

# RACISM:

## Combating the Root Causes of Health Disparities

Reducing health disparities in communities of color has been a public health priority in the United States for the past decade. To date, however, substantial improvements have not been achieved. Even more troubling is the evidence that disparities persist even when overall health trends improve (UN CERD 2008). Consequently, researchers, practitioners, and funders have begun exploring the underlying factors that create and maintain racial and ethnic health disparities over time.

Racism is one such factor that is garnering increased attention as it remains a pervasive, yet frequently unacknowledged, influence on disparities in this country. Understanding the historical and contemporary forces involved in racism will be critical for engaging in successful, long-term changes to reduce disparities in health status and health care, as well as disparities in education, employment, and other social conditions (UN CERD 2008).

### WHAT IS RACISM?

Racism is a power relationship that restricts individuals or groups based on skin color or other phenotypic characteristics that have been assigned social meaning. Racism is embedded into institutions and the basic structures of our society (Jones 2000). It is manifested in racial differences in power, status, and access to societal rewards, as well as in people's self-perceptions and their interpersonal relationships (Brondolo et al. 2009).

Tackling racism is difficult because of how deeply it is embedded in our culture and institutions. Its effects are cumulative and frequently create long-term exclusionary policies and practices that remain in place at the institutional level even when drastic declines occur in individual levels of prejudice and discrimination (Williams and Mohammed 2009).

### RACISM'S LINKS TO HEALTH OUTCOMES

Racism's effects extend broadly, often exacerbating existing health problems that can lead to illness or mortality. Though the pathways connecting racism to health are complex and multidimensional, much of the research centers on its physiological and behavioral effects. As a factor that can block economic opportunities and lead to social isolation and exclusion, it can be a powerful stressor.

Social, economic, and environmental factors – the social determinants of health – are interlaced with the lingering effects of racism and contribute to limitations in access to material, social, and educational resources, which has both

direct and indirect effects on a person's health status (GIH 2009). Communities that shoulder a disproportionate amount of unequal health outcomes are often also more economically challenged, racially segregated, and more likely to have fewer resources. These disadvantages, which contribute to the accumulation of stress over time, have a major influence on health (GIH 2009; McEwen and Gianaros 2010).

- **Socioeconomic Status** – In the United States, race has persistently been linked with socioeconomic status, which is one of the most significant influences on an individual's health (GIH 2009). The lingering effects of racial discrimination and segregation have limited social or economic opportunities for many people of color, resulting in significantly lower income levels among these groups than whites (Mead et al. 2008; Brondolo et al. 2009). These income deficits increase a person's exposure to health risks. After years of cumulative risks and exposures, adults at the lower end of the employment scale are more likely to experience high levels of stress; chronic pain and diseases such as cancer, diabetes, or heart disease; and premature death (GIH 2009).
- **Segregation** – Residential segregation has many deleterious effects on the health of individuals. Notably, people are at higher risk for poor health outcomes when they are segregated into culturally or geographically isolated communities, especially those plagued by accumulating disadvantages associated with concentrated poverty. These disadvantages constrain access to high-quality health care services; educational and employment opportunities; and community resources, such as availability of food, recreation, and transportation options. Residents of segregated communities are also more likely to be exposed to neighborhood crime and violence and are at heightened risk of exposure to pollutants and other environmental toxins (Williams and Mohammed 2009).
- **Stress** – Stress, especially when extreme or prolonged, has a powerful influence on physical and psychological health outcomes and behaviors. It can lead to increased incidence, earlier onset, and severity of diseases and illnesses, such as hypertension and depression, as well as early death (Williams and Mohammed 2009). Stress from frequent experiences of racism and discrimination, in addition to stressful work and living conditions, life events, and exposure to violence and interpersonal conflicts, may exacerbate racial and ethnic disparities in health outcomes (McEwen

and Gianaros 2010; UN CERD 2008). It may also lead to engagement in health-damaging behaviors, such as smoking, drinking, physical inactivity, or risky sexual activities, to find a temporary outlet from chronically stressful conditions (McEwen and Gianaros 2010). The short-term release of stress, however, may actually increase the risk for longer-term health disadvantages. Unfortunately, few or no resources may be available to help buffer the effects of many of these stressors in communities of color.

