Why Health Equity Matters ®

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Partnership for Southern Equity

TOGETHER WE PROSPER

MEET YOUR FACILITATORS

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RULES OF ENGAGEMENT

- Make Space, Take Space
- Intent does not negate impact
- Be the expert of your experience, use “I” statements
- Challenge your beliefs
- Respect is non-negotiable
- Listen to understand, not to respond

WHY HEALTH EQUITY MATTERS ®

- Participants will be able to describe their roles in advancing equity
- Participants will be able to demonstrate a shared understanding of equity, specifically racial and geographic equity
- Participants will be able to relate equity specifically to their daily public health work
- Participants will be able to identify at least (3) three ways that they can support each other/receive support from management for equity work

OUR MISSION

The Partnership for Southern Equity (PSE) advances policies and institutional actions that promote **racial equity and shared prosperity** for all in the growth of metropolitan Atlanta and the American South.

Just Energy

Just Growth

Just Opportunity

Just Health







The PSE Way

- Leading with racial equity
- Catalyzing trust and relationships
- Growing an equity ecosystem
- Grounding in communities of color and low-wealth
- Guided by data & research

WHY HEALTH EQUITY MATTERS ®

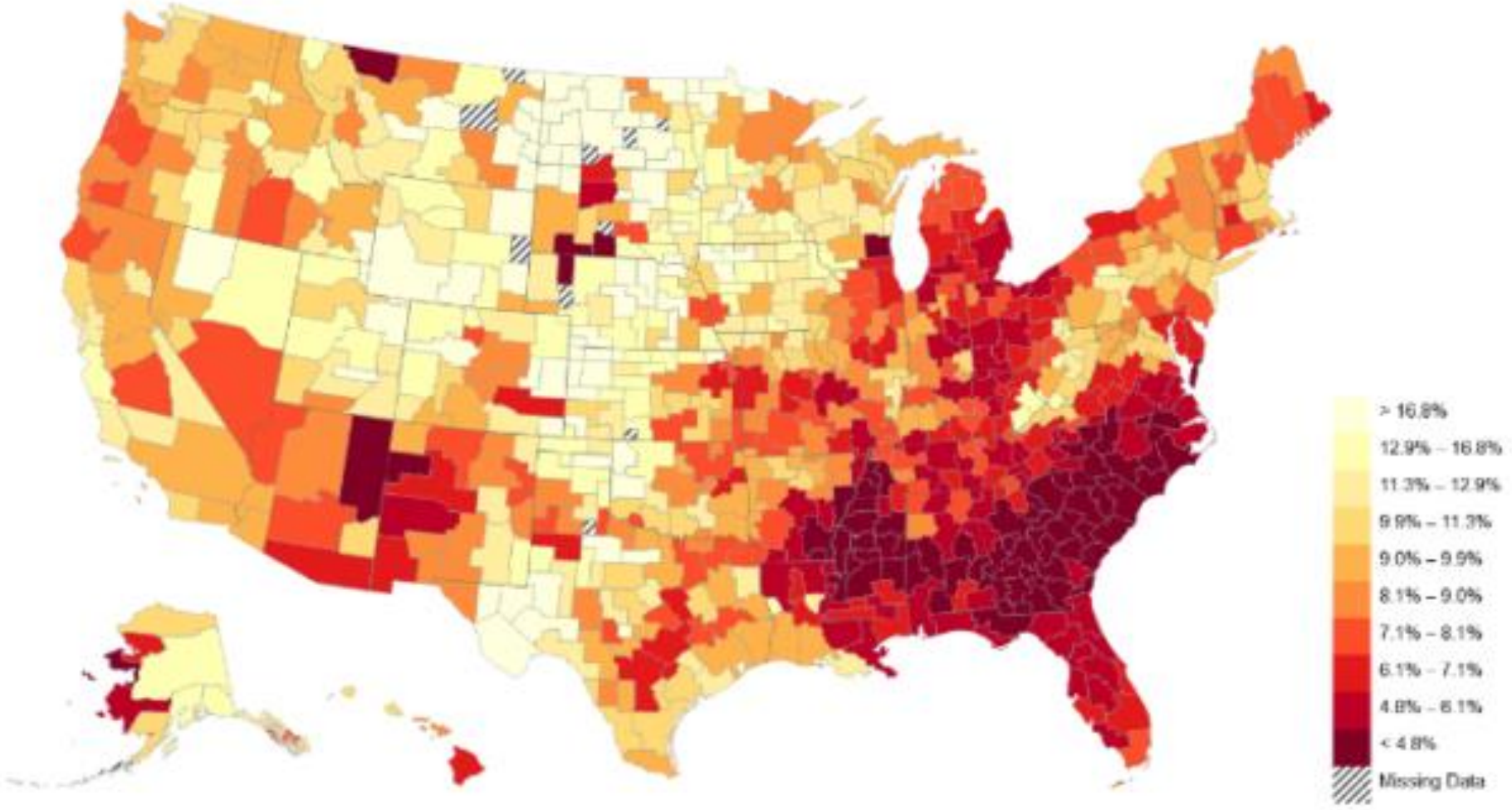
Ice Breaker

WHY DID YOU SHOW UP TODAY?

WHY DOES HEALTH EQUITY MATTER?

