

# **Racism and Health in America**

## **The Gardener's Tale** and other stories

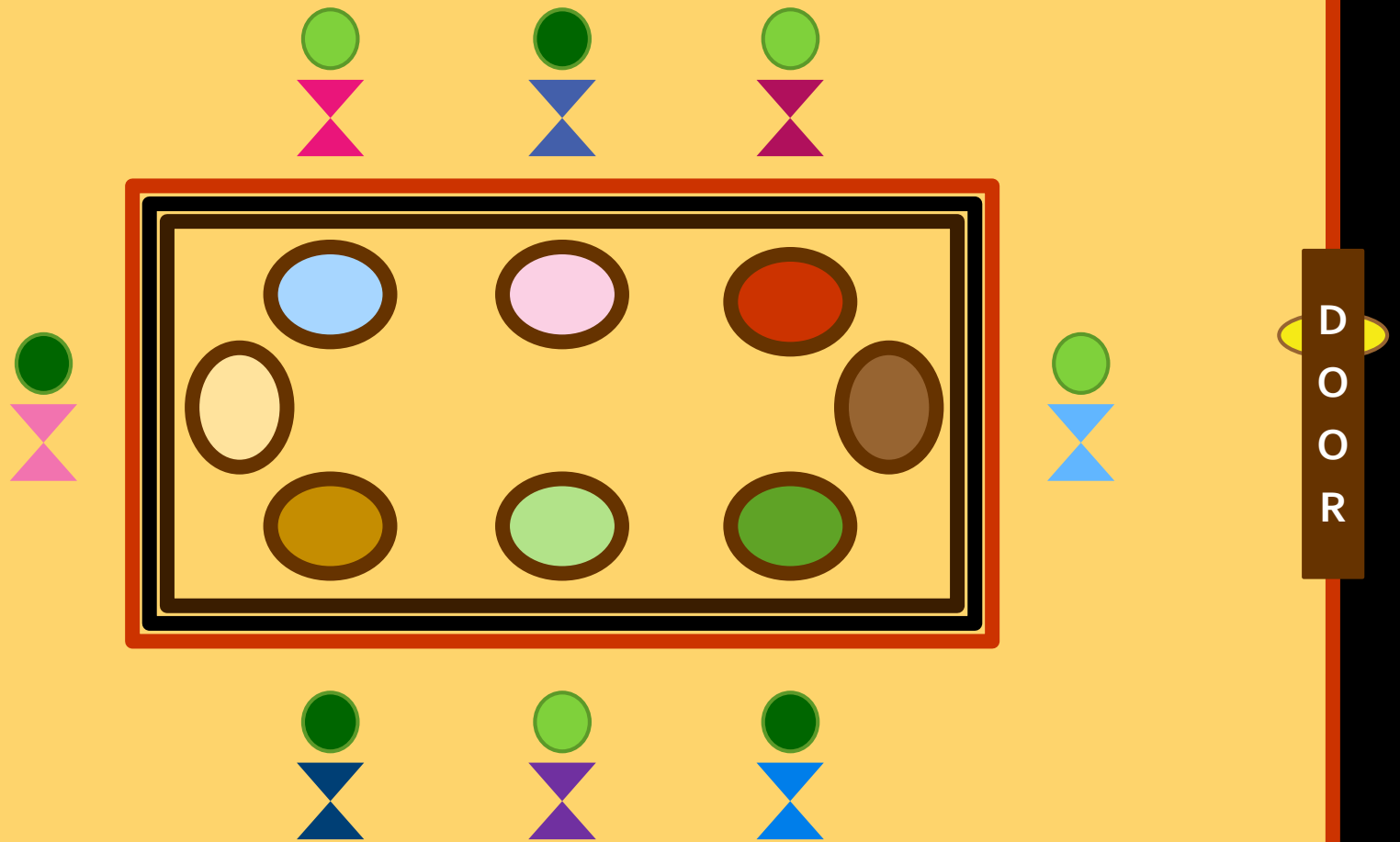
**Camara Phyllis Jones, MD, MPH, PhD**

**Keynote Address**  
**2018 Virginia Oral Health Summit**  
"Advocacy | Equity | Access"  
Virginia Oral Health Coalition

*Richmond, Virginia*  
*November 8, 2018*

# Dual Reality: A restaurant saga





I looked up and noticed a sign . . .

**OPEN**

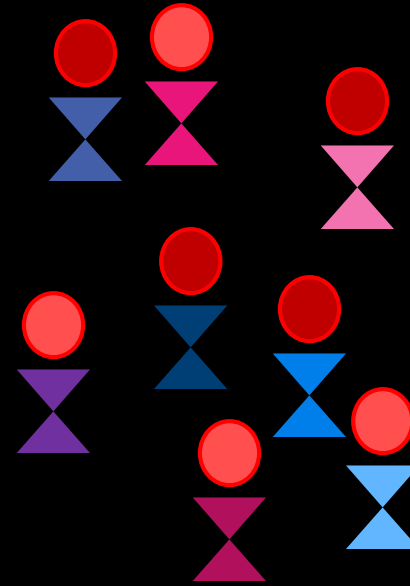
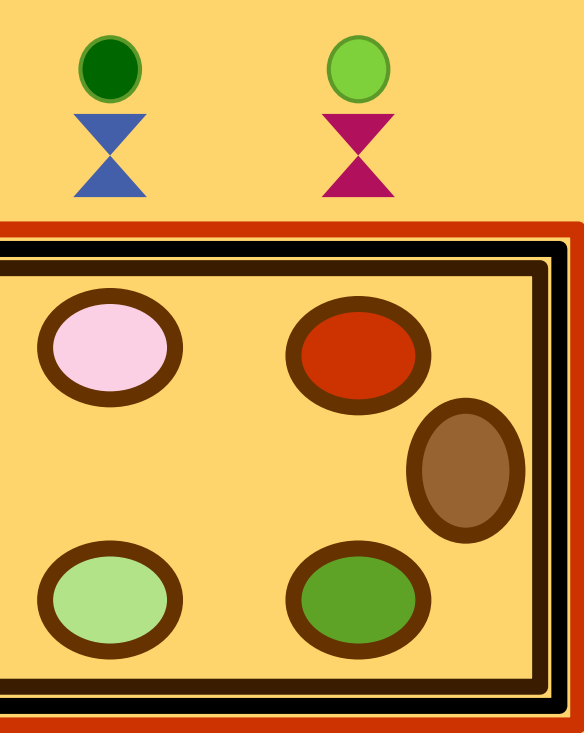




**CLOSED**

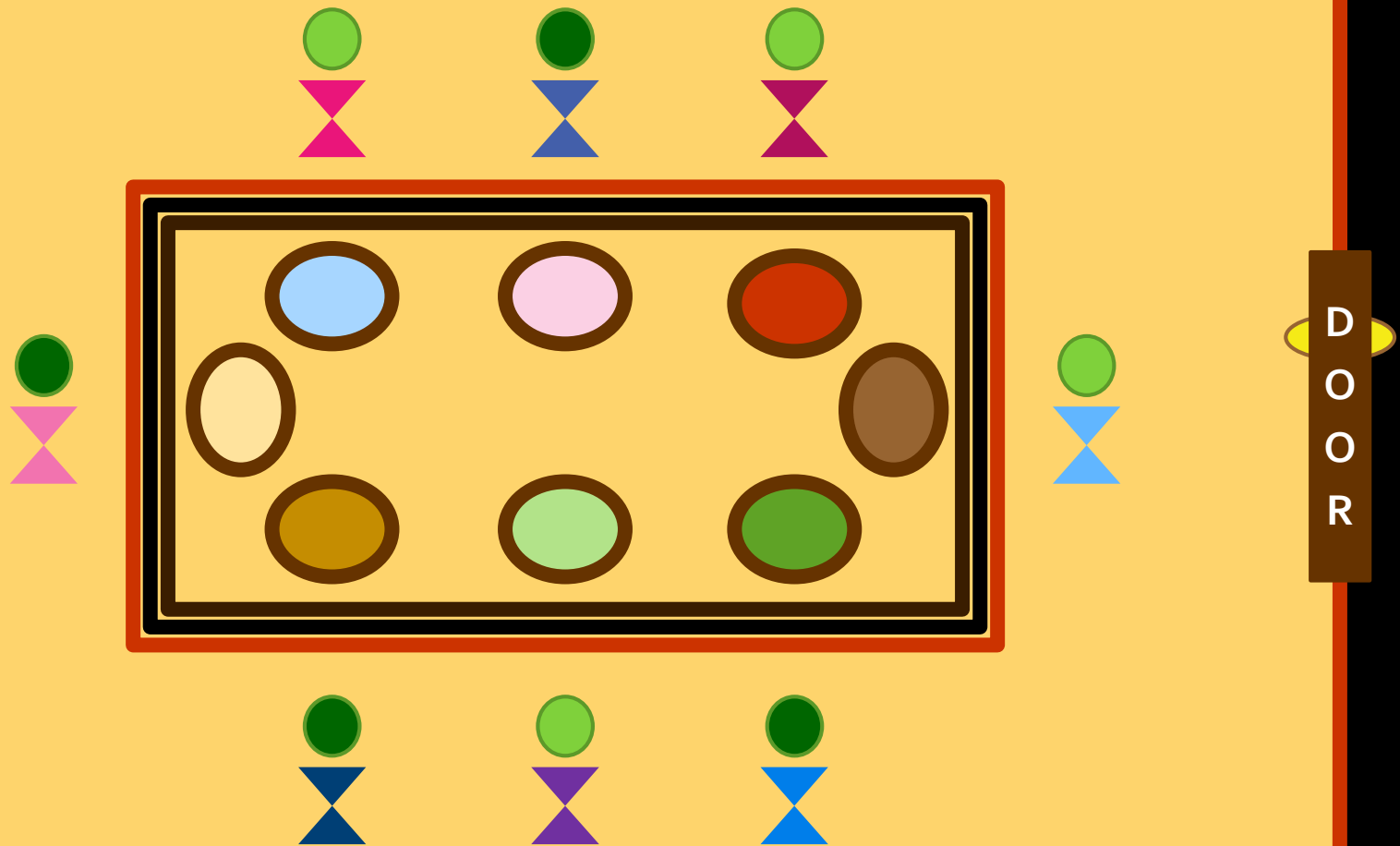


Racism structures “Open/Closed”  
signs in our society.



It is difficult  
to recognize  
a system of inequity  
that privileges us.

Those on the outside  
are very aware of the  
two-sided nature  
of the sign.



Is there really a two-sided sign?

Hard to know, when only see “Open”.  
A privilege not to HAVE to know.  
Once DO know, can choose to act.

# What is racism?

**A system**



# **What is racism?**

**A system of structuring opportunity and assigning value**

## **What is racism?**

**A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”)**

# What is racism?

**A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that**

- Unfairly disadvantages some individuals and communities

# What is racism?

**A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that**

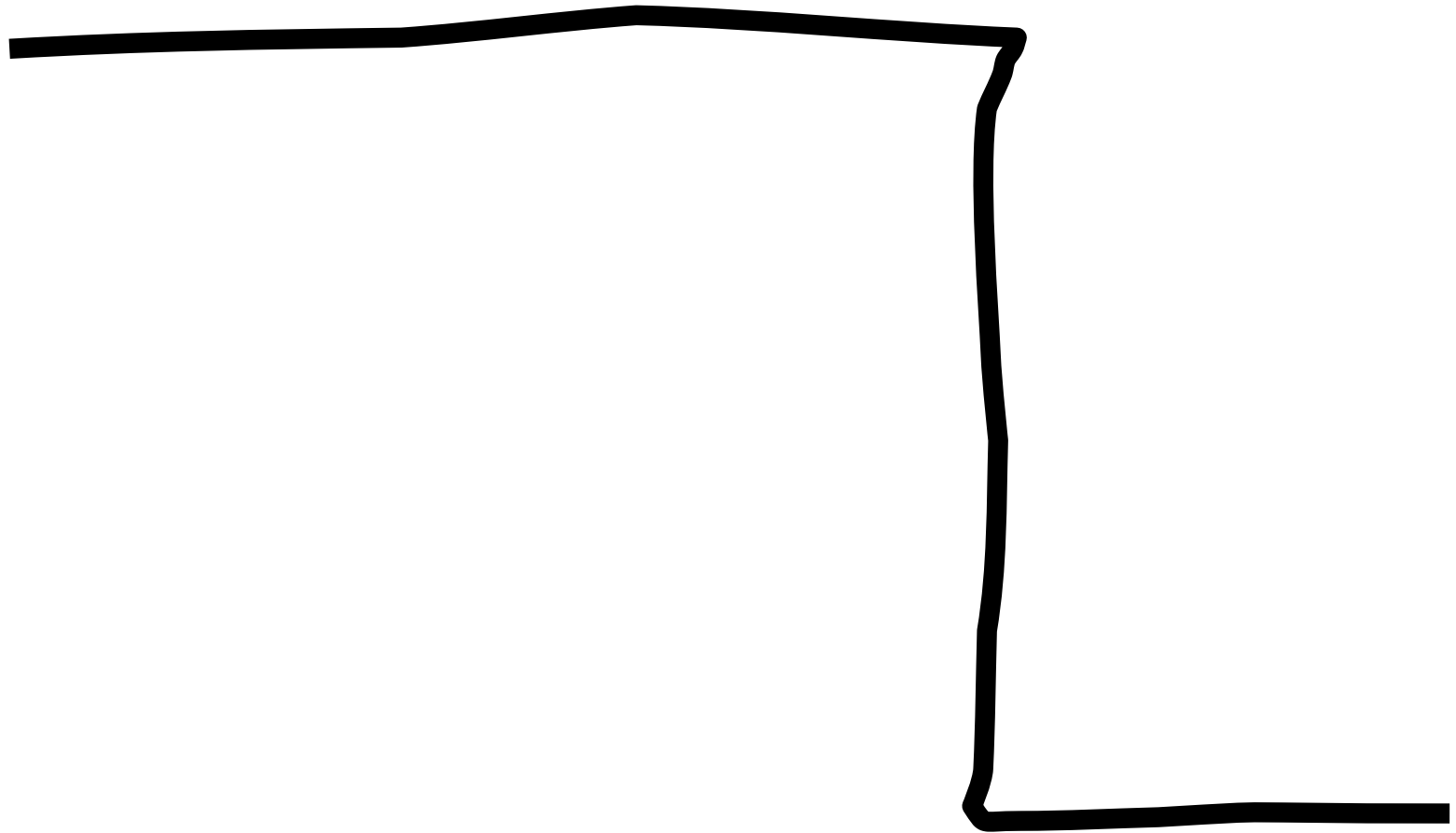
- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities

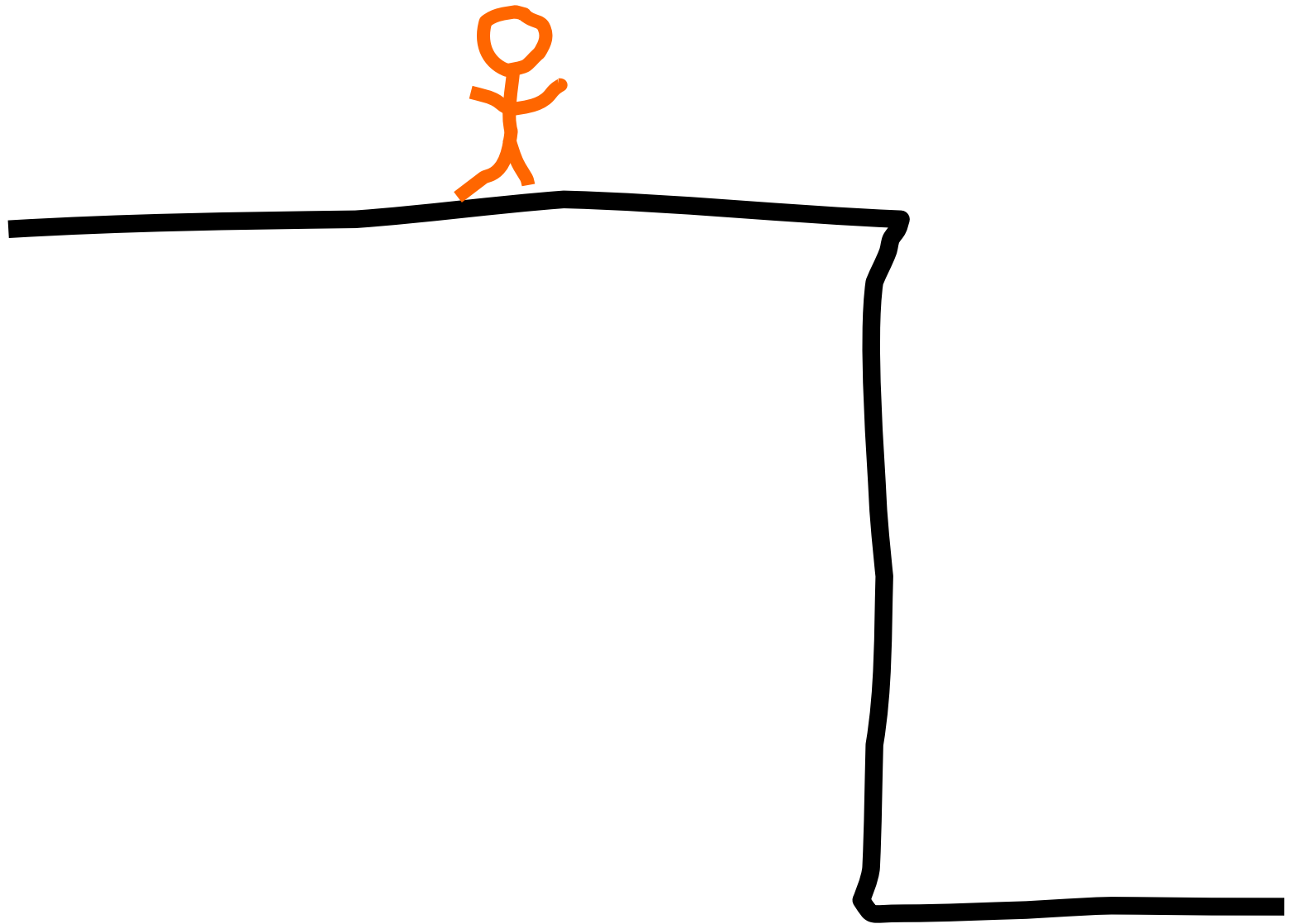
# What is racism?

