The Colorado Health Foundation™



Digging In

Reporting live from the 2017 Colorado Health Symposium, Show email*, health care and policy writer and guest blogger for the Colorado Health Foundation, will summarize daily insights and synthesize the conversation about one of the most complex social issues of our time – inequity.*

The second day of the 2017 Colorado Health Symposium dug into questions of how personal values shape our outlook on health inequity and how unexamined bias can delay progress toward shared goals.

Today, the Symposium speakers put bias directly on the table, and brought the conversation from the institutional to the personal level. Colorado Health Foundation Chair of the Board Jerome Davis launched the second day by sharing the story of his children, Jasmine and Jordan, both of whom were diagnosed with sickle cell anemia as very young children.

Davis said he has been thinking often about his children in the context of the Foundation's pivot toward a broader vision of ensuring everyone in Colorado can say: "We have all we need to live healthy lives." He posed the questions: What if his children did not have access to the health care system, did not have parents who could navigate insurance, did not grow up under the assumption that problems would be fixed?

"What if I didn't have the ability to bring health in reach for them?" Davis asked. "Health care should be equal for all of us. Every person wants that ability, for their kids, for their parents, for their brother, for their sister. I take the Foundation's vision personally . . . because it's the first step."

The Foundation's President and CEO Karen McNeil-Miller kept the focus on the personal, sharing family stories about confronting racism. She also mentioned challenging questions that have arisen from Symposium participants this week: Why focus so much on the inequities of race, rather than those of disability, gender or other key factors? Being white and poor is an inequity – where is that topic being discussed?

McNeil-Miller took those questions head-on: "We have to start somewhere. And we believe race is the most persistent, most pervasive and most poisonous of all the inequities. It's the granddaddy of all undiscussables."

In bringing the inequity questions into the open, McNeil-Miller said, "It's crucial for the Foundation to get out into the community and listen, to avoid the 'velvet rut' of unexamined philanthropy."

"We have to pay attention to the lived experience of the people we serve. We need to hear from them directly, and from every corner of the continuum," she said. It's just as important, McNeil-Miller concluded, to send the message to those suffering from inequity that, "We don't see them as liabilities to be fixed, we see them as assets to be mined."

From there, Kathleen Osta and Hugh Vasquez of the National Equity Project challenged the crowd to learn how the brain can be trained toward bias, but also trained to identify implicit bias and address it. Even though part of their work is noting the biases of other institutions and individuals, they find it inside themselves and must continually confront it.



An example of a brain exercise used by Osta and Vasquez.

Osta spoke of growing up in an affluent suburb of Chicago – but from her home she could look two blocks east, where vacant lots and run-down schools were the rule. She knew she had the luck of geography. Yet in that same neighborhood, she recently saw a Latina woman emerging from a large brick house and made assumptions.

“My unconscious mind worked faster than my conscious mind,” Osta said. “My unconscious mind produced the word “housecleaner.” How outrageous is it that I did that in my own neighborhood, after traveling around the world and teaching people how to recognize their own biases? That’s exactly why it’s important and why we need to talk about it. This is about what happens in all of our brains. What’s exciting is we are learning there are things we can do about it.”

With exercises using printed words in different colors, Vasquez demonstrated how people can quickly learn to stop those assumptions and act with more accuracy.

“When your brain is primed to focus on one thing, that’s what it does,” Vasquez said.

That implicit or explicit bias about people of color becomes insidious in well-documented health inequities, the duo noted. Those include:

- Latina mothers receiving less pain management during child birth.
- African-American patients receiving fewer organ transplants or joint replacements when doctors assume they will not follow complex care instructions.
- Minority abusers of crack cocaine getting jail time, while white users of powder cocaine or opioids are steered toward drug treatment.

Even institutions with progressive missions need to examine their own bias and find out from their communities whether the work they are doing is truly effective, said Susan Taylor Batten, president and CEO of the Association of Black Foundation Executives.

“Almost every indicator of well-being shows troubling disparities by race, even within the same economic class,” she noted, in kicking off her talk.

Batten noted many examples of public policies that should be examined for their damaging inequity results, from drug sentencing laws to school funding formulas based on property taxes that reward wealthy neighborhoods. But she also demanded that philanthropies examine themselves while working on external bias issues – do their executive suites and boardrooms reflect the diversity of their communities? Do the dollars given truly benefit the most disadvantaged?

“The only way to close equity gaps is with an intentional focus on race,” Batten said.

Theo Wilson, the final speaker on the morning’s panel, brings these questions out into the barber shops and beauty salons with regular citizens, sponsoring community forums called Shop Talk Live. His own journey toward promoting equity, Wilson said, has been marked by the challenges of the “epoch”

surrounding him, from growth in the black middle class in the 1990s to recent police brutality incidents.

What has struck him about health inequity is the deep and well-earned distrust many Black families hold for institutions. They have deep-rooted fears resulting from decades of medical experimentation with slaves, with the Tuskegee community and other groups.

“Learn the history of the folks you serve,” Wilson said. “History is context. If you don’t understand what your institution represents historically to the people you are serving,” he said, you run the risk of perpetuating those problems.

Citizen University founder and keynote speaker Eric Liu sent the group session out with a charge to attendees to accept the “citizen power” they already possess, but have not yet learned how to wield.

The current political climate may seem daunting, he said, but think of movements once radical that are now in the mainstream: higher wages, community policing, universal health access and more.

“Power plus character equals citizenship,” Liu said. “Be fluent in the ways of power and how stuff gets done.”

Join our conversation tomorrow as we welcome artists to perform and share how they use their talents to find a place at and bring others to the collective table where change can really happen.

View recordings of Wednesday and Thursday's plenary and keynote speakers here .

TYPE

Blog

POST DATE

Aug 3, 2017