

Achieving Health Equity

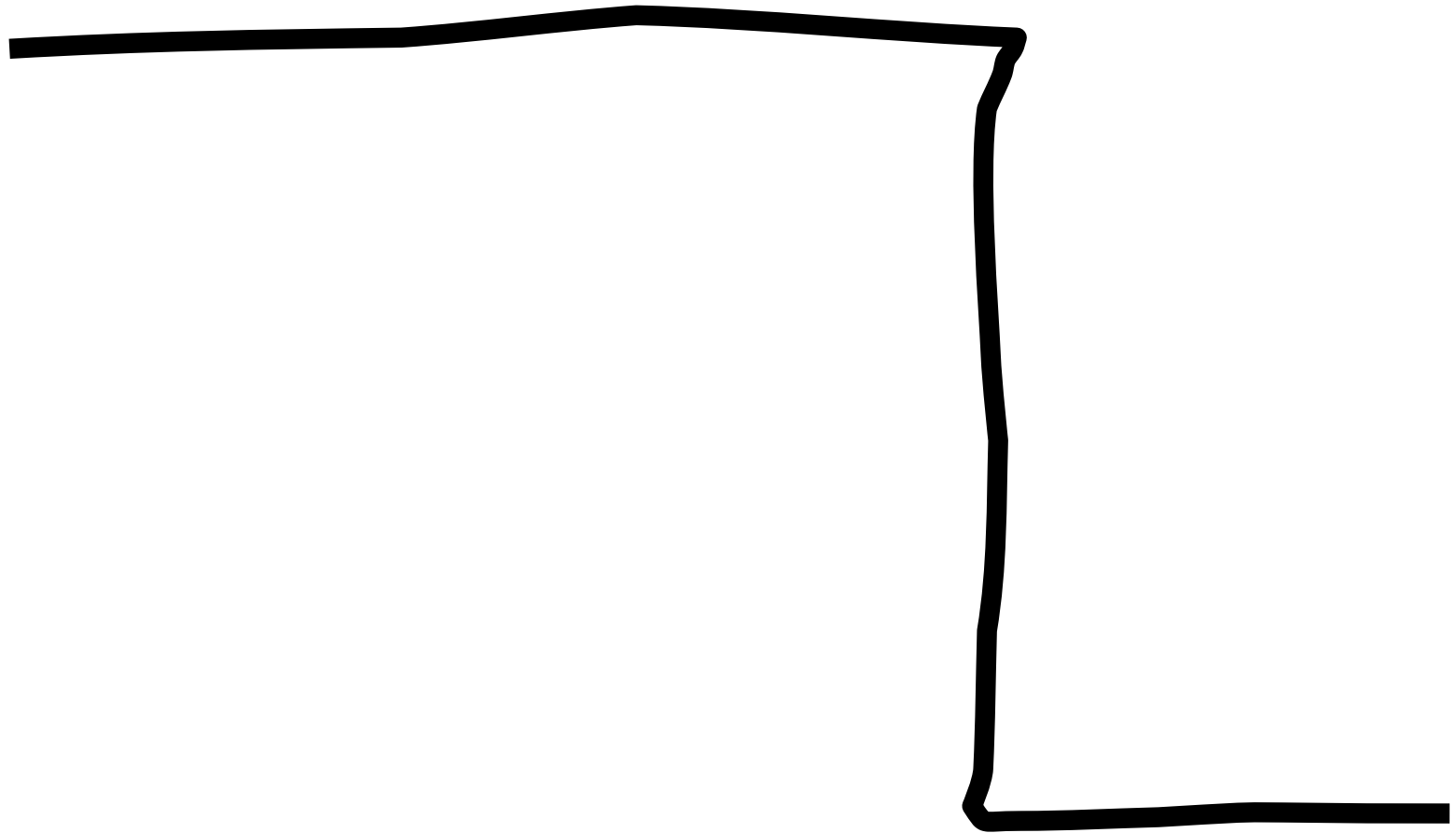
tools for a **National Campaign Against Racism**

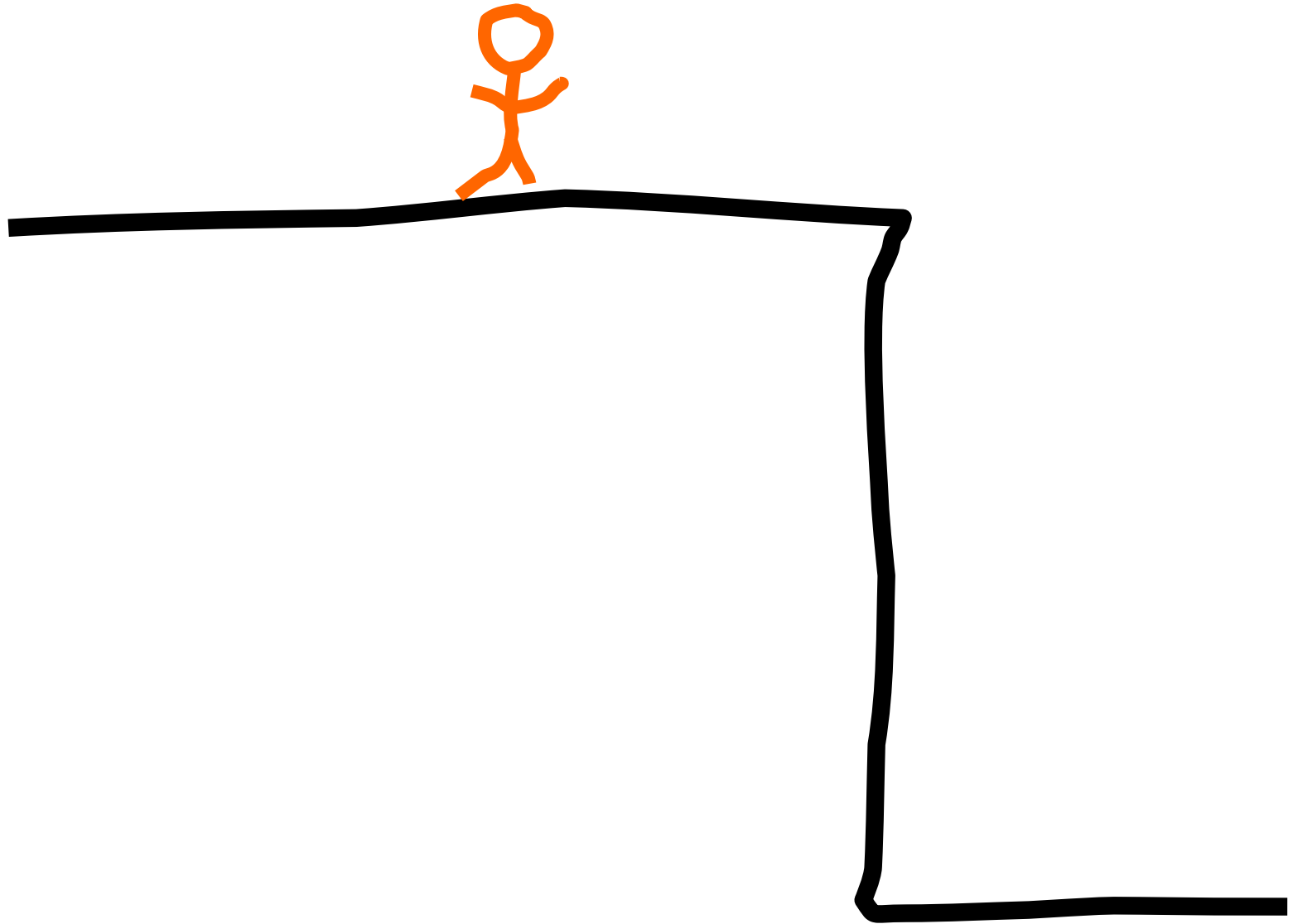
Camara Phyllis Jones, MD, MPH, PhD

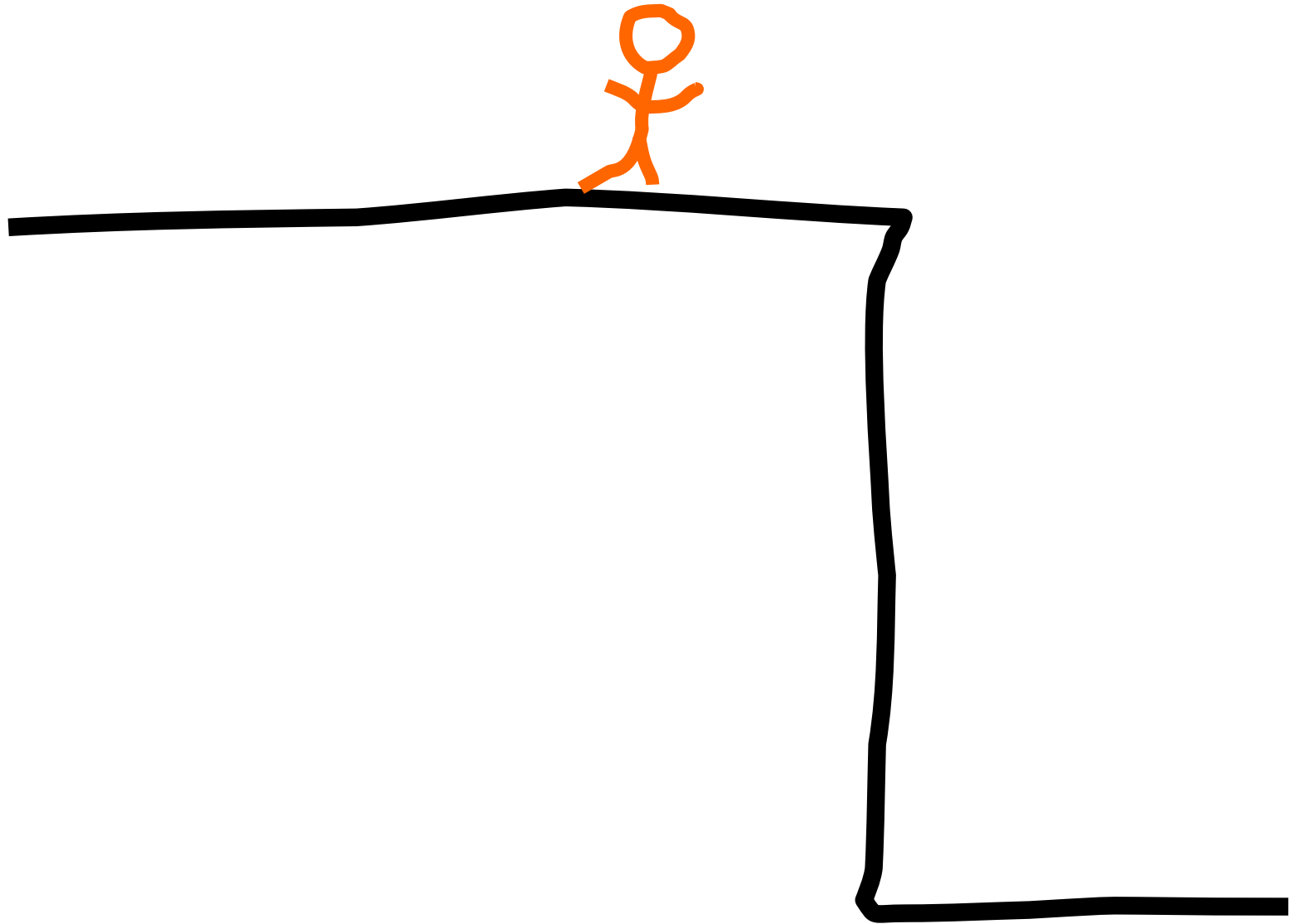
Health Equity Breakfast Roundtable
NACo's 83rd Annual Conference and Exposition
National Association of Counties

