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Understanding Community Health Equity

PRESENTER:
john a. powell

DATE:
November 15, 2016

ENGAGEMENT:
Kaiser Permanente

Today's Lunch Time Talk

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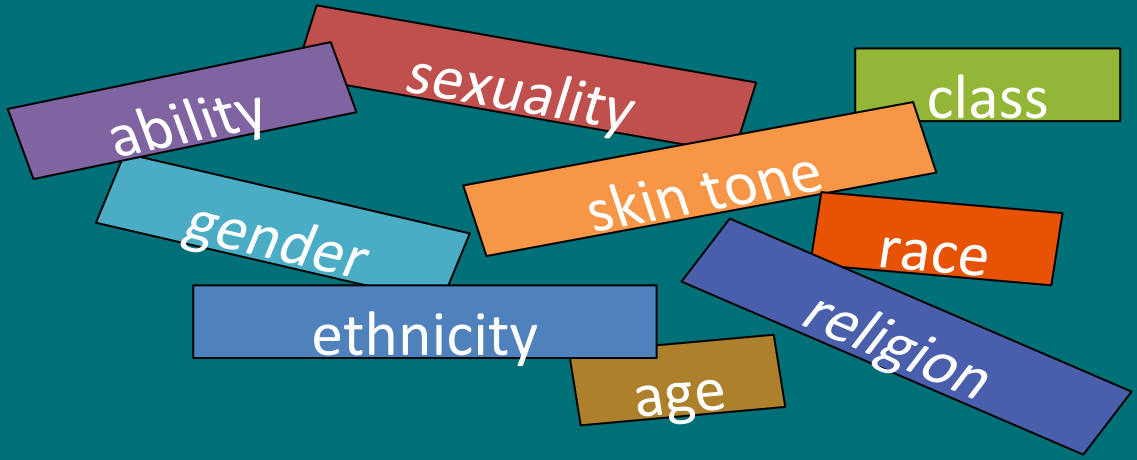
1. Attending to structures and systems
   - Othering & belonging in health
2. Social determinants of health
3. Geographies of health
4. Intentional strategies for health via targeted universalism


Eliminating health disparities is the key public health problem in the 21st century.



Othering is a generalized set of common processes that can engender health marginality and inequality across any of the full range of human differences

Structures enhance or retard opportunity

We can define opportunity through **access** to:

EDUCATION

ECONOMIC

TRANSPORTATION

FOOD

HOUSING

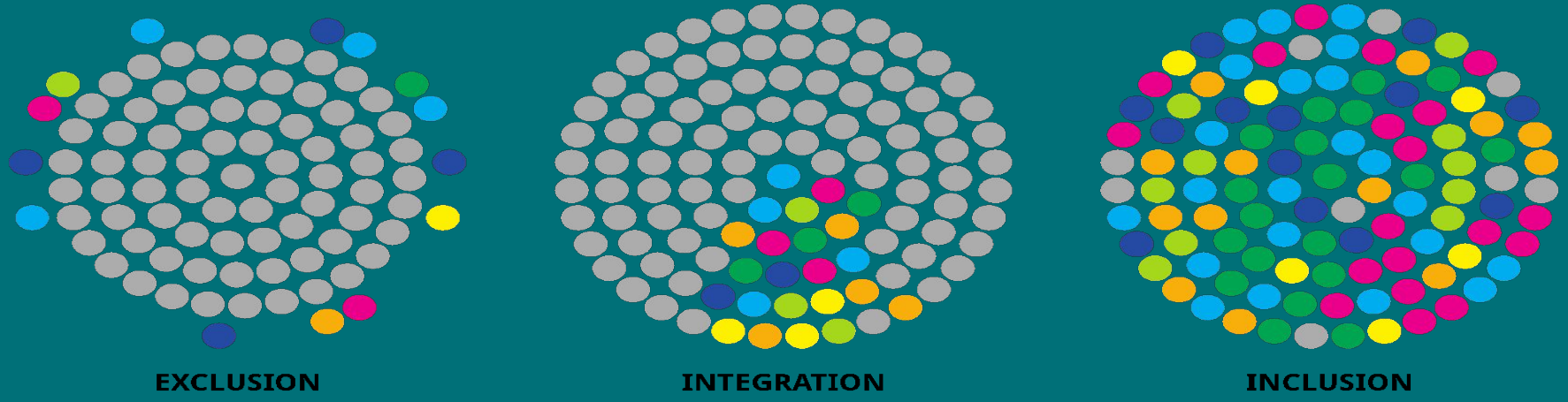
JUSTICE

HEALTHCARE

COMMUNICATIONS

However, this is an issue of **membership** and **belonging**

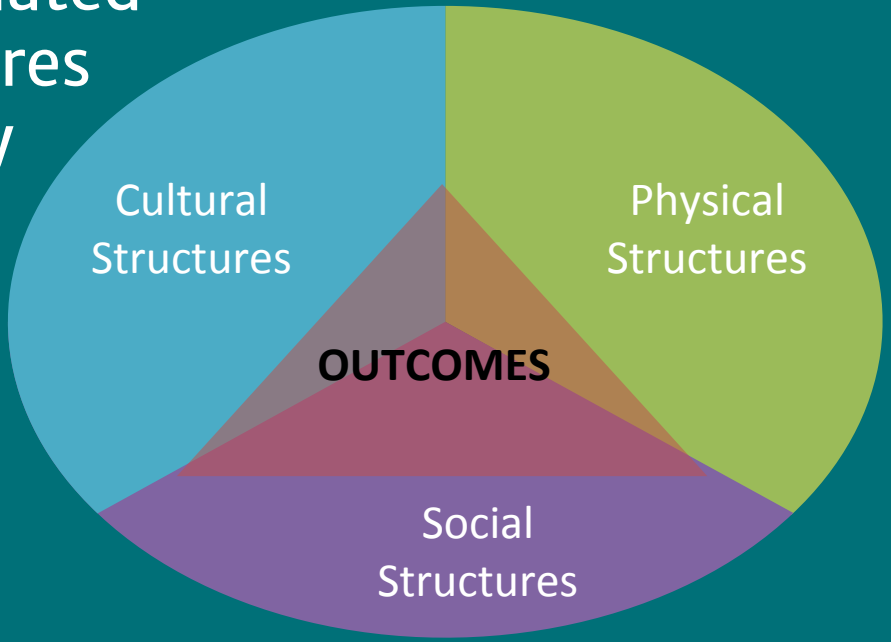
On the other hand, **belonging** is to be a part of something greater than yourself



The term connotes something fundamental about both how groups are **structurally positioned** within society as well as how they are **perceived and regarded**

