



Bay Area Regional Health  
Inequities Initiative

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# Reparations and Health

# What is BARHII

## What We Do:

Bay Area Regional Health Inequities Initiative: is the coalition of the Bay Area's governmental public health departments – founded to work on issues of health outside the doctor's office. BARHII has significantly impacted the lives of millions of Bay Area residents through our membership of 11 public health departments and 200+ community partners.

## Our History:

BARHII was founded by four Public Health Directors in the Bay Area looking to address the illnesses and deaths resulting social inequities and racism. They realized that public health programs could and did not address these underlying causes. BARHII has expanded its role on community power and is invested in helping to reverse historical inequities.

# Life Expectancy: Pre-COVID Disparities

**TABLE 1** Life Expectancy in California by Region and Race/Ethnicity

REGION	ALL RACE/ETHNIC GROUPS	AFRICAN AMERICANS	ASIAN AMERICANS	LATINOS	WHITES
United States	78.6	74.3	87.3	83.5	78.7
California	80.1	73.3	86.1	83.1	79.3
Bay Area	81.6	72.9	87.4	85.0	80.9
Central Coast	81.2	...	85.7	83.4	80.6
San Diego and Southern Border	80.7	74.6	87.1	82.7	80.2
Southern California	80.2	73.4	85.8	83.1	79.3
Greater Sacramento	79.3	73.2	84.4	83.5	78.9
Central Sierra	79.1	...	...	...	78.4
San Joaquin Valley	77.5	71.4	82.2	81.2	76.4
Northern California	77.2	...	...	84.8	76.8

Source: AHDP calculations using mortality and population data from the California Department of Public Health and the U.S. Census Bureau, 2006–2008. See Methodological Notes for more details. When the total population of any group was less than 50,000 people, the life expectancy was not calculated for that group due to the statistical instability of estimates for small populations. U.S. life expectancy data from Lewis and Burd-Sharps, 2010.

# BARHII Framework

PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES  
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE



INAUGURAL FRAMEWORK CDPH OFFICE OF HEALTH EQUITY - PUBLIC HEALTH ACCREDITATION - AMA HEALTH EQUITY PLAN

# Racism's Impact On Health

## Racial and Ethnic Difference in Cortisol:

- **Cortisol** can be activated and released over an extended period of time for a multitude of reasons, such as pressure associated with an impending deadline, thinking over an issue, or responding to race-based triggers that induce fear.
- Studies have found that African American adults (ages, 33 - 45 and 45- 84 years) have flatter diurnal cortisol slopes from wakeup to bedtime than their same-age white counterparts.
  - **Flattened cortisol diurnal slopes are linked to poorer emotional and physical health such as cardiovascular diseases in a meta-analysis of 80 studies across all ages ranging from children to older adults 4.**
- Heightened cortisol levels, can lead to chronic diseases like diabetes and hypertension



# Racism At the Doctor's Office



Percentage of white medical learners endorsing beliefs about biological differences between blacks and whites

Item	General	1 <sup>st</sup> year	2 <sup>nd</sup> year	3 <sup>rd</sup> year	Residents
Blacks age more slowly than white	23	21	28	12	14
Blacks' nerve endings are less sensitive than whites'	20	8	14	0	4
Black people's blood coagulates more quickly than whites	39	29	17	3	4
Whites have larger brains than blacks	12	2	1	0	0
Whites have a better sense of hearing than blacks	10	3	7	0	0
Blacks' skin is thicker than whites	58	40	42	22	25
Blacks have a more sensitive sense of smell than whites	20	10	18	3	7
Whites have a more efficient respiratory system than blacks	16	8	3	2	4
Black couples are significantly more fertile than white couples	17	10	15	2	7
Blacks are better at detecting movement than whites	18	14	15	5	11
Blacks have stronger immune systems than whites	14	21	15	3	4

Source: Racial bias in pain assessment, Kelly M. Hoffman, Sophie Trawalter, Jordan R. Axt, M. Norman Oliver, Proceedings of the National Academy of Sciences Apr 2016, 201516047; DOI:10.1073/pnas.1516047113

# Racism At the Doctor's Office



## Implicit Bias and Racism, passed down through generations create conditions for Black mortality

1. Almost half of African Americans in California report that they have experienced unfair treatment getting medical care due to their race.
2. NAM found that “racial and ethnic minorities receive lower-quality health care than white people—even when insurance status, income, age, and severity of conditions are comparable.”
3. For example, one study of 400 hospitals in the United States showed that black patients with heart disease received older, cheaper, and more conservative treatments than their white counterparts. After surgery, they are discharged earlier from the hospital than white patients—at a stage when discharge is inappropriate.

# Maternal and Child Health Outcomes

- **Black babies in the Bay Area are two to three times more likely to be born too soon or too small, or to die before their first birthday.**
- With **5.7 deaths per 1,000 live births**, the United States has a **high infant mortality rate**, and Black babies are in the gravest danger, with an **infant mortality rate** in 2018 of 10.8 deaths per 1,000 live births, compared to a rate of 4.6 White babies per 1,000 live births
- The **most recent figures**, for 2016, show 40.8 pregnancy related deaths per 100,000 live births for Black women and 12.7 per 100,000 for White women. Most pregnancy related deaths, the CDC says, are preventable.
- Black women and birthing people are more likely to experience pregnancy complications such as pre-eclampsia, hypertension and C-sections.





