

A Web-Based Course for the Public Health Workforce

# ROOTS of HEALTH INEQUITY

[rootsofhealthinequity.org](http://rootsofhealthinequity.org)



## A Companion Guide

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- Recommended course content to support staff awareness, strategic planning, and assessment
- Guidance for forming an effective learning group
- Facilitation and meeting organizing tips for the Roots of Health Inequity curriculum

**NACCHO**  
National Association of County & City Health Officials



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# Introduction

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## ABOUT THIS COMPANION GUIDE

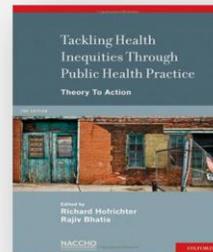
### What is it and how do I use it?

The Roots of Health Inequity Companion Guide offers six lesson plans focused on specific aspects of public health practice. These plans include activities and readings that describe components of a conceptual framework informing the values, strategic plans, and assessment activities at a local health department (LHD) that is committed to confronting health inequities. To create policies and practices that avoid perpetuating health inequities and to develop courses of action that support your community, you will need to understand how health inequities are created and sustained across time and generations.

The guide also describes tips and tools for using [Roots of Health Inequity](#) including guidelines for forming successful [learning groups](#) and facilitation and meeting organizing tips for the Roots of Health Inequity curriculum.

### Course Companion Text

For more information about health equity read the anthology *Tackling Health Inequities Through Public Health Practice: Theory to Action*, Richard Hofrichter and Rajiv Bhatia, eds. (New York: Oxford University Press, 2010).



## THE LEARNING PLANS

### Plan 1: Health Equity 101

- A. Explore a social justice framework for public health practice
- B. Recognize and explain health equity

### Plan 2: Strategic Planning

- A. Assess organizational capacity
- B. Create an organizational vision and mission that support health equity work
- C. Create goals toward health equity

### Plan 3: Public Health Assessment

- A. Ask the right questions

## ABOUT THE PROJECT

### What are Health Inequities?

Health inequities are systematic differences in health status that are unnecessary, avoidable, actionable, and unjust. They result from the unequal structuring of life chances, based on social and economic inequalities that are built and sustained over time and generations. These social and economic inequities are growing rapidly, beyond the control of individuals, and they injure health by changing our biology.

### Purpose

*“Social justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death.”*

These first words from the World Health Organization (WHO) Commission on Social Determinants of Health Final report titled *Closing the Gap in A Generation: Health Equity Through Action on the Social Determinants of Health* highlight the deep connection among lived experience, social injustice, and systematic inequities in rates of mortality, morbidity, and life expectancy among different groups.

Can public health influence the unequal structuring of life conditions? The National Association of County and City Health Officials (NACCHO) thinks public health can reach the



Roots of Health Inequity Homepage  
[rootsofhealthinequity.org](http://rootsofhealthinequity.org)

heart of the matter: the core social injustices associated with class oppression, racism, and gender inequity. Advances can occur, even if only incrementally, if people think differently about possibilities for practice.

### NACCHO's Goal

NACCHO's goal is to support critical thinking about what public health is and could be, about what it means to transform practice to address the root causes of health inequity. Roots of Health Inequity prompts participants to reflect on how institutions structure the possibilities for health and wellness. NACCHO aims to build solidarity among public health practitioners and to reframe the role of public health practice over time.

This course provides an online learning environment in which to explore root causes of inequity in the distribution of disease, illness,

and death. Funded by the National Center for Minority Health and Health Disparities at the National Institutes of Health, the course's audience is primarily the local public health workforce. The course seeks to ground participants in the concepts and strategies that could lead to effective action.

The curriculum specifically prompts participants to reflect on how institutions, as historian Elizabeth Fee says, "structure the possibility for healthy or unhealthy lives and how societies create the preconditions for the production and transmission of disease," and the implications for acting on those systems to eliminate inequity.

# About the Website and the Course

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## What is Roots of Health Inequity?

Roots of Health Inequity is an online community revolving around a curriculum about health equity and social justice. The site offers a starting place for those who want to confront systemic unjust differences in health and wellness.

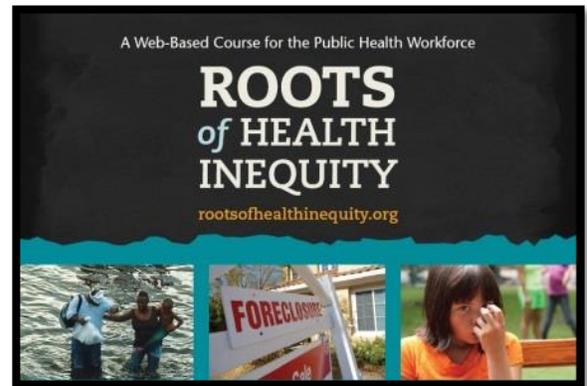
Participants will have an opportunity to work through five critical questions:

### Where do We Start?

Explore the relationships among (a) changing the culture of organizations; (b) engaging community members; and (c) negotiating with political pressures strategically (UNIT 1: *Where do We Start?*).

### What are “Frames” and How do They Influence Public Health Practice?

Consider how “mental models” or “frames” influence public health work. Discuss how values, assumptions, and interests affect the capacity for addressing health inequities (UNIT 2: *Perspectives on Framing*).



### What can History Teach Us about the Role of Public Health and Public Health Practitioners?

Explore the transformation of public health during the last 150 years, including the forces that advanced or limited the field (UNIT 3: *Public Health History*).

### What are the Root Causes of Health Inequities?

Examine the importance of class structure, racism, and gender inequity in the development of health inequities (UNIT 4: *Root Causes*).

### What are the Principles of Social Justice?

Explore the principles of social justice and ways to influence the institutions and agencies that generate health inequity. (UNIT 5: *Social Justice*).

## Where can I find Roots of Health Inequity?

Go to [rootsofhealthinequity.org](https://rootsofhealthinequity.org) to learn more about the project, the course content, and how to participate.

## Who is the audience for Roots of Health Inequity?

The Roots of Health Inequity is for any health professional who is interested in confronting the root causes of health inequity. NACCHO developed the course for public health practitioners to raise critical questions, based on what NACCHO has learned from the field and from the growing knowledge base about inequities in health.

The content was written with local public health practitioners in mind but is applicable to many types of professionals who work within the public health system. Participants may also include public health researchers and students, members of government agencies, and staff members at community-based organizations. A diversity of people in a cross-section of professional roles will enhance the experience and promote information-sharing among those who are mobilized and motivated to tackle health inequities.



## How will my organization benefit from using Roots of Health Inequity?

### 1. Information and Insight: Workforce Development and Education

As part of the Roots of Health Inequity community, participants bring their knowledge, experiences, and insights and work with their group members to build new knowledge. By helping each other to translate extensive knowledge about their communities' social and economic inequalities, group members can set the stage for new partnerships and strategies for action.

