



## Coronavirus Disease 2019 (COVID-19)

### Becoming Comfortable with Health Equity Concepts and Language

12

00:02:07,613 --> 00:02:10,264

Good afternoon everyone.

13

00:02:10,267 --> 00:02:16,783

I am a communication and marketing specialist with the

14

00:02:16,783 --> 00:02:21,121

Centers for Disease Control and Prevention.

15

00:02:21,122 --> 00:02:25,973

Identify as female, I have on a white shirt, and I

16

00:02:25,973 --> 00:02:27,973

prefer the pronoun she/her.

17

00:02:27,973 --> 00:02:31,458

I want to welcome you to today CDC emergency partners

18

00:02:31,459 --> 00:02:34,443

information connection or EPIC webinar period if this

19

00:02:34,443 --> 00:02:38,546

is the first with us, welcome their gut we invite you

20

00:02:38,546 --> 00:02:41,155

to learn more about CDC's emergency response

21

00:02:41,155 --> 00:02:43,393

communication activities including past webinars, and

22

00:02:43,393 --> 00:02:45,393

newsletters.

23

00:02:45,393 --> 00:02:48,201

At our webpage at [webpage@emergencydebtcdc](mailto:webpage@emergencydebtcdc).

24

00:02:48,202 --> 00:02:53,955

gov.

25

00:02:53,955 --> 00:02:55,955

Today's webinar will be recorded and posted to our

26

00:02:55,955 --> 00:02:57,955

website in the coming days.

27

00:02:57,955 --> 00:03:02,555

If you do not wish for your participation to be

28

00:03:02,555 --> 00:03:04,555

recorded please exit at this time.

29

00:03:04,555 --> 00:03:06,555

Closed captioning is available for this webinar. To

30

00:03:06,555 --> 00:03:10,985

view those captions please click the more option, the

31

00:03:11,071 --> 00:03:15,679

three dots, select show subtitles. This option may

32

00:03:15,679 --> 00:03:18,235

differ depending on your device.

33

00:03:18,235 --> 00:03:25,771

We are also offering ASL interpretation which will

34

00:03:25,773 --> 00:03:34,251

depend to your screen to view throughout your webinar.

35

00:03:34,254 --> 00:03:37,422

We are pleased to offer continuing education credits

36

00:03:37,426 --> 00:03:40,594

for this webinar. Additional information will be

37

00:03:40,598 --> 00:03:44,162

shared at the conclusion of the webinar including how

38

00:03:44,166 --> 00:03:46,938

you may take advantage of this opportunity.

39

00:03:46,942 --> 00:04:02,035

Please take a moment to review the disclosure statement

40

00:04:02,035 --> 00:04:08,741

displayed on your screen.

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00:04:08,742 --> 00:04:11,952

To achieve health equity we need all sectors to expand

42

00:04:11,952 --> 00:04:14,512

access and remove the social and economic obstacles

43

00:04:14,513 --> 00:04:16,513

that lead to poor health outcomes.

44

00:04:16,513 --> 00:04:21,219

One of the social obstacles as health communications,

45

00:04:21,224 --> 00:04:26,008

specifically communication that does not adapt to the

46

00:04:26,012 --> 00:04:29,002

specific, cultural, linguistic, environmental, and

47

00:04:29,004 --> 00:04:31,994

historical -- of audiences the focus.

48

00:04:33,055 --> 00:04:37,654

Today's epic webinar is all about giving you the

49

00:04:37,654 --> 00:04:41,227

background and resources you need to create

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00:04:41,228 --> 00:04:44,805

communications that do just that, including CDC's

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00:04:44,805 --> 00:04:47,867

health equity guiding principles for inclusive

52

00:04:47,868 --> 00:04:49,868

communication.

53

00:04:49,868 --> 00:04:51,948

Throughout the webinar we will drop links in the chat

54

00:04:51,948 --> 00:04:53,948

box for information that we hope you will find useful.

55

00:04:53,948 --> 00:04:56,613

The chat feature will be disabled for participants

56

00:04:56,614 --> 00:05:02,224

during the webinar. If you would like to ask a

57

00:05:02,226 --> 00:05:05,796

question, please submit using the Q&A feature.

58

00:05:05,797 --> 00:05:14,652

We will do our best to answer as many questions as

59

00:05:14,652 --> 00:05:16,652

possible.

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00:05:16,652 --> 00:05:19,372

It is a great pleasure for me to introduce today's

61

00:05:19,372 --> 00:05:21,372

speakers.

62

00:05:21,372 --> 00:05:23,784

We will hear from Dr. Desmond Banks who will walk us

63

00:05:23,784 --> 00:05:28,139

through the basics of health disparities as well as

64

00:05:28,140 --> 00:05:31,535

CDC's commitment to transforming systems and policies

65

00:05:31,535 --> 00:05:33,535

to increase health equity.

66

00:05:33,535 --> 00:05:37,648

Holds a PhD from the Johns Hopkins Bloomberg School of

67

00:05:37,648 --> 00:05:41,408

Public Health, and a Masters in Public health from

68

00:05:41,408 --> 00:05:45,166

Hunter College at the city University of New York

69

00:05:45,166 --> 00:05:48,924

workup he serves as an epidemiologist within the office

70

00:05:48,924 --> 00:05:52,684

of minority health and health equity science team at

71

00:05:52,684 --> 00:05:54,684

CDC.

72

00:05:54,684 --> 00:05:57,840

We are also joined by Dr. Susan Laird and she will be

73

00:05:57,844 --> 00:06:01,004

discussing why inclusive language and concepts are so

74

00:06:01,007 --> 00:06:03,772

essential to good health communications and will



75

00:06:03,774 --> 00:06:06,539

introduce CDC's health equity guiding principles for

76

00:06:06,541 --> 00:06:08,541

inclusive communication.

77

00:06:08,541 --> 00:06:12,711

Dr. Laird holds a doctorate in nursing practice and a

78

00:06:12,717 --> 00:06:17,559

Master of science in nursing both from Georgia State

79

00:06:17,563 --> 00:06:19,563

University.

80

00:06:19,563 --> 00:06:21,701

She is a training and education lead and division of

81

00:06:21,702 --> 00:06:24,940

communication science and services in the office of the

82

00:06:24,940 --> 00:06:26,940

associate Dir.

83

00:06:26,940 --> 00:06:31,524

for communications at CDC.

84

00:06:31,524 --> 00:06:38,144

We have a lot of important information together so we

85

00:06:38,144 --> 00:06:40,144

will get started.

86

00:06:40,144 --> 00:06:42,144

As a reminder, if you would like to ask a question,

87

00:06:42,144 --> 00:06:44,144

please utilize the Q&A button and we will get to them

88

00:06:44,144 --> 00:06:46,144

directly following the presentation.

89

00:06:46,144 --> 00:06:48,903

Dr. banks, over to you.

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00:06:48,903 --> 00:06:52,921

>> Thank you very much and to you all for joining us.

91

00:06:52,921 --> 00:07:07,737

Much of our communication with you over the past 2

92

00:07:07,737 --> 00:07:22,557

years â€“ Mike -- we will start with three key terms,

93

00:07:22,557 --> 00:07:32,925

social determinants of health, identified as conditions

94

00:07:32,927 --> 00:07:47,747

in which people are born, grow, live, work and age.

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00:07:47,796 --> 00:07:50,956

Social determinants of health are shaped by the

96

00:07:50,956 --> 00:07:53,717

distribution of money, power, and resources throughout

97

00:07:53,717 --> 00:07:56,087

local communities, nations and the world.

98

00:07:56,087 --> 00:07:59,277

Second, health disparities which are preventable

99

00:07:59,279 --> 00:08:03,535

differences in the burden of disease, injury, violence

100

00:08:03,537 --> 00:08:07,793

or opportunities to achieve optimal health; that our

101

00:08:07,794 --> 00:08:10,986

experience by social economic status geographic

102

00:08:10,987 --> 00:08:12,987

location or environment.

103

00:08:12,987 --> 00:08:17,723

Third and finally, health equity which is the state in

104

00:08:17,724 --> 00:08:22,348

which everyone has a fair and just opportunity to

105

00:08:22,348 --> 00:08:25,432

attain the highest level of health.

106

00:08:25,432 --> 00:08:32,762

And maybe helpful to think of these terms on a

107

00:08:32,763 --> 00:08:37,894

continuum where differences can lead to health

108

00:08:37,895 --> 00:08:43,759

disparities while health equities helps to reverse the

109

00:08:43,760 --> 00:08:51,090

differences in health or make a more stable health for

110

00:08:51,091 --> 00:08:54,756

everyone and promote health equity.

111

00:08:54,756 --> 00:08:56,771

Health equity is extremely important.

112

00:08:56,771 --> 00:09:03,389

As we are all aware, the population health impact of

113

00:09:03,391 --> 00:09:08,025

Covid-19 has exposed well long-standing inequities that

114

00:09:08,026 --> 00:09:12,660

have systemically, systematically at the undermine the

115

00:09:12,661 --> 00:09:17,957

social of ethnic minority populations and other groups

116

00:09:17,958 --> 00:09:22,592

that have a disproportionate burden of Covid-19.

