Our World, Our Community: Building Bridges for Health Equality

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***COMING SOON….ONLINE MA DEGREE IN HEALTH EDUCATION**

About this tool

- This document is more than the PowerPoint for the Keynote Address
- It is also a tool for learning, having much detail that may not be covered in the actual Keynote
- It also recognizes the many other conference sites and potential value in questions to stimulate discussion in break-out sessions; all the questions interspersed in the document are summarized at the end for convenience, along with recommended break-out session exercises.
- In sum, this tool is actually a curriculum, as well.
- Hence, enjoy this tool!

PART I

OUR WORLD, OUR COMMUNITY

(ONE WORLD, ONE COMMUNITY)

Our world, our community

- We are **ONE**
- We are ONE world, and ONE GLOBAL community
- “What affects one, affects all.” (the new consciousness)
- We live INTERDEPENDENTLY (the new awareness, driving our actions)

[Reference: Ayeboafo, N. K., 2005. *Tigare Speaks: Lessons for Living in Harmony*, StarSpirit Press]

One World, One Global Community Living Interdependently as Equals in a New Era via a New Paradigm

The old paradigm

A (A/B)

B

* Domination
* Hierarchical Control/Oppression
* Presumed Superior "A" dominates the Presumed Inferior "B"
* Conditions for perpetuating injustice, inequity, health disparities

OR

The new paradigm

A = B

* Non-Hierarchical Equality
* Conditions for social justice, equity in health for all
* Freedom, liberty, the pursuit of happiness

[Reference: Wallace, B.C. , Ed., 2008, *Toward Equity in Health: A New Global Approach to Health Disparities*, Springer Publications]

Consider the (new paradigm) Words of President Barack Obama—1/20/09

- *"…The time has come to reaffirm our enduring spirit; to choose our better history; to carry forward that precious gift, that noble idea, passed on from generation to generation:* ***the God-given promise that all are equal, all are free, and all deserve a chance to pursue their full measure of happiness…***
- *…We remain the most prosperous, powerful nation on Earth….*
- *…Starting today, we must pick ourselves up, dust ourselves off, and begin again the work of remaking America.."*

Consider the (new paradigm) Words of President Barack Obama—1/20/09

*"…To the people of poor nations, we pledge to work **alongside you** to make your farms flourish and let clean waters flow; to nourish starved bodies and feed hungry minds.*

*And to those nations like ours that enjoy relative plenty, we say **we can no longer afford indifference to the suffering outside our borders, nor can we consume the world's resources without regard to effect. For the world has changed, and we must change with it**…"*

Consider other (new paradigm) Words and Trends

- **Landmark Education: www.landmarkeducation.com**

THE LANDMARK FORUM (and for Teens, and for Young People; Family Coaching Session)

ADVANCED COURSE

THE SELF EXPRESSION AND LEADERSHIP PROGRAM

- "If life were a university, the Landmark Forum would be a requirement…Not all great education can be found in books… In 16 years you can get an education for knowledge. In 3 days you can get an education for living"
- Creating and living and being new possibilities for transformation
- "I am a global leader training other global leaders to assist (work alongside) communities in becoming empowered to self-determine and sustain their own health"
- **My Example: LINKING LIVES ACROSS THE ATLANTIC**

TRANSFORMATION…

- I am the possibility of _____ _____ _____.
- I am being_____ _____.

Consider other (new paradigm) Words and Trends

- ***The Secret*** (2006) by Rhonda Byrne (Atria Books, NY)
- www.thesecret.tv
- ***The law of attraction***….“**Thoughts are magnetic**, and thoughts have a frequency. As you think, those thoughts are sent out into the Universe, and **they magnetically attract all *like* things that are on the same frequency. Everything sent out returns to the source. And that source is You**.” (p. 10)
- “**You are a *human* transmission tower**, and you are more powerful than any television tower created on earth. You are the most powerful transmission tower in the Universe. **Your transmission creates your life and it creates the world**. The frequency you transmit reaches beyond cities, beyond countries, beyond the world. It reverberates throughout the entire Universe. And you are transmitting that frequency *with your thoughts*! “(p.11)

- What are my thoughts?
- What am I transmitting and attracting into my life?
- What do I want to attract into my life, and therefore, what might I be thinking, visualizing, and “acting as if”—in regard to (as I feel, believe, act as though what I am seeking to attract has already manifested)?

Consider other (new paradigm) Words and Trends

- **A New Earth: Awakening to Your Life's Purpose by** Eckhart Tolle (2005, Plume: NY)
- **Oprah's Book Club selection, and her focus, starting in Spring 2008, then a free online curriculum.**
- "…**your entire life journey ultimately consists of the steps you are taking at this moment. There is always only this one step, and so give it your fullest attention**…." (p. 271)
- "…**Inner alignment with the present moment opens your consciousness and brings it into alignment with the whole, of which the present moment is an integral part. The whole, the totality of life, then acts through you**." (p. 275)

- “**Without the impairments of ego dysfunction, our intelligence comes into full alignment with the outgoing cycle of universal intelligence and its impulse to create. We become conscious participants in the creation of form. It is not we who create, but universal intelligence that creates through us.** We don’t identify with what we create and so don’t lose ourselves in what we do. **We are learning that the act of creation may involve energy of the highest intensity, but that is not “hard work” or stressful. We need to understand the difference between stress and intensity, as we shall see. Struggle or stress is a sign that the ego has returned, as are negative reactions when we encounter obstacles.** (pp. 289-290)
- ***A New Earth: Awakening to Your Life’s Purpose*** **by** Eckhart Tolle (2005, Plume: NY)

- "…**The stronger the ego, the stronger the sense of separateness between people. The only actions that do not cause opposing reactions are those that are aimed at the good of all. They are inclusive, not exclusive. They join: they don't separate. They are not for "my" country but for all of humanity, not for "my" religion, but the emergence of consciousness in all human beings, not for "my" species but for all sentient beings and all of nature.**
- We are also **learning that action, although necessary, is only a secondary factor in manifesting our external reality. The primary factor in creation is consciousness**. No matter how active we are, how much effort we make, **our state of consciousness creates our world, and if there is no change on that inner level, no amount of action will make any difference. We would only re-create modified versions of the same world again and again, a world that is an external reflection of the ego."** (p. 290)

***A New Earth: Awakening to Your Life's Purpose* by** Eckhart Tolle (2005, Plume: NY)

- **To what extent are you fully present in the “here and now” and overcoming any ego dysfunction that contributes to the sense of separateness between people, or a consciousness of exclusiveness, or elevation/superiority when thinking about “my” country or “my” religion—versus a sense of oneness with all of humanity?**

Consider other (new paradigm) Words and Trends—African healing wisdom

- **Tigare Speaks: Lessons for Living in Harmony** (2005) by Nana Korantema Ayeboafo, StarSpirit Press: Philadelphia
- **Go to www.starspirit.com to order**
- **Key Concepts: unity, interdependence, what affects one affects all, role of community for healing**
- Latest information not yet published:
- **What you speak will manifest very quickly in this current age of Aquarius; speak deliberately and with caution. Do not cancel out what you call forth with subsequent doubt, etc…**
- **Pay attention to what you feel; if it does not feel right, do not do it. If it feels right, then do it!**

