ROOTS of HEALTH INEQUITY

Facilitator’s Guide

rootsofhealthinequity.org

NACCHO
National Association of County & City Health Officials
ACKNOWLEDGMENTS

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Introduction & Overview

Introduction to the Facilitator’s Guide

Why use the “Roots of Health Inequity”?

Health inequities are systemic differences in health status that are unnecessary, avoidable, unfair, and unjust. They result from the unequal structuring of life chances, based on social and economic inequalities that are built and sustained over time and generations.

Can public health influence the unequal structuring of life conditions? The National Association of County and City Health Officials (NACCHO) believes that public health can reach the heart of the matter: the core social injustices associated with class oppression, racism, gender inequity, and other forms of oppression. Advances can occur by expanding the boundaries of public health practice.

NACCHO’s goal is to support critical thinking about what it means to transform practice to address the root causes of health inequity. Funded by the National Center for Minority Health and Health Disparities, National Institutes of Health, Roots of Health Inequity prompts participants to reflect on how institutions structure opportunities for health and wellness. The curriculum seeks to ground participants in the concepts and strategies that could lead to effective action on health inequities. We aim to build solidarity among public health practitioners and their partners, and to reframe the role of public health practice.

Why was the Facilitator’s Guide created?

The Roots of Health Inequity online curriculum is designed for people to participate in groups, which allows the rich discussions necessary for getting to the root of health inequities. While there are many interactive online activities and questions, many groups prefer to include facilitated in-person discussion when possible. While NACCHO provides other facilitation resources, this guide provides specific guidance, sample questions, and resources related to this course. This is especially helpful for groups using the course together that want to engage in online or in-person discussions about the course.
What’s included in the Facilitator’s Guide and how do I use it?

Each course unit contains prompts for deep, authentic discussions that help individuals and groups explore social and health inequities and advance their ability to address them. As a facilitator, if you like any of the additional questions or prompts in this guide, you can add them to the online discussion boards or use them to guide in-person discussions. In this guide, you’ll find:

- **General information**, including an overview and guidance for facilitating social justice discussions; and
- **Unit-specific guidance**, including in-depth facilitation guides for each unit.

What other NACCHO resources are available?

NACCHO provides several tools to assist in navigating the curriculum. Visit http://members.rootsofhealthinequity.org/ and look for the “Help Guides” and the “About the Course” information on the right-hand side of the screen.
Overview of the Units

The course is divided into five units, each with a similar layout. Understanding these similarities will be helpful, because you can use similar facilitation approaches in each unit. Once you get to know your group, you will also be able to discuss which components are most helpful, where they want to spend the most time, and which parts are challenging and may require more facilitator guidance.

What’s included in each unit?

NAVIGATION TOOLBAR

Once you are registered and logged in, you can navigate to any section of a particular unit at the top of each page. Here’s an example from Unit 1:

INDEX OF CONTENT FOR THIS UNIT

On the overview page of each unit, there is an index of the material included in the unit. This is a helpful page to come back to if you are looking for a specific activity or page.
PURPOSE, OVERVIEW, AND GOALS OF THE UNIT

Each unit has an overview that includes the Index (see above), Purpose, Overview, and Goals for the unit, which can help guide your facilitation. You can ask yourself and the group if you are achieving the goals and objectives listed, or if you need to spend more time focusing on a particular area.

SECTIONS OF THE UNIT

Each unit has two to three sections that allow participants to engage in the topic in multiple ways, such as participating in activities, commenting online, reading content, viewing slideshows and videos, or listening to audio.

VOICES FROM THE FIELD

Each unit features “Voices from the Field,” which include audio, video, or written content from public health practitioners engaged in addressing the root causes of health inequities. The facilitator and group can choose to use these either throughout or at the end of the unit.

ADDITIONAL RESOURCES

Each unit contains additional resources that can be used to further the discussion. These resources include articles, book chapters, documentaries, tools, and other helpful information. The facilitator may integrate these resources into the curriculum, or the group can choose new resources to guide discussion around particular topics.

CONCLUSION

Each unit has a conclusion with a brief summary and questions to spark dialogue. Each unit also contains a satisfaction survey that provides feedback to NACCHO staff.

Tip: See the “Navigating the Units” help guide above and online (http://members.rootsofhealthinequity.org/) for more information.
Tips for Getting Started

The Roots of Health Inequity Community

The Roots of Health Inequity is designed for group participation. Thus, the course units can only be accessed through a group, whether it is your own private learning group or a site-wide “General Group.” Once you log into the site, you can join the General Group or create an unlimited number of groups.

If you want to take the course with others, but are not able to form a group from your organization, join the General Group. You will see comments from other members and can engage in their discussions, activities, and bulletin board posts. As a facilitator, it may be helpful to review and participate in the General Group, which reflects a body of knowledge built by professionals across the country who possess a diverse range of experiences and perspectives.

Before You Start

A SUMMARY OF IMPLEMENTATION STEPS

All activities in the course involve group discussion and teamwork. Your approach to the course content will depend on your organization’s priorities, leadership, and needs, as well as staff members’ roles and responsibilities. Steps to implement the course in your organization, community, or school may include the following:

1. Identify staff members who manage professional development opportunities and work with them to implement the course.
2. Refer managers and colleagues to the site and share this document so they can learn more about the course and provide this information to their staff.
3. Pick a group leader and/or group facilitator who sets schedules and suggests and coordinates activities from the course. You may have one person act as both the leader and the facilitator. Alternately, you might choose one person or several people to facilitate, while the group leader manages the logistics of the group.
4. Go to rootsofhealthinequity.org and review the public material.
5. Create a new account and sign in.
6. Review the course content, along with this facilitator guidance. As a facilitator, think about which components may be most useful to your group.
7. Do the activities on your own so that you are ready to facilitate them.
8. Respond to discussion prompts so that you have insight into facilitating online or in-person discussions about the prompts.
9. Form a learning group.
10. Schedule and attend an in-person or virtual discussion with all group members to establish group norms and the most appropriate discussions for your group.
11. Create ground rules/meeting agreements for a respectful and productive discussion. Encourage participants to use and share past professional experiences or suggest resources that can help your group answer discussion questions.
12. Provide reminders, additional discussion prompts, and other necessary support to your group as they move through the course.
13. Organize an in-person or virtual debriefing meeting to reflect on the course experience and consolidate participants’ insights.
Planning for Implementation

FORMING A GROUP
You may already have a defined group that will experience the course together, such as a health department unit, staff at a community-based organization, or students in a class. If not, gather colleagues who are interested in the course. Consider including colleagues who work in different parts of your organization with varying experiences in addressing health equity and learning about the root causes. With this type of diversity, your group discussions may reveal surprising insights. You may also choose to have participants self-select into learning groups. Note, however, that some discussion activities may be best-suited for learning group members with established relationships.

SETTING GOALS FOR YOUR GROUP
Groups use this course for many different reasons. Dialogues started in the course may spark multiple actions within your group or organization, such as assessing programs, initiatives, funding, hiring practices, staff development, or other parts of your work to determine if there are ways you can more effectively address the root causes of health inequities. While it may not be possible to determine ahead of time where your discussions will take your group, it can be very helpful to set goals from the start, either as a sub-team that is implementing the course or as the full group who will be participating in the course.

RESOURCE: Alameda County Public Health Department (ACPHD) developed a planning handout for the film series Unnatural Causes (http://www.unnaturalcauses.org/) that includes questions to help assess the needs of an organization or group, set a goal, and support facilitators (http://www.acphd.org/media/114412/unnaturalcauses_planning_handout.pdf). You can apply the questions on this handout to the Roots of Health Inequity to help specify your organization or group’s learning goals.

GROUP ROLES
Each group using the course will have different needs and different contexts, but most groups will find it helpful to have a group leader and/or a group facilitator.

The group leader serves as a point-of-contact and coordinator. The group leader may also serve as a facilitator who ensures that participants are engaged and creates opportunities for learning and discussion. Alternately, you may choose to have a group leader who focuses on logistics, while a different person serves as a facilitator.

The group leader’s responsibilities may include:
1. Assembling the group and sending invitations;
2. Establishing a calendar with a schedule, goals, and meetings;
3. Sending meeting notes to the group;
4. Establishing a Learning Group Agreement that captures group norms and expectations;
5. Creating the online learning group and establishing privacy settings; and
6. Posting bulletin board updates and announcements.

The facilitator’s responsibilities may include:
1. Selecting units, activities, and discussion prompts based on your group’s goals and objectives;
2. Encouraging and monitoring online discussions;

3. Participating in the group as a peer, according to the norms and expectations set by the learning group;

4. Posting bulletin board updates and announcements; and

5. Encouraging and monitoring online discussions.

In selecting a facilitator(s), it can help to revisit the goals your team or the group has developed. Who will be able to help the group achieve this goal? What support will they need? Are there ground rules you can create as a group that ensure a positive group experience? The aforementioned ACPHD Unnatural Causes tool also includes helpful questions around facilitation, such as:

- Are there people who are skilled in facilitation? Do they match the diversity of those you are engaging in the course? If not, what trainings or resources can help a diverse team become more confident facilitators?

- Are the facilitators experienced in discussing issues such as social and health inequities, structural racism, and other forms of oppression? If not, what trainings or resources can help them understand and discuss these issues?

- Are there facilitators that can engage people while remaining non-judgmental?

- What support might facilitators need?

If you do not have staff with experience in facilitating dialogues about social justice and there isn’t funding to support building staff capacity, you may consider working with a partner organization. Community-based organizations may have a long history of facilitating discussions about racial and economic justice - perhaps your organization can invite them to help you facilitate in exchange for providing them with something your organization is strong at, such as evaluation or data analysis.

It may be helpful to review the resources from Doak Bloss in Unit 1, as he discusses his experiences in facilitating dialogues related to social and health equity in Ingham County, Michigan. These resources also describe why it was helpful for the health department to include both health department staff and community members in their dialogues.

It may also be helpful to form a sub-team to discuss and implement the steps for working with a larger group to move through the course. This team might include a group leader, a facilitator, and staff with diverse positions and experiences who can provide suggestions for engaging the entire group. This sub-team can help make decisions about how to form groups and who can fill the roles of group leader and group facilitator. It will also be helpful if the sub-team can complete or review the course ahead of time.
CREATE A GROUP

The group leader must create the group online. Once members have joined, the leader can grant others administrative access. Follow these steps to create a group. See Appendix C of this guide for visual guidance.

1. Log in to the Roots of Health Inequity.
2. On your dashboard page, click on the “Create a Group” link under the heading “My Actions.”
3. On the next screen, complete the fields for a group name, description, affiliation, address and privacy options. The options for privacy are as follows:
   - “List in group directory” allows all members of the Roots community to see this group name. Anyone can join your group without an invitation.
   - “Open” means that membership requests are accepted immediately.
   - “Invitation Only” means that membership requests must be approved by the group leader.
4. The units are copied into your group. This may take several minutes to complete. Please note: Do NOT close your Internet browser while the units are being copied, or all five units may not be copied to your group.
5. The group is ready for you to invite members, create a calendar, a bulletin board post, or discussion.

JOINING A GROUP

You can use the “Invite Members” link located under “Actions” on the group page to invite one or more people to join the group. This will generate an email that includes a direct link to your group and space for a personal note. Unless you choose to list your group in the directory (see above for more information), you will need to invite members to join. If you invite people, they should be able to directly join your group without joining the General Group. If you choose to list your group in the directory, people who want to join will also be able to search for it.

ESTABLISH A STRATEGY FOR COMPLETION

You do not have to complete the entire unit in one sitting or go through the material in a particular order. Your group is free to explore and discuss the content that best suits the needs of your group.

Leaders may want to look over the course units before starting their group to get a sense of the breadth and depth of content. This will help the leader allocate time and create a schedule that meets the group’s needs. The group leader can use online tools to post goals, target dates, meetings, and an overall schedule. The group leader can also email all the members of their group to send them reminders or notify them of upcoming meetings. This is especially beneficial for online discussions to facilitate group engagement and interaction.

TIP: Appendix A provides a summary of learning objectives for each unit. The Roots of Health Inequity Companion Guide offers six lesson plans focused on specific aspects of public health practice that may help guide your strategy.
Facilitating Social Justice Dialogue

The group facilitator(s) plays an important role in helping participants get the most from the course and meet the group’s established goals. While each facilitator may have a different approach to engaging groups in discussions, this section includes tips, approaches, and resources that can be helpful for both new and experienced facilitators.

Facilitating Social Justice Discussions

In dialogues about social and health inequities, the facilitator’s role goes beyond engaging participants in discussion. The facilitator must also monitor how the same power dynamics that drive inequities may arise in discussions and support the group in understanding and addressing these dynamics. For example, if a group is discussing gender inequities, and men are dominating the discussion (or conversely, minimally participating), the facilitator must be aware of this dynamic and work to create a space that challenges either male domination or male avoidance of the topic. The same applies to other areas of oppression and privilege.

As a result, it may be helpful to ask the group to develop ground rules or meeting agreements that assist them in monitoring and addressing power dynamics collectively. This section can help facilitators think through how to use challenging discussions around power and privilege as opportunities to have genuine conversations that help the group have a transformative experience.

Tips for Facilitating Dialogue about Social Justice

The goal of this course is to co-create knowledge in a respectful and engaging community. Co-creating means that the group collectively creates shared knowledge together by discussing their experiences and the content, rather than one person “teaching” others. To meet this goal, participants are asked to initiate and participate in challenging — but ultimately rewarding — dialogues about power, privilege, and social injustice. You and your group will benefit the most from this experience by establishing and maintaining a constructive space for dialogue. The following tips may help you establish an equitable, effective, and respectful space for your group. Sample talking points and templates are also provided at the end of this section.

