Achieving Health Equity
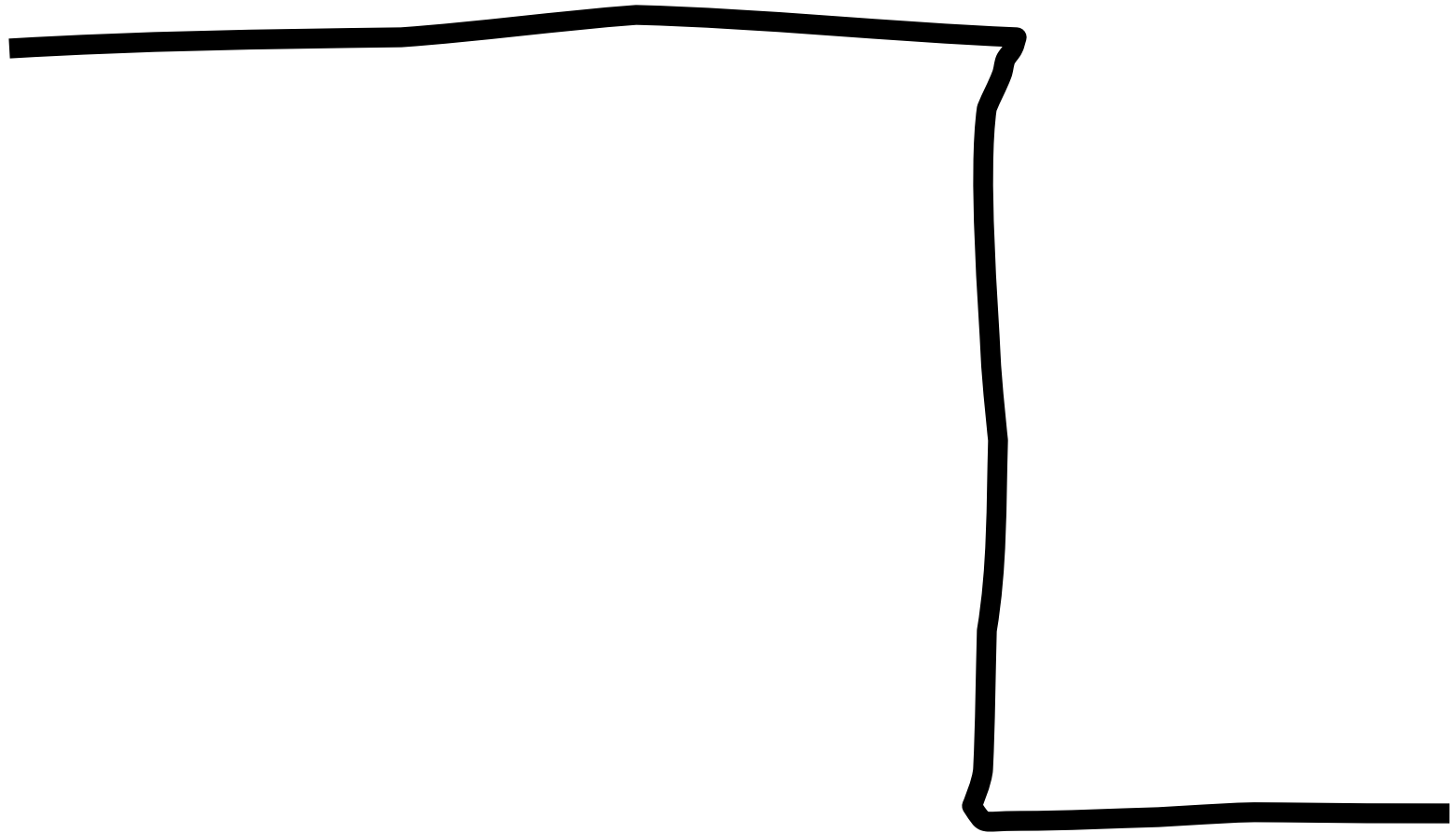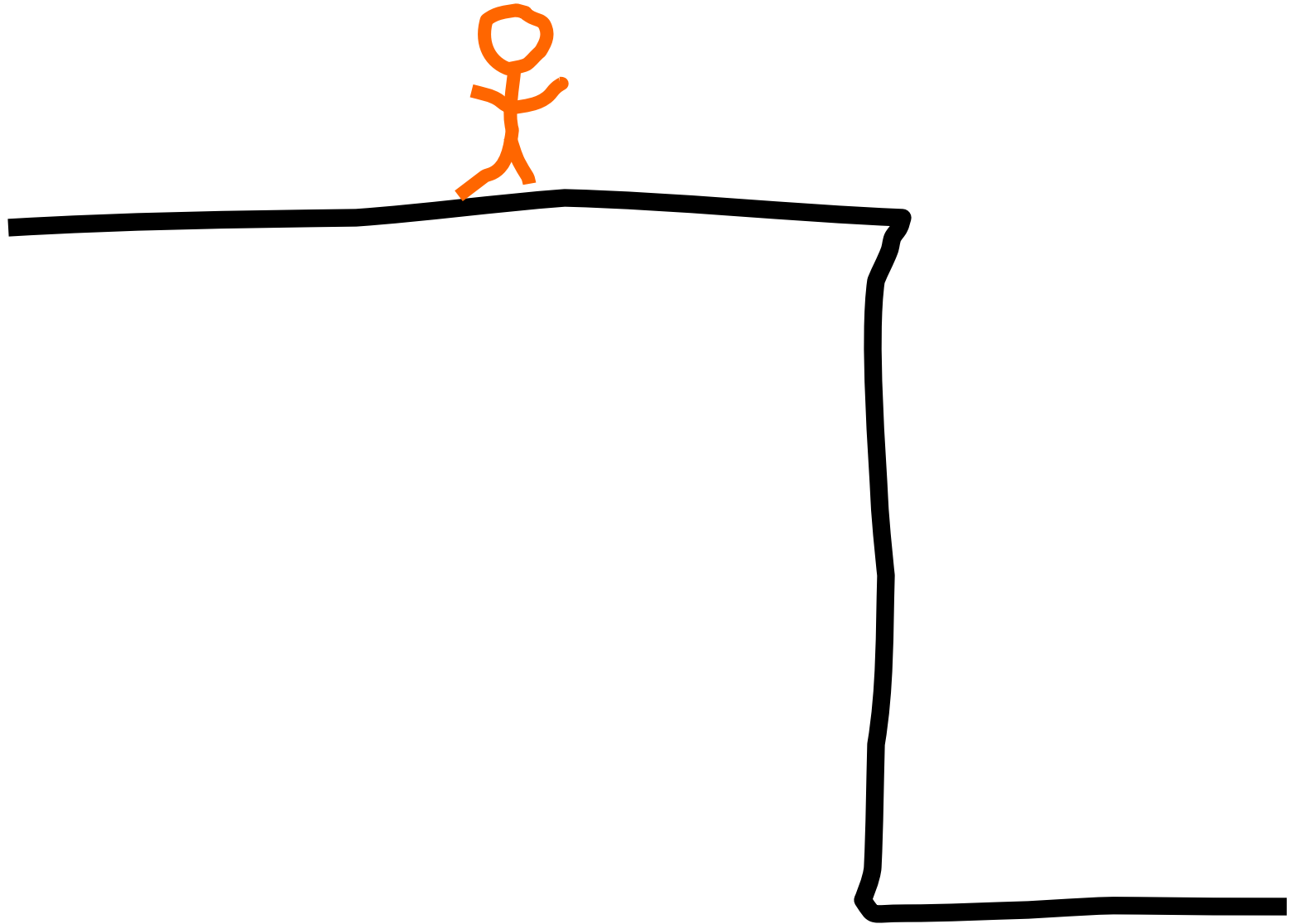
moving from perception
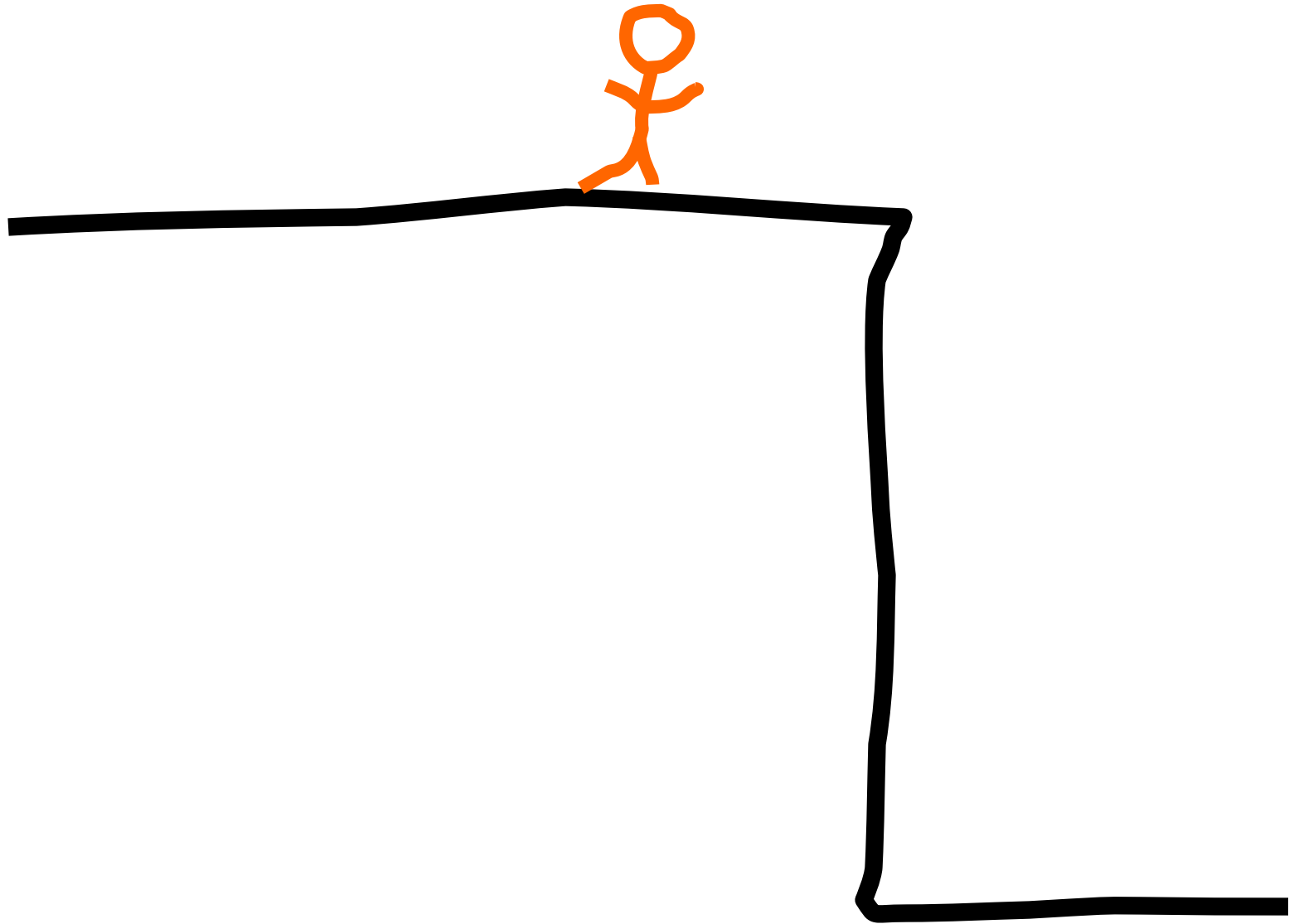## to action

