



What's on the Horizon

Connections between racism and health

OCTOBER 27, 2021



Vision

Ohio is a model of health, well-being and economic vitality.

Mission

HPIO is an independent and nonpartisan organization. Our mission is to advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.

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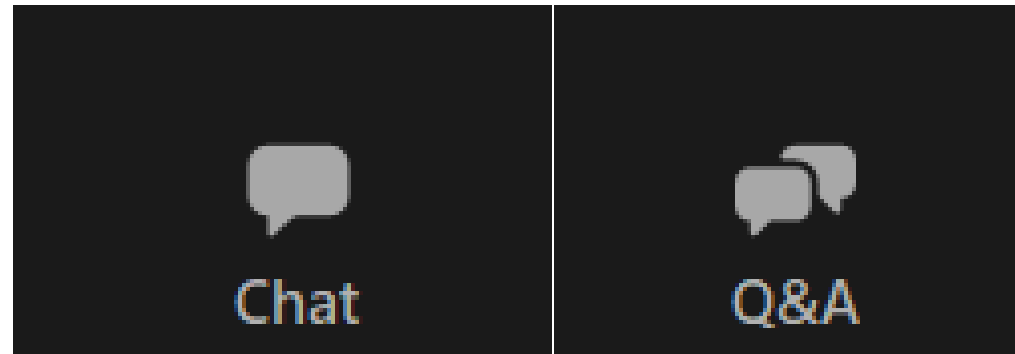


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HPIO email updates

- HPIO mailing list (link on our homepage)
- Ohio Health Policy News (healthpolicynews.org)

Participating in Zoom





Download slides and resources from today's webinar
on the event page at

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Learning objectives

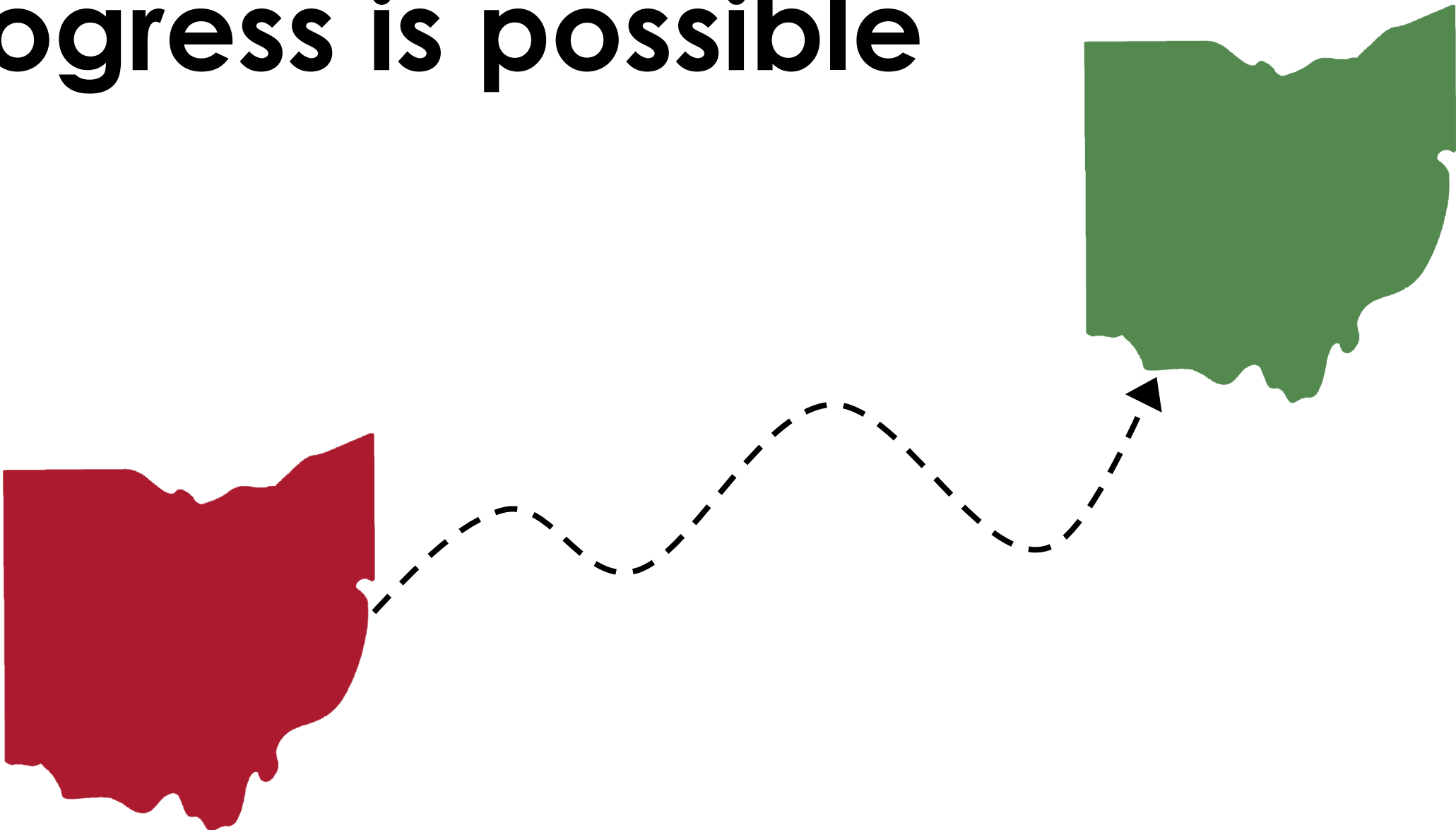
As a result of this forum, participants will have:

1. Increased knowledge about the ways in which racism impacts health
2. Increased knowledge of new evidence-based tools for communicating about equity
3. Increased understanding of why it is both important and difficult to learn about and understand racial injustice

Forging a path forward

Advancing policies that improve health, achieve equity and lead to sustainable healthcare spending

Progress is possible





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Systemic Discrimination, the Social Determinants of Health, and Health Justice

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SAINT LOUIS UNIVERSITY
—
CENTER FOR HEALTH LAW STUDIES



IHJE
The Institute for Healing Justice & Equity

Lack of Clean Bathroom Facilities



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**Almost half a million US households
lack indoor plumbing: 'The conditions
are inhumane'**



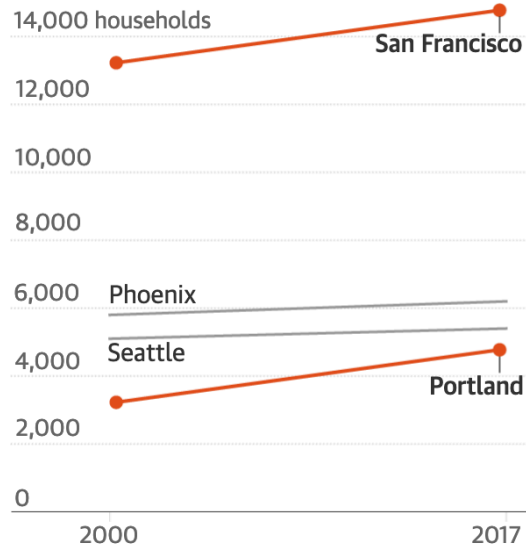
▲ Yan Yu Lin in front of her apartment building, where she struggles with substandard plumbing, in San Francisco's Chinatown on 2 August 2021. Photograph: Max Whittaker/The Guardian



