POVERTY and PREVENTION in an Unequal Economy with Regional Prevention Partners with Equity Solutions – equitysolutionsvt@gmail.com

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“Nothing About Us Without Us”

We are all in this together, but it impacts us each differently

Moving from deficit to strengths based thinking
Goals

➔ What health equity issues impact access to prevention strategies for poor and working class people living in Vermont?

➔ What other barriers block prevention strategies and resources?

➔ What opportunities do we have to support and encourage families to participate in prevention activities?
Agenda:

Welcome and Intro
Sharing our stories
Our frameworks
Activity - The US Economy
Break
Role-play
Interrupting Assumptions
Equity related to Prevention - Small groups
Closing and Evaluation

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Agreements

- Use “I” Statements
- Confidentiality
- Take Care of Yourself
- Cell phones to the side
- Assume best intentions
What has been your personal experience with substance use? What contributed to prevention? What were some barriers to prevention?
Poverty is a Problem

Absolute -
◆ 600,659 people in VT
◆ 61,314 live in poverty

Relative -
◆ Average income in VT in 2012:
  ● Top 1% - $807,836
  ● Bottom 99% - $44,646
  ● Top is 18 times greater

Systemic -
An inherent feature of an economic system characterized by unequal distribution of resources
Poverty is underestimated

Federal Poverty Level (2015)
- $11,770 for single adult
- $24,250 for a family of 4

- $27,000 for a single adult
- $80,000 or $19.66/hr for 2 full time employees if a family of 4
Systems Lens

“People are not randomly poor; policy decisions are made that create poverty for some groups and provide benefits for others.”

*MN Dept of Health Report on Using Data to Identify Health Inequities
Systems Lens

“At its core, identifying health inequities involves recognizing when differences in health outcomes among population groups are rooted in social and economic conditions, and then working to determine which policy and systems factors are contributing to the differences in health outcomes, in order to change those conditions.”

*MN Dept of Health Report on Using Data to Identify Health Inequities

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Race and Class are Connected

Historical & present day policies and practices benefit people with white skin and harm people with black and brown skin.
Household Median Net Worth by Race, 2010

Net Worth is ASSETS minus DEBTS
(What You OWN minus What You OWE)

- African American: $4,995
- Latino: $7,424
- Asian: $69,590
- White: $110,729

Source: US Census Bureau. (Dollar figures for Whites and African Americans exclude Latinos.)
It will take **Black Families** 228 Years To earn the same amount of wealth **White families** have today

* The Race Gap Policy Research Institute
Race & Poverty in Vermont

African American 20.6%
Native American 26%
Asian American 21.17%
Latinx 12.7%
White 9.7%

*Talk Poverty Vermont 2016  *Public Assets Institute

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Structural Racism - one policy example
Adverse Childhood Experiences ACEs
Historical Trauma and Historically Marginalized Populations

Race
Immigrants
Homosexual, Trans, Gay, Queer
Native Peoples
Religious Groups
Generational Poverty

Result: Internalized Oppression

High ACES across Generations
6 Principles for Trauma Informed Practice (SAMSHA)

Emotional and Physical Safety
Trustworthy & Transparency
Peer-Support
Collaboration and Mutuality
Empowerment – Voice and Choice
Historical, Cultural, and Gender Issues
What chair were you in when you were a child? How about now?
What factors helped you move or not?
Does everyone have access to those factors?
Role Play #1
Role Play #2
Interrupting Assumptions

An assumption I have made

The “stories” and stereotypes behind that assumption

What barriers do the “stories” leave out?

What is a more accurate story I could tell?
Tools for Noticing & Interrupting

1. What stories and stereotypes are behind the assumption I’m making?

2. What barriers might be contributing to this person’s situation?

3. What is a more accurate, strengths-based, and supportive story?
People put in what they can and get back what they need.
From Inequality to Equity and beyond

“Interaction Institute for Social Change | Artist: Angus Maguire.”

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Equitable Solutions: Personal

1. Interrupt assumptions that get in the way of connecting
2. Build trust by practicing vulnerability
3. Educate yourself about structures and experiences of inequality
Equitable Solutions: Programs

1. Use Trauma Informed approaches such as: Peer-based support and leadership

2. Support and train people impacted by the decisions in becoming leaders, in decision-making positions

3. Build in opportunities for people to contribute to program design, delivery, and assessment (reciprocity)
Equitable Solutions: Policy
Organizational

1. Collect data disaggregated for race, class, gender, etc.

2. Offer paid family medical leave, for all families

3. Policy of race and class diversity in hiring
Equitable Solutions: Policy

Government Policies

1. Advocate for local, state, and federal policies that meet basic needs equitably

2. Organize for change from within systems, and from outside of systems

3. Divest from harmful systems and invest in regenerative systems
Applying an Equity Lens to Policies/Practices

• Leadership and Decision-making
• Programs
• Organizational Culture
• Budgets
• Compensation
• Accountability
Applying an Equity Lens to Policies/Practices

➢ Leadership and Decision-making
  ○ How are poor and working class people involved in decision-making and leadership about this policy/practice?

➢ Programs
  ○ Does this program address issues at the structural level, or only individual level?

➢ Organizational Culture
  ○ Whose culture/norms/values are most reflected by this policy/practice and how would you know?
Applying an Equity Lens

➢ **Budgets**
   Do people at all levels of the organization have a working knowledge of how this policy/practice impacts the budget? (ie. what line item is it part of, what funding sources is it related to)

➢ **Resource Distribution**
   Do hiring and compensation policies/practices move resources towards folks who are already well resourced, or towards folks with less resources?

➢ **Accountability**
   What are the mechanisms for ensuring this policy/practice continues to benefit those most impacted by the issue?
SMALL GROUPS

• How can you support each other in interrupting assumptions?

• What structures or policies within your agency reinforce health inequities for people in Vermont? In the state? In the country? In the culture?

• What could you do differently?
Closing

• Head, Heart, Hands
• Resources
• Evaluation
EQUITY SOLUTIONS
A Training & Consulting Project on Poverty and Economic Inequality

Contact us to find out more or to schedule training and consulting for your organization.

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