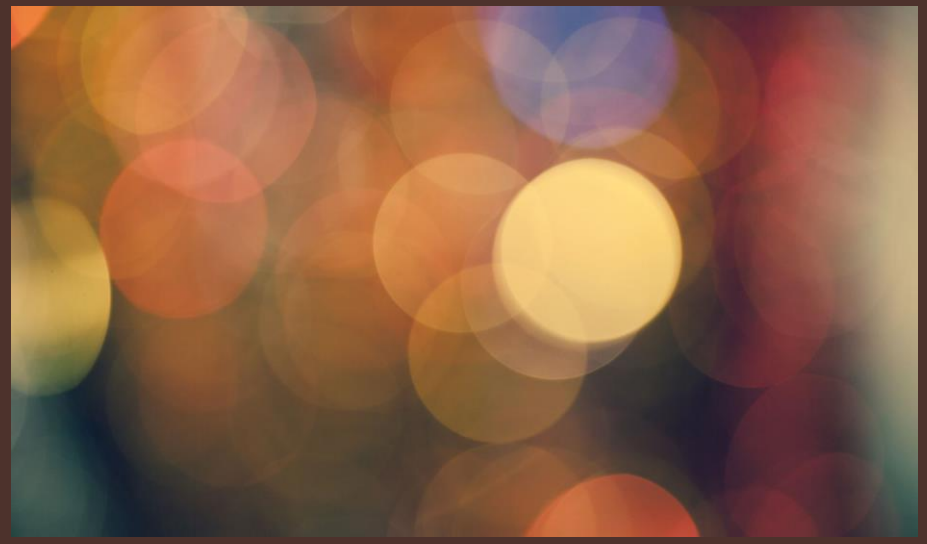

MOVING FROM INTENT TO IMPACT: STRATEGIES FOR ADDRESSING HEALTH INEQUITY

H.E.R.S. EQUITY
HEALTH EQUITY RESOURCES & STRATEGIES

Deidre McDaniel, MSW, LCSW
President & Founder

H.E.R.S.
HEALTH EQUITY RESOURCES & STRATEGIES

Disclosure Statement

I have no actual or potential conflict of interest in relation to this program/presentation.

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Warning, this presentation may cause emotional distress. During this presentation, I will be discussing historical events that may be disturbing, even traumatizing, to some participants.

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Themes

- To discuss and identify the root causes of health inequities.
- To discuss strategies for addressing health inequities at the individual and organizational levels.

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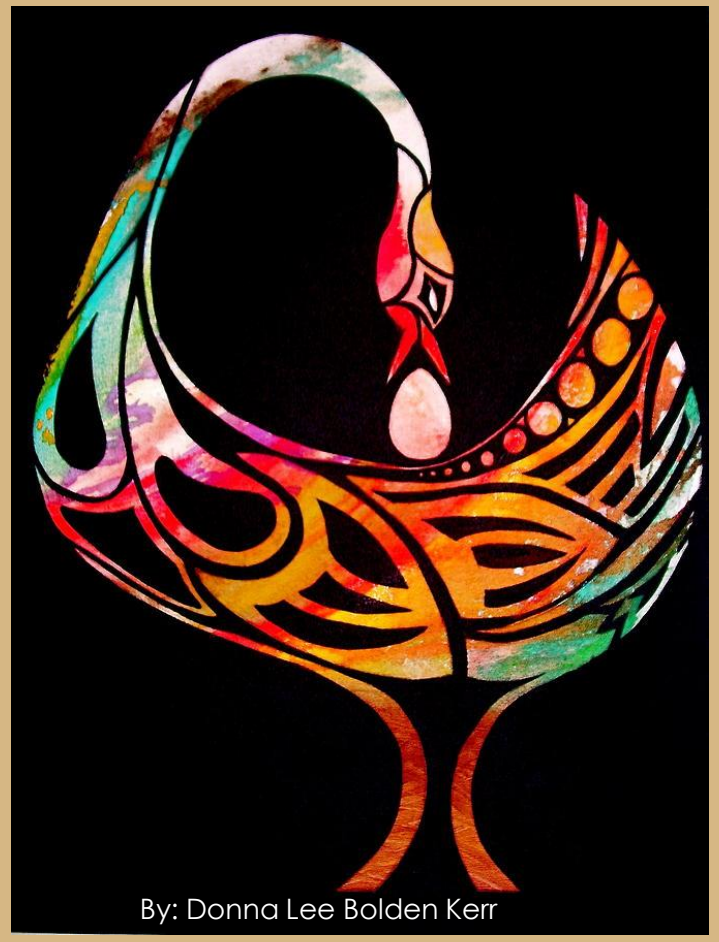

