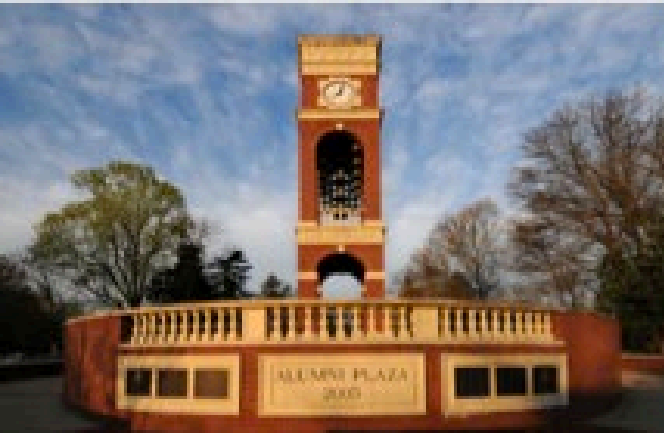




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Health Equity

Health Equity

- The opportunity for everyone to attain his or her full health potential
- *Healthy equity* addresses differences in population health that can be traced to unequal economic and social conditions that are systemic, avoidable and inherently unjust.
- No one is disadvantaged from achieving this potential because of his or her social position or other socially determined circumstance.



Health Equity

- Requires the removing obstacles—such as poverty, discrimination, and
- Their consequences—including powerlessness, lack of access to jobs and fair wages, quality education and housing, safe environment, and health care
- Distinct from health equality



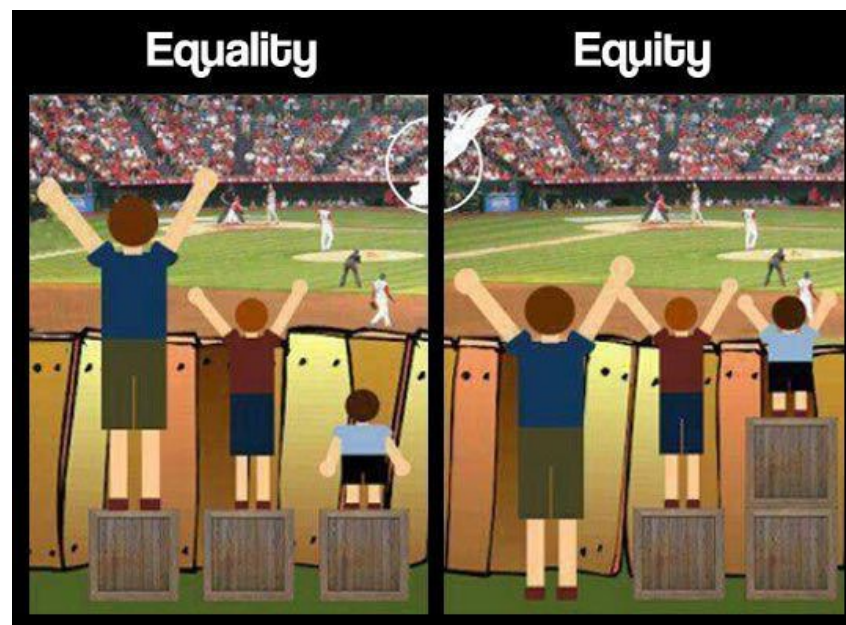
Health INequities

- Systematic and unjust distribution of social, economic, and environmental conditions needed for health
 - Unequal access to quality education, healthcare, housing, transportation, other resources (e.g., grocery stores, car seats)
 - Unequal employment opportunities and pay/income
 - Discrimination based upon social status/other factors



Health Equality

- Absence of avoidable or remediable differences in health and health care among groups
- Health *inequities*
 - Differences in health status or in the distribution of health determinants between different groups



Equality



Equity



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<https://www.youtube.com/watch?v=MIXZyNtaoDM>

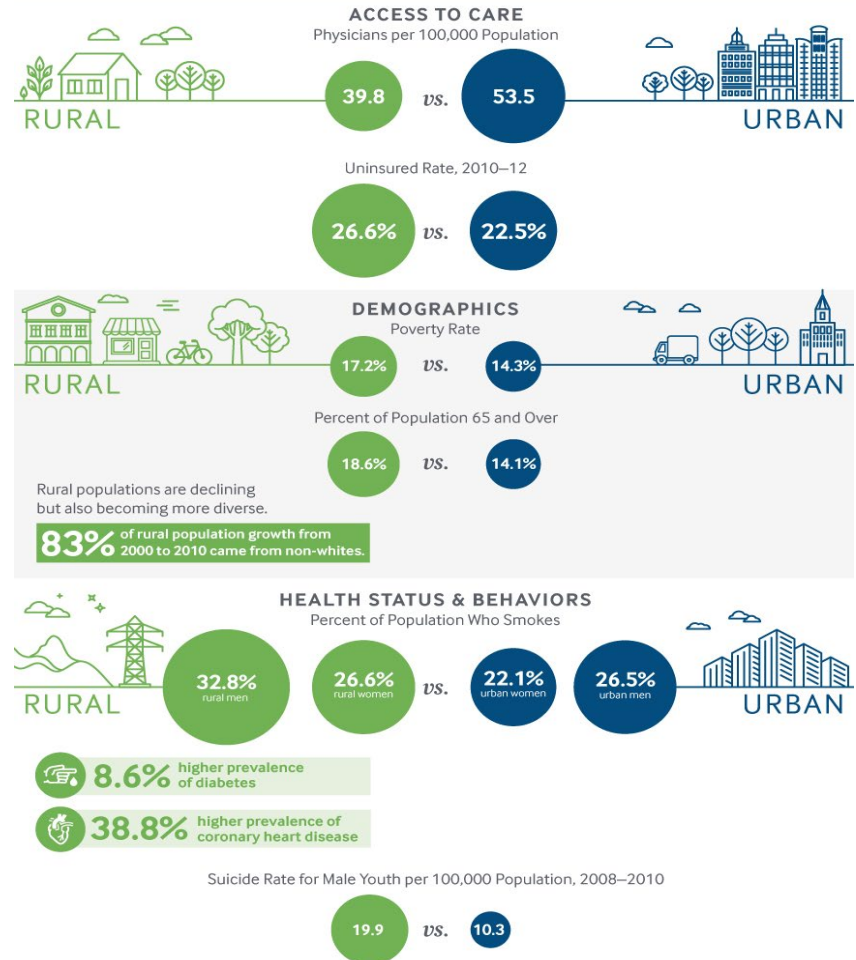


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Health Disparities

A confluence of demographic, economic, social, and health system factors appear to put rural Americans at greater risk.

- Differences in the incidence and prevalence of health conditions and health status between groups, based on:
 - Race/ethnicity
 - Socioeconomic status
 - Sexual orientation
 - Gender
 - Disability status
 - Geographic location
 - Combination of these



Comparison of Definitions

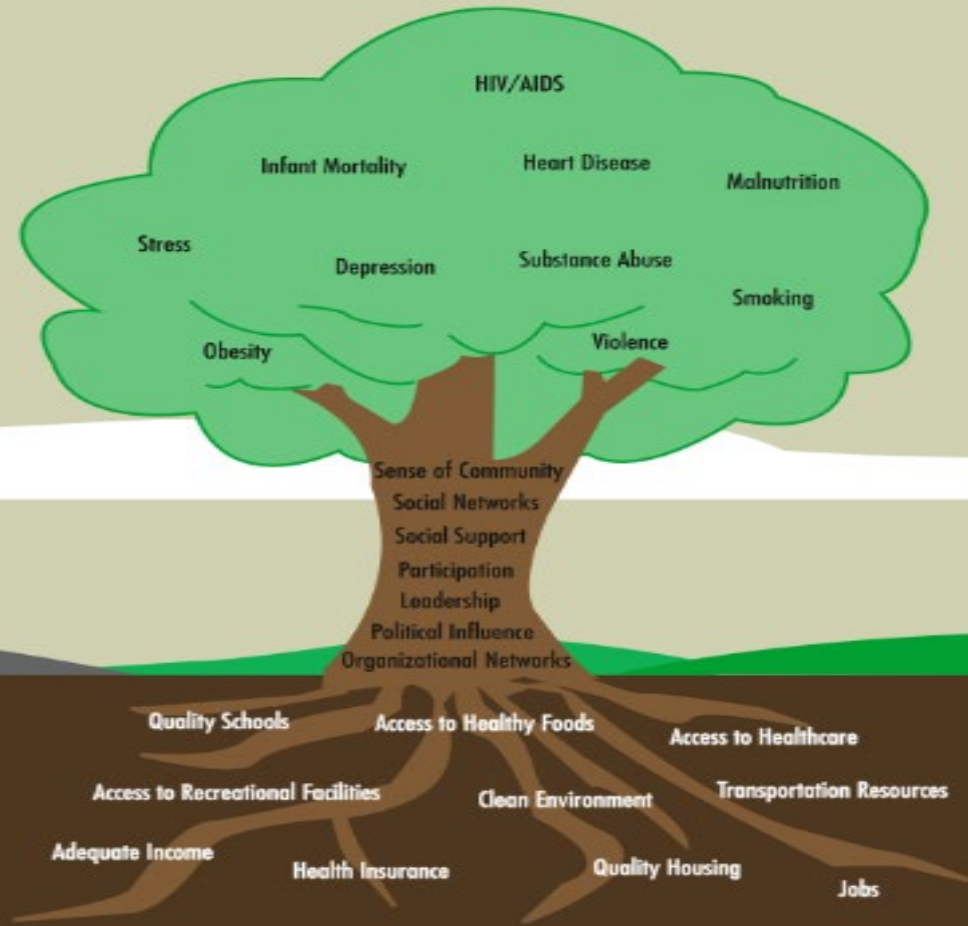
Health Disparities	Health Inequities
<p>Differences in the incidence and prevalence of health conditions and health status between groups based on:</p> <ul style="list-style-type: none">• Race/ethnicity• Socioeconomic status• Sexual orientation• Gender• Disability status• Geographic location• Combination of these	<p>Systematic and unjust distribution of social, economic, and environmental conditions needed for health.</p> <ul style="list-style-type: none">• Unequal access to quality education, healthcare, housing, transportation, other resources (e.g., grocery stores, car seats)• Unequal employment opportunities and pay/income• Discrimination based upon social status/other factors



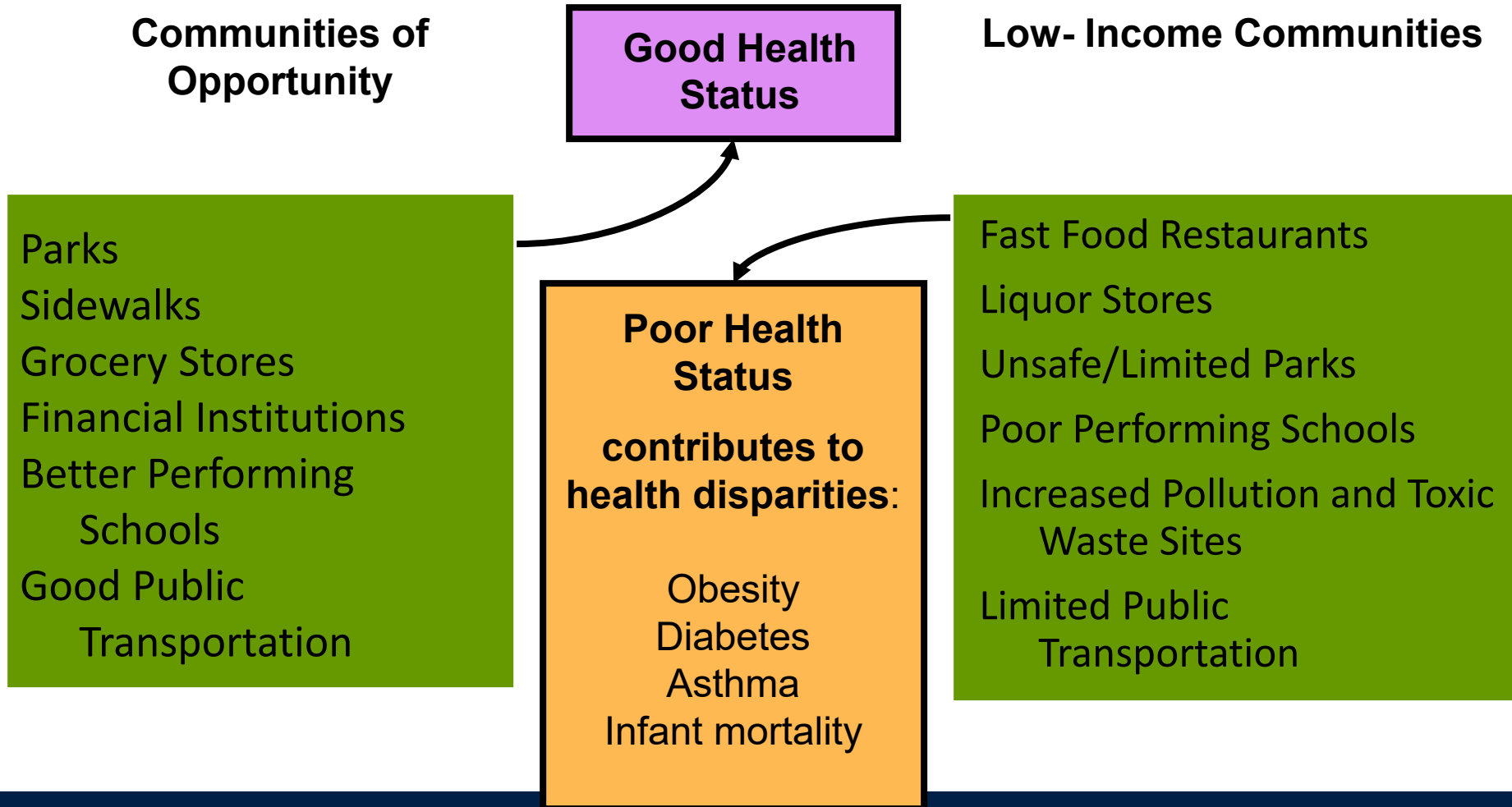
Our environments cultivate our, communities and our communities nurture our health.

When inequities are low and community assets are high, health outcomes are best.

When inequities are high and community assets are low, health outcomes are worst.