PART II

BUILDING BRIDGES IN THE NEW ERA OF RESPONSIBILITY

Living Interdependently Under a New Paradigm (A=B)…[= BRIDGES]`

- OUR GOAL = engage in action of consciously "building bridges”
- BRIDGES = COLLABORATIONS / PARTNERSHIPS / ALLIANCES among any combination of the following:
- Individuals
- Faith-Based Groups / Community-Based Organizations (CBOs) / Agencies / Not-for-profits / Non-governmental Organizations (NGOs) / Foundations (Philanthropists)
- Educational Institutions (all levels, K-12, Higher Education)
- Neighborhoods / Cities / States / Nations / Countries / Continents
- CREATING THESE BRIDGES AS **THE NEW-ERA HUMAN INFRASTRUCTURE** (WE ARE LONG OVERDUE IN UPDATING / REPAIRING / REPLACING) IS VITAL TO THE **GOAL OF ACHIEVING HEALTH EQUALITY**, OR **BRINGING ABOUT EQUITY IN HEALTH FOR ALL**

Calling for a New 21st Century Civil Rights and Social Justice Movement to Bring About Equity in Health for All

- "I am calling for a global civil rights and social justice movement to bring about equity in health for all"
- "I am taking social action for social justice"
- BEYOND CALLS…TO…ACTION STEPS
- Highly recommended action steps constitute a practical and tangible response to the call for a global civil rights and social justice movement to bring about equity in health for all
- EXAMPLES OF ACTION STEPS? **(See break-out session activities, recommended at end)**

Consider the (new paradigm) Words of President Barack Obama—1/20/09

"…As we consider the road that unfolds before us, we remember with humble gratitude those brave Americans who, at this very hour, patrol far-off deserts and distant mountains. They have something to tell us, just as the fallen heroes who lie in Arlington whisper through the ages.

We honor them not only because they are guardians of our liberty, but because ***they embody the spirit of service: a willingness to find meaning in something greater than themselves…****"*

Why Engage in Service?

- Why take ACTION?
- Why Engage in Social Action for Social Justice?
- Why Should We Each Seek to Be Responsible for Something More Than Ourselves?
- Why Be a Source of Reliability Versus a Liability?
- Why Commit to Service?
- Why Be a Philanthropist?
- Why Donate Time, Money, Resources?
- Why Volunteer?
- Why Start a Non-Profit Organization?
- Why help to build BRIDGES?
- Why be a BRIDGE across organizations, entities?

CONSIDER THE (NEW PARADIGM) WORDS OF PRESIDENT BARACK OBAMA—1/20/09

*"…What is required of us now is **a new era of responsibility** -- a **recognition**, on the part of every American, **that we have duties to ourselves, our nation and the world**, duties that we do not grudgingly accept but rather seize gladly, firm in the knowledge that there is nothing so satisfying to the spirit, so defining of our character than giving our all to a difficult task.*

This is the price and the promise of citizenship."

Living Interdependently Under a New Paradigm (a=b)

- There is a contemporary imperative for all human beings to **engage in some concrete acts of service for the sake of a humanity that is greater than any individual self**—as an essential part of what it means to participate in the global civil rights and social justice movement for equity in health for all.

Why a New Civil Rights Movement? Why a New Social Justice Movement?

- Why be so bold as to call forth and participate in yet ANOTHER civil rights movement?
- Why call forth a global civil rights and social justice movement to bring about equity in health for all?
- What is the evidence that a civil rights movement can make a difference, or that WE can have an impact?
- What might be delivered to the next generation, or the unborn?

CONSIDER THE (NEW PARADIGM) WORDS OF PRESIDENT BARACK OBAMA—1/20/09

*"…What is required of us now is **a new era of responsibility** -- a **recognition**, on the part of every American, **that we have duties to ourselves, our nation and the world**, duties that we do not grudgingly accept but rather seize gladly, firm in the knowledge that there is nothing so satisfying to the spirit, so defining of our character than giving our all to a difficult task.*

This is the price and the promise of citizenship."

Consider the (new paradigm) Words of President Barack Obama—1/20/09

- *"…This is **the source of our confidence**: the knowledge that **God calls on us to shape an uncertain destiny**.*

  *This is **the meaning of our liberty and our creed, why men and women and children of every race and every faith can join in celebration across this magnificent mall**.*

  *And why **a man whose father less than 60 years ago might not have been served at a local restaurant can now stand before you to take a most sacred oath**…"*

Consider the (new paradigm) Words of PRESIDENT BARACK OBAMA—2/24/09 …positive cognitive reframing:

- *"We are a nation that has seen **promise** amid peril, and claimed **opportunity** from ordeal."*

What Informs the Global Civil Rights Movement to Bring About Equity in Health for All within the New Paradigm?

- **THE FRAMEWORK OF POSITIVE COGNITIVE REFRAMING**: The framework for this movement is expanded beyond the contemporary national discourse on health disparities to a **global conversation about equity in health**.
- **THE FOCUS**: O**n what we want to bring about** (i.e. health equity) versus what we do not want (i.e. health disparities, inequity in health).
- **POSITIVE ENDURING VALUES**: Spirituality, Truth, Love: (role in prior movements, Rev. Martin Luther King, Jr.; Mahatma Gandhi; Non-violent resistance)
- **PERSEVERANCE AND COMMITMENT:** Gandhi Quote: *"When I despair, I remember **that all through history the way of truth and love has always won**. **There have been tyrants and murderers** [i.e. A/B] and for a time they seem invincible, but **in the end**, **they always fall — think of it, always**."*
- **MIGHT SOCIOECONOMIC SYSTEMS BASED ON THE OLD PARADIGM (i.e., hierarchical oppression, racism, violence, sexism, ageism, disregard of the disabled) ALSO FALL??**

What Are New Paradigm Social and Economic Dynamics—AFTER the collapse of Old Paradigm Tyranny, Hierarchical Domination and Oppression?

- **WHAT WILL SOCIETIES LOOK LIKE** (i.e. BE STRUCTURED AND OPERATE) **WITHIN THE NEW ERA OF RESPONSIBILITY AND THE NEW PARADIGM (A=B)** ? *Bridges are built, equality in access prevails, service occurs….*

- **WHAT WILL THE (RE-)DISTRIBUTION OF WEALTH LOOK LIKE** WITHIN THE NEW ERA OF RESPONSIBILITY AND THE NEW PARADIGM (A=B) ? *Bridges are built, entrepreneurs/millionaires of all colors, genders, abilities; women as financial heads of households…*

- **WHAT WILL THE (RE-)DISTRIBUTION OF HEALTH LOOK LIKE** IN A NEW ERA OF RESPONSIBILITY WITHIN THE NEW PARADIGM (A=B) ? *Bridges are built, equality, health equity, equal access to healthcare (in a booming healthcare industry), empowered/responsible self-care…*

PART III

HEALTH EQUITY

A Result of Building Bridges

A=B

One Sample ACTION and form of SERVICE

- The launching of **a new transdisciplinary field of equity in health**, as a timely development driven by a host of contemporary global

Introduction and Overview to the New Field of Equity in Health

- To value and pursue equity in health means that we engage in fair play, act with impartiality, and allow a sense of social justice to guide us as we ensure that all human beings are free to enjoy the right to health and pursuit of physical, emotional, mental, and spiritual well-being—consistent with how any diverse groups may define it and elect to pursue it (Wallace, 2008)

[REF: Wallace, B. C. (2008). Introduction: The Forces Driving and Embodied Within a New Field of Equity in Health, In B.C. Wallace, *Toward equity in health: A new global approach to health disparities*, NY: Springer Publications]

- Braveman (2006, p. 181) provides insight "by **noting that pursuing health equity—that is, striving to eliminate health disparities strongly associated with social disadvantage—can be thought of as striving for equal opportunities for all social groups to be as healthy as possible.**"
- However, totally justifiable is a **"selective focus on improving conditions for those groups who have had fewer opportunities"** (p. 181).
- This may involve **"removing obstacles for groups of people—such as the poor, disadvantaged racial/ethnic groups, women, or persons who are not heterosexual—who historically have faced more obstacles to realizing their rights to health and other human rights"** (p. 181).

