

CSH

# FOCUSING ON STRUCTURAL RACISM TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

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The concept of social determinants of health (SDOH) is rooted in an understanding that the conditions that people are born into (and live in) shape their health. It is essential that efforts to improve patient health must address not only medical care, but physical environment, social and economic needs, health behaviors, and other factors.

Structural racism is a primary driver of inequities in the conditions in which people of color are born and live, therefore all work to improve health by addressing SDOH requires an explicit focus on addressing structural racism and mitigating its impact on patients. This paper will provide examples of how structural racism in housing has affected inequities in SDOH and health outcomes.

Recommendations and community examples highlight how health and housing partners can work together to address health inequities driven by structural racism.

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## How Structural Racism Has Shaped Housing-Related Social Determinants of Health (SDOH)

The Health Resources and Services Administration (HRSA) defines SDOH as “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”<sup>1</sup> According to the National Institute on Minority Health and Health Disparities, “Structural racism and discrimination refers to macro-level conditions (e.g. residential segregation and institutional policies) that limit opportunities, resources, power, and well-being of individuals and populations based on race/ethnicity and other statuses...”

Decades of explicit structural racism in federal housing programs and wider housing market policies have systemically denied people of color, and particularly Black people, the ability to access, retain, and reap the benefits of healthy, high-quality housing in neighborhoods they choose.<sup>2</sup> Safe, stable, healthy housing is a fundamental SDOH having both a direct and compounding impact on health. As a result, structural racism has had a significant role in driving and reinforcing inequities across all five domains of SDOH identified by the U.S. Department of Health and Human Services’ Office of Disease Prevention and Health Promotion’s [Healthy People 2030 framework](#):

- 1) Economic stability
- 2) Education access and quality
- 3) Health care access and quality
- 4) Neighborhood and built environment
- 5) Social and community context

The extent to which structural racism has shaped SDOH and driven racial health inequities demonstrates why addressing racism must be the central focus of work to advance health equity and improve the conditions into which people are born into and live. Two critical ways in which structural racism in housing and neighborhoods has impacted inequities in SDOH and health outcomes, detailed below, are:

- Creation and reinforcement of segregated neighborhoods, concentrated poverty, and lack of opportunity in communities of color
- Racial inequities in exposure to environmental hazards

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<sup>1</sup> [Office of Health Equity | Official web site of the U.S. Health Resources & Services Administration](#)

<sup>2</sup> Matthew D, Rodrigue E, and Reeves R. [Time for justice: Tackling race inequalities in health and housing](#). *Brookings Big Ideas for America*. 19 Oct. 2016.

Federal and local policies and programs, reinforced by private market discrimination, caused neighborhoods across America to be segregated. Despite the passage of the [Fair Housing Act](#), many government and private policies, restrictions, and programs have continued to reinforce patterns of racial housing segregation and disinvestment in communities of color, which continue to affect key SDOH.

### **Background:**

The Federal Housing Administration (FHA) was created during the Great Depression to encourage lenders to make home mortgages more affordable and widely available by providing federal insurance against potential losses.<sup>3</sup> For 35 years after it was established, the FHA denied insurance to mortgages in neighborhoods deemed high-risk ('hazardous') because of factors including the presence of Black residents.<sup>4</sup> This practice is referred to as 'redlining', because the 'hazardous' and therefore uninsurable areas were marked in red on maps from the federal government's Home Owners' Loan Corporation, as seen in historical maps shared on: [Mapping Inequality: Redlining in New Deal America](#).<sup>5</sup>

**"The term *redlining* refers to discriminatory practices which denied access to credit and insurance for borrowers in neighborhoods that were economically disadvantaged and/or had high percentages of minorities. Redlining was widespread, even in areas of the country that were not subject to the most extreme aspects of "Jim Crow" segregation (Rothstein, 2017).<sup>6</sup> Its pervasiveness in the mortgage industry can be partly explained by the Federal Housing Administration's (FHA) sanctioning of the practice (Dymski, 2006).<sup>7</sup> Underwriting guidelines of the **FHA directly supported segregationist practices, stipulating that neighborhood stability** and the presence of "incompatible racial and social groups" were elements that should be considered during the appraisal and assessment process for qualifying mortgage lending.<sup>8</sup>"**

**– National Community Reinvestment Coalition<sup>9</sup>**

<sup>3</sup> Federal Housing Finance Agency Office of Inspector General. [A Brief History of the Housing Government-Sponsored Enterprises](#).

<sup>4</sup> Coates, T.-N. (2014, June). The Case for Reparations. *The Atlantic*. Retrieved from The Atlantic : <https://www.theatlantic.com/magazine/archive/2014/06/the-case-for-reparations/361631/>

<sup>5</sup> Nelson R, Winling L, Marciano R, Connolly N, et al., "[Mapping Inequality](#)," *American Panorama*, ed. Robert K. Nelson and Edward L. Ayers.

<sup>6</sup> Rothstein, R. (2017). *The color of law: A forgotten history of how our government segregated America*. Liveright Publishing.

<sup>7</sup> Dymski, G. A. (2006). Discrimination in the credit and housing markets: findings and challenges. *Handbook on the Economics of Discrimination*, 215, 220.

<sup>8</sup> [Federal Housing Agency Underwriting Manual](#) (1938)

<sup>9</sup> National Community Reinvestment Coalition (NCR). [Redlining and Neighborhood Health](#). Sept. 2020.

