



---

OFFICE FOR COMMUNITY HEALTH

JAMAL MARTIN, PhD, MPH

ASSOCIATE VICE CHANCELLOR AFRICAN AMERICAN HEALTH

FACULTY AFRICANA STUDIES

AFFILIATED FACULTY SUSTAINABILITY STUDIES

22 SEPTEMBER 2020

# DRAFT Presentation

## Root Cause Analysis (RCA) and Root Cause Analysis<sup>2</sup> (RCA<sup>2</sup>) of Syndemic Disease and Health Inequities in the U.S.

---

1. This presentation gives participants the opportunity to engage *(re-imagining)* in *critical thinking and learning about public health systems and services for syndemics under institutionalized racism and white supremacy ideology*.
2. Next, it offers learners a *power analysis for undoing institutional racism and structural violence*.
3. Lastly, it supports *advocacy for the importance of building a culture of health equity through progressive obligations for dignity and human rights*.

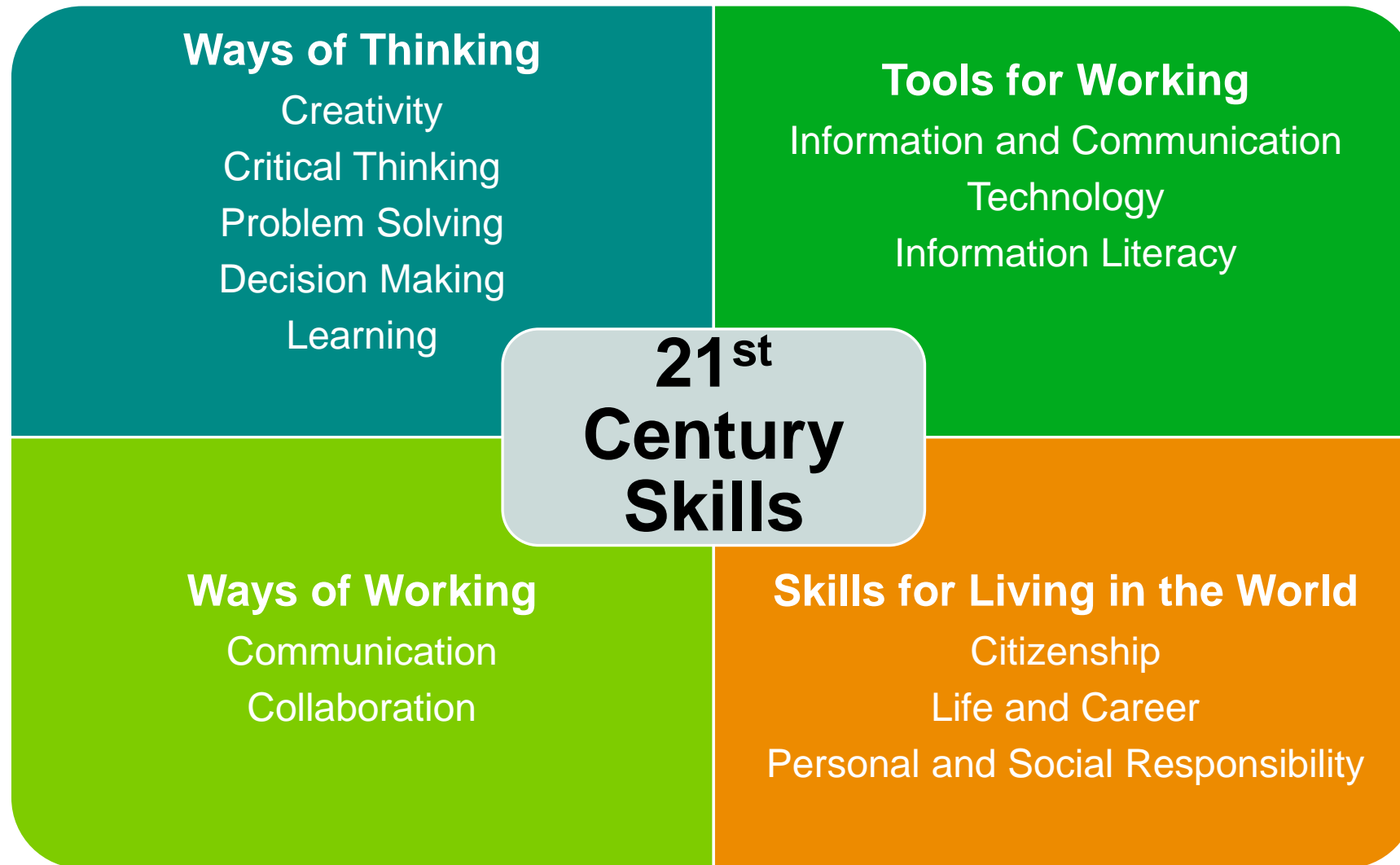
# Critical Thinking and Learning as an Intellectual Trait/Virtue

---

FAIRMINDEDNESS, INTELLECTUAL HUMILITY, INTELLECTUAL COURAGE,

INTELLECTUAL EMPATHY NEEDED TO UNDO

RACISM AS A PUBLIC HEALTH CRISIS



# Basic Activities in Critical Thinking

Activity	Definition	Requirements
<b>Investigation</b>	Finding evidence – that is, data that will answer key questions about the issue	The evidence must be both relevant and sufficient.
<b>Interpretation</b>	Deciding what the evidence means	The interpretation must be more reasonable than competing interpretations.
<b>Judgment</b>	Reaching a conclusion about the issue	The conclusion must meet the test of logic

# Mental Functioning

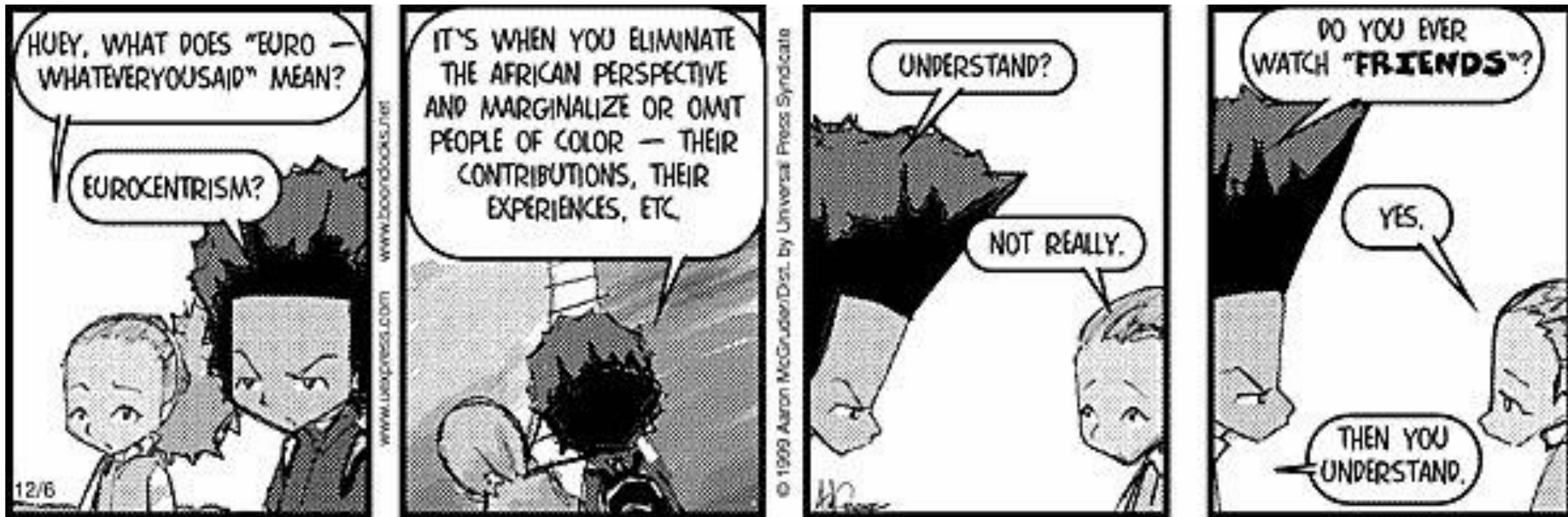
- Three Types of Thinkers
  - Uncritical Persons  
(intellectually unskilled thinkers)
  - Skilled Manipulators  
(weak-sense critical thinkers)
  - Fair-Minded Critical Persons (strong-sense critical thinkers)

Disciplined	Undisciplined
Humility	Arrogance
Sense of Justice	Unfairness
Perseverance	Laziness
Fair-minded	Disregard for justice
Confidence in reasons	Distrust of reason
Courage	Cowardice
Empathy	Self-centeredness
Autonomy	Conformity

# COMPARISON OF WORLDVIEWS

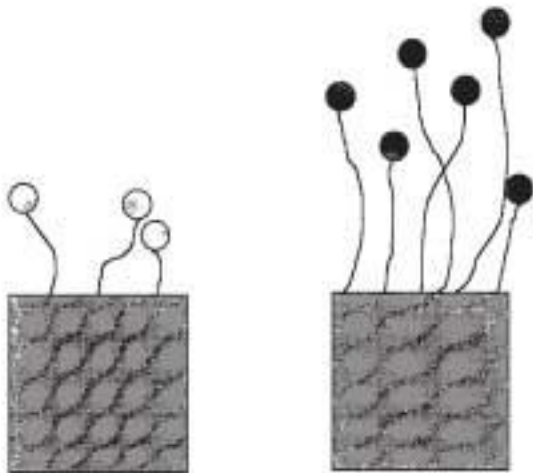
African American Worldview		European American Worldview
Human – Nature Oneness	BASIC ASSUMPTIONS	Human – Nature Dichotomy
Harmony with Nature	ETHOS	Control/Mastery over Nature
Survival of the Group Inclusiveness/ Synthesis		Survival of the Fittest Exclusiveness/ Dichotomy
Cooperation and Collective Responsibility	VALUES AND CUSTOMS	Competition and Individual Rights
Corporateness and Interdependence		Separateness and Independence
Spiritualism and Circularity		Materialism and Ordinality
Complementarity/ Understanding		Intervention/ Oppression
Groupness Sameness Commonality Humanism/ Religion	PSYCHOBEHAVIORAL MODALITIES	Individualism Uniqueness Differences European Supremacy/ Racism

