

Achieving Health Equity

tools for
naming | measuring | addressing
RACISM

Camara Phyllis Jones, MD, MPH, PhD

The Physiology of Health Inequity

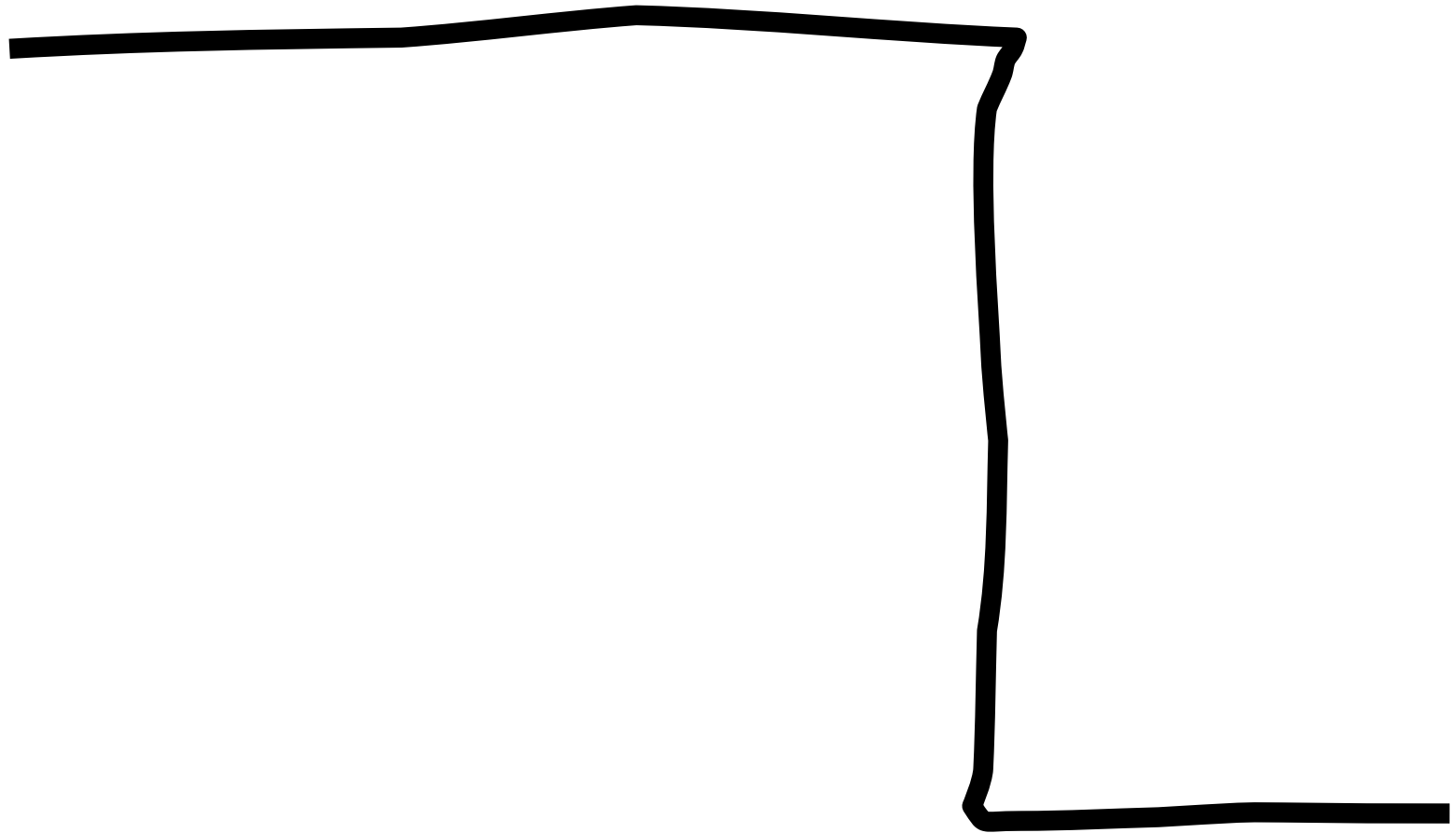
Atlanta Regional Collaborative for Health Improvement (ARCHI)

