

Greetings everyone!

What follows are notes from the small group discussion on action to advance the social determinants framework that took place at the **Spirit of 1848 Unnatural Causes session on November 5, 2007**. It's important to note that the majority of the "action items" listed below are focused on hosting screenings as a tool for educating key decisionmakers - and not as much on advocacy efforts to advance the social determinants "framework" in the form of policies or other changes in practice.

There are at least five ways to engage in work to advance social determinant frameworks as public health advocates:

- Create education/"study" or professional development spaces within our agencies to broaden the base of advocates (public health practitioners, service providers, policy makers, etc.) who understand and are committed to a social determinants framework (where most of the brainstorming focused)
- Create/implement advisory bodies that engage community stakeholders in developing recommendations for policies/programs to advance social determinant approaches. This can help increase accountability, broaden the base of stakeholders and shift political weight from health departments and/or non profits *to a network of constituents*.
- Develop *programs* that are grounded in the social determinants framework (i.e., employment and economic development as prevention; supporting non partisan get out the vote and voter registration efforts as part of health initiatives, etc.)
- Develop *policies* including funding priorities that integrate social determinants across sectors of work (i.e., conducting 'democratic participation audits' of local electoral rules and moving changes such as instant runoff voting or proportional representation as interventions to increase health status; setting aside minimum percentage of units/land for affordable housing, etc.)
- Work collaboratively to develop more *strategic approaches to building power* and credibility for the social determinants framework -- i.e., build credibility and legitimacy for good research and studies and work to delegitimize specious/bad research and studies - as part of a larger power analysis that takes into account who currently has power to shape these landscapes and what we can do (i.e., "repopulating" key committees/commissions, etc.) to shift the balance in our favor.

As we think/discuss/collaborate on how to move this important work forward, let's consider how we advance work across the spectrum - and let's be in touch regarding the work we are doing so that we can continue to learn from one another. For more information, visit us on the web: www.thepraxisproject.org Notes for the groups *that handed in their notes* are listed below in alpha order of the group name on their notes. Most groups had no title so they are listed in numerical order further down the document.

November 5, 2007 Unnatural Causes Session at
Spirit of 1848
NOTES

Groups:

1. Austin
2. CA Newsreel
3. Columbia University Mailman School of Public Health Dept. of Socio-medical science Urbanism and the Built Environmental track.
4. Detroit/Ann Arbor Coalitions CB&R Network, Urban Research
5. Linda and Rick
6. Merced, CA
7. NYC
8. Natalie Cole, Dallas TX UNTHSC, MPH student in epidemiology
9. Northeast
10. Providence, RI, Arkansas, Ann Arbor, New York City
11. South Carolina and Pennsylvania
12. Students at the University of Arizona and University of Minnesota
13. University of Arkansas for Medical Sciences College of Public Health
14. University of Minnesota:
15. "Unnatural Causes"
16. Washington, DC & Providence, RI

17-36 Unidentified (There was no label)

1. Austin

Build into curriculum for teaching at a variety of ages. For public health audiences, as well as environmental health community groups, advocacy groups:

Kids

Youth

Adults

Retired

College Students

- Promote show at Texas Public Health Association Conference
- Show at neighborhood meetings
- Link to Building Healthy Communities website co-sponsor?
- University of Texas at Austin:
- Screen/discuss at Public Health Network brown bag discussion
- Screen/discuss at Green Team meetings
- Link with Austin Energy
- Incorporate into undergraduate and graduate courses

- Hold focus groups with American Indians and take findings to Commissioners of Health.
- Austin in General
- Show at Wheatsville Coop member gatherings
- Invite Mayor Will Wynn and Council members to screening and discussion
- Invite State and local with Hospital District Commissioners

2. CA Newsreel

- Schedule appointments with Congressional representatives and urge them to view series.
- Go to local High School principals/superintendents and try to view at schools. Same goes for local colleges. Contact department heads, especially in sociology,
- Epidemiology, economics and public health. Also contact local graduate schools
- Are there pieces of federal legislation that we should encourage everyone who views this movie to support? If not, why not?

