

Racism and Health in the Shadow of COVID-19 The U.S. Perspective

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Number of Confirmed Cases as of October 8, 2020

Globally: 36,212,651

United States: 7,551,428

Number of Confirmed Deaths as of October 8, 2020

The NEW ENGLAND JOURNAL of MEDICINE

EDITORIALS



Dying in a Leadership Vacuum

The Editors

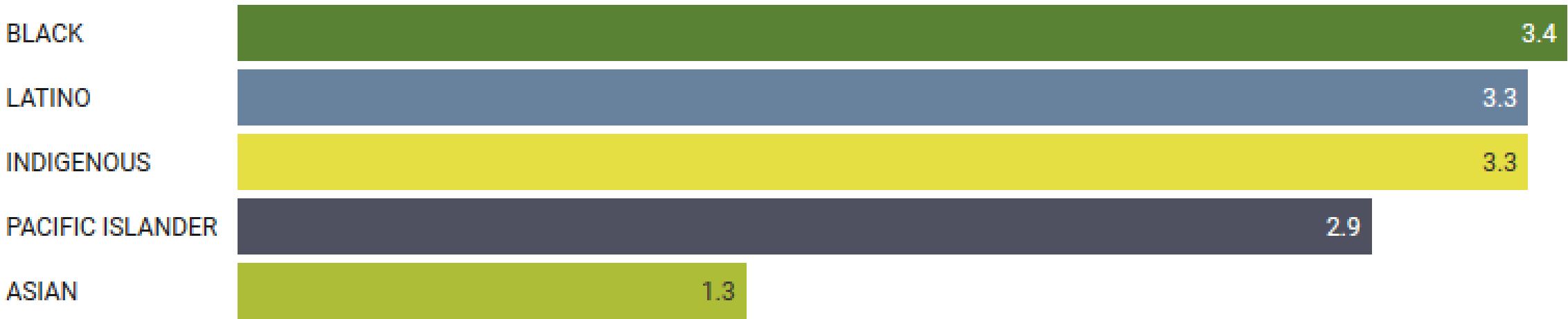
Scathing Critique of the Trump Administration's Pandemic Response

“The American people have witnessed what is the greatest failure of any presidential administration in the history of our country. And here are the facts: 210,000 dead people in our country in just the last several months, over 7 million people who have contracted this disease. One in five businesses closed. We're looking at frontline workers who have been treated like sacrificial workers. We are looking at 30 million people who, in the last several months, had to file for unemployment... They were informed that it is lethal in consequence, that it is airborne, that it will affect young



Adjusted for age, other racial groups are this many times more likely to have died of COVID-19 than White Americans

Reflects mortality rates calculated through Sept. 15.



Indirect age-adjustment has been used.

Source: [APM Research Lab](#) • [Get the data](#) • Created with [Datawrapper](#)

