

Primary Prevention Partners

July 22, 2020 1:00 — 4:00 p.m.

Kristina Knutson – CAWS North Dakota; Mallory Sattler – NDDoH; Ashley Kramer – CAWS ND; Julie Rostvet, Stacy Jensen – DVAC; Becky DeVries – TRCC; Veronica Zietz – CHI Bismarck; Renee Stromme – AARC; Anna Ojczyk – CVIC; Allison Burkman – CVIC/UND campus; Annabel Dufault – CVIC; Jennifer Obinna – RPE Evaluator; Greg Lemke – RACC; Lisa Weisz and Rachelle Hauser – WARC; Mary Thysell, Safe Shelter; Evie, McLean Family Resource Center; Natalie Hager, Department of Human Services; Katie Fitzsimmons, ND University System

Krissie Guerard shared presentation on Health Equity

- It can be accessed here
<https://documentcloud.adobe.com/link/track?uri=urn:aaid:scds:US:7d5d875a-e45a-4abe-b480-349b7369a598>
- Discussion on implications for prevention work
- Jennifer shared a mental model for health equity

Recap of Alteristic Advanced Concepts in Prevention Virtual Training

- Shifting from Response to Prevention
- Building Positive Associations with Prevention
- Mobilizing Community Members to Action

Program Updates:

- Jamestown: Met with Parks and Recreation and will be presenting at 3 parks to kids next week
- Fargo/RACC: Practicing Bystander Trainings with Team; Attended 3 days of Alteristic Training; Have not done in-person presentations yet; working on revising curriculums and will consider Alteristic recommendations when making changes; updating Red Flag Green Flag
- Beulah/WARC: Large SAAM Ad in newspaper; created brochure that has statistics on services provided
- Grand Forks/CVIC: Green Dot Donut Giveaway went well; Doing interview on KNOW radio about Green Dot; planning Green Dot Trot for September; Prepping for school year presentations in whatever format they may be
- Grafton/DVAC: Waiting to hear from schools reopening plan; discussed putting messaging/posters/book markers etc. in the schools; did 6-week healthy relationship project on Facebook
- Wahpeton/TRCC: Attended 3-day Alteristic training; working to identify stakeholders and contact them, but COVID has presented some challenges

- CHI: Hosting virtual Violence Prevention Summit on COVID and violence presented by Futures Without Violence
- Bismarck/AARC: Hoping to host Bystander Trainings with already connected groups of people
- NDUS: navigating new Title IX regulations has been challenging
- CAWS: Transitioning advocacy training series to online modules and adding prevention pieces

Wednesday, October 28, 1:00 p.m. - 4:00 p.m.



Health Equity

Primary Prevention Partners Meeting

July 22, 2020

Krissie Guerard, MS

Health Equity Director

[illegible]

Equality



Equity










Social Determinants of Health

- Social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems that are put into place to address illness.
- In the United States:
 - 1.5 million individuals experience homelessness
 - 3.6 million people can't access medical care due to lack of transportation
 - 40 million people face hunger
 - 11.8% of households are food insecure

HP 2020 Social Determinants of Health Key Issues – by Social Determinants of Health Domain

				
Economic Stability	Education	Health & Health Care	Neighborhood & Built Environment	Social & Community Context
<ul style="list-style-type: none"> • Poverty • Employment • Housing stability • Food insecurity 	<ul style="list-style-type: none"> • High school graduation rates • Enrollment in higher education • Early childhood education / development • Language/literacy 	<ul style="list-style-type: none"> • Access to health services • Access to primary care • Health literacy 	<ul style="list-style-type: none"> • Quality of housing • Crime and violence • Environmental conditions • Access to healthy foods 	<ul style="list-style-type: none"> • Social cohesion • Discrimination • Civic participation • Incarceration



THE IMPORTANCE OF THE SOCIAL DETERMINANTS OF HEALTH

- Social determinants of health have tremendous affect on an individual's health regardless of age, race or ethnicity.
 - 20% of a person's health and well-being is related to access to care and quality of services
- The social determinants of health, physical environment and behavioral factors drive 80% of health outcomes.



Ryan



Marcus

RACISM

- Racism is the belief that a particular race is superior or inferior to another, that a person's social and moral traits are predetermined by his or her inborn biological characteristics.
- Racial separatism is the belief, most of the time based on racism, that different races should remain segregated and apart from one another.

RACISM
=
PREJUDICE
+
POWER

A GARDNER'S TALE – AN ALLEGORY FOR RACISM



RACISM

- **Learn to recognize and understand your own privilege.**
- **Validate the experiences and feelings of people of color.**
- **Call out racist “jokes” or statements.**
- **Examine your own biases and consider where they may have originated.**



BIAS

Bias: Our own perceived idea or feelings that we have towards a person or topic.

