

Achieving Health Equity

tools for a
national campaign against racism

Camara Phyllis Jones, MD, MPH, PhD

Keynote Address

Grantee Summit 2017

Bridging Cancer Care

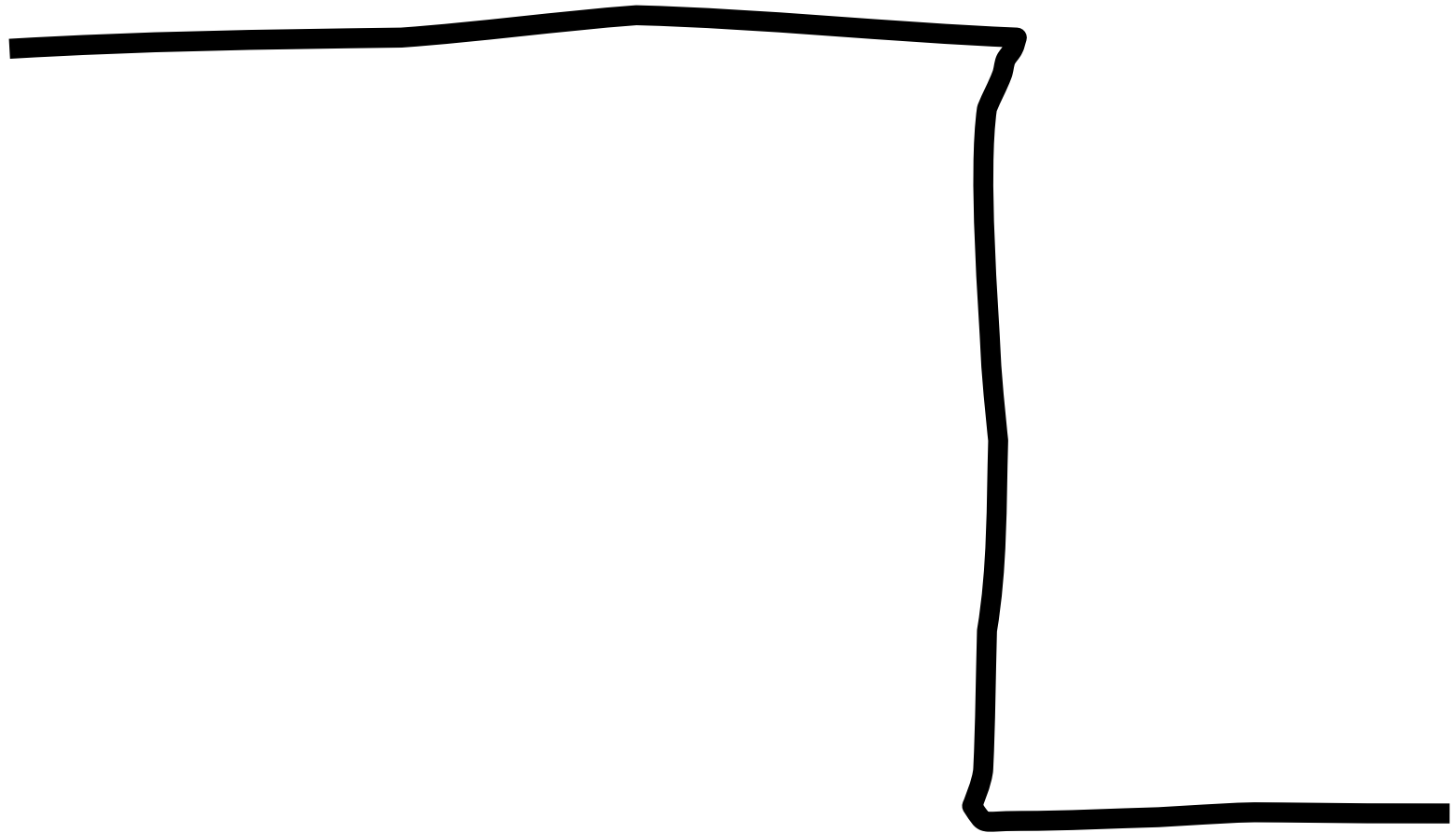
Specialty Care for Vulnerable Populations

