

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



Center for Health Equity



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.

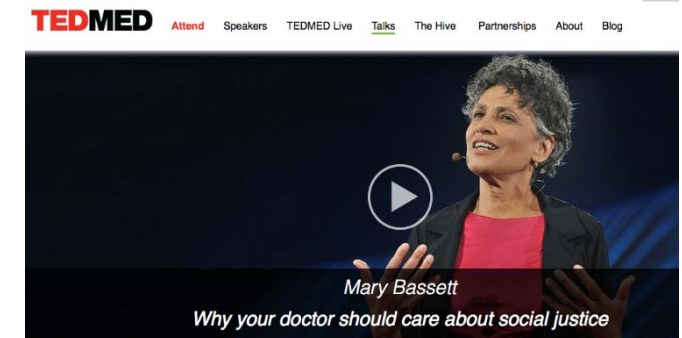
This is unjust.

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

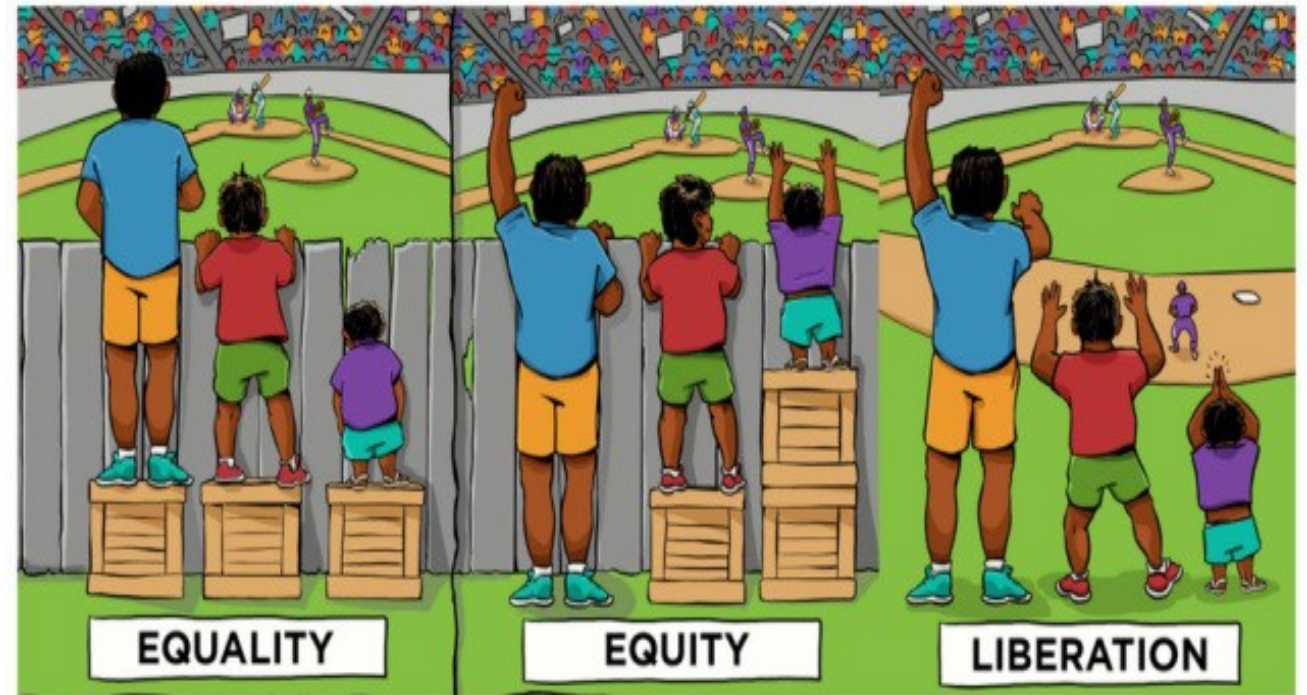


HEALTH EQUITY IS...

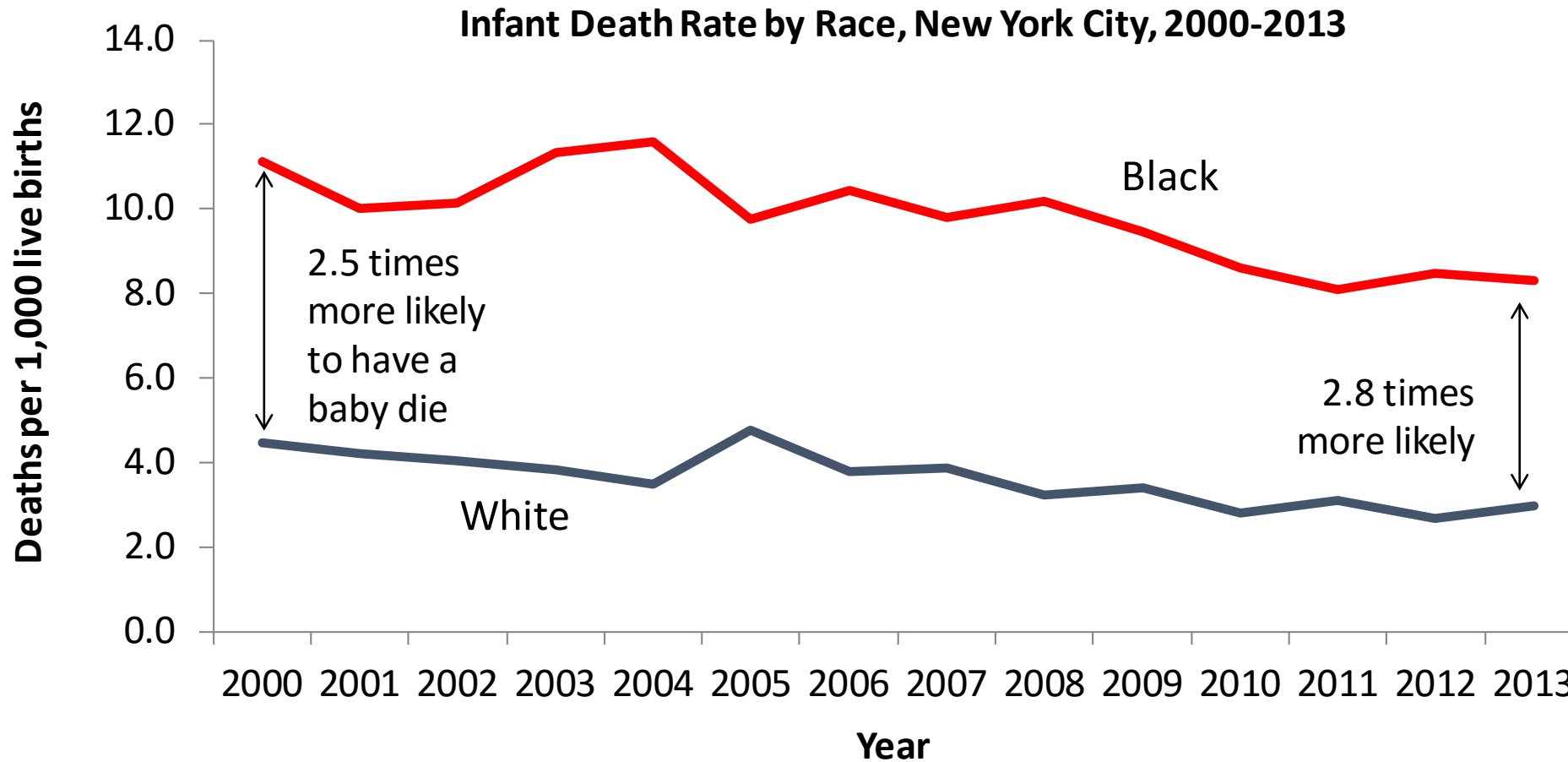
- Achieving the **highest level** of health for all people.
- No one is kept from reaching the highest level of health because of **social position** or **social identities**.

Race
Gender Identity
Ethnicity
Sexual Orientation
Ability
Religion
And others...

Job status
Education
Income
Wealth
Immigration status
Incarceration history
And others...



