

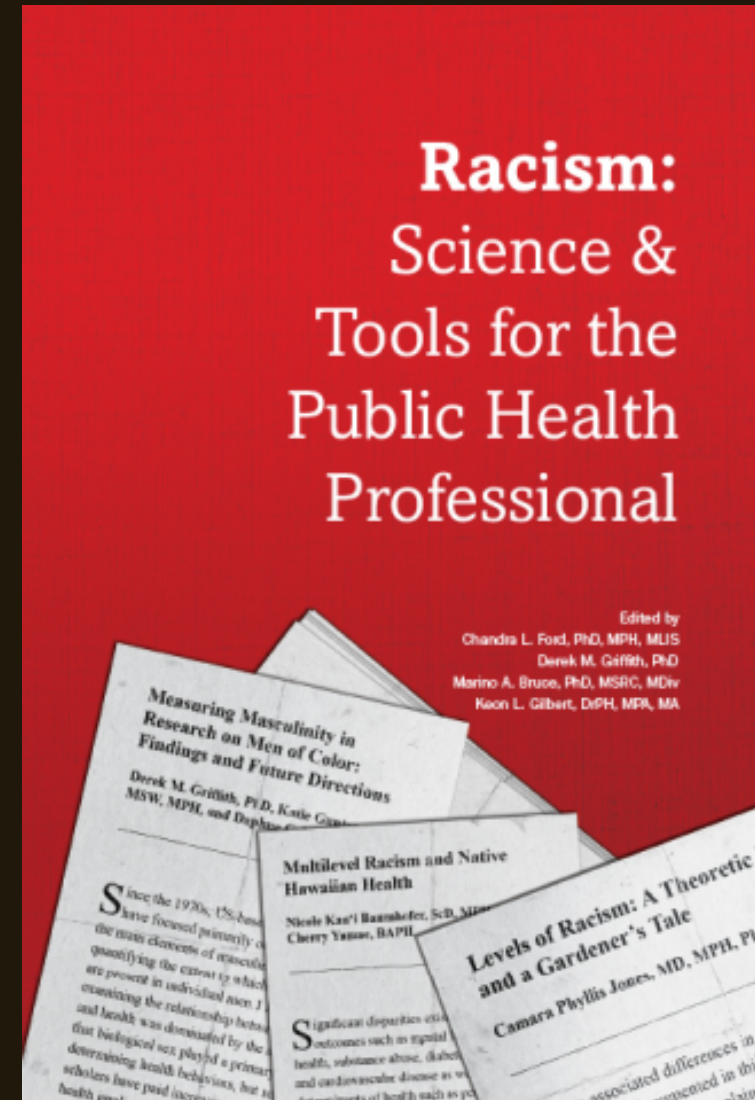
What do dental public health professionals need to know about racism as a public health issue?

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Center for Research on Men's Health

“On a team, it’s not the strength of in the individual players, but the it is the strength of the unit and how they all function together.” – Bill Belichick



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to be best in any
point of view.

Racism [

unfair treatment
different race fro
better than othe
what is thou



Natalie Nourigat



We are NOT here to be the judges or referees of people or events



An iceberg floating in a blue ocean under a blue sky with white clouds. The visible tip of the iceberg is on the left, and the much larger, submerged part extends across the bottom half of the image. The text is overlaid on the right side of the image.

Incident/ Event/ Individual Pattern of Incidents/ Events

An iceberg floating in a blue ocean under a blue sky with white clouds. The visible tip of the iceberg is small, while the much larger submerged portion is visible below the water line. The text is overlaid on the submerged portion of the iceberg.

STRUCTURAL RACISM =

**Why patterns continue to happen
by race**

+

**What causes the racial patterns to
be maintained across time and
place**

An iceberg floating in a blue ocean under a blue sky with white clouds. The visible tip of the iceberg is on the left, and the much larger, submerged part is on the right. The water is a deep blue, and the sky is a lighter blue with scattered white clouds.

