Identifying and Addressing Social Determinants of Health and Equity Among MSFW and their Families in Wyoming: A Community Readiness Approach

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Learners Will Be Able To:

- Discuss value of including voices of populations served in working toward community change
- Explain how Critical Pedagogy and Critical Race Theory empower marginalized groups to tell stories and advocate for social change
- Explain that Social Determinants of Health is largely rhetoric in practice and research, and how Community Readiness Model fills gaps in research and practice.
- Discuss model of identifying and addressing social determinants of health and equity.
- List six dimensions and nine stages of Community Readiness
- Discuss how to foster collective community action to address social determinants of health among MSFW and their families using Community Readiness approach
- Discuss storytelling in community mobilization approaches
Blazing New Trails for Socially Just Evaluation and Research

Participatory Action Research
Critical Pedagogy
Critical Race Theory
Participatory Action Research

- Socially Just
- Empowering
- With, Not On
- Transformative
<table>
<thead>
<tr>
<th>Traditional</th>
<th>Participatory</th>
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<tbody>
<tr>
<td>Objectivity</td>
<td>Collaboration and cooperation</td>
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<tr>
<td>Replicable results</td>
<td>Effective practice is a key goal</td>
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<tr>
<td>Professional expertise</td>
<td>Participants are the experts: their wisdom and involvement is key</td>
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<tr>
<td>Identifies “best practice”</td>
<td>Assessment deepens impact that informs action for change</td>
</tr>
<tr>
<td>Specific methods result in specific outcome</td>
<td>Democratization of knowledge</td>
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<tr>
<td>Single desired effect</td>
<td>Feasibility, acceptability and utility are core values</td>
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<tr>
<td>Attribution usually to the professional evaluator</td>
<td>Findings emerge rather than proving a hypothesis</td>
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<td>Specific, controllable outcome is chosen to assess</td>
<td>The gap between knowledge and action is reduced</td>
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Transforming Communities, 2012
Critical Pedagogy

- Paulo Freire
- Pedagogy of the Oppressed
- Empowerment of oppressed to critically examine situation
- Empowerment to advocate for selves and change
- Joining with the people in this process

“I cannot teach without exposing who I am” – Paulo Freire
Duncan Anrade’s Critical Hope
Growing Roses in Concrete

Enemies of Hope

- **Hokey Hope** - “Individualistic up-by-your-bootstraps” hope

- **Mythical Hope** – “Hope on a tightrope” resting on one event or the shoulders of one person

- **Hope Deferred** - “It gets better” and asks people to cultivate their own individual path but being unwilling to help them find it
Critical Hope: The Enemy of Hopelessness

- **Material Hope** – Taking the time to get involved and listen in order to connect students with resources – often other people – that can result in getting needs met.

- **Socratic Hope** – Willingness to examine suffering with students – humanization of students – fostering solidarity in fighting the same fight.

- **Audacious Hope** – Sharing in others’ suffering, sacrificing self so that other roses may bloom, collectively struggling.

Duncan-Anrade, 2009
What’s The Difference?

Critical hope values fostering collective, community, sharing, solidarity, here and now, holistic, process orientation and RELATIONSHIPS (Relational World View)

Enemies of hope involve pushing for autonomy without support, individualism, finding THE answer, either/or, future-oriented approaches (Linear World View)

“Snowflakes are one of nature’s most fragile things, but just look what they do when they stick together”

— Vera M. Kelly
Critical Race Theory

- Roots in legal scholarship to challenge structural racism, Anglo-American ethnocentrism and universally accepted truths, or stock narratives, upon which the legal system is built (Ladson-Billings & Tate, 1995).

- Since oppression is so ingrained in systems, it is almost invisible and does not seem like oppression to the oppressors. CRT, through cultivating and sharing counter narratives of people who have been oppressed, can “catalyze the necessary cognitive conflict to jar dysconscous racism” (Ladson-Billings & Tate, 1995).

- Parker and Villalpando (2007) outline CRT themes:
  1) Race and racism are embedded in American societal structures and policies;
  2) Challenges dominant ideologies that guide societal structures and policies;
  3) Commitment to social justice and elimination of all forms of subordination;
  4) Experiential knowledge of people of color is legitimate and critical in creating social justice.
What Are Social Determinants of Health?

- Factors beyond individual behaviors that affect health.

- Historical, political, economic and structural factors that determine the level of equitable distribution of the social determinants.

- Determined by such issues as race/ethnicity, gender, sexual orientation, age, disability, geographic location, and socioeconomic status.

- Social and environmental conditions that affect health where people grow, live, learn, work, and play, such as freedom from racism and discrimination.

