

# Systemic Racism and Health Equity

































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## 4. Systemic inequities in education.

### **Unequal access to quality education.**

Given the powerful links between education, income and health,<sup>39</sup> 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,<sup>73</sup> 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.<sup>74</sup>

### **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.<sup>76-78</sup> 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.



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***In the face of long-standing discrimination in admission to postsecondary school, the Historically Black Colleges and Universities have played a vital role. While they make up only 3 percent of universities, they account for 17 percent of bachelor's degrees earned by Black undergraduates. They have graduated many national leaders, including Martin Luther King Jr., Thurgood Marshall, and Kamala Harris.<sup>75</sup>***

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## 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.<sup>79, 80</sup> 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.

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***The Civil Rights Movement, led by people of color in the 1950s and 1960s, resulted in passage of the Civil Rights Act of 1964 prohibiting race-based discrimination in employment, schools, and public places. As a result, broader economic opportunities opened up for Black women, leading to measurable economic and social gains in the late 1960s and the 1970s, with declines in life expectancy disparities between White and Black women.<sup>81</sup>***

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## 6. Environmental injustice.

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.<sup>82-84</sup> 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,<sup>85</sup> reflecting systemic inequities in education as well as in hiring.<sup>86</sup>

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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.<sup>87</sup> Racially segregated communities have been disproportionately used as sites for coal-fired power plants and hazardous waste disposal, with serious adverse effects on health.<sup>82-84</sup> 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.

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***A recent win for the environmental justice movement occurred in Dallas, Tex., after an illegal dump site was created in 2018 in a predominantly Black neighborhood and allowed to persist due to inaction from the local government. Local residents and environmental justice advocates conducted research, protested, and filed lawsuits that ultimately resulted in cleanup of the area.<sup>88</sup>***

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## **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.<sup>89, 90</sup> 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.<sup>91-94</sup> Black victims killed by police are more likely than White victims to have been unarmed, suggesting disparate treatment.<sup>90, 95</sup> 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

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incriminating evidence. While killings by police represent the most extreme form of police violence,<sup>96</sup> many more Americans experience nonfatal injuries at the hands of police, with similarly stark racial disparities.<sup>97</sup> Community-based surveys suggest that Latino (and queer and gender-nonconforming) people are likelier than others to be victims of police sexual violence.<sup>98</sup>

### **Stop and frisk.**

From 2002 to 2017, the New York City Police Department had a systematic policy called “stop and frisk,”<sup>99, 100</sup> 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.<sup>101</sup>

### **Pervasive racial inequities in sentencing, resulting in mass incarceration.<sup>102-104</sup>**

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.<sup>45</sup> 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.<sup>105</sup> Native American, Black, and Latino youth are five, three, and 1.65 times, respectively, more likely than White youth to be incarcerated.<sup>106-108</sup> At the rates of incarceration in 2001, researchers estimated that one in three Black men born that year would be incarcerated during his lifetime;<sup>109</sup> 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.<sup>110</sup> Since then, incarceration rates for Black people have dropped; nonetheless, Black-White disparities in incarceration remain extreme,<sup>110</sup> and the devastating impacts on the life trajectories and health of incarcerated people and their families persist.

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*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.<sup>111</sup>*

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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.<sup>39</sup> 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.<sup>112-115</sup> In a 2017 survey of inmates across 83 prisons in 21 states, 63 percent of prisoners reported being denied needed healthcare.<sup>116</sup> Given the large racial disparity in incarceration, mass incarceration likely plays a substantial role in race-based disparities in health in the United States.<sup>102, 117</sup>

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***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.***<sup>123</sup>

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## 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.<sup>118-120</sup>

### **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.<sup>121</sup> Serious health consequences of internment have been documented.<sup>122</sup> 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.<sup>122</sup>

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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.***<sup>127</sup>

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## 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.<sup>124, 125</sup> 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.<sup>126</sup>

In 2003, the Institute (now National Academy) of Medicine's landmark report *Unequal Treatment*<sup>128</sup> documented widespread disparities in the medical care received by people of color compared with Whites; significant disparities in care continue.<sup>20, 129, 130</sup> 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,<sup>131-134</sup> which has been attributed to providers' biased beliefs and attitudes.<sup>135</sup> 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.<sup>130</sup> 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,<sup>136-138</sup> 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.<sup>140</sup> 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.

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***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.***<sup>139</sup>

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The Tuskegee Experiment is emblematic of long-standing and widespread racial inequities in healthcare<sup>141</sup> 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<sup>142</sup> and fear of being treated disrespectfully.<sup>143, 144</sup> Mistrust of and/or perceived lack of respect from healthcare providers or staff contribute to delays in timely care-seeking and nonadherence to treatment,<sup>145-149</sup> 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.<sup>150</sup>

## 10. Insufficiently disaggregated data obscuring needs of disadvantaged populations.

Aggregated statistics can mask large disparities among smaller ethnic subgroups.<sup>151, 152</sup> 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.<sup>153</sup> (An issue brief focusing on the links between meaningfully disaggregated racial/ethnic data and health equity will be next in this RWJF series.)

