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# Killing Us Softly: Uncovering the Trauma of Racism and its Impact on Health Outcomes

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Part 1: Racism and Health

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# BLKHLTH

A 501(c)(3) not-for-profit organization

Workshops and Training | Practice-Based Consulting | Community  
Health Events | Digital Media



We envision a world where **racism and other intersecting forms of oppression** do not determine a person's ability to achieve optimal health.

Our mission is to critically engage and challenge racism and its impact on health.



# Learning Objectives

- Understand racism, racialized health disparities, and their social, historical, and political causes
- Recognize racism as a fundamental cause of health disparities and explore the pathways that connect racism to poor health outcomes

Part 2 (Wednesday, 8/26):

- Explore the core constructs of Critical Race Theory (CRT)
- Apply principles of CRT and antiracism to health research and practice in order to learn ways we can actively mitigate the impact of racism on health outcomes

# What is Racism?

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Racism is a **system** of structuring opportunity and assigning value based on phenotype (“race”), that:

- unfairly disadvantages some individuals and communities
- unfairly advantages other individuals and communities (i.e., white privilege)
- undermines realization of the full potential of the whole society through the waste of human resources

**RACISM IS  
A PUBLIC  
HEALTH  
CRISIS**

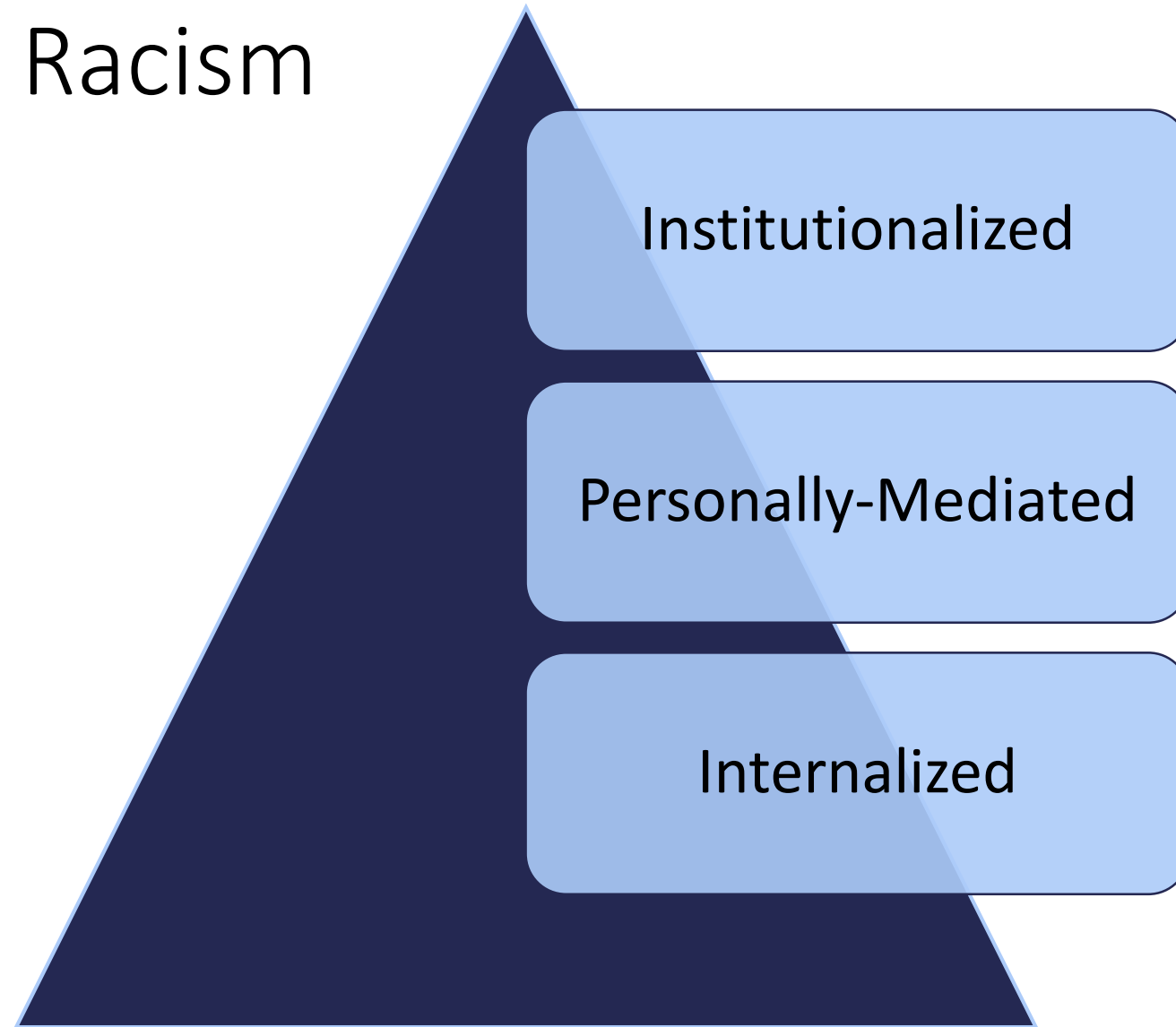
**ASPPH**



“The function, the very serious function of racism is **distraction**. It keeps you from doing your work. It keeps you explaining, over and over again, your reason for being. Somebody says you have no language and you spend twenty years proving that you do. Somebody says your head isn’t shaped properly so you have scientists working on the fact that it is. Somebody says you have no art, so you dredge that up. Somebody says you have no kingdoms, so you dredge that up. None of this is necessary. There will always be one more thing.”

- *Toni Morrison*

