In 2012, Wes Moore served as the keynote speaker for Niagara County Community College's commencement ceremony. In his 2011 New York Times best seller, The Other Wes Moore, he recounts the death of his father who went to the emergency room because he was feeling ill. Five hours after being discharged and told to go get some rest, he was dead from a treatable virus that had been misdiagnosed by the hospital. "My father had entered the hospital seeking help. But his face was unshaven, his clothes disheveled, his name unfamiliar, his address not in an affluent area. The hospital looked at him askance, insulted him with ridiculous questions, and basically told him to fend for himself" (pp. 14-15).

We are now in **Week 7 of the 14-Week Equity Challenge**. This week we are going to examine inequity and racism in systems and structures by taking a closer look at the healthcare system and how racism and inequity adversely impact health and well-being.

Central to our discussion are the social determinants of health—the conditions in which people are born, live, work, and age — which account for 80% of a person's health and wellness (while just 20% is attributed to clinical or medical care). Some examples of social determinants of health include the quality of health care, but also economic factors like job status, income, and medical bills; living conditions including housing, access to transportation, safety, and access to parks and playgrounds; educational opportunities like early childhood support, literacy, and access to training; access to healthy food; and social support and levels of stress.

In other words, a person's social, economic, and physical environment – factors negatively impacted by racism and inequity – shape their health. Poverty and racism can contribute to physical and mental health problems like chronic stress, which are exacerbated by a lack of access to quality healthcare. These factors lead to shorter life spans and higher likelihood of adverse health outcomes for people living in poverty and people of color.

Throughout this Challenge we have explored (and will continue to examine) ways in which racism and discrimination affect social, economic, and environmental factors. With social determinants of health being impacted by racism at every turn, health status is challenged and life expectancy is drastically lower for communities of color than for their white counterparts.

For example, according to Common Ground Health statistics, just down the road in Monroe County, there is a difference of 8.6 years between the ZIP code with the highest life expectancy (14534, 80 years) and the ZIP code with the lowest life expectancy (14611, 71.4 years).

Thus, achieving health equity goes hand-in-hand with addressing racism and discrimination.

While it may now seem like a generation ago, the nationwide and international impact of the COVID-19 pandemic reinforced the fact that every person's health is intertwined with the health of others in their community, but it has also shed light on long-standing inequities. Compounding the factors that worsen health outcomes for people of color, the pandemic reminded us that Black Americans are much less likely to trust their healthcare providers and healthcare institutions. The Tuskegee Syphilis Study is one of the most egregious

demonstrations of the origins of mistrust. We have included content below that reflects the impact of the pandemic, the lack of distrust in the system, and the origins of that mistrust.

The resources and materials below provide knowledge and information, as well as historical and personal accounts and experiences. These resources explore how racism and inequity have shaped the healthcare system and impact healthcare access and outcomes. Check out the content and self-reflections below to learn more about how race impacts health.

Finally, as you move through the Challenge, we always encourage you to take the time for self-reflection.

- Think about access to healthcare in your community. Is it easy and affordable to visit a doctor? If not, what barriers might prevent people in your community and those you work with from receiving the healthcare they need?
- Have you ever struggled to get the healthcare that you needed? What would it be like for you to need healthcare but not receive it?
- Do you think experiences with the healthcare system shared in this week's content (say, for example, Dr. Susan Moore) are systemic issues or personal/isolated experiences?
- What can you do to learn more about health and healthcare in your community and how others feel and experience it?

If you have only recently joined us, remember, you can go back to our Challenge homepage to check out all prior content and resources.

