



Review Article

Jedi public health: Co-creating an identity-safe culture to promote health equity



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ABSTRACT

The extent to which socially-assigned and culturally mediated social identity affects health depends on contingencies of social identity that vary across and within populations in day-to-day life. These contingencies are structurally rooted and health damaging inasmuch as they activate physiological stress responses. They also have adverse effects on cognition and emotion, undermining self-confidence and diminishing academic performance. This impact reduces opportunities for social mobility, while ensuring those who "beat the odds" pay a physical price for their positive efforts. Recent applications of social identity theory toward closing racial, ethnic, and gender academic achievement gaps through changing features of educational settings, rather than individual students, have proved fruitful. We sought to integrate this evidence with growing social epidemiological evidence that structurally-rooted biopsychosocial processes have population health effects. We explicate an emergent framework, Jedi Public Health (JPH). JPH focuses on changing features of settings in everyday life, rather than individuals, to promote population health equity, a high priority, yet, elusive national public health objective. We call for an expansion and, in some ways, a re-orienting of efforts to eliminate population health inequity. Policies and interventions to remove and replace discrediting cues in everyday settings hold promise for disrupting the repeated physiological stress process activation that fuels population health inequities with potentially wide application.

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Once riding in old Baltimore,
Heart-filled, head-filled with glee,
I saw a Baltimorean
Keep looking straight at me.

Now I was eight and very small,
And he was no whit bigger,
And so I smiled, but he poked out
His tongue, and called me, 'Nigger.'

I saw the whole of Baltimore
From May until December;
Of all the things that happened there
That's all that I remember.

Countee Cullen, "The Incident", 1925

Introduction

What are the population health implications of having cognitive, emotional, and physiological "bandwidth" taken up by the lived experiences of stereotype, stigma, and inequity that are especially common among members of non-dominant social identity groups? Bandwidth can be commandeered by acute, interpersonal incidents such as that described in the poem, occasions for subjective distress. Bandwidth can also be hostage to subtle or pervasive features of the social, psychological and physical environmental "surround" (Turner, 2013), subliminal reminders in our everyday rounds of the degree to which our social identity group is – or isn't – valued by society. We argue US social inequalities in health remain entrenched, in part, because of inequalities across social identity groups in the frequency, pervasiveness, objective severity, and subjective significance of such cues to social identity and one's societal value or acceptance. We choose this emphasis because the role of the "surround" in maintaining and perpetuating health inequity is under-theorized relative to other social determinants of population health including more overt racism and micro-aggression, yet, it informs the nature and frequency of more recognized social determinants of health, constraining potential progress in eliminating them. As we review and synthesize, an emergent body of social epidemiologic scholarship points to the promise of considering the surround, and also increasingly reveals the limits of focusing on the role of conventional socioeconomic indicators, such as income and education, alone (Pearson, 2008). Moreover, as with other broad contextual contributors to health inequity, such as sociopolitical context, the surround might, at first blush, be thought of as too amorphous, large or enmeshed to be a feasible intervention site to produce short or medium term change. We argue in contrast, that through applying what we call "Jedi Public Health" principles, the surround is not only an essential target of intervention, but an eminently practical and tractable one (Geronimus, 2013). While it is premature to offer an exhaustive JPH policy or intervention plan, we offer examples for straightforward, low-tech, and evidence-based interventions that help diffuse the ideological and psychosocial landmines that promote health inequity in everyday life.

Most importantly, we call for an expansion and, in some ways, a re-orienting of efforts to eliminate population health inequity.

What is Jedi Public Health in concept?

The metaphor, "Jedi Public Health," references a scene in the 1977 Star Wars Movie, Episode IV, aptly named for our purposes: "A New Hope." In that scene, the stormtroopers (the bad guys) stop a car whose passengers include Obi-Wan Kenobi, a Jedi Master, and the droids R2-D2, and C-3PO (the good guys). The droids are being hunted by the stormtroopers to intercept the message R2-D2 is carrying to the Rebel Alliance from their spy, Princess Leia, who is being held hostage by the forces of darkness. With both droids in plain sight and thus in jeopardy, Obi-Wan employs a Jedi mind trick to convince the stormtrooper at the car that the droids are not the ones he is looking for. The dialogue proceeds:

Stormtrooper: Let me see your identification.

Obi-Wan: You don't need to see his identification.

Stormtrooper, accepting Obi-Wan's claim, calls out to nearby stormtroopers: We don't need to see his identification.

Obi-Wan: These aren't the droids you are looking for.

Stormtrooper: These aren't the droids we're looking for.

Obi-Wan: He can go about his business.

Stormtrooper: You can go about your business.

Obi-Wan: Move along.

Stormtrooper: Move along, move along.

Having accepted Obi-Wan's suggestion that this is a case of mistaken identity, the Stormtrooper lets the car proceed. For the passengers in the car, identity threat is diffused; their contingent stress is alleviated.

Through JPH, we focus on the role of "mistaken social identity" as how marginalized social identities are cued in settings and construed by individuals through dominant cultural prisms, forming road blocks that impede the ability of the marginalized to "go about their business" and "move along" in their lives, including along roads that are culturally meaningful to them. To that end, JPH is broadly concerned with developing a deeply democratic and pluralistic society (Geronimus & Thompson, 2004), leveraging not only broad social, legal, or political processes, but also making relatively straightforward changes in everyday settings that can lead to measureable population health improvements by disrupting socially-induced accelerated biological wear and tear across body systems (weathering) in everyday life.

We begin with the premise that we share one basic canvas of human biology, subject to historical influences and sociopolitical context. The central proposition of Jedi Public Health is that, despite this shared biology, population health inequality emerges through *structurally rooted biopsychosocial processes* (Geronimus, 2000; Geronimus & Thompson, 2004; Graham, Brown-Jeffy, Aronson, & Stephens, 2011; James, 1993; Pearson, 2008; Viruell-Fuentes, 2007) that trigger physiologic stress. These processes are engendered by unequal environments which have cues to social identity threat or safety embedded in them, and the better or worse fit between the needs and resources of groups of unequal privilege and the social institutions they must navigate.

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