ACKNOWLEDGE THE CHALLENGES

This course explores unjust systems and ways of thinking that have taken hundreds of years to construct. Acknowledging the painlessness
Facilitating Social Justice Dialogue  

and pervasiveness of oppression is a natural and important part of dialogue about power, privilege, and social injustice. As part of this community, you are asked to directly confront the structural injustices influencing your life and work, and become personally responsible for problem-solving. Even as you recognize the importance of this work, the process may be difficult.

ESTABLISH “GROUP NORMS”

Because you will be working as a group and discussing sensitive issues, take time to create ground rules or meeting agreements for a respectful discussion and group members’ expectations and responsibilities (see the Sample Learning Group Agreement and Sample Ground Rules at the end of this section). Review your group’s ground rules often and keep group members, including yourself, accountable to meeting agreements. This could include reminding group members of the rules at each session.

SET EXPECTATIONS

Work with your group to develop guidelines around participation. Are members of your group more intrigued by some discussion prompts than others? Do you expect group members to respond to discussion comments within a certain timeframe? Come to a decision on issues like these, as a group, before you begin.

In addition, remind your group that no single lesson or set of tools - including this course - can eliminate health inequities. It will require a major paradigm shift within the public health community—one that involves reimagining public health as a field, taking risks, and engaging actively and strategically in the political process.

CREATE SAFE AND BRAVE SPACES

In the documentary series, Race: The Power of an Illusion, professor john powell states, “We need to be uncomfortable with the present racial arrangement.” This can be true of all forms of oppression—we need to be uncomfortable with present arrangements that perpetuate oppression. Therefore, some aspects of our discussions about addressing these arrangements may not always be comfortable.

Many facilitators and groups use a common ground rule about creating a “safe space” for challenging discussions. However, creating a safe space doesn’t mean there won’t be discomfort—it can mean the space is safe for your group to experience and express a lack of comfort. Nevertheless, continuing to discuss these issues and how to address them is critical in changing current arrangements and advancing health equity.

Other facilitators have discussed how a safe space can benefit those with privilege, as they may set ground rules that maintain their privilege (while noting that people may be privileged in some areas of their identities and oppressed or targeted in other areas). Keeping those with privilege feeling safe at the expense of avoiding topics that get to the root of inequities won’t help groups have the types of transformative discussions that challenge current power dynamics.

As an alternative to the concept of safe spaces, people have developed the idea of “brave space.” While respect is still critical to brave spaces, it also means people are willing to come together bravely to engage in the challenging work of talking about oppression. This might include feeling uncomfortable at times, but ultimately leads to having more productive discussions.

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1 john powell uses all lower case letters to spell his name. http://www.pbs.org/race/000_About/002_05-godeeper.htm
NOTICE HOW POWER AND PRIVILEGE WORK IN YOUR GROUP DISCUSSIONS

Acknowledge and address how power and privilege are being exercised in your group, particularly as you establish and revisit group norms. For example, people belonging to historically marginalized communities are often asked by people belonging to privileged groups to share experiences and knowledge, without a mutual exchange. In this way, knowledge and painful experiences are “harvested” to educate the privileged, even as those who share them have little opportunity to influence group norms, values, processes, or outcomes. This dynamic can undermine trust and foster resentment.

PROMOTE LEARNING OPPORTUNITIES

For online discussions, you may want to flag and/or delete comments if your group members consider them offensive or disrespectful. However, you may also want to talk to the commenter to understand more about the comment and use it as a learning opportunity. If you do so, opt for a one-on-one, nonconfrontational setting.

CONSIDER MULTIPLE FACILITATION TECHNIQUES

Just as the course presents information in multiple ways, using multiple facilitation techniques can be helpful. Some examples include the following:

- Intersperse in-person discussions with online activities to help participants get to know each other and engage in rich dialogue.
- Give people time to individually brainstorm and then share in pairs to help people have time and space to express themselves, as well as to create space for people who need time to process information before jumping into recommendations or action.
- Ask pairs to develop a few key points from their discussion to help raise the strongest ideas or recommendations to the forefront of the discussion.
- Use sticky notes and flip charts to allow the group to rearrange ideas, suggested actions, and recommendations. Participants can write one idea per sticky note and then cluster similar ideas together and come up with an overarching theme, action, or recommendation that represents the cluster.

Many of the resources at the end of this section provide additional recommendations for different facilitation techniques and approaches.

Tip: Having more than one facilitator can be helpful, so people can give and receive feedback, as well as check in with each other about challenging situations.
DETERMINE YOUR DECISION-MAKING PROCESS

If you are helping your group make decisions about next steps or action items, it’s important to determine ahead of time how you will make decisions, especially for high-stakes decisions, such as allocating resources or committing to a long-term action plan. In discussions about health equity, it’s important to identify and facilitate a process that honors the underlying values that move us towards equity, such as inclusiveness and transparency. It’s also important to be clear about power dynamics; if leadership or management will conduct a final review of decisions, be transparent about this from the beginning.

Fortunately, there are many decision-making tools available. Because transparency and inclusion are an important part of equity, you may consider using consensus decision-making, which aims for widespread levels of agreement rather than just decision-making among a small group or conducting a majority vote. Some examples of decision-making resources include the following:

- Seeds of Change (#3), the Facilitator’s Guide to Participatory Decision-Making (#7), and the Consensus Process from the Center for Collaborative Planning (#8) (see Appendix D for details).
- The Gradients of Agreement (#16) can be simplified into “thumbs up” to show support, “thumbs sideways” to express concerns, and “thumbs down” to vote no. People with concerns or no votes are given a chance to discuss their thoughts. After discussing or amending the proposed action, the group can vote again. Some groups may decide to set a limit on the number of times they go through this process. For example, they may agree to use the gradients of agreement twice. If there is still not a clear consensus, they may then use a majority vote in the interest of keeping the work moving. Others may decide that decisions need the backing of all members, so everyone must be in support before moving forward. Again, this is where referring to your goals and establishing group norms and meeting agreements will help your group.
Facilitating Social Justice Dialogue continued

Facilitation Approach: Technology of Participation (ToP®)

There are many approaches to facilitation. You may already have strategies that have worked well for you in the past. NACCHO staff have found one approach, the Technology of Participation® (ToP®), to be particularly effective in engaging all participants and achieving consensus on decisions and actions. This approach started in community and organizational development fields in the 1960s and has continued to evolve. We highlight a few key concepts and approaches from ToP® here.

What Is TOP®?

ToP® uses Focused Conversations (http://ica-usa.org/pdf/ToP Brochure 8-4-09.pdf) to:

- Conduct purposeful discussions;
- Probe beneath the surface to the depths of a topic;
- Surface new ideas and solutions;
- Deepen understanding of diverse perspectives; and
- Stimulate candid feedback.

One focused conversation tool is the use of ORID questions, which are described as follows.3

What is an ORID?

Generally, when we receive new information, whether it is work-related, such as new data about health inequities, or related to our personal lives, such as finding out a good friend is sick, we process this information through four phases. The ORID model mirrors these phases of processing:

Objective: what we perceive through our body and senses

Reflective: our feelings related to this perception

Interpretive: processing and reflecting on what this means

Decisional: making a decision or taking action based on this interpretation

For example, if we find out a friend is sick, we might process the information as follows:

**O:** We notice they sound sad or scared, or that they didn’t mention important details about what the doctor said.

**R:** We notice that we are feeling sad or worried ourselves.

**I:** We start to process this information and what it means—maybe we realize that we want to visit the friend soon or that we want them to provide us with more information.

**D:** We make an actual decision—we decide we will visit them the next day.

In many interactions, we arrive at the D phase without being aware of how the O, R, and I phases affect our thinking. In addition, in group conversations, some people need time to process, while others move quickly to action. This can lead to frustration for both process- and action-oriented people.

ORIDs help everyone move from process to action together, meeting the needs of all participants while ensuring the group reaches decisions or actions. Being intentional about going through this process as a group can ensure that people have time to reflect in each phase so that decisions are also intentional and reflect the entire group. This approach can also be paired with other facilitation methods.
Facilitating Social Justice Dialogue continued

Tips for Using ORIDs

• A benefit of using ORIDs is that they are fairly straightforward to use. Simple questions and the basic structure can be used repeatedly with slight adaptations based on the activity or discussion. You’ll therefore notice that many questions in this guide are similar. As a facilitator, once you become comfortable with using them, it will be easier to create your own, even on the spot if you move into an unplanned discussion.

• You do not need to always use a question for each phase of the ORID. For example, you may ask sets of O, R, and I questions throughout the sections of a unit, but wait to ask D questions until your group finishes the full unit. If posting questions online, you may want to only have one or two questions so you don’t overwhelm participants. By using ORIDs, you can decide which type of question is most important to post online if you are only posting a few.

• Some of your group members may be familiar with ToP® and will recognize your process. They may be good people to brainstorm questions with. If your group is unfamiliar with ToP®, you don’t need to describe your process to them, but it can be a good opportunity to share skills and provide those interested with more resources.

3 To fully understand and use this approach, it is helpful to attend a ToP® training, if you have funding. The Institute of Cultural Affairs in the U.S.A. offers trainings and resources for using ToP®. For more information, visit http://www.ica-usa.org. If funding is not available, you may be able to partner with someone trained in this approach. In addition, many online resources are listed at the end of this section.
General Facilitation Questions

While this document provides specific questions tailored to each unit, there are some general questions based on the ORID model that can be helpful in most discussions. Depending on the amount of time you have and the structure of your discussion, you may want to use a few questions from each phase or just pick one from each phase.

<table>
<thead>
<tr>
<th>O: OBJECTIVE – what we perceive through our body and senses</th>
</tr>
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<tbody>
<tr>
<td><strong>TIPS FOR FACILITATING</strong></td>
</tr>
<tr>
<td>• It’s helpful to encourage everyone to respond to this phase. Engaging everyone from the start encourages participation for the rest of the discussion. Objective (O) questions are also typically easier to answer since participants name something they observed, rather than delving into interpretations or decisions.</td>
</tr>
<tr>
<td>• If people are responding online to a series of questions, you can ask everyone to answer the first question.</td>
</tr>
<tr>
<td>• In person, you may want to remind people to briefly answer the question in one or two sentences. Participants may want to expand on their answer, but to make sure everyone has an opportunity to speak, you can let them know there will be more time for discussion and the group can ensure everyone has time to participate by keeping their answers brief.</td>
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<table>
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<th>R: REFLECTIVE – our feelings related to this perception</th>
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<tr>
<td><strong>TIPS FOR FACILITATING</strong></td>
</tr>
<tr>
<td>• You may pick a few people to respond during in-person meetings, or it may be an optional question for online discussions.</td>
</tr>
<tr>
<td>• Reflection will be easier for some people than for others, but this important phase provides people with time to express and hear others’ reflections. Our emotions and reflections may influence our decisions without us realizing it, so creating space to discuss them can help us make more intentional decisions.</td>
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Facilitating Social Justice Dialogue

### I: INTERPRETIVE – processing and reflecting on what this means

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<th>TIPS FOR FACILITATING</th>
<th>SAMPLE QUESTIONS</th>
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<tbody>
<tr>
<td>• People can reflect on what the activity means for them personally, or what it means for your group or organization.</td>
<td>• What is important about this activity?</td>
</tr>
<tr>
<td>• Again, everyone may not respond, but it’s important to give people time to apply what the comments from the O and R questions mean for moving forward.</td>
<td>• How does this discussion apply to our own work?</td>
</tr>
<tr>
<td></td>
<td>• What questions does this raise?</td>
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<tr>
<td></td>
<td>• What new vantage points does this discussion give us? What insights are beginning to emerge from this discussion?</td>
</tr>
<tr>
<td></td>
<td>• In thinking about how we move forward in applying this discussion to our work, what do we need to consider? What decisions do we need to make?</td>
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### D: DECISIONAL – making a decision or taking action based on this interpretation

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<tbody>
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<td>• While the O, R, and I questions may be more general, you can consider tailoring your D question to your specific goal. For example, if you are using the “Community Engagement” section of Unit 1 to help your group develop an inclusive community engagement plan for an initiative you are working on, the D questions can focus on this goal.</td>
<td>• What are we really committed to as a group? What’s our priority in moving forward? What are the first steps we need to take?</td>
</tr>
<tr>
<td>• If your goal is general education for your group, you can still move the group to action steps through the D phase, so that your discussion pushes the group to apply the new information, even in small steps. Brainstorming action steps will help ensure that the time you invest in the course continues to advance your work even after you have finished the course.</td>
<td>• Given our discussion, what is most critical for our organization to do as we work to address social and health inequities?</td>
</tr>
<tr>
<td>• When developing D questions, be sure the decisions you are asking your group to make are appropriate for the scope of the course. Remember that no single tool or resource can eliminate inequities, and nor will the process of completing this course.</td>
<td>• What does this (discussion, activity, unit) make you want to do? What is a next step you feel ready to take? What will you need to meet this goal?</td>
</tr>
</tbody>
</table>

*Adapted from [http://www.newsreel.org/guides/skindeep.htm](http://www.newsreel.org/guides/skindeep.htm)*
Facilitating Social Justice Dialogue continued

From here, collectively developing concrete steps, a timeline, and point people for each action will create a plan for how the group will move forward. This can lead to ambitious plans—such as reviewing all job descriptions from a social and health equity lens and working with Human Resources to adapt them accordingly—but can also be a smaller step, such as reading and discussing an article or resource.

If you complete all five units, creating action steps for each section of each unit might lead to a very large number of action steps. You may want to use D questions in reflecting at the end of each unit, or you may want to determine which units/sections are most relevant for your group. This can help the group develop a more realistic number of action steps.

**TIP:** Regardless of what facilitation approaches you use, allowing planning time for the facilitator(s) is important, since being thoughtful and intentional about leading discussions takes time. Reach out to various group members to test out questions or get feedback throughout the process.
Facilitating Social Justice Dialogue

Sample Tools and Templates

Whether your group has been working together for a long time or includes members who don’t know each other, it can be helpful to have an introductory meeting or session. If your discussions will take place online, it may be helpful to hold an in-person meeting in the beginning to introduce members to one another, set group norms and ground rules, discuss any collective decisions about how to progress through the course, and set a timeline.