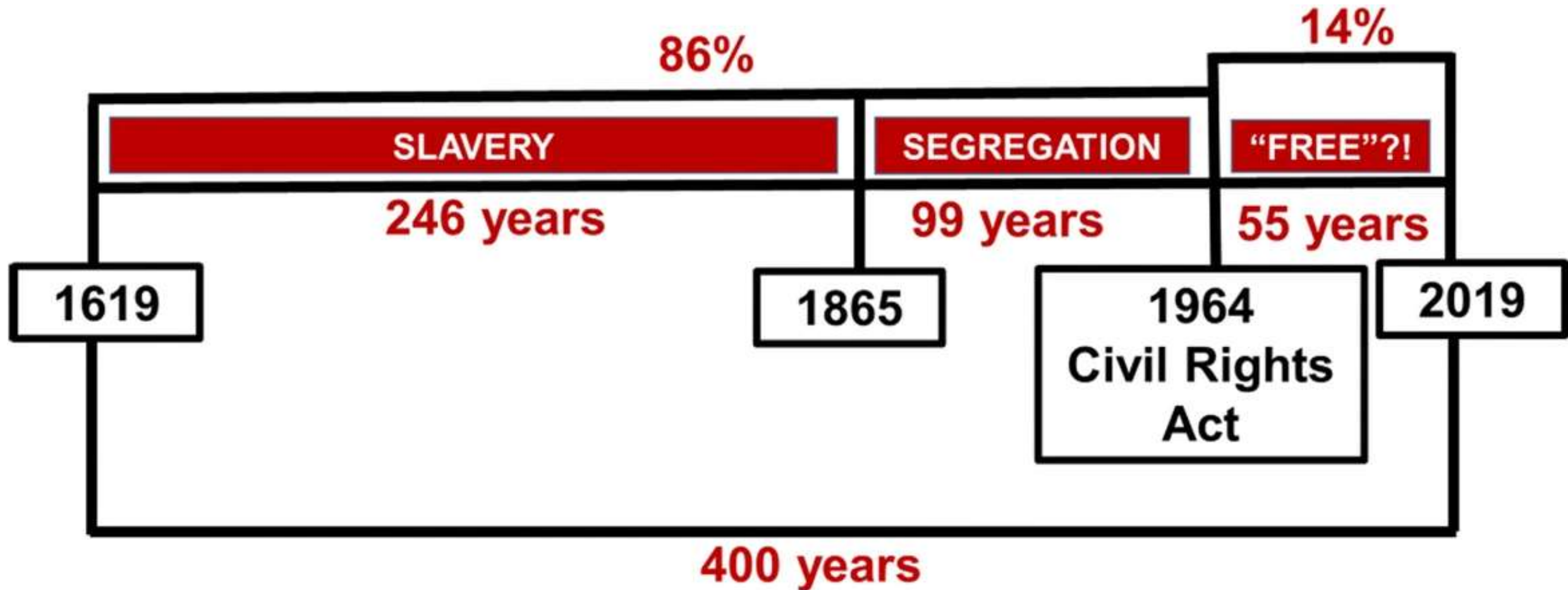
Racism in the Time of COVID-19

“ . . .while COVID-19 is indiscriminate in its transmission, its propagation within a society steeped in structural racism will undoubtedly, as we are already beginning to see, lead to disproportionate impacts among marginalized racial groups in this country.”

Source: “Racism in the Time of COVID-19”



Racism is the United States' "Pre-Existing Condition"



Dr. Camara Jones' Definition of Racism

A **system** of **structuring opportunity** and **assigning value** based on the social interpretation of how one looks (which is what we call “race”), that:

1. Unfairly disadvantages some individuals and communities
2. Unfairly advantages other individuals and communities
3. Saps the strength of the whole society through the waste of human resources

Separate and Unequal

Racial Residential Segregation in the United States

VIEWPOINT

Racial Residential Segregation: A Fundamental Cause of Racial Disparities in Health

DAVID R. WILLIAMS, PhD, MPH*
CAROLITA COLLINS, PhD†

SYNOPSIS

Racial residential segregation is a fundamental cause of racial disparities in health. The physical separation of the races by enforced residence in certain areas is an institutional mechanism of racism that was designed to protect whites from social interaction with blacks. Despite the absence of supportive legal statutes, the degree of residential segregation remains extremely high for most African Americans in the United States. The authors review evidence that suggests that segregation is a primary cause of racial differences in socioeconomic status (SES) by determining access to education and employment opportunities. SES in turn remains a fundamental cause of racial differences in health. Segregation also creates conditions inimical to health in the social and physical environment. The authors conclude that effective efforts to eliminate racial disparities in health must seriously confront segregation and its pervasive consequences.



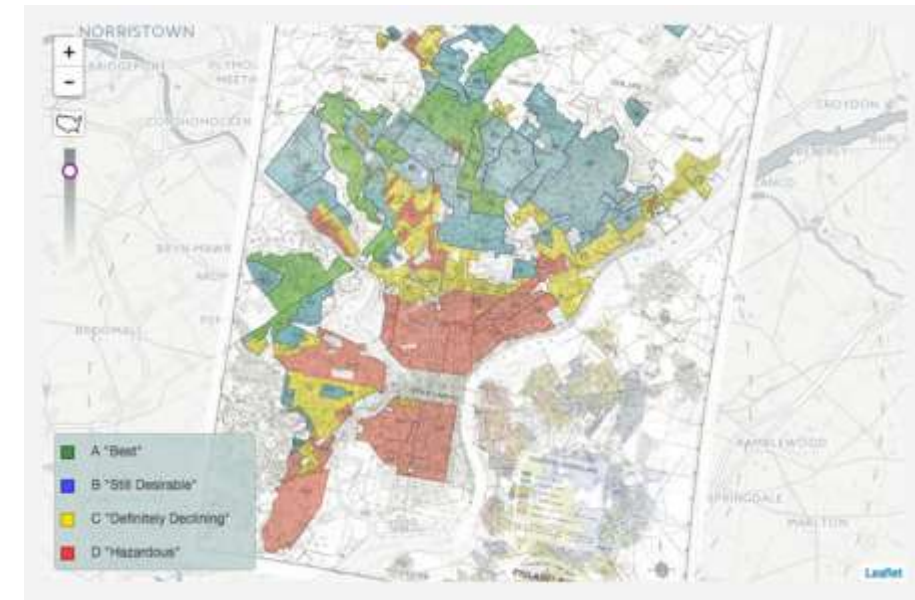
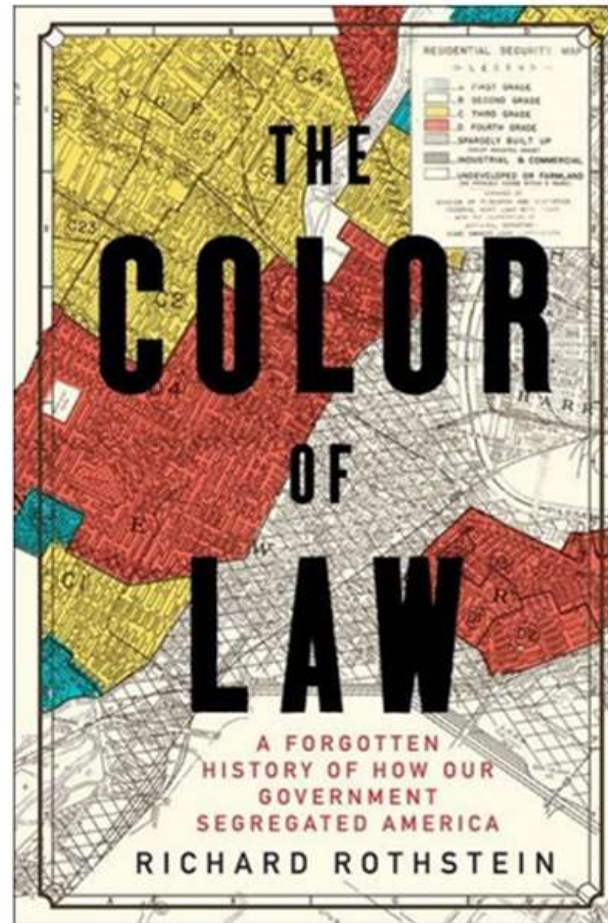
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Separate and Unequal