[Braveman, P. (2006). Health disparities and health equity: Concepts and measurement. *Annual Review of Public Health*, *27*, 167–194.]

- Indeed, **a global movement *From InEquity in Health to Equity In Health* is called for**, given what Washington (2007, p. 3) cites in two powerful quotes:
- the declaration of Donna Christian-Christensen, M.D., a Delegate to Congress and Chair of the Congressional Black Caucus Health Braintrust, that **"Health disparities are the civil rights issue of the 21st century."**
- Moreover, the leader of the civil rights movement in the United States, Martin Luther King, Jr. placed this civil rights issue we now face in the twenty-first century within context, stating,

" **Of all the forms of inequality, injustice in health is the most shocking and the most inhumane"** (Washington, 2007, p. 2).

[REF: Washington, H. A. (2007). *Medical apartheid: The dark history of medical experimentation on black Americans from colonial times*. New York: Random House.]

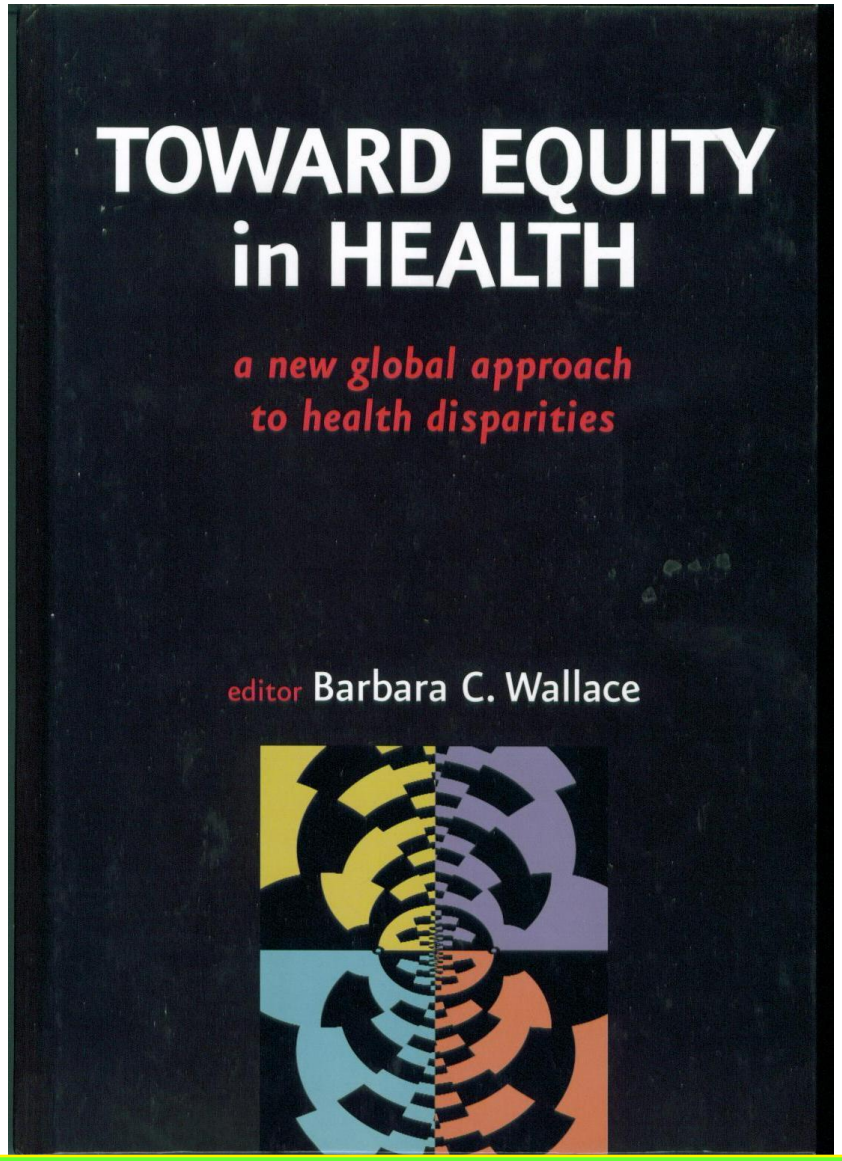
- There are implications for what it means to be a global community with the capacity to
- (1) travel, observe, and use technology to broadcast images suggesting states of health for groups scattered over vast regions around the globe;
- (2) rapidly mobilize to take action and quickly respond to a health issue or crisis in literally any region around the globe, dispersing resources where needed; and
- (3) differentially interpret what is being observed, what we elect to broadcast, and how we choose to respond, given historical legacies and contemporary forces of oppression, domination, and discrimination.

What are some examples of differentially interpreting and broadcasting of events (e.g. disasters)?

- Vital differences and distinctions also emerge with regard to
- (1) our potential to act as a global community with a keen sense of our interdependence, the essential right to health, and what social justice dictates that we do as vital social action (i.e., the **Asian Tsunami of December 2004**) on the one hand; and
- (2) our potential to allow forces of oppression, domination, and discrimination to serve as a barrier to our responding appropriately to all health crises (i.e., **the case of Hurricane Katrina in August 2005**) on the other hand.

- **And, what did we learn from such differential responses to disasters/events? What needs to be healed, as a result?**

- **Because of vast differences** with regard to access to the resources associated with the pursuit and maintenance of health, **there is a need for a global health transformation—**
- one wherein we **value and pursue equity in health for all as a global interdependent community with vast resources at our disposal for sharing and deployment to any group in need located on any part of the globe**.
- To value and pursue equity in health means that we **engage in fair play, act with impartiality, and allow a sense of social justice to guide us as we ensure that all human beings are free to enjoy the right to health** and pursuit of physical, emotional, mental, and spiritual well-being—consistent with **how any diverse groups may define it and elect to pursue it (i.e., self-determination and empowerment).**



A tool to launch the new field of equity in health… And for training global leaders:

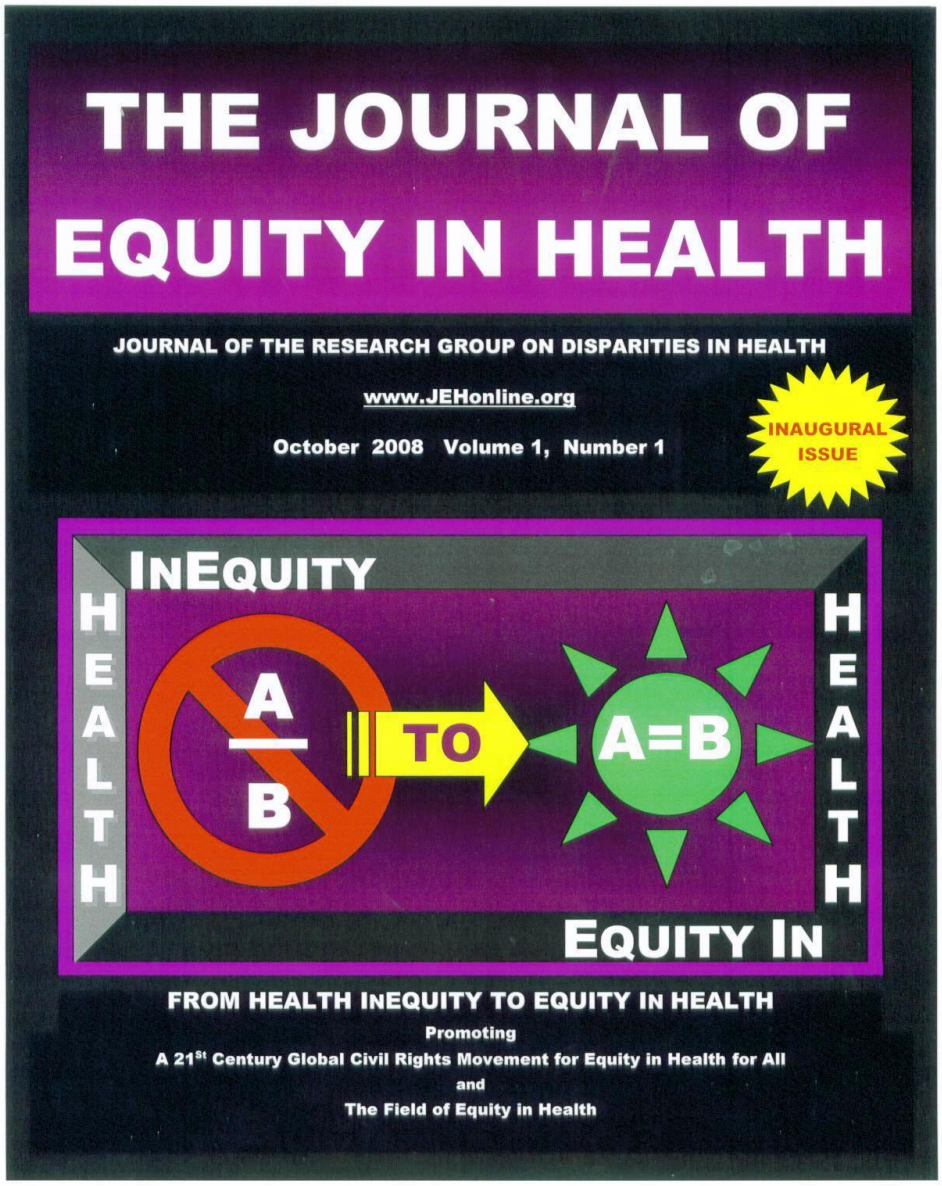
Wallace, B.C., Ed., 2008. *Toward Equity in Health: A New Global Approach to Health Disparities*, NY, NY: Springer Publications

ACCESS THE TEXT VIA THE LINK BELOW:
http://www.springerpub.com/prod.aspx?prod_id=03138

About The Edited Volume

- seeks to be a milestone in the study of health disparities
- marks a major paradigm shift
- launches a new field of equity in health—as a new global approach to health disparities (a goal furthered via the *Journal on Equity in Health,* www.JEHonline.org)
- fosters movement toward framing the discourse in the United States as one focused on the achievement of equity in health
- encourages and trains researchers and interventionists in the United States to view the national and international health domains as intricately inter-related and include both in their purview, taking a global approach.
- illustrates how researchers and interventionists may practically approach the reality of our interdependence as one global community
- demarcates the parameters of the new field of equity in health

One Sample ACTION and form of SERVICE



A tool to further launch and collectively sustain the new field of equity in health…

www.JEHonline.org

One Sample ACTION and form of SERVICE

- **The Fourth Annual Health Disparities Conference at Teachers College, Columbia University (March 6-7, 2009)**
- Sponsored by the Research Group on Disparities in Health, Department of Health and Behavior Studies at Teachers College, Columbia University
- And, the college's Center for Educational Outreach and Innovation (CEO&I)
- **www.tc.edu/ceoi/healthdisparities**

- **The Future? [The Annual Health Equity Conference at Teachers College, Columbia University] Perhaps as of 3/6/09**

Parameters of a New Field of Equity in Health

- PART 1: New Theory, Paradigms, and Perspectives
- PART 2: New Procedures and Policies—Implications for Funders, Researchers, and Policy Makers
- PART 3: The Legacy and Role of Racism—Implications and Recommendations for Research and Practice
- PART 4: Collaborations, Partnerships, and Community-Based Participatory Research
- PART 5: New Internet Technology—Achieving Wide Dissemination and Global Research
- PART 6: Training Community Health Workers and Peer Educators
- PART 7: Closing Gaps in Health for Special Populations
- PART 8: Closing the Education and Health Gaps—Addressing Dual Inter-Related Disparities Through Effective Engagement [Ref: Wallace, B.C., Ed. 2008, *Toward Equity in Health: A New Global Approach to Health Disparities*, NY: Springer]

The 13 Contemporary Forces Driving a New Field of Equity in Health

- Guiding principles for a new field of Equity in Health
- Rationale for focus on equity in health
- Evidence of a paradigm shift that has been occurring in multiple fields relating to health, so that it is a new transdisciplinary field
- Vital training
- Evidence of a new global focus

- **Given the impetus for a twenty-first century global health civil rights movement, there is justification in launching a new field of equity—one driven by thirteen guiding principles reflective of contemporary forces driving the change the Wallace (2008) volume embodies,** as listed below:

(1)The Drive for a Major Paradigm Shift;

(2) The Drive for New Models of Health Care and Training;

(3) The Drive for New Theories, Perspectives, and Identities;

(4) The Drive for Evidence-Based Approaches

[REF: Wallace, B. C. (2008). Introduction: The Forces Driving and Embodied Within a New Field of Equity in Health, In B.C. Wallace, *Toward equity in health: A new global approach to health disparities*, NY: Springer Publications]

(5) The Drive for Transdisciplinary Teams and Community-Based Participatory Research

(6) The Drive for Globalization and Global Collaboration

(7) The Drive for Cultural Competence and Cultural Appropriateness

(8) The Drive for Health Literacy and Linguistic Appropriateness

(9) The Drive to Ensure the Right to Health

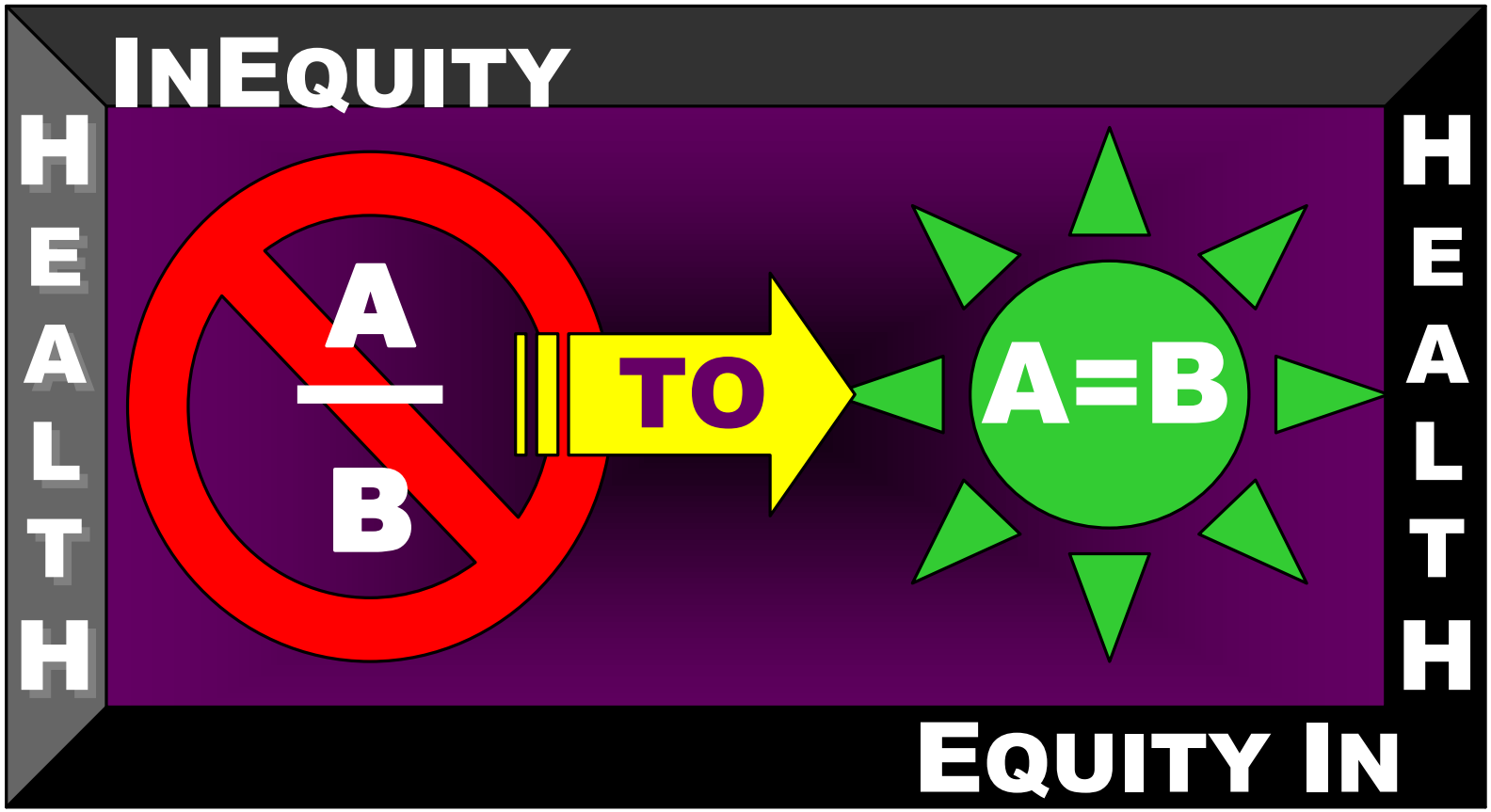
(10) The Drive for Social Justice and Acknowledgement of Forces in the Social Context

