Welcome!
Resilient Beginnings Network (RBN)
Virtual Learning Session #2
March 4, 2021

While we’re waiting, find your team name and add the number to the front of your name (i.e. 10. Jessica Moore, PHC)

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<th></th>
<th>1 Alameda Health System</th>
<th>2 Alliance Medical Center</th>
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<th>4 Children’s Health Center Zuckerberg San Francisco General Hospital</th>
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Housekeeping Reminders

Audio
Link your audio to video if you called in via phone

Chat Box
Please chat in your questions

Name
Add your team number in front of your name

Tech Issue
Private chat Nikki Navarrete for assistance
RBN Program Reminders & Announcements
RBN Year 1

Understand the current state, strengthen capacity, and engage with stakeholders to determine focus

PHASE 1
Relationship Building
Nov.-Dec 2020

PHASE 2
Understanding Current State
Jan.-March 2021

PHASE 3
Define Project
April–May 2021

PHASE 4
Design and Test Changes
June–Sept 2021

PHASE 5
Pitch & Commit
Oct.–Nov 2021

We are here
Understanding the Current State Assignments

- Complete the RBN Capacity Assessment
- Uncover insights and understand experiences
- Current State Storyboard
New Opportunity!

2021 VIRTUAL NATIONAL FORUM
WORKING TOGETHER TOWARDS RACIAL EQUITY
FOR CHILDREN, FAMILIES, AND COMMUNITIES

APRIL 6-8, 2021

https://www.brazeltontouchpoints.org/2021-national-forum/

CCI will fund up to 2 people from each RBN team to attend all or part of the forum.

Questions? Contact nikki@careinnovations.org
Important Dates & Timelines

- **Brazelton Forum Form due**
  - March 26

- **Current State Storyboard Due**
  - March 31

- **Share & Learn Webinar**
  - April 8

- **Progress Report #1**
  - April 15
The RBN Club

Log in (or create an account) to the CCI Academy and Join the RBN Club

We want your feedback!
## Virtual Learning Sessions Roadmap

*RBN Cross Cutting Themes Focus*

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<td>Science of Resilience and Strengths-Based</td>
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<td>Sponsor Invited</td>
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*Year 1 - 2021*
Find your team name and add the number to the front of your name (i.e. 10. Jessicca Moore, PHC) for the 2nd break out room.

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Centering Dignity in Trauma and Resilience Informed Pediatric Care
Vital Village

BELONG • LEARN • ENGAGE • TRANSFORM

at BOSTON MEDICAL CENTER

Renee Boynton-Jarrett, MD, ScD
Founding Director, Vital Village Networks

Ronda Alexander, MA
Director of Operations, NOW
Agenda

• Reframing Dignity
• Connection between Dignity and Equity
• Root Causes: Childhood Adversity and Structural Racism
• Break
• Identifying Structural Racism in Practice
• Fishbowl: Finding Solutions Together
• Closing Conversations
“Caste is insidious and therefore powerful because it is not hatred, it is not necessarily personal. It is the worn grooves of comforting routines and unthinking expectations, patterns of a social order that have been in place for so long that it looks like the natural order of things.”

—Isabel Wilkerson, Caste
In the Zone

- Comfort Zone
- Stretch Zone
- Panic Zone

Interaction Institute for Social Change
Dignity

The state or quality of being worthy of honor
Liston, M. Ubuntu Research and Evaluation
Dignity

HOW DO YOU VALUE YOURSELF?
HOW DOES COMMUNITY VALUE YOU?

A sense of dignity is understood through a network of individual, interpersonal, institutional, organizational, and societal experiences.

Liston, M. Ubuntu Research and Evaluation
Dignity and Respect are Different

Dignity

Respect

Dignity, Its Essential Role in Resolving Conflict
“A person is a person through other persons.”

Elements of Dignity

- Acceptance of Identity
- Inclusion
- Safety
- Acknowledgement
- Recognition
- Fairness
- Benefit of the Doubt
- Understanding
- Independence
- Accountability

Donna Hicks, *Dignity, Its Essential Role in Resolving Conflict*
Cycle of Indignity

- Domination
- Loss of independence
- Poor relationships
- Resentment
- Dignity Violated

Donna Hicks, Dignity, Its Essential Role in Resolving Conflict
Equity Approach

• Respect
• Protect
• Fulfill

A sense of dignity for individuals and families

Liston M. Dignity for Boys and Men of Color
Cobb and Krownapple. Belonging through a Culture of Dignity
Centering dignity to achieve equity

DIGNITY

Individuals

Groups

Communities
“Relationships matter: the currency for systemic change was trust, and trust comes through forming healthy working relationships. People, not programs, change people.”