Incident/ Event/ Individual

Pattern of Incidents/ Events

STRUCTURAL RACISM =

**Our focus
today is
below the
surface!**

**Why patterns continue to happen
by race**

+

**What causes the racial patterns to
be maintained across time and
place**

KEY POINTS



DEFINE RACISM AND OTHER
KEY TERMS



DISCUSS RACISM AS A
DETERMINANT OF HEALTH
INEQUITIES



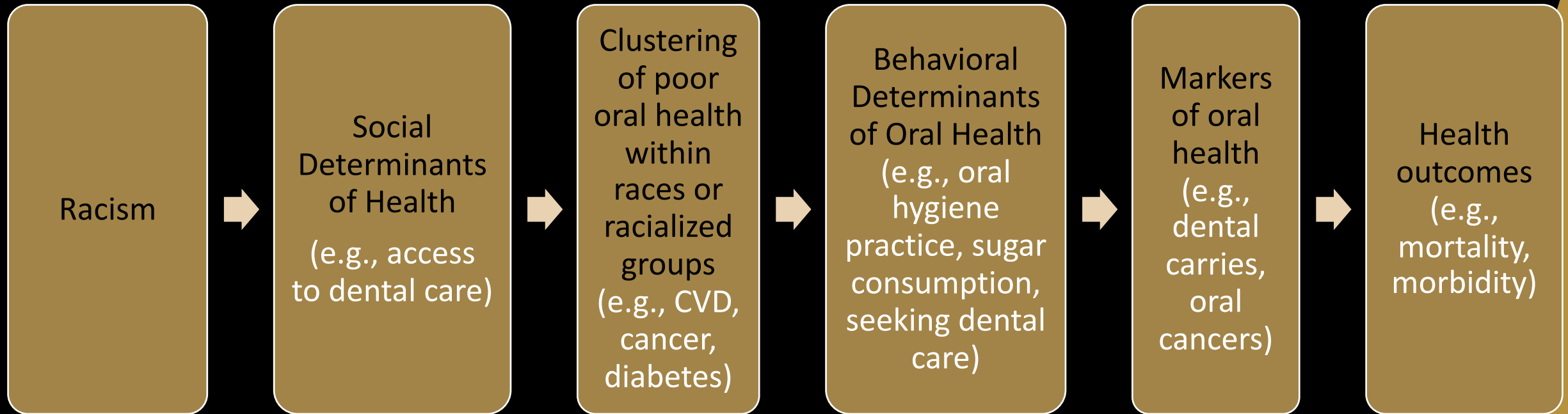
PROPOSE WAYS DENTAL
PUBLIC HEALTH
PROFESSIONALS CAN
ADDRESS RACISM AND
PURSUE ORAL HEALTH
EQUITY

Simplified Causal Pathways to Population Health Outcomes



Source: CJ Murray & AD Lopez. On the comparable quantification of health risks: lessons from the Global Burden of Disease Study. *Epidemiology*. Vol. 10, No. 5, pp 594-605, 1999.

WHY SHOULD I AS ONE INTERESTED IN ORAL HEALTH CARE ABOUT RACISM?



SIX REASONS WHY EPIDEMIOLOGISTS MUST RECKON WITH RACISM

1. Because epidemiologists strive for scientific rigor, whether monitoring population health, investigating etiology, or generating or evaluating evidence to inform action – and it is scientifically irresponsible to ignore the ample and rigorous evidence that racial injustice, past and present, harms health and is a key driver of population patterns of health, including health inequities.
2. Avoiding scientific error – which in epidemiology can potentially harm people's health.
3. Improving causal inference – by conceptualizing racism, not “race,” as the cause of health inequities between racialized social groups.

(Krieger, 2019)

SIX REASONS WHY EPIDEMIOLOGISTS MUST RECKON WITH RACISM

4. Improving the evidence-base for actions, policies, and interventions that will both improve population health and reduce health inequities.
5. Reckoning with the history of scientific racism, including epidemiology's contributions both to entrenching and critiquing this pernicious ideology.
6. Increasing critical self-awareness, among epidemiologists, about how one's societal and historical context shapes science, who does it, and the implications for public health practice.

“... race is the child of racism, not the father and has never been a matter of genealogy and physiognomy so much as one of hierarchy.”



Ta-Nehisi Coates (2015)
Between the World and Me

RACIAL AND ETHNIC CATEGORIES VARY ACROSS THE GLOBE

The same number of countries (13, or 15 % of all censuses using some form of ethnic enumeration) asked for respondents' race, but this term was three times more likely to appear as a secondary term than as a primary one. For example, the Brazilian question placed race after colour ('*A sua cor o raça e:*'), and Anguilla used race to modify ethnicity: 'To what ethnic/racial group does [the person] belong?'. Race usage was largely confined to North America (including Central America and the Caribbean), as well as to United States territories in Oceania (American Samoa, Federated States of Micronesia, Guam, Northern Mariana Islands). More specifically, census usage of race is found almost entirely in the former slaveholding societies of the Western Hemisphere and their territories.

Of the 13 countries studied that enumerate by race, 11 are either New World former slave societies (United States, Anguilla, Bermuda, Brazil, Jamaica and Saint Lucia) and/or their territories (United States Virgin Islands, Puerto Rico, American Samoa, Guam, and Northern Mariana Islands).

WHO ESTABLISHES RACIAL AND ETHNIC CATEGORIES IN THE U.S.?

- U.S. Office of Management and Budget
- Federal statistics and program evaluation and administrative agencies use the OMB standards to count and classify the U.S. population
- OMB emphasizes that its classification standards are designed to monitor adherence to and enforce civil rights laws.

(Blank, et al., 2004; Mays, et al., 2004)

ACCORDING TO THE U.S. OFFICE OF MANAGEMENT AND BUDGET

“...race and ethnic categories, are neither anthropologically or scientifically based... [but they] ...represent a social-political construction designed for collecting data on race and ethnicity of the broad population groups in this country.”

(Standards for the Classification of Federal Data
on Race and Ethnicity, August 1995)

RACIAL CLASSIFICATION

- Census race categories have changed with almost every Census since 1790
- Racial categories are not static, but are socially and historically created and recreated in relation to one another
- Who is White has changed dramatically over the last two centuries

(Blank, et al., 2004; Malat, et al, 2017)

How Jews
Became
White Folks

&

What
That
Says

About Race in America

KAREN BRODKIN



ARE HOW RACE IS MADE IN AMERICA
ITALIANS
WHITE?

