A Public Health Transformation: Uncovering the Root Causes to Our Health

It Takes A Village
September 12, 2019

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Policy & Innovation, Center for Health Equity
Goals

- Introduce theory of change to improve public health
- Discuss the role of equity in our public health work
- Reflect on frameworks to transform our communities
Our Vision
A healthy Louisville where everyone and every community thrives

Our Mission
To achieve health equity and improve the health and well-being of all Louisville residents and visitors
WHAT IS HEALTH EQUITY?

A Louisville where everyone has a fair and just opportunity to be healthy and reach their full human potential.

Download the report at HealthEquityReport.com
More than just disparities.....

Health disparities: differences in health status and mortality rates across population groups, which can sometimes be expected.
   e.g., Cancer rates in the elderly vs children

Health inequities: differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust.
   e.g., Life expectancy difference from one neighborhood to another
Life Expectancy
Life expectancy at birth, five year estimates

Life Expectancy, in years

- 69.64 - 71.79
- 71.80 - 73.29
- 73.30 - 77.00
- 77.01 - 78.60
- 78.61 - 82.21

Age-adjusted to 2000 U.S. Standard Population

LOJIC
Louisville/Jefferson County Information Consortium

CENTER FOR HEALTH EQUITY
A Division of Public Health and Wellness

KENTUCKY HEALTH ACCESS NETWORK
Racism is....

“... a system of structuring opportunity and assigning value based on phenotype (“race”), that:
  • unfairly disadvantages some individuals and communities
  • unfairly advantages other individuals and communities

....undermines realization of the full potential of the whole society through the waste of human resources.”

- Dr. Camara Jones, Former President of the APHA

“...a system of advantage based on race.”

- David Wellman, Portraits of White Racism
Systems of Power: The Impact on Our Community

INTERNALIZED
Beliefs within individuals
Stereotype Threat

INTERPERSONAL
Bigotry between individuals,
Racial Anxiety

INSTITUTIONAL
Bias within an agency, school...

STRUCTURAL
Cumulative among institutions,
durable, multigenerational
Racism Codified in Public Policy

National Labor Relations Act (1935)
Excluded farm and domestic workers (who were predominantly African American in the 1930s) to appease Dixiecrats.

Federal Housing Administration (1934-1968)
Otherwise celebrated for making homeownership accessible to White people by guaranteeing their loans, the FHA explicitly refused to back loans to Black people or even other people who lived near Black people.

Mandatory Minimum Drug Sentencing (starting in 1980s)
A key mechanism in the War on Drugs, which criminalized drug use by Black people and other people of color following the Civil Rights and other social justice movements.
In Your Spare Time…

*The New Jim Crow*

*MICHELLE ALEXANDER*

*Mass Incarceration in the Age of Colorblindness*

*The Color of Law*

*RICHARD ROTHESTEIN*

*A FORGOTTEN HISTORY OF HOW OUR GOVERNMENT SEGREGATED AMERICA*

*What You Are Getting Wrong About Appalachia*

*ELIZABETH CATTE*

*1619*

*IRA KATZNELSON*

*WHEN AFFIRMATIVE ACTION WAS WHITE*

*An Untold History of Racial Inequality in Twentieth-Century America*
Systems of Power also include...

Ageism  Ableism
Classism/
Economic
Exploitation
 Sexism
Homophobia  Xenophobia

...and more
EQUITY requires us to be **mindful of** and **responsive to** the intersection of systems of power.
Public Health 3.0

Public Health 1.0
- Tremendous growth of knowledge and tools
- Uneven access to care and public health

Public Health 2.0
- Systematic development of public health gov agency capacity across the U.S.
- Focus limited to traditional public health agency programs

Public Health 3.0
- Engage multiple sectors and community partners to generate collective impact
- Improve social determinants of health

Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure
U.S. Department of Health and Human Services

Download the report at HealthEquityReport.com
Theory of Change:
Confront Power Imbalance to Advance Health Equity

Health Inequity

Inequity
In Social Determinants of Health

Power Imbalance maintained by racism and other forms of oppression

Power Balance with systems & institutions accountable to all

Equity
In Social Determinants of Health

Health Equity
We believe:

• Health equity work is about a willingness and enthusiasm to lean into deep organizational transformation and culture change.

• Transformation requires all of us and no one person/community can be responsible for making the change — we must all cocreate something better.

• We don’t personalize critiques of systems. We embrace these critiques as pathways to transformation.
What are Transformative Approaches?

**Transactional approaches** are issue-based efforts that help individuals negotiate existing structures. These solutions “transact” with institutions to get a short-term gain for communities, but leave the existing structure in place.

**Transformational approaches** are initiatives that cross multiple institutions that shift efforts towards pro-active solutions. These solutions alter the ways institutions operate thereby shifting cultural values and political will to create equity.
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<tr>
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<th>Transactional Approach</th>
<th>Transformative Approach</th>
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<tr>
<td><strong>Problem identification</strong></td>
<td>Easy</td>
<td>Difficult (easy to deny)</td>
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<tr>
<td><strong>Approach</strong></td>
<td>Routine solutions using skills and experience readily available</td>
<td>Require changes in values, beliefs, roles, relationships, and approaches to work</td>
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<td><strong>People responsible</strong></td>
<td>Often solved by an authority or expert</td>
<td>Solved by the people with the problem</td>
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<td><strong>Changes required</strong></td>
<td>Require change in just one or a few places; often contained within organizational boundaries</td>
<td>Require change in numerous places; usually cross organizational boundaries</td>
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<td><strong>Receptivity</strong></td>
<td>People are generally receptive to technical solutions</td>
<td>People try to avoid the work of “solving” the adaptive challenge</td>
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<td><strong>Timeframe</strong></td>
<td>Can be implemented quickly - even by edict</td>
<td>“Solutions” can take a long time to implement and require experiments and new discoveries; they cannot be implemented by edict</td>
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Best Practices... Are Evidence-based!

PUBLIC POLICY
national, state, local law
Connect with your elected officials!

COMMUNITY
relationships among organizations
How can we link resources together?

ORGANIZATIONAL
organizations, social institutions
Change where you work, learn, pray, and play.

INTERPERSONAL
family, friends, social networks
Support each other!

INDIVIDUAL
knowledge, attitudes, skills
What you can do!

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“Why do we keep talking about how sick we are?”

Image attribution: Catherine Harrison, Susie Levy and Evan Bissell, Organizing the Narrative for Health Equity, Minnesota Department of Health leads with race
“Let’s talk about what we need to be healthy.”

Image attribution: Catherine Harrison, Susie Levy and Evan Bissell, Organizing the Narrative for Health Equity, Minnesota Department of Health leads with race
Equity as an Outcome

Equity as a Process
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<td>We achieve equity when <strong>identity no longer systematically exposes people to risks or grants people privileges with regard to socioeconomic and life outcomes</strong>, and when people who need them most are prioritized to receive the resources required to thrive.</td>
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Equity as an Outcome

We achieve equity when identity no longer systematically exposes people to risks or grants people privileges with regard to socioeconomic and life outcomes, and when people who need them most are prioritized to receive the resources required to thrive.

Equity as a Process

We achieve equity when those most impacted by historic and current structural biases and injustices are leading or meaningfully engaged in efforts to prioritize issues, to craft and implement solutions, to develop accountability measures, and to monitor progress.
What kind of world do we want?

Hierarchy:
- a few winners and many losers
- Fear
  - absence of societal safety nets
- Scarcity
  - driven by concentrated power

Enough:
- political & economic power for common good
- Faith
  - together, we can do great things
- Equity
  - democratic control over concentrated power
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