

Commentary

Racism and Urban Health Disparities: Using a Community-Based Approach

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The health of marginalized communities has been a public health concern for more than 20 years. An important issue of concern when addressing urban health disparities is the role of racism in the health of marginalized communities. It is important to examine the literature to understand whether demographic variables such as race, gender, age, and class influence overall health in people of color. How can the public benefit from this type of knowledge? Jones (2000) indicated that racism can be viewed as a power relationship that restricts individuals or groups based on skin color or other phenotypic characteristics that have been assigned social meaning. When conducting research within urban communities, researchers must be culturally competent and sensitive to the norms and traditions that permeate the community. Community based participatory research (CBPR) presents a model that researchers can use to partner with marginalized communities in an attempt to comprehensively investigate the challenges of a targeted group of people.

Researchers, practitioners, and resource providers seek to understand the genesis of factors that create and maintain racial and ethnic health disparities within individuals and communities of color. Numerous researchers have reported racism as an underlying factor affecting the health status of low-income communities of color (Nazroo, 2003). However, differences in the health status of people of color do not rest solely on socioeconomic inequalities; cultural and genetic explanations have also been proposed as possible reasons. Nazroo (2003) further reported that most of the research on differences in health among ethnic groups is limited because there is a dearth of data on socioeconomic position and racism. How then does one resolve an issue without addressing it? Are researchers reluctant to investigate the impact of racism on urban health disparities?

People of color have routinely experienced racism in their lives. Krieger (1996) has reported that, according to a United States survey, 80% of African Americans who responded to a survey about racial experiences said that they had an awareness about and experiences with racism at some point in their lives. This survey, according to Krieger, suggested a relationship between self reported experiences of racial harassment and various forms of health conditions. Hypertension, psychological distress, poor self-related health status, and inequalities in life expectancy were seen as negative outcomes resulting from racial encounters or experiences (Krieger, 1996).

People of color, including Native Americans, African Americans, Asians, and Latinos, have experienced discriminatory encounters in the form of housing discrimination, lack of education opportunities, and job discrimination. Being exposed to racists' acts in any shape or form continues to be investigated by researchers as an influence on health inequalities (Gee, Walsemann, & Brondolo, 2012). Gee et al. further reported that not much research has been done on new exposures to racism that occur over the lifespan of people of color that can

affect their health outcome. Some researchers believe that a framework should be developed that describes how racism and health outcomes are related over a life course.

While attempting to improve health in urban communities where a disproportionate number of people of color live, it is also important to conduct research activities that will include the targeted population. Adjustment must be made in the analysis for race and gender. When conducting community based participatory research, all collaborators must come together to design, implement, and evaluate the goals and objectives of the research. Traditionally, people of color have been researched, but have not been a part of the “dance”. Information and data have been collected and used for purposes other than the advancement of better health outcomes. So, every effort must be made to ensure the integrity of the process from start to finish. Careful assessment of the process to eliminate signs of racism or discrimination must be consistently monitored.

A major goal of Healthy People 2020 is to reduce health disparities at the population level and to bring about equity, eliminate disparities, and improve the health of all groups of people (United States Department of Health and Human Services, YEAR). The research surrounding racism and health has been somewhat limited; this means that the impact of social disadvantage on health disparities has not been investigated fully. To address this deficiency, a community-based research effort would allow for the sharing of historical experiences and related theories. It would be essential to know about the lived experiences of this community of people. Community based participatory research comes in many different forms and styles depending on the interest and needs of the community (Chavez, Baker, Avila, & Wallerstein, 2006). Convening such a study would require consideration of the size of the community and the ethnic composition of the community before initiating the process. It would be equally important that assurances be given that the results of the research are translated in a culturally appropriate manner to the targeted community in a clear, useful, and respectful manner. This type of research will make it possible to gather data that will shed light on the impact of racism as a determinant of health outcomes within disadvantaged communities.

Collaboration is a challenging process when attempting to establish relationships with people who already feel victimized. The ability to gain the trust of the community is a valuable resource to have when conducting community-based participatory research. Demographic variables, such as race, sex, sexual identity, gender, disability, age, socioeconomic status, and geographic location must be included in the equation to facilitate a better understanding of the health outcomes for all groups of people. If the research is conducted in a non-biased, reliable, and ethical manner, the community will be better poised to embrace the results, and strategies and interventions can be developed more readily and presented as part of the process to reduce health disparities. Public health professionals have the responsibility to use health promotion strategies that will adequately promote positive health outcomes for all people, not just the socioeconomically disadvantaged. Morbidity and mortality rates among marginalized communities cannot be ignored simply because they live in “the wrong part of town.” The morbidity and mortality rates of more affluent communities cannot be ignored when discussing health outcomes at the population level, especially if access to basic healthcare is a variable of interest. When investigating racism and urban health disparities, the health of a marginalized community must

be researched with integrity, high ethical considerations, and cultural sensitivity so that the integrity of the research can be upheld.

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