Social Justice

Health In All Policies

Environmental Health
Precautionary Principle

Human Rights
Civil Rights

Health Equity

Environmental Justice
The WHO Definition of Health is consistent with the broad view of health under the Affordable Care Act.

“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.
What is Health in All Policies?

www.apha.org

... a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.

- The goal of Health in All Policies is to ensure that decision-makers are informed about the health, equity, and sustainability consequences of various policy options during the policy development process.
- ... identifies the ways in which decisions in multiple sectors affect health, and how better health can support the goals of these multiple sectors.
Health equity means that everyone has a fair and just opportunity to be as healthy as possible.

This requires removing obstacles to health such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.
Health disparities are differences in health or in the key determinants of health, such as education, safe housing, and discrimination, which adversely affect marginalized or excluded groups.
WHO recognizes that the conditions in which people live, learn, play, pray, work, and age – are significant factors in health equity and disparities, and calls for health in all policies.
Health in All Policies - Traffic and Pedestrian Safety

- The Speed limit on all state highways was raised to 50-55 mph by legislation.
- The “irrevocable” determination was made by MDOT traffic studies if 80% of the drivers exceeded the previous speed limits.
- The EM’s budget cuts for the FPD resulted in drastic cuts in traffic enforcement in Flint.
- Dort Highway, aka M-54, is bounded by business, connected to neighborhood streets, and dotted bus stops, and pitted with potholes.
Dort Highway, Traffic /Pedestrian Safety and Health in All Policies?

In response to a resident’s concern about increased risk of pedestrian deaths and injury, a local MDOT staffer replied, “People die.”
"WHEN I GOT HERE (2016), 50,000 PEOPLE WERE AT RISK OF BEING SHUT OFF AND 44,000 WERE ACTUALLY SHUT OFF," (DETROIT WATER AND SEWERAGE DIRECTOR GARY BROWN).

LAST YEAR (2017), THE (DETROIT ) WATER DEPARTMENT SHUT OFF 17,689 DELINQUENT ACCOUNTS, A 20% DROP FROM 2016 WHEN THERE WERE CLOSE TO 28,000 SERVICE INTERRUPTIONS,
Health in All Policies?
During Infectious Disease Outbreaks 2017-2018 in SE Michigan

- Implied - Low income, majority black communities need to practice good hygiene and stop being afraid of using Flint Water
- How can community members wash the eating utensils, launder clothes, clean households and attend to personal hygiene if the water is being shutoff?
- In Flint (2018), 300 shutoffs weekly vs 30/week (in 2017) with 150 reconnects weekly
Mixed Messages ???
3. Rates and Rate Structures

3a. Advance adoption of legally defensible and just and reasonable rate structures that promote universal and affordable access to water necessary for public health and safety based, including lifeline rates, increasing-block rates, and minimum bills with a water usage allowance.
“Automatically, we categorize individuals by age, gender, race and role. Once an individual is mapped into that category, specific meanings associated with that category are immediately activated and influence our interaction with that individual.”

Jerry Kang, vice chancellor for equity, diversity and inclusion, and professor of law at UCLA Law, states:
Implicit (subconscious) bias refers to
• the attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner.\(^\text{13}\)
• These biases, which encompass both favorable and unfavorable assessments,
• are activated involuntarily and without an individual’s awareness or intentional control.\(^\text{14}\)
Implicit Bias to Explicit Racism

"Bob Casey is fighting to protect violent criminal aliens," Trump said Oct. 10. "That's what he's doing. Bob Casey voted in favor of deadly sanctuary cities that released thousands upon thousands of illegal alien criminals and vicious gang members to prey on Pennsylvania streets, to prey all over this country."
Dynamic of Systemic Racism

- Privilege
- Policy
- Power
- Practice
- Position
De Jure Segregation persisted for almost one hundred years despite the first Civil Rights Act of 1866 until the 1964 Civil Rights Act.
Social Determinants of Health-SDOH

Historical View of Clinical Care – Quality and Access

A Historical Perspective of SDOH

Based on Sick from Freedom, African–American Illness and Suffering During The Civil War and Reconstruction by Jim Downs

Oxford University Press, 2012
Access and Quality in the 1860’s Smallpox Epidemic

As a black soldier remarked in response to a white Union physician’s treatment of smallpox,

“the doctor ... has acknowledged his ignorance of the true character of the disease, alleging that he never saw black folks with small-pox, and consequently is unable to decide upon the treatment.”87
Smallpox Epidemic 1866 – Implicit Bias, Access and Quality.