Use Roots of Health Inequity to do the following:

- Provide a comprehensive orientation to a social justice framework for public health practice.

- Illustrate how a social justice framework affects all public health services and functions.
- Start ongoing dialogue about social justice and its historical link to public health.
- Inspire passion and self-reflection among staff members and students.

## 2. Leadership: Building a Health Equity Team

Roots of Health Inequity encourages group participation and promotes information-sharing. Staff members who have formed a Roots of Health Inequity learning group can use the platform to establish a core, diverse, cross-disciplinary team that leads efforts to address the root causes of health inequity. Supported by senior management, team members would focus on investigating health inequities in their jurisdiction and on building their organizations' capacity to respond to the root causes.

## 3. Management: Strategic Planning for Health Equity

To develop processes and strategies for confronting health inequities, organizations are first challenged to rethink the framework guiding the work of public health. All of the exercises and resources in Roots of Health Inequity can provide the foundation that a health equity team needs to assess organizational roles, responsibilities, resources,

and past performance (in addition to determining goals and priorities and developing plans and strategies for health equity).

## Can I get continuing education units for my participation in Roots of Health Inequity?

Roots of Health Inequity participants can earn continuing education credits by engaging in some of the activities described in the enclosed lesson plans. "In Unit 1: Where Do We Start?" these activities are marked by a  symbol.

Continuing education for this activity (WB1764) is available for the following:

### Continuing Nursing Education (CNE)

The Centers for Disease Control and Prevention (CDC) is accredited as a provider of Continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation. This activity provides 2.4 contact hours.

### Continuing Education Contact Hours in Health Education (CECH)

Sponsored by the CDC, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc., this



program is designed for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to 2.5 total Category I continuing education contact hours. Maximum advanced-level continuing education contact hours available are 0. CDC provider number GA0082.

### **IACET Continuing Education Units (CEU)**

The CDC has been approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET), 1760 Old Meadow Road, Suite 500, McLean, VA 22102. The CDC is authorized by IACET to offer 0.2 ANSI/IACET CEU's for this program.

# What to Know before You Start

## THE ROOTS OF HEALTH INEQUITY COMMUNITY

The Roots of Health Inequity (RHI) community is made up of local public health workers, students, educators, staff members at community organizations, community organizers, and anyone interested in the topic of health equity and social justice. The course material is designed for group participation and can be accessed only through a group. The site offers opportunities to work directly with colleagues in the privacy of your own learning group or with a wide-ranging network of participants in what is called the “general group.” Once logged into the RHI site, you can join the general group or create an unlimited number of groups.

Take an opportunity to review and comment in the general group, which reflects a body of knowledge built by professionals across the country who possess a diverse range of experiences and perspectives. Use comments in the general group to spark discussion in a private group or to add dimension to your comments.

If you want to take the course with others, but are not able to form a group from your



organization, join the general group. You will see the comments from other members and you can engage in their discussions, activities,

and bulletin board posts. Access the course units from the group page under the heading “Units.” You can also review this course content as an individual by creating a private, closed group. Comments and postings from other members will not appear in this type of group. Continuing education requirements include participation in group discussions.

## TECHNICAL REQUIREMENTS

To use Roots of Health Inequity, your computer will need to meet the requirements below.

### Operating Systems

Windows XP & Windows 7

Mac OS X

### Browsers

Firefox 3.6 and higher

Explorer 7 and higher

Google Chrome

Apple Safari

### Screen Resolution

1024 x 768 or higher

### Speakers or headphones (for audio)

### Media players

The following players must be installed on your computer to view multimedia and participate in the Roots of Health Inequity community:

Adobe Reader®

Adobe Flash®

Microsoft Windows Media

Apple® QuickTime® Player

RealPlayer™

### Internet Connection

A slow Internet connection may hamper your participation. If your Internet connection prevents you from streaming YouTube videos at the 360p setting, then you may have trouble loading the material you will need to review.

# What to do before You Start

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## IMPLEMENTING ROOTS OF HEALTH INEQUITY

Before registering for Roots of Health Inequity, form a group of colleagues in your organization who are interested in learning more about health equity or who are working on health equity initiatives. NACCHO suggests self-selecting into learning groups. If self-selected learning groups are unfeasible, organizations can coordinate the assignment of group membership. However, some discussion activities may be best for learning group members with established relationships.

Your approach to the course content will depend on your organization's priorities, leadership, and needs and staff members' roles and responsibilities. NACCHO suggests the following approach to integrating the Roots of Health Inequity at your organization:

- ✓ Assess how continuing education and professional development is handled within your organization. Identify staff members who manage professional development opportunities and determine how Roots of Health Inequity fits into professional development plans.
- ✓ Refer managers and colleagues to the site and share the information in this document.
- ✓ Form a learning group (however, you can participate on your own as part of the [general group](#) that includes participants from across the country).
- ✓ Choose a group leader who will be responsible for setting schedules, picking activities, etc.
- ✓ Create rules or guidance for a respectful and productive discussion.
- ✓ Determine whether your group will pursue Continuing Education Units.
- ✓ Schedule and attend an in-person or virtual discussion with all group members to establish group norms and the schedule most appropriate for your group's coursework.
- ✓ Encourage participants to use and share past professional experiences or suggest resources that can help your group answer discussion questions.

- ✓ Go to [rootsofhealthinequity.org](https://rootsofhealthinequity.org). Review material on the public page carefully.
- ✓ Create a new account and sign in. Review answers to Frequently Asked Questions and instructions for navigating the site (on the website and in this packet).
- ✓ Review your “Dashboard” for the latest bulletin board posts, upcoming events, and course unit overviews. Click on “General Group” in the “My Groups” menu to review activity in the general group.
- ✓ Create your own learning group by clicking on the “Create a Group” in the “My Actions” menu.
- ✓ Review material and set up time with your group members to discuss expectations.
- ✓ Review videos, audio, and interactive presentations, do the selected activities, and respond to the discussion prompts.
- ✓ Organize an in-person or virtual learning group check-in and debriefing meeting to reflect on the course experience and consolidate participants’ insights.
- ✓ Assemble the group and send invitations.

## FORMING AND PARTICIPATING IN A LEARNING GROUP

The Roots of Health Inequity learning pathway described in this document is an interactive, group-based experience. All activities involve group discussion, participation, and teamwork. Continuing education requirements include participation in group discussions.

Refer to resources detailing what to expect during discussions about social justice. See the “How to Register” page on [rootsofhealthinequity.org](https://rootsofhealthinequity.org) for a list of resources about facilitating dialogue on social justice issues.

