

BUILDING EQUITY: ENSURING THAT ALL CHILDREN THRIVE

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W.K. Kellogg Foundation

WKKF VISION



We envision a nation that marshals its resources to assure that all children have an equitable and promising future – a nation in which all children thrive.

WKKF MISSION



We support children, families and communities as they strengthen and create conditions that propel vulnerable children to achieve success as individuals and as contributors to the larger community and society.

W.K. KELLOGG'S LEGACY



“Use the money as you please, so long as it promotes the health, happiness and well-being of children.”



Mr. W.K. Kellogg's “First Eleven Years” (1942)

COMMITMENTS

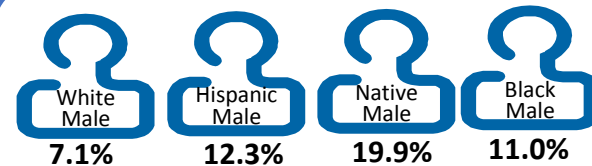
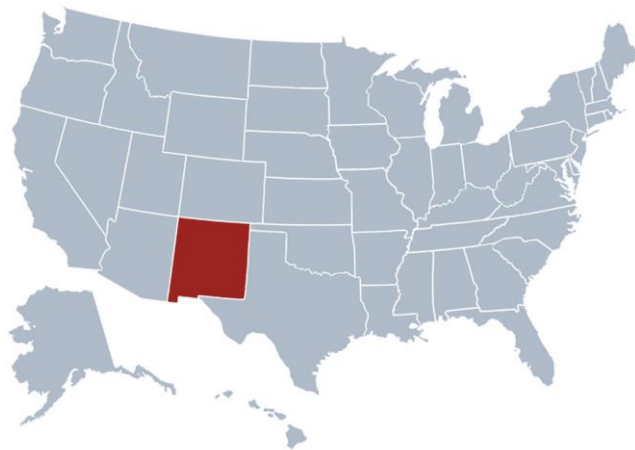
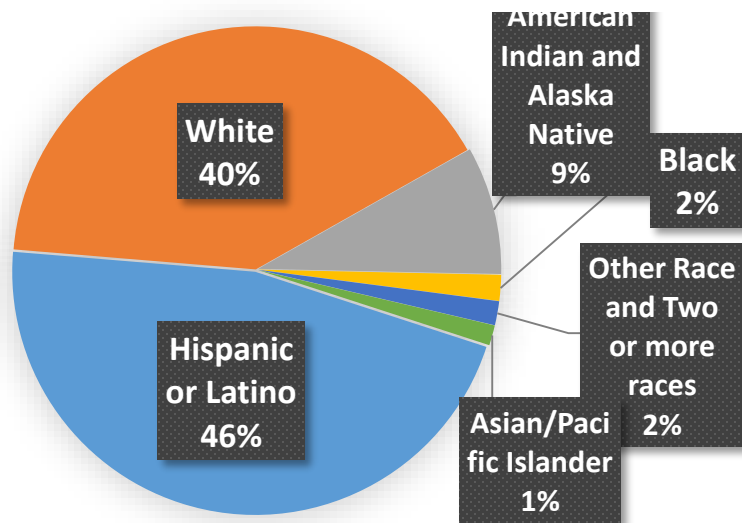


- Racial Healing and Racial Equity
- Community and Civic Engagement
- Leadership Development
- Healthy Children, Educated Children and Economically Secure Families
- Place-based partnerships for 25 years in New Mexico, Michigan, Mississippi, New Orleans, Mexico and Haiti

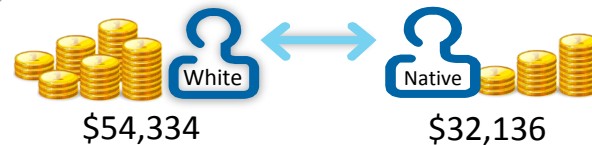
New Mexico Quick Glance

Population = 2.1 million

Race/Ethnicity Distribution

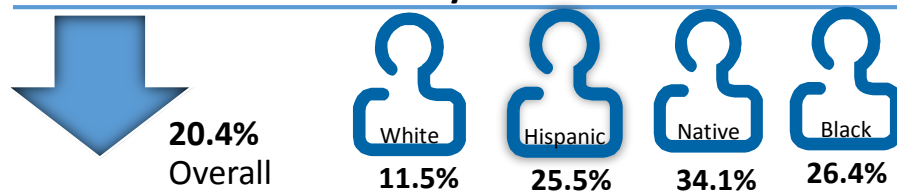


Unemployment = 9.8%
(2009-13)