Camara Phyllis Jones, MD, MPH, PhD

Keynote Address
2017 Memphis Area Breastfeeding Symposium

The Shelby County Breastfeeding Coalition

Memphis, Tennessee
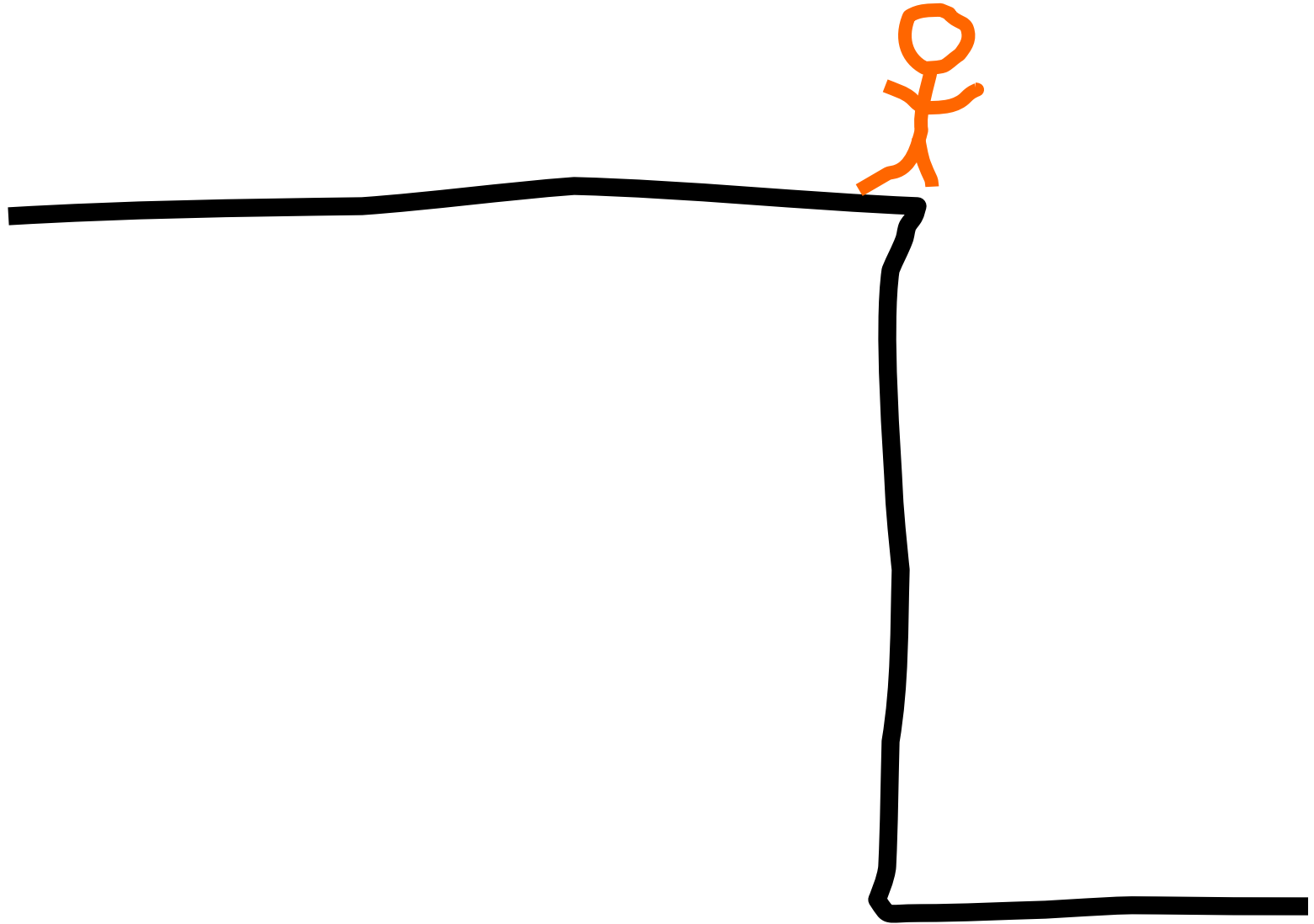*June 14, 2017*

Levels of health intervention

Jones CP *et al.* *J Health Care Poor Underserved* **2009.**

Jones CP *et al.* ***J Health Care Poor Underserved*** **2009.**

Addressing the
social determinants of health

Primary prevention

Safety net programs and
secondary prevention

Medical care and
