



NCACH Annual Summit

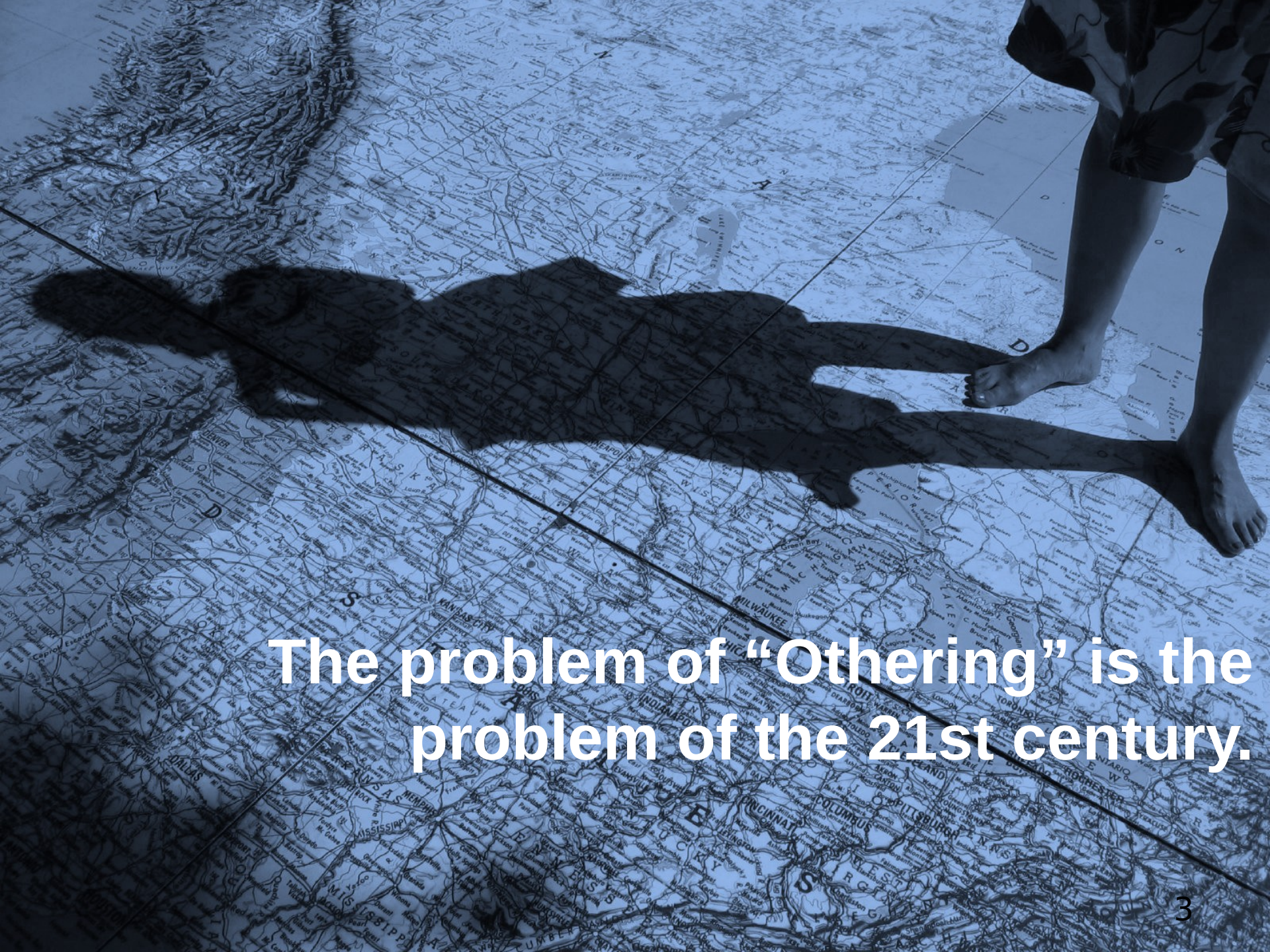
Othering and Belonging

PRESENTER:
john a. powell
Director,
Haas Institute

DATE:
April 12, 2019

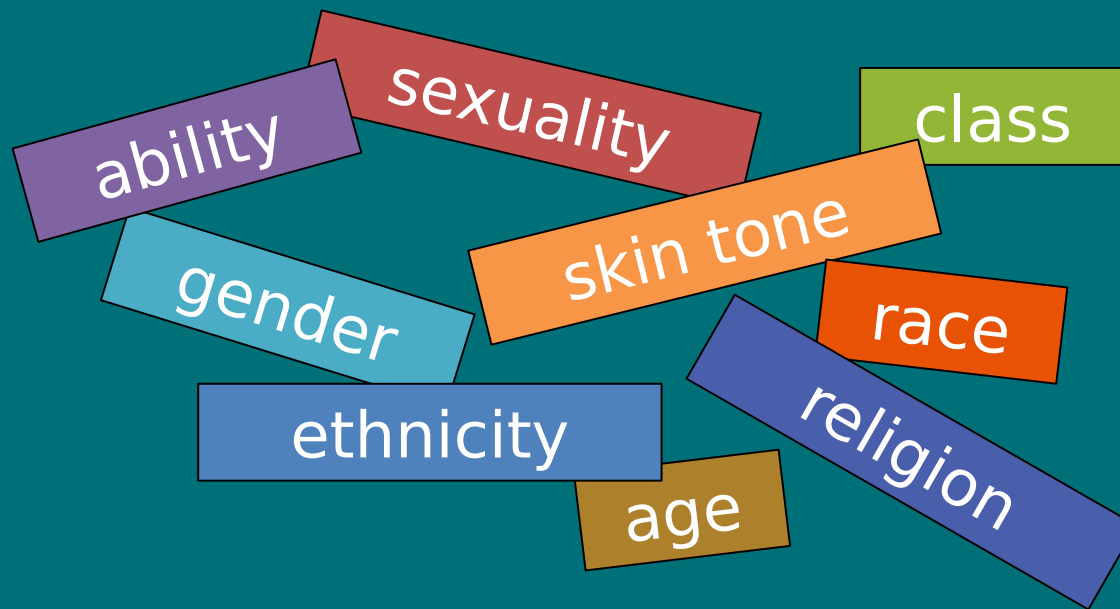
A high-angle, blue-tinted photograph showing the lower legs and feet of a person standing on a detailed topographic map. The person is wearing a dark, patterned skirt. A long, dark shadow is cast across the map from the person's feet towards the upper left. The map shows various geographical features, including cities like Denver, Kansas City, Milwaukee, and Chicago, and state names like Colorado, Kansas, Wisconsin, and Illinois. The overall mood is contemplative and suggests a connection between geography and health.

**Understanding and addressing
disparities is important but incomplete
in address health problems today**



The problem of “Othering” is the problem of the 21st century.

