# City of Stoughton IDEA Committee September 20, 2023

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## AGENDA

- Call to Order (share minutes doc)
- Check-In & Introductions
- Approval of Minutes
- Discuss Roles & Responsibilities: Designate a Chair
- Discussion of member recruitment and retention
- Establishing group agreements
- Reflection on exercises from August - any insights for our work together?
  - Intersectionality, Power and Levels of Impact
- Review of Concepts
  - Trauma
  - Social Determinants of Health
- Future Agenda Items
- Adjournment

## 6:05 OUTCOMES

- IDEA: Inclusion, Diversity, Equity, Accessibility

- An IDEA Plan for the City of Stoughton co-created by its residents and leaders that articulates the values, goals and actionable work needed to foster a more equitable, inclusive and just community, as articulated in R-101-2020.

- Shared engagement, investment and commitment by residents and leaders to implement the IDEA Plan.

## INTRODUCTIONS

FOR NEW ATTENDEES: Are there any identities that you'd like to share with the group?

FOR ALL: What do you think are the most important things for Stoughton to address when it comes to IDEA?

## 6:25 APPROVAL OF MINUTES

Motion to approve last month's minutes?

## 6:30 IDEA COMMITTEE ROLES & RESPONSIBILITIES

Designate:
- Chair - Convene and adjourn meetings; approve minutes
- Vice Chair: Laura Roeven
- Secretary: Kristin Forde (take minutes with template)

**6:35 MEMBER RECRUITMENT & RETENTION**

How are we doing on membership?  Any other groups we'd like represented?

Has everyone filled out their City committee forms?

We discussed the possibility of a stipend – update

# ESTABLISHING GROUP AGREEMENTS
# 6:40 PM

## ESTABLISHING GROUP AGREEMENTS

- Making the relationship a priority as a precondition for progress
- Talking openly about the role that power and privilege play in our interactions
- Being aware of how much space we're taking in the context of our relative power and privilege
- Deep listening and attunement (to even more than we are able to articulate)
- Being gentle with and responsive to each other's vulnerabilities
- Checking in when we are unsure
- Respecting the way we each learn and process
- Making space for and learning from our different perspectives. Letting ourselves be changed by each other
- Admitting our mistakes without resistance
- Allowing each other to make mistakes without judgment or cancellation
- What is said here stays here and what is learned here leaves
- Show each other love

# REVIEW & REFLECTION FROM AUGUST 6:50 pm

# REFLECTING ON THESE CONCEPTS

- INTERSECTIONALITY WORKSHEET
  - Fill this out for yourself and consider the reflection questions
- LEVELS OF IMPACT (handout):
  - Review the different levels of impact worksheet and consider what Stoughton most needs at this stage?
    - How should our plan focus time, resources and energy in the next 2-3 years?
- POWER (worksheet):
  - Use the power worksheet and pay attention to the power dynamics present in two situations:
    - Any group setting you're in
    - Any news report you hear, watch or read
  - Write down some notes - how is power present in those instances? How do identity, position, "expertise," seniority, relationships, etc. influence the outcomes?

# TERMS: INTERSECTIONALITY



Concept developed by Kimberly Crenshaw

- Different layers of our identity overlap and cannot be fully addressed in isolation.
  - Each layer has a different effect on how we impact and are impacted by the world.
- See Intersectionality Worksheet

