

Equity-Oriented Health Services and Policy Research: Lessons from Social Epidemiology and Public Health Critical Race Praxis

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### Acknowledgements

#### Outline

#### The WHY: Background Assumptions

The WHAT: Public Health Critical Race Methodology

ECU

The HOW: In Health Services and Policy Research

# Health Services and Policy Research Institute (HSPRI)

The Institute aims to support faculty as they generate high impact research and evaluation of the Canadian health care system.



# Seven Assumptions



Every human has equal value and rights.





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#### UNITED NATIONS

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#### Article 25 Universal Declaration of Human Rights

"Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control".

# Additional Rights Documents with Relevance to Health

- UN Convention on the Rights of the Child
- UN Declaration on the Rights of Indigenous Peoples
- UN Convention on the Rights of People with Disabilities
- UN Convention on Refugees
- Others...

An ideal society would be one where every human experiences equal value and rights.





#### Including access to quality health care...

Every individual exists at an intersection of many aspects of a personal identity.





Discrimination exists in society and leads to unequal opportunities to be healthy.



# Three types of discrimination (Jones):

# Institutional

Interpersonal

# Internalized





Nixon, S.A. The coin model of privilege and critical allyship: implications for health. BMC Public Health 19, 1637 (2019).

In groups, there are people with different levels of power and privilege.







Levels of power and privilege can be passed on across generations.



McIntosh P (1989). Unpacking the Invisible Knapsack - White Privilege and Male Privilege: A Personal Account of Coming to See Correspondences Through Work in Women's Studies.

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Intentional action is needed to create the ideal society.



What intentional actions can be taken by health services and policy researchers to centre health equity and address the negative impacts of discrimination and multi-generational imbalances in power and privilege?

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## Public Health Critical Race Methodology





Social Science & Medicine 71 (2010) 1390-1398



#### The public health critical race methodology: Praxis for antiracism research $\stackrel{\star}{\sim}$

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# Critical Race Theory

 Attempts to move beyond merely documenting health inequities toward understanding and challenging the power hierarchies that underpin them

• Crits (short for critical race theorists) are often described as:

"Activists and scholars interested in studying and transforming the relationships among race, racism, and power"

(Ford and Airhihenbuwa, 2010)



Fig. 1. Race consciousness, the four focuses and ten affiliated principles.

# Focus 1: Contemporary patterns of [race] relations

#### Conventional Approach:

Tendency to be "colourblind" or to attribute effects to race as a genetic characteristic.

#### **PHCRM Approach**

- A study on neighborhood characteristics includes factors hypothesized to reflect institutional racism.
- A multilevel study considers the policy factors that may be promoting residential segregation



Fig. 1. Race consciousness, the four focuses and ten affiliated principles.

# Focus 2: Knowledge production

#### Conventional Approach:

Ignore social categories or create an additive model of co-occurring social categories (e.g., race and gender).

#### PHCRM Approach

- Efforts to reduce HIV risk behaviors among diverse men who have sex with men stop to consider potential stereotypes (racial or otherwise).
- A study assesses race not as a risk factor but to identify a population at risk for a specific racism exposure.



Fig. 1. Race consciousness, the four focuses and ten affiliated principles.

# Focus 3: Conceptualization and Measurement

#### Conventional Approach:

The belief that empirical research carried out properly will not be affected by social influences. This routinely privileges majority perspectives.

#### **PHCRM Approach**

- A disparities-related literature review compares articles published in journals from different kinds of institutions.
- A researcher considers alternative explanations for findings than those that have previously been posited.



Fig. 1. Race consciousness, the four focuses and ten affiliated principles.
# Focus 4: Action

### Conventional Approach:

Limited critical examination of how a discipline's norms might influence knowledge and action on a topic.

#### PHCRM Approach

- It recognizes that all individuals possess experiential knowledge informed by their social locations and contributions from individuals who have been marginalized are prioritized.
- Emphasizes that institutionalized racism reinforces the dominance of majority group perspectives and the re-marginalization of minorities' perspectives.
- Draws on strategies of resistance originating within the margins where resilience and creativity have been needed.



