Achieving Health Equity

tools for a national campaign against racism

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Levels of health intervention
Jones CP et al. *J Health Care Poor Underserved* 2009.
Jones CP et al. *J Health Care Poor Underserved* 2009.
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Addressing the social determinants of health

Primary prevention

Safety net programs and secondary prevention

Medical care and tertiary prevention

Jones CP et al. *J Health Care Poor Underserved* 2009.
But how do disparities arise?

- Differences in the quality of care received within the health care system

- Differences in access to health care, including preventive and curative services

- Differences in life opportunities, exposures, and stresses that result in differences in underlying health status


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Differences in access to care

Differences in exposures and opportunities

Differences in quality of care
(ambulance slow or goes the wrong way)

Jones CP et al. *J Health Care Poor Underserved* 2009.
Addressing the social determinants of equity:

Why are there differences in resources along the cliff face?

Why are there differences in who is found at different parts of the cliff?

Jones CP et al. *J Health Care Poor Underserved* 2009.
3 dimensions of health intervention
3 dimensions of health intervention

Health services

Jones CP et al. *J Health Care Poor Underserved* 2009.
3 dimensions of health intervention

Health services

Addressing social determinants of health

3 dimensions of health intervention

Health services

Addressing social determinants of health

Addressing social determinants of equity

What is racism?

A system

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A system of structuring opportunity and assigning value

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- Saps the strength of the whole society through the waste of human resources

Levels of Racism

- Institutionalized
- Personally-mediated
- Internalized

Institutionalized racism

- Differential access to the goods, services, and opportunities of society, by “race”

- Examples
  - Housing, education, employment, income
  - Medical facilities
  - Clean environment
  - Information, resources, voice

- Explains the association between social class and “race”

Personally-mediated racism

- Differential assumptions about the abilities, motives, and intents of others, by “race”
- Differential actions based on those assumptions
- Prejudice and discrimination
- Examples
  - Police brutality
  - Physician disrespect
  - Shopkeeper vigilance
  - Waiter indifference
  - Teacher devaluation

Internalized racism

- Acceptance by the stigmatized “races” of negative messages about our own abilities and intrinsic worth

- Examples
  - Self-devaluation
  - White man’s ice is colder
  - Resignation, helplessness, hopelessness

- Accepting limitations to our full humanity

Levels of Racism: A Gardener’s Tale

Who is the gardener?

- Power to decide
- Power to act
- Control of resources

- Dangerous when
  - Allied with one group
  - Not concerned with equity

“How is racism operating here?”

- Identify mechanisms
  - **Structures**: the *who?*, *what?*, *when?*, and *where?* of decision-making
  - **Policies**: the written *how?*
  - **Practices and norms**: the unwritten *how?*
  - **Values**: the *why?*

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What is [inequity]? A system of structuring opportunity and assigning value based on [fill in the blank]

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Many axes of inequity

- “Race”
- Gender
- Ethnicity
- Labor roles and social class markers
- Nationality, language, and legal status
- Sexual orientation
- Disability status
- Geography
- Religion
- Incarceration history

These are risk MARKERS
What is health equity?

- “Health equity” is assurance of the conditions for optimal health for all people

Achieving health equity requires
- Valuing all individuals and populations equally
- Recognizing and rectifying historical injustices
- Providing resources according to need

Health disparities will be eliminated when health equity is achieved

Barriers to achieving health equity

- **A-historical culture**
  - The present as disconnected from the past
  - Current distribution of advantage/disadvantage as happenstance
  - Systems and structures as givens and immutable

- **Narrow focus on the individual**
  - Self-interest narrowly defined
  - Limited sense of interdependence
  - Limited sense of collective efficacy
  - Systems and structures as invisible or irrelevant

- **Myth of meritocracy**
  - Role of hard work
  - Denial of racism
  - Two babies: Equal potential or equal opportunity?
Strategies
for achieving health equity

- To change opportunity structures
  - Understand the importance of history
  - Challenge the narrow focus on the individual
  - Expose the “myth of meritocracy”
  - Examine successful strategies from outside the US
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- **To value all people equally**
  - Break out of bubbles to experience our common humanity
  - Embrace ALL children as OUR children
ICERD

- *International Convention on the Elimination of all forms of Racial Discrimination*
  - International anti-racism treaty adopted by the UN General Assembly in 1965
  - [http://www.ohchr.org/EN/Professionalinterest/Pages/CERD.aspx](http://www.ohchr.org/EN/Professionalinterest/Pages/CERD.aspx)

- US signed in 1966
- US ratified in 1994
Current status

- 3rd US report submitted to the UN Committee on the Elimination of Racial Discrimination (CERD) in 2013
  [Link](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CERD%2fC%2fUSA%2f7-9&Lang=en)

- 82 parallel reports submitted by civil society organizations

- CERD considered at its 85th session (13-14 Aug 2014)
CERD Concluding Observations

- 14-page document (25 Sep 2014) available online

- Concerns and recommendations
  - Racial profiling (paras 8 and 18)
  - Residential segregation (para 13)
  - Achievement gap in education (para 14)
  - Differential access to health care (para 15)
  - Disproportionate incarceration (para 20)
CERD Concluding Observations

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- Concerns and recommendations
  - “The Committee recommends that the State party adopt a national action plan to combat structural racial discrimination” (para 25)
  - “The Committee recommends that the State party increase its efforts to raise public awareness and knowledge of the Convention throughout its territory” (para 32)
Japanese Lanterns: Colored perceptions
The colors we think we see are due to the lights by which we look. These colored lights distort and mask our true variability.
What is “race”?

A social classification, not a biological descriptor. The social interpretation of how one looks in a “race”-conscious society.
Dual Reality: A restaurant saga
I looked up and noticed a sign . . .
Racism structures “Open/Closed” signs in our society.
Those on the outside are very aware of the two-sided nature of the sign.

It is difficult to recognize systems of inequity that privilege us.
Is there really a two-sided sign?

Hard to know, when only see “Open”. A privilege not to HAVE to know. Once DO know, can choose to act.
Life on a Conveyor Belt: Moving to action
Racism is most often passive
1. Name racism
2. Ask “How is racism operating here?”
3. Organize and strategize to act
Japanese Lanterns: Colored perceptions
Dual Reality: A restaurant saga
Life on a Conveyor Belt: Moving to action
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Anti-Racism Collaborative

Communication and Dissemination
- APHA Webinar Series on Racism and Health
- Regional Town Halls on Anti-Racism and Health

Education and Development
- Curriculum for schools of public health and medicine
- APHA Fellowship on Anti-Racism and Health

Global Matters
- International Convention on the Elimination of all forms of Racial Discrimination
- US-Brazil Joint Action Plan to Eliminate Racism
Anti-Racism Collaborative

- **Liaison and Partnership**
  - Catalog and connect local anti-racism efforts
  - Outreach to partner organizations

- **Organizational Excellence**
  - “How is racism operating here?”
  - National Advisory Committee on Anti-Racism and Health

- **Policy and Legislation**
  - Catalog anti-racism policies across jurisdictions
  - Propose new areas for legislation

- **Science and Publications**
  - Develop compendium of measures of racism
  - Link anti-racism researchers
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