

Advancing Racial Equity: A Moment for Public Health Action

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CHEAC Annual Meeting

Race Forward

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Institutional and Sectoral Change



CENTER FOR SOCIAL INCLUSION



LOCAL AND REGIONAL GOVERNMENT

**ALLIANCE ON
RACE & EQUITY**



WE HAVE UNITED

race forward 

&

Csi

CENTER FOR
SOCIAL INCLUSION

Newly United: Center for Social Inclusion & Race Forward

Founded in 1981, Race Forward brings systemic analysis and an innovative approach to complex race issues to help people take effective action toward racial equity. Founded in 2002, CSI catalyzes community, government, and other institutions to dismantle structural racial inequity and create equitable outcomes for all.

Race Forward publishes the daily news site Colorlines and presents Facing Race, the country's largest multiracial conference on racial justice.



**Communications
Narrative**



**Policy
Development**



**Institutional
Change**



**Capacity
Building**



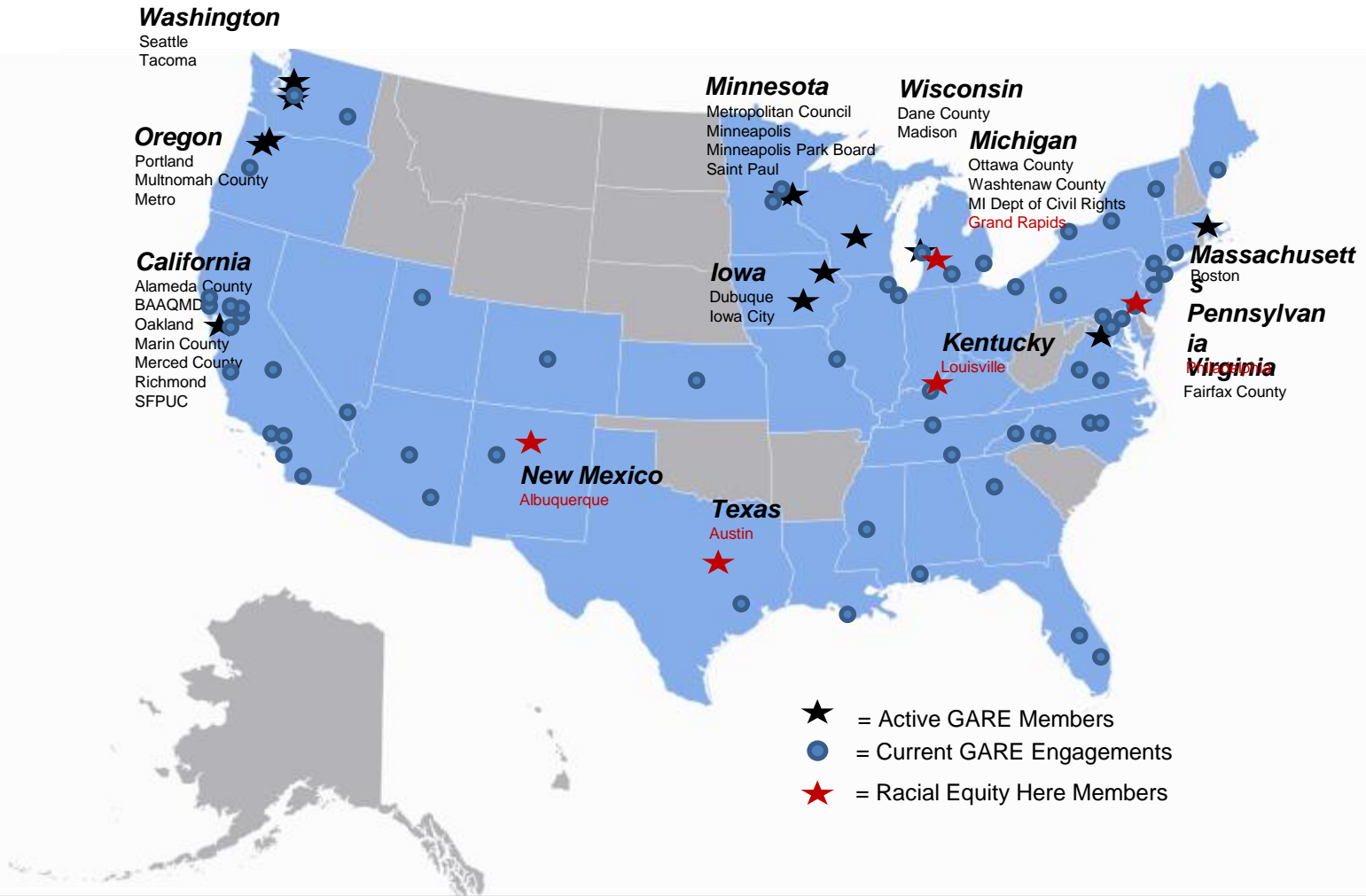
Government Alliance on Race and Equity

A national network of government working to achieve racial equity and advance opportunities for all.

