

Racism and Health in America

The Gardener's Tale and other stories

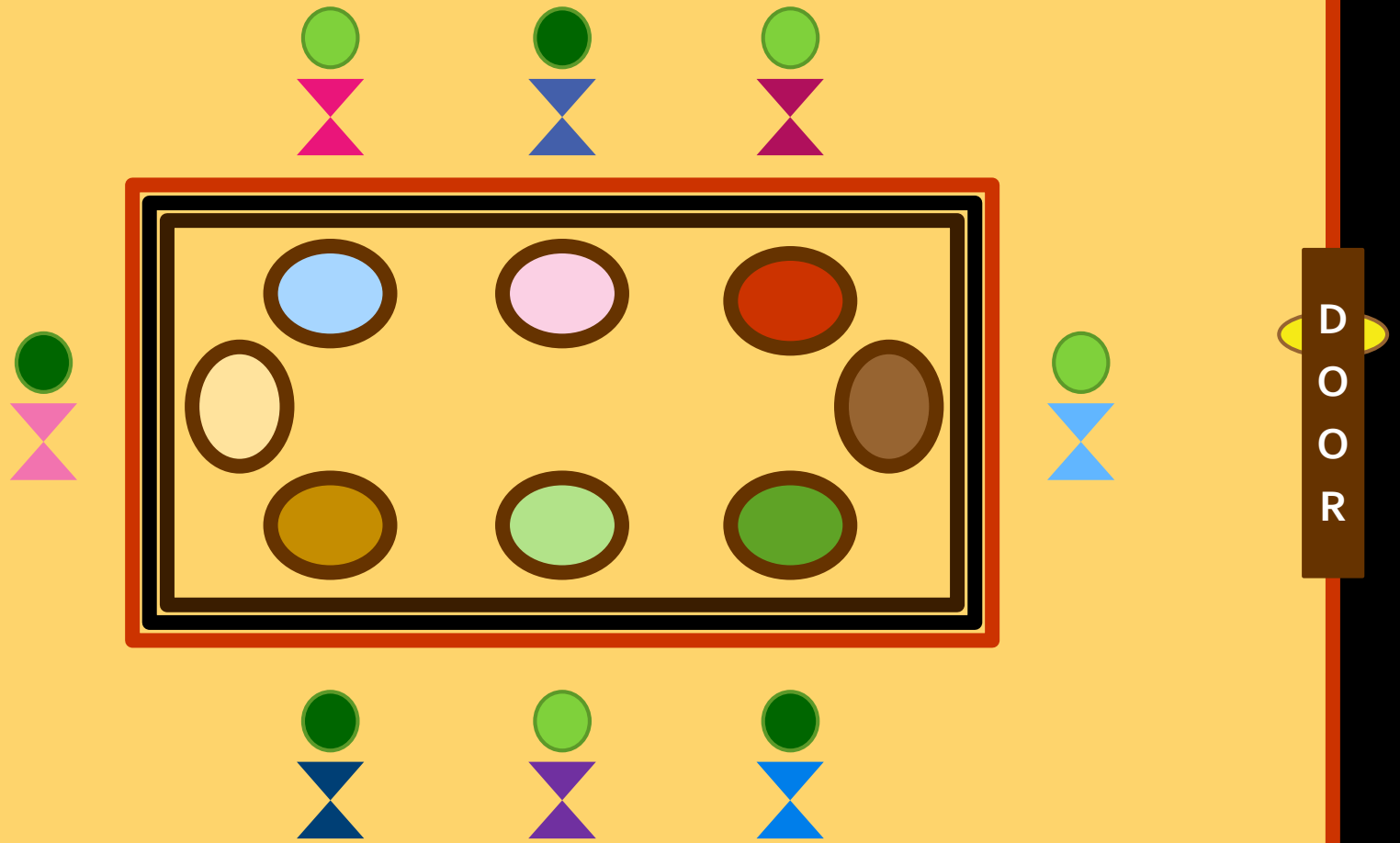
Camara Phyllis Jones, MD, MPH, PhD

Keynote Address
2018 Virginia Oral Health Summit
"Advocacy | Equity | Access"
Virginia Oral Health Coalition

Richmond, Virginia
November 8, 2018

Dual Reality: A restaurant saga





I looked up and noticed a sign . . .

OPEN

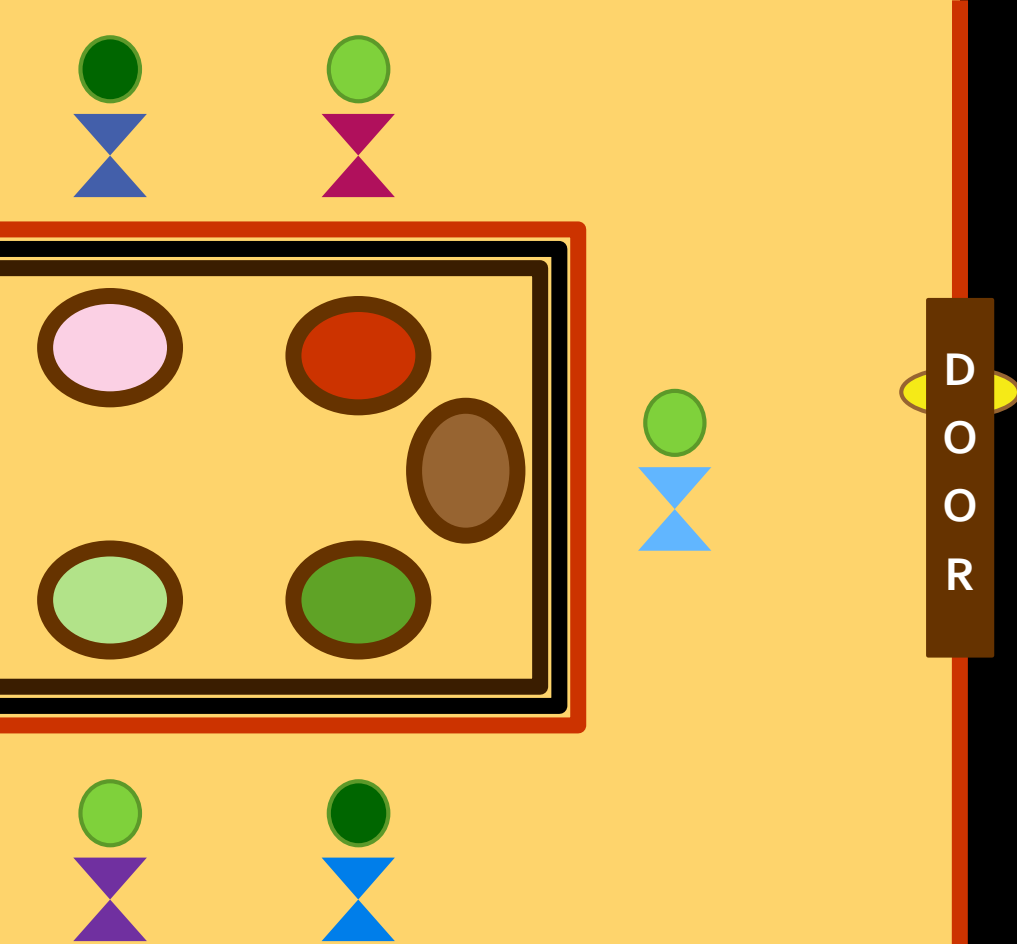




CLOSED

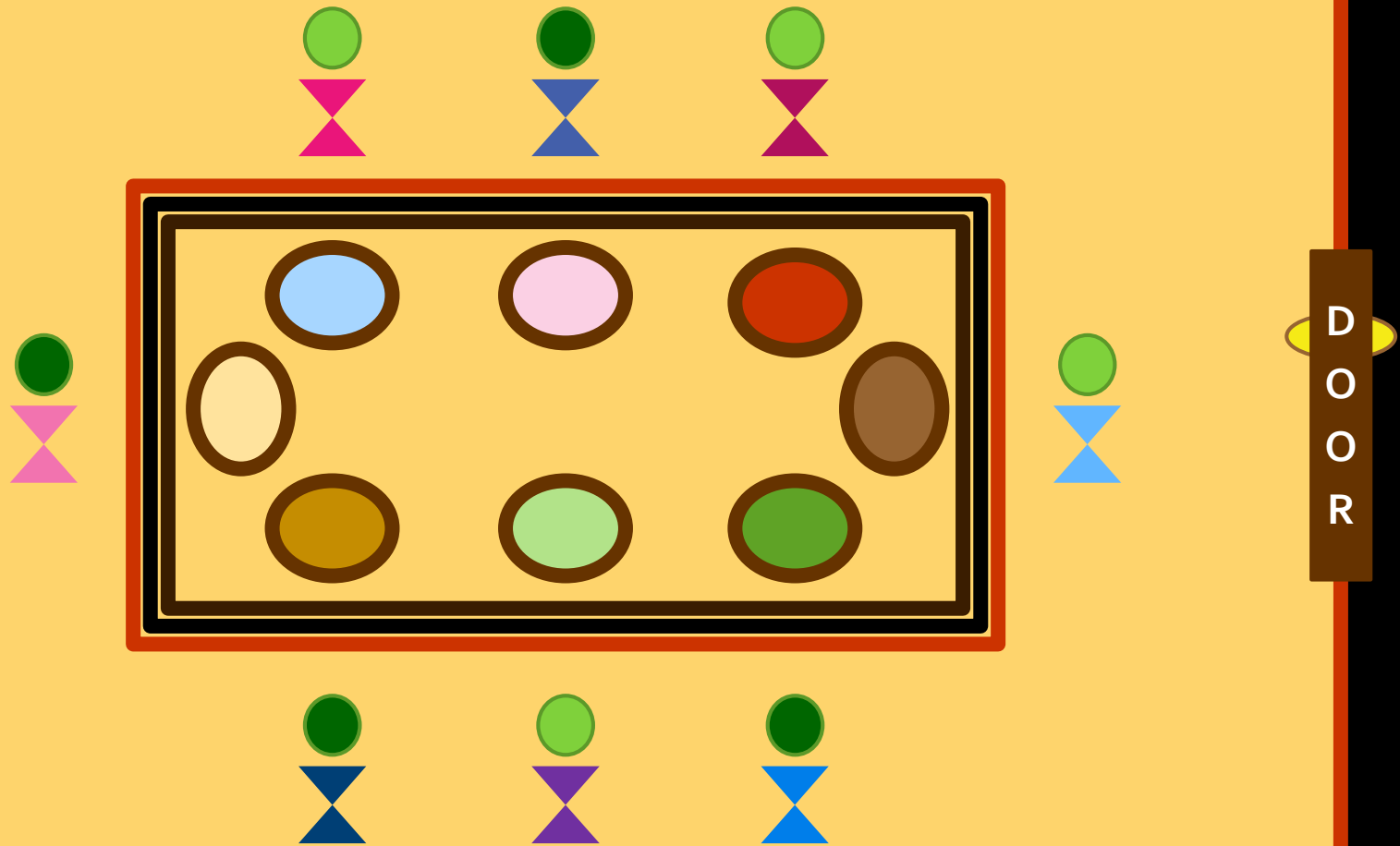


Racism structures “Open/Closed”
signs in our society.



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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A system of structuring opportunity and assigning value

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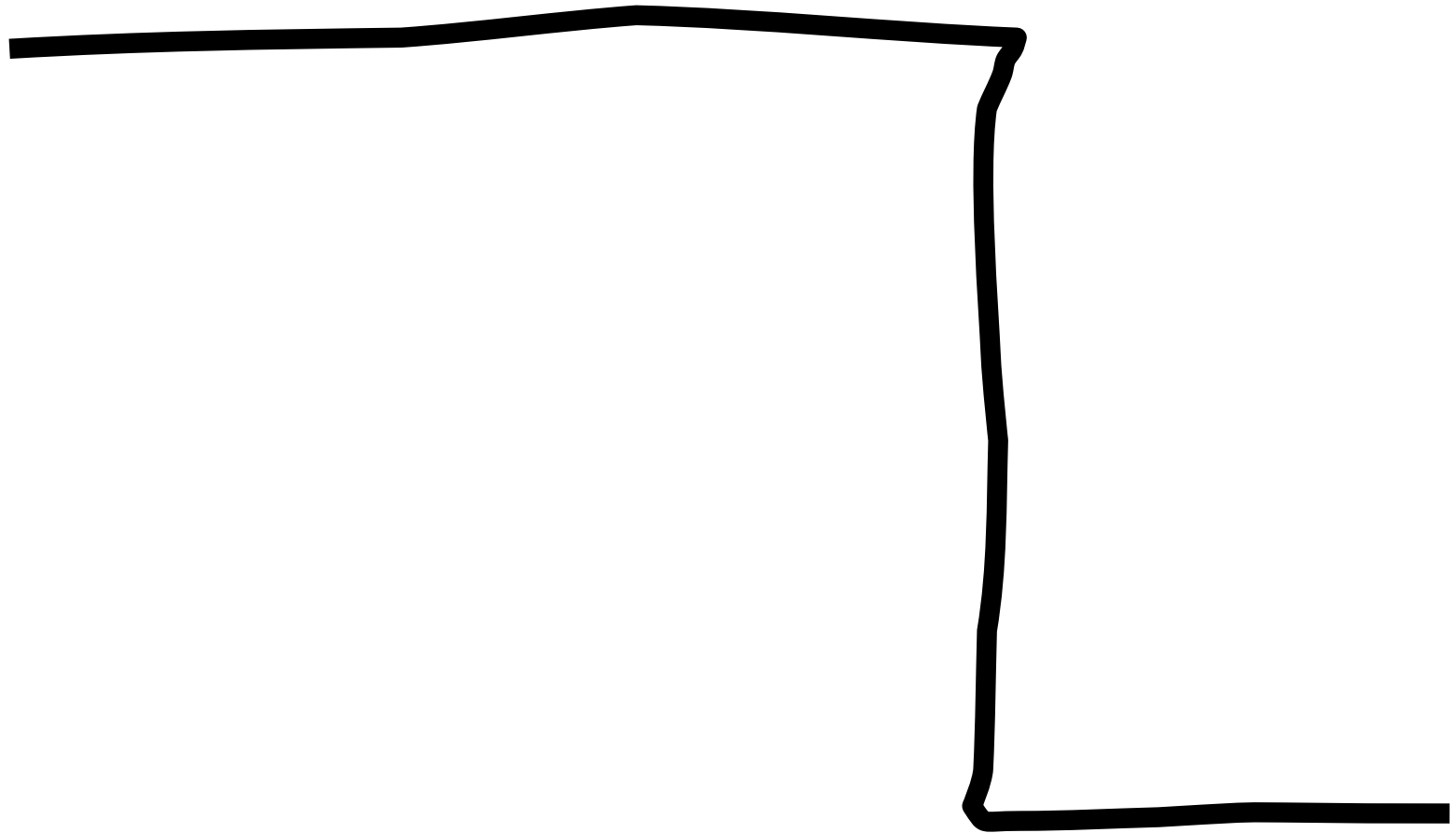
- Unfairly disadvantages some individuals and communities
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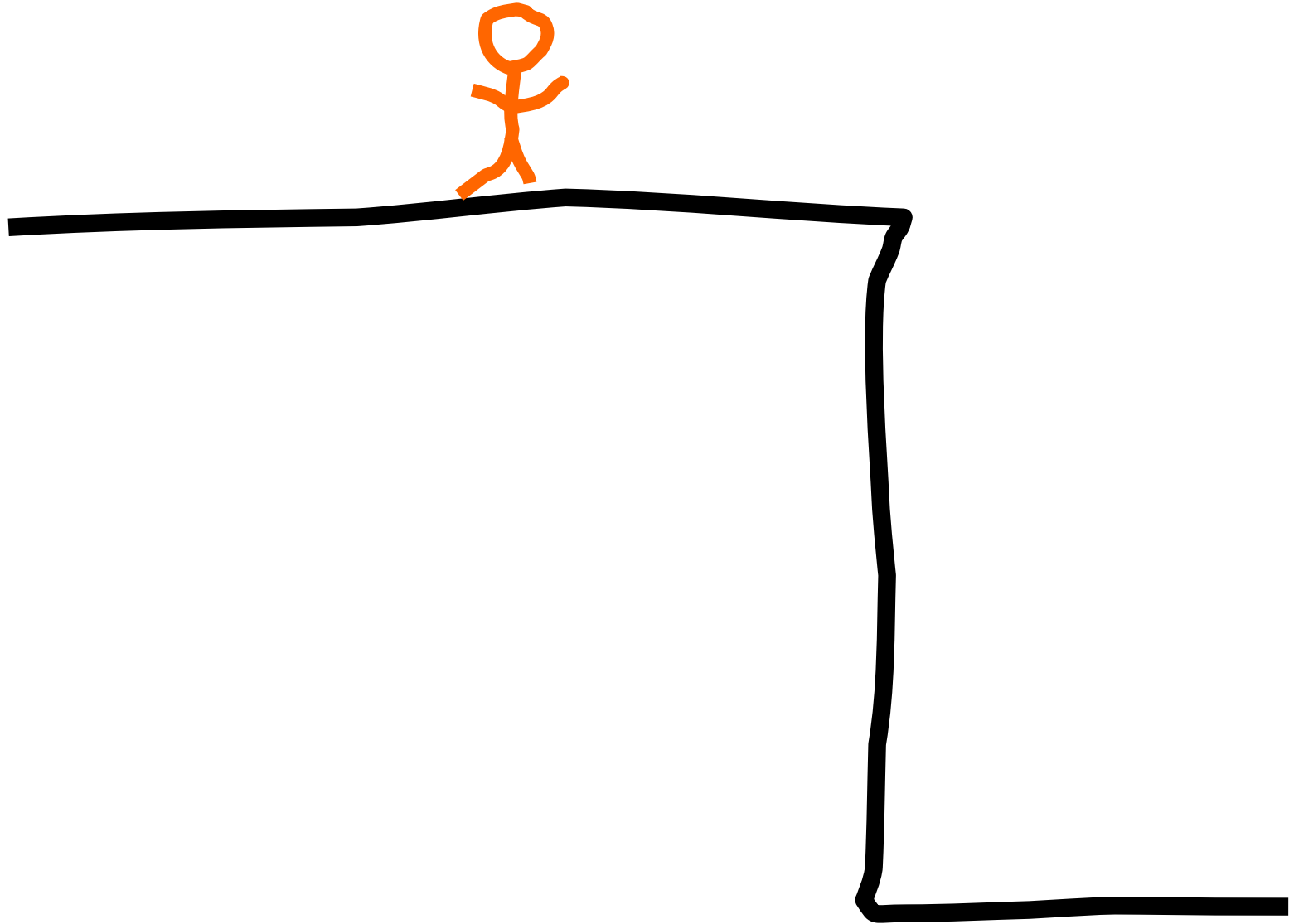
What is racism?

