

Racism and Health Inequities

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INCLUSION



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“What old men know is that everything
can change...”

*O, yes,
I say it plain,
America never was
America to me,
And yet I swear
this oath —
America will be!”*

— Langston Hughes, “Let
America Be America Again”



**“What old men know, too, is
that all that is gained can be
lost...”**

-Harry Belafonte



White Supremacy

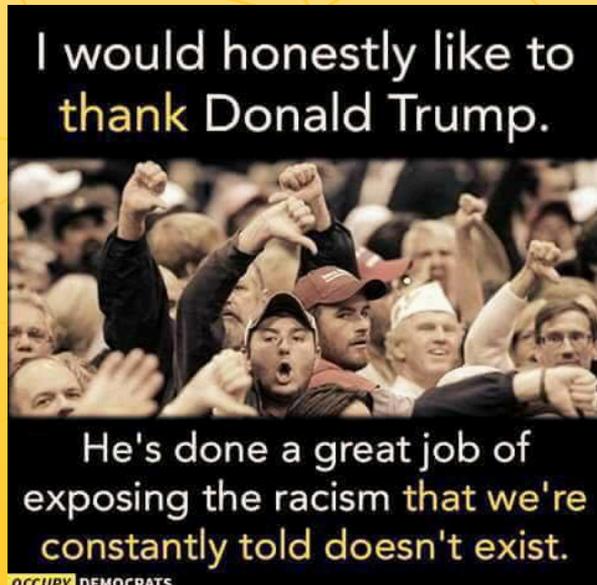
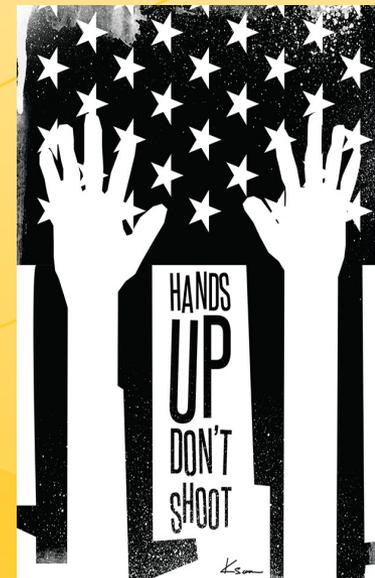
- A historically based, institutionally perpetuated system of exploitation and oppression of continents, nations and peoples of color by white peoples and nations of the European continent; for the purpose of maintaining and defending a system of wealth, power and privilege.
- A political ideology that perpetuates and maintains the social, political, historical and/or industrial domination by white people (as evidenced by historical and contemporary sociopolitical structures such as the Atlantic slave trade, Jim Crow laws in the U.S. and apartheid in South Africa.)



“America’s Race Problem”

Race is deeply embedded in our society

**BLACK
LIVES
MATTER**



Race is a Social Construct

- **A folk Idea:**
a culturally
invented
conception about
human differences

- **Fluid:** racial
classifications
change over time
and space

- **Social:** Shapes

Interpersonal relations and patterns opportunity



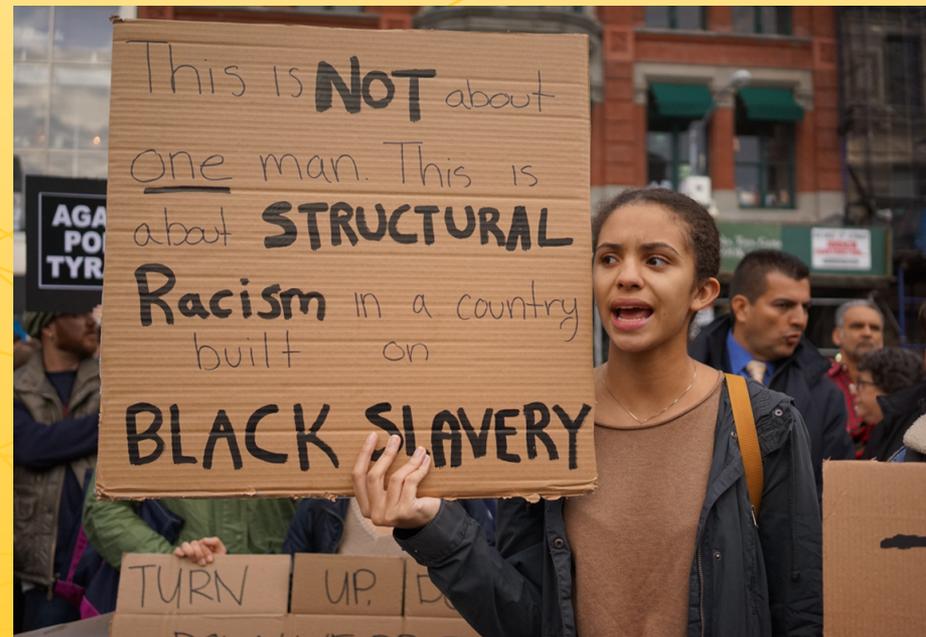
This history has created Racism

- A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”).

