What is Health Equity?

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Disclosures

• I have no financial disclosures
• Correlation does not imply causation
Objectives:

1. Define health equity
2. Differentiate between health disparities and health equity
3. Recognize the role of community engagement in advancing health equity
What do we mean by health equity?
# Working-Age Adult Health by Gender

<table>
<thead>
<tr>
<th></th>
<th>Percent of Population</th>
<th>Death Rate (Per 100000)</th>
<th>Grades</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Working-age Adults (25-64)</strong></td>
<td>100%</td>
<td>289</td>
<td><strong>B</strong></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>50%</td>
<td>358</td>
<td><strong>C</strong></td>
</tr>
<tr>
<td>Female</td>
<td>50%</td>
<td>219</td>
<td><strong>A</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Percent of Population</th>
<th>Unhealthy Days per Month</th>
<th>Grades</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Working-age Adults (25-64)</strong></td>
<td>100%</td>
<td>6.4</td>
<td><strong>B</strong></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>50%</td>
<td>5.8</td>
<td><strong>A</strong></td>
</tr>
<tr>
<td>Female</td>
<td>50%</td>
<td>6.9</td>
<td><strong>B</strong></td>
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</tbody>
</table>
# Working-Age Adult Health by Race

## Death Rate

<table>
<thead>
<tr>
<th>Working-age Adults (25-64)</th>
<th>100%</th>
<th>289</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race/ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>6%</td>
<td>591</td>
<td>F</td>
</tr>
<tr>
<td>Asian</td>
<td>2%</td>
<td>179</td>
<td>A</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>5%</td>
<td>193</td>
<td>A</td>
</tr>
<tr>
<td>American Indian</td>
<td>1%</td>
<td>604</td>
<td>F</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>85%</td>
<td>275</td>
<td>B</td>
</tr>
</tbody>
</table>

## Unhealthy Days

<table>
<thead>
<tr>
<th>Working-age Adults (25-64)</th>
<th>100%</th>
<th>6.4</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race/ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>6%</td>
<td>10.0</td>
<td>F</td>
</tr>
<tr>
<td>Asian</td>
<td>2%</td>
<td>4.1</td>
<td>A</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>5%</td>
<td>8.6</td>
<td>D</td>
</tr>
<tr>
<td>American Indian</td>
<td>1%</td>
<td>8.6</td>
<td>D</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>85%</td>
<td>5.9</td>
<td>B</td>
</tr>
</tbody>
</table>
Health equity means that everyone has a fair and just opportunity to be as healthy as possible.

This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Health equity is the ethical and human rights principle that motivates us to eliminate health disparities, which are differences in health or its key determinants (such as education, safe housing, and freedom from discrimination) that adversely affect marginalized or excluded groups.

Disparities in health and in the key determinants of health are the metric for assessing progress toward health equity.

Early Manifestations of the Prison Industrial Complex

Slavery by Another Name
The Re-Enslavement of Black Americans from the Civil War to World War II
Douglas A. Blackmon
Incarceration Rate in the United States, 1960–2012

Federal policies, such as the Sentencing Reform Act, and state policies, such as the “three strikes” legislation, were major contributing factors to the 222 percent increase in the incarceration rate between 1980 and 2012.

Source: Austin et al. 2000; Cahaian 1966; personal communication with E. Ann Carson, Bureau of Justice Statistics, January 24, 2014; Census Bureau 2001; Glaze 2010, 2011; Glaze and Herberman 2013; Raphael and Stoll 2013; Sabol, Couture, and Harrison 2007; Sabol, West, and Cooper 2010; authors’ calculations.

Note: Incarceration rate refers to the total number of inmates in custody of local jails, state and federal prisons, and privately operated facilities within that year per 100,000 U.S. residents. The three events highlighted in this figure are examples of the many policy changes that are believed to have influenced the incarceration rate since the 1980s. For more details, see the technical appendix.
Examples of historically excluded, marginalized or disadvantaged groups include—but are not limited to—people of color, people living in poverty, particularly across generations, people with physical or mental disabilities, religious minorities, Women, and LGBTQ persons.

About Act 31

Wisconsin’s residents engage in a continually diversifying society, and its citizens increasingly need an understanding of the history, culture, and sovereignty of the American Indian nations in the state. Wisconsin borders the most federally recognized tribes in one state east of the Mississippi, and their contributions touch citizen’s lives in many ways, from education, to economics, to politics, and law. The events following the 1983 Voigt decision, in which the Lake Superior Ojibwe’s rights to hunt and fish off reservation were affirmed, made it clear that many Wisconsin residents had limited knowledge of American Indian history, culture, and sovereignty, the basis for the Ojibwe’s claim and the court’s decision to uphold their rights. Violent protests and ugly displays of racism surged across northern Wisconsin as small but vocal groups of citizens organized to prevent tribal members from exercising their rights on Wisconsin lakes. Many of the states citizens watched in amazement as their state, known for its progressive history, engaged in overt organized racism wondering how it happened and what could be done.

