

2024 Forum on Rural Population Health & Health Equity

A Contextual Approach to Health Equity

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- Audio has been muted for all participants upon entry
- Moderators will assist with Q+A at the end of the presentation
- Presentation slides will be posted at ohsu.edu/orhforum
- Sessions will be recorded and available to attendees
- Please take the session surveys!

Some of the History and Basics

A long time ago Supreme Court ruled that Duke Power's diploma and testing requirements were illegal because they had discriminatory consequences, founding a legal standard now known as "disparate impact."

- Disparate impact occurs when policies, practices, rules or other systems that appear to be neutral result in a disproportionate impact on a protected group.

Guidance

- Before *Griggs*, employees or job applicants who accused employers of racial discrimination had to prove discriminatory intent to have success in litigation; after *Griggs*, those claiming discrimination had to prove only discriminatory effects of hiring or advancement practices.
- Congress passed the Civil Rights Act of 1991 to render the standard ironclad, renewing the influence of *Griggs*.

Adding unnecessary barriers to an already discriminatory system

We chart our own path

- Because a lack of guidance exists for addressing inequities, organizations have to create their own.
- Cultural Competency is a good example:
- *“Cultural competency” is frequently approached in ways which limit its goals to **knowledge** of characteristics, cultural beliefs, and practices of different non-majority groups, and **skills** and **attitudes** of empathy and compassion in interviewing and communicating with non-majority groups.*

Discrimination

- Institutional discrimination was first named as a phenomenon more than 50 years ago. Varied literature has developed since from international contributors, but generally there is consensus that a defining characteristic of institutional discrimination is disparity of outcomes, particularly in health care.
- Discrimination such as racism exists within the policies or structure of an institution EVEN in the absence of racist individuals.



Cultural safety relies on context:

Indigenous patients/members need cultural safety

EXPANDING UNDERSTANDING

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- Values of Cultural Safety
 - Humility
 - Respect
 - Integrity
 - Generosity
 - Courage
 - Empathy
 - Fortitude



COGNITIVE IMPERIALISM



- Maintains the legitimacy of only one language, one culture, and one frame of reference. Imperialism refers to dominance,-- cognitive imperialism is dominance of the mind, encompassing knowledge systems and ways of being
- We compartmentalize knowledge and create a hierarchy for it. Members and all of us have lived-experience which is difficult to evaluate--evaluation is suggestive.

Contextual health equity

- We have a dynamic approach to health equity because the needs, goals, and priorities of communities are unique
- Equity, including goal setting, priorities, and funding allocations must be approached contextually
- Establishing a framework for affirming language does not mean that we learn the newest words in order to create a racial resume– it's about team-based collaboration and getting it right because of our shared commitment to equity and justice
- Equity cannot be achieved- it is moved toward

