

Health & Medicine
POLICY RESEARCH GROUP

Health Equity Praxis: Practical Examples from Health & Medicine Policy Research Group

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Health equity is a process of assurance of the conditions for optimal health for all people.

Health Equity requires at least 3 things:

- Valuing all individuals & populations equally
- Recognizing & rectifying historical injustices
- Providing resources according to need

-Camara Phyllis Jones, MD, MPH, PhD

Measuring and Responding to Structural Racism

Renaee Alvarez, MPH & Wesley Epplin, MPH

What is Structural Racism?

A system of structuring opportunity and assigning value based on the social interpretation of phenotype (“race”)

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

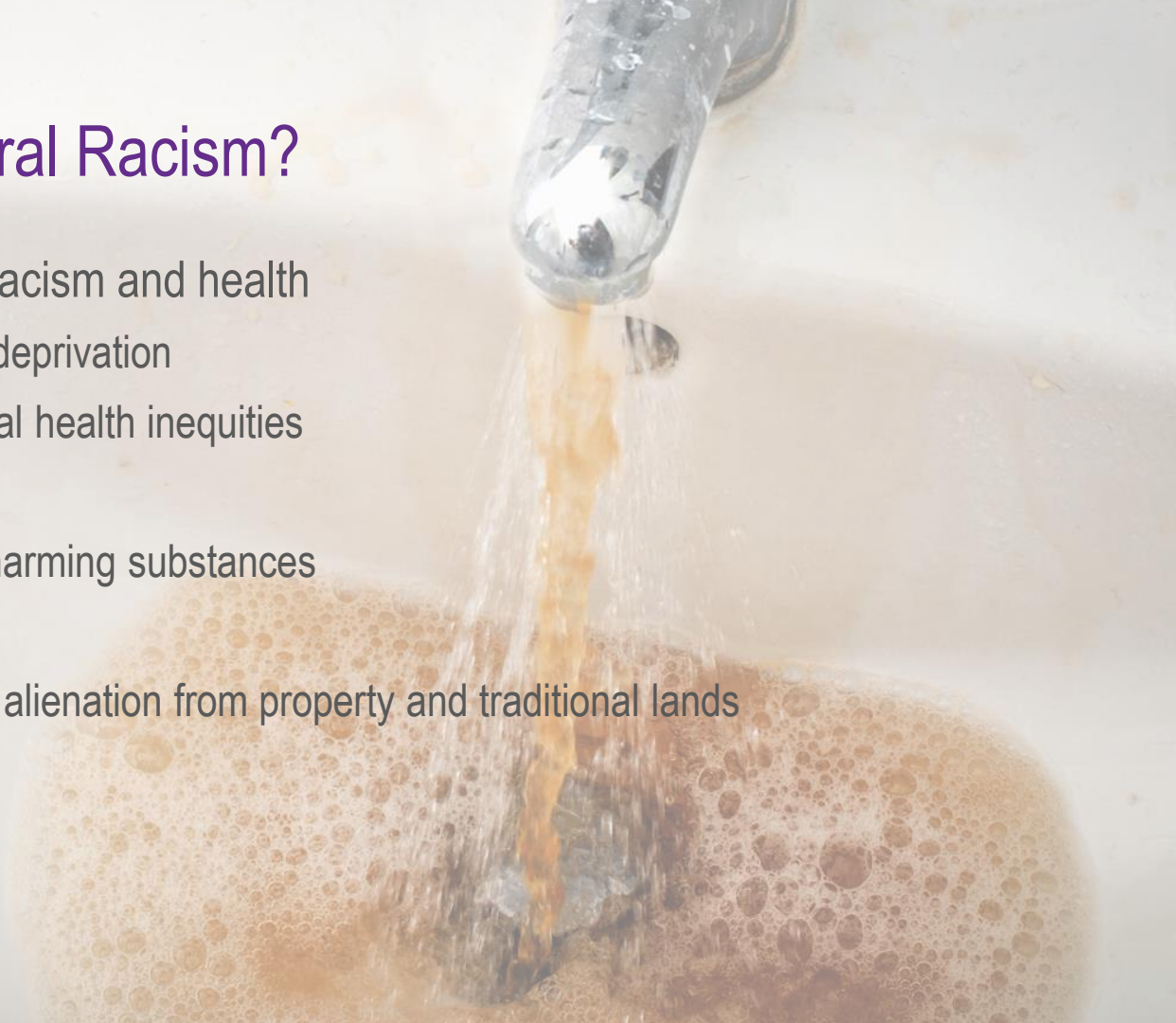


-Camara Phyllis Jones, MD, MPH, PhD

Why measure Structural Racism?

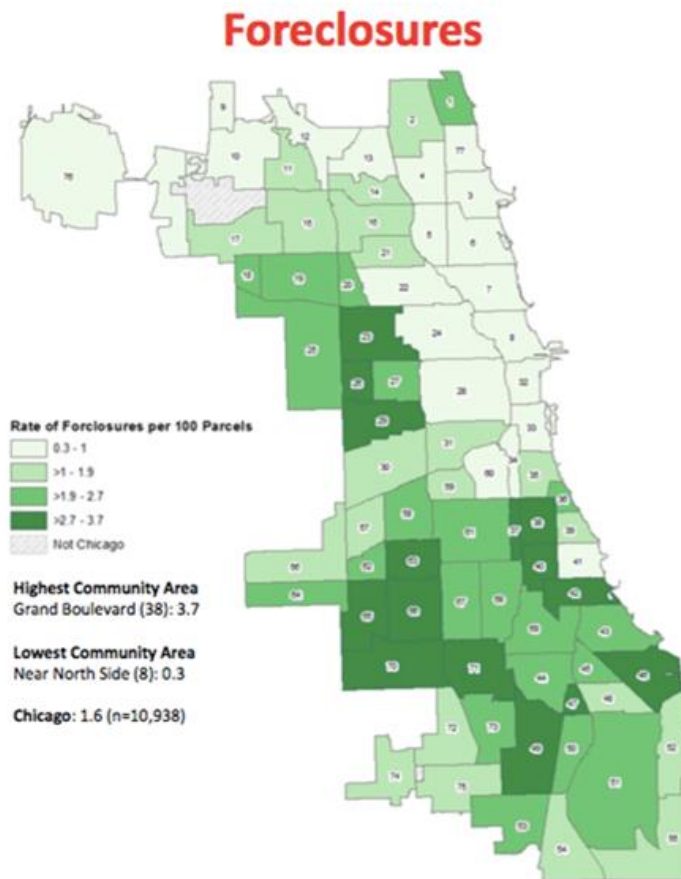
There are pathways between racism and health

- Economic injustice and social deprivation
- Environmental and occupational health inequities
- Psychosocial trauma
- Targeted marketing of health-harming substances
- Inadequate health care
- State-sanctioned violence and alienation from property and traditional lands
- Political exclusion
- Maladaptive coping behaviors
- Stereotype threats



Measuring Structural Racism

- Historical basis
 - Discriminatory housing policies such as red-lining led to racialized and economically segregated neighborhoods
- Contemporary basis
 - Foreclosures and housing displacement in geographical areas
- Tax policies
 - TIF
 - Property taxes
- Identifying pathways to health outcomes



Key Takeaways

- Examine issues with a human rights and social justice lens
- Look for disproportionate impact
 - Who is advantaged? Who is disadvantaged?
 - How is this inequity sapping the strength of society through the waste of human resources?
- Trying to correct through public/social policies by redistributing resources
- Support policy that provides resources according to need
- Contextualize the use of “race” categories whenever sharing information about inequities in charts, graphs, maps, or in text

Examining the Cook County Safety Net: A Health Equity Perspective

Tiffany Ford, MPH & Wesley Epplin, MPH

Background: Why do this work?

Has health reform advanced equity?

What are the unintended consequences?



