

Addressing Racism to Advance Health Equity: A Comprehensive Approach

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Definitions (C. Jones, 2012)

Health equity is the *assurance of the conditions* for optimal health for all people.

Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and addressing contemporary injustices by providing resources according to need. Health and healthcare disparities will be eliminated when health equity is achieved.

Health equity is a *process, not an outcome*.

Definitions (Jones)

Racism is a system of structuring opportunity and assigning value based on phenotypic properties (i.e., skin color and hair texture associated with “race” in the United States) that:

- Unfairly disadvantages some individuals and communities,
- Unfairly advantages other individuals and communities, and
- Ultimately undermines the full potential of the whole society through the waste of human resources

Definitions (cont'd)

Racism operates at many levels:

Structural racism results from a system of social structures that produces cumulative, durable, race-based inequalities.

Institutional racism results from policies, practices, and procedures of institutions that have a disproportionately negative effect on racial minorities' access to and quality of goods, services, and opportunities.

Individually-mediated racism - an individual with racial bias treating individuals from other racial groups poorly and/or in a discriminatory manner.

Internalized racism – the acceptance by marginalized racial populations of negative societal beliefs and stereotypes about themselves—beliefs which can lead to the perception of oneself as worthless and powerless.

Definitions (cont'd)

The many forms of racism often operate simultaneously and in ways that mutually reinforce each other.

For example, much of the residential segregation in the United States is reliant on both institutional discrimination in the real estate and housing finance market **and** individual interpersonal discrimination in real estate and housing transactions.

Definitions (cont'd)

The many forms of racism often operate interact in ways that mutually reinforce each other.

For example, at least some of the health care quality disparities in the U.S. are due to physician biases – which are more likely be activated in settings (e.g., safety-net institutions) characterized by time pressure, resource constraints, and cognitive complexity (complex presenting problems).

In turn, pressures on safety net systems reflect structural issues, such as health care as a market commodity, and the geographic maldistribution of health care resources.

Dismantling Racism

The Significance of Race in Daily Life

Implicit Association Test – Key Findings

- 82.5 percent of whites show a pro-white or anti-black bias
- 48.3 percent of blacks show an anti-black bias
- 87.9 percent of heterosexual respondents show a bias against LGBT
- 38.4 percent of LGBT respondents show an anti-gay bias
- 68 percent of non-Arab non-Muslims show a bias against Arab Americans
- 36 percent of Arab Americans show a bias against Arab Muslims

On Assessing the Political Effects of Racial Prejudice

Leonie Huddy and Stanley Feldman

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“There is no question that measures of [implicit] racism are politically consequential. They powerfully predict white opposition to a vast array of racial policies, and do so to a greater degree than measures of overt prejudice.”

Minority Status and Stress

- The stress associated with adverse neighborhood conditions can add to already high levels of chronic stress.
- Repeated subjection to race-based discrimination is associated with higher blood pressure levels and more frequent diagnoses of hypertension.
- A national survey of Asian Americans found that everyday discrimination was associated with a variety of health conditions, such as chronic cardiovascular, respiratory, and pain-related health issues.
- Black women who reported that they had been victims of racial discrimination were 31% more likely to develop breast cancer than were those who did not report racial discrimination.

