Combating Health Inequities:
Targeted Universalism as Equity 2.0

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AUTHORIAL SUPPORT Wendy Ake & Darren Arquero
Eliminating health disparities is the key public health problem in the 21st century.
Othering is a generalized set of common processes that can engender health marginality and inequality across any of the full range of human differences.
Structural marginalization limits opportunity

We can define opportunity through access to:

- Education
- Economic
- Transportation
- Food
- Housing
- Justice
- Healthcare
- Communications

However, this is an issue of membership and belonging
On the other hand, **belonging** is to be a part of something greater than yourself.

The term connotes something fundamental about both how groups are **structurally positioned** within society as well as how they are **perceived and regarded**.
We are all situated within structures but not evenly.

These structures interact in ways that produce a differential in outcomes.
Social Determinants of race

- Violence and disorder
- Concentrated poverty
- Physical hazards
- School quality
- Air and water quality
- Housing quality
- Exposure to toxins
- Neighborhood blight
- Segregation

Physical hazards
Concentrated poverty
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Social Determinants of Health

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Targeted Universalism

• Universal goal
• Targeted pathway
• Based on our situatedness
Some people ride the “Up” escalator to reach opportunity.

But what if...
Targeted Universalism

Structural inequity & othering is created by different groups and people having different pathways with structural road blocks to reach a goal.

Targeted universalism directs attention to pathways different groups face & suggests structural changes to make those paths smoother.
Universal Goal with Targeted Strategy

Structural Inequity vs. Opportunity Structure
1. Recognize the nature of our interconnected and relational structures within the larger, inequitable, institutional framework

2. Pay attention to **situatedness**: they account for the fact that students are situated differently in the economic and social landscape of society
   1. Difference can be internal or external system/network

3. Develop and fund a participatory/democratic planning and implement processes at the grassroots level
   • Include people of color in the process: their input is vital including identifying the universal

4. Protect the most vulnerable
1. Articulate a particular goal based upon a robust understanding and analysis of the problem at hand.

2. Assess difference of general population from universal goal.

3. Assess particular geographies and population segments divergence from goal.

4. Assess barriers to achieving the goal for each group/geography.

5. Craft targeted processes to each group to reach universal goal.
HEALTH ≠ HEALTH CARE

Where You Live Matters

It Matters A LOT!
Wealth Segregation & Opportunity
Spatial Racism in SE Michigan
Life Expectancy by Poverty Group 2000-2003

Alameda County

Poverty Rate

Life Expectancy (Years)
Racial/Ethnic Disparities in Health:

More than just Socioeconomic Status
Health and social problems across countries

Index of:
- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness – incl. drug & alcohol addiction
- Social mobility

### Life Expectancy At Age 25

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Murphy, NVSS 2000
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Racism and Health: Mechanisms

- Institutional discrimination can restrict access to quality education and jobs that create group differences in SES.
- Segregation can create pathogenic residential conditions.
- Conscious and Unconscious discrimination can lead to reduced access to desirable goods and services.
- Internalized racism (acceptance of society’s negative characterization) can adversely affect health.
- Racism can create conditions that increase exposure to traditional stressors (e.g. unemployment).
- Experiences of discrimination may be a neglected psychosocial stressor.
Racial Differences in Residential Environment

In the 171 largest cities in the U.S., there is not even one city where whites live in ecological equality to blacks in terms of poverty rates or rates of single-parent households.

“The worst urban context in which whites reside is considerably better than the average context of black communities.” p.41

Samson & Wilson 1995
American Apartheid:
American Apartheid:

Segregation Index

South Africa: 90
Detroit: 85
Milwaukee: 82
New York: 81
Chicago: 80
Newark: 80
Cleveland: 77
U.S.: 66

Massey 2004; Iceland et al. 2002; Glaeser & Vigdor 2001

Woolf, S. et al 2004, AJPH
Neighborhoods & access to opportunity

- Five decades of research indicate that your environment has a profound impact on your access to opportunity and likelihood of success
- High poverty areas with poor employment, underperforming schools, distressed housing, and public health/safety risks depress life outcomes
  - A system of disadvantage
  - Many manifestations: urban, rural, suburban
- People of color are far more likely to live in opportunity-deprived neighborhoods and communities
Spatial, racial, and opportunity segregation impact a number of life opportunities:

- Health
- School segregation
- Educational achievement
- Exposure to crime; arrest
- Transportation limitations and other inequitable public services
- Job segregation
- Racial stigma and other psychological issues
- Community power and individual assets
Implicit bias defined

*Implicit bias* refers to the brain’s automatic, instant association of stereotypes or attitudes toward particular groups, without our conscious awareness.
How do we know we have bias?

Implicit Association Test (IAT): https://implicit.harvard.edu/implicit/
Implicit bias in healthcare

Finds of bias among providers

- High levels of bias leads to less friendly & lower patient satisfaction (Blair, Steiner, et al., 2013; Cooper et al., 2012; Penner et al., 2010)
- Differential interpretation of clinical presentation (e.g. cardiac patients) (Green et al., 2007)
- Differential treatment recommendations (e.g. painkillers, antiretroviral) (Sabin & Greenwald, 2012)
Physicians in end-of-life care show different nonverbal communication toward black patients

- Time spent with open body language
- Time interacting with patient (instead of the chart, nurse, etc.)
- Time touching the patient physical distance from the patient

Addressing the social determinants of health

- Involves the medical care and public health systems, but clearly extends beyond these
- Requires collaboration with multiple sectors outside of health, including education, housing, labor, justice, transportation, agriculture, and environment
Index of health and social problems in relation to inequality among U.S. states

Health and social problems across countries are not related to average income in rich countries.