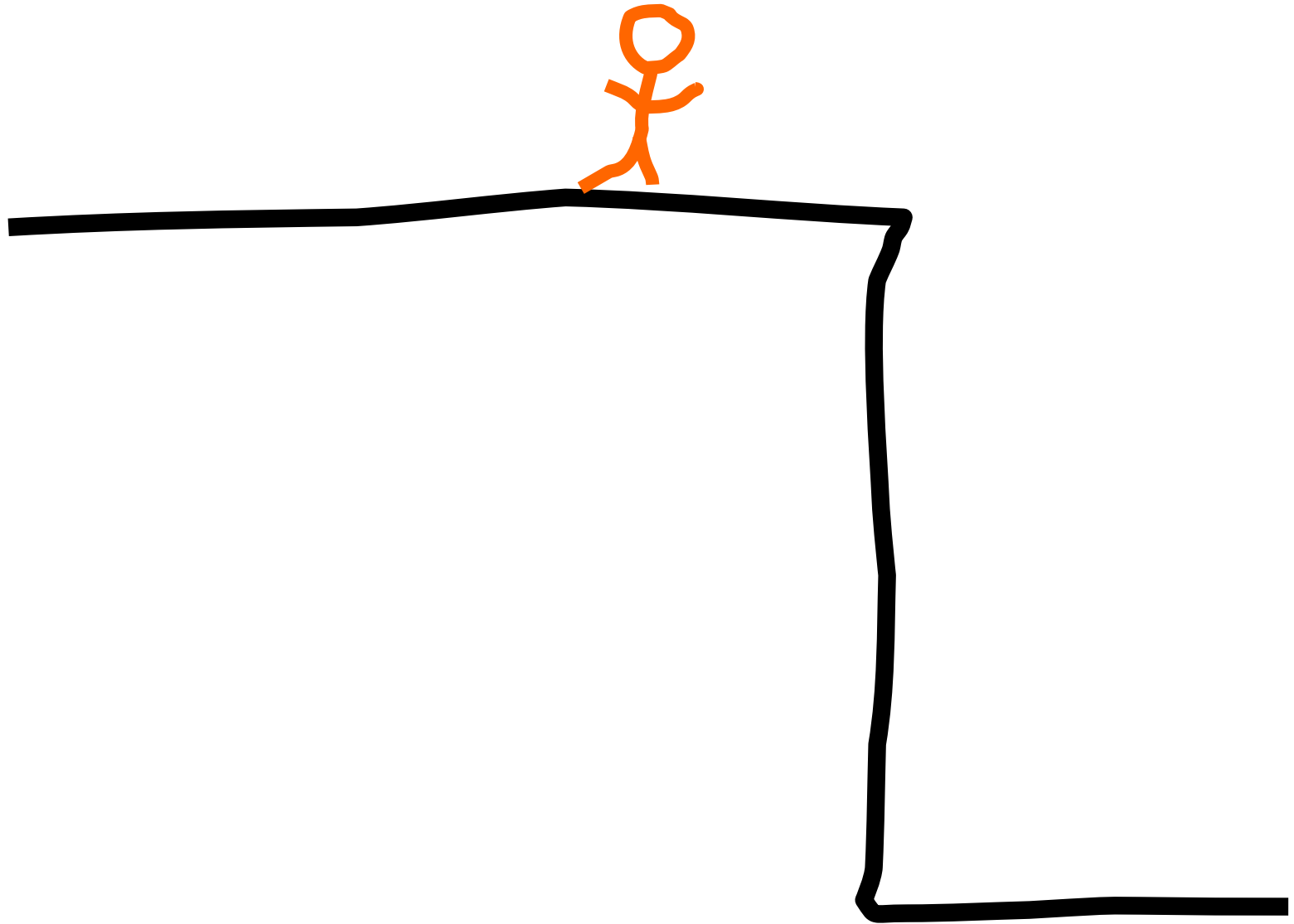
**A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that**

