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

BSAS Massachusetts Statewide Prevention Conference

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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

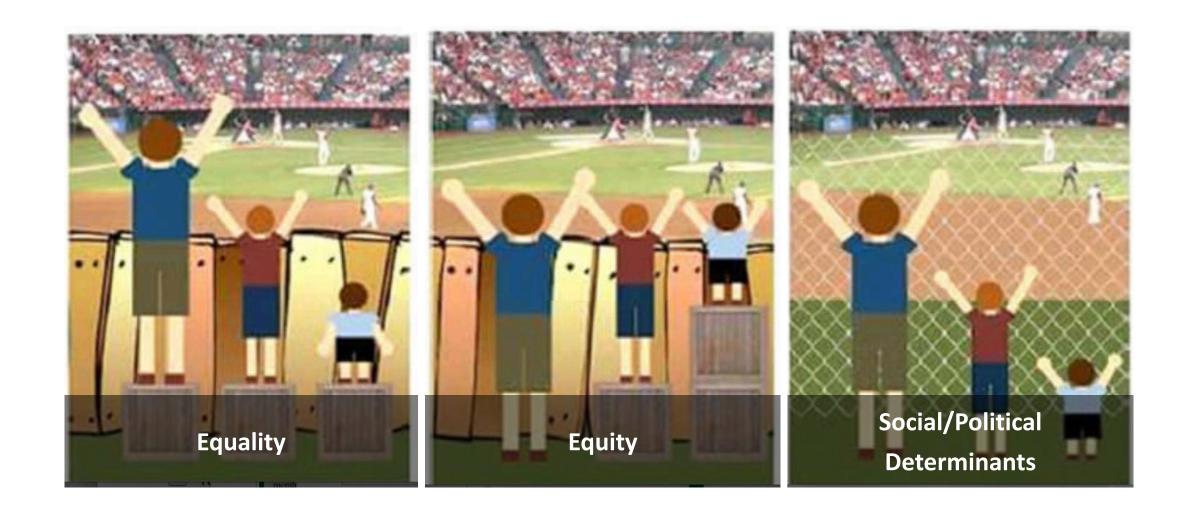## Disparities

Differences

Person-centered

Downstream

Race

Inequities

Unfairness

Systems & structures

Upstream

Racism

4

Equality

Equity

Social/Political Determinants

Varying Approaches/Framing Matters
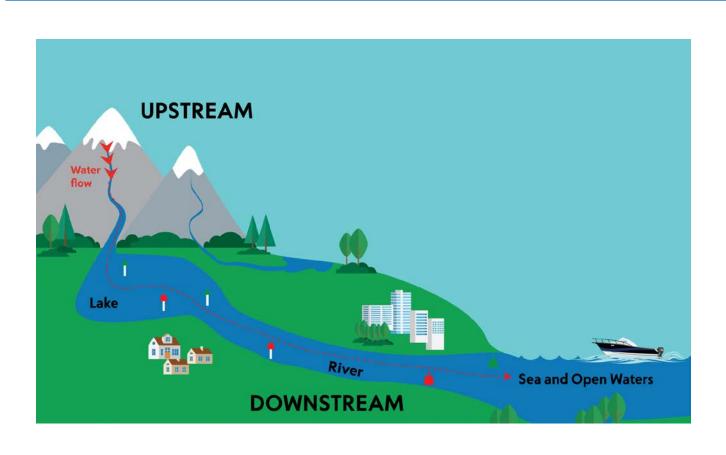
Race Versus Racism

