | |

Create consensus

Identify underlying factors

Establish a baseline

People

Improve resources

Strengthen partnerships

Improve awareness

Prepare the workforce

Action

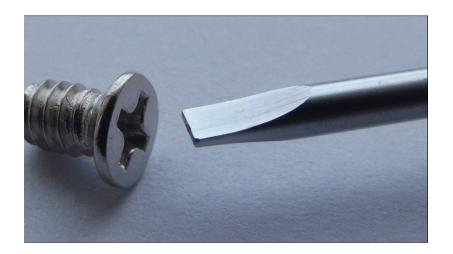
Conceptual fit

Practical fit



Understanding the Difference

Conceptual Fit



Practical Fit



Poll 3

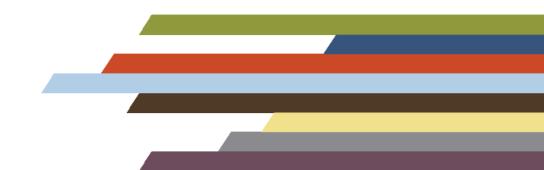
I am confident in my ability to create cultural adaptations to my prevention work:

- a. Very confident
- b. Somewhat confident
- c. I'm not sure when an adaptation is even necessary

Equity as a Prevention Priority

"Knowledge has no value except that which can be gained from its application toward some worthy end."

-Napolean Hill



Why Talk About Health Equity

- •Reason 1
 - Prevention Code of Ethics Principle 1
 - Non-Discrimination

Principle 1: Non-discrimination

- A prevention specialist shall not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, gender identity, economic condition or physical, medical or mental disability. A prevention specialist should broaden his or her understanding and acceptance of cultural and individual differences, and in so doing render services and provide information sensitive to those differences.
- Prevention specialists shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with participants with disabilities, and make available physical, sensory, and cognitive accommodations that allow individuals with disabilities to receive services. Prevention specialists should comply with all local, state and Federal laws regarding the accommodation of individuals with disabilities.

Anti-discrimination Laws

- The Civil Rights Act of 1964: This act prohibits discrimination based on race, religion, sex, national origin, and other characteristics.
- The Age Discrimination in Employment Act of 1975: This act prohibits federally-funded programs and activities to discriminate on the basis of age.
- The American with Disabilities Act of 1990: This act prohibits discrimination based on disability under certain circumstances.

Why Talk About Health Equity

- •Reason 1
 - Prevention Code of Ethics Principle 1
 - Non-Discrimination
- Reason 2
 - Health Equity is connected to environmental strategies

OUR ENVIRONMENTS CULTIVATE OUR COMMUNITIES, AND OUR COMMUNITIES, NURTURE OUR HEALTH

When inequities are high and community assets are low, health outcomes are worst

When inequities are low and community assets are high, health outcomes are best



Discussion

References

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Thank you!

