

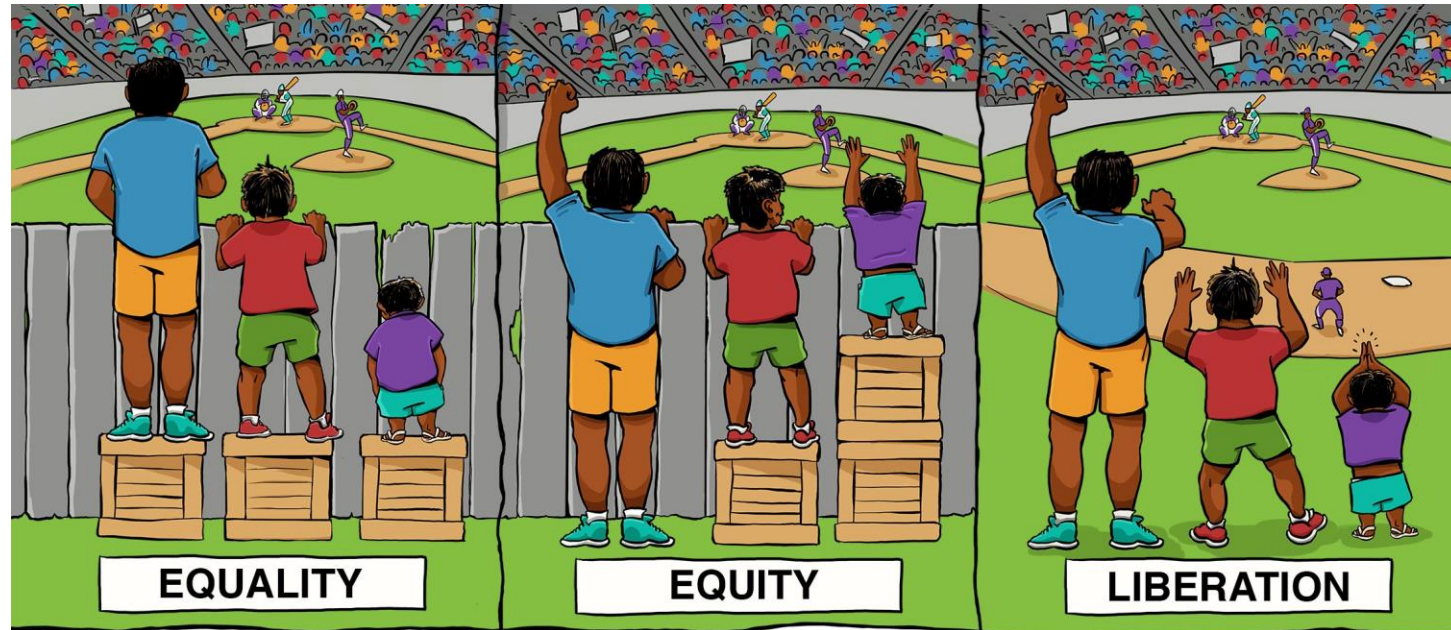
Customizable PowerPoint slides of the following slides will be made available after the regional training

Intro to Health Equity

What is Equity?

“Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.”

- World Health Organization



What is *Health* Equity?

“Health equity is 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 healthcare disparities.”

- Department of Health and Human Services - Office of Minority Health

Public Health + Social Justice → Health Equity

Intentional Language

Health disparities vs. health inequities

- Health disparities: a difference in comparable health outcomes
- Health inequities: a difference in comparable health outcomes *that is rooted in unfairness or injustice*

Health Disparity vs. Health Inequity

Health Disparity:

There is an increased rate of HIV transmission through male-to-male sexual contact than through heterosexual contact.

Health Inequity:

Black men who have sex with men have higher rates of HIV infection compared to other races and ethnicities engaging in the same sexual behavior. The disproportionate effect of HIV on Black Americans is influenced by: rates of poverty, lack of access to health care, higher rates of some sexually transmitted infections and smaller sexual networks, lack of awareness of HIV status, and *stigma*.

Why Do Health Inequities Exist?

Social Determinants of Health

Environmental conditions (where people are born, live, learn, work play, worship, age) affect quality of life. This includes physical settings (neighborhood, workplace, school, etc.) and the social engagement and sense of security when in these settings.