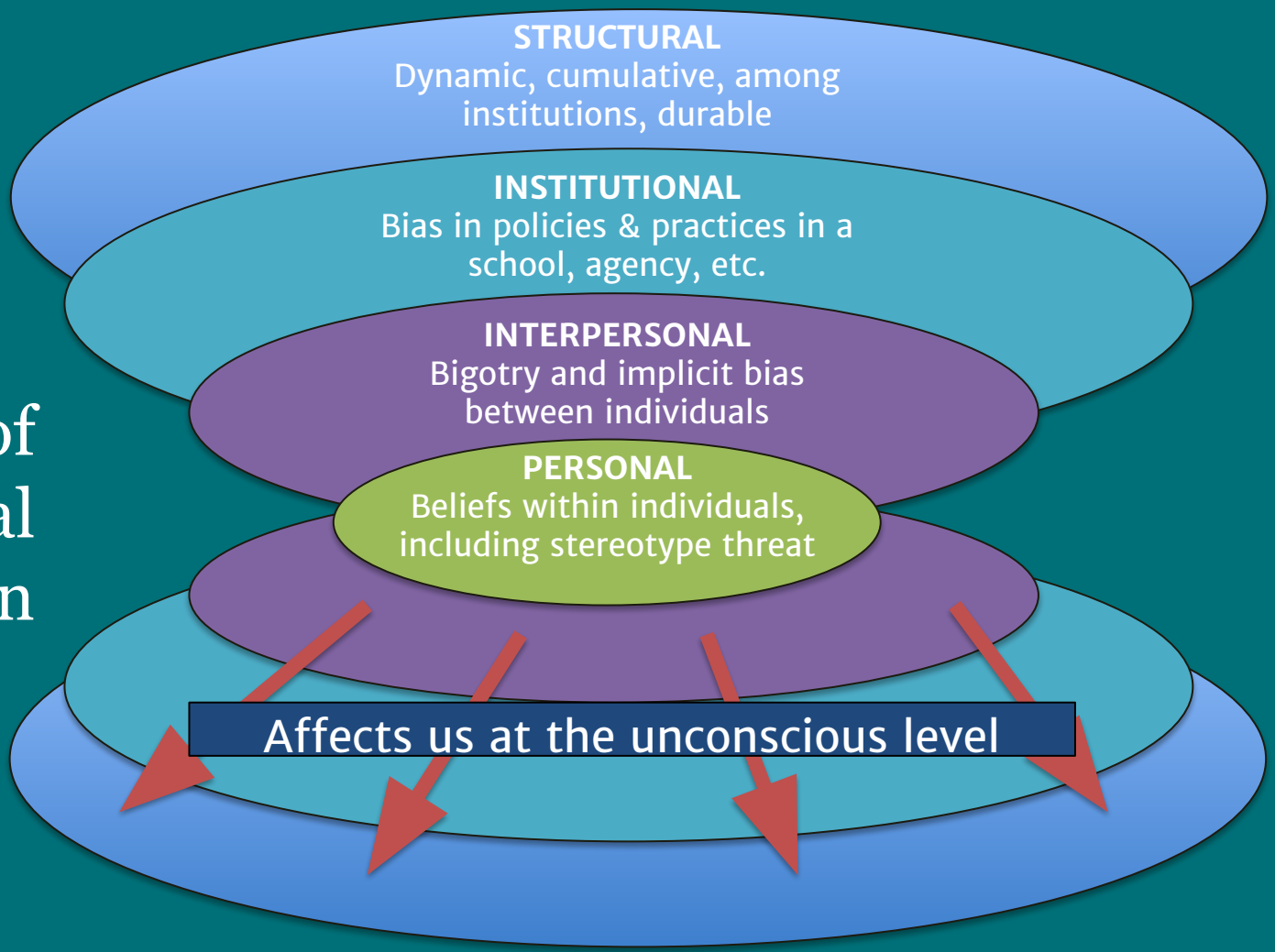
Othering & belonging within structures

We are all situated within structures but not evenly



These structures interact in ways that produce a differential in outcomes

Spheres of Structural Racialization



Contextualizing Disparities in Health & Healthcare

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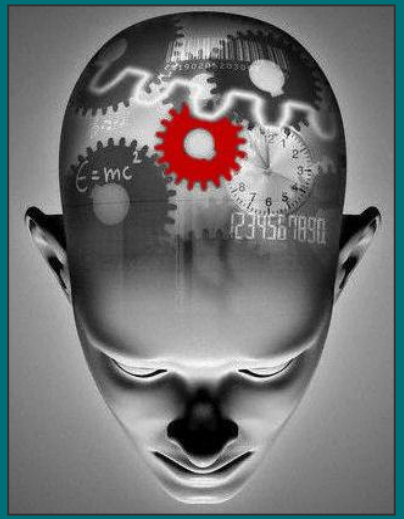
- Racialized and ethnic disparities in health conditions, such as low birth weight and cardio vascular disease, and healthcare are not isolated from other systems
- They need to be contextualized in relation to residential segregation, the system of education, economic conditions, employment, and the criminal justice system, among others

The role of the unconscious mind

The human brain processes 11 million bytes of information per second

- Consciously aware of any 40 of these, at best
- Only 2% of emotional cognition is available to us consciously
- Messages can be framed to speak to our unconscious
- The process of **Othering** occurs in our unconscious network: this can lead to racial, ethnic, or religious bias



See David Brooks, *The Social Animal* (2011)

The role of the unconscious mind, cont.

The subconscious mind uses three processes to make sense of the millions of bits of information that we perceive

1. Sorting into categories
2. Creating associations between things
3. Filling in the gaps when we only receive partial information

Schemas

These three processes together add up to schemas – the “frames” through which our brains help us understand and navigate the world.

Schemas help us organize information into broader categories

- Meanings associated with those category are then activated

Schemas are social. They exist in our environment, language, and metaphors

- The unconscious is not just an individual or internal phenomenon

Our brains in action: creating associations.

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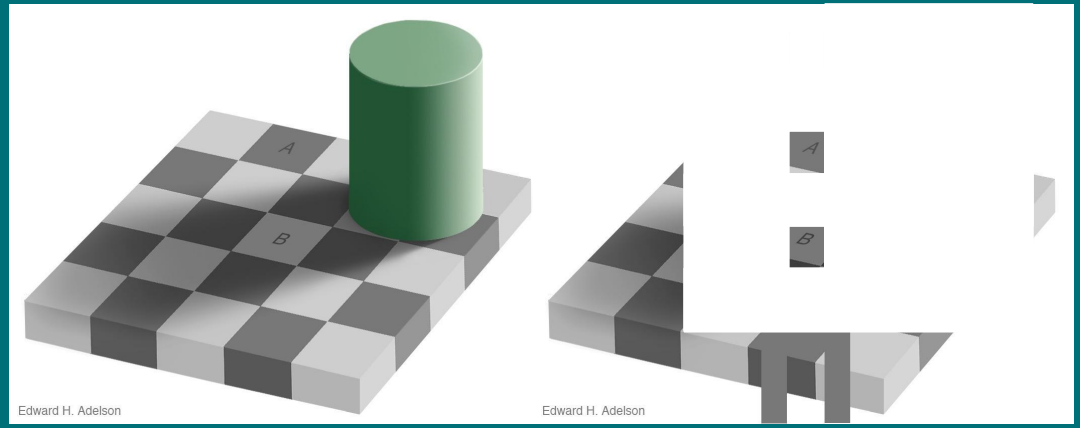
Please state the *colour of the text*

Blue	Red	Green	Black
Green	Black	Blue	Red
Black	Blue	Green	Red
Green	Green	Black	Blue

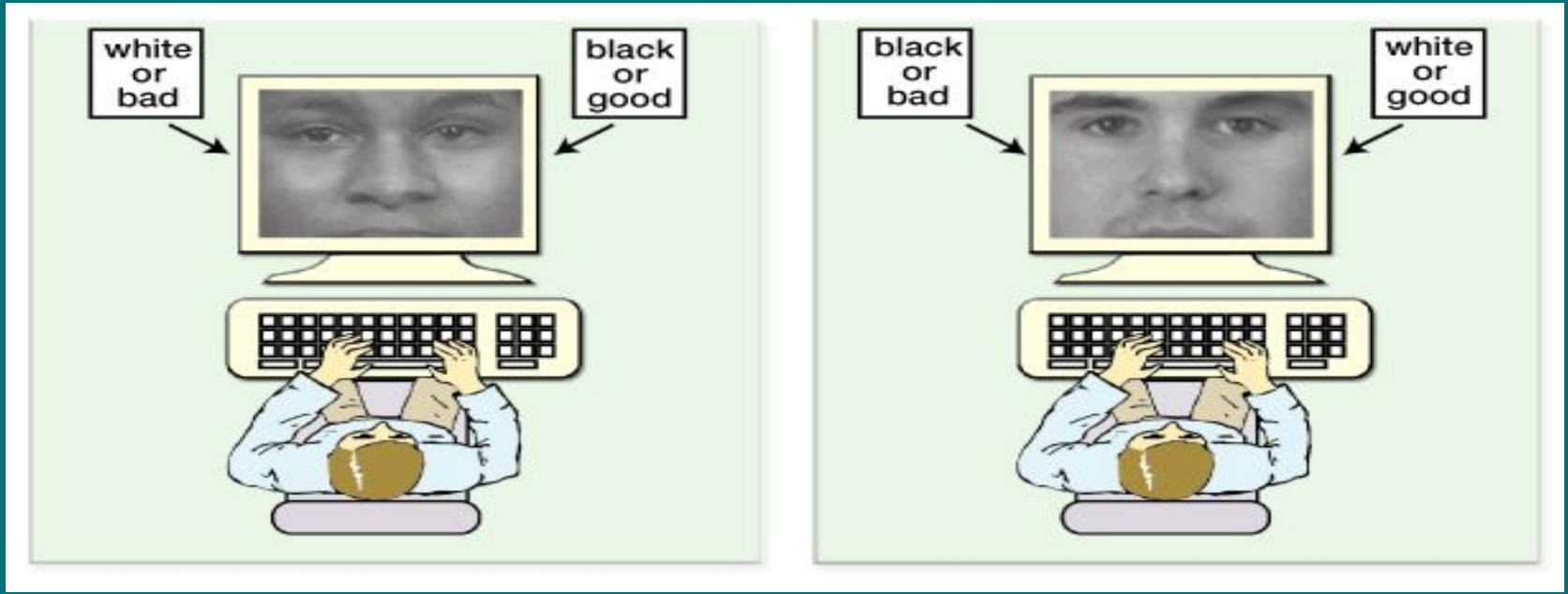
(The Stroop Test)

Which is darker: Square A or Square B?



The Checker Shadow Illusion

How do we know we have bias?



Implicit Association Test (IAT): https://implicit.harvard.edu/implicit/

Implicit bias in healthcare

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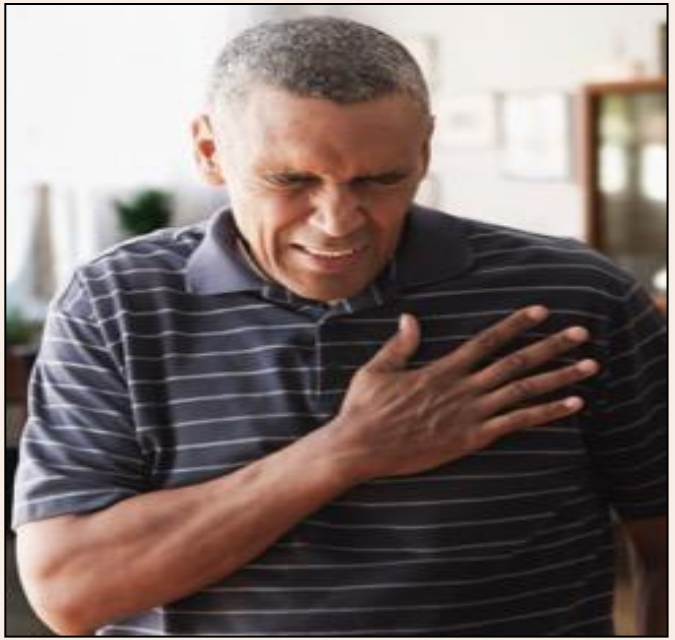
Finds of bias among providers

- High levels of bias leads to less friendly & lower patient satisfaction (Blair, Steiner, et al., 2013; Cooper et al., 2012; Penner et al., 2010)
- Differential interpretation of clinical presentation (e.g. cardiac patients) (Green et al., 2007)
- Differential treatment recommendations (e.g. painkillers, antiretroviral) (Sabin & Greenwald, 2012)



Nonverbal bias among physicians (Elliot et al. 2016)

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Physicians in end-of-life care show different nonverbal communication toward black patients

- Time spent with open body language
- Time interacting with patient (instead of the chart, nurse, etc.)
- Time touching the patient physical distance from the patient

Elliott, A. M., Alexander, S. C., Mescher, C. A., Mohan, D., & Barnato, A. E. (2016). Differences in Physicians' Verbal and Nonverbal Communication With Black and White Patients at the End of Life. *Journal of pain and symptom management*, *51*(1), 1-8.

