

100 Years of Health Disparities

Is there the will
to improve the health status of all?

Camara Phyllis Jones, MD, MPH, PhD

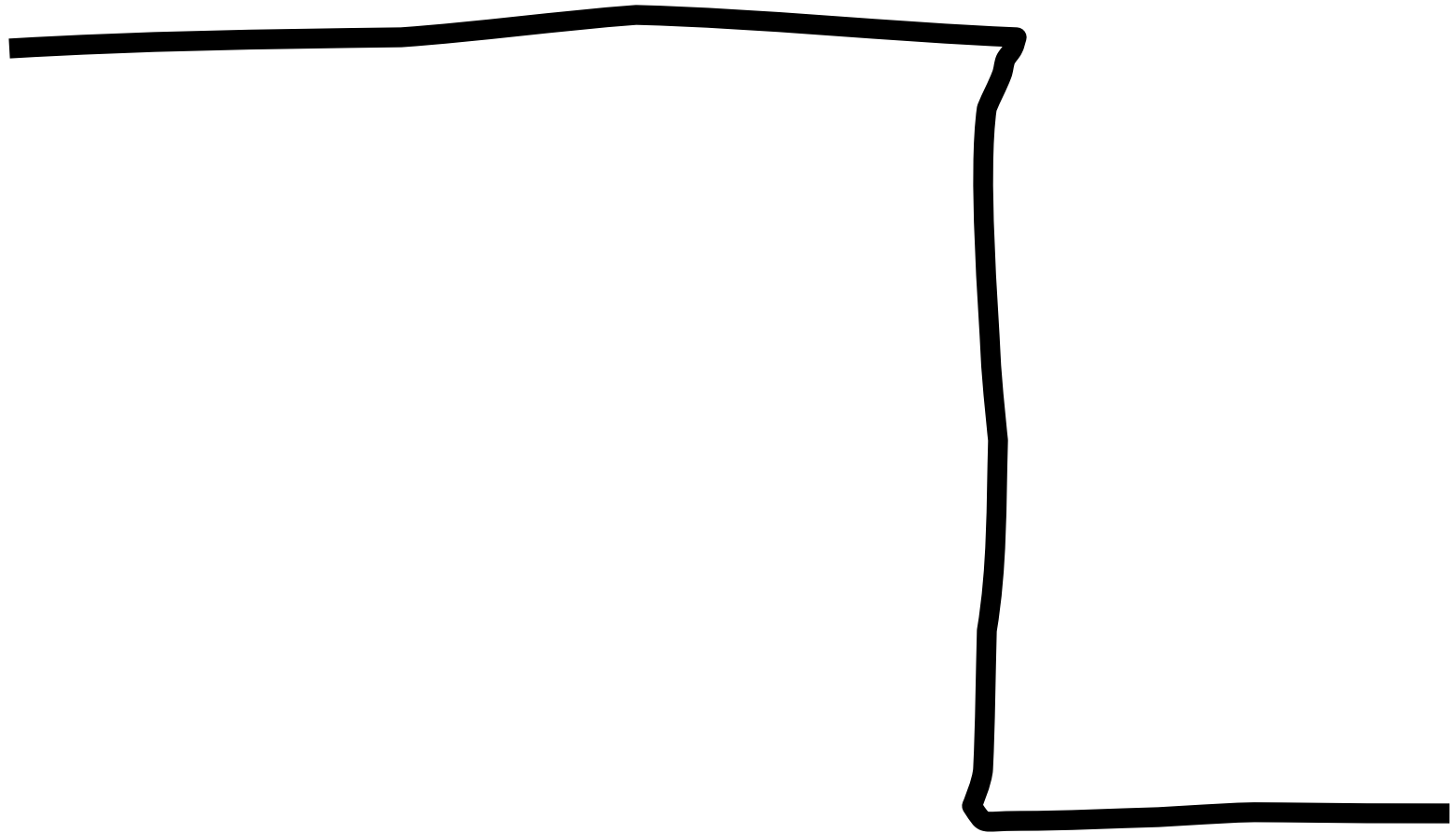
9th Annual James E. Clyburn Health Disparities Lecture

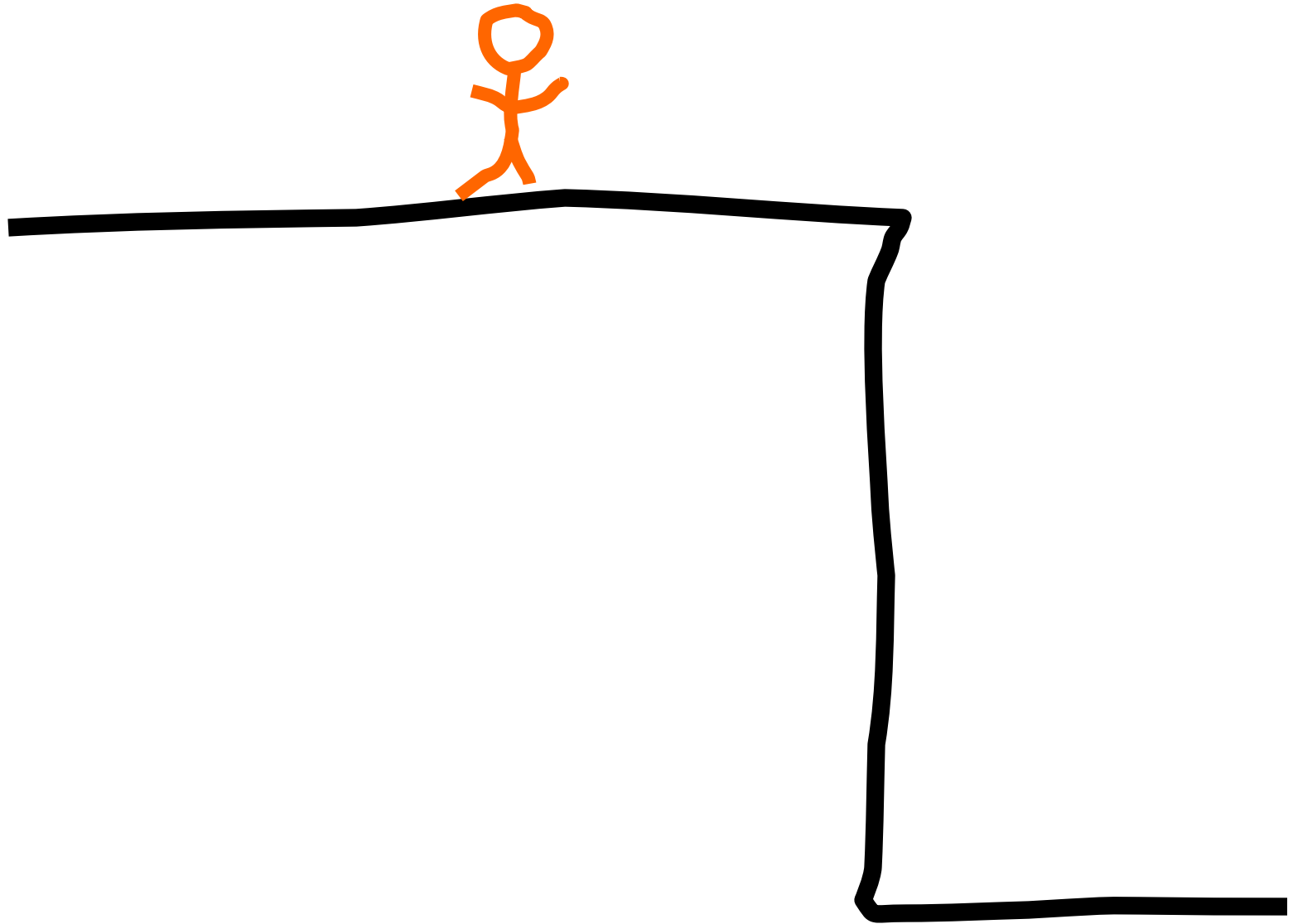
Arnold School of Public Health
University of South Carolina

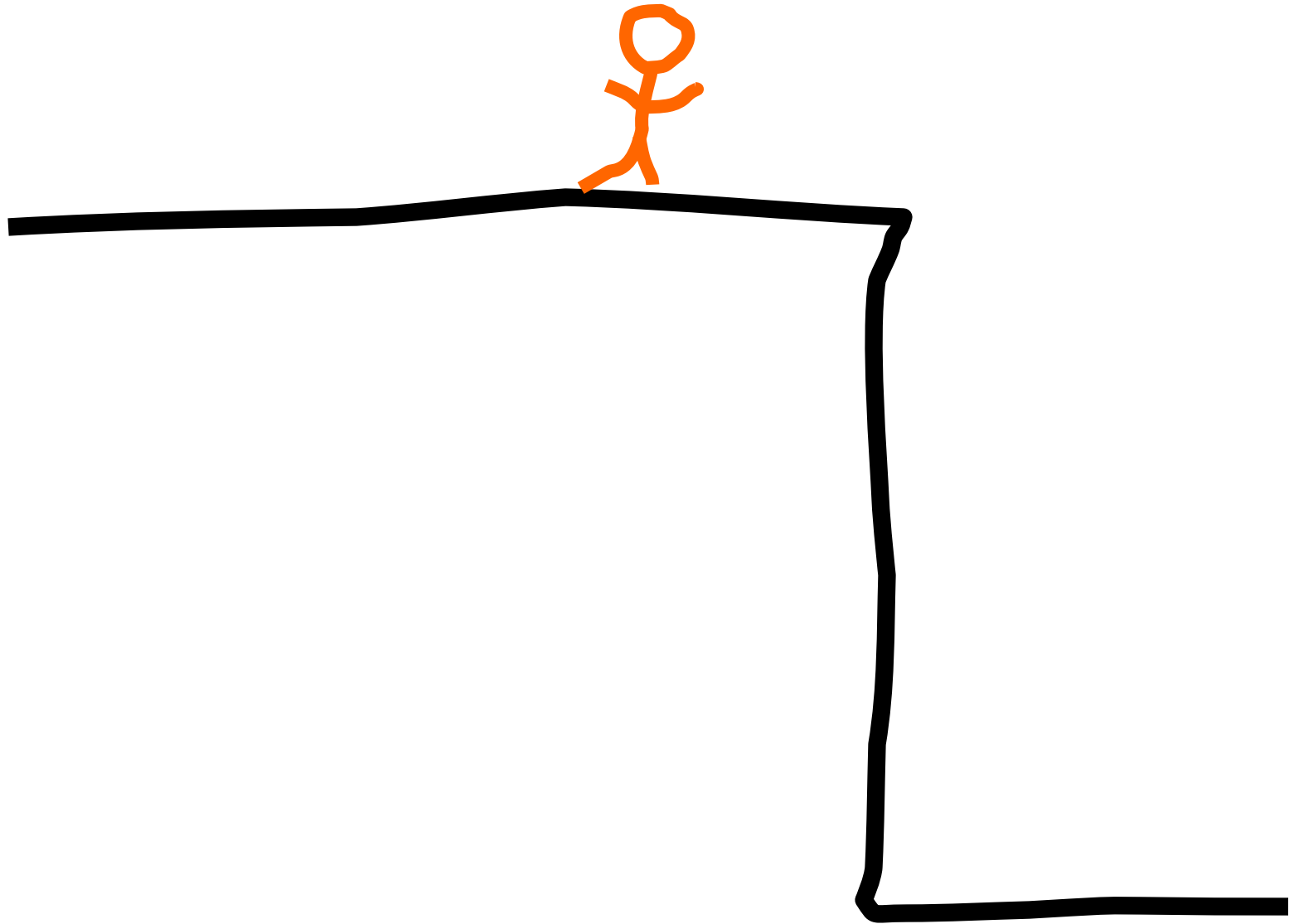
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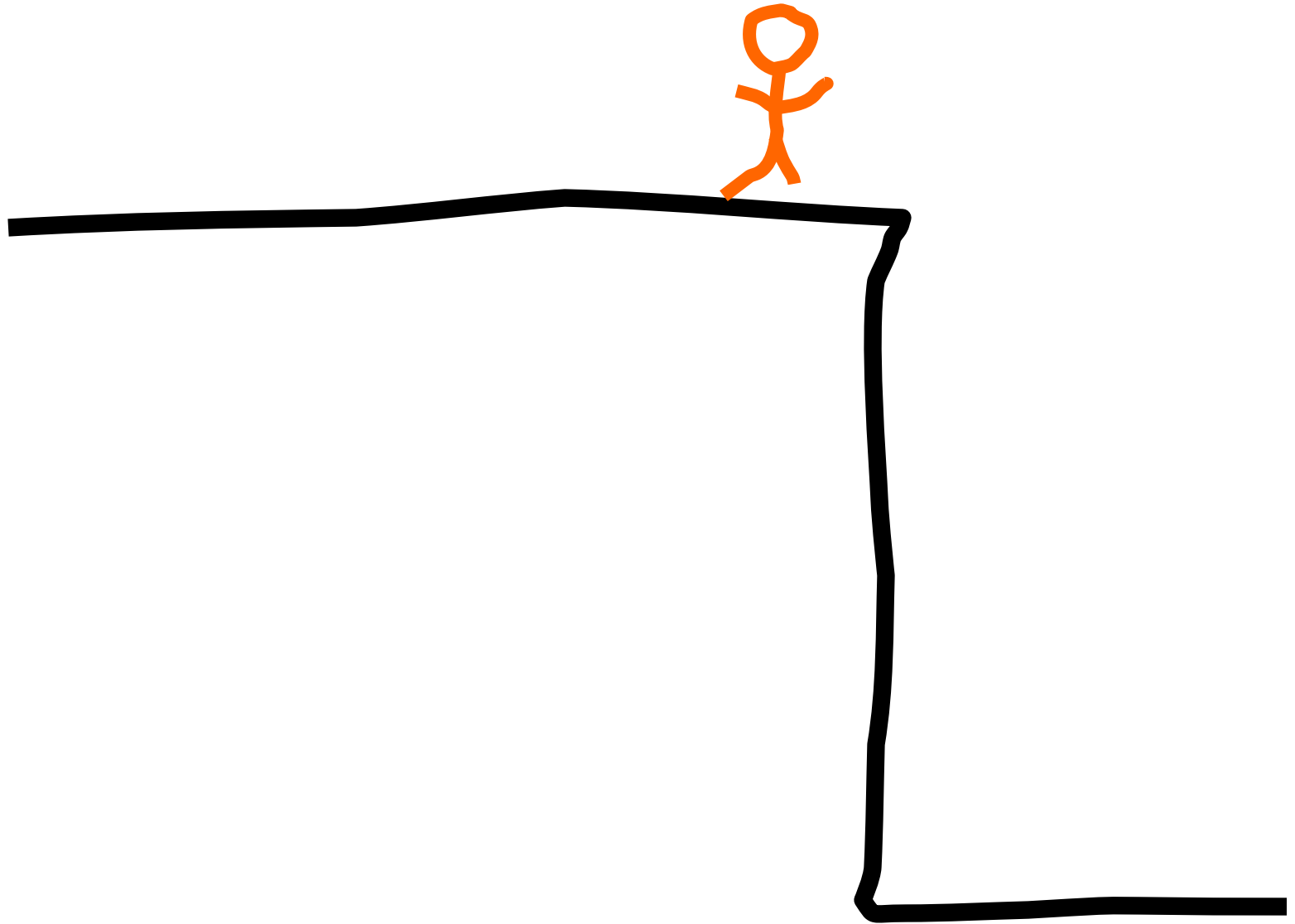
April 1, 2016