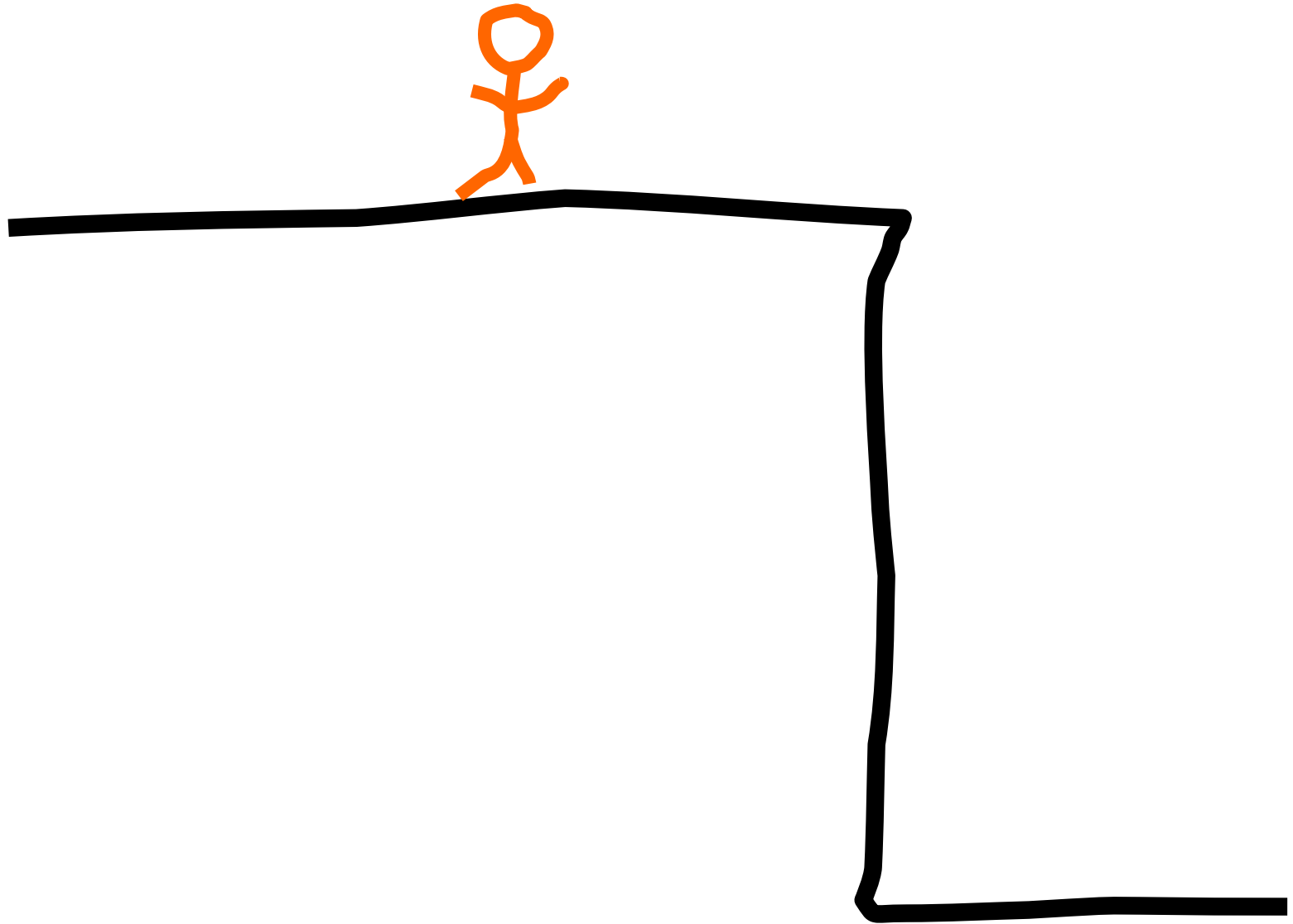
Bristol-Myers Squibb Foundation

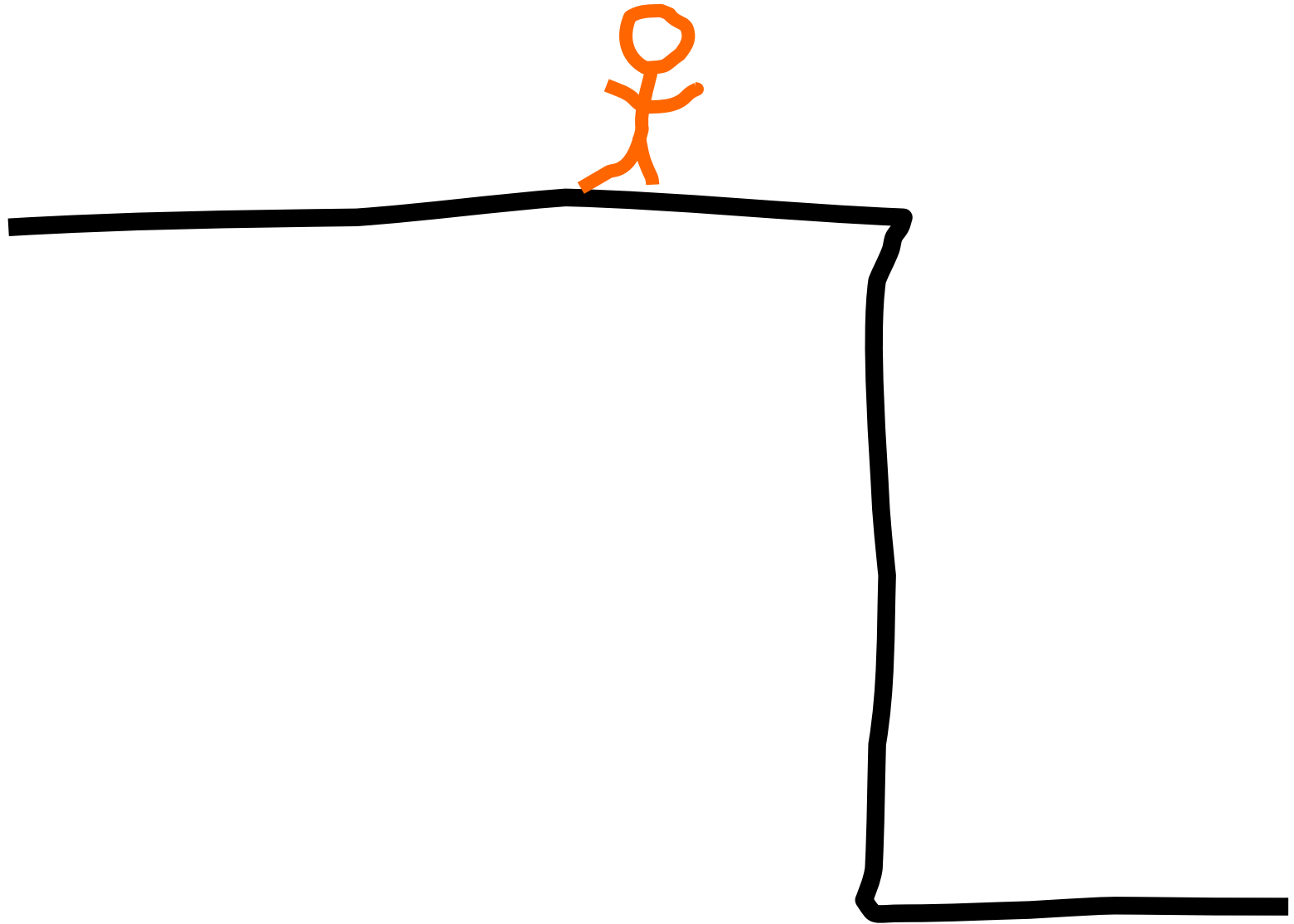
Atlanta, Georgia

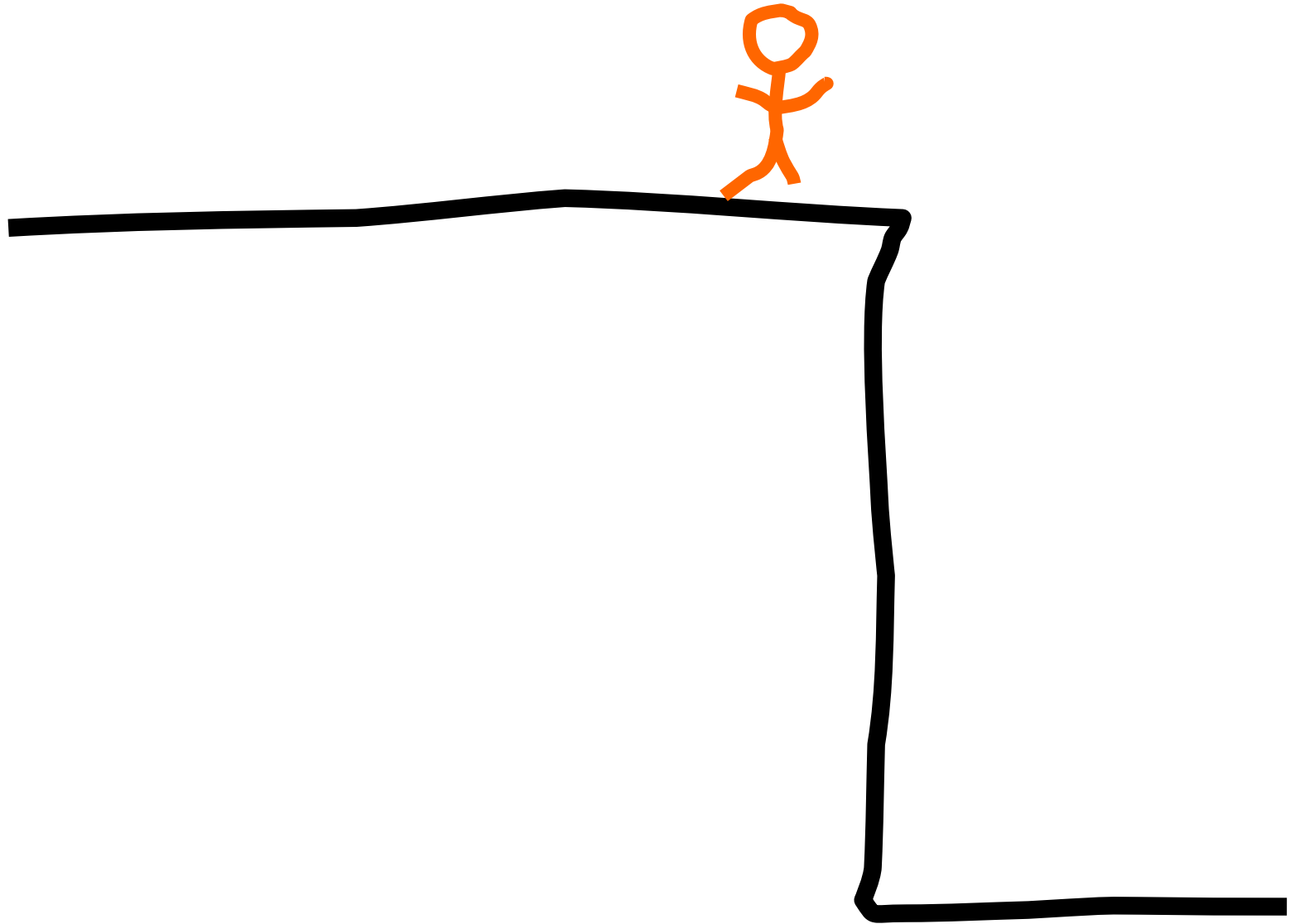
April 10, 2017

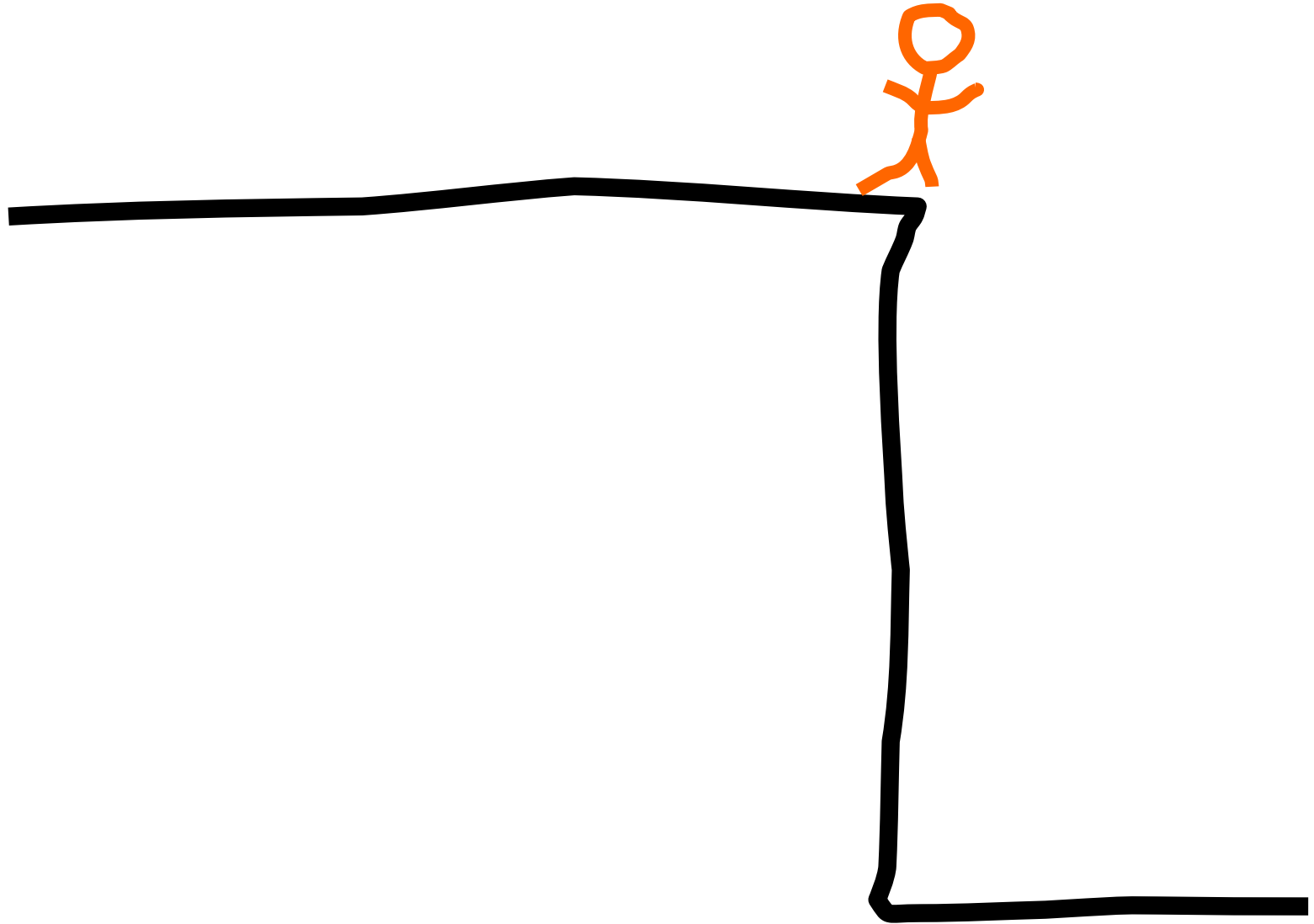
Levels of health intervention

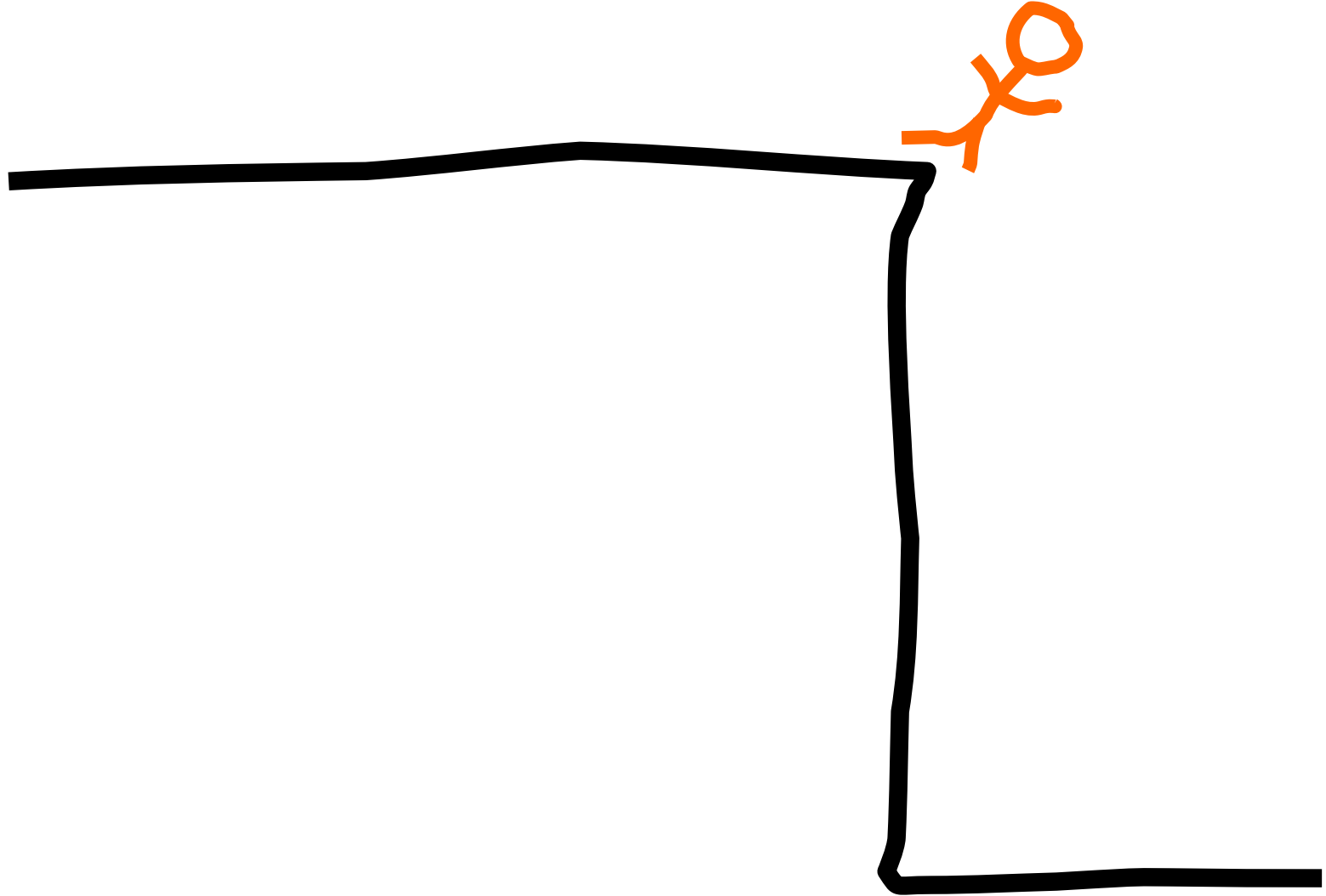


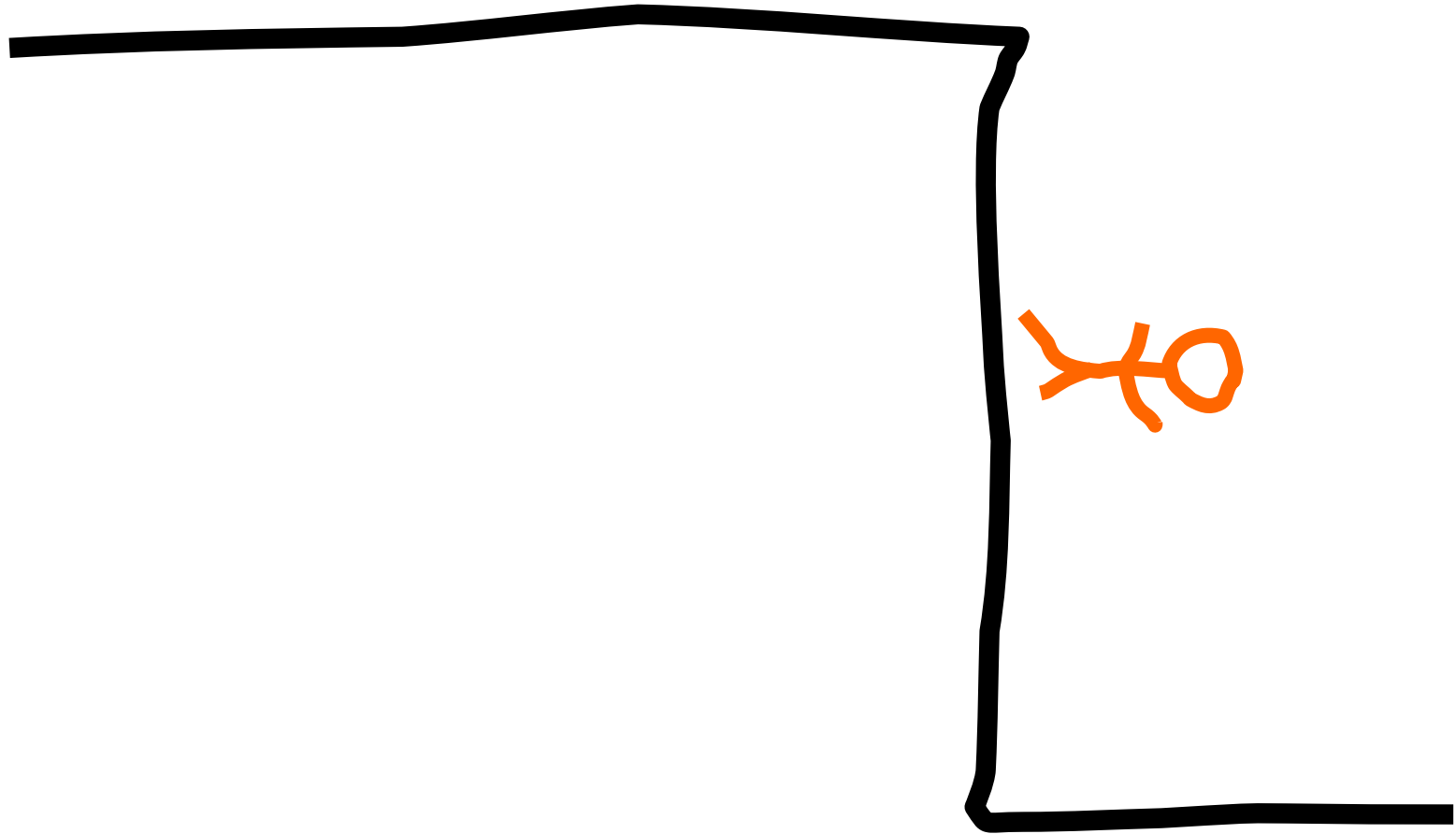


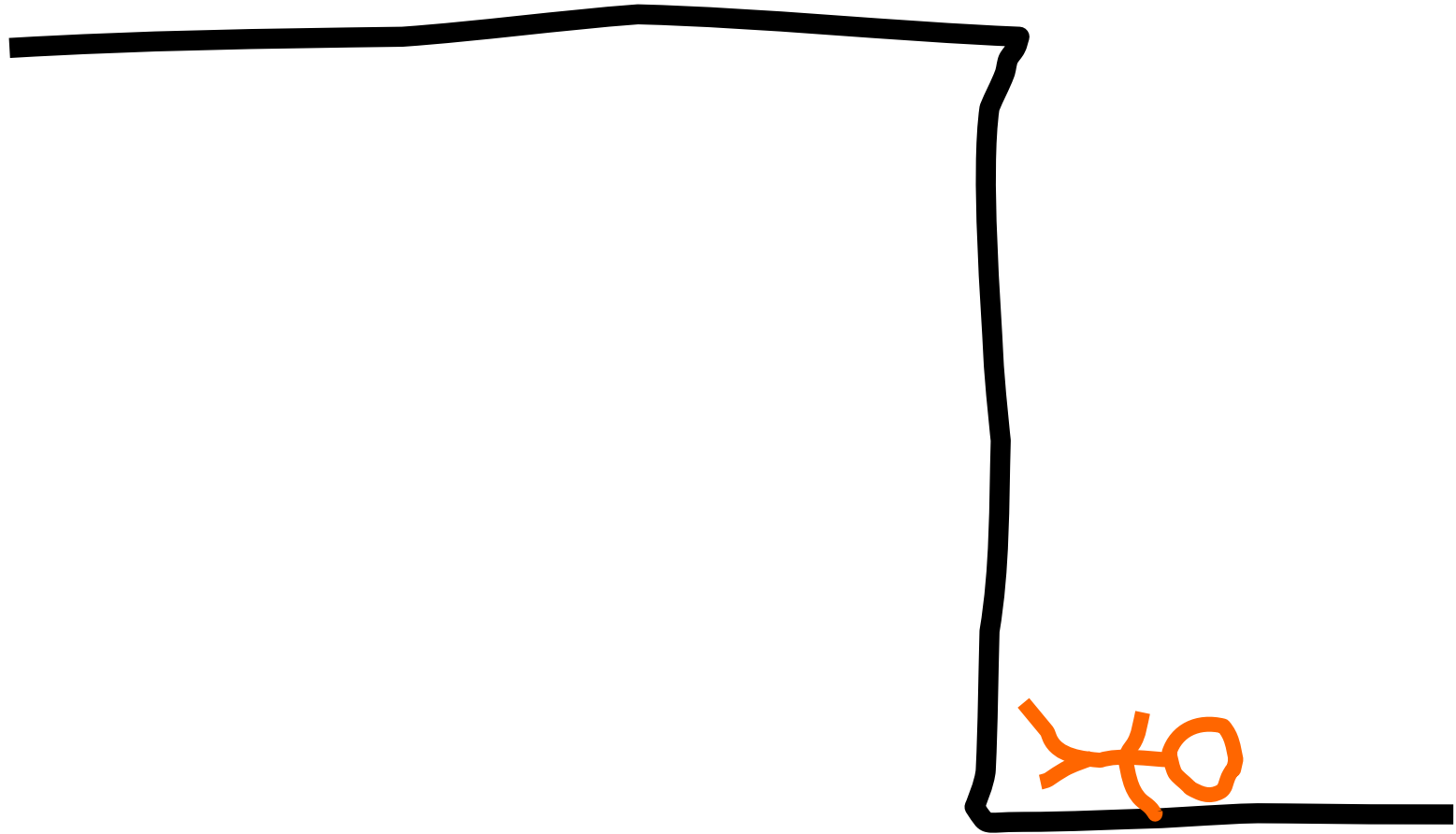


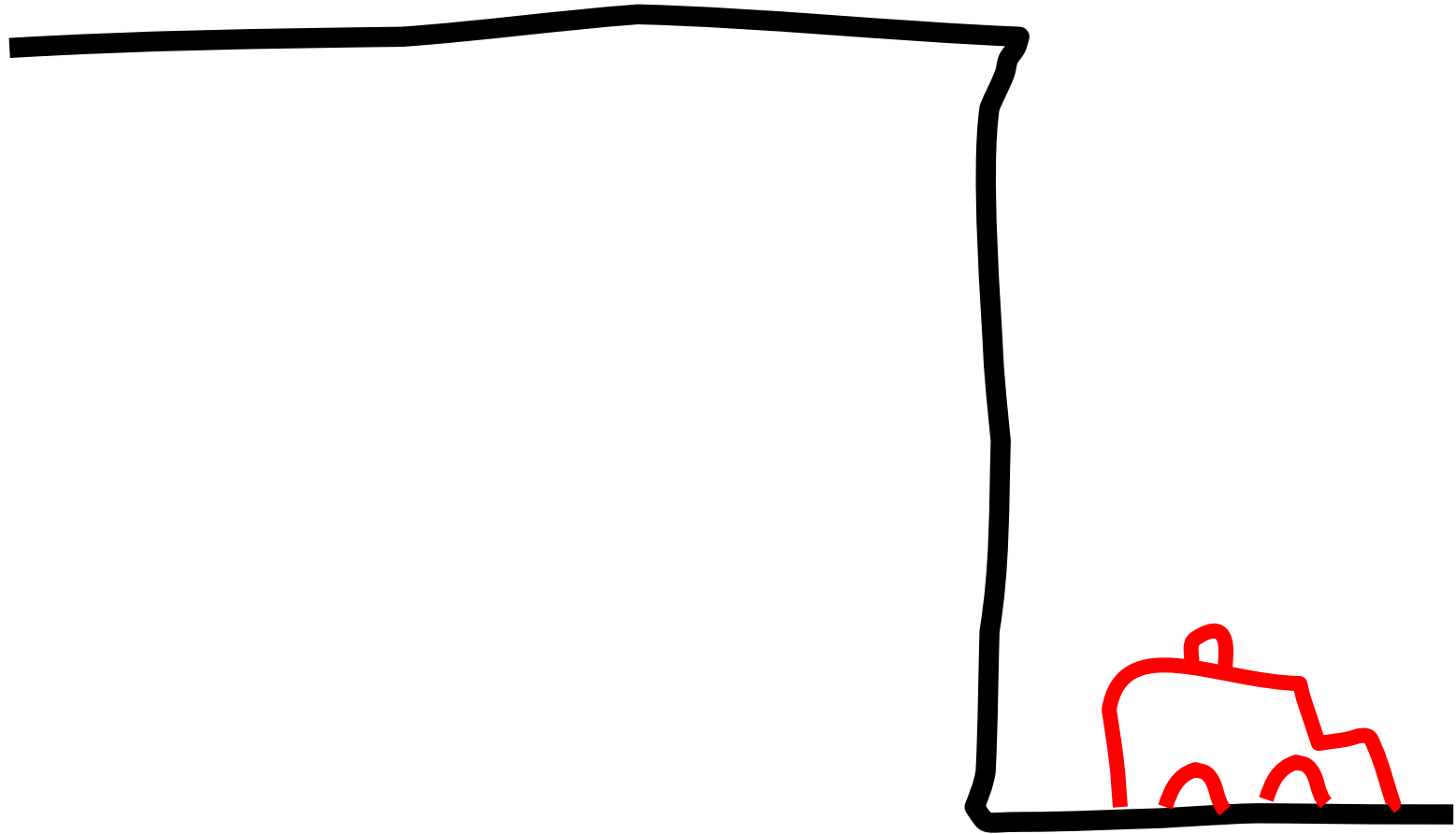


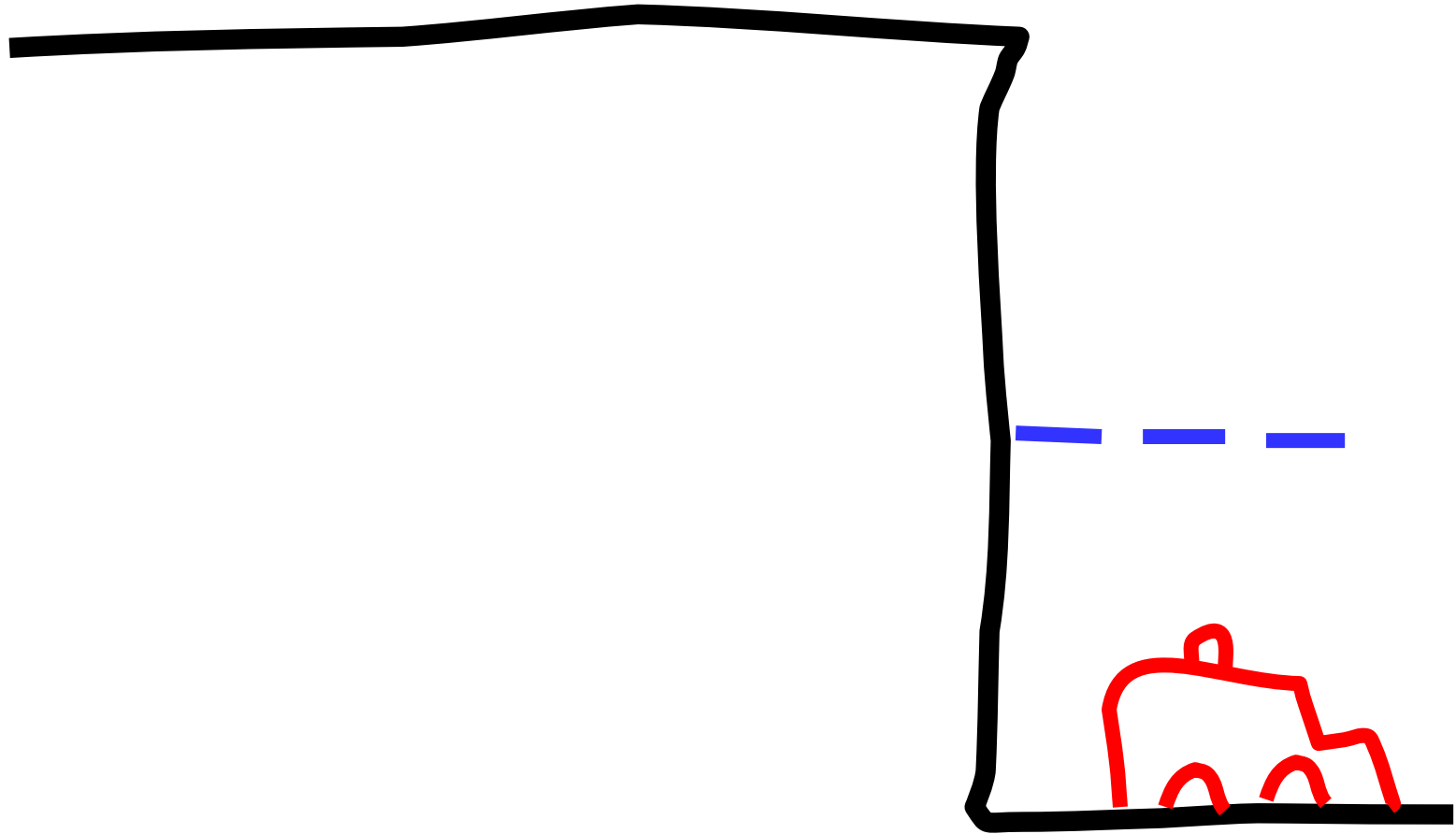