EDITED BY JENNIFER GUGLIELMO & SALVATORE SALERNO
AFTERWORD BY DAVID R. ROEDIGER



Working Toward
Whiteness

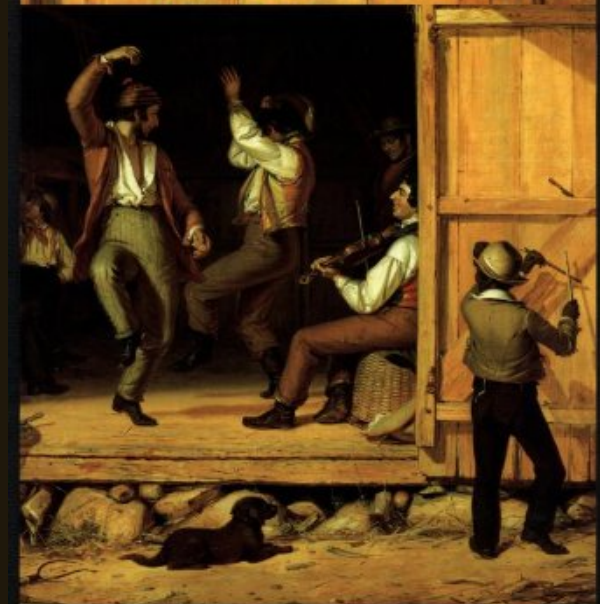
HOW AMERICA'S IMMIGRANTS
BECAME WHITE

The Strange Journey from Ellis Island to the Suburbs

DAVID R. ROEDIGER

Author of THE NOBLES OF NORTHWEST

HOW THE IRISH
BECAME WHITE



NOEL IGNATIEV

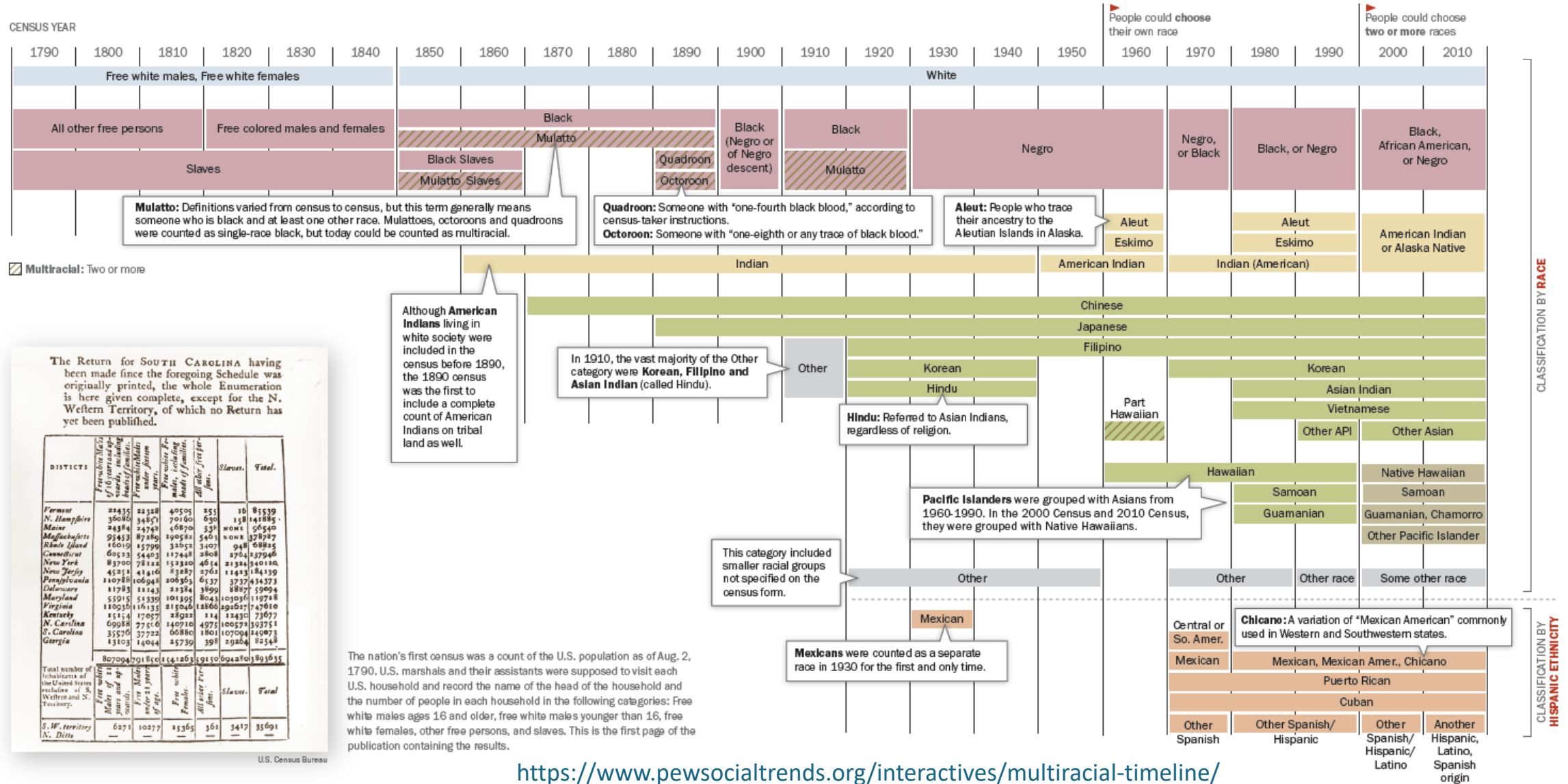


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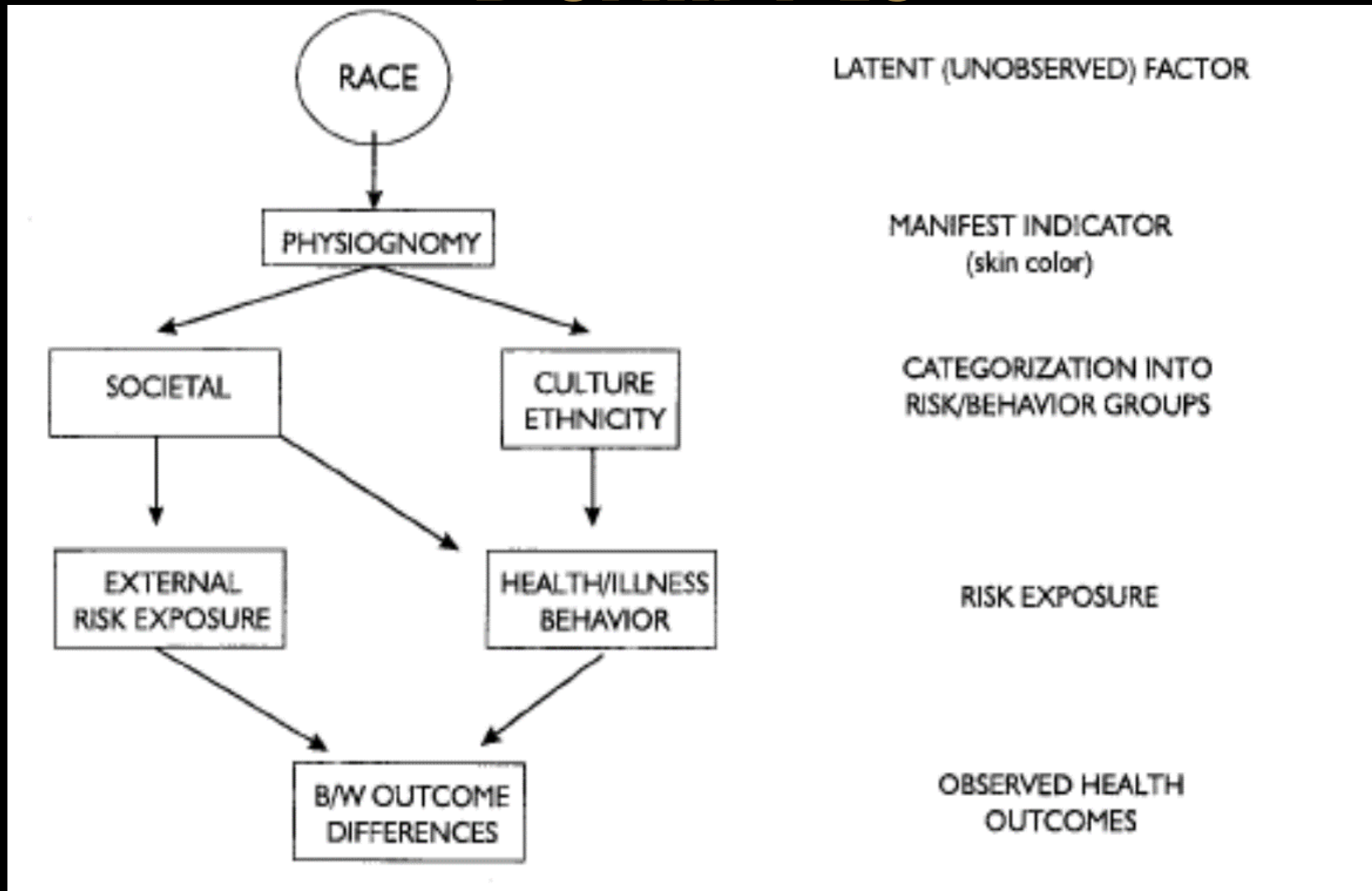
What Census Calls Us

A Historical Timeline

This graphic displays the different race, ethnicity and origin categories used in the U.S. decennial census, from the first one in 1790 to the latest count in 2010. The category names often changed from one decade to the next, in a reflection of current politics, science and public attitudes. For example, "colored" became "black," with "Negro" and "African American" added later. The term "Negro" will be dropped for the 2020 census. Through 1950, census-takers commonly determined the race of the people they counted. From 1960 on, Americans could choose their own race. Starting in 2000, Americans could include themselves in more than one racial category. Before that, many multiracial people were counted in only one racial category.



LAVEIST'S CONCEPTUAL MODEL OF RACIAL DISPARITIES



(LaVeist, 1996)

RACE VS. CLASS

1. Black Americans are overrepresented in lower SES groups
2. Adjusting racial disparities in health for indicators of class greatly reduces and in some cases eliminates racial differences
- 3. Analyses of racial differences that adjust for class may be over-controlling for a large portion of the effect of race on health because they are so inextricably intertwined**
- 4. Race is an antecedent to class: it is race that influences class position in society, not the other way around.**



RACISM DEFINED

“Racism is an **organized social system** in which the dominant racial group, **based on an ideology of inferiority**, categorizes and ranks people into social groups called “races” and uses its power to devalue, disempower, and **differentially allocate valued societal resources and opportunities** to groups defined as inferior”.

