NRCDV
Breakout 2A: Intersecting Pandemics
Monday, September 14, 2020
Remote CART Captioning

>> Hello!

>> So, Arlene, you're sticking with us in 2A?

>> I registered for 2A, yes I did! (Chuckling)

>> That's pretty awesome!

>> I was going to say do you welcome me here, Rebecca?

>> No, I was going to say I'm going to welcome Kalitha and Diego.

>> No, I meant am I welcomed in this space?

>> Of course you are.

>> Cathy needs permission from Joe to record this breakout session.

Kathy, I don't think you can.

Oh, wait a minute, I've got a record button.

>> Or I can.

>> Great. It looks like we have 40 people and counting coming in. Then I get the pleasure of introducing you.

>> And Rebecca remember the link for the captioners.

>> Yes.

>> All right.

>> That will automatically pop up in here at some point.

>> Kathy has her hands raised.

>> Okay, Kathy has it. Thank you!

>> All right. We're going to get started here. And it is my pleasure to welcome everyone to Intersecting Pandemics. This session is about how the intersections of social and racial justice, wage equity, reproductive justice, and COVID-19 impact violence prevention at the community level and particularly for communities of color. My name is Rebecca Cline, preventions program director for the Ohio Domestic Violence Network and I will be the moderator for this session. Each presenter has asked for about 20

minutes, but I think we have to cut that down to 15 minutes. Each will speak for about 15-20 minutes. And then we're going to try to reserve some time at the end for Q&A. And I will moderate the Q&A. And we really encourage you to dialogue in the chat box throughout this presentation.

And now I have the pleasure of introducing our presenters, Kalitha Williams, and Diego Espino. Kalitha was introduced earlier, and I want to highlight that she's a former staff member of the Ohio Domestic Violence Network and worked with the prevention team there. She is a fierce policy advocate and advocate for women and brings all of her current and former work to this platform today.

Diego Espino is the Vice President of Community Engagement at Planned parenthood of Greater Ohio where he oversees all the programming at the Ohio Center for Sex Education and Planned Parenthood Community Engagement initiatives. Diego has served as an advisor to ODVN's prevention work through the Delta' Impact team, and is also a member of the wage equity and other worker support group, out of which this presentation comes. Diego, Kalitha, take it away.

>> KALITHA WILLIAMS: Great. Thank you, Rebecca. And thank you for inviting me to participate in this opportunity. Just by way of introduction to our organization, Policy Matters Ohio, we are a non-partisan research institute. And our work centers on ensuring that all Ohioans share in the economic prosperity of our state.
And we invite you to engage us on social media, whether by Twitter, Facebook, or join our eNews, of which we have a special section focused on all of our COVID-19 policy work. You're all invited to follow us and join our listserv, but a special invitation to Ohio-based organizations in this session.

So, the agenda for my portion of the presentation, I will share the relevance of having an anti-racist agenda and then spend some time talking about how the racial disparities and inequity that we've seen previously are impacting us now and offer solutions for policy post-pandemic.

So, I really like this information. There is no race-neutral policy. You have to be intentional with policymaking just like we have to be in our programming. And if we're not intentionally anti-racist policies, then they will inevitably be oppressive.

And this is a quote from my former colleague. And I think it centers our work around the previous quote. That if we want to build programming and an economy in a world that works for everyone, then our policies and our programs have to reflect that work through intentionality.

Here I have a quote, I have a definition around the CDC for the Social Determinants of Health. And it's acknowledging that our work can't be siloed. You know? We can't talk about healthcare and talk about racial justice and talk about economic inequality like there is no intersectionality. There clearly is. And it has impacts across the board.

And I wanted to pull this information around connecting the dots. When we have weak and oppressive systems that perpetuate income and inequality in our systems, this is also a risk factor for violent perpetration.

So, the same way we see these economic and social determinants of health, there are economic and social determinants around violence perpetration.

So, what did we see pre-pandemic? This is a chart from the Economic Policy Institute that we work with around minimum wage and the different states and our country. And I know this is kind of a regional conference. And I wanted to highlight that hey, you know, unfortunately wages have not kept up with the

growth of our economy. And many people just do not earn enough to make ends meet. Our national minimum wage is $7.25. Michigan, of the three states presenting here today, Michigan has the highest minimum wage at $9.65. Ohio's is $8.70. And Indiana is the same as the very low minimum wage nationally.

