Amie Fishman

This chapter provides four activities and one assessment for training community health workers (CHWs) on the topic of health inequalities. In the US and throughout the world, there are dramatic inequalities in health, causing some communities to experience much higher rates of illness, disease, and premature death than others. These health inequalities are socially constructed and reinforced by policies and laws affecting access to services and resources including healthy food, water, safe working conditions, a living wage, quality housing, health care, and education.

This chapter corresponds to, and is meant to be used with, Chapter 4, “Health for All: Promoting Health Equality,” of Foundations for Community Health Workers, Second Edition.
CHAPTER AT A GLANCE

Health for All: Promoting Health Equality

Training CHWs on health inequalities occurs in the core competency sessions of the CHW training program at City College of San Francisco (CCSF) and is reinforced throughout the program. Health inequalities represent a major health challenge of our time, and their manifestations are often most visible and detrimental among the communities that CHWs work with and come from. Developing an understanding of health inequalities, and the literacy to discuss their causes and solutions meaningfully, is vital to the success of CHWs in the workplace.

Public health and health care professionals often address the topic of health inequalities in a rather dry, academic, or abstract fashion, with an emphasis on statistics and other research findings. We encourage you to address the topic in a way that supports learners to connect to the true impact on human lives represented by the statistics. Provide learners with opportunities to discuss their own experiences and to share their opinions and emotions. The fact that some communities face dramatically higher rates of preventable illness, disability, and death should provoke strong emotional responses in all of us. Engaging these emotions is an essential part of motivating our society to take action to reduce and eliminate health inequalities. It is helpful to allow time throughout for learners to reflect on and share their emotions and experiences, either in small groups or through writing and self-reflection activities.

This guide is meant to be used when teaching/training Chapter 4 of Foundations for Community Health Workers, Second Edition. We have included step-by-step activities for key sections, not the entire chapter. We recommend reading Chapter 4 in Foundations, as the textbook provides more material about health inequalities, as well as a deeper explanation of concepts related to activities in this guide.

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### Health for All: Promoting Health Equality

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Activity 4.1

Defining Health Inequalities

Health inequalities, also referred to as health disparities and health inequities, are avoidable and preventable differences in health status between populations. These inequalities are socially constructed, meaning that they are the consequences of the decisions societies, governments, and corporations make about the allocation of basic resources and rights that all people require in order to live healthy lives.

This activity engages learners in defining health inequalities and in analyzing the causes and consequences of these inequalities. Learners will participate in small and large group discussions.

1 Introduction

Frame this training activity as an opportunity to define health inequalities and to discuss the factors that cause health inequalities as well as their consequences. Explain to learners that you will first spend time defining health inequalities and talking about what they mean for communities before getting into what causes health inequalities in the first place.

You may wish to emphasize that health inequalities are widely acknowledged to be a key health priority for our nation. As CHWs, learners should be able to join in discussions about how health inequalities affect local communities and what may be done to address them.

**OPTION** It may seem counterintuitive to talk about the impacts of health inequalities before getting into their causes. However, in our experience, leading the exercise in this way allows learners an opportunity to connect to the lived reality and personal, social, and emotional consequences of health inequalities as they experience or witness them in their own communities.
Defining Health Inequalities (continued)

2 Defining Health Inequalities: Large Group Discussion

Facilitate the discussion by posing questions such as these:

- What is health inequality? How would you define it?
  
  The textbook defines health inequalities as “differences in health status between populations that are avoidable and preventable, and therefore unfair and unjust.”

  Make sure to highlight that a health inequality requires a comparison and a difference between at least two communities or populations. For example, Latino children having high rates of asthma is not an inequality. An inequality is that in San Francisco, CA, Latino children are almost twice as likely to have asthma as White children.

  You may wish to point out that differences in health status include different rates of illness, disability, and death.

- What are some examples of health inequalities in your community?
  
  As necessary, add a few examples yourself, including at least one example of a health inequality in the city, county, or state where you are working.

- Are health disparities solely based on race or ethnicity? What are some other types of differences that influence health disparities?
  
  Other types of health disparities can be, for example, geography (country to country, or even neighborhoods within a city or county), immigration status, gender and sexual orientation, and gender identity.

- What types of health disparities do you think CHWs are likely to encounter in their work?
  
  In general, CHWs work with people who lack access to key resources and often come from the same circumstances themselves. CHWs see the wear and tear that poverty, discrimination, and other hardships cause on the health and well-being of their clients.

  You may wish to review one or more examples of health inequalities from the textbook such as:

  - Child mortality in the US and Afghanistan
    
    For example, in 2013, the child mortality rate in the US was estimated at 7 out of 100,000 live births. In comparison, the child mortality rate for Afghanistan was estimated at 97 per 100,000 live births during the same year.

