

Structural racism & health inequities: Matching empirical tests to theory

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Overview

- Definition & features of racism
- Current approaches
- Where to go from here
- Interdisciplinary scholarship builds strong science
- All scholarship is subjective and diverse research teams are required



Our scholarship must recognize “the subjectivity of perspective and the need to tell stories that have not been told and that are not being told. Our voices and the voices of our parents and grandparents are valuable not just because they tell a different story, but because, as outsiders, we are able to see more clearly that what we see is not all that can be seen....This burden/gift of dual subjectivity enables those who bear it to recognize and articulate social realities that are unseen by those who live more fully within the world of privilege.”

What is racism?



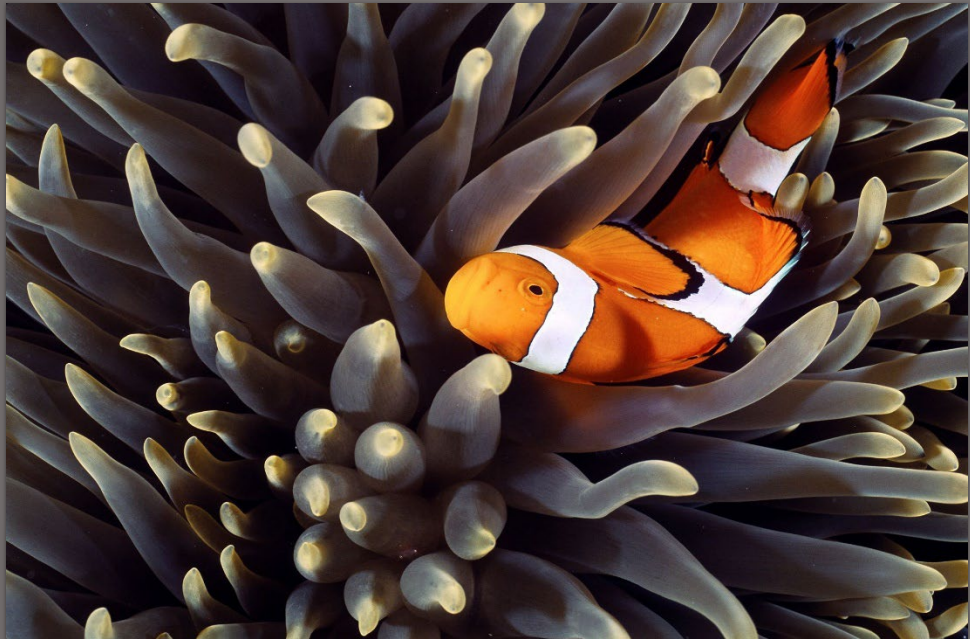
“Racism is above all, a technology aimed at permitting the exercise of biopower” – the tool that allows us as a society to regulate the distribution of death.

Cultural & structural racism

Cultural racism is the shared understanding of who is worthy of full symbolic or legal citizenship based on racialized group membership.



Structural racism is based on strong symbiotic relations among institutions, which exist and operate to reflect cultural racism.



Features of racism

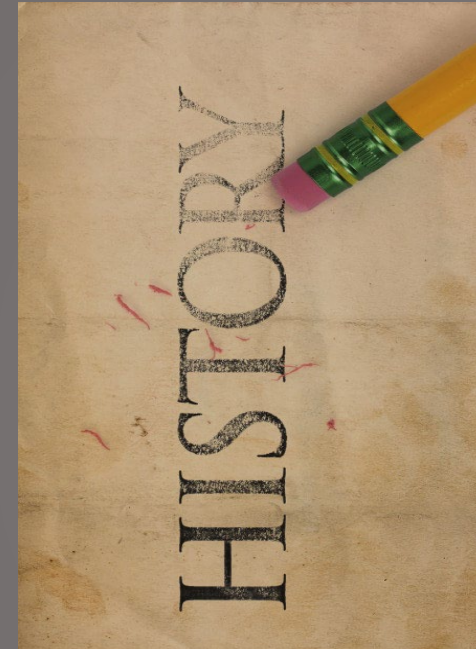
Cultural racism acts as a distortion lens that renders racialized and racially-hierarchical institutions neutral and rational.



The institutions that comprise our social structure adapt to contemporaneous sociopolitical norms.



Structural racism includes the erasure of historical processes that could clarify the link between racialized groups and health.



Approaches to measurement: Individual-level reports & information

- Reports of interpersonal prejudice or discrimination
- Anticipatory and perseverative thoughts and behaviors (vigilance)
- Beliefs about external regard for racialized groups
- Area-level composition of individual-level reports (from social media)
- Other information: e.g, skin tone, Muslim names, documented status

Approaches to measurement: Multi-item indices

- Severely reduce information about a (cultural &) structural racism
 - Include a **limited number** of **formal institutions** for which there is **administrative data** at a **predetermined spatial level**
 - Include many (unsubstantiated) assumptions about the ways in which the **components operate together over place and time**
 - Capture a **narrow snapshot** of contemporary life
- Are difficult to interpret
 - What do the levels mean? More racism? Less racism?
- Create associations with health that are difficult to interpret
 - Does a weaker association mean that racism matters more in some places than others? At some points in time than others?

Approaches to measurement: Specific features or aspects

- Racial segregation
 - Global residential, local residential, historical residential redlining, educational, occupational
- Contemporary racial terror, surveillance & control
 - The criminal justice system: police killings, mass incarceration, fines & fees
 - Child protective services
 - Vigilantism
- Historical racial terror, surveillance & control
 - Mob violence and completed lynchings, enslavement, Jim Crow polity, KKK activity, confederate monuments

Moving forward: Build interdisciplinary frameworks

- Integrate scholarship from the arts, humanities, as well as social science
- Move away from atheoretical tests of racial group comparisons
- Allow for dynamic interactions among institutions with the assumption that we are not moving toward equity

Moving forward: Match measures to theory

- Move away from universal, static, temporally narrow indices
- Develop measures that reflect the spatially and temporally local face of racism
- Look to modeling approaches that allow for dynamic feedback loops and interactions among institutions over place and time
- Integrate historical information that may capture unmeasured or unmeasurable information about contemporary structures
- No matter what we call a measure, do not lose sight on what information is actually captured

Moving forward: Build diverse collaborations

- Build working groups that are diverse in their disciplinary and life experience representation
- Push back on the meaning and hallmarks of academic success (that appears neutral and rational)
 - MYTH: We must publish alone or as the lead author for the majority of our papers for tenure and promotion
 - MYTH: Short papers in public health don't allow for theoretically-driven empirical tests and discussion
 - MYTH: We must wait to discuss structural racism, using politically acceptable 'racial disparities' language, until tenure

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