# Eurocentrism

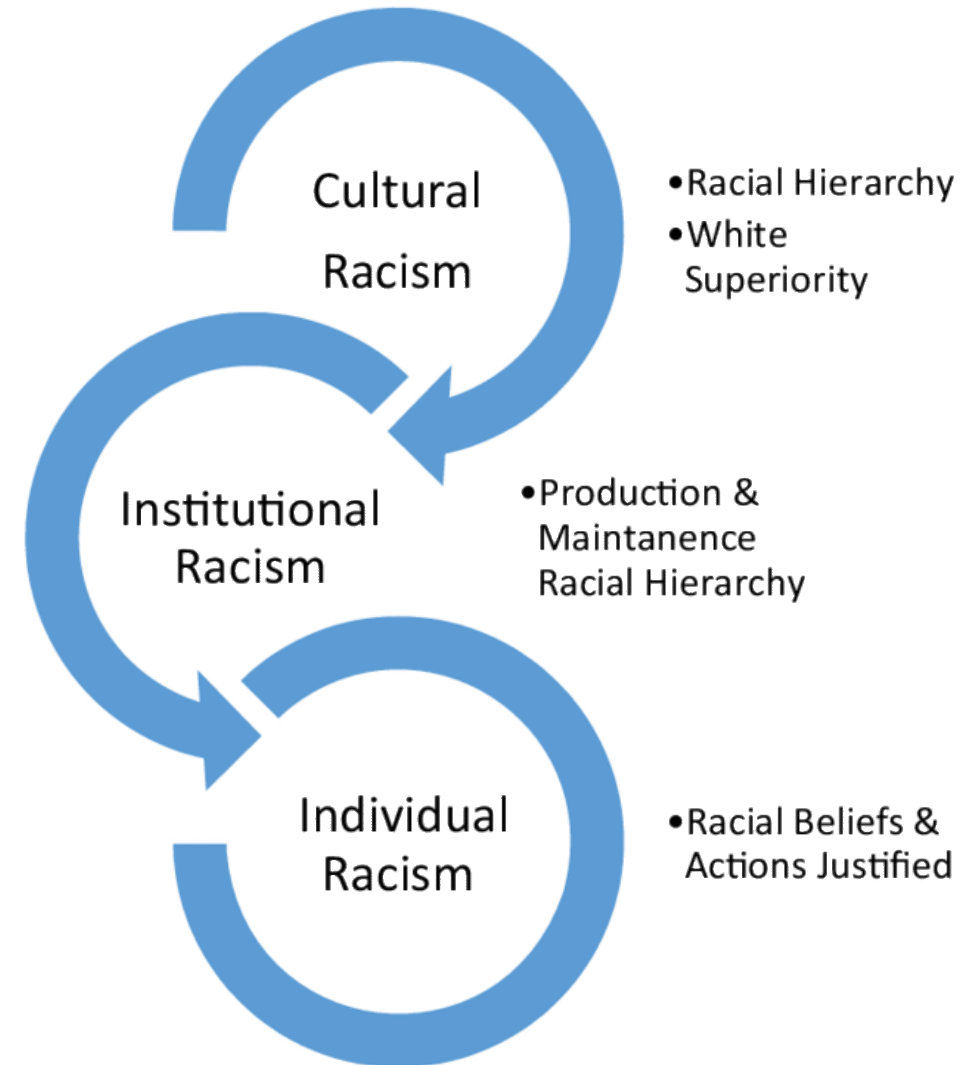




## Institutionalized racism



- Initial historical insult
- Structural barriers
- Inaction in face of need
- Societal norms
- Biological determinism
- Unearned privilege



**OVERT  
WHITE SUPREMACY  
(Socially Unacceptable)**

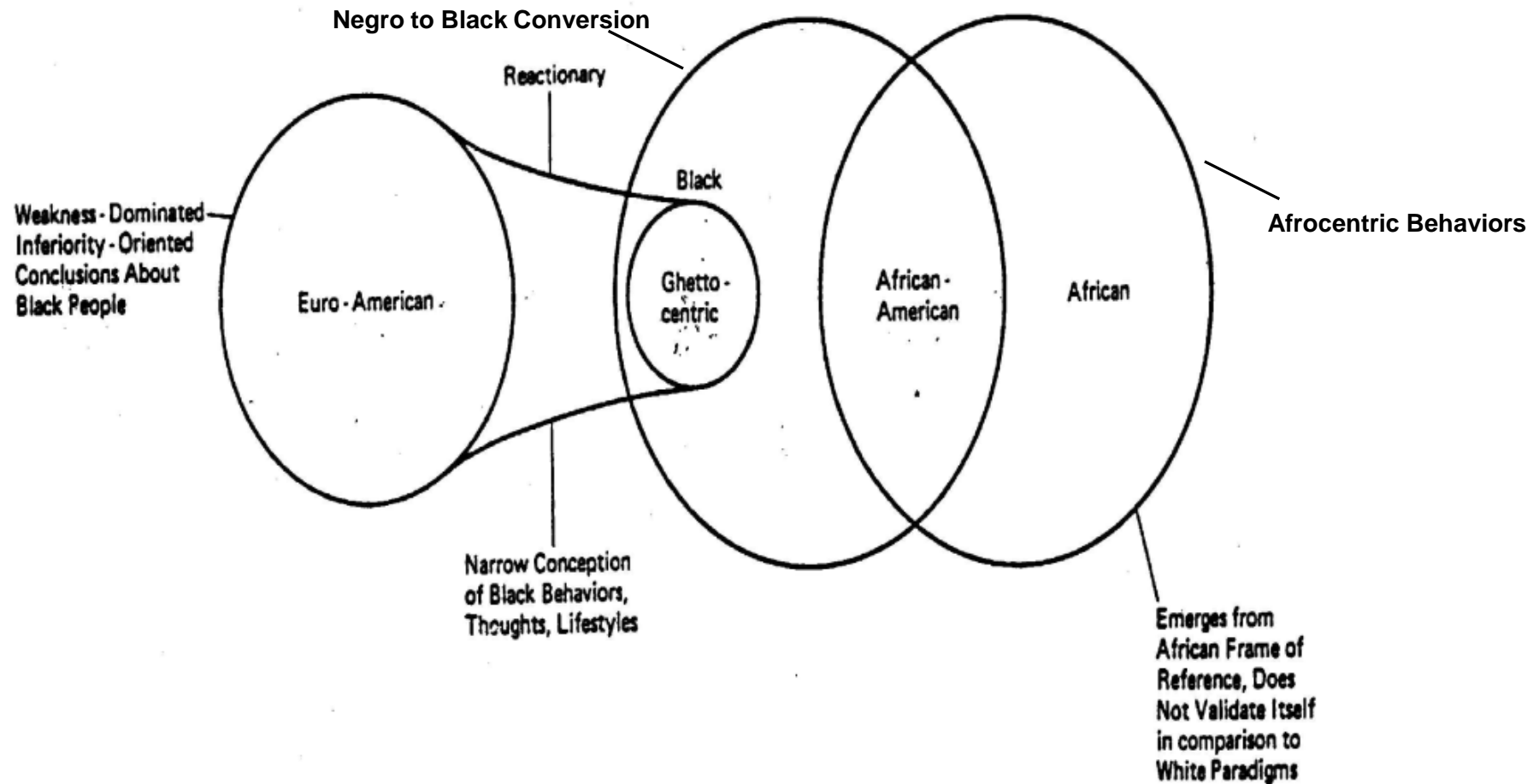


# The Lifeboat Scenario & Resource Scarcity

TRADEOFFS BETWEEN COLLECTIVE GOOD AND INDIVIDUAL RIGHTS



1. What is the ethical problem?
2. What information is needed?
3. Who are the stakeholders?
4. What values are relevant to the problem?
5. What options are available?
6. What type of values are served in light of financial, political, and organizational constraints?
7. What process is best for decision making, who makes it, and who ought to be involved?



Black Psychology Issues: Identity and Behavior, Negrophobia and Pigmentocracy, White Supremacy, Slave Health Deficit, Mentacide and Post Traumatic Slave Disorder/Dysfunction

# **Public Health Systems Services (PHSS) & Syndemics**

---

WHITE SUPREMACY AND INSTITUTIONALIZED RACISM



*Our environments cultivate our communities and our communities nurture our health.*

**When inequities are low and community assets are high, health outcomes are best.**

**When inequities are high and community assets are low, health outcomes are worst.**

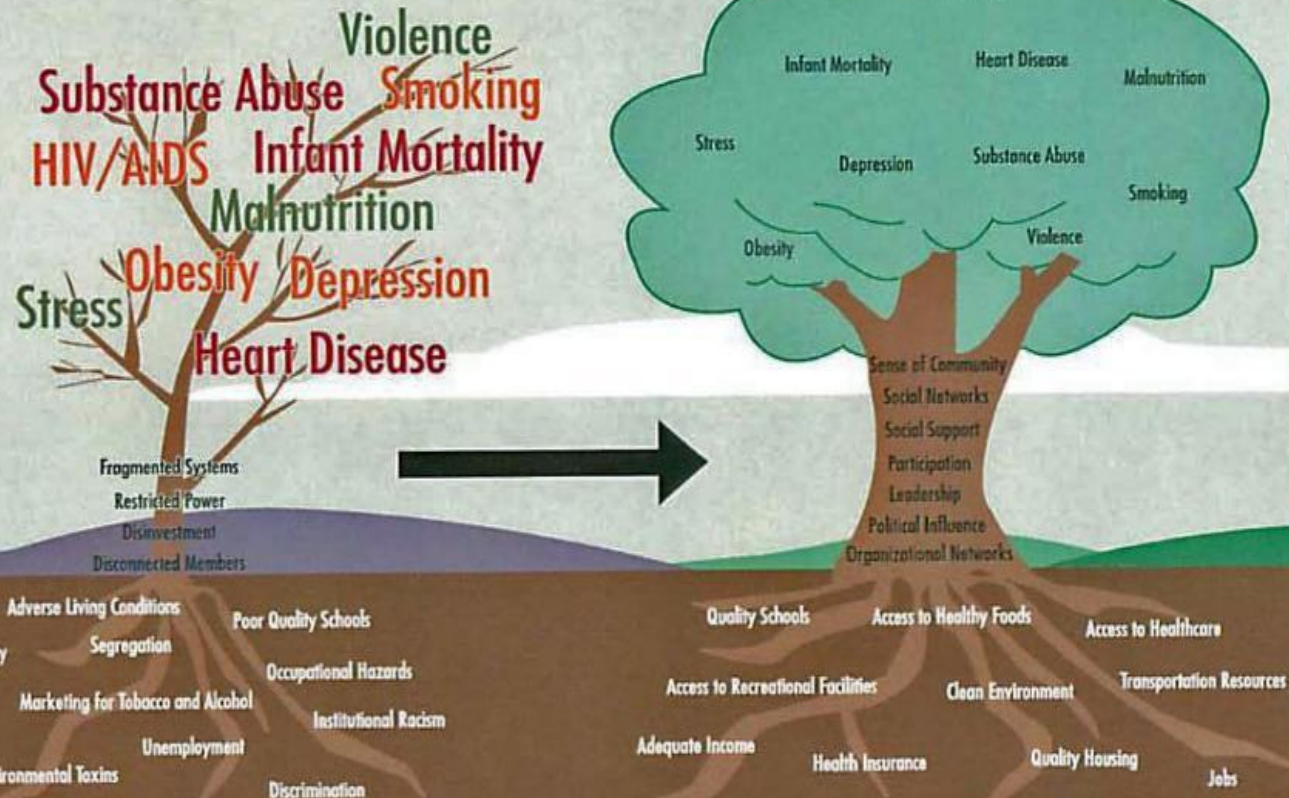


Figure adapted from Anderson et al, 2003; Marmot et al, 1999; and Wilkinson et al, 2003.<sup>39-41</sup>

## Structural Violence

Disparities, disabilities, and deaths result when systems, institutions, policies, or cultural beliefs meet some people's human needs and human rights at the expense of others. Structural violence creates relationships that cause secondary violence to occur.

