

What Will it Take to Harness Data for Research on Structural Racism?

**SESSION 4: Moving Forward: Data
Infrastructure Needs in Harnessing Data for
Research in Structural Racism**

Tuesday, May 17, 2022

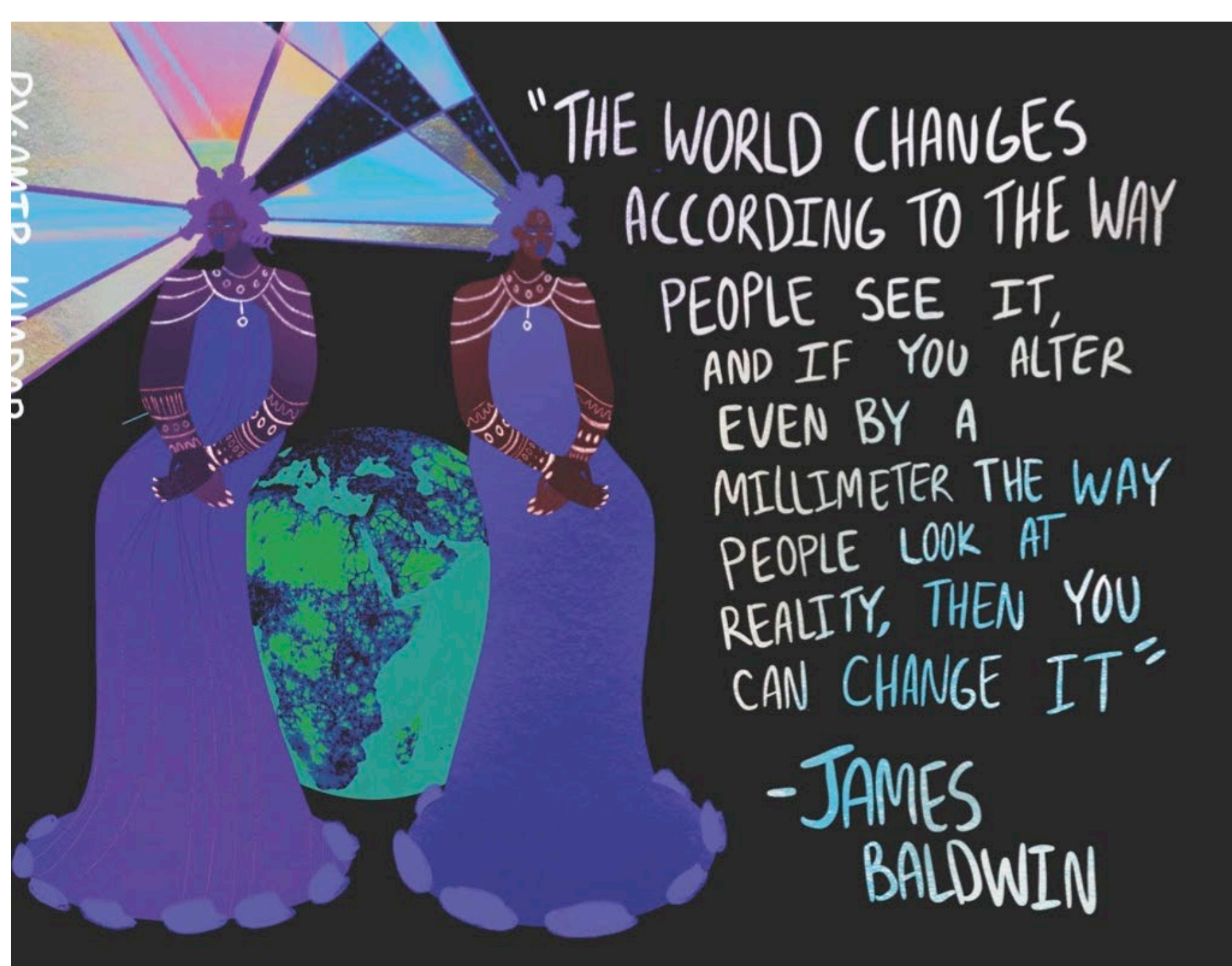
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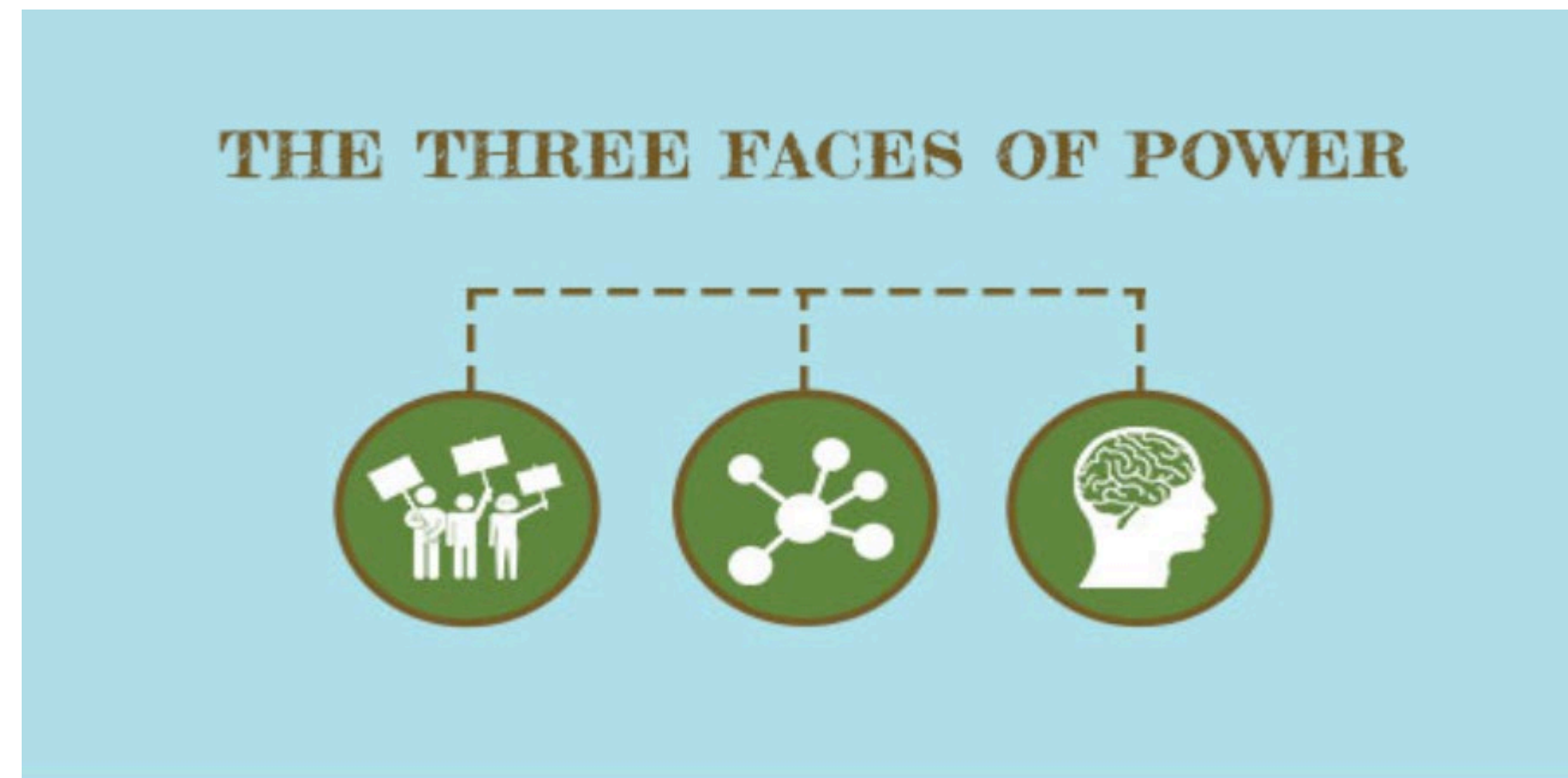
**University of Wisconsin
Population Health Institute**
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

