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# Disparities in Public Health: the Role of Structural Racism

Health Equity Work Group

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Being pregnant and welcoming a baby can be a joyful time for a family...

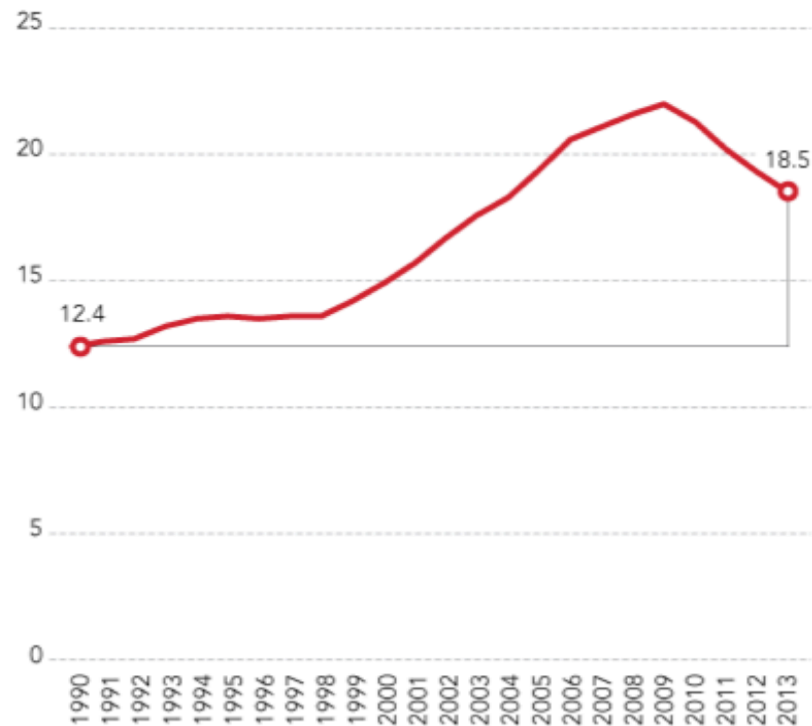


But, as a country, we've got some problems.

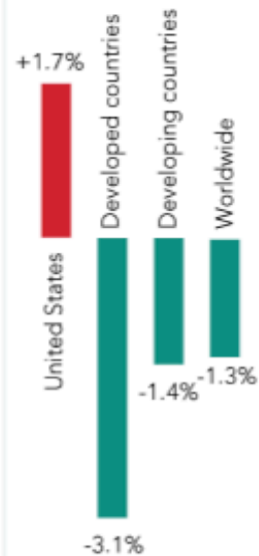
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## U.S. Sees Biggest Increases In Maternal Death Rates In Developed World Since 1990

U.S. maternal mortality ratio per 100,000 live births, 1990-2013



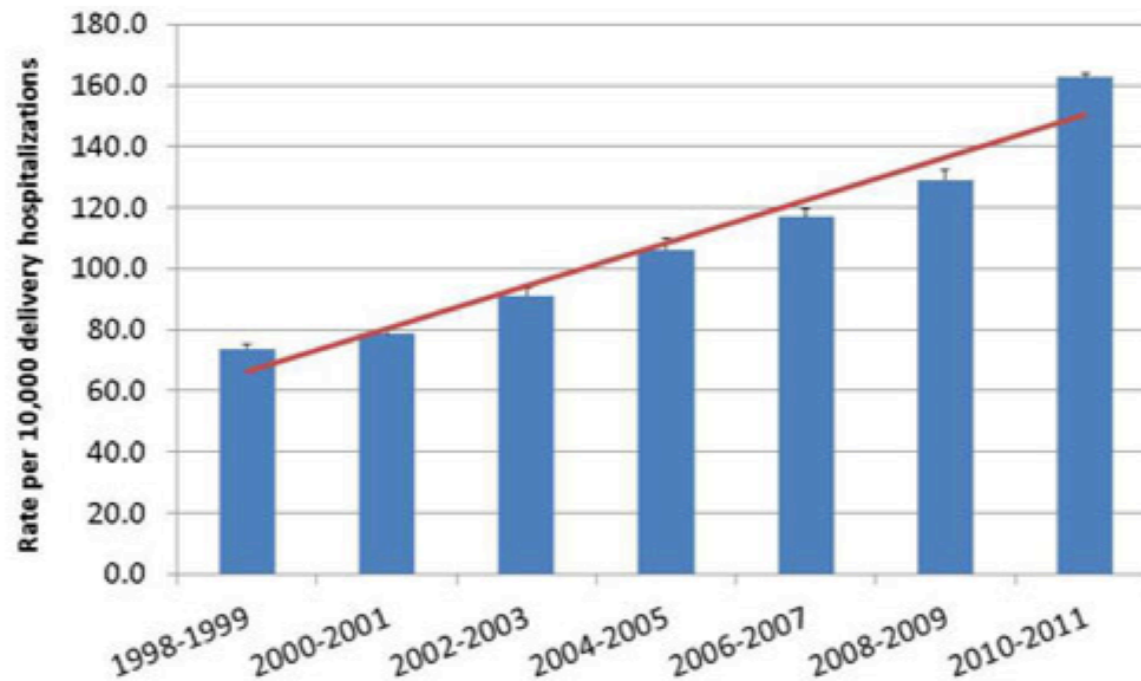
Percent change in maternal deaths per 100,000 live births, 1990-2013