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***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 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.***

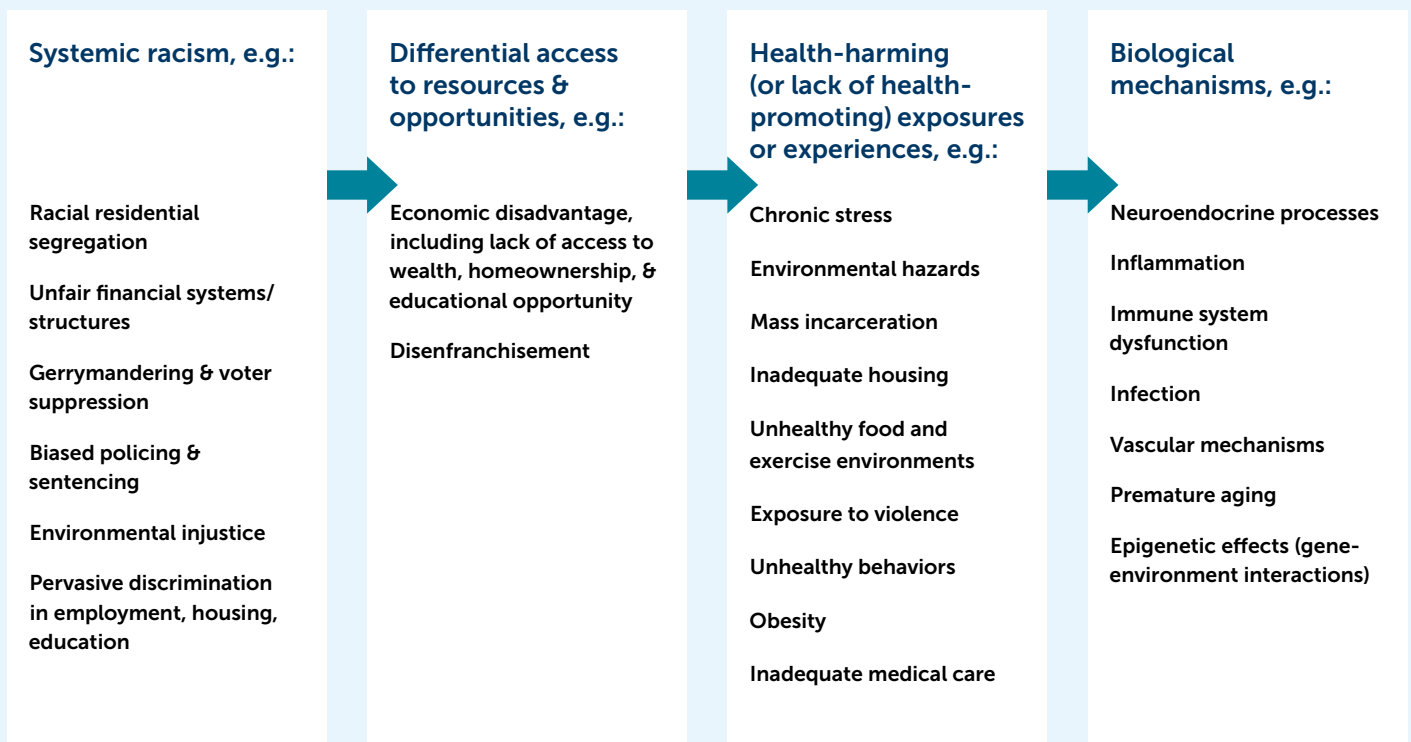
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# HOW SYSTEMIC RACISM UNDERMINES HEALTH EQUITY: CAUSAL PATHWAYS

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





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**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,<sup>39</sup> racially discriminatory obstacles to economic resources and opportunities are a major pathway through which systemic racism can harm health.<sup>17, 154</sup> 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.<sup>71, 155-157</sup>

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**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.<sup>158</sup> Chronic stress experienced during childhood may be particularly damaging to health across the entire life course.<sup>159-162</sup> 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<sup>163</sup> 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.<sup>164</sup>



## 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.

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

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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.

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- **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.

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- **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.

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## 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.

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## 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](#)

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## 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.



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- **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.

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- **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.<sup>17</sup>
  - **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.**

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- **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:

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*“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.”*