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

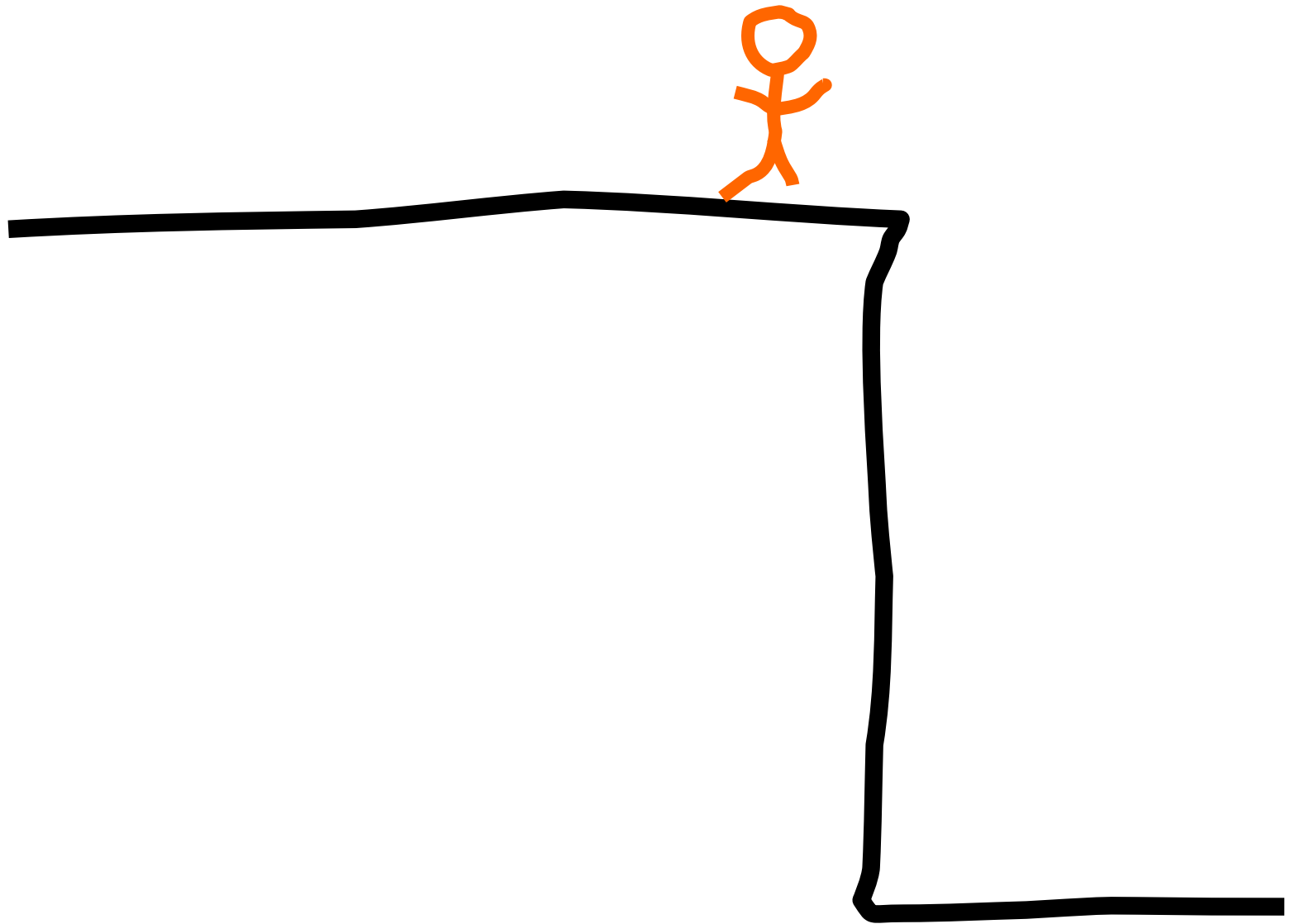
# Levels of health intervention

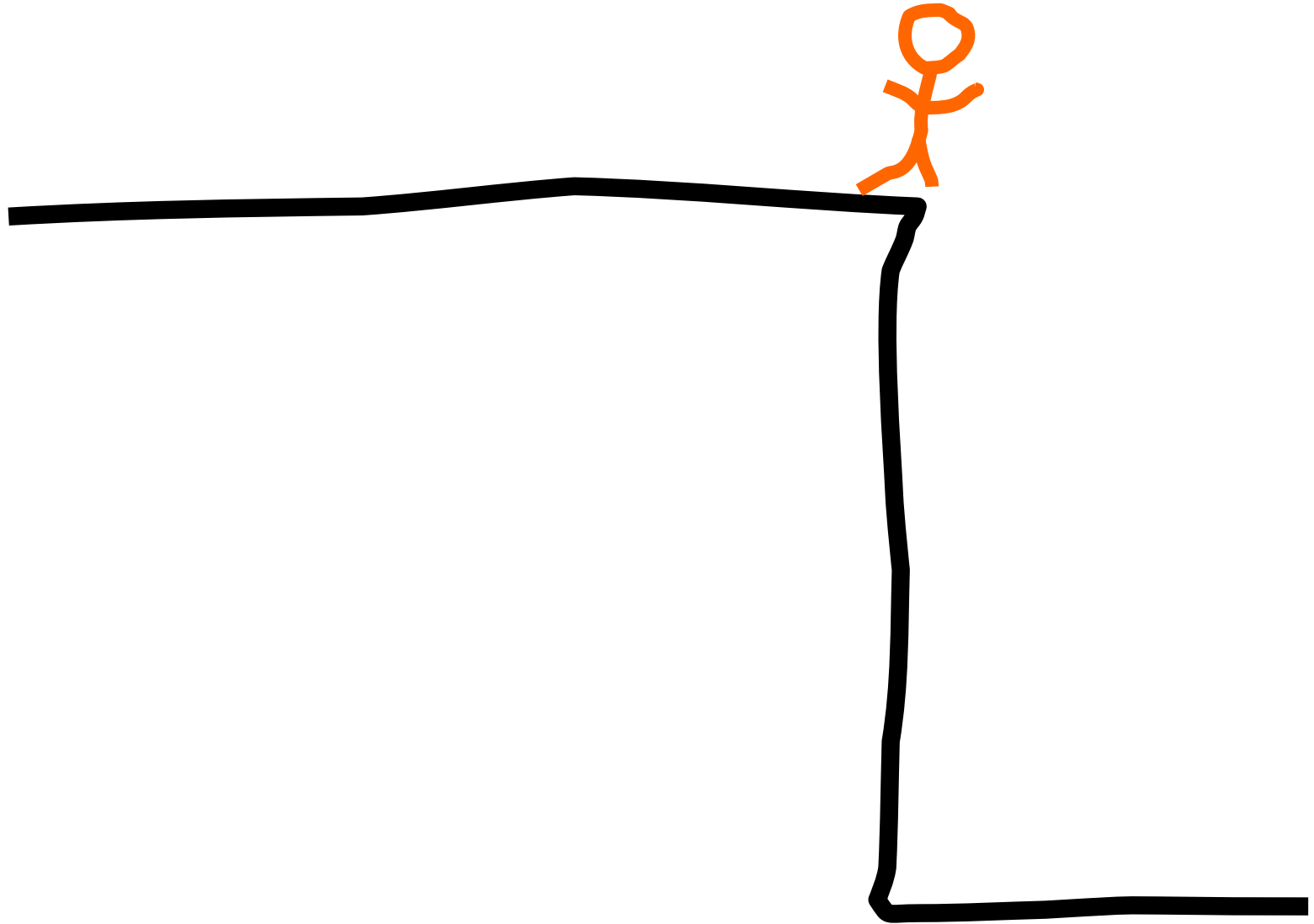


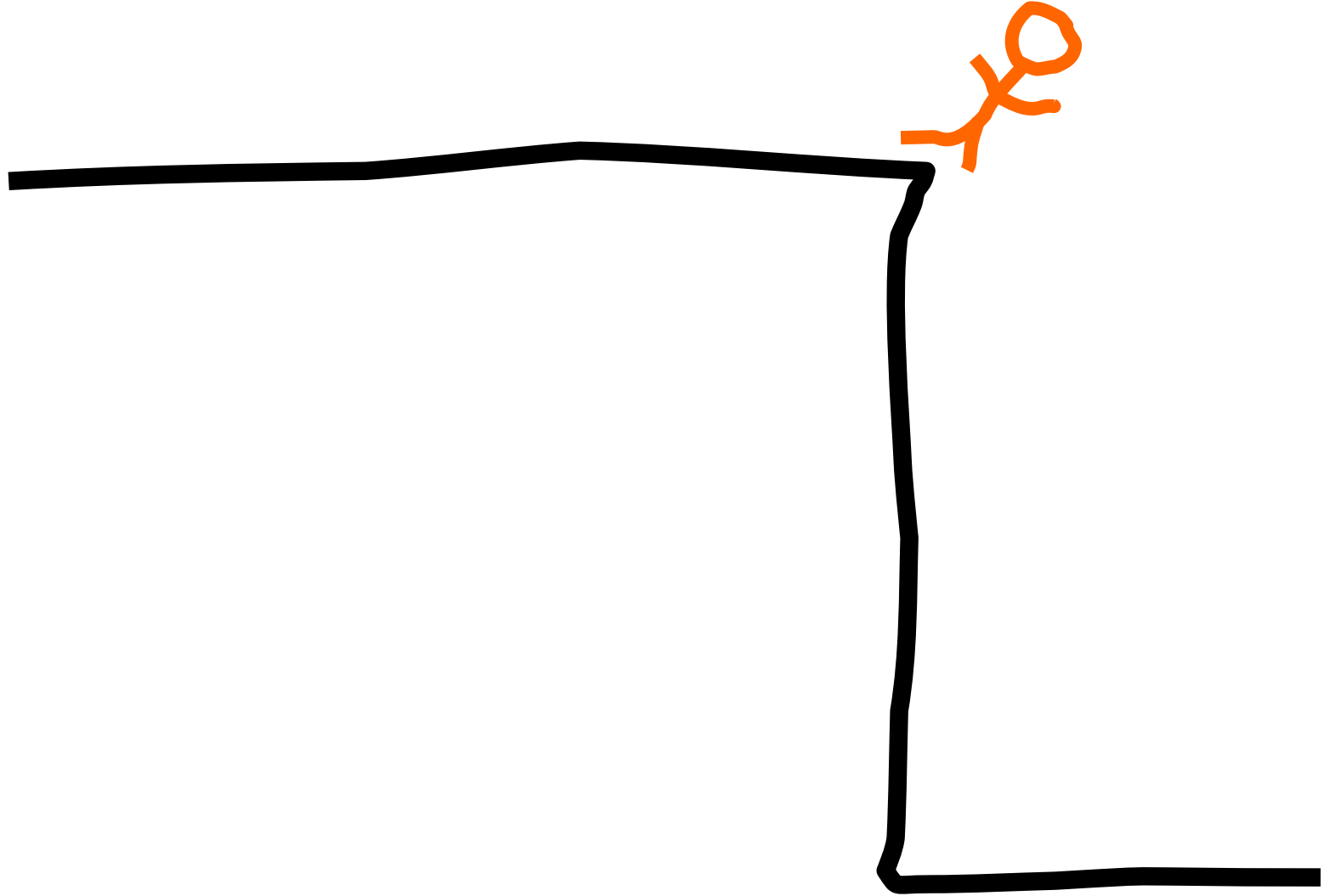


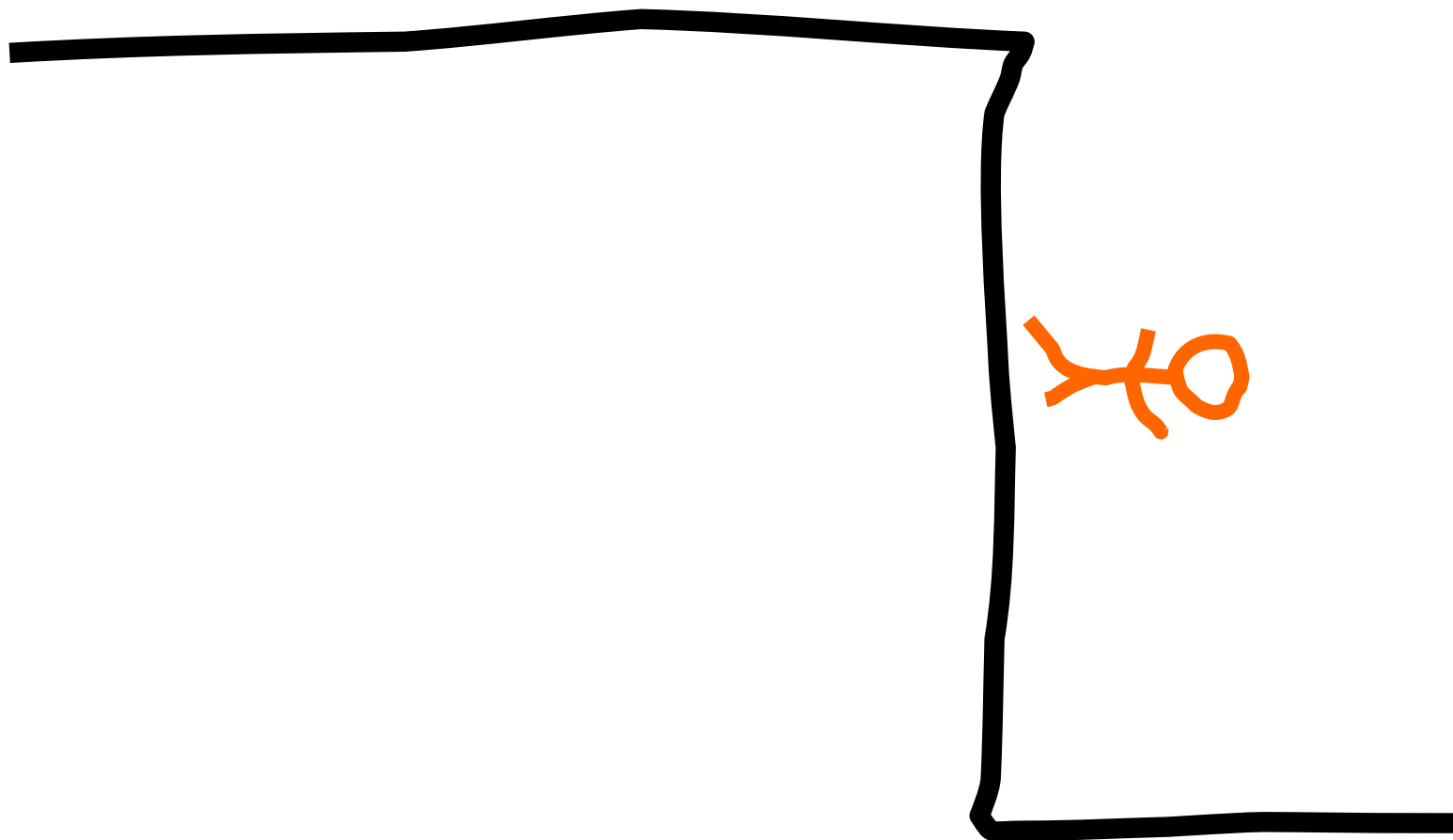


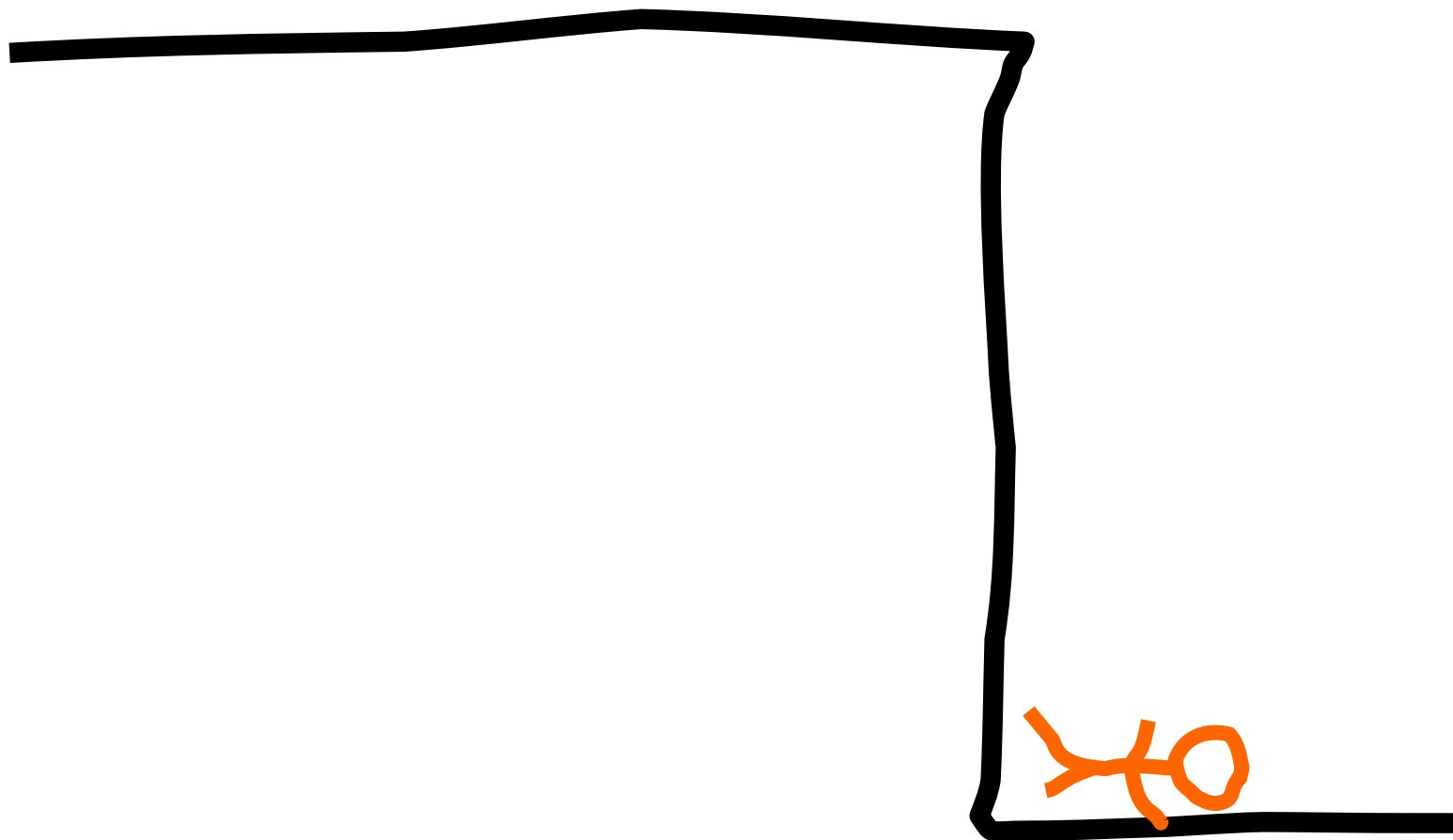


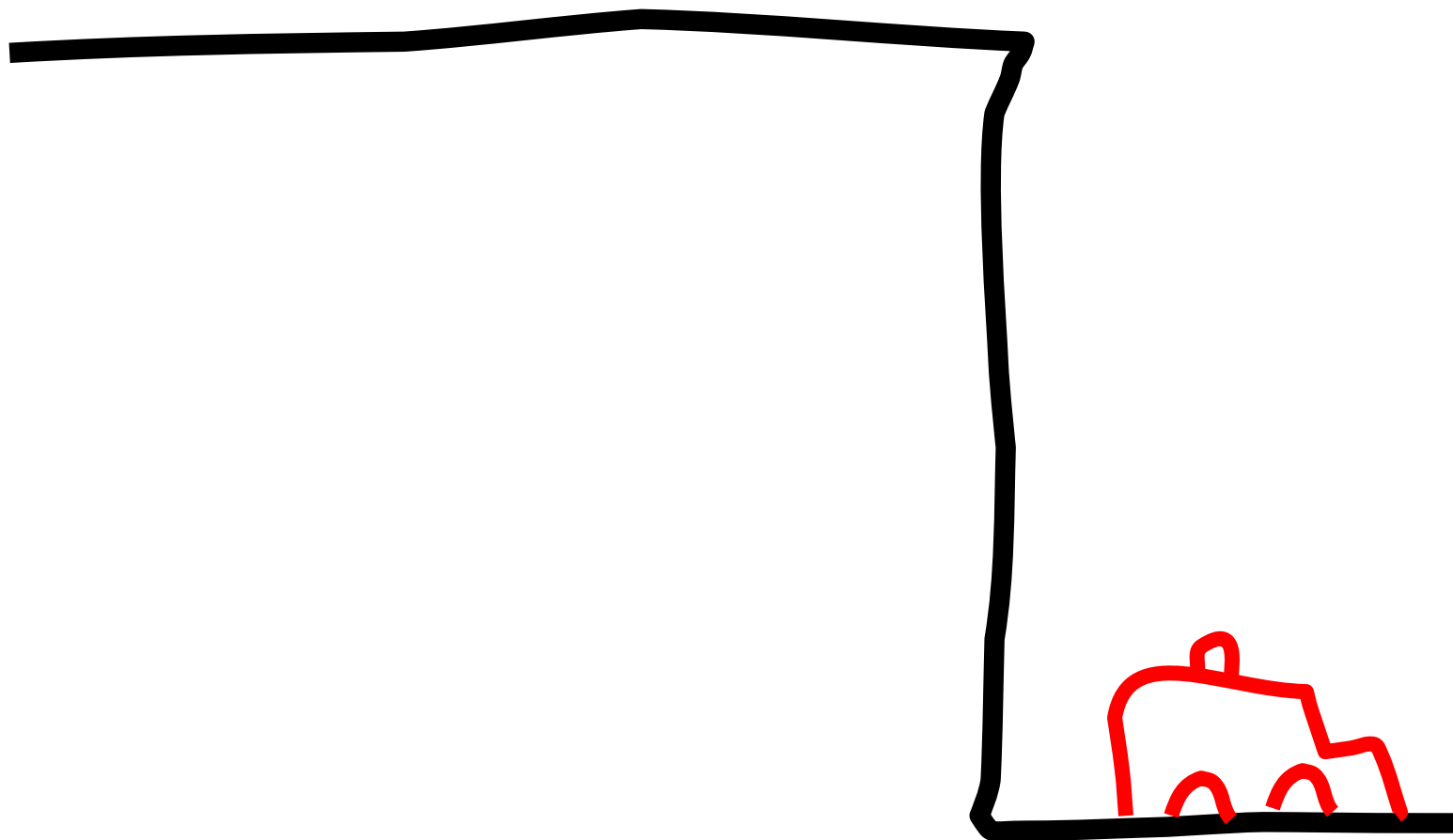


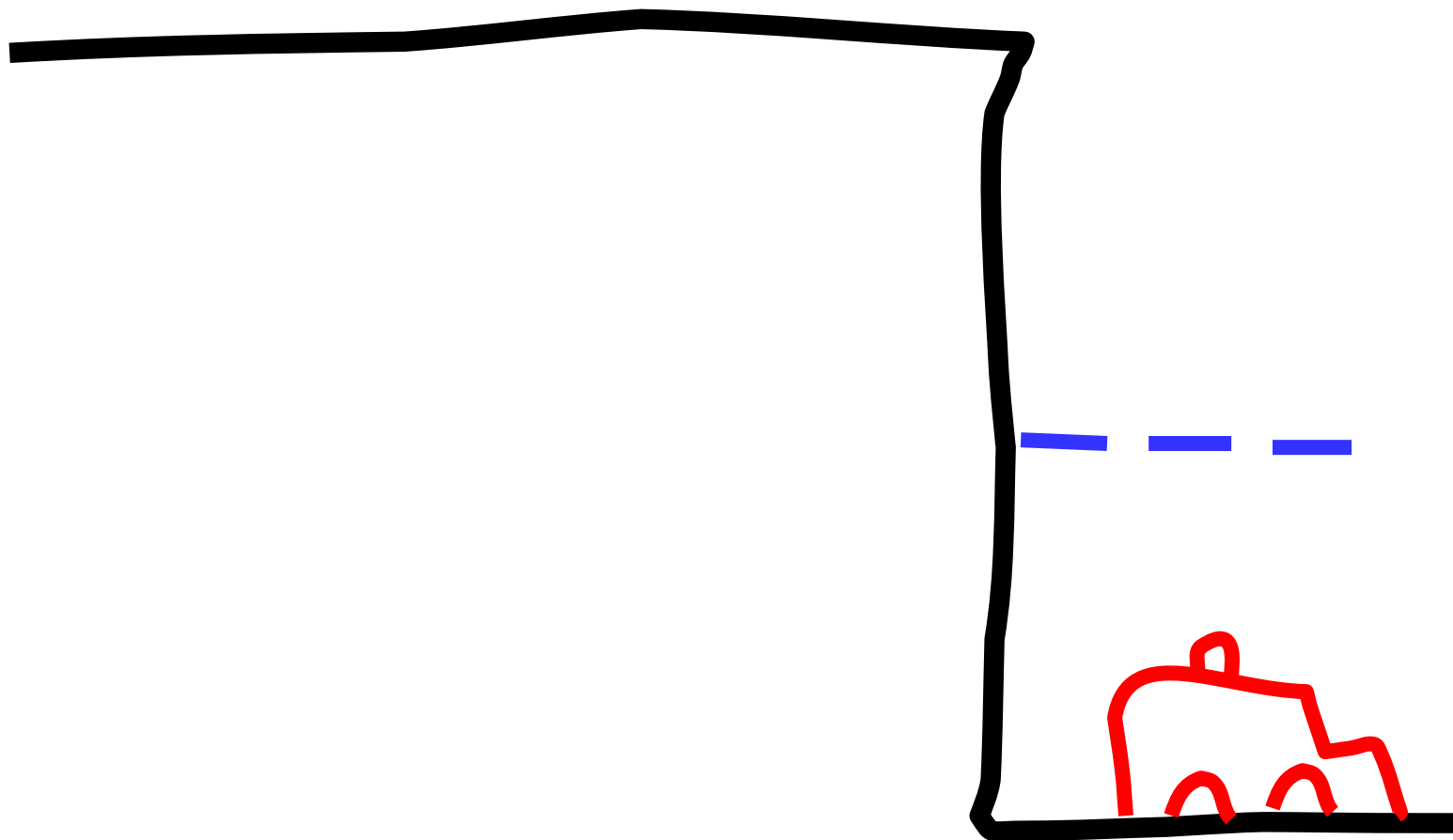


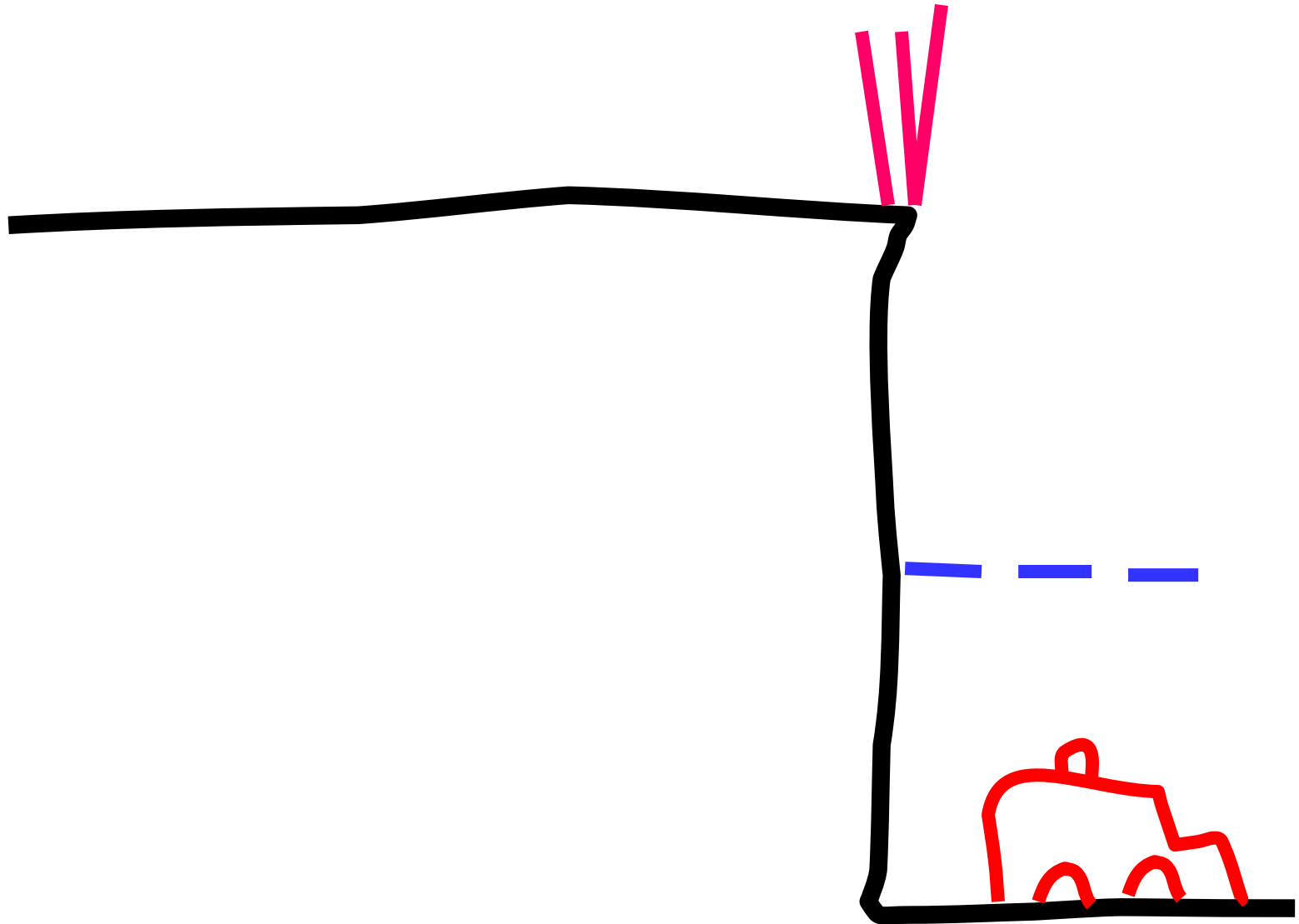




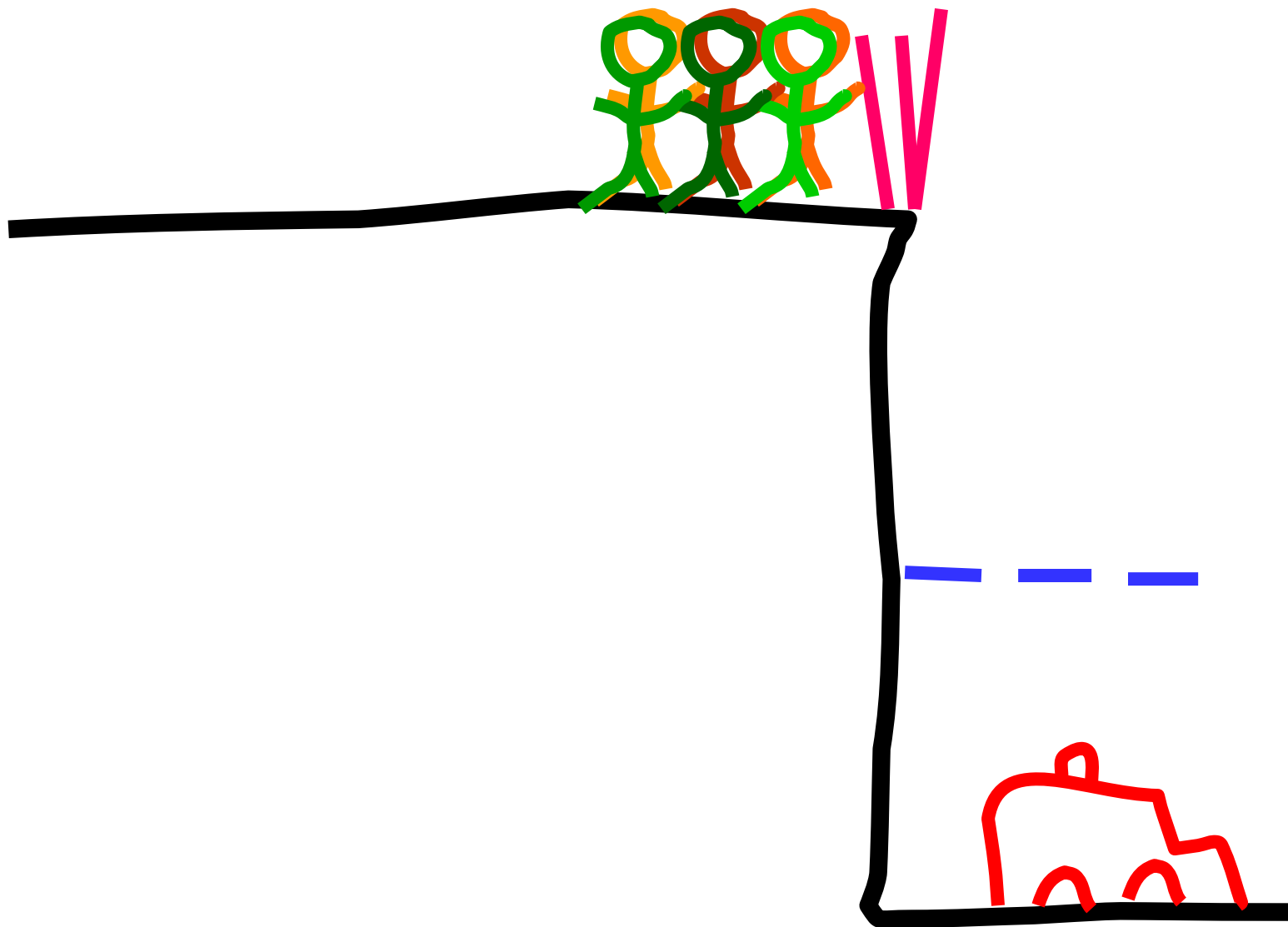


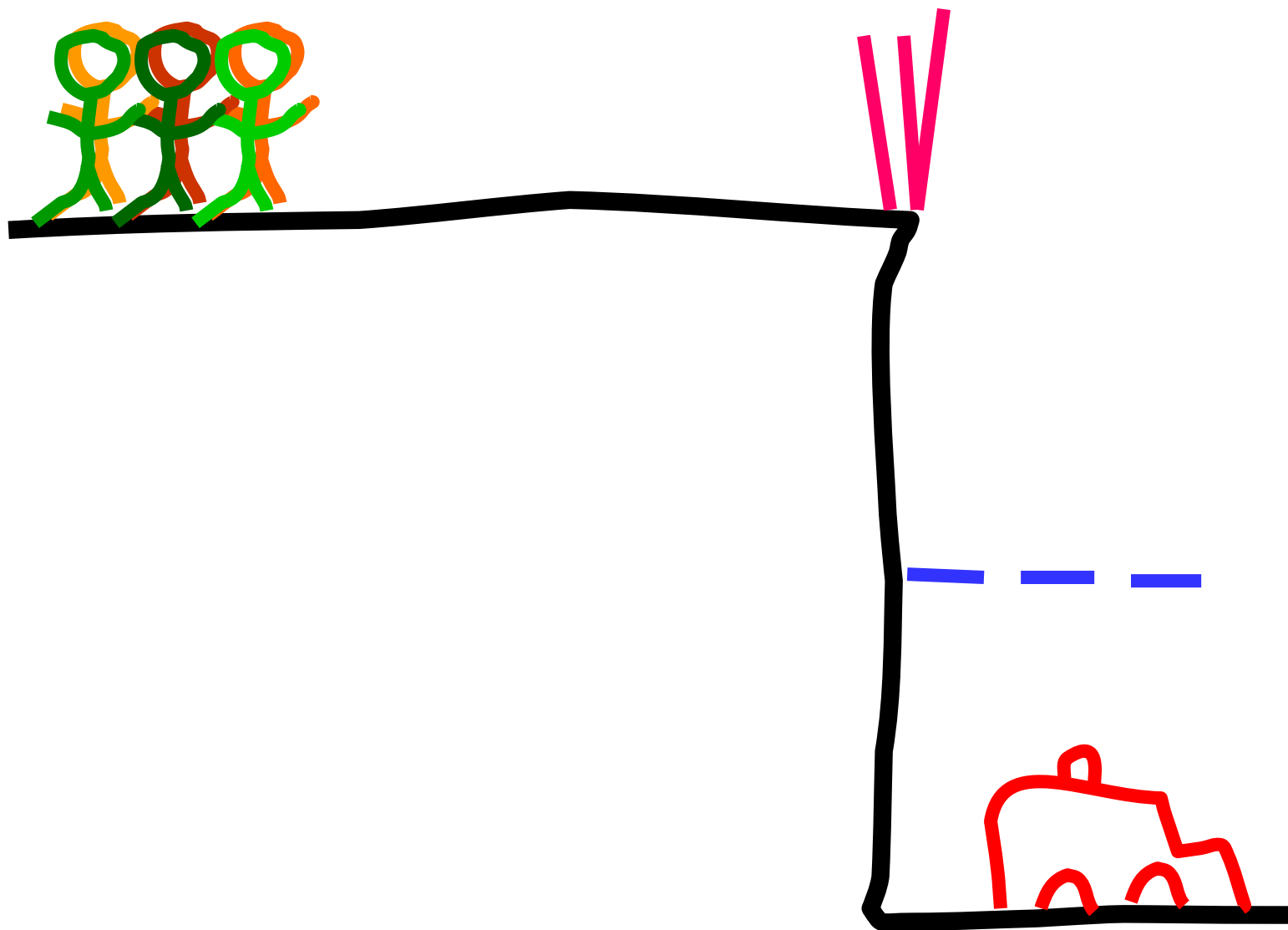


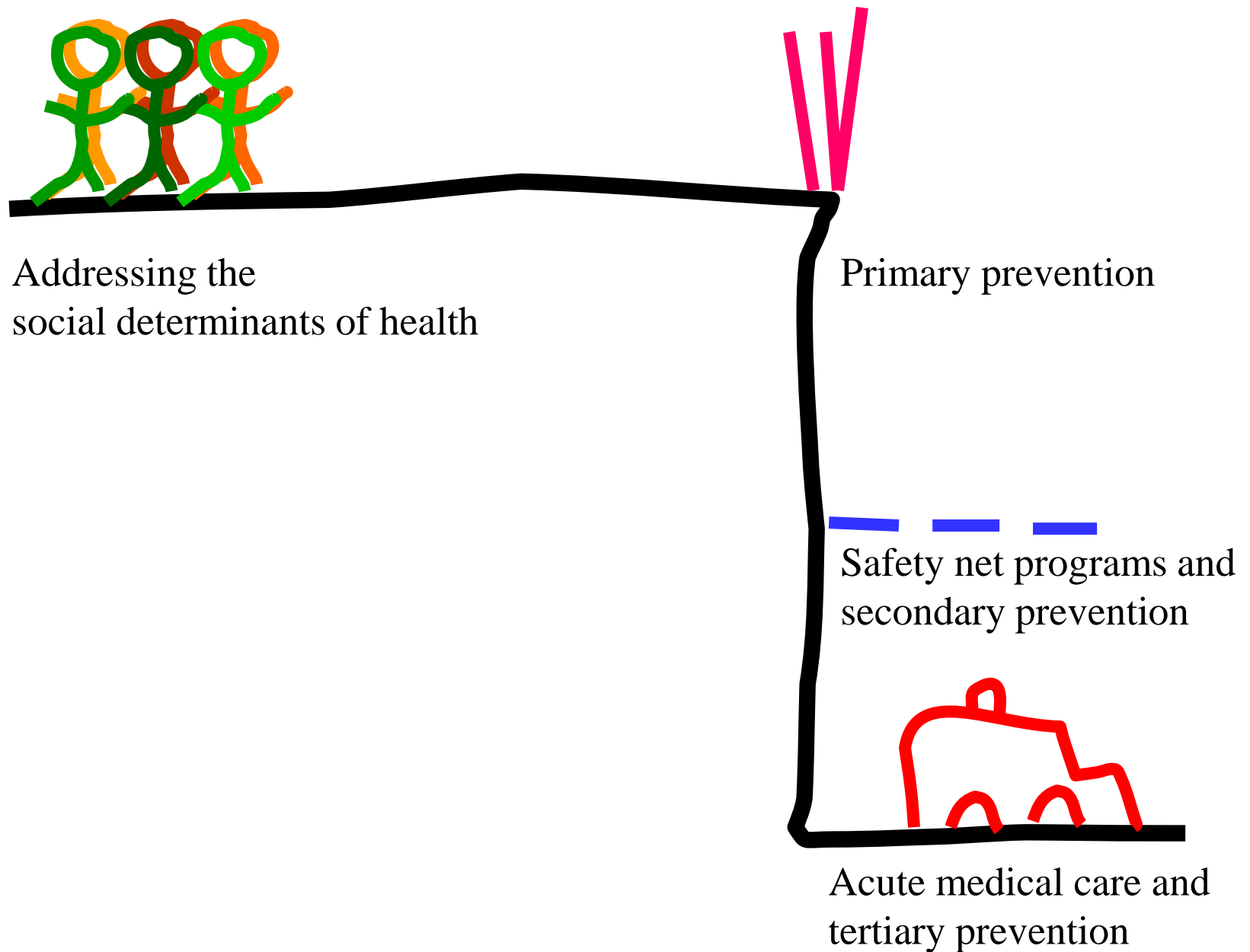












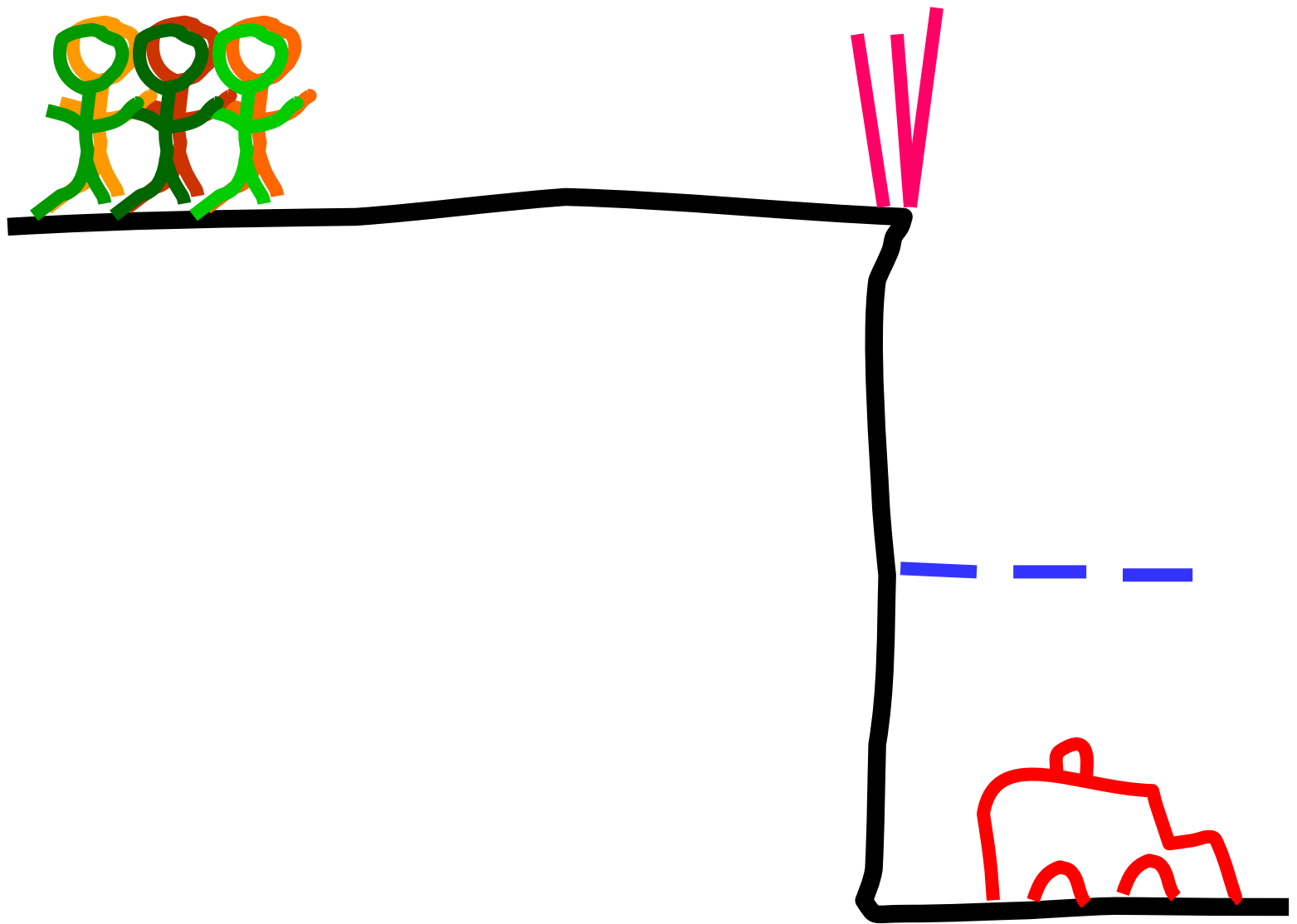
## But how do disparities arise?

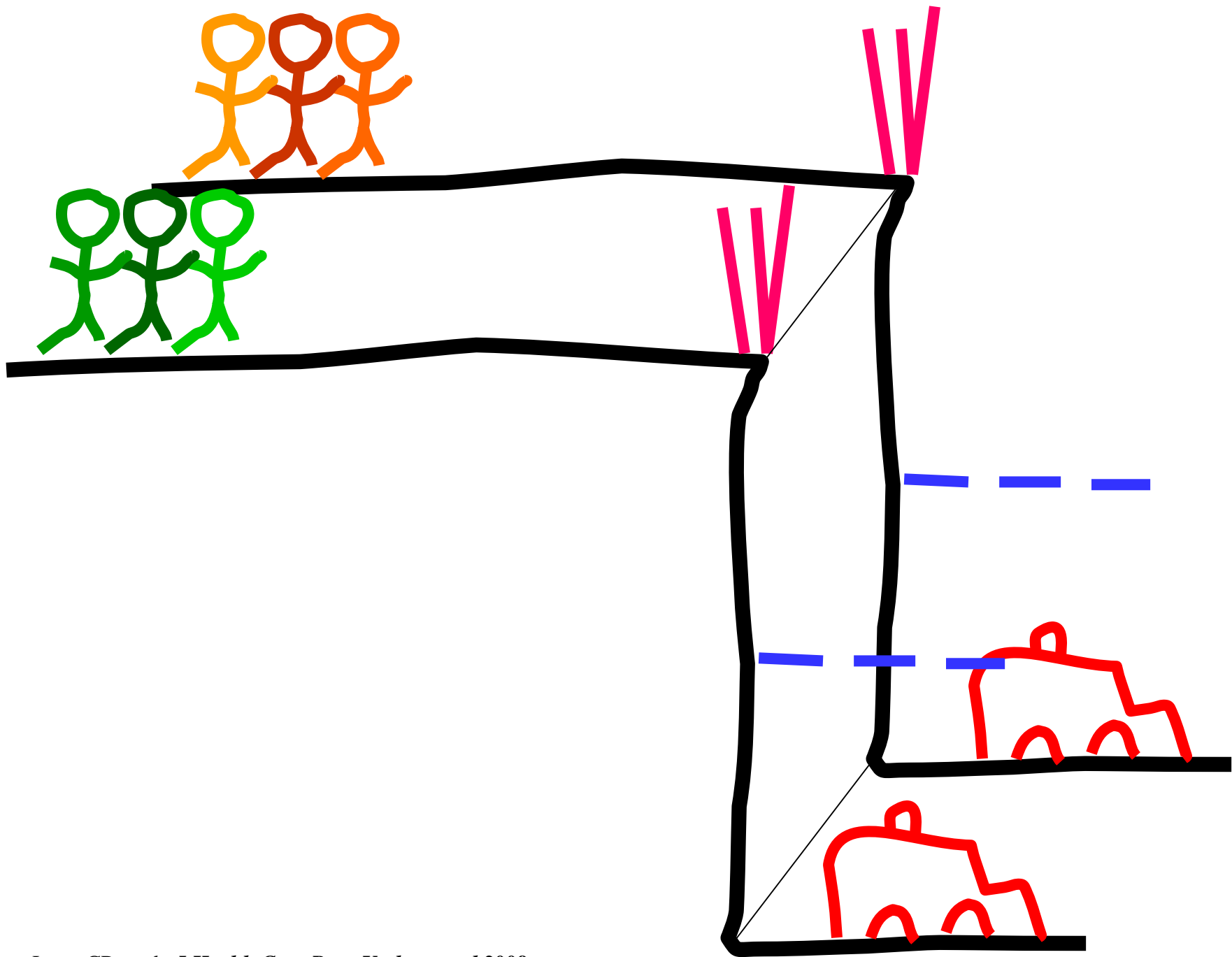
- ❑ Differences in the quality of care received within the health care system
