

#### Massachusetts Department of Public Health

### **RACIAL EQUITY & HOSPICE CARE**



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Roxanne Hoke-Chandler, MS
Megan Young, MHS
Bureau of Family Health & Nutrition

### Agenda

- Introductions & Container-Making
- Why Racial Equity
- Racial Equity & Palliative Care
- DPH Racial Equity Movement

# Acknowledgements

Content, data and framing is drawn directly from trainings and other materials developed by:

Racial Equity Institute, NC

Health Resources In Action, MA

Bay Love,

Abigail Ortiz,

Nashira Baril and

**DPH** staff

# **Container-Making**

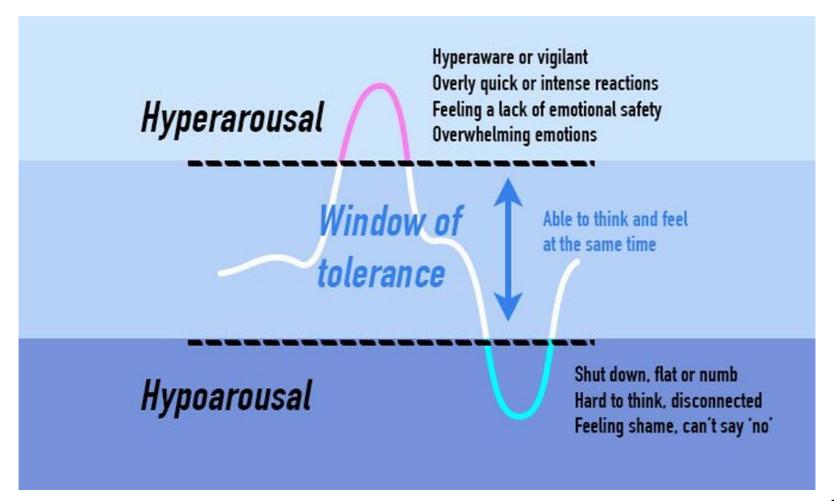
- Assume good intent
- Watch your inner judge
- Take space, make space
- Take care of yourself

### Introductions

Introduce yourself in the chat box with your:

- Name
- Race/ethnicity
- Pronouns

### **Window of Tolerance**



# What Do We Mean by Racial Equity?

Inequity: a difference which is avoidable, unfair and unjust

Racism: a system of advantage based on race. Occurs at

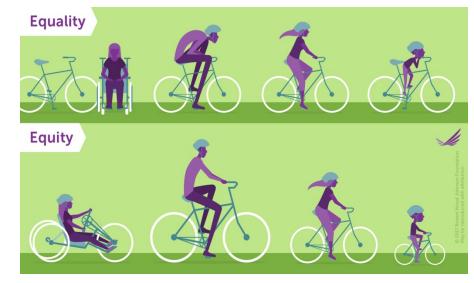
4 levels:

Internalized

2. Interpersonal

3. Institutional

4. Structural



 Racial equity: when racism no longer predicts life outcomes <u>and</u> outcomes for all groups are improved

### **Definitions**

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Racial Justice ≠ Diversity
                  (Diversity = Variety)
Racial Justice ≠ Equality
                  (Equality = Sameness)
Racial Justice = Equity
                  (Equity = Fairness, Justice)
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# Intersectionality

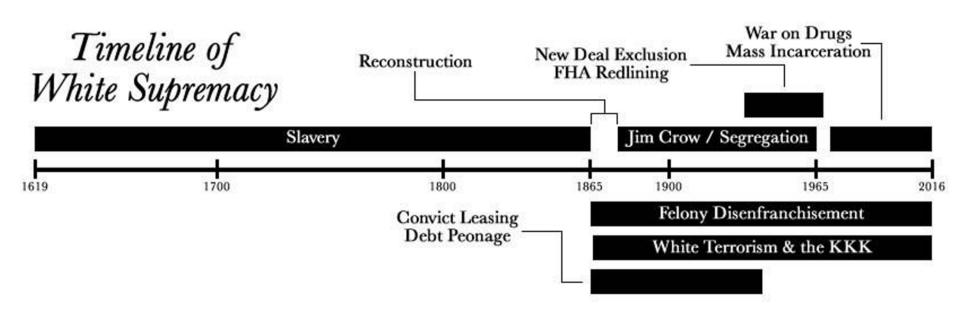
The interconnected nature of social categories such as race, class and gender as they apply to a given individual, class or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

