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Chapter 2 in Chandra L.  
Ford, Derek M. Griffith,  
Marino A. Bruce, and  
Keon L. Gilbert. *Racism:  
Science and Tools for the  
Public Health  
Professional*. APHA  
Press, 2019

# Overcoming the Impact of Racism on the Health of Communities: What We Have Learned and What We Have Not

# Presenter Disclosures

**Diane L Rowley**

**The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

No relationships to disclose

# SANKOFA - an Adinkra visual symbol

'learn from the past, build from the past...there must be movement from the past but as the forward march proceeds, the gems must be picked up from behind and carried forward on the march.'

- Quarcoo, AK. (1972) *The language of Adinkra symbols*. Legon, Ghana. Sebewie Ventures. Cited in Temple, CN. *Journal of Black Studies* Vol. 41, No. 1 (SEPTEMBER 2010), pp. 127-150



# Additional Chapter Content

- ➔ Association of Black Cardiologists
- ➔ National Black Leadership on Cancer
- ➔ University of North Carolina at Chapel Hill Gillings School of Global Public Health's Black/Minority Student Caucus





# THE CIVIL RIGHTS MOVEMENT

# Civil Rights Movement

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## Nationally

- Mississippi Freedom Summer in 1964
- Great Society Legislation
  - Civil Rights Act (1964)
  - Economic Opportunity Act (1964)*
  - Voting Right Act (1965)

## Public Health

Medical Committee for Human Rights

“became the medical arm of the civil rights movement”

**H Jack Geiger**



**Dr. Count Gibson**



Based on the South African model of Community-orientated primary care, Geiger's vision sought to confront abject poverty and medical disenfranchisement.



# ORIGIN OF COMMUNITY HEALTH CENTERS

Tufts University organized:

Columbia Point Health  
Center in Boston, MA

Delta Health Center,  
Mound Bayou, MS

Resulted in the community  
health center movement



H. Jack Geiger and John Wesley Hatch

# Public Health during the Civil Rights Movement

- 1969 unionization of black hospital workers (local 1199) Charleston, South Carolina
- Black Panther Party's free health clinics (announced in 1968) and free breakfast program to improve the nutrition of black children
- 1970 the Howard University Mississippi Project (HUMP) effort to develop a health center in Marks, Mississippi

# 1963-64 RIOTS

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**Detroit**



**Elizabeth City, New Jersey**



# THE KERNER COMMISSION

National Advisory  
Commission on Civil  
Disorders, headed by Ohio  
Governor Otto Kerner



# THE KERNER COMMISSION

Identified white racism as a major cause of the riots and called for new jobs, new housing, and integration in housing, law enforcement, and occupations. The report did not mince words, as indicated in the following quotes:

“Discrimination and segregation have long permeated much of American life; they now threaten the future of every American.”

# Health Disparities Movement

Adjusted Death Rates, 1968 (Death Registration States)

	White Males	“All Other” Males	White Females	“All Other” Females
All causes*	9.2	13.3	5.3	8.6
Major cardiovascular disease**	462.7	558.6	257.9	415.4
Malignant neoplasms, including neoplasms of lymphatic and hematopoietic systems**	152.3	193.3	107.8	128.8

Tables 1-2 of source.

\*\* Per 100,000 population; from Tables 1-6 of source.

Source: *Vital Statistics of the United States 1968*; vol. II—Mortality—Part A. Rockville MD: US Dept of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics; 1972. HSM 72-1101.

[https://www.cdc.gov/nchs/data/vsus/mort68\\_2a.pdf](https://www.cdc.gov/nchs/data/vsus/mort68_2a.pdf). Published 1972. Access August 4, 2018.

*In discussing the major health problems of the Negro American, Dr. Cornely stresses the urgency of the situation, the nature of the problems, and possible solutions for some of them. Moreover, he emphasizes the need for action by professional health workers and their organized spokesmen. Action by the APHA is proposed.*

## THE HEALTH STATUS OF THE NEGRO TODAY AND IN THE FUTURE

*Paul B. Cornely, M.D., Dr.P.H., F.A.P.H.A.*

### Introduction

THE first nationwide conference on the health status of the Negro, held on March 13 and 14, 1967, during the Centennial Observance of Howard University, was called for the purpose of having a group of knowledgeable and experienced scholars, researchers, educators, and providers of health services consider the major health problems of this segment of the population, and to suggest guidelines which would be helpful to governmental and voluntary agencies at the local, state, and national levels. Financial support for this conference came from the Public Health Service and the Milbank Fund; about 200 persons from 20 states were in attendance. It should be made clear that this two-day conference was not called for the purpose of finding instant solutions to the many health and welfare problems which beset the Negro.