Index of:
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We carry our histories in our bodies

- Opportunity structures can affect our bodies
- Example: children exposed to racial trauma early on versus those who are not are more likely to contract asthma when exposed to toxic air

VIDEO CLIP:
Is Inequality Make Us Sick?
Childhood trauma has a profound effect on brain development, and can lead to structural changes in the brain, which can lead to additional issues in children (behavioral, PTSD, etc.)

Children living in low-income urban communities where air pollution and social stressors are elevated are more likely to experience health issues.

Example: Children exposed to high levels of violence are more likely to have elevated asthma incidences.

Claugherty et al. 2007
What about the soil underneath & the air all around?
Unfortunately, this is our reality

- Corporations
- Incarcerated and formerly incarcerated
- Undocumented Immigrants
- Muslims
- Sexual Minorities
- Mothers
- Elderly
- Children

Citizens
1. Shift in focus from people to structures and institutions
2. Structures are not neutral; they require intervention and monitoring if they are to serve justice and promote inclusion
3. Marginalized/racialized groups and not situated the same in structures and there structures/systems are not the same.
4. **Race plays a direct and indirect role in the development of these structures**
   - Not dependent on individual racialization
   - Beyond the practices and procedures with any one institution
   - Way in which various institutions interact and arrange themselves
   - Produces predictable unjust outcomes that are cumulative
Example 1: Disinvestment in Flint, MI

January 16: State of emergency in Flint, Michigan because of government-created health crisis caused by contaminated water

- Switching of water supply from Detroit Water & Sewage system to Flint River—water which is much more corrosive than Detroit water
- This would not be a problem had the water been treated with standard corrosion chemicals
  - However, those chemicals were not used nor required → Corrosive water leached led from the old pipes out into people’s taps
  - Ultimately a failure by state regulators
Evolutionary path to change health’s destiny

1. Diagnose the root causes of structural racism and inequity
2. Focus on the social and economic determinants of health by assuring “health in all policies”
3. Control health care costs by centering management of chronic illness in the community
4. Generate new social and political ethos for public action based on reverence for life and a recognition of our mutual interdependence and responsibility
Meta-Analysis: Big goals to change the dominant narrative. What do we need?

1. An economy that works for all people
2. A government that works for all people
3. Robust avenues for influential and meaningful public debate

➔ Ecology of opportunity
➔ ALIGNMENT
Solutions to racial anxiety in health care

1. Identify potential triggers
2. Develop language ahead of time to ease the initial interaction and allow anxiety to dissipate
3. Affirm confidence and desire in inter-racial relationships
Example: Infant Mortality

https://www.youtube.com/watch?v=lNc1a6u8yP4
RESIDENTIAL SEGREGATION IS A PLACE-BASED EXAMPLE OF INSTITUTIONAL DISCRIMINATION THAT HAS PERVASIVE ADVERSE EFFECTS ON HEALTH
RACIAL SEGREGATION IS ...

1. "basic" to understanding racial inequality in America (Myrdal 1944).

2. key to understanding racial inequality (Kenneth Clark, 1965).

3. the "linchpin" of U.S. race relations and the source of the large and growing racial inequality in SES (Kerner Commission, 1968).

4. "one of the most successful political ideologies" of the last century and "the dominant system of racial regulation and control" in the U.S (John Cell, 1982).

5. "the key structural factor for the perpetuation of Black poverty in the U.S." and the "missing link" in efforts to understand urban poverty (Massey and Denton, 1993).
1. Segregation determines quality of education and employment opportunities.

2. Segregation can create pathogenic neighborhood and housing conditions.

3. Conditions linked to segregation can constrain the practice of health behaviors and encourage unhealthy ones.

4. Segregation can adversely affect access to high-quality medical care.

Source: Williams & Collins, 2001
RESIDENTIAL SEGREGATION AND SES

A national study of the effects of segregation on young African American adults found that the elimination of segregation would erase black-white differences in

- Earnings
- High School Graduation Rate
- Unemployment

And reduce racial differences in single motherhood by two-thirds

Cutler, Glaeser & Vigdor, 1997
Every Day Discrimination

In your day-to-day life how often have any of the following things happened to you?

- You are treated with less courtesy than other people.
- You are treated with less respect than other people.
- You receive poorer service than other people at restaurants or stores.
- People act as if they think you are not smart.
- People act as if they are afraid of you.
- People act as if they think you are dishonest.
- People act as if they’re better than you are.
- You are called names or insulted.
- You are threatened or harassed.

What do you think was the main reason for these?
• Everyday Discrimination: positively associated with:

-- coronary artery calcification (Lewis et al., Psy Med, 2006)
-- C-reactive protein (Lewis et al., Brain Beh Immunity, 2010)
-- lower birth weight (Earnshaw et al., Ann Beh Med, 2013)
-- cognitive impairment (Barnes et al., 2012)
-- poor sleep [object. & subject.] (Lewis et al, Hlth Psy, 2012)
-- visceral fat (Lewis et al., Am J Epidemiology, 2011)
For more information, visit:
http://www.iupress.indiana.edu/catalog/806639

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