

Create Cultures of Equity:

A Critical Approach to Understanding Systems of Oppression

Part 1 of 2

Last Updated March 2024

Agenda

/ Welcome

- Introductions
- Accountable Spaces Framework
- Culture Share

/ Create Cultures of Equity

- Learning Objectives
- Establishing Shared Language and Understanding
- Grounding Health Equity Work in Critical Theory
- Systems of Oppression



Accountable Spaces Framework

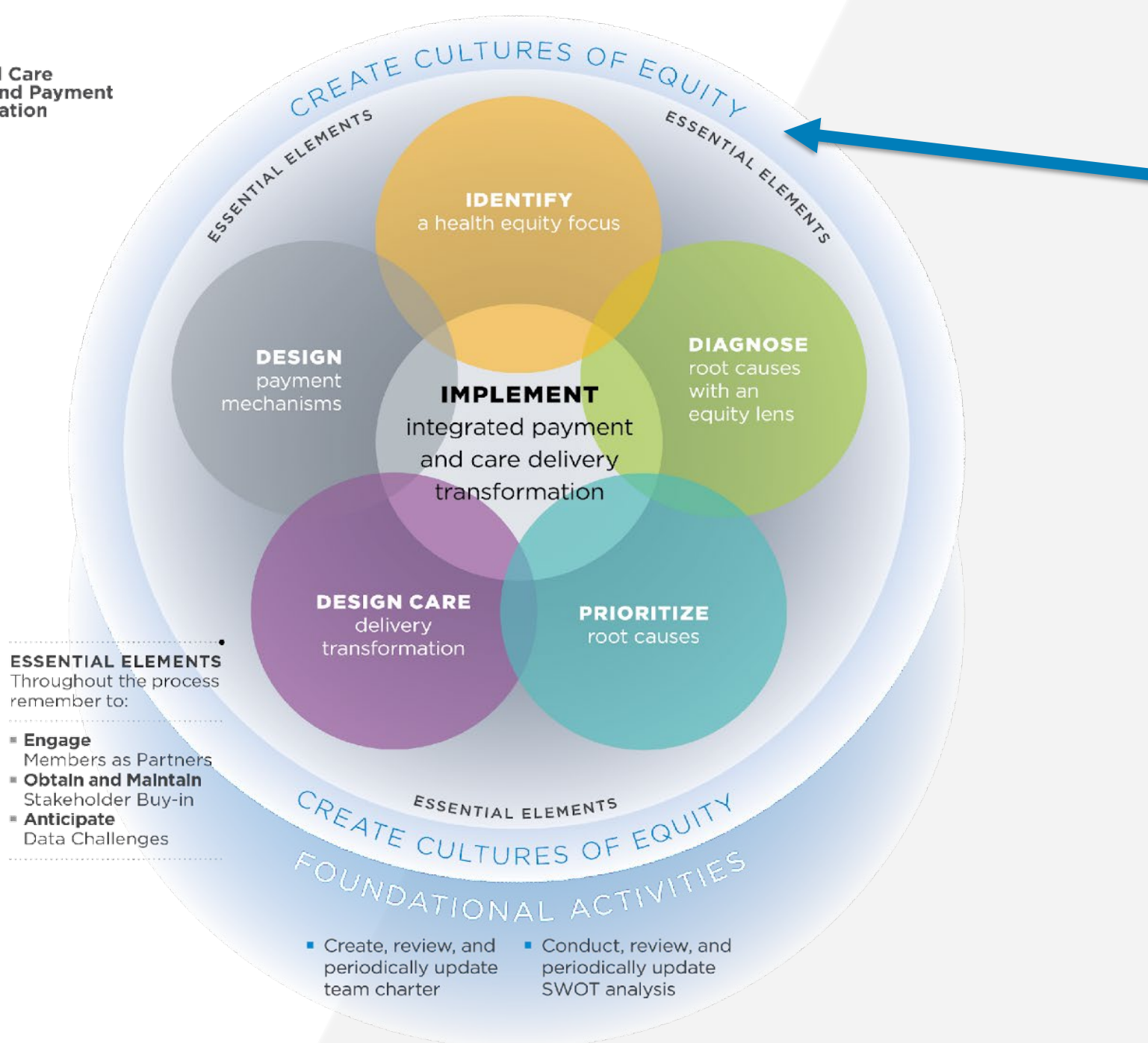
- // Do not interrupt others.
- // Listen actively, instead of waiting to speak.
- // Be mindful of your total talk time and resist the urge to add “sprinkles” to a perfectly good conversation sundae.
- // Give everyone a chance to speak, without unnecessary pressure.
- // Words and tone matter. Be mindful of the impact of your words, not just your intent.
- // We are all learning, and we will make mistakes from time to time. If you said something offensive or problematic, apologize for your actions or words – not for someone feeling insulted by them.