Introductions and Icebreakers

Introductions and icebreakers are more than just a way for people to learn each other’s names. A well-facilitated icebreaker can help ground the group and encourage people to be present and stay engaged. Additionally, as Roots of Health Inequity takes on challenging topics, introductions and icebreakers are important ways for people to get to know each other and develop relationships that will help them stay connected to the group, even when a conversation becomes challenging.

Many of the resources in Appendix D offer ideas for icebreakers. They do not have to be elaborate or lengthy, though some groups may decide they benefit from longer introductions. For example, for a group discussing how place affects health, you could have a map of the nearby area available and ask each member to tell a story about a place that is important to them. Because sharing these rich stories may take time, this can be done in small groups, or a few people can share their story at each meeting. Some other ways to start a meeting include the following:

- Please share your name and one important quality you bring to groups.
  As a facilitator, you can model the icebreaker and choose something focused on supporting the group (e.g., being a good listener).

- Please share your name and one thing you would like to get out of participating in the Roots of Health Inequity course.
  It can be helpful to record these answers, as they may help illuminate potential goals for the group or provide insight into what units/sections will be most helpful.

- Please share your name and one thing you think is important for you to be healthy.
  Starting the discussion at a personal level can be helpful for groups that haven’t had much experience working together to discuss health equity. You can also tie these responses to later discussions about health.

- We’ve all been working together for quite a while. Today, please share a hidden talent people may not know you have.
  This can help groups with a long history recognize that there is still more to learn about each other, and that each person brings unique skills and attributes to the group. If people have fallen into habits and patterns of working with each other, it can remind them that their teammates may have more to offer.

Sample Agenda for the First Learning Group Meeting

Before beginning the course, consider holding an in-person meeting or conference call with members of your learning group. Use the meeting to set expectations for participation by answering questions like, “how much time will I need to participate?” and “when will we start and end our participation?” See the end of this section for a sample meeting agenda to guide your planning.
Sample Talking Points for Group Leader/Facilitator/Director

It can be helpful for leadership within your organization or group to briefly discuss their vision for your group’s participation in the Roots of Health Inequity course and express their support of the group and for taking action to advance health equity. If your group has collectively decided to participate in the course, you may already discussed this together, but it still may be inspiring to have someone from leadership, the group leader, or the group facilitator reiterate this. Some potential talking points are below, although they should be tailored to goals and contexts. If the person speaking has personal stories, such as why and when they decided they needed to address health inequities, this can be woven into the comments.

• I’d like to welcome you here today and thank you for joining in this important work of getting to the root causes of health inequities.
• Before we move into introductions, I want to introduce myself and tell you why I am inspired by all of you and your commitment to participate in the Roots of Health Inequities online course.
• My name is _____ and I am the _____ here at ______.
• Our organization, and all of you, already does great work and I’ve worked closely with many of you and have seen your passion and commitment.
• Many of you are already aware of the persistent, and in some areas, growing health inequities in our (neighborhood, city, county, and state).
• The roots causes of these inequities are complex and advancing social justice and health equity will require multiple solutions.
• What makes me most hopeful about using the Roots of Health Inequity course to help us move forward in achieving health equity is that I know there is already a lot of wisdom and passion in this group. This tool provides a way for us to engage in some of the deep, genuine, and perhaps challenging discussions needed to move our work forward.
• It’s important that as an organization, we are prioritizing these discussions on health inequities by using tools like the Roots of Health Inequity. Creating space for these dialogues means that we as an organization and the people within it, including myself, value the work it will take to achieve health equity.
• I have no doubt that if everyone here participates fully and supports each other’s learning, we can develop concrete ways to address the root causes of health inequities and advance health equity.

Establishing Group Norms: The Learning Group Agreement

It may be helpful to draft a “Learning Group Agreement” that includes descriptions of the decisions made and expectations established during the meeting. See the end of this section for a sample learning agreement.

Sample Ground Rules/Meeting Agreements

Ground rules or meeting agreements can help make any meeting more effective and ensure the process meets the needs of the group. Ground rules and meeting agreements can be especially important in discussing social and health inequities, as these discussions will include challenging topics and require an awareness and understanding of how power, privilege, and oppression can manifest in these discussions. In addition, because the Roots of Health Inequities includes online activities and discussions, there may be ground rules that help increase meaningful participation, such as “everyone makes space for the participation of others.”
Facilitating Social Justice Dialogue continued

There are some sample ground rules listed in the Sample Learning Group Agreement at the end of this section. Here are some additional resources on ground rules and meeting agreements that may be helpful:


You can use the worksheet on the next page to elicit ideas for your learning group. After people brainstorm ideas in small groups, they can share and discuss their proposed ground rules.

Process Evaluation

The course contains Satisfaction Surveys at the end of each unit. These results go directly to NACCHO, not to the group facilitator or leader. As a facilitator, you may also want to conduct your own evaluation at the end of each unit. This could be a very simple evaluation done online through the course’s discussion board, anonymously through an online survey site, or on paper.

Here are some potential evaluation questions:

Please fill out the following questions. This will help us evaluate the process of completing the Roots of Health Inequity and plan for next steps. We’re also interested in learning more about what you liked and what could improve these sessions.

- What did you like about participating in this unit of the Roots of Health Inequity online course?
- What would you change about participating in this unit of the Roots of Health Inequity online course?
- To what degree did we achieve the goals and objectives of the unit?
- What next steps would be helpful in continuing these discussions?
- Are there units within the course you think are particularly relevant or important for our organization?
- Other comments:

TIP:

In addition to asking for feedback, allow yourself time after each session to reflect on your own experiences of how the discussion went, what worked well, and what changes you might make. Capturing these qualitative assessments immediately after each session will help you remember any relevant details.
Learning Group Agreement Worksheet

Overarching question:
“How do we want to work together?”

Desired outcome:
Clear and observable rules the group will adhere to in order to ensure positive discussion

Things to consider:
• What things would make this group work well for you?
• What would make this a safe and respectful place for us to work in?
• How would you define “respect”? For example, “Group members will demonstrate respect by…”
• What would make this group a good place for learning/discussion?
• Do we want someone to take notes at these meetings? If so, who can we share them with?
• What should you do if you feel uncomfortable with something someone has said at the discussion?

Taking these questions into consideration, please brainstorm and record 4-6 ground rules per group.
Sample Agenda for a Learning Group

Goal for Unit 1: Use *Roots of Health Inequity* online course to create recommendations for how our organization can more effectively invest in workforce capacity, community engagement, and leadership to address health inequities.

Welcome from the Director

Introductions
- Please share your name and one thing you would like to get out of participating in the *Roots of Health Inequity* course.

Overview of proposed activities and discussions *(listed below, for your reference)*
- Proposed activities
  - Workforce Capacity—DISCUSSION: Confront Unearned Privileges
  - Community Engagement—DISCUSSION: Share Your Experiences
  - Leadership—DISCUSSION: Scrutinizing Decisions
  - Voices from the Field: Vernice Miller-Travis
- Questions?

Scheduling and participation issues
- Start and end dates
- New group members
- Issues that might affect participation (e.g., group members’ schedules)
- Group responsibilities and expectations for participation

Group Norms
- What are the basic ground rules for participation?
- What conditions do we need for productive conversations that allow us to get to the root of health inequities? What conditions would be most rewarding and realistic?

Group Decision Making
- What decision making process will fit with our group goals and norms?

Group Comments, Concerns, and Questions
Sample Learning Group Agreement

Welcome to the ABC learning group! Thank you for your contributions during our initial meeting. For your reference and review, I’ve attached our Learning Group Agreement, which offers a summary of our plans for the learning group.

Discussion Activities
- Workforce Capacity—DISCUSSION: Confront Unearned Privileges
- Community Engagement—DISCUSSION: Share Your Experiences
- Leadership—DISCUSSION: Scrutinizing Decisions
- Voices from the Field: Vernice Miller-Travis

Participation Period
- February 11 to May 11, 2013

Group Expectations for Participation
- At a minimum:
  1) Begin one chapter every 4 weeks. You can continue engaging in the discussions in the other chapters, even after beginning a new discussion.
    a. Workforce Capacity: Begin February 11, 12 p.m.
    c. Leadership Chapter: Developing Strategies: Begin April 11.
  2) Add one comment of your own and respond to one other comment for each discussion prompt.
  3) Join a check-in meeting during the week of March 26.

Basic Group Rules
- Bring offline discussions online, to the learning group.
- Include concrete, “behavioral examples” in your explanations, wherever possible.
- Keep learning group discussions private and confidential.
- Assume responsibility for creating a rewarding experience.
- Address problematic comments immediately, on the website and in person.
- Rules and norms can be revised by group members at any time.

Basic Group Norms
- Each group member will keep all commitments by the agreed upon due date.
- Each group member agrees to assess whether group members are honoring their commitment to the group’s norms.
- Group members will speak respectfully to each other.
- Group members will positively recognize and thank each other for group contributions.
Unit-Specific Guidance

Many of the additional questions provided by this guide use the ToP® ORID format, and are also labeled accordingly, as follows:

**Objective:** what we perceive through our body and senses  
**Reflective:** our feelings related to this perception  
**Interpretive:** processing and reflecting on what this means  
**Decisional:** making a decision or taking action based on this interpretation

As a facilitator, you can start with the following steps:

- Providing an overview of the unit and sections during an in-person meeting or by emailing participants;
- Reminding them of what is included in the unit, the timeline you have set, and dates when people should post their discussion comments online; and
- Reiterating your organization’s goals.
UNIT 1: Where Do We Start?

PURPOSE AND OVERVIEW

SUMMARY: This page lists the purpose, overview, goals, and objectives for the unit. It also includes an index.

Unit 1, Section: Workforce Capacity

INDEX OF ACTIVITIES

- Let’s Start
- INTERACTIVE: Biggest Obstacles Poll
- Inspire Change From Within
- SLIDESHOW: Doak Bloss
- DISCUSSION: Confront Unearned Privileges (CE)
- DISCUSSION: Envision New Possibilities

LET’S START, and INTERACTIVE: BIGGEST OBSTACLES POLL

SUMMARY: Facilitators can remind participants to begin with “Let’s Start” for an overview of the unit. “Biggest Obstacles Poll” asks, “What are the biggest obstacles you face in trying to address health inequities in your community?” When everyone from your group participates, you will be able to see how many people voted for each obstacle. This can lead to an interesting discussion, as the results may provide insight into where your group needs to focus.

SUGGESTED DISCUSSION: The following suggested questions do not appear on the site.

O - Did anything stand out to you about the top obstacles for the group?

R - Are there any that are unclear? Are there any that are really clear?

I - What’s one obstacle you voted for, and why do you think it’s an obstacle?

I - Do you think these would change if we included votes from our partners, like community-based organizations and residents?

D - What are some ways we could address these barriers within our organization? What’s a next step that our group could take to make this happen?

INSPIRE CHANGE FROM WITHIN, and DISCUSSION: CONFRONT UNEARNED PRIVILEGE

SUMMARY: In the slideshow presentation, Doak Bloss, former health equity and social justice coordinator at the Ingham County (MI) Health Department, leads an interactive workshop for local public health leaders ready to tackle the root causes of health inequity. Participants can review the slideshow. The next page, “Confront Unearned Privilege,” is based on this presentation.

NOTE: Bloss provides helpful talking points for the slideshow. Scroll to the bottom right-hand corner of the page and click on “Download a PDF of this slideshow” to access the talking points.

A note on the content of the slideshow and following activity:

Understanding power is at the heart of addressing social and health inequities. We may discuss power at the institutional and structural levels, such as when policymakers and corporations repeatedly build polluting industries in low-income communities of color, as described in Unit 1. However, another part of understanding power is looking at our own relation to power and how it influences our work, the decisions we make, and the people around us.
It can be challenging for people to confront their own unearned privilege or access to power. For those in a target group (defined in the slideshow), having these discussions in a workplace setting can bring up some of the same power dynamics that we are seeking to change. For example, during discussions about power, privilege, and social injustice, people belonging to historically marginalized communities are often asked by people belonging to privileged groups to share experiences and knowledge, without a mutual exchange. In this way, knowledge and painful experiences are “harvested” to educate the privileged, even as those who share them have little opportunity to influence group norms, values, processes, or outcomes. To address such group dynamics, the following guidance provides detail to support facilitators in this discussion.

Because the content in this section can provide a lens to discuss all of the other units, it may be helpful to let the group know what the PowerPoint is about and solicit feedback on what would enable a productive dialogue. While the PowerPoint doesn’t take long to read, spending adequate time on it is important, as the concepts are so foundational. Participants should have enough time and prompts to delve into the concepts and discuss differing viewpoints. As a facilitator, you can continue to find ways to discuss power, privilege, and oppression throughout the units.

**SUGGESTED TALKING POINTS AND ADDITIONAL DISCUSSION:** The following guidance provides more context for each slide. These notes can be used as a background for the facilitator or as talking points for an in-person discussion. It also includes some additional facilitation questions that do not appear online.

