

Identifying and Addressing Structural Racism in Healthcare Impacting Population Health



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Objectives for today's webinar:

1. Identify how structural racism creates barriers to health equity.
2. Discuss the process of dismantling structures of racism.



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Structural Racism

Normalization and legitimization of an array of dynamics (policies, practices, attitudes) that routinely advantage people with power and privilege (often white) while producing cumulative and chronic adverse outcomes for people of color.



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Structural Racism



Highly dynamic and compounding system that is:

- ✓ Intentional
- ✓ Interactive
- ✓ Interconnected

These laws, rules, and practices are sanctioned and implemented by various levels of government.

Embedded in our economic system as well as in cultural and societal norms, they are designed to reinforce each other and to reproduce disparities.



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Structural Racism

Widely held beliefs of bias and racial stereotypes, acted out institutionally in such areas as:

Housing (residential segregation, mortgage redlining, predatory lending)

Education (school segregation, bias admissions, unequal quality, health literacy)

Employment (occupational segregation/hierarchy, bias hiring, workplace discrimination))

Wealth (social class)

Mass Media (negative representations)

Criminal Justice System (policing, mass incarceration)

Healthcare (unequal access quality treatment, comorbidities)



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Where you
live matters to
your health.



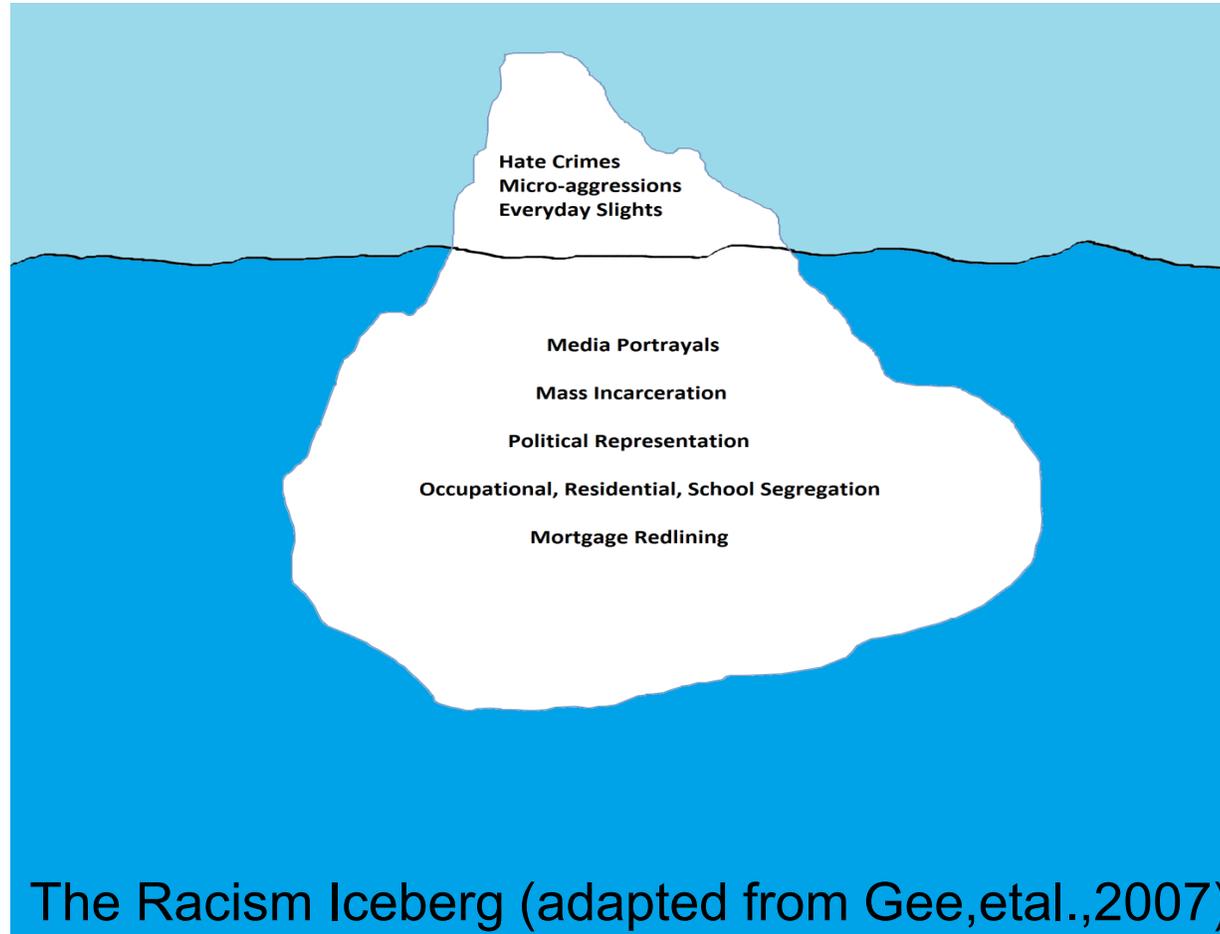
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Structural Racism and Health