## PHILANTHROPIC INVOLVEMENT IN COMBATING RACISM

Tackling racism as a strategy for mitigating health disparities is an emerging area of interest for many funders. Racism affects many aspects of social and economic life and can have significant implications on overall health outcomes in low-income communities of color. This provides an array of opportunities and entry points for funders to become involved in mitigating its effects. The following examples highlight some of the innovative efforts funders have supported to date.

- **Promoting Knowledge and Conversations about Race and Racism** – Promoting opportunities for public dialogue on the societal and health implications of race and racism can increase awareness of the issue, provide a space for generating new ideas for addressing it, and highlight continuing areas of unmet need in vulnerable communities. For instance, the Charles Stewart Mott Foundation has sought to combat the root causes of both institutional and structural racism by encouraging public discourse on the issue. In 2006 the foundation provided support to the Study Circle Resource Center to create the discussion guide *Facing Racism in a Diverse Nation*. This guide provided structure for racially diverse groups to engage in dialogue and problem solving focused on addressing the gaps in many health outcomes among racial and ethnic groups. It also provided practical strategies for accompanying dialogues about racism and racial inequities with opportunities for collective community action to achieve sustained institutional and policy changes (Everyday Democracy 2009).
- **Changing Institutional Policies and Practices** – Examining internal structures and practices can help funders address institutional racism in their own organizations. It can improve their organizational awareness of the issue, allow them to track changes in their policies and practices over time, and increase internal capacity to better address the myriad needs of the vulnerable populations that they support. For example, the W.K. Kellogg Foundation is striving to become an effective, antiracist organization that actively promotes racial equity (W.K. Kellogg Foundation 2009). It is taking a direct, focused approach to eliminate racial inequality in order to ensure that all children have equal access to opportunity and good health. Both internal and external strategies are being employed, including educating

staff, vendors, and grantees about the importance of racial equity and its key role in Kellogg's program work. For example, its Capitalizing on Diversity project enabled "Healing Racism" workshops to be presented to the foundation's employees and later was integrated into the new employee orientation program (Rockefeller Philanthropy Advisors and Council on Foundations 2008). In addition, Kellogg is currently in the final stages of selection for its America Healing: A Racial Health Equity Initiative. This initiative will provide grants of up to \$400,000 to community-based organizations to strengthen and bolster racial healing and equity efforts targeting vulnerable and marginalized children.

- **Combating Structural Racism** – Combating embedded racial inequalities at the structural level is also critical in efforts to eliminate many of the greatest societal barriers to ensuring equitable opportunities and optimal health outcomes for all individuals. To address these issues, The Annie E. Casey Foundation committed resources and expertise to develop its Race Matters Toolkit in 2006. The toolkit provided organizations with data, knowledge, tools, and strategies to make the case, shape the message, and engage in policy work to avoid racial inequities. It also analyzed policies that perpetuate the racial divide; collected data on current health disparities; and worked to educate the community about structural racism and its economic, health, and social effects on youth of color. To date, Race Matters has been instrumental in helping funders, advocates, elected officials, and other decisionmakers mobilize resources to eliminate embedded structural racism in numerous public policies and practices.

## CONCLUSION

The threads of racism are deeply woven in our society, extending into the fabric of our founding principles. Examining race reveals how benefits and burdens in our society have been distributed in such a way as to allow race to play a significant role in predicting the types of privilege, disadvantage, and health outcomes that people might expect to experience.

Undoing the harmful societal and health effects that have been influenced by racism will require funders and other stakeholders to take a risk on intentionally focusing on race to dismantle the underpinnings of disadvantage that continue to this day. It will also take time, dedication, and patience to peel back the negative attitudes, behaviors, and institutional structures and processes that have contributed to racism's persistence and influence on disparities in health outcomes over time.

## SOURCES

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