Social Determinants of Health

Resources that impact environmental conditions includes access to:

- Safe and affordable housing, education, public safety, healthy foods, local emergency/health services, and environments free of life-threatening toxins.

Relationship between how population groups experience “place” and the impact of “place” on health is fundamental to social determinants of health



Stigma

“A set of negative and often unfair beliefs that a society or group of people have about something”

- **Merriam-Webster**

“A mark of shame or discredit---an identifying mark or characteristic; *specifically*: a specific diagnostic sign of a disease”

- **Merriam-Webster**

“An attribute that links a person to an undesirable stereotype, leading other people to reduce the bearer from a whole and usual person to a tainted, discounted one.”

- **Erving Goffman**

Stigma

Based on Social Control Theory – Hobbes, Foucault, Puritans

- A social process which reinforces relations of power and control
- Stigma, and the extent to which it is successfully attributed and accepted, should be understood from the unequal (social) power relations from within the context it operates.

Stigma is ***Intersectional*** – multiple stigmatized identities will equal compounded experience of stigma and repression

- Many groups are stigmatized for the same activity differently

Stigma takes several forms – individual, institutional, internalized, by association

Stigma

Internalized

- Applying negative societal characterizations, labels, and perceptions about a group of people to themselves, producing feelings of shame, fear of disclosure, isolation and despair.

Community

- Social judgments, stereotypes and prejudice against the population.

Institutional

- Laws, policies and programs that discriminate against a specific population that hinder access to healthcare and social services.

By Association

- Discrimination bestowed upon family, friends, or social connections to a person in the stigmatized group

Stigma
Serves
to:

- **Regulate** - Control and enforce behavior
- **Isolate** - Decrease contact with the stigmatized
- **Relegate** - Distinguish the stigmatizer from the stigmatized
- **Discriminate** - Perpetuate/maintain difference

Stages of Stigma



Stigma's Impact on Health Equity

Stigma remains a **major and persistent fundamental social cause** associated with health inequity over time **regardless of risk factors or health interventions.**

Implicit Bias

“Implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.”

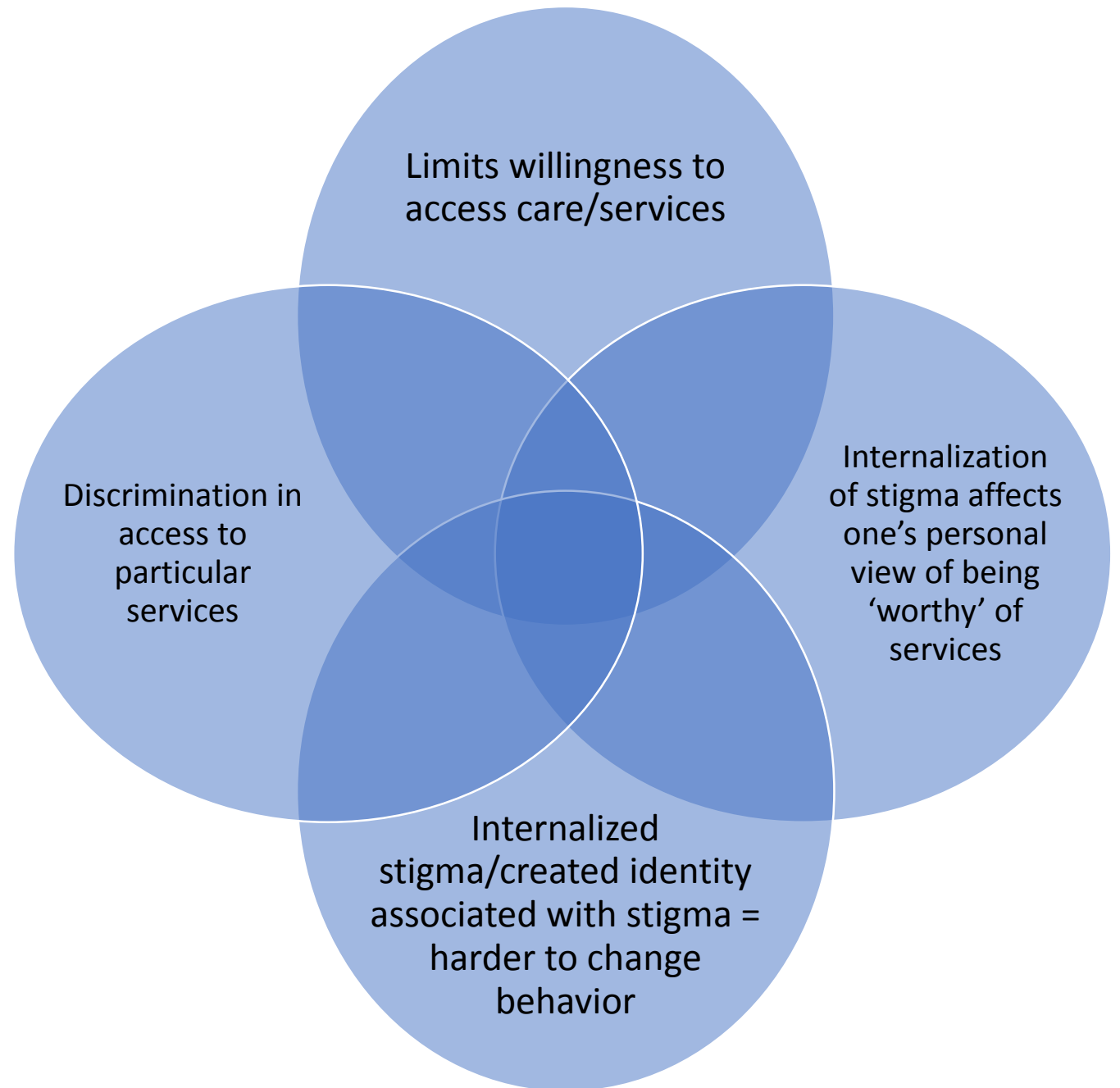
- **Kirwin Institute for the Study of Race and Ethnicity - Ohio State University**