117

00:09:22,593 --> 00:09:26,177

Across the country people and some racial ethical

118

00:09:26,180 --> 00:09:30,660

groups have higher rates of poor health and disease for

119

00:09:30,663 --> 00:09:34,247

a wide range of health conditions including diabetes,

120

00:09:34,249 --> 00:09:36,937

hypertension, obesity and, asthma, heart disease,

121

00:09:36,939 --> 00:09:40,075

cancer, preterm birth compared to their white

122

00:09:40,078 --> 00:09:42,078

counterparts.

123

00:09:42,078 --> 00:09:46,796

CDC health equities efforts look to close these gaps by

124

00:09:46,801 --> 00:09:51,817

working to reduce and ultimately eliminate racial and

125

00:09:51,820 --> 00:09:55,582

ethnic minority health inequities by addressing

126

00:09:55,585 --> 00:10:00,601

structural and social conditions, and portly racism.

127

00:10:00,604 --> 00:10:06,247

Looking at racism as a fundamental driver of these

128

00:10:06,252 --> 00:10:08,252

inequities.

129

00:10:08,252 --> 00:10:11,348

What are we doing?

130

00:10:11,348 --> 00:10:13,348

What is CDC doing to achieve health equity?

131

00:10:13,348 --> 00:10:15,384

To achieve health equity we must change the systems and

132

00:10:16,324 --> 00:10:19,061

policies that have resulted in the generational

133

00:10:19,063 --> 00:10:22,582

injustices that give rise to racial and ethnic health

134

00:10:22,585 --> 00:10:24,585

disparities.

135

00:10:24,585 --> 00:10:28,666

Through our core strategy, we are leading this effort.

136

00:10:28,671 --> 00:10:35,499

But in the work we do on behalf of the nation's health

137

00:10:35,505 --> 00:10:40,057

and internally -- we have a core strategy, cultivating

138

00:10:40,061 --> 00:10:43,475

comprehensive health equity science involves the



139

00:10:43,478 --> 00:10:46,892

standardization of health equity language and

140

00:10:46,895 --> 00:10:48,895

principles.

141

00:10:48,895 --> 00:10:52,224

O of optimizing interventions requires the use of

142

00:10:53,240 --> 00:10:57,405

respect for and inclusive language in our

143

00:10:57,405 --> 00:11:00,973

communications of a respectful and inclusive

144

00:11:00,974 --> 00:11:02,974

communication.

145

00:11:02,974 --> 00:11:05,031

R, reinforce, reinforcing and expanding robust

146

00:11:05,031 --> 00:11:09,647

partnerships requires that we engage with public health

147

00:11:09,647 --> 00:11:13,684

stockholders to communicate health equity science and

148

00:11:13,685 --> 00:11:15,685

principles.

149

00:11:15,685 --> 00:11:18,996

Finally, E, enhancing capacity and workforce engagement

150

00:11:18,996 --> 00:11:21,828

is one of the primary objectives of our workforce

151

00:11:21,828 --> 00:11:27,029

strategy and one of the key reasons why we are meeting

152

00:11:27,029 --> 00:11:29,029

with you today.

153

00:11:29,029 --> 00:11:31,458

I cannot tell you how committed and excited we are with

154

00:11:31,458 --> 00:11:33,458

the work.

155

00:11:33,458 --> 00:11:35,958

As part of the work we are looking at specifically

156

00:11:35,958 --> 00:11:41,058

something that you may or may not be familiar with but

157

00:11:41,059 --> 00:11:46,163

will become more familiar with as time goes on and the

158

00:11:46,163 --> 00:11:50,335

concept of gendered racism how gender and race results

159

00:11:50,335 --> 00:11:54,511

and experiences that are amplified with racism that are

160

00:11:54,511 --> 00:11:57,293

separate from racism by sex alone.

161

00:11:57,293 --> 00:12:02,033

Looking at gendered racism within the work place and I

162

00:12:02,035 --> 00:12:07,249

bring this home you may be familiar with the fact that

163

00:12:07,251 --> 00:12:11,991

for black women, even with a college degree, still five

164

00:12:11,993 --> 00:12:16,259

times more likely to die due to pregnancy related

165

00:12:16,261 --> 00:12:18,631

complications compared to white counterparts.

166

00:12:18,632 --> 00:12:20,632

We are looking at that.

167

00:12:20,632 --> 00:12:24,041

When looking at the intersection of gender race among

168

00:12:24,041 --> 00:12:27,014

black men and how they are 30 times more likely to be

169

00:12:27,014 --> 00:12:29,665

incarcerated and have high levels of employment

170

00:12:29,665 --> 00:12:32,695

specifically senior levels of employment and these are

171

00:12:32,695 --> 00:12:34,967

difficult concepts to digest and difficult

172

00:12:34,967 --> 00:12:38,755

conversations to have an difficult data to look at what

173

00:12:38,755 --> 00:12:43,299

we are doing ago it's important we are doing it and are

174

00:12:43,299 --> 00:12:47,087

committed and work around the clock and committed to it

175

00:12:47,087 --> 00:12:50,117

and handling talking about the most important and

176

00:12:50,117 --> 00:12:53,526

pressing and difficult to discuss health issues of our

177

00:12:53,526 --> 00:12:55,526

time.

178

00:12:55,526 --> 00:12:58,636

Because we understand it we have to be authentic and

179

00:12:58,636 --> 00:13:00,636

look at these internally if we expect you to do it.

180

00:13:00,636 --> 00:13:04,536

And we are just so excited to have you here today, you

181

00:13:04,728 --> 00:13:06,866

can hear it in my voice.

182

00:13:06,867 --> 00:13:16,657

Next we will hear some great language today and I will

183

00:13:16,657 --> 00:13:22,883

turn it back over to you Rahsine.

184

00:13:22,884 --> 00:13:25,843

>> Thank you for sharing your thoughts on how we can

185

00:13:25,843 --> 00:13:27,843

contribute to reducing health disparities within our

186

00:13:27,843 --> 00:13:29,843

communities.

187

00:13:29,843 --> 00:13:48,749

Next we will be hearing from Dr. Susan Laird.

188

00:13:48,749 --> 00:13:51,887

I want to thank everyone for being here today and want

189

00:13:51,887 --> 00:13:55,033

to share our passion and commitment to this work in a

190

00:13:55,033 --> 00:13:58,745

way that will help to entice you to do the work that we

191

00:13:58,745 --> 00:14:02,461

will ground a lot â€“ not cover a lot of ground but the

192

00:14:02,461 --> 00:14:04,743

goal is to enlighten as many as possible.

193

00:14:04,743 --> 00:14:17,406

Consider looking at the health equity loans --

194

00:14:17,406 --> 00:14:19,406

(Indiscernible).

195

00:14:20,725 --> 00:14:25,642

I agree with the take on changes and improvement on

196

00:14:25,835 --> 00:14:27,835

healthcare delivery.

197

00:14:27,835 --> 00:14:30,474

In the first book shown stated clearly that we just

198

00:14:30,478 --> 00:14:35,184

don't know we do the best we can but when we do know

199

00:14:35,188 --> 00:14:39,532

and we jump to the right things then there is much work

200

00:14:39,536 --> 00:14:41,536

to do.

201

00:14:41,536 --> 00:14:46,273

The work in health equity and inclusive

202

00:14:46,277 --> 00:14:48,277

communication -- (Indiscernible).



203

00:14:49,202 --> 00:14:54,030

Covid forced us to take a hard look at the

204

00:14:54,312 --> 00:14:58,390

long-standing inequities appear at the beginning of the

205

00:14:58,391 --> 00:15:04,523

Covid response we were able to see race was a factor in

206

00:15:04,523 --> 00:15:06,523

disparities.

207

00:15:06,523 --> 00:15:14,652

What is the part?

208

00:15:14,652 --> 00:15:20,183

Although it shined additional light on the issues of

209

00:15:20,187 --> 00:15:26,337

race and social determinants, it is not just Covid, we

210

00:15:26,339 --> 00:15:32,489

have known for years that there are much higher numbers

211

00:15:32,492 --> 00:15:38,642

of maternal mortality and Black women and they have an

212

00:15:38,644 --> 00:15:40,644

impact.

213

00:15:40,644 --> 00:15:43,859

You likely saw this a week before last, the latest

214

00:15:43,859 --> 00:15:48,913

issue of vital signs and it was yet another example of

215

00:15:48,913 --> 00:15:52,591

the impact of the social determinants of health.

216

00:15:52,591 --> 00:16:03,754

Why are we putting so much energy into this and why

217

00:16:03,754 --> 00:16:05,754

now?

218

00:16:05,754 --> 00:16:08,778

We note that social determinants have stigmatizing

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00:16:08,780 --> 00:16:13,937

language and it can hurt people by influencing other

220

00:16:13,940 --> 00:16:16,805

people's judgments of those populations.

221

00:16:16,806 --> 00:16:21,426

An attribute, behavior or condition that socially

222

00:16:21,427 --> 00:16:23,427

discrediting.

223

00:16:23,427 --> 00:16:27,199

Two main factors cause and controllability.

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00:16:27,199 --> 00:16:31,505

In terms of cause, people believe in individual is not

225

00:16:31,505 --> 00:16:34,947

responsible for the attribute of the behavior or

226

00:16:34,947 --> 00:16:38,826

condition, meaning it's not their fault are they can't

227

00:16:38,826 --> 00:16:41,404

help it, then stigma is diminished.