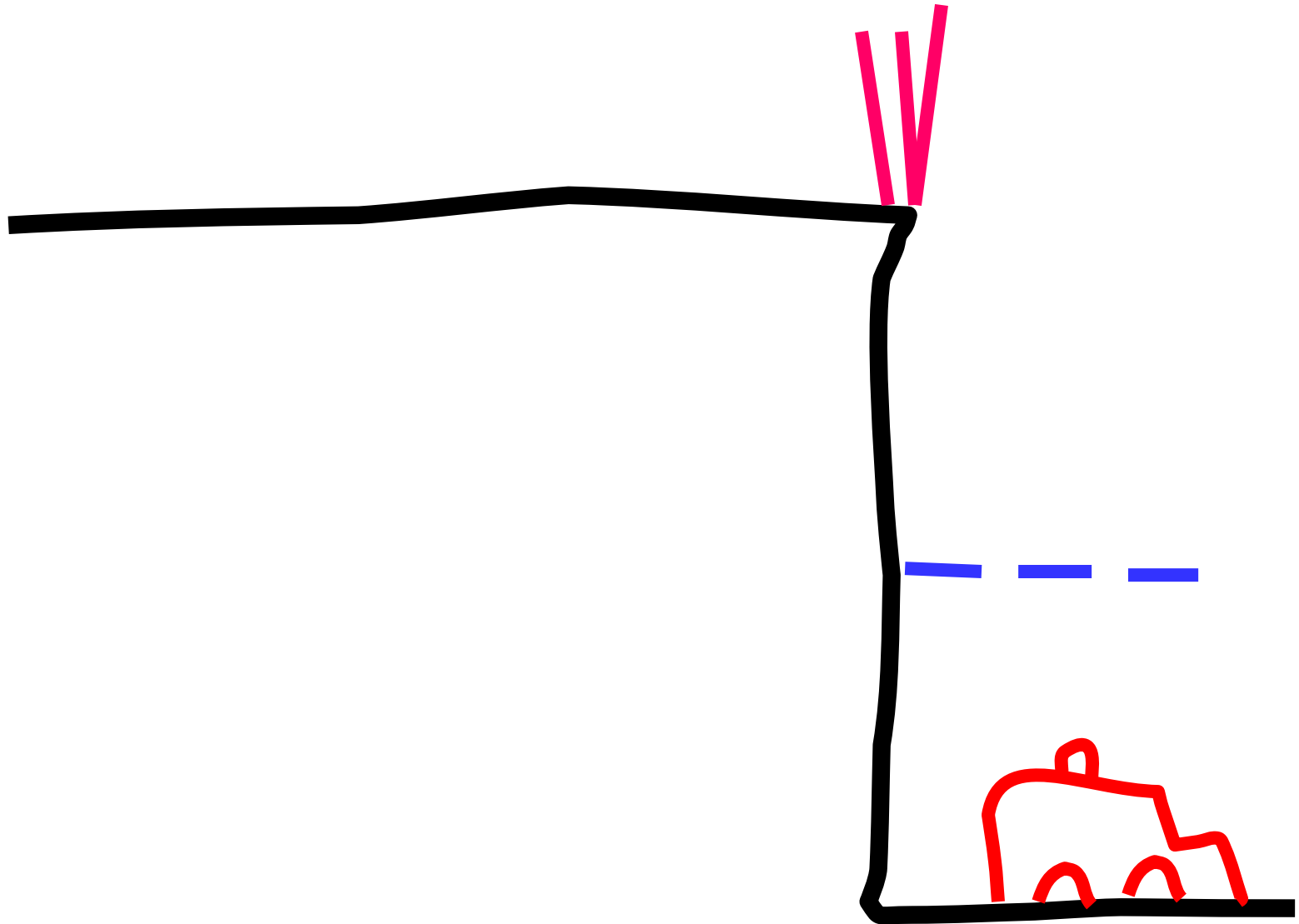


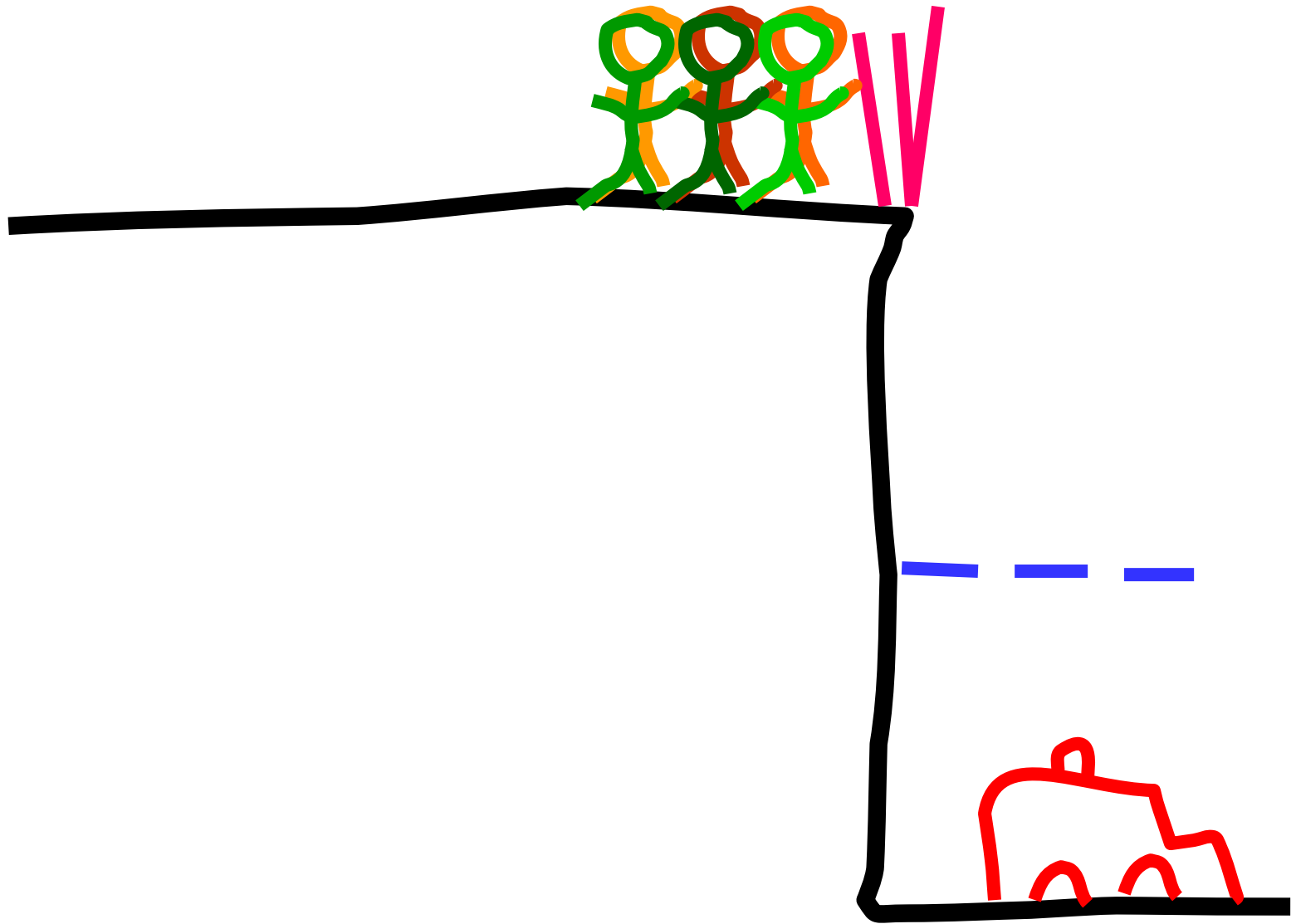


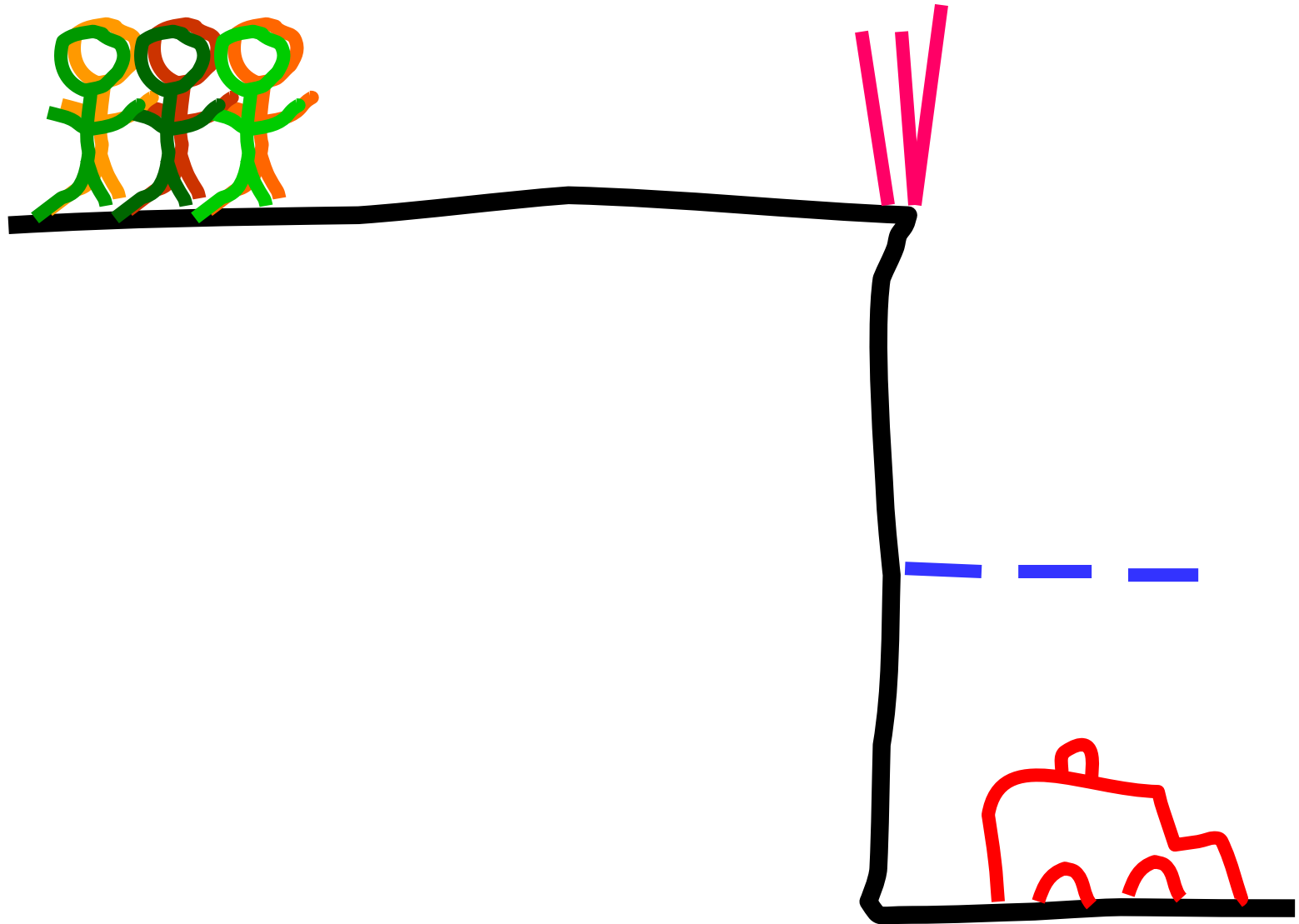


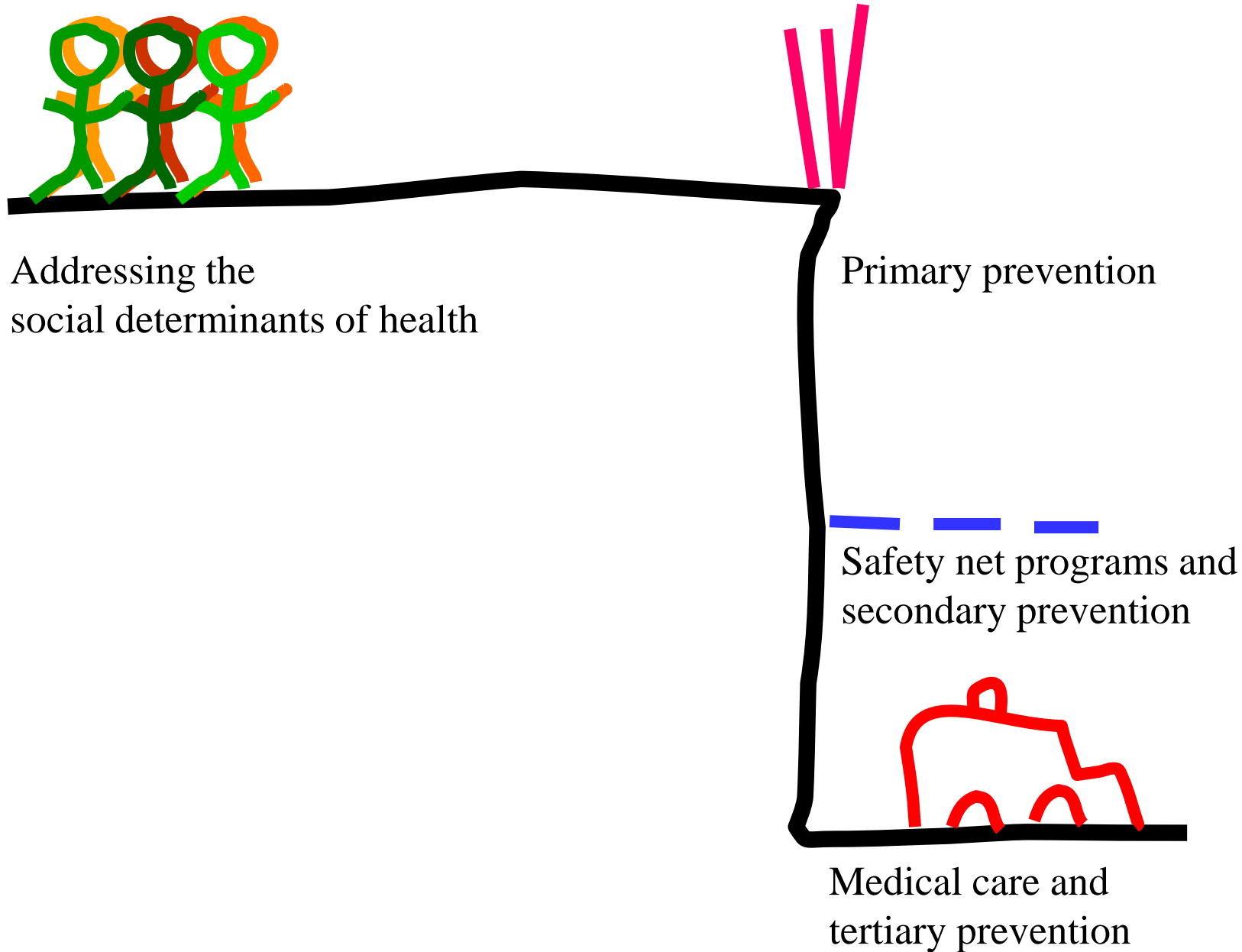












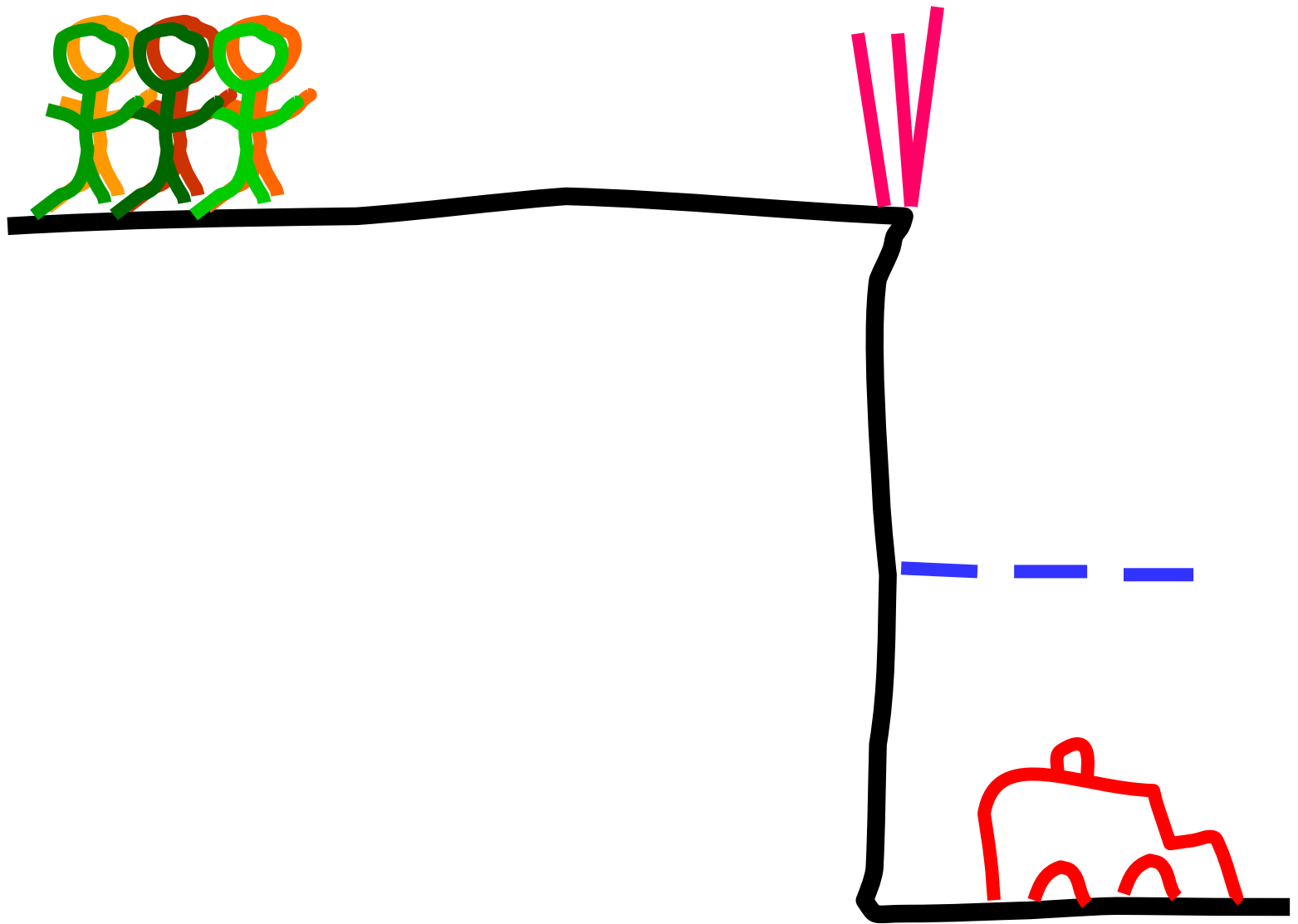
But how do disparities arise?

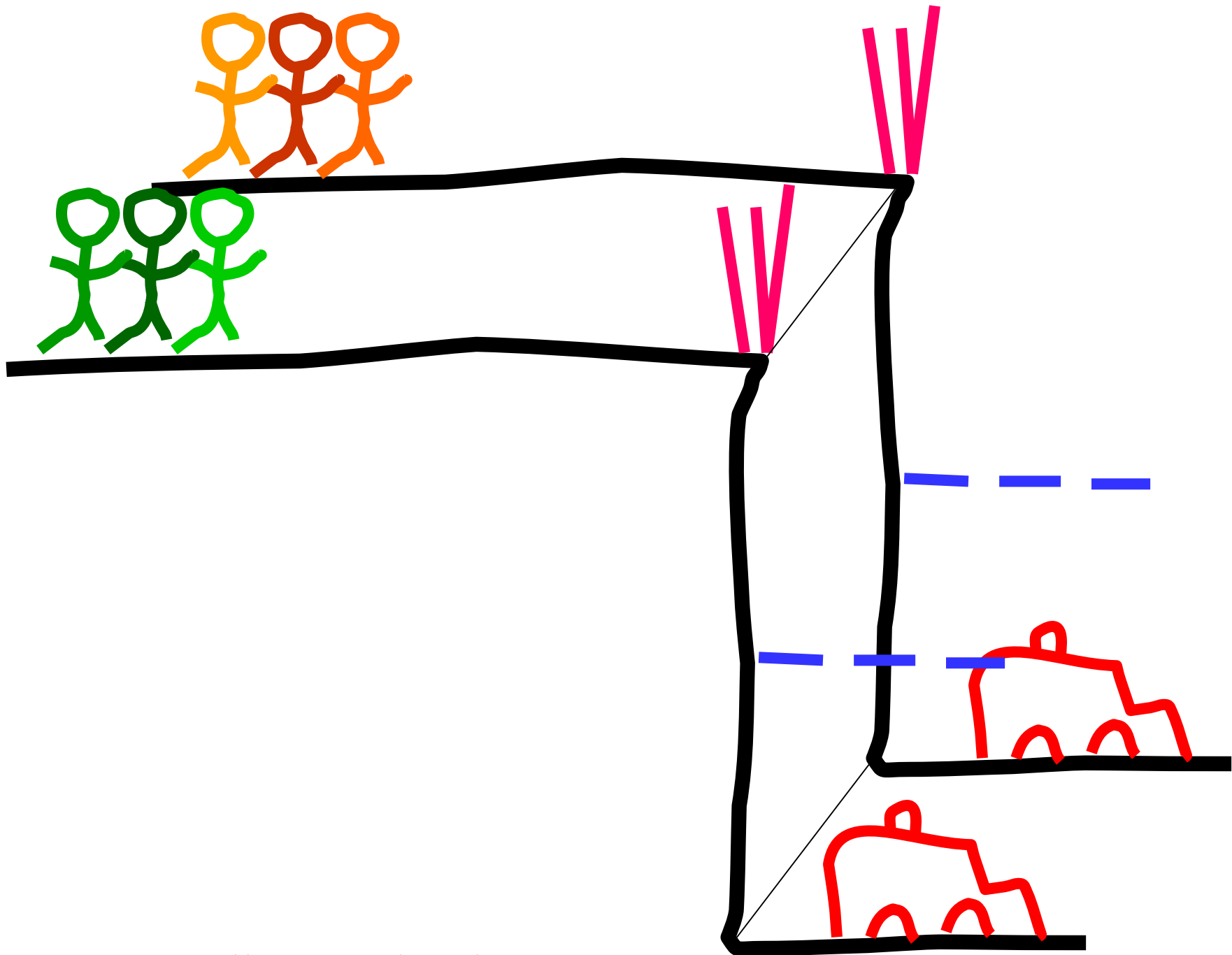
- ❑ Differences in the quality of care received within the health care system
- ❑ Differences in access to health care, including preventive and curative services
