Health & Medicine
POLICY RESEARCH GROUP

Recommendations for Measuring Structural Racism in Chicago

December 2016

Background:

On September 7, 2016, Health & Medicine Policy Research Group staff attended a meeting jointly hosted by the Center for Community Health Equity (a joint DePaul-Rush center) and Health & Medicine's Health Equity Initiative, to help advise the Chicago Department of Public Health's (CDPH) Department of Epidemiology on how to both accurately and reliably measure experiences of racism in Chicago. Health & Medicine would like to thank CDPH for their earnest inquiry and engagement on difficult questions about a long-term foundational problem in the United States context: racism, an impediment to our shared goal of achieving health equity.

The September 7th meeting followed a series of smaller meetings in which Health & Medicine staff met with CDPH to discuss the results of questions pertaining to experiences of racial discrimination included in a recent Healthy Chicago Survey. This survey provides local Behavioral Risk Factor Surveillance System (BRFSS) data comparable across Chicago community areas, to which CDPH added some questions. Health & Medicine and CDPH share the concern that a specific series of questions in the Healthy Chicago Survey are not accurately measuring experiences of racial discrimination. This shared concern and the CDPH epidemiology staff's increased inquiry into this issue together provide opportunities to develop better measures of racism and to expand anti-racist public health practice in Chicago.

As past American Public Health Association President Dr. Camara Jones has said, we must first put racism on the agenda in order to work to eliminate it, which seems to be the intention with this area of inquiry. We hope that the recommendations and notes herein help advance CDPH's work toward accurately measuring racism, and ultimately aiding in **the process of confronting structural racism** and **advancing toward achievement of health equity** in Chicago—both monumental undertakings.

Recommendations:

Health & Medicine developed the following recommendations to help advance CDPH's work to measure racism in Chicago and how it pertains to health inequities.

1: CDPH is encouraged to remove measures of experiences of racial discrimination from the Healthy Chicago Survey. Several methodological problems with using the scale within the Healthy Chicago Survey have been identified by both CDPH and external partners. *Pages three and six have more detailed rationale.* We recommend more robust measurement methods below.

2: CDPH should instead utilize an approach of mixed qualitative methods. This approach is likely to provide actionable information that may guide future data collection at a city-wide level. This method may reveal more accurate individual level racial discrimination measures and potential ideas for measuring structural racism as well. *Page three includes more exploration of this topic.*

3: CDPH should develop ways to measure structural racism, vis-à-vis a structural determinants of health inequities approach that includes measuring governance processes, economic policy, and public and social policies. We suggest a methodological shift toward measuring the impacts of structural racism on health inequities, with a reduced focus on measuring the degree of racism at the interpersonal level. Given that there is already documented and objective evidence of racism at different levels—internalized, interpersonal, institutionalized, and structural—CDPH should focus on structural racism, as it is the most preventive level. To this end, CDPH staff might begin with the

questions provided by Dr. Camara Jones during her presentation on the APHA webinar regarding measuring racism to help guide public policy decisions and actions. *Page seven has more information.*

4: CDPH should utilize structural measures of racism in policing, as a goal in the violence prevention section of Health Chicago 2.0 requires structural measures and both structural (policy) and institution level interventions. For reference, the most pertinent goal in Healthy Chicago 2.0 is stated as, "Reduce mass incarceration and inequitable police attention in communities of color" and the most relevant associated objective is: "Decrease discriminatory treatment in the criminal justice system". *More resources for inquiry pertinent to this recommendation are found on pages five and six.*

5: CDPH is encouraged to contextualize its use of "race" categories whenever sharing information about inequities in charts, graphs, maps, or in text. Within the current context and history of racism in the US, this may help audiences understand these inequities as resulting in significant part from racism at different levels—internalized, interpersonal, institutionalized, and structural. Two Health & Medicine staff members are collaborating with others to develop a *Contextualizing the use of "race" in public health* statement that may be helpful in this regard. Among other reasons, this is essential for debunking the myth of biological "races" for various audiences, helping dismantle the ideology that underpins racism.