“We must return and claim our past in order to move toward our future.”

-- Sankofa - Akan people of West Africa

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What are your multiple identities?

How do those identities shape your experiences in your current roles?

Definitions

- Racial Equity - when race no longer determines one's socioeconomic outcomes; when everyone has what they need to thrive, no matter where they live.
  - Those most impacted by structural racial inequity are meaningfully involved in the creation and implementation of the institutional policies and practices that impact their lives.
  - People of color, are owners, planners, and decision-makers in the systems that govern their lives.
  - Acknowledgement and account for past and current inequities, and provide all people, particularly those most impacted by racial inequities, the infrastructure needed to thrive. *(Center for Social Injustice)*

Definitions

- Health Equity - outcome whereby you can't tell the difference in health or life expectancy by race, and as a process whereby we explicitly value people of color and low-income communities to achieve the outcome we seek. (APHA Past-President Camara Phyllis Jones, MD, MPH, PhD)

- Health disparities - health inequalities that are considered unnecessary, avoidable and unfair/unjust (Commission on Social Determinants of Health, World Health Organization, 2008)

- Health inequities - are systematic differences in the opportunities, groups have to achieve optimal health, leading to unfair and avoidable differences in health outcomes (National Academy of Sciences, 2017).

- Structural inequities - are the personal, interpersonal, institutional, and systemic drivers—such as, racism, sexism, classism, able-ism, xenophobia, and homophobia—that make those identities salient to the fair distribution of health opportunities and outcomes (National Academy of Sciences, 2017).

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"WE HAVE REDUCED THE CULMINATION OF A PERSON'S LIFE DOWN TO BULLET POINTS AND THEN MAKE OUR JUDGMENTS AND ASSUMPTIONS BASED ON THOSE BULLET POINTS."

(PATTON, 2015)

Patton, M.J. (2015). Qualitative research and evaluation methods (4th Ed.). Thousand Oaks: Sage

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Normalization of Disparities

- African Americans/Blacks account for 42% of new HIV diagnoses (2018).
- The rate of chlamydia among Black females was five times the rate of White females; Black males were 6.8 times the rate of White males (2018).
- The overall rate of reported gonorrhea cases among Blacks was 7.7 times the rate among Whites (2018).
- Hispanics/LatinX accounted for 27% of new HIV diagnoses.
- The rate of syphilis among Hispanics was 2.2 times the rate of Whites.
- Hispanics/LatinX had the third highest death rate for hepatitis C among all race/ethnic groups (2018).
- Asians/Pacific Islanders have historically experienced the highest hepatitis B-related mortality rates at 46.1% the highest rate of any ethnic group.

https://www.cdc.gov/nchhstp/healthdisparities/default.htm

“The primary function of racial ideologies is to create a justification for the perpetuation of a racist social structure.”

