Building Bridges: The Strategic Imperative for Advancing Health Equity and Racial Justice
Objectives:

• Understand the interconnections between health equity and racial justice

• Learn about strategies to incorporate considerations of racial justice into relevant policies, practices, and procedures

• Identify opportunities to build capacity to further integrate health equity and racial justice into your work
Chat Question:

Getting to know who is in the audience...

What organization do you work in?
Recent events related to COVID-19 and uprisings against police brutality are deeply tied to health equity.
# Hospitalization and Death Rates of COVID-19 by Race/Ethnicity

<table>
<thead>
<tr>
<th>Rate ratios compared to White, Non-Hispanic persons</th>
<th>American Indian or Alaska Native, Non-Hispanic persons</th>
<th>Asian, Non-Hispanic persons</th>
<th>Black or African American, Non-Hispanic persons</th>
<th>Hispanic or Latino persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases(^1)</td>
<td>1.6x</td>
<td>0.7x</td>
<td>1.1x</td>
<td>2.0x</td>
</tr>
<tr>
<td>Hospitalization(^2)</td>
<td>3.3x</td>
<td>1.0x</td>
<td>2.9x</td>
<td>2.8x</td>
</tr>
<tr>
<td>Death(^3)</td>
<td>2.4x</td>
<td>1.0x</td>
<td>1.9x</td>
<td>2.3x</td>
</tr>
</tbody>
</table>

Source: CDC
Cumulative Impacts of Structural Racism in the U.S.

- **Essential Workers**: Black (36%), Latinx (33%), Asian (25%), white (21%)
- **Housing**: Today, 10% of white renters are behind on rent, compared to 20% of Asian or Pacific Islander renters, 20% of Latinx renters, and 22% of Black renters.
- **Air Quality**: 56% of Black and 63% of Latinx residents bear a “pollution burden”, compared with ~17% of non-Hispanic whites
- **Parks**: Parks in majority nonwhite neighborhoods are half as large and serve nearly five times more people than parks in majority white neighborhoods
- **Uninsured Rates (0-64)**: American Indian/Alaska Native (21.7%), Latinx (20%), Black (11.4%), white (7.8%), Asian/Native Hawaiian and Pacific Islander (7.4%)
Equality, Equity, and Social Justice

Adapted from: Jewls Harris, Portland State University (2018)
Health Equity means that everyone has a fair and just opportunity to attain their full health potential and that no one is disadvantaged, excluded or dismissed from achieving this potential. Health equity requires the removal of systemic obstacles to health.
Racial Justice would be attained if racial factors no longer served as fairly robust and reliable predictors of key measures of health, safety, economic stability, or other important societal outcomes. This means the elimination/reversal of the policies, practices, norms and messages that reinforce differential outcomes by race and a transformation of the systems and structures that uphold/reinforce persistent and widening inequities.
Strategic Opportunities to Advance and Align Health Equity and Racial Justice
Principles for Aligning & Advancing Health Equity and Racial Justice

• Acknowledging and documenting inequities, disparities and injustices is not enough

• Recognizing that not everyone starts from the same place with regard to their understanding of these concepts

• Creating a process with actionable strategies and clear milestones that embed equity and justice from the start

• Requiring a strong focus on the experiences, perspectives and approaches of marginalized people and vulnerable communities
Chat Question:

Which of the principles described most aligns with where your work currently is?
Health Equity in Relation to Racial Justice – Maternal Mortality

**Figure 1**
Maternal mortality rates in select countries and the United States

- **Total maternal deaths per 100,000 live births**
  - All U.S. mothers: 14
  - U.S. non-Hispanic white mothers: 12.7
  - U.S. African American mothers: 43.5
  - Mothers in high-income countries: 10
  - Mothers in upper-middle-income countries: 44

