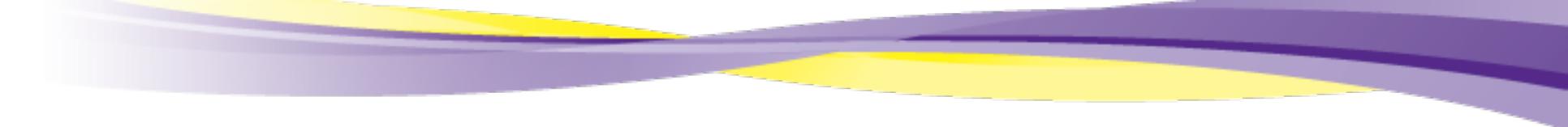


Maternal Infant Health: Relevance through Health Equity

Renée Branch Canady, PhD, MPA
CEO, Michigan Public Health Institute

MIHP Webinar

February 18, 2016

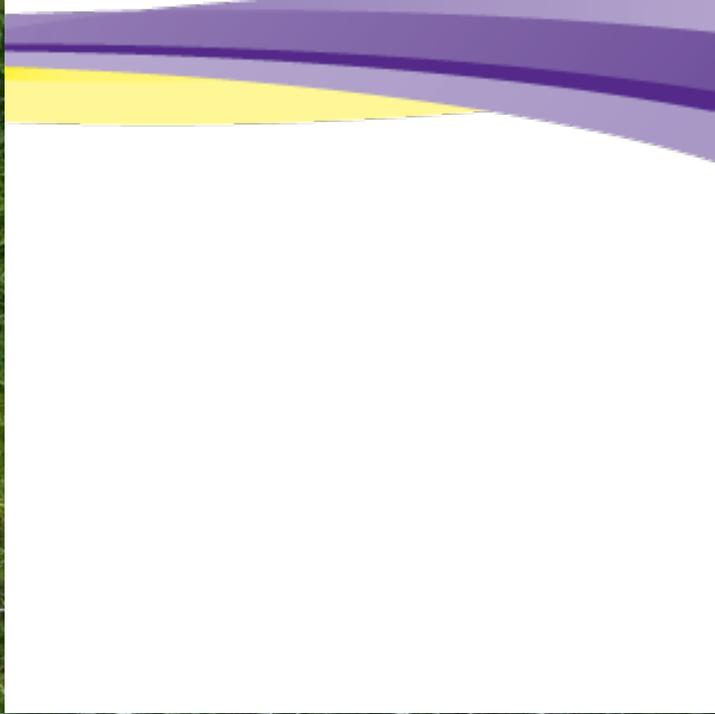


*“A healthy pregnancy
begins before conception.”*

-Centers for Disease Control