Through efforts of community members, an ad hoc commission on racism, the American Indian Language and Culture Board, and then Governor Tommy Thompson, the Wisconsin state legislature introduced statutes mandating education about Wisconsin American Indians in its 1989-1991 biennial budget as a way of combating persisting racism and ignorance. The statutes, commonly called “Act 31,” are designed to help Wisconsin’s citizens understand American Indian history, culture, and sovereignty, and thus engage in our multicultural society in an educated and informed way. The name is a reference to the budget bill, which was numbered Act 31 that year. The statutory language carries requirements for the state superintendent, school boards, in-service teachers, pre-service teachers, and certification programs. While these are not the only statutes and standards that require consideration of American Indian studies and students, the following are the major statutory requirements.

Chapter 115
State Superintendent: Gen. Classifications and Definitions: Handicapped Children

115.28 GENERAL DUTIES

* (17) American Indian Language and Culture Education
Impact of Arizona’s SB 1070 Immigration Law on Utilization of Health Care and Public Assistance Among Mexican-Origin Adolescent Mothers and Their Mother Figures

Objectives. We examined the impact of Arizona’s “Supporting Our Law Enforcement and Safe Neighborhoods Act” (SB 1070, enacted July 29, 2010) on the utilization of preventive health care and public assistance among Mexican-origin families.

Methods. Data came from 142 adolescent mothers and 137 mother figures who participated in a quasi-experimental, ongoing longitudinal study of the health and development of Mexican-origin adolescent mothers and their infants (4 waves; March 2007–December 2011). We used general estimating equations to determine whether utilization of preventive health care and public assistance differed before versus after SB 1070’s enactment.

ARTICLE 25: Everyone has the right to food, clothing, housing and medical care and necessary social services.
The first evidence for Moral Foundations Theory
Is there a difference between social determinants of health and social determinants of equity?

**Social Determinant of Health**
- Social determinants of health include things like poverty and adverse neighborhood conditions.
- Creating walking paths, bringing grocery stores to underserved communities, or encouraging corner stores to sell fresh fruits and vegetables are ways to address the social determinants of health.
- These are the contexts in which our health behaviors arise and confer risk or protection.

**Social Determinants of Equity**
- Social determinants of equity include systems of power like racism, sexism, heterosexism and economic systems like capitalism.
- These are the systems that create the range of contexts that we see in our nation, and that differentially distribute different groups to different contexts.
- The mechanisms of the social determinants of equity are in our decision making processes, including our structures, policies, practices, norms, and values.
- Addressing the social determinants of equity involves changing decision-making processes so that they are inclusive, address history, and provide resources according to need.

Health Equity is the Goal

“Public policy is not a savior, it is the root, fundamental cause of many social and health inequities”
Paula Lantz, Professor, University of Michigan

The Social Environment and Suicide Attempts in Lesbian, Gay, and Bisexual Youth


State-Level Policies and Psychiatric Morbidity In Lesbian, Gay, and Bisexual Populations

The Unique Impact of Abolition of Jim Crow Laws on Reducing Inequities in Infant Death Rates and Implications for Choice of Comparison Groups in Analyzing Societal Determinants of Health

Nancy Krieger, PhD, Jarvis T. Chen, ScD, Brent Coull, PhD, Pamela D. Waterman, MPH, and Jason Beckfield, PhD

Surprisingly little research has quantified the health impact of the abolition of Jim Crow legislation, that is, state laws legalizing racial discrimination overturned by the 1964 US Civil Rights Act and birth cohort trends in infant death rates. The 4 extant empirical population-based investigations, however, provide suggestive evidence of improvements in health among Black Americans and decreases in health

**Objectives.** We explored associations between the abolition of Jim Crow laws (i.e., state laws legalizing racial discrimination overturned by the 1964 US Civil Rights Act) and birth cohort trends in infant death rates.

**Methods.** We analyzed 1959 to 2006 US Black and White infant death rates within and across sets of states (polities) with and without Jim Crow laws.

**Results.** Between 1965 and 1969, a unique convergence of Black infant death rates occurred across polities; in 1960 to 1964, the Black infant death rate was 1.19 times higher (95% confidence interval [CI] = 1.18, 1.20) in the Jim Crow polity than in the non-Jim Crow polity, whereas in 1970 to 1974 the rate ratio shrank to 1.05 and remained at approximately 1.0 at follow-up.