(Dorothy Roberts, 1997)

Roberts, D. (1997). *Killing the black body: Race, reproduction and the meaning of liberty*. Vintage Books

US History of Oppression

- **Native American Community**
  - Community massacres
  - Pandemics from introducing new diseases
  - Prohibiting spiritual and cultural practices
  - Forced removal of children to “Indian boarding schools” (1880s – 1930s)
  - Suppression of Native American spirituality became codified in the 1883 Indian Religious Crimes Code
  - “Indian Adoption Project” authorized payment to states removing children from their homes (1958)

Schiele, J. (2020). *Social welfare policy: Regulation and resistance among people of color*. Cognella

US History of Oppression

- **Asian American Community**

  - 1870: U.S. Naturalization Act- prohibited wives of Chinese laborers from entering the U.S.
  - 1882: U.S. Chinese Exclusion Act- prohibited Chinese laborers from entering the U.S. (extended twice)
  - 1906: San Francisco School Board- ordered the segregation of Japanese, Chinese, and Korean children to Oriental public schools
  - 1913: California Alien Land Law- prohibited anyone ineligible for citizenship able to purchase land
  - 1920: California Alien Land Law- amended to prohibit Asian immigrants from serving as guardians of land purchased in the name of minor children (done to drive Japanese out of farming)
  - 1922: U.S. Cable Act- revoked U.S. citizenship to women married to an "alien" who was ineligible for citizenship (amended in 1931 allowing women to retain U.S. citizenship)
  - 1924 U.S. Immigration Act: stopped immigration from Asian countries except the Philippines
  - 1942 (March 21st): Public Law 503- sanctioned the exclusion and incarceration of Japanese Americans & the first large group of west coast excluded Japanese Americans arrived at Manzanar, California concentration camp

Schiele, J. (2020). *Social welfare policy: Regulation and resistance among people of color*. Cognella

US History of Oppression

- **LatinX Community**
  - Large portions of Mexico (California, Arizona, Nevada, New Mexico, SW Colorado, Utah, SW Wyoming and Texas) were incorporated into U.S. in 1848 (Mexican American War; Treaty of Guadalupe Hidalgo).
  - Puerto Rico became a territory of the U.S. in 1898 but treated as a separate country culturally and administratively (Spanish American War).
  - First Quota Law and creation of National Origins Systems limited immigration to 3% per nationality already in U.S. instituted bias towards European immigrants (1921-1929).
  - National Origins Act limited immigration to 2% of nationalities based on 1829 census reinforcing bias towards European immigrants 1929 National Quota Law set annual quotas based on 1829 census (1924).
  - Anti Mexican sentiment; LatinX viewed as supplanting American workers (Post 1929 - Great Depression)
  - New Deal policy exempted agricultural and domestic workers of Old Age Insurance of the Social Security Act of 1935 (Dixiecrats/Jim Crow)

Schiele, J. (2020). *Social welfare policy: Regulation and resistance among people of color*. Cognella