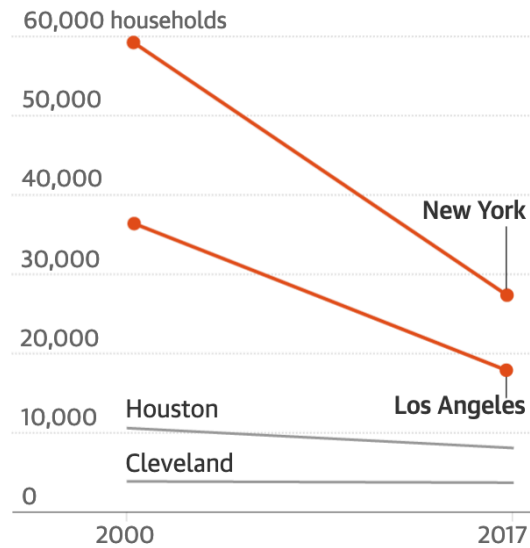
Lack of Plumbing

Changes in access to indoor plumbing across the most affected cities

Cities where **more** households had no piped water access in 2017 than in 2000



Cities where **fewer** households had no piped water access in 2017 than in 2000

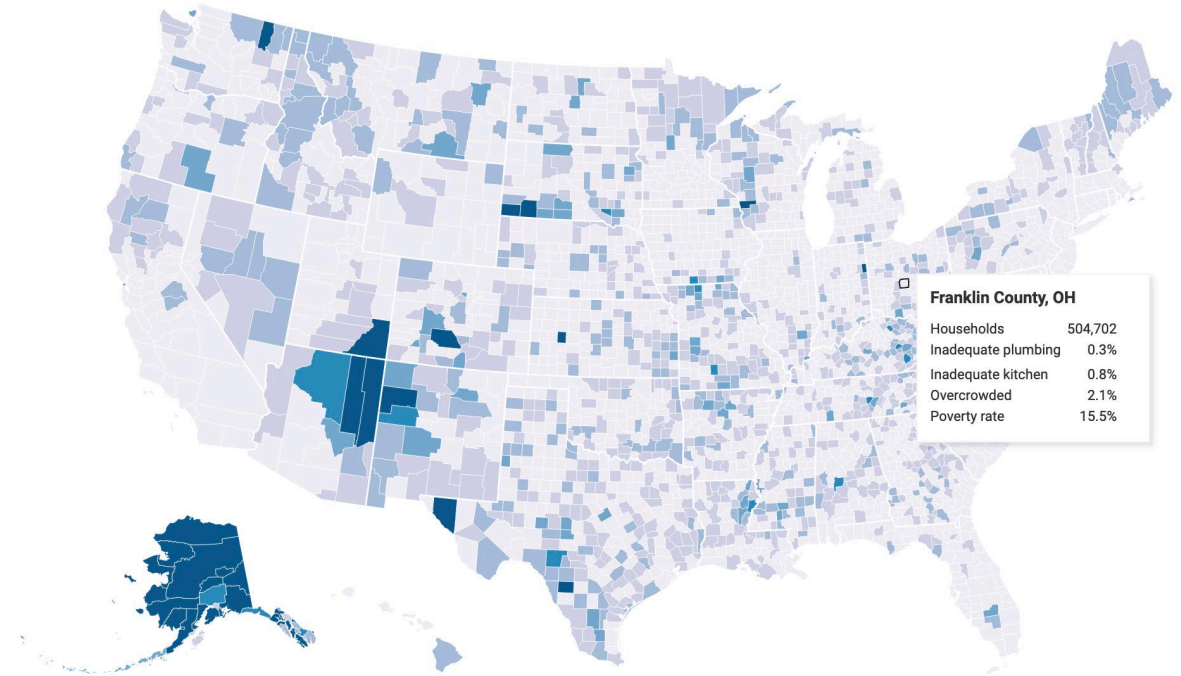


Guardian graphic | Source: Plumbing Poverty in U.S. Cities: A Report on Gaps and Trends in Household Water Access, 2000 to 2017 by Katie Meehan, Jason R Jurjevich, Alison Griswold, Nicholas MJW Chun and Justin Sherrill

Nearly Half A Million American Homes Lack Sufficient Plumbing

Households with inadequate plumbing per 1,000

- <5
- 5-10
- 10-20
- 20-30
- 30-40
- 40+



American homes are considered to lack adequate plumbing if they don't have one or more of the following: piped hot and cold water; a bathtub or shower; or a toilet.

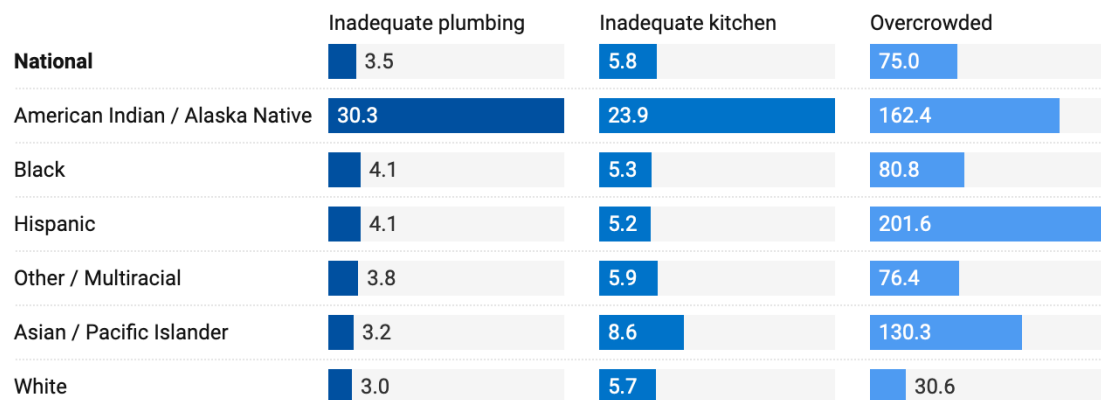
Credit: Hannah Recht/Kaiser Health News

Source: American Community Survey, 2014-2018 • [Get the data](#) • Created with [Datawrapper](#)

Lack of Plumbing & Water

Racial Inequities Seen In Substandard Housing

Non-Hispanic whites are least likely to have inadequate plumbing to properly wash hands while stuck at home during the pandemic. They fare better than the national rate in each category. Rates are per 1,000 people.



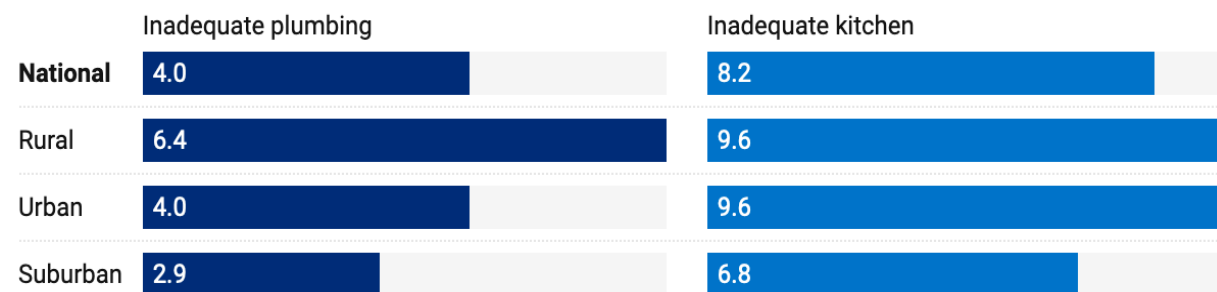
American homes are considered to lack adequate plumbing if they don't have one or more of the following: piped hot and cold water; a bathtub or shower; or a toilet. Kitchens are considered inadequate if they lack a refrigerator, a stove or range, or a sink with a faucet. Homes are considered overcrowded if they have more than one person per room. Hispanics can be of any race or races.

Credit: Liz Lucas and Hannah Recht/Kaiser Health News

Source: IPUMS. American Community Survey 2014–2018 • [Get the data](#) • Created with [Datawrapper](#)

Rural Homes Most Likely To Lack Running Water Or Plumbing

Rural homes are more likely to lack running water or adequate plumbing, and insufficient kitchens are even more common. They are also a problem in urban areas. Rates are per 1,000 households.



American homes are considered to lack adequate plumbing if they don't have one or more of the following: piped hot and cold water; a bathtub or shower; or a toilet. Kitchens are considered inadequate if they lack a refrigerator, a stove or range, or a sink with a faucet.

Credit: Liz Lucas and Hannah Recht/Kaiser Health News

Source: Housing Assistance Council, American Community Survey 2013–2017 • [Get the data](#) • Created with [Datawrapper](#)

Roadmap

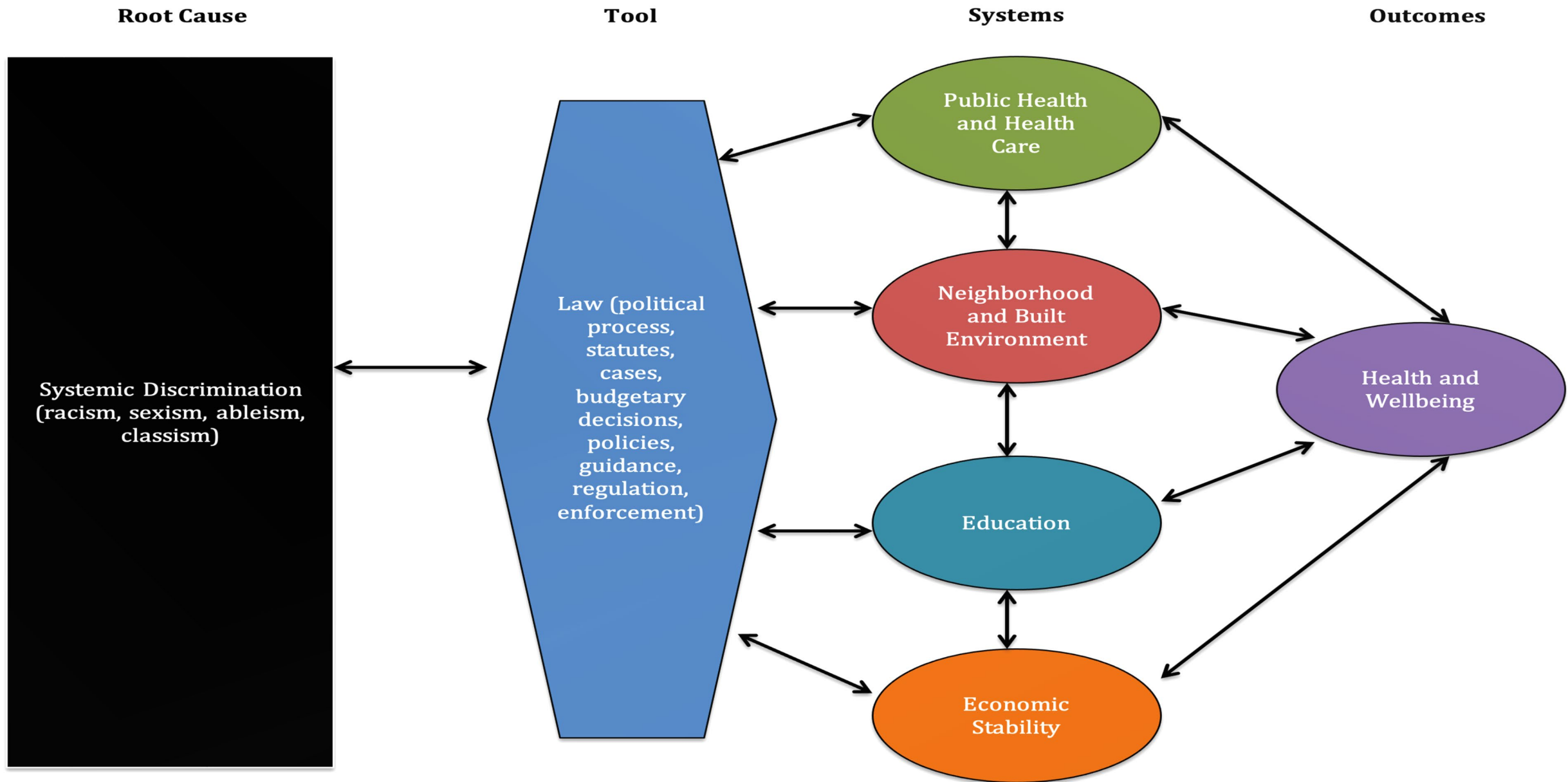
- ❖ **The Social Determinants of Health**
- ❖ **Model & Systemic Discrimination**
- ❖ **Structural Racism & Institutional Racism**
- ❖ **Health Justice**
- ❖ **Additional Readings & Contact Info**