## Creation and Reinforcement of Segregated Neighborhoods, Concentrated Poverty, and Lack of Opportunity in Communities of Color

Redlining systematically denied opportunities for homeownership, a crucial source of individual and intergenerational wealth building, to Black families, regardless of their income or creditworthiness. At the same time, the FHA provided extensive federal funding to support homeownership for white<sup>10</sup> families, who could then pass down homes and accumulated wealth to future generations. The practice of redlining also drove devaluation in the prices of homes in segregated neighborhoods, a legacy which continues to negatively impact Black homeowners and contribute to the Black/white wealth gap today. According to a Brookings's Institute report, in neighborhoods that have a population that is more than 50% Black, homes are valued at 50% the value of majority white neighborhoods.<sup>11</sup>

The policy of redlining was paired with urban planning projects that frequently demolished integrated inner-city neighborhoods and built barriers like highways to create segregated neighborhoods. White people were encouraged to move to other neighborhoods, including new suburban communities where they had access to affordable mortgages. These same mortgages often used racially-restrictive covenants such as deed-restrictions to ensure that only white families could reside there, while Black families had no other options but to remain in the segregated inner-city neighborhoods.<sup>12</sup>

While the [Fair Housing Act of 1968](#) reversed the federal policy of redlining, it did little to de-segregate U.S. neighborhoods. Although it contained a requirement for the Department of Housing and Urban Development (HUD) and other federal funding recipients to be proactive in combatting discrimination and dismantling patterns of segregation to promote inclusive communities, there is still significant progress to be made to achieve this goal.<sup>13</sup> In addition, the Fair Housing Act did not ban or prevent the practice of exclusionary zoning, a policy that limits the construction of affordable housing through land use and building requirements. Exclusionary zoning allows communities to ban the development of multi-family buildings in their neighborhoods, effectively barring lower-income people unable to afford lower density housing from moving into majority-white neighborhoods.<sup>14</sup>

*For more background on structural racism in housing and its continued impacts, see NPR Code Switch's [Housing Segregation and Redlining in America: A Short History](#) and [Segregated by Design](#).*

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<sup>10</sup> Throughout this paper, you will see 'Black' capitalized, while 'white' is not, in alignment with the [Associated Press guidance](#) on the subject.

<sup>11</sup> Perry A, Rothwell J, Harshbarger D; published by the Brookings Institute. [The Devaluation of Assets in Black Neighborhoods: The case of residential property](#). 27 Nov. 2018.

<sup>12</sup> NPR. Code Switch. [Housing Segregation and Redlining in America: A Short History](#). 11 Apr. 2018

<sup>13</sup> [U.S. Department of Housing and Urban Development \(HUD\): Affirmatively Furthering Fair Housing](#)

<sup>14</sup> Rigsby, E. A. The Century Foundation. [Understanding Exclusionary Zoning and Its Impact on Concentrated Poverty](#). 23 Jun. 2016.

## Impacts on SDOH: Economic Stability

One of the most significant, lasting impacts of the racist housing policies that denied Black people access to homes in white neighborhoods and devalued Black homes is the wealth gap that was created. “At \$171,000, the net worth of a typical white family is nearly ten times greater than that of a Black family (\$17,150) in 2016.”<sup>15</sup> Contributing to the gap are inequities in homeownership, a critical source of wealth generation and economic stability. In 2020, the rate of homeownership for Black households was 45.3%, compared to 75% for non-Hispanic white households.<sup>16</sup> Compounding the wealth and homeownership gap is the income gap driven by other forms of structural racism. Current data show that Black workers are paid on average \$0.76 for every dollar paid to white workers, with average weekly earnings of \$791 and \$1,046, respectively.<sup>17</sup>

The economic impact of these inequities is clear – 19.5% of the Black population was living in poverty in 2020, compared with 8.2% of the non-Hispanic white population.<sup>18</sup> Economic stability is recognized by Healthy People 2030 as a critical SDOH – the Framework notes that people living in poverty are unable to afford necessities for good health, such as adequate health care, medicines, healthy food, and access to opportunities for physical activity.<sup>19</sup>

## Impacts on SDOH: Rent Burden, Housing Instability and Homelessness

Compounding the lower rates of homeownership is the fact that Black households that rent are more likely than their white counterparts to be severely rent-burdened. HUD defines rent-burdened households as those who are paying more than 30% of their income towards housing; severely rent-burdened households are those paying more than 50%.<sup>20</sup> In 2016, 30.7% of Black households were severely rent burdened, compared with 22% of white households.<sup>21</sup> HRSA’s [Health Equity Report 2019-2020](#) indicates that high housing cost burden is associated with negative outcomes including higher rates of self-assessed fair/poor health, mental distress, and HIV prevalence, among others. One of [Healthy People 2030’s](#) objectives is to reduce the proportion of families that are rent burdened, further indicating the connection this metric has on health.<sup>22</sup>

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<sup>15</sup> McIntosh K, Moss E, Nunn R, and Shambaugh J; published by the Brookings Institute. [Examining the Black-white wealth gap](#). 27 Feb. 2020.

<sup>16</sup> United States Census Bureau. Housing Vacancies and Homeownership (CPS/HVS). Annual Statistics: 2020. [Homeownership Rates by Race and Ethnicity of Household: 1994 to 2020](#).

<sup>17</sup> U.S. Department of Labor. [Earnings Disparities by Race and Ethnicity](#). Accessed in September 2021.

<sup>18</sup> United States Census Bureau. [Income and Poverty in the United States: 2020. Table B-1 People in Poverty by Selected Characteristics: 2019 and 2020](#).

<sup>19</sup> [Reduce the proportion of people living in poverty – SDOH-01](#)

<sup>20</sup> [Rental Burdens: Rethinking Affordability Measures](#).

<sup>21</sup> Joint Center for Housing Studies of Harvard University. [Renter Cost Burdens by Race and Ethnicity](#).

<sup>22</sup> [Reduce the proportion of families that spend more than 30 percent of income on housing – SDOH-04](#).