Neighborhoods & access to opportunity

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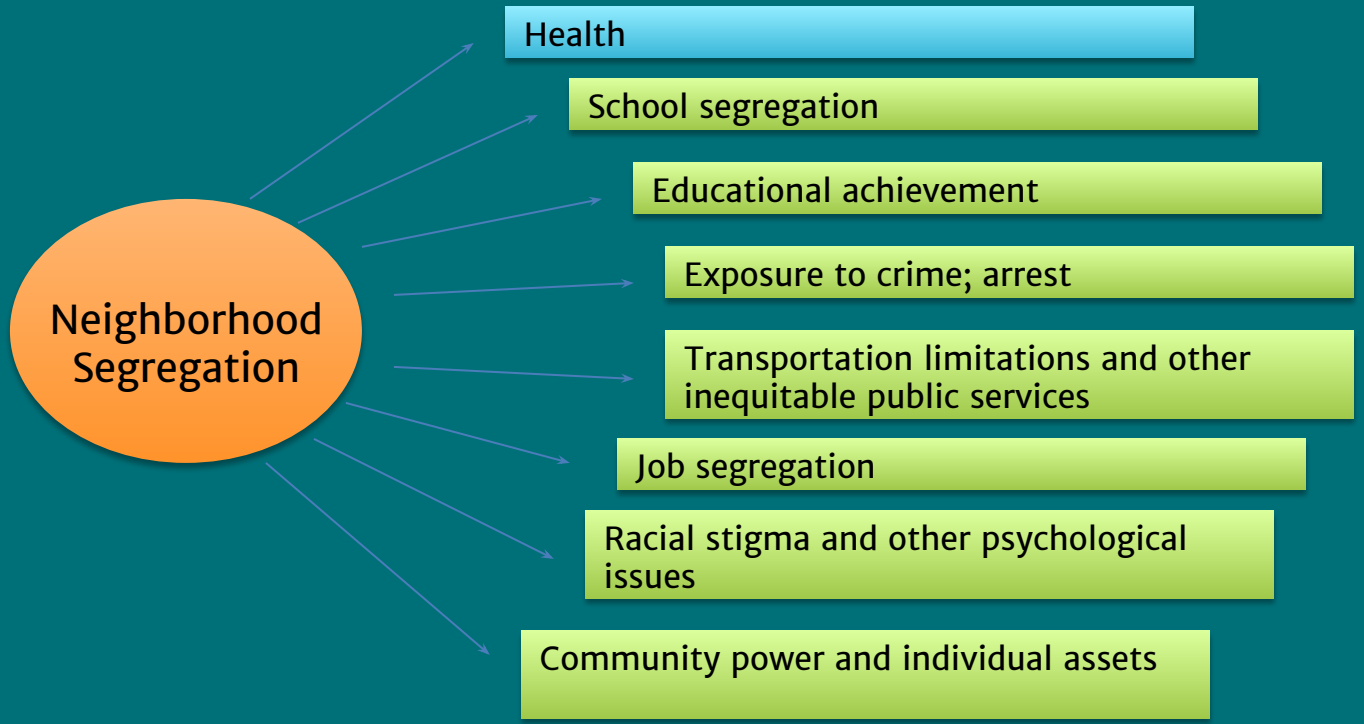
Neighborhoods & access to opportunity

- Five decades of research indicate that your environment has a profound impact on your access to opportunity and likelihood of success
- High poverty areas with poor employment, underperforming schools, distressed housing, and public health/safety risks depress life outcomes
  - A system of disadvantage
  - Many manifestations: urban, rural, suburban
- People of color are far more likely to live in opportunity-deprived neighborhoods and communities

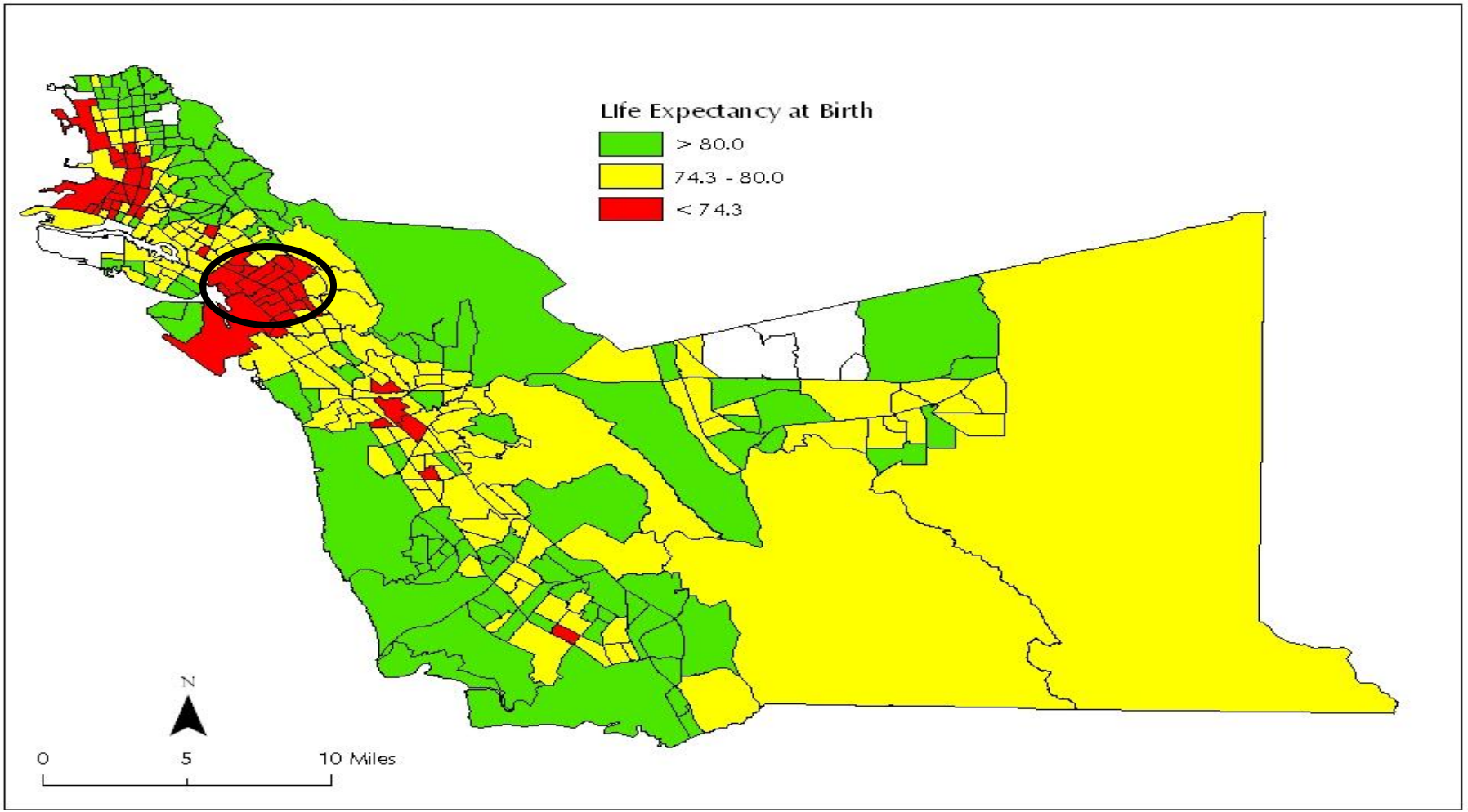
Spatial, racial, and opportunity segregation impact a number of life opportunities



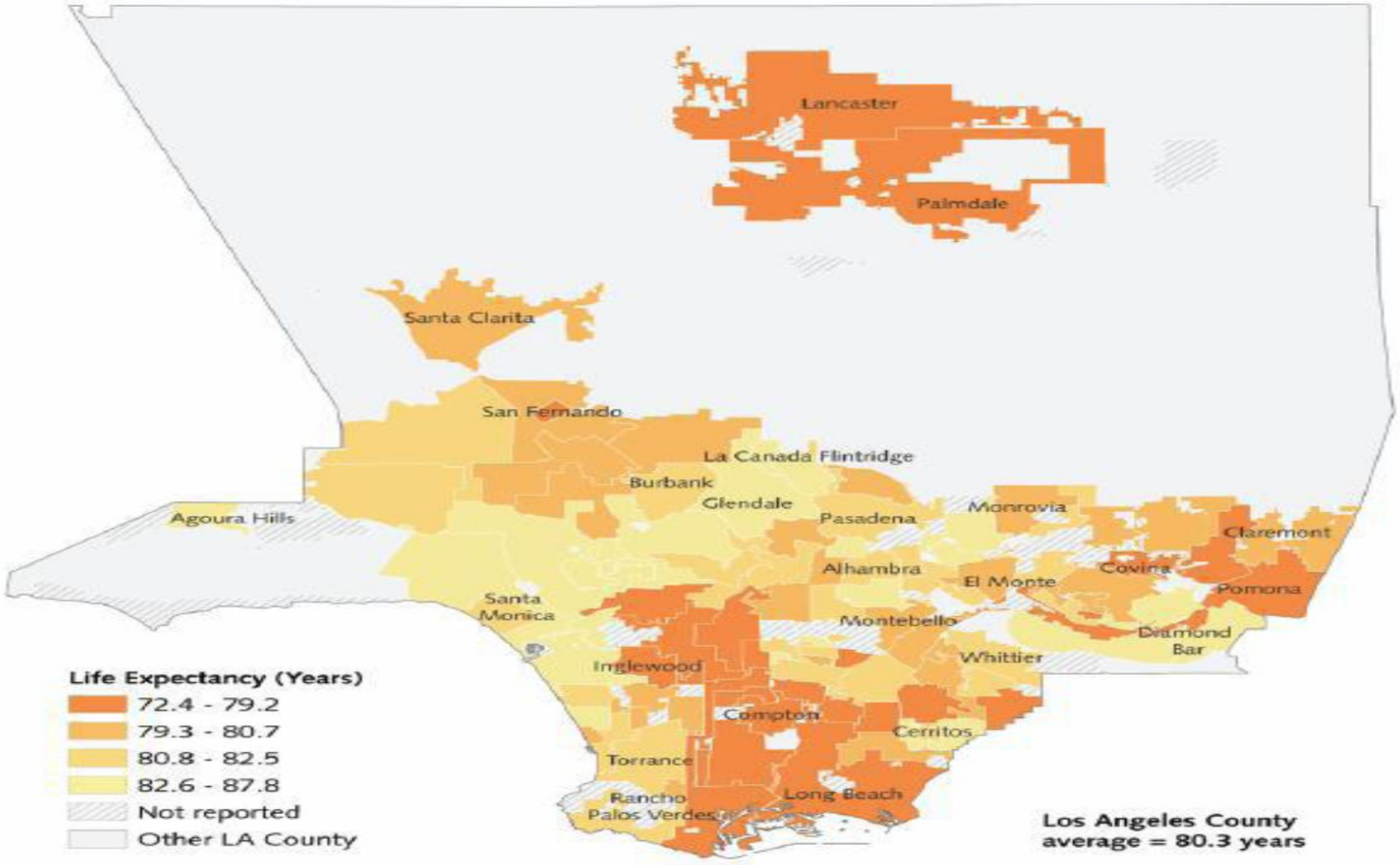

Social Determinants of Health
Physical hazards
Violence and disorder
Concentrated poverty
Air and water quality
School quality
Exposure to toxins
Housing quality
Neighborhood blight
Segregation