- ❑ Differences in life opportunities, exposures, and stresses that result in differences in underlying health status

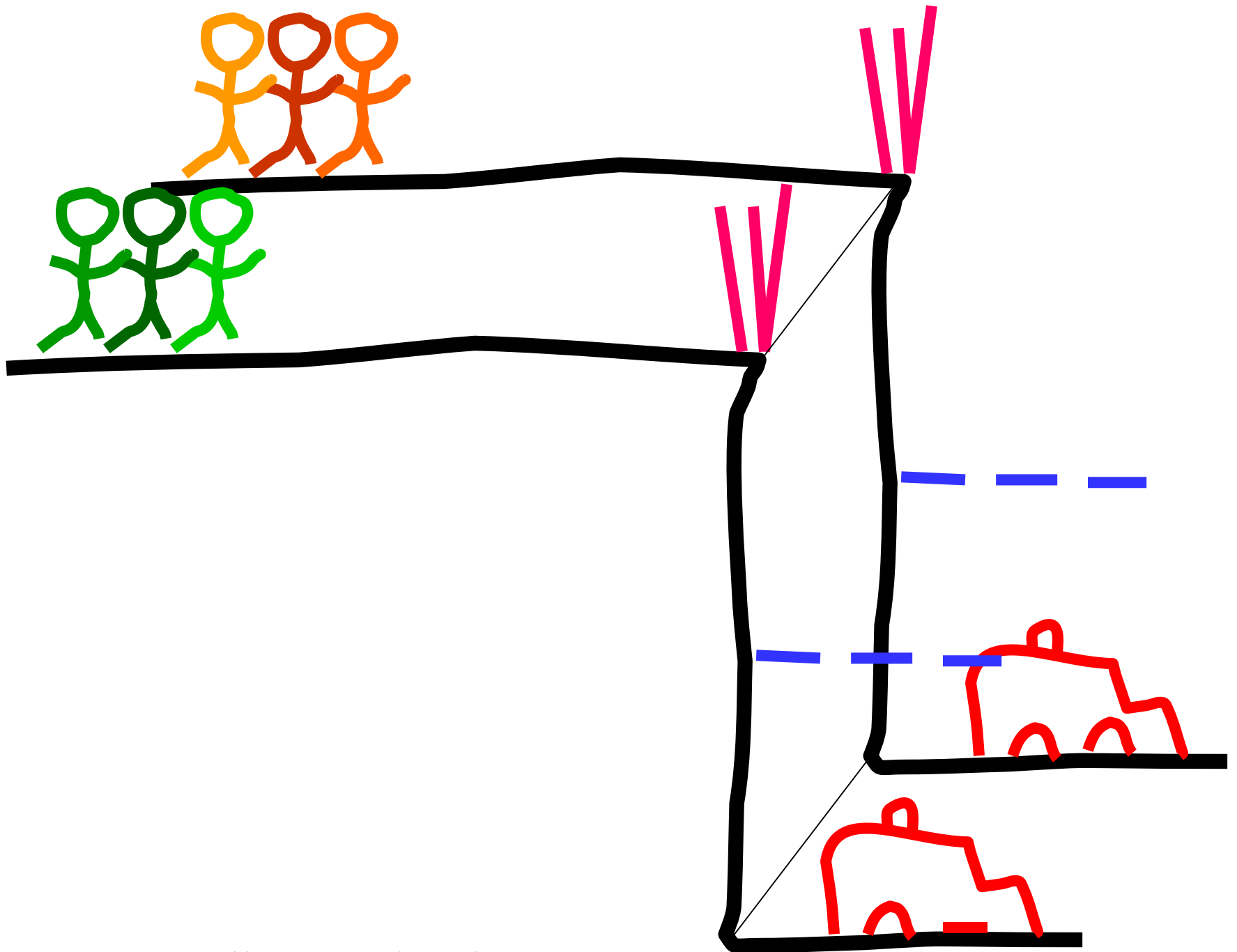
Phelan JC, Link BG, Tehranifar P. Social Conditions as Fundamental Causes of Health Inequalities. *J Health Soc Behav* 2010;51(S):S28-S40.

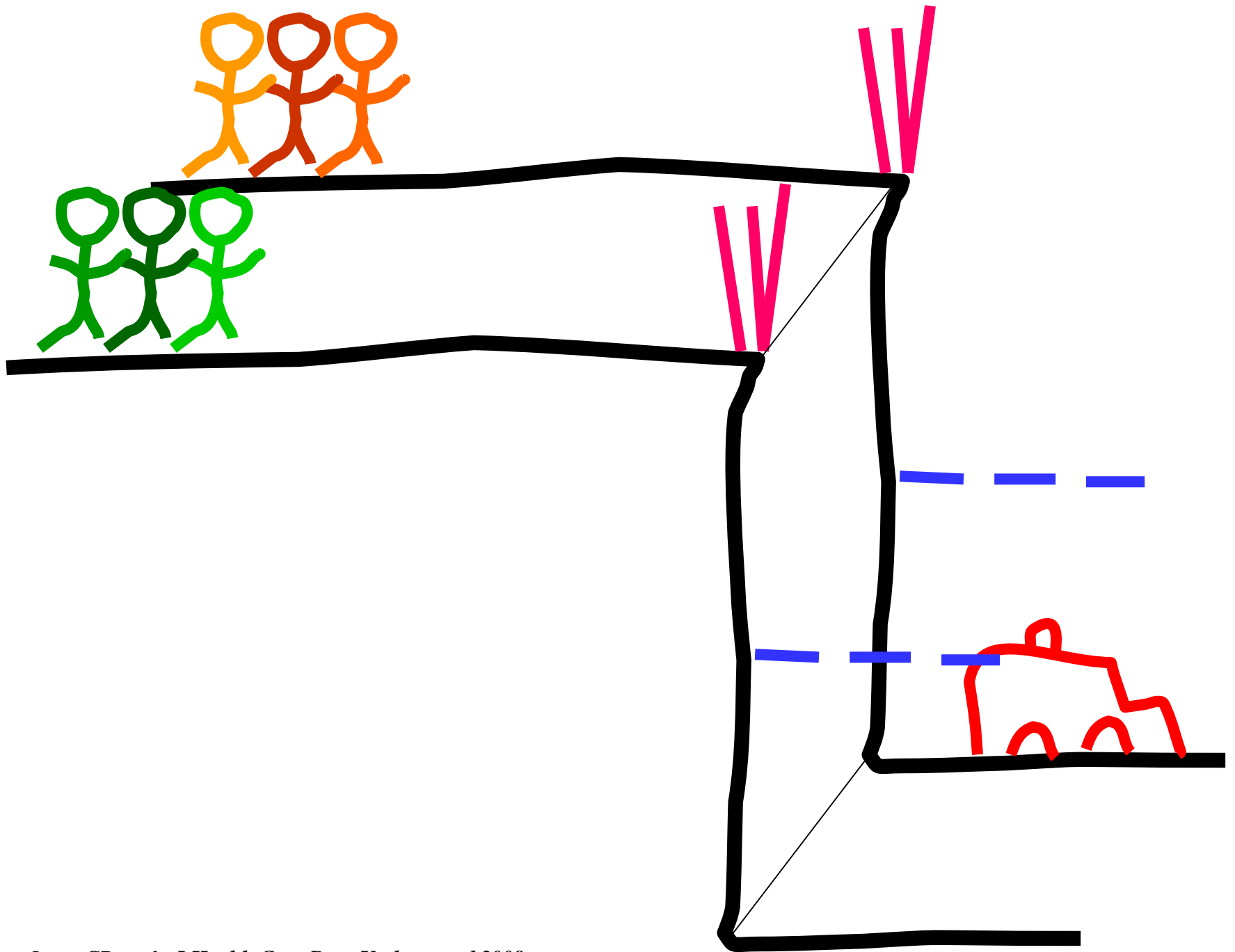
Byrd WM, Clayton LA. *An American Health Dilemma: Race, Medicine, and Health Care in the United States, 1900-2000*. New York, NY: Routledge, 2002.

