Features & Highlights of the “Roots” Online Course

The “Roots of Health Inequity” addresses systemic differences in health and wellness that are unfair and unjust. The online course is divided into two integrated sections — the community and the course units. The community is made up of self-formed groups that provide a private, supportive environment where colleagues can share their ideas, opinions and experiences. The course units were developed to assist public health practitioners in tackling the root causes of health inequities. This document describes the key features of both the community and the course units.

Sample screens are provided for visual guidance.

The “Roots” Community

The course material is designed around group participation. For this reason, the course units can only be accessed through a group. Once you log into the “Roots” site, you can join or create an unlimited number of groups. For information on how to form a group or take the course as an individual, download “Create & Lead a Group” on the login page.

Log In Page  (See Sample Screen # 1)

The log in page is the doorway to the “Roots” community and the course units:
http://members.rootsofhealthinequity.org/

“My Dashboard” Page (See Sample Screen # 2)

After you log in, you will arrive at your private “dashboard” page that shows your recent activity in the course. From this page you can do the following:

• Go directly to the groups that you have created or joined. Once you join or create a group, you will see the name listed under “My Groups.” Click on the name to go to that group’s page.
• Manage the email notifications that you will receive from groups.
• Join a group that already exists.
• Create a group that you will lead.
• View all groups that are available for you to join.
• Manage the bookmarks that you make throughout the course under “My Bookmarks.”
• Learn about the content and activities in the five units of this course under “Unit Overview.”

**Group Overview Page (See Sample Screen # 3)**

This page provides an overview of recent group activity and serves as the central online meeting space for collaborative learning. From this page you can do the following:

• See a list of group members, as well as the group leader.
• Access the five course units by clicking on a title under “Units.”
• See recent comments made in the course units with links to that page in the unit.
• Participate in discussions with other group members. Create a discussion under “My Actions.”
• Post a note on the bulletin board under “My Actions.”
• Invite others to join this group using an email invitation.
• Leave the group by clicking on the link titled “My Membership” under “My Actions.”
• See group events under “Upcoming Events.” (If no events are planned, this listings will not appear on the page. Only group leaders can post calendar events.)
• Search for a term in both the community and the course units.

*NOTE: Comments, discussions and bulletin board posts are available only to group members.*

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**The “Roots” Course Units**

As a participant in this course, you will explore concepts and strategies by working through five units that describe different aspects of social justice as it relates to public health. Each unit provides an in-depth look at a specific topic using interactive maps and timelines, slideshows, resource libraries, video presentations, and interviews with practitioners. A few of the many features in the course are described below:

• Units begin with an overview page that provides an introduction, goals, highlights and an index to unit content. *(See Sample Screen # 4)*

• Concepts and examples are introduced with text, video, slideshows and interactive presentations. *(See Sample Screen # 5)*

• Healthcare professionals talk about their area of expertise in "Voices from the Field." *(See Sample Screen # 6)*

• Units have an extensive listing of "Resources" for further exploration of that topic. *(See Sample Screen # 7)*

• Certain pages provide space for group members to have private discussions about the topics and presentations. *(See Sample Screen # 8)*

*NOTE: Continuing Education is available for the first unit in this course titled "Where Do We Start" Learn more under “Continuing Education” here: [http://rootsofhealthinequity.org/](http://rootsofhealthinequity.org/)*
Sample #1: The “Roots” Log In Page

Welcome, please log in.

"The Roots of Health Inequity" is an online course for the public health workforce.
This course contains five units that present different aspects of social justice as it relates to public health. Each unit provides an in-depth look at a specific topic by using interactive maps and timelines, slide shows, resource libraries, videos, and interviews with practitioners.

Use your NACCHO login and password.*

E-mail
Enter your e-mail address.

Password
Enter the password that accompanies your e-mail.

Log In

*If you don’t have a login and password, register at the NACCHO website. Anyone can register and take this “Roots” online course.

QUICK START FOR NEW USERS

This course is organized around learning groups. You must be a member of at least one group to access course units. Links to the units are available from a group page. Follow these steps to get started:

(1) Log in.
(2) On your dashboard, click “Join a Group Now” or “Create a Group.”
(3) On the group page, click a title under “Units” to begin the course.
Sample #2: “My Dashboard” Page
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 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.

Index of Content for this Unit

Click on a tile to jump to that page.

Workforce Capacity
- Let's Start
- INTERACTIVE: Biggest Obstacles Poll
- Inspire Change: From Within
  - SLIDESHOW: Dusk Blass
  - DISCUSSION: Confront Unearned Privileges (CE)
  - DISCUSSION: Envision New Possibilities

Community Engagement
- Authentic Community Engagement
- Action at the Neighborhood Level
  - INTERACTIVE: Polling Sites in Northern Manhattan Interactive
  - INTERACTIVE: A Neighborhood Fights Back
  - DISCUSSION: Thoughts about the Presentation
  - DISCUSSION: Share Your Experience (CE)

Leadership
- Comparing Interests and Political Pressures
- DISCUSSION: Political Pressure Points
- DISCUSSION: Sharing Strategies
- Exposing Hidden Interests
- INTERACTIVE: Smallville
- DISCUSSION: Focusing on Smallville
- DISCUSSION: Scrutinizing Decisions (CE)
  - Statements, Assumptions and Actions
  - COMPARISON and DISCUSSION:
    - Statements, Assumptions and Actions

Conclusion
- The Last Word
- Satisfaction Survey

Voices from the Field
- Index of Voices
- Dr. Dasee Canady
- Veronica Miller-Travis (CE)
- Dr. Umaiz A. Shah
- Dusk Blass

Resources
- Index of Resources
- A Sterling Place
- Recognizing Community Strengths
- Community Relationships: A Self-Assessment
- Rejoice: Using Our Voice Excerpt

Exposing Hidden Interests
- SLIDE SHOW
- Smallville Case Study
- GO NOW
Sample #5: Interactive on Hurricane Katrina in Unit 4

Hurricane Katrina: The Unnatural Disaster?