Whereas we may try to control their known biases depending upon their setting (for example, political correctness), we are too unaware of our implicit biases to control them.

Implicit Bias

- Direct and indirect messages in our lived environments contribute to our implicit biases over the course of our lifetimes
- Subconscious perceptions of race, ethnicity, age, appearance, background, health status, etc. of those around us
- No one is “non-judgmental”
- We all possess implicit biases, regardless of our public declared beliefs

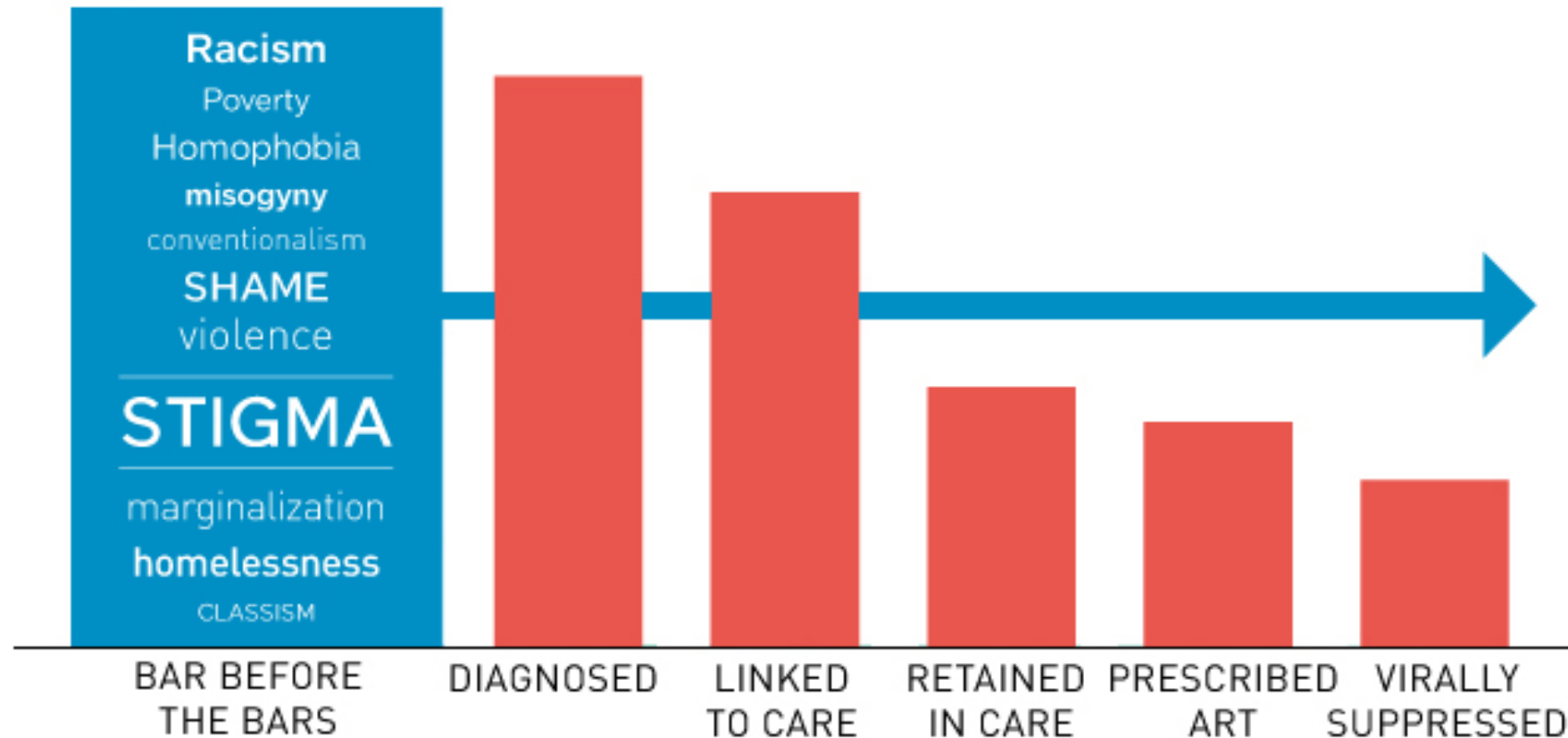
Stigma's Impact on Health Equity



Stigma's Impact on HIV and Hepatitis C

- Getting Tested
 - Perception entering an “HIV Clinic”
 - Access to services, including location
 - Confidentiality
- Getting Treatment and Staying in Care
 - Staff (front desk and clinicians) lacking cultural responsiveness training
 - Assumptions about sobriety and finances pertaining to treatment compliance
 - Housing
- Violence and Criminalization
 - Status disclosure
 - Employment discrimination
 - “Intentionality” of transmission
 - Ostracism and rejection

Stigma's Impact on HIV and Hepatitis C



“I just don’t want to know.”

So, What Can We Do About This?

Opportunities to Challenge Stigma

Individual

- Language
- Relationships, honesty, and authenticity
- Disclosure and dialogue
- Education and personal development

Health Department

- Training and education
- Outlets for feedback
- Assessment of practices
- Hiring members of priority populations

Community

- Funded agencies (performance indicators and requirements)
- Advisory Boards (engagement and representation)
- Awareness campaigns
- Policy and advocacy
- Events

Person-Centered Language

Linguistic prescription to avoid marginalization and dehumanization regarding a health issue or disability