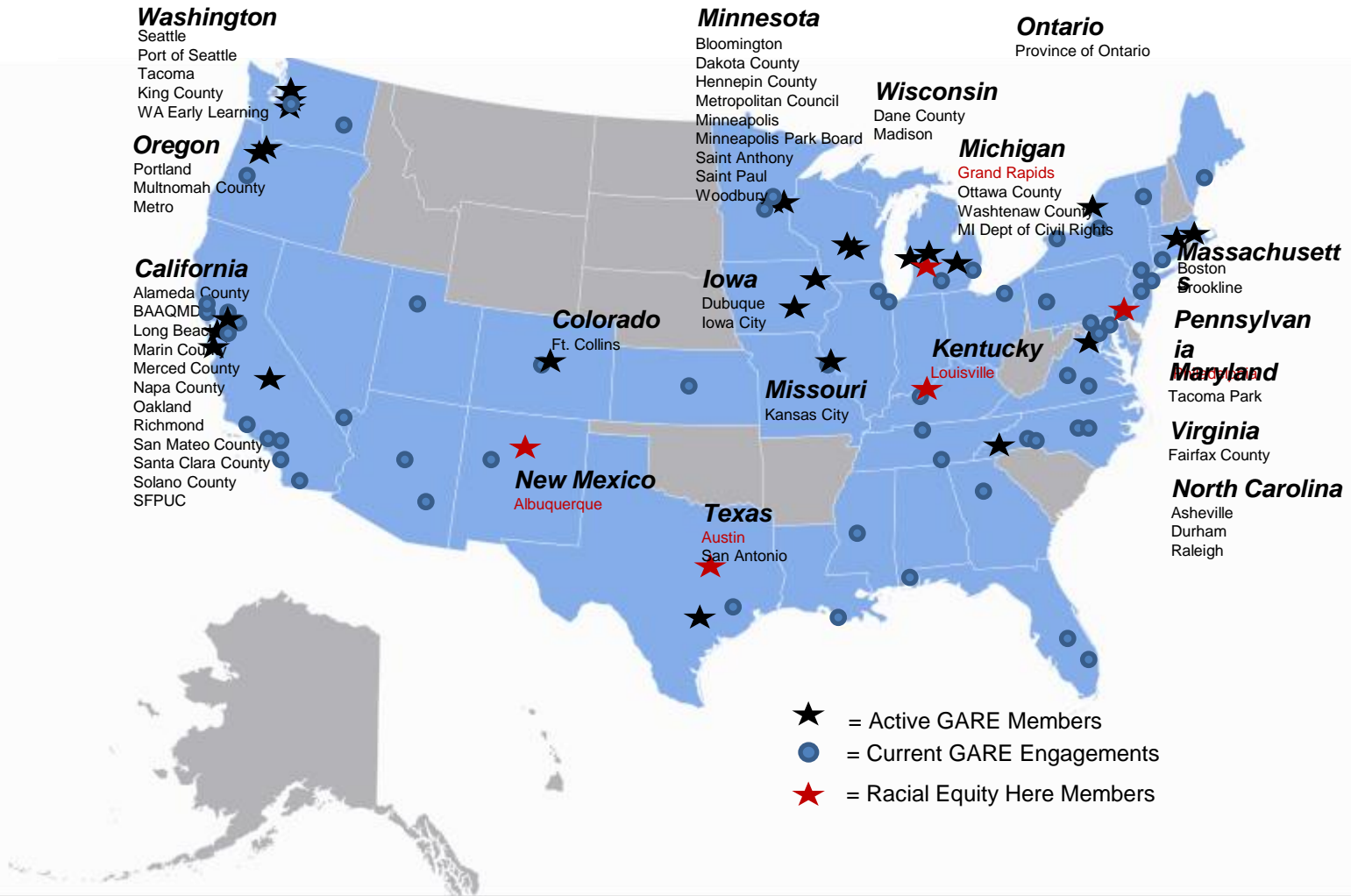
- ✓ A membership network of jurisdictions in leadership
- ✓ Expanding jurisdictions – in 35 states and more than 150 cities – all levels of government
- ✓ Heavy engagement from public health departments and health services agencies
- ✓ Providing tools and resources to put theory into action