HEALTH INEQUITIES – INFANT MORTALITY

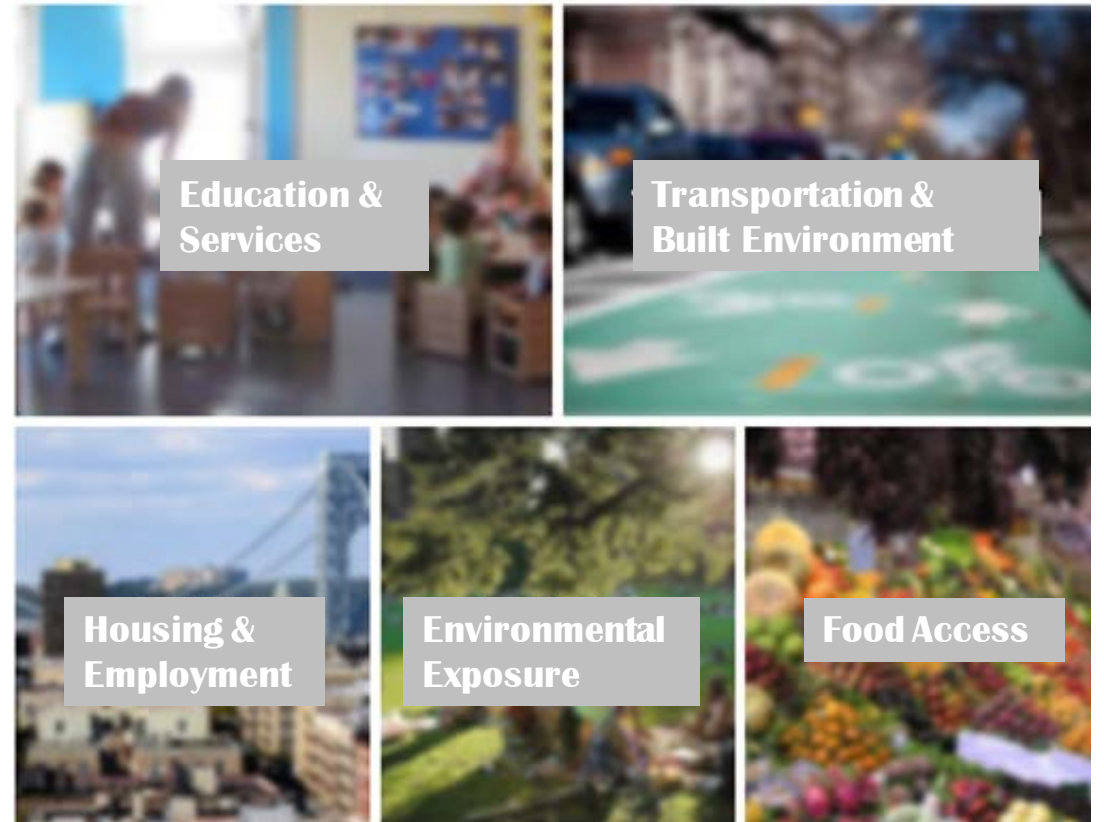


Health Inequities – Differences in health outcomes that are **avoidable, unfair**, and **unjust**, and driven by **social factors**.

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...

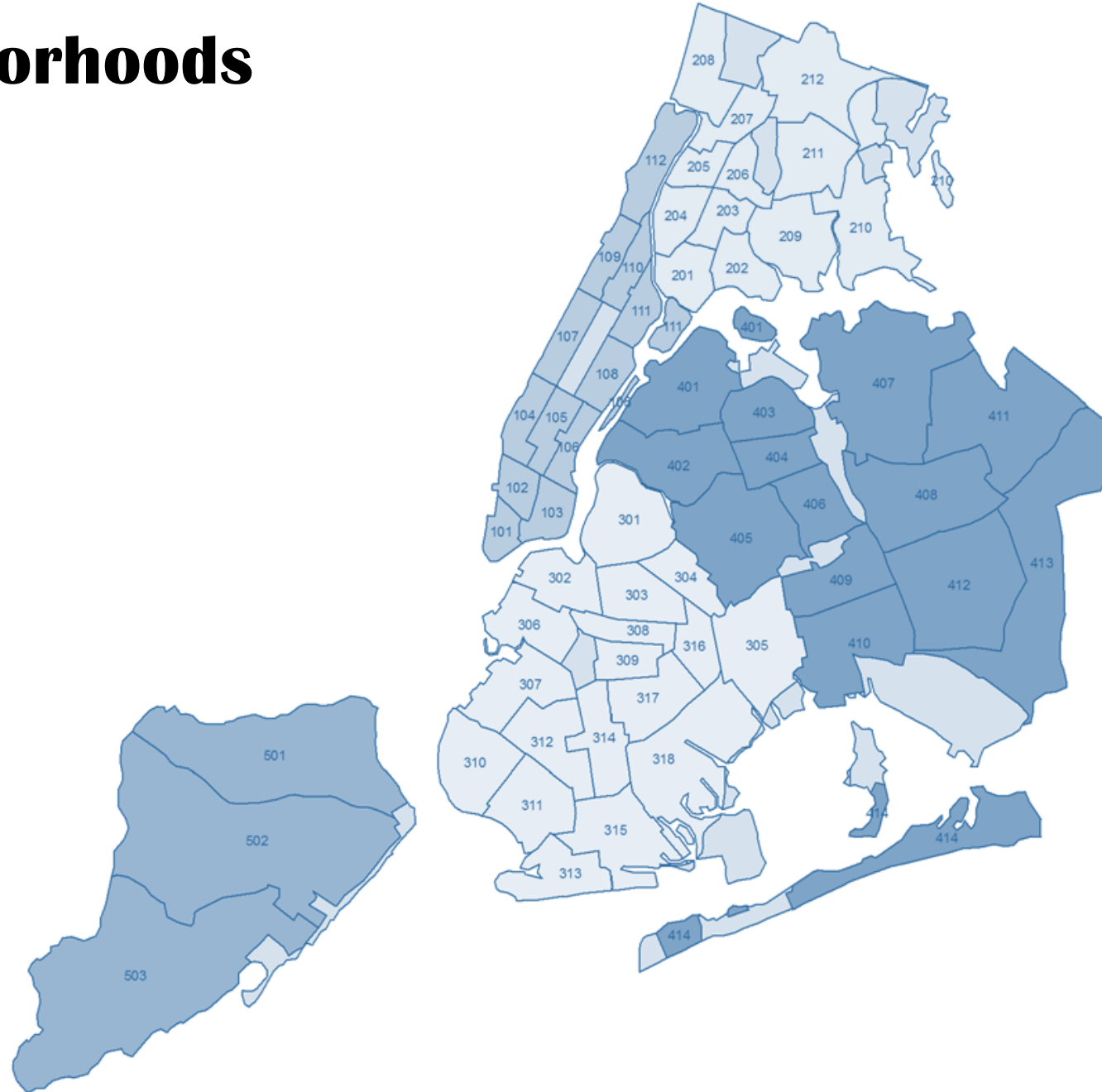
- a *system* of power and oppression that:
 - **structures opportunities** and
 - **assigns value****based on race**, unfairly disadvantaging people of color, while unfairly advantaging people who are White.

racial 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

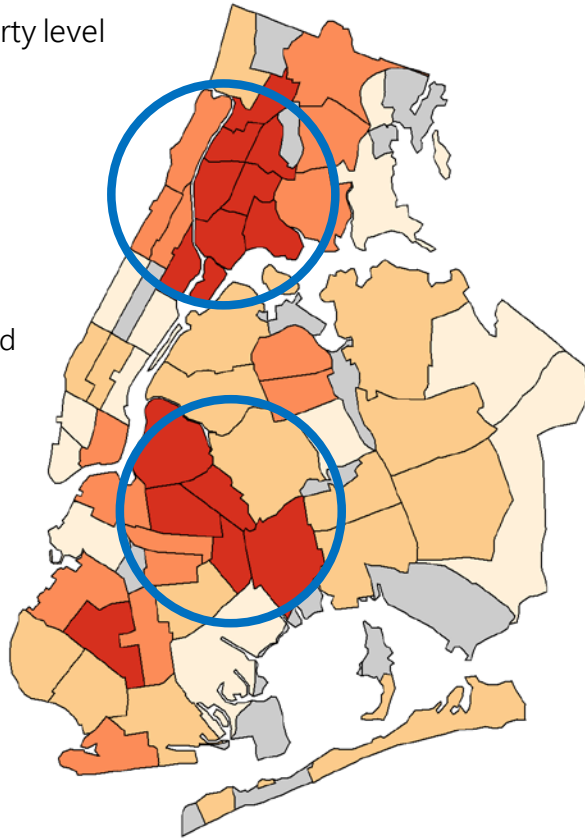
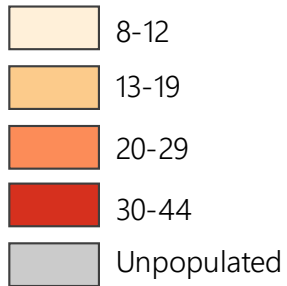


#NYCHealthEquity

WHAT CREATES HEALTH INEQUITIES?

Poverty

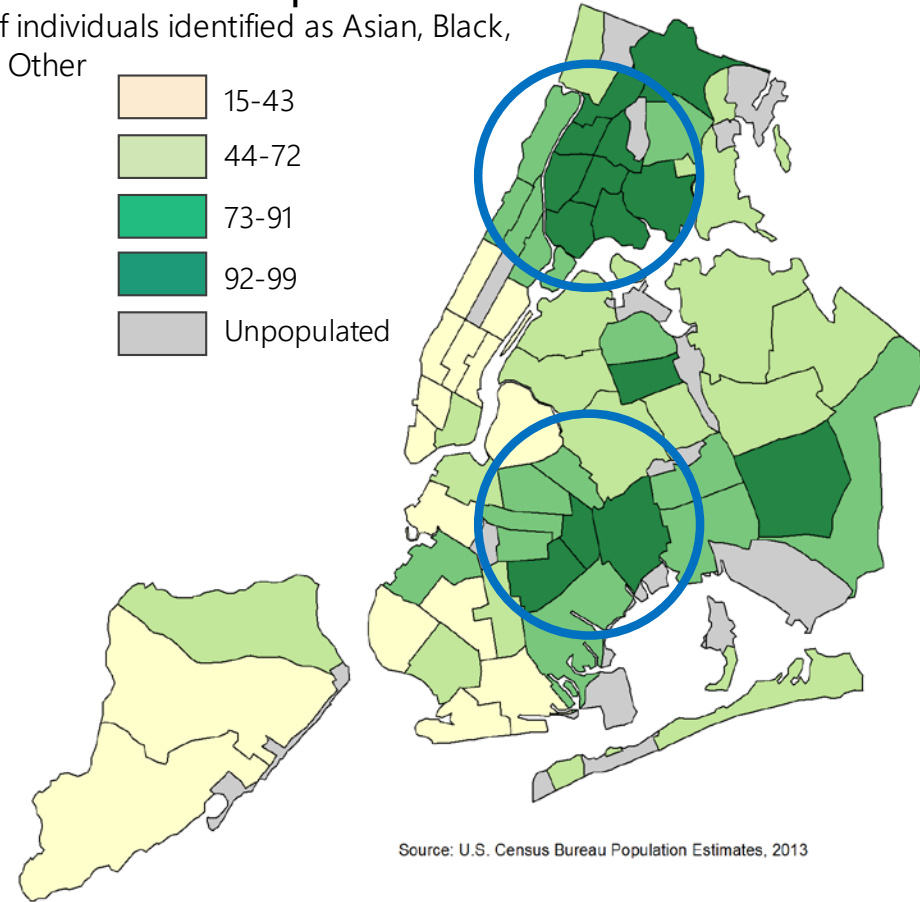
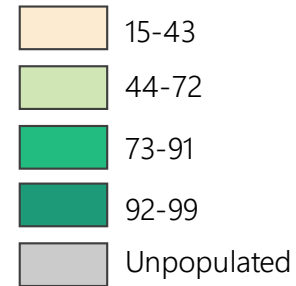
Percent below federal poverty level



