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Exploring Racism as a Social Determinant of Health

Healthy Communities: Promoting Wellness
and Achieving Health & Mental Health Equity
Ventura County Office of Education, 5100 Adolfo Road, Camarillo

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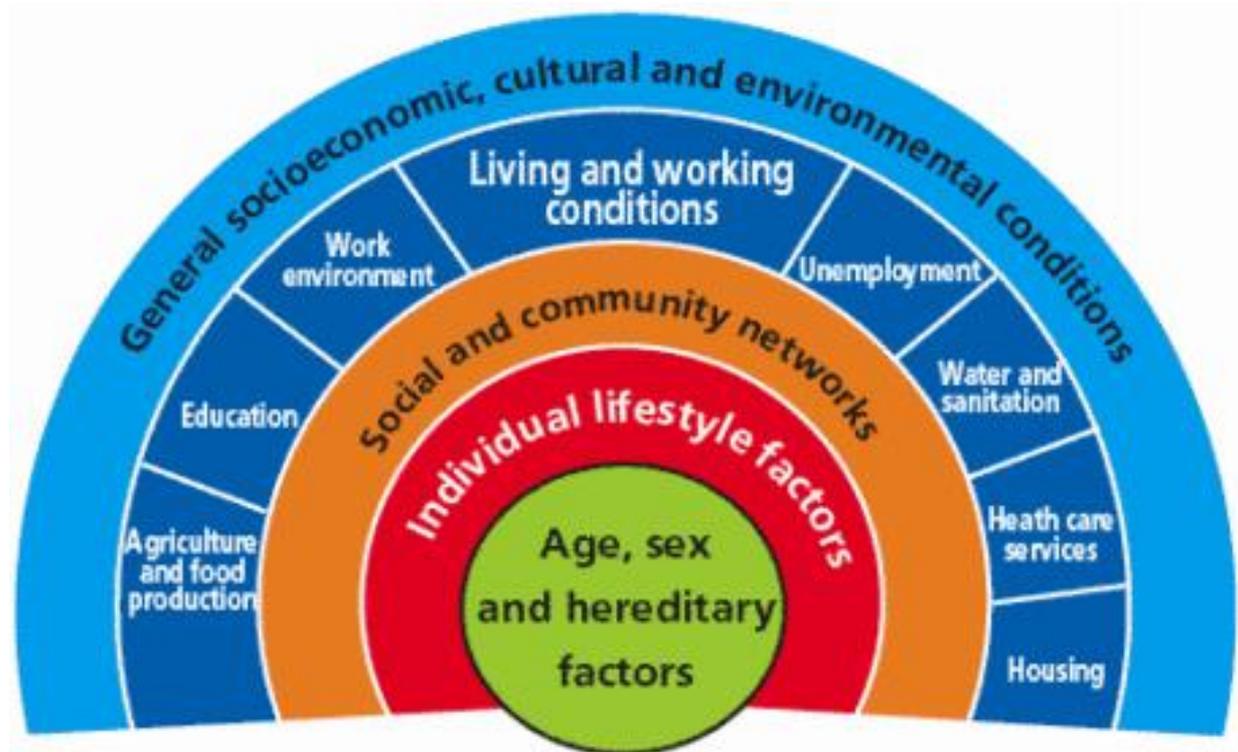
Link among social determinants, mental health, and health equity

Social determinants of health

are contexts

that determine illness and wellness

CDC (2017)



Adapted from Altarum Institute (2012)

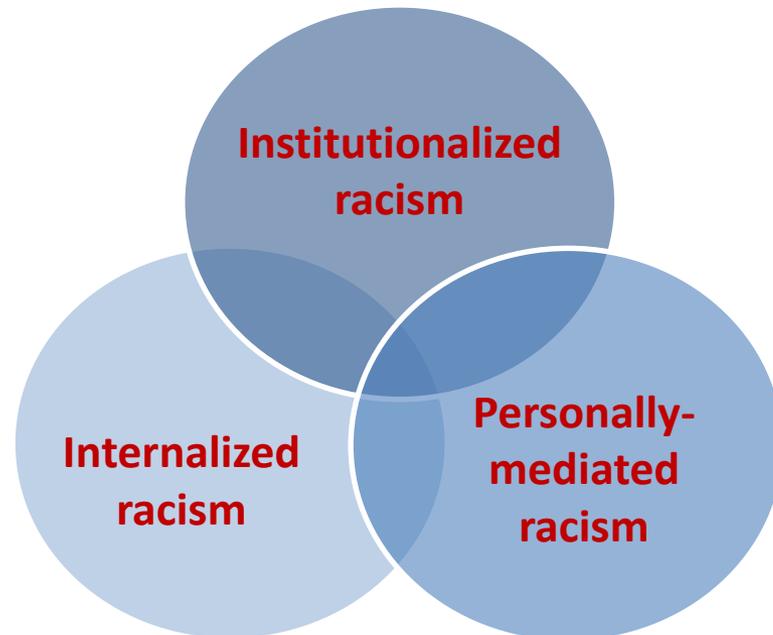
Link among social determinants, mental health, and health equity