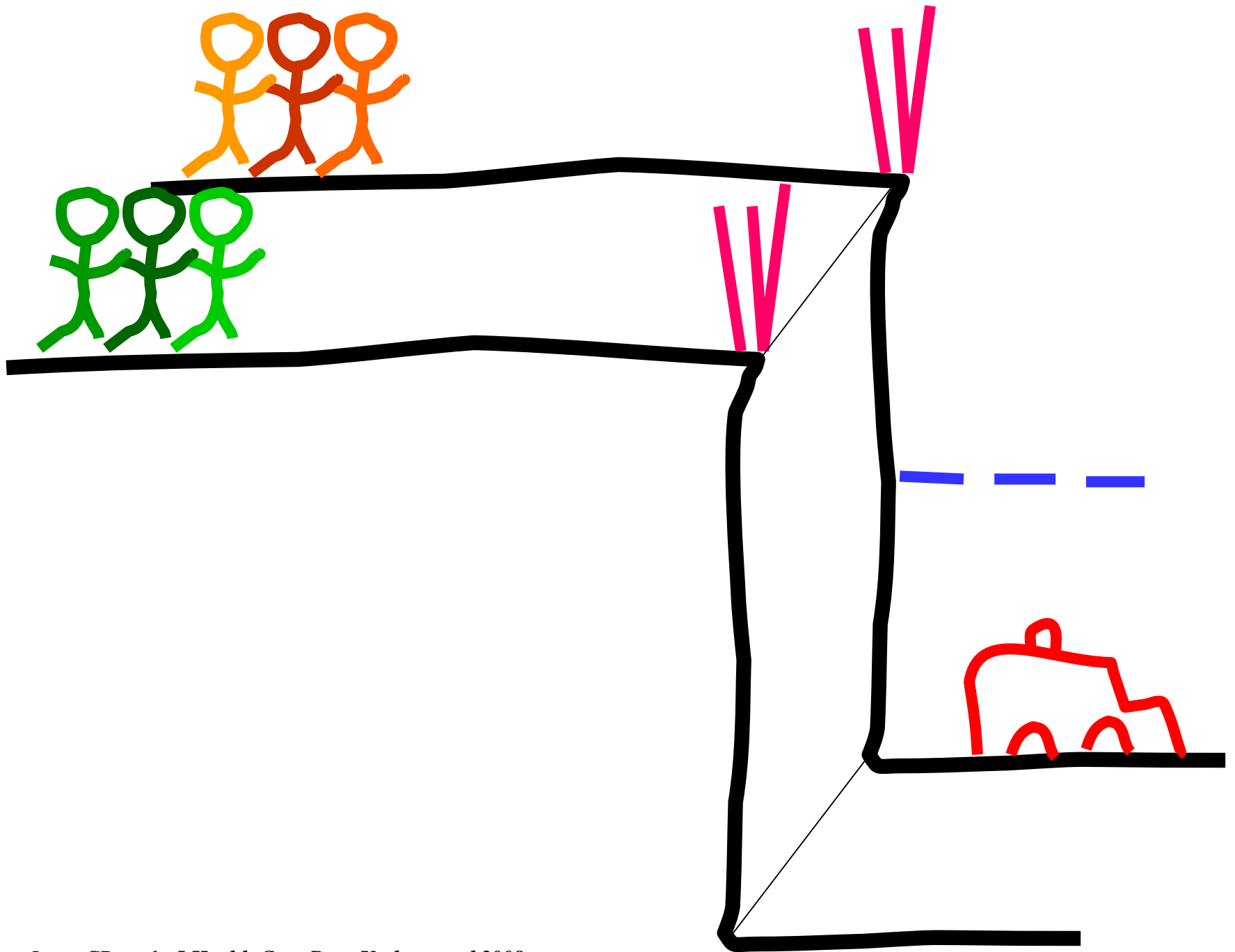
Smedley BD, Stith AY, Nelson AR (editors). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: The National Academies Press, 2002.

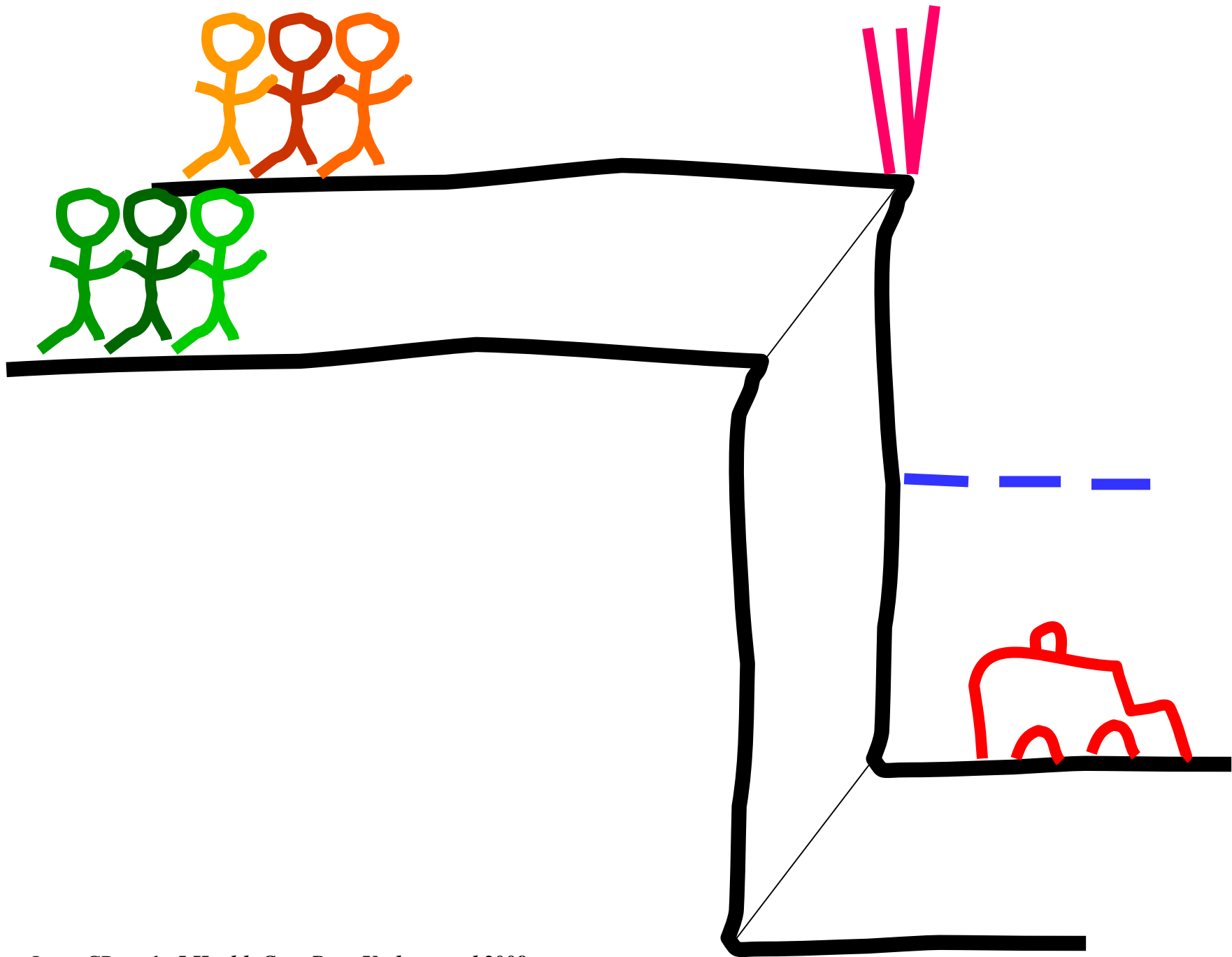


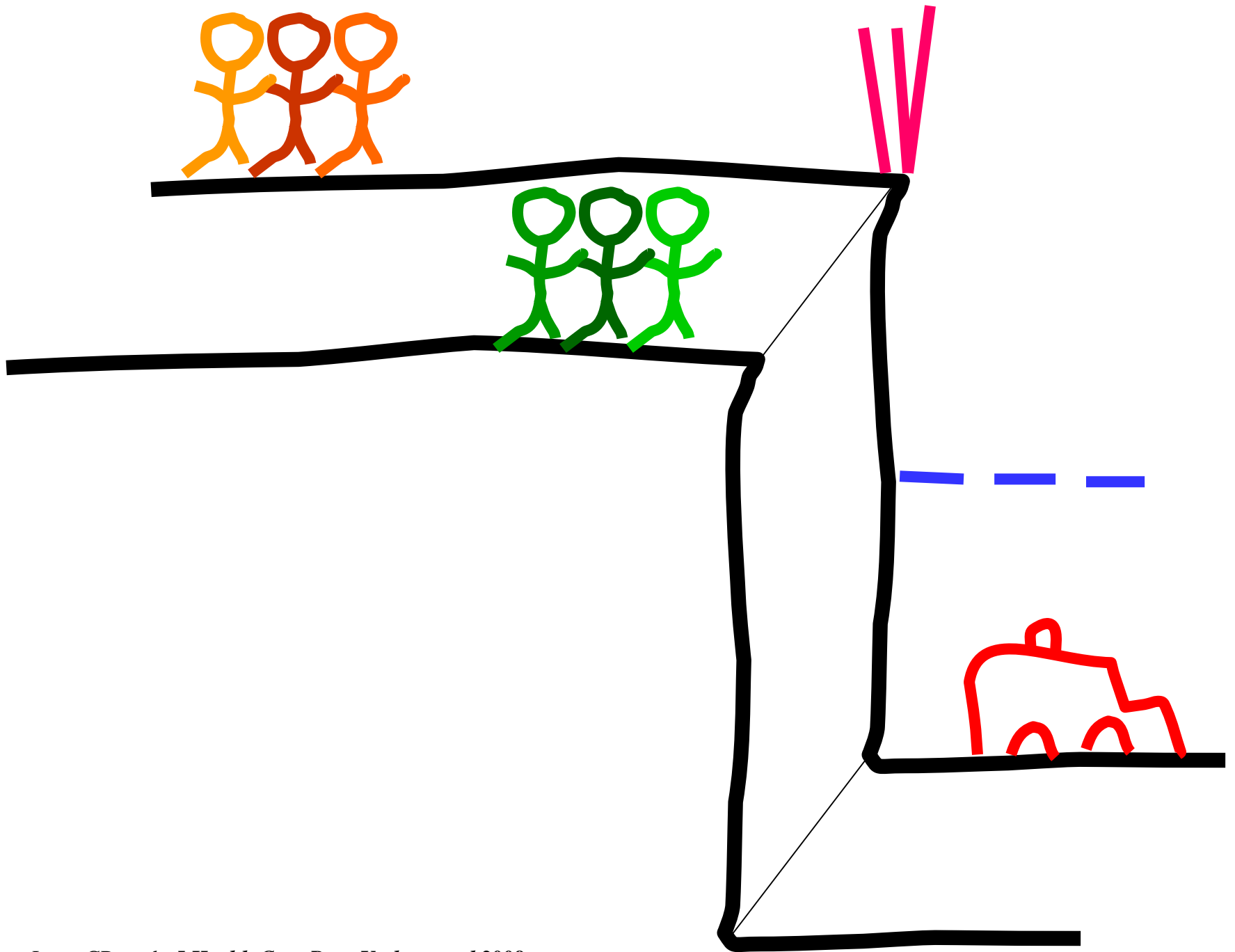


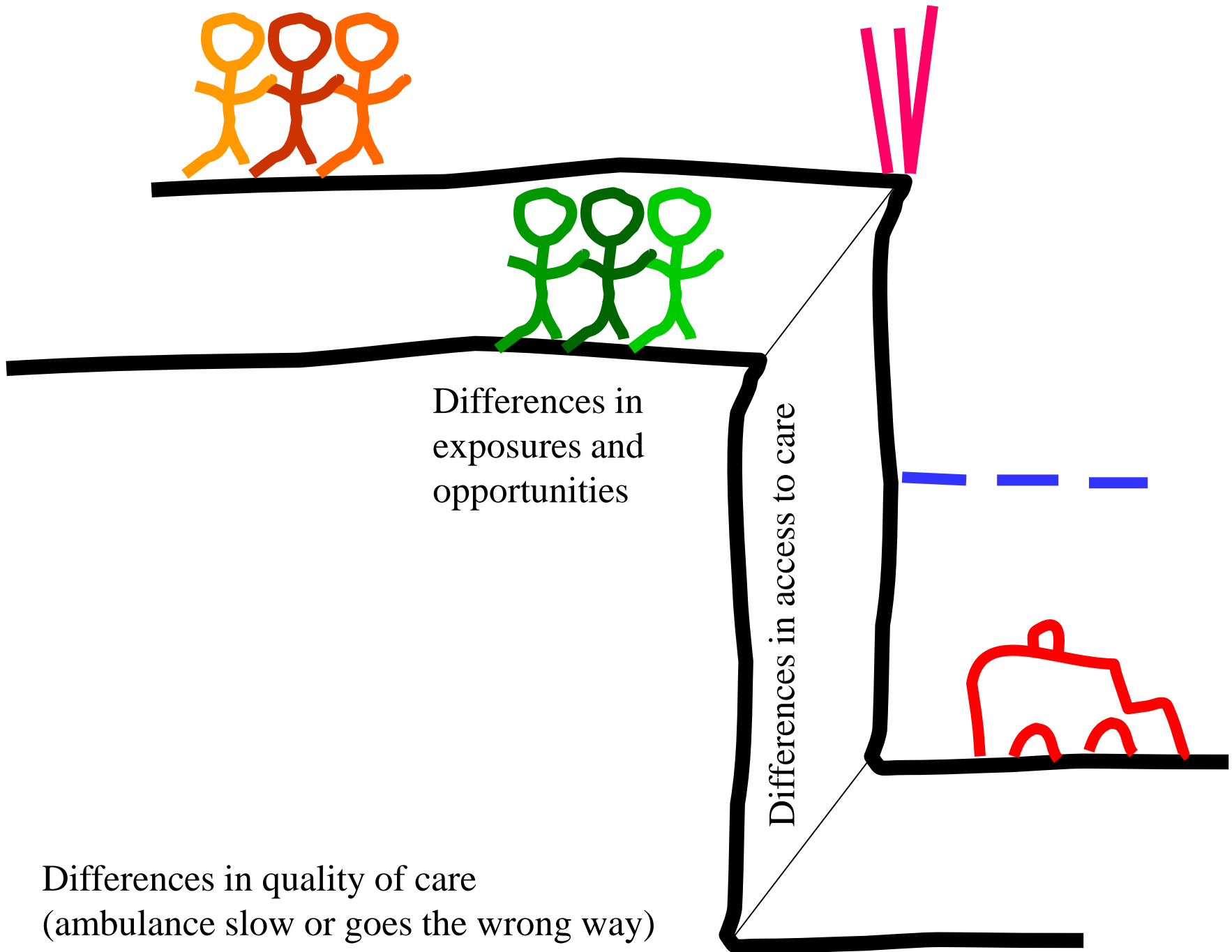








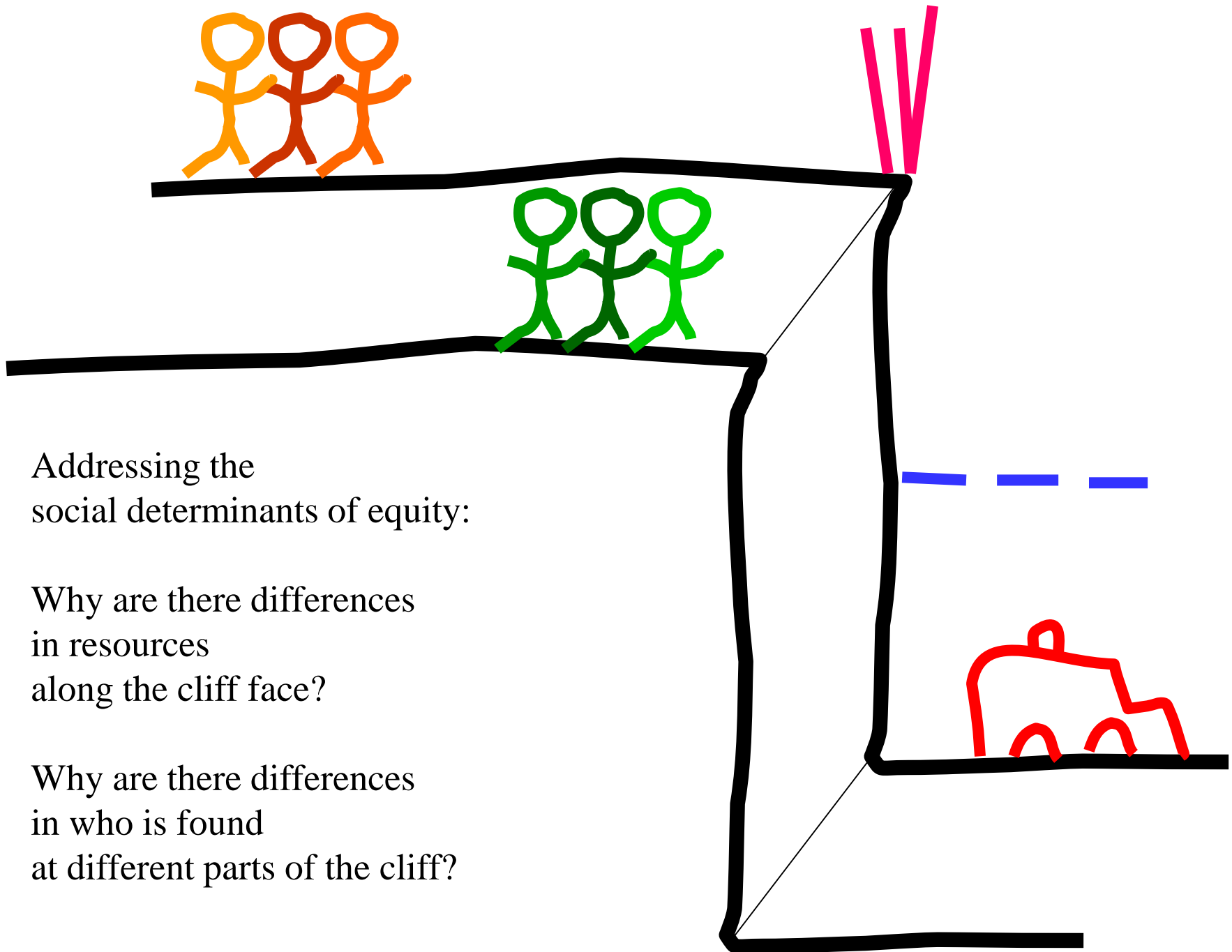




Differences in exposures and opportunities

Differences in access to care

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



Addressing the
social determinants of equity:

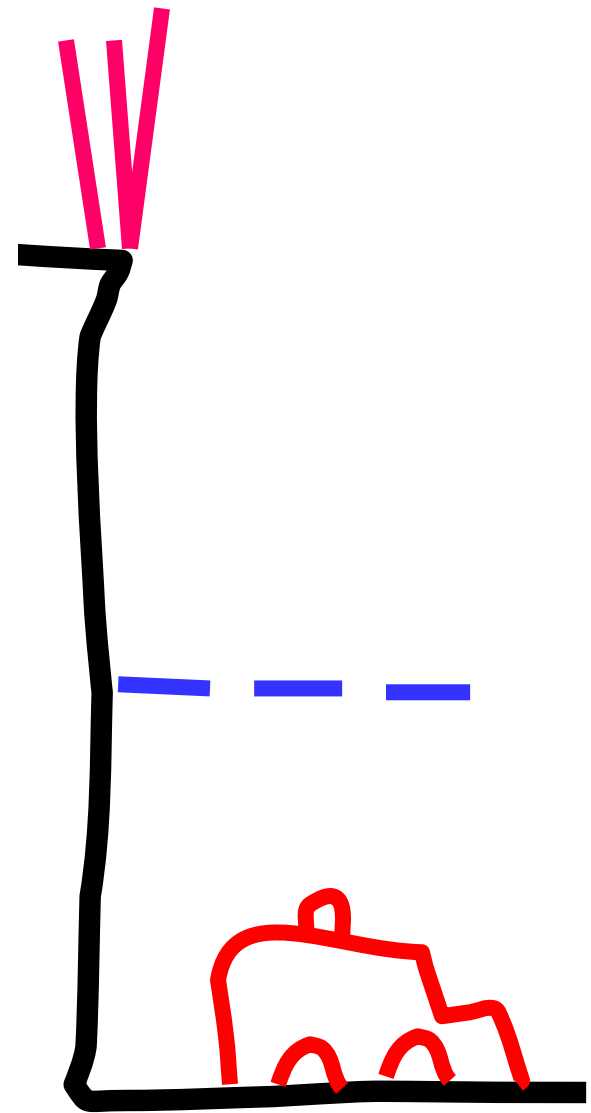
Why are there differences
in resources
along the cliff face?

