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hpio health policy institute of ohio

Health **Policy** Brief

Connections between racism and health

Taking action to eliminate racism and advance equity

Overview

Data and research evidence are clear that racism is a systemic and ongoing crisis with serious consequences for the health and wellbeing of Ohioans.

In recent months, the link between racism and health has come to the forefront of public discussion as COVID-19 infections, hospitalizations and deaths have disproportionately affected Ohioans of color. At the same time, Ohio and the rest of the nation are grappling with weeks of protests and public calls to address racism in light of the disparate and excessive use of police force against communities of color. These issues have exposed the many obstacles communities of color face, including higher rates of poverty, exposure to environmental hazards and overall poor health outcomes.

As state and local leaders commit to address racism as a public health crisis, this publication outlines action steps that can be taken to eliminate racism and advance equity. This brief provides:

- A definition and explanation of racism
- A brief summary of research on the connections between racism and health
- Action steps that individuals, groups, private organizations and state and local government leaders can take to eliminate racism and advance equity

Why should we focus on racism?

Ohio consistently ranks among the bottom half of states on measures of health and wellbeing. For example, Ohio ranks 38 out of 50 states on ***America's Health Rankings*** 2019 report. In the Health Policy Institute of Ohio's ***2019 Health Value Dashboard***, Ohio ranks 46 out of 50 states and D.C. on health value, a composite measure of population health and healthcare spending, landing in the bottom quartile. This means that Ohioans are less healthy and spend more on health care than people in most other states.

3 key findings for policymakers

- **Racism is a health crisis.** The research is clear that racism is an ongoing crisis resulting in inequities and disparities that have led to serious consequences for the health and wellbeing of Ohioans of color.
- **Racism manifests directly and indirectly across all levels of society.** Most conversations on racism focus on the individual level (internalized or interpersonal racism). However, systemic racism (institutional or structural) is an even more pervasive driver of the poor outcomes faced by communities of color.
- **Many opportunities to dismantle racism exist.** While addressing the impact of hundreds of years of racism in our country is daunting, progress is possible and there are multiple opportunities for action.

A key reason for Ohio's poor performance is that many Ohioans, particularly communities of color, face barriers to health. Ohio is in the bottom quartile (42 out of 50 states) for African-American child wellbeing based on the Annie E. Casey Foundation ***2017 Race for Results Report***, indicating that Black/African-American children in Ohio do not have adequate supports to achieve optimal health.

Equally concerning, the *2019 Health Value Dashboard*'s equity profiles show that Ohioans of color face large gaps in outcomes across socio-economic factors, community conditions and health care. This, in turn, drives poorer health outcomes among Ohioans of color, such as higher rates of infant mortality and premature death.

There are financial costs associated with caring for unhealthy Ohioans, including loss of productivity and increased spending within the healthcare, criminal justice and education systems, among others. The cumulative impact of poor health experienced by Ohioans of color results in health conditions that are more costly to manage later in life.

Data on Ohio Medicare enrollees indicate that the average cost of care for older Ohioans with chronic conditions who are Black or Hispanic is higher than for white enrollees. For example, the average cost of care for enrollees with heart disease is $10,347 more for Black and $3,165 more for Hispanic Medicare enrollees compared to white enrollees.[1]

The health challenges faced by communities of color are rooted in racism.[2] Focusing on the elimination of racism is a wise investment to reduce the prevalence of costly, preventable health conditions among communities of color. For policymakers and other stakeholders interested in improving Ohio's health value and ensuring that all Ohioans reach their full health potential, dismantling racism is a critical component of any path forward.

What is racism?

Racism is often viewed as only a deliberate act of hate or discrimination toward people of another race.[3] However, the concept of racism is much broader and can manifest directly or indirectly across all levels of society.