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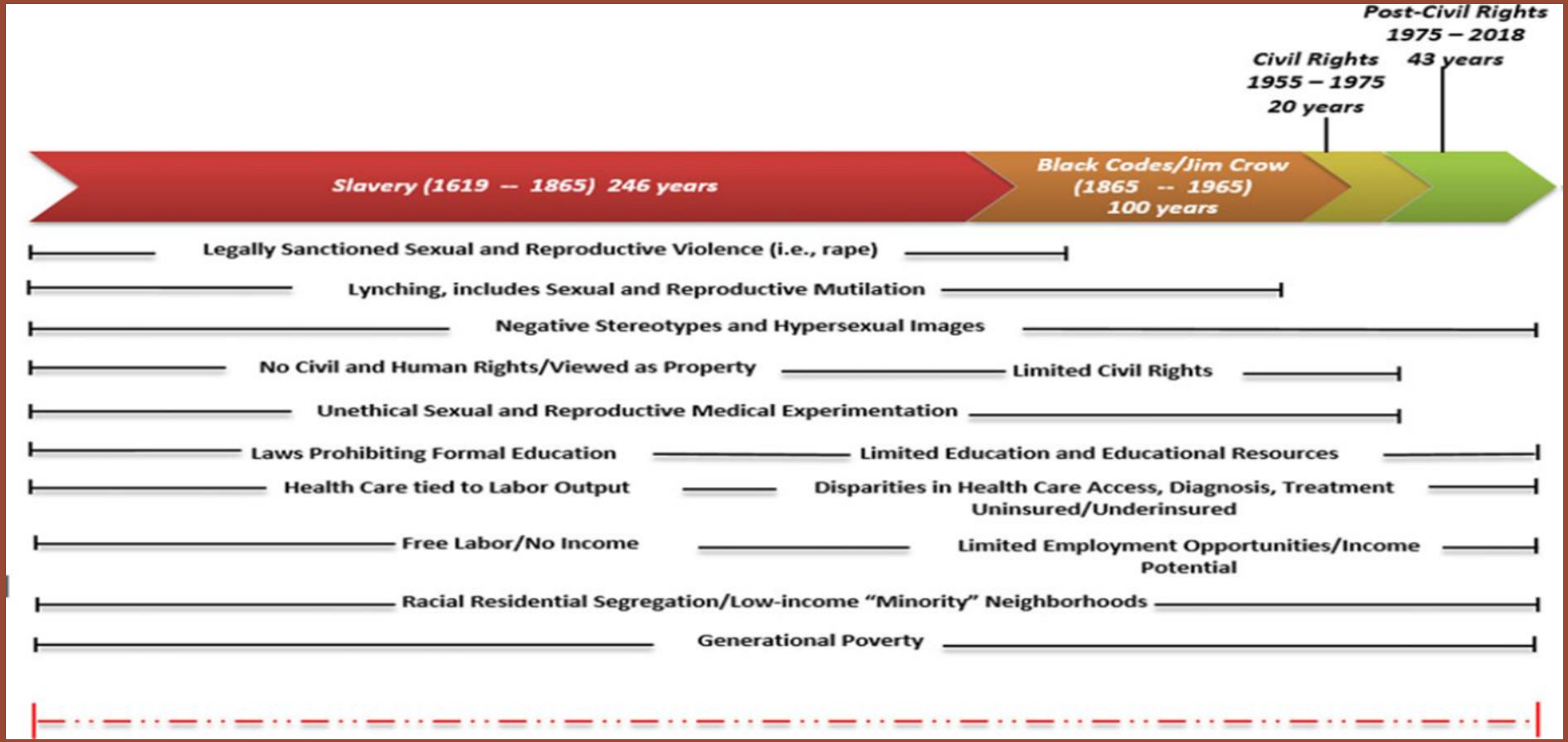
US History of Oppression in Medicine

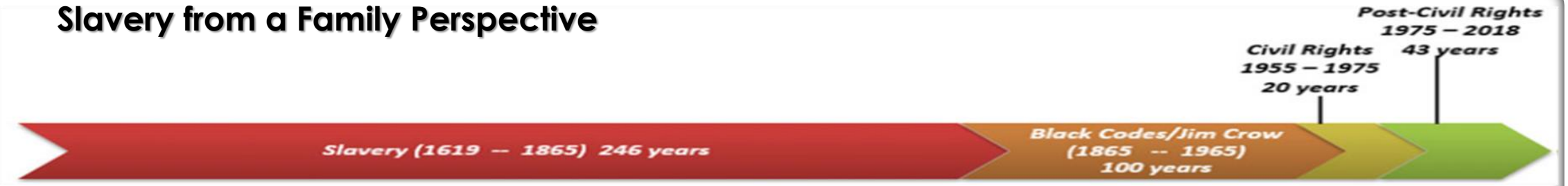
- **African American Community**
  - Slavery & Slave Codes
  - Medical Experimentation
  - Medical Specimens
  - Medical Capitalism
  - Medical Procedures
  - Psychological Trauma

Painting Sourced from www.endo-metrix.com



Prather, C., Fuller, T.R., Jefferies, W. L., Marshall, K.J., Howell, A.V., Belyue-Umole, A. & King, W. (2018). Racism, African American women, and their sexual and reproductive health: A review of historical and contemporary evidence and implications for health equity. Health Equity, 2(1)