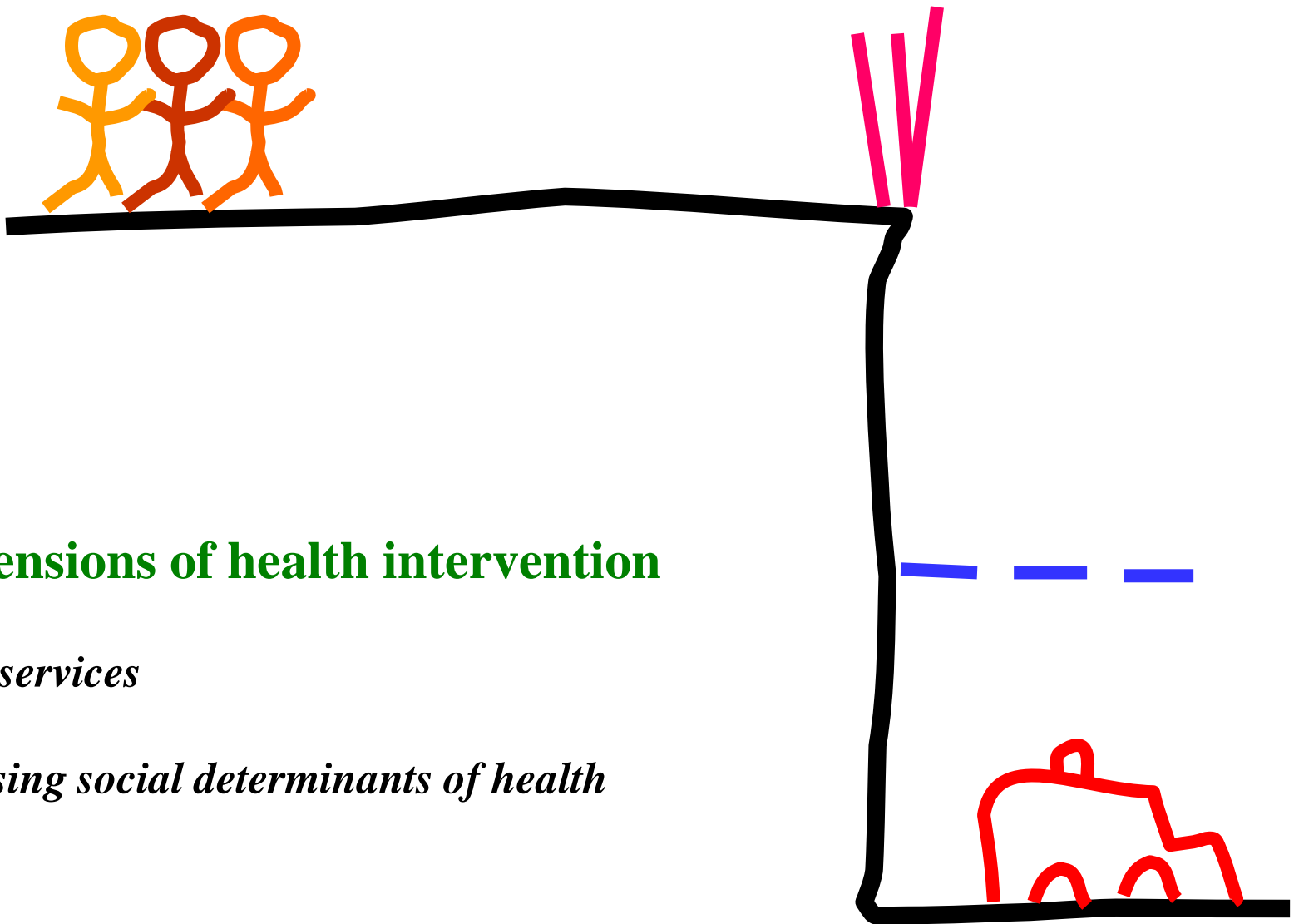
Why are there differences
in who is found
at different parts of the cliff?

3 dimensions of health intervention

3 dimensions of health intervention

Health services

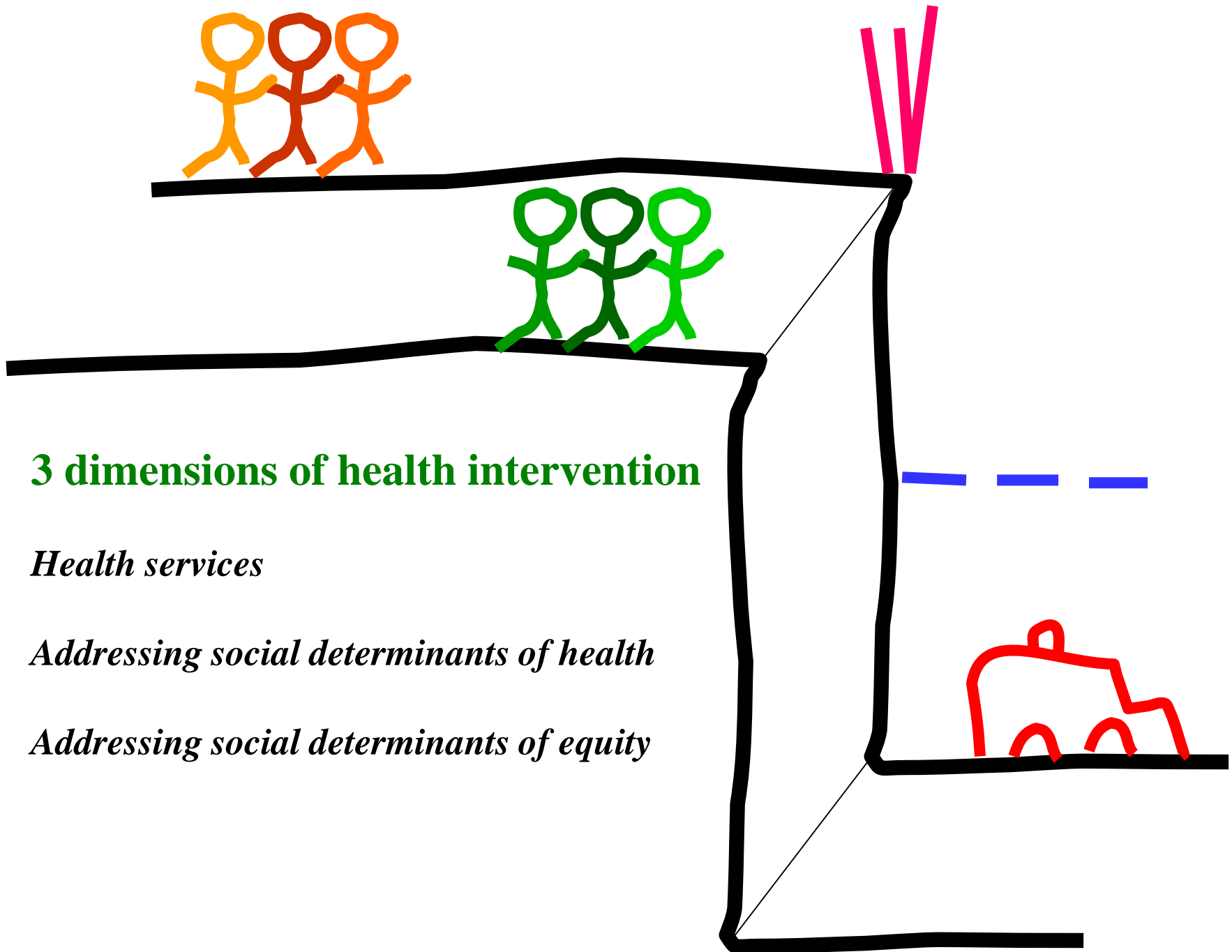




3 dimensions of health intervention

Health services

Addressing social determinants of health



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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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

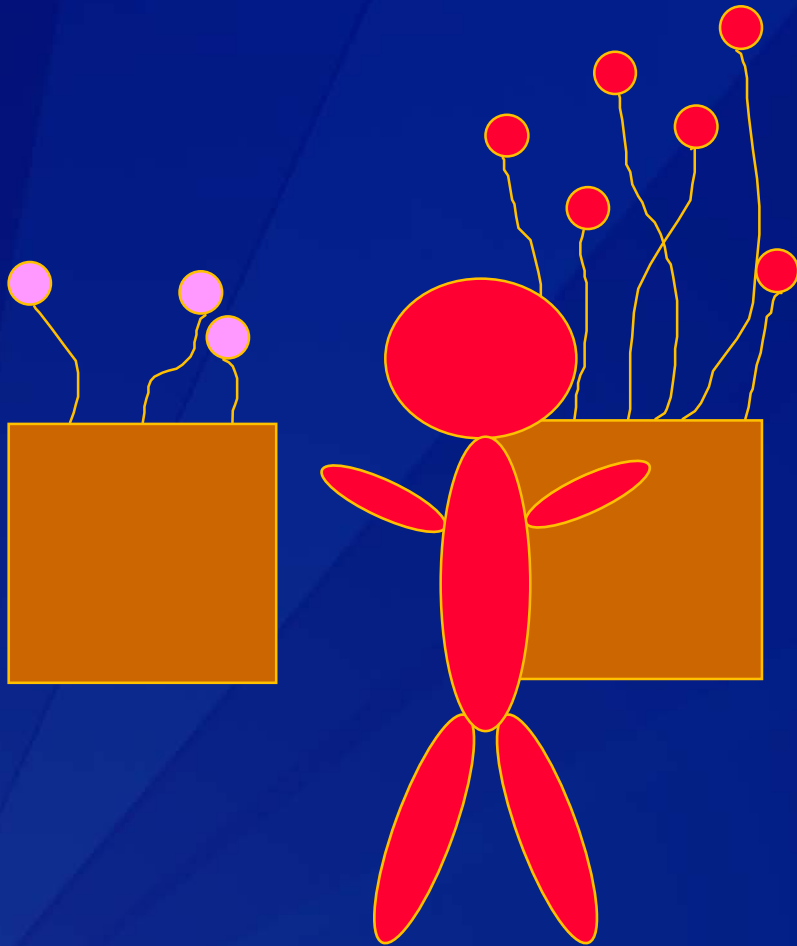
- ❑ Examples
 - Self-devaluation
 - “White man’s ice is colder” syndrome
 - Resignation, helplessness, hopelessness

- ❑ 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?*

“How is racism operating here?”

□ Identify mechanisms

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

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

Police killings of unarmed Black men

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- **Norms:** Blue Code of Silence
- **Values:** View of Black men as inherently threatening

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
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Many axes of inequity

- ❑ “Race”
- ❑ Gender
- ❑ Ethnicity and indigenous status
- ❑ Labor roles and social class markers
- ❑ Nationality, language, and legal status
- ❑ Sexual orientation and gender identity
- ❑ 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

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?

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)

CERD *Concluding Observations*

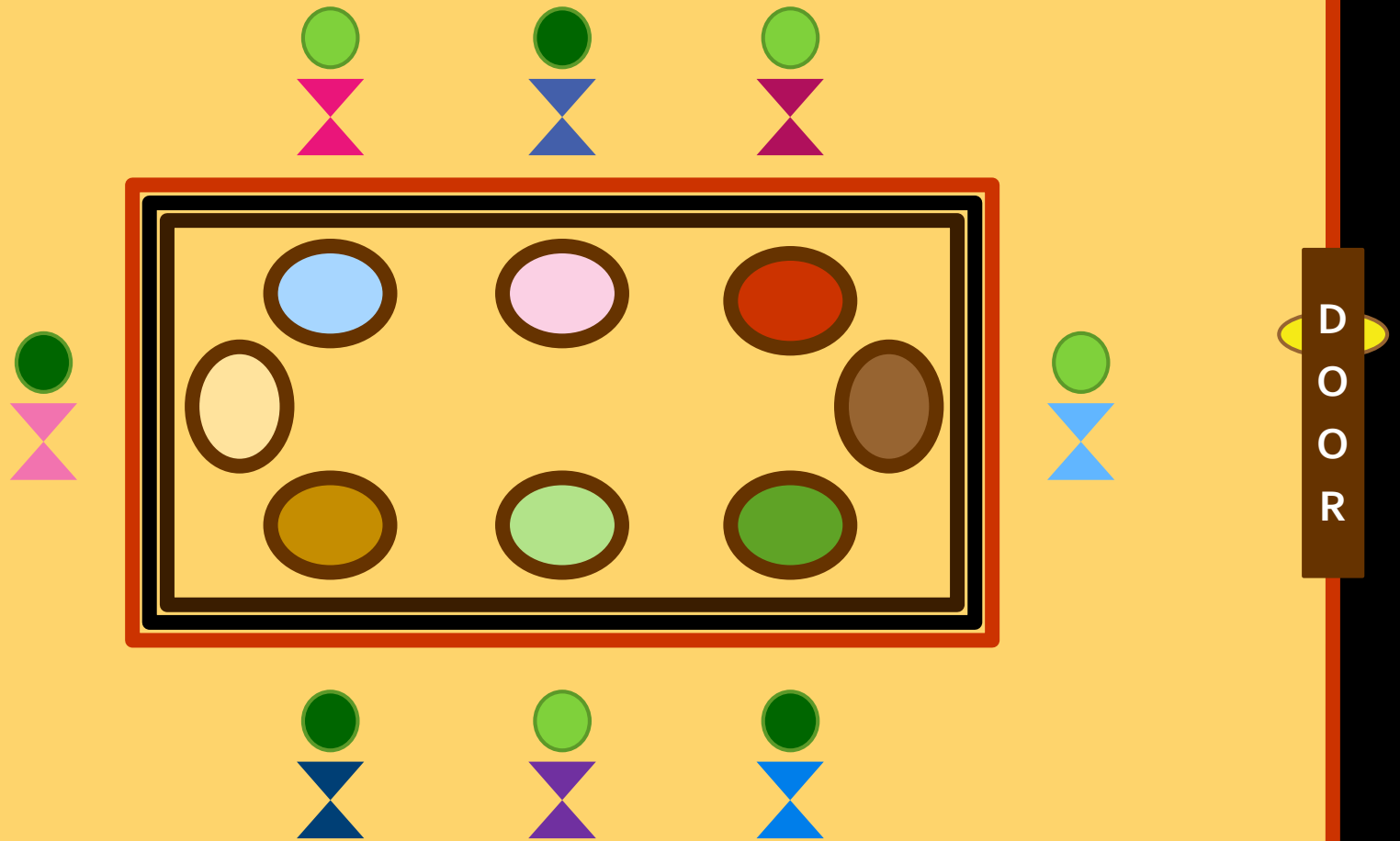
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- ❑ **Concerns and recommendations**
 - “The Committee recommends that the State party adopt a national action plan to combat structural racial discrimination” (para 25)

 - “The Committee recommends that the State party increase its efforts to raise public awareness and knowledge of the Convention throughout its territory” (para 32)

Dual Reality: A restaurant saga






I looked up and noticed a sign . . .