# Health Equity in Relation to Racial Justice – Medications for Opioid Use Disorder

## Table 2. Receipt of Medications after OUD-Related Event, According to Race and Ethnic Group.*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Black (N = 3937)</th>
<th>Hispanic (N = 2105)</th>
<th>White (N = 19,862)</th>
<th>Adjusted Difference (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Black vs. White</td>
</tr>
<tr>
<td><strong>Buprenorphine</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any receipt in 180 days — no. (%)</td>
<td>501 (12.7)</td>
<td>393 (18.7)</td>
<td>4627 (23.3)</td>
<td>-8.7 (-11.3 to -6.0)</td>
</tr>
<tr>
<td>Total days’ supply received within 180 days, among recipients</td>
<td>94.1±68.4</td>
<td>111.7±66.9</td>
<td>118.1±66.0</td>
<td>-23.4 (-32.5 to -14.2)</td>
</tr>
<tr>
<td>Treatment retention — no./total no. (%)†</td>
<td>151/501 (30.1)</td>
<td>160/393 (40.7)</td>
<td>2073/4627 (44.8)</td>
<td>-14.0 (-20.3 to -7.8)</td>
</tr>
<tr>
<td><strong>Naloxone</strong></td>
<td></td>
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<tr>
<td>Any receipt in 180 days — no. (%)</td>
<td>568 (14.4)</td>
<td>435 (20.7)</td>
<td>4546 (22.9)</td>
<td>-6.7 (-9.5 to -3.7)</td>
</tr>
<tr>
<td><strong>Naltrexone</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any receipt in 180 days — no. (%)</td>
<td>110 (2.8)</td>
<td>70 (3.3)</td>
<td>664 (3.3)</td>
<td>-0.1 (-0.7 to 0.6)</td>
</tr>
<tr>
<td>Total days’ supply received within 180 days, among recipients</td>
<td>57.1±49.7</td>
<td>45.9±42.9</td>
<td>55.9±48.3</td>
<td>-1.4 (-18.7 to 15.9)</td>
</tr>
<tr>
<td><strong>Opioid analgesic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any receipt in 180 days — no. (%)</td>
<td>921 (23.4)</td>
<td>474 (22.5)</td>
<td>4656 (23.4)</td>
<td>-0.8 (-2.7 to 1.2)</td>
</tr>
<tr>
<td><strong>Benzodiazepine</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any receipt in 180 days — no. (%)</td>
<td>921 (23.4)</td>
<td>623 (29.6)</td>
<td>7359 (37.1)</td>
<td>-14.1 (-16.7 to -11.6)</td>
</tr>
</tbody>
</table>

Health Equity in Relation to Racial Justice

State of Minnesota

HOUSE OF REPRESENTATIVES
SECOND SPECIAL SESSION

H. R. No. 1

07/11/20

REVISOR JRM/KA 20-8899

This Document can be made available in alternative formats upon request

A House resolution

1.2 declaring racism a public health crisis.

1.3 WHEREAS, race is a social construct with no biological basis; and

1.4 WHEREAS, racism is embedded in the foundation of America, beginning with chattel slavery in 1619; and

1.6 WHEREAS, much of the Black experience in America has been endured under slavery and

1.7 Jim Crow, which created preferential opportunities for white people while subjecting people of color to hardships and disadvantages in every area of life; and

1.9 WHEREAS, public health disparities have persisted for over 400 years and there are

1.10 long-standing, unaddressed disparities as well as systemic racism and other socioeconomic inequities; and

1.11 and
Use of universal language can alienate some people, i.e., "all communities deserve..." and "everyone benefits when..." 

Concern that elevating racial justice fails to acknowledge other forms of inequity 

Centering racial justice ultimately requires shifts in power – individual and institutional
Operationalizing Equity

Past disadvantage: Closes historic gaps to improve health and economic opportunities in vulnerable communities.

Contemporary participation: Engages in shared decision making through community-based participation and elevating perspectives of vulnerable communities.

Future consequences: Prevents future disparities by leveraging funding for long-term health and organizational capacity, and incorporating metrics and evaluation to track whether initiatives are closing gaps.

Source: USC PERE: Measures Matter: Ensuring Equitable Implementation of Los Angeles County Measures M & A
“Not everything that is faced can be changed, but nothing can be changed until it is faced.”