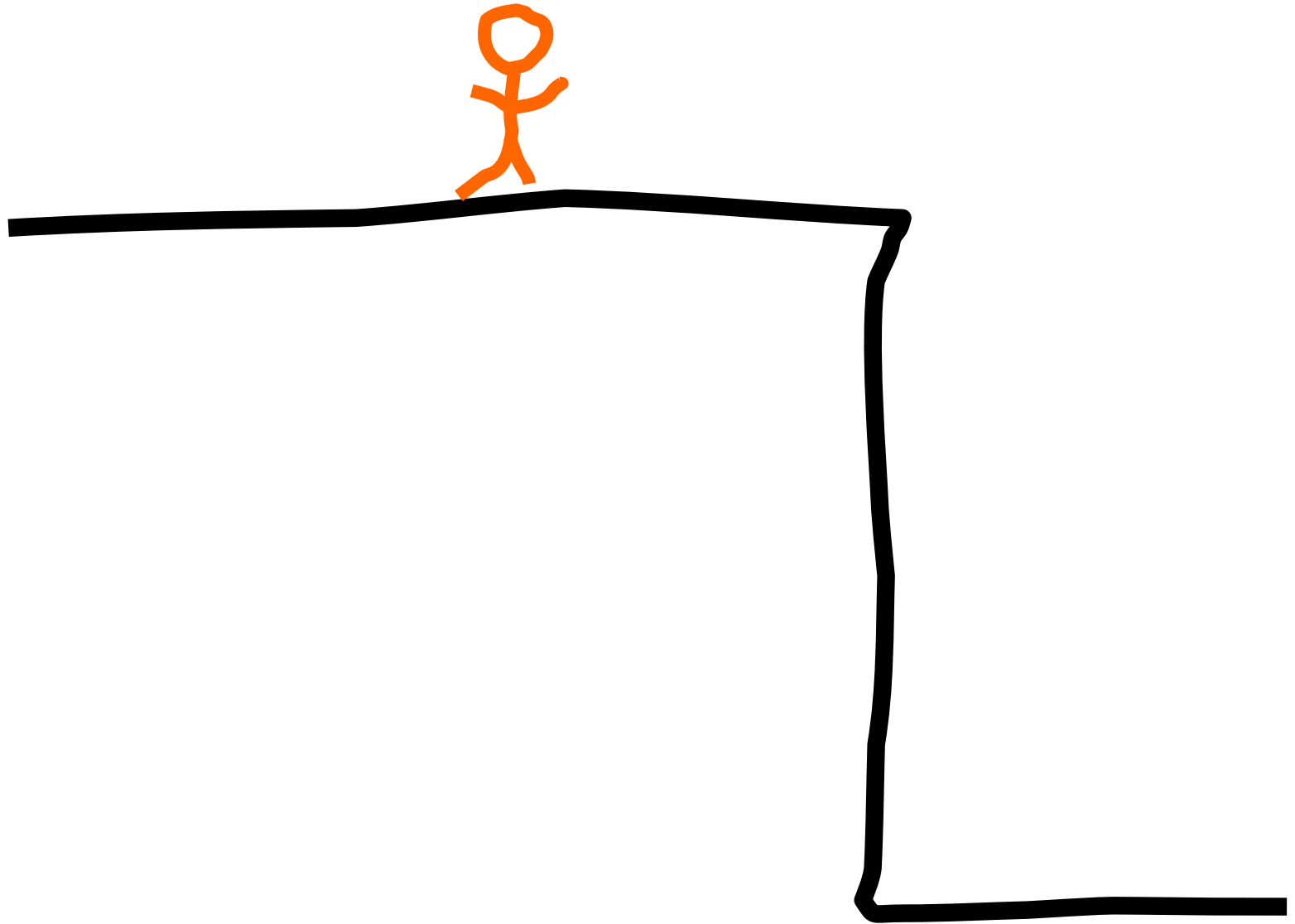
The Carter Center

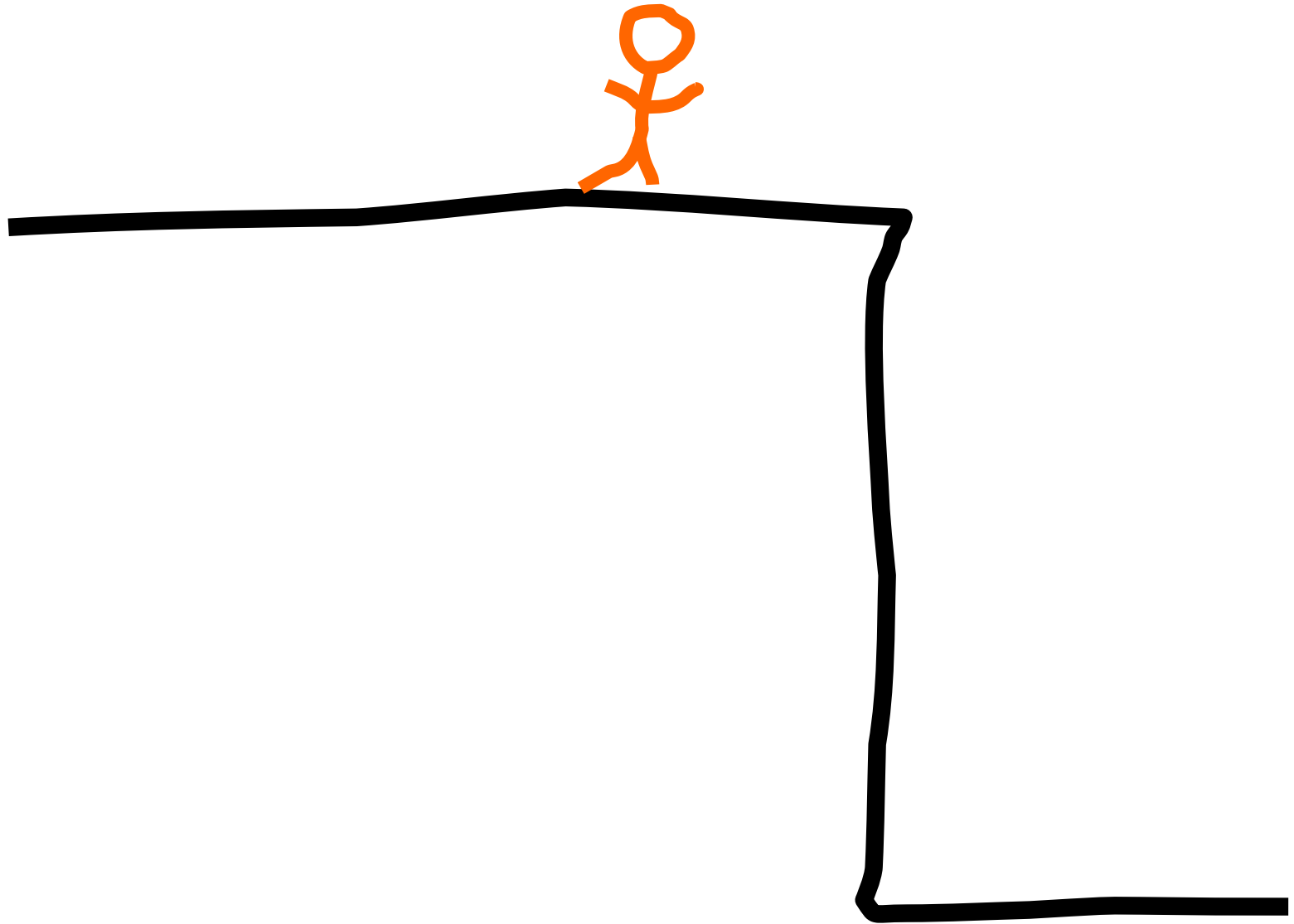
Atlanta, Georgia

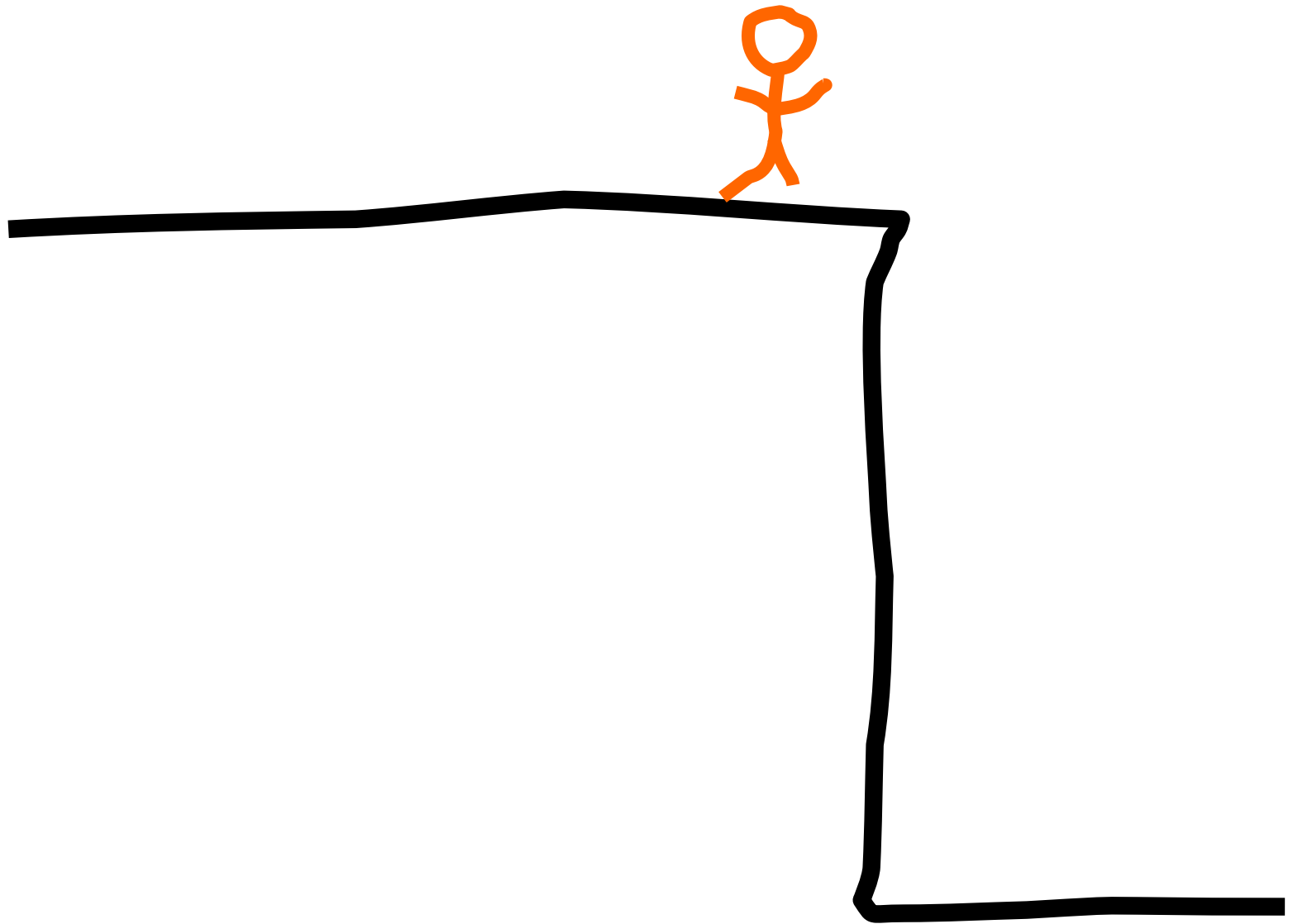
September 26, 2018

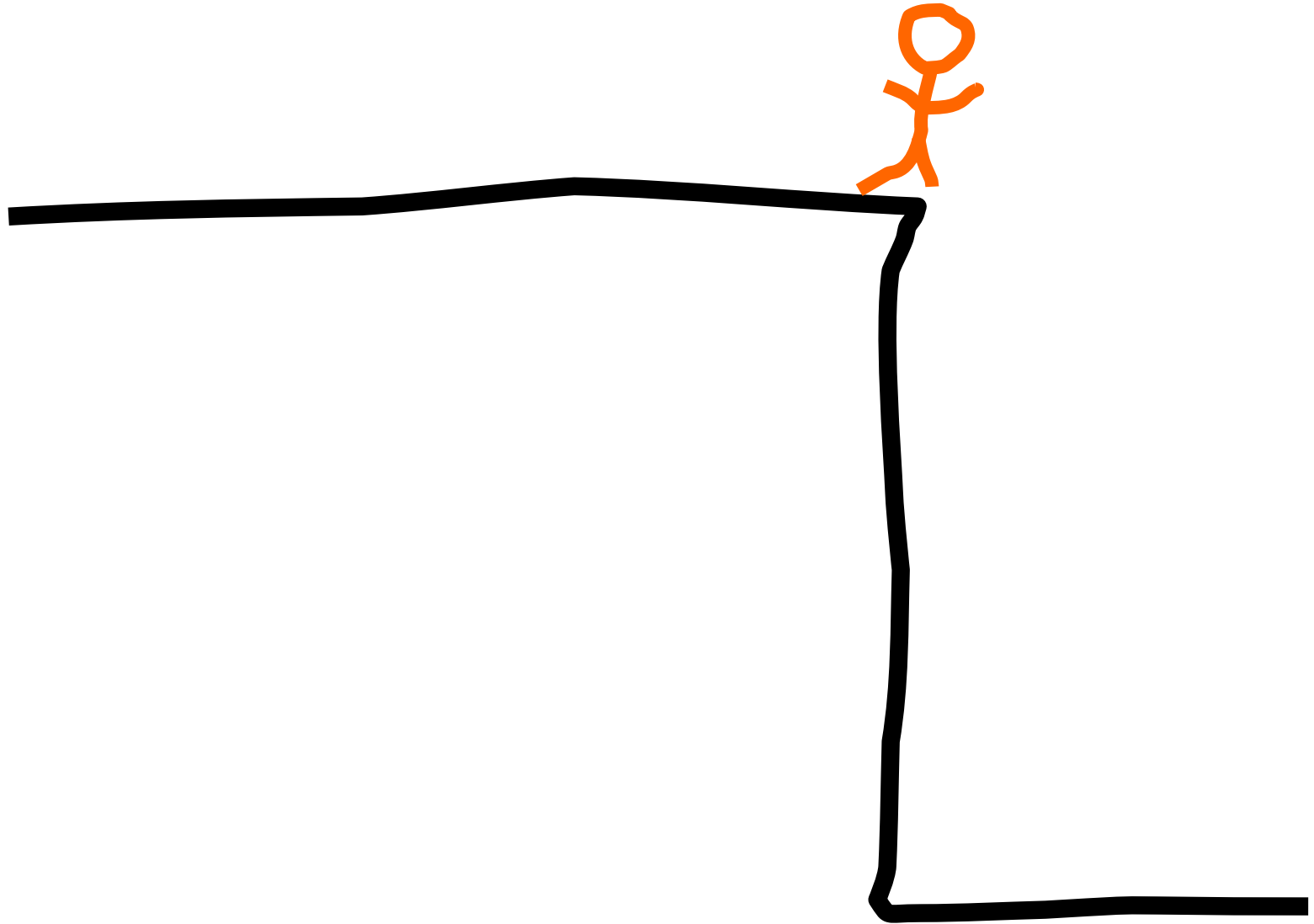
Levels of health intervention

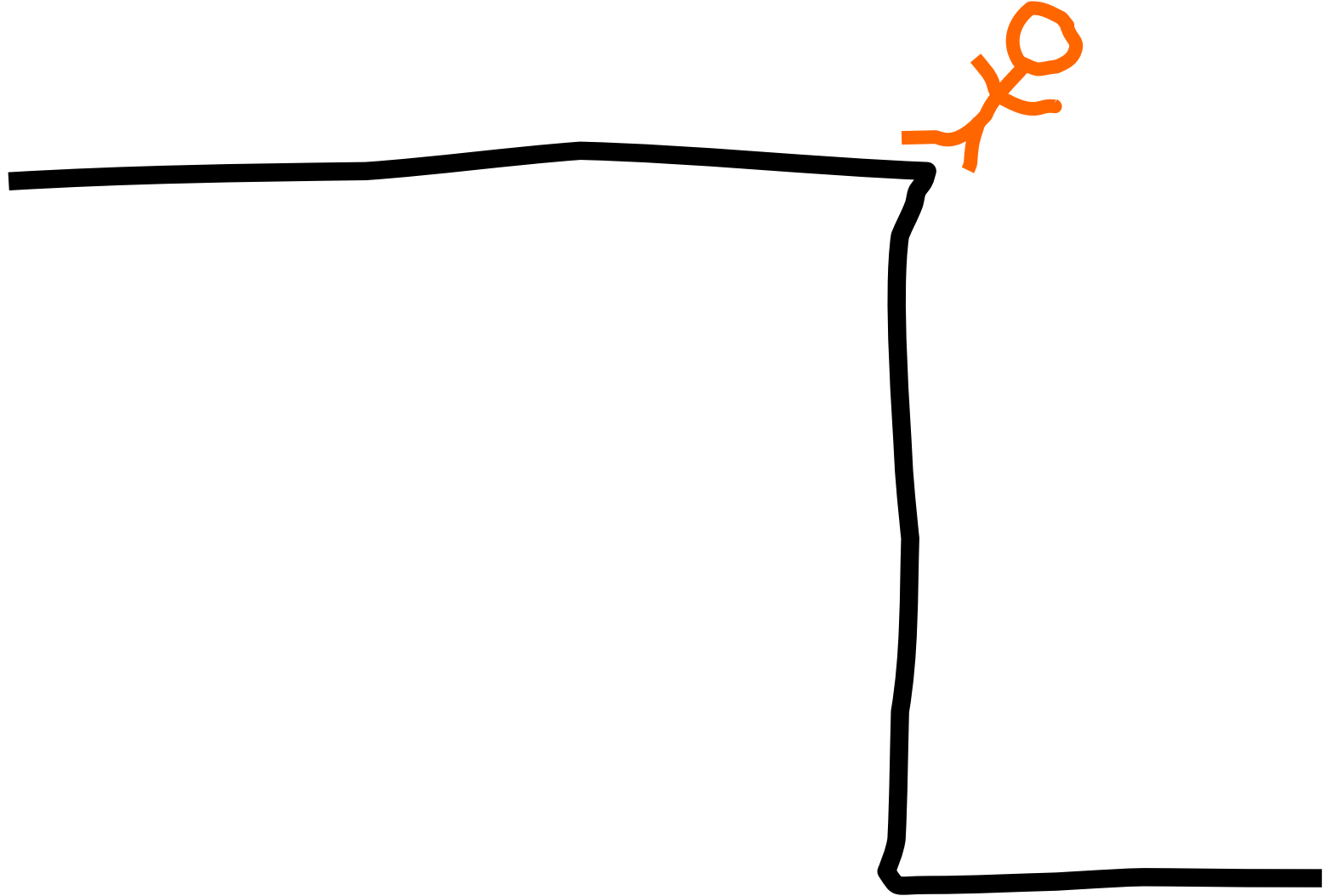


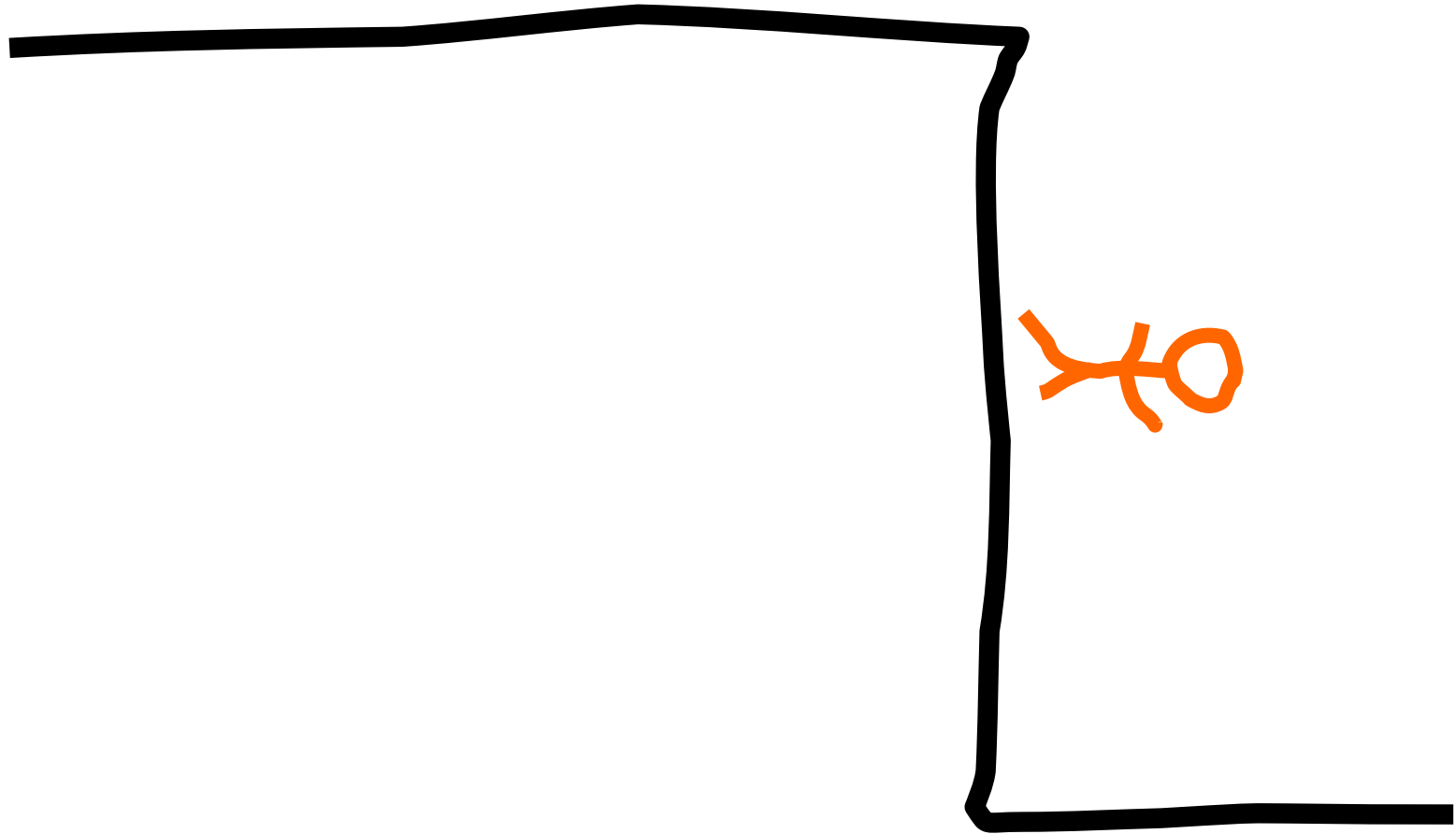


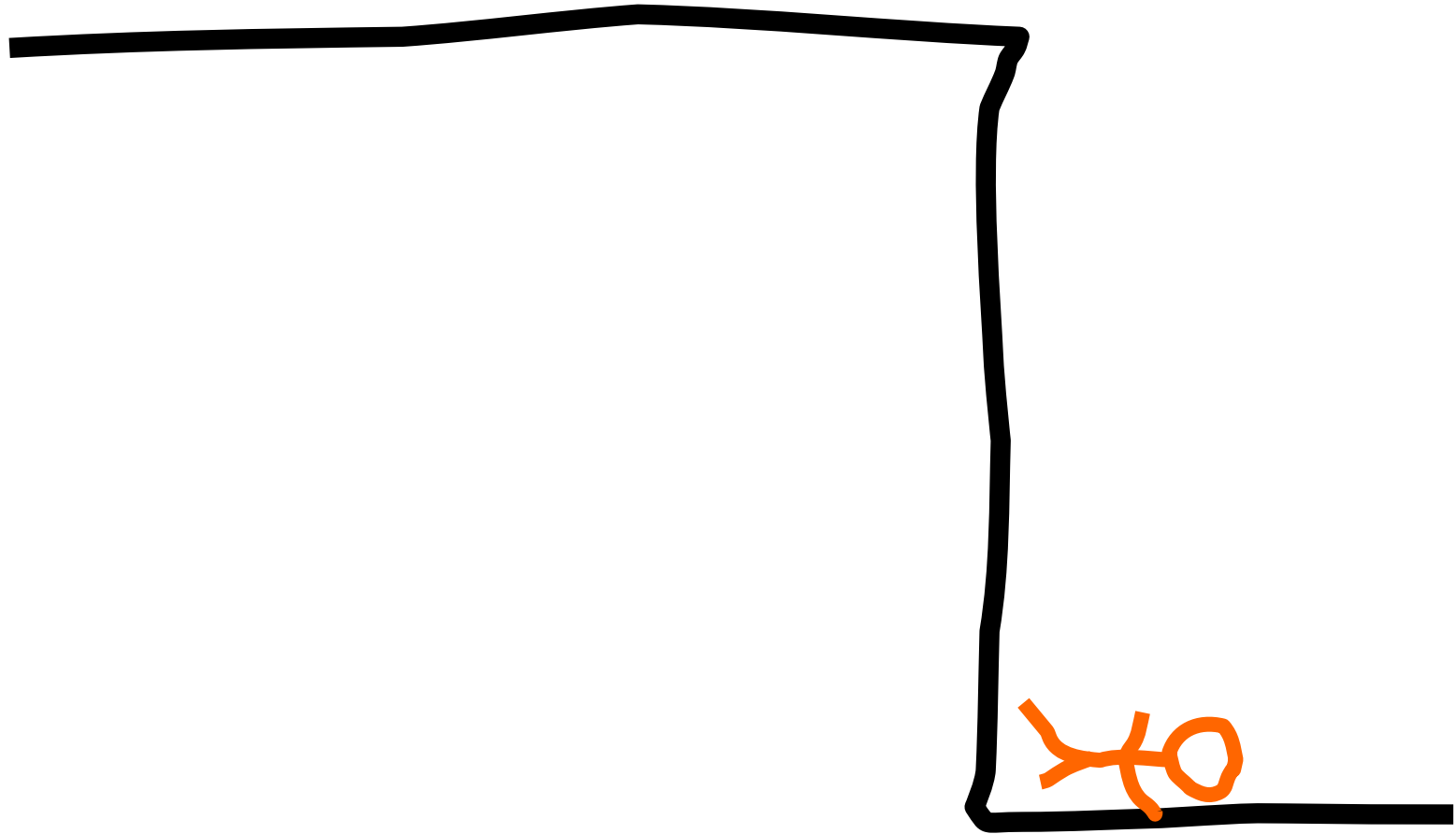


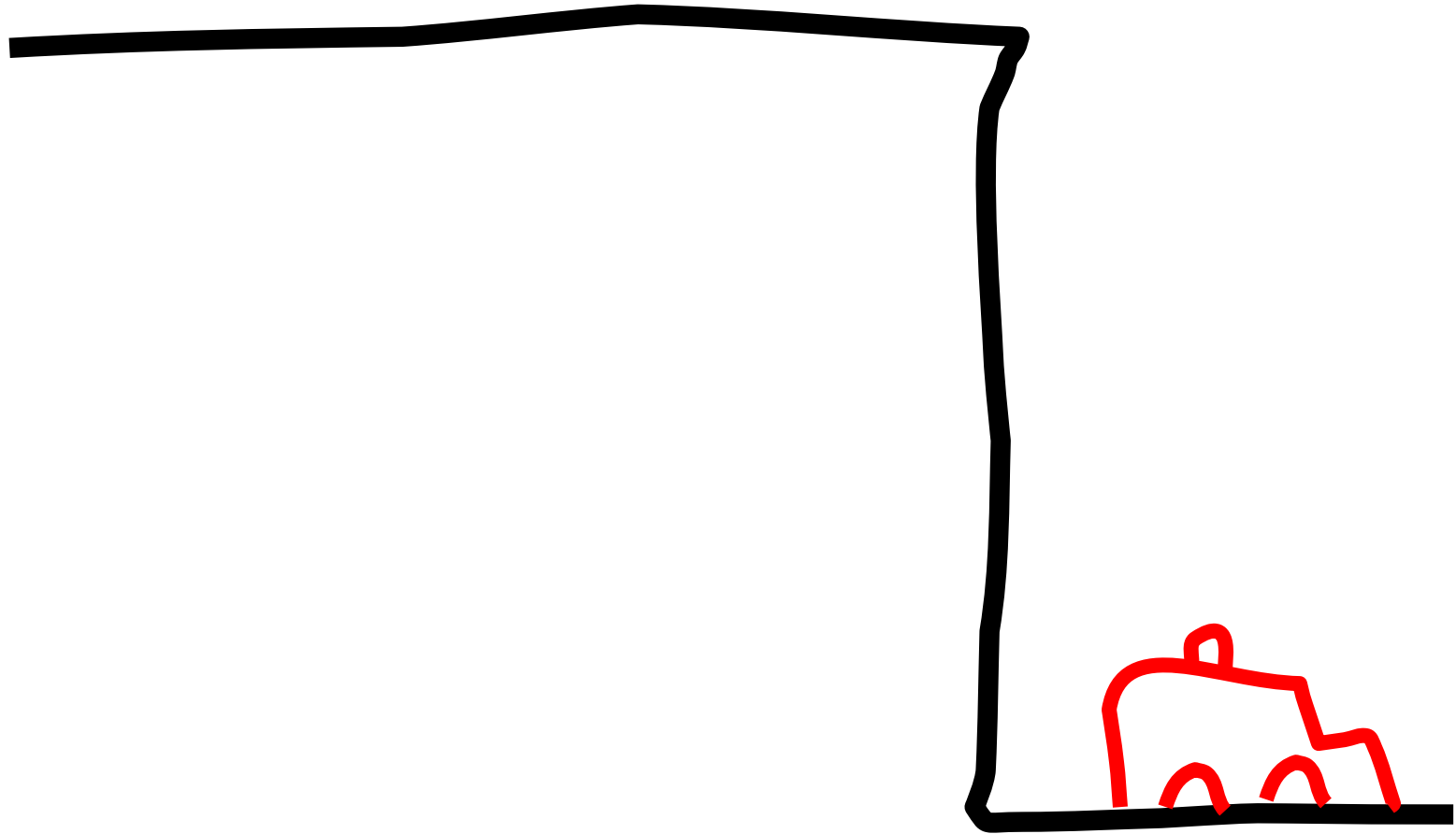


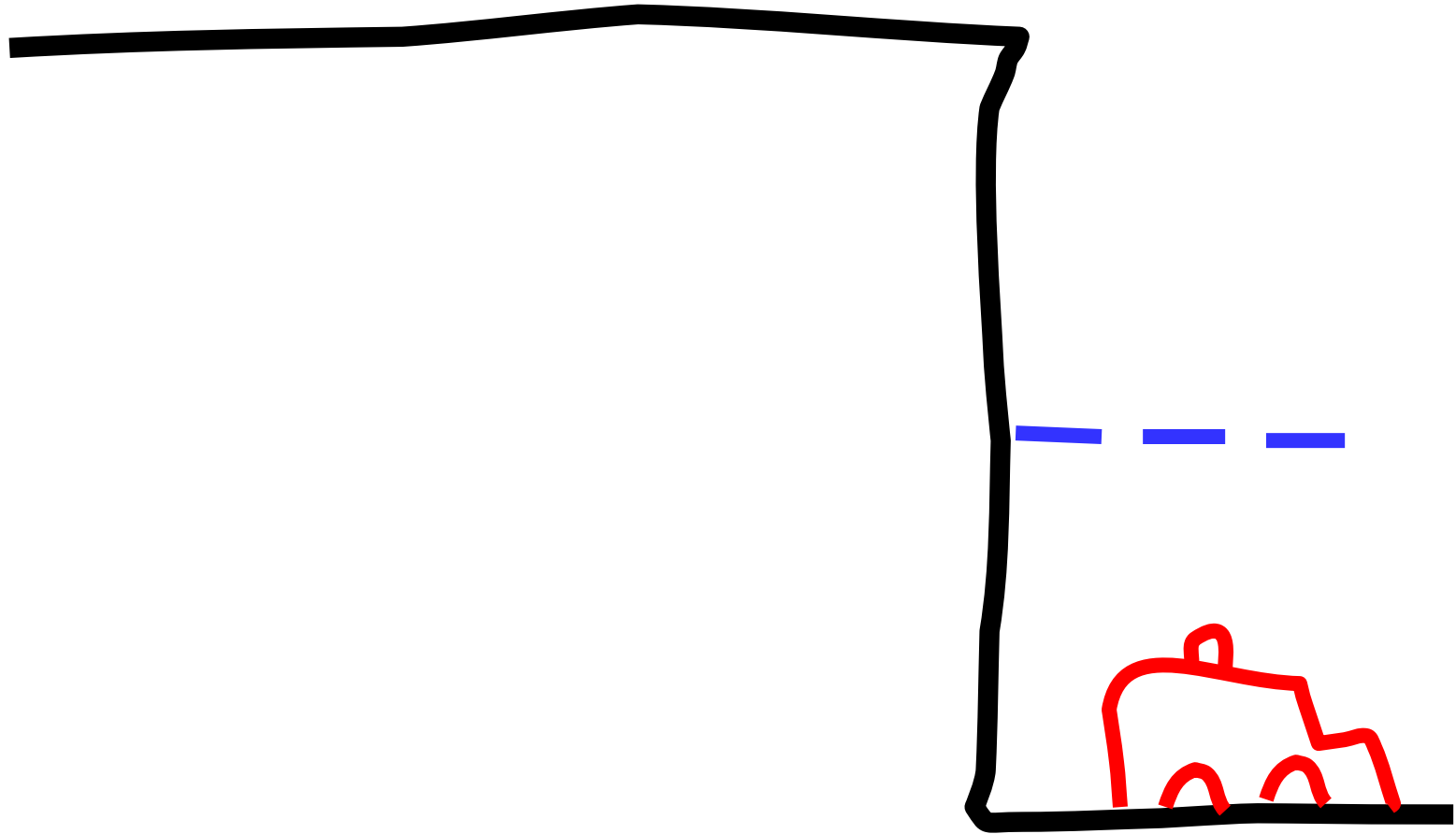


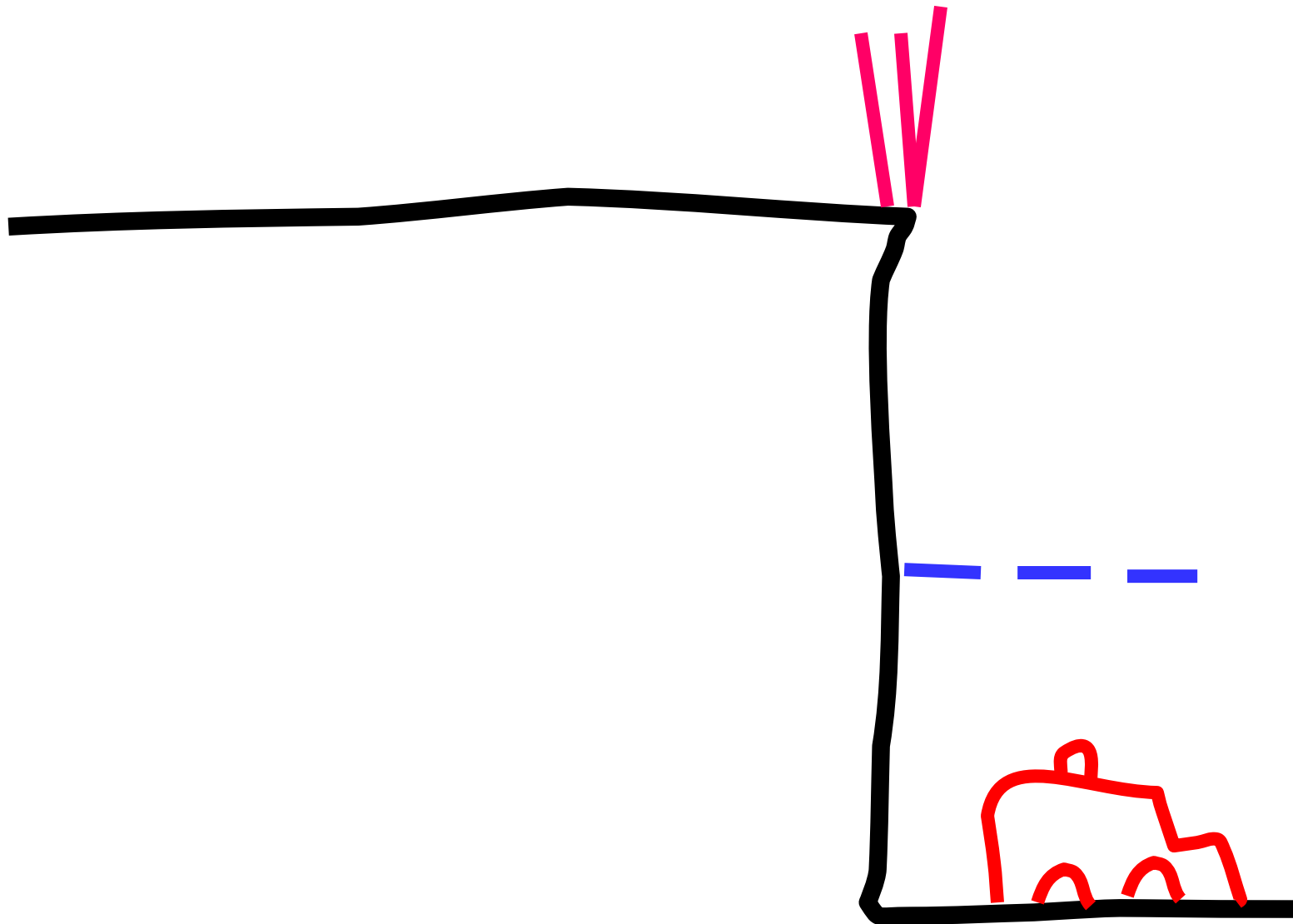


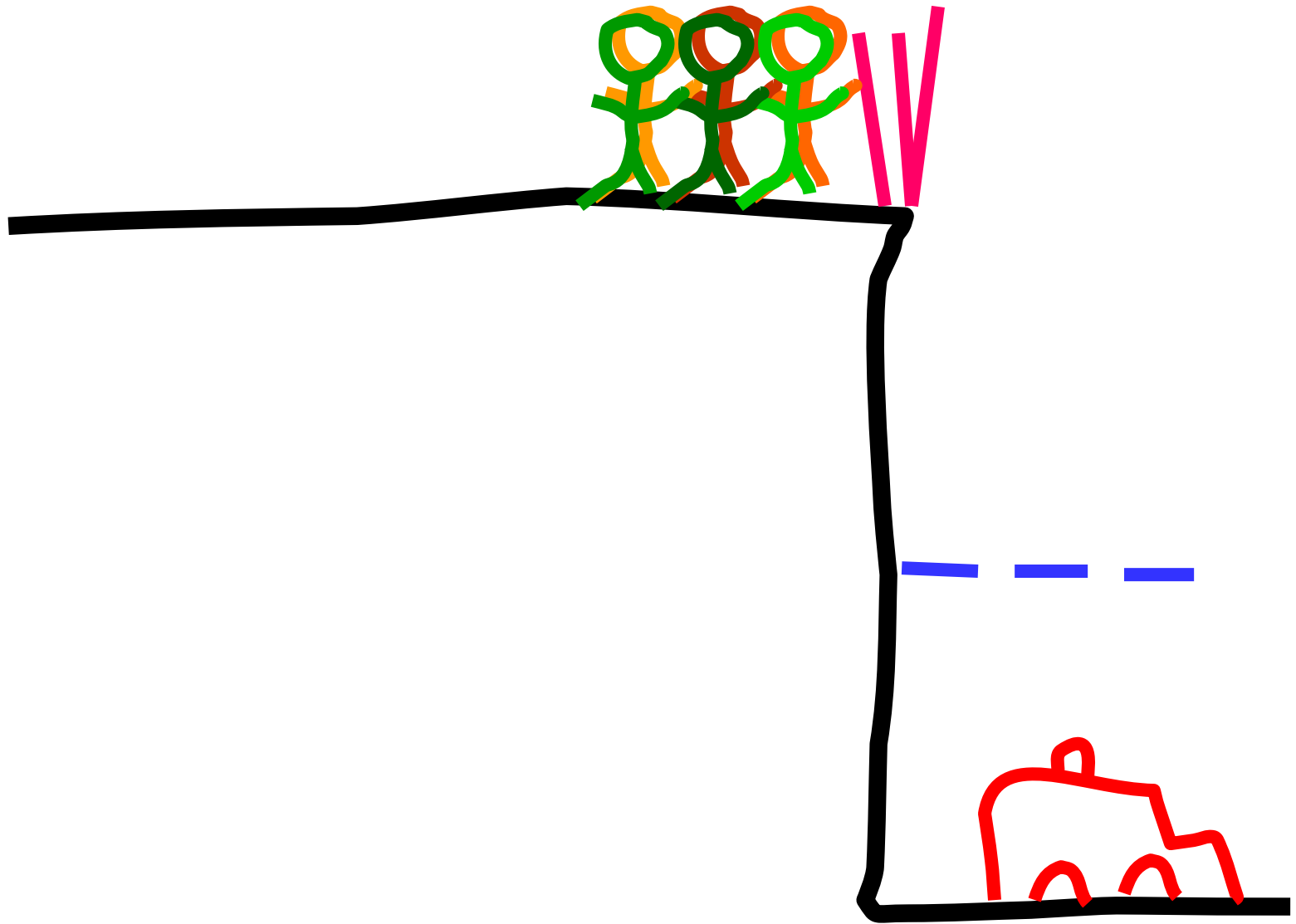


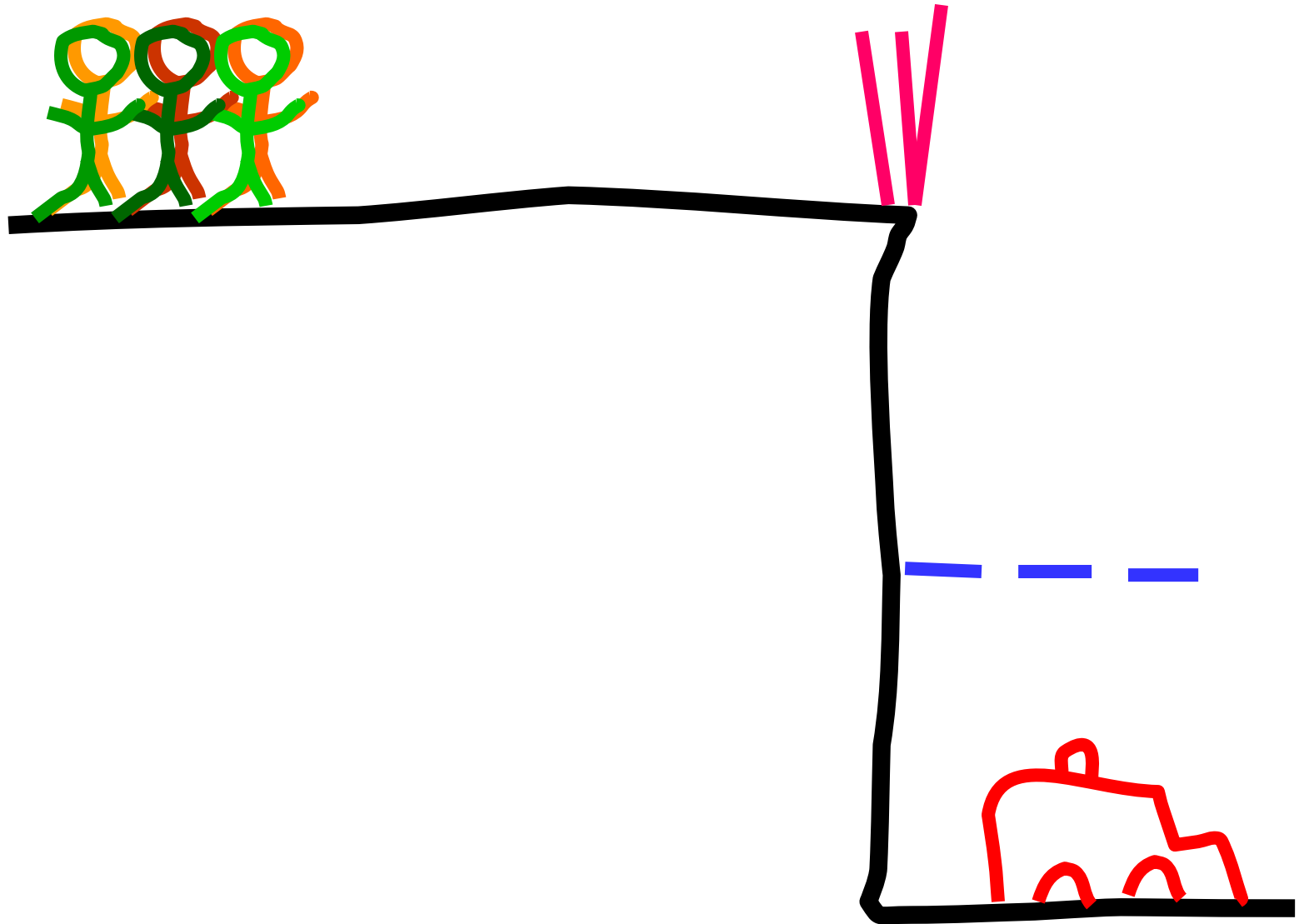


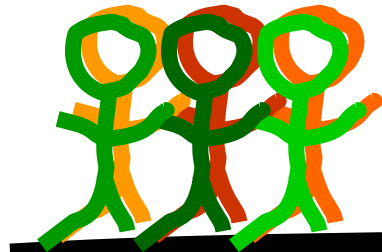












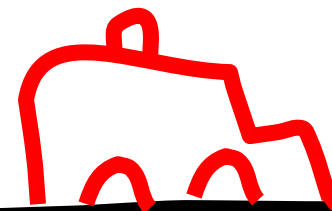
Addressing the
social determinants of health



Primary prevention



Safety net programs and
secondary prevention



Acute medical care and
tertiary prevention

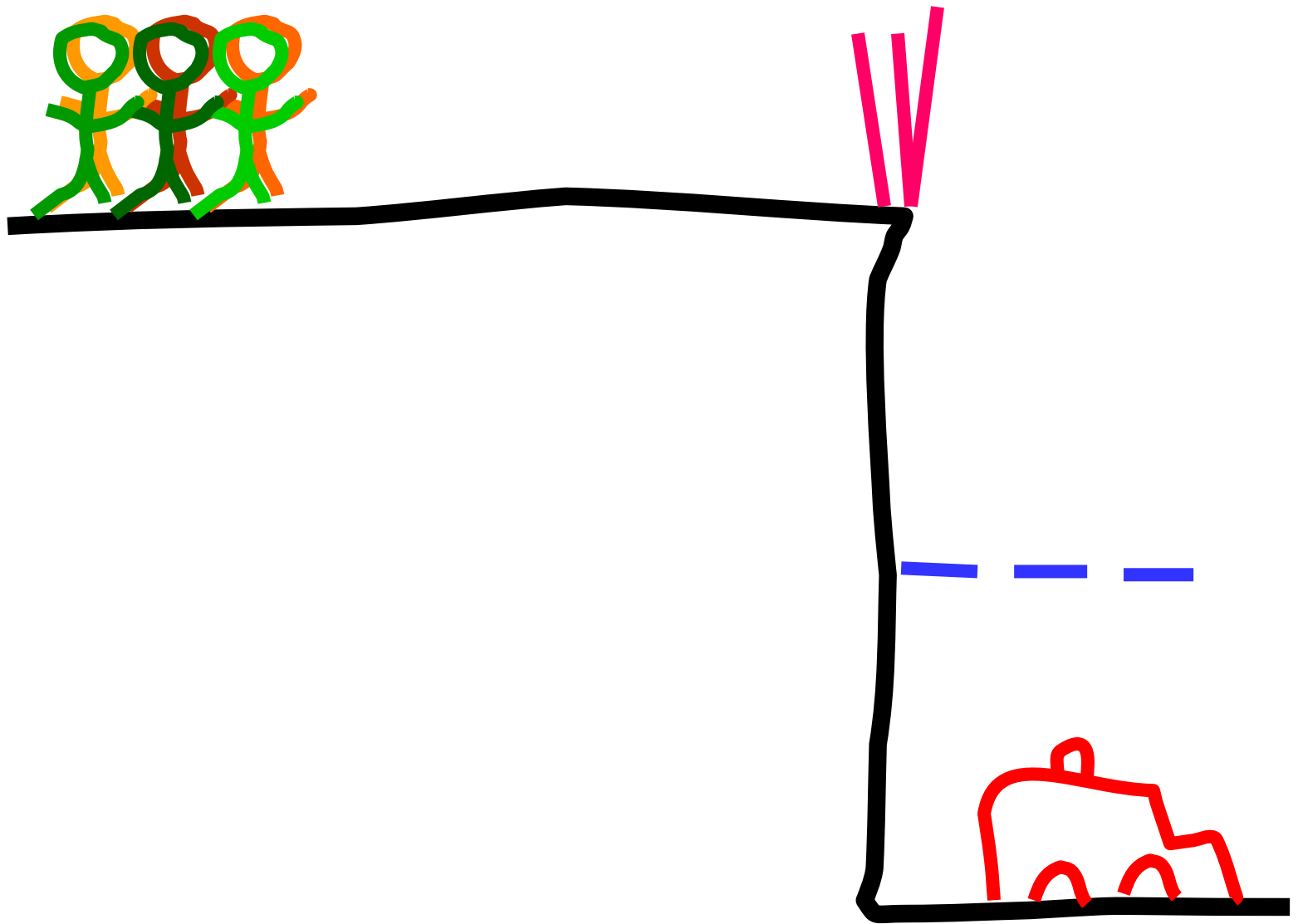