Median household income: \$44,927

Poverty Line



Racial Inequities in New Mexico					
Health Indicators	Overall	White	Hispanic	Native	Black
Adolescent Birth Rate (per 1,000 females ages 15-17), 2012-2014	20.5	8.0	28.2	22.6	15.0
Infant Deaths (per 1,000 live births), 2012-2014	5.9	5.4	6.4	4.5	13.7
Obesity (percent of adults), 2012-2014	27.7	22.8	30.1	39.3	35.6
High Blood Pressure (percent of adults), 2011 & 2013	27.1	26.3	28.0	27.4	38.5
Uninsured, Age 18-64 Years (percent), 2012-2014	24.4	17.2	32.0	16.6	22.2
Asthma Emergency Department Visits (per 1,000 children under age 3), 2012-2014	5.6	--	--	--	--
Current Asthma (percent of adults), 2012-2014	9.4	10.1	8.3	10.4	14.5
Breast Cancer Deaths (per 100,000 female residents), 2012-2014	18.2	19.6	17.0	13.0	26.5
Lung Cancer Deaths (per 100,000 residents), 2012-2014	31.6	36.9	25.8	12.7	35.3
Prostate Cancer Deaths (per 100,000 male residents), 2012-2014	21.6	21.8	20.0	22.4	41.4
Diabetes Deaths (per 100,000 residents), 2012-2014	28.4	18.3	37.5	77.3	44.9
Unintentional Drug Overdose Deaths (per 100,000 residents), 2012-2014	20.6	18.7	24.1	12.7	22.8
Deaths due to Diseases of the Heart (per 100,000 residents), 2012-2014	150.4	156.0	141.5	127.7	173.2
Homicides (per 100,000 residents), 2012-2014	6.8	3.6	7.5	14.0	16.5
Death Rate (per 100,000 residents), 2012-2014	761.7	735.4	752.5	962.9	825.0

NM High School Youth Risk Behavior Survey, 2015

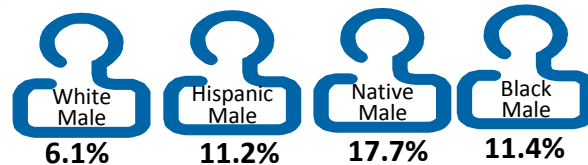
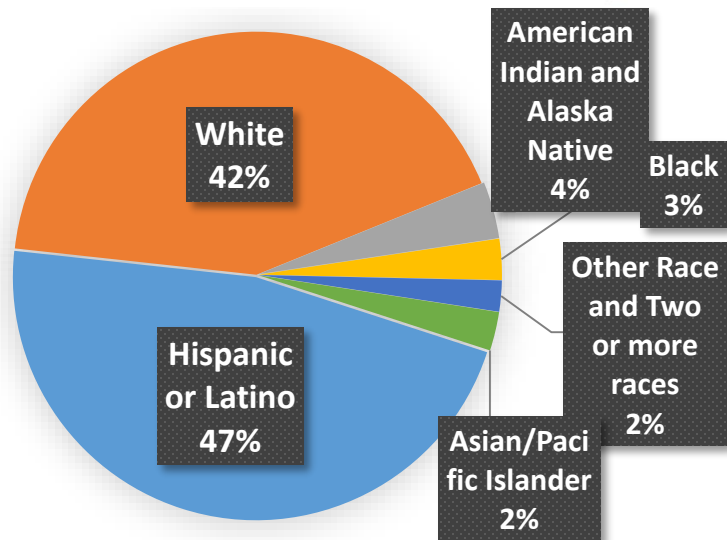
Youth Risk Behavior Indicators	Overall	White	Hispanic	Native	Black
Carried a weapon (past month)	22.5%	27.3%	21.0%	21.7%	15.8%
Were in a physical fight (past year)	25.9%	21.7%	27.1%	28.3%	30.5%
Skipped school for safety (past month)	7.8%	4.3%	8.8%	7.8%	17.7%
Were electronically bullied (past year)	13.7%	16.0%	13.2%	11.2%	17.2%
Were bullied on school property (past year)	18.4%	23.0%	16.8%	16.9%	13.5%
Felt sad or hopeless (past year)	32.5%	31.1%	32.9%	33.9%	33.9%
Seriously considered attempting suicide (past year)	16.5%	17.6%	15.8%	18.4%	13.9%
Smoke tobacco (cigarettes, cigars or vapor products) (past month)	32.2%	27.6%	33.8%	35.4%	32.4%
Drink alcohol (past month)	26.1%	23.9%	28.8%	18.4%	25.8%
Use marijuana (past month)	25.3%	19.3%	26.3%	34.4%	25.9%
Ever took prescription drugs without a doctor's prescription	14.3%	13.4%	14.2%	15.4%	18.8%
Ever used cocaine	8.8%	5.6%	9.5%	10.0%	13.5%
Were sexually active (past 3 months)	25.1%	21.2%	27.4%	25.5%	23.5%
Did not use a condom during last sexual intercourse	47.9%	47.4%	47.7%	52.3%	--
Did not use birth control pills before last sexual intercourse	85.1%	83.9%	84.3%	91.8%	--

