

Systemic racism needs more examination related to health, says researcher

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Billie Castle, Ph.D. Credit: UofL

Although the discipline of public health has recently recognized racism as a social determinant of health, little research examines the issue related to systems and structures.

University of Louisville School of Public Health and Information Sciences researcher Billie Castle, Ph.D., a post-doctoral associate in the

Department of Health Promotion and Behavioral Sciences, conducted a literature review on the terms racism and systemic racism and found 85 published articles on the topic.

In a paper published in the *Journal of Racial and Ethnic Health Disparities*, Castle analyzes themes from the 85 articles and provides discussion on what is needed to move toward equitable solutions.

The themes include: approaches to address systemic racism; the impact of residential and racial segregation on [health](#) outcomes; policy implications for reducing health inequities; and system racism's impact on health outcomes.

In the discussion section, Castle points out the absence of research surrounding [social determinants](#) of health. Although the literature examined many determinants such as education, neighborhoods, environment and health care, Castle said there was no examination of systemic [racism](#) across the connection of all social determinants.

"Public health researchers and practitioners need to look beyond only changing behaviors to include changing the systems and structures that influence the environments in which certain behaviors are necessary to survive," Castle said.

As an example, she said community-based programming is often seen as a hopeful means to prevent youth violence. The problem, Castle said, is that perpetual violent [behavior](#) is often in reaction to environmental factors created through historic systemic racist policies and practices.

"It is challenging to change your behavior, but still have to survive in an environment that does not provide the support to sustain that changed behavior," she said. "Changes to inequitable systemic policy and [practice](#) that intentionally create healthy economic and socially thriving

communities are needed to reduce youth violence and change behaviors."

In the article, Castle also underscores the role of public health practitioners to "actively call out racist practices and move toward utilizing practices that are more racially and socially equitable."

Including more minorities in [public health](#) decision-making also is key, Castle said.

"We need to make sure we are equitable in the decisions of who we include in our work. We should immediately think about how our research and practice impacts multiple social identities including race, gender, sexuality, class, religion, etc.—and how to improve [health outcomes](#) for the most marginalized social identities," she said.

Castle's next publication will expand on this topic by examining the historic practice of redlining and its impact on youth participating in violent behaviors.

More information: Billie Castle et al, Public Health's Approach to Systemic Racism: a Systematic Literature Review, *Journal of Racial and Ethnic Health Disparities* (2018). [DOI: 10.1007/s40615-018-0494-x](https://doi.org/10.1007/s40615-018-0494-x)

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