Social Determinants of Health

- ❖ Economic Stability
- ❖ Neighborhood and Built Environment
- ❖ Health and Health Care
- ❖ Social and Community Context
- ❖ Education

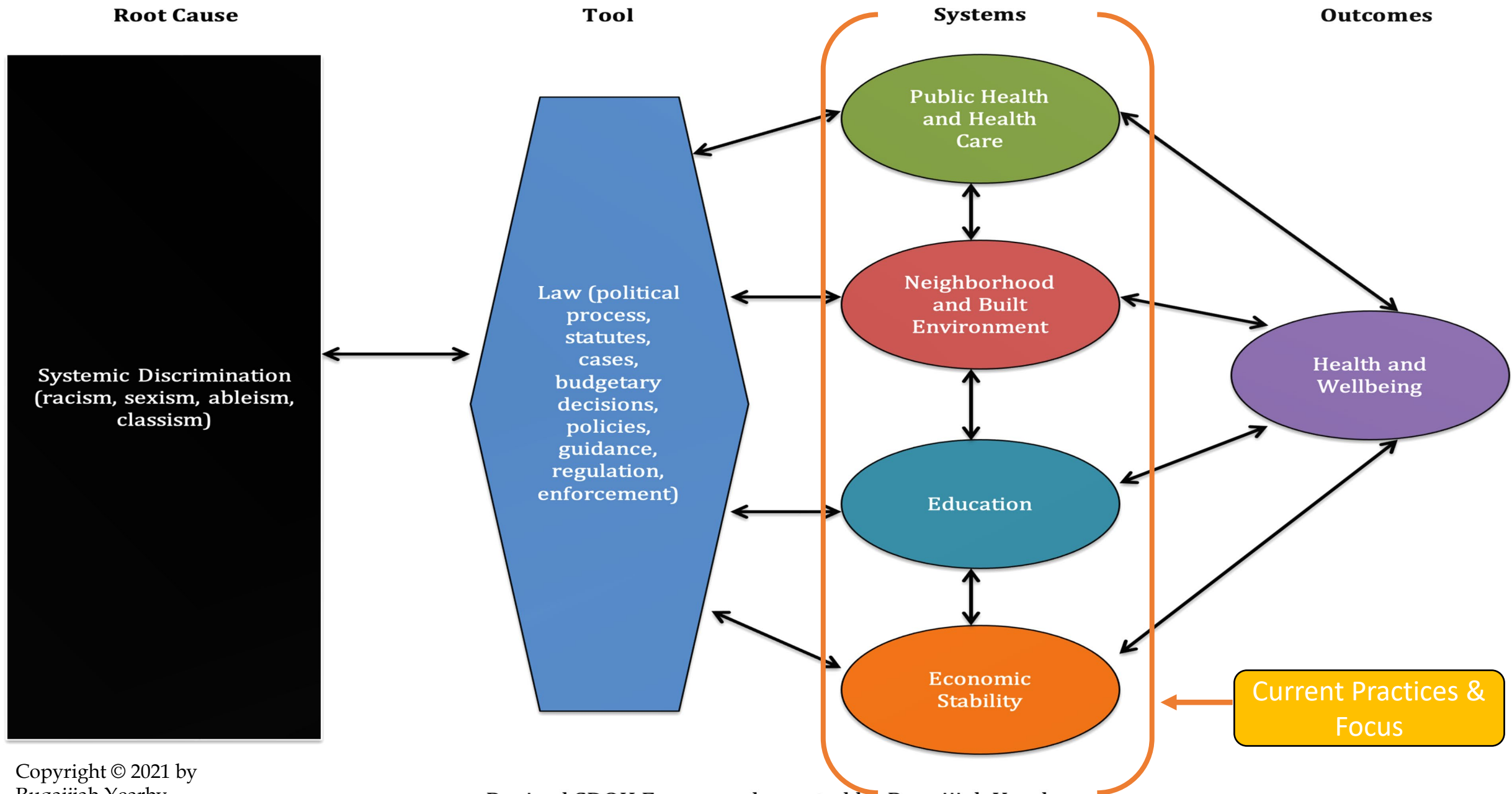
Social Determinants of Health

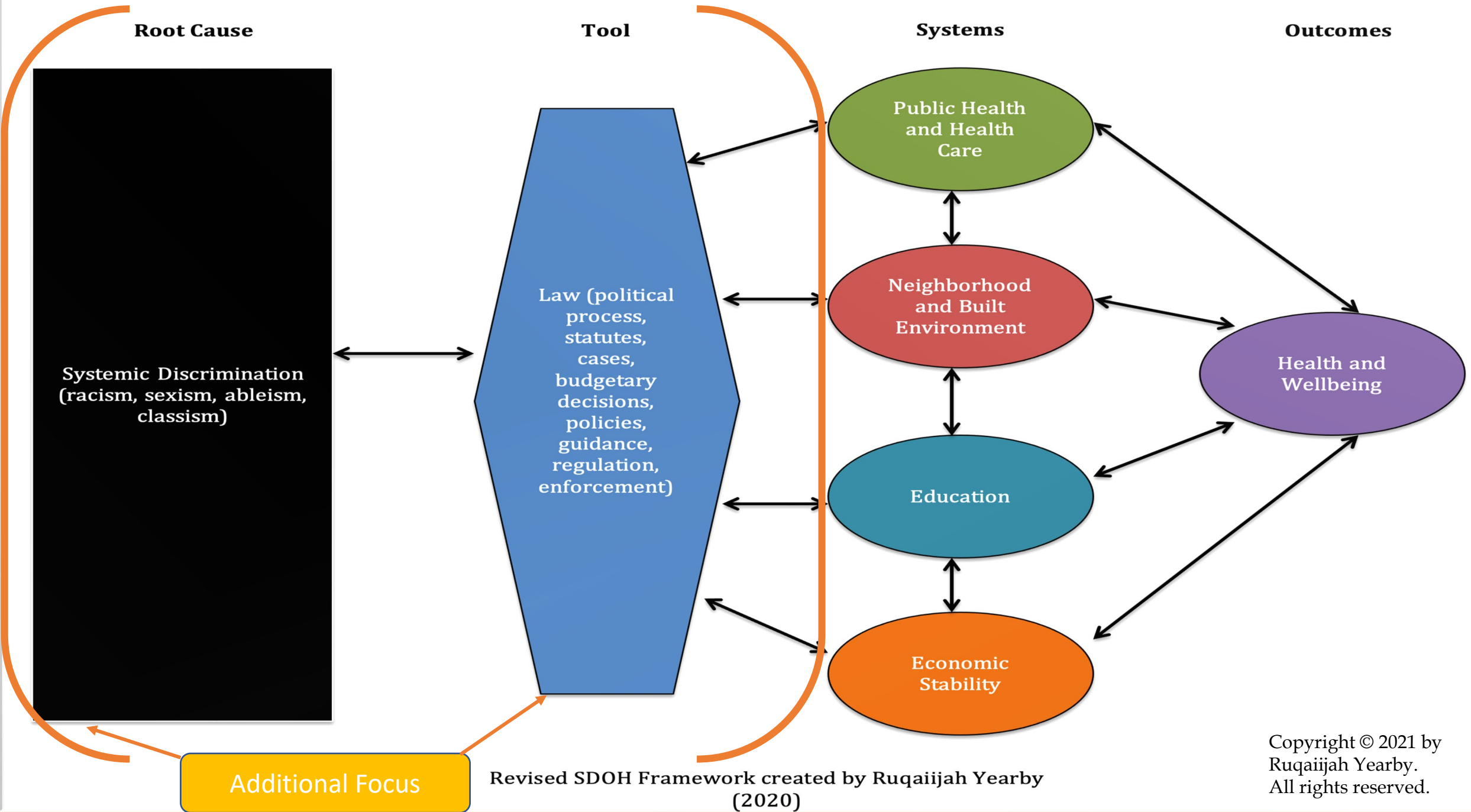




Revised SDOH Framework created by Ruqaiijah Yearby (2020)

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Systemic Discrimination

- ❖ Systemic discrimination refers to a complex array of **social structures**, interpersonal interactions, and beliefs by which a dominant group categorizes people into groups and uses its dominance to **disempower and devalue** other groups and differentially allocate societal resources (Yearby & Mohapatra, 2021; Williams, Lawrence & Davis, 2019; Elias & Feagin, 2016)
- ❖ Discrimination is about *Power* and **does not require bad intent**
- ❖ Includes four different types of discrimination: **intrapersonal**, **interpersonal**, **cultural**, and **structural**