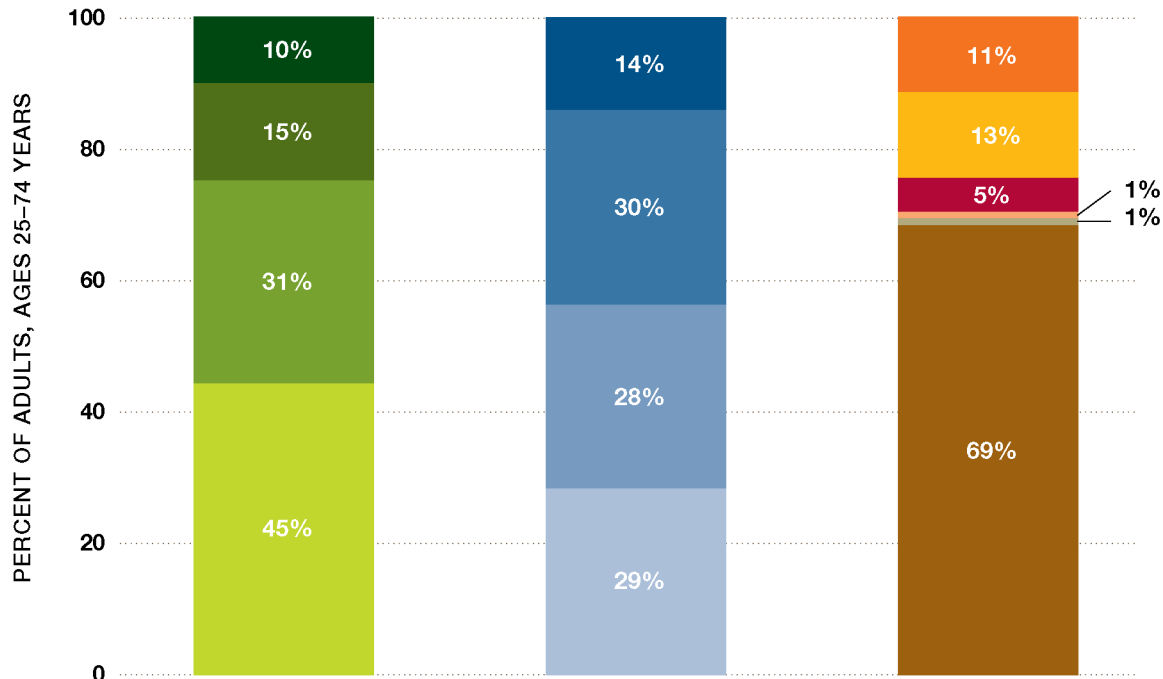
Place Matters



Examples of Health Inequities

Education	Infants born to African American mothers with only a high school education were 2.2 times more likely to die in the first year of life compared to their White counterparts.
Income	Low socioeconomic status is associated with an increased risk for many diseases, including CVH, arthritis, diabetes, chronic respiratory diseases, cervical cancer and frequent mental distress. ¹
Access to resources	Lower income and racial/ethnic minority communities are less likely to have access to grocery stores with a wide variety of fruits and vegetables. ^{2,3}

UNITED STATES: Social Factors Affecting Adult Health



Household Income
(Percent of Federal Poverty Level)[†]

- Poor (<100% FPL)
- Near poor (100-199% FPL)
- Middle income (200-399% FPL)
- Higher income (≥400% FPL)

Educational Attainment

- Less than high-school graduate
- High-school graduate
- Some college
- College graduate

Racial or Ethnic Group

- Black, Non-Hispanic
- Hispanic
- Asian
- American Indian or Alaska Native
- Other[‡]
- White, Non-Hispanic

Health among adults is powerfully linked with social factors such as household income, educational attainment and racial or ethnic group. This national snapshot of adults ages 25 to 74 shows that:

- One quarter of adults nationwide live in poor or near-poor households, nearly one third live in middle-income households and nearly half live in higher-income households.
- Forty-four percent of adults have no schooling beyond high school, 28 percent have attended but not completed college and 29 percent are college graduates.
- Approximately two thirds of adults nationwide are non-Hispanic white, 13 percent are Hispanic, 11 percent are non-Hispanic black, 5 percent are Asian, 1 percent are American Indian or Alaska Native and 1 percent are in another or more than one racial or ethnic group.

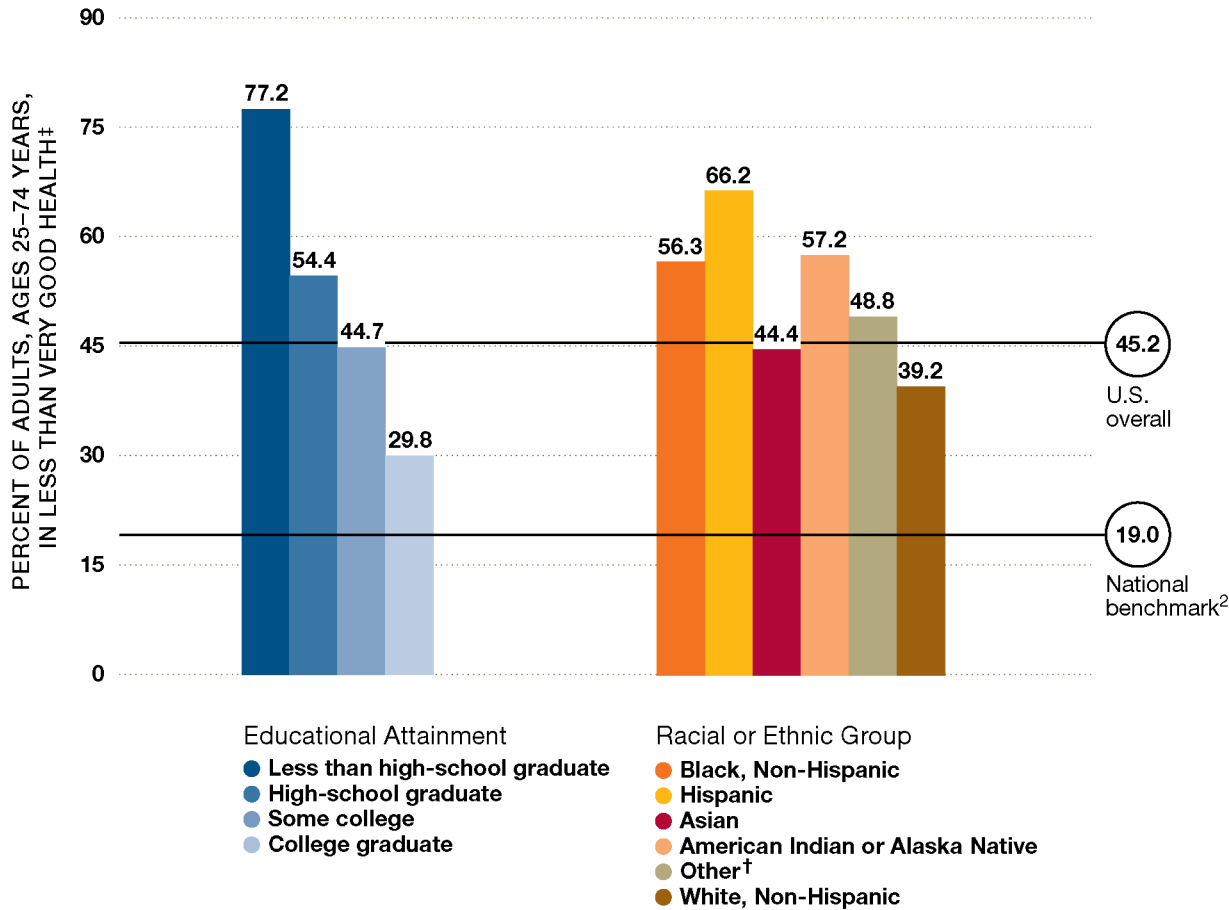
Prepared for the RWJF Commission to Build a Healthier America by the Center on Social Disparities in Health at the University of California, San Francisco.

Source: 2007 American Community Survey.

[†] Guidelines set by the U.S. government for the amount of income providing a bare minimum of food, clothing, transportation, shelter and other necessities. In 2007, the FPL for the 48 contiguous states and the District of Columbia was \$17,170 for a family of three and \$20,650 for a family of four.

[‡] "Other" includes children in any other racial or ethnic group or in more than one group.

UNITED STATES: Gaps in Adult Health Status



In the United States overall, adult health status¹ varies by level of educational attainment and racial or ethnic group.

- Compared with college graduates, adults who have not graduated from high school are more than 2.5 times as likely—and those who have graduated from high school are nearly twice as likely—to be in less than very good health.
- Non-Hispanic white adults fare better than any other racial or ethnic group.

Comparing these rates against the national benchmark² for adult health status reveals that, at every education level and in every racial or ethnic group, adults in this country are not as healthy as they could be.

Prepared for the RWJF Commission to Build a Healthier America by the Center on Social Disparities in Health at the University of California, San Francisco.

Source: 2005-2007 Behavioral Risk Factor Surveillance System Survey Data.

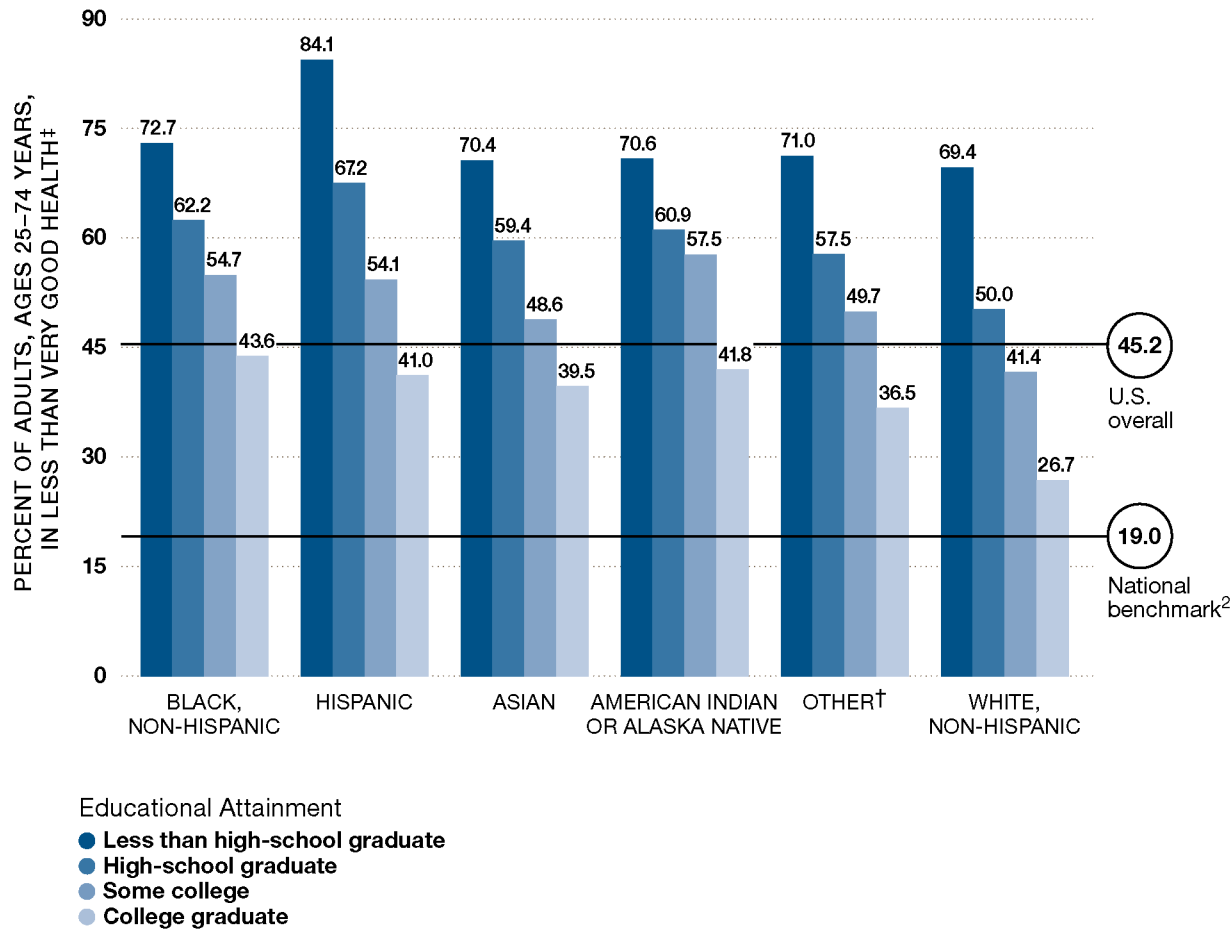
1 Based on self-report and measured as poor, fair, good, very good or excellent.

2 The national benchmark for adult health status represents the level of health that should be attainable for all adults in every state. The benchmark used here—19.0 percent of adults in less than very good health, seen in Vermont—is the lowest statistically reliable rate observed in any state among college graduates who were non-smokers with leisure-time physical exercise. Rates with relative standard errors of 30 percent or less were considered to be statistically reliable.

† Defined as any other or more than one racial or ethnic group, including any group with fewer than 3 percent of surveyed adults in the state in 2005-2007.

‡ Age-adjusted.

Education Is Linked with Health Regardless of Racial or Ethnic Group



Prepared for the RWJF Commission to Build a Healthier America by the Center on Social Disparities in Health at the University of California, San Francisco.
Source: 2005-2007 Behavioral Risk Factor Surveillance System Survey Data.

1 Based on self-report and measured as poor, fair, good, very good or excellent.

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† Defined as any other or more than one racial or ethnic group, including any group with fewer than 3 percent of surveyed adults in the state in 2005-2007.