- ❑ Differences in access to health care, including preventive and curative services
- ❑ Differences in life opportunities, exposures, and stresses that result in differences in underlying health status

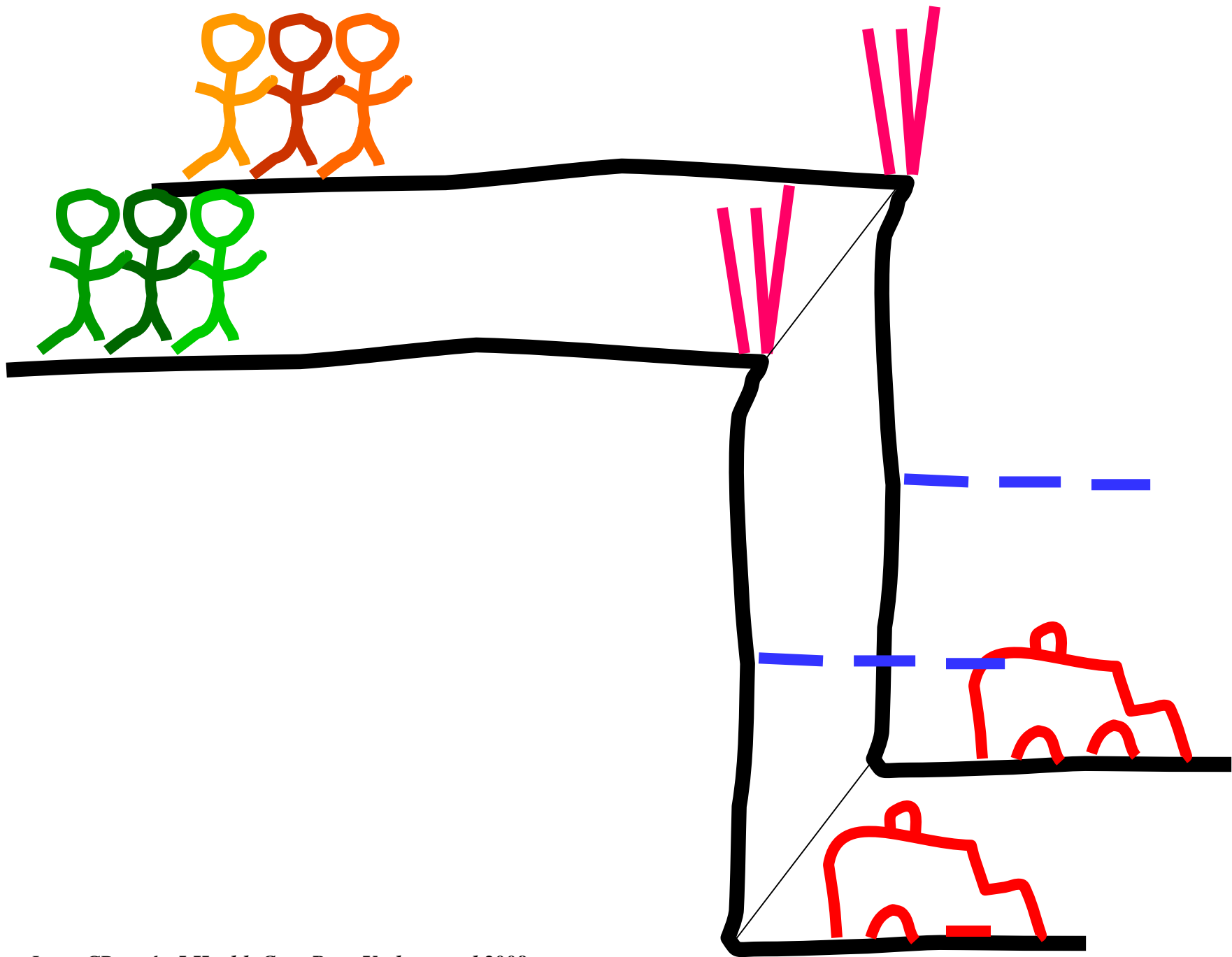
Phelan JC, Link BG, Tehranifar P. Social Conditions as Fundamental Causes of Health Inequalities. *J Health Soc Behav* 2010;51(S):S28-S40.

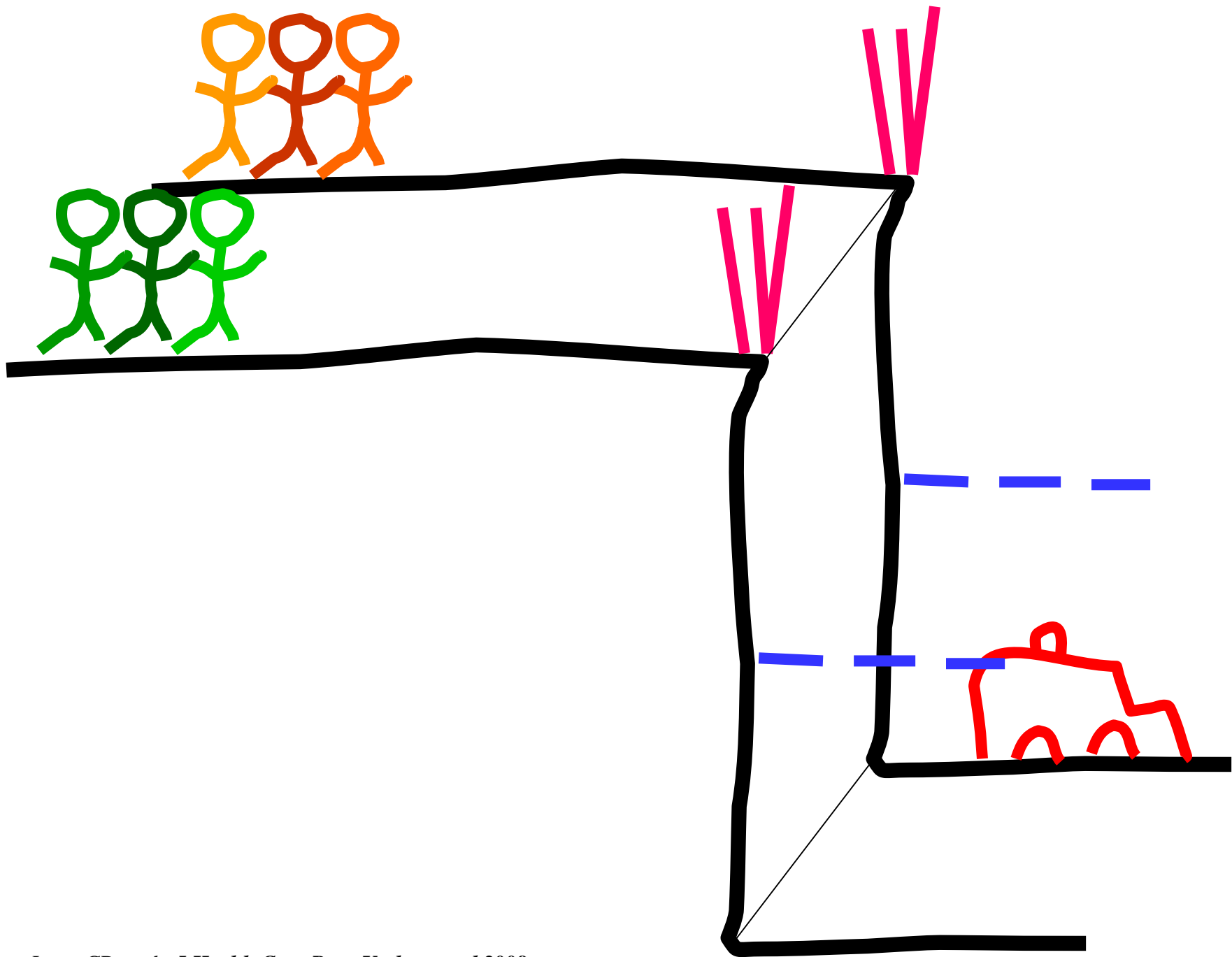
Byrd WM, Clayton LA. *An American Health Dilemma: Race, Medicine, and Health Care in the United States, 1900-2000*. New York, NY: Routledge, 2002.

Smedley BD, Stith AY, Nelson AR (editors). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: The National Academies Press, 2002.

