

The Fifth Annual Symposium
on the Social Determinants of Health

Race, Racism, and Baltimore's Future: A Focus on Structural and Institutional Racism



Executive Summary

#SDH2016



Engaging communities, Improving health



Introduction

After the death of Freddie Gray on April 12, 2015, and the protests and demonstrations that shook the city soon after, Baltimore became a symbol of racial strife and inequity and gained the media attention of not just the United States but the entire world. This was not news for the people of Baltimore or for many of the organizations that work tirelessly toward positive change in this city. To many, the death of Freddie Gray did not come as a surprise. To them, inequitable treatment of young, black men was nothing new; and it certainly was nothing that they had not heard, witnessed, or personally experienced. With the whole world watching, this tragedy brought determination; a determination that his death was not in vain, that the spotlight would not go away, and that together, through galvanized momentum, something would be done.

On April 25, 2016, over 700 people came together to attend the 5th annual Social Determinants of Health Symposium on **Race, Racism, and Baltimore's Future: A Focus on Structural and Institutional Racism**. The symposium was hosted by the Johns Hopkins Urban Health Institute and the Office of Provost. Attendees were a diverse group from the Baltimore area and beyond. Twenty-one invited speakers ranging from research and legal experts to leaders from non-profit community organizations spent the day in an intense discussion of race and racism in Baltimore. They participated in four panels, sharing poignant anecdotes about their personal experiences and presenting their research, all offering suggestions for ways forward.

This year, for the first time, the symposium also facilitated small breakout sessions in an effort to turn discussion into action, as tangible goals are necessary for making progress in Baltimore.

Speakers participated in four panels sharing expertise on:

1. overcoming structural racism,
2. how racism affects health,
3. how racism, racial segregation, and the education system are connected, and
4. racism and policing.

The goals of this symposium were to:

1. reiterate how salient structural racism is in the lives of people in Baltimore City,
2. acknowledge structural racism as a critical public health concern, and
3. critically assess the changes that we can make to reduce structural racism in our personal lives and in the institutions where we work.

Freddie Gray's death and the events that followed brought determination to the event—a determination that his death was not in vain, that the spotlight would not go away, and that together, through galvanized momentum, positive change would be made.

This report summarizes key lessons learned and challenges as discussed by the symposium speakers. Additionally, successful Baltimore City organizations are highlighted throughout.

Panel 1: Overcoming Structural Racism

Racial disparities in health, policing, and education are a product of structural racism

Keynote Speaker: **Diane Bell McKoy**, President and CEO, Associated Black Charities

Discussants: **Gretchen Susi**, PhD, Director, Roundtable on Community Change, The Aspen Institute
Maggie Potapchuk, Founder, MP Associates

Moderator: **Phyllis Sharps**, PhD, RN, FAAN, Associate Dean for Community Programs and Initiatives, Johns Hopkins University School of Nursing

Introduction

In a 2015 CNN and Kaiser Family Foundation poll, participants were asked whether a series of situations had occurred to them as a result of their race or ethnicity. Results showed that African American and Hispanic respondents had been denied housing, been prevented from voting, and feared for their lives at a significantly higher rate than their white peers. For the most part, these situations are enabled by structural racism, the underlying racial tension in society as a result of historical precedent, contemporary culture, and public policy. Even in 2016, despite significant progress in eliminating legal discrimination against racial or ethnic minorities, public opinion demonstrates it is still a salient issue in the lives of many Americans.

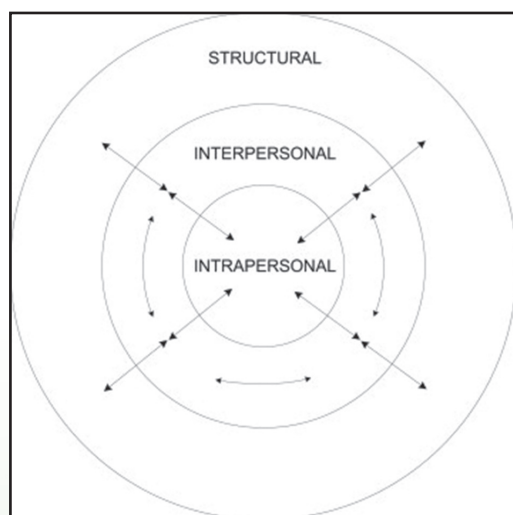


Figure 1. A multilevel system with arrows depicting the possibility for bidirectional influences within and between system levels.

Lessons Learned

- **There are many different forms of racism**

Many of the experts at the panel discussed different forms of racism. This is very important for understanding and educating others about race. The following table may be helpful. In order to overcome structural racism, we must understand each of these different levels, and work to address them all (see Table 1).

- **All of these forms of racism interact**

In discussions by panelists it became apparent that all of these forms of racism interact. It is helpful to understand this interaction by use of the following diagram which was developed by Cook and colleagues (see Figure 1).