**SLIDE 1:** Revealing Oppression: Definitions (Target/Non-target Groups)

- Understanding oppression and power is critical for understanding how health inequities are created and maintained.
- This is a challenging topic to discuss—most of us belong to both target and non-target groups, and discussing this can be uncomfortable. However, a goal of discussing oppression and power is that we can better address the root causes of health inequities. Many resources and tools have been developed to help us talk about these concepts and apply them to our work.
- This presentation is from Doak Bloss at Ingham County Health Department (MI). It also utilizes the work of Valerie Batts, the founder of Visions, Inc., an organization that provides trainings on oppression and privilege.
- Target groups have historically been framed as being less than, because of their race, gender, sexual orientation, role, class, ability, or other characteristic. They’re often treated differently in interpersonal relationships, such as being followed in a store or being passed over for a promotion. There are also institutional and structural ways that these groups are targeted, such as having policies that denied home loans in certain neighborhoods to African-Americans.
- Non-targeted groups are those most likely to receive unearned privileges and benefits because of group membership. Some people say having privilege is like being in a room with the lights on: you don’t realize how the light helps you until someone turns it off. Because of this, it can be very hard to see our own privilege. We may feel like we have worked hard for everything in our lives, without seeing how privilege has
helped us along the way. For example, youth with privilege may have had access to well-funded public schools and libraries that helped them advance on a pathway to college. Youth from other areas may have been working hard, too, but in poorly funded schools and without access to libraries. These differences in resources and opportunities can result in inequitable access to opportunities, which creates social and health inequities.

**SLIDE 2: Target and Non-Target Identities**

- Ask participants to take some time to look at the chart and think about their own identity in each line.
- Break the group into pairs and have each person share:
  - An experience when they were in a target group and were treated as less than by someone from the non-target group. [Note: Remind people to think back to the ground rules/meeting agreements that you set. Remind them to actively listen to their partner, giving them the floor for their full time.]
  - A time when they were in a non-target group and noticed someone in a target group being treated as less than. [Note: It’s often harder for people to think about the times they are in a non-target group. As a facilitator, have a few examples ready to share from the non-target list.]
  - A time when they were in a non-target group and treated someone in a target group as less than.
- I - It can be very difficult or uncomfortable for us to identify when we have treated someone in an oppressive way. This is an important point in itself and has implications for our work. Why is it difficult to see privilege?

**SLIDE 3: Revealing Oppression: What keeps us from seeing privilege?**

- **O** - On slide 3, what stands out to you?
- **R** - What was really clear to you from this slide? What was confusing?
- **I** - What is important about this activity? How does this discussion apply to our own work?
- **D** - What do you think this means for us as we move forward in our learning group?

**SLIDE 4: Revealing Oppression: 4 Levels of Oppression**

- This slide presents one way of describing levels of oppression. Other resources provide additional perspectives and context that may be helpful. Here are two that provide additional information and examples:
  - Race Forward: helpful documents and short video on levels of racism: https://www.raceforward.org/research/reports/moving-race-conversation-forward

**SLIDE 5: Revealing Oppression: Traditional and Modern Forms**

- We can probably all think of traditional or overt forms of oppression, such as someone refusing to hire someone because of their race, gender, or sexual orientation, or a storekeeper following someone because of their perceived race or age. But what about more subtle forms of oppression that can be more challenging to identify? Often, these types of oppression are perpetuated by structures and institutions. Some examples include the following:
  - An organization with a policy, whether formal or informal, that makes it difficult for working
parents to take time off when they need to pick up their children or if their child is sick. The policy could mean that people who do leave to pick up their children are passed over for promotions because they are not seen as putting in as many hours. In this situation, the targeted group is parents and caregivers.

- Public health materials and brochures that only portray heterosexual couples as the norm.

**SLIDE 6: Why We Must Tackle Racism, Classism, Sexism Explicitly**

- **O** - What other forms of subtle oppression have you seen? Can you think of examples that specifically relate to or impact health?
- **R** - What seems most critical about this slide?
- **I** - Why do you think this more subtle form of oppression is not discussed very often in workplaces?
- **D** - What are some ways we could continue to discuss and address subtle forms of oppression in our workplace?

**SLIDE 7: Why We Must Tackle Racism, Classism, Sexism Explicitly: Two Arguments and a Challenge**

- It can often be easier to discuss a problem instead of creating a vision of what solving the problem would look like. Here, Bloss provides a vision around what an organization that addresses oppression would be like at each level of oppression.

- **O** - What words stand out to you on this slide?
- **R** - How would it feel to work in an organization that is accomplishing all of these things?
- **I** - What is a tangible example of what this would look like in our group or organization?
- **D** - What are the first steps we need to take to make this happen?

**SLIDE 8: Why We Must Tackle Racism, Classism, Sexism Explicitly: Two Arguments and a Challenge**

- In the PDF of talking points, Bloss discusses how these dialogues can be challenging for all of us, whether we are talking about one of our target identities or one of our non-target identities.

- He notes, “I use tolerable in this deliberately because tolerance and tolerability is a word of privilege. I mean, basically if I’m in privilege I can say whether or not I need to tolerate you who are not in privilege.”

- Bloss’s challenge: To tackle subtle forms of oppression explicitly, we must find ways to make conversations about race, class, and gender “tolerable” to people who experience oppression daily AND to people who have no awareness that such oppression occurs.

- An additional challenge is to ensure that these conversations meet the needs of both target and non-target groups—that they don’t merely create comfortable spaces for groups with privilege.
Unit 1

- O - What’s something that stands out to you about this slide?
- R - What’s important about this slide?
- I - What questions does this raise for you about our work? What opportunities do we have to engage in these conversations?
- D - What are ways our organization can meet his challenge? What first steps do we need to take?

DISCUSSION: The following questions appear on the site under “Confront Unearned Privilege”:

- What part(s) of the presentation stand(s) out for you as particularly surprising or important?
- How would you describe your own “unearned privileges”? To which target and non-target groups do you belong? What are your unearned privileges and what types of oppression do you face?
- How would you describe your influence within your organization’s culture and structure? Do you have the space and support to do work that addresses the root causes? Why or why not?

Tip: The facilitator may want to email participants to remind them to post their discussion comments by the date agreed upon in the timeline.

DISCUSSION: ENVISION NEW POSSIBILITIES

SUMMARY: This activity continues to help participants process the slideshow described above and apply it to their organization or group.

DISCUSSION: The following questions appear on the site.

- What would “effectively addressing health inequity” mean for your organization? What would it look like now, in five years, and in ten years?
- What are the costs to you, your organization, and your community if you adopt a plan to tackle racism and other forms of oppression explicitly?
- What are the costs of not adopting an explicit approach to addressing health inequities?
Unit 1, Section: Community Engagement

INDEX OF ACTIVITIES
- Authentic Community Engagement
- INTERACTIVE: Action at the Neighborhood Level: Polluting Sites in Northern Manhattan
- INTERACTIVE: A Neighborhood Fights Back
- DISCUSSION: Thoughts about the Presentation
- DISCUSSION: Share Your Experience

AUTHENTIC COMMUNITY ENGAGEMENT

SUMMARY: This section discusses several terms, such as community, community capacity building, and authentic community engagement.

SUGGESTED DISCUSSION: The following suggested questions do not appear on the site.

• O - What do you notice about these terms?
• R - Did any of these terms help clarify concepts for you? Do you find any unclear?
• I - How do you define community in your life? What is a community you belong to? How does belonging to this community affect your life?
• I - How are we already engaged in authentic community engagement in our work?
• D - How can we improve and increase our organization’s ability to create authentic community engagement?

ACTION AT THE NEIGHBORHOOD LEVEL

SUMMARY: This interactive map of Manhattan shows a pattern in the placement of air-polluting industrial and transportation sites. Users can click on each polluting site to see a brief description of its community impact and history. The map is directly linked to the presentation “A Neighborhood Fights Back: West Harlem’s Battle for Clean Air.”

SUGGESTED DISCUSSION: The following suggested questions do not appear on the site.

• O - What do you notice about this map?
• R - What surprised you? What was not surprising?
• I - How does the location and effects of these polluting sites relate to our previous discussions on power, oppression, privilege, and inequity?
• I - Where do you see something like this happening in your community, city, county, state, or country?
• D - How is our organization already involved in addressing these types of issues? What other similar issues are we not involved in, but could be?

INTERACTIVE: A NEIGHBORHOOD FIGHTS BACK, and DISCUSSION: THOUGHTS ABOUT THE PRESENTATIONS

SUMMARY: “A Neighborhood Fights Back” is an interactive audio-visual presentation that describes West Harlem’s fight against the North River Water Pollution Control Plant. Participants are asked to listen to the story, click through the slideshow, and notice the critical decision points and opportunities for public health intervention at the local, state, and federal level.

DISCUSSION: The following questions appear on the site.

• Of everything you saw and read in the presentations, what stands out for you as particularly surprising or important?
Unit 1, Section: Leadership

INDEX OF ACTIVITIES
- Competing Interests and Political Pressures
- DISCUSSION: Political Pressure Points
- DISCUSSION: Sharing Strategies
- Exposing Hidden Interests
- INTERACTIVE: Smallville
- DISCUSSION: Focusing on Smallville
- DISCUSSION: Scrutinizing Decisions
- Statements, Assumptions and Actions
- COMPARISONS and DISCUSSION: Statements, Assumptions and Actions

DISCUSSION: SHARE YOUR EXPERIENCE

SUMMARY: This section helps participants summarize important information from the section and think through how it applies to their organization.

DISCUSSION: The following questions appear on the site.

- Post your stories of your most successful partnerships with members of your community. What made them work?
- How is your organization working with its community to address health inequities? What plans and processes are in place to promote authentic community engagement?
- What do you want to know about how to support communities in holding political leaders and key decision-makers accountable? Share your questions and respond to those of your learning group members.

COMPETING INTERESTS AND POLITICAL PRESSURES, and DISCUSSION: POLITICAL PRESSURE POINTS

SUMMARY: These pages introduce the topics that will be discussed in-depth in this section.

DISCUSSION: The following questions appear on the site.

- What political pressures exist within your department’s work? How do these pressures impact your daily work? How are they reflected in your department’s structure and operations? As you answer, share specific examples with the group.
- What types of trade associations, industries, and other organized groups are likely to oppose your work at the federal level and in your state and jurisdiction? What specific pressures must your organization balance and negotiate?

ADDITIONAL QUESTIONS: The following suggested questions do not appear on the site.
- What words or ideas stand out to you from “Competing Interests and Political Pressures” and “DISCUSSION: Political Pressure Points”??
• **R** - Do you have concerns about engaging in work related to political pressure? Are there aspects of this work that you find engaging or inspiring?

• **I:** In what areas of political pressure points do you feel prepared to engage? In what type of political pressure points is your organization ready to engage? [If your group doesn’t have much experience in this area, it may be helpful to provide examples, such as providing data to community groups working on policy, hosting educational forums about social issues that affect health, providing official testimony and letters to policymakers about social factors that affect health, creating reports on important social issues affecting health, developing trainings in this area for staff, etc.]

• **I** - In what areas of political pressure work do you feel unprepared to engage? In what type of political pressure work is your organization not ready to engage?

• **D** - What steps can you and your organization take to become more prepared in these areas?

**DISCUSSION: SHARING STRATEGIES**

**SUMMARY:** This section focuses on juggling competing interests, uncertainty, and the prospect of making unsatisfying compromises, all of which relate to leadership and political change.

**DISCUSSION:** The following questions appear on the site.

- In your experience and observation, what strategies have been effective to date in navigating the pressures you mentioned?

- In your experience, what types of community partners have helped (or can help) to negotiate political pressures? Thinking about your discussions around authentic community engagement, how has your department allied with external communities and agencies?

- Is it possible for public health—and local public health departments—to anticipate and navigate among competing pressures to ensure public health protections? How? What changes in the health department might improve its position to navigate through pressure?

**ADDITIONAL QUESTIONS:** The following suggested questions do not appear on the site.

- **O** - Have you been involved in any situations involving competing interests? [You can provide a few examples to get the discussion started. For example, in cities with ports, they may provide well-paid jobs, but the industry may contribute to pollution. New development may bring resources to areas that have faced segregation and disinvestment, but may not meet the needs of current residents and actually displace people bearing the highest burden of poor health outcomes.]

- **I** - What opportunities or potential successes exist in juggling competing interests? [Here, you can expand on the examples above. For example, a health department can bring a health lens to the port issue, showing that both jobs and cutting pollution are important and encouraging stakeholders to use a health lens to look at long-term impacts in both areas instead of just looking at short-term economic gains. Public health organizations can partner with resident groups to create a report or fact sheet on how displacement negatively affects current residents and businesses and offer recommendations for an inclusive political process where current residents have a say in development decisions.]

- **D** - What first steps can we take to create the aforementioned changes?
EXPOSING HIDDEN INTERESTS, INTERACTIVE: SMALLVILLE, and DISCUSSION: FOCUSING ON SMALLVILLE

SUMMARY: This case study explores how one public health department balances economic opportunity and protecting health and well-being. It provides a realistic scenario where there aren’t any easy answers. Any action could mean tradeoffs, which is a very real part of addressing the structures and systems that affect health.

For organizations both new and experienced with this type of work, spending time on this discussion can help group members understand each other’s perspectives and approaches. For example, some group members may be risk-averse, while some may be willing to push the envelope. It is important to engage all members when decisions are made about controversial issues. This will ensure that the group includes diverse perspectives and makes an informed and inclusive decision.

DISCUSSION: The following questions appear on the site.

• What do we know about the visions the Smallville community has for the future of their town?
• What can we anticipate about health status of Smallville residents? What health inequities might exist?
• Is there anything the town manager could have done differently to manage both economic and health threats? Share some examples.
• Is there anything the local board of health could have done differently? What would you consider the most appropriate role for a local public health department facing this situation?
• What could be done to prevent other significant job losses in the community (similar to what happened with closure of Garment, Inc.)? What are the underlying themes related to the very limited community opposition to ACME? And to the town manager’s actions?

ADDITIONAL QUESTIONS: The following suggested questions do not appear on the site.

• R - If you were in this situation, what would be your biggest concern?
• D - What’s one key lesson you can take from this case study and apply to your own work?

DISCUSSION: SCRUTINIZING DECISIONS

SUMMARY: This section focuses on taking some of the same themes from the Smallville case study and applying them to your community.

DISCUSSION: The following questions appear on the site.

• What do you know about the interconnections among business and government officials in your community?
• What are effective strategies to balance the needs and interests of residents and employers?

