

00:00:50.850 --> 00:01:44.340

Murlean Tucker: Welcome to equity structural racism and public health law, my name is Murlean Tucker and i'll be running this dialogue for health web forum with my colleague Jeff Bornstein.

11

00:01:44.880 --> 00:01:55.140

Murlean Tucker: Thank you to our partners for today's event the centers for Disease Control and Prevention public health law program and the Center for health leadership and practice.

12

00:01:56.520 --> 00:02:07.230

Murlean Tucker: except for those scheduled to speak, all other microphones have been muted to reduce background noise, you can listen to the audio through your computer speakers or connected headphones.

13

00:02:08.250 --> 00:02:17.190

Murlean Tucker: We do encourage you to share your thoughts and questions about today's event by typing them in the Q & A box and will answer as many as time allows.

14

00:02:17.670 --> 00:02:27.300

Murlean Tucker: click on the Q & A button located on the zoom control bar at the bottom of your screen the Q & A panel will appear then just type your question and click send.

15

00:02:28.530 --> 00:02:37.590

Murlean Tucker: Closed caption is also available so just click on the live transcript CC button on the zoom control bar and select the option to view captioning.

16

00:02:38.340 --> 00:02:44.880

Murlean Tucker: And now it is time to meet the Moderator of today's event Dr Carmen Rita Nevarez.

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00:02:45.690 --> 00:02:55.350

Murlean Tucker: Dr. Nevarez is the public health institute's senior Vice President of external relations and preventive medicine and the director of dialogue4health.

18

00:02:55.770 --> 00:03:05.940

Murlean Tucker: she's also the director of the Center for health

leadership and practice, which runs the national leadership Academy for the public's health and welcome Carmen.

19

00:03:10.860 --> 00:03:19.260

Carmen Nevarez: Thank you so much Murlean and welcome to our audience we're really excited to have this meeting today and, last year we had brought.

20

00:03:19.770 --> 00:03:33.060

Carmen Nevarez: Some experts from the centers for disease control and prevention to this audience to share their work and advice about understanding how to address equity and structural racism using public health law.

21

00:03:33.600 --> 00:03:49.230

Carmen Nevarez: This conversation was highly successful bringing one of the largest dialogue for health audiences to participate we're thrilled to bring these very same accomplished speakers back today to engage in an updated conversation about these important issues.

22

00:03:50.400 --> 00:03:57.990

Carmen Nevarez: i'm also happy to announce that, for those who needed a certificate of participation is now available if you listen to this web form.

23

00:03:58.770 --> 00:04:12.180

Carmen Nevarez: A day after today's event you'll receive an email link with a an email with a link to the certificate, you may download that link and fill in your name and maintain the certificate for your files or shares appropriate.

24

00:04:13.560 --> 00:04:16.170

Carmen Nevarez: So let's start with a poll.

25

00:04:18.000 --> 00:04:19.020

Carmen Nevarez: let's see the poll.

26

00:04:23.070 --> 00:04:26.340

Carmen Nevarez: How knowledgeable do you consider yourself.

27

00:04:27.780 --> 00:04:32.010

Carmen Nevarez: about the relationship between the law and health and equity and help.

28

00:04:33.570 --> 00:04:46.590

Carmen Nevarez: Please just take a moment to fill out an answer, whether you feel that you're extremely knowledgeable moderately somewhat or not at all knowledgeable in this area, this just helps us to understand, who is in our audience today.

29

00:04:49.440 --> 00:04:50.100

Carmen Nevarez: Next slide.

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00:04:54.150 --> 00:05:05.640

Carmen Nevarez: So i'm really pleased to introduce our speakers to you after which will go back and take a quick look look at the slide results at the poll results and then we'll go launch straight into presentations.

31

00:05:06.390 --> 00:05:19.050

Carmen Nevarez: First we're going to hear from Matthew pen who's director of the public health law program at the Center for the state tribal local and territorial support at the Center for Disease Control.

32

00:05:20.070 --> 00:05:40.770

Carmen Nevarez: In his role as the director he leads a team of legal legal analysts responsible for the agency's efforts in legal epidemiology and workforce development to support the understanding and use of law as a public health tool, the state tribal local and territorial levels.

33

00:05:42.150 --> 00:05:42.810

Carmen Nevarez: Next slide.

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00:05:45.240 --> 00:05:55.080

Carmen Nevarez: Following Mr Penn we will hear from Sam Weber, who is a public health analyst for health equity in law, the public health law Program.

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00:05:56.280 --> 00:06:04.710

Carmen Nevarez: She specializes in work to improve public health through the development of legal tools for the provision of legal,

technical assistance.

36

00:06:05.100 --> 00:06:10.890

Carmen Nevarez: To state tribal local and territorial governments as well as public health officials within the CDC.

37

00:06:11.850 --> 00:06:21.360

Carmen Nevarez: She has her jd from Harvard law school and bachelor's from Harvard college in social studies and African American studies.

38

00:06:21.660 --> 00:06:29.790

Carmen Nevarez: And also has completed a scholar of postdoctoral fellowship within the satcher health leadership institute at the morehouse school of medicine.

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00:06:30.780 --> 00:06:40.080

Carmen Nevarez: So with that very excellent background in a moment we'll launch into their presentations and I just want to ask Jeff to bring up the pole for us.

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00:06:43.950 --> 00:06:58.710

Carmen Nevarez: Okay, so the audience is somewhat familiar with this area, and so, hopefully, by the end of this today's webinar will all feel a little bit more firmly seated in our understanding and probably have a ton of questions to answer to ask the.

41

00:07:00.030 --> 00:07:15.120

Carmen Nevarez: Our panelists to answer at the end, so please use the Q amp a freely to throw in your comments and your questions, whatever you'd like us to get to by the end of the of the presentations okay Matthew would you like to start.

42

00:07:17.940 --> 00:07:26.400

Matthew Penn: Great thanks so much Carmen and also a big thank you to the leadership Academy in this year's cohort.

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00:07:26.790 --> 00:07:38.550

Matthew Penn: and also to the Center for health leadership and practice, all the folks behind the scenes, helping us put this on today and welcome everyone, and thank you so much for spending some time with us.

44

00:07:39.120 --> 00:07:47.190

Matthew Penn: Today, and we're going to be talking about using law to advance health equity and next slide please.

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00:07:48.420 --> 00:07:56.730

Matthew Penn: So, Sam and I have three sections to our presentation, a case study to look at what structural and equities can look like.

46

00:07:58.290 --> 00:08:08.490

Matthew Penn: An introduction to structural racism and other inequities and, finally, Sam will talk about how long can be used as a tool for advancing health equity next slide please.

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00:08:09.810 --> 00:08:21.780

Matthew Penn: So these materials are for for instructional and educational purposes only they do not represent the official position of eight to 10 not meant to provide legal advice to you.

48

00:08:22.200 --> 00:08:41.370

Matthew Penn: or your health department or whatever agency you work for, and while Sam and I are both licensed attorneys we're not your attorney and if you shouldn't need legal advice, please seek advice from an attorney authorized to provide you or your your agency of representation.

49

00:08:42.570 --> 00:08:43.500

Matthew Penn: Next slide please.

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00:08:45.480 --> 00:09:01.950

Matthew Penn: So first we'll we'll do a look at a little case study here in our case study centers on the question of what can the role of public health, be when faced with communities fundamental needs and systemic in structural inequalities next slide.

51

00:09:03.870 --> 00:09:13.260

Matthew Penn: So imagine that you live in a small city called zanesville Ohio located in the southeastern part of the state in the appalachian foothills.

52

00:09:13.710 --> 00:09:26.910

Matthew Penn: Your Community referred to by the name of the road of

which most residents live call run is a tiny majority black and located a few miles outside of the city Center inside.

53

00:09:28.770 --> 00:09:35.760

Matthew Penn: The small city in its around surrounding county is the site of a formerly robust but diminishing mining industry.

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00:09:37.350 --> 00:09:44.610

Matthew Penn: The coal run Community sits atop long abandoned cola that left behind pollution that contaminated the groundwater.

55

00:09:45.210 --> 00:10:01.740

Matthew Penn: As a result, residents cannot rely on their wells for safe drinking water, the water corrodes clogs or destroys everything it touches in as, as you can imagine if it's corroding and clogging and ruining plumbing systems, what it could do to the human body next slide please.

56

00:10:03.000 --> 00:10:12.630

Matthew Penn: As a result, residents of coal run have had to rely on alternative methods to say teen safe drinking water for cooking drinking in bathing.

57

00:10:13.440 --> 00:10:29.070

Matthew Penn: One of your neighbors reports that as a child his parents would fill your bathtub and not change the water until five of the 10 children in the family Bay in order to conserve the water truck into their sister trucked in to their sister.

58

00:10:30.270 --> 00:10:33.600

Matthew Penn: Another reports that he only does laundry when it rains.

59

00:10:35.580 --> 00:10:45.630

Matthew Penn: Many in the Community purchase water from a nearby water treatment plant spending up to 10 times more than those people are in your area who have access to the public water system.

60

00:10:46.650 --> 00:10:54.450

Matthew Penn: Others have reported physical ailments and illnesses, as a result of having poor water access next slide please.

61

00:10:56.760 --> 00:11:11.580

Matthew Penn: Between 1954 and 2002 residents of the call run Community undertook efforts to obtain access to public water administered by the city of Gainesville or Mosquito County until.

62

00:11:14.040 --> 00:11:29.100

Matthew Penn: Many residents most residents still used outhouses and I just I would ask you for just one second to think about where you were living in 2002 and what your living conditions were and whether or not you are using an outhouse.

63

00:11:30.300 --> 00:11:31.140

Matthew Penn: Next slide please.

64

00:11:33.090 --> 00:11:43.710

Matthew Penn: So these efforts by the Co Run Community these lobbying efforts fell on deaf ears one county Commissioner told you and your neighbors that you would not get water quote.

65

00:11:44.100 --> 00:11:58.380

Matthew Penn: Until President Bush dropped spiral bombs in quote in the Community in the hip good water, the same Commissioner said, the Community members great grandchildren would be lucky quote lucky to have running water.

66

00:11:59.640 --> 00:12:19.020

Matthew Penn: This is under President Bush, not that long ago, one day we're called the contacted the public health department and was told to quote didn't well understanding the Community sits on top of abandoned coal mines and polluted the groundwater and making it unusable next slide please.

67

00:12:20.160 --> 00:12:29.940

Matthew Penn: So, as you can see from this map documenting waterlines throughout the county residents should not have to do wells call run.

68

00:12:30.330 --> 00:12:40.800

Matthew Penn: represented here, if you look here and they can't see my cursor by head newsmakers if you look sort of towards the Center of the slide that blue area that blue box that's The Co Run Community.

69

00:12:42.480 --> 00:12:47.760

Matthew Penn: And as you can see, by these blue lines that represent the water lines call run was surrounded.

70

00:12:49.020 --> 00:12:55.170

Matthew Penn: By public drinking water lines so let's just sit with this map for a moment.

71

00:12:56.940 --> 00:13:07.440

Matthew Penn: This majority black Community did not have water lines and yet here's the water treatment plant right here this little triangle it's not that far away, and yet.