<http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>







Old Downtown Store
By YOUneak / Shannon Frost



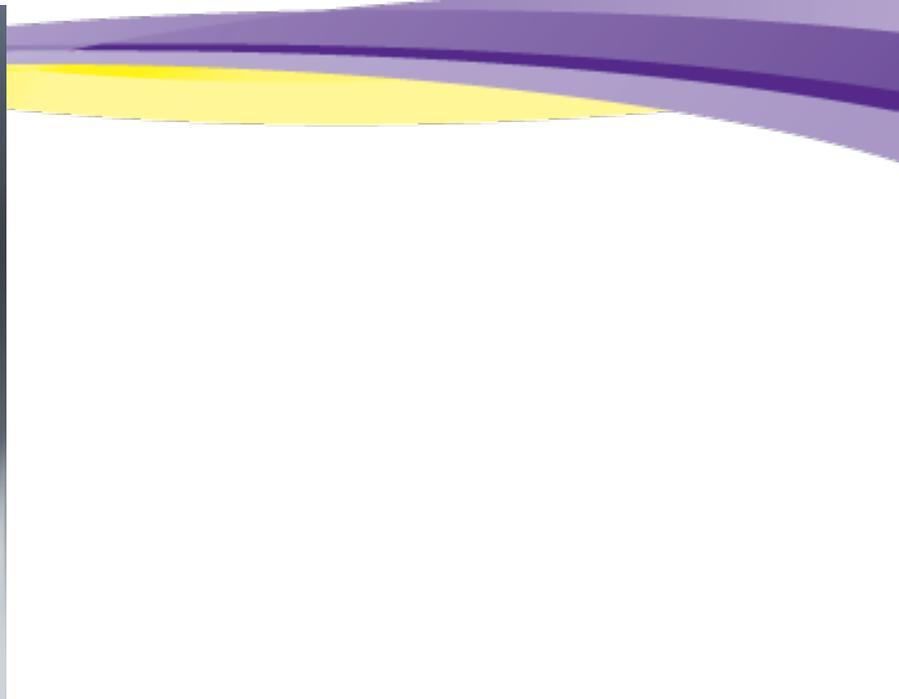
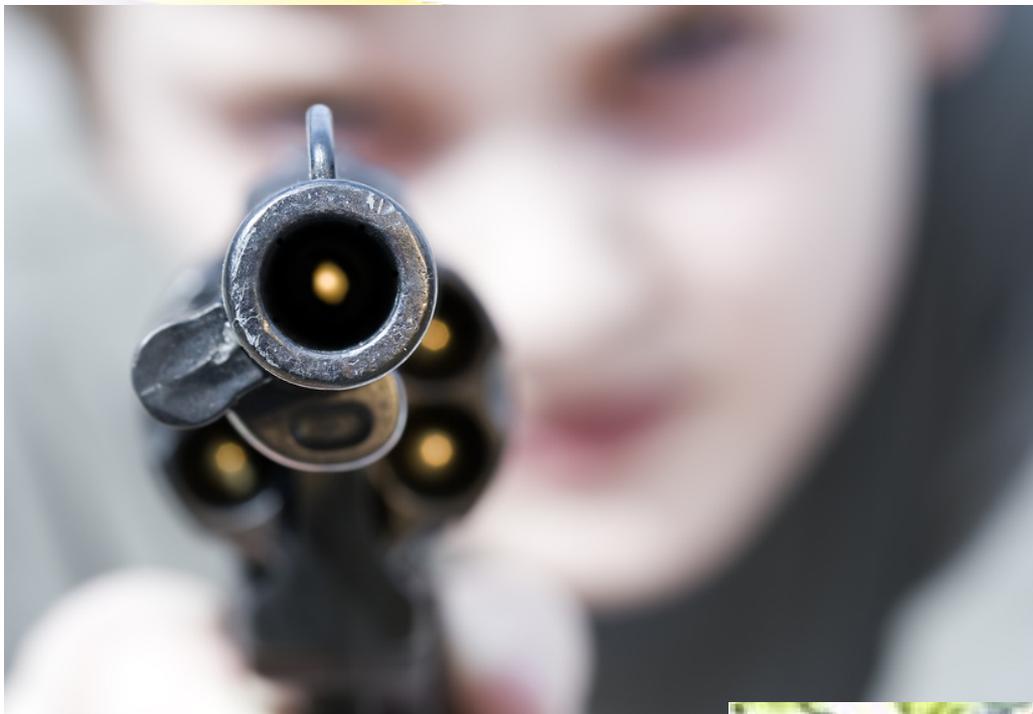
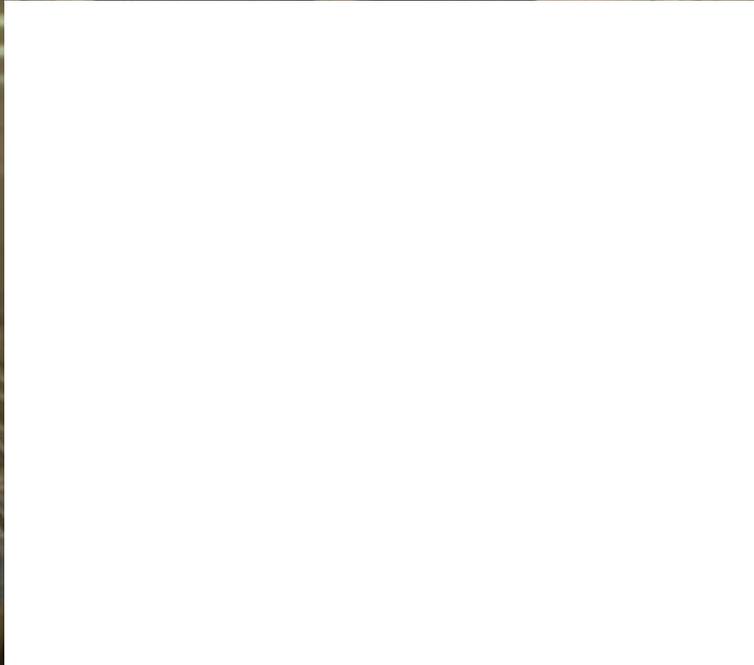
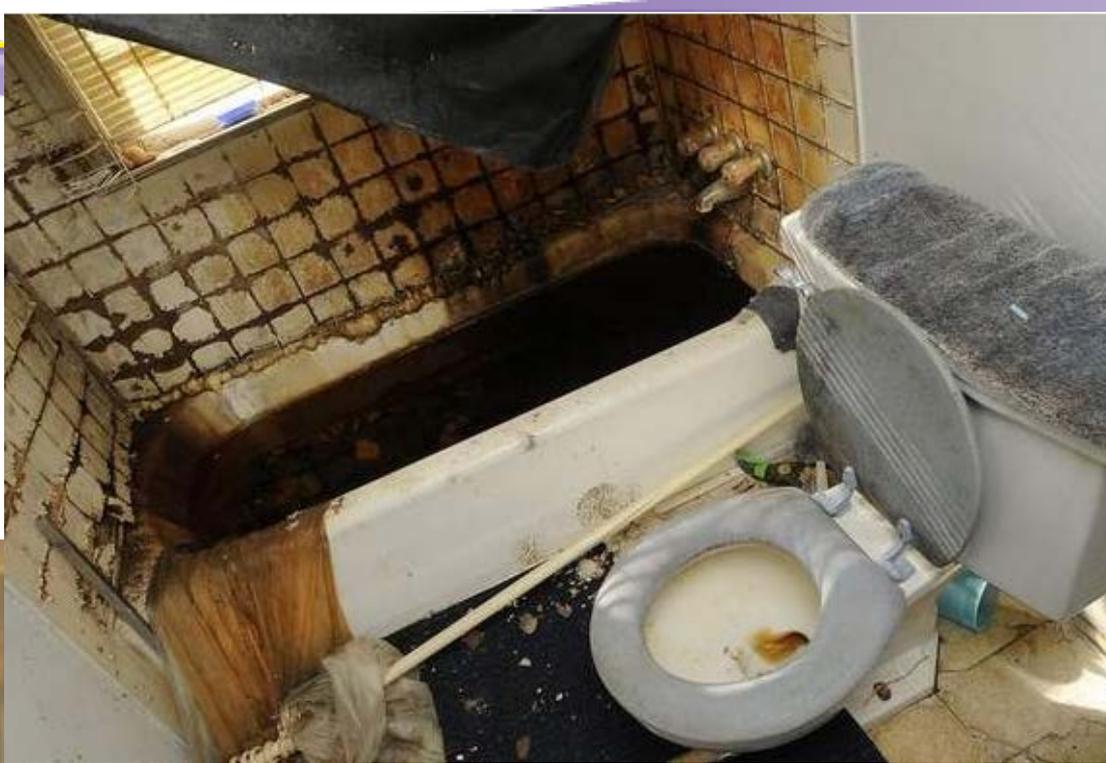
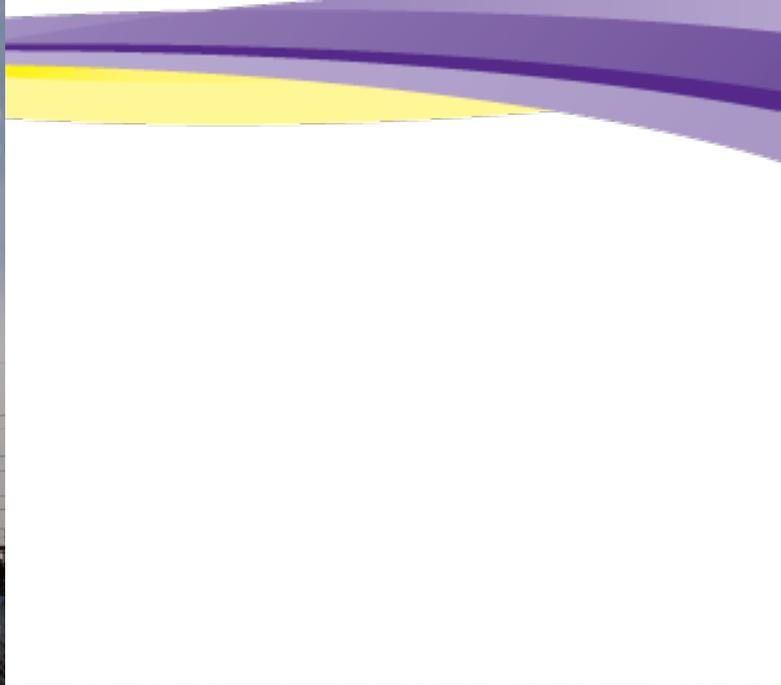