# Levels of Racism



## Institutionalized

- Structures, policies, practices, and norms resulting in differential access to the goods, services, and opportunities of society by “race”
- Normative, sometimes legalized, and often manifests as inherited disadvantage
- Structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator

Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22

# Personally-Mediated

- Prejudice and discrimination
  - **Prejudice** is differential assumptions about the abilities, motives, and intents of others by “race”
  - **Discrimination** is differential actions towards others by “race”
- Intentional or unintentional
- Like institutionalized racism, personally-mediated racism includes acts of omission as well as acts of commission

Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22





## Internalized

- Acceptance by members of the stigmatized “races” of negative messages about our own abilities and intrinsic worth
- It is characterized by our not believing in others who look like us, and not believing in ourselves
- It involves accepting limitations to one’s own full humanity, including one’s spectrum of dreams, one’s right to self-determination, and one’s range of allowable self-expression

Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22



# Poll: Knowledge Check on Levels of Racism

Institutionalized

Personally-mediated

Internalized

ProPublica found that **women who hemorrhage while giving birth at disproportionately black-serving hospitals are far more likely to wind up with severe complications.**

- Including hysterectomies – which are more directly related to hemorrhage – to pulmonary embolisms – which can be indirectly related.

When researchers looked at data for only the healthiest women, and for white women at black-serving hospitals, the pattern persisted.

# Health Disparities

A difference in which disadvantaged social groups systematically experience worse health or greater health risks than more advantaged social groups.

Racialized health disparities describe the increased presence and severity of certain diseases, poorer health outcomes, and greater difficulty in obtaining healthcare services for disadvantaged races and ethnicities.