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.
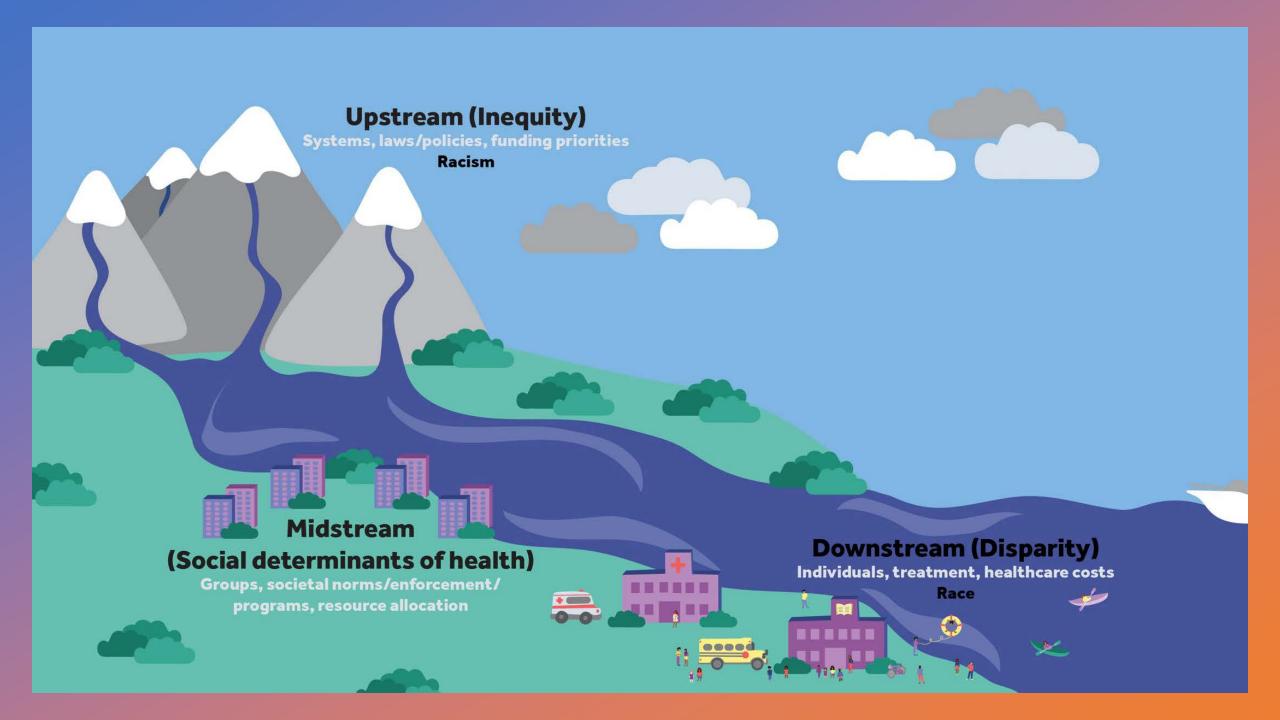
Racism

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

UPSTREAM

Water flow

Lake

River

Sea and Open Waters

DOWNSTREAM

- 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

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

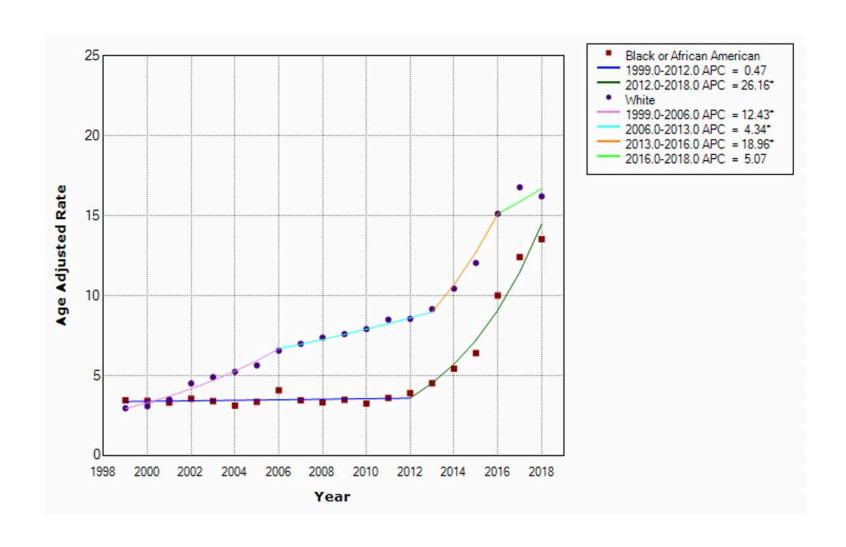OOD has been historically higher among whites