Source: The Institute for Health Metrics and Evaluation/The Lancet

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## Severe Maternal Morbidity During Delivery Hospitalizations: United States, 1998-2011



<http://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>

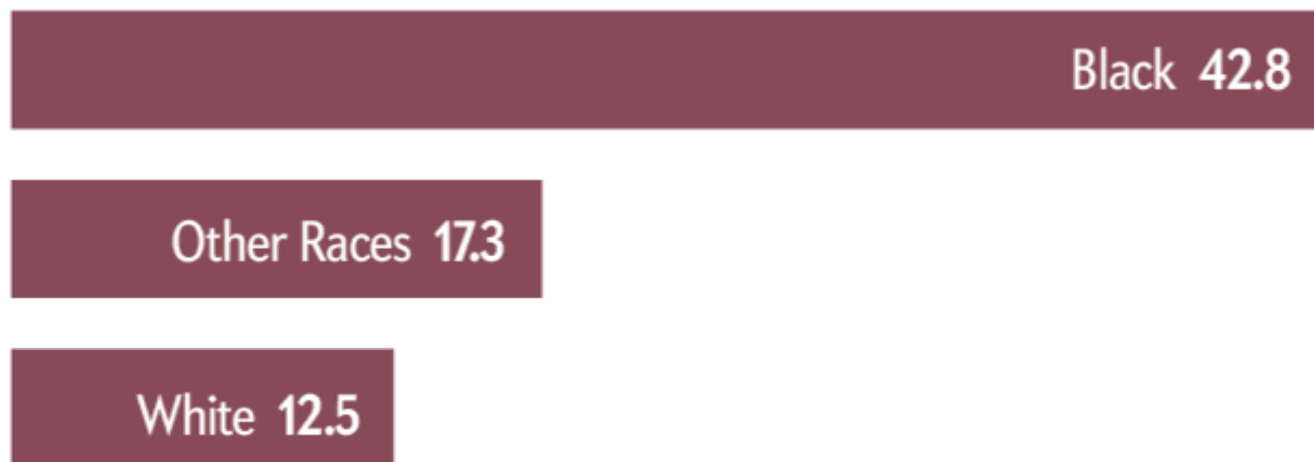
## Averages mask disparities.

Black women are 4 times more likely than white women to die in childbirth, unchanged for 100 years.