### Choose a Group Leader

The group leader is responsible for setting schedules, picking activities, and managing the group online. The group leader is a central contact and administrator for the group. Learning groups may include more than one group leader.

The group leader’s responsibilities may include the following:

- ✓ Selecting the units, activities, and discussion prompts for the group based on goals and objectives established by your organization.

- ✓ Establishing a calendar with schedule, goals, and meetings.
- ✓ Sending meeting notes to the group, including a learning group agreement that captures group norms and expectations.
- ✓ Creating the group online and establishing privacy settings.
- ✓ Encouraging and monitoring online discussions.
- ✓ Participating in the group as a peer, according to the norms and expectations set by the learning group.
- ✓ Posting bulletin board updates and announcements.

## SETTING EXPECTATIONS AND ESTABLISHING GROUP NORMS: THE FIRST LEARNING GROUP MEETING

Before beginning the course, consider holding an in-person meeting or conference call with members of your learning group. Use the meeting to set expectations for participation. Answer questions like, “How much time will I need to participate?” and “When will we start and end our participation?”.

### Sample Meeting Agenda for a Learning Group

Our goal is to create the conditions for a rewarding discussion among coworkers at NACCHO. Here are a few agenda items to guide our discussion:

- **Introduction**
  - Your past experiences with dialogue (e.g., “diversity and multiculturalism workshops”) and collaborative learning
- **Questions or concerns about the chosen activities and discussions** (listed below, for your reference):
  1. Workforce Capacity: **DISCUSSION: Confront Unearned Privileges**
  2. Community Engagement: **DISCUSSION: Share Your Experience**
  3. Leadership: **DISCUSSION: Scrutinizing Decisions**
  4. Voices from the Field: **Vernice Miller-Travis**
- **Scheduling and participation issues**
  - Start and end dates
  - New group members
  - Issues that might affect participation (e.g., group members’ schedules)
  - Group responsibilities and expectations for participation
- **Group norms**
  - What are the basic ground rules for participation?
  - What conditions do we need for a comfortable discussion? What conditions would be most rewarding and realistic?
- **Group Members’ General Questions and Concerns**

## SETTING EXPECTATIONS AND ESTABLISHING GROUP NORMS: THE LEARNING GROUP AGREEMENT

After the meeting, group leaders may craft an agreement that consolidates information shared during the initial meeting. This “Learning Group Agreement” may include notes about questions and concerns, descriptions of decisions, and expectations established during the meeting.

### Sample Learning Group Agreement

Welcome to the ABC learning group. Thank you for your contributions during our initial meeting. For your reference and review, I’ve attached our Learning Group Agreement, which summarizes our plans for the learning group.

- **Discussion Activities**
  - Workforce Capacity: DISCUSSION: Confront Unearned Privileges
  - Community Engagement: DISCUSSION: Share Your Experience
  - Leadership: DISCUSSION: Scrutinizing Decisions
  - Voices from the Field: Vernice Miller-Travis
- **Participation Period**
  - Feb. 11 to May 11
- **Group Expectations for Participation**

At a minimum:

  - 1) Begin one chapter every four weeks. You can continue engaging in the discussions in the other chapters, even after beginning a new discussion.
    - a. Workforce Capacity: Begin Feb. 11, 12:00 PM
    - b. Community Engagement: Begin March 11
    - c. Leadership Chapter: Developing Strategies: Begin April 11
  - 2) Add one comment of your own and respond to one other comment for each discussion prompt.
  - 3) Join a check-in meeting during the week of March 26.
- **Basic Group Rules**
  - 1) Bring offline discussions online, to the learning group.
  - 2) Include concrete, “behavioral examples” in your explanations, whenever possible.
  - 3) Keep learning group discussions private and confidential.
  - 4) Assume responsibility for creating a rewarding experience.
  - 5) Address problematic comments immediately, on the website and in person.
  - 6) Group members may revise rules and norms at any time.
- **Basic Group Norms**
  - 1) Each group member will keep all commitments by the agreed upon due date.
  - 2) Each group member agrees to assess whether group members are honoring their commitment to the group’s norms.
  - 3) Group members will speak respectfully to each other.
  - 4) Group members will positively recognize and thank each other for group contributions.

# Introduction to RHI Lesson Plans

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The enclosed lesson plans provide a starting place and space for reflecting on the strategies to address the root causes of health inequity. The lesson plans will help you to examine the meaning of health equity in public health practice and develop a social justice framework for strategic planning and public health assessment for tackling health equity.

This course was built for you to become a co-creator of knowledge. Groups should initiate discussions; you should respond to others in your learning group and, hopefully, continue to discuss and explore these ideas offline.

**You and your learning group can implement the lesson plans that meet your needs, in any order, including the one described here. Each plan orients participants to a social justice framework for an aspect of public health practice:**

## Plan 1: Health Equity 101

- A. Explore a social justice framework for public health practice
- B. Recognize and explain health equity

## Plan 2: Strategic Planning

- A. Assess organizational capacity
- B. Create an organizational vision and mission that supports health equity work
- C. Create goals and objectives toward health equity



## Plan 3: Public Health Assessment

- A. Ask the right questions

# Plan 1: Health Equity 101

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Acting on the causes rather than the consequences of health inequities can seem an impossible challenge. Many public health professionals committed to social justice wonder where they should start and how they can advance public health practice.

Health Equity 101 is based on course content featured in “Unit 4: Roots,” and “Unit 5: Social Justice.” Using this lesson plan, you will explore the basic principles of social justice and learn why they are central to public health. You will also examine fundamental or root causes of health inequity—class oppression, racism, and gender inequity. You will be asked to review presentations, explore the issues raised, and notice the connections among different forms of social injustice and how they relate to public health’s capacity to take action. Discussion questions also emphasize the implications of these ideas for practice.

## Learning Objectives

After completing this lesson, participants should be able to do the following:

- Examine the underlying assumptions, features, and values of a social justice approach to public health practice and

contemplate how it relates to everyday work.

- Identify specific ways in which social justice principles might be applied to elements of everyday practice.
- Recognize the difference between social justice and other approaches to public health practice.
- Identify and define root causes of health inequities and their relevance and relationship to public health practice.
- Develop strategies that address the root of injustices to break the ongoing cycle of those inequities, even if in small ways.

## Begin with Unit 5 and End with Unit 4

In your learning group or the general group, click on the links to both units located in the “Unit” menu, to the right of your screen. Once you get to the unit, use the Unit Index at the bottom of the “Overview” page to get to the relevant activities and discussions.

The tables below describe the activities recommended for this lesson plan, which can take two to 20 hours to complete, depending on the extent of your group’s participation in the discussion forum.