- Social determinants also include food safety, safe neighborhoods and schools, availability and access to health care and education, social connectedness, self-esteem and hopefulness.

- Determinants affect individual health promoting behaviors that lead to community and individual health

(Brennan Ramirez et al., 2008).
1. Addressing social determinants of health & equity

2. Primary Prevention

3. Safety Net Programs and Secondary Prevention

4. Emergency Care And Tertiary Prevention

Populations less at risk

Populations more at risk

Jones et al., 2009
How do Disparities Arise?

- Inequalities in quality of care (some due to lack of cultural competency of care providers)

- Inequalities and barriers in access to health care, including preventative care (mental health stigma, lack of mental health providers, lack of health insurance, stigma in accessing reproductive health care and contraception)

- Inequalities in opportunities, exposures, and stresses that result in differences in overall health, including mental health, which is often viewed as separate from overall health
Addressing Social Determinants of Equity

- Why are there different resources along the cliff face?
- Why are there differences found at different parts of the cliff?
- What are the differences in quality of care (ambulance goes wrong way or is slow)

Jones et al., 2009
SOkal DETERMINANTS OF EQUITY

Socioeconomic status

Ability/Disability

Laws & Policies

Historical Trauma

SDH in the Environment

Schools

Health care

Jobs

Child Care

Safety

Housing

Healthy food & water

Transportation

Recreation

Freedom from Discrimination

Political Representation

Health

Gender

Race

Sexual orientation

(DETERMINE DISTRIBUTION INTO ENVIRONMENTS)

Jones et al., 2009
Importance of Research

CDC & WHO recommend identifying & addressing SDH in environments, including fostering connectedness

Lives at stake: A social justice issue needing swift, participatory, research-based action

A gap: SDH largely rhetoric in research & practice

= PAR

(Salazar et al., 2010)

(Brennan Ramirez, Baker, & Metzler, 2008; Commission on Social Determinants of Health, 2008; Jones et al., 2009)
Community Readiness

Pleston, Edwards, & Jumper-Thurman, 2006
“Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”
~ Margaret Mead
What is the Community Readiness Model (CRM)?

- An empowering model for community-based change
- Empowers communities to define issues and strategies in their own cultural contexts—local experts, local resources, local cultural values
- Builds cooperation among systems and individuals
- Increases community capacity by building awareness and mobilizing action
- A map to guide the journey of community change with stage-appropriate strategies
Roots of CRM

- Original work at Tri-Ethnic Center at Colorado State University:
  - Substance abuse prevention media campaigns
  - Community substance abuse/violence prevention & intervention programs

- Limited success in both projects

- Follow-up research found communities are like individuals:

  *if communities are not invested, great media campaigns and great intervention and prevention programs will not be successful.*

  *Communities may not be invested because they don’t know there’s a problem or the great ideas don’t fit with their cultures.*
The Story of Turtle and Lightning
What is the CR Process?

- Identify Issue
  - Define Community
  - Develop Interview Questions
  - Conduct Confidential Interviews
  - Score Interviews
  - Strategizing Workshop
- Follow-Up Assessment
  - Implement Strategies
  - Community Change!
- Where should we go next?
Dimensions of Community Readiness

A. Community Programs & Efforts
B. Community Knowledge of the Efforts
C. Leadership
D. Community Climate
E. Community Knowledge About the Issue
F. Resources to Address the Issue

6 Dimensions
Scores of Community Readiness

- Each dimension is scored along a 9-point continuum, based on the 9 stages of readiness

- Each dimension gets its own readiness score

- The dimension scores reflecting earlier stages of readiness may need focus first
## 9 Stages of Readiness

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
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<tbody>
<tr>
<td>1. No Awareness</td>
<td>Issue generally not recognized as a problem</td>
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<tr>
<td>2. Denial/Resistance</td>
<td>Some see issue, but not “our” problem; stereotyping</td>
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<tr>
<td>3. Vague Awareness</td>
<td>Most see problem; no immediate motivation to address</td>
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<td>4. Preplanning</td>
<td>Clear recognition of problem, a committee – but efforts not focused/detailed</td>
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<tr>
<td>5. Preparation</td>
<td>Planning is occurring; community offers modest support</td>
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<tr>
<td>6. Initiation</td>
<td>Information justifies efforts; activities underway</td>
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<tr>
<td>7. Stabilization</td>
<td>Leaders support work; staff trained &amp; experienced</td>
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<tr>
<td>8. Confirmation/Expansion</td>
<td>Efforts in place; people comfortable using services and support expansions; local data regularly obtained</td>
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<tr>
<td>9. High Level of Community Ownership</td>
<td>Detailed, sophisticated knowledge of prevalence, causes, consequences. Evaluation guides new directions. Model is applied to other issues.</td>
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Community Diagnostic: CR for Migrant Health in Wyoming

A. Community Efforts – *Stage 7 - Stabilization*

B. Community Knowledge of Efforts – *Stage 4 - Preplanning*

C. Leadership – *Stage 2 – Denial/Resistance*

D. Community Climate – *Stage 2 – Denial/Resistance*

E. Knowledge about Issue – *Stage 3 Vague Awareness*

F. Resources related to Issue – *Stage - Stabilization*
Overarching Themes

- WMHP is at Stage 7 – Stabilization. Next stage is Confirmation/Expansion to reach High Level of Community Ownership.

