

Introduce Yourself

1

**Name, pronouns,
& organization**

Hello
my name is

2

Activity: Pick 1 Number

1. A # of significance to you personally or in your work
- OR
2. How long you've been working in public health or your current field



PROBLEM
GAMBLING
PREVENTION

What's Equity Got To Do With It?

Centering Equity in Problem Gambling Prevention

October 22, 2024 | 10:30 am

Ivy Jones Turner, MA | Project Director
Debra Morris, MPH, MCHES | Health Equity Advisor
Ben Spooner, BS | Assistant Project Director



Introducing Today's Presenters



Ivy Jones Turner
Technical Assistance Lead



Debra Morris
Health Equity Advisor



Ben Spooner
Assistant Project Director

Part 1

**What's Equity Got To Do
With It?
Centering Equity in Problem
Gambling Prevention**



**October 22, 2024
10:30 am – 12:00 pm**

Part 2

**Partnering for Change:
Understanding the
Structural and Social
Determinants of Health to
Prevent Problem Gambling**



**November 5, 2024
2:30 pm – 4:00 pm**



Anchored in Our Experience



What's an example of a health condition that impacts some people differently than others.

A few examples of prominent health disparities include cardiovascular disease, cancer rates, HIV/AIDs, and infant mortality.

Understanding Key Terms

Disparity, Proportionality and Equity



Disparity

refers to the state of being unequal.

African Americans make up 13% of the U.S. population...



... but represent almost half of all new HIV cases.



Disproportionality refers to the state of being out of proportion.



Health Inequities: “A difference or disparity in health outcomes that is systematic, avoidable, and unjust.”