Albuquerque, NM

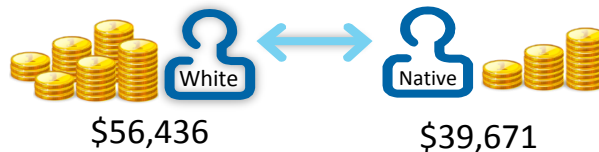
Quick Glance

Population = 545,852

Race/Ethnicity Distribution

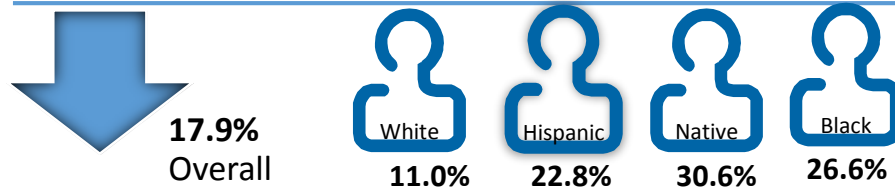


Unemployment = 8.4%
(2009-13)



Median household income: \$47,989

Poverty Line



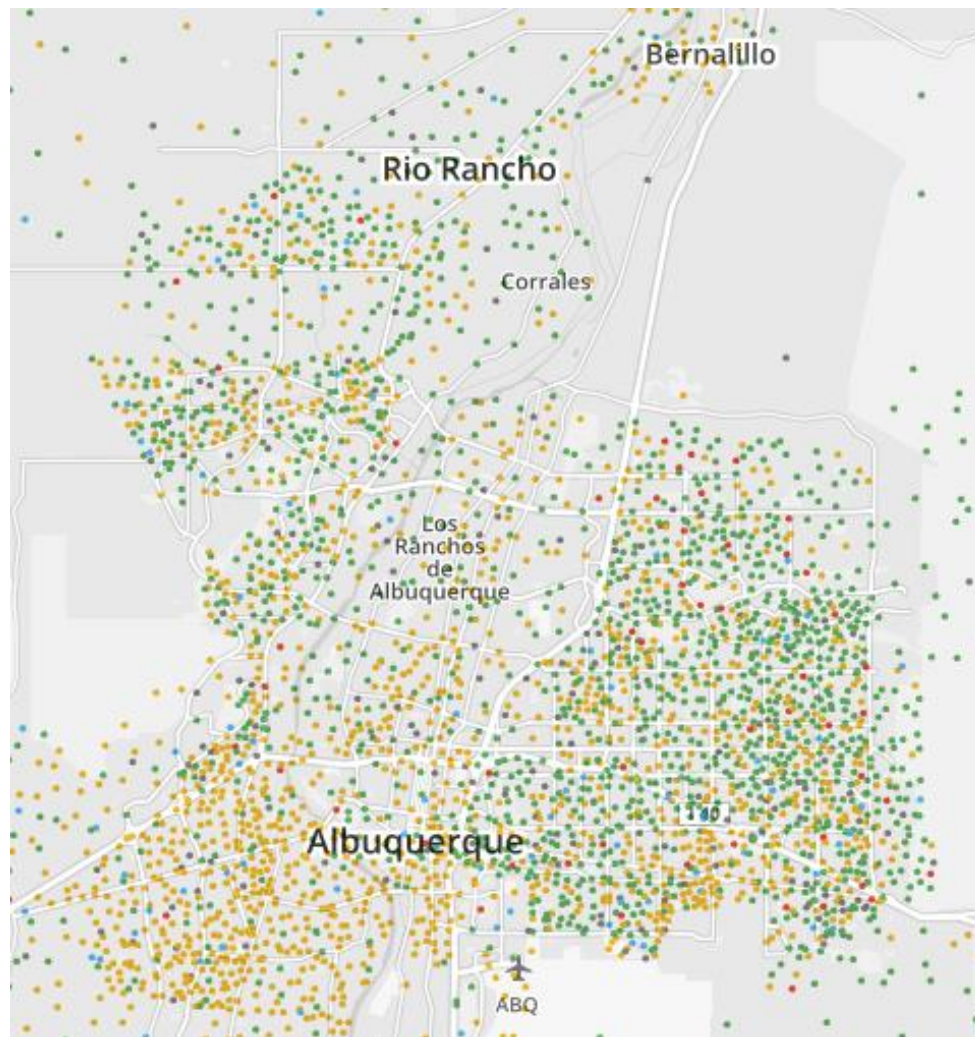
Racial Inequities in Bernalillo County, NM