This framework helps us understand that different forms of racism are bidirectional and reciprocal in nature. For example, intrapersonal racism influences interpersonal racism, which influences structural racism, and vice versa. Intrapersonal racism includes both internal and individual racism. In order to dismantle structural racism, we must understand these interactions. Even if we have race-neutral policies and systems in place, they will inevitably fail to reduce structural racism unless we also work to eradicate interpersonal and intrapersonal racism.

Definitions	Examples
Individual Racism	
<p>“Individual racism refers to the beliefs, attitudes, and actions of individuals that support or perpetuate racism. Individual racism can be deliberate, or the individual may act to perpetuate or support racism without knowing that is what he or she is doing” (Potapchuk, M., Leiderman, S., Bivens, D. & B. Major, 2005). Individual racism can include acts of commission as well as acts of omission (Jones, 2000).</p>	<p>“When police officers look at young black males and believe that they are violent and dangerous, they are not bad cops, they are normal Americans reflecting what they have been fed as a result of being raised in this society. These are images deeply embedded in selves and their culture and we have to think about ways of dismantling these images from this culture.” – David Williams</p>
Internalized Racism	
<p>Internalized racism occurs when a racial group oppressed by racism supports the supremacy by participating in the beliefs, attitudes, actions, social structures and ideologies of the dominating group’s power (Potapchuk, M., Leiderman, S., Bivens, D. & B. Major, 2005). As Donna Bivens explains, “As people of color are victimized by racism, we internalize it. That is, we develop ideas, beliefs, actions and behaviors that support or collude with racism. This internalized racism has its own systemic reality and its own negative consequences in the lives and communities of people of color” (Potapchuk, M., Leiderman, S., Bivens, D. & B. Major, 2005).</p>	<p>Sherrilyn Ifill discussed the internalized racism that African American children experience. Specifically, she spoke of Dr. Kenneth Clark’s famous “doll experiment” where when black children are asked to compare dolls, identical but for the color of their skin, they majority believed that the black doll was the “bad” doll, compare to the “nice” white doll.</p>
Interpersonal Racism	
<p>“Interpersonal racism occurs between individuals. Once we bring our private beliefs into our interaction with others, racism is now in the interpersonal realm.” Interpersonal racism reveals itself in public expressions of racial prejudice, hate, bias and bigotry between individuals (Lawrence & Keleher, 2004).</p>	<p>“What my friend did not understand is that I have been followed in stores, I have had guns pointed at me by both police officers and others. What my friend did not understand is that I have had my mother harassed as she unloads groceries and I have seen police tanks roll in front of my house, making people feel like they are in a war zone and not a major American city.... That was, and still is, my life.” – James Page</p>
Institutional Racism	
<p>“Institutional racism refers specifically to the ways in which institutional policies and practices create different outcomes for different racial groups. The institutional policies may never mention any racial group but their effect is to create advantages for whites and oppression and disadvantage from groups classified as non-white” (Potapchuk, M., Leiderman, S., Bivens, D. & B. Major, 2005).</p>	<p>“If you are the only black, or Latino, or minority in an organization when you arrive.” – Thomas A. LaVeist</p>
Structural Racism	
<p>“Structural Racism lies underneath, all around and across society. It encompasses: (1) history, which lies underneath the surface, providing the foundation for white supremacy in this country, (2) culture, which exists all around our everyday lives, providing the normalization and replication of racism and, (3) interconnected institutions and policies, they key relationships and rules across society providing the legitimacy and reinforcements to maintain and perpetuate racism” (Lawrence & Keleher, 2004).</p>	<p>“Where you live in the United States determines where you go to school, and the quality of education that you receive. It determines your access to employment opportunities. It determines the quality of neighborhood and housing conditions and how much lead exposure you have. It determines whether it is easy or difficult to be healthy in your neighborhood. It determines your access to medical care.” – David R. Williams</p>

Table 1. Definitions and examples of various forms of racism.

“It is important to be very specific with our policies. Though they might look like it is good for everyone, they might not be. We need to approach policy with an equity lens.”

Diane Bell McKoy

- **Residential segregation by race and poverty impacts everything else, including health, schools, and policing.**

In relation to health, residential segregation impacts access to healthy foods, access to hospitals and doctors, quality housing (exposure to environmental toxins), and access to safe recreational places for children. Additionally, residential segregation impacts the quality of the schools as well as access to appropriate and timely policing. As a result, panelists emphasized addressing residential segregation to overcome structural racism.

- **History is important.**

In learning how to overcome structural racism, speakers emphasized that we must acknowledge United States history, and the role that this history plays in our current policy and practice even when such acknowledgement is uncomfortable and challenging. We will try to capture that history throughout the sections of this report that follow.

- **We must acknowledge and address white privilege to understand other's disadvantage.**

We must acknowledge that the myth that everyone can make it if they just work hard enough is just that – a myth. It was emphasized by many of the speakers that “black and brown people are not broken,” and that the systems in America force people of color to adapt, either successfully or unsuccessfully, to racialized policies. If white America does not acknowledge that they have been advantaged by their skin color then they will continue to believe that people of color are less advantaged because of personal attributes.