• ... there were thousands of freed slaves throughout the Civil War South whom physicians were under no formal obligation to treat.

• In the few instances when Union doctors were ordered to provide a preliminary diagnosis of freedpeople's health conditions, they could easily avoid touching their bodies.

• Many physicians also had no experience treating African-American patients and approached black patients based on a medical fiction that black patients were physiologically different from white patients and thereby required different treatment.

Quality and Implicit Bias

19th Century Style

Despite the mid-nineteenth century turn in medical diagnosis that emphasized a scientific understanding of disease causation over social appearance and morality as the root of illness, many doctors continued to diagnose freed people based on what they were trained to see or assumed they would see in black patients.88

Quality and Implicit Bias in the 1860’s Smallpox Epidemic


- Civil War doctors more commonly viewed African-Americans as suffering from contagious illnesses than from health problems that did not pose a risk to the larger community.

Throughout the war, freed slaves consistently became marked as carriers of smallpox, dysentery, and yellow fever when in fact just as many were dying from exposure and starvation.

Therefore, African-Americans mostly, if not exclusively, entered the medical records as suffering from contagious diseases and illnesses, while other medical problems remained unreported.
In Plymouth, North Carolina, in 1866, for example, a local doctor offered to provide medical services free of charge to newly emancipated slaves in response to their ill health and lack of medical treatment.

When military officials contacted authorities in Washington in July 1866, so that this doctor could be compensated and “that some plan could be adopted” to provide permanent medical care to the former slaves, government leaders in Washington sent an inspector to the region.
SDOH

Health and Healthcare
A Human Right or Only for the Self-Sufficient
After he (the federal inspector) “conversed with a number of citizens of the places as to the condition of the freedmen in that subdistrict,” he concluded that he saw “no reason why any action should be taken to procure medical aid as they are generally self supporting.”

The inspector’s choice of the term “self supporting” ignores the freedpeople’s poor health conditions that prompted the unsolicited assistance of the local doctor and instead evaluates freedpeople’s health status within a labor context.

Self-supporting connotes economic independence and self-reliance and has nothing to do with health.

Moreover, the use of this term contains a judgment about freedpeople’s labor power not their medical needs.
ACCESS - 20TH Century Michigan Style

• Governor Rick Snyder has submitted a waiver to require people on Healthy Michigan to work for their health insurance benefits.

• Last June, the governor signed a law that required able-bodied people (who don’t meet an exemption) to work or go to school for 80 hours per month in order to receive benefits. • Steve Carmody / Michigan Radio
ACCESS In Michigan?

Requested Medicaid Work Requirements

• ... fiscal analysts estimate that as many as half of the 670,000 or so people on the Healthy Michigan program might fall under work requirements.

Exemptions would be available for recipients who are

• under 18, over 62,

• pregnant, full-time students,

• on long-term disability,

• caretakers of children under 6,

• or incapacitated or disabled individuals or those who could show “good cause.”
• ... there is also an exemption for the “medically frail,” who could potentially qualify with a doctor’s note that they have a physical, medical or mental disorder, or have a substance abuse problem or a developmental disability.

• Said Steve Angelotti, the analyst who did the report on the bill for the Senate Fiscal Agency,

“The real challenge is figuring out how many people (fall under) the exemptions.”
ACCESS?

• At the same time, the same report also notes that many Medicaid adults don’t have computer access or email and could have trouble verifying their work, leading to gaps in their coverage;

• others could be limited in their ability to understand the requirements they’re being asked to report, leading to mistakes that could take months to rectify,

• and still others may be in seasonal or part-time work with hours that fluctuate wildly throughout the year.