(Williams et al., 2019)



Race

Ethnicity

Gender

Age

Physical Abilities/Qualities

Sexual Orientation

Parental Status

Native born/non native

Beliefs

Values

Military Experience

Work Background

Thinking Styles

Religious Beliefs

Culture

Smoker/Non smoker

Geographic Location

Education

Socio-economic Status

Functional Specialty

Marital Status

RACISM

Racism is not to be confused with other forms of oppression. “There are common ingredients in all... But belief in the superiority of one’s particular culture, or nation or class or sex is not the same as **belief in the inherent, immutable, and significant inferiority of an entire physically characterized people**, particularly in mental capacity, but also in emotional and ethical features.

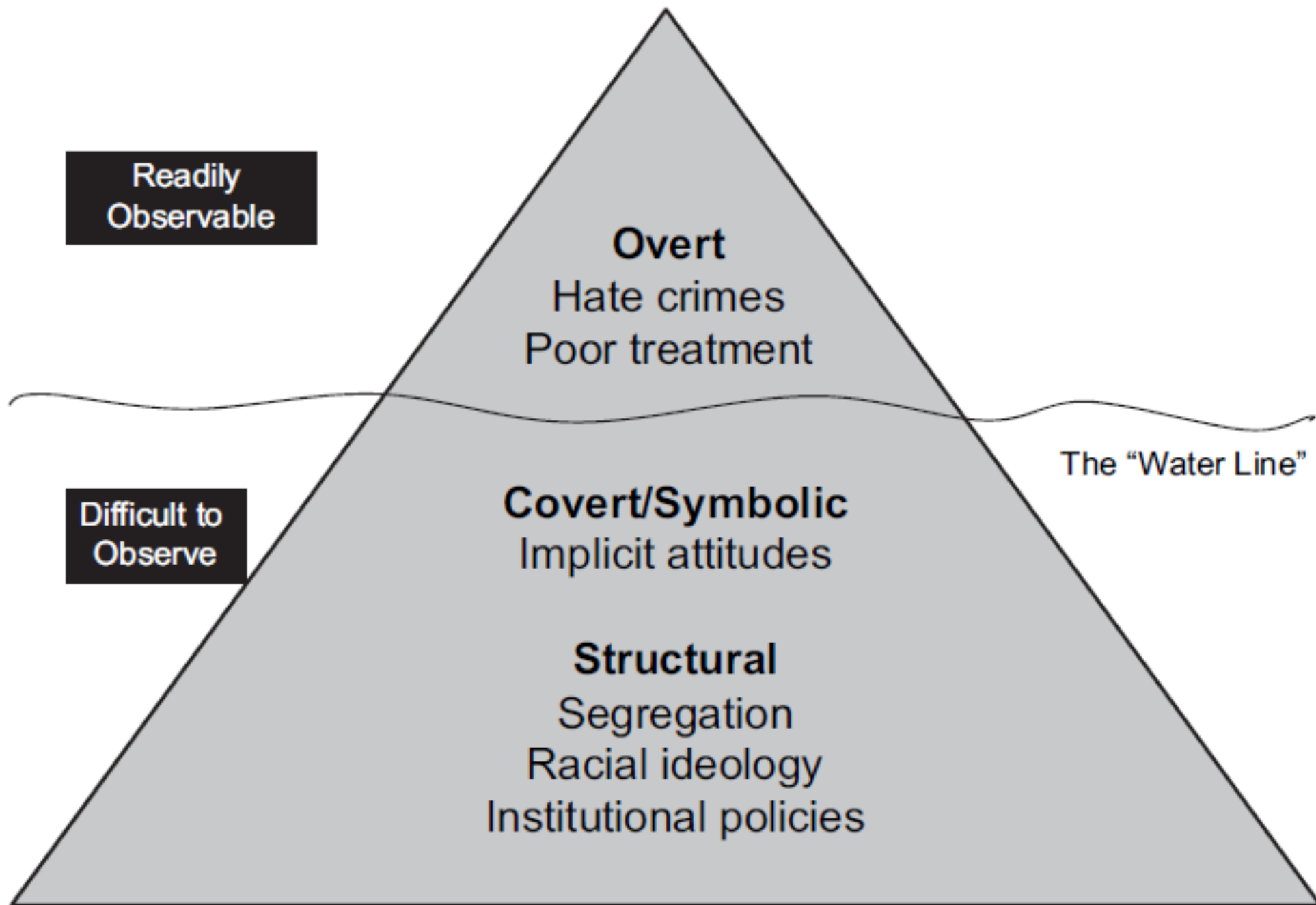
(Aptheker, 1992)

RACIALIZATION

Racialization “...delineates a line around all the members of a group and ascribes characteristics, sometimes because of ideas of where the group comes from, what it believes in, or how it organizes itself socially and culturally. This ‘group’ may not traditionally view itself as a racial or ethnic group. Racialization assigns racial meaning to cultural traits of groups... ”.