Accountable Spaces Framework

- // Recognize and embrace friction. Constructive conflict can lead to substantive change.
- // Give credit where credit is due. If you are echoing someone's previously stated idea, give them appropriate acknowledgement. If you notice others aren't receiving the credit they are due, speak up and highlight their work.
- // Speak for yourself using "I" statements. Do not take ownership of others' lived experiences.
- // Create meaningful opportunities for those belonging to communities that have historically been most impacted to share their experiences.
- // Address racial inequities head on and call out racism when it happens.

Culture Share

**Integrated Care
Delivery and Payment
Transformation**



Learning Objectives

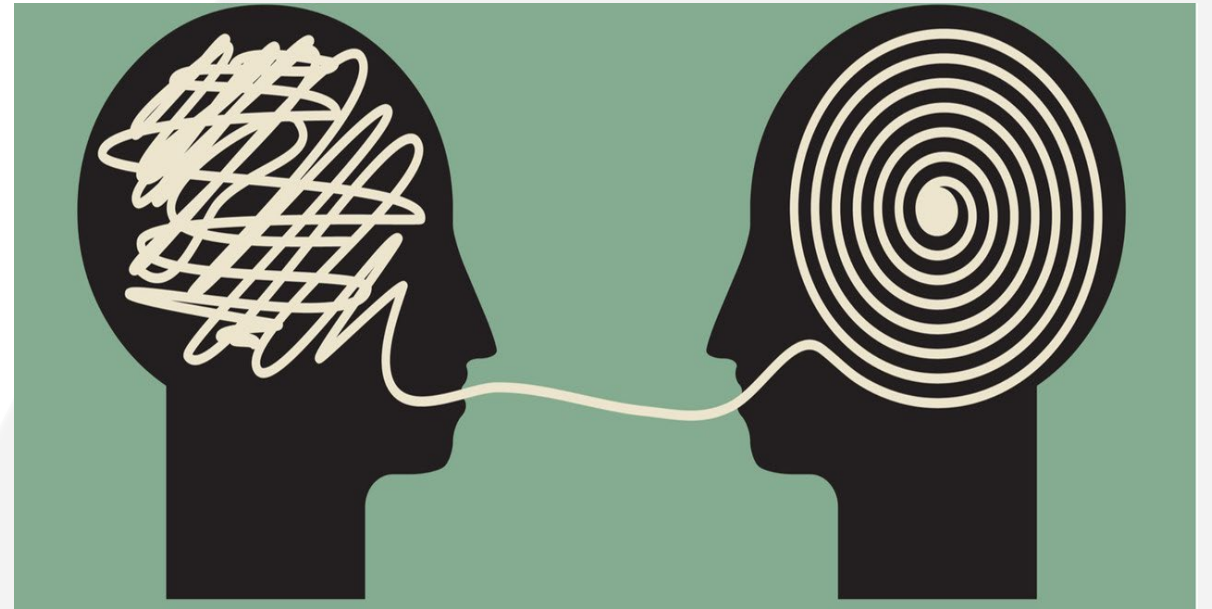
- // Develop a shared understanding of equity within and outside of healthcare, and how it impacts both individuals and organizations.
- // Discuss critical theories, their principles, their potential applications, and how they shape AHE's work.
- // Enumerate how self-identity and life experiences influence one's ability to craft a sustainable culture of equity.
- // Articulate how historic factors such as structural racism cause health inequities and take responsibility for addressing them.