SAWUBONA

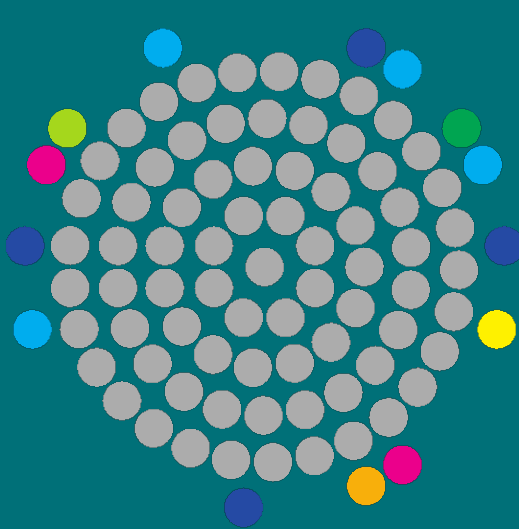


Othering is a generalized set of common processes that denies someone's full humanity based on them being less than and/or a threat to the favorite group

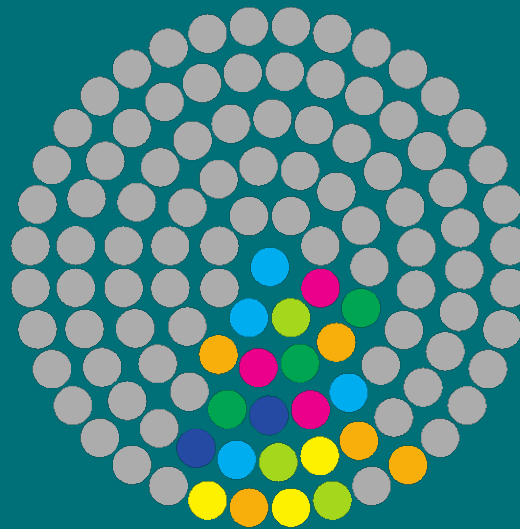


The opposite of Othering is *not* saming but belonging.

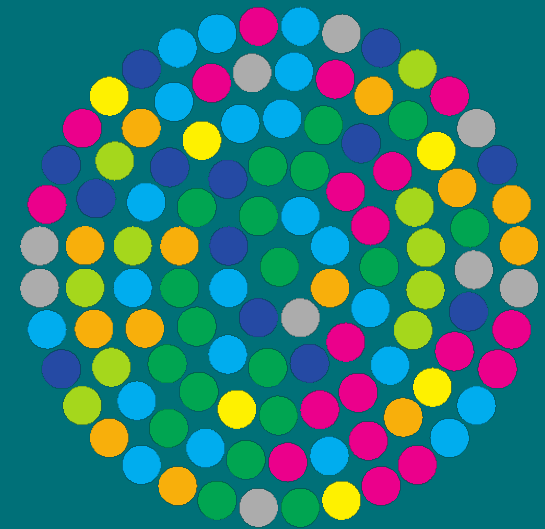
Belonging – Moving towards structural inclusion



EXCLUSION



INTEGRATION



INCLUSION

Belonging connotes something fundamental about both how groups are structurally positioned within society as well as how they are perceived and regarded.



EXCLUSION

INCLUSION

EQUITABLE
INCLUSION

Bridge — Listen, engage, organize, practice
love.

Deep Belonging

Belonging connotes something fundamental about how groups are structurally positioned within society as well as how they are perceived and regarded in



positioned in the collective narrative? Do they get to help shape the story of us.

What does belonging mean?



Supported by our
structures, policies and
stories. We have agency
in all domains. We are
served by all domains.
We are seen, connected
and caring and cared for.

Structural marginalization limits opportunity

We can define opportunity through access to:



EDUCATION



ECONOMIC



TRANSPORTATION



FOOD



HOUSING
COMMUNICATIONS



JUSTICE



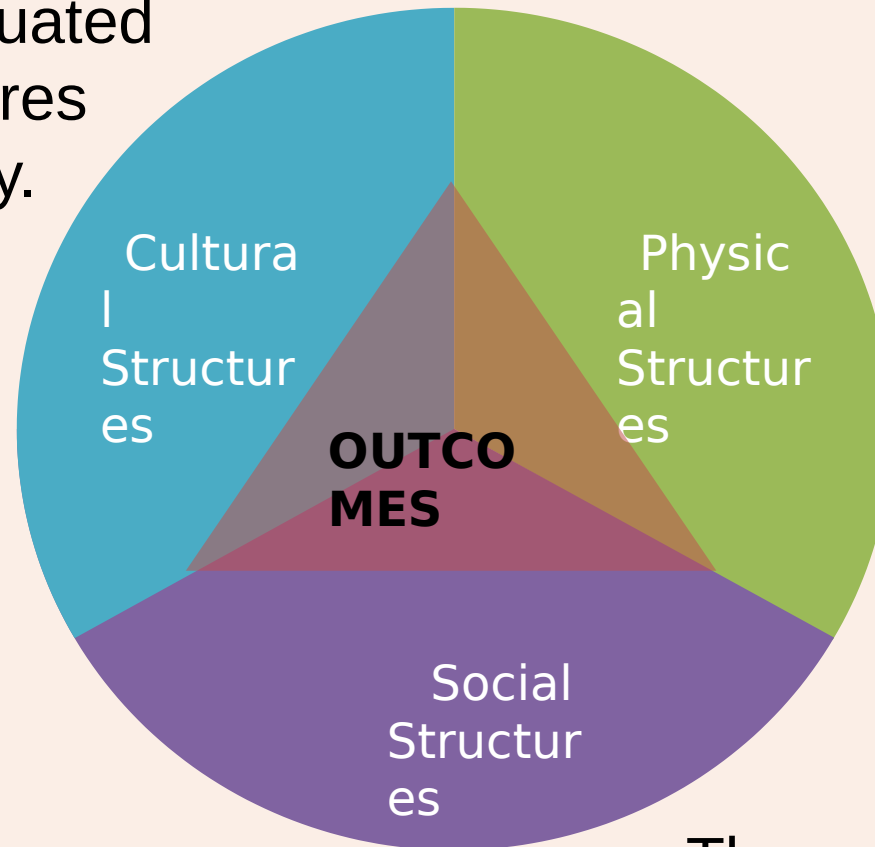
HEALTHCARE



This is an issue of **membership** and **belonging**.

Othering & belonging within structures

We are all situated within structures but not evenly.



Structures are not neutral.

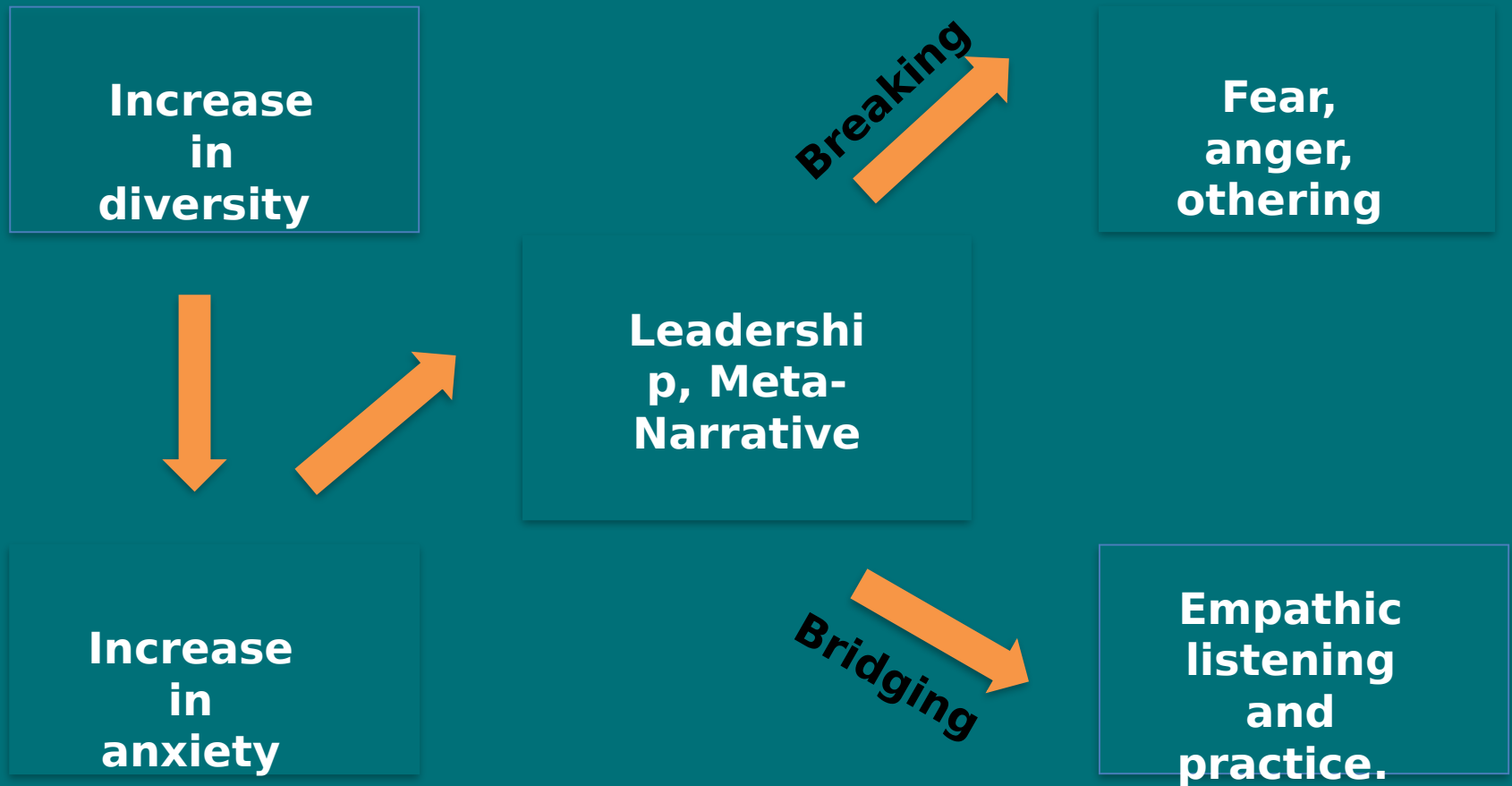
Power gives us greater positive access to structures and more ability to shape structures.