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# APPENDIX C. REFERENCES

1. Burch ADS, Eligon J. Bystander Videos of George Floyd and Others Are Policing the Police. *New York Times*. December 2, 2020, 2020. Accessed December 2, 2020. <https://www.nytimes.com/2020/05/26/us/george-floyd-minneapolis-police.html?auth=login-email&login=email>
2. BBC News. George Floyd: What happened in the final moments of his life. BBC News. Accessed December 2, 2020, 2020. <https://www.bbc.com/news/world-us-canada-52861726>
3. McLaughlin E. Three videos piece together the final moments of George Floyd's life. CNN. December 2, 2020, 2020. Accessed June 23, 2020, 2020. <https://www.cnn.com/2020/06/01/us/george-floyd-three-videos-minneapolis/index.html>
4. Cobb J. The Death of George Floyd, in Context. *The New Yorker*. Accessed December 2, 2020, 2020. <https://www.newyorker.com/news/daily-comment/the-death-of-george-floyd-in-context>
5. Tacheva Z, Krsova L, Ivanov A. Examining the Social Media Antecedents of Racial Justice: Evidence from Twitter. 2021;doi:10.24251/HICSS.2021.320
6. Wood D. As Pandemic Deaths Add Up, Racial Disparities Persist - And In Some Cases Worsen. NPR. December 1, 2020, 2020. Accessed December 1, 2020, 2020. <https://www.npr.org/sections/health-shots/2020/09/23/914427907/as-pandemic-deaths-add-up-racial-disparities-persist-and-in-some-cases-worsen>
7. Stokes EK, Zambrano LD, Anderson KN, et al. Coronavirus Disease 2019 Case Surveillance - United States, January 22-May 30, 2020. *MMWR Morb Mortal Wkly Rep*. 2020;69(24):759-765.
8. COVID-19 exposes how Native Hawaiians and Pacific Islanders face stark health care disparities. 08/25/2020, 2020. <https://www.uclahealth.org/covid19-exposes-how-native-hawaiians-and-pacific-islanders-face-stark-health-care-disparities>
9. The White House. The Biden-Harris Administration Immediate Priorities. <https://www.whitehouse.gov/priorities/>
10. Media Statement from CDC Director Rochelle P. Walensky, MD, MPH, on Racism and Health. April 8, 2021. <https://www.cdc.gov/media/releases/2021/s0408-racism-health.html>
11. Structural Racism is a Public Health Crisis: Impact on the Black Community. October 24, 2020. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2021/01/13/structural-racism-is-a-public-health-crisis>
12. Racially Driven Violence Against Black Americans Is a Public Health Issue. June 2, 2020. <https://www.naccho.org/blog/articles/racially-driven-violence-against-black-americans-is-a-public-health-issue>
13. ASTHO Policy Statement on Structural Racism as a Public Health Issue. April 6, 2021. <https://www.astho.org/Press-Room/ASTHO-Policy-Statement-on-Structural-Racism-as-a-Public-Health-Issue/04-06-21/>
14. McGhee HC. *The sum of us : what racism costs everyone and how we can prosper together*. One World; 2021.
15. Peterson DM, Mann CL. *Closing the Racial Inequality Gaps: The Economic Cost of Black Inequality in the US*. 2020. September. [https://ir.citi.com/NvUklHP1z14Hwd3oxqZBLMn1\\_XPqoSFrXsZD0x6nhil84ZxaXEuJUWmak51UHvYk75VKeHcMI%3D](https://ir.citi.com/NvUklHP1z14Hwd3oxqZBLMn1_XPqoSFrXsZD0x6nhil84ZxaXEuJUWmak51UHvYk75VKeHcMI%3D)
16. Wilkinson RG, Pickett K. *The Spirit Level: Why More Equal Societies Almost Always Do Better*. 2009.
17. Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: evidence and interventions. *The Lancet*. 2017;04/08/2017;389(10077):1453-1463. doi:[https://doi.org/10.1016/S0140-6736\(17\)30569-X](https://doi.org/10.1016/S0140-6736(17)30569-X)
18. Gee GC, Ro A. Racism and Discrimination. *Wiley*. 2009:364-402. 2009.
19. Ford CL, Griffith DM, Bruce MA, Gilbert KL. *Racism: Science & tools for the public health professional*. American Public Health Association; 2019.
20. Williams DR, Mohammed SA. Racism and Health I: Pathways and Scientific Evidence. *American Behavioral Scientist*. 2013;08/01 2013;57(8):1152-1173. doi:10.1177/0002764213487340
21. Kwate NOA, Meyer IH. ON STICKS AND STONES AND BROKEN BONES: Stereotypes and African American Health. *Du Bois Review: Social Science Research on Race*. 2011;8(1):191-198. doi:10.1017/S1742058X11000014
22. Euteneuer F. Subjective social status and health. *Current Opinion in Psychiatry*. 2014;27(5):337-343. doi:10.1097/ycp.00000000000000083
23. Uzogara EE, Jackson JS. Perceived Skin Tone Discrimination Across Contexts: African American Women's Reports. *Race and Social Problems*. 2016/06/01 2016;8(2):147-159. doi:10.1007/s12552-016-9172-y
24. The Native American Rights Fund. *Obstacles at every turn: barriers to political participation faced by Native American voters*. 2020. [https://vote.narf.org/wp-content/uploads/2020/06/obstacles\\_at\\_every\\_turn.pdf](https://vote.narf.org/wp-content/uploads/2020/06/obstacles_at_every_turn.pdf)
25. Bentele KG, O'Brien EE, Jim Crow 2.0? Why States Consider and Adopt Restrictive Voter Access Policies. *Perspectives on Politics*. 2013;11(4):1088-1116. doi:10.1017/S1537592713002843