72

00:13:08.100 --> 00:13:18.870

Matthew Penn: Through implementation of laws and policies and the public water system they were able to run water lines clear out to the east well over five miles probably 10 miles out.

73

00:13:19.890 --> 00:13:27.420

Matthew Penn: down to the southeast another 10 miles, further to the southeast another 10 actually extending beyond the map.

74

00:13:28.560 --> 00:13:46.080

Matthew Penn: waterline distribution here just on the this sort of North eastern border of the city of zanesville you see those those dark blue patches those are water lines that are so concentrated you can't even make out the individual lines at this scale.

75

00:13:47.100 --> 00:13:49.170

Matthew Penn: Water lines everywhere, but not.

76

00:13:50.220 --> 00:13:54.240

Matthew Penn: Not in the coal run community and next slide please.

77

00:13:56.760 --> 00:14:01.350

Matthew Penn: About 85% of the Coal run residents were black.

78

00:14:02.370 --> 00:14:16.080

Matthew Penn: It was one of the few and, possibly, the only majority black community in this county, notably in the county was 94% white about 4% black the county's demographics, have not changed much since then.



79

00:14:17.220 --> 00:14:28.890

Matthew Penn: After trying to get public water lines for almost 50 years Korean residents filed a complaint with the Ohio so rights commission 2000 to a certain quote pattern and practice of discrimination.

80

00:14:30.030 --> 00:14:32.460

Matthew Penn: The violated federal fair housing loans.

81

00:14:33.540 --> 00:14:46.530

Matthew Penn: The Commission and turn conducted an investigation and found evidence that the race color and residents was a factor in the decision not to run water to the area that's 1954.

82

00:14:47.820 --> 00:14:48.960

Matthew Penn: To 2002.

83

00:14:50.460 --> 00:14:52.410

Matthew Penn: let's just sit with this map for a moment.

84

00:14:53.970 --> 00:14:59.820

Matthew Penn: You can see over towards the left hand side of the screen in the city of gainesville the water treatment plant.

85

00:15:00.960 --> 00:15:12.000

Matthew Penn: waterline runs directly to the East, a little bit South and it runs right down Adams bill wrote an out into that larger map that you saw on the last slide.

86

00:15:14.070 --> 00:15:26.190

Matthew Penn: Even takes a right hand turn on to Lang and lane serving if you notice the colors of the houses here serving the white portion of the Cobra this neighborhood here.

87

00:15:27.360 --> 00:15:31.530

Matthew Penn: and stops right as the neighborhood becomes predominantly African American.

88

00:15:33.300 --> 00:15:34.830

Matthew Penn: And if you look at the scale here.

89

00:15:36.030 --> 00:15:46.740

Matthew Penn: we're talking about tenths of miles it's a very, very short distance and from my experience in working at the intersection of public health and public utilities on a number of occasions.

90

00:15:47.190 --> 00:15:55.620

Matthew Penn: In the past practice in South Carolina tense of miles are very, very short when it comes to public utilities running sewer running water running electric lights.

91

00:15:56.130 --> 00:16:11.490

Matthew Penn: were talking about sewer lines that in some cases run 10s and 10s and 10s of miles from treatment plants pumps are installed to counteract gravity, in order to move water it to move sewage, so this is a very short distance.

92

00:16:13.140 --> 00:16:23.280

Matthew Penn: And, of course, as you would drive down as a as a as one of the persons who lives in Korea neighbor you could drive up laying and lean over to Evans wrote.

93

00:16:23.790 --> 00:16:31.350

Matthew Penn: Coming out of your neighborhood and, as you go by, you could see your neighbors your White neighbors fill in the swimming pools running their sprinklers.

94

00:16:32.010 --> 00:16:40.920

Matthew Penn: Maybe have a little splash one of those little slip and slides and with the kids out in the front yard understanding that your neighborhood has not had running water for 50 years.

95

00:16:42.420 --> 00:16:43.320

Matthew Penn: Next slide please.

96

00:16:47.400 --> 00:16:56.370

Matthew Penn: So what does our case study tell us about the relationship among racism and other inequities public health and law next slide.

97

00:16:57.480 --> 00:17:07.350

Matthew Penn: This story is about a number of overlapping issues it's about racism and how the waterline stopped where the black Community started.

98

00:17:08.370 --> 00:17:26.040

Matthew Penn: it's about intersection ality and how the inequities extended beyond the bunch of coal run in into other communities, because of where they live and possibly their poverty it's about law and it's about expanding how we see public health and the work that we do.

99

00:17:27.180 --> 00:17:38.010

Matthew Penn: And ultimately it's really about equity and justice and about using the power and the tools that we have in our communities to make a difference.

100

00:17:39.990 --> 00:17:40.800

Matthew Penn: Next slide please.

101

00:17:42.930 --> 00:17:46.650

Matthew Penn: Call RON was one of the few and possibly only black majority communities.

102

00:17:47.670 --> 00:17:57.720

Matthew Penn: In the county, as I said before, so let's be very, very clear about this, as we approach these issues, the coal run story is about racism.

103

00:17:58.890 --> 00:18:00.930

Matthew Penn: This is what racism looks like.

104

00:18:02.040 --> 00:18:14.430

Matthew Penn: The quran story helps us to better understand how racism can be structural and systematic it's not merely about individual hostility or grievance although, in this case, there may have been instances of that.

105

00:18:15.630 --> 00:18:28.500

Matthew Penn: But rather it's about the ways that legal principles policies practices work together to disadvantage, some people on account of their phenotype traits physical characteristics.

106

00:18:30.120 --> 00:18:46.500

Matthew Penn: And another point to be clear about in this instance, the Community was not subjected to laws and policies that explicitly discriminated against them instead they were subjected to waterfalls that appeared to apply to all people in the Community equally.

107

00:18:47.880 --> 00:18:53.220

Matthew Penn: But, as we saw from the maps the application implementation of those laws were in effect.

108

00:18:53.880 --> 00:19:07.560

Matthew Penn: area discriminatory and about something as basic as turning on your tapping in water i've probably done a dozen times today i'm a little cup of tea and went down, while we're in the green room, they must have a cup of tea and I got the water out of the tap from a public watermark.

109

00:19:09.630 --> 00:19:10.500

Matthew Penn: Next slide please.

110

00:19:13.500 --> 00:19:30.810

Matthew Penn: In public health as much of our broader society we reached him an important moment in our discussion about racism, we are moving beyond a conversation about racism is simply a collection of the individual actions of morally flawed exceptions operating outside the norms society.

111

00:19:31.980 --> 00:19:42.120

Matthew Penn: This idea that yes, racism happens, but then everything goes back to normal it just doesn't exist instead we're moving towards a more comprehensive discussion about racism as a system.

112

00:19:42.600 --> 00:19:58.590

Matthew Penn: Structures practices policies and norms that create and sustain social, economic, in other conditions that show that shape well being in life chances for specific populations slide.

113

00:20:00.870 --> 00:20:06.210

Matthew Penn: When call run filed their complaint, the county was approximately 96% white.

114

00:20:07.260 --> 00:20:13.530

Matthew Penn: At the same time, more than 32,000 other families in the county lacked access to run.

115

00:20:14.850 --> 00:20:25.920

Matthew Penn: While racism might have had a hand in shaping the Korean communities access to wire many other people elsewhere in the county the overwhelming majority of whom were white.

116

00:20:26.460 --> 00:20:42.840

Matthew Penn: lacked access to running water likely because of other factors such as socio economic status morality geography and maybe even lacking a civic voice feeling like they didn't they didn't have a suit what's this is that intersection now.

117

00:20:44.040 --> 00:20:56.790

Matthew Penn: In 2002 when the Co run Community began to ramp up their efforts to obtain more median household income in the county so only about \$35,000 so we start to see this intersection of race, poverty.

118

00:20:57.360 --> 00:21:03.990

Matthew Penn: Rural circumstances Community voices conspiring to deprive people of a very fundamental life necessity.

119

00:21:05.340 --> 00:21:06.150

Matthew Penn: Next slide please.

120

00:21:08.370 --> 00:21:16.020

Matthew Penn: These forms a disadvantage arise from the many conditions in which people live would refer to in public health is a social determinants of health.

121

00:21:17.070 --> 00:21:27.120

Matthew Penn: Public health dimension of the Coal run story draws our attention to the social determinants of health, the structural, economic, cultural and political factors that order relationships.

122

00:21:27.660 --> 00:21:38.820

Matthew Penn: assigned so social status to Members of different populations distribute money distribute power and other resources and build or disrupt communities.

123

00:21:39.480 --> 00:21:45.030

Matthew Penn: In the case of coal run the social determinants concerned they're standing within the Community as black residents.

124

00:21:45.690 --> 00:21:55.980

Matthew Penn: But also the complicated infrastructure that allocates water across communities, the socio economic conditions of the Community resulting the loss of the coal mining industry.

125

00:21:56.460 --> 00:22:09.090

Matthew Penn: In the environmental degradation that, of course, resulted from the mining and affected the groundwater so from the health department dig a well simply was not possible you do what you're going to get bad water wasn't the solution.

126

00:22:12.690 --> 00:22:13.560

Matthew Penn: Next slide please.

127

00:22:15.870 --> 00:22:20.490

Matthew Penn: Call RON residents filed a complaint with the Ohio civil rights commission in 2002, as I stated.

128

00:22:21.120 --> 00:22:32.160

Matthew Penn: asserting a pattern of practice of discrimination violated federal discrimination laws can condition and the Commission found evidence that the race was a factor.

129

00:22:33.120 --> 00:22:45.600

Matthew Penn: But part of the problem that we face now is that racism is often invisible or difficult to identify because it's embedded in law statutes regulations rules policies.

130

00:22:46.200 --> 00:22:56.970

Matthew Penn: Implementation practices in judicial opinions are what drive our legal system and they really drive much of how our society operates historically.

131

00:22:57.420 --> 00:23:07.740

Matthew Penn: Many of these legal norms were overtly and intentionally racist in in we talk about those and I think, from my experience,

having gone through law school and worked in law for 20 years.

132

00:23:09.120 --> 00:23:23.100

Matthew Penn: I think it's easy for us to sort of look at those and again look at those as aberrations and things that we've gotten past and gotten beyond and that oh that was racist and now everything is back to them.

133

00:23:27.870 --> 00:23:43.290

Matthew Penn: And these would target specific populations, because of the race or ethnicity, but as we discussed earlier lever norms can be neutral on their face and need not be expressive expressly rates us to have a disproportionate impact on communities of color.

134

00:23:44.490 --> 00:23:45.390

Matthew Penn: Next slide please.

135

00:23:47.130 --> 00:23:58.800

Matthew Penn: So just as law is a system of rules policies and practice practices that can create disadvantage it's also imperative to transforming those conditions of disappear.

136

00:23:59.700 --> 00:24:09.390

Matthew Penn: lot of plays a central role and achieving two ends, it can profoundly shaped the context in which people live to increase their access to the things that they need.

137

00:24:10.020 --> 00:24:22.590

Matthew Penn: and to make it easier for them to make decisions about their health and law has the power to redistribute resources to make the things that people need to live healthful lives more accessible.

