Systemic Racism and Health Equity
Authors
Paula Braveman, Center for Health Equity, University of California, San Francisco
Elaine Arkin, Independent Consultant
Dwayne Proctor, Missouri Foundation for Health (At the time of his work on this document, Dwayne Proctor was with the Robert Wood Johnson Foundation)
Tina Kauh, Robert Wood Johnson Foundation
Nicole Holm, Center for Health Equity, University of California, San Francisco

Internal Advisors
Alonzo Plough, Robert Wood Johnson Foundation
Awale Osman, Robert Wood Johnson Foundation

External Advisors
Gail Christopher, CEO, National Collaborative for Health Equity
Gilbert Gee, Professor, Community Health Sciences, Fielding School of Public Health, UCLA
Jamie R. Riley, Director of Race and Justice, National Association for the Advancement of Colored People
Foreword

This report is the sixth in a Robert Wood Johnson Foundation (RWJF) series examining the links between health equity and a range of issues critical to achieving equity. The first report, What Is Health Equity? And What Difference Does a Definition Make?, defines health equity and takes a deeper look at what it means and its implications for action. The other health equity reports are: Early Childhood Is Critical for Health Equity, Wealth Matters for Health Equity, Mass Incarceration Threatens Health Equity in America, and What Can the Health Care Sector Do to Advance Health Equity?

An Executive Summary is available here.

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Introduction

Awareness of systemic and structural racism has been increasing. Over the past several years, the terms “systemic racism” and “structural racism” have appeared more often than ever before, including in the mainstream media. The police murder of George Floyd in Minneapolis on May 20, 2020, represented a crucial tipping point following a long series of police killings of unarmed Black people in different areas of the United States. Bystander videos of Mr. Floyd’s death, with a police officer pressing his knee for several minutes onto the neck of a man who was handcuffed and face down on the pavement, led to outraged protests throughout the United States and globally. These events received extensive media coverage, including print and online news, editorials, and social media.1-5 The U.S. protests, though spontaneous, built upon years of efforts by Black Lives Matter and other civil rights and racial equity movements.

The second phenomenon, also occurring during the spring of 2020, was the revelation of disproportionately higher rates of COVID-19 infections and deaths nationally among Latinos, Black Americans, Native Americans, and Native Hawaiians and Pacific Islanders. The higher rates were thought to be due to unsafe living and working conditions such as residential crowding and exposure to the virus in workplaces lacking adequate protections.6-8

The confluence of these two occurrences has triggered unprecedented public discussion of racial injustice. While the leadership has come largely from people of color, the issues have been taken up by a wide range of organizations within and outside government. Statements explicitly calling for action to address systemic racism have been issued by The White House,9 the Centers for Disease Control and Prevention (CDC),10 the American Public Health Association (APHA),11 the National Association of County and City Health Officers (NACCHO),12 and the Association of State and Territorial Health Officers (ASTHO),13 among others. It is heartening that important discussions about racism are occurring that may lead to needed change. At the same time, however, misunderstandings and outright untruths are widespread in social media, and some discussions may not explain adequately how racism, and particularly systemic and structural racism, harm people of color and exert a corrosive effect on our society as a whole.
Addressing systemic racism is crucial for achieving health equity. To accomplish that, it is important to understand what systemic racism is, the harm it causes and how it does so, and strategies to dismantle it. Although the focus here is on how systemic racism can damage the health of people of color, it is important to note that it may damage the health and well-being of virtually the entire society in which it operates.\(^\text{14}\) A study by Citigroup estimated that between 2000 and 2020, the U.S. economy lost $16 trillion due to racial discrimination.\(^\text{15}\) Additional research on social inequality in general has made a compelling case that social inequality damages the health of societies overall, largely by undermining social cohesion.\(^\text{16}\)

This report aims to explain the concepts of systemic and structural racism and their connection with health equity; draw attention to ways to address them, including the courageous actions historically led by people of color against formidable obstacles that have produced important gains; and stimulate discussion of these issues among wide segments of the public, including those who may not have examined these concepts in depth previously. The report is directed not only to those working in public health or healthcare, but also to those working in other fields—such as community development, economics, public policy, social welfare, housing, education, and rural development—that powerfully shape health.
UNDERSTANDING SYSTEMIC AND STRUCTURAL RACISM

At times in this report, we refer to systemic racism and structural racism. They are often used interchangeably, although they have somewhat different emphases. Systemic racism emphasizes the involvement of whole systems—political systems, legal systems, economic systems, healthcare systems, school systems, criminal justice systems, etc.—including the structures that constitute the frameworks of the systems. Structural racism emphasizes the role of the structures, such as laws and policies, that are the scaffolding of the systems. Because systems include structures, we generally use only “systemic racism.”

Systemic racism is so embedded in systems and structures that it often is viewed as the natural, inevitable order of things. It is a result of both historical and ongoing injustices. This document explores the links between systemic and structural racism and health equity. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, powerlessness, and their consequences, including lack of access to good jobs with fair pay; quality education, housing, and healthcare; and safe environments. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups. (It is important to note that health means physical and mental health status and well-being, distinguished from healthcare, the services provided by trained medical personnel to prevent or treat illness.) Appendix B includes the definitions stated here and several others for terms used frequently in this document.

Racism is a system of power relationships and thought that relegates people of color to inferior status and treatment, denying them access to society’s benefits and justifying this with beliefs about their innate inferiority. White supremacy is at the heart of racism in the United States: It is a belief in the innate superiority of White people, justifying their greater privilege and power and their right to exploit and limit the rights of others. Racism is not always conscious or intentional; often it is systemic or structural—that is, built into systems, laws, policies, and pervasive, deep-rooted practices, beliefs, and attitudes that produce and perpetuate unfair treatment.
Slavery—explicitly supported by laws—endured for 250 years in the United States and was followed by almost 100 years of Jim Crow laws (see box on page 10) designed—and often enforced by terror—to restrict the rights of Black people. While civil rights legislation in the 1960s made it illegal to discriminate, enforcement has been inadequate.

History has shown that the passage of anti-discrimination laws is essential but not sufficient without vigorous and sustained enforcement. Although racial discrimination is no longer legal, socioeconomic and health inequities along racial lines persist because of deeply rooted, unfair systems and structures that continue to operate to sustain the legacy of former overtly discriminatory practices, policies, laws, and beliefs. Examples include the Jim Crow laws in Southern states that severely restricted Black people’s rights for almost 100 years after the end of the Civil War, and the practice of redlining (discussed later), which effectively denies Black people access to bank loans at favorable rates.

Because racism is so deeply embedded in our society, these systems and structures often operate unintentionally or invisibly—but effectively—to produce and sustain racial discrimination. Systemic racism systematically and pervasively disadvantages Black people; American Indians/Alaska Natives, and other Indigenous peoples; Asian Americans, Native Hawaiians, and Pacific Islander Americans; and Hispanic Americans/Latinos. It often can be traced to deliberate acts of racial discrimination, such as laws mandating residential segregation by race. Once in place, however, systemic racism is often self-perpetuating, with damaging effects on health even after the original explicitly discriminatory measure is no longer in force or has even become illegal.