Challenges

- **Some have argued that with the election of President Obama we live in a post-racial society where racism is a notion of the past—that is far from reality.**

Speakers discussed how ignorance about race is culturally normative. Moreover, within the current political climate, policies are often framed with a universal lens, one that gives equal access and opportunities to all. Even if true, such policies ignore that the starting point is not the same for all people and “equal opportunity” advantages those whose starting point is farther ahead. Policies, speakers argued, need to acknowledge this reality.

- **Structural racism is ever changing and we continue to make the same mistakes.**

Speakers discussed frustration with the lack of public awareness and understanding of how policies adapt over time to reinforce and bolster structural racism. They also acknowledged the need to develop clear conceptual frameworks for understanding the multidimensional nature of structural racism.

“People wonder, that can't be possible, this is 2016! We have had a host of civil rights laws and opportunities have occurred, laws have changed... But despite all our laws, structural racism not only endures, but it actually adapts over time.”

Diane Bell McKoy

Components to Address

- **We need to develop a Baltimore City racial equity action plan.**

Examples of cities/states that have implemented actions plans are available on the following website made available by Racial Equity Tools. This could be a good place for Baltimore to start.

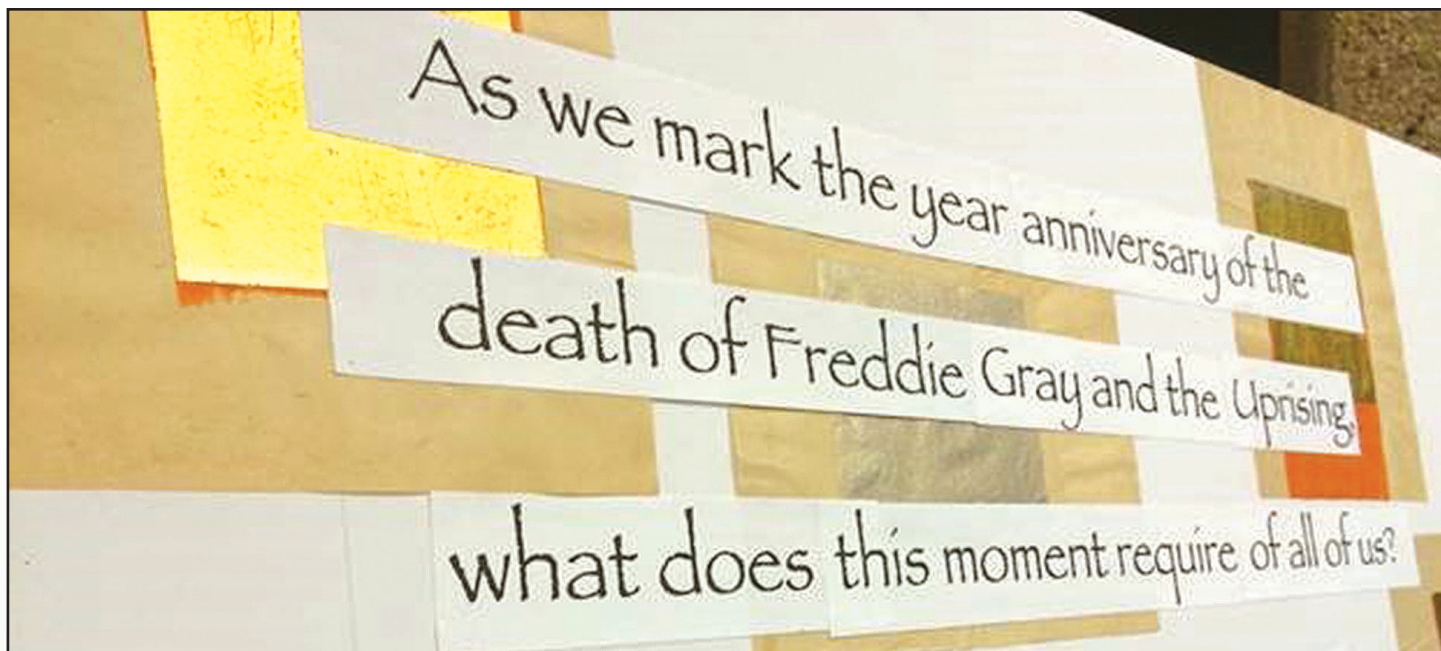
www.racialequitytools.org/plan/action-plan#PLA34

“Had Freddie Gray lived, what were his chances for a full and filled life? There are other Freddie Grays out there that we are not talking about, simply because they are alive. But we have not been asking what their lives would have been like.”

