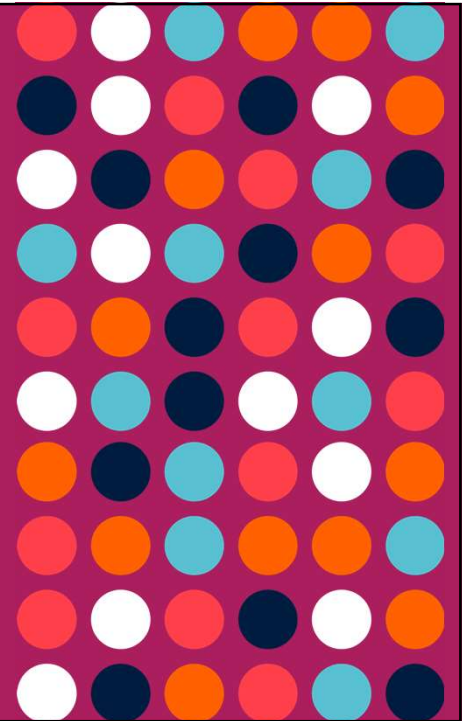**2022 SIREN National Research Meeting**

Socioeconomic Mobility and Health Equity: Lessons from the Field

Tuesday, September 27, 2022

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Day 2: Socioeconomic mobility and health equity: Lessons from the field

Phyllis Richards   **Undraye Howard**   **Jerica Broeckling**

2022 National Research Meeting

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Agreements for a safe and brave meeting

Practice active, judgement-free, and empathetic listening	Respect each other's differences and backgrounds	Agree to disagree – but seek understanding. We are here to learn!	Honor the difference between unsafe and uncomfortable
Be curious about intentions but recognize that impact is more important than intentions	Welcome being called in as a gift and an invitation to learn	Be mindful of positionality and power dynamics	Acknowledge judgments and assumptions (including our own – we all have biases)
	Use inclusive language and avoid using derogatory or stigmatizing language	Release control, privilege, and notions of being right	Accept that things may remain unresolved; we might not feel a sense of closure

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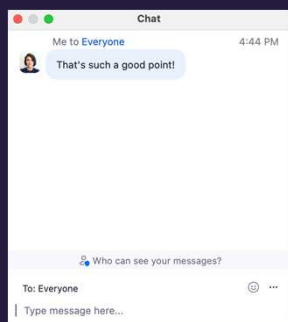**2022 National Research Meeting**

Agreements adapted from Sharon Washington Consulting and those used in the AHRQ Health Equity Summit, as well as internal development
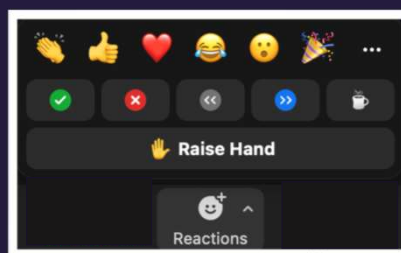
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Reminder: This session is being recorded. Recordings and slides will be available after the meeting.

3 Ways to Engage in the Room

2. Emoji Reactions

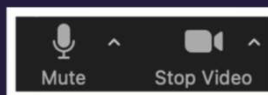1. Chat Window

…and on Twitter!

3. Audio and Video
(We encourage you to keep your camera on during the session)

#SIRENRacialEquity
@SIREN_UCSF

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Agenda

- Welcome and Introductions
- Overview of the Project
- Overview of Community Conversations
- Cross-Cutting Themes
- Health Equity Themes
- Q and A

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Socioeconomic Mobility

Social and Economic Mobility

Economic mobility

Engaging with individuals and families to maximize opportunities to build prosperity within a lifetime or between generations.

Social mobility

Creating and supporting meaningful connections between people and community institutions.

Individual agency

Having a sense of control and a say in the trajectory of one's life and one's community.

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Data Sources

- July 2020 Community Conversations
  - 6 conversations on different themes
  - 85 participants from 49 organizations
- Alliance Network survey in July 2020, garnering 98 organization responses
- Review of scholarly research on Socioeconomic Mobility(SEM)
- Systems analysis of SEM in the Alliance's impact areas

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SEM: Community Conversations

Our Community Conversations were a process of listening to the experts engaged in the work, garnering deep learning about the practical implications of how CBOs address SEM, and generating action priorities for organizations and the broader system. Our findings fall into three broad categories:

We wanted our network to advance SEM through a multi-generational, race equity, science-aligned approach so that children and families from all backgrounds and all communities can thrive.