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

Series | 🔓 Free Access |

African Americans now outpace whites in opioid-involved overdose deaths: a comparison of temporal trends from 1999 to 2018

Debra Furr-Holden ✉, Adam J. Milam, Ling Wang, Richard Sadler

AJPH
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Home » American Journal of Public Health (AJPH) » **October 2021**

Disparities in Opioid Overdose Death Trends by Race/Ethnicity, 2018–2019, From the HEALing Communities Study

Marc R. Larochelle MD, MPH, Svetla Slavova PhD, Elisabeth D. Root PhD, Daniel J. Feaster PhD, Patrick J. Ward PhD, MPH, Sabrina C. Selk ScD, Charles Knott... (show all authors)

[+] Author affiliations, information, and correspondence details

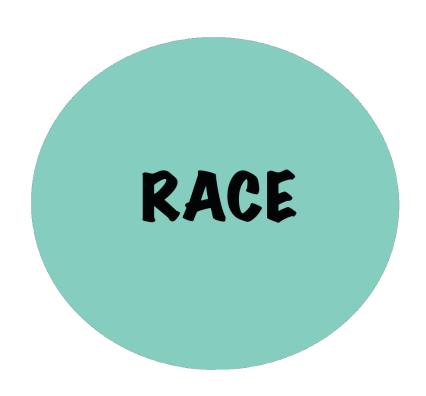**Abstract**   **Full Text**   **References**   **Supplements**   **PDF/EPUB**

Racialization of Opioid Prevention/Intervention Efforts

1. Medication assisted treatment in the ED

2. Naloxone (Narcan) administration

3. Recovery-oriented systems of care

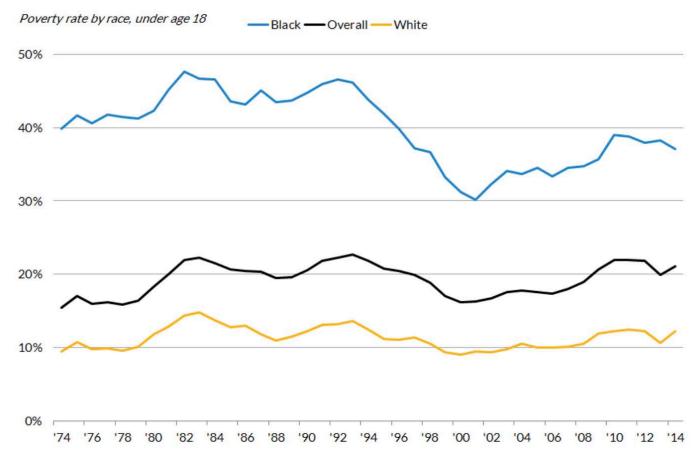# Grapple with the Tough Conversations & have an Authentic Reckoning with the Past

Poverty: Not an Equal Opportunity Experience

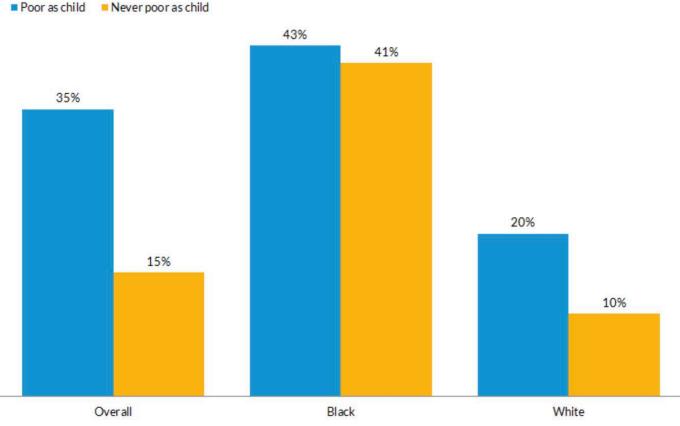# The Incidence and Persistence of Poverty is Worse for Blacks

In Most Years Since 1974, At Least a Third of Black Children Were Living in Poverty

Poverty rate by race, under age 18

Legend: — Black — Overall — White

Sources: US Bureau of the Census, Current Population Survey, Annual Social and Economic Supplements, Historical Poverty Tables 3.