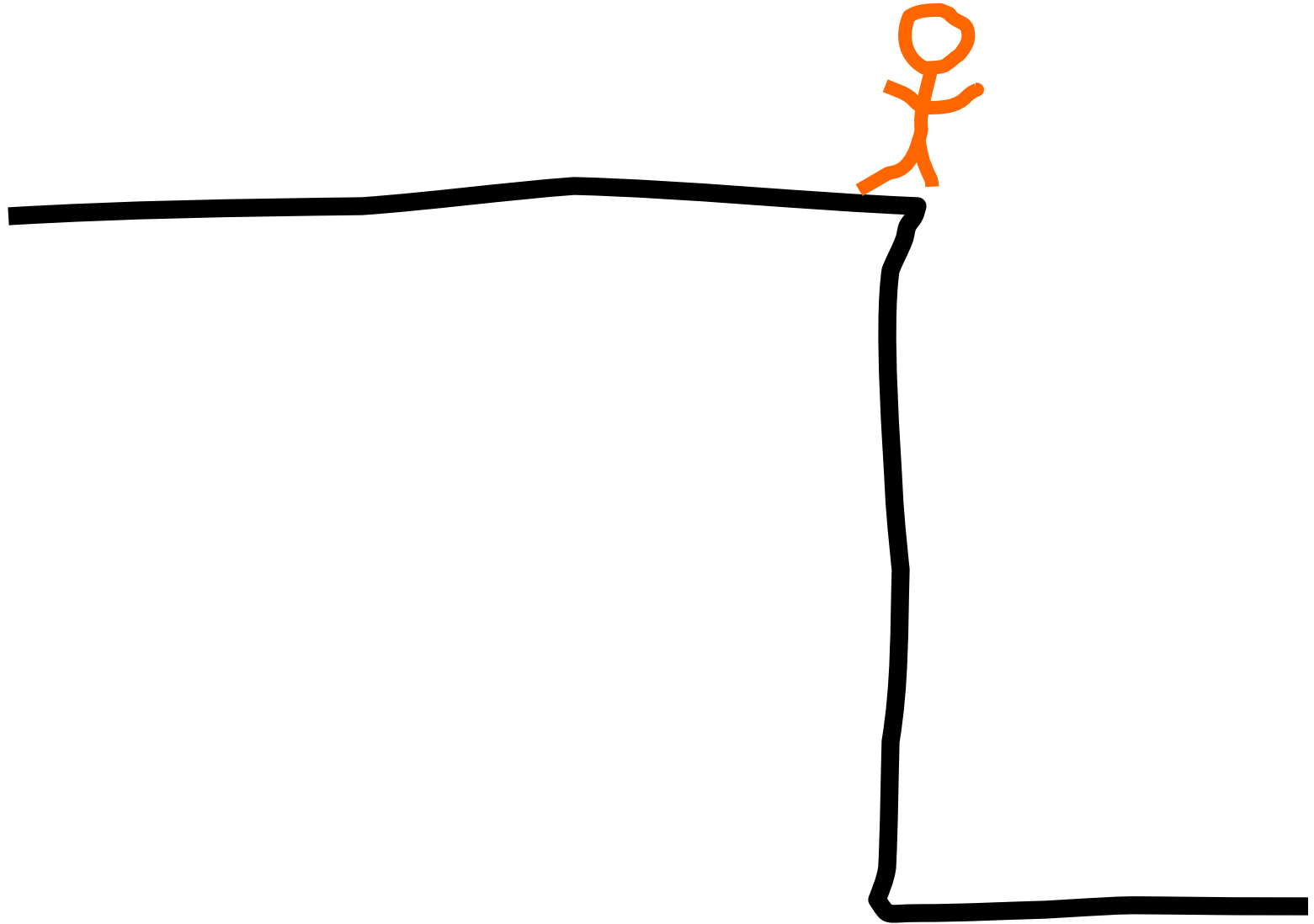
Levels of health intervention

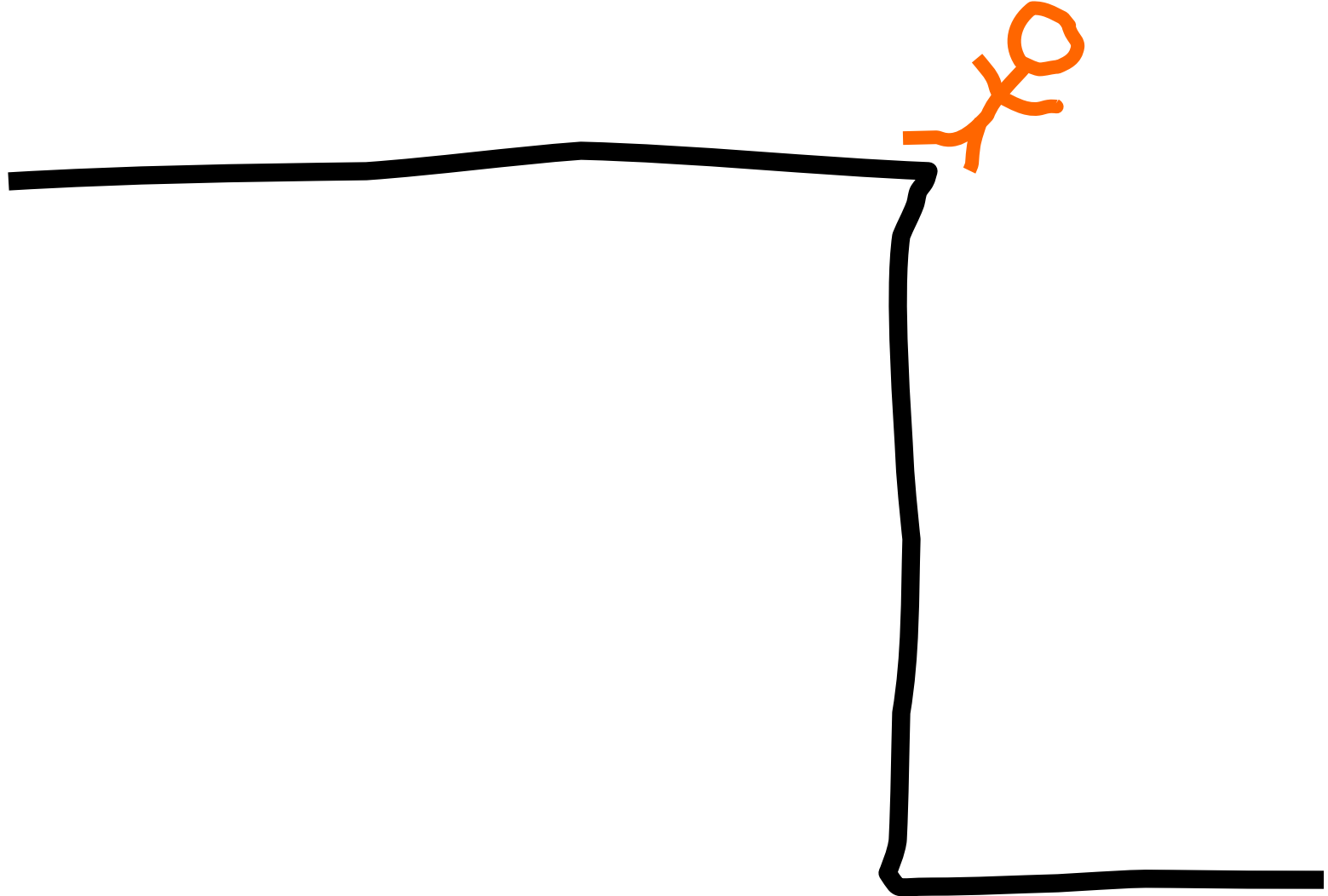


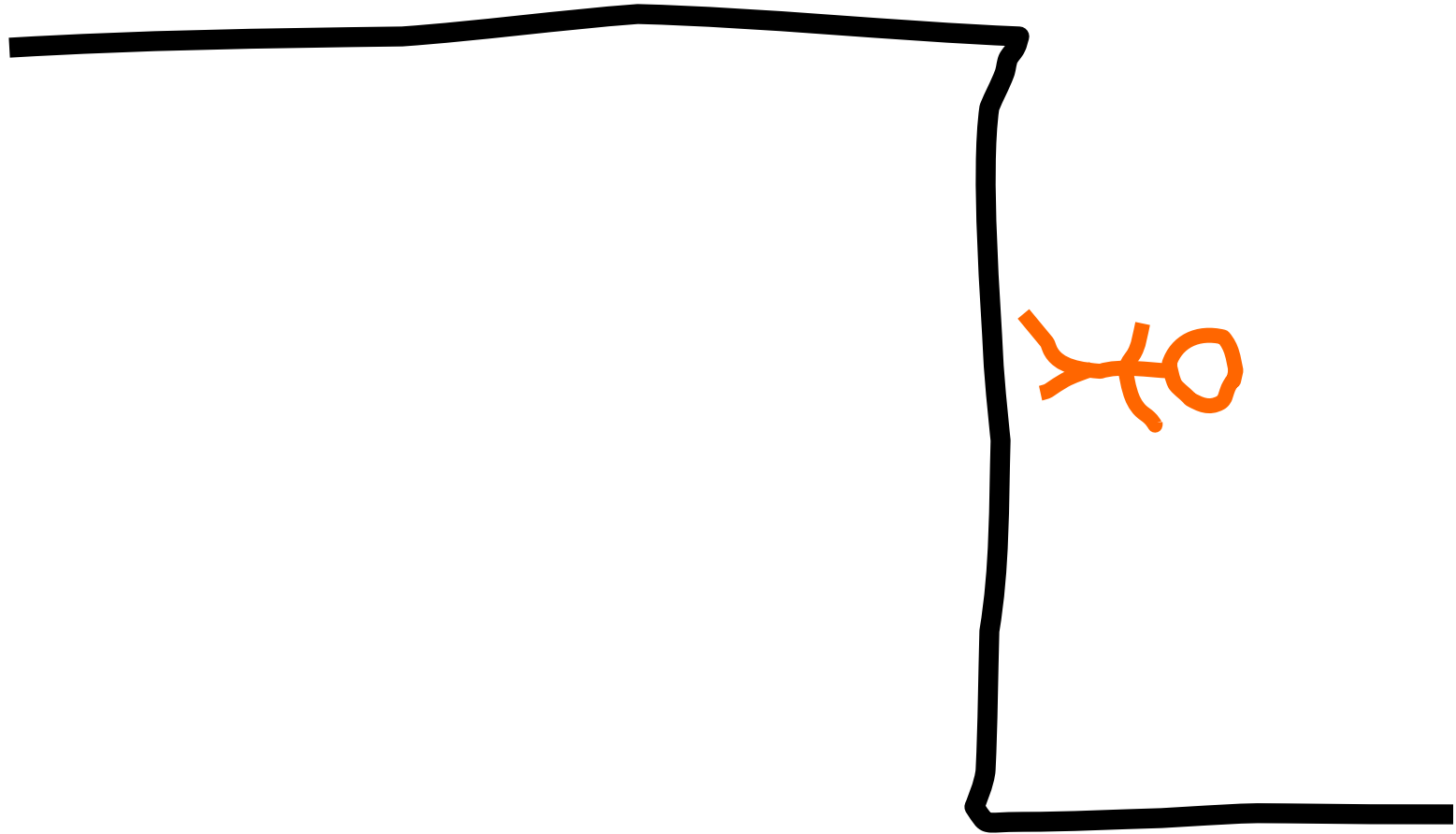


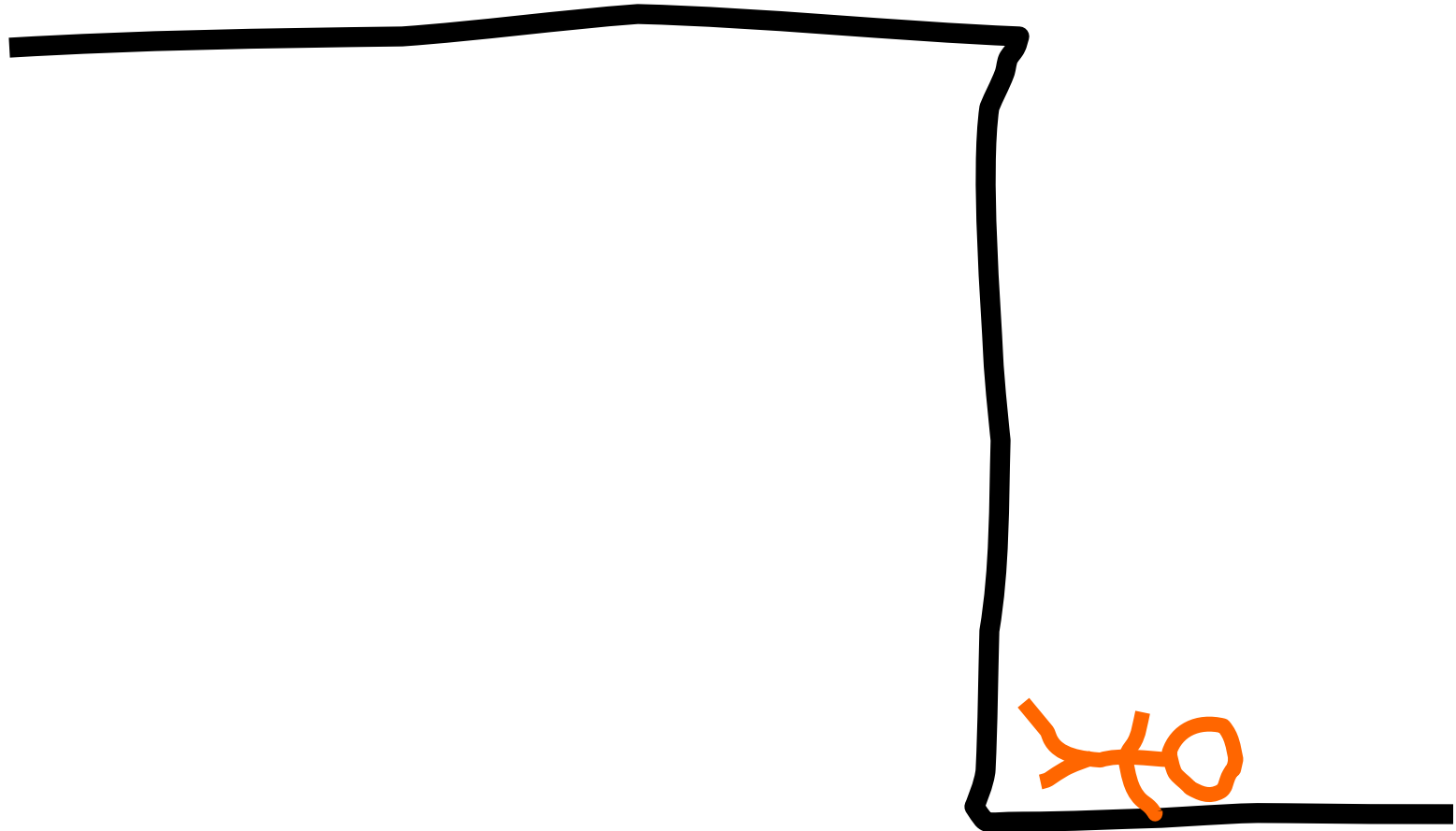


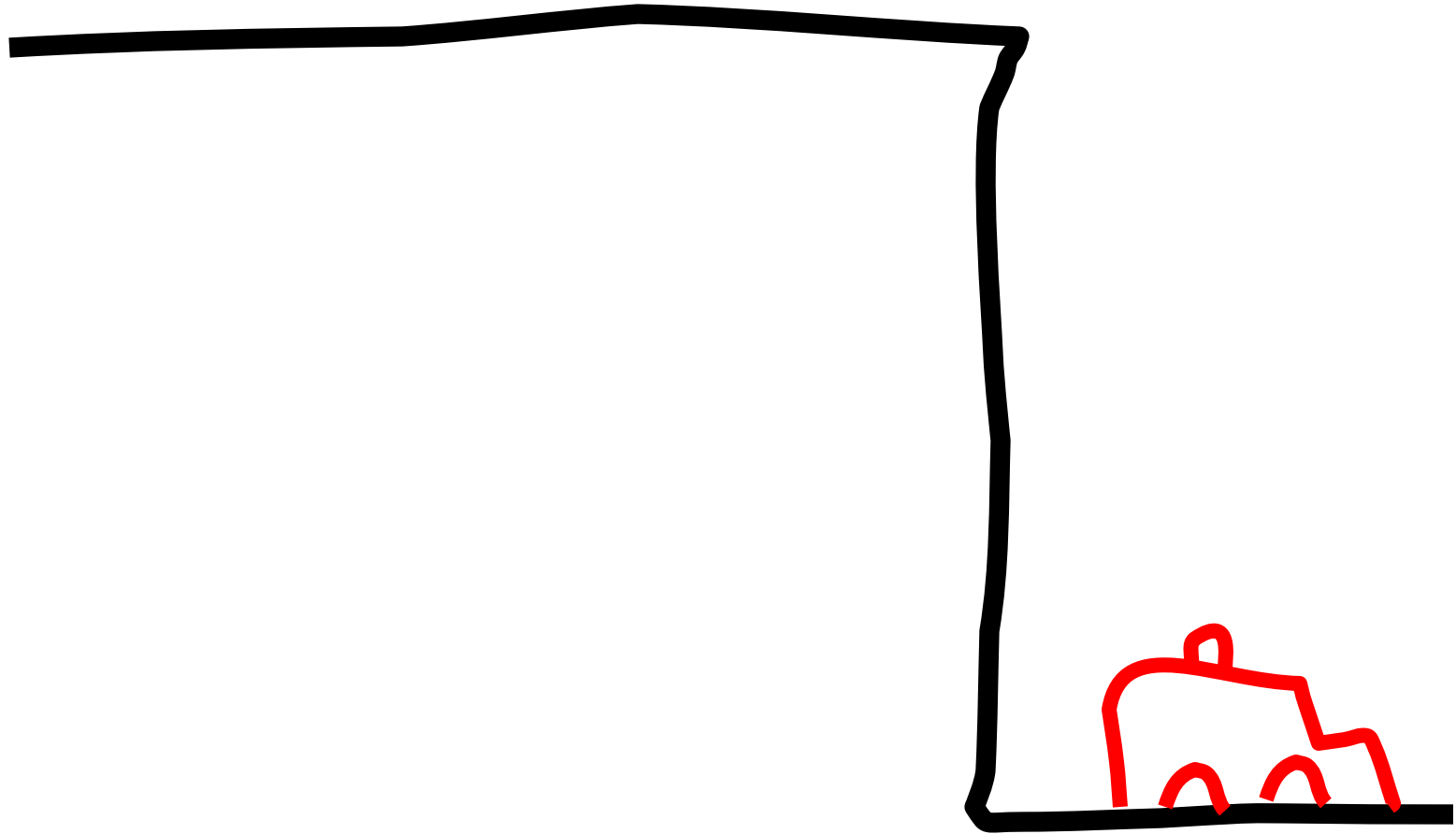


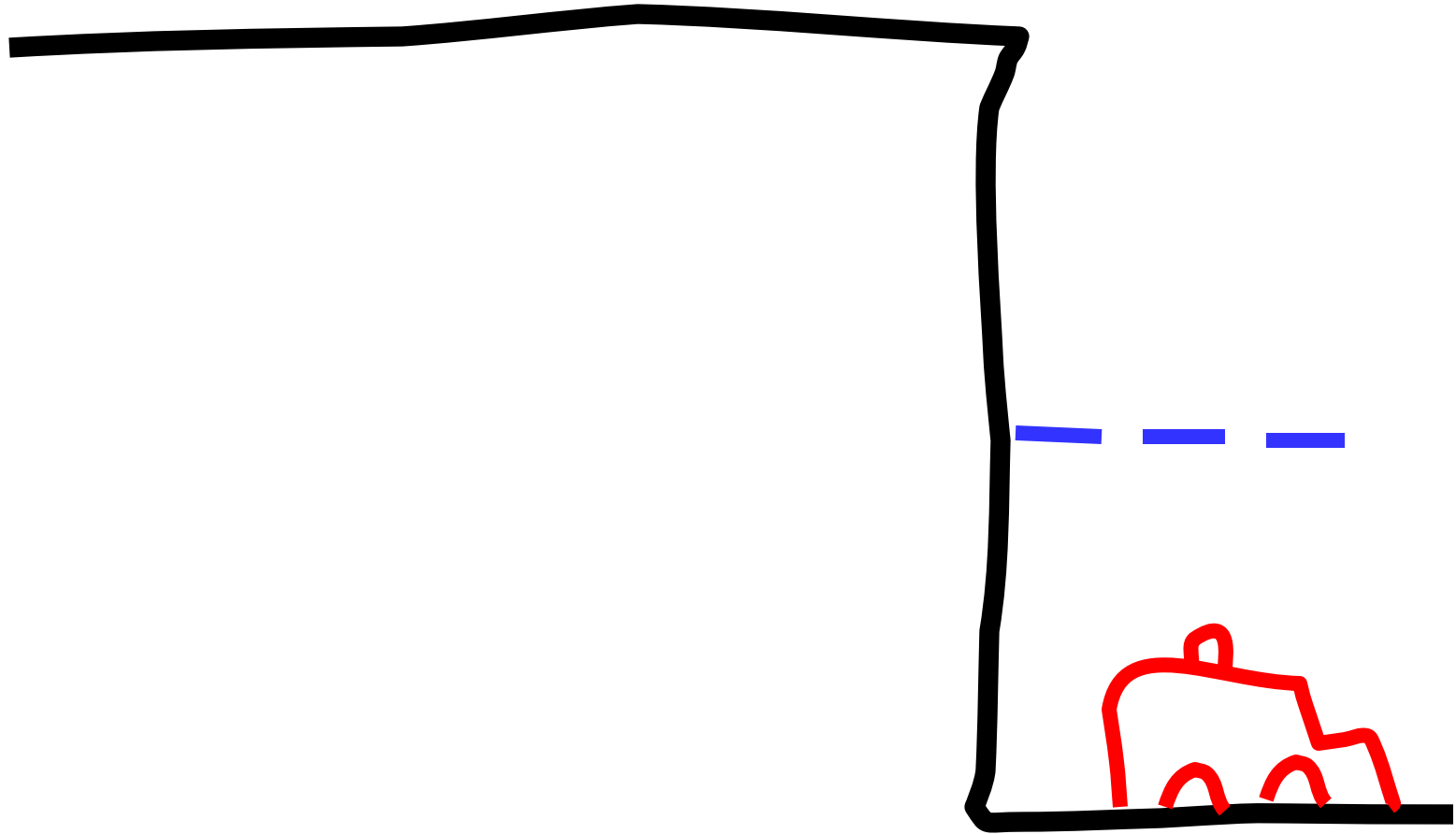


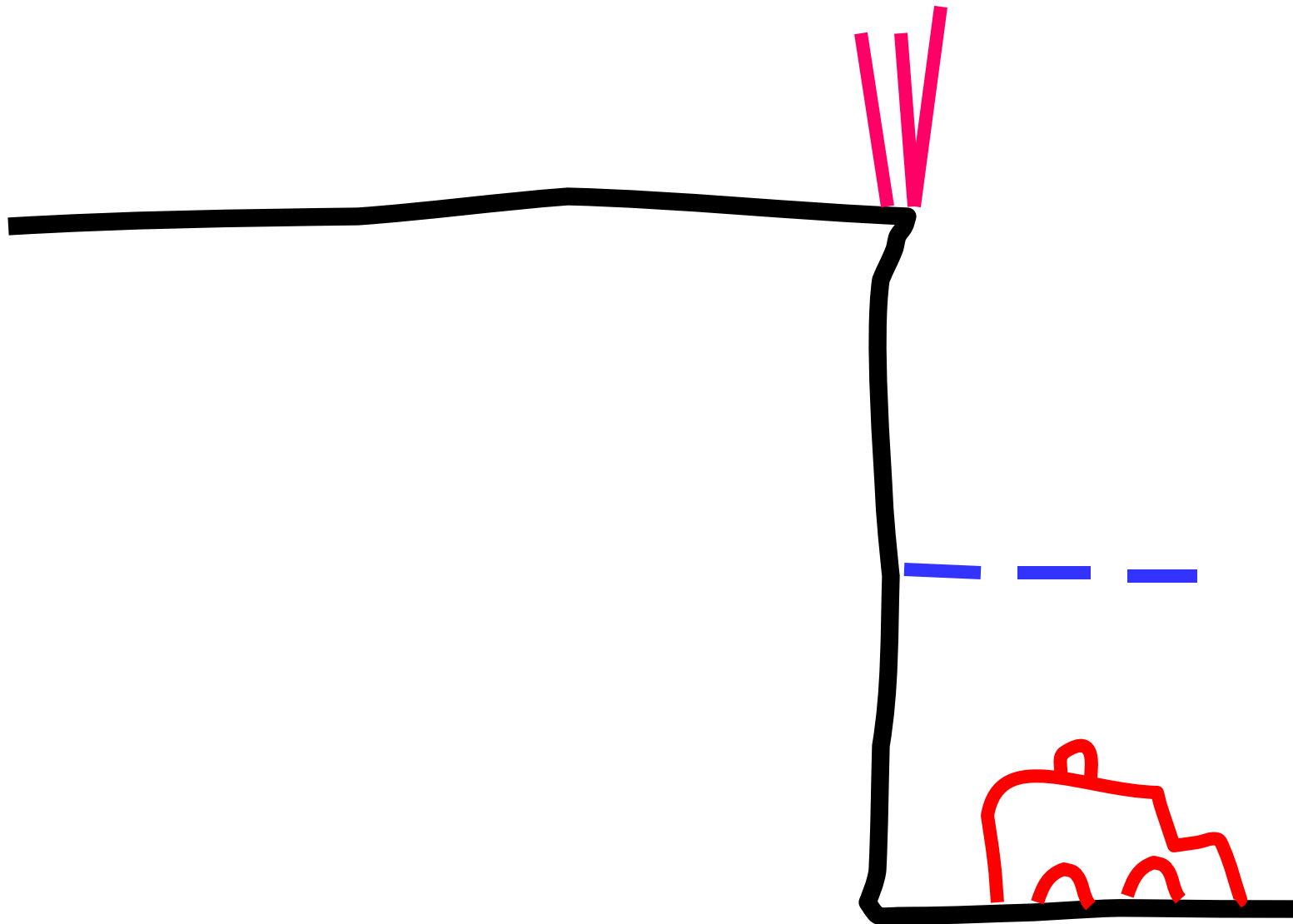


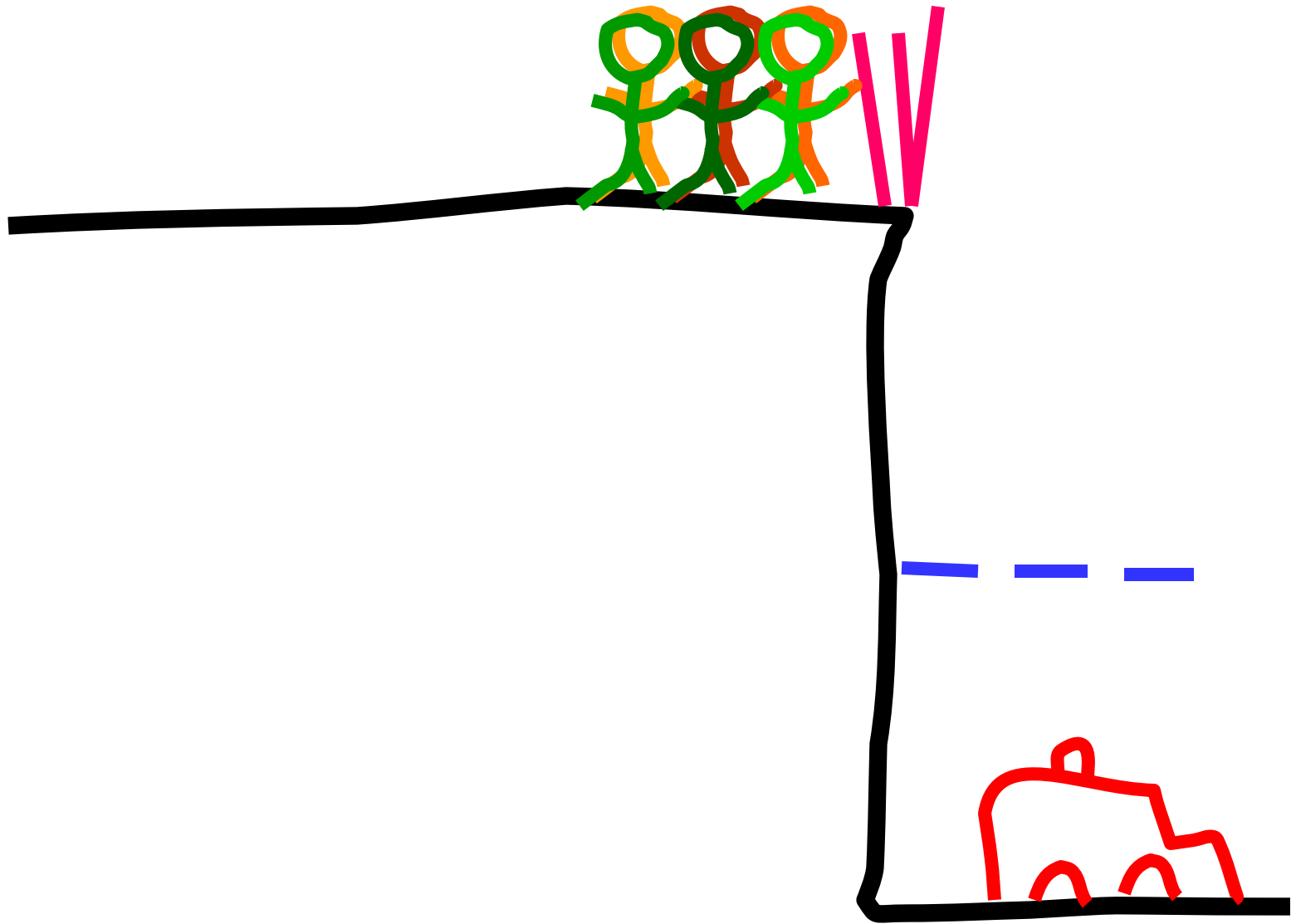


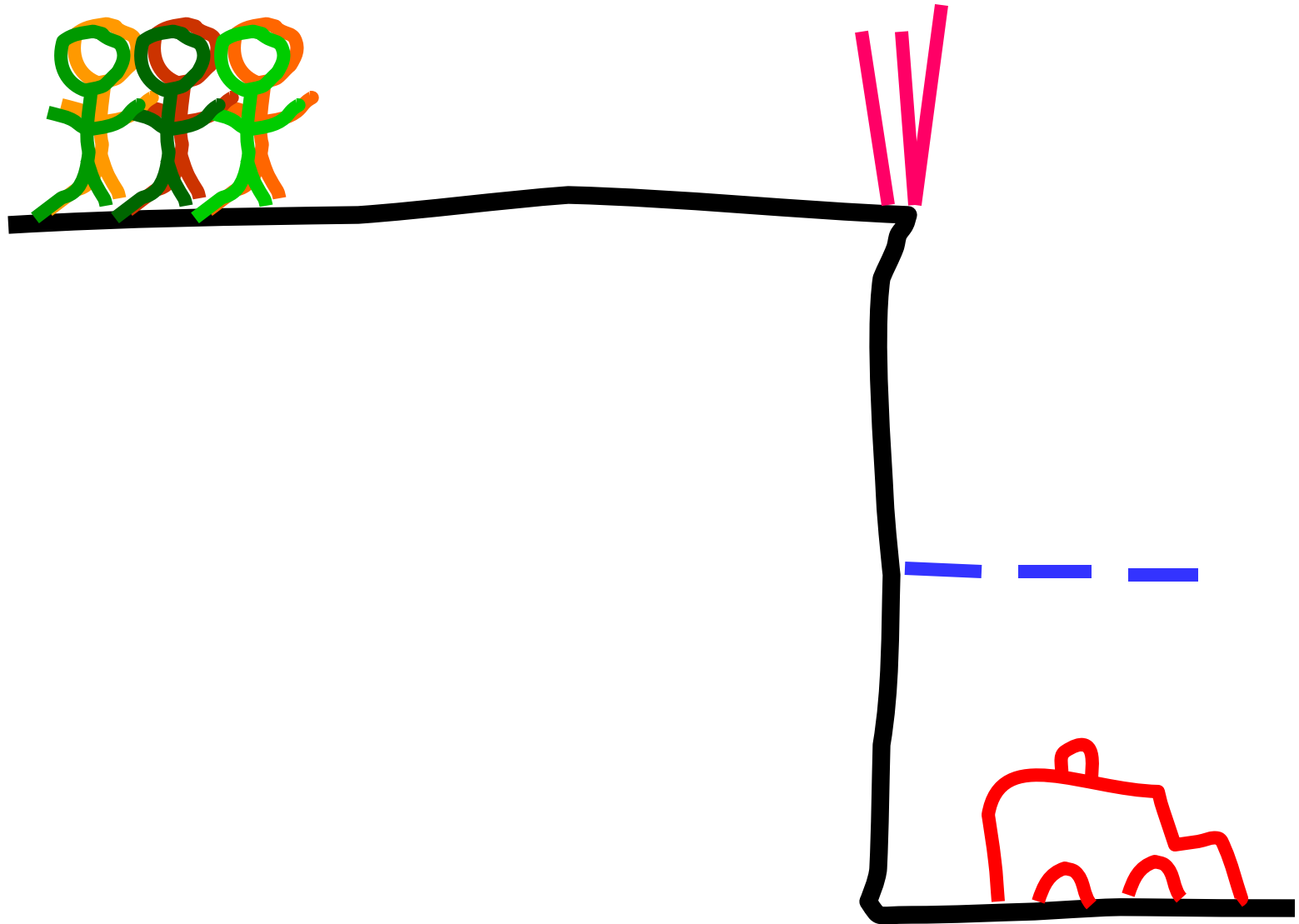