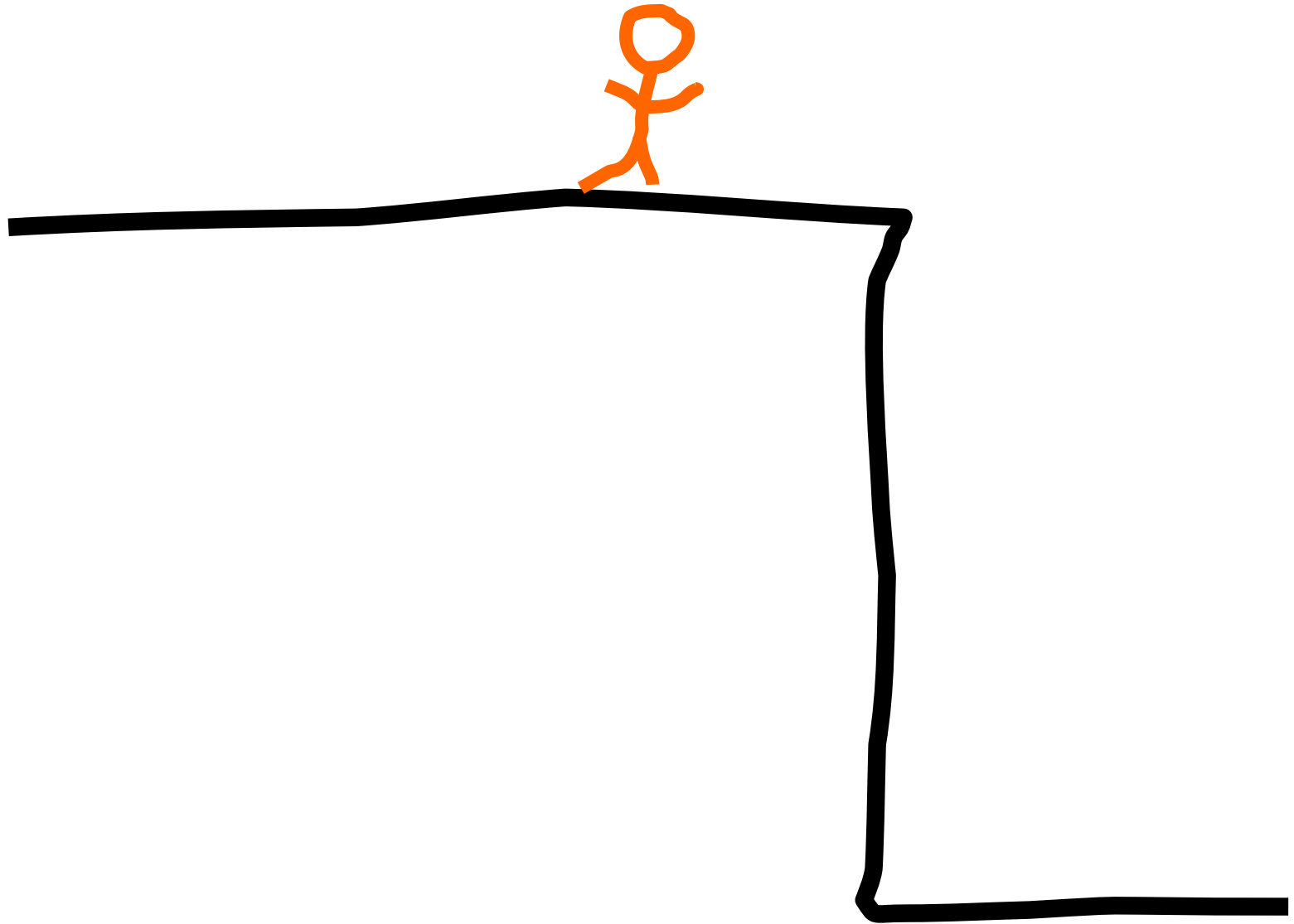
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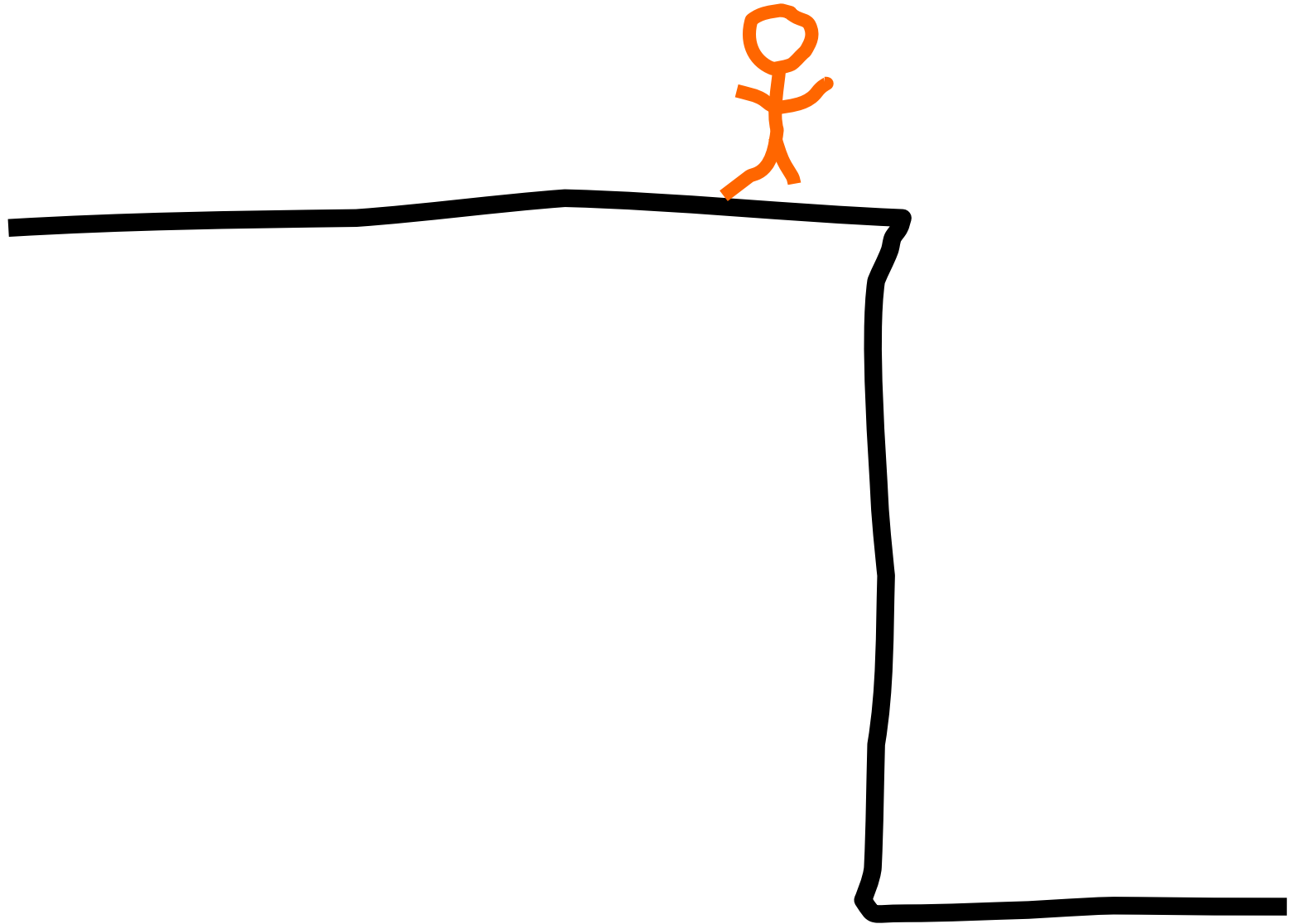
- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