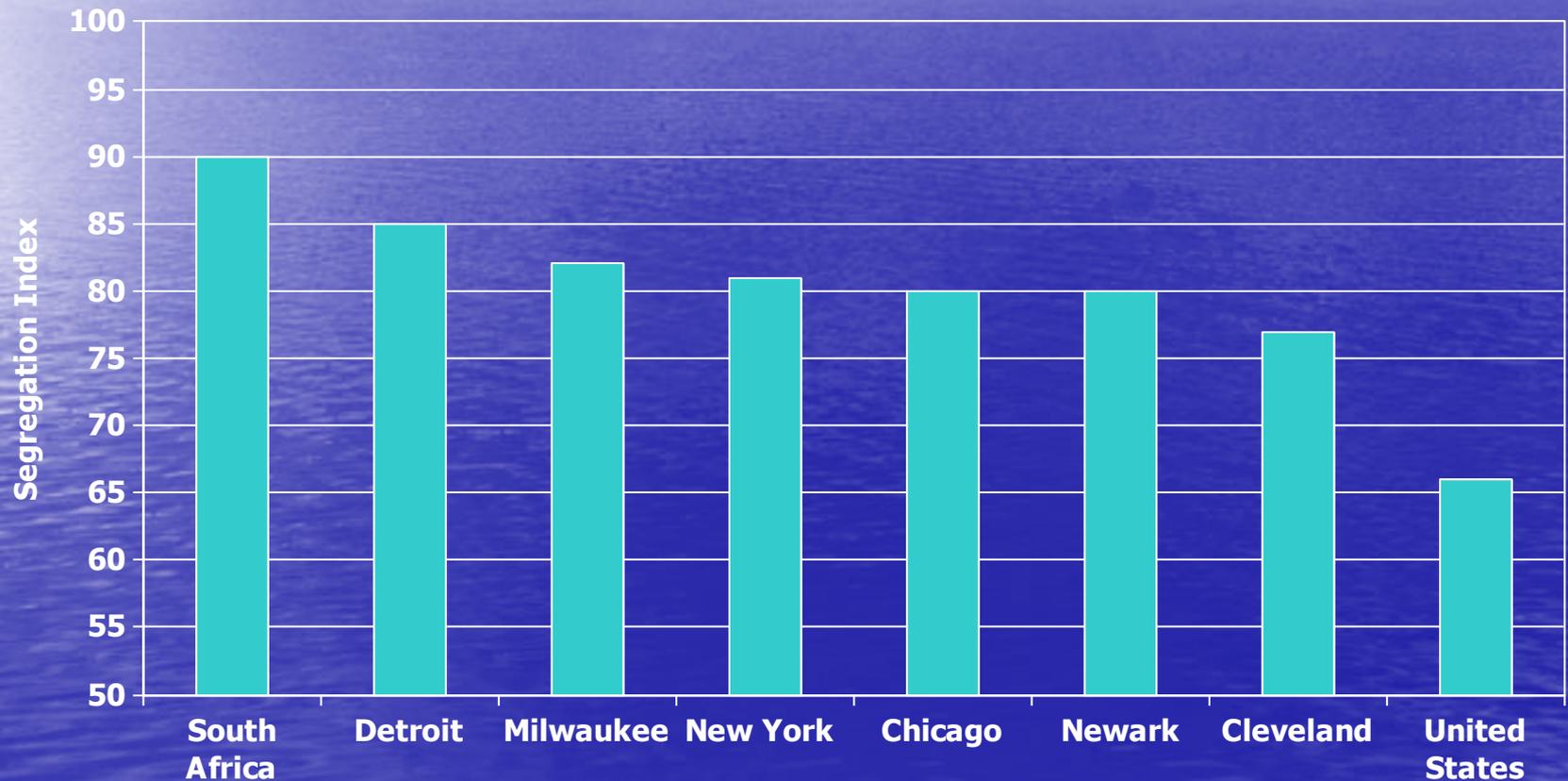


Framing "Place:"

The Role of Segregation

Racial Residential Segregation – Apartheid-era South Africa (1991) and the US (2010)

Source: Massey 2004; Iceland et al 2002; Glaeser and Vigitor 2011



Negative Effects of Segregation on Health and Human Development

- Racial segregation *concentrates poverty* and excludes and isolates communities of color from the mainstream resources needed for success.
- Neighborhood poverty concentration for middle-income black and Latino families is worse than for poor white families.
- Segregation *restricts socio-economic opportunity* by channeling non-whites into neighborhoods with poorer public schools, fewer employment opportunities, and smaller returns on real estate.

