Shifting Power, Privilege and Politics: A Call to Action for Prevention and Public Health

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By the end of this session, participants will be able to:

• Identify power, privilege, and politics as barriers to addressing inequities
• Distinguish between systems- and person-centered solutions to addressing inequities
• Describe the need for equity efforts that are measurable, money-driven, and mandated
Disparities versus Inequities

**Disparities**
- Differences
- Person-centered
- Downstream
- Race

**Inequities**
- Unfairness
- Systems & structures
- Upstream
- Racism
Equality

Equity

Social/Political Determinants

Varying Approaches/Framing Matters
Race
A social construct that artificially divides people into distinct groups based on certain characteristics such as physical appearance (particularly skin color) ancestral heritage, cultural affiliation, cultural history, ethnic classification. Racial categories often subsume ethnic groups.

Racism
The systemic subordination of members of targeted racial groups who have relatively little social power in the United States (Blacks, Latino/as, Native Americans, and Asians), by the members of the agent racial group who have relatively more social power (Whites). This subordination is supported by the actions of individuals, cultural norms and values, and the institutional structures and practices of society.
Upstream versus Downstream Defined

• The term upriver (or upstream) refers to the direction towards the source of the river, i.e., against the direction of flow.

• The term downriver (or downstream) describes the direction towards the mouth of the river, in which the current flows.

Source: thechartroom.com
Upstream (Inequity)
Systems, laws/policies, funding priorities
Racism

Midstream
(Social determinants of health)
Groups, societal norms/enforcement/programs, resource allocation

Downstream (Disparity)
Individuals, treatment, healthcare costs
Race
Opportunities before Us to Be Better and Do Better

1. Seize the moment to elevate the cause and power of public health
   - Business case for public health and preparedness
   - Business case for equity
   - Need for more and better public health prepared professionals, at all levels

2. Resource the Solutions
   - Funding if racism is a public health crisis, where’s the $$$$ to address it?

3. Shift the 3 P’s
   - Power
   - Privilege
   - Politics
An Example from the Field of Addiction
What the Science/Data Tells Us About Opioid Overdose Death (OOD)

OOD is preventable and opioid addiction is treatable

Social/political determinants are key drivers of OOD and disparities

The level of solutions often do not match the level of the problem
Opioid Overdose Death Disparities

OOD has been historically higher among whites

2017-2018 marked the 1st national decline, and followed the DHHS declaration of an opioid epidemic

The decline in OOD in 2018 was attributable solely to non-Hispanic Whites
Blacks now Outpace Whites in OOD
Opioid use and OOD continue to disproportionately affect Whites.

But, OOD is increasing more rapidly among Blacks than Whites (nationally and in 13 states).

Why?
Racialization of the Opioid Epidemic.
Racialization of Opioid Prevention/Intervention Efforts

1. Medication assisted treatment in the ED
2. Naloxone (Narcan) administration
3. Recovery-oriented systems of care
Grapple with the Tough Conversations & have an Authentic Reckoning with the Past
Poverty: Not an Equal Opportunity Experience
The Incidence and Persistence of Poverty is Worse for Blacks
The Black Tax: Persistent and Intergenerational Poverty
COVID-19 disproportionately affected African Americans

- Illinois: 15% population, 42% COVID-19 deaths
- Louisiana: 70% COVID-19 deaths
- Michigan: 14% population, 41% COVID-19 deaths
ALL CORONAVIRUS DEATHS IN ST. LOUIS, MISSOURI HAVE BEEN AFRICAN AMERICANS

BY JEFFERY MARTIN ON 4/9/20 AT 5:41 PM EDT
Mass. lawmakers say the state’s ventilator, bed rationing guidelines prioritize whites over patients of color

"Prioritizing those without comorbidities inevitably ranks people of color lower than others."
Resource the Solutions
Upstream (Inequity)
- Systems, laws/policies, funding priorities
- Racism

Midstream (Social determinants of health)
- Groups, societal norms/enforcement/programs, resource allocation

Downstream (Disparity)
- Individuals, treatment, healthcare costs
- Race
Inequity and racism has a real cost

• The Flint Water Crisis has cost more than $1 billion dollars of taxpayer money
• Costs to upgrade water treatment system pre-water crisis?

→ Less than $1 million
• Cost of anti-corrosive which could have largely prevented the corrosion of pipes and leaching of lead?

→ $81-$150/day
• Cost to human capital and human potential?