WHAT WILL IT TAKE TO HARNESS DATA?:

1. Data to measure and model structural racism
2. Data to identify and measure the mechanisms that link racism to population health and well-being over time



Forms and Faces of Power



Source: Lukes, Grassroots Policy Project

Data to measure and model structural racism

“Not everything that matters is measurable, and not everything that is measurable matters.” ~ A Einstein

Finding balance of measuring what needs to be dismantled and our progress toward a transformed state

We aspire to ensure public infrastructure and social systems nurture collective wellbeing and help create the conditions where everyone has what they need to thrive.



Debra Malina, Ph.D., Editor

**Deconstructing Inequities — Transparent Values
in Measurement and Analytic Choices**Marjory L. Givens, Ph.D., Keith P. Gennuso, Ph.D., Elizabeth A. Pollock, Ph.D.,
and Sheri L. Johnson, Ph.D.

The push and pull of objectivity

Who decides what matters and what is measurable?

There is power in determining what can be measured, investment in data collection infrastructure, and who has access.

Seemingly objective methodologic choices can have important implications for research and action

Last year was marked by a once-in-a-generation scourge that focused renewed attention on the long history of structural racism in the United States. By March 2021, more than 500,000 Americans had died of Covid-19, and certain subpopulations have been disproportionately burdened: Black, Latinx, and Native American people account for greater proportions of Covid-19 deaths than of the U.S. population.¹ Concurrently, we have faced the pandemic of Racism-20, brought to light by the murder of George Floyd by a Minneapolis police officer. In the United States, a Black person is roughly five times as likely as a White person to be stopped by the police without just cause, to be incarcerated, or to be killed by the police while unarmed.²⁻⁴

In response to these injustices and to spur systemic change across sectors, a growing number of state and local governments have declared racism a public health crisis.⁵ These declarations are an important first step in the advancement of racial and health equity — a movement on social, political, and economic fronts that requires expanding the power of groups who are most affected by systemic racism and other structural inequities so that they can organize both people and resources, set agendas, shift narratives, and influence decisions and the people who make them.⁶ Another important step, as we in the public health field know, is accurate measurement of progress necessary to hold ourselves collectively accountable and to ensure lasting change.

Public Health Critical Race Praxis (PHCRP), an application of critical race theory, provides guiding principles for the examination and analysis of myriad health equity challenges.⁷ PHCRP foregrounds race as a social construct and requires explication of how racism, as a

display of power over others, shapes and pervades determinants of health and equity. In doing so, PHCRP calls for researchers to reflect on the questions they pose and the disciplinary knowledge they apply. Rather than incorporating only the perspectives of scientists, PHCRP also requires the centering of lived experience.

As the movement for racial justice grows, researchers will create or adapt various metrics and methods for capturing the differences in health determinants and outcomes among racial and ethnic groups. Amid the data deluge that may result, PHCRP encourages due consideration of conceptual and methodologic decisions that reflect the norms and values of researchers and how those norms and values are, or are not, made explicit. What may seem like “objective” methodologic choices can have important implications for resource allocation and policy decisions.

It is worth highlighting some of these considerations and the ways in which measurement and analytic choices can affect what is being examined and concluded about health and equity. These considerations have certainly been pondered before, but application of them does not appear to be standard practice. We see this failure of widespread uptake as a manifestation of structural racism.

THE MEANING OF HEALTH INEQUITIES

The complex concepts of health equity, inequity, inequality, and disparities have been defined in myriad ways. Although some scholars have asserted that inequities are inequalities deemed to be unnecessary, avoidable, unfair, or unjust, interpretations of fairness, justice, necessity, and social acceptability are value-laden and likely to

By Rachel R. Hardeman, Patricia A. Homan, Tongtan Chantararat, Brigitte A. Davis, and Tyson H. Brown

OVERVIEW

Improving The Measurement Of Structural Racism To Achieve Antiracist Health Policy

ABSTRACT Antiracist health policy research requires methodological innovation that creates equity-centered and antiracist solutions to health inequities by centering the complexities and insidiousness of structural racism. The development of effective health policy and health equity interventions requires sound empirical characterization of the nature of structural racism and its impact on public health. However, there is a disconnect between the conceptualization and measurement of structural racism in the public health literature. Given that structural racism is a system of interconnected institutions that operates with a set of racialized rules that maintain White supremacy, how can anyone accurately measure its insidiousness? This article highlights methodological approaches that will move the field forward in its ability to validly measure structural racism for the purposes of achieving health equity. We identify three key areas that require scholarly attention to advance antiracist health policy research: historical context, geographical context, and theory-based novel quantitative and qualitative methods that capture the multifaceted and systemic properties of structural racism as well as other systems of oppression.

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Methodological approaches that can move the field forward:

- Historical Context
- Geographical Context
- Multi-faceted, theory-based, qual + quant to capture systemic properties of structural racism

Can one measure structural racism in a data system that is structurally racist?

