Looking at Birth outcomes through an equity lens: Understanding the impact of social determinants

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Outline

• What is equity?

• What are the social determinants of health and health equity?

• Describe an Equity Roadmap
W E B DuBois (1868-1963)
*The Philadelphia Negro* (1899)

- documented the differences in quality of health between African Americans and Caucasians:
- ‘the high death rate is caused by excess infant mortality’

In a 1906 conference he reported that the African American infant mortality rate was roughly 2.3 times that for whites.
Equality Vs. Equity
Inputs
Actions
Interventions

Are the same for everyone

This is Equality
Inputs are the same, but Outcomes are unequal

This is Equality
With Equity, inputs may need to be different to achieve equal outcomes.
Healthy People 2020

defines health equity as

• the “attainment of the highest level of health for all people...

• Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”
‘the absence of unfair and avoidable or remediable differences in health among population groups...’.

submitted to CSDH Commissioners at their June 2007 meeting
What is Social Determinants of Health?

Source: Dahlgren and Whitehead, 1991
“Where we live, learn, work and play has a greater impact on how long and how well we live than medical care.”

Robert Wood Johnson Foundation
Commission on Health
Where You Live Matters Throughout Your Life

Life Expectancy: Where You Live Matters

In Wake County, home to the state capital of Raleigh, N.C., the average life expectancy is 78.1 years. In Harnett County—just one county away—people can expect lives that are 3.2 years shorter. That difference doubles in Robeson County, where life expectancy is 6.6 years less than in Wake County. But early childhood development programs in North Carolina are increasing the chances of living longer and healthier lives.
“Once we put in place policies that address the social determinants of health, we will achieve equity”
Equity Road Map

Start Here

Awareness → To Functioning → To Proficient
Basic Challenge

What can I do from my desk, my office, my job, my organization, my society.....to change social determinants of health inequity as they affect the women and infants and children I serve?
PRIME
Practices to Reduce Infant Mortality through Equity

Recommendations for State Public Health Departments
Lessons learned for transforming public health through equity education and action

Michigan Department of Health and Human Services
Bureau of Family, Maternal and Child Health
“It’s important to recognize that the PRIME effort involves a major shift in daily operations and practices within a state health department and requires persistence and patience for change. Early on, I foolishly estimated this change could happen in three years. In hindsight, I now say it takes approximately a decade to make the level of change needed to modify a public health agency into one that understands equity and consistently operates in a manner that promotes and supports equity.”

Alethia Carr, Former Director
Bureau of Family, Maternal and Child Health
Michigan Department of Community Health
Equity Skill Levels

Awareness

– Have a thorough understanding of why equity is an important institutional goal and have knowledge of some approaches to promoting equity

Functional

– Able to “do”. You can identify opportunities to incorporate equity considerations in your day to day work, and you take advantage of emergent opportunities to promote equity

Proficient

– You create opportunities to address and promote equity
Equity Pathway: Awareness

**Purpose**

1) Development shared foundational knowledge

2) Reduce barriers to talking about race

3) Assess the organizational racism

**Activities**

- IAT ([https://implicit.harvard.edu/implicit/](https://implicit.harvard.edu/implicit/))
- Video discussions of California News Reel productions:
  - *Race the Power of Illusion*
  - *Unnatural Causes*
  - *The Raising of America*
- Undoing racism workshop
- Equity Assessment of the organization
## Equity Pathway: Functional

### Purpose

1. Identify day to day opportunities to incorporate equity considerations and take advantage of emergent opportunities to promote equity

### Activities

- Engage a broad range of community representatives
- R4P, Part 1
# Equity Pathway: Proficient

## Purpose

1) Create opportunities to address equity,

2) Change institutional process and structures so that they always promote and never inhibit health equity

## Activities

- Enact policy changes that affect the management of the organization
- Develop broad set of partners willing to influence health policies.
- Engage a broad range of community representatives
- R4P, Part 2
Otherwise, it’s just “a plan”

R4P

Outlines the five new domains of action you need to make it an Equity Plan
REPAIR

Repair the damage of the past. Historical risk is embedded in current physiologic, biologic, psychological, behavioral and social structures. Historical trauma sets a population group back in the present.

RESTRUCTURE

Societal structures (where we live, work, play.....) can function inequitably and continue to expose new populations and produce risk. Structural changes (changes in social, economic, educational equity, rules, regulations, etc...) are needed to stop new production of risk and permanently remove the stressors and toxic exposures.

PROVIDE

Forces that are adverse to health, health maintenance and health seeking are embedded in most societal institutions. Such forces-- like Power imbalances, Racism, SES inequities-- must be directly acknowledged and removed.

REMOVE

While we wait for structural changes to be completed, the social context continues to be a source of adverse exposures. At-risk populations need to be buffered from these exposures to reduce their vulnerability until such time that the negative stressor is completely removed.

REMEDIATE
What past exposures produced damage that impact on current ability (of population) to access health care, maintain health, or practice healthy behaviors?

1. Effects of Tuskegee Syphilis Study on African American mistrust of medical system

2. Effects of Indian Boarding Schools on loss of Native American social and cultural support

3. Experience of past poor treatment in health center and refusal to return

R4P Copyright 2010, Hogan and Rowley
What processes/social forces continue to produce risk, disadvantage and other adverse effects in vulnerable populations?

• How can I revamp the process or structure so that future generations are no longer exposed?
• How can we buffer people from the adverse effects while we wait for structural change?
Where is racism operating here?

How can I undo power imbalances, disadvantages and privileges experienced differentially by race in my organization, program or team?
Culturally and socioeconomically feasible interventions (or policies) and ensure that families have the tools and resources to carry out recommended care plans.
When you include these, it becomes an equity plan!
• Whenever a need, a problem, or a gap is identified:

• Always Do Something!
• I’m tough enough

• Acknowledge the risk of failure… and be at peace with the consequences