Health Indicator	Overall	White	Hispanic	Native	Black
Adolescent Birth Rate (per 1,000 females ages 15-17), 2012-2014	15.3	4.2	22.9	15.3	11.1
Infant Deaths (per 1,000 live births), 2012-2014	6.1	4.8	6.6	2.7*	20.6
Obesity (percent of adults), 2012-2014	24.8	20.3	26.7	35.3	39.7
High Blood Pressure (percent of adults), 2011 & 2013	24.6	22.8	25.9	29.5	37.5
Uninsured, Age 18-64 Years (percent), 2012-2014	22.7	16.6	29.8	4.9*	24.1
Asthma Emergency Department Visits (per 1,000 children under age 3), 2012-2014	4.2	--	--	--	--
Current Asthma (percent of adults), 2012-2014	10.0	9.4	9.3	16.6	11.8
Breast Cancer Deaths (per 100,000 female residents), 2012-2014	20.1	21.3	20.2	16.1*	21.9*
Lung Cancer Deaths (per 100,000 residents), 2012-2014	30.3	32.8	26.2	21.8*	39.1
Prostate Cancer Deaths (per 100,000 male residents), 2012-2014	19.3	17.2	22.9	**	46.5*
Diabetes Deaths (per 100,000 residents), 2012-2014	25.7	17.4	35.1	77.4	51.3
Unintentional Drug Overdose Deaths (per 100,000 residents), 2012-2014	22.1	19.1	25.9	13.9*	30.7
Deaths due to Diseases of the Heart (per 100,000 residents), 2012-2014	144.1	141.9	148.7	96.4	147.5
Homicides (per 100,000 residents), 2012-2014	6.2	3.2	7.4	7.4*	20.0
Death Rate (per 100,000 residents), 2012-2014	742.6	706.7	782.2	849.3	797.1

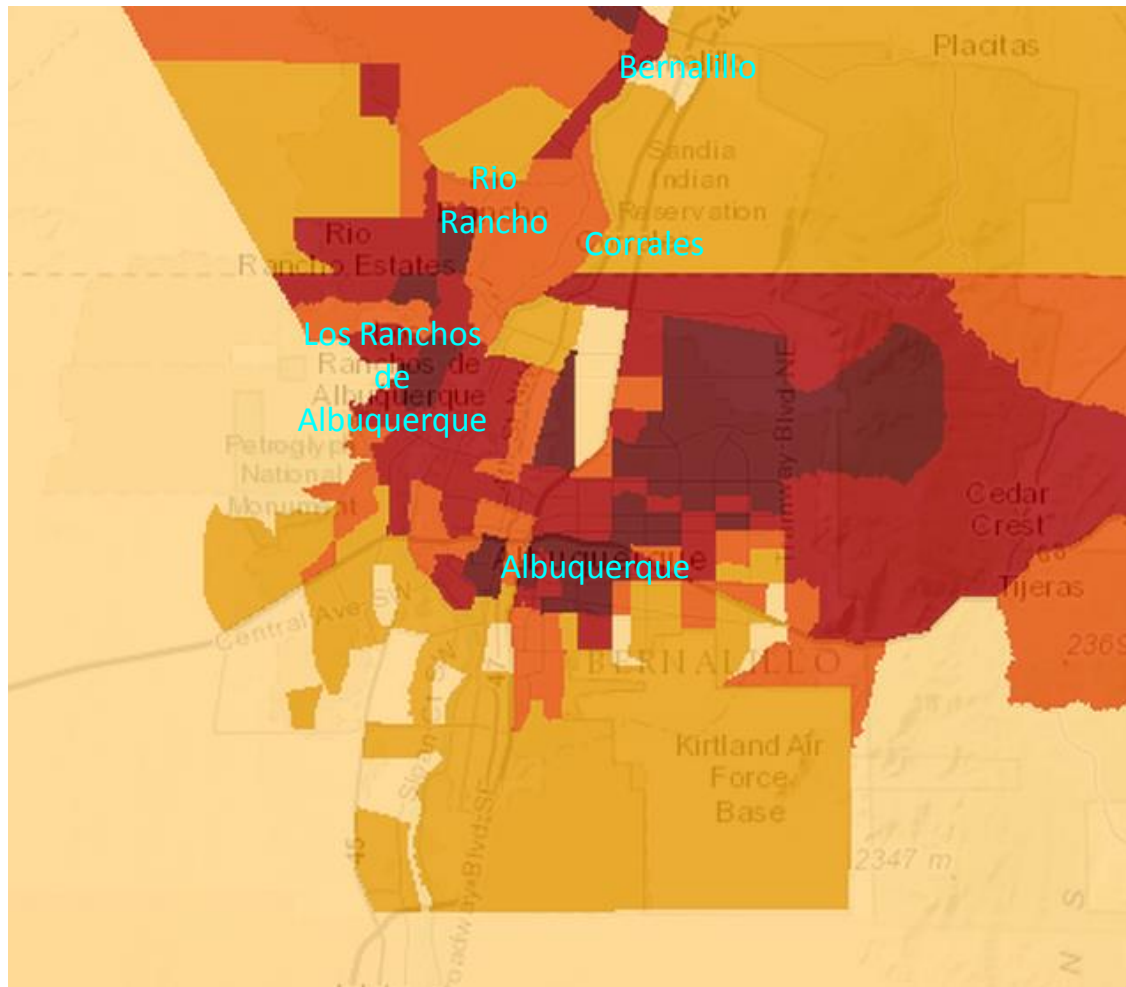
Note: Race categories exclude Hispanic.