Kimberlé Crenshaw: What is Intersectionality?

https://www.youtube.com/watch?v=ViDtnfQ9FHc

# Timeline & Current Racial Inequities

# **Timeline of White Supremacy**



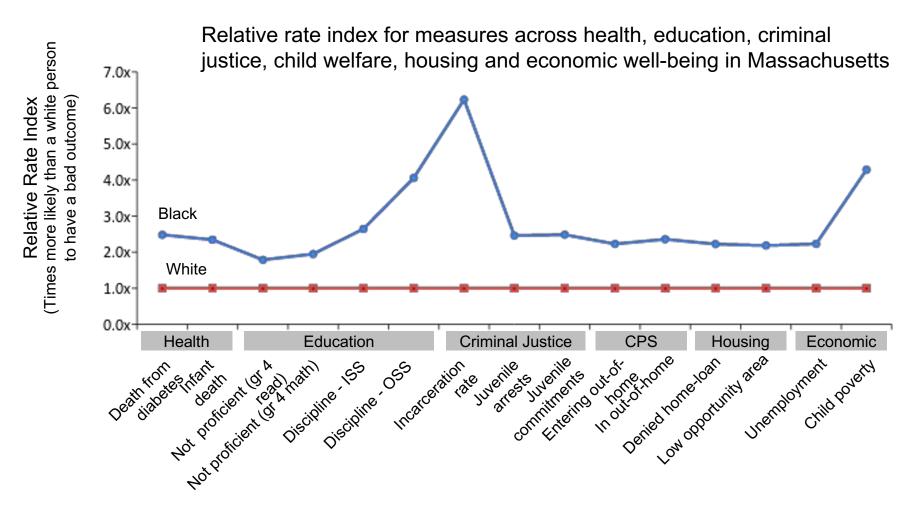
# Racial inequity persists in every system across the country, without exception

System	Term	Definition
Child welfare	Disproportionality	Refers to the proportion of ethnic or racial groups of children in child welfare compared to those groups in the general population. <sup>1</sup>
Health	Health disparity	Healthcare disparities refer to differences in access to or availability of facilities and services. Health status disparities refer to the variation in rates of disease occurrence and disabilities between socioeconomic and/or geographically defined population groups. <sup>2</sup>
Juvenile justice	Disproportionate minority contact ("DMC")	Refers to the disproportionate number of minority youth who come into contact with the juvenile justice system <sup>3</sup>
Education	Achievement gap	When one group of students (such as, students grouped by race/ethnicity, gender) outperforms another group and the difference in average scores for the two groups is statistically significant. <sup>4</sup>
Housing	Housing discrimination	Housing discrimination is discrimination in which an individual or family is treated unequally when trying to buy, rent, lease, sell or finance a home based on certain characteristics, such as race, class, sex, religion, national origin, and familial status. <sup>5</sup>
Economic Development	Historically underutilized businesses	Businesses that are disadvantaged and are deemed in need of assistance to compete successfully in the marketplace. <sup>6</sup>

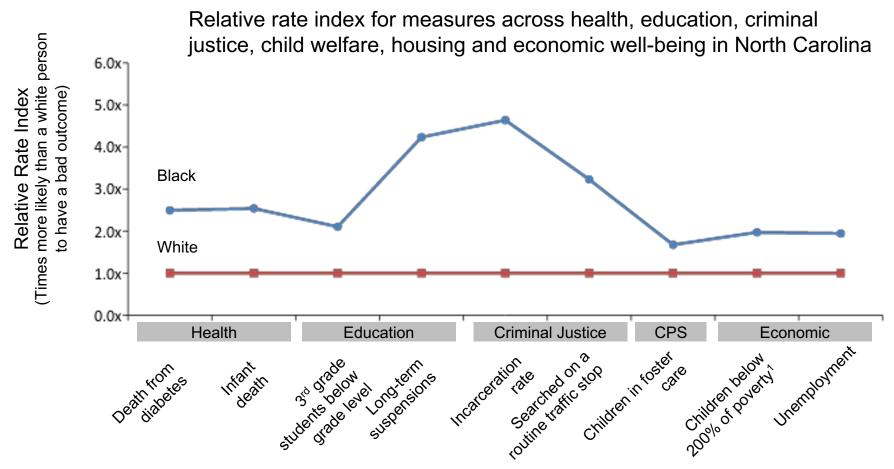
Sources: 1) U.S. Department of Health and Human Services, Administration for Children and Families, available at www.childwelfare.gov/pubPDFs/racial\_disproportionality.pdf; 2) U.S. National Library of Medicine, available at www.nlm.nih.gov/hsrinfo/disparities.html; 3) US DOJ Office of Juvenile Justice and Delinquency Prevention, available at www.oijdp.gov/programs/ProgSummary.asp?pi=18&ti;