We conducted 6 Community Conversations that collected systems data from 49 community-based organizations and 85 leaders nationwide – including CBO staff and neighborhood residents, and their partners in public agencies, schools, and healthcare agencies.
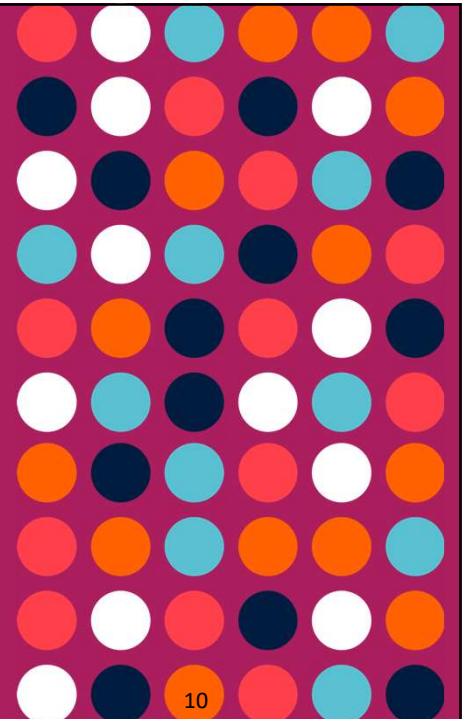
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Socioeconomic Mobility

North Star

We want all people to have equal access to social and economic mobility pathways that break generational barriers and enable them to thrive. We prioritize creating access for families of color and those who live in poverty.

SEM Pathways
- Education
- Economic Mobility
- Health and Well-being
- Safety and Resilience

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Cross-cutting Themes

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Cross-cutting Themes

Impacts on People

- Organizations have increased awareness of and desire to **address systemic racism** in SEM.

- Organizations have **challenges in supporting their own employees' SEM**

- Organizations value client feedback but often **struggle to meaningfully engage participants in decision making**

Organizational and System level

- **Data collection and analysis** is complex and hindered by barriers to sharing and funder requirements.

- **Competition over funding** significantly impedes meaningful outcomes, but some organizations are implementing strategic collaborations on SEM.

- **Restrictive funding** creates challenges across the board, especially in meeting families' individual needs.

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Desire to Address Systemic Racism

*"**Racial equity goes all the way down to economic and political inclusion.** If there is not economic inclusion, if there is not political inclusion, if we don't have that we don't have anything. We have our voice and our money."*

*"There is a bit of an awakening right now with DEI. We have a long way to go, there is no question, … **There has been a lot of work, but it hasn't gone too far beyond programmatic**. …"*

*"Embedding equity into SEM requires a lot of conversation at a lot of levels to determine what that means. Depending on the seat you sit in, that means different things. **Groups are impacted differently but still impacted by historical trauma**."*

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Engaging Participants in Decision-Making

*"What makes me optimistic - it's gone from the feds to local places and communities. ... **To convene and get people together, we fundamentally believe that we have it in our ability to make change despite the barriers we approach**. We have seen it happen enough that it is part of our psyche that we CAN do it. We are not waiting for others; we are aligning ourselves to our vision."*

*"Having that voice is key. Although it's embedded in our model and framework, it's easy to get caught up and make it compliance based, part of a model checking the boxes. **We need to set the stage for their voices to really matter. The parents are the experts**."*

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Data Collection and Analysis

*"**Lots of organizations have double-digit data systems to track their results** – all mandated by funders. We have 17. It's hard to even get data we can use internally. No one else uses our measure, we made it up."*

*"What should be reported is the perspective of families. We're comfortable with evidence-based tools created by dominant culture folks and not with the voice of constituents. They're heavily normed but not as relevant for today. **We need to better capture inclusive and resilience-focused values**."*

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Competition and Collaboration

"What I know is that we will need every agency's help if we fulfill our plan."