“You’re talking about a very narrow slice of people but the states will need to develop an infrastructure (to verify work or exemptions) for the entire population,” Rabinowitz Kaiser Family Foundation
Medicaid Waivers for Work Requirements

With Medicaid consuming a large portion of state budgets — as high as 20% nationally — “it’s more than important to make sure it has political support and sustainability,” said Matt Salo, executive director of the National Association of Medicaid Directors.

And that’s true, he said, even if it subjects only a small number of people to finding work.

“That symbolism,” he said, “is important from a political sustainability viewpoint.”

Detroit Free Press June 15, 2018
Does this policy address health equity?
TRUST
Men who participated in the experiment, part of a collection photos in the National Archives labeled “Tuskegee Syphilis Study. 4/11/1953-1972.”

Tuskegee Study of Untreated Syphilis in the Negro Male 1932-1972

- The study recruited 600 black men, of which 399 were diagnosed with syphilis and 201 were a control group without the disease.
Although originally projected to last six months, the study extended for 40 years.

In 1945, according to the CDC timeline, penicillin was “accepted as treatment of choice for syphilis.”

The U.S. Public Health Services created what they called “rapid treatment centers” to help men afflicted with syphilis — except the men in the Tuskegee study.

“Local physicians asked to assist with study and not to treat men,” the Centers for Disease Control reported in a timeline of the experiment.

“Decision was made to follow the men until death.”
In 1966, a public health service investigator raised concerns about the study. Peter Buxtun wrote to the director of the U.S. division of venereal diseases about the ethics of the experiment. But the agency ignored Buxtun’s concerns.

In 1973, a class-action lawsuit was filed on behalf of the men in the study by (Fred) Gray, the civil rights lawyer who had represented Rosa Parks. Pollard was among those he represented.

A $10 million out-of-court settlement was reached in the case. “The U.S. government promised to give lifetime medical benefits and burial services to all living participants,” the CDC reported.
TRUST - Tuskegee and the Health of Black Men
Marcella Alsan and Marianne Wanamaker
NBER *Working Paper* No. 22323 June 2016, Revised June 2017
JEL No. I14, O15

• To identify the study’s effects on the behavior and health of older black men, we use an interacted difference-in-difference-in-differences model, comparing older black men to other demographic groups, before and after the Tuskegee revelation, in varying proximity to the study’s victims.

• We find that the disclosure of the study in 1972 is correlated with increases in medical mistrust and mortality and decreases in both outpatient and inpatient physician interactions for older black men.

* National Bureau of Economic Research
SDOH-Place and DeFacto Segregation
De Jure becomes De Facto Segregation

The northwest Detroit wall constructed in 1944, separating the area approved for FHA mortgages for whites from those for black and still standing after blockbusting and the white flight to the suburbs in the 1960’s.
Housing Units - Occupied vs Vacant

2015

**Flint** 53,794 total housing units

- Occupied: 74.8%
- Vacant: 25.2%

**Genesee County**

- 191,178 total housing units
- Occupied: 86.40%
- Vacant: 13.60%
The language of government-sanctioned racism was perhaps most blunt in Flint.

In one north Flint area, where 60 percent of residents were African-American and 40 percent foreign born in the 1930s, the HOLC appraisal made it crystal clear why it redlined the neighborhood:

“Undesirables,” the government appraisal read, “aliens and negroes.”

The words are startling to modern eyes.

- **Negro area. Old. Obsolete.**
- **Shifting or infiltration: Jewish and Negro...**
- **Negro homes all through the industrial area**
- **Mixed poorer class...mostly laborers...Russian, Bohemian**
WATER IS LIFE

HNO FILTER
LEAD TEST RESULTS IN CERTAIN MICHIGAN CITIES

in parts per billion (ppb)

A. Monroe
B. Benton Harbor
C. Marquette
D. Saginaw
E. Flint
F. Midland
G. Detroit
H. Grand Rapids
I. Bay City
J. Kalamazoo

LEAD TEST RESULTS IN CITIES OUTSIDE MICHIGAN

in parts per billion (ppb)