The Geography of Upward Mobility in America

Children's Chances of Reaching Top 20% of Income Distribution Given Parents in Bottom 20%



Source: Equality of Opportunity Project

WHY HEALTH EQUITY MATTERS®

Health equity begins with an ECOSYSTEM OF CHANGE AGENTS

- We can work together to ensure equity is a core value of the ***Thomas Jefferson Health District***; and we are all on the same page as we advance *health equity* and *community change*
  - ***RELATIONSHIPS MATTER!***
- **Root causes or social determinants of health** - poverty, lack of education, racism, discrimination, economic status
- **Environment and spatial/community conditions** - such as community assets, how a neighborhood looks/neglect/unbalanced growth, what residents are exposed too/food swamps, advertising, violence, and what resources are available/health clinics/transportation/grocery stores/fresh foods
- **Behavioral factors** - such as chronic disease management, diet, tobacco use, engaging in physical activity
- **Medical services** - such as the availability of Doctors, hospital/clinic, mental health services, EMS

BREAK OUT SESSION I

A. **What is equity?**
B. **Why should equity matter to the health district?**

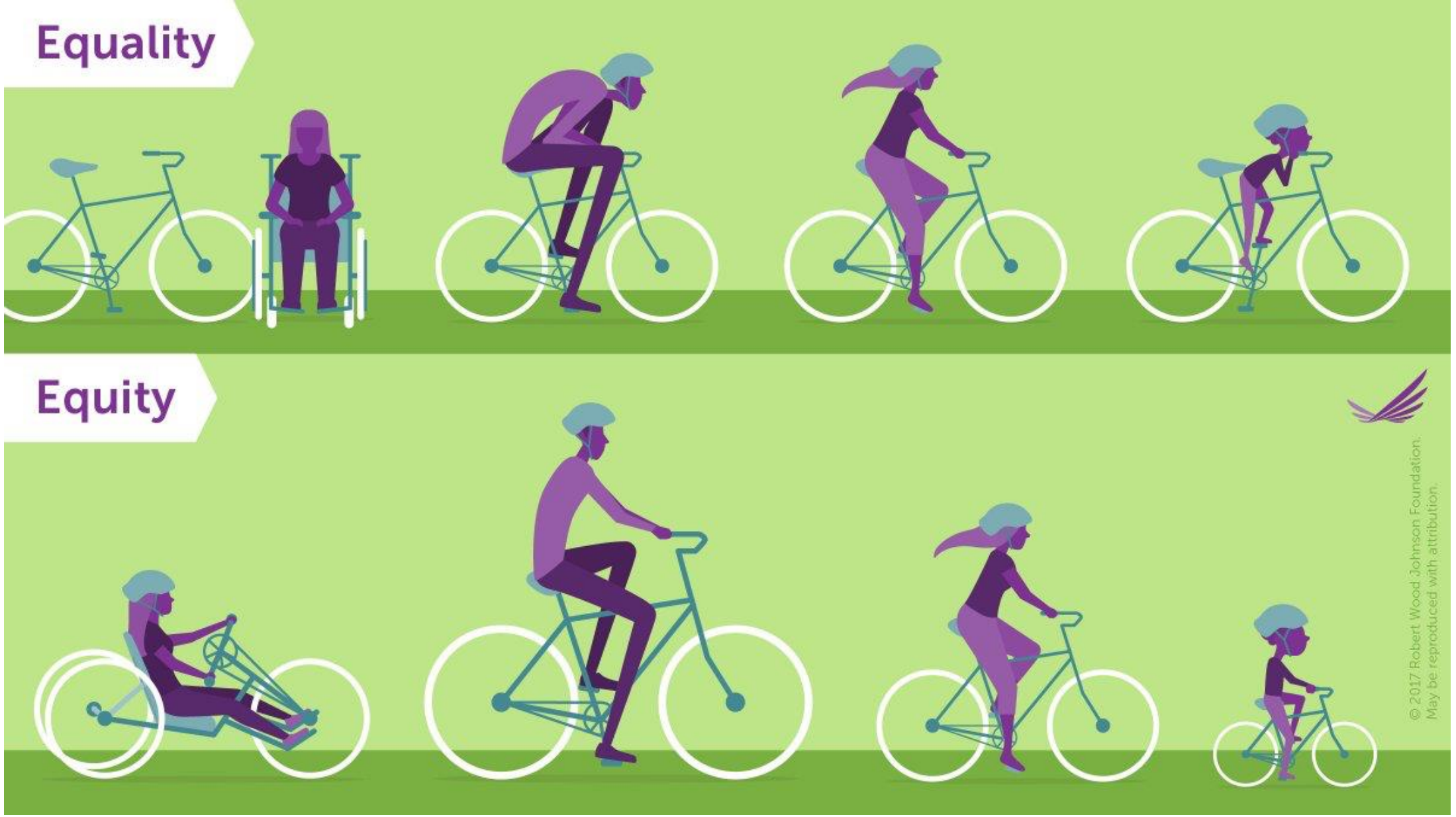
GROUP REFLECTIONS AND FEEDBACK

What is equity?