  - Maternal mortality among Whites compared to African Americans
    
    In 2010 in the US, maternal mortality rates, or the number of women who die due to complications from child birth was 12.5 out of 100,000 live births for White women compared to 42.8 for African American women.
Defining Health Inequalities *(continued)*

You may wish to write these numbers up on the board, as seeing and hearing the numbers can have a greater impact. For example:

**Rates of child mortality**
- 7—US
- 97—Afghanistan

**Rates of maternal mortality (US)**
- 12.5—White women
- 42.8—African American women

Take time to clarify any outstanding questions that learners may have about the definition of health inequalities. Explain that the next part of the activity provides learners with an opportunity to talk about the consequences of health inequalities in their own communities.

As you prepare to assign learners to small groups, ask them to think about what these differences and these numbers mean in human terms. Explain that data and numbers are part of the picture of health inequalities, but also, real human beings are associated with those numbers. What about the African American who dies in childbirth? What happens to her family and her friends as a result? How does it impact her neighbors, place of employment, church, and community? What happens to those communities when there are higher rates of maternal mortality?

### 3 Consequences of Health Inequalities: Small Group Discussion

Assign learners to work in small groups of three or more, and hand out the small group discussion questions. Explain that they will be discussing the real life impacts of health inequalities. Ask each group to discuss and record their ideas about the consequences of health inequalities for their own communities and for our society as a whole.

Give groups 5 to 10 minutes. Circulate among small groups to offer additional guidance as necessary and to note key questions, concerns, and information to share in the large group discussion to follow.

### 4 Large Group Discussion

Ask small groups to take turns sharing their ideas in response to the discussion questions. As necessary, ask additional questions to further discussion such as these:

- How do health inequalities affect the daily lives of people who live in communities with higher rates of illness and death?
- How do these inequalities affect families?
Defining Health Inequalities  (continued)

- How do inequalities affect relationships between different communities?
- How do inequalities influence public policies including how public resources are invested?

Provide additional information, as you wish, from your own professional experience, the textbook, and other sources, as necessary. You may wish to emphasize that health inequalities take a very real toll on the lives of those who live in communities with the highest rates of illness and premature death. For example, it means that

- Some people suffer unnecessarily from preventable health conditions.
- Some people die prematurely.
- Some families must invest time, energy, and scarce resources to care for members who are sick or disabled.
- Children lose parents, and parents lose their children to preventable illnesses and health conditions.
- Communities engage in competition and conflict for scarce resources.
- Significant public resources are invested to address the consequences of health inequalities including funds to care for the uninsured and people with the highest burden of illness.

5 The Causes of Health Inequalities: Large Group Brainstorm

Ask learners to brainstorm a list of the key factors that cause or contribute to health inequalities in their own communities as well as across the nation and the globe. Record these ideas on a board or flip-chart paper.

- What are some of the key factors that contribute to the health inequalities we have been discussing?

A successful brainstorm will include, for example, unequal access to key resources and rights, such as education, safe housing, quality health care, employment, civil rights, and so on.

As necessary, ask questions to clarify the ideas that learners provide (Can you tell us more about this? Can you provide an example of how this works?).

As you wish, add to the list developed by learners, sharing additional factors from the textbook, your own professional experience, and other sources. For example, you may wish to emphasize how social inequalities result in health inequalities.
Defining Health Inequalities (continued)

6 Next Steps

The topic of health inequalities sometimes provokes strong reactions from learners, including despair and anger. For this reason, we recommend taking a few minutes to check in with learners about their experience participating in this training activity. Facilitate discussion by posing questions such as these:

⦁ Why may it be important for CHWs and other public health professionals to discuss health inequalities?
⦁ What is it like for you to talk about health inequalities?
⦁ What types of emotions did this discussion generate?
⦁ How does the work of CHWs help to address the challenge of health inequalities?

Remind learners that the next training session focuses on identifying some solutions to the health inequalities discussed in this session.

7 Reinforcement

As you end this training activity, you may wish to reinforce key concepts and messages shared by learners or referenced in Foundations or other resources, such as the following:

⦁ Health inequalities are unequal rates of illness, disability, or death among two or more populations or communities. These inequalities occur throughout the world, between nations, and between communities in our own cities and counties.
⦁ Health inequalities are primarily preventable and are the result of unequal access to the basic resources and rights that all people require in order to be healthy, such as safe housing, education, employment, green spaces, physical safety, healthy nutrition, quality drinking water and health care, and so on.
⦁ Although individual behaviors can and do matter, these social factors play a much larger role in population health and health inequalities.
⦁ CHWs contribute to promoting greater health equity or justice in many ways including by providing quality services to clients, families, and groups who live in the communities with the highest rates of illness and premature death. The services that CHWs and their colleagues provide can help clients to prevent or better manage illness.
⦁ CHWs also work at the community level to promote social change and to advocate for policies that promote greater social, economic, and health equity.
Learner Handout 4.1 A: The Consequences of Health Inequalities

Activity 4.1

Take a few moments to think of examples of health inequalities. These may include some of the examples identified in this training activity, as well as examples from your personal and professional life. Keeping these examples in mind, do your best to answer each of the questions.