## U.S. Maternal Mortality Ratio by Race in 2011

Maternal deaths per 100,000 live births

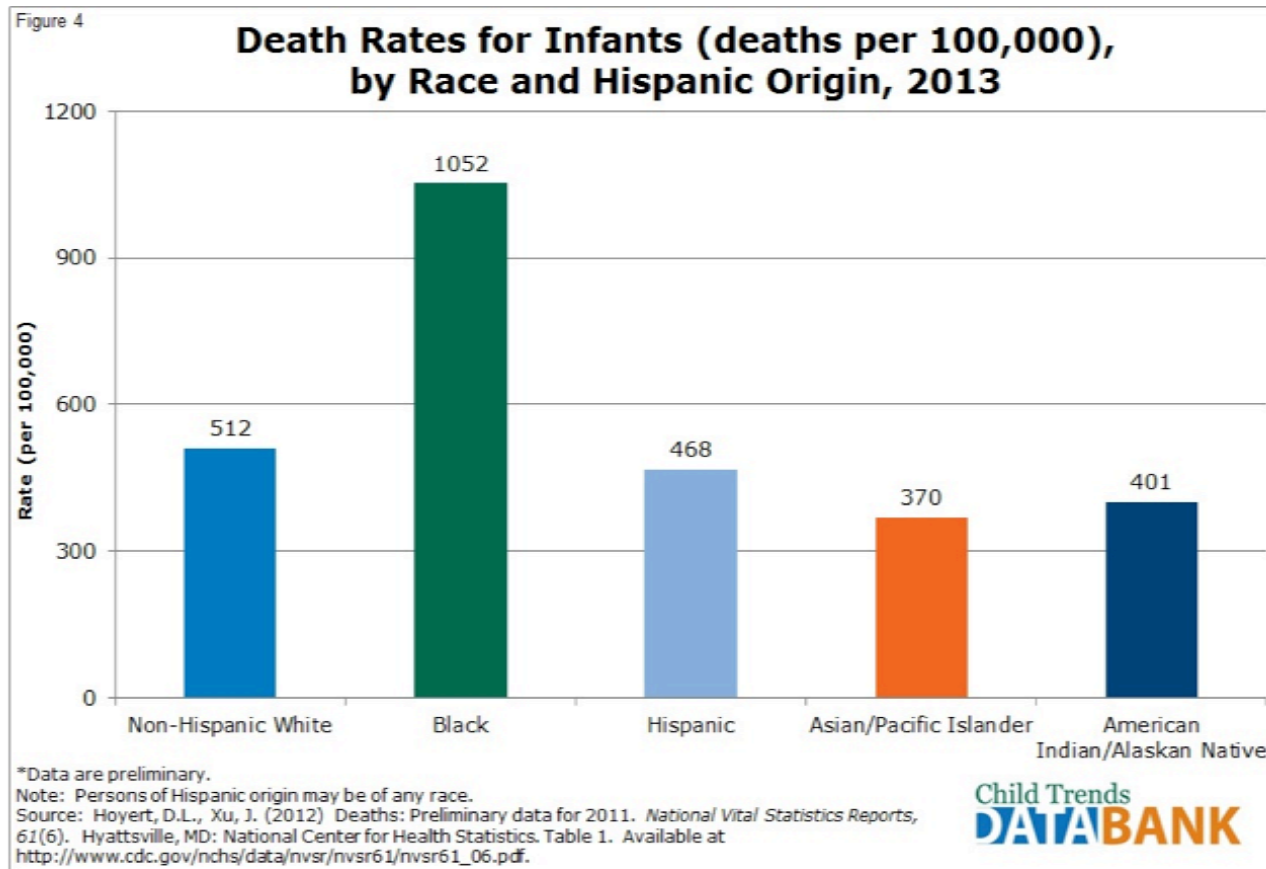


**Source:** Centers for Disease Control and Prevention

*Graphic by Tiffany Farrant-Gonzalez, for **SCIENTIFIC AMERICAN***

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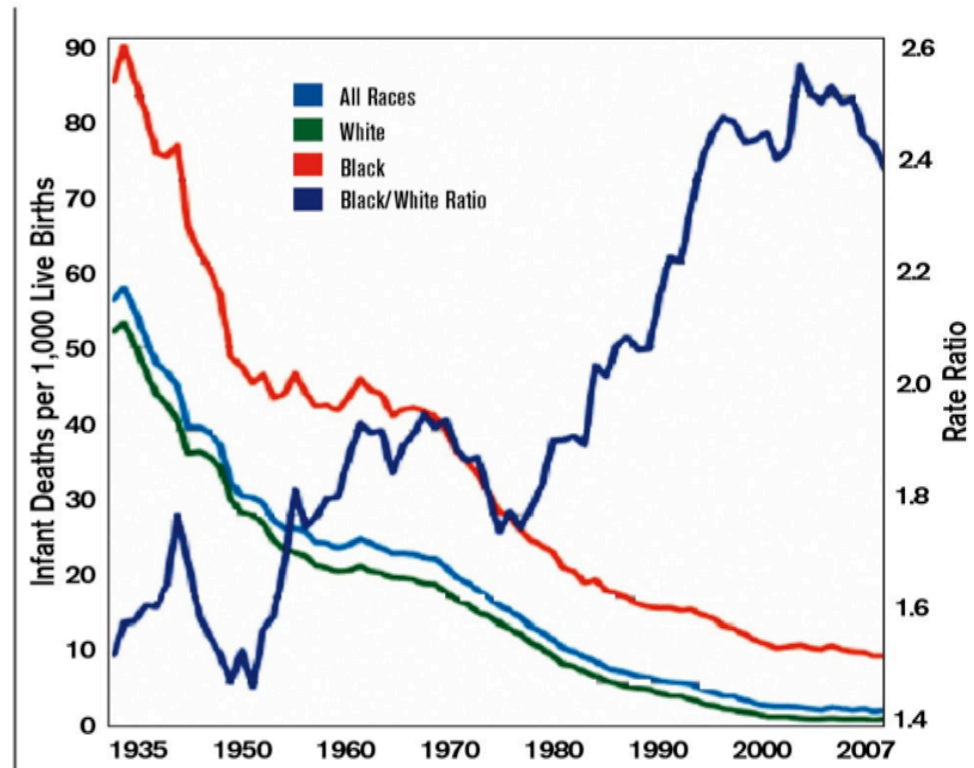
# Infant Mortality



## Racial disparities persist over time.

While infant mortality has declined for all races, a striking black/white disparity remains.