Sherrilyn Ifill

Examples of Successful Baltimore Organizations

- **The Greater Baltimore Urban League** is a nonprofit that seeks to reduce disparities in employment, education, healthcare, and housing for African Americans and other people facing barriers across Maryland.
www.gbul.org/about-gbul.html
- **Leaders of a Beautiful Struggle** works towards transforming Baltimore through policy change.
www.lbsbaltimore.com
- **The Maryland Legislative Black Caucus** drafts and sponsors legislations dedicated to enriching Maryland’s Black or African American community.
www.msa.maryland.gov/msa/mdmanual/07leg/html/caucus/black.html
- **Associated Black Charities** is a public foundation that “advocates and facilitates the creation of measurably healthier and more prosperous communities through responsible leadership and philanthropic investment throughout the State of Maryland.”
www.abc-md.org/associated-black-charities



Interactive art project at the symposium.

Panel 2: Racism and Health

Disparities in health are a symptom of structural racism

Keynote Speaker: **David R. Williams**, PhD, MPH, Professor, Harvard T.H. Chan School of Public Health

Discussants: **Thomas A. LaVeist**, PhD, Chair, Department of Health Policy and Management, George Washington University Milken Institute School of Public Health

Cory Bradley, MSW, MPH, Doctoral Student, Health, Behavior and Society, Johns Hopkins Bloomberg School of Public Health

Moderator: **Maria E. Trent**, MD, MPH, Associate Professor, Johns Hopkins University (School of Medicine, Nursing, Bloomberg School of Public Health)

Introduction

Baltimore's health care legacy, while one of great advances in medicine, is paralleled by racially segregated healthcare delivery. Today, substantial racial differences persist in both mortality and morbidity based on race in Baltimore City. Almost all health indicators—including diabetes, obesity, high blood pressure, childhood asthma, smoking, and poor mental health—are higher for African Americans than for white residents in the city. A recent systematic review found that a majority of health care providers appear to have implicit racial bias. Public and professional awareness is key to reducing these disparities.

“How is it possible that health care providers in the United States – well trained, highly educated, health professionals – wake up every morning wanting to do the best for their patients and still produce a negative pattern of outcomes?”

David R. Williams

Lessons Learned

- **Racism never acts alone in its effects on health.**

In fact, there are multiple pathways in which racism and racist systems affects health, including increased stress associated with racism (discrimination, physical/chemical exposures, historical trauma, internalized racism, etc.), fewer opportunities because of societal and individual level racism (educational, employment, income, etc.), and reduced access to societal resources because of institutional racism (medical care, housing, neighborhood/community). In order to address the elements of racism in the health care system that perpetuates health disparities, David Williams spoke of increasing accountability and reducing discretion, as well as working on key leverage points.

- **Racism affects our behaviors and physiological responses**

Although ‘race’ is a socially constructed idea, an individual’s racial classification has profound impacts on their health. Racism and racist systems affect a person’s behavioral patterns (health practices, everyday resistance), their psychological responses (internalized racism, racial identity, self-esteem), and their physiological responses (central nervous system, endocrine, metabolic, immune, and cardiovascular).

- **Racism itself is a determinant of health.**

These racial and ethnic disparities in health exist even when insurance status, income, age, and severity of conditions are comparable. Speakers discussed how racism can affect both mental and physical health, and for people of color it can create internalized racism where they believe and act upon the negative stereotypes that are perpetuated about them.

- **Place matters – disparities in health among minority groups are intimately connected to residential segregation.**

Moreover, speakers discussed how the institutionalized isolation and marginalization of racial populations has adversely affected health and life chances in multiple ways. It determines whether it is easy or difficult to be healthy in your neighborhood. As Dr. Williams explained, “Where you live in the United States determines where you go to school, and the quality of the education you receive. It determines your access to employment opportunities. It determines the quality of your neighborhood and your housing conditions and how much lead exposure you have.” In addition to impacting physical health, it is also about well-being. Living in an unsafe, unhealthy, run-down neighborhood decreases your quality of life.

- **Embrace, rather than avoid intersectionality.**

When understanding the health consequences of racism, we need to embrace, rather than avoid, intersectionality. That is to say, individuals have a myriad of identities that makes them who they are, including their sexual orientation, their gender, their socioeconomic status, their disability status, and their race. In understanding their health and making positive changes to improve it, we must highlight how these identities are intertwined.

Challenges

- **Health care providers are part of the problem.**

Bias, stereotyping, prejudice, and clinical uncertainty negatively affect health outcomes of patients of color. Speakers discussed how this was not necessarily overt, or blatantly discriminatory acts against patients, but that racism affects the choices that physicians and health care providers make in the care of their patients. We must work hard to provide our medical professionals with adequate training on implicit racial bias and cultural competency to combat this problem.

- **One of the most dangerous forms of racism is indifference.**

Racism often occurs without malicious intent, so providers need to understand and acknowledge their often hidden biases. Speakers noted the challenges of addressing hidden bias since first there is the need to make them visible to the individual and then develop a strategy to address them.

- **We need political will to dismantle how structural racism affects health.**

To make changes in the health care and social systems that lead to persistently poorer health outcomes of some groups, we need a political will since health care access alone will not in itself alter the statistics.

