

ROOTS of HEALTH INEQUITY

September 27, 2012



ROOTS of HEALTH INEQUITY

Background

rootsofhealthinequity.org

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ABOUT PROJECT | ABOUT COURSE | PREVIEW INTERACTIVES | HOW TO REGISTER | SITE CREDITS | LEARN MORE CONTACT

ROOTS of HEALTH INEQUITY

NACCHO presents
The Roots of Health Inequity
A Web-Based Course for the Public Health Workforce
[LEARN MORE »](#)

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What's in this Online Learning Collaborative?
As part of the Roots of Health Inequity Learning Collaborative, participants will be able to:

- Explore social processes that produce health inequities in the distribution of disease and illness.
- Strategize more effective ways to act on the root causes of health inequity.
- Form relationships with other local health departments who are working to ensure health equity.

ENTER ROOTS COURSE SITE

About the Project
Social justice affects the way people live, their chance of illness, and their risk of premature death. Can public health influence the unequal structuring of life conditions? This course provides an online learning environment from which to explore the root causes of inequity in the distribution of disease, illness, and death. [Learn More »](#)

Who Can Sign Up for the Course?
Anyone interested in addressing the root causes of health inequity may take this course. Our material is written primarily for local public health department staff at all levels. There is no fee. [Learn More »](#)

CE
Continuing Education
The first unit in this course is titled "Where Do We Start," and specific sections are available for Continuing Education. [Learn More »](#)

This project was made possible through support from the National Institutes of Health. NACCHO is grateful for this support.
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ROOTS of HEALTH INEQUITY

NACCHO
National Association of County & City Health Officials



Public Health
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What is *Roots of Health Inequity*?

An educational website and collaborative learning course for public health practitioners.





Why now?

“Social justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death.”

(Closing the Gap in A Generation: Health Equity Through Action on the Social Determinants of Health, WHO, 2008).





The Opportunity: What will *Roots* offer to grantmakers and grantees?

- A different way of thinking about public health practice.
- A conceptual frame that links social justice to public health practice.
- Resources and insights learners can share with others.
- Poses critical questions about addressing health inequities.
- Opportunities to collaborate and strategize with colleagues across the country.



ROOTS of HEALTH INEQUITY

Course Units

UNIT 1: Where Do We Start? (CEUs)

Explore the relationships between changing the culture of our organizations, engaging community members, and negotiating with political pressures strategically.

Next ▶

Unit 1: Where Do We Start?

Purpose and Overview

Acting on the causes rather than the consequences of health inequities can seem an impossible challenge. Many public health officials committed to social justice wonder where they should start and how they can advance public health practice.

This unit offers a place to start and space for examining your place in society, exploring your organization's culture, and reflecting on the challenges you face.

GOALS FOR THIS UNIT


The goal of this course is not to answer all of the questions associated with the roots of health inequity, but to provide a forum in which your team can have a thoughtful discussion that will inform your work and provide some resources and strategies that will provide support as you develop your own ideas about the fundamental social injustices and institutional manifestations that generate these inequities, as you remain dedicated to eliminating them in disease and illness.

After taking this course, you will be able to:


- Identify methods for beginning to shift elements of public health practice and organizational culture toward the elimination of health inequity.
- Examine approaches to addressing how "privilege" and "power" affect your capacity to act on the root causes of health inequity.
- Describe the components of community capacity and community engagement.
- Describe how political pressure influences public health practice.

This course was built for you to become a co-creator of knowledge. Groups should initiate discussions; you should respond to others in your Learning Group, and hopefully, continue to discuss and explore these ideas offline.


Highlights & Features




Biggest Obstacles Poll
INTERACTIVE
Take Poll Now
[GO NOW »](#)



Action at the Neighborhood Level
INTERACTIVE
Polluting Sites in Northern Manhattan
[GO NOW »](#)



A Neighborhood Fights Back
INTERACTIVE
West Harlem's Battle for Clean Air
[GO NOW »](#)



Exposing Hidden Interests
SLIDESHOW
Smallville Case Study
[GO NOW »](#)



Revealing Oppression: What keeps us from seeing privilege?

No awareness of the reality of oppression

No awareness of one's own Privilege.

Consciously protecting one's own Privilege

Guilt or Shame

Fear of being cast as the Oppressor

"The Culture of Politeness"

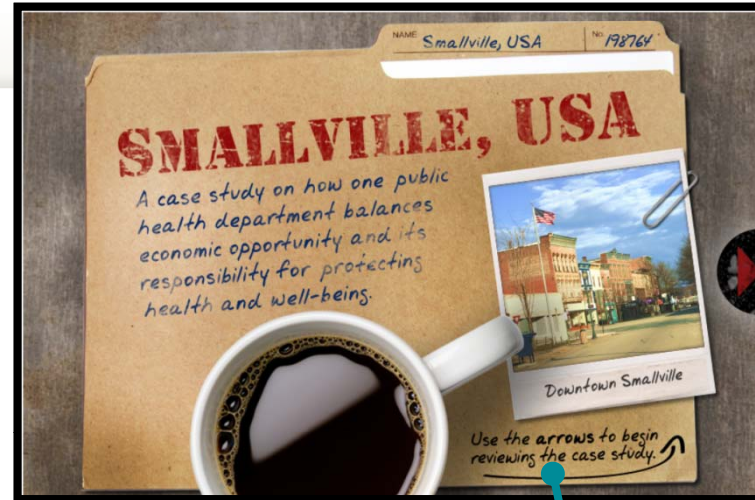
Media reinforcement of stereotypes

National values: Individualism, Meritocracy, etc.

