FIRST: MAKING HEALTH EQUITY AND SOCIAL JUSTICE A PRIORITY

CityMatCH Conference
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Center for Health Equity and Social Justice

Boston Public Health Commission
www.bphc.org/healthequity

SESSION AGENDA

I. Introduction: who we are and the principles and values that drive the work
II. Framework: a look at the data and our health equity framework.
III. Example of strategies to make health equity and social justice a priority in your work.
IV. Sharing lessons learned.
V. Questions and discussion
**BOSTON PUBLIC HEALTH COMMISSION**

Mission:
To protect, preserve, and promote the health and well-being of all Boston residents, particularly the most vulnerable.

**CENTER FOR HEALTH EQUITY & SOCIAL JUSTICE**

Mission:
The Center for Health Equity and Social Justice at the Boston Public Health Commission aims to achieve racial and ethnic health equity through community, policy, and systems change.

**Guiding Principles:**
- a commitment to action;
- focus on the root causes of health inequities and the social determinants of health;
- understand that the work of the Center is accountable to the community;
- maintain integrity in our internal and external processes;
- learn, share and collaborate with others; and
- measure change and build knowledge around health equity work.
CENTER FOR HEALTH EQUITY & SOCIAL JUSTICE

- Utilizes a health equity framework considering the intersection of:
  - Racism (internalized, interpersonal, institutional, structural)
  - Social conditions
  - Health outcomes

- Focus on the root causes of health inequities
  - Racism and social determinants of health

CENTER CORE FUNCTIONS

- Community Investment
  - Grantees
  - REACH Coalition
- Learning Community
  - Trainings, TA, presentations
  - Professional Development Series

- Policy & Practice
  - Health Equity Committee
- Communications
  - Health Equity Campaign
- Research & Evaluation
CENTER FOR HEALTH EQUITY & SOCIAL JUSTICE TEAM

- Nashira Baril, Co-Director
- Meghan Patterson, Co-Director
- Rebekah Gowler, Policy Analyst
- Erline Achille, Program Manager
- Maura Allard, Program Coordinator
- Valerie Inniss-Bertrand, Community Liaison

WHAT ARE HEALTH DISPARITIES?

WHAT ARE HEALTH INEQUITIES?
Health Disparities

The NIH defines health disparities as “differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.”

DISPARITIES, INEQUALITY, AND INEQUITY

- DISPARITY = INEQUALITY and implies differences between individuals or population groups (UN-equal)

- INEQUITY refers to differences which are unnecessary and avoidable but, in addition, are also considered unfair and unjust
HEALTH EQUITY

- The opportunity for everyone to attain their full health potential
- No one is disadvantaged from achieving this potential because of his or her social position or other socially determined circumstance
- Distinct from health equality or health disparities
  - Differences vs. differences rooted in injustice


A LOOK AT THE DATA
INFANT MORTALITY AND PRENATAL CARE

Per 1,000 Live Births

- African Americans 1st Trimester Prenatal Care: 12.7
- White Americans Prenatal Care After 1st Trimester or None: 7.1

INFANT MORTALITY AND CIGARETTE SMOKING

Per 1,000 Live Births

- African American Non-Smokers: 13.2
- White American Smokers: 9.2

NCHS 2002
INFANT MORTALITY & EDUCATION

African Americans
16+ years of schooling: 10.2
White Americans <9 years of schooling: 6.8

INFANT MORTALITY & HOUSEHOLD INCOME

African Americans with Household Income $35,000+: 16.6
White Americans with Household Income <$10,000: 11.2

NCHS 2002
INFANT MORTALITY & NATIVITY

Per 1,000 Live Births

- Foreign Born: 9.2
- United States Born: 14.2

Black Women

NCHS 2002

LOW BIRTH WEIGHT & RACISM

- Percent Women Reporting Discrimination:
  - <1,500 g: 20%
  - >2,500 g: 12%

Birthweight
States using the “Reactions to Race” module
2002 to 2009 BRFSS

Arkansas, California, Colorado, Delaware, District of Columbia, Florida, Indiana, Massachusetts, Michigan, Mississippi, Nebraska, New Hampshire, New Mexico, North Carolina, Ohio, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, Washington, Wisconsin
When it comes to your health...

...YOUR ZIP CODE MAY BE MORE IMPORTANT THAN YOUR GENETIC CODE.

SEGREGATION

- Racial segregation concentrates poverty, excludes and isolates communities of color from the mainstream resources needed for success.