In addition, renters with high housing cost burdens are more likely to experience homelessness.<sup>23</sup> This is one of many factors that has driven disproportionate representation of people of color experiencing homelessness and related health conditions. Despite making up just 13.4% of the U.S. population, Black/African American people accounted for 39.8% of all persons experiencing homelessness in 2019.<sup>24</sup> For decades, health providers and systems have recognized the impact that having (or lacking) a safe, stable home has on health. According to the [National Health Care for the Homeless Council](#), people experiencing homelessness have an average life expectancy 12 years less than the general population. They also experience significantly higher rates of chronic conditions including diabetes, hypertension, HIV, and Hepatitis C, among others.<sup>25</sup>

### Impacts on SDOH: Education.

Educational attainment is a proven SDOH, as higher levels of education are associated with longer life expectancies and better health outcomes.<sup>26</sup> Healthy People 2030 includes 12 [education access and quality objectives](#), indicating the deep impact that expanding access to quality education can have on improving health outcomes. Residential segregation has led to a significant number of Black people and other people of color being trapped in neighborhoods that are under-resourced and offer fewer opportunities for advancement, including through education. Public schools in the country are largely funded through property and local taxes, which leads to significant underinvestment in schools in segregated, low-income neighborhoods.<sup>27</sup> Nationally, outcomes around educational attainment reflect the impact of this chronic, systemic underinvestment. For example, in 2018, the adjusted cohort graduation rate (those that graduate high school within four years) demonstrated significant racial inequities, with rates for Black (80%), American Indian/Alaska Native (74%), and Hispanic (82%) students falling behind the rates for white (89%) and Asian/Pacific Islander (93%) students.<sup>28</sup>

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<sup>23</sup> The Department of Housing and Urban Development Office of Policy Research and Development. [Market Predictors of Homelessness](#). 26 Mar. 2019. For more on the definition of 'severely inadequate', see the 'Housing Adequacy' section on page 15 of the [American Housing Survey for the United States: 2019; Appendix A - Subject Definitions and Table Index](#)

<sup>24</sup> [U.S. Census Bureau QuickFacts: United States](#); and The Department of Housing and Urban Development Office of Community Planning and Development. [The 2019 Annual Homeless Assessment Report \(AHAR\) to Congress. Part 1: Point-in-Time Estimates of Homelessness](#). Jan 2020.

<sup>25</sup> [Homelessness & Health: What's the Connection?](#) Feb. 2019.

<sup>26</sup> Egarter S, Braveman P, Sadegh-Nobari T, Grossman-Kahn R., Dekker M; published by the Robert Wood Johnson Foundation. [Exploring the SDOH, Issue Brief # 5: Education and Health](#). 1 Apr. 2011.

<sup>27</sup> NPR. [Why America's Schools Have A Money Problem](#). 18 Apr. 2016.

<sup>28</sup> [Education Access and Quality](#); and National Center for Education Statistics. [Public High School Graduation Rates](#). May 2021.

## Impacts on SDOH: Housing Quality

Deteriorating housing stock is another legacy of redlining and other forms of disinvestment in housing that contributes the persistent inequities in access to safe, healthy housing for people of color, who are often still concentrated in devalued neighborhoods with older, low-quality housing.

### Substandard Housing

Data from the 2019 American Housing Survey illustrate that Black householders occupy just 13.8% of all the nation's occupied housing units, and 24% of units with housing quality deemed 'severely inadequate,' including lack of or significant interruptions in running water, electricity, or heating, or multiple severe maintenance issues.<sup>29</sup> Substandard housing conditions and older homes are associated with a host of negative health outcomes, including respiratory, allergic, neurological, and hematologic illnesses.<sup>30</sup> Crowded and substandard housing is also shown to have detrimental effects to people's mental health as well.<sup>31</sup>

### Lead Exposure

Health problems associated with concentration of communities of color in devalued neighborhoods also stem from the fact that in many of these neighborhoods the housing stock is older - according to the Centers for Disease Control, residents of homes built before 1978 are at [higher risk for childhood lead poisoning](#). Data from the 2019 American Housing Survey indicate that 56% of non-Hispanic Black households occupy homes built before 1979, higher than the both the rates for all races (53%) and for non-Hispanic white households (52%). The impact on health is clear - [America's Children and the Environment October 2019](#) notes that from 2013-2016, non-Hispanic Black children had higher median blood lead level concentrations than non-Hispanic white children across all income categories.<sup>32</sup> Healthy People 2030 names reducing blood lead levels in children aged 1 to 5 years as a key measure for advancing population health, noting that there is no safe blood lead level for children, and that lead can have tragic health impacts including coma, seizures, and death.<sup>33</sup>

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<sup>29</sup> [American Housing Survey \(AHS\) - AHS Table Creator](#) - Area: National; Year: 2019; Table: Housing Quality; Variable 1: Race of Householder.

<sup>30</sup> Krieger J, and Higgins D. [Housing and Health: Time Again for Public Health Action](#). *American Journal of Public Health*. 1 May 2002.

<sup>31</sup> Braveman P, Dekker M, Egarter S, Sadegh-Nobari T, Pollack C; published by the Robert Wood Johnson Foundation. [Exploring the SDOH: Housing and Health](#). 1 May 2011.

<sup>32</sup> [Appendix A: Data Tables](#), Table B2: Lead in Children Ages 1 to 5 years: Median concentrations in blood, by race/ethnicity and family income, 2013-2016.