138

00:24:23.400 --> 00:24:40.170

Matthew Penn: In this case, we saw how a legal intervention filing a discrimination complaint with the Civil Rights Commission was necessary for their health, but sometimes that kind of legal intervention may not be the best approach, because they take a long time their money intensive.

139

00:24:41.280 --> 00:24:51.840

Matthew Penn: or because they can be narrow adversarial proceedings, not in the best interest of the Community, so it begs the question

like How would the Community, the town.

140

00:24:53.610 --> 00:24:54.990

Matthew Penn: The county the state.

141

00:24:56.010 --> 00:25:01.830

Matthew Penn: of how would they have changed if they had taken a different approach in 1954.

142

00:25:03.450 --> 00:25:04.650

Matthew Penn: or 1964.

143

00:25:05.700 --> 00:25:17.280

Matthew Penn: or 1974 or 1918 or 1994 right gives you a sense of how long that progression is decades and decades of inaction.

144

00:25:19.080 --> 00:25:19.770

Matthew Penn: Next slide.

145

00:25:21.600 --> 00:25:40.020

Matthew Penn: So, public health, gives us the public health approach kind of gives us a different approach and we can draw upon existing approaches, such as the tenant central public health services and healthy people 2030 that put health equity at the Center of public health practice but.

146

00:25:41.070 --> 00:25:58.740

Matthew Penn: In from the quote here the focus on health equity may until mentoring beyond our boundaries and political practice to matters intimately linked to health disparities, such as housing Labor market or employment conditions civic participation and forms of discrimination.

147

00:26:00.210 --> 00:26:11.400

Matthew Penn: Whether we're in public health or health care or other sectors, we will have to go beyond documenting disparities in identify and focus on key interventions.

148

00:26:11.820 --> 00:26:21.480

Matthew Penn: Facilitating collaboration across sectors disciplines and areas of expertise and identified law and policy solutions rooted



in science.

149

00:26:22.920 --> 00:26:23.670

Matthew Penn: Next slide please.

150

00:26:25.440 --> 00:26:36.570

Matthew Penn: But if this is the direction we're going towards advancing and ultimately achieving health equity, particularly among people who've been disadvantaged because racism, what does that mean exactly.

151

00:26:37.920 --> 00:26:54.540

Matthew Penn: Health equity is when everyone has the opportunity to be as healthy as possible to reach their full potential and, importantly, when we bring racism into the discussion, it is when no one is disadvantaged from reaching true because of socially determined circumstances such as race.

152

00:26:55.680 --> 00:27:11.940

Matthew Penn: Health inequities are the result of African Asian Arab Hispanic Americans, as well as American Indian native alaskans and many others being denied the opportunity to achieve their full potential, because of systemic racism.

153

00:27:13.470 --> 00:27:31.560

Matthew Penn: But as we've stated racism is also entangled with other social forces like sexism geographic isolation, economic and political marginalization and others that sap the strength in good health and well being of our entire society, this is not a zero sum game.

154

00:27:32.850 --> 00:27:41.220

Matthew Penn: Studies have shown us achieving health equity will require us to disentangle these forces you to employ a number of strategies to do, sir.

155

00:27:42.090 --> 00:27:56.340

Matthew Penn: So my colleague Sam when I speak to some of the thinking we've been having here at CDC and the public health law program about how public health and log can play a role in disentangling some of these forces next slide please.

156

00:28:00.060 --> 00:28:00.990

Sam Bent Weber: Thank you Matthew.

157

00:28:02.610 --> 00:28:11.370

Sam Bent Weber: um so we highlight the Cohen story, not only because it helps us to understand how structural racism operates.

158

00:28:11.910 --> 00:28:19.800

Sam Bent Weber: but also because it points to the relationship between public health and law, particularly for addressing health inequities.

159

00:28:20.580 --> 00:28:33.240

Sam Bent Weber: As Matthew highlighted the colon Community face to serious public health problem they needed and struggled for decades to obtain affordable access to clean and safe water.

160

00:28:34.230 --> 00:28:42.030

Sam Bent Weber: In this instance, they were able to get access to that water by using legal strategies that exist outside of traditional clinical practice.

161

00:28:42.600 --> 00:28:51.720

Sam Bent Weber: And Matthew has provided you with a high level overview of the problem that racism and other forms of structural and systemic and equity are embedded in law.

162

00:28:52.230 --> 00:29:03.360

Sam Bent Weber: And, historically, they were built into the language of law and policies and judicial opinions, but over time they become embedded in the application and implementation and enforcement of laws and policies.

163

00:29:04.170 --> 00:29:15.150

Sam Bent Weber: And all of this, as Matthew alluded to raises the question, which is what is the role of public health and addressing these real, concrete health equity challenges.

164

00:29:15.750 --> 00:29:24.450

Sam Bent Weber: And so, from our perspective and important starting point to answering this question is recognizing and applying the relationship between public health.

165

00:29:24.900 --> 00:29:31.320

Sam Bent Weber: And law like really centralizing that relationship and bringing the law into public health practice.

166

00:29:32.070 --> 00:29:41.190

Sam Bent Weber: The law is not something that lives over there that's done by lawyers but is done by all kinds of public health practitioners and, frankly, all kinds of citizens.

167

00:29:41.880 --> 00:29:56.670

Sam Bent Weber: In our view it is critical to advancing not only public health practice but also equity, which is, and this this sort of connection of ideas is at the Center of the 10 essential public health services which we'll talk about.

168

00:29:57.780 --> 00:30:00.630

Sam Bent Weber: In a in a few minutes next slide please.

169

00:30:02.340 --> 00:30:21.840

Sam Bent Weber: So at CDC we're working to develop frameworks and strategic approaches to addressing health inequities by recognizing the impact of structural racism and other structural and systemic factors on public health outcomes and, by extension, in public health work next slide please.

170

00:30:23.790 --> 00:30:42.000

Sam Bent Weber: So while we're recognizing that it's important to identify and document health disparities right because that work is has become a really important part of public health practice doing research gathering data gathering information understanding the health landscape.

171

00:30:43.710 --> 00:30:45.060

Sam Bent Weber: We are also.

172

00:30:46.200 --> 00:30:56.220

Sam Bent Weber: Acknowledging that it's not enough to simply name the problem rather we are emphasizing the significance of root causes.

173

00:30:56.730 --> 00:31:10.170

Sam Bent Weber: by engaging in the collection and analysis of data that helps us to better understand the social conditions, or what

Matthew alluded to is the social determinants of health that give rise to health disparities.

174

00:31:11.430 --> 00:31:19.650

Sam Bent Weber: We are recognizing the importance of providing context for why some populations experience poor health outcomes than others.

175

00:31:20.220 --> 00:31:31.230

Sam Bent Weber: And importantly we also can apply some of this thinking to recognizing why as a nation we experience poor health outcomes across the board.

176

00:31:31.800 --> 00:31:36.570

Sam Bent Weber: Particularly in relation to comparable societies elsewhere in the world.

177

00:31:37.500 --> 00:31:48.390

Sam Bent Weber: And so correspondingly in developing these frameworks and strategies that move beyond documenting disparities, we are centralizing the importance of policy and health interventions.

178

00:31:48.870 --> 00:31:58.830

Sam Bent Weber: That can facilitate change and ultimately improve health for more people and in so doing these strategies and frameworks what recognizes Matthew emphasized earlier.

179

00:31:59.370 --> 00:32:17.490

Sam Bent Weber: The potential necessity of focusing our research and policy priorities on topical areas that may exist outside of what we might call traditional public health boundaries into domains like discrimination or employment or housing or Labor market conditions.

180

00:32:18.690 --> 00:32:35.490

Sam Bent Weber: So this means focusing on policy solutions that are rooted in science and rely upon contextualize data and information and i'm going to add more clarity, I hope, about what I mean by contextualize data and next slide please.

181

00:32:36.960 --> 00:32:40.740

Sam Bent Weber: And so we have some precedent for some of these approaches.

182

00:32:42.150 --> 00:32:53.580

Sam Bent Weber: In 2020 with the supportive CDC the Obama Foundation and the public health national Center for innovations updated the 10 essential public health services.

183

00:32:54.480 --> 00:33:01.710

Sam Bent Weber: These have been characterized as describing the public health activities that all Community should undertake.

184

00:33:02.340 --> 00:33:19.740

Sam Bent Weber: So I invite you to take a look at the image on the left side of your screen and so let's note some important elements of this revised and updated framework, this framework has been around since about 1994 and it really has meant to serve as a as a sort of guidance.

185

00:33:21.090 --> 00:33:33.630

Sam Bent Weber: A framework for public health practice and Community health practice now as a starting point for the most recent iteration of this framework, it places equity at the Center.

186

00:33:34.320 --> 00:33:42.810

Sam Bent Weber: Not health equity and the reason for that is to emphasize the fundamental importance of equity to public health practice.

187

00:33:43.350 --> 00:33:53.790

Sam Bent Weber: And from our perspective, it also emphasizes that in order to maximize is the health of all people in all communities, we have to Center equity.

188

00:33:54.270 --> 00:34:07.260

Sam Bent Weber: Not just in health, but in all aspects of life and in all institutions and practices and social conditions that have an impact on on all aspects of life.

189

00:34:08.490 --> 00:34:22.740

Sam Bent Weber: And to that and I just want to i'm going to quote a little bit of language that that we put together an hour we being the CDC about the essential public health services.

190

00:34:24.210 --> 00:34:37.320

Sam Bent Weber: And sort of what what is aiming for, to achieve equity essential public health services actively promote policies systems and overall Community conditions.

191

00:34:37.680 --> 00:34:49.020

Sam Bent Weber: That enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities these barriers include poverty.

192

00:34:49.770 --> 00:35:01.650

Sam Bent Weber: Racism gender discrimination evangelism and other forms of oppression everyone, everyone should have a fair and just opportunity.

193

00:35:02.220 --> 00:35:17.190

Sam Bent Weber: To achieve optimal health and well being but by placing equity at the Center this framework recognizes that to achieve that optimal health and well being you have to focus on all systems all structures that govern life.

194

00:35:18.690 --> 00:35:19.320

Sam Bent Weber: And so.

195

00:35:21.510 --> 00:35:29.310

Sam Bent Weber: I just want to also highlight the healthy people 2030 framework that's on the right side of the screen and that's meant to emphasize again.

196

00:35:29.970 --> 00:35:47.250

Sam Bent Weber: What we've we've referenced several times now throughout the presentation, the social determinants of health and that there's a connection between the social determinants, namely those conditions that are highlighted in these aims that are set out in the 10 essential services.

197

00:35:48.690 --> 00:35:49.740

Sam Bent Weber: looks like this.

198

00:35:52.110 --> 00:35:53.850

Sam Bent Weber: So these frameworks.

199

00:35:54.990 --> 00:36:02.550

Sam Bent Weber: That are in play, both events etc and elsewhere in political practice, like the 10 essential services.

200

00:36:03.090 --> 00:36:10.980

Sam Bent Weber: recognize the importance of law for improving health and well being involved people and so you'll note on the right hand side of this sort of.

201

00:36:11.430 --> 00:36:25.830

Sam Bent Weber: Road to health equity that policy which encompasses laws and regulations and rules to improve population health but also the strategies for implementing and executing laws and regulations and rules.