Components to Address

When addressing poor mental and physical health outcomes that are related to racism, there are multiple systems that need to be addressed. Ultimately, all of the following components need to be improved to reduce inequities in health:

- **Health care system**
including insurance, funding, majority white health care provider system, and access
- **Health care providers**
including unconscious bias, attitudes, and racism
- **The patient**
including mistrust, health behaviors, health literacy, and fear
- **The community**
including transportation to hospitals, and collective efficacy

Examples of Successful Baltimore Organizations

- **B'more for Healthy Babies** is a program of the Baltimore City Health Department and the Family League of Baltimore City. They work towards improving health outcomes for women, children, and their families through public health initiatives including safe sleep, teen pregnancy prevention, family planning, health literacy, and housing. www.healthybabiesbaltimore.com

“Racial differences in socioeconomic status are not acts of God, they are not random events. They didn't just happen or come out of thin air. They reflect the successful implementation of social policies, and residential segregation is doing exactly what it was intended to do and it is a structural component of racism that we will not see progress on, unless we find ways to dismantle its negative effects.” *David R. Williams*



One of 20 love walls around Baltimore, Maryland, part of the Baltimore Love Project. This is in southwest Baltimore near Hollins Street Market.

Panel 3: Racism, Racial Segregation, and Education

Disparities in education are a symptom of structural racism

Keynote Speaker: **Richard Rothstein**, Research Associate, Economic Policy Institute

Discussants: **David W. Andrews**, PhD, President, National University, La Jolla, CA

Lisa N. Williams, EdD, Director of Equity and Cultural Proficiency, Baltimore County Public Schools

Verlando Brown, MS, Advocate for health and education

Moderator: **Mariale Hardiman**, EdD, Interim Dean, Johns Hopkins University School of Education

Introduction

In response to desegregation mandated by *Brown vs. Board of Education*, Baltimore City allowed students of all ethnicities to select their school within a variety of zoned, lottery, and magnet public schools. However, this practice enabled school administrators to avoid discussing race and racial composition, even as schools reverted to their original, segregated state. School segregation is known to limit educational opportunities and outcomes. Children's educational success and the success at the school are intricately linked to the education and resources of homes and communities, the quality and range of the curriculum, the nature of the peer group in the school, and the skills of the teachers. All factors tend to be better in wealthier schools than those in areas of concentrated poverty (which generally have schools with predominantly minority students). In Baltimore City, poor educational outcomes are also related to poor health outcomes in the long term.

Lessons Learned

Given this information, four main themes emerged in the discussions that were held by the symposium panelists. Specifically, in understanding racial segregation in our Baltimore City schools, it was noted that:

- **Educational segregation occurs typically BOTH by race and poverty status.**

Panelists discussed this concept, which has become known as *double segregation*. Residential segregation is a major contributor to school segregation. Orfield and colleagues discuss this problem of double segregation by explaining that "in schools that are 81-100% black and Latino, over three-quarters of the students are also enrolled in schools where more than 70% of students live in poverty. In fact, half of students in 91%-100% black and Latino schools are in schools that also have more than 90% low-income students." Panelists discussed the need to desegregate neighborhoods before racially integrated schools can become a reality.

- **Educational segregation is both a result of *de facto* and *de jure* segregation.**

Rothstein discussed the fact that Maryland (one of 17 states) had *de jure* segregation, and thus has an intense history of racial school segregation. Distinction between *de facto* and *de jure* segregation is important. *De jure* is the most obvious form of segregation, which is ordained by the law. *De facto* segregation refers to segregation that occurs as a result of choice. Dr. Rothstein argued that *de facto* segregation is not a reality, and cannot be so because educational segregation is a result of both intentional and unintentional acts of racism through policy and white flight. His argument lies mostly in the “choice” aspect of residential segregation. Can it really be “by choice” if the system was set up from inception to be racially segregated?

- **Segregated schools put children at a disadvantage.**

Speakers discussed how school segregation limits academic development and the social and economic opportunities for black children, thus perpetuating disadvantage.

- **Black, brown, and Native kids are not broken.**

Although self explanatory, the following quote by Lisa Williams most eloquently elaborates:

“We need to make substantive transformation that is not rooted in looking at children and communities as deficits. Black, brown, and Native kids are not broken. We need to transform our policies and ultimately see the value and worth of all young people and when we do those things, line our actions up accordingly.”

Challenges

- **De-segregating students in schools is not enough.**

Although it is known that students in mixed race and mixed income schools will thrive, simply bringing children into the same buildings does not overcome all the obstacles they face in order to be successful. As was noted by the speakers, inequities for students in segregated schools are not all caused by segregation. In order to address unequal educational outcomes, and to make appropriate, affordable education available to all our children, regardless of their race or ethnicity, we have to take a holistic view in our solutions. That means we need to think about equitable policies to improve transportation systems, housing, and employment opportunities for parents.

- **Punishing the teachers is counterproductive.**

Imposing impossible standards on failing school systems and then blaming teachers is not productive for making adequate change for our youth. Yes, teachers, just like medical professionals, need to understand their implicit biases and have appropriate cultural competency training. Yes, we do need to combat this interpersonal level prejudice, discrimination and bias; however, we must also address the entire educational system and how it systematically advantages some over others. Panelists asserted that we need to move away from structural inequalities – such as SAT scores and ridged test requirements – that disproportionately disadvantage particular groups of children.

