Planning for Equity in NC: Who’s at the Table?
Planning for Healthy Communities Conference
November 5, 2019
Gastonia Conference Center
Meet Your Keynote Presenters

Pam Diggs, MPH
Director of Programs & Racial Equity
Youth Empowered Solutions

Cornell P. Wright, MPA
Executive Director
Office of Minority Health and Health Disparities

Pam & Cornell @ UNC Minority Health Conference 2019
Today’s Discussion

INTRODUCTIONS: Building of the Table

IDENTITY: The Guest List

DIVERSITY: The Invitation

INCLUSION: A Seat at the Table

EQUITY: A Meal Everyone Can Enjoy!

LIBERATION: The Dance

#YES4Change
We envision a world that elevates and invests in the power of youth. We imagine healthy and safe communities where all people have an equal opportunity to thrive.
YES! Core Values

#YES4Change

Equity
Intersectionality
Truth-Telling
Transparency
Vulnerability
Collaboration
10 Reasons Why

YOUTH EMPOWERMENT DOESN’T WORK WITHOUT RACIAL EQUITY

1. Our mission depends on it.
2. Power is not balanced.
3. Economic factors are correlated to race because of structural racism.
4. Economic factors do not explain all inequities.
5. Racial equity facilitates youth equity.
6. Intersectionality.
7. Youth demand it.
8. Youth are experiencing “death by racism”.
9. It is urgent.
10. To enhance our model.
INTRODUCTIONS
Land Acknowledgment

We were a people before “We the People.”

Jefferson Keel (Chickasaw), 20th President of the National Congress of American Indians, 2013
The Problem

By the end of the decade, the majority of Americans under age 18 will be people of color. Young people under the age of 18 make up more than a quarter of the U.S. population, yet their potential as a generation to contribute to a better society is systematically ignored. Our nation is suffering economically, socially, and civically as a result.

The Solution: Our Mission

YES! supports the power of youth to challenge injustice and advocate for community transformation.

Tagline: Together, we learn, unlearn, create, dream, and grow.
2. Power is not Balanced

“The Ability to tell people what the problem is, who is responsible, and what should be done about it”
- Kevin Phillips

“Our ability to control the conditions that affect our communities and societies”
- FYCO

"The ability to decide who will have access to resources; the capacity to direct or influence the behavior of others, oneself, and/or the course of events"
- Meyers & Ogino
The societal belief in the adult as the norm, the ideal – the goal – is called adultism.

Put another way: adultism is the systematic power and privilege of adulthood over youth.
3. Economic Factors are Correlated to Race because of Structural Racism.

Segregation Shaped Neighborhoods Along Racial Lines – **Red Lining**

Public Housing Built in Part to Control Where People of Color Lived

What Is Race?

A social and political construct “created by Europeans during a period of worldwide colonial expansion, using themselves as the model for humanity, for the purpose of assigning and maintaining white skin access to power and privilege.”
What is Racism?

Racial Prejudice (mind),
Racial Discrimination (body),
Social Power,
+ Institutional Power (enforcement)

A system of ADVANTAGE & OPPRESSION based on [the social construct of] RACE

Source: Racial Equity Institute, www.racialequityinstitute.com
3 Layers of Structural Racism #YES4Change

1. [Inter]personal: Bias, Prejudice, Values, Beliefs
   - Within & between individuals (i.e. Colorism)

2. Cultural: White/Whiteness as “norm” in society
   - Devalue POC, “otherize”, make invisible

3. Institutional: Discriminatory practices, policies, inequitable opportunities based on race
   - Within & between institutions
4. Economic factors do not explain all inequities.

### MATERNAL AND CHILD HEALTH

<table>
<thead>
<tr>
<th>Maternal/Child Health Indicators</th>
<th>Total</th>
<th>White</th>
<th>African American</th>
<th>American Indian</th>
<th>Hispanic/Latinx</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Death Rate (per 1,000 live births, 2012-16)</td>
<td>7.2</td>
<td>5.4</td>
<td>13.0</td>
<td>2.4</td>
<td>9.0</td>
<td>1.7</td>
</tr>
<tr>
<td>Low Birth Weight (&lt;=2500 grams) Births (%), 2014-16</td>
<td>9.1</td>
<td>7.5</td>
<td>14.1</td>
<td>1.9</td>
<td>12.0</td>
<td>1.6</td>
</tr>
<tr>
<td>Late or No Prenatal Care (%), 2014-16</td>
<td>30.6%</td>
<td>23.9%</td>
<td>39.1%</td>
<td>1.6</td>
<td>35.9%</td>
<td>1.5</td>
</tr>
<tr>
<td>Maternal Smoking During Pregnancy (%), 2014-16</td>
<td>9.4%</td>
<td>11.9%</td>
<td>9.0%</td>
<td>0.8</td>
<td>23.1%</td>
<td>1.9</td>
</tr>
</tbody>
</table>

- Green indicates a group is faring better than the referent group.
- Red indicates a group is faring worse than the referent group.
- White indicates there is no significant difference between the referent and comparison group.