Systems and structures are set up for a reason – which may knowingly or unknowingly be racist

Racial wealth divide and the systems that reinforce the gap:

- Credit scores
- Lending
- Medicaid expansion
- Higher education
- Tax code

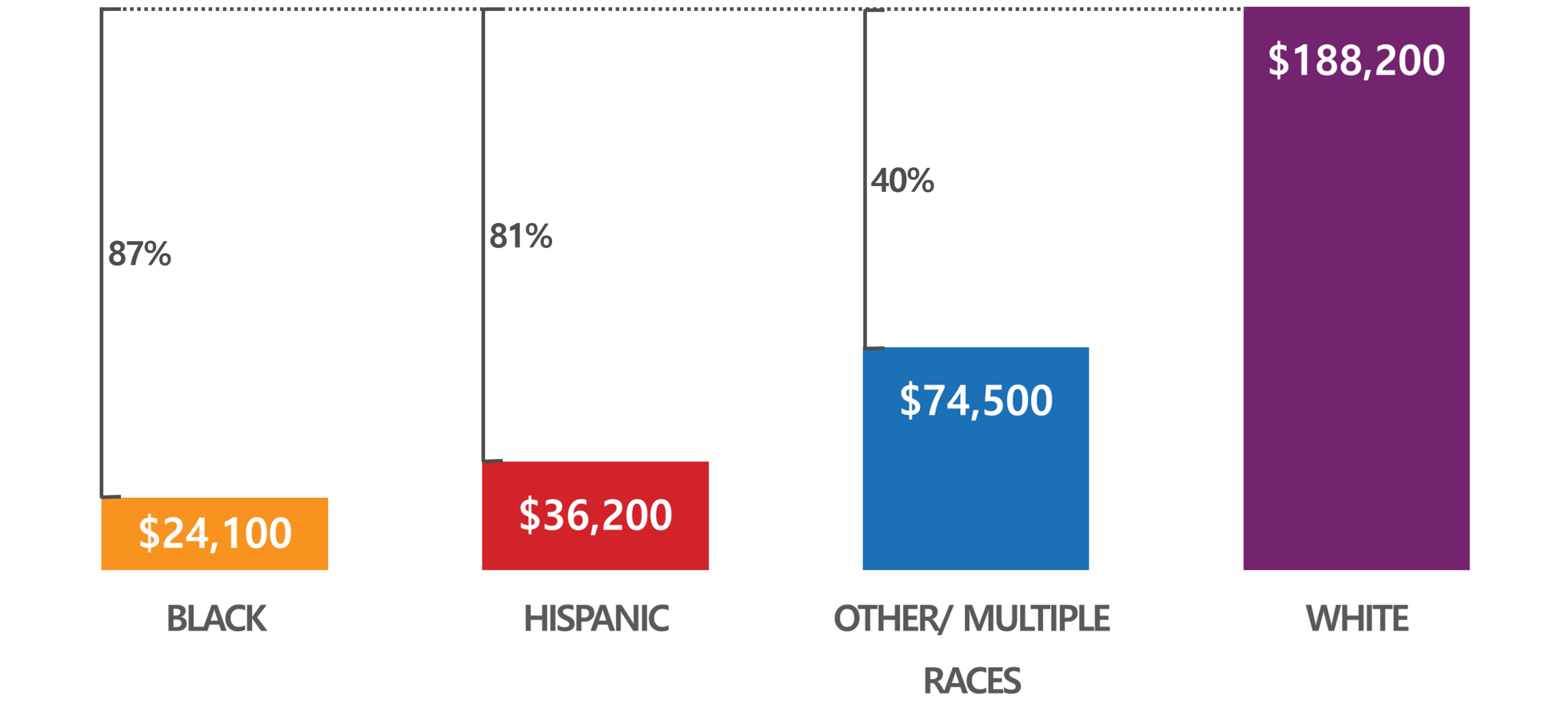
“Tax policies ignore the day-to-day reality of most black Americans, who are still playing catch-up in a system that deliberately excluded them for many years.”

HOW THE TAX SYSTEM
IMPOVERISHES BLACK AMERICANS—
AND HOW WE CAN FIX IT

THE
WHITE-
NESS
OF
WEALTH

DOROTHY A. BROWN

Median Household Wealth in the U.S among Racial and Ethnic Groups, 2019

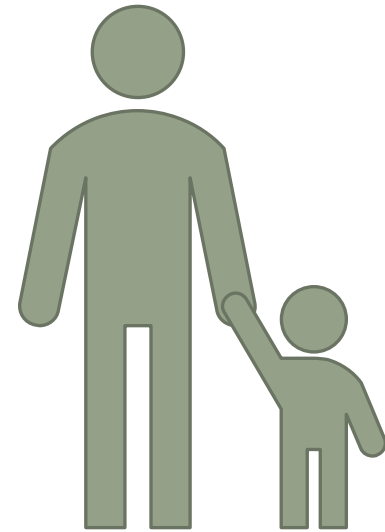


*According to the Federal Reserve, the 'Other/Multiple Races' racial category listed throughout this document includes "those identifying as Asian, American Indian, Alaska Native, Native Hawaiian, Pacific Islander, other race, and all respondents reporting more than one racial identification." The White racial category listed throughout this document refers to non-Hispanic Whites.