← Previous

Next →

Workforce Capacity



Leadership

Community Engagement

West Harlem's Battle for Clean Air

In the 1950's, the City of New York quietly decided to build a massive sewage treatment plant in West Harlem. The plant protected the Hudson River, but its air pollution made nearby residents sick. Fed up with the community's skyrocketing rates of asthma and other respiratory diseases, residents formed a coalition to confront the disturbing history behind the plant's placement and construction.

Listen to Their Story

Download Audio File »
(MP3 File)

Download Transcript »
(PDF File)

WE-ACT

Peggy Shepard, Chuck Sutton, and Vernice Miller (not pictured) co-founded the community group West Harlem Environmental Action (WE-ACT).



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UNIT 2: What Are “Frames” and How Do They Influence Public Health Practice?

Consider how “mental models” or “frames” influence public health work. Discuss how values, assumptions, and interests of institutions affect the capacity for addressing health inequities.

Next ▶

Unit 2: Perspectives on Framing

Purpose and Overview

This unit examines the often unquestioned processes through which we define public health problems and examine the assumptions that influence our approach to health equity.

How do we make sense of our everyday experiences? Why should we define a public health concern in terms of institutions, power structures, and social injustice rather than in terms of the behavior and demographics of individuals?

These questions expose the system through which values, assumptions, and interests impact public health work, including public health research, priority-setting, and the capacity for tackling health inequity effectively.

GOALS FOR THIS UNIT


In this unit, we will discuss how underlying thoughts and pre-determined ways of thinking can shape programmatic planning, policy making, priority setting, research and resource allocation. In the process, we will explore the implications of defining public health “problems” as issues of social injustice.

After taking this course, you will be able to:


- Define a mental “frame” in reference to public health practices.
- Determine how particular frames influence public health practice and research.
- Recognize the role of language in framing the issues
- Challenge hidden, long-held, or recently established frames that maintain health inequity.

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Highlights & Features




Frames and Farming
SLIDESHOW
[GO NOW »](#)



Recognizing Frames through Language
ACTIVITY
[GO NOW »](#)



Top Priorities Poll
INTERACTIVE
[GO NOW »](#)



Aligning Frames
VIDEO
[GO NOW »](#)



Frames

INTRODUCTION:
Given the demands and pressures of our jobs, we often take for granted or do not reflect on the frames informing our daily work. We may not realize how and why certain frames guide our routine tasks. These mental models and assumptions nevertheless influence everything from our organizational goals to our definition of health.

NEXT ▶

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Defining Public Health Issues

Why should we define public health issues in relation to institutions and social structures of power and injustice rather than to the characteristics and demographics of individuals, independent of social context?

IDEAS EXPLORED IN THIS SECTION
How do frames function to affect problem definitions and how we address issues?

In this section, we seek to have participants reflect on the patterns and processes of practice through which we define public health issues and discuss how underlying assumptions shape programmatic planning, policy making, priority setting, and resource allocation. We provide activities to demonstrate how the definition of an issue can lead to some policy choices and not others.

How does the biomedical paradigm affect what we choose to research and the implications of those choices?

The emphasis of the biomedical paradigm can have grave—if unintentional—consequences that distract attention from major forms of oppression and dispossession. The activity in this section demonstrates what happens when questions posed, and the tools to respond to them, do not fit the scope and magnitude of a historical occurrence that is not primarily a medical issue.

Contents

Top Priorities Poll
INTERACTIVE
[GO NOW »](#)

Aligning Frames
VIDEOS
[GO NOW »](#)

Up Next

Top Priorities Poll
What are the top priorities for work at your organization? [GO NOW »](#)

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Recognizing Frames through Language

Step #1
Click on a phrase in the word cloud and drag it to the column labeled "Social Justice Frames." Drop it into the blue box next to the "Current Frames." It matches. Incorrect phrases will return to the word cloud.

Step #2
After you have matched each phrase, write a brief explanation of how the two terms represent different assumptions.

Step #3
When you are done, click on the button titled "Compare Answers" to see how your responses align with the other members of your group.

