The Impact of Racism on the Health and Well-Being of the Nation

A WEBINAR SERIES GUIDE

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About this Guide

In summer 2015, APHA hosted a four-part webinar series about the impact of racism on health and disparities in the United States. This guide provides a summary of the each webinar in the series, speaker presentations and resources mentioned. These webinars provide a foundation on racism as a public health issue. We encourage review of the 2015 series before viewing the 2020 racial equity webinar series.

All recordings and slides are available at: **https://www.apha.org/events-and-meetings/webinars/racism-and-health**

Naming and Addressing Racism: A Primer

This webinar provides an overview of the impact of racism on health and health disparities. It provides a framework for naming and addressing racism on three levels and describes racism as driving force for the social determinants of health.

LEARNING OBJECTIVES:

- Define racism.
- Describe how racism impacts public health.

Presentation 1: Race Disparities in Life and Death
Shiriki Kumanyika, PhD, MPH (2:54 – 16:16)

- Kumanyika explains how racism impedes progress toward public health goals, from the groundbreaking "Heckler Report," which detailed stark disparities in leading causes of death between racial and ethnic minorities, to *Healthy People* objectives and leading health indicators.

Presentation 2: Racism and Health: A Primer
Camara Jones, MD, MPH, PhD (16:17 – 50:00)

- In this presentation, Jones uses a Cliff Analogy to demonstrate the impact of social conditions — including racism, poverty and other inequities — on health. She also presents a framework for naming racism on three levels as the Gardener's Tale. The framework is useful for understanding race-associated differences in health and designing effective interventions to eliminate those differences.

No Safety, No Health: A Conversation about Race, Place and Preventing Violence

This webinar describes the historical context of racism and its structural elements in today's society. The webinar also discusses the pivotal role of public health professionals in addressing the epidemic of violence and the value of engaging many sectors in the solution.

LEARNING OBJECTIVES:

- Describe the historical context of racism and its impact on violence and health.
- Describe the concept of structural racism and community trauma.

Presentation 1
Linda Deguitis, DrPH, MSN (3:15-6:24)

- Degutis provides context for the health impacts of violence and racism.

Presentation 2

Benita Tsao, MPH (6:25-10:03)

- Tsao introduces how structural factors, specifically racist policies, have led to negative health impacts as well as increased the likelihood of violence. She shares risk factors and resilience factors of violent activity.

Presentation 3

Howard Penderhughes, PhD (10:04-15:40)

- Penderhughes introduces the topic of community trauma as more than an aggregate of individual trauma, but also a concept that includes historical violence and structural violence (racism). He further explains that community trauma can be felt or impact communities in three main ways: economically, social/culturally and in the built environment.

Presentation 4

Marc Philpart, MPA, MPH (15:44-23:01)

- Philpart gives an overview of the Alliance for Boys and Men of Color in California and some of the ways the Alliance works to remedy challenges through both policy and systems change approaches. He then provides three examples of organizations within The Alliance that are working to support boys and men of color through spiritual and cultural healing programs.

Presentation 5

Sheila Savannah, MA (23:07-27:15)

- Savannah discusses how public health practitioners have three main roles to play in addressing violence, racism and health connections.

WEBINAR 3 Unequal Treatment: Disparities in Access, Quality and Care

This webinar explores how the levels of racism operate within the health care system. Presenters also describe unconscious bias in health care and strategies for addressing health care inequities to improve the public's health.

LEARNING OBJECTIVES:

- Define and describe structural racism and how it is related to poor health.
- Explain implicit bias in the health care setting and how it relates to structural racism.
- Explore solutions for addressing implicit bias.
- Examine historical context for racism in the US that led to structural racism in US policies/culture.

Presentation 1: Unequal Treatment: Disparities in Access, Quality, and Care

Brian D. Smedley, PhD (5:12-19:50)

- Smedley reviews recent data on health disparities related to access and quality of care, discusses causes of these disparities, presents a geographic example of health disparities in NYC, and provides recommendations to advance equity in health care.

Presentation 2: Unconscious Bias in Health Care

Michelle van Ryn, PhD (20:27-33:35)

- Van Ryn discusses how clinician bias, specifically implicit clinician bias, contributes to racial health care inequities. In addition to providing numerous resources for further reading, she describes the cognitive origins of implicit bias, provides an example of implicit bias, and offers insight into how health care professionals can counteract implicit bias.

Presentation 3: Structural Racism and Health

Linda Rae Murray, MD, MPH, FACP (34:17-54:55)

- Murray provides the historical context for racism in the United States, introduces socio-ecological models that establish the link between racism and health outcomes and, importantly, calls on listeners to take action toward addressing aspects of structural racism that are not traditional "public health" domains.