Slavery from a Family Perspective



J. McDaniel
(1840-1909)

J. McDaniel
(1899-1956)

J. McDaniel
(1926-2017)

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Intersectionality

"Within the lesbian community I am Black, and within the Black community I am a lesbian. Any attack against Black people is a lesbian and gay issue, because I and thousands of other Black women are part of the lesbian community. Any attack against the lesbians and gays is a Black issue, because thousands of lesbians and gay men are Black."

Audre Lorde

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IMPACT ON HEALTH OUTCOMES

Impact on Health Outcomes

- Stigma, discrimination, and bias by healthcare providers were among major barriers to care
- More than 30 states support laws to prosecute people living with HIV. (Weibel, 2018)
- Poverty limits access to healthcare, HIV/STI testing, and medications that can lower levels of HIV in the blood and help prevent transmission. (Weibel, 2018).
- Language barriers and concerns about immigration status present additional challenges to accessing HIV testing, prevention, and treatment.
- Asian Americans, LatinX, and Muslims are subjected to assumptions that they are not U.S. citizens (National Academies of Science, 2017)

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IN EQUALITY

"POLICES CAN BE NEUTRAL IN LANGUAGE AND VAGUE IN ITS IMPLEMENTATION AND THEREFORE TOO BROAD TO MAKE A REVOLUTIONARY IMPACT."
(Deidre McDaniel)