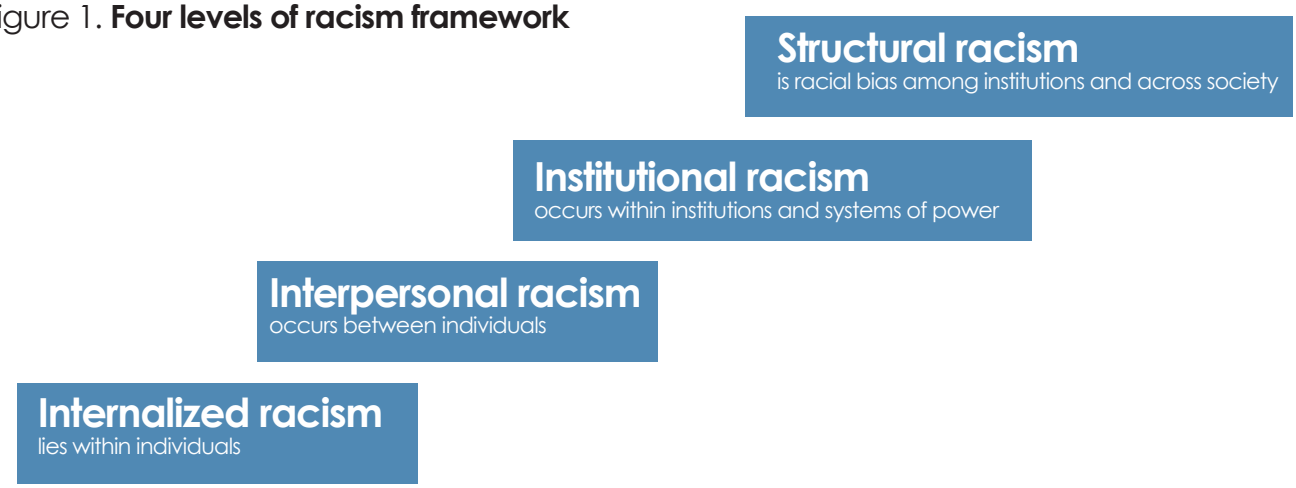
Racism is a system that categorizes and ranks social groups into races and differentially distributes resources and opportunities to those groups based on their perceived inferior or superior ranking.[4] Racism results in the devaluation and disempowerment of racial groups that are classified by society as inferior (i.e., communities of color in the U.S.).[5]

Based on Race Forward's Four Levels of Racism Framework[6] (see figure 1), racism takes shape in these ways:

- **Internalized racism** describes an individual's privately held beliefs of prejudice, oppression and privilege regarding their race or the race of others. For example, a person of color may have negative views of their skin color or features because they have been held to white standards of beauty. Additionally, a person who is white may hold their "whiteness" as superior to or more attractive than persons of color.
- **Interpersonal racism** describes when individuals, through their interactions with one another, act on beliefs of racial prejudice, stereotypes, oppression or privilege. Interpersonal racism can include indirect or direct acts of unfair treatment, bias, violence and/or hate towards another person, such as making racist remarks towards a person of color or excluding them from a social gathering because of their race.
- **Institutional racism** is when beliefs of racial prejudice, oppression or privilege are directly or indirectly acted on or perpetuated by institutions or organizations. For example, human resource policies and practices that result in fewer individuals of color being hired or promoted into leadership positions within an organization.
- **Structural racism** is far-reaching and occurs within and across systems in society. Structural racism impacts our healthcare, education, housing, transportation, food, criminal justice, political and other systems. Examples of structural racism include disinvestment from communities of color through historical practices of residential redlining and present-day gentrification.

Most conversations on racism focus on the individual level (internalized or interpersonal).[7] However, systemic racism (institutional or structural) is an even more pervasive driver of the poor outcomes faced by communities of color.[8]

Figure 1. **Four levels of racism framework**



Source: Race Forward's Four Levels of Racism framework

How does racism impact health and the factors that shape health?

Health is influenced by several modifiable factors, often referred to as the "social determinants" or "social drivers" of health, including healthcare access, health behaviors and community conditions like education, jobs and housing. Research estimates that 50% of health is attributed to the social, economic and physical environment, 30% is attributed to health behaviors and 20% to clinical care.[9] Access to and the availability of resources across these factors can limit or increase individual opportunities for health.

The connections between racism and health are complex and interwoven. However, the research evidence is clear that racism is a primary driver of the inequities and disparities experienced by communities of color.[10] As shown in figure 1 and explained in the following sections, racism impacts health both directly and indirectly through:

- Exposure to traumatic events, violence, toxic stress and stigma
- Policy and system inequities (i.e., inequitable access to resources and increased exposure to risk factors)
- Increased risk for unhealthy behaviors[11]

What do the terms equity, disparities and inequities mean?

