When a people are mired in oppression, they realize deliverance only when they have accumulated the power to enforce change. Rev. Dr. Martin Luther King, Jr.

Via @DrIbram Ibram X. Kendi
Presentation & Dialogue

- Inequitable distribution of health and well-being—some evidence
- ‘nothing as practical as a good theory’
- The work of Collaborative for Health Equity Cook County
  (www.CHECookCounty.org #PublicHealthWoke @CHECookCounty)
  - Minimum Wage
  - Protect Immigrant Health Now!
- Role of US Health Care (Himmelstein & Venkataramani 2018)
- Dialogue
Average Life Expectancy (2003-2007) by Median Income of Census Tract/Municipality (2009), Cook County

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Life Expectancy at Birth in Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 25k</td>
<td>73.2</td>
</tr>
<tr>
<td>25k - 35k</td>
<td>78.8</td>
</tr>
<tr>
<td>35k - 44k</td>
<td>79.9</td>
</tr>
<tr>
<td>44k - 53k</td>
<td>79.9</td>
</tr>
<tr>
<td>Greater than 53k</td>
<td>87.0</td>
</tr>
</tbody>
</table>

Source: Life expectancy calculated by the VCU Center on Human Needs from 2003-2007 data provided by Cook County Health Department: Median Income from 2009 Geolytics Premium Estimates.
Premature mortality & privilege & deprivation

- ICErace+income had strongest relationship with <65 mortality
- ICE measures “societal distributions of concentrations of privilege and deprivation” (Krieger 2016)
- Frames ‘...the problem of health inequities as inequitable relationships between societal groups’ (Krieger 2016)

Figure. Scatterplots of raw data displaying relationships between ICEIncome+Race and age-adjusted premature mortality rate (years 2011-2015; deaths per 100 000 population age <65 years) by Chicago community area. ICE, Index of Concentration at the Extremes.

% of Black & Latinx children in Cook County by neighborhood opportunity level

DiversityDataKids.org & Kirwan Inst (2016)
% of White children in Cook County by neighborhood opportunity level

DiversityDataKids.org & Kirwan Inst (2016)
% of children in Cook County by Race/ethnicity & neighborhood opportunity level

DiversityDataKids.org & Kirwan Inst (2016)
“By failing to curb discrimination that its own data disclosed, the Federal Reserve violated African Americans’ legal and constitutional rights.”

Structural Racism in Cook County Property Taxation

• $2.2 billion in property taxes were shifted onto the bottom 80% of houses from the top 20%. This burden was shifted onto property owners in Cook County who were predominantly of color. (Berry 2018; Circuit Court of Cook County, Illinois. No. 17 CH 16453 2018).
Hawaii Public Health

- Makai (Downstream)
  - Access to Health Care
  - Smoking, Physical Activity, Obesity

- Upstream “Root Causes”
  - Political Context & Governance
  - Social/ Economic Conditions

Source: State of Hawai‘i. (2011)
World Health Organization Commission on the Social Determinants of Health Conceptual Framework

Figure A. Final form of the CSDH conceptual framework

Determinants of Health, or Determinants of Inequities? Solar & Irwin (2010) p49

Conflating the social determinants of health and the social processes that shape these determinants’ unequal distribution can seriously mislead policy... Policy objectives will be defined quite differently, depending on whether the aim is to address determinants of health or determinants of health inequities.
March 15, 2017 All-staff meeting, Cook County Department of Public Health

Staff Recommendations/Requests:

1) Training on how to respond to ICE threatening CCDPH clients
2) List of referral organizations
3) Welcoming Signage
CCDPH 7 Elements of Health Equity Practice

- Focus on the causes of social inequalities
- Develop alliances>>policy decisions
- Develop relationships with communities
- Campaigns initiated & led by others
- Build a base to support health equity practice
- Health equity organizational development
- Develop new public narrative
- Monitoring & surveillance supporting equity actions

NACCHO (2014) p40-49

In 2014 the National Association of County and City Health Officials (NACCHO) described seven elements of public health practice to advance health equity. The recommendations are the result of recent discussions of leading US public health practitioners with experience and expertise on tackling health inequalities. Below are descriptions of the Elements, and example of how some local health departments are acting on NACCHO’s recommendations.