Bias is a neutral word because its not favorable or unfavorable. Implicit bias has emerged over the years due to the explanation of continued inequalities.



IMPLICIT BIAS IMPACT ON EQUITY

- Implicit bias must be addressed to find the solution to inequities present.
- What you think is true for one population might not be true to the other population.
- Ask questions if you are not sure or you just don't know.
- Address the barriers that divide populations, such as racism.

RESOURCES FOR BIAS

- <https://implicit.harvard.edu/implicit/takeatest.htm> | (Understanding your own bias)
- <https://perception.org/research/implicit-bias/> (Perception Institute)

HEALTH IN ALL POLICIES



HEALTH IN ALL POLICIES

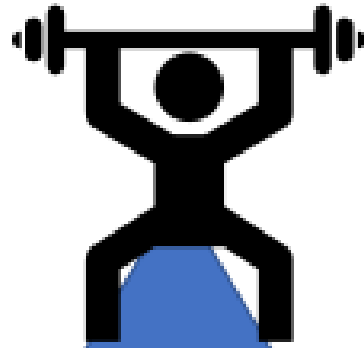
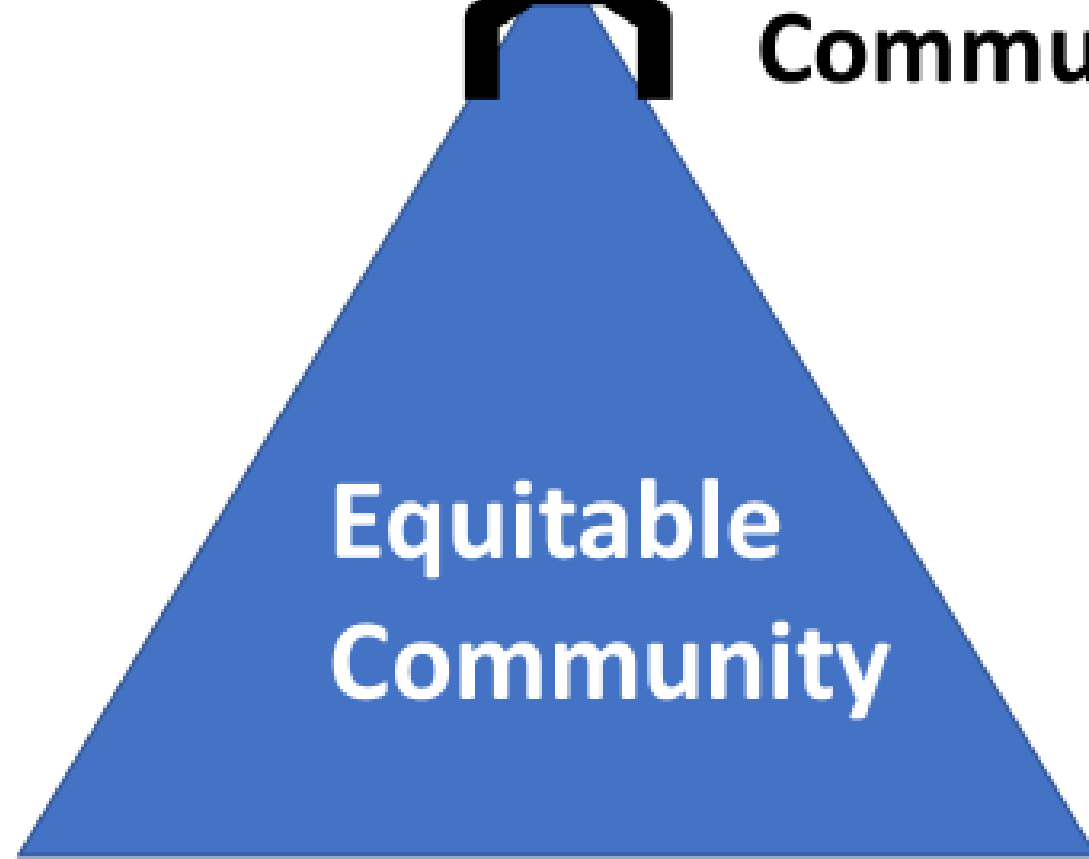
- A collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.
- An approach to addressing the social determinants of health that are the key drivers of health outcomes and health inequities.