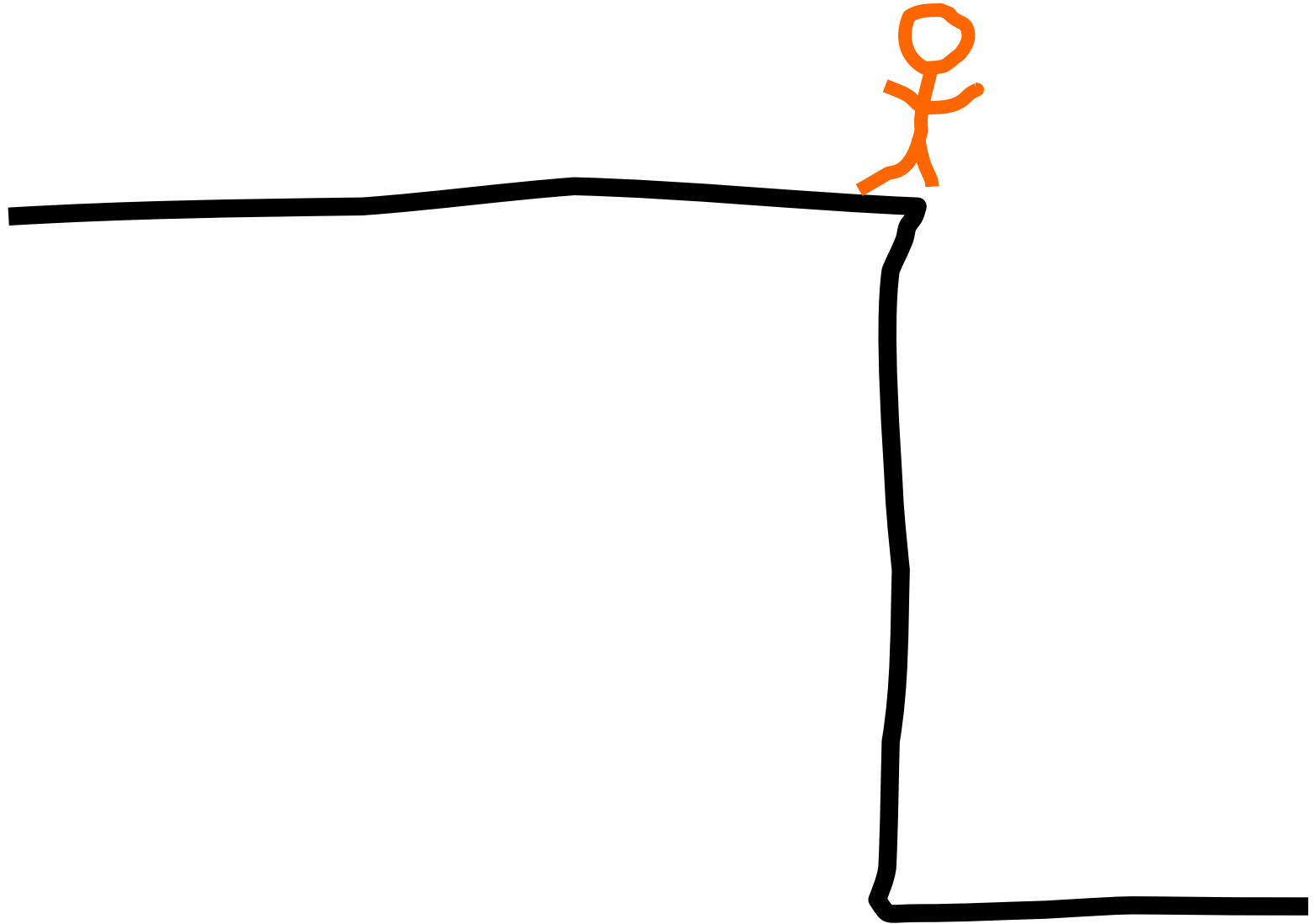
Levels of health intervention

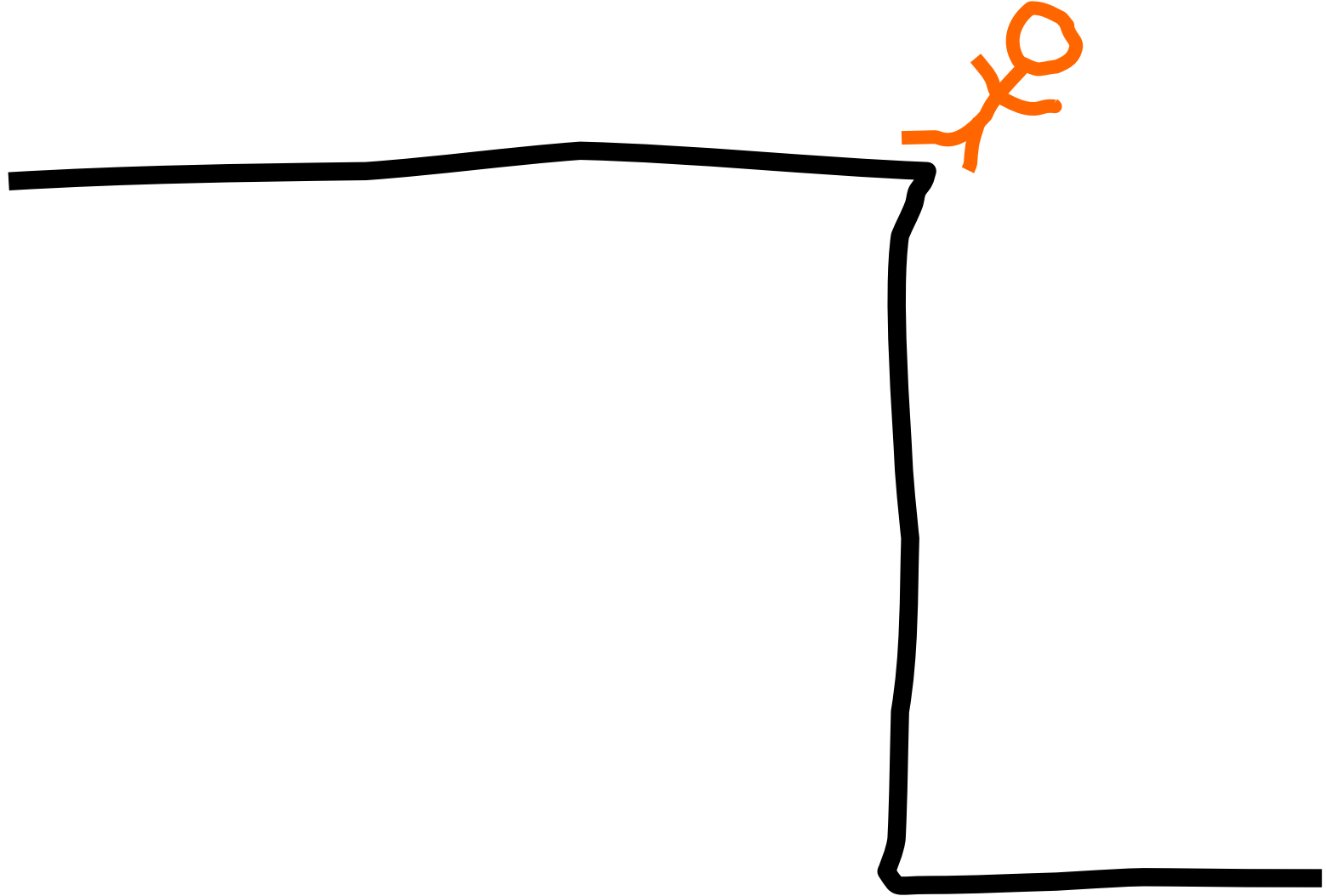


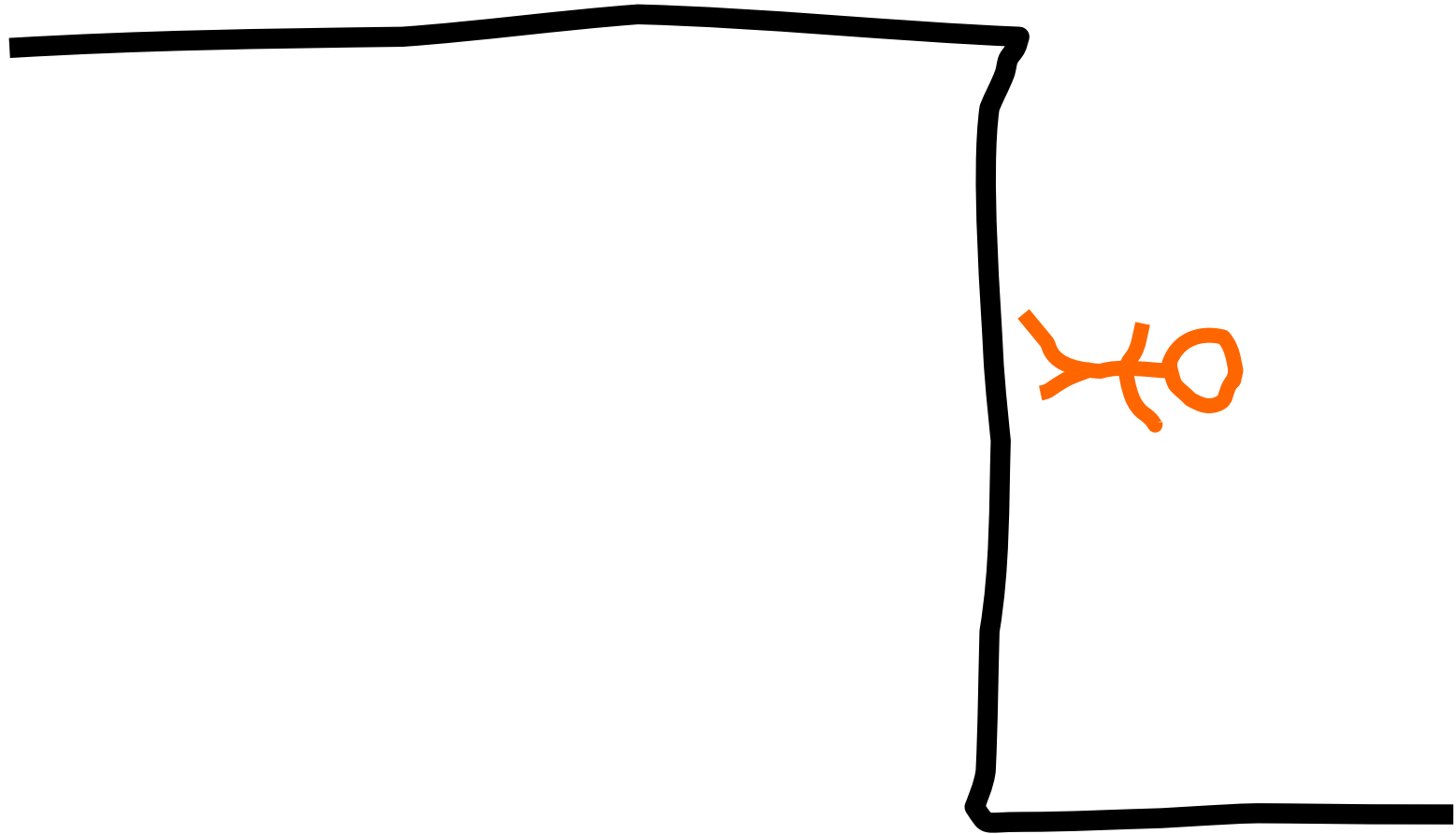


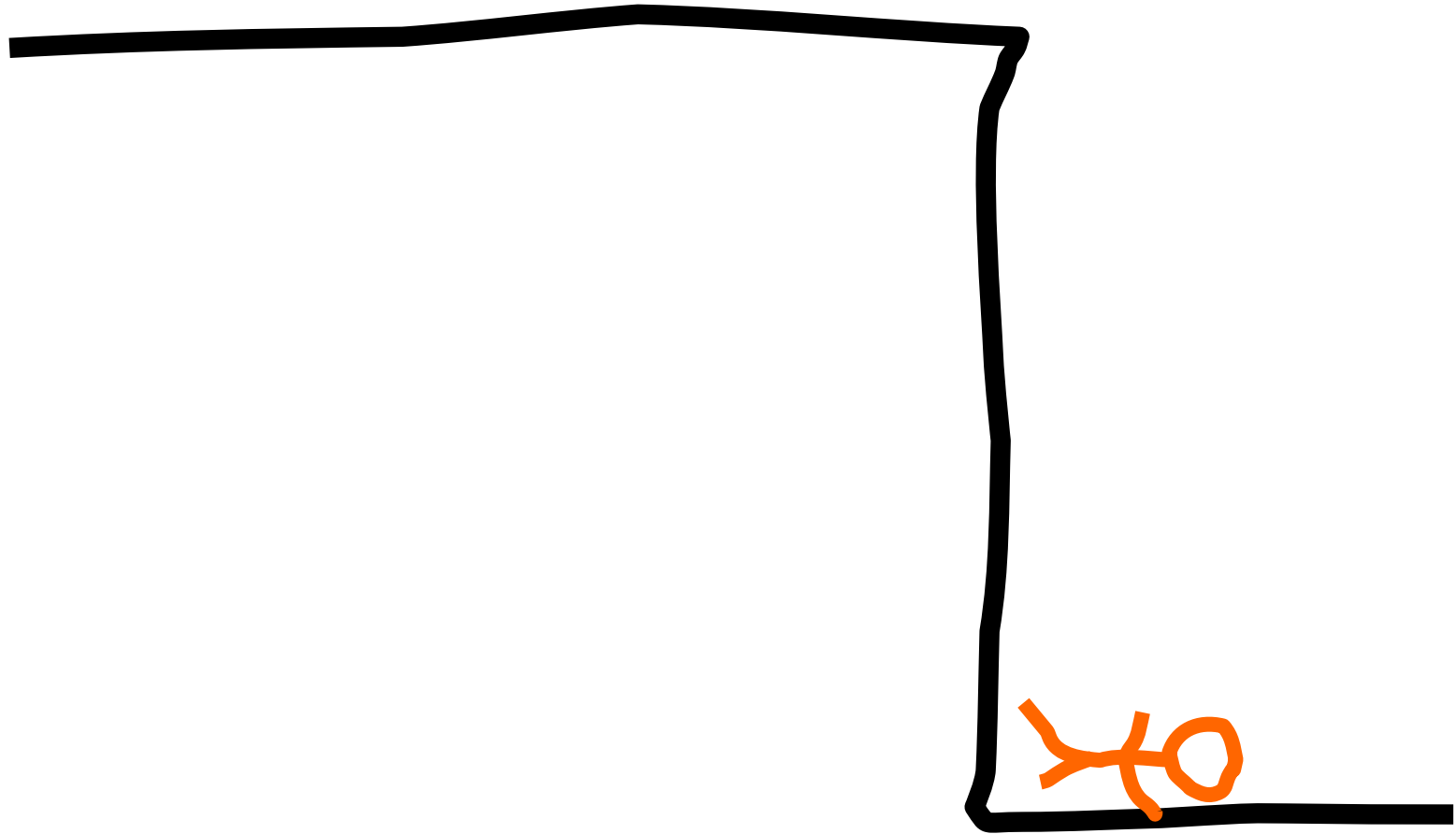


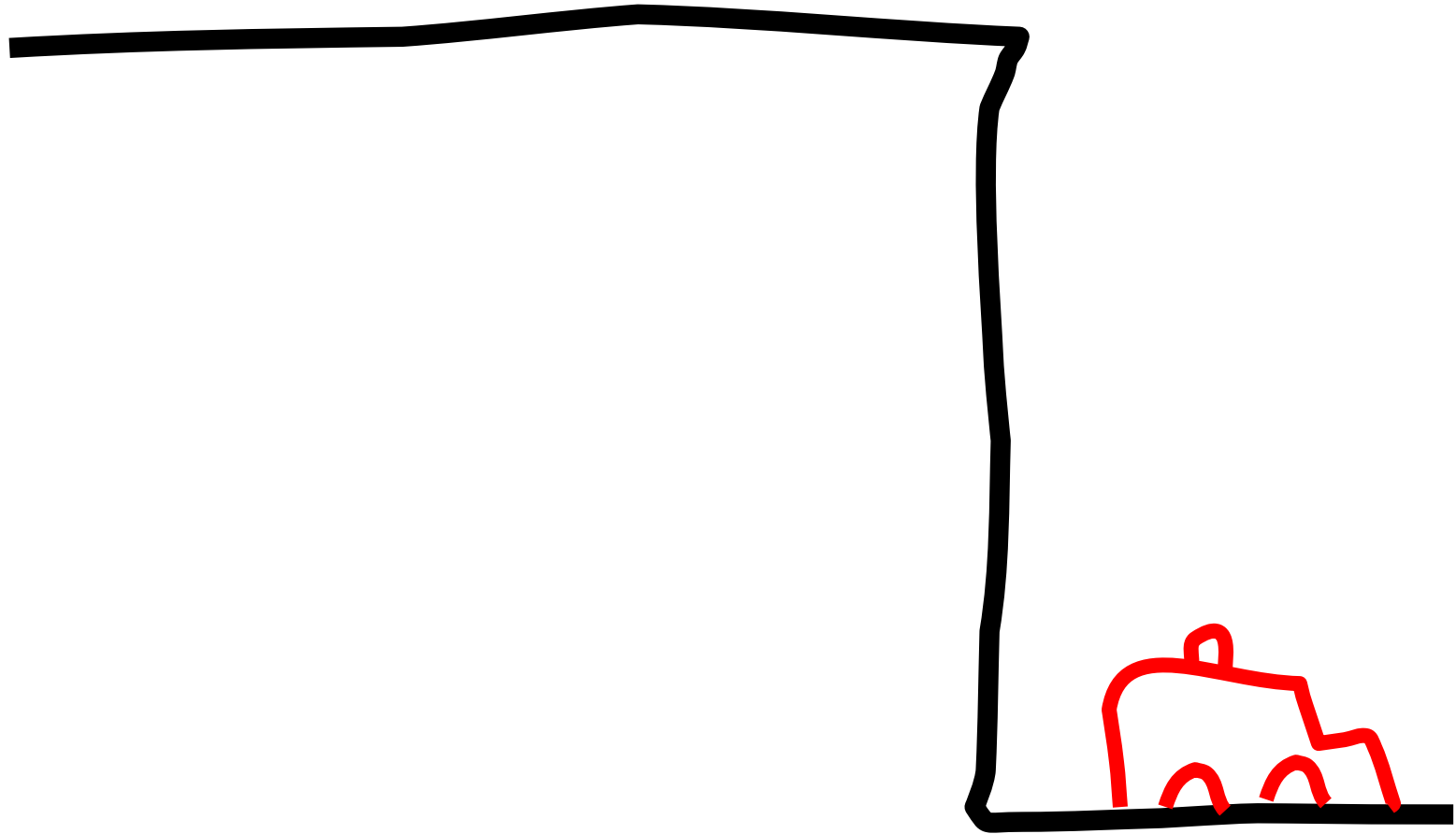


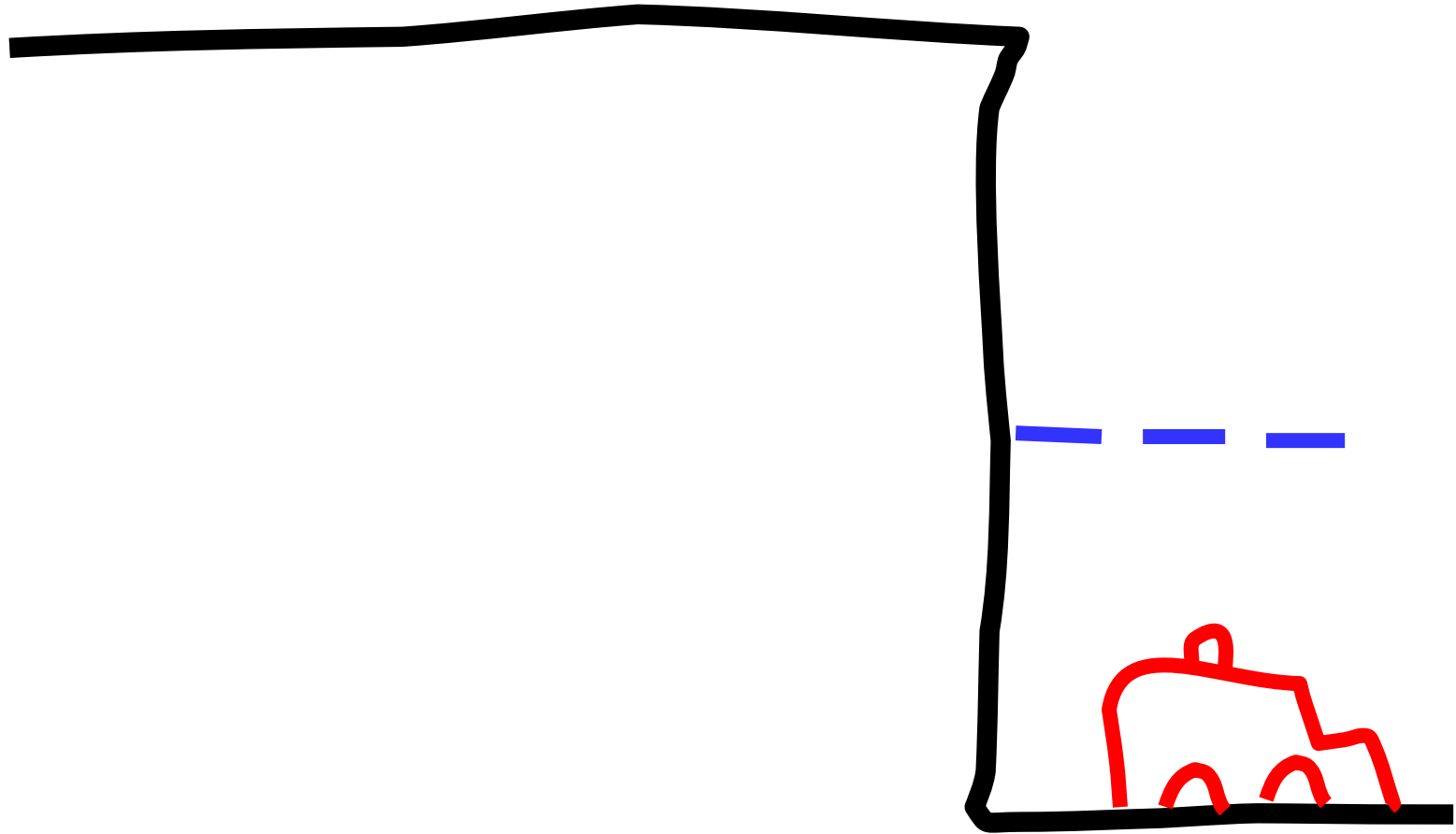


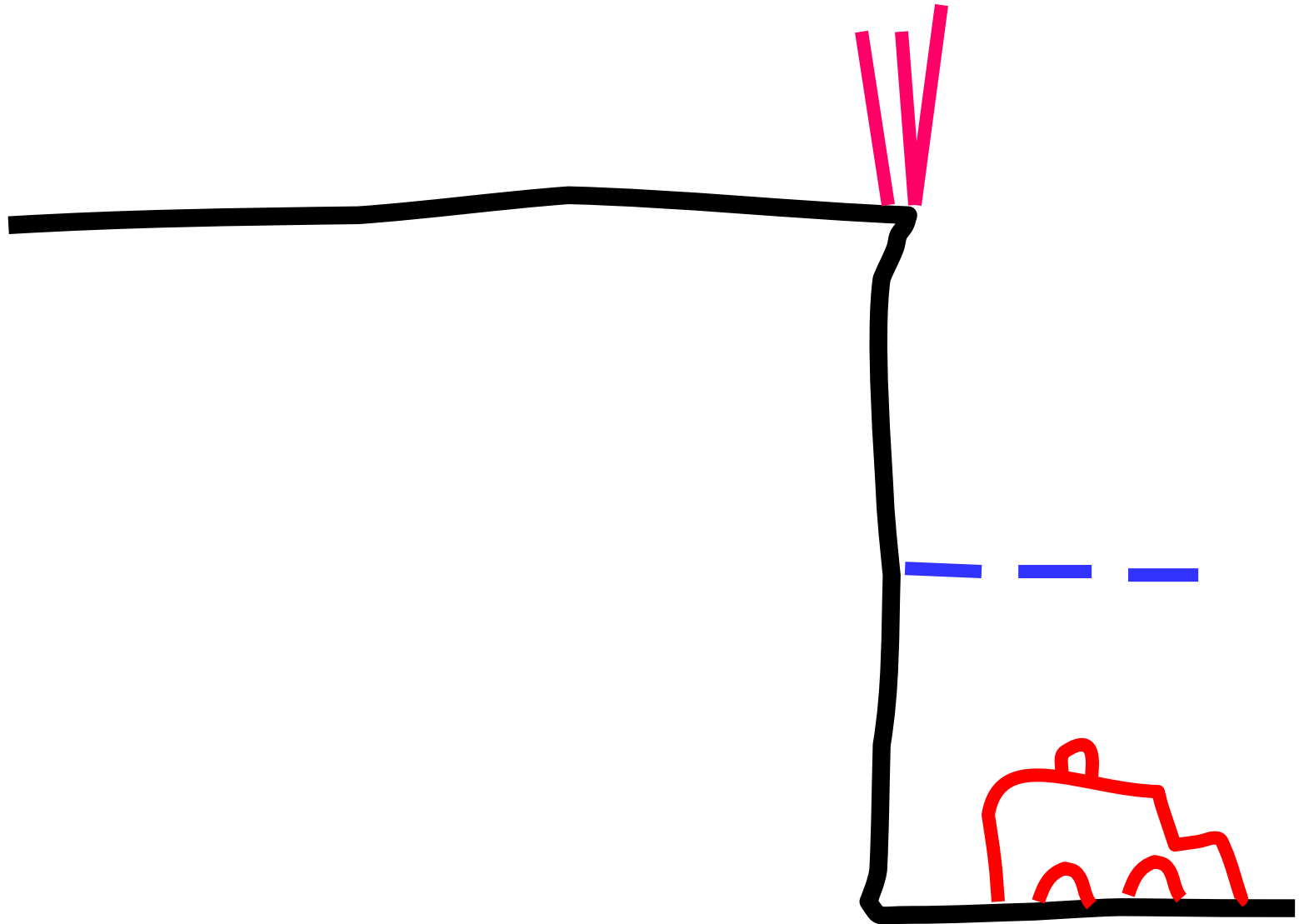


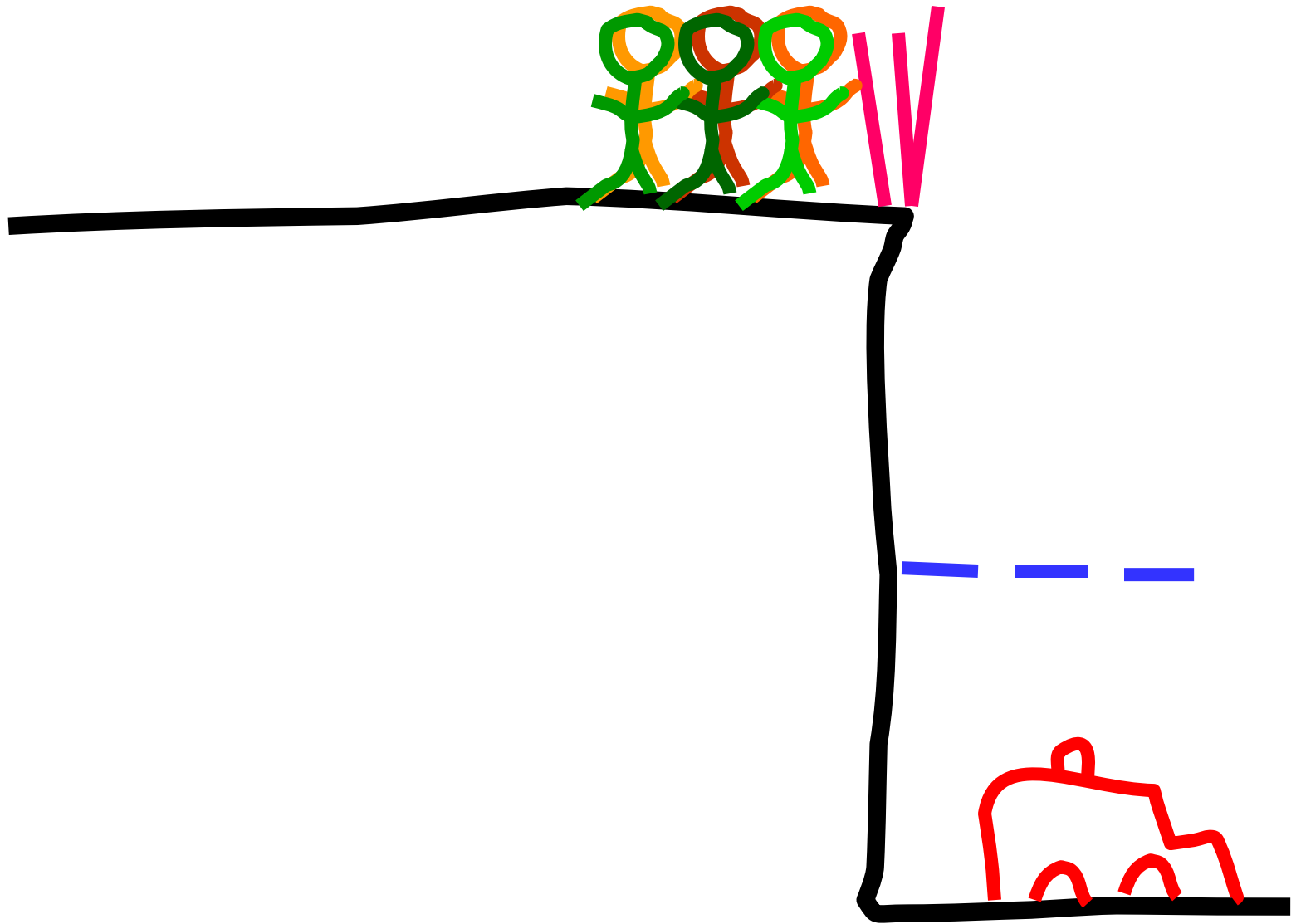


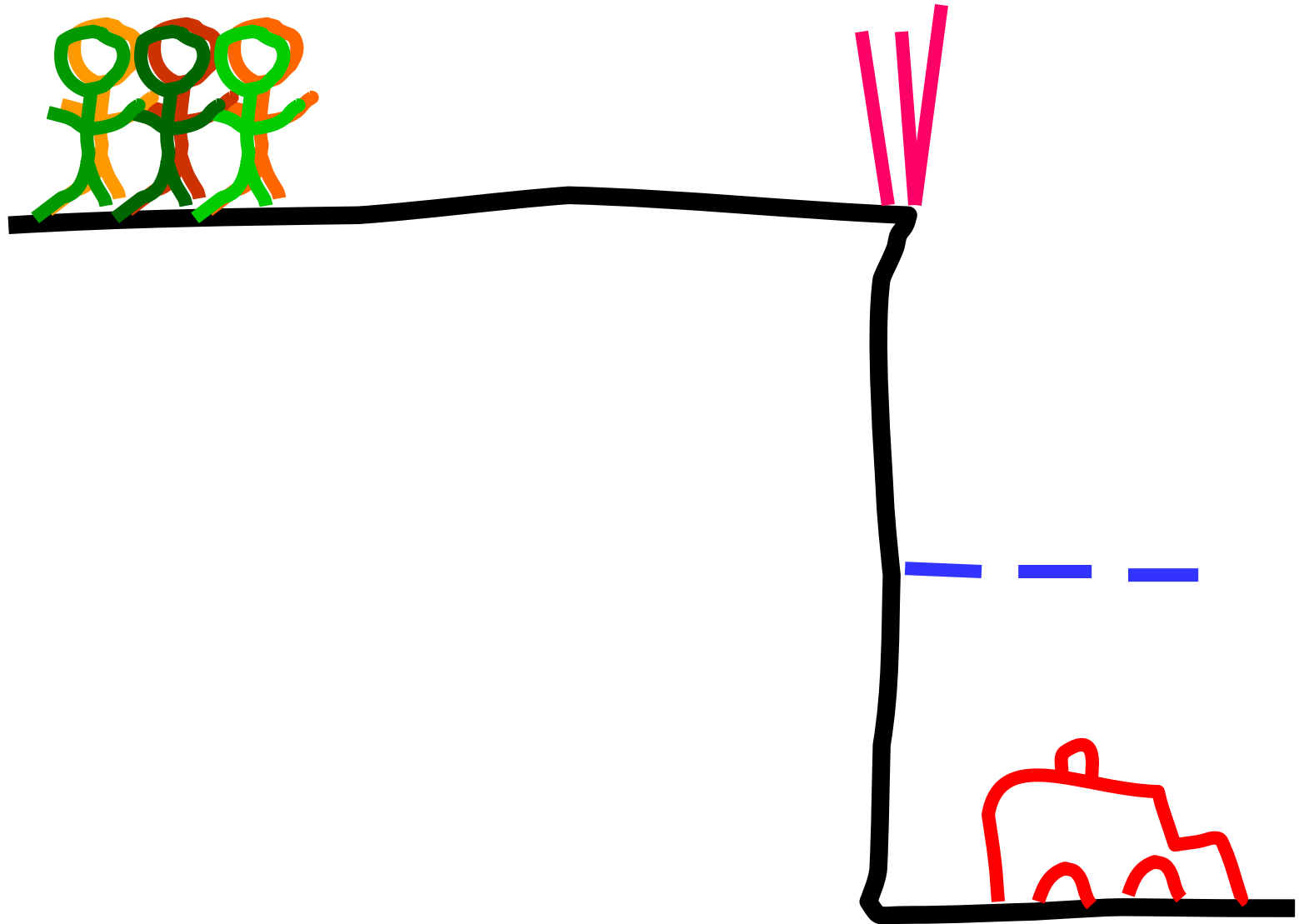


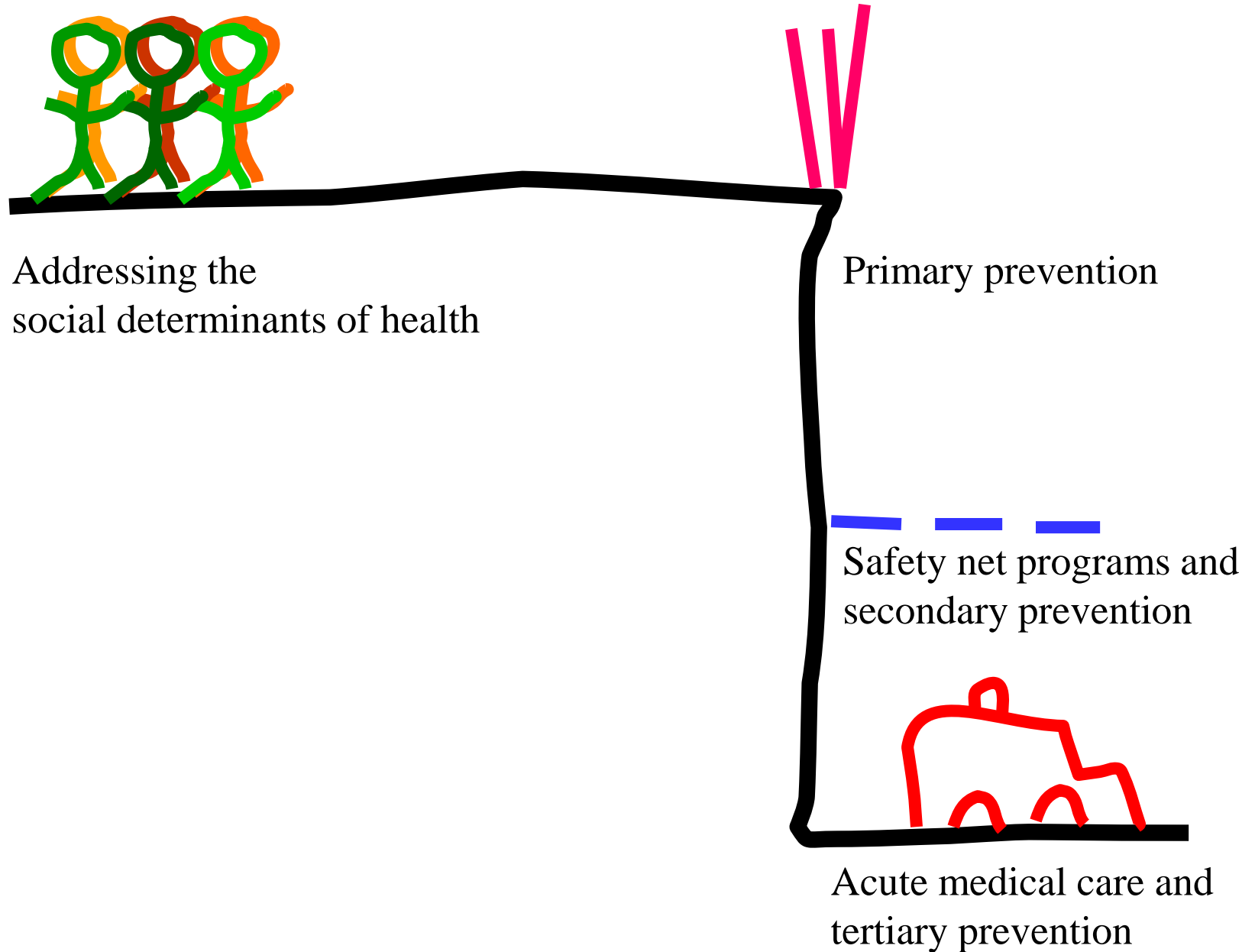












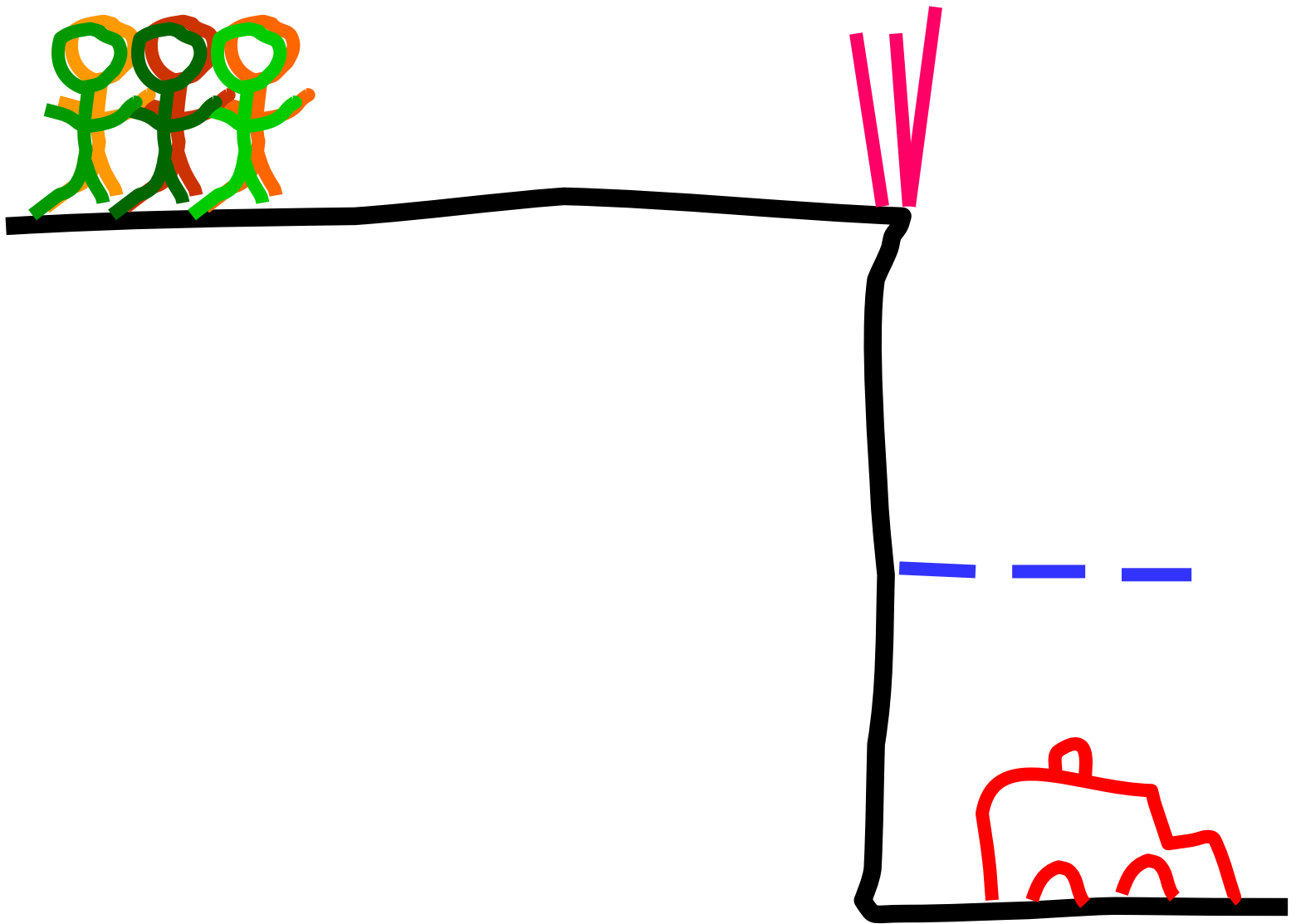