tertiary prevention

Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**
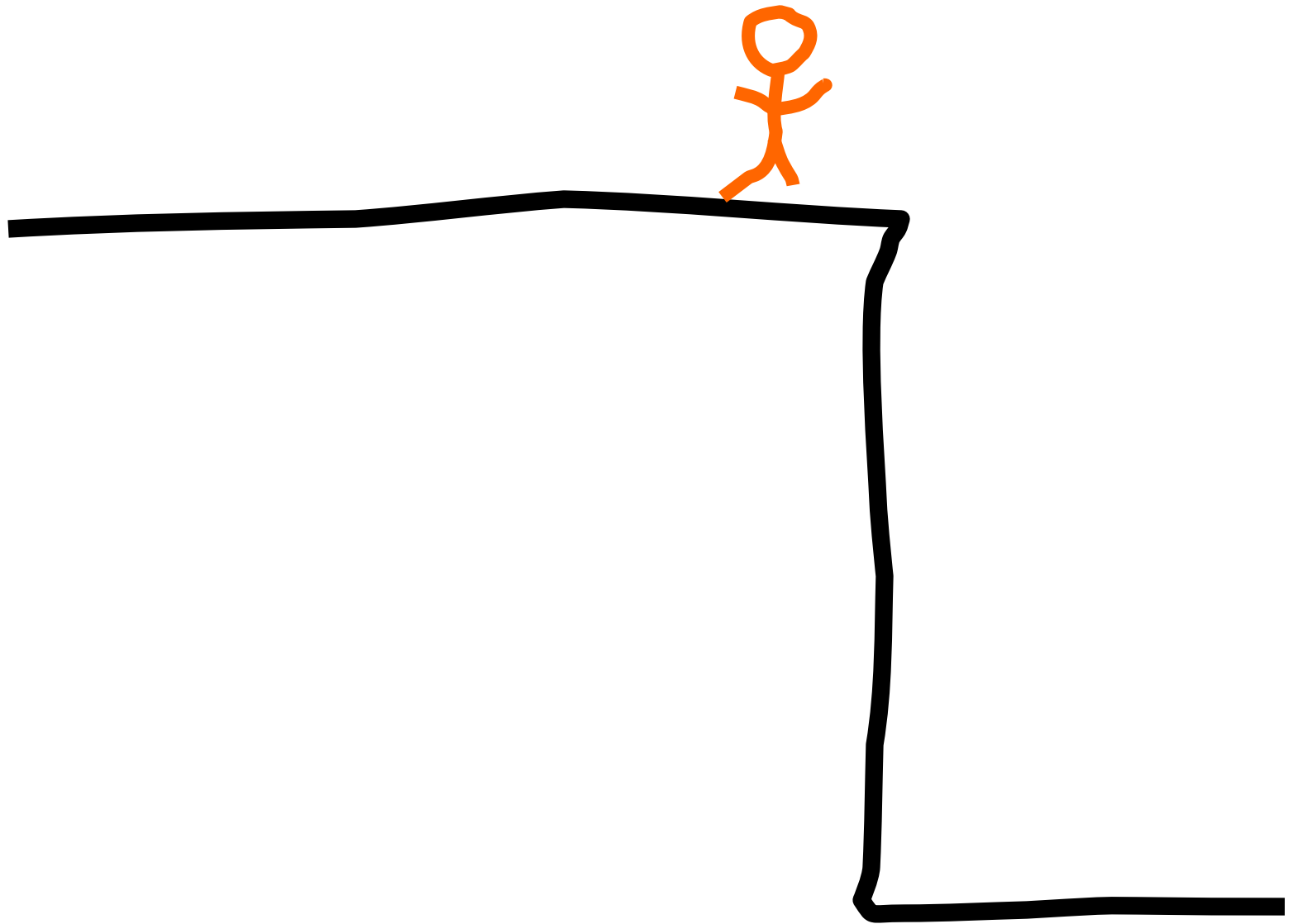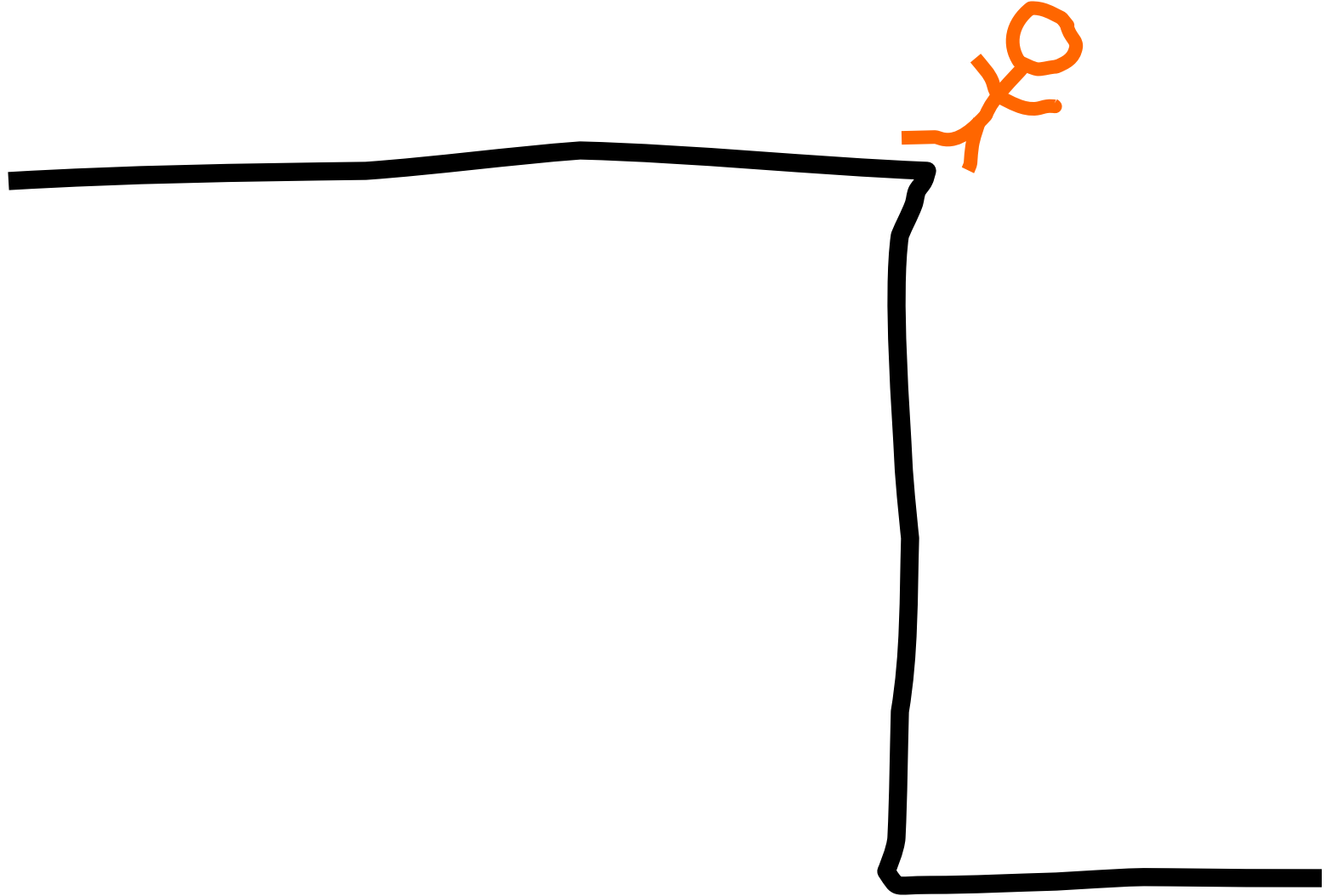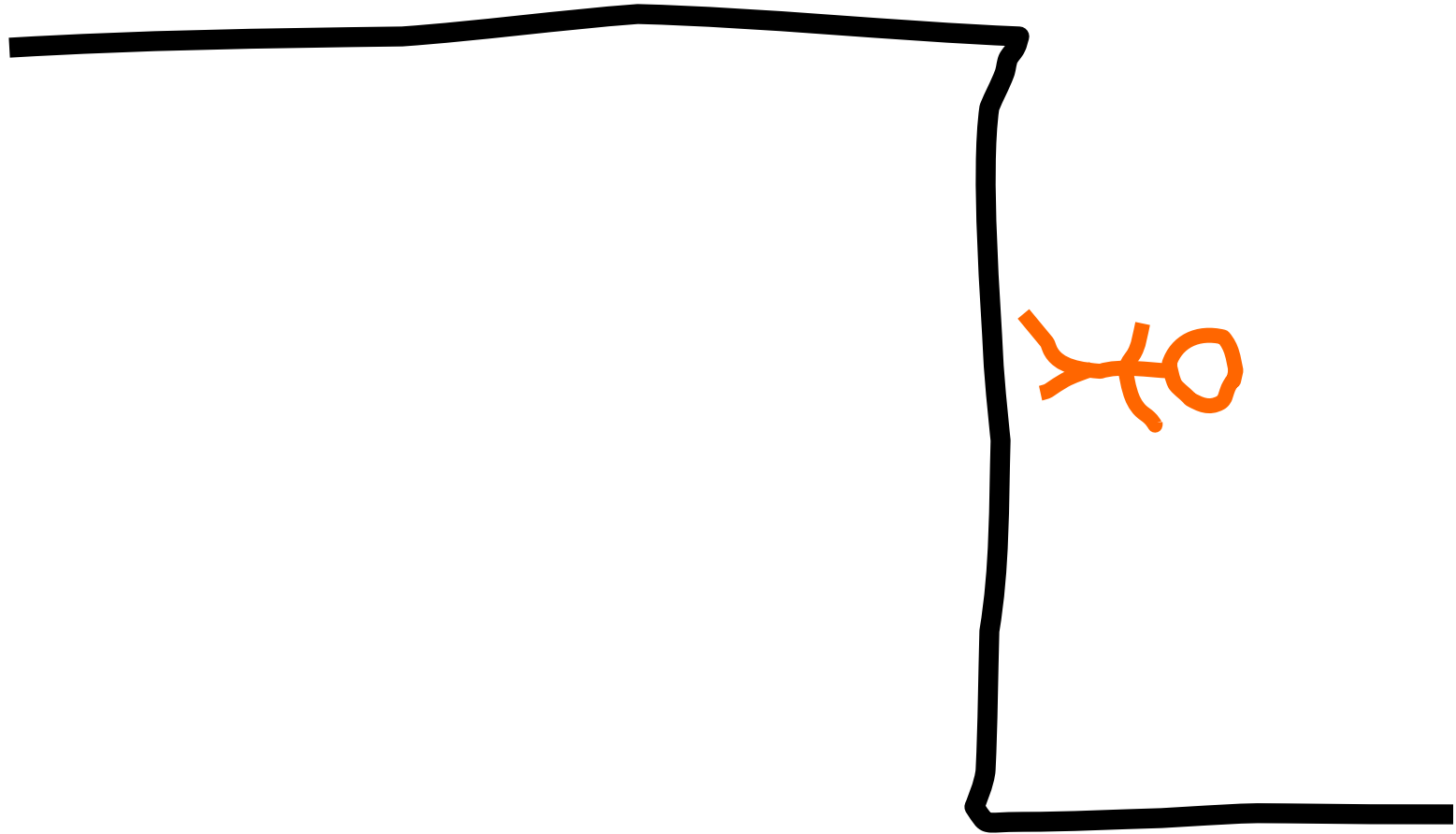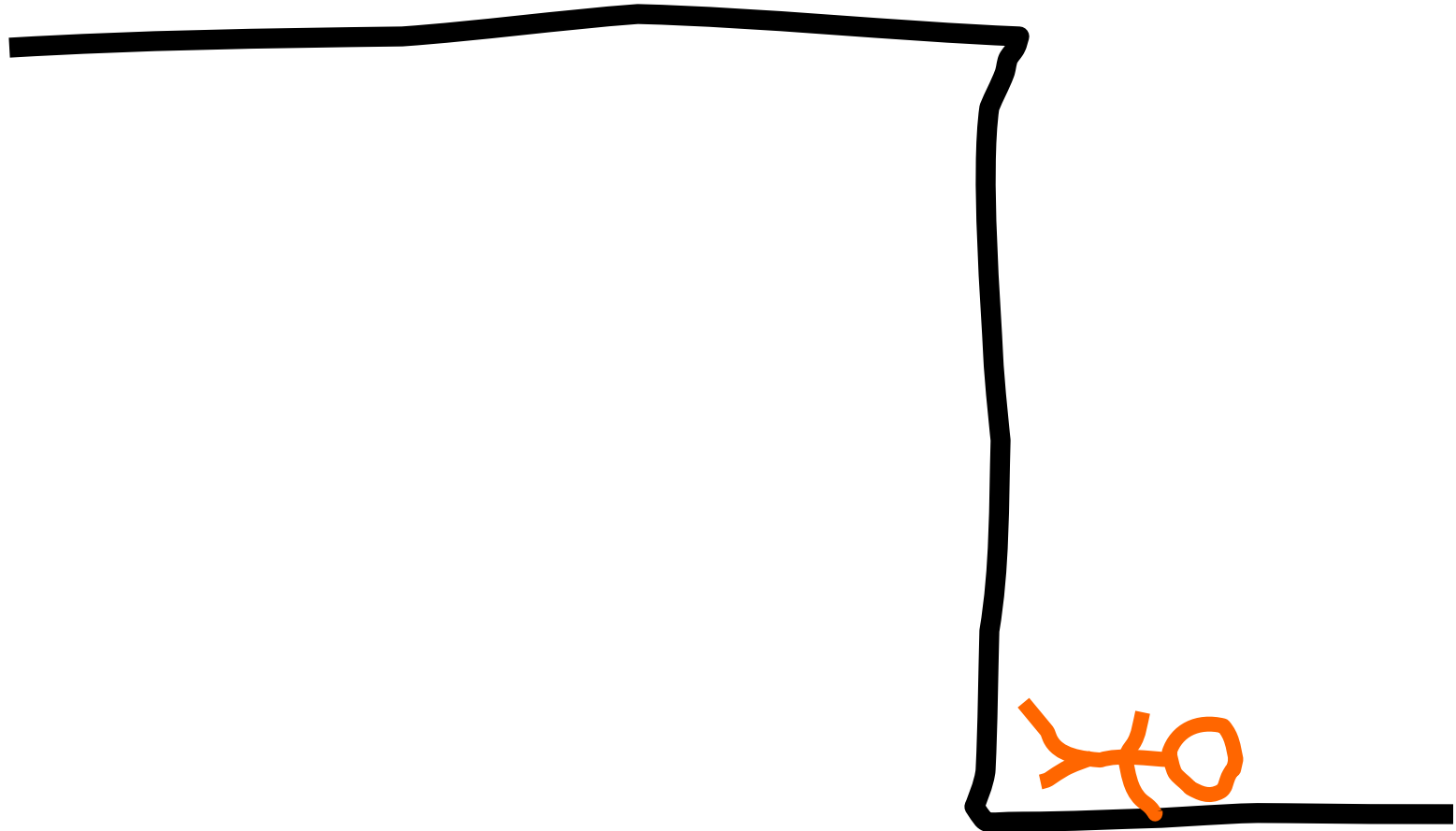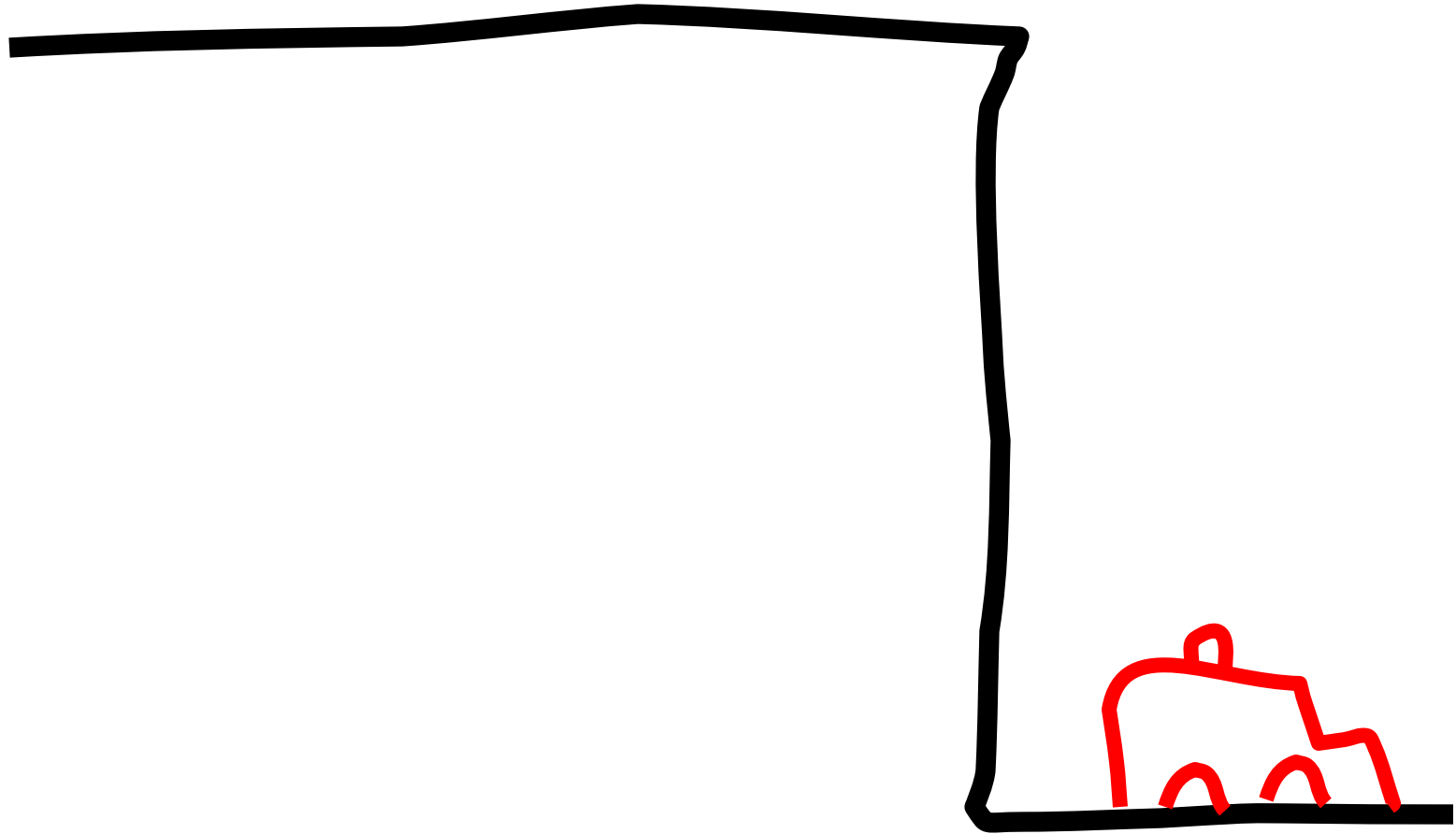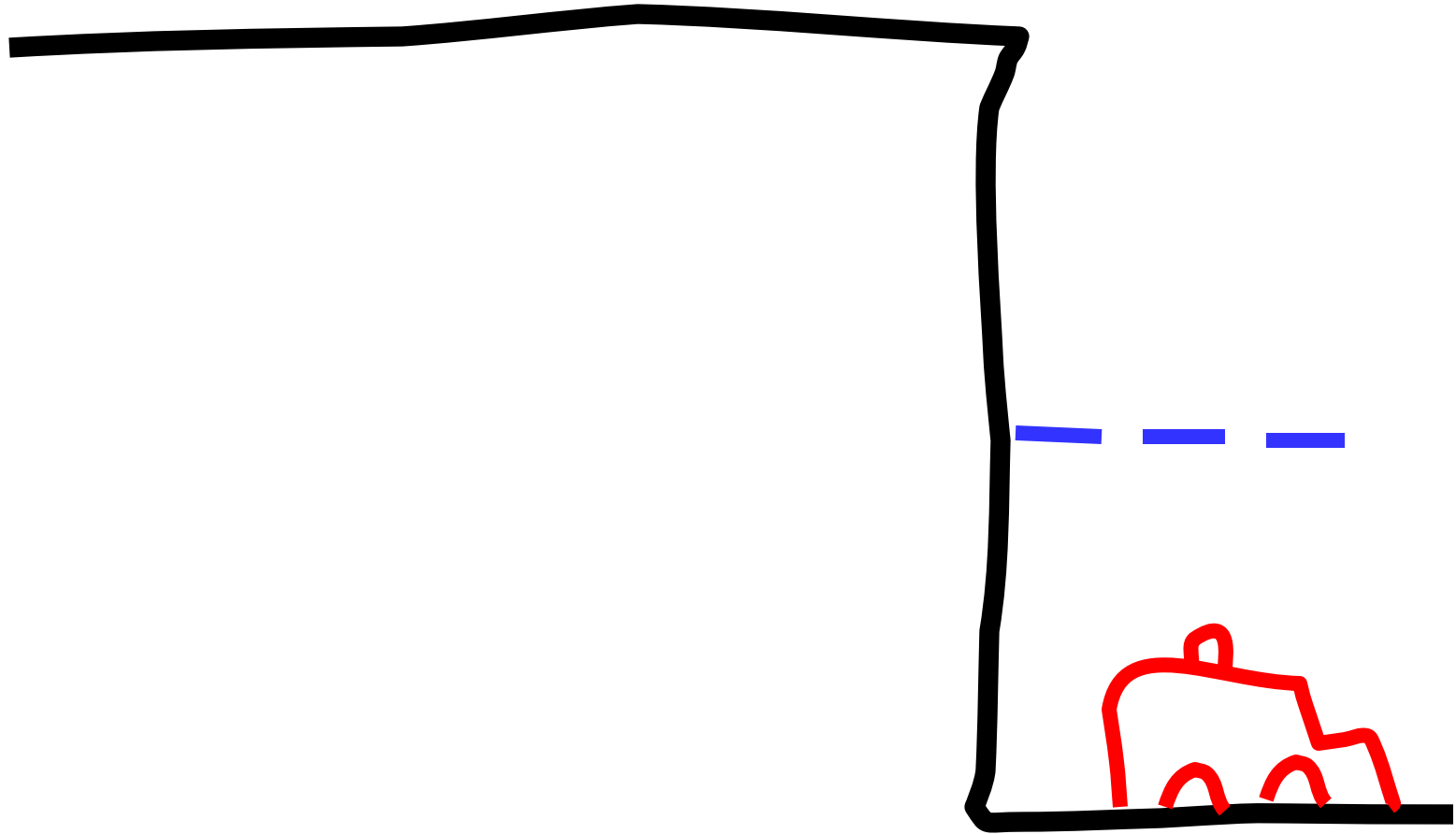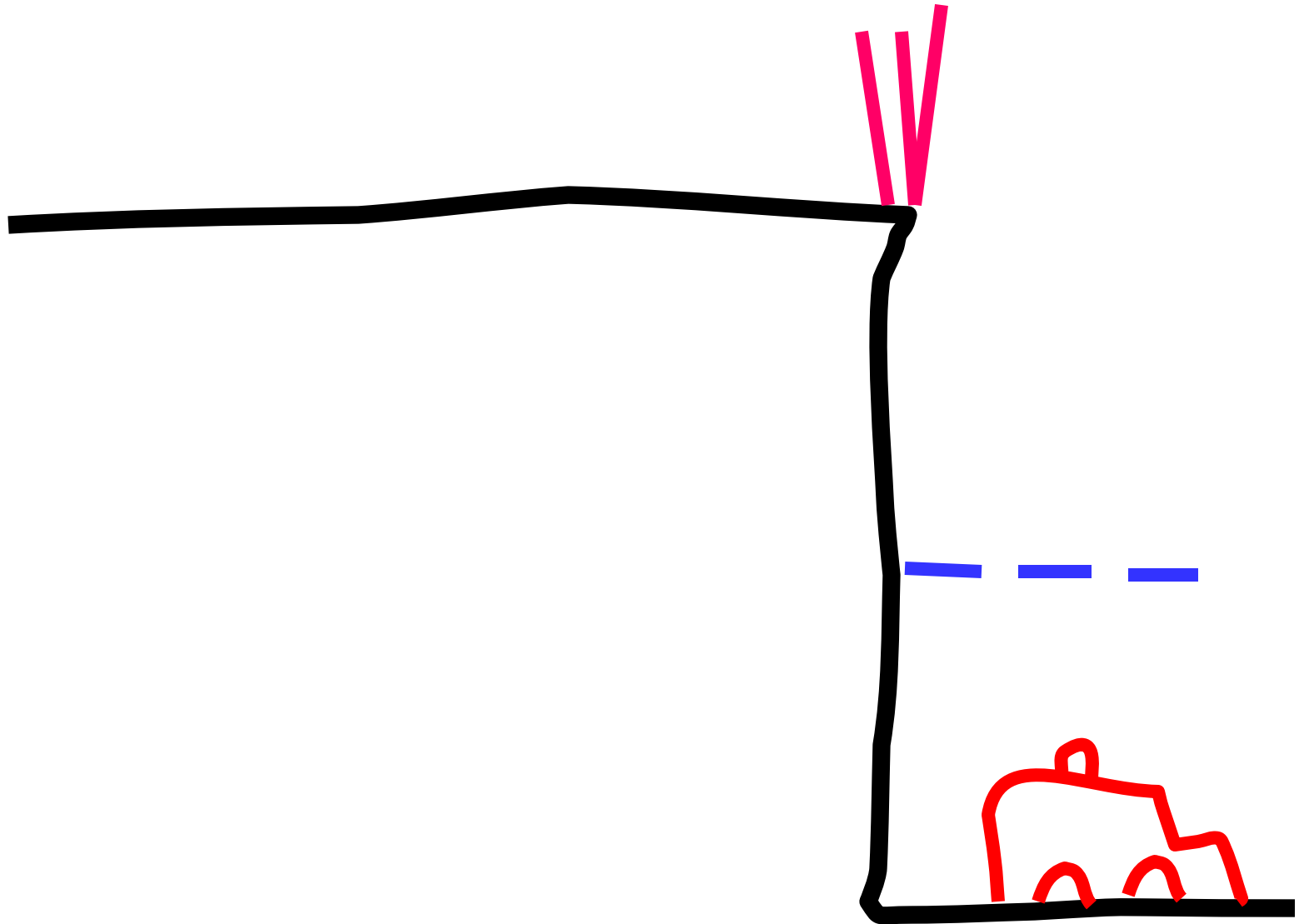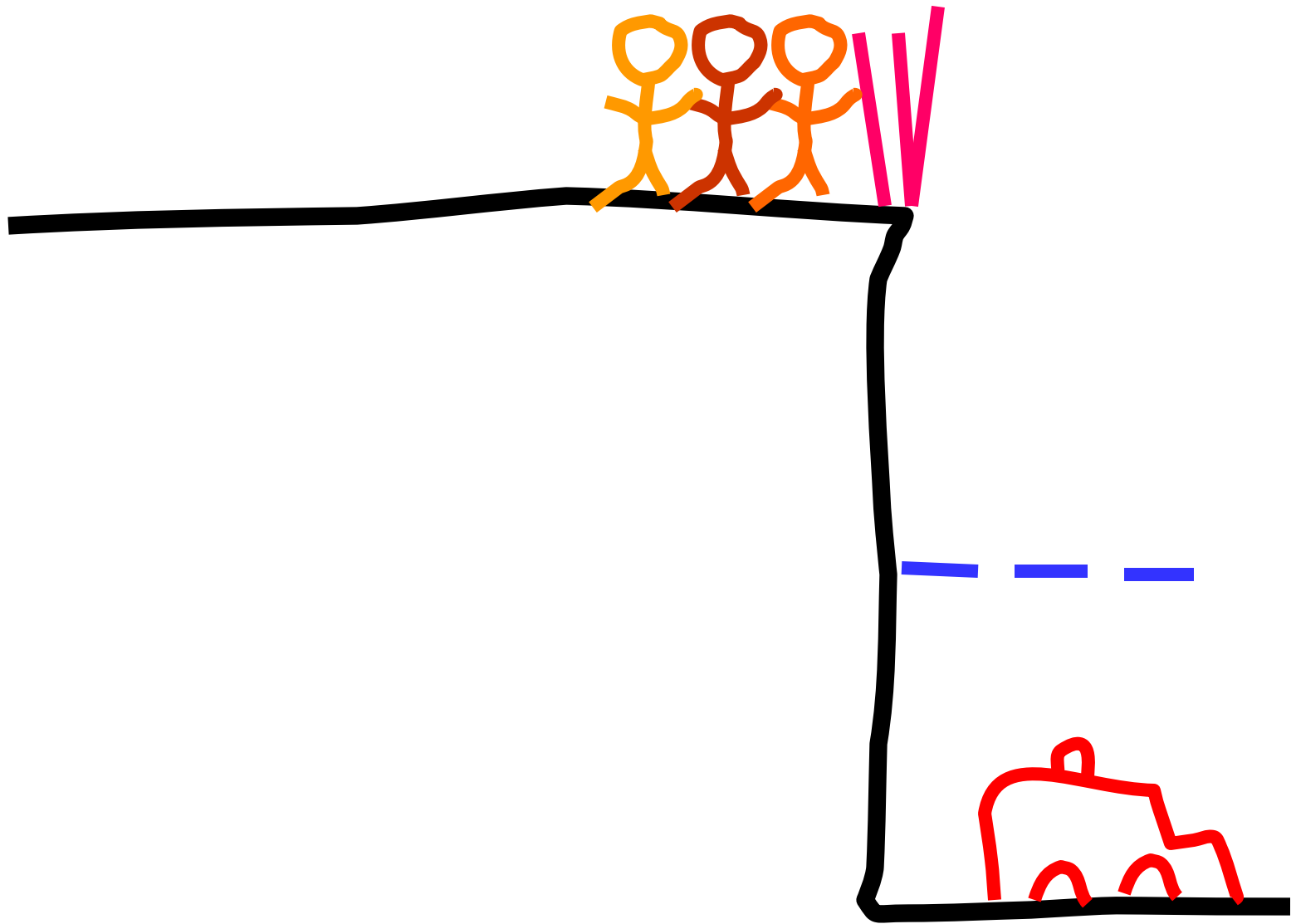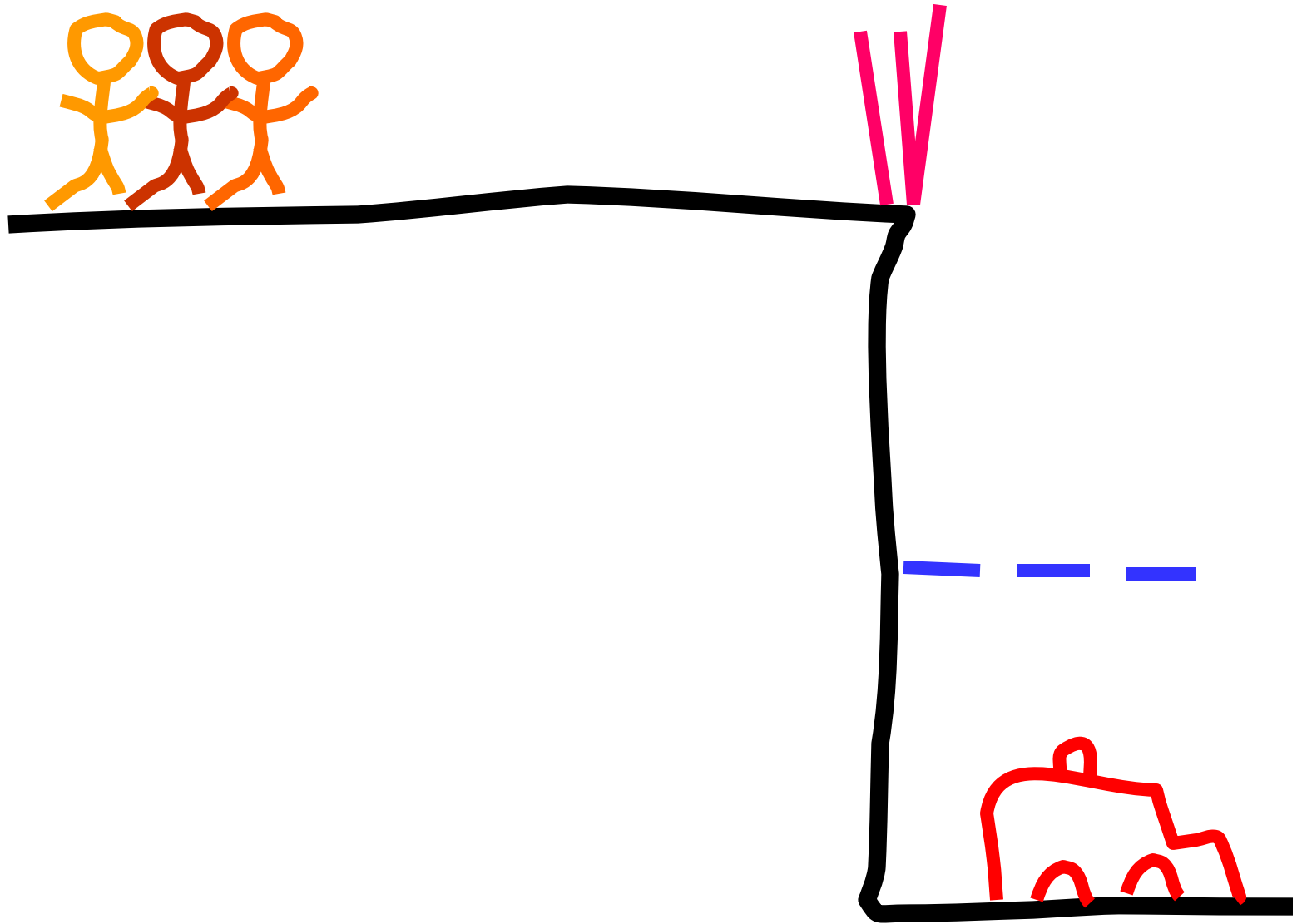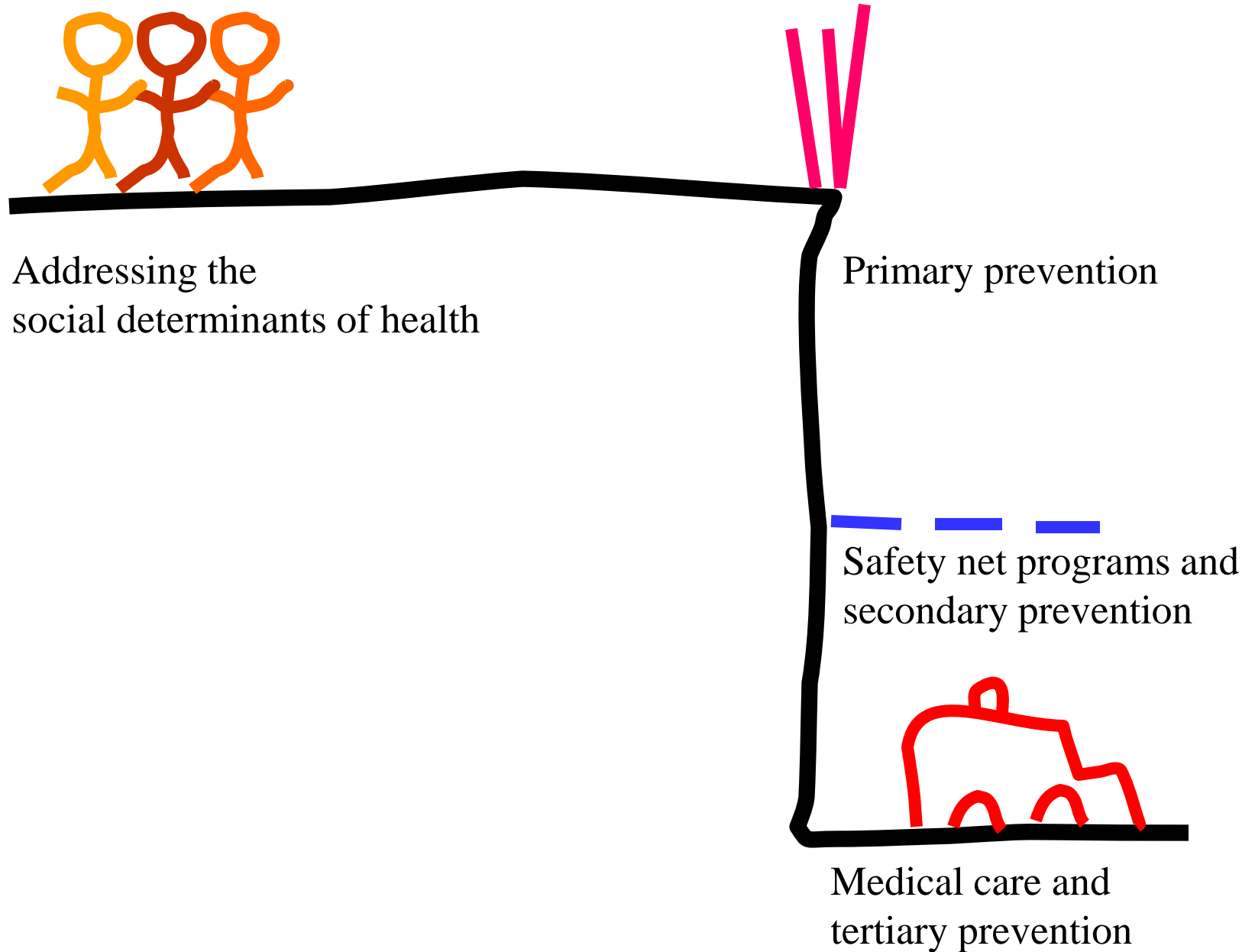
But how do disparities arise?