## Secondary Violence

### Self-Destruction

- Alcohol abuse
- Drug abuse
- Suicide
- Depression
- Internalized Oppression

### Community Destruction

- Crime
- Interpersonal Violence
- Domestic violence
- Rape

### National and International Destruction

- Rebel movements
- Terrorism
- Suicide
- Civil Wars
- Revolutions
- Coups
- War

Reactions and responses to structural violence are secondary violence

# Structural Violence, Human Suffering and Human Rights Violations

---

- Social structures – economic, political, legal, religious, and cultural-that stop individuals, groups, and societies from reaching their full potential
  - Embedded in the political economic organization of our social world
- Violence – physical and psychological harm to the individual resulting from exploitative and unjust social, political, and economic systems
  - Cause injury to people (typically, not those responsible for perpetuating such inequalities)
- Poorly designed policies that yield inadequate food, housing, health, safe and just working conditions, education, economic security, clothing and family relationships
- People live a life of oppression, exclusion, exploitation, marginalization, collective humiliation, stigmatization, repression, inequities, lack of opportunities (no fault of their own, per se)
- People arm themselves to protect their commodities and access to them – overlooking connections between consumerism and oppressive regimes (governments, financial institutions and transnational corporations) – increases drug trade, military spending and human rights violations
- Women, children, and elders; those from different ethnic, racial, cultural, religious groups; and sexual orientation

# Alert Signs

---

**Diseases Outbreaks**

**Poverty Line Indicator**

**Basic Needs Index**

**Unemployment**

**Youth without Jobs**

**Food Shortage**

**Famine**

**Violence**

**Oppression**

**Political Instability / Corruption**

**Disintegration of Government /  
Institutions**

**Migration**



# Improving the Intellectual Currency of Effective PHSSR in Academia

1. Organization and Structure
2. Finance
3. Technology Data and Methods
4. Workforce

## IMPACT OF ECBD/ACE and PHLR ON THE LIFE COURSE TRAJECTORY

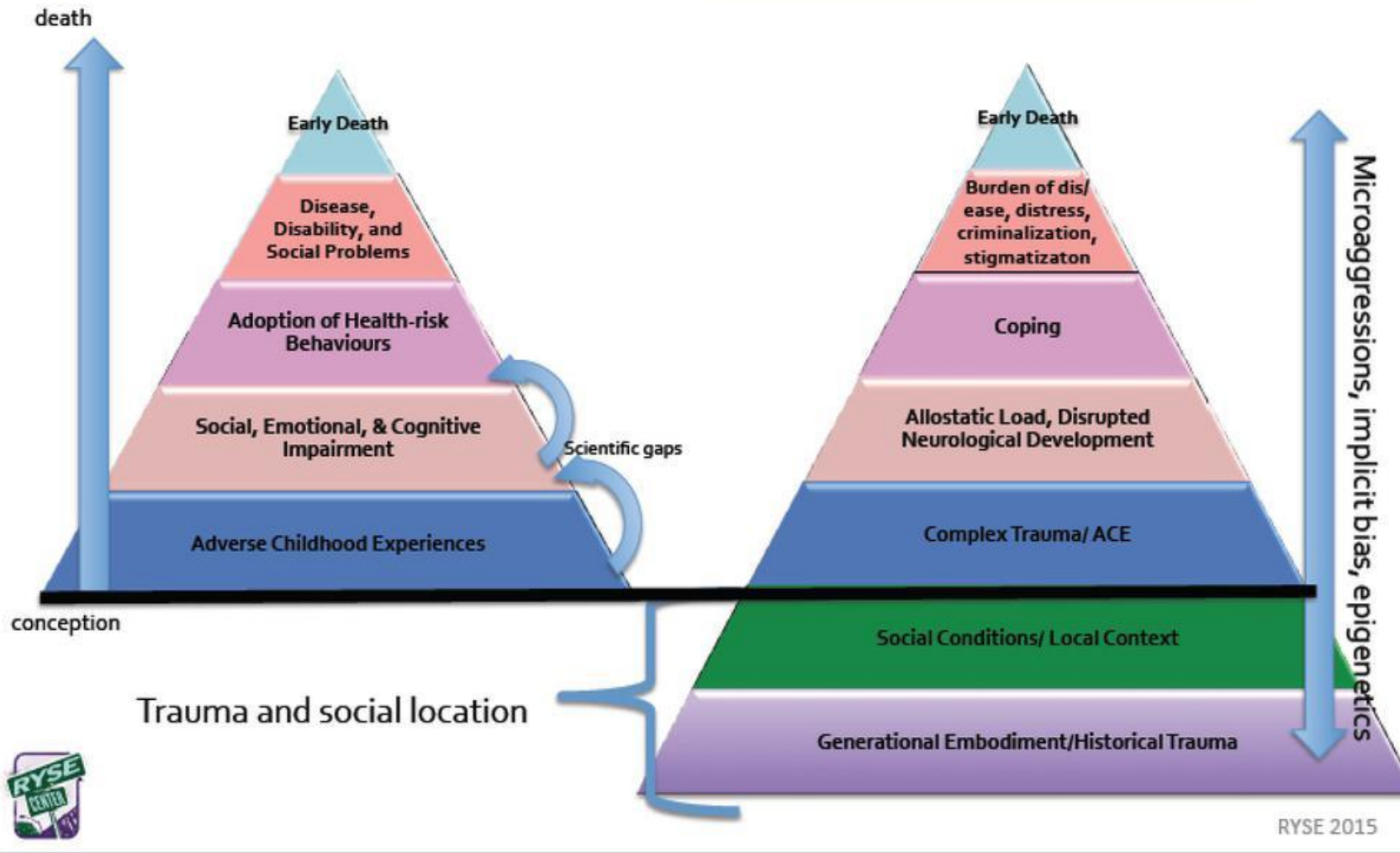


The Patient Protection and Affordable Care Act (PPACA) includes: (a) Provisions to increase PH workforce and strengthen quality management; (b) loan repayment programs; (c) workforce grants for state and local programs; (d) public health fellowship; (e) preventive medicine training grants and (f) reauthorization of PH workforce programs

# Trauma and Social Location

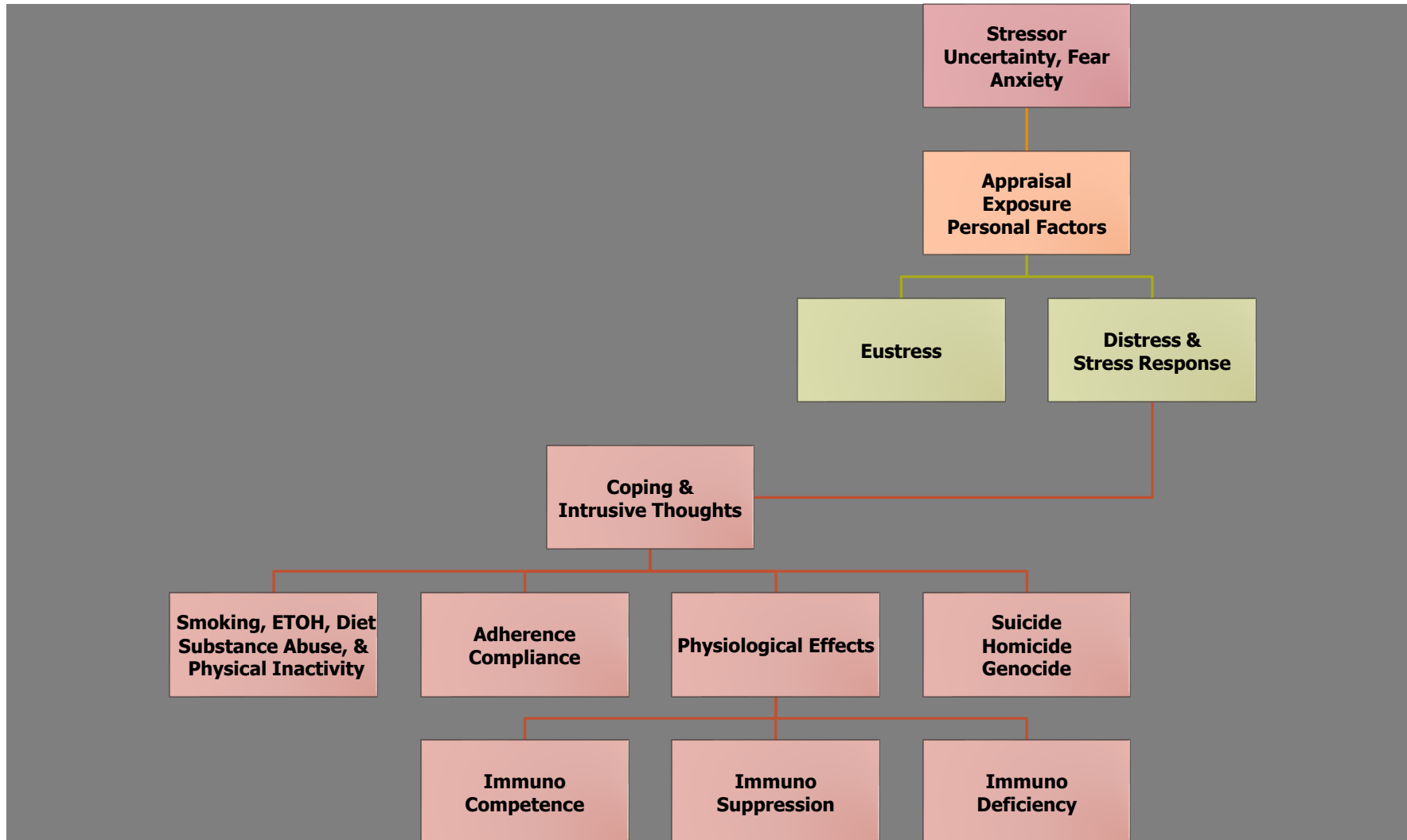
Adverse Childhood Experiences

Historical Trauma/Embodiment

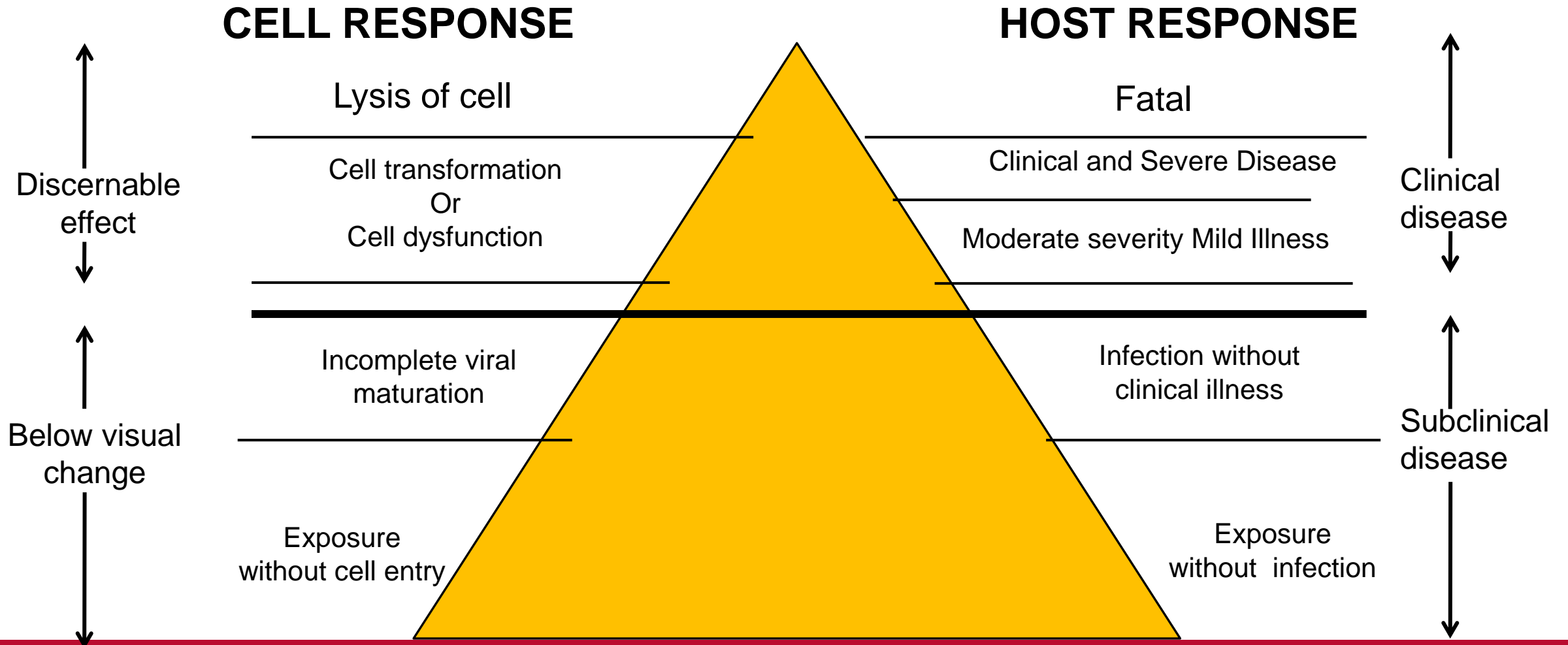


From what we know about social determinants of health, one's zip code heavily impacts baseline external stressors. Awareness of this concept allows a perspective/paradigm shift from "what's wrong with you" to "what has happened to you."