Other recommendations:

- If CDPH decides to use a survey tool for this (against the recommendation herein), review and consider using the reactions to "race" module (mentioned in the 9/7/16 "Quantifying Racism" webinar)
- If CDPH has not yet connected with Dr. Nancy Krieger on this subject, Health & Medicine staff would like to participate in the discussion to hear her feedback and suggestions for moving forward
- Set and publish goals, objectives, and strategies for improving the diversity and inclusiveness of Healthy Chicago 2.0 committees
- Develop and share a timeline for this project to improve measures of racism to advance accountability to both the general public and outside partners who are advising CDPH

Concluding Note:

Health & Medicine is enthusiastic about CDPH's commitment to better measure racism in Chicago and regularly engage with external partners to work toward accurate measures. We share these notes as feedback on this process and hope that they offer useful resources and recommendations. We look forward to continued partnership on helping measure racism as a means of targeting resources and policies, and measuring progress on dismantling structural racism, a prerequisite to our shared goal of achieving health equity in Chicago and a socially just society. Our notes associated with the above recommendations are found in the appendix, on pages 3-7.

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Appendix: Notes

Below are notes that resulted from Health & Medicine staff members' debrief following the meeting on September 7, 2016. Although the notes are informal, they include references and expanded thoughts related to the recommendations found on pages one and two.

Strengths of the conversation

- Racism is on the agenda
- CDPH is actively working on better measuring discrimination and racism
- The process of improving measures of racism is becoming more accessible to the public and has moved beyond one-on-one conversations—helping build more accountability
- There is discussion of the intersectionality of racism, sexism, classism and how to measure these as public health data

Methodology

- Health & Medicine staff asserts that the telephonic Healthy Chicago/BRFSS Survey is not an appropriate tool to measure individual experiences of racism, or to gain an understanding of differences across Chicago's population and structural racism. It should be removed from future surveys *(this is elaborated on in more detail on under Recommendation #1, starting on page four)*
    - We are concerned that the survey questions may be included in future iterations of the Healthy Chicago Survey, in spite of serious problems identified by both CDPH staff and external partners
- **According to Gilbert C. Gee and Chandra L. Ford's Structural Racism and Health Inequities, published in *Du Bois Review,* April, 2011** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4306458/:

    "Structural racism is defined as the macrolevel systems, social forces, institutions, ideologies, and processes that interact with one another to generate and reinforce inequities among racial and ethnic groups (Powell 2008). The term *structural racism* emphasizes the most influential socioecologic levels at which racism may affect racial and ethnic health inequities. Structural mechanisms do not require the actions or intent of individuals (Bonilla-Silva 1997). As fundamental causes, they are constantly reconstituting the conditions necessary to ensure their perpetuation (Link 1995). Even if interpersonal discrimination were completely eliminated, racial inequities would likely remain unchanged due to the persistence of structural racism (Jones 2000)."
- Health status, outcomes, and socioeconomic indicators that show inequities by "race" indicate in part the effects of structural racism (with other mediating factors), so providing context in this way may be more helpful (Recommendation #4 pertains to this point)
- There are opportunities to move beyond racism, sexism, gender discrimination, and classism to include additional areas of discrimination, including ageism, ableism, transphobia, homophobia, and xenophobia, using an intersectional approach to measurement; mixed methods and/or qualitative inquiry may be more suited to this approach
    - A qualitative approach that moves away from traditional public health survey methodology—perhaps including in-person or paper surveys, focus groups, individual interviews, and/or community-based participatory research—would likely provide a more sufficient and methodologically rigorous approach to uncovering experiences of racial discrimination
    - Qualitative methods may also provide more actionable findings and perhaps uncover ways to better measure structural racism

- This may result in better measures of individual experiences of racism and other forms of discrimination, and thus more informative than the survey

Confronting structural racism in public health

- Intervening at the level of structural determinants of health inequities is more preventive; intervention is needed on a structural and policy level to overcome structural racism
- Thus, finding and using objective measures of structural racism would be more informative for this process
- Utilizing such measures is unlikely to take the same form as past data collection by the CDPH Epidemiology Department, for example: looking at disparate impacts of policy decisions, budgets, and inequitable funding and resources as drivers of inequities in opportunities, determinants of health, health status, and health outcomes
- **We agree with and think that the questions posed by APHA President Dr. Camara Jones during the 9/7 webinar are useful in this regard: Who is advantaged? Who is disadvantaged? How is this sapping the strength of society through the waste of human resources? How is racism operating here?**
    - A historical perspective of how decisions were made, who was impacted (and how), and how these inequities are relevant to the distribution of health status and outcomes today may be helpful
    - Our work can be strengthened by taking current and recent political decisions into consideration as well; again, who is advantaged and who is disadvantaged, how, and by how much
- In response to the counterpoint made during the conversation on September 7th that measuring structural issues might create measures similar to the childhood opportunity index, we strongly believe a structural approach would measure the *causes of the causes* of inequity, moving beyond the social determinants of health (intermediary determinants) to focus on the structural determinants of health inequities (factors that determine the distribution of these causes)
- **We recognize that this may be challenging politically, fiscally, and methodologically, and that data compared across a portion or all Chicago community areas may not be available; that notwithstanding, we believe this is an essential area of inquiry for CDPH, if it is to measure structural racism**
- For example, the childhood opportunity index includes social factors such as different educational attainment and both math and reading proficiency rates in Chicago. It does not measure the structural issues, such as policy decisions, that have driven poor educational access and outcomes
    - A structural approach would investigate school funding formulas and differences within the city and compared to other districts in the state, as well as differences in course availability, staffing, and amenities among schools, investigating both who is advantaged and who is disadvantaged
    - While the childhood opportunity index may be a helpful start, it does not help us measure the causes of the causes. The following questions might be more useful for understanding systemic injustice in Chicago:
        - What policies cause poverty among some children in Chicago?
        - Why do we not have enough social workers or nurses in Chicago Public Schools?
        - What are the policy and budgetary decisions that have contributed to funding and resource inequities among schools in Chicago?

