

Speaker 1: Welcome to on the pandemic. I'm Mary Marchetta Odo. Today. I am joined by Dr. Denise Rogers, vice chancellor of interprofessional programs at Rutgers biomedical and health sciences to discuss the history and connection of race and health, how disparities are being addressed and how we can take action to change the landscape. Denise, thanks for joining us.

Speaker 2: My pleasure.

Speaker 1: So just to [00:00:30] set the stage a little bit, for those of us who have spent our careers in public health, the idea that there are racial inequities in health outcomes, and the fact that race affects health is not a new idea. In fact, if we go back to the 1980s, um, Margaret Heckler, who was the secretary for the US Department of Health and Human Services under President Ronald Reagan. Now we're going back, um, released a report from a task force on Black and minority health. And I don't [00:01:00] know if you'll agree with me, but I think that was the first time that there was a real comprehensive effort by the federal government to better understand and make recommendations to address the causes and effects of health disparities in minority populations in particular, the Black community in the United States. And since that time, many efforts have been taken on to address these challenges, um, spurred by this report.

Speaker 1: But despite much of these efforts, um, we still have inequities [00:01:30] today. And in some cases, those disparities have worsened. Even if health has improved for the total population, the disparity between different populations has gotten greater. And so sadly many of us in public health were not surprised to see some of these tragic disparities come out in the cases, uh, in deaths of COVID. When we, in particular, in the beginning of this pandemic, um, where we saw Black and Hispanic populations, [00:02:00] three times more likely to get COVID and nearly twice as likely to die versus white people in our country. Well, what I'm hoping you can talk to us a little bit about is what do you believe are the major factors driving these disparities?

Speaker 2: Well, Mary, I decided, um, in thinking about the question of disparity to rather than give my own answers to actually provide answers from the federal government, because [00:02:30] I think very often people like me doing podcasts like this, uh, we give answers and people can sort of dismiss what we say as, oh, she's just sort of making that up for herself. And I think it's important, um, in, in this particular instance and in this particular moment, in the time of our country's history for me to give what is generally and agreed upon answer for what are disparities. So healthy people, 2020, which is a, a program of the federal government defines health disparity as a particular type [00:03:00] of health difference that is closely linked with social economic and or environmental disadvantage, health disparities, adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, gender, age, mental health, cognitive sensory, or physical disability, sexual orientation, or gender identity, geographic [00:03:30] location, or other characteristics historically linked to discrimination or exclusion. And one of the reasons that I like to read that is it reminds us that disparities are not unique to African Americans, Latinos and Native Americans, that there are a

variety of subsets of people in this country, um, who suffer disparities, because there are a variety of substances of peoples in this country who have suffered discrimination.

Speaker 1: [00:04:00] I, I like that definition because it also remind us that it's not just your community in terms of how you look, but where you live. Um, you know, so geography really plays a factor, um, frequently. Um, when you, when you're looking at what has happened in our country and in our state for the last two years, why do you think there has been this broader awareness and public discussion about disparities and, and health equity during the time of the pandemic, given the fact that, you know, we in public [00:04:30] health and healthcare have, and the federal government have been talking about this for, for a very long time.

Speaker 2: Yeah. So if, if we go back to recent history, <laugh>, um, it's important to note that, um, president Trump declared a national COVID emergency on March 13th, 20, 20, literally less than a month later, we started to see the headlines about African Americans in particular, [00:05:00] disproportionately dying from COVID. So by April 5th, um, articles were being published that clearly showed this disproportionate impact on blacks and these articles or in, you know, NPR, uh, in, in ProPublica, Chicago, sometimes Detroit news, New York times, Washington post. So we began to get a glimmer that not surprisingly the disparities that we've seen in, in other health issues in [00:05:30] this country are also plague themselves out with COVID. But I think what further amplified our attention to this was the murder of George Floyd on May 25th, 20, because we then began a conversation about racial justice that focused on disparities in a wide range of areas, not the least of which of course was policing, but also health. And that amplified, I think the conversation that we've been having.

Speaker 1: [00:06:00] So, you know, the confluence of those factors, um, made people more aware and open to that discussion, you think?

Speaker 2: Yeah, I think that, um, you know, for, as you said, for those of us in public health, we were primed to be more aware. It wasn't a surprise at all.