<sup>4.</sup> Institute of Education Sciences, National Center for Education Statistics, available at nces.ed.gov/nationsreportcard/studies/gaps/; 5) The People's Law Library of Maryland, www.peoples-law.org; 6) Paraphrased from NC Department of Administration, see ncadmin.nc.gov/businesses/hub.

# Black people are two to seven times more likely to have bad outcomes across systems in MA



#### ...the same holds true in North Carolina...

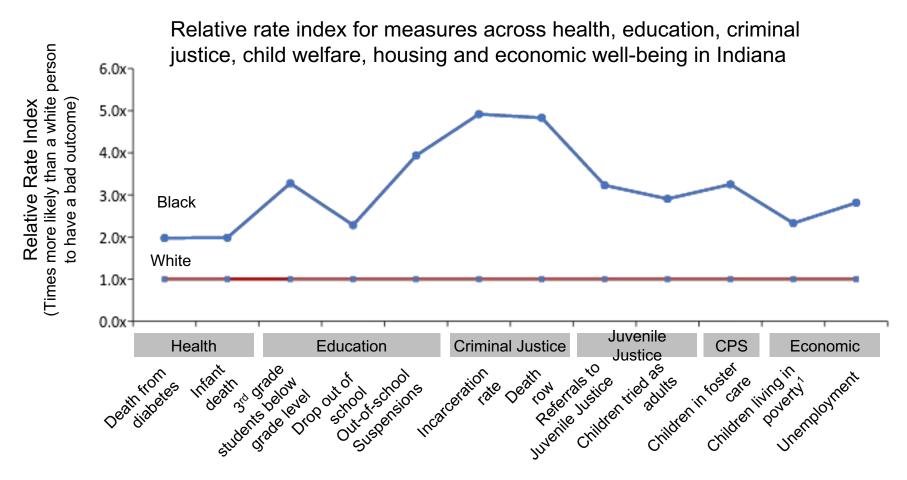


Sources: 1) NC State Center for Health Statistics, available at www.schs.state.nc.us/schs/pdf/NCPopHealthDatabyRaceEthOct2014.pdf; 2) NC Department of Public Instruction, available at http://www.ncpublicschools.org/src/ and www.ncpublicschools.org/docs/research/discipline/reports/consolidated/2012-13/consolidated-report.pdf; 3) NC Department of Public Safety.

available at webapps6.doc.state.nc.us/apps/asqExt/ASQ 4) Baumgartner, F and D Epp, "Final Report To The North Carolina Advocates For Justice Task Force On Racial and Ethnic Rias"

available at www.unc.edu/~fbaum/papers/Baumgartner-Traffic-Stops-Statistics-1-Feb-2012.pdf; National Council of Juvenile and Family Court Judges and Office of Juvenile Justice

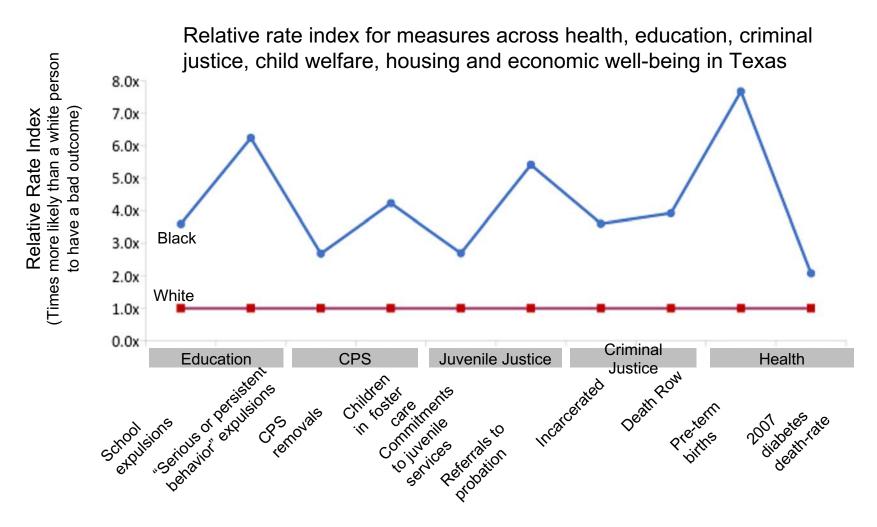
#### ...in Indiana...