* Unstable estimate; this estimate may fluctuate widely across time periods due to random variation (chance).

** Suppressed, very unstable estimate; this estimate should not be used to inform decisions.



Albuquerque Race/Ethnicity



Albuquerque Child Opportunity Index

19 indicators in 3 areas:

- 1) Educational Opportunity (n=8)
- 2) Health & Environmental Opportunity (n=6)
- 3) Social & Economic Opportunity (n=5)

ROOT CAUSES

Unequal distribution of resources and opportunities over many generations

- Legacy of slavery
- Legacy of colonization
- Structural racism

Differences in exposures and experiences

- Implicit bias and discrimination
- Cultural incompetence
- Cumulative stress

WHAT DOES IT MEAN TO USE A RACIAL EQUITY LENS?

- Setting transparent and measurable equity goals
- Emphasizing two-way communication and active listening; sharing information; respecting community knowledge
- Realigning resources

STRATEGIES FOR ELIMINATING THE GAP

- Build the knowledge base and develop institutional and personal competency to engage in sustained efforts to build equity
- Support resident engagement and community empowerment; promote racial healing
- Strengthen partnerships across diverse sectors to address the root causes of inequities and promote racial justice

BUILDING THE KNOWLEDGE BASE

The collection of practical knowledge

- Community-led participatory research and evaluation using a racial equity lens
- Culturally competent metrics and assessment tools
- Promising and best practices that support equitable outcomes for all
- Effective models and strategies for continuous improvement and learning
- Analysis of policies, systems and practices
- Information and stories that lift up ‘narrative change’

The dissemination of practical knowledge

- ‘Accessible Information’

MOBILIZING FOR CHANGE

Bringing together partners to take actions that promote equitable outcomes for all children

- Describe and understand community conditions; promote local problem solving and executing a common and shared agenda
- Support local coalitions and organizations; advance capacities through peer-to-peer exchanges, training, and coaching
- Use culturally and linguistically relevant, inclusive strategies to engage residents and diverse sectors as partners (social engagement)
- Engage in racial healing (build understanding around implicit bias, white privilege, and racial hierarchy)

SUPPORTING DIVERSE, SKILLED, SHARED LEADERSHIP

- Recognize, involve and appreciate existing leadership
- Nurture emerging local leaders
- Sustain local and national networks that support and train informal and formal leaders

PARTNERSHIPS FOR CHANGE

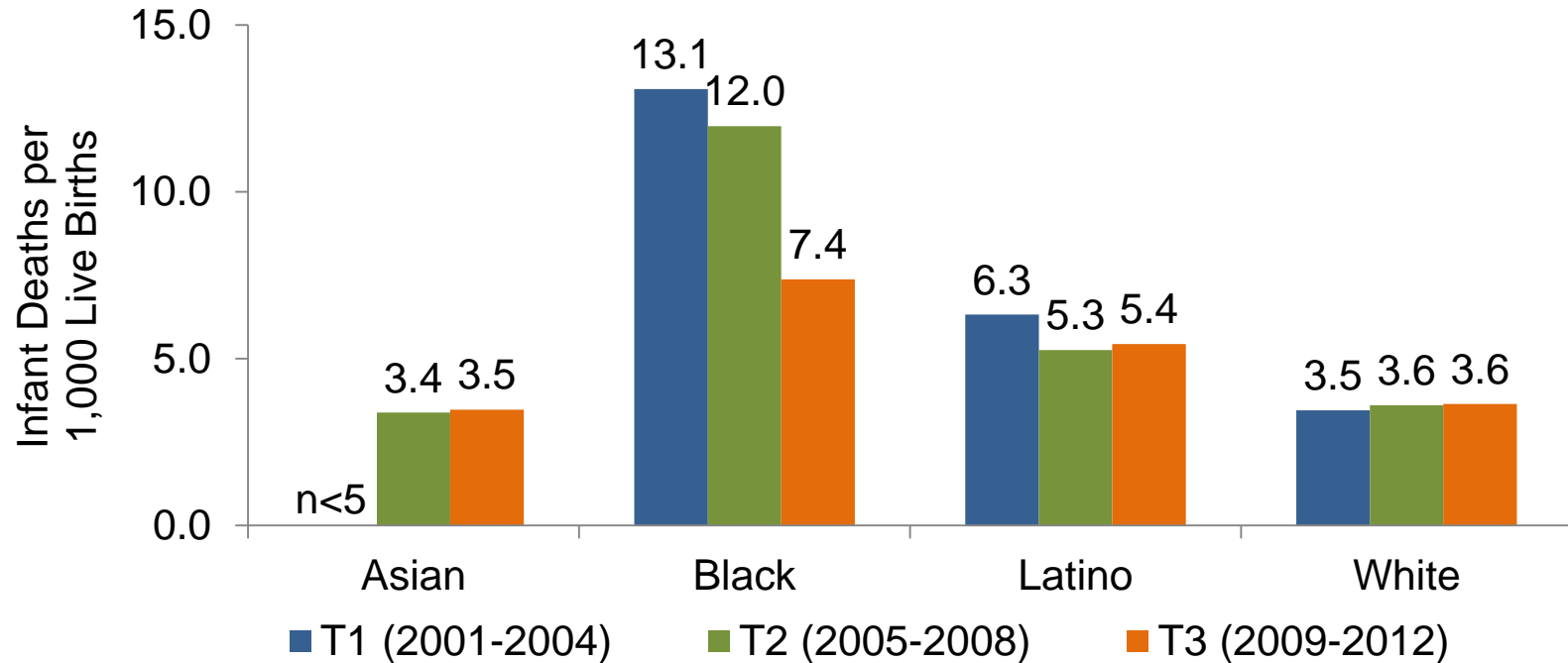
Results-oriented, community-led actions and programming