- May need to do strategies at earlier stages to confirm/expand and increase the whole community ownership – still some marginalization of the population, but some openings exist to decrease marginalization.
Overarching Themes

- Health partners are aware and appreciative of WMHP.
- Outreach to the populations travels by word of mouth among the families.
- The migrant population has decreased very dramatically.
- Since the numbers have decreased, the population may be overlooked.
- Many people who had been migrant workers have stayed here and are now a part of the community.
- Migrant and seasonal agricultural worker issues are not specifically on the radars of formal community leaders.
- However, community-wide issues of health and welfare, including child care and affordable housing are a concern to the leaders, and the Hispanic, migrant, seasonal families are considered with regard to these needs.
Overarching Themes

- Some people are very positive and accepting of migrant agricultural workers.

- Some believe there is discrimination and stereotyping, and this creates even more housing problems and other disparities.

- Interviewees think more outreach and education about the program could be very helpful in reducing discrimination, increasing understanding and awareness, and increasing knowledge about the program and the issues faced by the migrant and seasonal population.

- Outreach to farmers and ranchers would be helpful, to inform about health and welfare issues of the workers, as well as where to go for help.

- Mobile clinics to the fields and having clinic hours after 5:30 pm would be helpful.
REMEMBER…

**STRATEGIES OF INTERVENTION FOR PREVENTION EFFORTS MUST BE APPROPRIATE FOR THE COMMUNITY’S STAGE OF READINESS!**
Using the Assessment to Develop Strategies

- You’re now ready to develop strategies that will be appropriate for your community.

- The first thing to do is look at the distribution of scores across the dimensions. Are they all about the same? Are some lower than others?

- To move ahead, readiness on all dimensions must be at about the same level—so if you have one or more dimensions with earlier stages than the others, focus your efforts on strategies that will increase the community’s readiness on that dimension or those dimensions first.

- Make certain the intensity level of the intervention or strategy is consistent with, or lower than, the stage score for that dimension.
Preparing to Strategize

- Which stages should we address?
- What are proven strategies for working at these stages?
- Why is it important to look at dimensions that are less ready?

The WMHP is at a stage of stabilization, and has gone through many of the strategies to get here.

The next step beyond stabilization is confirmation/expansion.

If you choose to expand, you may benefit from revisiting some of the earlier strategies to reach a larger population.
8-Confirmation & Expansion

Goal: Expand and enhance services

- Formalize the networking with qualified service agreements.
- Prepare a community risk assessment profile.
- Publish a localized program services directory.
- Maintain a comprehensive database available to the public.
- Develop a local speaker’s bureau.
- Initiate policy change through support of leaders.
- Conduct media outreach on specific data trends related to the issue.
- Utilize evaluation data to modify efforts.
9. High Level of Community Ownership

**Goal: Maintain momentum and continue growth**

- Maintain local business community support and solicit financial support from them.
- Diversify funding resources.
- Continue more advanced training of professionals and paraprofessionals.
- Continue re-assessment of issue and progress made.
- Utilize external evaluation and use feedback for program modification.
- Track outcome data for use with future grant requests.
- Continue progress reports for benefit of community leaders and local sponsorship.
- At this level the community has ownership of the efforts and will invest themselves in maintaining the efforts.
1 - NO AWARENESS

**Goal:** Raise awareness of the issue

**Strategies...**

- Develop lists of talking points
- Strengthen relationships within the community
- One on one visits with community leaders and members to solicit their ideas in the planning
- Visit existing and established small groups to inform them of the efforts and learn about their efforts
- Make one-on-one phone calls to friends and potential supporters - get them involved and solicit their support – be creative!
2 - DENIAL / RESISTANCE

Goal: Raise awareness and acceptance that this issue exists in this community

Strategies...

- Continue one-on-one visits and ask the people you talk with to assist – low intensity
- Talk about local incidents and resources related to the issue
- Work as a team to develop flyers and posters with data, information about the program, and a common list of talking points to use
- Put information in newspapers, church bulletins, club newsletters, school newsletters, facebook, etc.
- Present information to local related community groups.
3- Vague Awareness

Goal: Raise awareness that the community can do something

Strategies...