I have been asked to summarize what occurred at this conference. This is being presented under the following three headings: (a) major health problems of the Negro, (b) possible solutions for selected health problems, and (c) the urgency of the situation.

### Health Problems of the Negro in the United States

The major health problems of the Negro were discussed at length at one of the workshops. Although, I shall not go through all of them, nevertheless, it is well to mention three of the many health problems with which the conference struggled so that none of us will entirely forget what is happening to our fellow Americans.

1. *The Widening Gap*—Any objective look at the available data comparing Negro and white mortality and morbidity shows that the gap between the two is getting wider. This is true for most of the important public health indexes used in this country.

2. *Mental Retardation*—The prevalence of inferior intellectual functioning among the Negro community is illustrated by recent studies of Negro school-age children. Eighth grade pupils in Central Harlem were found to have a mean I.Q. of 87.7, while the average I.Q. for New York City eighth graders was 100.1.<sup>1</sup> A normative study of 1,800 Negro elementary school children in five southern states yielded a mean I.Q. of 80.7.<sup>2</sup> According to the most recent classification

# Conferences – US Public Health Service and the Milbank Fund

- key determinants of black white gap in morbidity and mortality were socioeconomic and environmental deficiencies,
- the shortage of health care manpower, especially of black skilled and trained health care personnel as well as nonprofessional health aides.
- Urgent and wide-ranging programs needed, including a “revolution or conversion” in the thinking of health care providers regarding race.

## Conferences – American Public Health Association 1968



### Summaries of Selected Papers from the 96th Annual Meeting of the American Public Health Association and related organizations— Detroit, Mich., November 11–15, 1968

**W**INDS OF CHANGE in the nation and in public health were reflected in the topics of papers and in conversations among the 5,281 persons attending the 96th annual meeting of the American Public Health Association. Clearly, public health practitioners as well as a great many other Americans were preoccupied with poverty, the plight of cities, alienated youth, effects of malnutrition, shortages of health manpower, and the intricacies and pitfalls of comprehensive, coordinated planning.

NEW MISSIONS for the public health disciplines and techniques of accomplishment were explored in sessions entitled "Medicaid in New York: Utopianism and Bare Knuckles in Public Health," "Drug Abuse Among Youth and Preventive Approaches," "The Need for Nutrition Education: Are We Failing the Community?" "Too Many People: the Diminishing Lebensraum," "Opportunities, Challenges, and

Problems in Consumer Participation," and "The Urban Crisis and Public Health."

THE ASSOCIATION itself moved strongly into new concerns. Evidence of this were the resolutions approved at the 1968 meeting. The Association took positions on the following subjects: health and poverty; abortion; health, welfare, and hunger; health affairs and the Congress; endorsement of the Kerner report; neighborhood health centers; and credentials for health occupations.

IN THIS 17th annual special report on the annual APHA meeting are summaries of 146 papers. Since more than 500 papers were given in Detroit, necessarily we have been selective. Copies of some papers were not available, some papers defy summarization, and some authors were planning early publication of their papers in scientific journals. Nevertheless, the following pages contain a representative sampling of the concerns of public health on the brink of the 1970's.



# APHA ANNUAL CONFERENCE



Committed to hiring a staff member to work on discrimination and segregation in health matters;



Adopted a resolution endorsing the Kerner Commission's report and resolutions on poverty, hunger, neighborhood health centers, and other relevant topics;



Black members of APHA formed the Black Caucus of Health Workers



# THE HEALTH DISPARITIES MOVEMENT

Schoen  
Report of the  
Secretary's Task  
Force on

# Black & Minority Health

Margaret M. Heckler  
Secretary

U.S. Department of Health and  
Human Services

## Cornerstone of the Health Disparities Movement

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- “Substantial differences in health status between blacks and whites continue to exist.”
- The report also noted the dearth of data about minority groups other than blacks.