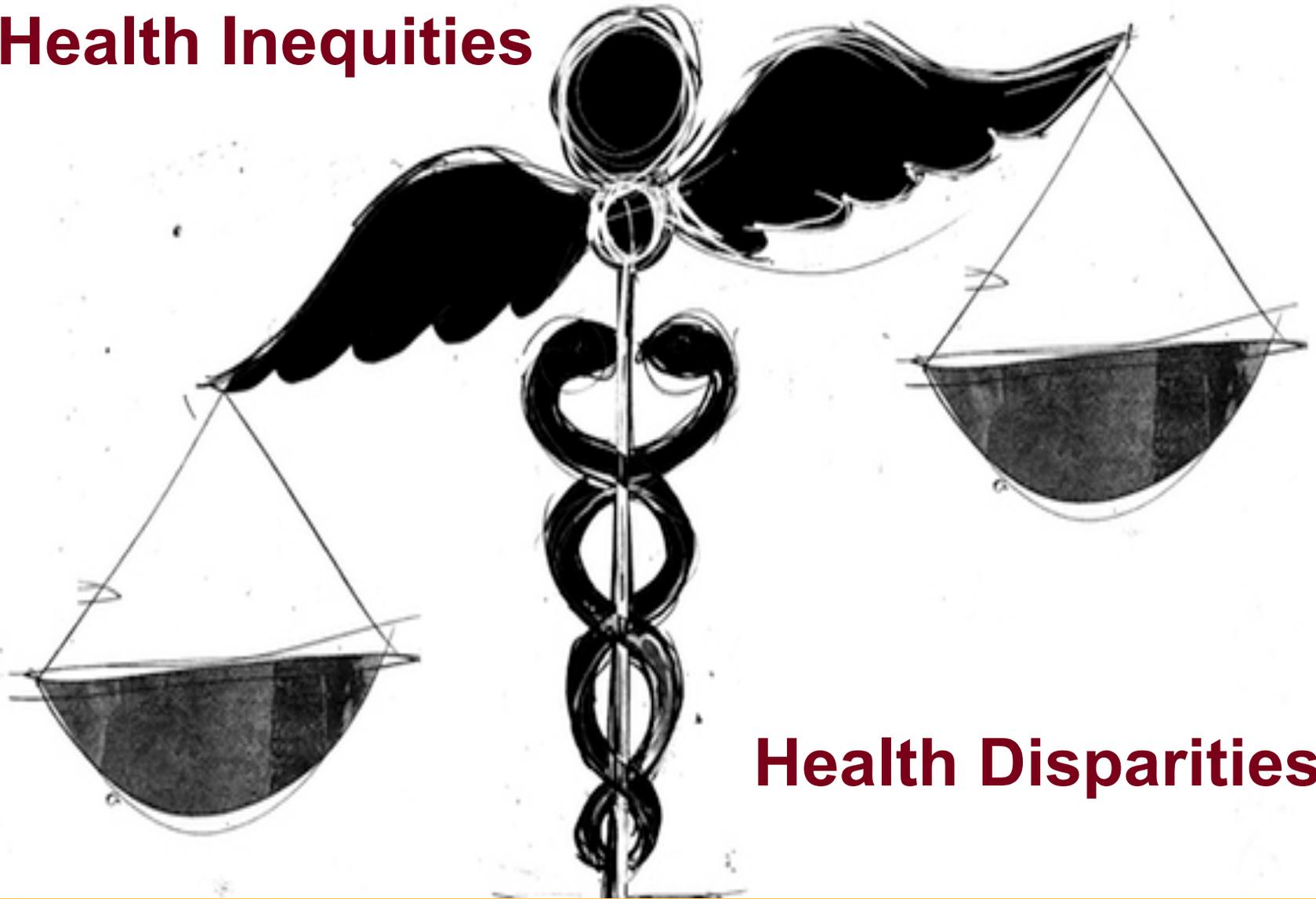
Structural Racism

- A confluence of institutions, culture, history, ideology, and codified practices that generate and perpetuate inequity among racial groups

Normative, sometimes legalized, and often manifests as inherited disadvantage.



Health Inequities



Health Disparities

The *language* we use is important!

- We have been stuck on “disparities” for decades
- Failing to cultivate an understanding of *inequities*
- *Inequities* cause *disparities*
- *Disparities* are very real but they are also a very real distraction...Racism

Structural Racism and Health

- Flint Michigan Water Crisis
 - “Flint residents, who are majority black or African-American and among the most impoverished of any metropolitan area in the United States, did not enjoy the same degree of protection from environmental and health hazards as that provided to other communities”



Structural Racism and Health

- Food accessibility
- Residential segregation and seemingly neutral policy of financing public schools primarily through local private property taxes
 - Linked to poor health outcomes—cardiovascular health
- Housing policies and Redlining



Structural Racism; Prenatal Care & Birth Outcomes

- Persistent inequities and disparities—LWB; PTB; IMR; MM
 - *Joint Effects of Structural Racism and Income Inequality on Small-for-Gestational-Age Birth*
 - Structural racism indicators associated with higher odds of SGA birth
 - *Jim Crow Laws and Infant Mortality Rates*
 - A beneficial effect of the end of Jim Crow laws (i.e. legal discrimination) on the reduction of premature mortality for black babies



Interventions?