- Segregation didn’t materialize “naturally” (Williams)
  - Imposed by legislation
  - Supported by business and banks
  - Enshrined in government housing policies
  - Enforced by the judicial system and vigilant neighborhood organizations
  - Legitimized by the ideology of white superiority

- Today segregation is maintained by economic inequality, exclusionary real estate practices, unequal spending on schools, and fear.
RACIAL RESIDENTIAL SEGREGATION


SOURCE: MASSEY 2004; ICELAND ET AL 2002; GLAESER AND VIGITOR

RESIDENTIAL ENVIRONMENT

- The gap in health outcomes between upper income whites and lower incomes whites is greater than the gap between middle class whites and blacks.

- “The worst urban context in which whites reside is considerably better than the average context of black communities.” p.41
  Source: Sampson & Wilson 1995

- Middle class blacks live in poorer areas than whites of similar SES and poor whites live in better areas than poor blacks.

- Blacks show a higher preference for residing in integrated areas than any other group.

Source: Massey 2004
SOCIAL MOBILITY

- Income vs. Wealth

- African Americans more likely to reside in poorer neighborhoods than whites of similar economic status.
  - Poor African Americans 7.3 times as likely to live in high poverty neighborhoods as poor white Americans; Latinos are 5.7 times as likely (Poverty and Race Research Council, 2005)

- Neighborhood stratification is transmitted between generations in communities of color
  - >70% of black children who grow up in the poorest quarter of American neighborhoods remain in the poorest quarter of neighborhoods as adults, compared to 40% of whites (Sharkey, 2008)

FOOD ENVIRONMENT

- Black Americans are 5 times less likely to live in census tracts with supermarkets than White Americans.

- Nationally, 50% of Black neighborhoods lack access to a full service grocery story or supermarket.

- Access impacts behaviors: the fruit and vegetable intake of Black residents increased an average of 32% for each Supermarket in their census tract (Morland, Wing, and Diez Roux, 2002)
Health and the ‘built environment’ are inextricably linked.

Where you live impacts *how* you live.

**PHYSICAL ENVIRONMENT**

Compared to White neighborhoods, Black and Latino neighborhoods:
- Have fewer parks and green spaces;
- Have fewer safe places to walk, jog, bike or play, including fewer gyms, recreational centers and swimming pools;
- Are less likely to be walk-able;
- Are more likely to have streets that are not safe after dark;
- More likely to be exposed to environmental toxins
  
  *(Bullard, 2007; Williams and Collins, 2001)*
THE “POVERTY TAX”

- Residents in poor neighborhoods pay more for the exact same consumer products than those in higher income neighborhoods
  - Auto loans
  - Furniture
  - Appliances
  - Bank fees
  - Groceries
- Homeowners get less return on their property investments.
  (Fellows, 2006)

VIOLENCE

- Concentrated poverty and other social inequities result in higher levels of violence.

- Violence affects health directly by increasing the risk for injury and death.

- Community violence has ripple effects that contribute to poor health “by changing the way people live in certain neighborhoods: the ability of people to go out, to go shopping, to live a normal life, and also indirectly by increasing chronic stress.”

  - Robert Prentiss, Director of the Bay Area Regional Health Inequities Initiative
INCARCERATION

- Affects social cohesion and social order

- Unequal burden:
  - Black people are currently incarcerated at a rate 5.6 times that of whites.
  - One out of every 14 Black children has at least one parent in prison.
  - Hispanic rate of incarceration is 1.8 times that of whites.

(Mauer, Marc and King, 2007)

THE STRESS OF RACISM

- Creates structural barriers to health and well-being
- Stress associated with racism and discrimination take a toll on the body
  - In one study, Black women who reported they had been victims of racial discrimination were 31% more likely to develop breast cancer than those who did not.

(Troxel, Matthews, Bromberger, and Sutton-Tyrell, 2003)
LEVELS OF RACISM

INTERNALIZED  INTERPERSONAL

INTERNALIZED  INSTITUTIONAL  STRUCTURAL

MACRO LEVEL

DEFINITION OF RACISM

A system of advantage based on race-
Beverly Daniels Tatum
**Internalized Racism**

**Internalized racism** lies within individuals. These are private manifestations of racism that reside inside our minds.

**Examples:** prejudice, xenophobia, internalized oppression and privilege, and beliefs about race influenced by the dominant culture.