<table>
<thead>
<tr>
<th>Elements of Health Equity Practice</th>
<th>Examples from USA Health Departments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus on the causes of social inequalities and not just the health consequences of those inequalities</td>
<td>Examples reported on the associations of improvements in health with increases in income.</td>
</tr>
<tr>
<td>Develop alliances to create openings for participation in policy decisions that directly affect the social inequalities</td>
<td>The Equity and Social Justice Initiative in Seattle-King County obligates the health department to work with other agencies in the County to advance health equity. “Health by All Policies” is a concept that provides framework to public health workers in other “social determinants” arena.</td>
</tr>
<tr>
<td>Develop relationships with communities that are based on mutual recognition of each other’s strengths and leadership capabilities, are long-term rather than situational and are based on shared interest in directly confronting social inequalities.</td>
<td>The Kansas City Health Department provides space in their facilities for community organizations to help cultivate relationships informed by regular interaction and reaffirmation of shared interests.</td>
</tr>
<tr>
<td>Participate strategically in campaigns initiated and led by others</td>
<td>Alameda County, CA is involved in campaign initiated and led by community activists on gentrification and displacement in West Oakland. The health department was able to make explicit the connection between displacement and health inequality, and develop a strategic alliance.</td>
</tr>
<tr>
<td>Build a base that can help create openings to participate in activities that would otherwise be politically constrained. This is seen as a strategy to protect against political risk sometimes associated with health equity practice.</td>
<td>The San Francisco Department of Public Health worked with the Living Wage Coalition, an organization promoting increase in the minimum wage. Working with the Coalition provided the health department an opportunity to inject public health data and approaches into a major policy debate to help hold greater assurance to advance health equity.</td>
</tr>
<tr>
<td>Adapt organizational development strategies that incorporate health equity principles into categorical programs as well as new and creative practices.</td>
<td>Ingham County (Michigan) incorporates dialogues including public health staff and community to illuminate how class, race, and other forms of oppression are root causes of health injustice. The transformation of the organizational culture to better understand how a health department can more effectively contribute to advancing social justice is an important foundation for health equity practice.</td>
</tr>
<tr>
<td>Develop and communicate a public narrative that articulates the relationship between health inequities and the underlying social inequalities. Such a narrative is not circumvented by diseases, risk factors, or populations.</td>
<td>The Minnesota Department of Public Health created a Narrative Strategy Team. Together, community partners and health department staff answer where the individual-based public narratives dominate discussions of health. The team creates alternatives to the prevailing narrative that health is generated by a list of the disease and that it is the individually responsibility to engage in healthy behavior.</td>
</tr>
</tbody>
</table>

• 19 National Collaboratives For Health Equity
• Learning Community
• [Website Link] www.checookcounty.org
• [Social Media Link] @checookcounty
November 2018 Drs. Ansell & Murray Op Ed

CHICAGO SUN-TIMES
The Hardest-Working Paper in America

Our Pledge To You

OTHER VIEWS

11/19/2018, 02:47pm

For our health, listen to the voters and raise minimum wage in all Cook County
Customers subsidize businesses in US two-tiered wage system

Real value of the federal minimum wage and subminimum wage for tipped workers, 1966–2014

NRA Pres Herman Cain 1996

Workers advocates

US Congress

1996 Deal Freezes Tipped workers wages

* The difference, paid for by customers' tips, between the regular minimum wage and the subminimum wage for tipped workers

Note: Real 2014 dollars adjusted using the CPI-RS. Minimum- or tipped-wage changes that occurred in mid-year are averaged.
Calumet City, Illinois, Struggle for #1 Fair Wage & $15/hour, City Hall

CHE Cook County built relationships with organizing:
Centro de Trabajadores Unidos-Immigrant Workers Project CTU-IWP
Southsiders Organized for Unity & Liberation S.O.U.L.
Restaurant Opportunities Centers
United Chicago ROC Chicago
CHE Cook County supported CTU-IWP and ROC Chicago, Shriver Center, and other organizations who joined residents to pass a referendum supporting #OneFairWage in Calumet City, IL.
What is Public Health Woke?