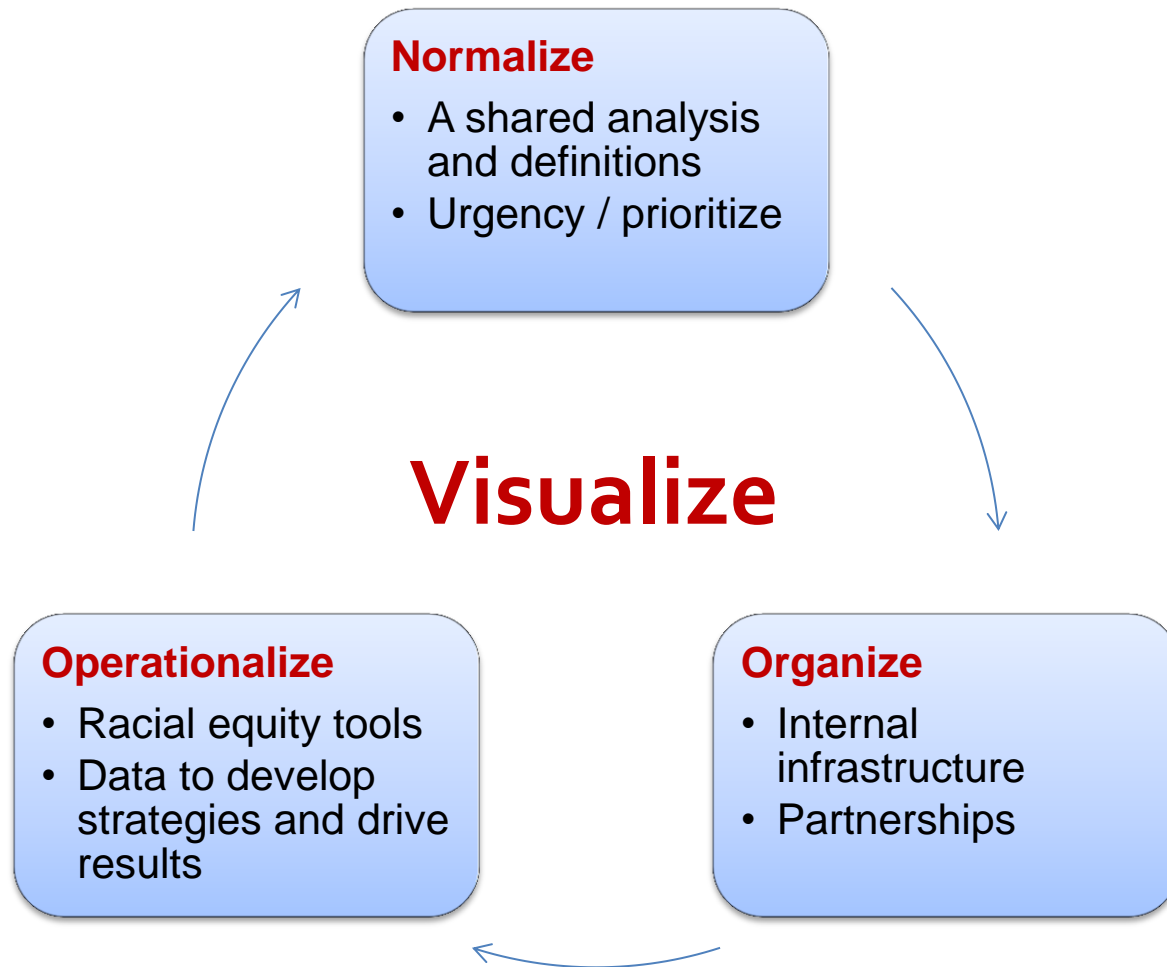
Government Alliance on Race and Equity



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National best practice

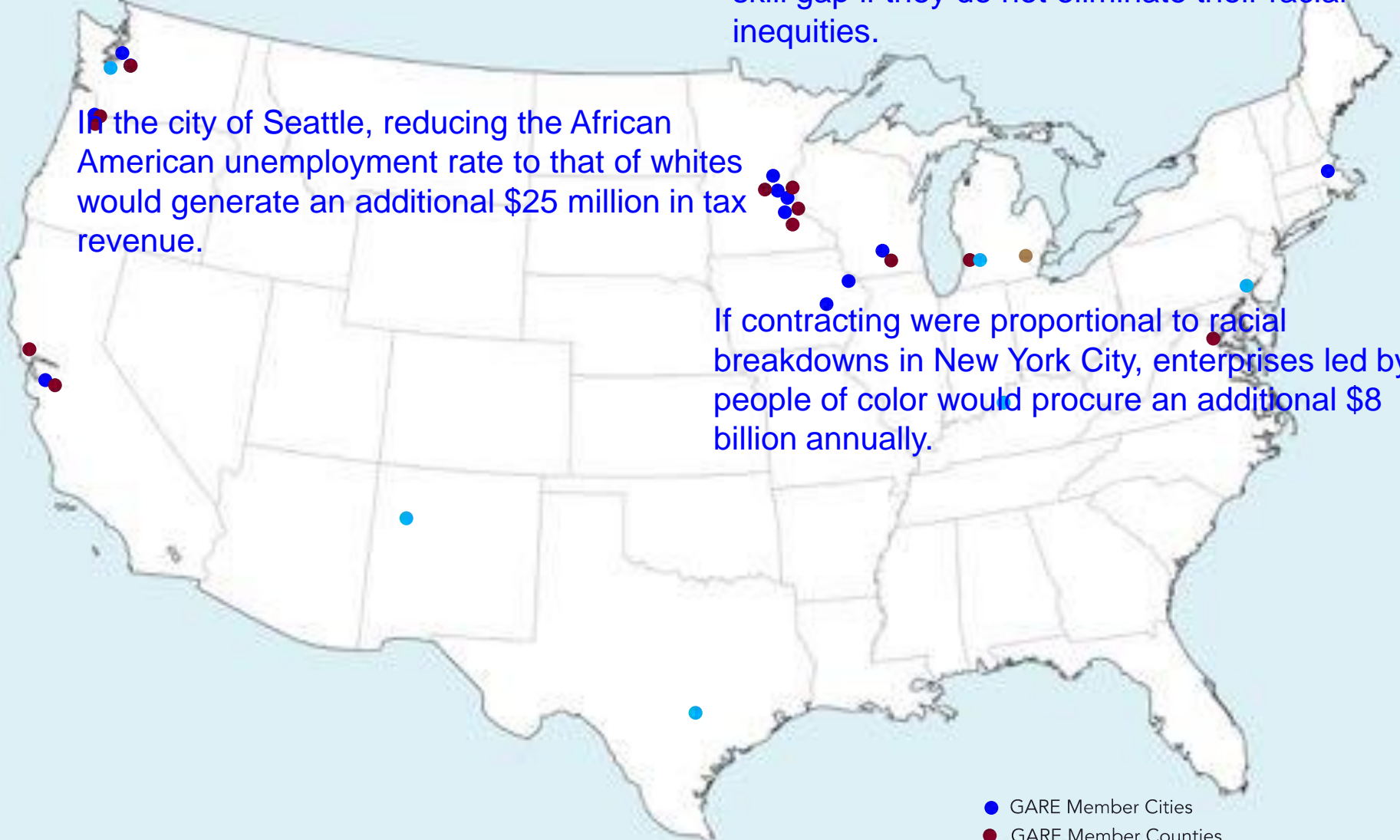


Current context

By 2040, the Twin Cities will have a 30 percent skill gap if they do not eliminate their racial inequities.