Discussion Questions:

1. What are the impacts of health inequalities in the communities where you live and work?

2. What are some of the consequences of health inequalities for our society as a whole?
Activity 4.2

Promoting Health Justice

This dynamic activity engages learners in identifying solutions to addressing health inequalities. Using the ecological model, learners collectively generate strategies for reducing or eliminating health inequalities. We recommend that this activity be done after Activity 4.1, in which learners examine the causes and consequences of health inequalities.

1 Introduction

Explain to learners that this exercise provides them with an opportunity to examine strategies for addressing health inequality in our society. Ask learners if they have any lingering questions or comments stemming from Activity 4.1. You may wish to quickly review Activity 4.1 by asking questions such as these:

- What does health inequality mean?
- What are some causes of health inequalities?

Explain to learners that although the problems of health inequalities can seem difficult to address, there are many examples of people and organizations that are promoting health justice and working toward health equality. Facilitate discussion by asking learners questions such as these:

- What are some examples of people or organizations that are fighting health inequalities?
  
  You may wish to provide some examples from the textbook or from your own knowledge or experience.

- How have health inequalities changed in this country, state, city, or community? What has improved? What health inequalities have increased?

- What would our society look like if health equality existed?
Promoting Health Justice (continued)

If learners are having trouble coming up with responses, you may wish to ask prompting questions such as the following:

- What would rates of illness, disability, or death look like if we had health equality?
- What would you expect to see in terms of life expectancy rates between different groups of people?

2 Solutions in Small Groups

Explain to the group that although the problems of health inequalities can seem massive, there are strategic places to intervene that can have a big impact. Talk about the fact that it is not necessary to simultaneously address every issue in order to make a significant change.

Pass out copies of the ecological model handout and draw it on the board. Draw the concentric circles large enough for Post-it notes to be placed in each. If need be, spend a few minutes reviewing each level of the ecological model to ensure learners understand the differences between them. Take time for questions and to clarify any confusion.

Break learners into four small groups, give each group a Post-it note pad and pens, and assign each group a level of the ecological model (individual, relationships, community, society). Explain that each group will come up with ideas for what they can do to promote health equality for their level of the ecological model. For example, group 1 will identify ways to promote health equality and justice on an individual level, group 2 will come up with examples for the interpersonal level, and so on.

Remind learners to be specific and concrete in their examples. Encourage learners to include ideas about organizations or projects in their area or that they are already involved in. As they develop their ideas, have them write each one on a Post-it note.

3 Large Group Debrief and Discussion

After about 10 minutes in the small groups, bring learners back together. Ask each group to come to the front of the room, one group at a time, place their Post-it notes in the layer of the ecological model, and share one or two of their ideas. Invite learners to ask questions of each other and challenge the location of the Post-its as appropriate.

Once all the groups have shared their ideas, ask the group to discuss what they noticed about the solutions presented. Facilitate discussion, as needed, by posing questions such as these:

- What are some themes and commonalities in the solutions posted?
- What layers of the ecological model are easiest to come up with examples for? What layers are more difficult? Why do you think this might be the case?
Promoting Health Justice (continued)

- What is this experience like for you?
- Is it easy or challenging to come up with solutions? Why or why not?
- Are there other examples of solutions that haven’t been added?
- Where do you think CHWs could have a role?
- What is one thing that you as a CHW could do?

4 Reinforcement

As you close out the activity, you may wish to reinforce key points such as these:

- Social inequalities and structural factors contribute to and result in health inequalities. They cannot be separated.
- These problems have been a long time in the making and are not simple or easy to fix.
- At the same time, change is possible and we can (and do) have the potential to make a positive impact every day.
- Understanding the complexity of health inequalities helps us identify effective and strategic points of intervention.
- The work CHWs are doing is part of the solution and is about making meaningful, lasting social change in their communities and our society.
Learner Handout 4.2 A: Ecological Model

Activity 4.2

Society  Community  Relationships  Individual
This activity invites learners to explore how power, privilege, and discrimination influence health status, as well as the quality of relationships that CHWs build with clients and communities.