So, unemployment, if you see this chart, you can see that, you know, even before pre-pandemic, even when we look at the last economic downturn, even when we see growth, we see brown and Black people have unemployment rates almost twice that of whites in this country.

And that presents itself the racial discrimination and access to educational opportunities, discrimination in hiring practices. But this employment, unemployment rate is another factor. And here, this is just a ratio of just how the disproportionatety of Black and brown people in low-wage jobs. We have a low-wage economy that is being perpetuated, that is perpetuating inequality and race inequality.

Now, remember the minimum wages we just saw. This is a nice pictorial chart from the National Low Income Housing Coalition. This is just a map. But if you go to their website, this map is interactive, and you can pull up your state to see how much you need to earn to afford a modest two-bedroom apartment in your state. In Indiana, you would be required to make $16.32 an hour. Well, we just saw that their minimum wage is $7.25. So, in order for a worker in this state on average to afford a modest apartment, they would have to work 90 hours a week.

In Michigan, the same person would have to work 72 hours a week.

In Ohio, they would be required to work 74 hours a week.

If working people can't afford to live anywhere, it just creates problems in so many other areas. And on the rental front, we know that Black and brown people are more likely to be rent burden, which means that they pay 30% of their income, 30% more in their income.

And on the homeownership front, and this data is from Prosperity Now. They put together annually an assets and opportunities scorecard. This is homeownership among the three states for this town hall. And you can see across the board households of color have homeownership rates of almost about 30% lower than white households. And we know there's a long history around racism in this country in the area of housing, including segregated communities, redlining, which prevented Black families from getting insurance coverage. There was also quite a bit of racism in where Black and brown families couldn't get federally-backed mortgages, which completely devoided them of the opportunity to own a home. And this is important, as we've seen in the last economic downturn. Homeownership in many ways is not just an American dream, but is the number one way people create wealth in their families. So, this denial through policies, through public policy as well as other real estate and financial policies that will prevent Black and brown families from owning a home just creates problems in other places, as well.

And then on the health front, this image is focusing on young African Americans, but you can see across the board across all ages, across all the chronic diseases, in nearly every case, Blacks have a higher propensity of chronic diseases as well as mortality and death.

So, this is before the pandemic. And I think a lot of us who have been doing this work know that, you know, COVID-19 didn't create a race inequity. What it did was it magnified the inequity we've already seen across so many lenses. I have a little car jamming into another car. (Chuckling)

So, we're going to talk about how just in those three areas that I've covered we've seen the pandemic magnify racial disparities.
So, on the employment section, since this data I believe is from July. 50 million Americans have filed for unemployment. Now, we could have a whole separate conversation about how many people actually got unemployment, but that would require a separate session altogether.

But, of the unemployed, we have unemployment highest among African Americans, 14.6, increased among Latinx workers, as well as white workers. And many people believe, and not just through the pandemic, but unemployment amongst Black and brown workers, those under reported.

And we should note that the majority of the jobs that have been lost, many of them have been the low-wage jobs that were disproportionately held by Black and brown communities. In the pandemic, we've seen the rise of essential workers. And of course, a lot of times when people think of essential workers, we think of doctors and nurses and we are very thankful that they are on the front lines. But there is also a degree of low-income, low-wage essential workers, which include grocery store clerks, cleaners, and other people. Nurse aids and healthcare workers. And many of these people's wages are extremely low. They are taking on exceptional risk by working through the pandemic. And they do not receive basic protections like hazard pay. And many of them do not receive adequate personal protection equipment.

On the housing front, we're taught that there is an estimate from the National Low-Income Housing Coalition, that 30-40 million Americans are at risk of being evicted, just absolutely losing their homes. And unfortunately, Black and brown people are at a greater risk, because what I described earlier around employment and unemployment, the Trump Administration put a moratorium on evictions, but unfortunately it does not do enough. It's just a half measure, because all it does is extend the financial cliffs that people are experiencing because they cannot afford to pay their rent.

And I think we've all seen news reports of just the huge health disparities around the spread, infection, and mortality rates in COVID. And one thing I want to caveat around these pie charts that I'm sharing is that only about 50% of this data that was collected included racial/ethnic demographic data. This is just the data that they had, the CDC has racial demographic data.

We might actually find if everybody was reporting racial or ethnic data that the disparities are larger. But here is just a quick example.

African Americans, Blacks, make up about 13% of the U.S. population. But 19% of infections and 22% of deaths.

Latinos make up 18.5% of the U.S. population, but 31% of infections and 17% of deaths.

