Achieving Health Equity: The Opportunity and the Mandate

2023 Georgia Cancer Summit
Advancing Cancer Health Equity through Innovation and Partnerships
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CEO, MPHI
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“If you want to build a ship, don't drum up people to collect wood and don't assign them tasks and work, but rather teach them to long for the endless immensity of the sea.”

Antoine de Saint-Exupery
The Narratives We Build:

Cancer prevention is action taken to lower the risk of getting cancer. This can include maintaining a healthy lifestyle, avoiding exposure to known cancer-causing substances, and taking medicines or vaccines that can prevent cancer from developing.

https://www.cancer.gov/about-cancer/causes-prevention
The Stories We Tell:

10 Commandments of Cancer Prevention

1. Avoid tobacco in all its forms
2. Eat properly
3. Exercise regularly
4. Stay lean
5. If you choose to drink, limit yourself to an average of one drink a day
6. Avoid unnecessary exposure to radiation
7. Avoid exposure to industrial and environmental toxins
8. Avoid infections that contribute to cancer
9. Make quality sleep a priority
10. Get enough vitamin D

Harvard Medical School, October 2019
https://www.health.harvard.edu/newsletter_article/the-10-commandments-of-cancer-prevention
**Downstream** thinking:

The tendency we have, as individuals and as decision-makers, to focus on one-off, individual lifestyle-based, short-term solutions rather than long-term interventions that address the root-causes of wellbeing.

--Rachel Malena-Chan, thinkupstream.net
Primary Prevention: A Downstream/Conventional Framework

Primary Prevention

The prevention of diseases and conditions before their biological onset

Downstream Interpretation

*Eat Healthy
*Regular exercise
*Take Vitamin
*Early Screening

*Get Screened
*Get Enough Sleep
*Avoid radiation & toxins

*Quit Smoking
*Avoid Drinking too much Alcohol
*Avoid infections

Conventional Interpretation

Education to Reduce Risky Behaviors

Improving Resistance To Disease

Preventing Environmental Exposures
Cancer Prevention: A Social Justice Framework

Upstream Prevention

*The absence of unfair, unjust advantage or privilege based on race, class, gender, or other forms of difference.

*Public Health is what we as a society do together to advance the conditions necessary for good health

Social Justice Interpretation

Attending to the Social Determinants of Health Inequities

Making the Invisible Visible

Confronting Root Causes Explicitly

Deconstructing Racism/Oppression
Advancing Health Equity

What does change **look** like?
*Seeing Differently*

What does change **sound** like?
*Saying Differently*

What does change **act** like?
*Doing Differently*
Building a Shared Vocabulary

**Health Disparity**
A disproportionate difference in health between groups of people; observable & measurable

**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
It’s not the answer that enlightens, but the question!

-Eugene Ionesco
### Getting Upstream as Mainstream

#### Instead of only asking:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why do people smoke?</td>
<td>What social conditions and economic policies predispose people to the stress that encourages smoking?</td>
</tr>
<tr>
<td>Who lacks access to healthy food options and why?</td>
<td>What economic shifts would redistribute healthy food resources more equitably in our community?</td>
</tr>
<tr>
<td>How do we connect individuals to cancer screening and supports?</td>
<td>What institutional policies and practices maintain rather than counteract people’s access to cancer screening and supports?</td>
</tr>
<tr>
<td>Who lacks health care coverage and why?</td>
<td>What policy changes would redistribute health care resources more equitably in our community?</td>
</tr>
</tbody>
</table>
RECOGNIZING DOMINANT NARRATIVE IN PUBLIC HEALTH

“…asks us to deeply dig into long-held assumptions, in a web of meaning mostly invisible, unexpressed, and taken for granted.”

Source: Advancing Public Narrative for Health Equity and Social Justice. 2018. NACCHO.
Six Conditions of Systems Change

- Policies
- Practices
- Resource Flows
- Relationships & Connections
- Power Dynamics
- Mental Models

Structural Change (explicit)

Relational Change (semi-explicit)

Transformative Change (implicit)

Source: John Kania, Mark Kramer, and Peter Senge, “The Water of Systems Change”
Generally driven by a profound and fundamental sense of mission.

A sense of purpose motivates them to leave the comfort of the sidelines and wade into controversy.

Getting Upstream as Mainstream

Recognize that treating the consequences of inequity through programs and services alone will never eliminate health inequity.

Mandate a re-examination of public health priorities, practices, and the use of resources.

Communicate facts about the forces that produce or undermine health to their constituencies, responsible public institutions, and political leaders.

Develop a policy agenda for health equity and identify strategic activities with constituencies that support this agenda.

Engage with communities to develop their capacity and resources to participate fully in social and political processes.
Do not be daunted by the enormity of the world’s grief.
Do justly, now. Love mercy, now. Walk humbly, now.
You are not obligated to complete the work,
but neither are you free to abandon it.

~ from The Talmud
THE MANDATE

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

-The Apostle Paul
Thank you!

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