Conversations about issues of power are not always easy or comfortable and, as a result, are often avoided in our society. However, we encourage you to find a way—by using or adapting this activity or using other resources—to engage CHWs in addressing these topics. Public health research has clearly demonstrated that the ways in which power and privilege are structured in our society result in unequal access to basic resources and rights and, ultimately, highly unequal rates of health, disease, and death. Addressing issues of power is also essential to supporting CHWs to develop and enhance skills for cultural humility and client-centered practice.

You may wish to frame this activity as both challenging and essential and to briefly reinforce key learning agreements for training sessions, such as striving to listen to and learn from all of the experiences and opinions shared by learners with patience and respect.

In addition to those provided in this guide, there are many tools and resources available for free online to help you prepare to lead these conversations, including the following:

- [www.organizingforpower.org/anti-oppression-resources-exercises/](http://www.organizingforpower.org/anti-oppression-resources-exercises/)
- [http://antiracist-toolkit.users.ecobytes.net/](http://antiracist-toolkit.users.ecobytes.net/)
- [www.collectiveliberation.org](http://www.collectiveliberation.org)
- [www.pisab.org](http://www.pisab.org)
- [www.trainingforchange.org](http://www.trainingforchange.org)

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Introduction

Frame this activity as an opportunity for learners to talk about how issues of power, privilege, and discrimination influence health status and the nature of relationships between CHWs and the clients and communities with which they work. Encourage learners to draw upon their readings from the Foundations textbook and other resources and their personal and professional experience. You may wish to remind learners of key learning agreements for listening respectfully to people who have different experiences and opinions.

Write out the following terms on the board or on flip-chart paper: “Power,” “Privilege,” and “Discrimination.” Start the discussion by asking questions such as these:

- How do you define power, and how is power used in our society in ways that influence health status? How are economic and political power used to determine access to the key resources and rights that all people require in order to be healthy?
  
  You wish to emphasize that concepts of power often include the ability to control our own lives or to influence political decisions and policies.
  
  In our society, political, economic, and social power are used to determine access to both public and private resources that are essential for health and well-being.

- How do you define privilege, and how does it influence health status?
  
  Privilege is defined as a right, advantage, or favor that is given to some people and not to others.
  
  You may wish to emphasize—if learners do not—that privilege provides some people with greater access to key health resources such as quality education, health care, clean water and air, safe housing, bank loans and other financial resources, employment and civil rights protections.

- How do you define discrimination? How does discrimination influence health status?
  
  Discrimination is defined as the practice of unfairly treating a person or group of people differently from other people.
  
  In this sense, discrimination is the flip side of the same coin as privilege: some people gain advantage, while others are treated unfairly or are denied access to the same advantages.
  
  Historically, people have faced discrimination in America based on perceptions about their ethnicity, immigration status or nationality, religion, sex, sexual orientation, gender identity, age, mental health status, and other aspects of identity.
Power, Privilege, and Health (continued)

Discriminatory policies and practices are part of our nation’s history, and they have denied some communities equal access to key health resources including quality education, housing, bank loans, health care, and employment. Discrimination has also resulted in differential treatment—and the resulting harms—within the criminal justice and mental health systems, for example.

As necessary, you may wish to remind learners that power influences social, economic, and political policies that determine access to basic resources and rights. Public health research has shown how populations who lack power and privilege experience higher rates of illness and death. Martin Luther King, Jr. stated: “Of all the forms of injustice, inequality in health is the most shocking and inhumane.”

2 Small Group Discussion in Pairs

Ask learners to work in teams of two; take diversity into consideration and assign pairs across issues of identity (age, sex, ethnicity, immigration status, and so on). Explain to learners that their task is to do their best to talk about—and to listen to—personal experiences with privilege and discrimination. You may wish to acknowledge that people sometimes have a more difficult time reflecting upon and talking about the ways in which they have held power or privilege, and encourage all learners to do their best to share these experiences with each other.

Ask learners to take turns sharing their responses to the following questions (write them out on the board or elsewhere):

⦁ When have you been in a position of power or privilege, and how has this influenced or had an impact on your health (or the health of your family or community)?

⦁ When have you (or your family members or community) experienced discrimination, and how has this influenced your health?

Provide learners with approximately 10 minutes to talk together; remind them halfway through to leave room for both parties to share their experiences. We encourage you not to circulate among the small groups as they engage in these discussions unless they raise their hands or call you over for guidance or support.

3 Large Group Discussion

Bring learners back together as a large group, and ask them to share examples of times when they held power or privilege or experienced discrimination. These discussions can provide meaningful opportunities for learners not only to share important information about their own lives, but also to listen to colleagues who have very different experiences related to power and privilege. Encourage learners to listen to each other as they would to a client—with compassion and unconditional positive regard.
**Power, Privilege, and Health (continued)**

As necessary, continue to facilitate discussion by asking additional prompting questions such as these:

- In the communities where you live and work, how have privilege and discrimination affected physical and mental health status?
- How has your experience of power, privilege, or discrimination influenced your desire to work as a CHW?
- Why may it be important for CHWs to reflect upon these issues in their personal lives?