Social Determinants of Race
Physical hazards
Violence and disorder
Concentrated poverty
Air and water quality
School quality
Exposure to toxins
Housing quality
Neighborhood blight
Segregation

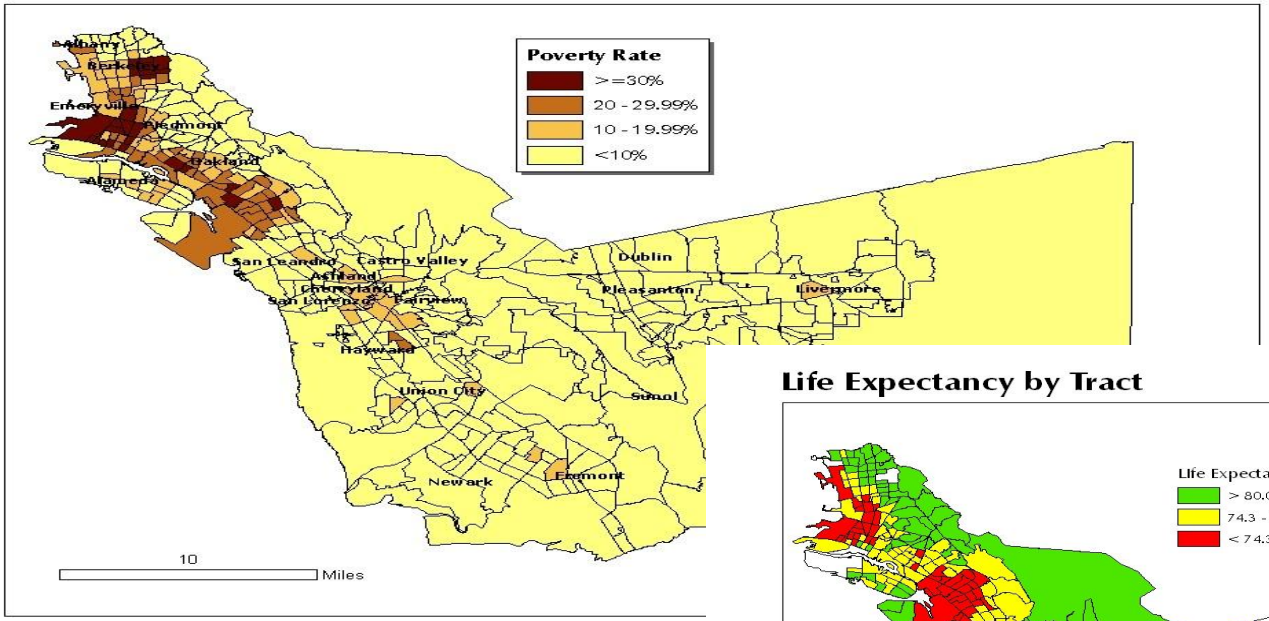
Life Expectancy by Tract



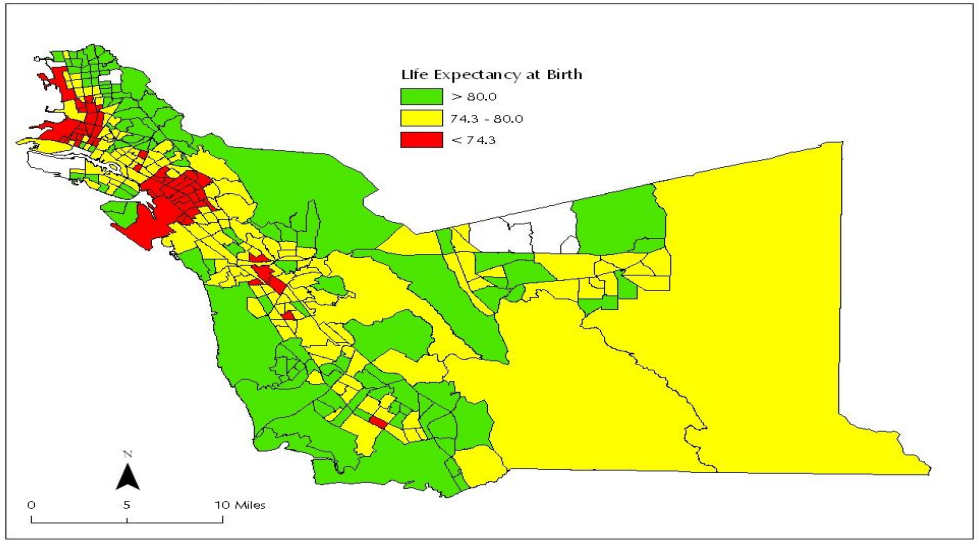
Source: CAPE, with data from vital statistics 1999-2001.


Lancaster
Palmdale
Santa Clarita
San Fernando
La Canada Flintridge
Burbank
Glendale
Pasadena
Monrovia
Agoura Hills
Claremont
Alhambra
Covina
El Monte
Pomona
Santa Monica
Montebello
Diamond Bar
Whittier
Inglewood
Compton
Cerritos
Torrance
Long Beach
Rancho Palos Verdes
Life Expectancy (Years)
72.4 - 79.2
79.3 - 80.7
80.8 - 82.5
82.6 - 87.8
Not reported
Other LA County
Los Angeles County average = 80.3 years

Alameda County Poverty

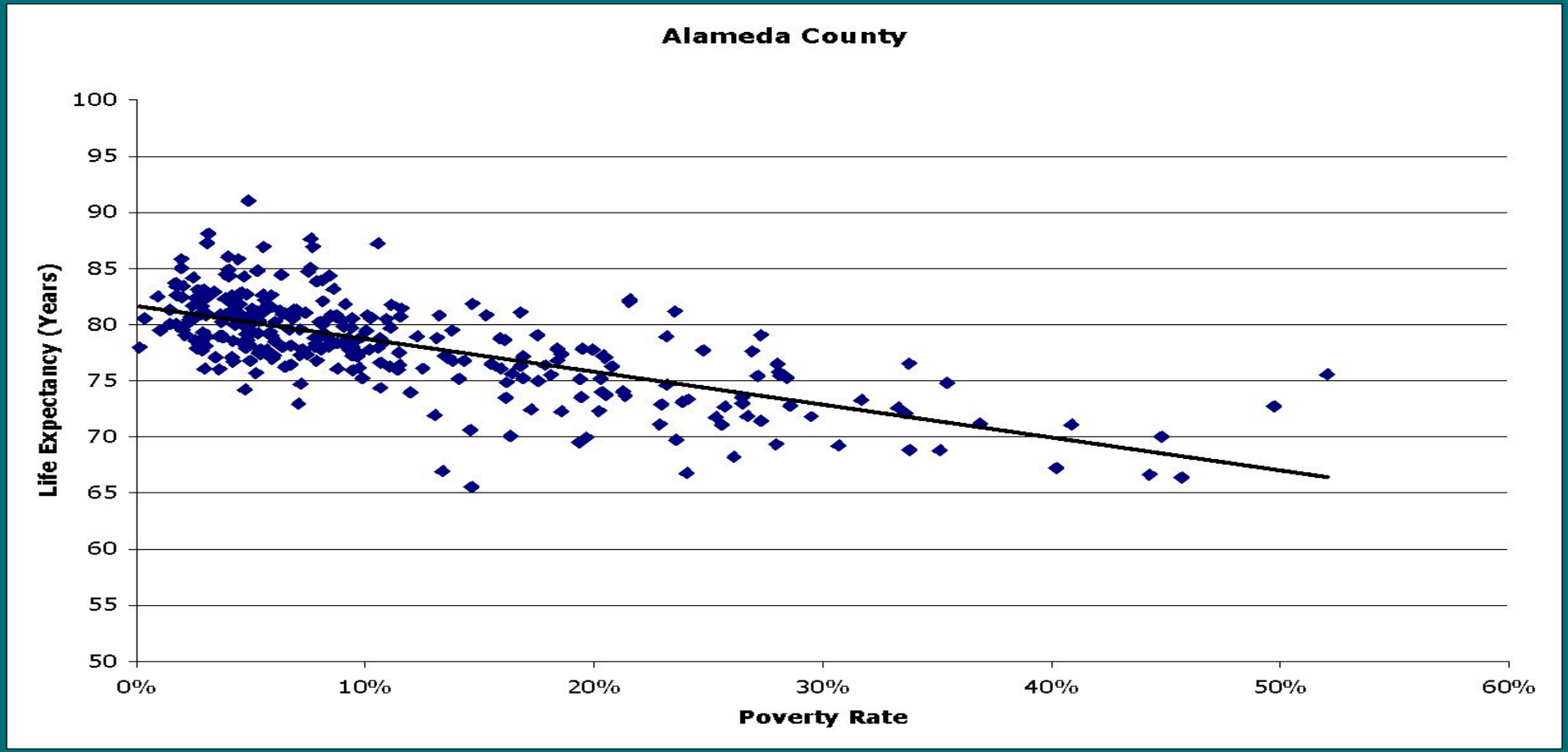


Life Expectancy by Tract



Source: CAPE, with data from vital statistics 1999-2001.