Racial Residential Segregation in the United States

- The Home Owners' Loan Corporation (1934-1968):
 - Created an inventory of all residential areas in the U.S. to assist banks in making loans
 - Color-coded denial or limitation of financing/refinancing to certain neighborhoods based on racial/ethnic composition → Blacks, Foreign-Born Whites (Poles, Italians), Jews
 - Hundred secret maps of “residential security” (used widely including by the Federal Housing Administration)

A – 1st Grade (green)
Free of black & foreign-born white residents.
Lenders encouraged to offer max amount

B – 2nd Grade (blue)
Lenders advised to make loans 10-15% below max

C – 3rd Grade (yellow)
Subject to “infiltration of a lower grade population”

D – 4th Grade (red)
Lenders often refused loans. Often closest to downtown, or next to factories or railroad tracks

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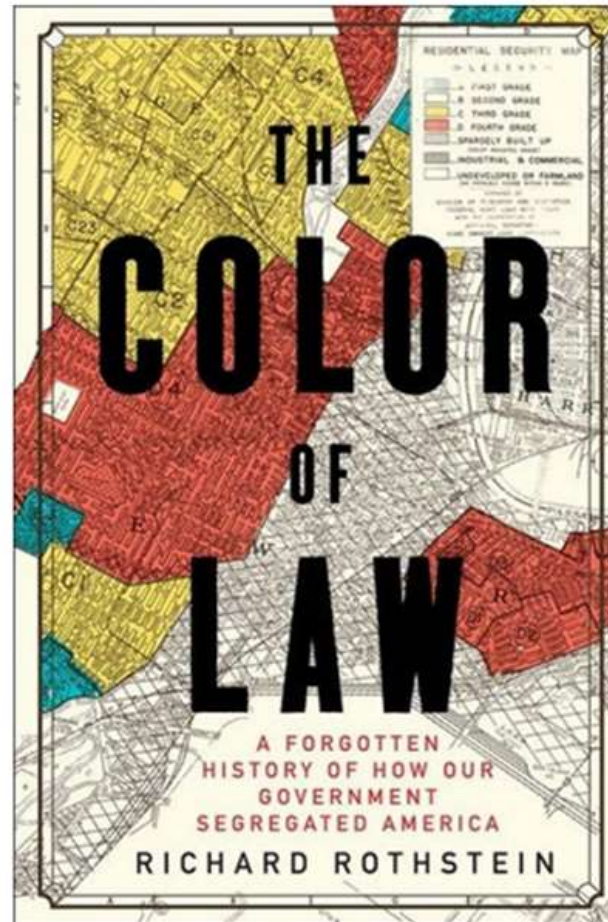
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1968





Fair Housing Act authors Sens. Edward Brooke, R-Mass. (standing, center) and Walter Mondale, D-Minn. (second from right) watch President Lyndon Johnson sign bill into law, Apr. 11, 1968.

50+ Years Later...



FEATURE

Pollution Is Killing Black Americans. This Community Fought Back.

African-Americans are 75 percent more likely than others to live near facilities that produce hazardous waste. Can a grass-roots environmental-justice movement make a difference?



NEW YORK TIMES BESTSELLER

The New Jim Crow



Mass Incarceration in the Age of Colorblindness

MICHELLE ALEXANDER

WITH A NEW FOREWORD BY CORNEL WEST

“From the outset, the war could have been waged primarily in overwhelmingly white suburbs or on college campuses. SWAT teams could have rappelled from helicopters in gated suburban communities and raided the homes of high school lacrosse players known for hosting coke and extasy parties after their games... All of this could have happened as a matter of routine in white communities but it did not...”

“The hyper-segregation of the Black poor in ghetto communities has made the roundup easy. Confined to ghetto areas and lacking political power, the black poor are convenient targets... The enduring racial isolation of the ghetto poor has made them uniquely vulnerable to the War on Drugs. What happens to them does not directly affect the privileged beyond the ghetto’s invisible walls.”