❑ **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.

Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**

Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**

Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**

Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**

Differences in
exposures and
opportunities

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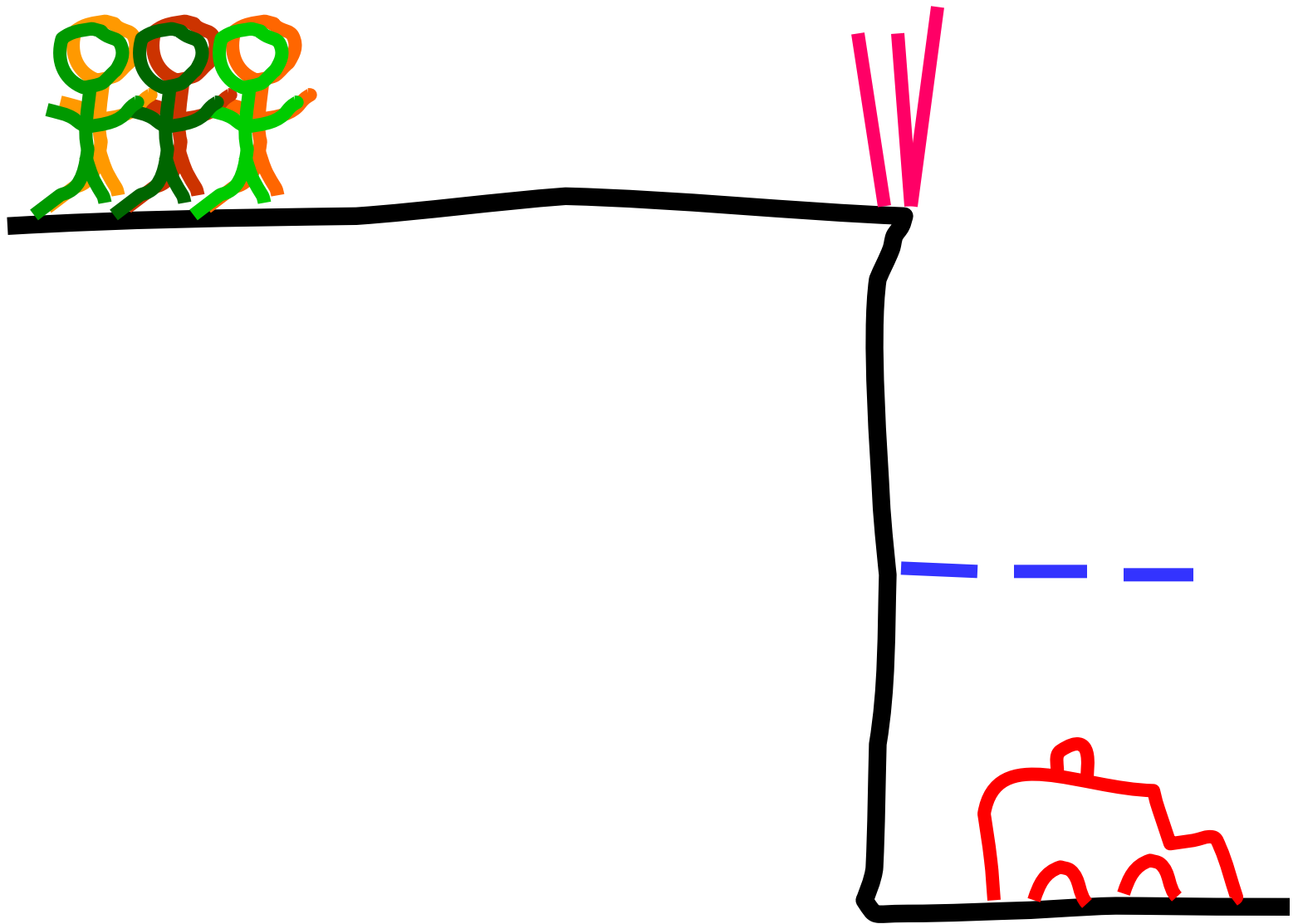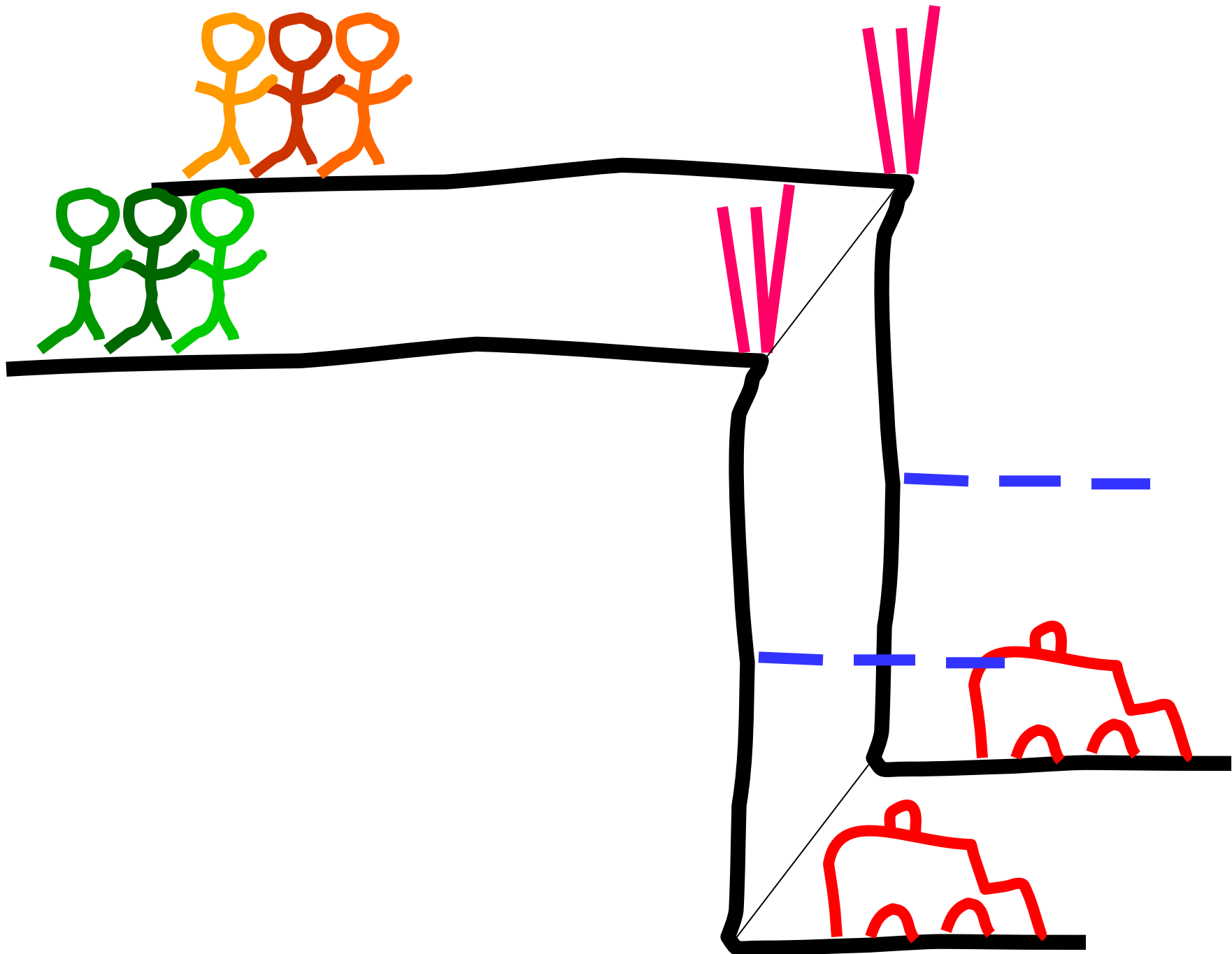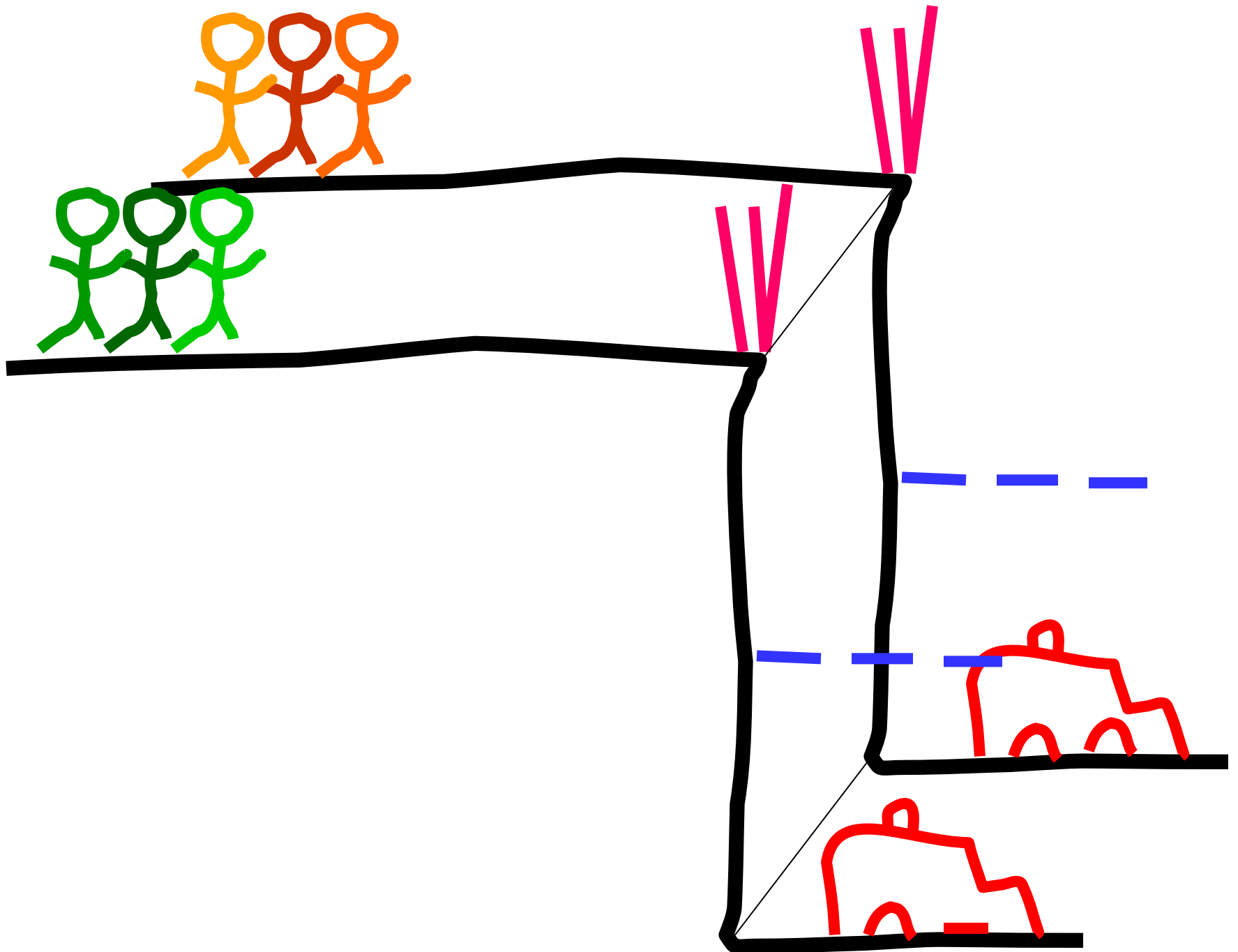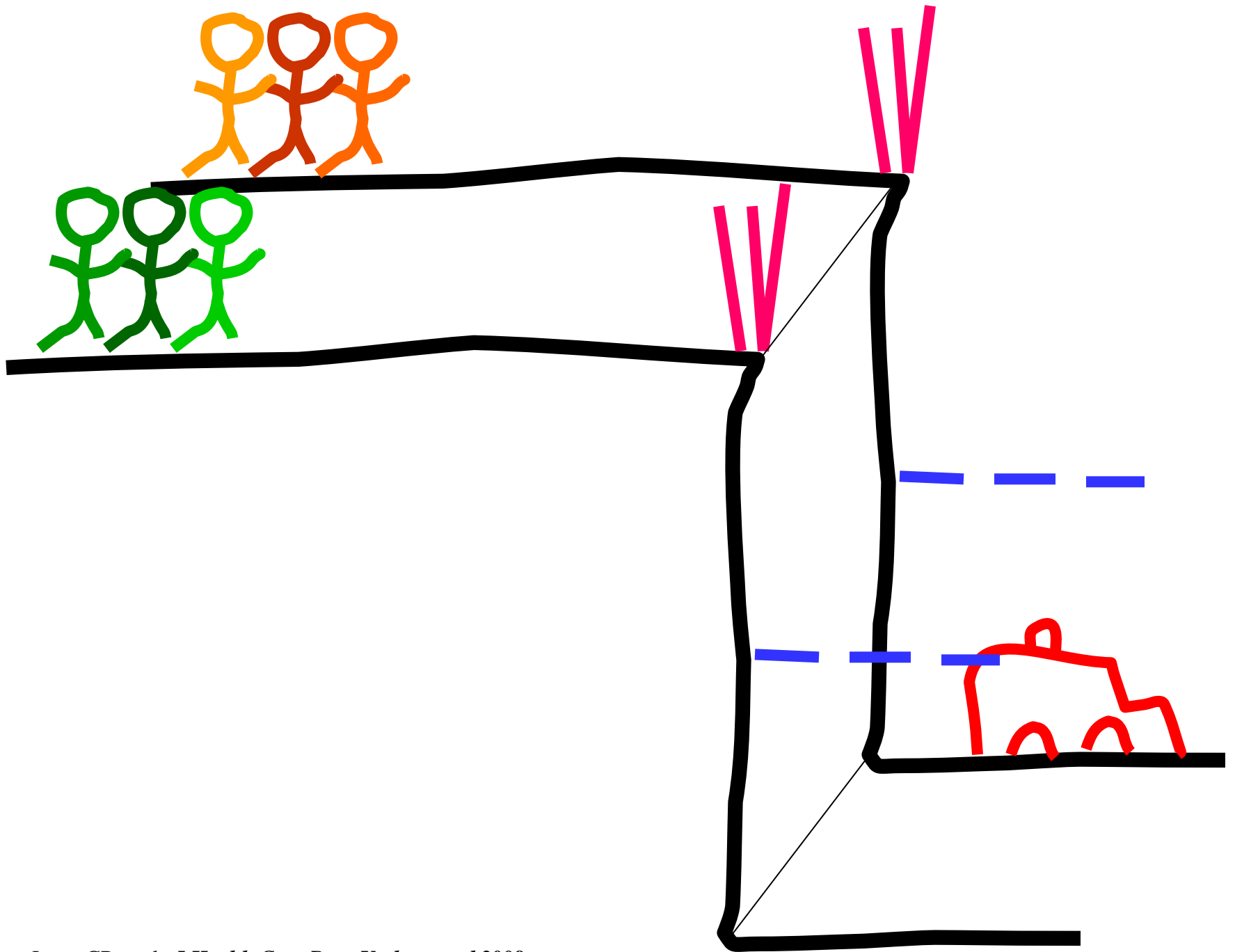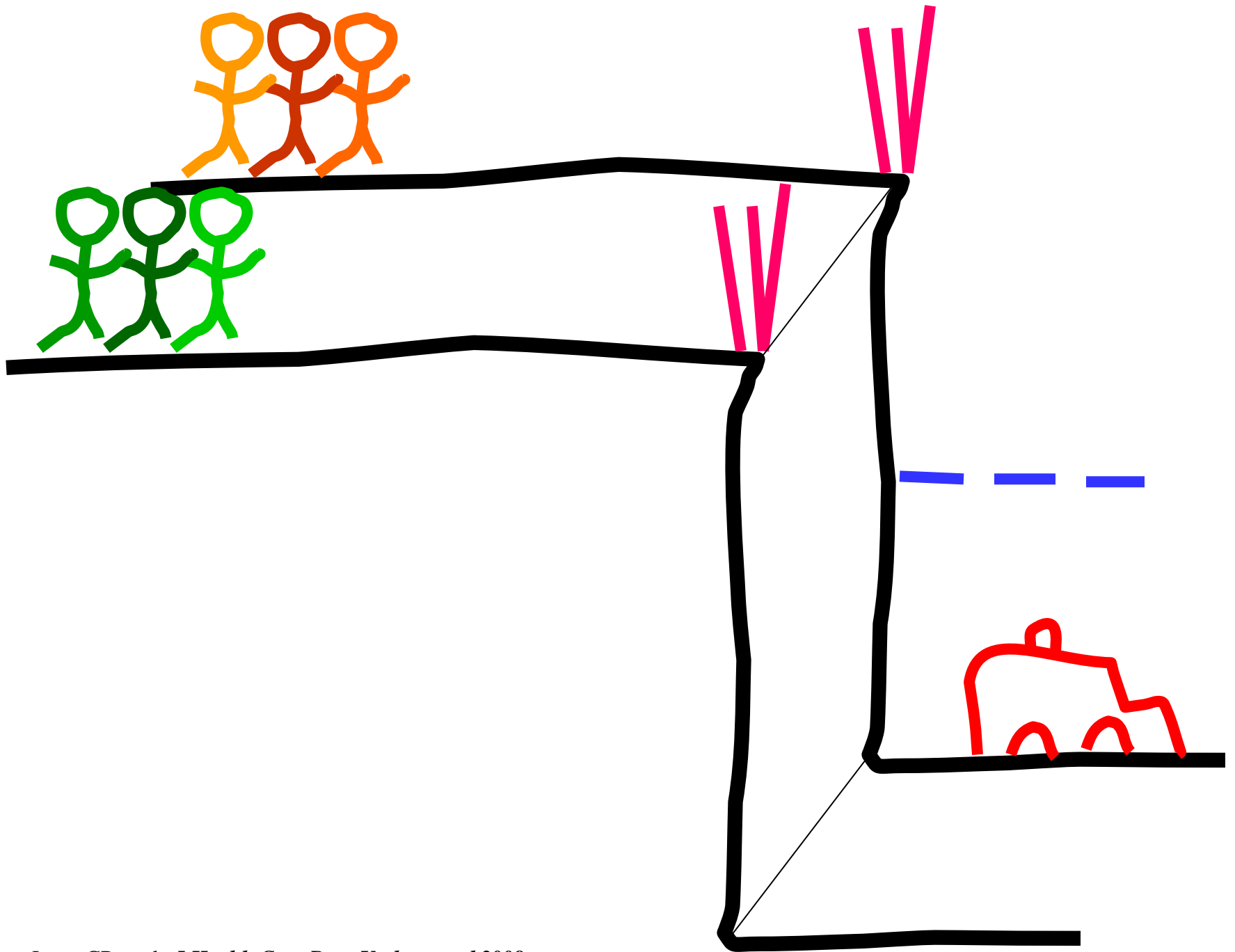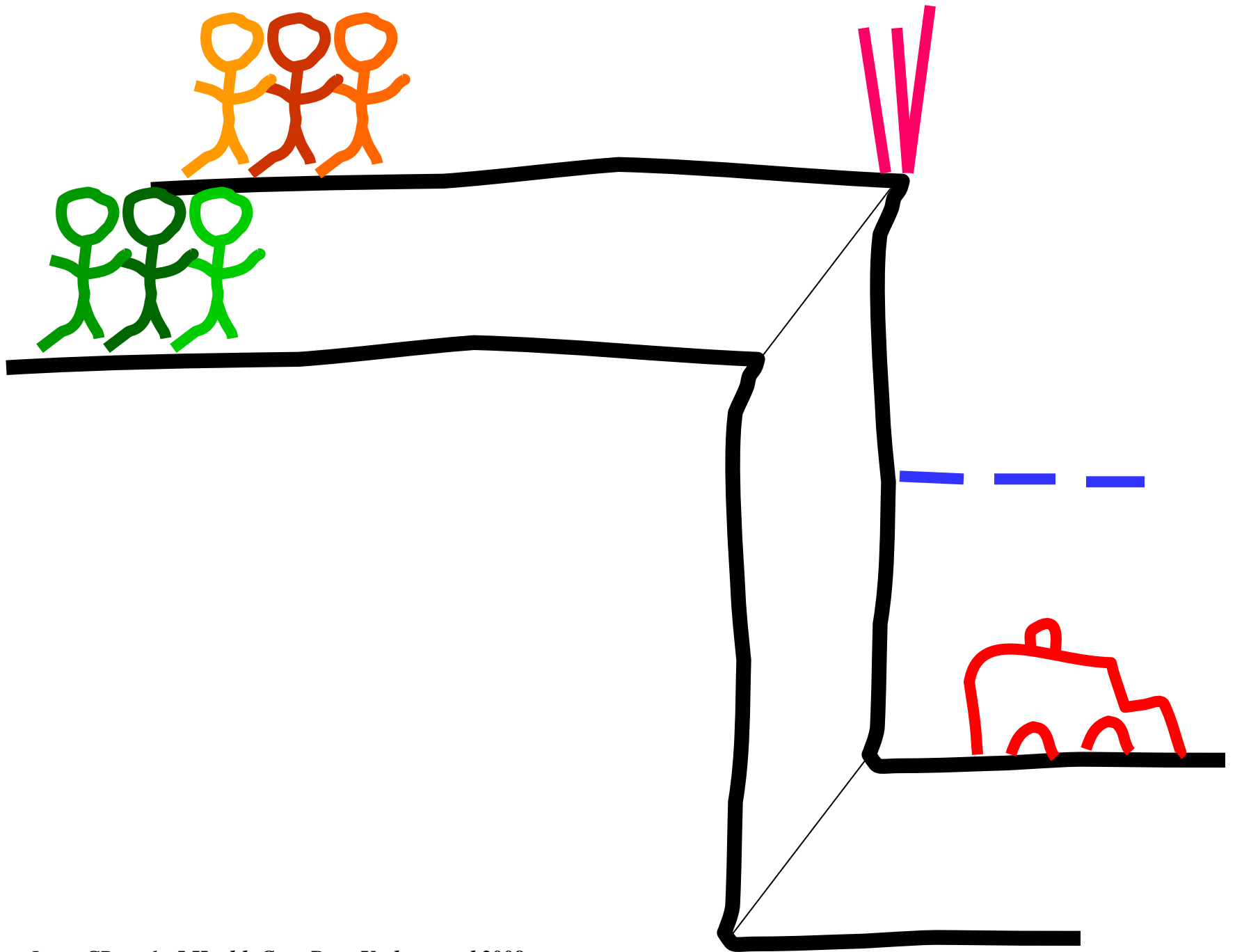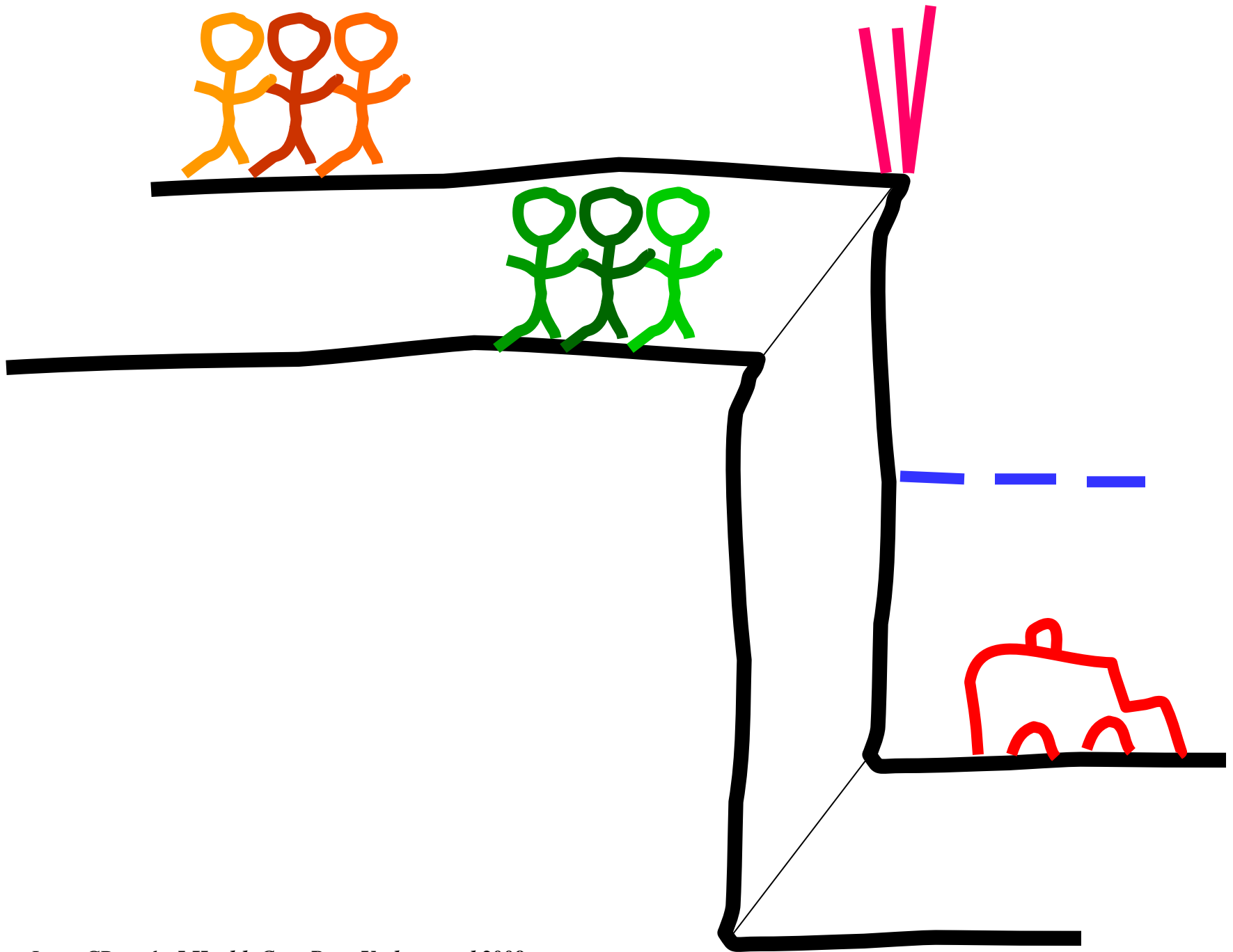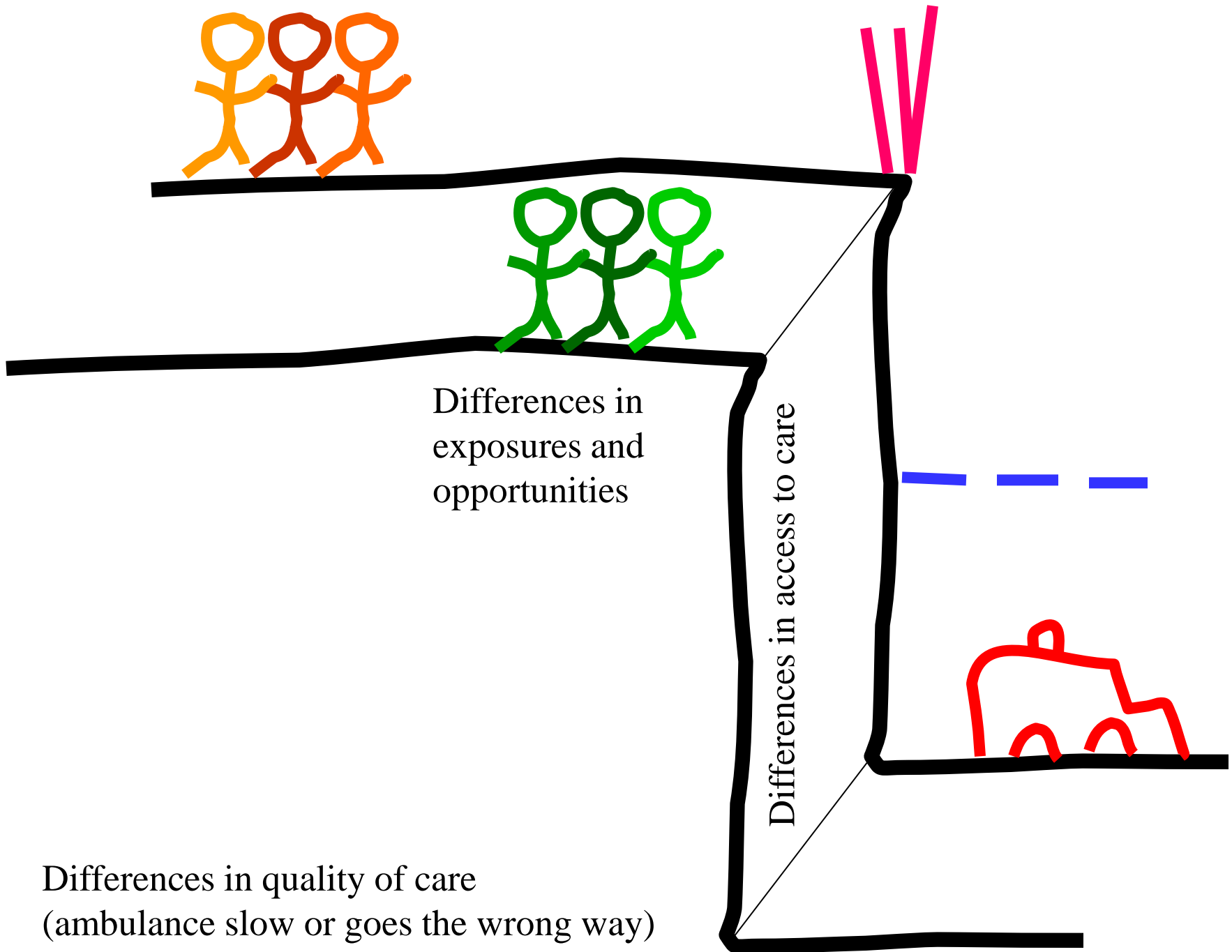
Differences in quality of care
(ambulance slow or goes the wrong way)

Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**
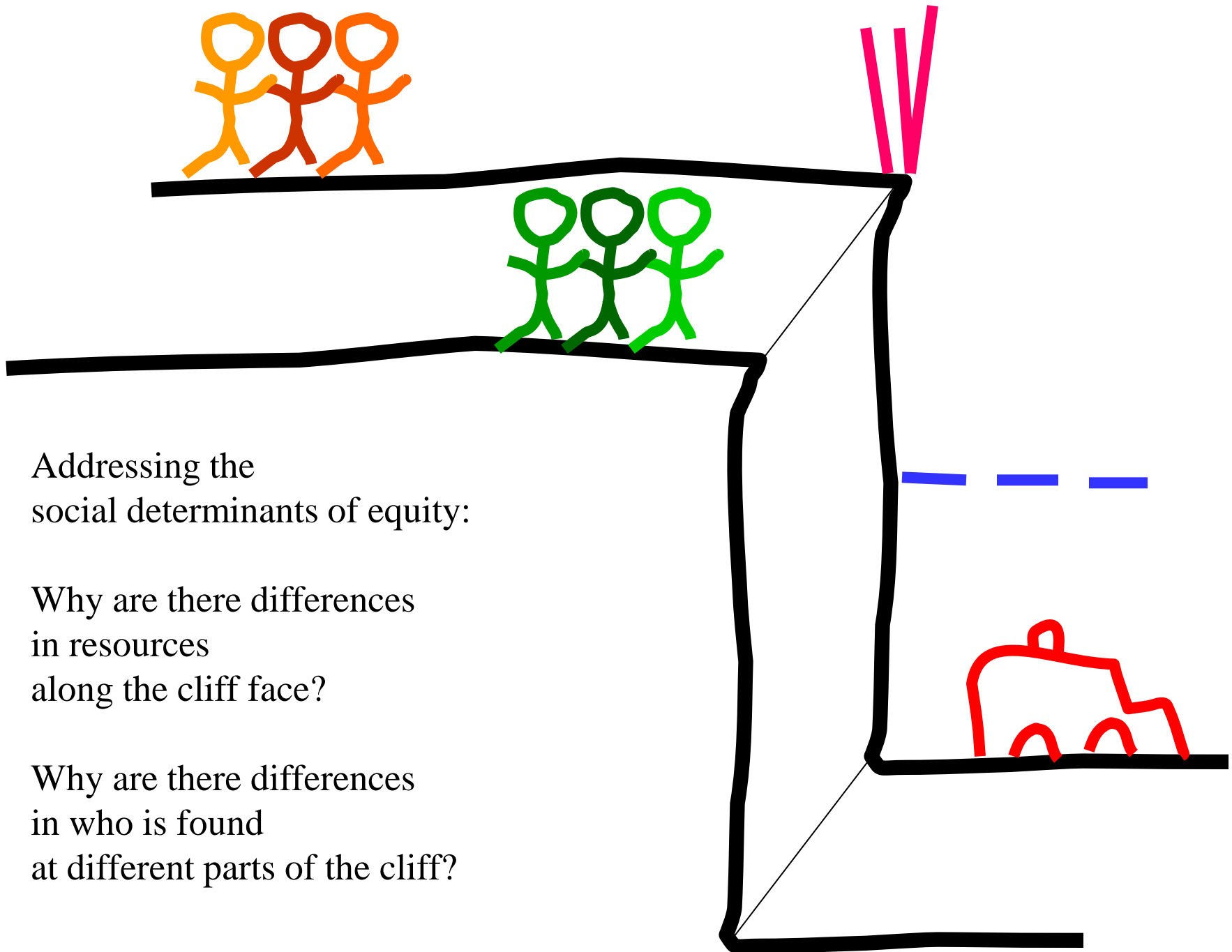
Addressing the
social determinants of equity:

Why are there differences
in resources
along the cliff face?

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

Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**

3 dimensions of health intervention

Jones CP *et al.* *J Health Care Poor Underserved* **2009.**

3 dimensions of health intervention

Health services

Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**

3 dimensions of health intervention

Health services

Addressing social determinants of health

Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**

3 dimensions of health intervention

Health services

Addressing social determinants of health

Addressing social determinants of equity

Jones CP *et al.* **J Health Care Poor Underserved 2009.**

*Surgeon General's Call to Action
to Support Breastfeeding (2011)*

http://www.surgeongeneral.gov/library/calls/
breastfeeding/calltoactiontosupportbreastfee
ding.pdf
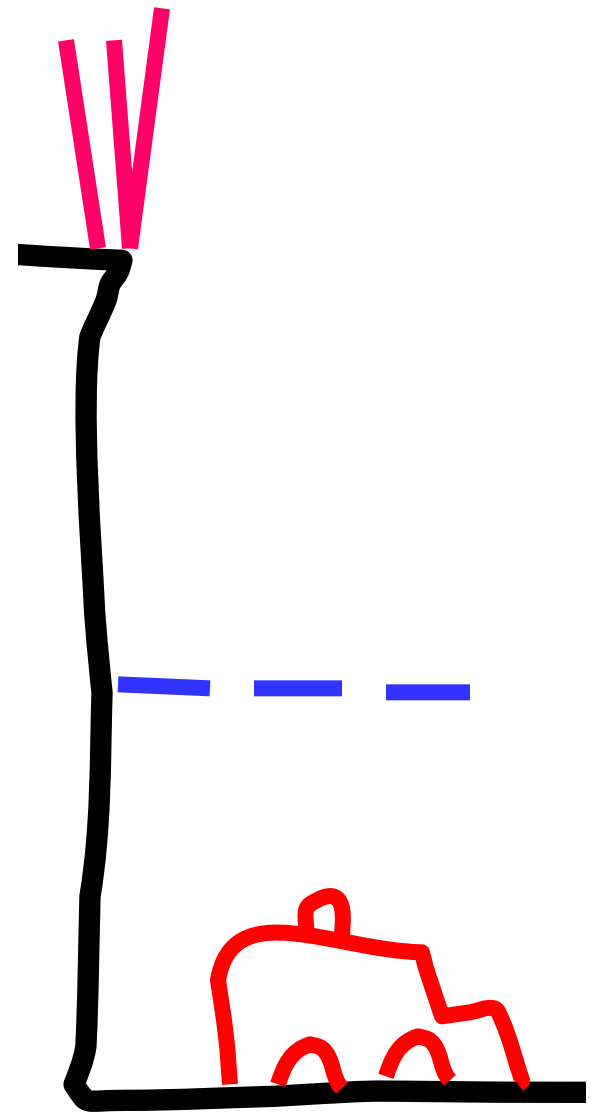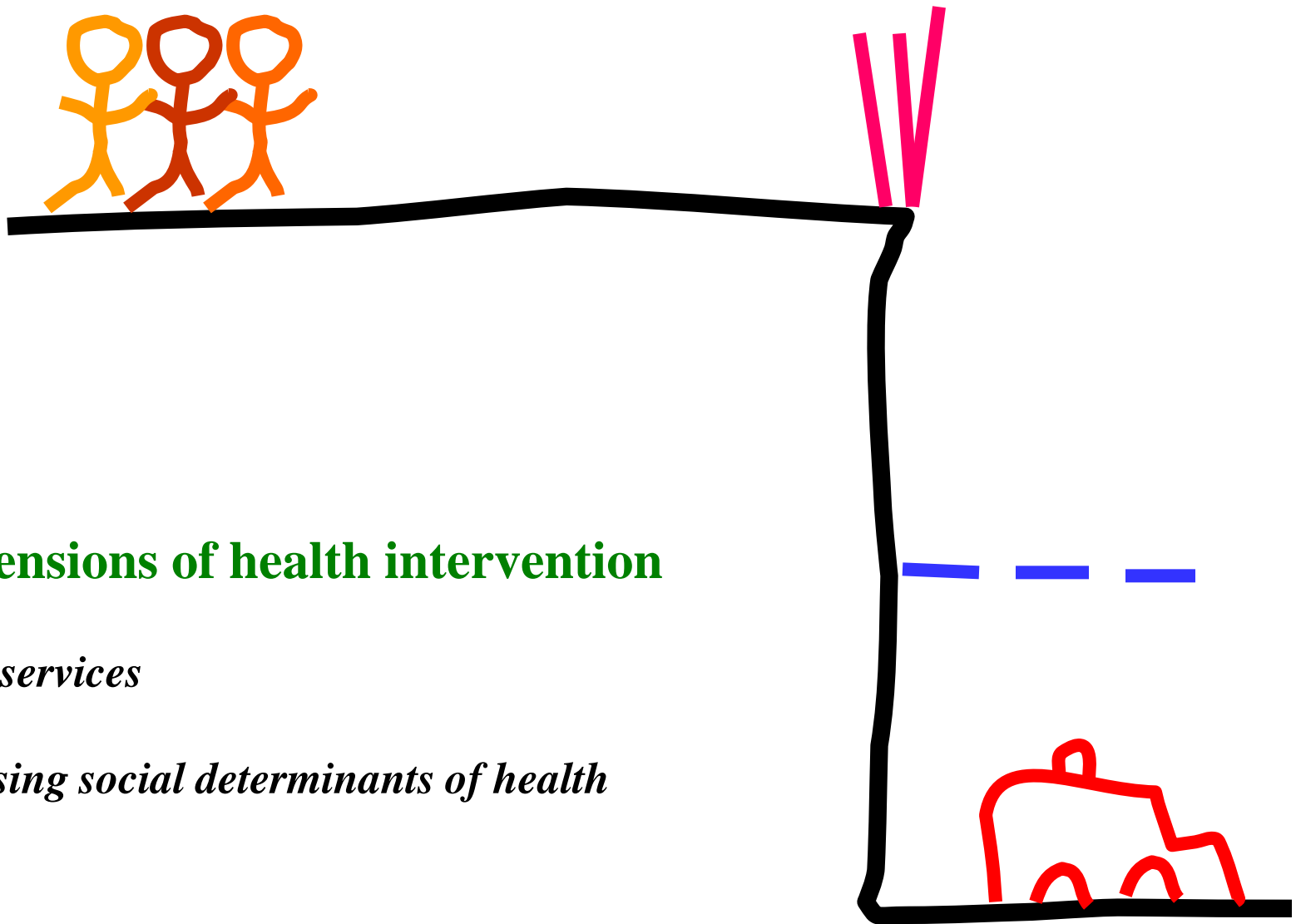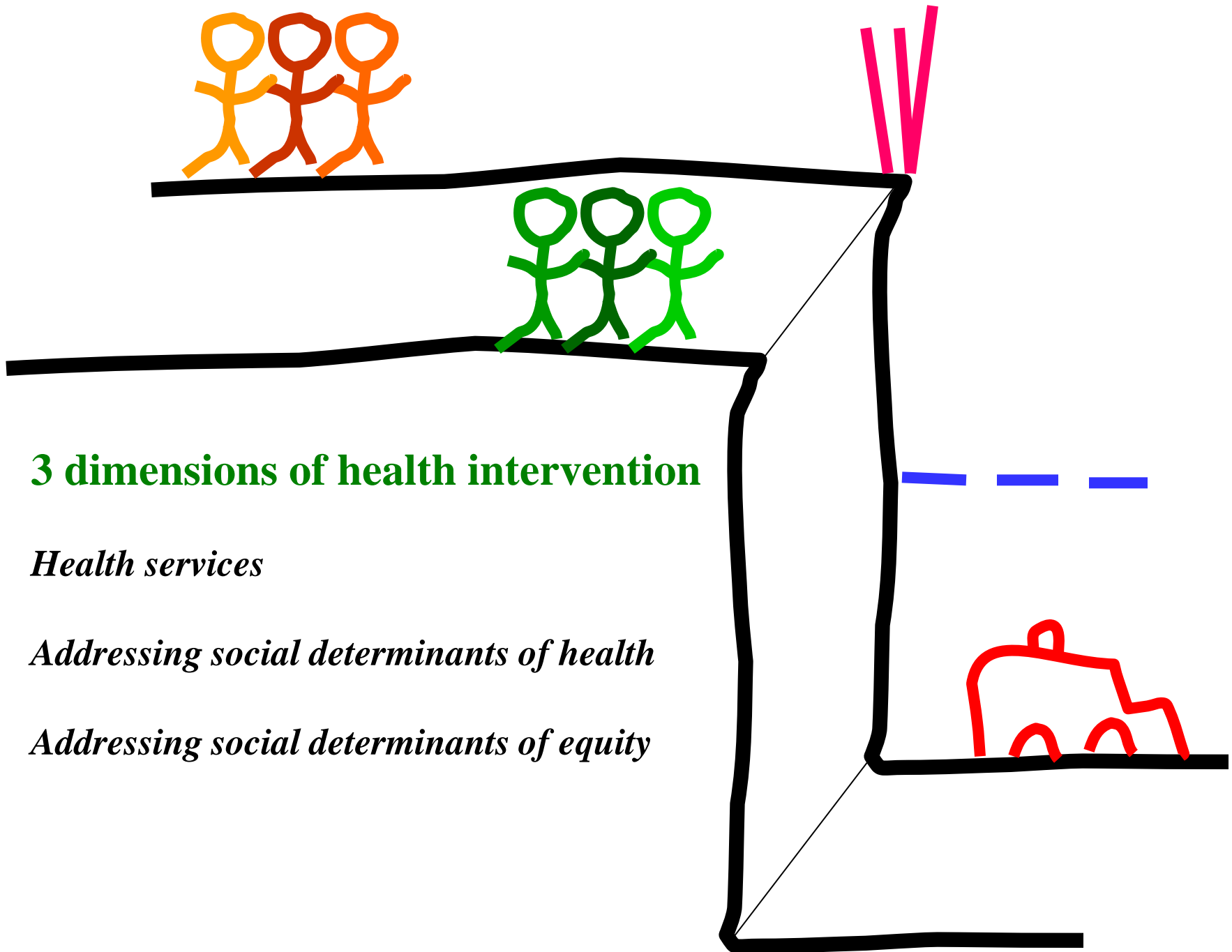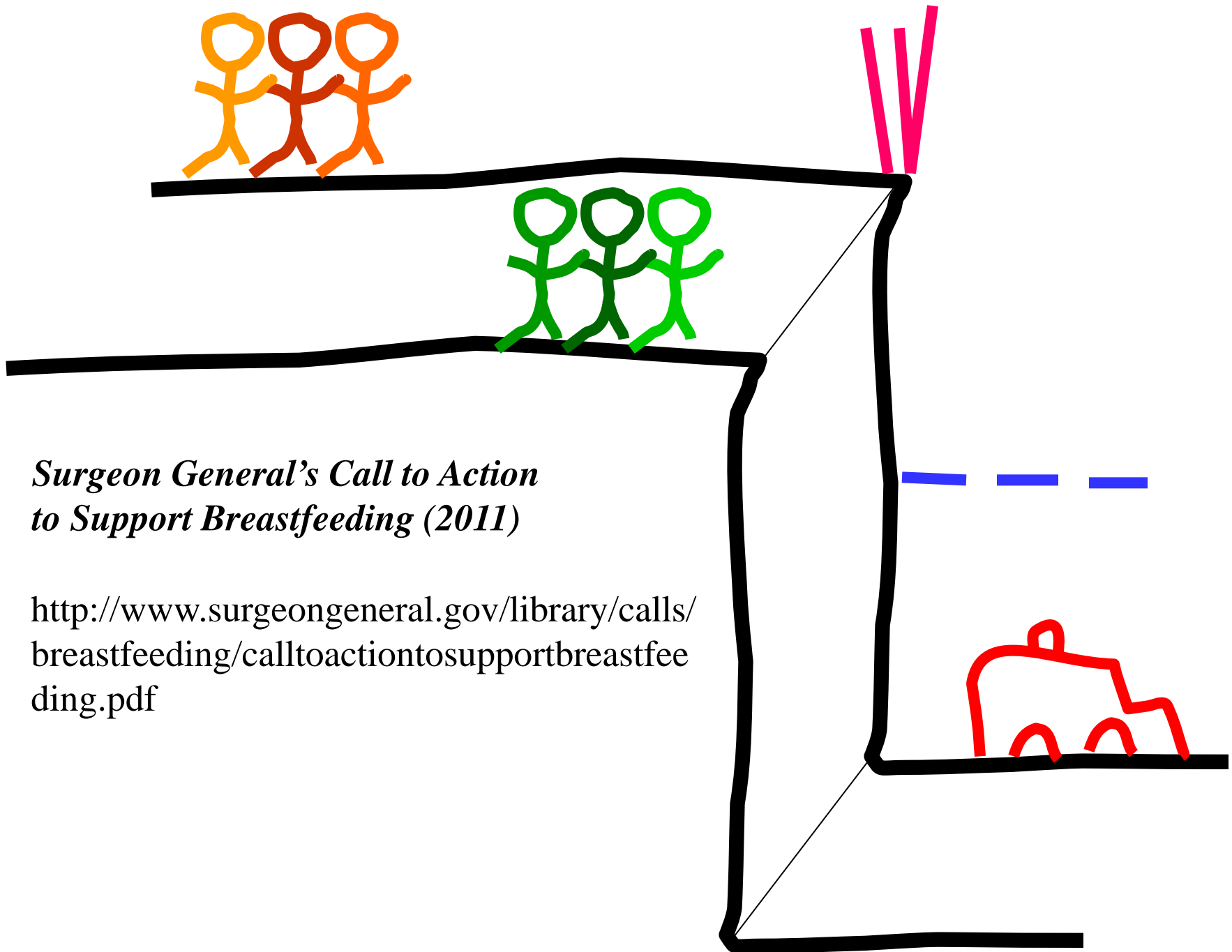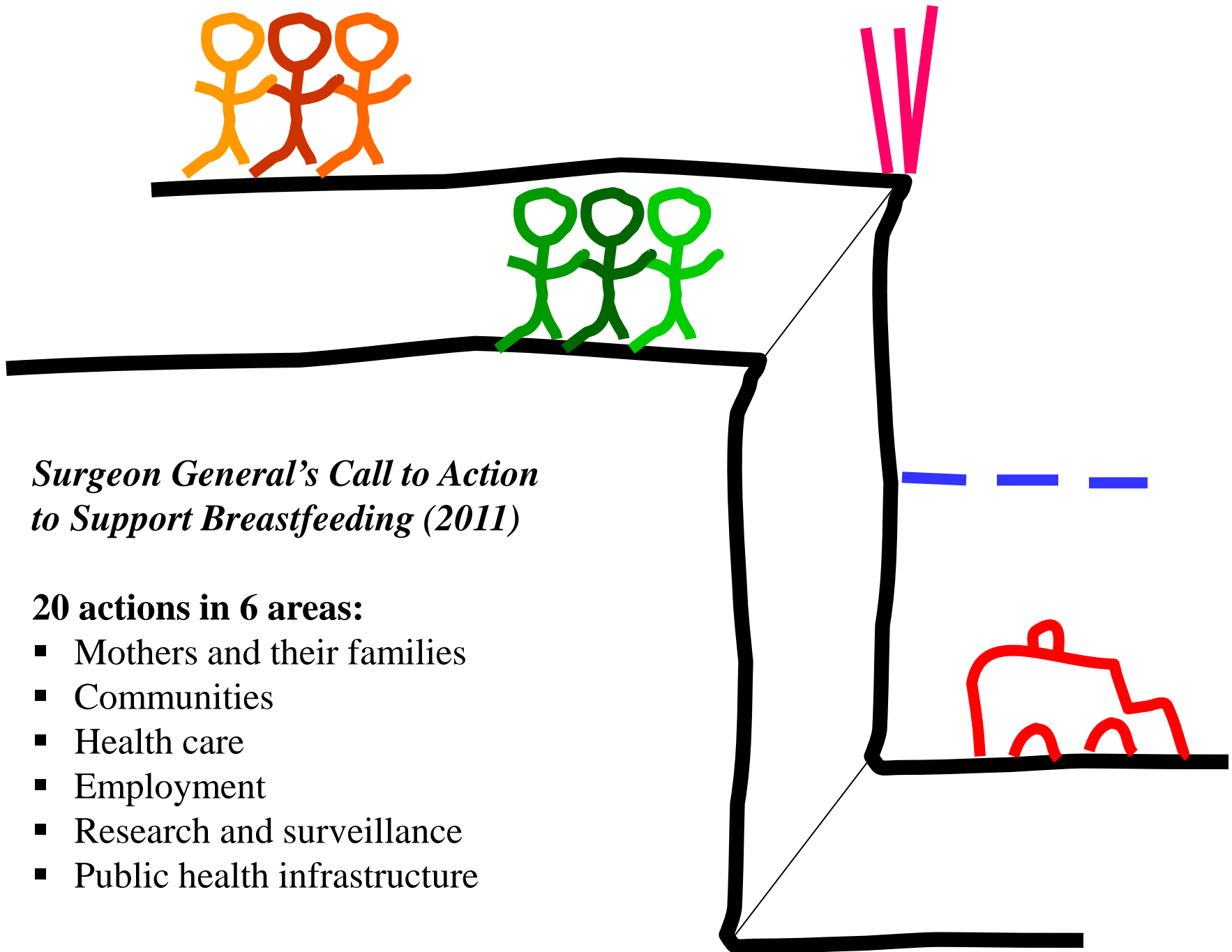
Surgeon General's Call to Action to Support Breastfeeding (2011)

20 actions in 6 areas:
- Mothers and their families
- Communities
- Health care
- Employment
- Research and surveillance
- Public health infrastructure

Action 11: Ensure access to services provided by International Board Certified Lactation Consultants.