But how do disparities arise?

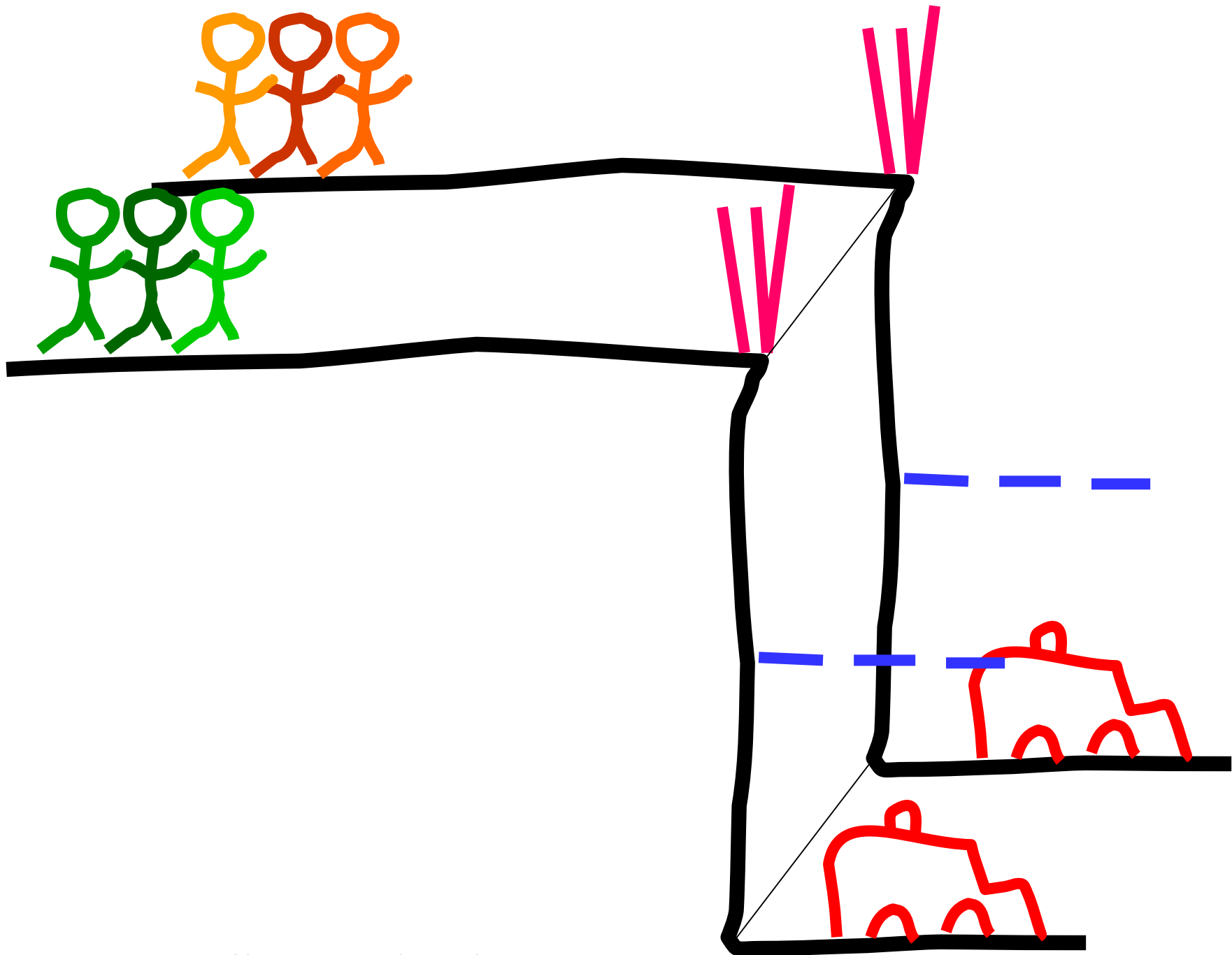
- ❑ Differences in the quality of care received within the health care system
- ❑ Differences in access to health care, including preventive and curative services
- ❑ Differences in life opportunities, exposures, and stresses that result in differences in underlying health status

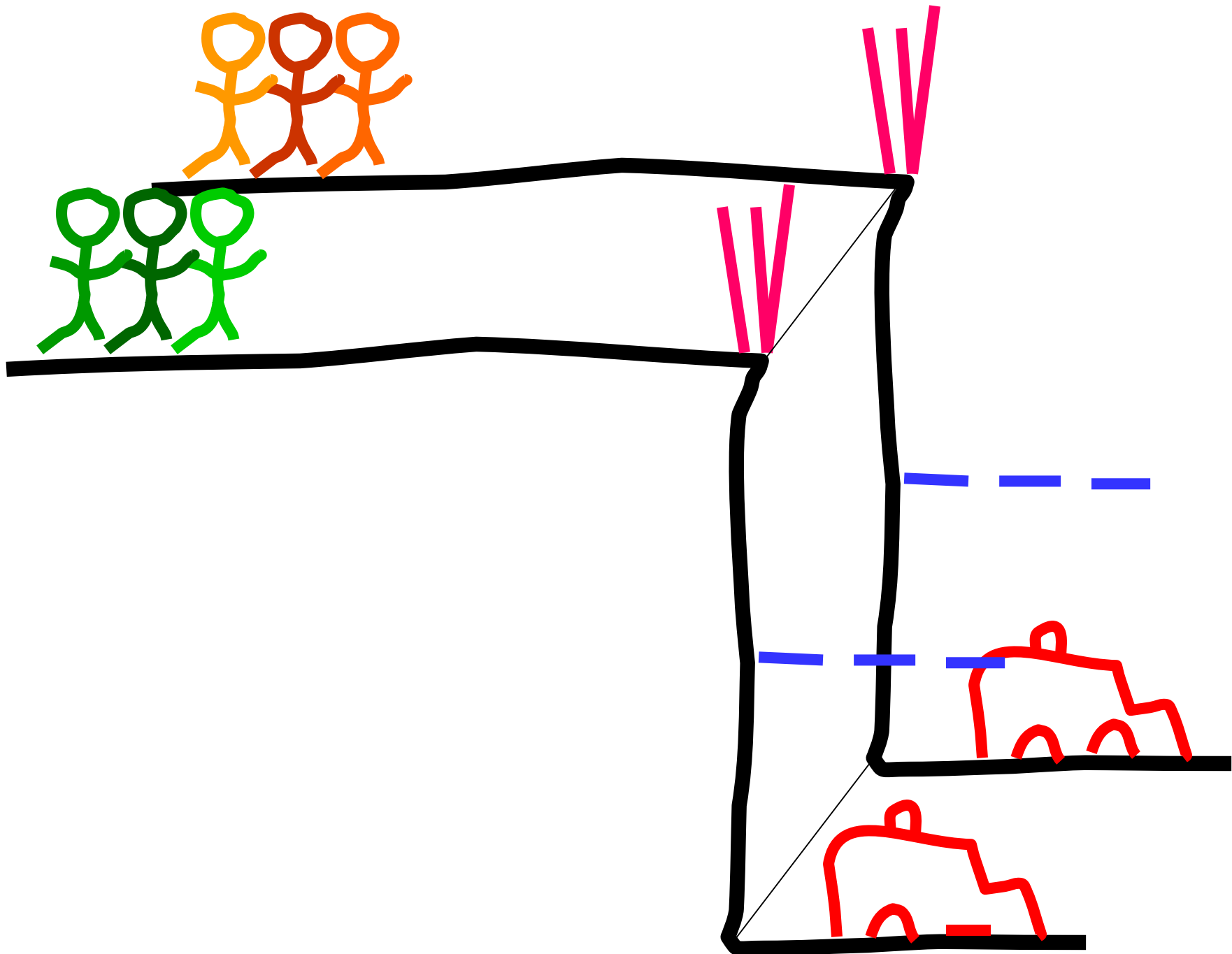
Phelan JC, Link BG, Tehranifar P. Social Conditions as Fundamental Causes of Health Inequalities. *J Health Soc Behav* 2010;51(S):S28-S40.