3. Columbia University Mailman School of Public Health Dept. of Socio-medical science Urbanism and the Built Environmental track.

- “Place” focus on health. This track could be replicated in more universities. This video is perfect to put “place” focus at the forefront of public health agenda.

4. Detroit/Ann Arbor Coalitions CB&R Network, Urban Research

- Problem: Length—Maybe use individual stories (shorter)
- Local leadership when bringing in the non-health public
- Citizen groups
- Local school officials
- Start with national allies

5. Linda and Rick

- Do health care folks see the connection of social justice?
- Work at tribal government to broaden awareness about health and justice issues.

6. Merced, CA

- We don't want to give up our initial “work plan” for Merced, CA implementation. Would be happy to e-mail (tmoss@co.merced.ca.us) (209) 381-1227.

7. NYC

- Organize viewings
- Publicize at schools of public health
- Buy copy of DVD for library
- Encourage public libraries to publicize among partners and networks
- Flyers and simple word of mouth
- Tell doctors and influential healthcare folks.

8. Natalie Cole, Dallas TX UNTHSC, MPH student in epidemiology

- As member of local NPR/PBS station, request airing at designated time and promotion on TV and radio.
- Screening event at UNTSPH with speakers
- Screening at other local campuses with relevant speakers, including high schools
- Screening at local restaurant that does progressive film screenings.
- Branch out and seek opportunities for screening/outreach in other communities without schools of public health (i.e. Austin, Victoria).

9. Northeast

- Campus, Community, People, Partners:
- Pulling in all stakeholders:
- Get community stakeholders to prioritize
- Schools best place to organize health programs
- Changing perceptions in large scale. Go beyond PBS, this crowded
- Racism, classism must be confronted, not mashed with other term
- Look at policies that perpetuate this (Look at Pres. Clinton's office on 125th Street. now the neighborhood has Fairway (grocery store)
- Need sustainable neighborhoods
- Micro financing businesses

10. Providence, RI, Arkansas, Ann Arbor, New York City

- Teaching sociology get DVD for medical and sociology classes
- Images, places & faces
- Marshall Islanders. Our system, cultural issues—STD's, immigrants,
- Tyson chicken processing
- CHW curriculum
- Get it out of the classroom
- NIH, CHW initial
- Nontraditional places: people who don't watch PBS. HBO perhaps
- Churches, faith based networks.
- Need action step to respond to show

11. South Carolina and Pennsylvania

- Liaise with public health practitioners.
- Hook up with school and parent community youth partnerships to show film to create a “new story” to talk about health in the community.
- Ultimately, tax deep roots of inequality like petroleum corporations, arms corporations to fund programs to ameliorate social inequalities.
- Take this movement globally.

12. Students at the University of Arizona and University of Minnesota

- Contact legislators
- Contact PBS outreach
- Have our universities make a policy statement about this series (We are students at the University of Arizona and University of Minnesota).

13. University of Arkansas for Medical Sciences College of Public Health (an outreach partner of “Unnatural Causes”)

- Expectations are to utilize “Unnatural Causes” to engage community, policy makers and health organizations, etc.

14. University of Minnesota:

- Show video at orientation
- SPH organize town-hall meeting with neighborhood and community representatives
- Academic Health Center showing for legislators, conversation with representatives from districts
- Call for ideas: use funds/foundations
- Organize political caucuses around issue.

15. “Unnatural Causes” series

- Have staff watch series together and discuss
- Make sure you raise awareness with the people who are not aware
- Can presidential candidates discuss this series in their debates?
- Promote series among local health department
- Apply for small grants from foundations to hold meetings and show series to stimulate community mobilization
- Show this series to students in public health professions—nursing school, medical school, mph programs
- Show it to alumni clubs, book clubs, chambers of commerce, business associations-expose a diverse group of people.
- Want to promote series to the people who have the ear of policymakers
- Use local celebrities as advocates
- Promote series to news channels to promote.