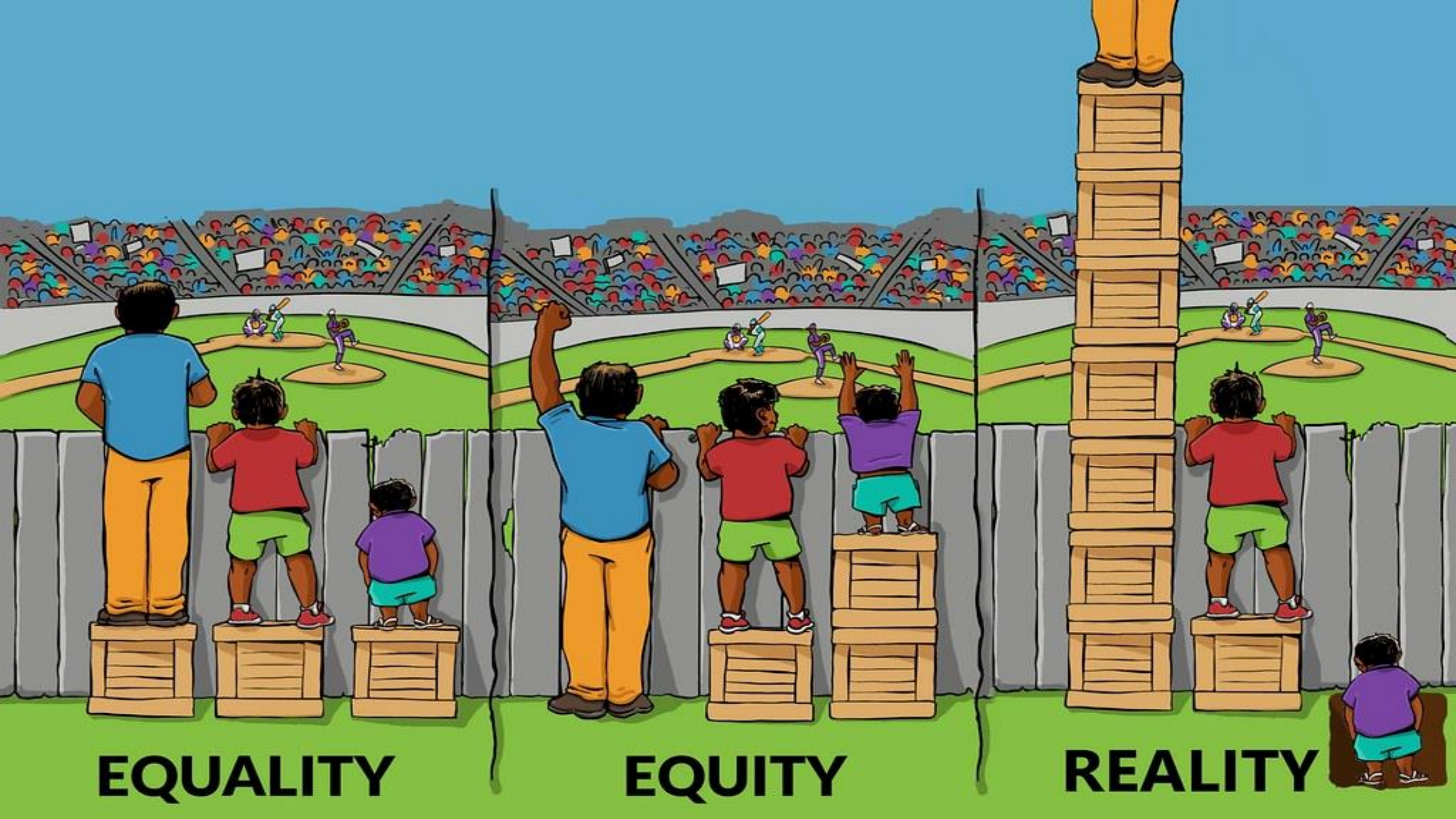
Why should equity matter to the health district?

WHAT IS EQUITY?

eq·ui·ty *ek-wi-tee*, noun. Just and fair inclusion.
An equitable society is one in which all can participate and prosper. The goals of equity must be to create conditions that allow all to reach their full potential. In short, equity creates a path from hope to change.



Equity is a proactive, strategic approach that accounts for differences in opportunities and burdens, as well as needs, in order to achieve true equality for all. – *OpenSource Leadership Strategies**


EQUALITY
EQUITY
REALITY

BREAK OUT SESSION II

A. What is one "inequity" that currently exists in the district you serve?

B. What is one barrier to minimize that "inequity" challenge in the district?

GROUP REFLECTIONS AND FEEDBACK

What is one "inequity" that currently exists in the health district you serve?

What is one barrier to minimize that "inequity" challenge in the health district?

WHAT IS HEALTH EQUITY?

Health Equity – achieving the highest level of health for all people.

- It requires valuing everyone equally, with ongoing **efforts to address avoidable inequities, historical and other injustices,** and the **elimination of health and health care disparities**
- Regardless of:
  - ✓The color of their skin
  - ✓Level of education
  - ✓Economic status/the job they have, or whether they work at all
  - ✓The part of the county they live in
  - ✓Whether or not they have a disability
  - ✓Sexual orientation

UNDERSTANDING TERMINOLOGY

- **Health Disparities** – **differences in health outcomes and determinants** between segments of the population, as defined by social, demographic, environmental, and geography
- **Social Determinants of Health** – **conditions** in the environments **in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks**
- ***THERE IS A DIFFERENCE!***

SOCIAL DETERMINANTS OF HEALTH(SDoH) and EQUITY

- Individual health behaviors and environment are responsible for **70% of our nation's early deaths**
  - ✓More than Genetics 20% and Medical Care 10%
- An individual's health behavior is influenced by the environment in which the individual lives
  - ✓When **inequities are high** and community assets are low, health outcomes are worse
  - ✓When **inequities are low** and community assets are high, health outcomes are best

UNDERSTANDING TERMINOLOGY

- **RACE –** A classification of humanity based on the color of someone's skin
- **RACISM –** A hierarchy of human value based on the color of someone's skin
- **STRUCTURAL RACISM -** A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity.
- **INSTITUTIONAL RACISM -** policies and practices within and across institutions that, intentionally or not, produce outcomes that chronically favor, or put a racial group at a disadvantage.

RACISM IS A SOCIAL DETERMINANT

The South's history of structural racism and exploitation is embedded in our public health, environmental and economic systems.