What we know about the racial wealth divide



Policies and practices created and maintain the divide



Wealth is passed from generation to generation

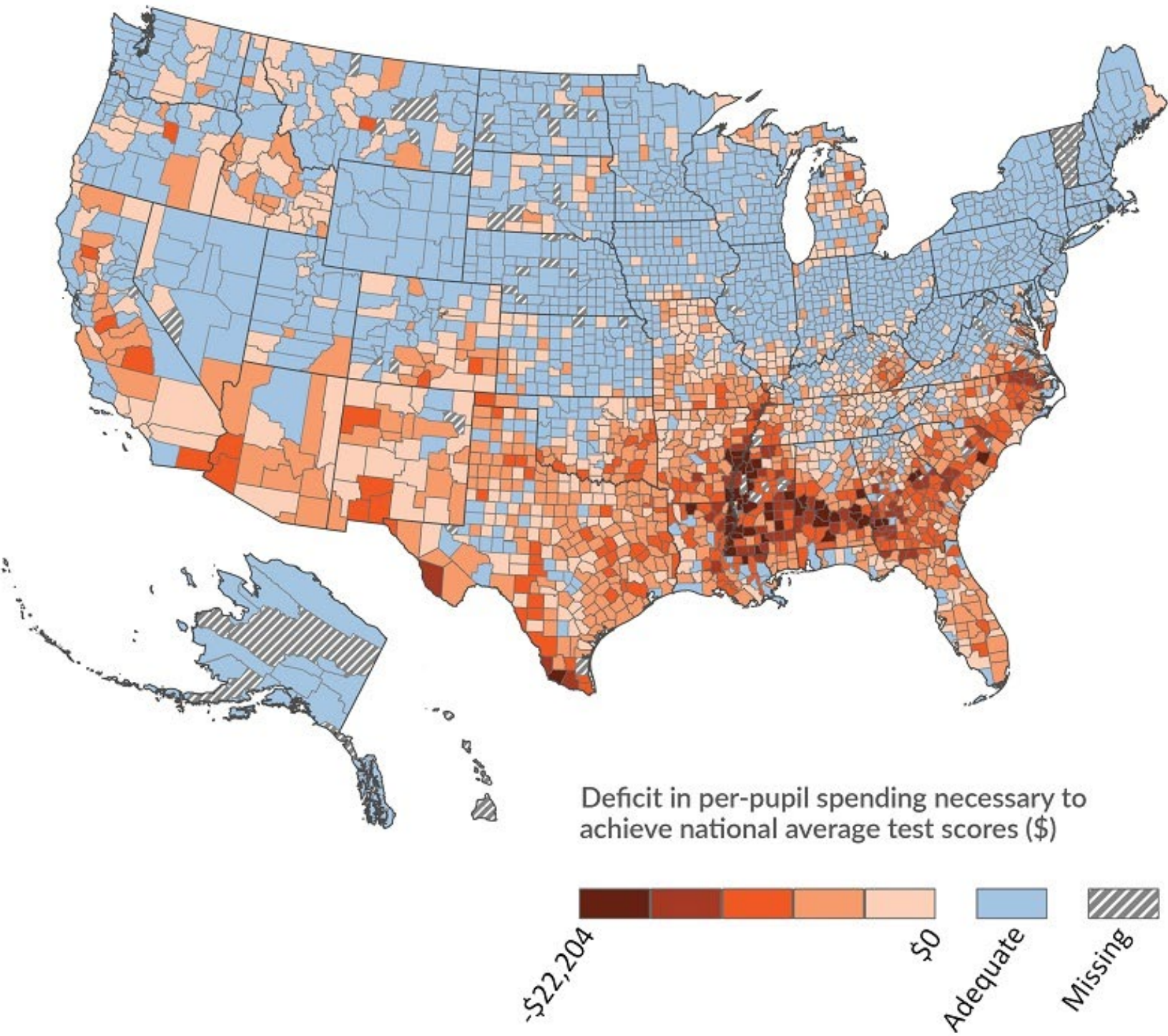


In the U.S., many households build wealth through homeownership

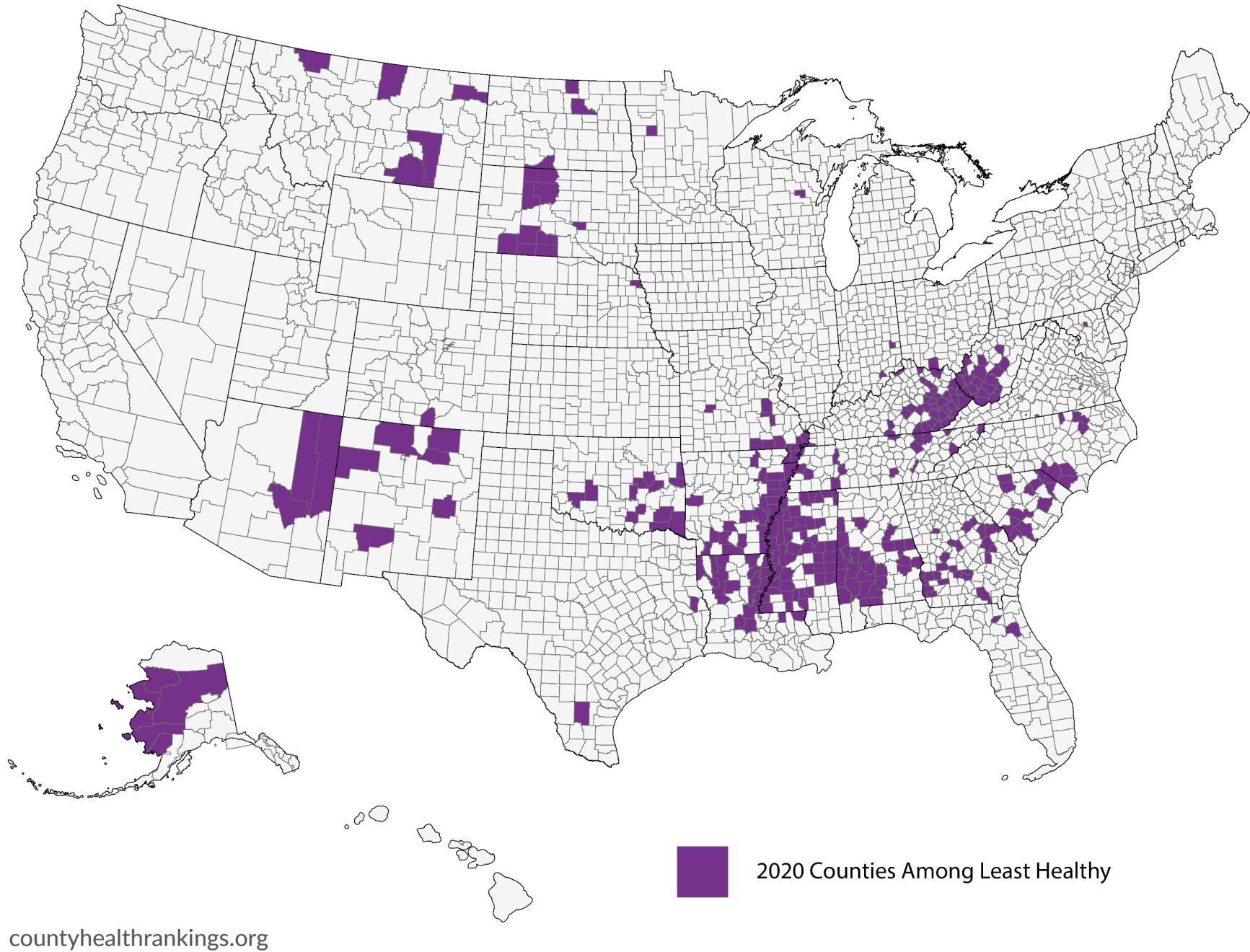


Community wealth is vital to funding public goods, e.g. education

School Funding Adequacy Among U.S. Counties, 2019



Counties Among the Least Healthy for Outcome Measures (Rankings 2020)



A long history of structural racism continues to impact the flow of community resources today.

