

# **Achieving Health Equity**

tools for  
naming | measuring | addressing  
**RACISM**

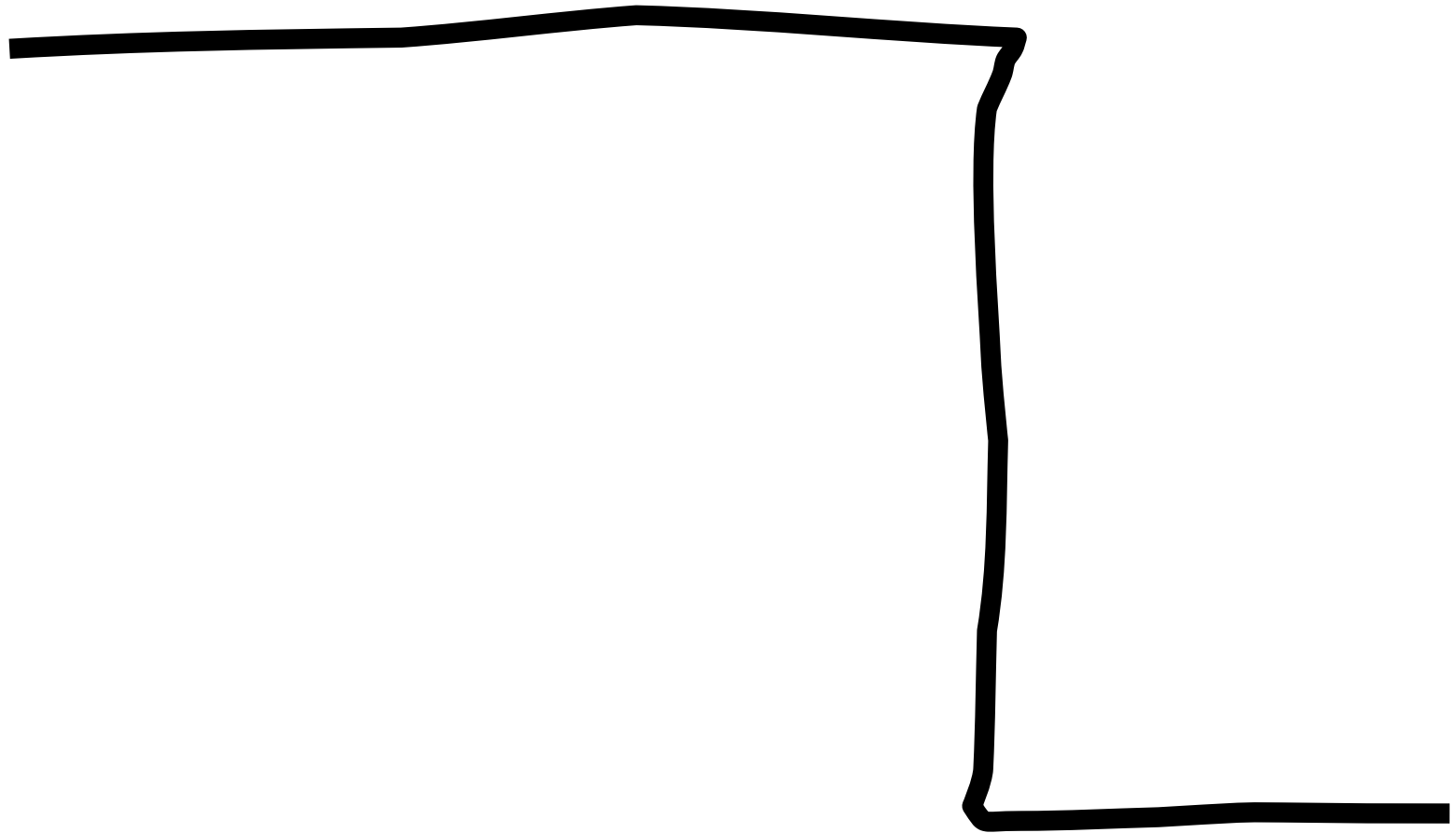
**Camara Phyllis Jones, MD, MPH, PhD**

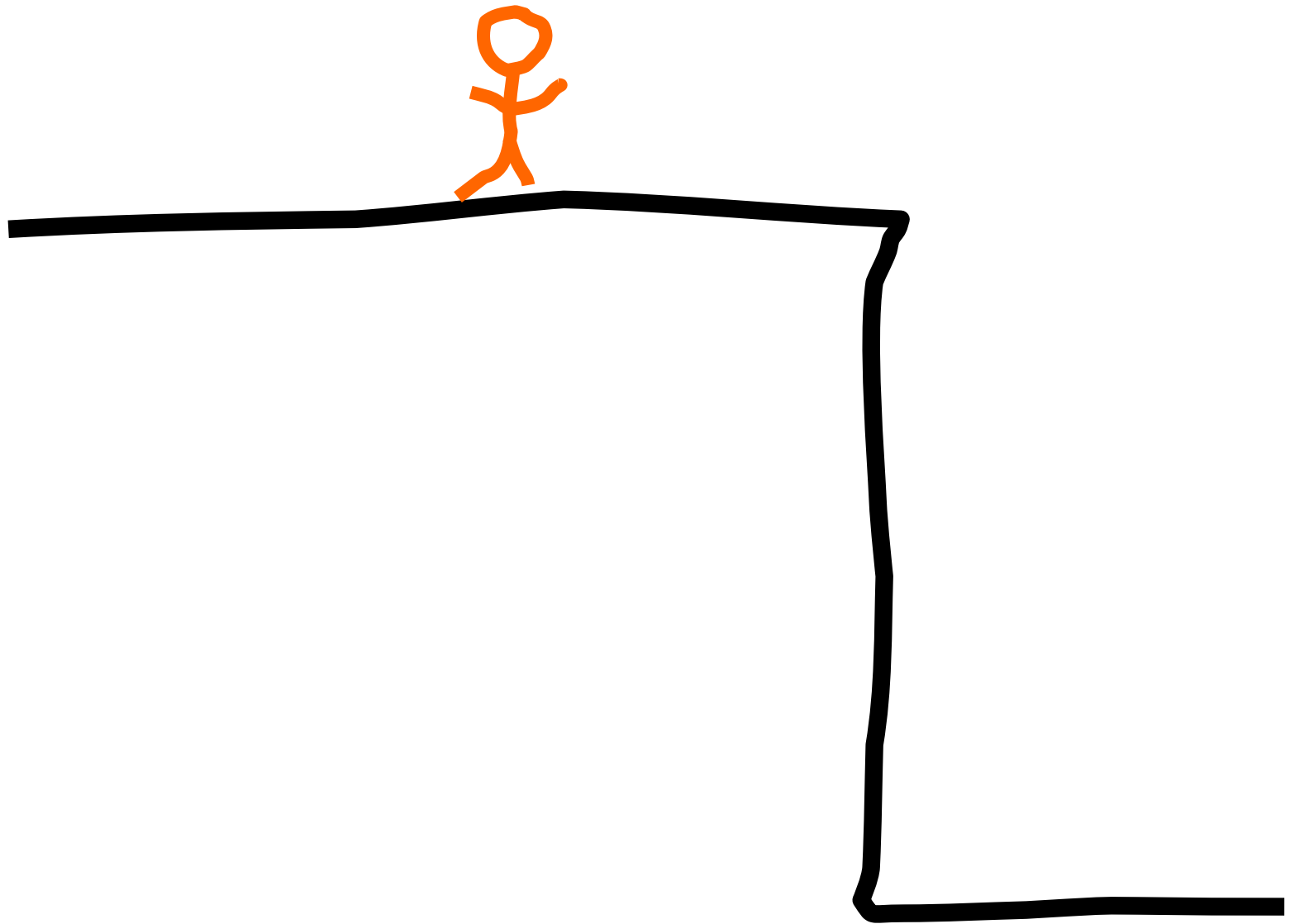
**The Physiology of Health Inequity**

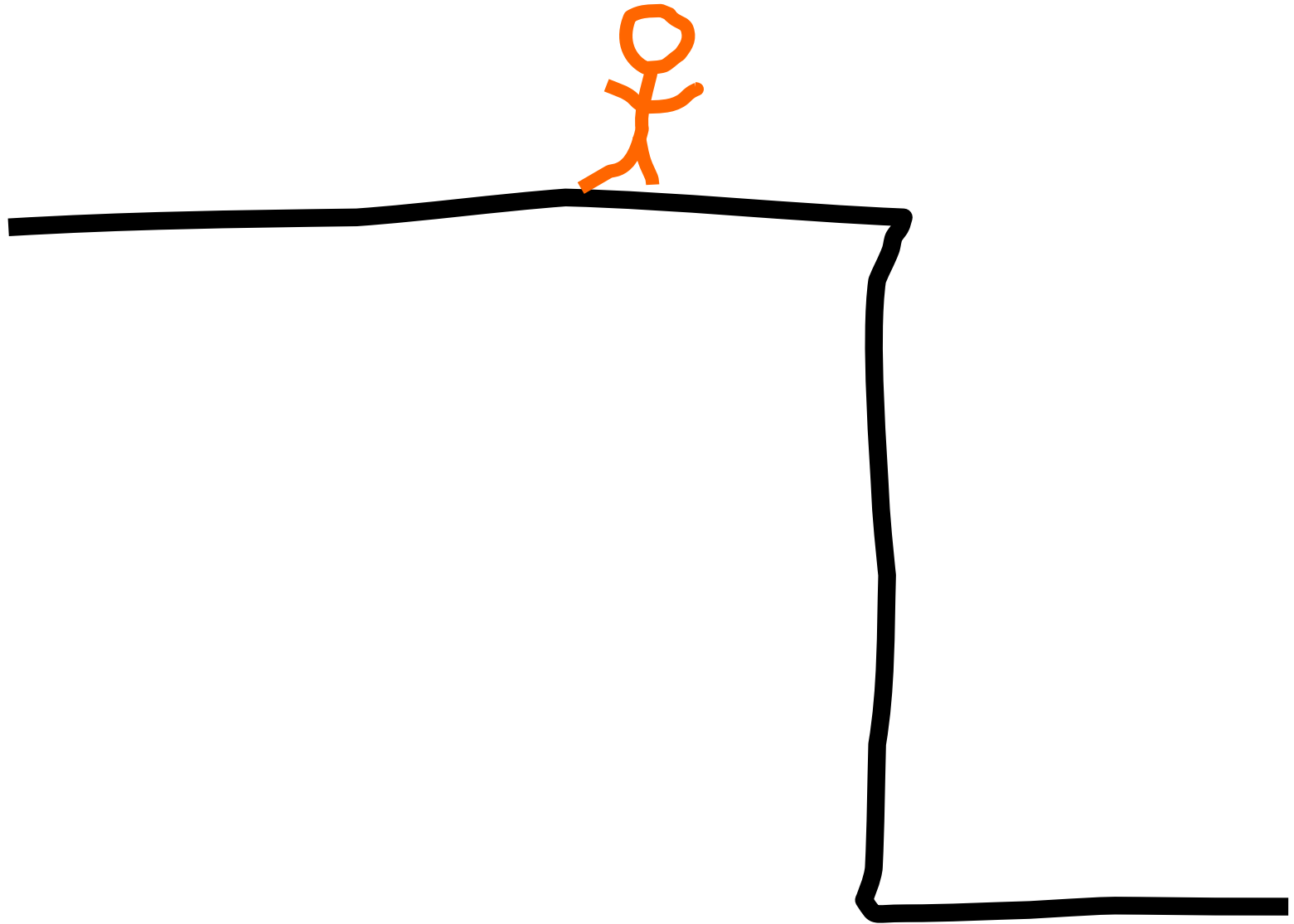
Atlanta Regional Collaborative for Health Improvement (ARCHI)  
The Carter Center