26. Keyssar A. *The right to vote: The contested history of democracy in the United States*. Basic Books; 2009.
27. Solomon D, Maxwell C, Castro A. *Systematic Inequality and American Democracy*. 2019. <https://www.americanprogress.org/issues/race/reports/2019/08/07/473003/systematic-inequality-american-democracy/>
28. Tausanovitch A. *Voter-Determined Districts: Ending Gerrymandering and Ensuring Fair Representation*. 2019. <https://www.americanprogress.org/issues/democracy/reports/2019/05/09/468916/voter-determined-districts/>
29. Uggen C, Larson R, Shannon S. *6 Million Lost Voters: State-Level Estimates of Felony Disenfranchisement, 2016*. 2016. <https://www.sentencingproject.org/publications/6-million-lost-voters-state-level-estimates-felony-disenfranchisement-2016/>
30. Governing. Residential segregation data for U.S. metro areas. Accessed May 7, 2020. <https://www.governing.com/gov-data/education-data/residential-racial-segregation-metro-areas.html>
31. Frey W. Black-white segregation edges downward since 2000, census shows. The Brookings Institution. Accessed May 7, 2020. <https://www.brookings.edu/blog/the-avenue/2018/12/17/black-white-segregation-edges-downward-since-2000-census-shows/>
32. Reardon SF, Fox L, Townsend J. Neighborhood income composition by household race and income, 1990–2009. *The Annals of the American Academy of Political and Social Science*. 2015;660(1):78-97.
33. Sharkey P. Spatial segmentation and the black middle class. *American Journal of Sociology*. 2014;119(4):903-954.
34. Wodtke GT, Harding DJ, Elwert F. Neighborhood Effects in Temporal Perspective: The Impact of Long-Term Exposure to Concentrated Disadvantage on High School Graduation. *American Sociological Review*. 2011;76(5):713-736. doi:10.1177/0003122411420816
35. Burdick-Will J. Neighbors but Not Classmates: Neighborhood Disadvantage, Local Violent Crime, and the Heterogeneity of Educational Experiences in Chicago. *American Journal of Education*. 2017;124(1):37-65. doi:10.1086/693958
36. De la Roca J, Ellen IG, O'Regan KM. Race and neighborhoods in the 21st century: What does segregation mean today? *Regional Science and Urban Economics*. 2014/07/01/2014;47:138-151. doi:<https://doi.org/10.1016/j.regsciurbeco.2013.09.006>
37. Casciano R, Massey DS. Neighborhoods, employment, and welfare use: assessing the influence of neighborhood socioeconomic composition. *Soc Sci Res*. 2008;37(2):544-558. doi:10.1016/j.ssresearch.2007.08.008
38. Boustain LP. Racial Residential Segregation in American Cities. *National Bureau of Economic Research Working Paper Series*. May 2013 2013;19043doi:10.3386/w19045
39. WHO Commission on Social Determinants of Health. *Closing the gap in a generation: Health equity through action on the social determinants of health. Final Report of the Commission on the Social Determinants of Health*. 2008. [www.who.int/social\\_determinants/thecommission/finalreport/](http://www.who.int/social_determinants/thecommission/finalreport/)
40. Brooks RRW, Mose C. *Saving the Neighborhood: Racially Restrictive Covenants, Law, and Social Norms*. Harvard University Press; 2013.
41. Menéndez S, Gambhir S, Gailles A. *Racial Segregation in the San Francisco Bay Area, Part 5*. 2020. <https://belonging.berkeley.edu/racial-segregation-san-francisco-bay-area-part-5>
42. Chetty R, Hendren N, Katz LF. The Effects of Exposure to Better Neighborhoods on Children: New Evidence from the Moving to Opportunity Experiment. *American Economic Review*. 2016;106(4):855-902. doi:10.1257/aer.20150572
43. Collatz A. How to Qualify and Deny Rental Applicants the Right Away. Accessed December 2, 2020, 2020. <https://www.mysmartmove.com/SmartMove/blog/how-qualify-deny-rental-applicants.page>
44. Doerner JK, Demuth S. The Independent and Joint Effects of Race/Ethnicity, Gender, and Age on Sentencing Outcomes in U.S. Federal Courts. *Justice Quarterly*. 2010/02/01 2010;27(1):1-27. doi:10.1080/07418820902926197
45. Kovera MB. Racial Disparities in the Criminal Justice System: Prevalence, Causes, and a Search for Solutions. *Journal of Social Issues*. 2019;75(4):1139-1164. doi:<https://doi.org/10.1111/josi.12355>
46. Oh SJ, Yinger J. What have we learned from paired testing in housing markets? *Citiescape*. 2015;17(3):15-60.
47. Turner MA, Santos R, Levy DK, et al. *Housing discrimination against racial and ethnic minorities 2012: Full report*. 2013.
48. Quick K, Kahlenberg RD. *Attacking the black-white opportunity gap that comes from residential segregation*. 2019. <https://tcf.org/content/report/attacking-black-white-opportunity-gap-comes-residential-segregation/>
49. Lee JG, Henriksen L, Rose SW, Moreland-Russell S, Ribisl KM. A Systematic Review of Neighborhood Disparities in Point-of-Sale Tobacco Marketing. *Am J Public Health*. Sep 2015;105(9):e8-18. doi:10.2105/AJPH.2015.302777

