



# Discrimination and Racism

## Discrimination and Racism

**Discrimination:** Socially structured action that is unfair or unjustified and harms individuals or groups. Occurs on both structural and individual levels.

**Racism:** “A system of structuring opportunity and assigning values based on the social interpretation of how one looks (which is what we call “race”), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.” - APHA Past President Camara Jones, MD, PhD, MPH.

The HCWC region is home to diverse communities with their own strengths and challenges to address unique health needs. Many communities – LGBTQ+, rural, people living with disabilities, people living with mental health concerns, immigrants, refugees, and people of color – face greater challenges in accessing resources, health care, and attaining overall well-being, due to discrimination and racism.

Discrimination and racism across the region continue to hamper the health of community members. The policies and structures that are in place across the region limit the opportunities for some individuals. This is an overarching core issue, which must be considered in all programs to adequately address the other core issues. Addressing the other core issues in isolation will continue to perpetuate racist and discriminatory systems.

### What's Being Done

HCWC members are supporting this core issue through:

- Consulting and partnering with community groups to address racism
- Participating in organizational equity, diversity, and inclusion work

- Conducting analysis with an equity lens
- Analyzing how experiences of racism exacerbate the impacts of ACEs in communities of color

**“There is a lack of acknowledgment that racism is a chronic health issue.”**  
– Town Hall Participant

### Impact of Discrimination and Racism on Health and Well-Being

Below is what community members said about discrimination and racism and how it has impacted their lives.

- Community members frequently cited the impact of racism on health and well-being. Due to historical trauma, the stress of microaggressions, violence, discrimination, and oppression, the effects of racism are a significant driver of racial and ethnic health disparities.
- Experiences of racism and collective historical trauma in institutional and health care settings have created a culture of distrust, where community members do not trust the institutions or systems to support their needs.
- The intersectionality between racism and systems (such as political and educational), representation in leadership, and opportunities for employment and advancement were highlighted as integral factors impacting health disparities.

## Impact of Discrimination and Racism on Health and Well-Being (continued)

People experience significant stress, often because of discrimination, racism, and exclusion from the dominant culture due to their race/ethnicity, socioeconomic status, LGBTQ+ identities, disability status, and citizenship status. Participants cited racism as a driving factor for health inequity in communities of color, emphasizing ignorance, social media, and the political climate as drivers for their experiences.

**“Hate crimes and fascist groups make a living environment feel unsafe. I definitely don’t feel safe when I hear that the Proud Boys are waltzing around downtown.”**

**– Listening Session Participant**

The region has diverse populations, yet many service organizations have predominately white staff, which can hinder community members from receiving services due to a lack of cultural understanding.

- The larger systems (health care, especially) should be assets to health equity, but these systems were a hindrance to communities who felt they had limited knowledge about how best to navigate the system.

### Neighborhoods and Daily Life

Listening session and town hall participants described how profiling, discrimination, and racism contributed to feeling unsafe in their neighborhoods (see [Neighborhood and Built Environment](#), on page 30 for more).

Communities of color, immigrants and refugees, and LGBTQ+ participants described fears and experiences of discrimination and profiling by the police, which leads them to feel unwelcome in certain areas, especially in their own neighborhoods. The impacts of gentrification on these communities, including a lack of culturally specific business owners, black-owned businesses, and being pushed out of neighborhoods that were historically a part of their communities and to the margins of the city, are large stressors. Gentrification, including the destruction of community centers and community gathering spaces, has left many people feeling ostracized in their own neighborhoods, workplaces, schools, and communities due to the lack of diversity.

- Participants directly linked experiences of profiling and discrimination with having limited access to housing security, job security, and other opportunities.

Being a part of neighborhoods, workplaces, schools, and communities where there was little diversity limits opportunities to advance for people of color.

### Safety

Participants distrusted law enforcement, citing racial profiling and negative interactions their communities have had with the police. Participants described their fear of the police, racial profiling, and fears of deportation and Immigrant and Customs Enforcement as contributing factors to their community’s health and feeling unsafe.

Additionally, participants discussed an inability to exercise outdoors or let their kids play in the park, not only because of fear of deportation and racial profiling, but due to

## Safety (continued)

other factors such as the large amounts of trash in their neighborhoods, vandalism, and drugs present in their community (see [Neighborhood and Built Environment](#), on page 30 for more).

Conversely, some listening session participants wanted an increased police presence as a solution to feelings of unsafety.

## Representation

When people feel unrepresented by decision-makers, government, and organizations that serve their communities, the policies created do not align with community needs. Establishing institutional change and shared power in decision making could address this power imbalance. Communities emphasized making their voices known, both through voting and social media, to influence decision makers. See the [Community Representation](#) section for more.

These findings are consistent with other reports in the region (see the literature review in [Appendix F](#)). The reports noted that discrimination and racism impact all aspects of the lives of those who experience them. A lack of translation services, exclusion from decision-making processes, and stress were frequently noted as challenges to health. These challenges place a higher burden on communities of color and communities that do not identify with the dominant cultural, racial, and ideological identity of the region.

**“We need more representation of our society in the city government.”**  
– Listening Session Participant

**“The demographic makeup of people in leadership positions is a barrier; elected officials and other decision-makers don’t reflect the communities most impacted.”**

– Town Hall Participant

## Data Representation and Community Trust

Underrepresented communities, notably communities of color, LGBTQ+ community, immigrants and refugees, and women and children, all experience morbidities (rates of diseases), mortalities (deaths), and stressors that influence social determinants of health.<sup>38,39</sup> Due to small population sizes, and mistrust of data collection processes, these communities are often misrepresented, inaccurately accounted for, or completely absent in quantitative data.

- Town hall participants wanted better tracking for outcomes in communities of color and encouraged more data collection to focus on qualitative data collection methods and community narrative.

Fears of surveillance and a lack of transparency in data are a hindrance to equitable data collection for immigrant communities, refugee communities, and communities of color. Historical misrepresentation, violence, profiling, and exploitation of these populations for the sake of scientific discovery<sup>40,41,42</sup> means they are less likely to voluntarily self-disclose information because they mistrust researchers and the medical field. Within communities, there is a wariness of methods aiming to understand and address these disparities due to fear of how the data collected may be used.