Infant Mortality Rate by Race, United States, 1935-2007



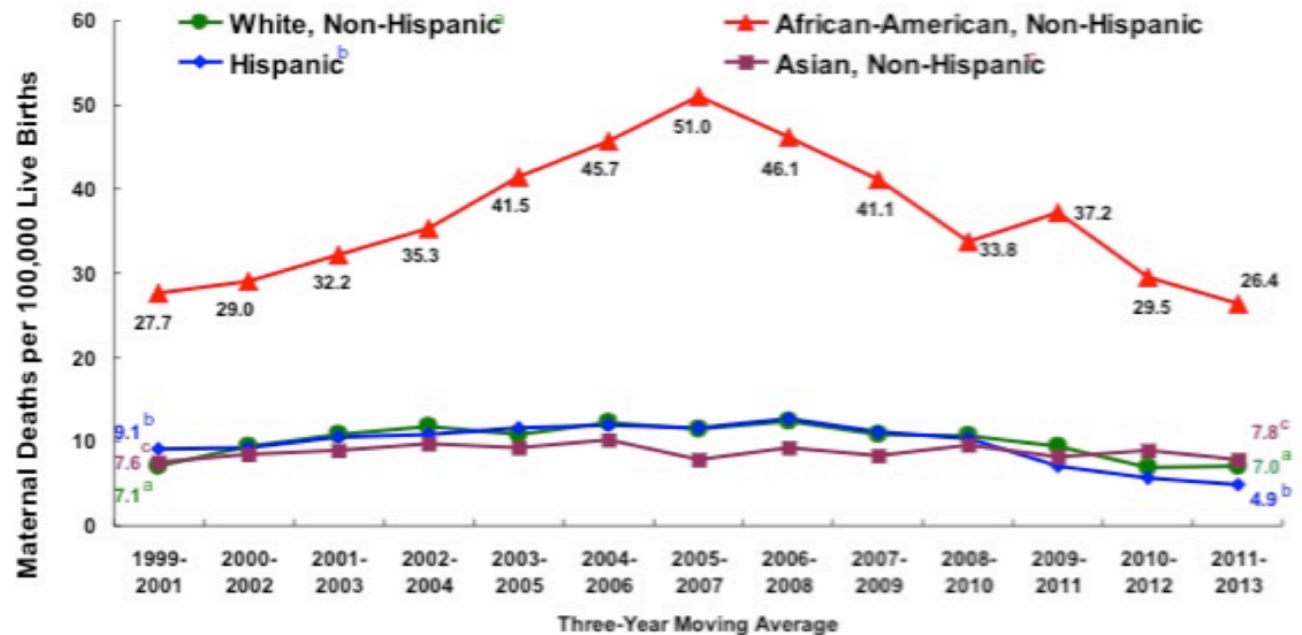
Source: Singh GK, van Dyck PC. Infant Mortality in the United States, 1935-2007: Over Seven Decades of Progress and Disparities. A 75th Anniversary Publication. Health Resources and Services Administration, Maternal and Child Health Bureau. Rockville, Maryland: U.S. Department of Health and Human Services; 2010. [http://www.hrsa.gov/healthit/images/mchb\\_infantmortality\\_pub.pdf](http://www.hrsa.gov/healthit/images/mchb_infantmortality_pub.pdf)