228

00:16:41,405 --> 00:16:46,013

Research has shown our use of stigmatizing terms they

229

00:16:46,015 --> 00:16:48,015

influence judgment.

230

00:16:48,015 --> 00:16:52,349

Basically the person is either good, worthy or not as

231

00:16:52,349 --> 00:16:56,593

well as the need for punishment versus treatment.

232

00:16:56,594 --> 00:17:00,434

Is important to remember that we personally cannot

233

00:17:00,434 --> 00:17:04,752

determine the level of pain the stigma causes someone.

234

00:17:04,752 --> 00:17:07,354

I think this is a great example.

235

00:17:07,354 --> 00:17:12,122

The person on the left referred to as a substance

236

00:17:12,122 --> 00:17:16,890

abuser versus the person on the right that has a

237

00:17:16,890 --> 00:17:18,890

substance use disorder.

238

00:17:18,890 --> 00:17:22,322

The person referred to as an abuser is a lot less

239

00:17:22,323 --> 00:17:25,963

likely to benefit from treatment and the problem was a

240

00:17:25,963 --> 00:17:29,603

result of some innate function over which they had no

241

00:17:29,603 --> 00:17:31,603

control.

242

00:17:31,603 --> 00:17:35,023

More than likely they would benefit from punishment or

243

00:17:35,023 --> 00:17:37,023

blamed for their substance related difficulties where

244

00:17:37,023 --> 00:17:39,470

the substance on the right is more deserving of

245

00:17:39,472 --> 00:17:41,472

treatment.

246

00:17:41,472 --> 00:17:46,756

Statement Susan, can you adjust your microphone a

247

00:17:46,758 --> 00:17:48,758

little bit?

248

00:17:48,758 --> 00:17:54,523

We are having a little trouble hear you clearly.

249

00:17:54,523 --> 00:17:56,523

> Let me try holding a closer.

250

00:17:56,523 --> 00:18:03,348

To continue the discussion on's Sigma one of the most

251

00:18:03,356 --> 00:18:08,662

profound examples has been directed towards people

252

00:18:08,665 --> 00:18:15,487

living with HIV/AIDS. From the time the virus was

253

00:18:15,491 --> 00:18:21,555

discovered the statement continues to this day and

254

00:18:21,559 --> 00:18:29,139

impacts not only those with the virus, but the LGBTQ

255

00:18:29,144 --> 00:18:31,144

community.

256

00:18:31,144 --> 00:18:33,144

Health equity and health literacy and accessibility go

257

00:18:33,144 --> 00:18:35,144

hand in hand.

258

00:18:35,144 --> 00:18:39,615

Using health literacy and symbols is one step in

259

00:18:39,615 --> 00:18:41,615

addressing -- use plain language.

260

00:18:41,615 --> 00:18:44,051

Test materials and provide translation services for

261

00:18:45,289 --> 00:18:50,887

people with limited English, and does your website --

262

00:18:50,888 --> 00:18:53,688

is your website accessible?

263

00:18:55,016 --> 00:19:04,100

Let's get a little deeper into what it means to use the

264

00:19:04,100 --> 00:19:06,371

health equity lines.

265

00:19:06,371 --> 00:19:08,371

The key word here for me is intentional.

266

00:19:08,371 --> 00:19:11,203

Look at your messaging materials and identify the



267

00:19:11,205 --> 00:19:14,837

potential positive and negatives that may impact your

268

00:19:14,839 --> 00:19:19,379

audiences pickle you want to be more effective, so get

269

00:19:19,380 --> 00:19:21,650

input from your intended audiences.

270

00:19:21,651 --> 00:19:24,443

Asked them how they want to be identified?

271

00:19:24,443 --> 00:19:26,443

How can we be useful to you?

272

00:19:26,443 --> 00:19:29,140

That's what we did with the development of the guided

273

00:19:29,141 --> 00:19:31,141

principles.

274

00:19:31,141 --> 00:19:35,746

We S working groups at the CDC to start with.

275

00:19:35,746 --> 00:19:39,644

There are a few questions to ask if you will apply a

276

00:19:39,648 --> 00:19:41,648

home equity lines.

277

00:19:41,648 --> 00:19:44,048

How are social health inequities at play?

278

00:19:44,048 --> 00:19:48,048

Most of this in our work environments are aware of

279

00:19:49,069 --> 00:19:53,901

these contributing factors because some of these may

280

00:19:53,901 --> 00:19:59,941

seem redundant since they all lead back to the same.

281

00:19:59,942 --> 00:20:05,102

I want to point out the significance of our own

282

00:20:05,102 --> 00:20:10,258

assumptions and biases, they come from the way we were

283

00:20:10,259 --> 00:20:13,355

raised, experiences, exposures to different cultures

284

00:20:13,355 --> 00:20:19,029

and all play a major role in how we perceive others

285

00:20:19,029 --> 00:20:21,091

both positively and negatively.

286

00:20:21,091 --> 00:20:25,951

A health equity loans helps us see beyond by engaging

287

00:20:25,955 --> 00:20:28,871

communities and populations in the decision-making

288

00:20:28,873 --> 00:20:30,873

process.

289

00:20:30,873 --> 00:20:34,711

The people and groups appreciate being asked about

290

00:20:34,711 --> 00:20:40,728

their views and will be asked we usually learn

291

00:20:40,728 --> 00:20:42,728

something.

292

00:20:42,728 --> 00:20:44,886

Finally, if you do this activity, the action, where you

293

00:20:44,886 --> 00:20:48,019

on “but will you unintentionally cause problems and

294

00:20:48,020 --> 00:20:51,161

overlooking risks and is your message saying what you

295

00:20:51,161 --> 00:20:53,161

want and need to say?

296

00:20:53,161 --> 00:20:55,699

Are you staying within the appropriate context?

297

00:20:55,699 --> 00:21:02,392

I want to share this with you because I think it is a

298

00:21:02,392 --> 00:21:08,055

good indicator of where we are in this work and what

299

00:21:08,055 --> 00:21:10,630

more needs to be done.

300

00:21:10,630 --> 00:21:14,518

I was looking for a graphic that would demonstrate what

301

00:21:14,518 --> 00:21:16,518

intersection Melanie means.

302

00:21:16,518 --> 00:21:20,811

I started with CDC.gov and this is what came up at

303

00:21:20,811 --> 00:21:22,811

first.

304

00:21:22,811 --> 00:21:28,258

Clearly you need to look a little deeper.

305

00:21:28,260 --> 00:21:36,396

One clear definition is people often and usually belong

306

00:21:36,396 --> 00:21:40,914

to more than one group.

307

00:21:40,914 --> 00:21:44,954

I might woman, wife, mother, grandmother, nurse, health

308

00:21:44,954 --> 00:21:47,976

communication specialists, and I have multiple

309

00:21:47,977 --> 00:21:49,997

interests and life experiences.

310

00:21:49,997 --> 00:21:56,313

People may belong to more than one group that has

311

00:21:56,318 --> 00:21:59,478

historically and currently face discrimination.

312

00:21:59,480 --> 00:22:01,480

We should consider this in our analyses and

313

00:22:01,480 --> 00:22:03,480

communications.

314

00:22:03,480 --> 00:22:06,333

One example goal is a black woman make have

315

00:22:06,337 --> 00:22:11,332

discrimination on her race or gender pickle she may

316

00:22:11,337 --> 00:22:15,777

identify experiences of white women as well as

317

00:22:15,781 --> 00:22:20,776

experiences of Black men the experiences as a black

318

00:22:20,780 --> 00:22:25,220

woman may differ from either of the groups.

319

00:22:25,224 --> 00:22:30,561

One of our basic tendencies is engaging with the

320

00:22:30,563 --> 00:22:32,563

audience.

321

00:22:32,563 --> 00:22:35,204

Our sister agency for toxic substances and disease

322

00:22:35,204 --> 00:22:39,754

Registry, probably a great place to start and they

323

00:22:39,754 --> 00:22:43,800

wrote the book on the principles of community

324

00:22:43,800 --> 00:22:48,352

engagement and encourage you to go to the website.

325

00:22:48,352 --> 00:22:51,785

They have nine principles for community engagement.

326

00:22:51,789 --> 00:22:57,603

Want to be clear about your purpose, partner with

327

00:22:57,603 --> 00:23:02,117

community to create necessary change and improve

328

00:23:02,118 --> 00:23:04,118

health.

329

00:23:04,118 --> 00:23:07,012

All aspects of community engagement must recognize and

330

00:23:07,012 --> 00:23:11,258

respect the diversity of the community itself pickle



331

00:23:11,258 --> 00:23:16,037

awareness of the cultures of a community and other

332

00:23:16,037 --> 00:23:20,281

factors that affect diversity much -- must be paramount

333

00:23:20,282 --> 00:23:23,999

with implementing the approaches to changing a

334

00:23:23,999 --> 00:23:25,999

community.

335

00:23:25,999 --> 00:23:28,953

And community engagement can only be sustained by

336

00:23:29,192 --> 00:23:33,063

identifying and mobilizing that community's assets and

337

00:23:33,065 --> 00:23:36,936

strengths by developing the community's capacity and

338

00:23:36,937 --> 00:23:40,808

resources to make decisions and take action.

339

00:23:40,810 --> 00:23:45,310

There are lots of people think that generations no

340

00:23:45,311 --> 00:23:47,311

longer make a difference.