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

People of Color Population

Percent of individuals identified as Asian, Black, Latino, or Other



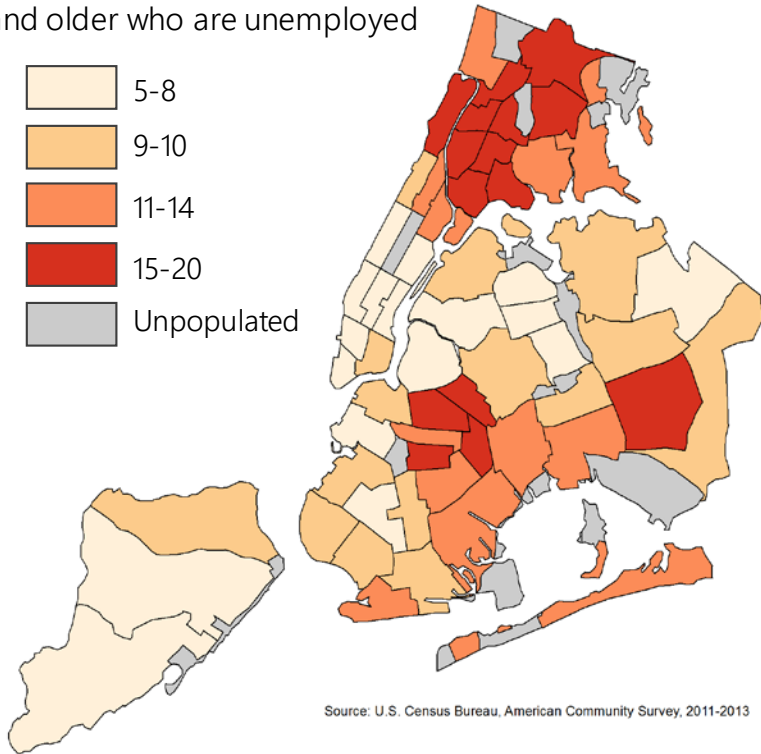
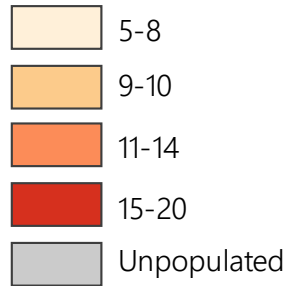
Source: U.S. Census Bureau Population Estimates, 2013

Across Neighborhoods

PEOPLE FACING TOO MANY BARRIERS TO HEALTH

Unemployment

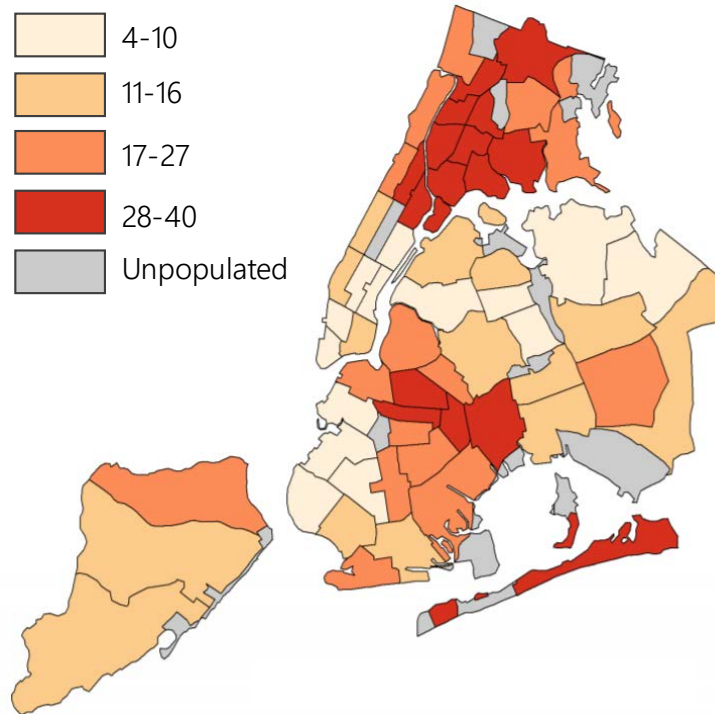
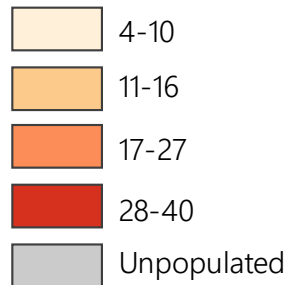
Percent of civilian labor force, 16 and older who are unemployed



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

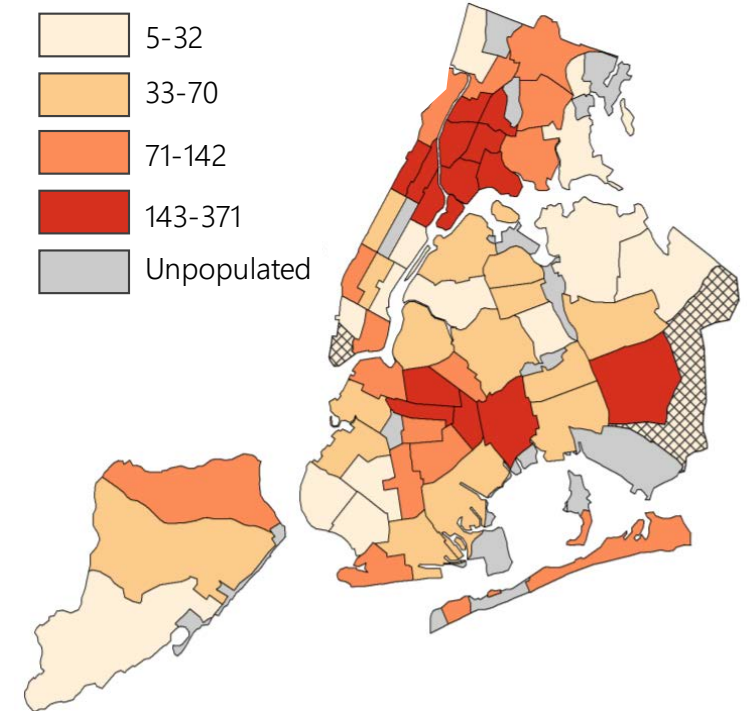
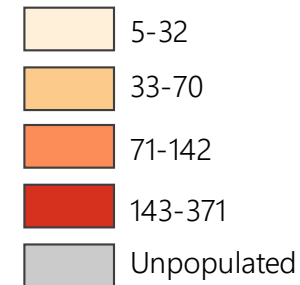
Elementary School Absenteeism

Percent of elementary students (Missing 20+ Days)



Jail Incarceration

Rate per 100,000 adults (ages 16+)

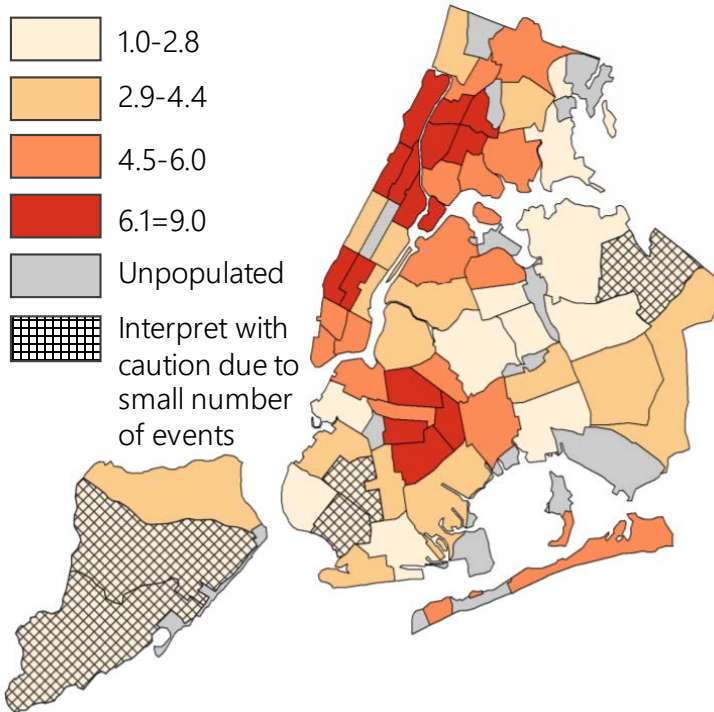
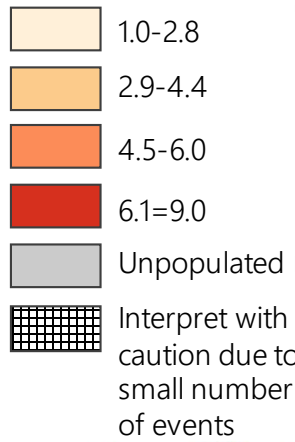