# PLAN 1A: EXPLORING A SOCIAL JUSTICE FRAMEWORK FOR PUBLIC HEALTH PRACTICE

## Unit 5: Social Justice

Activity Title	Type	Description
<b>Social Justice and Public Health</b>	Text presentation	Social justice is what we owe people as human beings. Its principles enable us not only to reform society's institutions but also to imagine a different kind of society altogether...
<b>Four Principles of Social Justice</b>	Interactive presentation prompting discussion questions and forum	<p>NACCHO's approach to social justice is based on four principles. As you review these principles, reflect on what you believe people require for well-being and the ability to engage with the world as human beings.</p> <p>Click on the images to learn more about NACCHO's Four Principles of Social Justice. As a group, decide which questions you would like to answer and then comment in the space below the presentation.</p>
<b>The Five Faces of Oppression</b>	Interactive presentation prompting discussion questions and forum	<p>Feminist philosopher Iris Marion Young identified "a family of concepts or conditions of groups organized into five categories" that give meaning to forms of oppression. These conditions of oppression have specific meaning and suggest the pervasive nature of social injustice as it exists in all institutions.</p> <p>Click on the arrow titled "NEXT" to see all five slides on oppression.</p>
<b>Discussion: Social Injustice in Your Jurisdiction</b>	Discussion questions and forum	Share your thoughts about the concepts described by Iris Marion Young. As a group, decide which questions you would like to answer and then comment in the space below.
<b>Remediation vs. Social Justice</b>	Interactive presentation (slideset) prompting discussion questions and forum	<p>This presentation shows differences between a remedial approach (one that focuses on repairing or fixing a problem) and a social justice approach (one that emphasizes the underlying injustice(s) as a cause). It indicates that acting on the root causes of health inequity requires a strategic plan of action.</p> <p>Click on the gray NEXT button to reveal the differences in the two columns.</p>

# PLAN 1A: EXPLORING A SOCIAL JUSTICE FRAMEWORK FOR PUBLIC HEALTH PRACTICE

## Unit 5: Social Justice

Activity Title	Type	Description
<b>Remediation vs. Social Justice</b>	Discussion questions and forum	<p>The presentation shows some differences between a remedial approach (one that focuses on repairing or fixing a problem) and a social justice approach (one that emphasizes the underlying injustice(s) as a cause). The differences presented in the two columns reflect examples of these approaches in public health and beyond.</p> <p>Consider two questions to discuss after studying both the remedial and the social justice approach to a public health practice.</p>
<b>Considering Your Approach to Social Justice</b>	Interactive presentation (slide set) prompting discussion questions and forum	<p>What are the characteristics of a social justice approach to public health practice? How do we identify injustices and the root causes of inequity, and how do we develop effective strategies to tackle them? In this activity you will reflect on some features of your approach to public health practice and explore how a social justice perspective for eliminating health inequity can influence that practice.</p> <p>Place your cursor over an image to see the title of a social justice approach and then click on the image to read a detailed description of that approach in the right column.</p>
<b>Considering Your Approach to Social Justice</b>	Discussion questions and forum	<p>These initial examples are provided for comparison and criticism. Are they feasible? Using the space below, suggest different or additional statements or recommendations for how public health practice (on institutional, policy, and organizational levels) would fit into each of these categories.</p>
<b>Discussion: Share Your Experience</b>	Discussion questions and forum	<p>Post your stories of successful efforts to use a social justice approach in any of the categories described on the previous page. Share your questions and respond to those of your learning group members.</p>
<b>Seattle-King County Social Justice Ordinance</b>	Text presentation to support discussion	<p>In 2010, the Council of Seattle-King County unanimously enacted equity and social justice legislation in the form of an ordinance and institutionalized the ongoing work of the Seattle-King County Health Department, formalized through its participation in the Place Matters initiative.</p> <p>Discuss the ordinance in the discussion forum.</p>

## PLAN 1B: RECOGNIZING AND EXPLAINING HEALTH EQUITY

### Unit 4: Roots

Activity Title	Type	Description
<b>What is Class?</b>	Text presentation	Class refers to the organized power of social groups to direct society’s major institutions, resources, and investments....Examples of how well-organized, networked interests influence our society and patterns of health...
<b>Implications for Health and Well-Being</b>	Text presentation	Why should we care? What does class have to do with health inequity? The uses of class power can create a persistent pattern of advantages in mortality and life expectancy throughout life and generations for many people. That is, those who are poor and without access to resources have a much higher likelihood of becoming ill and dying earlier than others. This limits their ability to realize their capabilities and experience health and well-being.
<b>Richard Wolff Examines Class: How Class Works</b>	Animated presentation with voiceover with discussion exercise and forum	Richard Wolff is an economist who has studied class issues for more than 40 years. In the following animation and audio presentation, Wolff explains what class is all about and applies that understanding to the foreclosure crisis of 2007–2011.  Click the “Watch” button to start the animation. As you watch and listen, consider what we know from research about disease and illness patterns among groups with lower income, more stress, and less control of their lives.
<b>Class Power in Action: Home Foreclosure</b>	Text, discussion questions, and forum	The crisis reflects the conflict between the class interests of those seeking economic expansion of markets, enormous investment returns, and increasing property values with public health’s need to maintain the well-being of communities.
<b>“Hidden Injuries” of a Class Society</b>	Interactive exercise that prompts further discussion	The slideshow <i>What Employers Require, What Workers Require, a Role For Public Health</i> shows that what corporations require and what people require to live healthy lives are at odds.  Click on the numbers below the slideshow to see all eight examples. When you are finished, add your thoughts to the discussion at the bottom of the page.

## PLAN 1B: RECOGNIZING AND EXPLAINING HEALTH EQUITY

### Unit 4: Roots

Activity Title	Type	Description
<b>Racism: Introduction</b>	Text presentation	Reflect on the implications of this statement for public health practice: Addressing different levels of racism (i.e., internalized, interpersonal, and structural, in which many institutions play a part) to act on root causes is part of good public health practice.
<b>Race: The Power of an Illusion</b>	Video, excerpt from Race: The Power of an Illusion to prompt discussion	<p>“The House We Live In” is the final episode in the three-part documentary <i>Race: The Power of an Illusion</i> produced by California Newsreel. The series challenges our commonly held assumptions and explores the myths, meanings, and importance of racial distinctions in the United States (2003).</p> <p>This episode excerpt exposes how racism functions in our political life, economic system, and culture. It reveals how our social institutions produce racial bias by disproportionately channeling resources, power, status, and wealth to white people.</p>
<b>Hurricane Katrina: The Unnatural Disaster?</b>	Interactive map and presentations	<p>The devastation caused by Hurricane Katrina was not an accident. Nor was it simply an issue of mismanagement. Instead, Katrina is a story of racism and severe poverty in a highly segregated city. More than a third of those affected lived below the poverty line. The answer to who would suffer the most was predictable.</p> <p>After the interactive map has loaded, click on the yellow navigation buttons to see the changing population of New Orleans and how racism contributed to the hurricane disaster.</p>
<b>Justice on the Table</b>	Video, excerpt from JUSTICE ON THE TABLE to prompt discussion	<p><i>Justice on the Table</i> is a 23-minute documentary by Moving Image Productions that explores the plight of immigrant farm workers in Oregon’s Willamette Valley agriculture belt (2003).</p> <p>When you are finished watching the documentary, add your thoughts to the discussion at the bottom of the page.</p>