- Re-align service delivery systems and policies to build an environment and community that supports optimal child well-being
- Braid public and private resources
- Implement 'model' programs with measurable outcomes and scalability

**CAN WE MAKE A
DIFFERENCE....**

Infant Mortality Rates

2001-2004, 2005-2008, and 2009-2012

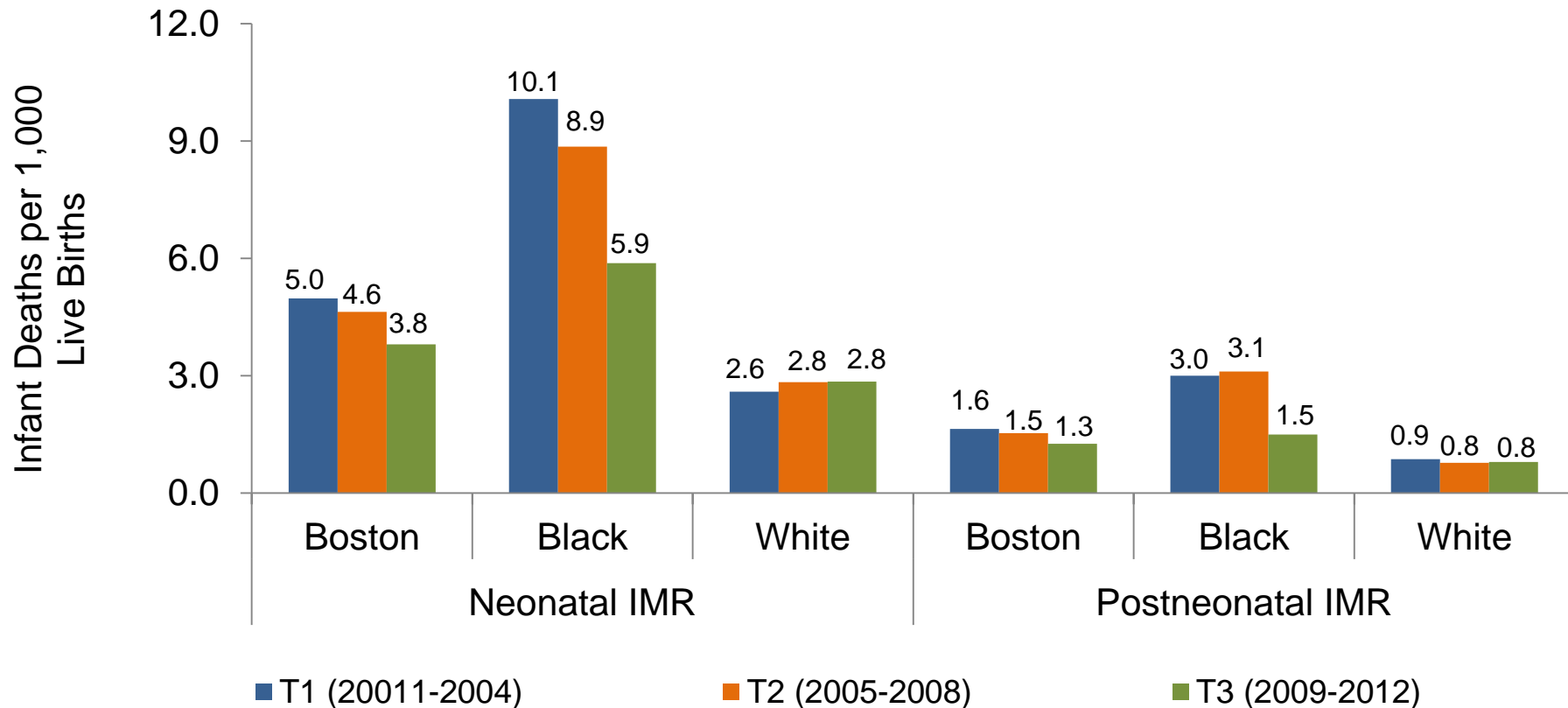