Even when things get better, we cannot lose sight of the inequities.



### Maternal Mortality Rates by Race/Ethnicity, California Residents; 1999-2013



SOURCE: State of California, Department of Public Health, California Birth and Death Statistical Master Files, 1999-2013. Maternal mortality rates for California (deaths ≤ 42 days postpartum) were calculated using ICD-10 cause of death classification (codes A34, O00-O95, O98-O99). Produced by California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, May, 2015.

## Definition:

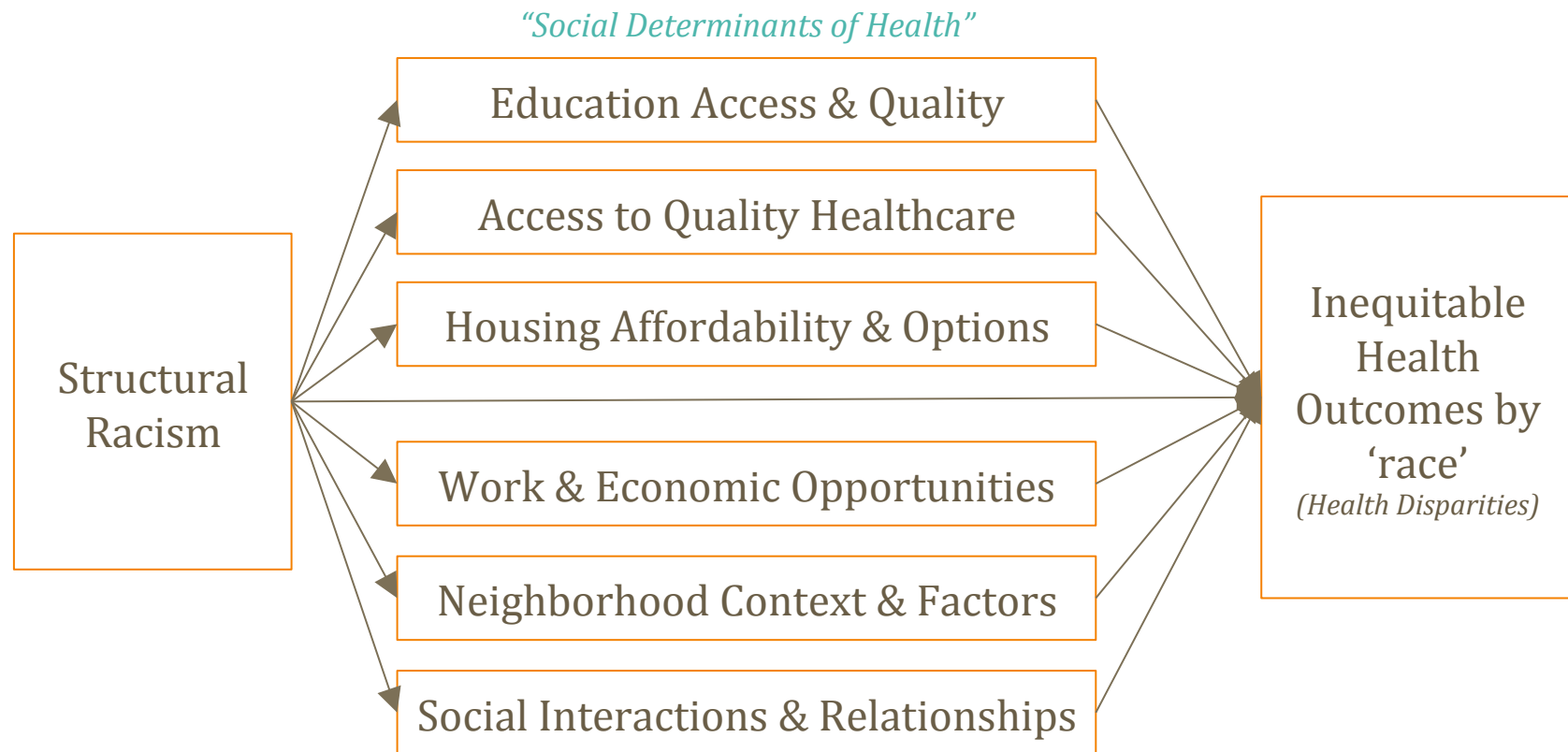
### Structural/Institutional/Institutionalized/Systemic Racism