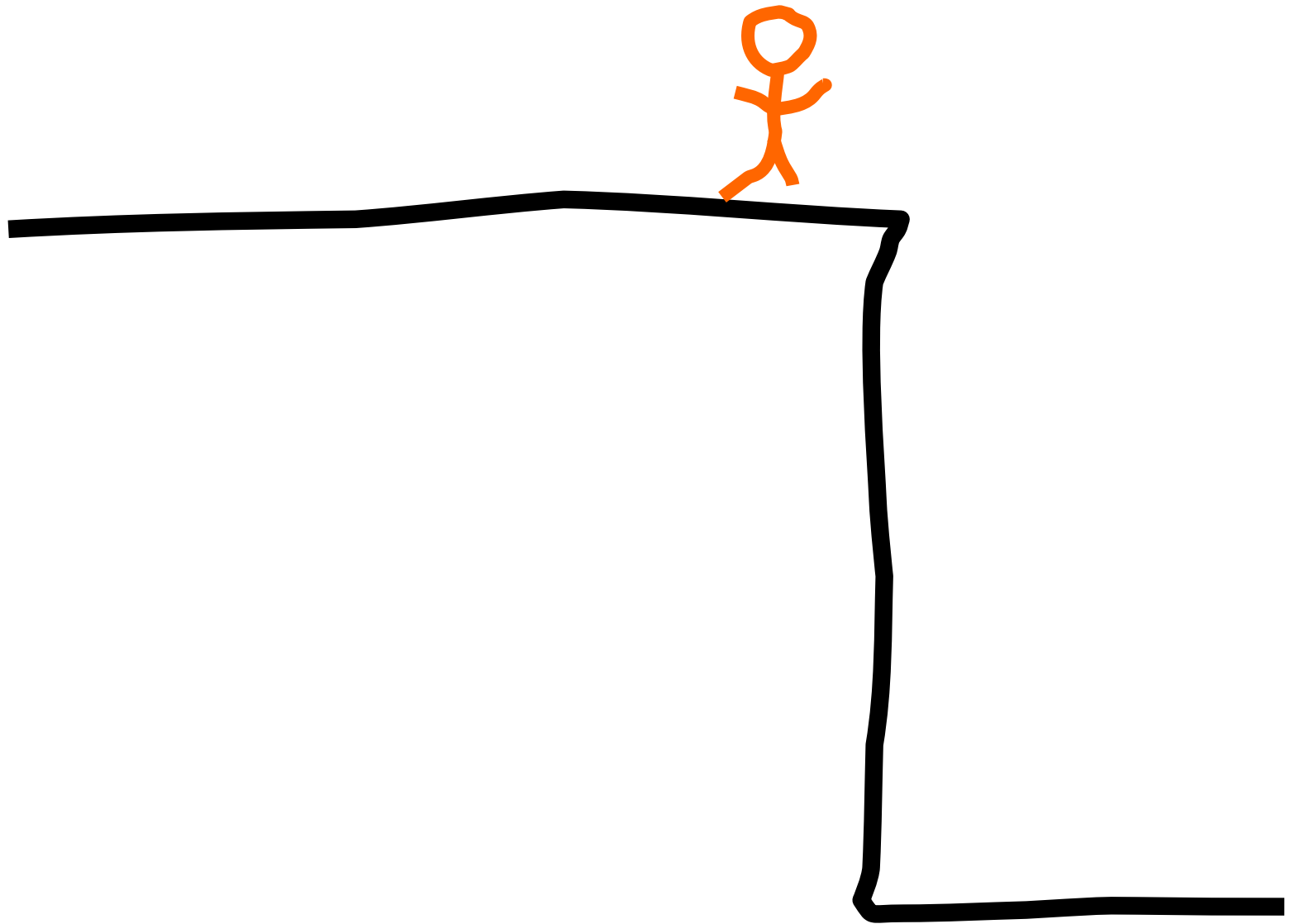
*Atlanta, Georgia  
September 26, 2018*

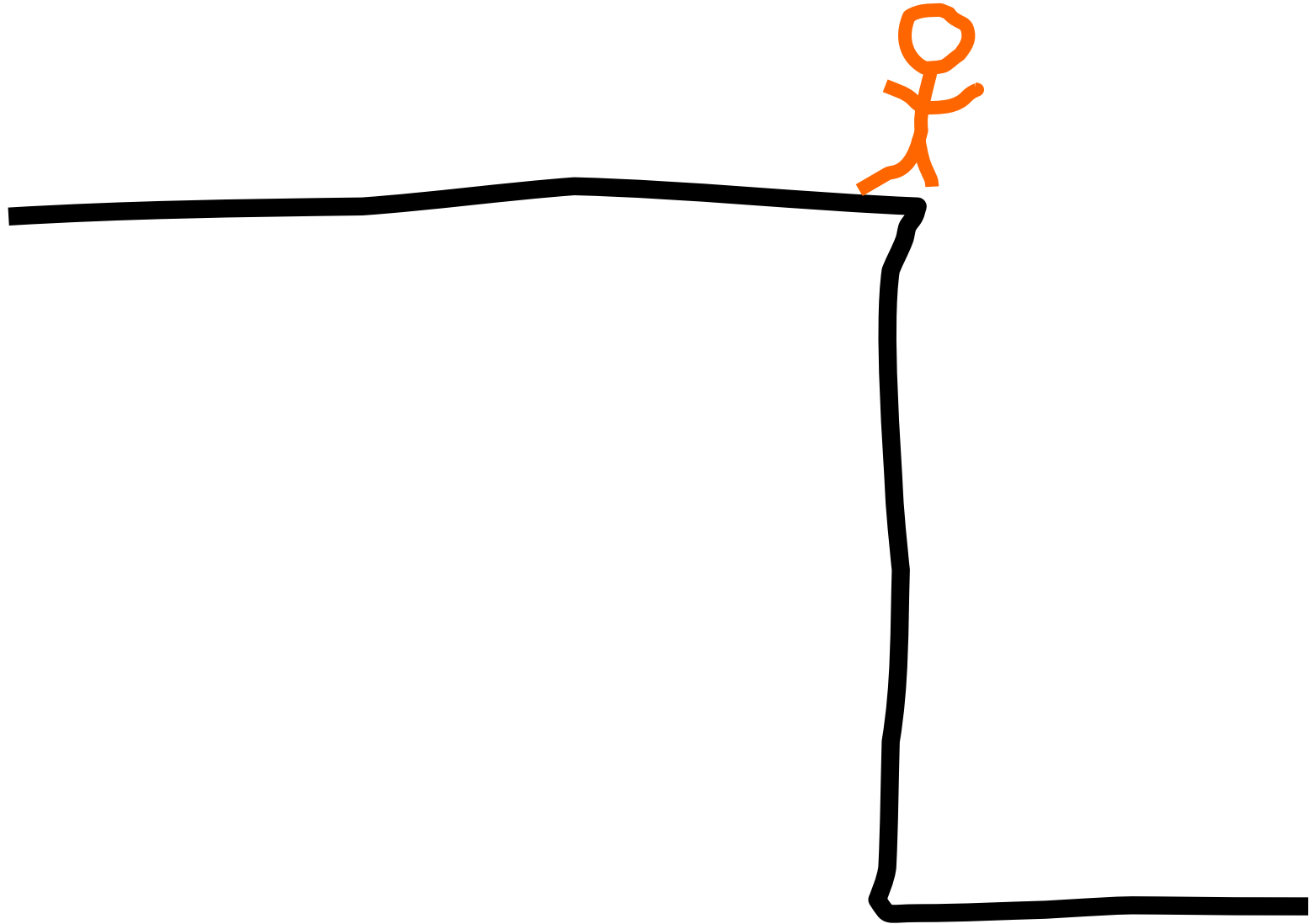
# Levels of health intervention

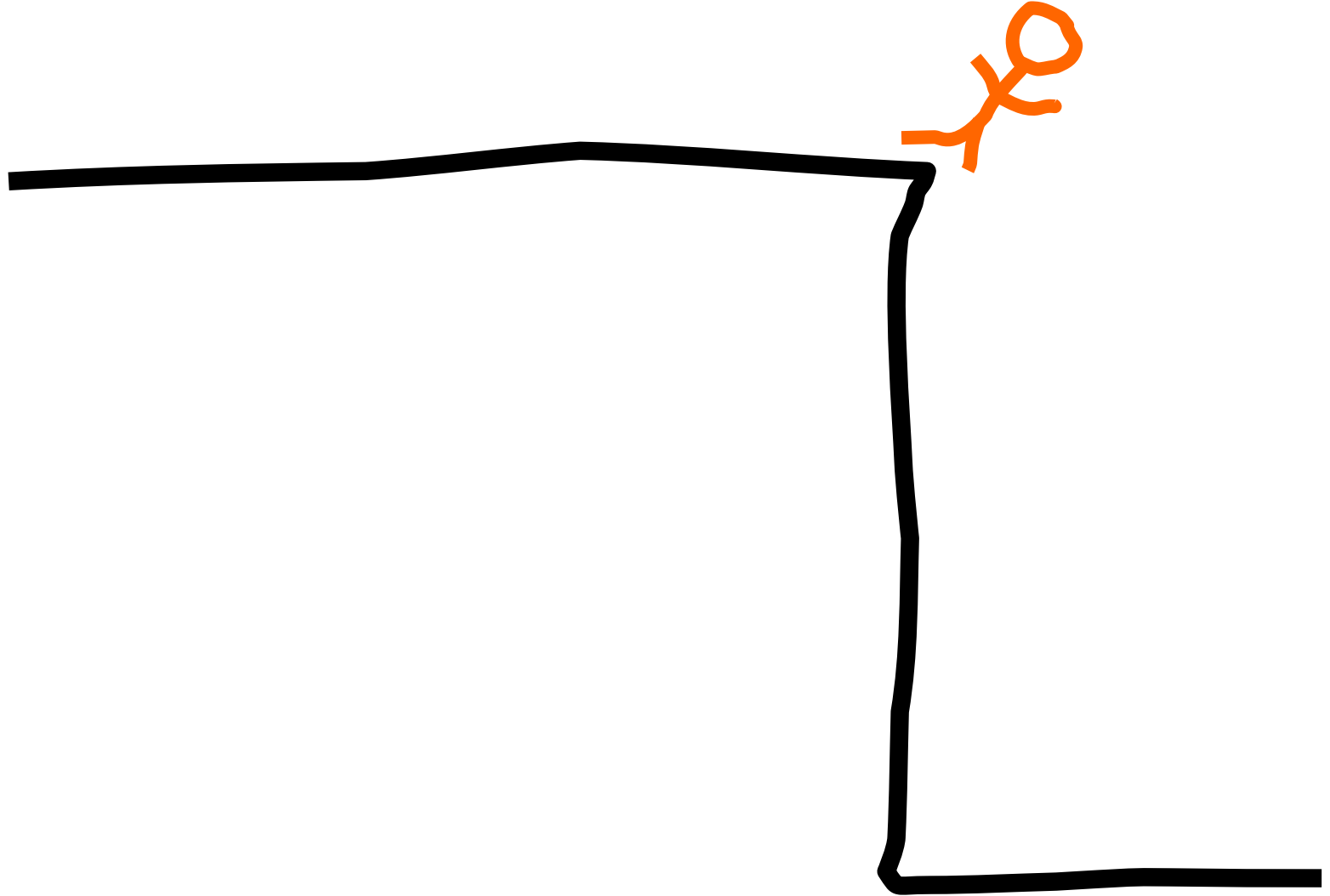


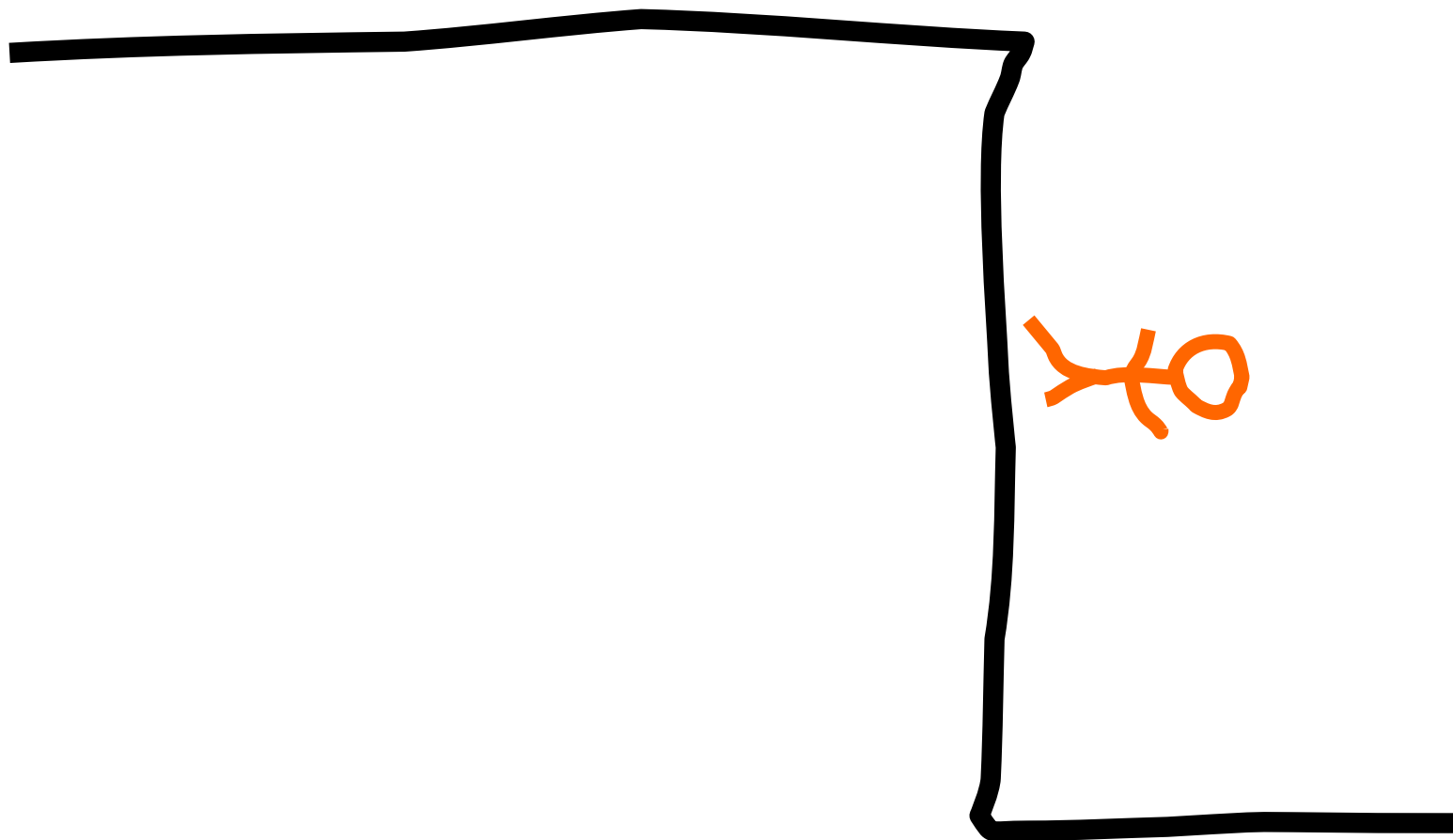




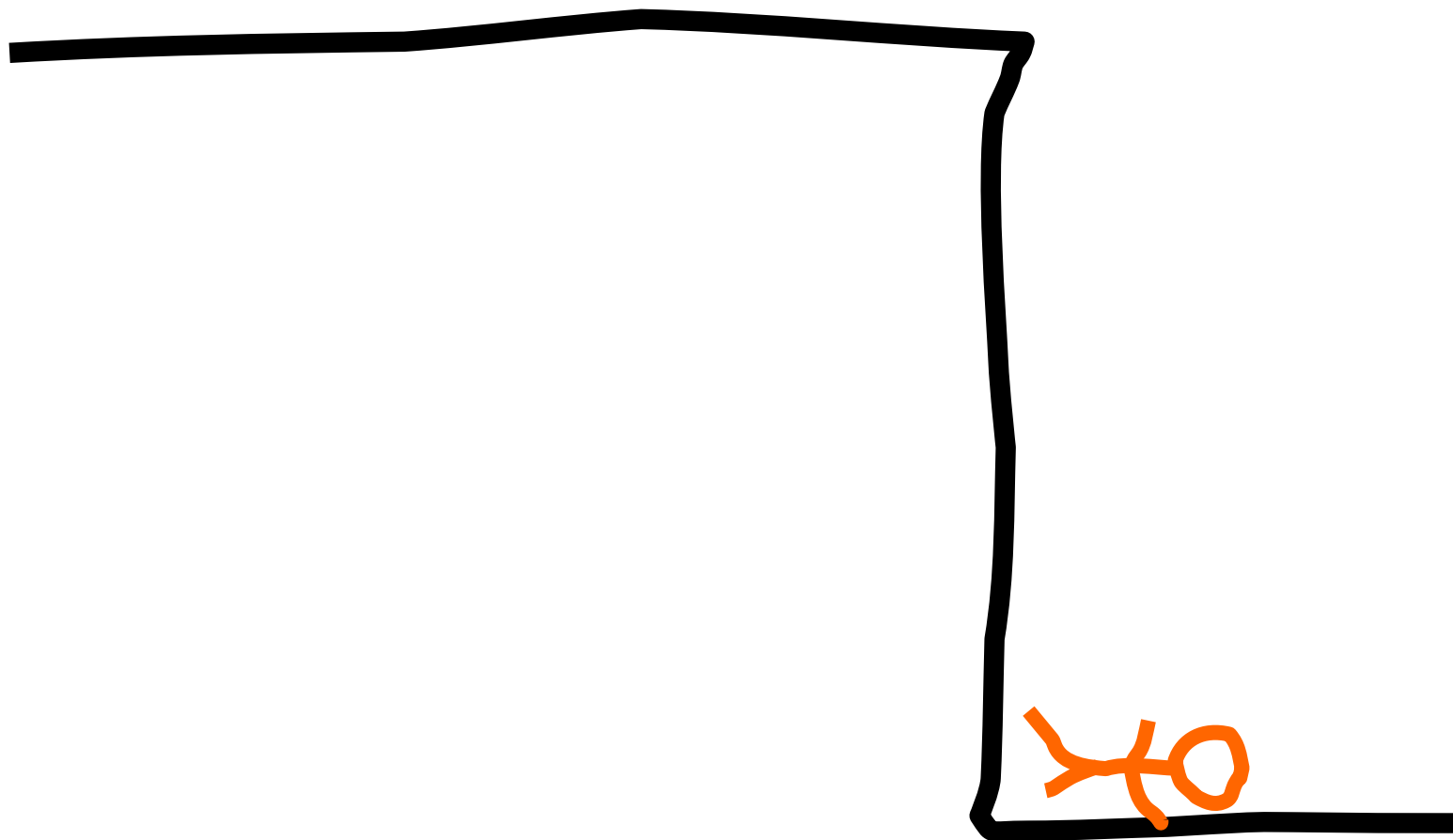


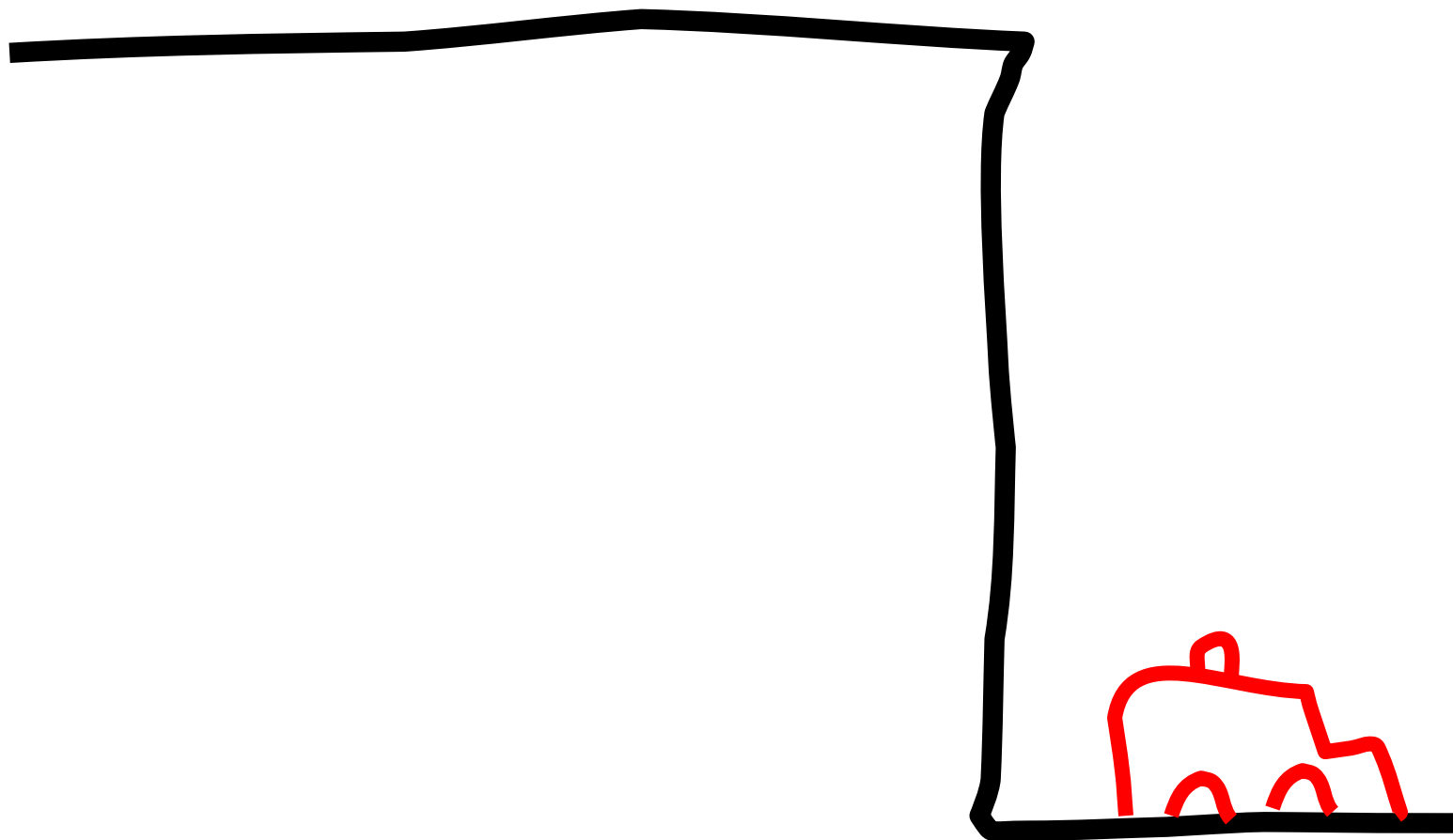


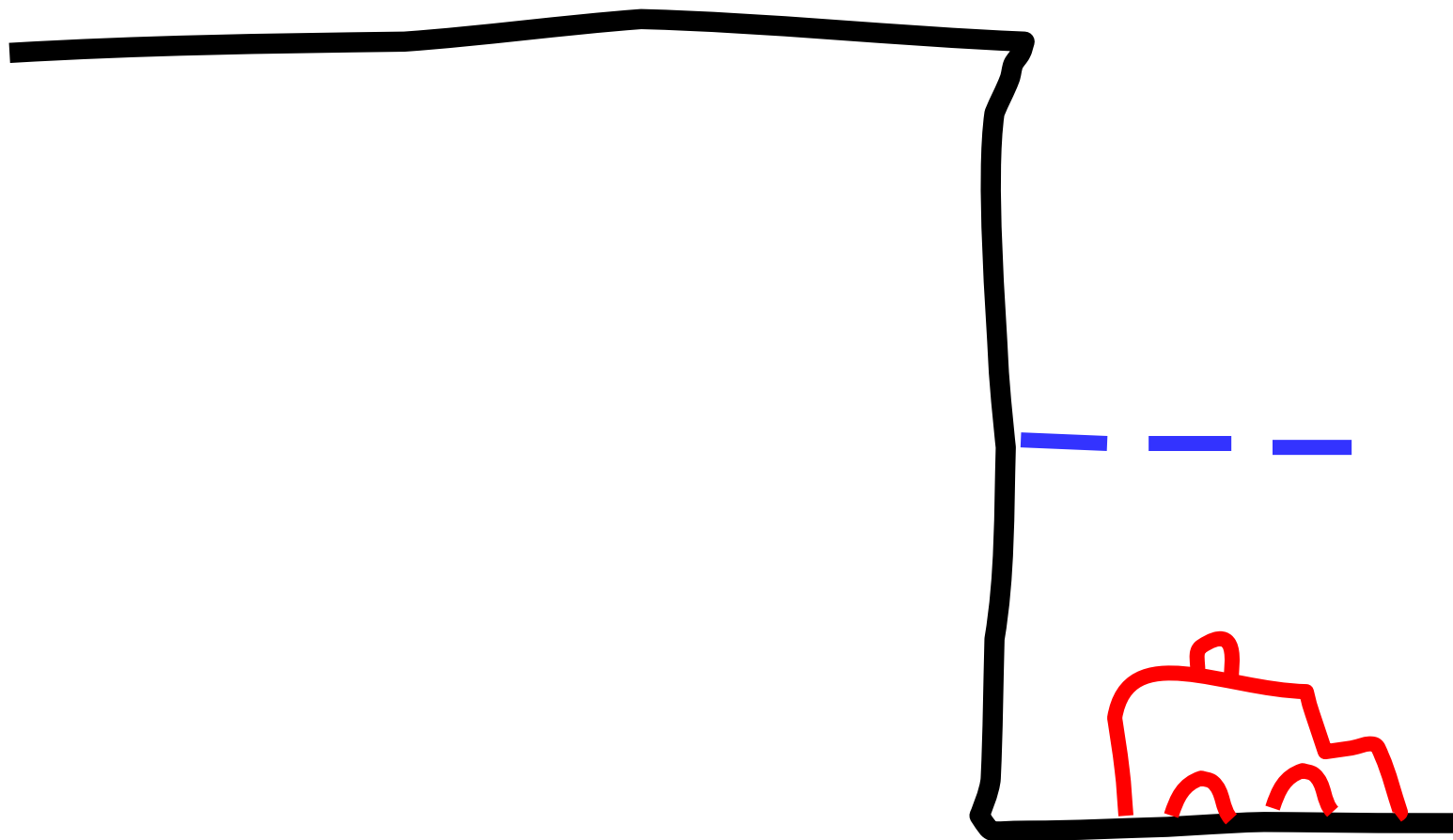


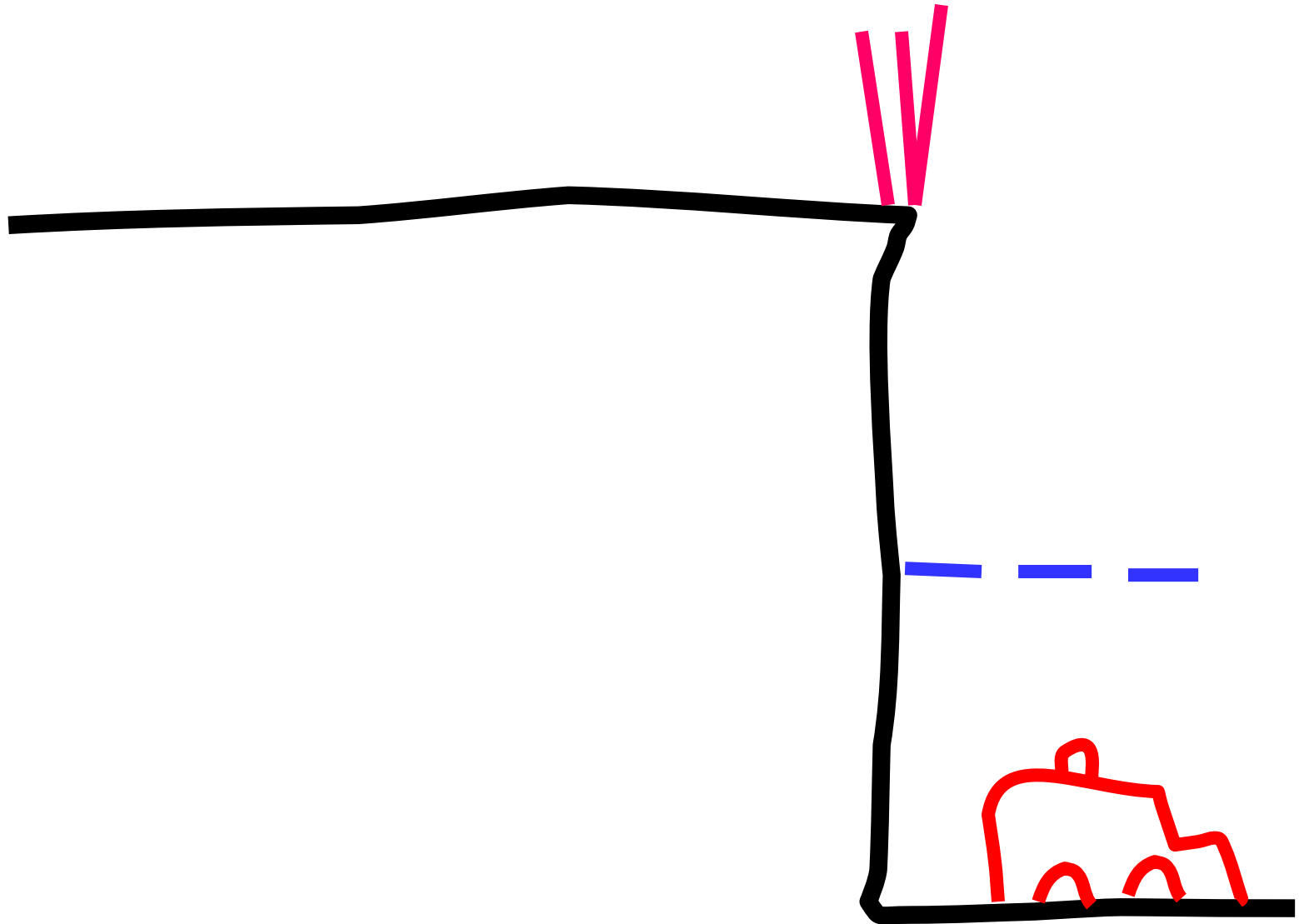


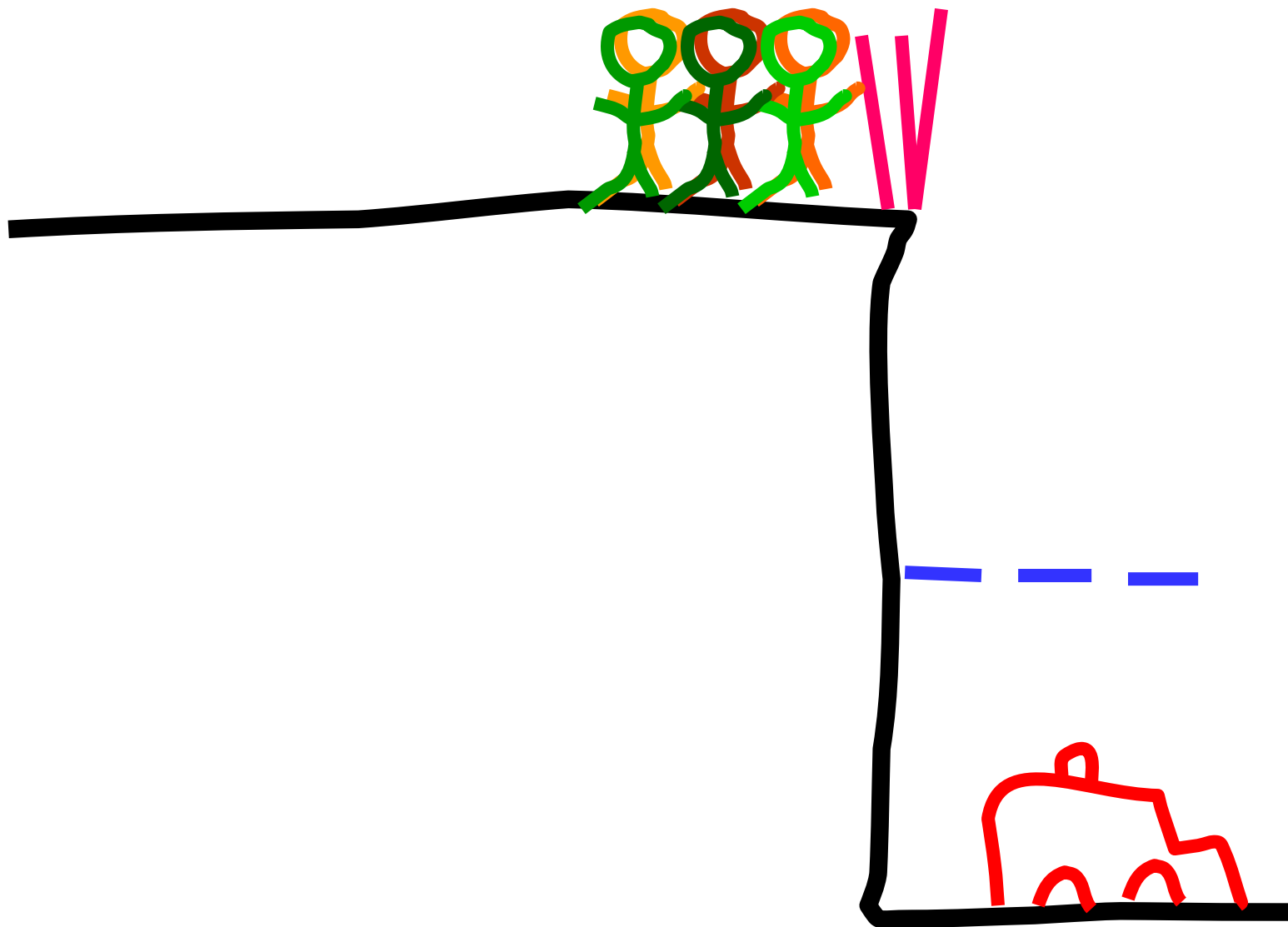


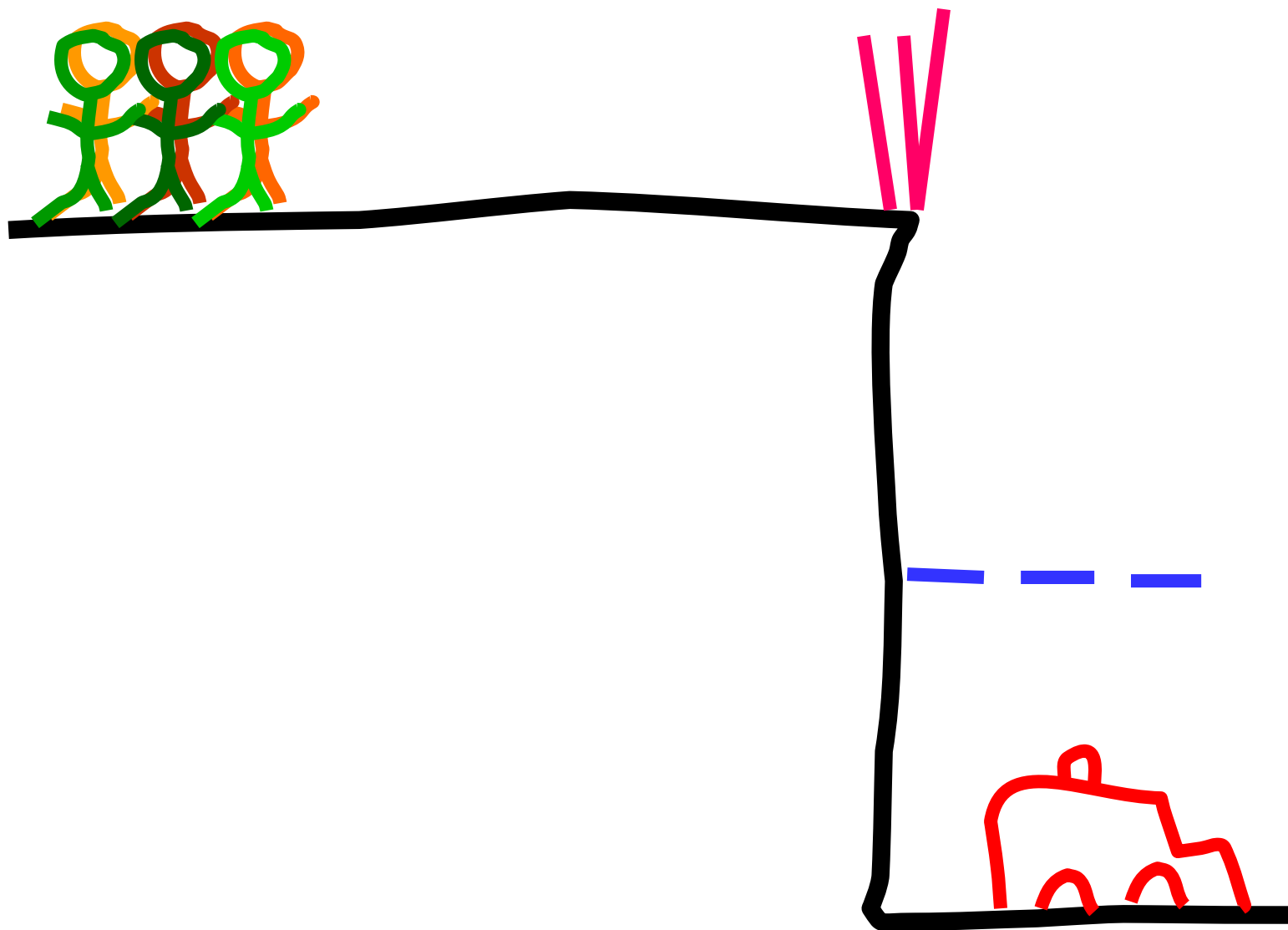


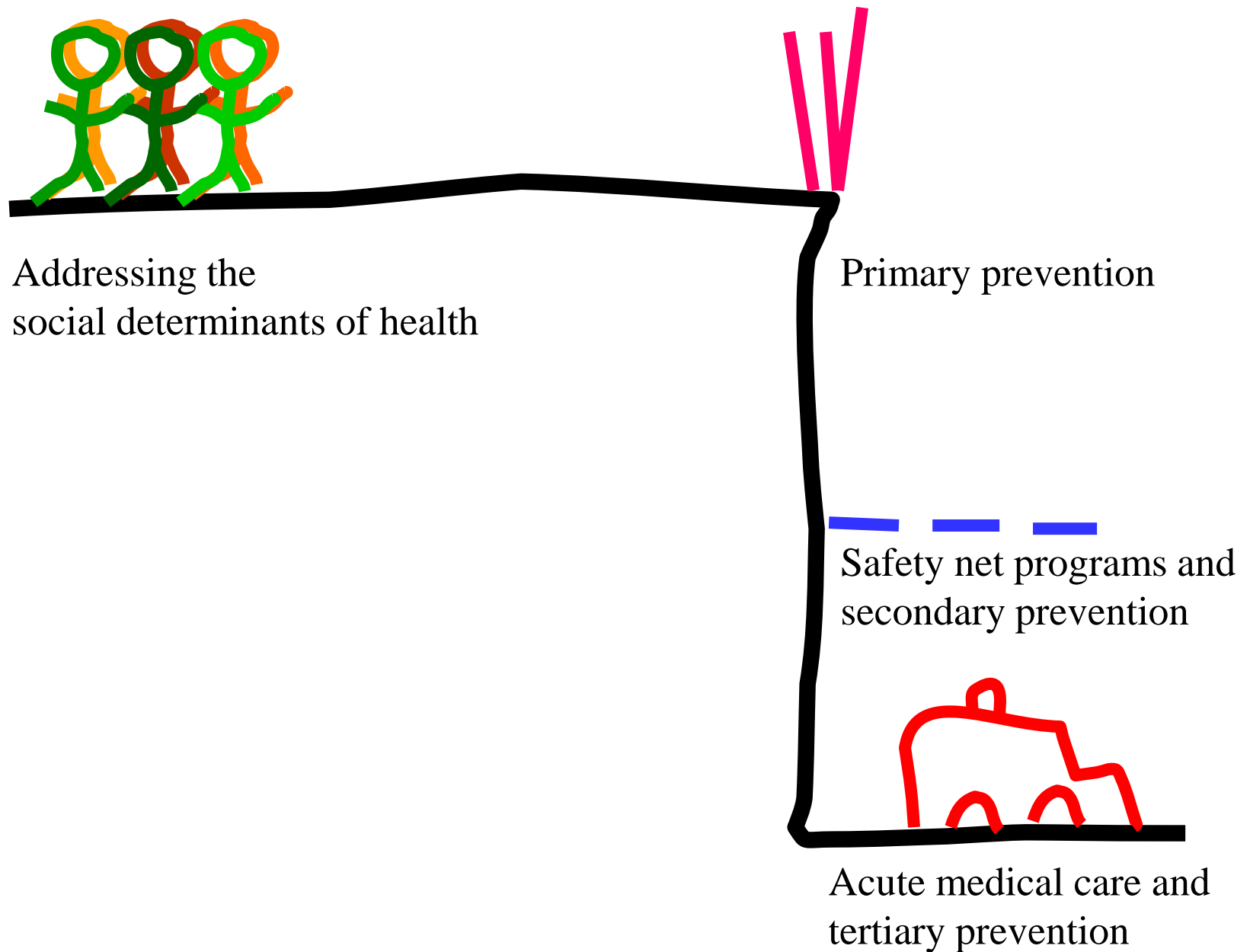












## But how do disparities arise?

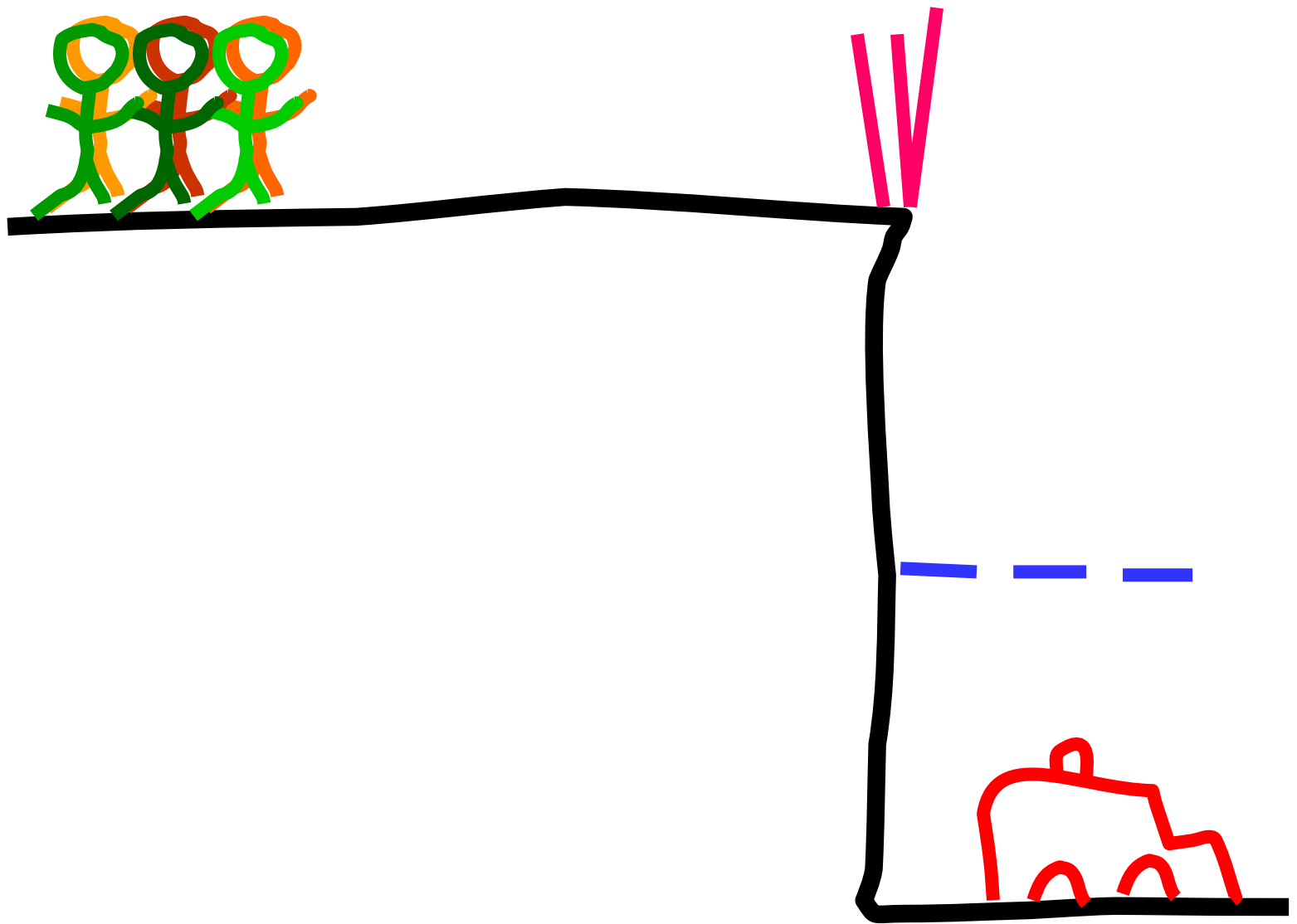
- ❑ Differences in the quality of care received within the health care system