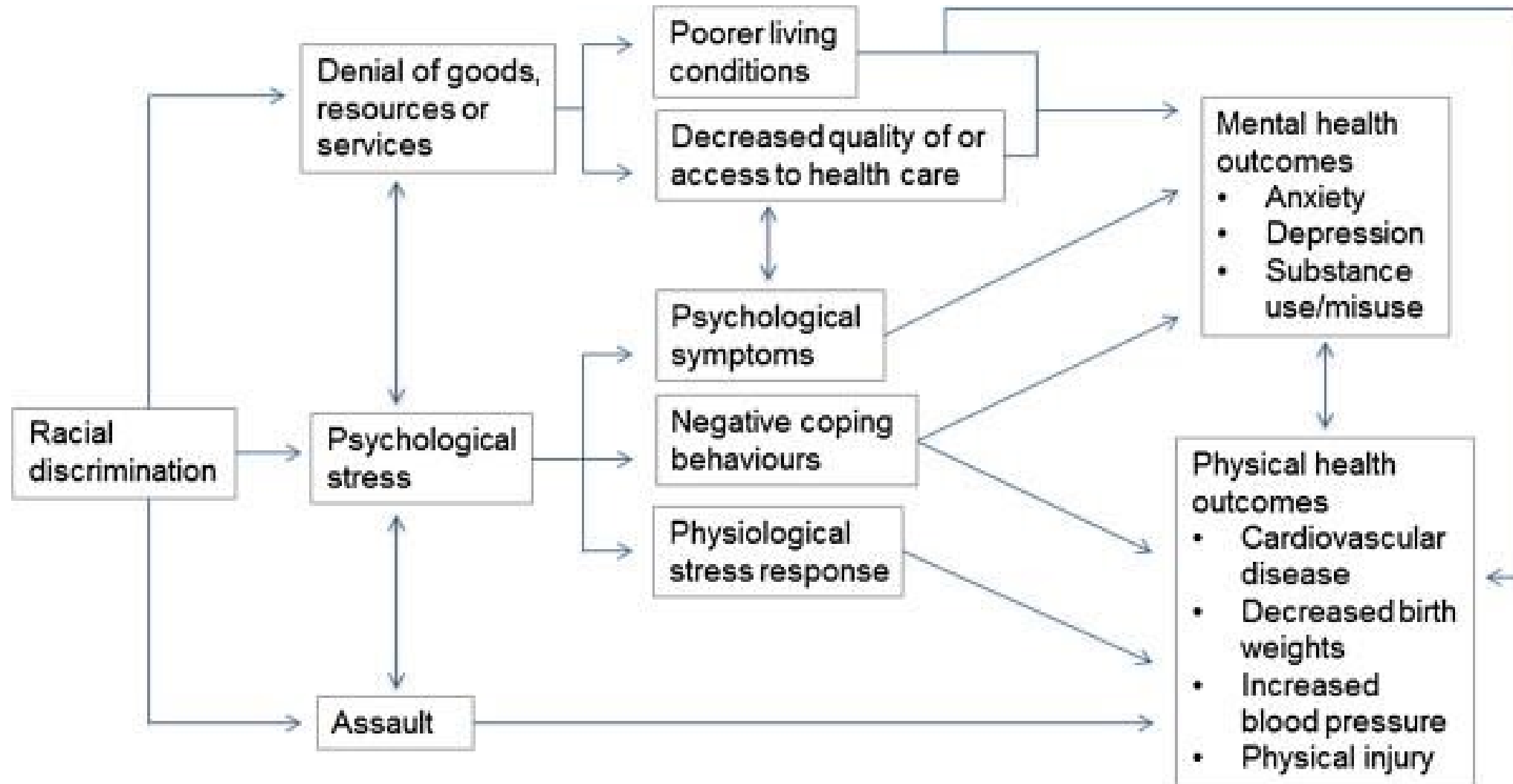
# Examples of racialized health disparities in HIV/AIDS

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**African-Americans account for a higher proportion of new HIV diagnoses, those living with HIV, and those who have ever received an AIDS diagnosis, compared to other races/ethnicities.**

- In 2017, African-Americans accounted for 43% of new HIV diagnoses, though they comprise 13% of the U.S. population
- Black men accounted for three-quarters of new HIV infections among African-Americans in 2016, and 80% of these were among Black gay and bisexual men
- Black women account for 6 in 10 new HIV infections among all women
- An estimated 44% of Black transgender women have HIV – the highest percentage among all transgender women