ADDITIONAL QUESTIONS: The following suggested questions do not appear on the site.

• R - What parts resonated with you? What have you experienced?
• I - Do you feel prepared to engage in the effective strategies we discussed? What could make you feel more prepared?
• I - Do you think your organization is engaging in these strategies? What would make your organization more prepared?
• D - What next steps can you and your organization take to become more prepared to engage in strategies to balance the needs and interests of residents and employers?
STATEMENTS, ASSUMPTIONS AND ACTIONS, and COMPARISONS AND DISCUSSION:
STATEMENTS, ASSUMPTIONS, AND ACTIONS

SUMMARY: These two pages continue to use the Smallville case study to guide participants in thinking about how values, interests, and assumptions underlie many statements that arise during discussions about health. In their response, participants are asked to identify these values, interests, and assumptions. On the second page, they can compare their fellow learners’ responses.

SUGGESTED DISCUSSION: The following suggested questions do not appear on the site.

• O - What themes stand out to you in the comments?
• O - Where do you see differences in how people answered?
• R - What was easy about this activity? What was hard?
• I - Do you think we are usually aware of the underlying values, interests, and assumptions that shape our public health work? Why or why not?
• D - What is one step you could take in your program, initiative, or work to surface underlying values, interests, and discussions and how they impact your work?
UNIT 1: WHERE DO WE START?

UNIT 1, Section: Conclusion

INDEX OF ACTIVITIES
- The Last Word
- Satisfaction Survey

THE LAST WORD

SUMMARY: This page wraps up the unit and offers questions for reflection. As there is no space on the page to answer questions, you could ask participants to post on the Discussion Board or have a unit wrap-up discussion in person.

DISCUSSION: The following questions appear on the site.
- What must your organization do to succeed?
- Did you develop any new insights based on what you read, saw, and heard in this unit?
- What did you think about the unit’s relevant impact and clarity?

ADDITIONAL QUESTIONS: The following suggested questions do not appear on the site.
- O - We’ve covered a lot of information in this unit. What’s one activity, story, or discussion that stands out to you?
- D - There are many ways our group could move forward in building our workforce capacity to address health inequities, increase authentic community engagement, and develop leadership, especially in the area of political change. Given our discussion, what is most critical for our organization to do as we work to address health inequities?
- D - What are we really committed to as a group? What’s our priority in moving forward? What are the first steps we need to take?

SATISFACTION SURVEY

Please note that the results from the survey go directly to NACCHO, not the group leader or facilitator. We encourage participants to complete the survey, as the results help NACCHO improve course content and delivery.
Unit 1, Voices from the Field

INDEX OF ACTIVITIES

- Index of Voices
- Dr. Renee Canady
- Vernice Miller-Travis (CE)
- Dr. Umair A. Shah
- Doak Bloss

SUMMARY: Voices from the Field appear online throughout each unit and can be accessed from the index. You can use general discussion questions for any of the presentations.

SUGGESTED DISCUSSION: The following suggested questions do not appear on the site.

- **O** - What stands out to you from the presentation?
- **R** - What makes you feel concerned? What makes you feel inspired?
- **I** - How does this presentation influence your thoughts your organization’s work in addressing health inequities?
- **D** - What is one key lesson from the presentation that you want to apply to your work?

Unit 1, Additional Resources

INDEX OF RESOURCES

The index lists “Featured Resources” and “Other Resources.” Some also appear throughout the course. As a facilitator, you can choose if and when to use them. If you don’t use them as they appear, the index is a helpful page to access them.

NOTE: Not all of these resources appear on the main index page on or in the same order as the overview of the unit.
Unit 2: Perspectives on Framing

PURPOSE AND OVERVIEW
SUMMARY: This page lists the purpose, overview, goals, and objectives for the unit. It also includes an index.

Unit 2, Section: Frames

INDEX OF ACTIVITIES
- What is a Frame?
- Why Is It Important to Explore Frames?
- What is framing?
- SLIDESHOW: Frames and Farming
- The story of Oren Long
- DISCUSSION: Thoughts about the Story of Oren Long

WHAT IS A FRAME?
WHY IS IT IMPORTANT TO EXPLORE FRAMES? and WHAT IS FRAMING?
SUMMARY: These three pages provide a brief explanation on framing, examples of frames that affect public health, and how health is framed in popular discourse. Together, these pages provide background concepts for the unit.

SUGGESTED DISCUSSION: The following suggested questions do not appear on the site.
- What components of the biomedical paradigm have you observed at your organization?
- Why is the biomedical paradigm so compelling?
- What are some alternative assumptions we could make?

SLIDESHOW: FRAMES AND FARMING
SUMMARY: We often do not consciously think about the frames we use. This slideshow uses an example to demonstrate how frames can nevertheless guide our behaviors and values.

SUGGESTED DISCUSSION: The following suggested question does not appear on the site. In the slideshow, the farmer is asked three questions on his philosophy of farming:
- Do you use pesticides or chemically engineered fertilizer?
- Do you feed your animals growth hormones or plant genetically modified seeds?
- Do you rotate your crops and try to prevent soil erosion?

Thinking about public health:
- What questions would you ask someone to figure out their philosophy of health? [If participants have difficulty coming up with questions, try asking them to brainstorm more questions that fit the farming example, first.]

THE STORY OF OREN LONG, and DISCUSSION: THOUGHTS ABOUT THE STORY OF OREN LONG
SUMMARY: Like the previous slideshow, these two pages use an example about farming to demonstrate how the values, interests, and assumptions that guided one farmer’s work evolved over time. Participants are then asked to reflect on their own work.

DISCUSSION: The first two questions appear on the site.
- What are the values, interests, and assumptions (i.e., the frames) that guide your work?
- What is your definition of health?
ADDITIONAL DISCUSSION: The following additional questions do not appear on the site. You can ask group members to reflect individually on their definition of health, and then share their responses. After sharing their responses, begin the discussion.

• O - What do you notice?

• R/I- What are some commonalities between these definitions? What are some differences?

DISCUSSION: The following question appears on the site.

• How might you apply the concept of “sustainability” to public health practice?

SUGGESTED TIE-IN ACTIVITY: In the News.

The following suggested activity does not appear on the site.

On “What is framing?,” Unnatural Causes producer Larry Adelman states, “Health is equated with health care, prevention is mostly limited to behavioral change, and the future of health is tied to technological advances, especially genetic research.” Often, health coverage in the news follows this frame. You can provide participants with a recent news article of your choosing and discuss how the article frames the health issue at hand.

CHOOSING AN ARTICLE: To illustrate the biomedical paradigm as described in this unit, you may want to select an article about a health issue that could be addressed from social, economic, or environmental perspective, but instead focuses on an individual, behavioral, or medical perspective. Examples may include the following:

• An article about preventing obesity that focuses on individuals making healthier dietary choices, rather than the food environment;

• An article about the 2015-2016 opioid epidemic that focuses on treatment and rehabilitation, rather than the economic and social causes of the epidemic; or

• An article about the Flint water crisis that focuses on actions that individual victims can take.

Choose a shorter article (i.e., one page or less), so that participants have enough time to read the article before discussing it. You can either provide the article before or at the beginning of the session.

Once the participants have read the article, you can begin a dialogue.

DISCUSSION QUESTIONS:

• O - How is health described in the article?

• R - What surprises you? Why?

• I - What values, behaviors, or assumptions are embedded in the article? How does the author demonstrate these?

• I - What might be an alternative view of the health issue that is described?

• D - If you were a journalist, how might you cover the same topic?
INDEX OF ACTIVITIES

- Frames, Framing, and the Role of Language
- Recognizing Frames through Language
- Comparisons: Recognizing Frames through Language
- How Language Choices Affect Meaning
- Statements, Assumptions, and Actions
- Comparisons: Statements, Assumptions, and Actions

FRAMES, FRAMING, AND THE ROLE OF LANGUAGE

SUMMARY: This page introduces the role of language in framing and begins to propose alternatives for terms that are commonly used in public health. Because we often see these terms – and may use them ourselves – this section provides an opportunity for group members to begin reflecting on their own language.

RECOGNIZING FRAMES THROUGH LANGUAGE, COMPARISONS: RECOGNIZING FRAMES THROUGH LANGUAGE, AND HOW LANGUAGE CHOICES AFFECT MEANING

SUMMARY: On these three pages, participants can compare alternatives for describing concepts that are often used in public health. The first page contains a matching activity for participants to complete. The second page allows participants to view each other’s responses. The third page shows how NACCHO might respond to the same pairings.

DISCUSSION: The following questions appear on the site.

- Why did you choose to pair and place each term this way?
- What do you think about the assumptions that you and other group members identified?
- How do your answers and reasoning compare?
- How would you describe the differences between what’s in the left column and in the right column?
- What other terms and phrases do you frequently encounter in your work reading and communicating with colleagues?
- Where would you place them and why?

ADDITIONAL QUESTIONS: The following suggested questions do not appear on the site.

- O - What did you notice about your group members’ responses?
- D - How might you apply these concepts to your work?

SUGGESTED IN-PERSON ACTIVITY: As an alternative to completing the activity online, these pages lend themselves well to an in-person activity and discussion. Participants do not need to complete both. Use the worksheet on the following page to have participants begin reflecting on the paired terms. Participants can then share their responses to each pairing with the group. Afterwards, you can use the following questions to discuss the activity.

- O - What stood out to you in this activity?
- R/I - What similar terms or phrases do you frequently encounter in your work?
- D - How might you apply this activity to your work or thinking?

Tip: The worksheet can be completed individually, in pairs, or small groups.
Decoding Language Worksheet

**STEPS** (these can be completed individually or in pairs/small groups):

1. The phrases in the word bank fall under the “Social Justice Frames” column. Match each one with the “Current Frames” phrasing that it pairs with.

2. After you have matched each phrase, write a brief explanation of how the two terms represent different assumptions.

<table>
<thead>
<tr>
<th>WORD BANK:</th>
<th>Current Frames</th>
<th>Social Justice Frames</th>
<th>How Are They Different?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social responsibility</td>
<td>Vulnerable population</td>
<td>Find a cause for cancer</td>
<td>Oppressed populations</td>
</tr>
<tr>
<td>Social justice</td>
<td>Factor/social problem</td>
<td>Systemic change</td>
<td>Alternative assessments</td>
</tr>
<tr>
<td>Causes of risky conditions</td>
<td>Personal responsibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Risky behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Risk assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Find a cure for cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intervention/treatment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
UNIT 2: PERSPECTIVES ON FRAMING

STATEMENTS, ASSUMPTIONS, AND ACTIONS

COMPARISONS: STATEMENTS, ASSUMPTIONS, AND ACTIONS

SUMMARY: These pages offer participants the opportunity to reflect on common assumptions that influence public health work. On the first page, participants are asked to answer the question, “How would I focus resources and organize activities at my public health department to address these statements and assumptions?” On the next page, they can compare their fellow learners’ responses. Alternately, rather than having group members respond online, you can provide the statements and ask the same questions during an in-person session.

DISCUSSION: The following question appears on the site.
• What do you think about these statements? Do they reflect your own beliefs, or have you heard them said or written by others?

DEFINING PUBLIC HEALTH ISSUES, and TOP PRIORITIES POLL

SUMMARY: These pages apply the concept of framing to the development of public health priorities. Frames affect what we choose to work on and how. In the “Top Priorities Poll,” participants are asked to select what they view as their organization’s priorities. The results can be used to guide a follow-up discussion. If you are discussing the poll in-person, you may want to provide the final results of the poll prior to the discussion.

DISCUSSION: The following questions appear on the site.
• What examples can you provide from your day-to-day experiences to show how your health department [or organization] spends most of its time and resources?
• How would you describe your organization’s priorities? Are they written in your organization’s stated policies and practices?
• Do you agree with your organization’s priorities? Why or why not?
ALIGNING FRAMES

SUMMARY: This page provides a specific example of how framing has affected health in a historically marginalized community. The two videos illustrate how research into the high rates of diabetes among the Pima Indians may be focused on research questions that fail to examine the root causes of this health inequity.

DISCUSSION: The site provides a worksheet, “Contesting Frames, Redefining Questions,” to guide this discussion. Participants are asked to compare how simple questions may be framed differently, according to either a biomedical paradigm or a social justice frame. They are then asked to apply these questions to the Pima Indian case study. The following questions appear on the site.

- What is the source of the problem?
- What is the goal?
- What is the strategy?
- What needs to change?
- Who defines the problem?
- Who decides how to address the problem?
- Who needs to change?

Unit 2, Section: Conclusion

INDEX OF ACTIVITIES

- The Last Word
- Satisfaction Survey

THE LAST WORD

SUMMARY: This page wraps up the unit and offers questions for reflection. As there is no space on the page to answer questions, you could ask participants to post on the Discussion Board or have a unit wrap-up discussion in person.

SUGGESTED DISCUSSION: The following suggested questions do not appear on the site.

- O - We’ve covered a lot of information in this unit. What’s one activity, story, or discussion that stands out to you?
- R/I - Did you develop any new insights based on what you read, saw, and heard in this unit?
- D - How might you apply the information in this unit to your work?

SATISFACTION SURVEY

Please note that the results from the survey go directly to NACCHO, not the group leader or facilitator. We encourage participants to complete the survey, as the results help NACCHO improve course content and delivery.
Unit 2, Voices from the Field

INDEX OF ACTIVITIES

Dr. Linda Rae Murray

SUMMARY: Voices from the Field appear online throughout each unit and can be accessed from the index. You can use general discussion questions for any of the presentations.

SUGGESTED DISCUSSION: The following suggested questions do not appear on the site.

- **O** - What stands out to you from the presentation?
- **R** - What makes you feel concerned? What makes you feel inspired?
- **I** - How does this presentation influence your thoughts your organization’s work in addressing health inequities?
- **D** - What is one key lesson from the presentation that you want to apply to your work?