Politicization of Data

“The problems we are facing are probably not knowledge problems.... They are power problems”

The US Census is fundamental to population health data, critical for public health, and has also proven to be a potent political instrument.

- 1790 census, slavery, and partial inclusion
- Indigenous populations and inaccurate census and health data
- Politics of place (census tracts)
- Attempt to exclude unauthorized immigrants from census counts for representation

Addressing structural racism requires data, ...

and requires political will

Nancy Krieger, 2019: The US Census and the People's Health: Public Health Engagement From Enslavement and "Indians Not Taxed" to Census Tracts and Health Equity (1790–2018) American Journal of Public Health 109, 1092_1100, <https://doi.org/10.2105/AJPH.2019.305017>

Data to identify and measure the mechanisms that link racism to population health and well-being over time

We reckon with the past and current harms of systems of oppression.



Conceptual Models & Frameworks as Tools

- Conceptual models and frameworks can shape how we all make sense of the world, what we measure, how and why
- Population health is one area where many researchers and practitioners have developed graphically represented frameworks showing broad pictures of health and its drivers
- Health and equity frameworks can serve many purposes:
 - inform research agendas
 - serve as boundary-spanning tools for engagement
 - help organize thinking and shape narratives
 - raise awareness of the influences and interconnections that shape health and equity

What Do We Know About the Drivers of Health and Equity? A Narrative Review of Graphic Representations

Among the 27 health and equity frameworks that met inclusion criteria:

- Few clearly articulated their underlying theories
- Most were found in publicly available grey literature--only 8 were published in peer-reviewed literature
- Earlier frameworks (2001-2004) were intended to guide policy development or research, more recent frameworks focused on community practice or research.
- In addition to inequities in health outcomes, over half of the frameworks acknowledged the existence of inequities in determinants or policies and half mentioned multiple disparity domains



ML GIVENS, BB. CATLIN, SP. JOHNSON, EA. POLLOCK, VN. FAUST, P TRAN, AND DA. KINDIG. HEALTH EQUITY.DEC 2020.446-462.[HTTP://DOI.ORG/10.1089/HEQ.2020.0013](http://doi.org/10.1089/HEQ.2020.0013)

What Do We Know About the Drivers of Health and Equity? A Narrative Review of Graphic Representations

- Most frameworks did not address how health outcomes or determinants are distributed across populations or the drivers that influence variation in those distributions
- Only 9 frameworks identified some drivers as “fundamental” or “root” causes of health inequity
- Terminology varied - 9 frameworks explicitly named racism, while 5 frameworks included political or institutional power as drivers of health and equity
 - Racism = Power + Prejudice



ML GIVENS, BB. CATLIN, SP. JOHNSON, EA. POLLOCK, VN. FAUST, P TRAN, AND DA. KINDIG. HEALTH EQUITY.DEC 2020.446-462.[HTTP://DOI.ORG/10.1089/HEQ.2020.0013](http://doi.org/10.1089/HEQ.2020.0013)

Example Frameworks Naming Racism as Fundamental or Sociocultural

Schulz and Northridge Social determinants of health-implications for environmental health promotion Health Education & Behavior, 2014. 31 (4): 455-471

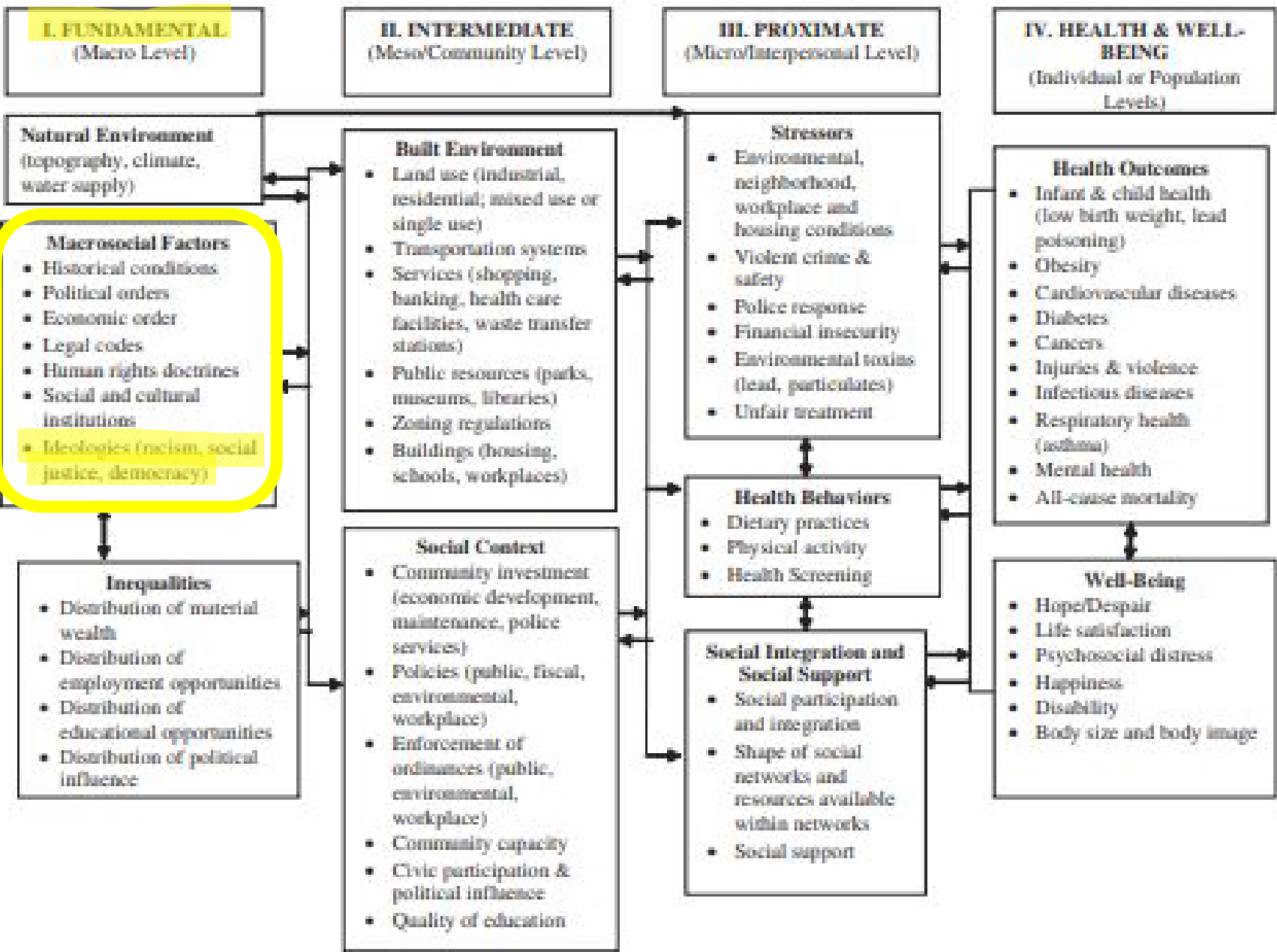


Figure 1. Social determinants of health and environmental health promotion.