A group of African American epidemiologists and biostatisticians at the CDC

with the support of senior statistician Gladys Reynolds

pledged to pursue and publish research that would focus on race or racism in public health and strategized how to marshal organizational support for a focus on health disparities

- Bill Jenkins
- Helene Gayle
- David Allen
- Walter Williams
- Sonya Hutchins
- Diane Rowley
- Rick Richards
- Alula Hadgu
- Cheryl Blackmore Prince
- Others

# MORBIDITY AND MORTALITY WEEKLY REPORT

1985

**October 18, 1985 / Vol. 34 / No. 41:**

[Perspectives in Disease Prevention and Health Promotion Homicide Among Young Black Males - United States, 1970-1982](#)

**May 10, 1985 / Vol. 34 / No. 18:**

[Current Trends Cancer Patient Survival by Racial/Ethnic Group -- United States, 1973-1979](#)

**February 28, 1986 / Vol. 35 / No. 08**

[Perspectives in Disease Prevention and Health Promotion Report of the Secretary's Task Force on Black and Minority Health](#)

1987

**January 16, 1987 / Vol. 36 / No. 01:** [Topics in Minority Health Introduction; Infant Mortality Among Black Americans](#)

**February 20, 1987 / Vol. 36 / No. 06:** [Topics in Minority Health Tuberculosis in Minorities -- United States](#)

**April 17, 1987 / Vol. 36 / No. 14:** [Topics in Minority Health Tuberculosis in Blacks -- United States](#)

**June 5, 1987 / Vol. 36 / No. 21:** [Topics in Minority Health Tuberculosis Among Asians/Pacific Islanders - United States, 1985](#)

**June 19, 1987 / Vol. 36 / No. 23:** [Nutritional Status of Minority Children - United States, 1986](#)

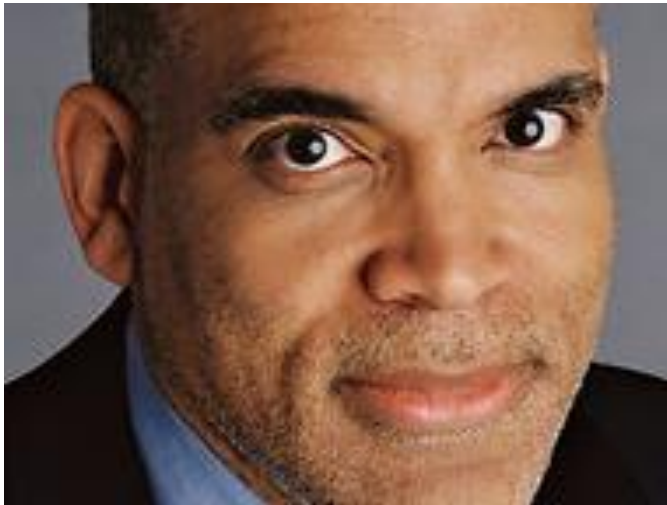
**July 3, 1987 / Vol. 36 / No. 25:** [Topics in Minority Health Cigarette Smoking Among Blacks and Other Minority Populations](#)

**September 4, 1987 / Vol. 36 / No. 34:** [Topics in Minority Health Tuberculosis Among Hispanics -- United States, 1985](#)

**October 2, 1987 / Vol. 36 / No. 38:** [Current Trends Homicide Surveillance: High-Risk Racial and Ethnic Groups -- Blacks and Hispanics, 1970 to 1983](#)

**October 30, 1987 / Vol. 36 / No. 42:** [Topics in Minority Health Regional Differences in Postneonatal Mortality -- Mississippi, 1980-1983](#)

**December 4, 1987 / Vol. 36 / No. 47:** [Topics in Minority Health Injuries in an Indian Community -- Cherokee, North Carolina](#)



Herbert Nickens (above) and Raynard Kington (left) were the first to develop a comprehensive list of the social factors that are major contributors to the excess disease rates.

# Organization and Federal Initiatives

- Research and policy,
- training of minority public health scientists,
- navigation programs,
- infant mortality reduction programs,
- hypertension reduction programs,
- efforts to reduce differences in cancer mortality



# DHHS Healthy People 2000 Objectives published in 1990

- Set group-specific targets for reduction in disease rates among populations
- Separate targets for African Americans vs. Whites
- This document signaled that federal policy was to actively work to reduce these disparities.
- Filtered down to actions in state and local health departments.