        - Why do we have a "lottery" system for selective enrollment schools, which features inequity as part of school selection in Chicago instead of seeking to reduce or eliminate it?
- Policy and practice changes resulting from political decisions shape opportunities for children and families of Chicago and measuring who is advantaged and who is disadvantaged by these decisions, how these decisions are sapping the strength of our society, and how is racism operating here (questions posed by Dr. Camara Jones' presentation on the webinar) would be informative for moving toward more equitable policies and practices
- Regarding education issues, it may be helpful to review community-based organizations' descriptions of inequity in decisions. For example, review the *Death by a Thousand Cuts: Racism, School Closures, and Public School Sabotage* report from 2014, which has several descriptions of political decisions in Chicago and how they have impacted public school quality: http://www.j4jalliance.com/wp-content/uploads/2014/02/J4JReport-final_05_12_14.pdf

Policing and Racism

- As a goal and objective in Healthy Chicago 2.0, data that demonstrate structural racism in policing might be found by considering resources that pertain to structural measures of the relevant goals and objectives in the plan
    - The most pertinent goal in Healthy Chicago 2.0 is stated as, "Reduce mass incarceration and inequitable police attention in communities of color" and the most relevant associated objective here is: "Decrease discriminatory treatment in the criminal justice system"
- These resources may provide helpful insights into potential measures of structural racism for CDPH's use:
    - American Civil Liberties Union's 2015 study on Stop and Frisk in Chicago: http://www.aclu-il.org/wp-content/uploads/2015/03/ACLU_StopandFrisk_6.pdf
    - Community-based groups' studies of policing issues, such as the We Charge Genocide's Shadow Report to the United Nations Committee Against Torture (September 2014)
    - News stories from *The Guardian* regarding Homan Square, the Chicago Police Department's off the books black site where torture and racism are both reported, for example: Chicago police detained thousands of black Americans at interrogation facility
    - Chicago's Million Dollar Blocks: http://chicagosmilliondollarblocks.com
    - CDPH might also consider a review of data from the Bureau of Justice Statistics and attempt to compare rates of incarceration for drug offenses with reported rates of offenses and stratify by race
- Some of these resources may reveal data sources while others may raise questions about what data is needed; they may also uncover areas of inequitable policies for which measuring the impacts might be very difficult
- Structural issues are often in the realm of politics, which adds to the difficulty; as a World Health Organization discussion paper on the social determinants states: "The central role of power in the understanding of social pathways and mechanisms means that tackling the social determinants of health inequities is a political process that engages both the agency of disadvantaged communities and the responsibility of the state."
- Again, qualitative data methods may reveal inequities in policing and may help uncover quantitative data sources
- **This question is essential: To what degree are there inequities in how the Chicago Police Department interacts with different communities and population groups?**

Recommendations and Action Steps

Recommendation 1: CDPH is encouraged to remove measures of experiences of racial discrimination from the Healthy Chicago Survey.