The term institutional racism is sometimes used interchangeably with systemic or structural racism. In the writings of many scholars and in this brief, however, institutional racism refers specifically to racism within the policies and practices of individual institutions, such as a particular bank, school, or business. In contrast, systemic and structural racism are both institutionalized more broadly throughout society.17

Systemic racism is the hidden, deadly base of the iceberg. Many instances of racism are overt, so that their harm can be easily seen and identified as unjust. Systemic racism, however, is often invisible to those who are not its victims. When injustice is not seen by those who are privileged because of the color of their skin, it can more easily be ignored and persist, producing enduring harm, including damage to health.
Figure 1 below, originally from Gee and Ro (2009) and adapted by Ford et al. (2019), depicts systemic racism as the hidden base of an iceberg. The visible part of the iceberg, the part we see, represents the overt racism that manifests in blatant hate crimes and explicit discrimination—the explicitly racist treatment that is relatively easy to recognize. The base of the iceberg, the much larger part we usually do not see, represents systemic racism. It consists of the societal structures (laws, policies, institutions, practices, norms, and attitudes) that impose and perpetuate barriers to opportunities that promote good health and well-being. The opportunities that are denied, for example, include access to well-paying jobs with benefits, safe neighborhoods with good schools, and high-quality healthcare.

**FIGURE 1**

The racism iceberg, with systemic racism as the hidden base

**Perceptible**

Overt Racism

- Hate crimes
- Explicit discrimination

**Difficult to perceive**

Structural Racism

- Segregation
- Racial ideology
- Institutional Policies

Systemic racism is the more dangerous part of the iceberg. It systematically disadvantages people of color in multiple domains that affect health in ways that are more difficult to recognize than explicit interpersonal racism. Too often, it may simply be seen, both by its victims and those whose privilege allows them to benefit from others’ disadvantage, as the way things have always been done and assumed to be unchangeable or even justified.

**The relationship between racism at the systemic and individual levels**

Systemic racism often inflicts its harm by promoting, justifying, or expressing itself at the individual level as **interpersonal racism**—racially discriminatory actions perpetrated by one or more individuals against one or more other individuals—whether consciously or intentionally discriminatory. Examples of interpersonal racism include: racial slurs, microaggressions (racial insults that may be ambiguous or indirect but nevertheless hurtful), racially offensive jokes or other spoken or written language; denying a qualified person a job, promotion, pay raise, or bank loan based on race; suspending a child of color from school for offenses that are usually met with warnings when committed by White students; and inflicting racially motivated physical harm, such as the 2015 gun massacre of nine members of a Bible study group in a Charleston, S.C., church. When acts of interpersonal racism are not isolated incidents—when they are widespread, repeated, and reflect pervasive policies, established practices, and/or beliefs that motivate, condone or permit those acts—they are manifestations of systemic racism; their source must be identified and pursued at the systemic and structural levels. The term “critical race theory,” much in the news and widely misunderstood, is highly related to systemic and structural racism. Its core concepts focus on the need to address the laws and policies that produce and maintain discrimination based on race.

Racism also can manifest at the individual level as **internalized racism** or “internalized oppression”: when members of a group that experience discrimination accept and incorporate into their own thinking negative attitudes, beliefs, and stereotypes about their own group. This can result in lower self-esteem, which can affect health by increasing the risk of unhealthy behaviors, and may also have more direct psychological effects. Individuals who have internalized racist beliefs may even treat members of their own group in a prejudicial way. Internalized racism, like interpersonal racism, is a product of the pervasive and entrenched beliefs that permeate systemic racism.
TEN EXAMPLES OF SYSTEMIC RACISM AND ITS EFFECTS ON HEALTH

Below are 10 examples of systemic racism that contribute to health inequities. These examples involve widespread and deep-rooted systems, policies, practices, and beliefs that systematically have disadvantaged (and many continue to disadvantage) people of color in multiple ways. The systems, laws, policies, and established practices and beliefs themselves constitute systemic or structural racism. Their manifestations, however, may take different forms, such as interpersonal or internalized racism, or within an institution, such as a healthcare or criminal justice institution. In sidebars throughout this section, we also present examples of actions addressing systemic racism, to illustrate what it means to challenge it.

1. Disenfranchisement: Voter suppression and gerrymandering.

The legal right to vote regardless of race was secured on paper for men in 1870 with the 15th Amendment and for women in 1920 with the 19th Amendment. In many states during the nearly 100-year reign of Jim Crow laws, however, voter suppression of Black people was maintained through violent, organized intimidation and onerous, selectively applied laws. Despite the 1965 Voting Rights Act, voter registration and voting requirements differentially affecting people of color persist to this day and in many states have recently been made more onerous. For example, restrictions on early and absentee voting differentially affect people of color because they are more likely to have jobs with inflexible hours. In addition, voting sites have been selectively located (or relocated) outside communities of color to increase inconvenience. A recent report from the Native American Voter Rights Fund found that Native Americans face steep barriers not only to registration and casting a ballot but also to having their votes counted. Systemic obstacles include geographic isolation (aggravated by poorly maintained or nonexistent roads), the digital divide, the consequences of socioeconomic hardship, homelessness and housing insecurity, nontraditional mailing addresses (e.g., post office boxes), and unequal funding for voting in Native American communities.24

The Native American Voting Rights Coalition is “a coalition of national and regional grassroots organizations, academics, and attorneys advocating for the equal access of Native Americans to the political process.” 24
Gerrymandering is the systematic and deliberate redrawing of the boundaries of electoral districts for the express purpose of favoring the political party in power in subsequent elections. Gerrymandering makes some people’s votes, often those of people of color, count less than the votes of others, depriving the affected voters of full representation. The practice has a long history—two centuries—in the United States and is still in effect today.25-29

Voter suppression and gerrymandering affect health indirectly by depriving people of the ability to influence policies that affect them—for example, policies shaping economic advantage/disadvantage, environmental injustice, policing and sentencing bias, access to education and healthcare, and transportation.