HISTORY

The difference between EQUITY and EQUALITY

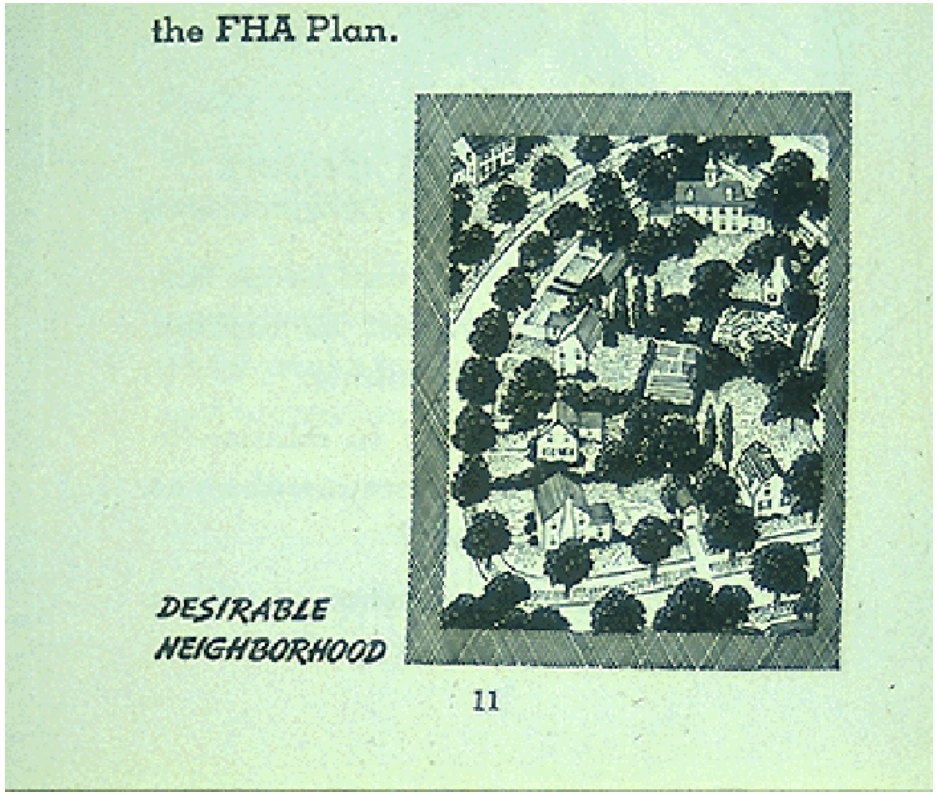
HISTORY…The difference between EQUITY & EQUALITY

Historical Policies:

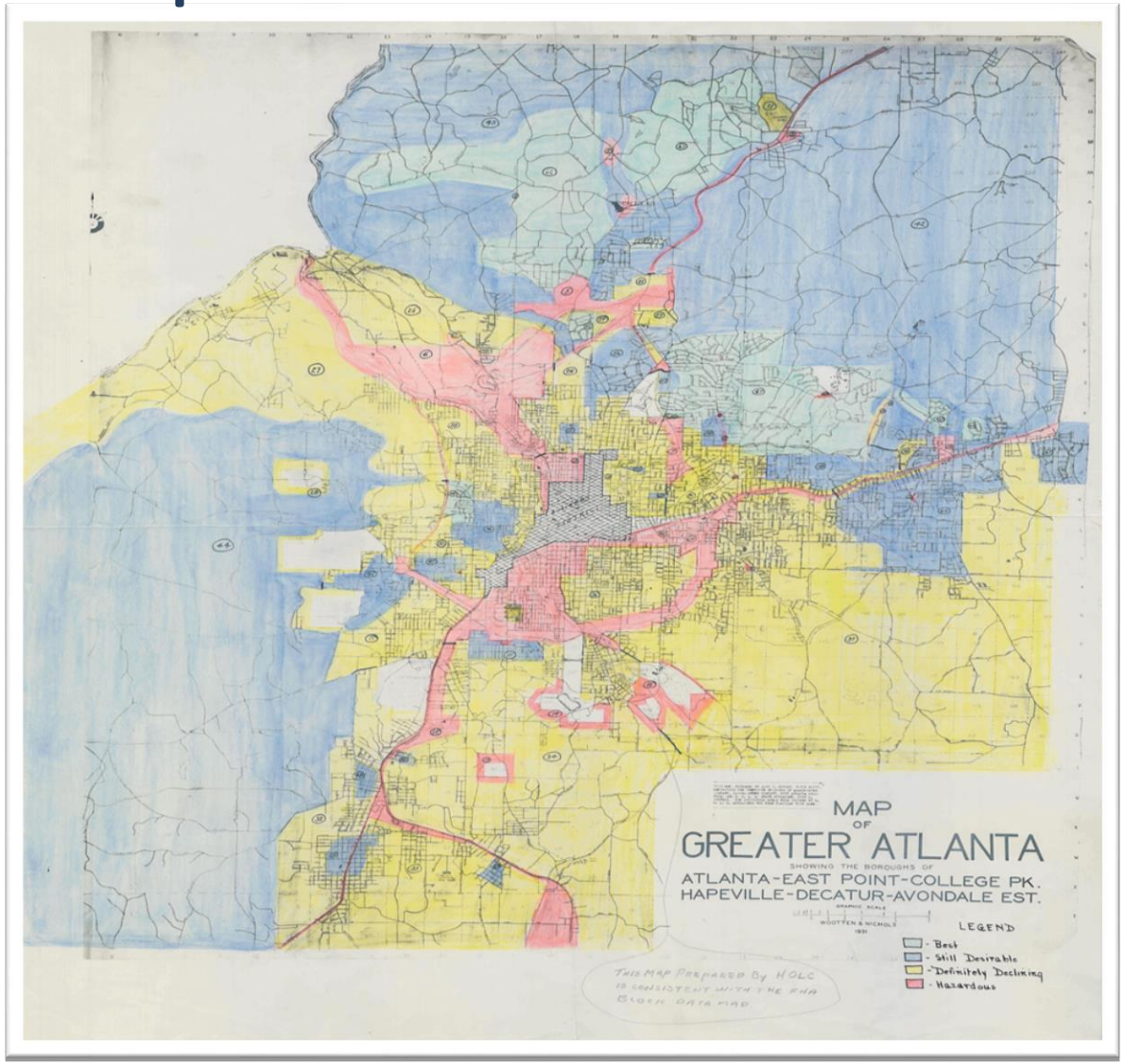
Explicit Segregation

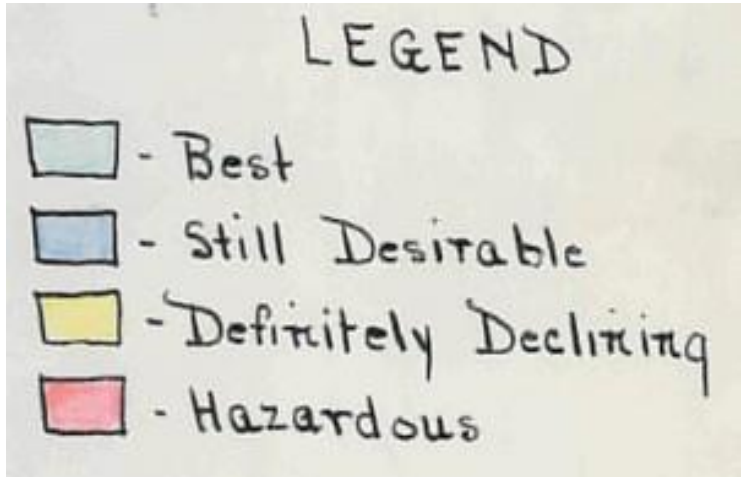
"If a neighborhood is to retain stability, it is necessary that properties shall continue to be occupied by the same social and racial classes. A change in social or racial occupancy generally contributes to instability and a decline in values."