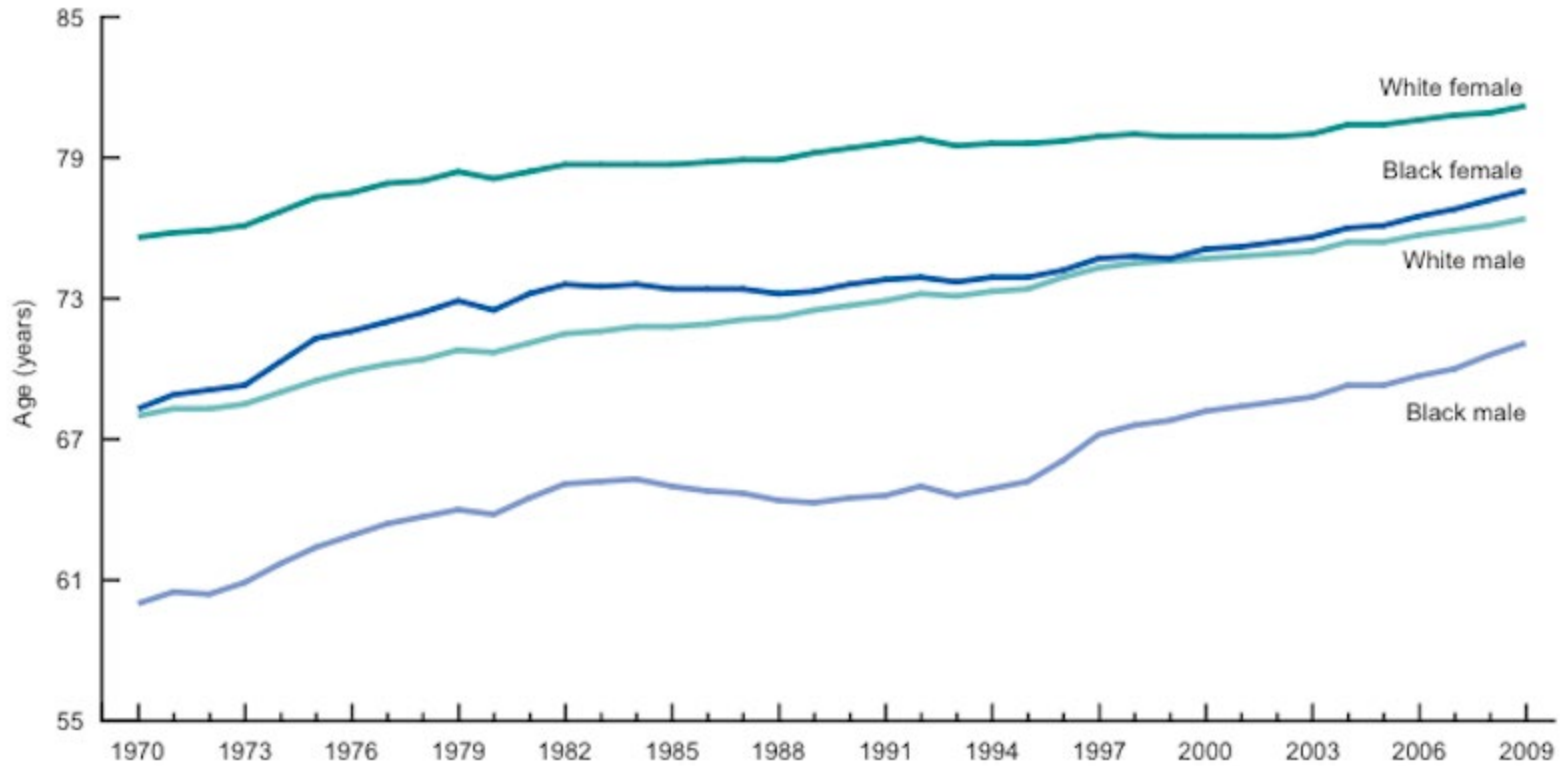
‡ Age-adjusted.

Differences in adult health status¹ by education do not simply reflect differences by racial or ethnic group; nor do they simply reflect differences between the least-educated and most-educated groups. Both educational attainment and racial or ethnic group matter for a person's health.

- Within each racial or ethnic group, a steep education gradient is evident. Adult health status improves as educational attainment increases. Among non-Hispanic whites, for example, adults who have not graduated from high school, those who have only completed high school and those who have some college education are 2.6, 1.9 and 1.6 times as likely to be in less than very good health as college graduates.
- At nearly every level of education, non-Hispanic white adults fare better than adults in any other racial or ethnic group.

Health shortfalls are even more dramatic when considering the level of adult health that should be attainable. At every level of education in every racial or ethnic group, the percentage of adults in less than very good health exceeds the national benchmark.²

Life Expectancy by Race and Sex, U.S. 1970-2009



Social & Health Inequalities In the US

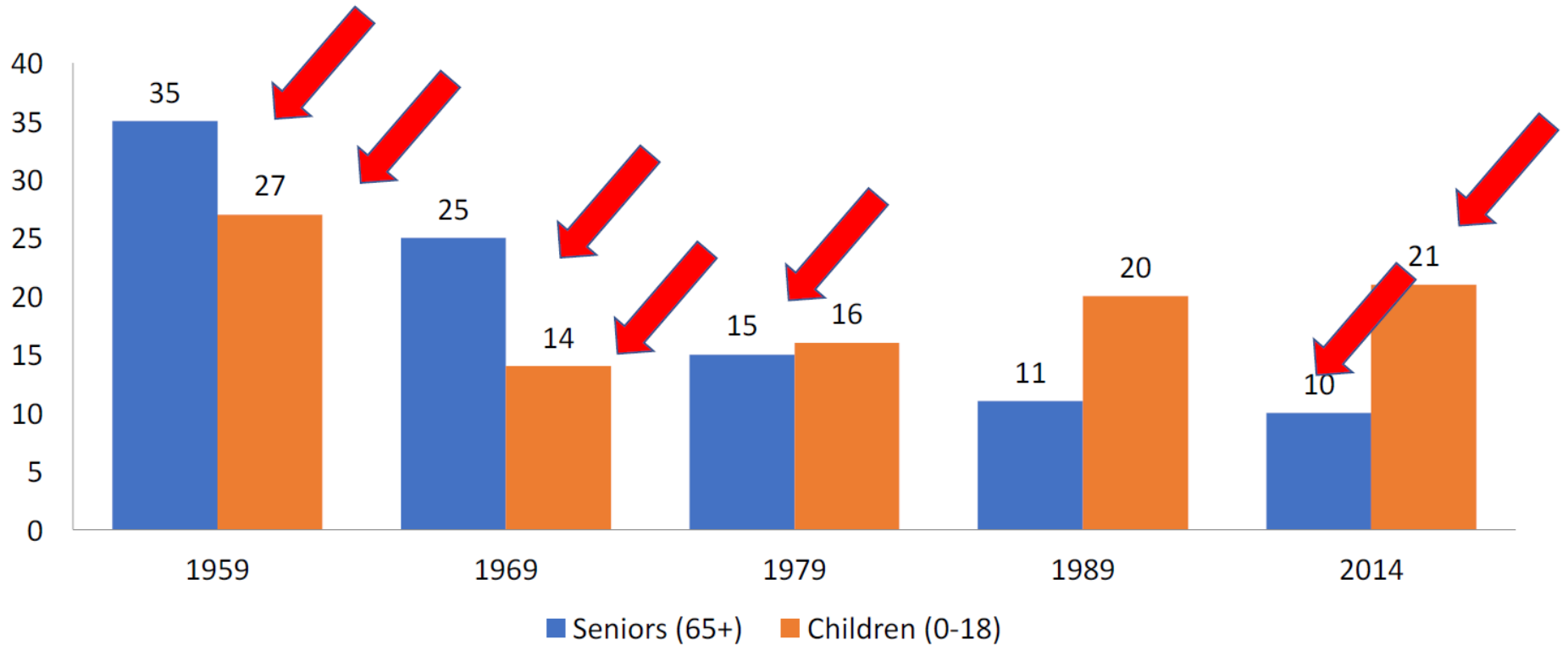
	Total	White non-Hispanic	Asian*	Hispanic or Latino	Black non-Hispanic†	Native American or Alaska Native
Wealth: median household assets (2011)	\$68 828	\$110 500	\$89 339	\$7683	\$6314	NR
Poverty: proportion living below poverty level, all ages (2014); children <18 years (2014)	14.8%; 21.0%	10.1%; 12.0%	12.0%; 12.0%	23.6%; 32.0%	26.2%; 38.0%	28.3%; 35.0%
Unemployment rate (2014)	6.2%	5.3%	5.0%	7.4%	11.3%	11.3%
Incarceration: male inmates per 100 000 (2008)	982	610	185	836	3611	1573
Proportion with no health insurance, age <65 years (2014)	13.3%	13.3%	10.8%	25.5%	13.7%	28.3%
Infant mortality per 1000 livebirths (2013)	6.0	5.1	4.1	5.0	10.8	7.6
Self-assessed health status (age-adjusted): proportion with fair or poor health (2014)	8.9%	8.3%	7.3%	12.2%	13.6%	14.1%
Potential life lost: person-years per 100 000 before the age of 75 years (2014)	6621.1	6659.4	2954.4	4676.8	9490.6	6954.0
Proportion reporting serious psychological distress‡ in the past 30 days, age ≥18 years, age-adjusted (2013–14)	3.4%	3.4%	3.5%	1.9%	4.5%	5.4%
Life expectancy at birth (2014), years	78.8	79.0	NR	81.8	75.6	NR
Diabetes-related mortality: age-adjusted mortality per 100 000 (2014)	20.9	19.3	15.0	25.1	37.3	31.3
Mortality related to heart disease: age-adjusted mortality per 100 000 (2014)	167.0	165.9	86.1	116.0	206.3	119.1

NR=not reported. *Economic data and data on self-reported health and psychological distress are for Asians only; all other health data reported combine Asians and Pacific Islanders. †Wealth, poverty, and potential life lost before the age of 75 years are reported for the black population only; all other data are for the black non-Hispanic population. ‡Serious psychological distress in the past 30 days among adults aged 18 years and older is measured using the Kessler 6 scale (range=0–24; serious psychological distress: ≥13). Sources: wealth data taken from the US Census;¹ poverty data for adults taken from the National Center for Health Statistics,² and poverty data for children taken from the National Center for Education Statistics;³ unemployment data taken from the US Bureau of Labor Statistics;⁴ incarceration data taken from the Kaiser Family Foundation;⁵ data on uninsured individuals taken from the National Center for Health Statistics;² data on infant mortality, self-assessed health status, potential life lost, serious psychological distress, life expectancy, diabetes-related mortality, and mortality related to heart disease taken from the National Center for Health Statistics.²

Table: Social and health inequities in the USA

Poverty

% POVERTY OVER TIME: 1959-2014 SENIORS VS. CHILDREN



UNNATURAL CAUSES ...is inequality making us sick?



©2007 California Newsreel

www.unnaturalcauses.org



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Racism

- A **system of social structures** that provides or denies access, safety, resources and power based on race categories and produces and reproduces race-based inequities.
- It affects us *individually*, is built into our *institutions* and is woven into the fabric of our *culture*.



Culture

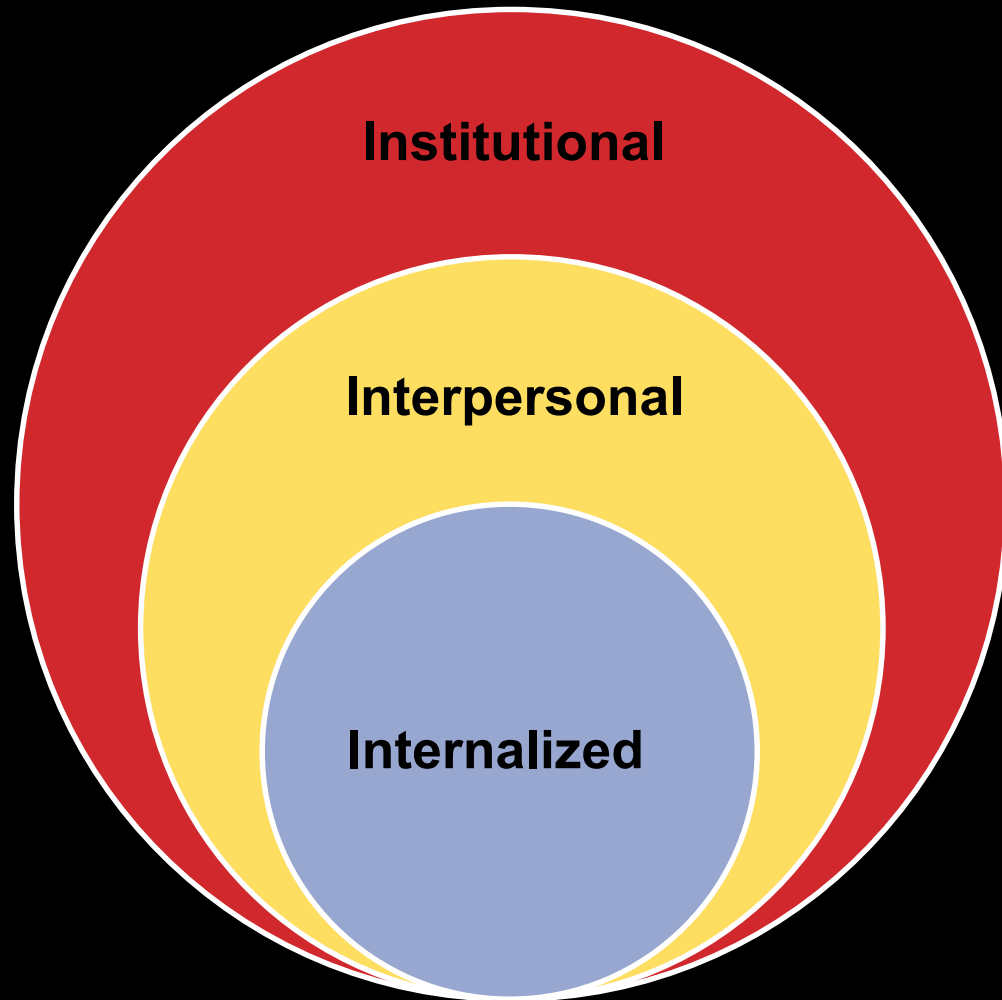
- **Culture:** the shared experiences of acts, beliefs, values, language, attitudes, words, institutions, rules, rituals, images, spiritual practices, knowledge and relationships which are shaped and articulated within social systems



Though **racism** is a system, it has many manifestations.

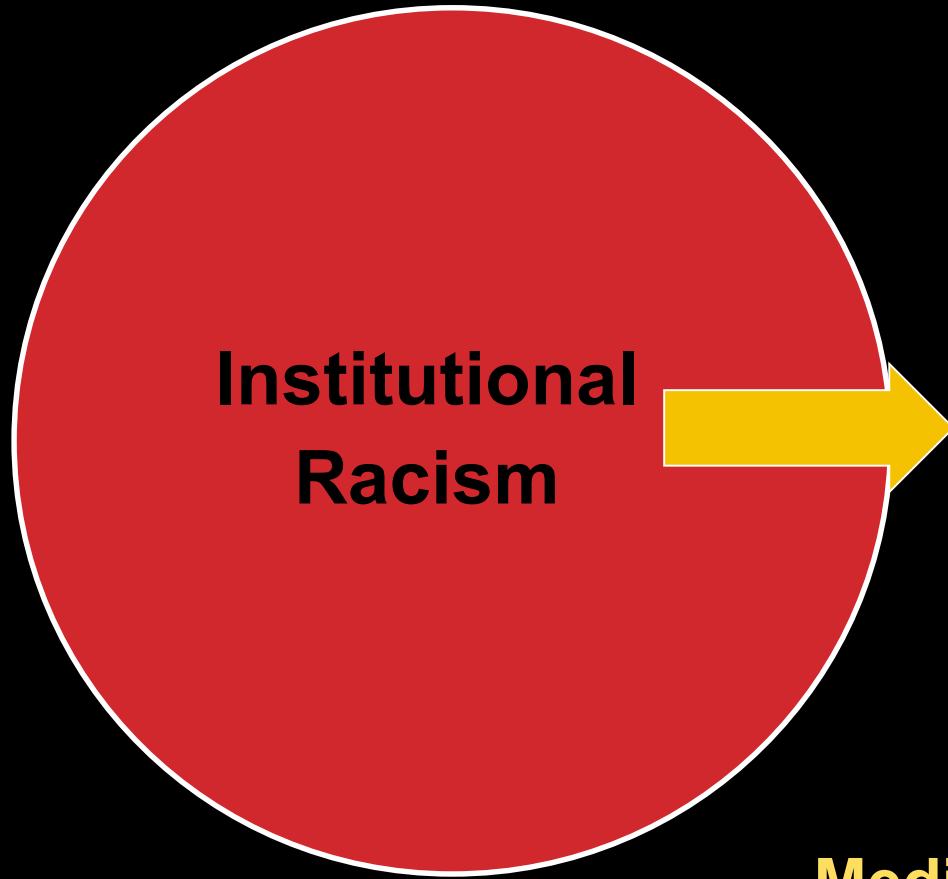
Here are three...