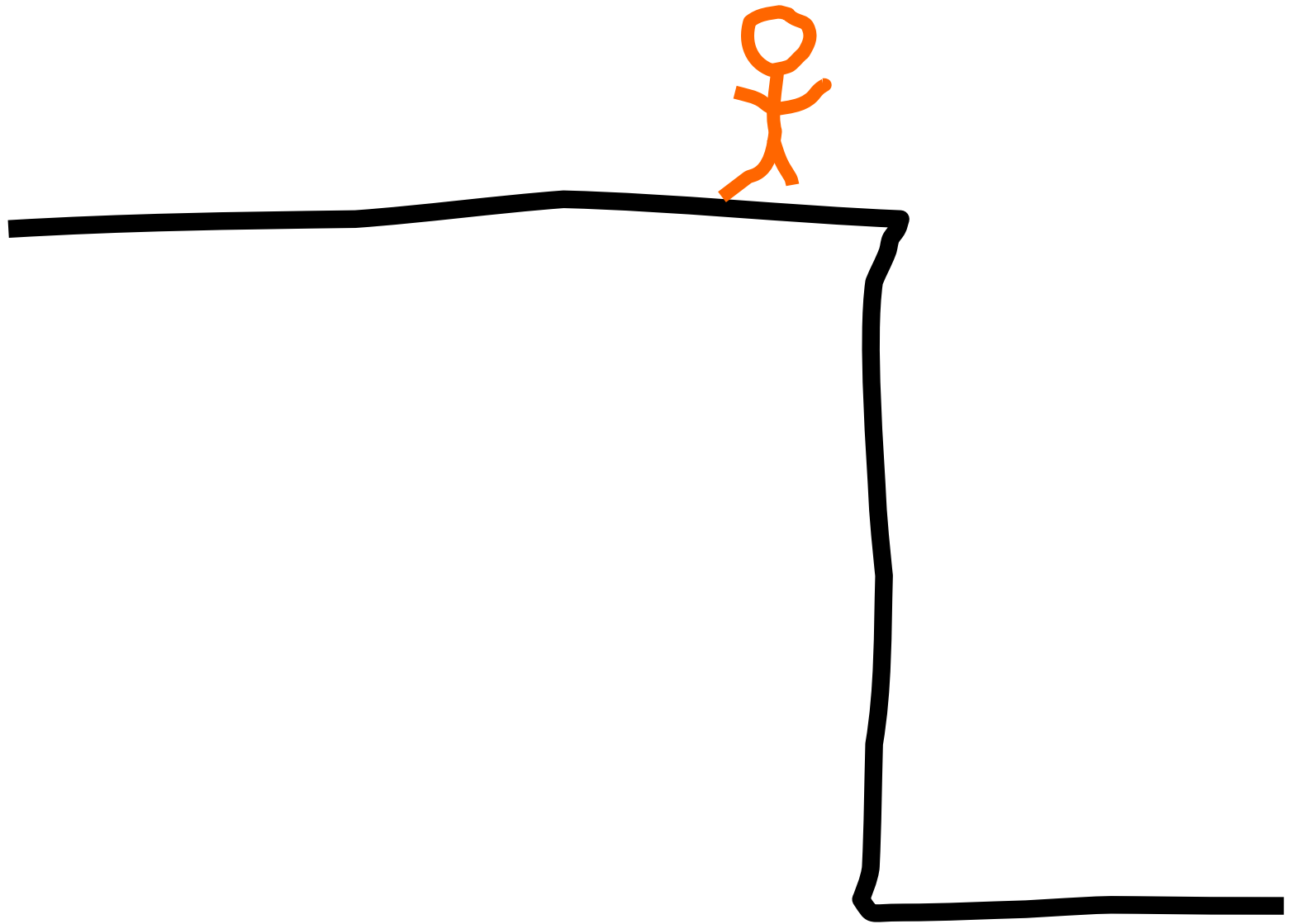
Nashville, Tennessee
July 15, 2018

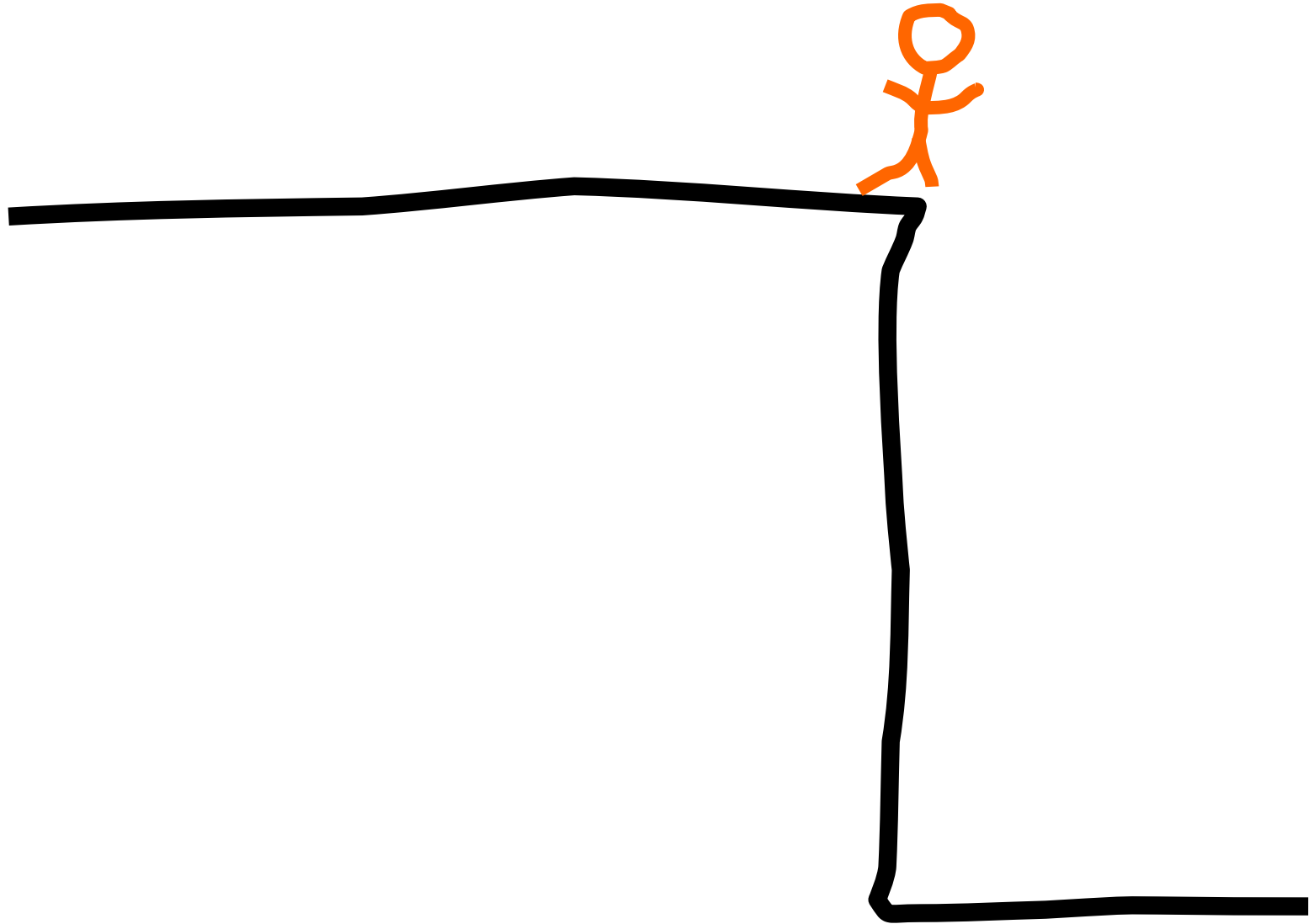
Levels of health intervention

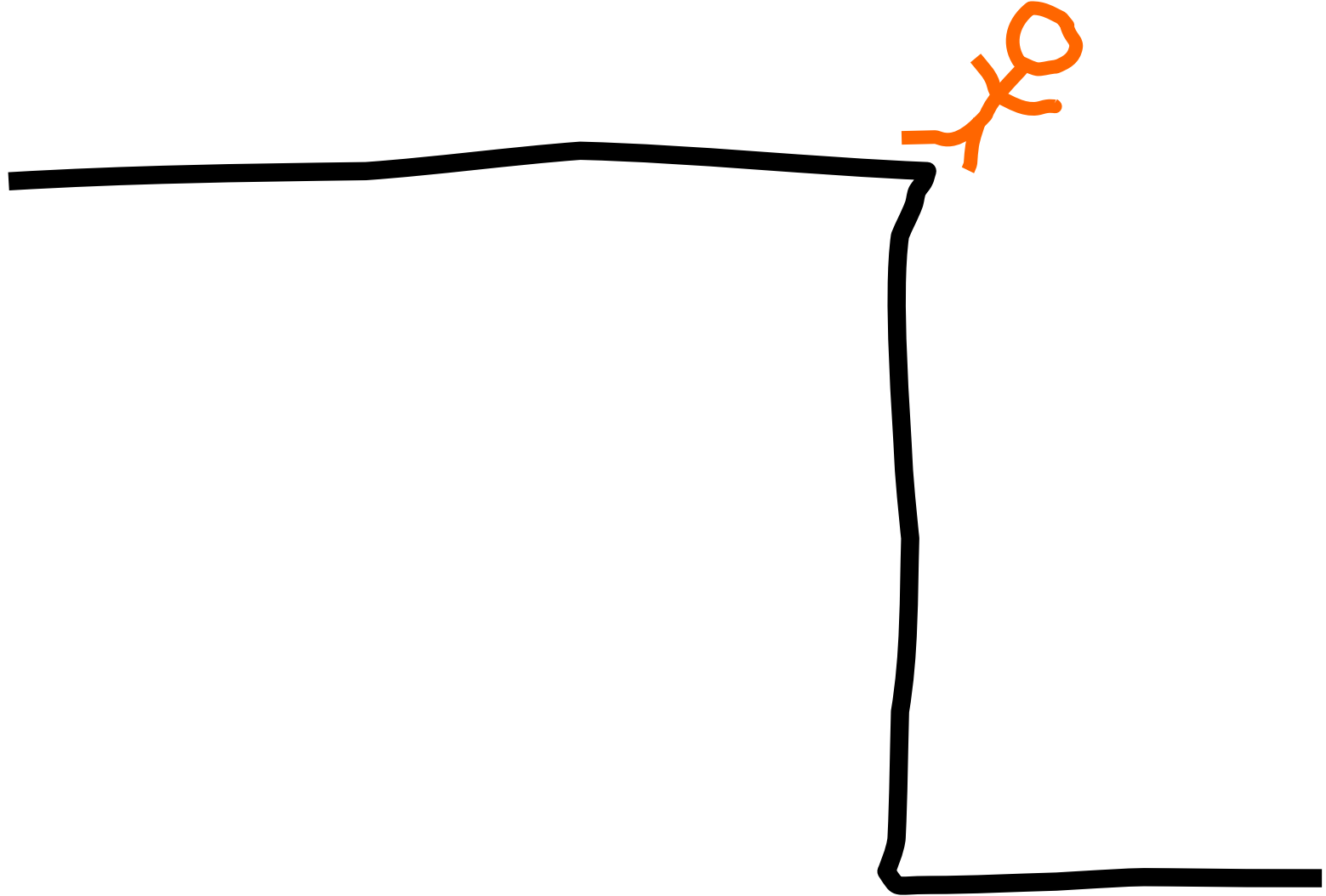