*“Institutionalized racism is defined as **the structures, policies, practices, and norms resulting in differential access to the goods, services, and opportunities of society by "race."** Institutionalized racism is normative, sometimes legalized, and often manifests as inherited disadvantage. It is structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator. Indeed, institutionalized racism is often evident as inaction in the face of need.”*

Jones, C. P. (2002). Confronting institutionalized racism. *Phylon* (1960-), 7-22.

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# Conceptual Model: Structural Racism & Health Disparities

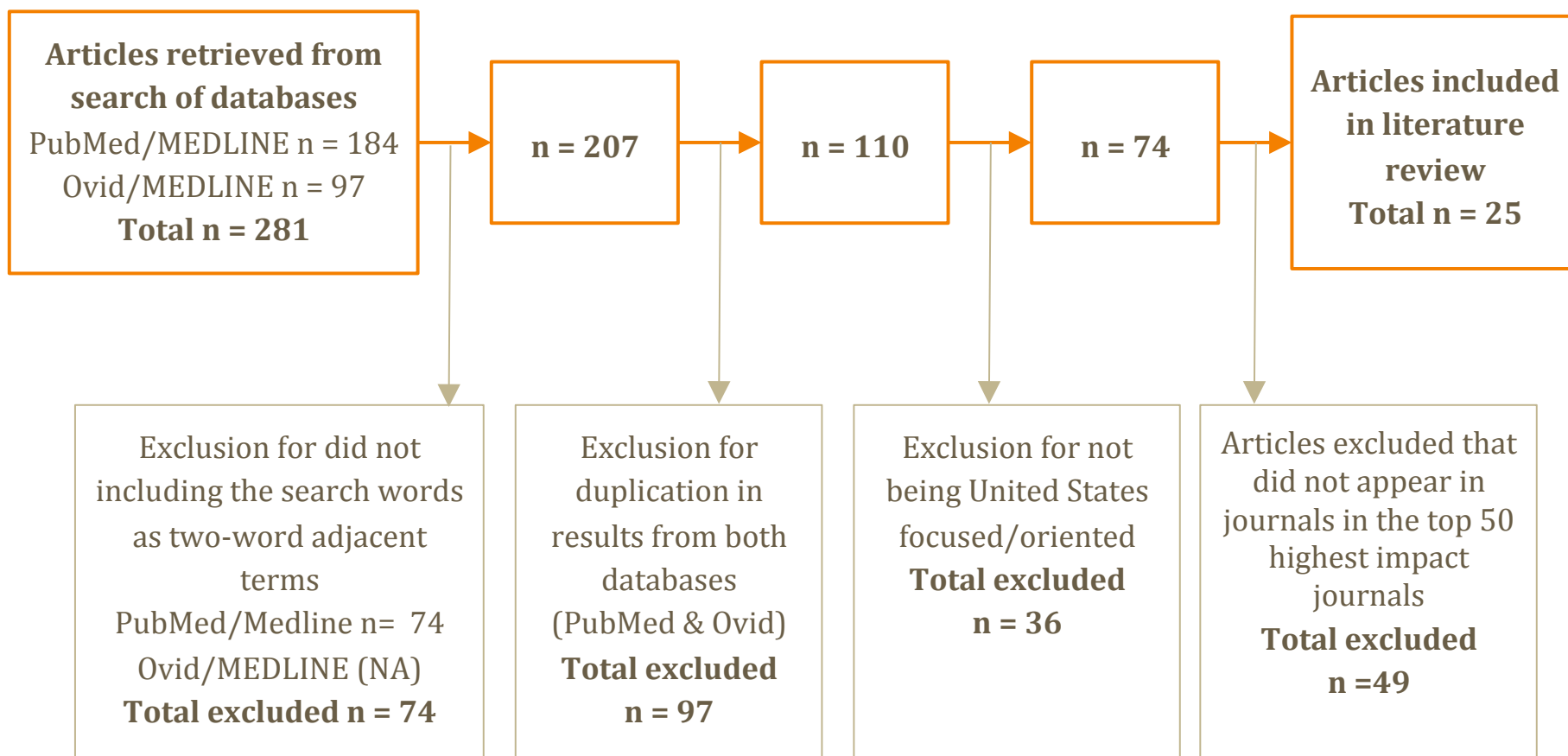


# Background & Research Question

- Confronting Institutional Racism by Dr. Camara Jones in 2002, challenging public health researchers and practitioners.
  - The imperative to meaningfully and systematically address structural racism is critical to the social justice mission of public health.
  - We seek to answer the question: *How is has the concept of 'Structural Racism' been defined, addressed and operationalized in the contemporary published public health literature since 2002?*
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# Literature Review Methods

- Indexed in Ovid/Medline or PubMed between 2002 and 2015
  - Included primary search terms in the title or abstract: *structural racism, institutional racism, institutionalized racism, institutionalised racism, systemic racism, systematic racism*
  - Articles published in journals ranked in the top 50 highest impact in each of the following six Journal Citation Reports Categories: *Health Care Sciences and Services; Health Policy & Services, Medicine, General and Internal; Nursing; Public, Environmental and Occupational Health; Social Sciences, Biomedical*
  - All included articles abstracted, coded and analyzed using NVivo Software
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# Recommendations from the Literature

- Change in research paradigm
    - Racism-focused research agenda
    - Use of Critical Race Theory
    - Rethinking race as a variable (collection, definition, use)
    - Engage with social sciences research