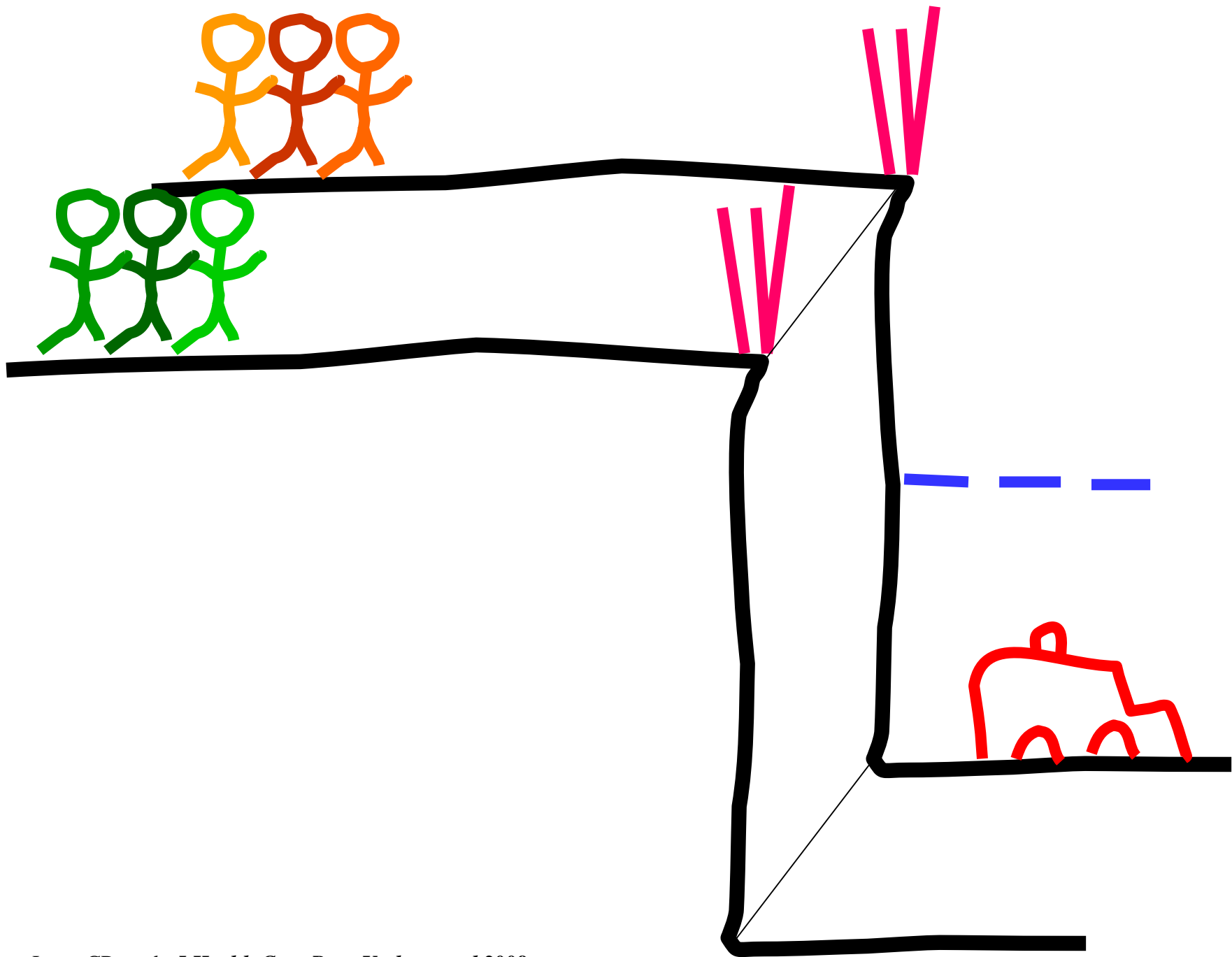


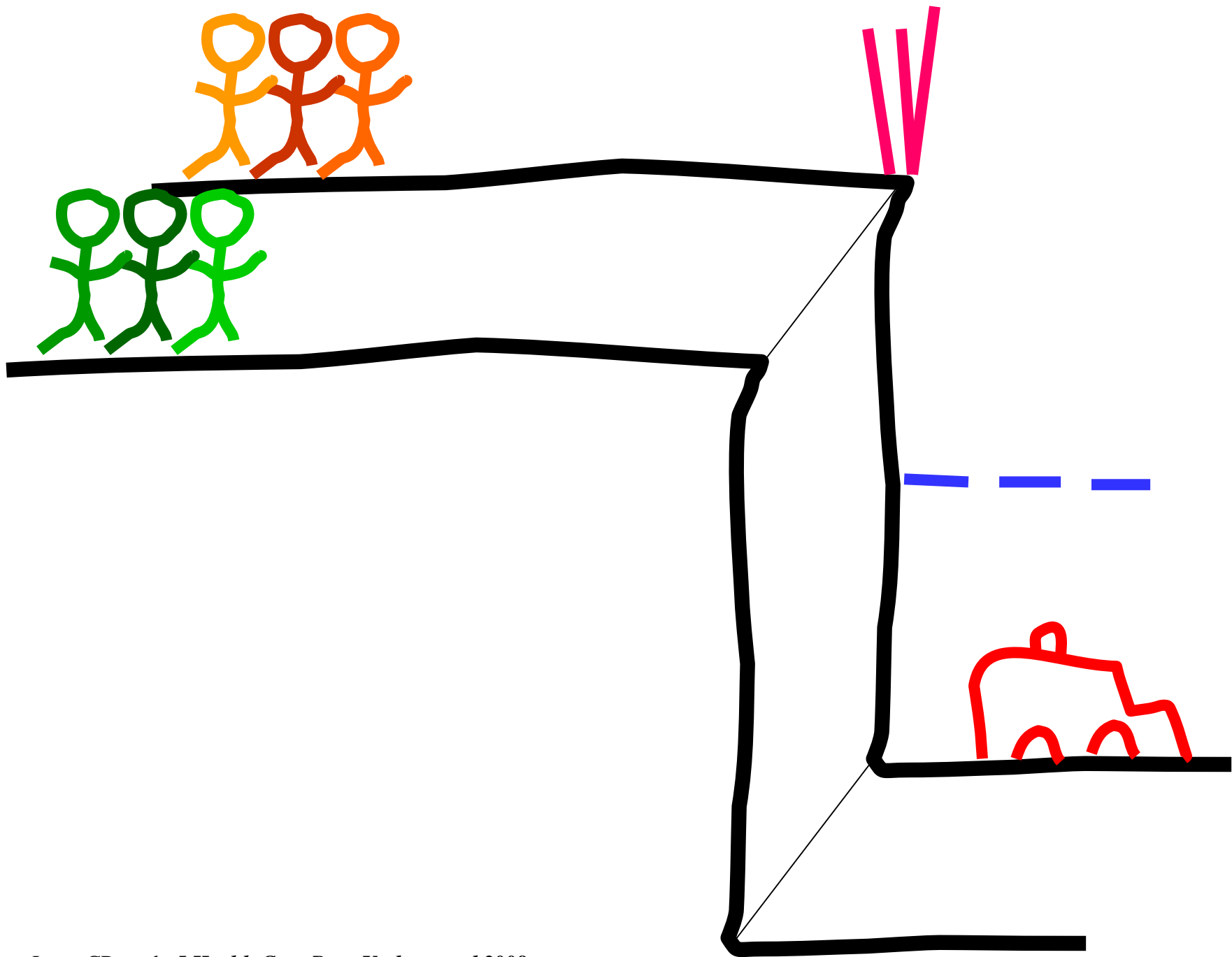


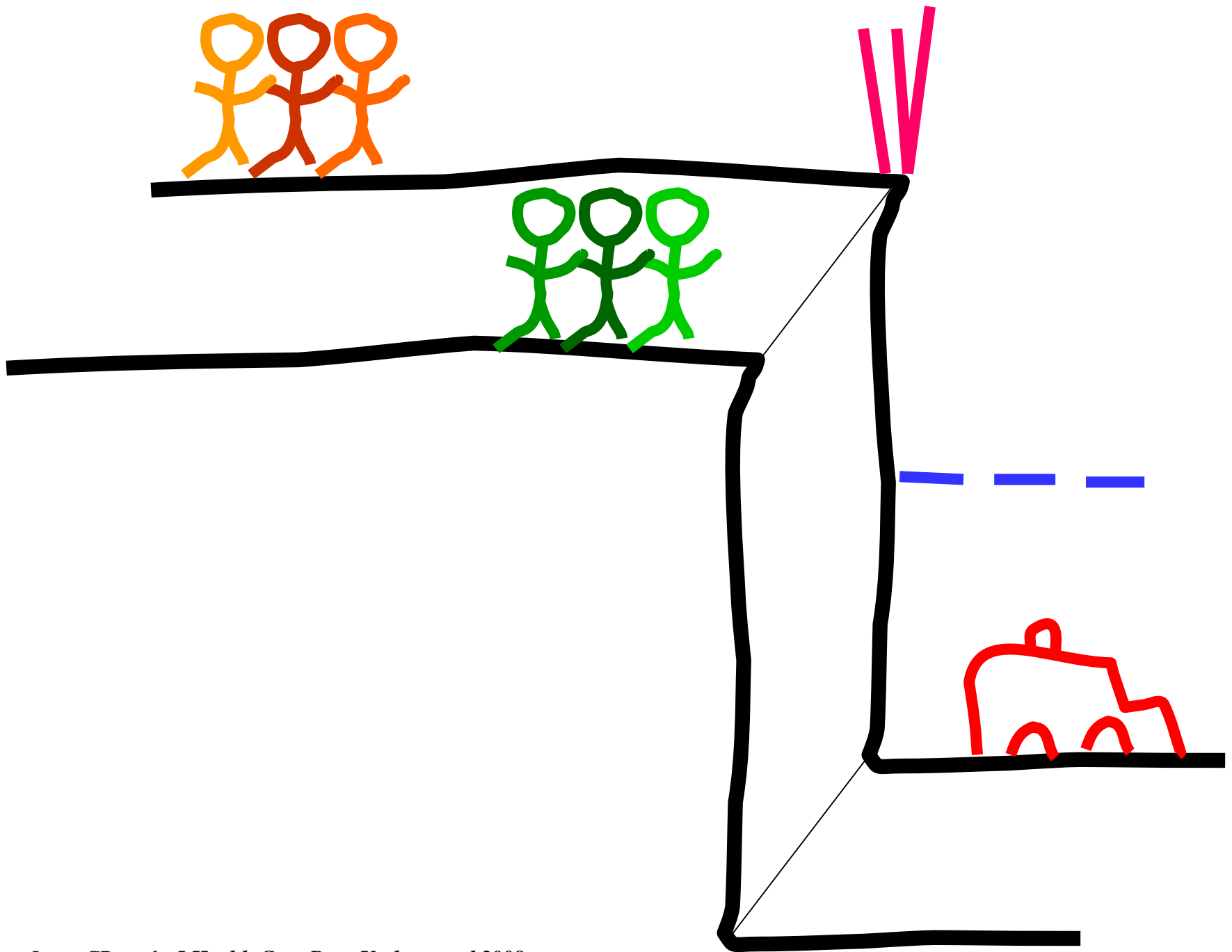


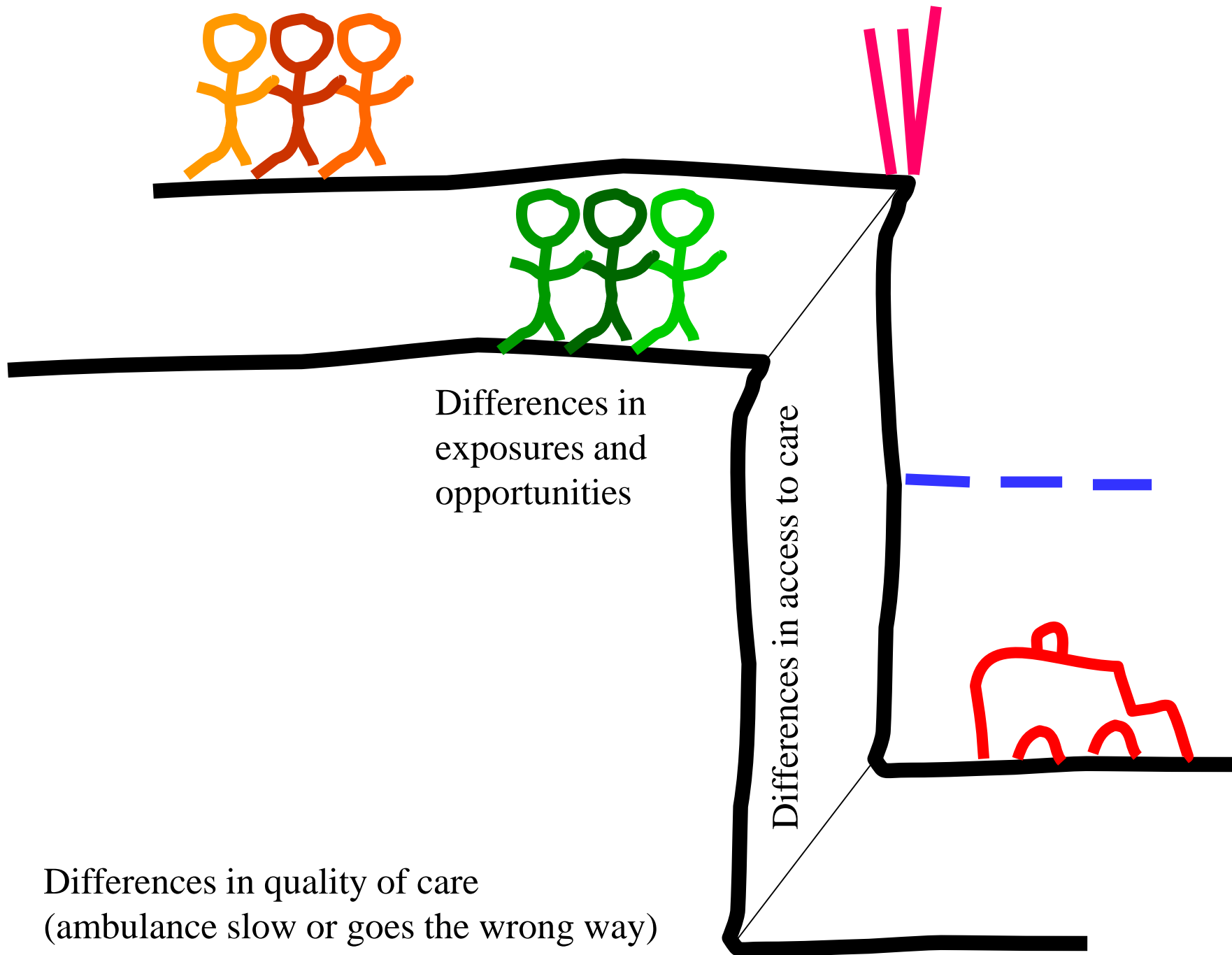


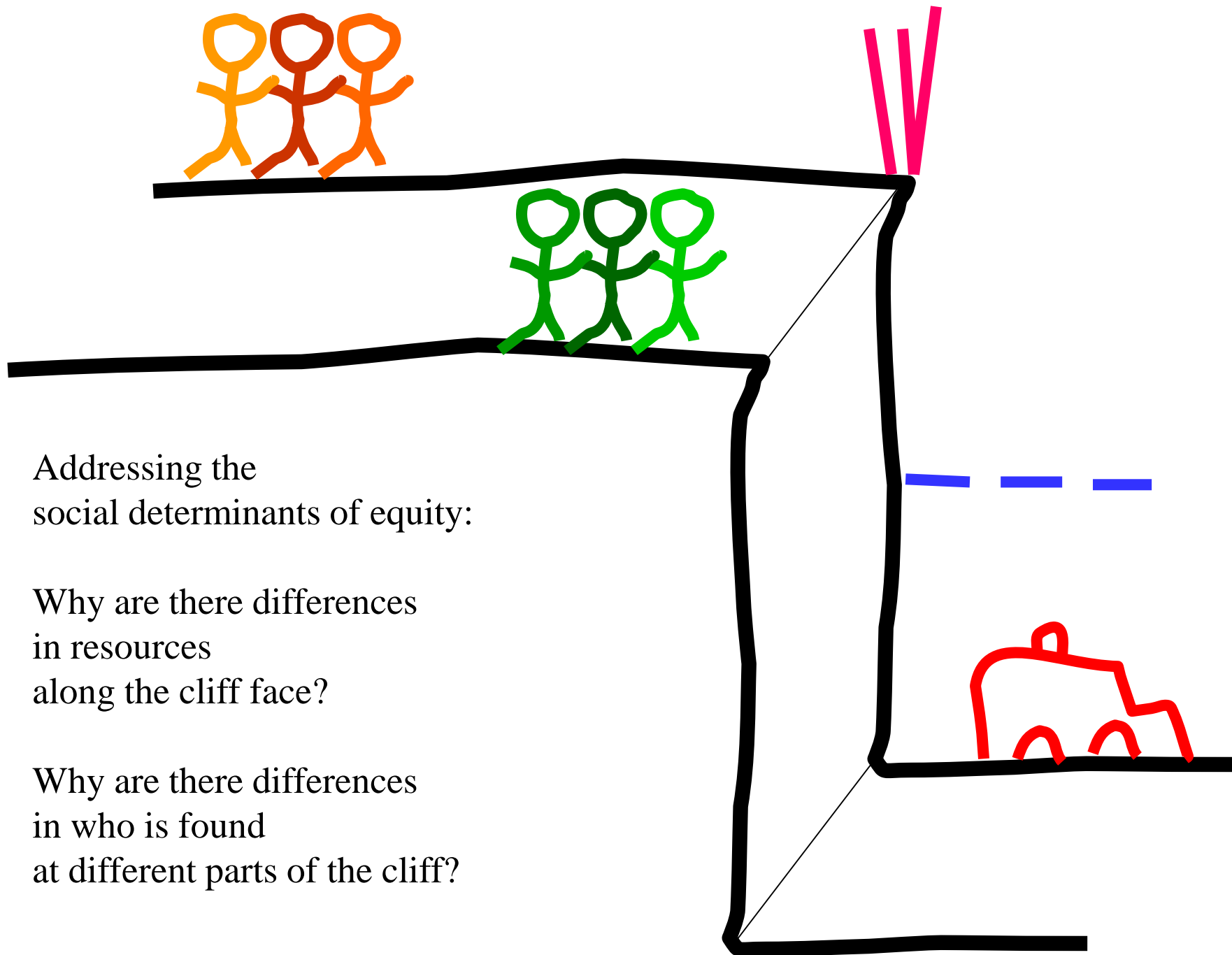












Addressing the  
social determinants of equity:

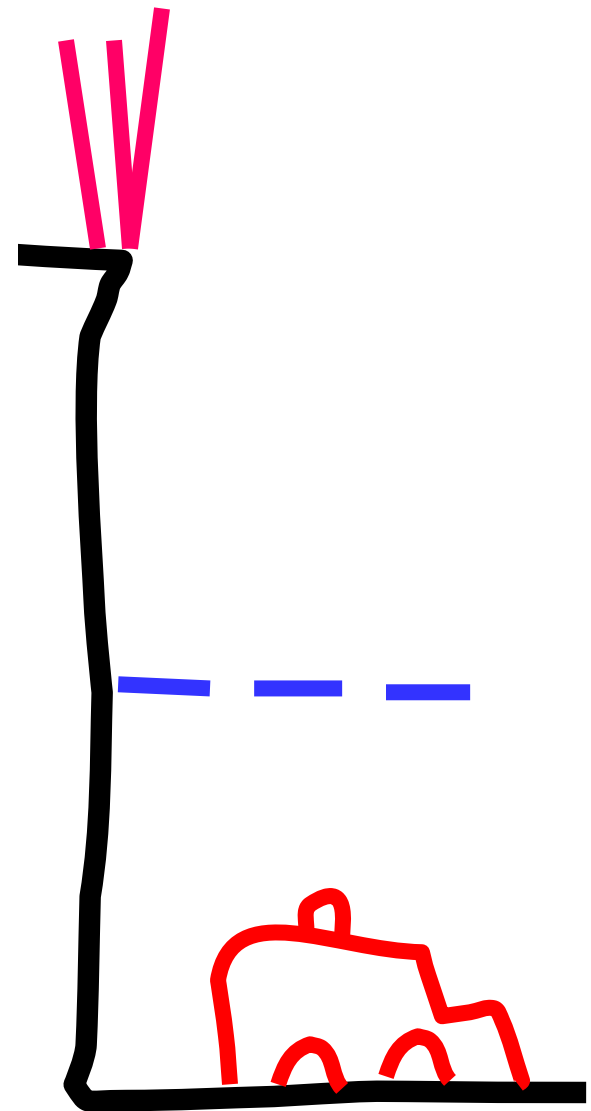
Why are there differences  
in resources  
along the cliff face?