An aerial photograph of Philadelphia, showing a dense urban landscape. In the foreground, there are several rows of red brick row houses. In the background, the city skyline is visible with various skyscrapers, including the Comcast Center. The sky is overcast and grey.

COVID-19 in Context

Racism, Segregation, and Racial
Inequities in Philadelphia

SUMMER 2019



CLOSE TO HOME:

The Health of Philadelphia's Neighborhoods

INTRODUCTION

Despite overall progress in recent years, Philadelphia's health significantly lags behind other major cities. For example, among counties that contain the nation's largest cities, Philadelphia has the highest rates of premature death, infant and child mortality, cardiovascular disease, hypertension, HIV, and homicide. Underlying these poor health outcomes are also high rates of behavioral and economic determinants, including smoking, poverty, single parent households, housing-cost burden, and low education.

These poor outcomes are not experienced across all communities in Philadelphia.

Living just a few miles away can decrease life expectancy by nearly twenty years. Many Philadelphians live, learn, work, shop, and play in neighborhoods that make good health difficult to achieve. These contextual factors mediate genetic determinants of health and shape health behaviors. Ultimately, contextual factors both explain poor health and point toward potential solutions.



Creating the Health Rankings

Using census tract-level data from various sources, a team from the Philadelphia Department of Public Health and from the Jornsife School of Public Health at Drexel University created comprehensive community health and well-being rankings for neighborhoods throughout Philadelphia, composed of clusters of census tracts. These rankings elucidate which areas of the City are experiencing the poorest outcomes and facilitate targeted public health interventions and planning efforts to reduce health disparities in Philadelphia.

Using neighborhood-level health-related data in combination with data from other sectors about key determinants of health to understand and target health inequities in the most vulnerable communities in Philadelphia is an essential component of fostering a culture of health in those communities. It is virtually impossible to create healthier, more equitable communities without understanding the unique and underlying drivers of health outcomes in those communities. The Neighborhood Health Rankings provide key insights into community health and well-being and serve as a baseline for monitoring and

Methodology

To create neighborhoods, census tracts were grouped together based on boundaries created for the Southeast Pennsylvania Household Health Survey. Special land-use tracts with little or no residential population and special characteristics such as large parks or employment areas were not assigned to neighborhoods.

Based on methodology used by the Robert Wood Johnson Foundation County Health Rankings, data were collected from various sources, including the CDC 500 Cities, the US Census Bureau American Community Survey, the School District of Philadelphia, and the Pennsylvania Department of Health Vital Statistics. Using data at the census tract level, estimates for each measure were created for every neighborhood.

The included measures were assigned to several categories, weighted by importance, across two domains: health outcomes and health factors.

Health Outcomes

- Length of Life (50%)
- Quality of Life (50%)

Health Factors

- Health Behaviors (30%)
- Clinical Care (20%)

DATA BRIEF

COVID-19 IN CONTEXT: RACISM, SEGREGATION, AND RACIAL INEQUITIES IN PHILADELPHIA

RACIAL INEQUITIES IN COVID-19

On March 10, 2020 the city of Philadelphia reported its first case of coronavirus disease (COVID-19)- an infectious disease caused by the novel coronavirus SARS-Cov-2. While interpretations of early data framed the COVID-19 pandemic as the "great equalizer," racial inequities in the city began to emerge in late March, with Blacks being disproportionately impacted.

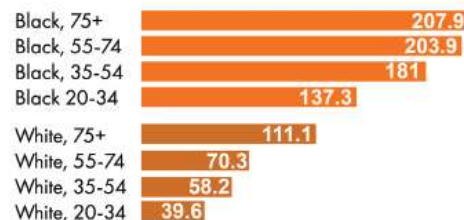
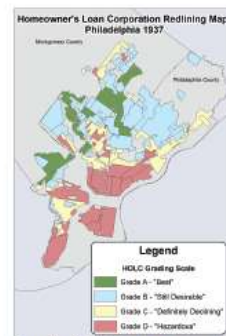


Figure 1: Confirmed COVID-19 Cases by Race in Philadelphia

As reported by the City of Philadelphia on May 29, 2020, forty-five percent of people with confirmed infection were known to be Blacks, 15 percent were white, 9 percent were Hispanic, 4 percent were Asian, and 23 percent were of unknown race. Blacks were 1.9-3.5 times more likely to have confirmed infection than whites (Figure 1). Mortality rates were substantially higher among Blacks (9.4 per 10,000 residents) than whites (6.3 per 10,000). While data disaggregated by race/ethnicity are critical, these data alone fail to fully capture the root causes of racial inequities in COVID-19 and mask the complex systems operating to produce them. This not only limits a more complete understanding of the problem, but it also restricts the scope of short- and long-term policy solutions. This brief uses foundational frameworks of racism and descriptive spatial analysis to place data on COVID-19 in Philadelphia in context, illustrating how structural racism and historical and contemporary patterns of residential segregation have converged to create racial inequities during this pandemic.