NOTE: Death data for 2012 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

DATA SOURCE: Massachusetts Resident Birth and Death files, Massachusetts Department of Public Health

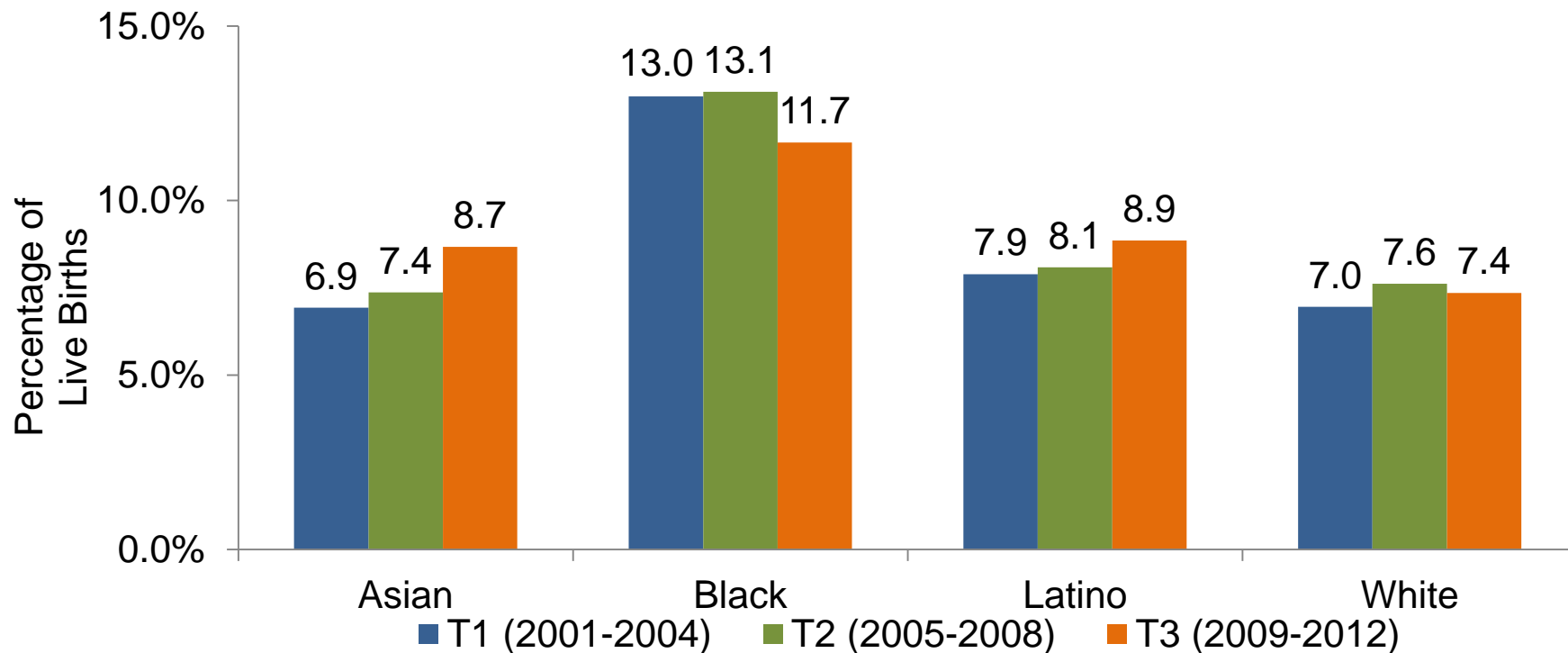
DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Neonatal and Post-neonatal Infant Deaths by Time Period and Race/Ethnicity