Three ways racism manifests...



School to Prison Pipeline

Redlining



The way racism manifests itself within various institutions in society. This includes the policies and practices that perpetuate a cycle of racial inequity and are promoted (overtly or subtly) by institutions (i.e. schools, government, housing, media).

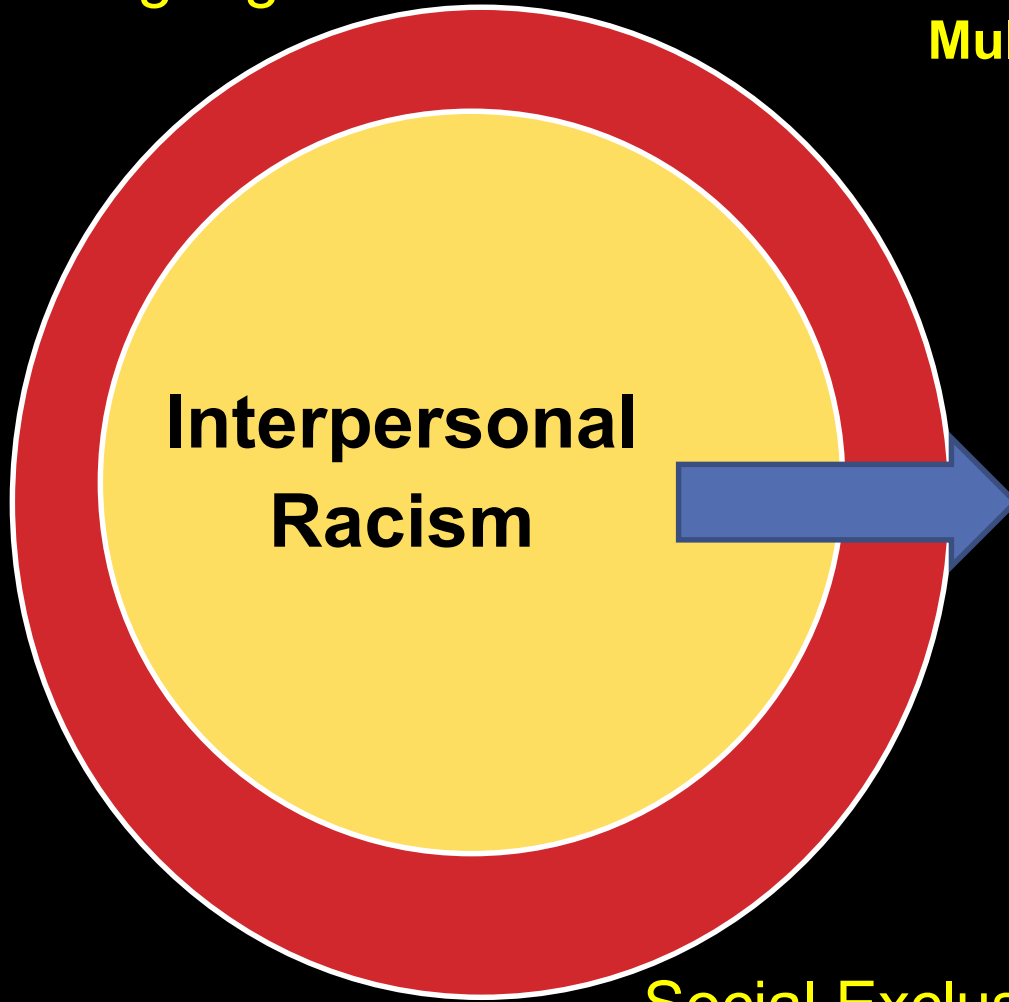
Media

Stop and Frisk

Food Deserts

School Discipline

Language



**Interpersonal
Racism**

Multiculturalism Vs. Anti-Racism

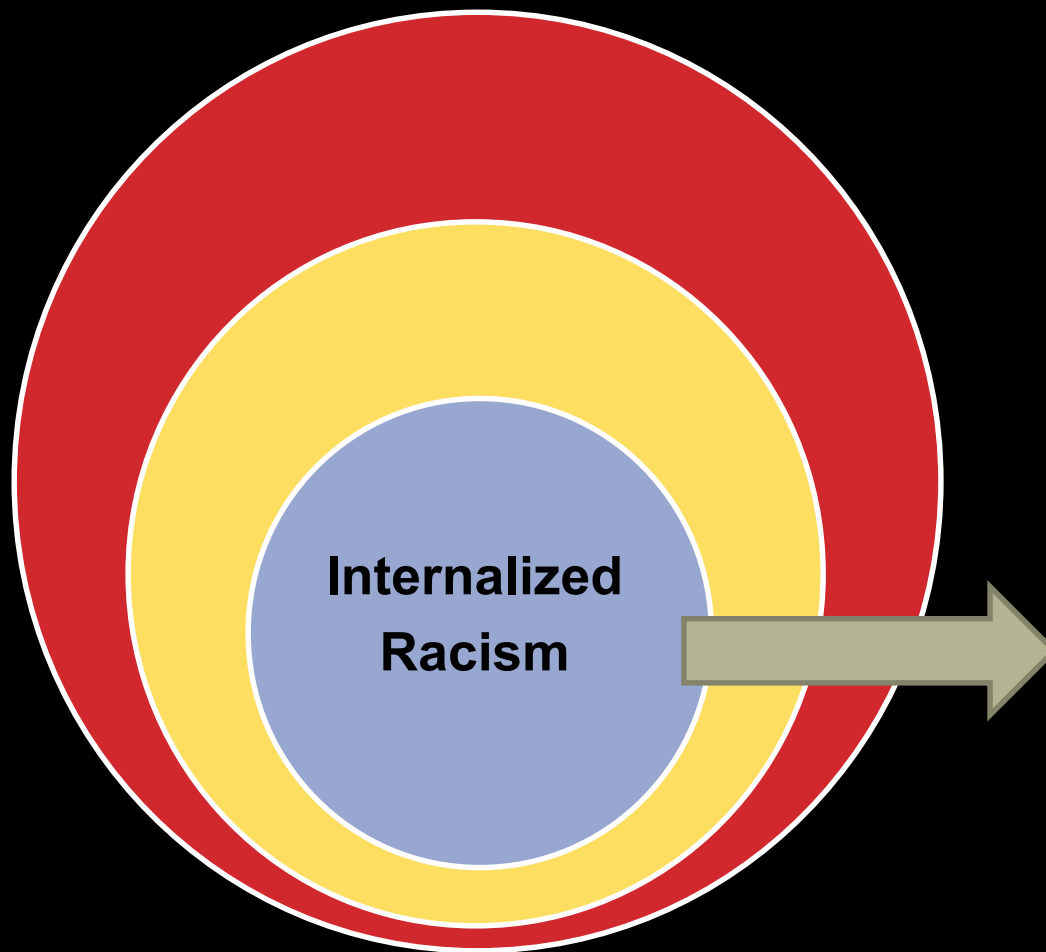
Consciously or subconsciously discriminating against a person or a group simply because of their race.

This is usually manifested through communication (verbal or non-verbal) or actions. It occurs when those with racial privilege (White people) discriminate against, isolate, minimize the experience of or oppress those with no (historical) structural power (People of Color).

Social Exclusion

Microaggressions

Financial Aid Assumptions



An individual's conscious or subconscious acceptance of a racial hierarchy in which White people are consistently ranked above People of Color.

It is manifested by, but not limited to, exhibiting patterns of thinking that one's racial group is inferior (i.e. as questioning ones' self worth based on their racial identity) or/and or thinking aspects of the dominant culture are superior (i.e. assuming Whiteness is the 'normal').

I Belong Here

Is that really racist?

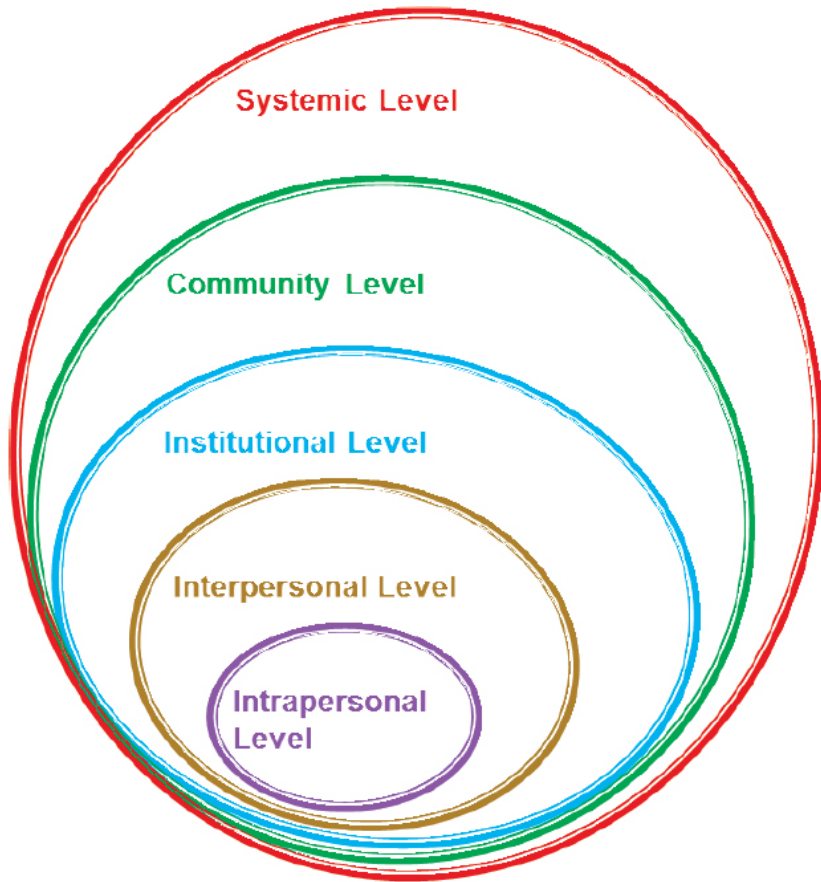
Let me show you what is!

Owning Vs. Renting

Code Switching

Having all the Answers

Social ecological model with examples of racism constructs.



- NOTES: The mechanisms by which the social determinants of health operate differ with respect to the level. For the intrapersonal level, these mechanisms are individual knowledge, attitudes/beliefs, and skills. At the interpersonal level, they are families, friends, and social networks. At the institutional level, they are organizations and social institutions. At the community level, they are relationships among organizations. At the systemic level, the mechanisms are national, state, and local policies, laws, and regulations.

Systemic Level

- Immigration policies
- Incarceration policies
- Predatory banking

Community Level

- Differential resource allocation
- Racially or class segregated schools

Institutional Level

- Hiring and promotion practices
- Under- or over-valuation of contributions

Interpersonal Level

- Overt discrimination
- Implicit bias

Intrapersonal Level

- Internalized racism
- Stereotype threat
- Embodying inequities



Global Outcry

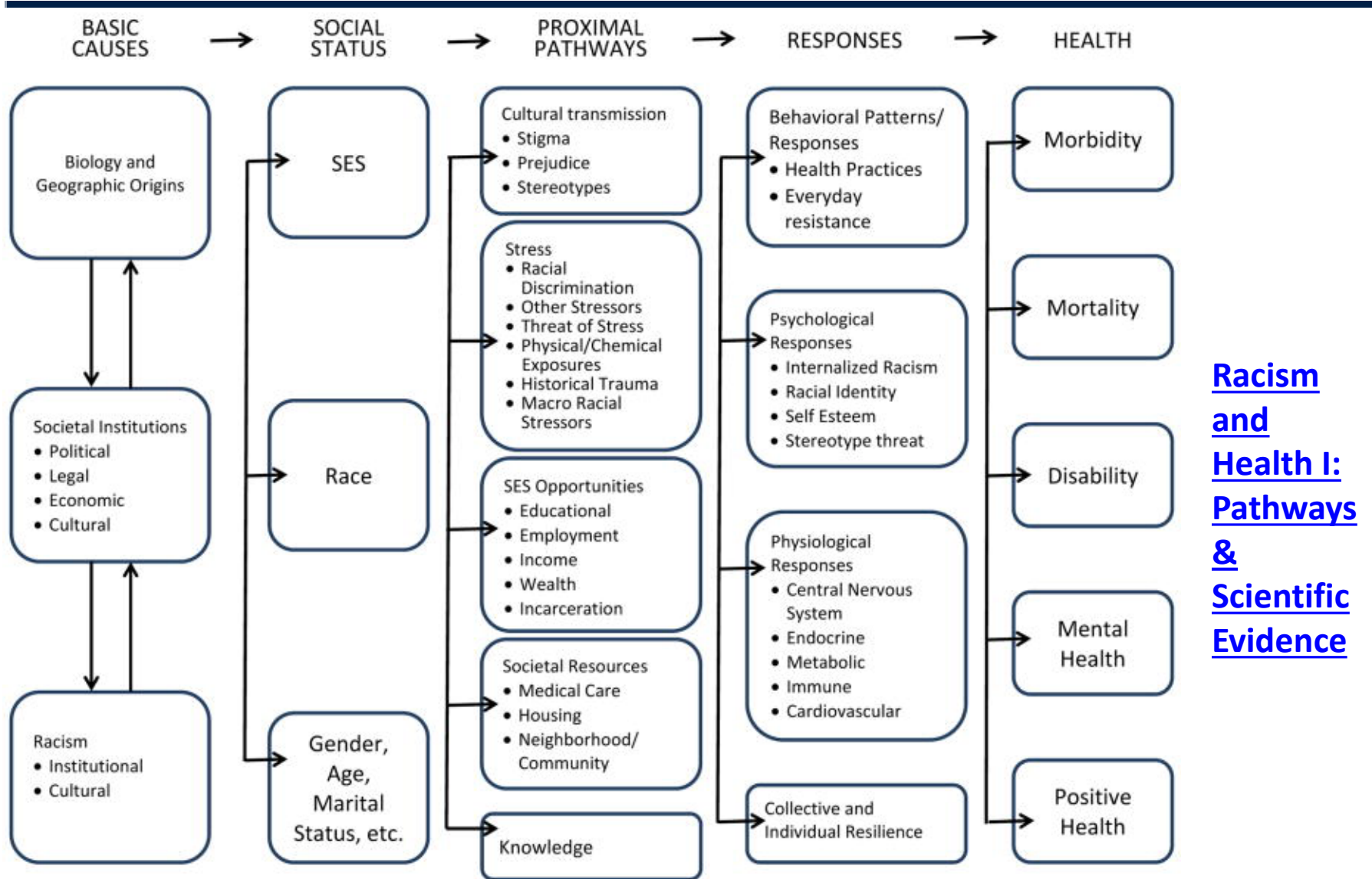
- “A global movement for social justice can only succeed if it goes beyond moments when white supremacy uncovers itself in the form of state-sponsored brutality on Black bodies in the US, and gets transported to our computer screens through social media.
- We need to demand the same response from governments, corporations and international bodies when queer Black women are murdered in Brazil, like Marielle Franco, when sex workers die in police custody in South Africa, like Robyn Montsumi, and when Black trans people are killed in the US, like Kiki Fantroy.
- The only alternative to a lack of global substantive change, is the continuous treatment of systemic racism as isolated events that ‘sometimes’ happen in the US. If we do not truly coordinate, we will be back here again, with another global outcry and our protests of solidarity will be rendered meaningless over time.” [Thabi Myeni](#)



Racism & Health

- Plessy v. Fergusson
 - allowed 'separate but equal,' also known as segregation, to become law in the United States.
- Jim Crow laws, which were a system of laws meant to discriminate against African Americans, spread across the U.S.