“A social movement that only moves people is merely a revolt. A movement that changes both people and institutions is a revolution.”
— Dr. Martin Luther King Jr.
Are there disparities in social conditions?
Percent living in high-poverty neighborhoods by race/ethnicity: Wisconsin, 2015

- All: 4.3%
- White: 2.0%
- Black: 24.0%
- Latino: 13.2%
- Asian or Pacific Islander: 7.5%
- Native American: 5.9%
- Mixed/other: 6.1%

U.S. Census Bureau; GeoLytics, Inc.

IPUMS
What Works: Strategies to Improve Rural Health?

What’s Working to Prepare and Strengthen Local Workforces?

<table>
<thead>
<tr>
<th></th>
<th>Best</th>
<th>Worst</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unemployment</strong></td>
<td>S 5.7%</td>
<td>R 6.5%</td>
</tr>
<tr>
<td><strong>Children in Poverty</strong></td>
<td>S 16%</td>
<td>R 26%</td>
</tr>
<tr>
<td>Small Area Income and Poverty Estimates, 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>Large Urban</td>
<td>Rural</td>
</tr>
</tbody>
</table>

University of Wisconsin Population Health Institute
School of Medicine and Public Health
## Table 2: Percent of Grant Sanctioned by Placement Type, Wisconsin, 2001-2003

<table>
<thead>
<tr>
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<th>CSJ</th>
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<tbody>
<tr>
<td></td>
<td>Benefit Months</td>
<td>% of Grant Sanctioned</td>
<td>Benefit Months</td>
</tr>
<tr>
<td>2001</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td>281</td>
<td>19%</td>
<td>358</td>
</tr>
<tr>
<td>Black</td>
<td>22,141</td>
<td>20%</td>
<td>13,377</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3,659</td>
<td>15%</td>
<td>2,321</td>
</tr>
<tr>
<td>White</td>
<td>4,287</td>
<td>14%</td>
<td>7,142</td>
</tr>
<tr>
<td>Total</td>
<td>30,368</td>
<td>18%</td>
<td>23,198</td>
</tr>
<tr>
<td>2002</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td>368</td>
<td>17%</td>
<td>422</td>
</tr>
<tr>
<td>Black</td>
<td>32,512</td>
<td>15%</td>
<td>17,232</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4,312</td>
<td>13%</td>
<td>2,974</td>
</tr>
<tr>
<td>White</td>
<td>5,832</td>
<td>14%</td>
<td>8,407</td>
</tr>
<tr>
<td>Total</td>
<td>43,024</td>
<td>15%</td>
<td>29,035</td>
</tr>
<tr>
<td>2003</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td>309</td>
<td>21%</td>
<td>348</td>
</tr>
<tr>
<td>Black</td>
<td>36,431</td>
<td>15%</td>
<td>22,377</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4,751</td>
<td>15%</td>
<td>3,751</td>
</tr>
<tr>
<td>White</td>
<td>6,652</td>
<td>13%</td>
<td>10,106</td>
</tr>
<tr>
<td>Total</td>
<td>48,143</td>
<td>15%</td>
<td>36,582</td>
</tr>
</tbody>
</table>

Source:
https://www.hhs.gov/sites/default/files/ocr/civilrights/activities/examples/TANF/wi_tanf_w2study.pdf
Should we do more of the same?
What are the options?

1. Current proactive practice of academically driven research initiatives

2. A more reactive practice for designing research in response to the needs and input of community agencies

3. The development of interactive practices that involve both academic researchers and the community as equal partners in all phases of a research project

Respect Multiple Ways of Knowing

Academic Knowledge

Experiential Knowledge (aka lived experience; aka smart ideas from people who don’t necessarily work in academia)
What would happen if we “meaningfully engaged” with all knowledge leaders?

- “If we paid biological parents $1,500 per month to take care of their own children, I think that would solve the foster care problem”

- Source: AMCHP National Forum, parent advocate panelist, 2008
Young people know stuff too...

“Even when I was choosing my baby name, they look at your name. If you have a professional name, something that sounds like you will be a good worker, and then they’ll hire you...”

Source: Milwaukee Young Parenthood Study participant
Are Emily and Greg More Employable Than Lakisha and Jamal?"