Action 8: Develop systems to guarantee continuity of skilled support for lactation between hospitals and health care settings in the community.

Action 7: Ensure that maternity care practices throughout the United States are fully supportive of breastfeeding.
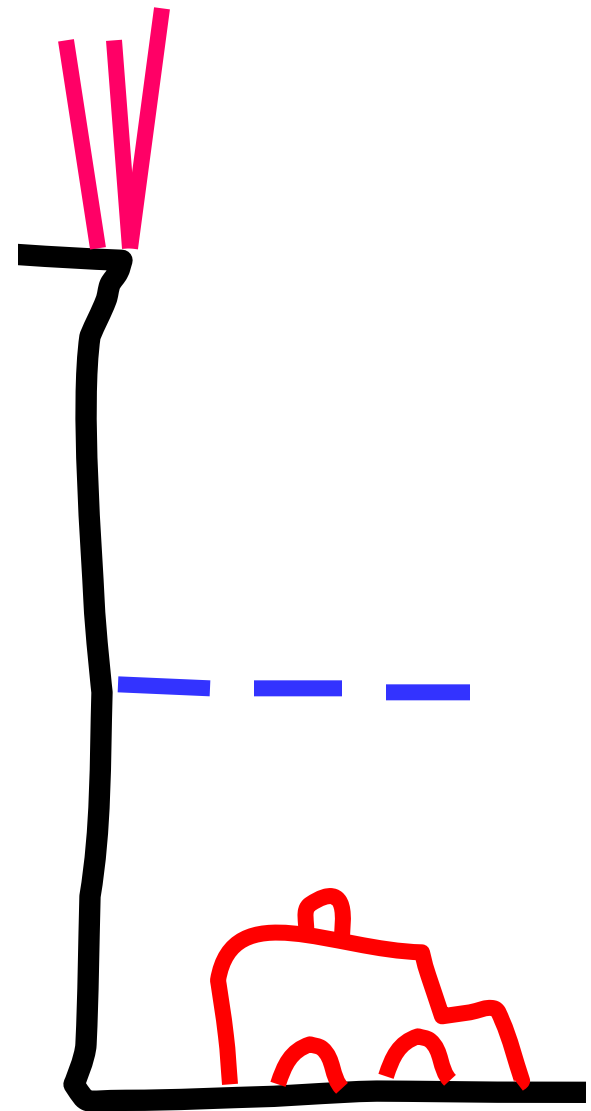
*Surgeon General's Call to Action
to Support Breastfeeding*

Action 6: Ensure that the marketing of infant formula is conducted in a way that minimizes its negative impacts on exclusive breastfeeding.

Action 12: Identify and address obstacles to greater availability of safe banked donor milk for fragile infants.

Action 17: Increase funding of high-quality research on breastfeeding.

Action 18: Strengthen existing capacity and develop future capacity for conducting research on breastfeeding.
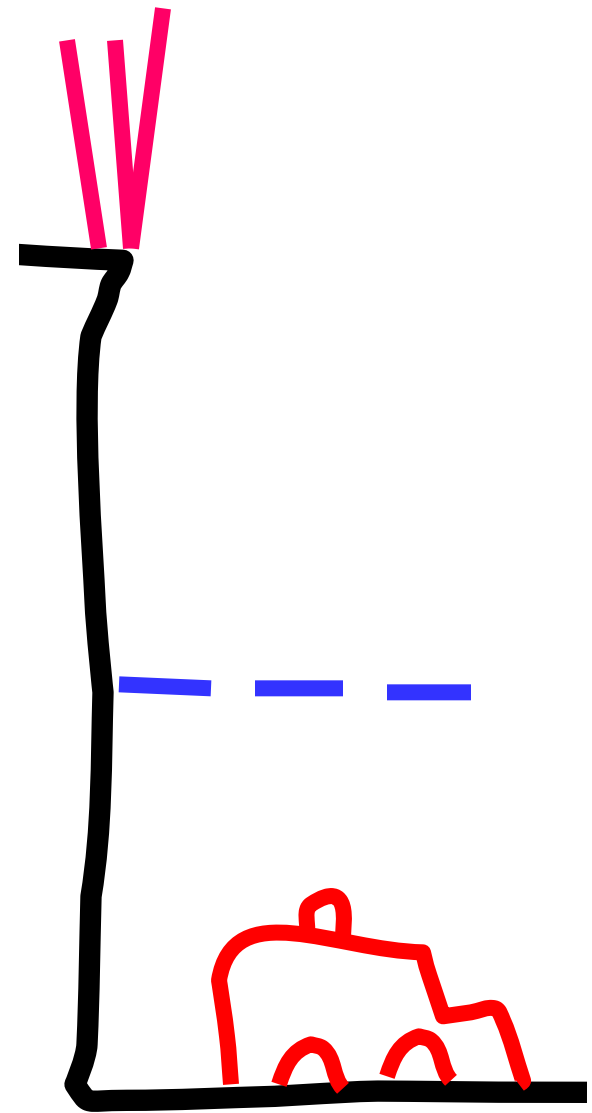
Surgeon General's Call to Action to Support Breastfeeding

Action 1: Give mothers the support they need to breastfeed their babies.

Action 2: Develop programs to educate fathers and grandmothers about breastfeeding.

Action 3: Strengthen programs that provide mother-to-mother support and peer counseling.

Action 4: Use community-based organizations to promote and support breastfeeding.

Action 5: Create a national campaign to promote breastfeeding.

Action 9: Provide education and training in breastfeeding for all health professionals who care for women and children.

Action 10: Include basic support of breastfeeding as a standard of care for midwives, obstetricians, family physicians, nurse practitioners, and pediatricians.

Action 20: Improve national leadership on the promotion and support of breastfeeding.
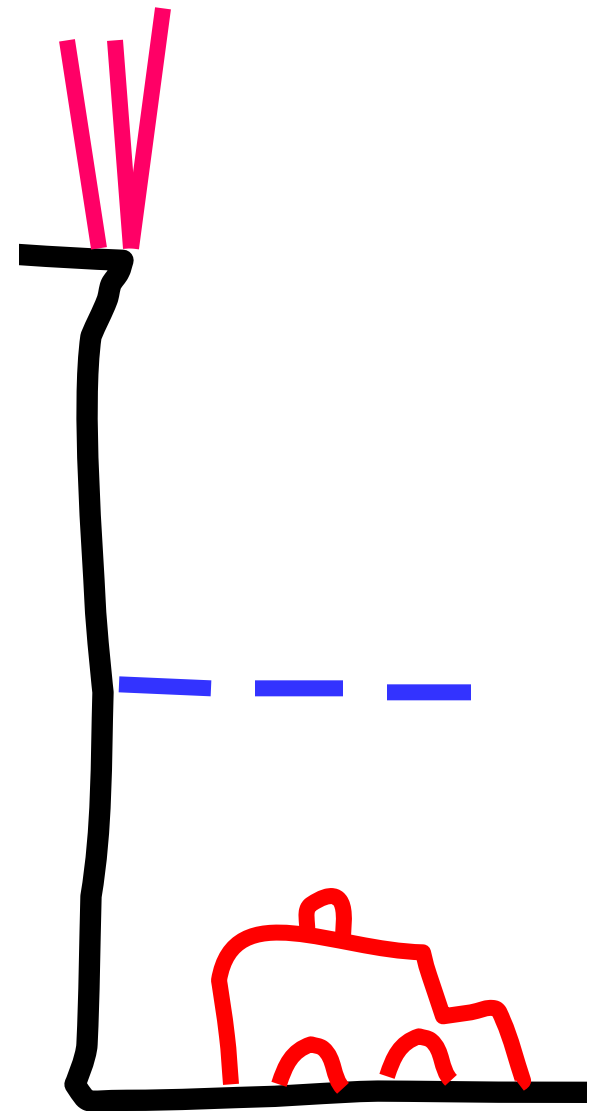
Surgeon General's Call to Action to Support Breastfeeding
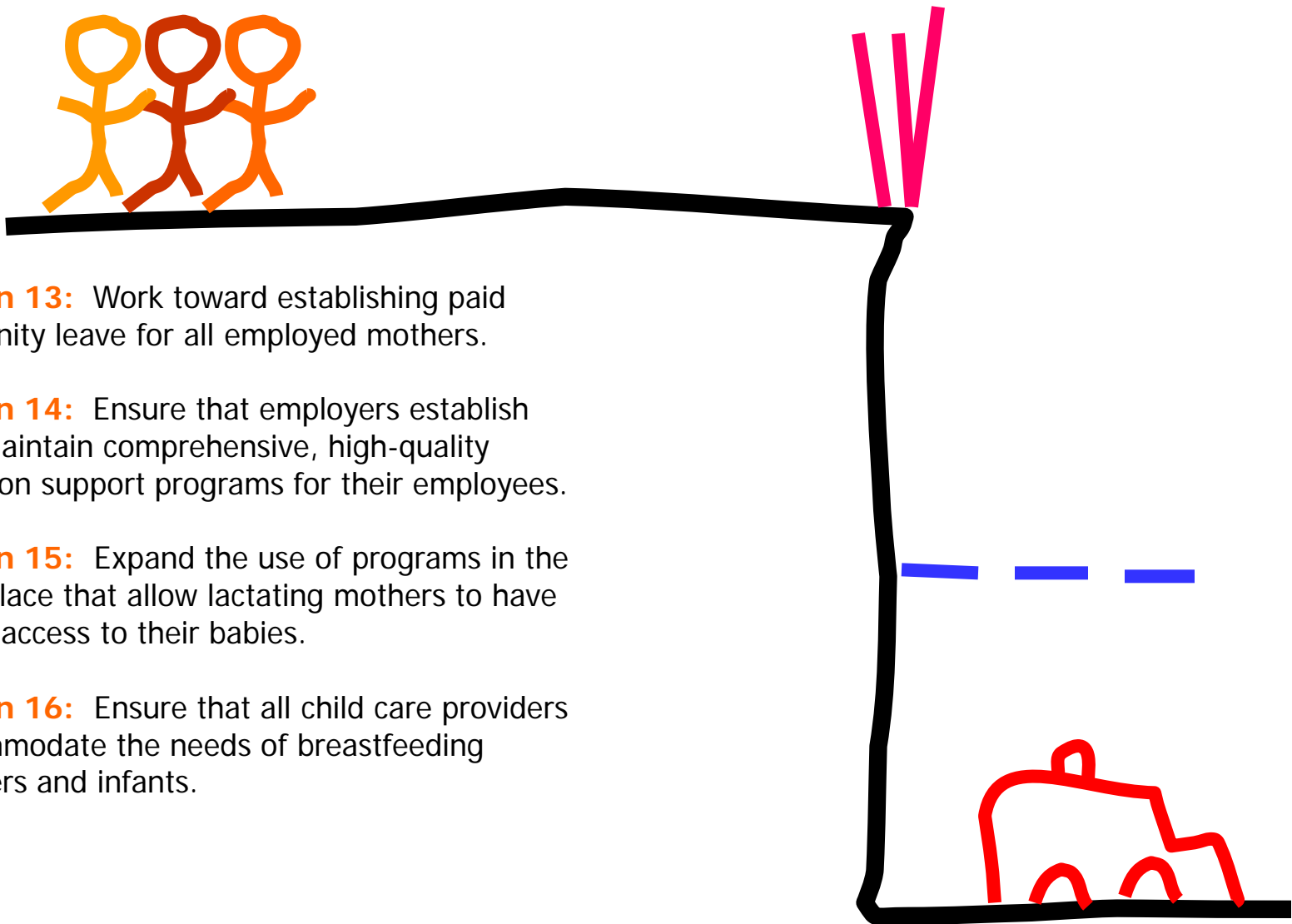
Action 13: Work toward establishing paid maternity leave for all employed mothers.

Action 14: Ensure that employers establish and maintain comprehensive, high-quality lactation support programs for their employees.

Action 15: Expand the use of programs in the workplace that allow lactating mothers to have direct access to their babies.

Action 16: Ensure that all child care providers accommodate the needs of breastfeeding mothers and infants.

Surgeon General's Call to Action to Support Breastfeeding
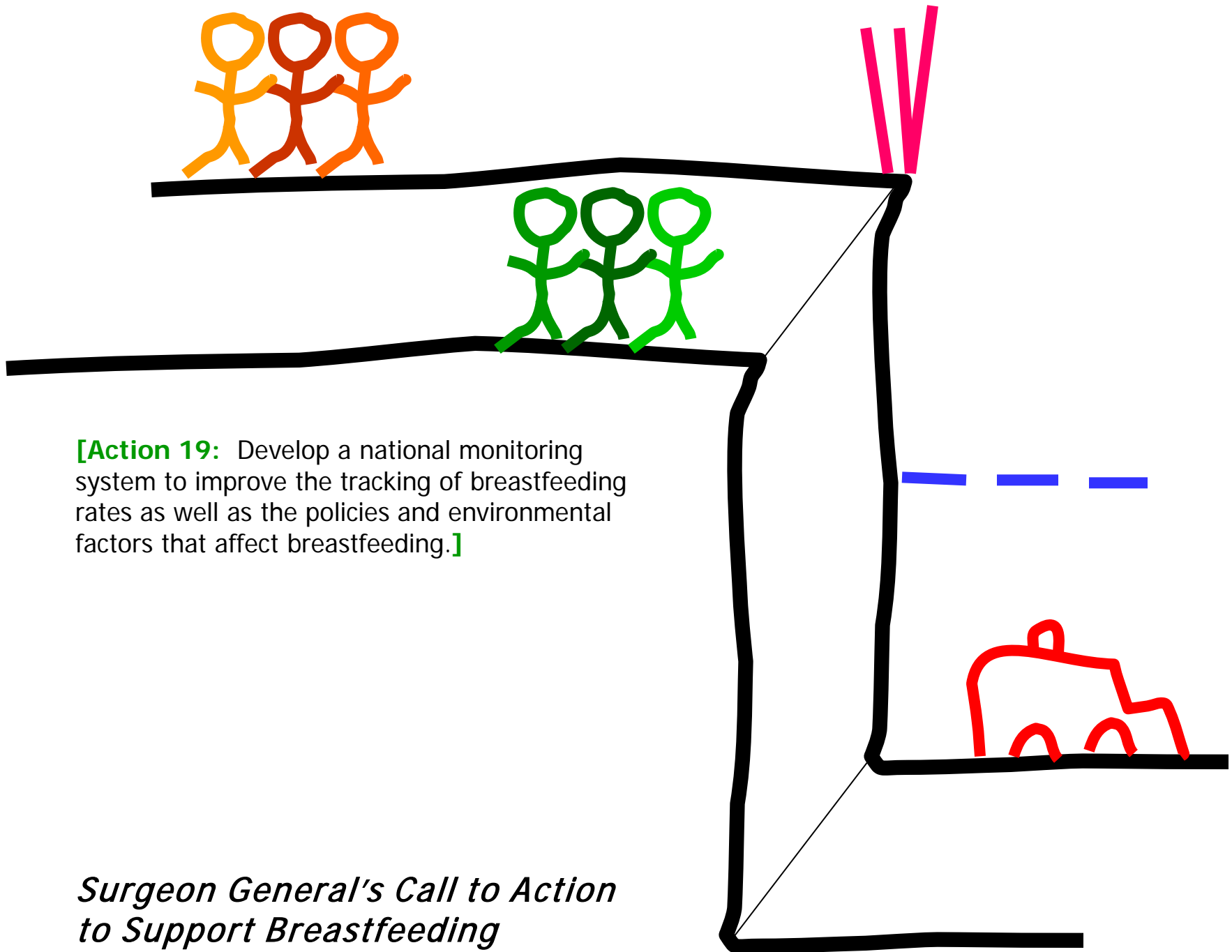
[Action 19: Develop a national monitoring system to improve the tracking of breastfeeding rates as well as the policies and environmental factors that affect breastfeeding.**]**

Surgeon General's Call to Action to Support Breastfeeding

National Campaign Against Racism

Name racism

Ask "How is racism operating here?"

Organize and strategize to act

National Campaign Against Racism

Name racism

Ask "How is racism operating here?"

Organize and strategize to act

National Campaign Against Racism

Name racism

Ask "How is racism operating here?"

Organize and strategize to act

National Campaign Against Racism

Name racism

Ask "How is racism operating here?"

Organize and strategize to act

What is racism?

A system

Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22.

What is racism?

A system of structuring opportunity and assigning value

Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22.

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")

Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22.

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

Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22.

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

Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22.

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

Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22.

Levels of Racism

- Institutionalized
- Personally-mediated
- Internalized

Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Public Health* 2000;90(8):1212-1215.

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"**

Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Public Health* 2000;90(8):1212-1215.

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

Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Public Health* 2000;90(8):1212-1215.

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

Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Public Health* 2000;90(8):1212-1215.

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?
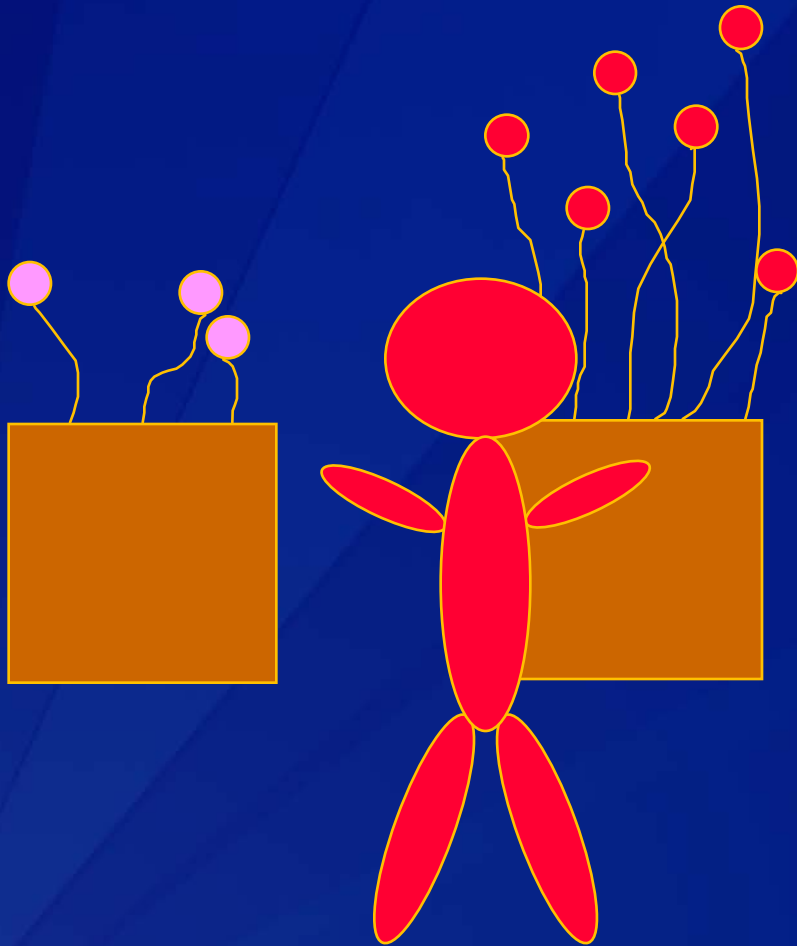
- Power to decide
- Power to act
- Control of resources

❑ **Dangerous when**

- Allied with one group
- Not concerned with equity

Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Public Health* 2000;90(8):1212-1215.