Structural Racism (SR)

❖ The ways that **laws** are used to structure systems (public health and healthcare, neighborhood and built environment, education, and economic stability) to advantage the dominant group and disadvantage racial and ethnic minorities minorities (Yearby, 2020; Yearby & Mohapatra, 2020)

❖ **It does not require bad intent** (Yearby, 2020; Yearby & Mohapatra, 2020)

Lack of Clean Water



▲ Amanda Larson, who has no running water at her home, carries water for her son Gary Jr to have a bath in the Navajo Nation town of Thoreau in New Mexico last year. Photograph: Mark Ralston/AFP/Getty Images

Lack of Water

‘There’s no excuse for this’: thousands in Mississippi city still without water weeks after storms

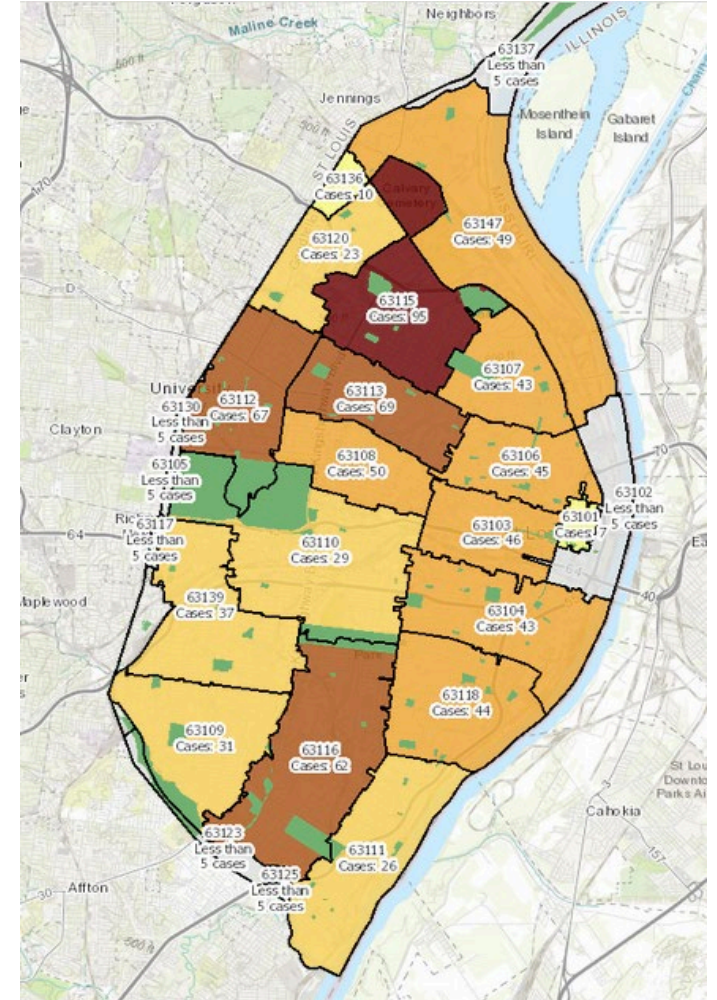
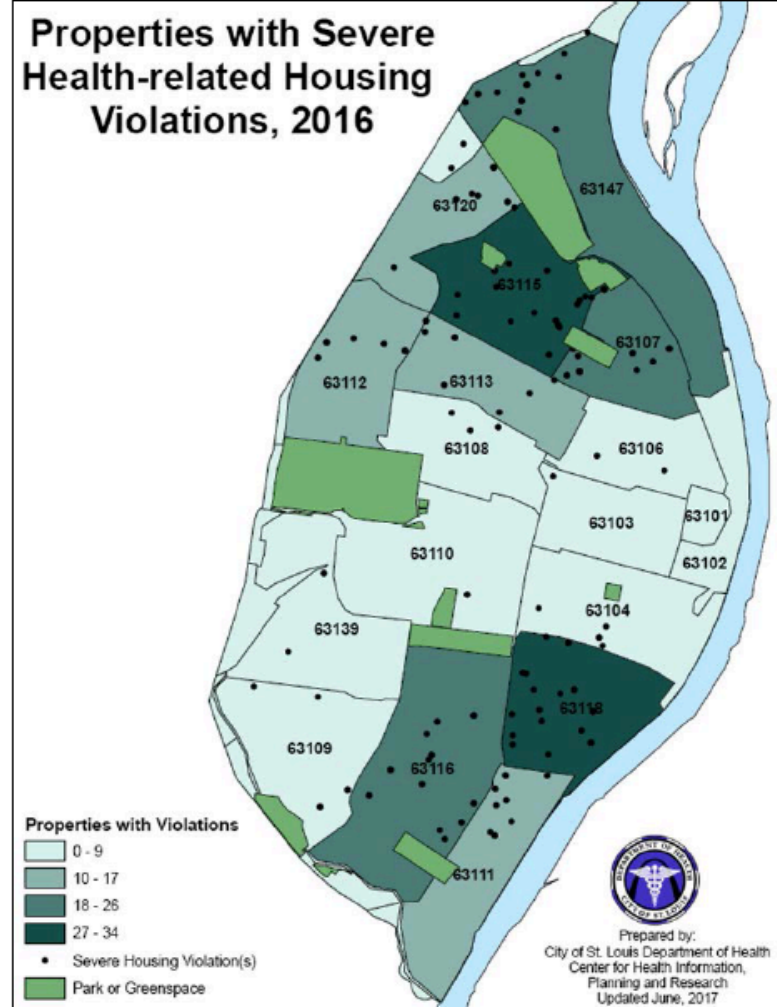
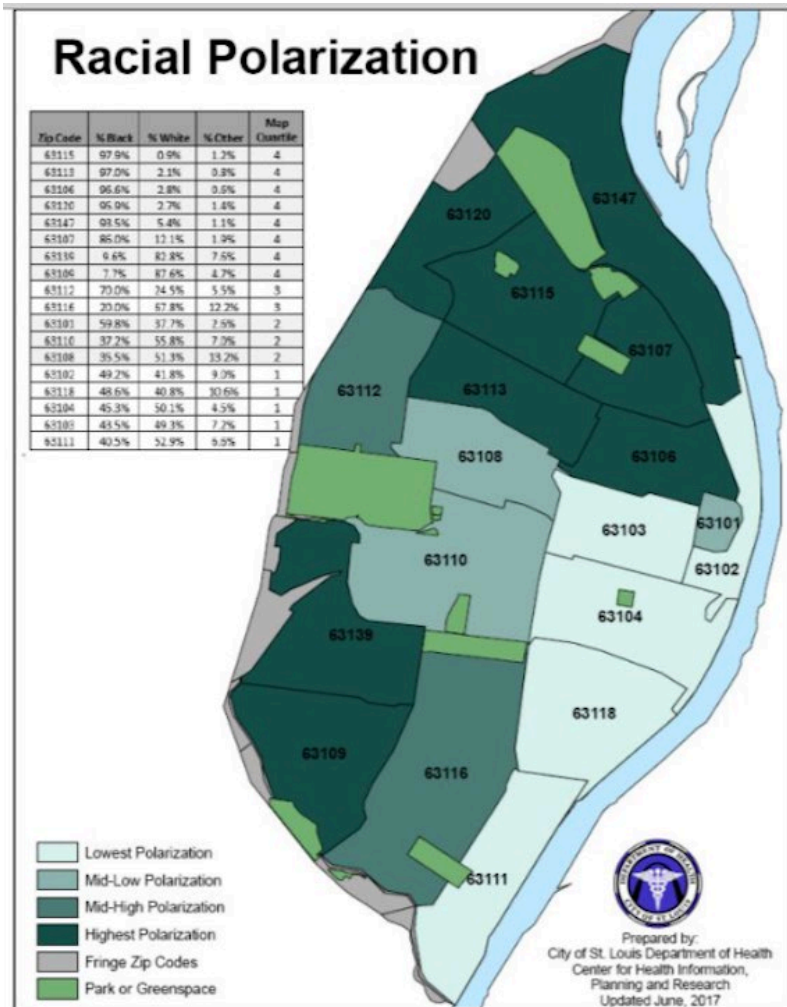


▲ Rodrick Readus carries a reusable water container outside his apartment in Jackson, Mississippi. Photograph: Rory Doyle/The Guardian

SR & Chronic Disease: Residential Segregation

- ❖ Overall residential segregation has decreased in the United States, but as of 2010, some cities like St. Louis City and Boston, MA remain segregated (Massey & Tannen, 2015)
- ❖ Residential segregation is **associated with increased mortality and has been shown to limit** Black people's opportunities to be healthy (Gilbert et al, 2015; Yang & Matthews, 2015; Thorpe et al, 2008; Jones, 2013)
- ❖ Residential segregation has also been **linked to Black persons' higher rates of heart disease, stroke, and blood pressure** (Greer et al, 2014; Kershaw et al, 2017)

Residential Segregation, Lack of Water, and COVID-19 in St. Louis



Institutional Racism (IR)

The ways that organizations work together to create separate and independent barriers through the “**neutral denial**” of equal treatment “that results from the normal operations of the institutions in a society” (Yearby & Mohapatra, 2020)