## PLAN 1B: RECOGNIZING AND EXPLAINING HEALTH EQUITY

### Unit 4: Roots

Activity Title	Type	Description
<b>Gender Inequity: Introduction</b>	Text presentation	In this section, you will explore how gender inequity intersects with class and race to exacerbate health inequities through social norms that support discrimination...
<b>Gender and Relations of Power</b>	Text, discussion questions, and forum	<p>After reading quotations about gender inequity and oppression, answer these questions:</p> <ul style="list-style-type: none"><li>• What are some of the dimensions or sectors of life (other than health) where you witness differential power relations based on gender today?</li><li>• What are the possible health consequences of discrimination and bias resulting from these power relations?</li><li>• Are there laws and policies in place that ostensibly prevent these forms of discrimination and bias? If so, why do they continue to occur?</li></ul>
<b>Employment Discrimination</b>	Text, video	Watch the brief video above and listen to the analysis from Portia Wu, described below.
<b>Portia Wu, Vice President of the National Partnership for Women and Families</b>	Audio presentation and transcript	In this presentation, Wu describes the profound impact of the lack of paid sick days on women and children, especially those in the service industries. She considers what public health can do about it by raising awareness and engaging in public education campaigns.
<b>Women Tell Their Stories</b>	Two video presentations, discussion questions, and forum	Two women describe how the lack of paid sick days affects their health and the health of others.

## PLAN 1B: RECOGNIZING AND EXPLAINING HEALTH EQUITY

### Unit 4: Roots

Activity Title	Type	Description
<b>Pat Baillie, Out and Equal, Associate Director of Training and Professional Development</b>	Audio presentation and transcript	Pat Baillie describes issues inherent to bringing lesbian, gay, bisexual, and transgender (LGBT) cultural competency into the mainstream.
<b>Excerpt from Pride at Work Fact Sheet</b>	Link to <a href="http://prideatwork.org">prideatwork.org</a>	“In 30 states, it is legal to fire someone because of their sexual orientation. In 38 states it is legal to fire someone because of their gender identity or expression. Because of federal DOMA laws, same-sex couples are denied access to 1,138 rights and responsibilities. In a majority of states, a union contract is the ONLY protection that LGBT workers have. For ALL workers, the power of standing together as a union is the most effective way to win fair working conditions.”—Pride at Work Fact Sheet <a href="http://www.prideatwork.org">www.prideatwork.org</a>
<b>Home Foreclosure: Impact on Women Avis Jones-DeWeever, PhD, Executive Director, National Council of Negro Women (NCNW)</b>	Text presentation, discussion questions, and forum	Dr. Avis Jones-DeWeever discusses in the interview how women of color are especially affected by the home foreclosure crisis and its impact on their health.

# Plan 2: Strategic Planning

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The way we think about the source of health inequities, our goals, the strategies we need for community improvement, the targets of change, and who gets to define public health concerns are all influenced by our values, attitudes, and assumptions and the framework that influences them. Our organizational vision and mission, goals and objectives, and work processes are never politically neutral; our strategic planning processes and products emerge within specific social, political, historical, and cultural contexts. These decision-making processes are driven by institutional agendas, values, and priorities that may or may not address a community's needs and wants.

Using this lesson plan, you will explore how underlying thoughts and predetermined ways of making sense of events or political arrangements can shape programmatic planning, policymaking, priority-setting, research, and resource allocation. You will also explore the implications of defining public health “problems” as issues of social injustice.

Use these activities and exercises to inform core components of the strategic planning process, including organizational assessment, visioning and mission development, and goal and objective creation.

## Learning Objectives

After completing this lesson, participants should be able to do the following:

- Define a mental “frame” in reference to public health practices.
- Determine how particular frames influence public health practice and research.
- Recognize the role of language in framing the issues.
- Challenge hidden, long-held, or recently established frames that maintain health inequity.
- Examine approaches to addressing how “privilege” and “power” affect your capacity to act on the root causes of health inequity.
- Describe how political pressure influences public health practice.

In your learning group or the general group, click on the links to the units located in the “Unit” menu, to the right of your screen. Once you get to the units, use the Unit Index at the bottom of the “Overview” page to get to the relevant activities and discussions.

The tables below describes the activities recommended for this Lesson Plan, which can take two to 30 hours to complete, depending on the extent of your group's participation in the discussion forum.

## PLAN 2A: ASSESSING ORGANIZATIONAL CAPACITY

### Unit 1: Where Do We Start? ● Section: Workforce Capacity

Activity Title	Type	Description
<b>Let's Start</b>	Text presentation	Working toward health equity requires that everyone play a role. We are all encouraged to develop new forms of collaboration and attach new meanings to our work...
<b>"The Biggest Obstacle" Poll</b>	Interactive poll	<p>This poll asks, "What are the biggest obstacles you face in trying to address health inequities in your community?" Each statement suggests a few things about a chosen approach to eliminating health inequity because they embody values, interests, and core assumptions that inform our approach to public health practice.</p> <p>Take the poll and then click "VOTE" to see how others have answered the poll.</p>
<b>Inspire Change from Within</b>	Slide Presentation	<p>Doak Bloss from the Ingham County (MI) Health Department leads an interactive workshop for local public health leaders ready to tackle the root causes of health inequity.</p> <p>Review the slideshow and then and then begin a discussion on Confronting Unearned Privilege on the next page.</p>
<b>Discussion: Confront Unearned Privilege</b>	Discussion questions and forum	<p>Work with your group members to confront unearned privilege—the benefits we enjoy just because of the social group into which we were born.</p> <p>On your own, pick one question you would like to answer. Ideally, each group member will choose a different question. At a minimum, you responsible for one original comment and one comment in response to another group member's comment.</p>

## PLAN 2A: ASSESSING ORGANIZATIONAL CAPACITY

### Unit 1: Where Do We Start? ● Section: Workforce Capacity

Activity Title	Type	Description
<b>Discussion: Envision New Possibilities</b>	Discussion questions and forum	<p>In this discussion, Envisioning New Possibilities, you are asked to examine your organization’s culture and capacity for health equity work by thinking about its goals, challenges, and opportunities.</p> <p>On your own, pick one question you would like to answer. Ideally, each group member will choose a different question. Review each group member’s answers and comment on an answer you find relevant or interesting. At a minimum, you responsible for one original comment and one comment in response to another group member’s comment.</p>
<b>Resources</b>	Community Relationships: A Self-Assessment	Excerpt from the Bay Area (CA) Regional Health Inequities Initiative’s self-assessment toolkit—Local Health Department Organizational Self-Assessment for Addressing Health Inequities. The complete tool includes organizational data, policy reviews, online surveys, interviews, and focus groups. Get the full tool <a href="#">here</a> .

