



**THE  
COLORADO  
TRUST**

*A Health Equity Foundation*

DEDICATED TO ACHIEVING HEALTH EQUITY FOR ALL COLORADANS

FEBRUARY 2015

**2014**

## *Health Equity* **LEARNING SERIES**

## **LESSONS IN CREATING** *Better Health for All*

*Prepared for The Colorado Trust by Carie Sherman*

### A SUMMARY OF THE COLORADO TRUST'S 2014 HEALTH EQUITY LEARNING SERIES



*In 2014, The Colorado Trust invited national experts to discuss factors that increase health disparities, as well as solutions that advance health equity. Three tasks emerged that will be essential to advancing our vision of health equity for all Coloradans.*

TASK 1	TASK 2	TASK 3
<b>Know the facts surrounding health equity—and why a seismic change in our approach to health is urgently needed</b>	<b>Start with our communities and create a social movement for health equity</b>	<b>Share a collective vision of health equity</b>

*This report summarizes The Colorado Trust's 2014 Health Equity Learning Series presentations and provides action items to help communities advance health equity.*

## 2014 HEALTH EQUITY LEARNING SERIES SPEAKERS

- **Mildred Thompson**  
Director, PolicyLink Center for Health Equity and Place
- **Manuel Pastor, PhD**  
Professor of Sociology, American Studies and Ethnicity, University of Southern California
- **Llewellyn Smith**  
Director of Media for Production, BlueSpark Collaborative
- **Laura Frank**  
President and General Manager of News, Rocky Mountain PBS

» **TASK 1:****KNOW THE FACTS SURROUNDING HEALTH EQUITY—AND WHY A SEISMIC CHANGE IN OUR APPROACH TO HEALTH IS URGENTLY NEEDED**

*Health is more than an absence of disease—it encompasses the physical, economic and social well-being of people. According to Mildred Thompson, Director of the PolicyLink Center for Health Equity and Place, the facts are clear: Many Americans are not healthy, and vulnerable populations are the least healthy among us. Here are highlights from Thompson's presentation.*



**MILDRED THOMPSON**, Director, PolicyLink Center for Health Equity and Place

**FACT:** Healthy people are likely to live in healthy places.<sup>1</sup>

You're most likely to be healthy if you live in a community with access to parks, banks, good schools and reliable public transit systems. You're likely to be unhealthy if your community consists predominantly of fast-food franchises, liquor stores, unsafe or limited parks, poor-performing schools and check-cashing stores; and/or has increased crime rates.

**FACT:** People of color are among the least healthy in America.

Based on the social determinants of health (e.g., graduation rates, median income, unemployment rates, obesity rates and more), people of color are among the least healthy in the United States, says Thompson.

**FACT:** People of color are negatively impacted by systems and history.

The least healthy people in America have systematically and historically experienced obstacles to health due to race, socioeconomic status, geographic location and other

characteristics linked to discrimination or exclusion. These groups are disproportionately impacted by heart disease, asthma, obesity, diabetes, HIV/AIDS, viral hepatitis B and C, infant mortality and violence.<sup>3</sup>

**FACT: People of color are the fastest growing population in the United States.**

People of color are projected to reach majority status in many states by 2043.<sup>2</sup>

*“More than in most advanced countries, in America the children of affluent parents grow up to be affluent, and children of the poor remain poor.” ~ The Increasingly Unequal States of America<sup>4</sup>*

America's Growing Divide	
<b>1</b>	Percentage of wage earners who took home more than half of the U.S. income from 1979-2007
<b>19</b>	Percentage of children in the U.S. who have a parent who would benefit from an increase in minimum wage
<b>47</b>	Percentage of current jobs that require a minimum of an associate's degree
<b>26</b>	Percentage of U.S. Latinos who obtain at least an associate's degree <sup>4</sup>
America is Falling Behind	
<b>100</b>	Number of measures that indicate Americans' health is worse than other developed countries
<b>30</b>	Number of developed countries that have lower infant mortality rates than the U.S.
<b>26</b>	Number of developed countries where people can expect to live longer than Americans <sup>5</sup>

**What's missing is an economy in which everyone can reach their full potential.**

People of color are disproportionately impacted by poverty and disease, and they are the fastest-growing segment of our population. Children ages 0-4 are the largest age demographic among people of color.