341

00:23:47,311 --> 00:23:52,774

I think if we believe that way -- (Indiscernible) week

342

00:23:52,774 --> 00:23:57,021

currently work in a generational environment and

343

00:23:57,021 --> 00:24:02,484

understanding the different points of view will help us

344

00:24:02,484 --> 00:24:07,338

bring the conversation and messaging to make change.

345

00:24:08,969 --> 00:24:16,396

Went generations collide, have perspectives based on

346

00:24:16,396 --> 00:24:20,638

when people were born.

347

00:24:20,639 --> 00:24:24,903

People from the depression may have experienced hunger.

348

00:24:24,903 --> 00:24:33,379

My own mother ordered food long after she could fill

349

00:24:33,382 --> 00:24:35,382

her cabinets.

350

00:24:35,382 --> 00:24:41,491

There is a new book out called stage, not age, author

351

00:24:41,491 --> 00:24:46,734

is golden and refers to the most -- (Indiscernible) we

352

00:24:46,735 --> 00:24:52,565

are still working and it will be important that we

353

00:24:52,565 --> 00:24:58,974

consider not just XYZ, but those of us still in the

354

00:24:58,974 --> 00:25:03,638

workplace and marketplace that need to have messages

355

00:25:03,638 --> 00:25:05,968

tailored to our needs.

356

00:25:07,423 --> 00:25:11,428

Last year people magazine ran a feature story on

357

00:25:11,429 --> 00:25:15,434

Gabriel Union and asked her directly about the issues

358

00:25:15,436 --> 00:25:20,331

of racism in Hollywood and what we used to find funny

359

00:25:20,333 --> 00:25:22,333

isn't funny anymore.

360

00:25:22,333 --> 00:25:25,868

This one particular example of blackface and musicals,

361

00:25:25,868 --> 00:25:30,591

they were very popular in the 1930s and 40s.

362

00:25:30,591 --> 00:25:33,615

Children and parents that grew up in those households

363

00:25:33,615 --> 00:25:35,965

may not know that black is inappropriate.

364

00:25:35,966 --> 00:25:39,161

Just within the last few years there've been multiple

365

00:25:39,161 --> 00:25:41,283

examples including well-known political types showing

366

00:25:41,285 --> 00:25:43,285

up at parties and blackface.

367

00:25:43,285 --> 00:25:48,523

It's not funny, if it ever was, it certainly isn't now.

368

00:25:48,528 --> 00:25:52,228

Can you think of other examples where you once laughed

369

00:25:52,232 --> 00:25:54,822

at jokes that are no longer funny?

370

00:25:54,824 --> 00:26:02,411

If you really thought of it you probably could.

371

00:26:02,412 --> 00:26:04,452

I want to talk about the purpose of the guiding

372

00:26:04,455 --> 00:26:06,455

principles.

373

00:26:06,455 --> 00:26:10,165

We hope to just start the discussion.

374

00:26:10,165 --> 00:26:12,165

We help you start thinking about this so we can

375

00:26:12,165 --> 00:26:14,165

collectively reach our goals.

376

00:26:14,165 --> 00:26:19,567

In the process and after the launch of the guiding

377

00:26:19,892 --> 00:26:24,554

principles we received the feedback and pushback.

378

00:26:24,554 --> 00:26:28,174

The difference in those two is that the feedback was

379

00:26:28,174 --> 00:26:31,430

constructed and we make changes to reflect ideas and

380

00:26:31,431 --> 00:26:35,051

the pushback not so much pickle pushback came to the

381

00:26:35,051 --> 00:26:39,031

email box and some of it was really harsh, even been,

382

00:26:39,031 --> 00:26:42,651

and even a few people used our suggestive words to

383

00:26:42,651 --> 00:26:44,651

basically attack us.

384

00:26:44,651 --> 00:26:48,320

I don't know how many of you saw the Super Bowl in

385

00:26:48,320 --> 00:26:52,522

February, but Billie Jean King was there to do the coin

386

00:26:52,523 --> 00:26:56,343

toss and she was a recent recipient of the presidential

387

00:26:56,343 --> 00:26:58,343

medal of honor.

388

00:26:58,343 --> 00:27:04,239

She was marking the 50th anniversary of sports gender

389

00:27:04,239 --> 00:27:10,235

equality, and said it was hard understanding inclusion

390

00:27:10,236 --> 00:27:13,236

unless you've experienced exclusion.

391

00:27:13,236 --> 00:27:19,493

I think that is a good place to start with an

392

00:27:19,493 --> 00:27:25,179

understanding of what is hard and not everyone will be

393

00:27:25,179 --> 00:27:29,160

supportive and not everyone will be understanding.

394

00:27:29,160 --> 00:27:31,160

I want to talk about what health equity guiding



395

00:27:31,160 --> 00:27:33,160

principles is and what it is not.

396

00:27:33,160 --> 00:27:35,921

First, it is important that we focus on the

397

00:27:35,927 --> 00:27:38,867

foundational concepts, not the preferred terms pickle

398

00:27:38,869 --> 00:27:43,489

the terms itself are just examples and as we say they

399

00:27:43,493 --> 00:27:47,693

are not prescriptive and not the only options you may

400

00:27:47,696 --> 00:27:52,316

come up with many that are far more inclusive than what

401

00:27:52,319 --> 00:27:54,839

we chose in the guiding principles.

402

00:27:54,841 --> 00:28:02,788

It is important to note there are no mandates.

403

00:28:02,788 --> 00:28:05,013

You don't have to use these exact terms, we just think

404

00:28:05,017 --> 00:28:07,017

you should give them a chance.

405

00:28:07,017 --> 00:28:09,717

We learned at the CDC there were some supervisors that

406

00:28:09,717 --> 00:28:11,717

were saying you must use these.

407

00:28:11,717 --> 00:28:14,910

And I want to repeat they are not a CDC mandate, and we

408

00:28:15,692 --> 00:28:19,252

may -- you may find better terms for your population

409

00:28:19,252 --> 00:28:22,022

pickle the health equity guiding principles emphasizes

410

00:28:22,022 --> 00:28:25,186

the importance of addressing all people inclusively and

411

00:28:25,186 --> 00:28:27,186

with respect.

412

00:28:27,363 --> 00:28:35,226

Here are the terms to avoid and underlying foundational

413

00:28:36,435 --> 00:28:38,435

principles.

414

00:28:38,435 --> 00:28:44,896

(Indiscernible) Target audiences and vulnerable

415

00:28:44,898 --> 00:28:59,808

populations for so long it's a habit and habit takes

416

00:28:59,811 --> 00:29:07,266

change and effort and energy.

417

00:29:07,268 --> 00:29:10,282

I want to stress these are recommended terms to get you

418

00:29:10,287 --> 00:29:12,287

thinking.

419

00:29:12,287 --> 00:29:14,489

We are finding, one great example with presentations

420

00:29:14,491 --> 00:29:18,910

that people ask about the phrase pregnant people comes

421

00:29:18,913 --> 00:29:23,823

up in a lot of the pushback we are seeing.

422

00:29:23,826 --> 00:29:28,356

The intent initially was to come up with words that

423

00:29:28,357 --> 00:29:31,981

were inclusive for different gender audiences but the

424

00:29:31,982 --> 00:29:36,059

risk of offending pregnant women is currently very high

425

00:29:36,059 --> 00:29:40,589

and we way the impact on the intended it -- audiences

426

00:29:40,590 --> 00:29:43,761

and who will benefit from that messaging?

427

00:29:43,984 --> 00:29:50,515

Maybe we say people that are pregnant.

428

00:29:50,518 --> 00:29:56,668

This is an old quote from Peter Drucker, culture will

429

00:29:56,670 --> 00:29:58,670

rule every time.

430

00:29:58,670 --> 00:30:02,187

It is important that we become culturally literate as

431

00:30:02,187 --> 00:30:04,187

well.

432

00:30:04,187 --> 00:30:07,739

So translating materials into the preferred language of

433

00:30:07,739 --> 00:30:10,581

the audience and as we said before engage the community

434

00:30:10,581 --> 00:30:13,687

at the beginning, not as an afterthought.

435

00:30:13,687 --> 00:30:19,085

As a person who doesn't relate well to being called

436

00:30:19,085 --> 00:30:25,023

elderly, I have a couple pet peeves I want to share

437

00:30:25,023 --> 00:30:27,023

with you.

438

00:30:27,023 --> 00:30:30,313

As we age we are at an increased risk, but there are

439

00:30:30,313 --> 00:30:34,172

miles between you and the nursing home, at least I hope

440

00:30:34,172 --> 00:30:38,033

so and if you want to reach these audiences, think of

441

00:30:38,033 --> 00:30:40,033

different ways to categorize people.

442

00:30:40,033 --> 00:30:42,033

We are not all sick.

443

00:30:42,033 --> 00:30:45,775

(Indiscernible) 20 of healthcare providers come in and

444

00:30:45,775 --> 00:30:51,869

see an older person maybe with gray hair and a few

445

00:30:51,869 --> 00:30:56,301

wrinkles and they start raising their voices assuming

446

00:30:56,301 --> 00:31:01,839

the patient is hard of hearing just because they are

447

00:31:01,840 --> 00:31:03,840

older.