The Study: A Quick Overview

Methods

Population

5 research questions:

1. How would you characterize the safety net in Cook County?
2. How has the implementation of major national and state health reforms impacted the healthcare safety net in Cook County?
3. How has the safety net adapted to the reformed environment?
4. What are the unique assets of the Cook County's safety net providers?
5. How can private philanthropy and policymakers support the safety net?



Key Takeaways

- Importance of cross-sector collaboration to understand and address structural inequity (i.e. structural violence)
- Remaining gaps in health coverage
- Single payer/universal healthcare
- System is unnecessarily complex

What can we do?

- Policymakers
- Philanthropic community
- Public health professionals
- Social justice advocates

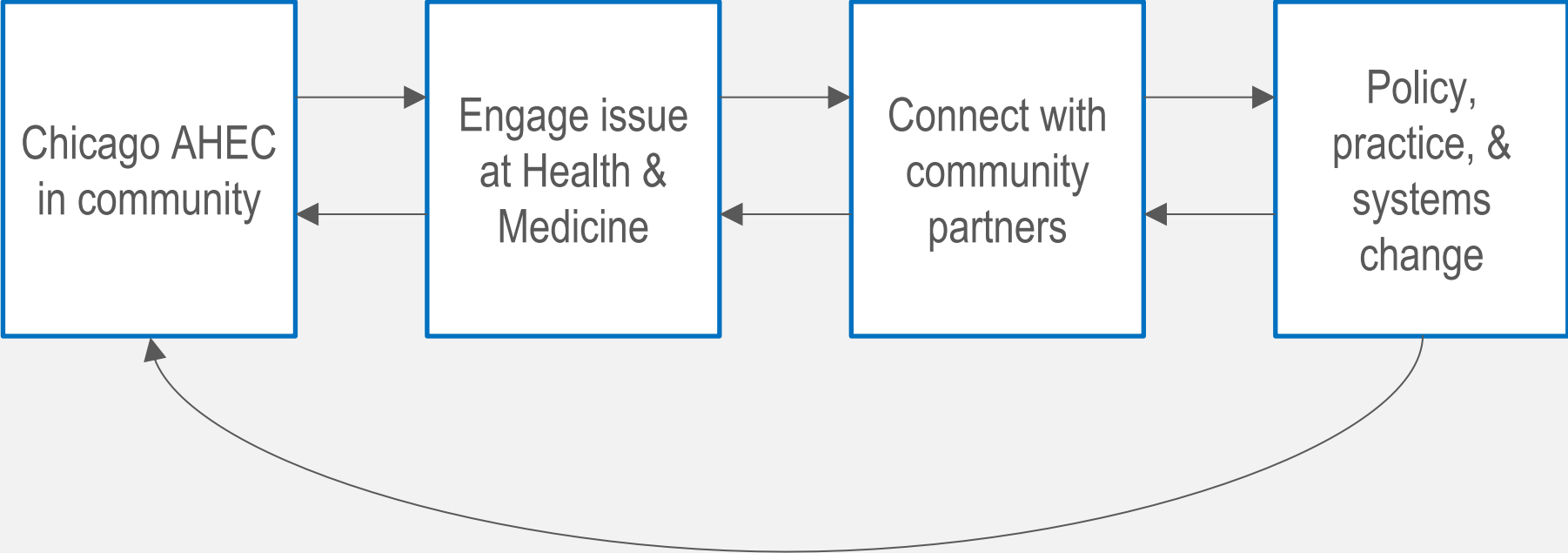




Criminalization of People of Color as a Barrier to Diversifying the Health Workforce