Speaker 1: In fact, you and I were asking questions about this early on together. So to find that data, to, to have that conversation,

Speaker 2: That is exactly right. Um, [00:06:30] but then I think, um, with, uh, the death of George Floyd, um, and the emergence, um, much more powerfully of the black lives matter movement. I mean, remember it's estimated that the, the black lives matter demonstrations may have been the largest social justice movement in this country's history would have been estimated 15 to 22 million people demonstrating in that period between may and September of 2020, [00:07:00] there was in lots of conversation about disparities going on. And, and obviously, um, some of the D the disparities discussed in that related to social determinants of health, and therefore we're focused on health.

Speaker 1: Let's talk a little bit more about the social determinants of health because you and I have talked about these topics, and there's a lot of research out there that

demonstrates that poverty, for example, has a very significant negative impact on health. [00:07:30] And that other factors like education level higher education level can have a very positive impact or influence on an individual's health. But, you know, when you have, um, researchers adjust for those factors within their analysis, looking at a particular health condition, um, you know, so they acknowledge that there are these social determinants of health that have either a positive or negative impact, but then you sort of accounting for that or equalizing, um, for that [00:08:00] you still see disparities based on race within our country in particular. And, you know, you know, you've been involved in the first lady of new Jersey's campaign on maternal and infant mortality. And specifically there, you can look at the fact that, you know, a poor black woman is more likely to die from a maternal health, um, complication than a poor white woman or infants born to a college educated black women are more likely to die than an infant born [00:08:30] to a college educated white woman. So why do we see these outcomes?

Speaker 2: Well, um, the first part of the answer that I actually don't wanna lose is the impact of poverty. And it, it's interesting to note though, when the secretary's task force report first came out, um, was a lot of discussion around the country that was race, actually, the proc, the proxy [00:09:00] for poverty. So what was, what we were really seeing about poverty, and it's important to note that nowhere, uh, in the secretary's tax force report, is there any language about racism or discrimination? Um, and so we have evolved over time, shall we say to, in our understanding, nonetheless, to be poor in America is in general to be in poor health in America, regardless of race ethnicity. [00:09:30] Um, and I don't wanna lose that, that point because, um, African Americans are disproportionately poor as well, but you're right, Mary there's much more going on because when we look at this disparity in college educated women, we begin to get some insight into the adverse impact of racism and discrimination on our bodies.

Speaker 2: So to speak, um, in June of, of 2021, the [00:10:00] American journal of biological anthropology published a special issue, entitled race reconciled, interpreting, and communicating biological variation and race in 2021. And part of the argument back that some of the articles are making is that because we so focused on race, we actually don't identify subpopulations of other groups that actually may have equally bad health outcomes, which I think is undoubtedly to case. But there was an essay by a woman named Connie [00:10:30] Mulligan. Who's an anthropologist who wrote an essay saying systemic racism can get under our skin and into our genes. And she actually makes the epigenetic case for the fact that we might, may now have some biological basis for this disparity, given the centuries of trauma that result from slavery, Jim Crow, ongoing, uh, discrimination. And she says, we may actually see some [00:11:00] of those same kinds of impacts in Jewish populations as a result of the Holocaust in native AF native American populations, as a result of their colonialization of this country, which happened very violently.

Speaker 1: Now, you know, when we talk about racism so frequently we talk, it's either, it's either one of two things, one, it's an individual person with racist ideas or in internal bias, either maliciously, [00:11:30] maliciously intended or not, or it's a structured system, um, where we have it embedded in the way that a organization or a policy is

operationalized. Can you explain a little bit about sort of this structured racism versus individual biases and how these affect and impact our health? And you've talked a little bit just in that last comment about, this has a generational impact, one on top [00:12:00] of the, the other,

Speaker 2: Right. So, uh, Kamar Jones, who was a previous, uh, president of the American public health association talks about three types of racism. He talks about institutional racism, personally mediated racism and internalized racism. And, uh, for any of, uh, any of the people listening to this podcast, I would urge you to go onto YouTube and hear her read her the Gardener's [00:12:30] tale, um, where she really, uh, explains her definitions quite eloquently. But the bottom line is, um, in America today, uh, we are much, much more comfortable talking about structural, systemic racism, institutional racism, uh, and we shy away from the continued reality of personally mediated racism. And so absolutely [00:13:00] that continues to be structural racism just in terms of who gets to live, where and why historically that is the case and what that means in terms of your health outcomes. Right?