10. Cincinnati
9. Chicago
8. Duluth
7. Milwaukee
6. Philadelphia

* THE 90TH PERCENTILE IS CALCULATED FROM INDIVIDUAL LEAD TEST RESULTS. ANY 90TH PERCENTILE VALUE ABOVE 15PPB REQUIRES ACTION PER FEDERAL STANDARDS. THIS IS THE MOST RECENT TESTING DATA AVAILABLE FOR THE LISTED CITIES.
African-American Maternal Deaths
NYT- 4/11/18

• High blood pressure and cardiovascular disease are two of the leading causes of maternal death... and hypertensive disorders in pregnancy, including pre-eclampsia, have been on the rise over the past two decades, increasing **72 percent from 1993 to 2014**.CDC

• DHHS report last year (2017) found that pre-eclampsia and eclampsia (seizures that develop after pre-eclampsia) are **60 percent more common in African-American women** and also more severe.
‘You Would Have Thought I Was a Mute From Mars’
Deidre Johnson, Denver

• The second was even more frustrating and surreal, because I was in a different hospital for high-risk pregnancies in the same system, and I still was not listened to until my family threatened litigation.

• I am an African-American woman with degrees from Princeton and Yale. I still remember every conscious moment of both experiences.

• The second time, I was even using their language to describe my vascular headache, asking why they were not checking my urine for protein, requesting a magnesium drip because that saved me the first time.

• ... It was the most frustrating experience of my life.
Early Preterm Birth Across Generations Among Whites and African-Americans: A Population-Based Study

Despite advances in medical care, preterm birth (<37 weeks, PTB) and its associated racial/ethnic group differences remain major public health issues in the United States.

In 2015, 13.4% of all African-American births were preterm compared to 8.8% of non-Latino White births (Martin et al. 2017).

Moreover, African-American infants are twice as likely to be born <34 weeks compared to non-Latino White infants, 5.8 versus 2.9% in 2013 and 4.7 versus 2.4% in 2015, respectively (Martin et al. 2015, 2017)
• 10.5 babies per 1,000 births died before their first birthday.

• That rate was up from 10.4 babies per 1,000 births in 2010 representing a rate change of 1 percent.

Statewide, to 6.8 per 1,000 births in 2015. from 7.3 per 1,000 births in 2010

The infant death rate declined 6.7 percent statewide,
The “healthy immigrant phenomenon,” also known as the “immigrant paradox” or the epidemiologic paradox, is that although Hispanic immigrants have higher poverty rates, lower education levels, and less access to health care than US-born Hispanics and non-Hispanic whites, they have similar or better health outcomes for several health parameters.\(^5\)

Since the 1980s, the best substantiated findings supporting the immigrant paradox are the prevalence of low birth weight infants and infant mortality rates.\(^6-8\)
The Healthy Immigrant Phenomena 2

In 1984, the prevalence of low birth weight infants in first-generation Mexican American women (3.9%) was lower than that in US-born Mexican Americans (5.5%).

Even after researchers controlled for the effects of smoking, drinking, marital status, Medicaid coverage, access to care, and levels of obesity, US-born Mexican American mothers were 1.73 times more likely to have a low birth weight infant than foreign-born Mexican American mothers.
...some of the largest differences in low birth weight (11.8% vs 8.0%) and infant mortality rates (12.9 vs 10.5 per 1000) have occurred between foreign and US-born non-Hispanic blacks.

The immigrant paradox with respect to low birth weight seems to be partially related to drinking, smoking, and weight gain during pregnancy, although other factors might also be involved.

The use of prenatal care does not necessarily decrease the prevalence of low birth weight among immigrant mothers, which seems to contradict our notion that prenatal care is essential for healthy infants.  

The association of infant mortality with the mother's immigrant status is less well understood, but as with low birth weight, multivariate analyses have indicated that immigrant status plays a significant role.
48433 - FLUSHING & TOWNSHIP, FLINT TOWNSHIP, MOUNT MORRIS TOWNSHIP and
48458 - BEECHER MOUNT MORRIS AND TOWNSHIP, VIENNA TOWNSHIP, GENESEE

48433 LIFE EXPECTANCY
81

48458 LIFE EXPECTANCY
75
From: [The role of social determinants in explaining racial/ethnic disparities in perinatal outcomes](#)

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