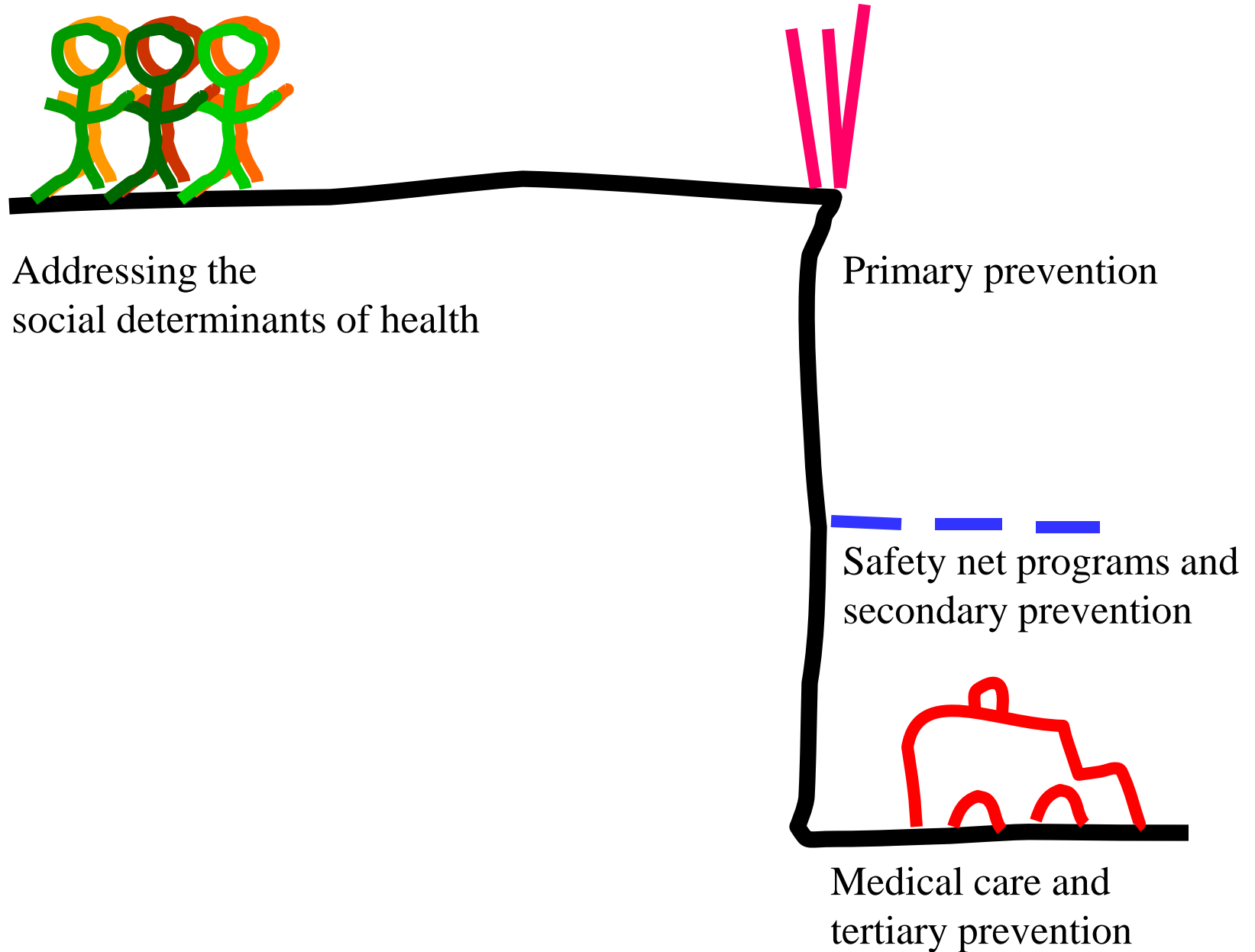












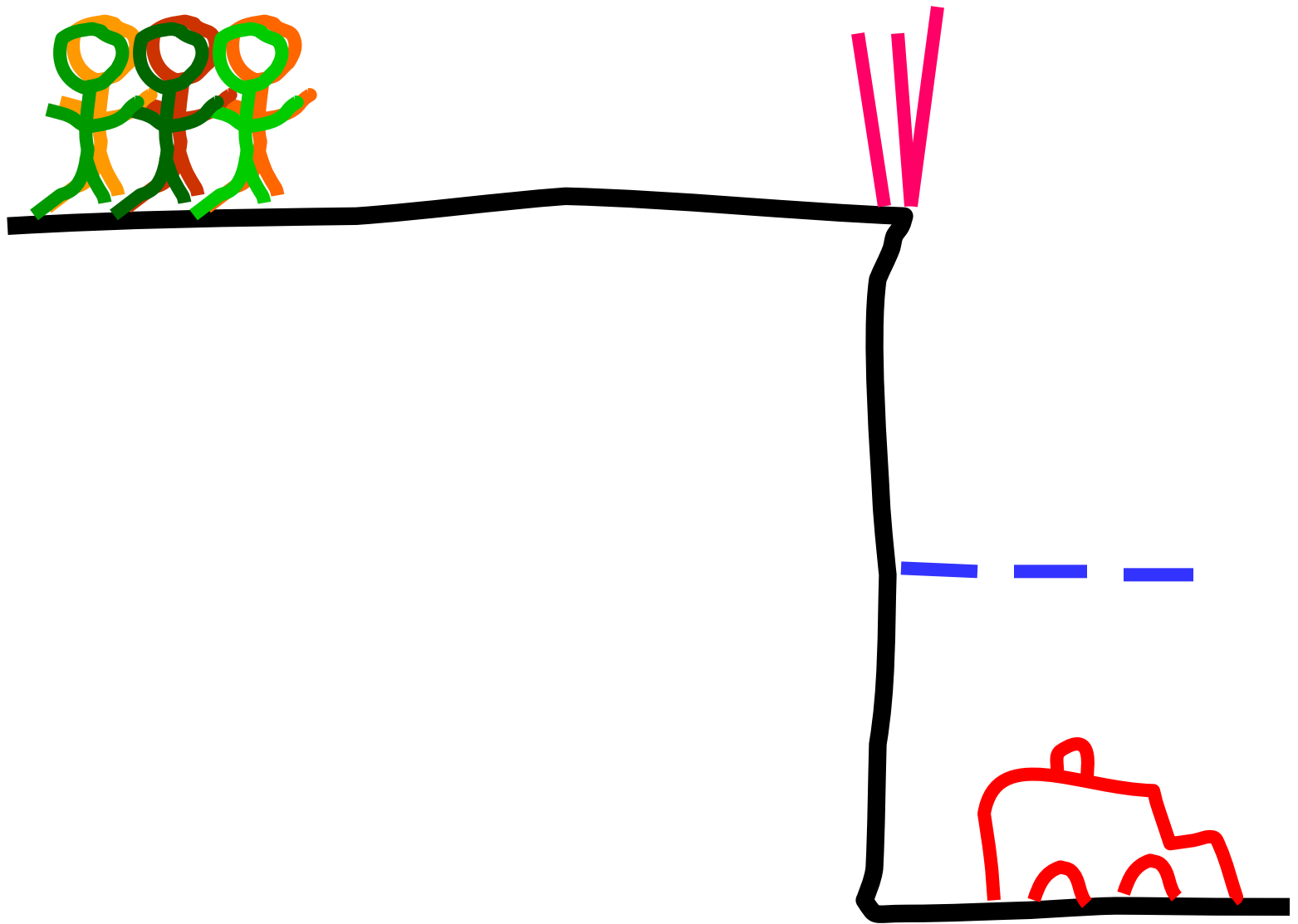
But how do disparities arise?

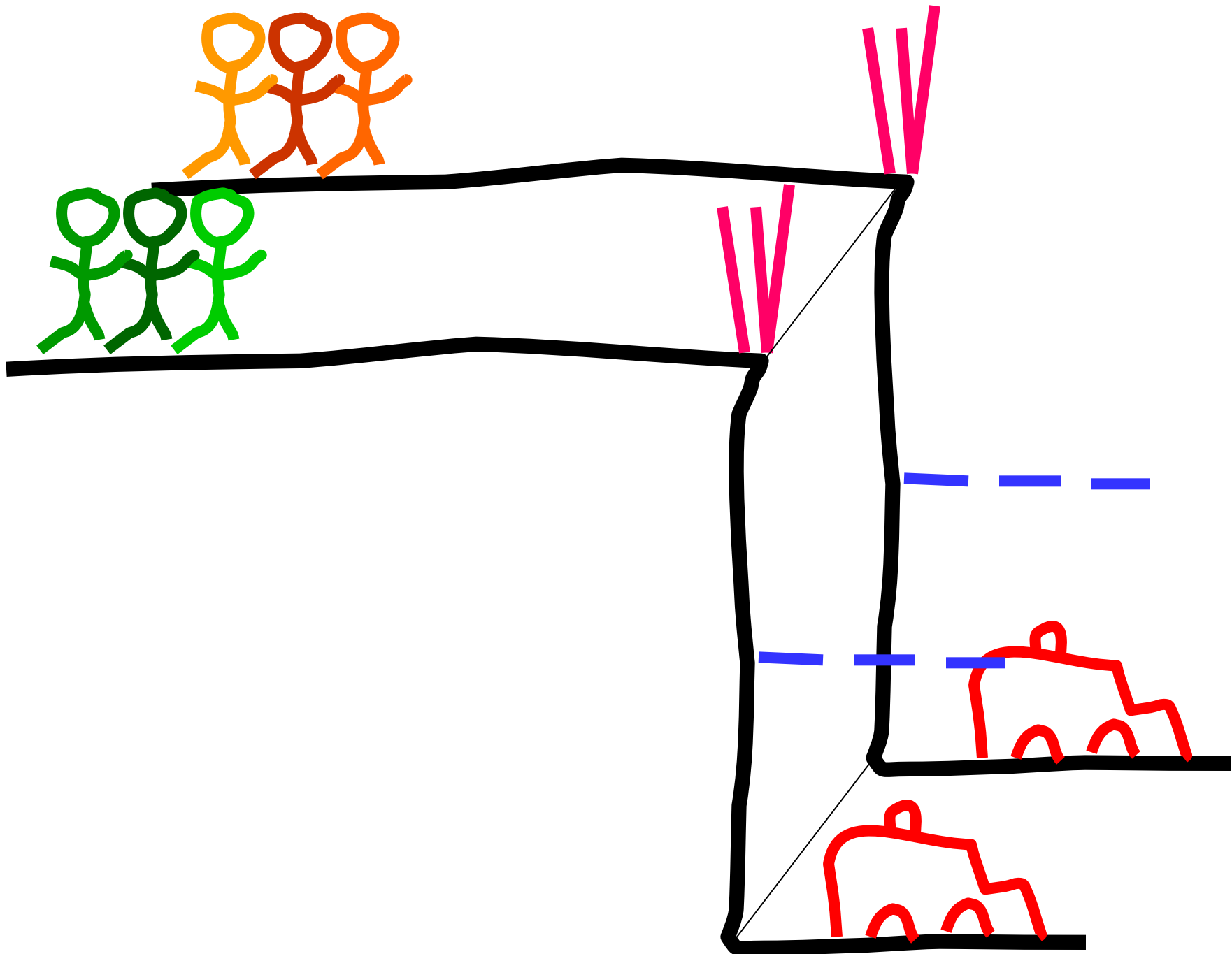
- ❑ Differences in the quality of care received within the health care system
- ❑ Differences in access to health care, including preventive and curative services
- ❑ Differences in life opportunities, exposures, and stresses that result in differences in underlying health status