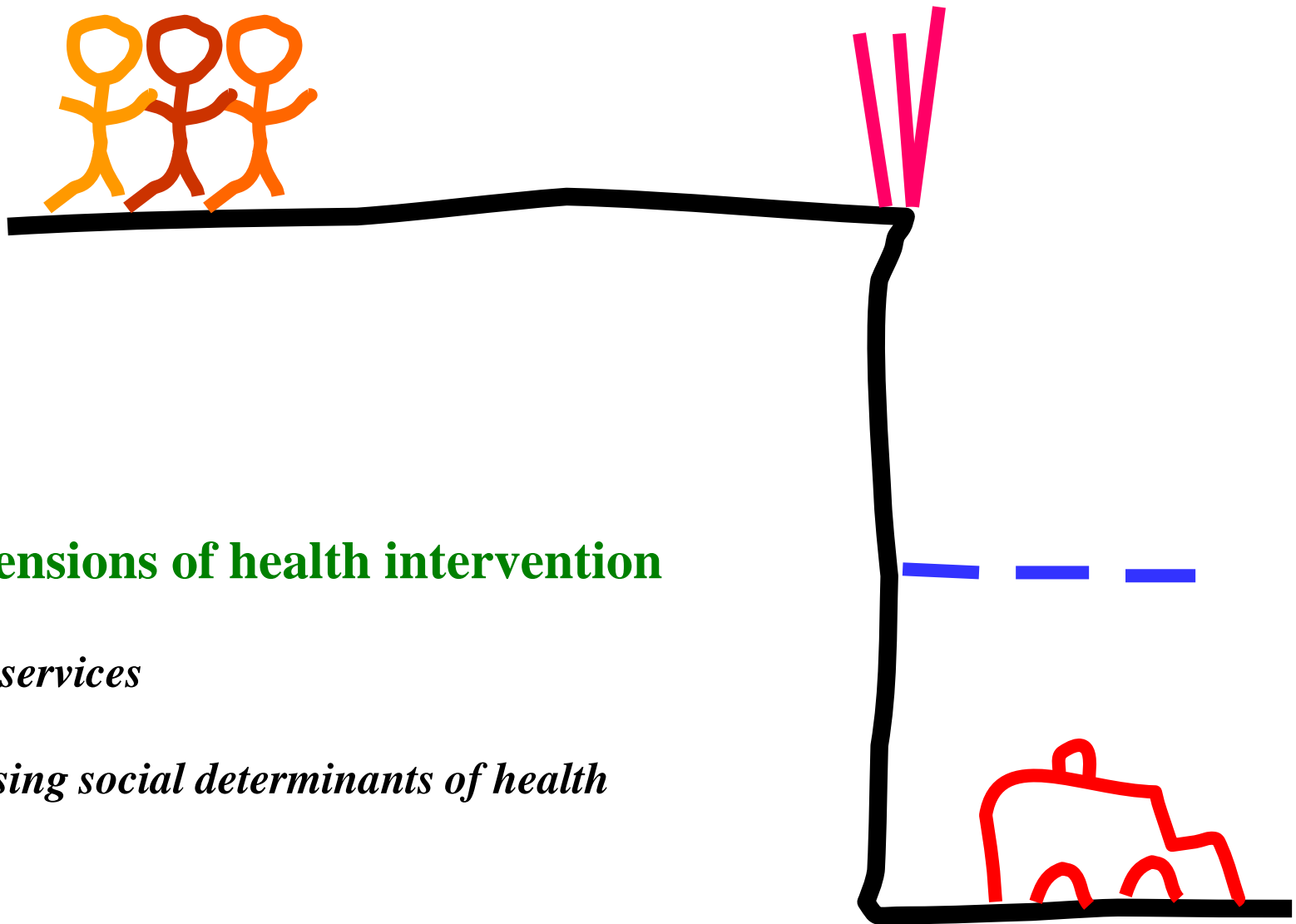
Why are there differences  
in who is found  
at different parts of the cliff?

## 3 dimensions of health intervention

## 3 dimensions of health intervention

*Health services*



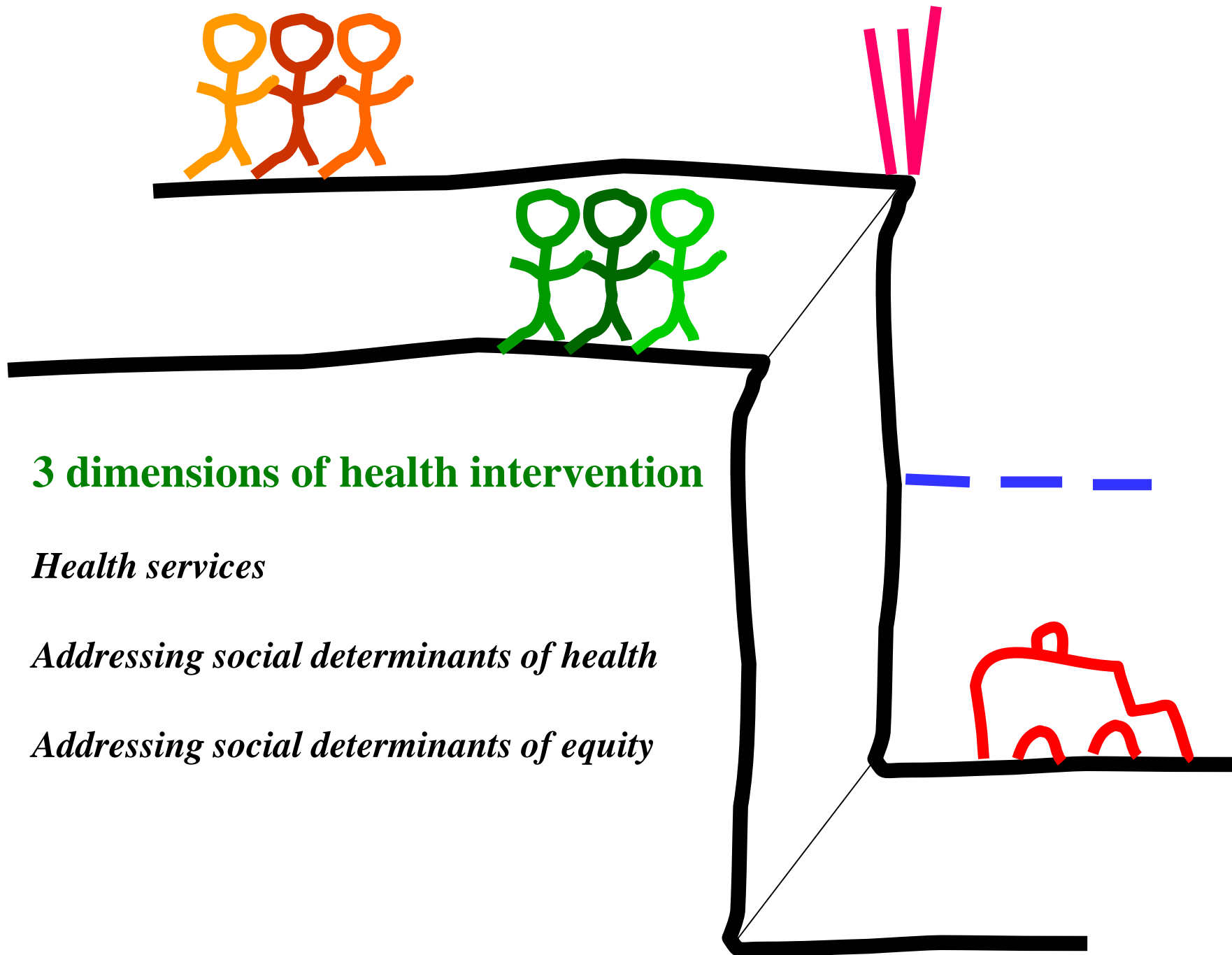


## 3 dimensions of health intervention

*Health services*

*Addressing social determinants of health*



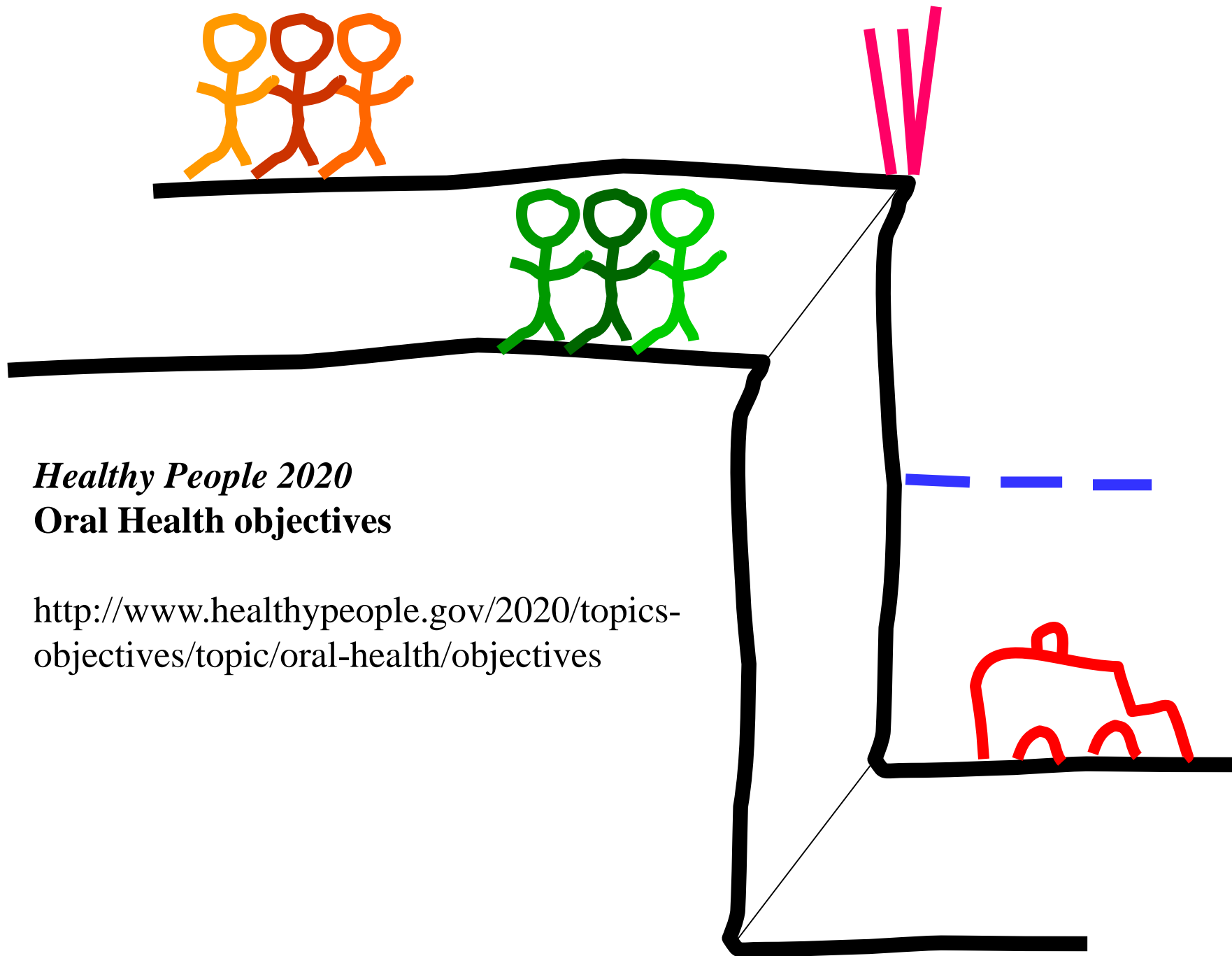


### 3 dimensions of health intervention

*Health services*

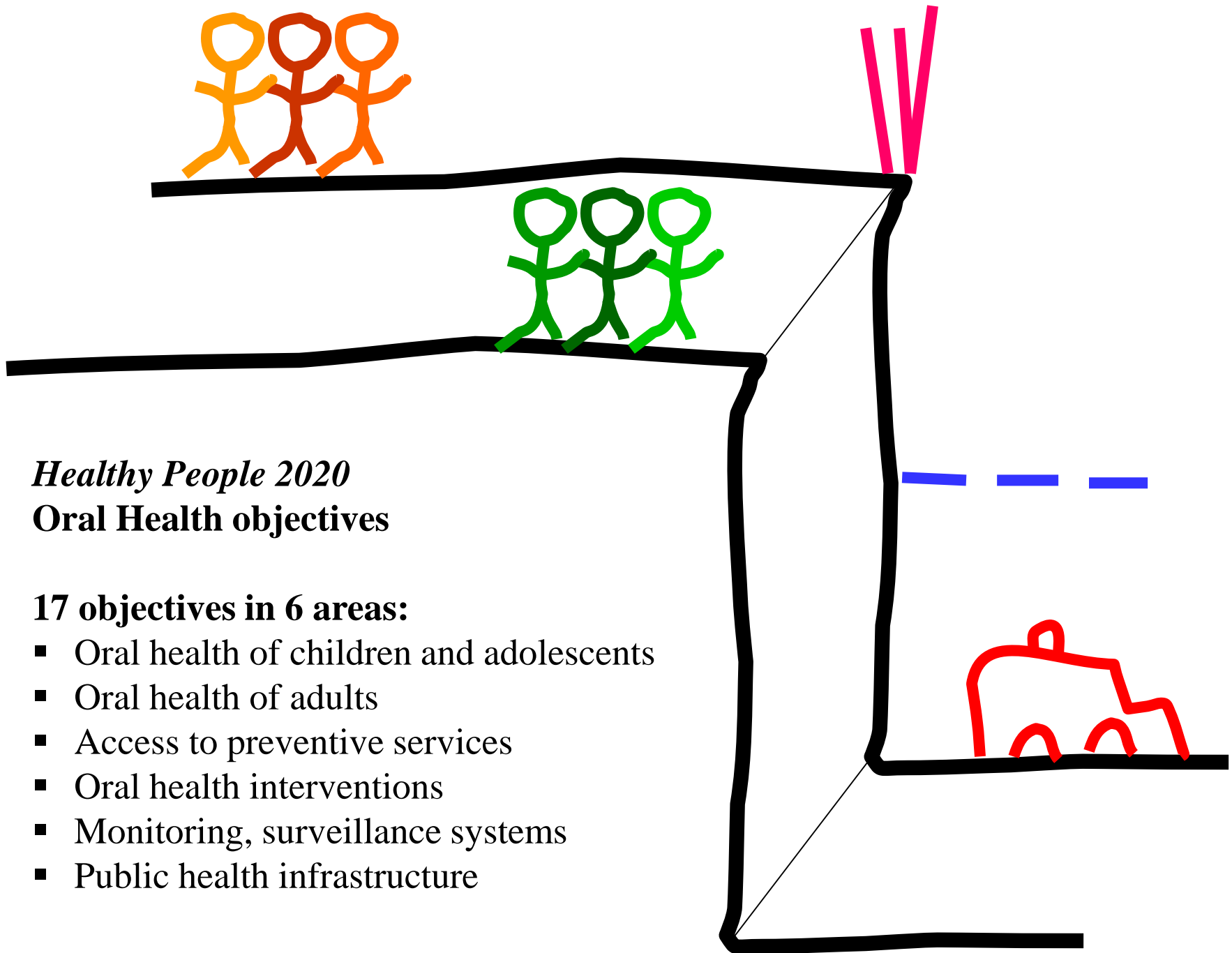
*Addressing social determinants of health*

*Addressing social determinants of equity*



*Healthy People 2020*  
**Oral Health objectives**

<http://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives>



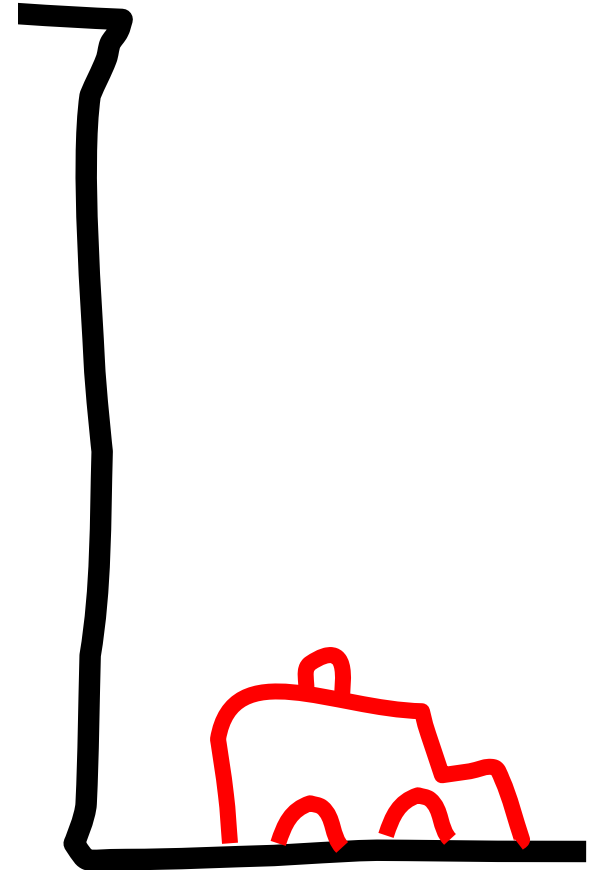
**OH-7:** Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year

**OH-5:** Reduce the proportion of adults aged 45 to 74 years with moderate or severe periodontitis

**OH-4:** Reduce the proportion of adults who have ever had a permanent tooth extracted because of dental caries or periodontal disease

**OH-3:** Reduce the proportion of adults with untreated dental decay

**OH-2:** Reduce the proportion of children and adolescents with untreated dental decay



## ***Healthy People 2020***

### **Oral Health objectives**

**OH-6:** Increase the proportion of oral and pharyngeal cancers detected at the earliest stage

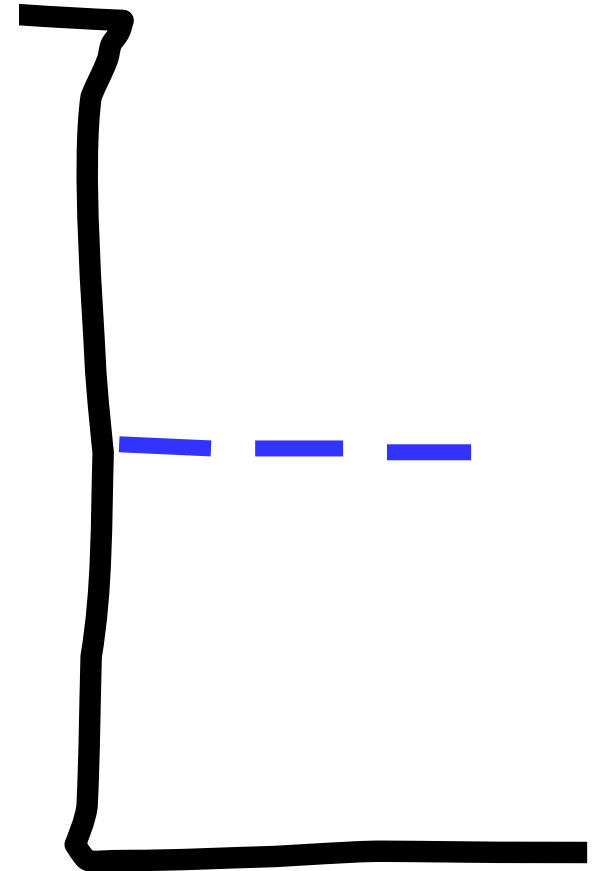
**OH-9:** Increase the proportion of school-based health centers with an oral health component

**OH-10:** Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health program

**OH-11:** Increase the proportion of patients who receive oral health services at Federally Qualified Health Centers (FQHCs) each year

**OH-15:** Increase the number of States and the District of Columbia that have a system for recording and referring infants and children with cleft lips and cleft palates to craniofacial anomaly rehabilitative teams

**OH-16:** Increase the number of States and the District of Columbia that have an oral and craniofacial health surveillance system



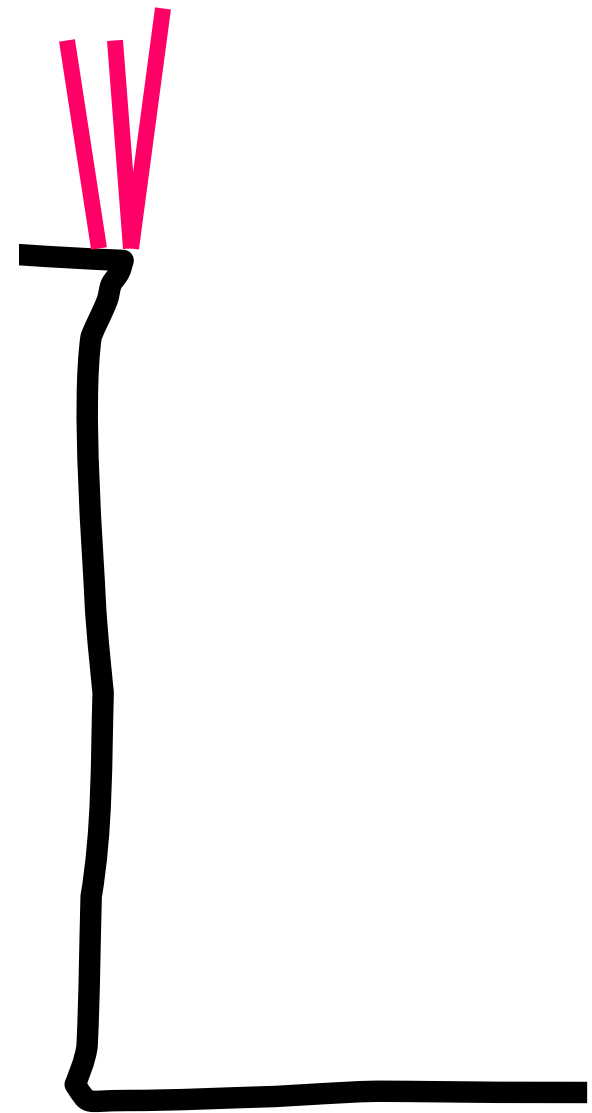
***Healthy People 2020***  
**Oral Health objectives**