If the city of Seattle, reducing the African American unemployment rate to that of whites would generate an additional \$25 million in tax revenue.

If contracting were proportional to racial breakdowns in New York City, enterprises led by people of color would procure an additional \$8 billion annually.

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- GARE Member Cities
 - GARE Member Counties

Current context

About Equity, Growth, and Community

EQUITY, GROWTH, and COMMUNITY

What the Nation Can Learn
From America's Metro Areas

CHRIS BENNER | MANUEL PASTOR

What the Nation Can Learn From America's Metropolitan Regions

In the last several years, much has been written about growing economic challenges, increasing income inequality, and political polarization in the United States. This new book by Chris Benner and Manuel Pastor argues that lessons for addressing these national challenges are emerging from a new set of realities in America's metropolitan regions: first, that inequity is, in fact, bad for economic growth; second, that bringing together the concerns of equity and growth requires concerted local action; and, third, that the fundamental building block for doing this is the creation of diverse and dynamic epistemic (or knowledge) communities, which help to overcome political polarization and help regions address the challenges of economic restructuring and social divides.

Benner and Pastor examine how inequality stunts economic growth and how bringing together equity and growth requires concerted local action. Combining data, case studies, and empirical evidence on multiple metro areas, the book offers a powerful prescription not just for metros but for our national challenges of slow job growth, rising economic inequality, and sharp political polarization.

The greater the income gaps between rich and poor, the more likely the region is to lose jobs during economic shocks and the longer it will take to recover.

Learn More About the Book

Read and Download for Free

This book, the latest fruit of a highly productive collaboration between two first-rate thinkers, is both immensely wise and highly practical—a must-read. Benner and Pastor blow apart simplistic ideas about collaborative problem-solving—which tend to stop at reframing or the magic of dialogue—to show how the locally driven process of generating shared knowledge, risk-taking and even productive conflict can generate real progress on the most urgent challenges our country and our communities face.



Xavier de Souza Briggs, author of *Democracy as Problem Solving: Civic Capacity in Communities across the Globe*

Pastor & Benner , 2015

Current context

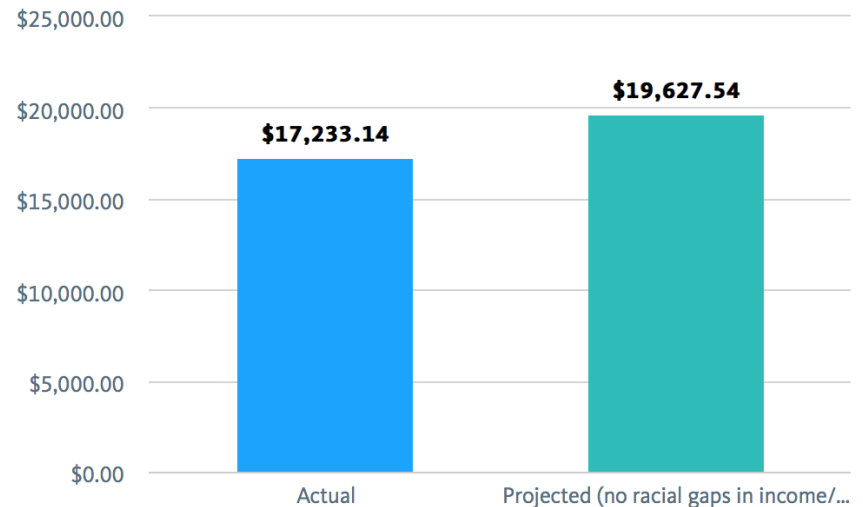
Equity is the Superior Growth Model

Economists, business leaders, and elected officials increasingly recognize that inequality is hindering economic growth and racial and economic inclusion are the drivers of robust economic growth. To build a strong next economy, leaders in the private and public sector need to advance an equitable growth agenda: a strategy to create good jobs, increase human capabilities, and expand opportunities for everyone to participate and prosper. Equity will make America stronger.

The economic benefits of equity

Racial economic inclusion is good for families, good for communities, and good for the economy. Nationally, GDP would have been \$2.4 trillion higher in 2014 if people of color had earned the same their white counterparts. We also know millions fewer would have lived in poverty, there would be billions more in tax revenue, and a smaller Social Security deficit overall.

