Advancing Health Equity: Addressing the Role of Structural Racism

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In the United States, health and racism are inextricably linked. Racism and discrimination are deeply ingrained in the social, political, and economic fabric of our society and have a harmful impact on individuals and communities of color. For African Americans, Native Americans, Latinx, Asians/Pacific Islanders, and other communities of color, this results in unequal access to social and economic opportunities. Quality education, employment, livable wages, healthy food, stable and affordable housing, and safe and sustainable communities are factors that shape health. When these factors are distributed in unfair and unjust ways, they contribute to racial and ethnic disparities in health.

Although there is increasing interest in understanding how these social determinants of health (SDOH) influence health and how to address adverse SDOH, the health care community, policy makers, members of Congress, consumer advocates, and other policy influencers seem reluctant and uncomfortable in identifying racism as a root cause of health inequities. Addressing the SDOH without addressing racism is unlikely to mitigate these inequities, and may even further perpetuate and worsen existing health disparities. Additionally, health care alone will not eliminate health disparities and achieve health equity. Structural racism is an ongoing— not just historical— problem that persists across multiple sectors. Therefore as the momentum builds to advance health equity, solutions must include multi-sectoral efforts and must take into account and challenge the social, political, and historical context of racism in this country.

The Effect of Structural Racism on Health

Structural racism is a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial inequities.[1] Structural racism is so ingrained in our society that it is almost invisible, and is often both intentional and unintentional. Structural racism is one of the

NationalPartnership.org
@NPWF

1875 Connecticut Avenue, NW, Suite 650
Washington, DC 20009

info@NationalPartnership.org
202.986.2600

most detrimental determinants of health, yet evidence linking racism to health disparities mostly focuses on the role of discrimination experienced by individuals – or interpersonal racism.[2] While the focus on interpersonal racism is important and necessary, structural racism and its relationship to health inequities needs greater attention and research. Below are three examples of how policies and practices embedded in structural racism can negatively affect the health and well-being people of color.

Implicit bias refers to the stereotypes or attitudes that affect our understanding, actions, and decisions in an unconscious way.[3] Studies have found that implicit bias can often influence patient-provider interactions, treatment decisions, treatment adherence, and patient health outcomes.[4] Negative attitudes and stereotypes about people of color may contribute to racial and ethnic disparities in health outcomes and health care. Implicit bias is not limited to race; implicit bias can exist based on gender, age, sexual orientation, gender identity, disability status, and physical appearance. For women of color, the intersection of different identities—for example race and gender, gender identity, or sexual orientation—has a compounding effect. For example, Black women receiving chemotherapy for breast cancer are significantly more likely than white women to receive nonstandard treatment regimens.[5] For [endometrial cancer](), Black women are less likely to have care that is consistent with clinical practice guidelines for vaginal bleeding evaluation.[6] These disparities cannot be explained by genetics, access to coverage, or socioeconomic status therefore implicit bias among providers could contribute to these disparities.

Residential Segregation

One example of structural racism is residential segregation, a form of ongoing structural racism that has been well-studied as a fundamental cause of racial disparities in health.[7] Residential segregation is the outcome of historically imposed public policies, such as redlining, that result in disparate health outcomes for communities of color. Health outcomes associated with residential segregation include adverse birth outcomes, increased exposure to air pollutants, decreased longevity, increased risk of chronic disease, and increased rates of homicide and other crime among African Americans.[8] Residential segregation also systematically shapes access to, utilization, and quality of health care at the neighborhood, health-care system, provider, and individual levels.[9] It continues today in the form of housing discrimination and disinvestment in communities of color (e.g. financial institutions refusing to offer small business loans in low-income communities). Finding solutions and interventions that address housing

instability and inadequacy, and neighborhood poverty, without acknowledging residential segregation as a form of structural racism is problematic and ineffective. While place and zip codes matter, it is critical to call out the system of structural racism behind those key predictors of health.[10]

