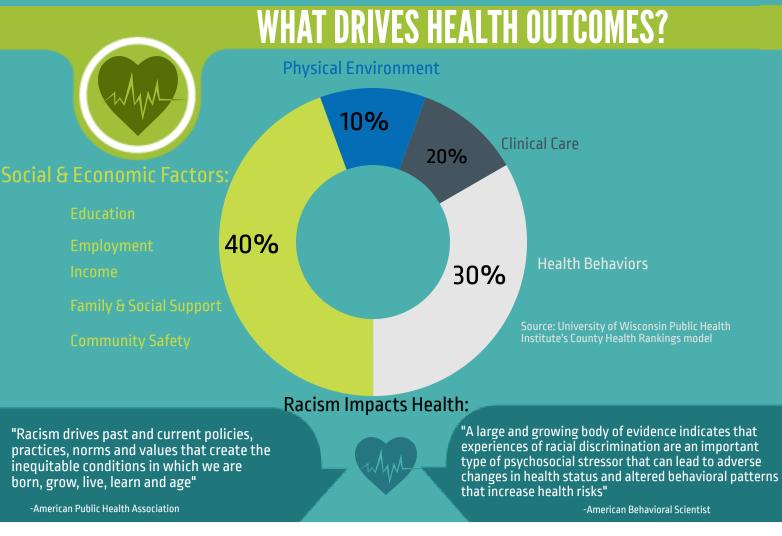
Health Equity & Race



SMC Health Government Alliance on Race & Equity Initiative

Addressing racial health inequities is a County Health priority as we work to create a shared vision of what it means to be All Together Better. To advance our progress towards racial equity, our department works with colleagues from across the Bay Area and the country in an effort called the Government Alliance on Race and Equity (GARE).

In preparation for upcoming trainings to help normalize the conversation around race in our institution, this document provides background on key concepts related to racial health equity.



Race Predicts Your Health Outcomes

WHY DO WE LEAD WITH RACE?



Race Matters:

Racial disparities persist regardless of socioeconomic status, class, or wealth.

Outcomes by gender, sexual orientation, immigration status, age, and ability consistently demonstrate racial disparities.



Structural Racism

A history and current reality of institutional racism across all institutions, combining to create an system that negatively impacts communities of color.



Institutional Racism

Policies, practices and procedures that work better for white people than for people of color.

Individual Racism

Pre-judgment, bias, or discrimination by an individual based on race.

When we are able to effectively advance racial equity, we are better positioned to advance all forms of equity.

Systems & Institutions Help Perpetuate Racial Health Inequities:

Racism has a long history in US policy and institutions.

Racial Equity

Racial equity means closing the gaps so that race can no longer predict one's success, while also improving outcomes for all.

-Government Alliance for Racial Equity

Health Inequities

Health inequities "are created when barriers p individuals and communities from accessing healthy conditions and reaching their full potential."

-American Public Health Association

Implicit Bias: "Implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner'

-Kirwan Institute for the Study of Race and Ethnicity

Systems & Institutions Have a Responsibility to Advance Racial Equity



WE ARE A DIVERSE AND MULTIRACIAL COUNTY

27%

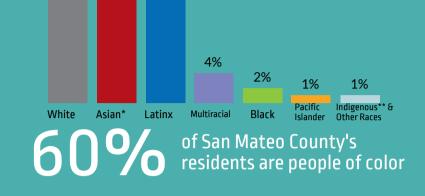
25%



San Mateo County Residents by Race & Ethnicity, 2012-2016

35% of San Mateo County's residents are immigrants





Source: U.S. Census Bureau, 2012-2016 American Community Survey 5 Year Estimates, Table B05002 & S1601

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5 Year Estimates, Table B03002

Communities of color are the majority in San Mateo County

*The many ethnicities included in the Asian category represent a diverse array of outcomes and experiences that aggregate data cannot properly capture **The Indigenous category includes Native American residents as well as residents in the Census' "American Indian" and "Alaskan Native" racial groups.