# Chronic Stressors & Life Events



# The Iceberg Effect COVID-19 (SARS-Cov-2)



**NIMHD Minority Health and Health Disparities Research Framework**  
**Health Disparity Populations: Race/Ethnicity, Low SES, Rural, Sexual/Gender Minority**  
**Other Fundamental Characteristics: Sex/Gender, Disability, Geographic Region**

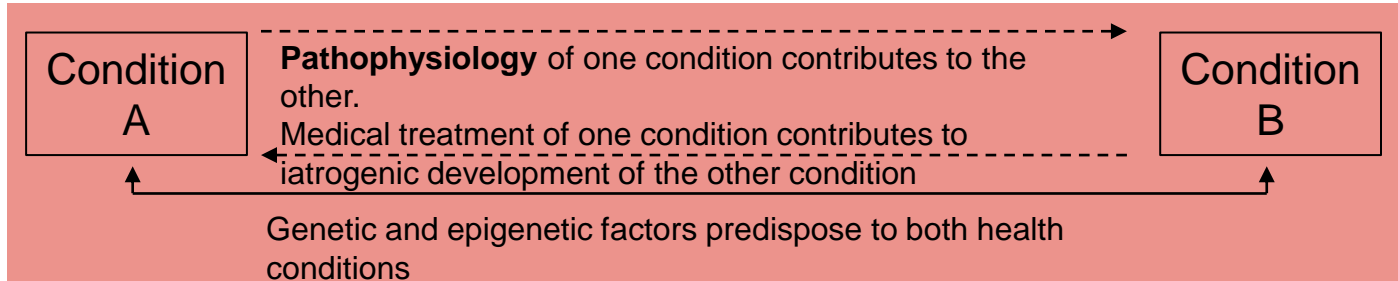
Domains of Influence	Levels	of	Influence	
	Individual	Interpersonal	Community	Societal
Biological	Biological Vulnerability and Mechanisms	Caregiver-Child Interaction Family Microbiome	Community Illness Exposure Herd Immunity	Sanitation Immunization Pathogen Exposure
Behavioral	Health Behaviors Coping Strategies	Family Functioning School/Work Functioning	Community Functioning	Policies and Laws
Physical/Built Environment	Personal Environment	Household Environment School/Work Environment	Community Environment Community Resources	Societal Structure
Sociocultural Environment	Sociodemographics Limited English Cultural Identity Response to Discrimination	Social Networks Family/Peer Norms Interpersonal Discrimination	Community Norms Local Structural Discrimination	Societal Norms Societal Structural Discrimination
Healthcare System	Insurance Coverage Health Literacy Treatment Preferences	Patient-Clinician Relationship Medical Decision-Making	Availability of Health Services Safety Net Services	Quality of Care HealthCare Policies
Health Outcomes	Individual Health	Family/Organizational Health	Community Health	Population Health



<https://www.nimhd.nih.gov/about/overview/research-framework.html>

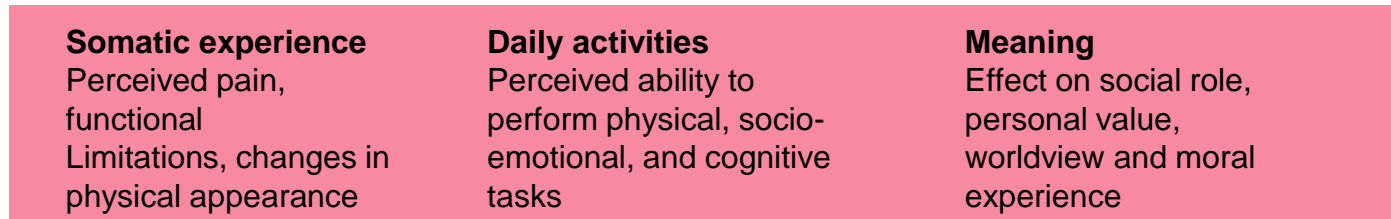
# Model for Syndemic Approaches to Health

**A** How do biological processes and pathophysiology of co-occurring conditions interact?



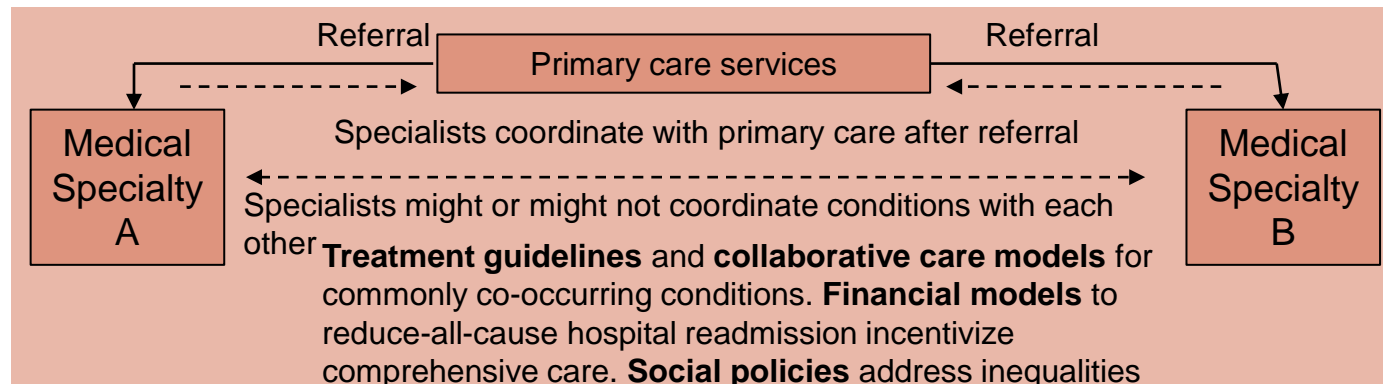
Structural and social inequalities shape risk of exposure to environmental and social stressors that contribute to inflammatory responses, antiviral activity, and other disease processes.

**B** How are the conditions experienced by patients and their social networks?



Culture shapes meaning associated with suffering and social responses to suffering, illness, and disability. Structural and social factors impede adherence to clinical recommendations.

**C** How do medical institutions address co-occurring conditions?



Culture influences categorization of medical specialties, training models for health workers, financing of health systems, and stigma among health workers. Structural and social inequalities impede access to care, and social policies promote or impede good health

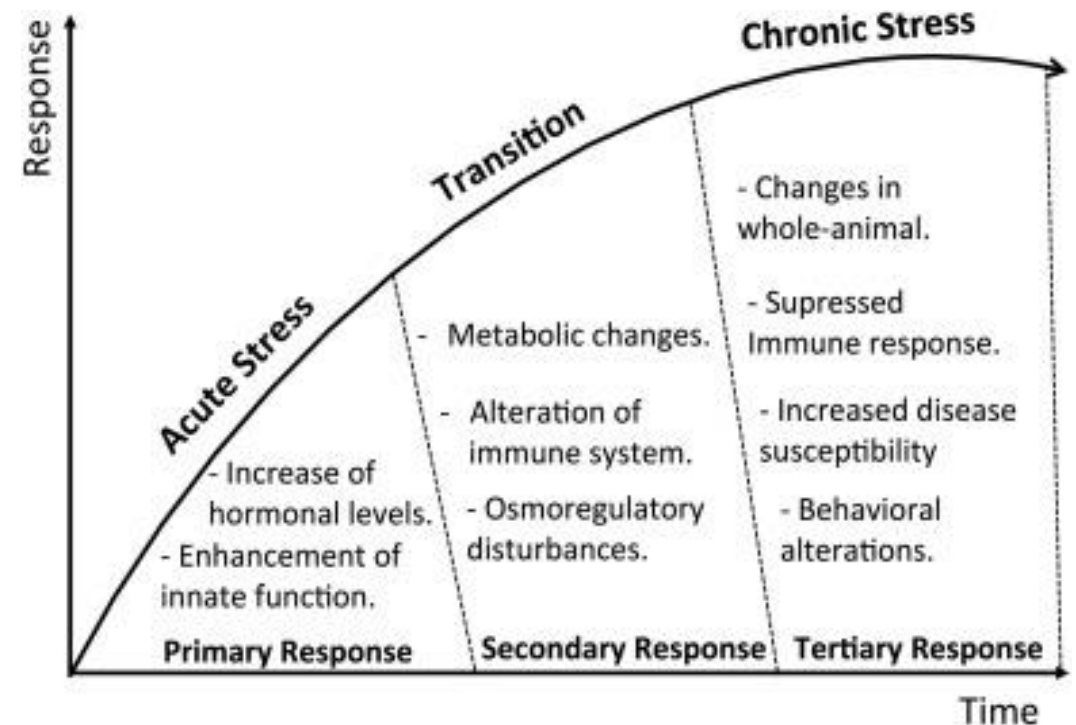
**Structural, social, and cultural factors**

Adapted from Mendenhall, et al. 2017



# Racism *is* a Public Health Issue!

*#EquityFlattensTheCurve*



# Power Analysis

---

PATHOLOGIES OF POWER AND ITS IMPACT ON  
BLACK & INDIGENOUS PEOPLE OF COLOR (BIPOC)





# Analysis of Power and Leadership

---

## TYPES AND SOURCES

**Power – Over** #getting someone to do something against their will

- ✓ Positional, obstructive, institutional, cultural or structural

**Power-With-Others** #influencing and action based on unity

- ✓ Referred, co-powering, collaborative, transcendent, institutional or cultural

**Power-From-Within** #influencing and action based on intention, clarity of vision or charisma

- ✓ Expert, ideological, personal, cultural or transcendent

## AGENDA SETTING

**Context, Process and Content**

- ✓ Actors, individuals, groups, organizations

**Streaming for Change**

- ✓ Problem, politics, policies
- ✓ Advocacy coalitions

**Street level bureaucrats**

- ✓ Work with those who can implement change because of congruence with working routines, values and interests

# Power and Powerlessness

---

## Subordination

- Act or process by which an individual or group is placed or treated as lower rank in relation to another person (or group) that exercises greater authority, power or influence

## Ingrained racial attitudes are endemic in the social systems

- Education, housing, financial resources, employment, promotion opportunities
- Judicial and police systems
- Economic systems
- Technology & manufacturing