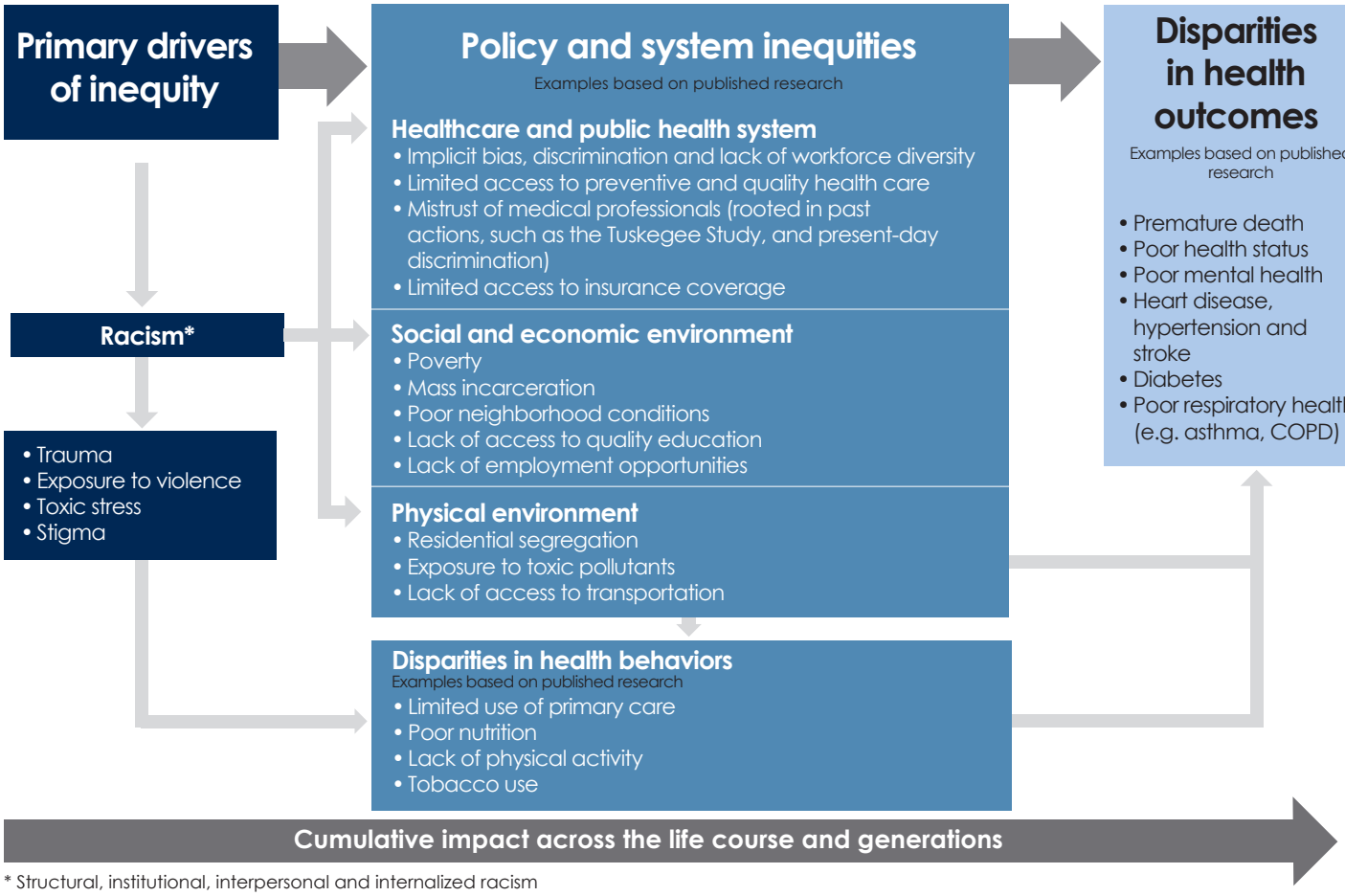
HPIO's multi-sector **Equity Advisory Group** came to consensus on the following definition of **health equity**:

Everyone is able to achieve their full health potential. This requires addressing historical and contemporary injustices and removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care.

Health disparities are avoidable differences in health outcomes (e.g., hypertension, infant mortality, life expectancy) that exist across population groups or communities.

Inequities are often referred to as the underlying drivers of disparities. Inequities are differences in the distribution of or access to social, economic, environmental or healthcare resources, such as insurance; healthy foods; a job that pays a self-sufficient income; adequate, stable housing; and quality education.

Figure 2. **Connection between racism and health**



* Structural, institutional, interpersonal and internalized racism

Adapted from a diagram developed in partnership with the COVID-19 Minority Health Strike Force formed under Gov. Mike DeWine

Primary drivers of inequity

Trauma, exposure to violence, toxic stress and stigma contribute to poorer health outcomes through multiple pathways.