16. Washington, DC & Providence, RI:

- Show film to MD college students
- Film series—show university's poverty center and run discussion groups
- Ask the local newspapers to do write-up before PBS release
- Show section-8 housing association
- Write op-ed for local paper (including the local homeless newspaper, if it exists)

17.

- Establish coalitions with other organizations that are or will be interested in this issue.
- Map out areas in the community that are more affected in Washington Heights, Inwood and Harlem (NYC).
- Conduct a town/community meeting to show the video and develop further
- Actions to improve our neighbors and community health.
- Contact legislators to take action about this issue.
- Do easy to read literature for community residents.
- Community mobilization and evaluation through a CHN program such as ours. (Please see back about our program).

18.

- Town hall meeting to include groups who impact the social xxx determinants of health.
- Create awareness of those in the community through these meetings.
- Education beginning at 0-1 years about health and healthy living choices.

19. WHAT ARE WE ACTUALLY GOING TO DO?

- Educate our colleagues so they work beyond the 'medical model' to create conditions health.
- Create dialogue between folks in the public health sector and community organizing sector for mutual growth

20.

A great suggestion for unnatural causes would be to campaign for releasing even a few episodes of this series to a major network such as ABC, CBS, NBC or Fox. As these networks are the typical as well as common channels in which the target populations

- This is the best way to promote and practice awareness to individuals who will not ordinarily look for this subject matter in order to make the difference.

- PBS is a great start but it is a vehicle for the health minded who is already conscious.
- In Los Angeles, for example, has PBS on channel 28, when typically watched stations are on 2-13.

21.

- Contacting local community leaders and farmers markets
- Make local version with local ETV station.
- University film festival
- Use the DVD for local events
- Ask library to buy copies for use in class session with faculty
- Spread word in academe(sp) student groups
- Chamber of Commerce
- Black women's health network
- Women's legislative caucus (state)
- Community academic partnership
- Community based participatory research movement
- Network with health advocates in state legislatures, insurance companies, health care and health services agencies and organizations
- Contact state legislators to impact health policy
- Need facilitator who knows subject: Mostly east coast, Maryland to Florida. One from Michigan, one from Taipei

22.

- Call local stations to be sure they'll air it. Advocate if needed.
- Use segments at larger infant mortality conferences etc. to shake
- Conversations up.
- Start campaigns-change the 3 P's: program, policy, personal on a broad
- Community level
- E-mail to listservs to start dialogue

23.

- Use film at public forums (town-hall meetings) sponsored by Shasta County Public Health Dept. and NACCHO.
- Use film to bring up topic and get feedback from community.
- Show film to American Indian students and Montana State University and have dialogue.

Film encourages:

- Continue research concerning diabetes and Native Americans.
- Continue research concerning "non-health" policies and health.

- Show film to planning and architecture students (transportation, building, landscape), and public students-sponsored by Interdisciplinary Consortium of these students. Local PBS station—good idea to contact outreach coordinator

Suggestion:

- Let local organizations, nonprofits, community health centers know who is getting the film in their area, so they can do community showings. They probably can't afford the DVD set.

24.

- Feds are slow to take significant action regarding health injustices. Some people within regulating and policy-making institutions are trying to work together, but have opposing regulations. Example, Public Health and HUD.

Response:

- More community level funding funneled from Federal level, particularly for chronic disease/co-morbid conditions.
- Basket fund empowerment zone-type programs with community decision-making with government, community organizations and residents.
- Fed and community-level monetary policies that incentivize local development through regional, federal and community banking.

Strengthen Public Health Training:

- More in-depth policy analysis (i.e. quantitative, politics, fiscal, budgetary) with MPH and MPP degrees.
- Better use of existing public health data. More evidence-based—better questions yield better answers.
- More underrepresented groups in public health
- More visibility of social epidemiology and new social epidemiology methods
- Get “Unnatural Causes” to the people!

25.