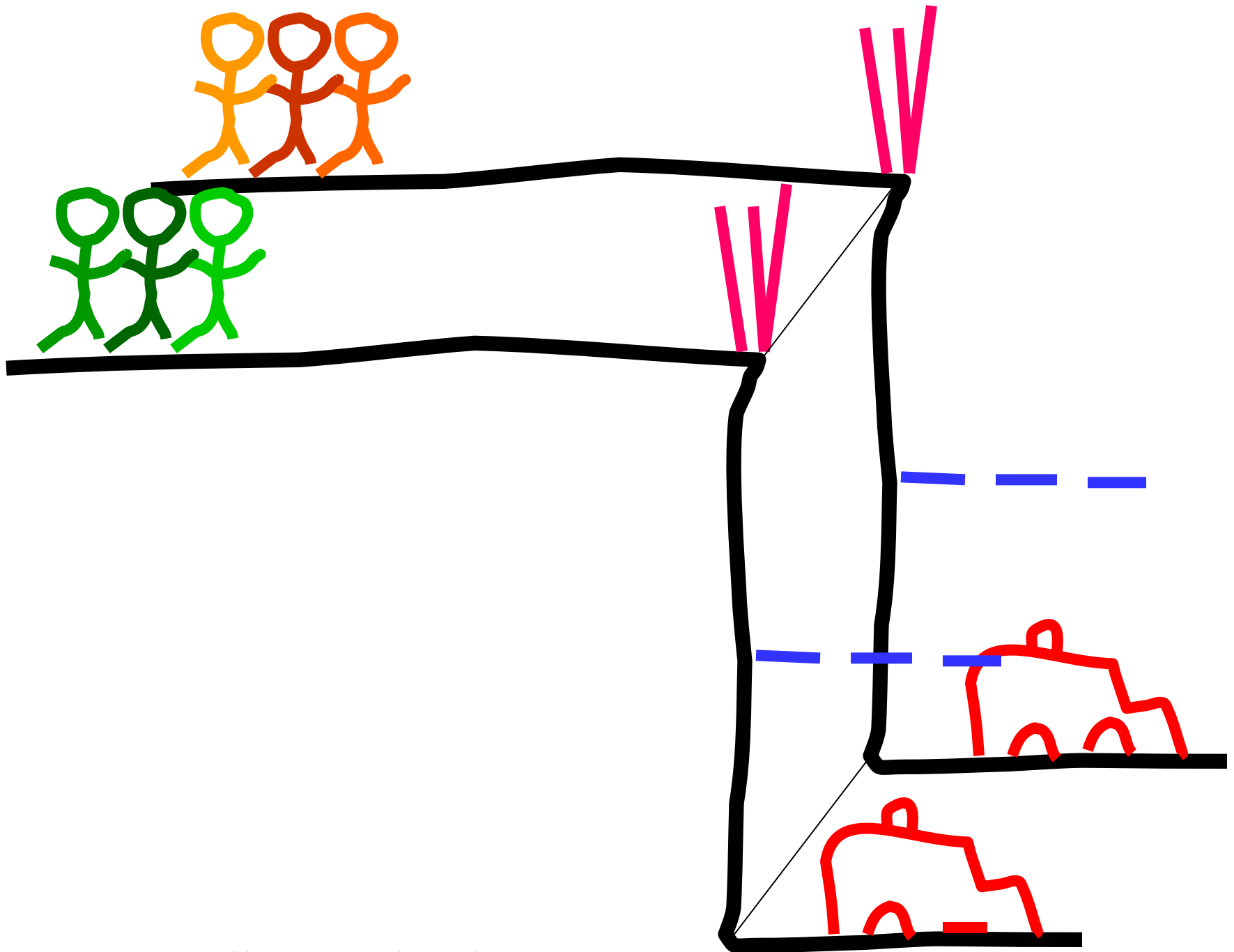
Phelan JC, Link BG, Tehranifar P. Social Conditions as Fundamental Causes of Health Inequalities. *J Health Soc Behav* 2010;51(S):S28-S40.

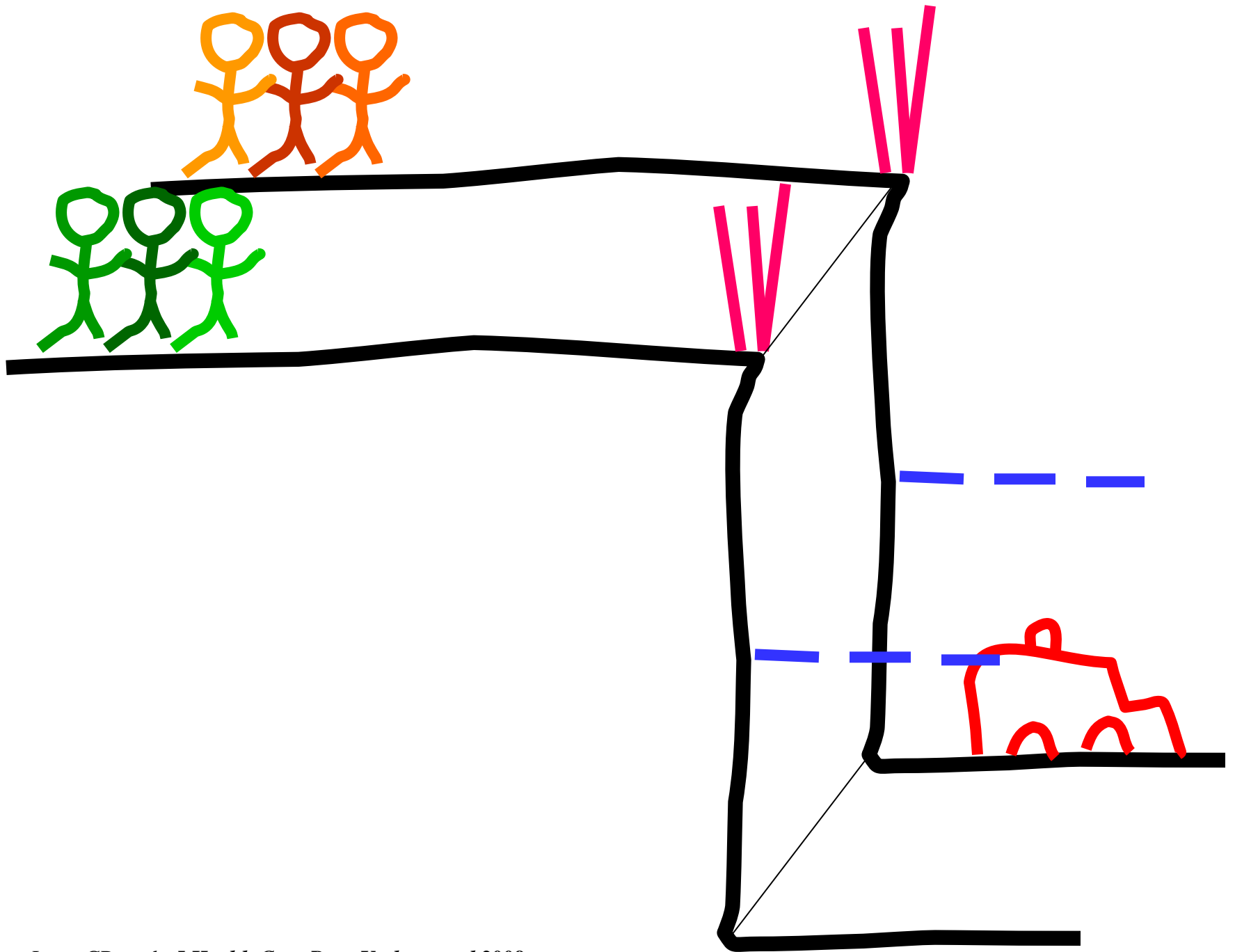
Byrd WM, Clayton LA. *An American Health Dilemma: Race, Medicine, and Health Care in the United States, 1900-2000*. New York, NY: Routledge, 2002.