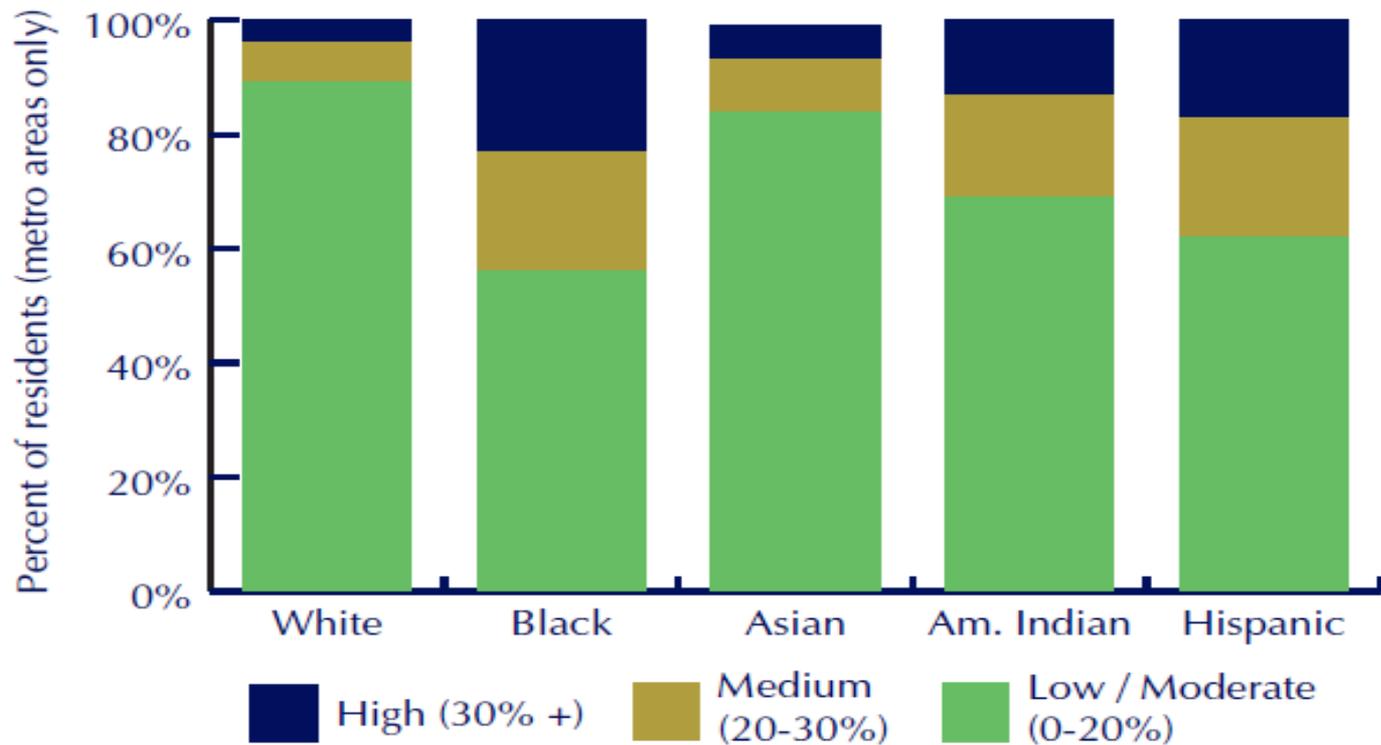
Negative Effects of Segregation on Health and Human Development (cont'd)

- African Americans are *five times less likely* than whites to live in census tracts with supermarkets, and are *more likely* to live in communities with a high percentage of fast-food outlets, liquor stores and convenience stores
- Black and Latino neighborhoods also have *fewer parks and green spaces* than white neighborhoods, and *fewer safe places* to walk, jog, bike or play, including fewer gyms, recreational centers and swimming pools

Negative Effects of Segregation on Health and Human Development (cont'd)