## PLAN 2B: CREATING A VISION AND MISSION THAT SUPPORT HEALTH EQUITY

### Unit 2: Perspectives on Framing

Activity Title	Type	Description
<b>Perspectives on Framing: Purpose and Overview</b>	Text presentation	This unit examines the often unquestioned processes through which we define public health problems and examine the assumptions that influence our approach to health equity....
<b>Why is it Important to Explore Frames? For Example: The Biomedical Paradigm</b>	Text and resource recommendation	<p>The United States’ huge national investment in biomedical research and related medical interventions results partly from a particular perspective, or mental model, on what the profession considers legitimate public health information and viable strategies to address public health problems.</p> <p>In the collection of essays, <i>Gender, Race, Class, and Health: Intersectional Approaches</i> (edited by Amy J. Schulz and Leith Mullings), sociologist Lynn Weber describes this idea as the “bio-medical paradigm” and considers its limitations and biases.</p>
<b>What is Framing? Contesting Public Health Frames through Framing</b>	Text: Excerpt from article in Tackling Health Inequities	Recognizing the role of framing health equity and well-being as they relate to social justice and collective action, California Newsreel created the documentary film series and impact campaign <i>Unnatural Causes</i> as a resource to help change and uncover many common, unexamined frames...
<b>Frames and Farming</b>	Graphic, highly designed slideshow	<p>Given the demands of public health work, we rarely have time to examine the frames that inform our daily work. We may not realize how and why certain frames guide our routine tasks.</p> <p>Click on the red arrows labeled “Next” to scroll through the cartoon slideshow below. When you have finished, read the <i>Story of Oren Long</i> before you begin your discussion.</p>

## PLAN 2B: CREATING A VISION AND MISSION THAT SUPPORT HEALTH EQUITY

### Unit 2: Perspectives on Framing

Activity Title	Type	Description
<b>The Story of Oren Long</b>	Text, illustrative story that prompts further discussion	What frames guide your work in public health? On the following page you will read the story of Oren Long, a traditional farmer who challenged standard agricultural management by pioneering a grazing system that has reestablished the ecosystem on his cattle farm. Long researched, examined, and rewrote his own framing conventions of good farming practices.
<b>Discussion: Thoughts about the Story of Oren Long</b>	Discussion questions and forum	<p>Oren Long has developed grounding and self-awareness about farming that has shaped his approach for more than 30 years. In Long’s case, particular frames applied to agriculture and what it means to be a farmer motivates his participation in collective action (the sustainable agricultural movements).</p> <p>After reviewing the story of Oren Long, share your thoughts.</p>
<b>Frames, Framing, and the Role of Language</b>	Part 1: Interactive exercise that prompts further discussion	<p>Click on a phrase in the word cloud and drag it to the column labeled “Social Justice Frames.” Drop it into the blue box next to the “Current Frames” it matches. Incorrect phrases will return to the word cloud.</p> <p>After you have matched each phrase, write a brief explanation of how the two terms represent different assumptions. When you are done, click on the button titled “Compare Answers” to see how your responses align with those from other members of your group.</p>
<b>Comparisons: Recognizing Frames through Language</b>	Part 2: Interactive exercise that prompts further discussion	Answers revealed. To view responses to a specific word click on one of the phrases or terms.

## PLAN 2B: CREATING A VISION AND MISSION THAT SUPPORT HEALTH EQUITY

### Unit 2: Perspectives on Framing

Activity Title	Type	Description
<b>How Language Choices Affect Meaning</b>	Part 3: Interactive presentation that prompts further discussion	<p>Evaluate how your learning group’s responses compare to NACCHO’s and, in the comments space, explain your reasoning to your group members.</p> <p>The visible column represents elements of the current approach to health equity. Click the arrow to reveal the NACCHO approach and an alternative approach to health equity.</p>
<b>How Language Choices Affect Meaning</b>	Discussion questions and forum	<p>Explore how beliefs—expressed in language—constrain or enable strategies and actions. On your own, pick one question you would like to answer. Ideally, each group member will choose a different question.</p> <p>Review each group member’s answers and comment on an answer you find relevant or interesting.</p>
<b>Statements, Assumptions, and Actions</b>	Interactive exercise that prompts discussion	<p>Consider how health issues are framed in ways that avoid or confront the political aspects of public health work and then discuss new possibilities for a social justice-oriented approach.</p> <p>Included are some ideas you may have encountered while designing programs, training others, delivering services, or communicating your department’s vision and goals. Read each “Statement” and “Assumption,” then type in the box your thoughts about the following question.</p>

## PLAN 2B: CREATING A VISION AND MISSION THAT SUPPORT HEALTH EQUITY

### Unit 2: Perspectives on Framing

Activity Title	Type	Description
<b>Aligning Frames: Pima Indians and Diabetes Rates</b>	Video, excerpt from <i>Unnatural Causes</i> to prompt discussion	<p>Learn about one effort to uncover the frames affecting public health in a historically marginalized community.</p> <p>As you watch each video clip from the documentary <i>Unnatural Causes</i>, listen carefully for the choices the researchers have made in their attempt to uncover the causes of the inequity and note how their questions shaped the actions that people took (or did not take) to help.</p>
<b>Discussion: Aligning Frames</b>	Discussion questions and forum, based on the <i>Unnatural Causes</i> video; PDF of questions to support strategic planning	<p>After watching the <i>Unnatural Causes</i> clips, consider the issue of health inequities in diabetes rates among the Pima and other communities of color.</p> <p>As you think about what you saw and heard in the video, review the questions in <i>Contesting Frames, Redefining Questions Guide (PDF)</i>, then answer each of the seven questions in the comment box.</p>
<b>Connecting the Past and the Present</b>	Interactive Timeweb	<p>The <i>Evolving Role of Public Health</i> presentation shows how the definition, goals, and organization of public health has changed over the last 170 years—often alongside social reform. Along with that evolution, the roles and responsibilities of those working in the public health profession have been influenced and challenged by business interests, the government, and medical practitioners.</p> <p>Discuss the presentation with your group members. By examining the historic debates over public health’s role in addressing health inequities, we hope to create a space for dialogue and discussion about how these issues impact the direction of the field, including your organization’s vision and mission.</p>