**OPTION** As a trainer, you may want to be prepared to share an example of a way you hold power and privilege or of times when you have lacked power or faced discrimination. It can be useful to share examples as the trainer in order to model self-disclosure and vulnerability for learners.

**4 Large Group Discussion: The Role of CHWs and Different Types of Power**

Frame this next step as an opportunity to discuss how power dynamics can influence the way CHWs work with clients and communities. Start by asking learners to share their responses to the following question:

- In what ways are CHWs and other service providers in a position of power when they are working with clients?

This is an opportunity to clarify that professional service providers are often in a position of power relative to the clients that they serve. For example:

- CHWs may have or be perceived to have the power to influence whether or not clients are able to access key resources such as a referral to a medical or mental health provider or to a different agency or service; enrollment within a particular service or group; or vouchers or incentives that provide access to free or discounted resources such as transportation or food.
- CHWs can influence—based on what they say and write—how others view or perceive a client.
- CHWs have power to build a professional relationship based on respect or upon bias, prejudice, and discrimination.
- Power differences between a client and a CHW are particularly strong when a client is feeling vulnerable or distressed, such as when they are ill or struggling with the illness of a loved one, when they are facing the loss of employment or other financial difficulties, and when they are homeless, undocumented, or recovering from trauma.

Explain that you will share three different ways of thinking about the nature of power relationships between CHWs and those they work with: power over, power with, and
power within. Write these three terms up on the board or flip-chart paper, as three separate columns. Review each concept and ask learners to help clarify the differences and key characteristics of each, making sure key points such as the following are addressed.

**Power Over**

*Power over* refers to the common hierarchical power structures that exist in our society. The clients that CHWs work with often come into contact with organizations, individuals, and systems that hold power over their access to key resources, such as social services, public housing, criminal justice, and health care systems. As part of the public health, social services, or health care team, the CHW can also have power over their clients, in that they can be gatekeepers between their clients and needed services and resources. In these types of power relationships, service providers may make decisions without consulting clients, or may be less likely to listen to or to value the experience, knowledge, and skills of clients.

**Power With**

Power can also be used to build respect, trust, and partnership with others. This is known as shared power or *power with*. In these types of power relationships, people work together to achieve mutually desirable goals, sharing knowledge and resources. Explain that this kind of power is essential in their roles as CHWs. Ask learners to identify one example of how CHWs can build power with clients.

**Power Within**

*Power within* is created when people are able to recognize and build upon their own sense of personal power, sometimes called agency, autonomy, or self-determination. This is the kind of power we get from within ourselves—from our own inner strength, wisdom, skills, accomplishments, and values. Ask learners to identify a few examples of how CHWs can support clients to develop and claim their own power and autonomy. This might include techniques such as client-centered counseling, motivational interviewing, and action planning.

5 **Small Group Discussion**

Hand out the discussion questions (included at the end of this activity) and assign learners to work in small groups of three to five. Ask learners to respond to the questions as a group. Allow learners at least 10 minutes for discussion before bringing them back into the large group.
Power, Privilege, and Health (continued)

6 Large Group Debrief
Ask learners to share some of the key ideas that came up in their conversations, including examples of how CHWs can demonstrate or create power over, power with, and power within. Encourage learners to be as concrete as possible and to provide specific examples. As learners share these examples, you may wish to write them on the board or on a flip chart.

If it hasn't already been said, explain that another way to describe power within is the concept of empowerment. Empowerment is something that clients and communities do for themselves, but CHWs can play an important supportive role. The concepts of cultural humility and client-centered practice are meant to guide CHWs in working in a way that provides clients with opportunities for empowerment and self-determination. Ideally, CHWs work with clients and communities temporarily until they gain skills and confidence for effectively managing their own health.

7 Reinforcement
As you close out the activity, you may wish to reinforce key points, including concepts shared by learners and from readings, such as these:

- Patterns of power, privilege, and discrimination influence access to basic resources and rights necessary for good health, and they have a significant impact on rates of illness and death among different populations.
- Power and the way it is handled can impede or promote relationships between CHWs and their clients. In other words, how we hold our power as helping professionals influences how effective we are in our work.
- Awareness of the effects of power and privilege in their own lives can help CHWs to work more effectively with clients and communities.
- CHWs have remarkable opportunities to support clients to claim autonomy and self-determination and to increase power with and power within.
- Empowerment is a dynamic process at the heart of CHW work. CHWs can work in a manner that supports individual clients, families, and communities to empower themselves, gaining knowledge, skills, and confidence to claim greater autonomy over the key decisions that affect their health.
Please do your best to discuss the following questions together and to identify clear examples of how CHWs can create different types of power relationships with the communities with which they work. You may wish to record key ideas to share with the large group in the discussion to follow.