WEBINAR 4 # Racism: The Silent Partner in High School Dropout and Health Disparities

During this webinar, public health leaders examine their role in providing the leadership to improve high school graduation rates and dismantling the policies and practices that undermine educational success and health.

LEARNING OBJECTIVES:

- Identify education's role in the social determinants of health.
- Examine the relationships between education, occupation, neighborhood and income as they relate to health.
- Describe how inequitable distribution of resources impacts education and the learning environment for students

Presentation 1: Education and the Social Determinants of Health

Adewale Troutman, MD, MPH, CPH (6:15-16:45)

- Troutman emphasizes the connection education has on health outcomes. Using examples and concepts, he chronicles how increased education leads to better opportunities, increased income and longer life expectancies. Examples include municipalities, such as Louisville, Kentucky's 55,000 degrees, taking action to reduce the dropout rate and improve the health status in populations of color. He makes connections to residential segregation and how where a person lives influences the quality of school system and educational opportunities and actives an individual has. Lastly, he

provides data showing the disparities among blacks and whites in life expectancy across increasing levels of education.

Presentation 2: Racism in Education: The Foundation for All Educational Gaps
Robert Murphy, MEd (16:50-38:32)

- Murphy sets the foundation for understanding educational gaps through public health perspective. He defines and contextualizes racism in a modern day era. He provides additional context on how school culture and engagement and connection influence dropout rates especially among black and Latino students. He outlines and provides relatable examples of inequitable resources and practices in education, particularly affecting students of color and low-income students. Lastly, he offers some practices for public health professionals to use in their work. His presentation reminds public health practitioners to work together with educational counterparts.

Presentation 3: Racism: the silent partner in high school dropout and health disparities
Camara Jones, MD, MPH, PhD (38:35-50:59)

- Jones discusses strategies for changes. She analyzes the Community Preventive Services Task Force's "programs to increase high school completion" 11 program interventions. She contextualizes the proposed programs into her popular cliff analogy, the three dimensions of social interventions, in the context of education. She also reviews the U.S. commitment to the International Convention on the Elimination of all forms of Racial Discrimination Report and discusses the United Nations concluding observations. She finishes with an allegory, *Dual Reality—A Restaurant Saga*, which demonstrates how racism structures "open/closed" signs in our society.

The following list of resources were cited by the webinar presenters.

Webinar 1: Naming and Addressing Racism: A Primer

Report of the Secretary's Task Force on Black & Minority Health https://collections.nlm.nih.gov/catalog/nlm:nlmuid-8602912-mvset

Jones CP, Jones CY, Perry GS, Barclay G, Jones CA. Addressing the Social Determinants of Children's Health: A Cliff Analogy. Journal of Health Care for the Poor and Underserved, Volume 20, Number 4, November 2009 Supplement, pp. 1-12 (Article) http://www.hawaii-publichealth.org/resources/Documents/2-Jones-cliff-2009.pdf

Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. Am J Public Health 2000;90(8):1212-1215. https://ajph.apha-publications.org/doi/pdf/10.2105/AJPH.90.8.1212

Jones CP. Confronting Institutionalized Racism. Phylon 2003;50(1-2):7-22. https://sph.umd.edu/sites/default/files/files/Jones-Confront-ing-Institutionalized-Racism_Phylon%202003.pdf

Webinar 2: No Safety, No Health: A Conversation about Race, Place and Preventing Violence

Moving from Them to Us: Challenges in Reframing Violence among Youth http://www.phi.org/resources/?resource=moving-from-them-to-us-challenges-in-reframing-violence-among-youth

Health Equity Guide https://healthequityguide.org/

Webinar 3: Unequal Treatment: Disparities in Access, Quality and Care

American Indian and Alaska Native Children and Youth: CHILD WELFARE AND TRAUMA; Dolores Subia BigFoot, PhD: https://www.ok.gov/odmhsas/documents/BigFoot-CONACH.pdf

Aspen Institute definition of structural racism: https://www.aspeninstitute.org/blog-posts/structural-racism-definition

Blair, I. V., Steiner, J. F., Hanratty, R., Price, D. W., Fairclough, D. L., Daugherty, S. L., Bronsert, M., Magid, D. J., & Havranek, E. P. (2014). An investigation of associations between clinicians' ethnic or racial bias and hypertension treatment, medication adherence and blood pressure control. *Journal of general internal medicine,* 29(7), 987–995. https://doi.org/10.1007/s11606-014-2795-z

Blair, I. V., Steiner, J. F., & Havranek, E. P. (2011). Unconscious (implicit) bias and health disparities: where do we go from here?. *The Permanente journal*, 15(2), 71–78.

