Prioritizing Anti-Racism in Health Policy

Recent global protests have brought attention to anti-Black racism and have highlighted the need for systemic racism to be addressed in all aspects of society. From a health policy point of view, it is time for policy makers and the health sector to start examining health equity and health policy through an anti-racism lens.

It is widely recognized that race is a significant social determinant of health. Health outcomes of communities of color, particularly Black and Indigenous, are objectively worse than White counterparts across a wide range of measures globally. This trend is independent of typical determinants such as education, socio-economic status, and others, as racism directly impacts health as a physiological stress response.[5] As such, racism is increasingly identified in literature as an independent social determinant of health due to its pervasive nature of impact.

Through an economic lens, maintaining the current system that perpetuates racial health inequities is extremely costly. USA-based estimates published in 2018 showed that health disparities result in an annual $93 billion in excess medical care costs plus an additional $42 billion in lost productivity due to premature death.[6] Further, eliminating racial disparities across health, education, incarceration and employment in the USA could create a continuous GDP increase of 0.5% per year.[7]

Categories of racism:
Three broad categories of racism exist: individual-level discrimination, cultural racism, and systemic racism that permeates health system policies, institutional rules, and the interconnected factors of housing, segregation, education, political participation, employment, environmental factors, and more[1,2]

Definition of systemic racism:
The policies and practices within private and public institutions such as racialized and color-blind norms, regulations, and standard operating practices that lead to racially biased outcomes and experiences. Effects of systemic racism permeate vast populations including, but not limited to, anti-Black racism rooted in enslavement history, anti-Indigenous racism rooted in settler colonialism and Orientalism rooted in the inferior "othering" of non-Western society[3]

Definition of anti-racism:
Anti-racism is the active decision to be conscious about race and racism while taking consistent and equitable action to end racial inequalities[4]

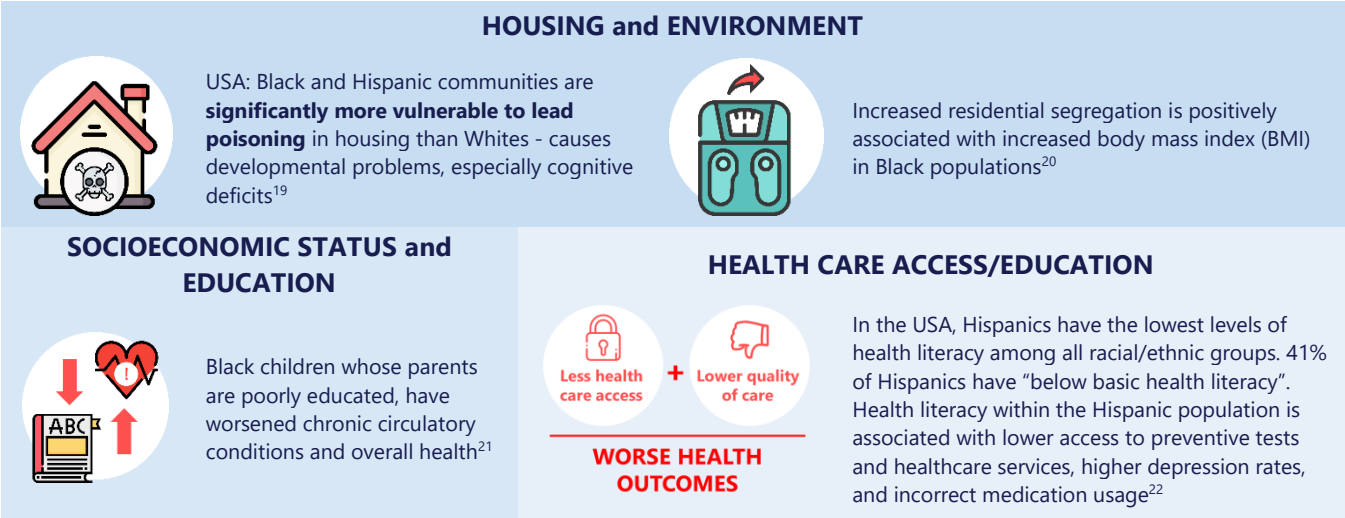
Most topical in racial health disparities is the staggering disparity of COVID-19 effects in Black communities, with recent research highlighting significant gaps in the USA, Brazil and Europe.[8,9,10] An emerging study from the USA stated that communities of color heavily impacted by COVID-19 experienced eight times more infections and nine times more deaths than low-income White communities, and that predominantly non-White communities had an approximately three times higher incidence of COVID-19 even when accounting for income levels.[11]