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**INTERPERSONAL RACISM**

**Interpersonal racism** occurs between individuals. Once we bring our private beliefs into our interaction with others, racism is now in the interpersonal realm.

**Examples:** public expressions of racial prejudice, hate, bias and bigotry between individuals.
INSTITUTIONAL RACISM

Institutional racism occurs within institutions. Institutional racism is discriminatory treatment, unfair policies and practices, and inequitable opportunities and impacts, based on race.

Example: A school system that concentrates people of color in the most overcrowded, under-funded schools with the least qualified teachers.

STRUCTURAL RACISM

Structural racism is racial bias across institutions and society. It’s the cumulative and compounded effects of an array of factors that systematically privilege White people and disadvantage people of color.

Example: The “racial wealth divide” (where Whites have many times the wealth of people of color) results from generations of discrimination and racial inequality.
### TIPS FOR STAYING HEALTHY: A LIFESTYLE APPROACH

1. Don’t smoke. If you do stop.
2. Eat a balanced diet, include fruits/vegetables.
4. If you drink, do so in moderation.
5. Cover up in the sun and protect your children.
6. Practice safe sex.
7. Participate in appropriate health screening.
8. Drive defensively; don’t drink and drive.
10. Maintain social ties.

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**While we all agree that these are important strategies...**

**Using a health equity lens, we might also add...**
TIPS FOR STAYING HEALTHY: A SOCIAL DETERMINANTS APPROACH

1. Don’t be poor. If you can, stop. If you can’t, try not to be poor for too long.
2. Don’t have poor parents.
3. Don’t live in a poor neighborhood.
4. Own a car – but use only for weekend outings. Walk to work.
5. Practice not losing your job and don’t become unemployed.
6. Don’t be illiterate.
7. Avoid social isolation.
8. Try not to be part of a socially marginalized group.

Health Inequities Framework: Root Causes
“The health inequities we see are the embodied expressions of social inequality. They are not about just individual bad choices: they are about things not being fair.”

NANCY KRIEGER, HARVARD SCHOOL OF PUBLIC HEALTH

How Do You Work To Eliminate Health Inequities?
WE OFTEN SAY...

I know my work is connected because...

Degree of Impact

Low

- We don’t discriminate against anyone

High

- We serve a vulnerable populations impacted by these disparities
- We plan our work in such a way to ensure it addresses the factors leading to disparities

How we can all get here?

Degree of Impact

Low

- We don’t discriminate against anyone

High

- We serve a vulnerable populations impacted by these disparities
- We plan our work in such a way to ensure we address the factors leading to disparities
SO WHAT CAN WE DO?

- Consider “upstream” approaches
- Aim for sustainable change in policy and practice
- Engage staff and partners at all levels
- Identify stakeholders – the usual and “unusual” suspects

OVERVIEW OF THE CENTER’S WORK

Granting Model
The Racial Justice Health Equity Initiative
Boston REACH Coalition
Communication
Policy Work
GUIDING PRINCIPLES FOR THE GRANTING WORK

- Focus on the intersection of **racism** and the **social determinants of health**
- Be **community-led** and **community-driven**
- Aim for **policy and systems changes**

GRANTEEES

- **Total of 17 grantees across New England**
  - October 2008 – September 2011 (11 grantees)
  - October 2009 – September 2012 (3 grantees)
  - October 2010 – September 2011 (3 grantees)

- **Geography:**
  - 8 grantees in Boston
  - 3 grantees in central and western MA
  - 1 grantee in NH
  - 1 grantee in RI
  - 2 grantees in CT
WHAT ARE THE GRANTEES DOING?

- Food access
- Transportation and the Built Environment
- Education Reform
- Police/Community Relations
- Youth Pipeline Programs
- Youth Employment
- Housing
- Environmental Exposure and Zoning

YOUTH RACIAL HEALING GRANTEES

- Youth-led racial healing activities
  - Digital stories and photovoice
  - Developing youth curriculum
  - Music production

- 4 grantees who already work with youth received additional money and support
  - Southern Jamaica Plain Health Center
  - Gardening the Community
  - Mattapan Food and Fitness Coalition
  - Sociedad Latina
OVERVIEW OF THE BPHC’S WORK

Granting Model

The Racial Justice Health Equity Initiative
Boston REACH Coalition
Communication
Policy Work