The background of the slide is a dense, repeating pattern of light bulbs. Most of the bulbs are dark gray and appear to be unlit. In the center of the image, slightly above the text, there is a single light bulb that is bright white and glowing, making it stand out from the rest. The text "3 Solutions" is written in a large, white, sans-serif font, positioned in the lower-left quadrant of the image.

3 Solutions



**Foster Cross
Sector-Collaboration**



**Increased
Community Capacity**



**Health Equity
Shared Value**

Health Equity Best Practices

Approaches:

1. Name Racism
2. Pick a place
3. Be Community First
4. Be Burden Sensitive
5. Document Policies & Practices
6. Use Data

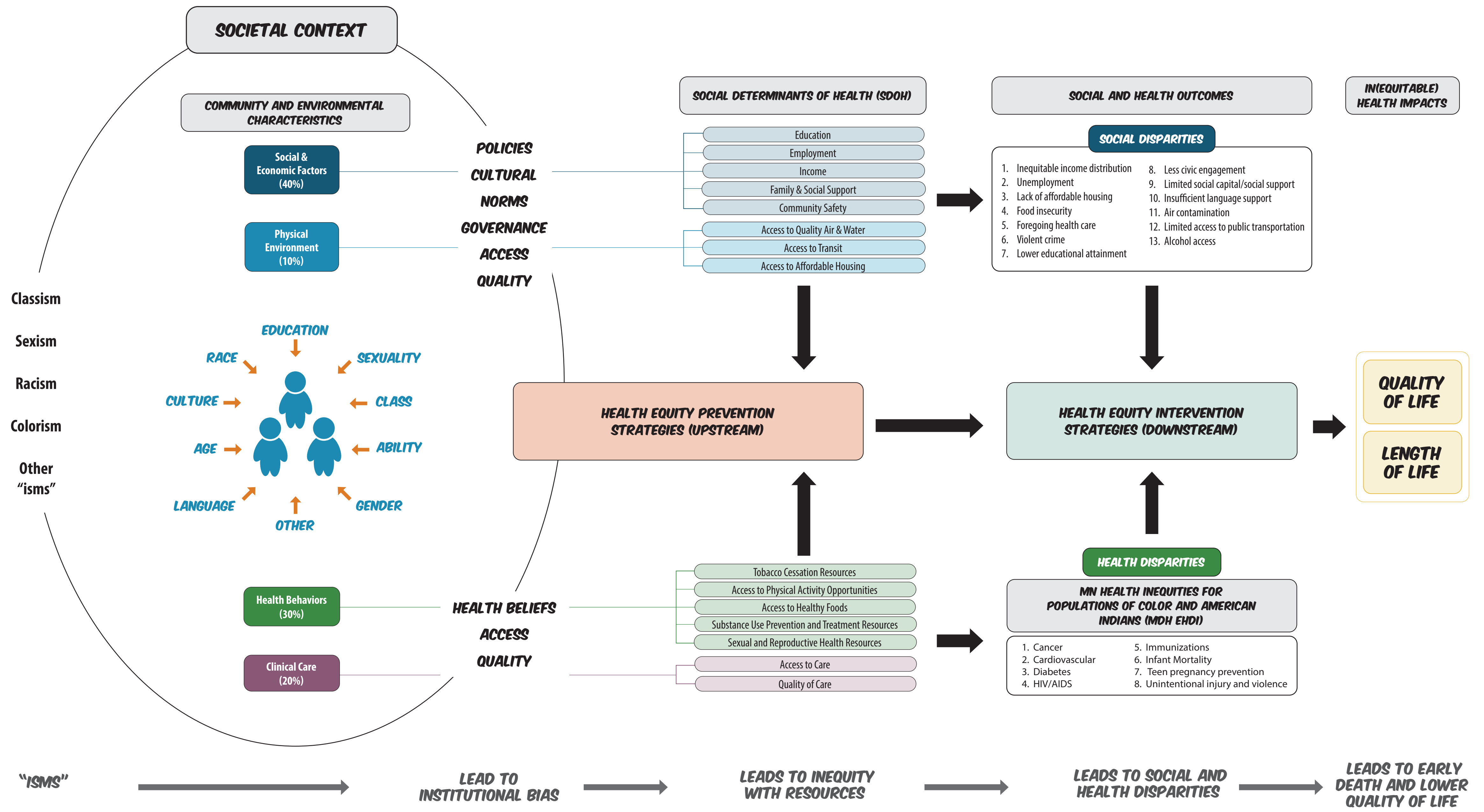
Solutions:

1. Increase community capacity
2. Foster Cross-Sector Collaboration
3. Make health equity shared vision

THANK YOU

Krissie Guerard, MS | Health Equity Director | kguerard@nd.gov | 328-4538

OUR MENTAL MODEL FOR HEALTH EQUITY



Alteristic Advanced Concepts in Prevention

Recap for July 22, 2020
Primary Prevention Partners

Advanced Concepts in Prevention

Shifting from Response to Prevention

Alteristic, Inc.