**SOCIAL RESPONSIBILITY FIND A CAUSE FOR CANCER
OPPRESSED SOCIAL SYSTEMIC CHANGE
POPULATIONS JUSTICE CAUSES OF
ALTERNATIVE ASSESSMENT RISKY CONDITIONS**

CURRENT FRAMES	SOCIAL JUSTICE FRAMES	WHY THEY ARE DIFFERENT?
VULNERABLE POPULATION		Type your answer here
FACTOR/SOCIAL PROBLEM		Type your answer here
PERSONAL RESPONSIBILITY		Type your answer here
RISKY BEHAVIOR		Type your answer here
RISK ASSESSMENT		Type your answer here
FIND A CURE FOR CANCER		Type your answer here
INTERVENTION/TREATMENT		Type your answer here

◀ Previous ▶ Next Printer-friendly Version Bookmark This

Frames in Public Health

Recognizing Frames Through Language




ROOTS of HEALTH INEQUITY

UNIT 3: What Can History Teach Us about the Role of Public Health and Public Health Practitioners?

Explore the transformation of public health during the last 150 years, including the forces that advanced or limited the field.

1900s: Exposing Structural Racism at the Turn of the Century



Published in 1903, *The Souls of Black Folk*, W.E.B. Du Bois's book of essays on racism in the United States, exposed the social conditions and relationships fueling dire conditions for African Americans.


Inequities in life expectancy between African Americans and whites at the turn of the century were dismal—33 years as compared to 47.6 for whites, and there were only 878 African American men to every 1,000 African American women, compared to 991 white men to every 1,000 white women.

At the heart of these statistics, Du Bois found African Americans enduring especially dangerous living and labor conditions, impoverishment, abject political, social, and economic disenfranchisement, and racist violence. Accounting for these conditions, Du Bois spoke plainly about the social injustices underlying the current social order, noting that the social conditions in which African Americans lived neither resulted from the individual actions of racist Southern whites nor were they a reflection of innate biology of African Americans, a natural order, or the product of a divine will.


Du Bois pointed to structural relations woven into the fabric of political, economic, and social systems in the United States that explained the dismal conditions in which African Americans lived. He thought that if these inequities resulted from collective decisionmaking codified in laws, policies, formal practices, and economic systems, then we could address the structural relations that maintained them.

About the Image
Photograph of W.E.B. Du Bois taken in 1919. (Library of Congress)


Other Public Health Events



1900—Bubonic plague quarantine in San Francisco singles out Chinese population



1911—Triangle Shirtwaist Fire leads to occupational safety reform and disease prevention



1915—New public health training programs exclude non-physicians

Up Next

1870s to 1950s: Discovery of the Causes and Cures of Infectious Diseases
[GO NOW >](#)

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The Evolving Role of Public Health

See how the roles and responsibilities of public health professionals have evolved over time and continue to be influenced by business interests, medical practitioners, social reformers, and the public health workforce.

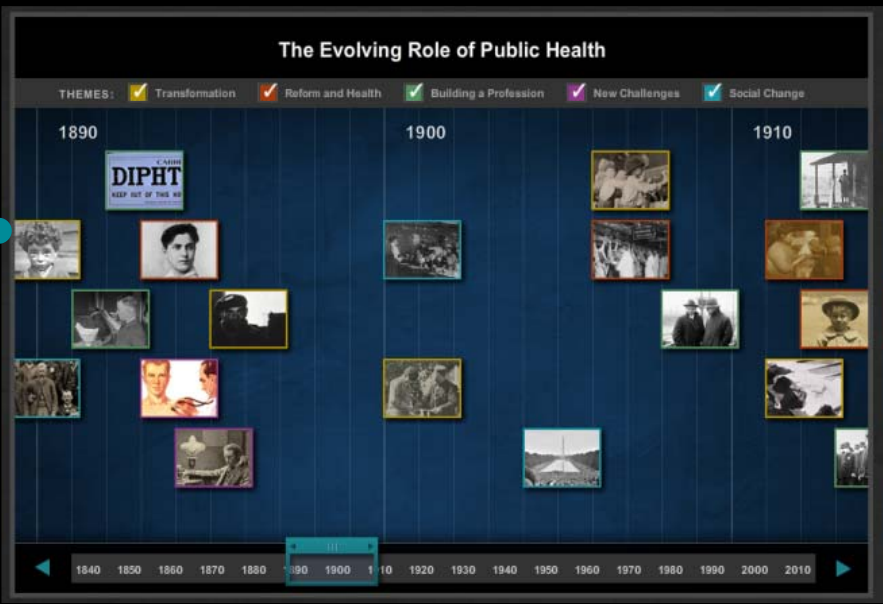
LOADING

The Evolution of Public Health

The Evolving Role of Public Health

THEMES: Transformation Reform and Health Building a Profession New Challenges Social Change

1890 1900 1910



1840 1850 1860 1870 1880 1890 1900 1910 1920 1930 1940 1950 1960 1970 1980 1990 2000 2010



UNIT 4: What Are the Root Causes of Health Inequities?