Sharon Powell, MA & Tiffany N. Ford, MPH

Our Process



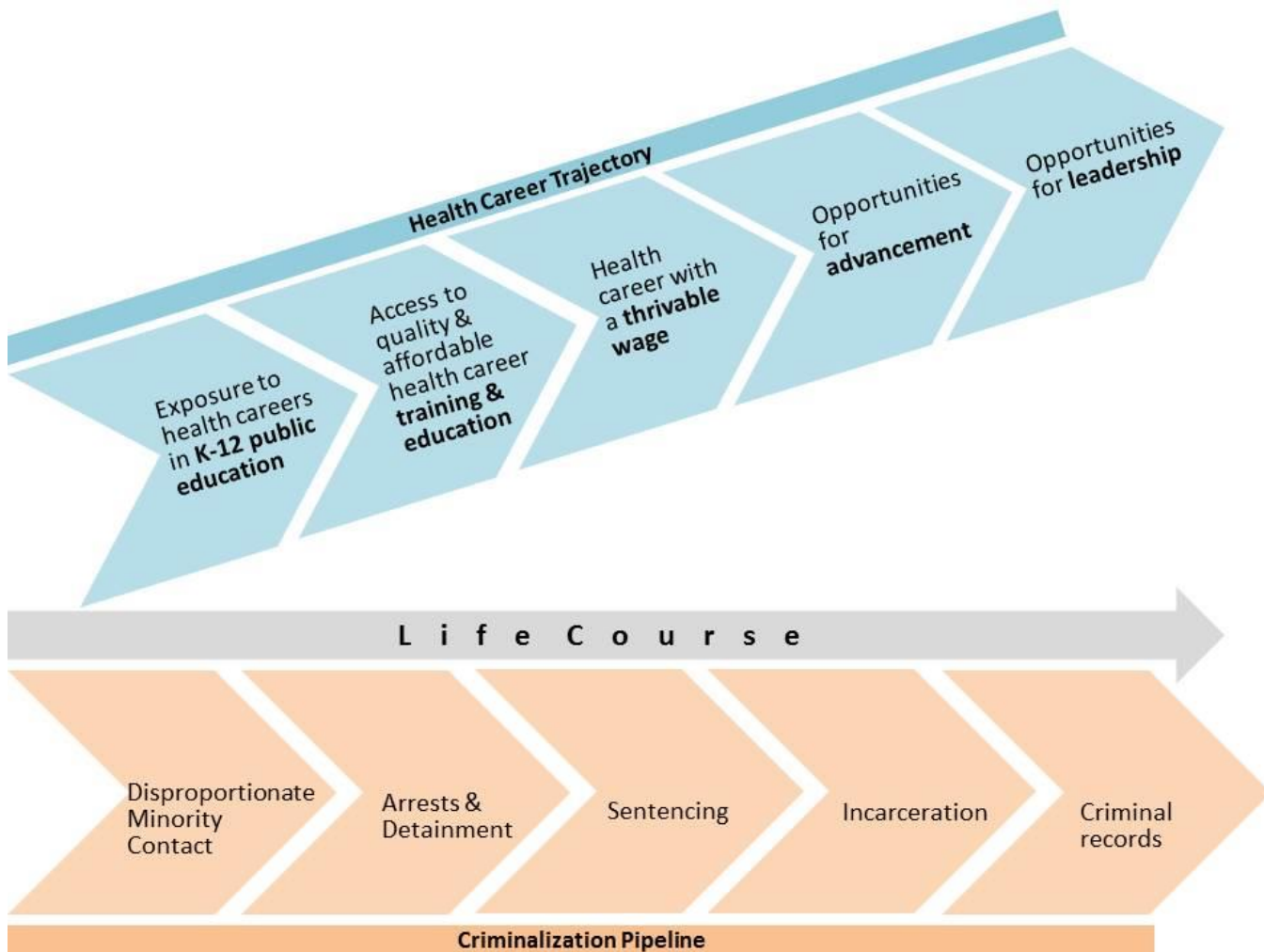


Figure 1. Chicago AHEC Model of Criminalization as a Barrier to Health Careers

Conclusion: Beyond Exposure to Health Careers

- Health workforce development initiatives must understand:
 - The disruptive role that the criminalization of youth of color and racial bias in the juvenile justice system play
 - Involvement in the criminal justice system amounts to people not being exposed to or exploring a health career trajectory
- Removing institutionalized and structural barriers is critical to diversifying the health workforce and to advancing health equity



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Thank you!
Questions?