URBAN INSTITUTE

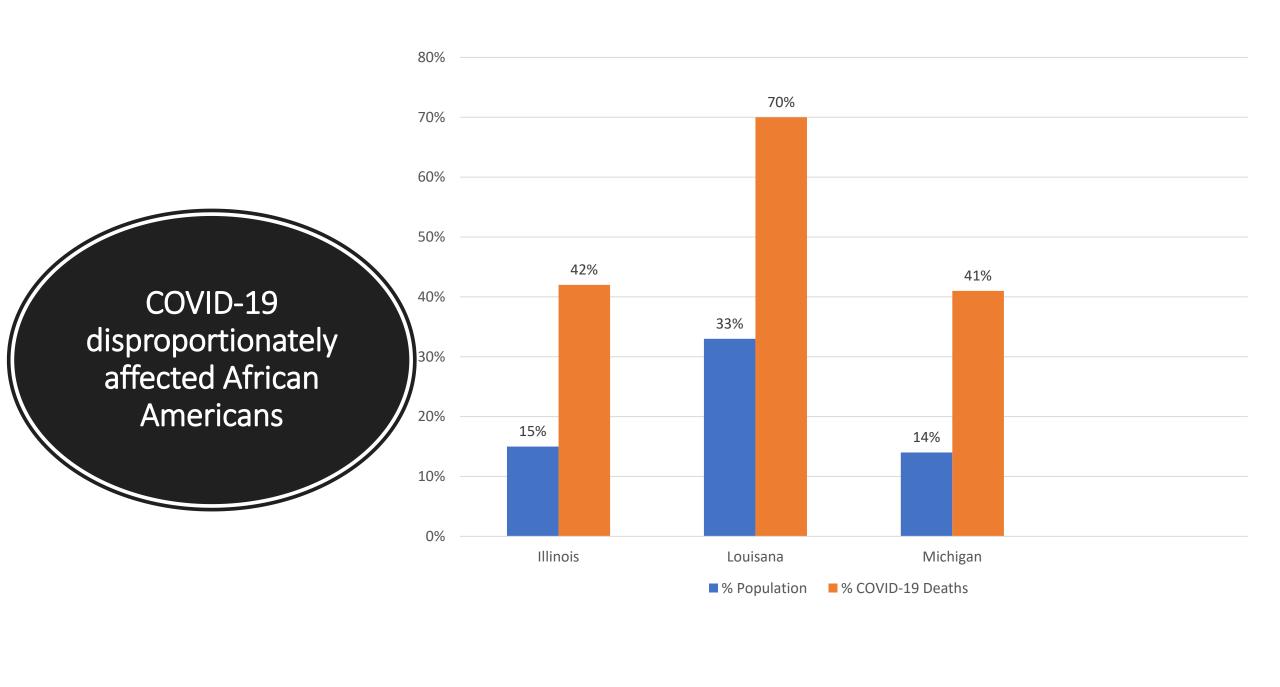# The Black Tax: Persistent and Intergenerational Poverty

Childhood Poverty Has Little Bearing on Whether Black Adults Become Poor
Percent of adults in poverty in their 30s by whether they were poor as a child

■ Poor as child   ■ Never poor as child

Overall: 35% / 15%
Black: 43% / 41%
White: 20% / 10%

Source: Urban Institute analysis of Panel Study of Income Dynamics data.
Notes: All adults were ages 0-5 in 1968 and were in their 30s from 1993 through the 2009 survey. Their childhood poverty status is based on the status of the head of household in 1968, and the head's poverty and income data from 1967 to 1976. Someone is defined as poor if they spent one year in a household that was below the official poverty threshold.

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U.S.