Effects of racialization on health extend far beyond infectious disease, where in the USA the overarching racial mortality gap between Black males and White males is 4.4 years, and 2.9 years for females.[12] Mental health disparities are also significant; a UK-based study showed that Black populations are at a significantly greater risk of psychosis-related mental illness than their White counterparts. Further, Black patients are three times more likely to experience compulsory hospital admission.[13] Regarding health in the first 1000 days of life, a Canadian study reported that sudden

infant death syndrome (SIDS) accounted for a staggering 24% of Indigenous infant and 21% of Inuit infant deaths relative to just 7% of non-Indigenous infant deaths.[14] Maternal health is commonly known to have significant racial disparities. In a USA study evaluating maternal deaths per 100,000 live births, there were 13 deaths in White women, 14.1 in Asian, 30.4 in Indigenous, and 42.4 in Black; similar trends have been reported in the UK, Australia, Russia, and Panama, among others.[15,16,17,18]

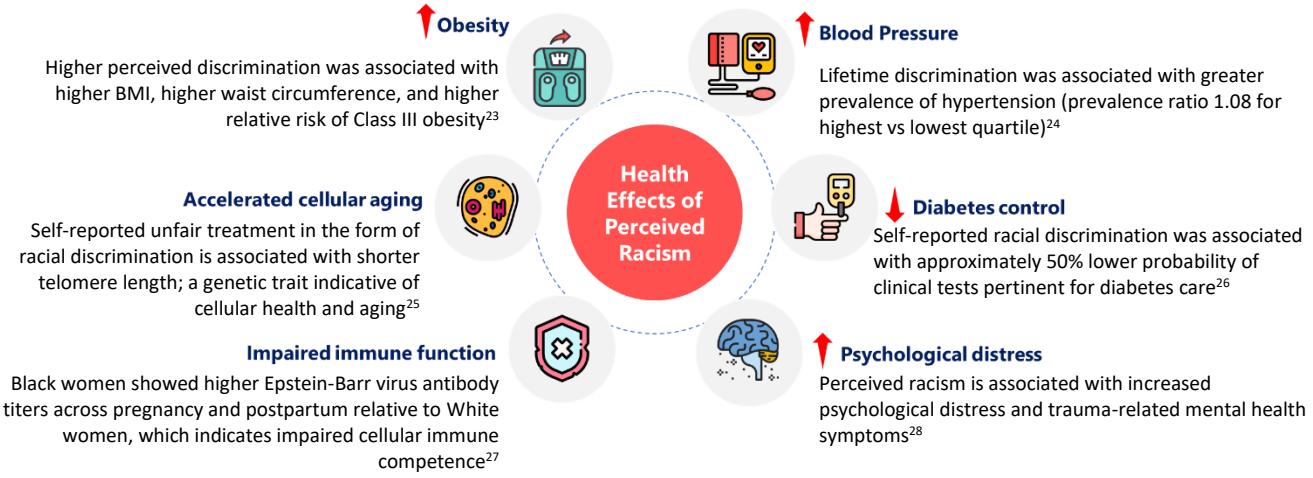
Race as a pervasive determinant of health

A clear way to conceptualize racism as a pervasive and independent social determinant of health is through considering the inequitable outcomes across classic determinants of health.



Perceived racism and discrimination

Beyond interaction through classic social determinants of health, the impact of perceived racial discrimination throughout the life course leads to various adverse health outcomes.



Mistrust of the health system in racialized populations

In discussing the development of anti-racist health policy, it is imperative to first understand the historical and ongoing health policy and system traumas that have entrenched a deep mistrust in many racialized populations around the world. Unsurprisingly, some of the starkest examples have and continue to take place in countries whose modern existence is entirely rooted in colonialism. Racialized populations, particularly Black and Indigenous, have continuously been dehumanized in the name of "medical research". The resultant deep mistrust prevents racialized populations from accessing health care, participating in clinical trials, and participating in timely prevention methods, thus furthering the health divide. Note that acknowledging these victimizations is not to disregard the individuality, resilience, and innovation of racialized populations in health and advocacy contexts. As discussed by Professor Gamble in a review of the Henrietta Lacks case, it is critical to consider the complete people involved in these examples beyond their exploitive experiences.[35]

Historical Sources of Health-Based Broken Trust with Racialized Communities

- **Tuskegee Syphilis Study (USA):** A 40-year study on syphilis in Black men that misled participants about the study purpose, failed to inform participants of their positive status, and failed to provide participants the standard of treatment care leading to avoidable death and disease transmission.[29]
- **Henrietta Lacks (USA):** A Black woman's cells were taken without her permission or compensation and continue to be the foundation of many treatments today, while her family has received no reconciliation and continuously experiences the racial inequities of healthcare.[30]
- **Indigenous Residential Schools (Canada):** The forced institutionalized education of Indigenous children in which they were subjected to horrific abuse of all forms, including unethical nutrition experiments in which many died, yet experimentation continued.[31,32]
- **Health Policy as a Tool of Apartheid (South Africa):** Health policy was weaponized to perpetuate Apartheid agenda through extreme favoritism in funding to Whites, segregated health systems making accessing care extremely difficult for racialized groups, and family planning policy explicitly designed to limit Black population growth.[33]
- **Experimentation on Aboriginal and Torres Strait Islander Peoples (Australia):** The non-consensual crude experimentation that tested experiences of pain and concluded that Aboriginals should be reabsorbed into the White race to "bleed out the colour".[34]

The pursuit of racial health equity in public health

While health equity is a global health priority; there is little evidence that addressing racism as a barrier to health equity has been prioritized or meaningfully addressed in health policies and responses.