But how do disparities arise?

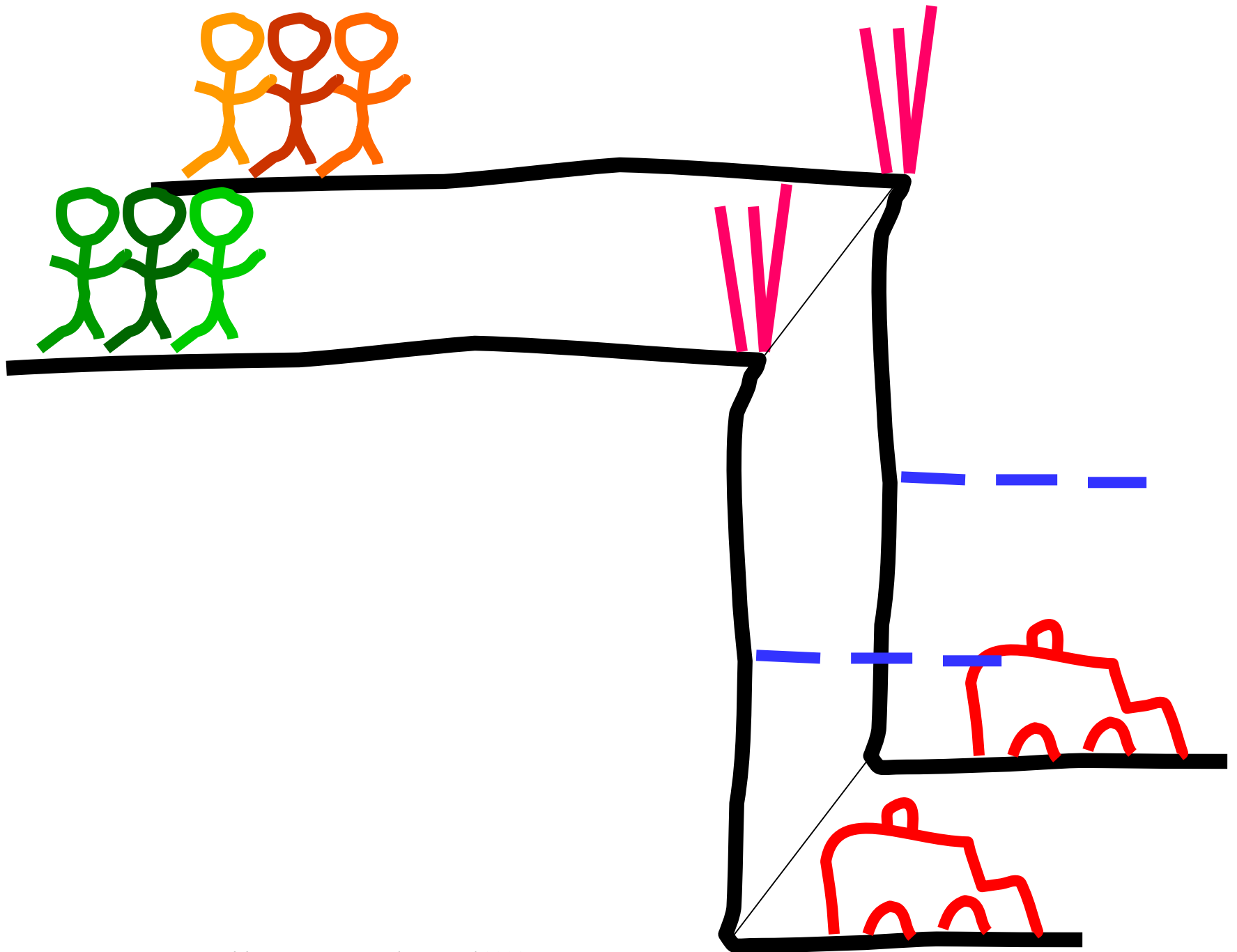
- ❑ Differences in the quality of care received within the health care system
- ❑ Differences in access to health care, including preventive and curative services
- ❑ Differences in life opportunities, exposures, and stresses that result in differences in underlying health status

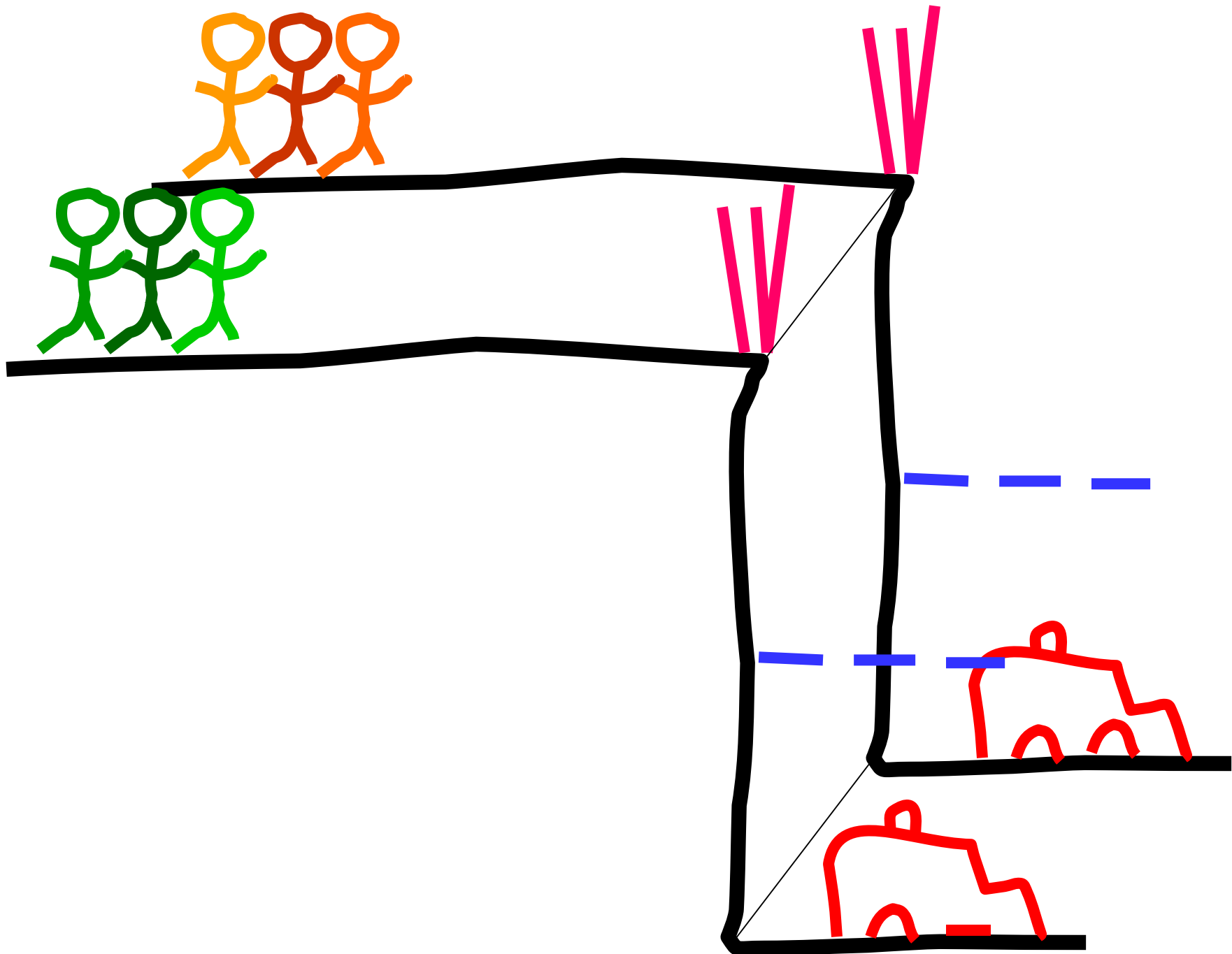
Phelan JC, Link BG, Tehranifar P. Social Conditions as Fundamental Causes of Health Inequalities. *J Health Soc Behav* 2010;51(S):S28-S40.

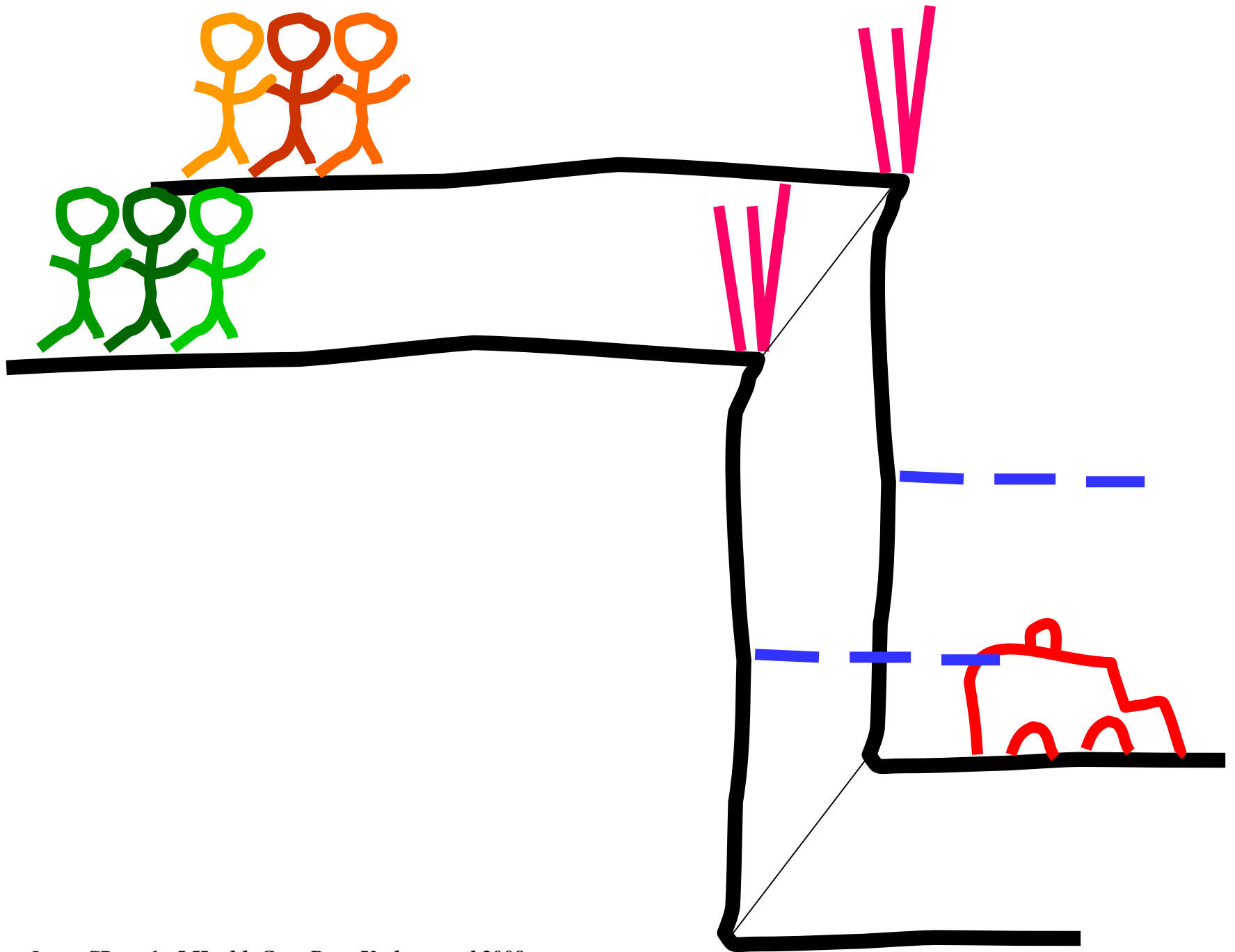
Byrd WM, Clayton LA. *An American Health Dilemma: Race, Medicine, and Health Care in the United States, 1900-2000*. New York, NY: Routledge, 2002.

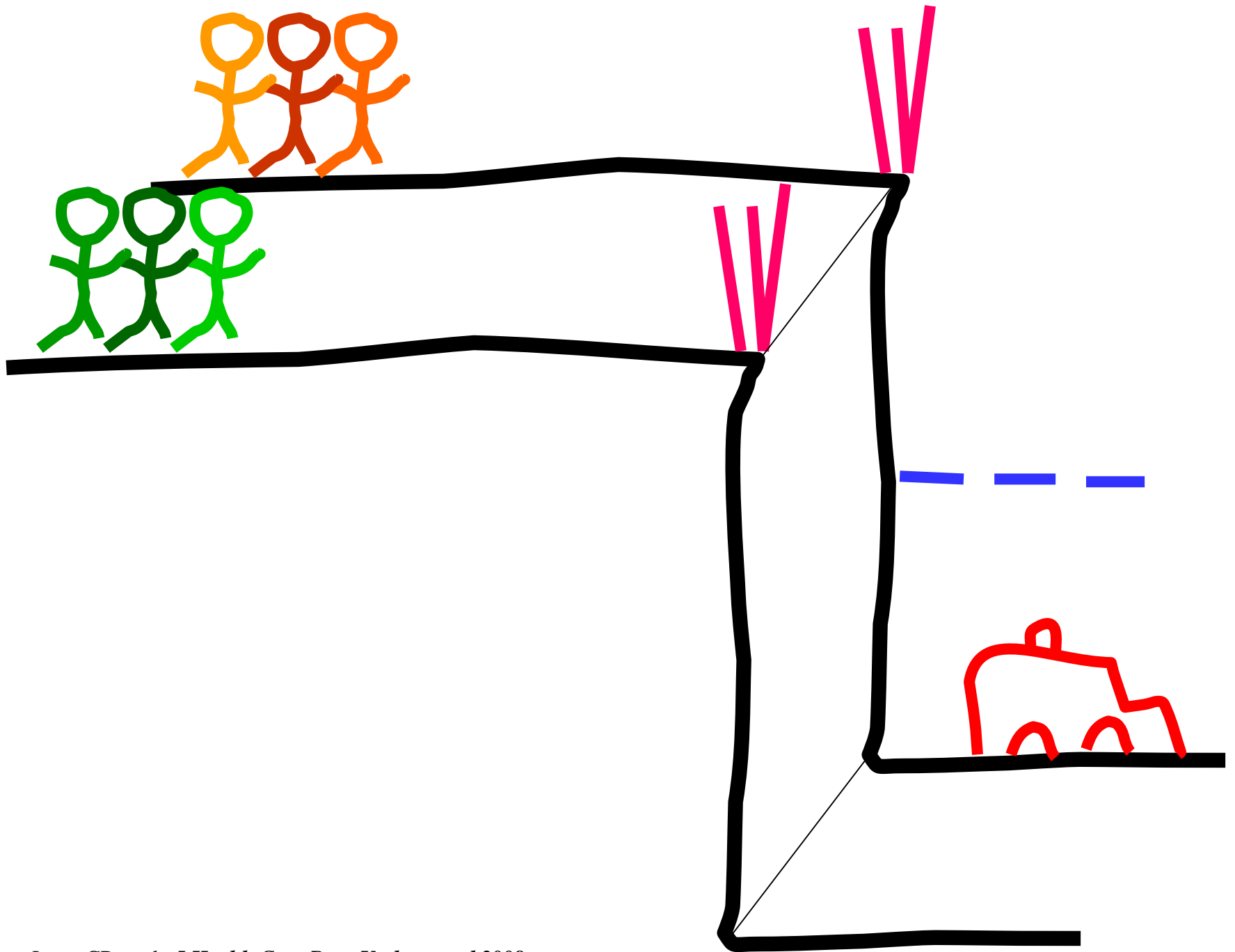
Smedley BD, Stith AY, Nelson AR (editors). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: The National Academies Press, 2002.