Hill CV, Perez-Stable EJ, Anderson NA, Bernard MA (2015). The National Institute of Aging Health Disparities Research Framework. *Ethn Dis.* 2015;25(3):245-254.

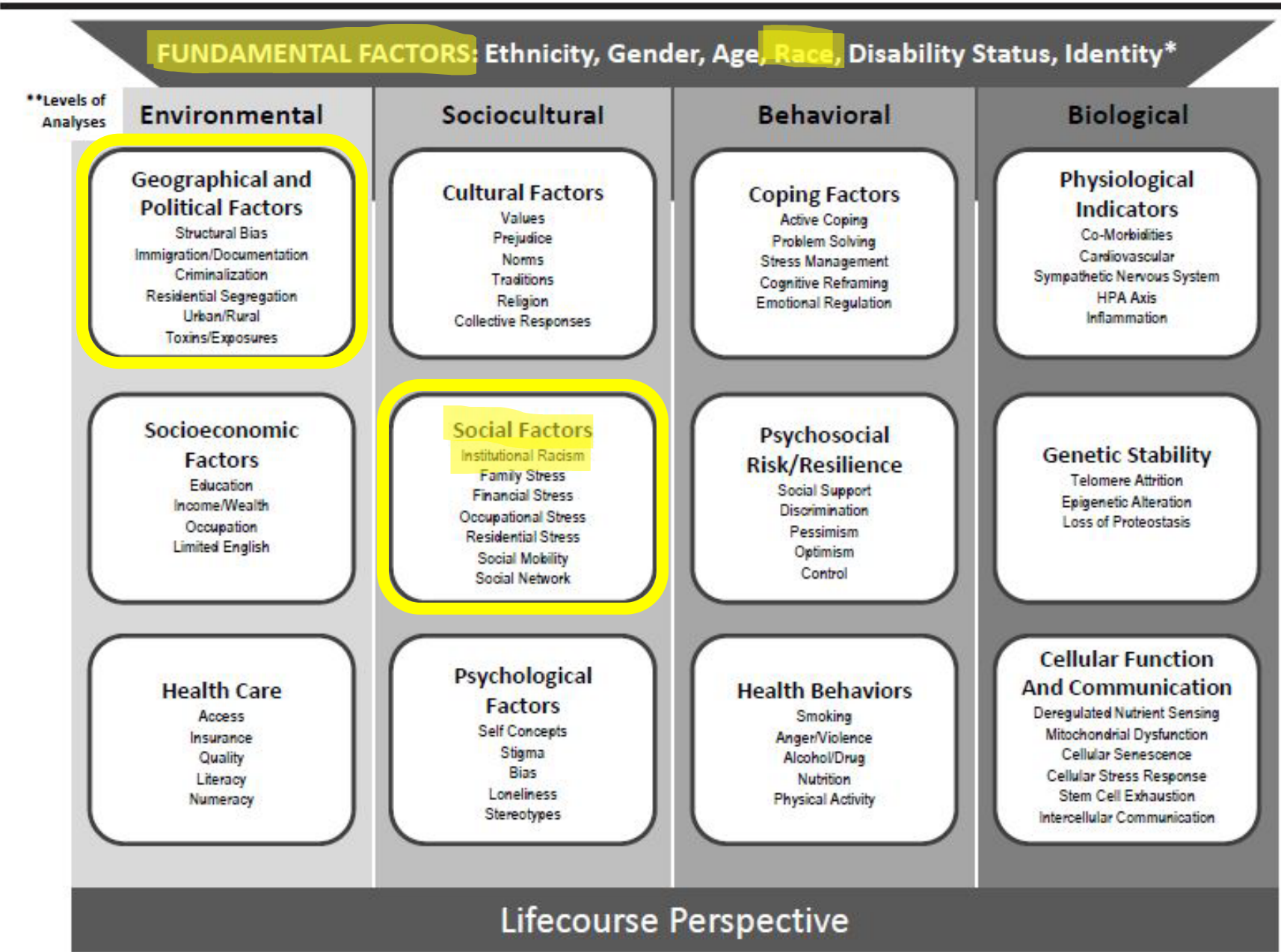
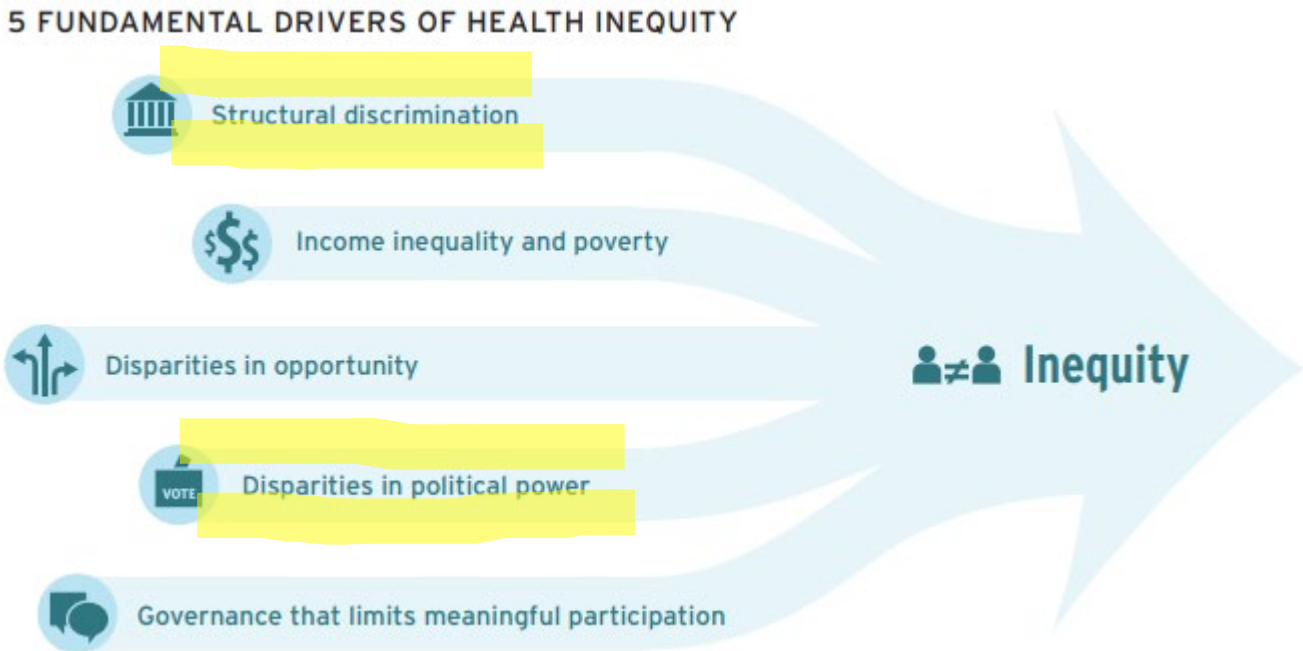
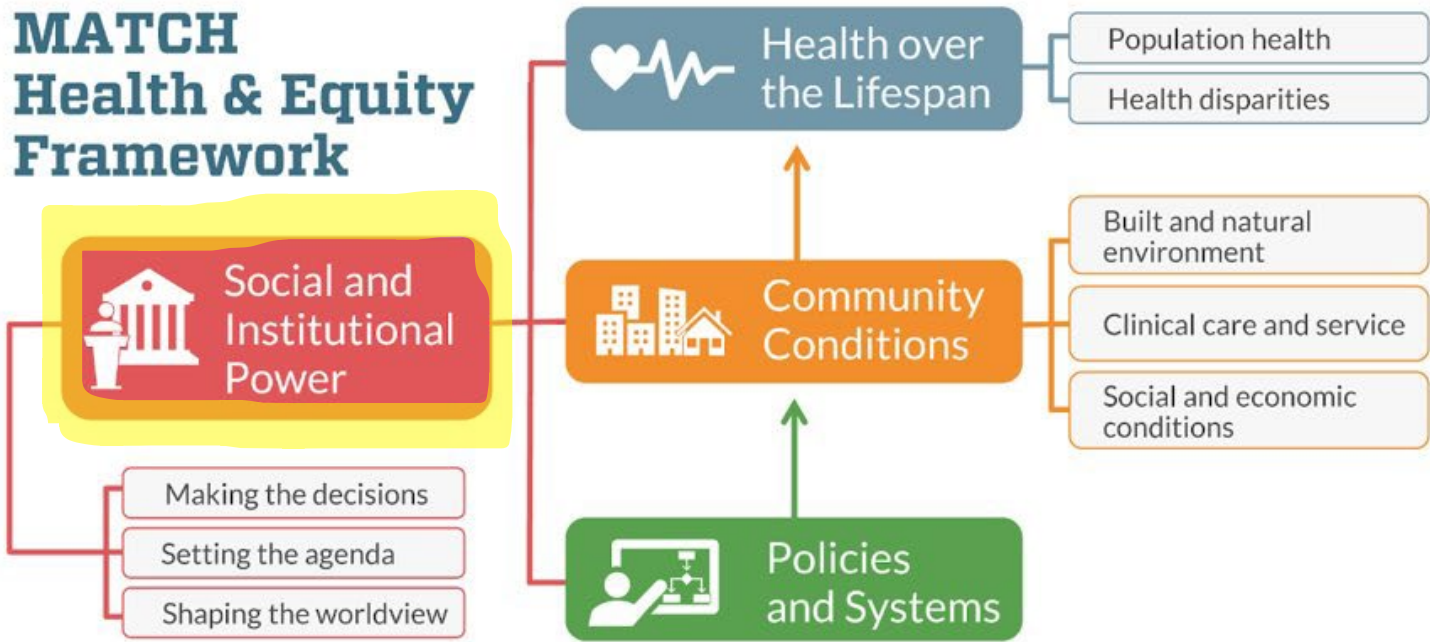