448

00:31:03,840 --> 00:31:07,729

Be aware that H and associative risk are on a continuum

449

00:31:07,729 --> 00:31:12,088

and risk of diseases and more severe outcomes increase

450

00:31:12,089 --> 00:31:16,454

with age and tailor the guidance to specific settings

451

00:31:16,454 --> 00:31:18,454

like long-term care facilities.

452

00:31:18,454 --> 00:31:27,660

Signs and symptoms of many diseases may be atypical for

453

00:31:27,660 --> 00:31:35,070

older adults, but caregivers themselves are also older

454

00:31:35,071 --> 00:31:41,560

adults and they may have additional risks.

455

00:31:41,560 --> 00:31:47,346

It's important you address choosing the right images

456

00:31:47,350 --> 00:31:50,246

when designing the communications.

457

00:31:50,247 --> 00:32:04,597

This is from a Google search engine of white coats.

458

00:32:04,597 --> 00:32:07,905

As you can see there is minimal diversity most male,



459

00:32:07,905 --> 00:32:11,209

white and that is all we got in that search.

460

00:32:11,209 --> 00:32:19,763

We are working hard on new resources that will help us

461

00:32:19,766 --> 00:32:25,212

all choose better examples of diverse populations.

462

00:32:25,212 --> 00:32:34,932

A picture is worth a thousand words and we want to make

463

00:32:34,932 --> 00:32:44,644

sure that we pay as much attention to the images as we

464

00:32:44,645 --> 00:32:49,505

do to the words we use.

465

00:32:49,505 --> 00:32:53,161

Getting the graphics the same attention as we do the

466

00:32:53,167 --> 00:32:56,827

language can seem a little more difficult so we are

467

00:32:56,830 --> 00:32:59,758

developing products that you can use hopefully will

468

00:32:59,761 --> 00:33:03,421

help them on the website in the next few weeks.

469

00:33:03,525 --> 00:33:07,629

But these are the basic considerations that you should

470

00:33:07,629 --> 00:33:09,629

use.

471

00:33:09,629 --> 00:33:13,889

This is an example of how you evaluate your images pick

472

00:33:13,889 --> 00:33:19,687

up me take the basics across the top and put the

473

00:33:19,688 --> 00:33:24,440

graphic or paragraph you are select ring and asked

474

00:33:24,440 --> 00:33:26,440

these questions.

475

00:33:26,440 --> 00:33:30,842

You may not get all yeses, but the more you get, the

476

00:33:30,849 --> 00:33:33,079

better selection you have made.

477

00:33:33,081 --> 00:33:40,149

There will be more on that in a couple weeks on our

478

00:33:40,152 --> 00:33:42,152

website.

479

00:33:42,152 --> 00:33:44,200

Just some ways to go through the process.

480

00:33:44,200 --> 00:33:49,131

We want to share and summarize a few tips and takeaways

481

00:33:50,445 --> 00:33:52,445

here.

482

00:33:52,445 --> 00:34:01,428

To help you implement this work in your own

483

00:34:01,428 --> 00:34:03,428

organization.

484

00:34:03,428 --> 00:34:05,883

Allow opportunities for people to make adjustments.

485

00:34:05,883 --> 00:34:07,883

What does this really mean?

486

00:34:07,883 --> 00:34:09,883

Go back to one of the original statements.

487

00:34:09,883 --> 00:34:11,883

Not everyone comes from the same place.

488

00:34:11,883 --> 00:34:14,323

The CDC is a really big place and just because we all

489

00:34:15,457 --> 00:34:19,377

work in public health doesn't mean we all think the

490

00:34:19,380 --> 00:34:22,124

same way or live the same way.

491

00:34:22,125 --> 00:34:26,965

So we start by being a little kinder right here within

492

00:34:26,965 --> 00:34:31,357

our own organization would ask you to do the same

493

00:34:31,358 --> 00:34:33,358

thing.

494

00:34:33,358 --> 00:34:36,781

Allow opportunities for people to make adjustments.

495

00:34:36,781 --> 00:34:38,781

What does this mean?

496

00:34:38,781 --> 00:34:41,829

That nothing is set in stone, and practice will make

497

00:34:41,829 --> 00:34:44,804

perfect and practice will also make permanent.

498

00:34:44,804 --> 00:34:48,197

What is your personal contribution to the effort and

499

00:34:48,197 --> 00:34:50,197

what matters to you?

500

00:34:50,197 --> 00:35:02,055

In order to make it stick you have to start.

501

00:35:02,055 --> 00:35:05,746

Use the guiding principles and refer to them before

502

00:35:05,747 --> 00:35:08,624

entering the development of your communications and

503

00:35:08,624 --> 00:35:12,730

look at the materials to that health equity lines and

504

00:35:12,730 --> 00:35:16,018

look within your organization and certainly look within

505

00:35:16,018 --> 00:35:18,018

yourself.

506

00:35:18,018 --> 00:35:25,946

Remember that this is not a finished process.

507

00:35:25,946 --> 00:35:28,629

I don't know if he will ever be finished.

508

00:35:28,635 --> 00:35:32,739

Everything changes culture and language, and it is

509

00:35:32,739 --> 00:35:36,328

important to understand when a culture changes.

510

00:35:36,429 --> 00:35:40,981

Listen and learn from those changes and incorporate

511

00:35:40,983 --> 00:35:44,966

communities into the learning process, our learning

512

00:35:44,968 --> 00:35:46,968

process.

513

00:35:46,968 --> 00:35:49,254

Build relationships and get the input and invite them

514

00:35:49,258 --> 00:35:51,736

to be part of the solution.

515

00:35:51,739 --> 00:35:55,769

Maybe start by taking a look at your website through

516

00:35:55,771 --> 00:36:00,204

the health of the lens pickle that is a really good

517

00:36:00,206 --> 00:36:03,833

starting point pickle look at places where the work

518

00:36:03,835 --> 00:36:07,865

needs to be considered pickle some of the webpages may

519

00:36:07,867 --> 00:36:09,867

need a serious overhaul.

520

00:36:09,867 --> 00:36:12,809

In action only perpetuates the problem pickle taking a

521

00:36:12,910 --> 00:36:15,870

general approach will not correct those inequities and

522

00:36:15,870 --> 00:36:19,200

being intentional and specific will give you a good



523

00:36:19,200 --> 00:36:21,200

start.

524

00:36:21,200 --> 00:36:24,312

Challenge the status quo.

525

00:36:24,312 --> 00:36:26,974

One of our biggest challenges is determining how we

526

00:36:28,605 --> 00:36:35,185

will measure success and no that we helped make a

527

00:36:35,186 --> 00:36:37,186

difference.

528

00:36:37,186 --> 00:36:39,404

It could take generations to make behavior change,

529

00:36:39,404 --> 00:36:41,404

change takes time.

530

00:36:41,404 --> 00:36:44,229

There's policies and procedures at the CDC and other

531

00:36:44,328 --> 00:36:46,328

organizations can leverage.

532

00:36:46,328 --> 00:36:51,299

How serious are these organizations about health equity

533

00:36:51,299 --> 00:36:54,927

and health policies with change?

534

00:36:54,927 --> 00:36:59,238

In the area of communication we can give quantitative

535

00:36:59,238 --> 00:37:03,068

assessment materials and do a number of trainings.

536

00:37:03,069 --> 00:37:08,140

But how people think and how they interact is how we

537

00:37:08,144 --> 00:37:11,832

will measure pickle maybe plain language and clear

538

00:37:11,835 --> 00:37:14,601

communication and understanding of accessibility will

539

00:37:14,604 --> 00:37:16,604

help.

540

00:37:16,604 --> 00:37:22,915

Consistency will be a major part of making it stick.

541

00:37:22,916 --> 00:37:28,166

Have an open mind personally and collectively.

542

00:37:28,166 --> 00:37:32,720

Be willing to listen and adapt to the change in climate

543

00:37:32,720 --> 00:37:36,854

and use the health equity lines across all of your

544

00:37:36,854 --> 00:37:38,854

work.

545

00:37:38,854 --> 00:37:44,981

Know up front that not everyone will get it.

546

00:37:44,981 --> 00:37:47,751

The CDC is a big place and I'm sure your organizations

547

00:37:47,757 --> 00:37:50,529

are as well pickle just because we all work it doesn't

548

00:37:50,534 --> 00:37:52,802

mean I think the same thing the same way.

549

00:37:52,806 --> 00:37:55,818

We don't talk the same way.

550

00:37:55,820 --> 00:37:58,396

Maybe you are struggling.

551

00:37:58,396 --> 00:38:02,619

Invite others to the table.

552

00:38:02,619 --> 00:38:06,747

Continuously engage colleagues to discuss contents and

553

00:38:06,747 --> 00:38:10,877

intention and increase understanding to obtain and

554

00:38:10,877 --> 00:38:14,413

member forgiveness and encouragement are more

555

00:38:14,414 --> 00:38:16,414

effective.

556

00:38:16,414 --> 00:38:24,836

Ask for help and share your own ideas.

557

00:38:24,937 --> 00:38:29,177

This takes us full circle back to my Angelou, the

558

00:38:29,178 --> 00:38:34,266

message in the call to action was the same, we can do

559

00:38:34,267 --> 00:38:36,267

better.

560

00:38:36,267 --> 00:38:41,459

And this is my final slide that I think requires you to

561

00:38:41,465 --> 00:38:47,669

just take a moment and think about it and absorb what

562

00:38:47,674 --> 00:38:53,314

it says, diversity is a fact, equity is a choice,

563

00:38:53,319 --> 00:38:58,395

inclusion is an action and belonging is an outcome.