The devastation caused by Hurricane Katrina was not an accident. Nor was it simply an issue of mismanagement. Instead, Katrina is a story of racism and severe poverty in a highly segregated city. More than a third of those affected lived below the poverty line. If asked who would suffer the most, the answer was predictable.

New Orleans in the Early Twentieth Century

In the aftermath of Plessy v. Ferguson, New Orleans endured as a racially and culturally vibrant city. Throughout the first half of the twentieth century, a rigid caste/race system maintained social distance, but land constraints meant people of color were likely to live in a community with or near whites. Although poverty was widespread, it was not yet geographically concentrated by race.

What were the root causes of the Katrina disaster?

The map interactive above reflects the changes in power at all levels and how it contributed to the social and economic inequities that placed people in positions of extreme vulnerability. New Orleans and the Gulf Coast states in 2005 had some of the worst levels of poverty, unemployment, and political participation anywhere in the country.

In many neighborhoods limited transportation, lack of social services, policies of the real estate industry, and so forth suggest that a series of accumulated decisions by many public agencies and private organizations led to the disaster that did not have to happen. Many residents who left have never returned.

Up Next

Justice on the Table

This video describes how migrant farm workers in the United States suffer disproportionately from their immigrant status and ethnicity, experiencing uniquely wrenching, dangerous working and living conditions. Go Now.
Sample #6: Healthcare Professionals speak in “Voices from the Field”

Portia Wu

Summary

Today, in families with children, almost two-thirds have all parents working out of the home. Four in ten working mothers are their family’s primary breadwinners. Our workplace policies do not reflect the needs of these families and often force workers to choose between keeping their job and caring for their families. Service sector jobs, jobs in food service, healthcare and childcare are where the majority of women work. Between 70 and 80 percent of workers in these jobs don’t have access to paid sick days. Many of these workers go to work sick where they touch us, our children, and our food. The negative health consequences of the lack of paid sick days can be tremendous. And it also affects our overcrowded healthcare system. Parents who do not have paid sick days are five times as likely to report taking a child or other family member to the emergency room compared...
Sample #7: Listing of Resources from Unit 5
Sample #8: Comments by Group Members within Units

1. Post your stories of your most successful partnerships with members of your community. What made them work?
2. How is your organization working with its community to address health inequities? What plans and processes are in place to promote authentic community engagement?
3. What do you want to know about how to support communities in holding political leaders and key decisionmakers accountable? Share your questions and respond to those of your learning group members.

Begin your discussion below.

Join Discussion

Switch to plain text editor

Comments (5)

La Verne Partlow
15 weeks 2 days ago
reply
Flag as offensive

My most successful partnership has been working with the Belmont Neighborhood Partners (BNP). The BNP is an organization consisting of members from a historically black community in the county. After researching the health problems of the community, I worked with the City Planner to present to the group initiatives we could work with them to implement for the residents of their community. We wrote for and were awarded a small grant to construct a community garden, map out and label walking routes and offer nutrition classes.

What made this a successful partnership is that we involved the community residents from the beginning. We didn’t go into their community telling them what their problems were or tell them what we were doing to fix their problems. We simply presented the information to them and what initiatives were available to their community. From there, they decided they wanted us to apply for the grant on the BNP’s behalf and what they wanted the grant funds to go towards. The community was involved in constructing and maintaining the community garden.

Heidi Merchen
15 weeks 19 hours ago
reply
Flag as offensive

In transforming Public Health practice and working with residents, it's so important to remember that the communities are the experts and know better than we ever will what the most pressing neighborhood challenges are.

Heather Barr
15 weeks 1 day ago
reply
Flag as offensive

This is a very tiny example of successfully partnering with a community. H1N1 provided HCHN (my unit in the health dept, which deals with homeless people’s health) an hidden opportunity. Our emergency preparedness section and HCHN were able to secure a grant which we used to develop a video for training staff who serve homeless people about reducing the risk of communicable diseases in their settings. We wanted this video to be populated by the shelter providers, homeless people, and a few health professionals whose commentary would serve to underscore what the providers and homeless people had to say about disease prevention. Our goal was to present the community as competent partners in identifying problems and solutions. We also wanted accurate depictions of the groups impacted by communicable disease and homelessness, and we wanted them portrayed in a respectful, dignified way, that emphasised their humanity. Having only 6 weeks to complete the project which would involve a lot of people places and footage was a challenge. Having a long and very enjoyable mutually trusting relationship with people in the community (particularly the Native American Community from previous partnerships with them over a TB
Sign Up for the "Roots of Health Inequity" Online Course

Signing up for the "Roots of Health Inequity" online course is easy. There is no fee and you can get started at any time. Just go to http://members.rootsofhealthinequity.org and log in with your current NACCHO email and password.

If you are not registered at NACCHO, then go to http://www.naccho.org/ and sign up there. When your registration is complete, use the same email and password to log into the "Roots of Health Inequity" course.

Once you log in, you will see your "Dashboard" with personal information. From here you can join a group or create a group. You must be a member of at least one group to access the educational content in the course units.

For quick access to the course units, join the "General Group." On the group page you will see the titles of each unit under the heading "Units." Click on one of these to see that unit.