The 2008 WHO report *Closing the Gap in a Generation* states "Any serious effort to reduce health inequities will involve **changing the distribution of power** within society and global regions, **empowering individuals and groups** to represent strongly and effectively their needs and interests and; in so doing, to **challenge and change the unfair** and steeply graded distribution of social resources (the conditions for health) to which all, as citizens, have claims and rights". The report goes on

to highlight that while representation in policy and decision-making contexts is imperative, grassroots approaches hold equal importance.[36]

Overall, the gross and overarching imbalance of power and privilege must be dismantled utilizing decolonial and anti-racist approaches to effectively and sustainably address health inequities stemming from systemic racism. These approaches can be utilized in the creation of health policy through the four simple concepts of reflect, listen, learn, and act. What does this mean as tangible action? Engaging stakeholders of racialized communities to amplify their voices, gaining understanding of the racialized patient experience (specifically Black, Indigenous, etc.), and prioritizing action and research to address the resultant health inequities. Transforming these behaviors into the key aspects of health policy development and stakeholder engagement allow for development of anti-racist policies.

Policy Wisdom strongly advocates for the power of following a wisdom-informed policy approach to decision making in order to guide a path toward a more equitable and sustainable anti-racist health climate. This approach is collaborative, centers on cultural relevance and need, and seeks the integrability of policies into the societies they intend to service. It is underpinned by values of transparency, engagement, and accountability. All these priorities and values are the framework of the actions outlined below and are fundamental to the development of anti-racist health policy.

The constitution of the WHO states that "Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures".[37] Reflecting on this message serves to remind all involved in health and policy development that health systems must serve **all people equitably** and require the particular attention of anti-racist actions to be truly equitable.

What are key actions in the development of anti-racist health policy?

Build Capacity (Health Policy/Organizational)

- Explicitly acknowledge the roles of racism in health care and how various factors may lead to worse outcomes for particular racialized groups[38]
- Standardize and mandate training on internal bias, health equity, anti-racism, anti-oppression, and decolonization[39]
- Create a precise plan for engagement with stakeholders of racialized populations that highlights key trust-building factors: ability to engage meaningfully, genuine benevolence, and integrity (Note: may be revised upon initial consultation to ensure proper context for all)[40]

Learn (Engage)

- Prioritize data collection from race-based health sources that span the continuum of care to ensure full-spectrum understanding of prevalent inequities[41]
- Consult studies including how racial disparities in the transfer of wealth across generations contribute to persistent inequities through time[42]
- Ensure broad racial diversity in all clinical trials

Consult (Engage)

- Create paid positions and roles for stakeholders of racialized populations to be trust builders and help navigate relationships between communities and the health system[43]
- Develop a strategy led by communities of racialized populations to identify representatives for community engagement opportunities in health care, and develop engagement practices and methods that reflect the diversity within specified racialized communities
- Improve communication with racialized communities in a health-literate fashion on the purpose and use of the data collected from them, including providing results in a health-literate way and maintaining complete transparency[44]
- Ensure racialized community voices are included in policy-shaping strategies and in the suggested content and text of policies

Address Gaps (Health Policy/System)

- Provide the platform for stakeholder partners of racialized communities to design, inform and lead the process of addressing gaps; and continuously communicate and utilize their feedback throughout the implementation process
- Bring stakeholders of racialized groups to the 'head table'[45]

Monitor and Track Outcomes (Health Policy/System)[46]

- Invest in both short and long-term studies in order to observe the quantifiable health outcome changes that take significant time periods to present
- Support and fund research on the multiple effects of structural racism across racialized communities in measures of health outcomes and health care experience
- Support and fund research into effective strategies to reduce, mitigate, and prevent the effects of racial bias in health
- Ensure research teams are composed of non-traditional participants beyond academics such as community members, local business leaders, think tanks and others

Commit and Advocate

- Cultivate and maintain ongoing relationships with stakeholders of racialized communities
- Continuously acknowledge sources of racial inequities as they arise and commit to action of mitigating the causes

Policy Wisdom is a minority owned company, whose vision is to be a benchmark of excellence in health policy and a valued partner in the creation of policies that benefit public health worldwide. Our team is committed to ensuring that all of the activities we partner with our clients on include racial health inequity considerations, such as: amplifying racialized patient voices in stakeholder scans to highlight race as a barrier to health equity in policy landscape assessments.

Contact us at info@policywisdom.com to learn more about our wisdom-informed policy approach in the pursuit of an anti-racist health policy climate.

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