

POLICY STATEMENT

Role of Academia in Combatting Structural Racism in the United States



APTR calls upon post-secondary educational institutions in the United States—particularly health professions schools and their academic units that teach prevention and public health—to take action to reduce the impact of racism from within their walls and to assume proactive responsibility for teaching students and the general public about racism’s causes and effects.

WHEREAS racism consists of principles and practices that cause and justify an inequitable distribution of rights, opportunities, and experiences across racial groups;

WHEREAS structural racism reflects the macrosocial system of public policies and institutional practices that work in various, often reinforcing, ways to perpetuate racial group inequity;

WHEREAS interpersonal racism reflects microsocial forces of culture expressed through discourse, attitudes, and behaviors that work in various, often reinforcing ways, to perpetuate racial group inequity;

WHEREAS we define systematic racism as structural and interpersonal racism operating both separately and together;

WHEREAS significant differences exist between minority groups and non-minority groups in access to adequate housing, quality education, career and employment opportunities, safe neighborhoods, protection from environmental hazards, access to government services, and wealth;

WHEREAS these differences in access to opportunity have significant effects on health, quality of life, and length of life and are perpetuated through socio-cultural forces at play over generations;

WHEREAS African-Americans, by virtue of their unique history, treatment, and past and present experiences in the United States, have been denied equal access and been disproportionately affected by these differences;

WHEREAS many are indifferent to, or unaware of, the causes and effects of these differences due to a belief that racism no longer operates to a significant degree in the United States but is instead matter of personal prejudice;

WHEREAS economic and social mobility in the United States is now less than in most industrialized and wealthy countries;

WHEREAS post-secondary education in the United States is inaccessible to many and therefore supports and perpetuates economic and social immobility;

WHEREAS social justice dictates that each human being has equal worth and should have equal opportunity for social integration, economic and social advancement, and conditions that promote optimal health;

WHEREAS educators, public health professionals, and health professionals can play a vital role in addressing racism, social injustice, human rights violations, and inequality in the educational and health care systems, through teaching, research, policy and practice;

THEREFORE, APTR calls upon post-secondary educational institutions in the United States-- particularly health professions schools and their academic units that teach prevention and public health--to take action to reduce the impact of racism, in its various manifestations, from within their walls, and to assume proactive responsibility for teaching students about the causes and effects of racism.

www.aptrweb.org

The Association for Prevention Teaching and Research (APTR) is the professional organization for academic prevention and public health institutions and their faculty dedicated to advancing prevention and population health education and research. APTR advances population-based and public health education, research and service by linking and supporting members from across the academic health professions community.

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APTR Calls Upon ALL Institutions of Post-Secondary Education To:

Develop, improve, and reaffirm comprehensive plans to diversify their campuses. As many educational programs have demonstrated, legal restrictions on racial quotas do not preclude successful strategies to bring more qualified students into higher education.

Schools and programs should:

- Proactively seek to recruit, and admit or hire diverse students, faculty and staff to their campuses.
- Reduce reliance on standardized measures of success that have been shown to be both discriminatory and of limited value in identifying ability and predicting success.
- Create programs, measures, and systems of accountability to make sure that students from diverse backgrounds feel they belong and have the opportunity to succeed.
- Develop a systematic approach to assessing and monitoring institutional climate, ensuring that implicit bias and its potential consequences are understood, and that people of diverse backgrounds feel welcome and respected.

Include teaching and research about racism, its causes and effects, as a central part of the teaching mission of the institution.

Schools and programs should:

- Provide students with orientation materials and training that prepare them to engage respectfully with others, regardless of background and prior life experience.
- Create classroom environments where hierarchy and privilege can be identified and challenged and ignorance of barriers to opportunities can be corrected while encouraging and supporting freedom of thought and expression.
- Provide curricular opportunities, as appropriate, in all academic subjects that expose students to the role of inequity as it relates to the discipline under study.
- Encourage and support research efforts by faculty directed to better understanding racism, its causes and effects.
- Promote community education and dialogue about racism, its causes and effects, through a variety of channels.

Health professions schools and programs, including clinical programs and public health programs, should:

- Incorporate into the curriculum the following elements:
 - Social determinants of health and the unequal distribution of these determinants in relationship to race, ethnicity and other socially defined groups.
 - The place of biology in understanding race and health differences, the limited role of genetics as a primary causal factor in differences in health and disease with particular attention to understanding race as primarily a socially constructed rather than biological system of categorization.,

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- Clarity about the concepts of health disparities and health equity, as well as the primary causal roles of human decisions and actions and socially constructed systems in health disparities.
- Structural differences in access to care and quality of care for minority groups, and particularly for African-Americans, and how these differences lead to health inequities.
- The historical development and implementation of principles, policies and practices that embedded inequities of care into the U.S. health care system
- A range of strategies, including clinical quality improvement methods and advocacy, for health professions to address health inequities in their professional role.

APTR Will:

- Widely disseminate this policy to academic institutions throughout the United States.
- Encourage and support adoption of these policies by academic institutions throughout the United States.
- Encourage academic units of public health and prevention to play a leadership role in the adoption and practice of these policies within their academic institutions.
- Encourage academic units of public health and prevention to conduct research in health inequities, particularly racial inequities.
- Provide resources for investigating, teaching, and acting against structural racism in academic and health care settings.
- Provide support for academic units of public health and prevention to increase teaching capacity, conduct research, and advocate regarding health inequities, particularly racial inequities.

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Background and Rationale

Race in the United States is a strong predictor of health status. In speaking of racism, we are particularly but not exclusively concerned with the consistent denial of equal life opportunities in the past and present for African-Americans. Evidence of negative health for African-Americans resulting from racism are many and have been well documented by such scholars as David Williams, Keith Wailoo and Nancy Krieger. They include higher mortality rates and lower life expectancies related to such factors living in high poverty geographical areas with substandard housing, fewer educational opportunities, and lack of medical care, safe green spaces, and food security.