RACIAL HEALTH OUTCOME GAPS Inequitable community conditions create inequitable health outcomes: Life **Premature Mental Health** Low Expectancy Birthweight Deaths Black and Pacific Islander The average number of The Black premature death Babies of color are more residents have the shortest. days that SMC survey rate is more than double the likely than White babies to life expectancy in the County. respondents felt worried, number of years of potential be born below a healthy Black life expectancy tense or anxious is much life lost before the age of 75 weight of 2,500 grams, higher for residents of estimates are over 6 years per 100,000 residents which can have significant shorter than the County color Countywide. long-term impacts on a average. child's health Source: SMC Health Office of Epidemiology 2015-2017 analysis Source: SMC 2013 Community Health Needs Assessment Source: SMC Health Office of Epidemiology 2015-2017 analysis Source: SMC Health Office of Epidemiology 2014-2016 analysis Negative social, economic, and environmental conditions harm the IMPACT health of residents of color **NOVEL CORONAVIRUS** Health Inequities in COVID-19 Positive Cases (as of July 20, 2020) COVID-19 Positive Cases San Mateo County Population 50% 41% **Root Causes: Historical:** Structural poverty* Housing discrimination 23% 22% 20% **Employment discrimination** Current: 13% 10% Poverty 9% Housing overcrowding 4% 1% 2% 2% 1% Disproportionate makeup of 1% 0.5% .1% .3% essential workers American **Pacific Islanders White** Asian Black Latino **Multiracial** Other Unkown Indian Sources: Call Matters, The neighborhoods where COVID collides with Latinx and Pacific Islander residents are over-represented in COVID-19 Overcrowded homes San Mateo County Health Officer Statement July 20, 2020. positive cases.

IMPACT

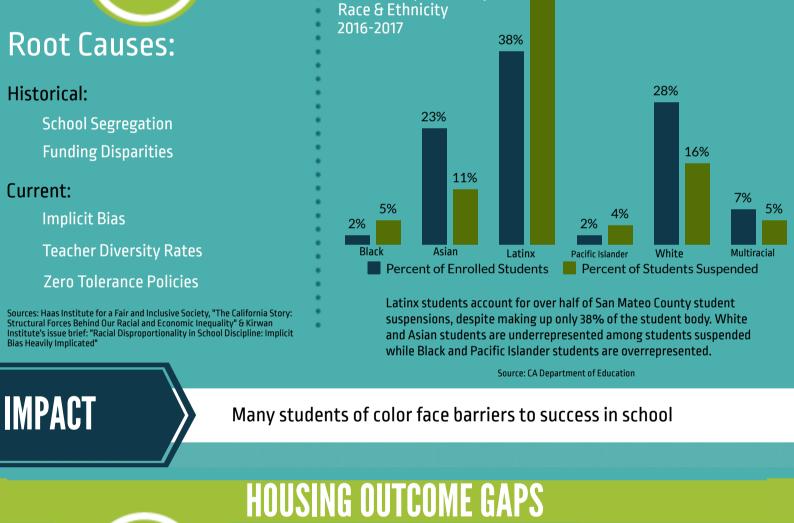
The short- and long-term health and economic burdens of COVID-19 are disproportionately impacting Latinx and Pacific Islander residents

* Historical conditions that lead primarily communities of color to live in an ongoing cycle of poverty

EDUCATION OUTCOME GAPS



San Mateo County Suspension Rates and Student Population by 57%





Root Causes:

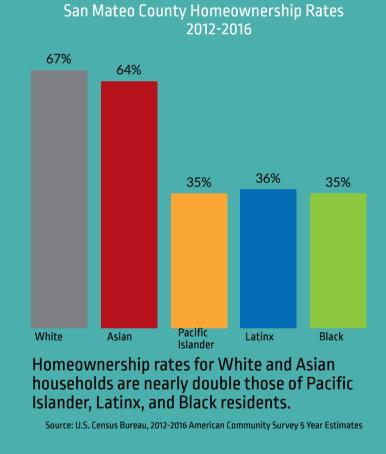
Historical:

Residential Segregation Housing Discrimination Racial Property Deed Restrictions Home Loan Discrimination (Redlining)

Current:

IMPACT

- Predatory Lending Home Loan Discrimination **Residential Segregation** Housing Discrimination
- Source: Haas Institute for a Fair and Inclusive Society, "The California Story: Structural Forces Behind Our Racial and Economic Inequality" & U.S. Department of Housing and Urban Development, "Housing Discrimination Against Racial and Ethnic Minorities 2012"



A larger share of residents of color do not have a stable place to call home



Root Causes:

Historical:

Urban Renewal Residential Segregation

Current:

Built Environment Disparities Complaint Based Systems

Sources: Haas Institute for a Fair and Inclusive Society, "The California Story: Structural Forces Behind Our Racial and Economic Inequality" & PolicyLink, "Transportation For All Issue Brief"