- ❑ Differences in access to health care, including preventive and curative services
- ❑ Differences in life opportunities, exposures, and stresses that result in differences in underlying health status

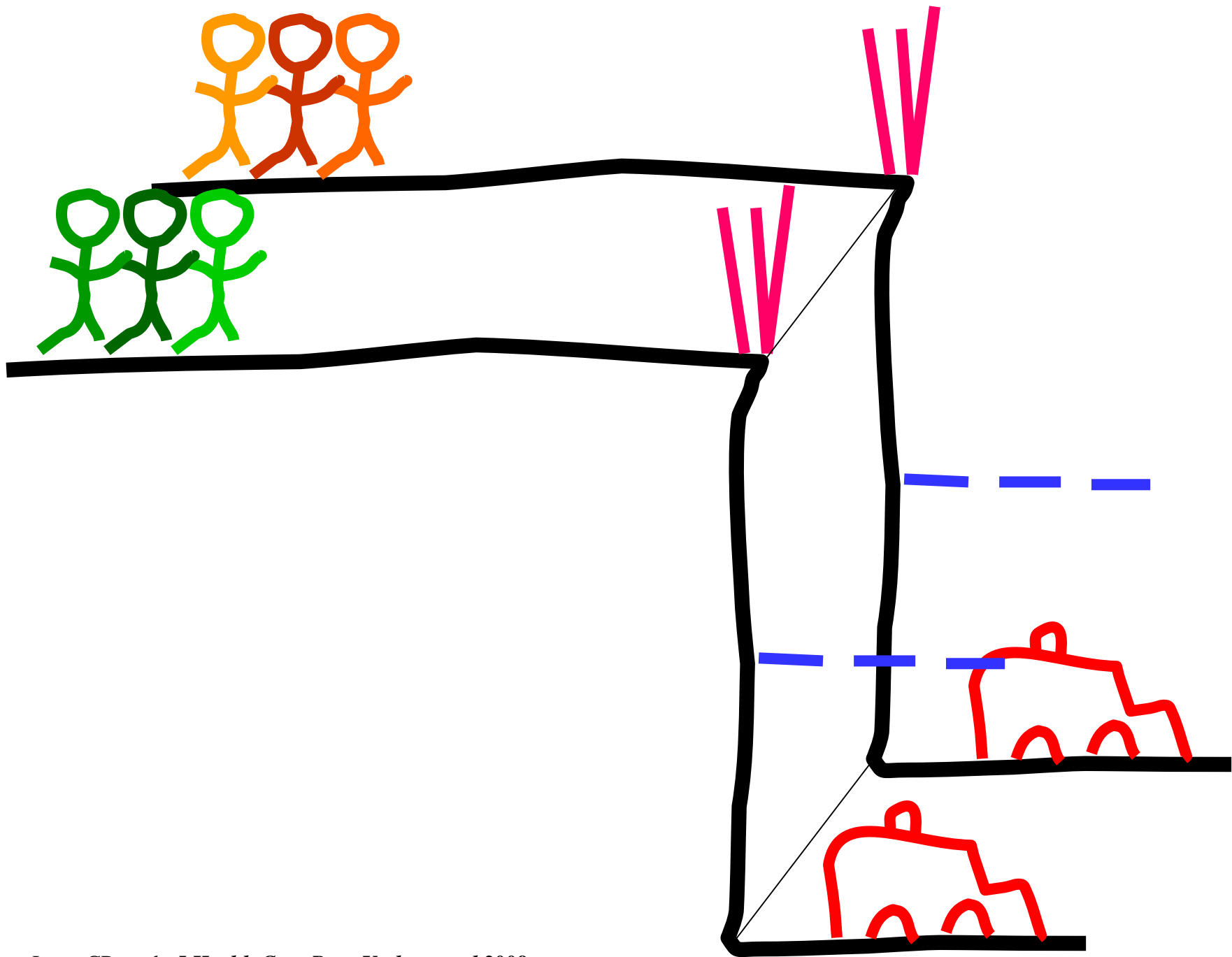
Phelan JC, Link BG, Tehranifar P. Social Conditions as Fundamental Causes of Health Inequalities. *J Health Soc Behav* 2010;51(S):S28-S40.

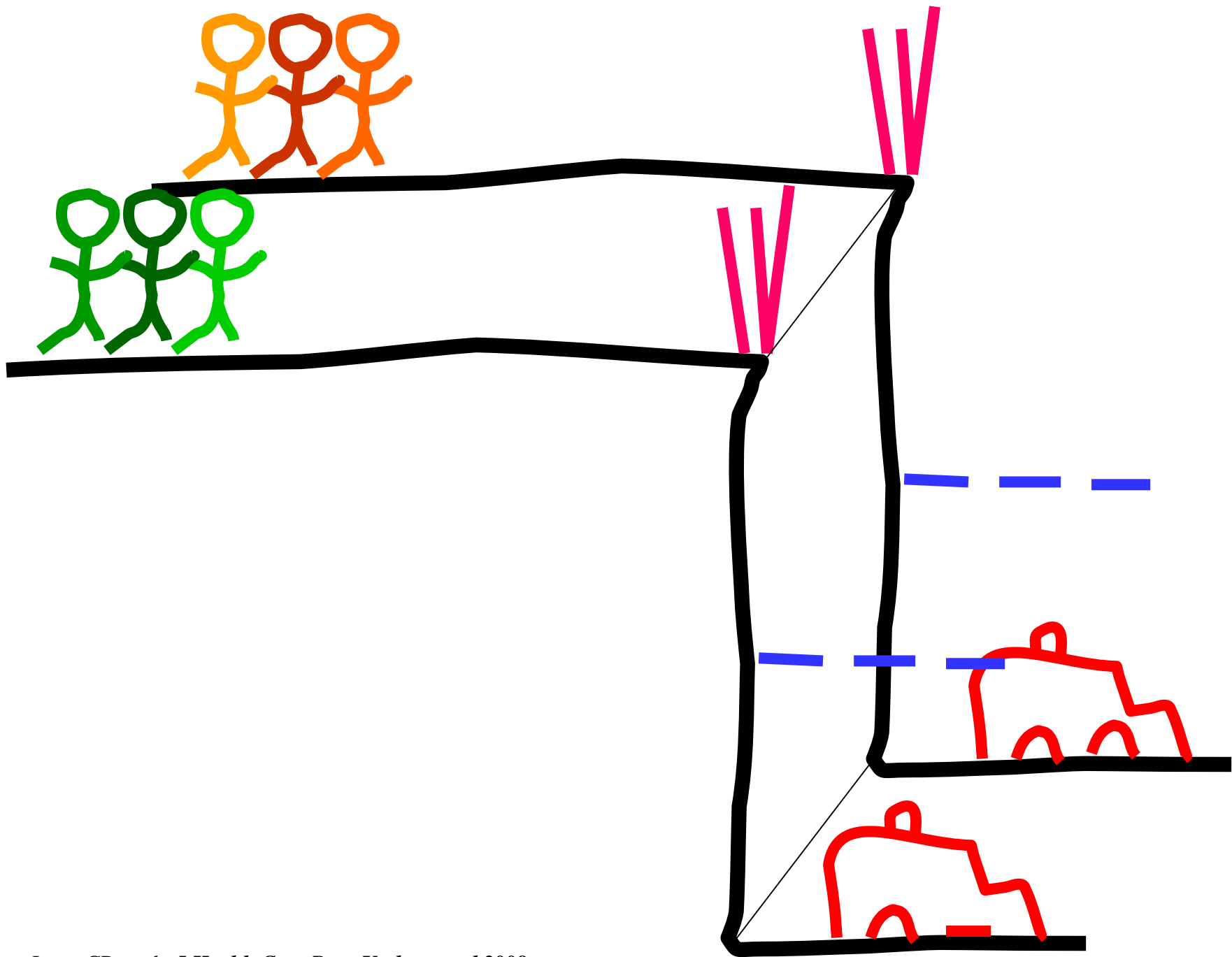
Byrd WM, Clayton LA. *An American Health Dilemma: Race, Medicine, and Health Care in the United States, 1900-2000*. New York, NY: Routledge, 2002.

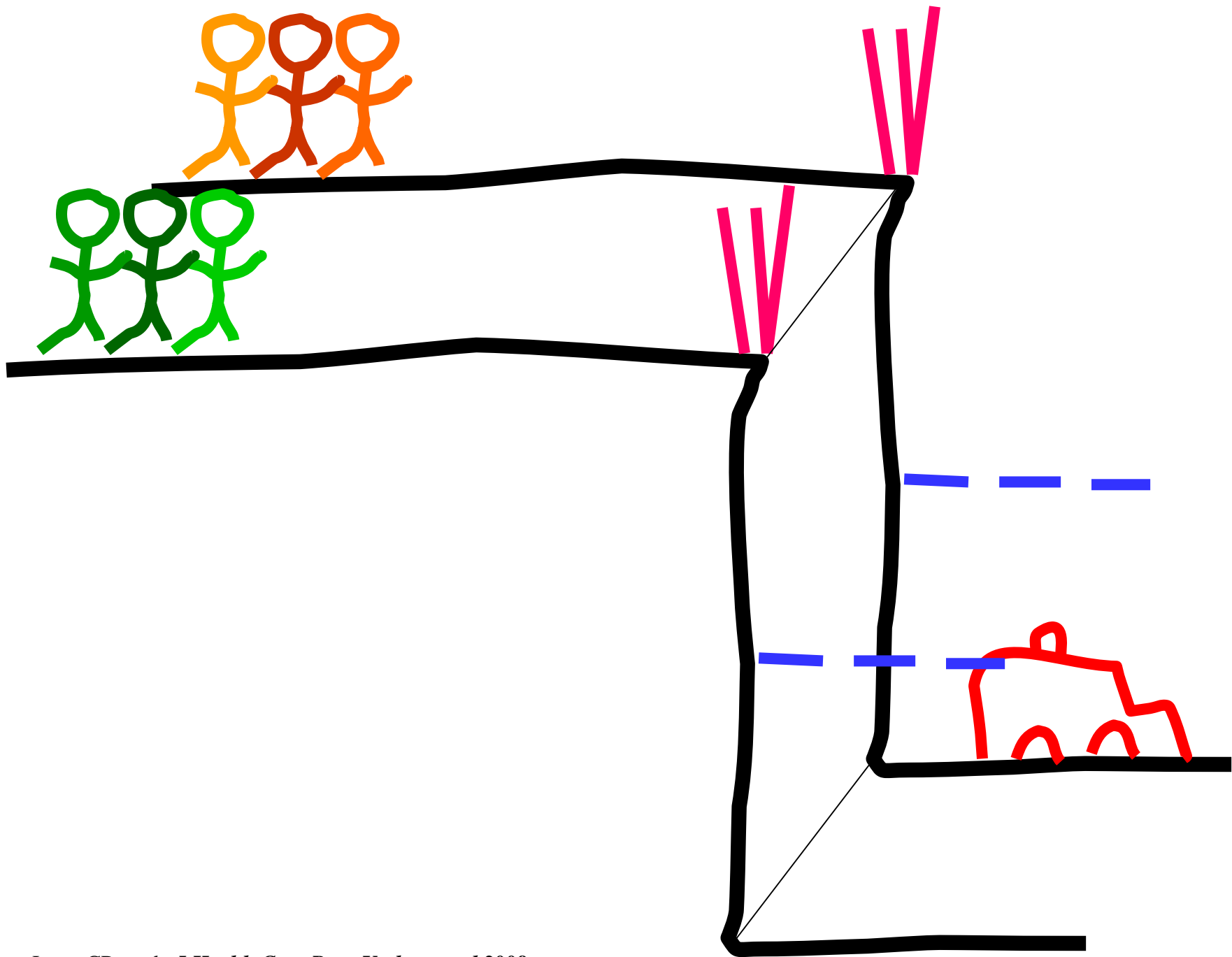
Smedley BD, Stith AY, Nelson AR (editors). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: The National Academies Press, 2002.