Trauma and violence

Trauma results from events that are experienced as physically or emotionally harmful which have lasting adverse effects on health and wellbeing. Traumatic events include being a victim or witness of violence[12] as well as being subjected to racism.[13]

Communities of color are frequently exposed to higher levels of trauma, community violence, and incarceration.[14] The resulting trauma is often passed from one generation to the next in a pattern known as generational or historical trauma.[15]

Toxic stress

Repeated exposure to traumatic events can cause toxic stress. Toxic stress results from prolonged activation of the body's "fight-or-flight" stress response because of adverse events and environmental factors such as racism[16] and racial microaggressions.[17] Repeated exposure to stress results in physiological changes to the body through allostatic overload on a person's nervous, endocrine and immune systems.[18] Over time, this "wear and tear" effect contributes to poor health outcomes, including high blood pressure, heart disease, stroke and depression.[19]

Consequently, chronic exposure to racism renders communities of color more vulnerable to negative health outcomes across the life span and can lead to early death.[20] Protective factors, such as supportive family and caregiver relationships, social connections and economic security, can mitigate these risks. However, the impacts of both historical and current trauma and toxic stress caused by racism often persist.[21]

Stigma

Racial stigma is a negative characterization based on race/ethnicity and related attributes that results in the perpetuation of negative stereotypes, attitudes and beliefs about communities of color. Racial stigma can be the basis for excluding, discounting and discriminating against persons of color. The stigma experienced by communities of color can impact health directly and indirectly, including, for example, poor treatment within the healthcare system due to stereotyping and higher levels of toxic stress as a result of stigma-driven discriminatory acts or microaggressions.[22]

Policy and system inequities

Racism also permeates the broader social structures and systems within society (i.e., systemic racism), leading to policy and system inequities experienced by communities of color. As seen in figure 3, these policy and system inequities exist across the healthcare and public health systems, the social and economic environment and the physical environment. The policy and system inequities outlined in figure 3 are associated with many poor health impacts for communities of color, including:

- Widespread misdiagnosis of conditions/diseases
- Overdiagnosis of severe mental health disorders
- High infant mortality rates
- High maternal morbidity and mortality rates
- Poor mental health
- High rates of chronic conditions (heart disease, COPD, asthma, diabetes)
- Exposure to toxic pollutants
- Exposure to violent crime
- Shorter life expectancy and premature death[23]

Although inequities like poverty and lack of access to quality education are drivers of poor health, racism contributes to negative health outcomes for Ohioans of color regardless of income or education level.

Generational impacts of racism on health

The consequences of racism can affect families for generations. Racism and toxic stress can negatively impact pregnant women's health and have been linked to preterm and low-weight births.[24] In turn, low birth weight can contribute to poor health outcomes later in life, such as type 2 diabetes, hypertension and heart disease.[25]

Moreover, the inequities communities of color face, such as lack of stable housing, food insecurity and limited access to high-quality education, perpetuate intergenerational effects including poverty and poor health outcomes. For example, research suggests that parental educational attainment is connected to their children's overall health and wellbeing.[26]

Figure 3. **Examples of policy and system inequities**

System or environment	Policy and system inequity
Healthcare system	**Implicit bias, discrimination and lack of workforce diversity** Data demonstrates that communities of color face implicit biases and discrimination within the healthcare system and are underrepresented in the healthcare workforce. Reasons for this include: • Black patients were often denied treatment in the past and were subject to unethical medical research practices, such as the Tuskegee Study. Even in clinical care today, studies have found a majority of white physicians implicitly hold anti-Black and pro-white beliefs. In addition, the health concerns and questions of patients of color are often written off or not taken as seriously by clinicians.[27] For these reasons, people of color have understandable mistrust of and are less likely to engage with the healthcare system.[28] • Communities of color do not have equitable access or exposure to the educational opportunities needed to prepare students for health careers.[29] In addition, faculty in health professional schools are not representative of communities of color. Faculty of color play a key role in the recruitment and retention of students of color and are more likely to provide the social support, mentorship and cultural competency training needed to develop a racially and ethnically diverse health workforce.[30]
Social and economic environment	**Mass incarceration** The U.S. has the highest incarceration rate in the world[31] and Ohio has the 15th highest incarceration rate among the 50 states.[32] Nationally and in Ohio, Black/African-American people are incarcerated in state prisons at more than five times the rate of white people.[33] The causes of the racial inequities in the criminal justice system are deep and systemic: • Ratification of the 13th Amendment in 1865 created a system of "black codes" (criminal codes meant to restrict the activities of African Americans) and convict leasing (the practice of leasing incarcerated people to plantations and factories as free labor).[34] Communities of color have been unduly burdened and targeted by the American criminal justice system ever since. • From the 1960s through the 1990s, there was bipartisan support for "tough on crime" policies that directly and indirectly targeted communities of color. This included the "War on Drugs," adding marijuana to the federal Schedule I (the most restrictive category of drugs) and the Violent Crime Control and Law Enforcement Act of 1994, which imposed harsher federal prison sentences for violent crimes. These policies led to a dramatic increase in the prison population and disproportionately impacted communities of color, despite, for example, similar rates of illicit drug use across white communities and communities of color.[35]
Physical environment	**Residential segregation** Redlining, racial covenants and zoning ordinances were discriminatory practices used by federal, state and local governments, banks and real estate companies to ensure the physical separation of white and non-white populations through mortgage lending and deed restrictions. As a result, many communities remain highly segregated by race, with negative consequences for community investment, neighborhood conditions and school equity.[36] More subtle discriminatory practices in the mortgage, insurance and rental markets persist to this day and make it difficult to undo the legacy of past policies.[37]