- The Effect of an Increased Minimum Wage on Infant Mortality and Birth Weight
 - If all states in 2014 had increased their minimum wage by ONE dollar, there would likely have been 2790 fewer LBW births and 518 fewer post neonatal deaths for the year
- Culturally-centered birth center care
 - Robert Wood Johnson Foundation
 - Roots Birth Center, Mpls, MN
 - Black owned—1 of 5



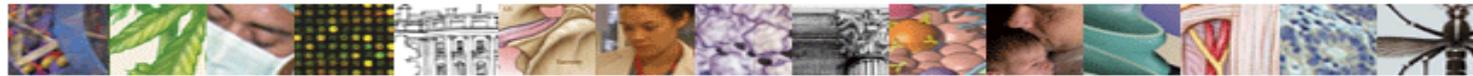
Intersectionality

- An analytic sensibility, a way of thinking about identity and its relationship to power.
- Articulated on behalf of Black women highlighting their invisibility in the feminist movement
- Intersectionality has given many advocates a way to frame their circumstances and to fight for their visibility and inclusion.



Collective Responsibility

Supporting Black Lives and Dismantling
Racism



Perspective

Structural Racism and Supporting Black Lives — The Role of Health Professionals

Rachel R. Hardeman, Ph.D., M.P.H., Eduardo M. Medina, M.D., M.P.H., and Katy B. Kozhimannil, Ph.D., M.P.A.
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 [Comments](#) open through October 19, 2016

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Article	References	Comments (16)	Metrics
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On July 7, 2016, in our Minneapolis community, Philando Castile was shot and killed by a police officer in the presence of his girlfriend and her 4-year-old daughter. Acknowledging the role of racism in Castile's death, Minnesota Governor Mark Dayton asked rhetorically, "Would this have happened if those passengers [and] the driver were white? I don't think it would have." Such incidents are tragic — and disturbingly common. Indeed, in recent weeks, our country has witnessed the well-publicized deaths of at least three more black men at the hands of police: Terence Crutcher, Keith Scott, and Alfred Olango.

Disproportionate use of lethal force by law-enforcement officers against communities of color is not new, but now we increasingly have video evidence of the traumatizing and violent experiences of black Americans. Structural racism — a confluence of institutions, culture, history, ideology, and codified practices that generate and perpetuate inequity among racial and ethnic groups¹ — is the common denominator of the violence that is cutting lives short in the United States.

The term "racism" is rarely used in the medical literature. Most physicians are not explicitly racist and are committed to treating all patients equally. However, they operate in an inherently racist system. Structural racism is insidious, and a large and growing body of literature documents disparate outcomes for different races despite the best efforts of individual health care



@RRHDR

Our Role...Learn about, understand, and accept the United States' racist roots

- Experimentation on black communities
- Segregation of care based on race
- Disparate health outcomes and systematic inequalities in terms of wealth, well-being, and quality of life must be seen as extensions of a historical context in which black lives have been devalued.



Our Role... Understand how racism has shaped our narrative about disparities

- Implicit biases and false beliefs are common
- We all hold them and we all must challenge them
 - Ex: Race as biologic



Our Role...Define and name racism

- Consistent definitions and accurate vocabulary for measuring, studying, and discussing race and racism and their relationships to health
- If we acknowledge and name racism in our work, writing, research, and interactions, we can advance understanding of the distinction between racial categorization and racism and clear the way for efforts to combat the latter

Our Role...Recognize racism, not just race

- Black Americans, on average, have more poorly controlled diabetes and higher rates of diabetes complications than white Americans
- Successful treatment requires attention to structural factors and social determinants of health
- Antiracism strategies are rarely recommended for improving diabetes control.

Our Role... Center at the margins

- Shift viewpoint from a majority group's perspective to that of the marginalized group or groups
- Diversifying the workforce
- Develop community driven programs and research
- Ensure that under-resourced people and communities gain positions of power
- Recognize whose narratives receive attention and voice



Right Now...

- Create fully inclusive, equitable & safe organizations, groups, and any other spaces we can
- Work to make our communities & places of work a safe haven where all feel empowered to show up fully as themselves
- Space where everyone can rest in the knowledge that their importance, dignity and value as human beings is unquestioned



“We changed it, many of us, through some of the proudest struggles of our history. It wasn’t easy, and sometimes it wasn’t pretty, but we did it, together.”

-Harry Belafonte



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Thank You!

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