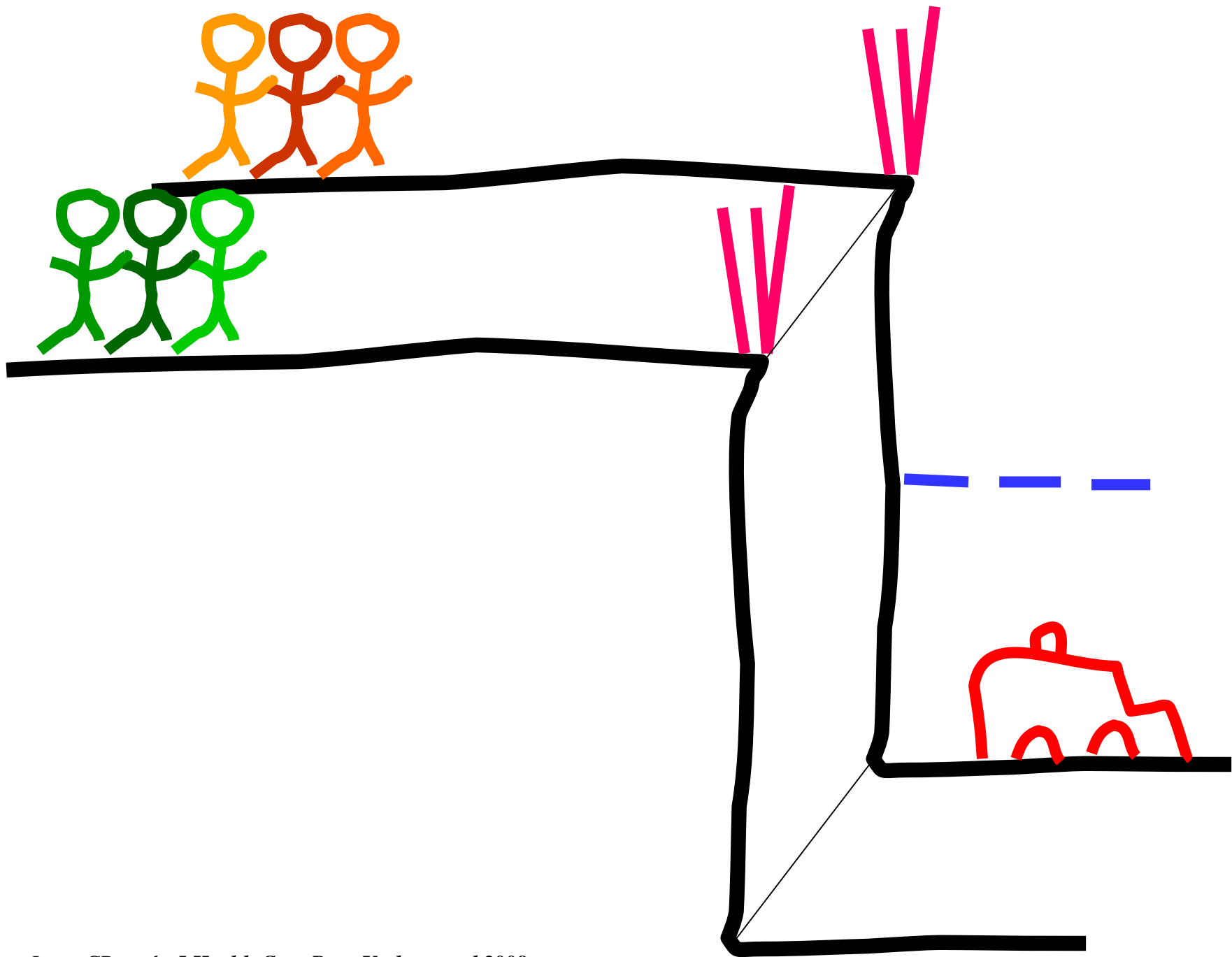


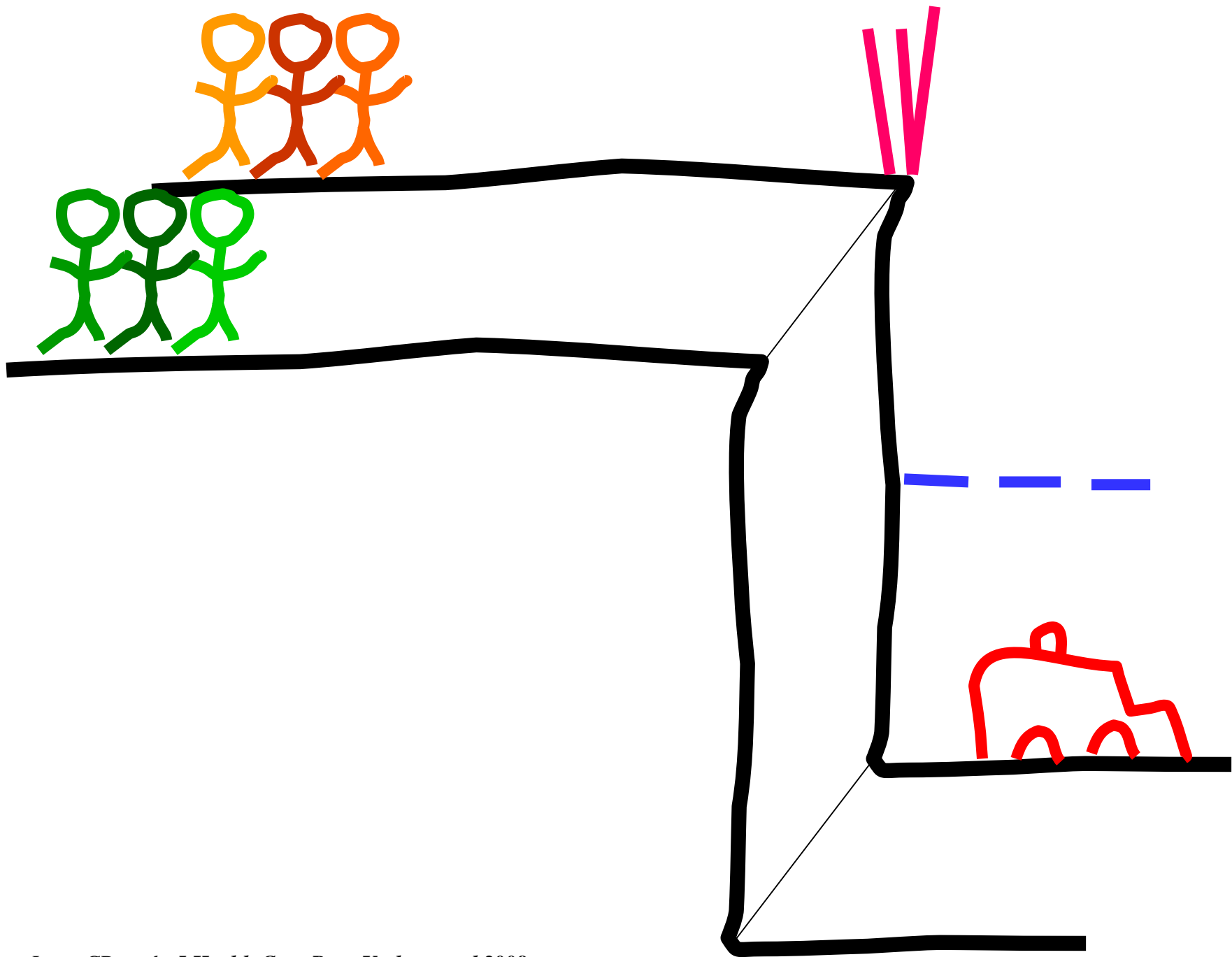


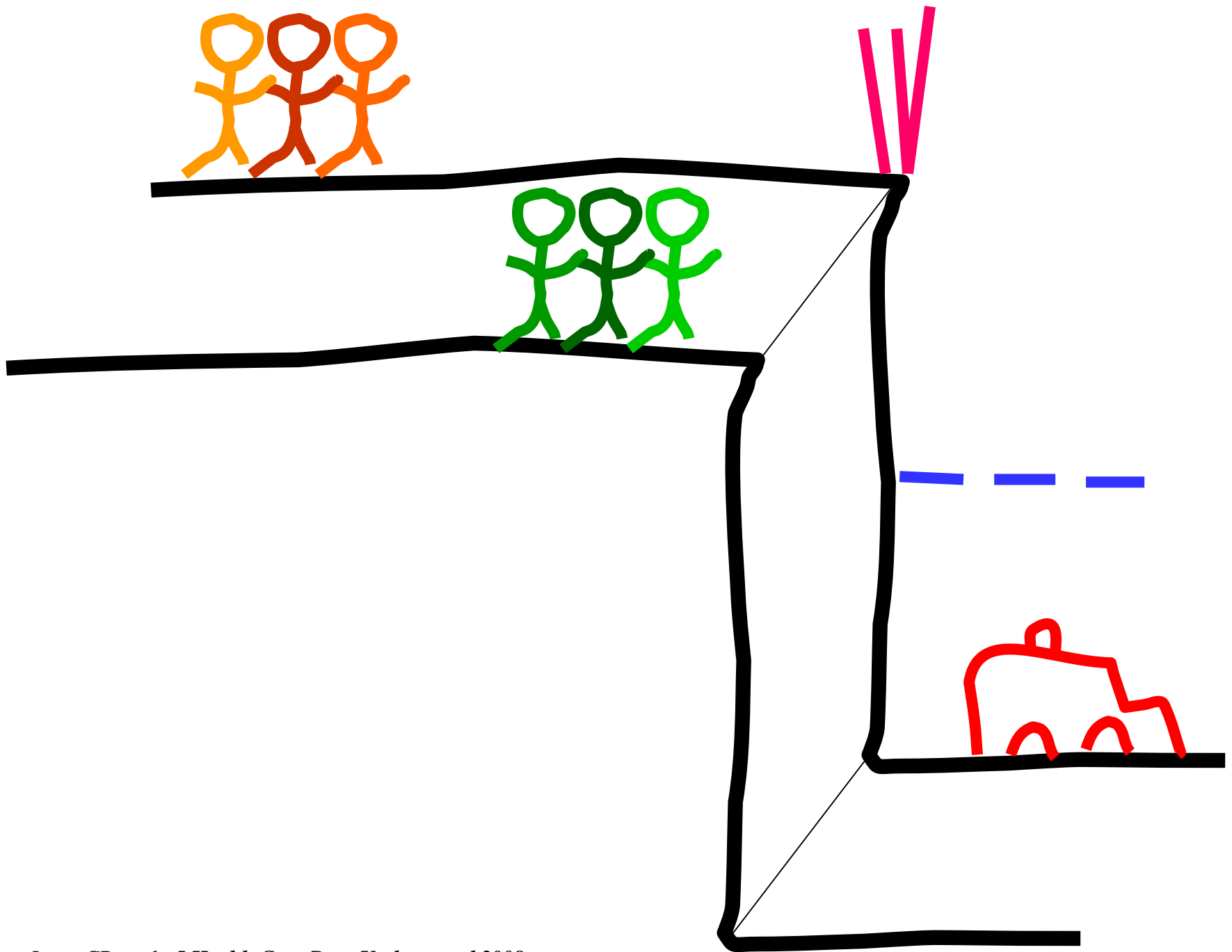


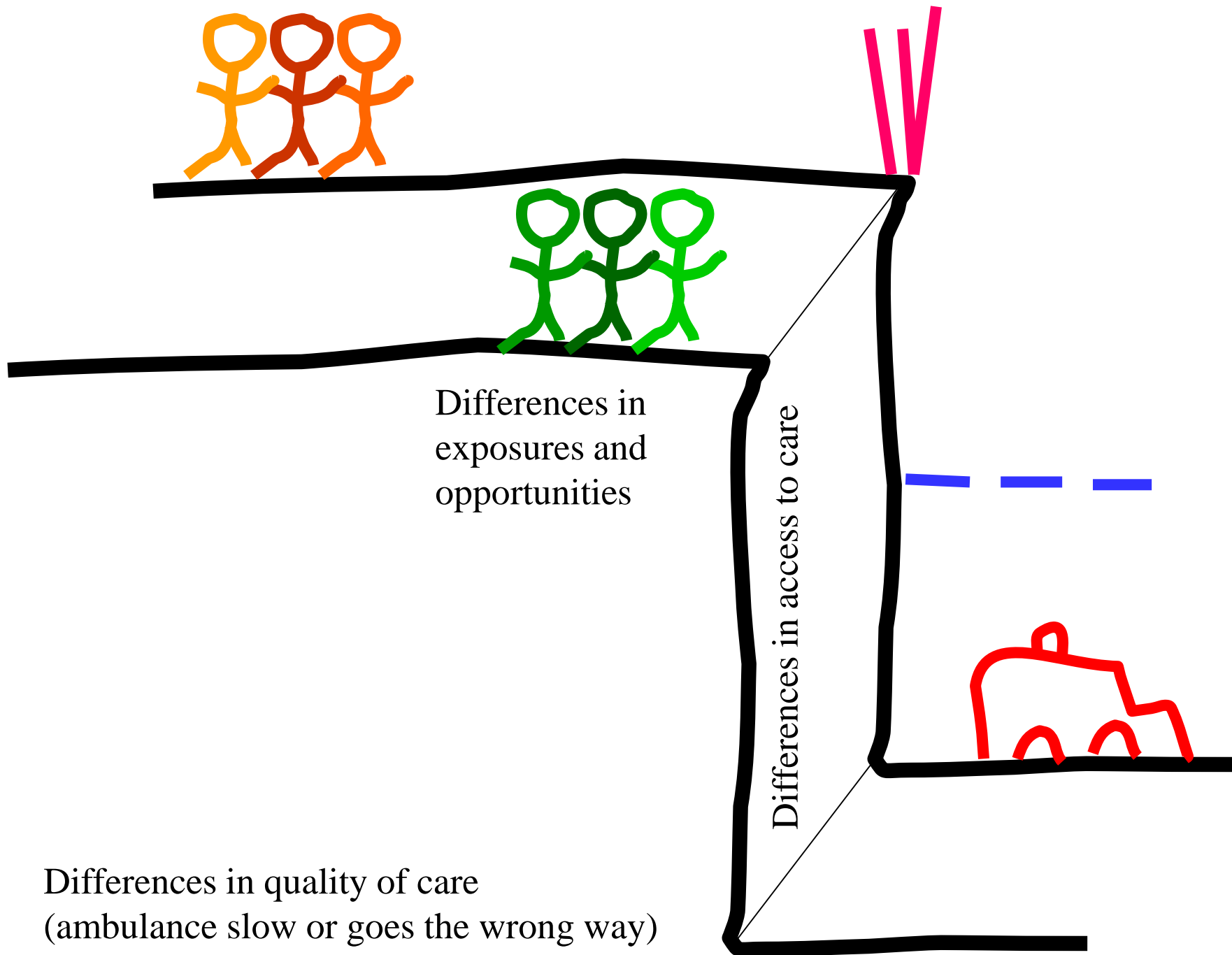




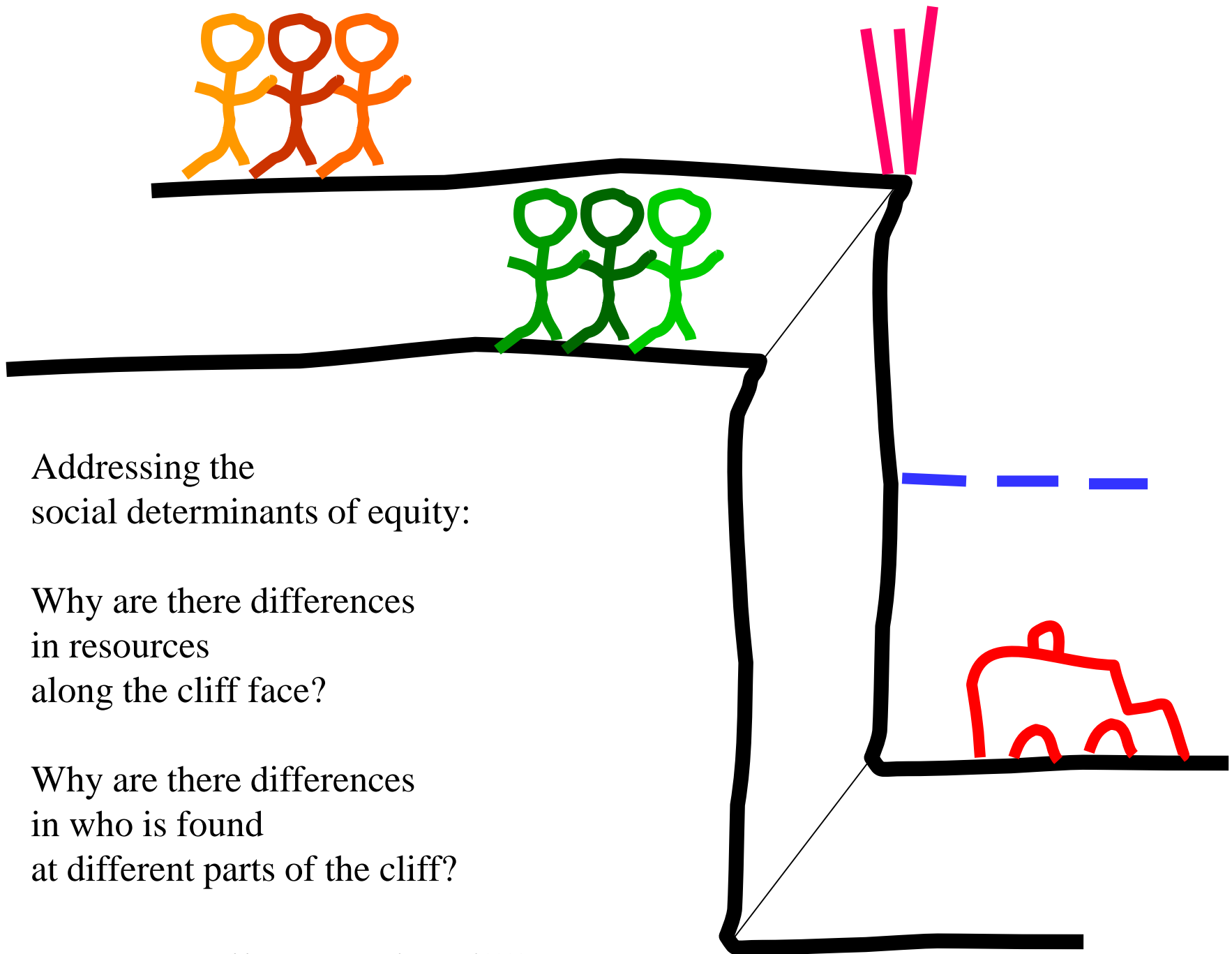












Addressing the  
social determinants of equity:

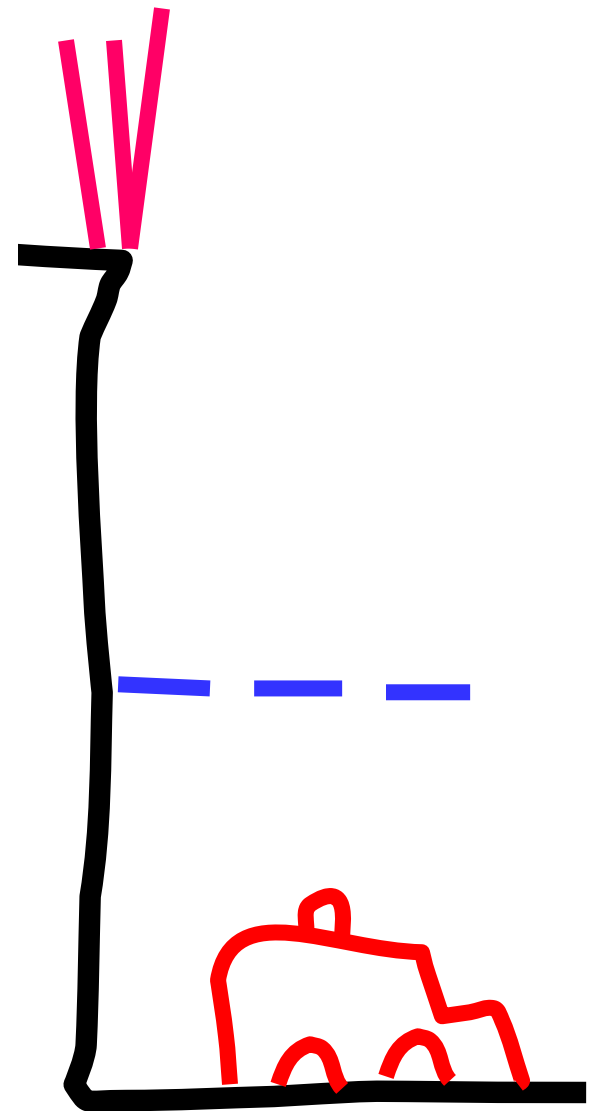
Why are there differences  
in resources  
along the cliff face?

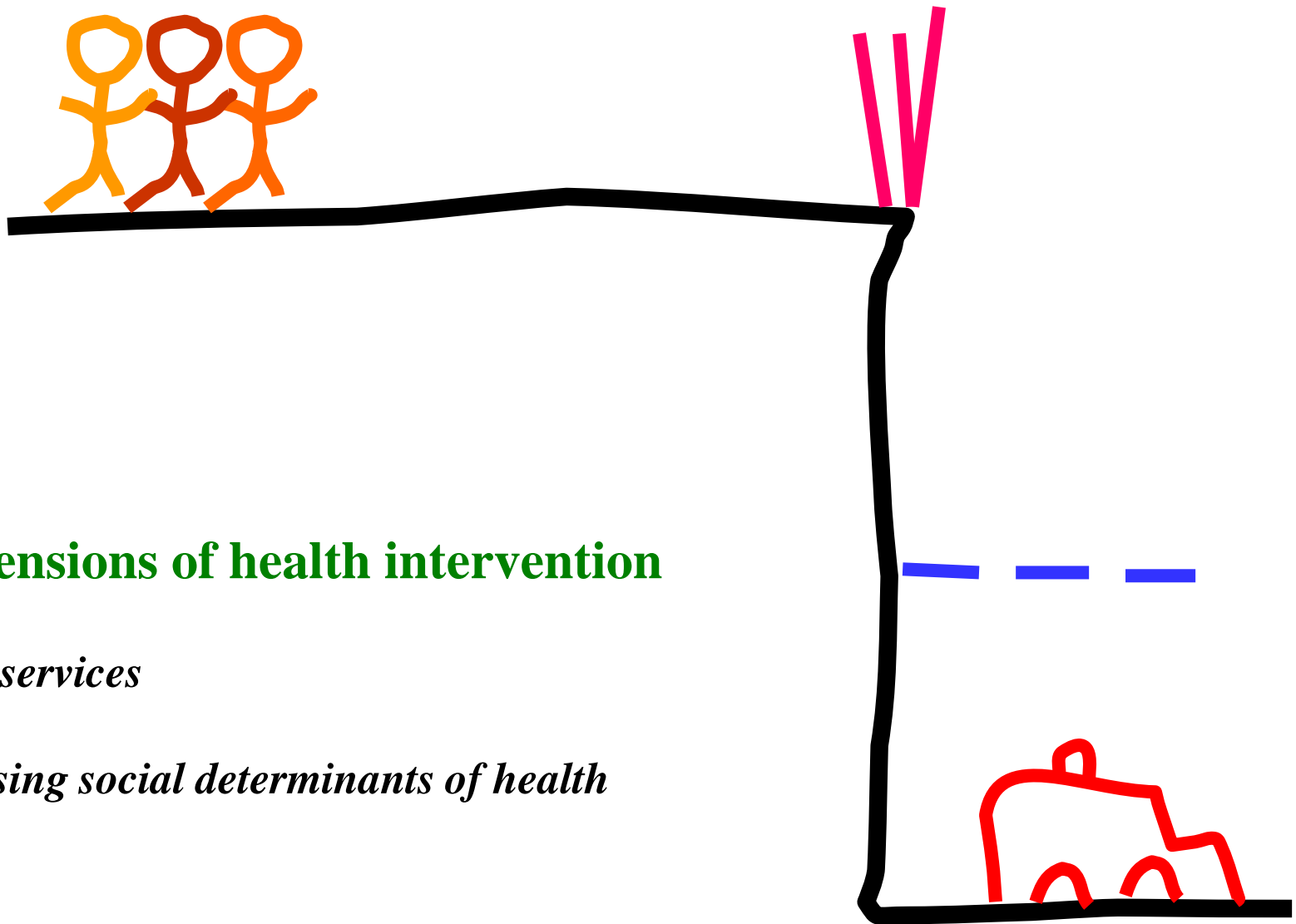
Why are there differences  
in who is found  
at different parts of the cliff?