Burgess, D. J., S. S. Fu, et al. (2004). "Why do providers contribute to disparities and what can be done about it?" JGIM 19(11): 1154-1159.

Chapman, E. N., A. Kaatz, et al. (2013). "Physicians and implicit bias: how doctors may unwittingly perpetuate health care disparities." JGIM 28(11): 1504- 1510.

Doctors' unconscious racial biases leave patients dissatisfied: https://amednews.com/article/20120330/profession/303309996/8/

Dovidio, J. F. and S. T. Fiske (2012). "Under the radar: how unexamined biases in decision-making processes in clinical interactions can contribute to health care disparities." Am J Public Health 102(5): 945.

Health Equity Leadership and Exchange Network: https://healthequitynetwork.org/

Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care; Smedley BD, Stith AY, Nelson AR, editors. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington (DC): National Academies Press (US); 2003. Available from: https://www.ncbi.nlm.nih.gov/books/NBK220358/ doi: 10.17226/12875

Kaiser Family Foundation Report, 2008: Eliminating Racial/Ethnic Disparities in Health Care: What are the Options? https://www.kff.org/disparities-policy/issue-brief/eliminating-racialethnic-disparities-in-health-care-what

Krieger N. (2008). Proximal, distal, and the politics of causation: what's level got to do with it?. *American journal of public health*, 98(2), 221–230. https://doi.org/10.2105/AJPH.2007.111278

National Healthcare Quality and Disparities Report, 2014 and latest reports https://www.ahrq.gov/research/findings/nhqrdr/index.html

Paradies, Y., Priest, N., Ben, J. *et al.* Racism as a determinant of health: a protocol for conducting a systematic review and meta-analysis. Syst Rev 2, 85 (2013). https://doi.org/10.1186/2046-4053-2-85

Penner, L. A., N. Hagiwara, et al. (2013). "Racial Healthcare Disparities: A Social Psychological Analysis." European Review of Social Psychology 24(1): 70-122

Sabin, J., Nosek, B. A., Greenwald, A., & Rivara, F. P. (2009). Physicians' implicit and explicit attitudes about race by MD race, ethnicity, and gender. Journal of health care for the poor and underserved, 20(3), 896–913. https://doi.org/10.1353/hpu.0.0185

Stone, J. and G. B. Moskowitz (2011). "Non-conscious bias in medical decision making: what can be done to reduce it?" Medical education 45(8): 768-776.

Santry, H. P., & Wren, S. M. (2012). The role of unconscious bias in surgical safety and outcomes. *The Surgical clinics of North America*, 92(1), 137–151. https://doi.org/10.1016/j.suc.2011.11.006

van Ryn, M., D. J. Burgess, et al. (2011). "The Impact of Racism on Clinician Cognition, Behavior, and Clinical Decision Making." Du Bois review: social science research on race 8(1): 199-218.

van Ryn, M. and S. S. Fu (2003). "Paved with good intentions: do public health and human service providers contribute to racial/ethnic disparities in health?" Am J Public Health 93(2): 248-255.

van Ryn M. (2002) Research on the provider contribution to race/ethnicity disparities in medical care. Med Care 40(1):I140–51

Wealth inequality has widened along racial, ethnic lines since end of Great Recession https://www.pewresearch.org/fact-tank/2014/12/12/racial-wealth-gaps-great-recession/

WHO Commission on the Social Determinants of Health https://www.who.int/social_determinants/thecommission/finalreport/about_csdh/en/

Webinar 4: The Silent Partner in High School Dropout and Health Disparities

Building a Grad Nation - Progress and Challenge in Ending the High School Dropout Epidemic https://www.edweek.org/media/14grad_civicmarshallplan.pdf

Department of Education, For Each and Every Child—A Strategy for Education Equity and Excellence, Washington, D.C., 2013. https://www2.ed.gov/about/bdscomm/list/eec/equity-excellence-commission-report.pdf

Hahn RA, Knopf JA, Wilson SJ, Truman BI, Milstein B, Johnson RL, Fielding JE, Muntaner CJM, Jones CP, Fullilove MT, Moss RD, Ueffing E, Hunt PC, and the Community Preventive Services Task Force. Programs to increase high school completion: a Community Guide systematic health equity review. Am J Prev Med 2015;48(5):599–608.

International Convention on the Elimination of All Forms of Racial Discrimination https://www.ohchr.org/EN/ProfessionalInterest/Pages/CERD.aspx

Jones CP. Confronting Institutionalized Racism. Phylon 2003;50(1-2):7-22. https://sph.umd.edu/sites/default/files/files/Jones-Confronting-Institutionalized-Racism_Phylon%202003.pdf