202

00:36:26.880 --> 00:36:28.500

Sam Bent Weber: That affect population health.

203

00:36:29.520 --> 00:36:30.690

Sam Bent Weber: Next slide please.

204

00:36:32.160 --> 00:36:47.400

Sam Bent Weber: So, from our perspective, the question becomes What does this mean, how does this role of law play out in the context of public health practice that's the United noted that law has contributed substantially the inequities and health.

205

00:36:48.900 --> 00:37:00.720

Sam Bent Weber: Racism and other forms of inequity are embedded in our laws or policies and our practices that execute enforce laws and in the systems that arise from them.

206

00:37:01.350 --> 00:37:08.880

Sam Bent Weber: All of which have undermined, public health and well being and at the same time law has been essential to improving public health.

207

00:37:09.600 --> 00:37:15.900

Sam Bent Weber: Indeed, many of us know about the important role that law has played in promoting public health.

208

00:37:16.350 --> 00:37:30.090

Sam Bent Weber: By helping to mandate seatbelt usage by establishing and maintaining federal clean air and clean water and toxic substances laws that started to get developed and implemented in the 1970s nine word.

209

00:37:30.660 --> 00:37:43.110

Sam Bent Weber: By imposing food state safety standards and labeling requirements all of those developments in public health have a deep connection to La and to efforts to.

210

00:37:44.130 --> 00:37:53.760

Sam Bent Weber: You know, update and an invite lot of practice and so, in this way law is a determinants of health.

211

00:37:54.720 --> 00:38:01.740

Sam Bent Weber: it's something that you know, is increasingly emphasized in public health conversations, but I just want to just.

212

00:38:02.220 --> 00:38:12.030

Sam Bent Weber: emphasize it again here for our purposes laws of determine of health it's fundamental its foundational it contributes to the root causes of health.

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00:38:12.720 --> 00:38:23.670

Sam Bent Weber: And so, with this awareness in mind, we are i'm asking how lock and help us to achieve equity and how can public health practitioners in particular whether their lawyers are not.

214

00:38:24.270 --> 00:38:34.830

Sam Bent Weber: draw upon law as a set of ideas, a set of rules instead of policies, a set of practices that can help us to promote in advance and achieve health equity.

215

00:38:36.180 --> 00:38:37.080

Sam Bent Weber: Next slide please.

216

00:38:39.030 --> 00:38:47.250

Sam Bent Weber: So, from our perspective, we propose that law fits into public health practice in a number of really critical and crucial ways.



217

00:38:47.610 --> 00:38:54.810

Sam Bent Weber: Some of which that we don't identify here, but that can help us to develop public health strategies for addressing health inequities.

218

00:38:55.620 --> 00:39:06.480

Sam Bent Weber: In addition to being a determinant of health law is something that can be studied, not just by reading case books or reading court opinions, but we can actually study the person.

219

00:39:06.930 --> 00:39:12.960

Sam Bent Weber: We can study and trace and understand the relationship between law and health outcomes.

220

00:39:13.320 --> 00:39:35.070

Sam Bent Weber: We can look at the language and the implementing rules and the elements of statutes and regulations and rules and even judicial opinions and guidance documents, and we can better understand how those specific elements might have an impact, and have implications for health outcomes.

221

00:39:37.980 --> 00:39:44.070

Sam Bent Weber: In addition to that, so let me just highlight here that when we talk about laws, something that can be studied.

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00:39:44.670 --> 00:39:59.730

Sam Bent Weber: One of the things that we emphasize within the public health law program within our work and our practice is a study of legal epidemiology, which is a systematic approach to studying law in order to assess its impact on health.

223

00:40:00.900 --> 00:40:09.570

Sam Bent Weber: In addition to the sort of research and translation piece that fits into public health practice and that can incorporate law.

224

00:40:10.890 --> 00:40:20.130

Sam Bent Weber: We can see law as something that can be centralized in our efforts to disseminate that research and to build capacity among public health practitioners.

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00:40:20.760 --> 00:40:32.130

Sam Bent Weber: I just want to highlight the language that's quoted on this slide it's from Derek bell he's actually quoting a another scholar allison Anderson who's.

226

00:40:33.720 --> 00:40:45.210

Sam Bent Weber: Who who who wrote in this essay called loitering in the classroom a lawyers primary task is translating human stories into legal stories.

227

00:40:45.690 --> 00:40:59.460

Sam Bent Weber: And re translating legal story endings into solutions to human problems you could actually make the same case that that is precisely the same task of public health practitioners.

228

00:40:59.970 --> 00:41:11.040

Sam Bent Weber: And so, if we think about the role of public health practitioners and storytelling in talking about the experiences of human beings who encounter public health challenges.

229

00:41:11.460 --> 00:41:17.640

Sam Bent Weber: And who encountered public health challenges that have legal foundations and origins groups.

230

00:41:18.090 --> 00:41:29.520

Sam Bent Weber: That we can also think about how public health practitioners themselves not just words but public health practitioners themselves can translate those stories into solutions to public health problems.

231

00:41:30.540 --> 00:41:36.120

Sam Bent Weber: We think about these efforts in the context of legal advocacy, but they can be a critical.

232

00:41:37.500 --> 00:41:51.810

Sam Bent Weber: element of public health approaches to discussing and highlighting and emphasizing intractable injustices and inequities that impact, health and our frequently connected laws and policies.

233

00:41:53.250 --> 00:42:03.330

Sam Bent Weber: Finally, in the last piece of this is that law is

something that can be a central part of efforts for collaboration and partnership and policymaking.

234

00:42:04.530 --> 00:42:11.970

Sam Bent Weber: it's it's foundational and fundamental in the effort to identify policy solutions right and what it does is.

235

00:42:12.480 --> 00:42:19.830

Sam Bent Weber: If if public health practitioners and Community Members who are trying to address public health problems can think about law.

236

00:42:20.250 --> 00:42:29.790

Sam Bent Weber: is something that could expand their potential universe of collaborators and partners and something that can be focused upon and addressed.

237

00:42:30.720 --> 00:42:43.530

Sam Bent Weber: Then, that can sort of shape and really concrete ways how public health practitioners and ordinary people working on public health problems can address to address those problems.

238

00:42:44.970 --> 00:42:46.020

Sam Bent Weber: Next slide please.

239

00:42:48.570 --> 00:43:07.770

Sam Bent Weber: And so, just to reiterate this point about the study of law, you know again in public health we focus a lot on data and we focus a lot on the collection of data and that has not changed, particularly in our current moment, and particularly as we think and look forward about how.

240

00:43:08.820 --> 00:43:20.250

Sam Bent Weber: We can better understand disparities and those populations and communities that are desperately affected by health and equities, and by systemic instructional in equities.

241

00:43:21.450 --> 00:43:25.020

Sam Bent Weber: We think about the fact that a lot can be a source of data.

242

00:43:26.190 --> 00:43:35.250

Sam Bent Weber: We can trace the relationship between racism and other forms of an equity and laws and health outcomes, we can do that through legal epidemiology, we can.

243

00:43:35.610 --> 00:43:50.370

Sam Bent Weber: do that through other forms of public health research and in so doing, we can better identify the root causes and sources of inequitable outcomes, we can provide better context for disparities that we see.

244

00:43:51.720 --> 00:44:00.270

Sam Bent Weber: And that's you know that's really crucial because when you provide context, what you do is you take the disparities out not just.

245

00:44:01.020 --> 00:44:16.440

Sam Bent Weber: You take the disparities out of the hands of the populations that are experiencing them and you make them a part of the larger structure the larger society that we live in, becomes a problem that we all must confront that slide please.

246

00:44:18.390 --> 00:44:34.440

Sam Bent Weber: law can also be leveraged to help us to tell richer stories about the relationship between law and health outcomes, so that is also a fundamental reason why we focused on the colon case here today by telling the story of this community that had a fundamentally.

247

00:44:35.910 --> 00:44:48.690

Sam Bent Weber: and profound public health problem, but but focusing it through the lens of it as a legal problem we can sort of make the connections between la.

248

00:44:49.110 --> 00:44:54.930

Sam Bent Weber: and health outcomes and structures and systems of an equity and health disparities.

249

00:44:55.680 --> 00:45:10.980

Sam Bent Weber: By studying laws and their impact on health and then by identifying communities and populations that are impacted by those laws we can trace the sources of an equities, and then we can better articulate why why those inequities are a problem.

250

00:45:12.270 --> 00:45:20.040

Sam Bent Weber: In so doing, we can also identify and hopefully mobilize better policy interventions.

251

00:45:21.870 --> 00:45:22.920

Sam Bent Weber: Next slide please.

252

00:45:24.300 --> 00:45:31.590

Sam Bent Weber: To that end, with all of these themes in mind, I just want to introduce our pathway for public health law and health equity.

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00:45:32.610 --> 00:45:38.340

Sam Bent Weber: will be discussing this in greater detail in the next sort of segment of this presentation.

254

00:45:40.110 --> 00:45:48.750

Sam Bent Weber: So stay tuned, but I just want to introduce it and highlight some of these crucial elements and sort of reiterate some of the themes that we've talked about here today.

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00:45:50.100 --> 00:45:59.940

Sam Bent Weber: This is meant to be a real pathway right away for public health practitioners and communities of practice to sort of move.

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00:46:00.450 --> 00:46:09.480

Sam Bent Weber: move toward addressing health equities, but by invoking and bringing law into their work into their study of an equities.

257

00:46:09.840 --> 00:46:26.130

Sam Bent Weber: into their brainstorming about how to resolve and equities into their efforts to translate and disseminate messaging about an equities and into their efforts to develop strategies for change so just briefly, I want to highlight these elements.

258

00:46:27.870 --> 00:46:42.450

Sam Bent Weber: So, from our perspective, the pathway includes highlighting and identifying identifying local health equity challenges and the sources of those challenges which are frequently,

but not always Community centered.

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00:46:43.620 --> 00:46:50.100

Sam Bent Weber: We want to again designate and emphasize the fact that laws, a determinant of health, so when we're thinking about the factors.

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00:46:50.670 --> 00:46:55.590

Sam Bent Weber: that have an impact on health are foundational principles and laws, the determinant of health.

261

00:46:56.370 --> 00:47:05.580

Sam Bent Weber: As such, law can be studied and its impact on health outcomes can also be studied that sort of relationship between law and health can be studied and.

262

00:47:06.150 --> 00:47:17.430

Sam Bent Weber: traced um and we can use that assessment and analysis and also the idea of what itself as a way of talking about.

263

00:47:18.000 --> 00:47:33.480

Sam Bent Weber: And narrating and disseminating messages about an equities and their fundamental root causes and their sources and the ways that have that they have impact on people's health and we can develop strategies for change, by placing law.

264

00:47:34.950 --> 00:47:45.750

Sam Bent Weber: As a focal feature in the effort to address these these equity challenges so with all of these things in mind.

265

00:47:47.010 --> 00:48:06.750

Sam Bent Weber: I just want to note that we're trying to think in concrete ways about how to build some steps into public health practice and to sort of conquer ties those 10 essential public health services and conquer ties the sort of policy and law elements.

