Racism and Health in America

The Gardener’s Tale
and other stories

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“Advocacy | Equity | Access”
Virginia Oral Health Coalition

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Dual Reality: A restaurant saga
I looked up and noticed a sign . . .
OPEN
Racism structures “Open/Closed” signs in our society.
It is difficult to recognize a system of inequity that privileges us.

Those on the outside are very aware of the two-sided nature of the sign.
Is there really a two-sided sign?

Hard to know, when only see “Open”. A privilege not to HAVE to know. Once DO know, can choose to act.
What is racism?

A system

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- Saps the strength of the whole society through the waste of human resources

Levels of health intervention

Jones CP et al. *J Health Care Poor Underserved* 2009.
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Addressing the social determinants of health

Primary prevention

Safety net programs and secondary prevention

Acute medical care and tertiary prevention
But how do disparities arise?

- Differences in the quality of care received within the health care system
- Differences in access to health care, including preventive and curative services
- Differences in life opportunities, exposures, and stresses that result in differences in underlying health status


Jones CP et al. *J Health Care Poor Underserved* 2009.
Differences in access to care

Differences in exposures and opportunities

Differences in quality of care
(ambulance slow or goes the wrong way)

Jones CP et al. *J Health Care Poor Underserved* 2009.
Addressing the social determinants of equity:

Why are there differences in resources along the cliff face?

Why are there differences in who is found at different parts of the cliff?

Jones CP et al. *J Health Care Poor Underserved* 2009.
3 dimensions of health intervention
3 dimensions of health intervention

Health services

Jones CP et al. *J Health Care Poor Underserved* 2009.
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Addressing social determinants of health

Jones CP et al.  *J Health Care Poor Underserved* 2009.
3 dimensions of health intervention

Health services

Addressing social determinants of health

Addressing social determinants of equity

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Healthy People 2020
Oral Health objectives

Healthy People 2020
Oral Health objectives

17 objectives in 6 areas:
- Oral health of children and adolescents
- Oral health of adults
- Access to preventive services
- Oral health interventions
- Monitoring, surveillance systems
- Public health infrastructure
**OH-7:** Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year

**OH-5:** Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis

**OH-4:** Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease

**OH-3:** Reduce the proportion of adults with untreated dental decay

**OH-2:** Reduce the proportion of children and adolescents with untreated dental decay
**OH-6:** Increase the proportion of oral and pharyngeal cancers detected at the earliest stage

**OH-9:** Increase the proportion of school-based health centers with an oral health component

**OH-10:** Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health program

**OH-11:** Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers (FQHCs) each year

**OH-15:** Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams

**OH-16:** Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system

*Healthy People 2020*

*Oral Health objectives*
OH-1: Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth

OH-12: Increase the proportion of children and adolescents who have received dental sealants on their molar teeth

OH-14: Increase the proportion of adults who receive preventive interventions in dental offices

OH-17: Increase health agencies that have a dental public health program directed by a dental professional with public health training
OH-13: Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water

Healthy People 2020
Oral Health objectives
OH-8: Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year

Healthy People 2020
Oral Health objectives
“Why do we spend so much money on ambulances at the bottom of the cliff?”

“Why are the Greenies launching themselves over the edge of the cliff?”

Jones CP et al. *J Health Care Poor Underserved* 2009.
“This situation looks fine to me. What’s the problem with a three-dimensional cliff?”

Levels of Racism

- Institutionalized
- Personally-mediated
- Internalized

Institutionalized racism

- Differential access to the goods, services, and opportunities of society, by “race”

- Examples
  - Housing, education, employment, income
  - Medical facilities
  - Clean environment
  - Information, resources, voice

- Explains the association between social class and “race”

Personally-mediated racism

- Differential assumptions about the abilities, motives, and intents of others, by “race”
- Differential actions based on those assumptions

- Prejudice and discrimination

- Examples
  - Police brutality
  - Physician disrespect
  - Shopkeeper vigilance
  - Waiter indifference
  - Teacher devaluation

Internalized racism

- Acceptance by the stigmatized “races” of negative messages about our own abilities and intrinsic worth

  Examples
  - Self-devaluation
  - “White man’s ice is colder” syndrome
  - Resignation, helplessness, hopelessness

- Accepting limitations to our full humanity

Levels of Racism: A Gardener’s Tale

Who is the gardener?

- Power to decide
- Power to act
- Control of resources

Dangerous when
- Allied with one group
- Not concerned with equity

“How is racism operating here?”

- **Identify mechanisms**
  - **Structures:** the *who?*, *what?*, *when?*, and *where?* of decision-making
  - **Policies:** the written *how?*
  - **Practices and norms:** the unwritten *how?*
  - **Values:** the *why?*
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Many axes of inequity

- “Race”
- Gender
- Ethnicity and indigenous status
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- “Race”
- Gender
- Ethnicity and indigenous status
- Labor roles and social class markers
- Nationality, language, and immigration status
- Sexual orientation and gender identity
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These are risk MARKERS
What is health equity?

“Health equity” is assurance of the conditions for optimal health for all people

Achieving health equity requires

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

Health disparities will be eliminated when health equity is achieved

Barriers to achieving health equity

- **Narrow focus on the individual**
  - Self-interest narrowly defined
  - Limited sense of interdependence
  - Limited sense of collective efficacy
  - Systems and structures as invisible or irrelevant

- **A-historical culture**
  - The present as disconnected from the past
  - Current distribution of advantage/disadvantage as happenstance
  - Systems and structures as givens and immutable

- **Myth of meritocracy**
  - Role of hard work
  - Denial of racism
  - Two babies: Equal potential or equal opportunity?
Using black holes

- Look for evidence of two-sided signs
  - Shine the bright light of inquiry
  - Are there differences in outcomes?
  - Are there differences in opportunities?

- Be interested, believe, and join in the stories of others

- See “the absence of”
  - Who is NOT at the table?
  - What is NOT on the agenda?
  - What policies are NOT in place?

- Reveal inaction in the face of need
Life on a Conveyor Belt: Moving to action
Racism is most often passive
1. Name racism
2. Ask “How is racism operating here?”
3. Organize and strategize to act
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