• Loose coalition of Chicago area health groups, inspired by the national PublicHealthAwakened.org

• Founding partners: Collaborative for Health Equity Cook County; Health & Medicine Policy Research Group; University of Illinois School of Public Health, Center for Public Health Practice; 7th District (Comm. Jesus Chuy Garcia) Health Task Force; Radical Public Health; Project Brotherhood

• Packed February 10, 2017 Forum to present the Guide to Public Health Actions for Immigrant Rights

• Thunderclap & September 1, 2017 Testimony to CCHHS Board

• Medicine Grand Rounds, Linda Rae Murray, October 2017

• Linda Coronado & Alma Anaya visited Oakland Immigrant Health organizers

• 140 people attend all-day Sanctuary Health Care Conference February 3, 2018

• Health equity/health care/public health origins, not long-established, immigrant rights Chicago area organizing groups

• Our Strengths—Our weaknesses, blind spots
**Public Health Woke:**

Seventh District (Commissioner Jesus Chuy Garcia) Health Task Force  
Collaborative for Health Equity – Cook County  
Health & Medicine Policy Research Group  
Coordinating Center for Public Health Practice – UIC School of Public Health

**REPORT CARD ON DEMANDS FOR CCHHS 10/27/2017**

**Organizational Supporters**

- AIDS Foundation of Chicago
- Brighton Park Neighborhood Council
- Centro de Trabajadores Unidos-Immigrant Workers Project
- Coalición Nacional para Latinxs con Discapacidades
- Enlace Chicago
- EverThrive Illinois
- Healthy Illinois Campaign
- ICAH Illinois Caucus for Adolescent Health
- Our Revolution Illinois/Chicago
- Protect Our Care Illinois
- Public Health Awakened
- Radical Public Health
- Restaurant Opportunities Center Chicago (ROC Chicago)
- Southsiders Organized for Unity and Liberation
- Syrian Community Network

**F 1.** Place abundant and clear signage in multiple languages assuring a welcoming institution.

**D- 2.** Give staff training and resources addressing needs of marginalized patients and families.

**F 3.** Establish referral systems for legal services, know your rights information and other resources needed by immigrant and other marginalized communities.

**F 4.** Clarify, revise and strengthen policies and procedures that focus on protecting immigrant and marginalized patients.

**F 5.** Identify and monitor indicators and neighborhood stress in immigrant and marginalized communities.

**F 6.** Design and implement best practices for clinical and public health providers to deliver appropriate care.
Public Health Actions for Immigrant Rights

A Short Guide to Protecting Undocumented Residents and Their Families for the Benefit of Public Health and All Society

*Public Health Awakened is an initiative convened and staffed by Human Impact Partners*
APHA ‘Spirit of 1848’ Health Activist Session Nov 12, 2018

• Ilda Hernandez & Sahida Martinez, Community Health Workers, Enlace Chicago

• Video Link
  https://youtu.be/Vnizlanuuq0

#PublicHealthWoke
@CHECookCounty

#APHA2018

Video Credit: Miguel Guevara. See Spirit of 1848 Session Report p9
http://www.spiritof1848.org/2018_spirit%20of%201848%20APHA%20reportback_final_1123_secure.pdf
Public Health Woke Survey—New Data

• N=94
• Social service agencies, health providers, community organizations
• Modeled similar survey completed in California
• Conducted Fall/Winter 2017-18
• Convenience sample
What type of agency do you work for?