266

00:48:08.340 --> 00:48:15.750

Sam Bent Weber: Of those services, now I just also want to note that this pathway is meant to be a work in progress.

267

00:48:16.290 --> 00:48:31.860

Sam Bent Weber: It is connected to much of the concrete work we're doing within the public health law program and aspirants etc and it's really a starting point and so i'd like to also invite comments and reflections and questions about some of these elements as well.

268

00:48:33.000 --> 00:48:35.280

Sam Bent Weber: i'm going to stop there, and.

269

00:48:36.390 --> 00:48:38.850

Sam Bent Weber: I think we have time for questions and answers now right.

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00:48:42.120 --> 00:48:45.540

Carmen Nevarez: We do Thank you so much, and let me just.

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00:48:46.620 --> 00:48:55.860

Carmen Nevarez: Let me just sum up my own thoughts, by saying that I think that you have the two of you packed a huge amount of information and opportunity for.

272

00:48:57.000 --> 00:49:06.000

Carmen Nevarez: For thoughts and reflections from the audience i'm going to get to a couple of the questions that were that were asked from the audience I do encourage everybody.

273

00:49:06.960 --> 00:49:13.530

Carmen Nevarez: Who has a question or a comment to please use the Q amp a and get those in there we're going to incorporate this we have another.

274

00:49:14.550 --> 00:49:24.780

Carmen Nevarez: Good chunk of time in which to which to sort of draw out some of these thoughts, let me just start by going back to the Co run case study for a moment and ask.

275

00:49:25.440 --> 00:49:41.460

Carmen Nevarez: You know I see that the the resolution and redress finally came by going to the States and all rights Commission talk a little bit about why that particular legal remedy was chosen and and why is it successful in this case.

276

00:49:46.290 --> 00:49:54.930

Sam Bent Weber: So the the reason the Community ended up going to the civil rights commission is a little bit of.

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00:49:55.590 --> 00:50:08.940

Sam Bent Weber: You know it's a complex mix right, so we see that for about 48 years the Community Members made a number of efforts they lived in a small place they knew their public leadership, they knew their policy makers.

278

00:50:09.390 --> 00:50:23.580

Sam Bent Weber: And so they lobbied them directly, they reached out to them, they talked to them, some of them, they knew as neighbors and that didn't work and as it turned out one of the local public officials.

279

00:50:25.320 --> 00:50:29.280

Sam Bent Weber: sort of nudged the Community members and said, you know.

280

00:50:30.480 --> 00:50:43.830

Sam Bent Weber: Actually, let me back up for just one moment I should say that there were steps taken by some policymakers, to try to make efforts to get the water issues addressed.

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00:50:44.790 --> 00:50:59.520

Sam Bent Weber: Some site estimates for how much it would cost to get a water line run to the coal can run Community others trying to kind of build connections within the county Commission and.

282

00:51:01.530 --> 00:51:09.270

Sam Bent Weber: To try to you know sort of build momentum to mobilize some efforts to to get the water lines going and those efforts.

283

00:51:10.200 --> 00:51:27.210

Sam Bent Weber: Were were unsuccessful so ultimately sort of in around 2000 to the Community members, one of the members of Community got a little nudge from a local policy maker, who said, you know you may think about filing a complaint with the Civil Rights Commission.

284

00:51:28.860 --> 00:51:40.110

Sam Bent Weber: And so it was just sort of a word of mouth or some



good advice and the Community decided to pursue it and when they presented their stories and the information that they had.

285

00:51:41.190 --> 00:51:48.300

Sam Bent Weber: The the Civil Rights Commission said, you know there's there's you've got a potentially strong case here.

286

00:51:49.530 --> 00:51:52.800

Sam Bent Weber: For discrimination so we're going to move forward.

287

00:51:56.850 --> 00:51:58.770

Carmen Nevarez: So this is really something where.

288

00:52:00.570 --> 00:52:12.570

Carmen Nevarez: The Community did did the organizing and did the nudge and then handed over the redress to to a body and government to to solve the problem.

289

00:52:13.290 --> 00:52:23.880

Sam Bent Weber: Yes, um, but a number of other factors were at play so after the sort of case in the civil rights commission built some momentum.

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00:52:24.900 --> 00:52:38.820

Sam Bent Weber: local political leaders and policymakers decided, you know what there's something here and we need to resolve this issue, so the complaint didn't actually make its way through a full judah qatari process.

291

00:52:40.500 --> 00:52:49.800

Sam Bent Weber: Local policymakers and even all the way up to the governor's sort of said okay let's do something here we've got a we've got to take some initiative here.

292

00:52:50.220 --> 00:53:03.720

Sam Bent Weber: And they figured it out within a year and a couple of months after filing the civil rights complaint, the Community members got water and so it's a it's a mixture of a legal process.

293

00:53:04.830 --> 00:53:12.660

Sam Bent Weber: And Community advocacy and and the political process,

the other interesting piece of the story is that once.

294

00:53:14.010 --> 00:53:19.050

Sam Bent Weber: Their civil rights complaint was sort of resolved right they got access to water, the Community decided.

295

00:53:19.650 --> 00:53:33.750

Sam Bent Weber: we're going to seek civil damages for all of the years, the 50 years almost 15 years that we have been lobbying for access to water, and so they pursued a case of discrimination case in Federal Court.

296

00:53:34.800 --> 00:53:45.000

Sam Bent Weber: Because they wanted to make a statement about the impact of that kind of discrimination on communities like there's they wanted to set a precedent.

297

00:53:47.760 --> 00:54:09.270

Carmen Nevarez: So, can you also may be using this example talk a little bit about some of the other strategies that might be employed by a community in order to seek a solution that are in addition to filing a lawsuit that would depend upon the knowledge of.

298

00:54:11.100 --> 00:54:15.120

Carmen Nevarez: The sort of this this body of knowledge that you just brought to us.

299

00:54:18.870 --> 00:54:22.560

Matthew Penn: So that's a great question, I think, for me.

300

00:54:23.580 --> 00:54:32.040

Matthew Penn: In and you know, I was an attorney for the state public health department in South Carolina for many years before coming to CDC.

301

00:54:33.480 --> 00:54:44.760

Matthew Penn: And for me, one of the interesting things about call run in why I think it's so engaging as a case study is I saw call run.

302

00:54:46.080 --> 00:54:48.420

Matthew Penn: In retrospect, in my community.

303

00:54:50.070 --> 00:54:55.560

Matthew Penn: I didn't see it when I was practicing I was a frontline public health practitioner.

304

00:54:56.640 --> 00:55:02.580

Matthew Penn: I represented the county health departments in South Carolina I represented the state of South Carolina.

305

00:55:03.990 --> 00:55:12.060

Matthew Penn: I represented the division of water protection I represented the environmental health division that did septic tanks.

306

00:55:13.980 --> 00:55:22.920

Matthew Penn: I lobbied the state legislature for money large sums of money to run sewer lines to a neighborhood where the health department had made a mistake.

307

00:55:24.960 --> 00:55:30.750

Matthew Penn: I was part of the team counseling our health, Commissioner, on a community that were their Community well.

308

00:55:31.830 --> 00:55:41.880

Matthew Penn: Was corroding the lead pipes inside their houses are predominantly African American neighborhood and our stance at the health department was that's not our job.

309

00:55:44.760 --> 00:55:47.580

Matthew Penn: The pipes inside your home or not our responsibility.

310

00:55:49.680 --> 00:56:08.940

Matthew Penn: That Community water system is not our responsibility now ultimately redress was found, but the initial stance was exactly as it was in zanesville with co run and I was a party to them, so this is not, it is about co run, it is about teams bill.

311

00:56:10.200 --> 00:56:12.810

Matthew Penn: But it's also not it's about all of us.

312

00:56:13.950 --> 00:56:19.380

Matthew Penn: you're surrounded by water lines all the time and you're definitely surrounded by people who need water all the time.

313

00:56:20.910 --> 00:56:23.040

Matthew Penn: So I think.

314

00:56:24.360 --> 00:56:45.600

Matthew Penn: Having a better understanding now of the alternatives, I think what call run points to is, we can use public health to track disparities, the public health department didn't even go to the neighborhood as far as we know, and see that people were getting sick because of the water.

315

00:56:48.150 --> 00:56:59.250

Matthew Penn: Public health department could have used its power to convene cross sector when I was helping this one neighborhood get sewer lines, I was talking to mostly people who didn't work at the health department.

316

00:57:00.900 --> 00:57:14.460

Matthew Penn: As the representative of the health department, I was working with the public utility up in the city that served that area, I was talking to the Community Members I was talking to the developer, who who developed put the roads in it was building out.

317

00:57:15.870 --> 00:57:19.500

Matthew Penn: I was talking to the State legislature, I was talking to lobbyists.

318

00:57:20.760 --> 00:57:41.850

Matthew Penn: I was talking to appropriators with the state, I was working across sectors to try to find a solution and I think that's what we can do now, we can go out, we can study we can test we can track, and we can advocate for the health.

319

00:57:43.230 --> 00:57:51.870

Matthew Penn: Get so afraid in public health of advocating new really are advocates for health there's nothing wrong with that that is the job actually.

320

00:57:53.250 --> 00:58:00.030

Matthew Penn: And it runs through the tenant central public health

services, so they can advocate they can speak on behalf of we can hold meetings.

321

00:58:00.570 --> 00:58:15.990

Matthew Penn: Right, we have at least some resources, we can hold meetings, we have a title and names, if nothing else, we can bring people together and open discussions and say, this is a health issue, our jobs, health, this is a health issue, can you come and help me out here.

322

00:58:17.970 --> 00:58:33.540

Matthew Penn: And I think you know that's part of what it is, you know that public health approach kind of gives us a different way and we can tie it to academic this academic that public health three point now tied to our pathway, but in the end.

323

00:58:34.680 --> 00:58:45.750

Matthew Penn: into the health of our communities really is our responsibilities and i'm talking to everybody it's not just whether you work in a public health department you work for hospital system to help every community is your responsibility that's why you're in the business.

324

00:58:47.550 --> 00:58:54.270

Matthew Penn: If you work in local government, the health and safety and well being of your constituents is your job.

325

00:58:55.440 --> 00:58:57.570

Matthew Penn: And that's all the constituents.

326

00:58:59.370 --> 00:59:01.590

Matthew Penn: And when I look back on my experience.

327

00:59:03.240 --> 00:59:08.280

Matthew Penn: As an advocate as a representative of government agency I didn't see.

328

00:59:09.750 --> 00:59:17.790

Matthew Penn: Why, I can sympathize with the people in co run I can also sympathize with people in the health department I didn't see it I didn't know enough.

329

00:59:19.110 --> 00:59:28.680

Matthew Penn: I hadn't matured enough I hadn't evolved enough I didn't see the racial component to it, I didn't see my part in that discriminatory practice I didn't see my.

330

00:59:29.010 --> 00:59:42.180

Matthew Penn: My complete blindness to whatever inequities or around that neighborhood I was trying to get sewer to however many neighborhoods around that didn't sewer didn't have running water didn't have public or that could have.

331

00:59:43.710 --> 00:59:53.730

Matthew Penn: So to me that's a that's a powerful part of what Cobra does, to me it speaks to me my pass practice and says hey this is repeated everywhere.