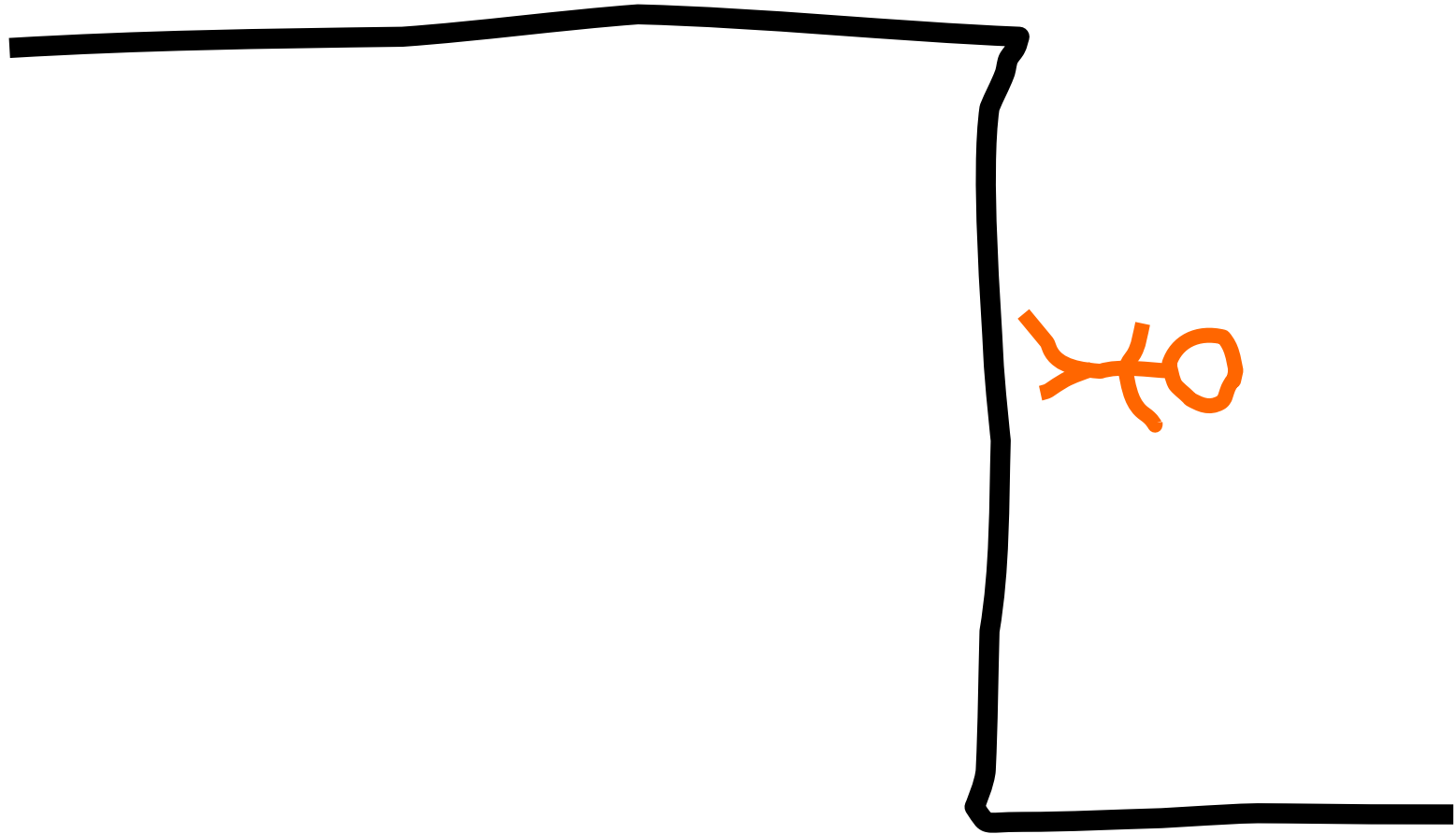


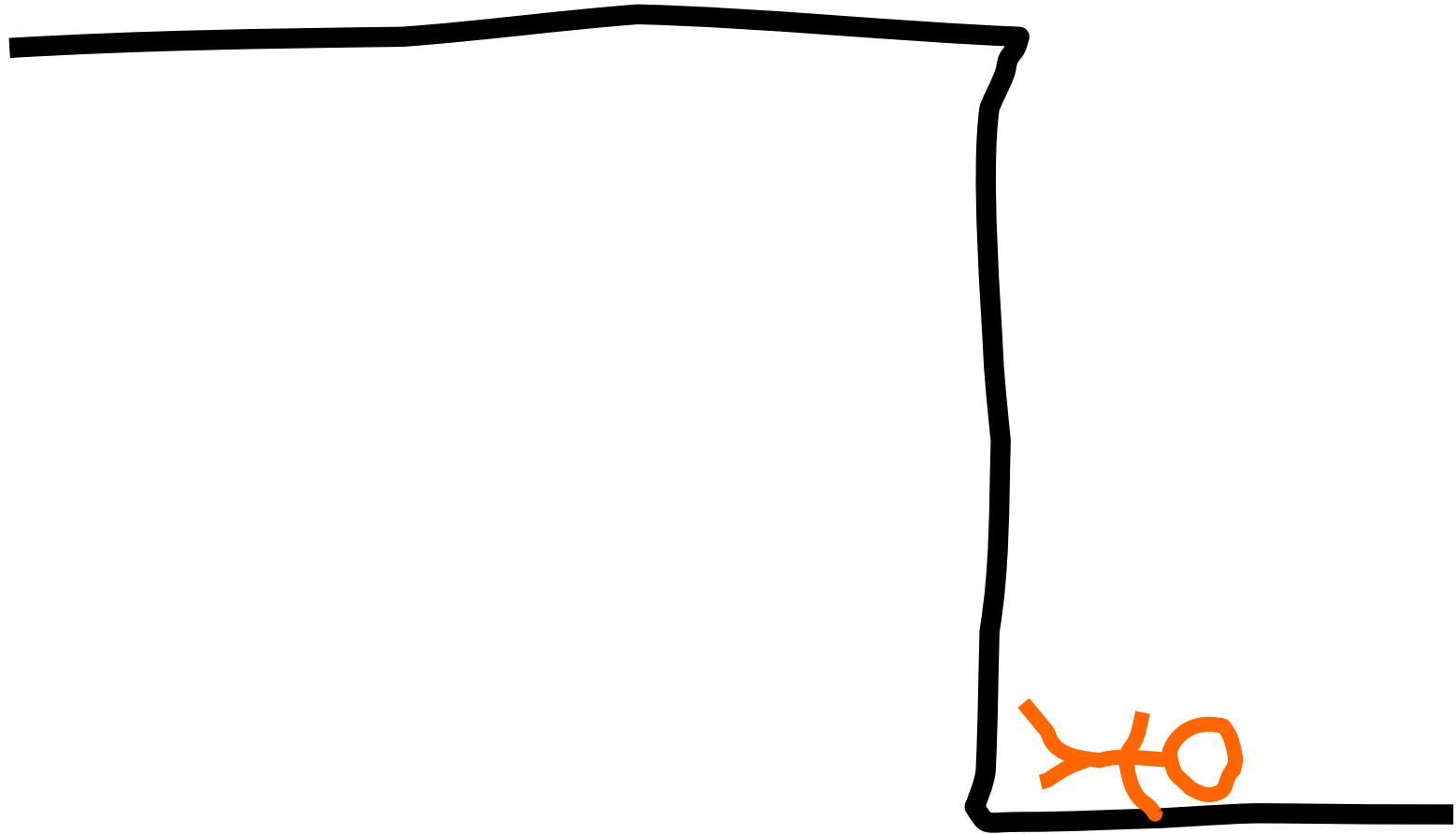


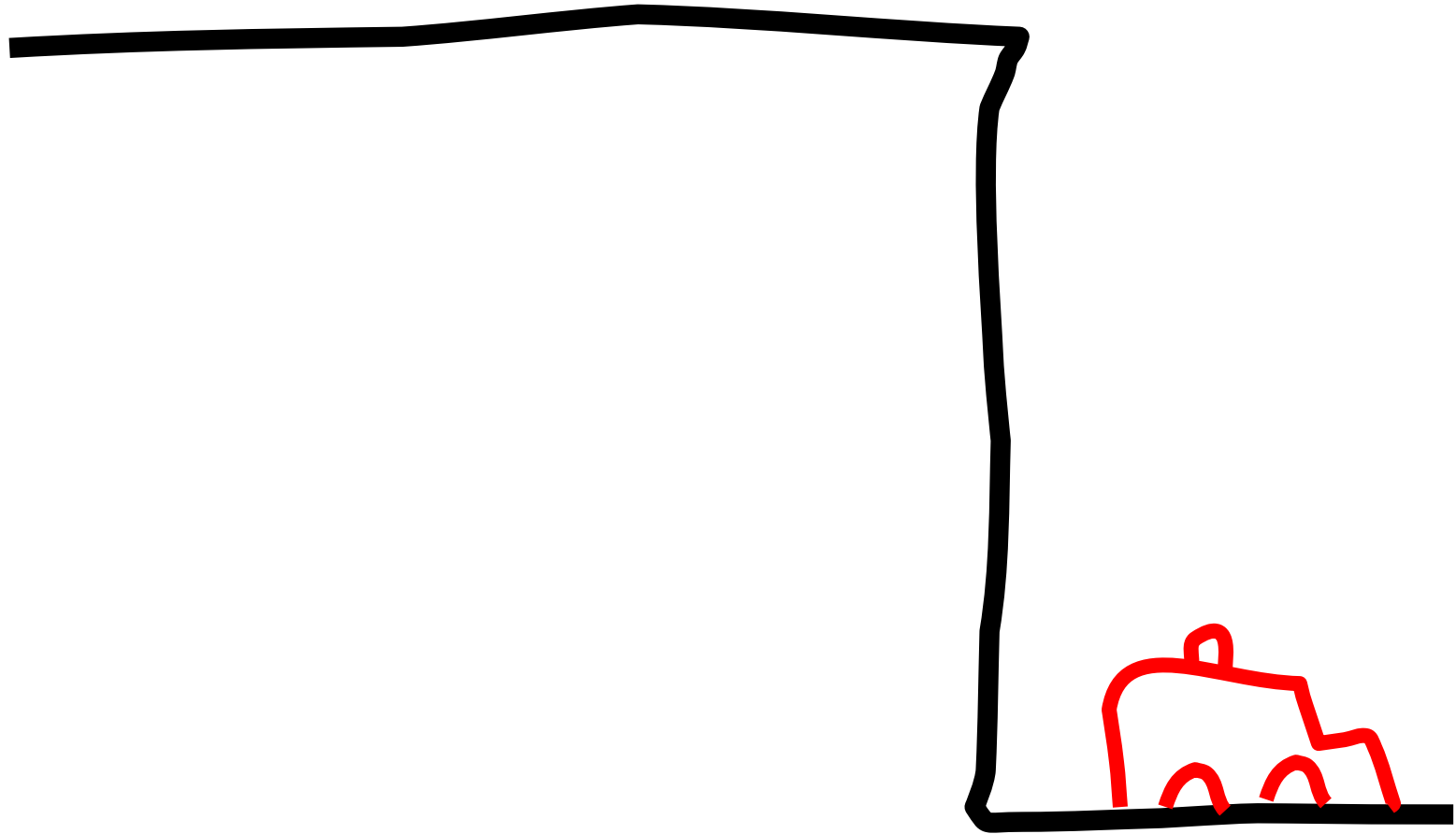


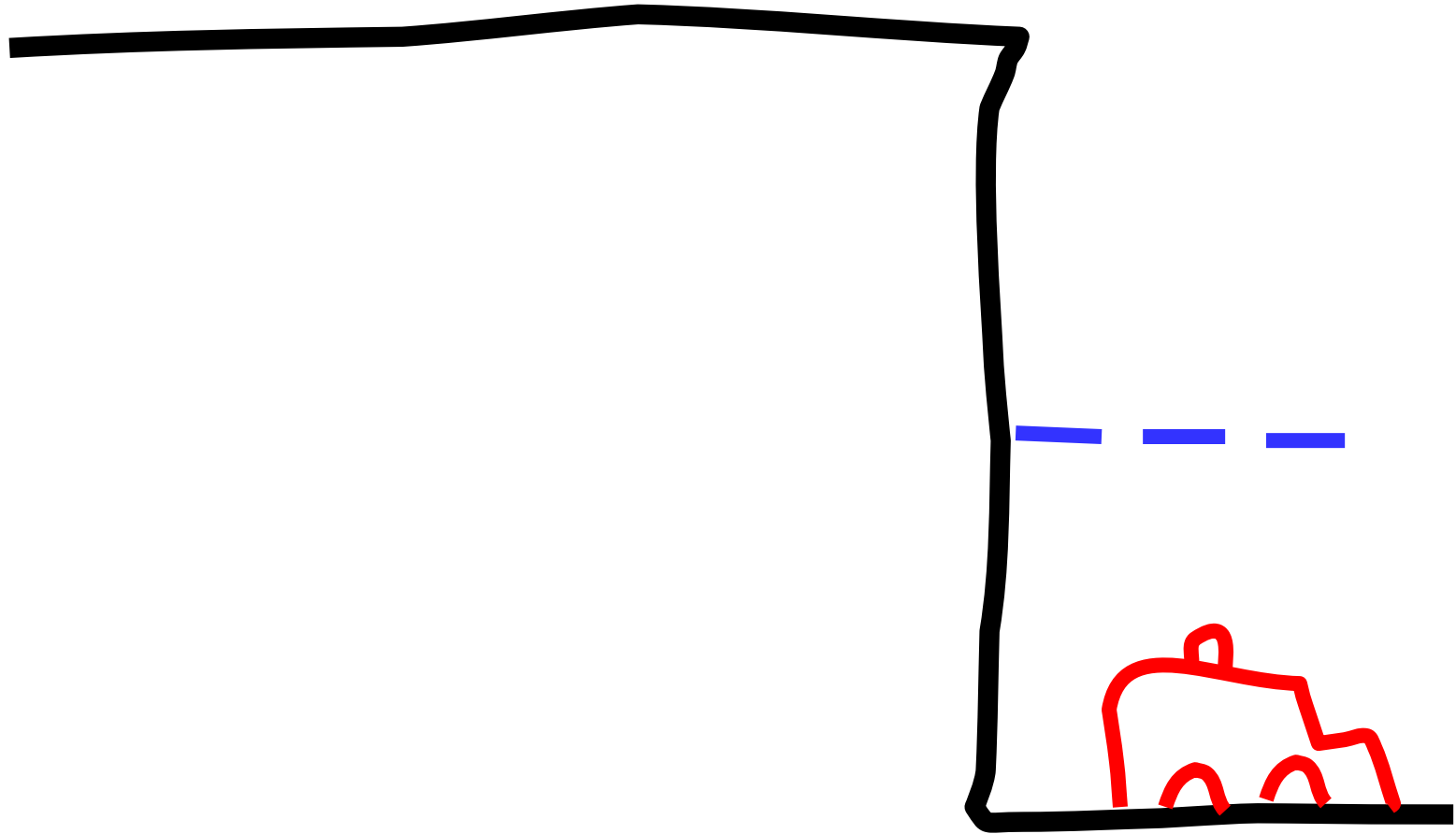


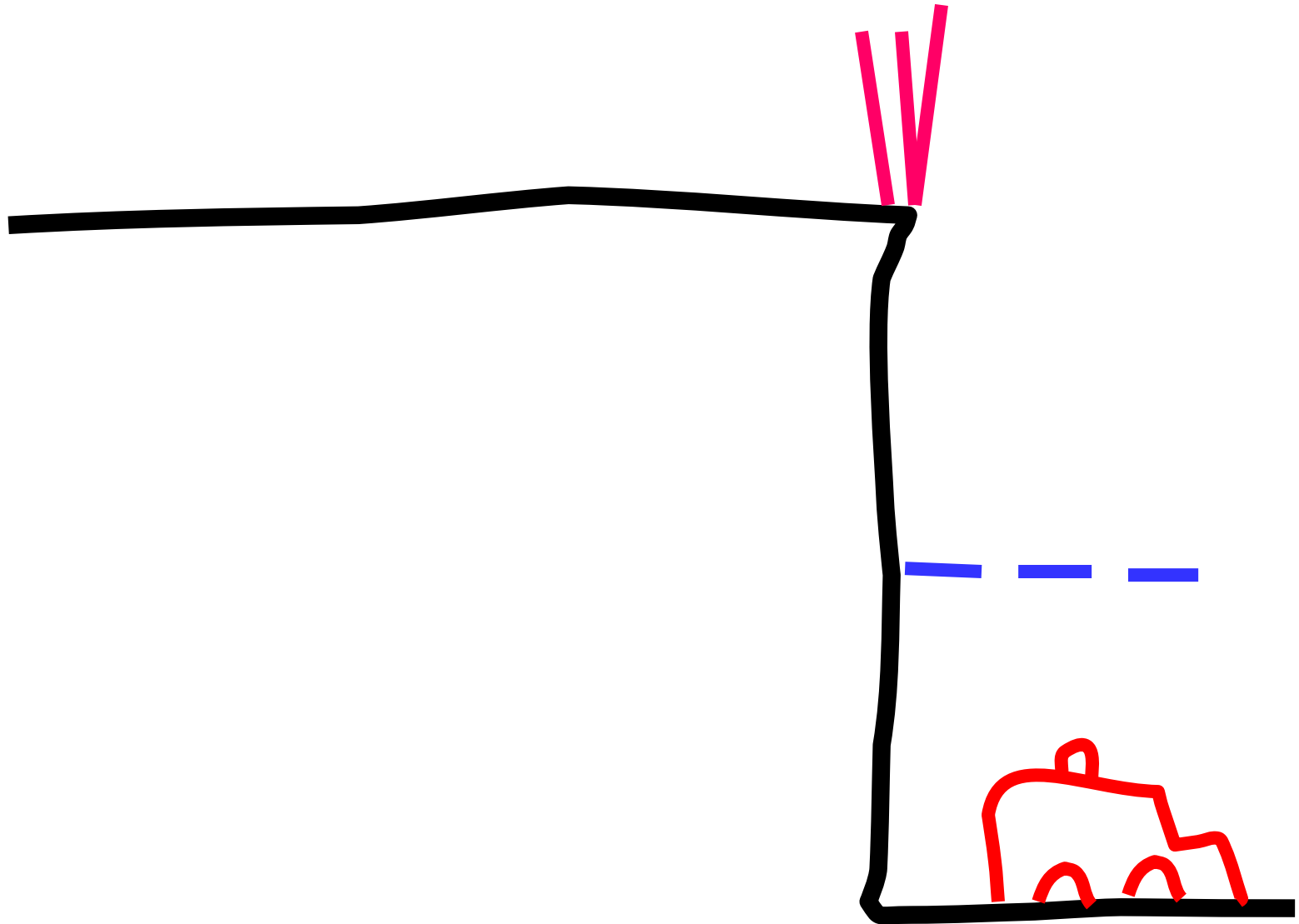