Shared Language and Understanding

Shared Language

Whether it's between individuals, or across providers, health plans, patients, members, and/or community, developing and nurturing a shared language is an essential element needed to enhance:

- Communication
- Collaboration and
- Understanding



Constant awareness and education is required to maintain shared language.



Foundational Concepts

What is health equity?

Health equity is defined as each person having a fair and just opportunity to be as healthy as possible. Improving access to the conditions and resources that strongly influence health are necessary to achieve health equity.

Achieving health equity requires removing obstacles to health such as poverty and discrimination and their consequences, which include powerlessness and lack of access to good jobs with fair pay; quality education; housing and health care; and safe environments.

Foundational Concepts

EQUALITY:

Everyone gets the same – regardless if it's needed or right for them.



EQUITY:

Everyone gets what they need – understanding the barriers, circumstances, and conditions.



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Foundational Concepts

What is a culture of equity?

A culture of equity refers to the environment and culture of an organization that:

1. Identifies inequities
2. Takes responsibility for eliminating those inequities by applying an equity and anti-racist lens to make systemic policy and procedural changes that dismantle discrimination, biases, and disparities.

Foundational Concepts

Anti-racism

It is an action-oriented strategy for systemic change that addresses issues of **racism and other interlocking systems of social oppression** by promoting collective awareness and advocating for systemic change.

Anti-racism actions can come in many forms, including “individual transformation, organizational change, community change, movement-building, anti-discrimination legislation and racial equity policies in health, social, legal, economic and political institutions.”



Foundational Concepts

Why establishing a culture of equity matters:

- Even well-intentioned effort to reduce health and health care disparities is less likely to succeed if it's not part of a broader culture of equity.
- Organizations must establish an internal culture of equity that sets the foundation to effectively advance health equity.
- Organizations that value health equity are better equipped to value the diversity in life and experience of their workforce.
- Without a culture of equity, quality improvement measures aimed at reducing disparities will diminish trust and partnership with the community.

Foundational Concepts

Creating a culture of equity is an ongoing effort that requires:



Image source: storyset.com

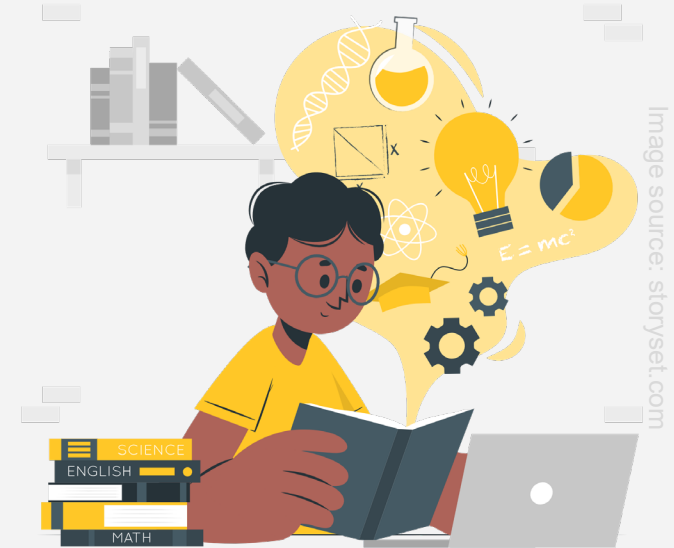
- Reflecting on and transforming the internal dynamics which reproduce health inequities such as:
 - discriminatory hiring practices
 - unequal resource allocations
 - cultural insensitivity
- Training staff to recognize inequities and take responsibility eliminating them.
- Grounding equity work in critical theory to identify and reflect on policies, dynamics, and systems that reproduce inequities and disparities.

Grounding Health Equity Work in Critical Theory

Grounding Health Equity Work in Critical Theory

What is critical theory and why is it important?

- It's a philosophical approach to culture and literature that confronts the social, historical, and ideological forces and structures that produce and maintain them.¹
- It examines and critiques the systems, structures, and power relations in which we operate, such as the healthcare system.
- It helps us ask key questions:
 - Why hasn't the system worked for everyone?
 - Who made the system and for whom was it made?
 - Who holds power in the way the system is currently structured?
 - Who has the *most* or *least* power?