RACIAL RESIDENTIAL SEGREGATION IN PHILADELPHIA

Philadelphia is a hyper-segregated city and ranks within the top 10 big cities with the highest levels of segregation. According to data from the 2013-2017 American Community Survey (ACS), an estimated 67% of Blacks would have to relocate to have an even distribution of Black and white populations. But residential segregation in Philadelphia is not new; racist federal, state, and local policies (e.g. redlining, see Map 1) and discriminatory mortgage practices (e.g. predatory lending) have made it a persistent hallmark of the city for decades. Moreover, systematic disinvestment in segregated neighborhoods has resulted in the clustering of a wide array of adverse exposures that predispose residents to structural, behavioral, and psychosocial factors that lead to poor health outcomes. For example, differences in life expectancy between neighborhoods in Philadelphia are patterned by segregation, with large gaps (15 years in some instances) between poor, predominantly Black neighborhoods and wealthier, predominantly white neighborhoods. These existing inequities have created the foundation upon which racial inequities in COVID-19 are emerging in the city.



Map 1: HOLC Redlining Map of Philadelphia

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RESOURCES

Coronavirus and Urban Health

GIS Consultation

Data Repository

Briefs

COVID-19 in Context: Racism, Segregation, and Racial Inequities in Philadelphia

Student Funding

Pilot Funding

COVID-19 IN CONTEXT: RACISM, SEGREGATION, AND RACIAL INEQUITIES IN PHILADELPHIA

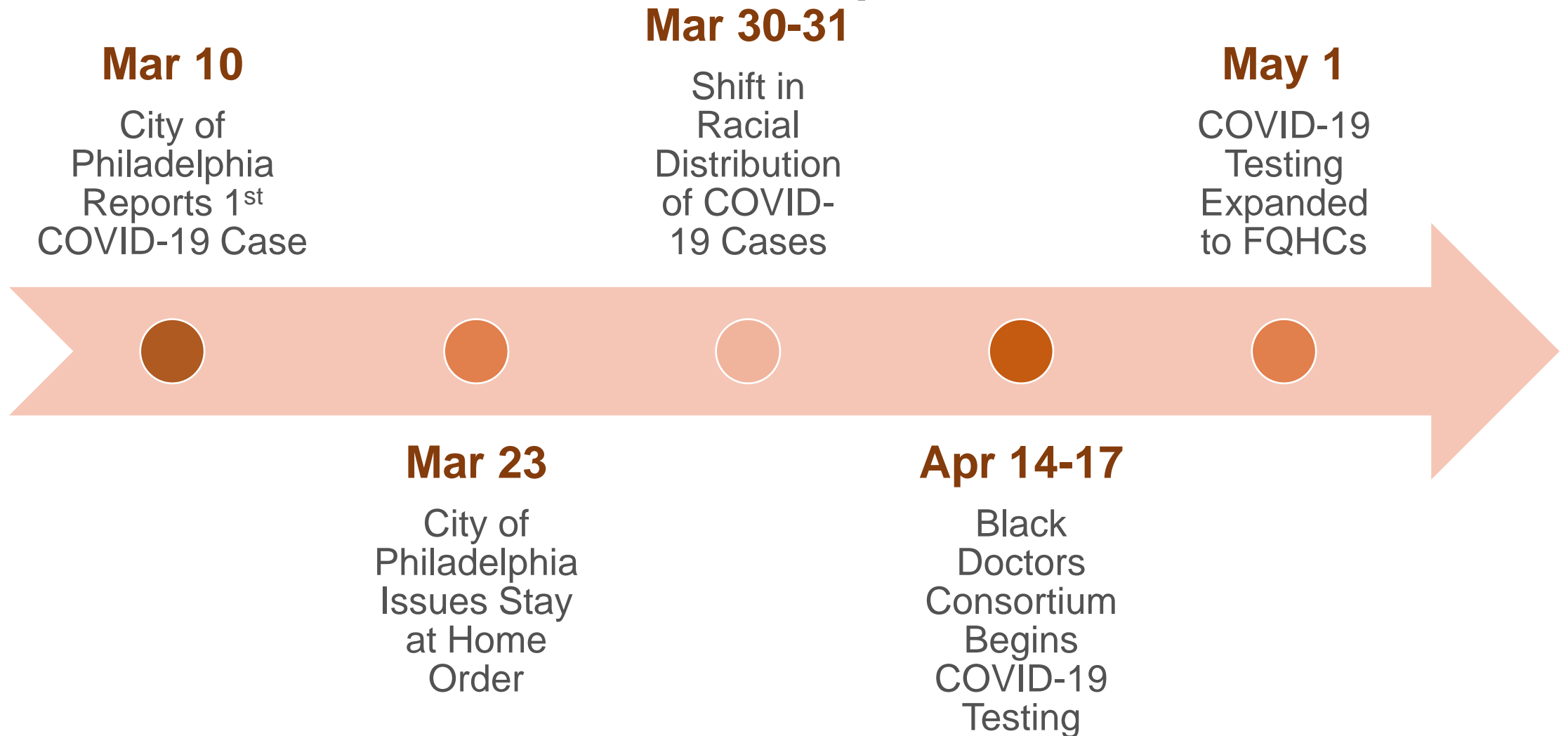


Photo by Morgan Burke, Creative Commons license.