332

00:59:54.390 --> 01:00:16.590

Matthew Penn: it's not just Ohio it's not just muskegon county it's not just saying it's not just Cobra it's all around us and it points to a way that we can have things work better than 48 years in in a discrimination civil rights complaint we don't have to go there i'm glad we have those mechanisms.

333

01:00:17.820 --> 01:00:19.680

Matthew Penn: But they're not the only way to get us.

334

01:00:22.140 --> 01:00:24.090

Carmen Nevarez: Well it's certainly a very powerful.

335

01:00:26.040 --> 01:00:27.000

Carmen Nevarez: reflection.

336

01:00:28.110 --> 01:00:36.960

Carmen Nevarez: I think Matthew that we you know, those of us who've worked in government, I look back at some of that work and just see how many points at which we've had a.

337

01:00:37.500 --> 01:00:48.660

Carmen Nevarez: Somewhat blind perspective because of the way that things are driven from within the government within the political system so i'm going to put it to a to another way of looking at this

and ask you ask you both.

338

01:00:49.740 --> 01:00:59.670

Carmen Nevarez: So how, what are your thoughts about how to provide the best resource when Community lead change is really.

339

01:01:01.560 --> 01:01:21.660

Carmen Nevarez: is really what needs to is really what needs to happen when the Community needs to define what the strategies are what the the opportunities are, how do, how do you work in service with Community driven Community lead movements.

340

01:01:30.060 --> 01:01:30.690

Sam Bent Weber: well.

341

01:01:32.040 --> 01:01:56.310

Sam Bent Weber: I mean, I think, in a way, the answer to the question is also in bedded in the question, it sort of starts from a fundamental sense that public health challenges our community are frequently not exclusively, but frequently Community determined and driven and public health.

342

01:01:57.480 --> 01:02:06.000

Sam Bent Weber: Practice in you know local public health departments large public health departments.

343

01:02:07.470 --> 01:02:11.430

Sam Bent Weber: are frequent frequently focused on communities, but don't.

344

01:02:13.020 --> 01:02:16.050

Sam Bent Weber: And and want to.

345

01:02:18.120 --> 01:02:21.150

Sam Bent Weber: You know, engage with and convene.

346

01:02:22.350 --> 01:02:34.620

Sam Bent Weber: Community members and leadership and bring them into the work in a collaborative fashion and those opportunities occur, but sometimes there are limits right.

347

01:02:35.700 --> 01:02:46.740

Sam Bent Weber: Because health departments are constrained by limited resources or time or and so part of our goal here is to really Center the idea.

348

01:02:47.460 --> 01:02:57.960

Sam Bent Weber: of public health departments public health practitioners and people living within communities as part of the same network right and the health department.

349

01:02:58.530 --> 01:03:16.230

Sam Bent Weber: serves as a central space for convening different actors, but it should also be understood as a place where people can go and initiate relationships and build relationships and help to mobilize.

350

01:03:18.000 --> 01:03:21.540

Sam Bent Weber: efforts and actions and change around particular issues.

351

01:03:25.650 --> 01:03:34.140

Carmen Nevarez: So let me give you a somewhat similar story that is in play right now that's offered up by one of our attendees.

352

01:03:35.280 --> 01:03:42.930

Carmen Nevarez: in Atlanta California there's a South side and the north side the residents call it, new and old other length, though.

353

01:03:43.470 --> 01:03:50.430

Carmen Nevarez: The South side is clean and Nice North side is almost all black and Brown is rundown has bad water and streets.

354

01:03:51.330 --> 01:04:01.380

Carmen Nevarez: The city is rationalizes saying the south side is closer to the neighboring city, which is a metropolitan area and that that's the reason for the stark differences.

355

01:04:01.980 --> 01:04:09.420

Carmen Nevarez: They say they can't fix the streets, because the water problem is going to cause the it's going to take 10 years to change the pipes.



356

01:04:10.230 --> 01:04:24.300

Carmen Nevarez: So you know what's, what do you think is an appropriate approach in this case where it seems clear to the residents sort of many of the residents that that race is really a fundamental acting acting factor here.

357

01:04:27.750 --> 01:04:28.440

Matthew Penn: So.

358

01:04:30.240 --> 01:04:40.740

Matthew Penn: it's a challenging it's a challenging process, I mean I think part of what Sam was talking about is just this idea of Community engagement and listening.

359

01:04:42.210 --> 01:04:48.060

Matthew Penn: And and being intentional about the listening and.

360

01:04:49.980 --> 01:05:02.850

Matthew Penn: same talks a lot about meeting people where they are, and I think that's psychological I think it's emotional and I can tell you in in public practice it's physical.

361

01:05:05.070 --> 01:05:11.340

Matthew Penn: Like you go where they are you going to have some meetings you want to hear from people go to them.

362

01:05:15.420 --> 01:05:17.340

Matthew Penn: and be open to what it is this say.

363

01:05:18.570 --> 01:05:19.620

Matthew Penn: So that's the first step.

364

01:05:21.300 --> 01:05:23.220

Matthew Penn: And I think the second step is.

365

01:05:24.630 --> 01:05:27.090

Matthew Penn: We all have to recognize that.

366

01:05:28.650 --> 01:05:30.270  
Matthew Penn: We think we know.

367  
01:05:32.790 --> 01:05:33.600  
Matthew Penn: But we may not.

368  
01:05:35.700 --> 01:05:55.440  
Matthew Penn: And so, this idea that there's some kind of caused oh it's close to that city oh it's so it's that yeah I think there were a lot of theories about why asthma was concentrated in certain areas that housing I don't have enough money to keep their houses just poverty English.

369  
01:05:57.030 --> 01:06:00.270  
Matthew Penn: And boy did we learn a lot when they started overlaying the red line.

370  
01:06:02.880 --> 01:06:04.050  
Matthew Penn: With asthma density.

371  
01:06:05.760 --> 01:06:08.250  
Matthew Penn: And we learned that Oh, maybe there's actually.

372  
01:06:09.750 --> 01:06:21.570  
Matthew Penn: A cause that's decades and decades or a contributing factor, a significant contributing factor to why asthma is concentrated in lower income predominantly communities of color.

373  
01:06:23.850 --> 01:06:32.460  
Matthew Penn: Because those communities were subjected to finance mortgaging red lines, the people in those communities were not able to get those.

374  
01:06:34.140 --> 01:06:43.440  
Matthew Penn: And so you had white neighborhoods that were outside the red zones able to accumulate wealth far greater rates.

375  
01:06:44.520 --> 01:06:50.370  
Matthew Penn: fix up their homes, keep them in good condition helps the property tax base tops education.

376

01:06:52.170 --> 01:06:55.830

Matthew Penn: So sometimes when we think we know we don't.

377

01:06:57.180 --> 01:07:07.320

Matthew Penn: And we have to challenge all of our assumptions and part of how we can do that is through research that's only doing public health research, and I think what we bring to the table now is the ability to look at the.

378

01:07:07.800 --> 01:07:18.360

Matthew Penn: Very specific nuance attributes of policies and laws turn them into data instruct to look at the impact on health, look at the impact on systems.

379

01:07:19.800 --> 01:07:27.120

Matthew Penn: So that's that's one approach the types of couple of books, listen to the Community start to look at laws and policies that may be in place.

380

01:07:28.230 --> 01:07:30.120

Matthew Penn: And also, I think.

381

01:07:31.380 --> 01:07:40.770

Matthew Penn: You know within public health we recognize that let's take masks we know master not 100% effective, we know vaccines are not 100% effective.

382

01:07:42.600 --> 01:08:01.050

Matthew Penn: We still recommend them and part of the reason we recommend it is because we put layers in place stay six feet apart wear a mask get a vaccine individually, each one of those interventions is not necessarily 100% effective but collectively they have a huge impact.

383

01:08:02.490 --> 01:08:08.850

Matthew Penn: And I think we need to start to expand our thinking out to Community wide adventure and say yeah okay.

384

01:08:09.900 --> 01:08:11.340

Matthew Penn: So what have been takes 10 years.

385

01:08:14.670 --> 01:08:16.920

Matthew Penn: it's not going to take all 10 years to do all the houses.

386

01:08:18.750 --> 01:08:20.490

Matthew Penn: In isn't that a lot better than 40.

387

01:08:22.260 --> 01:08:23.280

Matthew Penn: let's say it takes 10 years.

388

01:08:25.380 --> 01:08:29.610

Matthew Penn: is our job to reduce health inequities is our job to reduce health disparities.

389

01:08:30.690 --> 01:08:36.990

Matthew Penn: I think so, and I think if if the answer is well that's going to take a long time, a lot of stuff takes a long time.

390

01:08:38.640 --> 01:08:46.320

Matthew Penn: It doesn't mean it's not the right thing to do, and it doesn't mean that you're start to have incremental benefits over time.

391

01:08:47.490 --> 01:08:49.350

Matthew Penn: On your way to reach some magical goal.

392

01:08:50.640 --> 01:09:03.930

Matthew Penn: I think one of the things that we were starting to talk a little bit about a little bit more we didn't really hit, it is you know you look at that 48 year process and then having to sue that's emotionally exhausting.

393

01:09:04.980 --> 01:09:08.310

Matthew Penn: and emotionally traumatic over generations.

394

01:09:09.420 --> 01:09:11.640

Matthew Penn: For years as a couple of generations.

395

01:09:16.440 --> 01:09:19.350

Matthew Penn: And so, if we start to heal that now.

396

01:09:21.180 --> 01:09:23.430

Matthew Penn: You have benefit now.

397

01:09:24.780 --> 01:09:39.240

Matthew Penn: You may get a water line in five years, but you've made and made part of the process you've been listened to, we come together as a community we've created a consensus solution and we're working together now, which has a benefit now.

398

01:09:41.190 --> 01:09:52.110

Matthew Penn: And there's going to be another benefit tomorrow and another benefit after that again it's a back to that point it's like what if these communities have taken a different approach in 1954 how would they have changed.

399

01:09:54.060 --> 01:09:57.900

Matthew Penn: And if they started in 1954 and they might have been done by 1956.

400

01:10:00.090 --> 01:10:07.050

Matthew Penn: Because we see across \$700,000 in about 18 months to actually fix it, but that process took.

401

01:10:09.060 --> 01:10:10.800

Matthew Penn: 5859 years.

402

01:10:13.980 --> 01:10:25.230

Matthew Penn: So that's kind of my thoughts on it, but you know that gets a little my punk capitals of like you know which we just got to start somewhere right sure, but we've got to start somewhere.

403

01:10:25.680 --> 01:10:30.660

Matthew Penn: And I think, starting with Community engagement and fundamental root cause research is a good place to go.

404

01:10:31.140 --> 01:10:37.440

Matthew Penn: And and push back on the it's too long it's too expensive and tell you how many times I faced that different issue.

405

01:10:38.010 --> 01:10:50.220

Matthew Penn: How many times, I was told inside my agency by my immediate supervisors by the entire agency by people in committee by people at the statehouse that running sewer lines to this neighborhood was too expensive.

406

01:10:52.410 --> 01:11:00.180

Matthew Penn: And I kept going back to the point, like yeah but we made a mistake and it's the right thing to do, that was the end that was it okay that's fine find the money.