# TERMS: POWER

- From the latin word *poder*: the ability to do or act... and get a reaction
- The *size* of the reaction is a measure of your power (equal and opposite).
- The *nature* of the reaction - did it move you towards your goals? - is a measure of the quality of your strategy and tactics
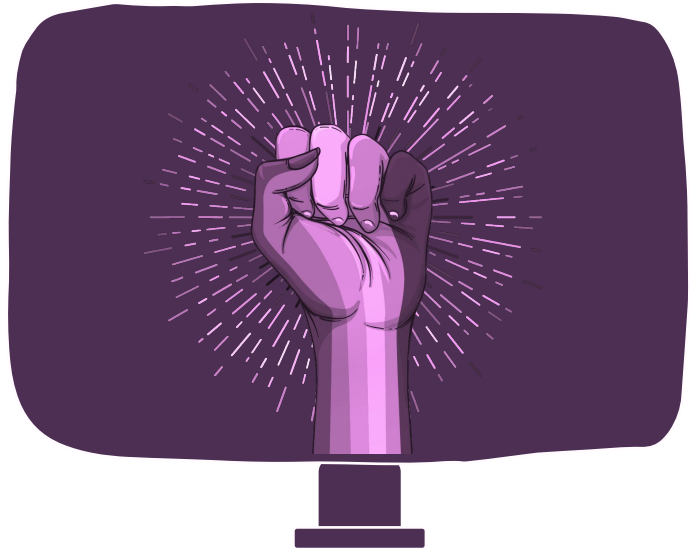


# SOURCES OF POWER

Power is relative and shifting at all times. An awareness of how power works and an ability to use it mindfully is at the heart of creating equity.
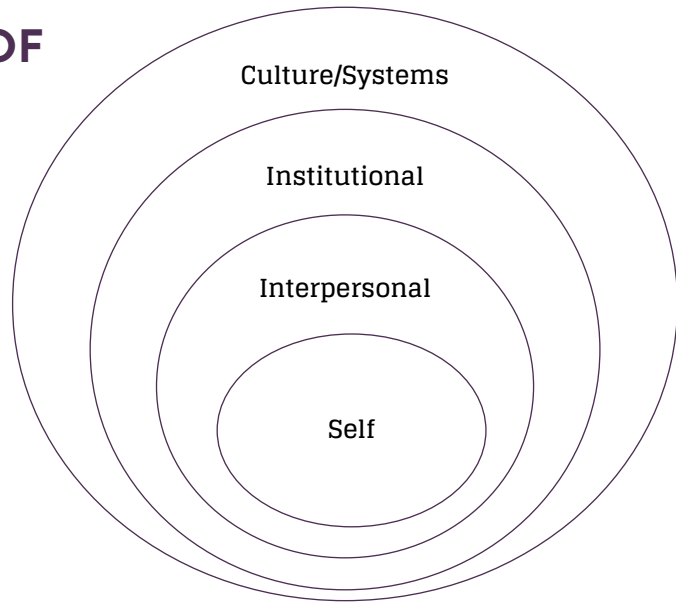
Identities & Experience
Expectations, socialization related to personality, communication style, learning style,family roles, race, class, age, education level, subculture, heritage/family of origin, health and ability, age, size, etc.

Positionality
What is your functional impact in the world? Your impact can be influenced by your relationships, decision-making power, seniority and expertise, access and control of information and resources, and your ability to direct, reward or punish others.

## TERMS: LEVELS OF IMPACT

Culture/Systems

Institutional

Interpersonal

Self

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## QUESTIONS FOR OUR PROCESS

**Intersectionality**
- What do we know and do we need to know about the identities of people who live and work in Stoughton?
  - What are their experiences here based on their intersectional identities?
- Who might come to live and work in Stoughton in the future?
  - What do we need to do ensure their belonging and access?

**Power**
- What aspects of life in Stoughton are impacted by the way power is distributed and how should that be reflected in our plan?
- How should our planning process take power in account?

**Levels of Impact**
- Can we tackle all levels of impact simultaneously in our plan?
  - Or do we weight certain areas more heavily than others in the beginning phases?

# SOCIAL DETERMINANTS OF HEALTH
# 7:10 PM

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## HEALTH OUTCOMES IN THE UNITED STATES



Life expectancy in wealthy countries

Japan 84.8 years
82.5 years
Average of high-income countries
United States 77.2 years
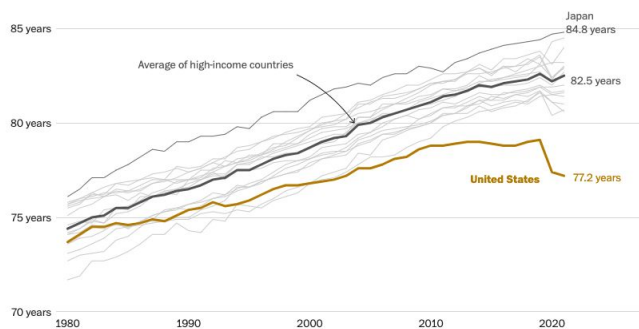
Source: United Nations, Department of Economic and Social Affairs, Population Division.