Unit 2, Additional Resources

INDEX OF RESOURCES

The index lists “Featured Resources” and “Other Resources.” Some also appear throughout the course. As a facilitator, you can choose if and when to use them. If you don’t use them as they appear, the index is a helpful page to access them.

NOTE: Not all of these resources appear on the main index page on or in the same order as the overview of the unit.
Unit 3: Public Health History

PURPOSE AND OVERVIEW
SUMMARY: This page lists the purpose, overview, goals, and objectives for the unit. It also includes an index.

Unit 3, Section: Learning from History

INDEX OF ACTIVITIES
- Introduction
- INTERACTIVE: Connecting the Past and the Present: Public Health Timeline
- DISCUSSION: Thoughts about the Presentation
- Statements, Assumptions, and Actions
- COMPARISONS and DISCUSSION: Statements, Assumptions, and Actions Comparisons

INTRODUCTION
SUMMARY: This page describes concepts relating to how public health is defined and practiced. It uses an all-too-common example of a patient’s experience with the medical field as an analogy for what is also happening in public health. Like the patient’s experience with a fragmented care system, public health can also be fragmented. Professionals carve out specialized areas of expertise, and “research” and “practice” are often separate. This page provides an opportunity for participants to reflect on their own experience in public health.

SUGGESTED DISCUSSION: The following suggested questions do not appear on the site.
- O - What elements of fragmentation have you observed at your organization?
- R - We often refer to these fragments as “silos.” How have these silos affected your work?
- I - What are the benefits of silos? What are the drawbacks?

CONNECTING THE PAST AND THE PRESENT, and DISCUSSION: THOUGHTS ABOUT THE PRESENTATION
SUMMARY: This interactive timeline presents major events from the past 170 years of public health history. Participants can explore the events based on theme, by checking or unchecking the colored boxes at the top of the interactive, or by chronological order, by scrolling along the bottom. The discussion page provides participants with an opportunity to reflect and answer questions. These can also be used in-person.

DISCUSSION: The following questions appear on the site.
- Of everything you saw and read in the presentation, what stands out for you as particularly surprising or important?
- How does this presentation reflect or conflict with what you’ve already learned about the history of public health?
- Do you notice any patterns or trends in the events included with the presentation? What were they?
- What’s missing?
- Are there particular events you believe should be added in this presentation? If so, please describe and share them.
UNIT 3:
PUBLIC HEALTH HISTORY

STATEMENTS, ASSUMPTIONS AND ACTIONS, and COMPARISONS: STATEMENTS, ASSUMPTIONS, AND ACTIONS

SUMMARY: These pages provide an additional opportunity for participants to reflect on the core themes of the public health timeline. On the first page, participants are asked to read each statement and discuss their reflections. On the next page, they can compare their fellow learners’ responses. Alternately, rather than having group members respond online, you can provide the statements and ask the same questions during an in-person session.

DISCUSSION: The following questions appear on the site.

• What does the quotation mean to you? Discuss any sentences, concepts, or words that you would like the group to help you clarify.
• Do you agree or disagree with the quotation’s message or argument? Share examples of historical events that shape your views about the quotation (you can revisit the Timeline or draw from your own knowledge).

UNIT 3, Section: Legacies of Social Injustice

INDEX OF ACTIVITIES

- Introduction
- 1850s to 1870s: Structural Racism and the Transcontinental Railroad
- 1900s: Exposing Structural Racism at the Turn of the Century
- 1870s to 1950s: Discovery of the Causes and Cures of Infectious Diseases
- 1940s and 1950s: Growth of Social Determinants of Health Inequities
- DISCUSSION: Thoughts About the Examples

INTRODUCTION

1850s To 1870s: Structural Racism And The Transcontinental Railroad,
1900s: Exposing Structural Racism At The Turn Of The Century,
1870s To 1950s: Discovery Of The Causes And Cures Of Infectious Diseases,
1940s And 1950s: Growth Of Social Determinants Of Health Inequities, and
Discussion: Thoughts About The Examples

SUMMARY: This section features examples of events and trends that have created the health inequities that we see today.
SUGGESTED DISCUSSION: On “Discussion: Thoughts About the Examples,” several questions are provided to guide discussion about the examples in this section. Depending on the time you have allotted, you may choose to discuss each example separately, then have an overarching discussion about the section as a whole. The following questions appear on the site; however, they have been altered slightly to allow for more in-depth discussion about each example.

Questions for each example:

• What did this example reveal about who had the power to make decisions that affect health and well-being? Identify the institutions that held power and how their decision-making affected health.

• What is the connection between this example and the public health problems you encounter today?

Overall discussion:

• Of everything you saw and read in the presentation, what stands out for you as particularly surprising or important?

• If there are resources you’d like to add to the discussion, please describe and share them.

• What are some of the challenges and obstacles that public health agencies and practitioners face in becoming more involved in social reforms?

• Who and what will determine the direction of public health as a field? What conflicts are shaping (or reshaping) public health?

Unit 3, Section: Conclusion

INDEX OF ACTIVITIES

☐ The Last Word
☐ Satisfaction Survey

THE LAST WORD

SUMMARY: This page wraps up the unit and offers some questions for reflection. As there is no space on the page to answer questions, you could ask participants to post on the Discussion board or have a unit wrap-up discussion in person.

SUGGESTED DISCUSSION: The following suggested questions do not appear on the site.

• O - We’ve covered a lot of information in this unit. What’s one activity, story, or discussion that stands out to you?

• R/I - Did you develop any new insights based on what you read, saw, and heard in this unit?

• D - How might you apply the information in this unit to your work?
SATISFACTION SURVEY

Please note that the results from the survey go directly to NACCHO, not the group leader or facilitator. We encourage participants to complete the survey, as the results help NACCHO improve course content and delivery.

Unit 3, Voices from the Field

INDEX OF ACTIVITIES

Josy Hahn, MPH

SUMMARY: Voices from the Field appear online throughout each unit and can be accessed from the index. You can use general discussion questions for any of the presentations.

SUGGESTED DISCUSSION: The following suggested questions do not appear on the site.

• **O** - What stands out to you from the presentation?
• **R** - What makes you feel concerned? What makes you feel inspired?
• **I** - How does this presentation influence your thoughts on where your organization started or could start in addressing health inequities?
• **D** - What is one key lesson from the presentation that you want to apply to your work?
Unit 4: Root Causes

PURPOSE AND OVERVIEW
SUMMARY: This page lists the purpose, overview, goals, and objectives for the unit. It also includes an index.

Unit 4, Section: Class Oppression

INDEX OF ACTIVITIES
- Class Oppression: Introduction
- What Is Class?
- Implications for Health and Well-Being
- ANIMATION: Richard Wolff Examines Class
- Class Power in Action: Home Foreclosure
- SLIDESHOW: Hidden Injuries of a Class Society

INTRODUCTION
SUMMARY: This page describes concepts relating to how public health is defined and practiced. It uses an all-too-common example of a patient’s experience with the medical field as an analogy for what is also happening in public health. Like the patient’s experience with a fragmented care system, public health can also be fragmented. Professionals carve out specialized areas of expertise, and “research” and “practice” are often separate. This page provides an opportunity for participants to reflect on their own experience in public health.

CLASS OPPRESSION: INTRODUCTION, WHAT IS CLASS?, AND IMPLICATIONS FOR HEALTH AND WELL-BEING
SUMMARY: These three pages provide an introduction to the concept of class and examples of how class operates in society. Importantly, the course differentiates between class as an organized power structure involving groups, and the common perception in the United States that class is an individual characteristic.

SUGGESTED DISCUSSION: The following suggested questions do not appear on the site.
- O - What do you notice about how the course defines class?
- R - What surprises (or doesn’t surprise) you about this definition?
- R - Which examples from these pages resonate with you? What other examples of class have you seen in your work?

ANIMATION: RICHARD WOLFF EXAMINES CLASS
SUMMARY: In this animation, economist Richard Wolff describes class structure in the United States and its consequences. Participants are asked to consider the potential health consequences of the structure he describes as they watch the video.
DISCUSSION: The following questions appear on the site.

- What do you see as the potential health consequences of the class structure described by Wolff?
- Consider the ways in which the health consequences of class may be related to or different from the idea of “exposure” or “exposure pathway.”
- Reflect on the stresses created by economic inequality generally and economic crises specifically. How can the anticipation of serious health effects enable you to plan more effectively?
- What existing inequities in your community are likely to be exacerbated by the mortgage crisis and ongoing high unemployment?

**CLASS POWER IN ACTION: HOME FORECLOSURE**

SUMMARY: This page links concepts relating to class to the recent home foreclosure crisis. Again, it draws the important distinction between the common narrative that foreclosures are the result of individual failures and the crisis as a consequence of organized efforts. The additional resources provide more detail on the subject.

DISCUSSION: The following questions appear on the site.

- In what ways does the foreclosure experience create a pattern or sequence of events that may lead to disease and illness for the individuals involved?
- What has been your experience in your jurisdiction with the effects of foreclosure? How has your department been affected?
- In what ways does the pathway diagram suggest areas for action directed at institutions rather than individuals? Along which dimensions and at what level could the health department take action?
- What actions could a local health department take in conjunction with other agencies and community groups to prevent what happened in Oakland or your jurisdiction from recurring?

**SLIDESHOW: “HIDDEN INJURIES” OF A CLASS SOCIETY**

SUMMARY: This slideshow provides examples of how existing class structures can affect health and well-being. It compares the current demands of a class society and what people want in their lives.

DISCUSSION: The following questions appear on the site.

- Considering everything you read in the slideshow, in what ways is the public health role a potential starting point for action?
- What are the connections between the examples used here and the public health problems in your jurisdiction?
- What are some of the barriers to implementing this work in your jurisdiction?

**ADDITIONAL DISCUSSION:** The following additional questions do not appear on the site.

- What conflicts between employers and workers stood out to you?
- Were any of the conflicts surprising? What are your areas of disagreement?
- What patterns exist in these conflicts?
Unit 4, Section: Racism

INDEX OF ACTIVITIES
- Racism: Introduction
- VIDEO: Race: The Power of An Illusion
- INTERACTIVE: Hurricane Katrina: The Unnatural Disaster?
- VIDEO: Justice on the Table

RACISM: INTRODUCTION
SUMMARY: This page introduces racism as a social injustice with profound consequences for health. In opening with the statement, “Racism is not a factor, it is an injustice,” this section sets the stage for a chapter on the patterns of decisions, systems, and structures that have created and maintained segregation and other racial inequities.

VIDEO: RACE: THE POWER OF AN ILLUSION
SUMMARY: This video, “The House We Live In,” is an excerpt from the documentary “Race: The Power of An Illusion.” It describes how residential segregation was created through intentional unjust decision-making.

DISCUSSION: The following questions appear on the site.
- The film excerpt focuses on how three separate entities—the real estate industry, federal policy, and the banking industry—enabled and institutionalized segregation and wealth disparities for decades. What did you find most striking or surprising?
- Supreme Court Justice Henry Blackmun said, “To get beyond racism we must first take account of race. There is no other way.” Do you agree? Who benefits if we adopt a colorblind approach to society? How is colorblindness different from equality?
- What can public health do about the development of these conditions today?
- Reflect on how health consequences of what you witnessed in the film are likely exacerbated by the daily experiences of racism at the interpersonal level.

INTERACTIVE: HURRICANE KATRINA: THE UNNATURAL DISASTER?
SUMMARY: This interactive map shows how a history of racism, segregation, and poverty led to the inequitable impacts of the Hurricane Katrina disaster.

DISCUSSION: The following questions appear on the site.
- What was most striking to you as you reviewed the maps?
- How is the displacement caused by Hurricane Katrina an issue of social injustice? In what ways was social justice an issue long before the hurricane arrived?
- What role does political power, or the lack of it, play in the production of health?
- For public health, how is Katrina an issue of long-term preparedness? In what ways is preparedness a question of setting the foundations for health, independent of any potential disaster?
VIDEO: JUSTICE ON THE TABLE

SUMMARY: In this video, migrant farm workers describe their working and living conditions, and how they suffer disproportionately as a result of their immigration status and ethnicity.

DISCUSSION: The following questions appear on the site.
- What did you find surprising about the lives of farm workers and their exposure to a multitude of challenges to their health?
- What could or does public health do or see as its responsibility to improve the lives of this large population?
- In what ways might public health address the plight of farm workers through changes to public policy and employment law? The food system? Agriculture?

Unit 4, Section: Gender Inequity

INDEX OF ACTIVITIES
- Gender Inequity: Introduction
- Gender and Relations of Power
- VIDEO: Employment Discrimination: Paid Sick Days
- VIDEO: Women Tell Their Stories
- Social Justice at Work: Lesbian, Gay, Bisexual, and Transgender Populations
- Home Foreclosure: Impact on Women

GENDER INEQUITY: INTRODUCTION, and GENDER AND RELATIONS OF POWER

SUMMARY: These pages introduce the concept of gender inequity as involving systems of power. Like class oppression and racism, gender inequity involves patterns of decisions, systems, and structures that influence people’s health.

DISCUSSION: The following questions appear on the site.
- What are some of the dimensions or sectors of life (other than health) where you witness differential power relations based on gender today?
- What are the possible health consequences of discrimination and bias resulting from these power relations?
- Are there laws and policies in place that ostensibly prevent these forms of discrimination and bias? If so, why do they continue to occur?
VIDEO: EMPLOYMENT DISCRIMINATION: PAID SICK DAYS, and VIDEO: WOMEN TELL THEIR STORIES

SUMMARY: This chapter also describes the intersection of gender inequity with racism and class oppression. In the first video, under “Employment Discrimination,” a Latina worker in San Francisco describes her and her husband’s working conditions. In the accompanying audio analysis, Portia Wu discusses the lack of access to workers’ protections, such as paid sick leave, that many workers face. In “Women Tell Their Stories,” two women discuss their specific circumstances relating to paid sick leave.