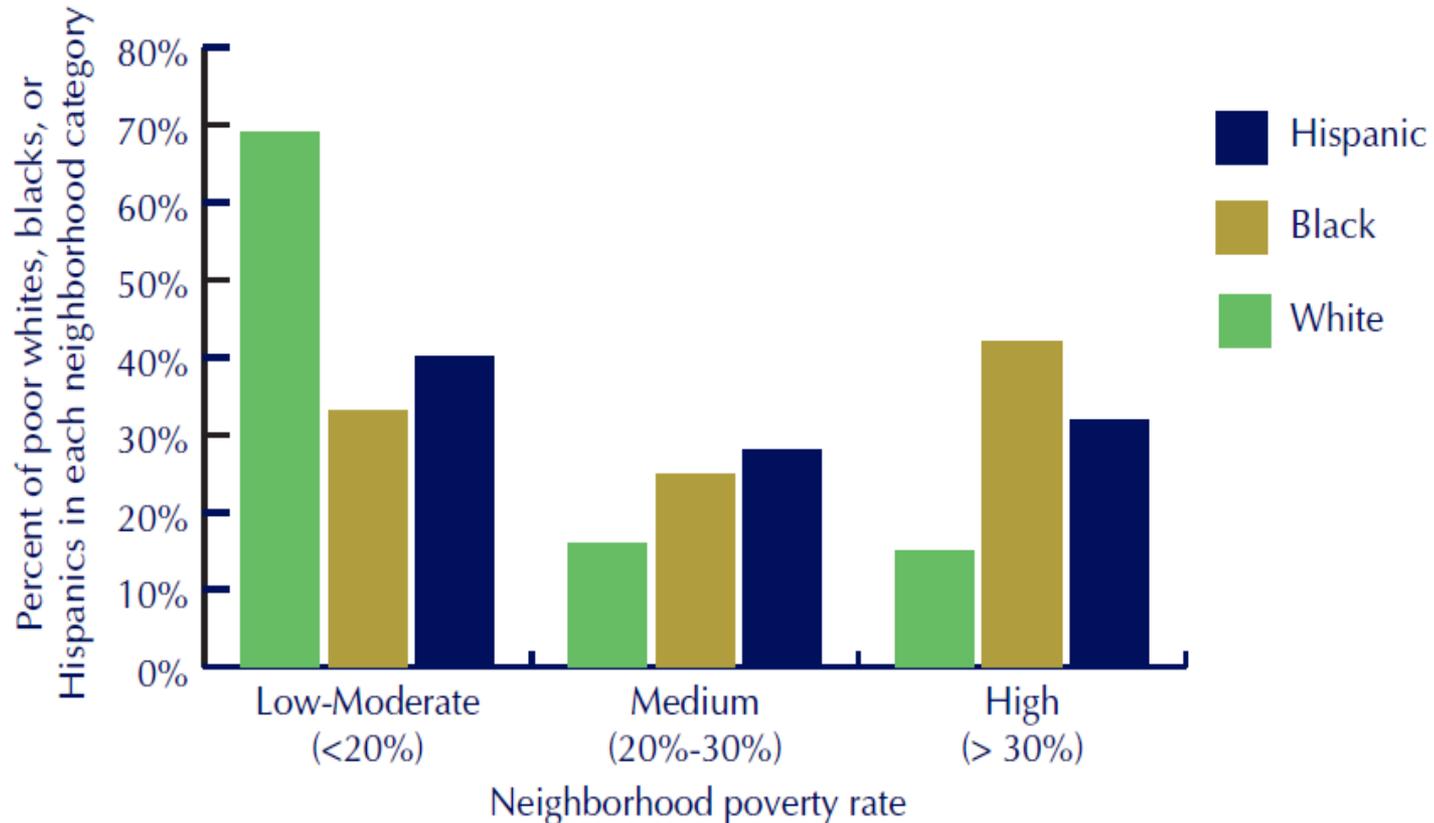
- Low-income communities and communities of color are *more likely to be exposed* to environmental hazards. For example, 56% of residents in neighborhoods with commercial hazardous waste facilities are people of color even though they comprise less than 30% of the U.S. population
- The "Poverty Tax:" Residents of poor communities *pay more for the exact same consumer products* than those in higher income neighborhoods— more for auto loans, furniture, appliances, bank fees, and even groceries

Blacks, Hispanics, Amer. Indians over-concentrated in high-poverty tracts



Source: U.S. Census Bureau, Decennial Censuses of Population and Housing and American Communities Survey five-year estimates, based on authors' calculations.