2. Racial residential segregation.

While segregation has slowly declined in the 50 years since the Fair Housing Act of 1968 outlawed racial discrimination in housing, the United States remains highly segregated. Census data from 2013 to 2017 show that, nationally, 52.6 percent of Black people would need to move in order to achieve full Black-White residential integration (a widely used measure of segregation).30 For the same years, in Milwaukee, Chicago, and New York, at least three out of four Black residents would have needed to move to achieve full integration with Whites.31

Residential segregation plays a major role in socioeconomic inequality. Because of segregation, Blacks and Latinos of all incomes are more likely than Whites with similar incomes to live in neighborhoods with concentrated disadvantage.32, 33 Segregated neighborhoods (those with high concentrations of people of color) are more likely to have concentrated poverty and limited opportunities for upward mobility due to poor-performing schools34-36 and lack of good employment options.36-38 The connections between poverty, lack of education, and health are well-established.39

Racial residential segregation is a structure deeply embedded in many policies, practices, and norms. It has a long history in Jim Crow laws, mandating physical separation of the races in virtually all domains in the
nearly century-long period following the Civil War. These laws made segregation a fait accompli—and very difficult to reverse—by the time racial discrimination was outlawed by major civil rights legislation in 1964, 1965, and 1968. During and after Jim Crow, residential segregation was systematically perpetuated through written and unwritten agreements among homeowners. These restrictive covenants were attached to deeds that a prospective homebuyer would have to sign, promising not to sell the property to Black people (and sometimes Jews or Asians as well).40

Applying standard criteria to screen potential tenants is another example of systemic racism that can affect access to housing, thereby restricting people to segregated areas. For example, criminal history, credit score, and income are standard criteria43 that put many people of color at a disadvantage as prospective renters, because of how racism has affected their lives up to the time of seeking housing. Because of biased policing and sentencing, for example, many more Black people have been incarcerated than their White counterparts who have committed equivalent offenses.44, 45 Reflecting both systemic and interpersonal discrimination, furthermore, many Black and Latino people have experienced inferior schools, lack of employment opportunities, and bias in promotions and pay. These translate into lower incomes and consequently worse credit scores for many Black and Latino people. The standard criteria systematically perpetuate racial bias, regardless of a landlord’s intent.

Building on the momentum gained by the civil rights movement’s victories with the Civil Rights Act of 1964 and the Voting Rights Act of 1965, the Fair Housing Act (also called the Civil Rights Act) of 1968 strengthened the 1964 Civil Rights Act with regard to discrimination in housing.

The Jim Crow Laws: Systemic and structural racism that established the patterns of residential segregation that persist today.

During the Reconstruction period (1866-1877) immediately following the Civil War, federal troops occupied the former Confederate states and advances were made in the rights of former slaves. “Jim Crow” is the name given to the period following Reconstruction up to the passage of major federal civil rights legislation in the mid-1960s. During that period, many Southern states passed laws effectively denning Black people rights and mandating strict racial separation in most contexts, including marriage, housing, schools, restaurants, stores, public bathrooms, and entrances to public buildings. Often enforced with terror—for example, by the Ku Klux Klan—Jim Crow laws were a systematic attempt to preserve White supremacy after the Civil War.
Discriminatory policies and practices of any single real estate company or government agency that contribute to segregation would be examples of institutional racism. If, however, the racism within a particular private or public institution is significantly shaped by systems, policies, and beliefs operating (currently or in the past) at a more widespread, general level, including in other institutions, it also would be a concrete product and manifestation of systemic racism.

Discriminatory real estate and banking practices (discussed on page 12) have persisted, contributing to the persistence of segregation. It is important to understand that while some of these structures may not necessarily reflect current intention to discriminate, they are the direct results of deliberate and explicit intent to discriminate in the past and they reflect persistent lack of political will to adequately confront the inequities.48 They are examples of de facto racial discrimination—actions that have the effect of discriminating regardless of their intent.

Racial residential segregation not only exposes people in segregated neighborhoods to health hazards such as pollution and crime found with concentrated, intergenerational poverty; it also deprives them of access to health-promoting conditions, such as a quality education and safe spaces for physical activity. Racially segregated neighborhoods are disproportionately targeted with advertising that promotes alcohol and tobacco use, particularly among youth, and often lack the resources (parks, bike lanes, recreation centers, healthy food environments) that could encourage healthier coping strategies. Negative health impacts of segregation are not limited to low-income people; they can affect even middle-class people of color who often live in predominantly non-White neighborhoods.

The Gautreaux Lawsuit: Dorothy Gautreaux was an African American civil rights activist, public housing resident, and the lead plaintiff in a lawsuit brought against the Chicago Housing Authority in the 1960s by the American Civil Liberties Union (ACLU). This was the nation’s first major public housing desegregation lawsuit. It led to a Supreme Court ruling that restricting public housing options to segregated areas violated the right to equal protection by the law. The lawsuit’s settlement led to a program permitting 7,500 families to move from segregated, high-poverty areas, which inspired the Moving to Opportunity (MTO) initiative. It should be considered, however, whether it is better to move people out of segregated areas or to invest in revitalizing marginalized communities, making them healthier and more prosperous places to live.
3. Discriminatory public and private lending policies.

Racial disparities in home ownership and wealth are the product of multiple forms of systemic racism. Beginning in the 1930s, bank lending guidelines were established by the federal Home Owners’ Loan Corporation (HOLC) and later adopted by private banks. The guidelines explicitly used neighborhood racial/ethnic composition in assessing the riskiness of mortgage lending. During decades when federal loan programs greatly expanded homeownership among Whites, particularly in the growing suburbs, non-White and low-income areas were disproportionately redlined—referring to the red shading on HOLC maps of neighborhoods deemed “hazardous” for lending. Racial/ethnic differences in homeownership, home values, and credit scores in redlined areas persist to the present day.62, 63

Discriminatory policies and practices—often unwritten—have shaped bank lending for several decades.64, 65 Home ownership is the principal form of wealth for most Americans of modest means. The GI Bill of 1944 allowed many White people to become homeowners and thereby accumulate wealth; discrimination in its implementation, however, denied most people of color that opportunity. Fewer than 100 of the first 67,000 mortgages insured by the GI Bill in New York and northern New Jersey were issued to non-White people.66 Similarly, while low-interest Federal Housing Authority (FHA) loans made available by the National Housing Act in 1934 enabled many Whites to accumulate wealth in the form of homeownership, ill-concealed racial discrimination often denied that opportunity to people of color. In the case of both GI and FHA loans, the systemic racism was not in the written laws/policies themselves; it was in how they were implemented. From 2004 to 2008, during the U.S. housing bubble preceding the housing crisis and Great Recession, Black and Latino borrowers were less likely to receive lower-cost conventional mortgage loans and more likely to receive high-cost subprime mortgage loans.67 This made them more likely to lose their homes during the Great Recession, thereby losing the major source of generational wealth.65

The Fair Housing Act of 1968 made it illegal for housing-related lenders to discriminate against people on the basis of race, color, religion, etc. Senator Edward Brooke—the first Black person elected to the U.S. Senate by popular vote—played a vital role in the passage of the Fair Housing Act, building on the civil rights momentum following the assassination of Dr. Martin Luther King Jr. The Act also has deeply personal meaning for him. Senator Brooke served in the U.S. Army during World War II, but upon returning home, unlike White veterans, was not eligible for a home loan because of his race.68
Predatory financial services include payday lenders and check-cashing services that typically charge excessive fees and usurious interest rates; these services disproportionately target communities of color. These “fringe” financial services limit opportunities and make it more costly for communities of color to build wealth. Even when mainstream banking services are available in a segregated community, people of color are often subjected to higher costs associated with these services. Even small community banks in majority Black and interracial neighborhoods have higher minimum opening deposits and balances for checking accounts than banks in majority White neighborhoods; this requires Black and Latino people to keep more funds in checking accounts to avoid fees.