Figure 2. NIA Health Disparities Research Framework
* Sexual and gender minorities.
** Text within boxes represents examples of related factors.

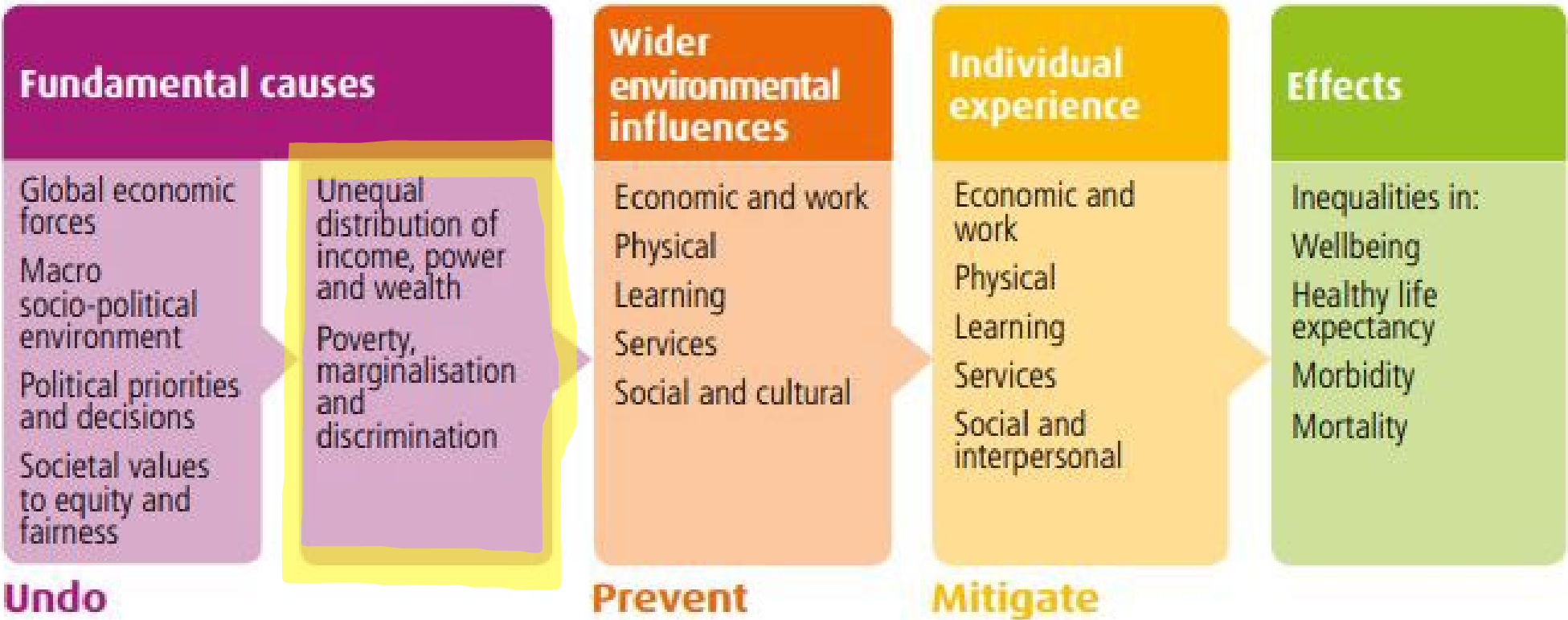
Example Frameworks Naming Power as Fundamental