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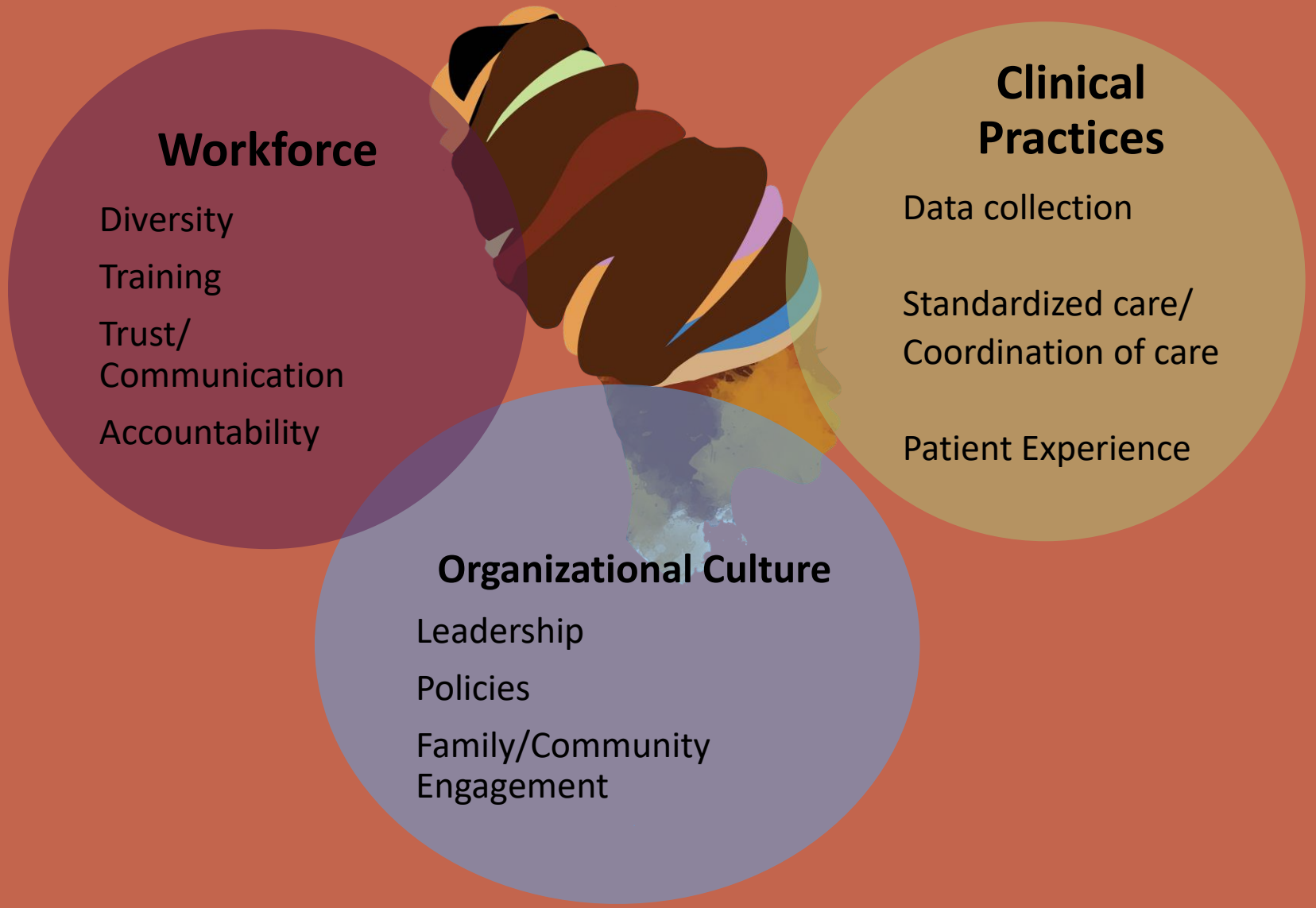