→ TBD

→ What is the cost of inequity for communities?
→ What’s the ROI of equity?
ERADICATE RACISM

Public Health Approaches to Jettison a Global Pandemic
Act at the Highest level

Not necessarily the one that feels good
Johns Hopkins among 25 businesses teaming up to expand economic opportunities in Baltimore

_BLocal initiative will invest $69M in programs to build, hire, buy locally_
Plug The Leaky Pipeline

With Data, Science, Evidence and Just Incentives
Research-to-Practice Gap: The Leaky Pipeline
THE DISCONNECT

• We need increased emphasis on Dissemination and Implementation (D&I) Research and Practice
• More than 12,000 active NIH/HHS projects with ‘trial’ in the keyword/abstract search
• Less than a quarter of that number with ‘implementation’ in the keyword/abstract search
Academic Research in the 21st Century: Maintaining Scientific Integrity in a Climate of Perverse Incentives and Hypercompetition

Marc A. Edwards and Siddhartha Roy

Published Online: 1 Jan 2017 | https://doi.org/10.1089/ees.2016.0223

Abstract

Over the last 50 years, we argue that incentives for academic scientists have become increasingly perverse in terms of competition for research funding, development of quantitative metrics to measure performance, and a changing business model for higher education itself. Furthermore, decreased discretionary funding at the federal and state level is creating a hypercompetitive environment between government agencies (e.g., EPA, NIH, CDC), for scientists in these agencies, and for academics seeking funding from all sources—the combination of perverse incentives and decreased funding increases pressures that can lead to unethical behavior. If a critical mass of scientists become untrustworthy, a tipping point is possible in which the scientific enterprise itself becomes inherently corrupt and public trust is lost, risking a new dark age with devastating consequences to humanity. Academia and federal agencies should better support science as a public good, and incentivize altruistic and ethical outcomes, while de-emphasizing output.
An NIH Investment in Health Equity - The Economic Impact of the Flint Center for Health Equity Solutions

Cristian I. Meghea, Barrett Wallace Montgomery, Roni Ellington, Ling Wang, Clara Barajas, E.Yvonne Lewis, Sheridan T. Yeary, Laurie A. Van Egeren, Debra Furr-Holden

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This article is a preprint and has not been peer-reviewed [what does this mean?]. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.
Community-engaged development of a GIS-based healthfulness index to shape health equity solutions

Division of Public Health, Michigan State University, USA
Include the Valued Voice of Community

And be honest about what it is and is not
Continuum of Community Engagement in Research

Contextual Factors:
- History
- Trust
- Relationship Building
- Respect
- Transparency

Equity Indicators:
- Power and control
- Ownership
- Decision-making
- Responsibility
- Influence
- Resource-sharing
- Mutual benefit
- Community Informed
- Community Consultation
- Community Participation
- Community Initiated
- Community Based Participatory Research
- Community Driven/Community Led
Truth and power at the same table at the same time; We need community voice
We must track disparities

- Using existing data, at multiple levels
How to Track Disparities

- Collect the data, confront health data disparities
- Disaggregate the data
- Don’t control/adjust away the disparity
- Let the data speak for itself
Health Data Disparities

Unacceptable and unnecessary omission of race and other demographic data from health/public health data.

Poorer quality data for certain populations (e.g., racial/ethnic minorities, un-/under-insured, persons with disabilities, rural, etc.).

Lack of contextual variables (e.g., SDoH).
Equity should be mandated, measured, and money-driven.

- Mandate measurement and improvement by legislation
- Link to funding for researchers
- Link to payments for providers, schools, etc.
Our natural drift is to inequity
If equity matters, it should be law(s)
Federal mandate(s) would push states figure it out
Federal and/or state mandate(s) would inspire communities of practice
Equity should be mandated, enforced, and attached to resources

Where there is (good) will, there is a legislative way
You Cannot Sprinkle Equity on after the Fact and Call it a Cake!
Where are the Solutions?

1. They will need to be upstream
   • What’s downstream are mainly the ‘fixes’
2. We will *never* program our way of these problems
3. We must deal with bias, racism, and white supremacy and privilege to achieve equity, especially in education and health care
Barriers

1. Data driving policy and intervention
   - Evidence ≠ policy

2. Political will, pettiness, & political meddling
   - Played like a zero-sum game with winners and losers
   - Does anyone in power really care about equity?

3. Fast Food society
   - Some results would be immediately visible/measurable
   - Some will be undone over time
   - The unravelling of racism and its consequences will have to be deliberate
Final Words of Wisdom: What I say to Community Members/Stakeholders

- There is no magic bullet here
- You can go fast if you go alone, but to go far you must go together
  - Be a demand for a seat at the table, a good seat
  - There is power in NO!
  - Only participate in explicit conspiracies, seriously
- You have power, use it
  - Your voice
  - Your vote
  - Your money
“ubuntu” — a concept in which your sense of self is shaped by your relationships with other people.

I am because WE are.
Contact Information and Questions

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