How racism affects health: A new social determinants of health curriculum

APHA

Class and Racism: Social Inequity to Health Disparities

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Just Health Action

Seattle, Washington
The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose
Just Health Action advocates for reducing health inequities that result from social, political, economic, and cultural factors.

Through a social justice lens, we teach workshops and classes that review the evidence and facilitate discussion and consensus on how individuals and communities can take action on these root causes.
Today

- JHA approach/framework
- Why did JHA develop this curriculum?
- Racism/health curriculum development
- How racism is embodied curriculum
The Social Determinants of Health (SDOH) model is a framework for understanding the multiple factors that influence health outcomes. Dahlgren & Whitehead (1991) developed this model, which categorizes determinants into individual lifestyle factors, social and community networks, and general socio-economic, cultural and environmental conditions.

- **Individual lifestyle factors** include age, sex, and hereditary factors.
- **Social and community networks** encompass education, housing, food, work environment, and unemployment.
- **General socio-economic, cultural and environmental conditions** include living and working conditions, water/sanitation, and health care.
Why teach SDOH? – A call to action

Tackling Health Inequities Through Public Health Practice: A Handbook for Action
Case for teaching the social determinants of health

- Individual behavioral factors explain small proportion of disease compared to societal factors.

- Individual health behavior approach - limited effect in disadvantaged populations because it fails to address issues of why behaviors are adopted.

- “Blame the victim” – disadvantaged blamed for illness when responsible factors are outside their control.

Raphael, 2003, Health Promotion International, Vol 18, No 4
three levels of health literacy

1. functional
   - Transmission of factual information (AIDS, drugs, tobacco)

2. interactive
   - Develop personal skills – problem solving, communication, decision making. Act independently on advice received.

3. critical
   - Individual and community capacity to understand and change how social, economic, and political forces affect health – social action on policies and practices.

Nutbeam, 2000, Health Promotion International, Vol 15, No
JHA critical health literacy framework

- Knowledge
  - Social determinants of health
  - Health as a human right

- Tools
  - Dissemination
  - Community projects
  - Action letter
  - Research

- Compass
  - Unpacking
  - Advocacy
  - Find your passion
  - Vision & goals
  - Inspiration

- Action!
JHA curriculum venues

- Secondary schools
- Universities
- Health centers
- Health departments
- Promotoras

Environmental Justice Youth Corps

Promotora Advisor training, North Carolina

Seattle Girls School
teaching action skills and taking action

- Community action project
- Action letter
- Facilitating health equity conversations
- Raising SDOH awareness through art
- Writing advocacy mission statement
Environmental Justice Youth Corps (2008)

- Racism - implicitly discussed but not an explicit part of the original JHA curriculum
- Students raising the issue
- PRRAC Grant

Develop racism → health curriculum
Piloting the curriculum

Promotora Advisor training

WESTERN
WASHINGTON UNIVERSITY

SEA MAR
Community Health Centers
Clinica de la Comunidad

2010 Seattle Race Conference
Racism & Health Inequities: Eliminating Barriers and Healing Our Communities

Seattle Girls’ School
The Independent Day School In The Heart of Seattle for 5th — 8th Grade Girls Highlighting Science, Math and Technology
Lesson 1: What is health advocacy?

Just Health Action Advocacy Continuum

Individual → Service → Activism

Addresses people  Addresses structures of society

Gould, 2006
Lesson 2: What is health and what are health inequalities anyway?

- Readings
- Graph interpretation

Map 2. Female Life Expectancy at Birth for the United States, 1990

Murray, 1998

Index of:
- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness – incl. drug & alcohol addiction
- Social mobility

Lesson 3: What is race anyway?

*Race: The power of illusion* documentary
(California Newsreel)
Lesson 4: What is racism?

Institutionalized racism
- Initial historical insult
- Structural barriers
- Inaction in face of need
- Societal norms
- Biological determinism
- Unearned privilege

Personally mediated racism
- Intentional
- Unintentional
- Acts of commission
- Acts of omission
- Maintains structural barriers
- Condoned by societal norms

Internalized racism
- Reflects systems of privilege
- Reflects societal values
- Erodes individual sense of value
- Undermines collective action

Who is the gardener?
- Government
  - Power to decide
  - Power to act
  - Control of resources
- Dangerous when
  - Allied with one group
  - Not concerned with equity

Three levels of racism: A Gardener’s Tale  Camara Phyllis Jones, 2000
Lesson 5: How does racism lead to ill health?

STRESS

- Go over to the table and take a piece of candy. Sit down and talk loudly about how good your candy is with a friend. Then tell that friend what your favorite part of last summer was. Make sure to laugh a lot and make a lot of noise.

- Sit in your seat and don’t talk to anyone under any circumstances.
Lesson 6: How does racism affect those who don’t have a say?

Mustillo et al. (2004) Self-reported experiences

**UNNATURAL CAUSES**
...is inequality making us sick?
A seven-part documentary series exploring racial & socioeconomic inequalities in health.

**Women and Birth Outcomes**

<table>
<thead>
<tr>
<th></th>
<th>Black women</th>
<th>White women</th>
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<tbody>
<tr>
<td>% of Pre-Term Births</td>
<td>24</td>
<td>10</td>
</tr>
<tr>
<td>% of Low Birthweight</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
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Lesson 7: What does biology teach us about where we can help?

Gravlee, 2009

Collins & David, 2009
Lesson 8: Why should we take action? “Causes of the causes” diagramming

Why is there racism in schools?

Why is racism seen as a political agenda in health care?
What are some upstream activist ideas you have to move people away from the cliff?
Lesson 9 cont: Where do we take action on the river?

- Upstream (U)
- Moderately Upstream (MU)
- Little Upstream (LU)
- Downstream (D)

Racial profiling and police brutality

- Confront Corp.
- Global Exploitation
- Immigration Laws/Advocacy
- Community Alliances
Lesson 10: Action Plan
Lesson 11: How will you make change? - Advocacy life mapping
How Racism Is Embodied: A New Health Advocacy Curriculum

I really already knew that racism was bad but I didn’t know it could affect health or that is has affected how babies are when they are born.

Quote from a 7th grader from Seattle Girls School, Seattle, Washington
Upcoming: “Train the trainer” in Seattle

Interested in teaching the SDOH and health equity to others? Sign the sheet or contact JHA if you are interested.
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VENUES
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Western Washington University
Promotora Advisor Training
Whatcom County Health Department
Seattle Race Conference

Thank You
For more info on JHA’s critical health literacy framework