(11) The Drive to Protect and Support the Most Vulnerable

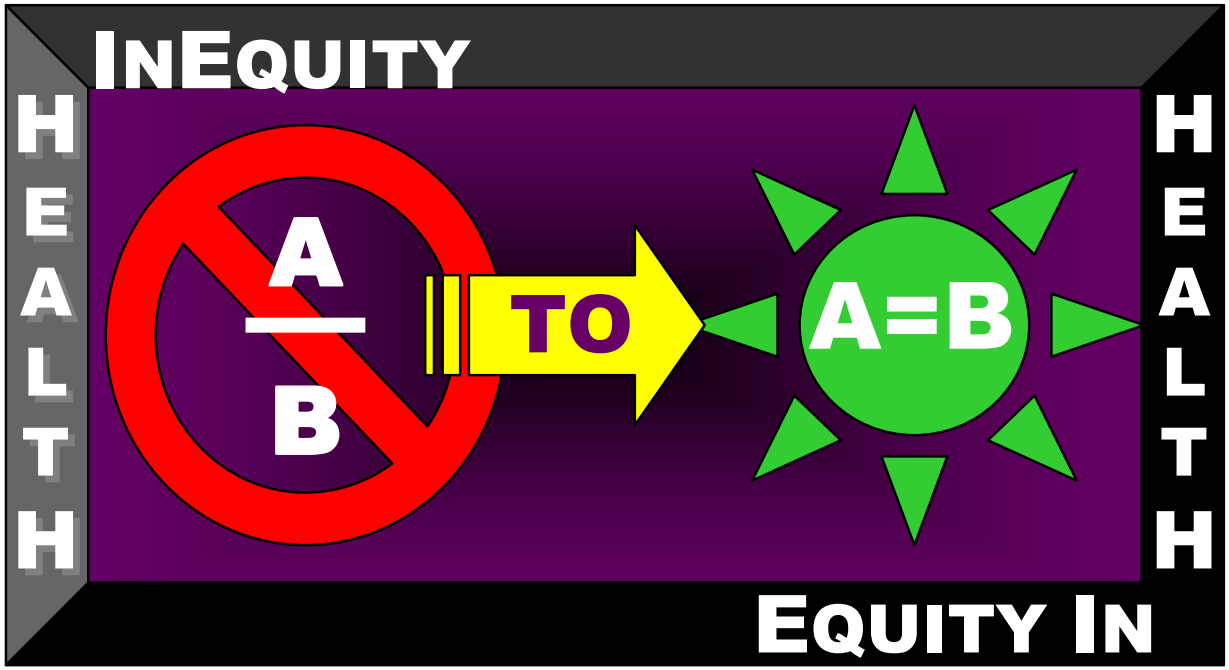
(12) The Drive to Repair Damage, Restore Trust, and Take Responsibility

(13) The Drive to Redistribute Wealth and Access to Opportunity

(1) The Drive for a Major Paradigm Shift



[[Ref: Wallace, B.C. (2008). Introduction, In B.C. Wallace, Ed. *Toward Equity in Health: A New Global Approach to Health Disparities*, NY: Springer]



SHIFT FROM INEQUITY IN HEALTH TO EQUITY IN HEALTH

- **Stop A/B (hierarchical domination, oppression, and old ways of thinking, behaving)**
- **Foster and Live A=B (non-hierarchical equality, new ways of thinking, acting in the world)**
- **Foster a 21ST century global civil rights movement for equity in health for all**
  - **(Symbol of Research Group on Disparities in Health)**

- We all need a new heightened state of awareness and alertness associated with a conscious attempt to recondition ourselves by doing the following:
- (1) **stopping old paradigmatic ways of thinking, behaving, and being in the world**;
- (2) potentially consciously **catching or observing one's self or organization engaging in the habitual execution of old paradigmatic ways of thinking, behaving, and being**—even if this is a temporary lapse or relapse;
- (3) after stopping the old paradigmatic ways of thinking, behaving, and being, **going on to create a space or clearing for the emergence of something new, and then consciously directing one's self to execute new ways of thinking, behaving, and being in the world that are consistent with the new paradigm**; and,
- (4) systematically **rehearsing and refining over time new paradigmatic ways of thinking, behaving, and being in the world so that they become automatic natural responses from which a sense of natural reinforcement and gratification arises**.

- All of us living in the aftermath of centuries of domination and oppression are in need of such a reconditioning process which may transpire over time.
- The goal: bringing about a new paradigm: ***A=B***, suggesting a relationship of equality, freedom, justice, and the conditions for all reaching their full human potential prevailing (Wallace, 2003).
- The goal of interpersonal relationships reflecting a *non-hierarchical state of equality*—a term put forth by Taylor (1994)—is recommended by the ***A=B*** formula.
- This **non-hierarchical state of equality constitutes the desired status to be reached and reflected in all levels of human interaction—ranging from the personal to the global.**

Taylor, C. (1994). The politics of recognition. In A. Gutman (Ed.), *Multiculturalism: Examining the politics of recognition*. Princeton, NJ: Princeton University Press.