<sup>33</sup> [Reduce blood lead levels in children aged 1 to 5 years — EH-04](#)

## Racial Inequity in Exposure to Environmental Hazards

Environmental racism is a form of systemic racism that results in communities of color being disproportionately burdened by health hazards such as sewage facilities, mines, landfills, power stations, highways, emitters of airborne particulate matter, and other sources of toxic waste.<sup>34</sup>

*"Because a range of environmental decisions - from the prevention of lead poisoning to the siting of waste facilities - involve complex interactions among governmental, legal, and commercial actors, **institutional racism leads to environmental racism.** As a result, whites have maintained their quality of life at the expense of people of color. Minorities remain vulnerable to decisions that adversely affect the economic vitality of their neighborhoods, the quality of their schools, and the likelihood of exposure to environmental toxins.*

**– Robert D. Bullard, Race and Environmental Justice in the United States**

As discussed in the previous section, redlining, and other racist lending zoning, and other practices concentrated communities of color into segregated, devalued inner-city neighborhoods with more renters than homeowners. These conditions made it more difficult for low-income, minority residents to mobilize against the siting of hazardous waste facilities in their communities than middle-class white neighborhoods, resulting in deep racial inequities in the location of toxin-emitting facilities.<sup>35</sup> Such environmental injustices furthered the cycle of spiraling disinvestment in marginalized neighborhoods.

Despite decades of rising awareness of the impact of hazardous waste facilities on health and efforts such as the 1980 [Comprehensive Environmental response, Compensation, and Liability Act](#), (commonly referred to as 'Superfund') to remediate hazardous waste sites, the impact of siting hazardous facilities in communities of color persists today. [America's Children and the Environment October 2019](#) notes that across all income levels in 2018, Black children have a higher likelihood of living within one mile of contaminated lands (Superfund and Correction Action sites that may not have all human health protective measures in place) than white children.<sup>36</sup> Studies have also shown that non-Hispanic Black people have significantly higher exposures than non-Hispanic white people to the toxic particulate matter-emissions.<sup>37</sup>

<sup>34</sup> World Economic Forum: [What is Environmental Racism And How Can We Fight It?](#)

<sup>35</sup> Saha R, and Mohai P. [Historical Context and Hazardous Waste Facility Siting: Understanding Temporal Patterns in Michigan](#). *Environmental Studies Faculty Publications*. 2005.

<sup>36</sup> [Appendix A: Data Tables](#): Contaminated Lands, Table E10.

<sup>37</sup> Bell M, and Ebisu K. [Environmental Inequality in Exposures to Airborne Particulate Matter Components in the United States](#). *Environmental Health Perspectives*. 1 Dec. 2012.

## Impact on SDOH: Environmental Health

Exposure to toxic emissions is a significant SDOH. Under the [Environmental Health section](#) of the Neighborhood and Built Environment SDOH, Healthy People 2030 names several goals including:

- Reducing the amount of toxic pollutants released into the environment,
- Reducing the number of days people are exposed to unhealthy air, and
- Reducing health and environmental risks from hazardous sites.

These goals are particularly crucial because toxic emission exposure contributes to significant racial health inequities, with Black people experiencing higher rates and worse outcomes of conditions including asthma and cancer related to air pollution, among other issues.

- According to the United States Environmental Protection Agency, Black children of all incomes have significantly higher rates of asthma than white children (13% to 8%) have and are four times as likely to die from asthma as white children.<sup>38</sup>
- In addition, non-Hispanic Black people, especially those in the most segregated areas, have significantly higher estimated lifetime cancer incidence associated with air toxins than non-Hispanic whites.<sup>39</sup>
- Researchers have noted that environmental toxins (among other factors) degrade the immune system, resulting in greater likelihood for severe impact or death from COVID-19.<sup>40</sup>

*For more information about racial inequities in exposure to environmental hazards and related health inequities, see the Environmental Health Perspectives' [Environmental Racism Collection: Exposure and Health Inequities in Black Americans](#).*

### How Health and Housing Partners Can Work Together to Reduce Health Inequities Driven by Structural Racism

Recognizing structural racism as a primary driver for inequities in homelessness and other housing- and environment/neighborhood-related SDOH will allow health and housing partners to better understand the context of their joint work and direct the operational and programmatic changes that need to be made in order to advance health equity. Key strategies include:

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<sup>38</sup> [Children's Environmental Health Disparities: Black and African American Children and Asthma](#).

<sup>39</sup> Morello-Frosch R, and Jesdale B. [Separate and Unequal: Residential Segregation and Estimated Cancer Risks Associated with Ambient Air Toxics in U.S. Metropolitan Areas](#). *Environmental Health Perspectives*. 1 Mar. 2006.

<sup>40</sup> Kostoff R, Briggs M, Porter A, et al. [The under-reported role of toxic substance exposures in the COVID-19 pandemic](#). *Food and Chemical Toxicology* 145. Nov. 2020.

- Explicitly recognize and understand the impact of structural racism on SDOH and health outcomes
- Recognize health and housing as inextricably linked
- Center equity and include diverse representation in the process
- Work in partnership with others in the community to combat structural racism with structural solutions

## Explicitly Recognize and Understand the Impact of Structural Racism on SDOH and Health Outcomes

Health and housing stakeholders must ground their communities, organizations, and partnerships in an understanding of how structural racism has impacted the SDOH in their communities in order to drive improvements in outcomes. By recognizing the multiple, systemic factors that have driven and reinforced inequity, partners can lay out the rationale and groundwork for developing the kinds of bold, trauma-informed, community-wide, cross-sector collaborations and interventions that are needed.

In a national example, the Biden Administration’s 2021 [Executive Order on Tackling the Climate Crisis at Home and Abroad](#) recognizes the combined, cumulative impact that the intersection of environmental injustice, underinvestment in health care and housing, and historic marginalization had on disadvantaged communities, resulting in the need for a coordinated, multi-agency effort to address current and historic injustices.