These structures interact in ways that produce a differential in outcomes.



https://www.youtube.com/watch?v=PGcbFj4L_gc

As diversity grows, so does anxiety.



There are two competing visions:

One is a smaller and smaller hierarchical we that fears, dominate and controls the other and exploits the earth.

The other vision is an expanding we that shares the earth and each other with dignity and respect and care

Narratives of Othering and Belonging



Breaking: When a group turns inwards and explicitly pushes away from other groups who are seen as dangerous, a threat and less than



Bonding: Connecting to people like you in some important way without disparaging others



Bridging: Ties to people who are unlike you in some important way; stories, structure contact

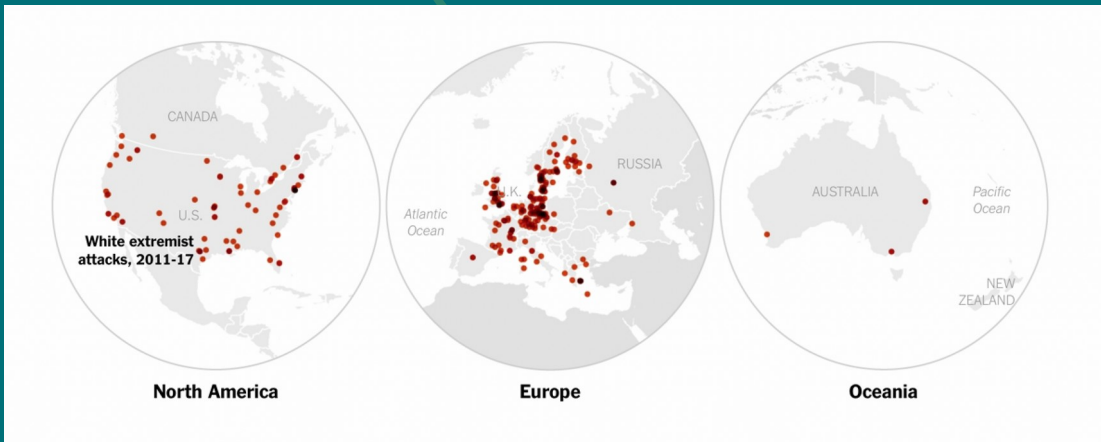
Examples of breaking social capital:



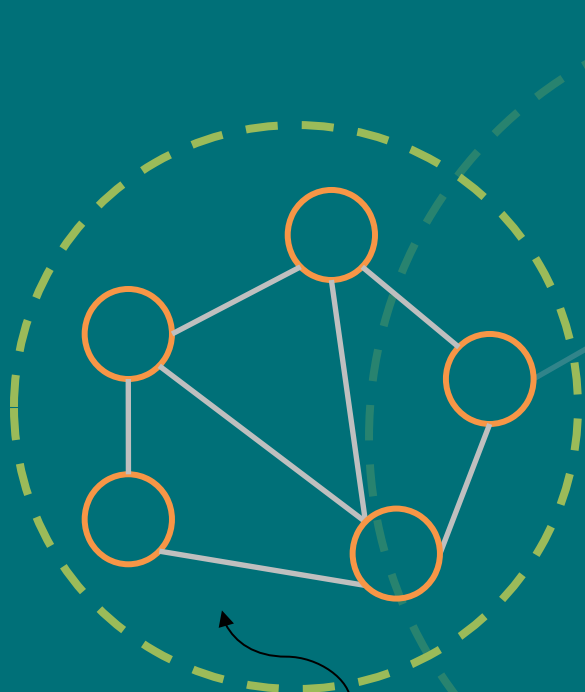
WHITE NATIONALISM

BREAKING

social ties among an exclusive group who explicitly push away from other groups who are seen as dangerous or a threat.



Examples of bonding social capital:



FAMILY

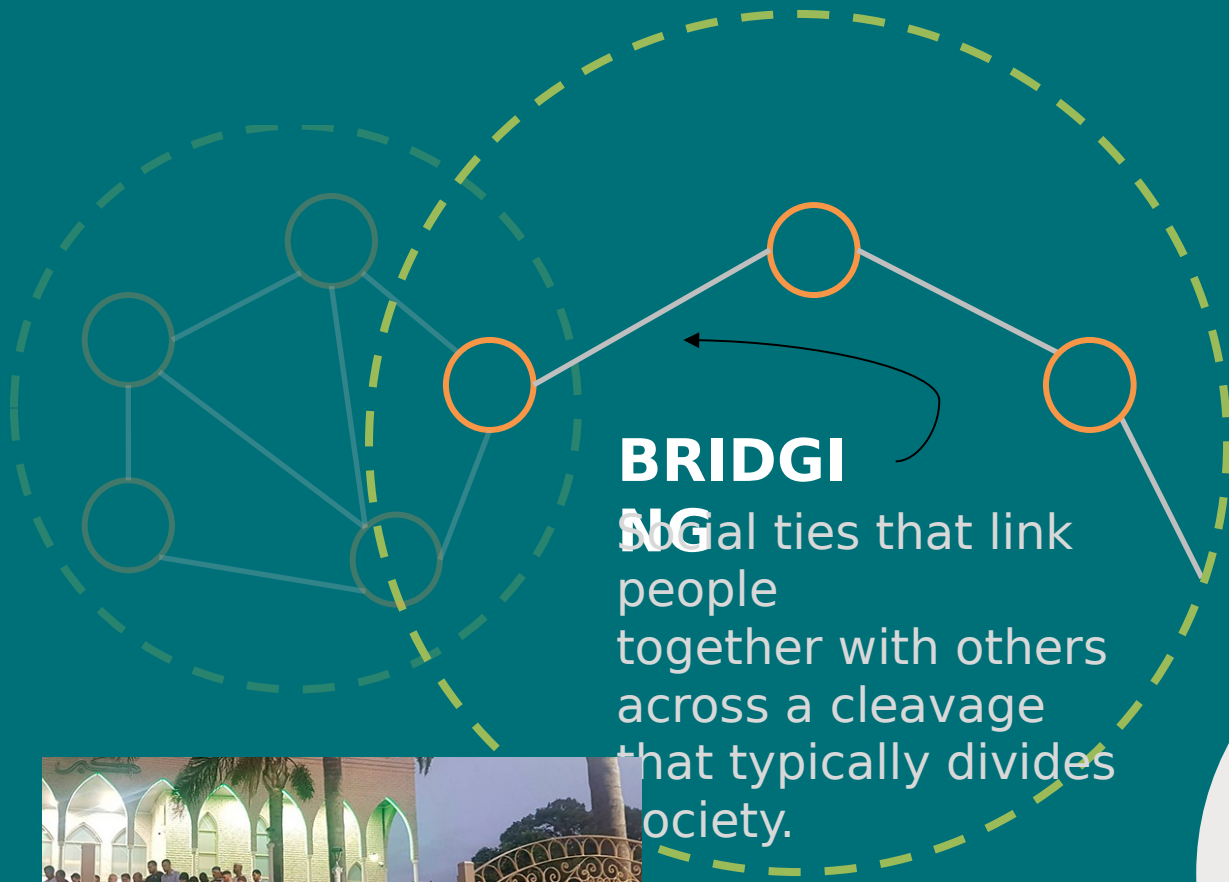


NEIGHBORHOOD

BONDING

NG Social ties that link people together with others who are primarily like them along some key dimension. These are

Examples of bridging social capital:



LGBT
Q



MOSQUE IN NEW
ZEALAND





Medical care is insufficient for ensuring better health outcomes. Around 90% of contributors to better health outcomes are social determinants of health.



Addressing the social

determinants of health



- Involves the medical care and public health systems, but clearly extends beyond these
- Requires collaboration with multiple sectors outside of health, including education, housing, labor, justice, transportation, agriculture, and environment

Not Belonging Has Consequences

*A Black Yale Student Was Napping,
and a White Student Called the Police*



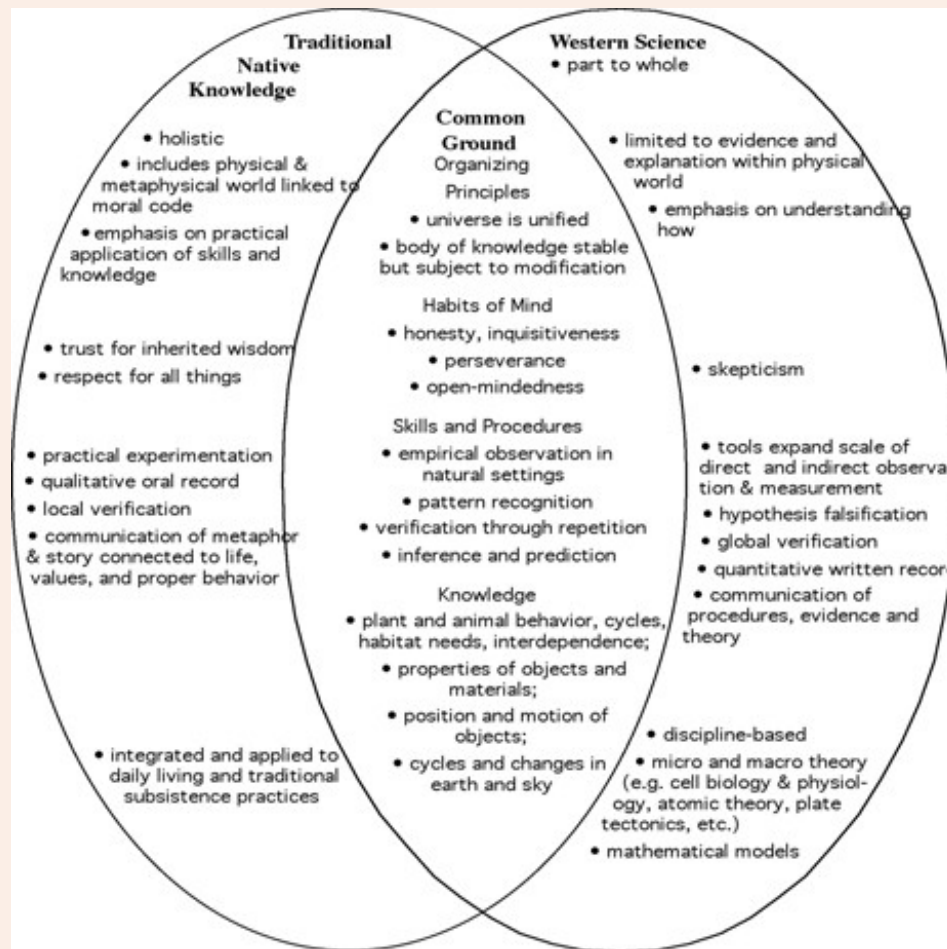
The Yale campus. A graduate student in the university's African studies program said she was harassed for taking a nap in a common area. Dave Sanders for The New York Times



*Starbucks C.E.O. Apologizes
After Arrests of 2 Black Men*



Frameworks of Health: Healing, Self, and Health in Native Communities



Health ~~≠~~ Healthcare

Where you live matters. It matters a lot!



Health and Space

- Your environment has a profound impact on your access to opportunity.
- Both your environment and your access to opportunity have a profound impact on your health.

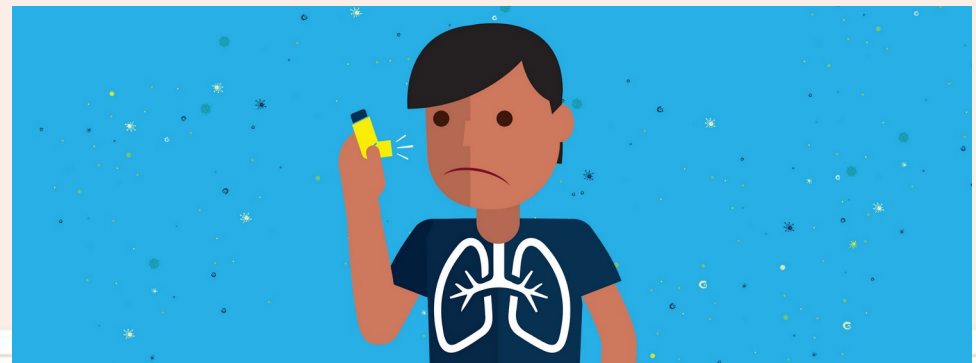


Othering & Health: Mechanisms

- 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 othering (acceptance of society's negative characterization) can adversely affect health
- Othering can create conditions that increase exposure to traditional stressors (e.g. unemployment, over-policing and criminalization)
- Experiences of discrimination may be a neglected psychosocial stressor

Health, Situatedness, and Trauma

- Opportunity structures can affect our bodies. Childhood trauma has a profound effect on brain development and health outcomes, which can lead to additional issues in children (behavioral, PTSD, etc.)
- Example: Children exposed to racial trauma early are more likely to contract asthma when exposed to toxic air. Children exposed to high levels of violence are more likely to have elevated asthma incidences