## 3 dimensions of health intervention

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*Health services*

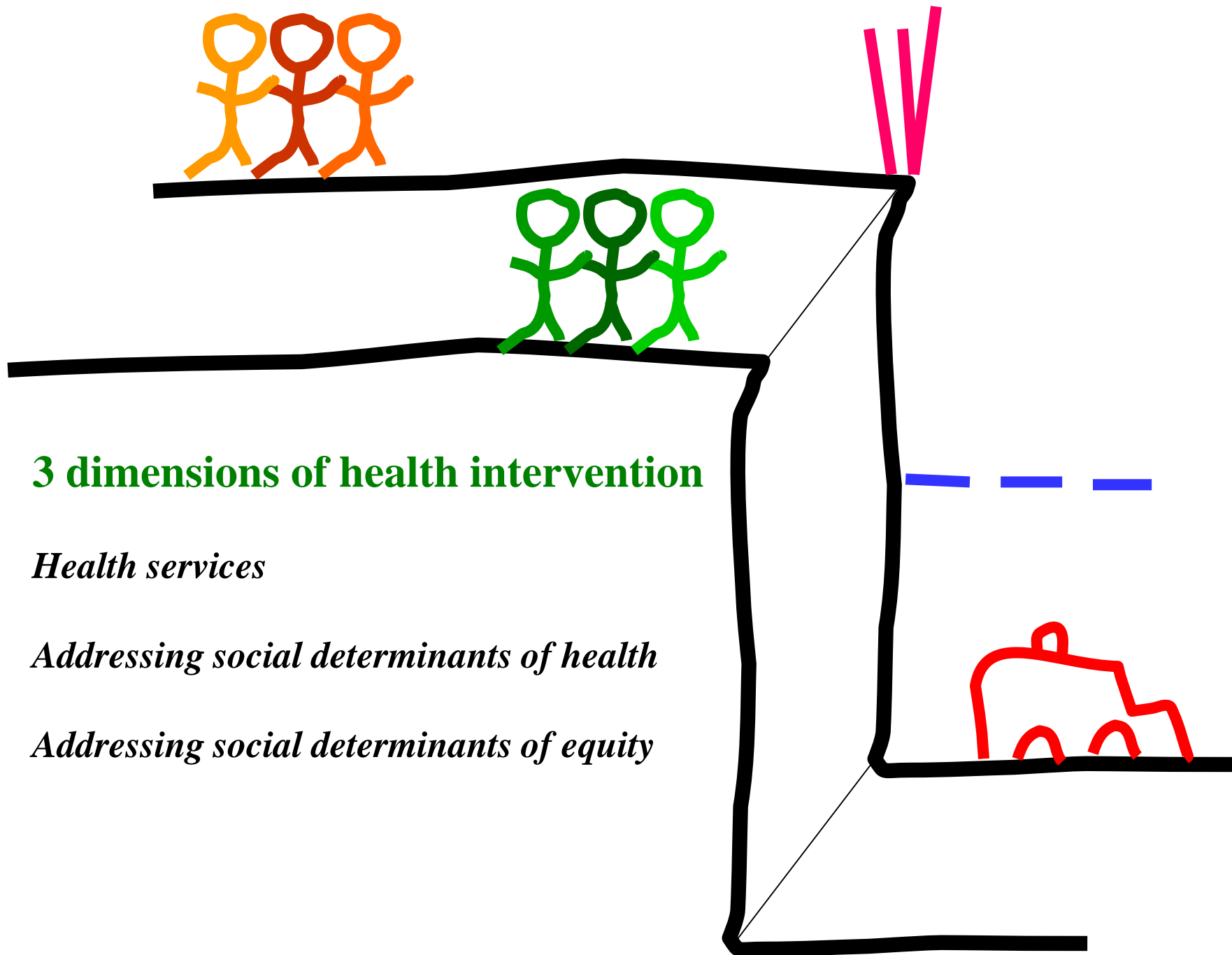


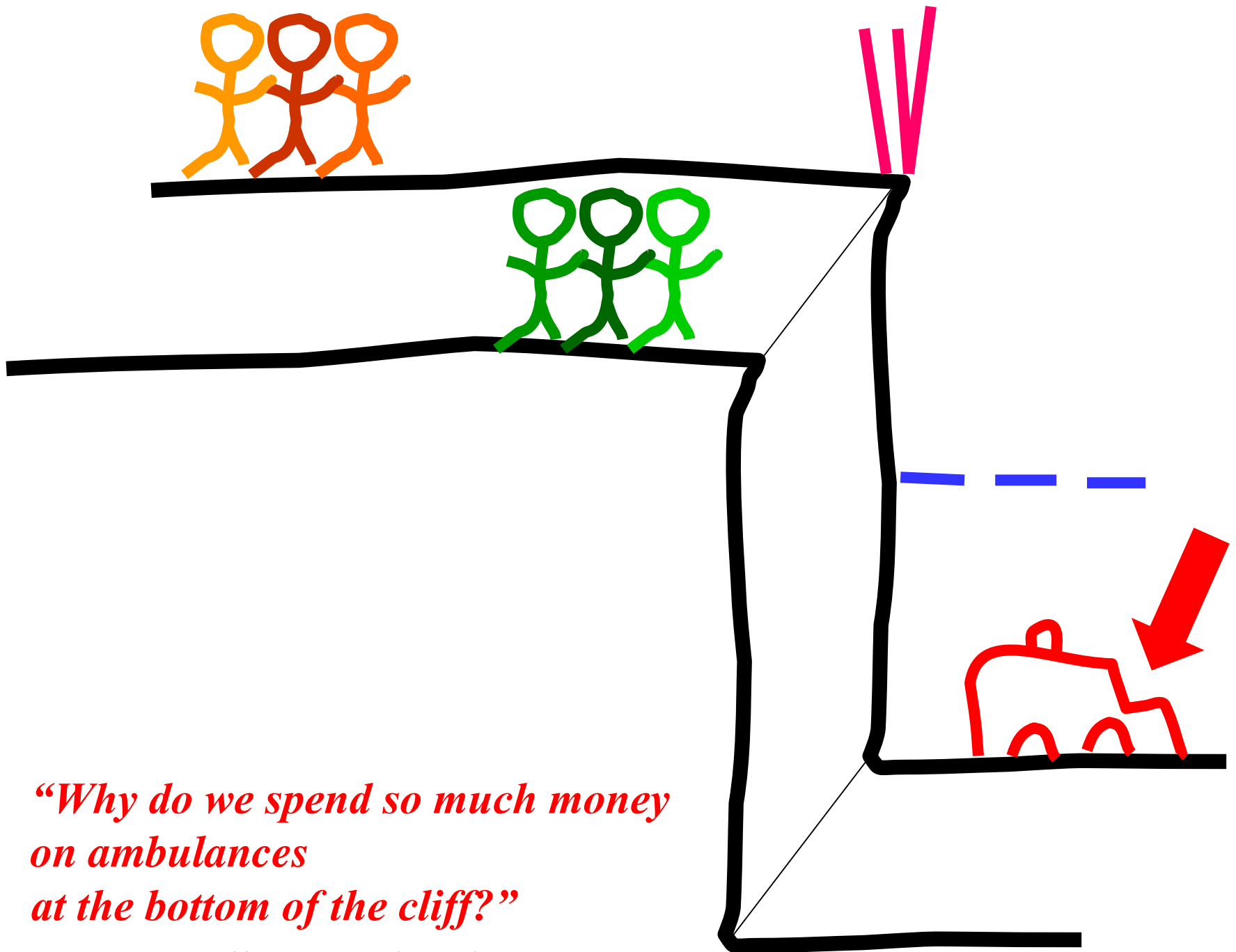


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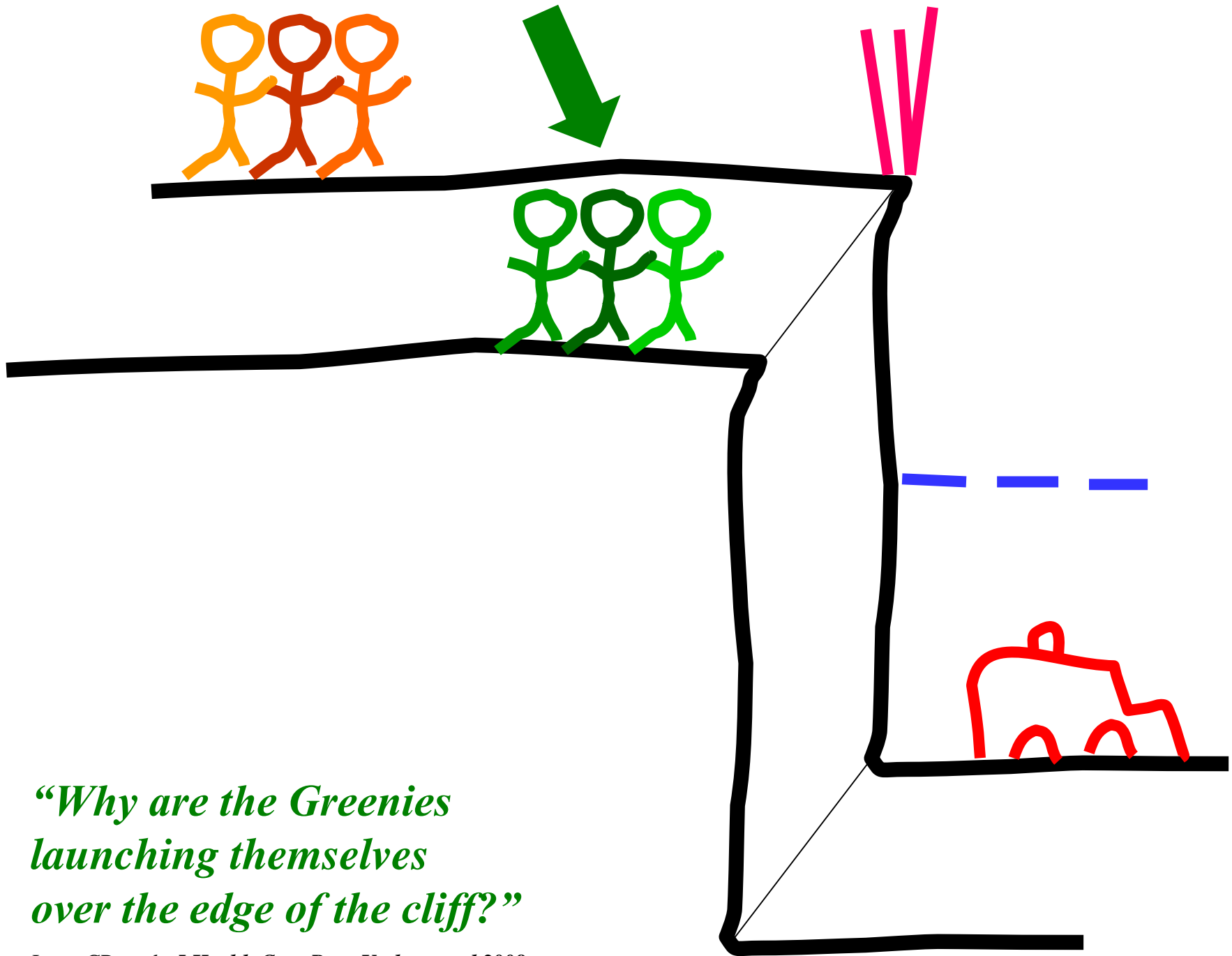
*Health services*

*Addressing social determinants of health*

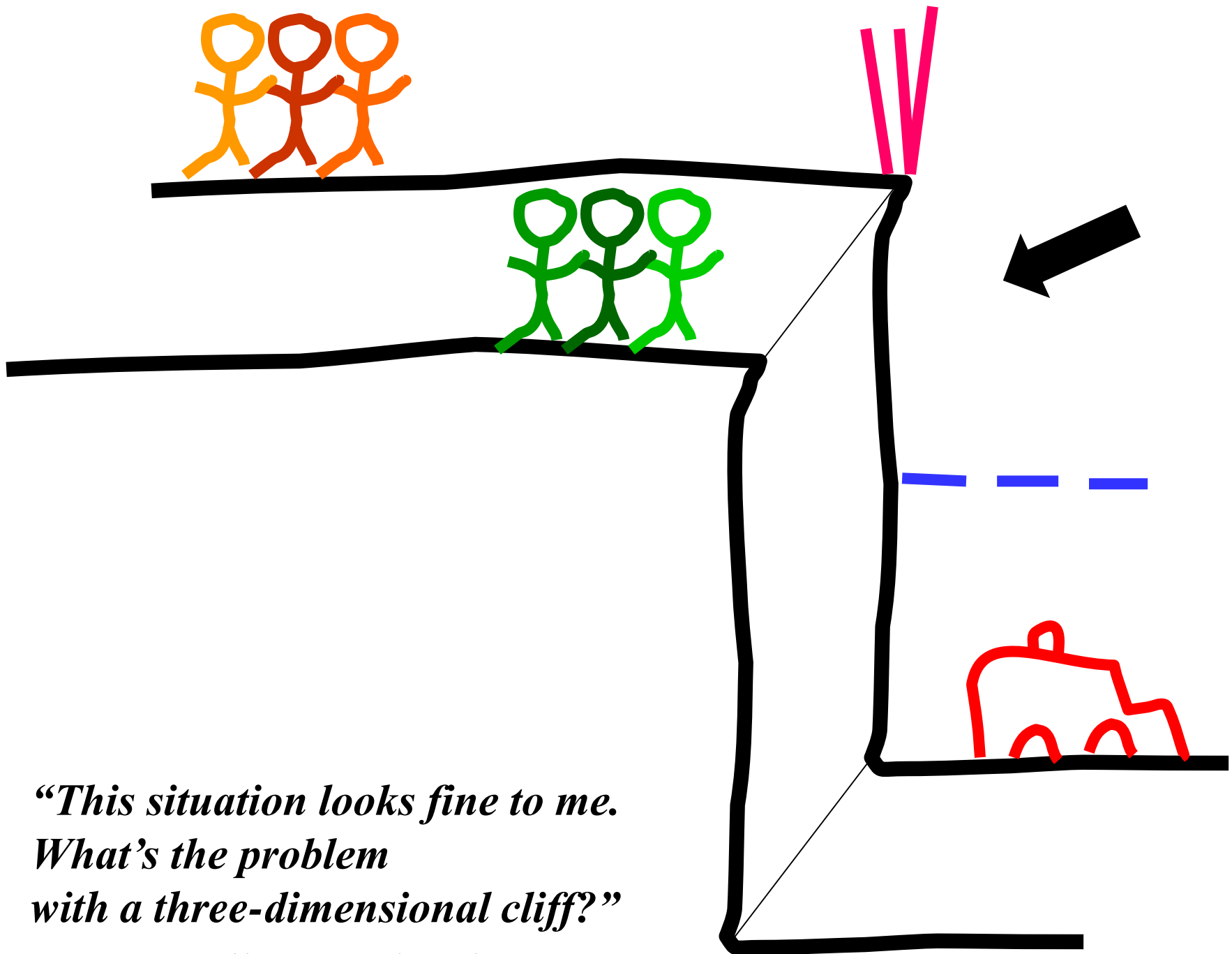




*“Why do we spend so much money  
on ambulances  
at the bottom of the cliff?”*



*“Why are the Greenies  
launching themselves  
over the edge of the cliff?”*

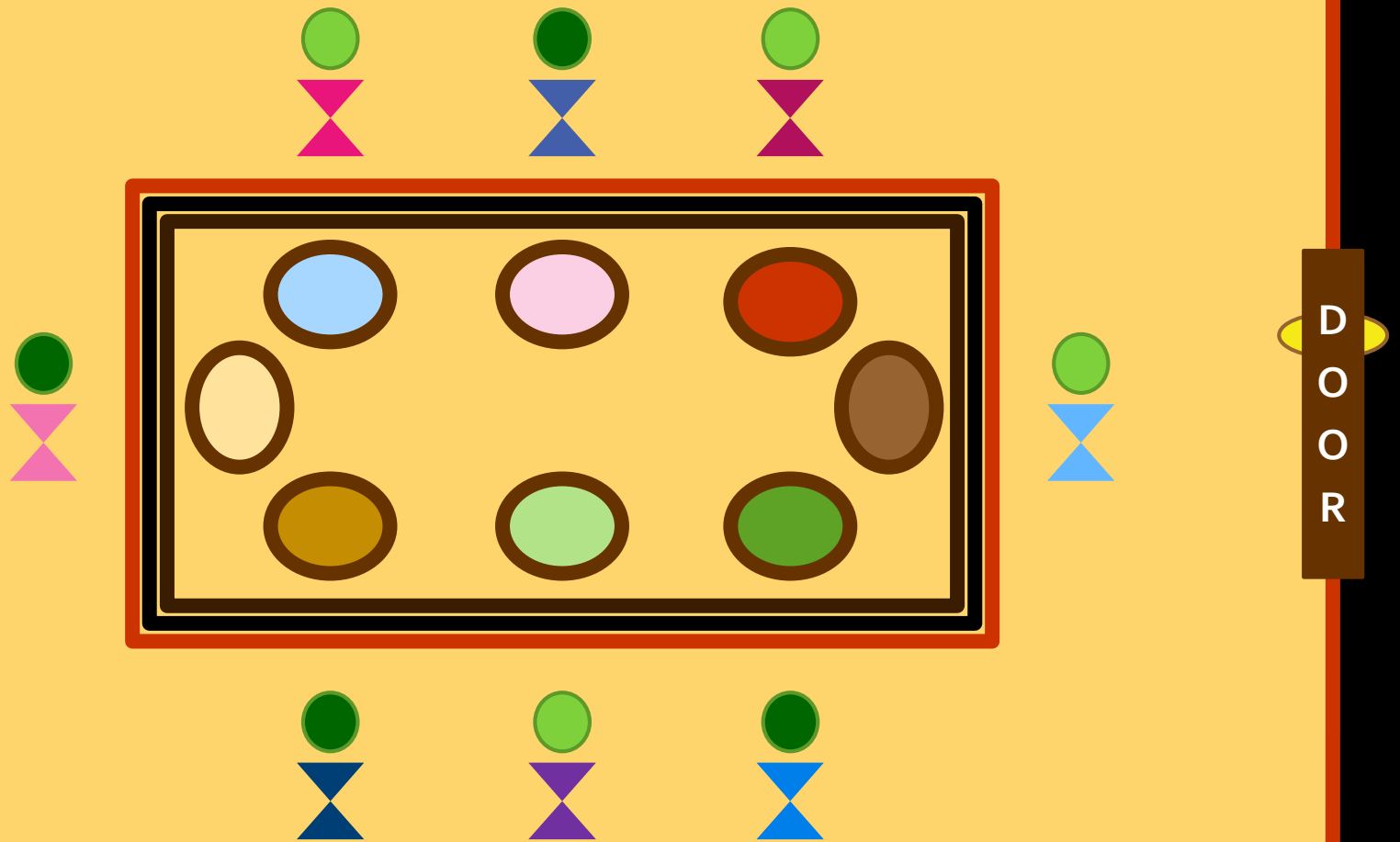


*“This situation looks fine to me.  
What’s the problem  
with a three-dimensional cliff?”*



# Dual Reality: A restaurant saga





I looked up and noticed a sign . . .

**OPEN**

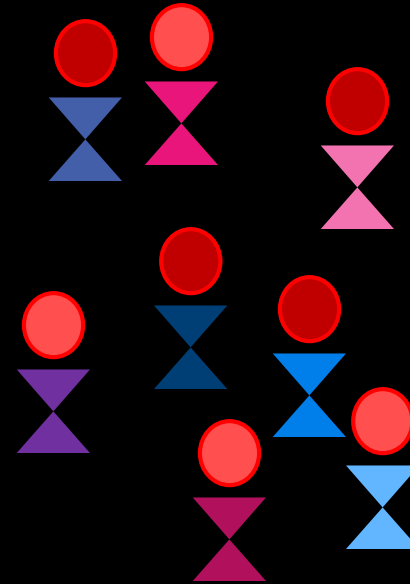
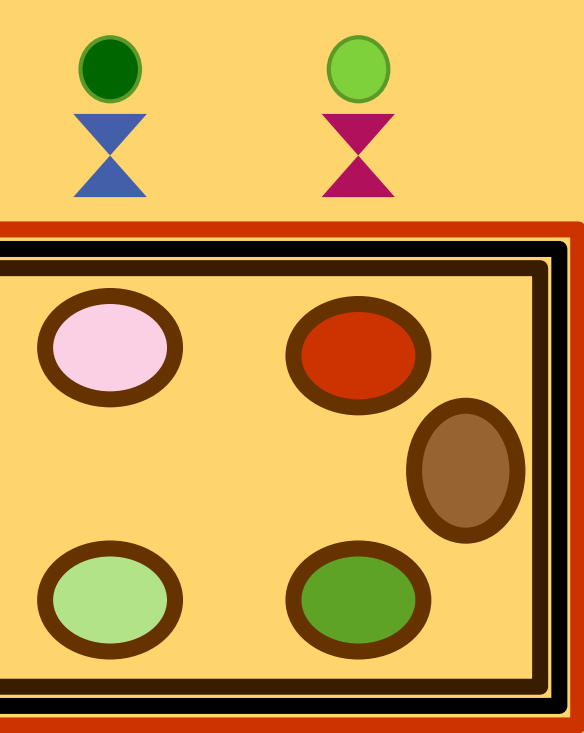




**CLOSED**

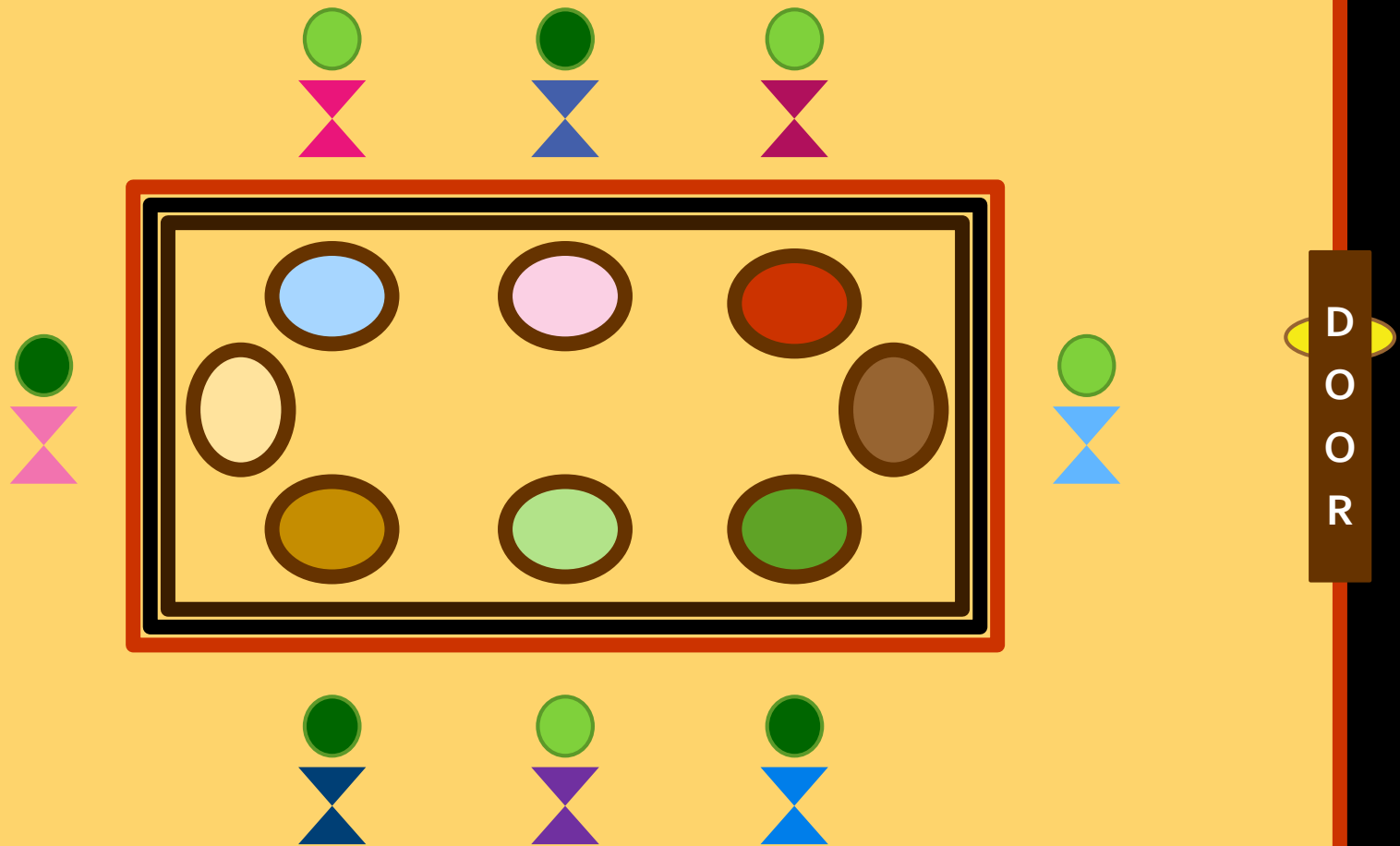


Racism structures “Open/Closed”  
signs in our society.