564

00:38:58,400 --> 00:39:03,603

And with that, thank you so much for your attention and

565

00:39:03,603 --> 00:39:06,910

I hope we have some great questions.

566

00:39:06,910 --> 00:39:10,246

Thank you so much for sharing these inclusive

567

00:39:10,249 --> 00:39:12,751

approaches that can inform future communication

568

00:39:12,753 --> 00:39:14,753

products.

569

00:39:14,753 --> 00:39:17,735

I am especially excited to learn more about how to make

570

00:39:17,836 --> 00:39:20,741

health messages more inclusive and effective by

571

00:39:20,742 --> 00:39:22,817

applying the health equity lands.

572

00:39:22,817 --> 00:39:26,897

I would also like to invite the audience to please

573

00:39:26,897 --> 00:39:31,385

submit your Q&A questions into the Q&A box and we are

574

00:39:31,385 --> 00:39:34,241

just about to get started with Q&A.

575

00:39:34,241 --> 00:39:41,080

Thank you to all of our presenters.

576

00:39:41,081 --> 00:39:44,511

Let's move on to the Q&A section of our presentation

577

00:39:44,514 --> 00:39:48,630

pickle I apologize in advance if we are not able to get

578

00:39:48,635 --> 00:39:52,751

to all the questions but we will do our best pickle the

579

00:39:52,755 --> 00:39:54,755

first question for Dr.

580

00:39:54,755 --> 00:39:56,755

banks.

581

00:39:56,755 --> 00:39:59,672

Can you address economic inequality as a factor that

582

00:39:59,672 --> 00:40:01,940

results in health disparities?

583

00:40:02,040 --> 00:40:05,584

's?

584

00:40:05,584 --> 00:40:07,584

Great question.

585

00:40:07,584 --> 00:40:11,424

I mentioned during my introduction that we are looking

586

00:40:11,425 --> 00:40:16,193

at the concept of gender racism as part of the core



587

00:40:16,193 --> 00:40:20,531

goal and that's the intersection of how race and gender

588

00:40:20,531 --> 00:40:24,433

combined to actually cause an experience of racism that

589

00:40:24,433 --> 00:40:27,903

is different from either gender or sex alone.

590

00:40:28,001 --> 00:40:34,661

One of the things as far as employments, we've all

591

00:40:34,663 --> 00:40:40,657

heard concerning a job and the different types covert

592

00:40:40,659 --> 00:40:46,653

is exposed front-line workers are much more likely to

593

00:40:46,654 --> 00:40:51,316

acquire morbidity compared to other individuals that

594

00:40:51,317 --> 00:40:53,317

have senior-level positions.

595

00:40:53,317 --> 00:40:59,351

One of the great things we are looking at now is the

596

00:40:59,352 --> 00:41:04,885

ratio of how, taking it to the next level, black men

597

00:41:04,886 --> 00:41:09,413

are about six times more likely to be incarcerated

598

00:41:09,413 --> 00:41:11,413

versus white men.

599

00:41:11,413 --> 00:41:14,849

We don't have to have a PhD in public health to

600

00:41:14,854 --> 00:41:18,067

understand how incarceration can have such an impact on

601

00:41:18,071 --> 00:41:21,284

not just the individuals but also their families both

602

00:41:21,288 --> 00:41:23,288

during incarceration and after.

603

00:41:23,288 --> 00:41:27,006

Trying to make things simple with our analysis we also

604

00:41:27,108 --> 00:41:30,963

look at higher levels of senior-level employment in the

605

00:41:30,964 --> 00:41:33,967

high-paying jobs that allow individuals to lift

606

00:41:33,967 --> 00:41:37,395

themselves out of poverty just provide the resources

607

00:41:37,395 --> 00:41:39,538

that link income to health.

608

00:41:39,538 --> 00:41:43,949

What we are looking at and what we discovered is that

609

00:41:43,949 --> 00:41:47,959

on average, black men compared to being more likely to

610

00:41:47,960 --> 00:41:50,767

be incarcerated that ratio of incarceration for

611

00:41:50,767 --> 00:41:54,777

employment you are about 30 times more likely to be

612

00:41:54,778 --> 00:41:57,585

incarcerated than have those good paying jobs.

613

00:41:57,585 --> 00:42:01,905

That's just an example of how economic circumstances

614

00:42:01,905 --> 00:42:06,217

can influence the number of health conditions with

615

00:42:06,217 --> 00:42:11,077

incarceration sheer higher risk of that which is less

616

00:42:11,077 --> 00:42:15,387

likely to experience the protective benefits of higher

617

00:42:15,388 --> 00:42:17,388

employment.

618

00:42:17,388 --> 00:42:19,951

Horrible analogy but burning the candle from both ends

619

00:42:19,954 --> 00:42:23,977

and this is not new, it has been shared.

620

00:42:23,980 --> 00:42:28,507

I think this year's County health records report shows

621

00:42:28,507 --> 00:42:33,030

that jobs must lift individuals out of poverty as

622

00:42:33,030 --> 00:42:38,058

opposed to keeping them in it pickle it's a universally

623

00:42:38,058 --> 00:42:42,583

accepted phenomenon we are working around the clock to

624

00:42:42,583 --> 00:42:48,112

discover and uncover this to address it in part of it

625

00:42:48,112 --> 00:42:51,130

is why we are here today.

626

00:42:51,130 --> 00:42:53,736

>> Thank you for the insights.

627

00:42:53,737 --> 00:42:57,997

Gives us -- excuse me how it can determine whether or

628

00:42:58,000 --> 00:43:00,556

not you have access to healthcare.

629

00:43:01,222 --> 00:43:05,677

Thank you for your insights. The next question for Dr.

630

00:43:05,677 --> 00:43:10,942

layered I hope you got enough of a break in a sip of

631

00:43:10,943 --> 00:43:15,803

tea because I know you did speak for quite a while, but

632

00:43:15,803 --> 00:43:19,448

if you are ready, the question is for you.

633

00:43:19,448 --> 00:43:25,808

It has been said that the word race is a construct.

634

00:43:25,809 --> 00:43:31,109

How do we remove it from our written and speaking

635

00:43:31,109 --> 00:43:33,109

experience?

636

00:43:33,109 --> 00:43:36,952

>> That is a really great question and does the word

637

00:43:36,952 --> 00:43:41,293

itself need to be removed or acknowledge and honored?

638

00:43:41,293 --> 00:43:46,933

I think by talking more about it we will make a lot

639

00:43:46,933 --> 00:43:51,153

more progress as opposed to pretending that it doesn't

640

00:43:51,154 --> 00:43:55,384

exist, because it does, and we have an extensive

641

00:43:55,384 --> 00:44:00,546

history, I think we are doing some of the things here

642

00:44:00,546 --> 00:44:04,774

at CDC that I think other organizations would find

643

00:44:04,774 --> 00:44:06,774

successful.

644

00:44:06,774 --> 00:44:10,191

We are identifying health equity officers that will be

645

00:44:10,294 --> 00:44:15,244

within our divisions and program levels, not just at

646

00:44:15,247 --> 00:44:20,197

the very top of leadership, but throughout the programs

647

00:44:20,199 --> 00:44:26,249

so there will be people there to serve as educators, if

648

00:44:26,253 --> 00:44:32,853

you will to be able to help us all understand what the

649

00:44:32,856 --> 00:44:38,356

challenges are and where we need to make the changes

650

00:44:38,359 --> 00:44:40,359

and corrections.



651

00:44:40,359 --> 00:44:43,683

I don't think the answer is to take it out of the

652

00:44:43,684 --> 00:44:47,198

construct but to acknowledge it is there and then take

653

00:44:47,198 --> 00:44:49,198

action.

654

00:44:49,198 --> 00:44:52,140

I'm not sure that's the answer everyone is looking for,

655

00:44:52,142 --> 00:44:57,650

but I think more importantly it is to say, yes, this is

656

00:44:57,652 --> 00:45:02,701

here, it has happened, and here are some things we can

657

00:45:02,703 --> 00:45:07,293

do. And then the commitment to making those things

658

00:45:07,295 --> 00:45:09,295

happen.

659

00:45:09,295 --> 00:45:11,295

>> I appreciate that answer, thank you so much, it

660

00:45:11,295 --> 00:45:13,295

makes a lot of sense.

661

00:45:13,295 --> 00:45:15,907

Another question for you.

662

00:45:15,909 --> 00:45:21,372

How to big knowledge culture but also identify harmful

663

00:45:21,372 --> 00:45:27,436

culture that we do not need to cater to like

664

00:45:27,436 --> 00:45:31,683

discrediting new ideas about gender identity or

665

00:45:31,683 --> 00:45:34,107

marriage or reproductive rights?

666

00:45:34,108 --> 00:45:39,458

>> That is a very important question especially in this

667

00:45:39,458 --> 00:45:45,878

climate. I think where we are is we have -- culture is

668

00:45:45,879 --> 00:45:50,694

changing and becoming more prevalent as a guiding force

669

00:45:50,694 --> 00:45:56,579

and how we behave and change our influence and make the

670

00:45:56,579 --> 00:46:02,464

kinds of changes we need to make in public health and

671

00:46:02,465 --> 00:46:04,465

healthcare delivery.