[Racism and Health I: Pathways & Scientific Evidence](#)



Panel 2: Pathways between racism and health^{9,12,13,16-18}

Economic injustice and social deprivation^{8,9,12,32-35}

Examples include residential, educational, and occupational segregation of marginalised, racialised groups to low-quality neighbourhoods, schools, and jobs (both historical de jure discrimination and contemporary de facto discrimination), reduced salary for the same work, and reduced rates of promotion despite similar performance evaluations

Environmental and occupational health inequities^{9,36-38}

Examples include strategic placement of bus garages and toxic waste sites in or close to neighbourhoods where marginalised, racialised groups predominantly reside, selective government failure to prevent lead leaching into drinking water (as in Flint, MI, in 2015–16), and disproportionate exposure of workers of colour to occupational hazards

Psychosocial trauma^{9,35,36,38}

Examples include interpersonal racial discrimination, micro-aggressions (small, often unintentional racial slights and insults, such as a judge asking a black defence attorney “Can you wait outside until your attorney gets here?”), and exposure to racist media coverage, including social media

Targeted marketing of health-harming substances^{9,30,39}

Examples include legal substances such as cigarettes and sugar-sweetened beverages, and illegal substances such as heroin and illicit opioids

Inadequate health care^{9,17,40-45}

Examples include inadequate access to health insurance and health-care facilities, and substandard medical treatment due to implicit or explicit racial bias or discrimination

State-sanctioned violence and alienation from property and traditional lands^{9,21,30,46-48}

Examples include police violence, forced so-called urban renewal (the use of eminent domain to force the relocation of urban communities of colour), and the genocide and forced removal of Native Americans

Political exclusion^{49,50}

Examples include voter restrictions (eg, for former felons and through identification requirements)

Maladaptive coping behaviours^{9,16,18}

Examples include increased tobacco and alcohol consumption on the part of marginalised, racialised groups

Stereotype threats¹⁵⁻¹⁸

Examples include stigma of inferiority, leading to physiological arousal, and an impaired patient-provider relationship



What is ANTI-Racism?

- Anti-racism is a form of action against racism and the systemic racism and the oppression of marginalized groups.
- Being antiracist is based on the conscious efforts and actions to provide equitable opportunities for all people on an *individual* and *systemic level*.



**“Racial inequity is a problem of bad
policy, not bad people.”**

—Ibram X. Kendi, *How to Be an Antiracist*



Taxation & Income Inequality

- Earned income tax credit (EITC),
 - which provides a tax credit to low-income families and individuals,
 - improvements in a variety of health and mental health conditions for adults and children,
 - as well as to reductions in smoking and other behaviors detrimental to health, improved parenting, and better school outcomes
- SSI, which provides benefits to low-income individuals with disabilities.



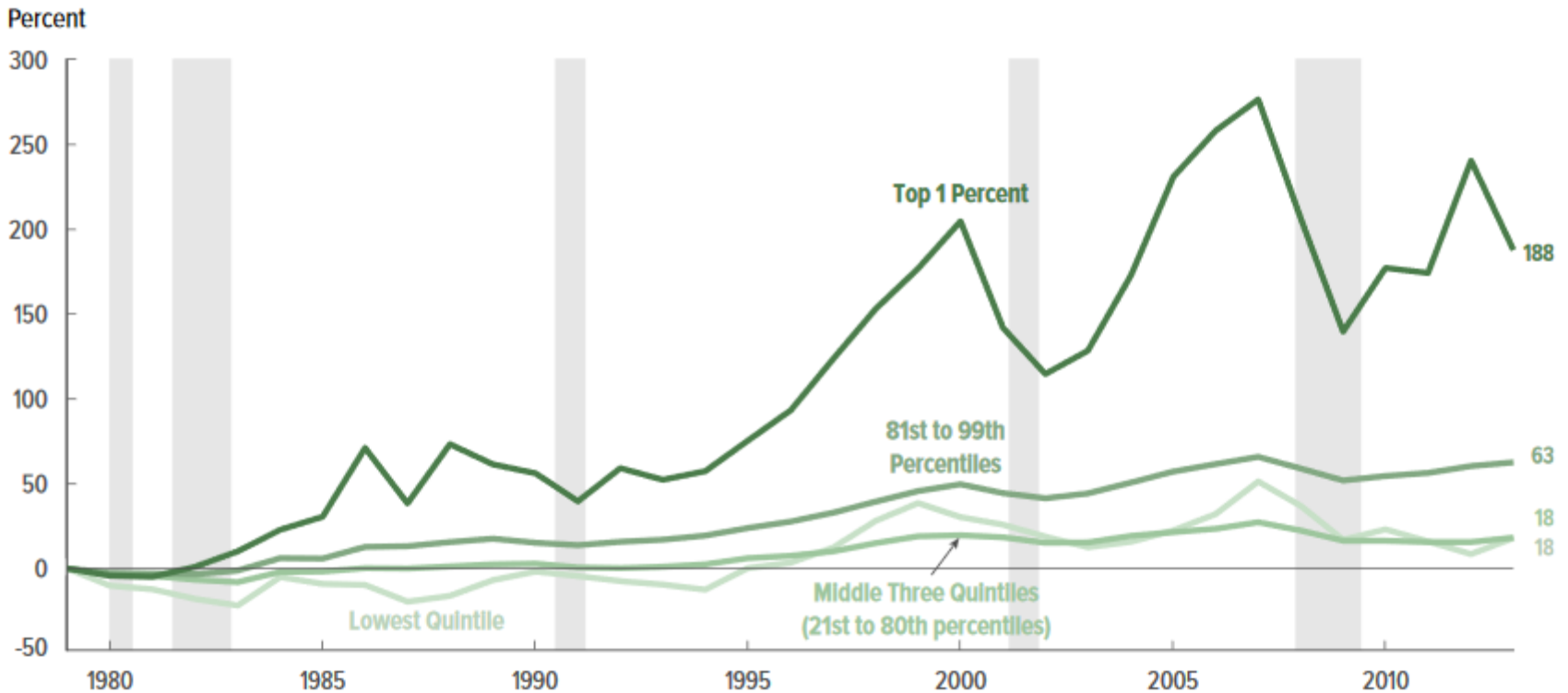
Taxation & Income Inequality

- Federal government increased the minimum wage to \$7.25 in 2009.
- 21 states have minimum wages higher the federal level
- Declining real minimum wage rates have contributed to increasing obesity rates
- Minimum wage policies are associated with lower maternal smoking and better birth outcomes



Figure 8.

Cumulative Growth in Average Inflation-Adjusted Market Income, by Market Income Group, 1979 to 2013



Source: Congressional Budget Office.

Market income consists of labor income, business income, capital gains (profits realized from the sale of assets), capital income excluding capital gains, income received in retirement for past services, and other sources of income. Before-tax income is market income plus government transfers. Government transfers are cash payments and in-kind benefits from social insurance and other government assistance programs. Those transfers include payments and benefits from federal, state, and local governments.

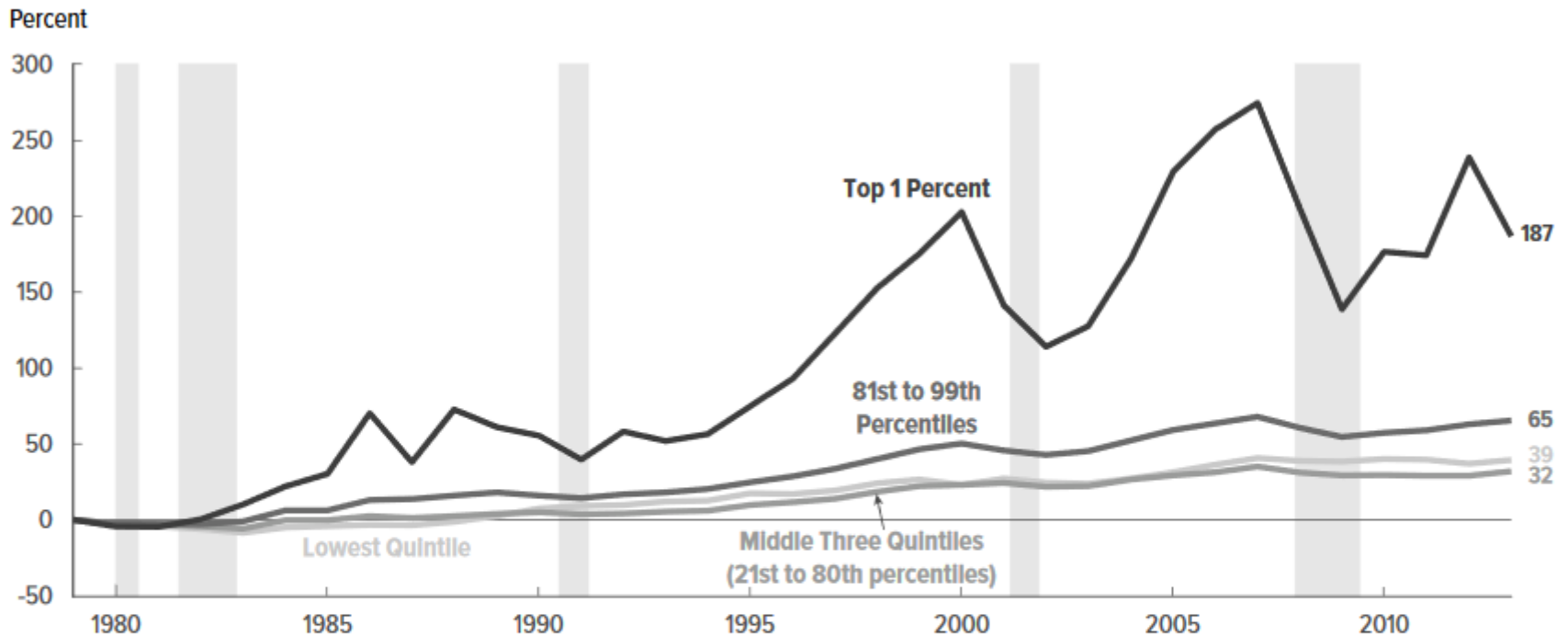
Income is converted to 2013 dollars using the price index for personal consumption expenditures.

Income groups are created by ranking households by market income, adjusted for household size. Quintiles (fifths) contain equal numbers of people; percentiles (hundredths) contain equal numbers of people as well.

For more detailed definitions of income, see the appendix.

Figure 11.

Cumulative Growth in Average Inflation-Adjusted Before-Tax Income, by Before-Tax Income Group, 1979 to 2013



Source: Congressional Budget Office.

Before-tax income is market income plus government transfers. Market income consists of labor income, business income, capital gains (profits realized from the sale of assets), capital income excluding capital gains, income received in retirement for past services, and other sources of income. Government transfers are cash payments and in-kind benefits from social insurance and other government assistance programs. Those transfers include payments and benefits from federal, state, and local governments.

Income is converted to 2013 dollars using the price index for personal consumption expenditures.