Employment

- ❖ Gender disparity in **depression and anxiety disorders** when **women earn less than their male counterparts**, which was substantially reduced when women earn more than their male counterparts (Platt, 2016)
- ❖ Experiencing discrimination at work has also been associated with to:
 - **higher job stress and posttraumatic stress symptoms** for African American women (Velez et al, 2018)
 - **problem drinking and substance abuse** in minorities and African American women

Essential Workers

- ❖ More than **55 million** Americans have been labeled as “essential workers” during the COVID-19 pandemic, most worked in the health care (30%) or food and agriculture industry (21%)
- ❖ Research showed that working in the health care, transportation, food preparation, cleaning, and service industries was **strongly associated** with a high risk of contracting COVID-19 and dying.
- ❖ **Blacks disproportionately occupied** the top nine occupations that placed them at high risk for contracting COVID-19 and potentially infecting their households (Rogers, et al, 2020)

IR & Employment Attendance Policies

❖ JBS Greeley, CO plant

- 6 workers died and 290 were infected with COVID-19 in April 2020
- One month after initial outbreak resolve (October 2020), 70 infected with COVID-19 in November 2020
- 7.5 points before COVID-19, 6 points during COVID-19
- Require doctor's note and call into English only attendance hotline

IR & Lack of Workplace Health and Safety Protections

- ❖ **90%** of all COVID-19 cases in Waterloo, Iowa (Black Hawk County) tied to the Tyson meat processing plant, which is alleged to have:
 - ✓ Required workers to work long hours in cramped conditions, **including those transferred from facilities shut down for COVID-19 outbreaks**; and
 - ✓ Failed to provide appropriate PPEs, sufficient social distancing, or safety measures
- ❖ **Tyson** increased production of meat, pork, chicken, and prepared foods, resulting in a net income of **\$692 million** up from \$369 million in 2019 and expected a revenue of **\$42 billion**

Disparities in COVID-19 infections and deaths

- ❖ Of the 9,919 (61%) cases with racial and ethnic data, **56% of COVID-19 cases** occurred in Latinos, 19% occurred in non-Hispanic Black, 13% in non-Hispanic whites, and 12% in Asians (Waltenberg et al. 2020)
- ❖ Between **6 to 8% of all U.S. COVID-19 cases** in the United States are tied to meat and poultry plants
- ❖ Having a plant in the county was associated with a **51% to 75%** increase in COVID-19 cases and **37% to 50%** increase in deaths.

Health Justice Framework

- ❖ Legal and policy responses must **address** the impacts of the **structural discrimination**, particularly on racial and ethnic minority communities
- ❖ Interventions mandating healthy behaviors must be accompanied by **financial supports and accommodations** to enable compliance and minimize harms
- ❖ Impacted communities, particularly racial and ethnic minority communities, must be **empowered** and **engaged** as leaders in the creation, implementation, and evaluation of any interventions to attain of health equity (Benfer, Mohapatra, Wiley & Yearby, 2020)

Additional Readings

❖ Ruqaiijah Yearby, *Structural Racism and Health Disparities: Reconfiguring the Social Determinants of Health Framework to Include the Root Cause*, 48 J. OF L. MED. & ETHICS 518-526 (2020), <https://doi.org/10.1177/1073110520958876>

❖ Ruqaiijah Yearby, *Internalized Oppression: The Impact of Gender and Racial Bias in Employment on the Health Status of Women of Color*, 49 SETON HALL LAW REV. 1037-1066 (2019), <https://scholarship.shu.edu/shlr/vol49/iss5/3/>

❖ Ruqaiijah Yearby, *Racial Disparities in Health Status and Access to Health Care: The Continuation of Inequality in the United States Due to Structural Racism*, 77 AM. J. ECONOMICS AND SOCIOLOGY 1113-1152 (2018), <https://doi.org/10.1111/ajes.12230>

Additional Readings & Contact Info

❖ Ruqaiijah Yearby & Seema Mohapatra, *Law, Structural Racism, and the COVID-19 Pandemic*, 7 OXFORD J. OF LAW AND THE BIOSCIENCES 1-20 (May 30, 2020),

<https://doi.org/10.1093/jlb/ljaa036>

❖ Emily Benfer, Seema Mohapatra, Lindsay Wiley, and Ruqaiijah Yearby, *Health Justice Strategies to Combat the Pandemic: Eliminating Discrimination, Poverty, and Health Inequalities During and After COVID-19*, 19 YALE J. HEALTH POLICY, LAW, AND ETHICS (2021),

<https://digitalcommons.law.yale.edu/yjhple/vol19/iss3/3/>

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QUESTIONS?

A look at the present

Exploring the connections between racism and health



Health Policy Brief

Connections between racism and health
Taking action to eliminate racism and advance equity

Overview

Data and research evidence are clear that racism is a systemic and ongoing crisis with serious consequences for the health and wellbeing of Ohioans.

In recent months, the link between racism and health has come to the forefront of public discussion as COVID-19 infections, hospitalizations and deaths have disproportionately affected Ohioans of color. At the same time, Ohio and the rest of the nation are grappling with weeks of protests and public calls to address racism in light of the disparate and excessive use of police force against communities of color. These issues have exposed the many obstacles communities of color face, including higher rates of poverty, exposure to environmental hazards and overall poor health outcomes.

As state and local leaders commit to address racism as a public health crisis, this publication outlines action steps that can be taken to eliminate racism and advance equity. This brief provides:

- A definition and explanation of racism
- A brief summary of research on the connections between racism and health
- Action steps that individuals, groups, public and private organizations and state and local government leaders can take to eliminate racism and advance equity

Why should we focus on racism?

Ohio consistently ranks among the bottom half of states on measures of health and wellbeing. For example, Ohio ranks 38 out of 50 states on [America's Health Rankings](#) 2019 report. In the Health Policy Institute of Ohio's [2019 Health Value Dashboard](#), Ohio ranks 46 out of 50 states and D.C. on health value, a composite measure of population health and healthcare spending, landing in the bottom quartile. This means that Ohioans are less healthy and spend more on health care than people in most other states.

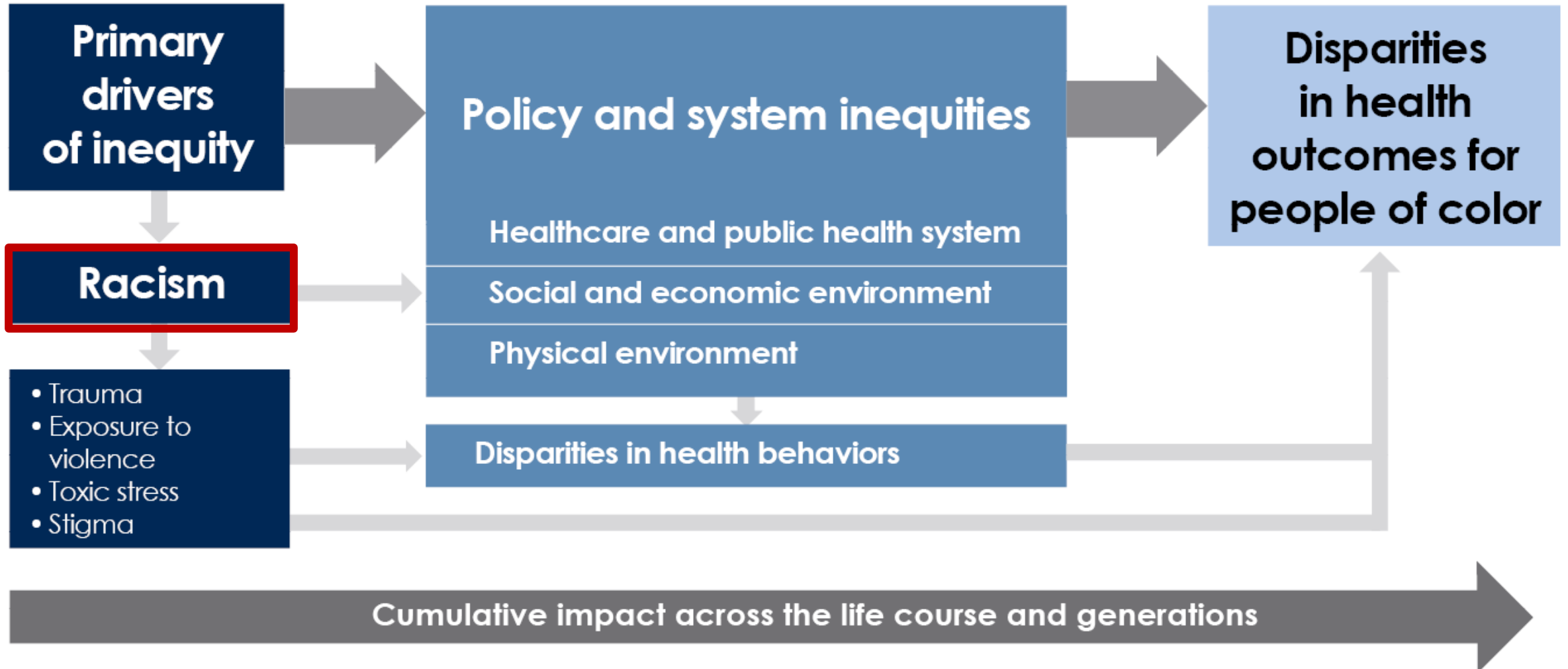
3 key findings for policymakers

- **Racism is a health crisis.** The research is clear that racism is an ongoing crisis resulting in inequities and disparities that have led to serious consequences for the health and wellbeing of Ohioans of color.
- **Racism manifests directly and indirectly across all levels of society.** Most conversations on racism focus on the individual level (internalized or interpersonal racism). However, systemic racism (institutional or structural) is an even more pervasive driver of the poor outcomes faced by communities of color.
- **Many opportunities to dismantle racism exist.** While addressing the impact of hundreds of years of racism in our country is daunting, progress is possible and there are multiple opportunities for action.