- Community Health Center: 19%
- Hospital/Clinic: 18%
- Governmental Public Health: 4%
- Social Service Agency: 16%
- Community Organization: 25%
- Faith-based Organization: 2%
- School/University: 7%
- Other: 9%

(n=94)
Since November 2016, my clients are less likely to sign up for public programs, services and healthcare.

(N=77, n/a=17)
Since November 2016, I feel that clients or their family members have shown increased fear, stress, or other mental and emotional health impacts.

(N=81, n/a=12)
Since November 2016, my clients report that they themselves, and/or family, friends, and neighbors are afraid to leave their house or neighborhood. (N=78, n/a=15)
A wide variety of conference sponsors and attendees.

Public Health Woke welcomes you to:

Sanctuary Healthcare for All: Protecting the Rights of Immigrants and Marginalized People

Date: Saturday, February 3, 2018
Location: SEIU Healthcare, Chicago, Illinois

Join the conversation on Twitter using these hashtags:
#SanctuaryHealthcare #SanctuaryForAll
LEFT: Public Health Woke members with signs at a Meeting of the CCHHS Board.

BELOW: Planning meeting hosted by Dr. Griselle Torres, Coordinating Center for Public Health Practice, UIC School of Public Health.

LEFT & ABOVE: Over 140 people attended the February 3, 2018 Sanctuary Healthcare for All Conference, Chicago, IL.

RIGHT: Public Health Woke members in hallway after providing testimony to CCHHS Board.
Protect Immigrant Health Now!

Call these two people on
Thursday, August 24, 2017

- Dr. Jay Shannon, (312) 864-6648 CEO, Cook County Health & Hospital System
- President Toni Preckwinkle, (312) 603-1839 President, Cook County Board of Commissioners

Sample Script

I'm calling to demand that the Health System take all six steps to welcome and protect immigrants & all people: 1) place signage, 2) implement staff training, 3) establish a referral system for legal and other services, 4) strengthen policies and procedures, 5) monitor for indicators of neighborhood stress, and 6) implement best practices.

(For more detailed descriptions of these demands, see page 2)

Tell Cook County Health & Toni Preckwinkle: Protect immigrants & all people #PublicHealthWoke #not1More #WILL #Chicago http://atool.ly/3635Jl

Please email info@CHCookCounty.org and let us know about your calls.

Questions: Contact Susan Avila — svila.susan@gmail.com

In just 14 days the #PublicHealthWoke Thunderclap social media campaign broke

MAXX Boykin
3,788 Connections

RECENT SUPPORTERS

- Stephen Whitefield
  2 hours ago
- Susan Rogers
  5 hours ago
- Suli Joey Taveras
  6 hours ago
- Jennifer LeQuire
  7 hours ago
- Emma Rubin
  8 hours ago
- Emma Kropec
  9 hours ago
- Javier Andres Sanchez
  10 hours ago

115,175 social reach
SUPPORT
Videos of 9-1-17 CCHHS Board Testimony
checookcounty.org [Video Credit: Anna Yankelev]
Social Movements and Collective Action

(House Staff Strike 1975) “County” Ansell (2011)
Hospitals employ 25.3% of healthcare workers earning <$15/hour 1.5 million people

Specific industries of healthcare workers earning <$15/hour

(Himmelstein & Venkataramani 2018)
Tachina Hawood, CNA
Swedish Covenant Hospital

$1,631 Monthly pay
-$517 Rent
-$300 Utilities
-$500 Food
-$100 CTA Trans
-$207 Childcare deductible

Source: Public Video 12/13/2018 https://youtu.be/R0sL5guDkBk
A total of 1.7 million female health care workers and their children lived in poverty. Raising the minimum wage to $15/hr would reduce poverty rates among female health care workers by 27.1% to 50.3%.

In December, healthcare service workers in Chicago challenged hospital CEOs to live on $13/hour during the Holidays.