407

01:11:01.350 --> 01:11:08.670

Matthew Penn: You get it \$18 billion budget right there's some money there let's find it let's help these people out because we messed up.

408

01:11:10.500 --> 01:11:24.240

Matthew Penn: Even if it takes a while, even if it's not this year late this year i'm going to come back next year i'm going to keep going so there's there's always obstacles and there's always ways to get over around the obstacles, in my opinion.

409

01:11:27.000 --> 01:11:43.140

Carmen Nevarez: So I want to, I want to add a little note from the public health practitioner point of view you're working for health department and and you're you're kind of wondering about that fine line, you know that that public health can sometimes.

410

01:11:44.460 --> 01:12:02.760

Carmen Nevarez: When you're in a position you sometimes feel that if you are getting engaged in in policy advocacy that you're going to be called on the carpet for lobby, so how How would you go about giving people suggestions for understanding that fine line when promoting health policy or change.

411

01:12:08.010 --> 01:12:11.370

Matthew Penn: Sam you want to take that one I got thoughts on that.

412

01:12:12.420 --> 01:12:15.900

Sam Bent Weber: Why don't you start now i'll add to your comments.

413

01:12:16.410 --> 01:12:18.390

Matthew Penn: yeah I guess in the big picture.

414

01:12:19.560 --> 01:12:20.100

Matthew Penn: With.

415

01:12:21.660 --> 01:12:23.370

Matthew Penn: You know, a couple years under my belt.

416

01:12:25.560 --> 01:12:28.140

Matthew Penn: In the big picture, we can do a lot more than we think.

417

01:12:30.930 --> 01:12:38.910

Matthew Penn: And I think, particularly when we look at the arc of history in public health and public health, he used to have a lot more political power than it does today.

418

01:12:40.170 --> 01:12:41.040

Matthew Penn: Part of that.

419

01:12:42.060 --> 01:12:47.520

Matthew Penn: Was that health boards were much more widespread than they are today.

420

01:12:49.650 --> 01:12:59.280

Matthew Penn: I think one of the ways that we deal with this gets back to Community engagement, you have the Community on your side with data listening.

421

01:13:00.510 --> 01:13:04.590

Matthew Penn: With proposed solutions you can go a long way with that.

422

01:13:06.360 --> 01:13:08.070

Matthew Penn: On the more technical side.

423

01:13:10.680 --> 01:13:14.700

Matthew Penn: There is a difference between advocating for people's health.

424

01:13:15.990 --> 01:13:33.300

Matthew Penn: and suggesting evidence based solutions it's a big

difference between that and saying City Council county council, we would like you to pass a particular ordinance that has these words in this order.

425

01:13:35.280 --> 01:13:49.260

Matthew Penn: In many jurisdictions that's going to be considered lobbying to the legislative branch may be in violation of agency policy could be in violation of local ordinances you need to get some legal advice about that.

426

01:13:50.370 --> 01:14:03.180

Matthew Penn: But that's where I think you know these I think over time in and I tend to think, to some extent, this has been put on us by people who don't want change.

427

01:14:05.700 --> 01:14:10.770

Matthew Penn: But I think the lines between these kinds of activities have been blurred to confuse us.

428

01:14:12.480 --> 01:14:22.920

Matthew Penn: And so, part of my suggestion is to uncover yourself and to look specifically at what it is you're doing and look specifically at what people say you're prevented from doing and see if they're the same.

429

01:14:23.850 --> 01:14:37.710

Matthew Penn: And then see if you have specific policies that your agency's specific ordinances within your local jurisdictions specific laws at the state level that prevent you from doing what the tennis central public health services say we are supposed to do.

430

01:14:39.120 --> 01:14:40.740

Matthew Penn: Which is gather data.

431

01:14:42.840 --> 01:14:47.580

Matthew Penn: Understanding analyze it translated into action.

432

01:14:48.870 --> 01:14:56.250

Matthew Penn: Sometimes that's policy right you look at the three fundamental services, the three of them one of them has all kinds of stuff to do with policy.



433

01:14:57.360 --> 01:15:02.190

Matthew Penn: So gather data understand data translate data into action and pursue the edge.

434

01:15:03.930 --> 01:15:17.190

Matthew Penn: And I think when we when we put it into that public health approach we we start stepping further further away from this sort of mythical boogeyman of advocating or lobby.

435

01:15:19.380 --> 01:15:20.970

Matthew Penn: that's my pleasure, my thoughts.

436

01:15:22.560 --> 01:15:24.000

Carmen Nevarez: Sam, what do you want to add to that.

437

01:15:24.750 --> 01:15:27.510

Sam Bent Weber: yeah I mean, I think the other piece of it is.

438

01:15:29.700 --> 01:15:47.280

Sam Bent Weber: If you if you think about all those pieces together and you think about public health practitioners looking at examining studying laws and how they are implemented.

439

01:15:49.020 --> 01:16:03.720

Sam Bent Weber: By tracing by by engaging in that study and then tracing the way that they have an impact on health that gives you a profound arsenal right for engaging in.

440

01:16:04.980 --> 01:16:19.140

Sam Bent Weber: advocacy for health right you're you're essentially collecting information, and that is necessary for understanding why particular communities.

441

01:16:19.530 --> 01:16:30.120

Sam Bent Weber: or particular populations are living in the conditions that they're living in why their health is being harmed, that is a fundamental task of public health practitioners.

442

01:16:31.140 --> 01:16:43.860

Sam Bent Weber: And by engaging in that task, even if it means talking

about issues that have political implications or seem a bit messy politically.

443

01:16:45.780 --> 01:16:48.240

Sam Bent Weber: You know you're doing your job right.

444

01:16:51.360 --> 01:16:54.270

Matthew Penn: I think another interesting aspect of it, too, which I.

445

01:16:56.070 --> 01:17:09.960

Matthew Penn: We haven't really written much on, but I think about a lot is you know when we focus on the data instead we present this so i'm presenting to a committee or sub committee at the legislature i'm talking about large or i'm.

446

01:17:11.160 --> 01:17:12.060

Matthew Penn: talking to.

447

01:17:13.080 --> 01:17:13.800

Matthew Penn: say.

448

01:17:14.910 --> 01:17:20.190

Matthew Penn: A group of corners or medical examiner's in South Carolina i'm talking about the laws that govern what they do.

449

01:17:21.480 --> 01:17:28.380

Matthew Penn: A meeting with share ups across the state to talk about the laws that authorized them to assist public health in a difference.

450

01:17:29.520 --> 01:17:47.400

Matthew Penn: By focusing on the law in the systems i'm also i'm dissociating it from individuals and people it's not about you, even though it may be it's not about you it's about this other thing that has been created, sometimes decades before by other people.

451

01:17:48.750 --> 01:18:05.610

Matthew Penn: So let's systematically look at this and talk about, because this is just a collection of words it's not necessarily policy it's this to them, and we can take this apart and look at it and see what it does and what it doesn't do what impact it may be having and I think.

452

01:18:06.810 --> 01:18:14.760

Matthew Penn: part of what centering these conversations around law can do as we pursue health equity is give people a little bit of space.

453

01:18:17.070 --> 01:18:20.400

Matthew Penn: externalize it from down a little bit.

454

01:18:21.480 --> 01:18:25.860

Matthew Penn: In can make some folks who might be otherwise uncomfortable to talk about these things.

455

01:18:27.600 --> 01:18:36.270

Matthew Penn: gives them a little bit of space in which they can be comfortable and bring awareness to them, I did a presentation in.

456

01:18:37.530 --> 01:18:53.910

Matthew Penn: image midwestern city, a couple years ago and when we're talking about all this stuff so search terms of health and things and there was somebody there who worked for another agency not public health agency, and it was an Internet do it housing development and zoning.

457

01:18:55.230 --> 01:19:09.540

Matthew Penn: and afterwards the in the resulting conversation was you know this person's mind was opened completely like you know literally like I never thought about it that way.

458

01:19:11.100 --> 01:19:12.600

Matthew Penn: I never thought that.

459

01:19:13.860 --> 01:19:17.610

Matthew Penn: Our ordinances might be having impact on people's health.

460

01:19:20.580 --> 01:19:32.490

Matthew Penn: And the important thing to me was she was not talking about her what she was doing at work and what she was doing as a personal.

461

01:19:32.910 --> 01:19:44.220

Matthew Penn: emissary of these policies, it was about the policy, I had no idea that's so exciting I didn't know we could get in and look at those things and study them and see the impact that they were having on our Community that's so cool.

462

01:19:45.540 --> 01:19:52.800

Matthew Penn: And that to me was a big moment in my practice to say look if we start talking about folks policies laws, but.

463

01:19:53.160 --> 01:19:58.560

Matthew Penn: You know, it gives people a little bit of space to look critically at what may be happening in their communities.

464

01:19:59.130 --> 01:20:03.960

Matthew Penn: we're not attacking them personally or saying they're racist or whatever they may need to do their own work.

465

01:20:04.410 --> 01:20:19.140

Matthew Penn: When we start that conversation at the law and the text in the narrative these texts create I think we can go a long way to increasing the size of this audience of folks that we can talk to and work with to make to make progress.

466

01:20:20.700 --> 01:20:24.690

Carmen Nevarez: Thank you for that so one of the things i'm getting from a lot of audience.

467

01:20:25.980 --> 01:20:44.430

Carmen Nevarez: audience members is that they would really like to be able to access more tools and and and more of the things that helped us structure their conversations within their own processes within their own governments within, whatever their domains are but here's a very nice comment here.

468

01:20:46.380 --> 01:20:55.260

Carmen Nevarez: That I love the pathway I said of the board of health and omaha nebraska and we recently began discussions that mirror the pathway that you shared today.

469

01:20:55.860 --> 01:21:09.660

Carmen Nevarez: Do samples tool kits checklists exist that can guide communities through such a process, one example brought forward in our work was the kerner Commission report in 1968 anything more recent.

470

01:21:15.510 --> 01:21:16.860

Matthew Penn: Well, thanks for the.

471

01:21:17.940 --> 01:21:19.320

Matthew Penn: comment on the pathway.

472

01:21:20.610 --> 01:21:28.440

Matthew Penn: And sam's worked on that for a long time, and I have a little bit on the side, so there are tools, the pathway is going to come out.

473

01:21:29.190 --> 01:21:37.950

Matthew Penn: You can certainly reach out to us, I mean we provide technical assistance to communities have these conversations help folks you know sort of think through things talk through things.

474

01:21:39.330 --> 01:21:43.980

Matthew Penn: And I would say to, and I was actually recently doing some other research.

475

01:21:45.330 --> 01:21:52.950

Matthew Penn: There is there's a group, if you Google Center for the study of social policy.

476

01:21:54.570 --> 01:21:58.320

Matthew Penn: And they have a race equity impact assessment.

477

01:21:59.490 --> 01:22:09.060

Matthew Penn: And it's pretty flexible it's focused on a family issues but it's a pretty flexible framework that i've looked at that can be really useful.

478

01:22:10.680 --> 01:22:24.750

Matthew Penn: Seattle King county also has an equity impact review process on that they use to look at policies practices implementation.