# DHHS Healthy People 2010

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Goals and objectives were developed in 2000. The two overarching goals were:

- Increase Quality and Years of Healthy Life
- Eliminate Health Disparities

# Examples of Publications that Examined the Influence Of Both Race And Social Class On Health, 1990-96

- Schoendorf KC, Hogue CJ, Kleinman JC, Rowley D. Mortality among infants of black as compared with white college-educated parents. *N Engl J Med*. 1992;326(23):1522–1526.
- Krieger N, Rowley DL, Herman AA, Avery B, Phillips MT. Racism, sexism, and social class: implications for studies of health, disease, and well-being. *Am J Prev Med*. 1993;9(6 suppl):82–122.
- Montgomery LE, Carter-Pokras. Health status by social class and/or minority status: implications for environmental equity research. *Toxicol Ind Health*. 1993 Sep-Oct;9(5):729-73.
- Waitzman NJ, Smith KR. The effects of occupational class transitions on hypertension: racial disparities among working-age men. *Am J Public Health*. 1994 Jun;84(6):945-50.
- Lillie-Blanton M, Laveist T, Race/ethnicity, the social environment, and health. *Soc Sci Med*. 1996 Jul;43(1):83-91.
- Ren XS, Amick BC 3<sup>rd</sup>, Race and self assessed health status: the role of socioeconomic factors in the USA. *J Epidemiol Community Health*. 1996 Jun;50(3):269-73.
- Lillie-Blanton M(1), Parsons PE, Gayle H, Dievler A. Racial differences in health: not just black and white, but shades of gray. *Annu Rev Public Health*. 1996;17:411-48.



# THE EVOLUTION OF ANTI-RACISM WORK IN HEALTH



# Notices to Readers American College of Epidemiology Annual Meeting

- The annual meeting of the American College of Epidemiology (ACE) will be held November 7-8, 1991, at CDC; the theme is "Morbidity/Mortality Gap: Is It Race or Racism?".

# Closing the Gap Through Community Intervention, Spelman College, November 1991



**Society for Analysis of African-American Public Health Issues  
(SAAPHI)**

Business Meeting  
Monday, November 11, 1991 5:30P

The meeting was called to order by Robert Mayberry. Everyone introduced themselves. Bill Jenkins, the chief architect of SAAPHI, gave an overview of the history of and his vision for the organization. He noted that the founding meeting of the National Medical Association was held at the same church, First Congregational Church, in 18\_\_.

**Adoption of the bylaws**

The membership discussed the proposed bylaws for SAAPHI and suggested the following changes:

Article III- delete : "section 501 (c) 3" and replace with "appropriate sections".

Article IV D. - replace with "The Executive Committee may recommend an appropriate schedule of dues for membership in SAAPHI. The dues structure shall be established by an affirmative vote by the majority of SAAPHI members present at any membership meeting of SAAPHI duly constituted for the conduct of business, or by an affirmative vote of the majority of mail ballots returned by members of SAAPHI."

XII B. - replace with "The amendments to be considered must be submitted to the Governing Board of Directors for study and made known to the membership, with a report from the Governing Board of Directors, through mail at least thirty (30) days prior to the meeting or in event of mail ballot, the members shall be allowed at least thirty (30) days for return of such ballots."

The bylaws for SAAPHI, as amended, were adopted by a majority of the members present.

**Treasurer's report- Cheryl Blackmore**

As of November 10, there were 64 paid members; several more joined at this meeting. Dues are \$20.00 per year; the SAAPHI fiscal year is January 1 through December 31. All persons who have paid their dues are considered current December 31, 1992.

The SAAPHI account is maintained at the CC Credit Union. The treasurer reported the following account activity to date:

dues payments	\$1,280.00
dividends	\$9.99
expenses	(165.76)
total cash on hand	\$1,124.23

**Elections**

The interim executive committee resigned and the following officers were elected for 1992:

President- Bill Jenkins  
Vice President- Vickie Mayes  
Treasurer- Cheryl Blackmore  
Secretary- Michele Davis

The following Standing Committees were seated:

Program - to provide organizational direction  
Robert Mayberry, chair Geraldine Perry, co-chair

Communications - to keep the membership informed  
Althea Smith, chair

Forum - to provide logistics and conference planning  
Warren Hewitt, chair

Membership - to recruit members and identify persons  
for the Board of Directors  
Janet Mitchell, chair

All members are encouraged to actively participate on at least one standing committee.