**Actual GDP and estimated GDP with racial equity in income (billions):
United States, 2014**

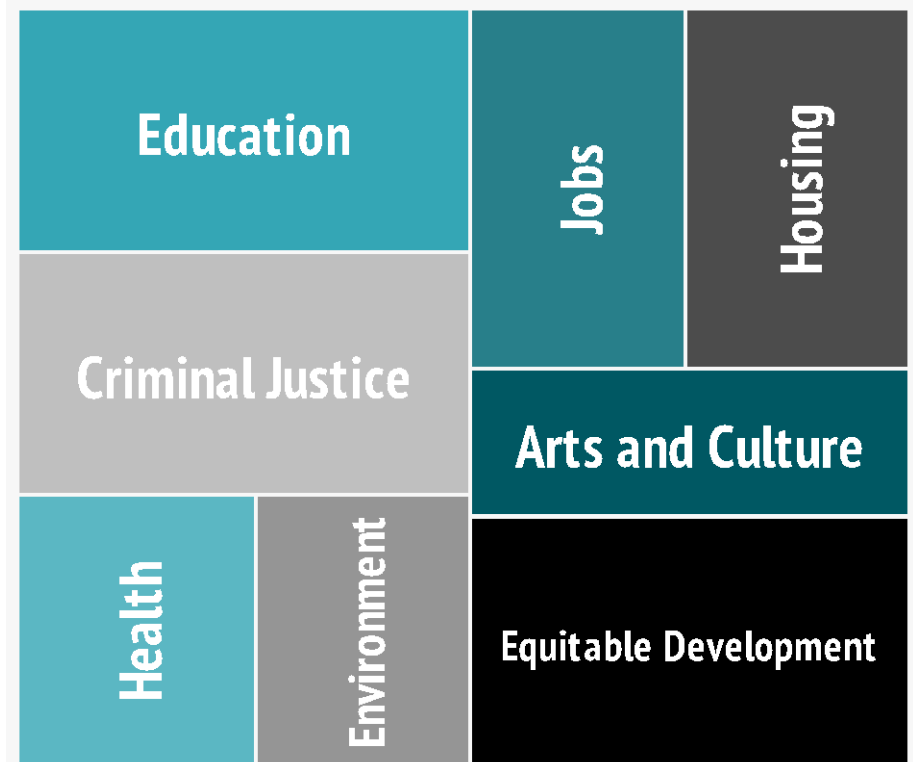


Why we lead with race

- Racial inequities deep and pervasive
- Racial anxiety on the rise – race is often an elephant in the room
- Learning an institutional and structural approach can be used with other areas of marginalization
- Specificity matters

Racial inequity in the U.S.

From infant mortality to life expectancy, race predicts how well you will do...



Why public health?

- Health touches everyone
- Disproportionate health impact by race cuts deep
- Health professionals have blazed the trail of deeper understanding of equity issues
- The gateway to other departments getting on board – huge leverage potential

Public health and equity

Health disparities: Differences in health that are unfair because they result from social and health policies, conditions, and practices that can be changed.

Social determinants of health: The places we live, learn, work and play have a tremendous impact on our health.

Health equity: Everyone has a fair opportunity to live a long, healthy life. Implies that health should not be compromised or disadvantaged because of an individual or population group's race, ethnicity, gender, income, sexual orientation, neighborhood or other social condition.

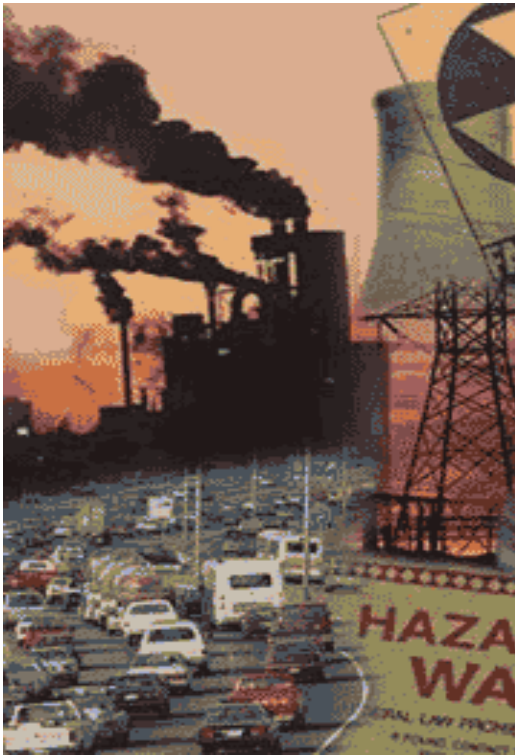
Social determinants of equity: Considers systems of power- like RACE. Considers root causes, structures and systems.

Education is not sufficient explanation...

Babies born to Black women with a college degree are more likely to die in their first year of life than babies born to White women who did not finish high school.*

*Boston Public Health Commission, <http://www.bphc.org/chesj/about/Pages/WhatIsHealthEquityDisparities.aspx>

Community matters



- **56%** of residents near hazardous waste facilities are people of color*
- Safe water supply and waste disposal facilities are lacking in about **12%** of Native American homes compared to **1%** of other U.S. homes**
- White Americans are **5x** more likely to live in census tracts with supermarkets than African-Americans***

*"Unequal Health Outcomes in the United States" CERD Working Group on Health and Environmental Health Report on Healthcare . January 2008

** Indian Health Service "Facts on Indian Health Disparities", January 2006.

***The Contextual Effect of the Local Food Environment on Residents' Diets: The Atherosclerosis Risk in Communities Study, Am. J. Pub. Health (2002)