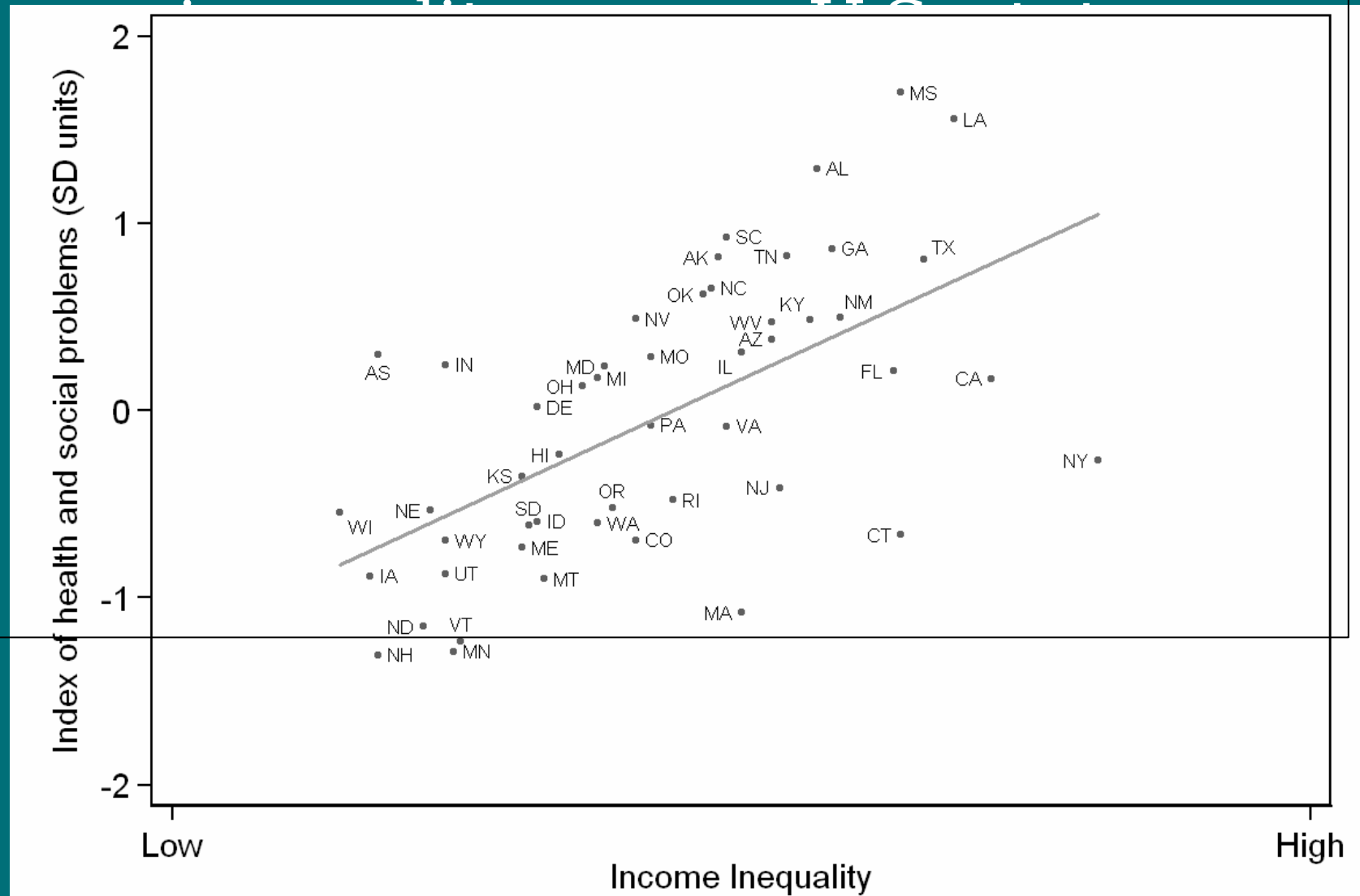
Health, Discrimination, and Stress



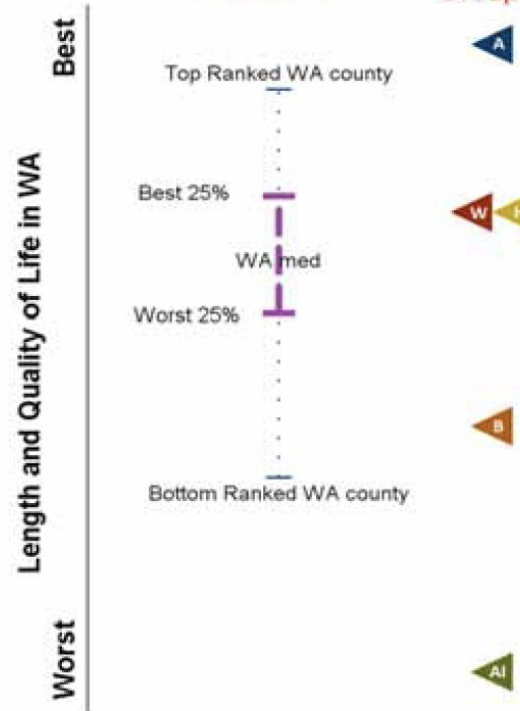
- Everyday discrimination is positively associated with:
 - coronary artery calcification (Lewis et al., Psy Med, 2006)
 - C-reactive protein (Lewis et al., Brain Beh Immunity, 2010)
 - blood pressure (Lewis et al., J Gerontology: Bio Sci & Med Sci 2009)
 - lower birth weight (Earnshaw et al., Ann Beh 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)

See also David R. Williams, “The House That Racism Built: Consequences and Opportunities for Health Equity”

Index of health and social problems in relation to



Source: Wilkinson & Pickett, *The Spirit Level* (2009)



▲ AI/AN
 ▲ Asian/PI
 ▲ Black
 ▲ Hispanic
 ▲ White

Data for every racial/ethnic group may not be available due to small numbers

Differences in Health Outcome Measures among C

	Healthiest WA County	Least Healthy WA County	AI/AN	Asian/PI	Black	Hispanic	White
Premature Death (years lost/100,000)	4,600	10,300	12,200	3,200	7,800	4,300	5,700
Poor or Fair Health (%)	11%	18%	24%	9%	21%	26%	12%
Poor Physical Health Days (avg)	3.3	4.6	6.6	2.1	4.0	3.8	3.7
Poor Mental Health Days (avg)	3.6	4.6	5.3	2.2	4.2	3.5	4.0
Low Birthweight (%)	3%	7%	8%	8%	10%	6%	6%

Health Outcomes by Washington County



County	Health Outcomes	Health Factors
Franklin	13	33
Garfield	29	13
Grant	26	34
Grays Harbor	36	35
Island	4	5
Jefferson	16	8
King	2	1
Kitsap	8	3
Kittitas	12	16
Klickitat	17	15

County	Health Outcomes	Health Factors
Lewis	30	32
Lincoln	14	9
Mason	28	37
Okanogan	34	36
Pacific	37	27
Pend Oreille	35	31
Pierce	20	18
San Juan	1	2
Skagit	19	23
Skamania	21	25

County	Health Outcomes	Health Factors
Snohomish	3	4
Spokane	23	19
Stevens	27	30
Thurston	5	6
Wahkiakum	22	26
Walla Walla	18	14
Whatcom	9	7
Whitman	6	11
Yakima	32	38

Demographics by County



	Chelan	Douglas	Grant	Okanogan
% AI/AN	2.0	2.1	2.2	13.0
% Hispanic	28.1	31.8	41.7	20.0
% 65+ years	18.4	17.2	13.5	21.2
% Rural	27.2	26.6	38.7	80.0