Life Expectancy by Poverty Group 2000-2003



It’s more than just socioeconomic status.

Social isolation.

Loneliness Is Deadly

Social isolation kills more people than obesity does—and it's just as stigmatized

By Jessica Olien

Illustration by Robert Neubecke

Example: Infant Mortality

https://www.youtube.com/watch?v=INc1a6u8yP4

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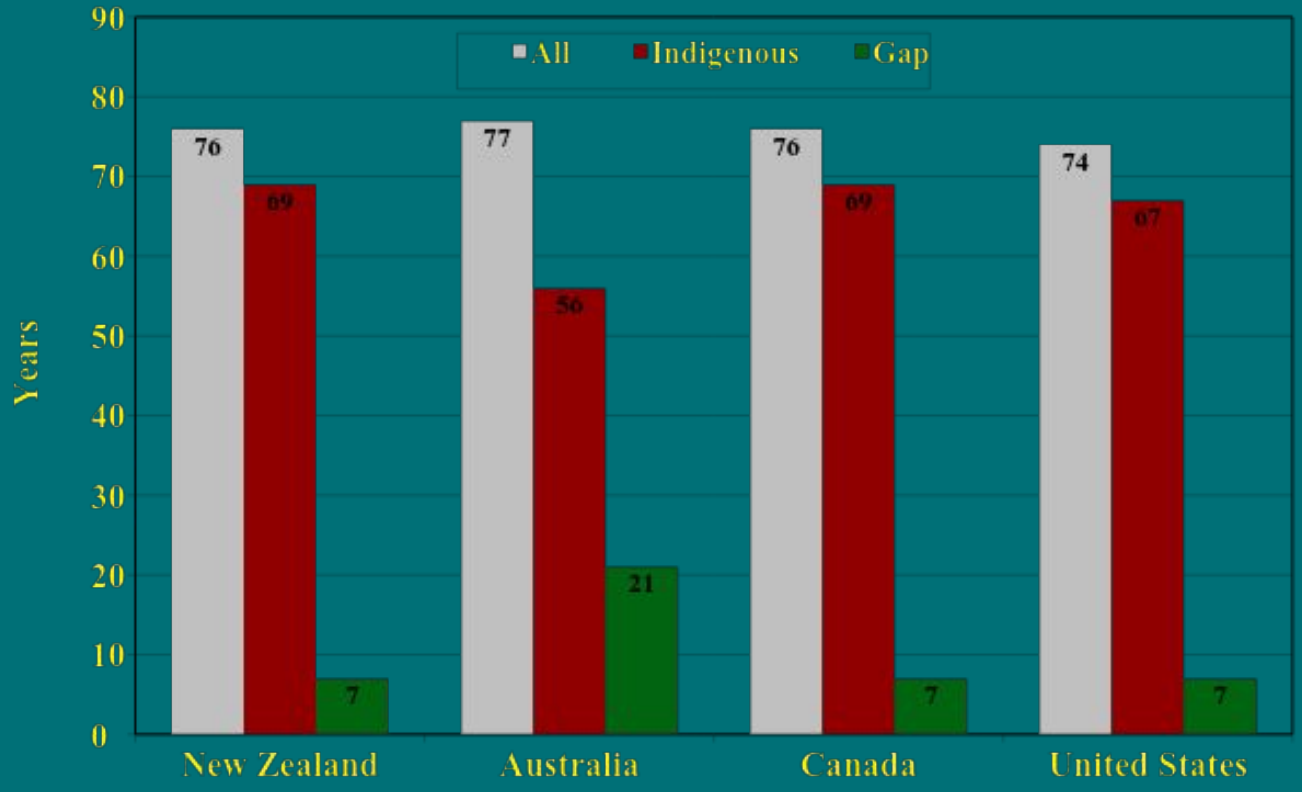
Life Expectancy, Indigenous Men



Maori, Aboriginal, First Nation, Am Indian & Alaskan Native; Bramley et al. 2004

Pattern

Minorities get sick at younger ages, have more severe illness and die sooner than Whites

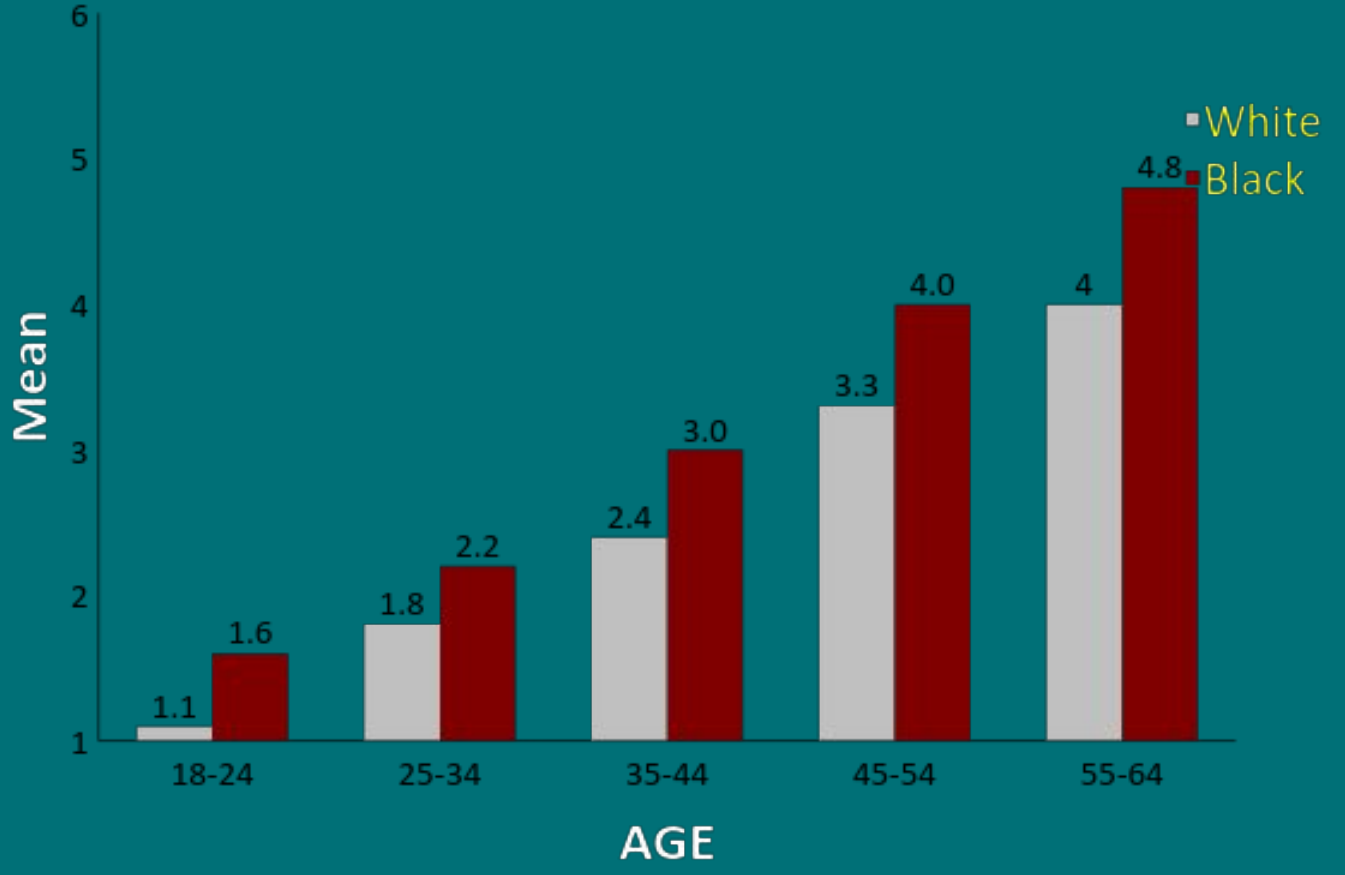
Allostatic Load

10 biomarkers	High-risk thresholds *
1. Systolic blood pressure	127 mm HG
2. Diastolic blood pressure	80 mm HG
3. Body Mass Index	30.9
4. Glycated hemoglobin	5.4%
5. Albumin	4.2 g/dL
6. Creatinine clearance	66 mg/dL
7. Triglycerides	168 mg/dL
8. C-reactive protein	0.41 mg/dL
9. Homocysteine	9 µmol/L
10. Total cholesterol	225

* = < 25th percentile for creatinine clearance; >75th percentile for others

Geronimus, et al., AJPH, 2006

Mean Score on Allostatic Load by Age



Geronimus, et al., AJPA, 2006

Life expectancy at age 25

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Group	White	Black	Difference
All	53.4	48.4	5.0

Murphy, NVSS 2000; Braveman et al. AJPH, 2010; NLMS 1988-1998

Life expectancy at age 25

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Group	White	Black	Difference
All	53.4	48.4	5.0
Education			
a. 0-11 Years	50.1		
b. High School Grad	54.1		
c. Some College	55.2		
d. College Grad	56.5		
Difference	6.4		

Murphy, NVSS 2000; Braveman et al. AJPH, 2010; NLMS 1988-1998

Life expectancy at age 25

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Group	White	Black	Difference
All Education	53.4	48.4	5.0
a. 0-11 Years	50.1	47.0	
b. High School Grad	54.1	49.9	
c. Some College	55.2	50.9	
d. College Grad	56.5	52.3	
Difference	6.4	5.3	

Murphy, NVSS 2000; Braveman et al. AJPH, 2010; NLMS 1988-1998

Life expectancy at age 25

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Group	White	Black	Difference
All Education	53.4	48.4	5.0
a. 0-11 Years	50.1	47.0	3.1
b. High School Grad	54.1	49.9	4.2
c. Some College	55.2	50.9	4.3
d. College Grad	56.5	52.3	4.2
Difference	6.4	5.3	

Murphy, NVSS 2000; Braveman et al. AJPH, 2010; NLMS 1988-1998

Racism & Health: Mechanisms

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- Institutional discrimination can restrict access to quality education and jobs that create group differences in SES
- Segregation can create pathogenic residential conditions
- Conscious and Unconscious discrimination can lead to reduced access to desirable goods and services
- Internalized racism (acceptance of society's negative characterization) can adversely affect health
- Racism can create conditions that increase exposure to traditional stressors (e.g. unemployment)
- Experiences of discrimination may be a neglected psychosocial stressor

Residential segregation is a place-based example of institutional discrimination that has pervasive adverse effects on health.