Disparities in health behaviors

The inequities driven by racist policies and practices produce environments that make it more difficult for communities of color to be healthy. For example, decades of community disinvestment driven by racist policies and practices have led to food deserts in predominantly low-income communities of color. Food deserts greatly restrict access to fresh fruit and vegetables, making it difficult for people of color to purchase and prepare healthy foods.[38]

People who are exposed to chronic racism also may engage in unhealthy behaviors as a way to cope with the trauma and toxic stress they experience.[39] Research suggests that engaging in unhealthy behaviors can even have a protective effect on a person's mental health in the short-run.[40] However, adopting unhealthy behaviors, such as poor nutrition, physical inactivity and smoking, is a significant contributor to poor health outcomes and premature death.[41]

What are the health impacts of racism?

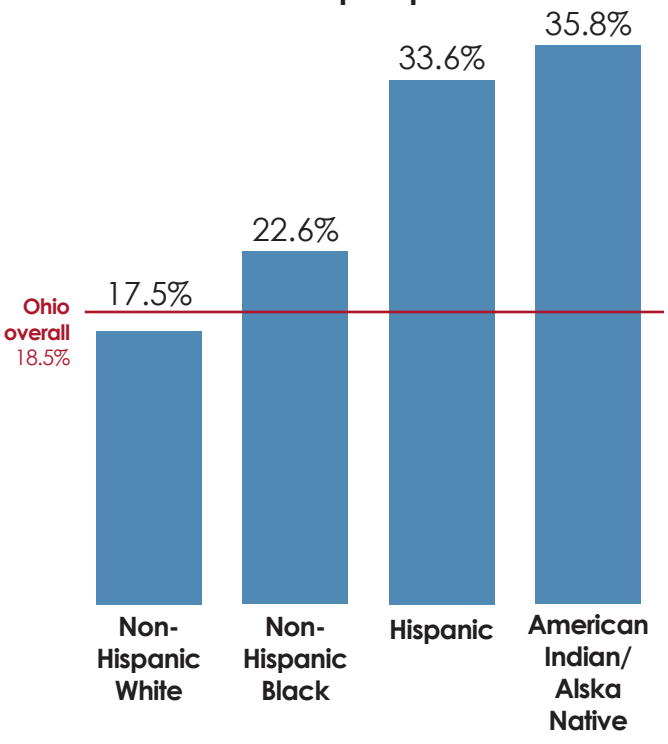
There are pervasive and avoidable disparities in health outcomes between groups of Ohioans. For example, Ohioans of color experience a higher prevalence of preventable health conditions, such as heart disease and diabetes.[42] Key indicators of overall wellbeing, such as life expectancy, infant mortality and maternal morbidity, further illustrate disparities in communities of color. On average, Black Ohioans are expected to live almost five years less than white Ohioans.[43] Black infants are dying at a rate 2.5 times greater than the rate for white infants and two times greater than the state's overall rate of infant mortality.[44] Black and Hispanic communities also experience higher-than-average incidences of maternal morbidity.[45] Figure 4 illustrates disparities in overall health status among different populations in Ohio.