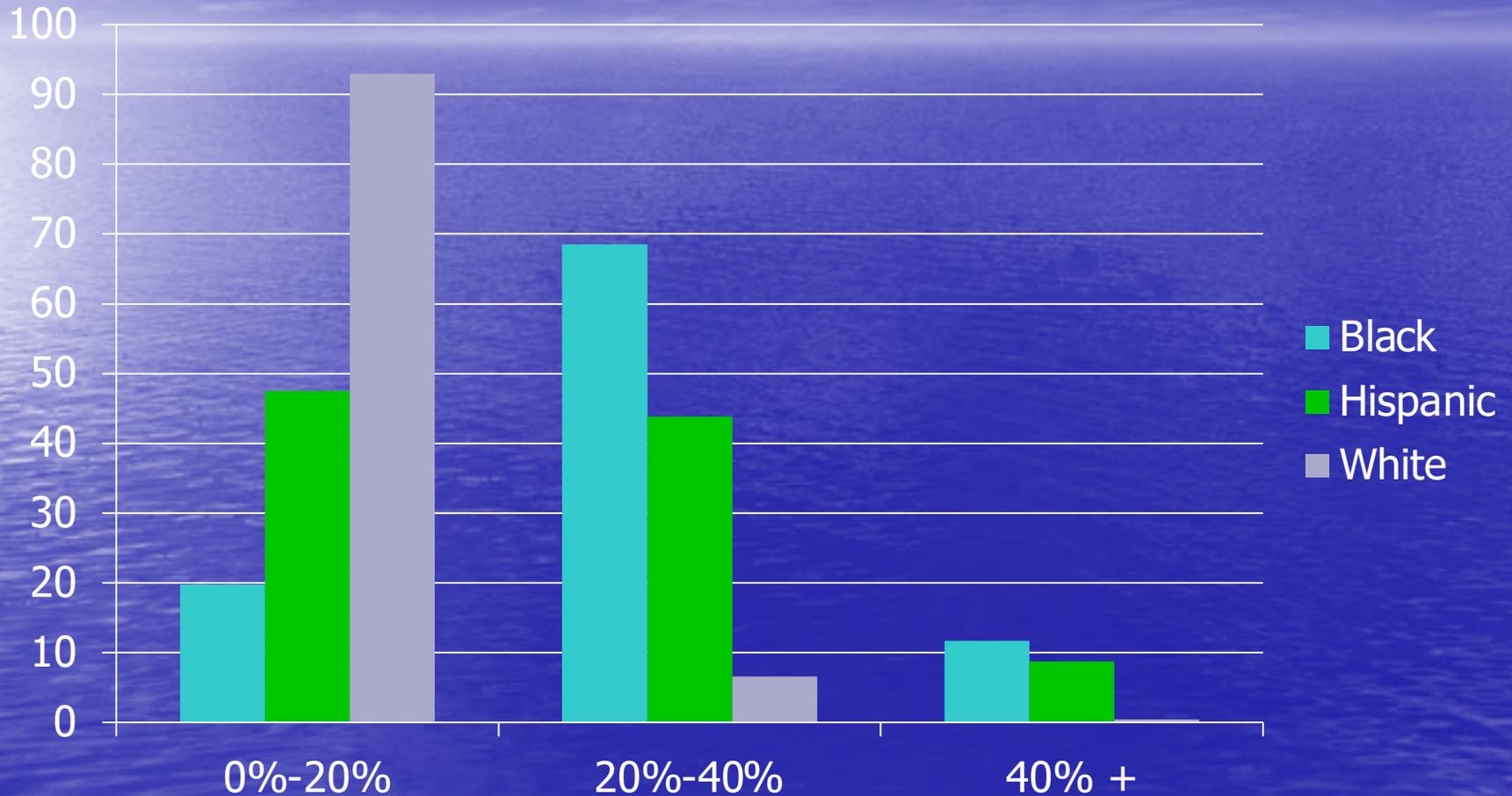
Most poor blacks, Hispanics live in medium-high poverty tracts



Source: U.S. Census Bureau, Decennial Censuses of Population and Housing and American Communities Survey five-year estimates, based on authors' calculations.