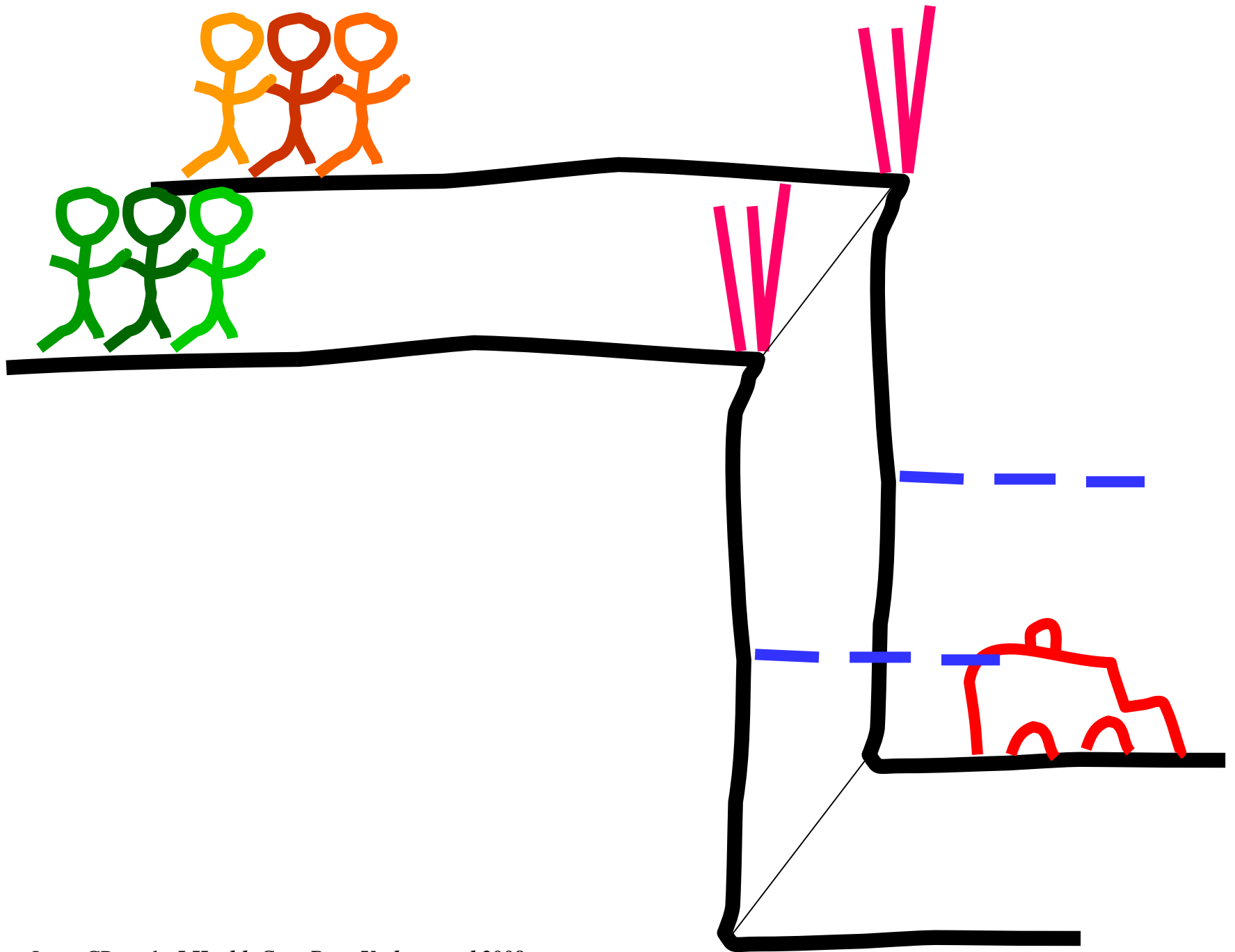
Byrd WM, Clayton LA. *An American Health Dilemma: Race, Medicine, and Health Care in the United States, 1900-2000*. New York, NY: Routledge, 2002.

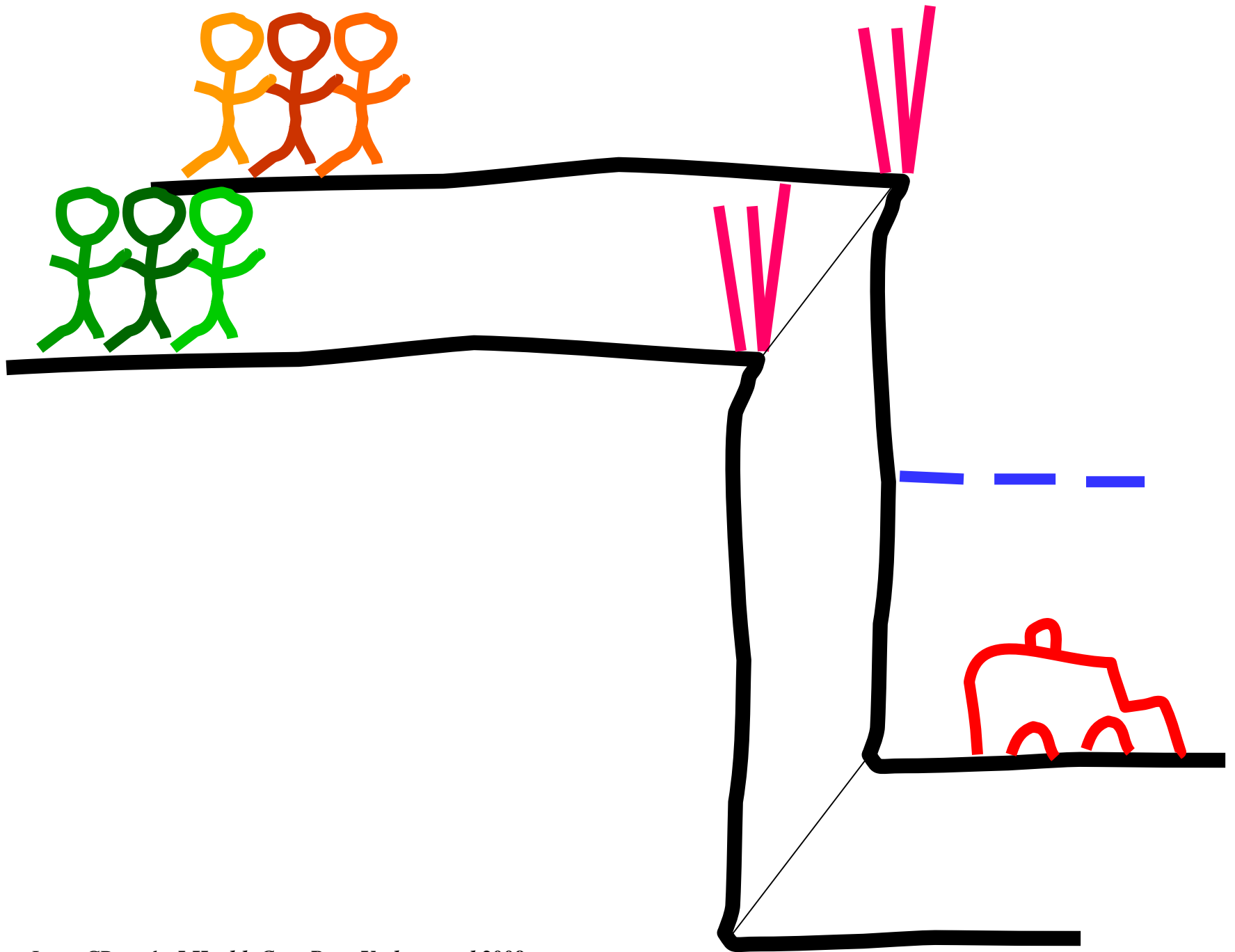
Smedley BD, Stith AY, Nelson AR (editors). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: The National Academies Press, 2002.

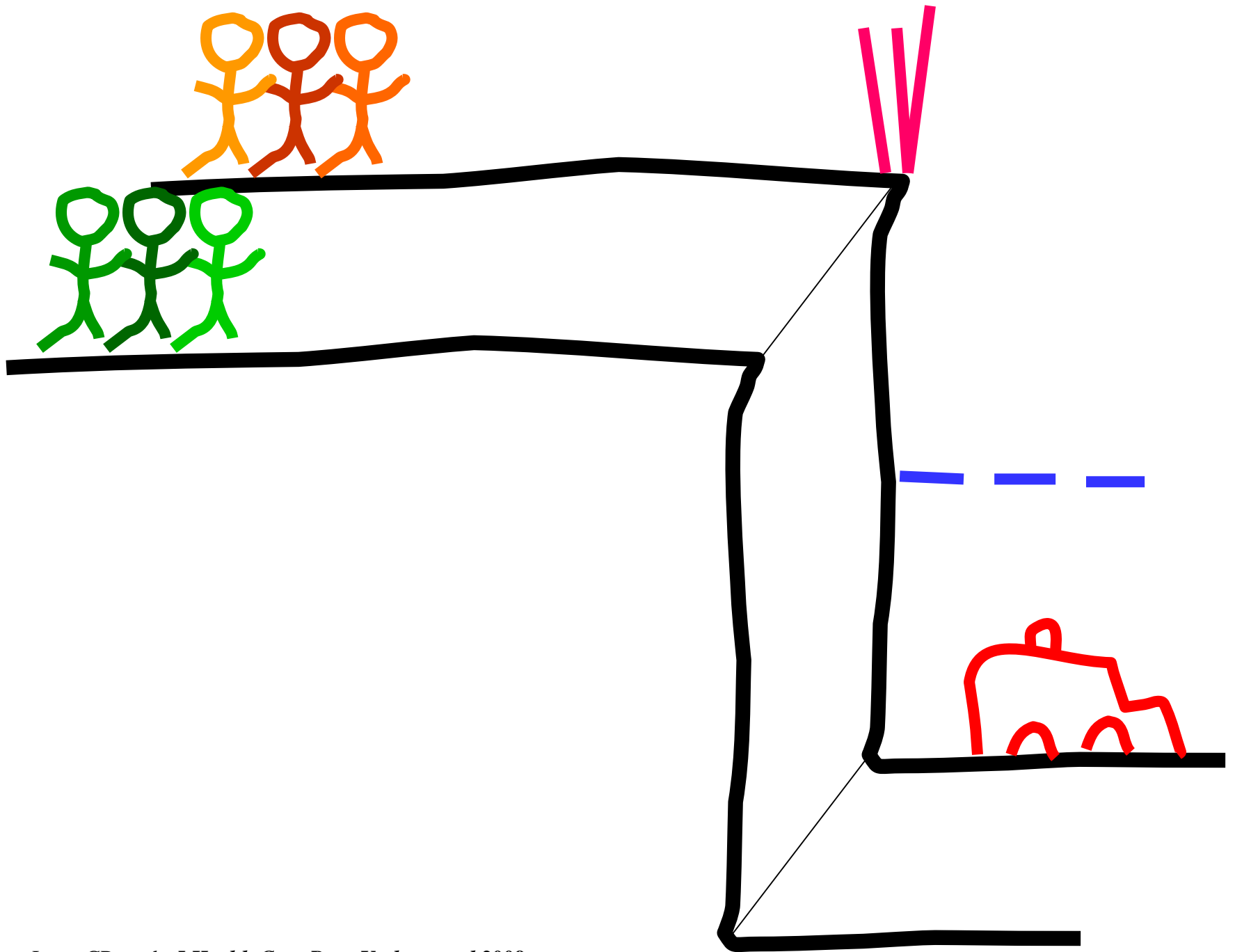


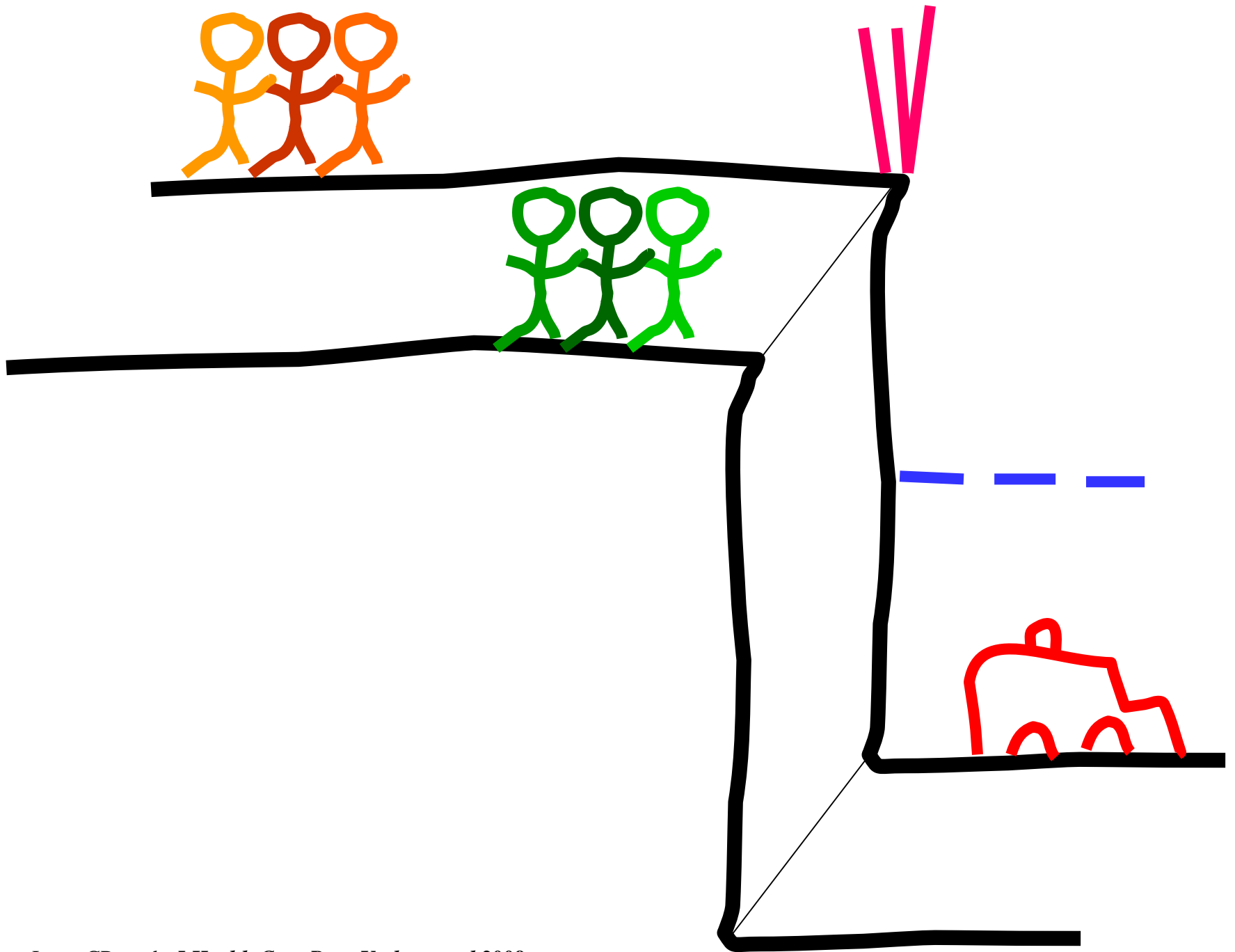


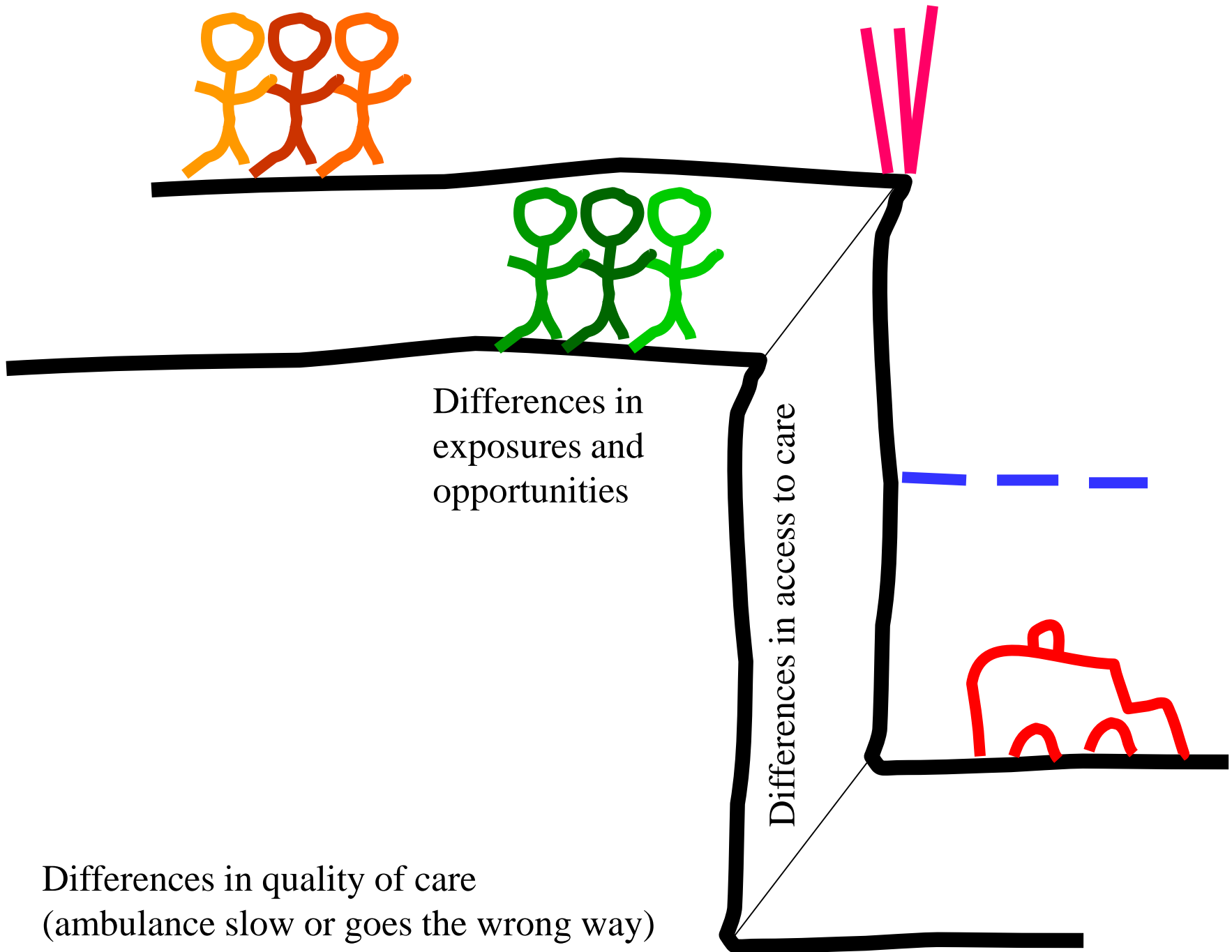


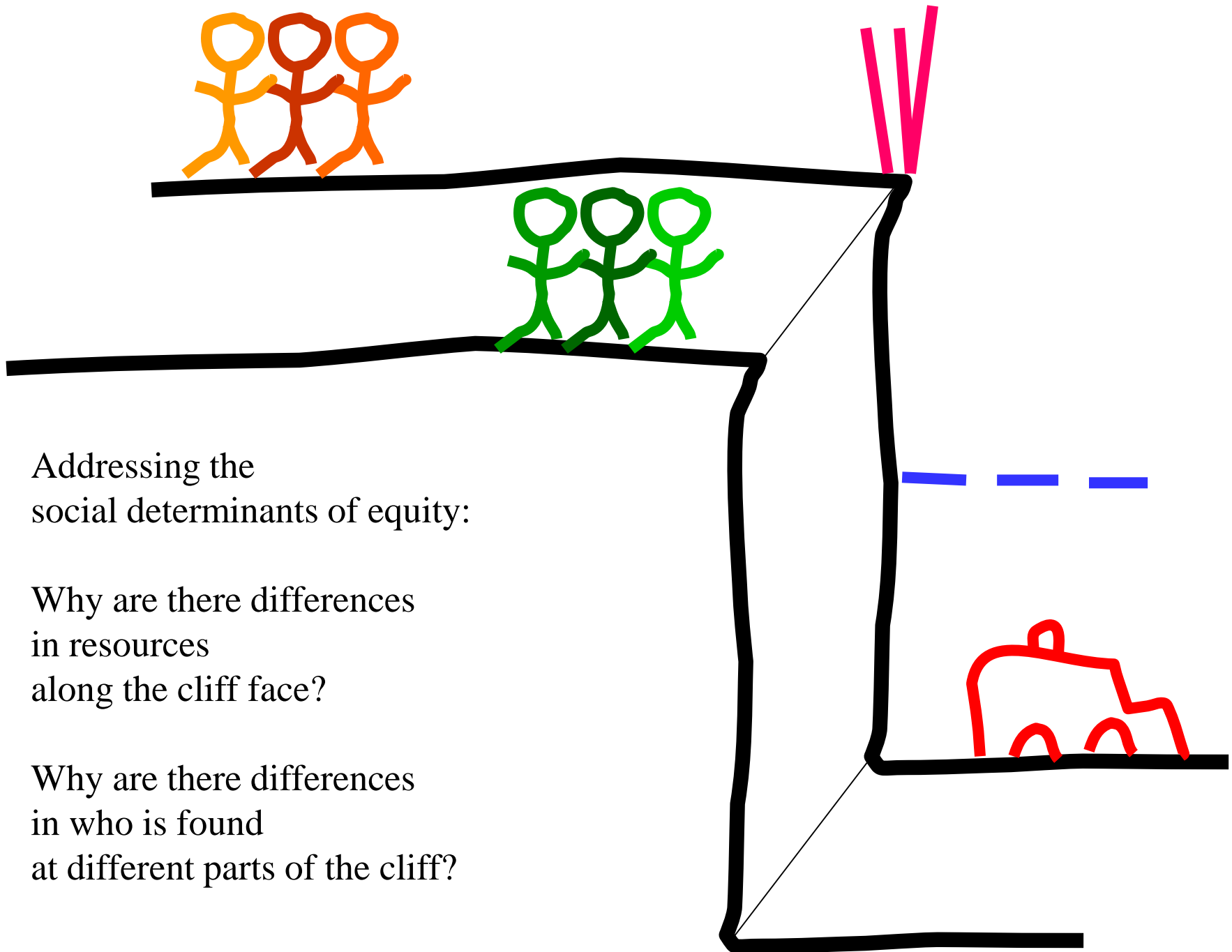












Addressing the social determinants of equity:

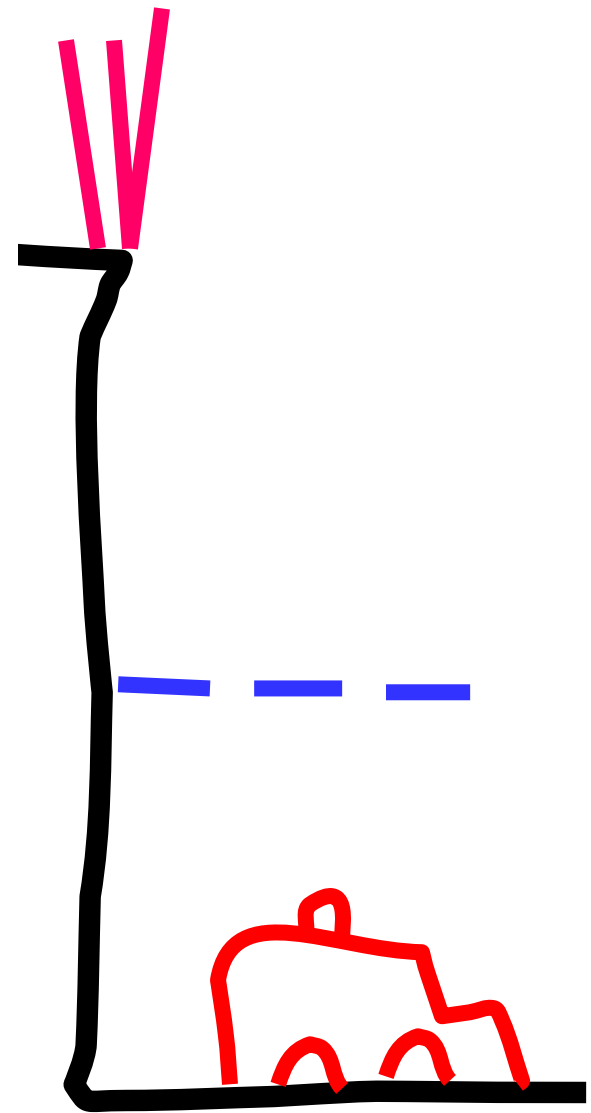
Why are there differences in resources along the cliff face?

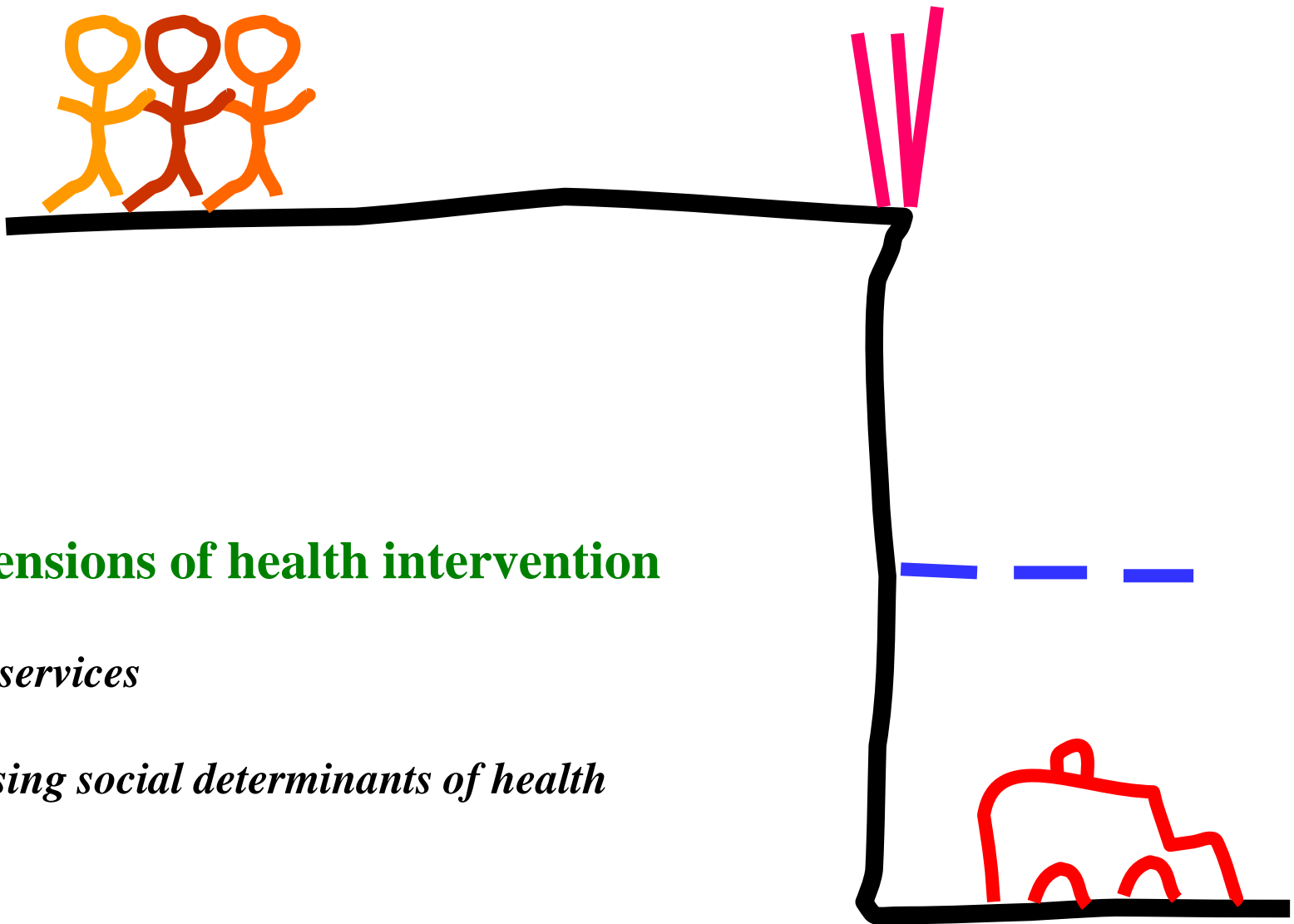
Why are there differences in who is found at different parts of the cliff?

3 dimensions of health intervention

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Health services

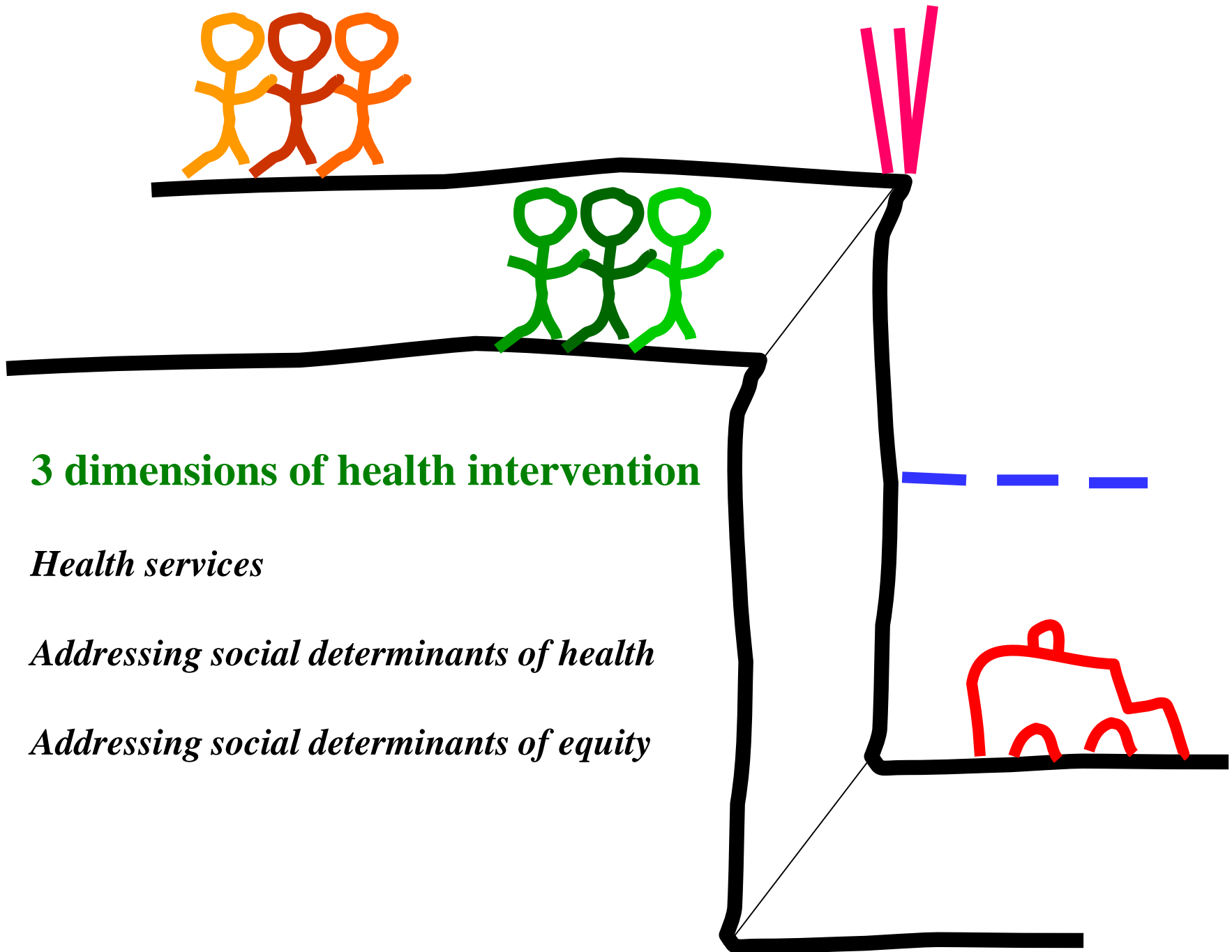


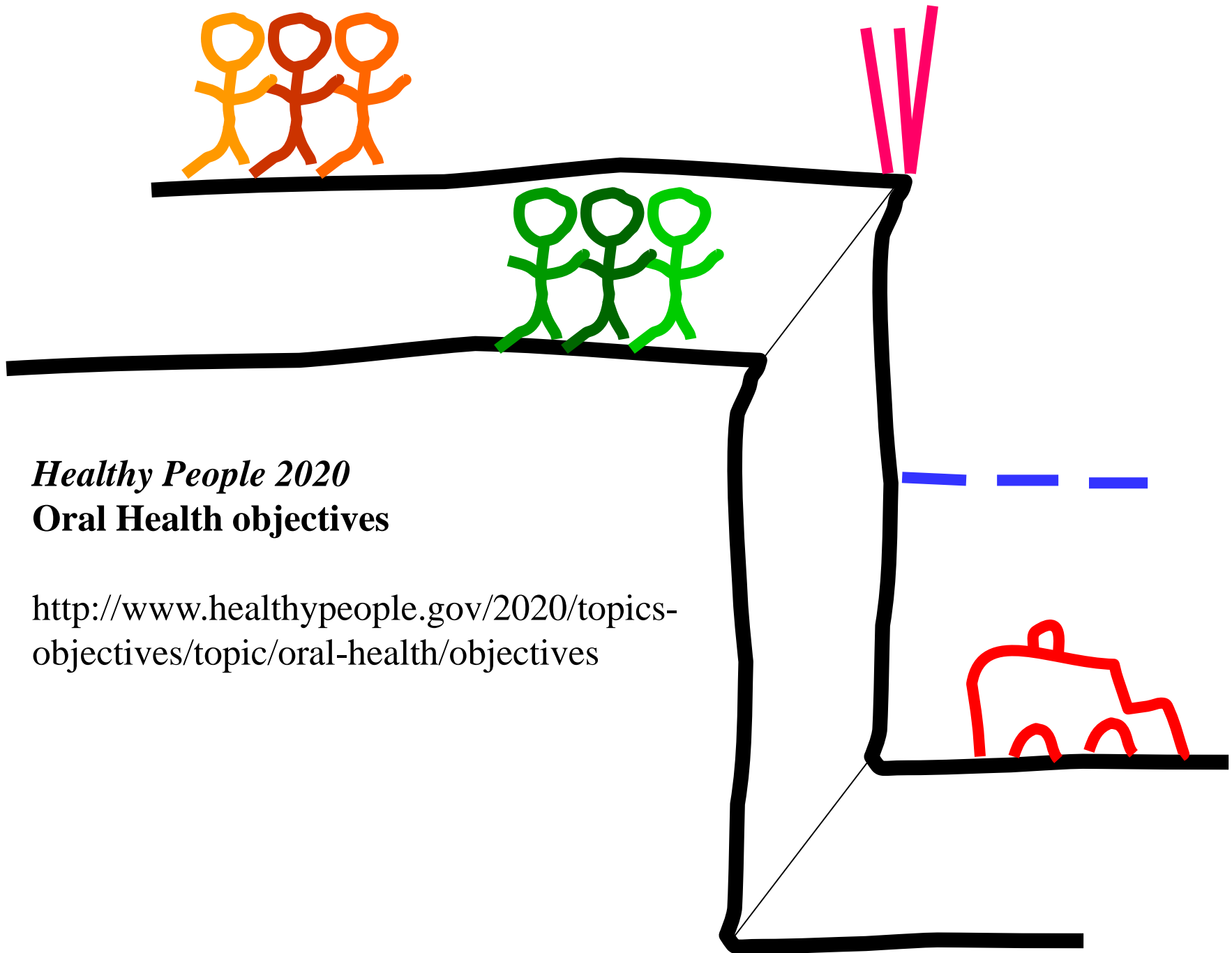


3 dimensions of health intervention

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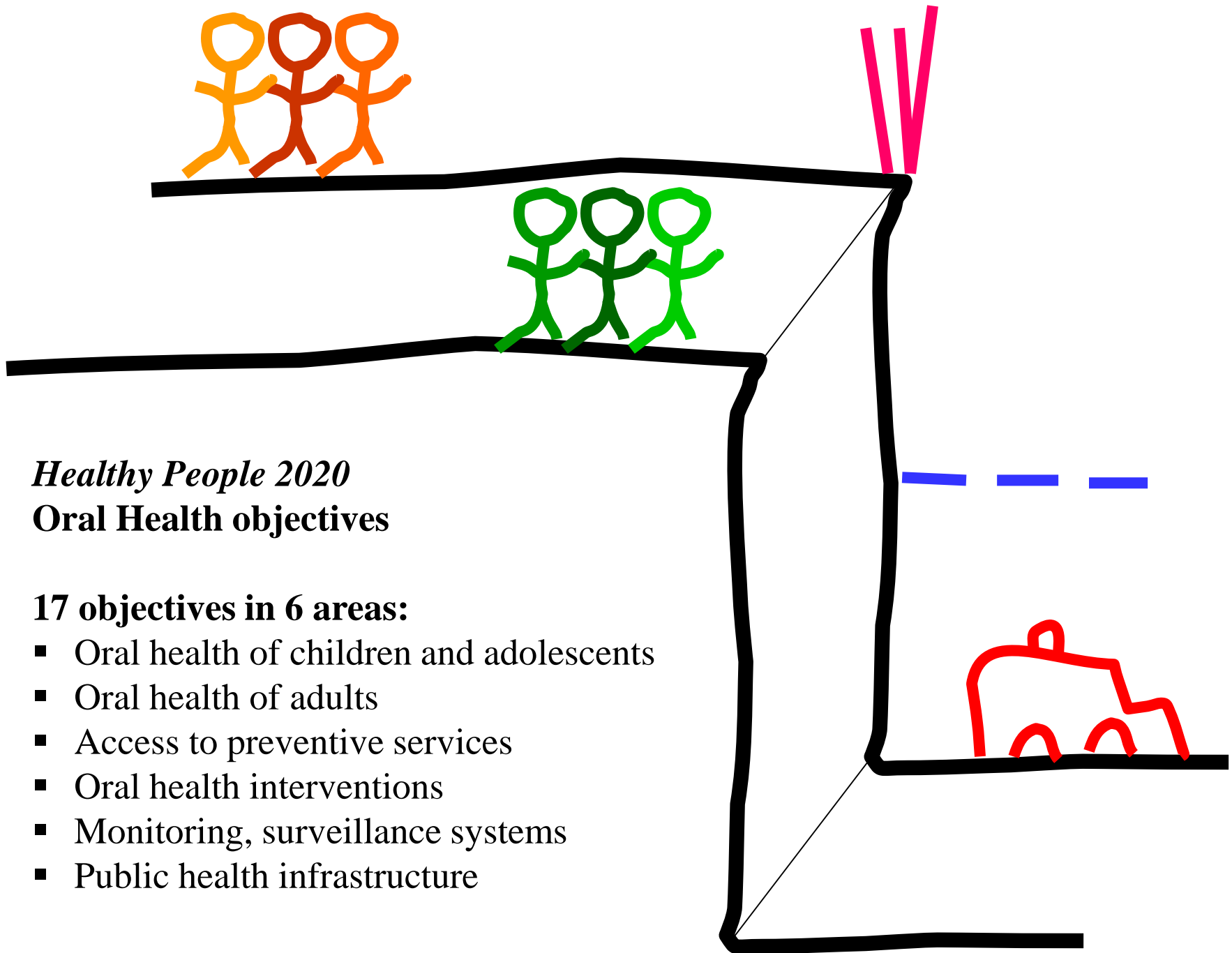
Addressing social determinants of health