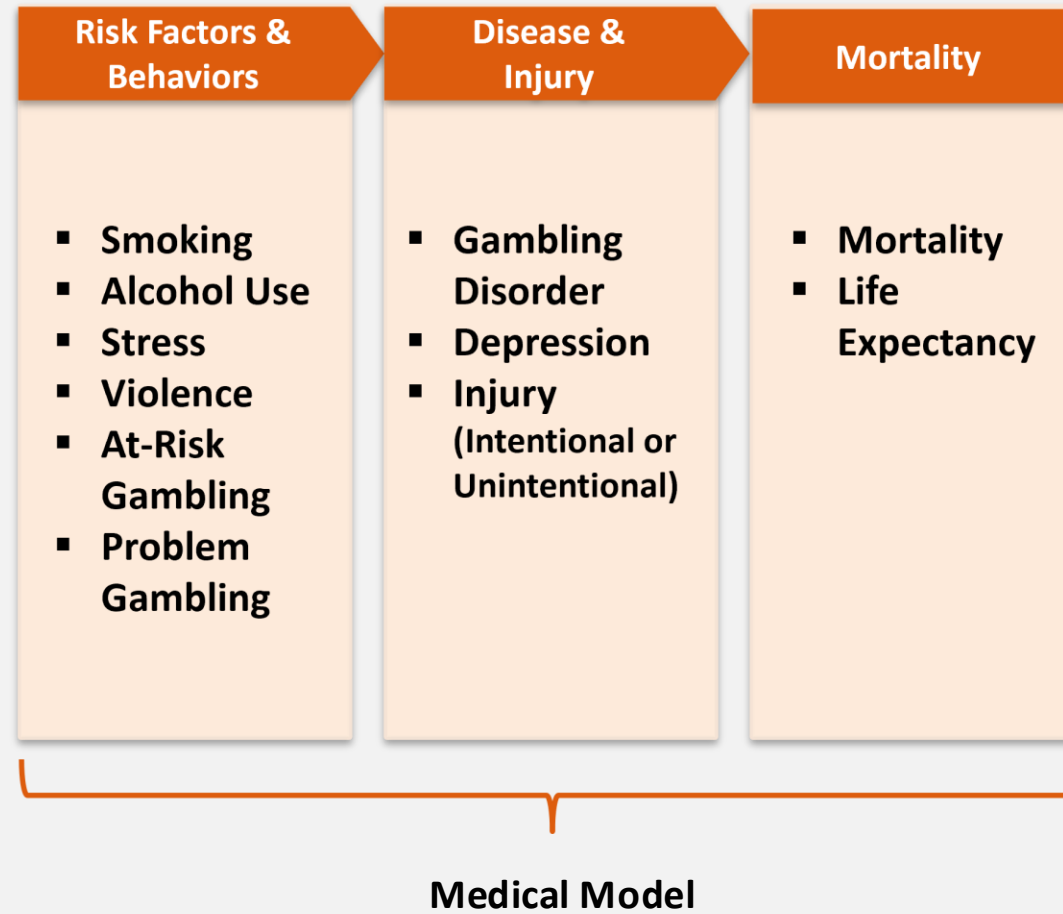
Why We Conduct an Academy on Equity

The most prevalent and severe health inequities in Massachusetts occur where there is **poverty**, **systematic racism**, and **discrimination**. Some of the most common and well-researched health inequities are experienced between groups based on socioeconomic status, race and ethnicity, sexual orientation and gender expression, as well as geographic location.

Historically, community level experiences and communities of color are not the focus of programs and services.