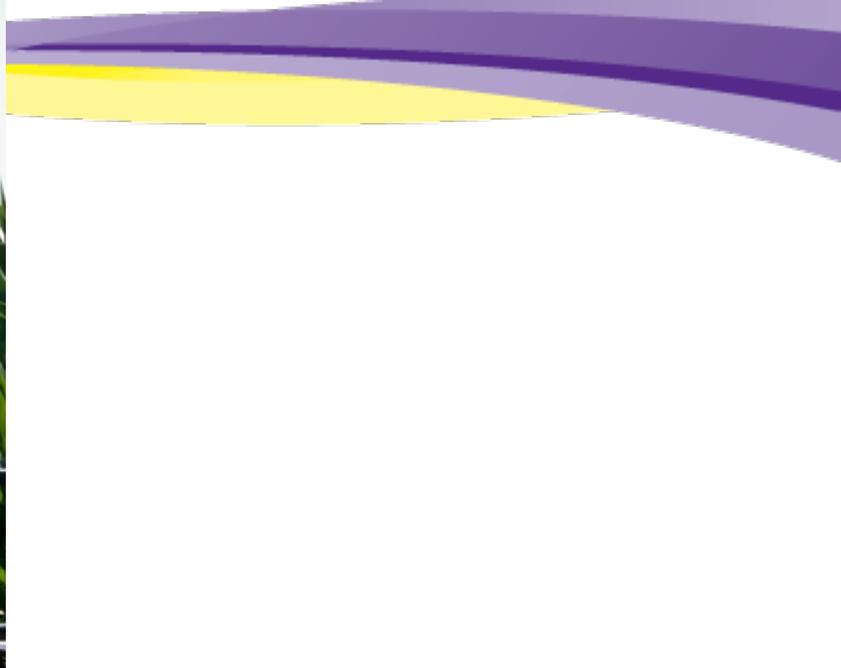
Photo by Corbis Royalty Free Photography