ChangeLab Solutions. *A Blueprint for Changemakers: Achieving Health Equity Through Law & Policy*. 2019. Available at <https://www.changelabsolutions.org/product/blueprint-changemakers> Accessed February 16, 2020.



University of Wisconsin Population Health Institute (2019) Mobilizing Action Toward Community Health (MATCH), Health & Equity Framework.
<https://uwphi.pophealth.wisc.edu/>



NHS Health Scotland (2016). <http://www.healthscotland.scot/health-inequalities/what-are-health-inequalities> Accessed May 6, 2019.



The variation across frameworks implies that the field of population health research and practice has yet to reach consensus on the determinants of health and equity

This has implications for measurement, methods, and shared understanding of the mechanisms that link racism to population health and well-being over time

Who is questioning the questioners?

THIS POEM IS COMMENTARY ON OUR DOMINANT PARADIGM OF EPIDEMIOLOGICAL KNOWLEDGE PRODUCTION ON RACIAL HEALTH INEQUITIES. THE CORE ANIMATING CONCERN HERE IS STRUCTURAL RACISM— NOT JUST AS A THING ‘OUT THERE’ TO STUDY IN RELATION TO HEALTH INEQUITIES, BUT ALSO A THING ‘IN HERE’ THAT SHAPES HOW WE DO WHAT WE DO AND WHO GETS TO DO IT—THAT IS, EPISTEMIC AND METHODOLOGICAL NORMS, AND MATTERS OF INCLUSION AND REPRESENTATION THAT RAISE QUESTIONS ABOUT PROCEDURAL AND DISTRIBUTIVE JUSTICE.

Poetry

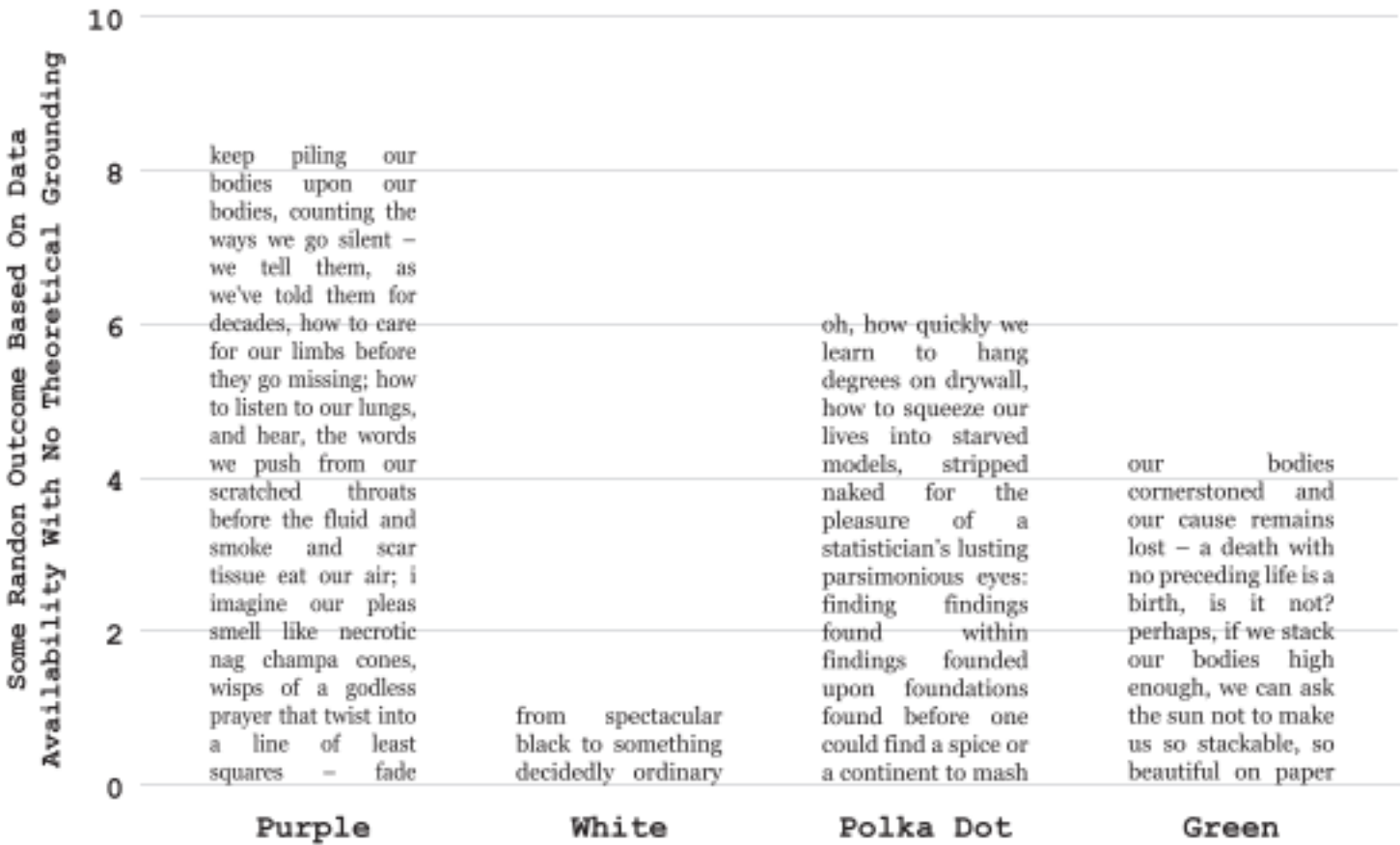
Something something something by race, 2021

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What Will It Take?

- Recognizing our collective power is critical to mobilizing all of our data and research tools
- Improving methods and measurement requires scholars look inward, to the past, and to a new possible in our scholarship
- Harnessing data effectively means aligning our practices, tools and narratives

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