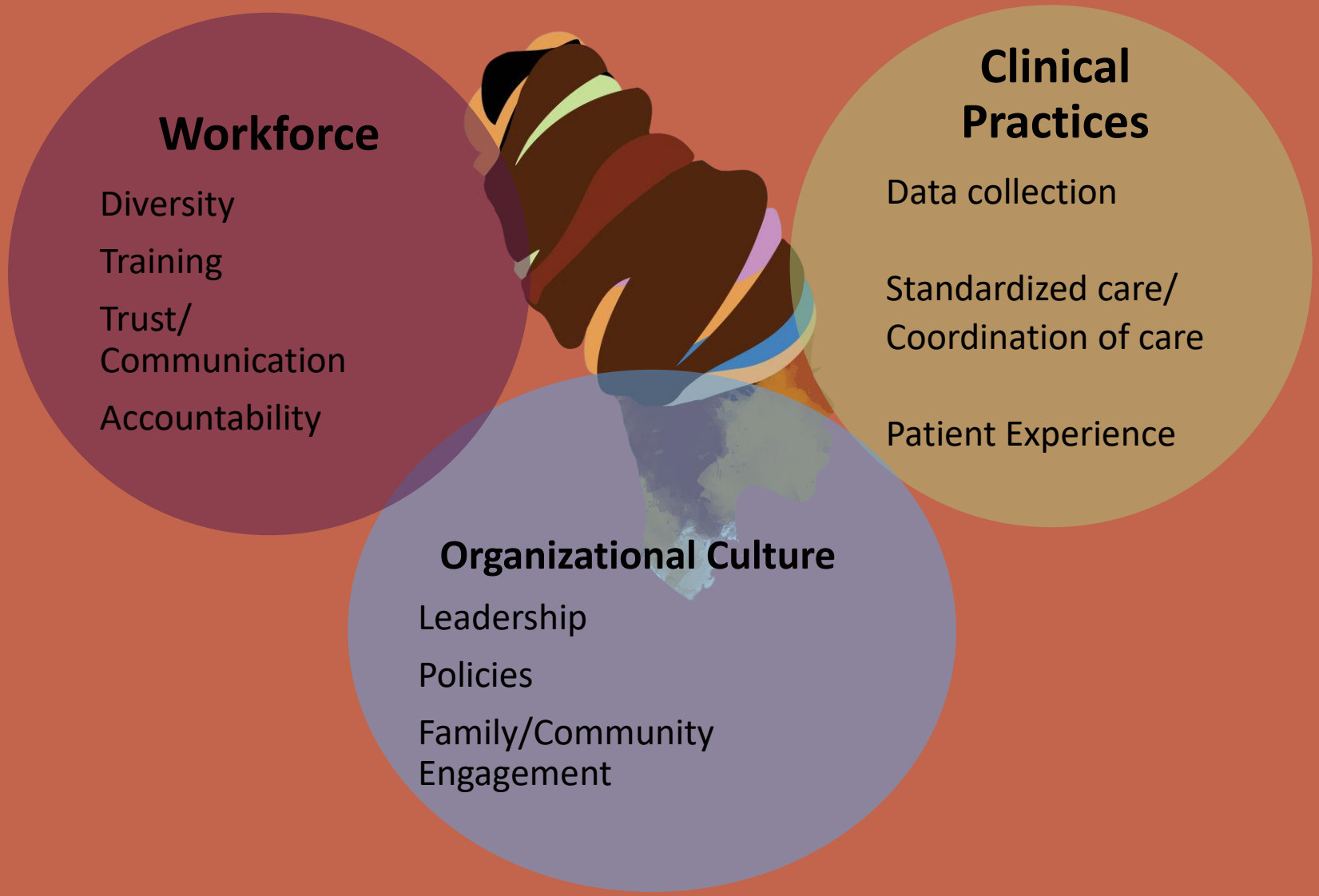
Strategies for Achieving Health Equity