–Excerpt from the 1947 FHA underwriting manual



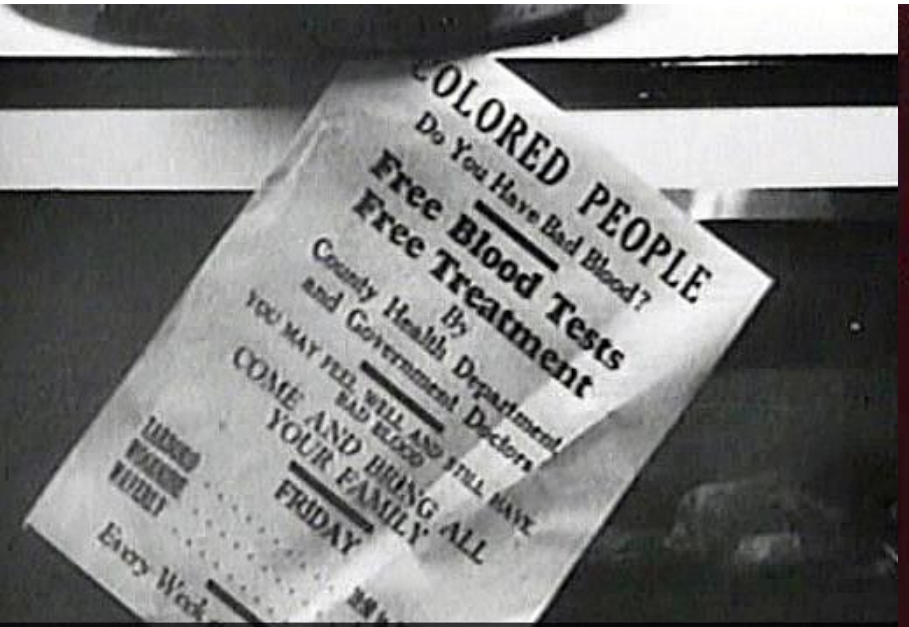
Greater Atlanta Redlining Map





Today – Structural Racism Matters

- **In Atlanta 80% of Black children live in high poverty areas while only 6% of white kids live in high poverty areas**
- **Atlanta #2 for lack of economic mobility for poor kids**
- **Atllanta #1 for income inequality**



DEADLY DECEPTION

"An authentic, exquisitely-detailed case study of the consequences of racism in American life."
— *The New York Times Book Review*

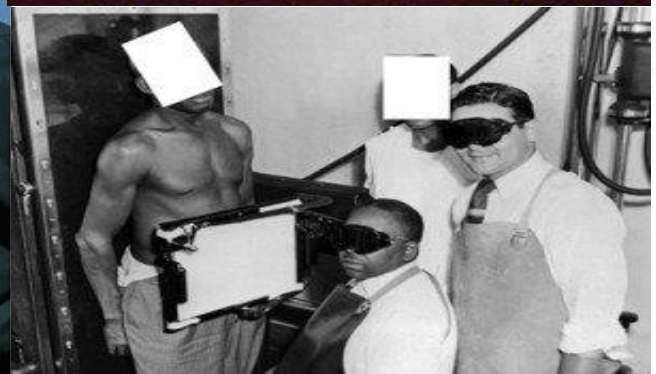
BAD BLOOD

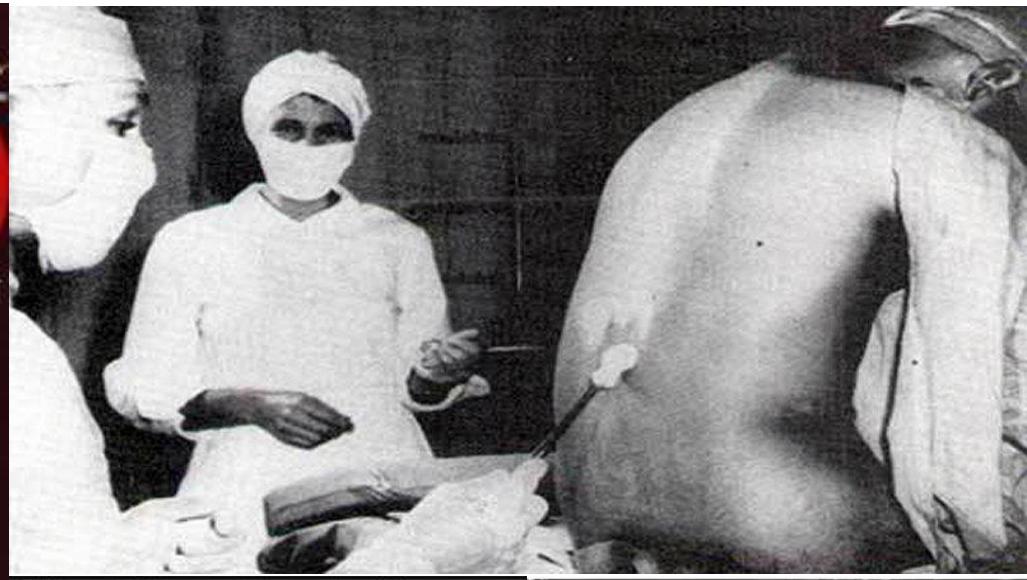
The Tuskegee Syphilis Experiment

The modern classic of race and medicine updated with an additional chapter on the Tuskegee Experiment's legacy in the age of AIDS

New and Expanded Edition

James H. Jones





The New York Times

Syphilis Victims in U.S. Study Went Untreated for 40 Years

By JEAN HELLER
The Associated Press

WASHINGTON, July 25—For 40 years the United States Public Health Service has conducted a study in which human beings with syphilis, who were induced to serve as guinea pigs, have gone without medical treatment for the disease and a few have died of its late effects, even though an effective therapy was eventually discovered.

