Health and … Structural Racism

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Commissioner
New York City Department of Health and Mental Hygiene
Rising Income Inequality in the US

The Lancet 2017 389, 1475-1490 DOI: (10.1016/S0140-6736(17)30571-8
Exhibit 1. Health Care Spending as a Percentage of GDP, 1980–2013

* 2012.
Notes: GDP refers to gross domestic product. Dutch and Swiss data are for current spending only, and exclude spending on capital formation of health care providers.
Source: OECD Health Data 2015.
FIGURE 1-6 U.S. female life expectancy at birth relative to 21 other high-income countries, 1980-2006.
Premature Mortality by Income, Race

Everyone Suffers


America: Equity and Equality in Health 3

Structural racism and health inequities in the USA: evidence and interventions

Zinzi D Bailey, Nancy Krieger, Madina Agénor, Jasmine Graves, Natalia Linos, Mary T Bassett

Despite growing interest in understanding how social factors drive poor health outcomes, many academics, policy makers, scientists, elected officials, journalists, and others responsible for defining and responding to the public discourse remain reluctant to identify racism as a root cause of racial health inequities. In this conceptual report, the third in a Series on equity and equality in health in the USA, we use a contemporary and historical perspective to discuss research and interventions that grapple with the implications of what is known as structural racism on population health and health inequities. Structural racism refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources. We argue that a focus on structural racism offers a concrete, feasible, and promising approach towards advancing health equity and improving population health.
Internalized racism
Interpersonal racism
Institutional racism

**Structural racism** involves interconnected institutions, whose linkages are historically rooted and culturally reinforced. It refers to the totality of ways in which societies foster racial discrimination, through mutually reinforcing inequitable systems that in turn reinforce discriminatory beliefs, values, and distribution of resources, which together affect the risk of adverse health outcomes.
Internalized Racism: The Doll Experiment
Walking While Black: Fewer Drivers Stop at Crosswalk
New Deal Home Owners’ Loan Corporation “Security Maps”

Residential Segregation by Race in New York City

Data source: NYC DOHMH population estimates, matched from US Census Bureau intercensal population estimates, 2010-2013, updated June 2014. U.S. Census Bureau; American Community Survey, 2013 3-year Estimates, Table S1701; generated using American Fact Finder (http://factfinder2.census.gov/)
Poverty and Race in New York City

Data source: NYC DOHMH population estimates, matched from US Census Bureau intercensal population estimates, 2010-2013, updated June 2014
U.S. Census Bureau; American Community Survey, 2013 3-year Estimates, Table S1701; generated using American Fact Finder (http://factfinder2.census.gov/)
Place-Based Housing Interventions: Promising but Await Health Impact Data

- East Lake community, Atlanta GA
- Obama initiatives
  - Promise Neighborhoods (DOE)
  - Choice Neighborhoods (HUD)
- NYC Housing and Neighborhood Study
  - Lottery for subsidized housing
  - Improve outcomes: Depression, diabetes, asthma
- Move to Opportunity
District Public Health Offices

- Locations
  - South Bronx
  - East and Central Harlem
  - Central Brooklyn
- Target and work closely with communities most in need
- Collaborate with local institutions
Premature Mortality Has Decreased in The Past 10 Years But is Still Higher in DPHO Neighborhoods

Age-adjusted Rates* for Premature Death (Age < 65) by DPHO 2003-2012

Gap = 195.8

Gap = 111.2

*NYC Residents (Including New York State Occurrence)
• Co-location

• Innovation in programs and practice

• Target Agency & City Initiatives

• Collective Impact and Action
<table>
<thead>
<tr>
<th>City</th>
<th>Clinical</th>
<th>Community</th>
<th>City</th>
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<tbody>
<tr>
<td>Brownsville</td>
<td><img src="image" alt="BMS" /></td>
<td><img src="image" alt="NYC HEALTH+HOSPITALS" /> <img src="image" alt="BPN" /></td>
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<tr>
<td>East Harlem</td>
<td><img src="image" alt="HARLEM UNITED" /></td>
<td><img src="image" alt="Public Health Solutions" /> <img src="image" alt="CONCRETE SAFARIS" /> <img src="image" alt="Lenox Hill Neighborhood House" /> <img src="image" alt="SMART" /> <img src="image" alt="ABC" /></td>
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<td><img src="image" alt="BRONX SMOKE-FREE PARTNERSHIP" /></td>
<td><img src="image" alt="NYC Health" /></td>
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</tbody>
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CASE STUDY: EMERGENCY PREPAREDNESS
Team Leaders Assigned Within 3 Miles, Poverty and Likelihood of POD Failure

<table>
<thead>
<tr>
<th>Poverty Level*</th>
<th>3 deep (%)</th>
<th>2 deep (%)</th>
<th>1 deep (%)</th>
<th>0 deep (%)</th>
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<tbody>
<tr>
<td>Low</td>
<td>LOW</td>
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<td>Low – Moderate</td>
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*Poverty levels from “% Living in Poverty” in census tracts from ACS 2014, 5-year estimates.
Low is 0 - 10.8%; Low/Moderate is > 10.8 - 19.8%; Moderate is > 19.8 - 30.0%; Moderate/High is > 30.0 - 42.9%; and High is > 42.9 – 100%.
# Pharmacy Distribution

<table>
<thead>
<tr>
<th>Poverty Level*</th>
<th>Independent</th>
<th>Chain</th>
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<tbody>
<tr>
<td>Low</td>
<td>0 - 10.8</td>
<td>56%</td>
</tr>
<tr>
<td>Low – Moderate</td>
<td>&gt; 10.8 - 19.8</td>
<td>71%</td>
</tr>
<tr>
<td>Moderate</td>
<td>&gt; 19.8 - 30.0</td>
<td>83%</td>
</tr>
<tr>
<td>Moderate – High</td>
<td>&gt; 30.0 - 42.9</td>
<td>88%</td>
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<tr>
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<td>&gt; 42.9 - 100</td>
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<th>Chain</th>
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<tbody>
<tr>
<td>Low</td>
<td>0 - 18.1</td>
<td>64%</td>
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<tr>
<td>Low – Moderate</td>
<td>&gt; 18.1 - 36.1</td>
<td>73%</td>
</tr>
<tr>
<td>Moderate</td>
<td>&gt; 36.1 - 59.4</td>
<td>80%</td>
</tr>
<tr>
<td>Moderate – High</td>
<td>&gt; 59.4 - 82.7</td>
<td>81%</td>
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<tr>
<td>High</td>
<td>&gt; 82.7 - 100</td>
<td>84%</td>
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*Poverty Level and Black or Hispanic categories are marked with asterisks.
PREGNANT? TRYING?
DON'T FLY WHERE THERE'S ZIKA.

ZIKA TESTING
Specimen Collection Dates: Jan – Feb
Specimen Collection Dates: Mar – Apr
Specimen Collection Dates: May - Jun
**Goal:** To become a racial equity and social justice organization that has the systems, policies, practices and capacity to achieve measurable reductions in health inequities.
Implicit Bias Interventions

• Evidence-based solutions:
  – De-bias ➔ efforts to reduce implicit bias
  – Bias override ➔ break the link between bias and behavior
Acknowledgements

- MappingInequality.us and Brian Smedley
- David Starr, Office of Emergency Preparedness and Response, DOHMH
- Denise Paone, Bureau of Alcohol and Drug Use, Prevention, Care and Treatment, DOHMH
Questions?