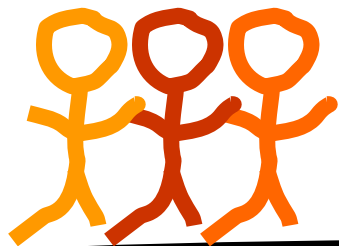
**OH-1:** Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth

**OH-12:** Increase the proportion of children and adolescents who have received dental sealants on their molar teeth

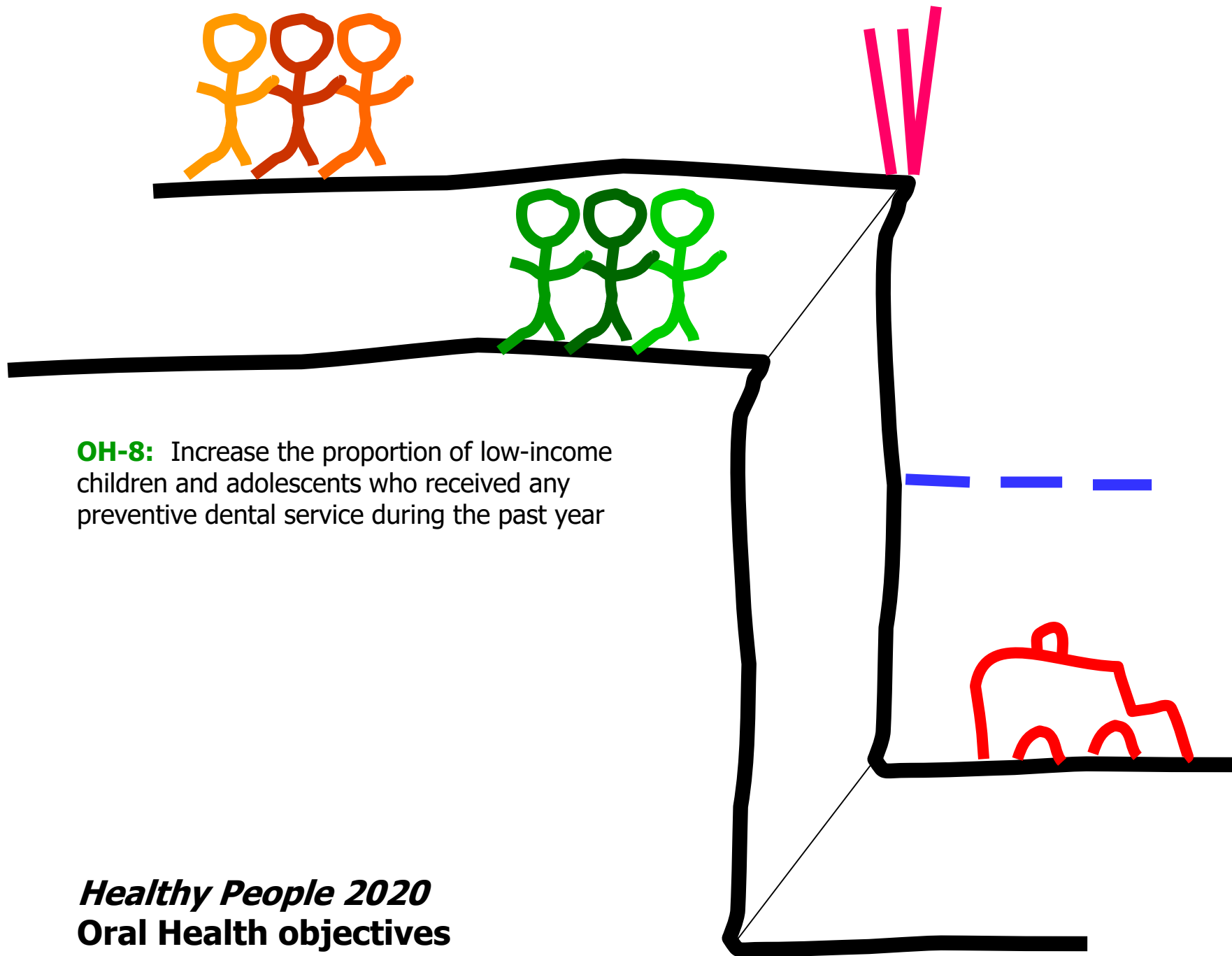
**OH-14:** Increase the proportion of adults who receive preventive interventions in dental offices

**OH-17:** Increase health agencies that have a dental public health program directed by a dental professional with public health training

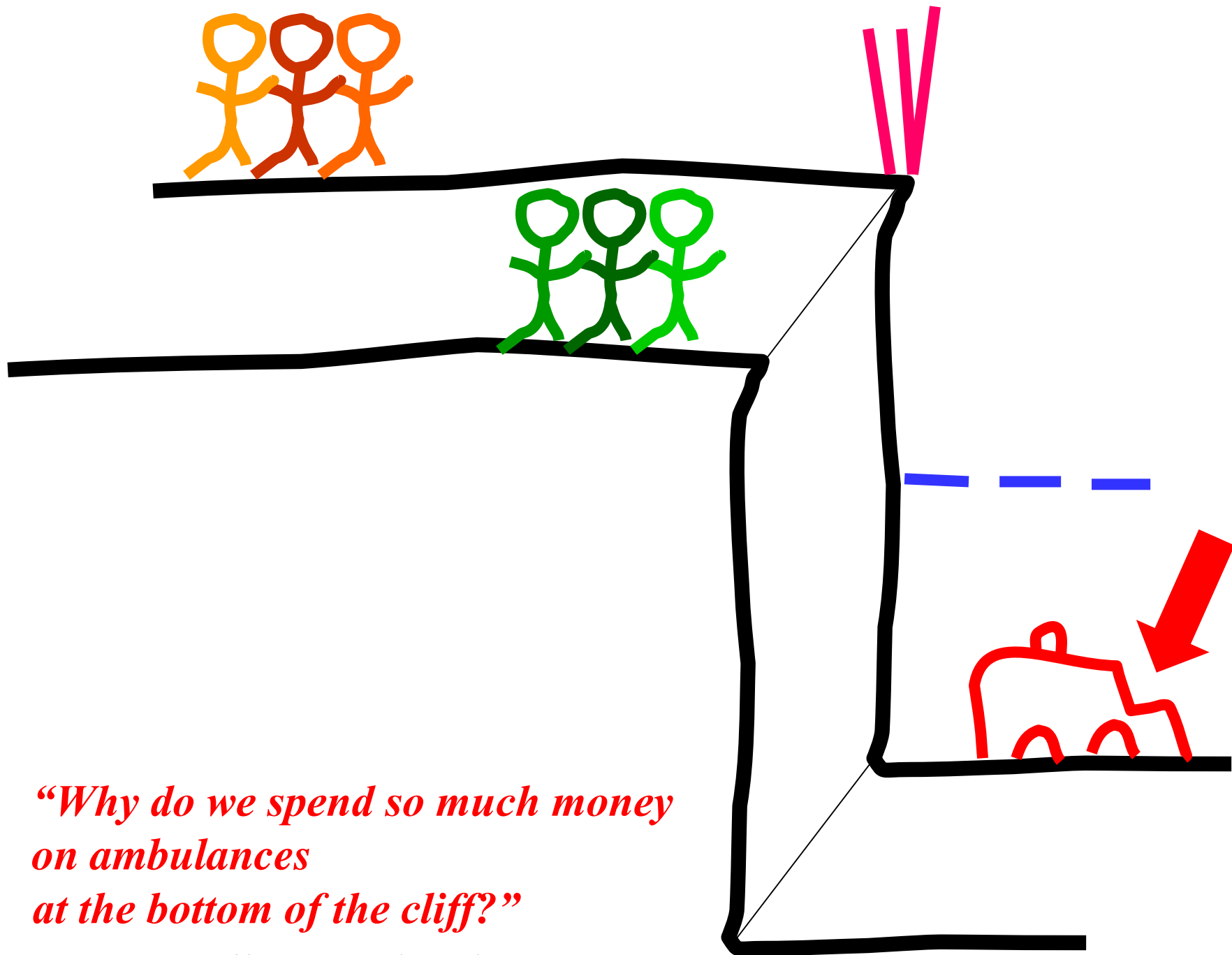




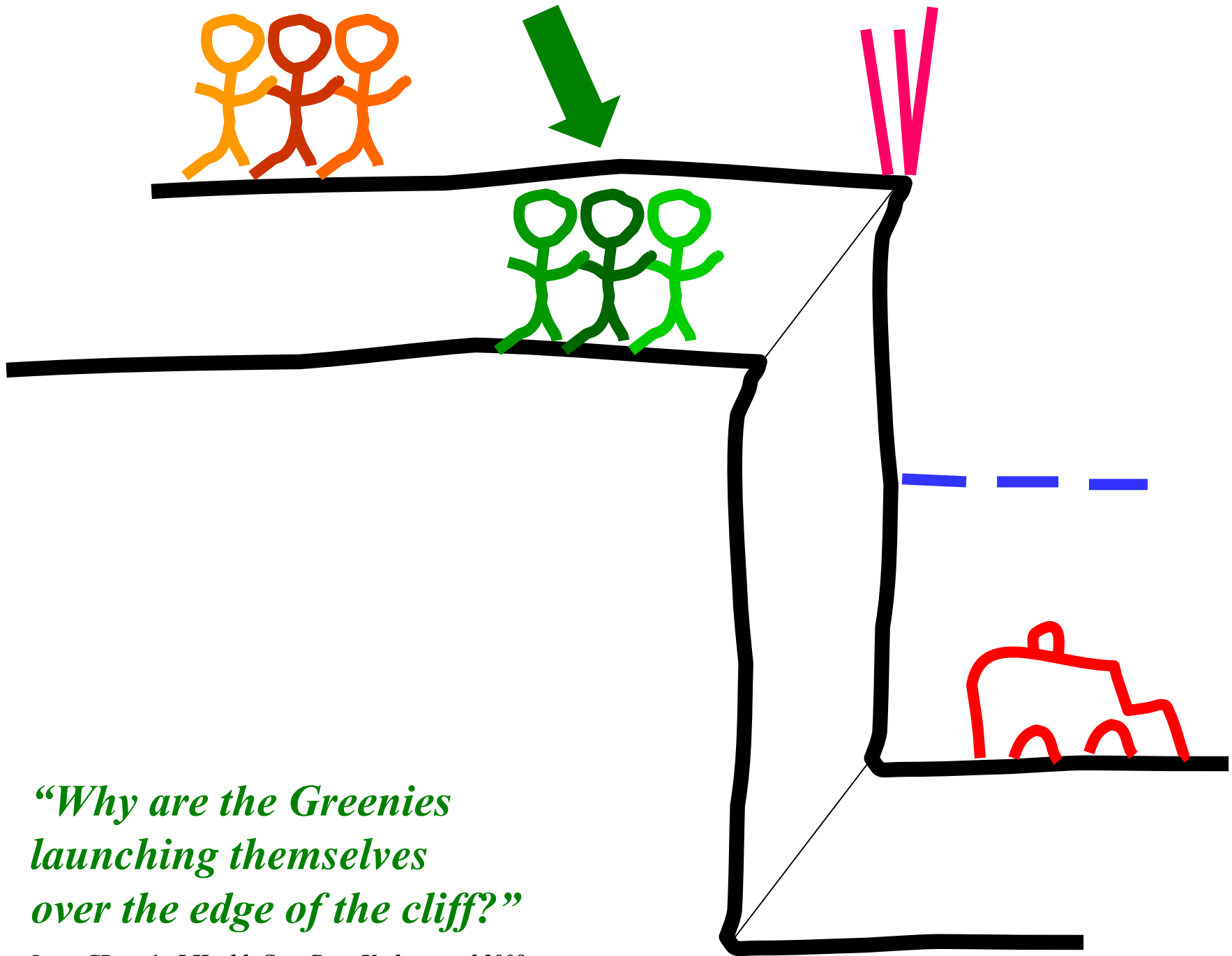
**OH-13:** Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water



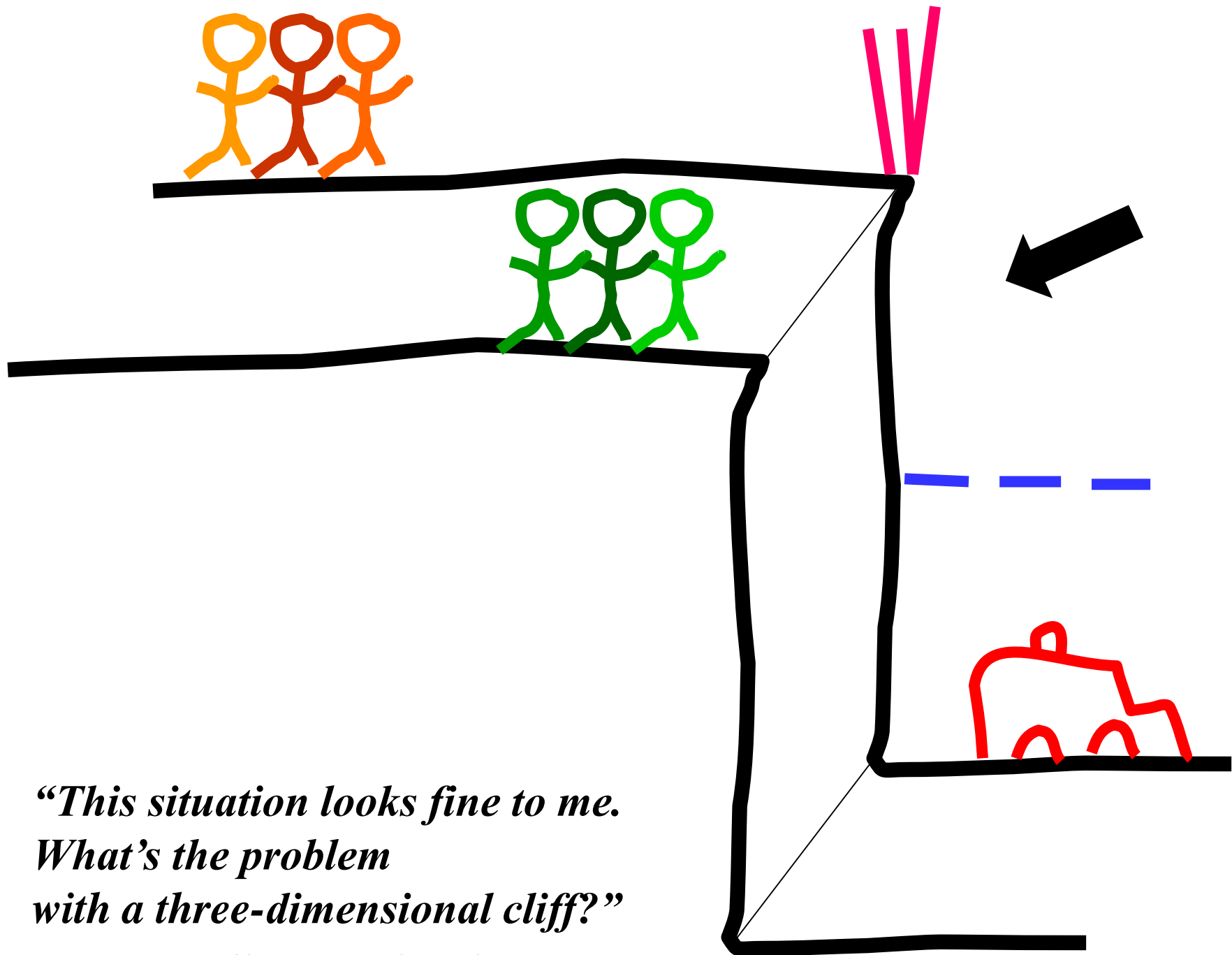




*“Why do we spend so much money  
on ambulances  
at the bottom of the cliff?”*



*“Why are the Greenies  
launching themselves  
over the edge of the cliff?”*



*“This situation looks fine to me.  
What’s the problem  
with a three-dimensional cliff?”*

# Levels of Racism

- ❑ Institutionalized
- ❑ Personally-mediated
- ❑ Internalized

## **Institutionalized racism**

- ❑ **Differential access to the goods, services, and opportunities of society, by “race”**
- ❑ **Examples**
  - Housing, education, employment, income
  - Medical facilities
  - Clean environment
  - Information, resources, voice
- ❑ **Explains the association between social class and “race”**

## Personally-mediated racism

- ❑ Differential assumptions about the abilities, motives, and intents of others, by “race”
- ❑ Differential actions based on those assumptions
- ❑ Prejudice and discrimination
- ❑ Examples
  - Police brutality
  - Physician disrespect
  - Shopkeeper vigilance
  - Waiter indifference
  - Teacher devaluation

## **Internalized racism**

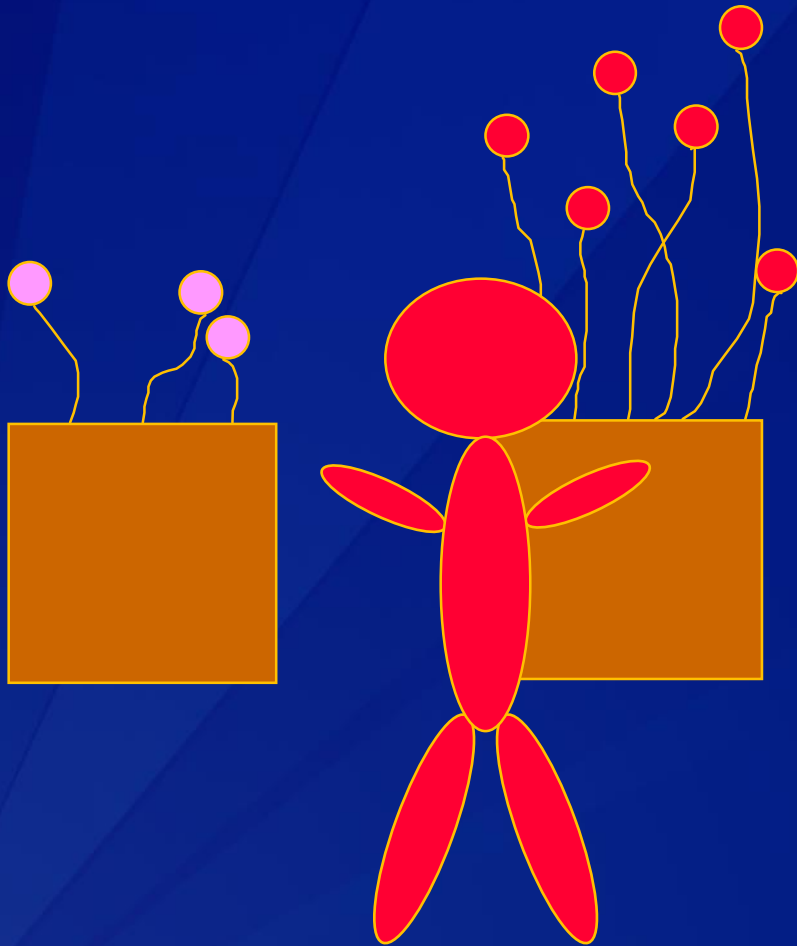
- ❑ **Acceptance by the stigmatized “races” of negative messages about our own abilities and intrinsic worth**
- ❑ **Examples**
  - Self-devaluation
  - “White man’s ice is colder” syndrome
  - Resignation, helplessness, hopelessness
- ❑ **Accepting limitations to our full humanity**

# Levels of Racism: A Gardener's Tale

Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Public Health* 2000;90(8):1212-1215.