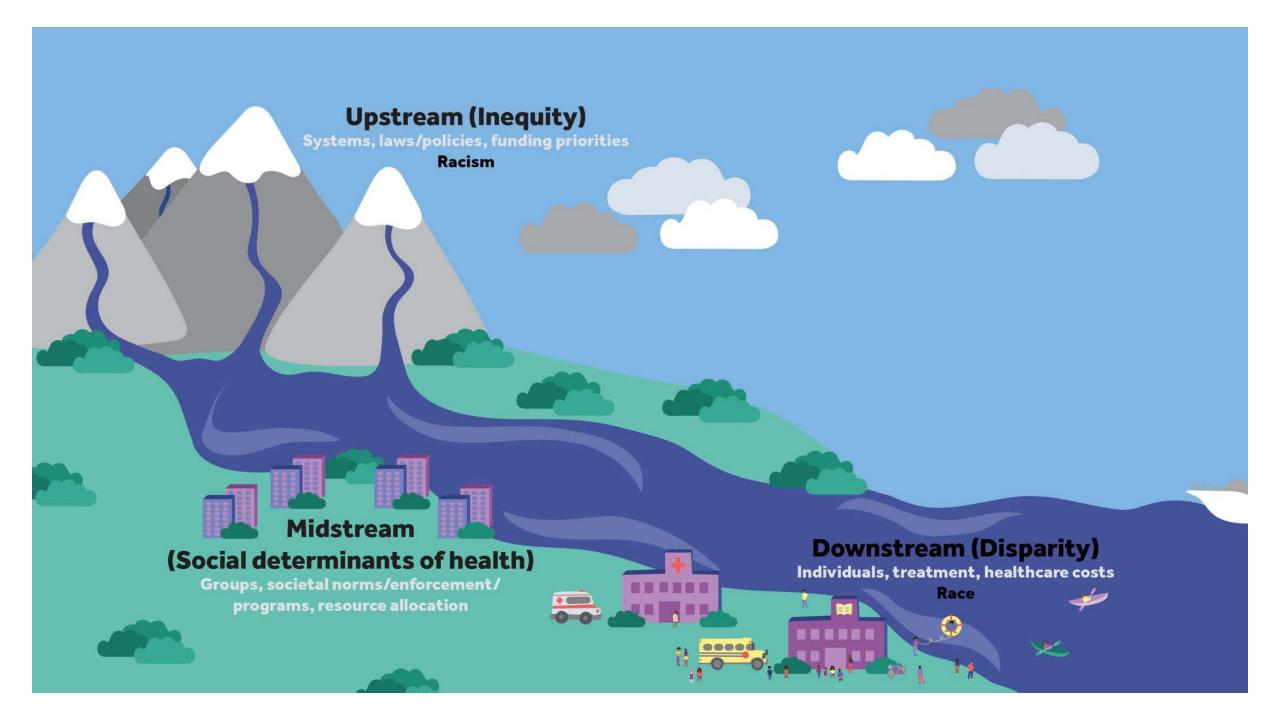# ALL CORONAVIRUS DEATHS IN ST. LOUIS, MISSOURI HAVE BEEN AFRICAN AMERICANS

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

BUILD A BUISINESS CASE FOR EQUITY & PREPAREDNESS
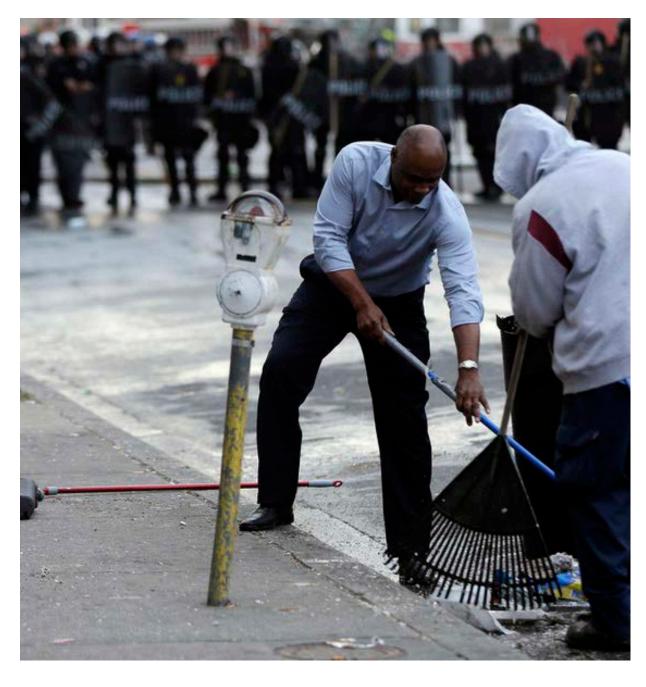
Inequity and racism has a real cost