Across Neighborhoods

DIFFERENCES IN HEALTH OUTCOMES

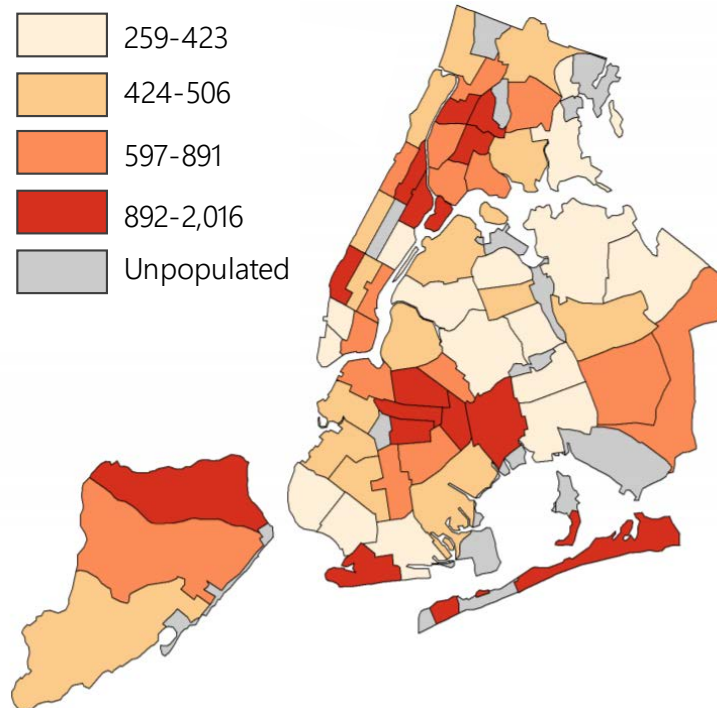
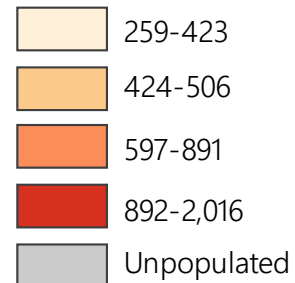
New HIV Diagnoses

Rate per 1,000 live births



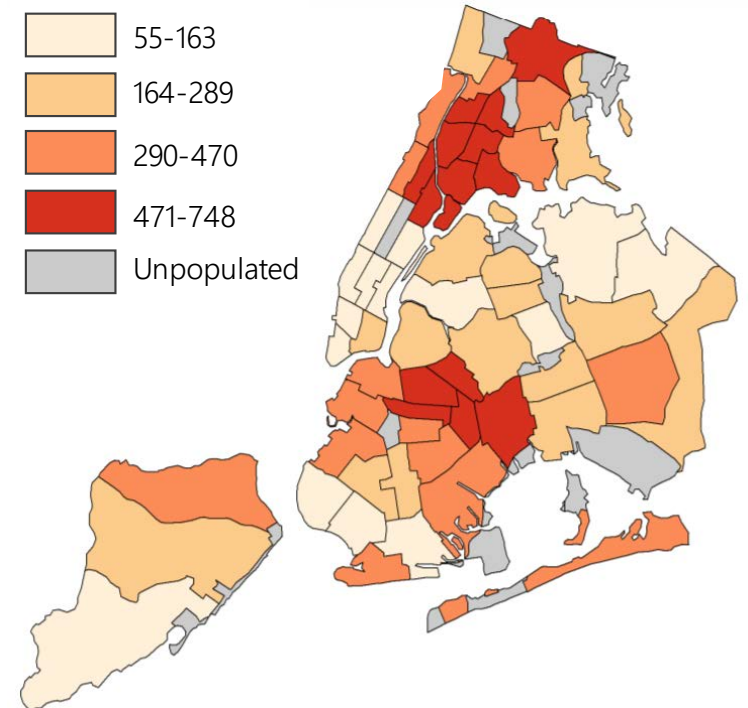
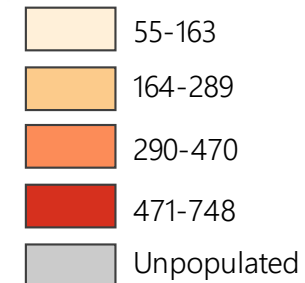
Psychiatric Hospitalizations

Rate per 100,00 population



Avoidable Adult Diabetes Hospitalizations

Rate per 100,00 adults

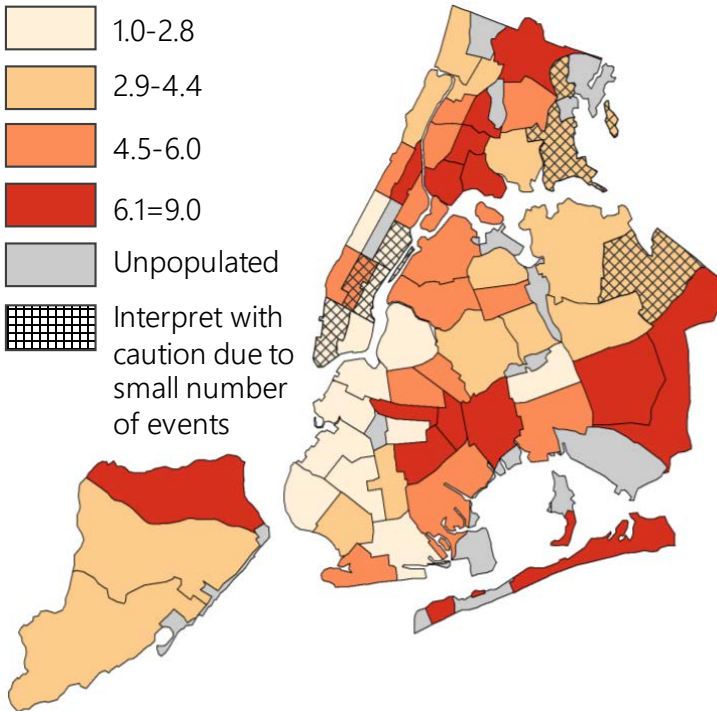
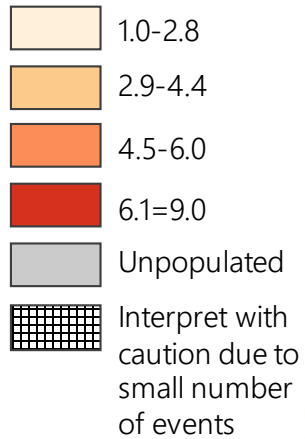


Across Neighborhoods

ACROSS THE LIFE SPAN, PEOPLE ARE DYING TOO EARLY

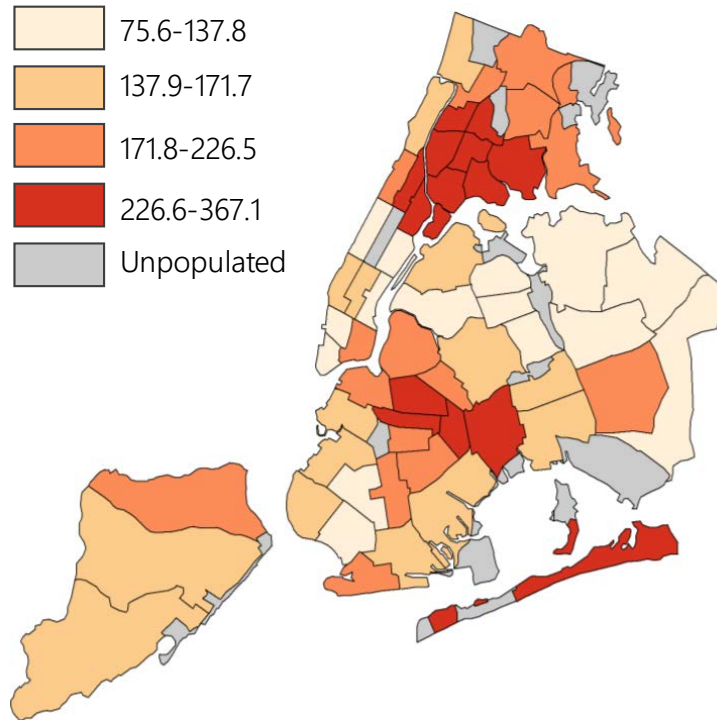
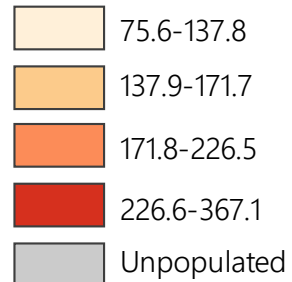
Infant Mortality