A key reason for Ohio's poor performance is that many Ohioans, particularly communities of color, face barriers to health. Ohio is in the bottom quartile (42 out of 50 states) for African-American child wellbeing based on the Annie E. Casey Foundation [2017 Race for Results Report](#), indicating that Black/African-American children in Ohio do not have adequate supports to achieve optimal health.

Equally concerning, the [2019 Health Value Dashboard](#)'s equity profiles show that Ohioans of color face large gaps in outcomes across socio-economic factors, community conditions and health care. This, in turn, drives poorer health outcomes among Ohioans of color, such as higher rates of infant mortality and premature death.

CONNECTION BETWEEN RACISM AND HEALTH



Our systems, policies and beliefs unfairly favor some Ohioans over others



If the playing field was leveled...



Food
insecurity

13,373 Hispanic children and **58,507** Black children would **not experience food insecurity**



Internet
access

13,746 Hispanic Ohioans and **116,923** Black Ohioans would **have broadband internet access**



Housing
affordability

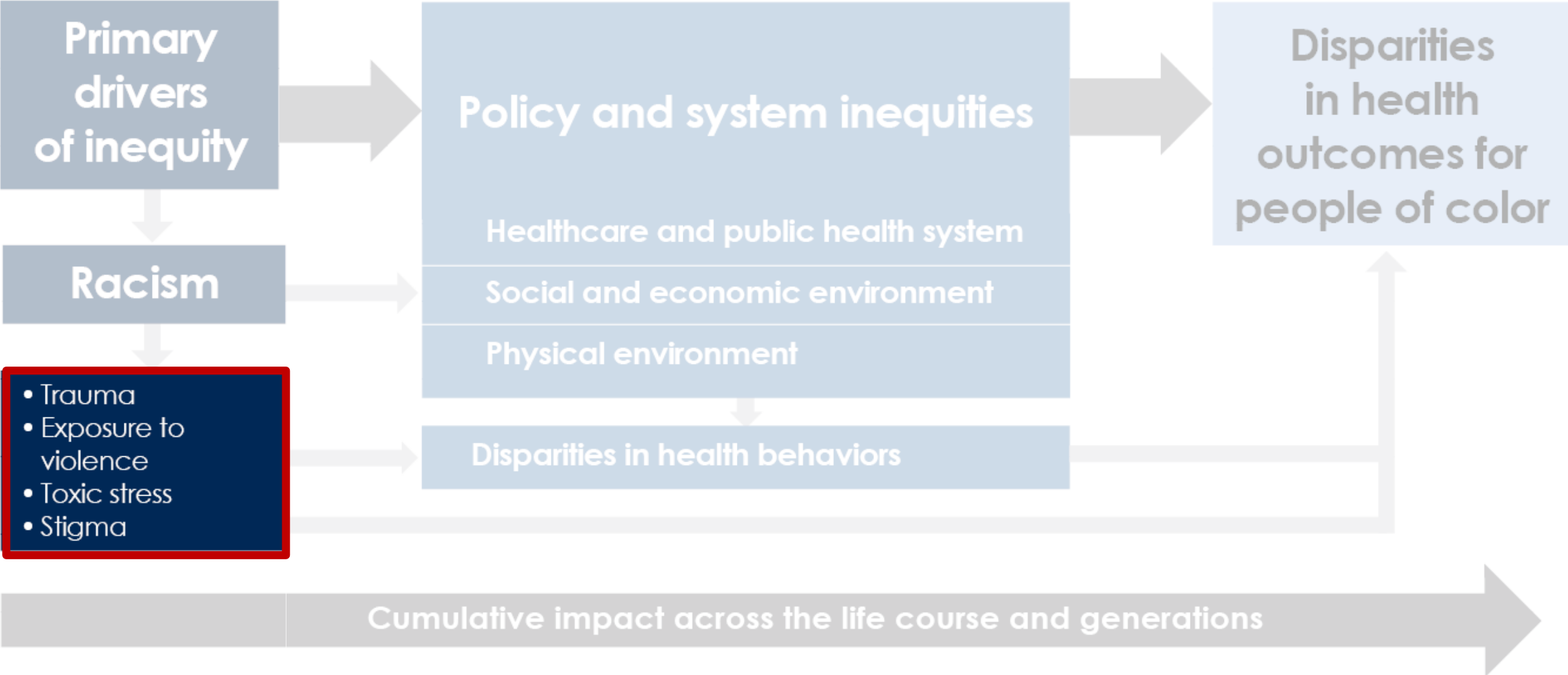
7,143 Hispanic Ohioans and **68,009** Black Ohioans would **not spend more than 50% of their income on housing**



Unfair
treatment

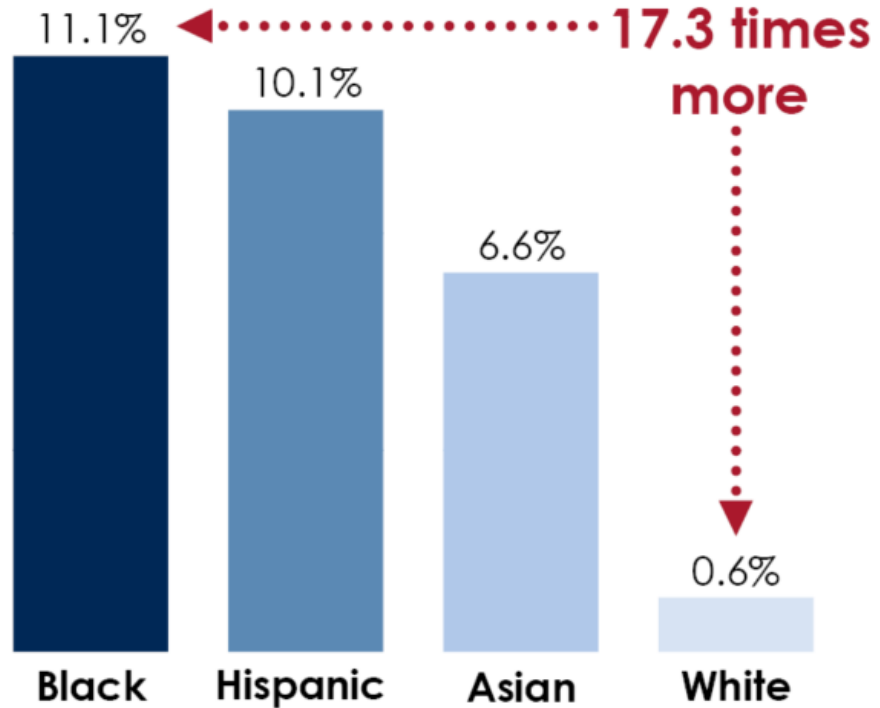
15,881 Hispanic children and **47,255** Black children would **not be treated unfairly due to their race**

Our systems, policies and beliefs unfairly favor some Ohioans over others

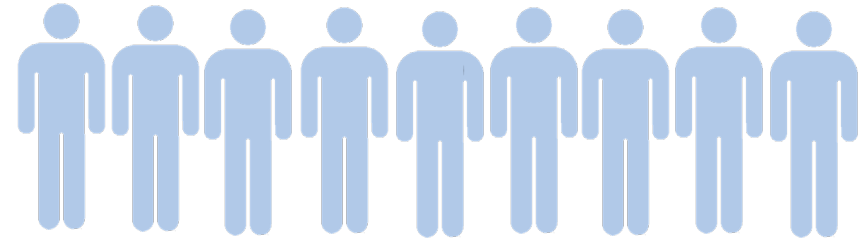


Experiences of racism

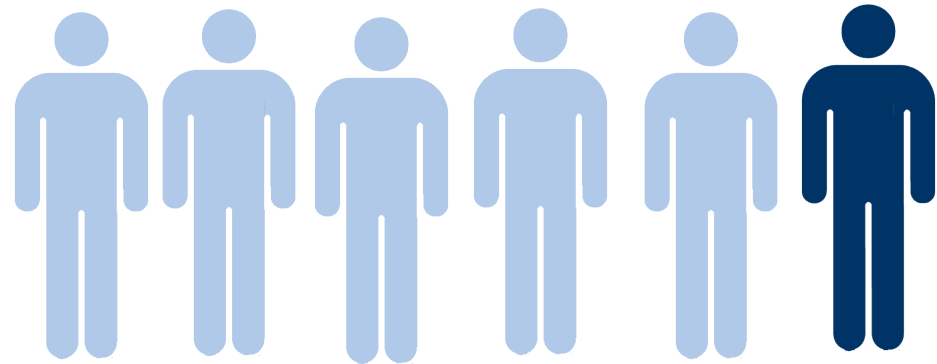
Unfair treatment due to race/ethnicity for children Ohio, 2016-2019