Bruce Perry, The Boy Who Was Raised As a Dog
Small Group Instructions

- Reflect on a personal indignity (2 minutes individually)

- Each partner will have up to 5 minutes, uninterrupted
  - Listener - just listen, no response
  - Reminder - confidentiality

- Describe the problem using a dignity framework
  - What is the indignity on a personal, interpersonal, organizational, and structural level?
  - What are the root causes?
Invitation to Share

Share a connection or feeling you experienced

Process Reflections

• How did it feel to listen?
• How did it feel to be heard?
Part II.
Root Causes:
Childhood Adversity and Structural Racism
Friday, January 29, 2021

911 Call
9 year old child with mental health crisis

Police
Arrive at the home, child flees, caregiver requests mental health support

Intervention
Handcuffed, and pepper sprayed

Impact
Child Family Community
IMPACT

**Adultification**
- Criminalization
- Loss of legal protections

**Indirect & Direct Contact**
- Long-term Mental health and physical health

**Parent-Child Relationship**
- Distrust for law enforcement

**Race-Related Events Online**
- Depression, PTSD

**Racist Policies**
- Training, data collection and reporting, judicial system

**Academic**
- Decline in GPA. Lapse in attendance
<table>
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<th>Cause of death</th>
<th>Mortality rate</th>
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<tr>
<td>Assault</td>
<td>94.2</td>
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<tr>
<td>Accidents</td>
<td>52.1</td>
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<tr>
<td>Suicide</td>
<td>17.5</td>
</tr>
<tr>
<td>Heart disease</td>
<td>14</td>
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<tr>
<td>HIV</td>
<td>6.8</td>
</tr>
<tr>
<td>Cancer</td>
<td>6.2</td>
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<tr>
<td>Police use of force*</td>
<td>3.4</td>
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<tr>
<td>Diabetes</td>
<td>2.8</td>
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<td>Influenza and pneumonia</td>
<td>2</td>
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<tr>
<td>Chronic lower respiratory disease</td>
<td>2</td>
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<td>Cerebrovascular diseases</td>
<td>1.9</td>
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Fig. 1. Lifetime risk levels. Dashes indicate Encounters data and at 2013 to 2018 risk. Annual mortality rates are reported as deaths per 100,000 black men ages 25 to 29. Source: Centers for Disease Control and Prevention, 2015. *Figure is the median of 2013-2018 mortality rate calculated in PNAS study led by Frank Edwards.
Racialized Trauma
Do the Numbers Speak for Themselves?

Informed of racial disparities in executions
52% strongly favored the death penalty compared with 36% in the baseline

Black prison population of 45% vs. 25%
27% signed the petition to lessen the severity of CA’s 3 strike law compared to 52%

Black prison population 60% vs. 40%
12% signed a petition to end NY’s stop-and-frisk policy compared to 33%

“Sometimes people hold a core belief that is very strong. When they are presented with evidence that works against that belief, the new evidence cannot be accepted. It would create a feeling that is extremely uncomfortable, called cognitive dissonance. And because it is so important to protect the core belief, they will rationalize, ignore and even deny anything that doesn’t fit in.”

—Dr. Frantz Fanon, *Black Skin, White Masks*
What happens when inequities are presented without context?

**NATURALIZE**
Assume these differences cannot be changed. Identifying racial/ethnic disparities may reinforce the status quo.

**INTRACTABLE**
Acknowledge differences and assume they are durable and do not devote attention to understanding why.

**NOT OF INTEREST**
Lack of personal stake in racial disparities.

**ENDEMIC**
Ubiquitous disparities do not elicit concern or response even when alarmingly high.
“In a racist society, it’s not enough to be non-racist, we must be anti-racist.”

—Angela Davis
Strategies:
Structural Integrity
How is inequity:

- Constructed
- Operationalized
- Perpetuated
Strategies

Naturalize vs. Contextualize

In the absence of framing of inequities with regard to their root causes disparities may be naturalized.

What if we are more progressive about providing context?

Individuals vs. Structures & Institutions

Race is measured at the individual level.

Can we draw attention to structures, institutions, systems that may be unmeasured?
Psychosocial Stress in Early Childhood

Impact Child Health and Development

Social Determinant of Health over the Life Course
Community Environment

Equitable Opportunity
- Economic and educational environment

Place
- Deteriorated, unsafe public spaces
- Physical/built environment

People
- Sociocultural environment

Community Trauma
- Intergenerational poverty
- Underemployment/unemployment
- Poor educational and enrichment opportunities
- Concentrated disadvantage
- High mobility
- Poor social cohesion, low civic engagement, low collective efficacy and social capital

The Prevention Institute, Adverse Community Experiences and Resilience
Historical Trauma
- Multigenerational
- Loss of people, culture, land
- Oppression, domination, dislocation
- Durable impact
- Both collective and accumulative
States Collecting BRFSS ACE Data by Year, 2009-2018.

