

## Graphics from Connections between racism and health Taking action to eliminate racism and advance eaui

#### health policy institute 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, public and 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.



 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. 08.14.2020

## 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.

**Source:** Health Policy Institute of Ohio, "Connections between Racism and Health: Taking Action to Eliminate Racism and Advance Equity"

# Four levels of racism framework

## Structural racism

is racial bias among institutions and across society

## Institutional racism

occurs within institutions and systems of power

### Interpersonal racism occurs between individuals

### Internalized racism lies within individuals

**Source:** Health Policy Institute of Ohio, "Connections between Racism and Health: Taking Action to Eliminate Racism and Advance Equity." Adapted from Race Forward's Four Levels of Racism framework.

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## **Connection between racism and health**

### Primary drivers of inequity

#### Racism\*

Trauma
Exposure to violence
Toxic stress

Stigma

#### Policy and system inequities

Examples based on published research

#### Healthcare and public health system

- Implicit bias, discrimination and lack of workforce diversity
- Limited access to preventive and quality health care
- Mistrust of medical professionals (rooted in past actions, such as the Tuskegee Study, and present-day discrimination)
- Limited access to insurance coverage

#### Social and economic environment

- Poverty
- Mass incarceration
- Poor neighborhood conditions
- Lack of access to quality education
- Lack of employment opportunities

#### Physical environment

- Residential segregation
- Exposure to toxic pollutants
- Lack of access to transportation

#### Disparities in health behaviors

Examples based on published research

- Limited use of primary care
- Poor nutrition
- Lack of physical activity
- Tobacco use

#### Cumulative impact across the life course and generations

#### Disparities in health outcomes

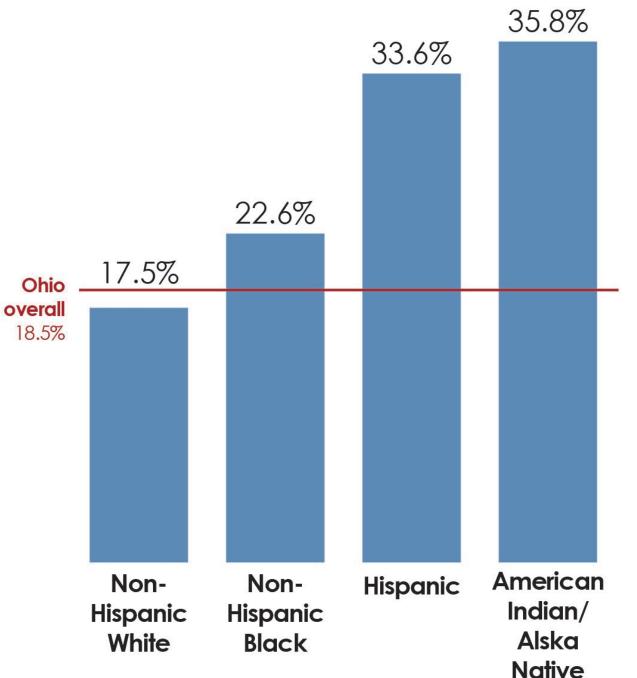
Examples based on published research

- Premature death
- Poor health status
- Poor mental health
- Heart disease, hypertension and stroke
- Diabetes
- Poor respiratory health (e.g. asthma, COPD)

#### Source: Health Policy Institute of Ohio, "Connections between Racism and Health: Taking Action to Eliminate Racism and Advance Equity." Adapted from Race Forward's Four Levels of Racism framework. Adapted from a diagram developed in partnership with the COVID-19 Minority Health Strike Force formed under Gov. Mike DeWine

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## Percent of Ohio adults who report poor or fair health status, by race/ethnicity



data on Asian and Native Hawaiian or Pacific Islander populations. **Source:** Health Policy Institute of Ohio, "Connections between Racism and Health: Taking Action to Eliminate Racism and Advance Equity." Adapted from Race Forward's Four Levels of Racism framework. Data from 2018 CDC Behavioral **Risk Factor Surveillance** System, as compiled by Kaiser Family Foundation.

Note: There is insufficient

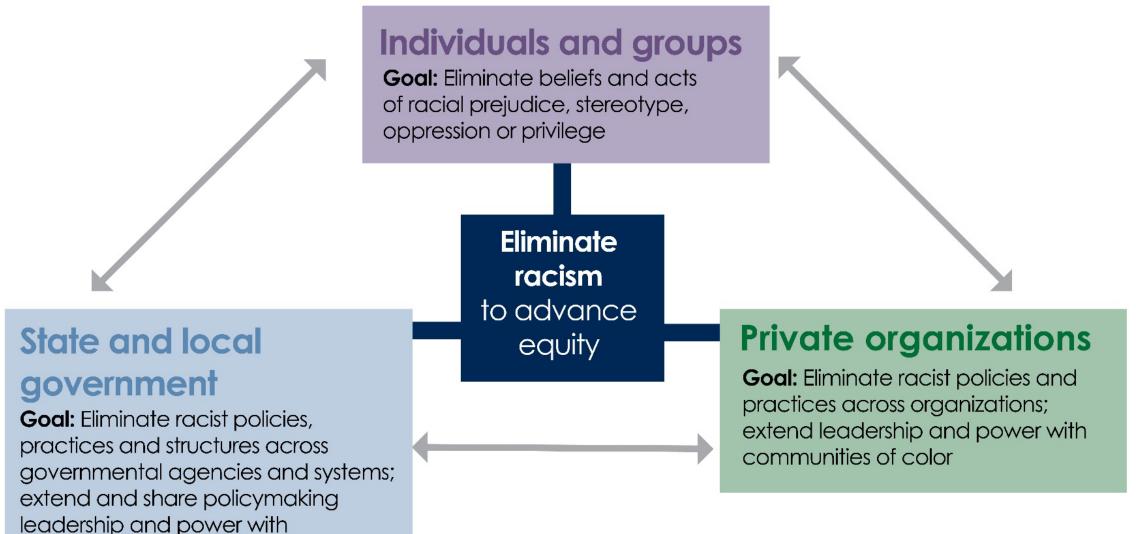
## COVID-19 cases, hospitalizations, and deaths in Ohio by race/ethnicity As of 08.11.2020

\*Labels for racial and ethnic groups in this table come from the source.

**Source:** Health Policy Institute of Ohio, "Connections between Racism and Health: Taking Action to Eliminate Racism and Advance Equity." Adapted from Race Forward's Four Levels of Racism framework. Data from 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.

	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

## Action Steps to Eliminate Racism and Advance Equity



**Source:** Health Policy Institute of Ohio, "Connections between Racism and Health: Taking Action to Eliminate Racism and Advance Equity."

communities of color

## 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 public and 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

- 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

Source: Health Policy Institute of Ohio, "Connections between Racism and Health: Taking Action to Eliminate Racism and Advance Equity." \*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. For additional resources on the action steps below, see the Health Policy Institute of Ohio's Action steps to eliminate racism and advance equity resource page.