Speaker 1: So housing

Speaker 2: E exactly. So it's that zip code is more important than genetic code. No question about it, but what does housing also contribute to education? Because most kids go to school [00:13:30] where they live, you have poor housing, you have poor education. So then it becomes very cyclical if you're poor. And if you live in a poor neighborhood, you have less access to fresh fruits and vegetables, you have less access to grocery stores. I mean, and all of these have very deep historical roots, but the truth of the matter is we still have evidence today that personally mediated racism absolutely still goes on. So what do I do [00:14:00] as a clinician when I am face to face in the room with a patient of color that may be different than what I do when I'm in the room with a white patient, how do I, as a teacher treat that black child that is different from how I treat that white child, and that has not gone away. And we can't just wake up one day and wish it away, because it is unfortunately part of the very fabric upon which [00:14:30] this country was founded. And that continues on today.

Speaker 1: And at least in my, you know, personal development and in reading, sometimes this is intended and obvious, but so frequently, it's, it's this embedded bias that some people don't even realize they have with the best of intentions. And it it's really hard work to discover your own biases, cuz we all have them. Right. And it's very [00:15:00] uncomfortable, difficult, um, to work to do that. Um,

Speaker 2: C can I just say though, Mary real quick that, you know, one, one of the things that the joy George Floyd murder did for me is, um, as white people actually, you know, far better than I do the depths of racism in this country, because while you describe for yourself, uh, struggling with particularly unconscious bias, [00:15:30] um, what your reality also is is that on occasion, if you're like the average white person, you bump up against that blatant racist, who will say things in your presence that they won't say in my presence. And I feel like in some ways, um, we, those of us who don't have the benefit of hearing from those folks get a false sense of how far this country has come.

[00:16:00] Now, certainly the past few years have disabused me of any illusion of how far the country has come. But I also think that goodhearted white people sometimes wanna downplay what they're seeing in their own lives, in terms of the love of racism and discrimination that exists in this country.

Speaker 1: No, I think that's a fair point. I think that's a fair point. Um, moving now to, [00:16:30] um, someone we've talked about recently, Dr. David Williams from the school of public health at Harvard, he recently spoke at Rutgers. Yes. Um, and he really, um, was inspirational in many ways, not just sort of in the way he described the research about these problems in our society, but also the ways that we might address them and, um, the opportunities for improving our situation. So how do we take on some [00:17:00] of that issue and to your point, um, in the white community, raising awareness about the pervasiveness of these inequities in health is something that he talked about, you know, acknowledging it, understanding it, hearing it and believing that information and then building empathy and support for addressing that problem, which is an effort in and of itself. He also talked about enhancing the capacity of individuals and communities to actively participate [00:17:30] in this work and to take on large scale efforts, to reduce racial prejudice and bias, which act as these fundamental drivers, as we've been talking about that perpetuate and sustain these inequities in our society. Do you think that the increased awareness and disparities and this confluence with racial justice that we've been talking about with George Floyd and the movement that was inspired by that will create this AP opportunity for action. [00:18:00] Now, are we at one of those pivotal moments where action is going to occur or do you feel that sense of optimism?

Speaker 2: No, not at all. Um, I felt that sense of optimism somewhat, um, when the black lives matter movement was sort of in full swing. Um, what I feel a sense of is history repeating itself. So every time in the United States, African Americans [00:18:30] begin to make progress there's backlash. And so reconstruction comes and Jim Crow comes into full swing and the Klan becomes extremely active. Um, in the 1960 years with the work of Martin Luther king, um, we made progress, we got laws and huge backlash and that's what's happening right now. I mean, think about it. We're taking math books out of schools because they make reference [00:19:00] in some obscure way to racial equity. No, I'm not optimistic. I'm I am profoundly saddened that as a country, we haven't figured out how to get out of this cycle. So what I'm more interested in is actually having this broader conversation about the adverse impact of poverty on white people, because what's clear to me in this country is that mostly people act out of their own self interest. [00:19:30] Now what's difficult in this country is that most middle and affluent white people don't see themselves aligned with poor white people. And so that makes it difficult to more broadly have that conversation. But the truth of the matter is I have no question that there are a subset of white people in this country who have health outcomes that are just as bad as those that we see in native American, African American and Hispanic populations. And we need to be, do a better job of calling that out.

Speaker 1: [00:20:00] And, and where does that take us then?