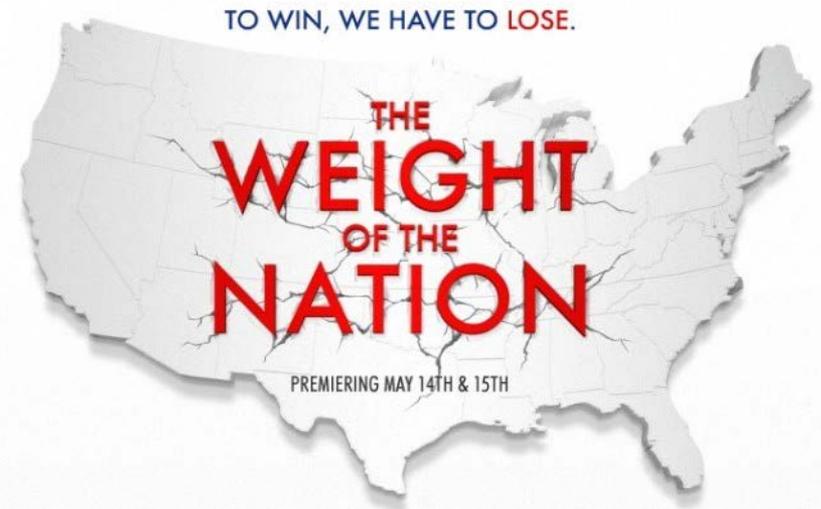








*Our concept of
poor health has
evolved*



UNNATURAL
CAUSES

is inequality
making us sick?