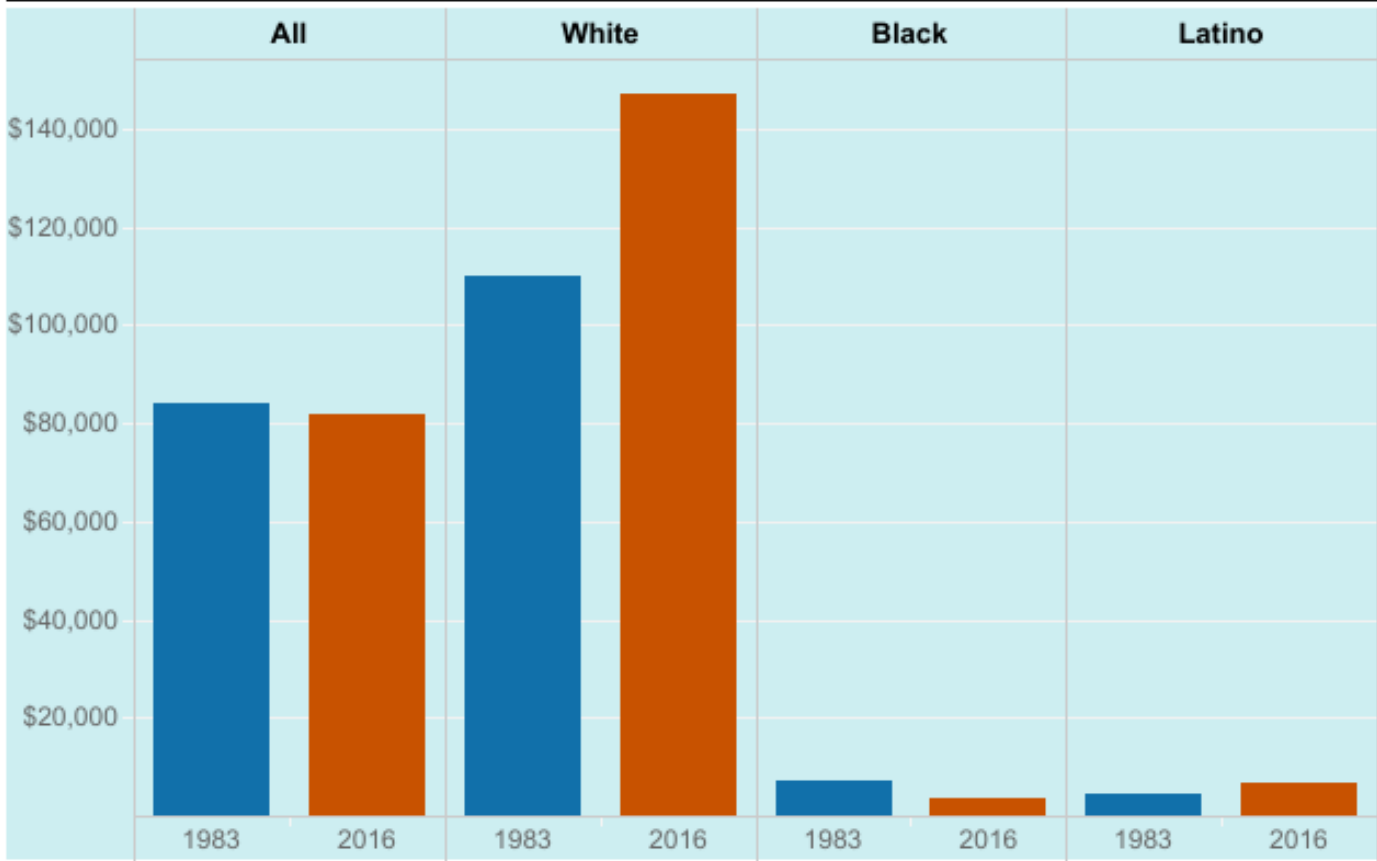
Income groups are created by ranking households by before-tax income, adjusted for household size. Quintiles (fifths) contain equal numbers of people; percentiles (hundredths) contain equal numbers of people as well.

For more detailed definitions of income, see the appendix.

Wealth Divide

The Racial Wealth Divide Has Grown Over Three Decades

U.S. median wealth by race, 1983 and 2016



Racial
Wealth
Divide

Source: Institute for Policy Studies



Housing Policies

- Renters in the bottom 5th spent about 63% of their income on rent in 2012.
- Means-tested housing assistance
 - vouchers to low-income families,
 - subsidized rent in public housing projects,
 - privately owned subsidized housing (Section 8),
 - support for the construction of low-income housing



Education Policies

Brown v. Board of Education (1954)

- American state laws establishing racial segregation in public schools are unconstitutional, even if the segregated schools are otherwise equal in quality.

Every Student Succeeds Act (ESSA) of 2015

- replaced the No Child Left Behind Act (NCLB), & modified but did not eliminate provisions relating to the periodic standardized tests given to students



Education Policies

Individuals with Disabilities Education Act (IDEA), 1975

- ensures students with a disability are provided with Free Appropriate Public Education (FAPE) that is tailored to their individual needs

National School Lunch Act (1946)

- provides nutritionally balanced, low-cost or no-cost lunches to children each school day



Civil Rights & Policies

Civil Rights Act of 1964:

- is a landmark civil rights and labor law in the United States that outlaws discrimination based on race, color, religion, sex, or national origin.
- It prohibits unequal application of voter registration requirements, and racial segregation in schools, employment, and public accommodations.



Civil Rights & Policies

Fair Housing Act of 1968

- Outlawed refusal to sell or rent a dwelling to any person because of race, color, disability, religion, sex, familial status, or national origin.

Americans with Disabilities Act of 1990

- Prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, & all public and private places that are open to the general public.



Civil Rights & Policies

ACA (2010)

- Section 1557, prohibits discrimination based on race, color, national origin, limited English proficiency, gender, physical and mental ability, & age

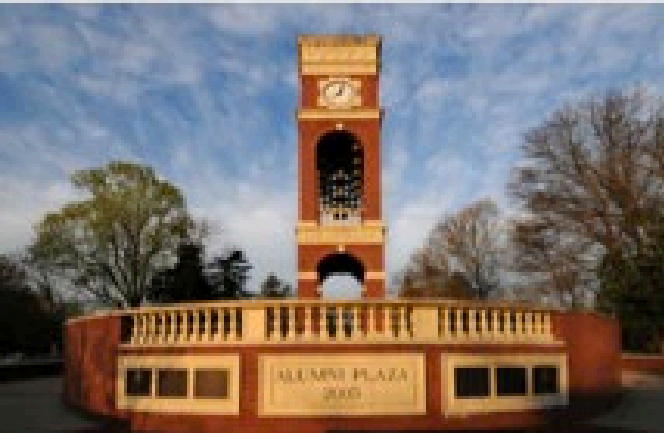
President's Executive Order 12898 on environmental justice & health (1994)

- requires federal agencies to address the effects of programs, policies, and activities on minority and low-income populations





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Health Policy

Public Policy

- A system of laws, regulatory measures, courses of action, and funding priorities concerning a given topic promulgated by a governmental entity or its representatives.



Health Policy

- Decisions, plans, and actions that are undertaken to achieve specific health goals within a society.



Health Care Policy

- Involves the creation and implementation of laws, rules, and regulations for managing nation's healthcare system.
 - The healthcare system consists of services provided by medical professionals to diagnose, treat, and prevent mental and physical illness and injury.



Public Health Policy

- Policies that promote healthy behaviors and change conditions—social, economic, and environmental—to improve the health of the entire population.
 - educating the public about healthier choices,
 - promoting physical activity and fitness,
 - preventing disease outbreaks and the spread of infectious diseases,
 - ensuring safe food and water in communities,
 - preparing for emergency, preventing injury,
 - treating water with fluoride for oral and dental health, and
 - creating smoke-free environments and discouraging tobacco use.



Public Health & Policy

- Public health has a unique place in health policy
- The public health system is more integrated than most of the other health “systems”
- Community/population health is a public good
- Consequently, if one is to understand public health policymaking and policies, it is important to comprehend when, where and how public health politics is conducted

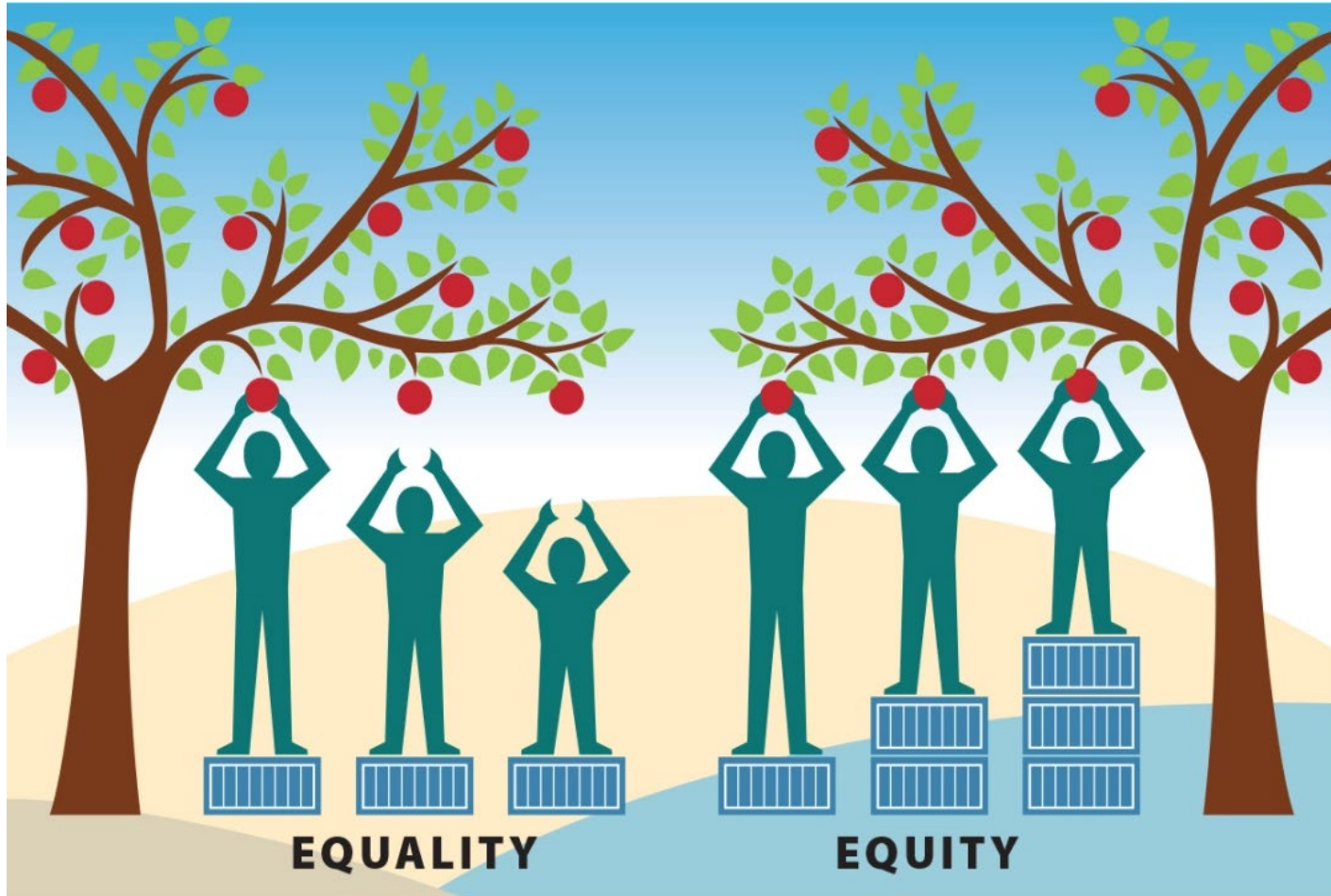


Ethical Principles in Political Markets

- Political market is controlled by human beings.
- Political market (policymaking process) is influenced by various mixes of altruism & egoism
- Policy process & policy outcome are directly influenced by the ethics of policy participants
- Ethical behaviors is guided by 4 philosophical principles
 - Respect for autonomy of other people
 - Justice
 - Beneficence
 - Nonmaleficence



Health Equity



Health Harming Legal Doctrines

- No duty to treat (Hurley v. Eddingfield)
- The facts of this case present two issues:
 - Are licensed doctors obligated to help patients who are in dire need of medical attention? **NO**
 - Is there an affirmative duty to be a good citizen and help others in peril if you have not caused their predicament? **NO**

Healthcare is a commodity, just like bread, and just like housing and everything else. (Dick Armey, R-TX)



Health Harming Legal Doctrines

- *Examination & Treatment for Emergency Medical Conditions and Women in Labor Act*
 - All individuals, regardless of ability to pay OR hospitals willingness to provide services...
 - The right to “appropriate screening examination” and
 - To clinical services to **STABILIZE** the patient
- Medicare & Medicaid—legal rights to eligible
- Private Insurance—access if providers take their plans



Health Harming Legal Doctrines

- Exclusion of poverty from protection under the Constitution
- Constitution's Equal Protection Clause
 - Race, ethnicity, national origin, religion, and gender
 - Impoverished individuals never ruled as protected class
- Case Law
 - King v. Smith
 - Shapiro v. Thomson
 - Goldberg v. Kelly

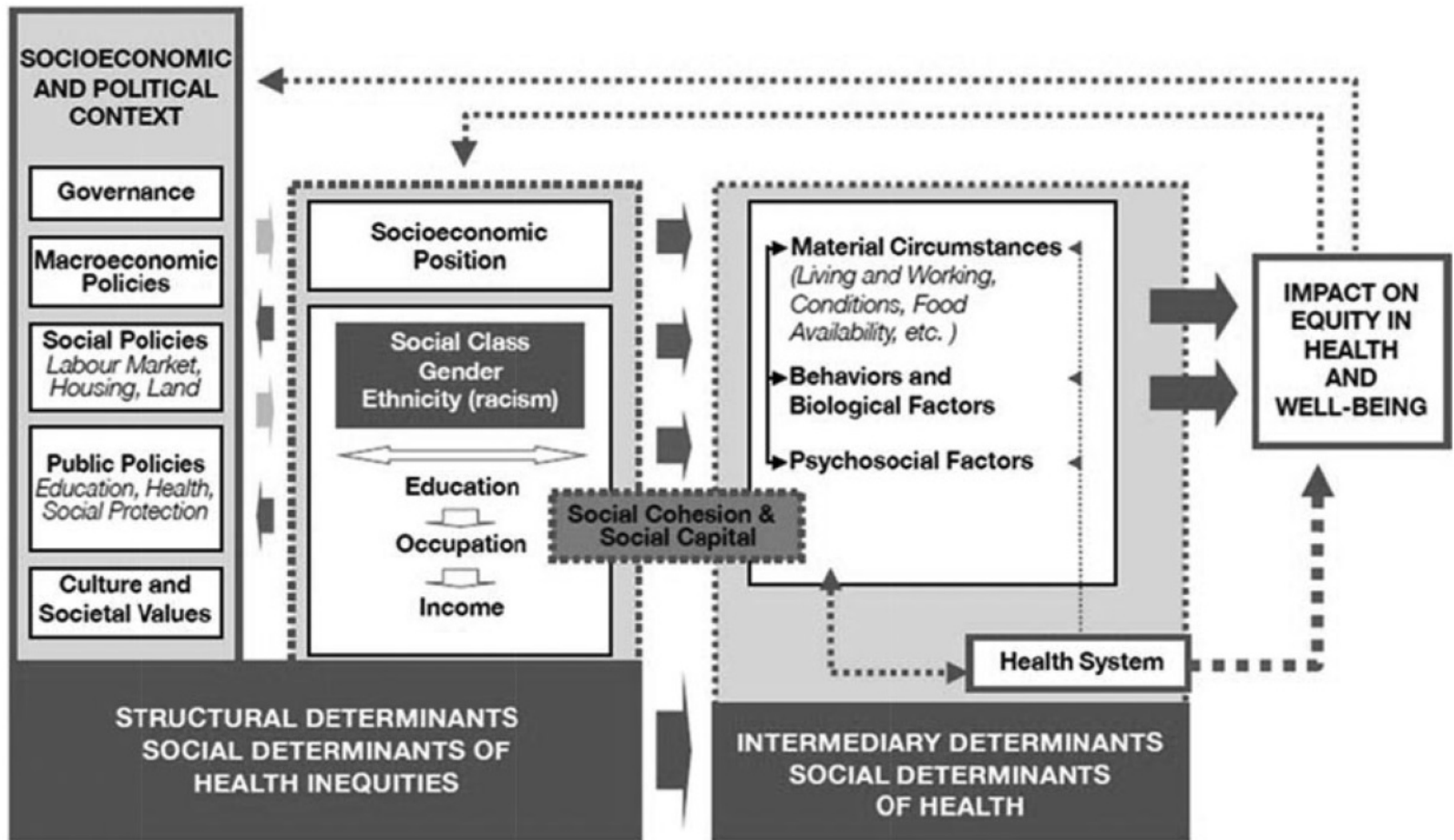


Health Harming Legal Doctrines

- Negative Constitution
 - Police Powers
 - Powers exercised by the states to enact legislation and promulgate regulations to protect the public health, welfare, and morals, and to promote the common good.
 - The Constitution does NOT require government to provide services, including public health.