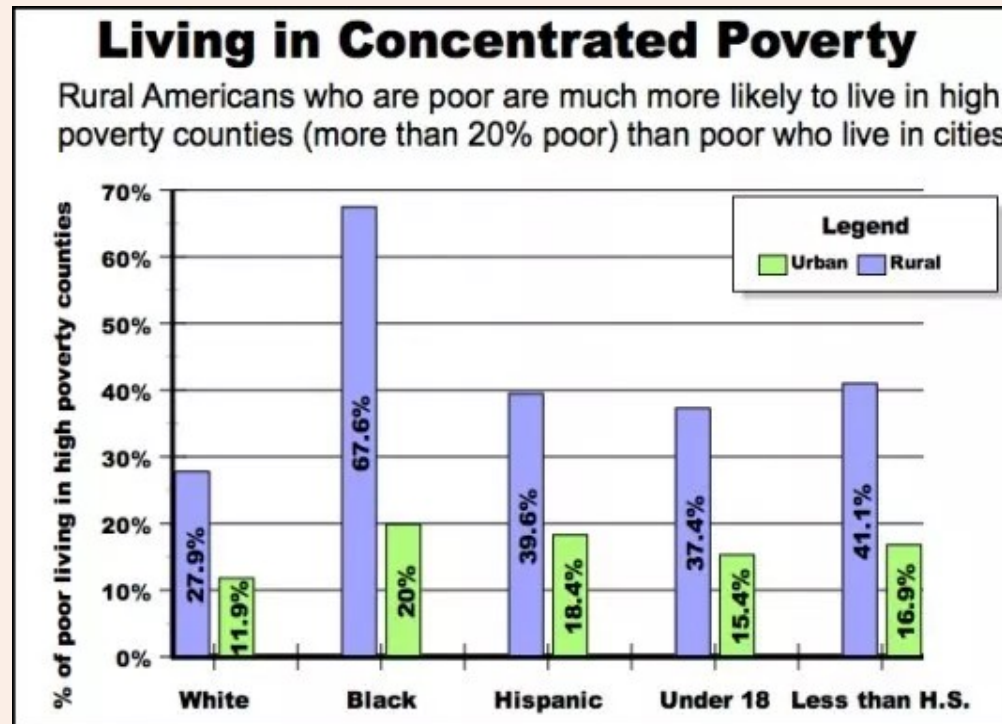
2019 County Health Rankings Report – Robert Wood Johnson Foundation

Health Rankings by County

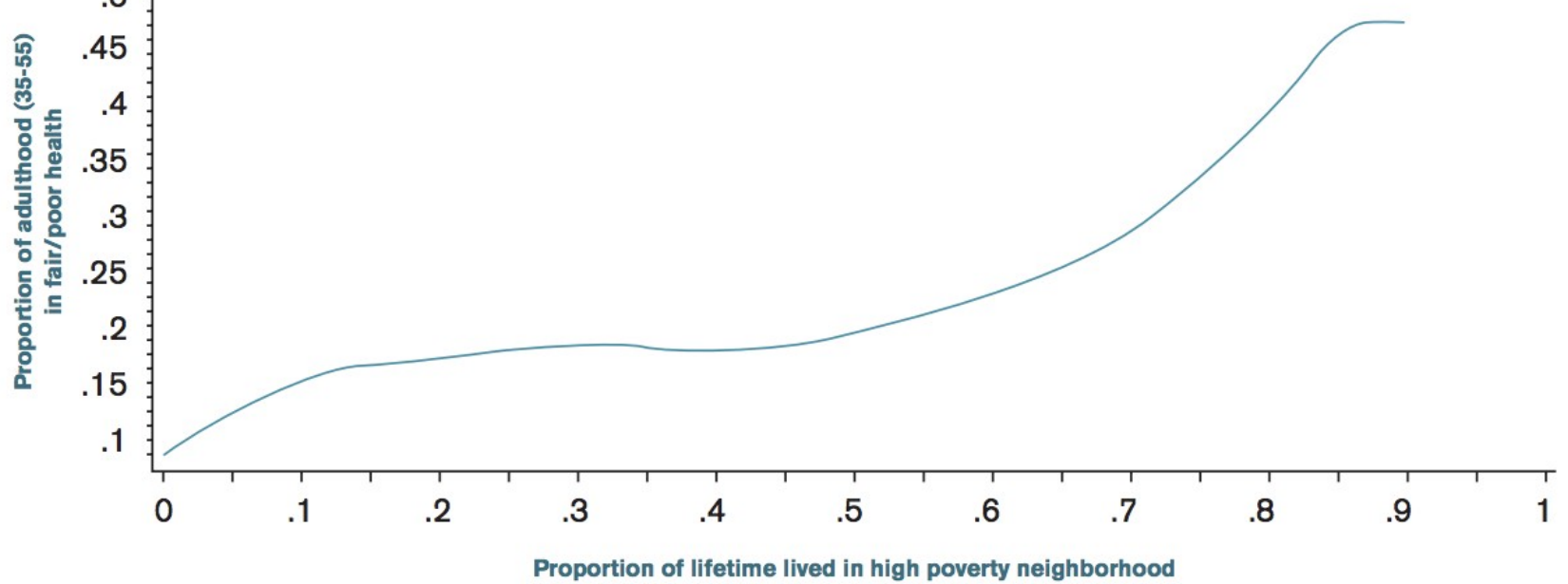


	Chelan	Douglas	Grant	Okanogan
Physical Environment County Ranking	23	33	32	29
Length of Life County Ranking	6	5	25	31
Social-Economic Factors County Ranking	15	18	25	34

Rural Poverty



Nationwide, 2006-
2010



The Sick Side of Town: How Place Shapes Disparities in Health, Robin Pearce & Haas Institute