Non-Hispanic whites are typically the healthiest group. The largest age demographic of non-Hispanic whites are people age 65 and older. According to Thompson, we need to target this group of people to implement equity-focused policies. Why? Because they vote in record numbers—and represent many of our country's policymakers.

“Above all, we need this population to view kids of color as their kids—for everyone's future,” says Thompson.

**Americans support reducing inequality.**

The majority of Americans (71 percent) support taking steps to reduce racial and ethnic inequality in America by investing in education, job training and infrastructure improvement.<sup>6</sup> “But they still have big questions: Who will be doing the investing? And moreover, how will we invest in health equity as a nation?” says Thompson. She believes we need to focus on communities—through our policies and by improving access to healthy food and incentivizing healthy community design.

## » TASK 2:

### START WITH OUR COMMUNITIES AND CREATE A SOCIAL MOVEMENT FOR HEALTH EQUITY

*Our first focus? Places. Because, as Thompson reminds us, healthy people live in healthy places. But to change our places, we need a big shift in our collective thinking. A shift that inspires change—change that presenter Manuel Pastor,<sup>7</sup> PhD, Professor of Sociology, American Studies and*



**MANUEL PASTOR, PHD**, *Professor of Sociology, American Studies and Ethnicity, University of Southern California*



*Ethnicity at the University of Southern California, believes can happen as the result of a social movement.*

### **Communities must define health equity on their own terms.**

Success stories from California illustrate how health equity means different things to different communities, says Pastor. For the state as a whole, it has meant beginning to address barriers to education, which included changing school discipline policies that suspended students for being late (something that often happens when students must rely on public transportation). In Fresno, it meant prioritizing urban redevelopment over urban sprawl. And in Long Beach, health equity meant a living wage increase for the city's hotel workers.

### **When creating a structure for community engagement, give the people real power.**

"In my experience, the town hall meeting is the least effective [format for community engagement]," says Thompson. Instead, "include community members at the governance level, on decision-making boards and commissions."

And according to Pastor, it's necessary that people in the community have real power. "Power makes policy change happen," he says.

### **Before moving forward, assess the health impact.**

Understand to what degree an action, policy or activity will affect the health of the community. Consider distributing the impact across the population, rather than burdening an already vulnerable segment.

For example, Colorado's welfare reforms of 1996 were meant to encourage people to enter the workforce and rise toward self-sufficiency. Today, we know that the modest raise in income people received often led to the loss of thousands of dollars of government benefits—something their raises could never offset.<sup>8</sup>

### **Know the indicators for health equity and take measurements before, during and after a change is implemented.**

At any point in time, understand the health-related conditions within a community. Track the strategies, campaigns, policies and plans that have worked. Measure health behaviors as well as health outcomes.

## **PASTOR'S 10 ELEMENTS OF SUCCESSFUL SOCIAL MOVEMENTS**

1. **A vision and a frame.** Your vision sets the goal of the movement. The frame sets the terms of the debate, which is what makes it interesting to those outside the movement.
2. **An authentic base in key constituencies.** Organize for engagement, and build leadership within the community—don't assign leaders.
3. **A long-term commitment.** Social movements are not episodic or coalitional; they must have a strategy to build power.
4. **An underlying and viable economic model.**
5. **A vision of government and governance.**
6. **A scaffold of solid research.** Develop internal and external research capacity to analyze issues and present solutions.
7. **A pragmatic policy package.** Direct efforts toward strategic targets, focusing on large-scale and long-term impact. Push for fundamental changes in decision-making structures and resource allocation.
8. **A recognition of the need for scale.** Power shifts require a scale sufficient to challenge the existing concentrations of power.
9. **A strategy for scaling up.** Organizations can build through alignment with like organizations, or with distinctly different organizations united by a shared vision.
10. **A willingness to network with other movements.** "The stronger your partners are, the stronger you are," says Pastor. Build an ecosystem for movement, not an empire of power.