479

01:22:26.670 --> 01:22:45.630

Matthew Penn: there's a group called change lab solutions out in oakland they've recently published a guide to equitable enforcement that's really useful to really get in and dig into how you conduct your enforcement as a local public health agency of government agency.

480

01:22:47.250 --> 01:22:49.980

Matthew Penn: So there are number of of.

481

01:22:51.240 --> 01:22:56.550

Matthew Penn: tools and resources out there, that I know i'm sure Sam probably noses of others as well.

482

01:22:59.640 --> 01:23:03.480

Sam Bent Weber: So I would recommend also taking a look at.

483

01:23:05.040 --> 01:23:07.290

Sam Bent Weber: Change labs solutions.

484

01:23:08.310 --> 01:23:10.410

Sam Bent Weber: blueprint for equity.

485

01:23:12.690 --> 01:23:13.680

Sam Bent Weber: The.

486

01:23:14.850 --> 01:23:15.600

Sam Bent Weber: let's say.

487

01:23:17.280 --> 01:23:19.260

Sam Bent Weber: There is also a recent.

488

01:23:20.700 --> 01:23:26.640

Sam Bent Weber: sort of analysis of housing policy broadly that was put together by temple university.

489

01:23:28.980 --> 01:23:40.860

Sam Bent Weber: sort of equitable housing policy that I think is really interesting because it sort of scituate housing as a helpful study for other social determinants problems.

490

01:23:42.720 --> 01:24:06.090

Sam Bent Weber: NATO, which is another partner of ours does a lot of work on health and all policies and works with health departments and jurisdictions around the country to sort of do some brainstorming about their particular context and how health can be situated in relation to other social.

491

01:24:08.280 --> 01:24:12.570

Sam Bent Weber: Social and policy mechanisms within their communities and jurisdictions.

492

01:24:14.490 --> 01:24:26.160

Sam Bent Weber: thanks for that la another important point that we should highlight is that we've got a bunch of trainings on some of the law and public health.

493

01:24:27.540 --> 01:24:40.590

Sam Bent Weber: topics that we've talked about here today, but others just sort of looking at the relationship between law and public health and that's the the public health Law Academy, if you Google that, and you will get will.

494

01:24:41.640 --> 01:24:54.300

Sam Bent Weber: come up on Google, it will bring you actually to our website, if you also go to our website, the public health law program at CDC you can find the public health Law Academy there and their number of trainings on.

495

01:24:55.620 --> 01:25:09.600

Sam Bent Weber: The intersections of public health and that are relevant for your purposes, and please reach out to us like as Matthew said, we do provide a lot of technical systems we're in a lot of conversations about.

496

01:25:10.110 --> 01:25:21.090

Sam Bent Weber: The pathway itself and how to begin to build more tools that can be that can sort of flesh out some the elements that pathway for public health departments.

497

01:25:22.830 --> 01:25:28.710

Carmen Nevarez: So, clearly the tools are really very important because they help people to proceed.

498

01:25:29.550 --> 01:25:39.060

Carmen Nevarez: But before you can proceed, you need to have some some better sense of the both the context and the possibility and so these conversations are really, really important.

499

01:25:39.600 --> 01:25:46.890

Carmen Nevarez: i'm going to give one one more comment from the audience, before we start to close up and see what what kinds of thoughts, you have.

500

01:25:50.430 --> 01:25:56.010

Carmen Nevarez: What what kinds of examples might you give about how to move beyond public health.

501

01:25:57.030 --> 01:26:14.370

Carmen Nevarez: In order to affect those agencies impact the work of those agencies whose work has public health impact, for example, the ones you already gave roads and infrastructure policing or safety have huge impact on access to healthy lifestyles.

502

01:26:16.080 --> 01:26:23.040

Carmen Nevarez: Obviously partnerships are key but you know, public health, sometimes can.

503

01:26:24.030 --> 01:26:33.120

Carmen Nevarez: And sometimes public health can help to shift that focus, but how do we, how do we help to move that conversation forward, how do we get these other sectors.

504

01:26:33.450 --> 01:26:45.810

Carmen Nevarez: and other parts of communities to engage in a discussion and engage in work that moves the public's health forward when they don't necessarily see it as being their primary task.

505

01:26:51.480 --> 01:26:54.120

Matthew Penn: it's a great question it's a challenge.

506

01:26:55.170 --> 01:26:56.190

Matthew Penn: No question.



507

01:26:57.720 --> 01:27:02.580

Matthew Penn: I think i've seen communities do it in different ways.

508

01:27:04.050 --> 01:27:08.400

Matthew Penn: Bringing in outside folks to talk about some of these issues.

509

01:27:09.480 --> 01:27:19.260

Matthew Penn: can be a catalyst it's been a catalyst and number of communities that we've been to and sort of bring outside folks in and then starting to talk about some of these issues.

510

01:27:20.790 --> 01:27:26.970

Matthew Penn: And you invite folks from across local government or other agencies, if the state government level.

511

01:27:28.620 --> 01:27:43.290

Matthew Penn: You can just convene around a particular issue I know there's been great strides made, for example in Community involvement and cross sector coordination on the opioid epidemic.

512

01:27:44.520 --> 01:27:48.300

Matthew Penn: So you can hone in on a particular issue and.

513

01:27:49.860 --> 01:27:53.130

Matthew Penn: and convene from the perspective of hell.

514

01:27:54.330 --> 01:28:00.990

Matthew Penn: And another area where this has been successful at the state and local level has been.

515

01:28:02.250 --> 01:28:05.760

Matthew Penn: In emergency preparedness so it's it's a focused issue.

516

01:28:07.410 --> 01:28:09.630

Matthew Penn: In but it's an issue on which.

517

01:28:10.860 --> 01:28:18.120

Matthew Penn: You know not any one single particular sector or

discipline or expertise can can bring solution.

518

01:28:19.740 --> 01:28:24.330

Matthew Penn: So using using that convening power, I think it's really important.

519

01:28:25.710 --> 01:28:30.300

Matthew Penn: I think it starts though inside your agency.

520

01:28:32.550 --> 01:28:35.040

Matthew Penn: It ultimately it starts with you personally.

521

01:28:36.750 --> 01:28:53.850

Matthew Penn: And all of us need to do work on what what is racism done to us as individuals in you know living in this society, some of us being raised in the society being and collaborated with the ideas that society.

522

01:28:54.960 --> 01:28:59.100

Matthew Penn: has been seeped in for generations got to start there.

523

01:29:00.780 --> 01:29:12.900

Matthew Penn: You know I shared the story about my some of my past activities to say you know I didn't know say I didn't know I didn't see it because I didn't know hadn't done the research i've done the reading and done the introspection.

524

01:29:14.130 --> 01:29:16.080

Matthew Penn: And from there, it goes to your staff.

525

01:29:17.220 --> 01:29:30.210

Matthew Penn: And you know if we want equity in our communities, we have to actually within our own organizations so diversity inclusion equity all of that hiring practices, who is sitting next to you.

526

01:29:30.990 --> 01:29:44.790

Matthew Penn: Not just out in the Community, but like little who's sitting next to you who's your colleagues Where do they come from what are their experiences and how are they different than yours what's their area of expertise, how is that different.

527

01:29:46.890 --> 01:29:53.880

Matthew Penn: And then channeling that up through leadership and having leadership, commitment to these ideas, I think, is also critical.

528

01:29:55.110 --> 01:29:58.320

Matthew Penn: To getting wider Community support and engagement.

529

01:30:00.000 --> 01:30:06.060

Sam Bent Weber: But, just a quick note I know we're short on time coming, but another thought that comes to mind about, that is.

530

01:30:06.540 --> 01:30:13.740

Sam Bent Weber: The kinds of conversations were having in public health, you know they're going on in other spaces and the one.

531

01:30:14.370 --> 01:30:20.580

Sam Bent Weber: hope that we have is you know i'm I bring up a lot my sister is a transportation planner and.

532

01:30:21.570 --> 01:30:30.630

Sam Bent Weber: You know she comes to me a lot, and she says well what's the public health perspective on this issue around pedestrian safety or roadways or.

533

01:30:31.620 --> 01:30:43.170

Sam Bent Weber: You know, bus usage and I think that's that to me feels like a rich starting point right because that's the kind of thinking.

534

01:30:43.710 --> 01:31:00.960

Sam Bent Weber: That is happening in lots of sectors and that needs to continue to happen and my hope is that within public health, we can begin to show lots and lots of sectors, the public health perspective on how we move forward to improve everyone's.

535

01:31:03.000 --> 01:31:23.400

Carmen Nevarez: Well, I want to thank both of you for such a thoughtful presentation we have so much work to do in this area and I, and I know that we intend to continue these conversations about what we can do, working with public health law and thinking about public

health law as a part of our practice.

536

01:31:24.420 --> 01:31:27.480

Carmen Nevarez: If you can go to the next slide.

537

01:31:29.700 --> 01:31:38.040

Carmen Nevarez: I want to let our audience know that applications are open being taken now for the national leadership Academy for the public health.

538

01:31:38.580 --> 01:31:46.680

Carmen Nevarez: And I just really recommend that, even if you're not considering applying that you take a look at the program and see if you know anybody who you think.

539

01:31:47.370 --> 01:31:58.980

Carmen Nevarez: or any Community organization that you think is is ripe for becoming a part of our cohort this is really about agile leadership and natural leadership is exactly what.

540

01:31:59.340 --> 01:32:11.130

Carmen Nevarez: What Sam and Matthew been talking about today, you need some information, you need some knowledge and you really need to pivot with the change that comes, that is, the challenges that are put before you next slide please.

541

01:32:12.780 --> 01:32:20.220

Carmen Nevarez: And also, if you would save the date on the ninth and 10th of November we're going to bring the overdose.

542

01:32:21.420 --> 01:32:28.170

Carmen Nevarez: The national overdose leader overdose prevention leadership summit to you, and if you would just.

543

01:32:29.400 --> 01:32:37.530

Carmen Nevarez: Take down this website overdose leadership summit.org and keep your eyes peeled for when the tickets go on sale, which will be any day now.

544

01:32:37.950 --> 01:32:46.500

Carmen Nevarez: The idea here is to really, really try to address the

issue of overdose prevention from the standpoint of opioids and multi drug use.

545

01:32:46.860 --> 01:32:59.520

Carmen Nevarez: And how do we get all the sectors that are engaged in solving these problems together to try to figure out how we do better leveraging each other's authorities and domains, and then finally.

546

01:33:00.360 --> 01:33:09.240

Carmen Nevarez: The last slide is we're coming back to La and health equity on the 23rd of September will be talking about a pathway from moving forward so.

547

01:33:09.480 --> 01:33:18.120

Carmen Nevarez: we're not done with you guys yet we're really thankful that you are so available to us, because this has been a really good series and people really want to hear more.

548

01:33:18.420 --> 01:33:29.040

Carmen Nevarez: So register now and get on the list, and we thank you so much for all of your participation and attendance and we will have a page that will list all of the.

549

01:33:29.250 --> 01:33:38.280

Carmen Nevarez: resources that were mentioned within this conversation also some of the ones that audience members lifted up, so thank you so much, and we will see you next time.

550

01:33:40.080 --> 01:33:40.740

Matthew Penn: Thanks.