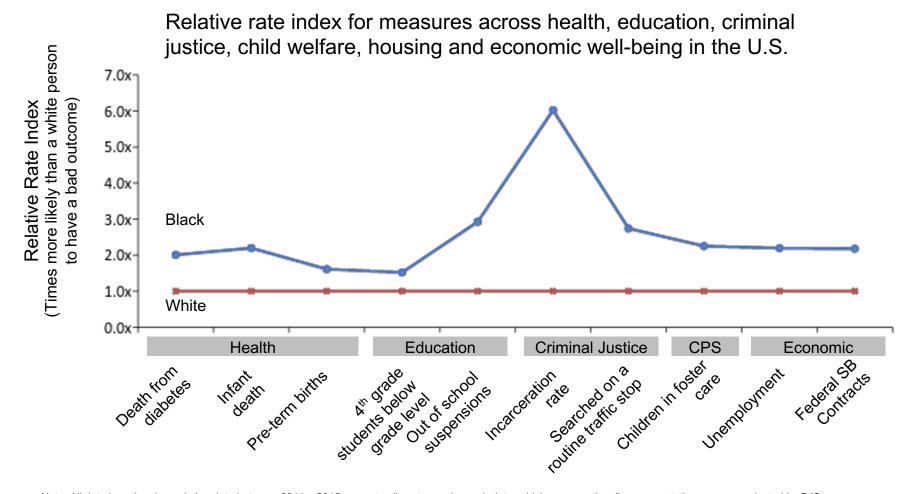
Sources: 1) Kaiser Family Foundation, State Health Facts, available at kff.org/other/state-indicator/diabetes-death-rate-by-raceethnicity/#notes; 2) IN Department of Education School and Corporation Reports, available at www.doe.in.gov/accountability/find-school-and-corporation-data-reports; US Department of Education Civil Rights Data Collection, available at ocrdata.ed.gov/StateNational

Estimations/Estimations\_2011\_12; The Sentencing Project State by State Data, available at www.sentencingproject.org/the-facts/#detail?state1Option=Indiana&state2Option=0; Clark County Prosecuting Attorney Indiana Death Row Statistics, available at www.clarkprosecutor.org/html/death/rowstats.htm; "Identifying Disproportionate Minority Contact in Indiana," Center for Criminal Justice Research at Purdue University Indianapolis, 2012, available at www.in.gov/cji/files/Y\_DMC\_Study\_Phase\_I.pdf; "Disproportionality Rates for Children in Foster Care,"

#### ...in Texas...



#### ...and nationally

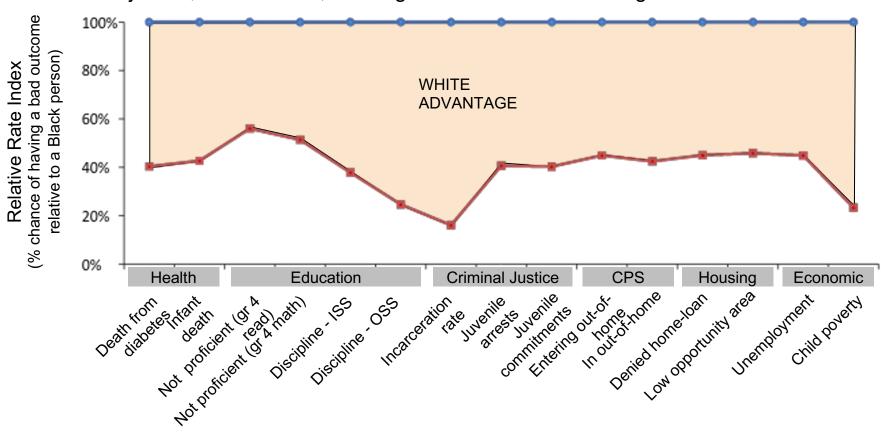


Note: All data is national population data between 2011 – 2015, except police stop and search data, which was a nationally representative survey conducted by BJS.