Racial segregation is…

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1. ”Basic" to understanding racial inequality in America (Myrdal 1944)
2. Key to understanding racial inequality (Clark 1965)
3. The “linchpin” of U.S. race relations and the source of the large and growing inequality in SES (Kerner Commisssion 1968)
4. “One of the most successful political ideologies" of the last century and "the dominant system of racial regulation and control" in the U.S. (Cell 1982)
5. “The key structural factor for the perpetuation of Black poverty in the U.S." and the "missing link" in efforts to understand urban poverty (Massey & Denton 1993)

How segregation can affect health

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1. Segregation determines quality of education and employment opportunities.

2. Segregation can create pathogenic neighborhood and housing conditions.

3. Conditions linked to segregation can constrain the practice of health behaviors and encourage unhealthy ones.

4. Segregation can adversely affect access to high-quality medical care.

Source: Williams & Collins 2001

Racial segregation & SES

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A national study of the effects of segregation on young African American adults found that the elimination of segregation would erase black-white differences in...

- Earnings
- High School Graduation Rate
- Unemployment

And reduce racial differences in single motherhood by two-thirds

Source: Cutler, Glaeser & Vigdor, 1997

Racial differences in residential environment

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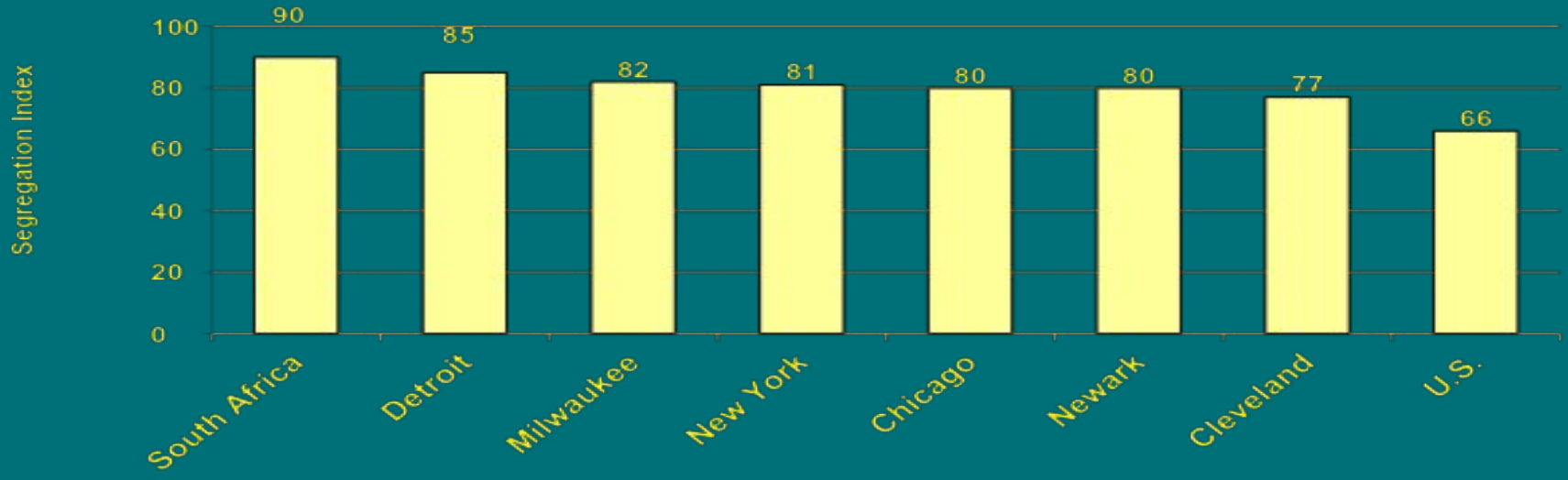
In the 171 largest cities in the U.S., there is not even one city where whites live in ecological equality to blacks in terms of poverty rates or rates of single-parent households.

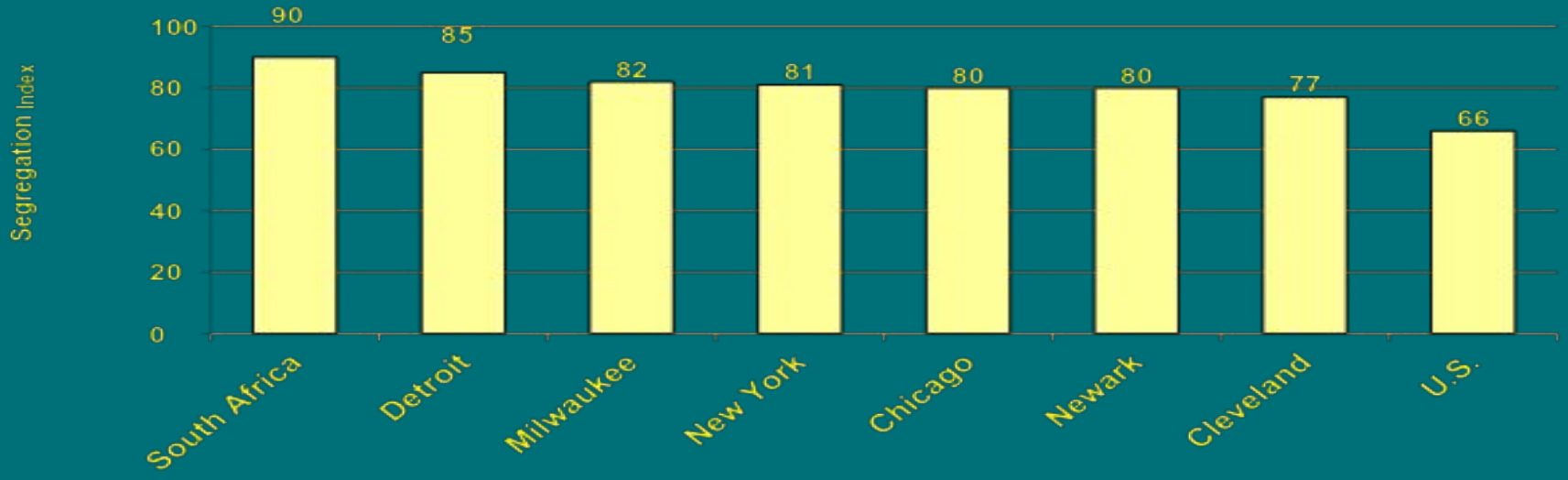
"The worse urban context in which whites reside is considerably better than the average context of black communities" (Samson & Wilson 1995, 41)

Source: Samson & Wilson 1995

American Apartheid: South Africa (*de jure*) in 1991 & U.S. (*de facto*) in 2000



American Apartheid: South Africa (*de jure*) in 1991 & U.S. (*de facto*) in 2000



Massey 2004; Iceland et al. 2002; Glaeser & Vigdor 2001

Everyday Discrimination

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In your day-to-day life how often have any of the following things happened to you?

- You are treated with less courtesy than other people.
- You are treated with less respect than other people.
- You receive poorer service than other people at restaurants or stores.
- People act as if they think you are not smart.
- People act as if they are afraid of you.
- People act as if they think you are dishonest.
- People act as if they're better than you are.
- You are called names or insulted.
- You are threatened or harassed.

What do you think was the main reason for these experiences?