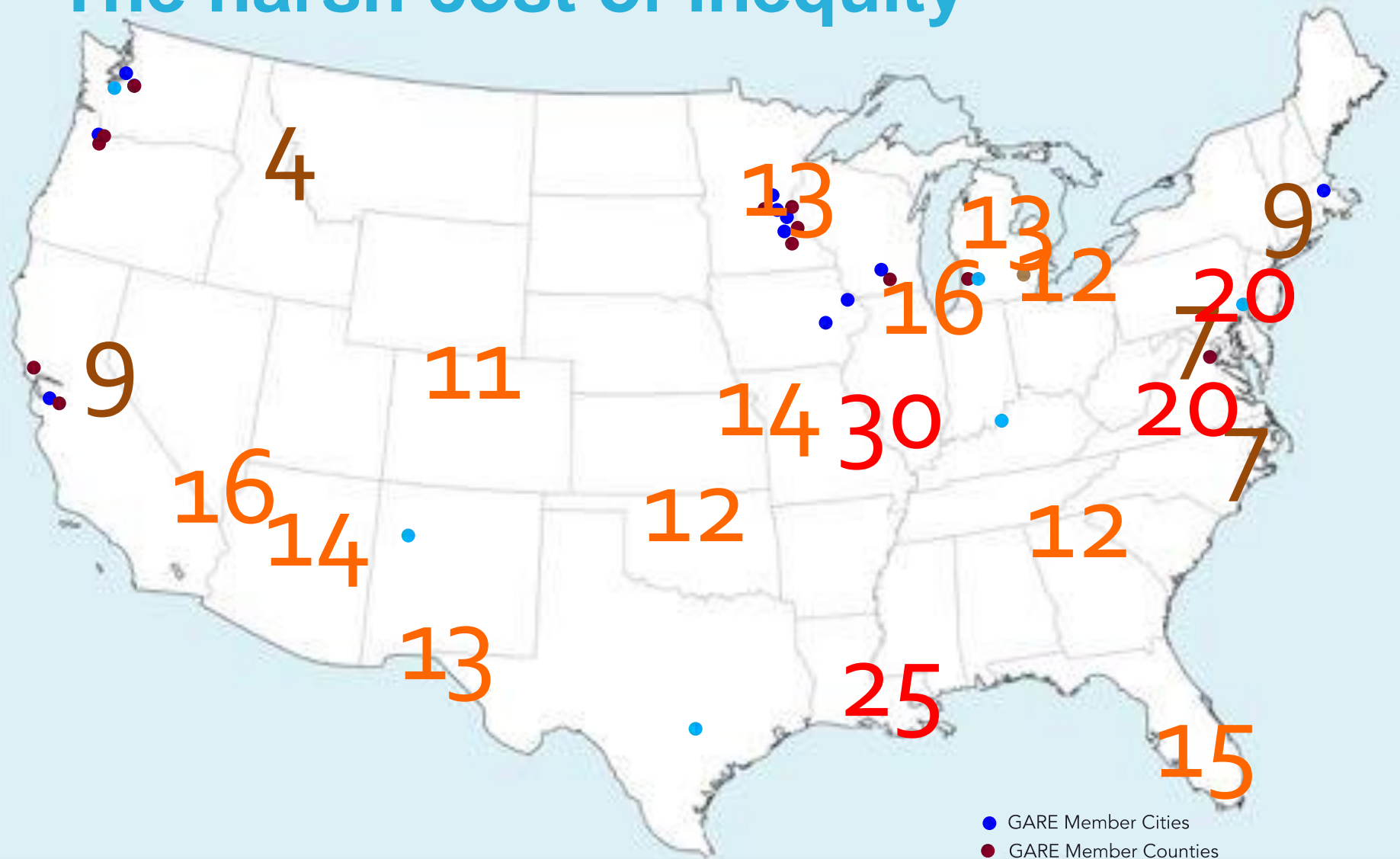
Implicit bias impacts health

- Insured African-American patients are less likely than insured whites to receive potentially life-saving or life-extending procedures, such as cardiac catheterization, bypass graft surgery, or kidney transplantation.
- Black and Latino patients are less likely than whites to receive aspirin upon discharge following a heart attack, to receive appropriate care for pneumonia, and to have pain appropriately treated.
- People of color are more likely to receive undesirable treatment than whites, such as limb amputation for diabetes.



"Unequal Health Outcomes in the United States" CERD Working Group on Health and Environmental Health Report on Healthcare . January 2008