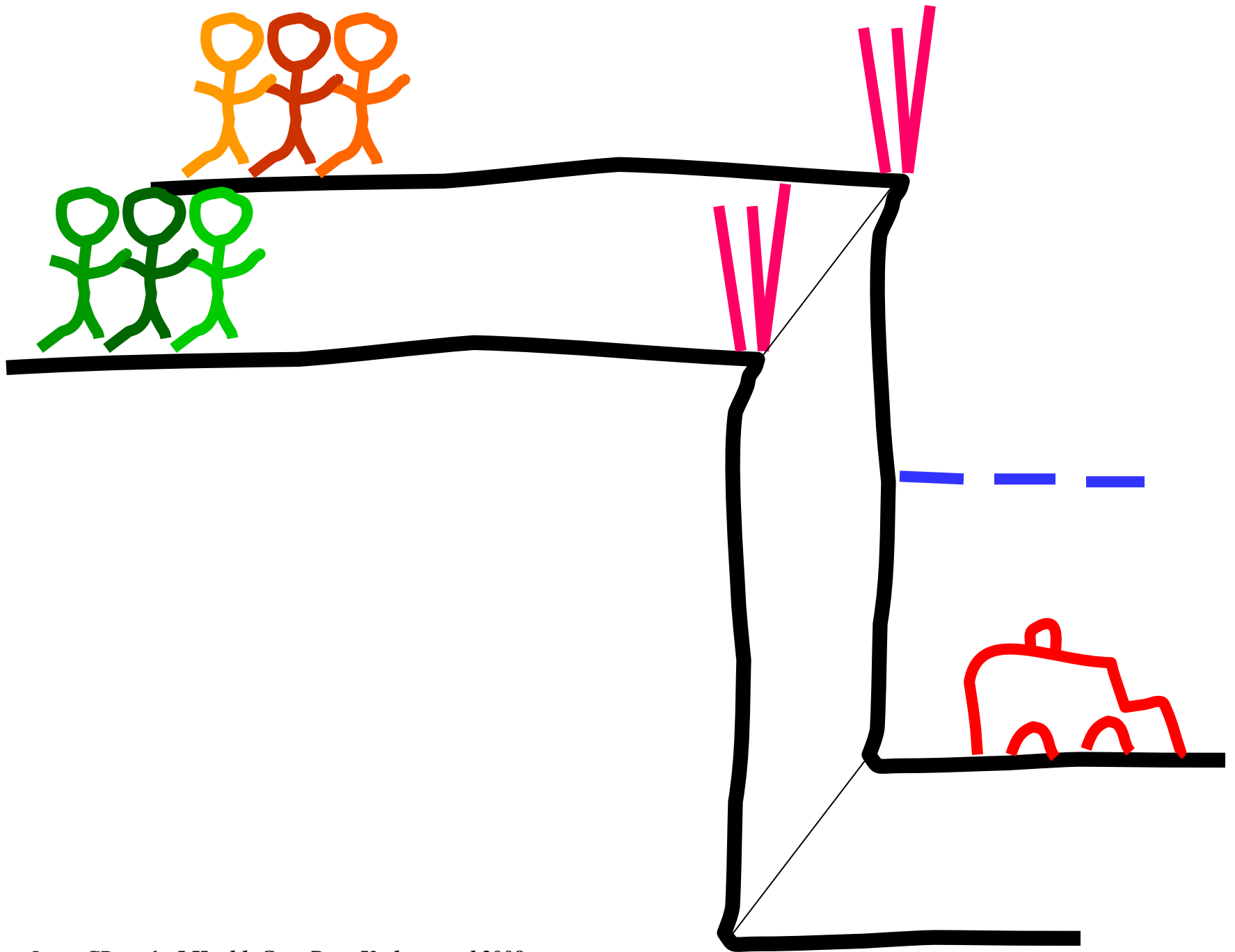
Smedley BD, Stith AY, Nelson AR (editors). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: The National Academies Press, 2002.

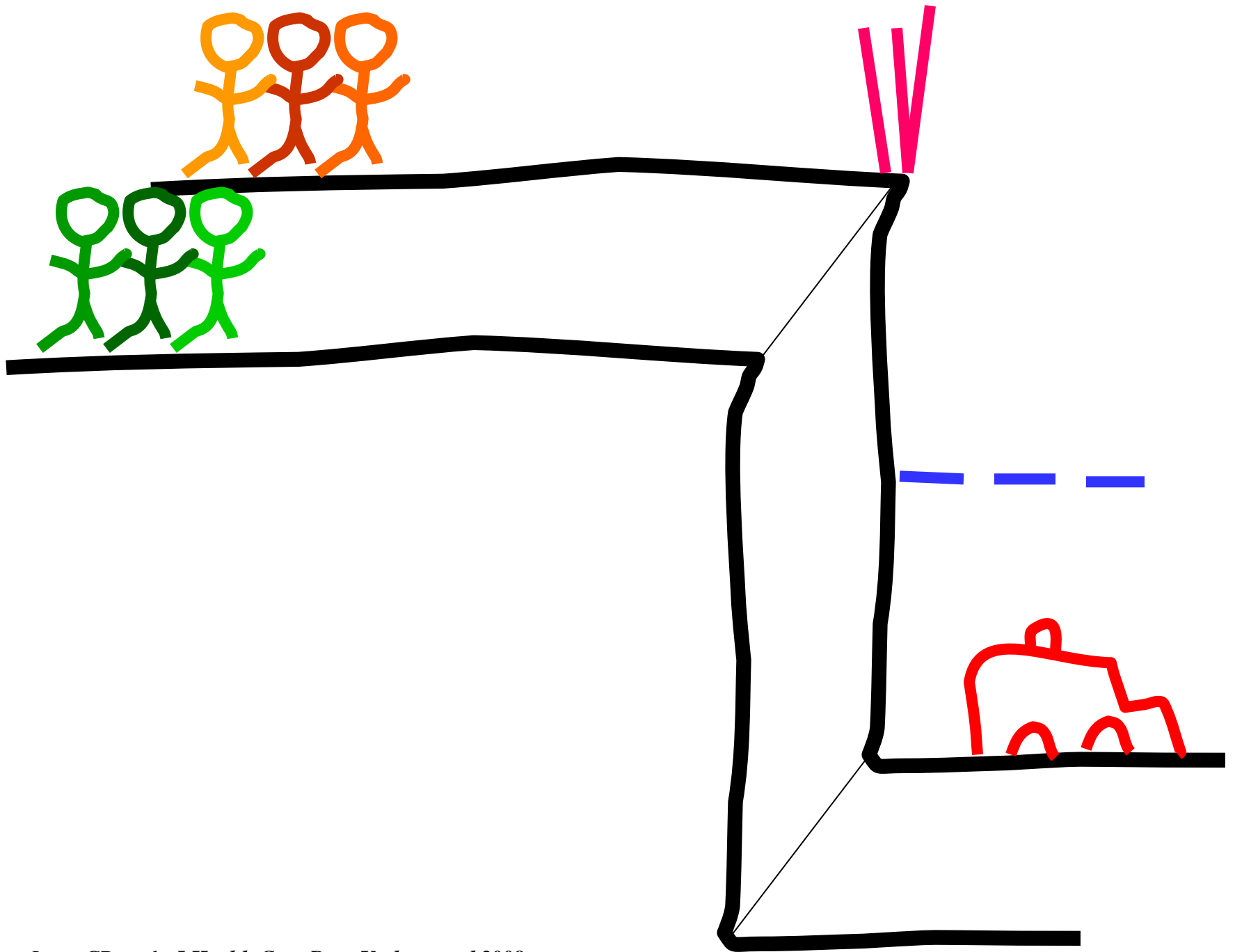


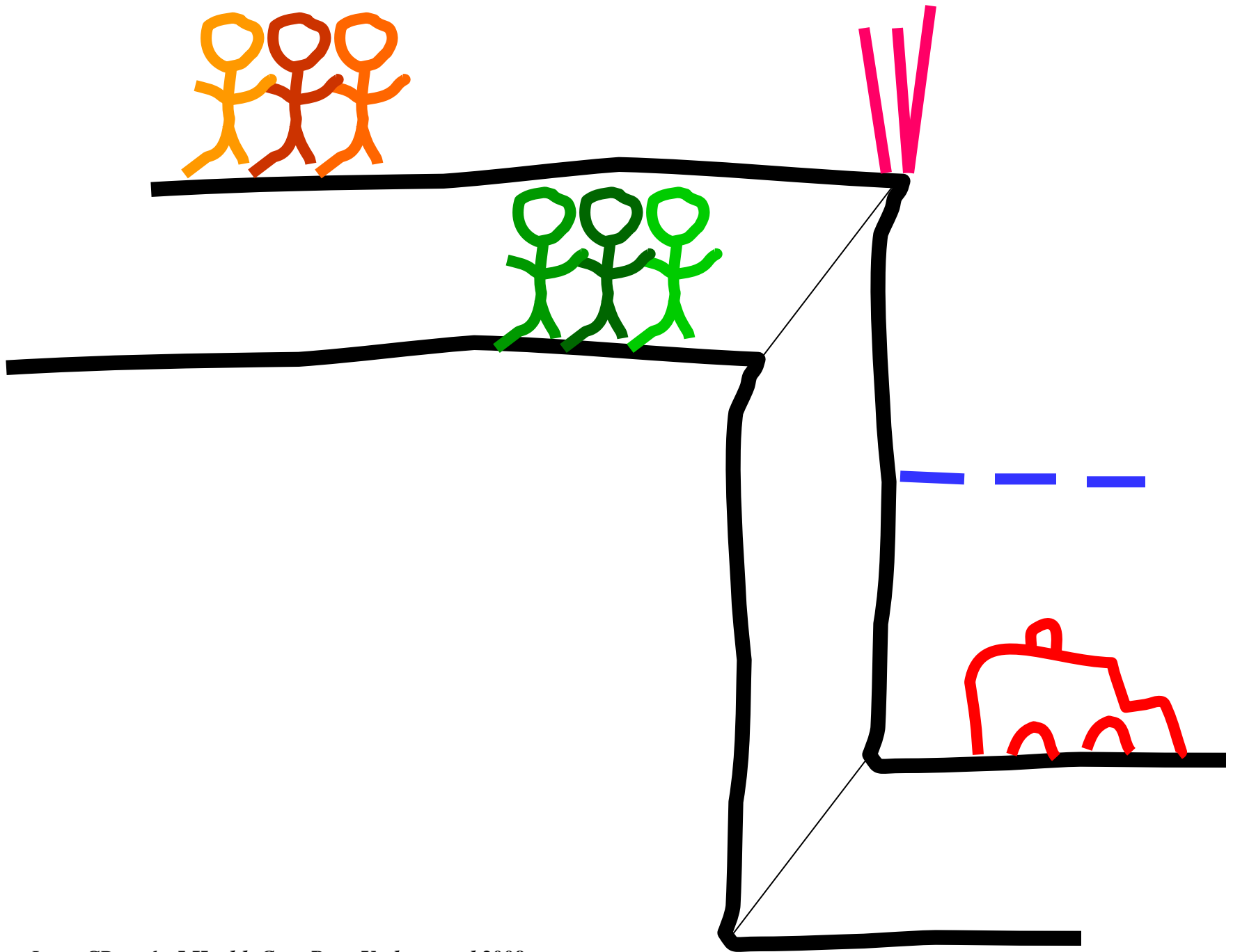


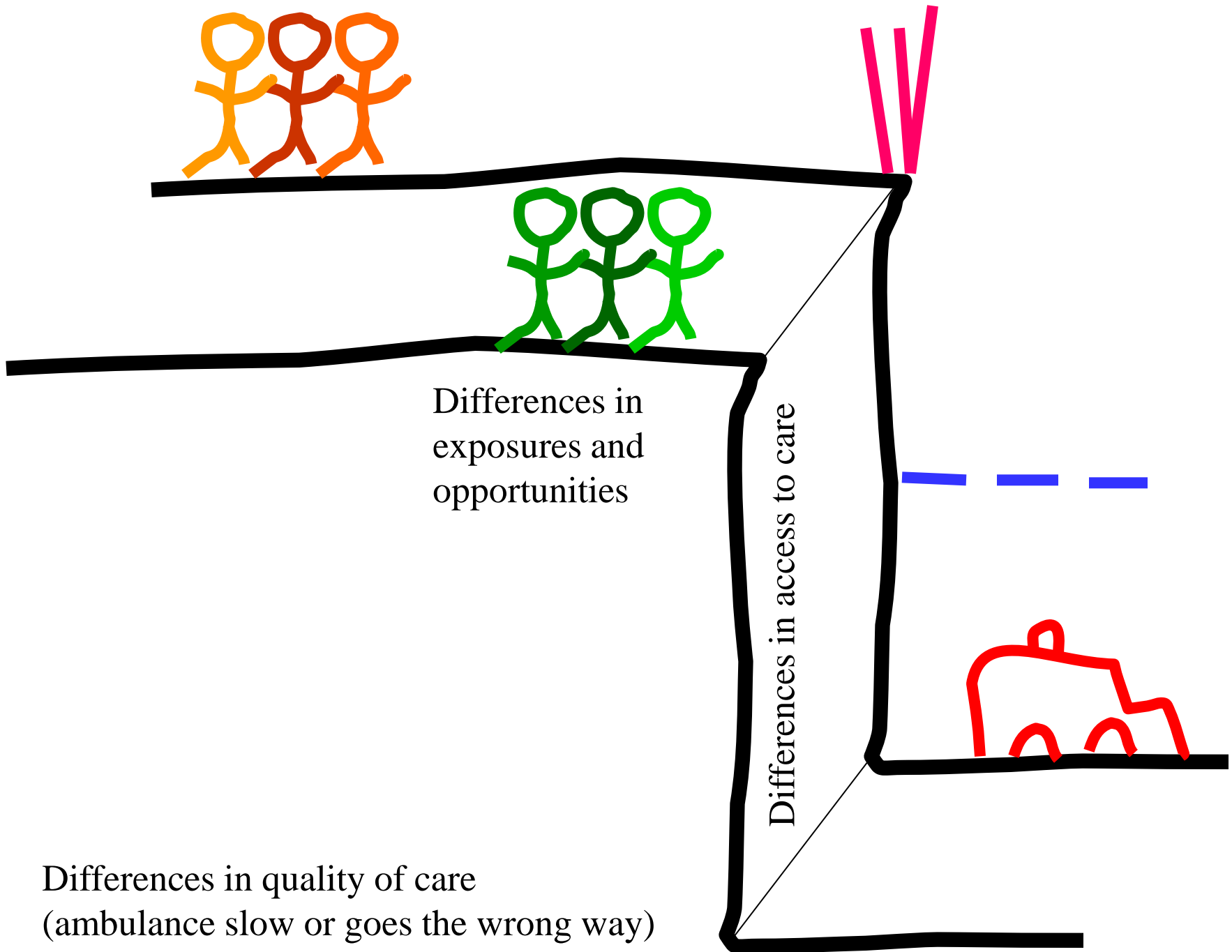


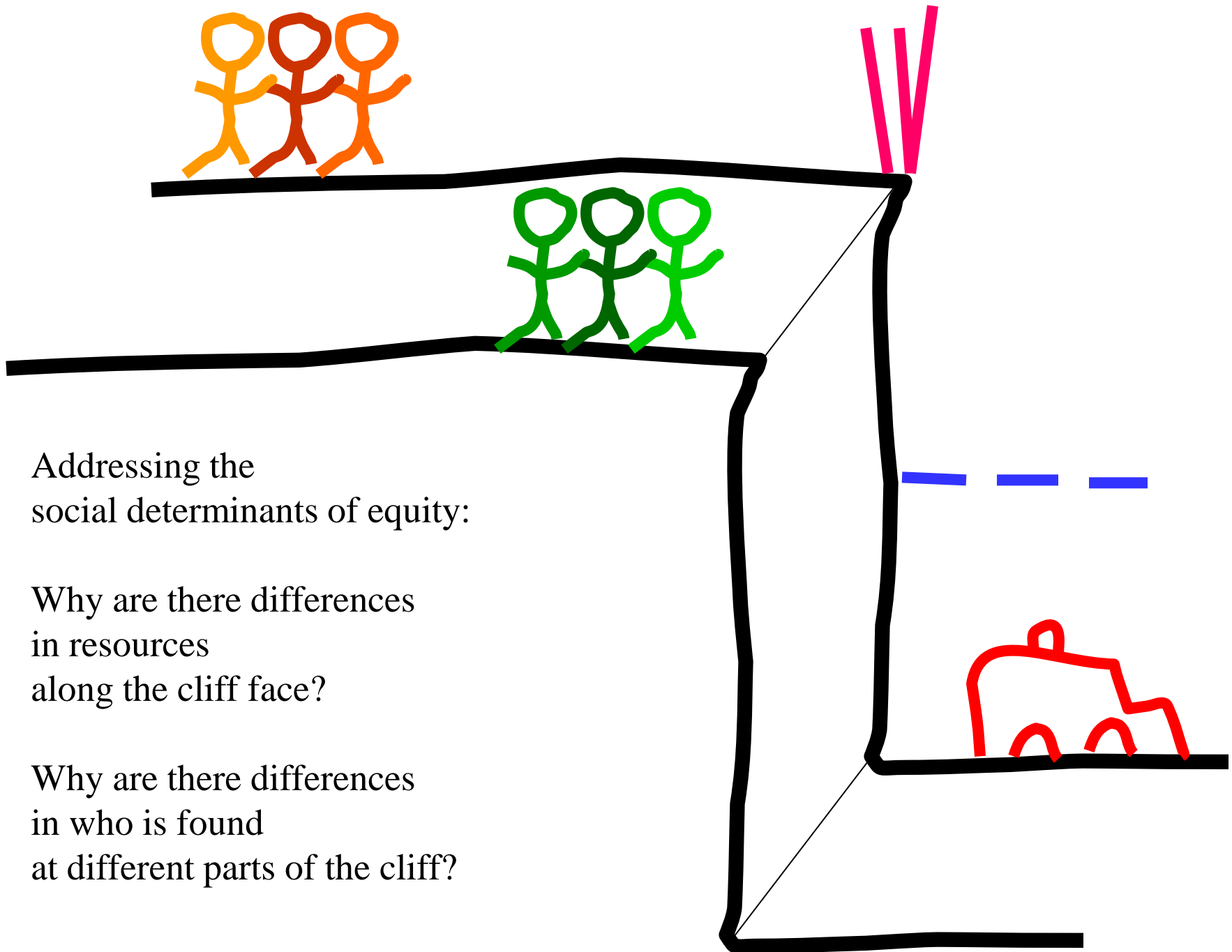












Addressing the
social determinants of equity:

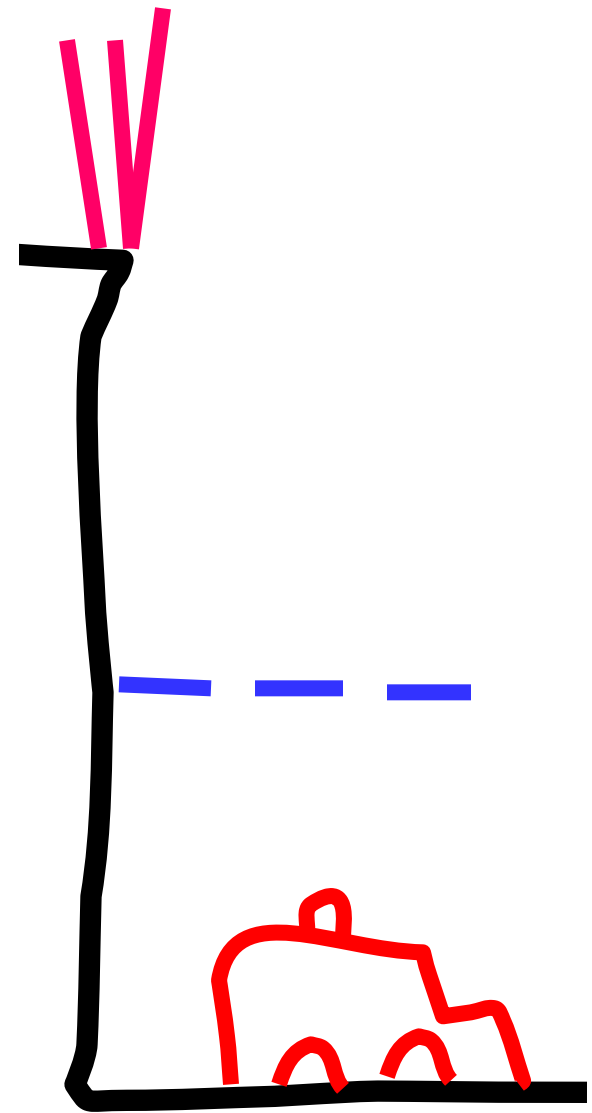
Why are there differences
in resources
along the cliff face?