*Agencies shall make **achieving environmental justice part of their missions** by developing programs, policies, and activities to address the disproportionately high and adverse human health, environmental, climate-related and other cumulative impacts on disadvantaged communities, as well as the accompanying economic challenges of such impacts. **It is therefore the policy of my Administration to secure environmental justice and spur economic opportunity for disadvantaged communities that have been historically marginalized and overburdened by pollution and underinvestment in housing, transportation, water and wastewater infrastructure, and health care.***

**- The White House, [Executive Order on Tackling the Climate Crisis at Home and Abroad](#)**

Opportunities for local health and housing partners looking to make the connection between structural racism, SDOH, and health inequities include:

1. **Get involved in community-wide efforts to recognize and address the impacts of racism.** Following the lead of pioneer Milwaukee County, Wisconsin, which declared racism as a public health crisis in 2018, at least 209 other communities in 37 states have adopted such declarations as of August 2021.<sup>41</sup> For a map of jurisdictions that have made declarations, see: [Racism is a Public Health Crisis](#). When done well, these declarations provide an official acknowledgement of the impact of structural, institutional, interpersonal, and internalized racism on health, and can lay the groundwork for the development of community-wide efforts to advance equity. Without concrete details, commitments, and resources dedicated to a plan to address needs, however, declarations have the potential to be ineffective or even harmful to efforts to advance racial equity.<sup>42</sup>

The American Public Health Agency's [Racism Declarations Analysis](#) notes that the most effective declarations do the following:

- Explicitly define strategic actions
- Indicate an understanding of how the actions will address racism
- Provide details on how strategic actions will be implemented
- Tailored actions to local context rather than following a template

In addition, Data for Progress's 2020 Memo, [Racism is a Public Health Crisis. Here's How to Respond](#), provides key recommendations for best practices to ensure that laws and policies around declarations of racism as a public health crisis go beyond acknowledgement to taking meaningful steps to ending systemic racism.<sup>43</sup> Their five recommendations are:

1. Define racism as a system that impacts all the key areas of SDOH and must be dismantled in order to achieve equity and end the health crisis
2. Provide material, institutional, and social supports to redress racism
3. Require the use of a racial equity tool to determine if government laws, policies, and practices reinforce racism
4. Give racial and ethnic minorities the power to participate in decision-making processes and to craft laws, policies, and practices that address current needs and redress harms
5. Incorporate a healing process (such as Truth and Reconciliation process) to address racial trauma

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<sup>41</sup> American Public Health Association. [Analysis: Declarations of Racism as a Public Health Crisis](#). Oct. 2021.

<sup>42</sup> Paine L, de la Rocha P, Eyssalenne A, et al. [Declaring Racism a Public Health Crisis in the United States: Cure, Poison, or Both?](#) *Frontiers in Public Health: Policy and Practice Reviews*. 18 June 2021.

<sup>43</sup> Yearby R, Lewis C, Gilbert K, Banks K; published by Data for Progress. [Racism is a Public Health Crisis. Here's How to Respond](#). 3 Sept. 2020.

**Health and housing providers and systems can be critical stakeholders in efforts to develop a local declaration of racism as a public health crisis, plans to address it, and/or to support implementation of activities outlined under such a plan.**

Health centers and homeless assistance systems can provide critical data, resources, and connections to people they serve from the most impacted communities with lived expertise to support planning for solutions. In addition, health and housing partners can be powerful voices for the inclusion of housing-based efforts in any plans to address racism and health.

For key recommendations on how to develop concrete, cross-system action plans that confront a host of systemic and structural issues, see the Recommendations section of [Declaring Racism a Public Health Crisis in the United States: Cure, Poison, or Both?](#)

2. **Disaggregate data by race/ethnicity and place; ground analysis in an understanding of structural racism and other contexts.** As described in the 'Data' section of [Centering Equity in Health and Housing Partnerships in Times of Crisis and Beyond](#), disaggregation and analysis of data by race, ethnicity, and other factors is essential in order to identify inequities. In addition, it is of critical important that analysis of such data be done in partnership with the people most impacted and with an understanding of the impacts of structural racism and other contexts. By going one step further and developing ways to collect and analyze quantitative and qualitative data by specific geographies (zip codes, census areas, neighborhoods), with an awareness of how structural racism has shaped those communities, community partners can deepen their understanding of inequities and inform appropriate programmatic responses. Tools that health and housing providers and systems (and their community partners) can utilize or replicate locally include:
  - Maps showing historic redlining and other forms of segregation and discrimination can help communities identify target areas to direct resources, services, and long-term investments in order to address needs in neighborhoods most impacted by structural racism. [Mapping Inequality](#) provides access to dozens of historical maps from communities across the country that illustrate redlined neighborhoods; many of these remain among the most disadvantaged, low-income, and under-resourced neighborhoods in their areas almost 100 years later.<sup>44</sup> In some communities, local efforts have produced or shared maps of segregation and its impacts in a given city or other jurisdiction. For example, [Mapping Segregation DC](#) includes a variety of maps illustrating historical segregation that has helped to shape the demographics of modern Washington DC neighborhoods, including racially restrictive covenants, segregated public housing, and a Federal Housing

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<sup>44</sup> Nelson R, Winling L, Marciano R, Connolly N, et al., "[Mapping Inequality](#)," *American Panorama*, ed. Robert K. Nelson and Edward L. Ayers.

Agency Grading Map showing redlined neighborhoods. [Mapping Prejudice](#) includes a map of racial covenants in Hennepin County, MN that created residential segregation patterns that persist to this day. [Mapping Segregation in Westchester](#) highlights a high degree of racial segregation in Westchester County, NY that cannot be explained by differences in income levels.

- [The Eviction Lab](#) provides data on eviction filings and rates, which are significantly higher for Black and Latinx renters than for white and Asian renters.<sup>45</sup> The interactive map can display data for geographic levels including states, counties, cities/places, census tracts, and block groups, and makes it easy for users to compare information for different places. Knowing which areas have the highest rates of evictions can help health and housing providers target homeless prevention resources and programs, connections to legal support, and other efforts to areas with tenants at greatest risk.
- Blue Shield of California's interactive tool, [the80 for Community Health Advocates and Community Health Workers](#), provides customized reports by zip code for a selection of five SDOH, along with context and key questions for Community Health Advocates and others to use to advocate on behalf of their patients.