NOTE: The written transcript for Portia Wu’s audio clip can be found through the “Voices” section of this unit. You may also wish to play clips of the video and/or audio before beginning the discussion.

DISCUSSION: The following questions appear on the site.

• Does your agency or could your agency collect and disseminate information on the specific needs and issues for classes of occupations such as domestic workers, food workers, restaurant workers, care-givers, etc.?

• What practices could your agency support and what kinds of information could it disseminate to draw attention to the need for paid sick days?

ADDITIONAL DISCUSSION: The following additional questions do not appear on the site.

• O/R - What stands out as striking or noteworthy as you listen to these clips?

• I - Aside from paid sick leave, what are some other aspects of labor policy that you view as affecting health?

• I/D - Portia Wu states, “It is very useful to have the support of public health experts and officials. They are trusted messengers and are a critical source of information.” What might prevent some public health professionals from acting on these issues? What steps can we take to overcome these barriers?

SOCIAL JUSTICE AT WORK: LESBIAN, GAY, BISEXUAL, AND TRANSGENDER POPULATIONS

SUMMARY: This page describes the intersection of gender identity and sexual orientation with class oppression in the workplace. In the audio clip, Pat Baillie describes, in detail, barriers that lesbian, gay, bisexual, and transgender (LGBT) populations often face, as well as the potential health consequences.

NOTE FOR FACILITATORS: In the audio clip, Baillie uses the phrase “down low” to describe certain behaviors among some black men. Others have since argued that the term has become a stigmatizing label, and while black men themselves may identify by it, public health practitioners may want to avoid its use. You may want to address or discuss this with your group before proceeding.

SUGGESTED DISCUSSION: The following suggested questions do not appear on the site.

• O - In the audio clip, Pat Baillie notes, “What is hard for the LGBT community is there is very little data and metrics to define the problem.” Does your agency or organization collect and disseminate information on the specific needs and issues for LGBT populations?

5 For more, see: http://www.tandfonline.com/doi/abs/10.1080/01639625.2012.726174.
Unit 4

- I - What practices could your agency or organization support, and what kinds of information could it disseminate to draw attention to the needs of LGBT populations?
- D - What would it take for your organization to begin implementing these practices?

HOME FORECLOSURE: IMPACT ON WOMEN

SUMMARY: This page describes how women, particularly women of color, were disproportionately impacted by the home foreclosure crisis. If your group has not completed the “Class Oppression” chapter, they may find the resources on “Class Power in Action: Home Foreclosure” helpful.

DISCUSSION: The following questions appear on the site.

- How can you determine if neighborhoods in your jurisdiction have been targeted for sub-prime loans? How might you use such information?
- In what ways can the public health department work with other local agencies to prevent a crisis like the current one from causing such devastation?

ADDITIONAL DISCUSSION: The following additional questions do not appear on the site.

- I - Who or what institutions in your community have the power to create, enforce, implement, and change the decisions, policies, investments, rules, and laws that created the foreclosure crisis?
- I - What opportunities exist to influence decisions, policies, investments, rules, and laws to benefit all groups?

Unit 4, Section: Conclusion

INDEX OF ACTIVITIES
- The Last Word
- Satisfaction Survey

THE LAST WORD

SUMMARY: This page wraps up the unit and offers some questions for reflection. As there is no space on the page to answer questions, you could ask participants to post on the Discussion board or have a unit wrap-up discussion in person.

DISCUSSION: The following questions appear on the site.

- Considering your organization’s strengths and the challenges common to public health practitioners tackling health inequities, what must your organization do to succeed?
- Did you develop any new insights based on what you read, saw, and heard in this unit? What did you think about the unit’s relevance, impact, and clarity?

ADDITIONAL DISCUSSION: The following additional questions do not appear on the site.

- I - How might you apply the information in this unit to your work? What barriers might exist?
- D - What steps can you or your organization take to overcome these barriers?

SATISFACTION SURVEY

Please note that the results from the survey go directly to NACCHO, not the group leader or facilitator. We encourage participants to complete the survey, as the results help NACCHO improve course content and delivery.
Unit 4, Voices from the Field

INDEX OF ACTIVITIES

- Megan Gaydos
- Pat Baille
- Portia Wu
- Rajiv Bhatia
- Barbara Ferrer
- Alameda County: Foreclosures and Health Paradox
- Boston Public Health: Shifting Health Paradigm

SUMMARY: Voices from the Field appear online throughout each unit and can be accessed from the index. You can use general discussion questions for any of the presentations.

SUGGESTED DISCUSSION: The following suggested questions do not appear on the site.

- O - What stands out to you from the presentation?
- R - What makes you feel concerned? What makes you feel inspired?
- I - How does this presentation influence your thoughts on where your organization started or could start in addressing health inequities?
- D - What is one key lesson from the presentation that you want to apply to your work?

Unit 4, Additional Resources

INDEX OF RESOURCES

The index lists “Featured Resources” and “Other Resources.” Some also appear throughout the course. As a facilitator, you can choose if and when to use them. If you don’t use them as they appear, the index is a helpful page to access them.

NOTE: Not all of these resources appear on the main index page on or in the same order as the overview of the unit.
Unit 5: Social Justice

PURPOSE AND OVERVIEW

SUMMARY: This page lists the purpose, overview, goals, and objectives for the unit. It also includes an index.

Unit 5, Section: What Is Social Justice?

INDEX OF ACTIVITIES

- Social Justice and Public Health
- Principles of Social Justice
- DISCUSSION: Describe Your Experience and Expectations
- The Five Faces of Oppression
- DISCUSSION: Social Justice In Your Jurisdiction

SUGGESTED ACTIVITY:

This chapter provides a conceptual overview of a social justice framework, followed by discussion questions. You may wish to use the provided worksheet, “What Is Social Justice?” to guide an in-person activity. For the worksheet, you can ask participants to reflect on their own and write down their responses, then share with partners or with a small group. Then, continue with the discussion questions provided on the site under “Discussion: Describe Your Experience and Expectations” and “Discussion: Social Justice In Your Jurisdiction.”

SOCIAL JUSTICE AND PUBLIC HEALTH, PRINCIPLES OF SOCIAL JUSTICE, and DISCUSSION: DESCRIBE YOUR EXPERIENCE AND EXPECTATIONS

SUMMARY: These pages discuss the principles behind a social justice framework and argue that using a social justice framework is critical to improving public health.

DISCUSSION: The following questions appear on the site.

- Do the social justice principles presented in this unit seem familiar or unfamiliar? Do you have examples of these principles from your own life or professional experience?
- “Inequities in health status are not random, accidental, or natural, but the product of systematic, long-term inequalities in society derived from imbalances in political power. One example of this idea is seen in research conducted by sociologist David Williams and others who demonstrate that life expectancy for African-Americans increased during the height of the Civil Rights movements and declined again in the 1980s.” Do you agree that inequities in health status are not random or natural? If so, how might practice reflect the injustices that cause health inequities?
- “...[E]galitarian and social justice implications of the public health vision are either still not widely recognized or are conveniently ignored” (Dan E. Beauchamp, “Public Health as Social Justice: Ideology of Market Imperatives,” Inquiry 13 [1976]). Does the statement from 1976 still hold true? If so, how?
- In this section, we’ve presented the following four principles of social justice: (1) Social and economic equality; (2) Political equality/democracy; (3) Liberation from oppression; (4) Autonomy. If public health adopted these four principles, what would be different from the way it functions today?
THE FIVE FACES OF OPPRESSION, and DISCUSSION: SOCIAL JUSTICE IN YOUR JURISDICTION

SUMMARY: These pages present Iris Marion Young’s description of five conditions of oppression. As with many of the other concepts in the course, this page focuses on the systemic and pervasive nature of these conditions.

DISCUSSION: The following questions appear on the site.

• In relation to the five types of oppression discussed above, how would you describe the nature of social injustices and oppression in your jurisdiction?
• How are these forms of oppression a public health issue?
• In what ways can public health use its access to data and knowledge to eliminate these types of oppression?
• What kind of educational campaigns might the health department conduct in order to do this?

ADDITIONAL DISCUSSION: The following additional questions do not appear on the site.

• I - Why is it important to incorporate social justice and eliminate oppression in public health?
• I - Why might people disagree with the notion that public health has a role in promoting social justice?
What Is Social Justice? Worksheet

Four Principles of Social Justice:

- **Social and Economic Equality**: influence over public decisions; “concerns the organization of economic activity itself, specifically in relation to hierarchy, power, influence, living conditions, and access to resources”

- **Political Equality/Democracy**: “Democratic decision-making ensures no group has a disproportionate advantage or influence over another in shaping living conditions through excessive power and control of resources”

- **Liberation and Emancipation**: “including freedom from having to conform to the dominant culture, and from social exclusion and marginalization”

- **Autonomy**: “groups in society (defined by class, race, gender, sexuality) having control over or freedom from oppressive conditions in social, political, and work lives”

Share an example of the social justice principles in your own life or professional experience:

---

Five Faces of Oppression (Iris Marion Young)

- **Exploitation**: “as associated with class, and profiting or benefiting from the labor of others”

- **Marginalization**: “of people who are expendable, and ‘excluding them from useful participation in social life… subject to severe… deprivation’”

- **Powerlessness**: “associated with an absence of democracy”

- **Cultural Imperialism**: “the universalization of a dominant group’s experience and culture, and its establishment as the norm”

- **Violence**: “systematic violence as a form of control, coercion, and humiliation, often because of one’s identity”

Share an example of social injustice and oppression in your work and/or community:
Unit 5, Section: Identifying An Approach

INDEX OF ACTIVITIES
- Tackling Causes of Social Injustice
- ACTIVITY: Why is the Water Toxic?
- Remediation vs. Social Justice

TACKLING CAUSES OF SOCIAL INJUSTICE, and ACTIVITY: WHY IS THE WATER TOXIC?

SUMMARY: This chapter draws contrasts between a social justice approach to public health and a conventional, remedial approach to public health. The activity, “Why is the Water Toxic?” shows how the questions we ask can affect the solutions we develop to public health concerns.

SUGGESTED DISCUSSION: The discussion box provided is open-ended. You may choose to use the following additional questions, which do not appear on the site.

- O/R - Which of the three approaches do you observe in your daily work?
- I - What are the immediate benefits of each of the three approaches?
- I - How would your organization’s work change if you used the third approach?

REMEDIATION VS. SOCIAL JUSTICE

SUMMARY: This page compares remedial approaches to public health problems with social justice approaches. You may want to re-emphasize that the activity is not meant to suggest that remedial approaches are wrong - in fact, they are often necessary in the short-term to address immediate public health problems. However, strategic public health planning does require a long-term approach to act on the root causes of health equity.

SUGGESTED ACTIVITY: You can use this page as the basis for an in-person brainstorming activity. Using the provided worksheet, have participants brainstorm potential social justice approaches in response to the remedial approaches, either alone or in small groups. Following the brainstorming, use the provided discussion questions.

DISCUSSION: The following questions appear on the site.

- Thinking back to the Water Is Toxic example—in what ways are the three questions/responses based on a remedial or social justice approach?
- What do you see as the basic differences between these two approaches?
## Identifying an Approach Worksheet

A remedial approach focuses on repairing or fixing a problem. A social justice approach emphasizes the underlying injustice(s) as a cause. Directions: For each of the suggested remedial approaches, brainstorm 2-3 alternative solutions that use a social justice approach.

<table>
<thead>
<tr>
<th>Remedial Approach</th>
<th>Social Justice Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treats or repairs conditions</td>
<td>EXAMPLE: Addresses negative life conditions, with the goal of permanent change.</td>
</tr>
<tr>
<td></td>
<td>YOUR IDEAS:</td>
</tr>
<tr>
<td>Supports subsidies for low-income housing</td>
<td>EXAMPLE: Opposes red-lining and gentrification</td>
</tr>
<tr>
<td></td>
<td>YOUR IDEAS:</td>
</tr>
<tr>
<td>Regulates permissible levels of toxic chemicals</td>
<td>EXAMPLE: Limits the production of toxic chemicals</td>
</tr>
<tr>
<td></td>
<td>YOUR IDEAS:</td>
</tr>
<tr>
<td>Provides inhalers and clinical services to those in</td>
<td>EXAMPLE: Prevents the predominant locating of hazardous waste sites in those communities</td>
</tr>
<tr>
<td>communities with high asthma rates</td>
<td>YOUR IDEAS:</td>
</tr>
<tr>
<td>Tracks illness and disease by county</td>
<td>EXAMPLE: Tracks accumulation of conditions that produce illness</td>
</tr>
<tr>
<td></td>
<td>YOUR IDEAS:</td>
</tr>
</tbody>
</table>
Unit 5, Section: Developing Strategies

INDEX OF ACTIVITIES
- Considering Your Approach to Social Justice
- Elements and Characteristics of this Approach
- DISCUSSION: Share Your Experience
- Seattle-King County Social Justice Ordinance

CONSIDERING YOUR APPROACH TO SOCIAL JUSTICE, and ELEMENTS AND CHARACTERISTICS OF THIS APPROACH

SUMMARY: These pages dig more deeply into specific strategies that public health professionals can explore in their work. Working within the realm of public health’s influence, the course provides examples of actions that can be taken from a social justice perspective.

DISCUSSION: The following questions appear on the site.
- What are some ways in which your department is taking some of the actions described in the course?
- What other actions would you like your LHD to address and what benchmarks would you establish to evaluate how well your LHD did on these dimensions?
- What changes in policy, organizational culture, or institutional processes and practices would show alignment with and manifestation of social justice principles?
- What would need to happen for public health practice in your jurisdiction to be transformed to act on social injustice and its root causes?

DISCUSSION: SHARE YOUR EXPERIENCE

SUMMARY: This discussion asks participants to reflect on their current or previous public health experiences.

