



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

It Takes A Village
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DEPARTMENT OF
PUBLIC HEALTH
AND WELLNESS



CENTER FOR
HEALTH EQUITY
A Division of Public Health and Wellness

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.

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.**

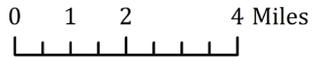
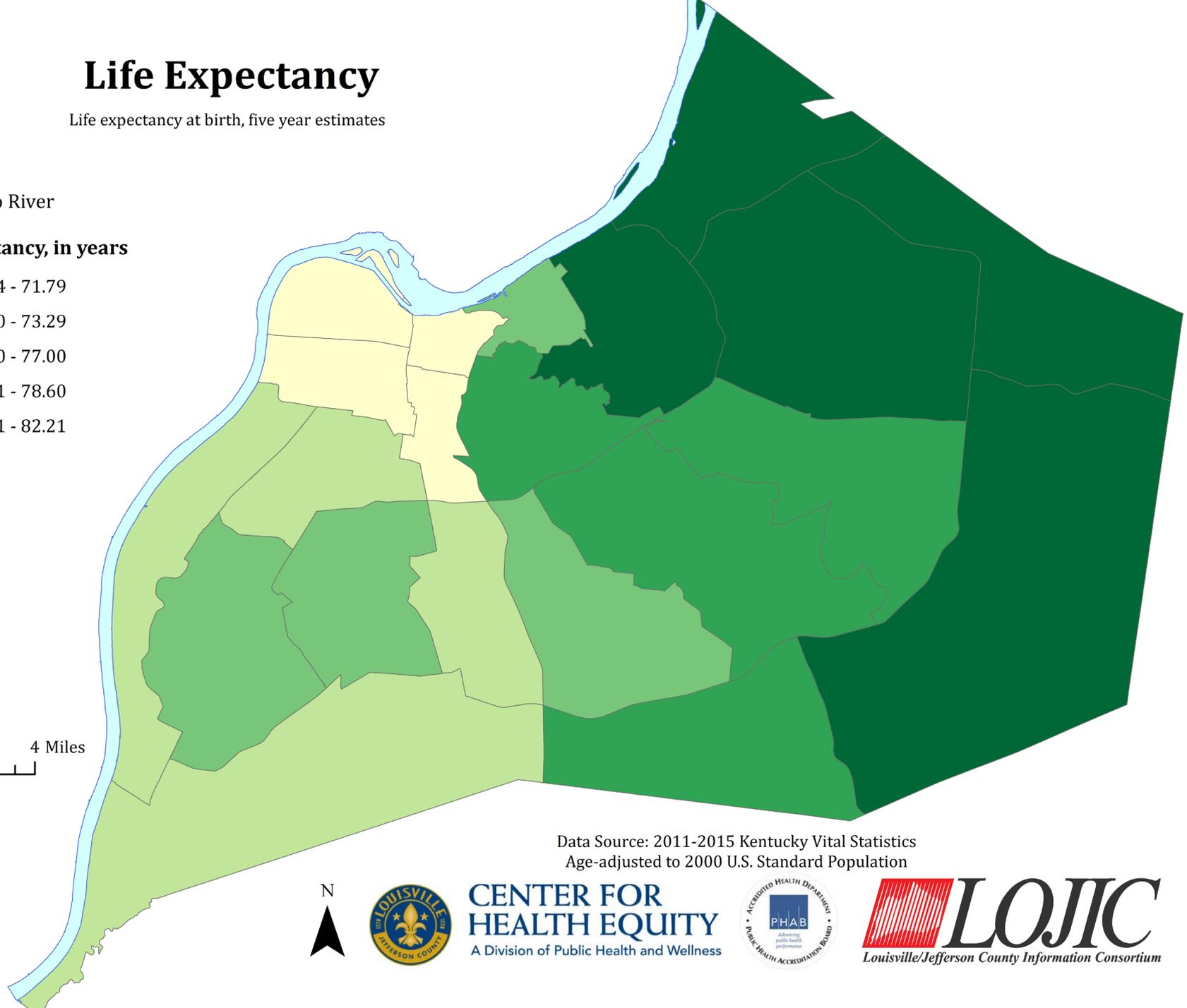
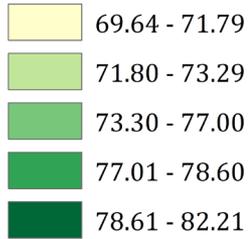
e.g., Life expectancy difference from one neighborhood to another

Life Expectancy

Life expectancy at birth, five year estimates

 Ohio River

Life Expectancy, in years



Data Source: 2011-2015 Kentucky Vital Statistics
Age-adjusted to 2000 U.S. Standard Population