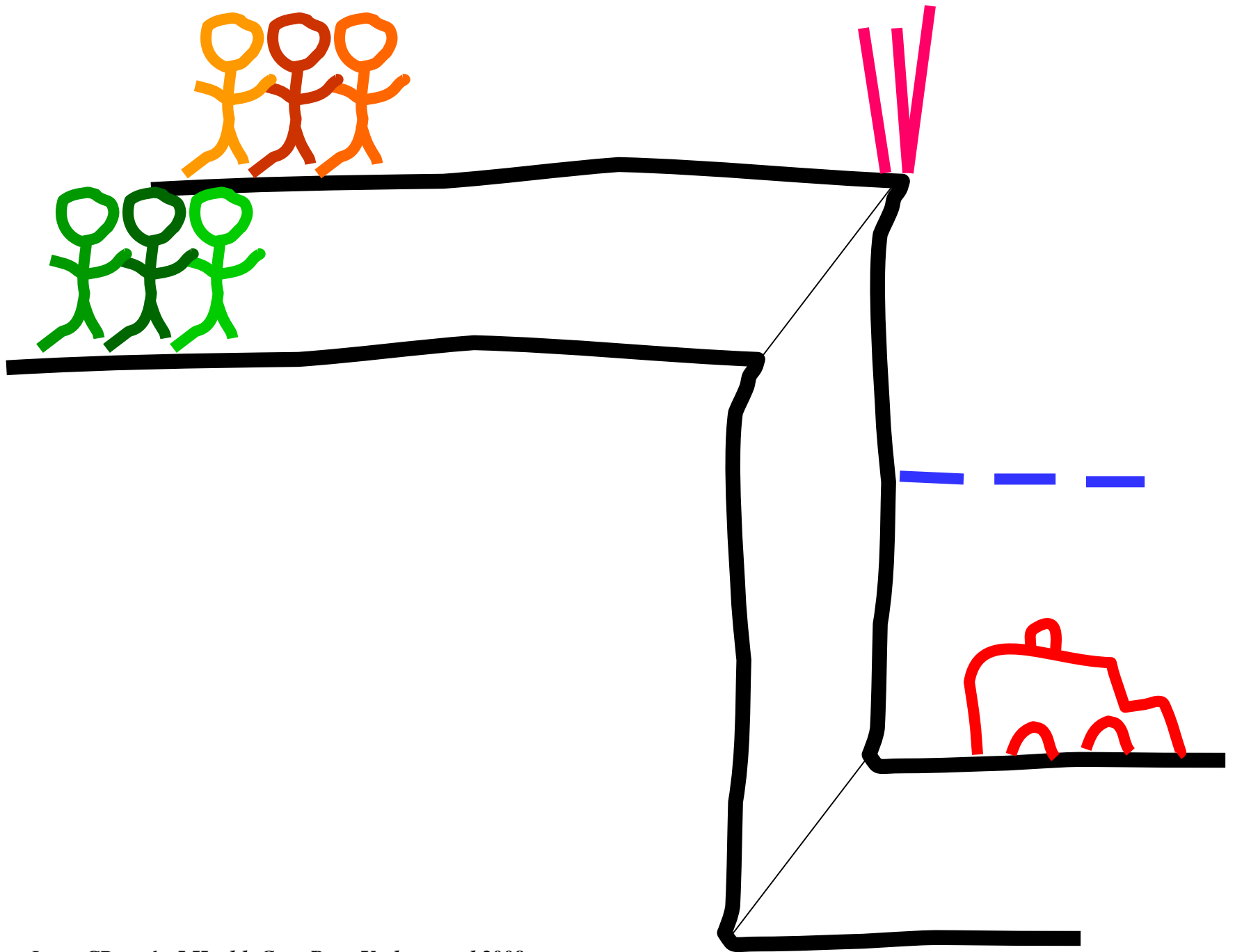


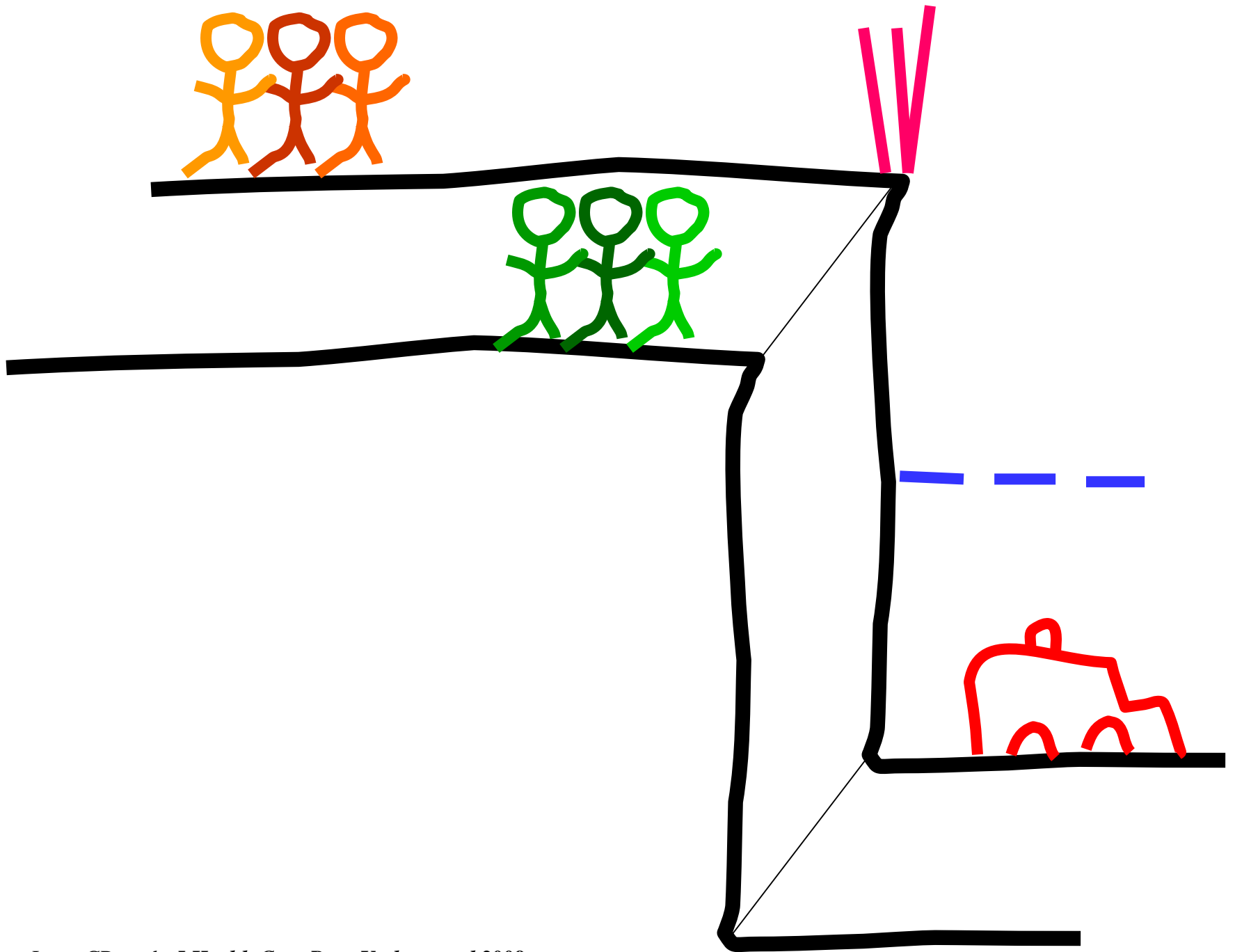


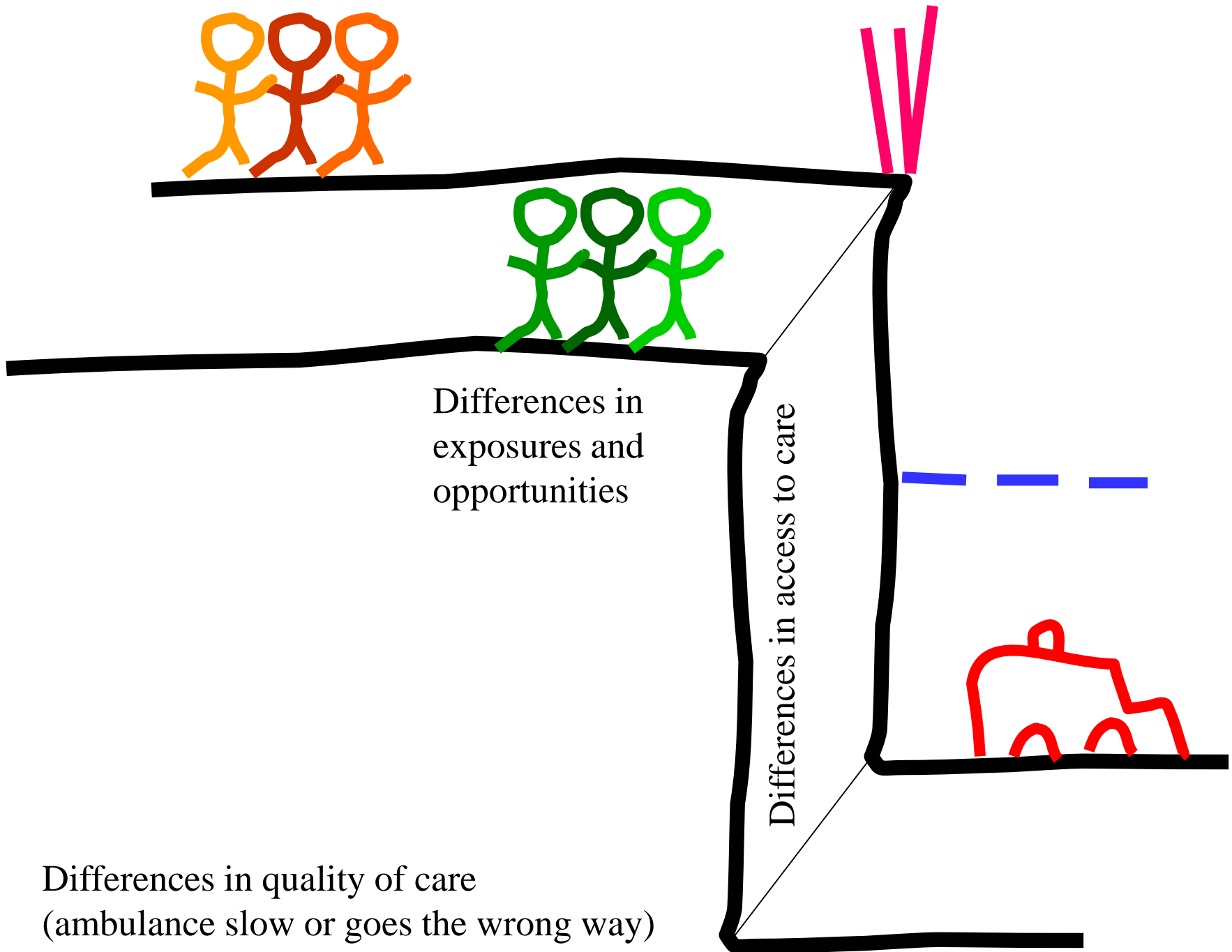


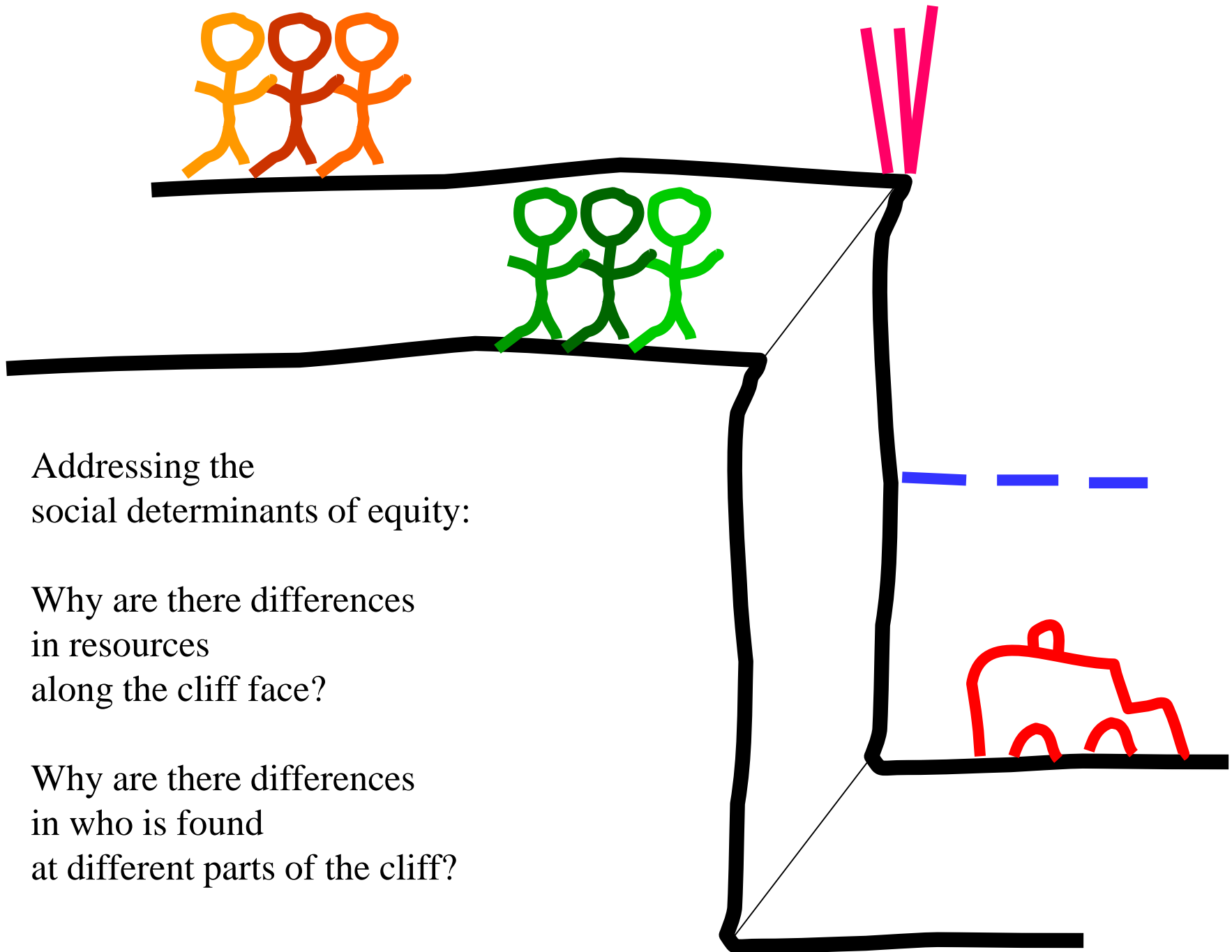












Addressing the
social determinants of equity:

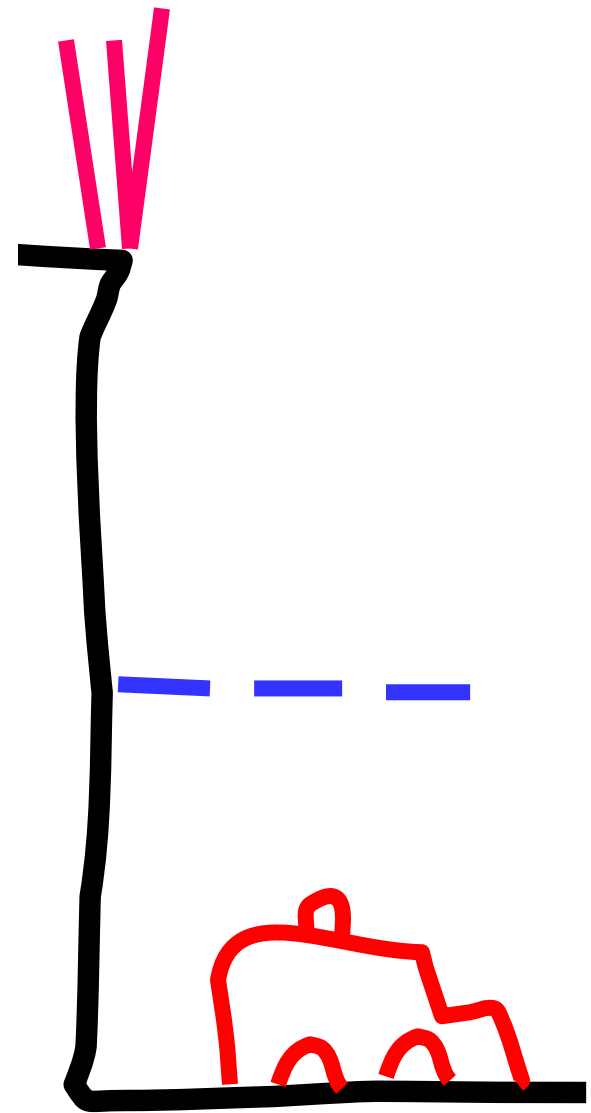
Why are there differences
in resources
along the cliff face?

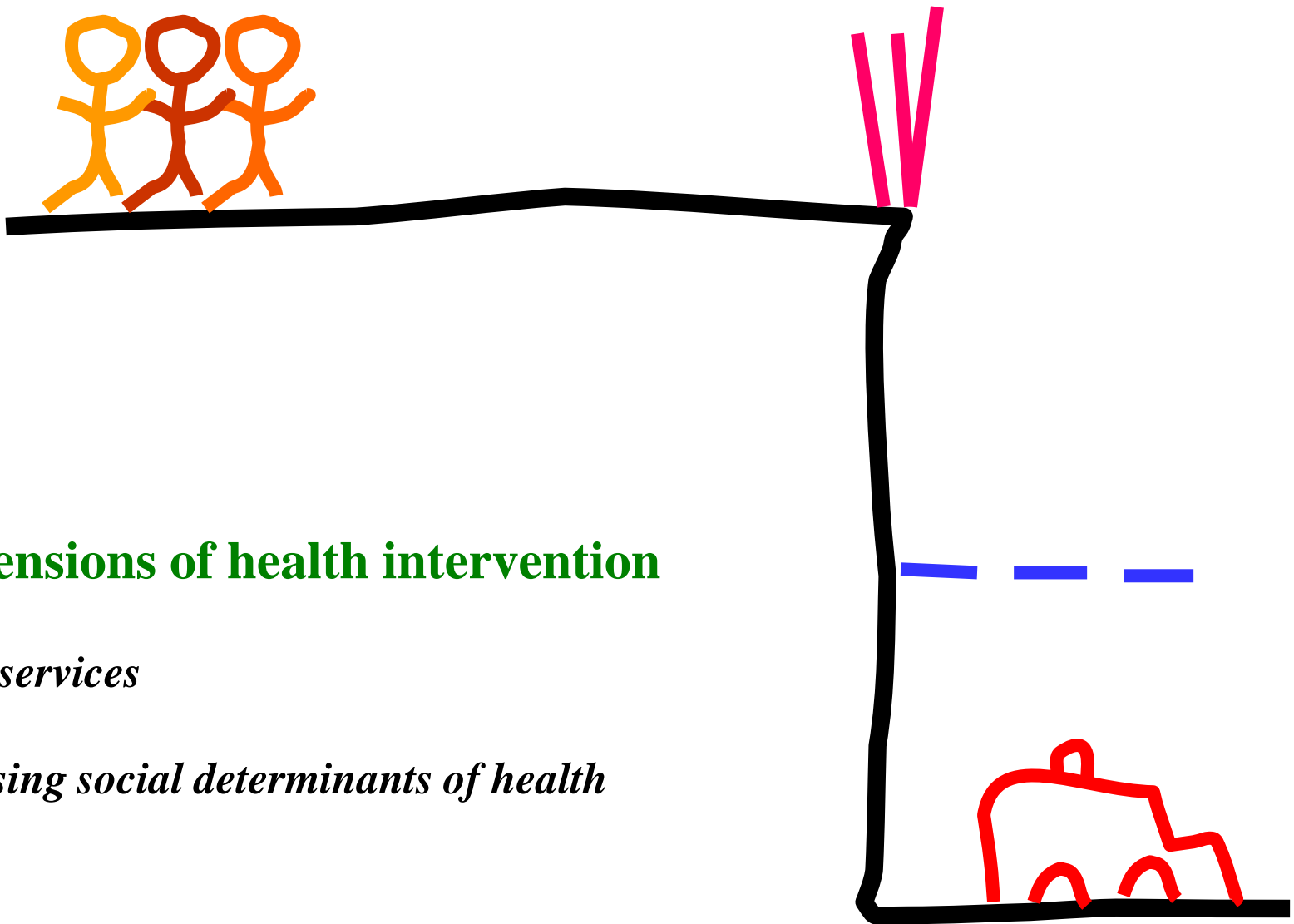
Why are there differences
in who is found
at different parts of the cliff?