–James Baldwin
Equity Framework 1: Three Equity Objectives

- Procedural Equity
- Distributional Equity
- Structural Equity
Procedural Equity

• Transparent, fair and inclusive processes with additional opportunities for those who are disproportionately impacted
Distributional Equity

- Fair distribution of resources, benefits and burdens; prioritizes resources for communities experiencing the greatest inequities
Structural Equity

- Addresses underlying structural factors & policies that gave rise to inequities; makes a commitment to correct past harms & prevent future unintended consequences

THRIVE Factors

<table>
<thead>
<tr>
<th>People</th>
<th>Equitable Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social networks &amp; trust</td>
<td>Education</td>
</tr>
<tr>
<td>Participation &amp; willingness to act for the common good</td>
<td>Living wages &amp; local wealth</td>
</tr>
<tr>
<td>Norms &amp; culture</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>What’s sold &amp; how it’s promoted</td>
</tr>
<tr>
<td>Look, feel, &amp; safety</td>
</tr>
<tr>
<td>Housing</td>
</tr>
<tr>
<td>Parks &amp; open space</td>
</tr>
<tr>
<td>Air, water &amp; soil</td>
</tr>
<tr>
<td>Getting around</td>
</tr>
<tr>
<td>Arts &amp; cultural expression</td>
</tr>
</tbody>
</table>
Chat Question:
Which of the three components of the Equity Framework most resonates with you? Why?
Working to narrow gaps in health outcomes without intentionally addressing racism and the multiple forms of discrimination associated with it thwarts successful outcomes on both fronts.

Strategic Opportunities to Advance Health Equity & Racial Justice
Alignment of analytic frameworks for health equity and racial justice can help practitioners:

- Paint a clearer picture of inequities
- Articulate the roots of inequities
- Identify levers for change
- Clarify indicators to measure improvements over time
- Increase synergy and enhanced strategy
2. Strategic Framing and Communication

- Speaking about racially unjust health inequities is challenging
- Naming racial justice does not preclude other intersectional forms of equity
- Health inequities will not be eliminated if we do not deal explicitly with racism
- We must learn to converge the languages of health equity and racial justice
3. Effective Multi-sector Partnerships

- Increases available resources, strategies, and capabilities
- Shifts organizational cultures, practices and norms
- Fosters cross sector learning and innovation
- Generates new ways to catalyze and sustain systemic change
Chat Questions:

How could partnering with community members and residents look different when applying a racial justice lens?

Have you tried this? What were your results?
• Advancing health equity and racial justice requires policy, systems & environmental change
• Power building is fundamental to community-driven change
• Racial justice advocates’ expertise on power-building can inspire allies and provide guidance on:
  ✓ Organizing & mobilizing impacted communities
  ✓ Changing narratives
  ✓ Altering power dynamics for accountability
  ✓ Improving conditions that have denied some groups the opportunity to experience health, safety and wellbeing
5. Transformative Resource Investment

- Financial or infrastructure investments, and other forms of opportunity can serve as catalysts for the production of equity in low-income communities of color by:
  - Increasing the capacity of community-based organizations to build power for change among youth and adult constituents
  - Creating health-supporting amenities such as parks, transit and healthy food retail in communities that lack them
  - Providing the means to establish and nurture multi-sector partnerships
Choice points are decision-making opportunities that influence outcomes.

The cumulative impacts of many small choices can be as significant as the impacts of big decisions.

When we’re conscious of choice points and the related impacts, we’re less likely to replicate the status quo, and we open new possibilities for equitable change.
Normalizing Racial Justice

• Build a shared understanding of terms and concepts (name racism)
• Be willing to have difficult conversations and to sit with discomfort
  ○ Do not allow discomfort to prevent progress
• Prioritize and incentivize urgency toward change
• Move toward truth and healing
Using Choice Points to Advance Racial Justice

• Where are the decision-making points that affect outcomes?
• What decisions/actions may be reinforcing bias and current inequities?
• What alternative action options could produce different outcomes?
• Which action will best advance racial justice?
• What reminders, supports and accountability systems can be structured into routine practices to keep racial justice as a high priority?
Chat Questions:

What are the steps you are taking or planning to take to further include a racial justice focus?

How can your organization strengthen its focus on racial justice?