So, as I was sharing before, you know, COVID has really just amplified and magnified the racial disparities that we've seen across our economy, across our systems.

And lastly, I'm going to offer some policy solutions for a pandemic recovery. We have a unique opportunity in this moment to build back a better economy and build back better systems in a way that are anti-racist, inclusive, anti-oppressive. And we've had other recoveries before. We've had other economic downturns. But we have, unfortunately, done what we've done before, and created public policy that have advanced people who are already doing pretty well.

So, this is focused on advancing a recovery that benefits us all. And some of those policies on the employment front include raising the minimum wage. When the minimum wage is increased, it helps those

low-wage workers that are disproportionately Black and brown people in this country, ensuring that we have paid sick and family leave from across all workers. Unfortunately, you know, most of our states do not have paid leave policies and our low-wage workers, many of them do not have access to paid sick or paid leave.

And we also want to ensure that workers have strong workplace safety guidelines. Things like hazard pay and pandemics, personal protection. Protections many workers have not had in this pandemic.

Around, housing, recovery, we need to provide money for rental and eviction assistance. Investments to increase affordable housing. You know, even before the pandemic many of our communities had problems with high eviction rates. We need strong investments to increase homeownership so that Black and brown communities have an opportunity to build wealth. Wealth that has been denied to them for many generations. And then also incentivize mixed income neighborhoods so that we don't have these escape to the suburbs, return back to the cities, but building inclusive mixed-income neighborhoods.

On the healthcare front, there are opportunities. Making sure the education of our healthcare professionals does not perpetuate racism. I think many of us heard reports a few years ago about how quite a few, I think 30-40% of medical doctors or residents believed that African Americans had a higher threshold for pain than whites and that was actually a part of their practice and how they helped their patients manage pain.

Applying a health equity lens to service delivery policies. And working with trust and community-based partners who just have access and trust within communities of color to help deliver services.

And also to engage stakeholder help. You know, I stated earlier, you know, in this moment a lot of our policymakers are recognizing the need to do something. But we have to make sure in that with all they're doing they're not doing it without us, but if they're not inviting us to the table, we're pushing our way in and making sure our voices are heard and making sure that the policies and implementation that we think are critical to advancing this work is actually being implemented at the policy level.

And that's what I wanted to share. And I welcome Diego to the discussion, who is going to share about reproductive health justice issues.

I need to stop sharing my screen.

>> DIEGO ESPINO: Thank you, Kalitha. I'm going to try to share mine.

I hope you're seeing my screen.

>> KALITHA WILLIAMS: Yes.

>> DIEGO ESPINO: Thank you.

>> And just by way of information, you have 22 minutes. And that will take us to 4:30, Diego.

>> DIEGO ESPINO: Okay. I will do my best to do it in less than that so we can have some Q&A. So, thank you, everyone. I'm going to go over specific points that Kalitha made that related to economy or social economic benefits, specifically to having access to contraceptives. I'm connecting this to two specific points from a document you all probably have read and are super familiar with, which is the connecting the dots from the CDC. Connecting the Dots identifies a few things that are identified as risk factors for experiencing violence, and one of them is the lack of job opportunities.

Also, Connecting the Dots lets us know that lack of economic opportunities in unemployment are associated with perpetration of child maltreatment, intimate partner violence, sexual violence, and youth violence. That's what I'm going to try to address in this next 15 minutes as to how contraception, or how access to contraception could work to create protective factors.

The points I'm going to make are based on research that was conducted between 1968 and 2003. Why 1968? That's when the birth control pill became legalized. Or the early '60s when it became legalized.

There's a well-known study from the Institute of Women's Policy Research that basically says access to contraception might affect how much money women earn.

I'll start with educational attainment. We know that education attainment is linked to many economic factors. As I mentioned earlier, we know that women gain access to the pill, legal access to the pill, through laws in the 1960s. Once that happened, contraceptive access led to great numbers of women enrolling and graduating from college.

There was actually a study that showed that those women who did not, or women who have their first child fresh out of high school earn 30 fewer college credits than those who waited.

There's also a statistic, some studies show it at 40%, the CDC at 50%, and that is 50% of women or people who have children who have children as a teenager or before they graduate from high school, only 50% of them end up graduating from high school or obtaining a high school degree.

We also know that between 2-3% of those who have a child in high school end up having a college degree by the time they're 30, or turn 30. So, in this sense, contraceptive access has been shown to increase women's college credit by 20-30%.