System determinants of contexts

that determine the
range of contexts for
illness and wellness

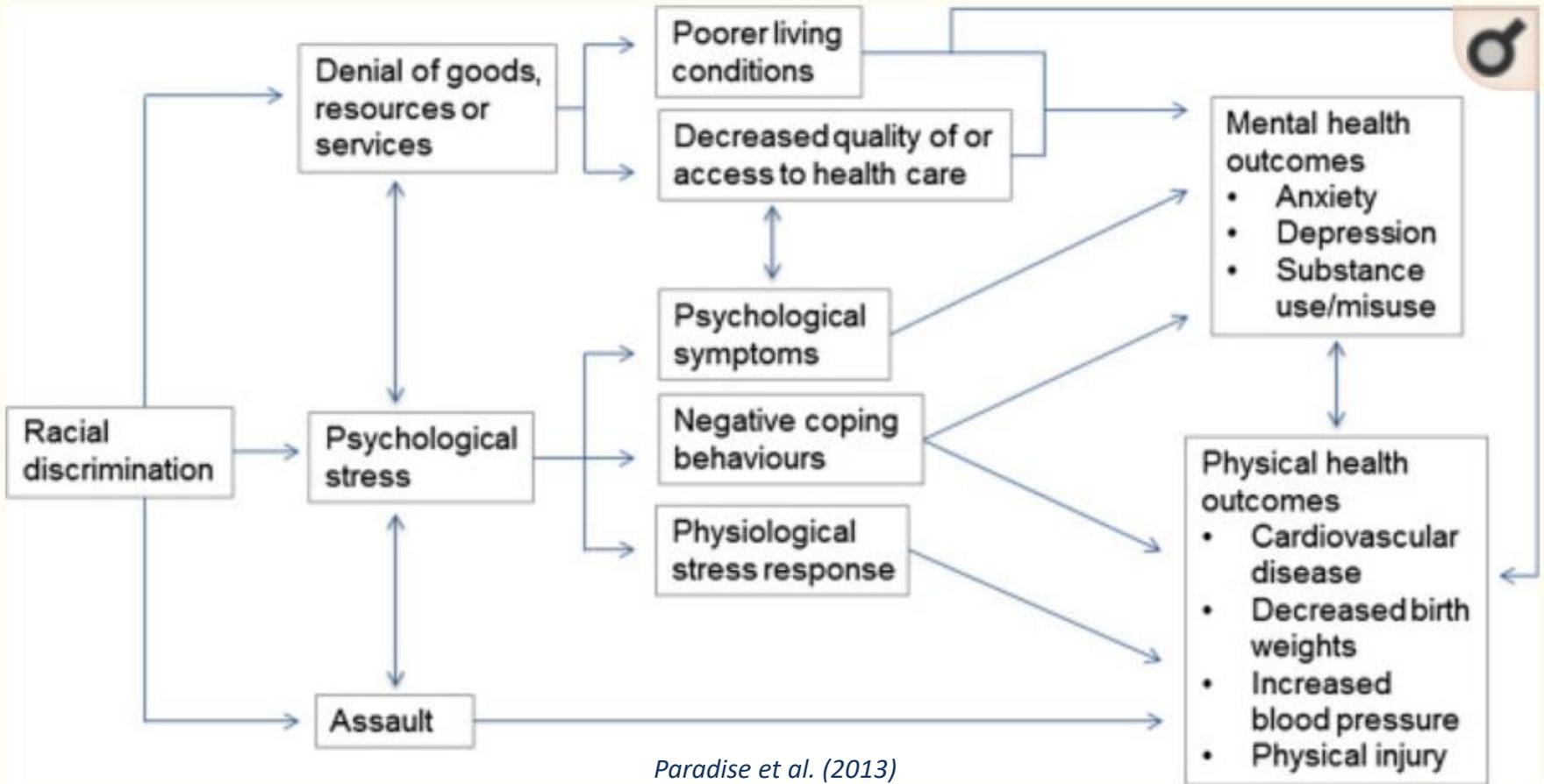
*Paradise et al. (2013);
Ramirez et al. (2008)*