Healthy People 2020
Oral Health objectives

<http://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives>



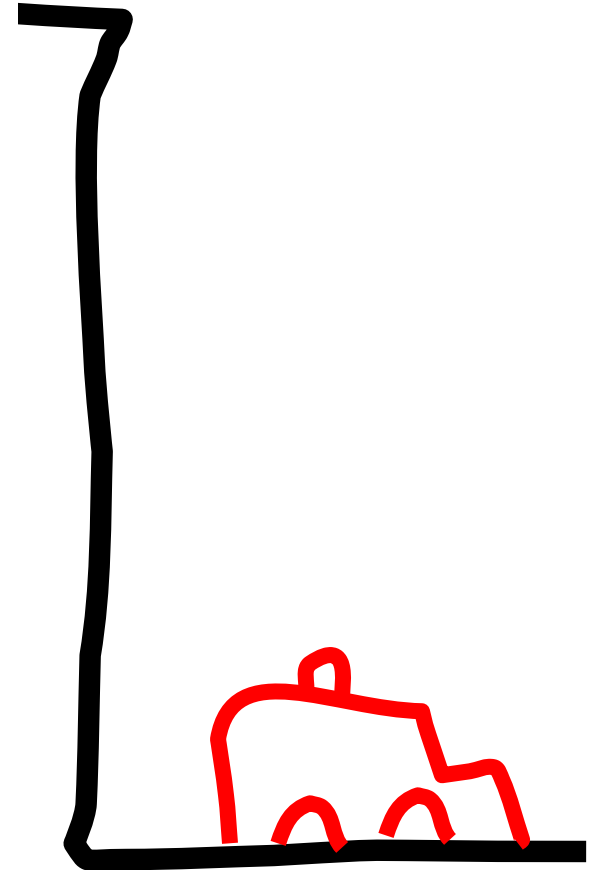
OH-7: Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year

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



Healthy People 2020
Oral Health objectives

OH-6: Increase the proportion of oral and pharyngeal cancers detected at the earliest stage

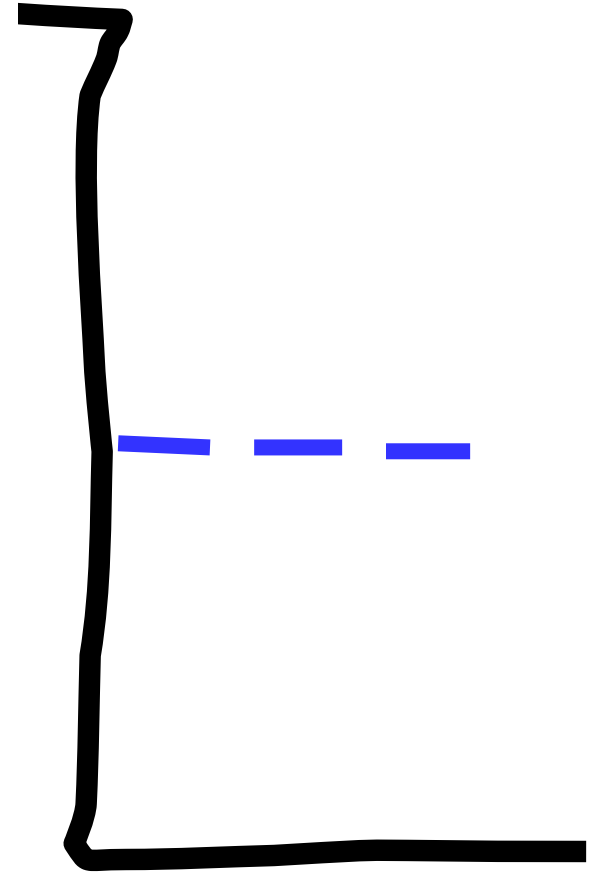
OH-9: Increase the proportion of school-based health centers with an oral health component

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



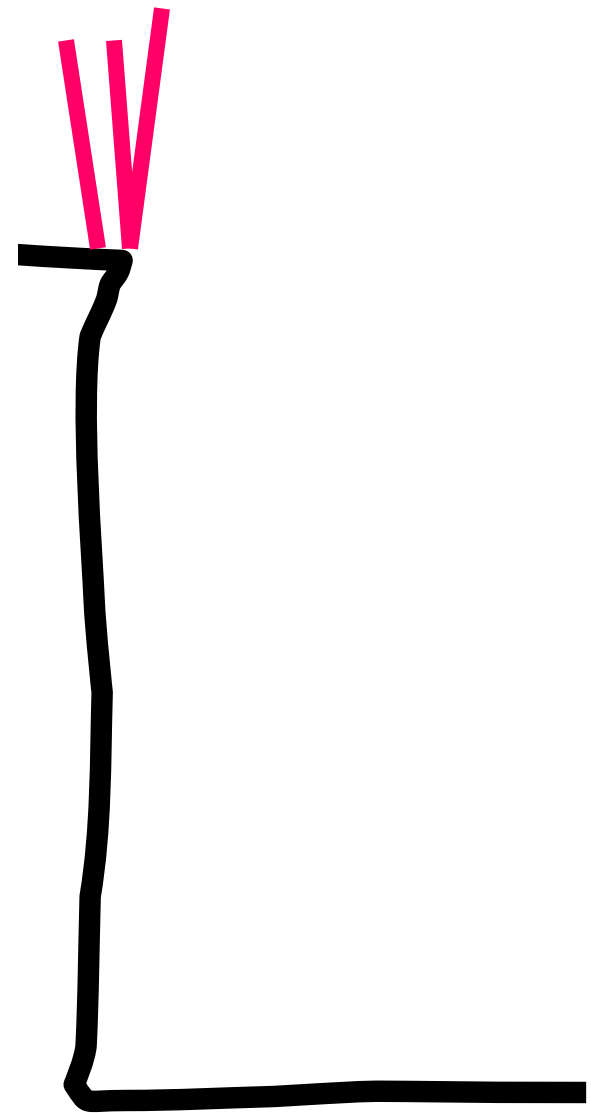
Healthy People 2020
Oral Health objectives

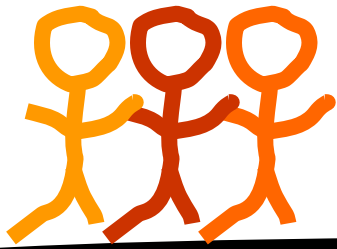
OH-1: Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth

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

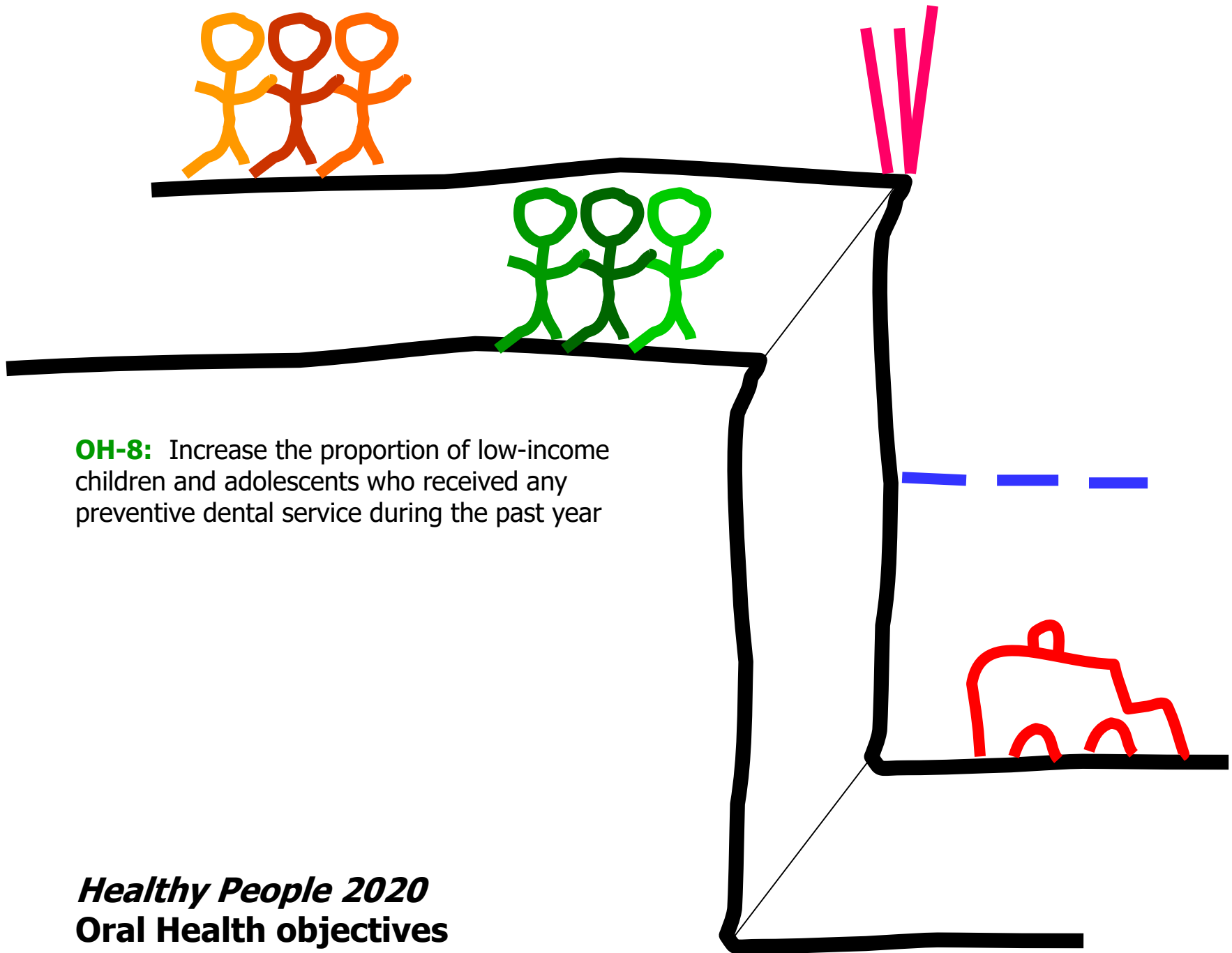
OH-14: Increase the proportion of adults who receive preventive interventions in dental offices

OH-17: Increase health agencies that have a dental public health program directed by a dental professional with public health training

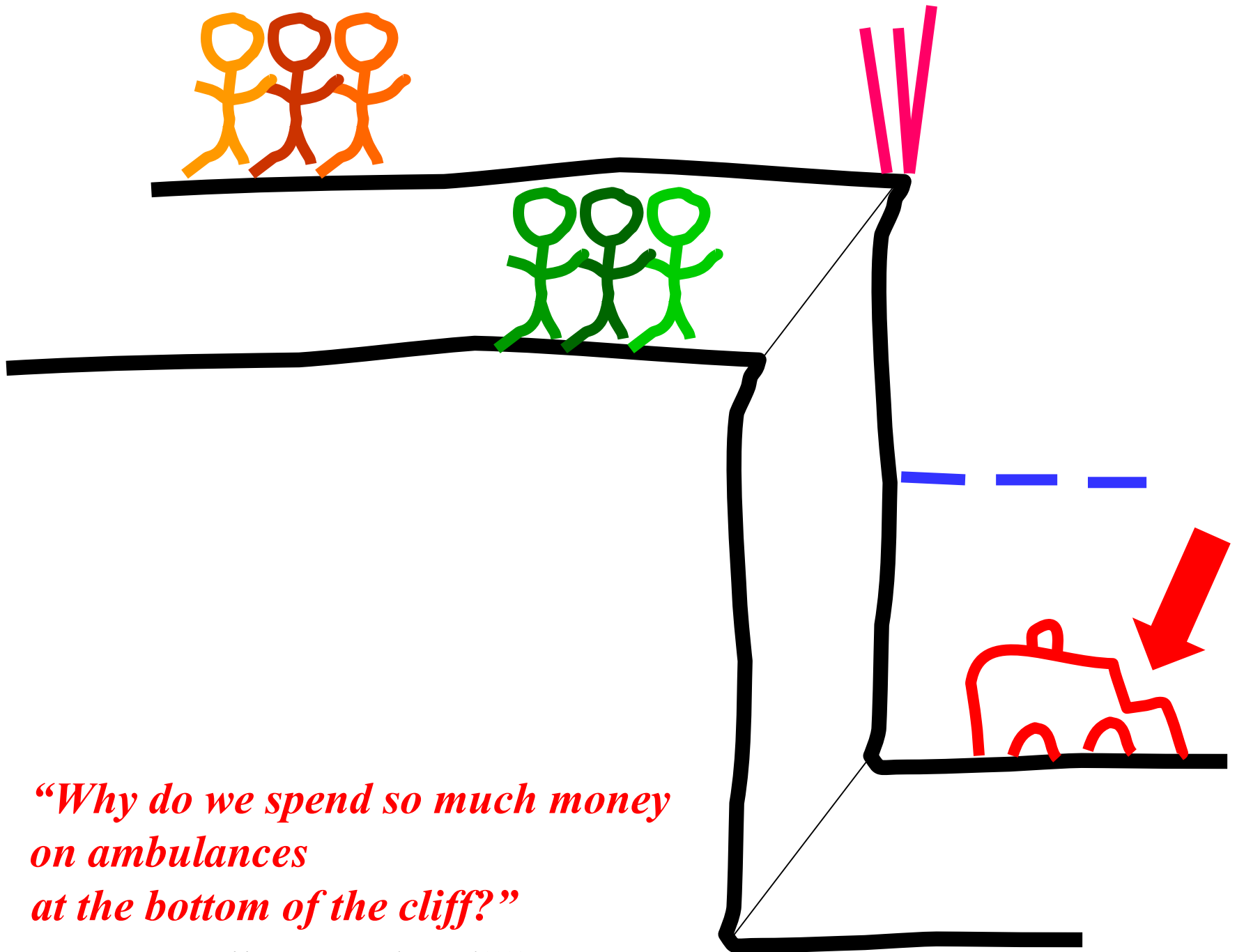




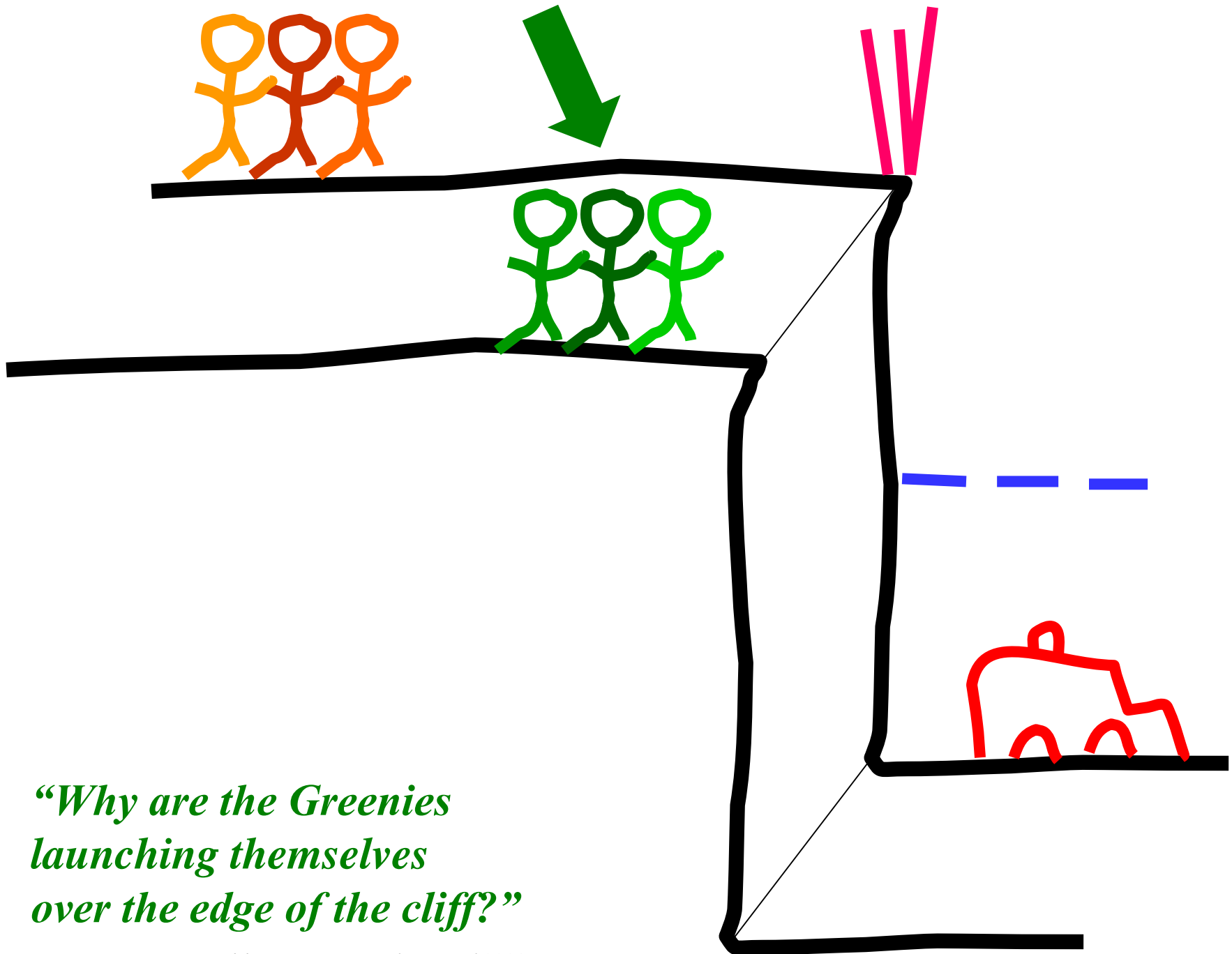
OH-13: Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water



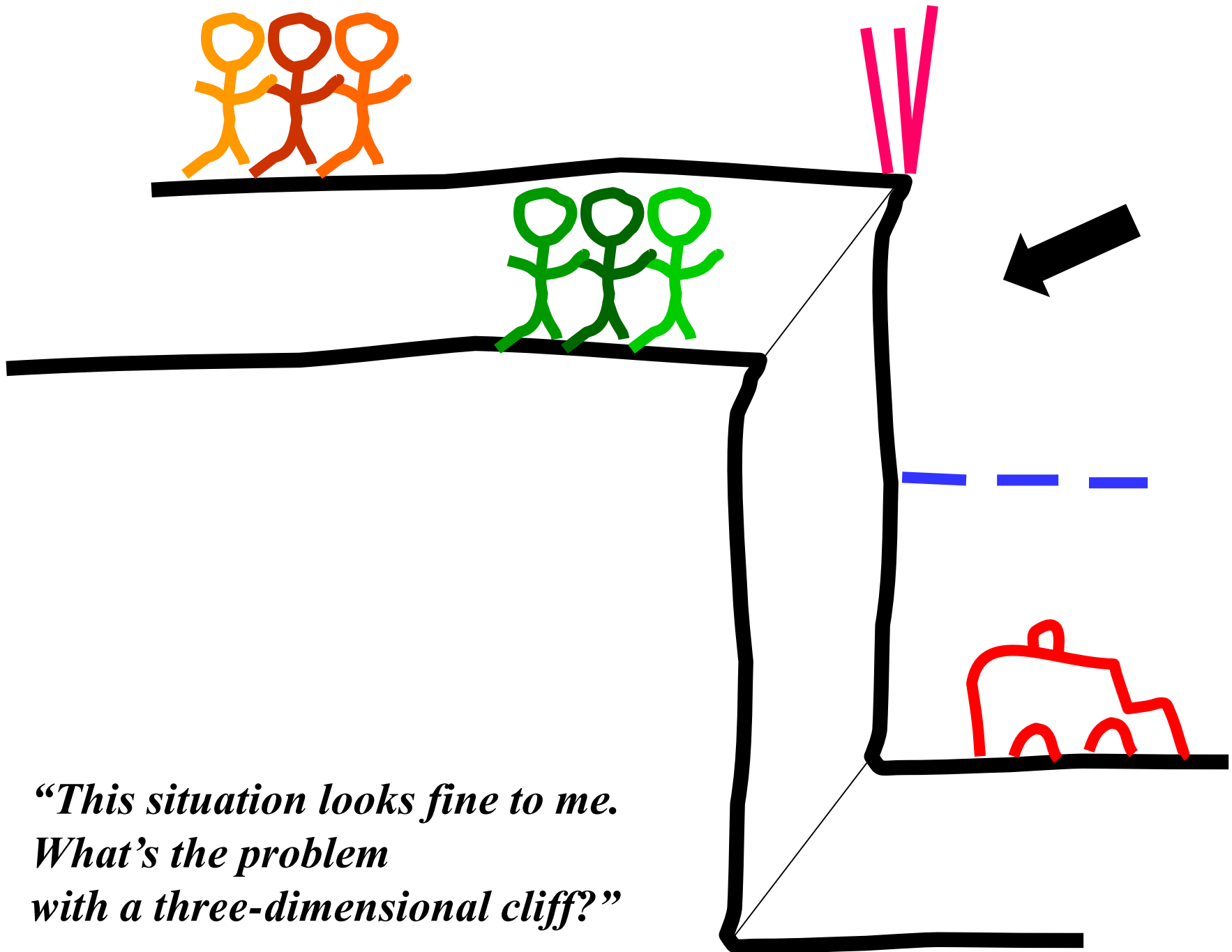
Healthy People 2020
Oral Health objectives