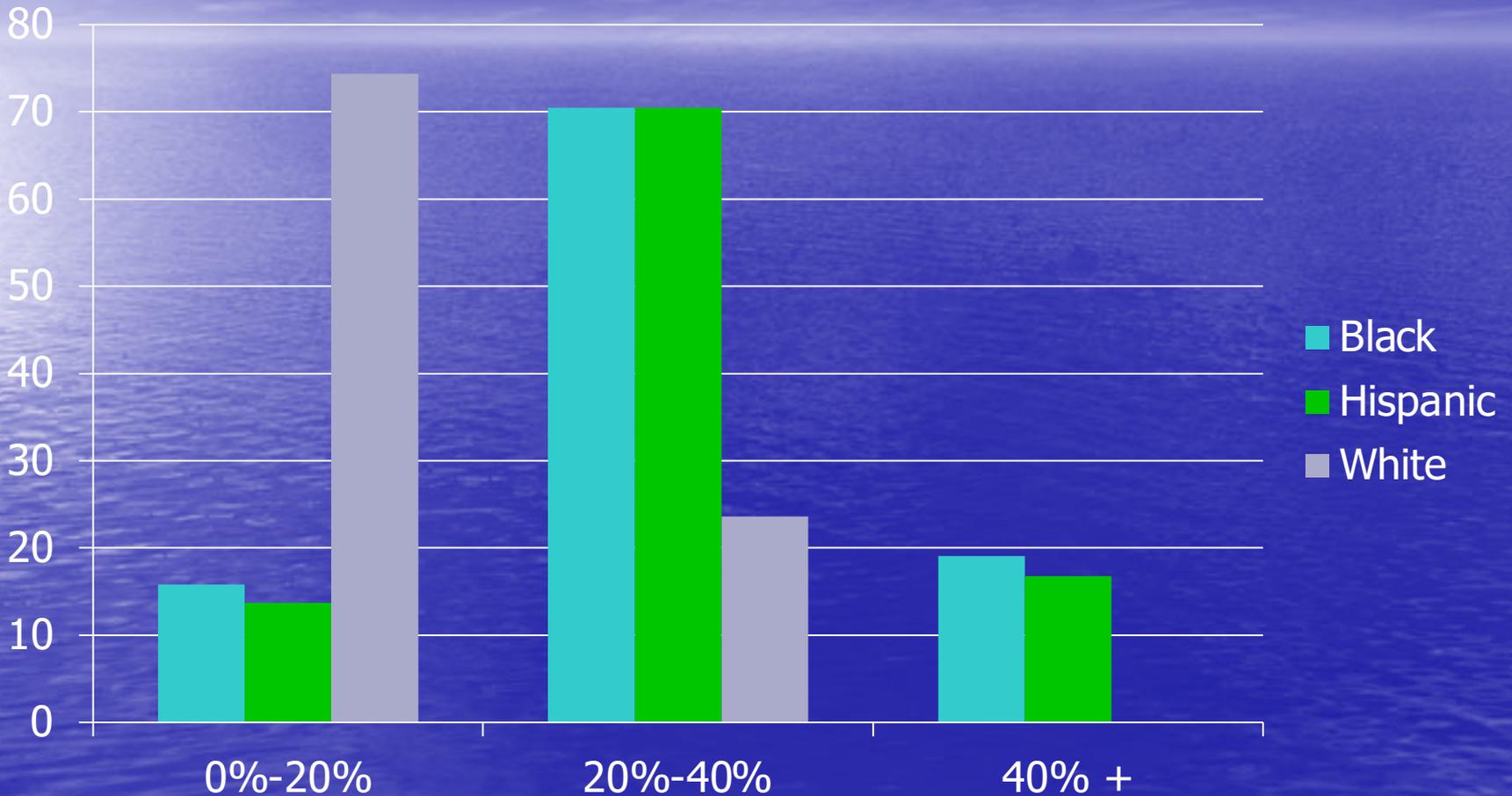
Metro Albany: Poverty Composition of Neighborhoods of All Children

Source: Diversitydata.org, 2011



Metro Albany: Poverty Composition of Neighborhoods of Poor Children

Source: Diversitydata.org, 2011



Framing “Place-Based” Solutions—What Does the Evidence Suggest?

- Place-based Strategies: Investments in Communities
- People-based Strategies: Increasing Housing Mobility Options

Science to Policy and Practice—What Does the Evidence Suggest?

- A focus on prevention, particularly on the conditions in which people live, work, play, and study
- Multiple strategies across sectors
- Sustained investment and a long-term policy agenda

Create Healthier Communities:

- Improve food and nutritional options through incentives for Farmer's Markets and grocery stores, and regulation of fast food and liquor stores
- Structure land use and zoning policy to reduce the concentration of health risks
- Institute Health Impact Assessments to determine the public health consequences of any new housing, transportation, labor, education policies

Improve the Physical Environment of Communities:

- Improve air quality (e.g., by relocating bus depots further from homes and schools)
- Expand the availability of open space (e.g., encourage exercise- and pedestrian-friendly communities)
- Address disproportionate environmental impacts (e.g., encourage Brownfields redevelopment)

Moving to Opportunity - HUD

MTO began in the 1990s among 4600 low-income families with children living in high-poverty public housing projects. Families who volunteered to participate in the program were randomly assigned to 3 groups:

- **Experimental group** received housing vouchers that could be used only in low-poverty areas, as well as counseling to help them find units there.
- A second group received vouchers that could be used anywhere but no counseling.
- A **third (control) group did not receive vouchers** but remained eligible for any other government assistance to which they otherwise would have been entitled.

Moving to Opportunity – Long-term Evaluation

- Parents in families who moved to low-poverty areas had **lower rates of obesity and depression, and reported lower levels of stress.**
- **Lower-poverty neighborhood significantly improves college attendance rates and earnings** for children who were young (below age 13) when their families moved.
- The treatment effects are substantial: children whose families take up an experimental voucher to move to a lower-poverty area when they are less than 13 years old have an annual income that is **\$3,477 (31%) higher** on average relative to a mean of \$11,270 in the control group in their mid-twenties.
- In contrast, the same moves have, if anything, **negative long-term impacts on children who are more than 13 years old when their families move**, perhaps because of disruption effects.