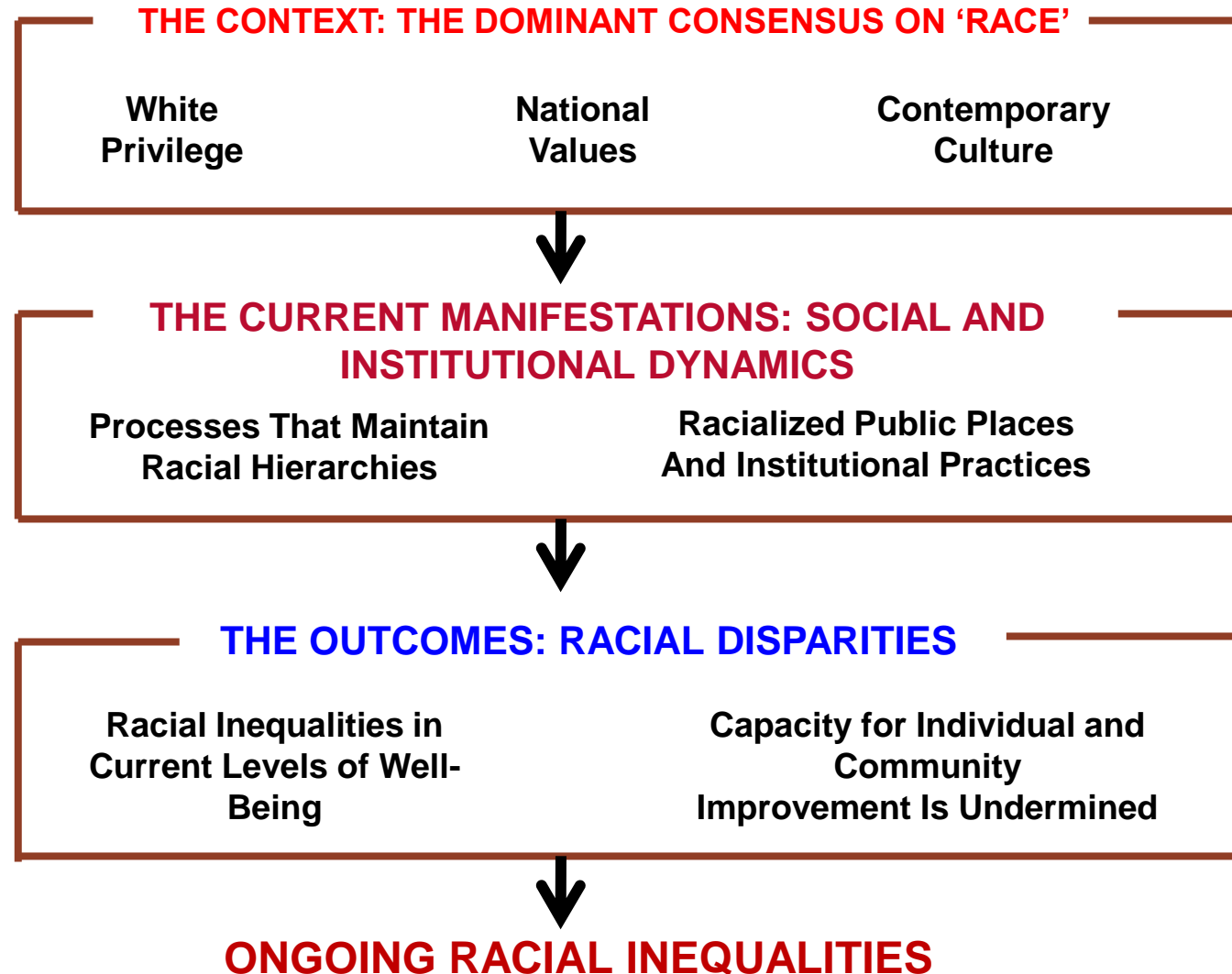
## Systems of social mobility

“How do a people manage to maintain an integrated sense of self and positive self-esteem when forced to confront routine acts and images directed at denigration of self and your birth group?”

# BIPOC Subjected to Excessive Eurocentrism & Structural Racism

## The American Nightmare as 500 hundred years of “whiteness”

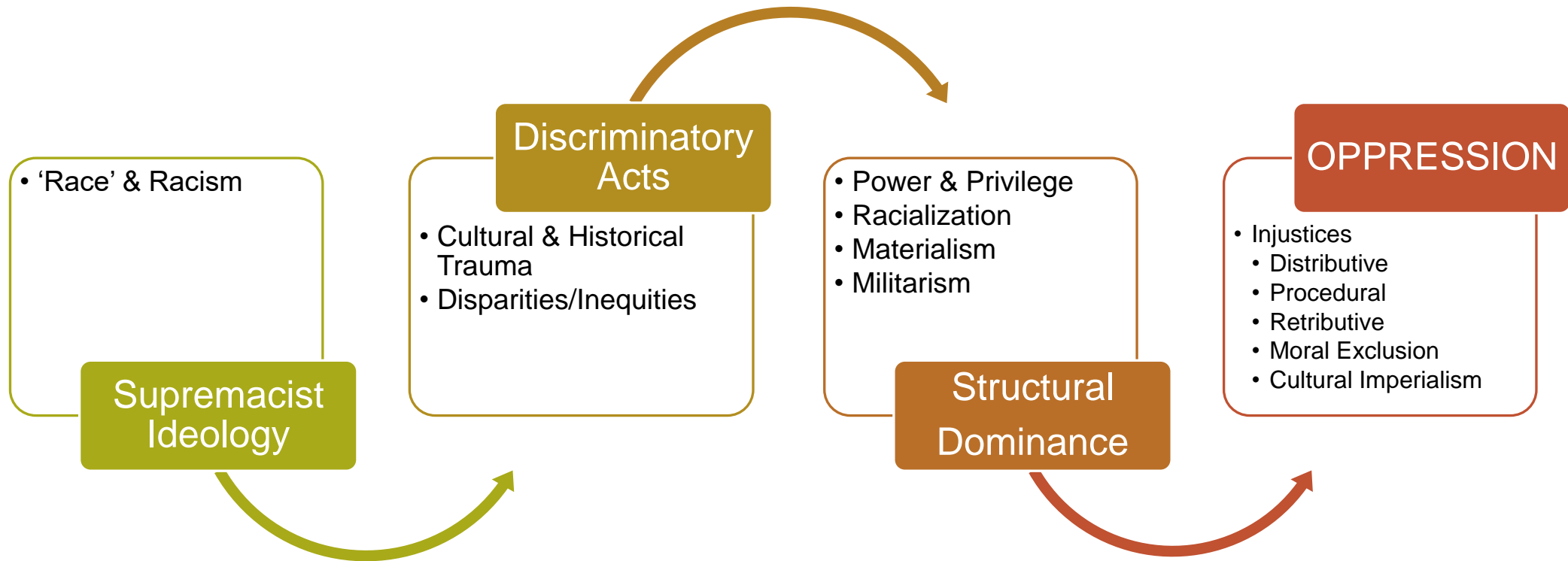
- Property (Harris, 1995)
- Possessive Investment (Lipsitz, 1995)
- Privilege (McIntosh, 1997)
- Performance (Giroux, 1997)
- Terror (hooks, 1997)
- Privilege/Supremacy (Gillborn, 2005)
- Racialized social system (Mills, 1997; Bonilla-Silva, 2007; Leonardo, 2004; Gillborn, 2005)



## A “Contagion of Fear” under a Doctrine of Shock

- Creation of a culture of risk
- Shocks to national conscious
- Disorientation- excessively distracted (emotionally and physically)
- Profit and privatization
- **Pathologies of power:** reductions in democracy, reshaping ideology, redesigning the economy, shifting tax burden, attacks on solidarity, control run of regulators, engineering elections, keeping unions in line, manufacturing consent (media); and marginalization of populations

# Formulary for Oppression under Structural Violence



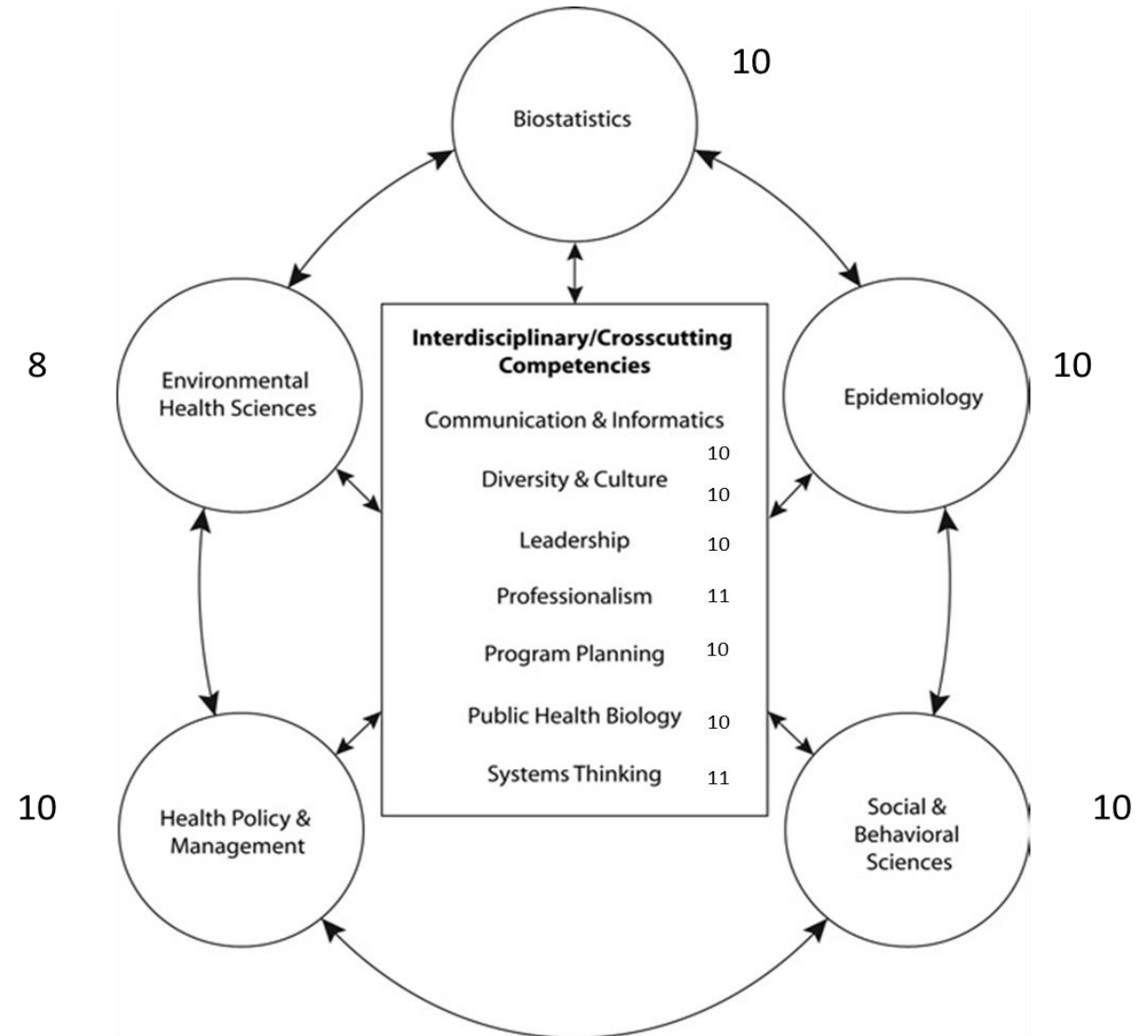
# Public Health as a Social Institution, a Discipline, and a Practice

... One of the efforts organized by society to protect, promote, and restore the people's health

A combination of sciences, skills, and beliefs directed to the maintenance and improvement of the health of the people through the collective or social actions;