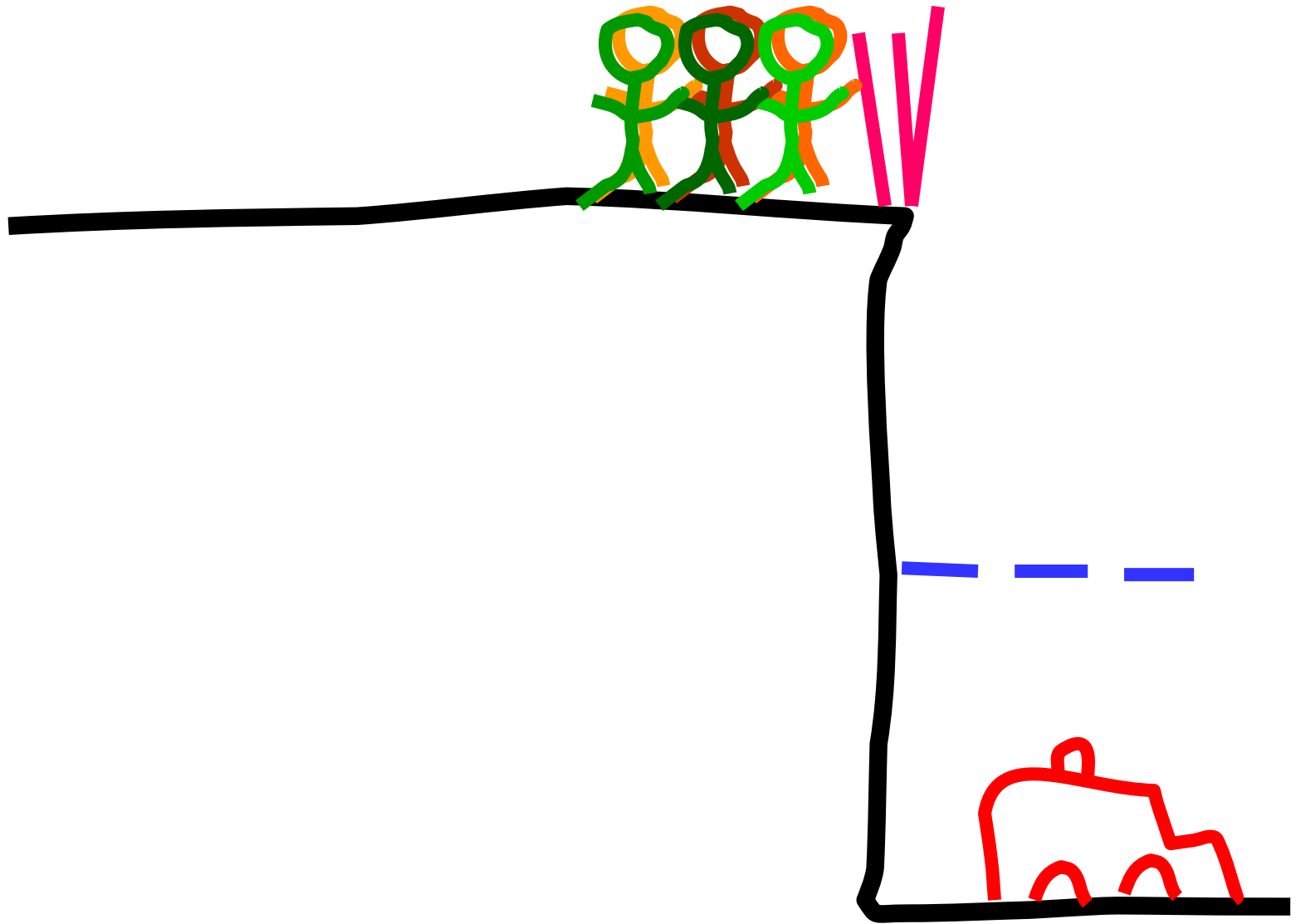


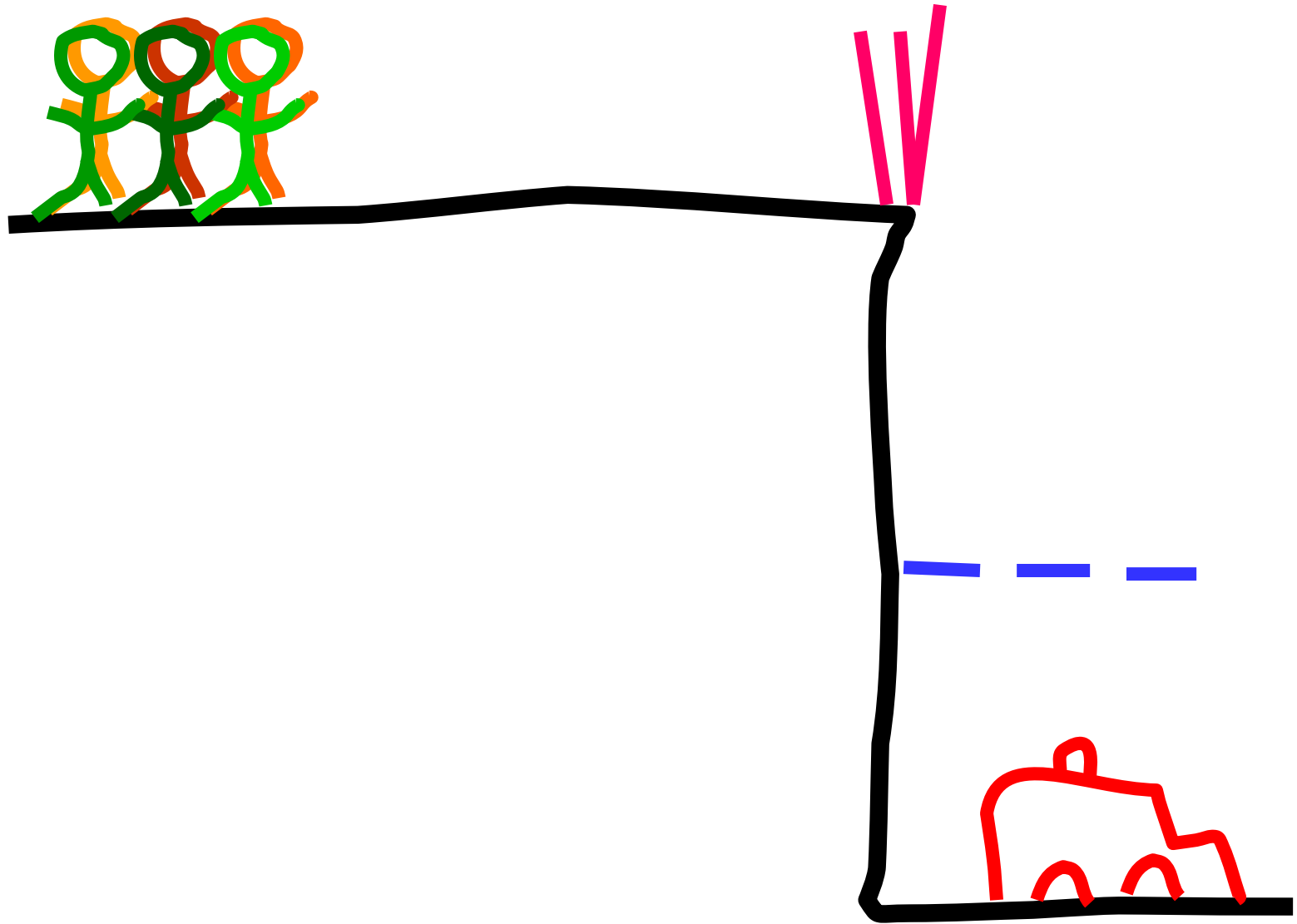


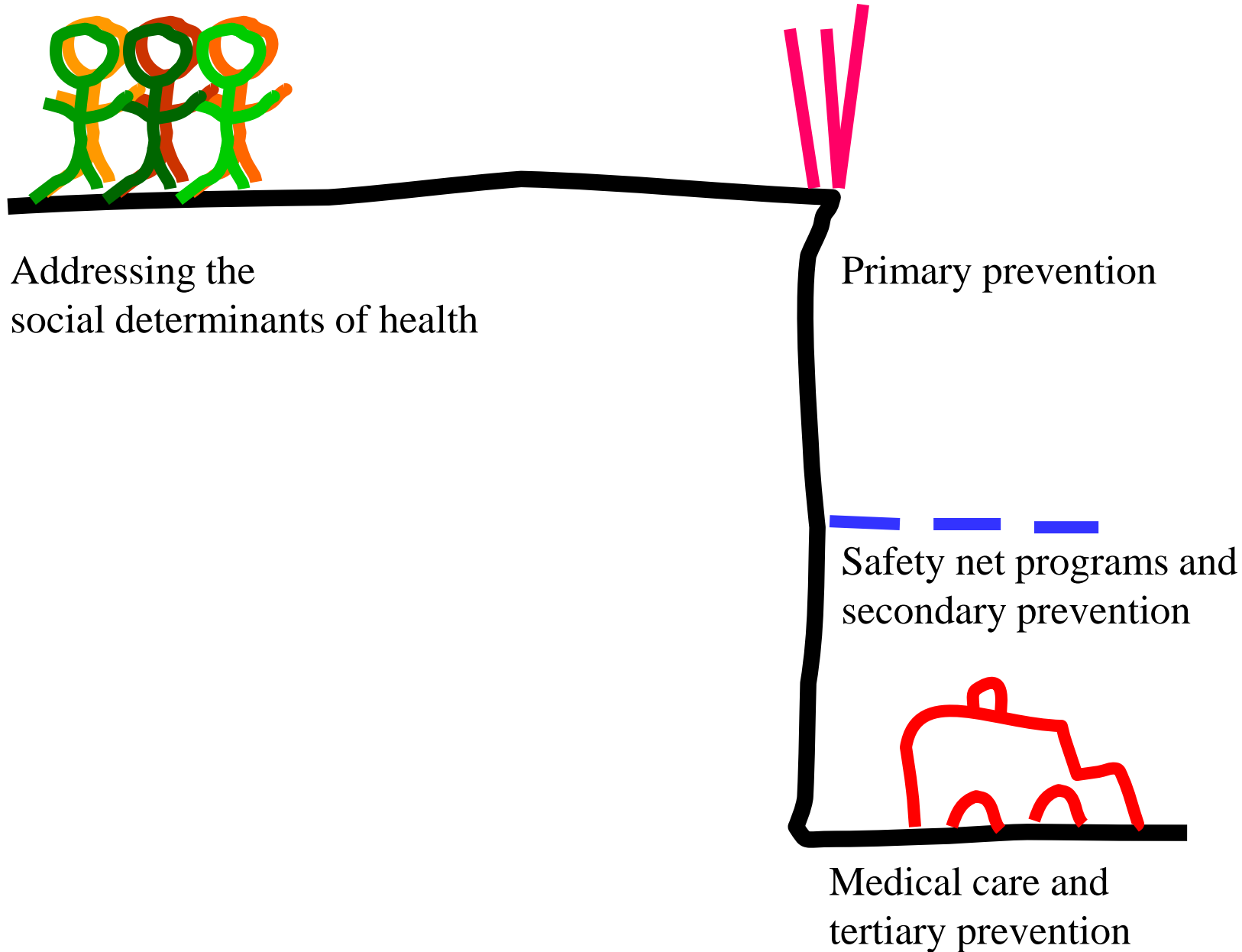












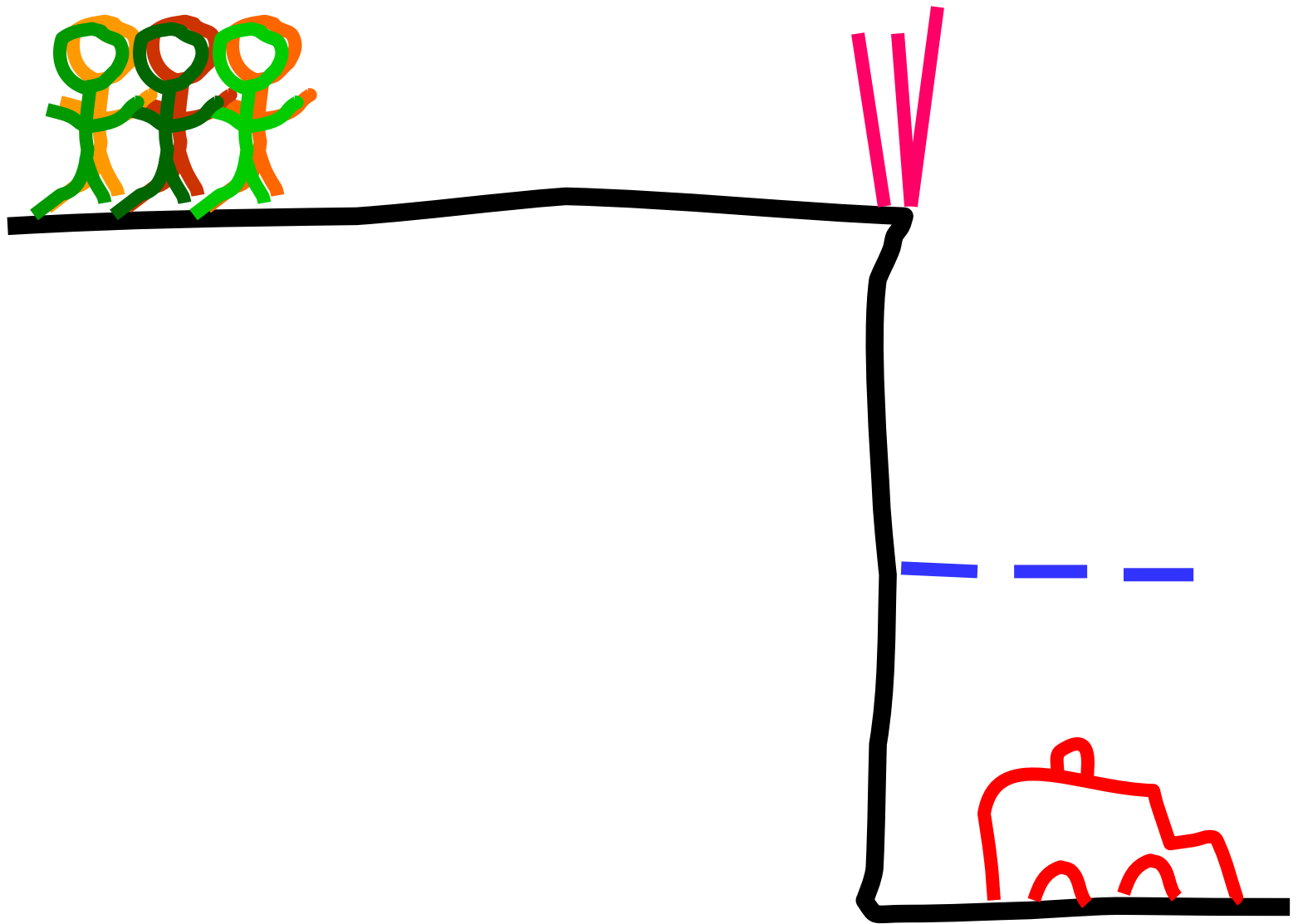
But how do disparities arise?