Source: [NC Health Equity Report 2018](https://example.com)
5. Racial Equity Facilitates Youth Equity and Health Equity
The assurance of the conditions for health for all people

How do we achieve health equity?

1) Valuing all individuals and populations equally
2) Recognizing and rectifying historical injustices
3) Allocating resources according to need

Dr. Camara Jones, NACCHO 2016
6. Intersectionality.

YES! works at the intersections of AGE and RACE
Our ongoing examination of who we are in our full humanity, embracing all of our identities, creates the possibility of building alliances that may ultimately free us all.

– Beverly Daniel Tatum

<table>
<thead>
<tr>
<th>Race / Ethnicity</th>
<th>Complexion</th>
<th>Location</th>
<th>Gender Identity</th>
<th>Gender Expression</th>
<th>Sexuality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religion</td>
<td>Employment</td>
<td>Education</td>
<td>Socioeconomic Status</td>
<td>Wealth</td>
<td>Citizenship</td>
</tr>
<tr>
<td>Nationality</td>
<td>Language</td>
<td>Ability</td>
<td>Values</td>
<td>Roles</td>
<td>……?</td>
</tr>
</tbody>
</table>
Reflect > Pair > Share

- What gives me pride?
- What is frustrating?
- What was surprising to me?
- What specific intersections do I work to address?
- What 3 WE statements can we form together? (RELATIONSHIP)

"Boxes can become cages if we are not careful"
DIVERSITY
Youth expect **multi-culturalism** and have a passion for **social justice**.
Ladder of Youth Participation

- Youth-initiated, shared decisions with adults
- Youth-initiated and directed
- Adult-initiated, shared decisions with youth
- Consulted and informed
- Assigned but informed

- Tokenism
- Decoration
- Manipulation

## NC Demographics

### 2016 Population Estimates

<table>
<thead>
<tr>
<th>2016 Population Estimates</th>
<th>Total</th>
<th>White</th>
<th>African American</th>
<th>American Indian</th>
<th>Hispanic/Latinx</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
<td>%</td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>Total</td>
<td>10,146,788</td>
<td>100.0</td>
<td>6,539,036</td>
<td>64.4</td>
<td>2,248,994</td>
<td>22.1</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>4,932,952</td>
<td>48.6</td>
<td>3,191,245</td>
<td>48.8</td>
<td>1,049,934</td>
<td>46.8</td>
</tr>
<tr>
<td>Female</td>
<td>5,213,836</td>
<td>51.4</td>
<td>3,347,791</td>
<td>51.2</td>
<td>1,194,060</td>
<td>53.2</td>
</tr>
<tr>
<td>Age Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 18</td>
<td>2,298,720</td>
<td>22.7</td>
<td>1,258,332</td>
<td>19.2</td>
<td>566,279</td>
<td>25.2</td>
</tr>
<tr>
<td>18-64</td>
<td>6,278,603</td>
<td>61.9</td>
<td>4,040,457</td>
<td>61.8</td>
<td>1,419,866</td>
<td>63.1</td>
</tr>
<tr>
<td>65 &amp; Over</td>
<td>1,569,465</td>
<td>15.5</td>
<td>1,240,447</td>
<td>19.0</td>
<td>260,849</td>
<td>11.6</td>
</tr>
</tbody>
</table>
INCLUSION
8. We are Experiencing Death by Racism.

Our young people are dying, both literally and figuratively...

“Racism saps the strength of the whole society through the waste of human resources.”

- Dr. Camara P. Jones
## NC Mortality Rates

### Mortality Rates 2012–2016

<table>
<thead>
<tr>
<th>Mortality Rates</th>
<th>Total</th>
<th>White</th>
<th>African American</th>
<th>American Indian</th>
<th>Hispanic/Latino</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>161.3</td>
<td>159.0</td>
<td>187.1 1.2</td>
<td>182.0 1.1</td>
<td>56.6 0.4</td>
<td>76.0 0.5</td>
</tr>
<tr>
<td>Stroke</td>
<td>43.1</td>
<td>40.6</td>
<td>56.0 1.4</td>
<td>39.5 1.0</td>
<td>21.7 0.5</td>
<td>36.4 0.9</td>
</tr>
<tr>
<td>Diabetes</td>
<td>23.0</td>
<td>18.8</td>
<td>44.0 2.3</td>
<td>45.0 2.4</td>
<td>11.3 0.6</td>
<td>14.3 0.8</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease</td>
<td>45.6</td>
<td>50.7</td>
<td>27.6 0.5</td>
<td>43.3 0.9</td>
<td>8.6 0.2</td>
<td>12.5 0.2</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>16.4</td>
<td>13.4</td>
<td>31.0 2.3</td>
<td>19.6 1.5</td>
<td>8.2 0.6</td>
<td>10.5 0.8</td>
</tr>
<tr>
<td>HIV Disease</td>
<td>2.2</td>
<td>0.8</td>
<td>7.5 9.4</td>
<td>1.6*</td>
<td>1.1 1.4</td>
<td></td>
</tr>
</tbody>
</table>