3 dimensions of health intervention

3 dimensions of health intervention

Health services

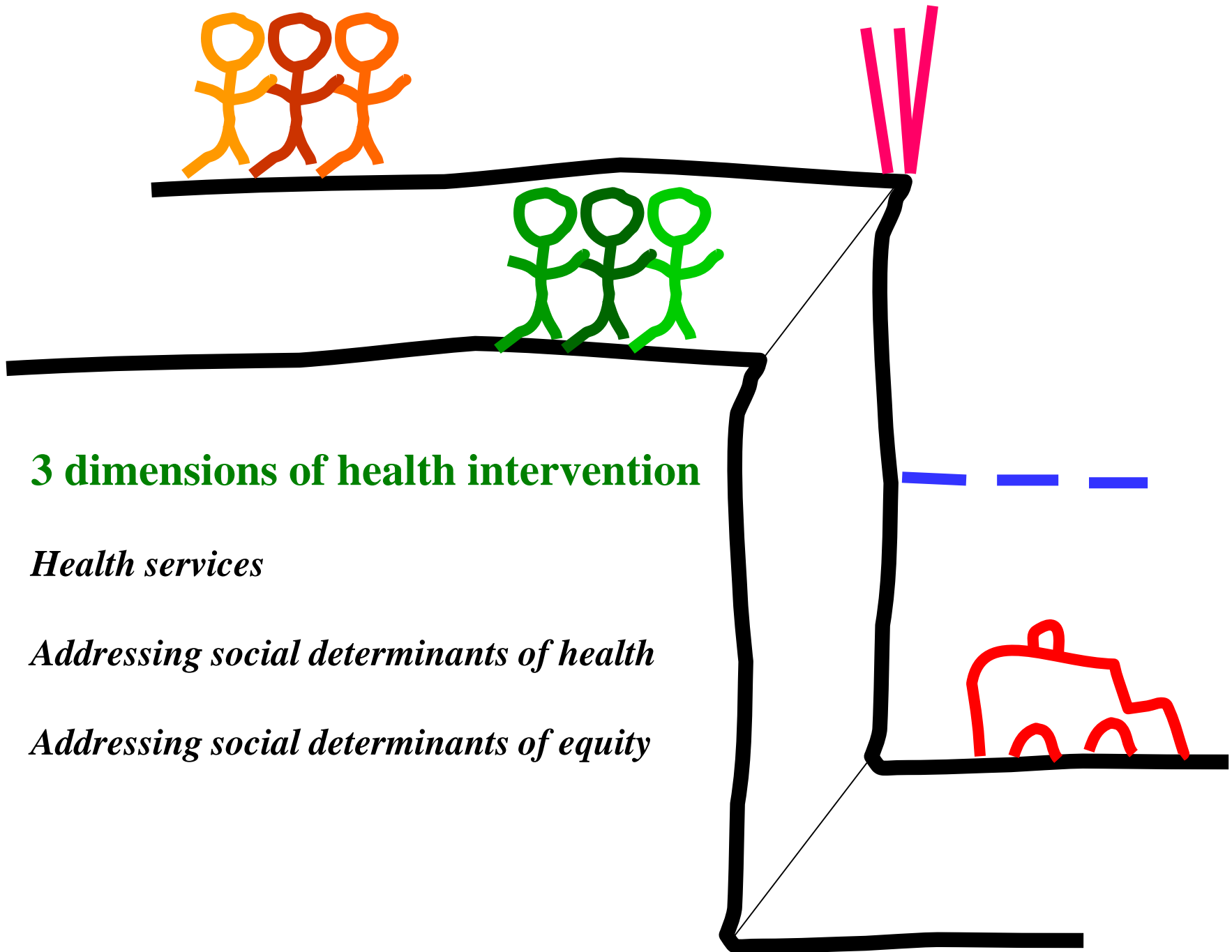


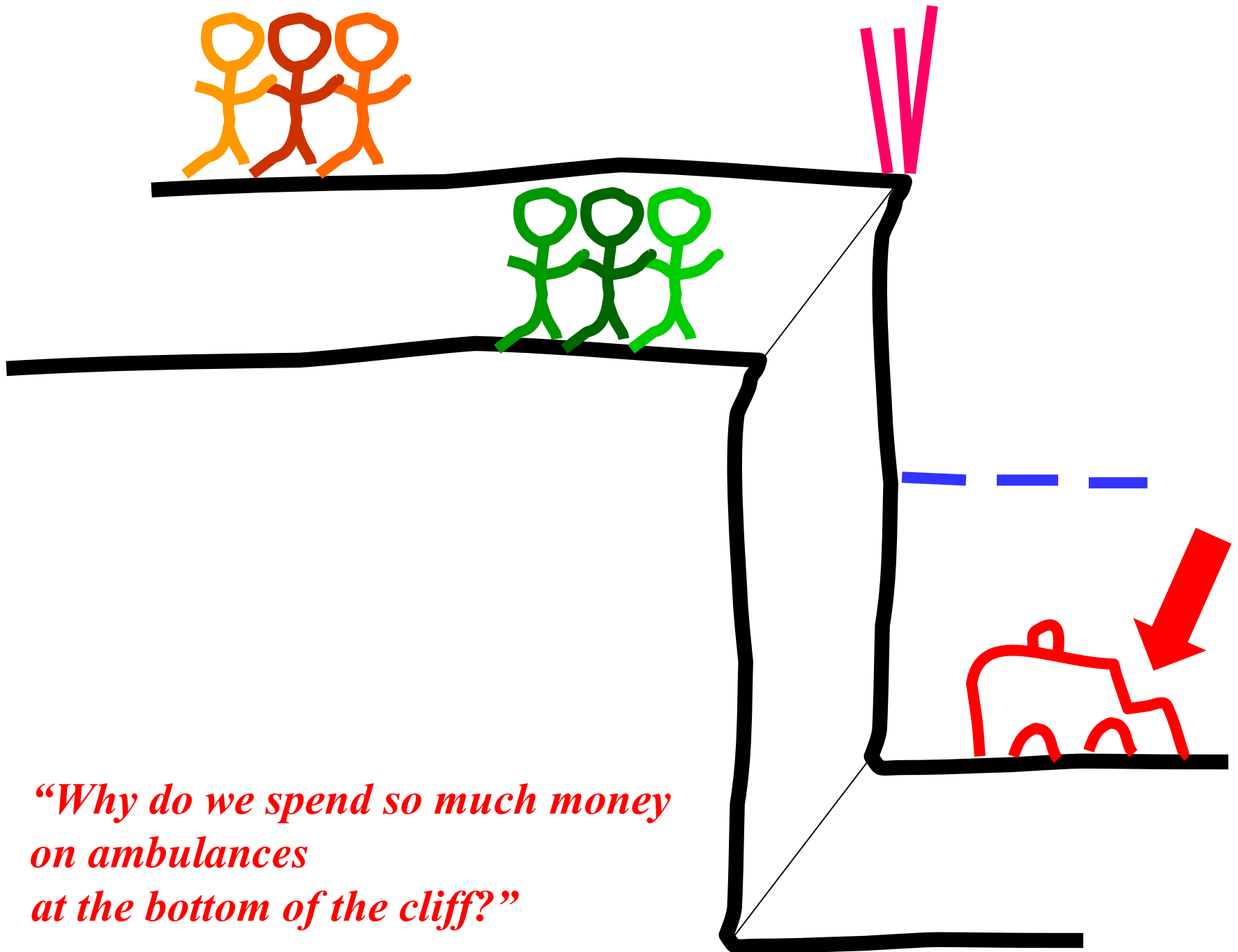


3 dimensions of health intervention

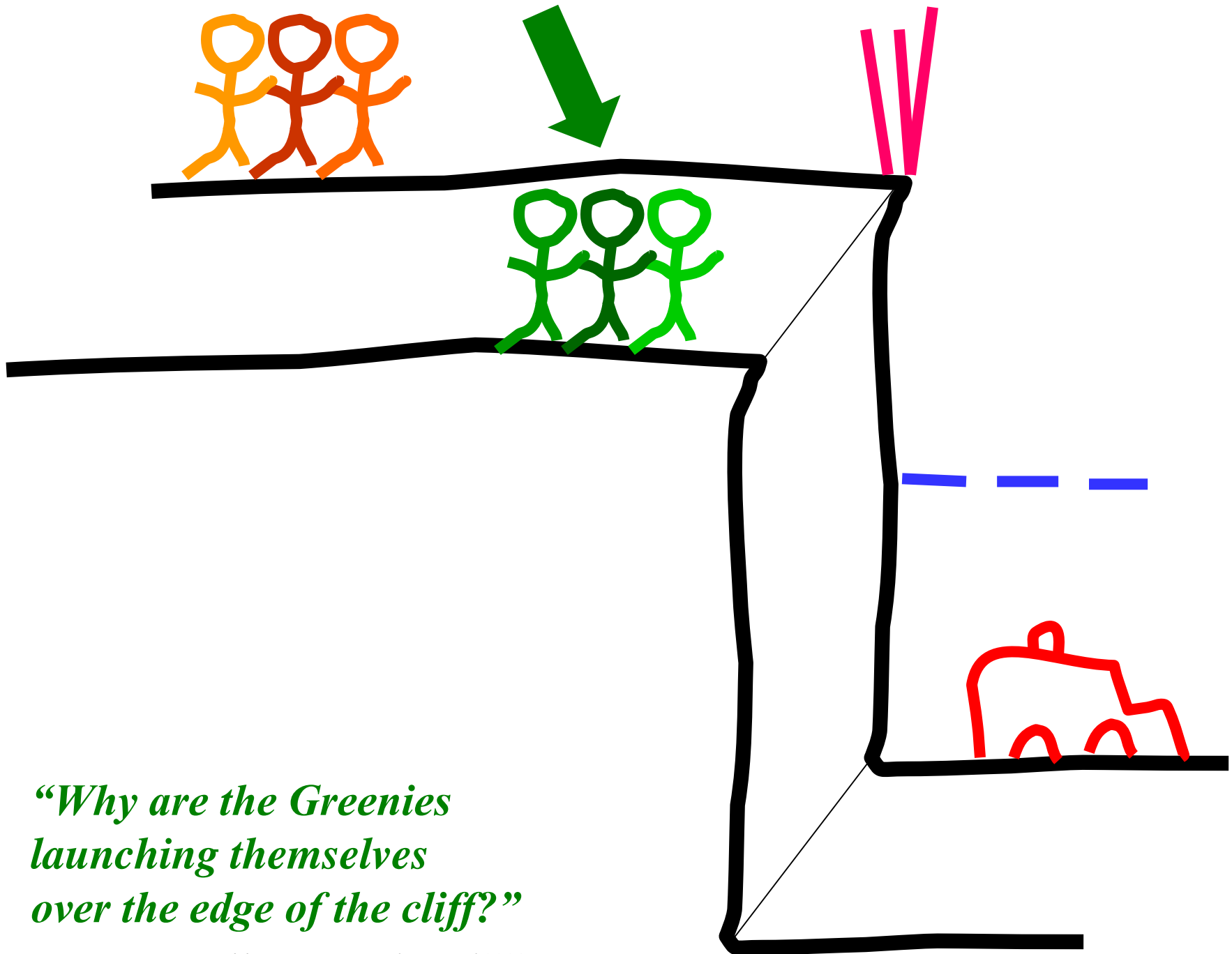
Health services

Addressing social determinants of health

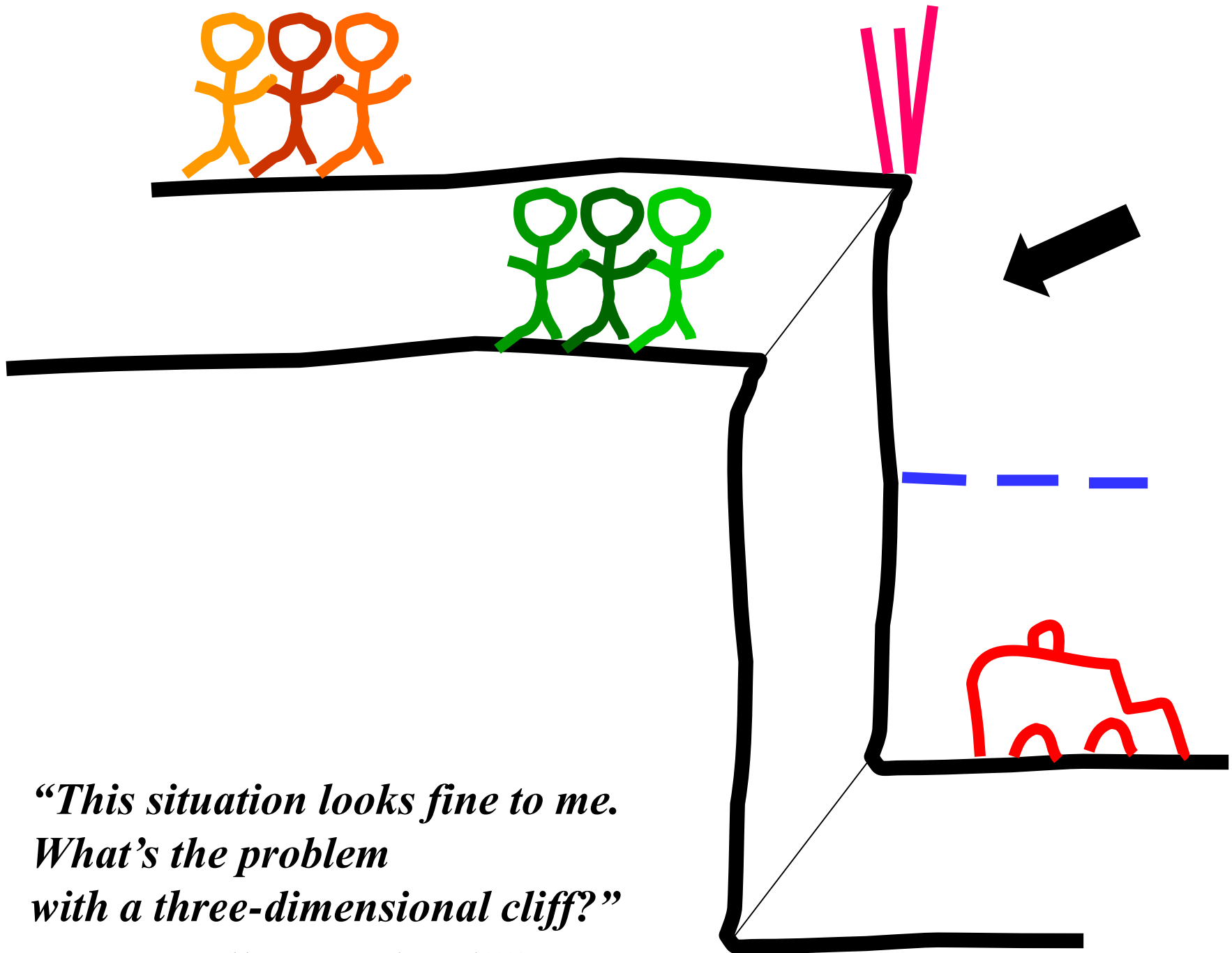




*“Why do we spend so much money
on ambulances
at the bottom of the cliff?”*



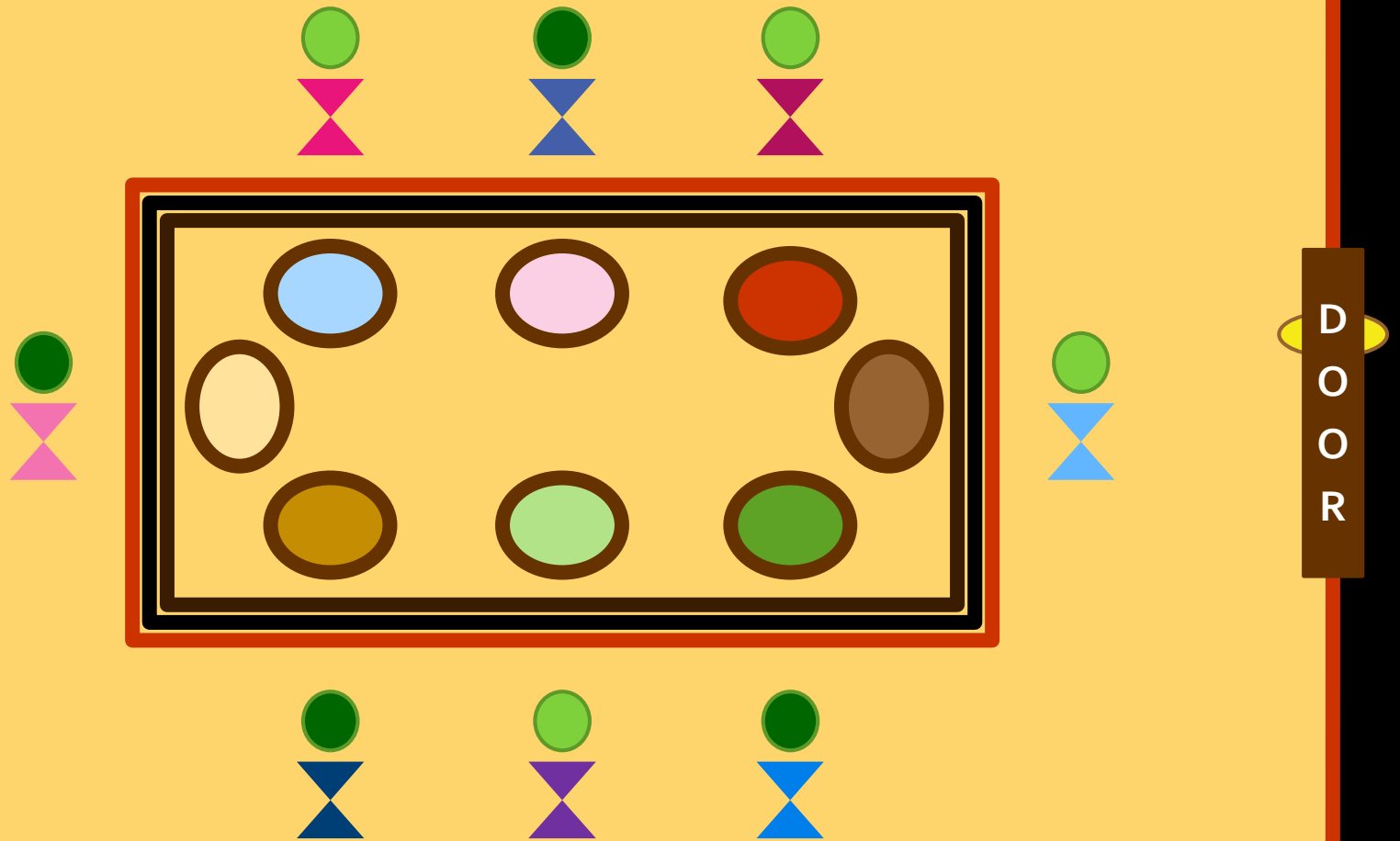
*“Why are the Greenies
launching themselves
over the edge of the cliff?”*