**CENTER FOR
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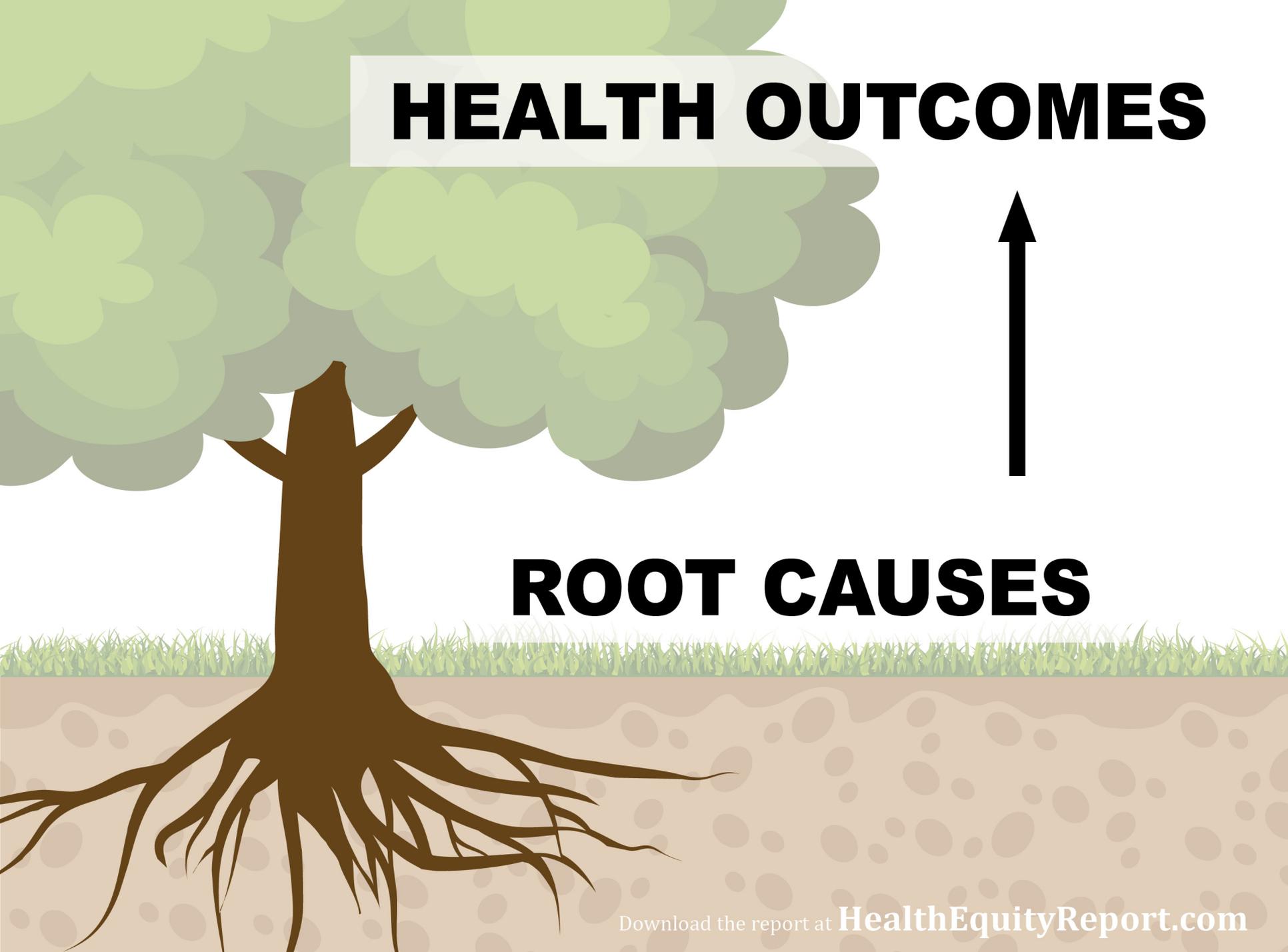


LOJIC
Louisville/Jefferson County Information Consortium



HEALTH OUTCOMES

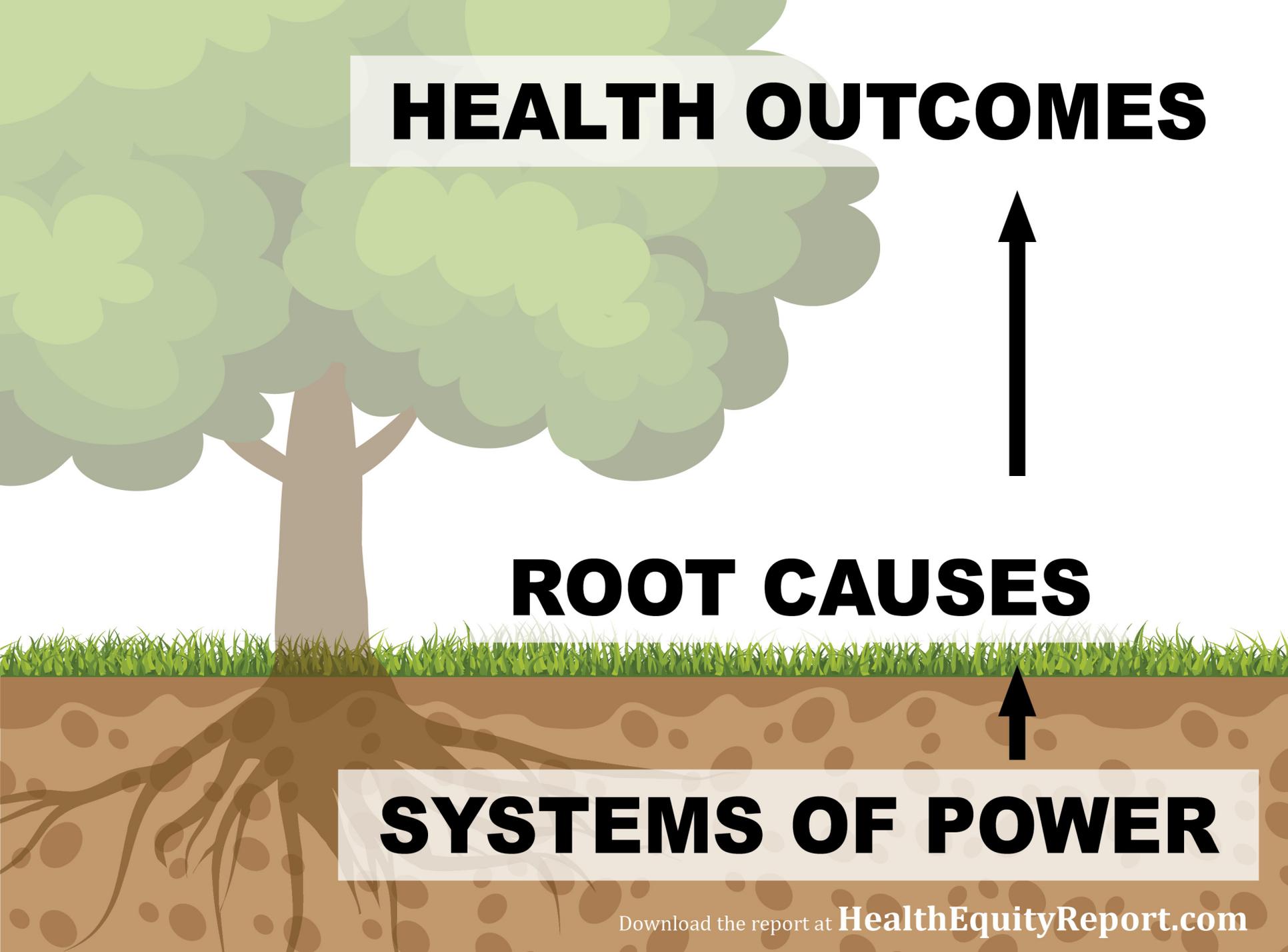
Download the report at HealthEquityReport.com