ENVIRONMENTAL OUTCOME GAPS



of residents in census tracts with biking and pedestrian collision hot spots are people of color

67%

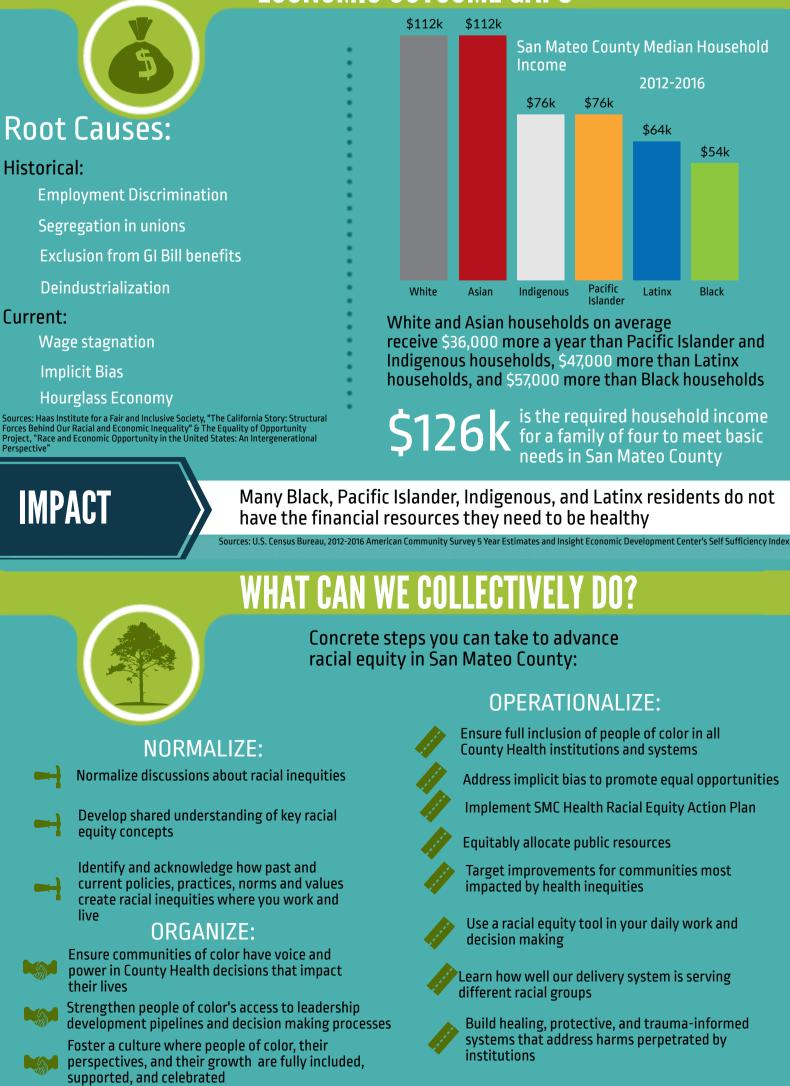
Source: UC Berkeley Transportation Injury Mapping System, 2012 to 2016 Statewide Integrated Traffic Records System; US Census Bureau, 2012-2016 American Community Survey 5 Year Estimates





Residents of color often live in unhealthy neighborhoods

ECONOMIC OUTCOME GAPS



Together, we can make San Mateo County a healthy and equitable place to live, learn, work and play



EFFORTS UNDERWAY: **Employee Racial Equity Survey**

Training Supervisor & Managers on Race, Equity and Health Standardized data collection of Sexual Orientation Gender Identity (SOGI) and Race Ethnicity and Language (REAL)

- Participation in Government Alliance on Race and Equity community of learning and practice
- Developing Staff Race, Equity and Health Training
- **Cultural Humility Trainings**
- Language Access Policy Updates
- **County Diversity & Inclusion Initiative**
- Development of Racial Equity Action Plan with over 50 activities Quality Improvement Charter for Racial Equity

MOVING FORWARD

Some goals from SMC Health's Racial **Equity Action Plan include:**

- All staff complete Race, Equity and Health Training
- Internal communications about racial equity are clear, positive and intentional
- Racial equity established as a community priority through data collection and analysis
- Equity data and improvements provided by use of Racial Equity Tool (RET)
- County Health provides a public statement of commitment to advancing racial equity

Evaluate and foster staff of color's sense of belonging, engagement, and growth

Together, we can make San Mateo County a healthy and equitable place to live, learn, work and play