"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

State	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Arizona											2012	2013	2014
Arkansas			2004										
California	2002												
Colorado			2004										
Connecticut									2010				
Delaware	2002		2004	2005									
DC			2004										
Florida	2002												
Georgia									2010				
Indiana								2009					
Kentucky									2010				
Massachusetts					2006		2008						
Michigan					2006								
Minnesota													2014
Mississippi			2004										2014
Nebraska							2008	2009			2012		
New Hampshire	2002												
New Mexico	2002												2014
North Carolina	2002												
Ohio		2003		2005						2011			
Rhode Island			2004			2007			2010		2012		
South Carolina		2003	2004										
Tennessee				2005									
Vermont							2008	2009					
Virginia							2008						
Washington			2004										
Wisconsin			2004	2005	2006								
Wyoming											2012		
Palau												2013	

State	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Arizona											2012	2013	2014
Arkansas			2004										
California	2002												
Colorado			2004										
Connecticut									2010				
Delaware	2002		2004	2005									
DC			2004										
Florida	2002												
Georgia									2010				
Indiana								2009					
Kentucky									2010				
Massachusetts					2006		2008						
Michigan					2006								
Minnesota													2014
Mississippi			2004										2014
Nebraska							2008	2009			2012		
New Hampshire	2002												
New Mexico	2002												2014
North Carolina	2002												
Ohio		2003		2005						2011			
Rhode Island			2004			2007			2010		2012		
South Carolina		2003	2004										
Tennessee				2005									
Vermont							2008	2009					
Virginia							2008						
Washington			2004										
Wisconsin			2004	2005	2006								
Wyoming											2012		
Palau												2013	

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
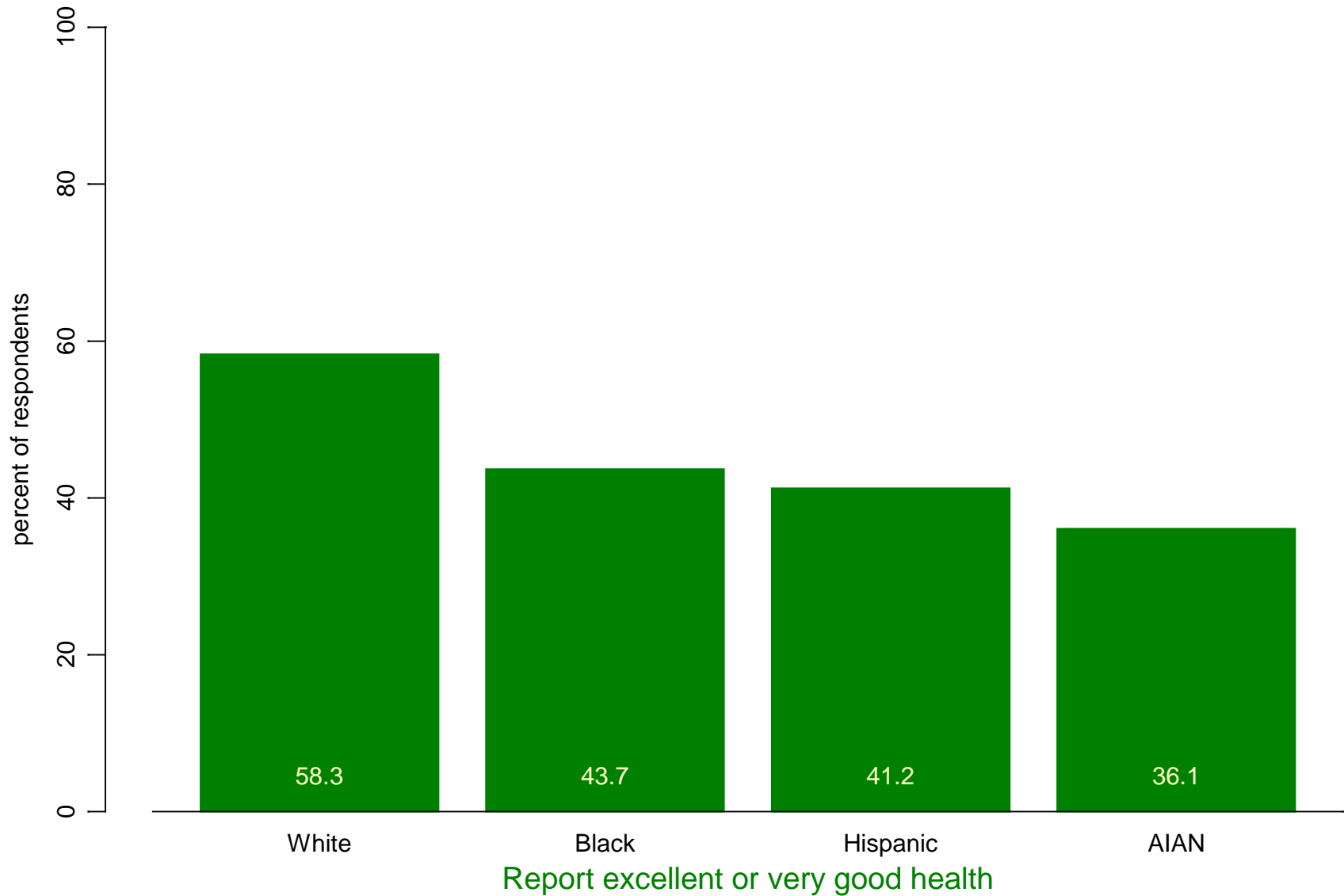- American Indian or Alaska Native
- Some other group

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
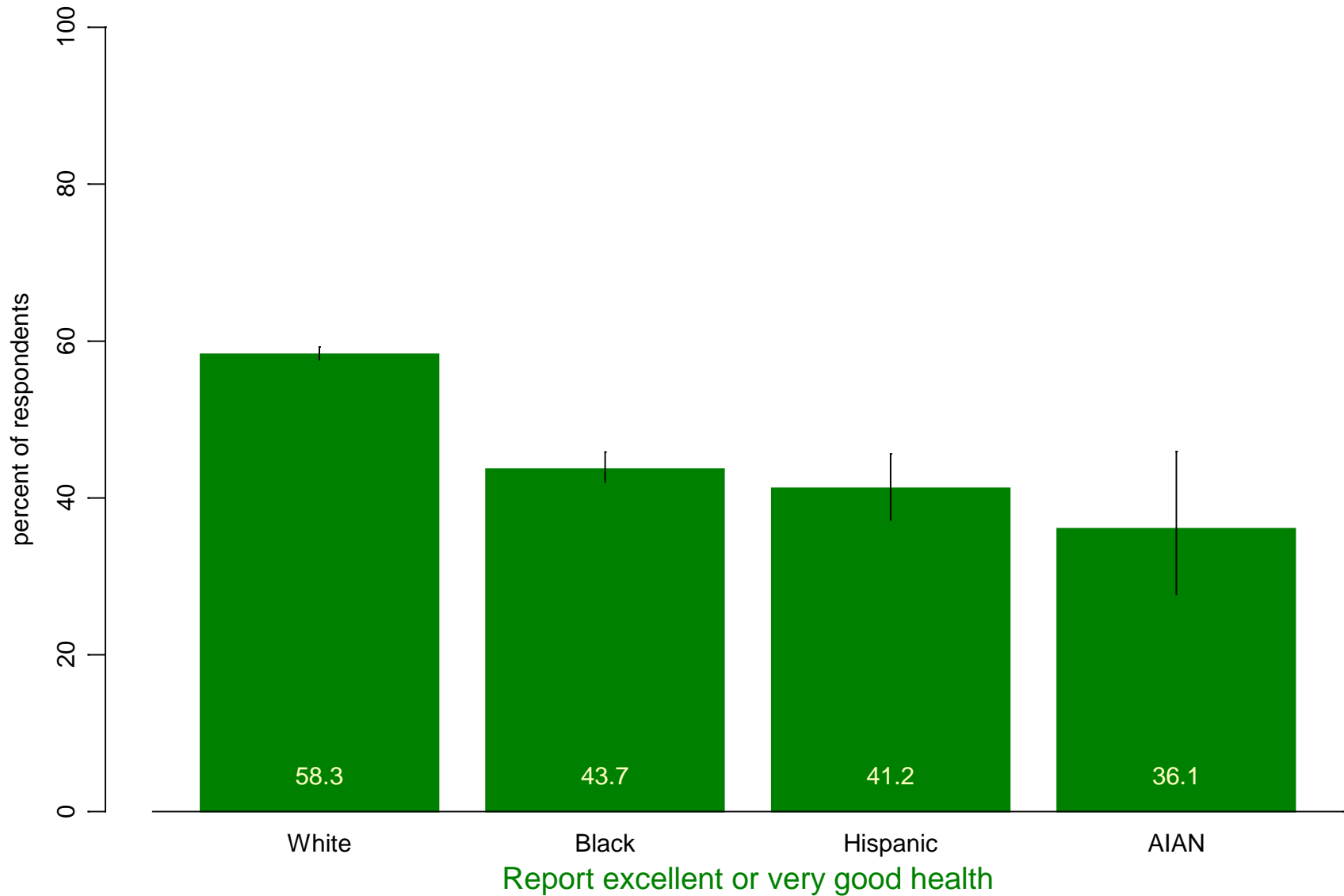
❑ **Substrate upon which racism operates**

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.**

General health status

❑ **Would you say that in general your health is:**

- Excellent
- Very good
- Good
- Fair
- Poor

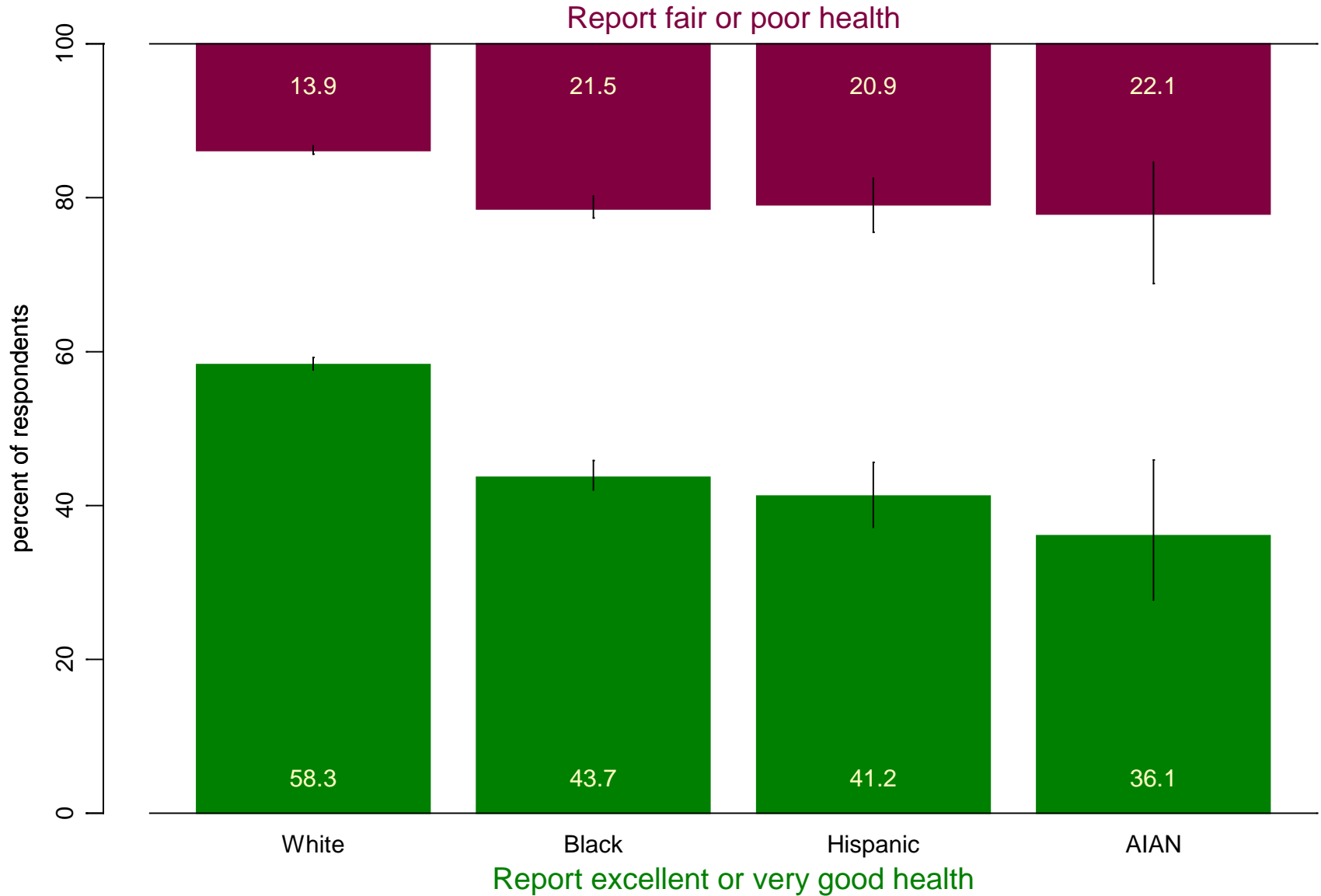# General health status by socially-assigned "race", 2004 BRFSS

percent of respondents

White	Black	Hispanic	AIAN
58.3	43.7	41.2	36.1

Report excellent or very good health

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

percent of respondents

White	Black	Hispanic	AIAN
58.3	43.7	41.2	36.1

Report excellent or very good health

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

How self-identify		White	Black	Hispanic	AIAN	. . .
	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

Two measures of "race"

How usually classified by others

How self-identify	White	Black	Hispanic	AIAN	. . .
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
Hispanic 1,528	26.8	3.5	**63.0**	1.2	5.5

Two measures of "race"

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Hispanic 1,528	26.8	3.5	**63.0**	1.2	5.5

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

percent of respondents

	39.8	53.7	58.6
	Hispanic-Hispanic	Hispanic-White	White-White

Report excellent or very good health

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

Hispanic-Hispanic versus White-White
p < 0.0001

58.6

39.8

percent of respondents

Hispanic-Hispanic

White-White

Report excellent or very good health

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

Hispanic-Hispanic versus Hispanic-White
p = 0.0019

percent of respondents

39.8

53.7

Hispanic-Hispanic

Hispanic-White

Report excellent or very good health

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

Hispanic-White versus White-White
p = 0.1895

percent of respondents

53.7

58.6

Hispanic-White

White-White

Report excellent or very good health

Two measures of "race"

How usually classified by others

How self-identify	White	Black	Hispanic	AIAN	. . .
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
Hispanic 1,528	26.8	3.5	**63.0**	1.2	5.5
AIAN 321	47.6	3.4	7.3	**35.9**	5.8

Two measures of "race"

How usually classified by others

How self-identify	White	Black	Hispanic	AIAN	. . .
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
Hispanic 1,528	26.8	3.5	**63.0**	1.2	5.5
AIAN 321	47.6	3.4	7.3	**35.9**	5.8

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

percent of respondents

32	52.6	58.6
AIAN-AIAN	AIAN-White	White-White

Report excellent or very good health

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

percent of respondents

32

58.6

AIAN-AIAN

White-White

Report excellent or very good health

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 AIAN-White
p = 0.0122

percent of respondents

32

52.6

AIAN-AIAN

AIAN-White

Report excellent or very good health

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

percent of respondents

52.6

58.6

AIAN-White

White-White

Report excellent or very good health

Two measures of "race"

How usually classified by others

How self-identify	White	Black	Hispanic	AIAN	. . .
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
Hispanic 1,528	26.8	3.5	**63.0**	1.2	5.5
AIAN 321	47.6	3.4	7.3	**35.9**	5.8
> 1 race 406	59.5	22.5	3.8	5.3	8.9

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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
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❑ 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.

"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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- Unfairly disadvantages some 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**

Jones CP. Systems of Power, Axes of Inequity: Parallels, Intersections, Braiding the Strands. *Medical Care* 2014;52(10 Suppl3):S71-S75.

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

DOOR
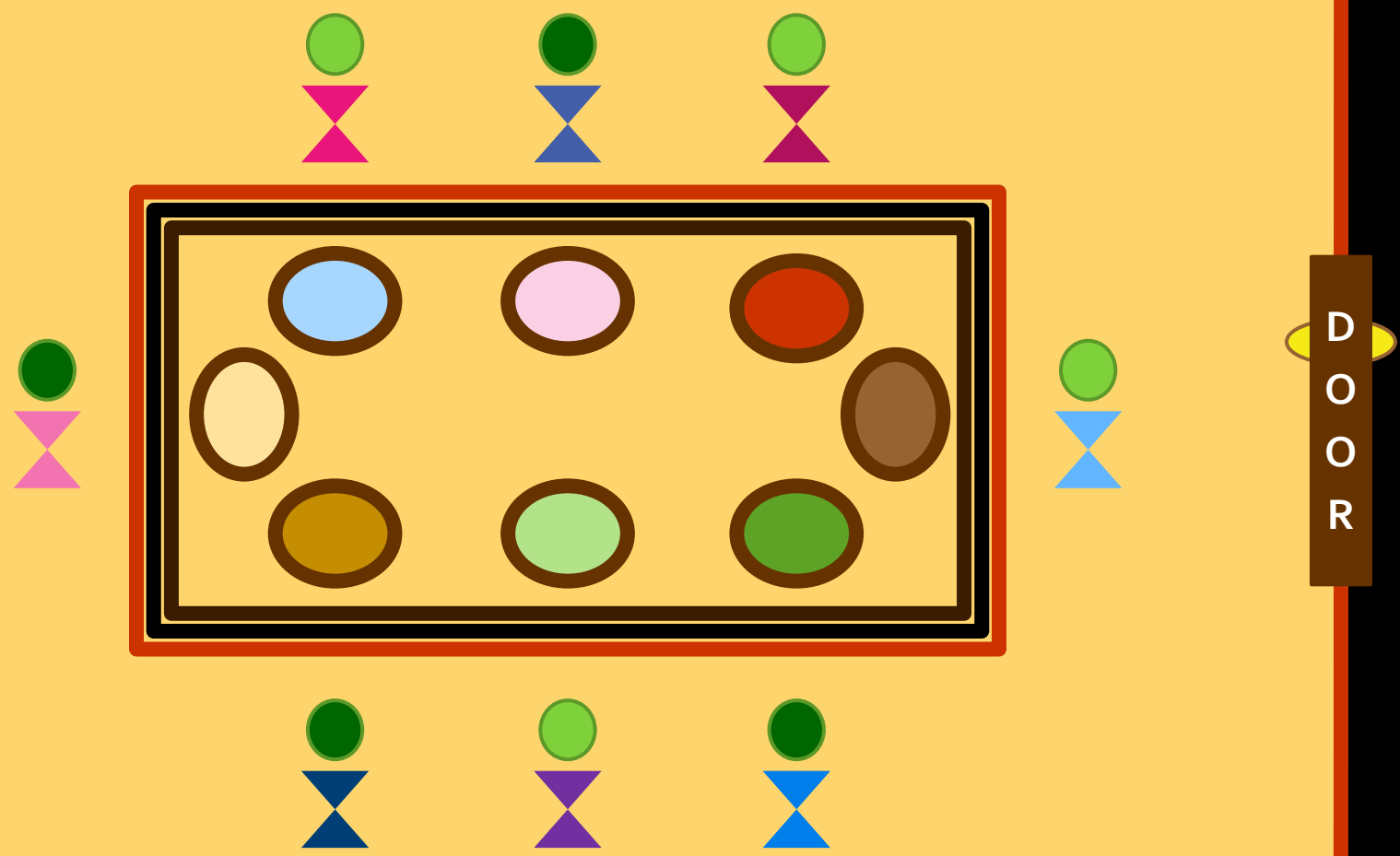
I looked up and noticed a sign . . .

OPEN

CLOSED

Racism structures "Open/Closed" signs in our society.

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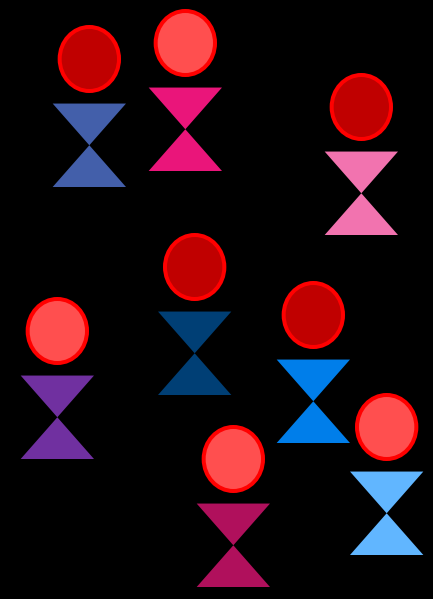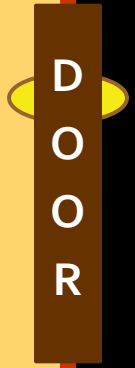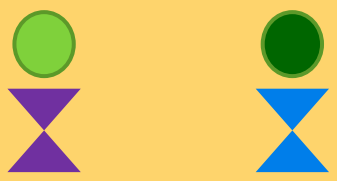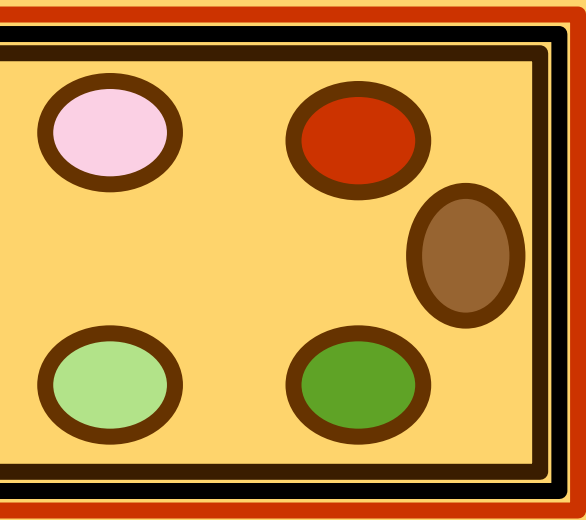
It is difficult
to recognize
a system of inequity
that privileges us.