The life span of African-American men is 5 years shorter than the life span of Caucasian men. The life span of African-American women is 3 years shorter than that of Caucasian women. In some predominantly poor and minority communities, life expectancy is 16 years less than middle class neighborhoods just a few miles away. Multiple mechanisms account for these gaps in health status, but the overall research is clear: the health inequities that exist are not biological. Instead, the differences are due, in large part, to social and economic status and differences in opportunity.

While much of the difference in health status between minority and non-minority groups can be explained by differences in social and economic circumstances, it must be noted that the relationship between low economic status and race is not by chance, but rather the result of generations of systematic exclusion from opportunity directed at minorities that continues to this day. An African-American child in the United States is less likely to reside in a safe neighborhood and have a decent standard of living, access to affordable high-quality food, a decent education, access to well-paying jobs, access to good health care and other services, and protection from crime. Such inequity of life chances and experiences are manifestations of racism and therefore a root cause of difference in health status across racial groups. As such, these differences in health status are an injustice that requires a societal response.

Attention has come to the continuing pervasiveness of racism through media accounts of police violence against African-American men and concerns expressed by minority students across university campuses. Furthermore, numerous national health agencies and organizations, including the American Public Health Association (APHA) and the National Association of County and City Health Officials (NACCHO), are actively engaged in issues of health equity anti-racism work as a critical component of the work necessary to make the United States healthier.

Because the structures of racism and the resulting inequities in health status persist, it is incumbent on the health care and education sectors to recognize this issue, to educate their students and the public, and take action to ensure that the health and education sectors they participate in are part of the solution and not part of the continuing problem. Too often the conscious or unconscious behaviors of health professionals result in disparities in the care provided to minorities. Whether it is access to affordable health insurance or to equal treatment in obtaining high quality health services, such as delivery of accurate diagnoses, the highest level technology procedures, or simply the prescribing of the same pain medications.

Other vulnerable populations also live with daily experiences of violence and denials of justice and dignity. Nativism, expressed as anti-immigrant sentiment, has been rising and requires attention and action similar to that proposed here to combat racism. Native Americans and Alaska Natives, Latinos and Hispanics, and the LGBT community experience stigmatization, denial of access to health care, and discrimination in how health services are provided. Recent studies show that Native Americans have significantly higher death rates from homicide, suicide,

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automobile accidents, and infant mortality. There are higher rates of diabetes among Native Americans and Alaska Natives than among white Americans and even though community-based health initiatives have been shown to be successful in diagnosis and treatment, there are few examples of public legislation to fund these programs.

Why APTR Is Disseminating This Policy:

Teachers and researchers of public health and preventive medicine are well-placed and well trained to bring clarity to the research agenda, teaching curriculum, and evaluation of policy and program outcomes necessary to create meaningful change on the road to elimination of racism. Health outcomes and health disparities are relevant to all health professionals across the spectrum of care. As an interdisciplinary organization, APTR calls upon the entire academic health professions community to address these issues.

Public health as a science has long recognized that true health and well-being represent more than the mere absence of disease. Racism represents a barrier to health and takes a toll which may extend across generational lines. The outcomes of this will not be fully resolved until we are able to identify the occasions of systemic racism—both structural and interpersonal—and rectify the problem without causing additional harm.

The health professions community has the responsibility for managing the health consequences of racism. To the degree that this community is held accountable for the poor health outcomes in the populations they serve, there will continue to be an interest in reducing racism’s manifestations. The academic health professions community is in a position to inform health professionals and health systems on how to improve health outcomes, particularly those that are derived from the impacts of racism. Academic health professionals focused on public health have the opportunity to support those who are on the front lines facing racism daily by identifying and validating the evidence of the social inequities that continue and their impact on health. Academics are uniquely situated to frame questions and investigations in ways that can create a new and evolving framework for making meaningful policy changes so that all individuals can expect to enjoy the full benefits of health and wellbeing without the experience of structural or interpersonal racism.

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Supporting Articles

How Did Cause of Death Contribute to Racial Differences in Life Expectancy in the United States in 2010?

Kenneth D. Kochanek, M.A.; Elizabeth Arias, Ph.D.; and Robert N. Anderson, Ph.D. NCHS Data Brief No. 125 July 2013
www.cdc.gov/nchs/data/databriefs/db125.pdf

Mapping Life Expectancy, Virginia Commonwealth University 2014

www.societyhealth.vcu.edu/work/the-projects/mapping-life-expectancy.html

#Black Lives Matter---A Challenge to the Medical and Public Health Communities

Mary T. Bassett, NEJM. March 19, 2015

www.nejm.org/doi/full/10.1056/NEJMp1500529

The Case for Reparations

Coats, Te-Nisi, The Atlantic Monthly. June 2014,

www.theatlantic.com/magazine/archive/2014/06/the-case-for-reparations/361631/

Why genes don't count (for racial differences in health)

Goodman, AH, Am J Public Health, 2000 November; 90(11): pp. 1699–1702.

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Levels of racism: a theoretic framework and a gardener's tale

Jones, CP, Am J Public Health. 2000 August; 90(8): pp. 1212–1215

www.ncbi.nlm.nih.gov/pmc/articles/PMC1446334/pdf/10936998.pdf

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Krieger, N, Journal of Public Health Policy. 1992 Winter 13(4): pp. 412-427

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Race, Socioeconomic Status, and Health: The Added Effects of Racism and Discrimination

Williams, DR, Annals of the New York Academy of Sciences December 1999: pp. 173–188

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