*“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

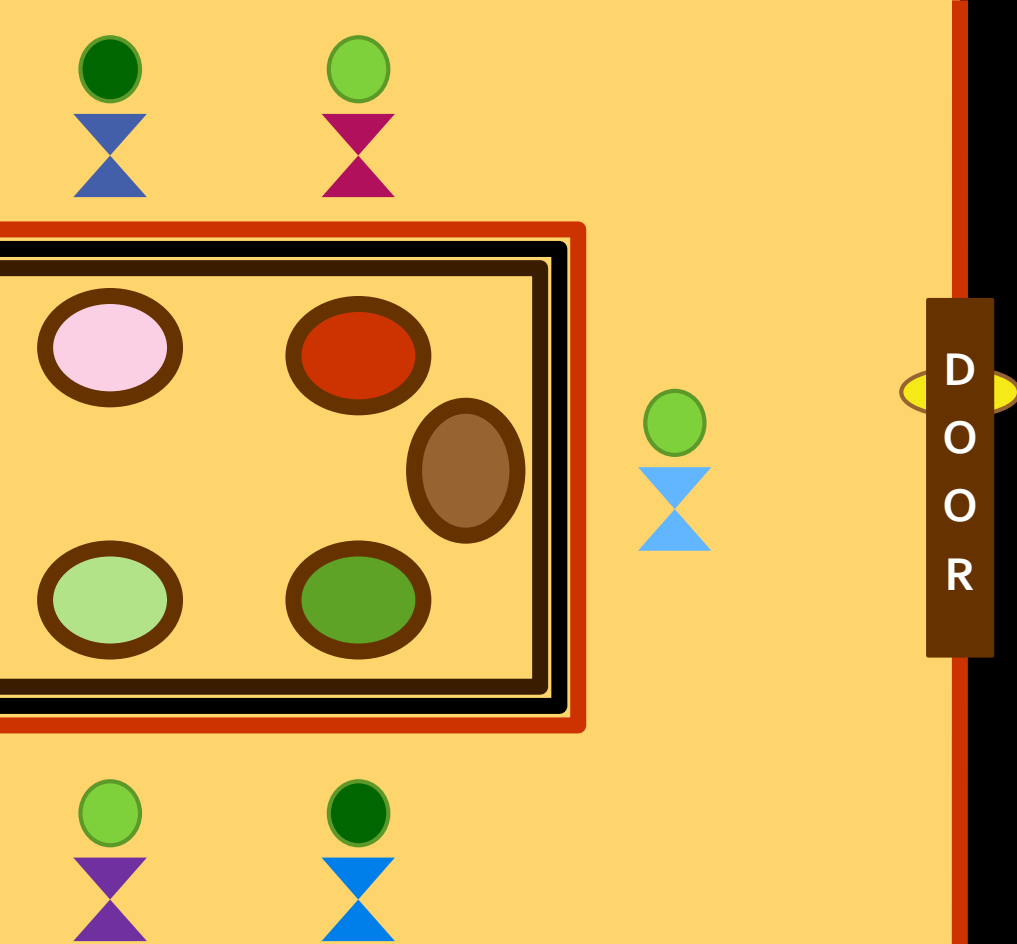




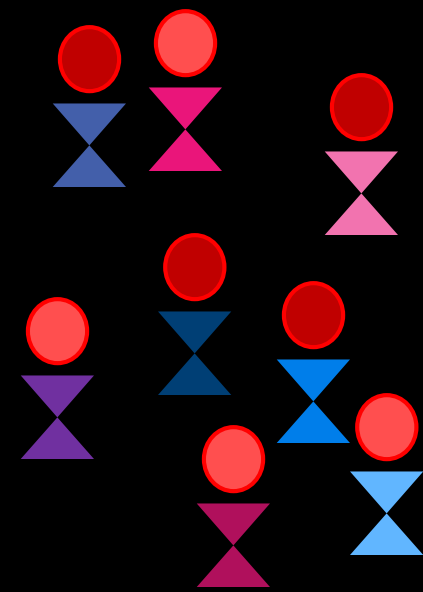
CLOSED



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

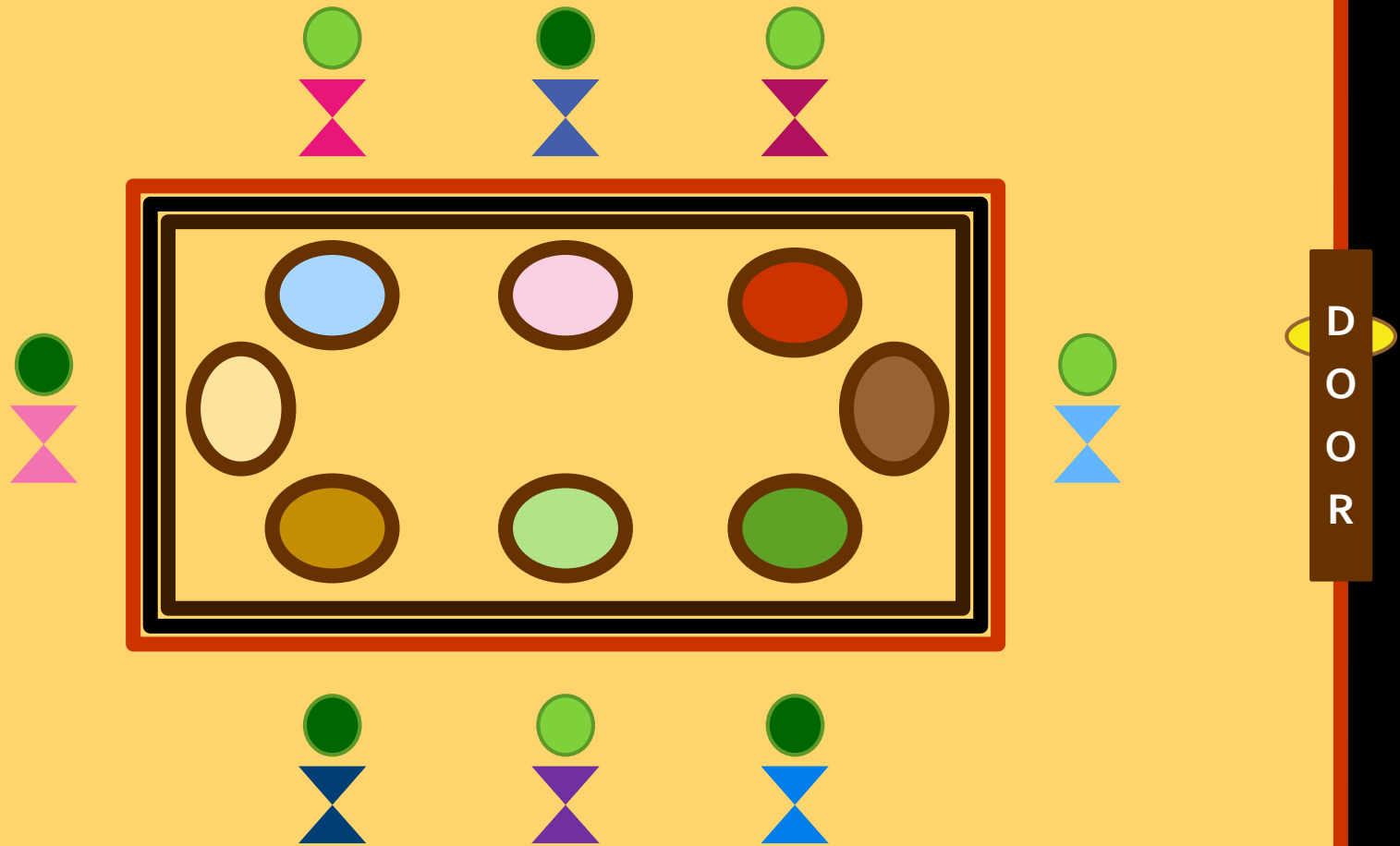


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It is difficult
to recognize
a system of inequity
that privileges us.

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

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- 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**

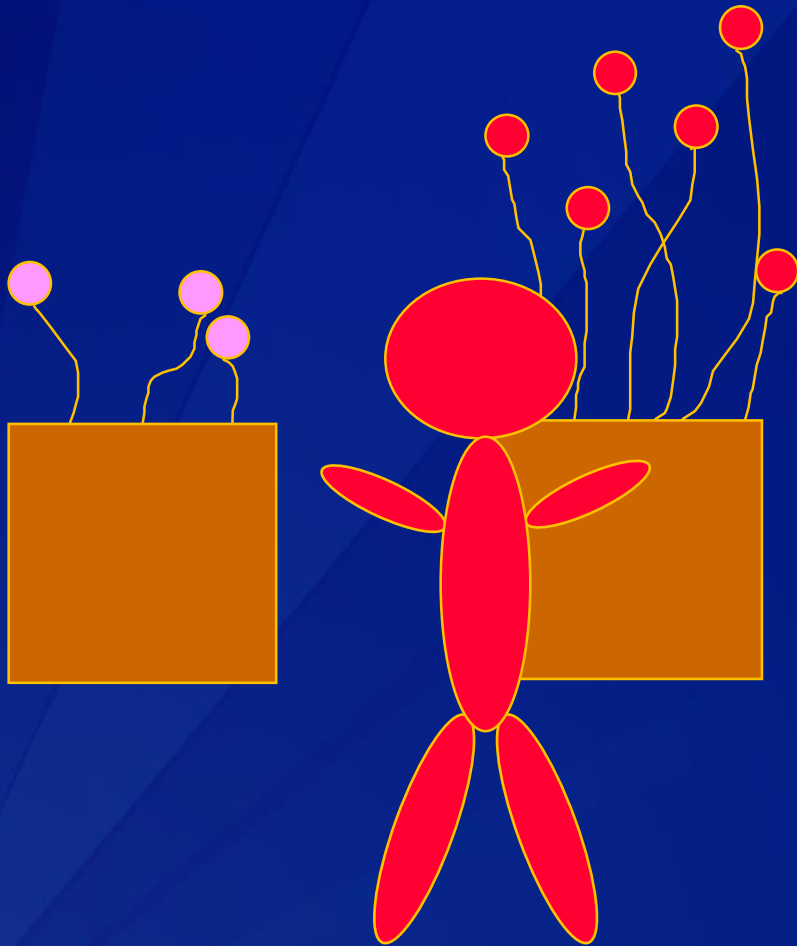
- ❑ **Examples**
 - Self-devaluation
 - “White man’s ice is colder” syndrome
 - Resignation, helplessness, hopelessness

- ❑ **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?*

“How is racism operating here?”

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

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- **Structures:** Presence or absence of Citizen Review Boards

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- **Norms:** Blue Code of Silence

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Police killings of unarmed Black men

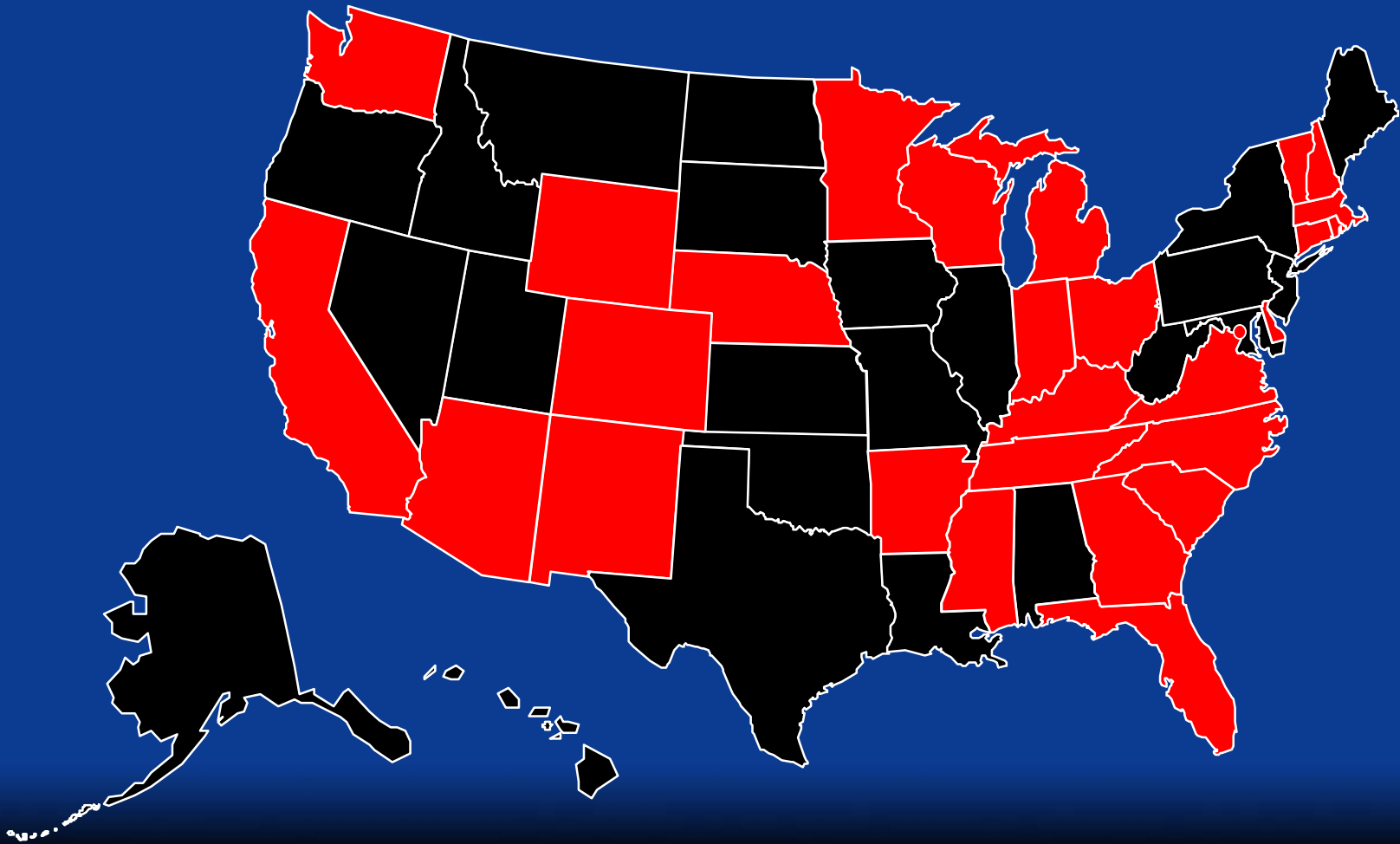
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- **Practices:** Over-policing of communities of color
- **Norms:** Blue Code of Silence
- **Values:** View of Black men as inherently threatening

“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

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

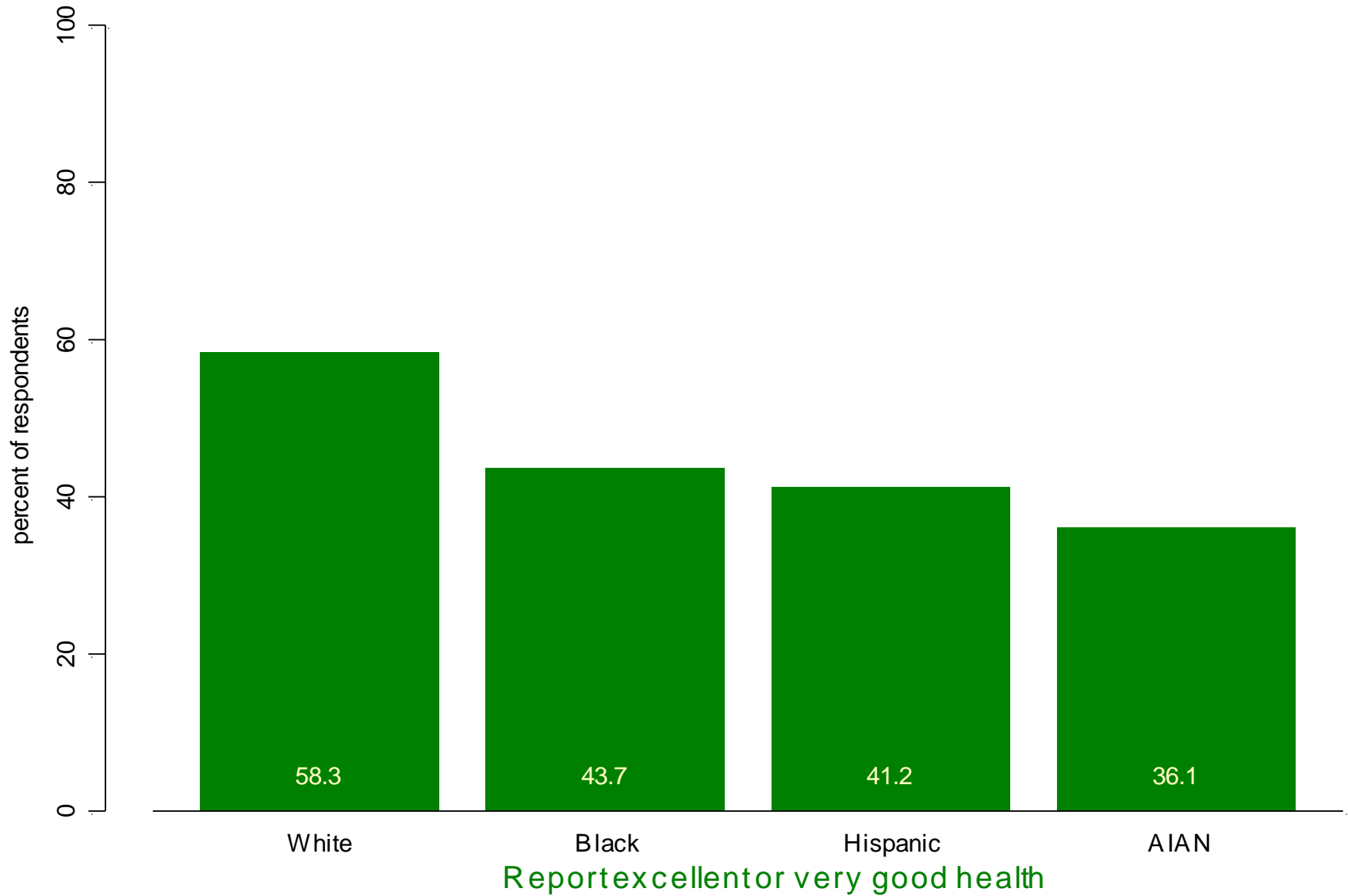
Socially-assigned “race”

- ❑ **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**

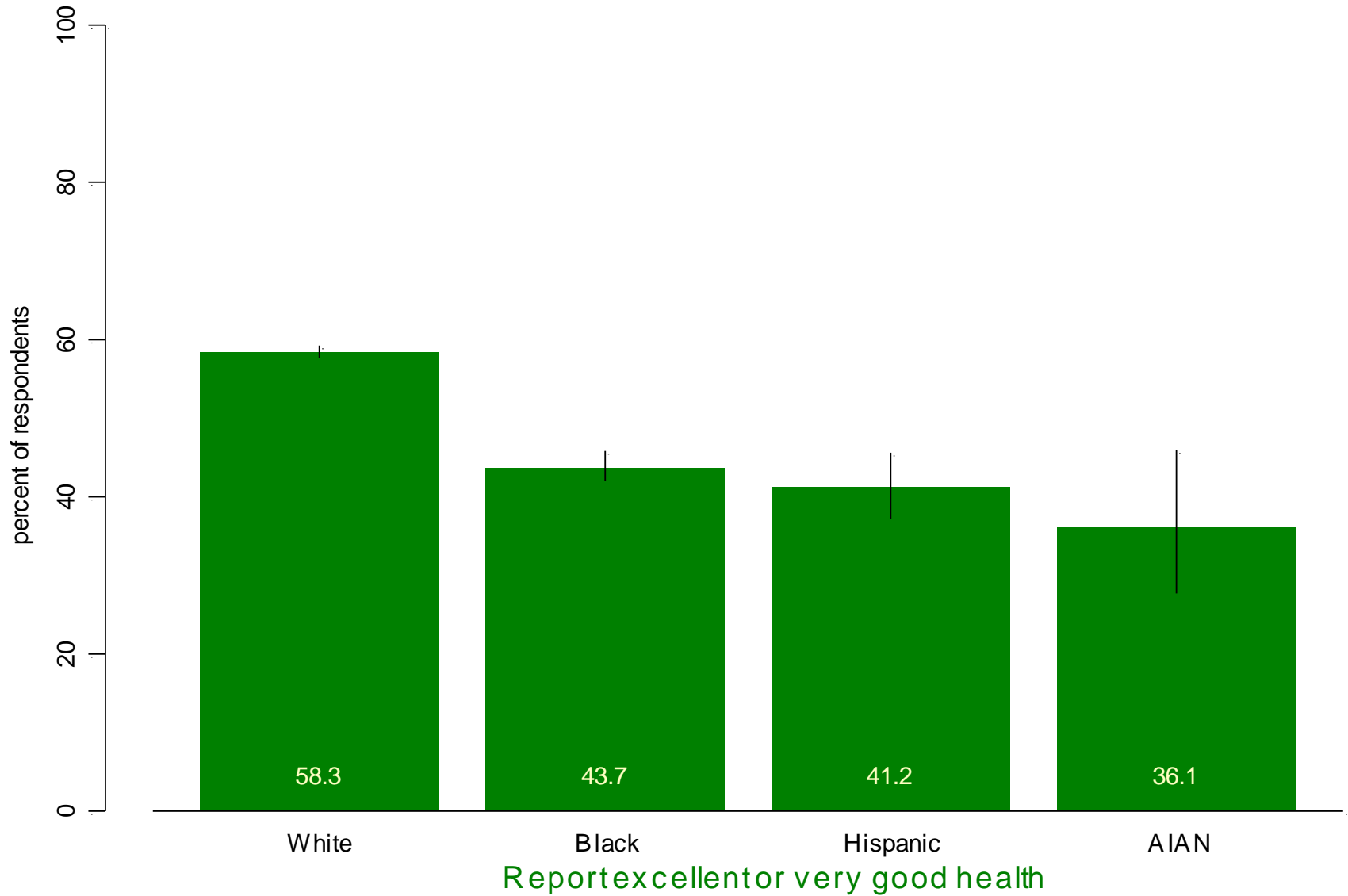
General health status

- ❑ **Would you say that in general your health is:**
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

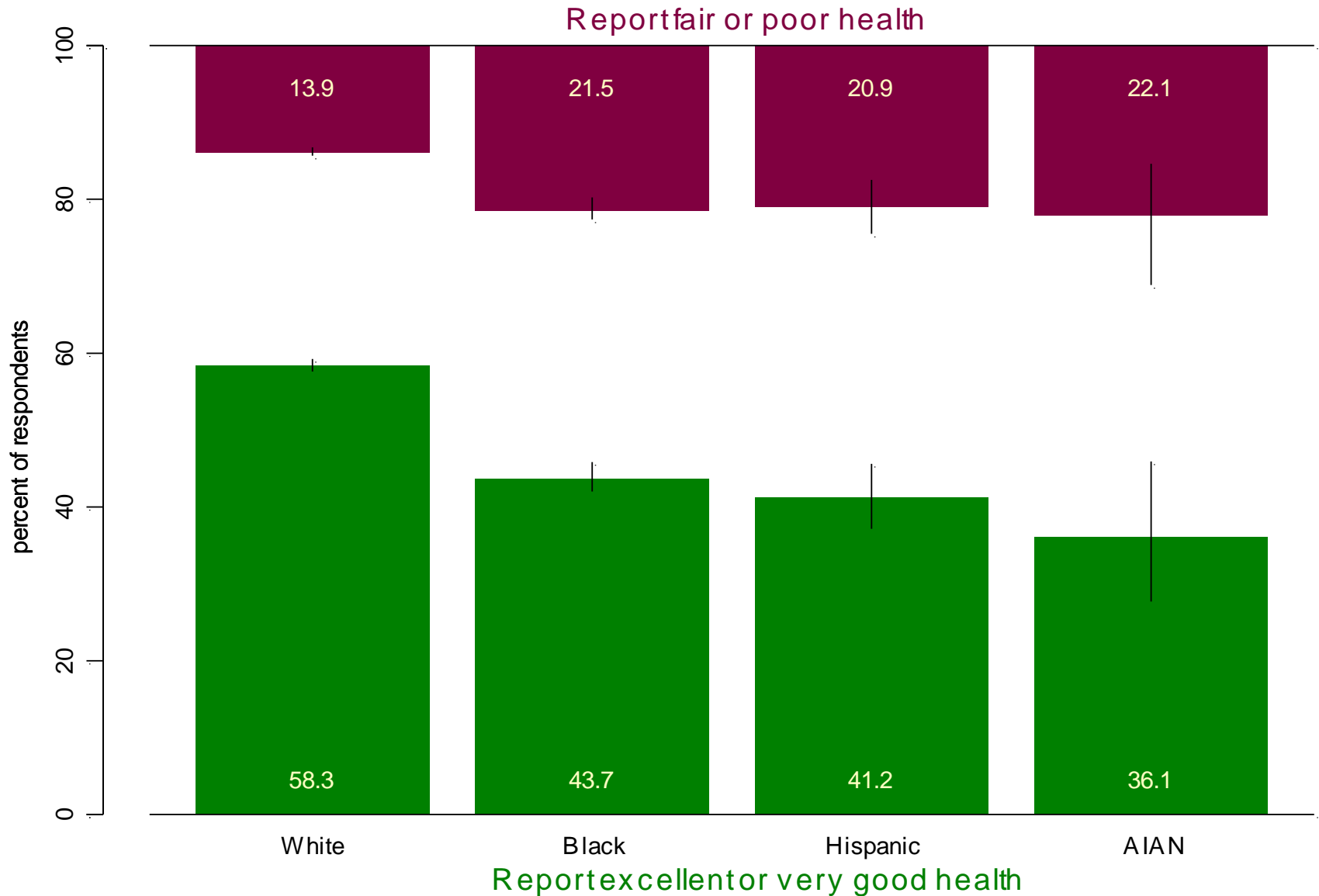
General health status by socially-assigned "race", 2004 BRFSS



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



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



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	98.4	0.1	0.3	0.1	1.1
Black 5,246	0.4	96.3	0.8	0.3	2.2