(1) unhealthy behaviors, such as our diets and use of firearms; (2) inadequate health care and public health systems; (3) poor socioeconomic conditions; (4) unhealthy and unsafe environments; and (5) deficient public policies.

## SPECTRUM OF HEALTH OUTCOMES

The poorest 1% in the United States die around 10 to 15 years earlier than the richest.

People in the middle of the socioeconomic scale have worse health than those at the top, people lower down in the scale have worse health still, and so on.

## FACTORS THAT SHAPE POPULATION HEALTH

1. Health care
2. Genetics
3. Behaviors
4. Commercial influences
5. Social Determinants of Health
6. Etc.

Most studies suggest that social, economic, environmental, and other nonmedical factors play a greater role in shaping population health than health care services.

## SOCIAL DETERMINANTS OF HEALTH

Defined by the World Health Organization as "The conditions in which people are born, grow, live, work and age," which are "shaped by the distribution of money, power and resources."

They can include but are not limited to:
- Income
- Access to health care
- Food Access
- Education
- Employment - job opportunities
- Housing
- Experiences of racism and discrimination
- Neighborhood conditions - safety, pollution
- Transportation systems
- Social connections - relationships, civic engagement
- Psychological - self-esteem, sense of hope/hopelessness

## SOCIAL DETERMINANTS OF HEALTH

*From the Milbank Memorial Fund:*

Social determinants of health are neither positive nor negative; they are characteristics that we can measure for everyone that influence their health outcomes.

These are social factors that can increase or constrain someone's capacity to be healthy.

Adverse measures of these social determinants - such as low-education level, housing instability, food insecurity, exposure to violence, lack of transportation access, utility insecurity - are social risk factors.

## SOCIAL RISK FACTORS & BEHAVIOR

These social risk factors, in turn, influence behavioral risk factors.

For example, obesity can be tied to fewer supermarkets, more fast food outlets and fewer safe and accessible places to exercises.

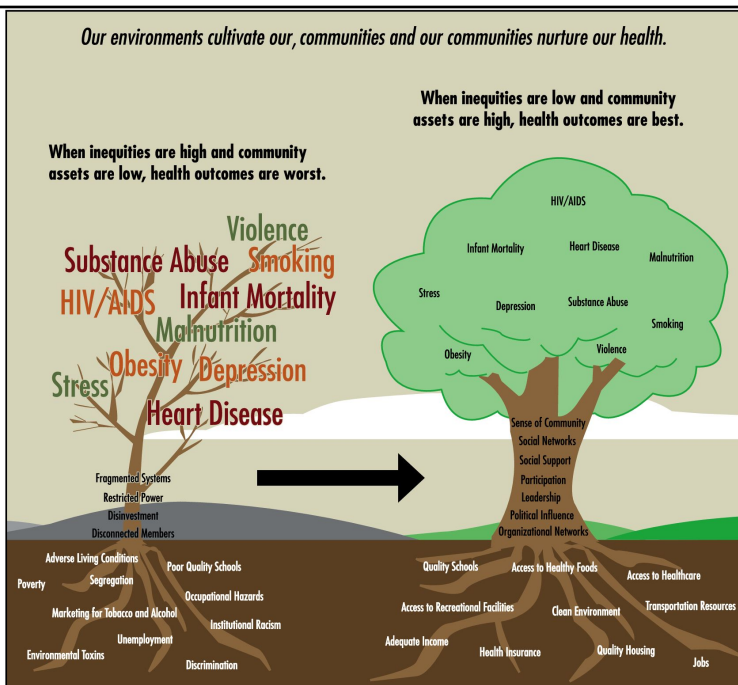To influence behavioral risk, we need to look upstream to social risk.