Health disparities are fueled by inequities in access to social, economic, environmental and healthcare resources. These inequities are driven by policies and systems that create disadvantages for communities of color. For example, Black children in Ohio are 4.7 times more likely to attend a high-poverty school than white children, 2.2 times less likely to graduate from high school in four years and Black adult Ohioans are 1.6 times more likely to be unable to see a doctor due to cost. Hispanic adults are 2.2 times more likely to live in poverty than white, non-Hispanic Ohioans and 2.7 times less likely to have health insurance.[46] Because of the inequities experienced in many systems across society, Ohioans of color do not have the same opportunities as white Ohioans to live healthy lives.

Disparities in COVID-19 cases, hospitalizations and deaths in Ohio

Health disparities and inequities experienced by communities of color have exacerbated gaps in outcomes during the COVID-19 pandemic. Figure 5 compares outcomes in COVID-19 cases, hospitalizations and deaths by race and ethnicity. As of Aug. 11, Black Ohioans are overrepresented in COVID-19 cases (24.3%), hospitalizations (31.9%)

Figure 4. **Percent of Ohio adults who report poor or fair health status, by race/ethnicity**



Note: There is insufficient data on Asian and Native Hawaiian or Pacific Islander populations.
Source: 2018 CDC Behavioral Risk Factor Surveillance System, as compiled by Kaiser Family Foundation.

Figure 5. **COVID-19 cases, hospitalizations, and deaths in Ohio by race/ethnicity**

	Percent of Ohio population	Cases (% of total)	Hospitalizations (% of total)	Deaths (% of total)
Race*				
White	82%	52,241 (50.8%)	6,521 (55.5%)	2,858 (77.1%)
Black	13%	25,031 (24.3%)	3,752 (31.9%)	702 (18.9%)
Multiracial	2%	2,887 (2.8%)	354 (3%)	47 (1.3%)
Asian	3%	2,657 (2.6%)	263 (2.2%)	41 (1.1%)
Hawaiian Native – Pacific Islander	0.1%	167 (0.2%)	29 (0.2%)	1 (0.03%)
American Indian – Alaskan Native	0.3%	138 (0.1%)	17 (0.1%)	3 (0.08%)
Other	—	6,610 (6.4%)	483 (4.1%)	26 (0.7%)
Unknown	—	13,095 (12.7%)	330 (2.8%)	30 (0.8%)
Refused to answer	—	None reported	11 (0.1%)	None reported
Ethnicity*				
Non Hispanic or Non Latino	96%	72,496 (70.5%)	10,077 (85.7%)	3,580 (96.5%)
Hispanic or Latino	4%	6,480 (6.3%)	707 (6%)	86 (2.3%)
Unknown	—	23,850 (23.2%)	959 (8.2%)	42 (1.1%)
Refused to answer	—	None reported	17 (0.1%)	None reported

*Labels for racial and ethnic groups in this table come from the source.
Source: Ohio Department of Health Coronavirus (COVID-19) Dashboard. Accessed August 11, 2020 at 4 pm. Last update listed on website was Aug. 11, 2020 at 2 p.m.

Data limitations

Data to assess the extent of health inequities and disparities experienced by Ohioans of color is limited. For example, not all groups that experience health disparities are represented in existing and/or publicly available data. Reasons for this include:

- Inadequate collection of race/ethnicity data and inconsistency in how data is collected and compiled across data tools and surveys
- Lack of stratification of outcome data by race/ethnicity
- Not oversampling or recruiting sufficient sample sizes to ensure that smaller communities of color, such as immigrant and refugee communities, are represented in data and research
- Ohioans of color choosing not to answer questions about race and ethnicity due to deep-seated and understandable mistrust in the healthcare system
- Lack of research that examines disparities experienced by people who are part of more than one systematically disadvantaged group, such as Ohioans of color who also have a disability or who are part of the LGBTQ+ community
- Aggregation of data that can mask disparities (For example, Asian Americans tend to perform well on many indicators. However, data on southeast Asians and Bhutanese/Nepali refugees suggest that these communities experience poorer outcomes.)

Exposure to racism is not measured in most major U.S. surveys of health and wellbeing. This information is critical to understanding how racism impacts health. Researchers have developed numerous screening tools to detect exposure to racism, including different types of racism. Integrating an indicator of exposure to racism into surveys, such as the Behavioral Risk Factor Surveillance System, American Community Survey and/or Ohio Medicaid Assessment Survey, would provide additional data and tools to work toward eliminating racism and health disparities.[47]

and deaths (18.9%) compared to the proportion of the state's population that is Black (13%). Similarly, Hispanic/Latino Ohioans are overrepresented in COVID-19 cases (6.3%) and hospitalizations (6%) compared to the proportion of the state's population that is Hispanic/Latino (4%).