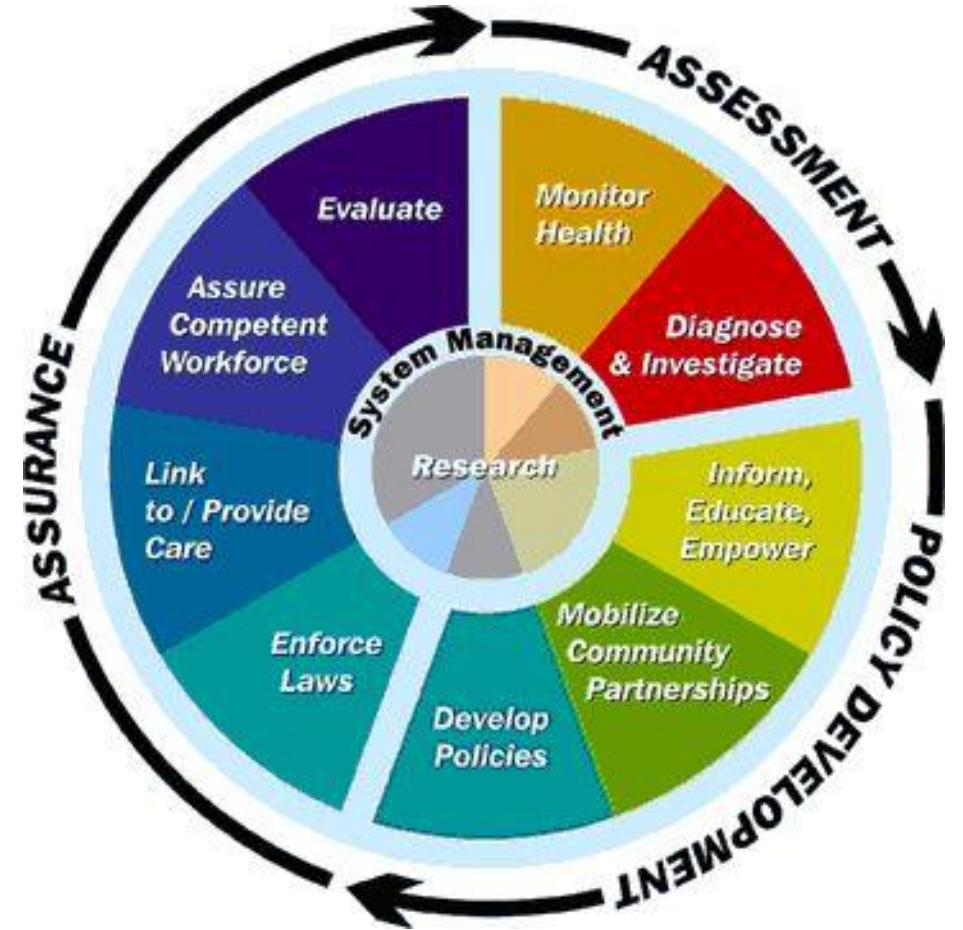
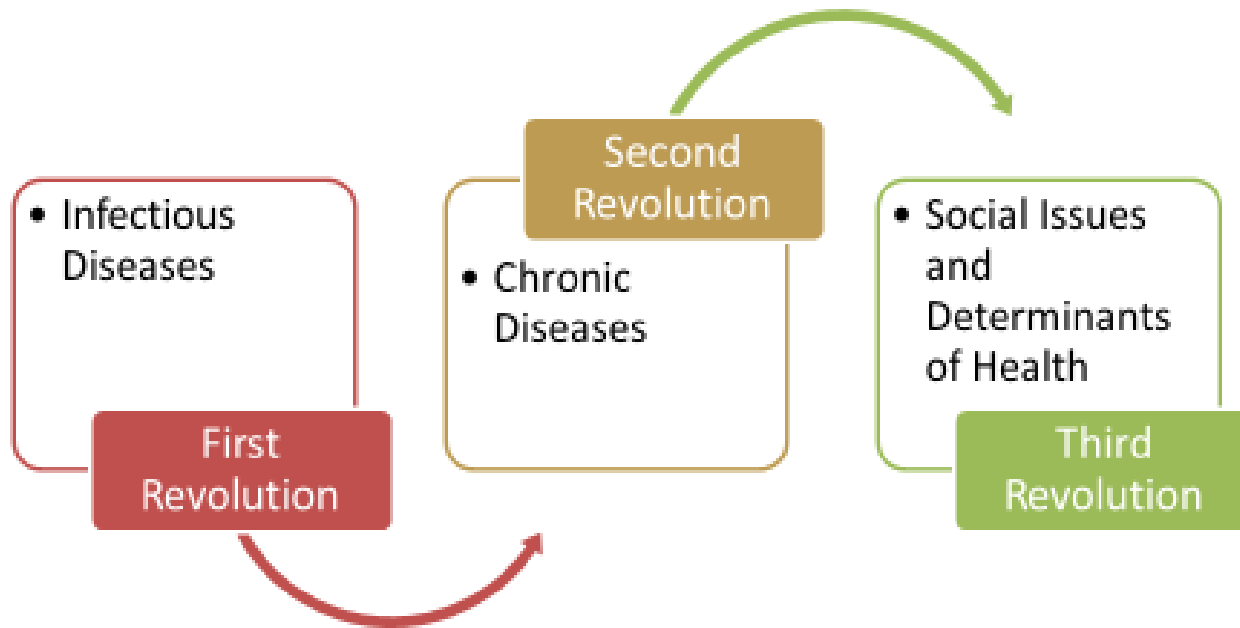
Programs, services, and institutions that emphasize health promotion, disease prevention, and control, protection, and population health;

Activities change with changes in technology and social values, but the goals remain the same – reduce the 6Ds of clinical outcomes i.e., *Disease, death, disability, dissatisfaction, dollars, and discomfort*



Source: Calhoun, et al., 2008; Association of Schools of Public Health, 2007

# PH Practice and Epidemiology: Evolution of the Discipline

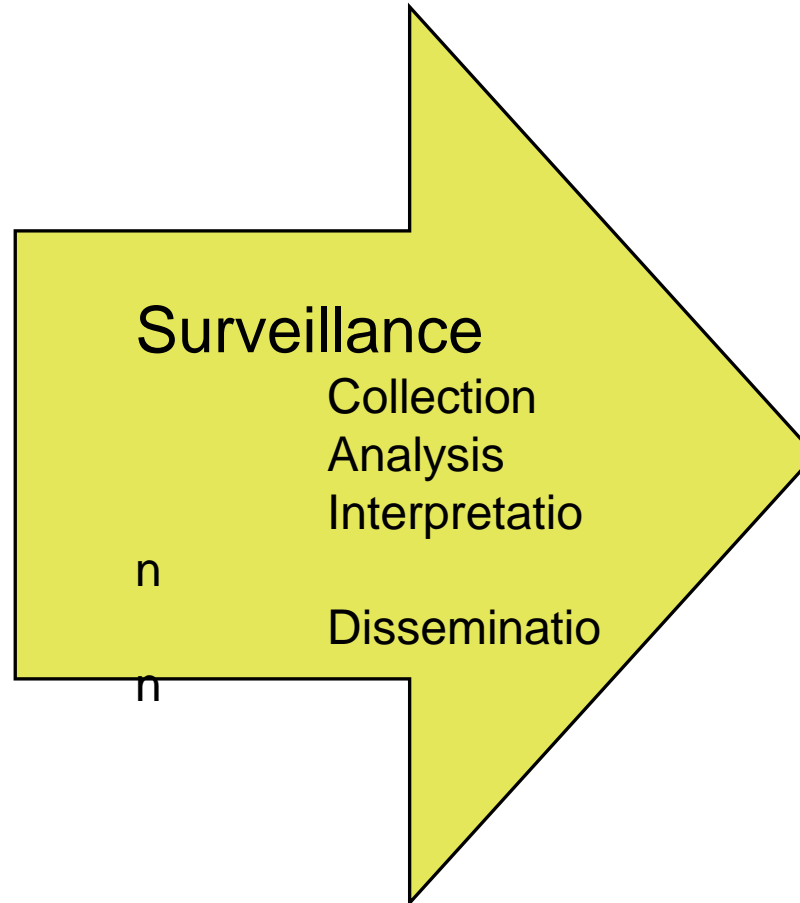


<sup>“upon”</sup>  
epi<sup>“study”</sup>demiology  
<sup>“people”</sup>

### Traditional Methods of Inquiry in Public Health

**Biostatistics** – the development and application of statistical reasoning and methods in addressing, analyzing and solving problems in public health; health care; and biomedical, clinical and population-based research

**Epidemiology** – the study of patterns of disease and injury in human populations and the application of this study to the control of health population



### Public Health Action Priority Setting

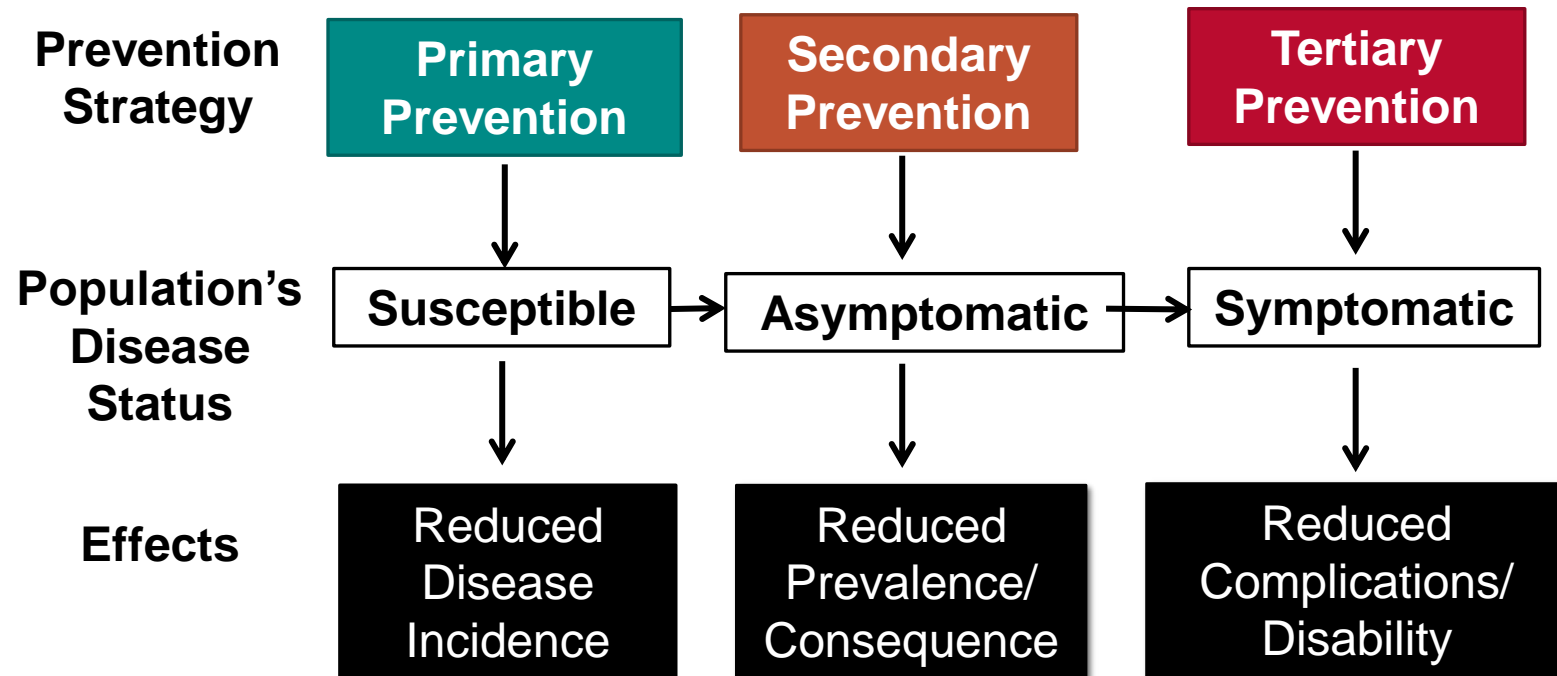
and Planning, implementing  
evaluating disease