It is difficult  
to recognize  
a system of inequity  
that privileges us.

Those on the outside  
are very aware of the  
two-sided nature  
of the sign.



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.

# What is racism?

**A system**

# **What is racism?**

**A system of structuring opportunity and assigning value**



## **What is racism?**

**A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”)**

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# What is racism?

**A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that**

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- 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**

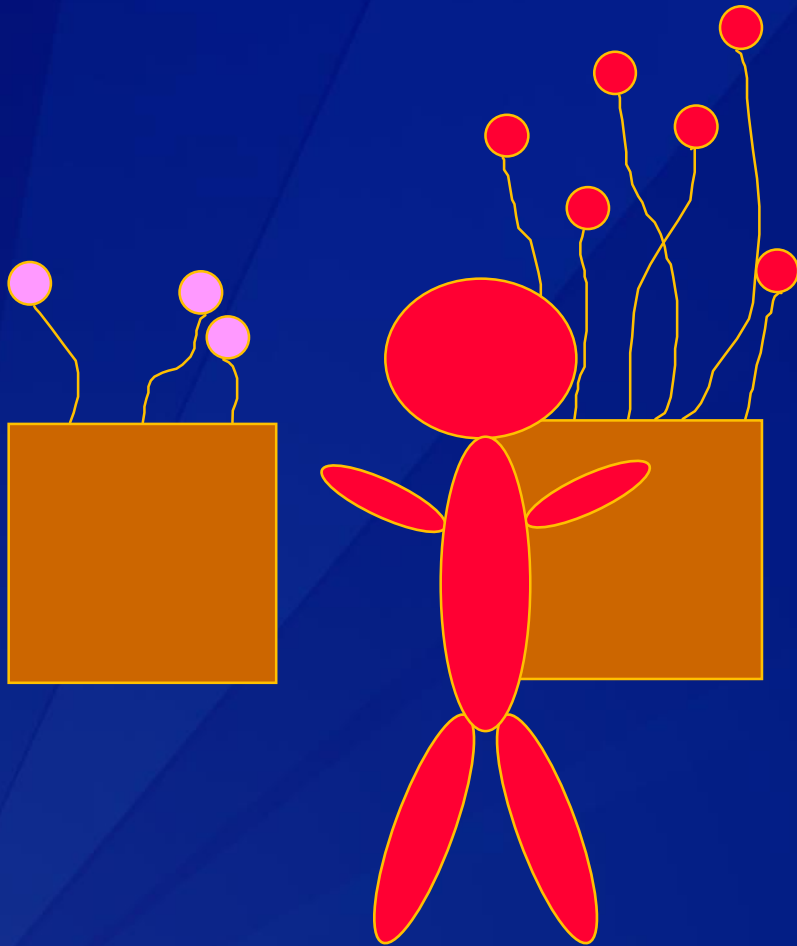
- ❑ **Acceptance by the stigmatized “races” of negative messages about our own abilities and intrinsic worth**
- ❑ **Examples**
  - Self-devaluation
  - “White man’s ice is colder” syndrome
  - Resignation, helplessness, hopelessness
- ❑ **Accepting limitations to our full humanity**



# Levels of Racism: A Gardener's Tale

Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Public Health* 2000;**90**(8):1212-1215.

# 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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**“How is racism operating here?”**  
**Police killings of unarmed Black men**



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## **Police killings of unarmed Black men**

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- **Norms:** Blue Code of Silence

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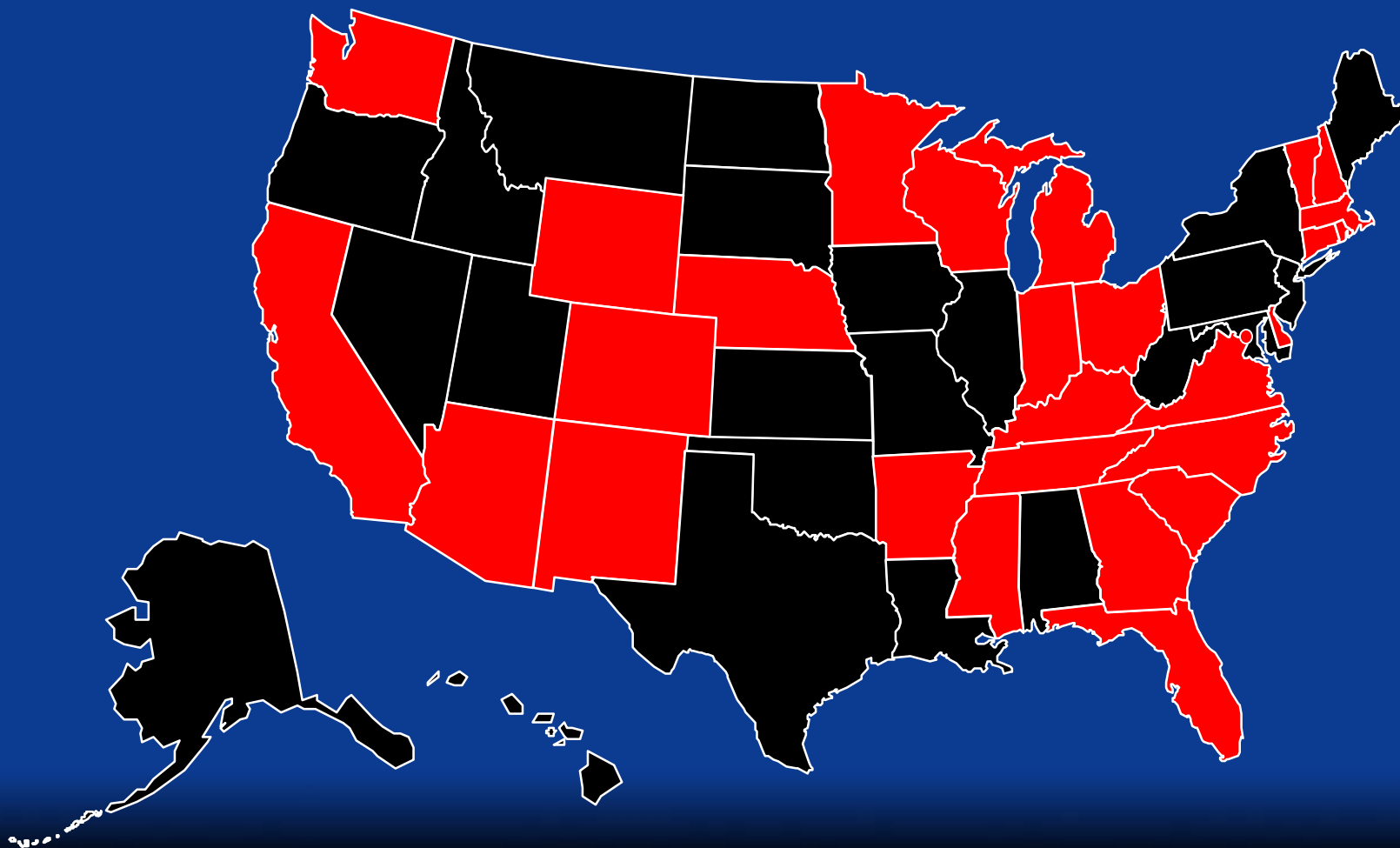
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- **Practices:** Over-policing of communities of color
- **Norms:** Blue Code of Silence
- **Values:** View of Black men as inherently threatening

## **“Reactions to Race” module**

- ❑ **Six-question optional module on the Behavioral Risk Factor Surveillance System since 2002**
  - “How do other people usually classify you in this country?”
  - “How often do you think about your race?”
  - Perceptions of differential treatment at work or when seeking health care
  - Reports of physical symptoms or emotional upset as a result of “race”-based treatment

# Jurisdictions using the “Reactions to Race” module 2002 to 2014 BRFSS



Arizona, Arkansas, California, Colorado, [Connecticut](#), Delaware, District of Columbia, Florida, Georgia, Indiana, Kentucky, [Massachusetts](#), Michigan, Minnesota, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, Ohio, Rhode Island, South Carolina, [Tennessee](#), [Vermont](#), Virginia, [Washington](#), Wisconsin, Wyoming, Palau

[illegible]



[illegible]

## **Socially-assigned “race”**

**□ How do other people usually classify you in this country? Would you say:**

- White
- Black or African-American
- Hispanic or Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Some other group

## **Socially-assigned “race”**

- ❑ **On-the-street “race”** quickly and routinely assigned without benefit of queries about self-identification, ancestry, culture, or genetic endowment
- ❑ **Ad hoc racial classification**, an influential basis for interactions between individuals and institutions for centuries
- ❑ **Substrate upon which racism operates**

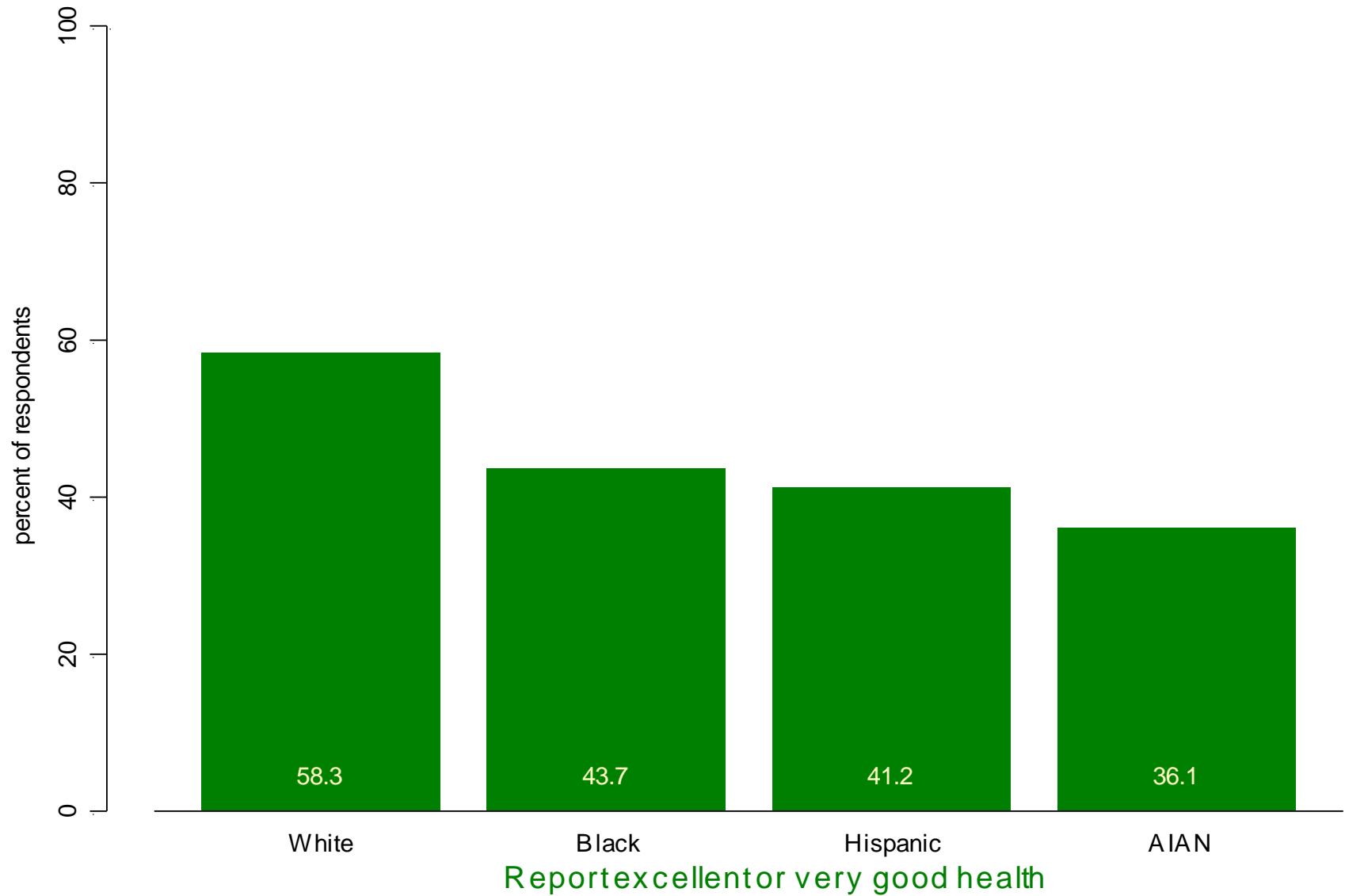
Jones CP, Truman BI, Elam-Evans LD, Jones CA, Jones CY, Jiles R, Rumisha SF, Perry GS. Using “socially assigned race” to probe White advantages in health status. **Ethn Dis** 2008;18(4):496-504.

## General health status

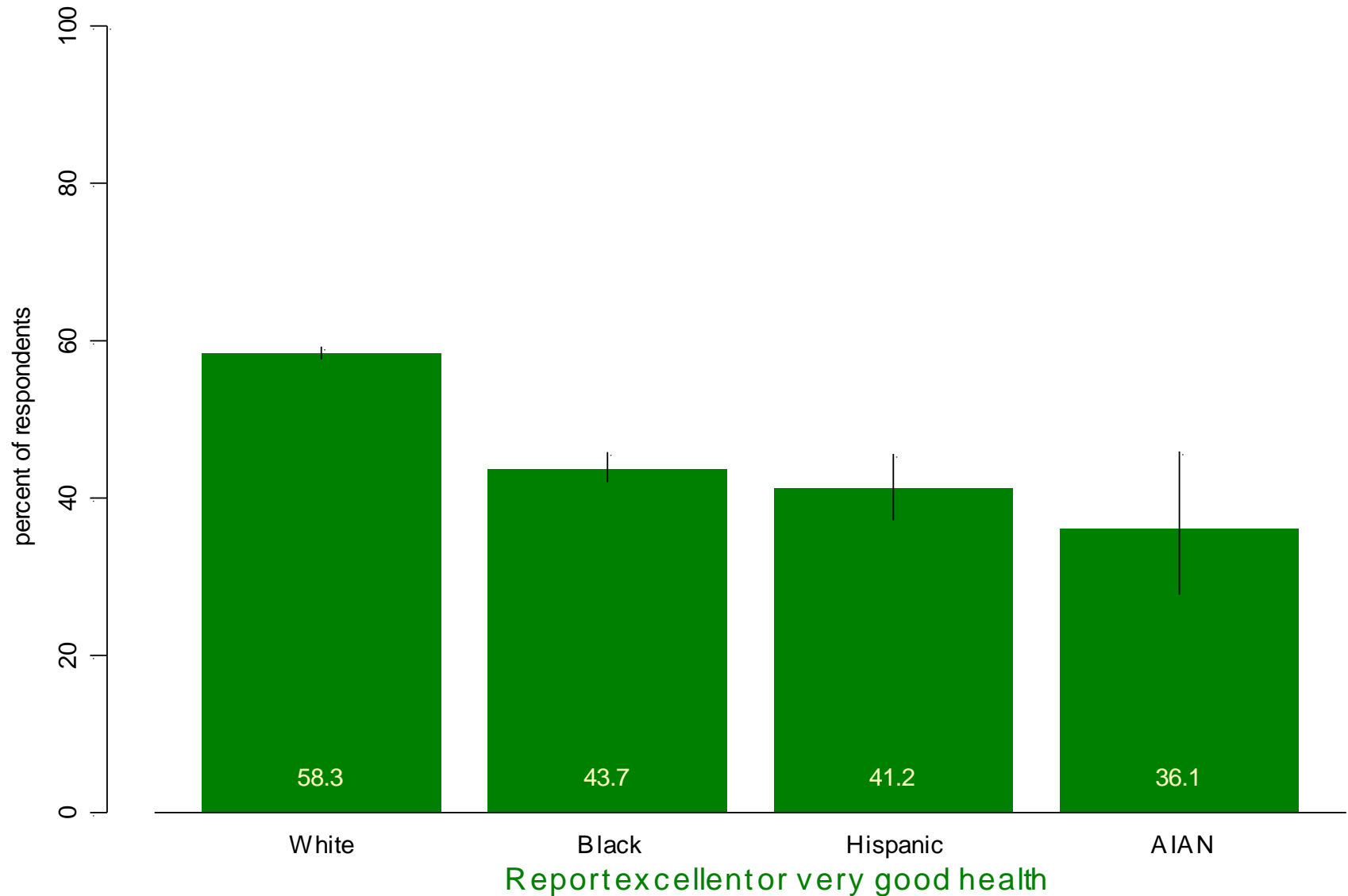
□ **Would you say that in general your health is:**

- Excellent
- Very good
- Good
- Fair
- Poor

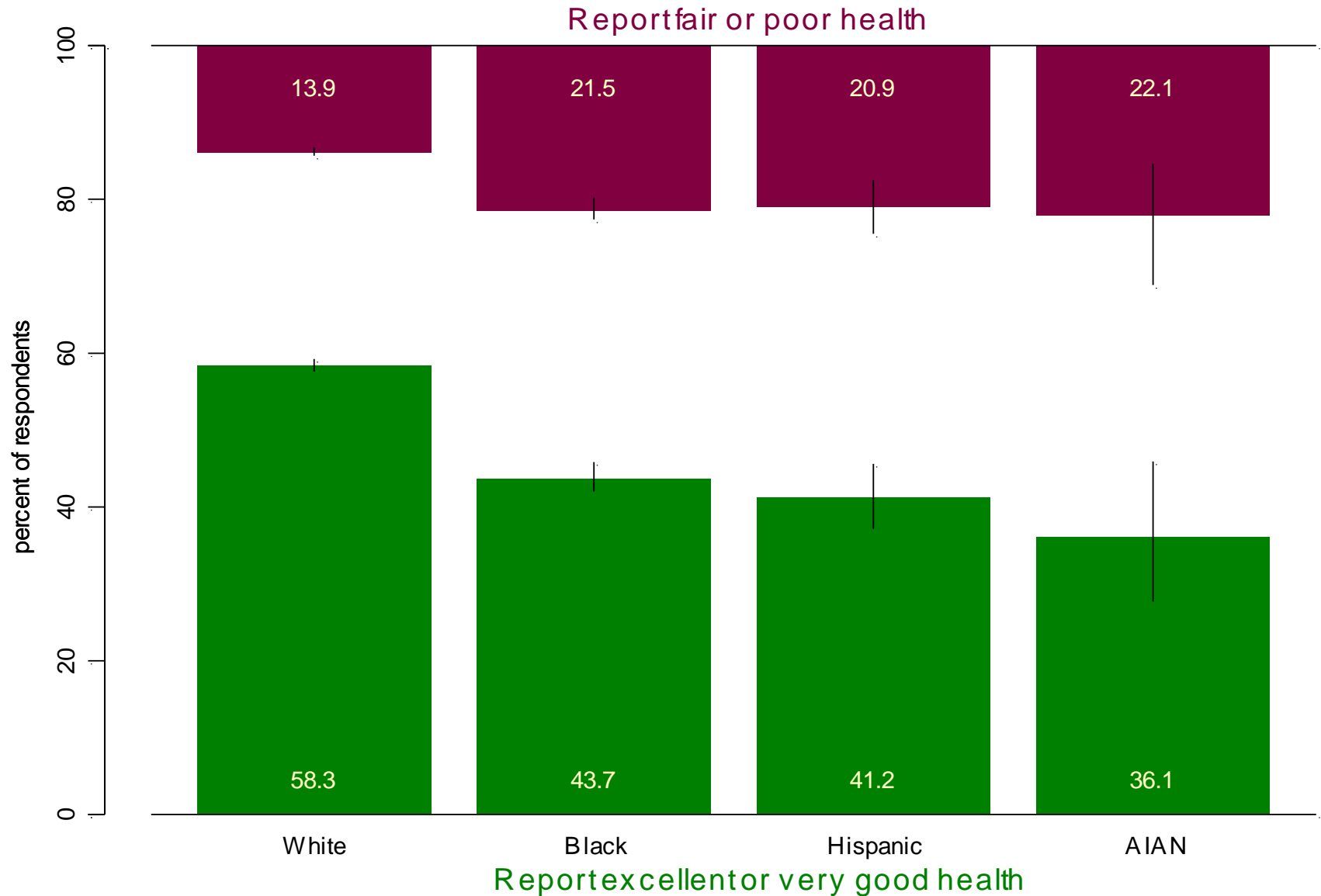
# General health status by socially-assigned "race", 2004 BRFSS



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## General health status and “race”

- Being perceived as *White* is associated with better health



## Self-identified ethnicity

☐ Are you Hispanic or Latino?

- Yes
- No

## Self-identified “race”

- ❑ **Which one or more of the following would you say is your race?**
  - White
  - Black or African-American
  - Asian
  - Native Hawaiian or Other Pacific Islander
  - American Indian or Alaska Native
  - Other

## Self-identified “race”/ethnicity

### ❑ **Hispanic**

- “Yes” to Hispanic/Latino ethnicity question
- Any response to race question

### ❑ **White**

- “No” to Hispanic/Latino ethnicity question
- Only one response to race question, “White”

### ❑ **Black**

- “No” to Hispanic/Latino ethnicity question
- Only one response to race question, “Black”

### ❑ **American Indian/Alaska Native**

- “No” to Hispanic/Latino ethnicity question
- Only one response to race question, “AI/AN”

# Two measures of “race”

How usually classified by others

White

Black

Hispanic

AIAN

...