The Changing Dialogue

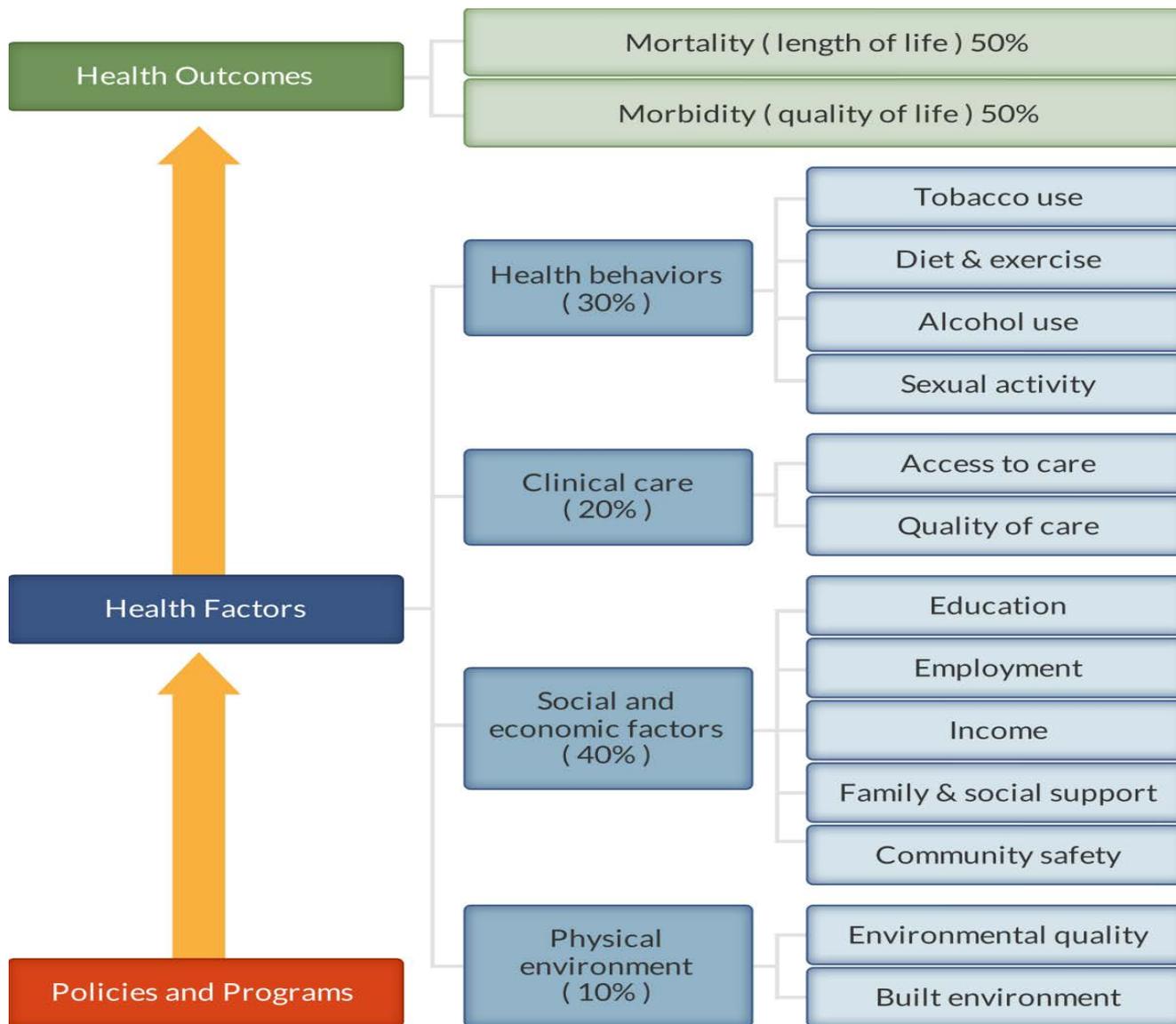
Health Disparity

“A disproportionate difference in health between groups of people.”

Health Inequity

“Differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill.” Margaret Whitehead

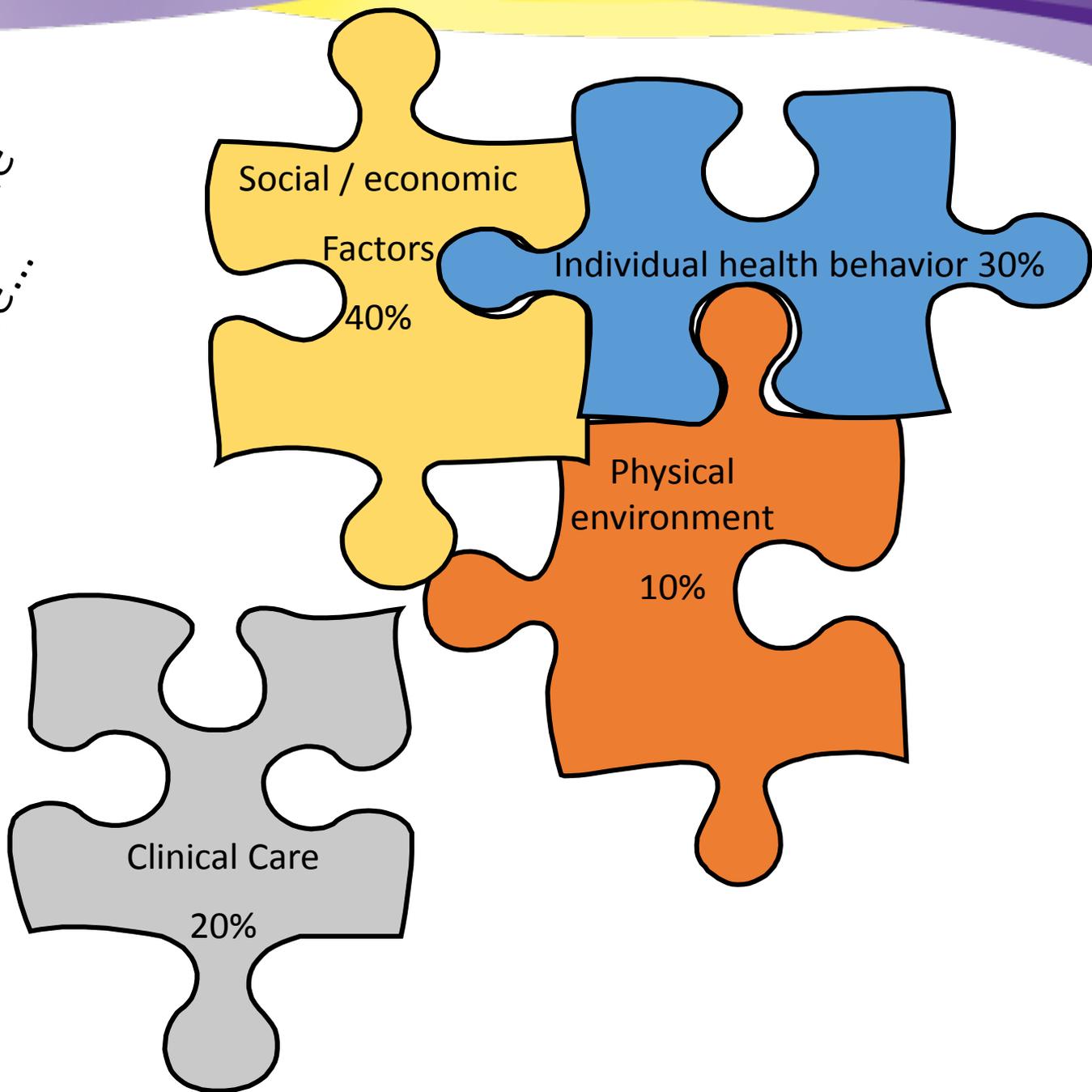
What creates health?