### Cancer Rates

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Total</th>
<th>White</th>
<th>African American</th>
<th>American Indian</th>
<th>Hispanic/Latino</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td>47.5</td>
<td>49.1</td>
<td>46.3 0.9</td>
<td>51.2 1.0</td>
<td>13.1 0.3</td>
<td>23.5 0.5</td>
</tr>
<tr>
<td>Breast</td>
<td>20.9</td>
<td>19.4</td>
<td>28.3 1.5</td>
<td>20.2 1.0</td>
<td>9.9 0.5</td>
<td>13.2 0.7</td>
</tr>
<tr>
<td>Prostate</td>
<td>20.1</td>
<td>17.2</td>
<td>39.1 2.3</td>
<td>28.5 1.7</td>
<td>6.8 0.4</td>
<td>6.5 0.4</td>
</tr>
</tbody>
</table>

- Green indicates a group is faring better than the referent group
- White indicates there is no significant difference between the referent and comparison group
- Red indicates a group is faring worse than the referent group
- Symbol indicates reliable rates could not be calculated
- * Rates based on fewer than 20 cases may be statistically unstable and should be interpreted with caution. Rates based on fewer than five cases are suppressed in this report.
EQUITY
9. It is Urgent.

#TimesUp

#MeTooMovement

#BlackLivesMatter

#BlackSummer19

#Toowoketosmoke
“An equitable society would be one in which there are fair opportunities and improved outcomes for all and the distribution of resources, opportunities, and burdens is not determined, predictable, or disproportionate by identity or zip code.” - Open Source Leadership Strategies
Where are the Resources?

The Racial Wealth Gap

$120,000 $110,729
$90,000
$60,000
$30,000 $0

WHITE ASIAN HISPANIC BLACK

$69,590 $7,424 $4,955

228 Years!

Source: Census Bureau

#YES4Change
LIBERATION
What Would You Put in the #4thBox?

How can we plan for equity in our communities?
Incorporating Health Equity

“Health Equity is not the sole responsibility of one individual or one agency, but is the collective responsibility of us all to do better, be better, and help others…”

N.C. Office of Minority Health and Health Disparities

Source: www.ncminorityhealth.org
Incorporating Health Equity

N.C. Healthy Opportunities

All North Carolinians should have the opportunity for health. To meet our mission of improving the health, safety and well-being of all North Carolinians while being good stewards of resources, DHHS is addressing the conditions in which people live that directly impact health, known as “social determinants of health,” or SDOH. Our initial focus is on housing stability, food security, transportation access and interpersonal safety.

Source: N.C. Healthy Opportunities
10. To Enhance our YES! Youth Empowerment Model®

- Critical Awareness
- Skill Development
- Opportunities
**System**
YES! advocated for the inclusion of youth voice in the statewide North Carolina Institute of Medicine

**Policy**
NC Child Youth Advisory Council advocates for more clarity on 100% TFS Policy concerning Juuls and e-cigs

**Environment**
Changing tobacco-free school signs to include e-cigarettes and chewing tobacco pictures

**Types of Change**

- 2014
- 2018
- 2019
A History of Success in North Carolina!

WELCOME TO OUR TOBACCO-FREE SCHOOL

School Policy prohibits the use of tobacco products, including electronic cigarettes: Everywhere, By Everyone, At ALL Times. THANK YOU FOR YOUR COOPERATION.

ENJOY YOUR TOBACCO FREE PARKS
Outcomes

From 2017 - 2018 YES! Youth and Adult staff supported...

- 58 policy, system, & environmental changes across 20 states with 50+ partners
- impacting 3,957,968 people.

#YES4Change
A “Seat at the Table” Starter Kit:
What Adults Need to Know….

• Who is/is not at the table?
• Get to know the youth at the table
• When, Where and How is the table created?
• What happens when youth want to stand on the table?
• Provide youth the tools to create their own table
• What does shared power look like at the table?
Take Action:
YOUTH EMPOWERMENT AND YOUR ORGANIZATION’S WORK

• Be clear about why you are engaging young people in the first place.
• Short and long-term goals and strategies within your programs.
• Authentic decision-making power.
• Create deliberate linkages to other organizations in the community.
• Expand the range of concrete opportunities for meaningful youth participation.
• Create clear channels for youth to present their findings, recommendations, and ways to take action.

*Forum for Youth Investment: Core Principles for Engaging Young People in Community Change
“We’re not a healthy community unless we’re taking care of everybody”

-Edgar Villanueva, Decolonizing Wealth

Little Rock Nine

INTERNATIONAL INDIGENOUS YOUTH COUNCIL
Standing Rock Sioux

Parkland, FL Students

#YES4Change
THANK YOU!

For more information contact:
Pam Diggs, MPH
pam@youthempowered solutions.org