Figure adapted from Anderson et al, 2003; Marmoetal, 1999; and Wilkinson et al, 2003.[39-41]

# HEALTHY PEOPLE 2023 - CDC

ECONOMIC STABILITY
- Employment
- Food Insecurity
- Housing Instability
- Poverty

EDUCATION ACCESS AND QUALITY
- Early Childhood Development and Education
- Enrollment in Higher Education
- High School Graduation
- Language and Literacy

# HEALTHY PEOPLE 2023 - CDC

HEALTH CARE ACCESS & QUALITY
- Access to Health Services
- Access to Primary Care
- Health Literacy

NEIGHBORHOOD & BUILT ENVIRONMENT
- Access to Foods That Support Healthy Dietary Patterns
- Crime and Violence
- Environmental Conditions
- Quality of Housing

SOCIAL & COMMUNITY CONTEXT
- Civic Participation
- Discrimination
- Incarceration
- Social Cohesion

# TRAUMA
# 7:30 PM

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What does trauma look like in individuals?

# A TRAUMA-INFORMED LENS

## What's Wrong With You?  vs.  What Happened to You?

Why can't you follow the rules?
Why can't you self-regulate?
Why aren't you performing?
But my intentions were good,
why are you misinterpreting
me?

What old dynamics are these
interactions triggering for
you?  How are we repeating
the patterns of
marginalization and harm
you've faced your entire life?

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# ACES - ADVERSE CHILDHOOD EXPERIENCES

https://americanspcc.org/take-the-aces-quiz/

FROM PREVENTCHILDABUSE.ORG:
Childhood trauma and adversity, such as ACEs, including abuse, neglect, and witnessing violence in the home or community, can lead to toxic stress, prolonged or excessive activation of the stress response system.

High-stress levels and trauma can change a child's brain chemistry, brain architecture, and even gene expression. While nearly everyone experiences stress at some point, chronic stress sustained over time can damage the body and the brain, especially for children, because early childhood is critical for development.

| | |
|---|---|
| 1. Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you? | ☐ |
| 2. Did you lose a parent through divorce, abandonment, death, or other reason? | ☐ |
| 3. Did you live with anyone who was depressed, mentally ill, or attempted suicide? | ☐ |
| 4. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs? | ☐ |
| 5. Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other? | ☐ |
| 6. Did you live with anyone who went to jail or prison? | ☐ |
| 7. Did a parent or adult in your home ever swear at you, insult you, or put you down? | ☐ |
| 8. Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? | ☐ |
| 9. Did you feel that no one in your family loved you or thought you were special? | ☐ |
| 10. Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)? | ☐ |
| **Your ACE score is the total number of checked responses** | |

Do you believe that these experiences have affected your health?    ◯Not Much   ◯Some   ◯A Lot

# ACES - ADVERSE CHILDHOOD EXPERIENCES

Over time, multiple ACEs—especially without adequate adult support—can affect the nervous, endocrine, and immune systems and have lasting effects on attention, behavior, decision-making, and response to stress throughout a lifetime.

There are decades of research linking ACEs to an increased risk of developing chronic diseases and behavioral challenges, including obesity, autoimmune disease, diabetes, heart disease, poor mental health, alcoholism, and even reduced life expectancy by as much as 20 years.

Multiple ACEs also put individuals at a greater risk for adverse outcomes, including poor school performance, unemployment, and the development of high-risk health behaviors, such as smoking and drug use. New research has also uncovered a correlation between ACEs and an increased risk for prescription opioid misuse.

## PREVENTING ADVERSE CHILDHOOD EXPERIENCES

- Close and stable relationships with competent caregivers or other caring adults
- Parents or adults who model resilience
- Identifying and cultivating a sense of purpose (faith, culture, identity)
- Individual developmental competencies (problem-solving skills, self–regulation, agency)
- Social connections
- Socioeconomic advantages and concrete support for parents and families
- Communities and social systems that support health and development and nurture human capital

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"Our systems of care, and all the organizations that are a part of those systems, are alive, functioning as interconnected living systems  and therefore subject to the stresses, strains, and trauma of being alive."