Data Brief
June 2020

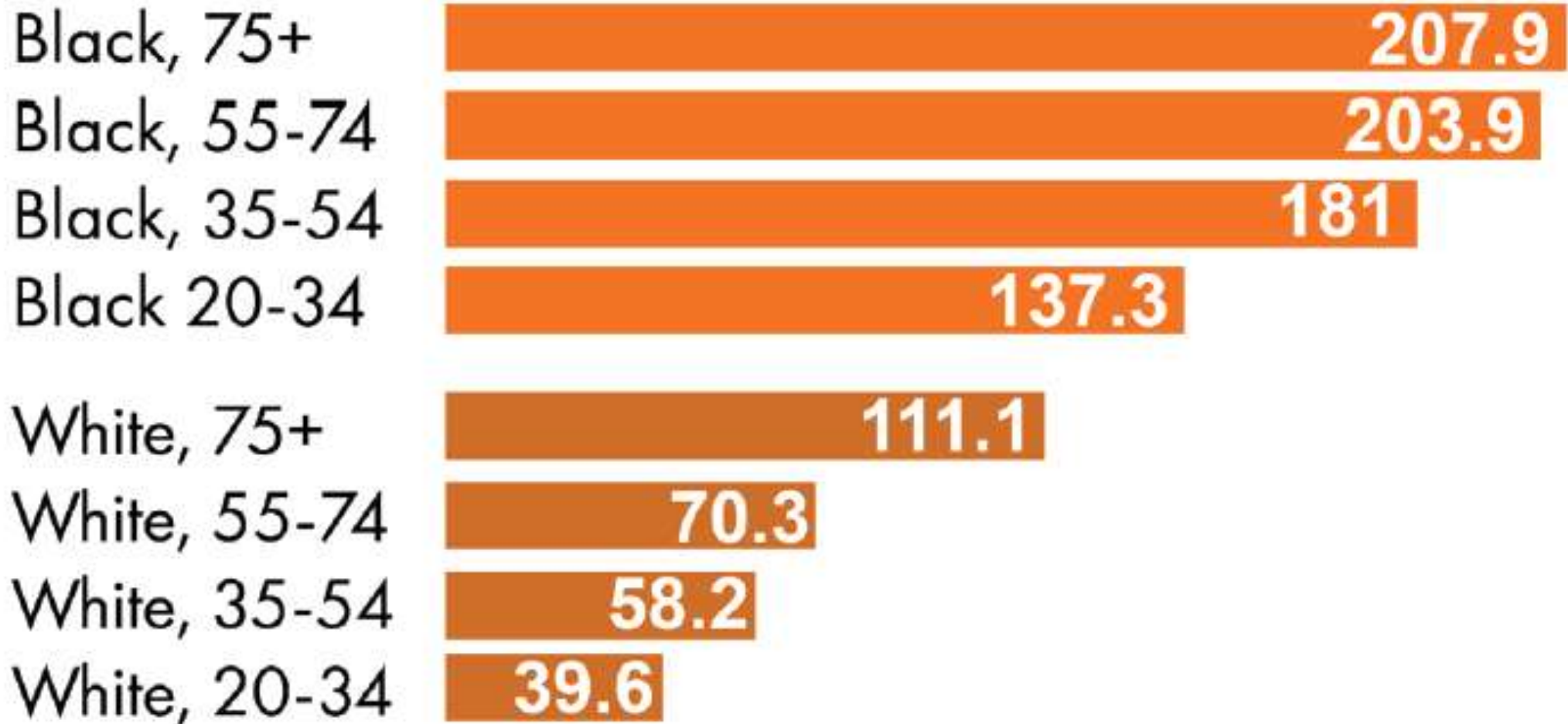
DOWNLOAD THE PDF

Early Timeline of COVID-19 in Philadelphia



Racism, Segregation, and COVID-19

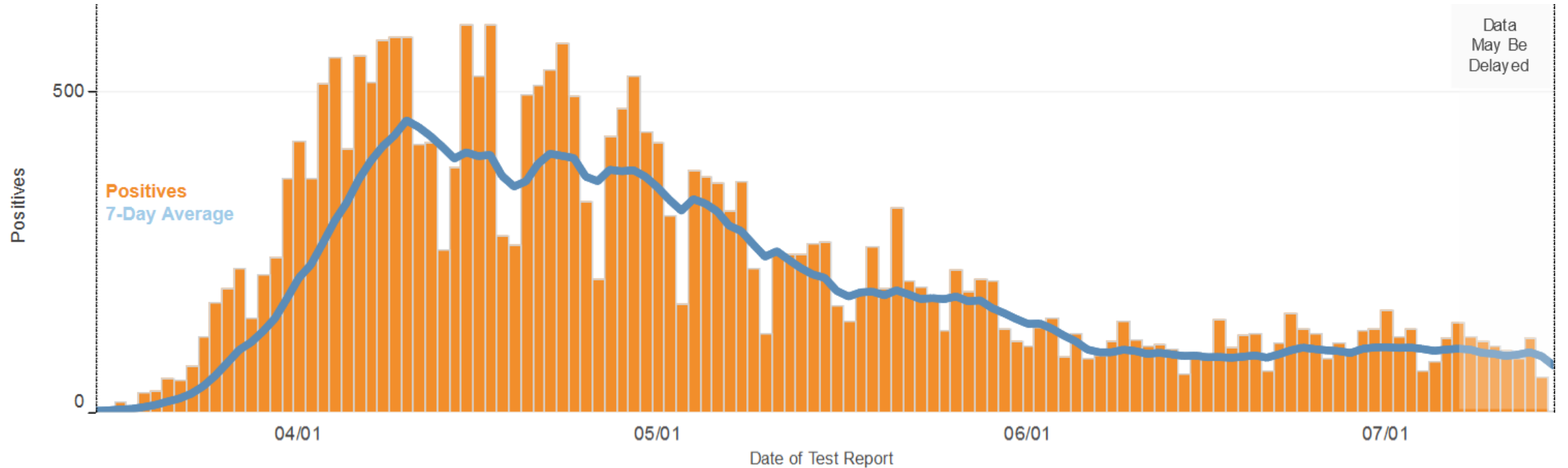
Racial Inequities in COVID-19 in Philadelphia