Affirming Language

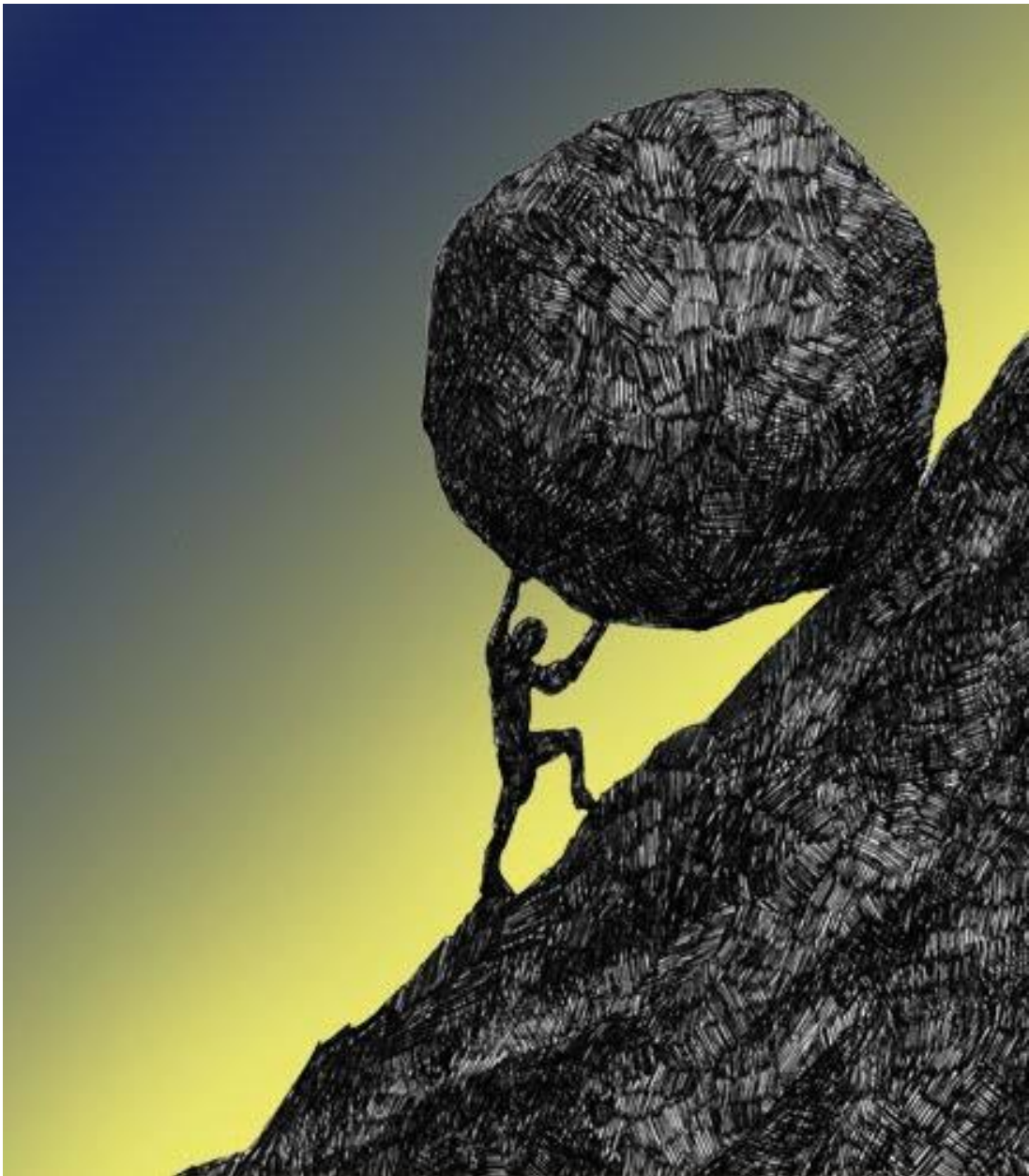
- Affirming language puts our humanity at the center; it allows everyone to feel recognized, valued, invited and motivated to contribute at their highest level.
- Identity is personal: Every individual has the right to describe themselves as they wish.
- Respect: Not everyone wants to share their identity.
- Ask: When interacting with people for the first time, describe your intention to use respectful language and ask, “How do wish for me to refer to you?”
- BIPOC, LGBTQ+, guys,

Don't change minds, provide PD

- Why wouldn't I want to change the mind of someone who thinks or feels differently than myself?
- Equitable cultural safety
- Sustainable change
- Evidence-based practices
- A focus on skills and actions
- Leadership

CONTEXTUAL HEALTH EQUITY IN SURVIVAL BRAIN

- Panic
- Trauma
- No ambiguity
- Just trying to get through whatever it is
- This is useful and can keep us alive, but it's not a place to be constantly





LEARNING BRAIN

- Ambiguity is great
- New information
- Critical self-examination
- Contentedness

- When do you feel these two types of brains?



Next steps

- Altruism is not health equity
- Politics are local and so is health equity
- Integrate THWs as subject-matter experts
- Find an integrative approach with food, THWs, and health equity
- Health equity is not just something to think about

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Thank you to our partners!