HEALTH OUTCOMES



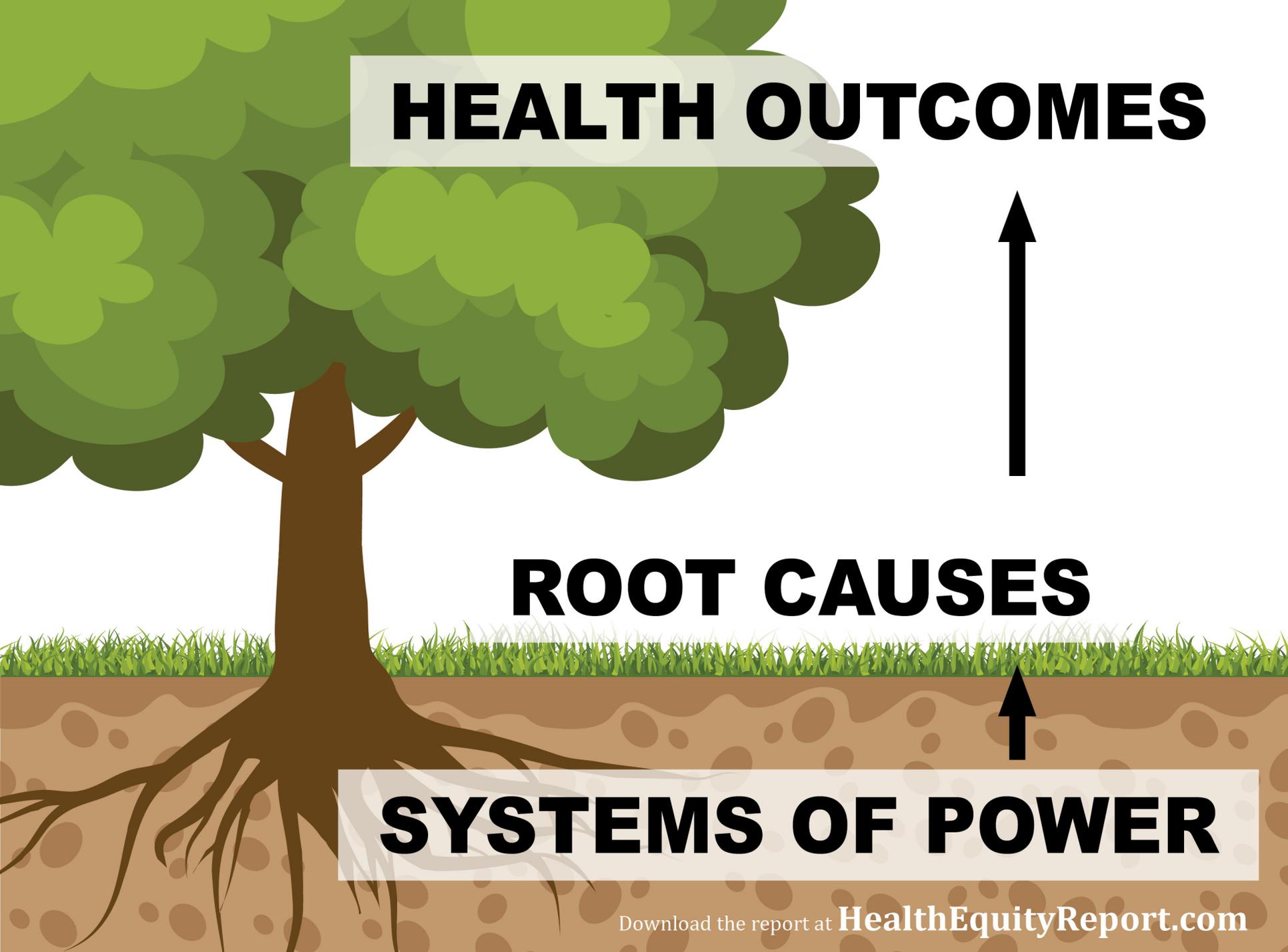
ROOT CAUSES



HEALTH OUTCOMES

ROOT CAUSES

SYSTEMS OF POWER



HEALTH OUTCOMES

ROOT CAUSES

SYSTEMS OF POWER

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.

