



## *Health Equity* **LEARNING SERIES**

# IS COLORADO READY TO TALK ABOUT THE ROLE OF RACISM IN HEALTH EQUITY?

Prepared for The Colorado Trust by:

*Nancy Csuti, DrPH, Director of Research, Evaluation & Strategic Learning, The Colorado Trust*  
*Melanie Tran, MHPA, Department of Health and Behavioral Sciences, University of Colorado Denver*

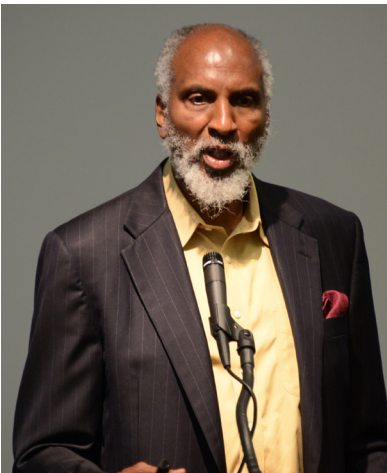
### » **Racism and Health Equity**

Is Colorado ready to talk about the role of racism in health equity? This is one of the questions grantees raised and discussed at the end of the 2015 Health Equity Learning Series (HELS). To better understand the answer, and explore perceptions of racism and its role in preventing health equity in their communities, the 22 Colorado Trust grantees were interviewed by project evaluator Melanie Tran of the University of Colorado Denver.

At the last HELS event of 2015, John A. Powell, JD, executive director of the Haas Institute for a Fair and Inclusive Society at University of California, Berkeley, spoke powerfully about **racism as a social determinant of health**. Many of the HELS grantees felt it was time for racism to be at the center of conversations around

health equity, despite it being a difficult subject from which many people steer away.

With what one interviewee called the “privilege of ignorance” in mind, grantees expressed varying perspectives on racism as a factor in health equity, community readiness to address racism issues and strategies to combat racism in their communities.



**Professor John A. Powell**

*“We think we’re an accepting community that doesn’t have racism problems, because we don’t have to work in it every day. So, we just move along ignorantly and don’t realize the systems we have in place are dominated by white, English-speaking individuals making decisions.”*

~ Grantee

Grantee thoughts on...

## RACISM AS A FACTOR IN HEALTH EQUITY

*“You can’t have a conversation about equity and disparities without talking about race.” ~ Grantee*

Grantees discussed five avenues where they felt racism played a role in health inequities:

- **Geography.** Grantees described examples of groups pushed to the fringes of the community. Displacement of low-income families of color was a common observance.
- **Information.** Cited among grantees was the withholding of information available on resources for populations in need.
- **Resources.** Grantees often mentioned lack of culturally appropriate and accessible resources, or instances where community members feel excluded or that services are not for them.
- **Structure.** Some grantees mentioned policies and structures that perpetuated racism. While recognizing it was not necessarily intentional, the impact was structural. Grantees recognized that changing this calls for an acknowledgement

of broader systemic issues and bringing attention to processes people may not initially be willing to change.

- **Poverty.** A few grantees, in communities that were not racially or ethnically diverse, connected poverty to health inequities. Grantees commonly mentioned the intersectionality of race with other social determinants of health.

*“Most of the racism that I experience is structural[ly] bound in policies and systems that exclude people from the care that they need. Structural racism is real. Systems are built by people who have certain perspectives and have no problem wielding that power.” ~ Grantee*

Grantee thoughts on...

## RACISM AND COMMUNITY AWARENESS

Throughout the HELS discussions in communities, some grantees found even using the phrase “health equity” could be difficult, much less calling out racism as a factor. Grantees said language barriers, diverse perceptions and cultural differences impacted feelings and experiences of racism within their communities.

- **Language.** Grantees experienced frustration with language barriers, yet were unsure of strategies to alleviate the issue. Some grantees recognized that while translation services are important, intentional efforts to diversify services are essential; and that language is not the only component of overcoming health inequities. Even for English speakers,

understandable materials and resources do not mean equal access and equity.

*“We’ve put out all our flyers in Spanish. What more can we do?”*

~ Grantee

- **Perceptions.** Grantees recognized that sometimes ignorance can breed misunderstanding or oversight. For communities where race isn’t part of everyday conversation, white privilege can be a factor that perpetuates health inequities. Even in racially diverse communities, whites may not perceive racism as an issue. The challenge lies in understanding that racism is potentially an issue in every community, regardless of demographics.