HEALTH EQUITY INITIATIVE

Goals for Organizational Transformation

- Align all BPHC programs, policies, practices, and operations within a racial justice and health equity framework
- Build capacity of BPHC to effectively reduce inequities across the city
<table>
<thead>
<tr>
<th>Elements/Components</th>
<th>Rationale</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Development Series</td>
<td>Cross-Training for staff is critical &amp; can be an effective tool for systems change; equip staff with strategies, resources they need to apply principles &amp; practices of health equity and racial justice</td>
<td>Consortium for Prof. Development &amp; Center for Health Equity &amp; Social Justice</td>
</tr>
<tr>
<td>Overarching Goals Planning</td>
<td>Doing great work, recognize need to do more with different approaches to address inequities</td>
<td>Senior Leadership Team</td>
</tr>
<tr>
<td>Organizational Change Process</td>
<td>Need to develop organizational Identity consistent with BPHC’s vision and principles related to racial justice</td>
<td>Anti-Racism Advisory Committee (ARAC)</td>
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**Overarching Goals**

*Lead: Organizational Senior Leaders*
3 overarching 5-year goals

- Reduce low birth weight rates among Boston residents and reduce the gap in low birth weight rates between Black and White Boston residents by 25%.

- Reduce obesity rates among Boston residents and reduce the gap between White and Black/Latino combined obesity/overweight rates by 30% for children and youth and by 20% for adults.

- Reduce Chlamydia rates among Boston residents 15 through 24 years of age and reduce the gap in Chlamydia rates between Black, Latino, and White residents 15 through 24 years of age by 25%.

Why these goals?

- We are doing great work, AND we recognize we need to do more with different approaches in order to address inequities.

- The three goals represent health inequities with evidence-based best and promising practices that can be applied to reduce the gap

- LBW, Obesity, and Chlamydia
  - All with the worst outcomes within populations of color in Boston.
Professional Development Series

*Goal:* To ensure that all BPHC staff apply the principles and practices of health equity and racial justice to all of the Commission’s work.

*Objectives:*
- Increase staff understanding
- Equip staff with strategies, resources, and tools
- Create a culture of ongoing learning
SERIES COMPONENTS

- **Two-Day Core Workshop**
  - Foundational training on racial justice and health equity concepts and strategies
  - Mandatory for all staff
  - Training all 1100 staff over 2 years

- **Practice Workshops**
  - 4hr skill-based workshops to support integration

- **Ongoing Coaching Sessions**

- **Workshop Facilitators**
  - Senior Trainer
  - Staff facilitators recruited from across the agency
  - 10-Day Train-the-Trainer Series

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TWO-DAY CORE WORKSHOP

<table>
<thead>
<tr>
<th>Day One</th>
<th>Day Two</th>
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</thead>
<tbody>
<tr>
<td><strong>AM</strong></td>
<td></td>
</tr>
<tr>
<td>Building our Learning Community</td>
<td>Understanding Privilege and White Privilege</td>
</tr>
<tr>
<td>Contributing to the Health of Boston</td>
<td>Understanding Structural Racism</td>
</tr>
<tr>
<td>Understanding the Social Determinants of Health</td>
<td></td>
</tr>
<tr>
<td><strong>PM</strong></td>
<td></td>
</tr>
<tr>
<td>Understanding the Social Determinants of Health (cont.)</td>
<td>Working to Achieve Health Equity (Values, Principles, Practices to advance Health Equity)</td>
</tr>
<tr>
<td>Understanding Race and Racism</td>
<td></td>
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</tbody>
</table>
ANTHI-RACISM ADVISORY COMMITTEE

ARAC’s Role

Charge:
“review, assess and develop recommendations on policies, practices, structures and systems at the Commission in an inclusive process that engages all Commission staff”

- Created May 2008
- Represents most of the Bureaus plus Executive Office/Admin
### Organizational Change Process

<table>
<thead>
<tr>
<th>Phase 1: Design</th>
<th>Phase 2: Organizational Identity</th>
<th>Phase 3: Policy and Practice Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>(May–Nov ’09)</td>
<td>(Nov ’09 – Ongoing)</td>
<td>(Upon completion of Phase 2)</td>
</tr>
<tr>
<td>• Goals of the process</td>
<td>• Commission-wide understanding of Organizational Identity Statement</td>
<td>• Specific recommendations for policy and/or practice change</td>
</tr>
<tr>
<td>• Stakeholder involvement</td>
<td>• Strengths and opportunities for change in policy and practice</td>
<td>• Action plans</td>
</tr>
<tr>
<td>• Process steps</td>
<td>• Recommended areas for action</td>
<td>• Processes to monitor progress, assess impact, adjust as needed</td>
</tr>
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### OVERVIEW OF THE CENTER’S WORK

Granting Model
The Racial Justice Health Equity Initiative
**Boston REACH Coalition**
Communication
Policy Work
MISSION:
The mission of the Boston REACH Coalition is to promote health equity and eliminate racial and ethnic health inequities in Boston.