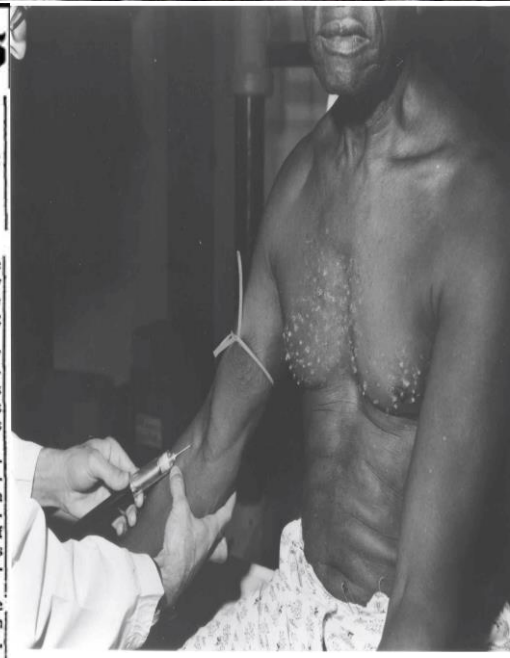
The study was conducted to determine from autopsies what the disease does to the human body.

Officials of the health service who initiated the experiment have long since retired. Current officials, who say they have serious doubts about the morality of the study, also say that it is too late to treat the syphilis in any surviving participants.

Doctors in the service say they are now rendering whatever other medical services they can give to the survivors while the study of the disease's effects continues.

Dr. Merlin K. DuVal, Assistant Secretary of Health, Education and Welfare for Health and Scientific Affairs, expressed shock on learning of the study. He said that he was making an immediate investigation.

The experiment, called the Tuskegee Study, began in 1932 with about 600 black men,



BREAK OUT SESSION 3

THE JOURNEY TOWARDS EQUITY:

A people's history

Why Health Equity Matters®

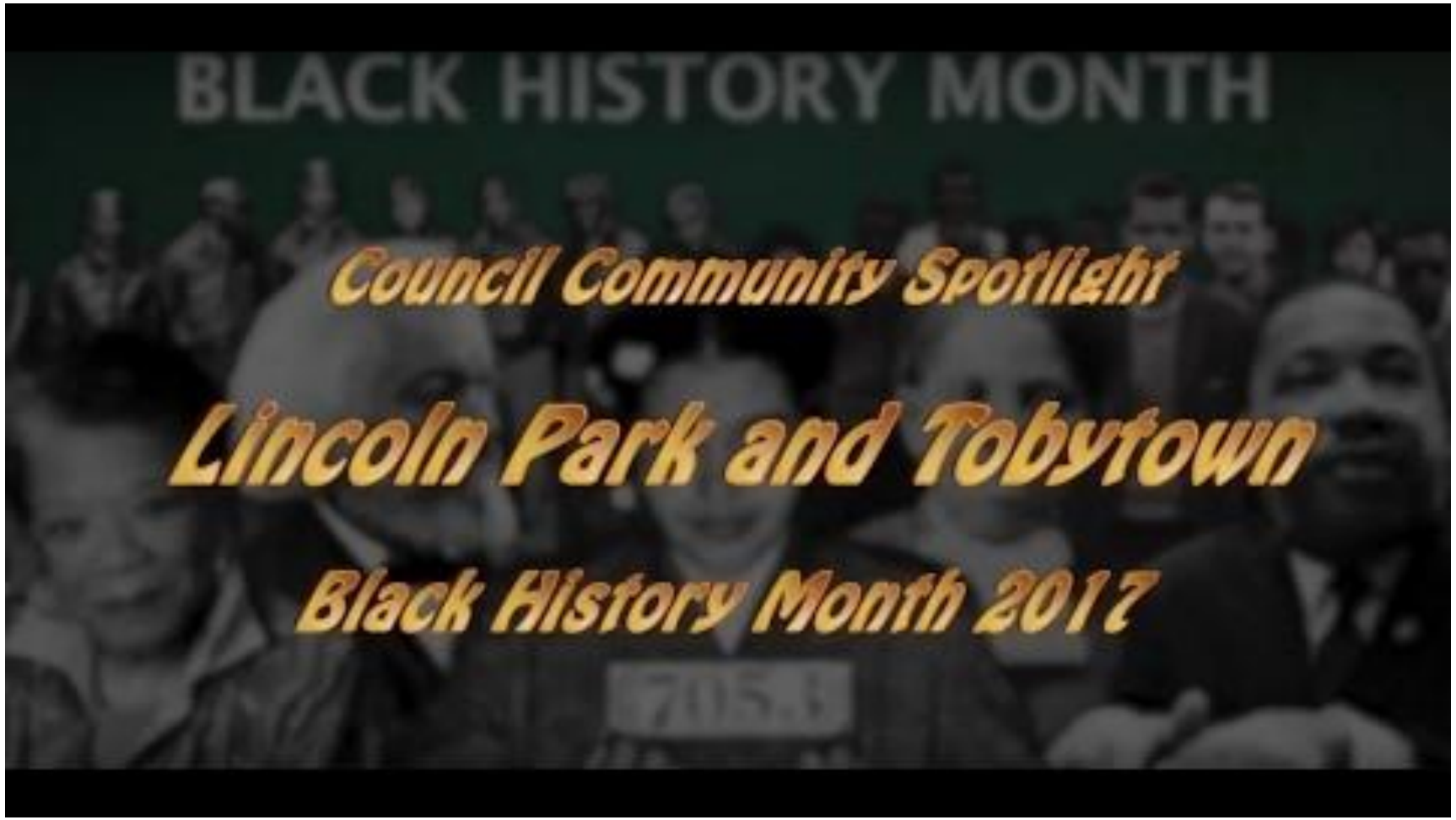
- Take a moment to **think about moments in history that have either ADVANCED equity or HINDERED equity**
  - **1600-1999** (use one post it note for each moment/event/law/decision you want to record)
  - **2000-2018** (use one post it note for each moment/event/law/decision you want to record)