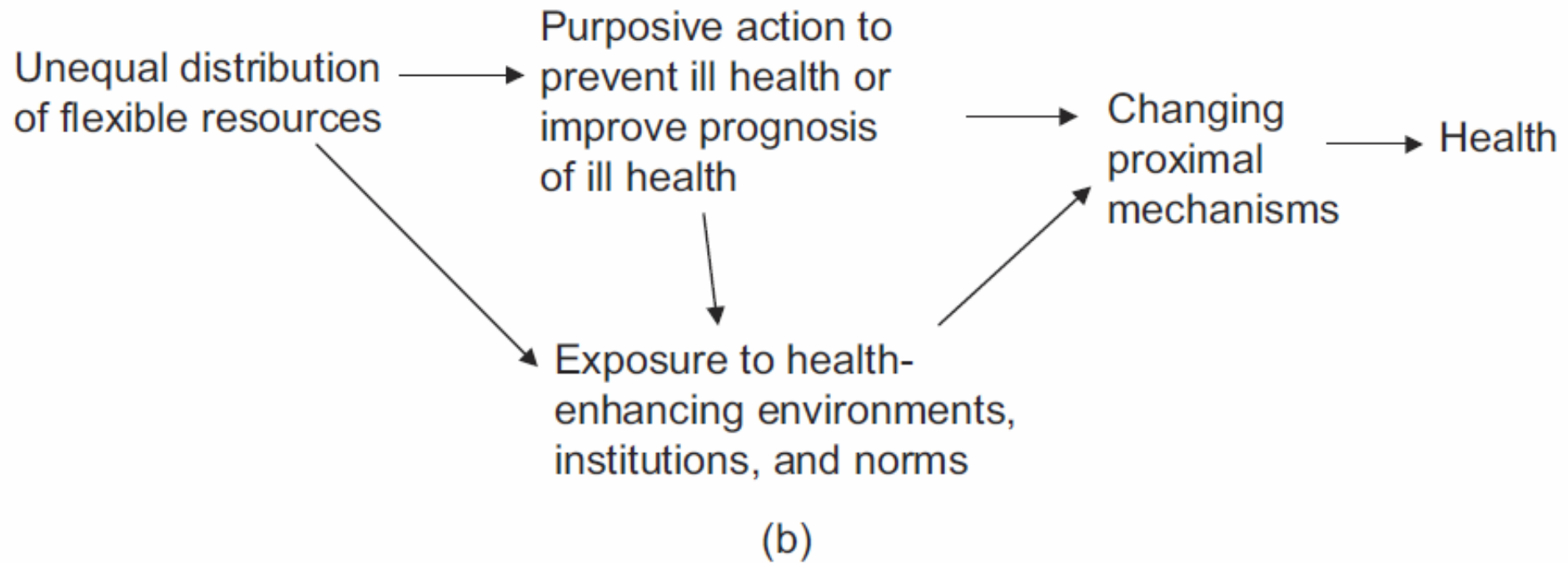
(Samari et al., 2019)





(Gee, et al., 2009)

FUNDAMENTAL CAUSES MODEL



ESSENTIAL ELEMENTS OF A FUNDAMENTAL (SOCIAL) CAUSE

1. Influences multiple disease outcomes
2. Affects disease outcomes through multiple risk factors
3. Involves access to resources that can be used to avoid risks or to minimize the consequences of disease once it occurs
4. The relationship between a fundamental cause and health is reproduced over time via the replacement of intervening mechanisms

(Phelan, Link & Tehranifar, 2010)

RACISM IS A FUNDAMENTAL CAUSE OF HEALTH INEQUITIES

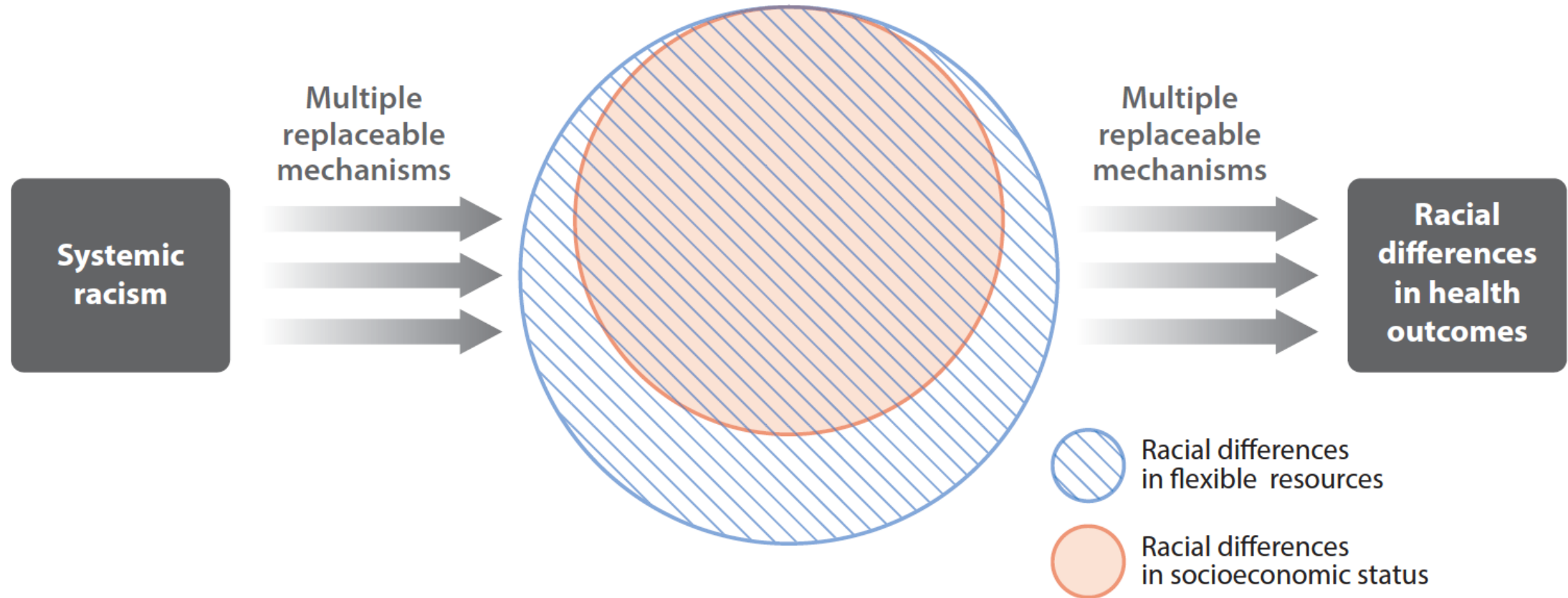


Figure 1

Racism as a fundamental cause of health inequalities: conceptual model.