Rate per 1,000 live births



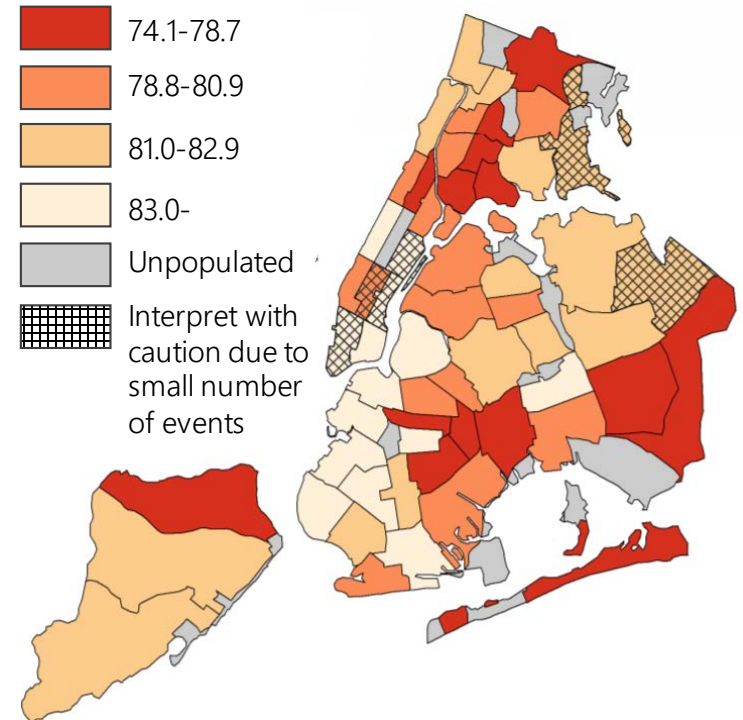
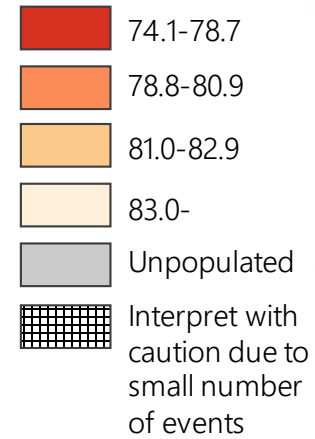
Premature Mortality (death before age 65)

Rate per 100,00 population



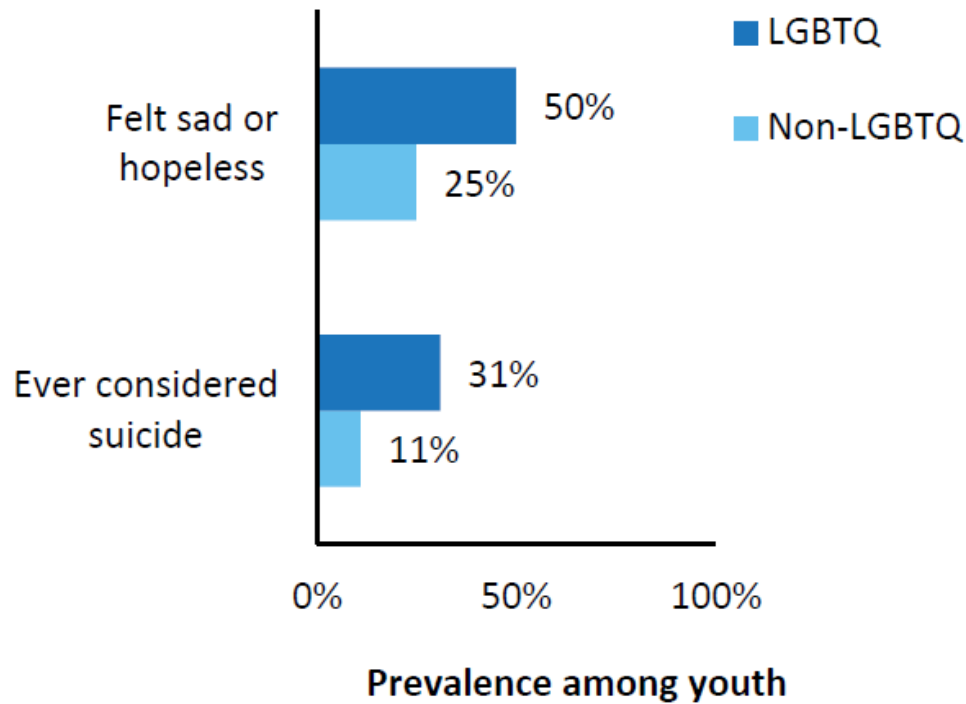
Life Expectancy

Years



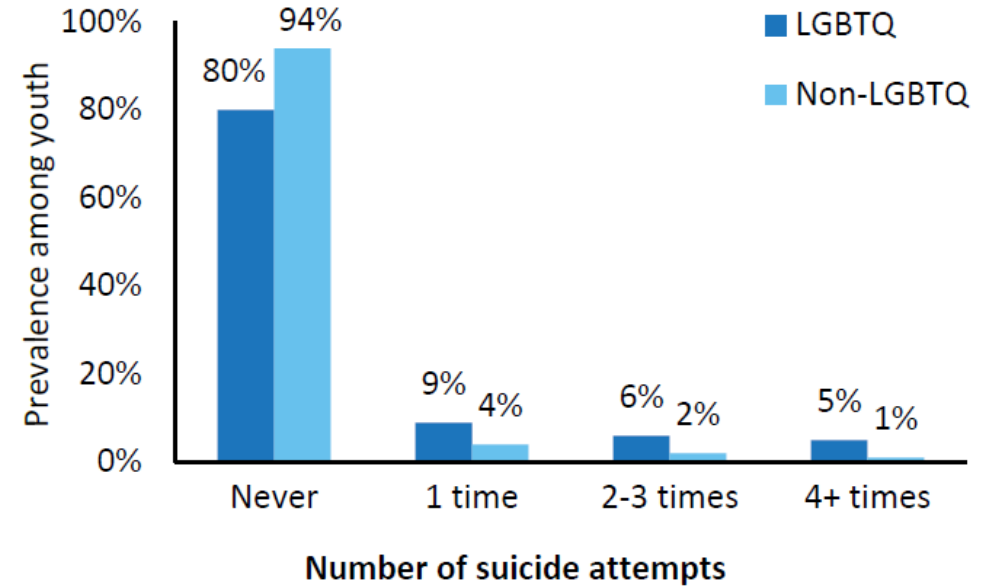
HEALTH INEQUITIES – LGBTQ+ YOUTH

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

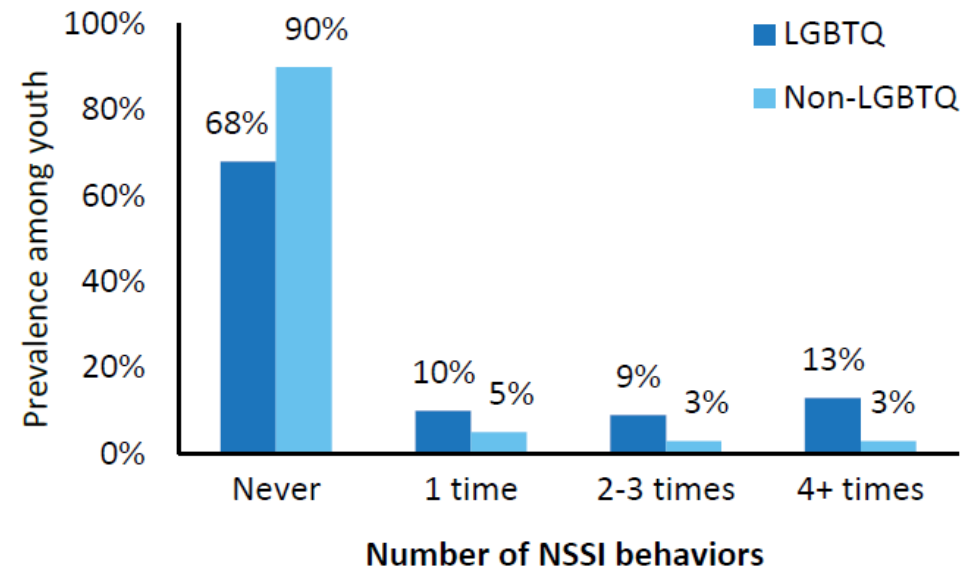


LGBTQ = lesbian, gay, bisexual, transgender, or questioning
 Source: NYC Youth Risk Behavior Survey, 2015