HISTORY PARTICIPANT FEEDBACK

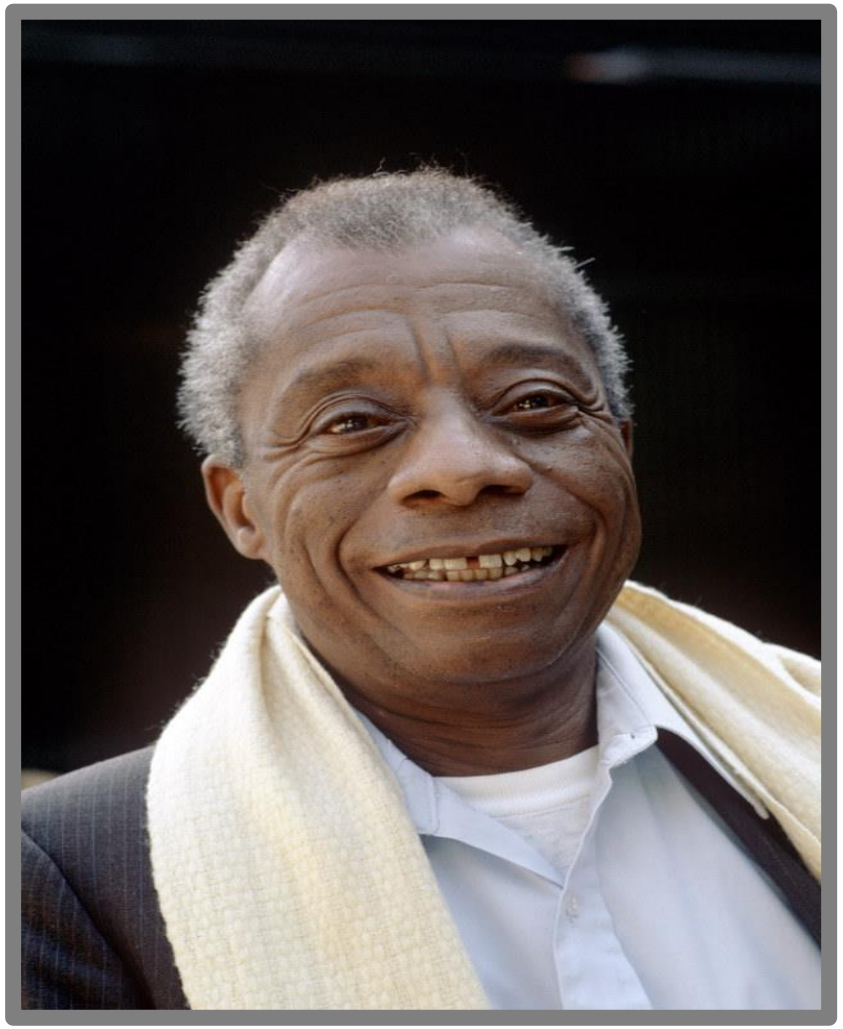
THE JOURNEY TOWARDS EQUITY:

A people's history

History Matters!



HISTORY IS THE PRESENT



One of the things that has always afflicted the American reality and the American vision is this aversion to history. History is not something you read about in a book. History is not even the past; it's the present.

-James Baldwin

WHAT IS RACIAL EQUITY?

Racial Equity refers to what a genuinely non-racist society would look like. In a racially equitable society, the distribution of society's benefits and burdens ***would not be skewed by race***. In other words, racial equity would be a reality in which a person is no more or less likely to experience society's benefits or burdens just because of the color of their skin.

COVID-19 and Racial Equity: History is the Present

PUBLIC HEALTH LEGISLATION

- 1935 – **Social Security Act** was an event of major importance; **Public Health became to advisor and practical assistant to state and local health services**
- 1946 – The **National Mental Health Act** was designed to **improve the mental health through research, diagnosis, and treatment**
- 1956 – The **Health Amendments Act** authorized the Surgeon General to increase the number of adequately trained nurses and public health public health personnel.
- 1962 – An act authorized the Surgeon General to establish the **National Institute of General Medical Sciences and the National Institute of Child Health and Human Development** – to conduct and support **research and training related to maternal health; child health; and human development.**
- 1963 – **Clean Air Act** to strengthen and accelerate programs for the prevention of air pollution.
- 1965 – The **Mental Retardation Facilities and Community Mental Health Centers Construction Act** - to provide funding to help finance initial staffing of community mental health centers.
- 1970 – **Public Health Act amendment** to provide grants to schools of public health, project grants for graduate training, and medical services systems.
- 1973 – The **Emergency Medical Services Systems Act** to develop a comprehensive area emergency.
- 1983 – Appropriations provided **funds for NIH to fund PHS AIDS activities.**
- 1984 – **Amendment to the PHS act to provide Health Promotion and Disease Prevention** (community-based programs/projects)
- 1985 – Under the **Balanced Budget and Emergency Deficit Control Act** there is a **reduction in funding to NIH**
- **1988 – Amendment to PHS Act – funding to make grants to the states to provide drugs to prolong life of AIDS patients**