Discrimination in lending and predatory financial services can harm health by constraining socioeconomic opportunities, including the ability to start or expand a business, or expand a business or buy a home and thereby accumulate wealth, and finance a college education. Socioeconomic resources in general, and wealth in particular, are strongly tied to health through causal pathways described further in the next section. A particular instance of an individual predatory lender exploiting an individual person of color would be an example of interpersonal racism. However, the pervasive patterns of discriminatory practices that are involved reflect systemic racism, which produces widespread and repeated individual interpersonal incidents.

**Unequal access to quality education.**
Given the powerful links between education, income and health, disparities in education translate into economic and health disparities across the life course. Schools’ dependence on local property taxes results in schools in segregated areas often being poorly resourced and therefore underperforming, making it difficult for children to escape from poverty as adults. While this affects poor White people as well, it disproportionately affects Black people because systemic racism has resulted in higher rates of poverty, low income, and concentrated community poverty among Black people. Property tax revenue is lower in segregated areas because of the obstacles to homeownership and wealth mentioned above. Because of resource constraints, schoolchildren in racially segregated neighborhoods are less likely to experience the academic and extracurricular enrichments available in largely White neighborhoods; their teachers may be unable to devote the time necessary to provide additional support needed by at-risk students.

**The school-to-prison pipeline**
refers to the phenomenon in which children—mainly but not exclusively boys—of color are systematically disciplined more harshly in school than other children for behavioral problems that warrant counseling and support rather than punishment. “Zero tolerance” policies treat a range of nonviolent misbehaviors with severe punishments, including suspension and expulsion. Related policies include stationing police officers inside schools and/or calling the police into schools to deal with misbehavior by students of color. The involvement of police and suspensions/expulsions raise the risk of school drop-out and incarceration. Children of color from low-income families—who are more likely to have suffered trauma and therefore to exhibit behavioral problems—are far more likely to be suspended or expelled than their White counterparts. Like many other discriminatory patterns, the school-to-prison pipeline is not based on written policies explicitly instructing school personnel to treat Black, Brown, and Indigenous children more harshly than others. Nevertheless, the effects are profoundly discriminatory and rooted in policies and attitudes that reflect systemic racism.
5. Widespread and entrenched racial discrimination in employment

reflects pervasive beliefs (e.g., about the potential of people of color to perform well in a job) and entrenched practices that deny opportunities to people of color. It places people of color at a disadvantage that translates into disparities in earnings and working conditions, which in turn can affect health in multiple ways, some of which are discussed in the next section. Although illegal since the Civil Rights Act of 1964, racial discrimination in hiring, pay, and promotions persists and is pervasive. Unwritten but nevertheless strongly discriminatory employment policies may include preference for applicants from elite schools to which many people of color lack access, or making negative assumptions about people with certain kinds of ethnicity-associated names or ways of speaking. These policies may be so firmly embedded in recruitment, hiring, and promotion practices that well-qualified people of color may not have a fair chance of being considered on the basis of their abilities. An individual instance of racial discrimination in employment is an example of interpersonal racism (or, if throughout a specific institution, institutional racism). The widespread and entrenched but unwritten policies, practices, and beliefs that lead to or fail to prevent individual instances of employment discrimination across multiple institutions throughout the nation are manifestations of systemic racism.


Systemic racism can lead to poorer health through the disproportionate exposure of people of color to environmental hazards in their homes, neighborhoods, and workplaces. Racial residential segregation facilitates environmental injustice. Poverty and discrimination make people unable to move from environmentally unsafe homes and workplaces, and lack of political power makes segregated communities targets for storage and disposal of hazardous materials. Environmental injustice, defined as the systematically higher exposure of low-income communities of color to environmental hazards such as air pollution, hazardous waste sites, and poor-quality water, has been well-documented. In addition to household and neighborhood exposure, people of color also are more likely to be exposed to hazardous substances at work, given their concentration in low-status employment, reflecting systemic inequities in education as well as in hiring.
There are more than 500 abandoned uranium mines on Navajo Nation land. Hazardous exposure has persisted for 70 years through contaminated homes, water, and soil, exposing residents to uranium that can cause lung and bone cancers and kidney damage. In 2020, the Environmental Protection Agency added cleanup of these mines to the Superfund emphasis list. Racially segregated communities have been disproportionately used as sites for coal-fired power plants and hazardous waste disposal, with serious adverse effects on health. In Flint, Mich., in 2014, officials changed the city’s water source to cut costs, resulting in erosion of old lead pipes with widespread lead poisoning among children. City officials ignored the concerns repeatedly raised by the largely Black and poor Flint residents until the situation made national news. The Flint water crisis reflected a legacy of residential segregation, concentrated poverty, disinvestment in city resources and infrastructure, and dismissal of public concerns and inaction by those in power, with devastating, disproportionate impacts on Flint’s residents. These are examples of systemic racism because policies and political structures produced disproportionate impacts on Black and Native communities.

7. Systemic injustice in the criminal justice system: policing, sentencing, mass incarceration.

Racially discriminatory patterns of policing and sentencing reflect systemic racism in long-standing discriminatory practices. Police killings, “stop and frisk,” and racial bias in sentencing are examples. Systemic racism includes not only laws and written policies but also unwritten policies and prevailing norms that reflect prejudicial assumptions and valuing the lives of people of color less than those of Whites.

Police killings of people of color.
Police violence is a leading cause of death for young men, particularly young Black men, in the United States. Approximately one of every thousand Black men is killed by police. Between 2010 and 2014, Black Americans and American Indian/Alaska Natives were nearly three times and Latinos were nearly twice as likely as Whites to be killed by police officers. Black victims killed by police are more likely than White victims to have been unarmed, suggesting disparate treatment. Shooting deaths by police of Black men, women, and children have provoked national and international outrage in recent years. The outrage has been compounded when the officers involved generally have not initially been charged with crimes, and, when charged, have often been acquitted, despite compelling evidence.
incriminating evidence. While killings by police represent the most extreme form of police violence, many more Americans experience nonfatal injuries at the hands of police, with similarly stark racial disparities. Community-based surveys suggest that Latino (and queer and gender-nonconforming) people are likelier than others to be victims of police sexual violence.

Stop and frisk.
From 2002 to 2017, the New York City Police Department had a systematic policy called “stop and frisk,” empowering police to stop anyone they thought might have committed or be likely to commit a crime. Police widely interpreted this to mean any young man of color. Without any evidence that a crime had been committed, millions of New Yorkers were stopped and frisked, and 88 percent to 91 percent of them were people of color.