Healthcare workers protest at IL Hosp Assn December 13, 2018
Cook County Commissioner Brandon Johnson (1\textsuperscript{st})

“I too call on these four CEOs to try to live on $13 an hour during the holiday season! If they walked just one day in the shoes of some of the hospital workers here right now, there is no question in my mind these CEOs would have a new perspective about the value of your labor, your dedication, and your service to patients and families.”

Why? Some ideas...

• Structural violence is not so plainly visible (Zimmerman 2018 w/ Bezruchka)
• exploitative market capitalism perpetuates racism, poverty, income inequality (Ansell 2017)
• where liberal macroeconomic policies position virtually all economic activity - including unhealthy activity - as beneficial, there is an inbuilt incentive to ‘blame the victim’ rather than to tackle the corporate and economic causes of the problem (Scott-Samuel & Smith 2015)
Who Benefits??? A suggestion...

“Groups most likely to receive unearned privileges and benefits because of group membership” are Non-Target Groups [emphasis added] (NACCHO, RootsofHealthInequity.org)
Who Benefits??? A suggestion...

For every oppressed group, there is a privileged group... (NACCHO, RootsofHealthInequity.org)

<table>
<thead>
<tr>
<th>Type of Oppression</th>
<th>Target Group</th>
<th>Non-Target Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racial</td>
<td>People of color</td>
<td>White people</td>
</tr>
<tr>
<td>Class</td>
<td>Poor; working class.</td>
<td>Middle, owning class.</td>
</tr>
<tr>
<td>Gender</td>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Lesbian, gay, transgender, bisexual</td>
<td>Heterosexual people</td>
</tr>
<tr>
<td>Ability</td>
<td>People w/ disability</td>
<td>People w/o disability</td>
</tr>
<tr>
<td>Religion</td>
<td>Non-Christian</td>
<td>Christian</td>
</tr>
<tr>
<td>Age</td>
<td>People over 40</td>
<td>Young people</td>
</tr>
<tr>
<td>Youth</td>
<td>Children, youth, young adults</td>
<td>Older adults</td>
</tr>
<tr>
<td>Rank/Status</td>
<td>People w/or college deg.; low status in org.</td>
<td>People w/ college deg. High status in org.</td>
</tr>
<tr>
<td>Military Service</td>
<td>Vietnam Veterans</td>
<td>Veterans of other wars</td>
</tr>
<tr>
<td>Immigrant Status</td>
<td>Immigrant</td>
<td>U.S.-born</td>
</tr>
<tr>
<td>Language</td>
<td>Non-English</td>
<td>English</td>
</tr>
</tbody>
</table>

Adapted from Dr. Valerie Bates, “Is Reconciliation Possible? Lessons from Combating Modern Racism”
Thank you! Discussion

Possible questions:

What stood out to you in the presentation?

What was surprising?

In your experience, what holds health workers back from tackling root causes, such as the low wages paid to women of color in the health care sector?

James E. Bloyd, MPH (708) 633-8314
jbloyd@cookcountyhhs.org
Regional Health Officer,
Cook County Department of Public Health
15900 S. Cicero Av., Oak Forest IL 60452

Recognizing the energy, commitment and courage of the supporters and leaders of CHE Cook County, #PublicHealthWoke & Cook County Department of Public Health.

Ansell, D. A., & Murray, L. R. (2018). For our health, listen to the voters and raise minimum wage in all Cook County. *Chicago Sun Times*.


Circuit Court of Cook County, Illinois. (2018). *BRIGHTON PARK NEIGHBORHOOD COUNCIL, LOGAN SQUARE NEIGHBORHOOD ASSOCIATION, and SOUTH SUBURBAN HOUSING CENTER V. JOSEPH BERRIOS, in his official capacity as the Cook County Assessor; and COUNTY OF COOK, a body politic and corporate. No. 17 CH 16453*. Cook County, Illinois.