Collecting BRFSS ACE Data by Year, 2009-2018

ACES are prevalent

Across all socio-demographic groups

Differential Risk

Social Conditions

Structural Conditions

Inequities

Health

Education

Economic

Social
Social Determinants of Health

- Health Care
- Education
- Economic Stability [Income, Social Status, Employment, Work Conditions]
- Food
- Neighborhood & Physical Environment
- Community and Social Context
- Childhood Experiences
- Racism
Social Connectivity

Social and Emotional Wellbeing
Social and Economic Mobility
Developmental Health

Thriving Families
Shared resources
Timely Social support
Shared resources/knowledge

Flourishing Communities
High Social Cohesion
Trust
Collective Efficacy

Cross-sector Synergy
Coordinated services,
Robust Opportunity Structures

Collaboration
Inclusivity
Embracing differences

Social Isolation

Poorer Physical health
Poor mental health
Limited Social mobility

Limited social support
Weak social networks
Lack of access to resources, information

Low Social Cohesion,
Distrust
Violence

Silos,
Disconnected services,
Poor opportunity structures,
Area deprivation,

Social exclusion
Discrimination
Prejudicial Attitudes
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Strategies:
Structural Competency
REARTICULATING "CULTURAL" PRESENTATIONS IN STRUCTURAL TERMS

MAKING THE INVISIBLE VISIBLE
Structural competency

• Recognition of "structures that shape clinical interactions"
• Development of "an extra-clinical language of structure"
• Rearticulation of "'cultural' presentations in structural terms"
• Observation and imagination of "structural intervention"
• Development of "structural humility"
Structural Competency

Structures

Social Determinants of Health

Health Outcomes

Health Disparities

Structural Competency

Policies
Economic Systems
Social Hierarchies (racism)

Poverty
Inequality

Metzl JM, Hansen H. 2014
Hansen, H et al 2017
Who are we missing?
What do we see? What do we think?

- Confused
- Hurt, Vulnerable
- Disallowed
- Stereotyped
- Fear, Shame, Shielding
- PTSD/ Abandoned
- Inconsistent
- Unreliable
- Uninvolved
- Absentee
- Neglectful
- Abandonment
Change your question

What’s wrong with you?  What happened to you?
Change your mindset

Black people are a traumatized people.

Black individuals experienced trauma.

Ibram X. Kendi, *How to be an Antiracist*
Race is a social construct

• A social classification based on phenotype that impacts the distribution of risks and opportunities in a race-conscious society

• A societally imposed identity

What do we measure when we measure race?

**SOCIAL CLASS?**
Racial group may be overrepresented in certain social classes, but do not account for the majority in those groups.

**CULTURE?**
No homogenous race-based cultures

**GENETICS?**
Poorly captures genetic variability

What responsibility do we have?

**Structural Integrity:**

<table>
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<th>DECIDE</th>
<th>DEFINE</th>
<th>DESCRIBE</th>
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<td>Decide if you will or will not collect data about race and state why or why not.</td>
<td>If you will collect “race” data define the reason and your hypothesis.</td>
<td>Be explicit about whether you will try to understand race-associated differences or not and explain the associated limitations.</td>
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Jones, Camara, AJE 2001
Measure Racism

- Structural
- Institutional
- Interpersonal
- Internalized
Structural Integrity

- Data sharing
  - Do not simply report race-related findings
- Research
  - Explicitly state hypotheses
  - Be explicit and clear about the implications and limitations of your decisions
  - Propose future studies
- Practice
  - Include and create pathways for leadership for people from diverse backgrounds
  - Develop equitable partnerships with communities
FISHBOWL:
Finding Solutions Together
Fishbowl

Inside the Fishbowl
• 1 - Presenting Group
• 2 - Peer Participant Groups

Outside of the Fishbowl
• Observe/Listen
Presenter Overview
(5 minutes)

- Building context and providing background information
- Framing the dilemma and guiding question
Clarifying Questions (3 minutes)

- Brief questions with factual answers
- Provide clarity
- Presenters may respond
Group Discussion
(6 minutes)

- What did you hear?
- What additional questions have been raised?
- What might you do if faced with a similar dilemma?
- What assumptions seem to be operating?
- *Presenters may not respond*
Presenter Reflections (2 minutes)

- What did you hear that stood out to you?
- What might you explore more deeply?
- What surprised you?
Observer Reflection

What did you notice about this process?

How was the process useful to the presenting group?

How might you use this process to unpack dilemmas with your peers?
What’s Next: Coach Connections

• Identify a scenario relevant to your clinic
• Identify the inequities/indignities
• How might you address this challenge within your clinic?
Vital Village Networks at Boston Medical Center
801 Albany Street, 2-N, Boston, MA 02119
617.414.3674
www.vitalvillage.org
Chat Box: Reflections & Takeaways
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Poll

Experience

On a scale of 1-5, please select the number below that best represents your overall experience with today's session:

5 - Excellent
4 - Very Good
3 - Good
2 - Fair
1 - Poor

Use of Time

Please select the number below that best represents your response to the statement: Today's session was a valuable use of my time.

5 - Excellent
4 - Very Good
3 - Good
2 - Fair
1 - Poor
Thank you!

For questions contact:

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(she/her/hers)
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Nikki Navarrete
(she/her/hers)
Senior Program Coordinator
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