Pervasive racial inequities in sentencing, resulting in mass incarceration.
Racial bias in sentencing has been well-documented. The Anti-Drug Abuse Act of 1986, for example, imposed far harsher punishment for use of crack (used more often by Black people) than powder cocaine (used more often by Whites). Black people disproportionately receive death sentences, compared with Whites found guilty of similar offenses. Because of systemic racism in the criminal justice system, while people of color represent 39 percent of the U.S. population, they make up 60 percent of people who are incarcerated. Native American, Black, and Latino youth are five, three, and 1.65 times, respectively, more likely than White youth to be incarcerated. At the rates of incarceration in 2001, researchers estimated that one in three Black men born that year would be incarcerated during his lifetime; at the peak of U.S. incarceration in 2007, the incarceration rate for Black men who had not completed high school was 50 times the national average. Since then, incarceration rates for Black people have dropped; nonetheless, Black-White disparities in incarceration remain extreme, and the devastating impacts on the life trajectories and health of incarcerated people and their families persist.

The Sentencing Project was established in 1986 and has since played a prominent role in criminal justice reform movements in the United States. Its advocacy has been crucial in several legislative initiatives, including the recently signed EQUAL Act, which eliminated the federal sentencing disparity between crack and powdered cocaine that disproportionately caused longer prison terms for Black individuals, despite no scientific evidence that crack was more dangerous.
These inequities in incarceration have contributed to racial disparities in income and wealth, in part by permanently stigmatizing people after release. This permanently denies them opportunities to obtain employment, thereby restricting economic options for them, their families, and communities. The long-term health consequences of economic hardship are well-documented. Incarcerated people, including youth in juvenile correctional facilities, are at considerable risk of experiencing violence, including sexual assault, and/or inadequate medical care while institutionalized. In a 2017 survey of inmates across 83 prisons in 21 states, 63 percent of prisoners reported being denied needed healthcare. Given the large racial disparity in incarceration, mass incarceration likely plays a substantial role in race-based disparities in health in the United States.

The Japanese American Citizens League spent decades advocating for redress of the human rights violations represented by internment. Its leadership resulted in a federal commission to investigate the internment and the eventual passage of the Civil Liberties Act of 1988, which provided at least symbolic monetary reparations ($20,000) and apologies to those forcibly interned.
8. Race-based forcible displacement policies.

While policies such as redlining have limited where people of color can live and their standard of living, other laws and policies have removed children from their families or entire families from their homes and communities.

**Indian boarding schools.**
Throughout much of the nineteenth century and until 1978, explicit federal policies forcibly removed thousands of school-age Native American children in the United States from their families and placed them in generally harsh and often abusive boarding schools located far from home. This federally funded effort was designed to cut children off from their Native cultures so that they would assimilate. Attendance at these schools has been tied to multiple adverse health consequences.118-120

**Japanese internment during World War II.**
Some 120,000 Japanese immigrants and Japanese American citizens who were residents of the West Coast were disenfranchised and forcibly interned in camps in remote locations during World War II. This was mandated by law as a national security measure. Neither German nor Italian Americans were interned, however. Careers, businesses, relationships, and lives were disrupted and many people lost their homes, lands, and/or businesses, which were appropriated by others while they were interned.121 Serious health consequences of internment have been documented.122 The internees were exposed to multiple health-harming environmental conditions in the camps, including extremes of cold, heat, dust, and overcrowding. Increased rates of suicide, cardiovascular disease, and premature death have been linked to internment.122

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*After passage of the 1964 Civil Rights Act, the desegregation of public hospitals, particularly in Mississippi, led to dramatically improved access to care for Black mothers and infants. From 1965 to 1971, declines in the Black infant mortality rate resulted in the narrowest gap between Black and White infant mortality rates in the post-World War II era.*127
9. Systemically inequitable access to and quality of healthcare.

Widespread, entrenched, and pervasive racially discriminatory policies and practices affecting access to quality healthcare also have been shown repeatedly to play a role in racial disparities in health. These disparities often reflect entrenched, deeply rooted prejudice, as well as sometimes unintentional but nevertheless discriminatory policies and practices built into systems. People of color are more likely to lack private insurance due to low-wage employment that does not provide insurance or because of unemployment, both reflecting race-based socioeconomic disadvantage. Many providers do not accept patients covered by Medicaid because the reimbursement is low (and may not cover their costs). Even people with private insurance may have limited access to care if they cannot afford the steep co-payments and deductibles required by many private insurers. In 2017, Black people and Latinos had the highest rates of not receiving needed prescription drugs because of cost.

In 2003, the Institute (now National Academy) of Medicine’s landmark report Unequal Treatment documented widespread disparities in the medical care received by people of color compared with Whites; significant disparities in care continue. Studies have repeatedly shown that doctors are more likely to prescribe pain medication for White patients than for Black patients with similar health conditions and clinical characteristics, which has been attributed to providers’ biased beliefs and attitudes. A study revealed that more than half of White medical students at a medical school believed—without scientific basis—that Black people have thicker skin than Whites. The students who believed this were less likely to prescribe adequate pain medication to Black patients than to clinically similar Whites. Compared with pregnant White women, pregnant Black women have received less advice—such as standard information about recommended weight gain and breastfeeding—from their prenatal care providers, likely reflecting providers’ prejudicial assumptions about Black women’s ability to use the information.

Systemic racism also can cause people of color to avoid seeking healthcare because they do not trust providers or institutions to treat them fairly, competently, and with dignity, either based on their own or others’ experiences. Black people have suffered greatly at the hands of White doctors and researchers. One of the most infamous incidents of racist exploitation and mistreatment in healthcare is the Public Health Service Tuskegee Experiment, designed to study the natural course of untreated syphilis. The experiment followed nearly 400 Black men with syphilis for 40 years (1932–1972) while deliberately withholding treatment and suppressing information about the men’s diagnoses and need for treatment.

While healthcare remained segregated, Black communities established, funded, and operated hospitals in underserved areas. Black physicians established the National Medical Association (NMA) in 1895 because the American Medical Association was segregated. Black hospitals and medical schools like Howard University and Meharry Medical College provided medical education and training when Black physicians were barred from other institutions. Black physicians, nurses, and students led the charge for the desegregation of medical institutions for the benefit of staff and patients.
The Tuskegee Experiment is emblematic of long-standing and widespread racial inequities in healthcare\textsuperscript{141} that reflect deep-seated and pervasive beliefs and attitudes valuing Black people less than Whites.