READ

[Racial Discrimination Worsens Physical and Mental Health](#)

Experiences of racial discrimination increase the risk of physical and mental illnesses and health disorders for people of color. Research has demonstrated that the experience of racial discrimination can affect the microstructure of the brain, putting people at higher risk of developing illness and health disorders. (About a 2-minute read)

[Implicit Bias and Racial Disparities in Health Care](#)

Why are black people sicker, and why do they die earlier, than other racial groups? Many factors likely contribute to the increased morbidity and mortality among black people. It is undeniable, though, that one of those factors is the care that they receive from their providers. Black patients simply are not receiving the same quality of health care that their white counterparts receive, and this second-rate health care is shortening their lives. (About a 4-minute read)

[Pandemic, Protests Cause Racism to Resonate as a Public Health Issue](#)

This article summarizes how and why communities are recognizing a connection between racism and health, but experts say that's just the first step. (About a 5-minute read)

[Black Americans Don't Trust Our Healthcare System – Here's Why](#)

Many black Americans do not trust their healthcare providers to act in their best interests. Research has shown that blacks are much less likely to report trust in their physicians and hospitals; thus, are less likely to seek treatment or be compliant with recommended treatment plans. J. Corey Williams M.D., a resident physician at Yale University Department of Psychiatry, argues that the medical community should care about this collective sense of black distrust in medicine, as it is a major factor in the well-documented health disparities between black people and white people. (About a 5-minute read)

WATCH

How Racism Makes Us Sick

Why does race matter so profoundly for health? David R. Williams developed a scale to measure the impact of discrimination on well-being, going beyond traditional measures like income and education to reveal how factors like implicit bias, residential segregation and negative stereotypes create and sustain inequality. Dr. Williams discusses the U.S. healthcare system and ways to address inequities in the system. He concludes his talk by offering hopeful examples of programs across the country that are working to dismantle discrimination. (About 17 minutes)

Dr. Camara Jones Explains the Cliff of Good Health

Everyone should have the opportunity to achieve good health, but, that's often not the case. We can reduce health disparities and better connect people to high-quality medical care, but to really make a difference, we need to address the social determinants of health and equity that protect some people and push others off the cliff. Hear Dr. Camara Phyllis Jones explain social determinants of health through her analogy of the "cliff of good health" in a video collaboration with the Urban Institute. (About 5 minutes)

Fight for Good

Buffalo Documentary Project, in collaboration with Community Health Center of Buffalo, Inc., presents a 22-minute film exploring the center's work, especially during the coronavirus pandemic. COVID-19 disproportionately affects communities of color, highlighting the inequities of our healthcare system. (About 23 minutes)

The Skin You're In - Trailer

In spring 2022, Niagara University welcomed to campus Dr. Thomas LaVeist, Dean of the Tulane University School of Public Health. Dr. LaVeist offered a screening of his documentary called *The Skin You're In: Coronavirus and Black America*, part of a pioneering initiative to combat the disproportionate impact of COVID-19 on the African-American community in New Orleans. *The Skin You're In* is a documentary, book, and social media campaign developed to explore why African Americans live sicker and die younger than any other ethnic group in the nation. This trailer provides a preview of this important work. (About 7 minutes)

LISTEN

Native Americans Feel Invisible in U.S. Health Care System

About a quarter of Native Americans report experiencing discrimination in healthcare, according to a poll by NPR. Listen to Native Americans share about their experience with healthcare in this brief radio interview. (About 3 minutes)

Health Equity Advocate on Black Doctor's Video of Her Treatment for COVID-19

Dr. Susan Moore, a family physician, died of COVID-19 in an Indiana hospital during the pandemic. She was 52. Days before she died, she posted a video on Facebook in which she said her doctors treated her as if she were a drug addict and that they were planning to discharge her from the hospital too soon. NPR's Mary Louise Kelly talks with health equity advocate Joia Crear-Perry about that video in which the late Dr. Moore said her treatment for COVID-19 suffered because she was Black. (About 5 minutes)

A New Study Examines Black Life Expectancy and Well-Being in the U.S.

Earlier this month, NPR host Michel Martin discussed a recent study conducted by the Brookings Institution, in partnership with the NAACP. The Black Progress Index is a new study looking at Black life expectancy along with other information about Black well-being. (About 7 minutes)

Remembering Tuskegee

Some 30 years ago, a public health investigator overheard a story about a doctor being reprimanded for treating an elderly black man with syphilis. The investigator had stumbled upon one of the most notorious medical experiments in U.S. history: 399 black men with syphilis went untreated so scientists could study how the disease ravages the body. NPR's Alex Chadwick reports for *Morning Edition*. (About 5 minutes)