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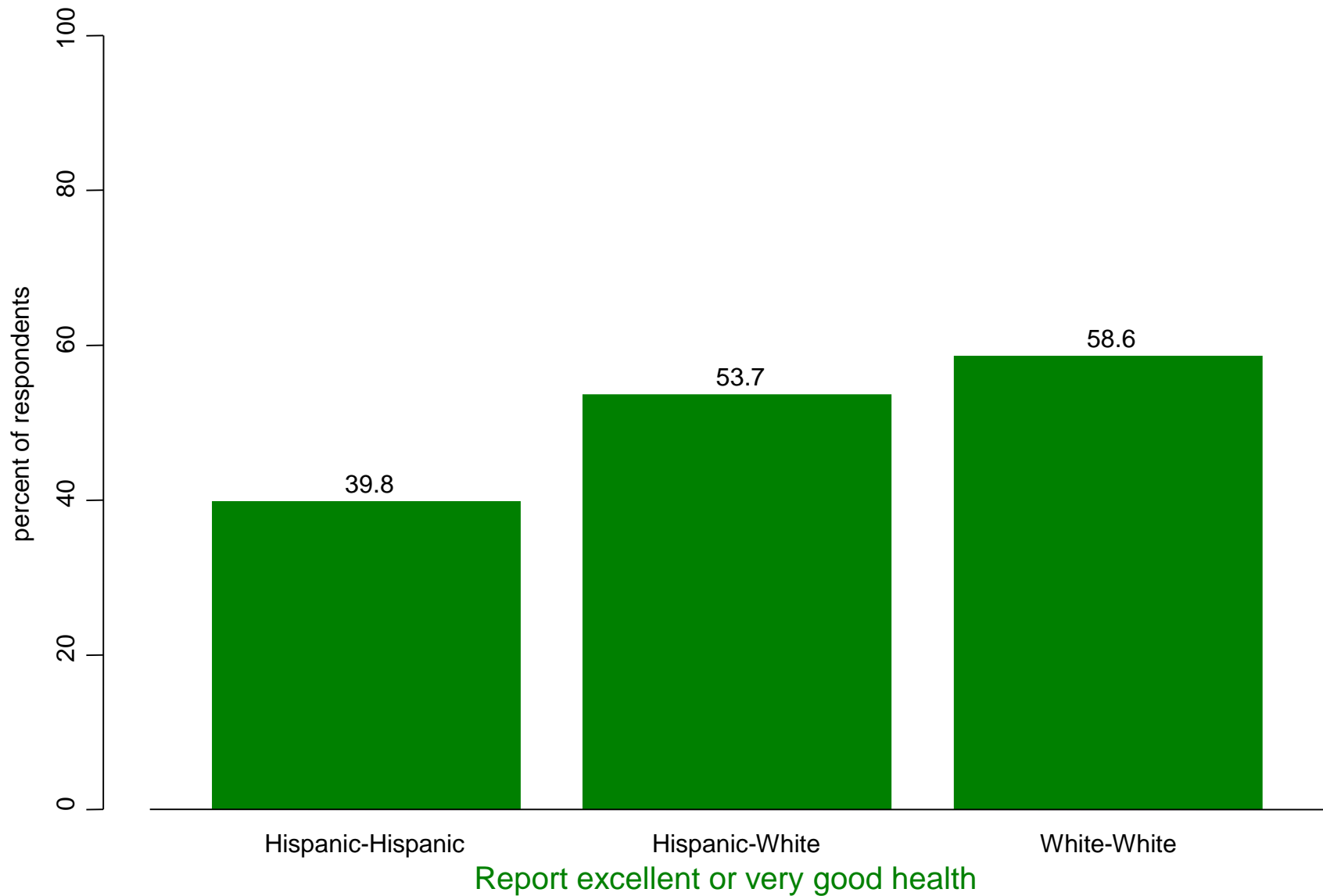
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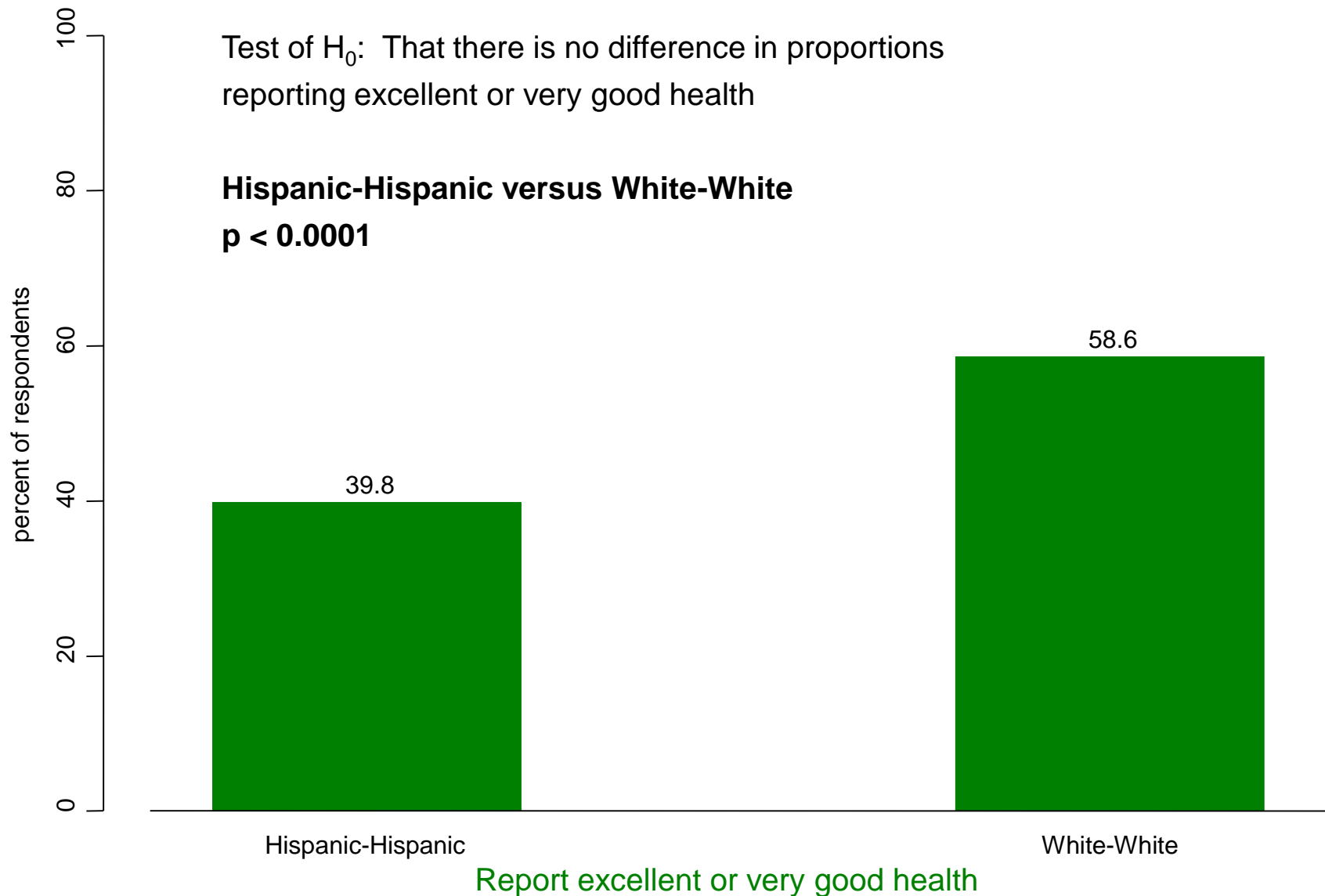
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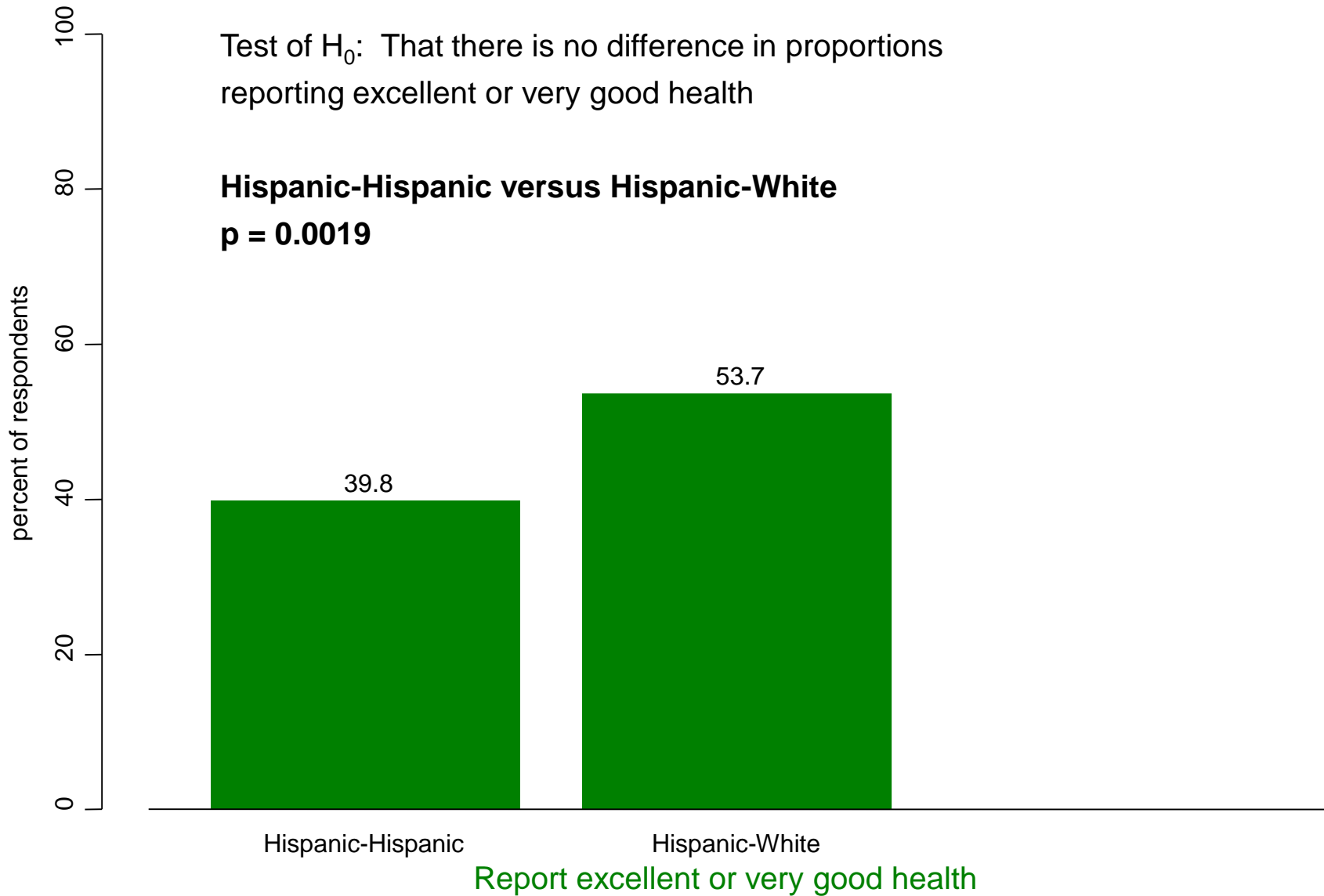
General health status, by self-identified and socially-assigned "race", 2004



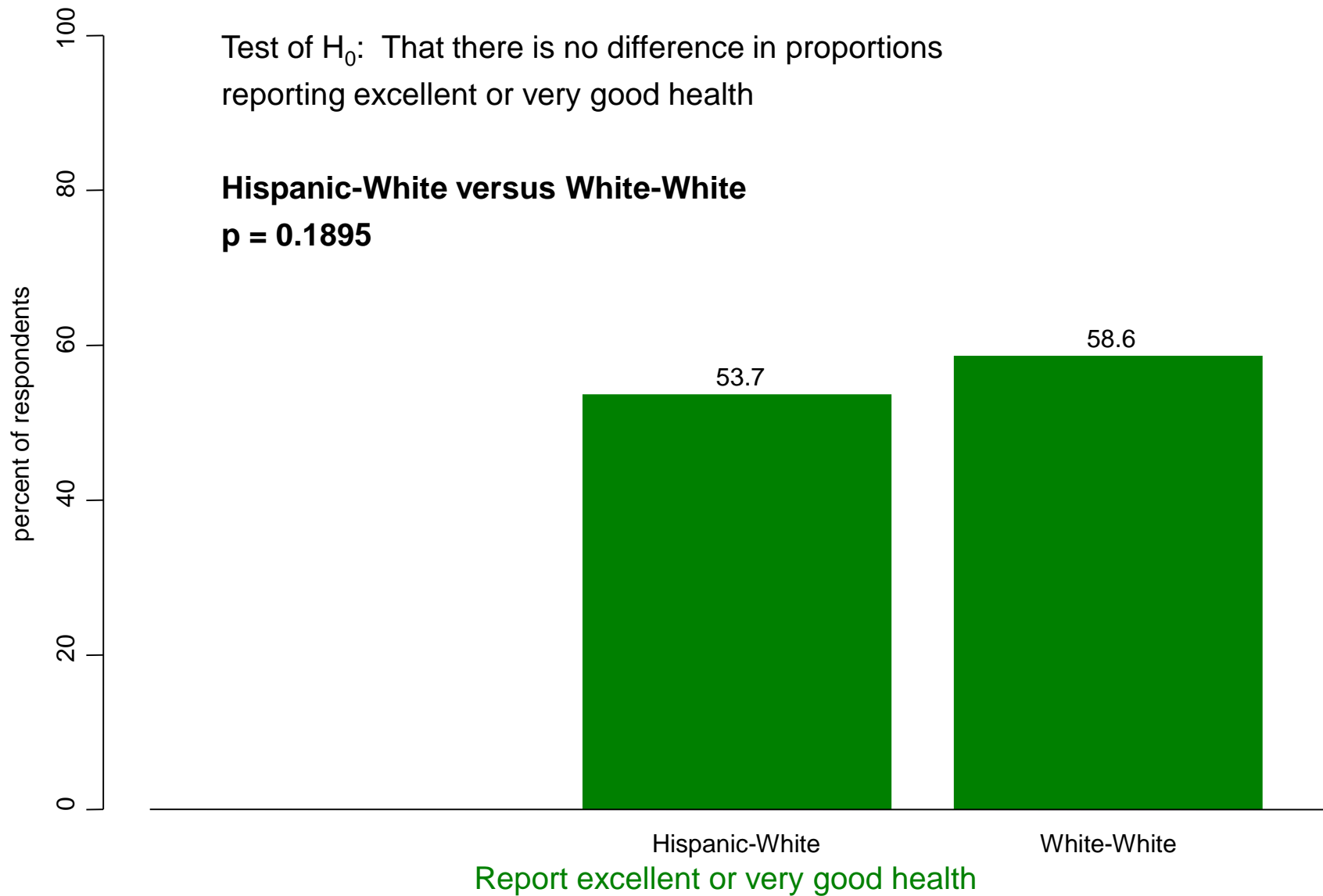
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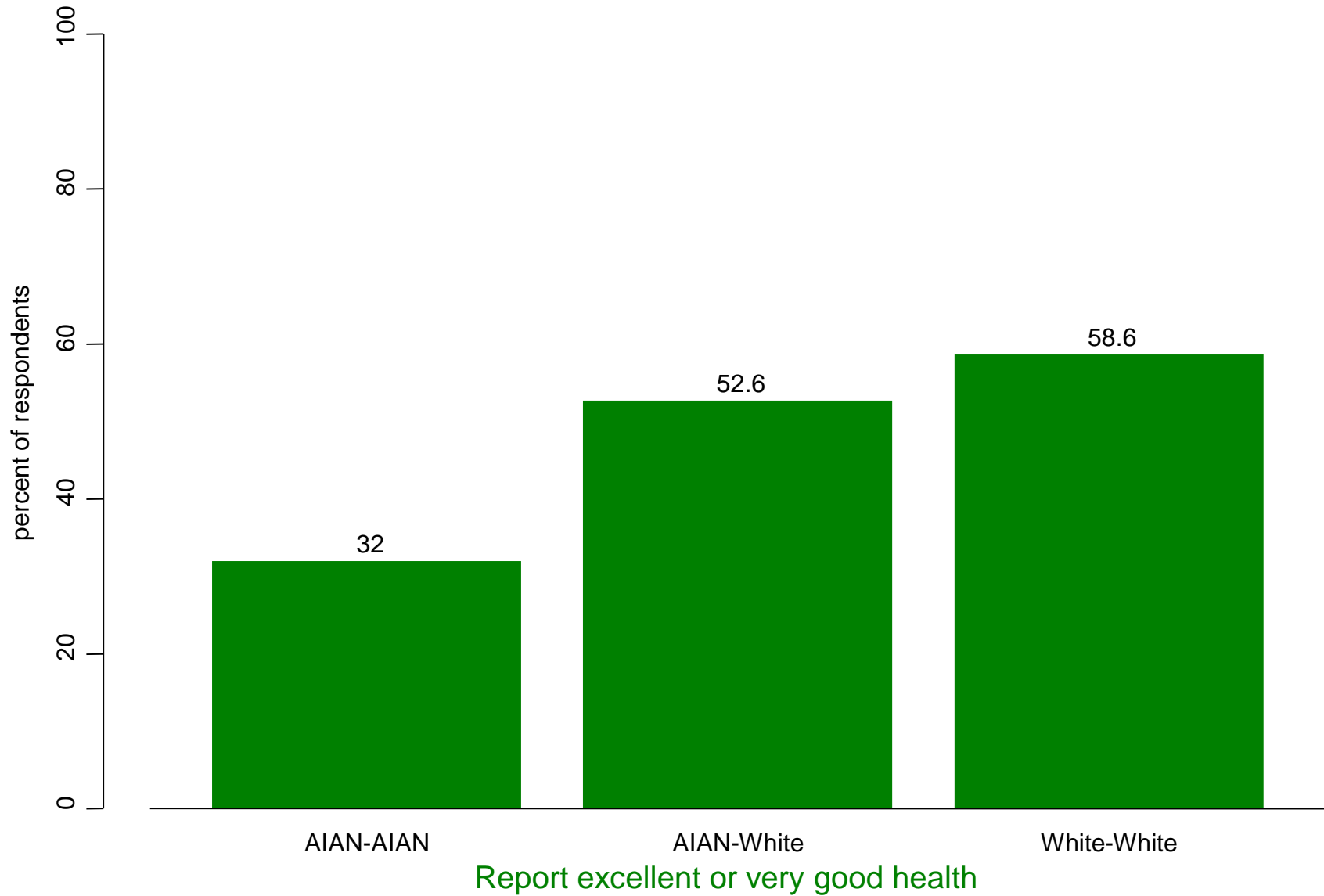
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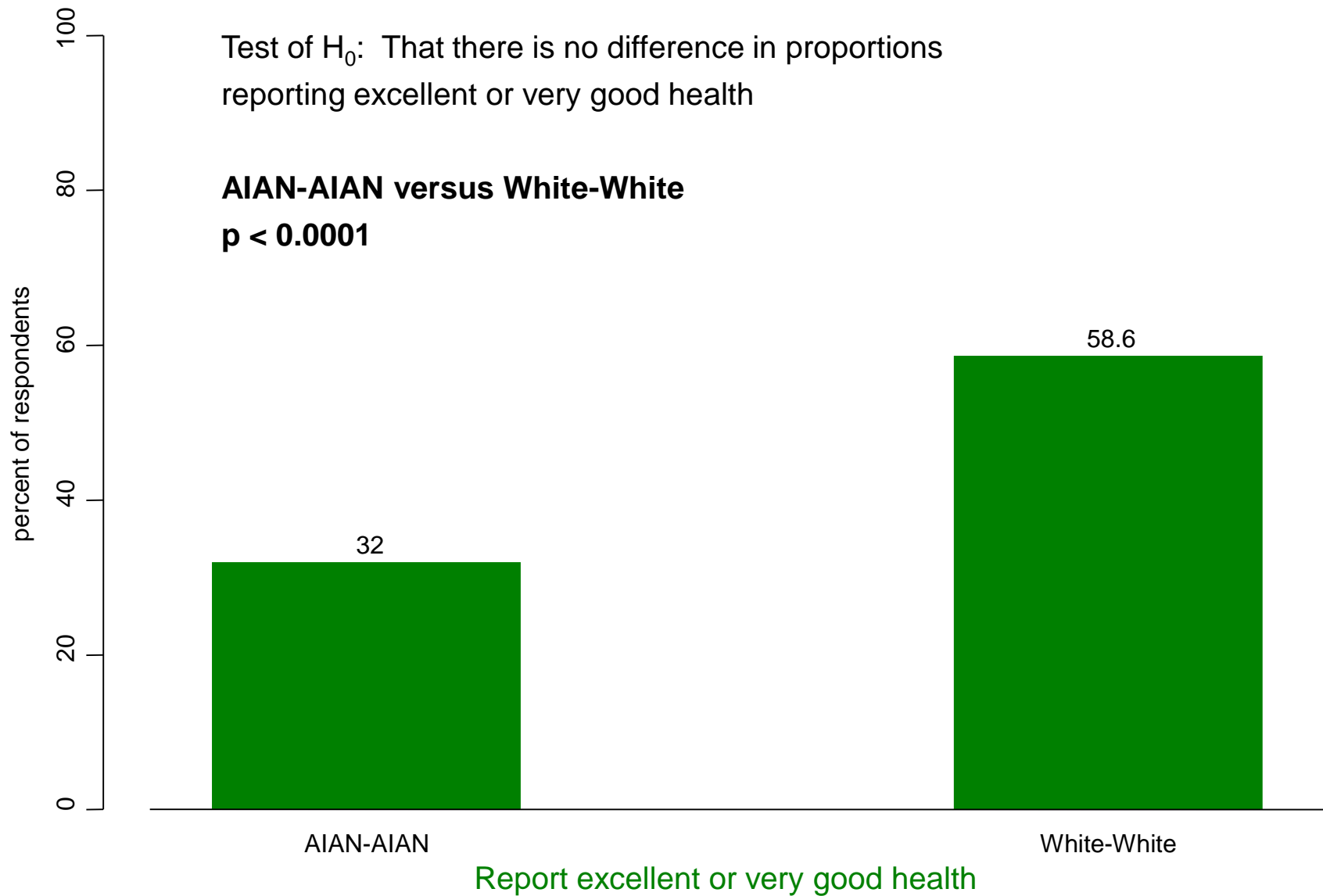
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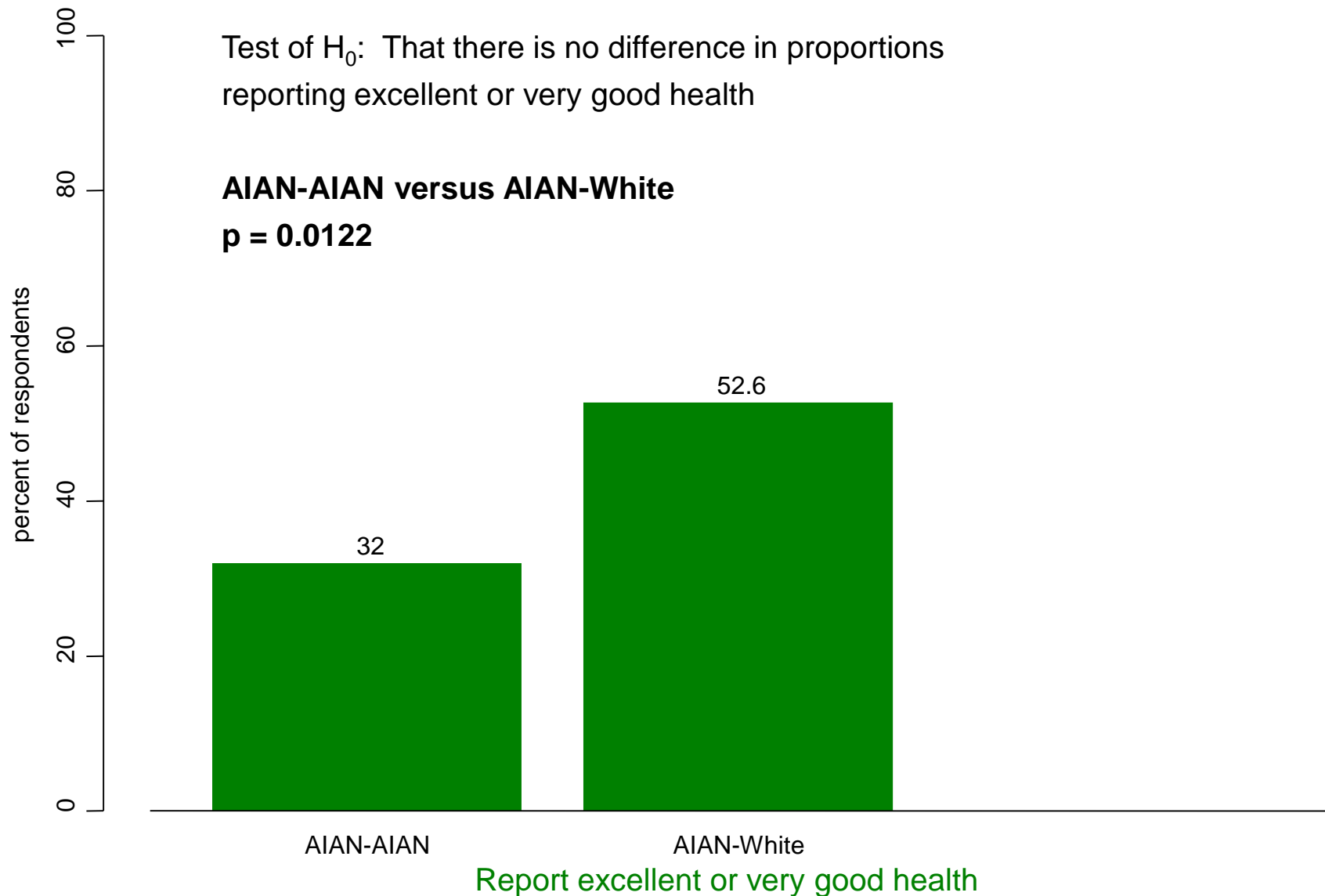
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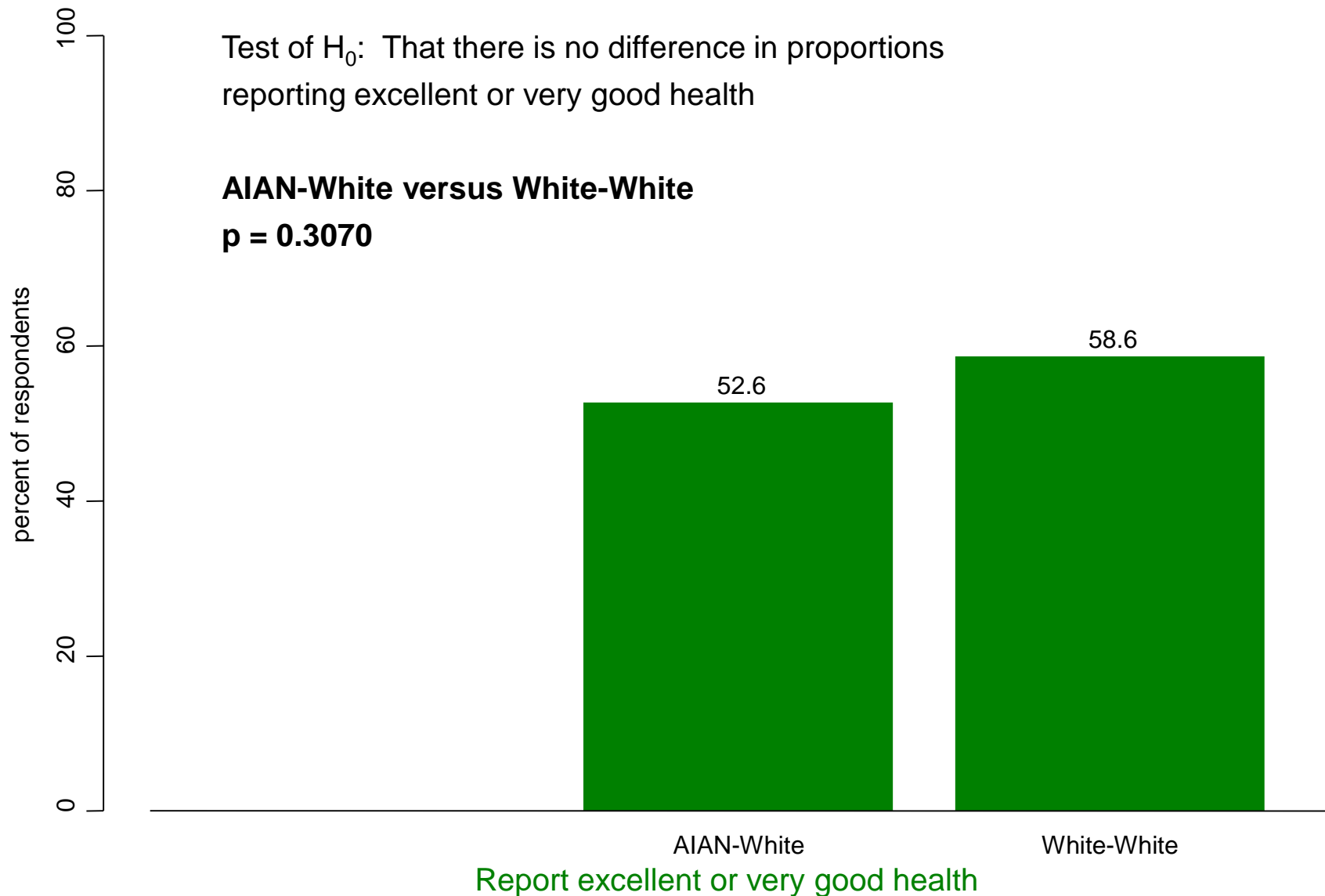
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General health status and “race”