"I also agree that some of our biggest challenges with collaborations are internal and state systems. For many years we were pitted against what should be our best partner. **It was - if you didn't withhold information from your partners, then they're going to get more dollars and you won't.** *That model was done anyway with a few years ago but has taken a lot of time to repair."*
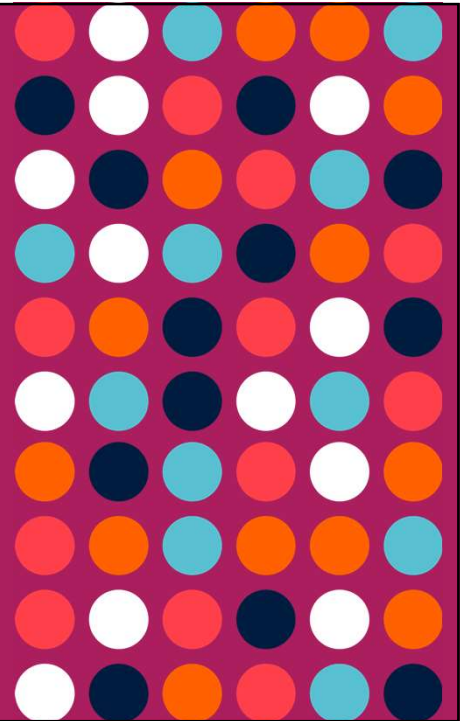
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Restrictive Funding in SEM Programs

- *"There are gaps for most families and individuals that can't be filled and it's difficult to navigate the process.* **We can't do certain things for clients because they aren't funded.***"*

- *"**We very much piece meal**. We may have a family receiving multiple services, but god forbid they coordinate that. Mental health here, job there. We give a little bit of money to all of those, we don't give a lot of money anywhere."*

- *"Even though I have access to these services, I can't get them these services because the dollars say we can't care for them if they are not in the system"*

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Health Equity Themes

social current
Activating the Power of the Social Sector

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Network Survey and Health Equity

social current
Activating the Power of the Social Sector

- 82% of organizations use a social determinants of health pathway to address SEM
- 65% have partnerships with health care entities
- Impact measures in this area include:
  - Access to childcare, transportation, and housing
  - Ability of older adults to live in the home and community of their choice
  - Improved quality of healthcare for individuals with chronic health challenges
  - Improved mental health
  - Access to public benefit supports such as SNAP, WIC, and TANF

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Health and Employment

Participants talked about the challenge of healthcare being tied to employment for most people. This creates a challenging cycle that organizations are trying to mitigate through workforce development programs, supportive services, and by helping their own direct service staff access career development.

- *"Knowing the reality that most people's access to health care has been through jobs. Knowing that these marginalized communities, most folks don't have access to health care because they don't have access to jobs or jobs that don't pay for health care."*

- *"If you're not healthy, how can you find a job? If you don't have health insurance, then how will you climb up the ladder?"*

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Preventative Care and SEM

Lack of preventive care contributes to lower school attendance, inability to work, and higher risk during the pandemic. Participants working on health equity are embedding education on nutrition and preventive care into their SEM work as part of a commitment to address the whole person.

- *"What we found through surveys was that health issues for brown students and parents was the biggest barriers to get to school on time—it was not a values issue. This started our path on looking at health as a significant issue in education. We're happy to work with a two generational approach—working with parents and students. Housing support, and other health support is provided."*

- *"People hadn't worked in several years, but when they got their health under control and began getting the medication they needed, now they are working which is something they never thought they would do."*

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Covid-19 Pandemic and Mental Health

Participants were deeply concerned about the mental health toll the pandemic is inflicting on their staff, providers, communities and families. They shared stories about community members desperately trying to get through day to day, amid job loss, income loss, and loss of loved ones, all the while unable to either prioritize or tend to their mental health.

- *"People will always default to their hierarchy of needs right now, such as putting food, shelter, etc., first. Unfortunately, they may not tend to their mental health right now. We are not a well-practiced society of prioritizing or integrating mental health care."*

- *"At some point it will have to come down to basic needs – mental health services are included in that category. I don't think that we are going to come out of this in a good place if we don't start looking at issues of housing, food, education, mental and physical healthcare."*

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Questions

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Thank you!

Jerica Broeckling
Equity, Diversity, Inclusion and Engagement Partner
jbroeckling@social-current.org

Undraye Howard, PhD
Vice-President of Equity, Diversity, Inclusion and Engagement
uhoward@social-current.org

Phyllis Richards
Director of Equity, Diversity, Inclusion and Research
prichards@social-current.org

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