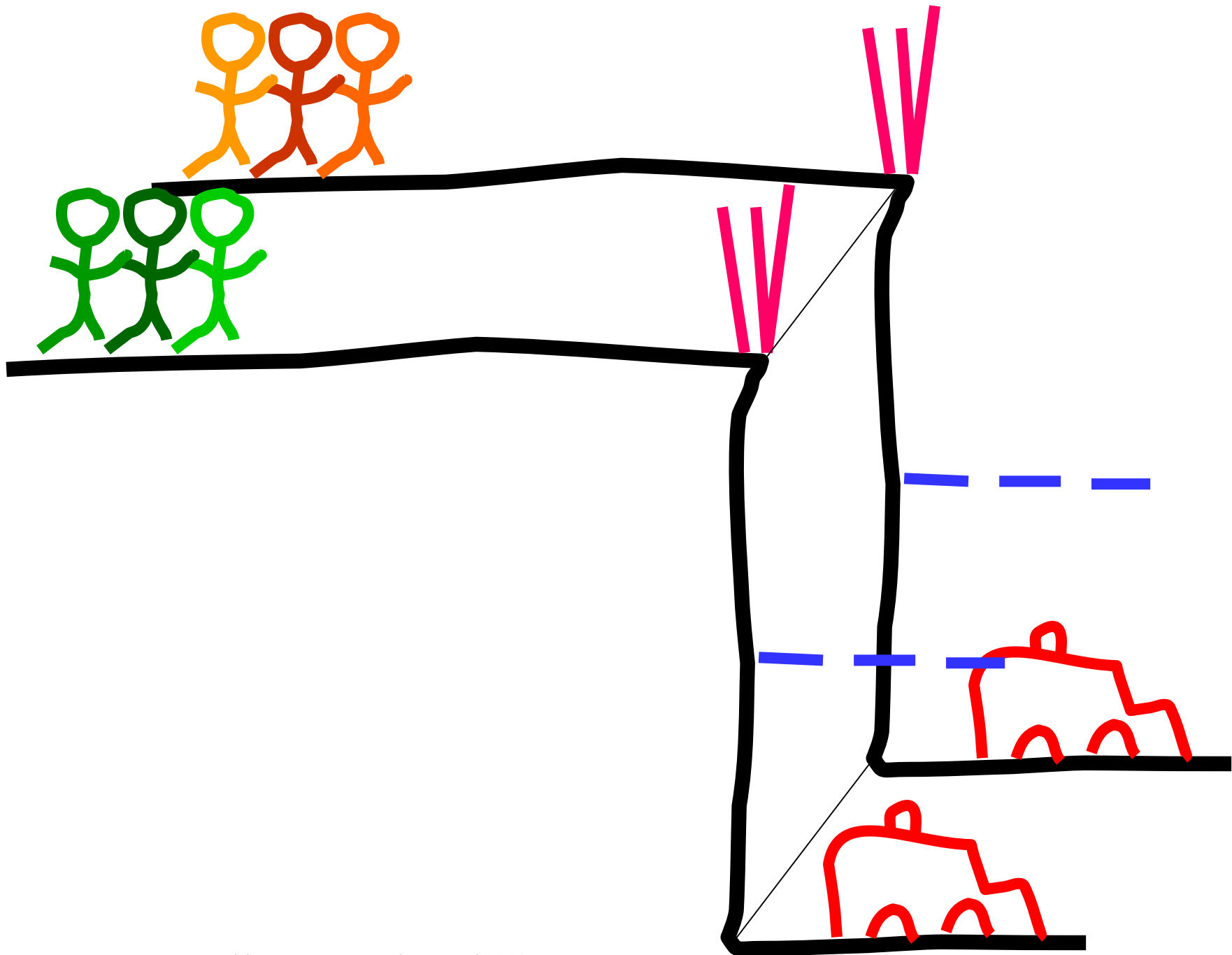
- ❑ Differences in the quality of care received within the health care system
- ❑ Differences in access to health care, including preventive and curative services
- ❑ Differences in life opportunities, exposures, and stresses that result in differences in underlying health status

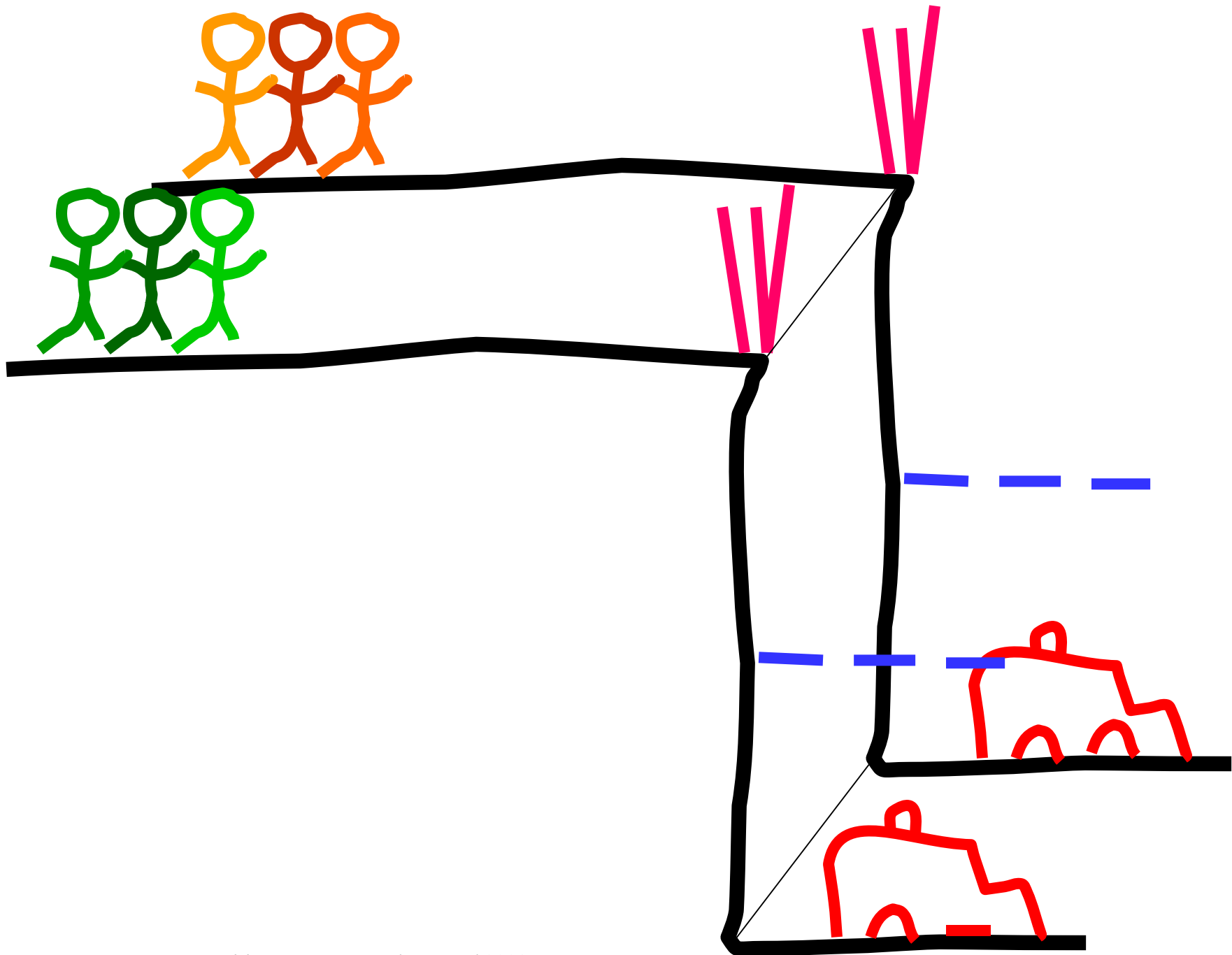
Phelan JC, Link BG, Tehranifar P. Social Conditions as Fundamental Causes of Health Inequalities. *J Health Soc Behav* 2010;51(S):S28-S40.

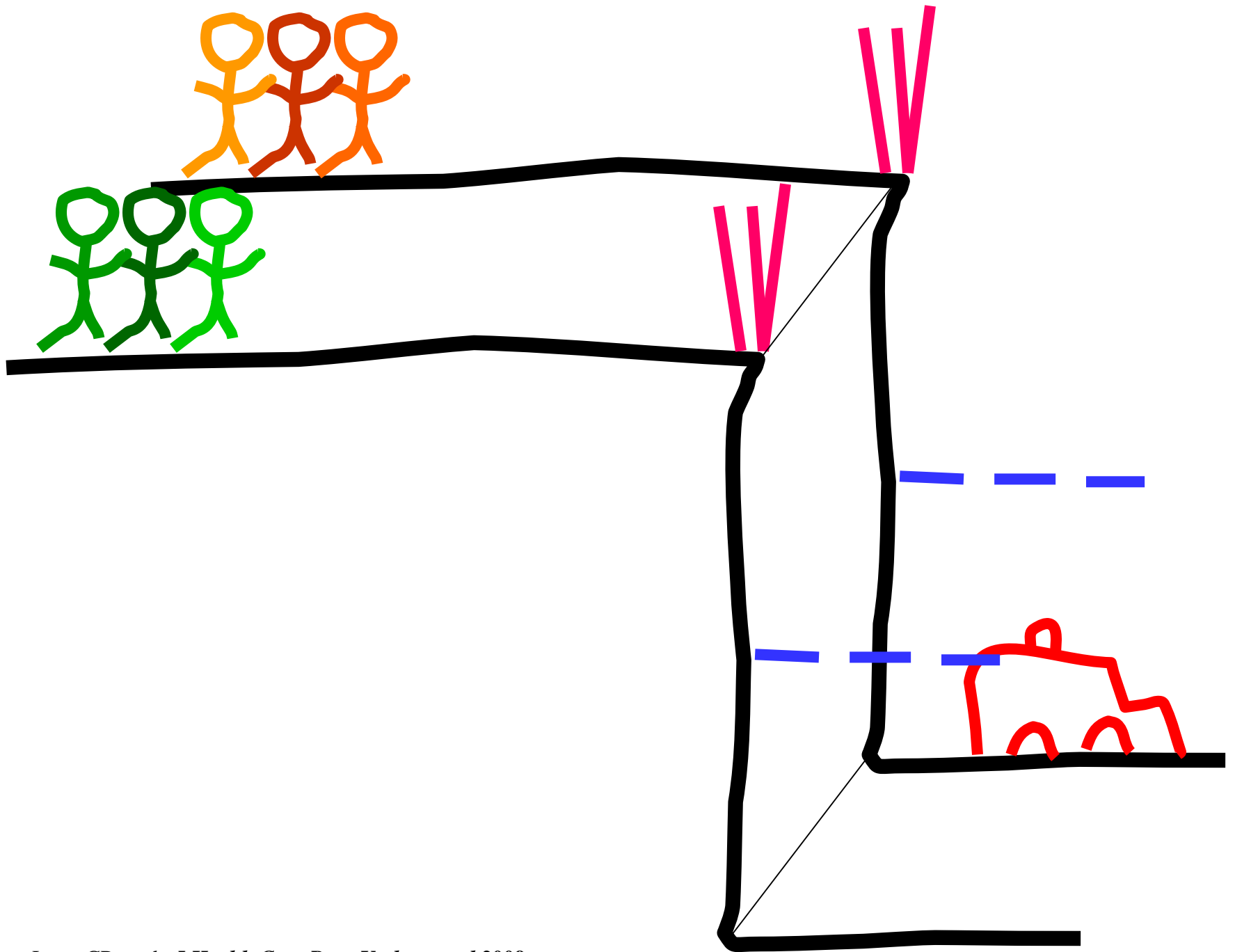
Byrd WM, Clayton LA. *An American Health Dilemma: Race, Medicine, and Health Care in the United States, 1900-2000*. New York, NY: Routledge, 2002.

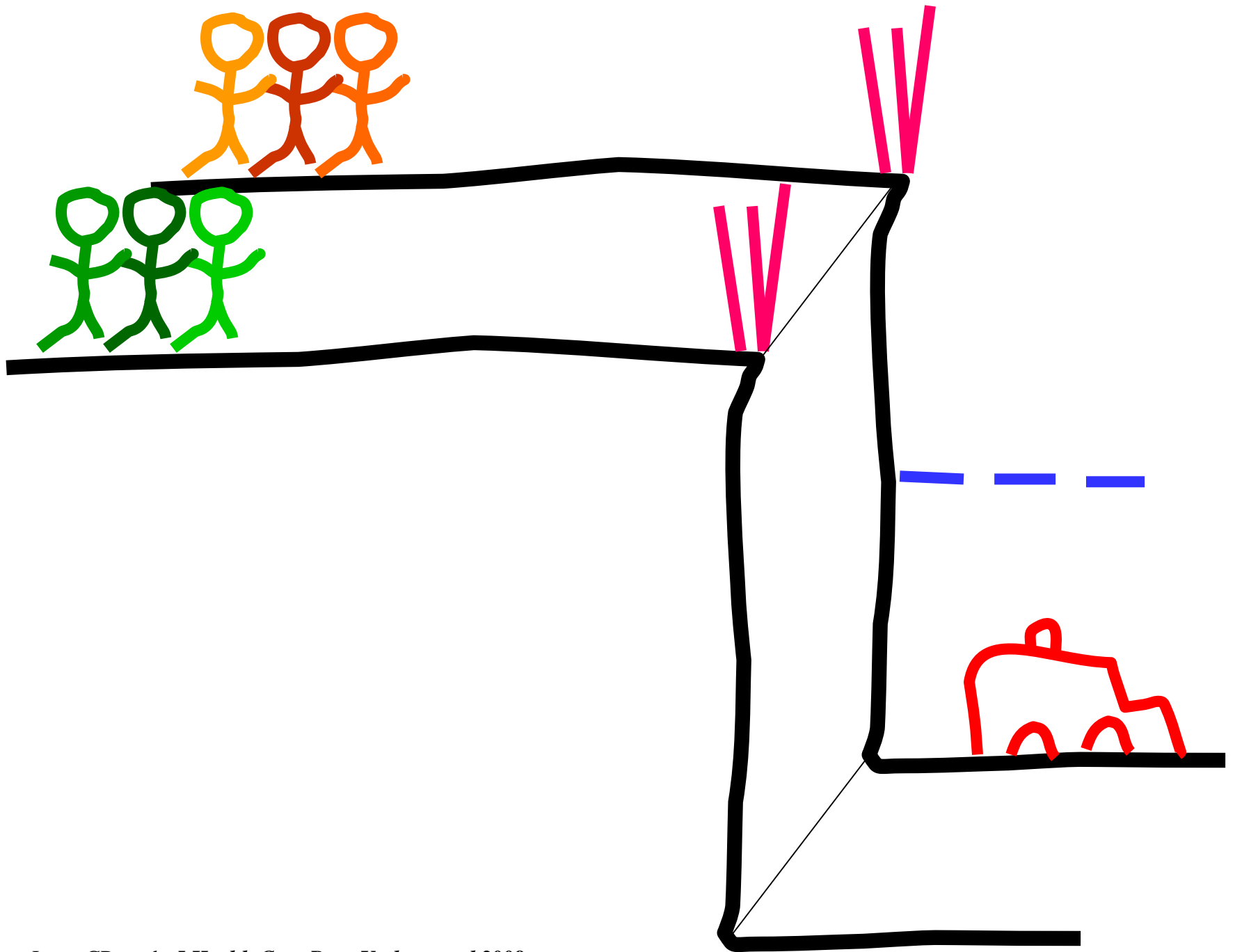
Smedley BD, Stith AY, Nelson AR (editors). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: The National Academies Press, 2002.