PUBLIC HEALTH LEGISLATION

- 1990 - **Ryan White Comprehensive Aids Resources Emergency Act** to provide demonstration grants to community health centers.
- 1996 – **Ryan White CARE Reauthorization Act extends Ryan White** (1990) – including a grants program to **provide health care and opportunities for women, infants, children, and youth to participate as voluntary subjects of clinical research on HIV disease.**
- 1996 – **Safe Drinking Water Act amendment toughening standards (Flint Michigan)**
- 1996 – Electronic Freedom of Information Act establishing the right of the public to obtain access to Agency records.
- 1998 – **Health Professions Education Partnership Act reauthorized consolidated health professions, nursing, and minority and disadvantaged health education programs within the Department of Health and Human Services.**
- **2000** – The **Ryan White CARE Act amendment** required the **review of the distribution and availability of ongoing and appropriate HIV/AIDS research projects to Ryan White sites, particularly in communities underserved by such projects.**
- 2000 – **Minority Health and Health Disparities Research and Education Act created a National Center on Minority Health and Disparities at NIH to coordinate 1) health disparities research, 2) grants program to further biomedical and behavioral research education and training, 3) an endowment program to facilitate minority and other health disparities research centers of excellence, and. 4) a loan repayment program to train members of minority or other health disparities populations as biomedical research professionals.**
- 2010 – **Patient Protection and Affordable Care Act – to expand access to health care; protect patients against arbitrary actions by insurance companies and reduce health care costs.**
- **2011 – The Breast Cancer Stamp Reauthorization Act** reauthorizes the breast cancer stamp through December 2015. **Seventy percent of the proceeds from the stamp would be provided to NIH and the remainder to support breast cancer research funded by the Department of Defense.** (P.L. 112-80
- **2012 – The Food and Drug Administration Safety and Innovation Act Reauthorizes** user fees for FDA. Directly related to NIH is a provision that authorizes section 409(e)(1) of the PHS Act for the **Program for Pediatric Studies of Drugs at $25 million for each of FYs 2013 to 2017. (P.L.112-144)**
- **2013 – The American Taxpayer Relief Act includes a provision to extend the special diabetes program for type I diabetes at its current rate of $150 million through 2015;** delays the sequestration for 2 months; and reduces the total automatic cut for FY 2013. (P.L. 112-240)
- **2015 – H.R. 315 – Requires the Health Resources and Services Administration(HRSA) to collect data to better place maternity health care professional in existing primary care health professional's shortage area**
- **2017-2018 – Patient Access to Public Health Programs (sec.101) –** this bill **amends the Patient Protection and Affordable Care Act (PPACA) to eliminate funding after FY2018 for the Prevention and Public Health Fund; which provides investment in prevention and public health programs to restrain the growth in health care cost.** Funds that are unobligated at the end of 2018 are rescinded.

The Path to Achieving Health Equity

What social and economic factors must be addressed on the continued path to achieving Health Equity?

Health Equity aims to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.

MOVING TOWARDS HEALTH EQUITY

"If you want a future that's distinct from the past, you have to be with people who you aren't used to being with and have conversations that you're not used to having."

-Peter Block

CRITICAL QUESTIONS

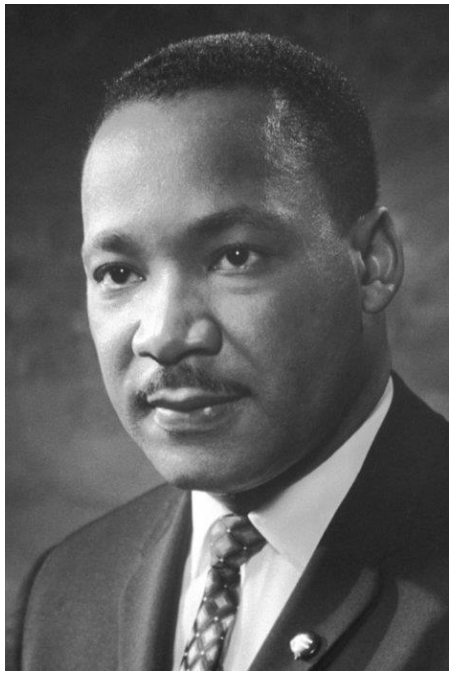
- Are you engaging communities as a ***"missionary"*** or ***"community builder"?***
- Are you working to ***EMPOWER*** or ***ENABLE*** community stakeholders?
- Are you supporting the community in understanding and leveraging their community assets/resources to strengthen community engagement?
- Are those most affected by the issue actively involved in defining/identifying inequities, and shaping solutions?
- How does your work ***support and/or improve*** the conditions for the communities and people most in need?
- Will the people most negatively affected by inequities identified benefit the same, less so, or more so from decision-making and policies?
- What barriers or unintended consequences impact marginalized or underserved populations?
- Are we managing our privilege and power when engaging diverse community stakeholders?
- Are we assessing and helping to address privilege and power dynamics within the Department of Public Health and the community?

REFLECTION AND WRAP UP

- **Where are we now** – *what is your current process for integrating health equity into your respective spheres of influence, public health strategies, implementation, ongoing community engagement, and expected results?*
- **People are assets -** *Are we looking at the people we are working to help as partners?*
  - ***Working with vs. Working over*** *(Dynamics of Power within and outside collaborative efforts)*
  - *To lead,* ***we have to be willing to serve***
  - ***Long-term change happens from the ground up*** *(getting communities to see themselves as agents of change)*
  - ***What are your outreach and community engagement efforts?***
- **What partnership decisions may have worked as a barrier to advancing health equity?**
- **Where do we go from here** – *what can we do differently to improve or enhance the decision-making, the planning process, and community engagement to advance health equity?*
- **Q&A and Aha Moments**

We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.

-Dr. Martin Luther King, Jr.



SUGGESTED RESOURCES

- www.ruralhealthinfo.org
- www.metricsforhealthycommunities.org
- www.buildhealthyplaces.org
- www.thecommunityguide.org /Promoting Health Equity
- www.rwjf.org/Early Childhood is Critical to Health Equity
- Health Equity and the Role for Community Development/Federal Reserve/Article
- Ending Health Discrimination/YouTube video
- https://www.cdc.gov/healthliteracy/index.html
- https://health.gov/communication/literacy/quickguide/quickguide.pdf

Partnership for Southern Equity
TOGETHER WE PROSPER

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  - @PSEquity (Instagram)
  - Partnership for Southern Equity (Facebook)