Best practices:

- Don't describe people by their illness/disability/drug use (addict, alcoholic, epileptic, psychotic)
- Recognize the complexity/many identities people have
- Don't use morally-loaded descriptions when describing someone (dirty, clean, junkie)
- Avoid using group/illness/disability language to describe negative states (gypped, retarded, crazy)
- Value the preferences of the person, rather than your opinion (addict as self-identification vs. label)
- Language is powerful – it can build bridges or marginalize

Personal Autonomy

An individual's capacity for self determination or self-governance.

Working with people requires respect for the choices of the people with whom you are working. In some instances, their choices may not be the choice you would make but it is ESSENTIAL you respect the choices of the person as their right.

Recognize that most often, people are making the best choices they can with the tools and resources they have.

Radical Neutrality

“Practice radical neutrality; grapple with ethical gray areas; tolerate, accept, and understand difficult behaviors; be taught by our clients; relinquish the role of authority, judge, or expert; [and] partner with clients”.

- Pat Denning and Jeannie Little - Co-Founders of the Center for Harm Reduction Therapy

It Starts with Us

Take a moment and think about our health department in terms of culture, staff, programs, practices, and policies.

- What are we doing well to increase health equity for the populations we serve?
- What do we need to improve upon?

Taking Action

What needs to happen to destigmatize our own systems, making them more equitable for priority populations?

- Commitment to action
- Commit to a Stigma Conversation (using NASTAD's Resource Guide)

Questions?

[Insert presenter's contact information]