Rationale for this recommendation:

- The telephonic BRFSS survey is not a reliable tool for measuring racial discrimination, because:
    - It attempts to measure the self-reported experience of traumatic events (experience of racism/discrimination) over the phone, in which no trust or rapport has been built and much less likely to capture true responses or accurate data
        - Note: Health & Medicine has advocated for questions from the Adverse Childhood Experiences (ACE) questionnaire to be included with the Healthy Chicago Survey as this has been proven across the country to be a useful tool for policy and program development
        - Given concerns about the questions related to experiences of racial discrimination asking about trauma and the other drawbacks and shortcomings discussed herein, in the case of these particular questions, we think that the negative aspects collectively outweigh any potential positive results and that the point about asking about trauma without rapport and trust being built is an noteworthy deficiency among others
    - In addition, non-institutionalized populations such as people with disabilities, those living in group homes, older adults living in nursing homes, skilled nursing facilities, state institutions and those who are incarcerated—of which people of color are disproportionately represented—are exempt from a telephonic survey
    - This self-report tool of perceptions of discrimination does not have the sophistication to accurately measure individual experiences of racism (its intended focus) and it does not focus on nor measure structural racism, which could point to more options for intervention at structural (and thus, more preventive) levels
    - Further use of survey questions that staff and external partners have found to be inadequate and likely yielding very inaccurate results would be a misapplication of public resources, including the costs of administering the survey, tabulating and reporting the data, and responding to likely flawed data
    - Surveying perceived "experiences of racism" risks re-traumatizing individuals who have experienced, feared, and/or witnessed incidences of racist discrimination
    - The current measure is included in the BRFSS, which is largely a survey of the personal behaviors of the participant; however, these specific discrimination questions ask participants to reflect and report on their experience of others' behaviors toward them
    - The current measure asks people to report whether they were discriminated against with racism as the sole contributing factor. Measuring racism exclusively erases the complexity and scope of discrimination and oppression. Intersectional measures allow for a more nuanced understanding of how racism, both interpersonal and structural, is interactive, thus compounding inequity and disadvantage
    - Due to the nature of the tool, there is a lack of authentic engagement and trust between participant and surveyor despite the sensitive nature of the research topic and survey

Recommendation 2: CDPH should instead utilize an approach of mixed qualitative methods

- Rationale: This approach is likely to provide actionable information that may guide future data collection at a city-wide level. This method may provide more accurate measures of racial

discrimination at the individual level and information for how to measure structural racism as well

Recommendation 3: CDPH should develop ways to measure structural racism, vis-à-vis structural determinants of health inequities approach that includes measuring governance processes, economic policy, and public and social policies.

- We suggest a methodological shift toward addressing racism's apparent impacts on health inequities and less of a focus on measuring the degree of racism's existence at the interpersonal level, given that there is already documented and objective evidence of racism at a variety of levels—internalized, interpersonal, institutionalized, structural—and direct action on structural racism is the most preventive among these
- Begin with the questions provided by Dr. Camara Jones during her presentation on the APHA webinar regarding measuring racism, applying them to public policy decisions and actions:
    - Who is being unfairly disadvantaged? How? How much?
    - Who is being unfairly advantaged? How? How much?
    - How is racism operating here?
    - How are these decisions sapping the strengths of the whole society through the waste of human resources?
        - Several ideas and resources to begin such inquiry are listed above
- In addition to the ideas shared above (on pages three and four), here are a few ideas for policy areas should CDPH start asking these questions:
    - What has been the impact of the demolition of Chicago Housing Authority buildings (projects) and the unfulfilled promise of replacing these units?
    - What has been the impact of the accumulation of hundreds of millions of federal housing dollars by CHA while having a long waiting list and people who cannot get on the waiting list? Resources for orientation to this issue:
        - http://www.ctbaonline.org/reports/fiscal-review-chicago-housing-authority
        - http://news.medill.northwestern.edu/chicago/housing-advocates-pressure-the-cha-to-keep-its-promise/
    - Who was involved in the decision making process that led to the ultimate closing of 50 schools in 2012? Who was disadvantaged and who benefited?
    - Where are Chicago's tax increment financing (TIF) dollars being spent and for whose benefit? Who is disadvantaged by the TIF system?

Recommendation 4: CDPH should utilize structural measures of racism in policing, as a goal in the violence prevention section of Healthy Chicago 2.0 requires structural measures and both structural (policy) and institution level interventions. The most pertinent goal in Healthy Chicago 2.0 is, "Reduce mass incarceration and inequitable police attention in communities of color" and the most relevant associated objective here is: "Decrease discriminatory treatment in the criminal justice system."

Recommendation 5: CDPH is encouraged to contextualize its use of "race" categories whenever sharing information about such inequities in charts, graphs, maps, or in text. Within the current context and history of racism in the US, this may help audiences understand these inequities as resulting in significant part from racism at different levels—internalized, interpersonal, institutionalized, and structural. Two Health & Medicine staff members are collaborating with others to develop a *Contextualizing the use of "race" in public health* statement that may be helpful in this regard. Among other reasons, this is essential for debunking the myth of biological "races" for various audiences, helping dismantle the ideology that underpins racism.