Examine the importance of class structure, racism, and gender inequity in the development of health inequities.

Next

Unit 4: Root Causes

Purpose and Overview

The root causes of health inequity refer to the underlying social injustices that have accumulated over a long history. These injustices are about the core source of historical oppression, social exclusion, domination, and exploitation that determine the quality of life for some populations.


These injustices result from imbalances in organized political power and privilege, which place people's well-being at risk by subjecting them to disease and illness. Some analysts focus on the results of injustice, such as poor housing, lack of education, limited access to transportation, and so forth, as causes of health inequity. Racism, class oppression, and gender inequity are the manifestations of social injustice considered in this unit.

But what causes the negative social conditions in which people live and work? They result from well-organized groups of people or institutions dominating other groups through their political and social power. The exercise of that power enables those conditions to be repeatedly produced. Health inequalities are not therefore unfortunate, random events that happen naturally outside of human control or inaction. Public health can play a role in policy development and organizing to influence the determinants of health inequity.


GOALS FOR THIS UNIT

This three-part unit features presentations that examine fundamental or root causes of health inequity—class oppression, racism, and gender inequity. You will be asked to review the presentations, explore the issues raised, and notice the connections among different forms of social injustice and how they relate to public health's capacity to take action. Discussion questions also emphasize the implications for practice.


Highlights & Features




What Is Class?
Pyramid of Capitalist System
[GO NOW »](#)



Richard Wolff Examine Class
ANIMATION
[GO NOW »](#)

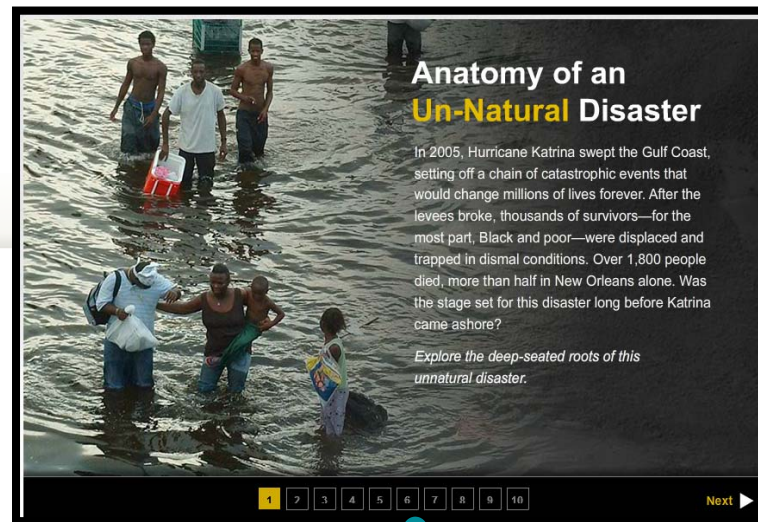
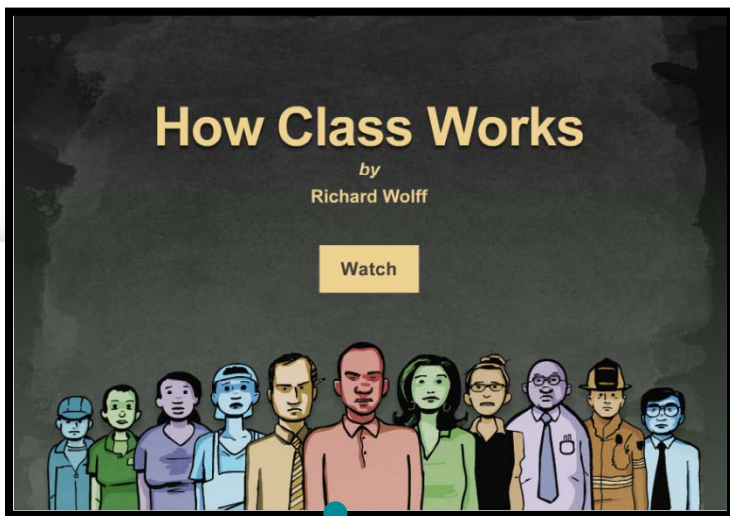


"Hidden Injuries" of a Class Society
ACTIVITY
[GO NOW »](#)



Hurricane Katrina: The Unnatural Disaster?
INTERACTIVE
[GO NOW »](#)





Class Oppression

Gender Inequity

Employment Discrimination: Paid Sick Days

Employment discrimination represents an area where the intersection between racism, class, and gender inequity becomes clear.

Women are often forced to choose between their family's health and their paychecks—or even their jobs—when illness strikes or a child gets sick. San Francisco, Washington, DC, and the state of Connecticut now have policies making paid sick days available. Latino workers suffer greatly given their often dismal working conditions. Women, who by far outnumber men in many service industries, particularly domestic service, care-giving, and food services, do not have access to paid sick days and often not even paid maternal leave. For women of low income, who also have the burden of child care, and those needing to recover from domestic violence, the unavailability of sick leave can be devastating.

