

The Fifth Annual Symposium
on the Social Determinants of Health

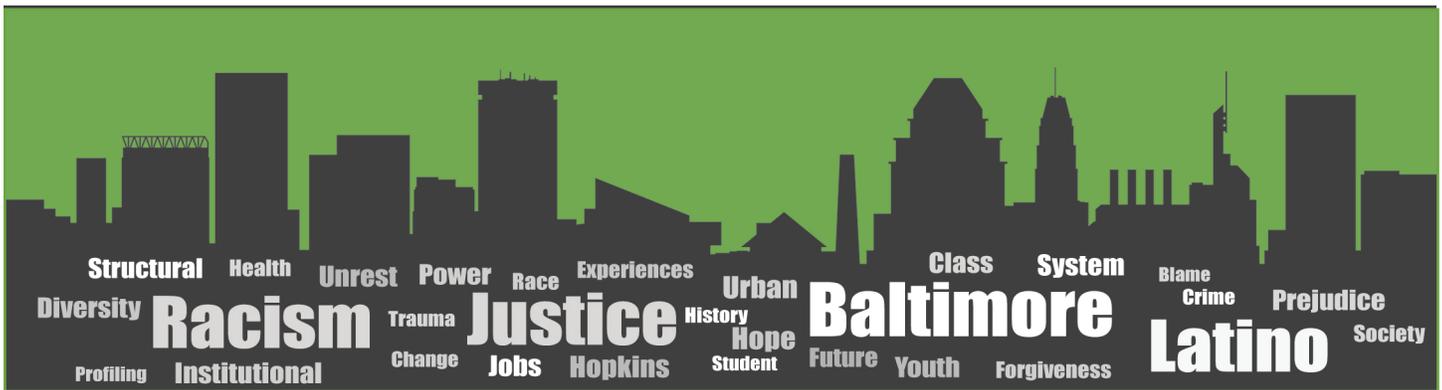
Race, Racism, and Baltimore's Future: A Focus on Structural and Institutional Racism



Panel 1: Overcoming Structural Racism #SDH2016



Engaging communities, Improving health



Introduction

After the death of Freddie Gray on April 12, 2015, and the protests and demonstrations that shook the city soon after, Baltimore became a symbol of racial strife and inequity and gained the media attention of not just the United States but the entire world. This was not news for the people of Baltimore or for many of the organizations that work tirelessly toward positive change in this city. To many, the death of Freddie Gray did not come as a surprise. To them, inequitable treatment of young, black men was nothing new; and it certainly was nothing that they had not heard, witnessed, or personally experienced. With the whole world watching, this tragedy brought determination; a determination that his death was not in vain, that the spotlight would not go away, and that together, through galvanized momentum, something would be done.

On April 25, 2016, over 700 people came together to attend the 5th annual Social Determinants of Health Symposium on **Race, Racism, and Baltimore's Future: A Focus on Structural and Institutional Racism**. The symposium was hosted by the Johns Hopkins Urban Health Institute and the Office of Provost. Attendees were a diverse group from the Baltimore area and beyond. Twenty-one invited speakers ranging from research and legal experts to leaders from non-profit community organizations spent the day in an intense discussion of race and racism in Baltimore. They participated in four panels, sharing poignant anecdotes about their personal experiences and presenting their research, all offering suggestions for ways forward.

This year, for the first time, the symposium also facilitated small breakout sessions in an effort to turn discussion into action, as tangible goals are necessary for making progress in Baltimore.

Speakers participated in four panels sharing expertise on:

1. overcoming structural racism,
2. how racism affects health,
3. how racism, racial segregation, and the education system are connected, and
4. racism and policing.

The goals of this symposium were to:

1. reiterate how salient structural racism is in the lives of people in Baltimore City,
2. acknowledge structural racism as a critical public health concern, and
3. critically assess the changes that we can make to reduce structural racism in our personal lives and in the institutions where we work.

Freddie Gray's death and the events that followed brought determination to the event—a determination that his death was not in vain, that the spotlight would not go away, and that together, through galvanized momentum, positive change would be made.

