Dr. Martin Luther King, Jr. once said, “Of all forms of inequality, injustice in health care is the most shocking and inhumane.” Yet, decades later, health injustice remains a serious issue. This year, the Consumer Health Foundation (CHF) made it the focus of discussion at its 11th Annual Meeting held at The George Washington University in Washington, D.C. on September 27.

The impetus for the Annual Meeting, Roots and Remedies: Creating Health Equality Through Social Justice, came directly from the five Community Health Speakout events held around the D.C. metropolitan region in 2004 and 2005 (see Connections, Vol. 7, No. 1). A major theme that emerged from the speakouts, in which more than 600 community members participated, was the role of socioeconomic injustice in contributing to the poorer health status of communities of color in the Washington, D.C. area.

According to CHF’s recently published report summarizing the speakouts, Speaking Out and Speaking Up for Health: “It is well documented that African-Americans, Latinos, and other minorities experience disparities in health outcomes not merely as a result of the barriers to health care that they face. . . but primarily as a result of broader social inequality. For example, good health is impossible in the face of unequal access to high-quality education; to job opportunities that pay a fair, living wage; and to safe and affordable housing in clean neighborhoods, where local grocery stores offer affordable, healthy foods.”

Further, one of the report’s six recommendations to immediately improve health and health care in the D.C. region urges local governments, healthcare providers, and the funding community to “engage in community-wide health equality dialogues that address racial and ethnic health disparities, particularly the impact of structural racism on the health and well-being of communities of color in the region.” (For more information, see New Report: Speaking Up and Speaking Out for Health on page 4.)

In her opening comments, CHF President and CEO Margaret O’Bryon stated that this year’s annual meeting represented a turning point for the Foundation. “In the past, we’ve brought people together; we’ve listened and gathered information. Today, we’re moving on to what will be a plan of action. . . Once we understand how history, institutional practices, public policies, and stereotypes intertwine in ways that perpetuate discrimination, deny access to power, inhibit opportunity and economic mobility, and eventually lead to poor health outcomes, only when we understand these roots can we create a new agenda, which I believe lies in great hope.”

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An Education in Health Inequities

The meeting opened with a clip from a documentary on the impact of social inequity on health, tentatively titled “Hidden Epidemic: Is Inequality Making Us Sick?” which is being developed for PBS to air in Fall 2007.

Following the video, Kimberly Perry, former director of D.C. Hunger Solutions, gave the audience a brief overview of the findings from the 2004 D.C. Behavioral Risk Factor Surveillance Report’s (BRFSS) “Reactions to Race” module, which measured Washington, D.C. residents’ perceptions about how they’re treated based on their race, and the impact on their physical and emotional health. One finding showed that 18.3 percent of African Americans reported experiencing emotional upset by race-based treatment within the past 30 days of taking the survey, compared to 6.7 percent of whites.

Keynote speaker Camara Jones, MD, MPH, PhD, who directs research on the social determinants of health for the Centers for Disease Control and Prevention in Atlanta (and who created the BRFSS “Reactions to Race” module), then led the audience through a summary of her research on the impacts of racism on minority health. Based on her seminal article, “Levels of Racism: A Theoretic Framework and a Gardener’s Tale,” published in the American Journal of Public Health in August 2000, Dr. Jones answered the questions: What is structural racism? What are the effects of structural racism on the lives and health status of people of color? What are real world examples of social, political, and economic policies that negatively impact the lives of people of color? and How can the public health community confront the impact of racism on health?

According to Dr. Jones, racism is a system of structuring opportunity and of assigning value to people based on the social interpretation of how we look that unfairly disadvantages some individuals and communities and advantages other individuals and communities. Further, Dr. Jones says that, “racism is sapping the strength of our whole society through the waste of human resources.”

After discussing the social determinants of health—those social factors, including structural racism, that impact health outcomes—Dr. Jones described three levels of racism and their effects on health. The first is institutionalized racism, which results in unequal access to goods, services, and opportunities based on race. For example, people of color may receive lower quality health care than whites. The second type is personally mediated racism—unfair assumptions about the abilities, motives, and intent of others by race, and biased treatment based on those assumptions. For example, a physician may not give a patient of color the full range of treatment options because the physician assumes the patient would not understand, could not afford, or would not comply with one or more of the treatment options. The third type of racism is internalized, which is defined as acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth. This type is manifested in a variety of ways, including resignation, helplessness, and hopelessness, which can turn into self-destructive health behaviors.

After telling a story—“The Gardener’s Tale,” which illustrates the impact of these types of racism in society—Dr. Jones closed with a set of tasks that the public health community must undertake. The first is to put racism on the agenda and keep it there. The second is to ask ourselves individually how racism is operating in our worlds—in our lives, our jobs, our institutions, our neighborhoods, our homes. And third is to act on what we learn.

Panel Discussion: Efforts to Promote Health Justice

Following Dr. Jones’ call to action, meeting attendees participated in small group exercises, led by Ditra Jones, director of training at The Praxis Project in Washington, D.C., to identify racism in their work, communities, institutions, and organizations. After which, an interactive panel discussion featured speakers who are actively leading efforts to address the root causes of racial and ethnic health inequities.