## Recognize health and housing as inextricably linked

Just as crucial as recognizing the impact of structural racism is recognizing the importance of safe, stable housing to health. Two critical activities that health centers and other health providers can engage in to maximize their ability to support patients experiencing homelessness or housing instability include:

1. **Screen for SDOH, including housing needs.** Many health centers and other health providers regularly collect information on various SDOH. Information for those interested in launching a SDOH screening effort, or exploring options for modifying their existing screening processes include:
  - The [Rural Health Information Hub's](#) Toolkit: [Tools to Assess and Measure SDOH](#).
  - For tips on how to optimize processes around screening for SDOH and using the data to inform care planning and build partnerships, see: [Strategies for Using PRAPARE and Other Tools to Address Homelessness: Quick Guide and Recommendations](#), developed by [CSH](#) and [NHCHC](#) based on information gathered through listening sessions and a focus group with Primary Care Associations.
  - In addition, an emerging best practice is to utilize Community Health Workers and/or Peer Specialists to conduct or support SDOH screening. For more, see

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<sup>45</sup> Hepburn P, Louis R, Desmond M. "[Racial and Gender Disparities among Evicted Americans](#)." *Sociological Science* 7: 649-662. 2020.

2. Work to **build partnerships with housing and homeless assistance systems** to ensure that when patients identify housing needs, staff are able to connect them with the appropriate resources, services, and/or partners. Building and/or strengthening partnerships with Continuums of Care (CoCs), which manage local housing crisis response systems, is an important first step. CoCs manage Coordinated Entry systems, which streamline access to housing and sometimes other resources for people experiencing housing crises in a given community. For more information, see CSH's briefs:
- [Health Centers and Coordinated Entry: How and Why to Engage with Local Homeless Systems.](#)
  - [HUD Policy Brief on Housing Choice Vouchers: Understanding the Impact and Potential for Health Centers](#)

Just as health providers need to embrace the housing system, homeless assistance systems and supportive and affordable housing providers must recognize the critical impact that health can have on their tenants' housing stability and quality of life. Housing providers should work to build deep partnerships with health centers and other health partners to ensure that their tenants have access to the health care, supports, and resources they need to thrive. For more, see CSH's briefs:

- [Addressing Health Equity through Health and Housing Partnerships](#)
- [Health and Housing Partnerships: Strategic Guidance for Health Centers and Supportive Housing Providers.](#)

## Center Equity and Ensure Diverse Representation in the Process

In racial equity work, *how* the work is done, and *who* is at the table are as important as the outcomes that are achieved. Effectively combatting structural racism will require centering racial equity as a priority for the organization and its partnerships and committing to working in true partnership with the people most impacted.

*To **center equity** is to prioritize an explicit focus on eliminating inequities experienced by Black people, people of color, Indigenous people, and other groups highly impacted by structural racism, using a process that involves the people most impacted by structural inequity in leadership and partnership, both internally (within organizations) and externally*

<sup>46</sup> Developed by [CSH](#), [MHP Salud](#), and [NHCHC](#)

(within and across sectors). CSH - [Centering Equity in Health and Housing Partnerships in Times of Crisis and Beyond](#)

1. To start, centering equity requires organizations **to make equity a strategic priority**, by dedicating resources (including funding and staff time) and developing structures to support and track the outcomes of the work, among other strategies. For a detailed framework on what health care organizations can do to improve health equity, including a tool to support self-assessment of current focus on and efforts to improve health equity, see the Institute for Healthcare Improvement's 2016 white paper [Achieving Health Equity: A Guide for Health Care Organizations](#).<sup>47</sup>
2. Another critically important way to focus on process is to **develop meaningful partnerships centered in the voices of people most impacted by structural racism and health and housing inequities**, including people with lived expertise and culturally-specific organizations. Community members, including health center patients, people experiencing homelessness, residents of disadvantaged communities, and people from historically marginalized groups (such as LGBTQ-identifying individuals, people with disabilities, immigrants, and people with Limited English Proficiency), should always be recognized as mission-critical partners in work to identify needs and design programs, policy changes, and other solutions. Being intentional about such inclusion is particularly important in work to advance racial equity, because of the extent to which structural racism removes the people most impacted from access to power, resources, and opportunities.
  - Health centers and housing partners should work to ensure that people with lived experience in their systems are represented in their staffing and leadership structures
  - Ensure that any data/needs analyses, programmatic planning, community partnership building efforts, and other work are conducted in partnership with the people most impacted by the issues being explored and the programs being developed or refined. For more, see the 'Meaningful Partnerships Centered in the Voices of People Most Impacted' section of [Centering Equity in Health and Housing Partnerships in Times of Crisis and Beyond](#).

**Work in partnership with others in the community to combat structural racism with structural solutions**

Many programs targeting health inequities focus on health behaviors - how individuals can make different choices in order to improve health. Doing so without grounding the program in an understanding of structural racism is problematic, because it puts the

<sup>47</sup> Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at [ihi.org](http://ihi.org))

responsibility for addressing challenges created by systemic and institutional forces on the individual people most impacted, instead of the systems that create and reinforce inequity. **Although structural and system-focused solutions must be done in partnership with other organizations and are typically more challenging, complex, and time-consuming to develop and implement than solutions focused on individual people, they are necessary in order to make significant progress toward achieving health equity.**

For this reason, health centers, other health, and housing partners should work to support structural and systemic solutions, including institutional change, policy and program shifts, and community-wide efforts to mitigate the impact of structural racism. Strategies to do so include:

**1. Partnership with public health and other stakeholders, especially people and organizations from historically marginalized communities, to develop comprehensive, multi-faceted strategies to combat structural racism and inequity.**