COUNTY HEALTH RANKINGS

This is the conceptual model of population health developed by the University of Wisconsin Population Health Institute. Counties are ranked, within state, by 'Health Outcome' and also by 'Health Factors'.

*We have been trying to fix 80% of the
outcomes with 20% of the cause...*



Root Causes

Institutional Racism

Class Oppression

Gender Discrimination and Exploitation

LABOR MARKETS

TAX POLICY

Power and Wealth Imbalance

HOUSING POLICY

EDUCATION SYSTEMS

GLOBALIZATION & DEREGULATION

SOCIAL SAFETY NET

SOCIAL NETWORKS

Safe Affordable Housing

Job Security

Social Determinants of Health

Living Wage

Quality Education

Transportation

Availability of Food

Social Connection & Safety

Psychosocial Stress / Unhealthy Behaviors

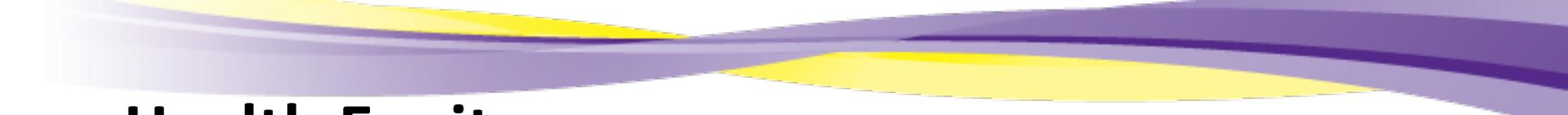
Disparity in the Distribution of Disease, Illness, and Wellbeing

A Health Equity Lens

Health Equity - A fair, just *distribution* of the social resources and social opportunities needed to achieve well-being.

Social Justice - The absence of unfair, unjust advantage or privilege based on race, class, gender, or other forms of difference (i.e., the absence of health inequities!).

- Seeks out what is unfair in order to reverse or avoid it
- Aspires to apply justice in serving women and families
- Recognizes the impact of social resources on the care and behavior of women and families
- Identifies and facilitates social opportunities for women and families to readily/easily attain well-being



Health Equity: It's not '*what*,' but '*how*'

- A philosophy and frame work used to shift our thinking about the questions we routinely ask or asking additional questions.

Applying a Health Equity Lens to our Work

Instead of only asking:

Who lacks access to healthy food options and why?

Perhaps we should also ask:

What policy changes would redistribute healthy food resources more equitably in our community?

Applying a Health Equity Lens to our Work

Instead of only asking:

Why do pregnant women from lower SES smoke more than pregnant women from higher SES ?

Perhaps we should also ask:

What social and economic conditions predispose poor women to the stress that might encourages smoking during pregnancy?