Watch the brief video above and listen to the analysis from Portia Wu below.

Portia Wu, Vice President of the National Partnership for Women and Families

She leads key initiatives on equal opportunity and fair treatment in the workplace and work and family policies; she also serves as co-chair of the Health Care Task Force of the Leadership Conference for Civil and Human Rights. Prior to joining the National Partnership, she was general counsel and labor policy director for the U.S. Senate Committee on Health, Education, Labor and Pensions.

She describes the profound impact of the lack of paid sick days on women and children, especially those in the service industries. Ms. Wu considers what public health can do about it by raising awareness and engaging in public education campaigns.

Up Next

Women Tell Their Stories
How can public health provide local support for paid sick days, given that the lack of sick leave creates adverse health outcomes for large segments of the population?
[GO NOW >](#)

Racism



Unit 5: What Are the Principles of Social Justice?

Explore the principles of social justice and ways to influence the institutions and agencies that generate health inequity.

Next ▶

Unit 5: Social Justice

Purpose and Overview

This unit features an introductory consideration of social justice as a foundation for public health practice and its implications for practice to eliminate health inequity.

GOALS FOR THIS UNIT


You will explore the basic principles of social justice, learn why they are central to public health. One goal of social justice is to end processes that systematically marginalize and exploit people and condemn them to subordinate positions. Beyond reforming institutions, modern conceptions of social justice require evaluating the operation of society's institutions at their core rather than at the margins.

After taking this course, you will be able to:


- List four principles of social justice.
- Identify specific ways in which social justice principles might be applied to elements of everyday practice.
- Recognize the difference between social justice and other approaches to public health practice.
- Examine the underlying assumptions, features, and values of a social justice approach to public health practice and contemplate how it relates to everyday work.

This course was built for you to become a co-creator of knowledge. Groups should initiate discussions; you should respond to others in your Learning Group, and hopefully, continue to discuss and explore these ideas offline.


Highlights & Features




Principles of Social Justice
INTERACTIVE
[GO NOW »](#)



The Five Faces of Oppression
SLIDESHOW
[GO NOW »](#)



Why Is the Water Toxic?
ACTIVITY
[GO NOW »](#)



Elements and Characteristics of a Social Justice Approach
INTERACTIVE
[GO NOW »](#)



THE FIVE FACES OF OPPRESSION, AS DESCRIBED BY YOUNG



Exploitation
(as associated with class, and profiting or benefiting from the labor of others)

For Example:

- In the workplace, as workers have little control over their work and their work primarily benefits others, the result is inequality of wealth and power.
- Women engaged in gender-based tasks for men "on whom they are dependent" and receiving little benefit or acknowledgement.

Photo: Beltman/CORBIS

NEXT ▶

Principles of Social Justice

Identifying an approach

REMEDIAL	SOCIAL JUSTICE
	
Treats or repairs conditions	Addresses negative life conditions, with the goal of permanent change

NEXT ▶

THE SOCIAL JUSTICE APPROACH TO PUBLIC HEALTH



In this activity you will reflect on some features of your overall approach to public health practice. You will explore how a social justice perspective for eliminating health inequity might inform and influence that practice.

Explore how your own LHD's approach has influenced its practice and explore ways to design strategies that more effectively address health inequities through a perspective grounded in principles of social justice.

DIRECTIONS:
Begin the activity by mousing over an image. A description of the current image will appear in addition to a link to the social justice approach. Click on link to see a brief statement about actions that might be taken within a social justice perspective.

Developing Strategies



Voices from the Field and other Resources



Dr. Renee Canady



Megan Gaydos



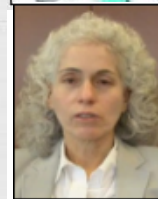
Dr. Linda Rae Murray M.D. MPH



Dr. Umair A. Shah



Pat Baille



Dr. Barbara Ferrer



Vernice Miller-Travis (CE)



Portia Wu



Alameda County: Foreclosures and Health



Doak Bloss



Rajiv Bhatia, MD, MPH



Boston Public Health: Shifting Health Paradigm



Roots of Health Inequity offers wide a selection of multimedia

The Evolving Role of Public Health

THERES: Transformation Reform and Health Building a Profession New Challenges Social Change

1890 1900 1910

SOCIAL RESPONSIBILITY FIND OPPRESSED SOCIAL POPULATIONS JUSTICE ALTERNATIVE ASSESSMENT

CURRENT FRAMES SOCIAL JUSTICE THERABLE POPULATIONS OPPRESSED POP

How Class Works

by Richard Wolff

Watch

Polluting Sites in Northern Manhattan

Northern Manhattan is home to several vibrant, complex communities. Here, most residents are people of color. Up to one-third of residents live below the poverty line. Click on the map markers to explore patterns in childhood asthma rates and environmental hazards in Northern Manhattan.