Those on the outside
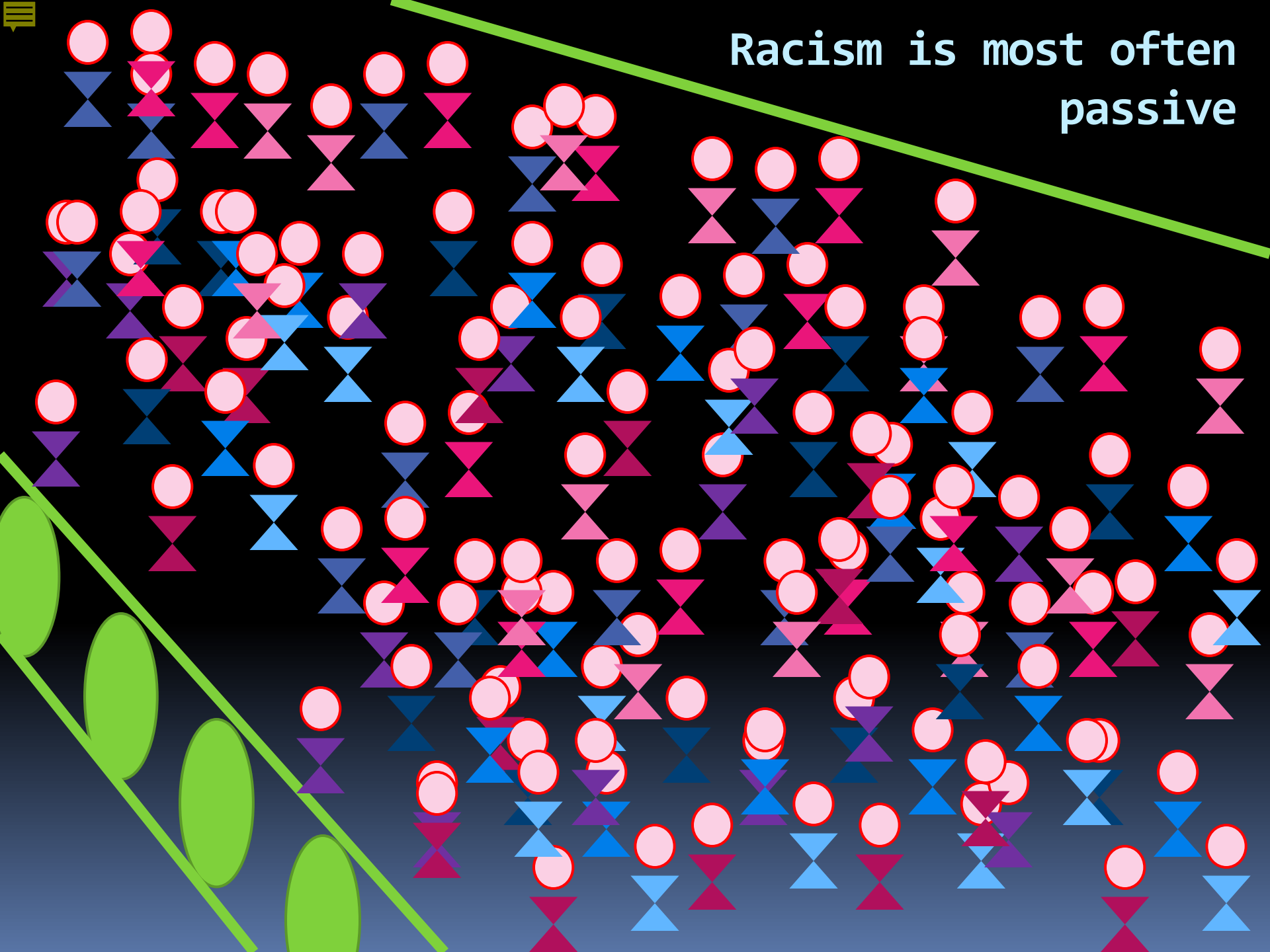are very aware of the
two-sided nature
of the sign.
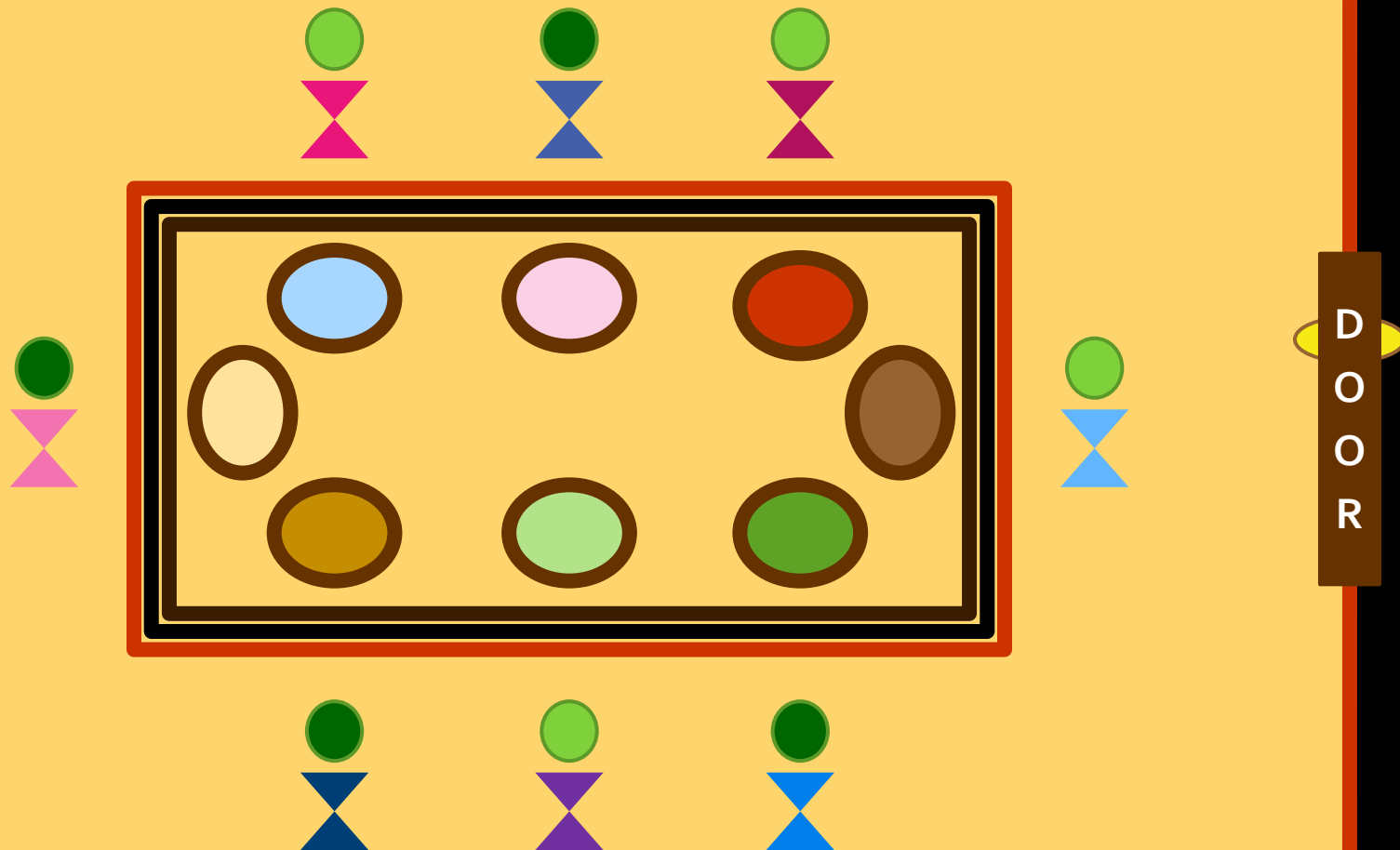
Is there really a two-sided sign?

Hard to know, when only see "Open".
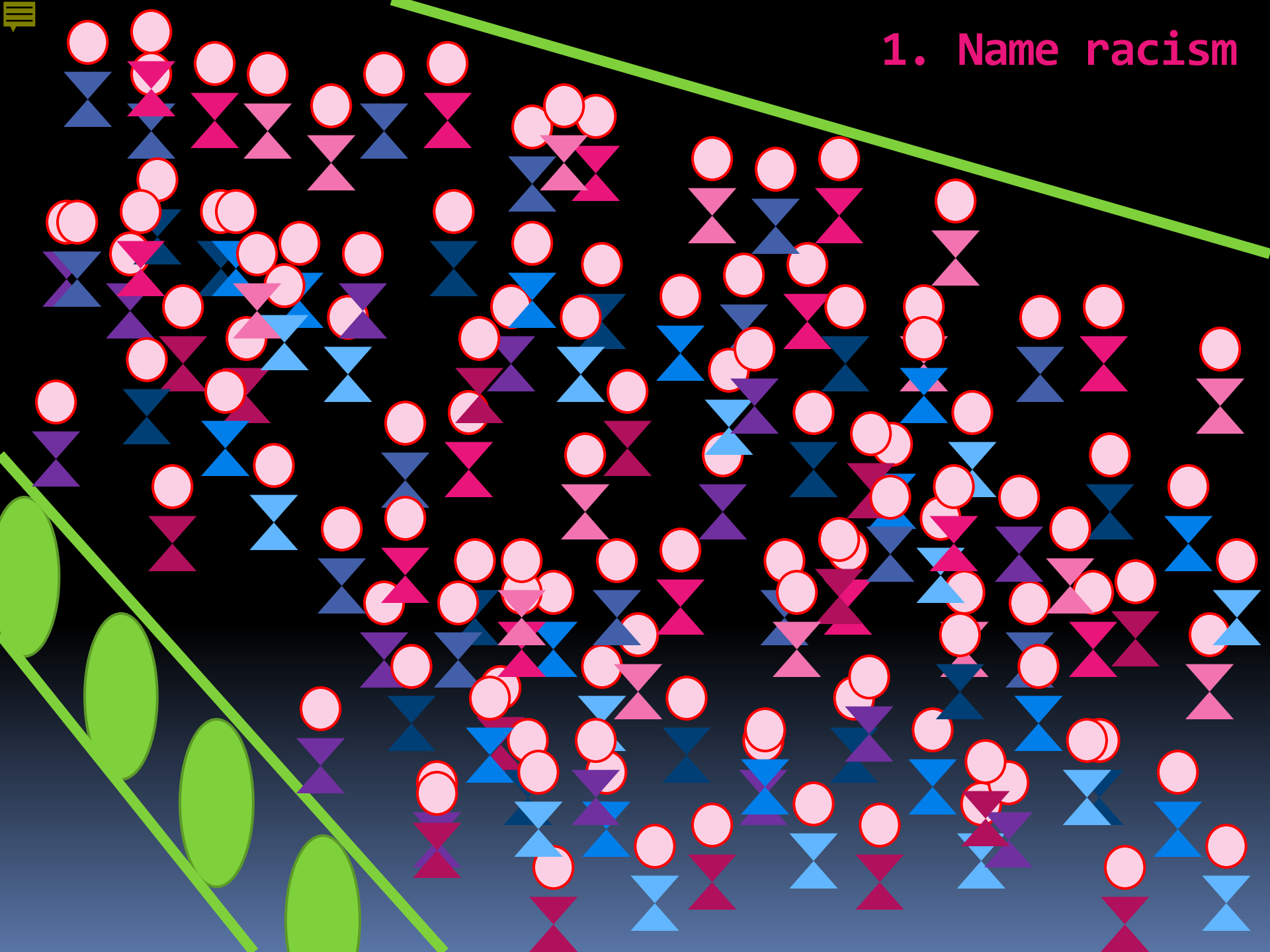A privilege not to HAVE to know.
Once DO know, can choose to act.
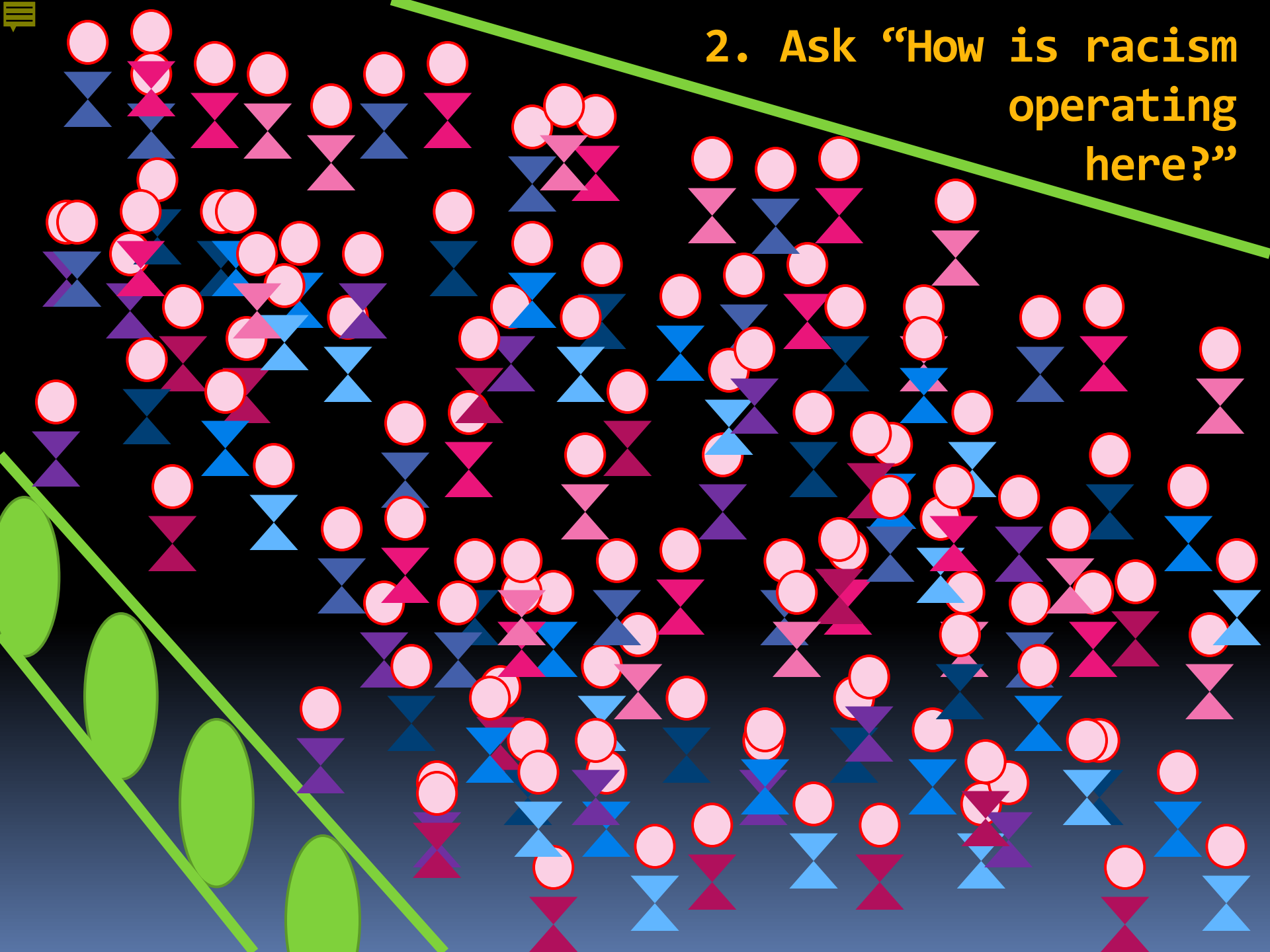
Life on a Conveyor Belt: Moving to action
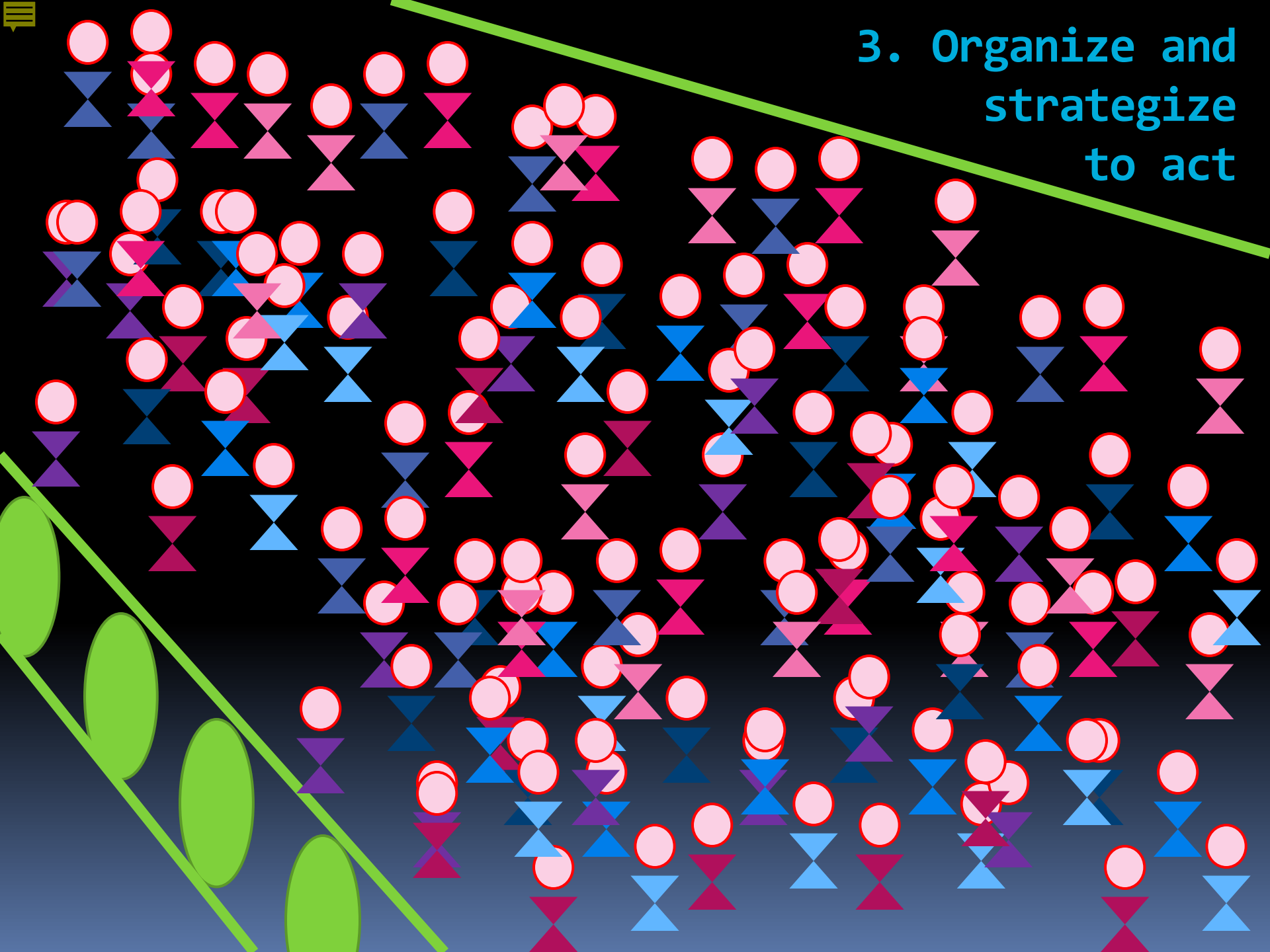
Racism is most often passive

2. Ask "How is racism operating here?"

Camara Phyllis Jones, MD, MPH, PhD

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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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  - ▪ Transform consumers to citizens
  - ▪ Intervene on decision-making processes
- ❏ **To value all people equally**
  - ▪ Break out of bubbles to experience our common humanity
  - ▪ Embrace ALL children as OUR children

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