The [BUILD Health Challenge](#) supports multi-sector partnerships (among health systems, public health departments, and community-based organizations) aimed at improving community health and reducing disparities.<sup>48</sup> One of the projects funded includes a group from the [Healthy Havenscourt Collaborative](#), a partnership serving a primarily Black and Latinx community in Oakland, California, which aligns the resources and efforts of many community partners to improve a range of factors locally in support of a healthier neighborhood.<sup>49</sup> This project provides a strong example of how health centers and other health and housing partners, in partnership with the people most impacted (in this case resident leaders) can develop and support impactful, programs focused on upstream solutions. Highlights include:

- Healthy Havenscourt’s **multi-sector partners** includes health center [La Clínica](#), which provides culturally and linguistically appropriate care to underserved populations in the area; public health department [Alameda County Public Health](#); and community development organization/housing developer and provider [East Bay Asian Local Development Corporation](#) (EBALDC); among other partners.
- The project is focused on **upstream efforts** to improve asthma outcomes, in recognition of the fact that disparities are often driven or compounded by poor housing conditions, poor air quality, and toxic stress. To be effective, change has to come at the structural level since fear of eviction or rent increases (or lack of action by property owners) affects the ability of low-income tenants to improve or leave unhealthy housing situations.<sup>50</sup>
- The program is training and supporting a cohort of resident leaders to become ‘healthy housing champions’ and navigators that will work with

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<sup>48</sup> [Home - BUILD Health Challenge](#)

<sup>49</sup> For more, see: [What We Do – The Healthy Havenscourt Collaborative](#)

<sup>50</sup> [Healthy Havenscourt Collaborative - BUILD Health Challenge](#)

residents and initiative partners to lead coalition building and systems work to address social and environmental contributors to asthma disparities.

## 2. Focus on increasing access and improving outcomes for people most impacted by structural racism.

- Health centers and other health system partners can use [Racial Equity Impact Assessments](#) to assess and modify current and proposed practices, policies, and programs to reduce, eliminate, and prevent racial inequities. Such assessments can help systems and providers understand the most significant racial inequities in local outcomes, and design approaches to advance equity. For example, a 2019 study by C4 Innovations, [Coordinated Entry Systems: Racial Equity Analysis of Assessment Data](#), made clear to the homeless assistance field that widely used assessment tools and practices were contributing to racial inequity in access to housing for Black people, Indigenous people, and other people of color, who already experience homelessness at disproportionate rates. In response, the field is working in collaboration with communities of color and people with lived experience of homelessness to dismantle embedded racism in assessment structures and advance racial equity. One of the key strategies for doing so includes developing systems that target resources based on factors that reflect racial inequities driven by structural racism.<sup>51</sup> For example, systems have moved to prioritize populations in which Black people, Indigenous people, and other people of color are overrepresented, including:
  - People coming from disadvantaged zip codes or census tracts (identified using tools such as the [Area Deprivation Index](#)),
  - People at increased risk for severe illness or death due to COVID-19 [according to the Centers for Disease Control](#)
  - People who have experiences with the justice and child welfare systems.
- Another key strategy for health centers and others looking to address inequity is 'targeted universalism,' which involves moving away from 'one size fits all' program design to an approach that, while working toward the same end goal for all people (such as improved health outcomes), includes multiple strategies tailored to meet the unique needs of people coming from different sets of circumstances, such people in communities most impacted by structural racism.<sup>52</sup> For more details, see the 'Targeted Universalism' sections of CSH's [Centering Equity in Health and Housing Partnerships in Times of Crisis and Beyond](#).

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<sup>51</sup> For more, see [Advancing Racial Equity through Assessments and Prioritization](#), a guide developed by technical assistance providers for the Department of Housing and Urban Development.

<sup>52</sup> j, Menendian S, and Ake W. 2019. Targeted Universalism: Policy & Practice. Berkeley, CA: Haas Institute for a Fair and Inclusive Society, University of California, Berkeley

### 3. Build and invest in cross-system partnerships that bring together health and housing services and resources to revitalize under-resourced neighborhoods.

Cross-sector partnerships between health, housing, and other systems have the potential to significantly improve outcomes for shared clients and to ensure that systems work together to maximize their impact. The [Supportive Housing & Child Welfare 8 Steps to Partnerships Road Map](#) provides an example of a framework that partners from different sectors, including health and housing, could customize and build on to guide their work together.

- Developing health care delivery sites co-located with housing, services, and other critical resources in historically marginalized communities can fight the cycle of disinvestment and increase access to the services and resources people need to thrive. Doing so will help address the structural needs of patients (such as access to health care, healthy foods, housing, and other supports) instead of focusing on how they can make different choices in the context of an environment/situation not conducive to good health.
  - Co-locating affordable and/or supportive housing with health centers and other resources is a best practice in health and housing collaboration. In addition to providing critical affordable housing in communities where it is scarce, co-located developments bring on-site access to health supports for residents and provide access to high-quality healthcare for the surrounding communities. The [Sloan's Lake Medical & Senior Activity Center](#) development in Denver, Colorado, will include affordable housing for very low-income seniors and individuals with disabilities, a community health center, a kidney dialysis clinic, and a senior activity center. The project includes a variety of health and housing partners and will bring critical housing, health care, fitness/nutrition/wellness programming, and other resources to a medically underserved neighborhood. For guidance on developing health center and supportive/affordable housing partnerships, see CSH's interactive guide: [Health & Housing Partnerships: Strategic Guidance for Health Centers and Supportive Housing Providers](#).
  - In another example, a public-private partnership supported by New Market Tax Credits and other capital funding led to the 2015 opening of the co-located sites for the Brockton Neighborhood Health Center and Vicente's Supermarket, bringing access to both healthcare and healthy, culturally-appropriate food to a low-income, [low access](#) (to healthy foods) neighborhood.<sup>53</sup> The intentional siting of these co-located facilities has created access to