Asthma Rates Poverty Rates

Population

White African American Other
 Asian Hispanic

Introduction



THE FIVE FACES OF OPPRESSION, AS DESCRIBED BY YOUNG

Exploitation

(as associated with class, and profiting or benefiting from the labor of others)

For Example:

- In the workplace, as workers have little control over their work and their work primarily benefits others, the result is inequality of wealth and power.
- Women engaged in gender-based tasks for men "on whom they are dependent" and receiving little benefit or acknowledgement.

Photo: Getman/CORBIS

West Harlem's Battle for Clean Air

In the 1950s, the City of New York quietly decided to build a massive sewage treatment plant in West Harlem. The plant protected the Hudson River, but its air pollution made nearby residents sick. Fed up with the community's skyrocketing rates of asthma and other respiratory diseases, residents formed a coalition to confront the disturbing history behind the plant's placement and construction.

Listen to Their Story

Download Audio File (MP3 File)

Download Transcript (PDF File)

BREATHING IN THIS NEIGHBORHOOD IS DEADLY

DECIDEDLY OUR COMMUNITY IS DYING

Peggy Shepard, Chuck Sutton, and Venice Miller (not pictured) co-founded the community group West Harlem Environmental Action (WE-ACT).

Anatomy of an Un-Natural Disaster

In 2005, Hurricane Katrina swept the Gulf Coast, setting off a chain of catastrophic events that would change millions of lives forever. After the levees broke, thousands of survivors—for the most part, Black and poor—were displaced and trapped in dismal conditions. Over 1,800 people died, more than half in New Orleans alone. Was the stage set for this disaster long before Katrina came ashore?

Explore the deep-seated roots of this unnatural disaster.

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Using Course Units

Course Unit Overview Page

Review the “Purpose and Overview” Section

The “Purpose and Overview” section introduces each unit.

Review the Unit Index

Use the Course Unit Index to preselect discussion activities and navigate the unit.

The screenshot shows a web page titled "SAMPLE PAGE" for the "ROOTS of HEALTH INEQUITY" course. The page is for "Unit 1: Where Do We Start?". It features a navigation bar with links like "Overview", "CE Statement", "Workforce Capacity", "Community Engagement", "Leadership", "CE Exit", "Voices", and "Resources". The main content area is divided into two sections, both highlighted with red boxes. The top section, "Unit 1: Where Do We Start? Purpose and Overview", contains a welcome message for "Tim Songer" and a "Purpose and Overview" section. The "Purpose and Overview" section states: "Acting on the causes rather than the consequences of health inequities can seem an impossible challenge. Many public health officials committed to social justice wonder where they should start and how they can advance public health practice." It also includes "GOALS FOR THIS UNIT" and a list of activities to be completed after taking the course. The bottom section, "Index of Content for this Unit", provides a table of contents with links to various topics such as "Workforce Capacity", "Community Engagement", "Leadership", "Voices from the Field", "Resources", and "Conclusion". The page footer includes the NACCHO logo and the text "A Web-Based Course for the Public Health Workforce" and "ROOTS of HEALTH INEQUITY".



Sample Activity

Presentation

Click to explore presentations, reflect on the content.

Discussion prompt

Review the discussion prompts and respond online.

SAMPLE PAGE

NACCHO LOGOUT | About This Project | FAQs | Help | Contact

ROOTS of HEALTH INEQUITY Welcome **Tim Songer**,
You are working in **General Group**
Unit 5: Social Justice MY DASHBOARD

Overview | What is Social Justice? | Identifying an Approach | **Developing Strategies** | Conclusion | Voices | Resources

← Previous Next →

Elements and Characteristics of this Approach

What are the characteristics of a social justice approach to public health practice? How do we identify injustices and the root causes of inequity, and how do we develop effective strategies to tackle them? In this activity you will reflect on some features of your overall approach to public health practice. You will explore how a social justice perspective for eliminating health

DIRECTIONS:
Place your cursor over an image to see the title of a social justice approach. Then click on the image to read a detailed description of that approach in

THE SOCIAL JUSTICE APPROACH TO PUBLIC HEALTH

A Function of Public Health Practice

Involvement in Decision-Making Processes That Generate Patterns of Inequality

Possible Actions Taken within a Social Justice Perspective

1. Demand the use of Health Impact Assessments and Health Equity Impact Assessments on countywide decisions.
2. Identify and seek to act within public and private decision processes that will affect the public's health.