50. Martino S, Collins RL, Kovalchik SA, et al. Drinking It In: The Impact of Youth Exposure to Alcohol Advertising. 2018;
51. Grasser G, Van Dyck D, Titze S, Stronegger W. Objectively measured walkability and active transport and weight-related outcomes in adults: a systematic review. *Int J Public Health*. Aug 2013;58(4):615-25. doi:10.1007/s00038-012-0435-0
52. Hirsch JA, Moore KA, Clarke PJ, et al. Changes in the built environment and changes in the amount of walking over time: longitudinal results from the Multi-Ethnic Study of Atherosclerosis. *Am J Epidemiol*. Oct 15 2014;180(8):799-809. doi:10.1093/aje/kwu218
53. Golden SD, Kuo T-M, Kong AY, Baggett CD, Henriksen L, Ribisl KM. County-level associations between tobacco retailer density and smoking prevalence in the USA, 2012. *Prevention Medicine Reports*. 2019/10/31/ 2019:101005. doi:<https://doi.org/10.1016/j.pmedr.2019.101005>
54. Sherk A, Stockwell T, Chikritzhs T, et al. Alcohol Consumption and the Physical Availability of Take-Away Alcohol: Systematic Reviews and Meta-Analyses of the Days and Hours of Sale and Outlet Density. *Journal of Studies on Alcohol and Drugs*. 2018/01/01 2018;79(1):58-67. doi:10.15288/jsad.2018.79.58
55. Erickson PG, Harrison L, Cook S, Cousineau M-M, Adlaf EM. A comparative study of the influence of collective efficacy on substance use among adolescent students in Philadelphia, Toronto, and Montreal. *Addiction Research & Theory*. 2012/02/01 2012;20(1):11-20. doi:10.3109/16066359.2010.530710
56. Leventhal T, Dupéré V. Neighborhood Effects on Children's Development in Experimental and Nonexperimental Research. *Annual Review of Developmental Psychology*. 2019/12/15 2019;doi:10.1146/annurev-devpsych-121318-085221
57. Putnam RD. The Prosperous Community: Social Capital and Public Life. *The American Prospect*. 1993;(13):35-42.
58. Kawachi I, Subramanian SV, Kim D. Social Capital and Health. In: Kawachi I, Subramanian SV, Kim D, eds. *Social Capital and Health*. Springer New York; 2008:1-26.
59. Carpiano RM. Actual or Potential Neighborhood Resources for Health. In: Kawachi I, Subramanian SV, Kim D, eds. *Social Capital and Health*. Springer New York; 2008:85-93.
60. Adelman RM. Neighborhood Opportunities, Race, and Class: The Black Middle Class and Residential Segregation. *City & Community*. 2004;3(1):43-63. doi:10.1111/j.1535-6841.2004.00066.x
61. Swope CB, Hernández D. Housing as a determinant of health equity: A conceptual model. *Social Science & Medicine*. 2019/12/01/ 2019;243:112571. doi:<https://doi.org/10.1016/j.socscimed.2019.112571>
62. Aaronson D, Hartley D, Mazumder B. *The effects of the 1930s HOLC "redlining" maps*. Working Paper, No. 2017-12. 2017.
63. Mitchell B, Franco J. HOLC "redlining" maps: The persistent structure of segregation and economic inequality. *National Community Reinvestment Coalition*. 2018;
64. Massey DS, Rugh JS, Steil JP, Albright L. Riding the Stagecoach to Hell: A Qualitative Analysis of Racial Discrimination in Mortgage Lending. *City & Community*. 2016;15(2):118-136. doi:<https://doi.org/10.1111/cico.12179>
65. Steil JP, Albright L, Rugh JS, Massey DS. The Social Structure of Mortgage Discrimination. *Hous Stud*. 2018;33(5):759-776. doi:10.1080/02673037.2017.1390076
66. Katznelson I. *When Affirmative Action Was White: An Untold History Of Racial Inequality In Twentieth-Century America*. W. W. Norton & Company, Inc.; 2005.
67. Bocian DG, Ernst KS, Li W. Race, ethnicity and subprime home loan pricing. *Journal of Economics and Business*. 2008/01/01/ 2008;60(1):110-124. doi:<https://doi.org/10.1016/j.jeconbus.2007.10.001>
68. U.S. Department of Housing and Urban Development. History of Fair Housing. [https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/aboutfheo/history](https://www.hud.gov/program_offices/fair_housing_equal_opp/aboutfheo/history)
69. Faber JW. Cashing in on Distress: The Expansion of Fringe Financial Institutions During the Great Recession. *Urban Affairs Review*. 2018/07/01 2016;54(4):663-696. doi:10.1177/1078087416684037
70. Faber J, Friedline T. *The Racialized Costs of Banking*. 2018. [newamerica.org/family-centered-social-policy/reports/racialized-costs-banking/](http://newamerica.org/family-centered-social-policy/reports/racialized-costs-banking/)
71. Pollack CE, Cubbin C, Sania A, et al. Do wealth disparities contribute to health disparities within racial/ethnic groups? *J Epidemiol Community Health*. 2013;67(5):439-445.
72. Pollack CE, Chideya S, Cubbin C, Williams B, Dekker M, Braveman P. Should health studies measure wealth? A systematic review. *Am J Prev Med*. Sep 2007;33(3):250-64. doi:10.1016/j.amepre.2007.04.033
73. Owens A. Income Segregation between School Districts and Inequality in Students' Achievement. *Sociology of Education*. 2017;91(1):1-27.
74. Williams DR, Collins C. Racial Residential Segregation: A Fundamental Cause of Racial Disparities in Health. *Public Health Reports*. 2001/09/01 2001;116(5):404-416. doi:10.1093/phr/116.5.404
75. Humphreys JM. *HBCUs Make America Strong: The Positive Economic Impact of Historically Black Colleges and Universities*. 2017. <http://arks.princeton.edu/ark:/88435/dsp01dv13zx289>
76. Hirschi PJ. Preparing for prison?: The criminalization of school discipline in the USA. *Theoretical Criminology*. 2008;12(1):79-101. doi:10.1177/1362480607085795