HEALTH INEQUITIES ADDRESSING:
- Breast Cancer
- Cervical Cancer
- Cardio Vascular Disease

Social Determinants of Health:
- Food Access
- Housing
- Employment
- Education

GOALS:
- Provide educational opportunities to the coalition and community residents
- Expand a core of Coalition members to actively educate the community about health equity and racial justice
- Advocate for policy, community, and system level changes to promote health equity.
- Build a network of individuals and organizations to promote health equity.
OVERVIEW OF THE CENTER’S WORK

Granting Model
The Racial Justice Health Equity Initiative
Boston REACH Coalition
Communication
Policy Work

A decade of coalition building, outreach efforts, and public awareness campaigns in Boston’s communities of color to raise awareness of health inequity

If you’re a black woman living in Boston, you have a greater chance of dying from breast or cervical cancer than a white woman.
Media Campaign

Where it could be seen?
• Billboards, MBTA signs, sides of buses, a commercial, an interactive website

Campaign messages
• Where we live, work and play can have a lot to do with how healthy we are and the health status of residents who live just a few miles apart can vary widely.
• The choices we make are shaped by the options that we have

Website
• Offers a snapshot of each neighborhood to help start the conversation about health equity
• Provides resources and ways to get involved

www.whatsyourhealthcode.com

Boston’s Health Equity Campaign

Campaign Communication Channels

Citywide Billboards, MBTA bus and T signs
**DOCUMENTARY PRODUCTION**

Boston REACH Coalition documentary
Produced by Intercultural Productions

[YouTube Link]({link})

**DIGITAL MEDIA AS ADVOCACY TOOLS**

Digital Stories
Produced by storybuilders

Aided in production of four digital stories including writing, picture and music selection and layout

[YouTube Links]

- [First Digital Story]({link})
- [Second Digital Story]({link})
- [Third Digital Story]({link})
- [Fourth Digital Story]({link})
OVERVIEW OF THE BPHC’S WORK

Granting Model
The Racial Justice Health Equity Initiative
Boston REACH Coalition
Communication

Policy Work

BPHC: POLICY AND SYSTEMS LEVEL STRATEGIES

Public Policy Work
- Data Collection Regulations
- Other BPHC policy initiatives
  - Health Impact Assessment (HIA) Workgroup
  - Strategic Alliance for Health: sugar sweetened beverages, work with small retailers
  - Transfat ban
  - Smoking regulations
  - Smoke Free Housing
  - Environmental hazards regulation
**Things to consider**

**Conventional question:** How can we promote healthy behavior?
**Health equity question:** How can we target dangerous conditions and reorganize land use and transportation policies to ensure healthy spaces and places?

**Conventional:** How can we reduce disparities in the distribution of disease and illness?
**Health equity:** How can we eliminate inequities in the distribution of resources and power that shape health outcomes?

**Conventional:** What social programs and services are needed to address health disparities?
**Health equity:** What types of institutional and social changes are necessary to tackle health inequities?

**Conventional:** How can individuals protect themselves against health disparities?
**Health equity:** What kinds of community organizing and alliance building are necessary to protect communities?

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**OUR CHARGE**

- **Put (and keep!) racism on the agenda**
  - Address race explicitly but not exclusively
  - Ask ourselves: how is racism operating here?
- **Strategize**
  - Identify the structural factors creating and perpetuating unjust social conditions
  - Lift up community-identified solutions
- **Organize and mobilize**
  - Organize at the grassroots and the grass tops
  - Advocate for sustainable systems and policy change
  - Develop a common vision for justice
KEY PRINCIPLES FOR SUCCESS

- Data to support your issue and make your case
- Strong community engagement
- Build new alliances with diverse partners
- Focus on equity
- Use local efforts as platforms for regional and state policy change
- Push local governments to prioritize healthy communities
- Help media to reframe stories
- Document and disseminate success stories

QUESTIONS AND DISCUSSION

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