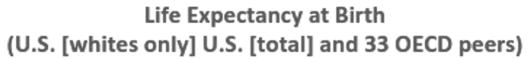
Sources: 1) National Center for Health Statistics. Health, United States, 2015: With Special Feature on Racial and Ethnic Health Disparities. Hyattsville, MD. 2016 2) Nat'l Assessment of Ed. Progress 3) US DOE Office for Civil Rights 4) Bureau of Justice Statistics, "Prisoners in 2013." 5) Bureau of Justice Statistics, National Crime Victimization Survey, Police-Public Contact Survey, 2011 6) National Council of Juvenile and Family Courty Judges, "Disproportionality Rates for Children of Color in Foster Care." 7) Bureau of Labor Statistics 8) Bloomberg.com

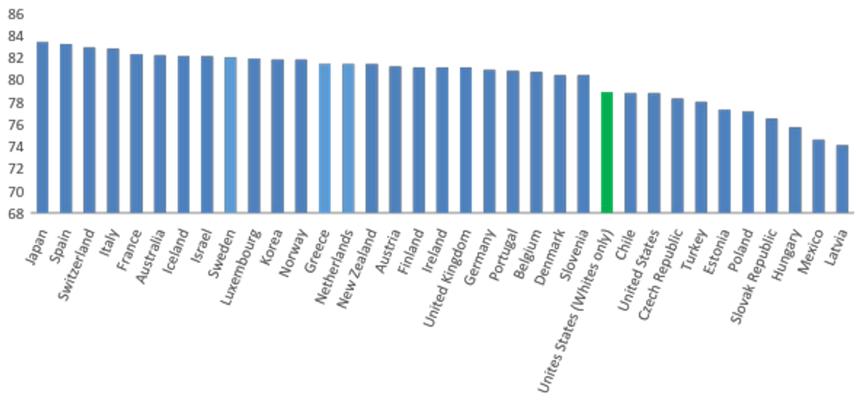
# Accumulated across systems, the inequity adds up to significant white advantage

Relative rate index for measures across health, education, criminal justice, child welfare, housing and economic well-being in Massachusetts



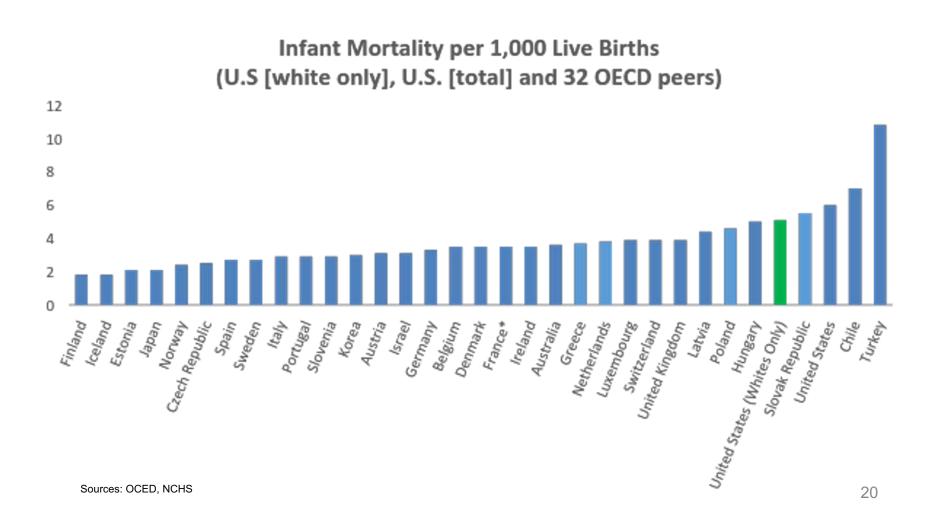
# While they seem to be doing well, US White people often fare poorly when compared internationally (life expectancy)