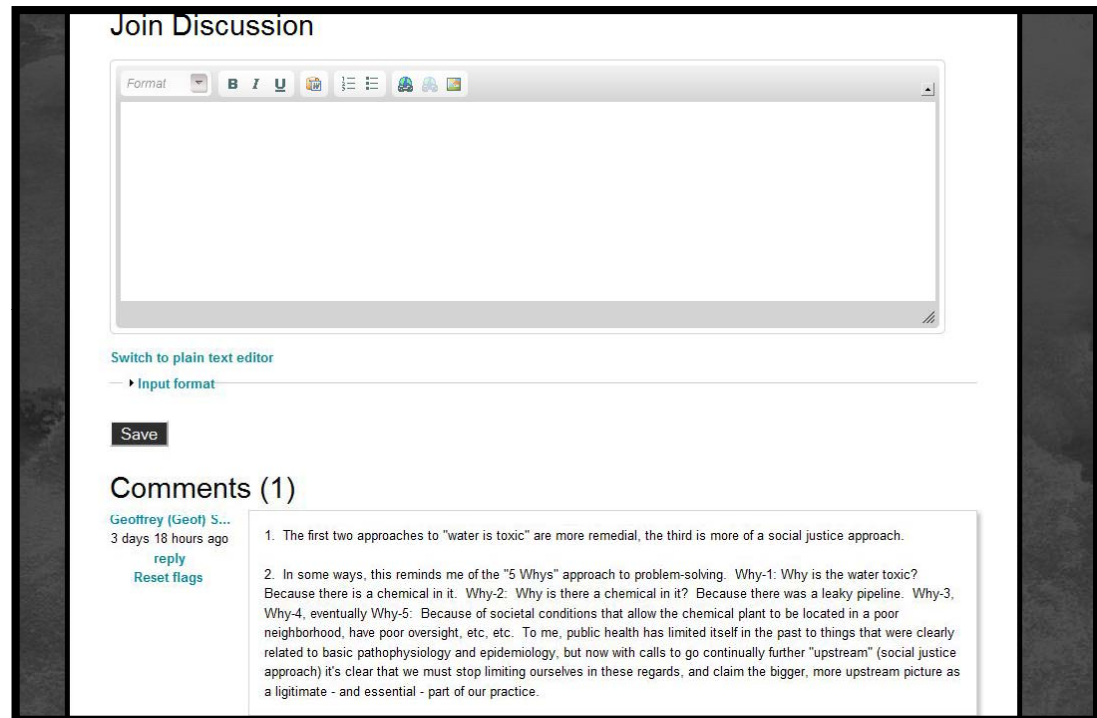
FOR DISCUSSION:
These initial examples are provided for comparison and criticism. Are they feasible? Using the space below, suggest different or additional statements or recommendations for how public health practice (on institutional, policy, and organizational levels) would fit into each of these categories.

1. What are some ways in which your department is taking some of the actions described above?
2. What other actions would you like your LHD to address and what benchmarks would you establish to evaluate how well your LHD did on these dimensions?
3. What changes in policy, organizational culture, or institutional processes and practices would show alignment with and manifestation of social justice principles?
4. What would need to happen for public health practice in your jurisdiction to be transformed to act on social injustice and its root causes?



Discussion

Scroll to down to the bottom of a discussion page to find the discussion box. Cut-and-paste your text from Word, or edit your text in the discussion box. You can add formatting, links, and images.



The screenshot shows a 'Join Discussion' interface. At the top, there is a rich text editor with a toolbar containing options for bold (B), italic (I), underline (U), bulleted list, numbered list, link, unlink, and image. Below the editor is a 'Switch to plain text editor' link and an 'Input format' dropdown. A 'Save' button is positioned below the editor. Underneath, the 'Comments (1)' section shows a comment by 'Geoffrey (Geot) S...' posted '3 days 18 hours ago'. The comment text reads: '1. The first two approaches to "water is toxic" are more remedial, the third is more of a social justice approach. 2. In some ways, this reminds me of the "5 Whys" approach to problem-solving. Why-1: Why is the water toxic? Because there is a chemical in it. Why-2: Why is there a chemical in it? Because there was a leaky pipeline. Why-3, Why-4, eventually Why-5: Because of societal conditions that allow the chemical plant to be located in a poor neighborhood, have poor oversight, etc. etc. To me, public health has limited itself in the past to things that were clearly related to basic pathophysiology and epidemiology, but now with calls to go continually further "upstream" (social justice approach) it's clear that we must stop limiting ourselves in these regards, and claim the bigger, more upstream picture as a legitimate - and essential - part of our practice.'



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of HEALTH
INEQUITY

Advice for Learning Groups



Review information on the Homepage rootsofhealthinequity.org

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Review information on the login page. members.rootsofhealthinequity.org

The screenshot shows a web browser window with the URL <http://members.rootsofhealthinequity.org/> in the address bar. The page title is "Welcome, please log in." and the main heading is "ROOTS of HEALTH INEQUITY A Web-Based Course for the Public Health Workforce". A "Log in" link is visible. The page contains a login form with fields for "E-mail" and "Password", and a "Log in" button. A "QUICK START FOR NEW USERS" section is also present. On the right side, there is a "Help Guides!" section with a list of links: "Main Features of this Course", "Create & Lead a Group", "Navigating the Units", "Index of Course Units", "Frequently Asked Questions (FAQs)", "About the Course", "Technical Requirements", "Continuing Education", "About This Project", "Contact NACCHO", "Preview The Course", and "How To Register".

members.rootsofhealthinequity.org

Help Guides!