77. Mallett CA. The School-to-Prison Pipeline: A Critical Review of the Punitive Paradigm Shift. *Child and Adolescent Social Work Journal*. 2016/02/01 2016;33(1):15-24. doi:10.1007/s10560-015-0397-1
78. Nelson L, Lind D. *The School to Prison Pipeline, Explained*. 2015.
79. Bonilla-Silva E. *Racism without racists: Color-blind racism and the persistence of racial inequality in america*. 5th ed. Rowman & Littlefield; 2018.
80. Pager D, Shepherd H. The Sociology of Discrimination: Racial Discrimination in Employment, Housing, Credit, and Consumer Markets. *Annual Review of Sociology*. 2008/08/01 2008;34(1):181-209. doi:10.1146/annurev.soc.33.040406.131740
81. Kaplan GA, Ranjit N, Burgard SA. Lifting Gates--Lengthening Lives: Did Civil Rights Policies Improve the Health of African-American Women in the 1960's and 1970's? In: Schoeni RF, House JS, Kaplan GA, Pollack H, eds. *Making Americans Healthier, Social and Economic Policy as Health Policy*. Russell Sage Foundation; 2008.
82. Cushing L, Faust J, August LM, Cendak R, Wieland W, Alexeeff G. Racial/Ethnic Disparities in Cumulative Environmental Health Impacts in California: Evidence From a Statewide Environmental Justice Screening Tool (CalEnviroScreen 1.1). *Am J Public Health*. Nov 2015;105(11):2341-8. doi:10.2105/AJPH.2015.302643
83. Cushing L, Morello-Frosch R, Wander M, Pastor M. The Haves, the Have-Nots, and the Health of Everyone: The Relationship Between Social Inequality and Environmental Quality. *Annual Review of Public Health*. 2015/03/18 2015;36(1):193-209. doi:10.1146/annurev-publhealth-031914-122646
84. Morello-Frosch R, Lopez R. The riskscape and the color line: Examining the role of segregation in environmental health disparities. *Environmental Research*. 2006/10/01/ 2006;102(2):181-196. doi:<https://doi.org/10.1016/j.envres.2006.05.007>
85. Murray LR. Sick and tired of being sick and tired: scientific evidence, methods, and research implications for racial and ethnic disparities in occupational health. *American journal of public health*. 2003;93(2):221-226. doi:10.2105/ajph.93.2.221
86. Goldman N, Pebley AR, Lee K, Andrasfay T, Pratt B. Racial and ethnic differentials in COVID-19-related job exposures by occupational standing in the US. *medRxiv*. 2021:2020.11.13.20231431. doi:10.1101/2020.11.13.20231431
87. United States Environmental Protection Agency. Abandoned mines cleanup. Updated July 1, 2021. <https://www.epa.gov/navajo-nation-uranium-cleanup/abandoned-mines-cleanup>
88. Environmental Justice Atlas. Toxic Waste Dumping in Shingle Mountain, Dallas, Texas. <https://www.ejatlus.org/conflict/shingle-mountain>
89. Edwards F, Lee H, Esposito M. Risk of being killed by police use of force in the United States by age, race--ethnicity, and sex. *Proceedings of the National Academy of Sciences*. 2019;116(34):16793-16798. doi:10.1073/pnas.1821204116
90. DeGue S, Fowler KA, Calkins C. Deaths Due to Use of Lethal Force by Law Enforcement: Findings From the National Violent Death Reporting System, 17 U.S. States, 2009-2012. *Am J Prev Med*. Nov 2016;51(5 Suppl 3):S173-s187. doi:10.1016/j.amepre.2016.08.027
91. Buehler JW. Racial/Ethnic Disparities in the Use of Lethal Force by US Police, 2010-2014. *American Journal of Public Health*. 2017/02/01 2016;107(2):295-297. doi:10.2105/AJPH.2016.303575
92. Edwards F, Lee H, Esposito M. Risk of being killed by police use of force in the United States by age, race--ethnicity, and sex. *Proceedings of the National Academy of Sciences*. 2019;116(34):16793. doi:10.1073/pnas.1821204116
93. Bui AL, Coates MM, Matthey EC. Years of life lost due to encounters with law enforcement in the USA, 2015-2016. *Journal of epidemiology and community health*. 2018;72(8):715. doi:10.1136/jech-2017-210059
94. *The Guardian*. The Counted: People killed by police in the United States. Accessed May 25, 2020. <https://www.theguardian.com/us-news/ng-interactive/2015/jun/01/the-counted-police-killings-us-database>
95. *When Health Care Isn't Caring: Lambda Legal's Survey on Discrimination Against LGBT People and People Living with HIV*. 2014.
96. Cooper HL, Fullilove MT. *From Enforcers to Guardians: A Public Health Primer on Ending Police Violence*. Johns Hopkins University Press; 2020.
97. Feldman JM, Chen JT, Waterman PD, Krieger N. Temporal trends and racial/ethnic inequalities for legal intervention injuries treated in emergency departments: US men and women age 15-34, 2001-2014. *Journal of urban health*. 2016;93(5):797-807.
98. DeVylder JE, Oh H, Nam B, Sharpe TL, Lehmann M, Link BG. Prevalence, demographic variation and psychological correlates of exposure to police victimisation in four US cities. *Epidemiology and psychiatric sciences*. 2017;26(5):466-477.
99. Astor M. Why Did Bloomberg Turn Against Stop-and-Frisk? When He Ran for President. *The New York Times*. Accessed December 2, 2020, 2020. <https://www.nytimes.com/2020/02/19/us/politics/michael-bloomberg-stop-and-frisk.html?action=click&module=RelatedLinks&pgtype=Article>
100. Southall A, Gold M. Why 'Stop-and-Frisk' Inflamed Black and Hispanic Neighborhoods *The New York Times* Accessed December 2, 2020, 2020. <https://www.nytimes.com/2019/11/17/nyregion/bloomberg-stop-and-frisk-new-york.html>
101. Cooper HLF. War on Drugs Policing and Police Brutality. *Subst Use Misuse*. 2015;50(8-9):1188-1194. doi:10.3109/10826084.2015.1007669