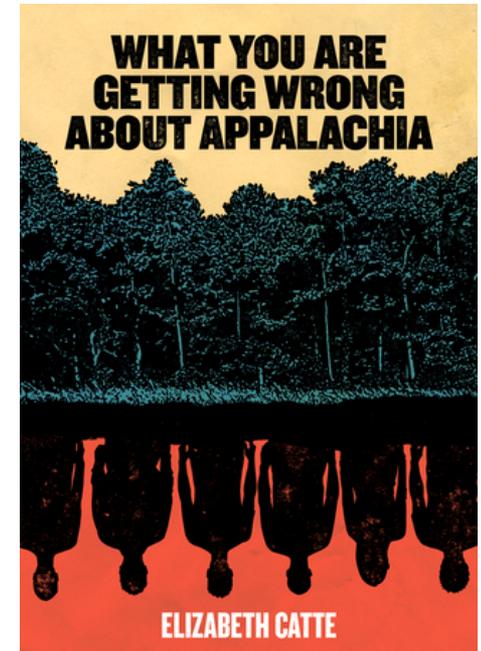
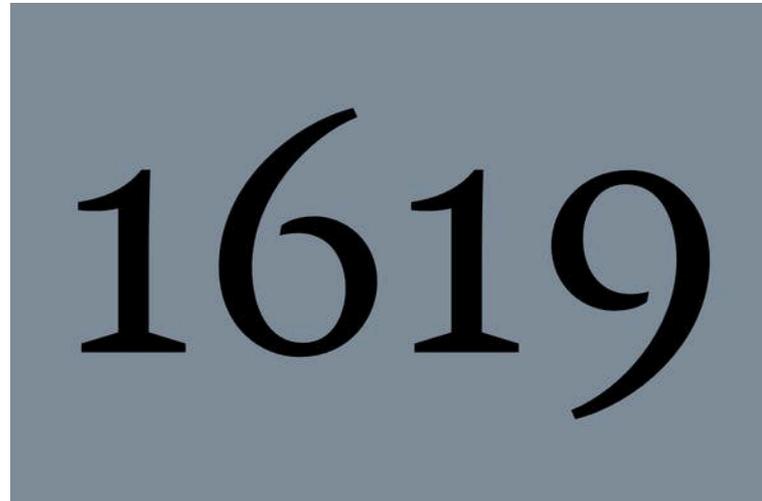
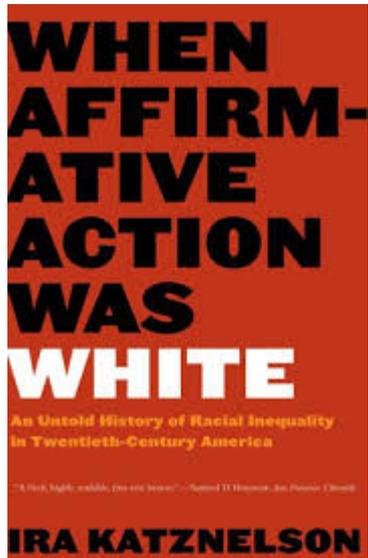
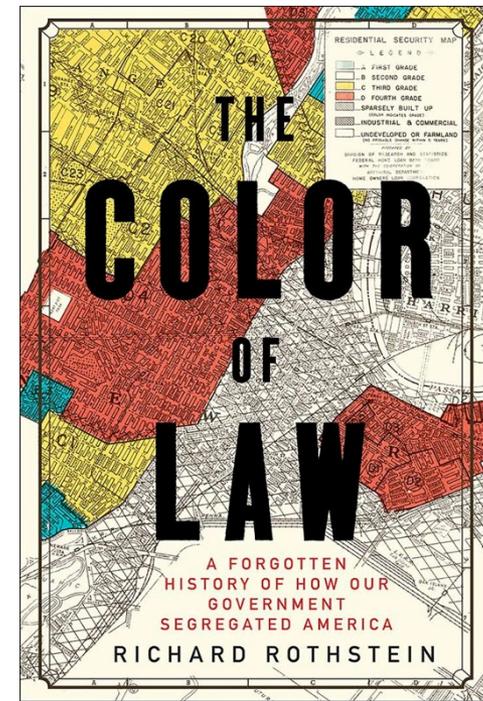
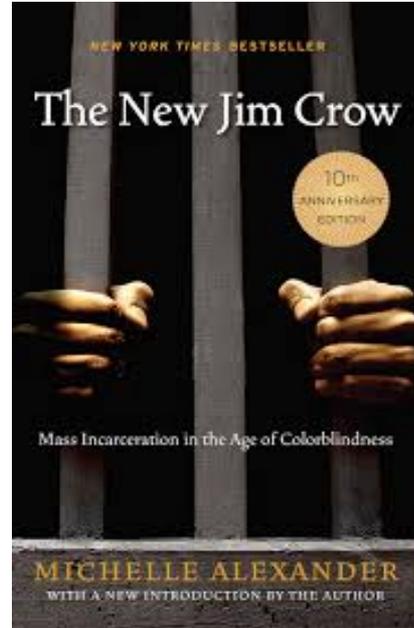
Federal Housing Administration (1934-1968)