Grounding Health Equity Work in Critical Theory

Creating a Culture of Equity framework:

1. Critical Consciousness

- Analyzing social conditions to understand why inequities occur and using that understanding to take individual and collective action.¹

2. Intersectionality

- Acknowledging that historically grounded intersecting systems of oppression, such as racism, classism, and sexism, structure people's experiences and health through simultaneously occurring interactions.²

3. Relational Cultural theory

- Highlighting the significance of relationships and meaningful connections in human development and personal growth.³

¹Paulo Freire, *Pedagogy of the Oppressed: 50th Anniversary Edition*, 4th ed. (New York: Bloomsbury Academic, 2018).

²Margaret L. Andersen and Patricia Hill Collins, "Why Race, Class, and Gender Still Matter." In *Race, Class & Gender: An Anthology*. 9th ed., eds., Andersen Margaret L. and Patricia Hill Collins, (Boston: Cengage Learning, 2007), 1–15.

³Judith V. Jordan, "Relational–Cultural Theory: The Power of Connection to Transform Our Lives," *Journal of Humanistic Counseling*. 56, no. 3 (2017): 228-243.

Grounding Health Equity Work in Critical Theory

How does critical theory translate to our work in healthcare?

It questions dominant forms of thinking

- Mainstream ideas, views, and beliefs about *how* the healthcare system should function, and what it means for healthcare to be equitable

It challenges normative and assumed power relations

- Provider and patient
- Provider and health plans
- Health plans and State Medicaid agencies
- Nurses and doctors
- Attending physicians and residents

It has informed the understanding of health inequities as **avoidable** and **systemic** differences caused by unjust structural conditions (i.e., **systems of oppression**).



Systems of Oppression



Systems of Oppression

- The term "systems of oppression" calls attention to **historical** and **organized** patterns of mistreatment that can help us better identify inequities.
- In the United States, systems of oppression, such as systemic **racism**, **sexism**, **heterosexism**, **ableism**, **classism**, **ageism**, or **anti-Semitism**, are woven into the very foundation of American culture, society, and laws.
- Political and educational institutions, societal standards, and even ways of life contribute to the *elevation* of dominant groups at the *expense* of marginalized social groups.



Systems of Oppression

Achieving optimal health for *all* requires acknowledging and confronting the complex legacies of **colonialism** and **white supremacy culture** embedded in all systems and institutions, *including* healthcare systems and institutions.

- **What is colonialism?**

- “A practice of domination, which involves the subjugation of one people to another,” colonialism often involves the establishment of settlements, exploitation of resources, and the imposition of cultural, economic, and political dominance of one group over another.¹

- **What is white supremacy culture?**

- Conditions, practices, and ideologies that underscore the dominance of whiteness and white political, social, cultural and economic domination.²

Systems of Oppression

Complex legacies of white supremacy and colonialism



- Colonization resulted in the dispossession of land, forced assimilation, and the extermination of indigenous people and cultures. It also resulted in the establishment of a hierarchical power structure where white colonizers held authority.
- Colonialism exacerbated inequitable social values and norms, that are still felt today, such as:
 - Power dynamics that exerted financial, physical, and/or technological power over racial Others.
 - The exploitation of land, resources, labor for economic gain.
 - Social hierarchies based on class, ethnicity, and race.

Systems of Oppression

Complex legacies of white supremacy and colonialism

Examples of white supremacy characteristics and values that show up in our organizations:

- Perfectionism
- Sense of urgency
- Defensiveness
- Quantity over quality
- Either-or thinking
- Individualism