Speaker 2: Well, I believe it takes us then in hopefully having a UN a more unified conversation around then what can we do to improve the lot of the poor, uh, Jonathan Metzel wrote a wonderful book called dying of whiteness that gets at the very dilemma that you're having. And I have to say in reading MetTel's book, I'm not a hundred percent optimistic [00:20:30] that this could work. Um, but I think it's better than the sort of continued. Oh, let's just talk about how horrible it is for black and brown people in this country. Because I think a lot of people have turned off to that. As a matter of fact, I, I heard a, uh, a survey result on the, on the radio a few weeks ago that said that once it became clear that there was disparities and outcomes related to COVID, that whites became less concerned and interested in COVID. [00:21:00] Um, I will also say there was an article in the Washington post from a couple of days ago that talked about as COVID became more politicized, uh, white health outcomes related to COVID started to deteriorate. And so at the end of the day, Mary, uh, it turns out that Heather McGee is right in her book. The sum of us that this racism that we have so embedded in this country [00:21:30] either directly or indirectly adversely impacts all of us.

Speaker 1: So I hear what you're saying, and I hear your sadness, but I also see the work you're doing. And there has to be a little streak of hope and optimism left because you recently were awarded a new grant, the reach grant, which is the Rutgers equity Alliance for community health. [00:22:00] And congratulations on that. Thank you. Um, and my understanding is that you'll be working in five main areas and some of these are the social determinants of health that you've talked about, housing, food, and security education, employment, and population health. Tell us a little bit, um, about the grant and the work that you'll be doing.

Speaker 2: Well, first of all, it's important for me to publicly say that this grant came from the Robert Wood Johnson foundation. So thank you, Rob wood Johnson foundation [00:22:30] for the funding. Um, and yeah, I mean, certainly, um, as an African American woman, uh, living in the United States, my entire life is filled with this, uh, dilemma of experiencing sadness along with hope. Um, if, if I did not maintain hope, how could I possibly go on? Um, and so I, I, what we wanna do with reach is to acknowledge the increasing, uh, [00:23:00] levels of data that show us that clearly it's social determinants that are far more important in people's wellbeing than what I do as a clinician in my, you know, 11 to 20 minute visit in the office. Um, and what we want to do with reach is to bring together the expertise of the scholars at Rutgers, with the enormous expertise of people in the community who have been working on these issues for decades and bring their minds and energies together to try to come up [00:23:30] with better interventions in Camden, new Brunswick and Newark, that's our original, uh, areas of focus, um, to see if we can make a difference, not only in those social determinants, but obviously ultimately in the health outcomes, because if we don't move the needle in these outcomes, we actually haven't done very much.

Speaker 1: And how are you gonna decide whether or not these efforts are successful?

Speaker 2: Well, there's the, there's the long term [00:24:00] way we'll decide, which is 10 years from now. When we see some improvements in health outcomes, obviously it's gonna take 10 20, and in some instances, even longer to, to see significant cuz those needles

are harder to move. Um, we certainly will look at, are we doing a better job of creating affordable housing? Um, do we have fewer people who are food insecure? Um, I can go down the list, but the more important thing from my perspective, and particularly under the leadership of president [00:24:30] Jonathan Holloway, is have we fundamentally changed how Rutgers partners with communities have we fundamentally said we are no go and are gonna come into your community and do our little research project and say, thank you very much and goodbye, but to really develop sustained longitudinal efforts to work collaboratively on these issues with communities and then revolutionary idea, train our [00:25:00] students, how to do it and, and inspire a whole new generation of people as they leave records to whatever community they go into to be willing to devote some of their time working on these issues as well.

Speaker 1: Denise, tell me if someone listening wants to learn more about this, the topic in general or the work that you're doing and wants to get involved, how, how can they learn more?

Speaker 2: Well, uh, unfortunately we don't have our reach website up yet. Um, so that's, uh, [00:25:30] coming. Um, so look for it in, in a few months. Um, certainly I, I think a little inkling of, um, some of the work I'm involved in, if people wanna go to the website for believe in a healthy Newark, um, this is an initiative that was also funded by New Jersey health initiatives, focused on social determinants, where we're doing some on the groundwork on some of these issues, uh, as well. So the believe in a healthy Newark, not only our website, but our social media really looks at some of the things that we're trying to do specifically in work related to, to these issues.

Speaker 1: [00:26:00] Denise, I wanna thank you for having this conversation with me today, but also for the many conversations that we've had over the years, it's, they're difficult talking about race and health and you have always been a person that I can go to, to ask questions and really hear an honest and true answer. So thank you for that.

Speaker 2: So you're welcome Mary and it's, you know, been a pleasure and privilege for me to partner with you over these many, many years that we've known each other. So [00:26:30] thank you as well.

Speaker 1: Thank you for listening to season two of on the pandemic. This is Mary Odo, executive director of health systems and population health integration for Rutgers university to listen to previous episodes, just search for on the pandemic on your favorite streaming platform.