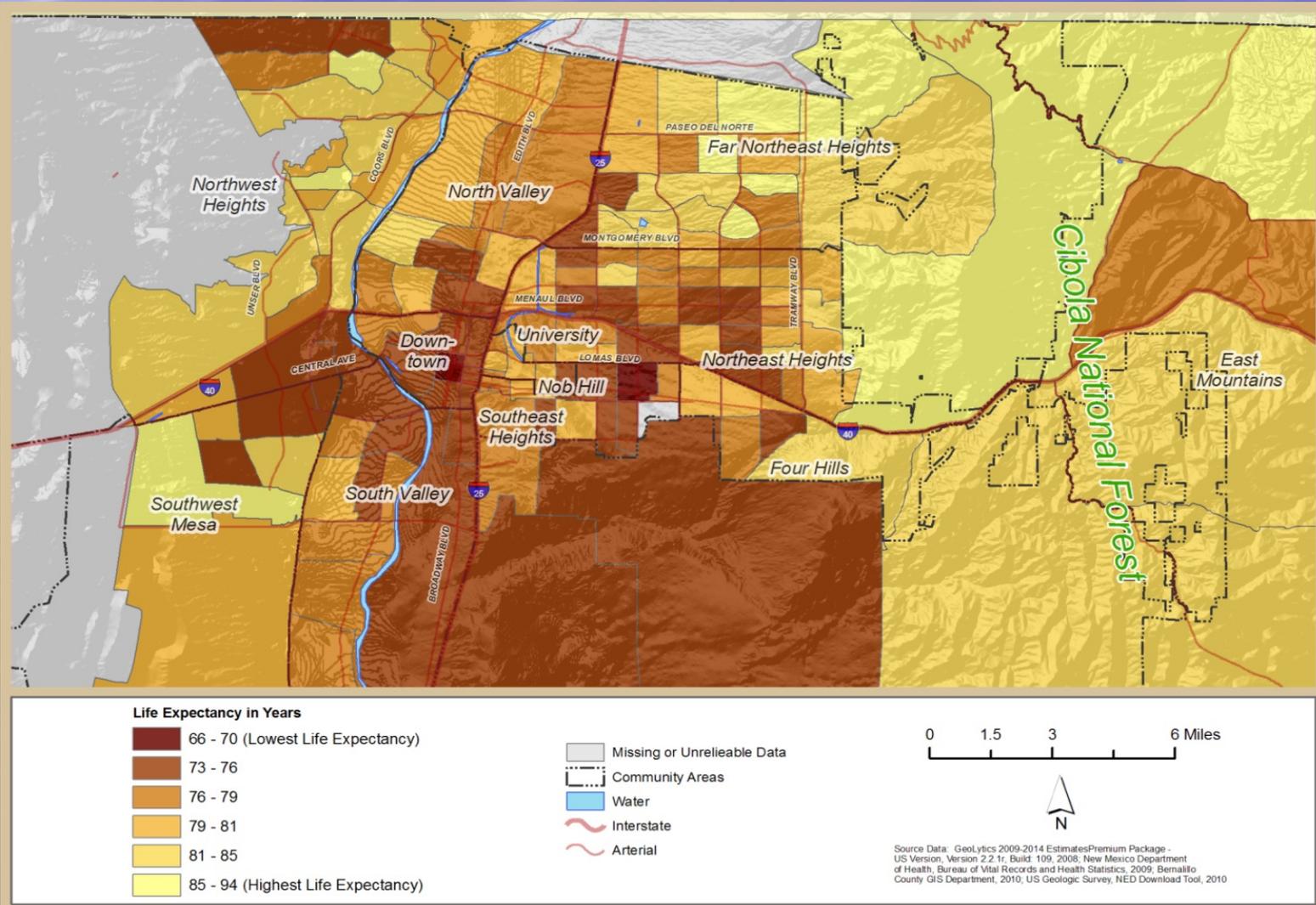
Moving to Opportunity – Considerations

- **Housing mobility is NOT a panacea** – comprehensive strategies are needed to reduce stressful conditions in high-poverty neighborhoods
- **Wholesale dislocation is NOT effective** – history demonstrates that too often low-income communities have been forcibly removed with detrimental consequences.
- **People-based interventions such as housing mobility should be accompanied by place-based investments** to stimulate economic activity and improve community conditions in under-resourced communities.