How can racism be eliminated?

All Ohioans should have the opportunity to reach their full health potential. Yet, racism has been an obstacle to good health for communities of color in the U.S. for more than four hundred years. Addressing the cumulative impact of historical and present-day racism is daunting. However, progress is possible and there are opportunities to dismantle racism at every level of society.

HPIO adapted the Four Levels of Racism Framework (see figure 1) to create Action Steps to Eliminate Racism and Advance Equity (figure 6). The diagram outlines how individuals and groups, private organizations and state and local government leaders can work to eliminate racism in all its forms and advance equity.

Taking action

The goals and action steps outlined in the Action Steps diagram address the different levels of racism:

- ***Internalized*** and ***interpersonal racism*** are reflected in the goal and action steps outlined for individuals and groups. For example, interpersonal racism can be reduced by educating oneself on issues about racism and participating in implicit bias or equity trainings.
- ***Institutional*** and ***structural racism*** are reflected in the goals and action steps for private organizations and state and local governments. Action steps that can be taken to combat institutional and structural racism include strategically allocating resources to support communities of color, prioritizing equitable outcomes for communities of color and collecting/reporting disaggregated data for performance management, public surveillance and outcome evaluation.

All Ohioans, private organizations and state and local government entities should act on the following themes to eliminate racism:

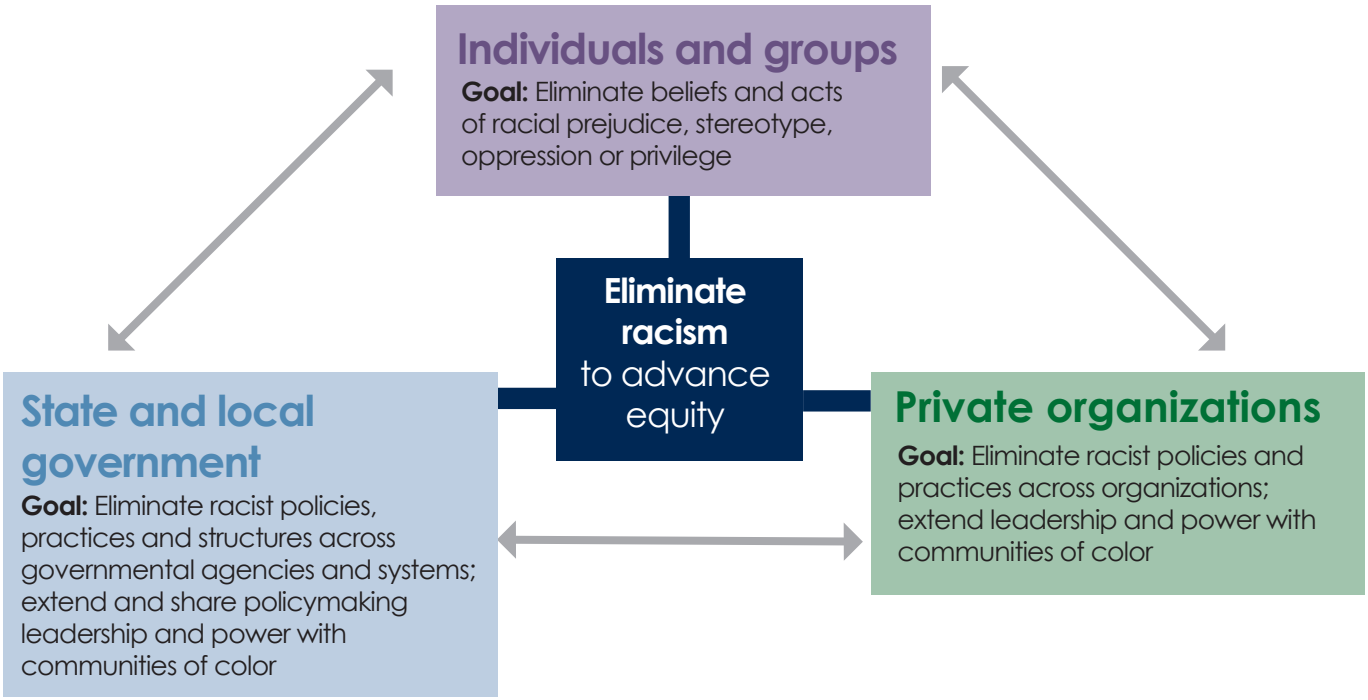
- **Acknowledge racism as a crisis.** Explicitly acknowledging racism and the profound effect it has on communities of color sets a level of honesty and accountability that is necessary to engage in equity conversations.
- **Rebuild community trust.** Racist beliefs, policies and practices have, over time, deteriorated the level of trust communities of color hold in current leaders, systems and structures. Efforts to eliminate racism require rebuilding community trust through authentic community engagement, collaboration and leadership, providing robust opportunities for participation in the democratic process and transparent and accessible decision-making. It is also important to recognize that communities of color are not a monolithic group and represent many diverse perspectives. Fostering an inclusive culture of dialogue can honor this diversity, support efforts to rebuild community trust and ensure that the needs of communities of color are met.
- **Extend and share power.** A concerted effort should be made to extend and share power with communities of color. This includes partnering on each aspect of a decision-making process, including final decision-making.[48] Communities of color are not passive in this process and can also take steps to lift voices from their communities and empower themselves and one another.
- **Sustain efforts over time.** Systemic change is difficult. Sustained efforts across all levels of racism are necessary to overcome the status quo and eliminate existing, deep-seated racist beliefs, interactions, policies, practices and structures within society. Work to eliminate racism is both repetitive and incremental. Future action can reinforce previous action steps and/or lead to additional conversation, reflection and dialogue.