Racism serves as social
determinant of equity



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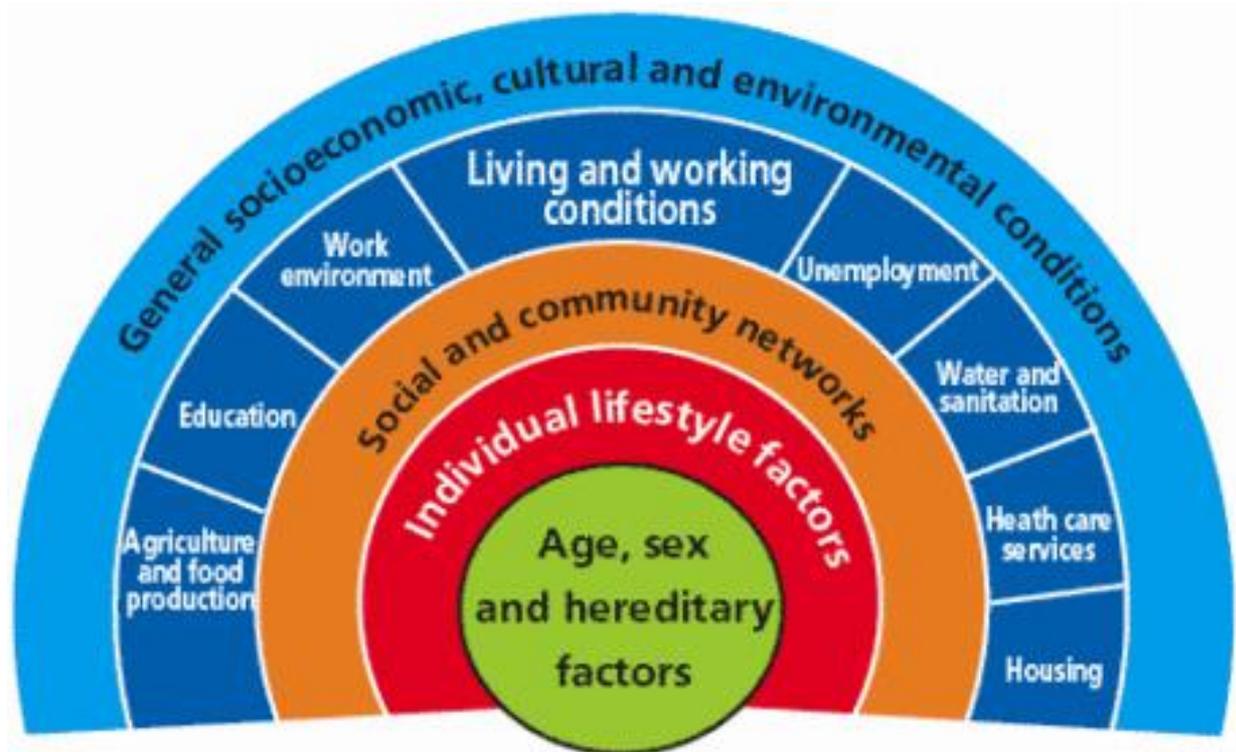
Social determinants of health

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CDC (2017)

Racism serves as social determinant of equity



Adapted from Altarum Institute (2012)

Community initiative example: What worked? What did not?

	Organization (LA-based FQHC)	Region (So-Cal clinic coalition)	System (State equity advocacy)
What worked	Deliberate engagement of client population and community stakeholders in refining/evolving health services (e.g., focus group studies, EBIs, community governance)	Educating and mobilizing providers and elected to widen access to high quality health services (e.g., policy advocacy, health reform, program design, capacity-building)	Reforming the public mental health system through policy advocacy and giving voice to issues of racial health disparity (e.g., administrative advocacy, policy advocacy)
What did not work	Organizational constraints (e.g., budget, influence on larger health delivery system, impact limited to enterprise level)	Capacity constraints (e.g., size of staff, professional competence, budget cuts, high turnover)	Limits of being advisory vs policy-setting role (i.e., charter and budget constraints shaped impact as episodic and advisory/consultative, versus policy-setting, which would be more enduring)

What should we be doing to get to where we need to be?

Proactively address racism as SDOH with local empirical data

1. **Shift from an abstract to an empirical understanding of racism** as a determinant of health.
2. **Do so in an inclusive, participatory, and race-conscious way**, as well as, in a manner that promotes multi-stakeholder education and community empowerment.
3. Use local empirical understanding of “racism as SDOH” in
 - a) planning, designing, and **innovating BHD and AOD programs**
 - b) developing **best practices in place-based health equity**
 - c) **local policy reform** to make access to opportunity and health services more equitable

What should we be doing to get to where we need to be?

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Exploring Racism as a Social Determinant of Health

- a 12-month action research project
- to explore racism as a social determinant of health
- in Oxnard, a city ranked countywide at the top of the **2017 SocioNeeds Index published by Ventura County Public Health**

Hypothesis: The awareness of racism as a determinant of health in Oxnard and at BHD will lead to critical dialogue and pragmatic innovation in race-conscious health equity in Oxnard and at the BHD.

What should we be doing to get to where we need to be?

Weave local health equity into local social equity.

1. It's the right thing to do.

- Equity is an idea that promotes fairness, justice, and equity in the formation of public policy (e.g., social welfare policy, health policy)

2. It's good for population health and social welfare.

- Equity is about the just and equitable management of health and human service institutions that serve the public directly, or by contract

3. We are made better by it.

- Equity is about giving the same opportunities to all and, to the extent there is imbalance in who can access those opportunities, eliminating those imbalances, in the name of social justice