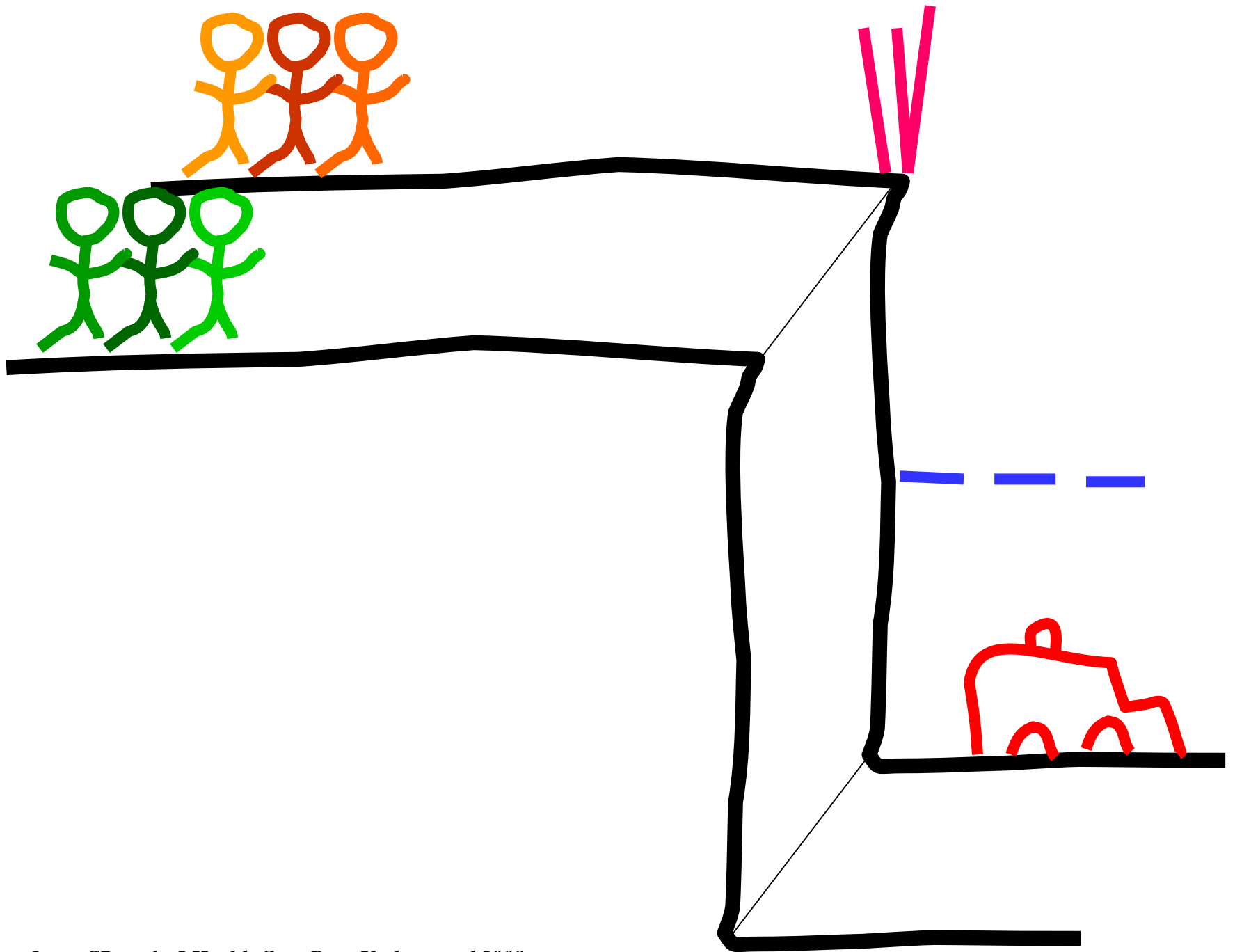


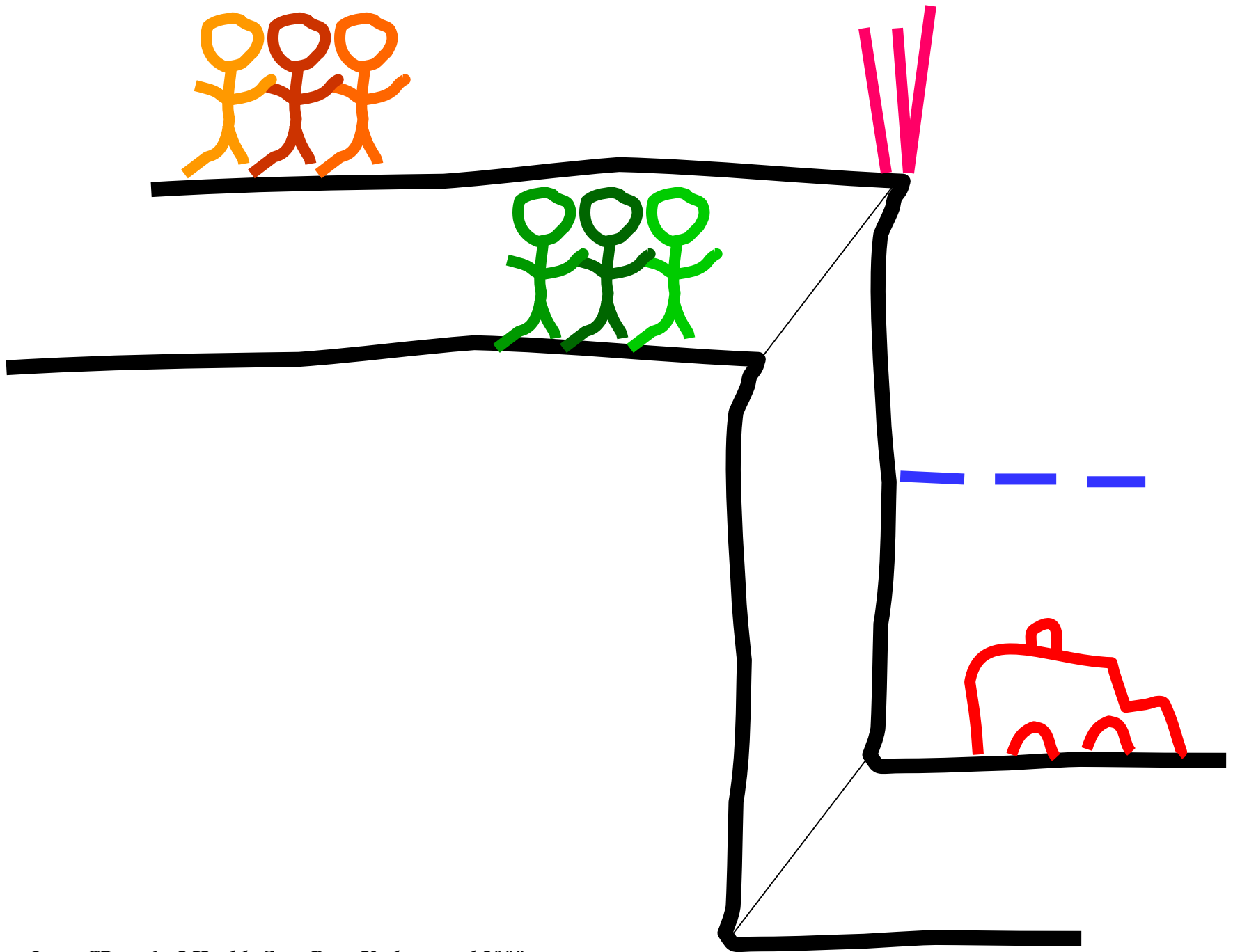


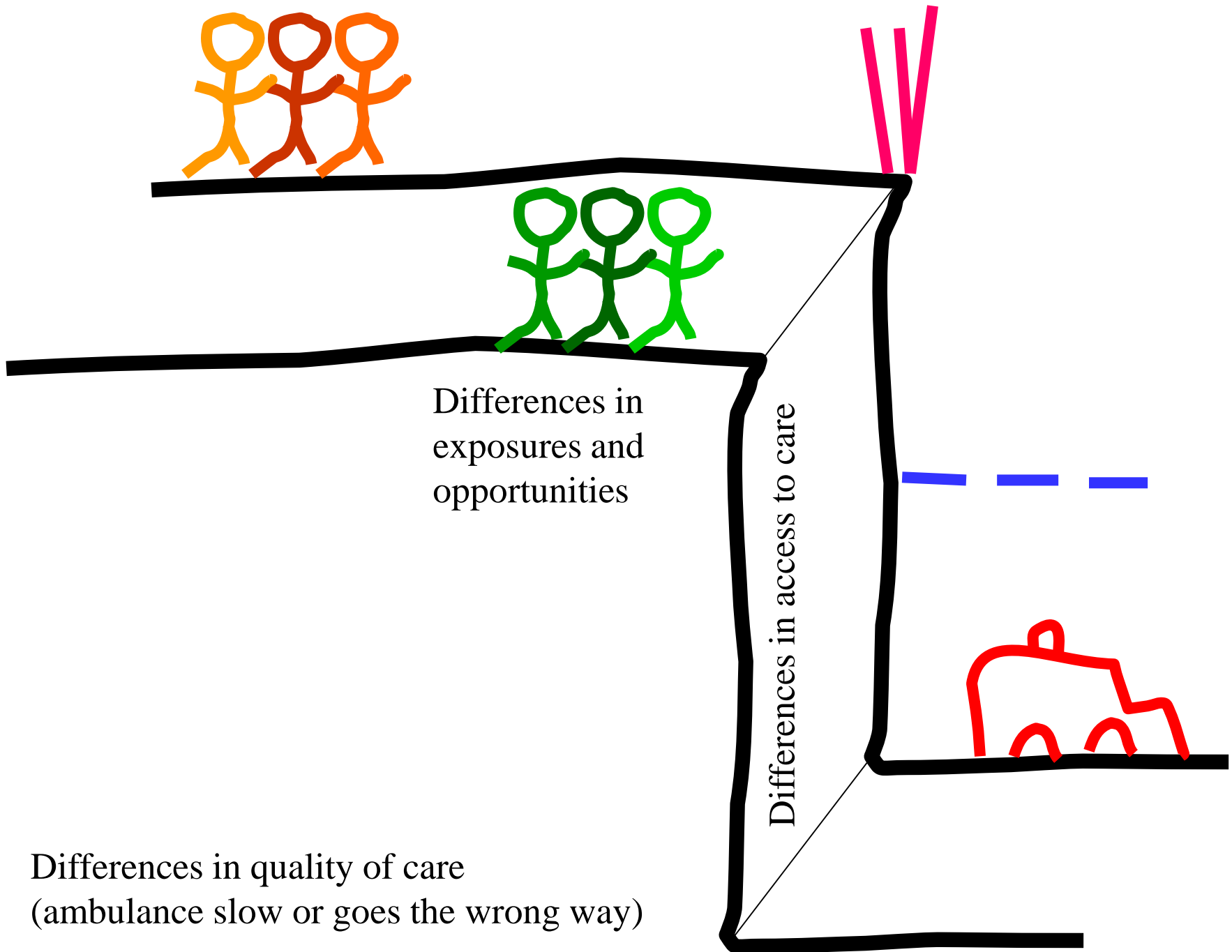


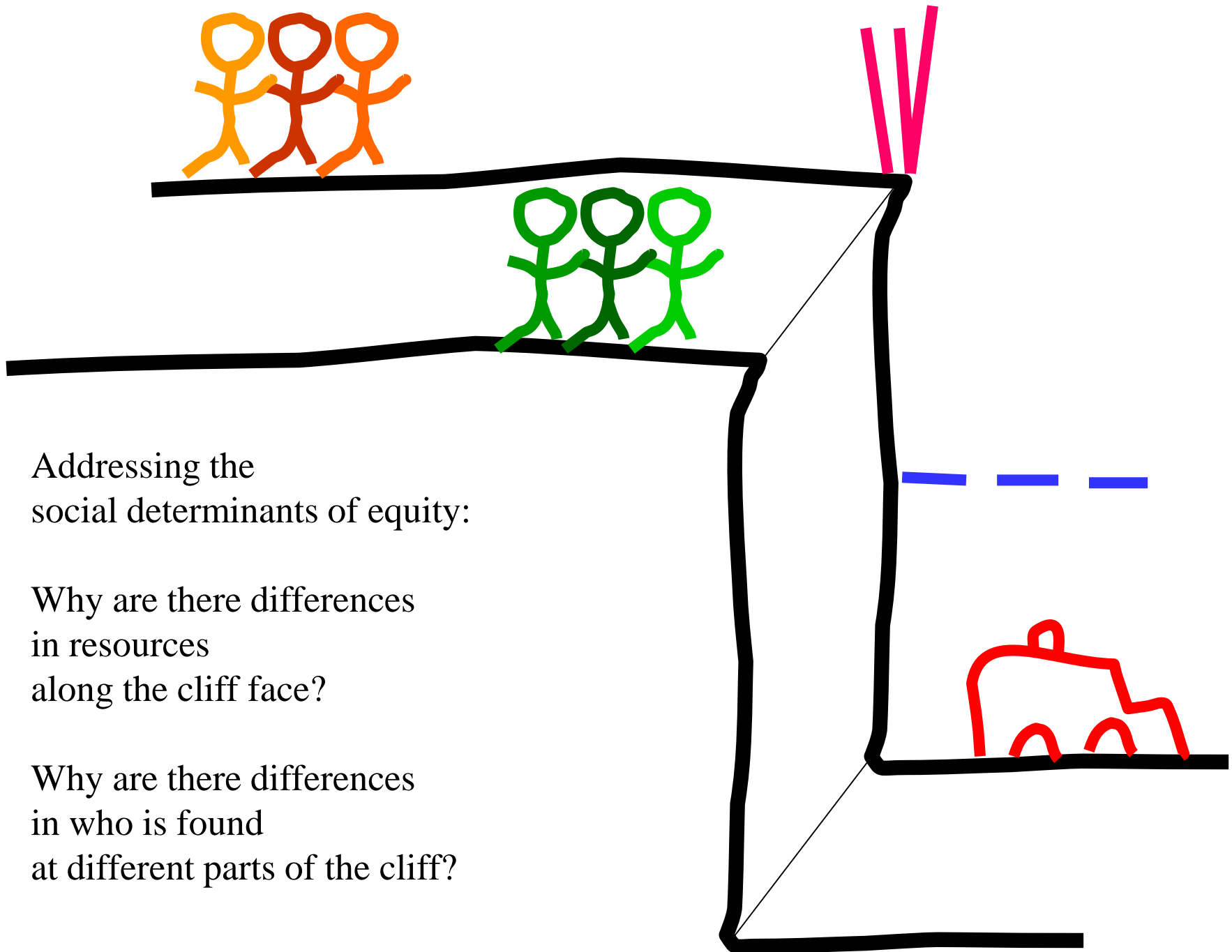












Addressing the social determinants of equity:

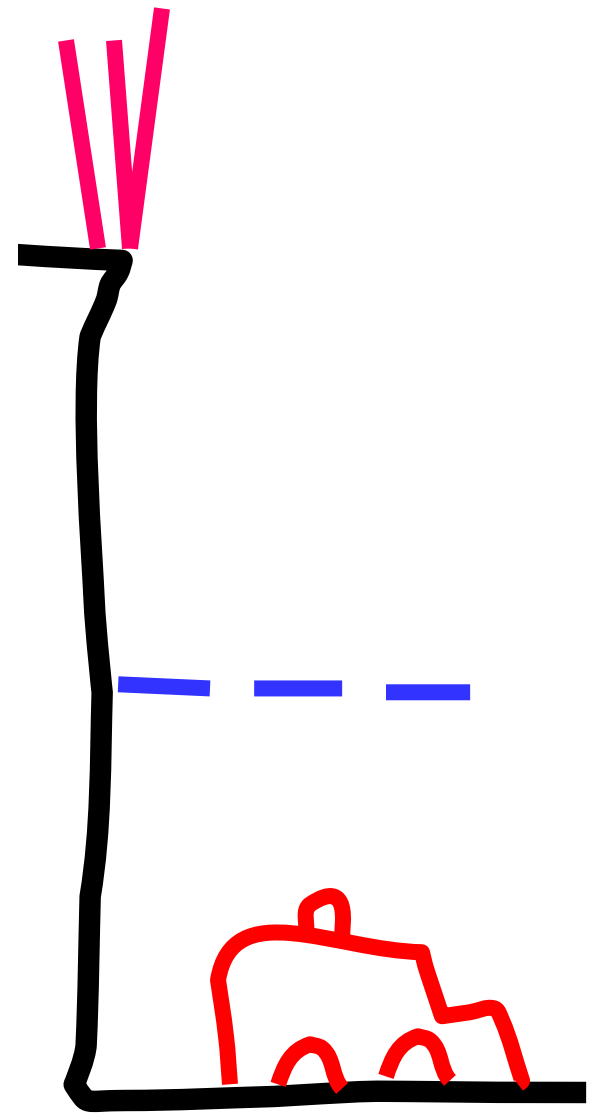
Why are there differences in resources along the cliff face?

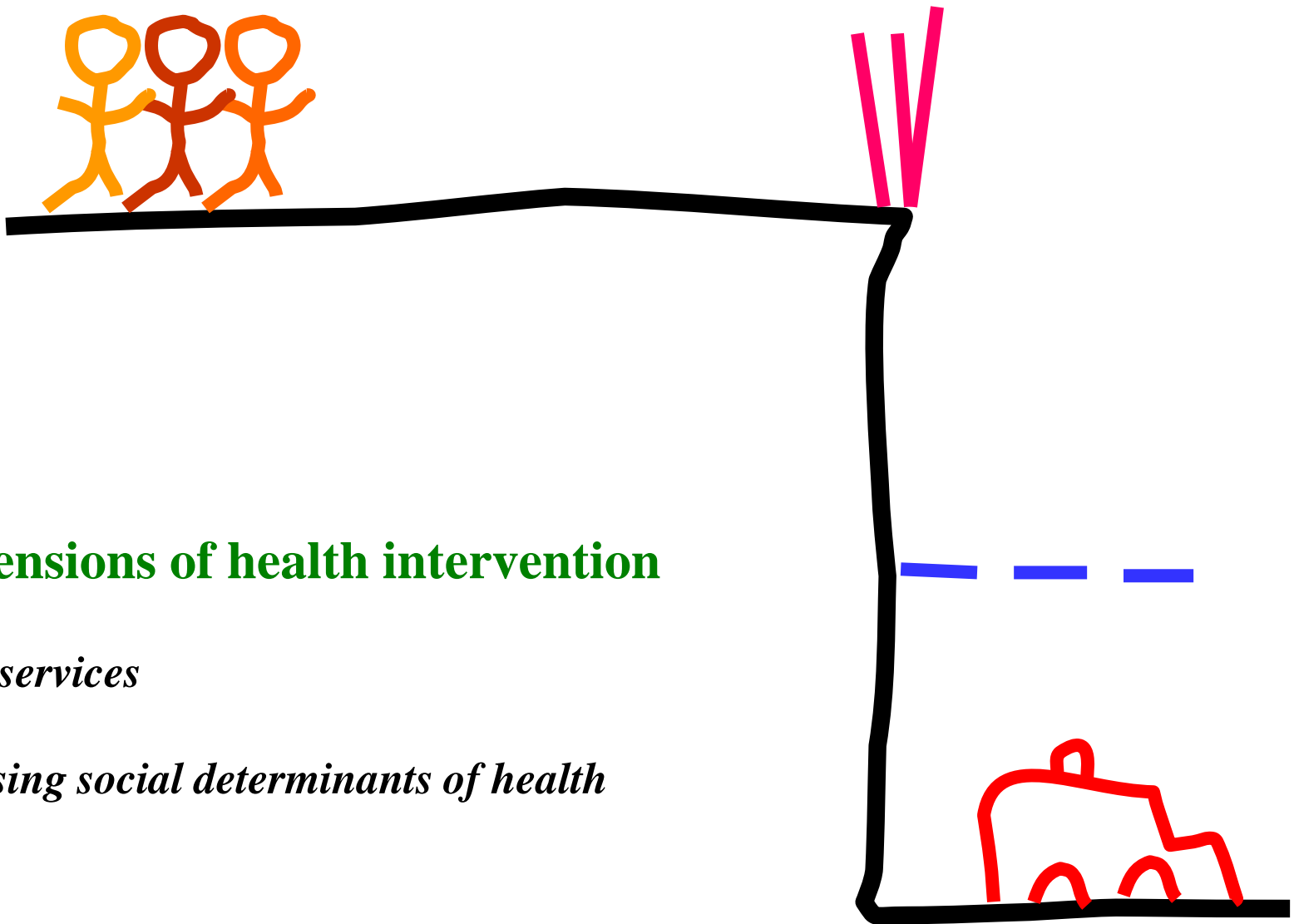
Why are there differences in who is found at different parts of the cliff?

3 dimensions of health intervention