The meeting was adjourned at approximately 7:00 p.m.

Respectfully submitted,

Deborah Parham, Recorder

**SOCIETY FOR ANALYSIS OF AFRICAN-AMERICAN PUBLIC HEALTH ISSUES** SAA PHI  
P.O. BOX 95031 • ATLANTA, GEORGIA 30347-0031



**Editorial: On the Occasion of a Meeting Long Planned**

....Bill Jenkins, Ph.D., M.P.H.

In the summer of 1970 four young Black men met in Toronto at the American Statistical Association Meetings following a session on Black health issues to lament the fact that there was only one Black presenter. It was observed that at that time there were less than five Black Americans with doctorate degrees in Epidemiology or Biostatistics. After much debate, anger and anguish there was a commitment made to develop those of us who were already committed to the fields, to bring new people in, and to look at these health issues from a black perspective. After only twenty years of frustrations, disappointments, rejections, and some success we are about to embark on the final phase of this commitment.

All of the formerly young, but still black men completed their doctorates in eleven years. But, in that time more than forty blacks trained in the fields at the masters level. Some succeeded, others did not: waylaid by barriers, traps, weaknesses, and fate. But through the efforts of those relatively few who survived, the number of younger people coming into the field exploded so that today there are more than two hundred Black Americans with some training and/or experience in the fields of Biostatistics or Epidemiology. Together with other Black Americans from the medical and social sciences applying their skills to the public health issues, there is now a critical mass of African-American Public Health scholars to look at the public health problems of African-American communities from a Black perspective.

This is the calling of SAAPHI.

Through SAAPHI we will continue the training efforts made at the National Center for Health Statistics, the University of North Carolina and the Centers for Disease Control. We have learned that a few people with commitment can make a real difference.

While continuing the efforts in human resource development, we also look forward to expanding activities in research and policy development. There remain many questions to study, including:  
0 To what extent is the difference in health status a function of race and culture.  
0 To what extent is racism a continuing factor in determining health status?

On November tenth at Spelman College we will have an opportunity to set a research agenda for the next few years. On November the eleventh we will initiate the structure to achieve these goals.

We look forward to the largest gathering of African American public health scientists in American history and look with even greater anticipation to the future work.

See you in Atlanta.

**NOTICE OF MEETING**

The premiere organizational meeting of the **Society for the Analysis of African-American Public Health Issues (SAAPHI)** will be held during the week of the annual meeting of the American Public Health Association, in Atlanta, Georgia. Please note:

The date -- Monday, November 11, 1991

The time -- At 5:00 o'clock p.m.

The Place -- First Congregational Church, Houston and Courtland Streets

This is a critical meeting for **SAAPHI** as the meeting will provide the foundation for the future growth and development of this organization. The agenda items will be as follows:

1. Adoption of Bylaws
2. Election of Officers
3. Nominations for Board of Directors

Please plan to attend.



# SAAPHI

Society for the Analysis of African American Public Health Issues

SAAPHI took a two-pronged approach



SAAPHI's annual meetings served as an open forum to discuss the role of racism in public health

- (1) encourage African Americans and those who were concerned about racial disparities to become more involved in shaping policy by seeking leadership roles in public health associations;
- (2) conduct research on the etiologic factors that caused health disparities.

to be best in any  
point of view.

**Racism** [

unfair treatment  
different race fr  
better than oth



# The CDC Magnificent Seven



Epidemiologists in the  
Division of Reproductive  
Health in the 1990's

## Left to Right

- Barbara Green-Ajufo
- Cheryl Scott
- Vijaya Hogan
- Laurie Elam Evans
- Clarice Green
- Diane Rowley
- Cheryl Prince



WHERE DO WE GO  
FROM HERE?

- The first step is for public health professionals is to prepare for the effects of demographic shifts.
- A second basic strategy is to deepen our understanding of the basis for racism and, more generally, harmful social behavior.
- Increase people's resilience in the face of racism, and to dissipate the toxic stress and other negative consequences of personal experiences with racism.
- Dismantle racism at federal and state levels as well as in health institutions by developing formal equity planning processes and tools to evaluate an institution's progress toward achieving equity.



CONCLUSION