OPEN

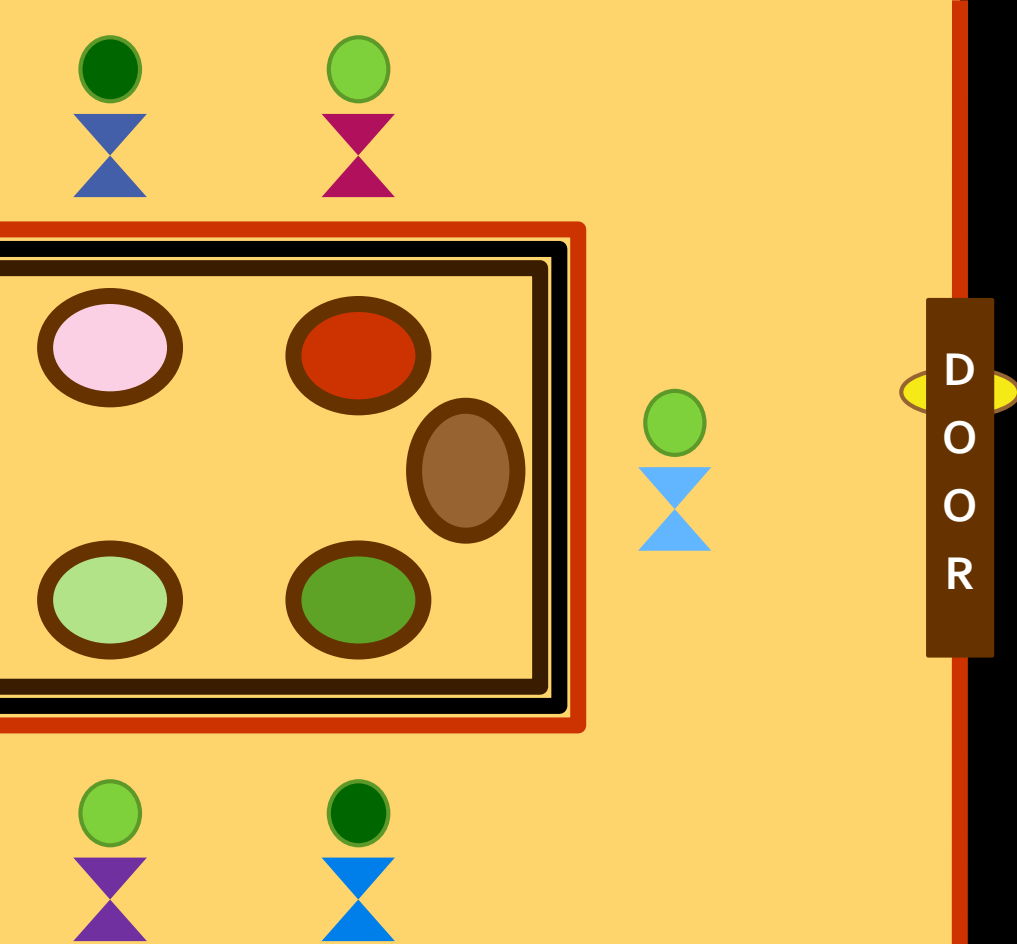




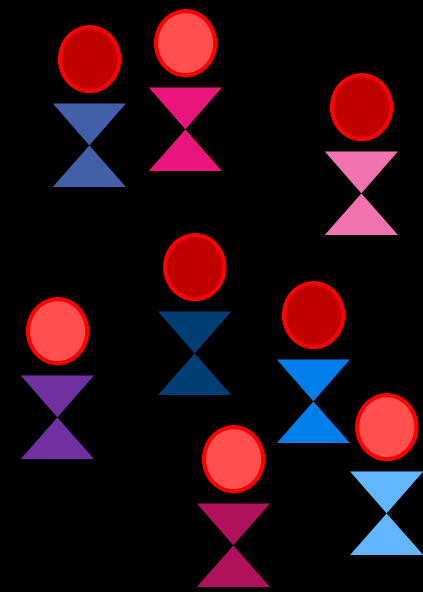
CLOSED



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

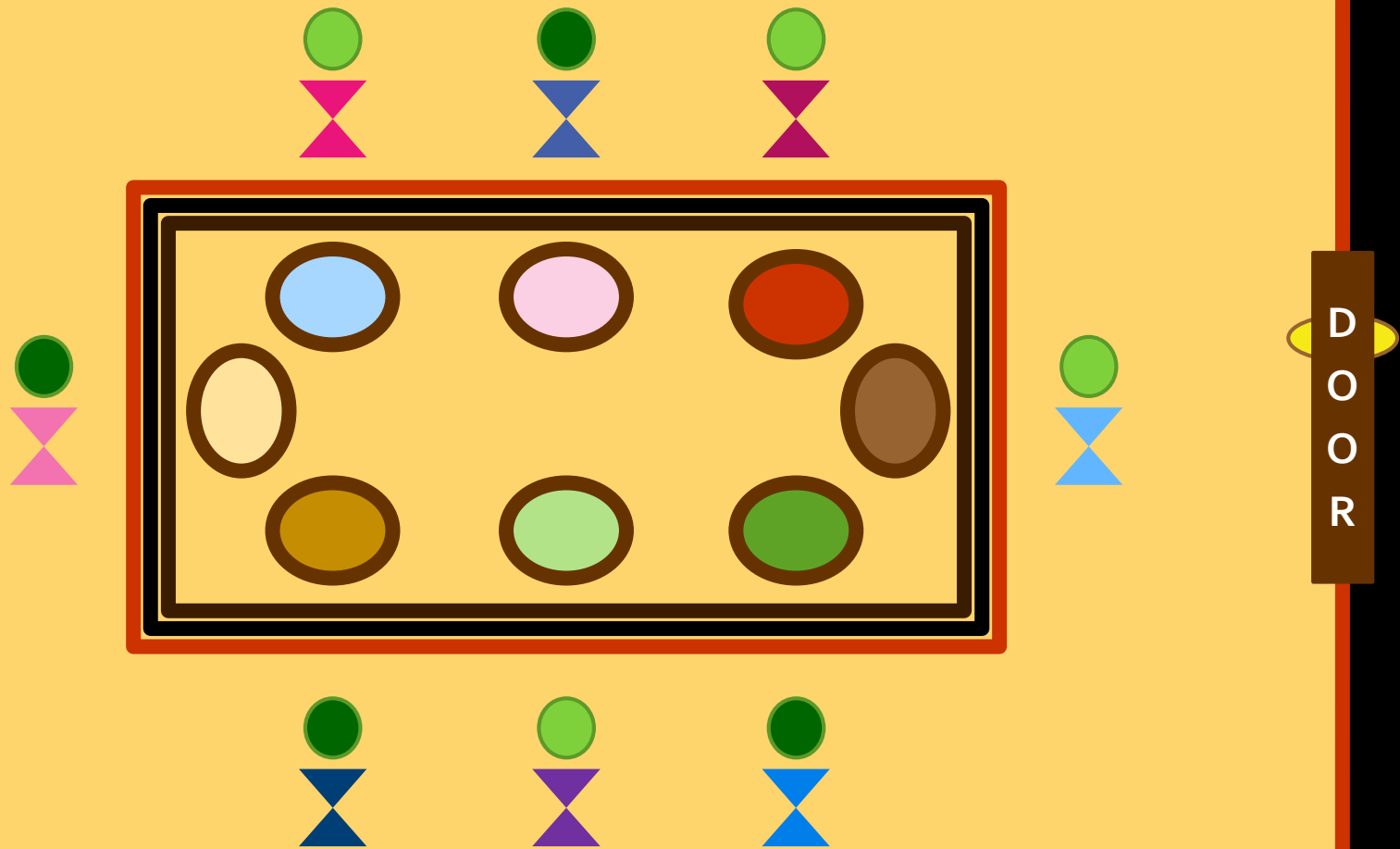


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It is difficult
to recognize
a system of inequity
that privileges us.

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



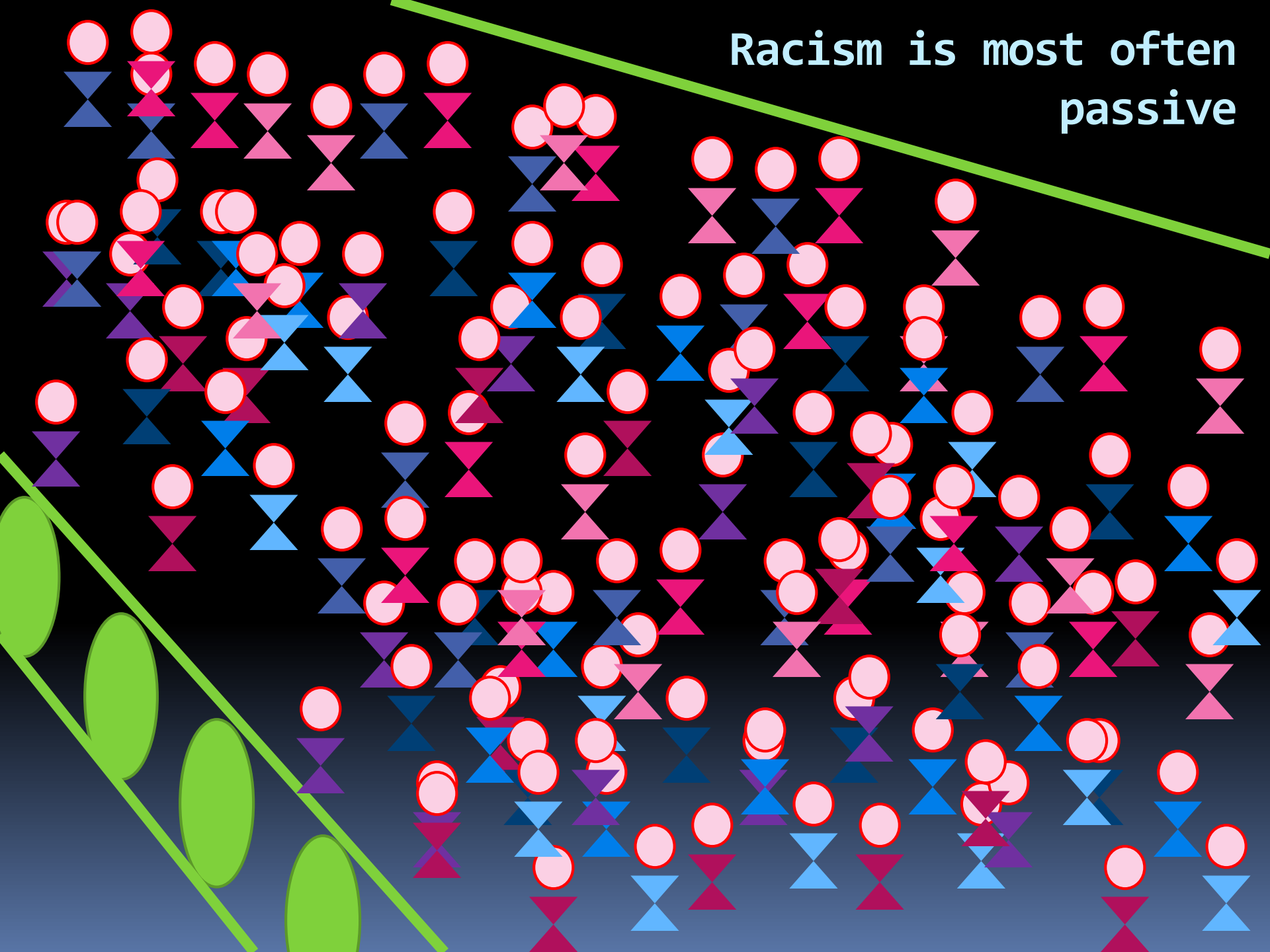
Is there really a two-sided sign?

Hard to know, when only see "Open".
A privilege not to HAVE to know.
Once DO know, can choose to act.