- **It is not just about K-12.**

It is also about representation of racial and ethnic groups in higher education institutions and the difficulties that they face. As panelist Verlando Brown discussed, many public school systems in Baltimore City do not adequately prepare students to attend college. Brown discussed how he was

able to succeed in college due to a strong support system that encouraged him to overcome his lack of preparation, yet he also candidly acknowledged that not all students in Baltimore City have this. Public school segregation in Baltimore City limits academic development and the social and economic opportunities for black children, thus putting them at a substantial disadvantage when they enter college.

Components to Address

Repeatedly, symposium speakers reinforced that in order to make change in Baltimore City, we must apply racial equity to city programs and projects, and inform and educate where necessary. There needs to be deliberate policy and leadership to truly transform the schools to have strong values and equitable treatment of all students, and an understanding of diversity of culture and learning styles from all levels of education, including leadership, administration, and teachers. According to the Civil Rights Project and authors Ayscue et al, there are multiple steps that Maryland should take to address school segregation. For a comprehensive list, please see the link that is provided in the references. Several recommendations are highlighted here:

1. Maryland should develop state-level policies for reducing racial isolation and promoting diverse schools including:
 - a. Diversifying teaching staff
 - b. Requiring districts to report on diversity-related matters for both public and charter schools
2. School officials should work to promote diversity and litigation should be considered against charter schools that intentionally served only one racial or ethnic group.
3. Fair housing should be addressed including a focus on auditing discrimination in housing markets.
4. New schools should be built that are not opened in racially isolated areas.
5. Transfer programs should be used to promote racially integrated schools.
6. Parents should ask school boards to address noncompliance and violations of desegregation plans.
7. Interested citizens should support judicial appointees who are willing to address the history

of segregation.

In addition to racial integration in K-12, Chambers, Boger and Tobin suggest a change in the admissions process for colleges such that college admissions deliberately advantage qualified high school students who have come from a high school that has demonstrated a racially inclusive student body and that the student applicants have personally demonstrated the ability to compete in a diverse educational setting. This will both improve k-12 diversity but also college admissions diversity.

Examples of Successful Baltimore Organizations

- **KIPP Baltimore's** mission is to “create and operate public schools in Baltimore City that lead students from low socioeconomic backgrounds and a diversity of skill levels to attend and succeed in four-year colleges.”
www.kippbaltimore.org/pub/Mission-/-Vision
- **Building STEPS (Science Technology and Education Partnerships Inc.)** is a nonprofit that helps support minority high school students to attend college and to become science and technology professionals.
www.buildingsteps.org
- **Higher Achievement** is an organization that provides public school students with varying levels of support both inside and outside the school to improve academic achievement. They focus on four social justice pillars including voice, freedom, justice, and solidarity.
www.higherachievement.org/our-program
- **Middle Grades Partnership** has created nine public-private school partnerships that provide “exceptional programming that halts summer learning loss, balances enrichment with skill development and brings communities together to address silos of race, class and opportunity.”
www.middlegradespartnership.org

Panel 4: Racism and Policing

Disparities in policing are a symptom of structural racism

Keynote Speaker: **Sherrilyn Ifill**, President and Director-Counsel, NAACP Legal Defense and Educational Fund, Inc.

Discussants: **Deborah Peterson Small**, JD/MPP, Executive Director and Founder of Break the Chains, JHSPH Post-Doc Fellow

David O. Fakunle, BA, Drug Dependence Epidemiology Training Program, Department of Mental Health, Johns Hopkins Bloomberg School of Public Health

Moderator: **Daniel W. Webster**, ScD, MPH, Director, Johns Hopkins Center for Gun Policy and Research, Deputy Director for Research, Johns Hopkins Center for the Prevention of Youth Violence

Introduction

Freddie Gray's death was the latest in a long line of police killings of African Americans in Baltimore. In March of 2015, the American Civil Liberties Union (ACLU) of Maryland published a report on the 109 deadly police encounters in Maryland between 2010 and 2014. Sixty-nine percent of the total deaths were black. The most startling finding of this report was that the number of unarmed black civilians who died was greater than the number of all whites who died. It was also found that 10 unarmed black people died for every unarmed white person. Biased policing has led to a general distrust of law enforcement among minority communities, exorbitantly high rates of arrest and police encounters among the group, and ultimately, the violence that claimed the life of Freddie Gray.

Lessons Learned

- **We must work together to improve racism in policing.**

Panelists discussed the need for open and honest discussion. David Fakunle asserted that sometimes people become defensive when discussing racism because they don't want to be seen as a racist. He said how we must try to relate to each other, understand each other's point of view, and be accepting of ourselves when we make mistakes. Understanding our differences allows us to see humanity in one another and see others as worthy of kindness and respect. Ultimately, we must not be afraid to bring our biases to light, as it is the only way we can learn from each other. After all, panelists agreed that racism is bad for everyone, not

"I struggle when I have to tell my son to bow his head, to avert his eyes, to close his mouth. He should be able to walk up to the other man and look him square in the eyes and say to him, I am James Edward Paige the third and I am not your target practice. But I have to tell him, don't say anything son. Just come home and give me a hug and tell me about your problems and fears. But just always come home."