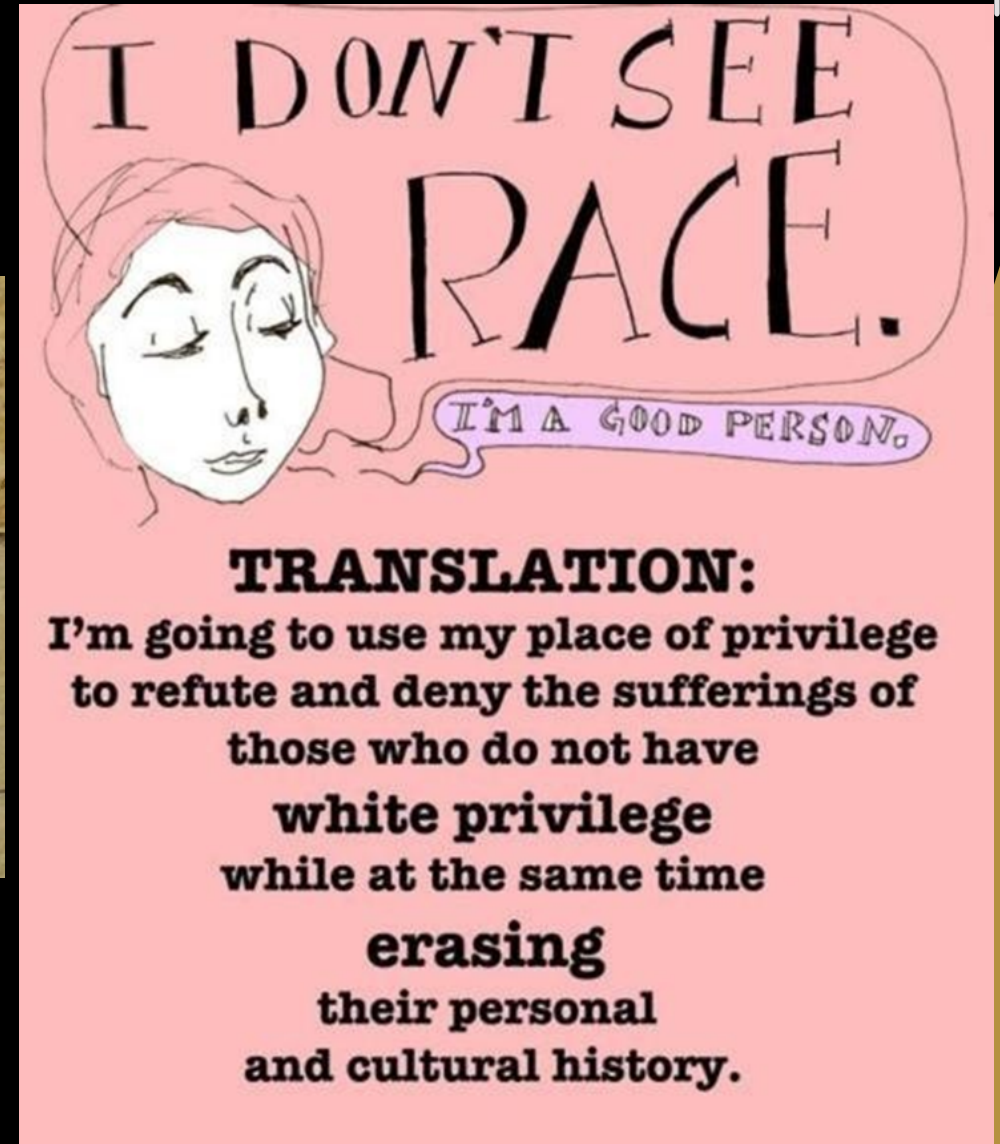
(Phelan & Link, 2015)



“Racism is not an
event; it is a process.”

Zindzi Mandela, NPR, April 29, 2004

INTENTION VS. IMPACT



Train station managers—public servants—in Nazi Germany kept the trains running on time during the Jewish Holocaust.

Are they doing something harmful?