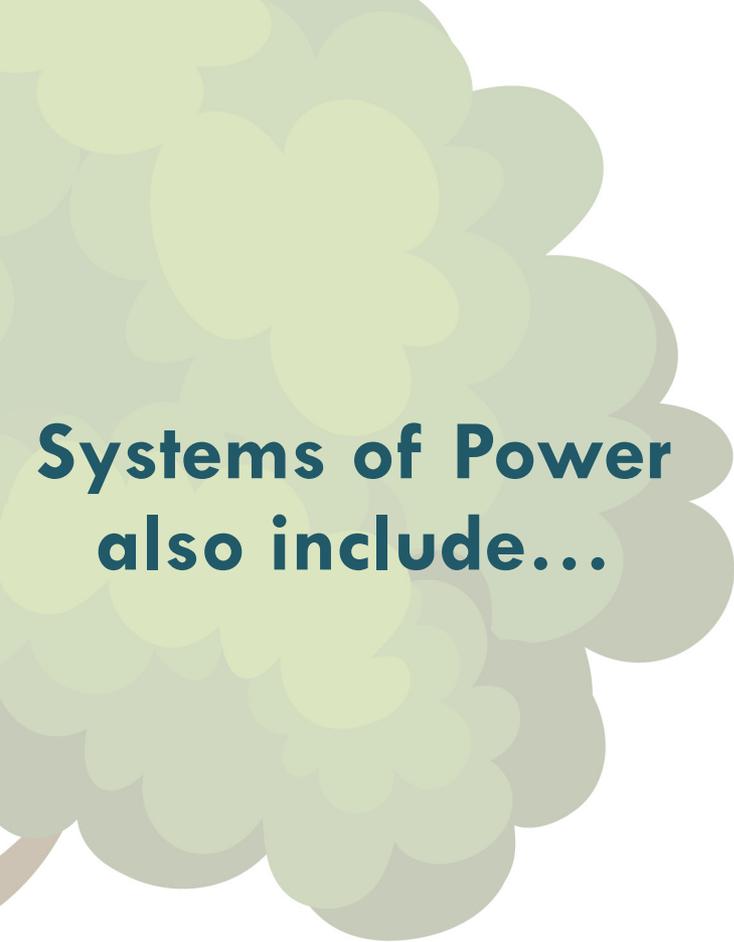
Otherwise celebrated for making homeownership accessible to White people by guaranteeing their loans, the FHA explicitly refused to back loans to Black people or even other people who lived near Black people.

Mandatory Minimum Drug Sentencing (starting in 1980s)

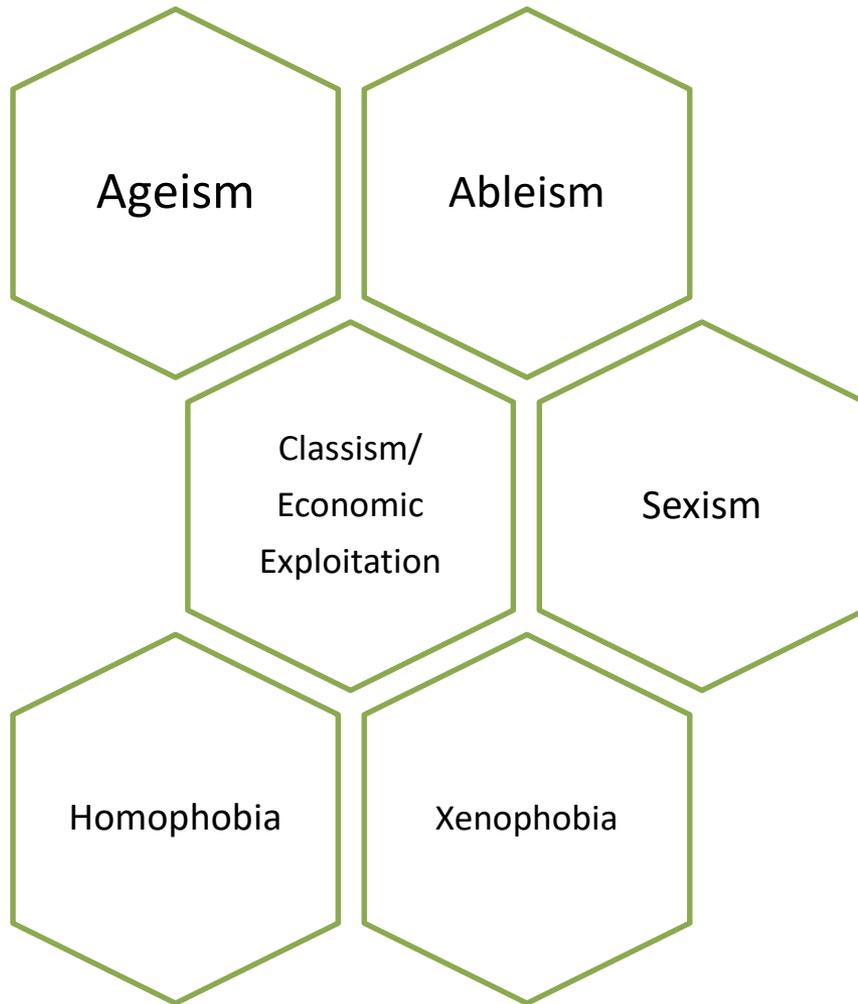
A key mechanism in the War on Drugs, which criminalized drug use by Black people and other people of color following the Civil Rights and other social justice movements.