This report summarizes key lessons learned and challenges as discussed by the symposium speakers. Additionally, successful Baltimore City organizations are highlighted throughout.

Panel 1: Overcoming Structural Racism

Racial disparities in health, policing, and education are a product of structural racism

Keynote Speaker: **Diane Bell McKoy**, President and CEO, Associated Black Charities

Discussants: **Gretchen Susi**, PhD, Director, Roundtable on Community Change, The Aspen Institute
Maggie Potapchuk, Founder, MP Associates

Moderator: **Phyllis Sharps**, PhD, RN, FAAN, Associate Dean for Community Programs and Initiatives, Johns Hopkins University School of Nursing

Current Status

The following chart depicts data from a nationally representative poll (N=1562; white participants = 382; black participants = 501; Hispanic participants = 501) conducted by CNN and the Kaiser Family Foundation in 2015.⁵ Participants were asked whether a series of situations had occurred to them as a result of their race or ethnicity. For example, participants were asked, "Have you ever been afraid your life was in danger because of your racial or ethnic background?"

Clearly, one's racial and ethnic affiliations impact one's experience as an American. Moreover, this information allows us to see that African American and Hispanic participants were more likely to disclose that they experience inequities in safety, housing, employment and voting, than white participants. Even in 2015, despite significant progress towards eliminating legal discrimination against racial or ethnic minorities, public opinion demonstrates it is still a salient issue in the lives of many Americans.

"People wonder, that can't be possible, this is 2016! We have had a host of civil rights laws and opportunities have occurred, laws have changed... But despite all our laws, structural racism not only endures, but it actually adapts over time."

Diane Bell McKoy

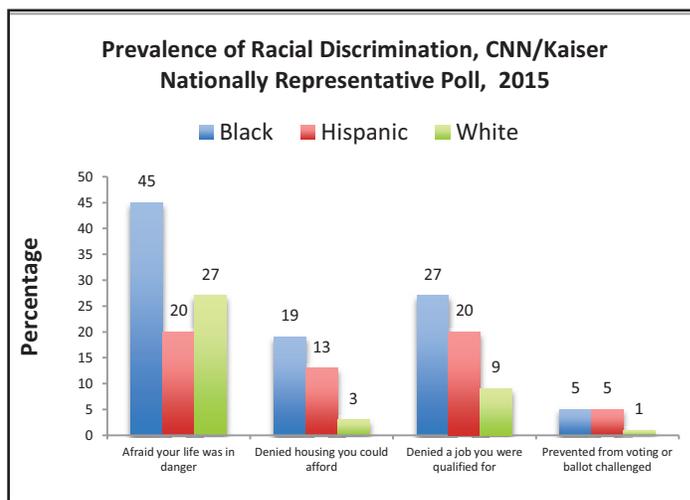


Figure 1. Source: CNN/Kaiser Family Foundation Poll, August-Oct 2015

Lessons Learned

- **There are many different forms of racism.**

Many of the experts at the panel discussed different forms of racism (see Table 1). This is very important for understanding and educating others about race. In order to overcome structural racism, we must understand each of these different levels, and work to address them all.