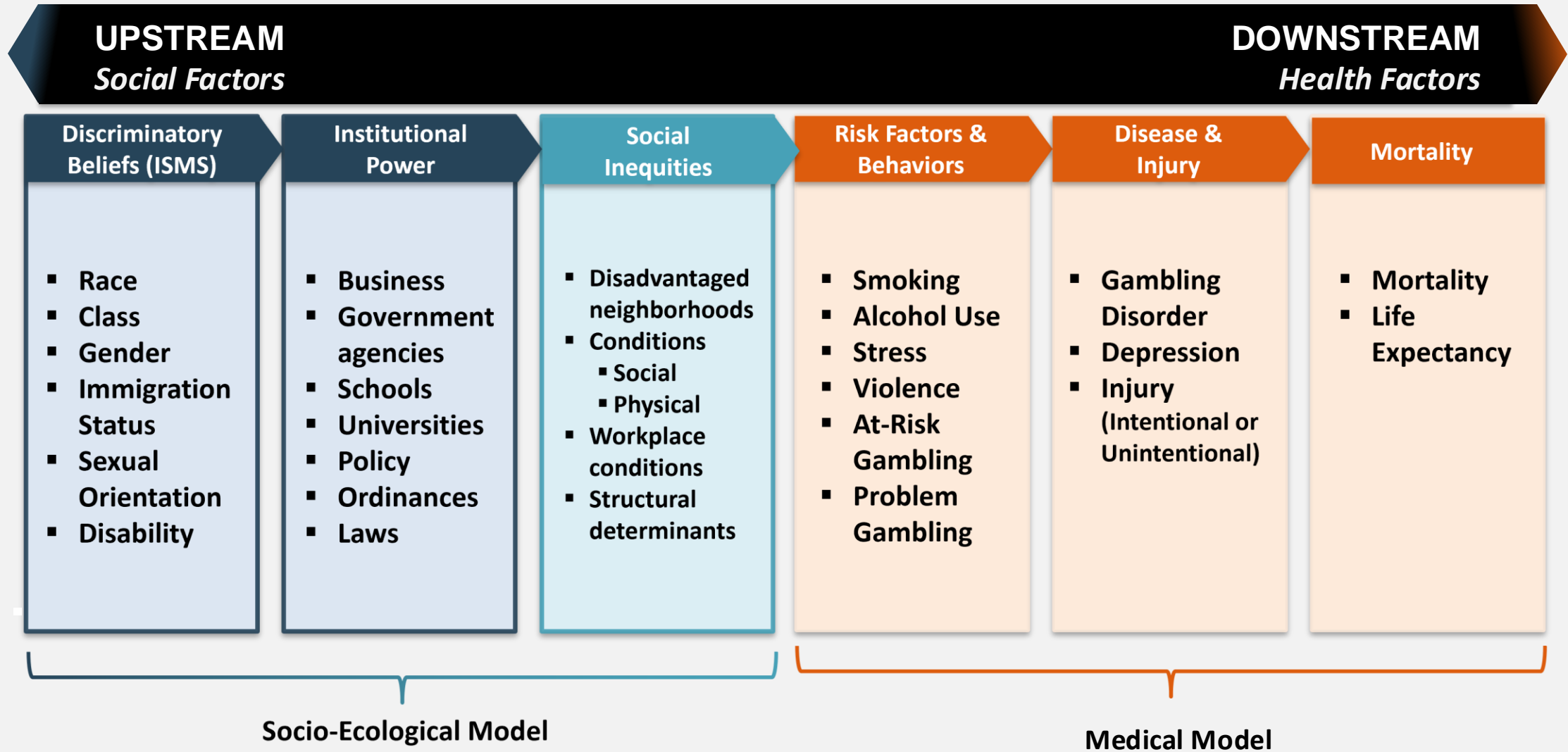
Where to Begin

To understand the complex relationships between gambling participation and health outcomes, we need to understand the underlying causes of disparities in gambling participation and health outcomes.



In fact, some of the most common and well-researched health inequities are experienced between groups based on **socioeconomic status, race and ethnicity, sexual orientation and gender expression, as well as geographic location.**

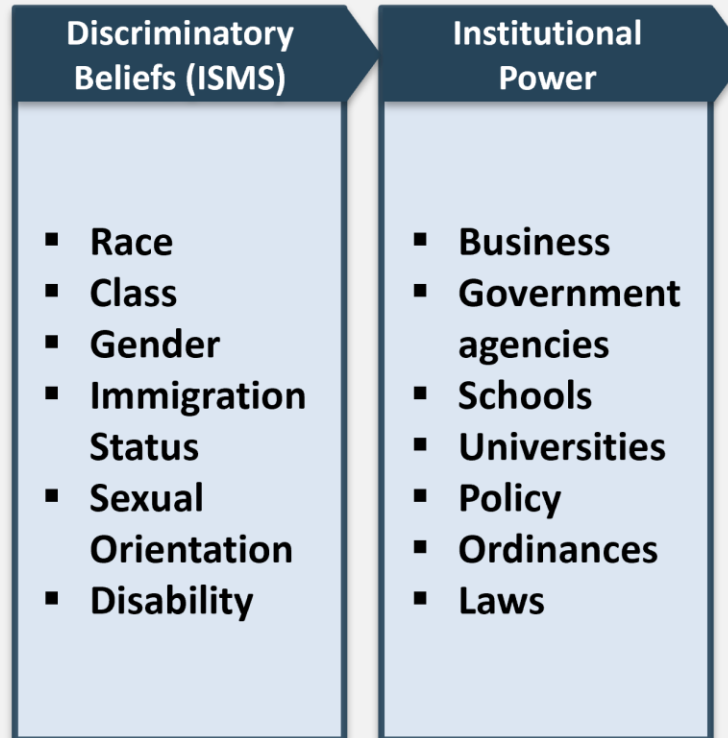
We Must Move Upstream



Source: Alameda County Public Health Department. (2008). Life & death from unnatural causes: Health & social inequity in Alameda County.

The Equity Academy Series

Session 1



So,
Let's get
started on
root causes
and centering
equity.

Session 2



Key Objectives

Centering Equity in Problem Gambling Prevention



Define and describe common concepts and words associated with disparities, health equity, and cultural linguistic responsiveness