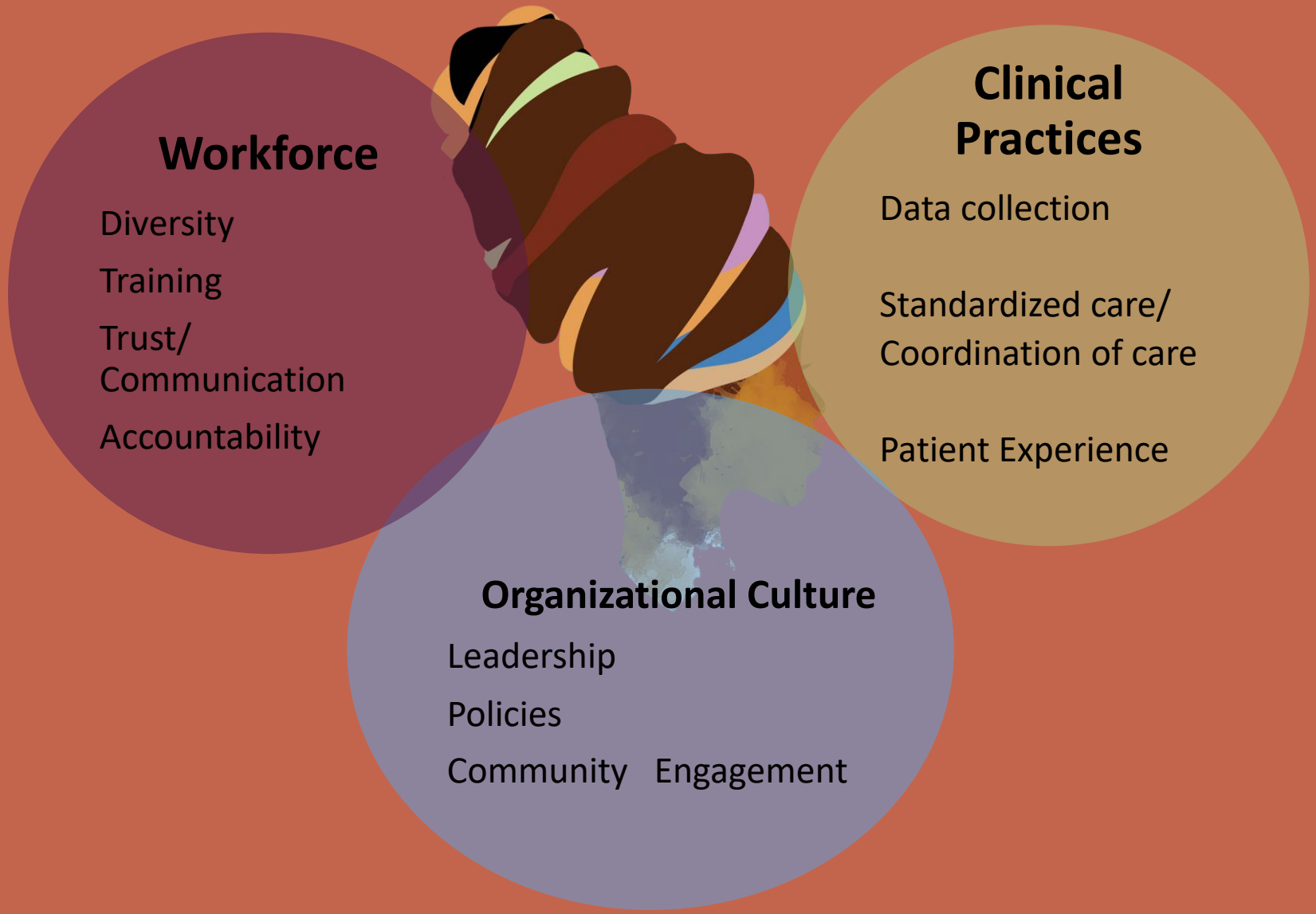
Strategies for Achieving Health Equity



Strategies for Achieving Health Equity

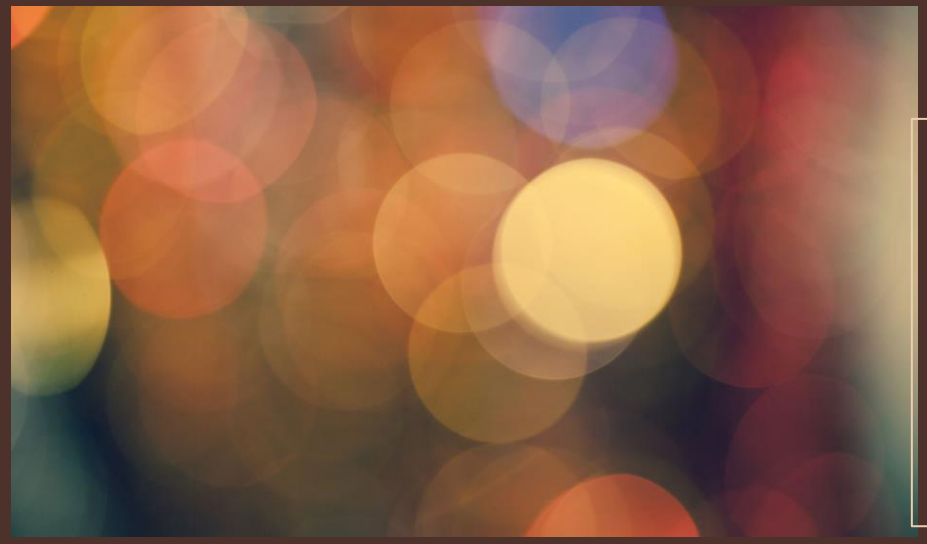


Strategies for Achieving Health Equity



Strategies for Community Engagement

- Listen to clients/patients!!!
- Inclusion in the development of Standards for Equitable & Respectful Care
- Conduct group discussions and listening sessions routinely to gather patient/client/community level information on strengths and gaps
- Membership on Equity Committees/Workgroups
- Inclusion in Coordination of Care



"We must guard against unintended consequences that can create or sustain injustice and power imbalances and must strengthen forces that can promote social transformation to a more just society and societal processes (Beth Glover Reed, 2005)."

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QUESTIONS ?

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Thank You For Attending