*“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?”*



*“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**

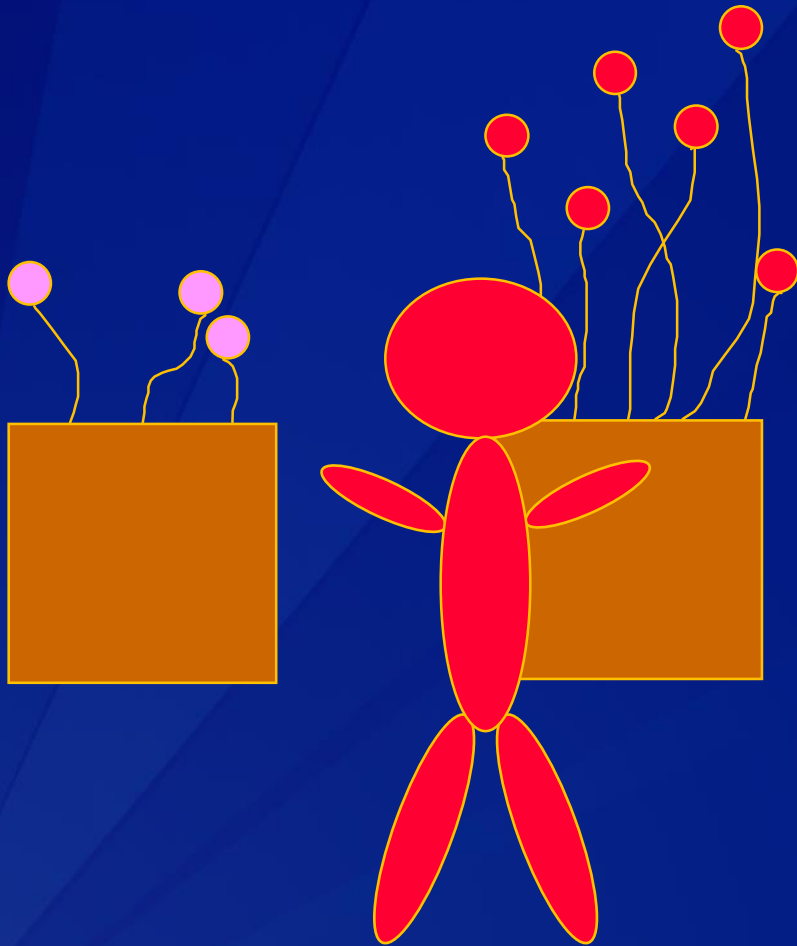
- ❑ **Examples**
 - Self-devaluation
 - “White man’s ice is colder” syndrome
 - Resignation, helplessness, hopelessness

- ❑ **Accepting limitations to our full humanity**

Levels of Racism: A Gardener's Tale

Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Public Health* 2000;90(8):1212-1215.

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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- ❑ **Incarceration history**

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?

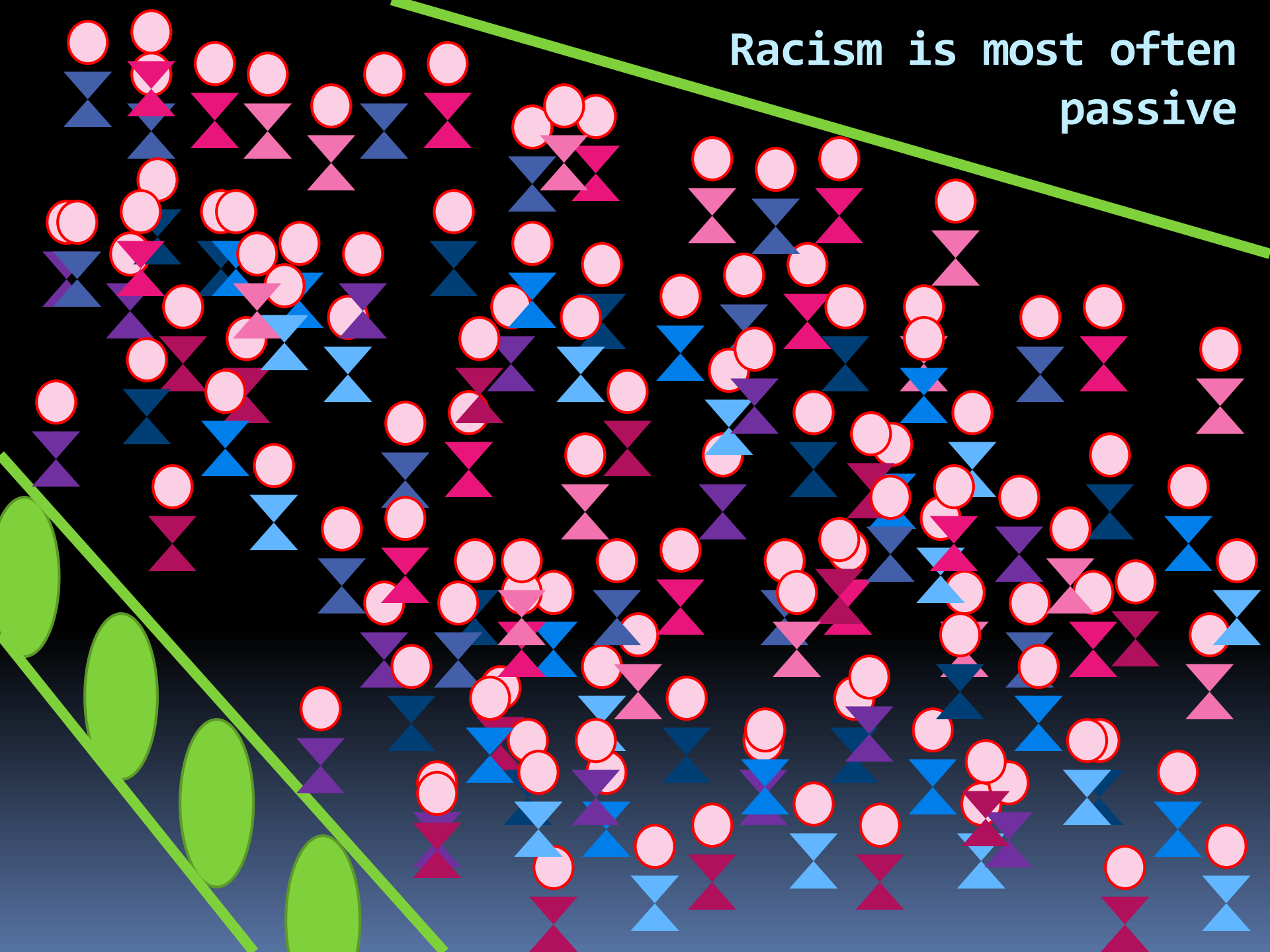
Using black holes

- ❑ **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**

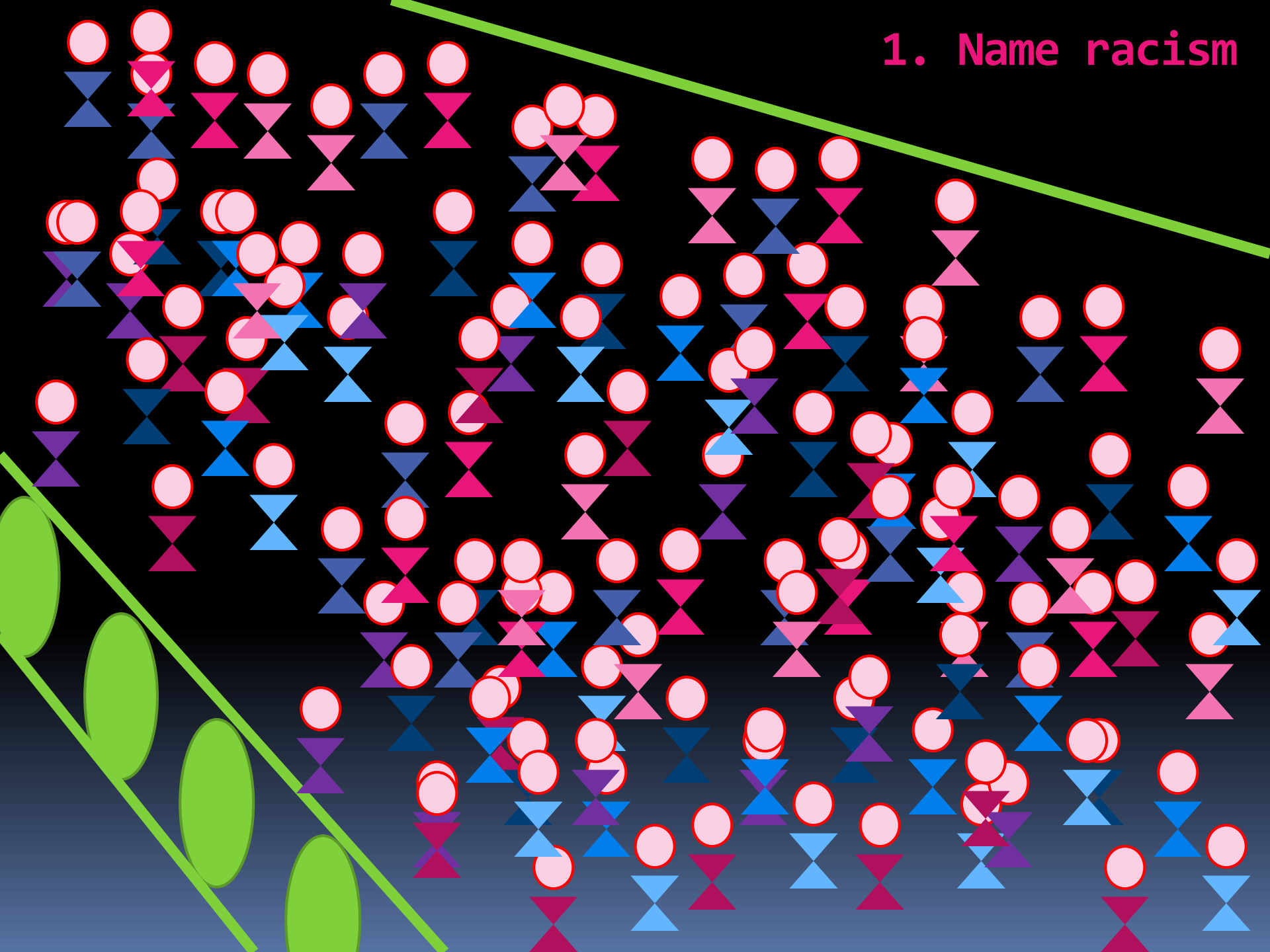


Life on a Conveyor Belt: Moving to action

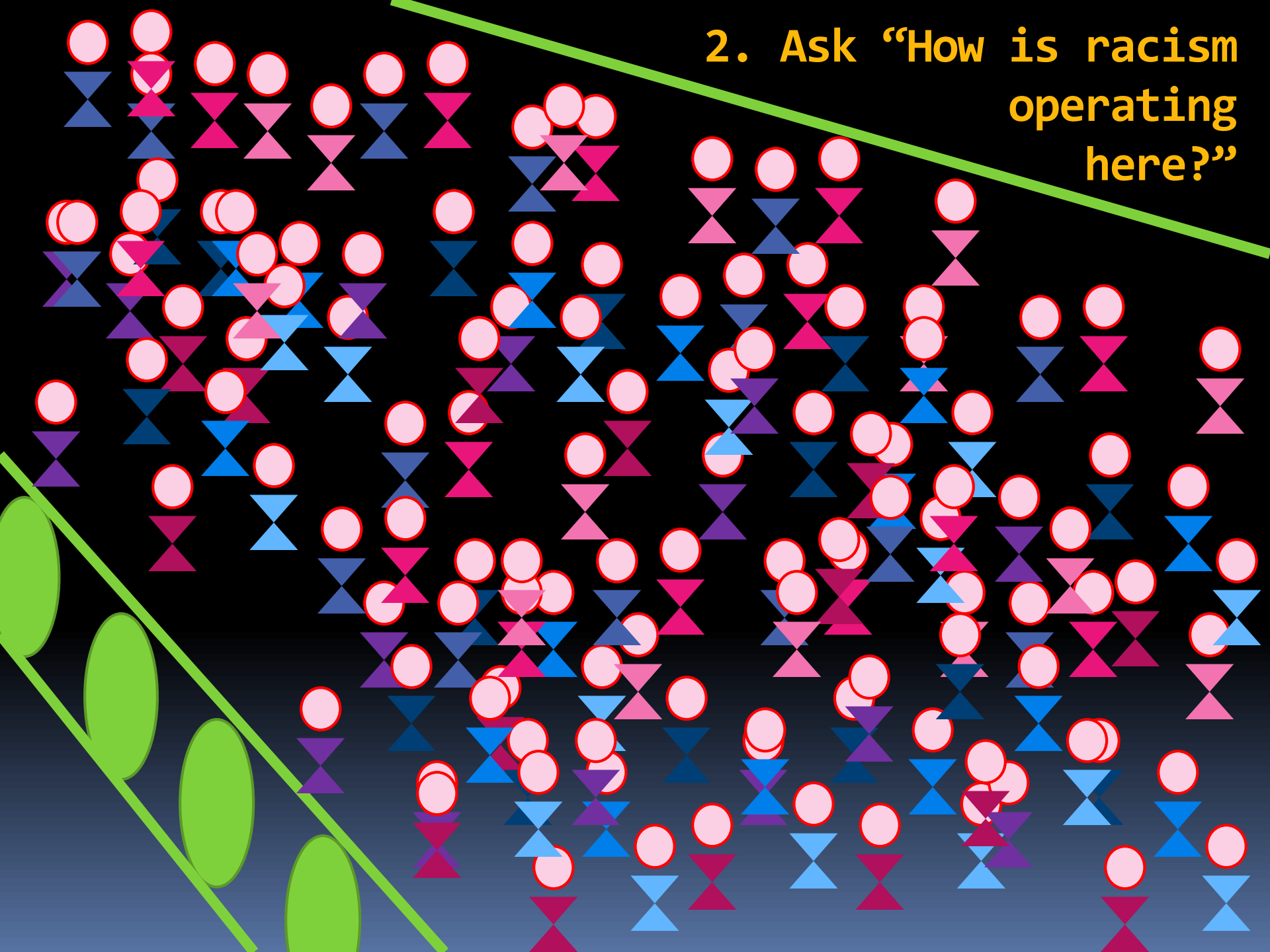
Racism is most often
passive



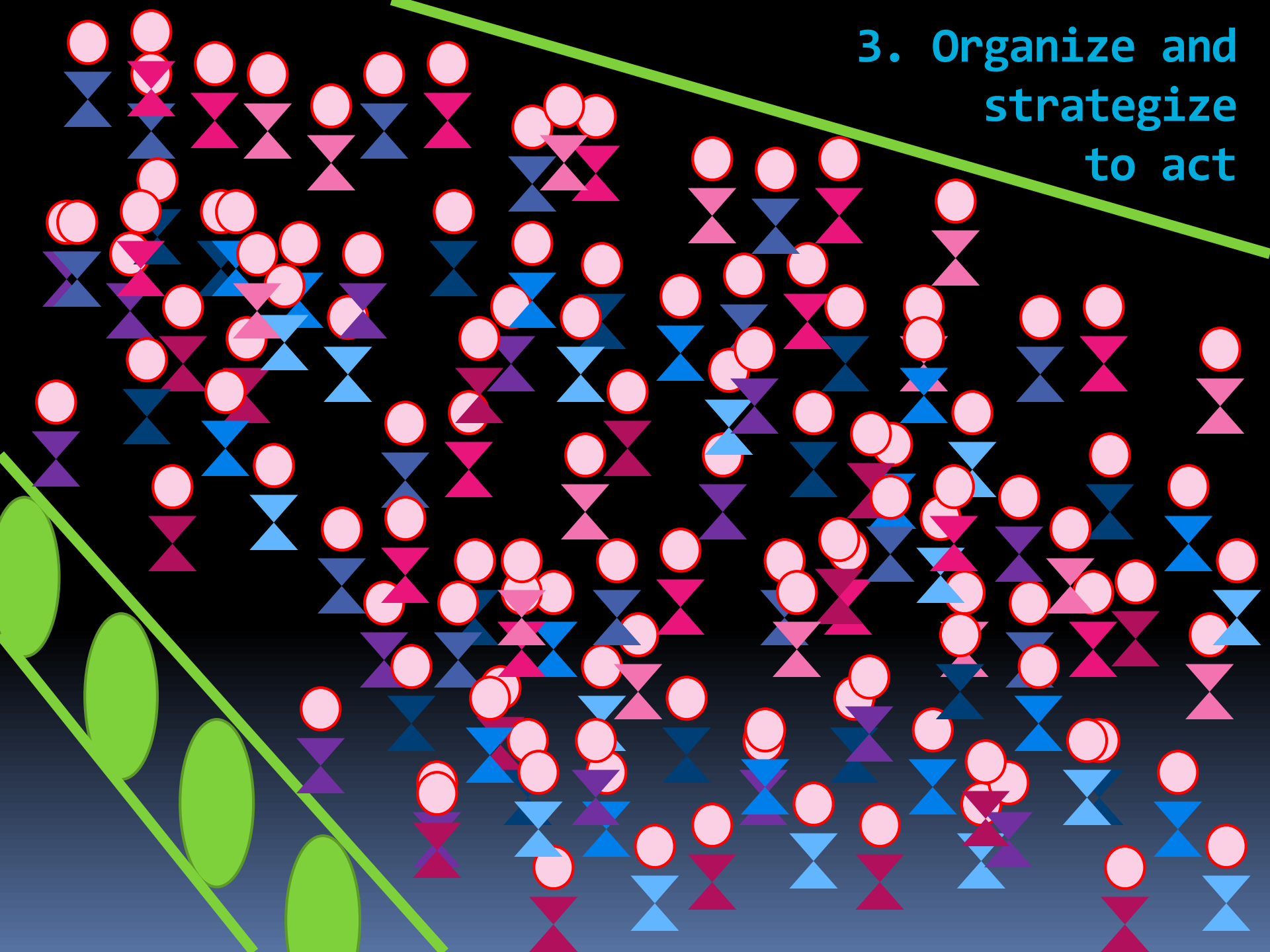
1. Name racism



2. Ask "How is racism operating here?"



3. Organize and strategize to act



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American Public Health Association

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