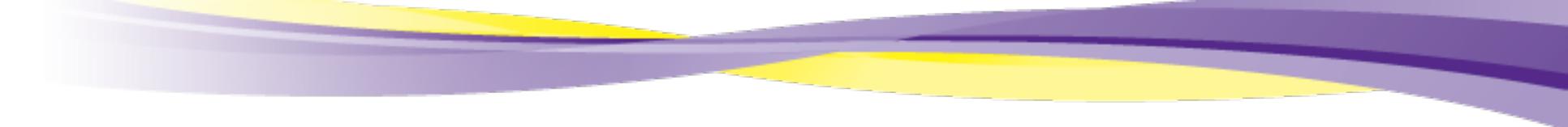
Applying a Health Equity Lens to our Work

Instead of only asking:

How do we connect isolated women to effective prenatal and perinatal care systems?

Perhaps we should also ask:

What institutional practices maintain rather than counteract individual's isolation within clinical services?

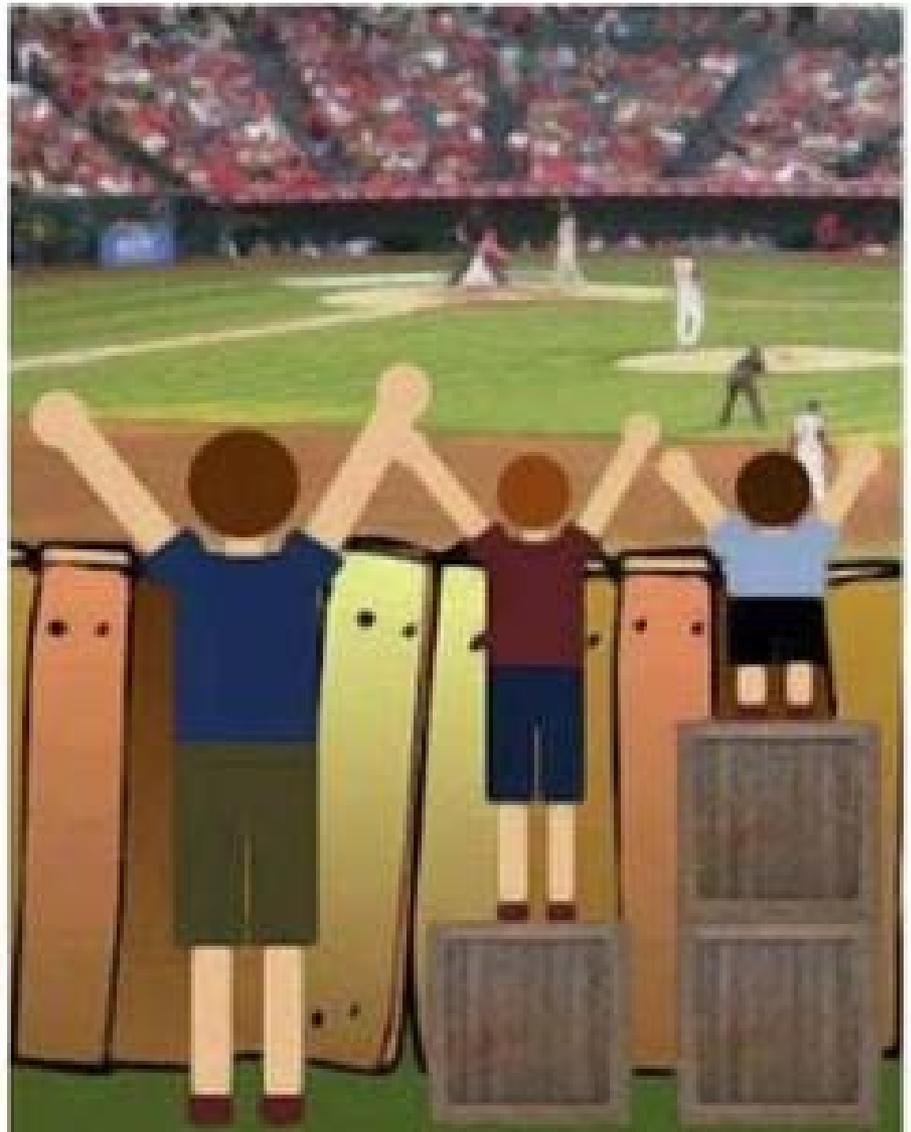


Health Equity: It's not '*what*,' but '*how*'

Incorporating health equity is more than just stratifying data by race/ethnicity or gender. It is opening people's minds to the fact that some disparities are unfair and unjust.