How self-identify

White 26,373	<b>98.4</b>	0.1	0.3	0.1	1.1
Black 5,246	0.4	<b>96.3</b>	0.8	0.3	2.2

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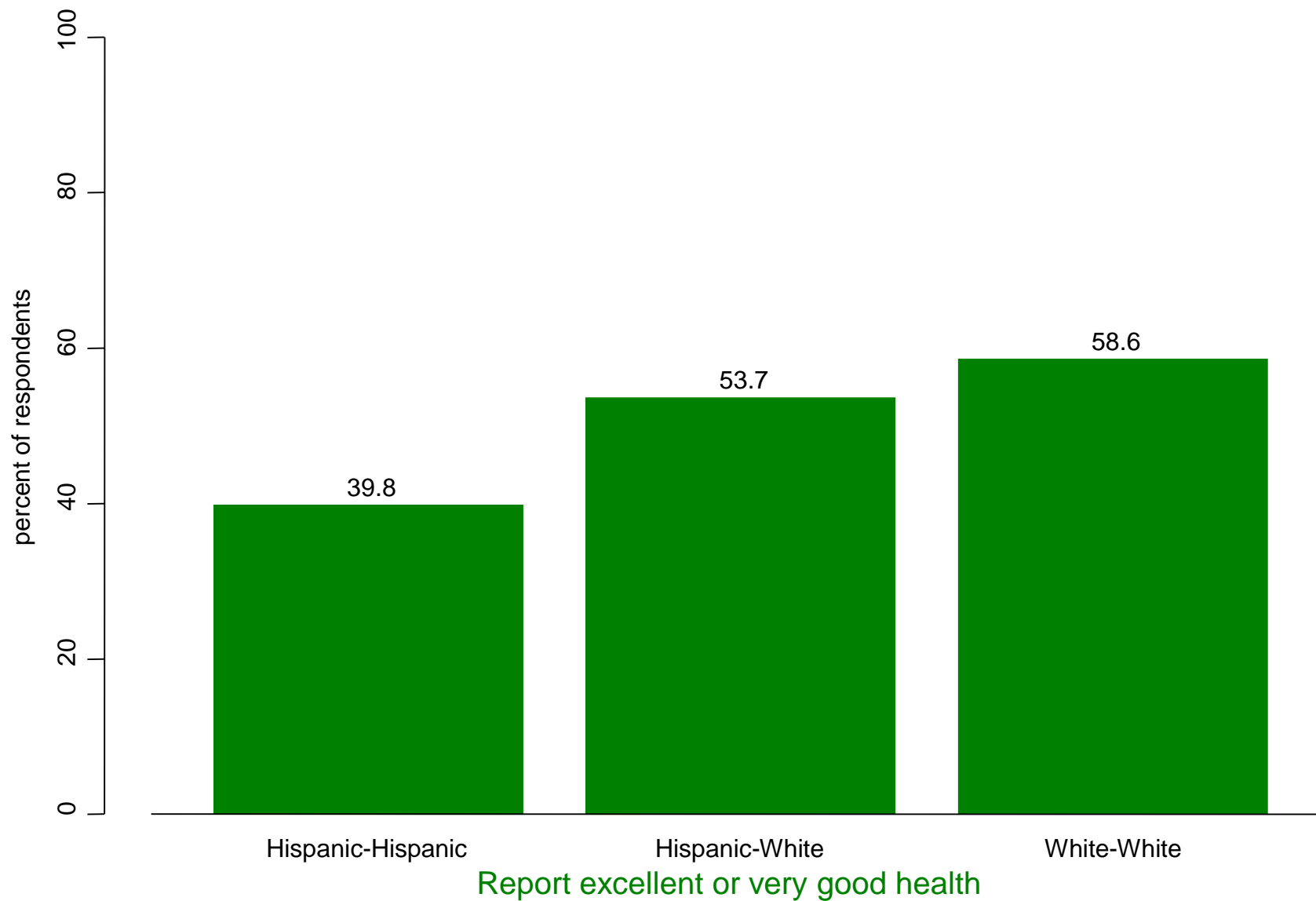
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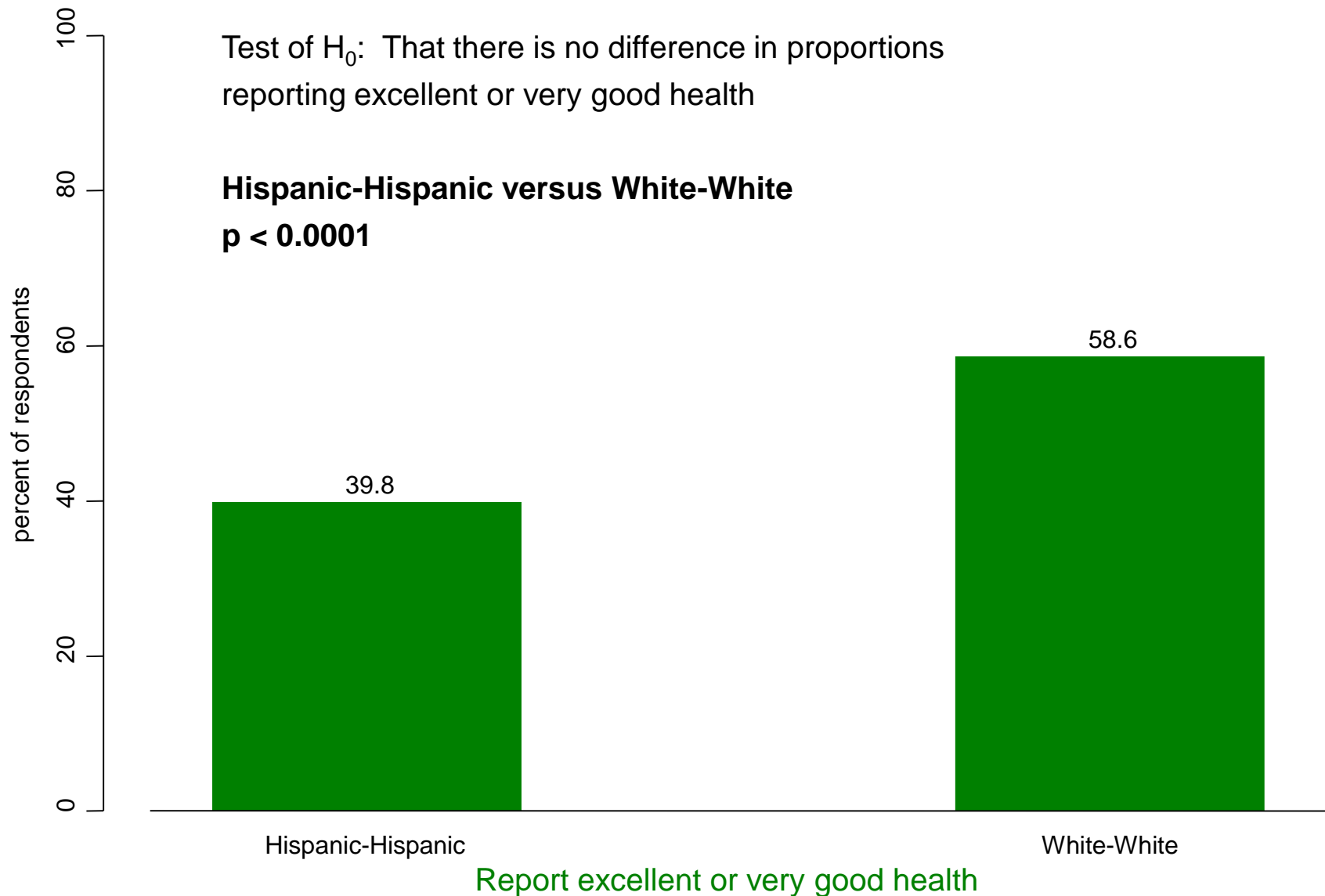
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General health status, by self-identified and socially-assigned "race", 2004

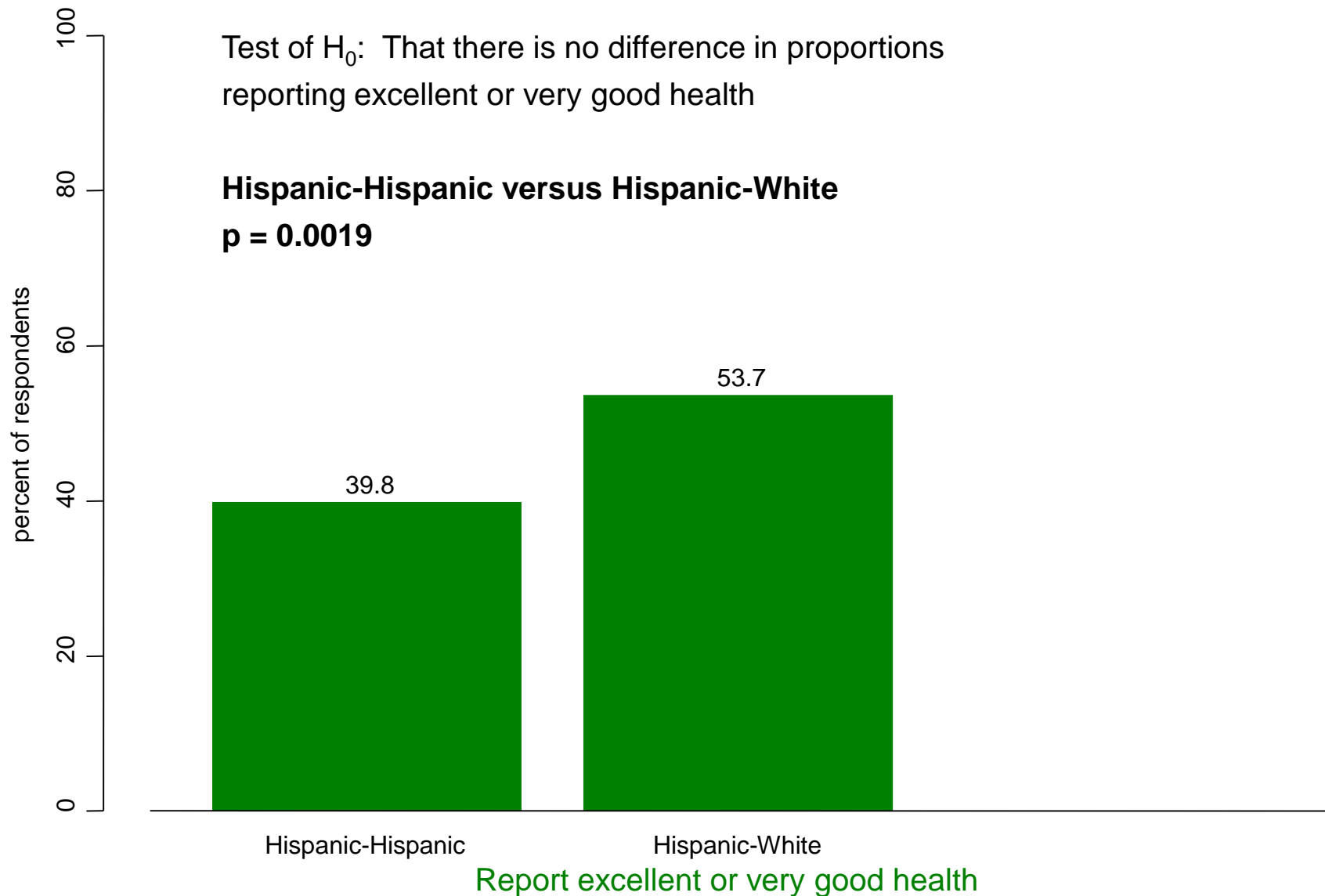


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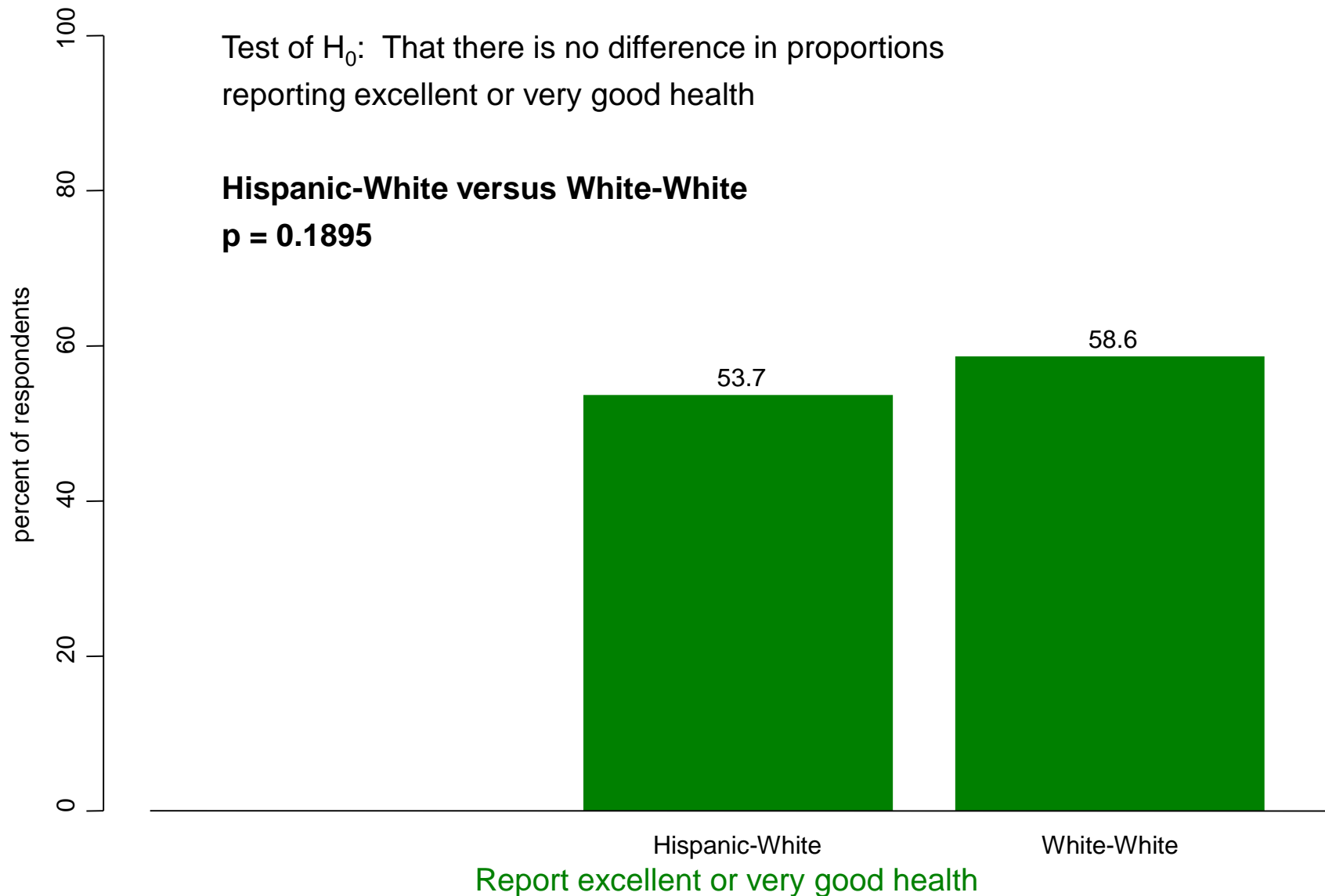




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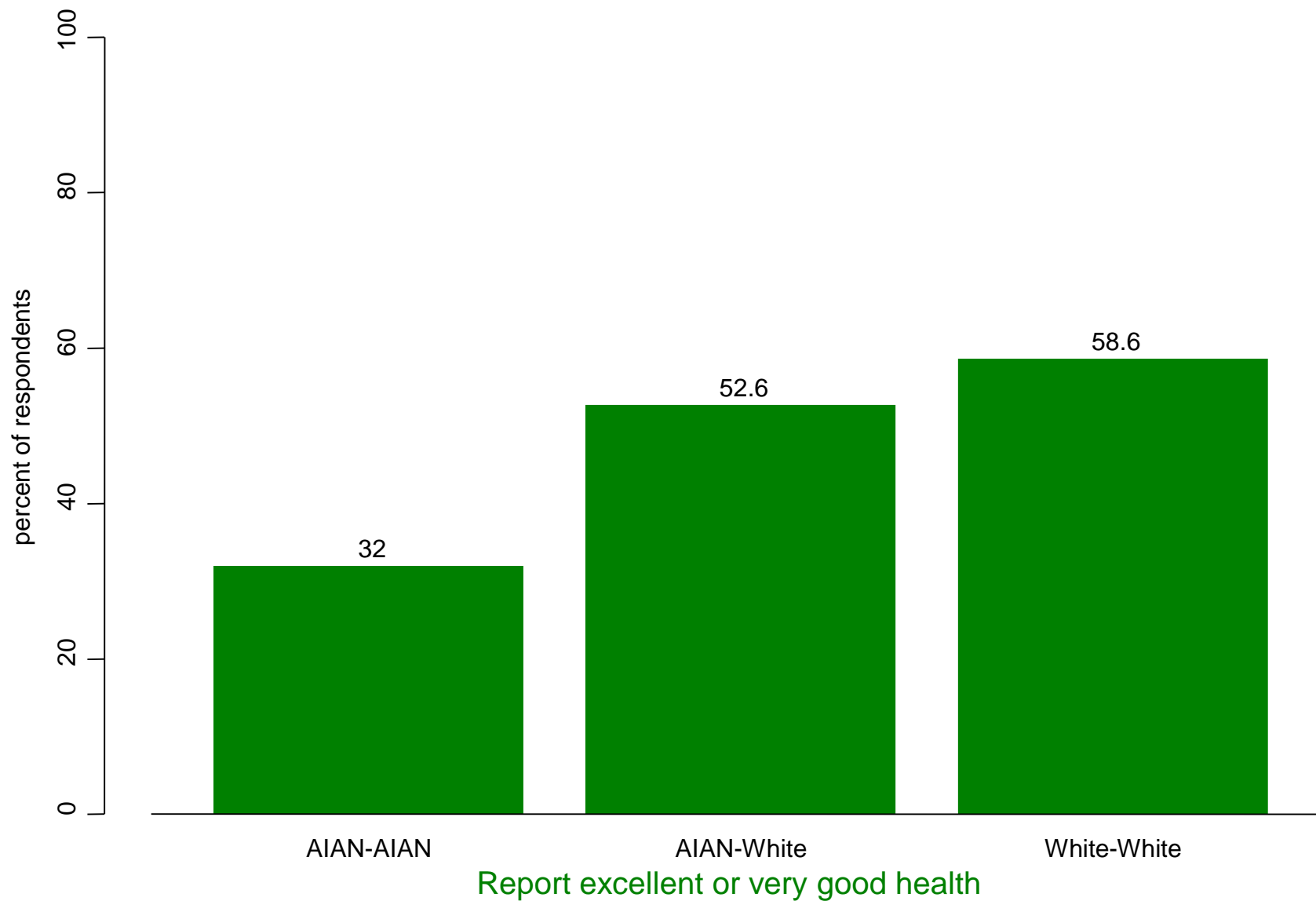
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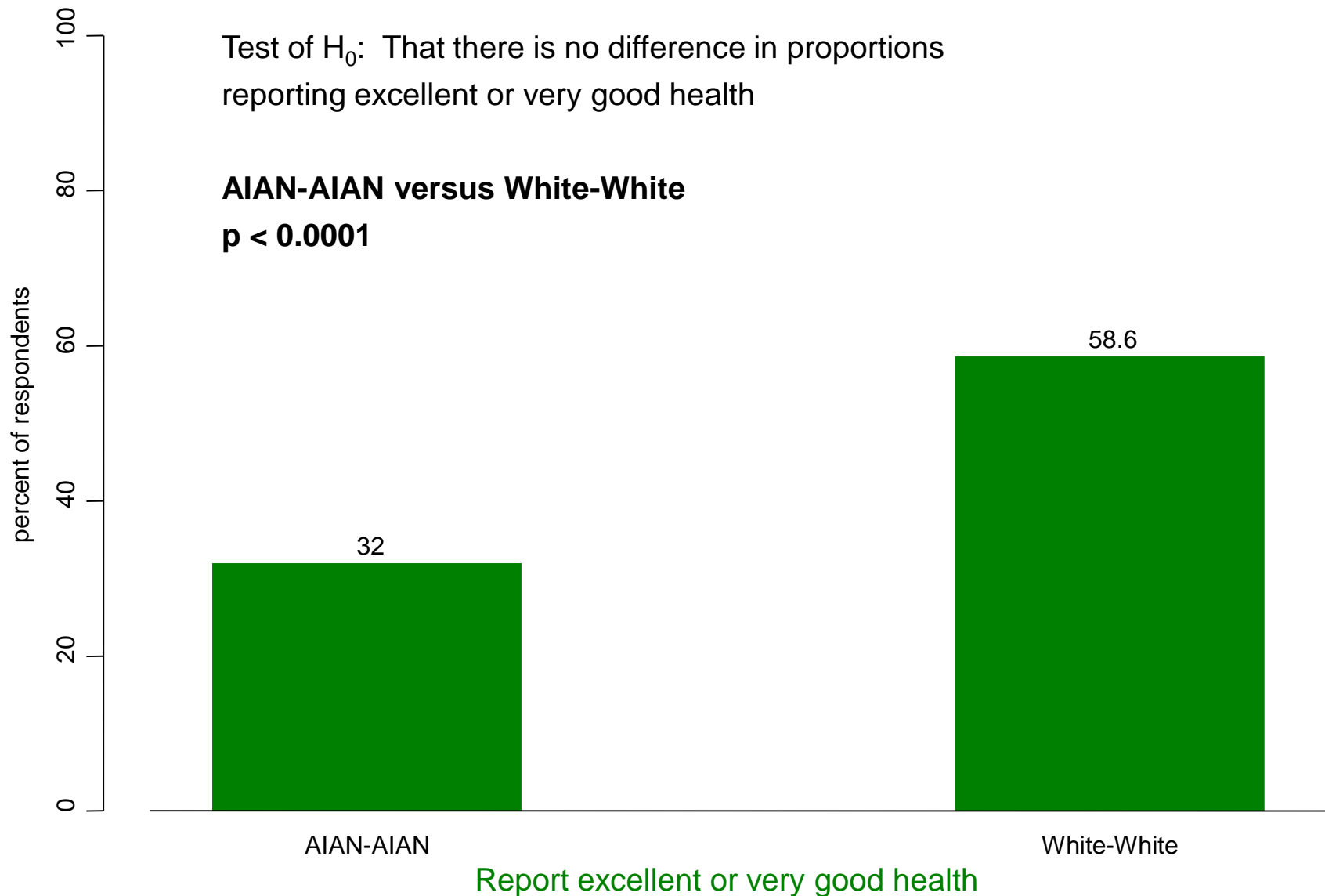
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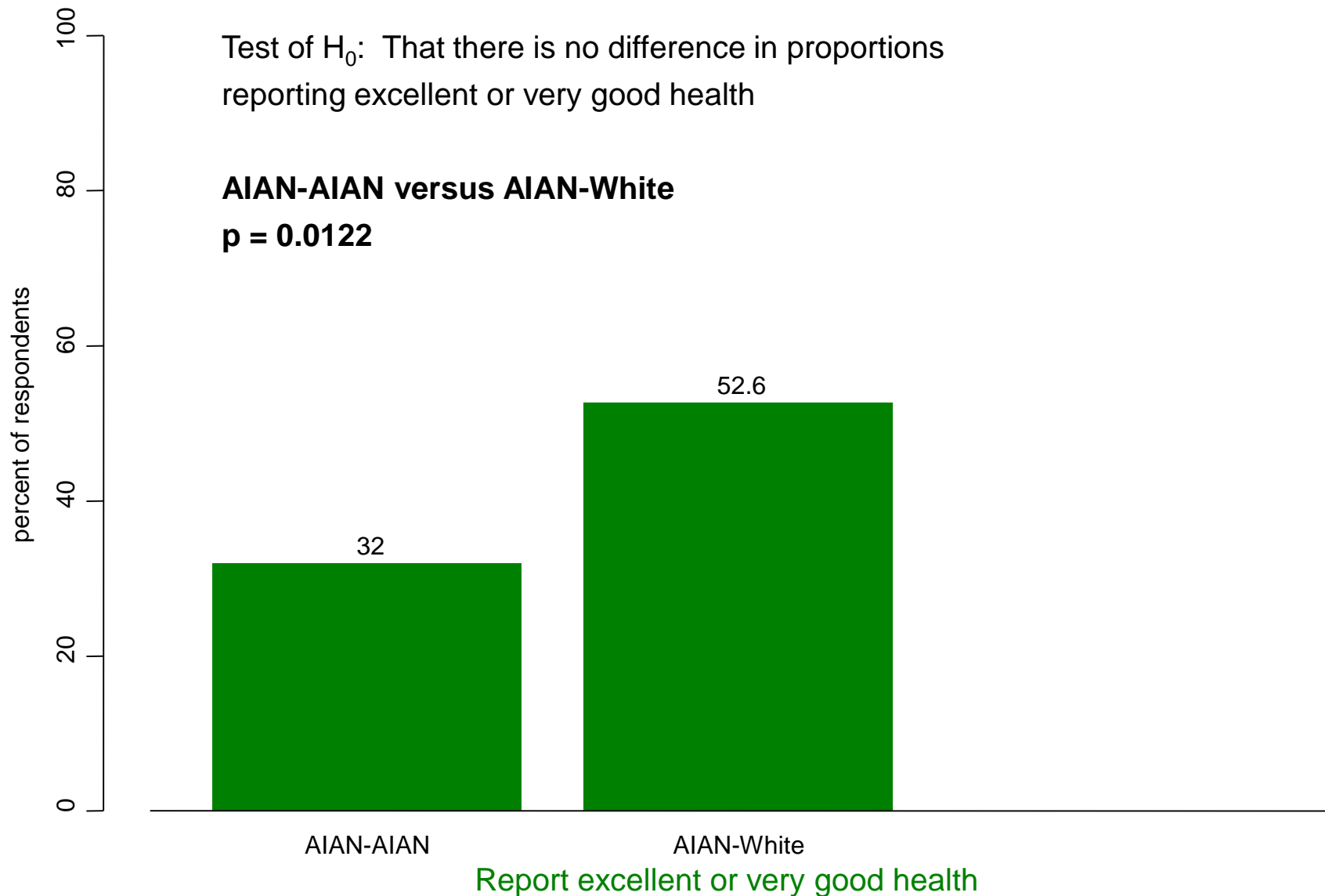
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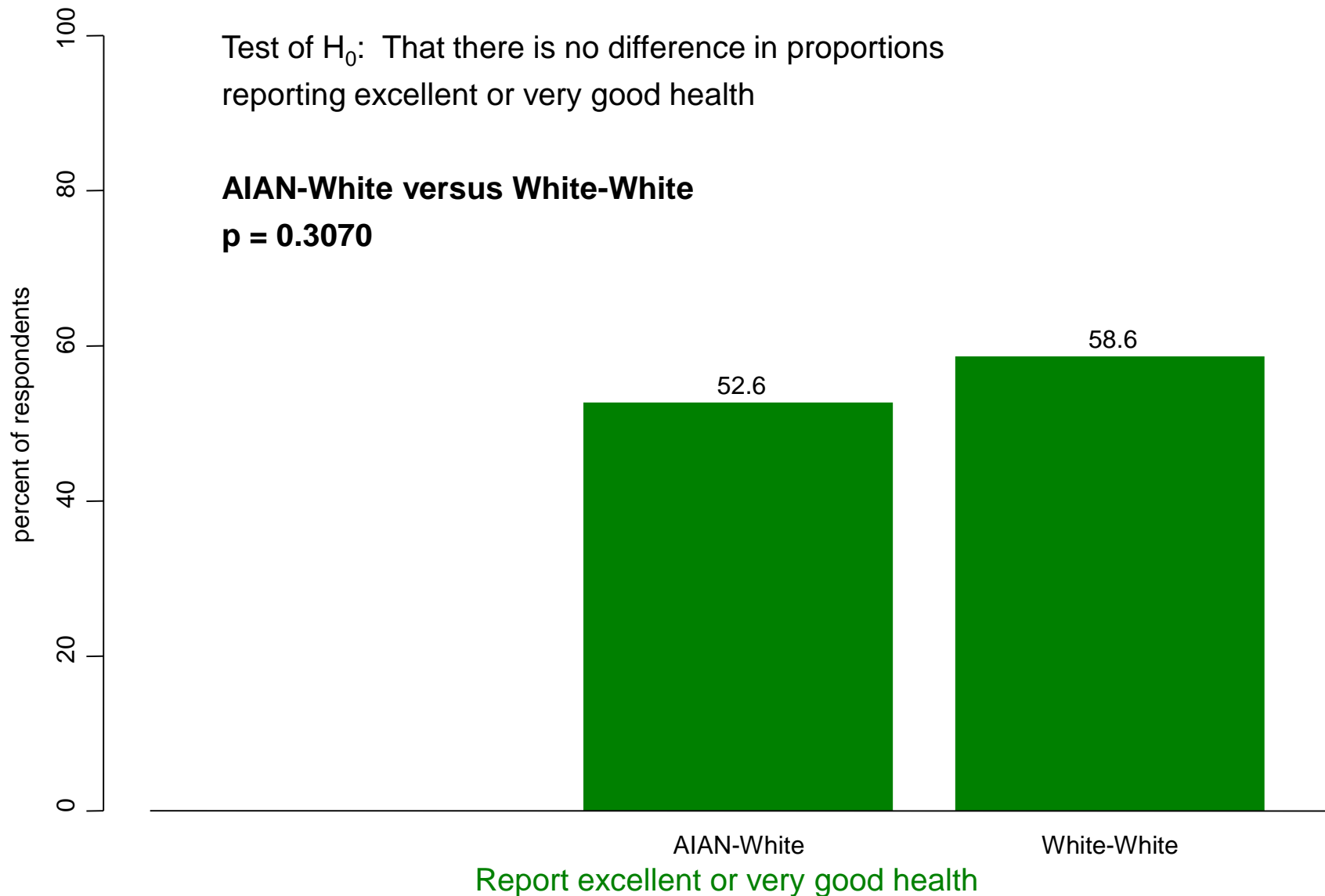
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## General health status and “race”