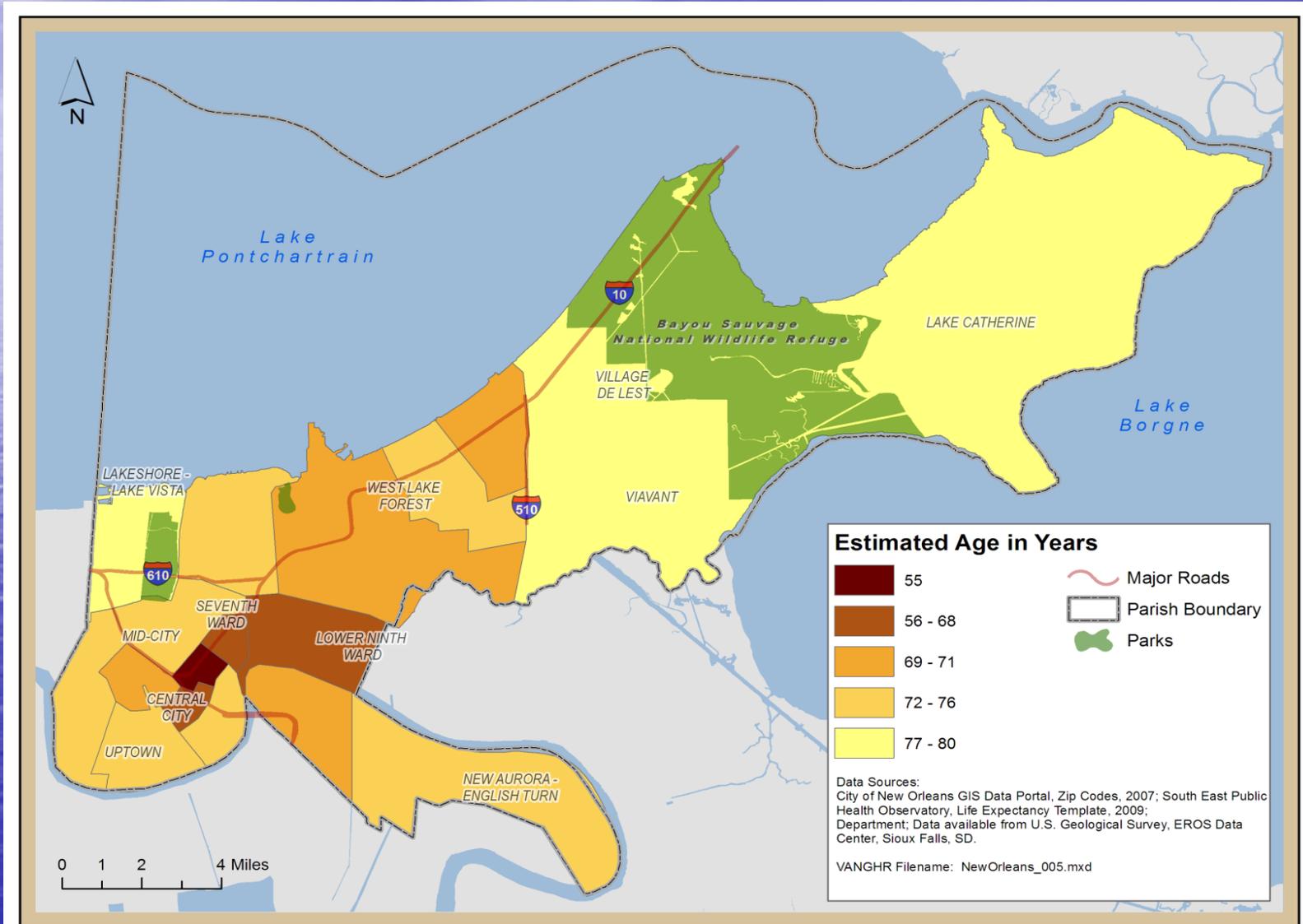
Affirmatively Furthering Fair Housing – U.S. Department of Housing and Urban Development (2015)

- Final AFFH rule requires all jurisdictions that receive HUD funds to go through a structured planning process every five years that explores the extent of racial and economic segregation.
- Examines disparities in access to opportunity in different neighborhoods.
- The process is accompanied by a robust community engagement process that includes stakeholders and advocates from a range of sectors.
- Leads to the development of concrete goals and strategies in the jurisdiction's Consolidated Plan and Public Housing Agency Plan

Bernalillo County Life Expectancy by Census Tract 1990 - 2007



New Orleans Life Expectancy by Zip Code 2009



“[I]nequities in health [and] avoidable health inequalities arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.”

World Health Organization Commission on the Social Determinants of Health (2008)