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

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

What is *[inequity]* ?

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

Many axes of inequity

- ❑ **“Race”**
- ❑ **Gender**
- ❑ **Ethnicity and indigenous status**

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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

- ❑ **3rd 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
- ❑ **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**
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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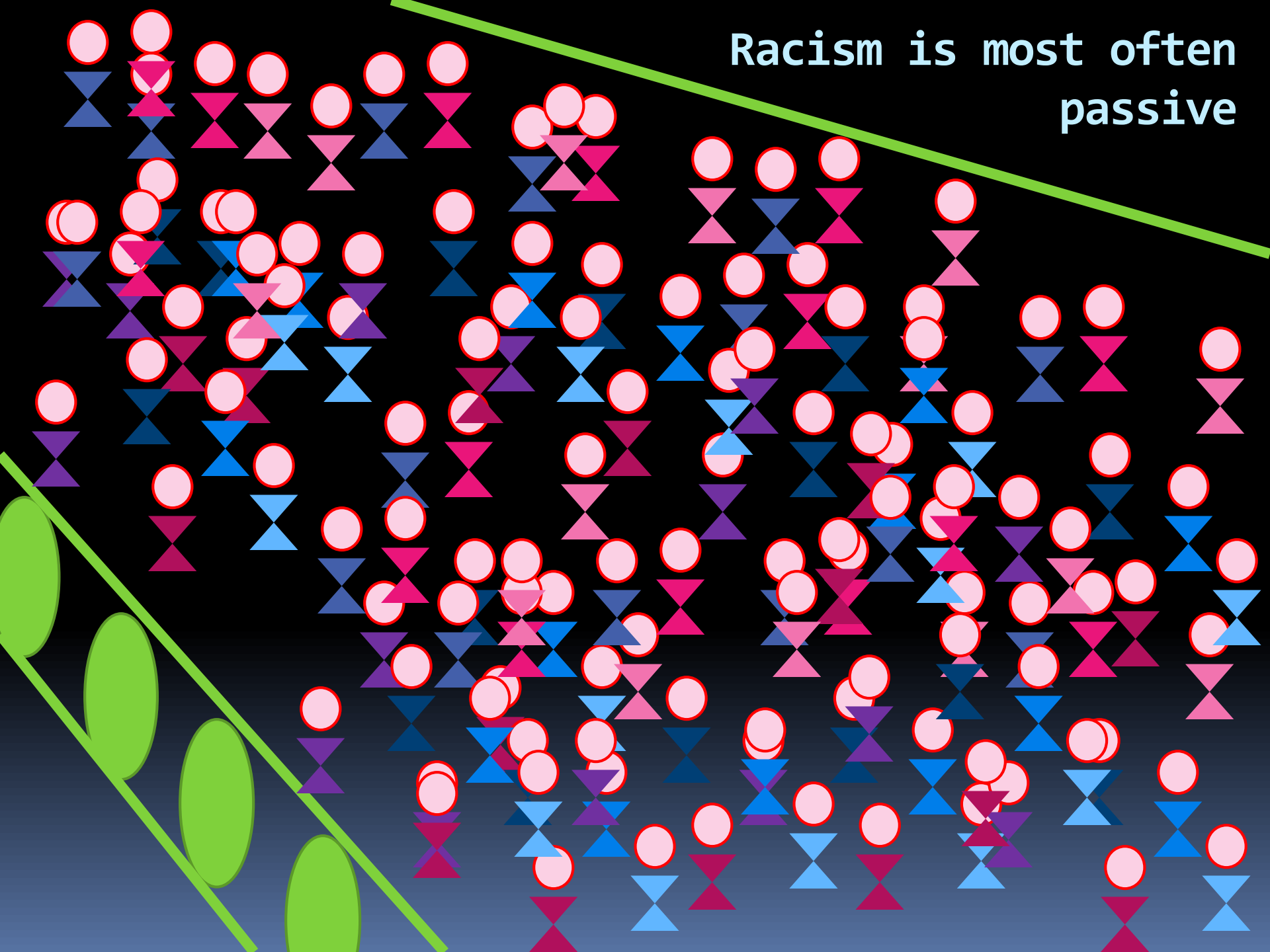
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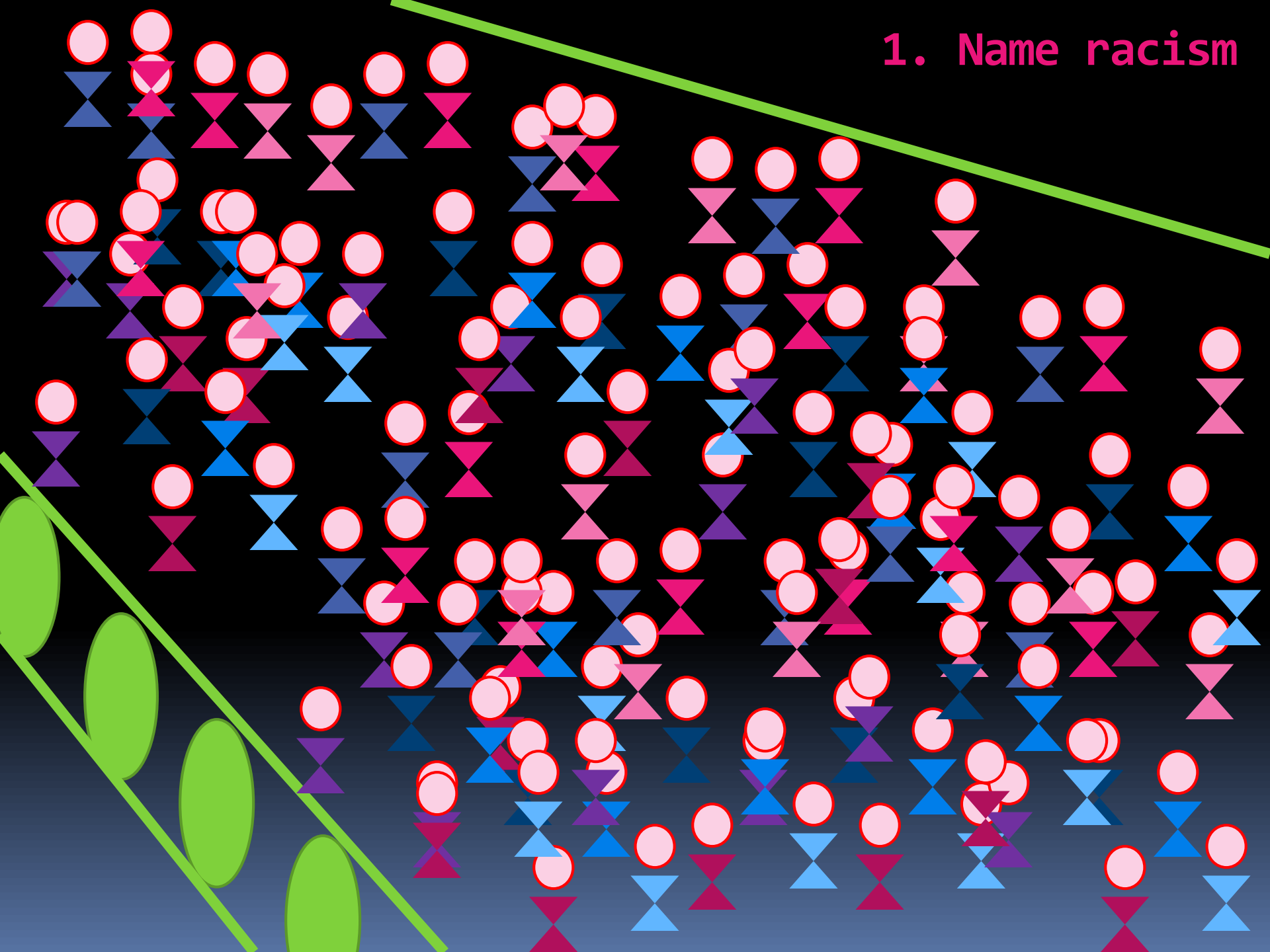


Life on a Conveyor Belt: Moving to action

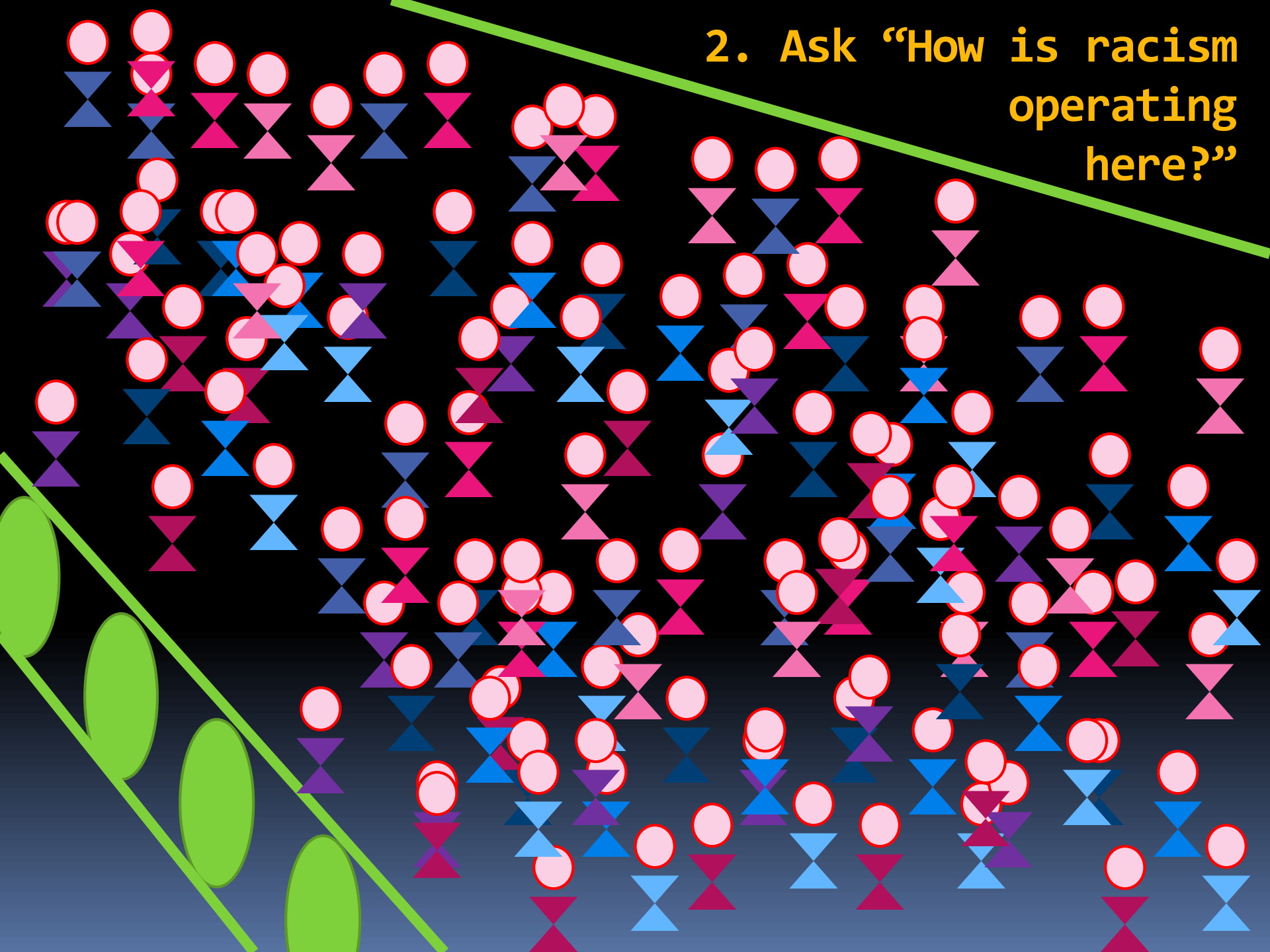
Racism is most often
passive



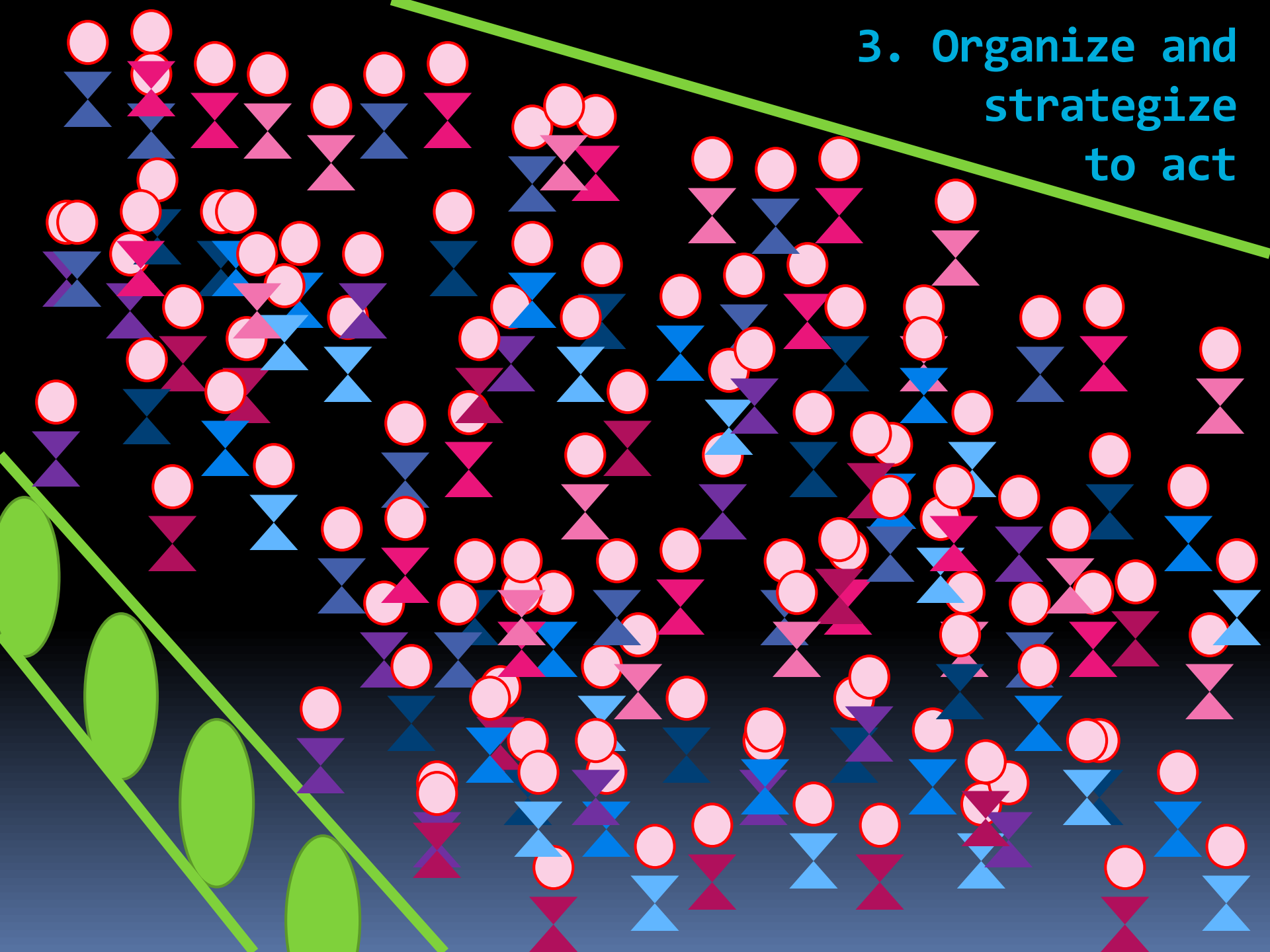
1. Name racism



2. Ask "How is racism operating here?"



3. Organize and strategize to act



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