Allostatic Load

10

biomarkers

High-risk

thresholds * 127

mm HG

80 mm HG

3.4%

4.2

g/dL

66

mg/dL

168

mg/dL

0.41

1. Systolic blood pressure

2. Diastolic blood pressure

3. Body Mass Index
* \leq 25th percentile for creatinine clearance; $>$ 75th percentile for others

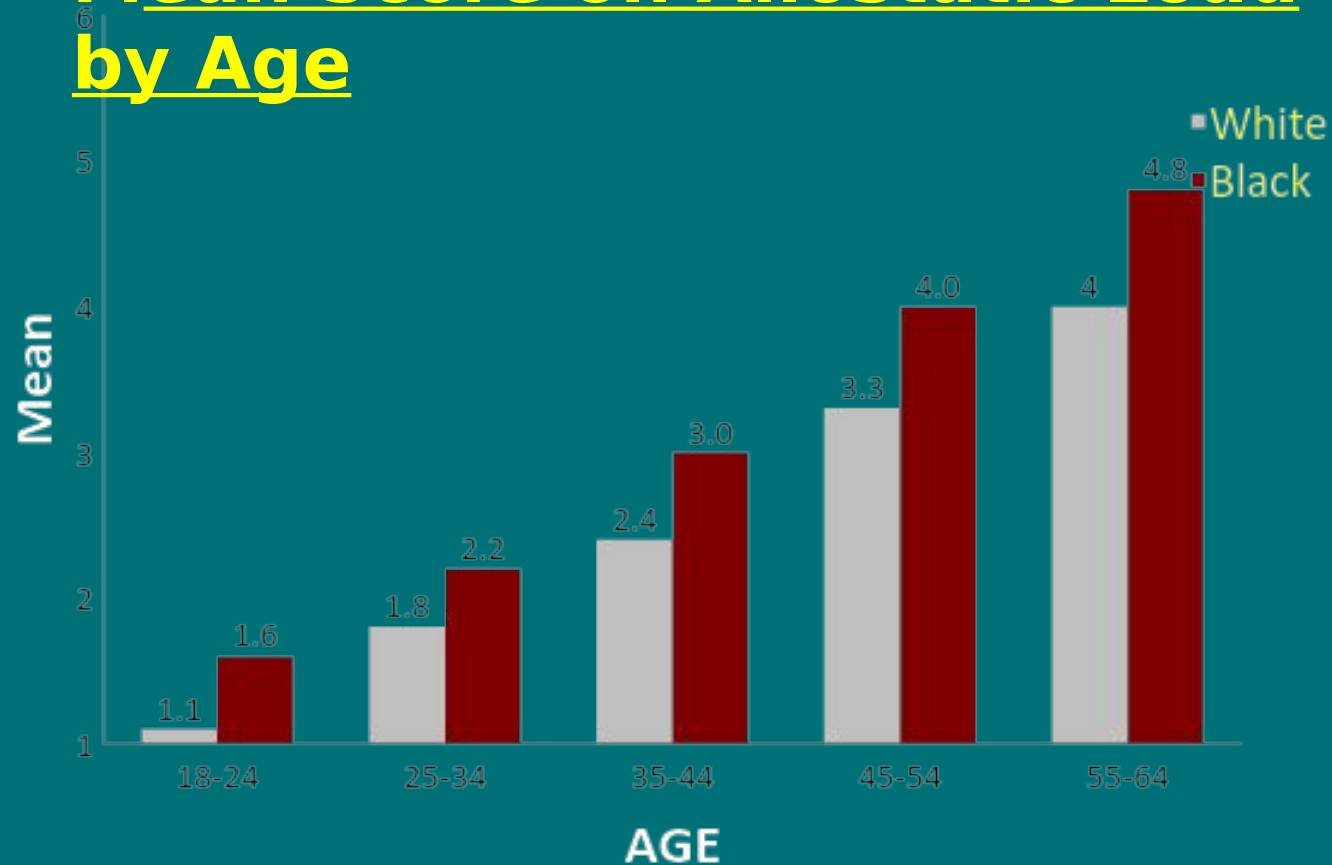
4. Glycated

mg/dL

9 μ mol/l

Geronimus, et al., AJPH, 2006

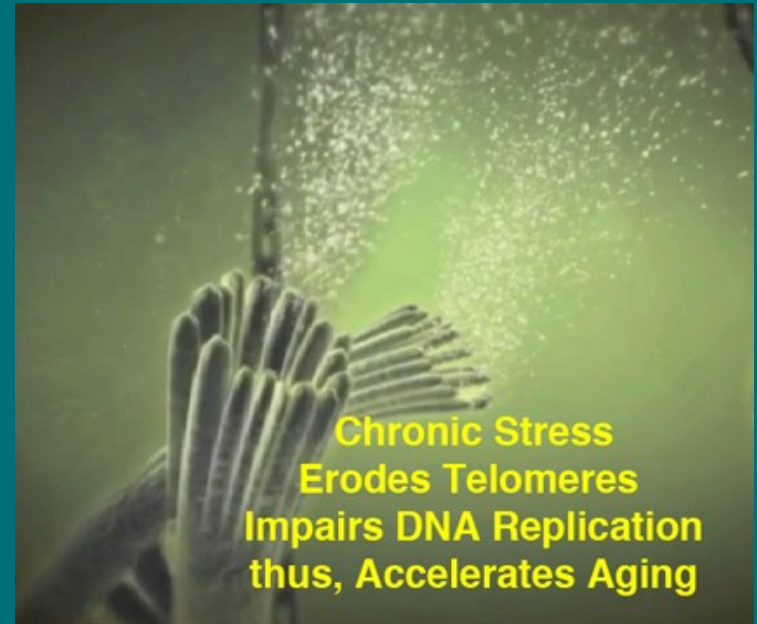
Mean Score on Allostatic Load by Age



Geronimus, et al., AJPA,
2006

Stress, Trauma, Anxiety and Life Expectancy

- Telomeres are chromosome components that are associated with cellular aging and risk for heart disease, diabetes and cancer
- Chronic stress and childhood adversity shortens telomeres.



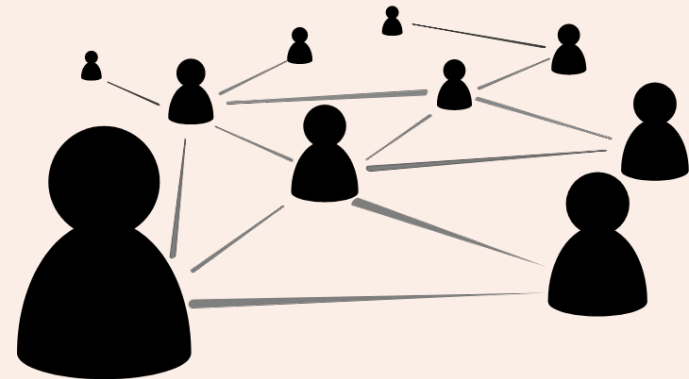
Health and Networks

Family Networks: self-reinforcing wealth transmission

Social Networks: self reinforcing income (jobs) transmission

Neighborhood Networks: self-reinforcing public goods that rely on wealth and income

Institutional Networks: selecting for admission



The *immigrant health paradox* :

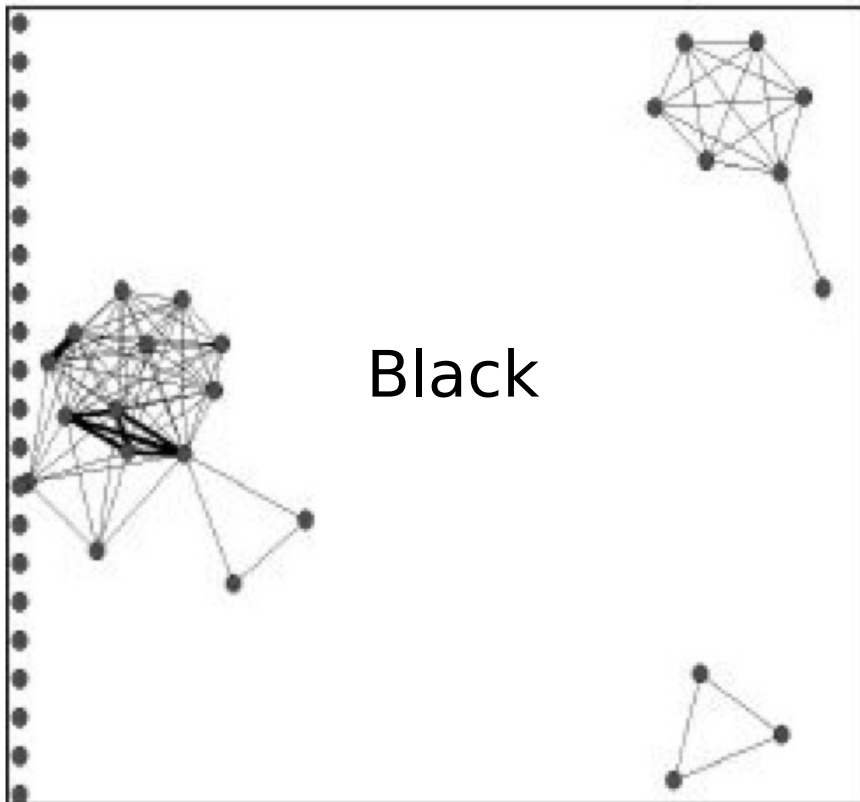
- Recent new immigrants have, on average, better health than native-born Americans, even when though they are poorer.
- Over time, their health outcomes become markedly worse. Isolation increases risk for cardiovascular disease, infectious diseases, diabetes, and strokes.
- If your environment gives you cues that you are not valuable and have little prospects for a good future, you internalize that devaluation.
- Strong social networks and hopefulness promote better health