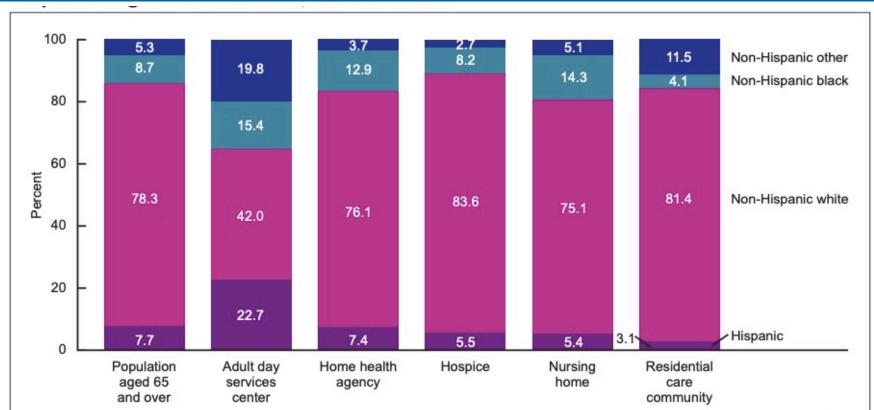


Sources: OCED, NCHS

# While they seem to be doing well, US White people often fare poorly when compared internationally (infant mortality)



# Percent distribution of long-term care service users by sector and race/ethnicity, 2015 and 2016



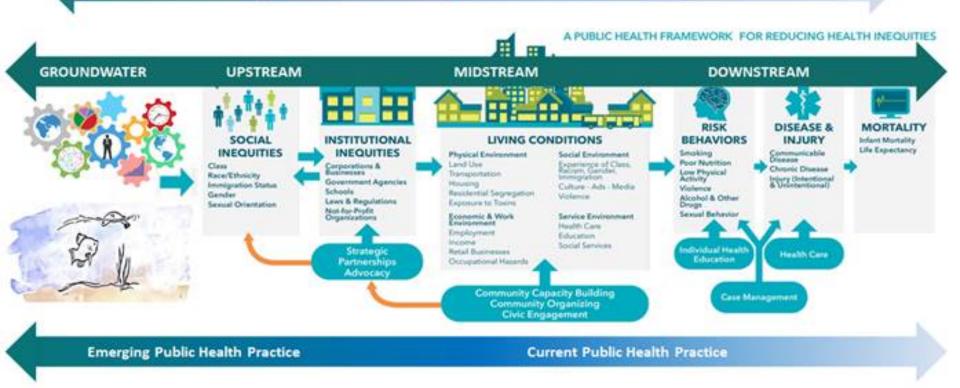
NOTES: Denominators used to calculate percentages for adult day services centers, nursing homes, and residential care communities were the number of participants enrolled in adult day services centers, the number of residents in nursing homes, and the number of residents in residential care communities on a given day in 2016, respectively. Denominators used to calculate percentages for home health agencies and hospices were the number of patients for whom Medicare-certified home health agencies submitted a Medicare claim at any time in 2015 and the number of patients for whom Medicare-certified hospices submitted a Medicare claim at any time in 2015, respectively. For adult day services centers and residential care communities, includes non-Hispanic American Indian or Alaska Native, non-Hispanic Native Hawaiian or Other Pacific Islander, non-Hispanic of two or more races, and unknown race and ethnicity. See the Appendix I Technical Notes for more information on the data sources used for each sector. Percentages are based on unrounded estimates. Percent distributions may not add to 100 because of rounding.

SOURCES: NCHS, National Study of Long-Term Care Providers and Table VIII in Appendix III; and U.S. Census Bureau, Population Division, Population Estimates, July 1, 2016.

# Imbedding Racial Equity Into Our Work

# Addressing the Health Inequity Pathway: Groundwater, Upstream, Midstream, and Downstream





es: BCHAP SDOH Interventions Framework and Moving Massachusetts Upstream (MassUP) Conceptual Framework, both adapted from the Bay Area Regional Health Inequities Initiative White paper on "The Groundwater Approach; building a practical understanding of structural racism" by Bayard Love and Deena Hayes-Greene of the Racial Equity Institute

# Using a Racial Equity Lens Means...

- Paying attention to race and ethnicity in analyzing problems, looking for solutions and defining success<sup>1</sup>
- Leading with racism explicitly, but not exclusively
- Analyzing problems and their root causes from a structural standpoint
- Understanding that systems failing communities of color are failing everyone

# Using a Racial Equity Lens Means...

When developing or implementing a policy, program or decision, always ask:

- 1) Who are the racial/ethnic groups affected by this—and what are the potential impacts on these groups?
- 2) Does this ignore or worsen existing inequities or produce other unintended outcomes?
- 3) Have we involved stakeholders from the communities affected by this—and do they validate our assessments?
- 4) What are the barriers to more equitable outcomes?
- 5) How will we mitigate the negative impacts identified in (1) and address the barriers identified in (4)?