Visit www.hmprg.org/blog where you can find
all of the work that we talked about today – and more!

History of Racist Housing Policy

Redlining

loaning only in some areas

Restrictive covenants

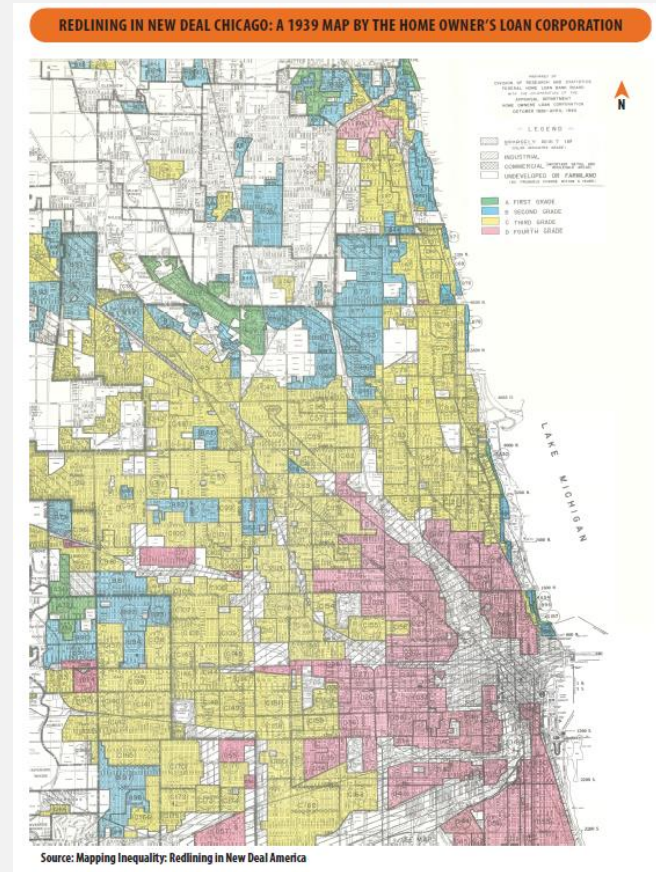
clause in deed to only sell to whites

Contract selling

Retaining deed until paid in-full; foreclosing for minor infractions (taking \$, property, and repeating)

Blockbusting

Selling to Blacks, prompting “white flight,” reaping rewards of cheap property and sales



Intersectionality

- Intersectionality holds that the classical conceptualizations of oppression within society—such as racism, sexism, classism, ableism, homophobia, transphobia, xenophobia and belief-based bigotry – do not act independently of each other. These forms of oppression interrelate, creating a system of oppression that reflects the “intersection” of multiple forms of discrimination
- This framework can be used to understand how systemic injustice and social inequality occur on a multidimensional basis
- Because laws and policies usually only address one form of marginalization but not the intersection of multiple forms of oppression, interlocking forms of oppression are often go overlooked. Since these complex processes are overlooked, there is a lack of resources needed to combat the discrimination, and the oppression is cyclically perpetuated

[Crenshaw, Kimberlé \(1989\). "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics". *University of Chicago Legal Forum*. 140: 139–167 – via PhilPapers. \(COINED TERM\)](#)

Crenshaw, Kimberlé W. (July 1991). "Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color". *Stanford Law Review*. 43 (6): 1241–1299. [JSTOR 1229039](#). doi:10.2307/1229039.

Einstein, Zillah (1978). ["The Combahee River Collective Statement"](#). Combahee River Collective.

Healthcare quality and access

Socioeconomic disadvantage resulting from systematic disinvestment in public and private sectors

- Difficult to attract primary care providers and specialists
- Health promoting resources are inadequately invested
- Lower quality facilities with fewer clinicians

Healthcare infrastructure and services are inequitably distributed

Inequitable systems disproportionately exposure black residents to racially biased services