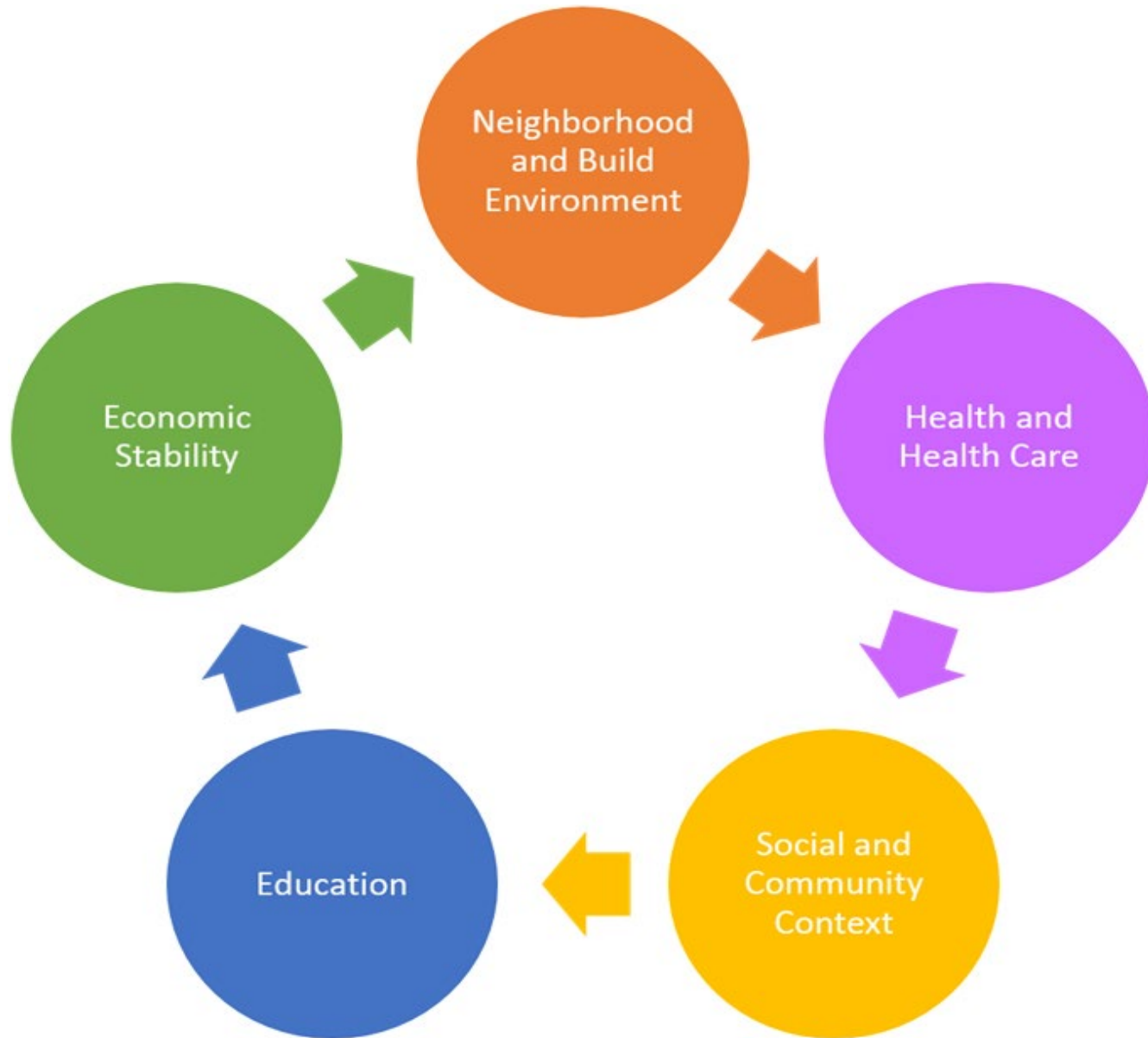


Policy Approaches to Advancing Health Equity



^aReprinted with permission from Solar and Irwin.²³



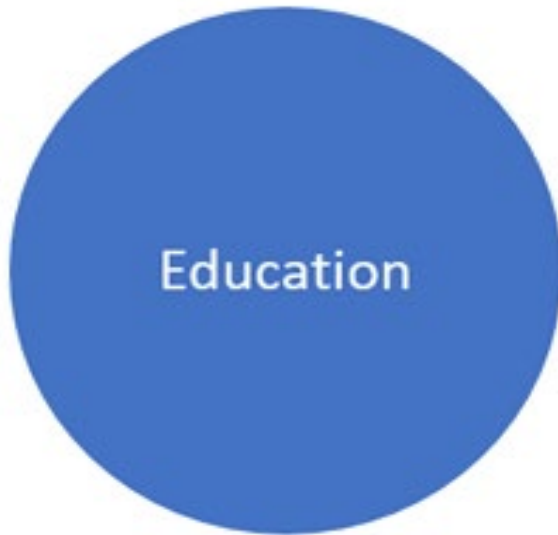




Neighborhood
and Build
Environment

- Quality of Housing
 - Eviction
 - Housing Maintenance & Safety Codes
 - Housing Assistance (HUD)
- Environment Conditions
 - EPA & OSHA
- Access to Health Foods
 - Supplemental Nutrition Assistance Program (SNAP)
 - WIC
 - National School Lunch & Breakfast Program





- School Policies that Support Health Promotion
 - National School Lunch & Breakfast Program
 - PE requirements k-12
- School Environment that is Safe & Conducive to Learning
 - Every Student Succeeds Act
 - American's with Disabilities Act





- Poverty
 - Temporary Assistance for Needy Families (TANF)
- Employment Status
 - Unemployment Insurance (UI)
 - Earned Income Tax Credit (EITC)
- Access to Employment
 - Equal Opportunity Employment
 - Adult Training Programs (Dept. of Labor)
 - FMLA
- Housing Stability
 - Eviction





Health and
Health Care

- Medicaid
- Medicare
- Children's Health Insurance Program (CHIP)
- Community Health Centers
- Reproductive Health Care Services (Title X)
- Examination & Treatment for Emergency Medical Conditions & Women in Labor Act





Social and
Community
Context

- Incarceration/
Institutionalization
- Family Structure
- Social Cohesion
- Perceptions of
Discrimination and Equity
- Civic Participation



Criminal Justice Policy

- Highest rate of incarceration in the world
 - mandatory sentencing,
 - “three strikes and you’re out,” and
 - increasing drug-related incarceration

Justice Reinvestment Initiative (2007)

- Aim to improve public safety and control taxpayer costs by prioritizing prison space for serious and repeat offenders &
- Investing some of the savings in alternatives to incarceration for low-level offenders that are effective at reducing recidivism



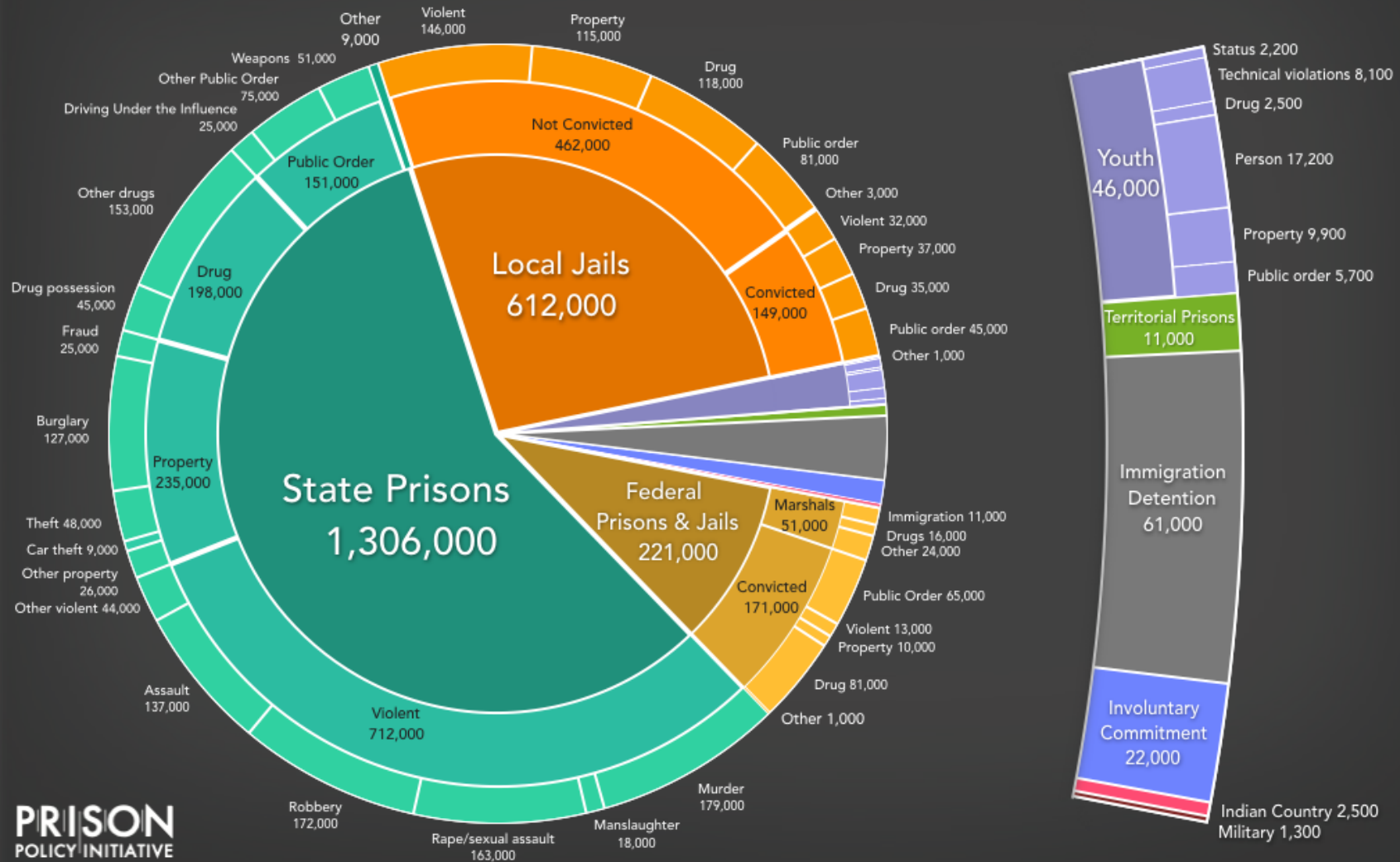
Criminal Justice Policy

- Fair Sentencing Act of 2010
 - which reduced the sentencing disparity between offenses for crack and powder cocaine from 100:1 to 18:1
- Ban-the-box policies
 - policies that prohibit employers from considering criminal records at the beginning of the application process



How many people are locked up in the United States?

The U.S. locks up more people per capita than any other nation, at the staggering rate of 698 per 100,000 residents. But to end mass incarceration, we must first consider *where* and *why* 2.3 million people are confined nationwide.



PRISON
POLICY INITIATIVE

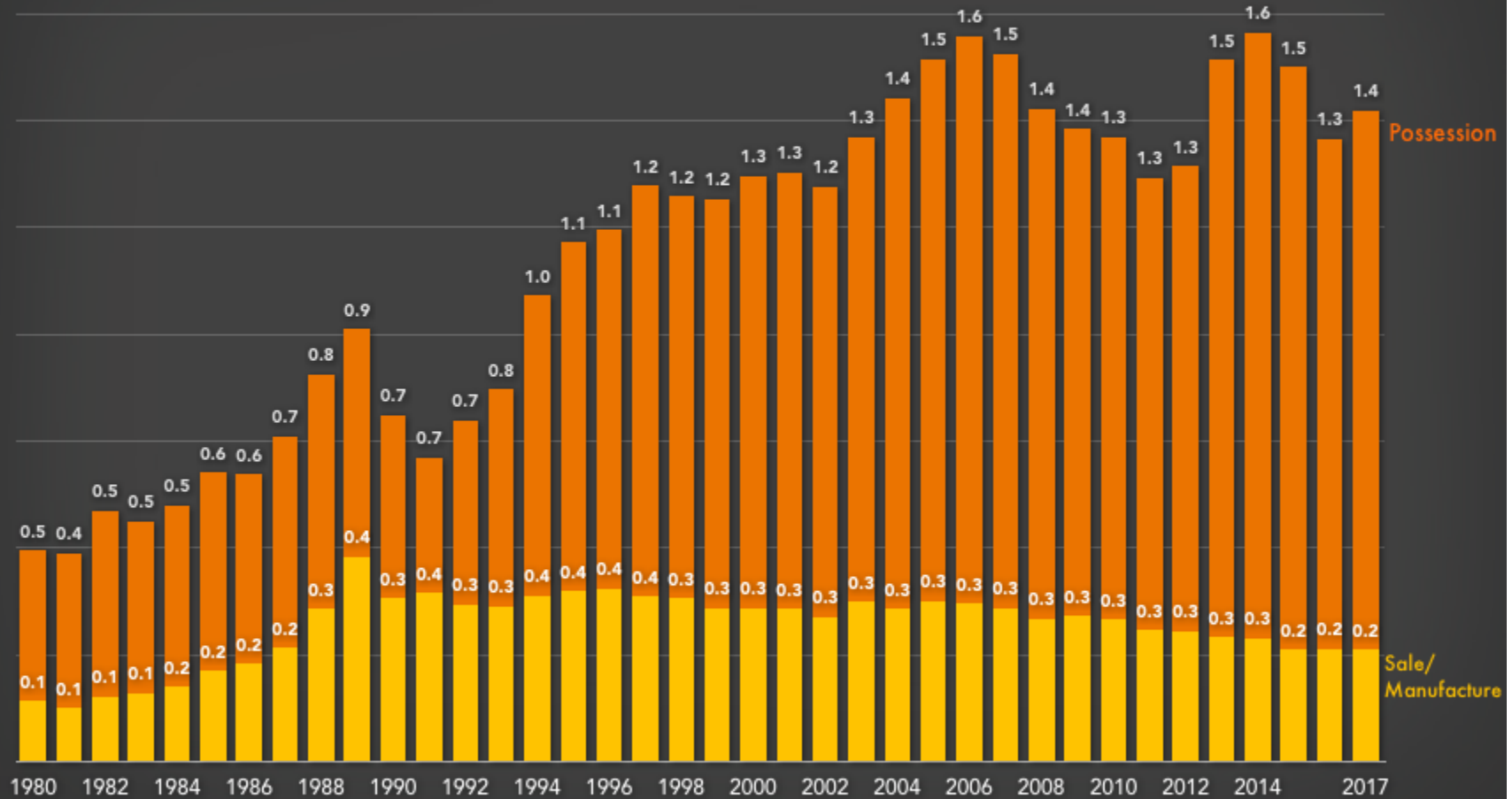
Sources and data notes: See <https://www.prisonpolicy.org/reports/pie2019.html>