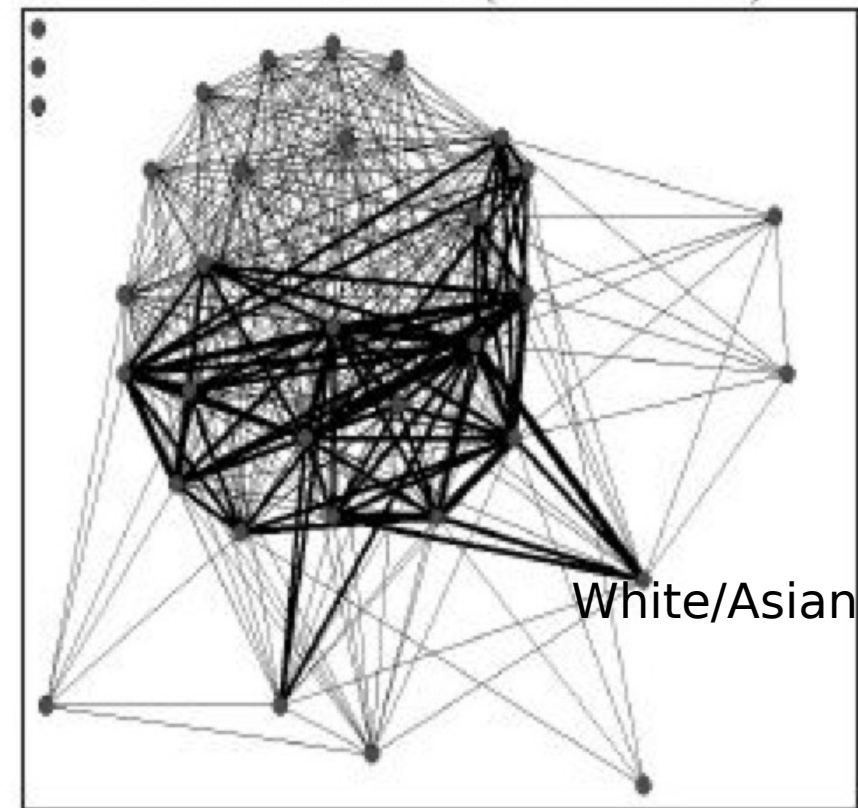
Race, Networks and Resilience

Connections to Community

Leaders South Shore –
almost 50% isolates and three cliques

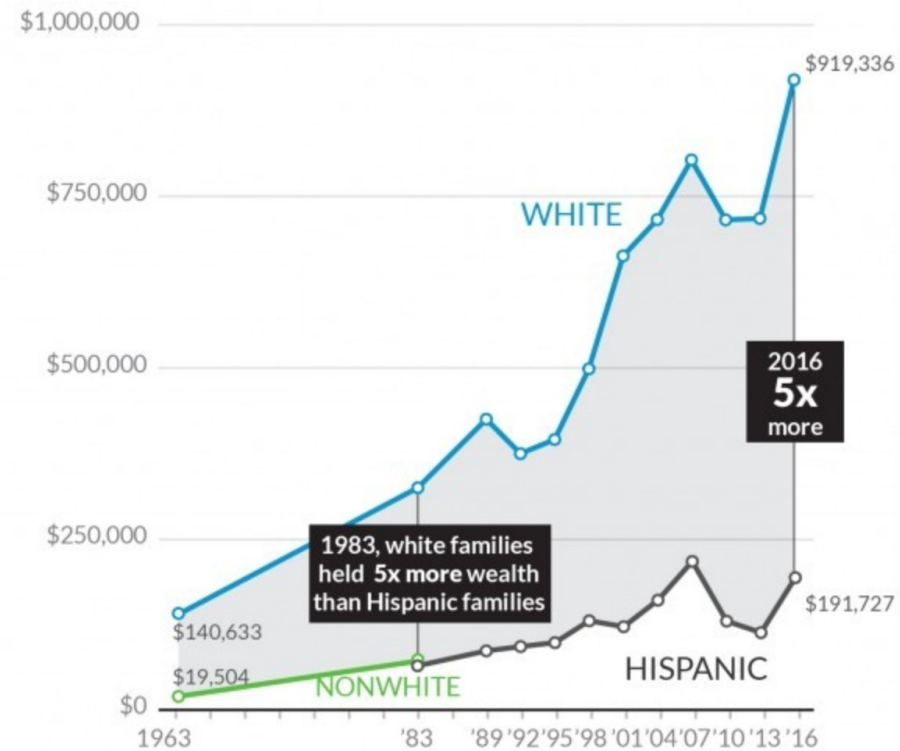
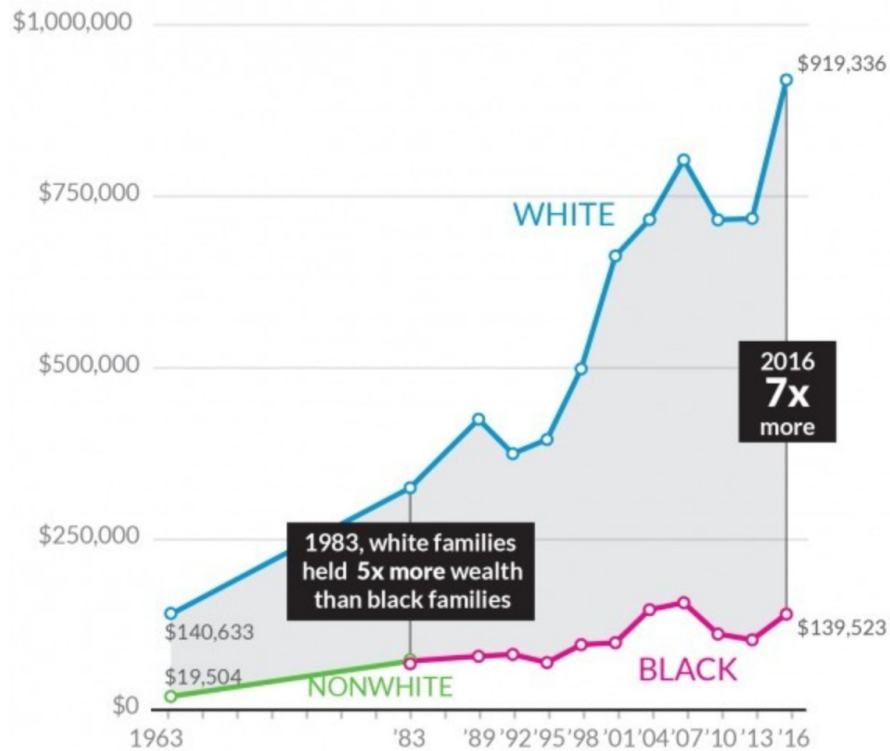


Hegewisch –
cohesion dominates (< 10% isolated)



Race and Networks

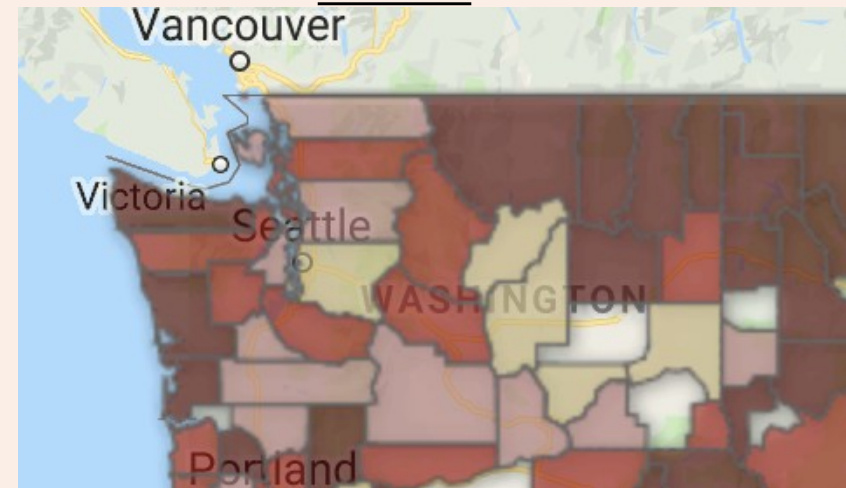
Average Family Wealth by Race/Ethnicity, 1963–2016



Suicide Rates in Washington

- United States: 13/100,000
- Washington State: 15.78/100,000
- Okanogan County: 22.8/100,000
- Chelan County: 12/100,000
- American Indians + Alaska Natives die by suicide at a higher rate than every other ethnic and racial group.

Suicide Rates



How to measure progress



RACING TO JUSTICE

*transforming our conceptions of self and other
to build an inclusive society*

john a. powell

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<http://www.iupress.indiana.edu/catalog/806639>



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