## CREATE A SOCIAL MOVEMENT FOR HEALTH EQUITY

Major change happens because of social movements. Social movements are sustained groupings that develop a framework or narrative based on shared values (not just interests). Social movements maintain a link with the community and build over the long-term to transform systems of power.

But how do we move from mere demonstrations to inspiring authentic change? According to Pastor, change occurs when:

- The projects within the movement show what's possible
- New policy is created and makes new practices widespread
- There is power behind the policy.

### » TASK 3:

## SHARE A COLLECTIVE VISION OF HEALTH EQUITY

*Pastor reminded us that Dr. Martin Luther King, Jr. didn't have an issue. He had a dream.<sup>9</sup> And in order for our projects and ideals to gain momentum, we need to focus on telling stories that illustrate our dream of health equity for all.*



**LLEWELLYN SMITH**, Director of Media for Production, BlueSpark Collaborative

## By sharing stories, we inspire social movement and change

When a social movement is properly framed, it provides a narrative that helps people understand the context as well as its goals.

People outside of the movement need to identify with the issue. To accomplish this, challenge their assumptions, says Llewellyn Smith,<sup>10</sup> Director of Media for Production at BlueSpark Collaborative.

For example, Smith included a scene in his film *Unnatural Causes* about a person of higher socioeconomic class realizing that for some groups, asking them to “make better decisions” about their health isn’t a viable solution. The man in the film has the means to buy healthy food and health insurance, yet he demonstrates how others struggle by remarking that he has never needed to take two buses to get to the grocery store. Smith’s goal was for a middle-class audience to connect with all parties by thinking: *I don’t have to take two buses, either.*

## Ensure your story provides your audience with next steps

Laura Frank,<sup>11</sup> President and General Manager of News for Rocky Mountain PBS, has seen laws change, behaviors change and people benefit because of well-told stories. To have an impact, she believes that the story must provide people with mechanisms, or next steps, toward creating change.

Frank’s I-News team recently told a story that led to change. Its special project *Losing Ground*<sup>8</sup> was



**LAURA FRANK**, President and General Manager of News, Rocky Mountain PBS

the result of an I-News analysis that uncovered alarming trends in racial and ethnic disparities in Colorado.

Despite the troubling facts, the results of the story offer hope: communities in Colorado have come together and taken on the challenge of decreasing disparity. A new movement, dubbed “Gaining Ground,” was born and involves a range of individuals, communities and elected officials dedicated to advancing the movement.

### 3 REASONS WHY LAURA FRANK BELIEVES *Losing Ground* WORKED

1. It met people where they were at, telling the story in various forms through various mediums.
2. It gave people of all capacities a way to get involved through a comprehensive community engagement strategy.
3. It included follow-up. After its release, PBS created a 30-minute documentary that further examined the disparity story.

### QUESTIONS SMITH ENCOURAGES STORYTELLERS TO EXPLORE WHEN TELLING STORIES OF HEALTH DISPARITY

1. **What are your critical messages, and how are they represented throughout your story?**
2. **How are you making the invisible, visible?** Effective stories focus on an individual. Yet Smith believes stories can be more effective if you focus on context. “Illuminate the historical and social structure the individual represents,” says Smith.
3. **How are you challenging the assumptions of your audience?** Surprise your audience—don’t give them what they assume is coming next. This gives them a chance to reflect and think about their own experiences and assumptions.
4. **Are the people you feature credible, and do they keep the audience’s attention?** Your story subjects are the experts in their own lives, and their voices need to maintain this authority throughout.
5. **What political and historical decisions shape this community?** “If we’re not contextualizing in terms of the history that has advantaged some and disadvantaged others, we’re in danger of telling the same stories over and over and getting no results,” says Smith.
6. **Can your story be retold?** Your audience should be able to share your story succinctly. Consider the mechanisms by which such sharing and retelling might happen (online, orally, etc.).