EQUALITY



EQUITY

Seeing the Change & Being the Change: Lessons from Lillian Wald, RN

“It is very pleasant to return to my old home...In coming back to Rochester, I inevitably compare the physical advantage of the children who are brought to manhood and womanhood in this environment with those of the children with whom my lot in life has been cast these many years.”



Seeing the Change & Being the Change

“ Over broken asphalt, over dirty mattresses and heaps of refuse we went... There were two rooms and a family of seven not only lived here but shared their quarters with boarders... [I felt] ashamed of being a part of society that permitted such conditions to exist...

What I had seen had shown me where my path lay.”



4 Levels of Oppression and *Change*

Personal

Feelings, beliefs, values

Interpersonal

Actions, behaviors, language

Institutional

Rules, policies, procedures, norms

Cultural

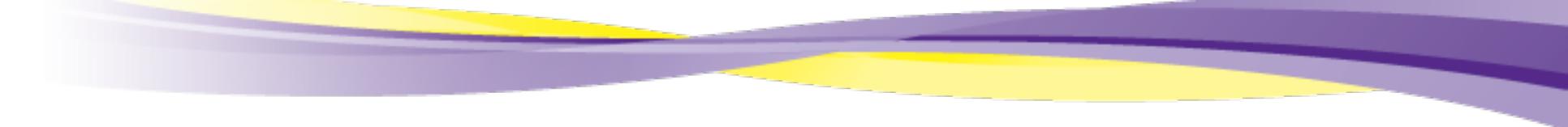
Collective ideas about what is normal, true, right, beautiful

The “Value-Added” of our Roles

- Further elucidation of the relationship between women’s perceptions & health institution goals
- **Understanding our role in advocacy**
- Validating women’s experiences
- **Cultural Accommodation – changing our practices to better reflect the context of care as suitable to all patients (including populations who are under-represented, exposed to at-risk conditions)**

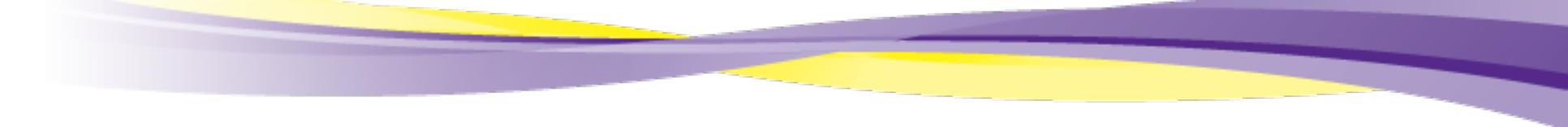
What's Health Equity Got to Do With It?

You are a home visitor assigned to a African American family that includes Nathan, a three-year-old boy who has been expelled from day care for yelling and acting aggressively toward other children. Nathan lives with his mother and older brother, sixteen-year-old Carl, who two nights ago was shot in their front yard. Carl is in the hospital, recovering, but is being charged with possession of drugs because police found heroin in his car when they investigated the shooting. Nathan's mother is having great difficulty coping with these events, and angry that Nathan getting expelled from school will prevent her from going to work and she may lose her job as a nurse's aide.

- 
- What if any type of oppression might be present in this scenario?
 - At which of the four levels is it operating?
 - What are the possible impacts of this scenario on the health of the people involved?
 - How could this situation be an opportunity to promote health equity?
 - If you were to talk to the director of the day care center how would you go about it? What would your objective be, and what exact words would you say?

What's Health Equity Got to Do With It?

You work at a local health department. One of your responsibilities is to oversee a state-funded “Back to Sleep” campaign to assure that infants sleep in cribs on their backs rather than in beds with their parents. In implementing the campaign, you discover that for many people living in low-income, high-crime neighborhoods, fear of violence is a factor causing many parents to take their infants to bed with them. When you ask the administrator from the state if you could modify the program, the response is “Definitely not. This campaign is evidence-based and proven effective, no modifications are allowed.”

- 
- What if any type of oppression might be present in this scenario?
 - At which of the four levels is it operating?
 - What are the possible impacts of this scenario on the health of the people involved?
 - How could this situation be an opportunity to promote health equity?
 - If you were to engage in dialogue with administrator, what would your objective be? What exact words would you say?

Becoming Change Agents

- In all that you saw and heard here, what stands out for you as particularly relevant or stimulating in terms of the career you envision for yourself?
- As you see yourself trying to apply these ideas, what challenges do you envision experiencing?
- What would you need to overcome these challenges?
- Who has the power to see that those needs are met?
- What can you do to influence those with power?
- How can you create the world you want to work in?

“Be not weary in well-doing, for in due season you will reap if you faint not!”

The Apostle Paul