672

00:46:04,465 --> 00:46:09,981

There is a lot more to culture than just language that

673

00:46:10,709 --> 00:46:13,639

people speak, but belief systems.

674

00:46:13,640 --> 00:46:18,619

I give an example of my own father and how we grew up

675

00:46:18,619 --> 00:46:23,211

and how did we learn from the people that raised us?

676

00:46:23,211 --> 00:46:27,807

And how does that make a difference in who we are today

677

00:46:27,807 --> 00:46:30,101

and how we interact with others.

678

00:46:30,102 --> 00:46:36,108

In my own life I did not grow up in a household where

679

00:46:36,108 --> 00:46:40,716

my parents were anti-Black, it was not part of the

680

00:46:40,718 --> 00:46:42,718

language in my household.

681

00:46:42,718 --> 00:46:46,692

My father -- (Indiscernible) and he absolutely despise

682

00:46:46,694 --> 00:46:53,184

the Japanese and there was nothing that I could say or

683

00:46:53,185 --> 00:46:59,085

do with writings, nothing was going to change his mind

684

00:46:59,086 --> 00:47:06,166

and he went to his grave with the same attitude he came

685

00:47:06,167 --> 00:47:12,067

in with as an 18-year-old boy fighting in the Pacific.

686

00:47:13,396 --> 00:47:17,917

And I share that because when we are trying to teach

687

00:47:17,917 --> 00:47:22,025

and model better behavior come the first thing you need

688

00:47:22,025 --> 00:47:26,546

to do is be welcoming to the difference of opinions and

689

00:47:26,546 --> 00:47:31,476

work hard to understand why they are the way they are.

690

00:47:31,476 --> 00:47:35,997

If we have a more clear understanding of how people got

691

00:47:35,997 --> 00:47:40,927

where they are we can do a better job of making the

692

00:47:40,927 --> 00:47:45,037

connections that we need to make so we can all

693

00:47:45,037 --> 00:47:47,503

contribute to each other's learning process.

694

00:47:47,503 --> 00:47:50,453

I talked about my own father because it's something

695

00:47:50,453 --> 00:47:53,733

that I have experience as a young kid it didn't

696

00:47:53,733 --> 00:47:56,681

influence my own belief system, but it was present.

697

00:47:56,682 --> 00:48:00,400

And I think while I think about other people that maybe

698

00:48:00,402 --> 00:48:04,120

grew up with other fears or concerns the first thing I

699

00:48:04,122 --> 00:48:07,840

want to do is understand where they came from because I

700

00:48:07,842 --> 00:48:10,884

cannot teach anything new about culture if I don't

701

00:48:10,886 --> 00:48:12,886

understand what it started with.

702

00:48:12,886 --> 00:48:14,886

I hope that is helpful.

703

00:48:14,886 --> 00:48:21,059

We have to learn first and then we can understand and

704

00:48:21,060 --> 00:48:28,560

then we can make the changes we need to make.

705

00:48:28,560 --> 00:48:30,560

>> Thank you for your perspective.

706

00:48:30,560 --> 00:48:37,922

The next question is for Dr. banks.

707

00:48:37,922 --> 00:48:44,770

>> What are your thoughts or ideas about what we can do

708

00:48:44,775 --> 00:48:49,343

to help other demographic groups understand and care

709

00:48:49,344 --> 00:48:53,341

about disparities, especially since there are limited

710

00:48:53,343 --> 00:48:57,340

studies available and limited data available about

711

00:48:57,342 --> 00:48:59,342

these groups.

712

00:48:59,342 --> 00:49:03,713

>> Just overall I think being authentic, genuine and

713

00:49:03,713 --> 00:49:09,523

inclusive and to allow individuals time in the room and

714

00:49:09,523 --> 00:49:13,588

room and space to have candid, compassionate



715

00:49:13,589 --> 00:49:15,589

discussions.

716

00:49:15,589 --> 00:49:20,000

Be live in a very divided intense time right now and

717

00:49:20,000 --> 00:49:25,828

part of the goal for the engagement today is to provide

718

00:49:25,828 --> 00:49:32,186

a rationale of what we are doing and not try to be

719

00:49:32,186 --> 00:49:37,486

draconian or dictators, but to say this is all about

720

00:49:37,486 --> 00:49:41,722

respect and recognizing our differences so we can

721

00:49:41,723 --> 00:49:45,433

reduce health disparities and allowing individuals to

722

00:49:45,433 --> 00:49:50,201

ask questions and to not blame individuals for not

723

00:49:50,201 --> 00:49:54,971

always getting rings right. We inherited the society,

724

00:49:54,971 --> 00:49:56,971

right?

725

00:49:56,971 --> 00:50:01,980

None of us here on this call today owns any slaves, we

726

00:50:01,980 --> 00:50:05,748

didn't burn any crosses or Lynch anyone.

727

00:50:05,751 --> 00:50:07,751

But these are the environments that we inherited.

728

00:50:07,751 --> 00:50:11,281

We all have come from these things from different

729

00:50:11,285 --> 00:50:15,237

backgrounds and were affected by these atrocities of

730

00:50:15,238 --> 00:50:19,684

our past in different ways pickle the history of

731

00:50:19,686 --> 00:50:24,626

medicine is very ugly and we have definitely made steps

732

00:50:24,627 --> 00:50:29,567

to try to remedy that. But I think allowing

733

00:50:29,569 --> 00:50:33,027

individuals opportunity to go these are difficult

734

00:50:33,028 --> 00:50:35,028

conversations to have.

735

00:50:35,028 --> 00:50:38,520

We talk about how the transatlantic slave trade and you

736

00:50:38,523 --> 00:50:42,533

look at the images of the ships and lynching, these

737

00:50:42,535 --> 00:50:46,144

things are triggering for a number of individuals to

738

00:50:46,145 --> 00:50:50,957

have an individual that may not have it on the top of

739

00:50:50,960 --> 00:50:55,772

their minds every day. Is something I have the top of

740

00:50:55,774 --> 00:51:00,185

my mind every day as a black man and looking at

741

00:51:00,187 --> 00:51:04,197

individuals who may not see that our lives in urban

742

00:51:04,199 --> 00:51:07,006

environments right opportunities to engage with black

743

00:51:07,007 --> 00:51:10,616

men or individuals from any backgrounds and having the

744

00:51:10,618 --> 00:51:13,024

open opportunities for candid, nonjudgmental dialogue.

745

00:51:13,025 --> 00:51:18,815

One of the things I find discouraging about today so

746

00:51:18,815 --> 00:51:24,605

individuals are scared to speak or ask because you are

747

00:51:24,606 --> 00:51:29,238

constantly blamed or castigated or ridiculed for being

748

00:51:29,238 --> 00:51:31,238

ignorant.

749

00:51:31,238 --> 00:51:33,238

I don't know.

750

00:51:33,238 --> 00:51:36,679

I can expect you to learn about my history the things

751

00:51:36,679 --> 00:51:38,679

that impact us.

752

00:51:38,679 --> 00:51:40,679

But when someone asks in a genuine, authentic way, give

753

00:51:40,679 --> 00:51:43,524

them room and it may be clunky and times are difficult

754

00:51:43,527 --> 00:51:46,488

but appreciate the effort that someone does.

755

00:51:46,490 --> 00:51:51,197

Like Desmond help -- Desmond, how has it impacted you?

756

00:51:52,904 --> 00:51:59,168

I love that because you care enough to care about how I

757

00:51:59,168 --> 00:52:04,378

feel and inasmuch as we can have as many opportunities

758

00:52:04,378 --> 00:52:08,554

to have that open, candid, nonjudgmental dialogue from

759

00:52:08,554 --> 00:52:13,246

all representations of society I think we will be

760

00:52:13,246 --> 00:52:15,246

better off.

761

00:52:15,246 --> 00:52:17,246

I wholeheartedly agree.

762

00:52:17,246 --> 00:52:21,316

The turning point is being able to open it honestly how

763

00:52:21,316 --> 00:52:23,316

those conversations without judgment.

764

00:52:23,316 --> 00:52:25,316

So thank you.

765

00:52:25,316 --> 00:52:27,316

The next question for Dr. layered.

766

00:52:27,316 --> 00:52:30,979

In regards to the term in your presentation that you

767

00:52:30,983 --> 00:52:37,935

mark as terms to avoid. One of those was marginalized.

768

00:52:37,939 --> 00:52:43,267

The question is whether you think that using the

769

00:52:43,267 --> 00:52:46,817

qualifier historically, as in historically marginalized

770

00:52:46,817 --> 00:52:49,185

communities, is that acceptable?

771

00:52:49,185 --> 00:52:58,927

When we take the focus away from the system and more on

772

00:52:58,927 --> 00:53:00,927

history?

773

00:53:00,927 --> 00:53:05,520

>> That is a complex question for a couple of reasons.

774

00:53:05,520 --> 00:53:10,844

Joel get hung up on the terms themselves, but I

775

00:53:10,849 --> 00:53:16,712

understand the intent. What we are trying to say is

776

00:53:16,715 --> 00:53:18,847

think person first language.

777

00:53:18,848 --> 00:53:22,048

A person who had this happen to them.

778

00:53:22,048 --> 00:53:31,073

A person that is at risk for as opposed to categorizing



779

00:53:31,081 --> 00:53:35,186

everyone in one umbrella terminology.