1. What are some of the ways in which CHWs can have power over clients and communities with which they work? How do CHWs conduct themselves when they are demonstrating power over?

2. What are some ways CHWs can share power with the clients and communities with which they work?

3. How do the concepts of cultural humility and client-centered practice relate to the idea of sharing power with the clients and community members with whom CHWs work?

4. Is there a time in your life when you have felt power within? How did you feel?

5. What can CHWs do to support clients to build power within? What are some examples of this type of empowerment?
Case Study

This activity is designed for learners to apply knowledge about health inequalities to a case study. Learners will work in small groups to review a case study and answer a series of questions.

1 Introduction

Frame this activity as an opportunity to apply some of the concepts of health inequalities to a case study. Explain that learners will analyze the case study about the Black Infant Health Program presented in Chapter 4 (or an alternative case study, as you decide). They will then answer a series of questions and share their ideas with the large group.

Distribute copies of the case study and discussion questions. Ask for volunteers to read the case study aloud, one paragraph at a time. Clarify any outstanding questions about the information presented in the case study. You may wish to ask questions such as these:

- What does it mean for a baby to have a low birth weight?
  Babies who weigh less than 5.5 pounds at birth are considered low birth weight.
- What are some health consequences of low birth weight?
  Depending on learner responses, you may wish to explain that low birth weight babies face significantly increased risks of many health problems including asthma, cerebral palsy, hypertension, cardiovascular disease, and learning disabilities.

2 Small Group Discussion

Assign learners to small groups of four or more, and tell them that they will have approximately 10 to 15 minutes to discuss the case study and respond to the questions posed on the handout. Ask each group to select one person to record their responses and one person to share these ideas during a large group report back.
Circulate among the small groups to clarify the activity or respond to questions, as necessary, and to note comments to share during the subsequent large group discussion.

**3 Small Group Report Back**

Ask one member from each small group to briefly report back and share their responses to the discussion questions. To avoid duplication and provide each group an opportunity to share, ask each group to start by sharing their response to just one of the case study questions. As the presentations continue, ask learners to avoid sharing ideas that have already been shared by other small groups and to focus on adding new examples or insights to the discussion.

Facilitate discussion, leaving room for all learners to ask questions, raise concerns, and share additional ideas about the case study. Draw upon the information provided in Chapter 4 throughout. Invite learners to discuss the fact that the case study represents an imperfect success, in that the work of the organization improved but did not eliminate this health disparity. Ask learners to consider the challenges and limitations organizations face in eliminating structural disparities. In that context, the success of this program—although not perfect—can be better understood.

**4 Reinforcement**

Reinforce key messages about health inequalities including those identified by learners and from the textbook. These may include the following:

- Factors such as income and wealth disparities, racism, discrimination, and exposure to chronic stress cause health inequalities.
- Policies and programs can be created to address health inequalities.
- To be effective, these programs and policies need to promote an understanding of the social determinants of health and work to address them.
- One program or organization cannot eliminate health disparities alone, but they can make important contributions.
- Health inequality is a social justice issue.
- CHWs play important roles in promoting social justice and health equality, whether they are working with individuals and families to access services or engaging in community organizing or policy advocacy.
When the City of Berkeley, California, began issuing periodic Health Status Reports in the late 1990s, many were shocked to see how large the racial inequalities in health were in a city best known for its university and its progressive politics. Black infants were four times more likely than White infants to be born with low birth weight during the period from 1993 to 1995.

The City of Berkeley evaluated the causes of this inequality and recognized that “being at risk for having a low birth weight baby is not a genetic predisposition but is due to many factors including stress that may be related to discrimination and racism.”

In response, the public health department developed the Berkeley Black Infant Health Program based on a community empowerment model. Two CHWs, Ramona Benson and Yvonne Lacey, were hired to conduct health outreach to invite pregnant and parenting women to participate in an ongoing support group. The group combined health education and stress reduction with empowerment and linked their work to neighborhood community action teams.

“In our group we talk about relationships, including relationships with mothers, with the baby's father, and a circle of friends,” said Ramona. “We talk about how to create support in our lives and to provide it to others. We talk about finances, education, racism, stress reduction, personal and community empowerment—and how to have a healthy baby. If our moms aren't stressed, if they have support in their life and are empowered to advocate for themselves, to navigate systems and ask for what they need, that will help their pregnancy and help them to raise a healthy baby.”

The CHWs also helped women navigate the health system and overcome obstacles so that Black women could get earlier and more consistent prenatal care.