James E. Page

just people of color. We cannot be a fully functioning, diverse, multicultural, thriving community when racism is present.

- **When investigating inequity in police treatment, people are asking the wrong questions.**

Sherrilyn Ifill discussed how in the moment of crisis, and largely in the death of unarmed black men at the hands of police, people become fixated on what she believes to be the wrong questions. Though Ifill believes that focusing on moments where officers deliberately choose to treat someone differently because of their race is important to call out, she argued that what is more important is focusing on the broader social, political, and organizational cues that instruct the officer's actions. Yes, it is important to understand the circumstances that led to the death of Freddie Grey, including understanding the actions of the police officers who interacted with him, but she also calls on us to understand the lack of opportunities that Freddie Grey had for housing, employment, and schooling.

- **Black lives matter in life, not just in death.**

The death of Freddie Grey was a topic that arose and was discussed by the panelists often. The main sentiment was that Freddie's life should have been important before he was killed. Only seeing black lives as worthy of action in their death is a very painful message for African Americans and people of color and is dangerous for well-being, health, and internalized racism.

- **Police brutality and an unequal justice system is about a failure to see humanity in others.**

Although it was emphasized that we must focus on changing the systems that allow racism in policing to occur, it was also emphasized by panelists that we must remember to put a face to the work that we are doing. We must not lose touch of why we are seeking to change policy, because ultimately it is the people that we are changing. As David O. Fakunle stated:

"We need to acknowledge our differences and the differences in our experiences... in that, we can recognize our humanity. Sometimes we lose touch of this when we think about policies and laws because we are thinking about what we have to put on paper."

Challenges

- **There is sometimes inaccurate portrayal of people of color in media.**

Racism is embedded in American culture and is internalized by even our youngest members. Images and ideas of black inferiority and white superiority are commonplace in American culture and are perpetuated in almost every form of media. Thus, our society embeds within us a culture of racism, which leads to bias, stigma, and stereotyping.

- **There is a need for more data around police-involved killings.**

Panelists discussed the lack of transparency that occurs when police harm people. Although there has been substantial community mobilization and commitment to making the facts known about the current status of police interactions in Baltimore City, there continues to be a glaring lack of data and evidence on police interactions or deaths at hands of police.

"They [teachers] have had no exposure to know or understand things differently. What we need to do is work with teachers to be transformed. It is not a blame the teacher conversation and it should be a systems discussion. Change the system. This is a systemic problem."

Lisa N. Williams

- **The black community does not trust the police and they are afraid.**

In a powerful personal narrative, Dr. Page discusses his fear in raising a black male child in today's society. He discusses how he has been followed in stores and had guns pointed at him by police. Dr. Page's narrative helps us understand that these fears are not unique to him, but rather a common African American experience.

- **Police brutality and oppression are traumatizing for the black community.**

In discussions about police brutality and oppression for African Americans and people of color, panelists discussed the negative mental and physical health impacts that result from the cumulative and unpredictable trauma that occurs from unfair treatment.

Examples of Successful Baltimore Organizations

- **No Boundaries Coalition** has brought together community members from Sandtown, Druid Heights, Upton, Madison Park, Penn North, Reservoir Hill, and Bolton Hill to address issues in racial and economic segregation in Baltimore City.
www.noboundariescoalition.com

- **Safe Streets** is a Baltimore City Health Department community engagement program that utilizes community mediators to intervene in potentially violent situations to reduce violent crime before police have to respond.
<http://health.baltimorecity.gov/safestreets>

- **Baltimore Racial Justice Action** is a Baltimore City organization that works against racism and other forms of institutional oppression through consulting, coaching, and assistance to organizations and the community.
www.bmoreantiracist.org



Interactive art project at the symposium.

Developing a Strategy to Move Forward: Lessons from the Small Group Discussions

“Freddie Gray’s life and death are a symbol of all of the systems working against him. All of the things that you have been talking about today affected him: schools, health, and criminal justice. Did you see him? All of those things hit Freddie in the gut. **Did you see him?**”

Congressman Elijah Cummings

Areas of Deep Concern

As discussions about Baltimore City circulated, it became apparent that across 35 independent group sessions, there were major sources of concern for Baltimore City residents. Issues acknowledged by half or more participants as priority concerns included:

- **Lack of access, or unequal access to quality healthcare:** Participants discussed a lack of access to mental health services in particular communities, a lack of access to culturally competent healthcare, segregation in healthcare access, and lack of access to affordable health insurance.
- **Poor educational opportunities**, largely affecting the City vs. the County. Participants discussed: lack of access to universal pre-K, little control over school curriculum, black children being labeled for special education, high school staff turnover in city schools, schools that don’t have basic needs (e.g., available water), lack of vocational education tracks, lack of college preparatory readiness, and lack of trauma-informed policies or curriculums.
- **Major housing difficulties** were discussed by 47% of groups and included substandard housing, issues with large populations of homelessness, segregated neighborhoods, gentrification, racist housing policies, and unstable housing.

