Advancing Racial Equity, Gender Equity, and Social Justice at the New York City Department of Health and Mental Hygiene

NY Presbyterian Cultural Competency & Health Literacy Conference
October 3, 2017
DEFINITIONS

• **LGBTQ+**
  • Lesbian, Gay, Bisexual, Transgender, Queer, and more

• **Cisgender**
  • Anyone who still identifies with the same gender they were assigned at birth

• **Transgender**
  • Anyone who doesn’t identify with the gender they were assigned at birth

• **Nonbinary**
  • Anyone who doesn’t fit within the traditional parameters of “male” and “female”

• **Gender Non-conforming (GNC)**
  • People whose expression or identity don’t fit within the traditional parameters of “masculinity” and “femininity”
As the City’s Health Department, we have made a commitment to protect and promote the health of all New Yorkers. However, not all New Yorkers have the resources and opportunities they need to attain optimal health.

This is unjust.
A Call to Action

“Inequities in health are unfair, unnecessary and avoidable. New York City is the most unequal city in the United States and one of the most segregated. It is no surprise that these everyday realities are reflected in our health. A more deliberate effort to name and address these disparities will frame all that we do.”

-Mary T. Bassett
NYC Health Commissioner
Health Equity Is…

• Achieving the **highest level** of health for all people.

• No one is kept from reaching the highest level of health because of **social position** or **social identities**.

Race  
Gender Identity  
Ethnicity  
Sexual Orientation  
Ability  
Religion  
And others…

Job status  
Education  
Income  
Wealth  
Immigration status  
Incarceration history  
And others…
Health Inequities – Differences in health outcomes that are **avoidable, unfair, and unjust**, and driven by **social factors**.
Social Determinants of Health

Conditions in which people are born, live, learn, work, play, and age that contribute to individual and community health and well-being.

• Social determinants have a greater impact on health than biology, behaviors, and health care services

• Many of these determinants vary by place and race

• Inequities in these conditions contribute to the inequities we see in health outcomes
Root Causes of Inequities

- Policies that created all types of systems of unbalanced power and privilege
- Caused by historical practice of exclusion & discrimination across the life course
- Led to geographic concentration of poverty and hyper-segregation
**WHAT CREATES HEALTH INEQUITIES?**

**Racism is…**
- A *system* of power and oppression that:
  - structures opportunities and
  - assigns value
- *based on race*, unfairly disadvantaging people of color, while unfairly advantaging people who are White.

rational prejudice + power = racism

**Race is…**
- A socially constructed way of categorizing people based on observable physical features, such as skin color and ancestry
- No scientific basis for *racial categories*
A City of Neighborhoods

#NYCHealthEquity
WHAT CREATES HEALTH INEQUITIES?

Poverty
Percent below federal poverty level
- 8-12
- 13-19
- 20-29
- 30-44
- Unpopulated

People of Color Population
Percent of individuals identified as Asian, Black, Latino, or Other
- 15-43
- 44-72
- 73-91
- 92-99
- Unpopulated

Source: U.S. Census Bureau, American Community Survey, 2011-2013

Source: NYC Dept. Health: Community Health Profiles — 2015 Atlas
Across Neighborhoods
PEOPLE FACING TOO MANY BARRIERS TO HEALTH

Unemployment
Percent of civilian labor force, 16 and older who are unemployed

- 5-8
- 9-10
- 11-14
- 15-20
- Unpopulated

Elementary School Absenteeism
Percent of elementary students (Missing 20+ Days)

- 4-10
- 11-16
- 17-27
- 28-40
- Unpopulated

Jail Incarceration
Rate per 100,000 adults (ages 16+)

- 5-32
- 33-70
- 71-142
- 143-371
- Unpopulated

Source: NYC Dept. Health: Community Health Profiles — 2015 Atlas
Across Neighborhoods
DIFFERENCES IN HEALTH OUTCOMES

New HIV Diagnoses
Rate per 1,000 live births
- 1.0-2.8
- 2.9-4.4
- 4.5-6.0
- 6.1-9.0
- Unpopulated

Psychiatric Hospitalizations
Rate per 100,000 population
- 259-423
- 424-506
- 597-891
- 892-2,016
- Unpopulated