Systems of Oppression

Manifestations of white supremacy culture and colonialism over time

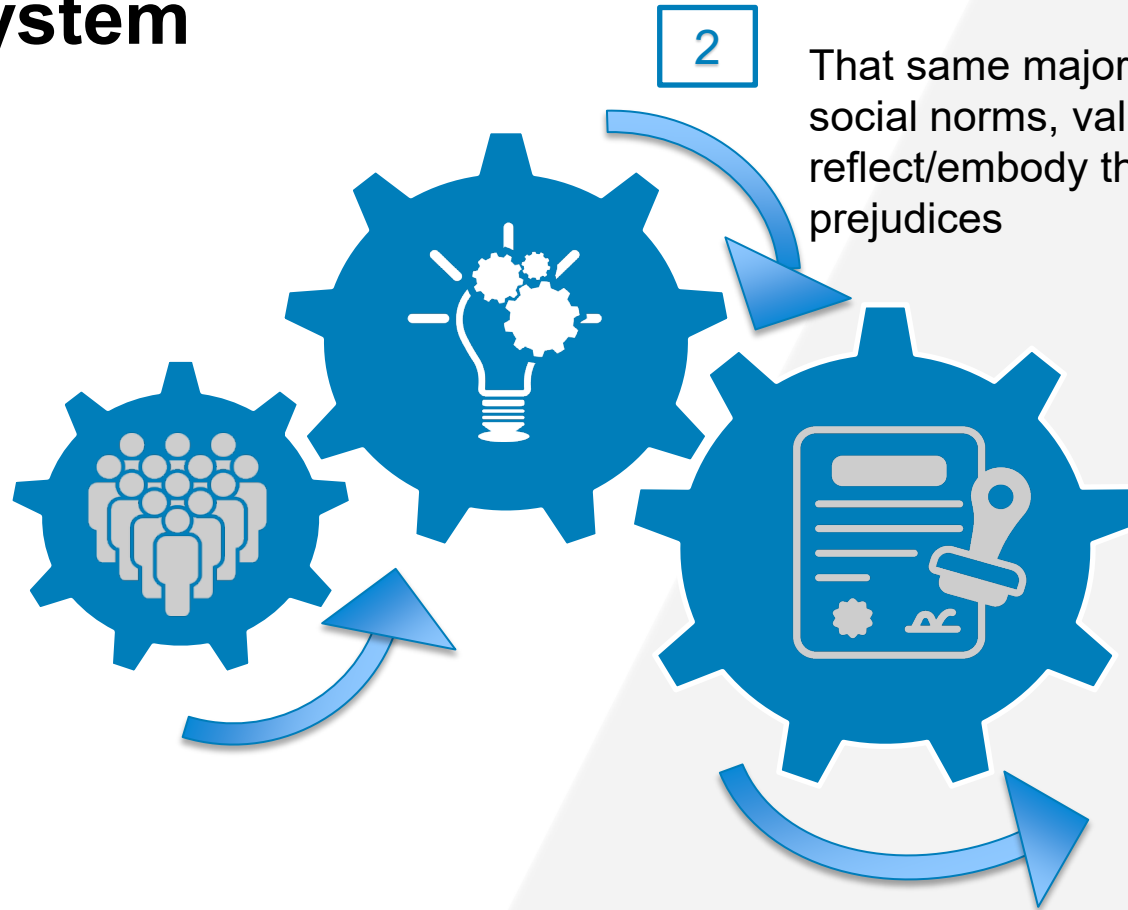
- The foundations of many U.S. social and economic structures and institutions were established during periods of colonialism and white supremacy, such as:
 - Educational institutions
 - Financial and lending Institutions
 - Housing
 - Prison system / mass incarceration
 - Regulated and organized healthcare
 - Slavery
- The above are examples that have perpetuated inequities impacting and shaping various aspects of life including education, employment, housing and healthcare.

Systems of Oppression

Parts of the System

1

A dominant culture of people with biases and prejudice (racial and non-racial) make up the majority



2

That same majority then establishes social norms, values, and cultures that reflect/embody those same biases and prejudices

3

As a result, the systems, policies, legislations that are produced are “biased/prejudiced,” which cause the effect of these systems to be oppressive and discriminatory – further perpetuating biases and prejudices of the dominant culture.