# Racial Equity Movement (REM)

- To understand and address structural racism as a key social determinant of health, BFHN staff created the REM.
  - Ensures we do not inadvertently disadvantage people of color by looking at our programs and clients through the "racial equity lens."
  - Helps us see how people of color may be negatively affected by certain policies and practices, and how we can adjust our work to ensure that outcomes are equitable.



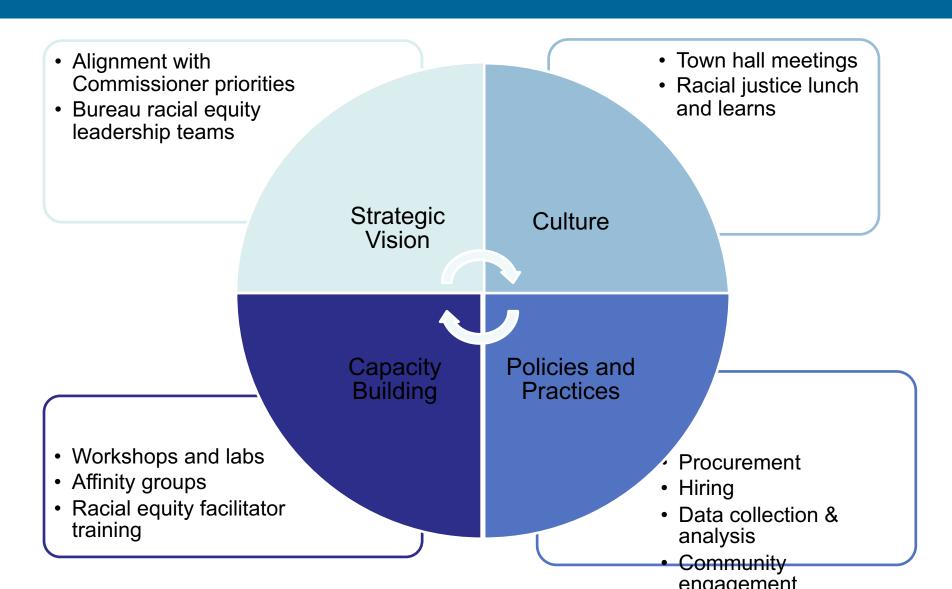
### **REM Goals**

- Eliminate structural racism in all policies, programs, and practices to promote health equity and racial justice; and
- Foster a healthy and equitable work environment, where staff feel confident and supported to interact and communicate openly and respectfully.





# Key Elements of the Racial Equity Movement



### Racial Equity Why Statement

The impact of structural racism – the public policies, institutional practices, and social norms that together maintain racial hierarchies - is often overlooked or unacknowledged, yet it is pervasive and unmistakably harmful to everyone. The social marginalization and inequities that structural racism cultivates in housing, education, employment, the built and social environments, and health care are felt across generations, most acutely in communities of color. The Bureau of Family Health and Nutrition recognizes that systems of oppression need to be acknowledged and repaired by entities that helped create them. The Bureau is committed to improving the quality of life for all Commonwealth residents while eliminating the marginalization and inequities that threaten the lives of communities of color who are disproportionately affected by conditions leading to poor health outcomes.

# Bureau of Family Health & Nutrition (BFHN) Vision

We are a diverse team of professionals who dedicate their heads, hearts and souls to helping mothers, fathers, infants, youth, families and those with special health needs be their healthiest best selves.

### **BFHN Priorities**

Nurture Our Workforce

Reach the Less Reached

Raise All Families' Stories

### **Nurture Our Workforce**

Grow Team Connection & Cohesion

 Promote Team Wellness & Diversity Inside & Out

 Encourage Balance & Excellence Across Programs & Divisions

### Reach the Less Reached

- Children & Parents of Color
- Fathers
- More Languages
- Homeless & Housing Unstable
- LGBTQ
- Immigrants
- Incarcerated



### Raise All Families' Stories

Read Between the Binds

 Reach the Less Reached & Listen

 Illuminate Their Stories for Better Realities

Repeat



# **Guiding Principles**

- Join What's Already Happening
- Focus on One Priority
- Start Smart, Small & Simple
- Put Something Down, to Pick Something Up
- Mistakes that Teach are Cool
- Remember It's About Those We Serve

# **Questions & Discussion**





#### **Massachusetts Department of Public Health**

### **Thank You!**

Roxanne Hoke-Chandler
Roxanne.hoke-chandler@mass.gov

Megan Young
Megan.e.young@mass.gov