## PLAN 2B: CREATING A VISION AND MISSION THAT SUPPORT HEALTH EQUITY

### Unit 2: Perspectives on Framing

Activity Title	Type	Description
<b>Discussion: Thoughts about the Presentation</b>	Discussion questions and forum	Use your own knowledge and experiences to build on the <i>Evolving Role of Public Health</i> timeline presentation. Each group member should answer a different question. Review and comment on an answer you find particularly relevant or surprising.
<b>Statements, Assumptions, and Actions</b>	Interactive exercise that prompts discussion	<p>These quotations highlight core themes in the <i>Evolving Role of Public Health</i> presentation.</p> <p>Each statement invites you to connect historical events in the <i>Evolving Role of Public Health</i>—and events you may know—to your experiences as a public health professional grappling with current public health issues.</p>
<b>1850s to 1870s: Structural Racism and the Transcontinental Railroad</b>	Text, example	From the 1850s to the 1870s, the federal government forcibly removed Native Americans from their tribal lands and transferred ownership of the land to private interests. Consider the implications for public health practice today and your organization’s approach to creating a vision and mission to confront health inequities.
<b>1900s: Exposing Structural Racism at the Turn of the Century</b>	Text, example	<p>Published in 1903, <i>The Souls of Black Folk</i>, W.E.B. Du Bois’ book of essays on racism in the United States, exposed the social conditions and relationships fueling dire conditions for African Americans...</p> <p>Consider the implications for public health practice today and your organization’s approach to creating a vision and mission to confront health inequities.</p>

## PLAN 2B: CREATING A VISION AND MISSION THAT SUPPORT HEALTH EQUITY

### Unit 3: Public Health History

Activity Title	Type	Description
<b>1870s to 1950s: Discovery of the Causes and Cures of Infectious Diseases</b>	Text, example	<p>By the late 19th century, scientists had identified the bacteria responsible for a range of the highly contagious and deadly diseases that had shaped politics, culture, and society for centuries...</p> <p>Consider the implications for public health practice today and your organization's approach to creating a vision and mission to confront health inequities.</p>

## PLAN 2C: CREATING GOALS AND OBJECTIVES TOWARD HEALTH EQUITY

### Unit 5: Social Justice ● Sections: Identifying an Approach and Developing Strategies

Activity Title	Type	Description
<b>Tackling Causes of Social Injustice</b>	Text presentation/introduction to the section	A social justice interpretation of practice cannot be expressed as a formula. It concerns a way of working that pays attention to and identifies the causes of social injustice and addresses power imbalances.
<b>Why is the Water Toxic?</b>	Interactive presentation to prompt discussion, forum	<p>Imagine that your local health department is tasked with finding out why the local water supply is toxic, after discovering that people in many neighborhoods became sick after drinking tap water. Staff members would probably interpret the problem in different ways, based on individual and institutional assumptions about likely causes and appropriate avenues of inquiry and action. This would lead to the pursuit of very different sets of questions and, in turn, very different strategies.</p> <p>Each statement is a response to a different question. Click on the blue arrow beside “Reveal Question” to see the questions that might have elicited the specific responses. Then, share how you would define the problem in the comment box.</p>
<b>Remediation vs. Social Justice</b>	Interactive presentation prompting discussion questions and forum	<p>This activity shows some suggested differences between a remedial approach (one that focuses on repairing or fixing a problem) and a social justice approach (one that emphasizes the underlying injustice(s) as a cause).</p> <p>Click on the gray “NEXT” button to reveal the difference in a social justice approach to a public health issue verses a remedial approach. The differences in the two columns in the cells reflect examples of these approaches in public health and beyond.</p>

## PLAN 2C: CREATING GOALS AND OBJECTIVES TOWARD HEALTH EQUITY

### Unit 5: Social Justice ● Sections: Identifying an Approach and Developing Strategies

Activity Title	Type	Description
<b>Considering Your Approach to Social Justice</b>	Interactive presentation (slide set) prompting discussion questions and forum	<p>In this activity you will reflect on some features of your overall approach to public health practice. You will explore how a social justice perspective for eliminating health inequity might inform and influence that practice.</p> <p>Place your cursor over an image to see the title of a social justice approach. Then, click on the image to read a detailed description of that approach in the right column.</p>
<b>Considering Your Approach to Social Justice</b>	Discussion questions and forum	Initial examples are provided for comparison and criticism. Use the discussion space to suggest different or additional statements or recommendations for how public health practice (on institutional, policy, and organizational levels) would fit into each of these categories.
<b>Discussion: Share Your Experience</b>	Discussion questions and forum	Post your stories of successful efforts and apply a social justice perspective in any of the categories described on the previous page. Share your questions and respond to those of your learning group members.
<b>Seattle-King County Social Justice Ordinance</b>	Text presentation to support discussion	<p>In 2010, the Council of Seattle-King County unanimously enacted Equity and Social Justice legislation in the form of an ordinance and institutionalized the ongoing work of the Seattle-King County Health Department, formalized through its participation in the Place Matters initiative.</p> <p>Reflect on the questions following the presentation.</p>

## PLAN 2C: CREATING GOALS AND OBJECTIVES TOWARD HEALTH EQUITY

### Unit 1: Where Do We Start? ● Section: Leadership

Activity Title	Type	Description
<b>Competing Interests and Political Pressures</b>	Introduction	Public health practice is both art and science. In advocating for health equity, we must often negotiate political pressure points and the demands of competing interests. Knowing how to navigate these political pressure points is crucial...
<b>Discussion: Political Pressure Points</b>	Discussion questions and forum	<p>Many jurisdictions struggle to balance poverty prevention, politics, and human rights, and many public health practitioners experience the consequences of political risks and pressures associated with health equity work.</p> <p>Reflect on the pressures and constraints you face in your organization. As a group, decide which discussion prompts you will answer or whether you would like to pose your own questions.</p>
<b>Discussion: Sharing Strategies</b>	Graphic, highly designed slideshow	<p>Public health practitioners routinely juggle competing interests, uncertainty, and the prospect of making unsatisfying compromises.</p> <p>Reflect on opportunities and successes in juggling competing interests. You are also asked to share or propose strategies for safeguarding health and wellness.</p>
<b>Exposing Hidden Interest</b>	Discussion questions and forum	<p>How far can public health practice pursue social policies and practices that protect health before encountering staunch opposition? In this case study, we explore how one public health department balances economic opportunity and its responsibility for protecting health and well-being.</p> <p>Click on the red arrow to page through this slideshow. Pay special attention to the information highlighted on each screen. Then, use the provided discussion space on the next page to discuss the topics proposed there.</p>

## PLAN 2C: CREATING GOALS AND OBJECTIVES TOWARD HEALTH EQUITY

### Unit 1: Where Do We Start? ● Section: Leadership

Activity Title	Type	Description
<b>Discussion: Focusing on Smallville</b>	Discussion questions and forum	<p>Explore an example of the political pressures faced by a local health department and weigh the interests that produce the conditions in which health inequities occur.</p> <p>As a group, decide which discussion prompts you will answer or whether you would like to pose your own questions.</p>
<b>Discussion: Scrutinizing Decisions</b>	Interactive exercise that prompts further discussion	<p>Consider the relationship between business and government. Consider how these decision-making processes create unhealthy conditions.</p> <p>As a group, decide which discussion prompts you will answer or whether you would like to pose your own questions.</p>

# Plan 3: Public Health Assessment

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Values, attitudes, and assumptions influence the framework and questions that define public health assessments.