Discrimination & Health

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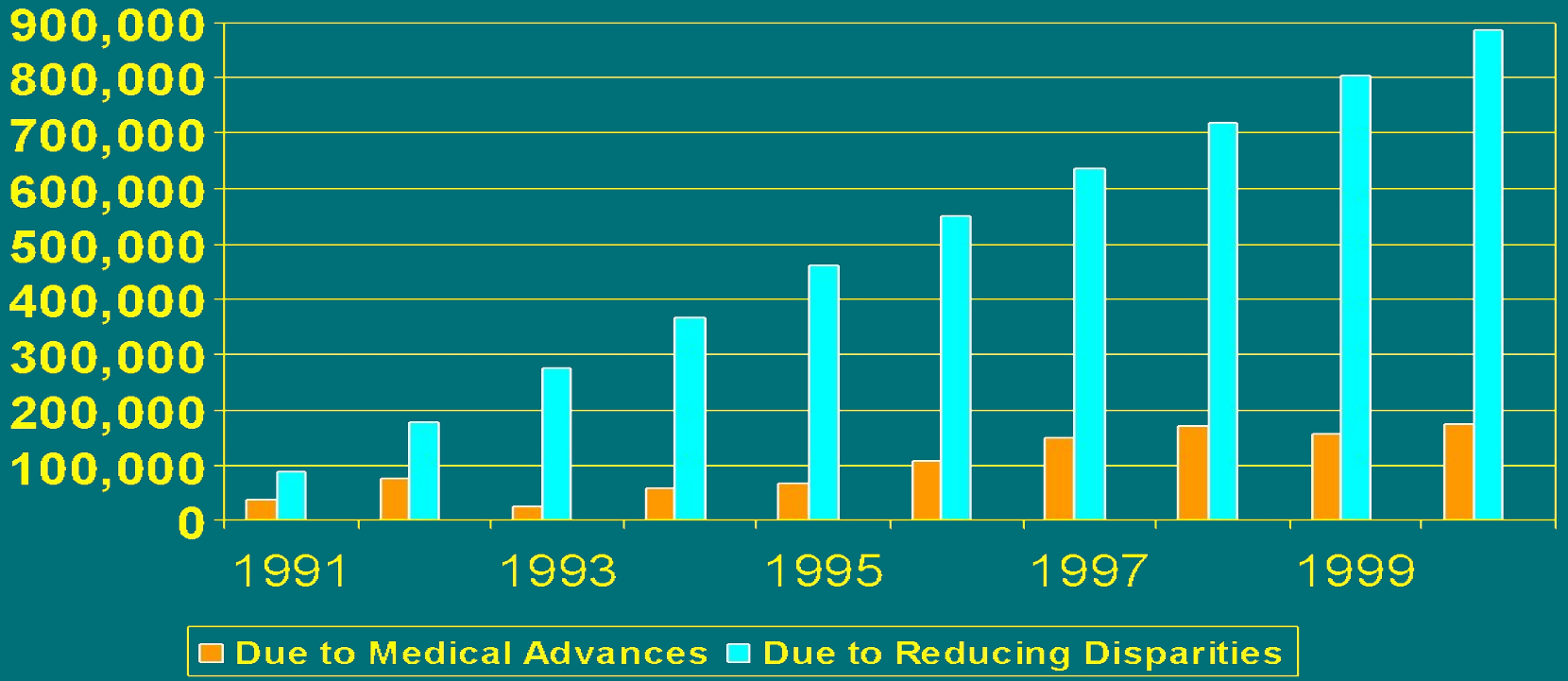
- Everyday Discrimination: positively associated with:
  - Coronary artery calcification (Lewis et al., Psy Med, 2006)
  - C-reactive protein (Lewis et al., Brain Beh Immunity, 2010)
  - Blood pressure (Lewis et al., J Gerontology: Bio Sci & Med Sci 2009)
  - Lower birth weight (Earnshaw et al., Ann Beh Med, 2013)
  - Cognitive impairment (Barnes et al., 2012)
  - Poor sleep [object. & subject.] (Lewis et al, Hlth Psy, 2012)
  - Visceral fat (Lewis et al., Am J Epidemiology, 2011)
  - Mortality (Barnes et al., J Gerontology: Bio Sci & Med Sci, 2008)

Medical Advances v. Disparities, 1991-2000



Woolf, S. et al 2004, AJPH

Health and Situatedness

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We carry our histories in our bodies

- Opportunity structures can affect our bodies
- Example: children exposed to racial trauma early on versus those who are not are more likely to contract asthma when exposed to toxic air

VIDEO CLIP:

Is Inequality Make Us Sick?

Situatedness, Trauma, & Race

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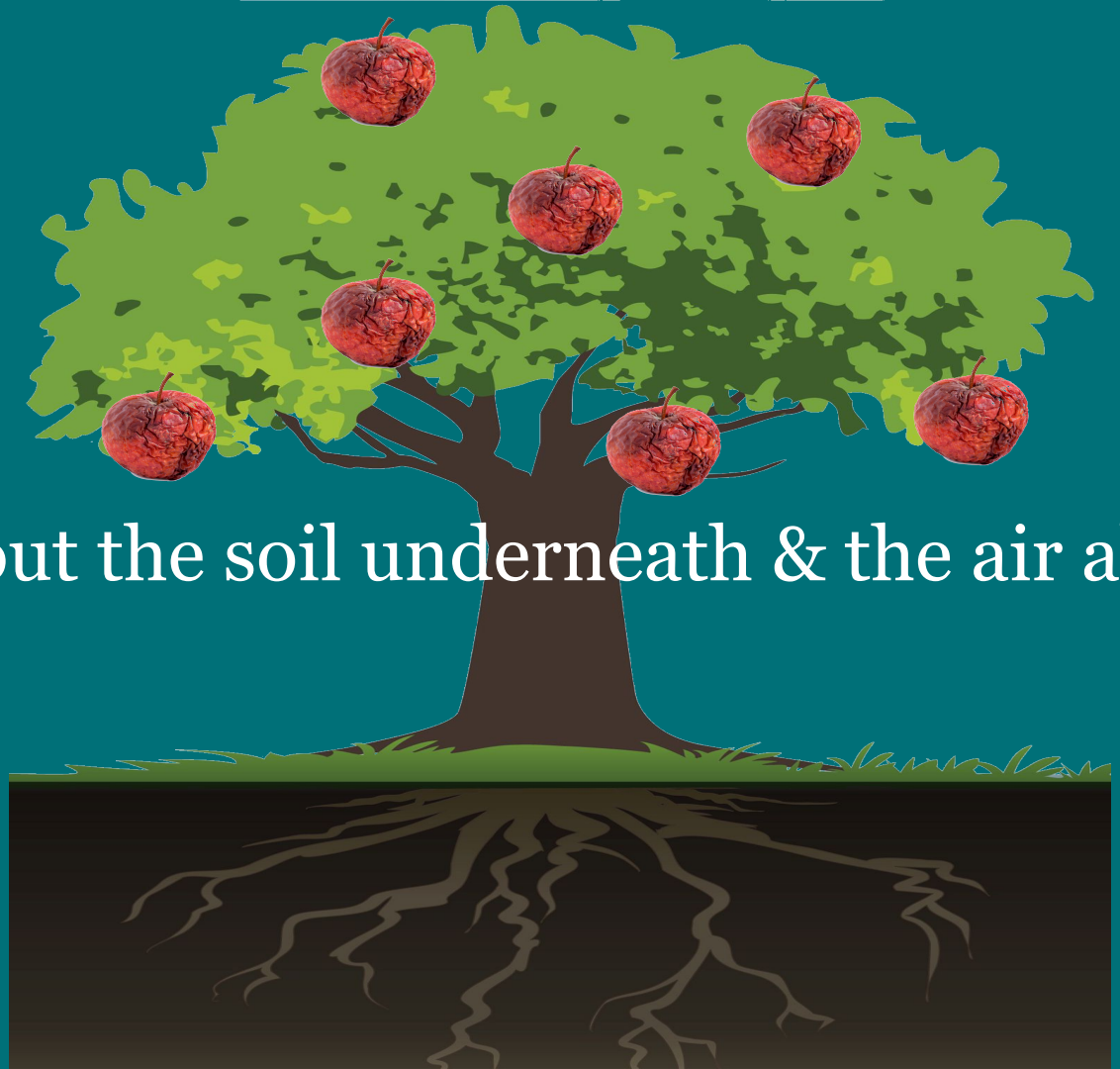
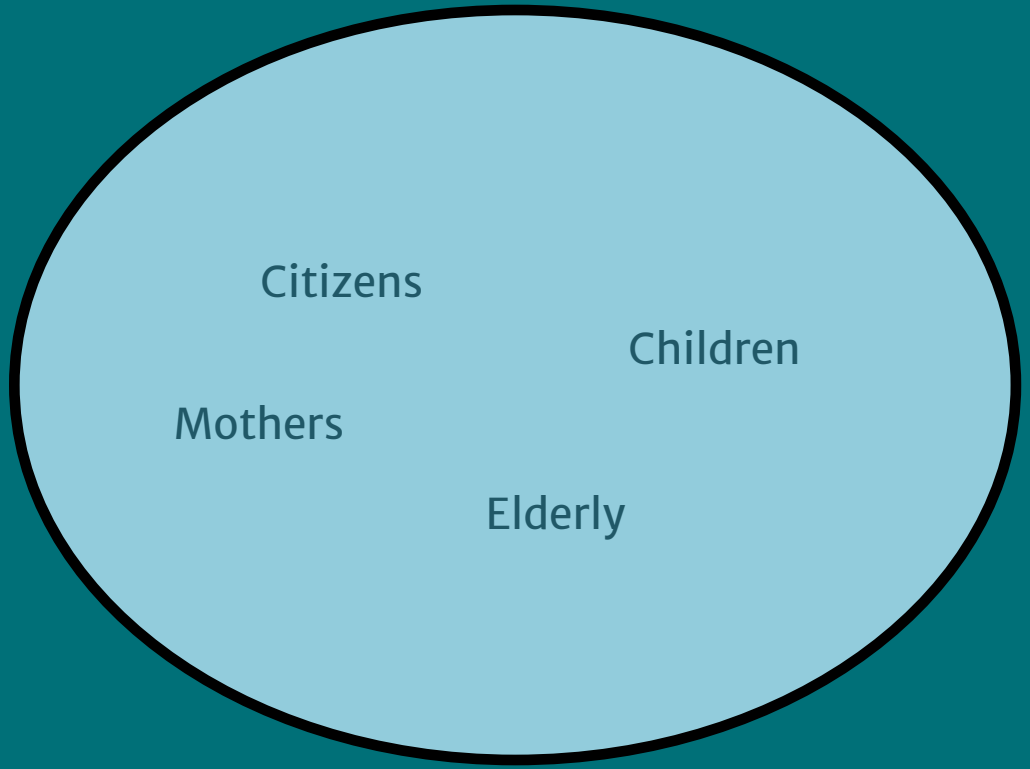
- Childhood trauma has a profound effect on brain development, and can lead to structural changes in the brain, which can lead to additional issues in children (behavioral, PTSD, etc.)
- Children living in low-income urban communities where air pollution and social stressors are elevated are more likely to experience health issues
- Example: Children exposed to high levels of violence are more likely to have elevated asthma incidences

Claugherty et al. 2007



What about the soil underneath & the air all around?