As a result, common concerns among people of color regarding healthcare institutions include fear of exploitation for research\textsuperscript{142} and fear of being treated disrespectfully.\textsuperscript{143, 144} Mistrust of and/or perceived lack of respect from healthcare providers or staff contribute to delays in timely care-seeking and nonadherence to treatment,\textsuperscript{145-149} both of which contribute to adverse health consequences, avoidable suffering, and significant costs. For example, Black individuals’ concern about racism in medical institutions and a fear of being used for experimentation have been important reasons for their relatively low COVID-19 vaccination rates.\textsuperscript{150}

10. Insufficiently disaggregated data obscuring needs of disadvantaged populations.

Aggregated statistics can mask large disparities among smaller ethnic subgroups.\textsuperscript{151, 152} When official statistics fail to provide information on marginalized or excluded ethnic groups, such as Indigenous people, disadvantaged subgroups of Asian Americans, or people of Middle Eastern/North African descent, this can render the marginalized groups invisible, adding to the likelihood that policies and programs will not address their needs. Regardless of intention, lack of meaningfully disaggregated data within typically broad ethnic/racial categories can reflect systemic racism.\textsuperscript{153} (An issue brief focusing on the links between meaningfully disaggregated racial/ethnic data and health equity will be next in this RWJF series.)

By 1997, two national health advocacy organizations—the Asian and Pacific Islander Health Forum and the Association of Asian Pacific Community Health Organizations—along with many other Asian, Native Hawaiian, and other Pacific Islander advocates, successfully advocated for federal health statistics to require disaggregation of data into at least two categories—Asian, and Native Hawaiian and Pacific Islander—that previously had been treated as a single group, obscuring the unmet socioeconomic and health needs of Native Hawaiians and Pacific Islanders. In 2016, these advocates nationwide obtained 5,000 comments urging the federal government to revise its standards.
HOW SYSTEMIC RACISM UNDERMINES HEALTH EQUITY: CAUSAL PATHWAYS

An extensive body of research indicates how diverse experiences and exposures produced by systemic racism contribute to racial/ethnic disparities in health by setting in motion different sequential causal chains. The complexity and length of the causal pathways often make it difficult to detect their origins, the underlying but unseen causes.

FIGURE 2

How systemic racism harms health: an often long and complex sequence of steps

**Systemic racism, e.g.**:
- Racial residential segregation
- Unfair financial systems/structures
- Gerrymandering & voter suppression
- Biased policing & sentencing
- Environmental injustice
- Pervasive discrimination in employment, housing, education

**Differential access to resources & opportunities, e.g.**:
- Economic disadvantage, including lack of access to wealth, homeownership, & educational opportunity
- Disenfranchisement

**Health-harming (or lack of health-promoting) exposures or experiences, e.g.**:
- Chronic stress
- Environmental hazards
- Mass incarceration
- Inadequate housing
- Unhealthy food and exercise environments
- Exposure to violence
- Unhealthy behaviors
- Obesity
- Inadequate medical care

**Biological mechanisms, e.g.**:
- Neuroendocrine processes
- Inflammation
- Immune system dysfunction
- Infection
- Vascular mechanisms
- Premature aging
- Epigenetic effects (gene-environment interactions)
Figure 2 depicts in greatly simplified form a series of sequential general steps (represented by boxes) through which systemic racism is thought to produce racial disparities in health, listing examples of factors often involved at each step. Box 1 represents the first step along causal pathways leading to health damage, listing several examples of systemic racism discussed in Section 2. Those examples of systemic racism then result in depriving people of color of access to key resources and opportunities that are essential for good health, notably economic resources, educational opportunities, and voting rights (Box 2). In turn, lack of access to resources and opportunities results in exposure to health-harming conditions (and/or lack of exposure to health-promoting conditions), examples of which are listed in Box 3. Box 4 lists some of the known physiological mechanisms through which the factors just discussed can harm health.

While some factors could be listed in more than one step, we have avoided that for the sake of readability. Also not displayed are the many potential interactions among the listed factors (or between listed and unlisted factors) that can aggravate the health damages. Most people of color are affected by multiple factors and pathways, including some not noted here. Many of the pathways are described briefly in Section 2 (examples of systemic racism). Below we provide brief additional discussion of two factors that play major roles in many different causal pathways leading from systemic racism to health damage: socioeconomic disadvantage and chronic stress.

Systemic racism often and deeply harms health by placing people of color at socioeconomic disadvantage, depriving them of access to key resources and opportunities needed to enjoy good health. Given that economic advantage and disadvantage are among the most powerful and well-documented influences on health, racially discriminatory obstacles to economic resources and opportunities are a major pathway through which systemic racism can harm health. People of color face numerous daunting race-based obstacles to economic opportunity, including racial residential segregation, under-resourced schools, employment discrimination, barriers to accumulating wealth such as discriminatory lending practices by financial institutions. Segregation systematically tracks people of color into lower income and wealth through lack of good jobs and unfair lending practices (such as redlining), which have been major obstacles to home ownership and wealth accumulation. Segregation also constrains the next generation’s economic opportunities through poorly resourced schools. Lower levels of income, accumulated wealth, and education among people of color have repeatedly been shown to be major contributors to racial or ethnic disparities in health.
The other factor highlighted here is chronic stress, another pervasive and powerful health-harming condition (Box 3) produced by systemic racism in many forms. Chronic stress is known to have major adverse health consequences, involving inflammation and immune system dysfunction, which increase risks of chronic disease. Neuroscience has revealed that chronic stress, even at a relatively undramatic level, is particularly harmful to health. Systemic racism can produce health-damaging chronic stress through many pathways, including interpersonal experiences of racial discrimination, the financial hardship resulting from systemic racism, living in disadvantaged communities with concentrated poverty, fear of police violence, and the stress of feeling one must outperform others at work or in school in order to disprove stereotypes. And stress in turn can increase the likelihood of health-harming behaviors. Awareness of race-based unfair treatment of others in one’s group and White supremacist thinking could be stressful even for an individual who hasn’t personally experienced an overtly discriminatory incident. This is because of chronic anxiety and worry about whether personal incidents will occur and potentially because of reflected hatred, social exclusion, and/or lack of respect for one’s racial/ethnic group, which could undermine one’s self-esteem, an important indirect influence on health.
ADDRESSING SYSTEMIC RACISM

Addressing systemic racism is crucial to advancing health equity and achieving a more just society. It will not be easy to accomplish, given how widespread and deeply entrenched systemic racism remains in our nation. Important steps forward have been accomplished in the past, however. We can learn much from the past—both about the incalculable harms caused by systemic racism and about approaches that hold promise for moving us toward a more equitable and healthy society for everyone. Courageous efforts led by people of color can shine a bright light on the path forward. These efforts include the mass demonstrations and marches in the 1950s and 1960s that ultimately led to groundbreaking civil rights legislation in 1964, 1965, and 1968 prohibiting racial discrimination in schools, housing, restaurants, and other public places. It is important to understand that the historic achievements were hard-won; they were the products of years of struggle and resistance, with nonviolent activists—including Fannie Lou Hamer, the Rev. Martin Luther King Jr., former Representative John R. Lewis, Rosa Parks, and so many others—often facing arrest and both police and mob violence. Here we note several general approaches to addressing systemic racism that should be considered.