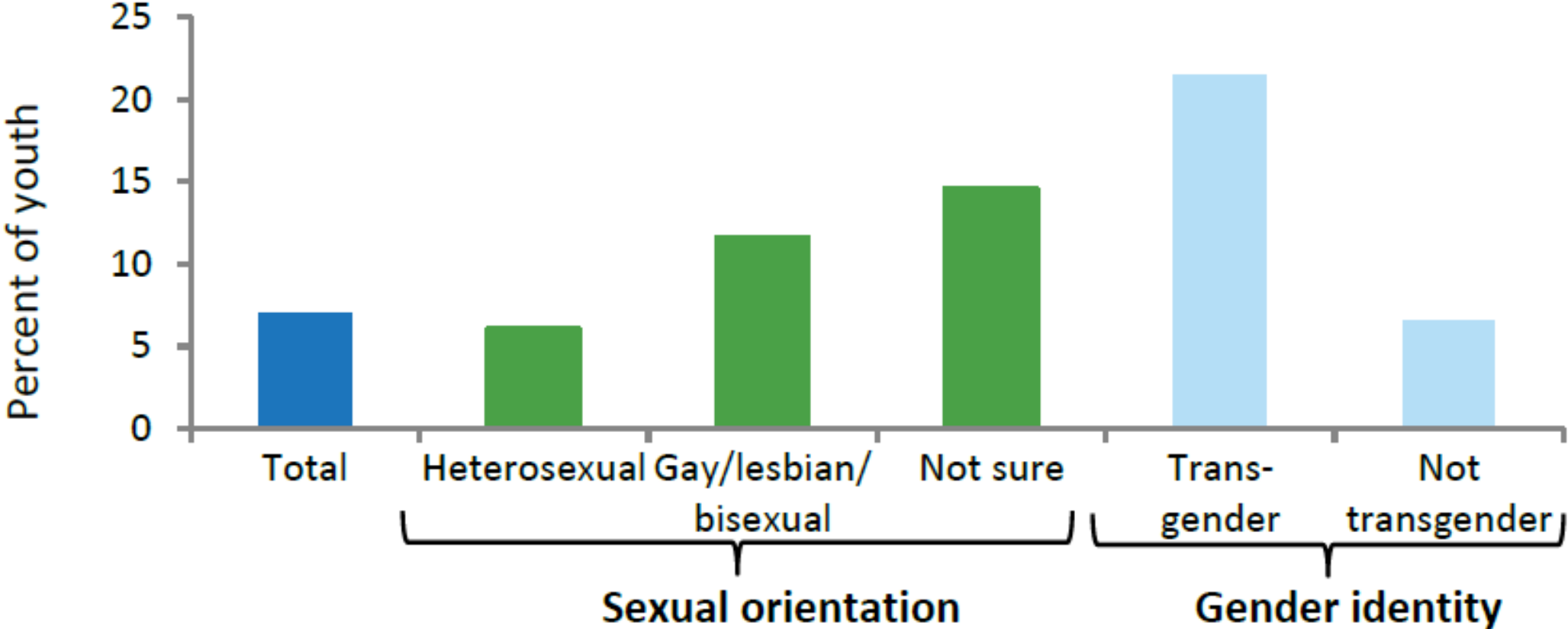
Prevalence of suicide attempts among New York City youth, 2015



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

Internalized

People of color internalize the negative messages spread about minorities and come to loathe themselves for being "different."

Interpersonal

Consists of overt acts by individuals that cause death, injury, destruction of property, or denial of services or opportunity.

Institutional

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

Structural

The basis of individual and institutional racism; it is the value system that is embedded in a society that supports and allows all types discrimination; often invisible

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

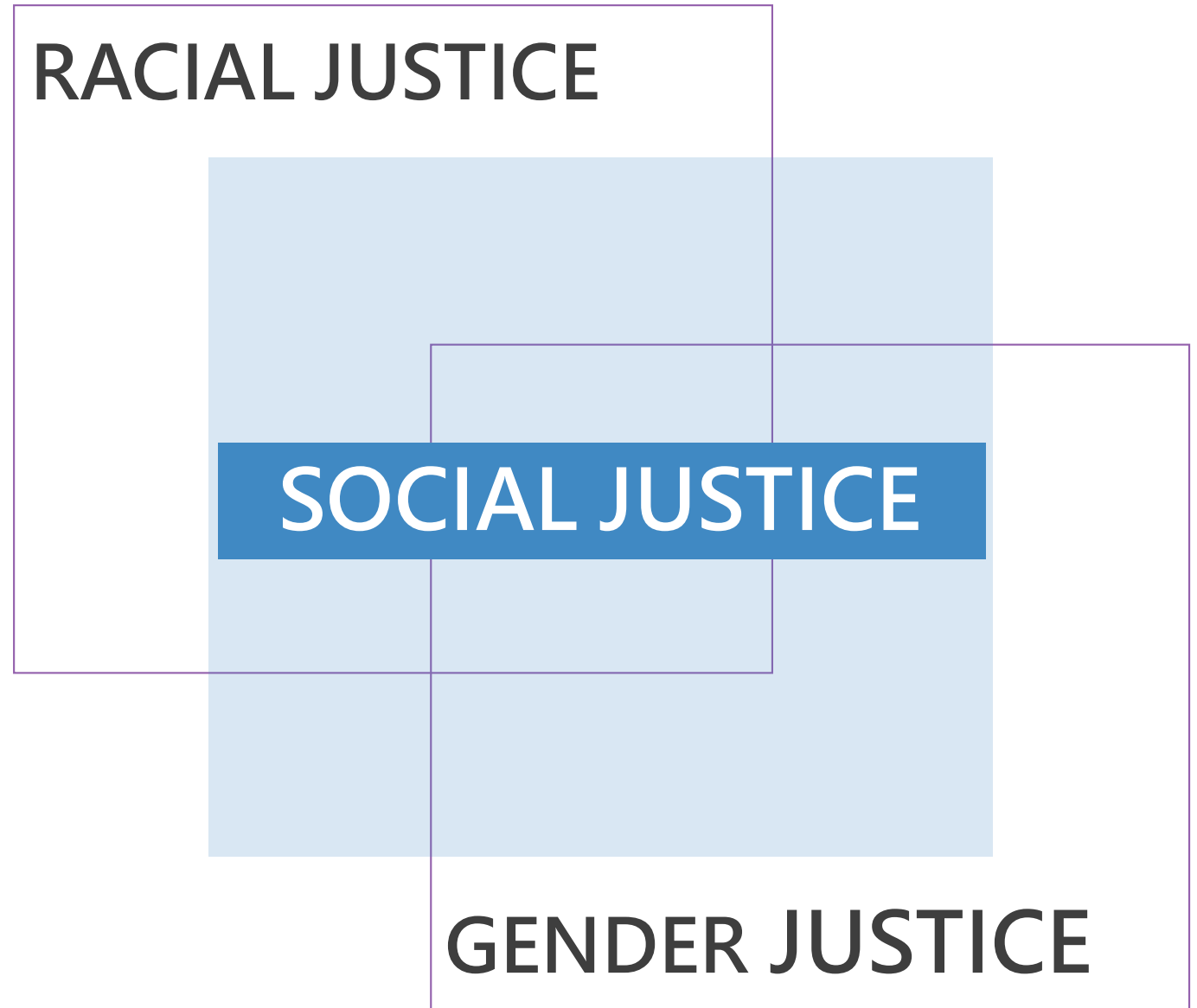
OUR GUIDING INITIATIVES

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 identify, gender expression and sexual orientation.



RACE TO JUSTICE AIMS

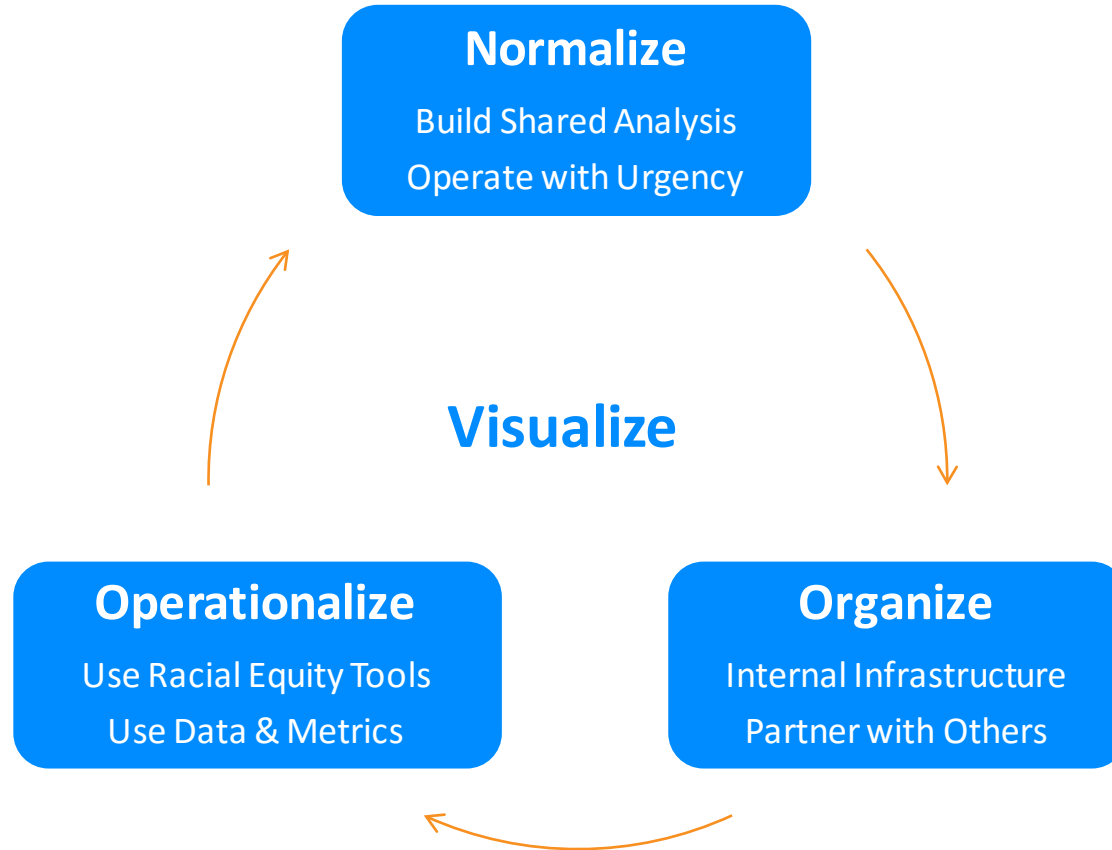
Racial equity and social justice are necessary to achieve our mission