# Alternatively....

## The Importance of Black Doctors

**University of Minnesota School of Public Health found infant mortality cut in half when doctors of record was Black.**

- Based on the records of 1.8 million Florida hospital births between 1992 and 2015
- Although Black newborns are three times as likely to die as White newborns, when the doctor of record for Black newborns — primarily pediatricians, neonatologists and family practitioners — was also Black, their mortality rate, as compared with White newborns, was cut in half.

*Injustice in our public education systems result in unmet need for Black doctors, creating a spiral that impacts health. This is just one example of how disparities in one sector are creating cycles of harm that impact life expectancy.*

# Racism As a Public Health Issue

On April 8, 2021, Dr. Rochelle Walensky, CDC Director, issued a statement that racism is a serious public health threat and recognized the important role of the CDC in addressing the impact of racism on public health.

*200 jurisdictions in over 30 states have now declared racism a public health crisis.*



Addressing racism as a root cause is critical to ending differences in life expectancy by race

**LAWS HELP.**

**ENFORCEMENT WORKS BETTER.**

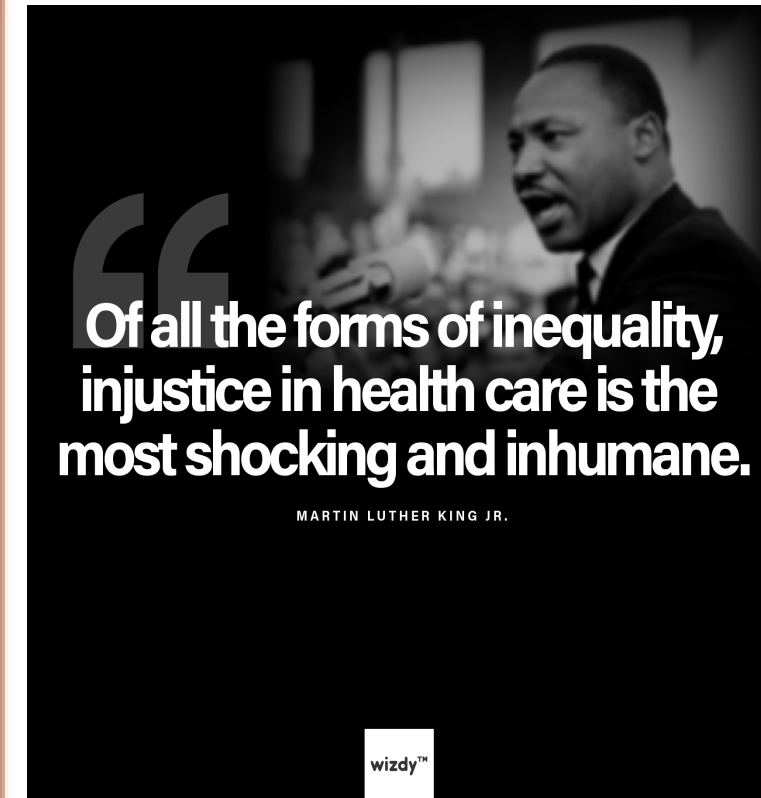
**REDRESSING HARM IS THE ONLY THING  
THAT WILL CLOSE THE GAP.**

# Historical harm + Current Injustices

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# Potential for Health Equity

**“Policies that reduce poverty and raise the wages of low-income people can be expected to significantly improve overall health and reduce health inequities.”**

- BARHII with data from the UC Berkeley Center for Labor Research and Education (2014)
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**“Negative economic shocks cause mental illness, and anti-poverty programs, such as cash transfers, improve mental health.”**

- National Bureau of Economic Research (2020)
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After one year of cash payments, there was a significant reduction in anxiety and depression compared to levels seen in the control group, so much so that **“\$500 a month can be as effective as other forms of medication.”**

- Assessment of Stockton Economic Empowerment Demonstration pilot (2021)

# Bright Spots – Communities Charting A Path Forward

## **Magnolia Mother's Trust out of Jackson, Mississippi**

- The first privately-run guaranteed income program in the country
- Allowed mothers the agency to take time off work to take care of their children
- Pay off debts, save money, have extra money for their children's expenses
- No restrictions on the money

## **The Abundant Birth Project**

- Provides unconditional monthly income supplement of \$1,000 to approximately 150 Black and Pacific Islander women in San Francisco for the duration of their pregnancy and for the first six months of their baby's life
- A collective impact initiative led by Dr. Zea Malawa at the San Francisco Department of Public Health and supported by the Hellman Foundation and the UCSF California Preterm Birth Initiative

## **BARHII BlackHAT Initiative**

40 Black led developers and housing finance staff have prepared a plan to end massive Black displacement patterns in the Bay Area and create communities of health, prosperity, and justice.

## BARHII Contacts:

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**THANK YOU!**