

The Impacts of Racism on Health



Every New Yorker deserves to achieve their full health potential.

However, not everyone has fair access to the factors that contribute to good health, such as healthy foods, safe places to live and play, and a wage that allows them to live with dignity.

The Impacts of Racism on Health

For many people, their opportunities for being healthy are limited by factors outside of their control, including prejudice they experience based on the color of their skin or their ethnicity.

Racism prevents communities of color from accessing resources and opportunities, and negatively affects overall health and well-being. Centuries of racist policies and discriminatory practices create unfair, unnecessary and avoidable barriers to health for communities of color. To nurture and sustain healthy New Yorkers of all races and ethnicities, we must address racism and identify the root causes of unfair and unjust health outcomes.



What Are Race and Ethnicity?

Race and ethnicity are social constructs. This means they are ideas made up by people and are not rooted in biology. **Race** is a system of categorizing people based on physical features and **ethnicity** is based on geography, language, traditions or history. There are no biological differences between racial or ethnic groups. Despite the lack of differences, people and societies have historically used race and ethnicity to maintain a system of unfair advantages and disadvantages. In the United States, White people have historically oppressed people of color. Oppression still persists today. There is overwhelming evidence that a person's race and ethnicity often determine their physical and mental health outcomes.



The Impacts of Racism on Health

For example, in New York City (NYC):

- ▶ The mortality rate for Black infants remains three times higher than for White infants.¹
- ▶ In 2015, the mortality rate among people younger than 65 was 51% higher among non-Latino, Black New Yorkers than among non-Latino, White New Yorkers.²

To address inequities based on race and ethnicity in the health care system, we must understand the following:

- ▶ How racism across institutions, or structural racism, shapes the health outcomes of communities of color
- ▶ How racism affects all aspects of health care, from the resources available in particular neighborhoods to what happens in the doctor's office
- ▶ What the New York City Health Department is currently doing to address structural racism



The Impacts of Racism on Health

“Racism influences how people are treated, what resources and jobs are available to them, where they are likely to live, how they perceive the world, what environmental exposures they face, and what chances they have to reach their full potential.”³ — Unnatural Causes: Is Inequality Making Us Sick?

Structural Racism and Health

Structural racism is the root cause of health inequities in the United States. Discriminatory policies and practices are types of structural racism. Structural racism affects many parts of our lives, including where we live, learn, work and play. These places, or our environment, influence our physical and mental health. Since this country’s founding, racially discriminatory policies and practices in housing, employment, transportation, education and more have harmed the health of communities of color for many generations.



Key Terms

Racism is a system of power and oppression that assigns value and opportunities based on race and ethnicity. It unfairly disadvantages people of color while unfairly advantaging White people. Racism occurs on different levels, including structural, interpersonal, institutional and internalized racism.

Racial bias is the brain's automatic and unconscious association of stereotypes or attitudes toward particular groups.

Structural racism is racial bias across institutions, including government agencies, and society.

Discrimination and racial bias are examples of **interpersonal racism**, or racism between people.

For these and other key terms, see the "Glossary."



Residential Segregation and Housing: An Example of Structural Racism

Residential segregation is a key example of how structural racism affects communities of color. In the U.S., racist policies and practices created separate and unequal neighborhoods based on race and ethnicity.

In 1934, Congress created the Federal Housing Administration, which worked with other government organizations to rank neighborhoods from most to least desirable. Neighborhoods that were predominantly Black and Latino were outlined in red, or redlined, on residential maps. Federal and local government and banks used these maps to determine which areas they thought were safe for investment. Redlined neighborhoods and their residents did not receive mortgages and other financial investments. These resources went to new Whites-only, suburban communities. Redlining continues to have a large impact on health outcomes and is one way that institutions support residential segregation.

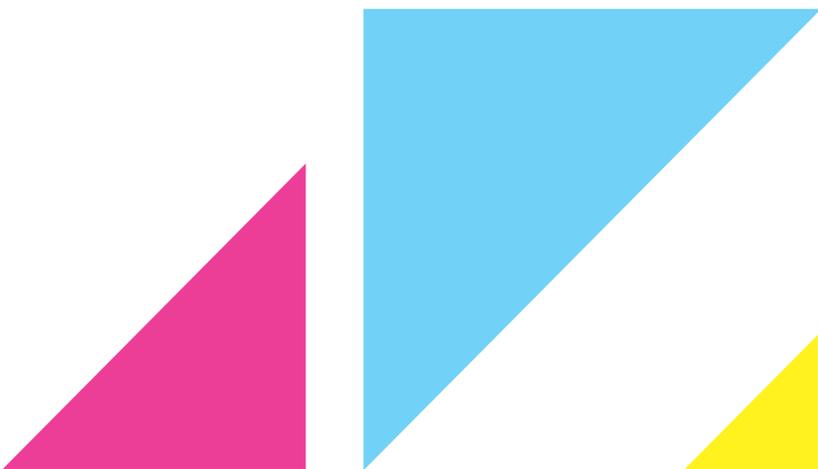
The Impacts of Racism on Health

Fewer financial resources have led to poor neighborhood conditions in communities of color, including fewer safe places for physical activity, lower quality schools, fewer employment opportunities and limited access to fresh fruits and vegetables. Conditions like these can lead to negative health outcomes. Additionally, because these neighborhoods were redlined and seen as undesirable places to live, they were more likely to become locations for major roadways, factories and toxic waste sites — further affecting the health of communities of color. Redlining and residential segregation create greater exposure to housing and living conditions that contribute to asthma, hypertension, kidney damage and lung cancer.^{4,5}