Additional concerns of note by 40% of participants:

- Unequal distribution of accessible, affordable, and high quality food options.
- Unequal or segregated funding sources and educational resources for non-profit organizations.
- Poor information-sharing (i.e. databases, public information) for the Baltimore community.

Identifying Obstacles to Baltimore City Anti-Racism Work

Additionally, respondents identified barriers that continue to interfere with progress in moving away from structures in Baltimore that allow disparities by race to continue. The top five barriers discussed:

- daily, lived trauma of Baltimore residents
- a lack of knowledge of where to find needed resources
- low health literacy rates
- internalized racism
- a pervasive mistrust of government and institutions

Additionally, power dynamics (18%), hopelessness (12%), and untapped human capital (6%) were discussed as barriers to success.

Identifying Baltimore City Assets and Strengths

Respondents also identified key attributes of Baltimore City that make it strong, and advance its capacity to move forward to overcome racism. The most commonly discussed strengths were:

- **Baltimore's medical community:** Baltimore houses some of the best medical institutions. Johns Hopkins, University of Maryland, Morgan State University, and University of Baltimore were all mentioned.
- **Baltimore's resilience:** Baltimore City is resilient, proud, and has a strong sense of community.
- **Human capital:** Discussants mentioned that a large black population and a large and vibrant history from diverse backgrounds makes us as a city strong. People discussed prominent historical figures such as Thurgood Marshall as examples of important leaders and idols for people in the city.
- **The philanthropic and business community:** Baltimore City has many non-profits and businesses that are passionate about helping their community.
- **Community momentum for change:** There is a momentum in anti-racist efforts and a willingness to have a conversation about racism and Baltimore City. People discussed how the civil unrest following the death of Freddie Gray created a spotlight to harness and mobilize change.

Short Term Goals and Action Steps

These actions and goals included ideas about individual transformation and change of others, as well as implementing steps towards accountability. Together attendees stated that they would: build awareness, collaborate across organizations, invest in youth development, educate people about white privilege, talk to politicians, help people navigate the system, offer mentorship, build trust and engage the community, and follow up with each other.

It is important moving forward that we can trust each other to define the work that needs to be done in our own communities, and follow through to make this city a more equitable place. In order to accomplish the goals that were discussed by the symposium attendees and speakers, the Urban Health Institute has compiled resources that can be useful in accomplishing these goals. It is important to us that as a collective and passionate unit, inspired by our ONE Baltimore and all that it has to offer, that we do something with what we have learned.

There is something profound and powerful about a group of people impassioned to make positive change. Please use the tools found in the [online resource guide](#) to continue our efforts to eradicate structural racism in Baltimore City.

“Some of the best allies that I have ever had in my life were people that did not know (about their personal biases) and it was not about putting them down, it was about teaching them and making them learn. I don't blame you - you have been taught just how I have been taught. So let me show you.”

David O. Fakunle

Short Term Goals and Action Steps

Together attendees stated that they would:

- **Build awareness**
- **Collaborate across organizations**
- **Invest in youth development**
- **Educate people about white privilege**
- **Talk to politicians**
- **Help people navigate the system**
- **Offer mentorship**
- **Build trust and engage the community**
- **Follow up with each other**

Intermediate Goals

These actions reflected a need for organizational, structural, and environmental change across the city:

- **Begin education reform**
- **Instill accountability and transparency measures**
- **Create a new paradigm for social justice**
- **Improve Baltimore's image**
- **End food shortage**
- **Offer transportation solutions**
- **Diversify the workforce**
- **Create funding initiatives and provide more resources**



Small group discussions at the symposium.

Resources

For the full summary report and the tools and resources guide, visit our website:

www.urbanhealth.jhu.edu/SDH2016

If you are interested in watching the full program from the symposium or any of the panel discussions, visit the UHI's YouTube page and navigate to the SDH2016 Playlist:

www.youtube.com/UrbanHealthInstitute

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Who we are

Established in 2000, the UHI serves as an interface between Johns Hopkins University and the Baltimore community in which it resides. Together with its university and community partners, the UHI explores ways that the research, teaching, and clinical expertise of the University can be better harnessed for the benefit of the residents of Baltimore.

Our Mission

To serve as a catalyst that brings together the resources of Johns Hopkins Institutions with the City of Baltimore, to improve the community's health and well-being, and in so doing serve as a model of community-university collaboration regionally and nationally.

We would like to acknowledge the contributions from the Community-University Coordinating Council and community planning meeting participants in helping to shape the symposium.

Author:

Alicia Vooris, MSPH
Johns Hopkins Bloomberg School of Public Health



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