

In 2021, to combat racism and enact lasting change, Blue Cross and Blue Shield of Minnesota (Blue Cross) made a \$5 million philanthropic gift to the University of Minnesota School of Public Health (SPH) to establish the Center for Antiracism Research for Health Equity. Rachel Hardeman, associate professor and Blue Cross Endowed Professor of Health and Racial Equity, created the vision for the center and will serve as its founding director.

## GOALS OF THE CENTER

Not everyone in Minnesota and across the nation has an equal opportunity for a healthy life due to racism's influence on all aspects of society. The SPH Center for Antiracism Research for Health Equity aims to change that reality through five actions:

- 1 Develop antiracist research** to understand and measure the impact of racism on health.
- 2 Foster authentic community engagement** by convening researchers, practitioners, and community members to address the root causes of racial health inequities and drive real action for change.
- 3 Develop education and training** on structural racism, antiracism, and health inequities for students, public health professionals, and community members.
- 4 Change the narrative about race and racism** to one that does not hold up whiteness as the ideal standard for human beings.
- 5 Serve as a trusted resource** for public health agencies, policymakers, payers, and the media on issues related to racism and health equity.

## EXAMPLES OF SOCIETAL IMPACT

The SPH Center for Antiracism Research for Health Equity is grounded in the understanding that racism is a fundamental cause of health inequities, and that each of us has a responsibility to do our part to create change.

The center will have a significant impact by working alongside communities to develop tools and activities, such as (*not an exhaustive list*):

- A **data repository** that will allow others to measure and examine the linkage between structural racism and health.
- **Innovative antiracist research** on police violence, reproductive health, healthcare delivery, and other areas where racism impedes health.
- A **flagship course** on structural racism and health inequities.
- An **infrastructure for community-led research methods** to support authentic community engagement.
- **Support for communities** as they seek to understand, document, and respond to racial injustices that are contributing to health inequities.
- **Research, data, and guidance** to decision makers at both the state and federal levels.

## A LIFETIME OF RACISM

Health effects due to racism aren't isolated incidents; they occur throughout a person's lifetime, beginning with the challenges a mother faces before she gives birth. The data below reflect a failure of our society for more than 400 years to ensure health and well-being for people of color.

### LIFE EXPECTANCY

Minnesotans live longer and healthier lives than residents of nearly any other state — *if they are white.*

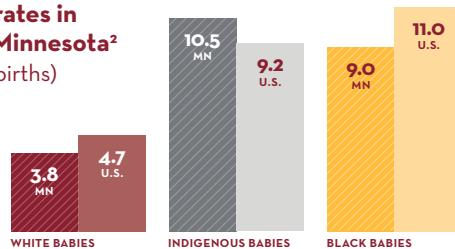
#### Life expectancy in Minneapolis/St. Paul, MN<sup>1</sup>



### INFANT DEATHS

Black and Indigenous infants in Minnesota are less likely to celebrate their first birthday.

#### Infant death rates in the U.S. and Minnesota<sup>2</sup> (per 1,000 live births)



### MATERNAL DEATHS

U.S. BLACK WOMEN  
**3-4X**  
MORE LIKELY TO DIE

Black women in the U.S. are 3-4 times more likely to die during or after childbirth than white women, regardless of income and education levels.<sup>3</sup>

### SEVERE MATERNAL ILLNESS

**2X HIGHER**

IN BLACK WOMEN

For every maternal death, 70 women suffer severe illnesses or incidents that are considered “near misses.” Black women experience these threats at a rate 2.1 times greater than that of white women.<sup>4</sup>



### COVID-19 DEATH RATES

For people of color, compared to non-Hispanic white people

IN U.S.

**2.7X HIGHER**

FOR BLACK, INDIGENOUS, AND LATINX COMMUNITIES COMBINED<sup>5</sup>



IN MINNESOTA

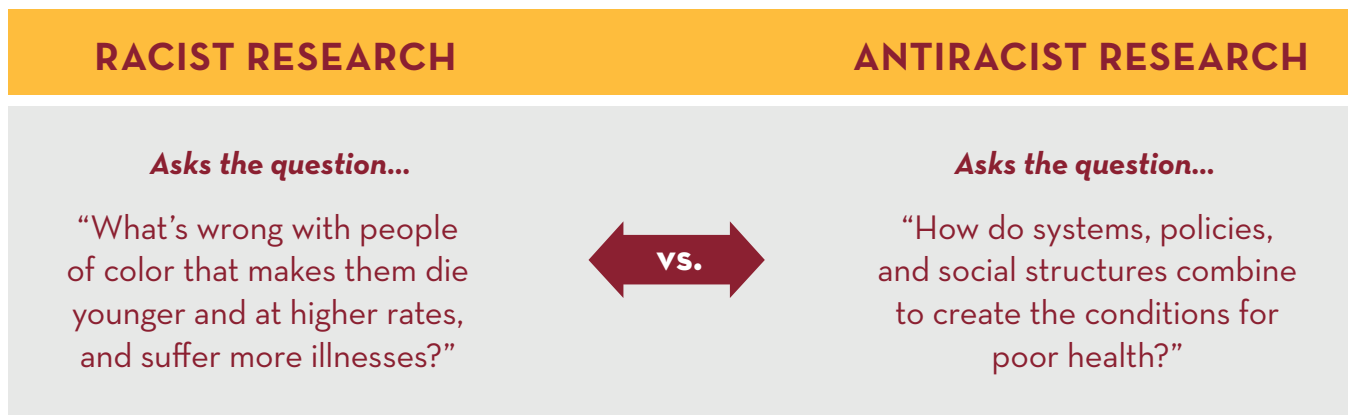
**5X HIGHER**

FOR BLACK MINNESOTANS AFTER ADJUSTING FOR AGE<sup>6</sup>

## WHAT IS ANTIRACIST RESEARCH?

Antiracist research is a **revolutionary way of doing health research** grounded in the understanding that racism is a fundamental cause of health inequities. It explores how systems, policies, social structures, and historical influences create the conditions for health inequities rather than placing the responsibility solely on individuals. The approach also requires that we **put the people who are grappling most with these issues at the center** of research design and decision making.

Ultimately, antiracist research will produce antiracist findings, change narratives, produce equitable policy solutions, and influence community interventions.



## PHILANTHROPIC COMMITMENT FOR CHANGE

Funding for the SPH Center for Antiracism Research for Health Equity is provided by Blue Cross and Blue Shield of Minnesota as part of its long-term commitment to tackle the leading causes of preventable disease, increase racial and health equity, transform communities, and create a healthier state.

**Philanthropy provides essential sustainable funding that inspires and enables SPH’s pursuit of health equity for all.** To make a gift, please visit [sph.umn.edu/give](http://sph.umn.edu/give) or contact SPH Chief Development Officer Jess Kowal at [jkowal@umn.edu](mailto:jkowal@umn.edu) or 612-626-2391.

References: 1. Unequal Distribution of Health in the Twin Cities: A study commissioned by the Blue Cross and Blue Shield of Minnesota Foundation | October 2010, 2. CDC National Vital Statistics Reports, Volume 68, Number 10; Minnesota Department of Health infant mortality data, 2014-2018, 3. CDC Pregnancy Mortality Surveillance System, 4. Creanga, B. Bateman, E. Kuklina, W. Callahan, Racial and ethnic disparities in severe maternal morbidity: a multistate analysis, 2008-2010, 5. CDC COVID-19 Hospitalization and Death by Race/Ethnicity, 6. E. Wrigley-Field, S. Garcia, JP Leider, Racial Disparities in COVID-19 and Excess Mortality in Minnesota