Equity Matters!

A blog about health equity from the MetroWest Health Foundation

Racism: Its Impact on Health Equity

By Edna Smith, M.ED, RN, Chair, MetroWest Racial and Ethnic Disparities Workgroup

Edna Smith is one of the most persistent voices in our region on the issue of health equity. She brings vast expertise as a nurse and public health advocate. But it is her ability to complement that knowledge with her personal experiences as a black woman living and working in MetroWest, that makes her such a powerful voice for advancing health equity. Edna was a founding member of the MetroWest Health Foundation's Board of Directors. Long before "diversity, equity and inclusion" became buzzwords, she led the foundation in a direction that focuses on advancing health equity as the only way to truly impact community health. She has been the chair of the MetroWest Racial and Ethnic Disparities Workgroup for over 15 years, helping to provide education and a place to share ideas for those in the region doing the hard work of advancing equity in their agencies and community.

Defining Health Equity

There are many ways to define health equity, however, I prefer the following: *Health Equity assures that everyone has a fair opportunity to live a long, healthy life. It implies that health should not be compromised or disadvantaged because of an individual's or population group's race, ethnicity, gender, income, sexual orientation or other social condition.* **(1)**

Another term often used interchangeably is health disparities which is intertwined with health equity but should be seen as the metric we use to measure health equity. Health Disparities was coined in the 1990s to describe unequal health outcomes among socially disadvantaged groups of people (based on race, income, religion, etc.). An example of a health difference which is often included in discussions of health disparities is worse health among elderly compared to young adults. This is not based on any social disadvantage, so does not fit this definition of a health disparity. **(2)**

This paper focuses on differences between **disparity**, **equity and the social determinant of racism**. Such distinctions are necessary in our conversations where we make reference to any of these terms or seek guidance in policy making or program planning. These examples may no longer reflect conscious intent to discriminate, but nevertheless, persist and transmit economic and social disadvantage with health consequences across generations. It is often very difficult to know what a person (or institution's) intentions are for their actions. At a population level, greater harm to health may be done as a result of unintentional, discriminatory practices. Therefore, the resources needed to be healthy include not only medical care but also health-promoting living and working conditions**. (3)**

Understanding Racism

Racism is defined as a *cultural and structural system that assigns value and grants opportunities and privileges based on how close one is to* ***whiteness. (4)*** Racism

interacts with other systems of oppression to influence the distribution of material wealth and symbolic or cultural decision making. **(5)** The more we as individuals and institutions fail to acknowledge the presence of racially based beliefs and values, the more we tend to normalize negative discriminatory practices in our personal lives and in the institutions we create and perpetuate. Social justice is a key component of any conversation about health equity yet is often downplayed or nonexistent in most programs and services seeking to operate within a health equity framework. The more I participate in discussions of *health equity* and *health disparities,* the more I'm aware of how uncomfortable it is to confront the issue of *racism* or for individuals to recognize racism as a common link to poor health outcomes. The root causes are often framed as social determinants of health such as poor housing, low incomes, lack of access to adequate health care, lack of parks and transportation, etc. But the root cause of these social determinants is often *racism*.

We are living in a time where racism has become more evident than in our recent past. People feel more embolden to use racial slurs and to physically assault people who look different than them or speak a different language. In addition, those leading many of our institutions and political systems believe it's acceptable to create laws and make judgements which intentionally deny disadvantaged individuals and groups the resources they need to live healthy lives.

White nationalist organizations, many of which have been "underground," have surfaced over the past few years. These groups, voicing white supremacist views, bring to mind images of **hate groups who presume superiority based white racial identity.** They assume that the correct way to organize systems and determine who receives resources is based on "whiteness." When these views enter the mainstream, even if only a few extremists fully embrace them, they can have a profound impact on the health and well-being of all those who do not fit their definition of "white."

It should not be difficult to understand how racism harms health and in many cases contributes to premature death. The following is a summary of some specific ways racism impacts health: **{6}**

- ***Racism Induced psychosocial trauma***- results from being directly targeted by racist acts or by witnessing (either in person or via the news) racist acts against someone viewed as similar to oneself

- ***Economic and social deprivation and inequality*** – examples include reduced access to employment, housing and education

- ***Inadequate or unsuitable care in social and health systems*** – treatment at social service agencies or by medical providers that is directly racist or unequal to the care others receive

- ***Increased exposure to toxic environments*** – examples include living in an apartment close to a bus depot or that has mold, both of which can lead to higher asthma rates

- ***Harmful physiological changes resulting from exposure to chronic stress*** – prolonged exposure to stressors, especially in childhood, can lead to greater risk of chronic disease, such as heart disease

Reaching Health Equity

As previously stated, health disparities should be seen as the metric to assess progress toward health equity. Therefore, working to improve the health outcomes for socially disadvantaged groups will lead to greater health equity**. (7)** Since we know the large role social determinants of health play in creating health disparities, we can start by measuring things like income, educational attainment, and occupational rank. However, the root cause of health inequity is racism, so if we are to make lasting change, we need to have the uncomfortable conversations about racism and invest in tearing it down on the institutional and interpersonal levels.

In order to make major changes in practices of racism and its impact on health, we need

to understand and develop plans and policies based on the following definition of anti-racism: an action-oriented, educational and political strategy for systemic and political change. This change must address issues of racism and interlocking systems of social oppression. Anti-racist action is grounded in leadership and accountability. Anti-racist action must include the following:

- Individual transformation;
- Organizational change;
- Community change;
- Anti-discrimination legislation; and
- Racial equity policies in health, social, legal, economic and political institutions. (8)

References:

{1} Braveman, P. *Public Health Reports: What are Health Disparities and Health Equity* (2014 Jan/Feb}: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863701/
{2} {3} {7} Braveman, P. (2014)
{4} {5} {6} {8) National Collaborating Center for Determinants of Health. *Let's Talk: Racism and Health Equity*: http://nccdh.ca/images/uploads/comments/Lets-Talk-Racism-and-Health-Equity-EN.pdf

MetroWest Racial and Ethnic Disparities Workgroup: Community of practice group that meets on the third Monday of each month from 12-1:30pm. Contact Rebecca Gallo at rgallo@mwhealth.org for more information.

Click here to subscribe to Equity Matters!

METROWEST HEALTH FOUNDATION

161 Worcester Rd. Framingham, MA 01701 | 508-879-7625 | www.mwhealth.org