By 2005, four years after the Black Infant Health Program was started, the inequality in rates of low birth weight between Black and White babies had been reduced from 4-to-1 to 2-to-1, and the inequality in access to early prenatal care (first trimester) had been virtually eliminated.

The achievements of the Black Infant Health Project and allied programs were substantial. Although Black babies in Berkeley were still more than twice as likely as White babies to be born with low birth weight, huge progress had been made. The program continues to work to eliminate inequalities.
Learner Handout 4.4 A: Case Study, Black Infant Health Program (continued)

Discussion Questions:

Based on the information provided in the case study, do your best to answer the following questions:

1. What factors contribute to (what are the causes of) the higher incidence of low-birth weight?

2. What might be some of the consequences of low birth weight babies among African-American mothers in Berkeley? Please use the ecological model to determine consequences on the individual, relationship, community, and society levels.

3. What types of power are involved the Black Infant Health Project? What are some of the powers over the women? Powers with? Power within? How does the project help promote or address these powers?

4. What roles can CHWs play in promoting the health of mothers and babies?
We have included an assessment that covers important skills for this chapter. There is not an assessment for every activity or for every learning outcome in this chapter. We encourage you to adapt this or add any other assessments from your own resources.

**ASSESSMENT 4.1: Developing a Community Poster**

- This assessment asks learners to create and present a poster that identifies causes, consequences, and possible solutions to health inequalities that are affecting their own communities. This may be done in groups or as individuals.
Assessment 4.1  Developing a Community Poster

This assessment provides learners with an opportunity to identify and understand causes, consequences, and possible solutions to health inequalities affecting specific communities (and possibly their own). It can be done individually or in groups. This assessment should be introduced two or three weeks before it is due in order to allow learners time to complete it.

If this assessment will be done in groups, we recommend allowing learners to meet briefly during the training session in which the assessment is introduced to prepare and clarify any questions they may have. We also encourage you to schedule a time (preferably midway between the introduction of the assessment and the due date) for groups to discuss any issues such as communication problems, decision-making, and team members’ participation.

Materials Learners Will Need

- Poster board or big pieces of paper
- Art supplies (markers, collage materials, photos)
- Developing a Community Poster handout (included at the end of this assessment)

Introducing the Assignment

Carefully explain the assignment and provide learners with copies of the handout and instructions. Explain that the assignment asks learners to conduct research and to develop a poster presentation about a specific health inequality. The communities and the health issues they select are limited by the availability of research data. Learners are encouraged to study an example of a health inequality that affects their own community if they can find data, such as from a local city, county, or state health department. If they cannot locate health data about an inequality affecting their own community, they may wish to focus on a community that is similar to their own. For example, although there may not be data about health inequalities affecting a local Hmong or Haitian community, learners may be able to locate national research about these populations.

Learners may have varied experience and access to research about health inequalities, so make sure to spend some time talking about how to locate good data. For example, you may wish to identify or review key sources for health information, such as the following:

Local Sources

- Local city or county health department
- Local state health department
- Local universities that may conduct research on the health status of local communities
- Local organizations that may conduct health research
Developing a Community Poster (continued)

National Sources
- www.cdc.gov
- www.unnaturalcauses.org
- www.inequality.org
- Other sources provided in Chapter 4 of the Foundations textbook

Ask learners to identify the qualities of a strong resource and what they should be looking for, such as the following:
- A government or public institution or an organization that works closely on the issue
- Data that is cited (comes from studies or other research)
- Information that explains how the health of one group compares to the health of another (comparative information)

Spend a few minutes discussing types of information that are considered less reputable and that should not be used for preparing the posters. This might include sources like these:
- Commercial or business sources (such as some sites ending in .com)
- Online forums or chats
- Resources where the writer/presenter has a clear bias

Give the total number of points for the assignment (if graded). Share the deadlines for the assignment. If you are using the grading rubric included with this assessment, you may wish to share the rubric with learners at this stage.

Planning and Preparing

Provide learners with some time in class to plan and prepare for the work on this assessment. Encourage them to read through the assignment and assign the tasks and roles as appropriate. If learners are completing the assignment in groups, ask them to spend a few minutes determining how they will work together, including how they will complete the following:
- Sharing contact information
- Deciding which topics they wish to cover
- Assigning tasks and roles
- Creating a timeline for their project
- Discussing how they will work together
Developing a Community Poster (continued)

Group Check-In

About halfway between the date the assessment was assigned and when it is due, check in with learners about their progress. Make sure learners have identified the health issues they are covering in their posters and that they have begun the work. Allow time for learners to share any challenges or questions they are encountering and troubleshoot as a group. If learners are completing the assessment in groups, give them 10 to 15 minutes to meet in their small groups and work on their assignment.