DISCUSSION: The following questions appear on the site.
- What plans and processes are in place to promote social justice?
- What do you want to know about how to support action to eliminate health inequity through practice based on social justice?
- In your experience and observation, what strategies have been effective to date within a social justice framework?
- In your experience, what types of community partners have helped (or can help) to advance the transformation of practice?

SEATTLE-KING COUNTY ORDINANCE

SUMMARY: This section shares how Seattle-King County institutionalized a social justice approach by enacting a local ordinance. It also provides a number of resources and tools that Seattle-King County has used in the implementation of this ordinance.

DISCUSSION: The following questions appear on the site.
- What strikes you as particularly surprising or important about the Seattle-King County ordinance?
- Could your jurisdiction ever enact such an ordinance? Why or why not?
Unit 5, Section: Conclusion

INDEX OF ACTIVITIES
☐ The Last Word
☐ Satisfaction Survey

THE LAST WORD

SUMMARY: This page wraps up the unit and offers some questions for reflection. As there is no space on the page to answer questions, you could ask participants to post on the Discussion Board or have a unit wrap-up discussion in person.

DISCUSSION: The following questions appear on the site.

• Considering your organization’s strengths and the challenges common to public health practitioners tackling health inequities, what must your organization do to succeed?
• Did you develop any new insights based on what you read, saw, and heard in this unit? What did you think about the unit’s relevance, impact, and clarity?

ADDITIONAL DISCUSSION: The following additional question does not appear on the site.

• D - How might you apply the information in this unit to your work?

SATISFACTION SURVEY

Please note that the results from the survey go directly to NACCHO, not the group leader or facilitator. We encourage participants to complete the survey, as the results help NACCHO improve course content and delivery.
Unit 5, Voices from the Field

INDEX OF ACTIVITIES

☐ Ngozi Oleru

SUMMARY: Voices from the Field appear online throughout each unit and can be accessed from the index. You can use general discussion questions for any of the presentations.

SUGGESTED DISCUSSION: The following suggested questions do not appear on the site.

• O - What stands out to you from the presentation?
• R - What makes you feel concerned? What makes you feel inspired?
• I - How does this presentation influence your thoughts on where your organization started or could start in addressing health inequities?
• D - What is one key lesson from the presentation that you want to apply to your work?

Unit 5, Additional Resources

INDEX OF RESOURCES

The index lists “Featured Resources” and “Other Resources.” Some also appear throughout the course. As a facilitator, you can choose if and when to use them. If you don’t use them as they appear, the index is a helpful page to access them. NOTE: Not all of these resources appear on the main index page on or in the same order as the overview of the unit.
Individual Action Planning

After completing the *Roots of Health Inequity* course, consider: what steps will you take in the next 24 hours, 7 days, and 30 days to advance a social justice approach in public health?

- Consider ways you might share, further, or apply your learning.
- Your goals can be personal or professional.
- Make sure the activities are tangible things you feel you can accomplish in the timeframe.

<table>
<thead>
<tr>
<th>Goals / Actions</th>
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<tbody>
<tr>
<td>24 hours</td>
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<td>7 days</td>
</tr>
<tr>
<td>30 days</td>
</tr>
<tr>
<td>Beyond?</td>
</tr>
</tbody>
</table>
Appendices
## APPENDIX A: Summary of Learning Objectives

*The Roots of Health Inequity* was built for you to become a co-creator of knowledge. You and your learning group can implement the lesson plans that meet your needs, in any order. This chart lists each course unit and their associated goals and learning objectives.

<table>
<thead>
<tr>
<th>Unit</th>
<th>After completing this unit, you will be able to:</th>
</tr>
</thead>
</table>
| **Unit 1: Where Do We Start?** | • Identify methods for beginning to shift elements of public health practice and organizational culture toward the elimination of health inequity;  
  • Examine approaches to addressing how “privilege” and “power” affect your capacity to act on the root causes of health inequity;  
  • Describe the components of community capacity and community engagement; and  
  • Describe how political pressure influences public health practice. |
| **Unit 2: Perspectives on Framing** | • Define a mental “frame” in reference to public health practices;  
  • Determine how particular frames influence public health practice and research;  
  • Recognize the role of language in framing the issues; and  
  • Challenge hidden, long-held, or recently established frames that maintain health inequity. |
| **Unit 3: Public Health History** | • Appreciate the evolution of public health since the 19th century;  
  • Understand how public health relates to the broader social history of the times, including the conflicts with industry, government, and the medical profession; and  
  • Recognize the ongoing tension between the demands for a science-based public health system and one engaged more deeply in the political process. |
| **Unit 4: Root Causes** | • Identify and define root causes of health inequities and their relevance and relationship to public health practice; and  
  • Develop strategies that address the root of injustices to break the ongoing cycle of those inequities, even if in small ways. |
| **Unit 5: Social Justice** | • List four principles of social justice;  
  • Identify specific ways in which social justice principles might be applied to elements of everyday practice;  
  • Recognize the difference between social justice and other approaches to public health practice; and  
  • Examine the underlying assumptions, features, and values of a social justice approach to public health practice and contemplate how it relates to everyday work. |

NACCHO suggests several possible lesson plans based on these learning objectives in *Roots of Health Inequity: A Companion Guide*, which can be found at: [naccho.org/roots](http://naccho.org/roots).
APPENDIX B: Checklist for Tracking Progress

The Roots of Health Inequity is designed to be flexible and meet your needs. You can start with any unit and complete the activities that are most relevant to your goals. For example, you may wish to start with Unit 3, Public Health History, so participants have a firm understanding of the historical causes of health inequities before moving on to discuss how we can all be a part of achieving health equity. See “Appendix A: Summary of Learning Objectives” to guide your choices.

You can provide this checklist to participants to help track their progress through the course.

Unit 1: Where Do We Start?

WORKFORCE CAPACITY
- Let’s Start
- INTERACTIVE: Biggest Obstacles Poll
- Inspire Change From Within
- SLIDESHOW: Doak Bloss
- DISCUSSION: Confront Unearned Privileges
- DISCUSSION: Envision New Possibilities

COMMUNITY ENGAGEMENT
- Authentic Community Engagement
- INTERACTIVE: Action at the Neighborhood Level: Polluting Sites in Northern Manhattan Interactive
- INTERACTIVE: A Neighborhood Fights Back
- DISCUSSION: Thoughts about the Presentation
- DISCUSSION: Share Your Experience

LEADERSHIP
- Competing Interests and Political Pressures
- DISCUSSION: Political Pressure Points
- DISCUSSION: Sharing Strategies
- Exposing Hidden Interests
- INTERACTIVE: Smallville
- DISCUSSION: Focusing on Smallville
- DISCUSSION: Scrutinizing Decisions
- Statements, Assumptions and Actions
- COMPARISONS and DISCUSSION: Statements, Assumptions and Actions

CONCLUSION
- The Last Word
- Satisfaction Survey

VOICES FROM THE FIELD
- Index of Voices
- Dr. Renee Canady
- Vernice Miller-Travis
- Dr. Umair A. Shah
- Doak Bloss

ADDITIONAL RESOURCES
APPENDIX B: Checklist for Tracking Progress

Unit 2: Perspectives On Framing

FRAMES
- What Is a Frame?
- Why Is it Important to Explore Frames?
- What Is Framing?
- SLIDESHOW: Frames and Farming
- The Story of Oren Long
- DISCUSSION: Thoughts about the Story of Oren Long

DECODING LANGUAGE
- The Role of Language in Framing Issues
- ACTIVITY: Recognizing Frames through Language
- COMPARISONS: Recognizing Frames through Language
- ACTIVITY: How Language Choices Affect Meaning
- Statements, Assumptions, and Actions
- COMPARISONS: Statements, Assumptions, and Actions

PUBLIC HEALTH FRAMES
- Defining Public Health Issues
- INTERACTIVE: Top Priorities Poll
- VIDEOS: Aligning Frames

CONCLUSION
- The Last Word
- Satisfaction Survey

VOICES FROM THE FIELD
- Dr. Linda Murray

RESOURCES

Unit 3: Public Health History

LEARNING FROM HISTORY
- Introduction
- Connecting the Past and the Present
- INTERACTIVE: Public Health Timeline
- DISCUSSION: Thoughts about the Presentation
- Statements, Assumptions, and Actions
- COMPARISONS and DISCUSSION: Statements, Assumptions, and Actions Comparisons

LEGACIES OF SOCIAL INJUSTICE
- Introduction
- EXAMPLE 1: 1850s to 1870s: Structural Racism and the Transcontinental Railroad
- EXAMPLE 2: 1900s: Exposing Structural Racism at the Turn of the Century
- EXAMPLE 3: 1870s to 1950s: Discovery of the Causes and Cures of Infectious Diseases
- EXAMPLE 4: 1940s and 1950s: Growth of Social Determinants of Health Inequities
- DISCUSSION: Thoughts About the Examples

CONCLUSION
- The Last Word
- Satisfaction Survey

VOICES FROM THE FIELD
- Josy Hahn

FEATURED RESOURCES

OTHER RESOURCES
APPENDIX B: Checklist for Tracking Progress

Unit 4: Root Causes

CLASS OPPRESSION
- Introduction
- What Is Class?
- Implications for Health and Well-being
- Richard Wolff Examines Class
- ANIMATION & DISCUSSION: Richard Wolff
- Class Power in Action: Home Foreclosure
- ACTIVITY: “Hidden Injuries” of a Class Society

RACISM
- Introduction
- Race: The Power of Illusion
- VIDEO: The House We Live In
- INTERACTIVE: Hurricane Katrina: The Unnatural Disaster?
- VIDEO & DISCUSSION: Justice on the Table

GENDER INEQUITY
- Introduction
- DISCUSSION: Gender and Relations of Power
- VIDEO & DISCUSSION Employment Discrimination: Paid Sick Days
- VIDEO & DISCUSSION: Women Tell Their Stories
- AUDIO: Social Justice at Work: LGBT Populations
- Home Foreclosure: Impact on Women

CONCLUSION
- The Last Word
- Satisfaction Survey

VOICES FROM THE FIELD
- Megan Gaydos
- Pat Baillie
- Portia Wu
- Rajiv Bhatia
- Barbara Ferrer
- Alameda County: Foreclosures and Health
- Boston Public Health: Shifting Health Paradigm

RESOURCES

Unit 5: Social Justice

WHAT IS SOCIAL JUSTICE?
- Social Justice and Public Health
- INTERACTIVE: Principles of Social Justice
- DISCUSSION: Describe Your Experience and Expectations
- SLIDESHOW: The Five Faces of Oppression
- DISCUSSION: Social Injustice in Your Jurisdiction

IDENTIFYING AN APPROACH
- Tackling Causes of Social Injustice
- ACTIVITY & DISCUSSION: Why Is the Water Toxic?
- ACTIVITY & DISCUSSION: Remediation vs. Social Justice

DEVELOPING STRATEGIES
- Considering Your Approach to Social Justice
- INTERACTIVE: Elements and Characteristics of this Approach
- DISCUSSION: Share Your Experience
- Seattle-King County Social Justice Ordinance

CONCLUSION
- The Last Word
- Satisfaction Survey

VOICES FROM THE FIELD
- Ngozi Oleru

RESOURCES
APPENDIX C: Creating a Group

Sample #1: Log in to the Roots of Health Inequity Online Course. Find the log in page here: http://members.rootsofhealthinequity.org/

Sample #2: Create a Group from Your Dashboard
APPENDIX C: Creating a Group

Sample #3:

Fill Out the Form

PLEASE NOTE: Make sure you do not close your browser while the units are copying or you will not be able to access every unit. This usually takes a few minutes.
APPENDIX C: Creating a Group

Sample #4:
Invite Others to Join Your Group

Sample #5:
Sample Invitation Sent by Email
APPENDIX C: Creating a Group

OVERVIEW OF THE GROUP PAGE (See Sample Screen #6)

For more information on how to navigate the site, see the online guide, Main Features of this Course. As a facilitator, the Group Page can be helpful. There are a few features that may help you manage the group. These include the following:

- **Group Overview**: Here, you can create a description of the group, which may be helpful if you have several groups within your organization or community that are taking the course. It lists units on the right-hand side for easy access, as well as “My Actions,” which include going to the main membership page, creating a discussion, or inviting other members. The page also highlights recent group activity, Bulletin Board posts, and Discussions, which is helpful in seeing if and how members are responding to questions that you have posted.

- **Units**: This page provides a brief summary of each unit as well as direct access to each unit. The summaries may be helpful if you want to provide participants with information on what they will be discussing.

- **Discussions**: Only group members can read and participate in discussions. Anyone in the group can start a discussion from the “My Dashboard” page. As a facilitator, this is also a place where you can add questions that are not already in the online course. For example, if there is a particular activity or resource that is important for your group, you could add questions in the discussion board and then ask via email that participants post their thoughts about the question.

- **Bulletin Board**: The Bulletin Board is a place for general announcement posts, rather than discussion items. Only group administrators can create bulletin board announcements.

- **Calendar**: You can use the calendar to set group meetings, timelines, due dates for comments, or other important dates.
APPENDIX C: Creating a Group

Sample #6:
Example of an Active Group Page (General Group)
APPENDIX D: Resources

DEFINITIONS

There are varied definitions for key terms used in the online course, such as “health inequities”. You may want to provide participants with a list that you add to as you progress through the course. The group may decide they want to adapt definitions or use ones from different sources as they engage in discussions about these topics. The following resources can help you get started:


FACILITATION RESOURCES

The following resources describe various approaches to facilitating tough conversations and include helpful examples of issues you may encounter during dialogue about power, privilege, and social injustice.

APPENDIX D: Resources

15. Dr. Pop. http://drpop.org/

Tip: You can ask participants to share additional health equity and social justice resources as they proceed through the course. Keep a running list that the group can share and add to.
The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice with local health departments.