Source: PDPH Safer at Home Report, June 2020

Racism, Segregation, and COVID-19

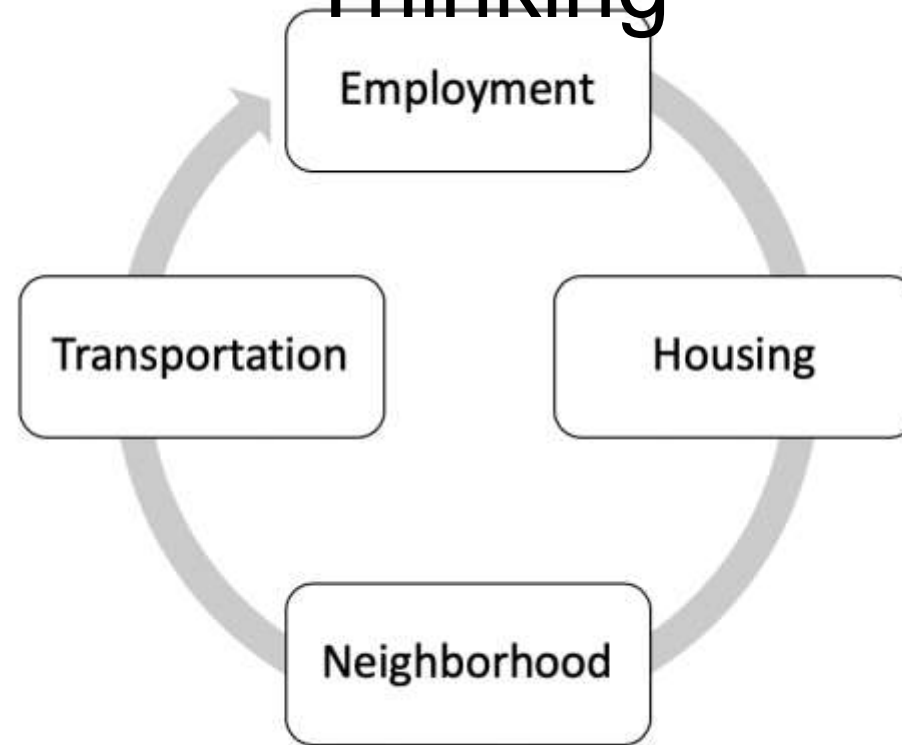
Research Approach



Study

Racism, Segregation, and COVID-19

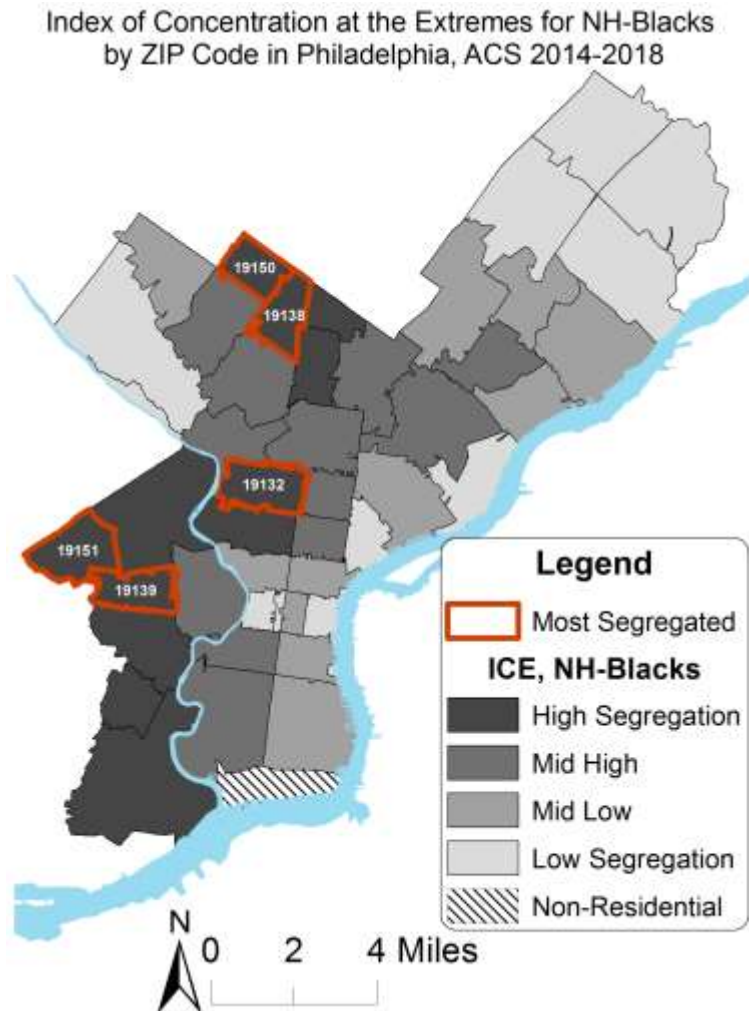
Applying Critical Race Theory and Systems Thinking



Interlocking Systems Amplify
Exposure and **Transmission** in
Racially Segregated Communities

Racism, Segregation, and COVID-19

A Descriptive Spatial Analysis in Philadelphia



ZIP Code	ICE Rank	% NH Black	Cases per 10,000
5 Most Segregated ZIP Codes			
19150 (Most Segregated)	1	93.6	159.6
19138	2	91.6	138.6
19132	3	90.6	153.4
19139	4	87.0	157.6
19151	5	87.1	147.4
5 Least Segregated ZIP Codes			
19106	42	8.1	43.4
19154	43	8.5	101.0
19125	44	3.9	70.1
19127	45	9.4	44.4
19137 (Least Segregated)	46	2.3	44.8

151.3
Cases per 10,000

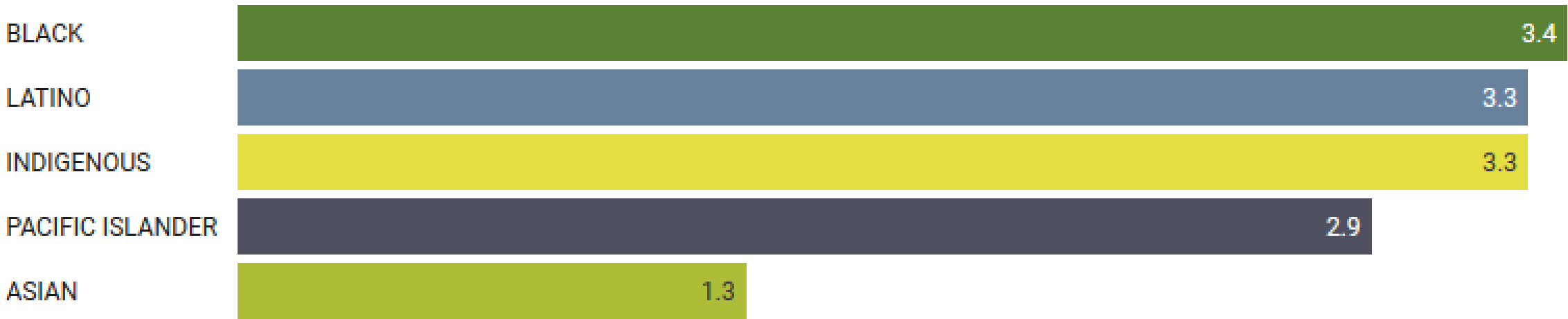
74.3
Cases per 10,000

The COVID-19 rate in the most segregated neighborhoods in Philadelphia is **23 percent higher** than the city overall and **Two times** the rate of the least segregated neighborhoods

Source: Barber S, Headen I, Branch B, Tabb L, Yadeta K. Drexel University

Adjusted for age, other racial groups are this many times more likely to have died of COVID-19 than White Americans

Reflects mortality rates calculated through Sept. 15.



Indirect age-adjustment has been used.

Source: [APM Research Lab](#) • [Get the data](#) • Created with [Datawrapper](#)

“Embodied” Racism

“But all our phrasing—race relations, racial chasm, racial justice, racial profiling, white privilege, even white supremacy—serves to obscure that racism is a visceral experience, that it dislodges brains, blocks airways, rips muscle, extracts organs, cracks bones, breaks teeth. You must never look away from this. You must always remember that the sociology, the history, the economics, the graphs, the charts, the regressions all land, with great violence, upon the **BODY**.”

I CAN'T BREATHE
I CAN'T BREATHE
I CAN'T BREATHE

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