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<sup>53</sup> [Vicente's Tropical Supermarket | Reinvestment Fund](#)

crucial resources and services in a community where people of color are significantly overrepresented compared to the rest of the state - non-Hispanic Black people make up 45.6% of Brockton's population, but just 9% of the total population of the state.<sup>54</sup>

- New funding related to COVID-19 response and recovery can help to fund cross-system partnerships. For example, health centers can utilize funding from the American Rescue Plan to support work that improves both health and housing outcomes for people experiencing homelessness. For suggestions, see [NHCHC's Guide: Using HRSA Health Center Funding from the American Rescue Plan Act to Improve Systems of Care for People Experiencing Homelessness](#). For information on other funds made available through the American Rescue Plan (ARP), see CSH's interactive resources guide: [What Health Centers Need to Know about CARES Act](#).
- Health system partners such as hospitals, Managed Care Organizations, and others with flexible resources are increasingly considering making direct investments into housing in their communities. For examples and guidance, see CSH's: [Health System Investments in Housing: A Development Guide](#).

#### **4. Support increased community investment in safe, healthy housing.**

Health centers and other health and housing stakeholders can play a critical role in highlighting the impact that housing (or lack of it) has on health outcomes and the need for housing for healthy, safe, affordable housing, particularly for historically marginalized communities facing deep racial inequities in health outcomes. Many different public agencies and programs with access to significant sources of funding are required to engage community members and partners in planning processes that influence how community needs are defined, what challenges are prioritized, and how and where resources are targeted. Such processes, which can include open comment periods, public meetings, needs assessments, focus groups, surveys, working groups, etc., provide a critical opportunity to encourage public and private decision-makers around the importance of (and the need to invest resources in) safe, healthy housing and neighborhoods and cross-system health and housing partnerships, especially in areas most impacted by structural racism. Opportunities to take part in discussions about community health and housing needs and how resources are targeted include:

- [Community Health Assessments and Community Health Improvement Plans](#) (CHAs and CHIPs). In order to be accredited by the [Public Health Accreditation Board](#), state, local, tribal, or territorial public health agencies must complete an assessment identifying local health needs using a systematic, data-driven process and develop a plan to address the

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<sup>54</sup> U.S. Census Bureau, QuickFacts. [Massachusetts; Brockton City, Massachusetts](#)

problems identified. CHAs are completed by multi-sector collaborations with extensive engagement of diverse community stakeholders.<sup>55</sup>

- **[Community Health Needs Assessments](#)** (CHNAs). Non-profit hospitals are required to complete a CHNA every three years and develop a strategy to meet identified needs. The assessment, which focuses on local health needs, must be developed with input from the local public health department as well as members of medically underserved, low-income, and minority populations served by the hospital, or individuals or organizations representing the interests of these populations. For information on the requirements for hospitals and how health centers and other partners can engage hospitals to improve community health outcomes, see the National Health Care for the Homeless Council's 2016 brief: [Hospital Community Benefit Funds: Resources for the Health Care for the Homeless Community](#).
- **[Public Housing Agency Plans](#)**. Public Housing Agencies (PHAs) are federally-funded, quasi-governmental agencies that manage critical affordable housing resources, including site-based Public Housing and [Housing Choice Vouchers](#), which provide rental assistance for residents of private-market housing. PHA plans are developed every five years (some PHAs must also complete annual updates) using a process that includes resident and public involvement in the development and monitoring, including an annual public hearing and opportunity for public comments.<sup>56</sup>
- State and local **[Consolidated Plans](#)**. HUD requires states and local jurisdictions to develop and regularly update a multi-year Consolidated Plan that uses an assessment of local affordable housing and community development needs to guide decisions about how funding for a variety of housing and community development programs is used.<sup>57</sup> Consolidated Plans shape decisions around funding for the following programs:
  - [CDBG: Community Development Block Grant Program](#)
  - [HOME: HOME Investment Partnerships Program](#)
  - [ESG: Emergency Solutions Grants Program](#)
  - [HOPWA: Housing Opportunities for Persons with AIDS Program](#)

For contact information about organizations that administer HUD funds in your area, search at: [Grantee Contact Information - HUD Exchange](#)

- Government hearings or other public meetings on affordable housing development, fair housing, zoning laws, community efforts to advocate for more affordable housing, etc.

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<sup>55</sup> For more on CHAs, including examples and resources, see: [CDC - Community Health Assessment & Health Improvement Planning](#)

<sup>56</sup> For more on the development process and content of PHA Plans, see HUD's [PHA Plan Desk Guide](#)

<sup>57</sup> For more information on the Consolidated Plan process, see: [Consolidated Plan Process, Grant Programs, and Related HUD Programs - HUD Exchange](#).

- Other opportunities for input include strategic plan development processes for large local human services organizations

## Conclusion

The extensive history and legacy of structural and systemic racism in housing policy in the U.S. has shaped and continues to impact the environments and lives of generations of Black people and other people of color, driving deep racial inequities in SDOH and health outcomes. For this reason, addressing racism through systemic, cross-sector solutions must be the central focus of work to advance health equity. By doing so, and ensuring that programs, policies, and solutions are designed in partnership with the people most impacted by structural racism, health and housing systems and their community partners will be far better positioned to make significant progress on reducing disparities than they could on their own.

## ABOUT CSH

Corporation for Supportive Housing (CSH) is the national champion for supportive housing, demonstrating its potential to improve the lives of individuals and families by working with communities to create more than 385,000 real homes for people who desperately need them. CSH funding, expertise and advocacy have provided \$1 billion in direct loans and grants for supportive housing across the country. Building on 30 years of success developing multiple and cross-sector partnerships, CSH engages broader systems to fully invest in solutions that drive equity, help people thrive, and harness data to generate concrete and sustainable results. By aligning affordable housing with services and other sectors, CSH helps communities move away from crisis, optimize their public resources, and ensure a better future for everyone. Visit us at [www.csh.org](http://www.csh.org).