Systems of Oppression

Examples of systems that result in oppression

Systems:

- Ageism
- Ableism
- Classism
- Colonialism
- Heterosexism
- Racism
- Sexism
- Transphobia



Drivers:



Inequities:

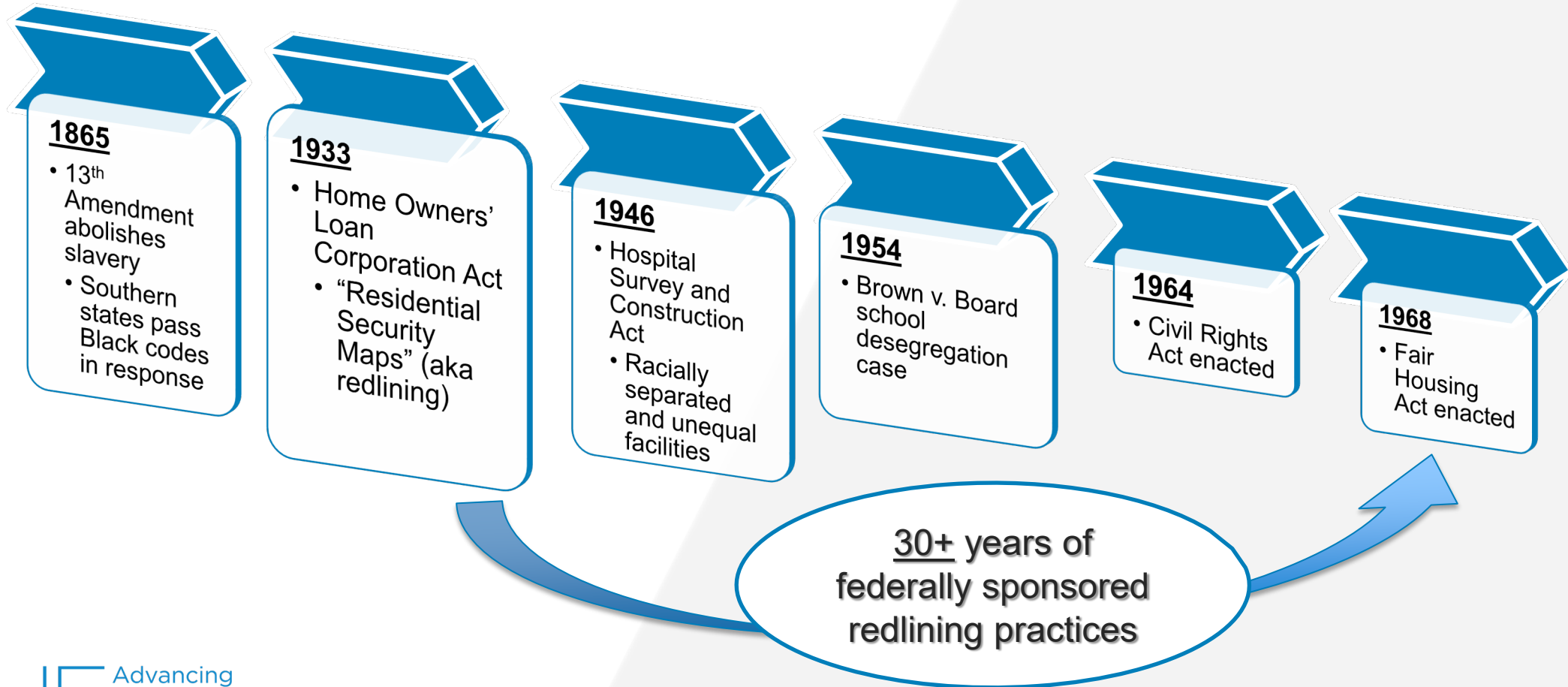
- Wealth,
- Education,
- Employment,
- Access to health care and quality of care

Social Determinants of Health
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Healthy People 2030