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

RACE TO JUSTICE FRAMEWORK

Build DOHMH capacity to advance racial equity and social justice in all that we do



National Best Practice

From Center for Social Inclusion (CSI) and Government Alliance on Race and Equity (GARE)

RACE TO JUSTICE ACTION AREAS

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

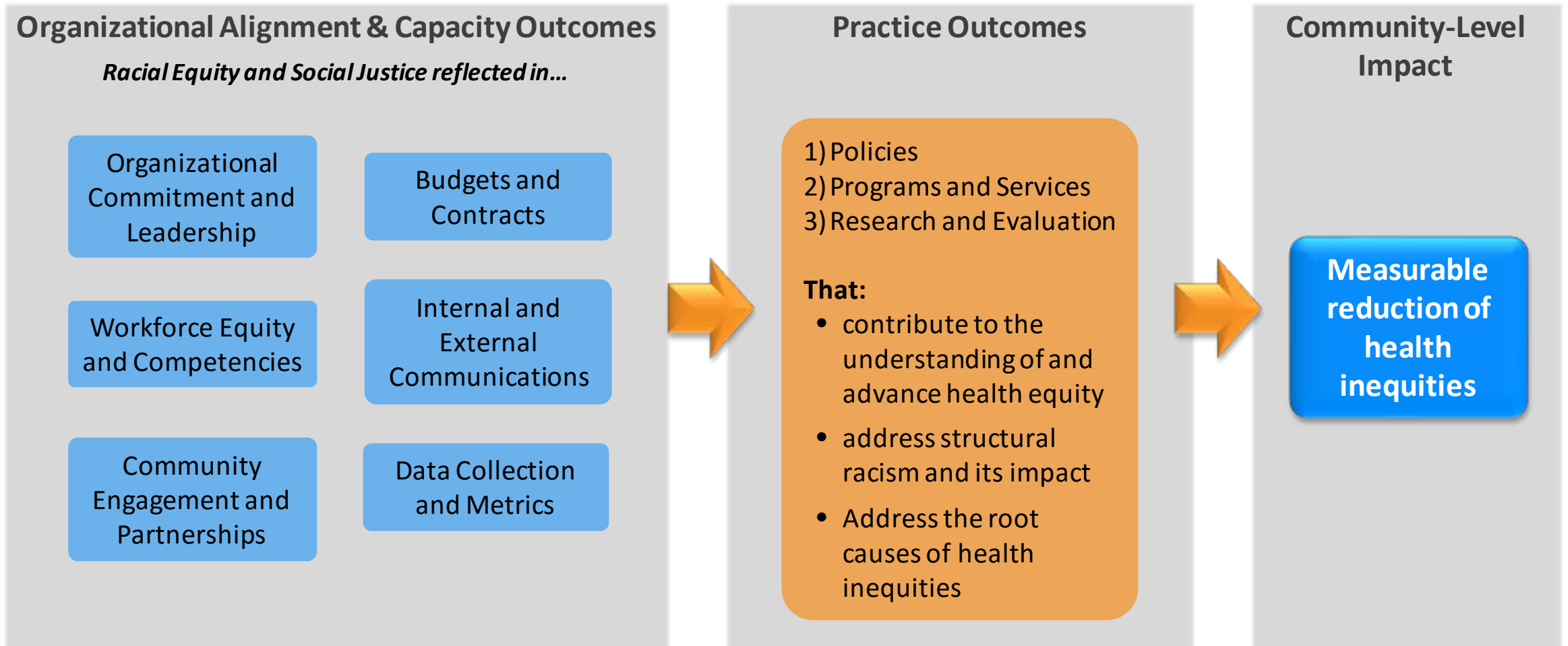
Community residents and partners are engaged in all areas of DOHMH work, and administrative processes make it easy for community partners and DOHMH to interact

4. Budgets and Contracts

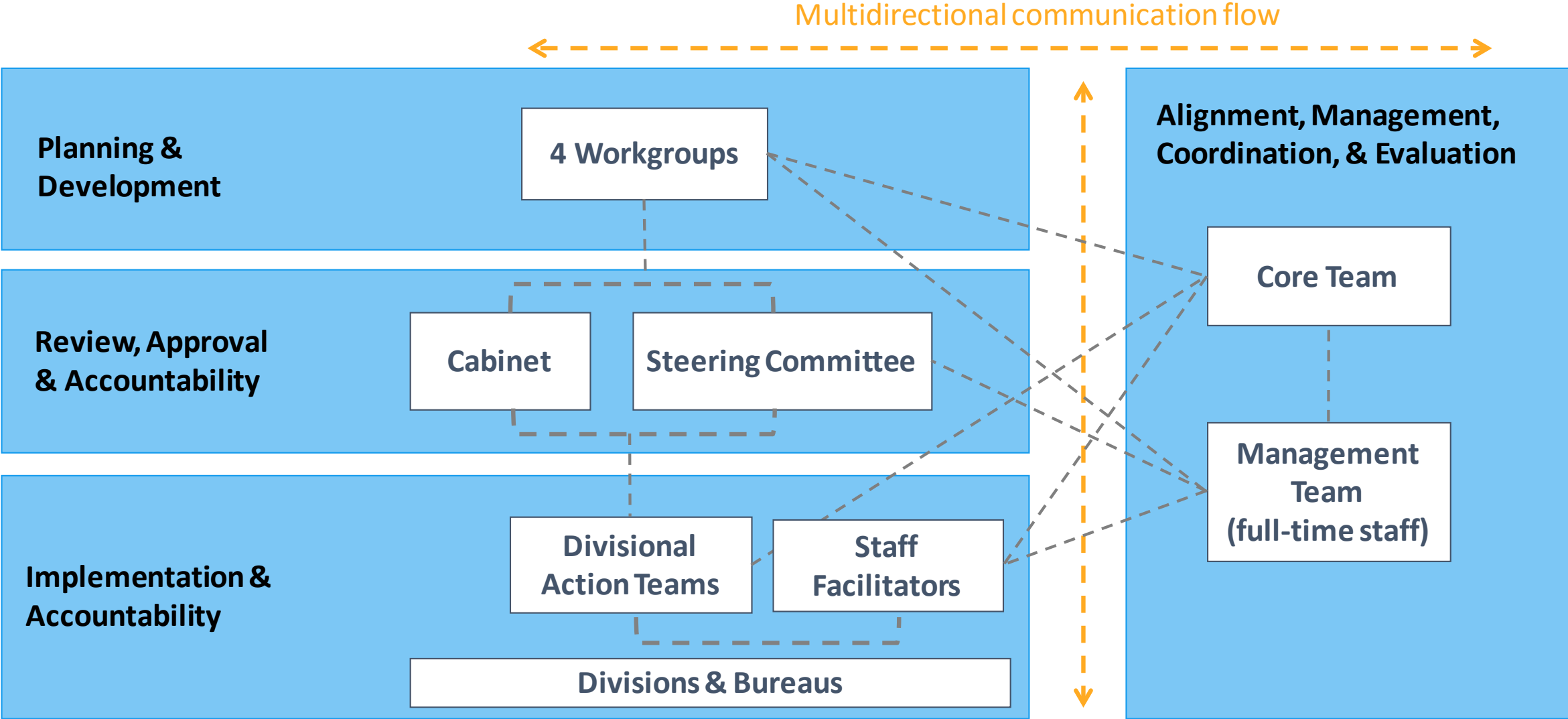
Financial resources are effectively allocated to advance racial equity and social justice, to support WMBE, and invest in neighborhoods that are deprived of resources

RACE TO JUSTICE THEORY OF CHANGE

Building Organizational Capacity to Reduce Inequities and Advance Structural Change