• Present information at local community events and to unrelated community groups.

• Post flyers, posters, and billboards with information about WMHP, how to get help, who to call.

• Initiate your own events to present information.

• Publish news editorials and articles with general information and local implications.
4 - Preplanning

Goal: Develop concrete strategies

Strategies...

- Continue strategies from previous stage
- Use media for newspaper articles/posters
- Conduct assessment of what’s already going on in the community to try to integrate efforts
- Hold focus groups and listen to ideas
5-Preparation

Goal: Gather existing information with which to plan strategies

- Conduct surveys to learn about community issues and needs.
- Sponsor a community picnic to kick off the effort.
- Conduct public forums to develop strategies from the grassroots level.
- Utilize key leaders and influential people to speak to groups and participate in local radio and television shows.
- Plan how to evaluate the success of your efforts.
6- Initiation

Goal: Provide community-specific information

- Conduct in-service training on Community Readiness for professionals and paraprofessionals.

- Plan publicity efforts associated with start-up of activity or efforts.

- Attend meetings to provide updates on progress of the effort.

- Conduct consumer interviews to identify service gaps, improve existing services and identify key places to post information.

- Begin library or Internet search for additional resources and potential funding.

- Begin some basic evaluation efforts.
7- Stabilization

Goal: Stabilize efforts and programs

- Plan community events to maintain support for the issue.
- Conduct training for community professionals.
- Conduct training for community members.
- Introduce your program evaluation through training and newspaper articles.
- Conduct quarterly meetings to review progress, modify strategies.
- Hold recognition events for local supporters or volunteers.
- Prepare and submit newspaper articles detailing progress and future plans.
- Begin networking among service providers and community systems.
Recommendations and Ideas Shared

- Develop a common list of talking points for all at WMHP to use to share the same messages – storytelling/Photovoice
- Foster cultural humility and awareness about the population’s ways of being
- What the WMHP provides – including consistent clinics each week
- Discuss health/wellness needs of the population served

- Start with one on one conversations - make a list of people to visit/meet/call and places to share stories (PCHC)
Recommendations and Ideas Shared

- Provide education/outreach for farmers/ranchers on WMHP and health/safety needs of workers.

- Mobile clinics, clinics in Worland & Basin, & summer hours after dark.

- Connect the population with volunteers/providers in meet & greets.

- Provide education for the population on:
  - Diabetes – invite a dietician to do education in a kitchen
  - Healthy Relationships
  - Mental Health
<table>
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<tr>
<th>Strategies</th>
<th>Who Will Complete?</th>
<th>By When?</th>
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Storytelling as PAR

Photovoice
The Danger of a Single Story
Adichie, 2009
Storytelling as PAR for Transformative Change

- For many marginalized groups, such as immigrants and Latinos, oration and storytelling remain central to preserving cultural traditions and knowledge within their communities.

- Such is the practice amongst many American migrant families when literacy is limited.
Vision and Mission of Photovoice

**vision**: a world in which no one is denied the opportunity to speak out and be heard.

**mission**: empowering people to advocate for themselves to achieve social change through photography and storytelling.

PhotoVoice Charity Website, 2012
PHOTOVOICE PARTICIPANTS SHARE THEIR...

- meanings
- lives
- cultures
- perspectives
New beginnings are possible when the light goes on and we are ready..
This was the first thing I got when I stopped using..
PHOTOVOICE PARTICIPANTS become, *Through a group process*…

**Photographers**

**Storytellers**

**Researchers**

**Team Members**

**Teachers**

**Leaders**
Analysis

**Individual**
- What did you hope to convey with this photo? narrative?
- How do you feel when you look at this?
- Who needs to hear this story?

**Group Members**
- What do you see when you view this photo narrative?
- How do you feel when you look at this?
- Who needs to hear this story?

**Group**
- Identify common themes that are emerging
- Identify who needs to hear the collective story
The Value of Photovoice

- Tells a counter narrative
- Builds courage in a collective story
- Emulates equality in the storytelling group – creates connectedness
- Stories reduce resistance – the focus of oppression is in the story, not placing blame on other people
- Inspires the telling of a transformed narrative
- A record of change
THE IMMIGRANT EXPERIENCE PHOTOVOICE EXHIBIT

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THE IMMIGRANT EXPERIENCE

PHOTOVOICE RECEPTION

© Kent Becker, Susie Markus & Angela Garfield
SHADOWS & LIGHT PHOTOVOICE

Stereotypes

Reframes

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References