Low Birth Weight Births

2001-2004, 2005-2008, and 2009-2012



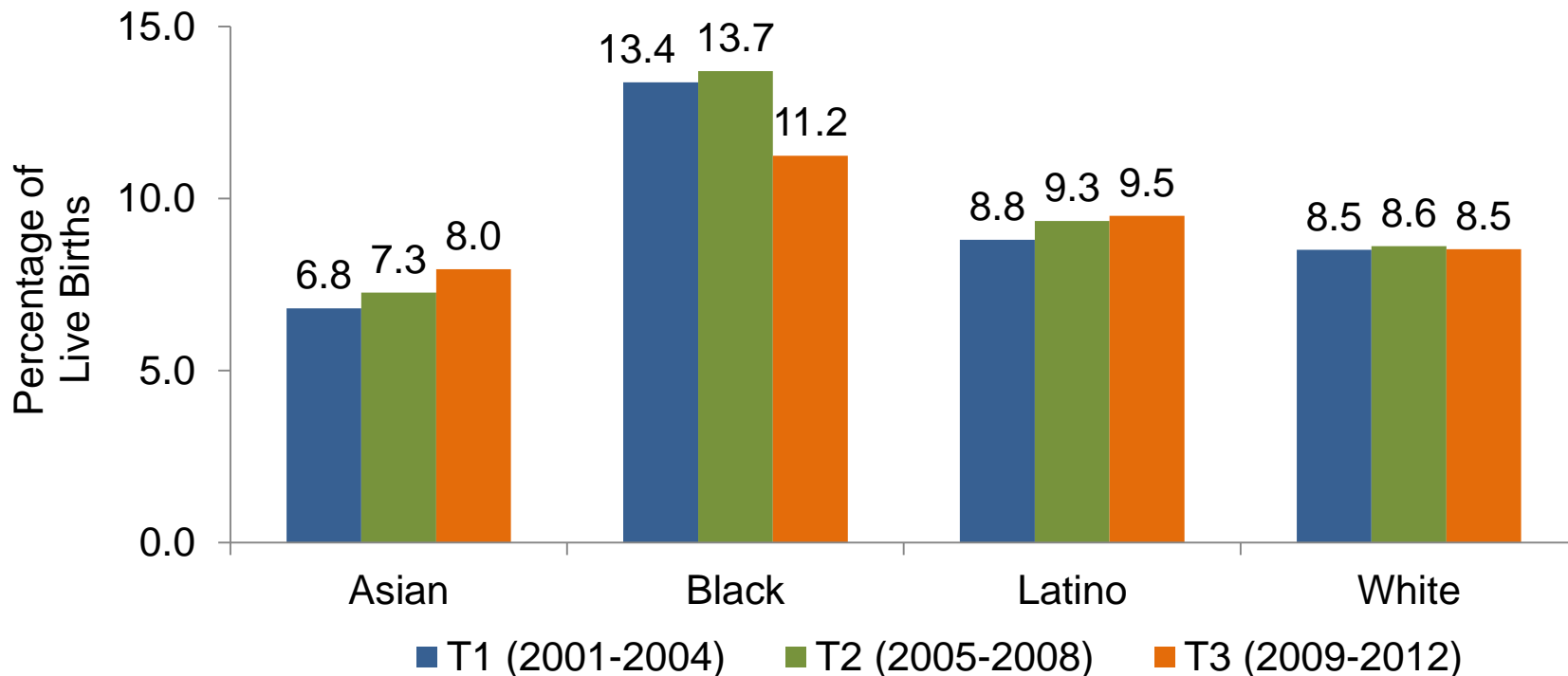
NOTE: Death data for 2012 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

Data Sources: Massachusetts Resident Birth files, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

Preterm Births

2001-2004, 2005-2008, and 2009-2012



NOTE: Death data for 2012 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.

Data Sources: Massachusetts Resident Birth files, Massachusetts Department of Public Health

DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office

WHAT CHANGED?

- Narrative change (using data to tell authentic stories)
- Targeted resources for Black women
- Focus on maternal health (pre-conceptual care, pre-natal care and intra-conceptual care)
- Focus on maternal well-being (reducing stress, addressing housing instability, and improving social cohesion and support)
- Improving access to health promoting opportunities and resources in select neighborhoods

CHALLENGES

- Addressing inequities in diverse communities without further stigmatizing those with the worst outcomes: who gets blamed?
- Addressing the impact of racism and the need for racial healing: what does this really look like?
- Addressing the role of philanthropy: what should accountability really look like?

THINGS TO CONSIDER

Conventional Questions

- How can we promote healthy behaviors?
- How can we reduce disparities in the distribution of disease, educational attainment, and economic security?
- What social programs and services are needed to address disparities?
- How can individuals protect themselves against disparities?

Racial Equity Questions

- How can we target dangerous conditions and reorganize land use and transportation policies to ensure healthy spaces and places?
- How can we eliminate inequities in the distribution of resources and power that shape child outcomes?
- What types of institutional and social changes are necessary to tackle inequities?
- What kinds of community organizing and alliance building are necessary to protect communities?



THANK YOU.

Barbara Ferrer | W.K. Kellogg Foundation