Health Care: An Example of Structural Racism and Bias

The Civil Rights Act of 1964 sought to improve many unequal systems and institutions segregated by race and class, including health care. Before 1964, many hospitals and health care facilities had a “separate but equal” system, which was legal under federal and local laws, and included separate wards and services for people of color.

However, these separate systems were far from equal. A review of hospital integration published in 1956 found that in the South, only 6% of hospitals offered unrestricted services to Black people, 31% did not admit Black people, even for emergencies, and 47% had segregated wards.⁶ Other unjust practices affected hiring policies, promotions and staff privileges for health care workers of color.



The Impacts of Racism on Health

Racialized medical abuses were common before and after 1964. These abuses reflected racial biases. For example, physicians justified operating on Black patients without anesthesia because they believed they were more resistant to pain.⁷ Another example of medical abuse occurred in Tuskegee, Alabama, from 1932 to 1972. Governmental public health researchers in Tuskegee enrolled 400 Black men with syphilis in a study to chart the course of the disease. Even after an effective cure for syphilis was discovered, the public health researchers deliberately withheld treatment from these patients. And as recently as the 1970s, various states performed procedures to permanently prevent women of color, including Native American and Mexican American women, from becoming pregnant. These states wanted to prevent these racial and ethnic groups from growing.⁸

While these acts of racism might seem to belong in the past, racial bias and segregation in health care still occur: A 2016 study found that White medical students, residents and non-medical people held false beliefs about biological differences between White and Black people, including that Black people feel less pain than White people.⁹

What the Health Department Is Doing to Address Health Inequities

Structural racism was created and is continued by people. It can and must be undone by people.

As part of its mission to protect and promote the health of all New Yorkers, the New York City Health Department formed the Race to Justice initiative. Through Race to Justice, the agency educates and trains staff, creates new guidelines and collaborates with communities to see how racism affects the Health Department's work and to ultimately undo racism.

In addition to Race to Justice, other agency programs are focused on undoing racist policies and practices, including Take Care New York (TCNY).



The Impacts of Racism on Health

Relaunched in 2015, TCNY is the City's blueprint for giving everyone the chance to live a healthier life. Its aim is to improve every community's health, especially among groups with the worst health outcomes, so that our city becomes a more equitable place. TCNY looks at traditional health factors and social factors, such as how many people in a community graduated from high school or go to jail. The TCNY team works with community groups and other organizations to address health concerns by connecting communities to Health Department programs.

By continuing to work with and engage communities historically deprived of resources, the Health Department can decrease unfair and avoidable health outcomes to protect and promote the health of all New Yorkers.



The Impacts of Racism on Health

1. Li W, Zheng P, Huynh M, Castro A, Falci L, Kennedy J, Maduro G, Lee E, Sun Y, and Van Wye G. Summary of Vital Statistics, 2016. New York, NY: New York City Department of Health and Mental Hygiene, Bureau of Vital Statistics, 2018.
2. Li W, Sebek K, Huynh M, et al. Summary of vital statistics, 2015. New York, NY: NYC Department of Health and Mental Hygiene, Bureau of Vital Statistics, 2017.
3. Smedley B, Jeffries M, Adelman L and Cheng J. Race, Racial Inequality and Health Inequities: Separating Myth from Fact. Unnatural Causes. https://www.unnaturalcauses.org/assets/uploads/file/Race_Racial_Inequality_Health.pdf.
4. Williams, D. R. (1999). Race, socioeconomic status, and health the added effects of racism and discrimination. *Annals of the New York Academy of Sciences*, 896(1), 173-188.
5. Williams, D. R., & Collins, C. (2001). Racial residential segregation: a fundamental cause of racial disparities in health. *Public health reports*, 116(5), 404-416.



The Impacts of Racism on Health

6. Reynolds PP. Professional and hospital discrimination and the US Court of Appeals Fourth Circuit 1956-1967. *Am J Public Health*. 2004;94(5):710-20.
7. Hoffman KM, Trawalter S, Axt JR, Oliver MN. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proc Natl Acad Sci U S A*. 2016;113(16):4296-301.
8. Tropy SJ. Native American Women and coerced sterilization: On the trail of tears in the 1970s. *American Indian Culture and Research Journal*. 2000;24(2):1-22.
9. Hoffman KM, Trawalter S, Axt JR, Oliver MN. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proc Natl Acad Sci U S A*. 2016;113(16):4296-301.



