CHW'S Social Justice and Policy Advocates for Community Health

Presenters:

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Intentions:
Equitable, Passionate, Invested, and Collaborative

Gain a deeper understanding of Social Justice Organizing through Community Engagement

- What does Social Justice/EQUITY Lens mean in commUNITY?

Gain a historical context of Community Health Work as Socio-Political Advocate

- Where did the PASSION for CHW's begin?

Gain a deeper understanding of the Social Justice Organizing, Community-Based Community Health Workers and Public Health

- Why are Culturally Specific CHW's so important in Washington State and Why are CHW's INVESTED in the work so deeply?

Gain a deeper understanding of Intersectionality?

- Why does COLLABORATION around Culturally-Specific CHW Programs make sense?

Social Justice ~ Meaning & Tools:

What does Social Justice really mean, broadly?

Rights	Access
Fairness (Equity)	Equality
Power	Influence
Marginalized/Ism's	Social Determinates of Health
Redistribution of Wealth	Investment in Community
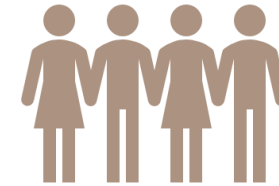
What are Social Justice Tools?

Community Organizing	Outreach Events
Reciprocity	Relationship Building
Transparency	Lens Shifting
Policy Advocacy	Systems Change
Cultural Humility	Cultural Competence

Dive Deeper: Organizing Tools

Safe Spaces	Outreach, Events
Comm'UNITY' Networks (Generational)	Trust
Community Conversations (Everyday) Assessments	Community
Culturally Specificity	Culturally Diverse
Authentic Comm'UNITY' Response	
Planned Comm'UNITY' Tactics	Lobbying, Advocacy
Reciprocity	Support
Authentic Grassroots Model Model	Typically Top/Down

Equity vs. Equality

- Refers to the principle of fairness:
  - "Equity is the process; equality is the outcome"
  - Equity – what is fair and just – May not, reflect strict equality – what is applied, allocated, or distributed equally.

How Do We Create an Equity Lens through Social Justice Organizing?

▶ The way each INDIVIDUAL perceives their world and their relation to the world outside themselves.

   ▶ Dialectical Behavior Change

▶ What questions on the Individual level, do we ask ourselves when thinking about "OTHERS". What should we be asking?

   ▶ skills, connections, and knowledge to participate effectively in social justice movement building

▶ How do we hold ourselves accountable and responsible when we realize and/or understand our actions do not represent EQUITY?

   ▶ Restorative Justice Techniques

http://culturalorganizing.org/the-problem-with-that-equity-vs-equality-graphic/

Historical Context of CHW's

- Over 60 year history in Communities of Color (marginalized communities)
  - Early terminology:
    - Village Health Workers
      - Tanzania (1967), Zimbabwe (1967); Mozambique (1980)
      - Mexico
      - Thailand (early 1950's)
      - Chinese barefoot doctor program (mid-1950's)
- How do we begin to think about current CHW programs using Evidence Based Model and maintaining fidelity to what has proven success?
  - First, we must think about how our current "Community-Based" Program models have diverged from the historical understanding of CHW's models based upon Social Justice and Equity.
  - Second, we must think about CULTURE and the ways in which interventions with a culturally specific focus have been successful in supporting positive health specific outcomes.

Historical Context

- Examples of VHW initiatives in Africa driven by this rationale include Tanzania's and Zimbabwe's VHW programmes in their early phase. Both were set in the political context of wholesale systemic transformation (decolonization and the Ujamaa movement in Tanzania, and the liberation struggle in Zimbabwe), and both focused on self-reliance, rural development and the eradication of poverty and societal inequities.

Social Justice looks like this, that, and that:

Community Health Work

- Community-based, Culturally Specific   (Lifestyle)
  - CHW's work specifically within the scope of their self-identified identity to improve population specific health concerns
    - We must remember that identity is fluid and may adapt over and across time
  - CHW's within model fidelity –
    - Improve health outcomes across generations
    - Improve health outcomes across community
    - Improve health outcomes across and within cultures
- The KEY is to retain:
  - Social Justice Framework of the model
  - Guided Equity Lens across partnerships
  - Community-based and Cultural Specificity in programming
  - Opportunities to connect to Health Care in "authenticity"
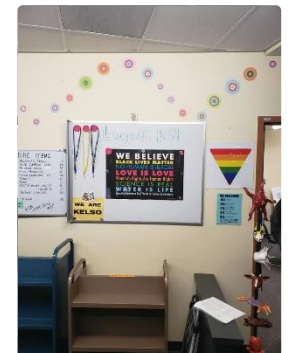
Public Health Integration

▶ Population Health Outcomes can and should remain measured through qualitative data.

▶ Both positive/negative change can be measured through "behavior and attitude change" assessments (intervention success and outcomes).

▶ Slow, Intentional, Progressive steps to ensure population health outcome "goals" match culturally specific concerns of community-based CHW teams.