1 in 11 Black Ohioans are **treated worse in healthcare due to race**



1 in 6 Black Ohioans are **treated worse at work due to race**



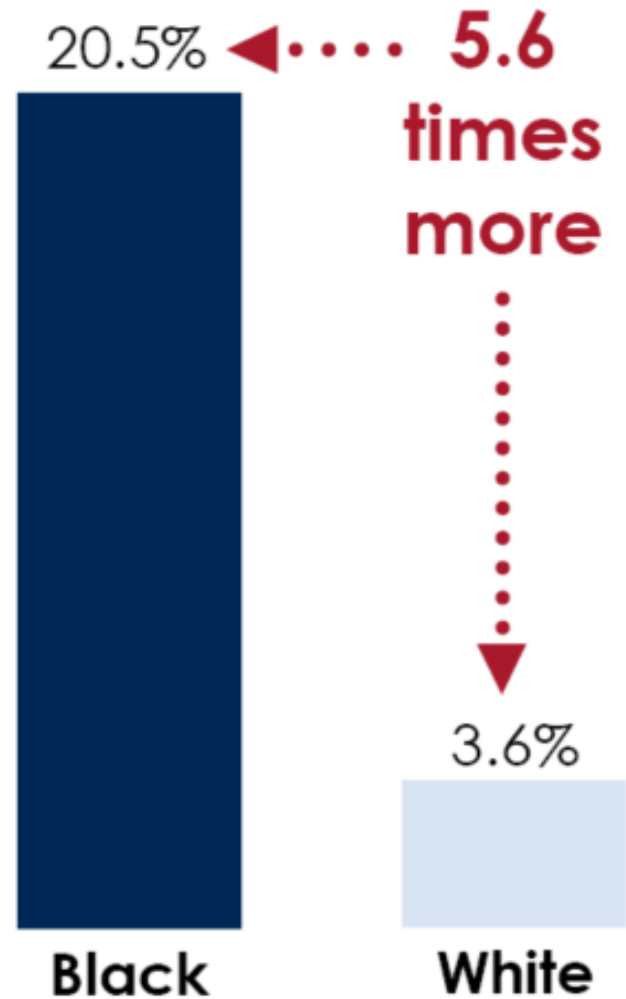
Source: Analysis of Health Resources and Services Administration, National Survey of Children's Health by Ani Ruhil, The Voinovich School of Leadership & Public Affairs, Ohio University

Source: HPIO analysis of Behavioral Risk Factor Surveillance System. Data provided by the Ohio Department of Health upon request.

IMPACTS OF RACISM

Physical or emotional symptoms experienced due to treatment based on race

Ohio, 2011



Source: HPIO analysis of Reactions to Race module from the 2011 Behavioral Risk Factor Surveillance System. Data provided by the Ohio Department of Health.



Racism impacts



Disrupted neurodevelopment

Social and emotional
impairment

Adoption of behaviors that
increase risk of poor outcomes

Social problems

Disease, disability and early
death

Racism impacts

```
graph LR; A[Racism impacts] --- B[Disrupted neurodevelopment]; A --- C[Social and emotional impairment]; A --- D[Adoption of behaviors that increase risk of poor outcomes]; A --- E[Social problems]; A --- F[Disease, disability and early death];
```

Disrupted neurodevelopment

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Racism impacts

Disrupted neurodevelopment

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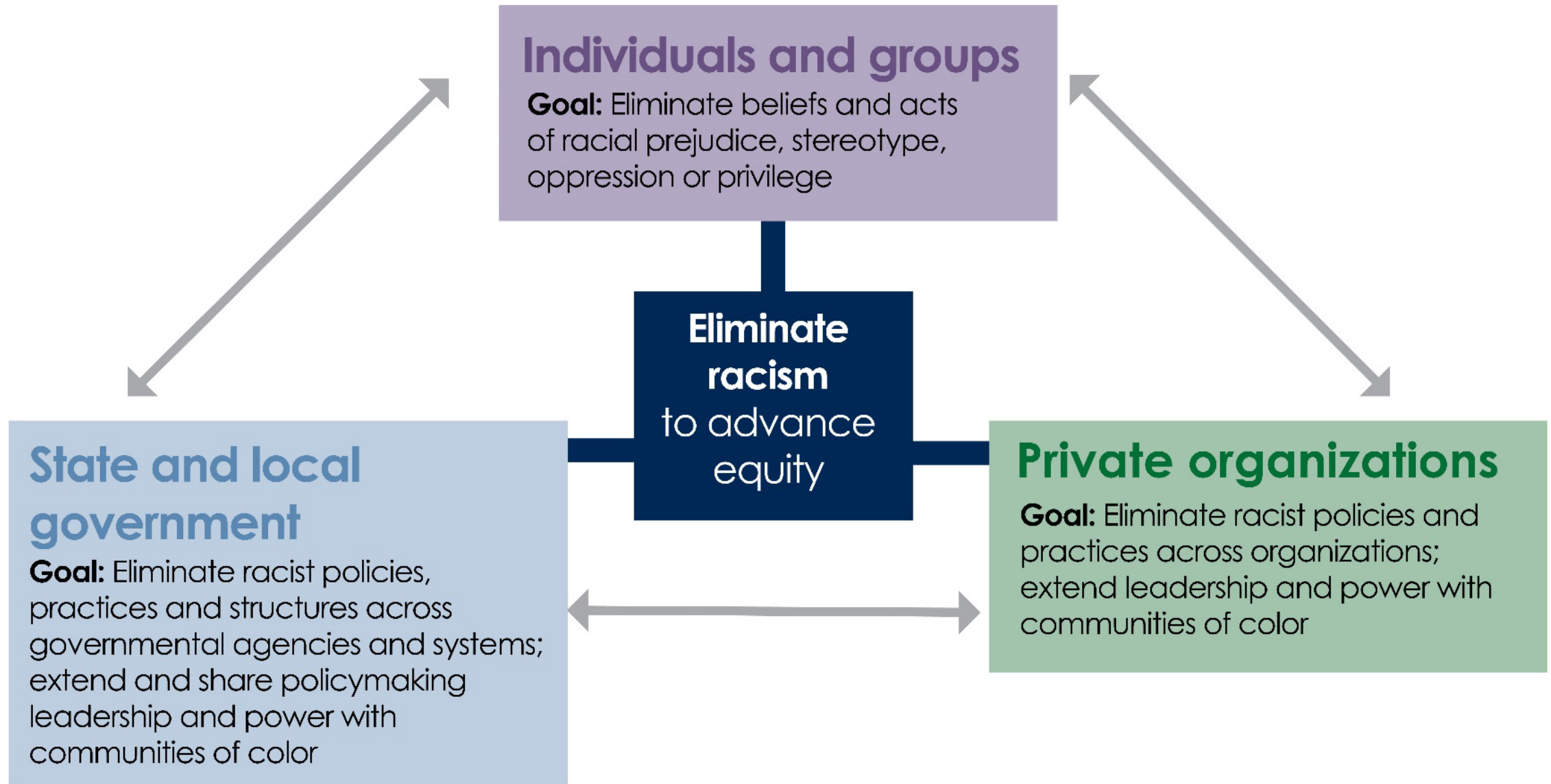
Social problems

Disease, disability and early
death

Racism's impacts persist



Action Steps to Eliminate Racism and Advance Equity



Connections between racism and health

1

State and local policymakers

Ensuring Ohioans of color have a fair opportunity for good health

Why is action needed?

Ensuring that every Ohioan has a fair opportunity to achieve good health and well-being is a shared value in both the public and private sectors. However, Ohioans of color continue to face barriers to health where they live, work, learn, play and age. These barriers are tied to centuries of unjust historical and modern-day policies, practices and beliefs, whether intentional or unintentional, that are rooted in racism. Allowing these barriers to continue to exist will only result in a more economically unstable and unhealthy Ohio.





This fact sheet, the first of a series of three, outlines actions policymakers can take to support the health and well-being of Ohioans of color and move Ohio toward a more economically vibrant and healthier future. The remaining two fact sheets will provide information on how private sector partners, community groups and individuals can take action to advance equitable opportunities for Ohioans of color.

Why do Ohioans of color face barriers to health?

Unjust historical and modern-day policies and practices have led to a cascade of consequences that channel stress into communities of color and limit opportunities for good health. For example, decades of racist housing policies, such as historical redlining and present-day predatory lending practices, have resulted in neighborhood segregation, concentrated poverty and disinvestment from Black communities in Ohio that continue to this day.¹

As a result, Ohioans of color are more likely to experience harmful community conditions — such as food deserts and unsafe, unstable housing — that impact health.² These conditions, rooted in current and past racist policies and practices, make it more difficult for communities to access healthy foods or provide safe spaces for children to learn, grow and play. These policies and practices have also perpetuated racist stereotypes and beliefs that diminish the potential of Ohioans of color to succeed. The figure below highlights the impact on Ohioans if the playing field was leveled by advancing fair policies and practices.

According to analysis from the 2021 Health Value Dashboard, if the playing field was leveled...

 Food insecurity	13,373 Hispanic children and 58,507 Black children would not experience food insecurity
 Internet access	13,746 Hispanic Ohioans and 116,923 Black Ohioans would have broadband internet access
 Housing affordability	7,143 Hispanic Ohioans and 68,009 Black Ohioans would not spend more than 50% of their income on housing
 Unfair treatment	15,881 Hispanic children and 47,255 Black children would not be treated unfairly due to their race

Source: Health Policy Institute of Ohio, 2021 Health Value Dashboard™ Equity Profiles, April 2021. See methodology section for more details.