Avoidable Adult Diabetes Hospitalizations
Rate per 100,000 adults
- 55-163
- 164-289
- 290-470
- 471-748
- Unpopulated

Source: NYC Dept. Health: Community Health Profiles — 2015 Atlas
Across Neighborhoods
ACROSS THE LIFE SPAN, PEOPLE ARE DYING TOO EARLY

**Infant Mortality**
Rate per 1,000 live births
- 1.0-2.8
- 2.9-4.4
- 4.5-6.0
- 6.1-9.0
- Unpopulated

**Premature Mortality** (death before age 65)
Rate per 100,000 population
- 75.6-137.8
- 137.9-171.7
- 171.8-226.5
- 226.6-367.1
- Unpopulated

**Life Expectancy**
Years
- 74.1-78.7
- 78.8-80.9
- 81.0-82.9
- 83.0-
- Unpopulated

Interpret with caution due to small number of events

Source: NYC Dept. Health: Community Health Profiles — 2015 Atlas
Health Inequities – LGBTQ+ Youth

Prevalence of feeling sad or hopeless and suicidal ideation among New York City youth, 2015

- Felt sad or hopeless: 50% LGBTQ, 25% Non-LGBTQ
- Ever considered suicide: 31% LGBTQ, 11% Non-LGBTQ

Prevalence of suicide attempts among New York City youth, 2015

- Number of suicide attempts:
  - Never: 80% LGBTQ, 94% Non-LGBTQ
  - 1 time: 9% LGBTQ, 4% Non-LGBTQ
  - 2-3 times: 6% LGBTQ, 2% Non-LGBTQ
  - 4+ times: 5% LGBTQ, 1% Non-LGBTQ

Prevalence of non-suicidal self-injury behaviors among New York City youth, 2015

- Number of NSSI behaviors:
  - Never: 68% LGBTQ, 90% Non-LGBTQ
  - 1 time: 10% LGBTQ, 5% Non-LGBTQ
  - 2-3 times: 9% LGBTQ, 3% Non-LGBTQ
  - 4+ times: 13% LGBTQ, 3% Non-LGBTQ

LGBTQ = lesbian, gay, bisexual, transgender, or questioning
Source: NYC Youth Risk Behavior Survey, 2015
Opioid analgesic misuse among youth by sexual orientation and gender identity, New York City, 2015

Opioid analgesics: misuse during the past 12 months
Source: NYC Youth Risk Behavior Survey, 2015
# Levels of Oppression

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<tr>
<th>Type</th>
<th>Description</th>
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<td>Internalized</td>
<td>People of color internalize the negative messages spread about minorities and come to loathe themselves for being “different.”</td>
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<td>Interpersonal</td>
<td>Consists of overt acts by individuals that cause death, injury, destruction of property, or denial of services or opportunity.</td>
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<td>Institutional</td>
<td>Involves policies, practices, and procedures of institutions that have a disproportionately negative effect on people of color access to and quality of goods, services, and opportunities</td>
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<td>Structural</td>
<td>The basis of individual and institutional racism; it is the value system that is embedded in a society that supports and allows all types of discrimination; often invisible</td>
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INJUSTICE IS BAD FOR YOUR HEALTH

There is no such thing as a single-issue struggle because we do not live single-issue lives.
– Audre Lorde

“The health inequities we see are the embodied expressions of social inequality. They are not about just individual bad choices: they are about things not being fair.”

Dr. Nancy Krieger
Harvard School of Public Health
HOW MULTIPLE IDENTITIES ARE AFFECTED BY OPPRESSION

**Identity Stress:** the more marginalized someone is the more likely that person is to experience negative health outcomes

Example:
In 2016, 28 LGBTQ people were killed in the US*
79% were people of color
68% were transgender or GNC

*We can decrease identity stress by making our society more affirming for all people*
OUR GUIDING INITIATIVES

RACE TO JUSTICE
Integrating a racial equity and social justice framework in policies and decision-making processes, and to ensure that our internal and external practices reflect our values.

