



RACE, RACISM AND THE SOCIAL DETERMINANTS OF HEALTH

In an attempt to understand and address the social factors that drive health inequities in Baltimore, the Johns Hopkins Urban Health Institute and the Office of the Provost sponsored the 2nd annual symposium on the Social Determinants of Health in April 2013, and invited local and national leaders to discuss how we can achieve health equity in Baltimore City. Among the many topics discussed was the importance of overcoming Baltimore's legacy of race and racism.

It has been well documented that there are racial and ethnic disparities in health, leading some to erroneously conclude that race is the explanation for health disparities. Rather, the inequalities stem from differences in income, power, and control over one's life.

Low-income African Americans experience a lack of opportunity throughout life, starting at birth. African American children are more likely to be born with low birth weight and live in high-poverty communities. Living in these communities predisposes individuals to chronic conditions like obesity, asthma, diabetes, and heart disease, and a shorter average life span. People in low-income, predominantly African American neighborhoods do not have equal access to early learning and Head Start, because these programs are not funded universally. As a result, people of color are more likely to be behind in school-readiness measures. African Americans are more likely to be expelled from school than whites, and they are more likely to end up in jail. These disparities continue

throughout life and are passed on to the next generation, and will continue on, unless we do something to change them.

POLITICS MATTER

In order to address health disparities related to race, it is important to understand that race is intertwined with politics, and politics are all about allocation of scarce resources like money. Money spent on a military base is money not spent on social services, for example, and money spent on social issues that affect disadvantaged populations is money not spent on issues that affect other populations.

Policies that break the city into areas defined by race and class, and a system that puts some on the top and others on the bottom creates the circumstances for "plagues," as Dr. Mindy Fullilove, Professor of Clinical Psychiatry at Columbia University, calls them. They include epidemics like AIDS, violence, drug addiction, asthma, and drug-related mental illness that occur in inner cities.

These policies result from politicians and lobbyists setting the narrative by creating a set of images and sound bites that establish an understanding of reality as they define it. They define the face of welfare, the face of crime, or the face of immigration. They define taxation as "socialism," which creates fear—of government, of blacks, or of illegal immigrants pouring over a border. Such narratives and images help to build jails, build walls and fences to guard the borders, and establish protectionist policies. We need to build political power that establishes a new narrative, with new messages and new messengers.

BUILDING POLITICAL POWER

When disadvantaged groups do not have the same political control as others, their interests are not represented in policies, and they do not have the power to determine the destinies of their own communities.

We need to make the people most directly affected by these unfair policies the center of our focus. African Americans and Latinos need to be empowered to participate in

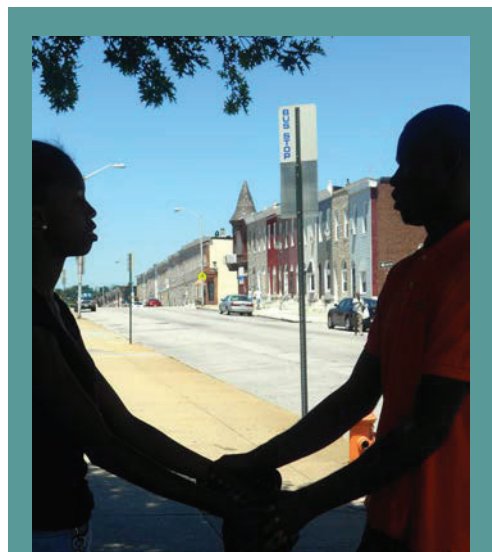
government and given a voice. It is not enough to have data showing the facts, for example, that ninety percent of those incarcerated for drugs are black, despite no disparity in drug use between races, or that more blacks are pulled over by police even though whites are more likely to have drugs in their cars. We also need to develop race literacy—the language to explain racism, substantiated by data, in ways that policy makers can understand. We need to master political speech. Our job is to help populations who don't have a voice in the current political climate to develop the skills to effectively tell their stories.

We need to cultivate leaders who can represent the interests of low income people of color so that their interests are represented in policy making. It's also important to empower black institutions to propose solutions, because in Baltimore the people most affected are predominantly black communities. Many of the institutions that are responsible for helping to improve the quality of life of black people in Baltimore and around the country are not owned and controlled by black people. The same is equally true for other ethnic minorities. As Sir Michael Marmot noted, one of the major contributors to health inequalities is the lack of power those who are disadvantaged have over their own lives. Providing these individuals the skills for political activism gives them more control and can in itself reduce disparities.

TURNING PAIN INTO PASSION, PURPOSE, AND POLICY

According to Dr. Fullilove, when we put together the personal stories of racism, we create a new narrative that allows us to pivot and change the downward spiral into an upward one. These personal stories can become the new messages that change the narrative, and in turn, lead to better policies.

“Passion comes from pain, and from that passion comes purpose. And from that purpose comes policy,” explains Congressman Elijah Cummings. “And in Baltimore, there are a whole cadre of people who want to turn their pain into passion and change policy.”



Nobody in the City of Baltimore wants the outcomes that we have, and so we have to stop judging people and seeing them as the enemy, but invite others in to be aligned toward these common goals.

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CREATING A BIG TABLE FOR DIALOGUE

We can't afford to stay divided by race. “If you pit people against each other, we are locked into dysfunction. Racism is keeping us all down,” says Dr. Fullilove. Instead, we need to bring everyone together to work on the issues. “We need a big table for the collaboration of residents, politicians, designers, funders, business, industry, education, religion, community services, city services, and others,” she explains. “We need to shift away from hate and fear, and work together to

heal cities so that everybody can have an equitable future.”

One example of successfully bringing people together is the work that many Baltimore-based organizations are doing with the assistance of the Aspen Institute, which focuses on identifying and addressing institutional racism. Another is the White Allies dialogue; a discussion series that Leaders of a Beautiful Struggle are launching, which will explore how whites can be effective allies to the growing Black-led social movement brewing in Baltimore.

CHANGING CULTURAL ATTITUDES: “IT’S MY TIME TO GO”

“We must help people understand what high expectations are all about ...So often people believe they are supposed to die early,” says Congressman Elijah Cummings. People need access to affordable health care with practitioners who can understand their culture, speak their language, and counsel them on attitudes or healthy habits, give preventive services, and provide follow-up care. We need to work to change the attitudes of certain groups by educating them about diseases that are preventable and treatable. To ensure that efforts to improve racial disparities are effective, we should require that all outcome measures and quality of care measures are reported by race and ethnicity and primary language.

LIFTING THE VEIL ON BALTIMORE’S LEGACY OF SEGREGATION

Finally, we must be willing to look at our past here in Baltimore and lift the veil to show how the legacy of segregation still plagues us. Post-apartheid South Africa was willing to look at its history, and Brown University did likewise. Such self-reflection allows for insight; and with insight comes change.