(2) THE DRIVE FOR NEW MODELS OF HEALTH CARE AND TRAINING

- The shift to a new paradigm necessarily includes a drive to create **new models of health care and training**, while also having implications for evaluation and research
- the **overall health care system, medical field, and public health systems should change** in response to the drive for new models of health care and training
- valuing prevention
- challenging the hegemony of current models designed to improve health in the United States
- For example, **valuing prevention**

(3) THE DRIVE FOR NEW THEORIES, PERSPECTIVES, AND IDENTITIES

- new paradigm requires **new theories and new perspectives**
- need **a menu of integrated theories and approaches from which we may choose, selecting that which is most appropriate, given diversity, for example, and different needs for diverse groups at various times**
- avoid engaging in “blame-the-victim” or “deficit-oriented” research.
- It is also vital to avoid locating key variables—seen as deficits or evidence of an inherent inferiority—within the individual.
- And, it is absolutely important to **appreciate the role of factors located in the social context;** this includes the role of factors associated with the old paradigm of **A/B,** or hierarchical domination, and the forces of oppression that followed from it.
- goal is to be able to **conceptualize and document subjects’ strengths and evidence of resiliency; view many problem behaviors as merely attempts to cope and adapt in a stressful social context; foster adaptive coping!**

- **transformation of the identity of the researcher to be consistent with the new paradigm** advanced in this volume is also vital.
- Indeed, all who seek to work with communities around the globe should first and foremost **assume personal responsibility for deconstructing an identity rooted in Western theories, and for reconstituting and rearranging their own identity**
- goal is to **create an identity so they can perceive that which is of value in a social cultural context that is new to them, and actively seek to approach or enter that social cultural context via what Airhihenbuwa (2006) eloquently refers to as the "gate" or point of reference of those people in that social cultural context.**

Airhihenbuwa, C.O. (2006). 2007 SOPHE presidential address: On being comfortable with being uncomfortable: Centering an Africanist vision in our gateway to global health, *Health Education and Behavior*, 2007; 34; 31-42

(4) THE DRIVE FOR EVIDENCE-BASED APPROACHES

- It is also crucial to move toward a menu of evidence-based approaches (Wallace, 2005b) for each health challenge we face. This is now the standard in many fields
- The goal is to generate a growing menu of evidence-based approaches to reducing disparities—decade by decade—toward the goal of their elimination

Wallace, B. C. (2005b). *Making mandated addiction treatment work*. Lanham, MD: Jason Aronson/Rowman & Littlefield.

(5) THE DRIVE FOR TRANSDISCPLINARY TEAMS AND COMMUNITY-BASED PARTICIPATORY RESEARCH

- drive for research to be conducted from the **multiple perspectives that are brought to the table when there are transdisciplinary teams, as well as critical stakeholders, at the table**.
- **New forms of collaboration** among all such parties are vital
- **Key stakeholders must bring the perspective of the cultural community** in which research and interventions will be conducted
- Ideally, professionals and community members enjoy a **mutual respect and recognition, as well as a free-flowing dialogue among equals—as other key aspects of the new paradigm**
- The **involvement of community members from research conceptualization, to implementation, to dissemination of findings brings hope for averting critical errors of misrepresenting the reality of a group of people**

(6) THE DRIVE FOR GLOBALIZATION AND GLOBAL COLLABORATION

- The Internet and new technologies serve to bind us together as a global community
- we are bound by the forces of globalization, including the multidimensional integration of the world economy, politics, culture, and human affairs
- Wallace (2008) offers a new definition of *globalization* as an awareness of how **"what affects one affects all," or a consciousness of our fundamental interdependence as a global community, as well as the resulting process of learning to work collaboratively and share and disperse resources within our global community to ensure social justice, equity, the protection of human rights, and the sustainability of the planet.**

(7) THE DRIVE FOR CULTURAL COMPETENCE AND CULTURAL APROPRIATENESS

- there is also a drive for cultural competence and cultural appropriateness.
- Scholarship and recognition are growing with regard to what constitutes cultural competence and its impact, underscoring the importance of obtaining training in cultural competence
- Betancourt et al. (2005, p. 499) explain cultural competence as **"a strategy to improve quality and eliminate racial/ethnic disparities in health care;"** in addition, it can lead **to the creation of a health care system and adequately trained workforce—one capable of delivering "the highest quality care to every patient regardless of race, ethnicity, culture, or language proficiency**" (p. 499).

Betancourt, J. R., Green, A. R., Carrillo, J. R., & Park, E. R. (2005). Cultural competence and health care disparities: Key perspective and trends. *Health Affairs*, *24*(2), 499–505.

(8) THE DRIVE FOR HEALTH LITERACY AND LINGUISTIC APPROPRIATENESS

- The Association of American Medical Colleges (AAMC) seeks to ensure **training that produces both cultural and linguistic competence** (Betancourt et al., 2005).
- **Health literacy and linguistic appropriateness are vital considerations, particularly with regard to delivering health information**—as a task central to the work of medical practitioners and health education/disease prevention specialists

(9) THE DRIVE TO ENSURE THE RIGHT TO HEALTH

- Closely aligned with the right to health is **the right to determine what constitutes health, health standards/outcomes, and way of life, while we accept and respect members of diverse cultures and their right to self-determination—as an overarching ever-present principle.**
- As evidence of a drive to ensure the right to health, Braveman (2006, p. 183) explains how the foundations for addressing health disparities and pursuing health equity **"come not only from ethics but also from the field of international human rights." Elaborating further, human rights are described as "that set of rights or entitlements that all people in the world have, regardless of who they are or where they live"** (p. 183).

(10) THE DRIVE FOR SOCIAL JUSTICE AND ACKNOWLEDGEMENT OF FORCES IN THE SOCIAL CONTEXT

- The drive for social justice and acknowledgment of forces in the social context is also key within the field of equity in health.
- Any discourse on equity goes hand in hand with that on not only the "right to health," but also "social justice," while drawing necessary attention to the social context.
- **Social justice also goes hand in hand with training that inculcates the development of a professional and personal identity that encompasses the taking of social action for social justice** (Wallace et al., 2003).
- Diderichsen et al. (2001) identify **four mechanisms** they view as playing a role in generating inequities: **factors affecting social stratification; differential exposure to health damaging factors; differential vulnerabilities/susceptibility that lead to unequal health outcomes; and differential consequences of illness.**

Wallace, B. C., Carter, R. T., Nanín, J. E., Keller, R., & Alleyne, V. (2003). Identity development for "diverse and different others": Integrating stages of change, motivational interviewing, and identity theories for race, people of color, sexual orientation, and disability. In B. C. Wallace & R. T. Carter (Eds.), *Understanding and dealing with violence: A multicultural approach* (pp. 41–91). Thousand Oaks, CA: Sage Publications.

Diderichsen, F., Evans, T., & Whitehead, M. (2001). The social basis of disparities in health. In T. Evans, M. Whitehead, F. Diderichsen, A. Bhuiya, & M. Wirth (Eds.), *Challenging inequities in health: From ethics to action*. New York: Oxford University Press.

(11) THE DRIVE TO PROTECT AND SUPPORT THE MOST VULNERABLE

- According to Levy and Sidel (2006b, p. 6), the most vulnerable tend to be populations of groups **"defined by racial or ethnic status, socioeconomic position, age, gender, sexual orientation, or other perceived population or group characteristics."**
- Moreover, these groups tend to be negatively stereotyped and stigmatized, as well as "targets of hate and violence" (p. 6).
- Thus, groups with certain key characteristics emerge as among the most vulnerable to forces of domination, oppression and discrimination.

Levy, B. S., & Sidel, V. W. (2006b). The nature of social injustice and its impact on public health. In B. S. Levy & V. W. Sidel (Eds.), *Social injustice and public health*. New York: Oxford University Press.

- The incarcerated, and Black males, in particular, are another such group.
- Global policies also create new vulnerable groups. Pertinent polices include those that lead to **"war, violence, global warming, government corruption, lack of access to essential public health or medical services, erosion of civil liberties and freedoms, restriction of education/research/public discourse" as well as other "actions that adversely affect the societal conditions in which people can be healthy"** (Drucker, 2006, p. 6).

Drucker, E. M. (2006). Incarcerated people. In B. S. Levy & V. W. Sidel (Eds.), *Social injustice and public health*. New York: Oxford University Press.