Implications for Health Services and Policy Researchers

## Outline

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# **Design Phase**

- What research questions should be asked to study and better address inequities?
- How confident are you that the data sources are appropriate and sufficiently capture needed variables?
- Consider needed variables, what potential mechanisms underpin inequities (for example: experiences of discrimination, in-access to care, stress) can you measure these?
- Can you involve those with lived experiences of specific inequities as team members?

# Measuring Experiences of Discrimination (Williams)

https://scholar.harvard.edu/files/davidrwilliams/files/measuring\_discrimination\_resource\_june\_2 016.pdf

## In your day-to-day life, how often do any of the following things happen to you?

- You are treated with less courtesy than other people are.
- You are treated with less respect than other people are.
- You receive poorer service than other people at restaurants or stores.
- People act as if they think you are not smart.
- People act as if they are afraid of you.
- People act as if they think you are dishonest.
- People act as if they're better than you are.
- You are called names or insulted.
- You are threatened or harassed.



# Data Collection and/or Analysis

- What analysis approaches are best used to identify inequities (Stratified analyses? Adjustment for confounding by sociodemographic characteristics? Descriptive analysis only? Qualitative studies?)
- Who owns and can use the data?
- Were culturally appropriate approaches or tools used? What about "approved" approaches (what does an institutional rubber stamp mean).



## Pan-Canadian Standardized Approach?

#### Proposed race-based question

(CIHI, 2020)

We know that people of different races do not have significantly different genetics. But our race still has important consequences, including how we are treated by different individuals and institutions. Which race category best describes you? Check all that apply:

Proposed response categories	Examples
Black	African, Afro-Caribbean, African Canadian descent
East/Southeast Asian (optional: may collect as 2 separate categories — East Asian and Southeast Asian)	Chinese, Korean, Japanese, Taiwanese descent or Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent
Indigenous (First Nations, Métis, Inuk/Inuit)*	First Nations, Métis, Inuk/Inuit descent
Latino	Latin American, Hispanic descent
Middle Eastern	Arab, Persian, West Asian descent (e.g., Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)
South Asian	South Asian descent (e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
White	European descent
Another race category	Includes values not described above
Do not know	Not applicable
Prefer not to answer	Not applicable

## Pan-Canadian Standardized Approach?

#### (CIHI, 2020)

#### **Proposed Indigenous identity question\***

Do you identify as First Nations, Métis and/or Inuk/Inuit?

Proposed response categories

Yes (if yes, select all that apply: First Nations, Métis, Inuk/Inuit)

No

Prefer not to answer

#### Note

\* It is recommended that reporting on Indigenous identity data and communities be informed through engagement with Indigenous communities in the jurisdiction of data collection. Distinctions-based approaches — that is, identifying First Nations, Inuk/Inuit and Métis communities and/or other Indigenous populations such as nations or clans — may be preferred.

#### Sources

Ontario Anti-Racism Directorate. *Data Standards for the Identification and Monitoring of Systemic Racism*. 2018. The Upstream Lab. <u>Screening for Poverty And Related social determinants and intervening to improve Knowledge of and links to resources (SPARK)</u>. Accessed May 29, 2020.

# Knowledge Translation and Mobilization

- Was sufficient care taken in interpreting (but not over-extending) the findings about root causes of health inequities?
- Will reported findings further stigmatize population sub-groups? How can this be mitigated with appropriate knowledge mobilization and partnership?
- How will the results of the research lead to action to address health inequities?
- Continue to partner with communities to raise more questions, generate hypotheses, and share findings
- Continue to collect data by different sociodemographic groups (if it is deemed appropriate by those providing the data) but be clear about its purpose and interpretation.

## Learning, Unlearning, Relearning

Being Part of the Transformation









Please reach out and continue this conversation with me...

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