- Investigation
- Control
- Prevention

**PH Surveillance** – monitoring health events in populations

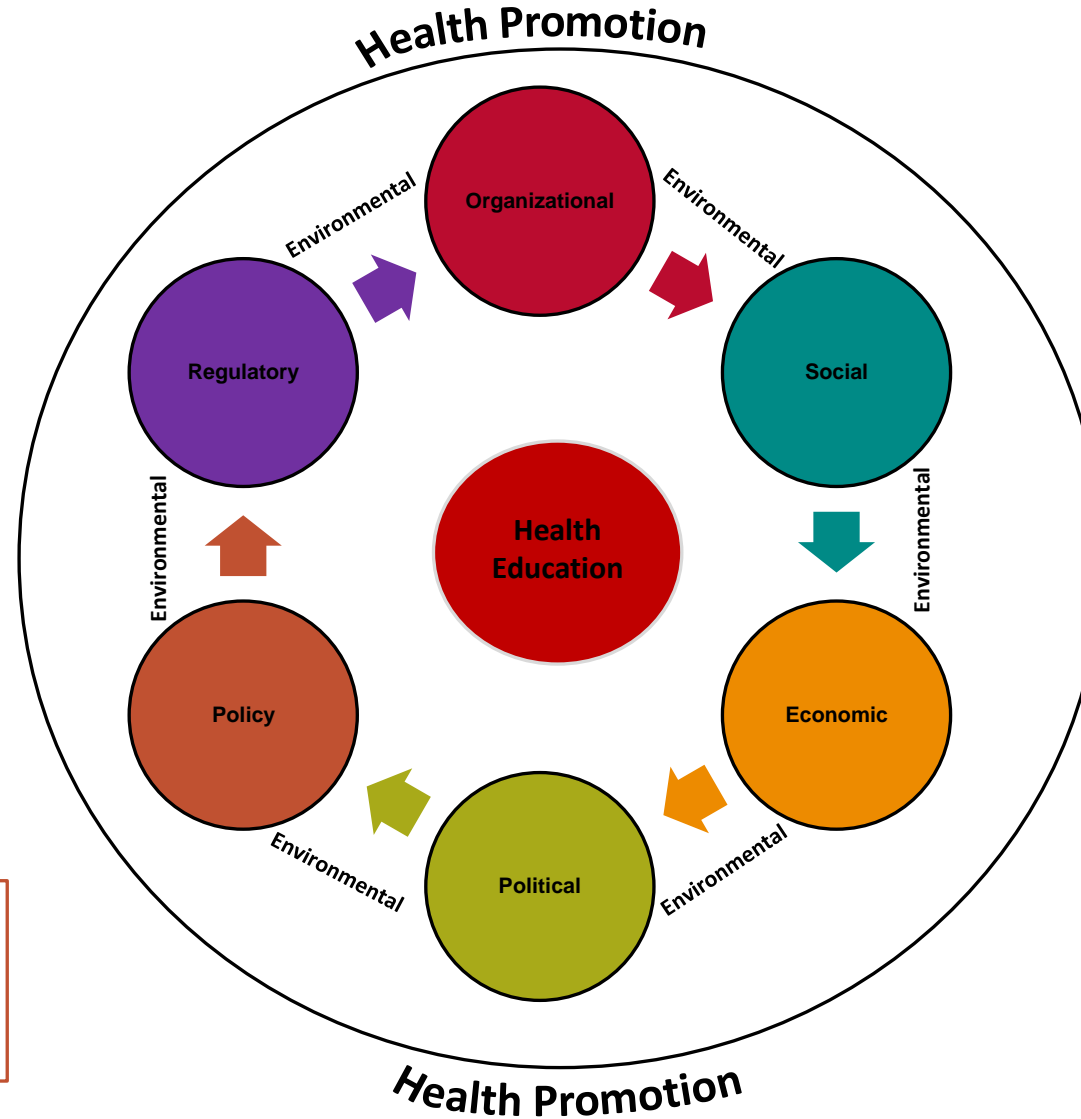
**Medical Surveillance** – monitoring potentially exposed individuals to detect early symptoms

# Health Promotion, Protection, Disease Prevention, and Control



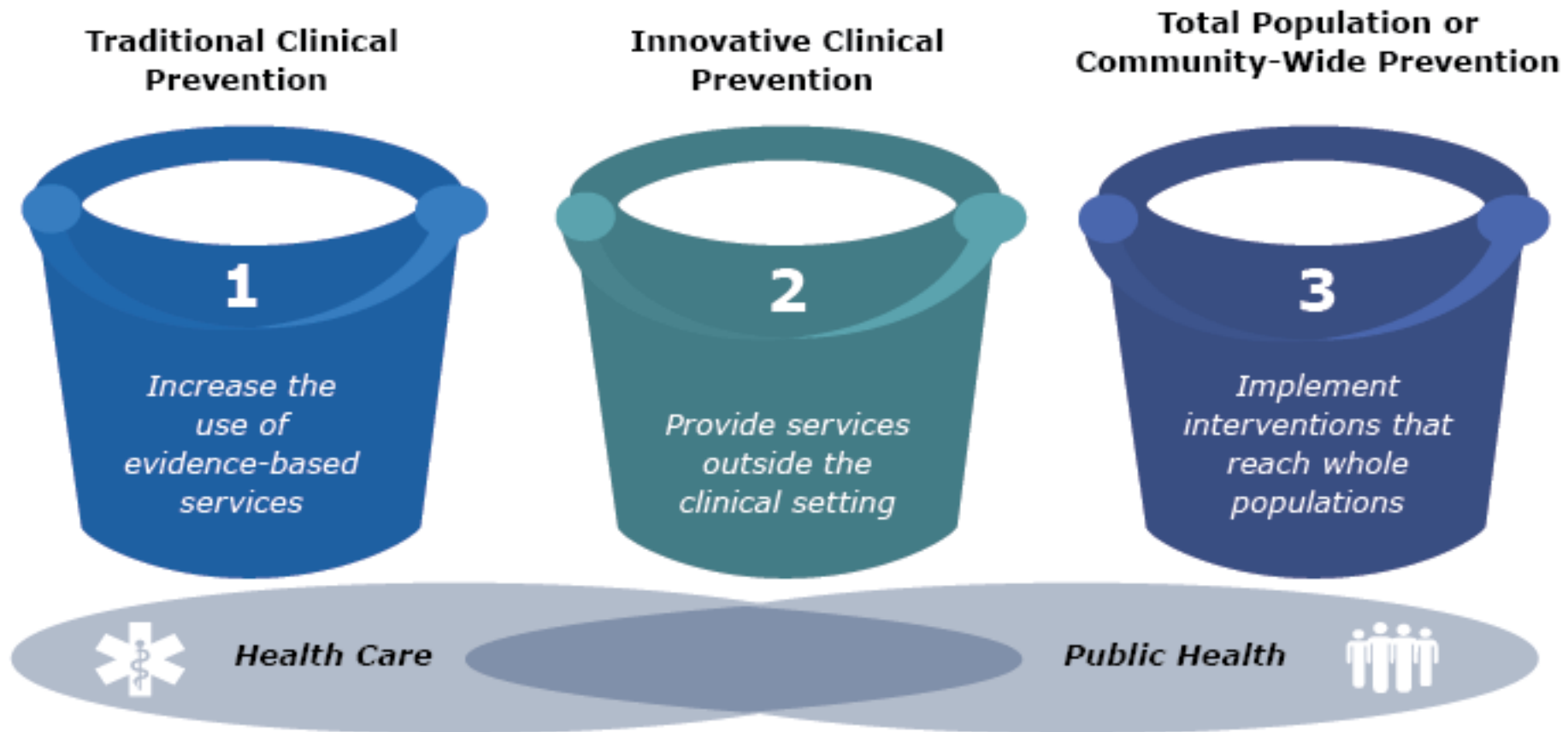


# Relationship between Health Education and Health Promotion



*Source.* From: J. F. McKenzie & J. L. Smeltzer, *Planning, Implementing and evaluating health promotion programs. A primer.* 2001. Copyright © 2001 by Allyn & Bacon. Reprinted by permission

HiAP



To read more: <http://journal.lww.com/jphmp/toc/publishahead>



Centers for Disease Control and Prevention's Three Buckets of Prevention |  
Source: Centers for Disease Control and Prevention

# Culture of Health Equity

---

PROGRESSIVE OBLIGATIONS FOR DIGNITY &  
HUMAN RIGHTS

# Eco-Social Model + Social Epidemiology



- Donabedian's (1980) Structure-Process-Outcome model provides a seminal framework for examining health services and patient outcomes
- **Structure** refers to the physical and organizational properties of a setting in which care is provided;
- **Process** is the treatment or service being provided to a patient; and
- **Outcomes** are results of the treatment or service.

# TYPES OF RACISM RELATED STRESSORS

---

- Life events (time limited)
- Vicarious experiences (observations and shared reports of others)
- Daily micro stressors
- Chronic-contextual (institutional and systemic)
- Collective experiences (perceptions towards one group)
- Transgenerational or historical effects
- Social class

what are other  
words for  
loss of dignity?

degradation, humiliation, shame,  
loss of self-respect,  
loss of pride, abasement,  
mortification, indignity



 Thesaurus.plus

Synonyms for Loss of dignity. (2017). Retrieved 2019, August 13, from [https://thesaurus.plus/synonyms/loss\\_of\\_dignity](https://thesaurus.plus/synonyms/loss_of_dignity)

# Caring for Those Left Out

---

## Reaching

Reaching those left out using universal policies

- Mobilizing resources for human development priorities
- Addressing life cycle capabilities
- Enhancing women opportunities
- Pursuing inclusive growth

## Pursuing

Pursuing measures for groups with special needs

- Using affirmative action
- Promoting human development for marginalized groups

## Empowering

Empowering those left out

- Upholding human rights
- Ensuring access to justice
- Promoting inclusion
- Ensuring accountability

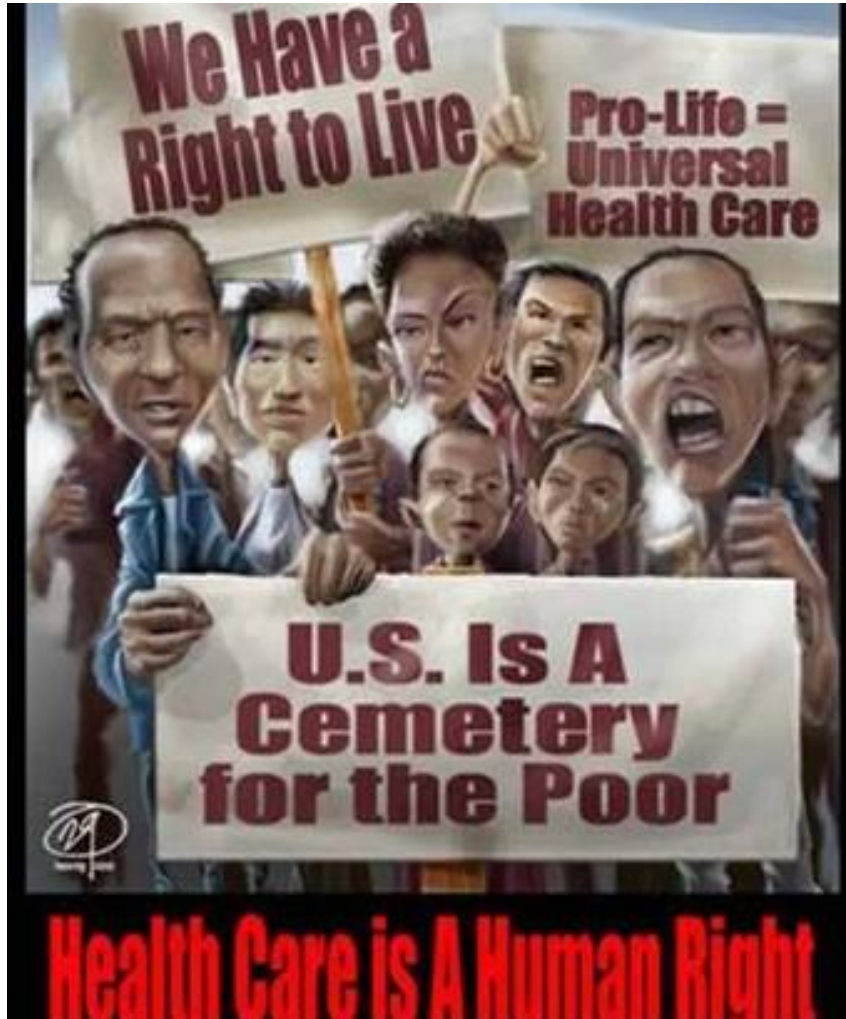
## Making

Making human development resilient

- Addressing climate change
- Maintaining human wellbeing in post-conflict situations
- Combating violence and ensuring people's security
- Addressing epidemics and shocks
- Promoting social protection