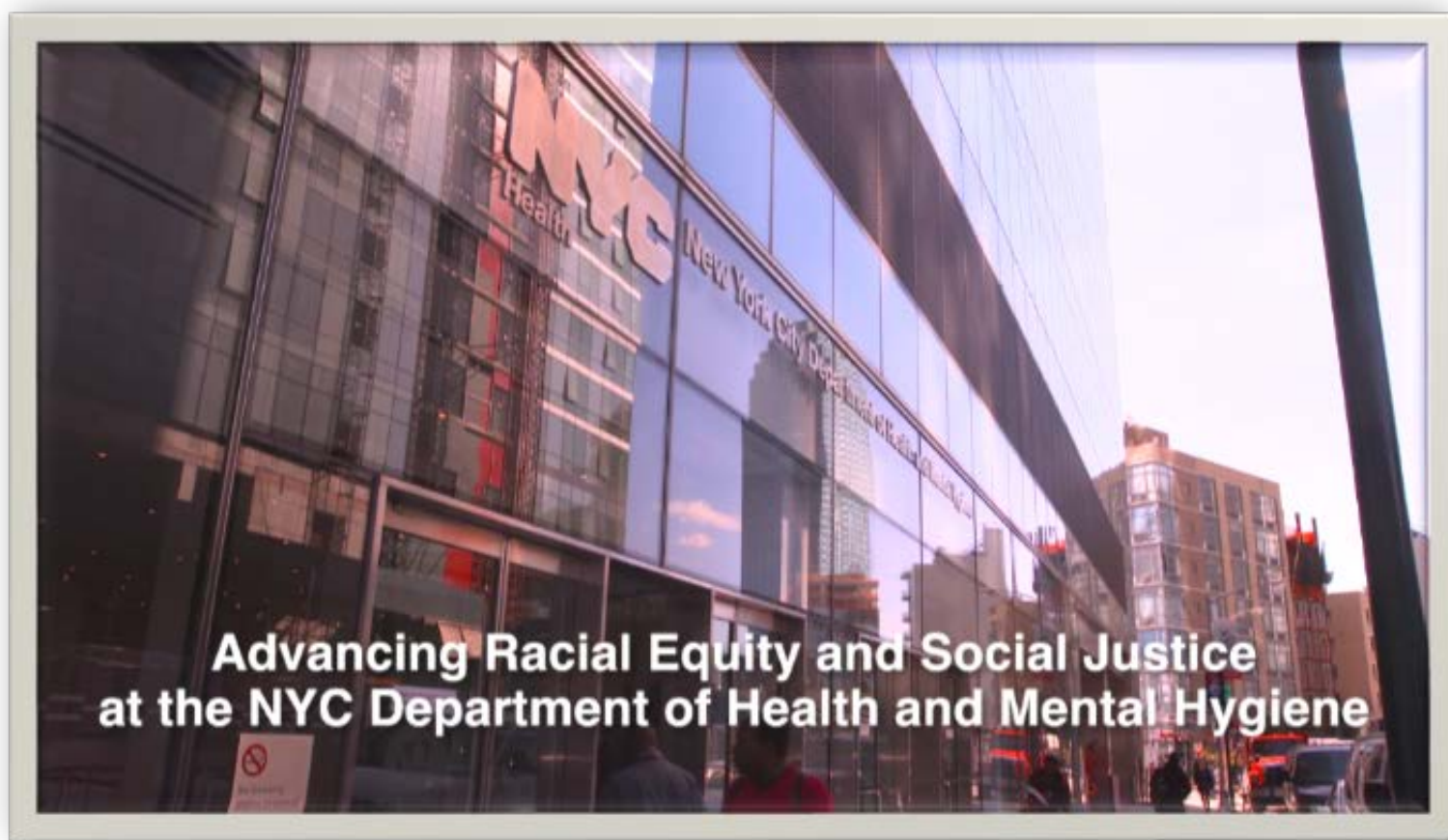


RACE TO JUSTICE INFRASTRUCTURE



RACE TO JUSTICE

Advancing
Racial Equity
& Social Justice



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

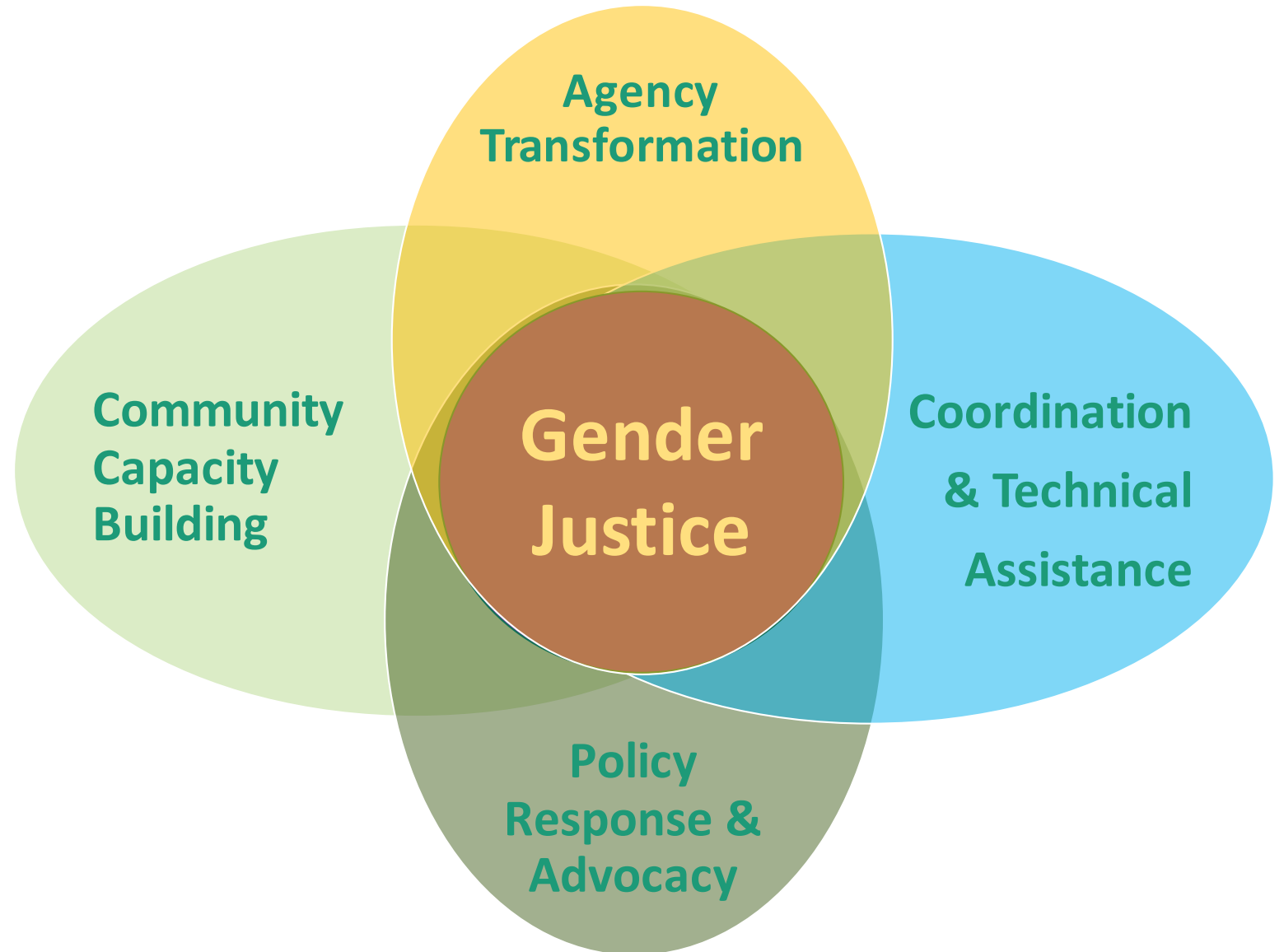
- LGBTQ agency-wide coordination & strategic planning
- LGBTQ CHE Task Force
- Action Center Technical Assistance

Policy Response & Advocacy

- Citywide gender equity and LGBTQ policy and alignment
- Internal advocacy for additional gender equity and LGBTQ programs and policies

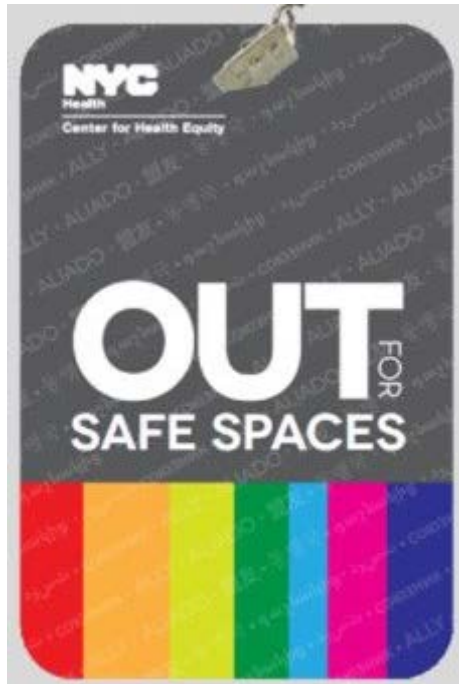
Community Capacity Building

- 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>
- Providing Comprehensive Health Care to Men Who Have Sex with Men: <https://www1.nyc.gov/assets/doh/downloads/pdf/chi/chi-33-4.pdf>

Health guides for the public:

- LGBTQ Health Care Bill of Rights: <http://www1.nyc.gov/assets/doh/downloads/pdf/ah/lgbtq-bor-wallet.pdf>
- Take Pride, Take Care: Tips for Transgender Women's Health: <https://www1.nyc.gov/assets/doh/downloads/pdf/ah/transgender-womens-health-booklet.pdf>
- Health Tips for Trans Men and People of Trans-Masculine Experience: <https://www1.nyc.gov/assets/doh/downloads/pdf/ah/transgender-men-health-booklet.pdf>
- PrEP & PEP: New Ways to Prevent HIV: <https://www1.nyc.gov/assets/doh/downloads/pdf/ah/prep-pep-brochure-eng.pdf>
- Positive Living: Your Guide to Healthy Living: <https://www1.nyc.gov/assets/doh/downloads/pdf/ah/positive-living-booklet.pdf>
- Be Sure. Play Sure. Stay Sure: <http://www1.nyc.gov/assets/doh/downloads/pdf/ah/beplay-staysure-booklet.pdf>

QUESTIONS?

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THANK YOU!