- **Being perceived as *White* is associated with better health**
  - Even within non-*White* self-identified “race”/ethnic groups

## General health status and “race”

- ❑ **Being perceived as *White* is associated with better health**
  - Even within non-*White* self-identified “race”/ethnic groups
  - Even within the same educational level

## General health status and “race”

- ❑ **Being perceived as *White* is associated with better health**
  - Even within non-*White* self-identified “race”/ethnic groups
  - Even within the same educational level
  
- ❑ **Being perceived as *White* is associated with higher education**

## Key questions

- ❑ **Why is socially-assigned “race” associated with self-rated general health status?**
  - Even within non-*White* self-identified “race”/ethnic groups
  - Even within the same educational level
  
- ❑ **Why is socially-assigned “race” associated with educational level?**

# Racism

**A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that**

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22.

Jones CP, Truman BI, Elam-Evans LD, Jones CA, Jones CY, Jiles R, Rumisha SF, Perry GS. Using “socially assigned race” to probe *White* advantages in health status. *Ethn Dis* 2008;18(4):496-504.

## **What is *[inequity]* ?**

**A system of structuring opportunity and assigning value based on *[fill in the blank]***



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- ❑ **“Race”**
- ❑ **Gender**
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**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**

# Operationalizing health equity

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

- Make long-term investments in communities
- Address the contexts of people’s lives (the social determinants of health)
- Address the factors determining the range and distribution of those contexts (the social determinants of equity)
  - Structures
  - Policies
  - Practices
  - Norms
  - Values



# Operationalizing health equity

## *Achieving health equity requires*

*Valuing all individuals and populations equally*

*Recognizing and rectifying historical injustices*

*Providing resources according to need*

- Bring unrepresented voices to the table by expanding Boards of Directors and creating strong Community Advisory Boards
- Research the history of each “problem” to be solved for insights into solutions
- Agree on metrics of need and be unafraid to make sustained “unbalanced” investments

# Operationalizing health equity

*Health disparities will be eliminated when health equity is achieved*

- Invest in opportunities
- Measure impacts on opportunities
- Patiently await impacts on outcomes in a generation

# **Barriers** to achieving health equity

## ❑ **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

## ❑ **A-historical culture**

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

## ❑ **Myth of meritocracy**

- Role of hard work
- Denial of racism
- Two babies: Equal potential or equal opportunity?

## Using black holes

### ❑ Look for evidence of two-sided signs

- Shine the bright light of inquiry
- Are there differences in outcomes?
- Are there differences in opportunities, exposures, resources, risks?

### ❑ See “the absence of”

- Who is NOT at the table?
- What is NOT on the agenda?
- What policies do NOT YET exist?
- What are we NOT doing?

### ❑ Reveal inaction in the face of need

## 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>**

- ❑ **US signed in 1966**
- ❑ **US ratified in 1994**

## **Current status**

- ❑ **3<sup>rd</sup> US report submitted to the UN Committee on the Elimination of Racial Discrimination (CERD) in 2013**  
**[http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CERD%2fC%2fUSA%2f7-9&Lang=en](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 85<sup>th</sup> session (13-14 Aug 2014)**

## ***CERD Concluding Observations***

- ❑ **14-page document (25 Sep 2014) available online**  
**[http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CERD%2fC%2fUSA%2fCO%2f7-9&Lang=en](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CERD%2fC%2fUSA%2fCO%2f7-9&Lang=en)**
- ❑ **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)

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- ❑ **Concerns and recommendations**
  - “The Committee recommends that the State party increase its efforts to raise public awareness and knowledge of the Convention throughout its territory” (para 32)
  - “The Committee recommends that the State party adopt a national action plan to combat structural racial discrimination” (para 25)



# **National Campaign Against Racism**

Name racism

Ask “How is racism operating here?”

Organize and strategize to act

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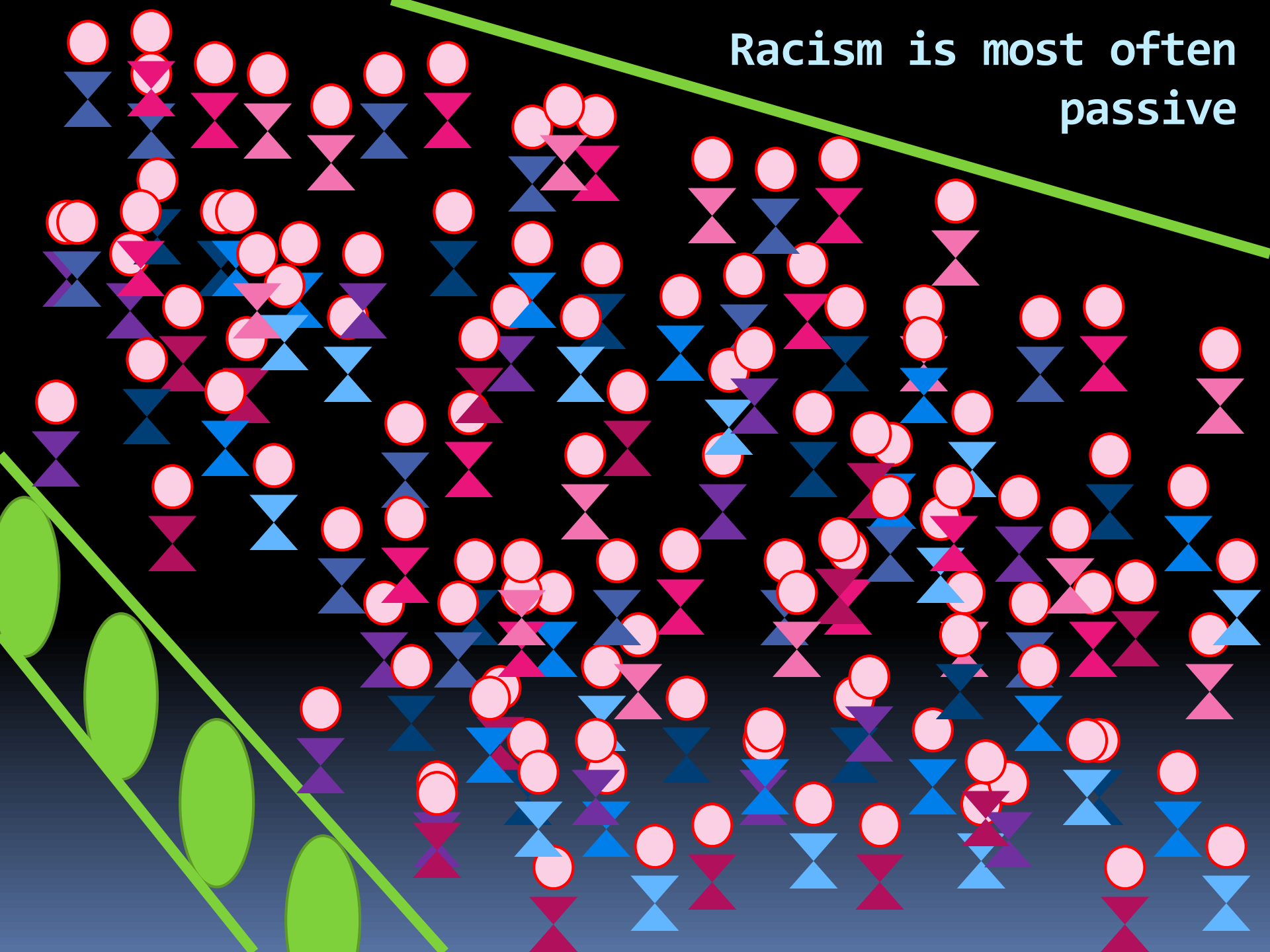
Ask “How is racism operating here?”

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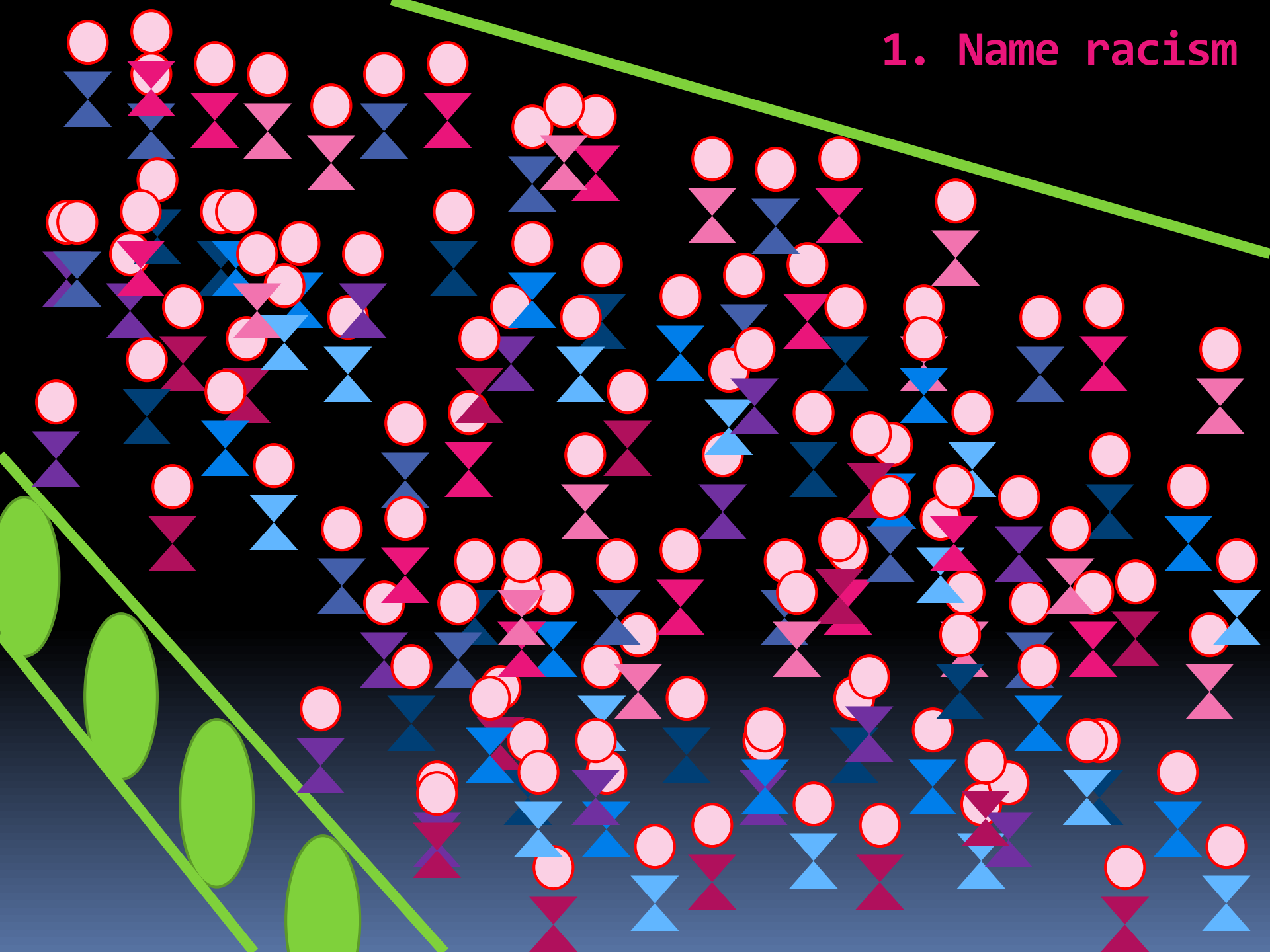


Life on a Conveyor Belt: Moving to action

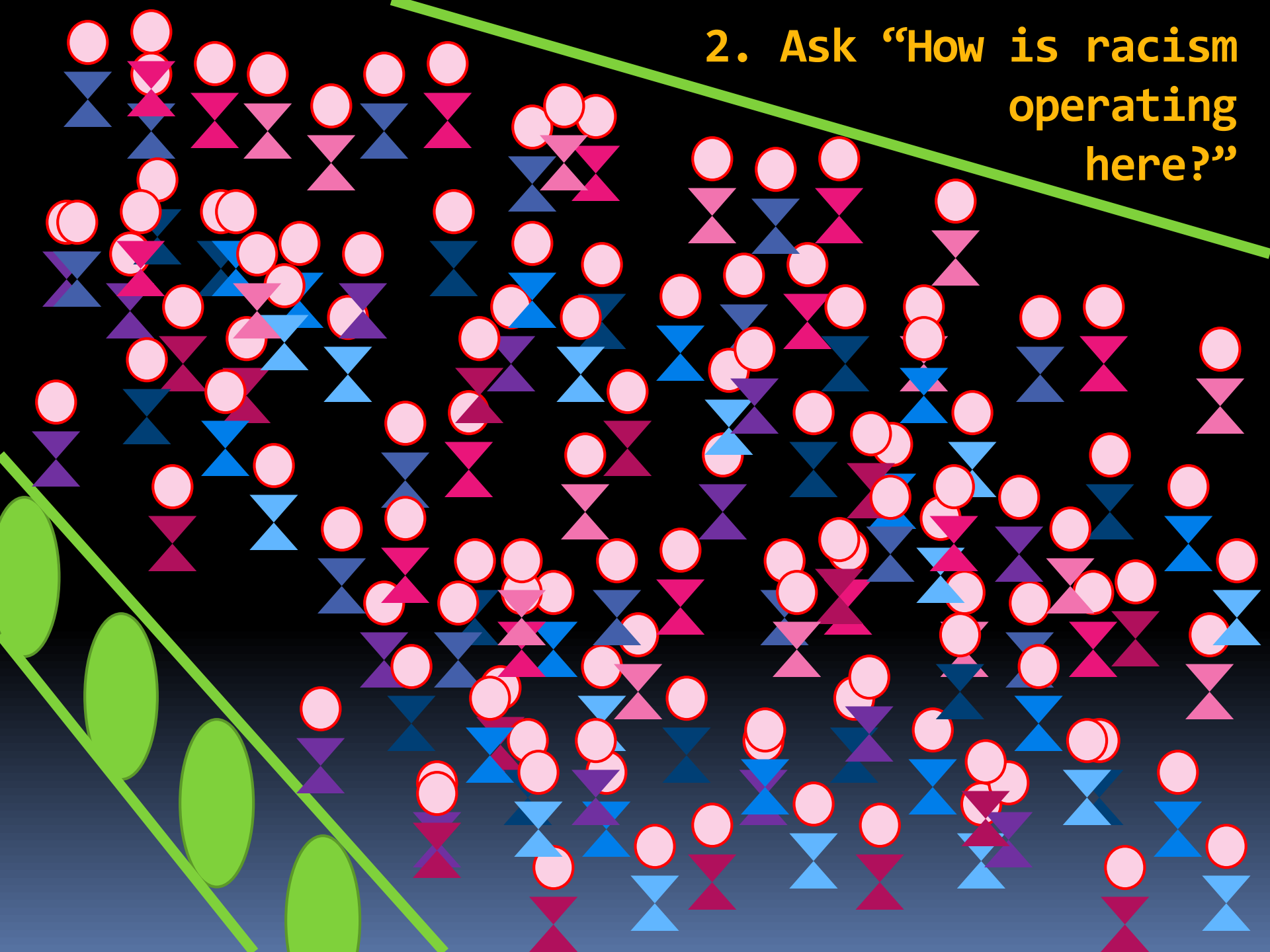
Racism is most often  
passive



# 1. Name racism

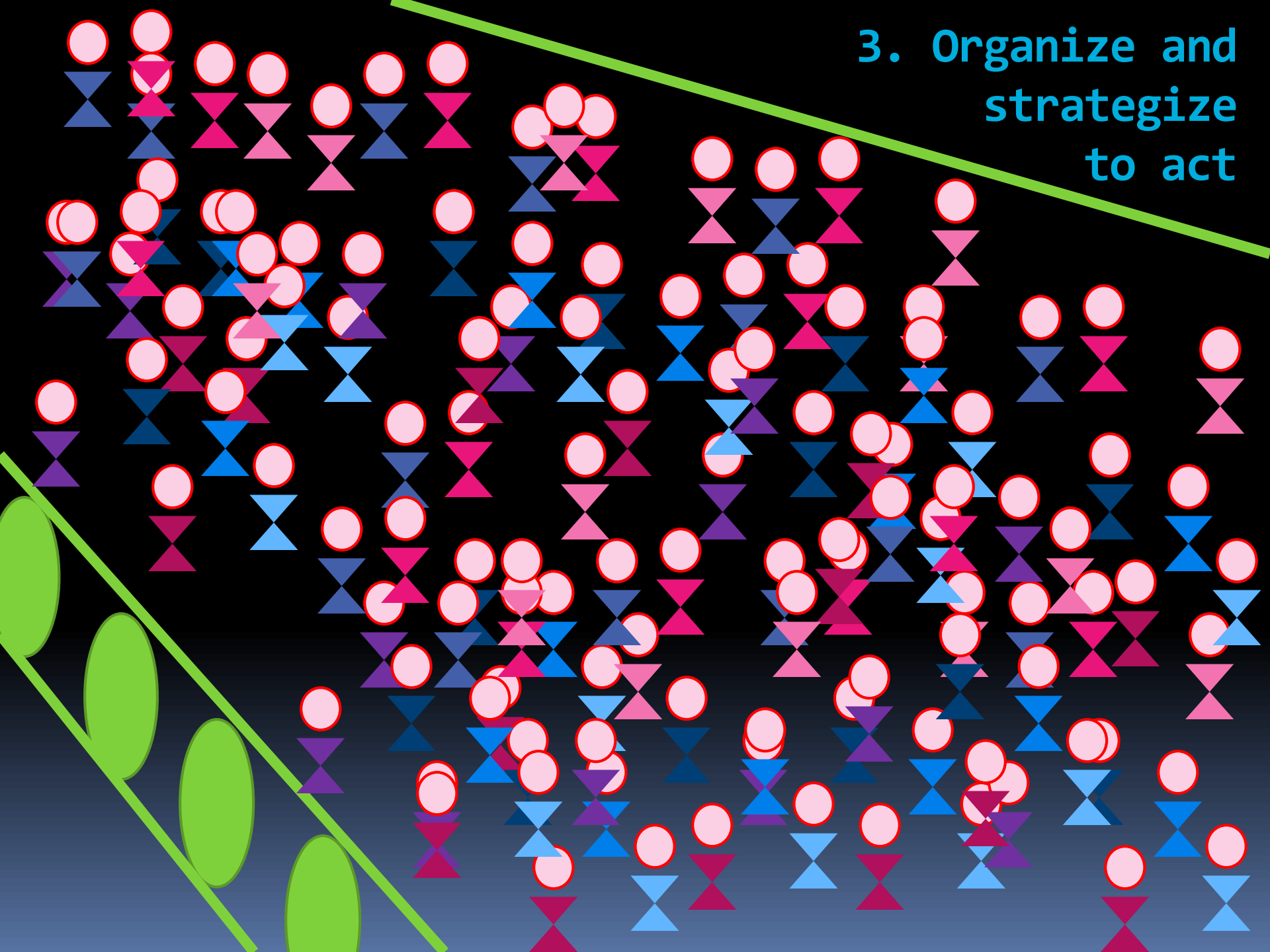


2. Ask “How is racism operating here?”





### 3. Organize and strategize to act



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