PROGRAMMATIC ELEMENT	RESPONSE	PREVENTION
Scope	Individual	Population
Learning Objective	Increasing knowledge	Changing behaviors
Participant Framing	Person with a problem	Bystander/Ally/Role model/Force multiplier
Intervention Timing	After an incident	Before any incidents
Method of Engagement	Mandatory compliance	Intrinsic motivation

SCOPE

PROGRAMMATIC ELEMENT	RESPONSE	PREVENTION
Scope	Individual	Population
Learning Objective	Increasing knowledge	Changing behaviors
Participant Framing	Person with a problem	Bystander/Ally/Role model/Force multiplier
Intervention Timing	After an incident	Before any incidents
Method of Engagement	Mandatory compliance	Intrinsic motivation

Guiding Questions:

- Who did I lose?
- How did I lose them?
- How can I get them back?
- How will I know it worked?

LEARNING OBJECTIVE

PROGRAMMATIC ELEMENT	RESPONSE	PREVENTION
Scope	Individual	Population
Learning Objective	Increasing knowledge	Changing behaviors
Participant Framing	Person with a problem	Bystander/Ally/Role model/Force multiplier
Intervention Timing	After an incident	Before any incidents
Method of Engagement	Mandatory compliance	Intrinsic motivation

- Typical events:
 - Tabling/brochures
 - Awareness Months
 - PSAs
 - Fun runs, walks, obstacle courses
 - One-time events

PARTICIPANT FRAMING

PROGRAMMATIC ELEMENT	RESPONSE	PREVENTION
Scope	Individual	Population
Learning Objective	Increasing knowledge	Changing behaviors
Participant Framing	Person with a problem	Bystander/Ally/Role model/Force multiplier
Intervention Timing	After an incident	Before any incidents
Method of Engagement	Mandatory compliance	Intrinsic motivation

TIMING OF INTERVENTION

PROGRAMMATIC ELEMENT	RESPONSE	PREVENTION
Scope	Individual	Population
Learning Objective	Increasing knowledge	Changing behaviors
Participant Framing	Person with a problem	Bystander/Ally/Role model/Force multiplier
Intervention Timing	After an incident	Before any incidents
Method of Engagement	Mandatory compliance	Intrinsic motivation

METHOD OF ENGAGEMENT

PROGRAMMATIC ELEMENT	RESPONSE	PREVENTION
Scope	Individual	Population
Learning Objective	Increasing knowledge	Changing behaviors
Participant Framing	Person with a problem	Bystander/Ally/Role model/Force multiplier
Intervention Timing	After an incident	Before any incidents
Method of Engagement	Mandatory compliance	Intrinsic motivation

INTRINSIC MOTIVATION

- **Sense of:**
 - **Meaning**
 - **Ownership**
 - **Competence**
 - **Progress**
 - **Connection with People**

Building Positive Associations with Prevention

- Gender Divide = Potential victim and potential perpetrator
- Consent = Mandates
- Victim Blaming = Argument that never ends
- Changing cultural norms in an hour = Too much too soon
- Why don't people care?

Moving toward prevention

A guide for reframing sexual violence



1. Evoke Shared Values
2. Acknowledge Negative Feelings (Gender Divide, Consent, Victim Blaming)
3. Describe a Journey Toward Change (Intrinsic Motivation)
4. State the Problem Precisely (Too Much Too Soon)
5. Illustrate Success (Solution Focused)
6. Name Concrete Solutions (Actions they can take – Intrinsic Motivation)

Mobilizing Community Members to Action

Start by setting a **behavioral goal** that reduces interpersonal violence

Goals can be **reactive**—reacting to behaviors in the environment

- Recognize warning signs.
- Identify realistic intervention options given barriers.
- **Distract:** Anything that distracts someone enough to discontinue the violence
- **Delegate:** If you do not feel comfortable or safe intervening, delegate the intervention to someone else.
- **Direct:** Directly address the violence.

Goals can be **proactive**—modeling values or taking action

- Engage in **conversations** about the issue.
- Change or strengthen a **policy**.
- Post support for prevention on **social media**.
- Support prevention through communications, like the newspaper, social media, or websites.
- Show visible support for prevention efforts

The Butterfly Model: A Framework for Mobilizing Individuals and Communities