- 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

BLOCAL

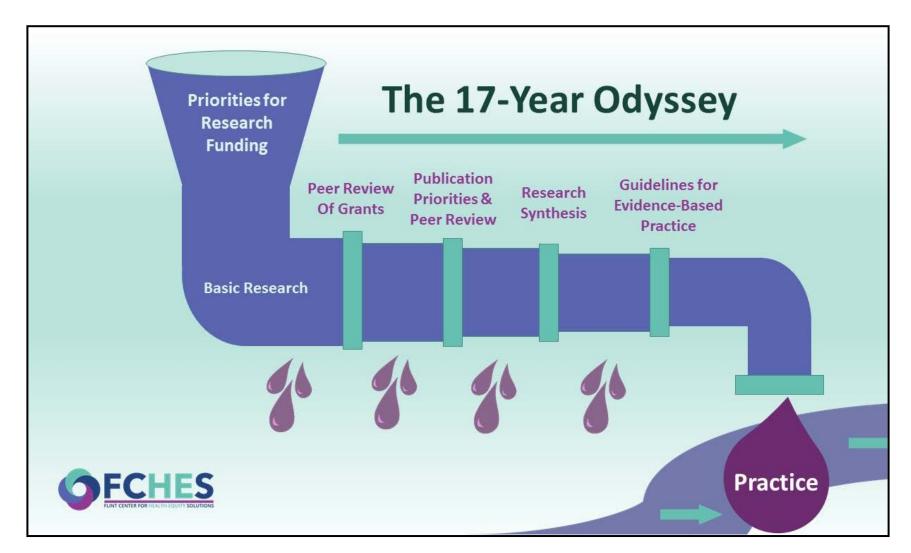# Johns Hopkins among 25 businesses teaming up to expand economic opportunities in Baltimore

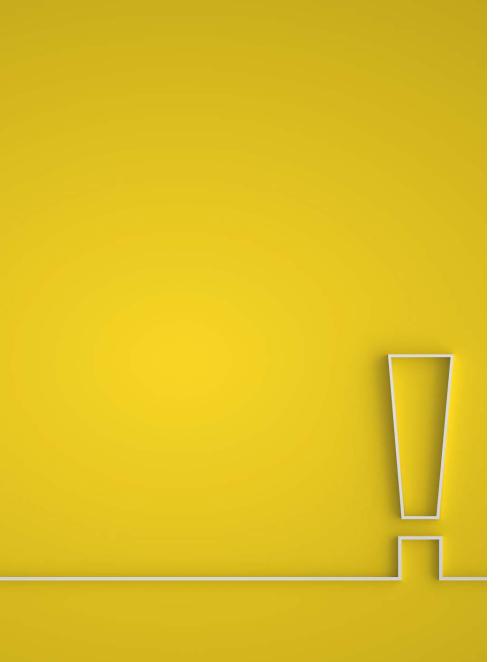*BLocal initiative will invest $69M in programs to build, hire, buy locally*

VIDEO: LEN TURNER AND DAVE SCHMELICK

BLocal: Businesses Partnering for Baltimore

Watch later   Share

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

🔓 Open Access

Academic Research in the 21st Century: Maintaining Scientific Integrity in a Climate of Perverse Incentives and Hypercompetition

ℹ️ is corrected by ⌄

Marc A. Edwards and Siddhartha Roy

☰ **Sections**   **PDF/EPUB**   🔧 **Tools**   ⤳ **Share**

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.