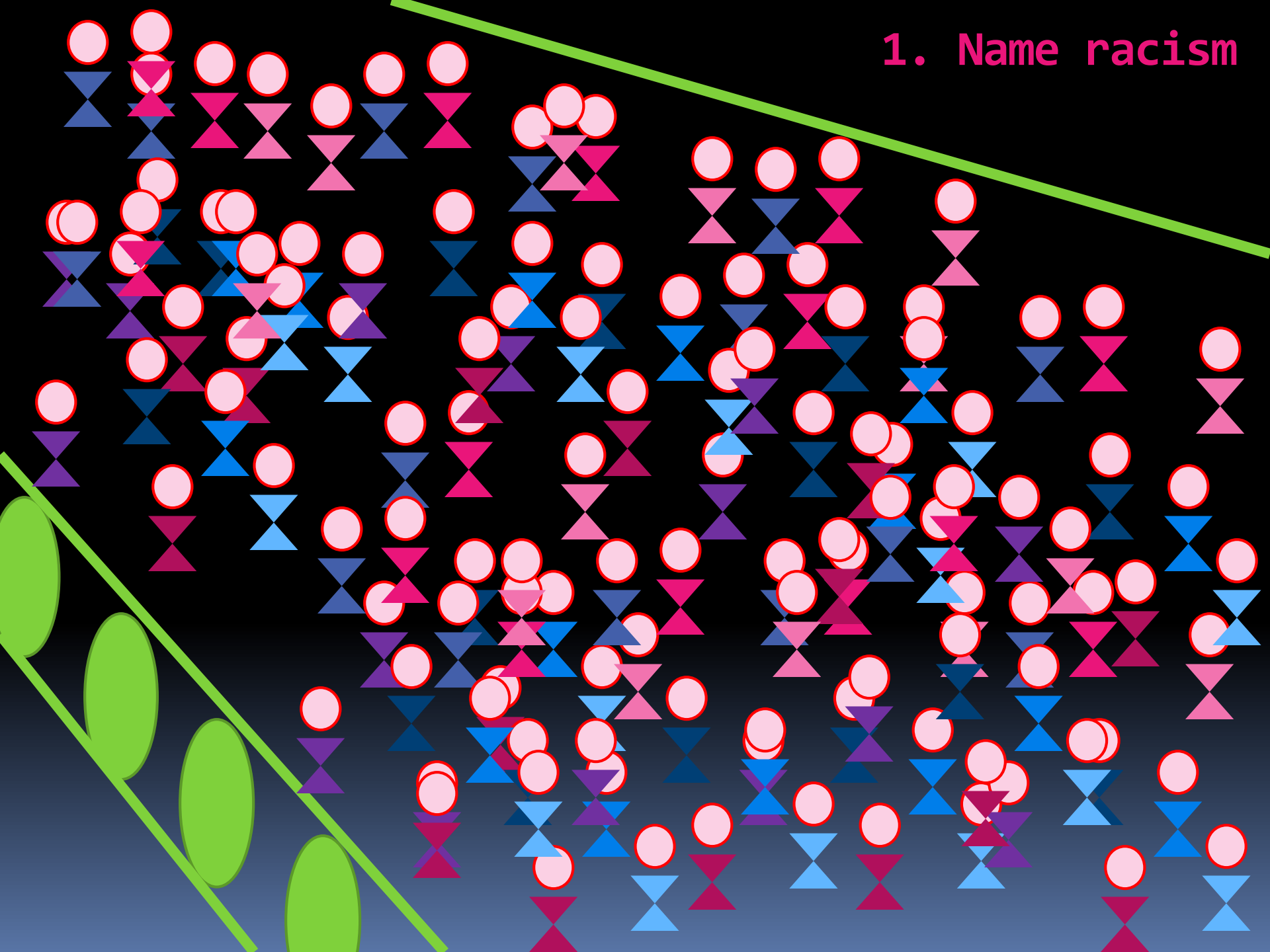


Life on a Conveyor Belt: Moving to action

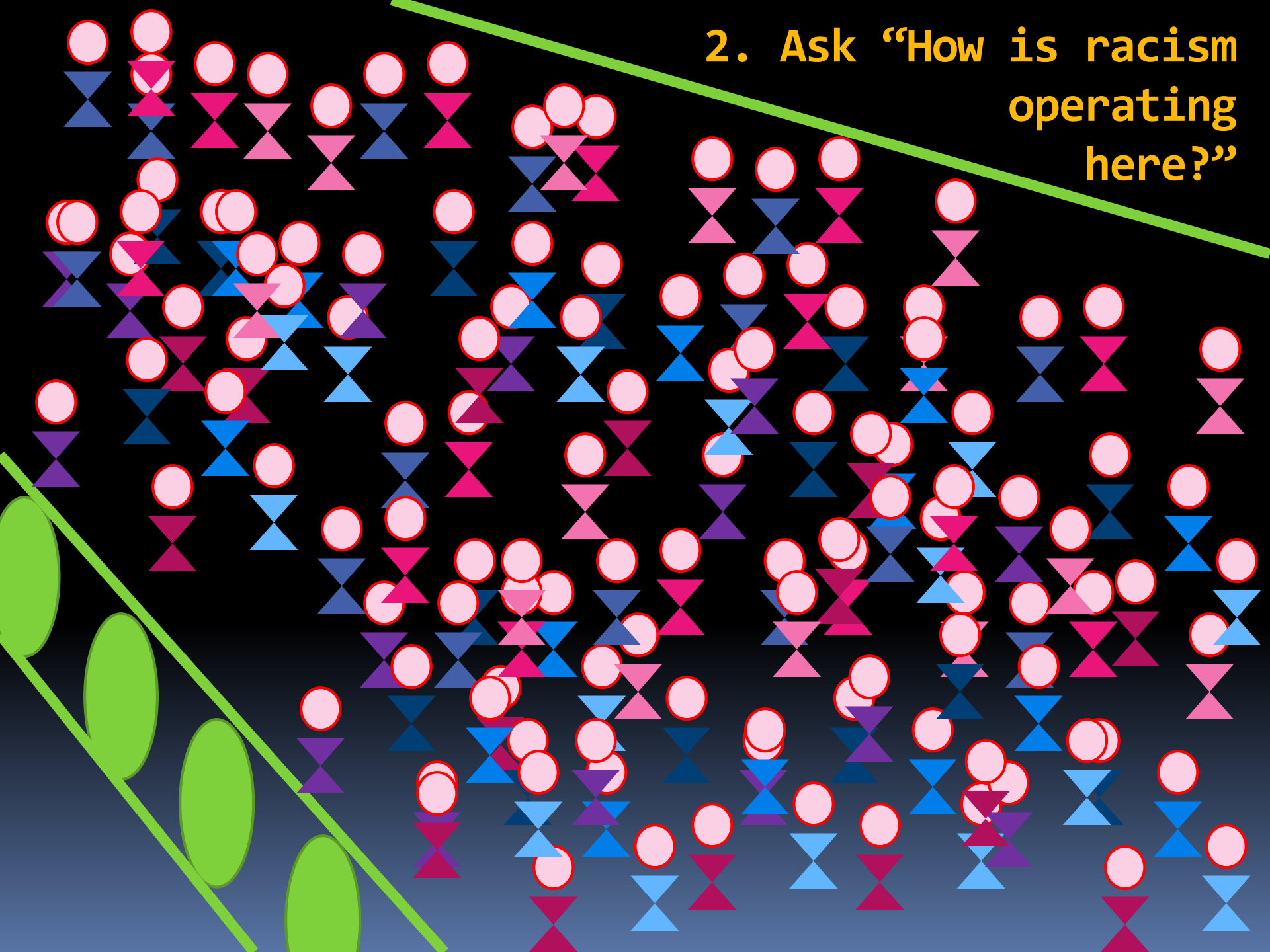
Racism is most often
passive



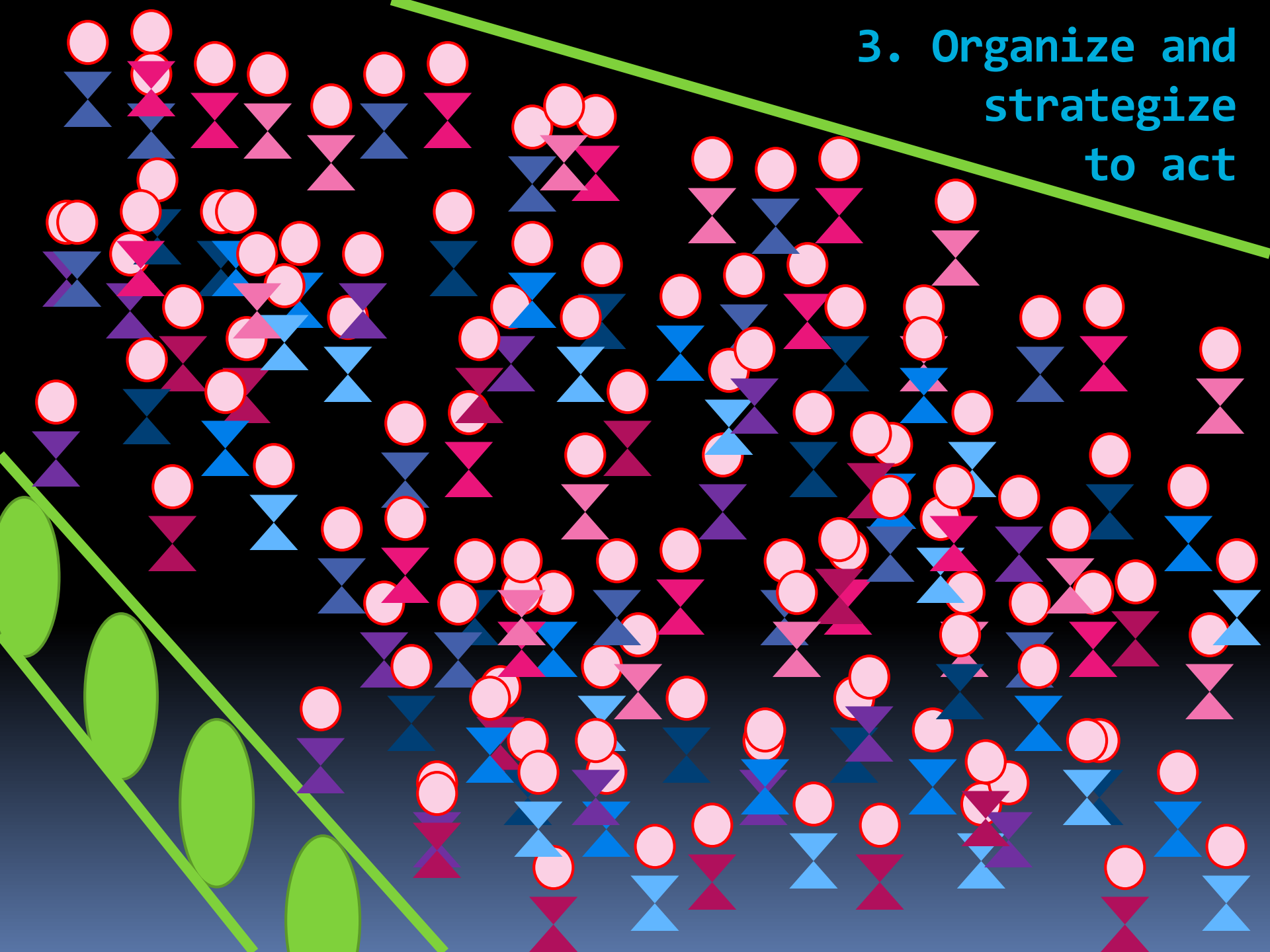
1. Name racism



2. Ask "How is racism operating here?"



3. Organize and strategize to act



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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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- Intervene on decision-making processes

Strategies for achieving health equity

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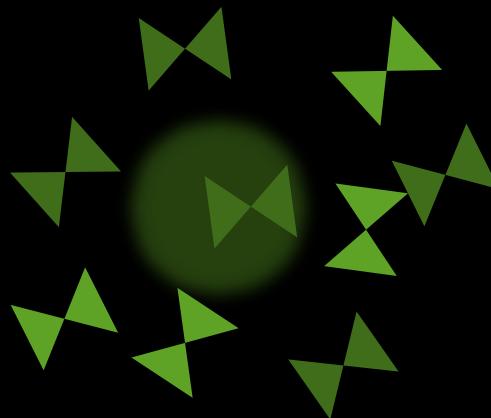
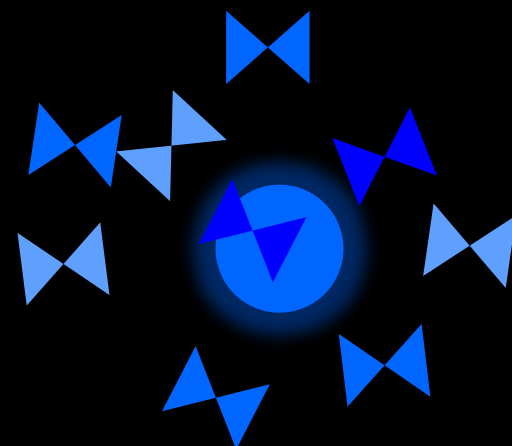
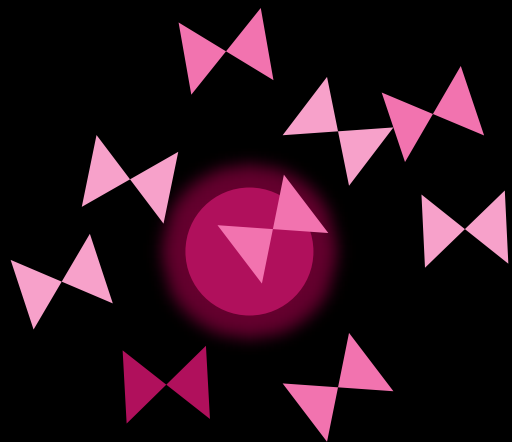
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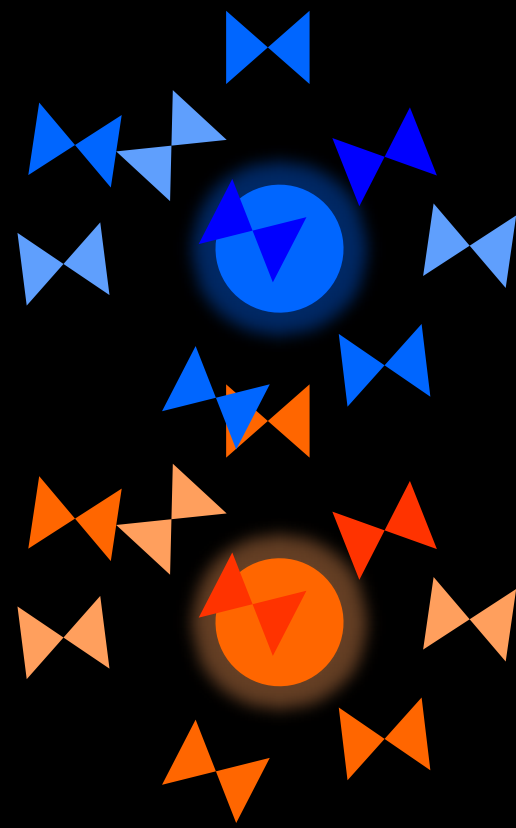
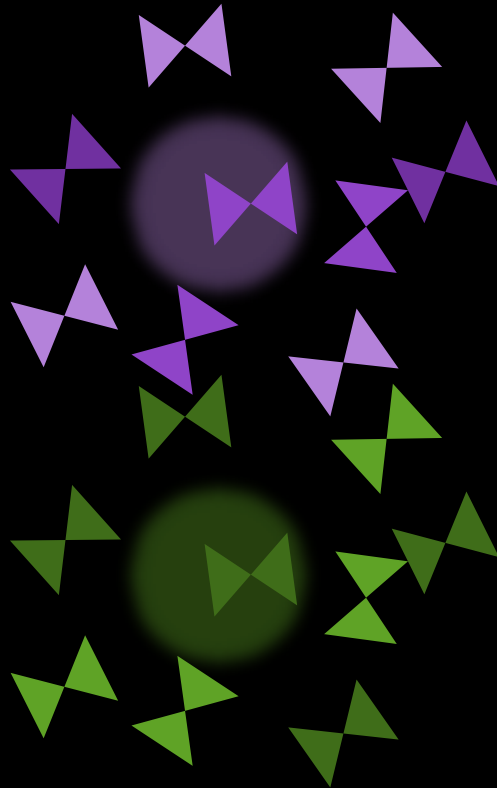
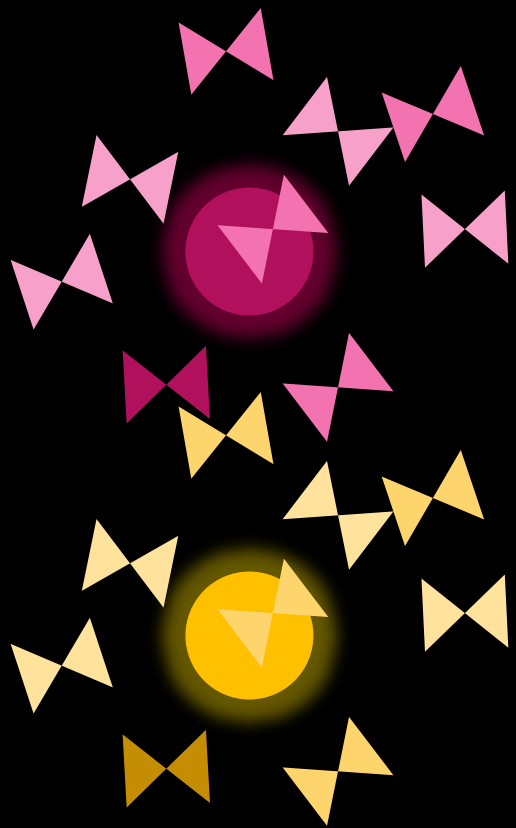
❑ To value all people equally

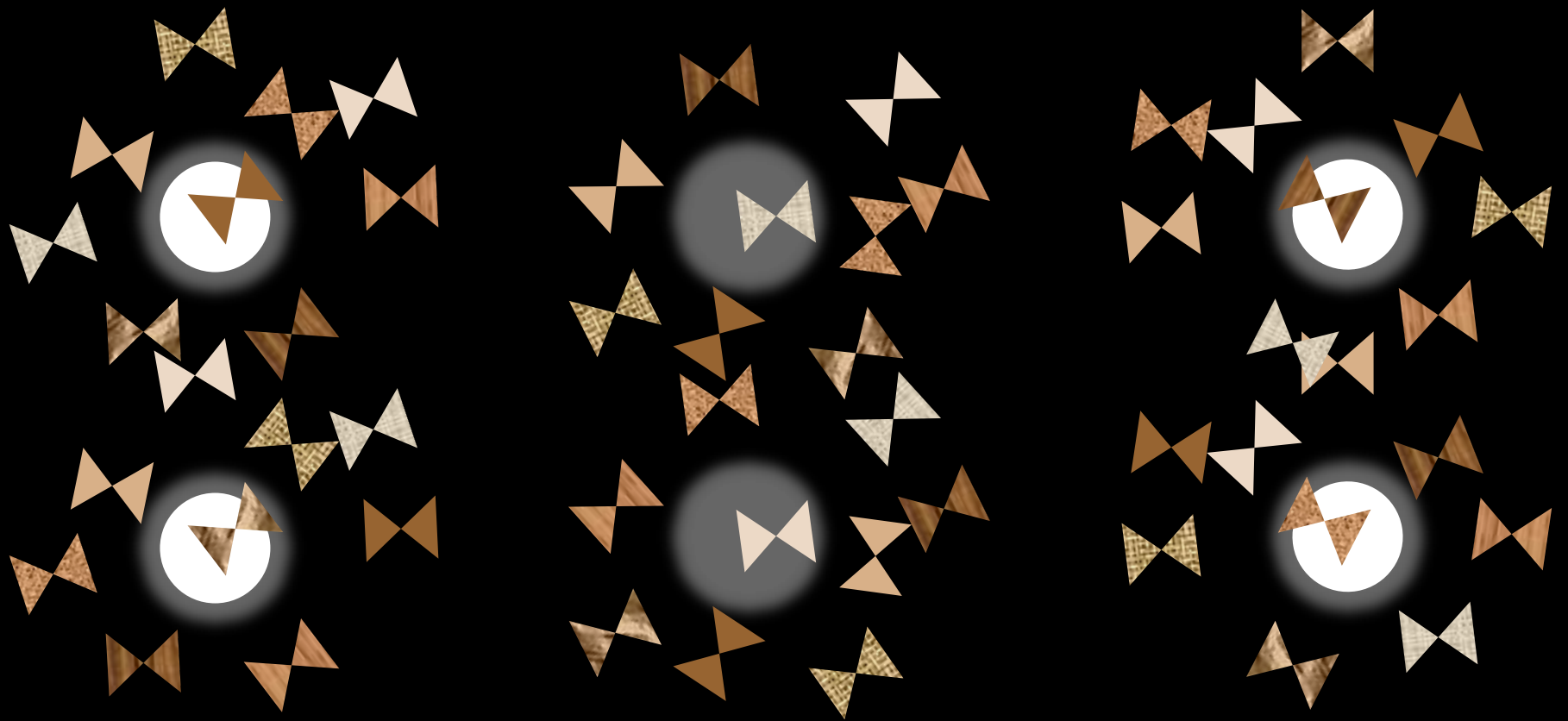
- Break out of bubbles to experience our common humanity
- Embrace ALL children as OUR children

Japanese Lanterns: Colored perceptions



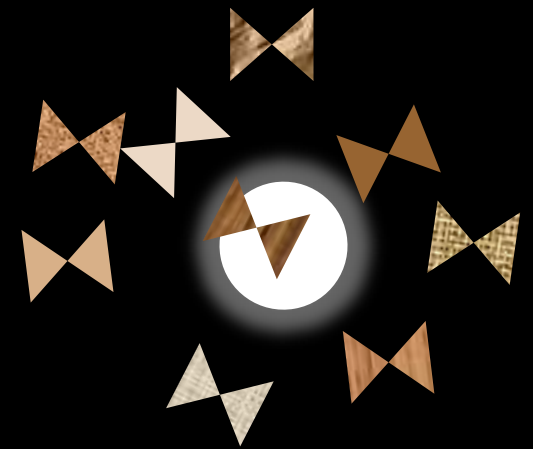
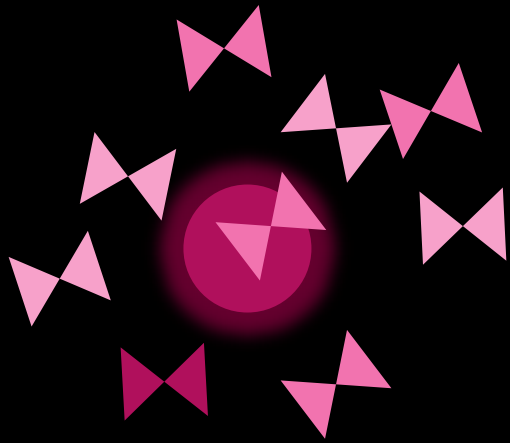






The colors we think we see are due to the lights by which we look.

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.