RETHINKING the PUBLIC HEALTH PARADIGM

THE INTERSECTION OF IMMIGRATION, RACE AND PUBLIC HEALTH

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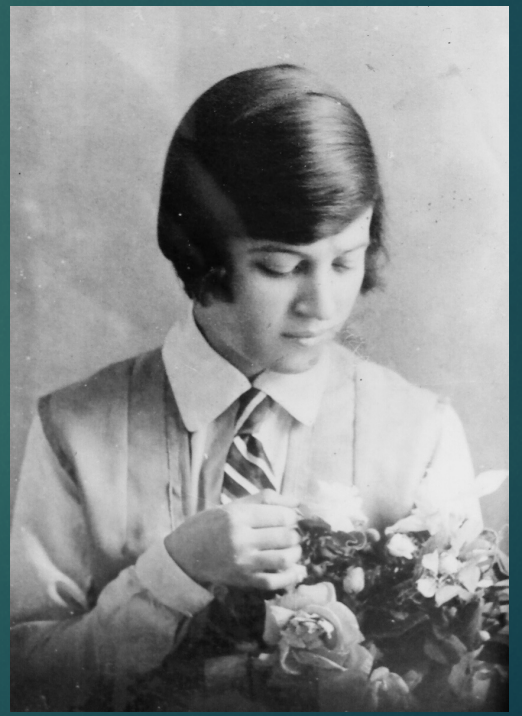
PUBLIC HEALTH

A complex system of (occasionally) competing priorities

- Traditional paradigm vs opportunities
  - WORKFORCE and SYSTEMS
  - SERVICE DELIVERY
  - NARRATIVE
- The COVID-19 Response
- A New Narrative



WORKFORCE and SYSTEMS

THE TRADITIONAL PARADIGM

- Traditional public health systems as the core of knowledge and service delivery / safety net
- Core public health systems (state or local) focus on disparity as a downstream issue
- Core public health does not reflect the diversity of communities it serves, particularly in leadership

THE OPPORTUNITY

- Expansion to inclusion of clinical, social services, grassroots, arts, humanities, media, academics, industry etc as part of a **multi-sector whole health approach**
- Core public health systems focus on **disparity as a result of upstream issues**
- **Workforce actively diversified**, including leadership positions and **organization seeks to actively engage in learning about equity and building equitable organizations**

SERVICE DELIVERY

THE TRADITIONAL PARADIGM

- service informed by funding, traditional data collected and national need
- Systems create programming and implement without community voice present
- Information and messaging is available in dominant language and in traditional mediums
- Information about how to serve communities in need produced within traditional public health or academic institutions without community participation or voice

THE OPPORTUNITY

- **Communication access becomes the norm** – well trained interpreters and well conducted translation is common place, available and accessible
- **Bicultural/Bilingual staff** drawn from the community and provide direct service (HW/CHR model)
- Historical and cultural mores about health and wellness are **understood, respected and appreciated**
- Public Health activities such as evaluation and resources allocation **assure systems are working for all not just some**
- Immigrant and other communities knowledge of the **impact of strong social support systems and significant understanding of social determinants** leveraged to increase public health knowledge
  - Special attention to **citing, crediting and compensating immigrant communities that lend their knowledge and authentic voice**

THE NARRATIVE

THE TRADITIONAL PARADIGM

- Data tells the tale in Public Health
  - Often Deficit based narrative
- Stories are often told "of" and "for" immigrant communities
- Focus on "success" in form of outputs, outcomes and measurable datasets
- Focus on Downstream

THE OPPORTUNITY

- Inclusion of **strengths-based narrative**
  - Where are community assets / What is the body of knowledge that immigrant and other communities hold
- **First-person narrative – immigrants own their own stories**
- Add focus on establishing and maintaining **authentic relationships between persons, and between systems**
- Examination of **complexities of immigrant and other communities**
- Focus on Upstream –which requires-
  - **Active and open discussion of systemic and institutional racism, historical oppression and its impact on communities of concern including immigrant communities**

And then, COVID-19

- What happens in a Public Health crisis?
  - Marginalization and widening gap of existing disparities
  - Crisis and response can lead to emerging disparities
  - Immediate relief and response may focus downstream on critical need

- Impact on Immigrant communities – Collaborative, community led response required
  - Disparities in infection, hospitalization and mortality rates are present
  - Disproportionate impact on front-line workers with significant immigrant and communities of color representation

- Community call for action in NH and across other states:
  - Immediate increase in worker protection for front-line essential workers; Expansion of testing access for immigrant communities ; Access to hazard pay and extended unemployment benefits ; Access to clear and culturally appropriate messaging and education materials in multiple languages/ mediums
  - OTHER specific community-led work being done to address food insecurity, justice-involved and incarceration, elder adults and persons with disabilities, the digital divide and education, persons experiencing substance use and/or mental health issues and housing insecurity.

What if we rewrite the narrative?

- Open opportunities to hear and listen to our stories - Inclusive, authentic voice
- Expansion of collection of quality REaL and SOGI data to include first person narrative, art, music, literature
- Diversity public health workforce across all sectors and levels and require public health systems to operationalize their values of equity
- Increased understanding and appreciation of the intersectionality of immigrant communities with other historically marginalized communities
- Appreciation and celebration of assets of immigrant and other communities – deeply rooted historical knowledge
- Address and hold accountable for change those systems that perpetuate oppression, racism, violence
- Build true community response that is co-created, co-led and co-credited across communities of concern and traditional public health systems