The harsh cost of inequity

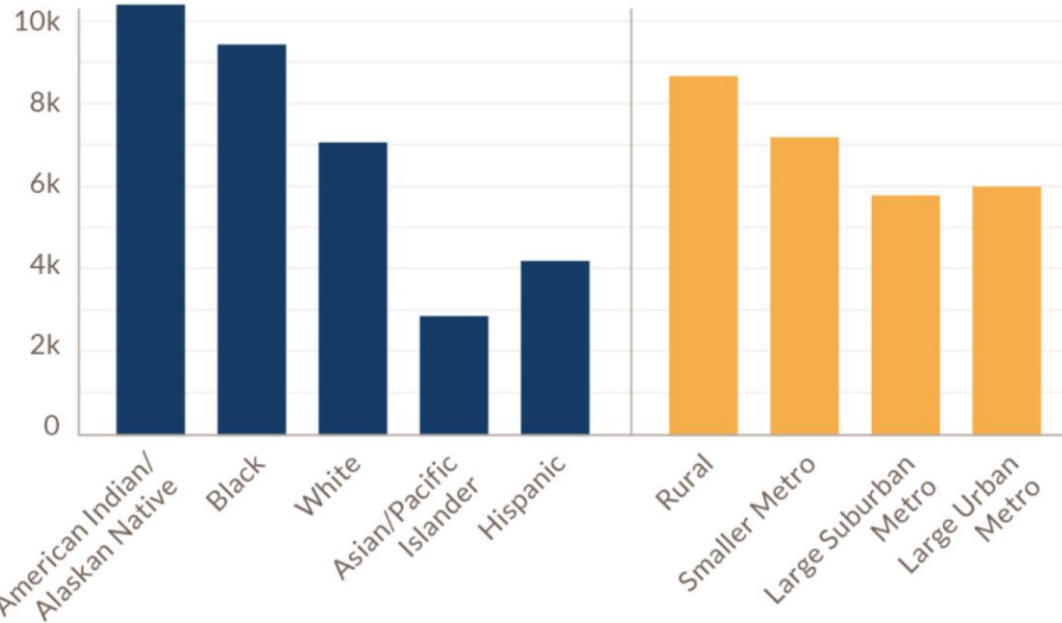


● GARE Member Cities
● GARE Member Counties

The harsh cost of inequity

Premature Death by Racial/Ethnic Group and Community Type in 2015

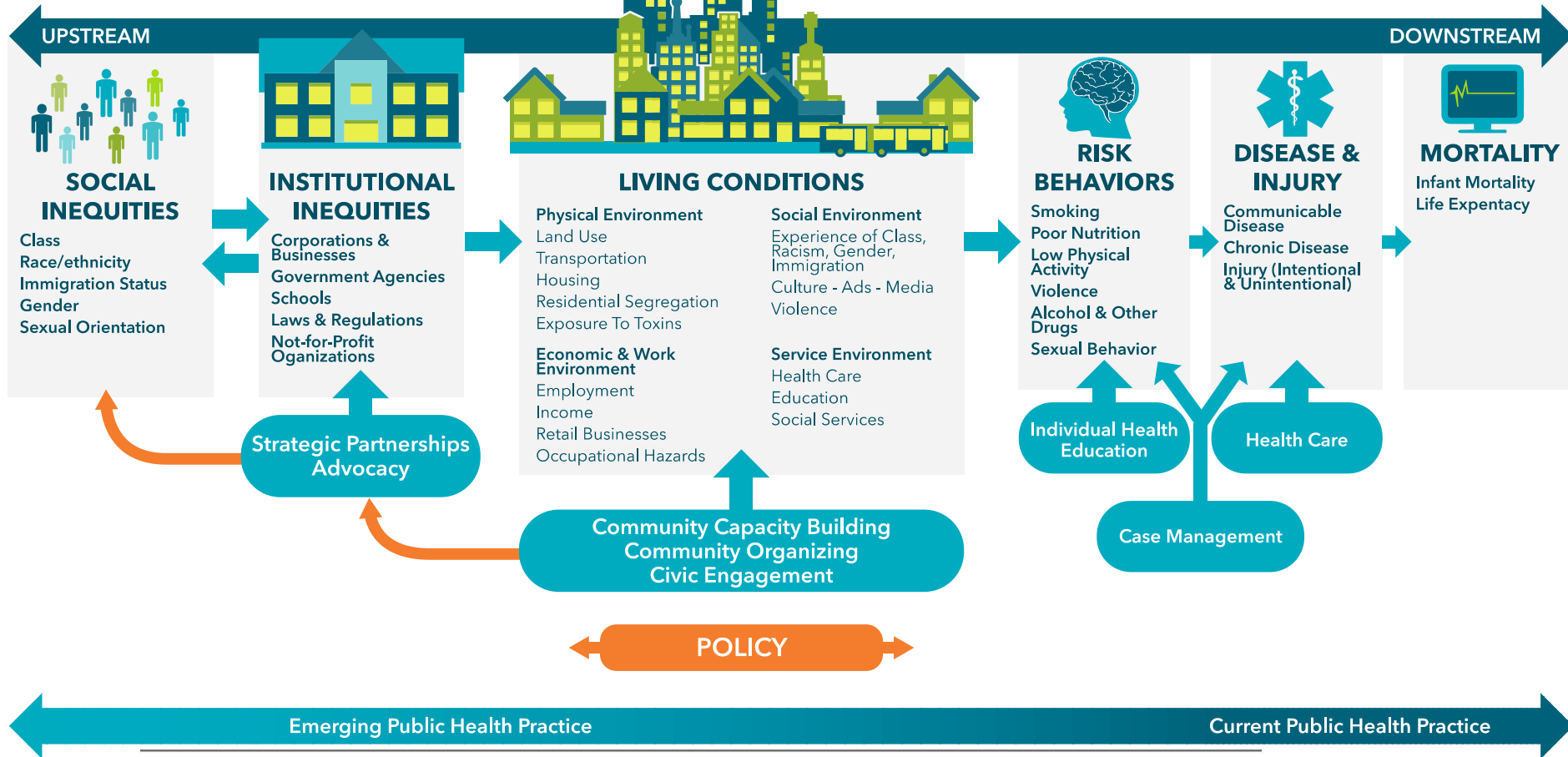
Years of Potential Life Lost per 100,000



- GARE Member Cities
- GARE Member Counties

Addressing the Causes of the Causes

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE



Racial equity means:

Closing the gaps so that race does not predict one's success, while also **improving outcomes for all**

- To do so, have to:
 - ✓ Target strategies to focus improvements for those worse off
 - ✓ Move beyond services and focus on changing policies, institutions and structures

Advancing racial equity implications

- How can normalizing occur across the breath and depth of your agency?
- How can you complete the nexus between health outcomes/equity/racial equity?
- How can you support your staff in operationalizing racial equity?
- Is there a current or developing project or program that is ripe to apply a racial equity tool?
- What or how could you support the organizing process within your agency?

California Alliance for Race and Equity

Humboldt Cohort

City of Arcata, College of Redwoods, HSU, Community Leaders (2016-17)

- Alameda County (2016-17)
- Bay Area Regional Collaborative (2017)
- City of Berkeley (2016-17)
- Contra Costa County (2016-17)
- Marin County (2016-17)
- Monterey County (2017)
- City of Oakland (2016-17)
- Napa City/County (2016-17)
- City of Richmond (2016)
- City of Salinas (2017)
- City of San Francisco (2017)
- San Francisco PUC (2016-17)
- San Francisco Planning (2016-17)
- San Joaquin Valley PHC (2017)
- San Mateo County (2017)
- Santa Clara County (2016-17)
- Solano County (2016-17)

- CA Department of Housing and Community Development (2016-17)
- CA Department of Public Health (2016-17)
- City and County of Sacramento (2016)
- Merced County (2016-17)
- San Joaquin Valley Public Health Consortium (2017)

Santa Barbara County (2017)
Ventura County (2017)

- Los Angeles County (2016-17)
- City of Long Beach (2016-17)
- City of Pasadena (2016)
- City of Los Angeles (2017)
- Culver City (2017)
- Santa Monica (2017)



Institutional / Explicit

Policies which explicitly discriminate against a group.