- Ongoing and mundane experiences of discrimination are associated with increased risk of health problems such as heart disease, clinical depression, low birth weight infants, poor sleep, obesity, and shortened life expectancy.
- Racially segregated neighborhoods often have greater exposures to environmental toxins, lower tax bases, fewer jobs, and fewer services, such as hospitals.

STRUCTURAL RACISM



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Experience of Microaggressions

Micro-assaults

- Racial profiling
- Having the police called for no reason

Micro-insults

- Overlooked while waiting in line
- Black child not being called upon by teacher

Micro-invalidations

- “I don’t see color”
- “All lives matter”



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APHA and Structural Racism

- At APHA's 2020 Annual Meeting and Expo, racism was at the forefront of conversations and events.
- There was a racism summit and a high-profile session on hate (an overt form of racism).



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APHA Addressing Structural Racism

Citing growing research linking racism to poor physical and mental health outcomes, the APHA adopted an interim policy statement on structural racism as a public health issue, calling on Congress to pass and fund anti-racism legislation.



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AHA Addressing Structural Racism

The path forward requires our commitment to transforming the conditions of historically marginalized communities, improving the quality of housing and neighborhood environments of these populations, advocating for policies that eliminate inequities in access to economic opportunities, quality education, and health care, and enhancing allyship among racial and ethnic groups.

American Heart Association



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Nursing Addressing Structural Racism

Recommendations from nursing scholars:

- Address racial and ethnic inequities through education, research, and policy.
- Critical conversations within nursing to acknowledge the contribution of structural racism and implicit bias to health equity.
- Implement structural competency into nursing education and prioritize nursing research and policies focused on health equity and community-based interventions.
- Structural competency is a means of understanding the institutional forces and social conditions leading to poor health and lack of access to care and provides a broader context for understanding social contributors to health.



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Nursing Addressing Structural Racism

Structural competency involves:

Thoughtful, consistent exposure of our students using a leveled approach to strategically integrate content on racism, health equity, and bias throughout nursing curricula across the academic continuum (didactic, clinical, and simulation), as well as through nursing education research.

Policy education and health promotion education can identify best practices for integrating policy content across the nursing continuum, and action steps for translating education to action.

Move from a reactive, illness model to a proactive, wellness, and chronic care model.



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Power, Privilege and Allyship

Systemic change is needed to dismantle structural racism.
The question often asked is:

“ What can I do as an individual person in this system?”

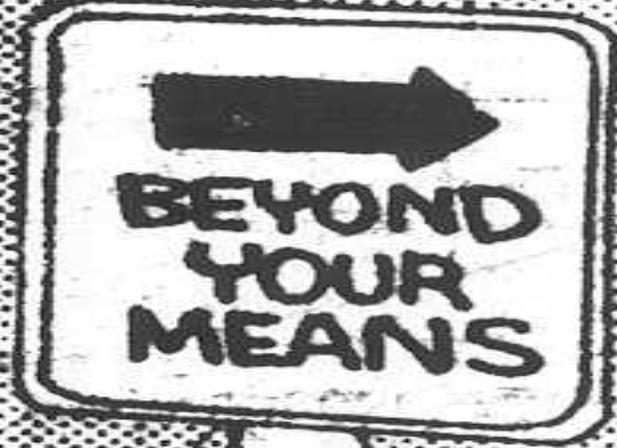
Understanding power and privilege and using it as leverage as part of being an ally will go a long way to effect change.



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Ziggy



Wilson

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Hang In There!





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