Search

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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

Studying More than Individual Risk and Resilience

Community-engaged development of a GIS-based healthfulness index to shape health equity solutions
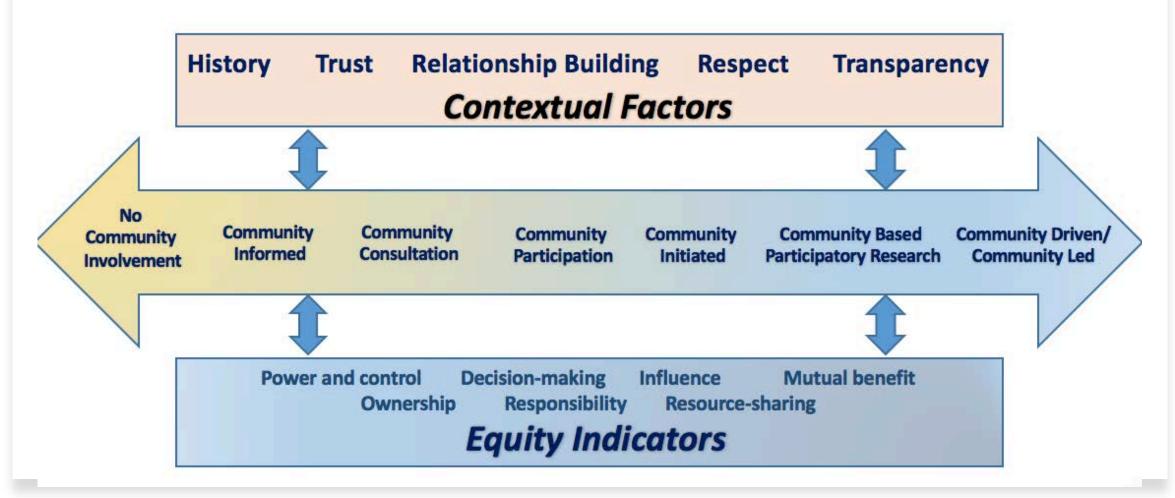
Richard C. Sadler[*], **Christopher Hippensteel**, **Victoria Nelson**, **Ella Greene-Moton**, and **C. Debra Furr-Holden**
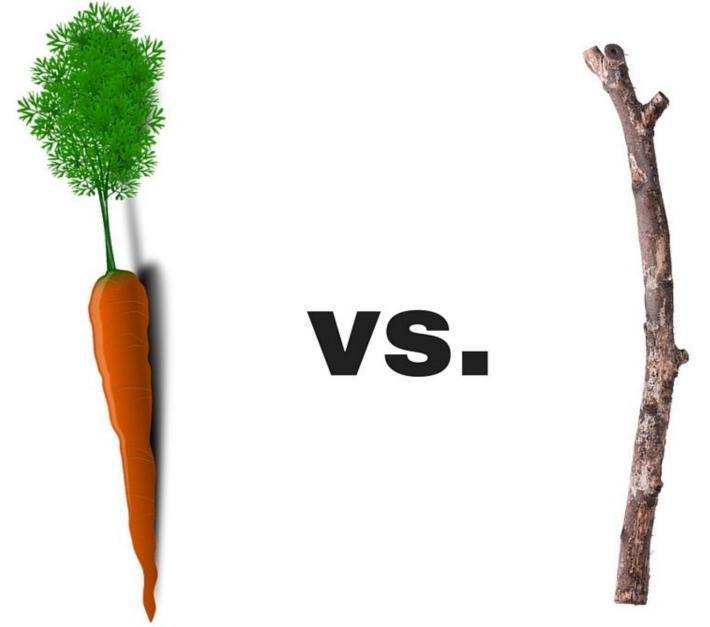
Division of Public Health, Michigan State University, USA

Include the Valued Voice of Community

And be honest about what it is and is not

Continuum of Community Engagement in Research

VS.

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.

DrDebFurrHolden

Using Legislative Power and Other Authority to Ensure Racial Equity

#MANDATEEQUITY

- 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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DRDEBFURRHOLDEN ON SOCIAL MEDIA

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