The Causes and Consequences of Distinctively Black Names

Roland G. Fryer, Steven D. Levitt

NBER Working Paper No. 9938
Issued in September 2003
NBER Program(s): Labor Studies, Law and Economics

In the 1960's, Blacks and Whites chose relatively similar first names for their children. Over a short period of time in the early 1970's, that pattern changed dramatically with most Blacks (particularly those living in racially isolated neighborhoods) adopting increasingly distinctive names, but a subset of Blacks actually moving toward more assimilating names. The patterns in the data appear most consistent with a model in which the rise of the Black Power movement influenced how Blacks perceived their identities. Among Blacks born in the last two decades, names provide a strong signal of socio-economic status, which was not previously the case. We find, however, no negative causal impact of having a distinctively Black name on life outcomes. Although that result is seemingly in conflict with previous audit studies involving race, we argue that the two sets of findings can be reconciled.
Experience matters

US Opinions on Health Determinants and Social Policy as Health Policy

Stephanie A. Robert, PhD, MSW, and Bridget C. Booske, PhD, MHSA

To examine what factors the public thinks are important determinants of health and whether social policy is viewed as health policy, we conducted a national telephone survey of 2791 US adults from November 2008 through February 2009. Respondents said that health behaviors and access to health care have very strong effects on health; they were less likely to report a very strong role for other social and economic factors. Respondents who recognized a stronger role for social determinants of health and who saw social policy as health policy were more likely to be older, women, non-White, and liberal, and to have less education, lower income, and fair/poor health. Increasing public knowledge about social determinants of health and mobilizing less advantaged groups may be useful in addressing broad determinants of health. (Am J Public Health. 2011;101: 1655-1663. doi:10.2105/AJPH.2011.300217)

countries have examined public opinion on a broad range of determinants of health, and a US survey on this topic was conducted among Wisconsin residents.32-36

US public opinion research also has not examined the range of strategies—excepting improved access to health care or health insurance—that the public believes would be effective at improving health. The public’s opinions about the nonmedical determinants of health and their level of support for social and economic policies to improve health are likely to influence p<17

To be effective, an organization may choose to focus on selected disadvantaged groups.

The depth and extent (multiple versus single disadvantages) of disadvantage faced by a group, as well as judgment about where maximal impact could be achieved, are legitimate considerations in choosing where to focus.

Excluded or marginalized groups must be part of planning and implementing the actions to achieve greater health equity.

Some individuals in an excluded or marginalized group may have escaped from some of the disadvantages experienced by most members of that group; these exceptions do not negate the fact that the group as a whole is disadvantaged in ways that can be measured.

The “slab of concrete heard around the world”
Table 2
Examples from the Dictionary of Bad Words: Healthy African American Families project, Los Angeles, California

<table>
<thead>
<tr>
<th>Research Term</th>
<th>Community Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Researchers</td>
<td>Takers</td>
</tr>
<tr>
<td>Informants</td>
<td>Spies</td>
</tr>
<tr>
<td>Subjects</td>
<td>Slaves</td>
</tr>
<tr>
<td>Data</td>
<td>Stolen goods, people as objects</td>
</tr>
<tr>
<td>Anonymous</td>
<td>Secret purpose</td>
</tr>
<tr>
<td>Collaboration</td>
<td>New exploitation of community</td>
</tr>
<tr>
<td>Public health</td>
<td>Free mistreatment in a health clinic</td>
</tr>
<tr>
<td>Empowerment</td>
<td>Perception that I have no power</td>
</tr>
<tr>
<td>My research</td>
<td>Who does it belong to?</td>
</tr>
</tbody>
</table>

Promoting Health Equity and Population Health: How Americans’ Views Differ
Health Affairs, 2016, 35:11, 1982-1990

**Source**: American Health Values Survey, 2015-16. **Notes**: The percentages show the relative size of each segment. Segments in the upper quadrants favor a stronger government role in population health relative to segments in the lower quadrants. Segments in the right-side quadrants place higher importance on personal health relative to segments in left-side quadrants. Placement along the axes approximates the strength of beliefs.
Fundamental Cause Theory

- Individuals and groups deploy resources to avoid risk and adopt protections.

- Key resources include
  - Knowledge
  - Money
  - **Power**
  - Prestige
  - Beneficial social connections

- Link and Phelan, 1995
“Mom, you told me to call you when I realized I could change the world”

Source: https://www.washingtonpost.com/news/morning-mix/wp/2015/10/05/immigrant-workers-or-slaves-textbook-maker-backtracks-after-mothers-online-complaint/?noredirect=on&utm_term=.9bc522d33d91

Accessed: 9_12_18
Health equity is a values driven goal which requires us to assure that differences in social and economic contexts are reduced.

Values overlap, but also diverge among people in the United States.

Policy and decision making processes matter.

Fostering dialogue which reveals historical and present forms of unfair advantage may be an important component of community engagement.