102. Wildeman C, Wang EA. Mass incarceration, public health, and widening inequality in the USA. *The Lancet*. 2017;389(10077):1464-1474.
103. Pettit B, Western B. Mass imprisonment and the life course: Race and class inequality in US incarceration. *American sociological review*. 2004;69(2):151-169.
104. Western B. *Punishment and inequality in America*. Russell Sage Foundation; 2006.
105. The Sentencing Project. *Fact sheet: Trends in U.S. Corrections*. 2018.
106. The Sentencing Project. *Black disparities in youth incarceration*. 2017.
107. The Sentencing Project. *Native disparities in youth incarceration*. 2017.
108. The Sentencing Project. *Latino disparities in youth incarceration*. 2017.
109. Bonczar TP. *Prevalence of imprisonment in the US population, 1974-2001*. 2003.
110. Western B, Simes J. Criminal justice. *State of the Union: The Poverty and Inequality Report*. Stanford Center on Poverty and Inequality, Special issue, Pathways Magazine 2019.
111. Letter Supporting the Passage of the Eliminating a Quantifiably Unjust Application of the Law (EQUAL) Act. July 20, 2021, 2021. <https://www.sentencingproject.org/publications/letter-supporting-the-passage-of-the-eliminating-a-quantifiably-unjust-application-of-the-law-equal-act/>
112. Beck A, Berzofsky M, Caspar R, Krebs C. Sexual victimization in prisons and jails reported by inmates, 2011-12. 2013;
113. Mendel RA. *Maltreatment of youth in US juvenile corrections facilities*. Annie E. Casey Foundation; 2015.
114. Modvig J. Violence, sexual abuse and torture in prisons. In: Enggist S, Møller L, Galea G, Udesen C, eds. *Prisons and Health*. World Health Organization, Regional Office for Europe; 2014:19-26.
115. Wolff N, Blitz CL, Shi J, Siegel J, Bachman R. Physical violence inside prisons: Rates of victimization. *Criminal justice and behavior*. 2007;34(5):588-599.
116. Incarcerated Workers Organizing Committee. *Cruel and Unusual: A National Prisoner Survey of Prison Food and Health Care Quality*. 2018.
117. Acker J, Braveman P, Arkin E, Leviton L, Parsons J, Hobor G. Mass incarceration threatens health equity in America. *Executive Summary Princeton, NJ: Robert Wood Johnson Foundation*. 2019;
118. Evans-Campbell T, Walters KL, Pearson CR, Campbell CD. Indian boarding school experience, substance use, and mental health among urban two-spirit American Indian/Alaska natives. *Am J Drug Alcohol Abuse*. Sep 2012;38(5):421-7. doi:10.3109/00952990.2012.701358
119. Feir DL. The long-term effects of forcible assimilation policy: The case of Indian boarding schools. *Canadian Journal of Economics/Revue canadienne d'économie*. 2016;49(2):433-480. doi:<https://doi.org/10.1111/caje.12203>
120. Pember MA. Death by Civilization. *The Atlantic*. March 8, 2019 2019;
121. Park Y. Facilitating Injustice: Tracing the Role of Social Workers in the World War II Internment of Japanese Americans. *Social Service Review*. 09/01 2008;82:447-483. doi:10.1086/592361
122. Jensen GM. *The experience of injustice: Health consequences of the Japanese American internment*. ProQuest Information & Learning; 1998.
123. Japanese American Citizens League. JACL History. <https://jacl.org/history>
124. Feagin J, Bennefield Z. Systemic racism and U.S. health care. *Social Science & Medicine*. 2014/02/01/ 2014;103:7-14. doi:<https://doi.org/10.1016/j.socscimed.2013.09.006>
125. Yearby R. Racial Disparities in Health Status and Access to Healthcare: The Continuation of Inequality in the United States Due to Structural Racism. *American Journal of Economics and Sociology*. 2018;77(3-4):1113-1152. doi:10.1111/ajes.12230
126. National Center for Health Statistics. Health, United States, 2018. Centers for Disease Control and Prevention. December 1, 2020, 2020. Accessed December 1, 2020, 2020.
127. Almond DV, Chay KY, Greenstone M. Civil Rights, the War on Poverty, and Black-White convergence in infant mortality in the rural South and Mississippi. Massachusetts Institute of Technology; 2007.
128. Institute of Medicine Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. National Academies Press (US); 2003.
129. Fiscella K, Sanders MR. Racial and ethnic disparities in the quality of health care. *Annual review of public health*. 2016;37:375-394.
130. Hoffman KM, Trawalter S, Axt JR, Oliver MN. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proc Natl Acad Sci U S A*. 2016;113(16):4296-4301. doi:10.1073/pnas.1516047113
131. Goyal MK, Kuppermann N, Cleary SD, Teach SJ, Chamberlain JM. Racial disparities in pain management of children with appendicitis in emergency departments. *JAMA Pediatr*. 2015;169(11):996-1002.
132. Anderson KO, Green CR, Payne R. Racial and ethnic disparities in pain: Causes and consequences of unequal care. *J Pain*. Dec 2009;10(12):1187-204. doi:10.1016/j.jpain.2009.10.002
133. Green CR, Anderson KO, Baker TA, et al. The unequal burden of pain: Confronting racial and ethnic disparities in pain. *Pain Med*. Sep 2003;4(3):277-94. doi:10.1046/j.1526-4637.2003.03034.x
134. Wyatt R. Pain and ethnicity. *AMA J Ethics*. 2013;15(5):449-54.
135. Shavers VL, Bakos A, Sheppard VB. Race, ethnicity, and pain among the U.S. adult population. *J Health Care Poor Underserved*. Feb 2010;21(1):177-220. doi:10.1353/hpu.0.0255
136. Kogan MD, Kotelchuck M, Alexander GR, Johnson WE. Racial disparities in reported prenatal care advice from health care providers. *Am J Public Health*. 1994;84(1):82-88. doi:10.2105/ajph.84.1.82
137. Kogan MD, Alexander GR, Kotelchuck M, Nagey DA, Jack BW. Comparing mothers' reports on the content of prenatal care received with recommended national guidelines for care. *Public Health Rep*. Sep-Oct 1994;109(5):637-646.
138. Cox RG, Zhang L, Zotti ME, Graham J. Prenatal care utilization in Mississippi: Racial disparities and implications for unfavorable birth outcomes. *Matern Child Health J*. Oct 2011;15(7):931-42. doi:10.1007/s10995-009-0542-6
139. Nuriddin A, Mooney G, White AIR. Reckoning with histories of medical racism and violence in the USA. *Lancet*. 2020;396(10256):949-951. doi:10.1016/S0140-6736(20)32032-8
140. Washington HA. *Medical apartheid: The dark history of medical experimentation on Black Americans from colonial times to the present*. Doubleday Books; 2006.
141. Gamble VN. Under the shadow of Tuskegee: African Americans and health care. *American journal of public health*. 1997;87(11):1773-1778. doi:10.2105/ajph.87.11.1773
142. Armstrong K, Putt M, Halbert CH, et al. Prior experiences of racial discrimination and racial differences in health care system distrust. *Med Care*. Feb 2013;51(2):144-50. doi:10.1097/MLR.0b013e31827310a1
143. Vedam S, Stoll K, Taiwo TK, et al. The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States. *Reproductive Health*. 2019/06/11 2019;16(1):77. doi:10.1186/s12978-019-0729-2
144. Arnett MJ, Thorpe RJ, Gaskin DJ, Bowie JV, LaVeist TA. Race, Medical Mistrust, and Segregation in Primary Care as Usual Source of Care: Findings from the Exploring Health Disparities in Integrated Communities Study. *Journal of Urban Health*. 2016/06/01 2016;93(3):456-467. doi:10.1007/s11524-016-0054-9
145. Sadreameli SC, Riekert KA, Matsui EC, Rand CS, Eakin MN. Family caregiver marginalization is associated with decreased primary and subspecialty asthma care in Head Start children. *Acad Pediatr*. 2018/11/01/ 2018;18(8):905-911. doi:<https://doi.org/10.1016/j.acap.2018.04.135>
146. Dale SK, Bogart LM, Wagner GJ, Galvan FH, Klein DJ. Medical mistrust is related to lower longitudinal medication adherence among African-American males with HIV. *J Health Psychol*. 2016;21(7):1311-1321. doi:10.1177/1759105314551950
147. Armstrong K, Ravenell KL, McMurphy S, Putt M. Racial/ethnic differences in physician distrust in the United States. *Am J Public Health*. 2007;97(7):1283-1289. doi:10.2105/ajph.2005.080762
148. Kelley E, Moy E, Stryer D, Burstin H, Clancy C. The national healthcare quality and disparities reports: An overview. *Med Care*. 2005;43(3):I-3-I-8.
149. Williams DR, Mohammed SA. Discrimination and racial disparities in health: Evidence and needed research. *J Behav Med*. Feb 2009;32(1):20-47. doi:10.1007/s10865-008-9185-0
150. Jimenez ME, Rivera-Núñez Z, Crabtree BF, et al. Black and Latinx Community Perspectives on COVID-19 Mitigation Behaviors, Testing, and Vaccines. *JAMA Network Open*. 2021;4(7):e2117074-e2117074. doi:10.1001/jamanetworkopen.2021.17074
151. López G, Ruiz NG, Patten E. *Key Facts About Asian Americans, a Diverse and Growing Population*. 2017.
152. Kochhar R, Cilluffo A. *Income Inequality in the U.S. Is Rising Most Rapidly Among Asians*. 2018. <https://www.pewsocialtrends.org/2018/07/12/income-inequality-in-the-u-s-is-rising-most-rapidly-among-asians/>
153. Kauh TJ, Read JnG, Scheitler AJ. The Critical Role of Racial/Ethnic Data Disaggregation for Health Equity. *Population Research and Policy Review*. 2021/02/01 2021;40(1):1-7. doi:10.1007/s11113-020-09631-6
154. Williams DR, Lawrence JA, Davis BA. Racism and Health: Evidence and Needed Research. *Annual Review of Public Health*. 2019;40(1):105-125.
155. Williams DR, Priest N, Anderson NB. Understanding associations among race, socioeconomic status, and health: Patterns and prospects. *Health Psychol*. 2016;35(4):407-411.
156. Adler NE, Rehkopf DH. US disparities in health: descriptions, causes, and mechanisms. *Annu Rev Public Health*. 2008;29:235-252.
157. Braveman PA, Cubbin C, Egerter S, et al. Socioeconomic status in health research: one size does not fit all. *Jama*. 2005;294(22):2879-2888.
158. McEwen BS. Central effects of stress hormones in health and disease: Understanding the protective and damaging effects of stress and stress mediators. *Eur J Pharmacol*. Apr 7 2008;583(2-3):174-85. doi:10.1016/j.ejphar.2007.11.071