EAST TENNESSEE STATE
UNIVERSITY

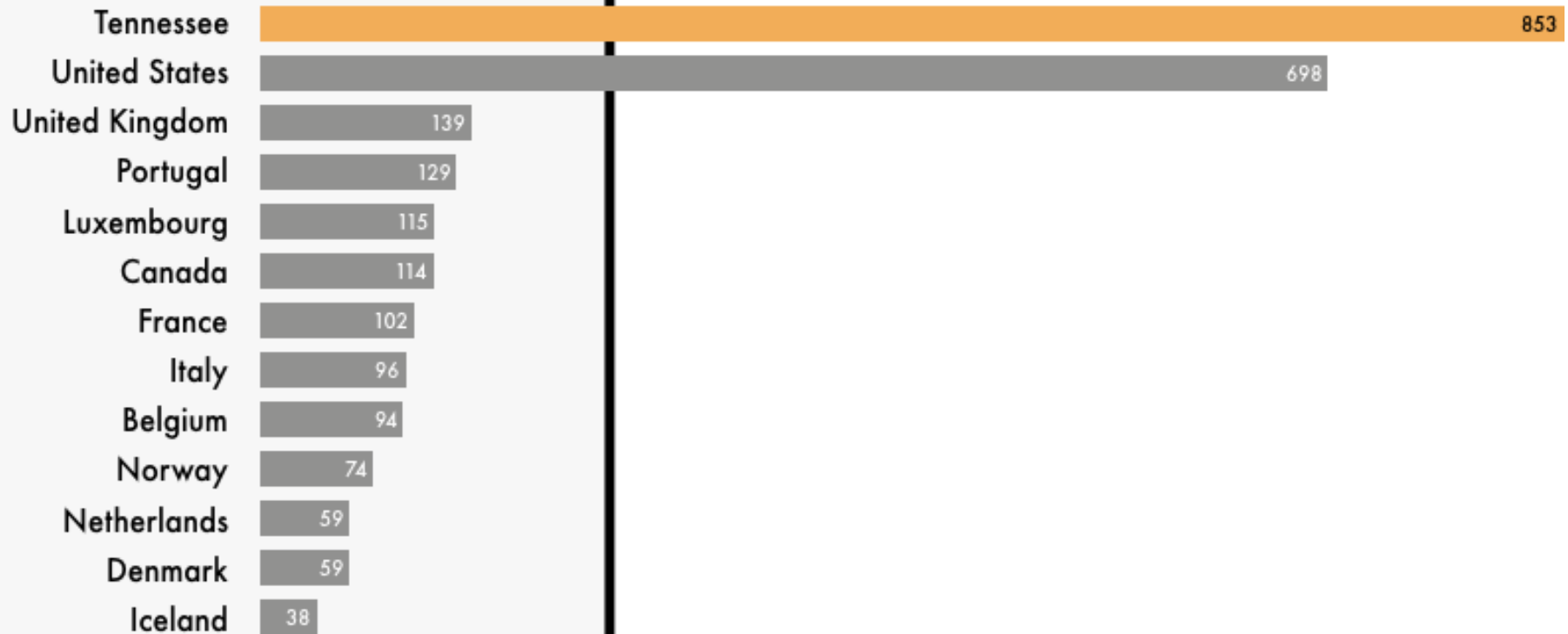
There are over 1 million drug possession arrests each year

There are 6 times as many arrests for drug possession as for drug sales.
(Arrests in millions, 1980–2017)



INCARCERATION RATES

COMPARING TENNESSEE
AND FOUNDING NATO COUNTRIES



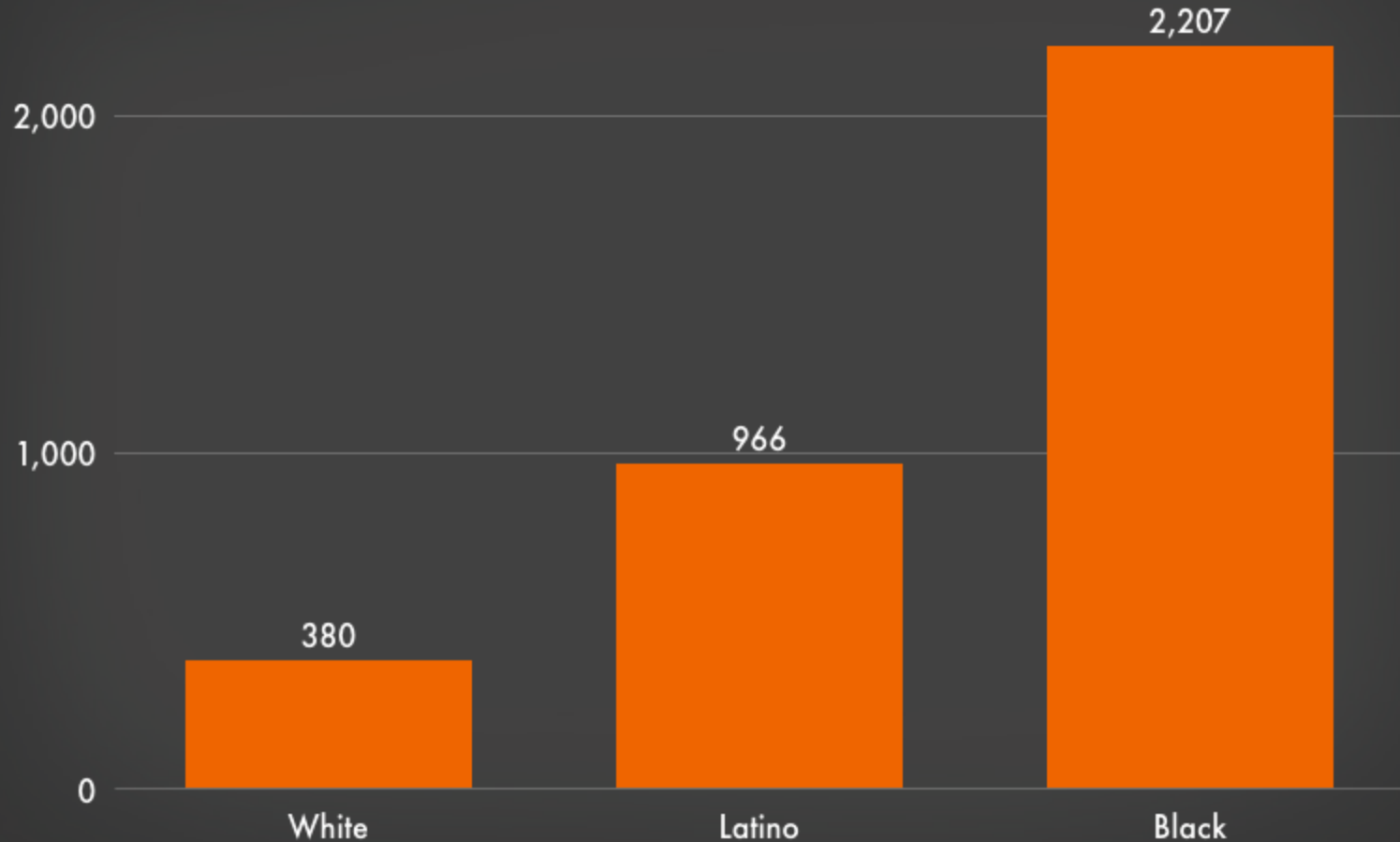
Incarceration rates per 100,000 population

Source: <https://www.prisonpolicy.org/global/2018.html>



United States incarceration rates by race and ethnicity, 2010

(number of people incarcerated per 100,000 people in that group)



Source: Calculated by the Prison Policy Initiative from Bureau of Justice Statistics, Correctional Population in the U.S., 2010 & U.S. Census 2010 Summary File 1.



**“Racial inequity is a problem of bad
policy, not bad people.”**

—Ibram X. Kendi, *How to Be an Antiracist*

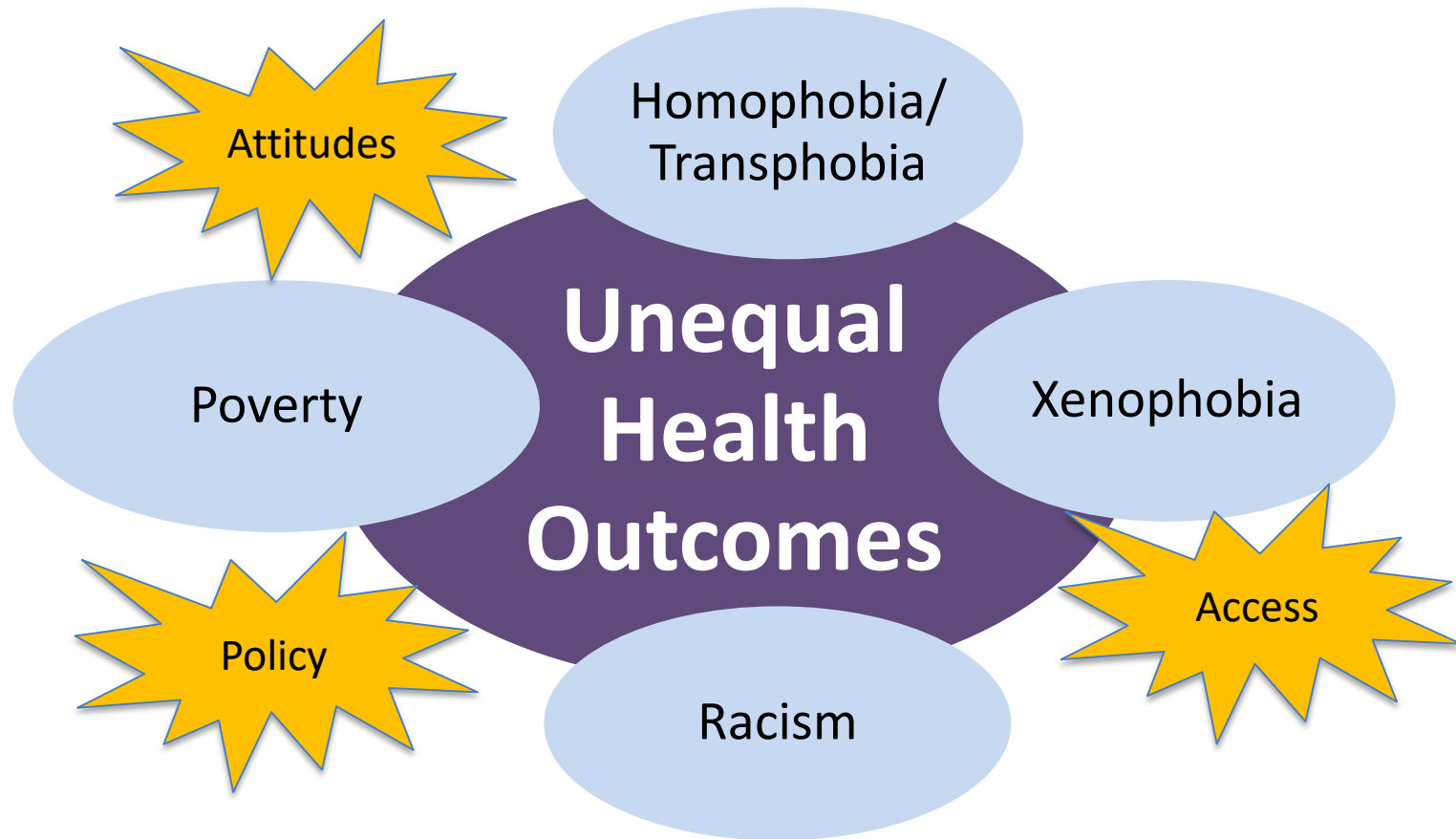


Structural Bias & Law

- The normalized and legitimized range of policies, practices, and attitudes that routinely produce cumulative and chronic adverse outcomes for minority populations
 - the main driver of social inequality in America today.
 - targets specific, easily stereotyped and generalizable attributes of individuals, such as race and gender.
 - Power and Legitimacy both play an important role in the identification of structural bias and who is affected by it.



Structural Bias & Law



Structural Bias & Law

- Immigration: Border Security and Immigration Enforcement Improvements (EO signed on Jan 25, 2017)
 - Complete operational control of the southern border (“The Wall”)
 - Increase number of detention facilities and increase number of border agents
 - Up to 8 million people in the US are affected



Structural Bias & Law

- Employers with 15 or more employees are prohibited by Title VII of the 1964 Civil Rights Act from discriminating on the basis of sex.
 - Some courts have ruled that Title VII also bans discrimination based on sexual orientation or gender identity.
 - The Supreme Court recently announced it will take up this question in three cases.
 - **June 2020—protects LGBTQ including transgender workers**
 - In addition, many states and cities have laws that ban this kind of discrimination.
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4306458/table/T1/?report=objectonly>



WIDENING OUR LENS

Conventional question: How can we promote healthy behavior?

Health equity question: How can we target dangerous conditions and reorganize land use and transportation policies to ensure healthy spaces and places?

Conventional: How can we reduce disparities in the distribution of disease and illness?

Health equity: How can we eliminate inequities in the distribution of resources and power that shape health outcomes?



WIDENING OUR LENS

- **Conventional:** What social programs and services are needed to address health disparities?

Health equity: What types of institutional and social changes are necessary to tackle health inequities?

Conventional: How can individuals protect themselves against health disparities?

Health equity: What kinds of community organizing and alliance building are necessary to protect communities?