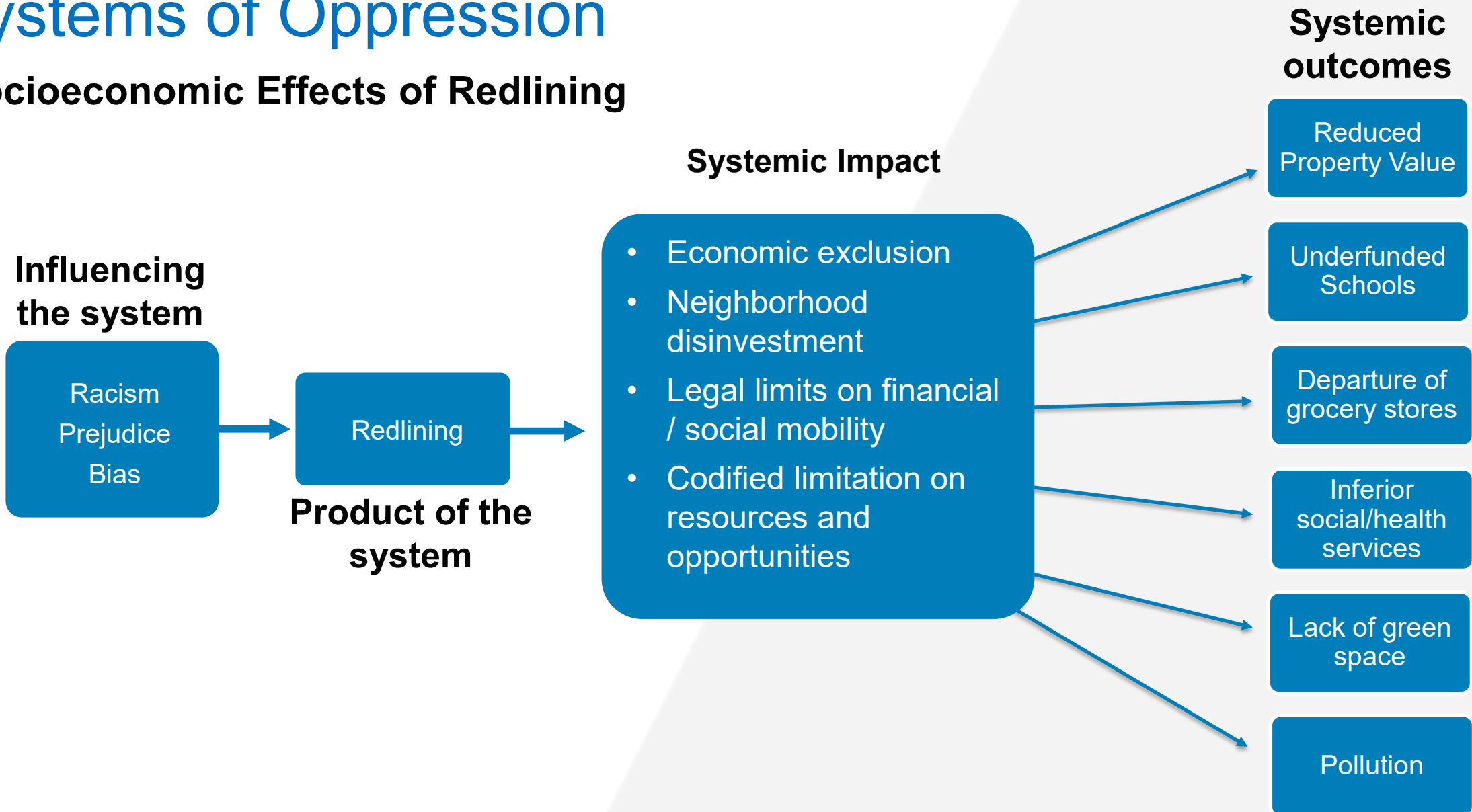
Systems of Oppression

The Socioeconomic Effects of Redlining



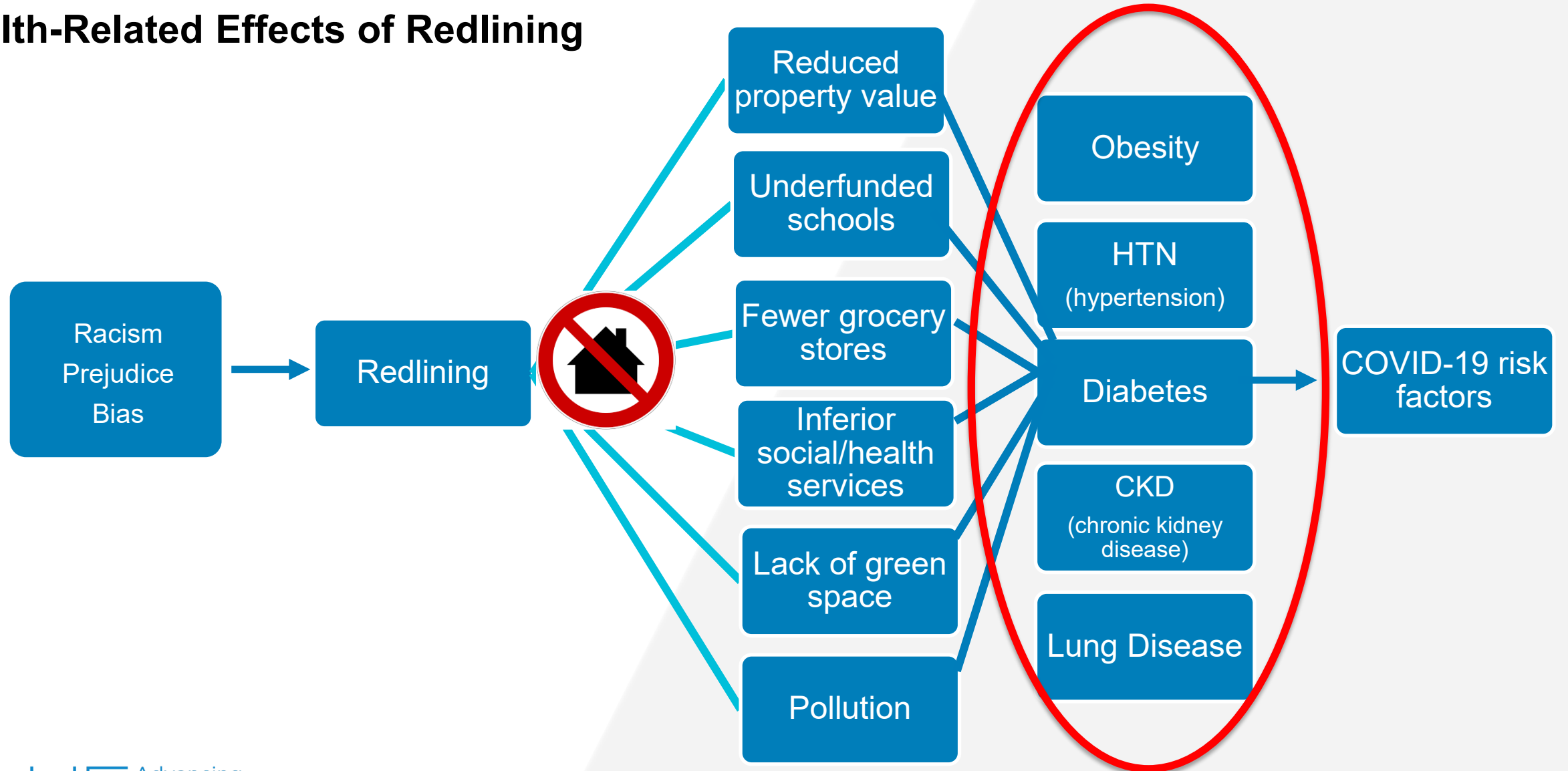
Systems of Oppression

Socioeconomic Effects of Redlining



Systems of Oppression

Health-Related Effects of Redlining





Systems of Oppression

Discussing concepts like white supremacy, colonialism, and racism require patience, accountability, and understanding.

However, without first understanding the historical context that created health disparities and inequities in the first place, it is impossible to identify the root causes of health inequities and eliminate them.

“If you know whence you came, there is really no limit to where you can go.”

—*James Baldwin*



Moving Forward

- Today's health inequities did not just happen. They are the result of a long and complicated history of inequitable systems
- Systems can be changed and can be equitable
- Creating cultures of equity is a life-long commitment and is a critical step in creating equitable systems and eliminating health inequities
- In Part 2, participants can expect to explore implementation strategies grounded in critical theory for creating cultures of equity.

Thank you!

Additional resources at

www.AdvancingHealthEquity.org

and from your AHE key contacts