Medicaid Work Requirements

Policy proposals to impose employment requirements on Medicaid beneficiaries is another example of structural racism, though less obvious. Requiring Medicaid beneficiaries to demonstrate and report employment as a condition of receiving health care is not only illegal, but it is a biased policy that would have a disproportionately negative effect on communities of color. For example, in one proposal, exemptions to the work requirement were given to rural counties with low employment rates, but not urban cities. On the surface, this policy may seem to acknowledge regional differences in labor market participation, but it does not take into account that people of color tend to be concentrated in urban areas, thus the policy would have a disproportionate effect on communities of color.[11]

Medicaid plays a critical role in communities of color, in part because structural factors limit economic and wealth building opportunities for people of color, thus limiting private insurance access options.[12] People of color are less likely to be engaged in the labor market, often because of discriminatory hiring practices, and are more likely to be employed in low-wage jobs that do not provide benefits like health insurance.[13] Medicaid plays an important role in connecting these people to the health care they need. The Medicaid work requirement policy is a structural barrier that is particularly insidious because it does not account for the historical legacy of economic and employment exclusion, and it threatens access to health care for people of color, whose health is already negatively impacted by multiple forms of structural and interpersonal racism they experience day to-day.

Maternal Health

Structural racism is also harmful to people of color regardless of their individual socioeconomic status or access to health insurance, as evidenced by the current black maternal health crisis. African American women are dying from preventable, pregnancy-related causes at three to four times the rate of white women, regardless of their level of education, income or access to insurance.[14] There are many factors that determine maternal health outcomes, but structural racism is a leading cause as Black women are less likely to have access to health insurance, more likely to have chronic health

conditions and are more likely to give birth at hospitals that provide lower quality maternity care.[15]

In their series on black maternal health, ProPublica explained how structural racism and interpersonal racism influence adverse maternal health outcomes for black women: "*the systemic problems start with...differential access to healthy food and clean drinking water, safe neighborhoods and good schools, decent jobs and reliable transportation... Those problems are amplified by unconscious biases that are embedded throughout the medical system, affecting quality of care in stark and subtle ways.*"[16] And as a result, Black women experience physical "weathering," meaning their bodies age faster than white women's due to exposure to chronic stress linked to socioeconomic disadvantage and discrimination over the life course, thus making pregnancy riskier at an earlier age. Solutions to eliminate maternal mortality and improve maternal health outcomes requires acknowledging that structural and interpersonal racism is the driving force behind these stark health disparities. A multi-faceted approach that addresses Black women's health across the lifespan, improves access to quality and equitable care, addresses adverse social determinants of health and provides greater economic security is needed to address the historical legacy of discriminatory practices and policies that influence current maternal health disparities.[17]

Advancing Health Equity Means Addressing Structural Racism

Everyone should have a fair and just opportunity to live their healthiest life possible, but the existence of pervasive racial and ethnic disparities in morbidity, mortality, and many other health indicators for African Americans, Native Americans, Latinx, and Asians/Pacific Islanders in the United States demonstrates that not everyone has this opportunity.[18] Although significant progress has been made in narrowing racial and ethnic health disparities, the elimination of these disparities has yet to be achieved. Achieving health equity requires naming structural racism and fighting to mitigate it. This means interventions must identify current policies and practices that have deleterious effects on communities of color and address the causes and contributing factors that create or perpetuate inequities. To that end, the call to action to address racism and racial discrimination involves everyone – health care providers, elected officials, policy makers, and consumer advocates.

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[15] See note 10.

[16] Martin, N. (2017, December 7). Nothing Protects Black Women From Dying in Pregnancy and Childbirth. *ProPublica*. Retrieved 24 April 2019, from https://www.propublica.org/article/nothing-protects-black-women-from-dying-in-pregnancy-and-childbirth

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[18] Studies examining disparities across racial and ethnic populations beyond black-white disparities is extremely limited and is much needed.

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, reproductive health and rights, access to quality, affordable health care and policies that help all people meet the dual demands of work and family. More information is available at NationalPartnership.org.