Using this lesson plan, you will explore how different frames, narratives, and assumptions can shape research and resource allocation. In the process, you will explore the implications of defining public health “problems” as issues of social injustice. Use these activities and exercises to inform core components of assessing programs and strategies, including internal organizational assessment and the assessment of health inequities in your community.

## Learning Objectives

After completing this lesson, participants should be able to do the following:

- Define a mental “frame” in reference to public health practices.
  - Determine how particular frames influence public health practice and research.
  - Recognize the role of language in framing the issues.
  - Challenge hidden, long-held, or recently established frames that maintain health inequity.
- Examine approaches to addressing how “privilege” and “power” affect your capacity to act on the root causes of health inequity.
  - Describe how political pressure influences public health practice.

## Begin with Assessing Organizational Capacity and End with Forming Partnerships (Units 1, 2, 4, and 5)

In your learning group or the general group, click on the links to the units located in the “Unit” menu, to the right of your screen. Once you get to the units, use the Unit Index at the bottom of the “Overview” page to get to the relevant activities and discussions.

The tables below describe the activities recommended for this lesson plan, which can take two to 30 hours to complete, depending on the extent of your group’s participation in the discussion forum.

## PLAN 3A: ASKING THE RIGHT QUESTIONS

### Unit 2: Perspectives on Framing

#### Unit 5: Social Justice ● Section: Identifying an Approach

Unit and Section	Activity Title	Type	Description
<b>Unit 2: Perspectives on Framing</b> ● <b>Section: Purpose and Overview</b>	Perspectives on Framing: Purpose and Overview	Introduction	This unit examines how frames of reference, mental models, values, and assumptions can shape public health assessment. In the process, we will explore the implications of defining public health “problems” as issues of social injustice.
<b>Unit 2: Perspectives on Framing</b> ● <b>Section: Frames</b>	Why is it Important to Explore Frames? For Example: The Biomedical Paradigm	Text and resource recommendation	Our huge national investment in biomedical research and related medical interventions results partly from a particular perspective, or mental model, on what the profession considers legitimate public health information and viable strategies to address public health problems. This reading explores the biomedical paradigm and its impact on public health assessment.
<b>Unit 2: Perspectives on Framing</b> ● <b>Section: Public Health Frames</b>	Aligning Frames: Pima Indians and diabetes rates	Video, excerpt from <i>Unnatural Causes</i> to prompt discussion	<p>In this section, you will learn about one effort to uncover the frames affecting public health in a historically marginalized community.</p> <p>The Pima Indians of southern Arizona have one of the highest rates of diabetes in the world. Medical researchers have spent more than 40 years trying to find out why, but according to some experts, they are asking the wrong questions and looking for answers in the wrong places.</p> <p>As you watch each video clip from the documentary <i>Unnatural Causes</i>, listen carefully for the choices the researchers have made in their attempt to uncover the causes of the problem and note how their questions shaped the actions that people took (or did not take) to help.</p>

## PLAN 3A: ASKING THE RIGHT QUESTIONS

### Unit 2: Perspectives on Framing

#### Unit 5: Social Justice ● Section: Identifying an Approach

Unit and Section	Activity Title	Type	Description
<b>Unit 2: Perspectives on Framing ● Section: Public Health Frames</b>	Discussion: Aligning Frames	Discussion questions and forum, based on <i>Unnatural Causes</i> video	<p>After watching the <i>Unnatural Causes</i> clips, consider the issue of health inequities in diabetes rates among the Pima and other communities of color.</p> <p>As you think about what you saw and heard in the video, review the questions in Contesting Frames, Redefining Questions Guide (PDF), which are grouped according to frames identified by NACCHO. Then, answer each of the seven questions in the comment box below.</p>
<b>Unit 2: Perspectives on Framing ● Section: Public Health Frames</b>	Handout: Contesting Frames, Redefining Questions Guide	PDF of questions that can support strategic planning	As you think about what you saw and heard in the video, review the questions in Contesting Frames, Redefining Questions Guide (PDF), which are grouped according to frames identified by NACCHO. Then, answer each of the seven questions in the comment box.
<b>Unit 2: Perspectives on Framing ● Voices from the Field</b>	Linda Rae Murray, MD, MPH, Chief Medical Officer for the Cook County Department of Public Health of the Cook County Bureau of Health Services, the state-certified public health agency for suburban Cook County	Audio presentation and transcript	Summary: One of the most common frames, mental models, or frameworks for practice that often guides our thinking in public health today is the Ten Essential Services. We also talk about the core functions of public health, which are assessing a problem, developing policy on health issues at the core of the problem, and ultimately, trying to ensure that people’s health is protected.

## PLAN 3A: ASKING THE RIGHT QUESTIONS

### Unit 2: Perspectives on Framing

#### Unit 5: Social Justice ● Section: Identifying an Approach

Unit and Section	Activity Title	Type	Description
Unit 5: Social Justice ● Section: Identifying an Approach	Why is the Water Toxic?	Interactive presentation to prompt discussion, forum	<p>For this activity, imagine that your local health department is tasked with finding out why the local water supply is toxic, after discovering that people in many neighborhoods became sick after drinking tap water. Staff members would probably interpret the problem in different ways, based on individual and institutional assumptions about likely causes and “appropriate” avenues of inquiry and action. This would lead to the pursuit of very different sets of questions and, in turn, very different strategies.</p> <p>Each statement is a response to a different question. Click on the blue arrow beside “Reveal Question” to see the questions that might have elicited the specific responses. Then, share how you would define the problem in the comment box below.</p>

**For more information, please  
contact:**

Mikhaila Richards, MS

Senior Program Analyst, Health Equity

202-507-4280

[mrichards@naccho.org](mailto:mrichards@naccho.org)

[www.naccho.org](http://www.naccho.org)

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