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THE DOMINICAN MEDICAL DENTAL COMMUNITY OUTREACH SOCIETY

CONTINUING MEDICAL EDUCATION (CME) SYMPOSIUM

Racism, Discrimination, and Segregation are Social Determinants of Health

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"… DISCRIMINATION is a hellhound that gnaws at Negroes in every waking moment of their lives declaring that the lie of their inferiority is accepted as the truth in the society dominating them." These words from Martin Luther King in 1967 sadly still apply to a large degree to US society today. Our society is aflame as protesters denounce racism on the part of the police and at all levels of society.

While one may or may not agree with the severity of the charges, it is impossible to deny that Blacks, Hispanics and others still suffer from racism and discrimination in myriad ways—discrimination that has a profoundly negative effect on their health. Under the cloud of the enduring pandemic, this is a moment of reckoning for US society, a confrontation with a dark blot on the country's past.

That tragic part of our history began on Aug. 20, 1619, when the first African slaves were brought to Jamestown. Slave labor was vital to the economy of the British colonies and, subsequently the United States. By 1860, the US Census counted 3,953,760 slaves, who made up 13 percent of the total population. It would take another century after the Civil War for racial segregation in education to be declared unconstitutional in 1954, during which time Jim Crow laws continued to deny Black people their basic rights.

Today's protests are a stark reminder that Black and Brown people were long denied a piece of the American dream they helped make possible, that they were long considered

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subhuman, and that they had to work like animals. And we are still far from being a society in which everyone is truly equal.

The answer lies not in demonizing historical figures taken out of their historical context and judging them anachronistically. It makes no sense to expunge George Washington and Thomas Jefferson from our history books because they owned slaves. By the same token, one could charge Jesus Christ for not explicitly condemning the slavery of his time.

Socrates, were he to survey the scene today, would argue that COVID-19 has humbled us, just as in his time the bubonic plague was a major factor in the decline of Athens. Now, as was the case then, nothing is certain. The pandemic lockdown has forced us to pause, to question deeply ingrained assumptions. It gives us an opportunity to look at the world and ourselves with fresh eyes—as the pandemic has made a mockery of our grand plans, of finding jobs, getting married, of graduating.

Just as Sisyphus is fated to roll up an enormous boulder up hill, only to see it roll down again, in Albert Camus' philosophical essay the Myth of Sisyphus, so we are fated and called to contend with the pandemic. In our struggle, we must persevere in forging genuine, fundamental change. Let us take advantage of this unique moment in our history—when everything is up for grabs, for better or worse—and turn a new page.

It was in fact back during the Reagan administration that Health and Human Services Secretary Margaret M. Heckler released in 1985, the landmark *Report of the Secretary's Task Force on Black and Minority Health*, commonly known as the Heckler Report, marking the first time the U.S. government had comprehensively studied the health status of racial and ethnic minorities and elevating minority health onto a national stage. In response, The Office of Minority Health was created in 1986 as one of the most significant outcomes of the report. While the report makes reference to the "behavioral underpinnings of health…and suggesting ways to change behavior for more helpful living habits" it identified but paid little attention to the importance of "social" factors.

Sadly, some of the findings still ring true today. Under "Continuity of Care", the report found that: A higher percentage of Blacks and Hispanics than Whites have no usual source of medical care and tend not to use a physician's office as their usual source of care; relying on hospitals and health clinics as their usual source of medical care.

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It would take an additional 20 years before researchers began to take a serious look at the impact of racism and discrimination as a social determinant of health. In 2006 Y Paradies published in the *International Journal of Epidemiology*, "A systematic review of empirical research on self-reported racism and health;" this paper reviews 138 empirical quantitative population-based studies of self-reported racism and health, showing an association between self-reported racism and ill health for oppressed racial groups after adjustment for a range of confounders. The strongest and most consistent findings are for negative mental health outcomes and health-related behaviors, with weaker associations existing for positive mental health outcomes, self-assessed health status, and physical health outcomes.

Today, discussions about the impact of racism and discrimination in health care have taken a front seat. Major players are weighing in.

Health Affairs published an article titled "On Racism: A New Standard for Publishing On Racial Health Inequities" by Rhea W. Boyd, Edwin G. Lindo, Lachelle D. Weeks, Monica R. McLemore, JULY 2, 2020.

The Robert Wood Johnson Foundation, a major philanthropic player in health care published "Race, Racism and Health - Examining the connections between race, racism and health in the United States. Richard Besser, MD, President and CEO of the RWJ Foundation stated… "America's long history of racial violence, reinforce the Foundation's commitment to challenge systemic barriers and surface the types of solutions that will remake the United States in the name of health equity."

The American Public Health Association published "Racism and Health." According to APHA Past-President Camara Phyllis Jones, MD, MPH, PhD, "Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources." The publication offers a myriad of articles, reports and studies on the subject.

A decade ago, a Harvard University study shed light on health disparities. It noted the following stark findings:

African Americans have higher death rates than Whites for 12 of the 15 leading causes of death; minorities get sick sooner, have more severe illness and die sooner than Whites; Hispanics have higher death rates than whites for diabetes, hypertension, liver cirrhosis and homicide. Life expectancy for Blacks is five years less than that of Whites.

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With important players such as these we are offered a new opportunity to change and redefine all those policies that have entrenched inequality, especially health-care policies that fail to take into account the vital role played by housing, employment, community development, and environmental factors. On this front, on the awareness of the Social Determinants of Health, we lag considerably behind other Western countries. It is high time medical spending include social factors, which would translate into significant savings of lives and treasure.

Segregation wreaks havoc; the "separate but equal" doctrine was a fallacy at best, a tool for control and domination and the structural design of racism as a social determinant of health and inequity: it determines socio-economic status by limiting access to resources at all levels; affecting quality of education and employment opportunities; segregation can create pathogenic neighborhood and housing conditions; conditions linked to segregation can hamper the practice of healthy behaviors and encourage unhealthy ones; segregation can adversely affect access to medical care and to high-quality care.

Segregation in housing means poorer quality homes; higher noise levels; exposure to violence in the home and related stress; crowding; pollutants, such as lead; poorly supplied pharmacies; preponderance of fast food outlets, liquor stores and tobacco shops; little access to fresh, healthy foods; fewer playgrounds and parks. Crowding, for one, during the lockdown caused higher coronavirus infection rates among Blacks and Hispanics, compared to Whites.

The effect of internalized racism, the acceptance of society's negative characterization, can also adversely affect health through such factors as: higher psychological stress; greater consumption of alcohol, tobacco and drugs; greater likelihood of depression.

Between 1991 and 2000 some 176,000 lives were saved thanks to new medical technology; that figure would stand at more than 886,000 if Black and White death rates would be equal; in fact, eliminating health disparities would save more lives than advances in medical technology.

SOMOS doctors can pride themselves on being mindful of the Social Determinants of Health as they impact their patients' well-being. That discipline is part and parcel of the Value-Based Payment formula. At this moment in time, we would all do well to be especially aware of racial discrimination, subtle or blatant, as a most powerful social determinant of health, and to treat its victims with special love and care.