Presenting the Posters

When learners have completed the assignment, allow about 5 to 7 minutes for each person or group to share a few highlights from their posters with the large group. Remind learners to include the following key points in their presentation:

- Introduce themselves and name the community represented on their poster.
- Share two health inequalities facing the community.
- Name the root causes of those health disparities.
- Share at least two ways people in the community are working to address these health inequalities.
- Share a role CHWs can play in decreasing these health inequalities.

You may also wish to allow 5 minutes after each presentation for the large group to ask questions of the presenting group.
Developing a Community Poster (continued)

DEVELOPING A COMMUNITY POSTER HANDOUT

Poster and presentation due on ____________________________

This assignment is worth _______ points.

Team members and contact information (if applicable): ____________________________

For this assignment, your task is to create a poster highlighting health inequalities in your community. If working in groups, assign roles for each part of the assignment. You may wish to review Chapter 4, which covers health inequalities.

Before you begin, choose a neighborhood, geographical area, or community of which you are a part. This assignment has four parts:

⦁ Research health inequalities
⦁ Identify solutions
⦁ Create a poster
⦁ Present your poster to the large group

Research Health Inequalities

Conduct research to answer the following:

⦁ Describe the community and identify two major health disparities that you see within it.
⦁ How does this community's experience compare to communities where this health issue is not present or is less prevalent?
⦁ Explain the impacts of these health disparities on the community. Why is it a problem? How is the community affected?
⦁ What are the root causes of the disparities?

Make sure you find information that shows how the health inequalities in your community compare to others. All of this information should be included in your poster.
Developing a Community Poster (continued)

Identify Solutions
Conduct research in the community to answer the following:

- What are some of the strengths within your community that could help in decreasing these disparities?
- What role do CHWs play in decreasing these health disparities?

This might include information about local groups taking collective action to change policies and the social and political circumstances that contribute to high rates of chronic conditions locally, or actions CHWs can take to reduce health inequalities. Research could include talking to people and organizations about the work they are doing to address health disparities, or researching organizations or initiatives locally that are working on these issues. All of this information should be included in your poster.

Create a Poster
Using poster board, markers, photos, and other materials, create a poster that highlights your research on the following:

1. Two health disparities in the community and some of their root causes
2. Solutions, or ways people and organizations are working to combat these inequalities

Think creatively about how to represent and organize the information so that it is informative and eye-catching!

Present the Poster
You will be presenting your poster in a 5-to-7 minute presentation. Practice your presentation and be prepared to share the following key points:

- Introduce yourselves and name of the community represented on your poster.
- Share two health inequalities facing the community.
- Name the root causes of those health disparities.
- Share at least two ways people in the community are working to address these health inequalities.
- Share a role CHWs can play in decreasing these health inequalities.
## RUBRIC FOR ASSESSING OR GRADING POSTERS

This assessment is graded based on three different performance categories, and possible scores range from 0 to 30 points each.

Acceptable performance may vary from trainer to trainer. We are including our version of a grading rubric, but feel free to adjust this to fit your unique situation.

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<thead>
<tr>
<th>CATEGORY</th>
<th>CRITERIA</th>
<th>POINTS</th>
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<tbody>
<tr>
<td>1. Responsiveness to assignment</td>
<td><strong>EMERGING</strong> 20 points or less</td>
<td>____/30</td>
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<tr>
<td></td>
<td><strong>SATISFACTORY</strong> 21–26 points</td>
<td>____/30</td>
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<td></td>
<td><strong>PROFICIENT</strong> 27–30 points</td>
<td>____/30</td>
</tr>
<tr>
<td>2. Organization of the poster and the quality of research</td>
<td>The poster is poorly organized, difficult to follow, and information is not clearly depicted or presented or is difficult to understand.</td>
<td>____/30</td>
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<td></td>
<td>Greater clarity of organization would strengthen this assignment to the level of proficiency.</td>
<td>____/30</td>
</tr>
<tr>
<td></td>
<td>The poster is well organized, easy to follow, and clearly organized. It could be presented to a local organization or used as a teaching tool.</td>
<td>____/30</td>
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<tr>
<td>3. Thoroughness, and the quality of information provided</td>
<td>The poster is incomplete.</td>
<td>____/30</td>
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<td>The poster meets minimum standards but does not go beyond.</td>
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<td>The poster makes a strong case with supporting facts and personal stories.</td>
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<tr>
<td><strong>Total points</strong></td>
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Suggested grading guidelines for the poster are as follows (assuming the assignment is worth 90 points): Passing = 63 points or above.

Letter grades are as follows: A = 81–90 points; B = 72–80 points; C = 63–71 points; F = below 54 points.