Definitions	Examples
Individual Racism	
“Individual racism refers to the beliefs, attitudes, and actions of individuals that support or perpetuate racism. Individual racism can be deliberate, or the individual may act to perpetuate or support racism without knowing that is what he or she is doing.” ⁶ Individual racism can include acts of commission as well as acts of omission. ⁷	“When police officers look at young black males and believe that they are violent and dangerous, they are not bad cops, they are normal Americans reflecting what they have been fed as a result of being raised in this society. These are images deeply embedded in selves and their culture and we have to think about ways of dismantling these images from this culture.” – David R. Williams
Internalized Racism	
Internalized racism occurs when a racial group oppressed by racism, supports the supremacy by participating in the beliefs, attitudes, actions, social structures and ideologies of the dominating group’s power. ⁶ As Donna Bivens explains, “As people of color are victimized by racism, we internalize it. That is, we develop ideas, beliefs, actions and behaviors that support or collude with racism. This internalized racism has its own systemic reality and its own negative consequences in the lives and communities of people of color.” ⁶	Sherrilyn Ifill discussed the internalized racism that African American children experience. Specifically, she spoke of Dr. Kenneth Clark’s famous “doll experiment” where when black children are asked to compare dolls, identical but for the color of their skin, they majority believed that the black doll was the “bad” doll, compare to the “nice” white doll.
Interpersonal Racism	
“Interpersonal racism occurs between individuals. Once we bring our private beliefs into our interaction with others, racism is now in the interpersonal realm.” Interpersonal racism reveals itself in public expressions of racial prejudice, hate, bias and bigotry between individuals. ⁸	“What my friend did not understand is that I have been followed in stores, I have had guns pointed at me by both police officers and others. What my friend did not understand is that I have had my mother harassed as she unloads groceries and I have seen police tanks roll in front of my house, making people feel like they are in a war zone and not a major American city.... That was, and still, is my life.” – James Page
Institutional Racism	
“Institutional racism refers specifically to the ways in which institutional policies and practices create different outcomes for different racial groups. The institutional policies may never mention any racial group but their effect is to create advantages for whites and oppression and disadvantage from groups classified as non-white.” ⁶	“If you are the only black, or Latino, or minority in an organization when you arrive.” – Thomas A. LaVeist
Structural Racism	
“Structural Racism lies underneath, all around and across society. It encompasses: (1) history, which lies underneath the surface, providing the foundation for white supremacy in this country, (2) culture, which exists all around our everyday lives, providing the normalization and replication of racism and, (3) interconnected institutions and policies, they key relationships and rules across society providing the legitimacy and reinforcements to maintain and perpetuate racism.” ⁸	“Where you live in the United States determines where you go to school, and the quality of education that you receive. It determines your access to employment opportunities. It determines the quality of neighborhood and housing conditions and how much lead exposure you have. It determines whether it is easy or difficult to be healthy in your neighborhood. It determines your access to medical care.” – David R. Williams

Table 1. Definitions and examples of various forms of racism.

- **All of these forms of racism interact.**

In discussions by panelists it became apparent that all of these forms of racism interact. It is helpful to understand this interaction by use of the following diagram which was developed by Cook and colleagues (see Figure 2).⁹

This framework helps us understand that different forms of racism are bidirectional and reciprocal in nature. For example, intrapersonal racism influences interpersonal racism, which influences structural racism, and vice versa.⁹ Intrapersonal racism includes both internal and individual racism. In order to dismantle structural racism, we must understand these interactions. Even if we have race-neutral policies and systems in place, they will inevitably fail to reduce structural racism unless we also work to eradicate interpersonal and intrapersonal racism.

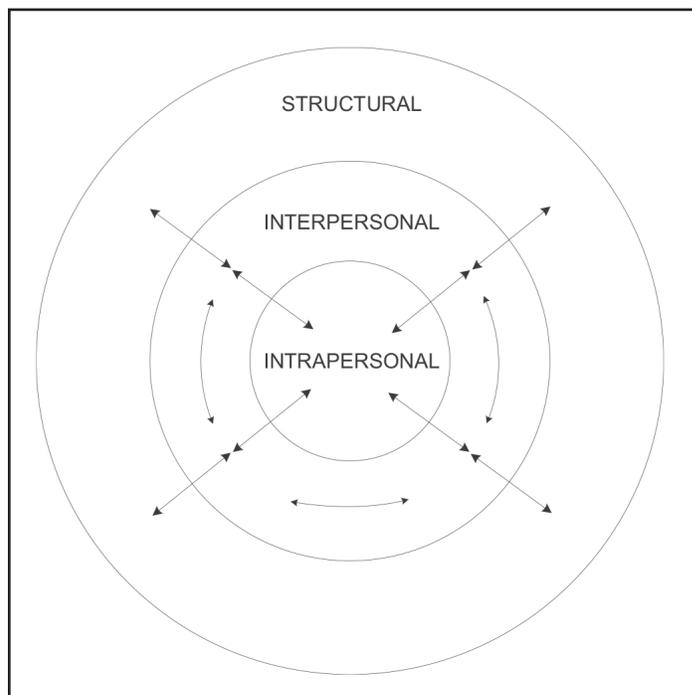


Figure 2. A multilevel system with arrows depicting the possibility for bidirectional influences within and between system levels.⁹