(12) THE DRIVE TO REPAIR DAMAGE, RESTORE TRUST, AND TAKE RESPONSIBILITY

- **There is a need to repair damage, restore trust and take responsibility.**
- **damage done includes a host of negative consequences experienced by those subject to domination, oppression, and discrimination**. Typically, it involves **damage experienced most acutely by the most vulnerable populations**.
- **What are some examples of ways to restore trust and take responsibility, in the aftermath of damage done from oppression?**

- Randall (2006) **locates the destruction of trust in the medical and health care system, as well as in medical personnel and researchers within the long history of medical experimentation in the United States on Blacks, prisoners, and members of the armed forces in America**.
- The **result is a deep-seated distrust that currently influences Blacks' attitudes toward the health care system, contributing to disparities** in health.

Randall, V. R. (2006). *Dying while Black: An in-depth look at the crisis in the American healthcare system*. Dayton, OH: Seven Principles Press, Inc.

- In the same vein, **Washington (2007) details the practice of "medical apartheid" in the United States, meaning the history of medical experimentation on Blacks, dating back to colonial times and the abuse of enslaved African Americans**;
- it continues up to the present via **forced experimentation on prison inmates and soldiers in the armed forces, and the erosion of informed consent so experimental procedures** are used in emergency rooms on non-consenting victims—many of whom end up dead. The **result is not only a lack of trust, but even a deep seated fear "of medical professionals and institutions"—something Washington (p. 21) calls iatrophobia, being "coined from the Greek words *iatros* ("healer") and *phobia* ("fear").**
- **"Black iatrophobia is the fear of medicine"** (p. 21).
- **[REF: Washington, H. A. (2007). *Medical apartheid: The dark history of medical experimentation on black Americans from colonial times*. New York: Random House.]**

- In terms of avenues for repair of the damage done, Washington (2007, p. 403) offers a vision of medical-research education.
- Within her vision, **accessible lay education on medical research and assistance navigating clinical trials via "brochures, Web sites, and access to experts"** is made readily available.
- There is also a role in this work for **"church health fairs, social organizations, and community activism**" (p. 403).
- This includes community members working to "bring medical-research education to the fore of the American health agenda," as well as **joining Institutional Review Boards and asking "the hard questions of physicians who are recruiting in your community, and to join appropriate clinical trials** once you have satisfied yourself that they are worthwhile and relatively safe" (p. 403).

- **suggesting the taking of <u>responsibility</u>**, Washington (2007, p. 403) concludes by asserting that above and beyond all of her recommendations, most important "**is the need for African Americans to set their own research agendas—as an ultimate avenue for taking responsibility**."
- Regarding **repairing the damage done, House and Williams (2003) identify numerous avenues: "socioeconomic policy and practice and racial/ethnic policy and practice are the most significant levers for reducing socioeconomic and racial/ethnic disparities and hence improving overall population health in our society, more importantly even than health care policy" (p. 111).**

House, J. S., Williams, D. R. (2003). Understanding and reducing socioeconomic and racial/ethnic disparities in health, In. R. Hofrichter (Ed.). *Health and social justice: Politics, ideology, and inequity in the distribution of disease*. San Francisco: Jossey-Bass.

- **WHAT STRATEGIES FOR REPAIR COME TO MIND FOR YOU?**

(13) THE DRIVE TO REDISTRIBUTE WEALTH AND ACCESS TO OPPORTUNITY

- There is a **robust effect of income on health**; it is evident in all age, racial/ethnic, gender, and income groups; moreover, **it persists across two different markers of health status—premature mortality and disability. Those with less income—when compared to their counterparts with more income—consistently live more disabled and less healthy lives, while also dying at younger ages** (Kubzansky et al., 2001, p. 116).

Kubzansky, L. D., Krieger, N., Kawachi, I., Rockhill, B., Steel, G. K., & Berkman, L. F. (2001). United States: Social inequality and the burden of poor health. In T. Evans, M. Whitehead, F. Diderichsen, A. Bhuiya, & M. Wirth (Eds.), *Challenging inequities in health: From ethics to action*. New York: Oxford University Press.

- Kawachi et al. (p. 350) hold fast to their assertion that **"major progress against either form of health inequalities (by race or class) requires linking efforts to address them, not separating such efforts**."
- They even explain the possible motivations in keeping the focus on race, while eliminating class.
- For example, **a function of racism in the United States is to "divide people with common class interests so that they are less able to struggle politically in their common interest**" (p. 347).
- There is also an attempt **"to make race a highly visible feature of public policy while hiding or disguising anything that resembles class**" (p. 347).
- Indeed, there is "**a long-standing ideological effort to suppress any consciousness of class**" (Kawaichi et al., p. 347)

Kawachi, I., Daniels, N., & Robinson, D. E. (2005). Health disparities by race and class: Why both matter. *Health Affairs*, *24*(2), 343–352.

- Braveman (2006) acknowledges disputes about the extent to which a given condition could be influenced by policies.
- "For example, **some people might argue that it is impossible to enact policies in the United States that redistribute resources in favor of less advantaged groups, given this country's deep-rooted ethos regarding individual responsibility and entrepreneurship**" (p. 182).
- There is also recognition of a "relative **lack of tradition** of **social solidarity** in the United States" (p. 182).
- **More and more contemporary data analyses lead to the conclusion that a response to health disparities needs to include policies that redistribute income, such as via equal access to educational or employment opportunities** (see Lahiri & Pulungan, chapter in Wallace, 2008).

- A corresponding **pattern of elevating whiteness and negatively stereotyping blackness in the United States has weakened support for "more redistributive policies," historically undermining class solidarity** (Kawaichi et al., p. 348).
- In sum, poor Whites and Blacks **end up divided** so they **"fail to see their common interests"** (p. 349), such as the benefits of a policy of wealth redistribution in the United States.
- There is the pertinent concept of **"distributive justice," meaning "the equitable allocation of resources in a society**;" a guiding value wherein **"the most disadvantaged in a society" have their needs attended to**; and, the **"egalitarian distribution of resources for the essentials of life (such as health) could be justified**" (Braveman, 2006, p. 183).
- In this manner, there is a **drive to redistribute wealth and access to opportunity**

WAKE UP!

What does it mean to wake up?

PART IV

CONSCIOUS CREATION:

ACTION STEPS, SERVICE AND THE NEW "3 R'S"