The panelists were:

- **Jon Liss**, director of Tenants & Workers United, who is working toward health justice and equality through community organizing efforts to build power and challenge race, class, and gender oppression. He shared two examples with the audience, including a story about a women’s leadership group, comprised entirely of Latino immigrant women, who successfully organized to get the city of Alexandria, Virginia to build a park in their community.

- **Gail Christopher**, D.N., director of the Health Policy Institute (HPI) at the Joint Center for Political and Economic Studies, talked about a new initiative, *Place Matters: Addressing the Root Causes of Health Disparities*. Washington, D.C. is one of the targeted cities. In November, HPI released the Dellums Commission report, offering policy recommendations to remove social and institutional barriers, create opportunities for, and improve the health of young men of color.

- **Brian Smedley**, PhD, who served as panel moderator and also represented his new organization, The Opportunity Agenda, spoke about that organization’s efforts to support and help build the capacity of other advocacy organizations, including a current project to help community advocates in New York push for community voice in the hospital closure debate going on in that state.

- **Rinku Sen**, representing both the Applied Research Center and the Philanthropic Initiative for Racial Equity, discussed her organization’s efforts to help foundations address issues of racial equity in their grantmaking. She spoke about her organization’s research, which found that while foundation giving increased substantially in the 1990’s, giving to communities of color actually decreased during the same time period.

- **Ruth Perot**, MA, executive director and CEO of Summit Health Institute for Research and Education, Inc., spoke about her experiences in community organizing in the 1960s and presented a summary of the entire meeting.

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Annual Meeting Photo Gallery
In her summary, Perot charged meeting participants to become advocates. She said we must focus on the presence of racism in our systems, in our policies, in our institutions, in our practices, and recognize the impact of racism on individuals, on their life opportunities and personal health decisions, and we must design activities that help people build and exercise power.

She also gave her recipe for a powerful social movement. She called it LOVE. L is for leadership that is outstanding, visionary, principled, and sacrificial. O is for the opportunity provided by the existence of health disparities to agitate for change. V is for values expressed in the commitment that recognizes everyone is of equal worth. And E is for engagement—providing opportunities for large numbers of people to get involved.

After the panel discussion, moderator Dr. Brian Smedley took a few follow-up questions from the audience, and the meeting was adjourned by CHF board member Diane Lewis.

Note: CHF’s newsletter on the Speakouts, Connections, Vol. 7, No. 1, 2005; Dr. Camara Jones’ article, Levels of Racism: A Theoretic Framework and a Gardener’s Tale; CHF’s Speakout report, Speaking Up and Speaking Out for Health; and a complete transcript of CHF’s 11th Annual Meeting, Roots and Remedies: Creating Health Equality Through Social Justice, are available on CHF’s website: www.consumerhealthfdn.org.

New Report: Speaking Up and Speaking Out for Health

At a September 13th press conference, CHF released Speaking Up and Speaking Out for Health: A Community Call to Action to Improve Health and Health Care in the Washington, D.C. Metropolitan Region. The six-page report, which is based on findings from five Washington, D.C. area Community Health Speakout events CHF held in 2004 and 2005, offers six solid and doable recommendations on how to deal with the region’s healthcare crisis.

The press conference, moderated by CHF President and CEO Margaret O’Bryon, featured a diverse panel of reactors including: Jim Dinegar, the new leader of the Greater Washington Board of Trade; Dr. Walter Faggett, chief medical officer for the District of Columbia; Kate Wilson, director of clinical administration at The Arlington Free Clinic; and Ngozi Hall, a local health care consumer. Panelists expressed their support for the recommendations and O’Bryon reiterated CHF’s commitment to moving the six recommendations from paper to practice.

Ngozi Hall’s remarks were one of the morning’s highlights. Hall recapped her difficult experience with the local health care system, a story she initially told at the Community Health Speakout held in Prince George’s County, Maryland in April 2005. Her story of losing her husband to prostate cancer while simultaneously battling an unsympathetic and fragmented healthcare system inspired one of the report’s recommendations. Informally referred to by CHF as “The Ngozi Project,” the recommendation calls for the creation of a personalized, one-stop, regional health information and referral center that will connect consumers to existing resources and services and empower them to demand high-quality, affordable health care.

In addition to The Ngozi Project, the report includes the following recommendations:

- Develop a blueprint for a regional specialty care delivery network for the uninsured.
- Invest in programs that seek to build a more diverse healthcare workforce.
- Launch a regional community health data project, beginning with information on health status and disparities.
- Engage in community-wide health equality dialogues that address racial and ethnic health disparities (see page 1).
- Designate neighborhood Wellness Opportunity Zones where incentives are provided for innovative connections between and among all public and private polices, programs, and practices affecting health and well-being.

At the press conference, Hall reminded the audience of grantmakers, nonprofit leaders, community organizations, and government officials, to keep humanity at the forefront of their activism. She stressed that compassionate and effective care of the individual person should be the true goal of healthcare policy.