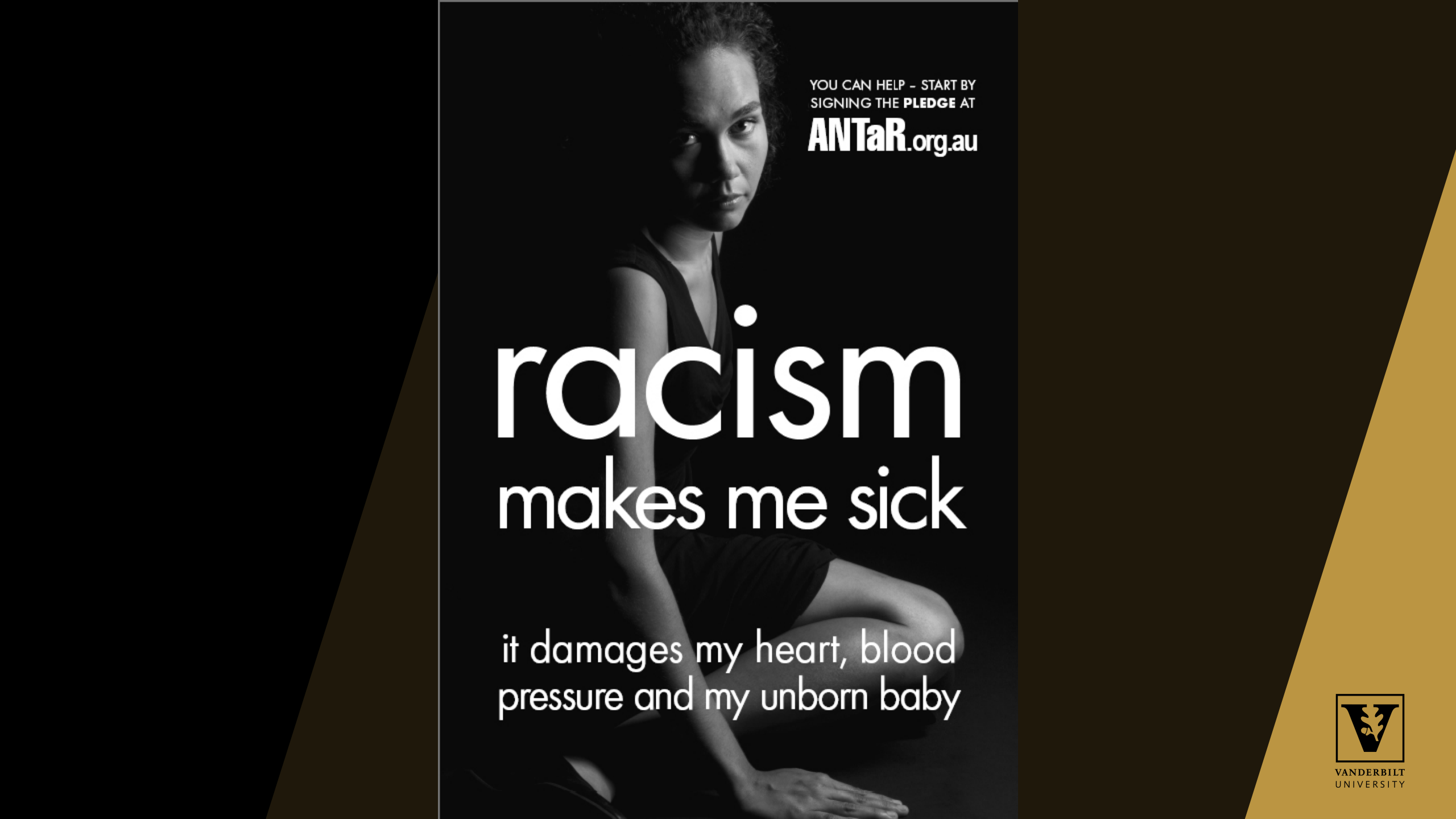


(Balfour, Adams & Nickels, 2014)



“...ordinary people within their normal professional and administrative roles can engage in acts of evil without being aware that they are doing anything wrong... people may even view their evil activity as good.”

(Balfour, Adams & Nickels, 2014)



YOU CAN HELP – START BY
SIGNING THE **PLEDGE** AT

ANTaR.org.au

racism makes me sick

it damages my heart, blood
pressure and my unborn baby



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How can dental
public health
professionals address
racism and pursue
oral health equity?

WHAT CAN I DO?

1. Continue to ask questions about why oral health outcomes vary by things that it shouldn't (e.g., race, ethnicity, sexual orientation, rurality)
2. Regardless of your comfort with the term "racism", be open to the possibility that racial and ethnic differences in oral health outcomes are not primarily due to biological or behavioral differences
3. Consider racism a useful term for explaining the process by which racial patterns in outcomes persist over time
4. Recognize that race (with all of its problems as a construct) remains a useful proxy for who is likely to have a number of barriers to optimal oral health across the lifecourse

WHAT CAN I DO?

5. Engage and keep up with the literature outside of dental public health to make sure that your work is informed by the most up to date scholarship
6. Before conducting analyses by race or ethnicity, hypothesize why these differences may exist by these variables
7. Look upstream to consider more comprehensive explanations for the patterns of oral health outcomes that you see and seek to address
8. Don't assume that population level patterns apply to individuals! Ask!

WHAT CAN I DO?

9. Make space within the organization for people to ask and honestly grapple with racism and racial inequities
10. Understanding racial as a determinant of oral health inequities is not about your personal feelings, background, or identity; it is a scientific concept that is important for you to incorporate in your work.

KEY POINTS



DEFINE RACISM AND OTHER
KEY TERMS



DISCUSS RACISM AS A
DETERMINANT OF HEALTH
INEQUITIES



PROPOSE WAYS DENTAL
PUBLIC HEALTH
PROFESSIONALS CAN
ADDRESS RACISM AND
PURSUE ORAL HEALTH
EQUITY

The problem of the twentieth century
is the problem of the color line.

W. E. B. Du Bois

www.thequotes.in



“If the problem of the twentieth century was, in W. E. B. Du Bois’s famous words, “the problem of the color line,” then the problem of the twenty-first century is the problem of colorblindness, the refusal to acknowledge the causes and consequences of enduring racial stratification.”

(Naomi Murakawa, 2014)