### » CONCLUSION

*“Our needs are great, but so are our talents.” ~ Laura Frank*

Each presenter from The Colorado Trust’s Health Equity Learning Series in 2014 made it clear that improving health equity in our state will rely on a multitude of important factors. Mildred Thompson pointed out that relevant data, ample in both quantity and quality, are essential to laying the groundwork for change. A “scaffold of solid research” was also one of several conditions Dr. Manuel Pastor identified as crucial to a successful social movement. Finally, identifying compelling story subjects and sharing their experiences in convincing fashion can help spark real and lasting change, as Llewelyn Smith and Laura Frank have learned.

Now is the time to create movements that will advance health equity in Colorado. By working together toward a common vision of better health for all, we can facilitate sustainable and effective change in our communities. The Trust looks forward to supporting these efforts for many years to come.

## » RESOURCES

For more information on the 2014 Health Equity Learning Series—including videos of the complete presentations, slide decks, biographies for the presenters and more—please visit [www.coloradotrusted.org](http://www.coloradotrusted.org).

## » ENDNOTES

- <sup>1</sup> Thompson M. Creating a more equitable society to achieve health equity; Feb. 26, 2014; Denver, CO.
- <sup>2</sup> Time to act: Investing in the health of our children and communities: Recommendations from the Robert Wood Johnson Foundation Commission to Build a Healthier America. 2014. Cited by: Thompson M. Creating a more equitable society to achieve health equity; Feb. 26, 2014; Denver, CO.
- <sup>3</sup> Surgeon General. National Prevention Council Fact Sheet. Available at: <http://www.surgeongeneral.gov/initiatives/prevention/strategy/health-disparities.pdf>. Accessed December 2014.
- <sup>4</sup> Sommeiller E, Price M. The increasingly unequal states of America, income inequality by state, 1917 to 2001. 2014. Cited by: Thompson M. Creating a more equitable society to achieve health equity; Feb. 26, 2014; Denver, CO.
- <sup>5</sup> Braveman P, Egerter S. Overcoming obstacles to health in 2013 and beyond. 2013. Cited by: 2014 Robert Wood Johnson Foundation Commission to Build a Healthier America.
- <sup>6</sup> Teixeira R, Halpin J, Barreto M, Pantoja A. Building an all-in nation: A view from the American public. 2013. Cited by: Thompson M. Creating a more equitable society to achieve health equity; Feb. 26, 2014; Denver, CO.
- <sup>7</sup> Pastor M. Making change, movements for the next America; May 8, 2014; Denver, CO.
- <sup>8</sup> Watlington, L. *Losing Ground: The Cliff Effect*. 2013. Cited by: Frank, L. Important stories can make a difference; Aug. 21, 2014; Denver, CO.
- <sup>9</sup> Jones, V. 2007. Cited by: Pastor M. Making change, movements for the next America; May 8, 2014; Denver, CO.
- <sup>10</sup> Smith, L. Telling the health equity story; Aug. 21, 2014; Denver, CO.
- <sup>11</sup> Frank, L. Important stories can make a difference; Aug. 21, 2014; Denver, CO.



**THE  
COLORADO  
TRUST**

1600 SHERMAN STREET  
DENVER, COLORADO 80203  
**WWW.COLORADOTRUST.ORG**

**PHONE:** 303-837-1200  
**TOLL FREE:** 888-847-9140  
**FAX:** 303-839-9034

"The Colorado Trust" is registered as a trademark in the U.S. Patent and Trademark Office. Copyright February 2015. The Colorado Trust. All rights reserved. The Colorado Trust is pleased to have organizations or individuals share its materials with others. To request permission to excerpt from this publication, either in print or electronically, please contact Julian Kesner, Director of Communications, [Julian@ColoradoTrust.org](mailto:Julian@ColoradoTrust.org).