barriers and strategies for Achieving Health Equity

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Concurrent Session
“Obstacles in the Way of Achieving Diversity”
5th Annual Cultural Competence Conference
Texas Tech University Health Sciences Center El Paso

El Paso, Texas
February 26, 2016
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

What is [inequity]?

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

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

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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
Strategies for achieving health equity

- **To change opportunity structures**
  - Understand the importance of history
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  - Acknowledge existence of systems and structures
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- **To value all people equally**
  - Break out of bubbles to experience our common humanity
  - Embrace ALL children as OUR children
“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
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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

- White: 58.3%
- Black: 43.7%
- Hispanic: 41.2%
- AIAN: 36.1%

Report excellent or very good health
Percent of respondents reporting excellent or very good health by socially-assigned "race", 2004 BRFSS.
General health status by socially-assigned "race", 2004 BRFSS

Report fair or poor health

- White: 13.9%
- Black: 21.5%
- Hispanic: 20.9%
- AIAN: 22.1%

Report excellent or very good health

- White: 58.3%
- Black: 43.7%
- Hispanic: 41.2%
- AIAN: 36.1%
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”

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<thead>
<tr>
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How usually classified by others
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General health status, by self-identified and socially-assigned "race", 2004

Report excellent or very good health

- Hispanic-Hispanic: 39.8%
- Hispanic-White: 53.7%
- White-White: 58.6%
Test of $H_0$: That there is no difference in proportions reporting excellent or very good health

Hispanic-Hispanic versus White-White

$p < 0.0001$
Test of $H_0$: That there is no difference in proportions reporting excellent or very good health

Hispanic-Hispanic versus Hispanic-White

$p = 0.0019$
Test of $H_0$: That there is no difference in proportions reporting excellent or very good health

**Hispanic-White versus White-White**

$p = 0.1895$
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How usually classified by others
General health status, by self-identified and socially-assigned "race", 2004

Report excellent or very good health

- AIAN-AIAN: 32%
- AIAN-White: 52.6%
- White-White: 58.6%
General health status, by self-identified and socially-assigned "race", 2004

Test of $H_0$: That there is no difference in proportions reporting excellent or very good health

**AIAN-AIAN versus White-White**

$p < 0.0001$
Test of $H_0$: That there is no difference in proportions reporting excellent or very good health

**AIAN-AIAN versus AIAN-White**

$p = 0.0122$
General health status, by self-identified and socially-assigned "race", 2004

Test of $H_0$: That there is no difference in proportions reporting excellent or very good health

**AIAN-White versus White-White**

$p = 0.3070$

Report excellent or very good health
## Two measures of “race”

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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


American Public Health Association
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
American Public Health Association

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
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.
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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