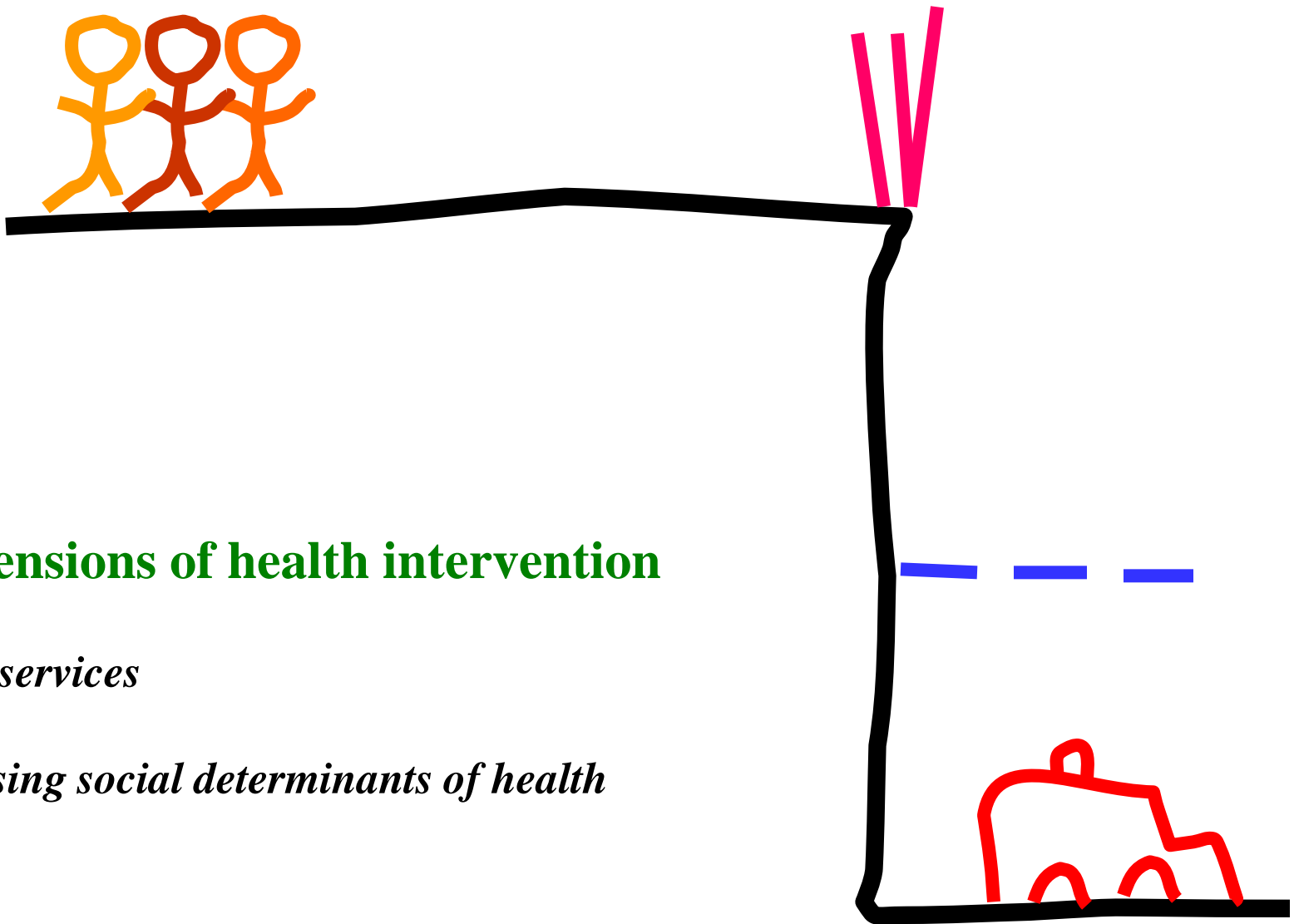
Why are there differences
in who is found
at different parts of the cliff?

3 dimensions of health intervention

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Health services

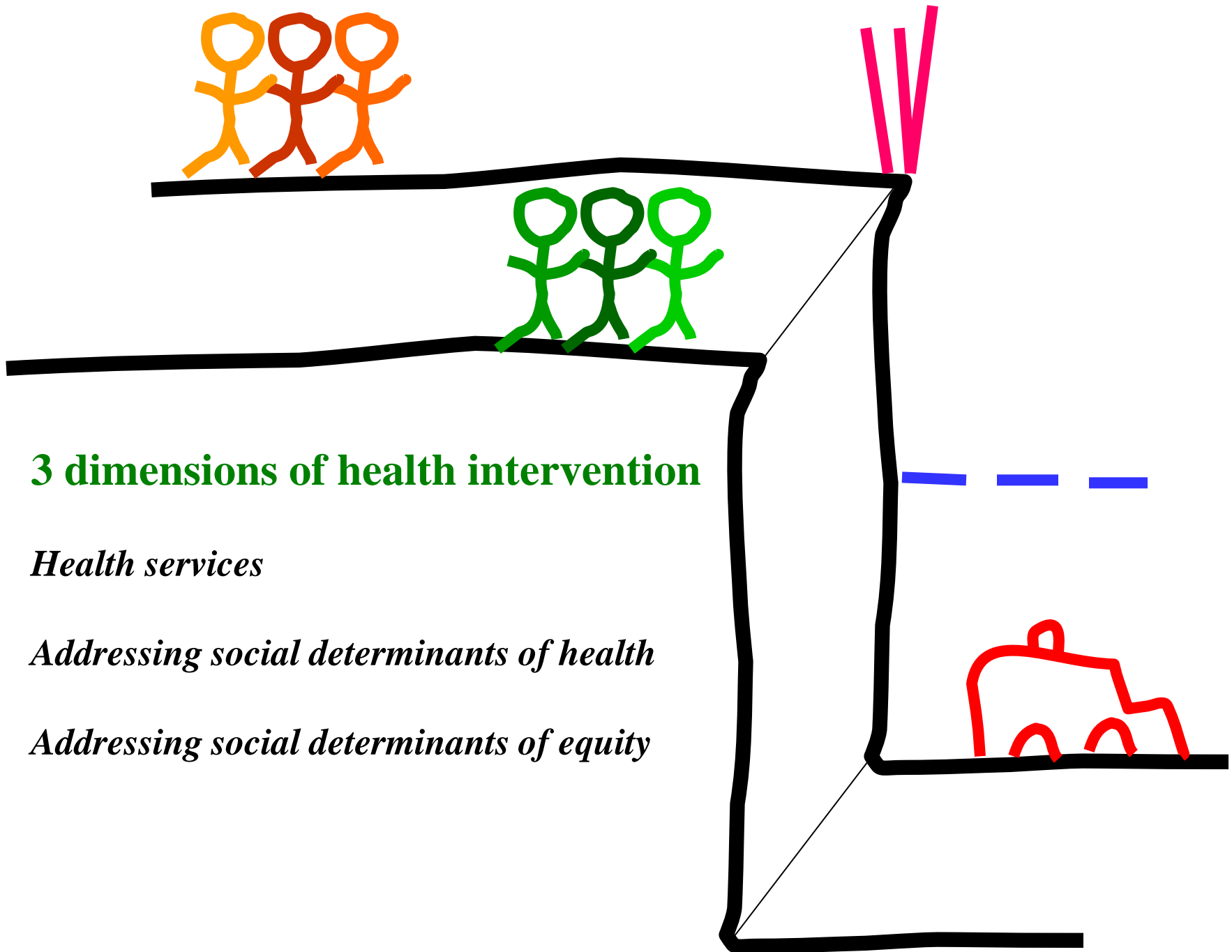




3 dimensions of health intervention

Health services

Addressing social determinants of health



What is racism?

A system

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

- 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

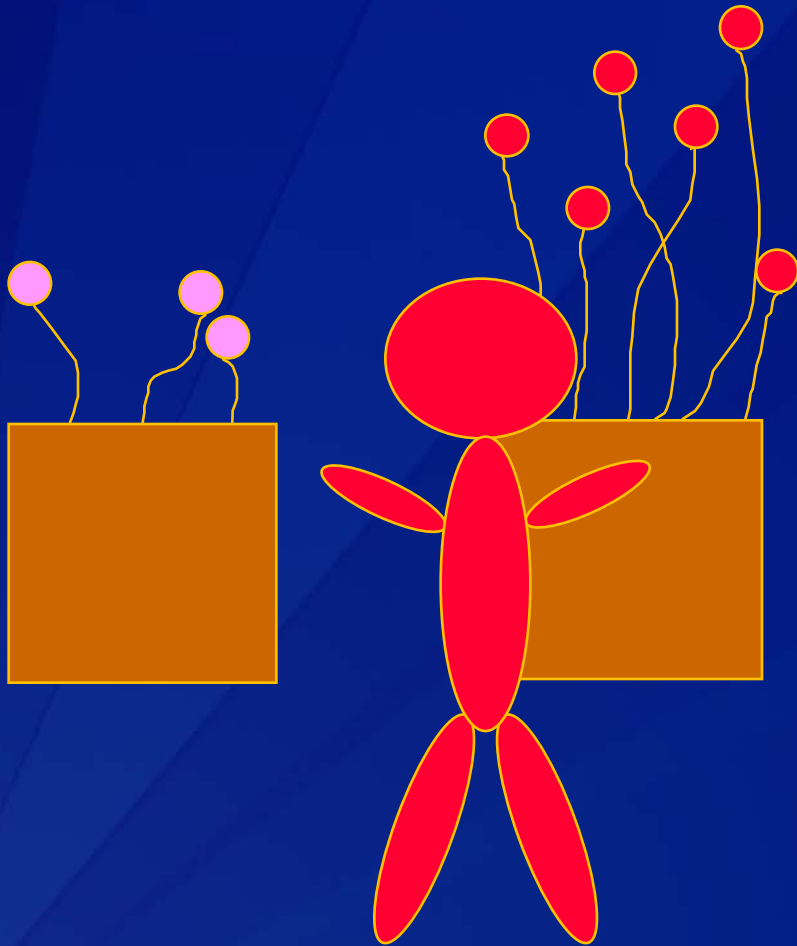
- ❑ Examples
 - Self-devaluation
 - White man’s ice is colder
 - Resignation, helplessness, hopelessness

- ❑ 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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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>

- ❑ 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*

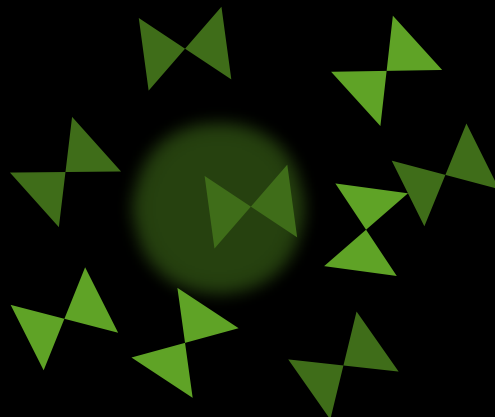
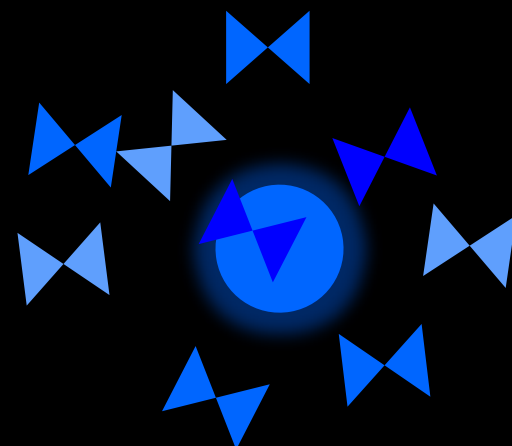
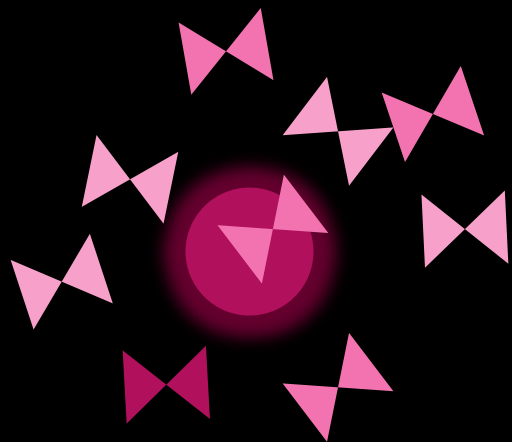
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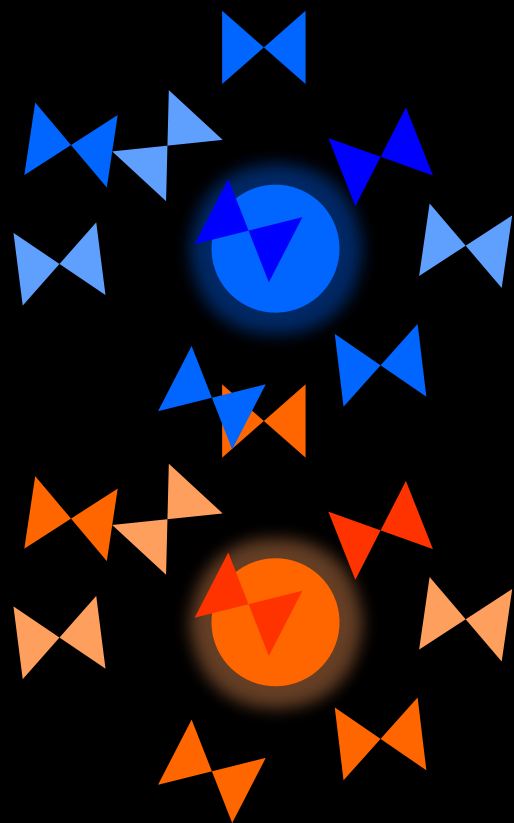
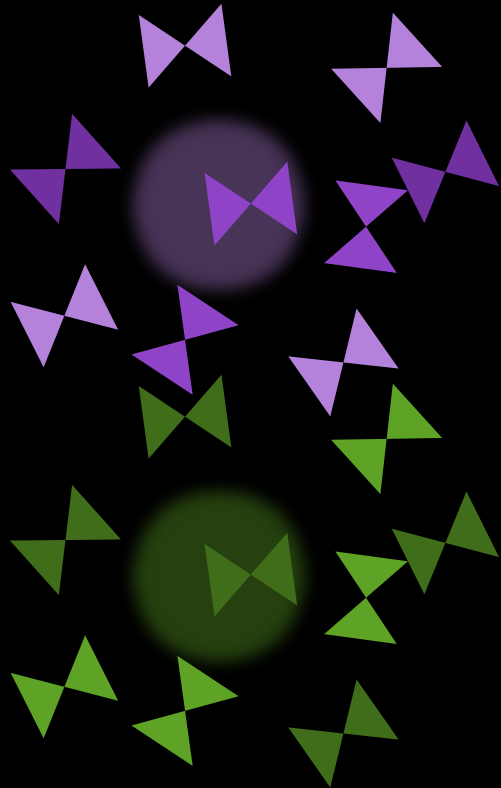
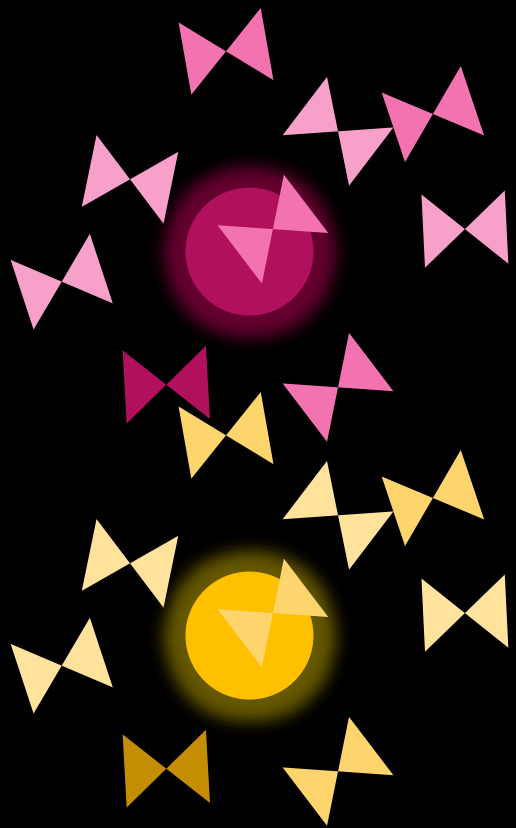
- ❑ **Concerns and recommendations**
 - “The Committee recommends that the State party adopt a national action plan to combat structural racial discrimination” (para 25)