GENDER JUSTICE
Transforming gender and power relations, norms and structures so that the Health Department and healthcare providers are able to understand and address barriers that marginalize people because of their gender identity, gender expression and sexual orientation.
**Race to Justice Aims**

*Racial equity and social justice are necessary to achieve our mission*

Promote racial equity and social justice, and build internal capacity, to improve health outcomes and close health inequities by:

- Building staff awareness and skills
- Examining impact of structural racism and other systems of oppression in institutional policies and practices
- Strengthening collaborations with NYC communities
Build DOHMH capacity to advance racial equity and social justice in all that we do

**Race to Justice Framework**

**Normalize**
- Build Shared Analysis
- Operate with Urgency

**Operationalize**
- Use Racial Equity Tools
- Use Data & Metrics

**Organize**
- Internal Infrastructure
- Partner with Others

**Visualize**

**National Best Practice**

*From Center for Social Inclusion (CSI) and Government Alliance on Race and Equity (GARE)*
1. Organizational Identity and Communications

Racial equity and social justice are explicit and integral components of organizational identity, environment, and leadership; these values are evident in management and accountability systems. Internal and external communications consistently and proactively integrate racial equity and social justice messages.

2. Workforce Equity & Competencies

DOHMH workforce reflects the diversity of the communities we serve, and this diversity exists across the breadth (functions) and depth (hierarchy) of the agency. Staff at all levels and functions have the knowledge, skills, and tools needed to advance racial equity and social justice in their work.

3. Community Engagement

Community residents and partners are engaged in all areas of DOHMH work, and administrative processes make it easy for community partners and DOHMH to interact.

4. Budgets and Contracts

Financial resources are effectively allocated to advance racial equity and social justice, to support WMBE, and invest in neighborhoods that are deprived of resources.
Organizational Alignment & Capacity Outcomes

- Racial Equity and Social Justice reflected in...
  - Organizational Commitment and Leadership
  - Workforce Equity and Competencies
  - Community Engagement and Partnerships
  - Budgets and Contracts
  - Internal and External Communications
  - Data Collection and Metrics

Practice Outcomes

1) Policies
2) Programs and Services
3) Research and Evaluation

That:
- contribute to the understanding of and advance health equity
- address structural racism and its impact
- Address the root causes of health inequities

Community-Level Impact

Measurable reduction of health inequities
Advancing Racial Equity and Social Justice at the NYC Department of Health and Mental Hygiene
GENDER JUSTICE MISSION & AIMS

The Gender Justice Initiative challenges restrictive gender and power relations, norms and structures as a core strategy for challenging health inequity.

Build capacity within the Health Department and across the city to dismantle institutional and structural oppression based on gender identity, gender expression, sexual orientation, race, ethnicity, class, and other factors.

Our work centers the experiences of LGBTQ communities of color.
**Gender Justice Framework & Projects**

**Agency Transformation**
- Agency wide trainings on LGBTQ inclusion

**Coordination & Technical Assistance**
- LGBTQ agency-wide coordination & strategic planning
- LGBTQ CHE Task Force
- Action Center Technical Assistance

**Policy Response & Advocacy**
- Citywide gender equity and LGBTQ policy and alignment
- Internal advocacy for additional gender equity and LGBTQ programs and policies

**Community Capacity Building**
- Cure Violence Gender Equity initiative
- Faith Based Family Acceptance
How can Providers be Affirming for LGBTQ People of Color?

• Attending and requesting gender and sexuality trainings

• Use correct names and pronouns
  • He, him, his
  • She, her, hers,
  • They, them, theirs,

• Don’t assume, ask respectfully - What are your pronouns?

Email Signature Example:

Larry Tantay, MA | LGBTQI Health Equity Specialist | they, them, theirs
Center for Health Equity
NYC Department of Health and Mental Hygiene
ltantay1@health.nyc.gov | office: 347-396-4186 | cell: 646-946-5826
DOHMH Resources

City Health Information bulletins for medical providers:
• Providing Primary Care to Transgender Adults: http://www1.nyc.gov/assets/doh/downloads/pdf/chi/chi-34-2.pdf

Health guides for the public:
• Take Pride, Take Care: Tips for Transgender Women’s Health: https://www1.nyc.gov/assets/doh/downloads/pdf/ah/transgender-womens-health-booklet.pdf
QUESTIONS?

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THANK YOU!