In Your Spare Time...



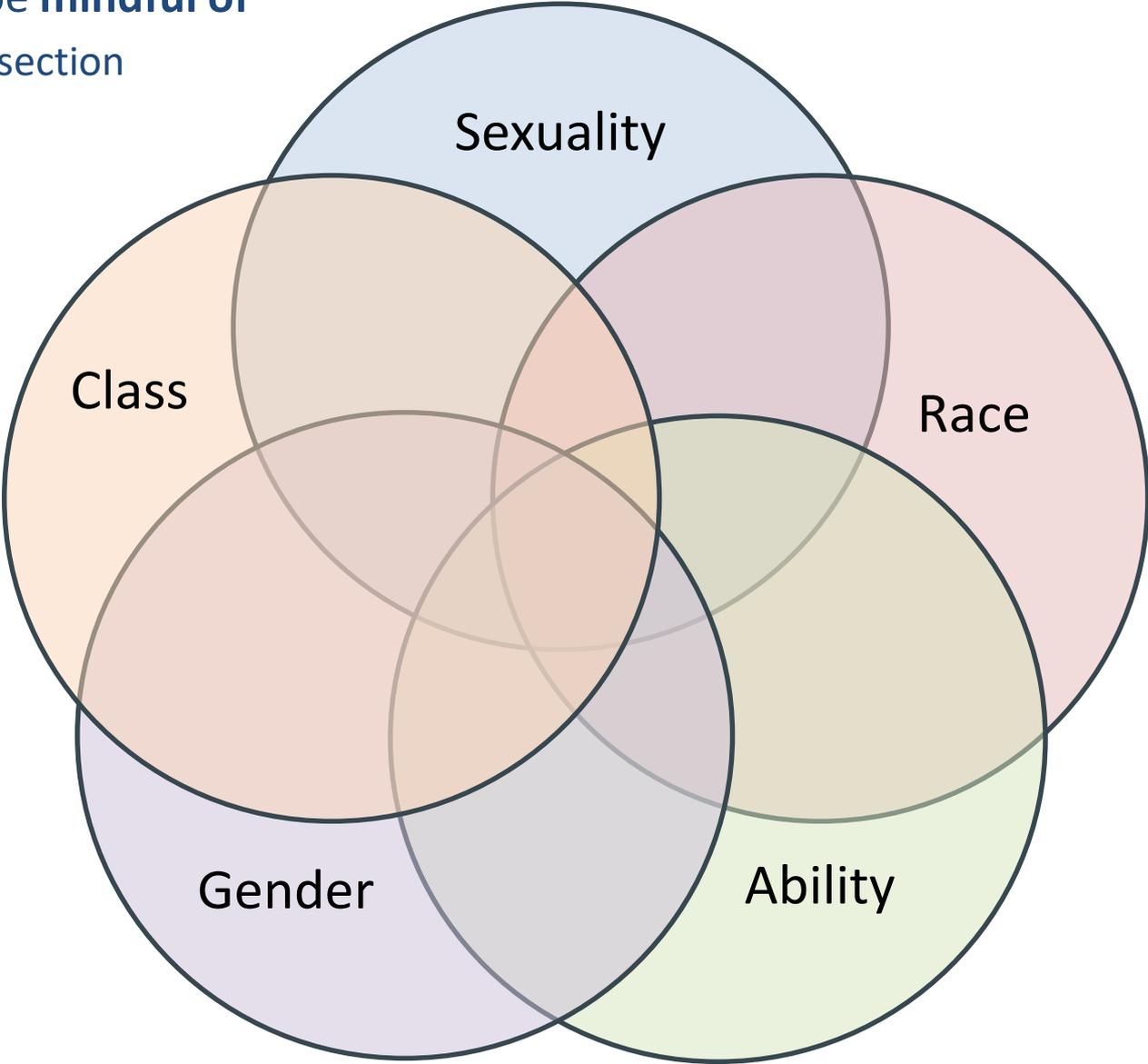


**Systems of Power
also include...**



...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

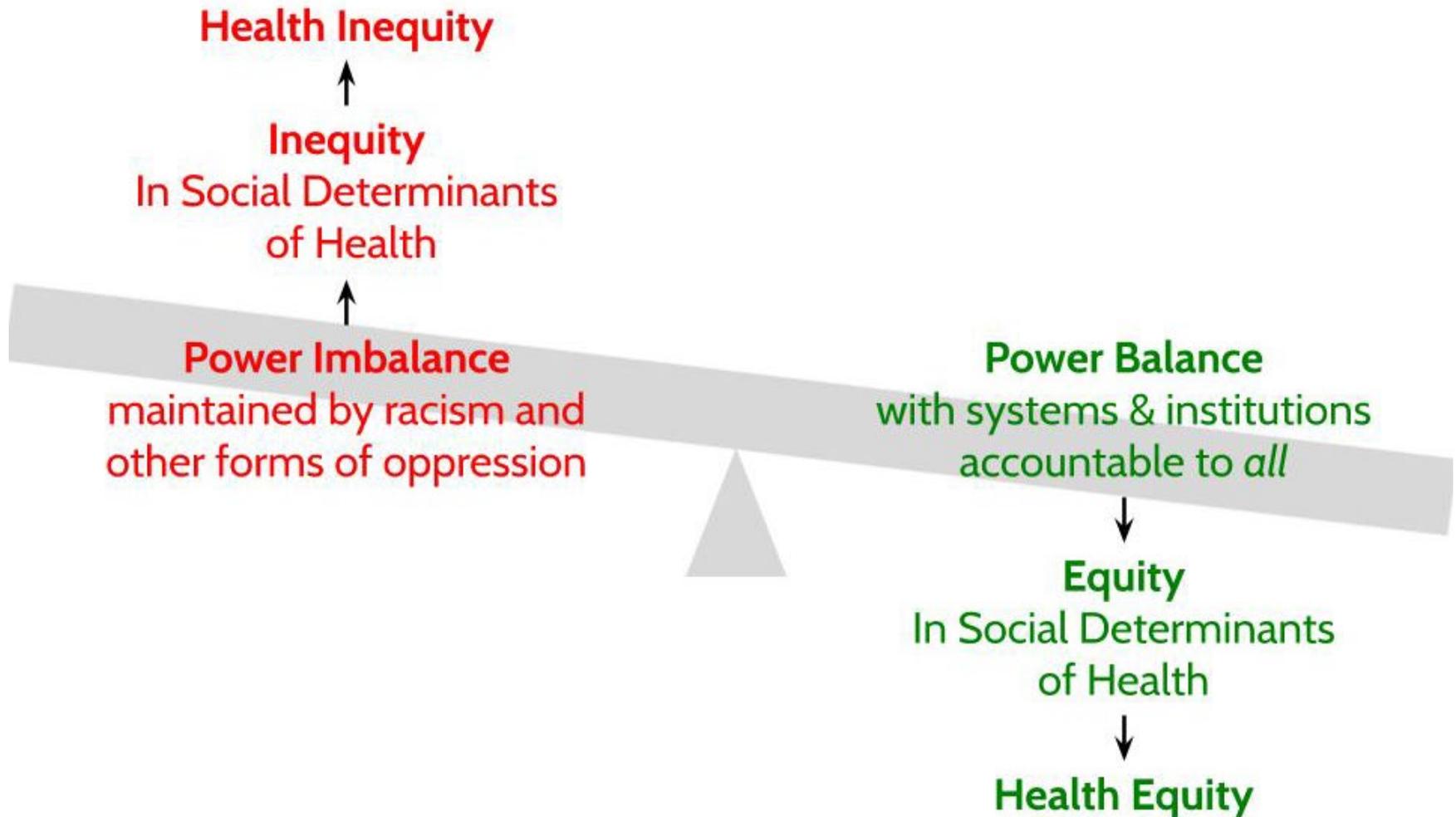
Engage multiple sectors and community partners to generate collective impact

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

Theory of Change:

Confront Power Imbalance to Advance 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.

	Transactional Approach	Transformative Approach
Problem identification	Easy	Difficult (easy to deny)
Approach	Routine solutions using skills and experience readily available	Require changes in values, beliefs, roles, relationships, and approaches to work
People responsible	Often solved by an authority or expert	Solved by the people with the problem
Changes required	Require change in just one or a few places; often contained within organizational boundaries	Require change in numerous places; usually cross organizational boundaries
Receptivity	People are generally receptive to technical solutions	People try to avoid the work of “solving” the adaptive challenge
Timeframe	Can be implemented quickly - even by edict	“Solutions” can take a long time to implement and require experiments and new discoveries; they cannot be implemented by edict

Source: Content adapted from Ronald A. Heifetz & Donald L. Laurie, “The Work of Leadership,” *Harvard Business Review*, January-February 1997; and Ronald A. Heifetz & Marty Linsky, *Leadership on the Line*, Harvard Business School Press, 2002.



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!