RESPONSIBILITY
RELIABILITY
RELAXATION

Sample ACTIONS and forms of SERVICE

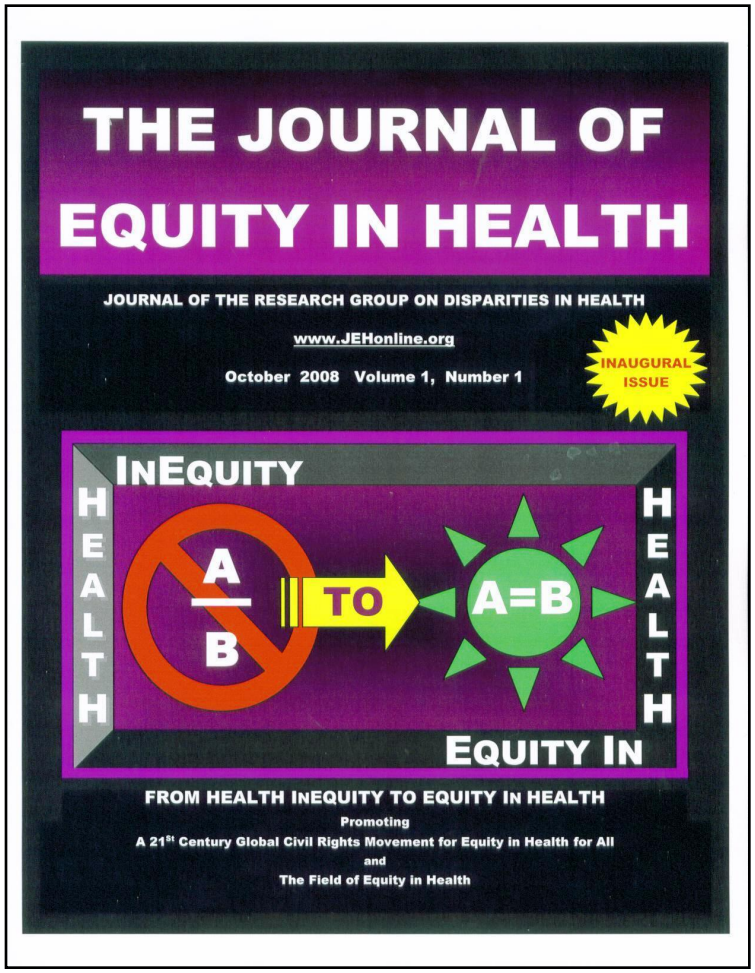
- **Examples of new paradigm ACTION, SERVICE, and LANGUAGE** (affirmations, decrees, declarations for the new era of responsibility within a new paradigm) so you can be **responsible, reliable, and relaxed (THE NEW 3 R's!)**.
- **Declarations:** I AM CALLING FOR A 21ST CENTURY GLOBAL CIVIL RIGHTS MOVEMENT FOR EQUITY IN HEALTH FOR ALL (This includes equity in access to all opportunities); I AM TAKING ACTION TO ENSURE EQUITY IN HEALTH FOR ALL (homework: "I am _____"); I AM TAKING ACTION TO ENSURE THE RIGHT TO HEALTH FOR ALL (homework: "I am _____")
- **Responsible and Reliable:** (The Commitment Affirmation): **I am who I say I am. I do what I say I am going to do. If I ever fail to be or do what I said I would, I apologize and re-commit.**
- **Relaxed: I AM CALM, CENTERED AND BALANCED**

- WHY INCORPORATE THE NEW “3 R’S” INTO YOUR LIFE (responsibility reliability relaxation)?

A Collective Mechanism (ACTION and SERVICE) for sustaining this movement and promoting a new field of equity in health: wwwJEHonline.org

Contribute to your journal!

Serve as a journal reviewer!



Sample ACTIONS and forms of SERVICE: One Personal Example

GLOBAL HELP – Health Education Leadership Program

HTTP://globalhelp.columbia.edu

There is a **vital role for technology, computers, the Internet, and the World Wide Web in assisting in the process of creating a true global community, building bridges among various components** of this community, and **sustaining the global civil rights and social justice movement for equity in health for all**.

Disseminating tools to train master trainers, community health workers, peer educators FREE and ACCESSIBLE via the world-wide-web

Evaluating HIV/AIDS peer education training programs and diabetes peer education training programs, etc…

RESEARCH AND EVALUATION

- Our service needs to include research and evaluation of prevention, intervention and treatment models to determine "what works," in order to establish menus of evidence-based options
- The goal is to have menus of evidence-based options regarding what works for various health conditions, etc..

SUGGESTED EXERCISE FOR BREAK-OUT SESSIONS (AT SITES)

THE PAST CAN INFORM THE FUTURE

- What past civil rights and social justice movements come to mind?
- What past successful movements come to mind?
- What were their key features?
- What seems applicable to a new 21st century global civil rights movement to bring about equity in health for all? Equal access to health? To ensure the right to health?
- What can we do in the United States? Globally?
- What can we do people from various places and professionas to foster the new 21st century global civil rights movement for health? In our work? In our communities, etc?

SUGGESTED EXERCISE FOR BREAK-OUT SESSIONS AT SITES

- Select from among the following 13 contemporary forces driving essential change and identify specific action steps that could foster the desired global movement, in relation to that driving force:
- (1) The Drive for a Major Paradigm Shift; (2) The Drive for New Models of Health Care and Training; (3) The Drive for New Theories, Perspectives, and Identities; (4) The Drive for Evidence-Based Approaches; (5) The Drive for Transdisciplinary Teams and Community-Based Participatory Research; (6) The Drive for Globalization and Global Collaboration (redefined as sharing and distributing resources equitably); (7) The Drive for Cultural Competence and Cultural Appropriateness; (8) The Drive for Health Literacy and Linguistic Appropriateness; (9) The Drive to Ensure the Right to Health; (10) The Drive for Social Justice and Acknowledgement of Forces in the Social Context; (11) The Drive to Protect and Support the Most Vulnerable (racial/ethnic minorities, GLBT, low-income, people with disabilities, etc…); (12) The Drive to Repair Damage, Restore Trust, and Take Responsibility; and (13) The Drive to Redistribute Wealth and Access to Opportunity.
- **BRAINSTORM/STRATEGIZE: Suggested action steps are….**

SUGGESTED EXERCISE FOR BREAK-OUT SESSIONS (AT SITES)
SUMMARY OF DISCUSSION QUESTIONS

- I am the possibility of _____.
- I am being_____.
- What are my thoughts? What am I transmitting and attracting into my life? What do I want to attract into my life, and therefore, what might I be thinking, visualizing, and "acting as if"—in regard to (as I feel, believe, act as though what I am seeking to attract has already manifested)?
- To what extent are you fully present in the "here and now" and overcoming any ego dysfunction that contributes to the sense of separateness between people, or a consciousness of exclusiveness, or elevation/superiority when thinking about "my" country or "my" religion—versus a sense of oneness with all of humanity?
- Why engage in service?
- Why take ACTION?
- Why Engage in Social Action for Social Justice?
- Why Should We Each Seek to Be Responsible for Something More Than Ourselves?
- Why Be a Source of Reliability Versus a Liability?
- Why Commit to Service?
- Why Be a Philanthropist?
- Why Donate Time, Money, Resources?
- Why Volunteer?
- Why Start a Non-Profit Organization?
- Why help to build BRIDGES?
- Why be a BRIDGE across organizations, entities?

SUGGESTED EXERCISE FOR BREAK-OUT SESSIONS (AT SITES)
SUMMARY OF DISCUSSION QUESTIONS

- Why a New Civil Rights Movement?
- Why a New Social Justice Movement?
- Why be so bold as to call forth and participate in yet ANOTHER civil rights movement?
- Why call forth a global civil rights and social justice movement to bring about equity in health for all?
- What is the evidence that a civil rights movement can make a difference, or that WE can have an impact?
- What might be delivered to the next generation, or the unborn?
- WHAT WILL SOCIETIES LOOK LIKE (i.e. BE STRUCTURED AND OPERATE) WITHIN THE NEW ERA OF RESPONSIBILITY AND THE NEW PARADIGM (A=B)
- WHAT WILL THE (RE-)DISTRIBUTION OF WEALTH LOOK LIKE WITHIN THE NEW ERA OF RESPONSIBILITY AND THE NEW PARADIGM (A=B) ?
- WHAT WILL THE (RE-)DISTRIBUTION OF HEALTH LOOK LIKE IN A NEW ERA OF RESPONSIBILITY WITHIN THE NEW PARADIGM (A=B)
- What are some examples of differentially interpreting and broadcasting of events (e.g. disasters)?
- And, what did we learn from such differential responses to disasters/events? What needs to be healed, as a result?
- What are some examples of ways to restore trust and take responsibility, in the aftermath of damage done from oppression?
- What strategies for repair come to mind for you?
- What does it mean to wake up?
- WHY INCORPORATE THE NEW “3 R’S” INTO YOUR LIFE (responsibility, reliability, relaxation)?

THE BEGINNING!

THANK YOU!

I AM DEEPLY GRATEFUL FOR THIS OPPORTUNITY AND THANK YOU ALL!

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