*“Racism is absolutely a really big problem in our area and not perceived as such because we have a majority white population.” ~ Grantee*

- **Cultural differences.** Grantees recognized the importance of understanding cultural differences from a perspective much deeper than an occasional cultural competency training. While some progress can be made with trainings, grantees recognized a greater investment of time and dedication needs to take place for change to happen.

*“We as a county need to have open and honest conversations about racism...”*

*Even though people don’t want to be racist or have race or ethnicity play into how they treat people, it’s those underlying things that slip out that really create some tension. Blatant racism may be there, but it’s also this subtle racism where people think they’re being culturally sensitive but they are not. They are not even aware of it, and so it keeps happening.” ~ Grantee*

Grantee thoughts on...

READINESS TO DISCUSS RACISM IN THE COMMUNITY

In assessing their communities’ abilities and readiness to discuss racism, grantees were divided between yes, maybe and not yet.

- **YES:** *“In many cases, community members are further ahead in understanding the problem [of racism]. We don’t have to spend much time explaining these issues, especially to those who are living it.” ~ Grantee*  
Some grantees reported intentional and continued openness to discussing issues and understanding differing perspectives and backgrounds in their communities; such communities are eager to have discussions about race and health equity. However, even in a community that is ready to discuss racism as a social determinant of health, one grantee emphasized that the discussion can be unpredictable and isn’t necessarily something for which anyone can prepare. There can be deep emotions and feedback from discussing these topics, but *“it is something that needs to happen sooner rather than later. We’ve been waiting too long for it to happen.”*
- **MAYBE:** *“When we say, ‘let’s have a conversation about racism,’ we bring*

*in people who feel strongly about it or are already engaged in social justice. We miss people who need to have the conversation most.” ~ Grantee*

Some grantees felt their communities weren’t quite ready to have an open dialogue on race. These grantees suggested that conversations around race may need to be presented differently, in a way that would be easier for the community to discuss. Presenting the issues in a different way, or even defining health equity in more palatable terms, might bring more community members to the discussion. While masking racism has the potential to bring in different (and perhaps more) individuals, grantees recognized the dilemma of not having open, honest conversations about race: *“Is it really worth it at all [to have the conversation] since you’ve cut off the problem at the source? That’s a dilemma in a lot of work—we can kind of mask getting things passed through as economic development, not really talking about the real problem. Is that effective where the problem is still underlying the whole thing?”*

- **NOT YET:** *“I think if we started talking about race and racism, it would open up to more socioeconomic disparities that may have racism as a component. It would quickly move to conversations about affordable housing and lack of access instead of conversations about racism.”* ~ Grantee  
A few grantees felt it would be difficult to focus community discussions on race and racism within a larger conversation of health equity. They believed such conversations

would quickly transition to conversations about other social determinants of health—namely, topics much easier to discuss than race or racism. Particularly in communities where many residents feel they are “color blind,” it is challenging to intentionally bring the focus to the role of racism in health inequities. Even in such communities, however, grantees were determined to host conversations despite discomfort, given how important this conversation is to addressing health equity.

#### Grantee thoughts on...

### ADVANCING HEALTH EQUITY THROUGH COMMUNITY CONVERSATIONS

*“Conversations had come up about institutional racism, and it catches some people off guard because they do not think they’re racist. When we discussed ‘belonging’ and the difference of how people feel, that singular concept helped flip the switch for some people. It was really powerful.”* ~ Grantee

*“For us to say that we are bringing in a neutral facilitator might help participants want to come back. It’s about intentionally setting up a space to allow the conversations to be uncomfortable, but not so uncomfortable that they walk away. Having expert facilitators to lead this effort would be so beneficial.”* ~ Grantee

Interviews with grantees confirmed participants at HELS events were committed to improving health equity. While racism as a social determinant of health was new to some community members, there was openness to learning, and particularly to using a skilled facilitator to help with the dialogue.

As Colorado communities move into the next phase of HELS, with the help of expert facilitators (**Transformative Alliances**), the discussions among community members will deepen and help Colorado as a state move toward health equity for all.

Grantees recognized that in order to effect change, dynamic, meaningful conversations would be necessary. Some of their recommendations for doing this include:

- Involve the community in conversations
- Commit to intentional relationship-building
- Build inclusive environments for diverse participation and engagement
- Encourage open dialogue
- Continue the conversation.

*“It’s been a difficult conversation to have, and we’ve avoided it. We have to address it, so let’s be brave and jump in. It’s not that you necessarily have to have solutions or answers; just create a trusted space.”* ~ Grantee