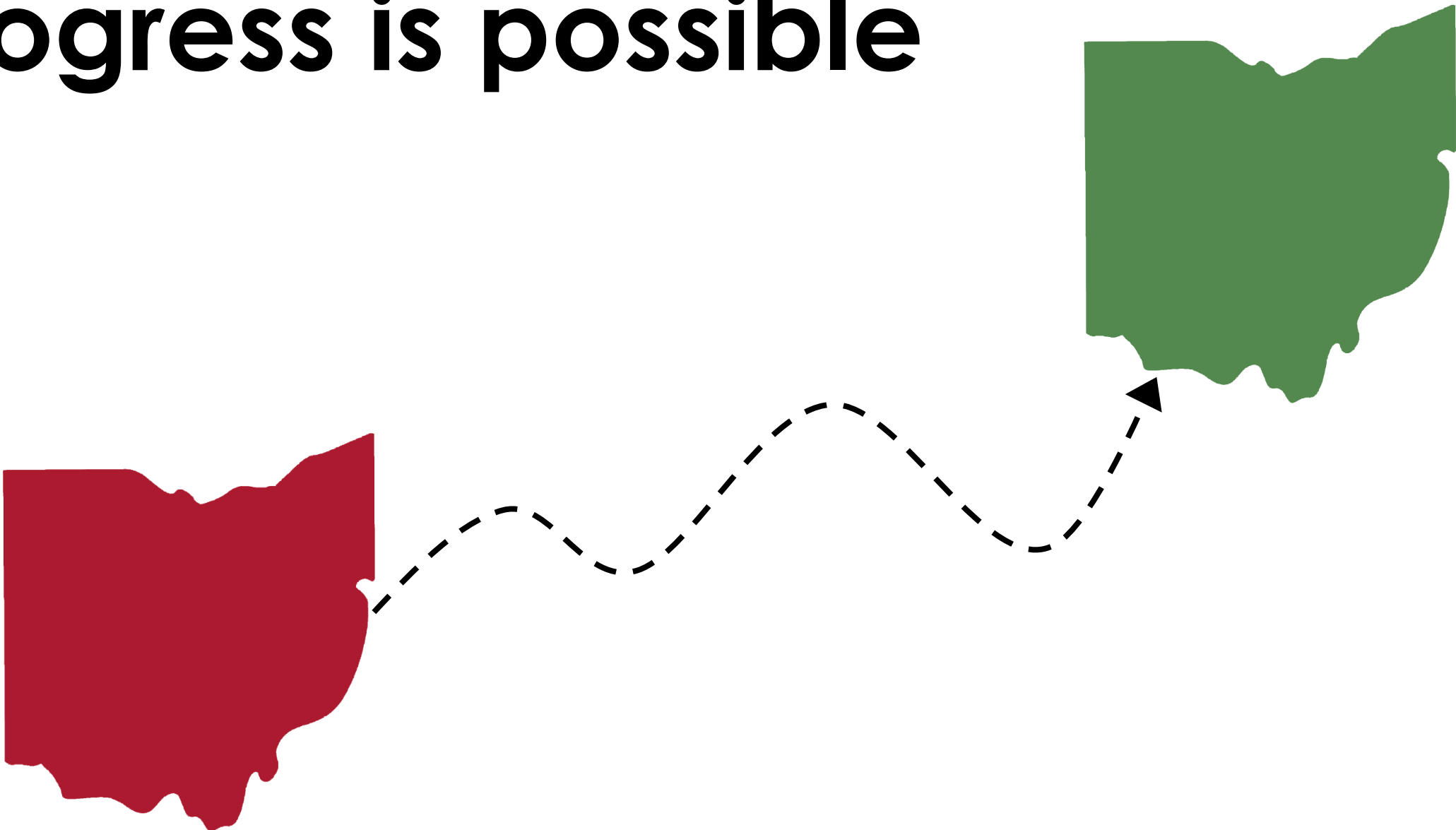
Coming soon

Coming soon

Key action steps

- **Acknowledge the impacts of racism on health**
- **Educate yourself and others on the impacts of racism** (i.e., self, board, leadership, staff and clients)
- **Advocate for, implement and fund** anti-racist policies, programs and practices
- **Collect/report** disaggregated data for performance management and outcome evaluation

Progress is possible



QUESTIONS?

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QUESTIONS?



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Assistant Professor, Black Studies
Denison University

Why we need to look back in order to move forward

Health Policy Institute of Ohio

Terrance Dean, Ph.D.

Assistant Professor, Black Studies

Denison University

Black Lives Matter?

- Protests
- Marches
- Arrests
- Activism
- Day-to-Day living
- Health – Mental, Physical, Emotional well-being of people of color



Anxiety, Race, and Health

Mental Health Disparities

- African Americans are more likely to experience a mental disorder than their white counterparts, but are less likely to receive treatment (SAMSHA Surgeon General's Report).
- Culture biases against mental health professionals and health care professionals in general prevent many African Americans from accessing care due to prior experiences with historical misdiagnoses, inadequate treatment, and a lack of cultural understanding; only 2% of psychiatrists, 2% of psychologists and 4% of social workers in the U.S. are African American. (NAMI)
- In Ohio, it is imperative to be aware of mental health disparities, especially since 15 percent of the African American population is uninsured, while 40 percent live in poverty.

Policy Matters Ohio

- In 2018, according to the study, over 700,000 Ohioans live in “deep poverty,” meaning they have incomes under half of the federal poverty level.
- Black Ohioans are 2.6 times more likely to live in poverty than white residents. And they’re 30 percent more likely to die from heart disease than white residents.
- Ohio ranks 47th in the country for how poorly the health of lower income residents compared to higher income Ohioans.
- Policy Matters Ohio recommended three changes on the state level, including investing in education, increasing the minimum wage and access to public benefits, and target state investments in those areas of concentrated poverty.

Policy Matters Ohio

- **Ohio's poor health relates in part to a divide between lower- and upper-income Ohioans.** In its “disparity index,” the 2018 Commonwealth Scorecard on State Health System Performance ranked Ohio 47th in the nation for how poorly the health of our lower-income residents compared to that of our higher-income residents.” Low-income Ohioans are far more likely to report having fair/poor health, losing teeth, smoking, and being obese than their wealthier counterparts in the state. Access to health care for low-income households is an important piece of solving the health divide puzzle, but it is not the whole picture.

Poverty & Low-Income Housing



Stress

- **Stress is a side-effect of poverty.** Numerous researchers have found an association between low socioeconomic status, high stress and poor health.
- There are two kinds of stress, according to researchers:
 - (1) exposure to life events that require adaptation (i.e. divorce, job loss) and
 - (2) a state occurring when demands appear to exceed a person's abilities to cope with those demands.
- People at low-income levels are more likely to encounter these kinds of negative events and encounter them more often. They also feel less control over the outcome when they do occur and have fewer social and psychological resources to cope with them.
- Wealthier people, on the other hand, have greater opportunity to form, maintain, and access social networks that can buffer the effects of stressful life events.



Stress

Survival

- **For low-income individuals, “survival” or “scarcity” stress is chronic.** Having few personal financial resources or living in a community that lacks basic services can lead to worry and instability. Small hiccups can become personal catastrophes for people already struggling.
- Car problems, for instance, can turn into loss of a job. This sort of worry isn’t just another inconvenience—it makes people sick. “Survival” stress experienced by low-income individuals is biologically distinct from other sorts of stress, and brings about toxic hormonal responses and metabolic changes that leave people susceptible to disease and poor health. Stress alters neuroendocrine and immune responses. Chronic stress—frequent or prolonged adversity—can put people at greater risk for illnesses such as gastrointestinal disorder, heart attacks and susceptibility to infectious agents. It can also lead to poor mental health, depression and obesity.

Racism and Segregation

- Given the connections between poverty and health, and that poverty rates for black Ohioans are 2.6 times higher than white poverty rates, it is no surprise African-Americans in Ohio are less healthy, on average, than white Ohioans. However, the difference between the health of black and white Ohioans is often greater than the difference between lower- and higher-income Ohioans, suggesting there is more to the health story than just poverty itself. The health divide between black and white Americans has been attributed not only to economic disadvantages but also racial barriers faced by the black community.
- Ohio has a serious housing segregation problem. As a state, Ohio ranks 8th, worst in the nation for black-white residential segregation. Cleveland and Cincinnati are two of the most segregated communities in the nation. High rates of concentrated poverty in racially-segregated communities create a feedback loop for generational poverty that is amplified by lack of resources in those communities to ameliorate health-damaging conditions and create health-enhancing opportunities.
- Segregated neighborhoods are less safe. Segregation produces health-damaging neighborhood conditions, including those that promote violence and limit educational and employment opportunities. In turn, segregated areas have high rates of unemployment and low wages, and the chronic stress associated with those factors. Stress and neighborhood violence in segregated communities also lead to riskier health practices. Where neighborhood safety is questionable, for instance, people engage in less physical exercise. Studies have shown residential segregation, by race, is associated with unhealthy weight gain for African-Americans.
- Stress from racism leads to hypertension, and hypertension leads to heart disease. In their review of the existing scientific literature, Hicken et al. found numerous studies show elevated blood pressure and cardiovascular activity in response to racism, and that continued subtle experiences of racial and ethnic bias correlate to chronic stress and hypertension. Hypertension is a leading cause of heart disease.

The Link between Social Determinants of Health and Antiracism

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

**LISTEN TO
BLACK PEOPLE**

QUESTIONS?

Poll Question



Ways to influence policy

- Write letters, emails or make phone calls
- Provide district specific data
- Provide analysis of a bill
- Provide testimony at a legislative hearing
- Provide a one-page fact sheet
- Organize community partners to visit key policymakers
- Invite policymakers to visits your organization or speak at a meeting you host

Poll Question



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Thank you