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Health services

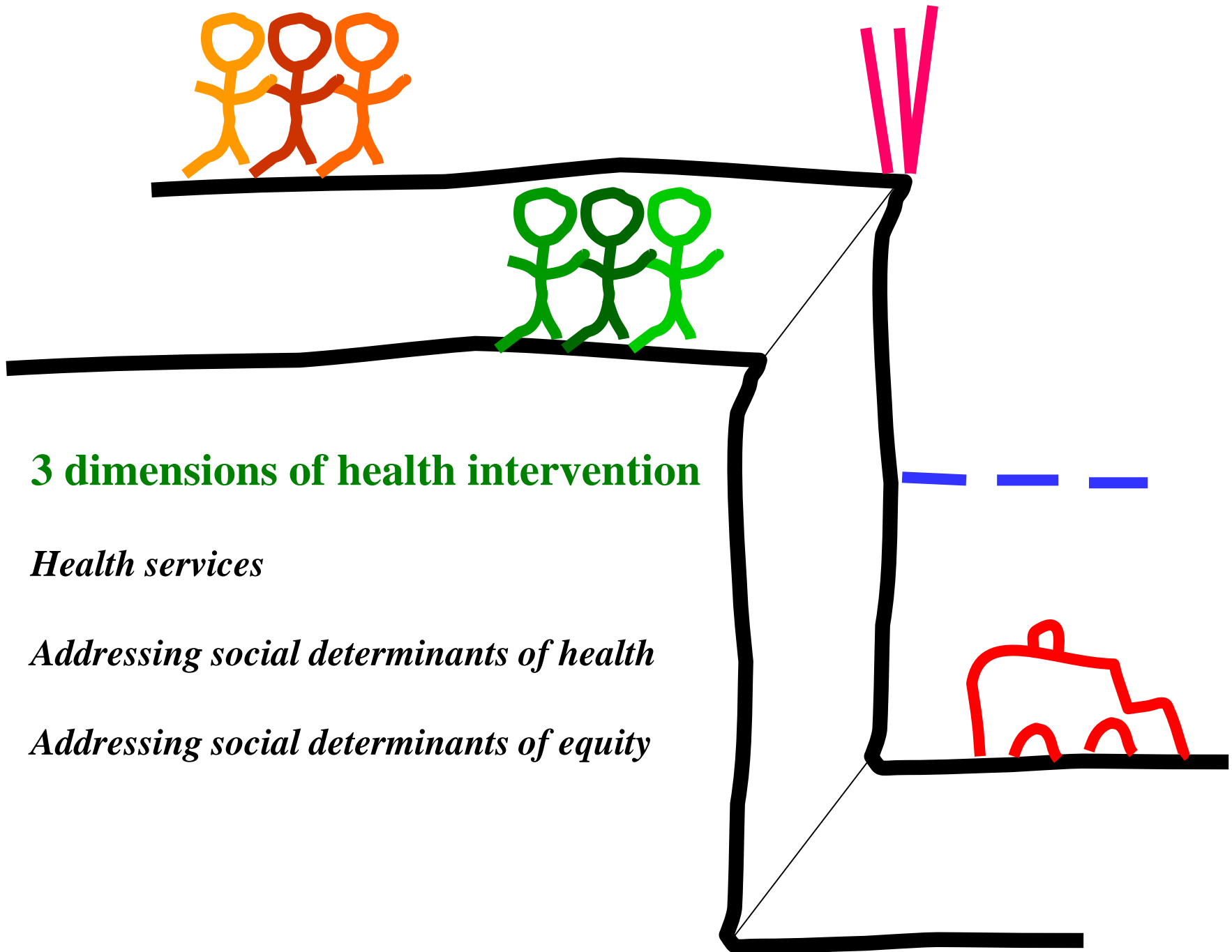




3 dimensions of health intervention

Health services

Addressing social determinants of health



What is racism?

A system

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A system of structuring opportunity and assigning value

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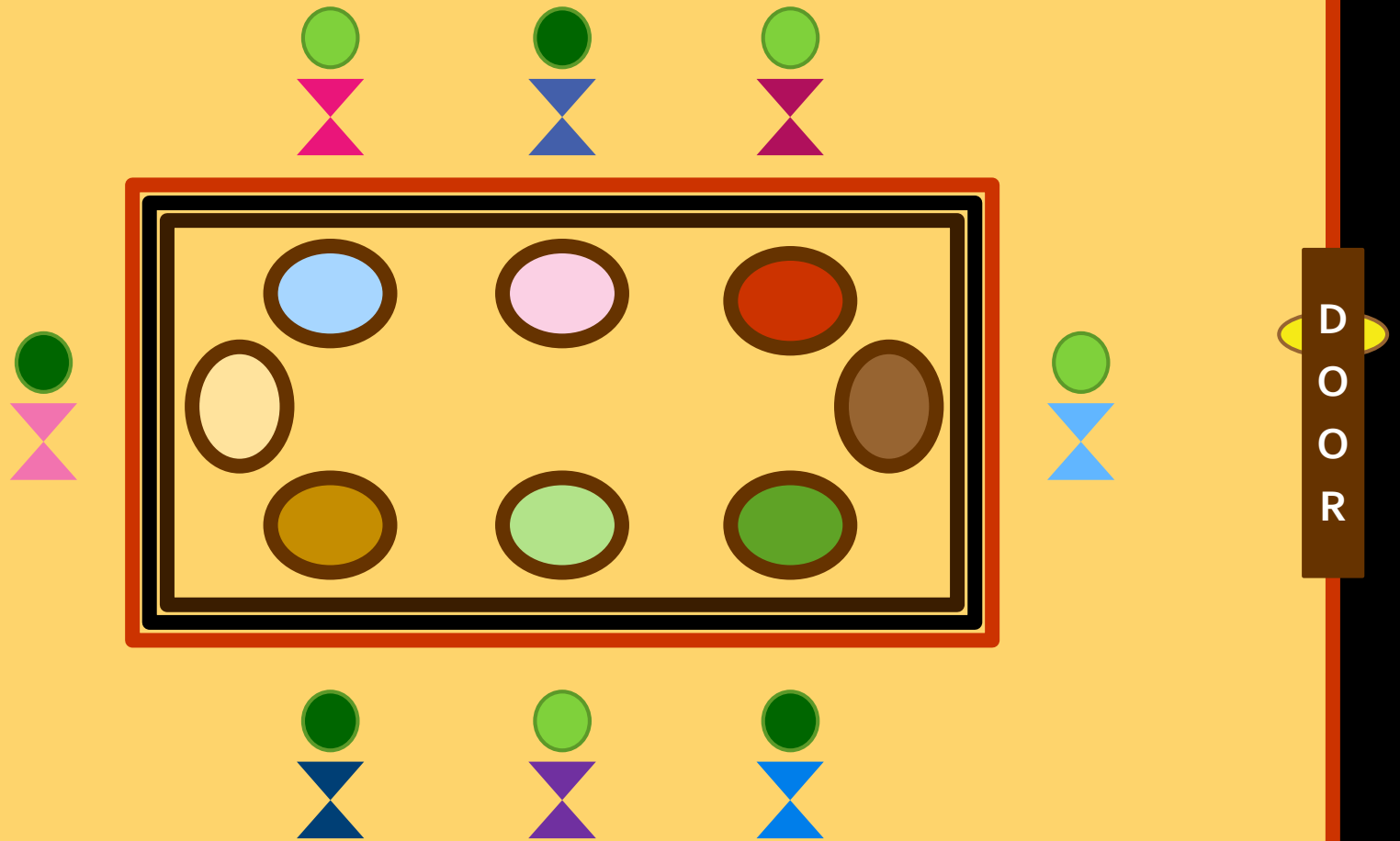
What is racism?