General Approaches to Addressing Systemic Racism

- **Enact new laws and policies** that counter systemic racism.

  *Laws and policies created racial inequities; laws and policies can eliminate them.*

  New legislation is needed to address systemic racism on multiple fronts. One of the most crucial areas where new legislation is needed is to prevent voter suppression, given actions in many states to restrict rights.

- **Prevent voter suppression.** Voter suppression violates rights, denies people a voice, and thereby reduces the power of affected groups to dismantle systemic racism. Organized actions to end voter suppression have included new legislation, lawsuits, placing attorneys or other trained personnel at poll sites to witness and deter acts of suppression, assisting people with transportation to polling sites, and providing water and food to prospective voters facing long lines to cast their ballots.
• **Enforce existing anti-discrimination laws.** Enacting new laws and policies that are more just and eliminating unjust laws and policies are crucial; however, history has shown that laws are ineffective without enforcement. This is because deeply rooted and widespread unwritten policies, practices, beliefs, and attitudes allow *de facto* discriminatory practices to continue even after written laws and policies have been changed. The impact of the major civil rights legislation of the 1960s and of other attempts to confront systemic racism has too often been severely curtailed because of lack of adequate enforcement and the intentional or unintentional creation of barriers in the form of administrative procedures.

• **Identify and eliminate harmful existing laws, policies, and practices** that enable and perpetuate systemic racism, regardless of their intent, and enforce these changes.

• **Organize and advocate.** Advocacy is a crucial component of virtually any strategy to dismantle systemic racism. Advocacy includes building and maintaining public support for dismantling systemic racism and promoting fairness, justice, diversity, and equal opportunities for all to achieve health and well-being. Civil society (including, for example, civil rights, faith-based, health and healthcare, academic, business, and philanthropic organizations) has a crucial role to play in keeping equity on the agenda as a priority. Civil society can advocate for changes in policies and laws, support enforcement, and identify what is and what is not working and the adjustments needed. Advocacy is needed to keep pressure on leaders to address systemic racism. Organizing is essential to mobilize people to take action that will be noticed.

• **Enact and defend affirmative action measures.** Affirmative action and diversity, equity, inclusion efforts aim to address centuries of exclusion of people of color from employment, promotions, and admissions to schools and universities. Affirmative action involves consideration of qualified candidates who previously would have been rejected based on their race or ethnic group. This may include consideration of the obstacles faced by candidates when assessing their strengths and potential to succeed. In response to extensive challenges to affirmative action initiatives—which sometimes have been accused of discriminating against White and/or Asian people—many institutions have reframed their efforts (often under the banner of diversity, equity, and inclusion) as pursuing greater diversity to the benefit of everyone.
• Repair and reduce the damages that systemic racism has caused
(sometimes referred to as “healing-centered” approaches).

- **Truth and reconciliation.** There can be no reconciliation or healing without truth. The truth about slavery, White supremacy, and historical and ongoing violations of rights must be told—in public and private schools, houses of worship, and public and private forums. Current resistance to teaching about racism must be reversed.

- **Reparations** for African Americans are essential for justice, given the incalculable harm and suffering caused by centuries of slavery and ongoing violations of rights. Reparations could take many forms—for example, by investing in education from pre-kindergarten through college for all Black children or making reparations to build wealth. Although repairing and reducing the damages caused by systemic racism will not eliminate it, countering its ill effects is an important aspect of pursuing equity and health equity.

• Elect and support strong, committed leadership at federal and state levels. The changes needed—whether to correct past inadequacies and unfairness or to enact new policies and support new practices that can help us move toward equity, including health equity—cannot be successful without strong leadership at all levels. Federal and state levels are particularly crucial because they are the venues where laws are made.

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**Building awareness and changing attitudes: an adjunct, not a substitute for systemic and structural approaches.**

One widely encountered approach to confronting racism attempts to change the discriminatory attitudes of White people toward people of color, typically through interventions such as organizational retreats or workshops. Because widely prevalent, entrenched beliefs and attitudes are part of systemic racism, it may be helpful to make White people more aware of implicit biases and the harms they inflict. Because this approach typically focuses on interpersonal racism and may not directly confront underlying systems or structures, it may most appropriately be an adjunct to rather than a substitute for efforts that more explicitly target systems and structures with more enduring effects.

On the other hand, awareness-building may be important for building broad public support for anti-racism initiatives, including campaigns for new laws. Awareness should include increasing understanding among White people of how they have—regardless of intention—benefited from systemic racism and what they have to gain from living in a more just society.
ADDRESSING SYSTEMIC RACISM: MOVING FORWARD

Systemic and structural change will not come easily. It will require changing systems, laws, policies, and practices in ways that will be effective, endure over the long term, and affect many people. Piecemeal, time-limited programs will not produce lasting change. It is far easier to enact initiatives that mitigate the harmful effects of systemic racism while leaving the unfair systems and structures in place, or that focus on short-term improvements rather than sustained or fundamental change. Structures that have the effect of disadvantaging people of color, regardless of intent, must be dismantled.

Moving forward will require multiple reinforcing strategies. Because systemic racism permeates all sectors and geographic areas, effective strategies will require multiple, mutually reinforcing actions in multiple sectors and places, at levels from local to national. No single strategy alone is likely to be effective. Effective approaches will activate and support people to vote; learn; speak out to their children, families, friends, and co-workers; organize in their neighborhoods, towns, states, and nationally; and to support, join, and become leaders of organizations pushing for change. Strategies that matter will be nimble, seeking opportunities to address systemic racism wherever it exists and where public attention is being drawn, such as with the coronavirus pandemic and climate change.

Moving forward will require awareness and commitment from individuals, nongovernmental organizations, and government, including at the national level, to stay the course over the long term. It will require the strong and enduring commitment of our leaders—for example, in government, business, health and healthcare, education, environment, housing, transportation, and climate change. It will require vigilance over time to ensure enforcement of policies to dismantle systemic racism, and to detect and actively oppose any new efforts that would exacerbate systemic racism.

Moving forward will require continuing and deepening the study of systemic racism, revealing the horrifying harms it has caused and continues to cause. Ongoing, scientifically solid research is essential both to guide further actions and to build and maintain political will, which is essential to changing unfair systems and structures. To build political will, the research findings must be used to educate the public and policymakers about what systemic racism is, the damages it has inflicted and continues to inflict, why dismantling it must be a priority, and how living in a more equitable society will enhance everyone’s lives.
APPENDIX A. RESOURCES

Many organizations focus on systemic racism. Below are several examples—by no means an exhaustive list—of sources of additional information, including recommendations for action. This list does not include many excellent organizations that address racism without focusing specifically or explicitly on systemic racism.