Labor force participation. In the case of the pill, it's allowed women to delay having children. There are some stated benefits from that. For instance, a substantial increase in the proportion of women in the workforce and the number of hours worked by women.

We know that women's labor force participation increased by 15% from the 1970s to the 1980s.

How is that linked to career opportunities? So, women began making a higher proportion of individuals with careers in the professionals such as medicine and law during the 1970s. And among college-educated women, some of this increase can be attributed to access to contraception.

I want to point out that even though when the pill was legalized in theory would have given everyone access to the same protective factor. However, women with access to a more selective college would have experienced greater labor market benefits. So, something to keep in mind as we're talking about access to contraception and how that leads to educational attainment, we also have to factor in what type of educational attainment that led to.

Earnings. Women in their 20s did experience lower wages once they were able to access the pill. And the reason why is because they prolong the entry into the labor force. So, they're income wasn't as high as other groups. But then that changed once they were in their 30s and 40s. Their income grew more rapidly than women without access to the pill. So, in essence, the legalization of contraception created two subsets, or two groups, in which one in the early ages of a person's life, earnings are not as high, but eventually they grow rapidly.

I also want to point out here the legalization of contraception did not proportionally affect all women or impact women equally. It allowed higher-educated women to delay childbearing, in which that results in birthrates, or the cohort of births was more likely to live in poverty in the short-term. Again, that's another aspect that we need to consider.

And then how is that linked to poverty? Going back to the reduction in poverty might be a result of contraceptive access likely impacting women's sense of empowerment and expectations for the future. As births were retimed, the long-term effects show more individuals were born to households with more highly educated mothers. We know how that affects, once that cycle begins, when there is more education than high school, then children were less likely to live in poverty.

So, what are the effects on the next generation? The next generation, as we pass this pandemic, how do we see having access to contraceptives? We know that access to federally funded family planning programs that provide contraceptives sometimes subsidize contraceptive options, and sometimes at completely no cost or zero cost to people can result in fewer children in both the short and long-term.

Family planning programs also reduce the likelihood of children living in poverty. The economic effects of family planning programs on the next generation extend also to adulthood. And then children of women who have access to family planning are more likely to have higher educational attainment. And we know that again from the cycle that I was just going through.

And then access. Research shows that increased access to federally-funded family planning programs is associated with larger reductions in child poverty.

One example, one very good example of that is the Affordable Care Act, or the ACA, which led to close to $500 million in savings to women on birth control pills once the ACA became a mandate. And then for those women of reproductive age, or people who can have children of reproductive age, 60% of them use a contraceptive method, so that led to an annual savings of close to $300 on IUDs.

So, how is that connected? We know that lack of access to family planning can be the result of a systematic oppression. And this disadvantages people of color at individual, institutional, and systemic levels.

The fact that a birth control has been legalized doesn't mean that everyone has equal access to it. Or even if you have a health center open that can see anyone who wants to get on a birth control method, that doesn't mean that everyone has the ability to go to that health center to have that access. So, we have to think, especially from my point of view, is that as a healthcare provider working for a healthcare provider, we always have to think about those barriers that people have and that are also definitely related to systemic levels of racial injustice. Racism is built into many of our laws, including definitely family planning access and funding specifically. In the last few years, we have seen a reduction in family planning at the national, and at least here in Ohio at the state level.

We also know that health inequities that prevent access to contraception demands the attention of providers, or healthcare providers, or family planning providers. Independent providers or large hospital systems. To ensure that someway or another we work with women who are dealing with the consequences of that systemic or institutional racism.

And just one last point that I'd like to make is to ignore racism's effects on our everyday lives including on reproductive health is a missed opportunity to join the fight against racial inequality. Access to contraception, as that leads to many of the protective factors that I just went over.

And that's our contact information. Kalitha's and mine. If you have any questions about any of this.

And that's it for my part.

>> So, Diego and Kalitha, thank you so much. Young, this work, this presentation comes out of some of ODVN's, the Ohio Domestic Violence Network's current prevention work, where we're working very hard on an environmental scan and a data dashboard that will be publicly available. And what we're really trying to do with that is to link how wages and the supports for workers intersect with poverty and racism and now COVID-19 to create the conditions that are ripe for not just intimate partner violence, but all the types of violence that you cited, Diego.

So, we have a lot of work to do at the policy level to change and to make a difference for all people in our state. And particularly people of color who have suffered the most from the inequities in our system.