  - Training of public health and medical professionals as well as faculty
    - Need to acknowledge white racial frame in public health and medicine
    - Better understanding of structural inequalities required
  - Policy work/interventions central to addressing structural racism
  - Increased participation by diverse practitioners, faculty, researchers
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## Key Findings

- Structural racism is a significant factor that impacts the social determinants of health and contributes to persistent health disparities.
  - To date, structural racism has not been comprehensively addressed in the public health literature.
  - Public health researchers have not coalesced around a preferred term.
  - Structural racism is a difficult concept to define, measure and address.
  - Published literature to date has focused on describing the problem and have provided some recommendations to the research and practice communities, but no interventions to address it directly have been tested.
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# The Gap between Research and Reality

- Grey literature may include information on interventions/ways to address/confront structural racism.
    - Government (MDH report)
    - Private sector (Health Systems)
    - Nonprofit organizations (Government Alliance for Race and Equity)
  - How can public health engage better/more productively?
    - Research/academic
    - Practice
  - More (and better) research is needed, but is this enough to overcome disparities in public health?
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# Discussion Questions

1. What do you think about the fact that there is not a common definition or agreed-upon term for the concept?
  2. What is the literature we want/need to see in the next 10 years?
  3. What are steps that can be taken within public health research and practice to ensure that interventions are tested and results are widely disseminated and adopted?
    - a. academic institutions (teaching/education/training and research)
    - b. public health practitioners
    - c. community partners
    - d. professional associations
    - e. funding agencies/foundations
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**Thank you!**