# Human Rights Based Approach (HRBA)



## State obligations

**Respect:** not to interfere with the enjoyment of the right to health, e.g., limiting access to healthcare services, marketing unsafe drugs

**Protect:** prevent 3<sup>rd</sup> parties from interfering with the right to health, e.g., ensure that private companies provide safe environmental conditions for employees and communities;

**Fulfill:** adopt appropriate legislative, administrative, budgetary, judicial, promotional and other measures to fully realize the right to health.

Source(s): [www.blackcommentator.com](http://www.blackcommentator.com) ; Department of Ethics, Equity, Trade and Human Rights, Information, Evidence and Research, World Health Organization, 2010



# Universal Declaration of Human Rights (UDHR), 1948

---

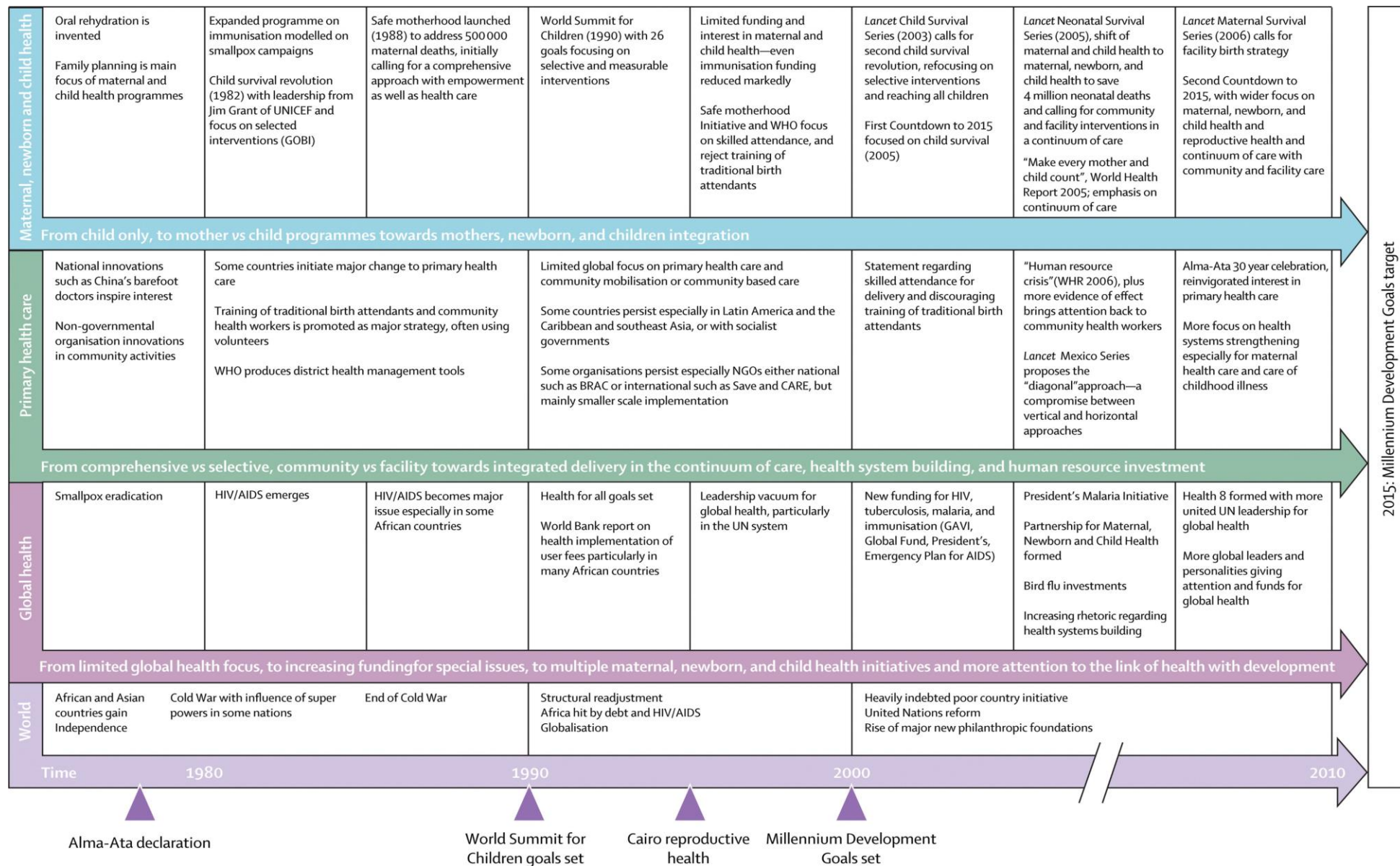
- UN Convention on the Elimination of Racial Discrimination (CERD), 1969
- International Covenant on Economic, Social, and Cultural Rights (ICESCR), 1976
- Tbilisi Declaration, 1977
- UN Convention on the Elimination of Discrimination Against Women (CEDAW), 1981
- UN Convention on the Rights of the Child (CRC), 1990
- Principles of Environment Justice (First National People of Color Environmental Leadership Summit) 1991
- Kari-Oca Declaration of Indigenous Peoples' Earth Charter, 1993
- Beijing Declaration and Platform for Action for Women (United Nations) 1995
- UN Plan of Action for the UN Decade for Human Rights Education, 1995–2004
- Coolangatta Statement on indigenous peoples' rights in education, 1999
- Hague Agenda for Peace and Justice for the 21st Century, 1999
- Earth Charter USA Campaign, 2000
- UN Convention on the Rights of People with Disabilities, 2007
- UN Declaration of Indigenous Rights, 2007

# WHO Alma-Ata Declaration (1978) & HFA Primary Care – Renewal

## Components of Primary Care (WHO Alma-Ata Declaration)

No.	
1	Education Concerning Prevailing Health Problems and the Methods for Prevention and Control
2	Promotion of Food Supply & Proper Nutrition
3	Adequate Supply of Safe Water & Basic Sanitation
4	Maternal & Child Health Care, including Family Planning
5	Immunization Against Major Infectious Diseases
6	Prevention & Control of Locally Endemic Disease
7	Appropriate Treatment of Common Diseases & Injuries
8	Provision of Essential Drugs

# 30 years since Alma-Ata—the shifts towards integration for global health, primary health care, and maternal, newborn, and child health



	GLOBAL HEALTH	INTERNATIONAL HEALTH	PUBLIC HEALTH
<b>Geographic reach</b>	Direct or indirect affect on health; transcends national boundaries	Countries not your own; low income and middle-income	Population health of a particular community or country
<b>Level of cooperation</b>	Global cooperation	Bi-national cooperation	Does not usually require global cooperation
<b>Individuals or populations</b>	Both prevention in populations and clinical care of individuals	Both prevention in populations and clinical care of individuals	Prevention programs for populations
<b>Access to health</b>	Health equity among nations and for all people	Help people of other nations	Health equity within a nation or community
<b>Range of disciplines</b>	Interdisciplinary/multi-disciplinary within and beyond health	Few disciplines; little multidisciplinaryity	Multidisciplinary – health and social sciences

# Cross-Sector Collaborations

---

Number, breadth,  
and quality of  
successful cross-  
sector partnerships

Adequacy of  
investment in  
partnerships

Adoption of policies  
needed to support

# Fundamentals of Human Rights Based Approaches (HRBA) to Health

---

## *Conditions and resources*

- Peace
- Shelter
- Education
- Food
- Income
- A Stable Eco-System
- Sustainable Resources
- Social Justice
- Equity

## *Health Promotion Improvement*

- Advocate
- Enable
- Mediate

Improvement in health requires a secure foundation in these basic prerequisites.

# Seven Interrelated Strategies for Incorporating HiAP in the United States

---

1. Developing and structuring cross-sector relationships;
2. Incorporating health into decision-making processes;
3. Enhancing workforce capacity;
4. Coordinating funding and investments;
5. Integrating research, evaluation and data systems
6. Synchronizing communications and messaging; and
7. Implementing accountability structures

Gase, Pennotti, and Smith (2013)

# Undoing Institutional Racism “Administrative Evil”

Oppression permeates different organizational characteristics and dimensions and systems theory describes how organizational structures (subunits or substructures) and functions interact with the external environment and external forces.

1. Individual Level
  - a. Staff members attitudes, beliefs, and behaviors
2. Intraorganizational Level
  - a. Operations through internal climate, policies and procedures
  - b. Includes staff relationships rooted in hierarchical power relationships
  - c. Decreases psychological empowerment and promotes powerlessness among staff and clients (difficult for organizational leadership to promote because its highly individualized and contextually layered and embedded
3. Extraorganizational Level
  - a. Instrument of domination, limits viability and sustainability of other organizations and communities they serve
  - b. Controls their access to resources, opportunities, and services
  - c. Influences communities, public policies, and institutions (regulatory, economic, political, professional); shaped by sociopolitical and economic contexts that frame organizational P&Ps and functioning

Source: Griffith, et al, 2007



# Frameworks for Equity and Justice

<i>Focus</i>	<i>Individuals</i>	<i>Institutions</i>	<i>Community</i>
<b>Theory</b>	<b>LIBERALISM</b> Person well being Individual freedom	<b>DELIBERATIVE DEMOCRACY</b> Public governance Popular sovereignty	<b>COMMUNITARIANISM</b> Common good Social solidarity
<b>Policies</b>	<b>MINIMALIST STATE</b> Individual rights	<b>RESPONSIVE STATE</b> Civic participation	<b>RESPONSIBLE STATE</b> Public welfare
<b>Paradigms</b>	<b>DISTRIBUTIVE JUSTICE</b> Why can I justly <i>claim</i> ?	<b>DELIBERATIVE JUSTICE</b> Who <i>decides</i> and <i>how</i> ?	<b>SOCIAL JUSTICE</b> What's <i>good</i> for <i>us</i> ?

Aday, 2000

**I do  
this for the  
generation  
that is  
coming  
behind me.**

# **Q&A**

# **Chaos or Community?**

# **REFERENCES AND RESOURCES UPON REQUEST**

**THIS DOCUMENT FOR INTERNAL USE ONLY**  
**PLEASE DO NOT COPY OR DISTRIBUTE PRESENTATION WITHOUT EXPRESSED CONSENT OF AUTHOR**  
**THANK YOU!**