780

00:53:35,188 --> 00:53:41,220

I think the first thing you will have to do is think in

781

00:53:41,220 --> 00:53:45,858

terms and it's hard to do in public health because

782

00:53:45,858 --> 00:53:49,570

healthcare tends to focus on the individual where

783

00:53:49,570 --> 00:53:53,280

public health focuses on the aggregate or the

784

00:53:53,280 --> 00:53:58,384

community. When we think about terms of how we better

785

00:53:58,384 --> 00:54:02,096

communicate with the community and better serve the

786

00:54:02,096 --> 00:54:06,734

community we have to start looking at where they are

787

00:54:06,734 --> 00:54:11,374

coming from and what needs to happen to change it.

788

00:54:11,374 --> 00:54:13,904

That is not to say I ignore history, I don't, and I

789

00:54:13,906 --> 00:54:15,906

don't suggest we ever do that.

790

00:54:15,906 --> 00:54:18,084

But what do we need to get the community from where

791

00:54:18,084 --> 00:54:20,084

they have been to where they need to be?

792

00:54:20,084 --> 00:54:22,084

And where they want to be.

793

00:54:22,084 --> 00:54:24,643

It is not about only the terminology, but rather what

794

00:54:24,643 --> 00:54:29,492

process can we change to make it better for them and

795

00:54:29,492 --> 00:54:33,459

subsequently for us because when all of the community

796

00:54:33,459 --> 00:54:37,869

strive, all of our other community strive and that is

797

00:54:37,869 --> 00:54:40,954

the mindset we have to start with.

798

00:54:40,954 --> 00:54:45,994

It is tough to answer the one stray question there

799

00:54:45,994 --> 00:54:50,020

because I think it's a conglomerate of thought

800

00:54:50,021 --> 00:54:54,053

processes that we have to move forward with.

801

00:54:54,053 --> 00:54:58,919

Stop thinking about them in terms of where they have

802

00:54:58,923 --> 00:55:04,767

been, but let's talk about what we need to do to change

803

00:55:04,768 --> 00:55:06,768

where they have been.

804

00:55:06,768 --> 00:55:11,616

That means we have to acknowledge the history, but we

805

00:55:11,617 --> 00:55:17,003

also have to have the means and mechanism and desire to

806

00:55:17,003 --> 00:55:19,003

move that same population.

807

00:55:19,003 --> 00:55:21,003

>> Thank you so much.

808

00:55:21,003 --> 00:55:23,593

I think we only have time for one more question.

809

00:55:23,594 --> 00:55:31,514

It is in reference to a concept in your presentation.

810

00:55:31,514 --> 00:55:36,577

How do you recommend responding to a group or

811

00:55:36,581 --> 00:55:40,522

population offended by updated more inclusive language

812

00:55:40,524 --> 00:55:45,591

whether it is outward facing like on websites reports

813

00:55:45,593 --> 00:55:51,223

or research and evaluation in the term I'm referring to

814

00:55:51,226 --> 00:55:55,167

is the conversations happening right now about

815

00:55:55,168 --> 00:56:00,235

pregnancy and how we should term that, women with

816

00:56:00,238 --> 00:56:03,616

pregnancy or those that are pregnant?

817

00:56:03,717 --> 00:56:06,347

I mention it myself because if I don't someone else

818

00:56:06,349 --> 00:56:08,716

does because it's been hotly contended since we started

819

00:56:08,717 --> 00:56:10,717

this work and continues to be.

820

00:56:10,717 --> 00:56:15,227

The first thing I want to say is not everyone will love

821

00:56:15,228 --> 00:56:17,228

you.

822

00:56:17,228 --> 00:56:19,286

When trying to do this work you have to recognize

823

00:56:19,386 --> 00:56:23,401

upfront that it will be hard and not everyone will be

824

00:56:23,401 --> 00:56:25,401

happy.

825

00:56:25,401 --> 00:56:29,306

We can change some people's minds and others we will

826

00:56:29,306 --> 00:56:31,306

not succeed.

827

00:56:31,306 --> 00:56:33,874

We need to find the best ways to communicate with those

828

00:56:33,876 --> 00:56:37,341

people that don't want to hear some of the terms that

829

00:56:37,342 --> 00:56:39,547

we are constantly hearing in the population.

830

00:56:39,547 --> 00:56:45,635

I am honored someone -- (Indiscernible) it has become

831

00:56:45,635 --> 00:56:50,193

political tennis ball and ping-pong ball.

832

00:56:51,395 --> 00:56:55,686

And we are not talking about politics.

833

00:56:55,687 --> 00:57:01,315

We are talking about taking the best care of all of us

834

00:57:01,316 --> 00:57:03,316

at the same time.

835

00:57:03,316 --> 00:57:06,427

I think that is possible.

836

00:57:06,427 --> 00:57:09,800

I am hopeful that we can make those things happen and

837

00:57:09,800 --> 00:57:13,484

we can start from a position of knowing that we have a

838

00:57:13,484 --> 00:57:15,627

lot to learn, I am still learning.

839

00:57:15,629 --> 00:57:20,117

And I hope everyone on this call is open to learning.

840

00:57:20,119 --> 00:57:24,552

Some of the constructs that you have had in your head

841

00:57:24,555 --> 00:57:28,182

from when you grew up and whatever generation and

842

00:57:28,185 --> 00:57:31,812

whatever educational exposures you have had, be open to



843

00:57:31,815 --> 00:57:35,442

a few more and come to your own conclusions.

844

00:57:35,445 --> 00:57:39,383

If you find there are terms that suit you better or

845

00:57:39,383 --> 00:57:42,605

suit the community that you want to communicate with

846

00:57:42,606 --> 00:57:45,828

more effectively then let us know what they are.

847

00:57:45,828 --> 00:57:50,989

It is a work in progress and I hope we can all continue

848

00:57:50,989 --> 00:57:55,354

to learn without you shutting down and saying I am not

849

00:57:55,355 --> 00:57:59,722

going to listen to that, there's no reason for me to

850

00:57:59,722 --> 00:58:01,722

change the way I've been.

851

00:58:01,722 --> 00:58:05,006

We all have had our prejudices that we need to work

852

00:58:05,006 --> 00:58:07,006

with and to begin to understand.

853

00:58:07,006 --> 00:58:10,363

All we want to do is be inclusive and respectful of one

854

00:58:10,368 --> 00:58:13,338

another and we are trying to encourage everyone to come

855

00:58:13,341 --> 00:58:15,341

from that same place.

856

00:58:15,341 --> 00:58:17,919

>> As you said, when you know better, do better.

857

00:58:17,923 --> 00:58:26,729

We are just about out of time.

858

00:58:26,729 --> 00:58:28,729

We've gone through a lot of questions.

859

00:58:28,729 --> 00:58:31,358

But if you submitted a question we could not address

860

00:58:31,358 --> 00:58:33,358

please feel free to email us at [epic@cdc](mailto:epic@cdc).

861

00:58:33,358 --> 00:58:39,191

gov and we will be sure to get the message out to the

862

00:58:39,909 --> 00:58:42,704

right person answered for you.

863

00:58:42,704 --> 00:58:44,704

I would like to thank all of our presenters and the

864

00:58:44,704 --> 00:58:46,704

audience.

865

00:58:46,704 --> 00:58:49,667

If you wouldn't mind doing a short exit poll on your

866

00:58:49,667 --> 00:58:51,667

way out.

867

00:58:51,667 --> 00:59:03,941

We will put that up for you now.

868

00:59:03,943 --> 00:59:06,791

I can really inform the decisions we make.

869

00:59:06,792 --> 00:59:10,092

Thank you for taking the time this afternoon with us in

870

00:59:10,092 --> 00:59:12,092

answering these questions.

871

00:59:12,092 --> 00:59:42,098

Our continuing education statements are up on the

872

00:59:42,101 --> 00:59:45,990

screen.

873

00:59:45,990 --> 00:59:47,990

We are offering continuing education for this webinar.

874

00:59:47,990 --> 00:59:52,206

Please see the accreditation statement on the screen

875

00:59:52,209 --> 00:59:57,105

appeared to receive continuing education for the live

876

00:59:57,105 --> 01:00:02,611

webinar please visit tceo and follow the nine steps

877

01:00:02,611 --> 01:00:05,059

before September 12, 2002.

878

01:00:05,059 --> 01:00:12,533

The course access code is EPIC0808.

879

01:00:12,533 --> 01:00:18,453

For those viewing the web on demand, to receive

880

01:00:18,457 --> 01:00:23,721

continuing education please visit TCEO and follow the

881

01:00:23,724 --> 01:00:28,330

nine simple steps before September 13, 2024.

882

01:00:28,333 --> 01:00:33,850

Thank you for attending and if you have additional

883

01:00:33,850 --> 01:00:40,585

questions feel free to email us and to learn more about

884

01:00:40,585 --> 01:00:44,259

the communication including past webinars and

885

01:00:44,259 --> 01:00:49,161

newsletters visit our epic page at emergency at

886

01:00:49,161 --> 01:00:51,161

emergency@cdc.gov.

887

01:00:51,161 --> 01:00:54,631

You can see this recording and others at the EPIC.

888

01:00:54,631 --> 01:00:58,146

cdc.

889

01:00:58,150 --> 01:01:00,938

gov webpage.

890

01:01:00,938 --> 01:01:11,842

Have a wonderful day.