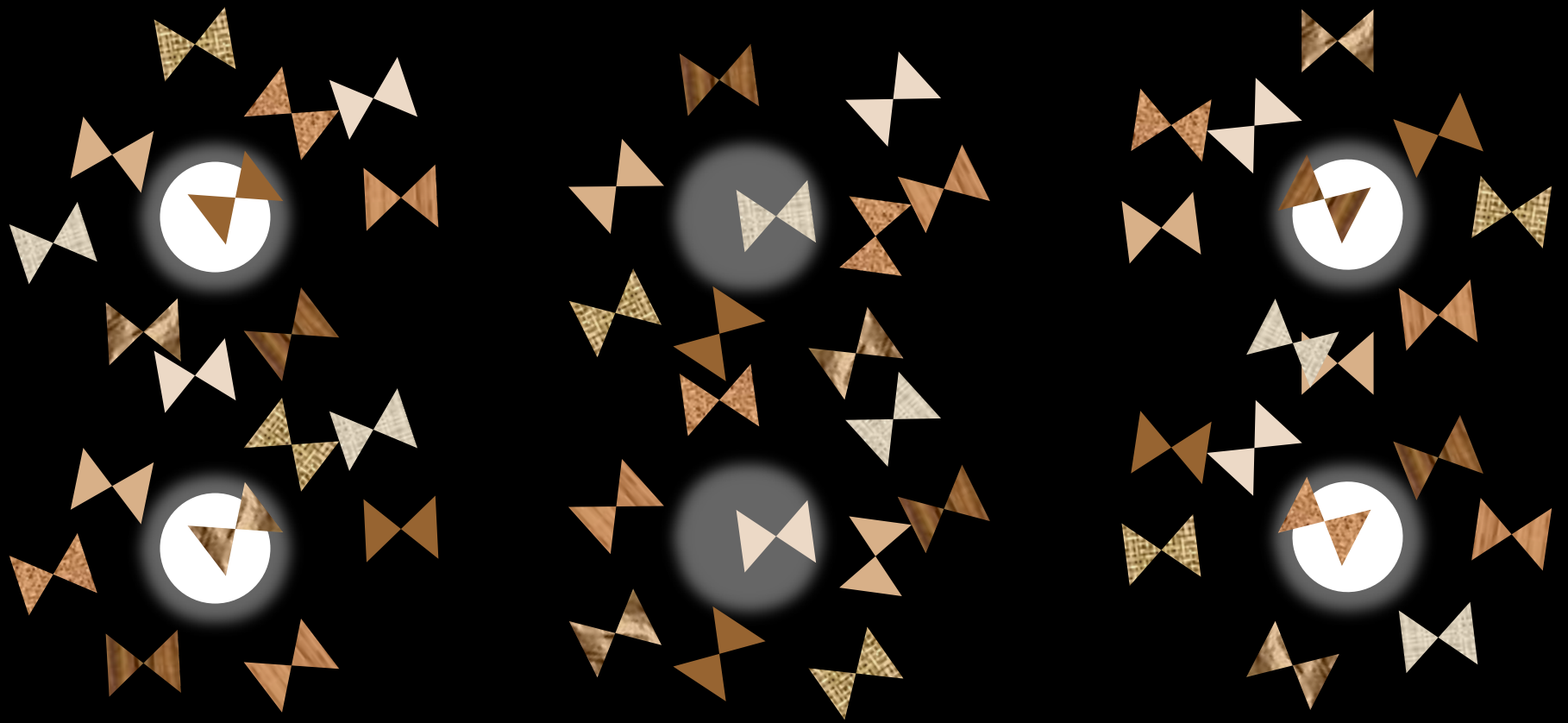
 - “The Committee recommends that the State party increase its efforts to raise public awareness and knowledge of the Convention throughout its territory” (para 32)

Japanese Lanterns: Colored perceptions



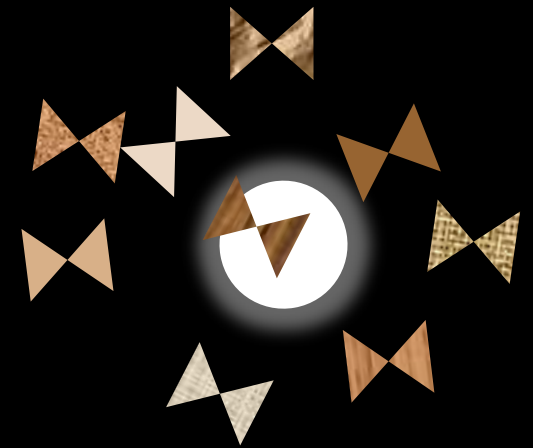
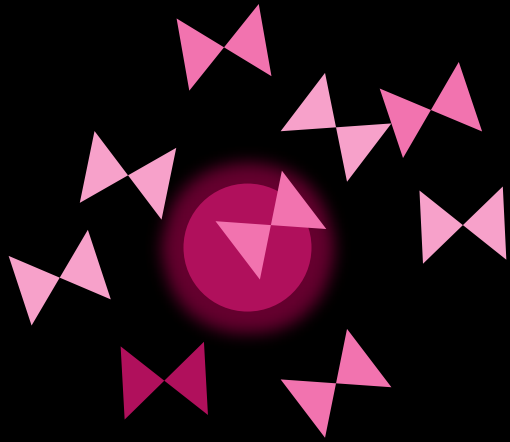






The colors we think we see are due to the lights by which we look.

These colored lights distort and mask our true variability.



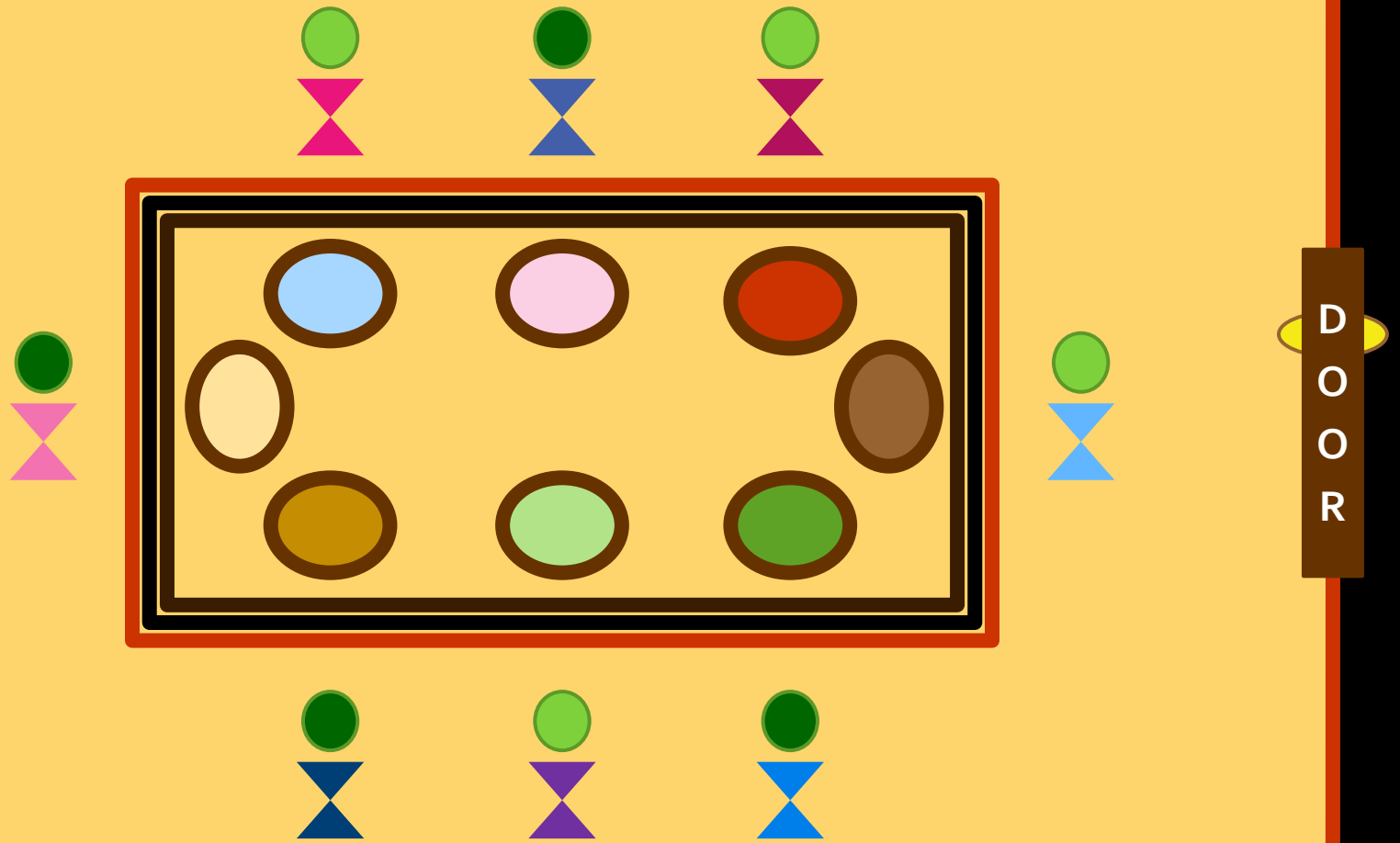
What is “race”?

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 . . .

OPEN

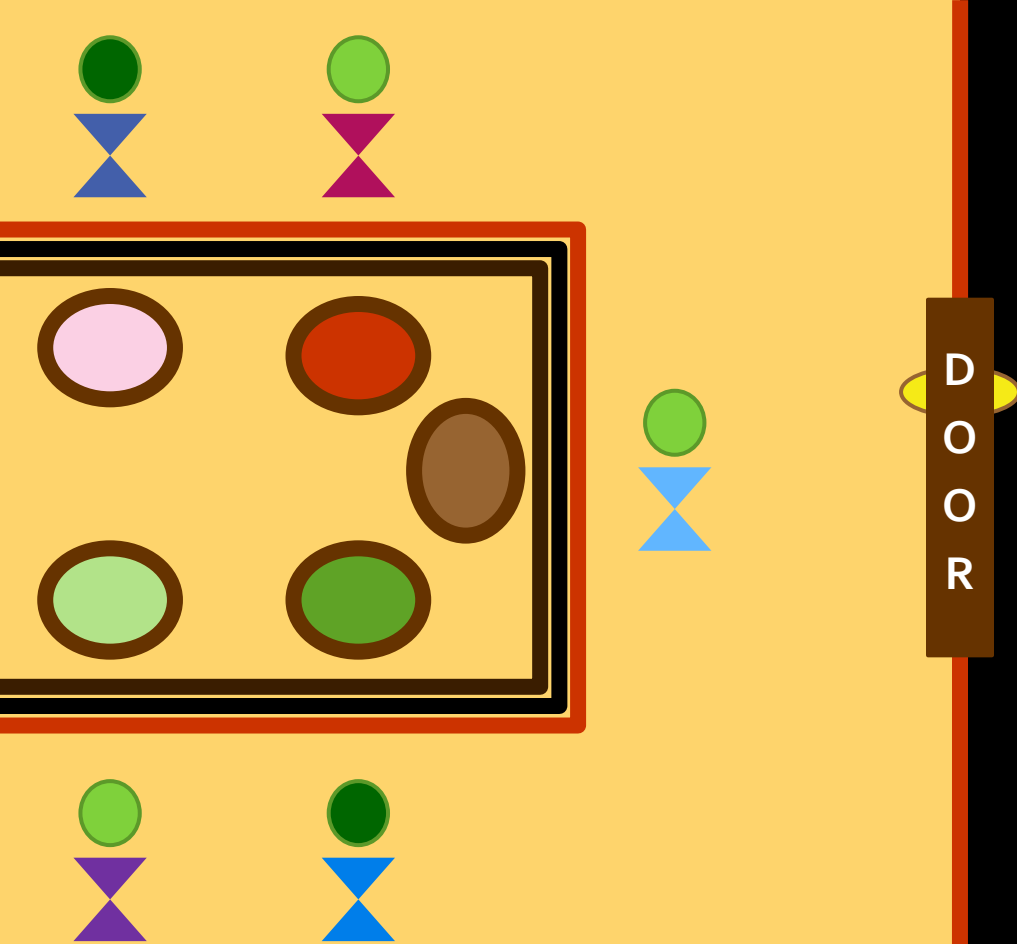




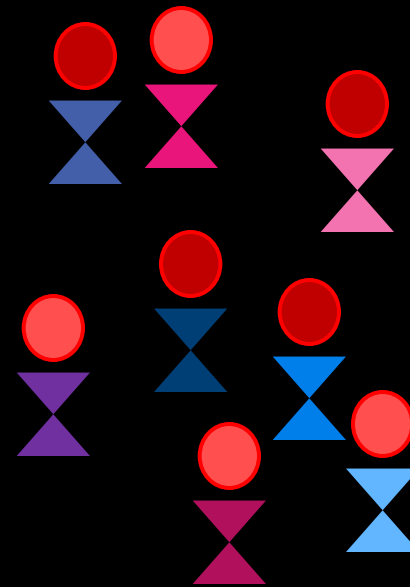
CLOSED



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

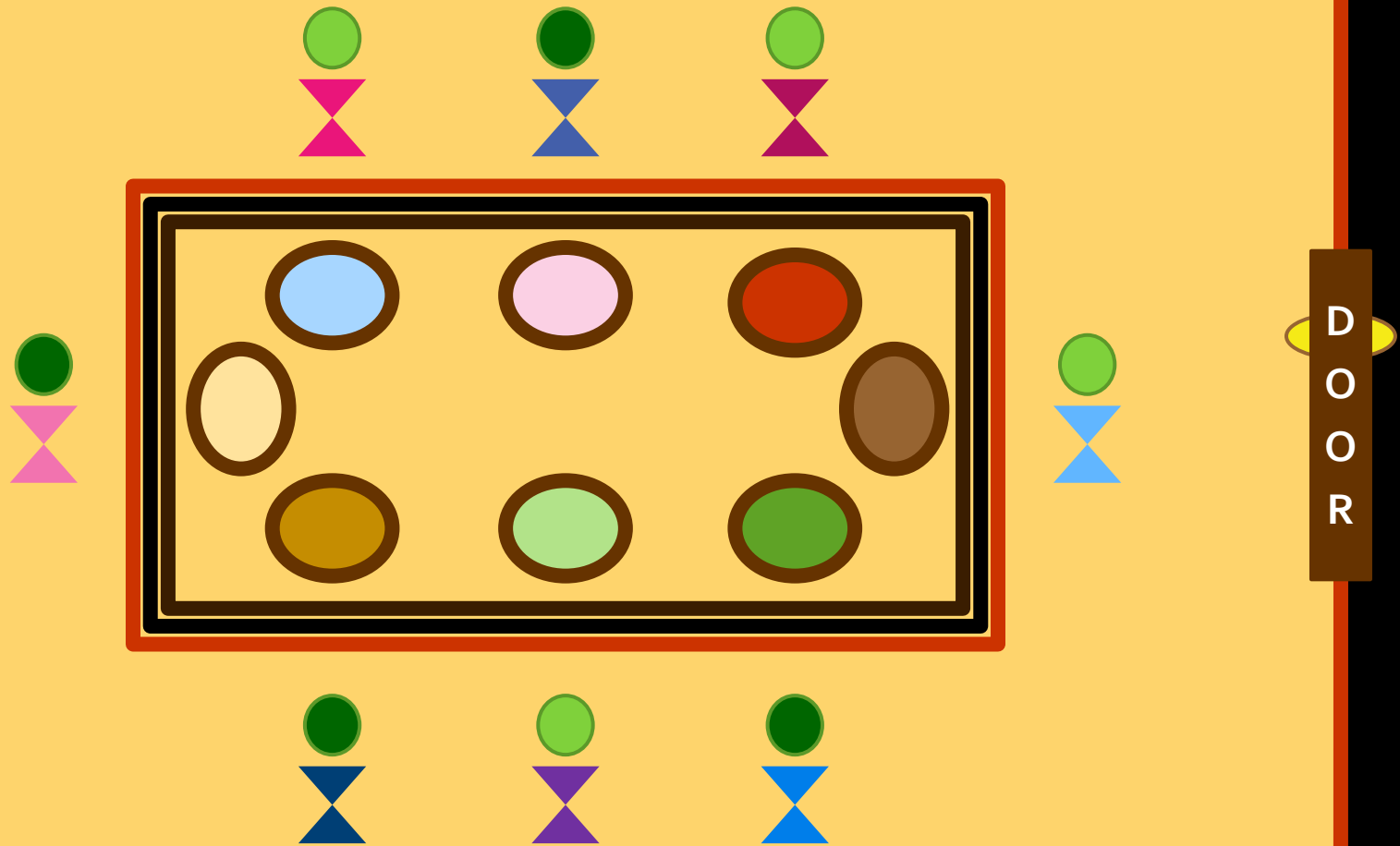


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It is difficult
to recognize
systems of inequity
that privilege us.