**Best
Practices...
Are
Evidence-
based!**



Change the Conversation

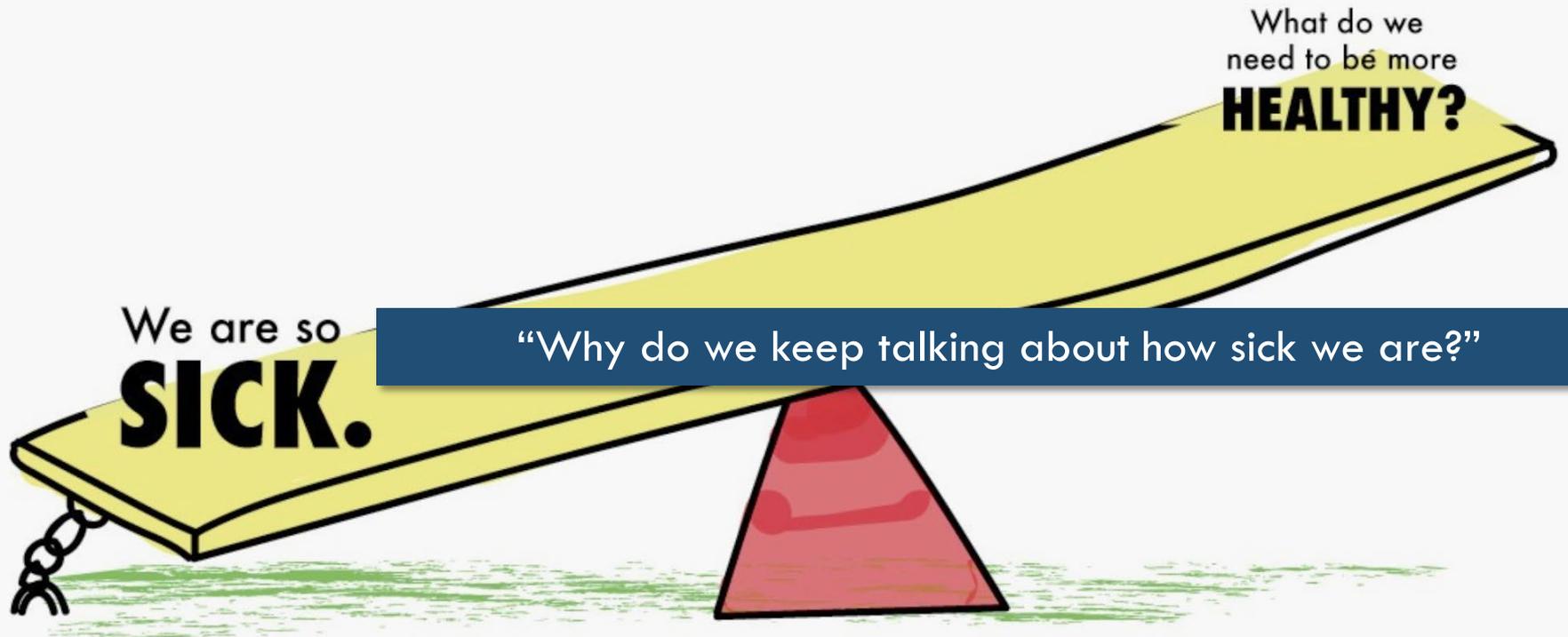


Image attribution: Catherine Harrison, Susie Levy and Evan Bissell, Organizing the Narrative for Health Equity, Minnesota Department of Health leads with race



Change the Conversation

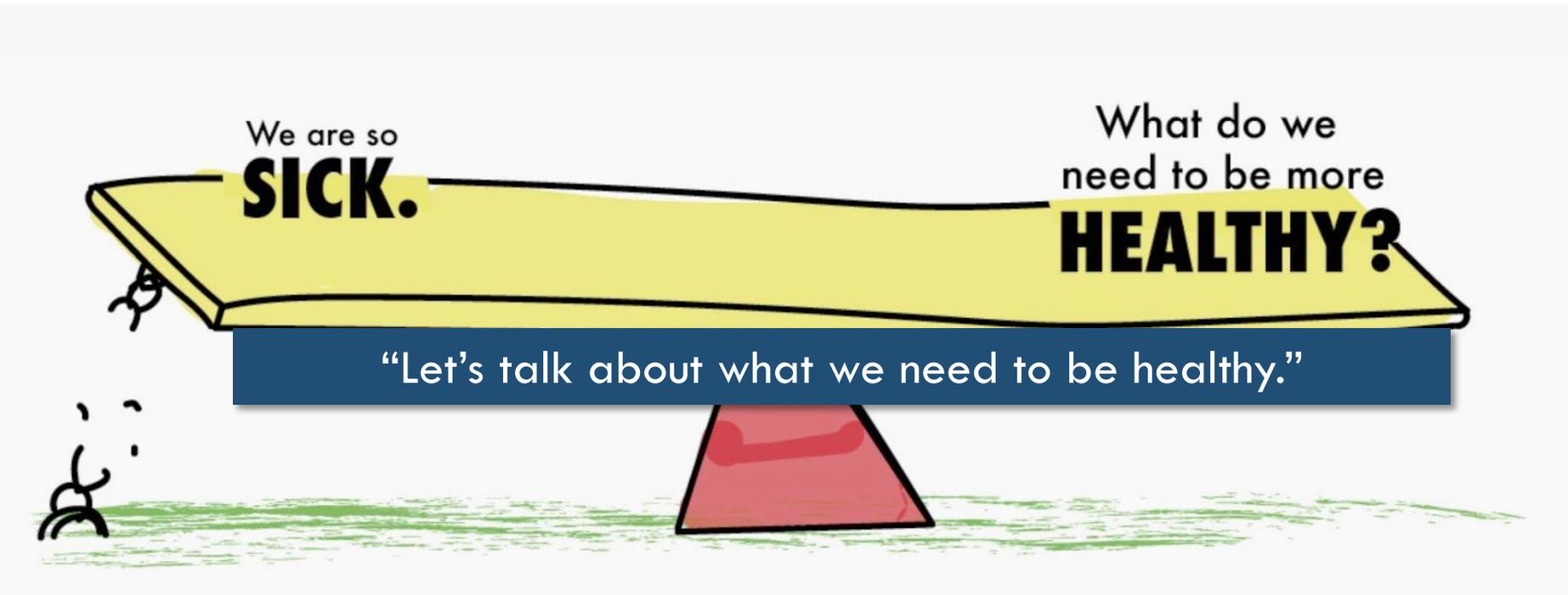


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Equity as an *Outcome*

Equity as a *Process*

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*

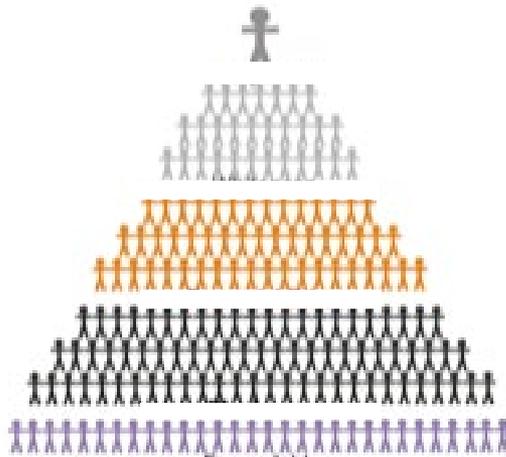
Equity as an *Outcome*

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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