# Who is the gardener?



- Power to decide
- Power to act
- Control of resources

## ■ **Dangerous when**

- Allied with one group
- Not concerned with equity

# “How is racism operating here?”

## □ Identify mechanisms

- **Structures:** the *who?, what?, when?, and where?* of decision-making
- **Policies:** the written *how?*
- **Practices and norms:** the unwritten *how?*
- **Values:** the *why?*

# “How is racism operating here?”

## □ Identify mechanisms

- **Structures:** the *who?, what?, when?, and where?* of decision-making
- **Policies:** the written *how?*
- **Practices and norms:** the unwritten *how?*
- **Values:** the *why?*

# “How is racism operating here?”

## □ Identify mechanisms

- **Structures:** the *who?*, *what?*, *when?*, and *where?* of decision-making
- **Policies:** the written *how?*
- **Practices and norms:** the unwritten *how?*
- **Values:** the *why?*

# “How is racism operating here?”

## □ Identify mechanisms

- **Structures:** the *who?*, *what?*, *when?*, and *where?* of decision-making
- **Policies:** the written *how?*
- **Practices and norms:** the unwritten *how?*
- **Values:** the *why?*

# “How is racism operating here?”

## □ Identify mechanisms

- **Structures:** the *who?*, *what?*, *when?*, and *where?* of decision-making
- **Policies:** the written *how?*
- **Practices and norms:** the unwritten *how?*
- **Values:** the *why?*

## **What is *[inequity]* ?**

**A system of structuring opportunity and assigning value based on *[fill in the blank]***

## **What is *[inequity]* ?**

**A system of structuring opportunity and assigning value based on *[fill in the blank]*, that**

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources



## Many axes of inequity

- ❑ **“Race”**
- ❑ **Gender**
- ❑ **Ethnicity and indigenous status**

## **Many axes of inequity**

- ❑ **“Race”**
- ❑ **Gender**
- ❑ **Ethnicity and indigenous status**
- ❑ **Labor roles and social class markers**
- ❑ **Nationality, language, and immigration status**
- ❑ **Sexual orientation and gender identity**

## **Many axes of inequity**

- ❑ **“Race”**
- ❑ **Gender**
- ❑ **Ethnicity and indigenous status**
- ❑ **Labor roles and social class markers**
- ❑ **Nationality, language, and immigration status**
- ❑ **Sexual orientation and gender identity**
- ❑ **Disability status**
- ❑ **Geography**
- ❑ **Religion**

## **Many axes of inequity**

- ❑ “Race”**
- ❑ Gender**
- ❑ Ethnicity and indigenous status**
- ❑ Labor roles and social class markers**
- ❑ Nationality, language, and immigration status**
- ❑ Sexual orientation and gender identity**
- ❑ Disability status**
- ❑ Geography**
- ❑ Religion**
- ❑ Incarceration history**

## **Many axes of inequity**

- ❑ **“Race”**
- ❑ **Gender**
- ❑ **Ethnicity and indigenous status**
- ❑ **Labor roles and social class markers**
- ❑ **Nationality, language, and immigration status**
- ❑ **Sexual orientation and gender identity**
- ❑ **Disability status**
- ❑ **Geography**
- ❑ **Religion**
- ❑ **Incarceration history**

**These are risk MARKERS**

## What is health equity?

- ❑ **“Health equity” is assurance of the conditions for optimal health for all people**
- ❑ **Achieving health equity requires**
  - Valuing all individuals and populations equally
  - Recognizing and rectifying historical injustices
  - Providing resources according to need
- ❑ **Health disparities will be eliminated when health equity is achieved**

# **Barriers** to achieving health equity

## ❑ **Narrow focus on the individual**

- Self-interest narrowly defined
- Limited sense of interdependence
- Limited sense of collective efficacy
- Systems and structures as invisible or irrelevant

## ❑ **A-historical culture**

- The present as disconnected from the past
- Current distribution of advantage/disadvantage as happenstance
- Systems and structures as givens and immutable

## ❑ **Myth of meritocracy**

- Role of hard work
- Denial of racism
- Two babies: Equal potential or equal opportunity?

## Using black holes

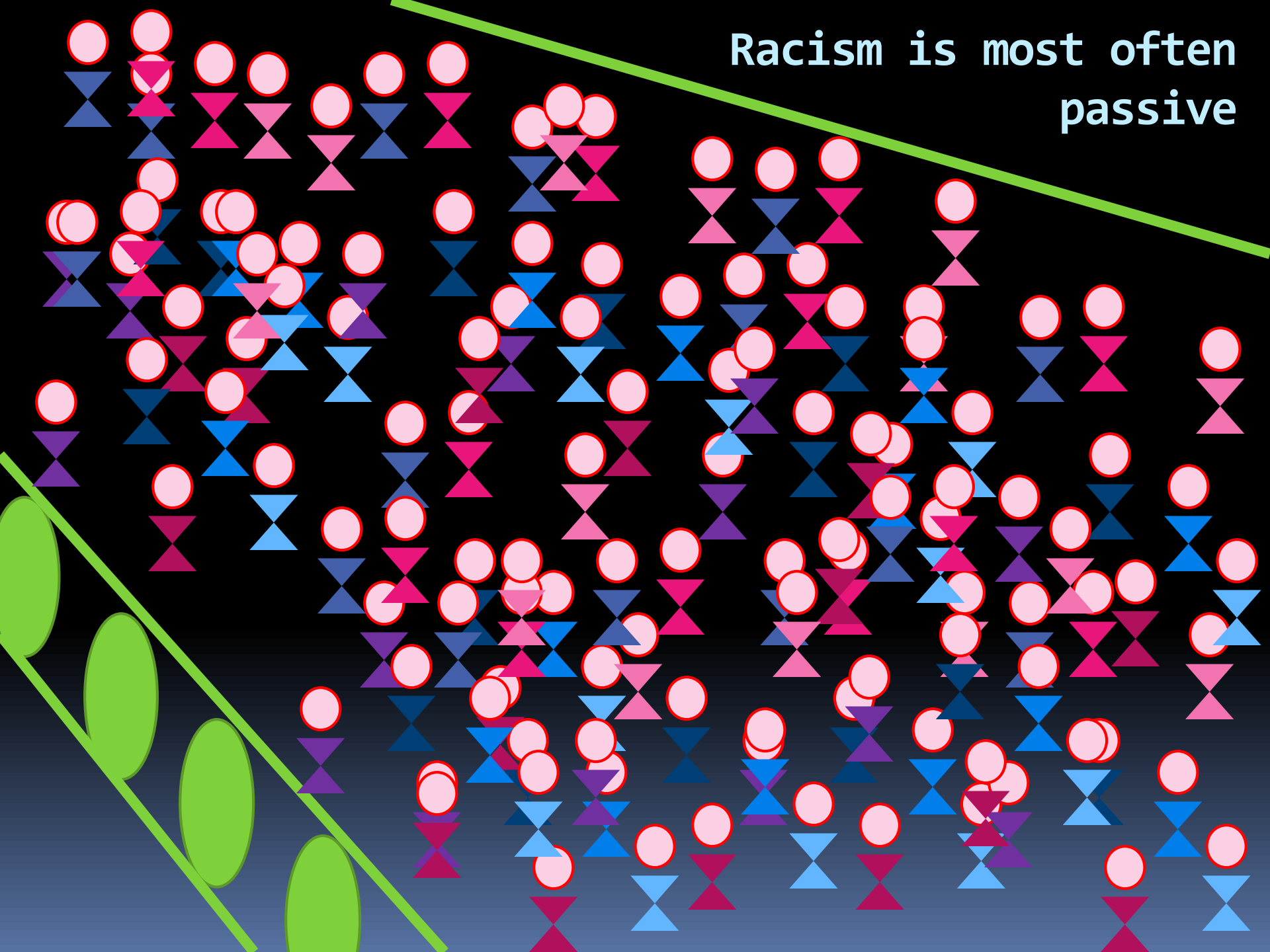
- ❑ **Look for evidence of two-sided signs**
  - Shine the bright light of inquiry
  - Are there differences in outcomes?
  - Are there differences in opportunities?
- ❑ **Be interested, believe, and join in the stories of others**
- ❑ **See “the absence of”**
  - Who is NOT at the table?
  - What is NOT on the agenda?
  - What policies are NOT in place?
- ❑ **Reveal inaction in the face of need**



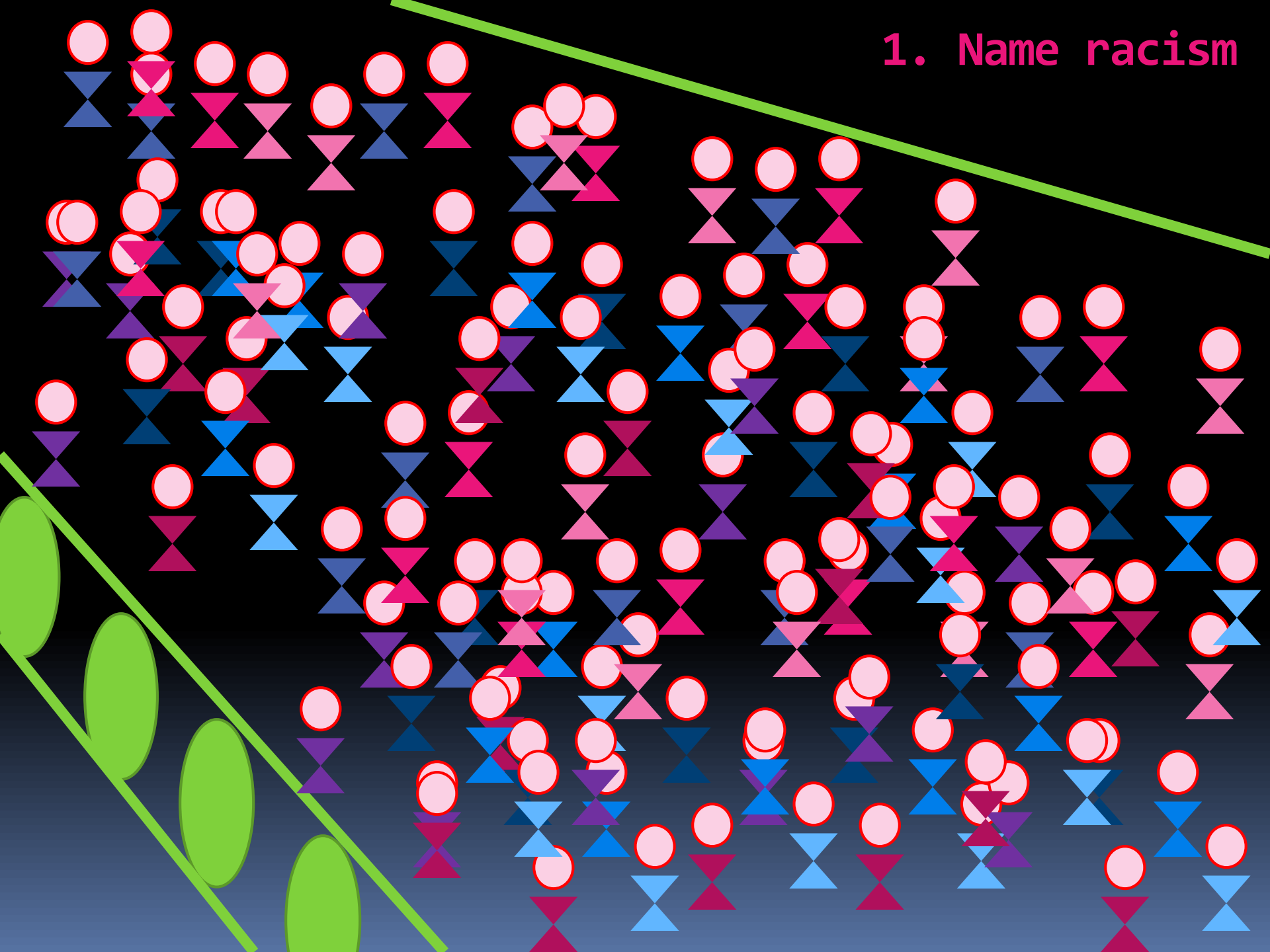


Life on a Conveyor Belt: Moving to action

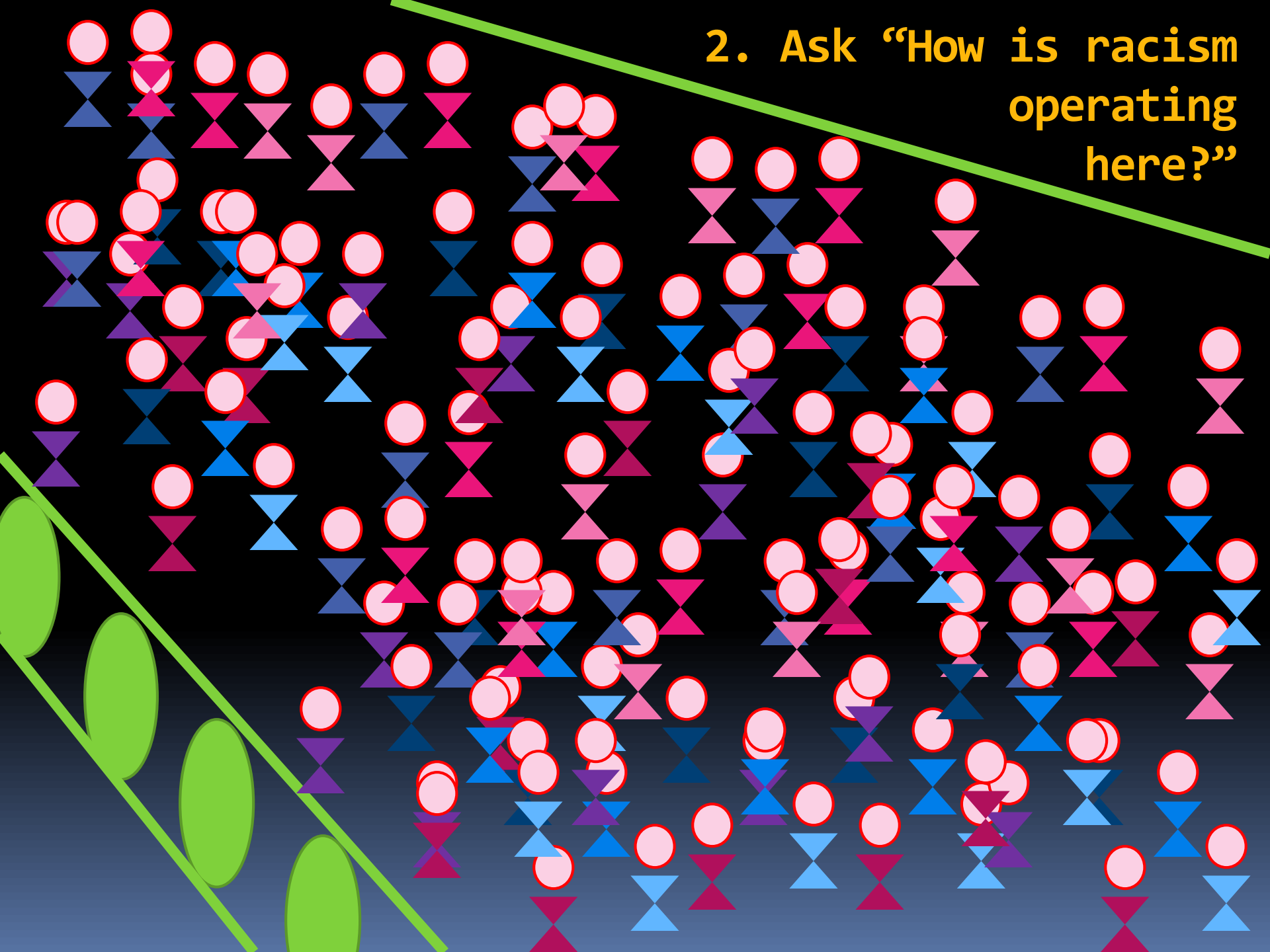
Racism is most often  
passive



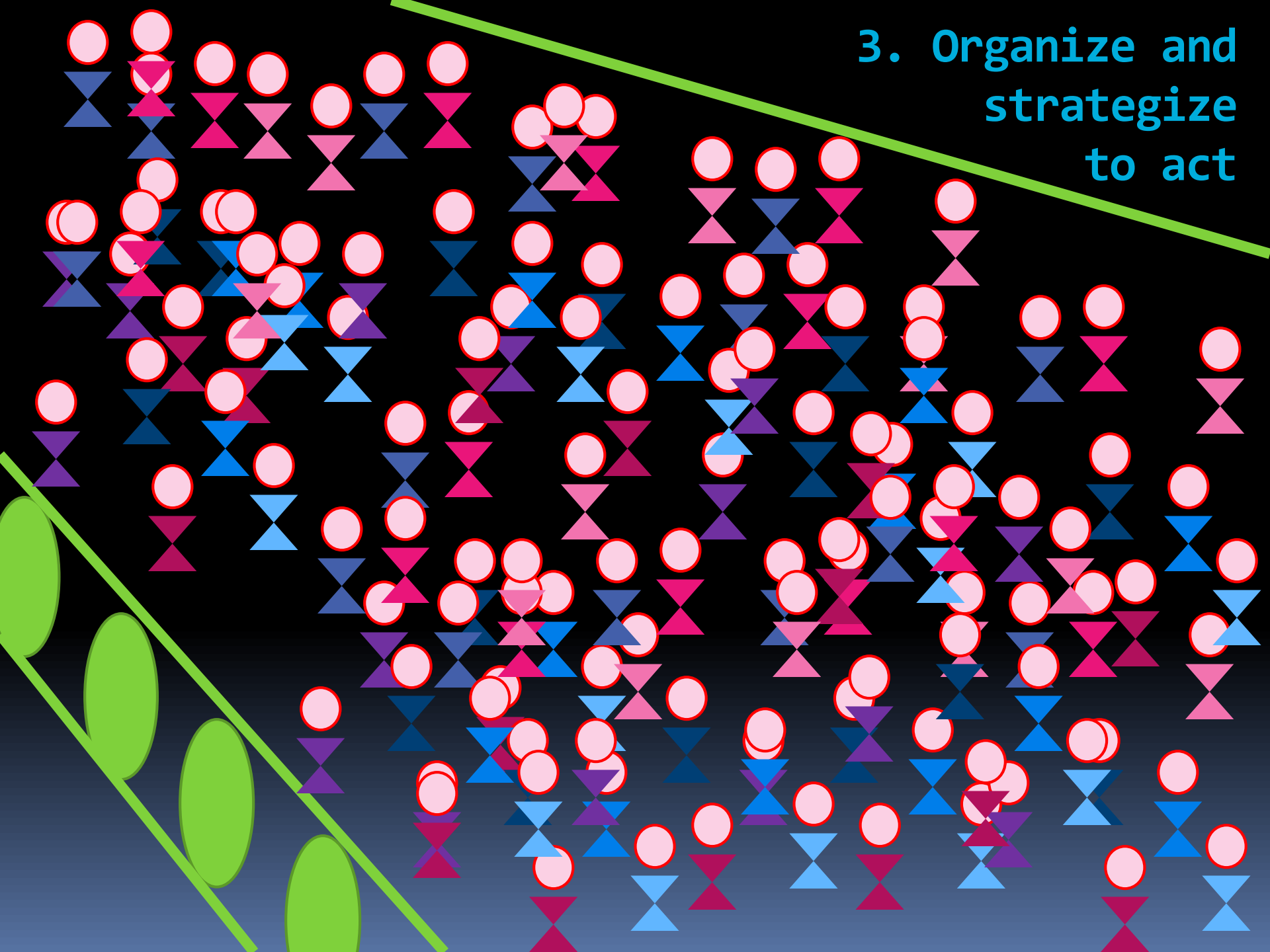
# 1. Name racism



2. Ask “How is racism operating here?”



### 3. Organize and strategize to act



**Camara Phyllis Jones, MD, MPH, PhD**

**Past President**

**American Public Health Association**

**Senior Fellow**

Satcher Health Leadership Institute and  
Cardiovascular Research Institute

**Adjunct Associate Professor**

Department of Community Health and Preventive Medicine  
**Morehouse School of Medicine**

**cpjones@msm.edu**

**(404) 756-5216**

**(404) 374-3198 mobile**