To access more specific resources, such as policy or practice examples and educational tools that correspond with each action step, visit HPIO's **Action Steps to Eliminate Racism resource page**.

Achieving equity

To achieve equity and ensure that all Ohioans can reach their full health potential, racism and discrimination must be eliminated for all systematically disadvantaged populations. Each component of the Action Steps diagram can be implemented or adapted to address other "isms" and forms of discrimination, such as ableism, ageism, sexism, xenophobia, homophobia, etc. The Action Steps diagram can be applied to Ohioans with disabilities, Ohioans from rural or Appalachian regions, LGBTQ+ communities and immigrants, refugees and migrant workers. The **Action Steps to Eliminate Racism resource page** includes additional resources to address discrimination for some of these at-risk populations.

Figure 6. **Action Steps to Eliminate Racism and Advance Equity**



For additional resources on the action steps below, see the **Action steps to eliminate racism and advance equity resource page**.

Taking action

What can individuals and groups do?

- Personally acknowledge racism is a crisis
- Educate (e.g., books, films, podcasts, discussion groups, and implicit bias, justice or equity training)
- Heal (e.g., emotional therapy/coaching)
- Advocate and/or be an ally (e.g., share data and information, donate, protest, lobby)

What can private organizations do?

- Publicly acknowledge racism is a crisis (e.g., equity-based mission/vision statements)
- Recruit, support, promote and retain diverse leadership and staff
- Educate, train and support board, leadership, staff and clients (e.g., cultural and linguistic competency and humility training, language access plans)
- Authentically engage and tailor policies and practices to support communities of color
- Advocate for, implement and fund anti-racist programs and practices that dismantle racism and advance equity
- Collect/report disaggregated data for performance management and outcome evaluation

What can government do?

- Publicly acknowledge racism is a crisis (e.g., policy statement, resolution, press release, speech)
- Recruit, support, promote and retain diverse legislative, executive and judicial leadership and staff
- Educate, train and support legislative, executive and judicial leadership and staff
- Prioritize equitable outcomes in policy agendas
- Conduct assessments of proposed policy to ensure equitable outcomes
- Implement and fund anti-racist policies and practices that dismantle racism and advance equity
- Authentically engage, tailor policies towards and allocate resources to support communities of color
- Collect/report disaggregated data for public surveillance and outcome evaluation

Achieving equity for all Ohioans

Each step identified in the Action Steps diagram can be implemented or adapted to address other "isms" and forms of discrimination (ableism, ageism, sexism, xenophobia, homophobia, etc.). The action steps can be applied to Ohioans with disabilities, Ohioans from rural or Appalachian regions, LGBTQ+ communities and immigrants, refugees and migrant workers. Equity can only be achieved when racism and discrimination in all its forms is eliminated.

*Action steps to eliminate racism and advance equity are outlined in this diagram. This is not an exhaustive list of all steps that can be taken.

Note: This diagram is influenced by Race Forward's *Four Levels of Racism* framework.

Notes

1. Data from the Centers for Medicare & Medicaid Office of Minority Health. "Mapping Medicare Disparities Tool." Accessed July 22, 2020. https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH-Mapping-Medicare-Disparities
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