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

Dual Reality: A restaurant saga





I looked up and noticed a sign . . .

OPEN

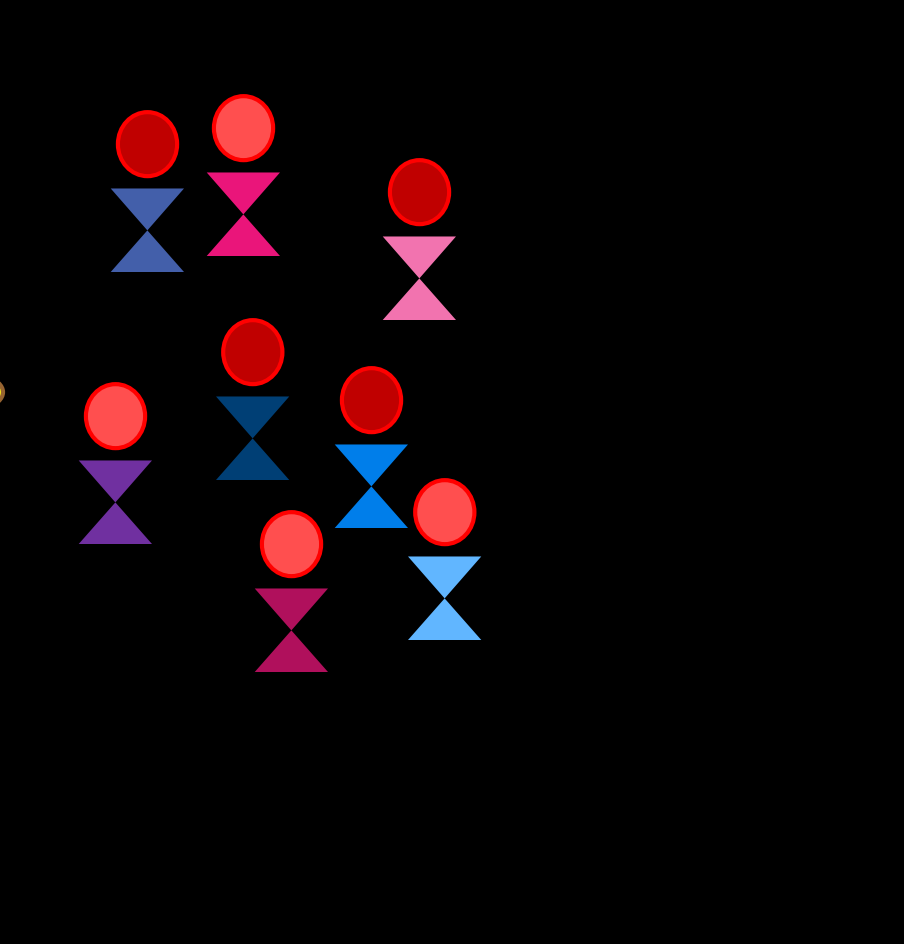
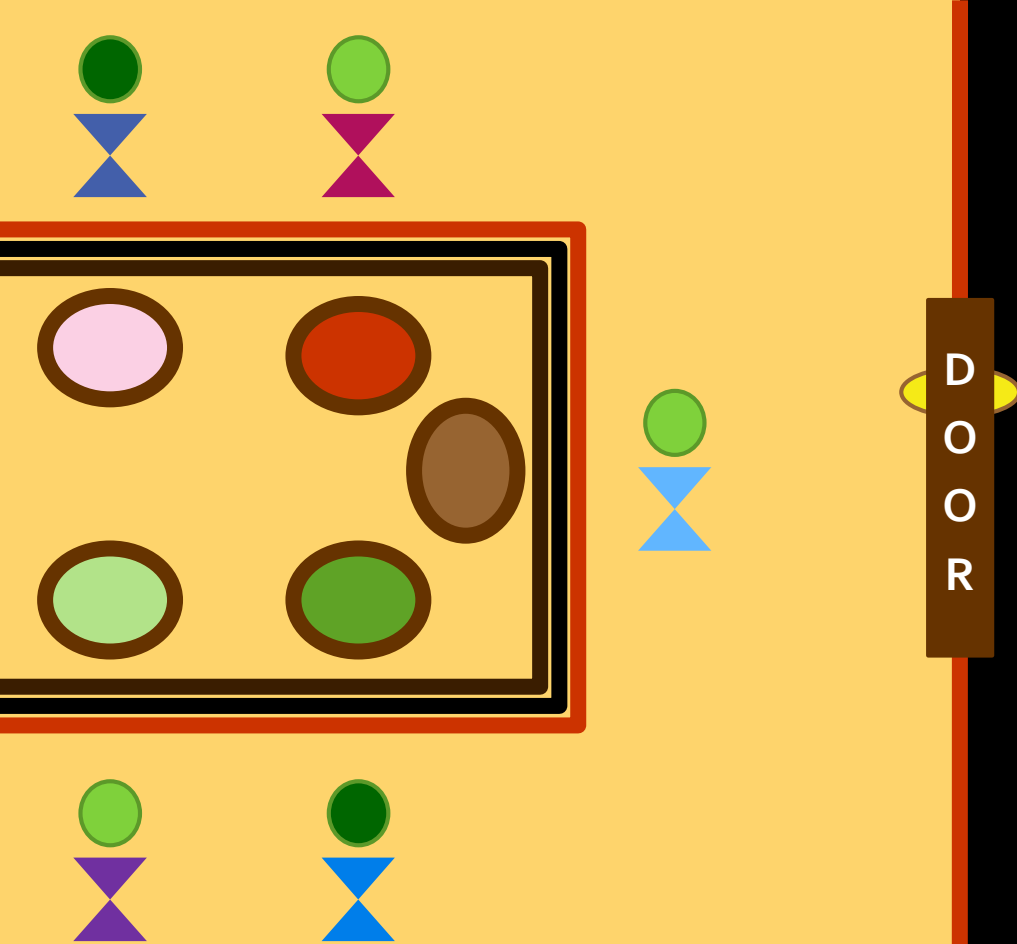




CLOSED

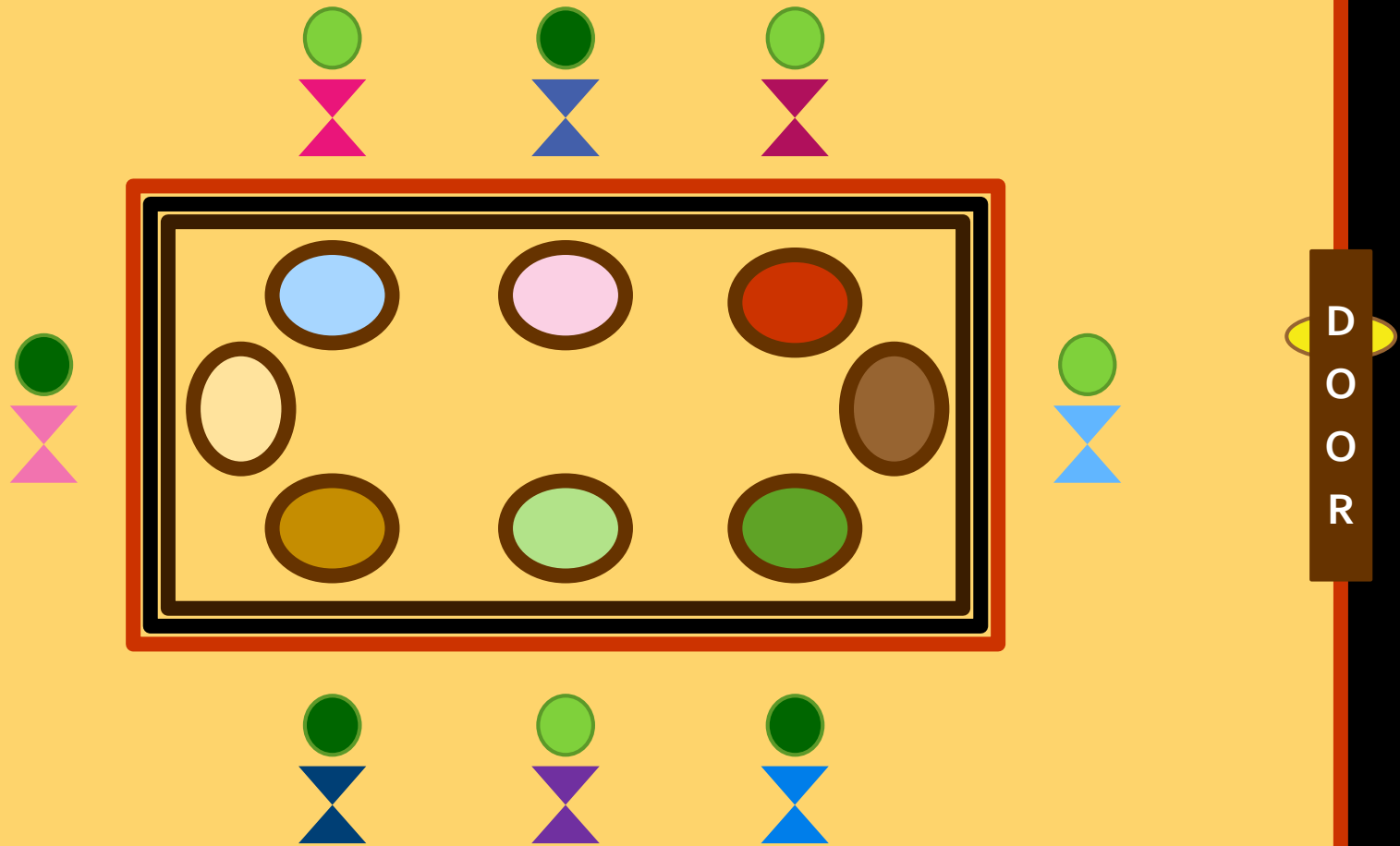


Racism structures “Open/Closed”
signs in our society.



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.

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**

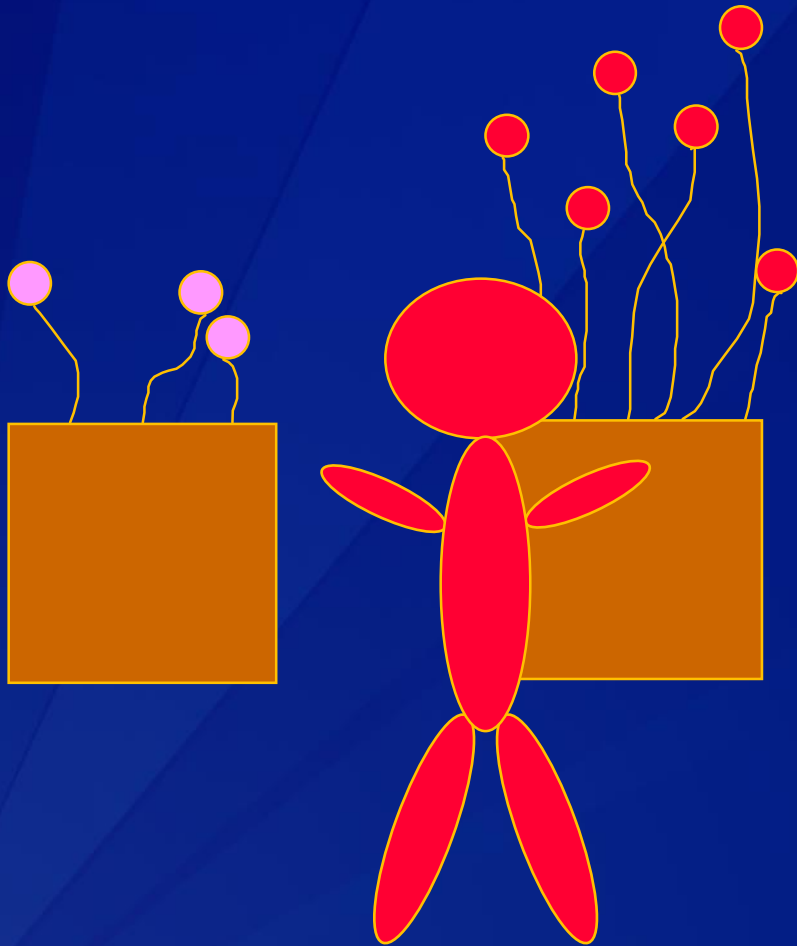
- ❑ **Examples**
 - Self-devaluation
 - “White man’s ice is colder” syndrome
 - Resignation, helplessness, hopelessness

- ❑ **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

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

❑ **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?

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