- Main Features of this Course
- Create & Lead a Group
- Navigating the Units
- Index of Course Units
- Frequently Asked Questions (FAQs)

About the Course

Learn more about the course here.

- Technical Requirements
- Continuing Education
- About This Project
- Contact NACCHO
- Preview The Course
- How To Register



ROOTS of HEALTH INEQUITY

Some Frequently Asked Questions



Some Frequently Asked Questions

- 1) How much time will I need to do this?
- 2) Will Roots be used in accreditation processes and performance reviews?
- 3) Can I participate on my own?
- 4) Can I get Continuing Education credits for this activity?





CONTINUING EDUCATION

The International Association for Continuing Education and Training CEU: The CDC has been approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET), 1760 Old Meadow Road, Suite 500, McLean, VA 22102. The CDC is authorized by **IACET to offer 0.2 ANSI/IACET CEU's for this program.**

For Nurses, CNE: The Centers for Disease Control and Prevention is accredited as a provider of Continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation. This **activity provides 2.4 contact hours.**

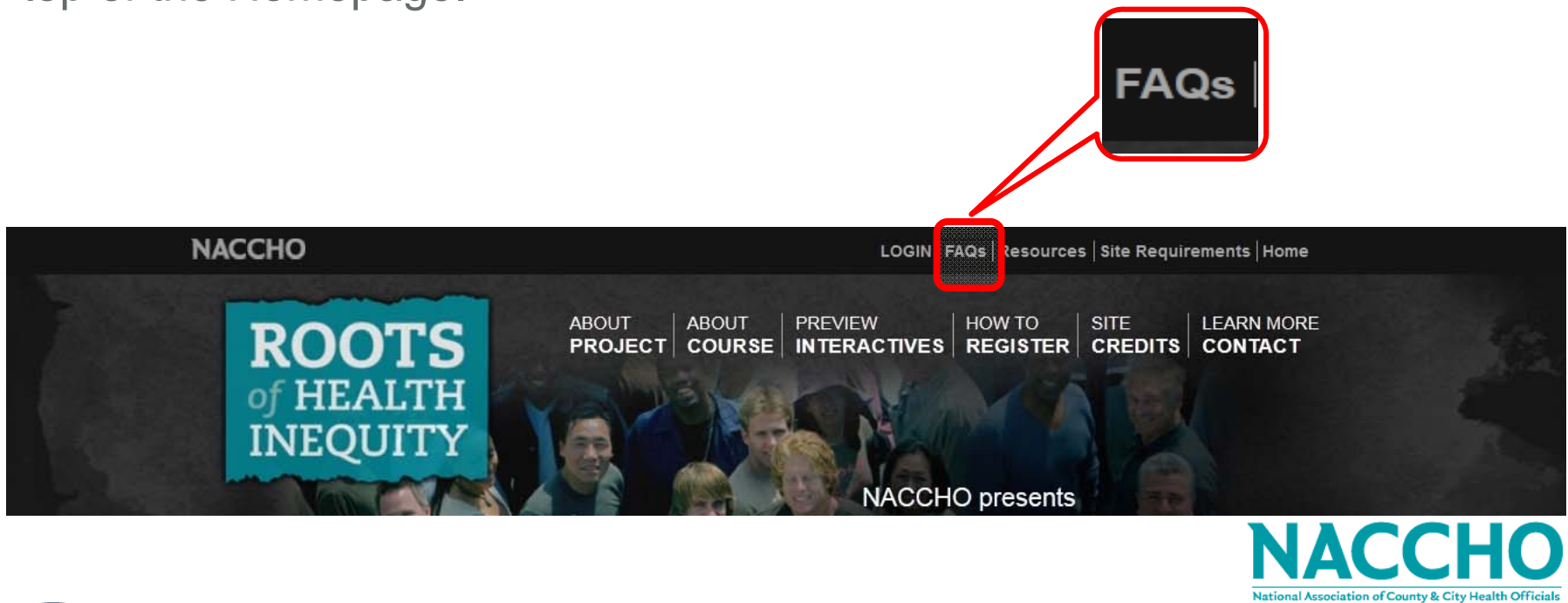
For Health Educators, CECH: Sponsored by the Centers for Disease Control and Prevention, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. **This program is designed for Certified Health Education Specialists (CHES) to receive up to 2.5 Category I CECH in health education.** CDC provider number GA0082.





Some Frequently Asked Questions

Answers to additional Frequently Asked Questions can be found at the top of the Homepage.





Contact for questions and concerns:

rootsofhealthinequity@naccho.org



Public Health
Prevent. Promote. Protect.