- American Public Health Association
- Center for Health Equity, UCLA
- Center for Health Equity, UCSF
- Center for Law and Social Policy (CLASP)
- Center for the Study of Racism, Social Justice, and Health, UCLA
- Fair Fight/Fair Fight Action
- Heal Our Communities
- Health Equity Initiative
- Kirwan Institute for the Study of Race and Ethnicity, Ohio State University
- NACCHO "Health Equity and Social Justice" Initiatives (especially their Policy and Advocacy Initiatives)
- National Association for the Advancement of Colored People (NAACP)
- National Collaborative for Health Equity
- Native American Rights Fund
- PolicyLink
- Racism: Science and Tools for the Public Health Professional by Chandra L. Ford, PhD, Derek M. Griffith, PhD, Marino A. Bruce, PhD, and Keon L. Gilbert, DrPH
- The Justice Collaborative Institute and Institute for Healing Justice and Equity, St. Louis University
- 1619 Project
APPENDIX B. KEY DEFINITIONS AND CONCEPTS

This appendix restates definitions of systemic racism and health equity that were presented earlier in the report, and then includes, in alphabetical order, several other key definitions.

- **Systemic racism** refers to racism (defined below) that affects entire systems—e.g., economic systems, political systems, criminal justice systems, legal systems, school systems, banking systems, medical care systems. Systems are shaped by structures, such as laws, policies, and established practices and beliefs. Systemic racism includes **structural racism**, which focuses on racism in the structures that constitute the frameworks for the systems. In practice, systemic racism and structural racism are often used interchangeably, although each has a somewhat distinct emphasis.

- Systemic racism is so embedded in structures and systems that it often is viewed as the natural, inevitable order of things. It is a result of both historical and ongoing injustices and their legacies. Slavery—explicitly supported by laws—endured for 250 years in the United States and was followed by 100 years of “Jim Crow” laws deliberately designed and often enforced by terror to restrict the rights of Black people. Civil Rights legislation in the 1960s made it illegal to discriminate, but enforcement has been inadequate. The passage of laws to protect against racism will not address systemic racism without vigorous and sustained enforcement. Although racial discrimination is no longer legal, socioeconomic and health inequities along racial lines persist because of deeply rooted, unfair systems that continue to operate, at times unconsciously or unintentionally but nevertheless effectively, to sustain the legacy of former overtly discriminatory practices, policies, laws, and beliefs. Systemic racism systematically and pervasively puts Black people, Latinos, Native Americans/Alaska Natives and other Indigenous Peoples, and some Asian American, Native Hawaiian, and Pacific Islander Americans at a disadvantage within society. It can generally be traced to deliberate acts of racial discrimination in the past, such as laws mandating residential segregation by race. Once in place, however, systemic racism is often self-perpetuating, with persistently damaging effects on health even after the original explicitly discriminatory measure is no longer in place.
• **Health equity** means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, powerlessness, and their consequences, including lack of access to good jobs with fair pay, quality education, housing, and healthcare, and safe environments. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups. ([What is Health Equity?](#))

• **Discrimination** is unfair treatment. **Racism** and **racial discrimination** are often used interchangeably to encompass physical, verbal, or other incidents of unfair treatment based on a person’s race or ethnic group. For those who study these issues, however, there is an important distinction. Racism is a system of power relationships and beliefs that produces racial discrimination, unfair treatment based on race. Carter and colleagues (2017) described racial discrimination as “the behavioral manifestation of racism.” In addition to discrimination based on race, many people of color also experience discrimination based on, for example, being a woman, having a disability, or being Muslim, gay, or transgender, or three or more of these identities. **Intersectionality** refers to the “interaction of multiple identities and experiences of exclusion and subordination (Kathy Davis, 2008).” It acknowledges that the adverse health effects of experiencing discrimination for multiple reasons may be synergistic rather than only additive.

• **De jure (by law) discrimination** is discrimination codified in written law or policy. **De jure** discrimination is the clearest—but not the only—form of systemic racism.

• **De facto (in fact) discrimination** is the discrimination that does not depend on a law or written policy but is embedded in widespread and long-standing structures and practices that have the effect of discriminating. Racial residential segregation in the current era is a good example of **de facto** discrimination. No longer based on law (in fact, now illegal), racial segregation is still an example of systemic racism; it has persisted because it is built into structures, practices, and beliefs that sustain it.
• **Health and healthcare.** Health means physical and mental health status and well-being, distinguished from healthcare, the services provided by trained medical personnel to prevent or treat illness.

• **Health disparities or inequalities** are a measure of health equity—actually, of the absence of health equity. They are differences in health and its determinants that adversely affect excluded or marginalized groups of people. Widespread, large, and often persistent health disparities among different racial and ethnic groups in the United States raise concerns about health equity and racial equity.

• **Institutional racism** is sometimes used interchangeably with systemic or structural racism. In the writings of many scholars and in this brief, however, institutional racism refers specifically to racism within the policies or practices of individual institutions, rather than systemic racism, which is institutionalized more broadly throughout society.\(^{17}\)

• **Interpersonal racism** refers to racially discriminatory actions perpetrated by one or more individuals against one or more other individuals—whether consciously or intentionally discriminatory. Examples of interpersonal racism include racial slurs; racially offensive jokes or other spoken or written language; denying a qualified person a job, promotion, pay raise, or bank loan based on their race; suspending a Black child from school for offenses that are usually met with warnings when committed by White students; and inflicting racially motivated physical harm, such as the 2015 gun massacre of nine members of a Bible study group in a Charleston, S.C., church. *When acts of interpersonal racism are not isolated incidents—when they are widespread, repeated, and reflect pervasive policies, established practices, and/or beliefs that motivate, condone or permit those acts—they are manifestations of systemic racism.*
• **Racism** is a system of power relationships and thought that relegates people of color to inferior status and treatment, denying them access to society’s benefits and justifying this with beliefs about their innate inferiority. Citing Blank et al. (2004) and Fix and Struyk (1993), Williams and Mohammad (2009) define racism as:

> “an organized system that categorizes population groups into ‘races’ and uses this ranking to preferentially allocate societal goods and resources to groups regarded as superior (Bonilla-Silva 1996). Fundamental to racism is cultural racism that undergirds an ideology of inferiority that ranks some racial groups as inherently or culturally superior to others and supports the social norms and institutions that implement this ideology (Jones 1997). Racism often leads to the development of negative attitudes and beliefs toward racial outgroups (prejudice), and differential treatment of members of these groups by both individuals and social institutions (discrimination). Importantly, because racism is deeply embedded in the culture and institutions of society, discrimination can persist in institutional structures and policies even in the context of marked declines in individual level racial prejudice and discrimination … Considerable evidence indicates that racial discrimination persists in multiple contexts of American society including housing, labor markets, criminal justice and education.”
APPENDIX C. REFERENCES