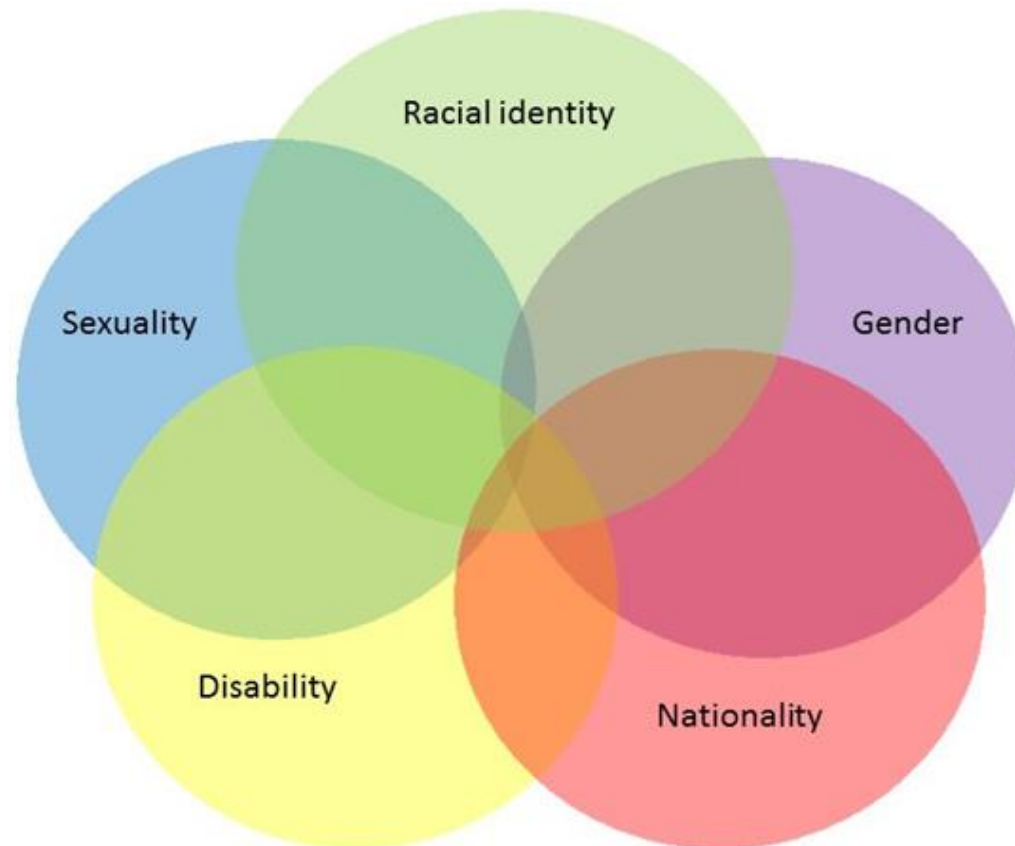
# Pathways through which racism can affect health



# Intersectionality

**Intersectionality** is a theoretical framework for understanding how aspects of a person's social and political identities (e.g., gender, sex, race, class, sexuality, religion, ability, physical appearance, height, etc.) might combine to create unique modes of discrimination and privilege.

It is a qualitative analytic framework that identifies how **interlocking systems of power** affect those who are most marginalized in society and takes these relationships into account when working to promote social and political equity.



Intersectionality opposes analytical systems that treat each oppressive factor in isolation.

The term was coined by Kimberlé Crenshaw, a leading authority in the area of Civil Rights, Black feminist legal theory, and race, racism and the law.

# Examples of structural racism and potential connections with health

## Segregation

Segregation refers to the separation of social groups. Residential segregation remains pervasive and may influence health by concentrating poverty, environmental pollutants, infectious agents, and other adverse conditions. Segregation within schools, workplaces, and health care facilities also contributes to health disparities.

## Immigration Policy

Since its inception, U.S. immigration policy has defined racial groups, reinforced the social hierarchy, and influenced the health of populations. A critical aspect of immigration policy is its connection to citizenship and privileges. Some policies impact immigrants' access to health and other social services.

## “Intergenerational Drag”

The racist actions and inequities experienced by one generation may be felt across subsequent generations. Intergenerational drag views contemporary disparities as the cumulative effects of macrolevel systems interacting with one another in ways that generate and sustain racial inequalities.



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Thank You!

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# Questions + Comments