- 
159. Kim P, Evans GW, Angstadt M, et al. Effects of childhood poverty and chronic stress on emotion regulatory brain function in adulthood. *Proceedings of the National Academy of Sciences*. 2013;110(46):18442-18447. doi:10.1073/pnas.1308240110
  160. Pervanidou P, Chrousos GP. Stress and obesity/metabolic syndrome in childhood and adolescence. *International Journal of Pediatric Obesity*. 2011/09/01 2011;6(sup1):21-28. doi:10.3109/17477166.2011.615996
  161. Shonkoff JP, Garner AS, Siegel BS, et al. The Lifelong Effects of Early Childhood Adversity and Toxic Stress. *Pediatrics*. 2012;129(1):e232-e246. doi:10.1542/peds.2011-2663
  162. Sonu S, Post S, Feinglass J. Adverse childhood experiences and the onset of chronic disease in young adulthood. *Preventive Medicine*. 2019/06/01/ 2019;123:163-170. doi:<https://doi.org/10.1016/j.ypmed.2019.03.032>
  163. Braveman P, Heck K, Egarter S, et al. Worry about racial discrimination: A missing piece of the puzzle of Black-White disparities in preterm birth? *PloS one*. 2017;12(10)
  164. Lu H, Li X, Wang Y, Song Y, Liu J. The hippocampus underlies the association between self-esteem and physical health. *Scientific Reports*. 2018;8(1):17141.



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