- **Residential segregation by race and poverty impacts everything else, including health, schools, and policing.**

In relation to health, residential segregation impacts access to healthy foods, access to hospitals and doctors, quality housing (exposure to environmental toxins), and access to safe recreational places for children. Additionally, residential segregation impacts the quality of the schools as well as access to appropriate and timely policing. As a result, panelists emphasized addressing residential segregation to overcome structural racism. (For more detail please see the sixth and final section titled “Residential Segregation.”)

- **History is important.**

In learning how to overcome structural racism, speakers emphasized that we must acknowledge United States history, and the role that this history plays in our current policy and practice even when such acknowledgement is uncomfortable and challenging. We will try to capture that history throughout the sections of this report that follow.

“It is important to be very specific with our policies. Though they might look like it is good for everyone, they might not be. We need to approach policy with an equity lens.”

Diane Bell McKoy

- **We must acknowledge and address white privilege to understand others' disadvantage.**

We must acknowledge that the myth that everyone can make it if they just work hard enough is just that – a myth. It was emphasized by many of the speakers that “black and brown people are not broken,” and that the systems in America force people of color to adapt, either successfully or unsuccessfully, to racialized policies. If white America does not acknowledge that they have been advantaged by their skin color then they will continue to believe that people of color are less advantaged because of personal attributes.

Challenges

- **Some have argued that with the election of President Obama we live in a post-racial society where racism is a notion of the past—that is far from reality.**

Speakers discussed how ignorance about race is culturally normative. Moreover, within the current political climate, policies are often framed with a universal lens, one that gives equal access and opportunities to all. Even if true, such policies ignore that the starting point is not the same for all people and “equal opportunity” advantages those whose starting point is farther ahead. Policies, speakers argued, need to acknowledge this reality.

- **Structural racism is ever changing and we continue to make the same mistakes.**

Speakers discussed frustration with the lack of public awareness and understanding of how policies adapt over time to reinforce and bolster structural racism. They also acknowledged the need to develop clear conceptual frameworks for understanding the multidimensional nature of structural racism.

Components to Address

- **We need to develop a Baltimore City racial equity action plan.**

Examples of cities/states that have implemented actions plans are available on the following website made available by Racial Equity Tools. This could be a good place for Baltimore to start.

www.racialequitytools.org/plan/action-plan#PLA34

Examples of Successful Baltimore Organizations

- **The Greater Baltimore Urban League** is a nonprofit that seeks to reduce disparities in employment, education, healthcare and housing for African-Americans and other people facing barriers across Maryland.
www.gbul.org/about-gbul.html
- **Leaders of a Beautiful Struggle** works towards transforming Baltimore through policy change.
www.lbsbaltimore.com
- **The Maryland Legislative Black Caucus** drafts and sponsors legislations dedicated to enriching Maryland's Black or African American community.
www.msa.maryland.gov/msa/mdmanual/07leg/html/caucus/black.html
- **Associated Black Charities** is a public foundation that “advocates and facilitates the creation of measurably healthier and more prosperous communities through responsible leadership and philanthropic investment throughout the State of Maryland.”
www.abc-md.org/associated-black-charities

Who we are

Established in 2000, the UHI serves as an interface between Johns Hopkins University and the Baltimore community in which it resides. Together with its university and community partners, the UHI explores ways that the research, teaching, and clinical expertise of the University can be better harnessed for the benefit of the residents of Baltimore.

Our Mission

To serve as a catalyst that brings together the resources of Johns Hopkins Institutions with the City of Baltimore, to improve the community's health and well-being, and in so doing serve as a model of community-university collaboration regionally and nationally.

We would like to acknowledge the contributions from the Community-University Coordinating Council and community planning meeting participants in helping to shape the symposium.

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