Example:

Tuskegee experimentation on African American patients

Institutional / Implicit

Policies that negatively impact one group unintentionally.

Example:

Populations of color receive fewer life-saving procedures.

Individual / Explicit

Prejudice in action – discrimination.

Example:

A doctor refuses to treat a person of color.

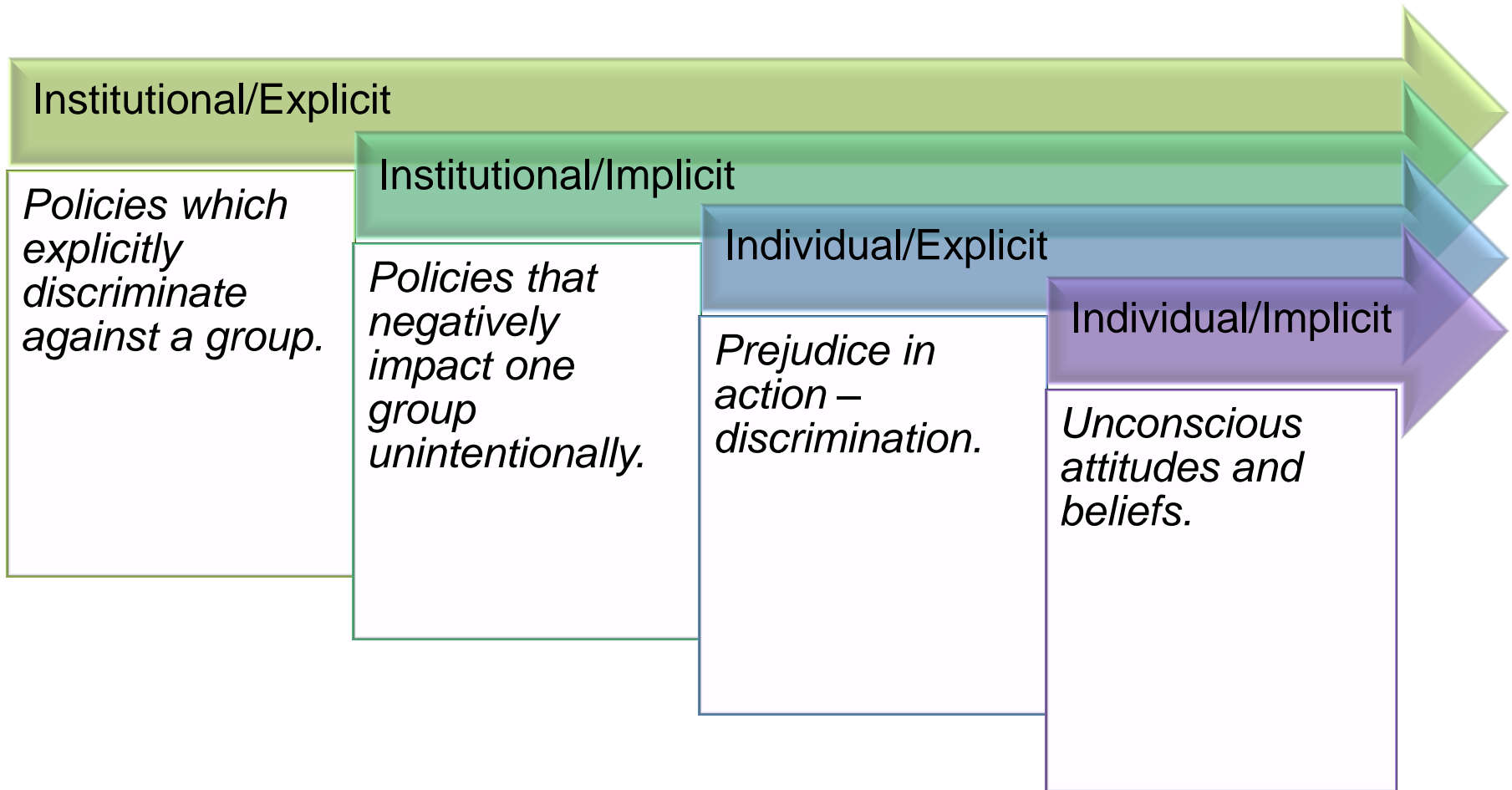
Individual / Implicit

Unconscious attitudes and beliefs.

Example:

A doctor under-prescribing pain medications for a patient of color.

Examples from your organization –



National effective practice



various sources

Identify key implementation strategies

Test Early Actions

build momentum with the small successes and pilots

Targeting Interim Stages

envision a set of outputs that can have broad ownership

Conquering Fear of the Perfect

build a stronger product through experimentation

Prioritizing (and Investments)

focus on areas – and leaders – that can be influenced

Changing minds

- Most importantly, the best way to change attitudes is to change behavior.
- Attitudinal change tends to follow behavior change.
- Requires both short and long-term approaches –
 - Normalizing
 - Operationalizing
 - Organizing

To be continued...

Contact information

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