The Circle of Human Concern



Sexual Minorities

Mass Incarcerated

Undocumented Immigrants

Muslims

Coded messages strengthen structures to other: creating health disparities

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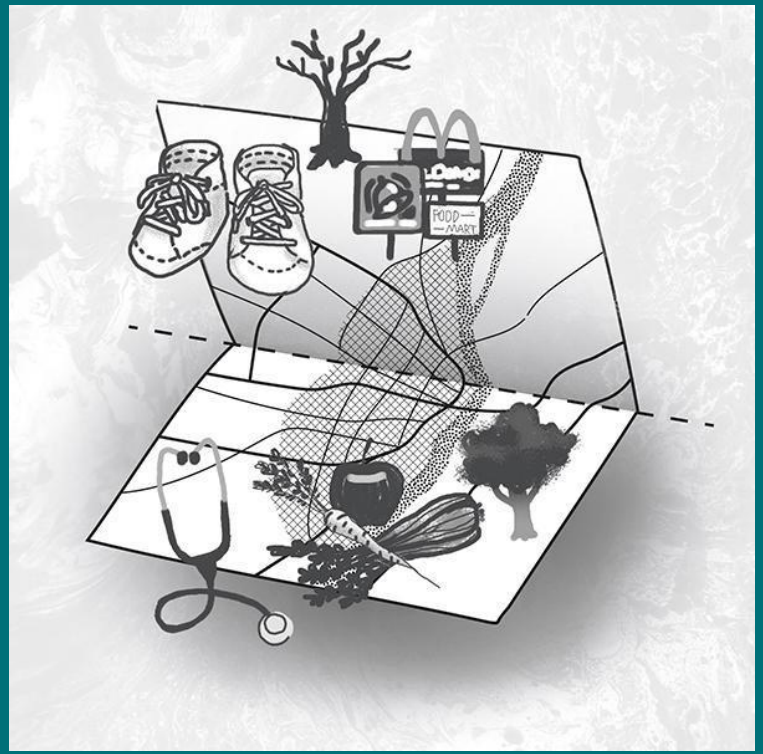
1. Shift in focus from people to structures and institutions
2. Structures are not neutral; they require intervention and monitoring if they are to serve justice and promote inclusion
3. Marginalized/racialized groups and not situated the same in structures and there structures/systems are not the same.
4. **Race plays a direct and indirect role in the development of these structures**
    - Not dependent on individual racialization
    - Beyond the practices and procedures with any one institution
    - Way in which various institutions interact and arrange themselves
    - Produces predictable unjust outcomes that are cumulative

Health ≠ Healthcare

Where you live matter. It matters a lot!



Health Care Provision

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CDC Study 2009

Health insurance does not equal health outcomes if people do not have access to health care providers

What would happen if there was an increase in health care insurance?

- It would increase the demand and increase inequality between disadvantage and advantage clients
- This suggest the limits of one dimensional universal approach

SF, Oakland, Albany voters pass soda tax (November 8)

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"Not only does it signify the movement is gathering energy, but it also raises awareness. As we've seen in Berkeley, every time these efforts win, it leads to a reduction in soda consumption and, most importantly, it makes the general public aware of the health hazards of sugar-sweetened beverages."

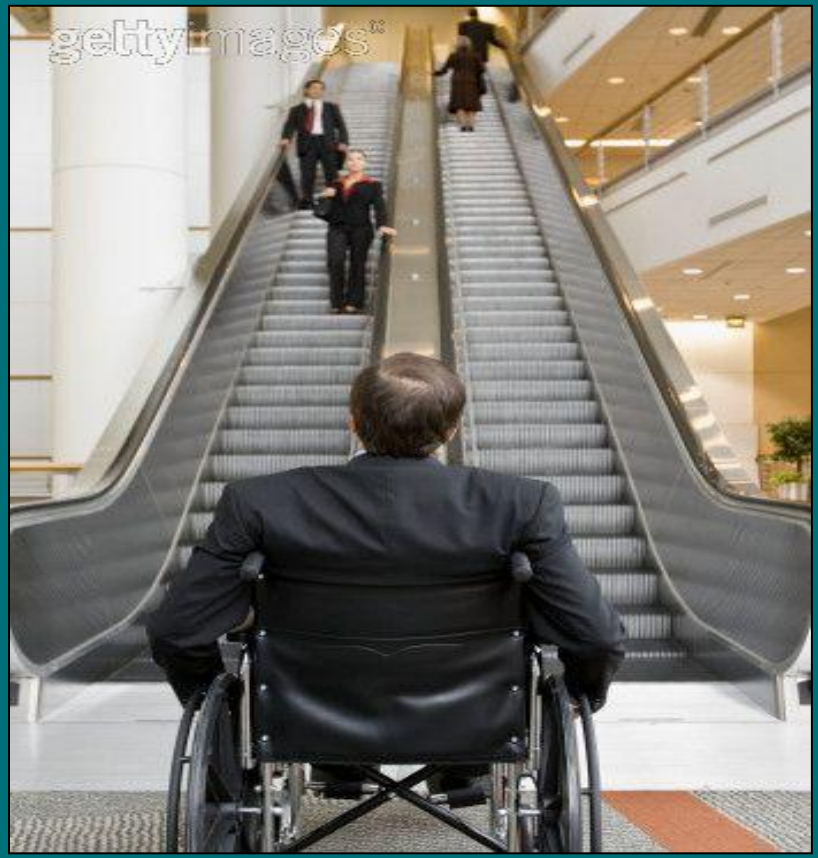
John Maa, San Francisco Medical Society

http://www.sfgate.com/politics/article/Sugar-tax-measure-results-10593882.php

From Ballot Initiatives to Targeted Universalism

Some people ride the "Up" escalator to reach opportunity.

But what if…



Targeted Universalism

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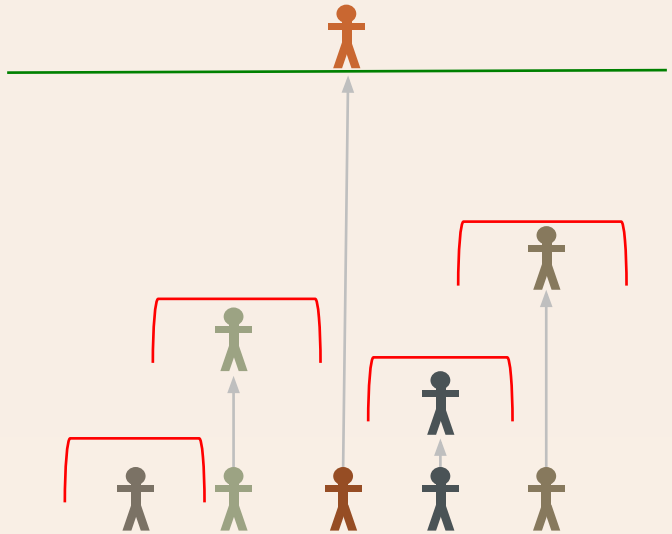
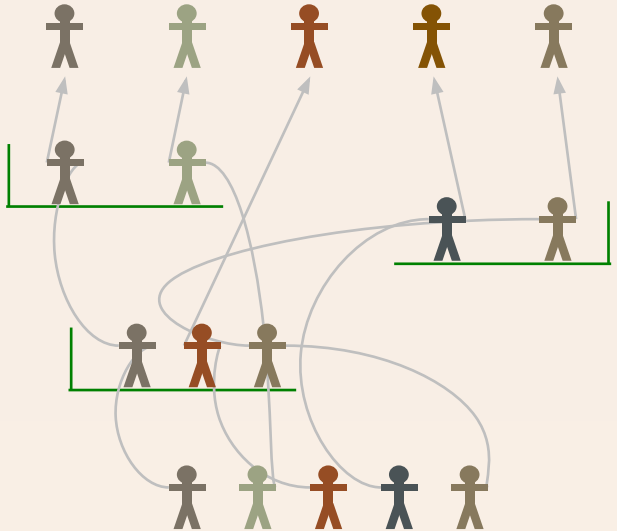
Structural inequity & othering is created by different groups and people having different pathways with structural road blocks to reach a goal.



Targeted universalism directs attention to pathways different groups face & suggests structural changes to make those paths smoother.



Health policies implementing targeted universalism would…

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1. Recognize the nature of our interconnected and relational structures within the larger, inequitable, institutional framework
2. Pay attention to **situatedness**: they account for the fact that students are situated differently in the economic and social landscape of society
    1. Difference can be internal or external system/network
3. Develop and fund a participatory/democratic planning and implement processes at the grassroots level
    - Include people of color in the process: their input is vital including identifying the universal
5. Protect the most vulnerable

Targeted Universalism: 5 Steps

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1. Articulate a particular goal based upon a robust understanding and analysis of the problem at hand.
2. Assess difference of general population from universal goal.
3. Assess particular geographies and population segments divergence from goal.
4. Assess barriers to achieving the goal for each group/geography.
5. Craft targeted processes to each group to reach universal goal.

Evolutionary path to change health's destiny

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1. Diagnose the root causes of structural racism and inequity
2. Focus on the social and economic determinants of health by assuring "health in all policies"
3. Control health care costs by centering management of chronic illness in the community
4. Generate new social and political ethos for public action based on reverence for life and a recognition of our mutual interdependence and responsibility

Solutions to racial anxiety in health care

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1. Identify potential triggers
2. Develop language ahead of time to ease the initial interaction and allow anxiety to dissipate
3. Affirm confidence and desire in inter-racial relationships

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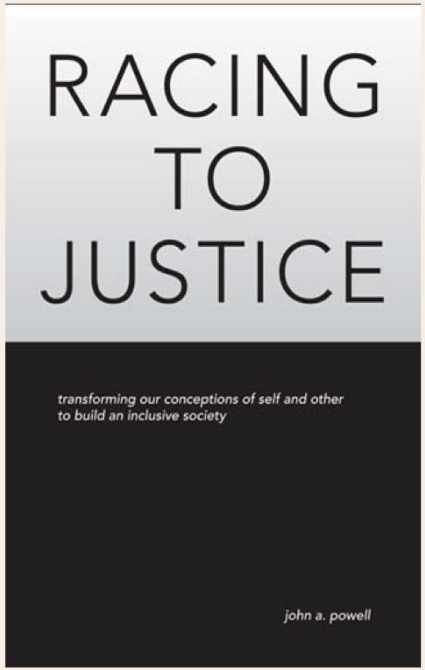

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