- Getting people to just talk about it (i.e. racism, etc.) given all the difficulty.
- The “scientific perspective”
- It involves changing people's world views to convince them that racism even exists.
- Use CBO's already involved in health-related coalitions to begin organizing communities so that they serve as advocates in moving health equity agendas forward.

26.

Use public health associations to lead local effort.

- Educate health legislative committees
- Town-hall meetings/forums—potentially invite policy-makers
- Engage policy makers that champion public health to move public health issues
- Lobby PBS station

Integrate into schools of public health

- Evaluations?
- Student events

Use in County Health Departments to:

- Educate Commissioners
- Other health staff
- Do community health forums

27.

- Social Marketing of the issues
- Make the issue part of public dialogue
- Motivate and allow the community to drive public health action
- Instituting educational curriculum in undergrad and graduate degrees that focus on housing, urban planning.
- Create incentives for corporations and individuals to be more socially responsible
- More air time on other
- Policy makers in the Congress should be educated about the issues.

28.

Viewing by health professionals: how do they see it?

- House parties viewing and discussion
- Community meetings: Church, neighborhood associations. Regular meetings with follow-up.
- Winnable conversations with constituent buy-in

29.

Need to get research in house? Valued

- Community liaison outreach is needed from universities so research can be more effective
- PhD's for community work. Co-learning from communities to academics. A good example is the University of Minnesota.

- Try to value different kinds of knowledge and share equal rewards to community members to share
- Issues about companies providing services to deprived communities
- Key to understand where people start from. Engaging and empowering them to access services is key.

30.

- Make providers aware of language access issues. Show film to providers
- Training tool for providers for high level awareness
- Reach out to alliances and coalitions.
- Look at neighborhoods with fast food restaurants vs. healthy food.
- Use to help build a movement to improve policy changes.
- Use the film to make it matter to policy makers
- Use it to help us shift t a population practice instead of only an indicator
- Identify specific local policies that we can (unintelligible)
- Have specific policies to help people work to (unintelligible) and implement
- Help us to address air quality (unintelligible) and diesel.
- Regulate diesel traffic to reduce pollution. Help kids with asthma.

31.

- Evening session with members of Department to screen the film and discuss aspects of it.
- Retirees volunteering to teach after school program (language, etc.). Connecting older and younger generation to grow and maintain gardens.
- Screen “Unnatural Causes” at PTA meetings.

32.

- Idea: Have Indian Health Service teach /or help residents plant vegetable gardens—if water is available.

33.

- Translation/dubbing in other languages
- Have local groups hold forums
- Show the video at the American Medical Student Association
- Show it to policymakers
 - Institutionalize as part of orientation for freshman Congress people or other training forums
 - Briefings/showings for policy staff/legislative committees
- Part 2: How people respond to the services and what they do (document for follow-up series. Include what has been done and implementation of action/focusing on the work that has been done.

- Have different social movements/organizations partner to show series and figure out how to work together.
- State policymakers and coalition groups can use it change the dialogue.
- Intense dialogue and integrate with mainstream “health care” dialogue
- Outreach to health professions (medical, nursing, public health, social work, etc.) to infuse the curriculum.
- Donate forums/spaces for local communities to understand what is going on in their communities and find solutions with people in power.

34.

- Greed is at the root of many problems. Where is this in our cultural discourse?
- Active conscientious efforts to think about our actions
- Work with funders to support research based at socio-ecological level
- Need to find a health value that can connect people and mobilize them for action. We could probably learn a lesson or two from religious right.

35.

- Black folks and people of color have said this for years. Acknowledge that people in the audience know this. Let them re-frame in their own way. Life stories of my, me, your grandmother.
- AJPH (American Journal of Public Health) this April 2007. New large study really contradicts healthy migrant effect.
- Get to policy makers.
- Have common people effected by the problem on stage
- Offer action points
- Point up strengths, while researchers have privilege of not having had to do anything.

36.

- Target philanthropy to support education, advocacy, media efforts that reveal and address social determinants of health.