Systems Disruption With A Lens Of Equity

Putting PEOPLE First

November 15
1:00 – 5:00pm
Definition of Health

“Health is a dynamic state of complete physical, mental, spiritual, and social well-being and not merely the absence of disease or infirmity.”

World Health Organization
Definition of Health Equity

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles to health such as poverty, discrimination, and deep power imbalances and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

adapted from Robert Woods Johnson Foundation

Does everyone have access and equal opportunity to live the healthiest life possible?
What is Ideology

“A system of ideas and ideals, especially one which forms the basis of economic or political theory and policy.” Oxford Dictionary

- Basic assumptions which may or may not be grounded in fact
- Socially constructed- imagination
- Root of culture- we do the ideology
- Policy is the implementation of ideology
Power is the ability to act and achieve purpose.

“Power is a way to describe a set of relations between and among people taking space with a historical context and social structure.”

Power connects with ideology in the creation of master statuses: Gender, Race, Class, Sexual Orientation and Age (knowledge projects).

How master statuses are used to organize the unequal distribution of power and resources is part of the root cause of health inequality.
Root Causes of Health

What is Structure?

- Structure = Ideology + resources
- It's an achievement of power
- Each master status has an achievement mechanism in the structure to reproduce and sustain the outcome based on how the social assumptions is organized
- “Structures shape the way institutions and individuals interact with each other over time” - John Powell
- Structures are not neutral—they are organized around how we construct and do gender, class, and race
- The implicit/unconscious helps to create them
- Structural inequities translate into health disparities
How is Ideology Organized Into The Structures & Systems That Influence Our Society?

Education  Economic  Transportation  Food

Housing  Justice  Healthcare  Communications

credit john powell
Not only are people situated differently with regard to institutions, people are situated differently with regard to infrastructure.

People are impacted by the relationships between institutions and systems...

...but people also impact these relationships and can change the structure of the system.

Credit: John Powell
Root Cause of Health

Structural Determinants of Health

- Every structure has a health impact
- **Structural Determinants of Health** - How we organize structures, develop policy and distribute resources emerges *health power*
- Structural determinants of health shape the quality of the social determinants of health
- Structures are systems
- Systems are a non-linear web, complex, and function through feedback
“Structural violence is one way of describing social arrangements that put individuals and populations in harm’s way... The arrangements are structural because they are embedded in the political and economic organization of our social world; they are violent because they cause injury to people” (Farmer et al 2006:1).

- invisible violence manifesting itself as unequal access to opportunities and service including education, health and employment, inaccessible built environment and poverty.

- How institutional arrangements impact health

- The AVOIDABLE GAP
Hypersegregation and Structural Violence

- Segregation is structural linchpin and apparatus for structural inequality: infant mortality, mass incarceration, premature death, Black homicide, lower quality schools and lack of food access
- Strong correlation between segregation and poverty
- Concentrated advantage and disadvantage
- Key to racial stratification
- How opportunity and risk are distributed in a community
The Effects of Racialized Structure: Biological Weathering (Structural Violence)

Chronological age captures duration of exposure to risks for groups living in adverse living conditions

• U.S. blacks are experiencing greater physiological wear and tear, and are aging, biologically, more rapidly than whites

• It is driven by the cumulative impact of repeated exposures to psychological, social, physical and chemical stressors in their residential, occupational and other environments, and coping with these stressors

• Compared to whites, blacks experience higher levels of stressors, greater clustering of stressors, and probably greater duration and intensity of stressors
Health Effects of Hypersegregation

- Diabetes
- Pre-term deaths
- Infant mortality
- Hypertension
- Chronic Disease
- Excess death aprox 100,000 per year
- Asthma
- Obesity
How are Race and Ethnicity related to Opportunity?

- Within the communities with low and very low opportunity, the residents are predominately Black (68% and 77%). This accounts for 58% of the Black population.
- Almost two-thirds (64%) of the White population live in communities of high or very high opportunity.
- In the communities with the highest opportunity, the population is 85% White and 10% Black.
- More Hispanics or Latinos live in high and very high opportunity communities (44%) than in lower opportunity communities (27%).
How is Health related to Opportunity?

- Life expectancy in communities with low or very low access to opportunity is 6 years less than in communities with high or very high opportunity (69 years versus 75 years).
- The age-adjusted death rate for cancer and heart disease, the two leading causes of death, are highest in the communities with the low and very low opportunity.
- The highest percent of people who do not have health insurance coverage live in communities with moderate opportunity, 21.2%.
- In the communities with low and very low opportunity, there are 15.2 infant deaths for every 1,000 births. This is 71% higher than infant mortality in communities with high and very high opportunity.
- Both the percentage of births born with low birth weight (<2,500 g) and born to teenagers (15-17 years) are lowest in high and very high opportunity communities.
Reimagining Centering At The Margins

- We put people first by trusting the people and centering our policy and action around their voice, knowledge and experience.
- The people at the margins understand by experience the full impact of our policies and institutional arrangements. Their voice at the table is critical is how power is shared and how a shared health equity lens can emerge.
- “Strong people don’t need strong leaders” Ella Baker
  - Build local capacity and share power by walking with the community in the co-construction of the Hub
  - Emerge collective hope by having the community engaged in determining the community they want to work, live and play in
Reimagining
Master Narrative

- Reimagine the master narrative
  - What are the underlying assumptions that form the basis of policy creation and structural development
  - Unpack the role of how gender, race, class and sexual orientation have influenced the community we currently live in
  - How do we build dignity into all of our policies, institutions and institutional arrangements
  - Develop an understanding of the structural impact on health
  - Operating out of the assumption that every structure has a health impact
  - Valuing collaboration
Reimagining

Developing a solid shared health equity analysis

- Emerging a health equity analysis based on how Race, Gender, Class and Sexual Orientation is constructed and organized
  - Name how these statuses are organized into structures that impact health
- Make health power and the system that sustains it visible - oftentimes the power of unequal replication lies in the invisibility of the system
- Explore how the pathways: Education, Employment, Housing, Medical, Behavioral referral, Pregnancy, and Postpartum etc... work together to create a web producing disparate health outcomes (systems of concentrated advantage and disadvantage)
Reimagining
Inequity Thrives in Ambiguity

- Making structures visible
- Understand and be able to articulate the web and interrelationship between the Hub pathways in achieving health outcome
  - How does housing impact infant mortality
  - Hypersegregation impacts black homicide rates - black homicide rates are an indicator of infant mortality – positive correlation with infant mortality and food deserts
- Analyze how does health power operate in emerging the social determinants of health?
- What are the policies, what people and institutions are the decision makers that is creating the social determinants of health that impact is impacting the health of the community?
ReImagine
Intersectionality and Multi-Sectoral Collaboration

- Key is institutional arrangements
- Multi-sector collaboration - building the deep relationships throughout the HUB to collaborate, advocate and work together is key to systems change
- Part of emerging a collaborative health equity lens is advocating for parts of the system (web) other than yours. Cross-advocacy
- Liberated gate keepers
Large Scale Collaboration
The Metaphor of the Magic Canoe

1. Conditions for success – building a boat that floats in all weather
2. Collaborative process – developing a crew’s cohesion, and skill
3. Collaborative phases – the detailed steps of becoming a successful crew
4. Guidelines and tools – picking up the right oars and rowing
5. Journey of the magic canoe – successful navigation and growing our crew numbers