Bloom, Sandra L.; Farragher, Brian. *Restoring Sanctuary* (p. 13). Oxford University Press.

## THE FRACTAL NATURE OF TRAUMA

The symptoms of individual trauma scale up to manifest themselves in our broader culture, often taking on similar patterns at a collective level.
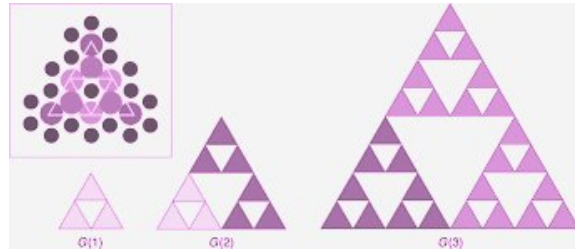


## INTERGENERATIONAL TRAUMA - APA

"A phenomenon in which the descendants of a person who has experienced a terrifying event show adverse emotional and behavioral reactions to the event that are similar to those of the person himself or herself.

These reactions vary by generation but often include shame, increased anxiety and guilt, a heightened sense of vulnerability and helplessness, low self-esteem, depression, suicidality, substance abuse, dissociation, hypervigilance, intrusive thoughts, difficulty with relationships and attachment to others, difficulty in regulating aggression, and extreme reactivity to stress." - APA

## INTERGENERATIONAL TRAUMA - WP

"Intergenerational trauma can stem from biology, learned behaviors and even the collective experiences of a group. Some research suggests that trauma can affect a person's DNA and potentially influence the health of future generations far removed from the traumatic event.

Researchers have investigated whether Holocaust survivors and their children showed changes to what are known as "epigenetic markers," chemical tags that attach to DNA and can switch genes on or off, which in turn can influence inherited traits or diseases."

- "How does trauma spill from one generation to the next?" By Rachel Zimmerman, Washington Post, June 12, 2023

## POST-TRAUMATIC SLAVE SYNDROME - DR. JOY DEGRUY

P.T.S.S. is a theory that explains the etiology of many of the adaptive survival behaviors in African American communities throughout the United States and the Diaspora. It is a condition that exists as a consequence of multigenerational oppression of Africans and their descendants resulting from centuries of chattel slavery–a form of slavery which was predicated on the belief that African Americans were inherently/genetically inferior to whites. This was then followed by institutionalized racism which continues to perpetuate injury, thus resulting in M.A.P.:

M: Multigenerational trauma together with continued oppression

A: Absence of opportunity to heal or access the benefits available in the society; leading to

P: Post-Traumatic Slave Syndrome

## THE INTERSECTION OF SODH, TRAUMA & PTSS

How do Social Determinants of Health and Trauma come together to impact individuals, families and communities?

What role does trauma play at the various levels of impact?

- Self?
- Interpersonal?
- Institutional?
- Culture/Systems?

How should we incorporate this awareness into our work?

Culture/Systems

Institutional

Interpersonal

Self
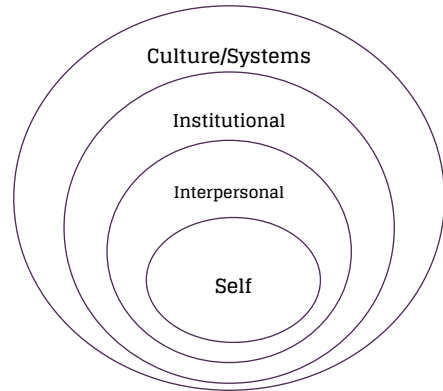
## 7:55 FUTURE AGENDA ITEMS

- Data – what we know, what we need to know, how to gather it
  - City practices audit
  - Community DEI survey
    - Other community engagement possibilities
- Moving from Punitive Justice to Restorative and Transformative Culture
- Accountability
- Dominant Culture & Liberatory Practice
- Others?

## 8:00 ADJOURN

*Need motion and second.*