And that brings me to a great question for both of you. And it comes from Gabby Davis. She says these are great policy recommendations. What must we do differently to achieve them in ways that our earlier efforts to promote these same policies have failed?

So, Kalitha , if you want to take that on. I'll read it again. These policy recommendations are great. What must we do differently to achieve them in ways that our earlier efforts to promote these same policies have failed?

>> KALITHA WILLIAMS: Sure. I'm not on my video. But I think a couple things. So, you know, I think in the past we've all been addressing different areas in oppression separately. So, you have the DV movement, you have the reproductive rights, you have an organization like mine that is focused on economic justice. I think the opportunity is now for us to start cross-collaborating to get to the heart of all oppression. And that's, I don't think we've done that before. I've only been doing this for about 20 years. But I haven't seen that organizational cross-issue collaboration. And I think that that's critical.

The second thing is what I think all of us are talking about separately, but bringing the people who were affected to the forefront. So, I'm an advocate. I'm a registered lobbyist. But not just me going and talking to legislators, but how do I empower people that I'm claiming to represent? How do I bring their voices forward, elevate and amplify their voices, and make sure they're a part of the discussion where we're talking about policy design so we can really be clear and sure that whatever we're proposing has the impact that we want it to have for the communities that we advocate for?

>> Kalitha, what came to mind as you were speaking was how do people who look like me, white women, center the concerns of Black and brown communities if we are doing policy advocacy? Is it through what you suggest, making sure that we're bringing those voices into the room?

>> KALITHA WILLIAMS: Well, absolutely. I mean, I have to be honest, personally, I think the worth public policymaking is people sitting in a room talking about the thems and the theys. What do they need? Those people. I think that's absolutely absurd. I think as we're positioned, I don't do direct service work. But I know a lot to you are networks are directly serving people. Just asking them, "How is this working for you?" What do you think? What does a design look like that would actually help you and support you? And instead of taking their stories to policymakers, bringing them into policymakers, or inviting policymakers to talk to them in our programming so that their voices are centered. So, like I said in the opening plenary, we're recentering the work from policymakers, and centering it from the people we want who need the services and the programming and the policies to help them.

>> Thank you very much, Kalitha. Diego, how would you like to weigh?

>> DIEGO ESPINO: I don't have anything else to say than completely agree on involving people that these policies are supposed to benefit. There's no way we can create policies or even programs. In my case, as a provider, even create programs without the people who are supposed to be benefiting from those programs having input into that.

I think that over the years we have learned the hard way that good intentions are not enough. We do have to take action and say well, are we truly listening from those that we are trying to serve? Or are we assuming that we know that population best? And I think yeah, we have to change the way we think about that, and then that translates into policy.

>> So, we have a few minutes. And here a comment, it's not just bringing people into the room. Also humbly going out and listening and following the leads of communities. Great point, Grace. Thank you so much for that.

And if there's somebody who would like to ask a question live, we have the opportunity to take questions right now. So, if you'd raise your hand.

>> KALITHA WILLIAMS: I'd like to add to my response. I think in this moment people are really feeling more connected to what it means to hold power accountable. Right? You know, I've gone on visits with policymakers, with members of the community, and, you know, they have so much deference to elected officials. But now, I see people who are telling me Kalitha, we need to make demands.
I'm like yes, we need to make demands and hold people accountable and point our finger and say, "Hey, we're watching you and we don't like that and we want you to do this." And that's what other groups doing. Right? Special interest groups do this. Corporations do this. There is nothing wrong with our organizations, the people we serve, advocates making demands and holding policymakers accountable. I definitely see that more people with that type of attitude, which is really exciting for the work that I do.

>> Diego, any other thoughts?

>> DIEGO ESPINO: No, I just wanted to agree so heartedly with that comment that Grace made. It's not us waiting for people to come. We have to go out and do the listening. There's no way that it will work that way if we wait for people to come to us.

>> And one of the ways that every single one of us here in this breakout session can participate in public policymaking is a little bit tangential, but never the less important, register and vote. It's a very important step.

Any final comments? Casey has asked for some people to add takeaways from their session as we wind this down. We have a minute left.

So, in that minute, I just really want to acknowledge my friends, Kalitha and Diego, for their work, the work they do every day in Ohio to make Ohio a better place for Ohioans to live. And we just really, I really want to acknowledge you for your work and thank you so much for participating in this town hall. And we'll see you all back together again in the big room. And Kalitha, I know you've got another commitment. So, we'll catch up later.

>> Bye everyone!