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



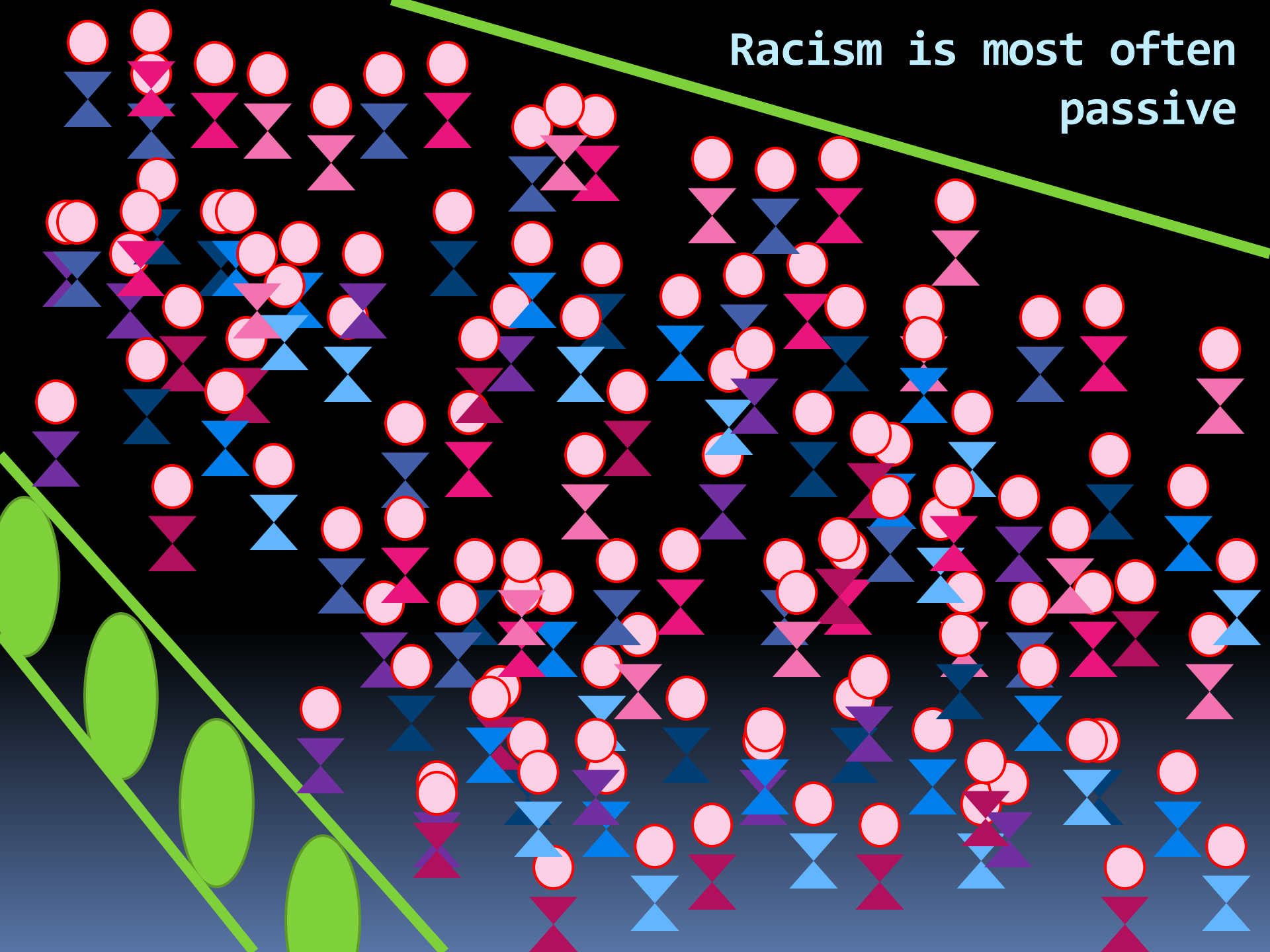
Is there really a two-sided sign?

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

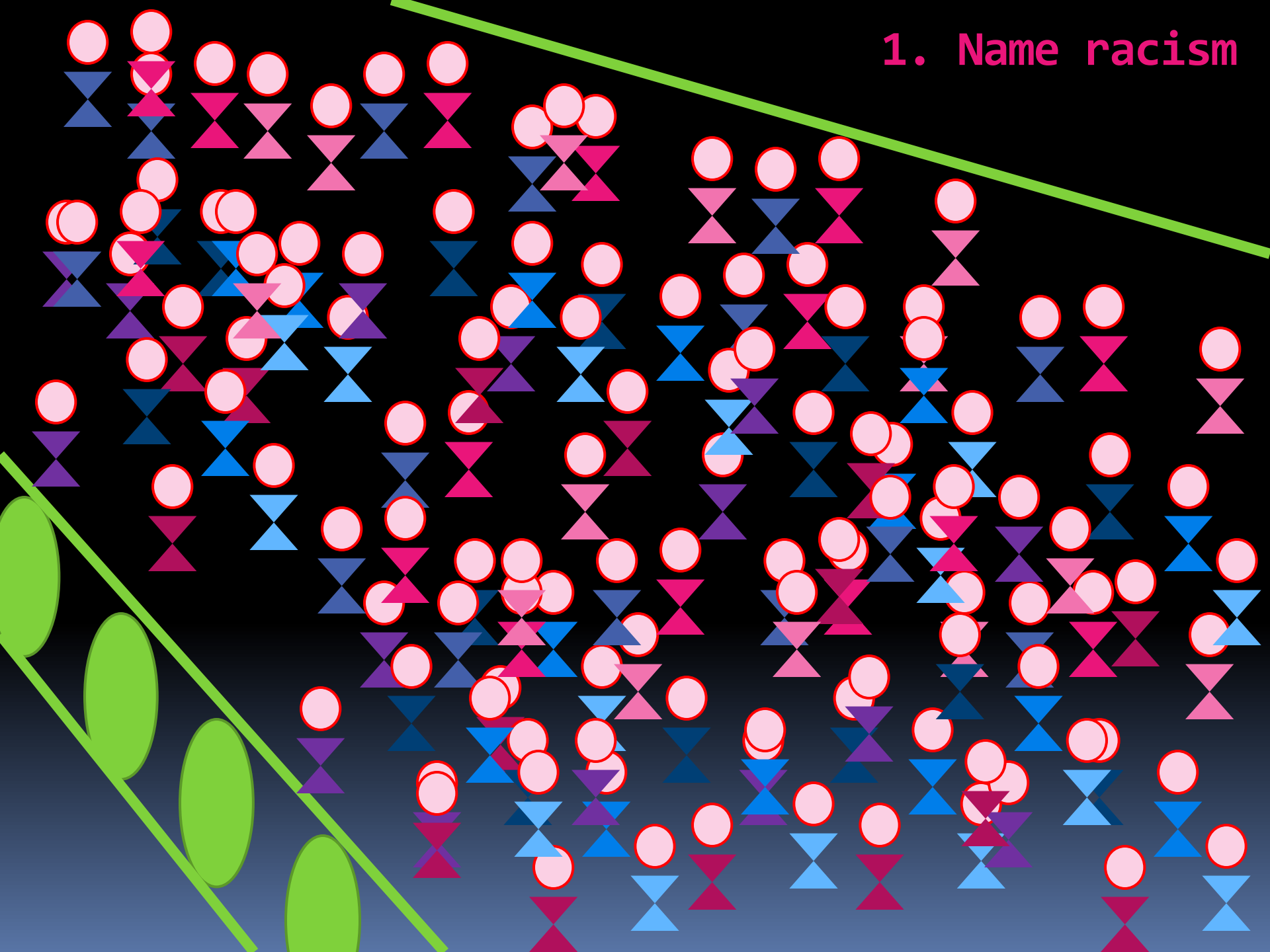


Life on a Conveyor Belt: Moving to action

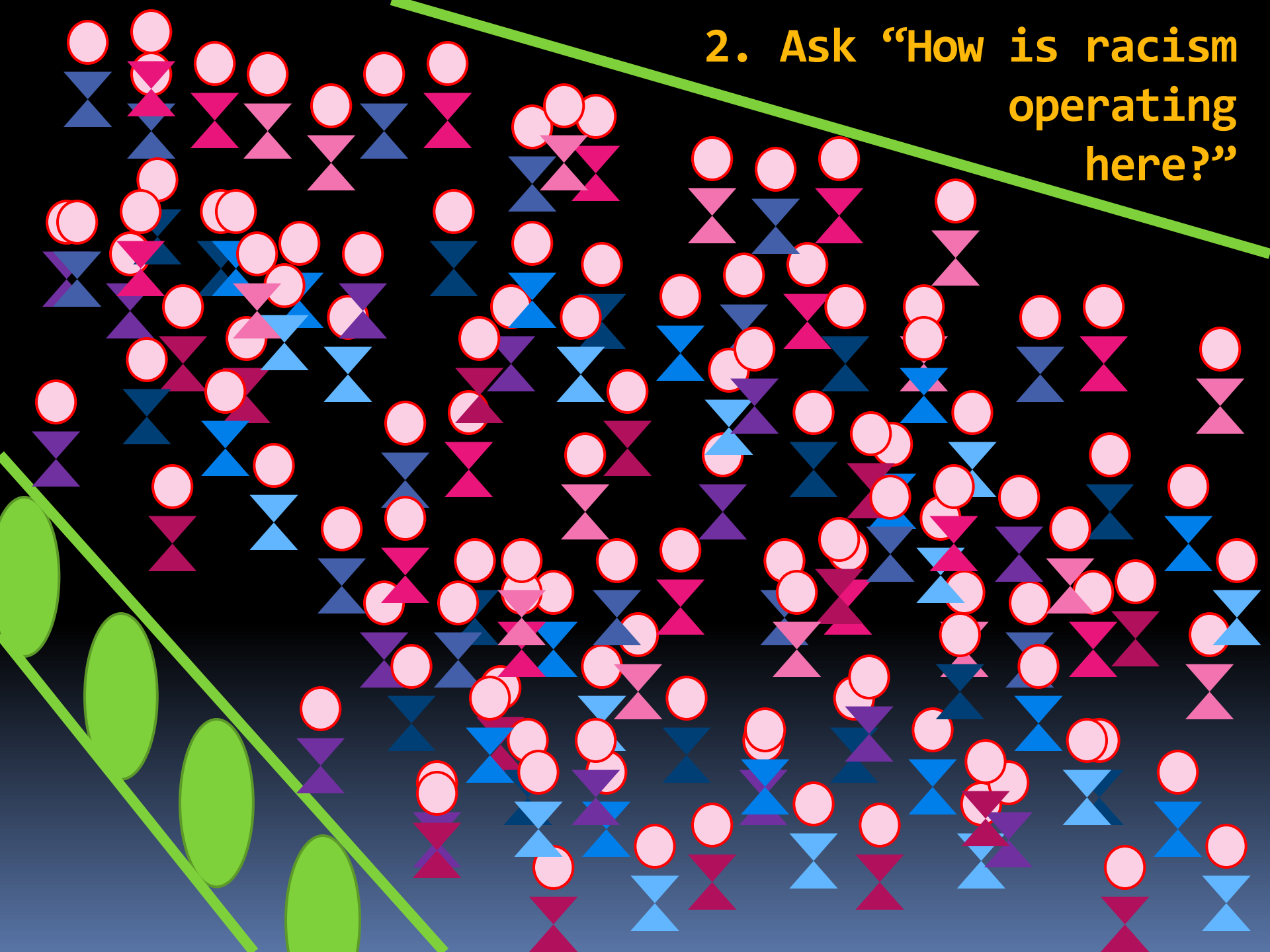
Racism is most often
passive



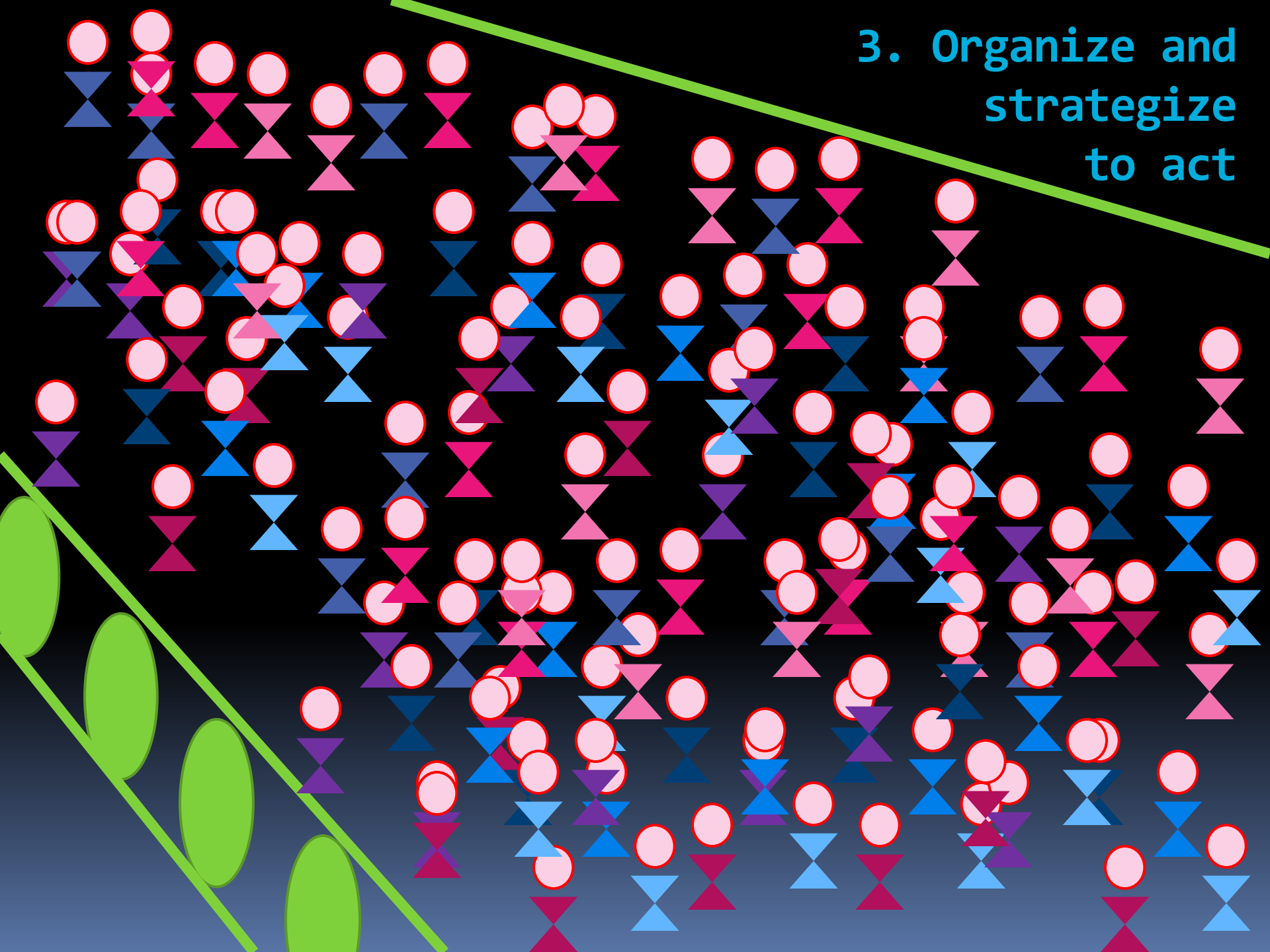
1. Name racism

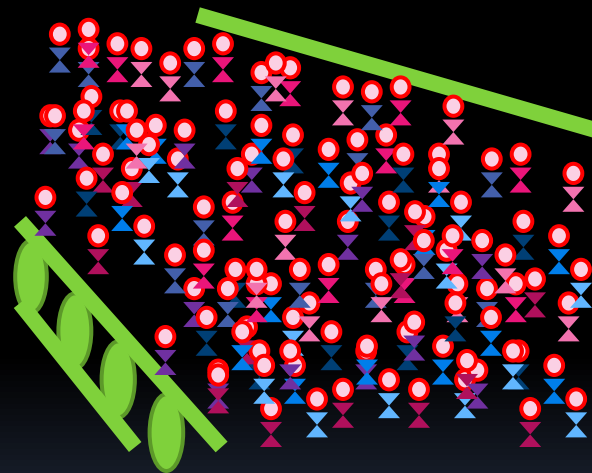
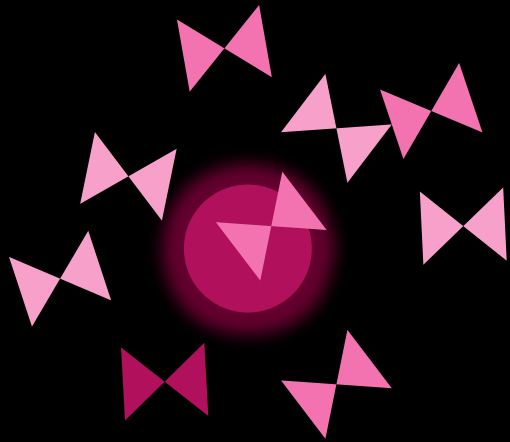


2. Ask "How is racism operating here?"



3. Organize and strategize to act





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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