"Sometimes you have to start in the most unlikely of places around community issues and concerns to begin to build up to integration".
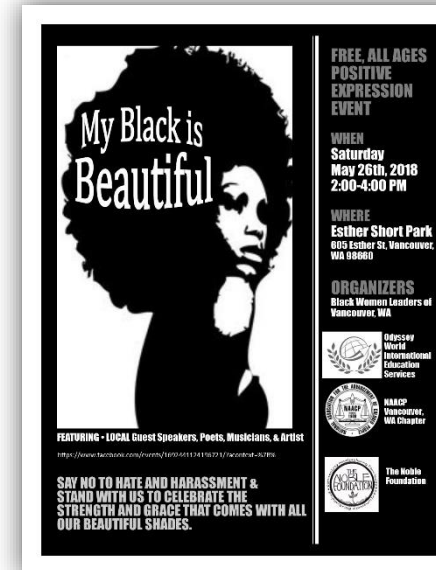
Intersectionality

- Intersectionality:
  - The interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.
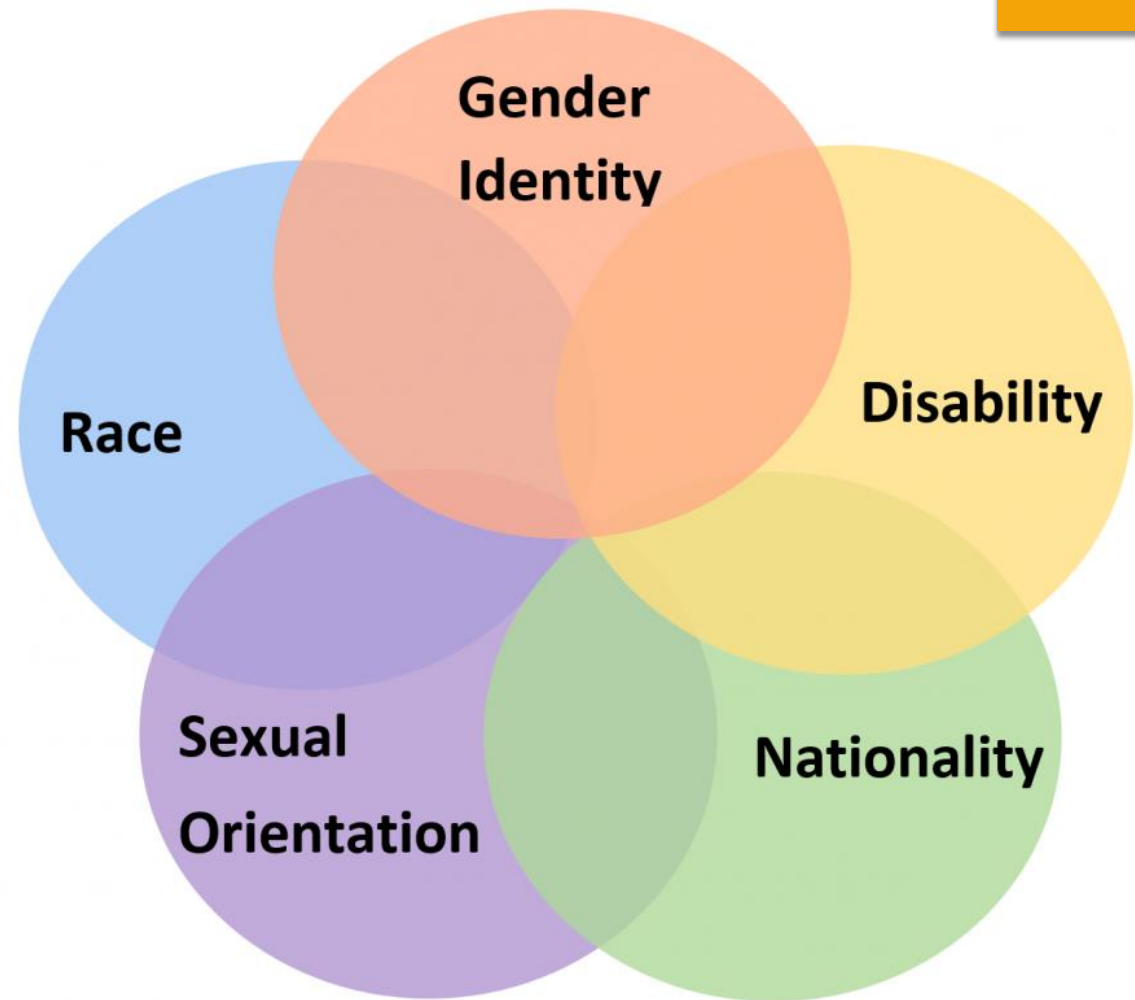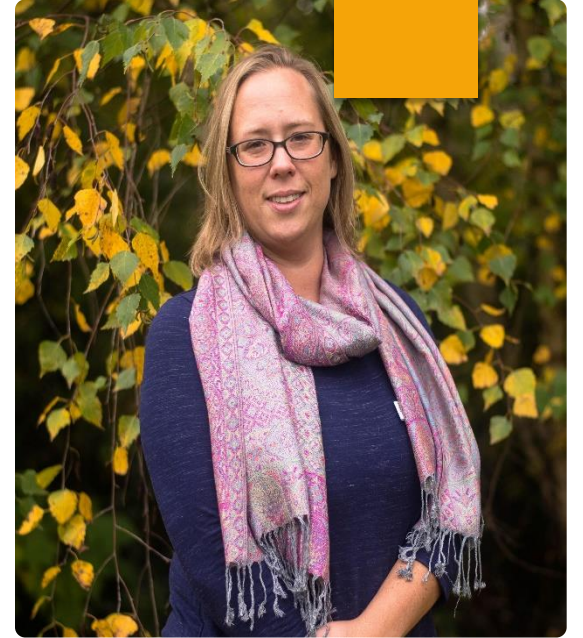
QUESTIONS ???

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