01



Describe how structural and institutional factors impact community health

02



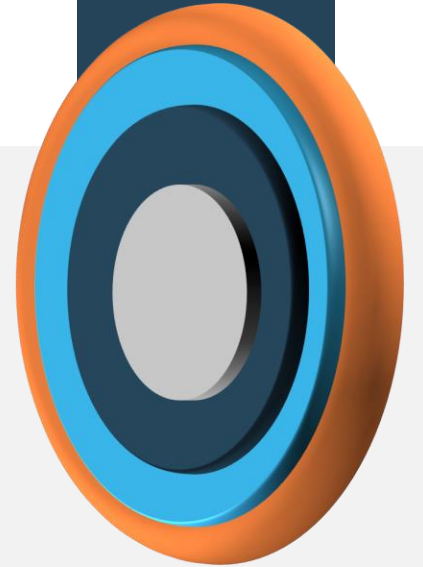
Identify how discrimination and oppression of all kinds as a threat to the health of communities

03



Identify ways to apply health equity and cultural responsiveness to our work to improve the individuals we serve and the overall community's health

04



Principles to Guide Our Learning



Group Agreements

- ✓ Speak from your experience
- ✓ Experience discomfort as learning
- ✓ Share airtime, make space
- ✓ Listen for understanding
- ✓ Think with a both/and frame
- ✓ Oops & Ouch
- ✓ Expect non-closure
- ✓ Maintain confidentiality
- ✓ Stay curious beyond this training



SECTION 1: AN EQUITY LENS



Image Source: <http://www.i-fink.com/building-sustainably/>

An Equity Lens

Viewing our work through an Equity Lens is like getting a new pair of glasses.

- It helps you see things from a new perspective.
- It helps you be more effective in your everyday work by getting a clearer focus and more complete view.





Concepts and Definitions



RACE

RACISM

- What's the relationship between these words?

- How are they interconnected?

- What do they have in common?

- How are they different?

Race

A **socially constructed** way of grouping people, based on skin color and other perceived physical differences, which has **no genetic or scientific basis**.

Race is not the same thing as ethnicity or culture.

The social construct used to justify social and economic oppression.

Common Race Categories in the US

- *White*
- *Black or African American*
- *American Indian or Alaska Native*
- *Asian*
- *Native Hawaiian or Other Pacific Islander*

Racism

Structures, policies, practices, and norms—that assigns value and determines opportunity based on the way people look or the color of their skin. This results in conditions that unfairly advantage some and disadvantage others throughout society.

A system of oppression based on race that uses institutional power & authority to support prejudices and enforce discriminatory behaviors in systemic ways.

Racism



Individual

Actions, Re-actions
Non-actions



Internalized

Knowledge, Attitudes,
Beliefs



Interpersonal

Family, Peers,
Networks, Associations



Institutional

Rules, Regulations, Policies
Practices, Procedures

Operates Simultaneously

Independent of Intention

Inherited Through Generations



PRIVILEGE

OPPRESSION

- What's the relationship between these words?
- How are they interconnected?

- What do they have in common?
- How are they different?

Understanding Key Terms

Privilege and Oppression

Privilege: Advantages and immunities enjoyed by one, usually powerful group or class, especially to the disadvantage of others.



Oppression: Unjust use of power and authority used to the advantage of dominant groups and the disadvantage of a non dominant group.

The freedom to stand while riding on the UP escalator

Being required to run up the DOWN escalator

Types of Privilege

- White Privilege
- Religious Privilege
- Gender Privilege
- Heterosexual Privilege
- Socioeconomic Privilege

“Behind every privilege is an imbalance of power. Its invisible to those who possess it and ever present for those who don’t”






DISCRIMINATION

IMPLICIT BIAS

- What's the relationship between these words?
- How are they interconnected?

- What do they have in common?
 - How are they different?
- 

Discrimination

Unfair or prejudicial treatment of people and groups based on characteristics such as race, ethnicity, gender, age, sexual orientation, nationality.

Prejudice → Stereotype → Discrimination



- ***The Fair Housing Act*** prohibits discrimination in the sale, rental, and financing of dwellings on the basis of race, color, national origin, religion, sex, familial status, and disability.
- ***The Civil Rights Act, and the Americans with Disabilities Act*** prohibit discrimination in employment on the basis of race, color, sex, ethnic origin, age, and disabilities

Implicit Bias

- Refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner
- Are activated involuntarily and without an individual's awareness or intentional control

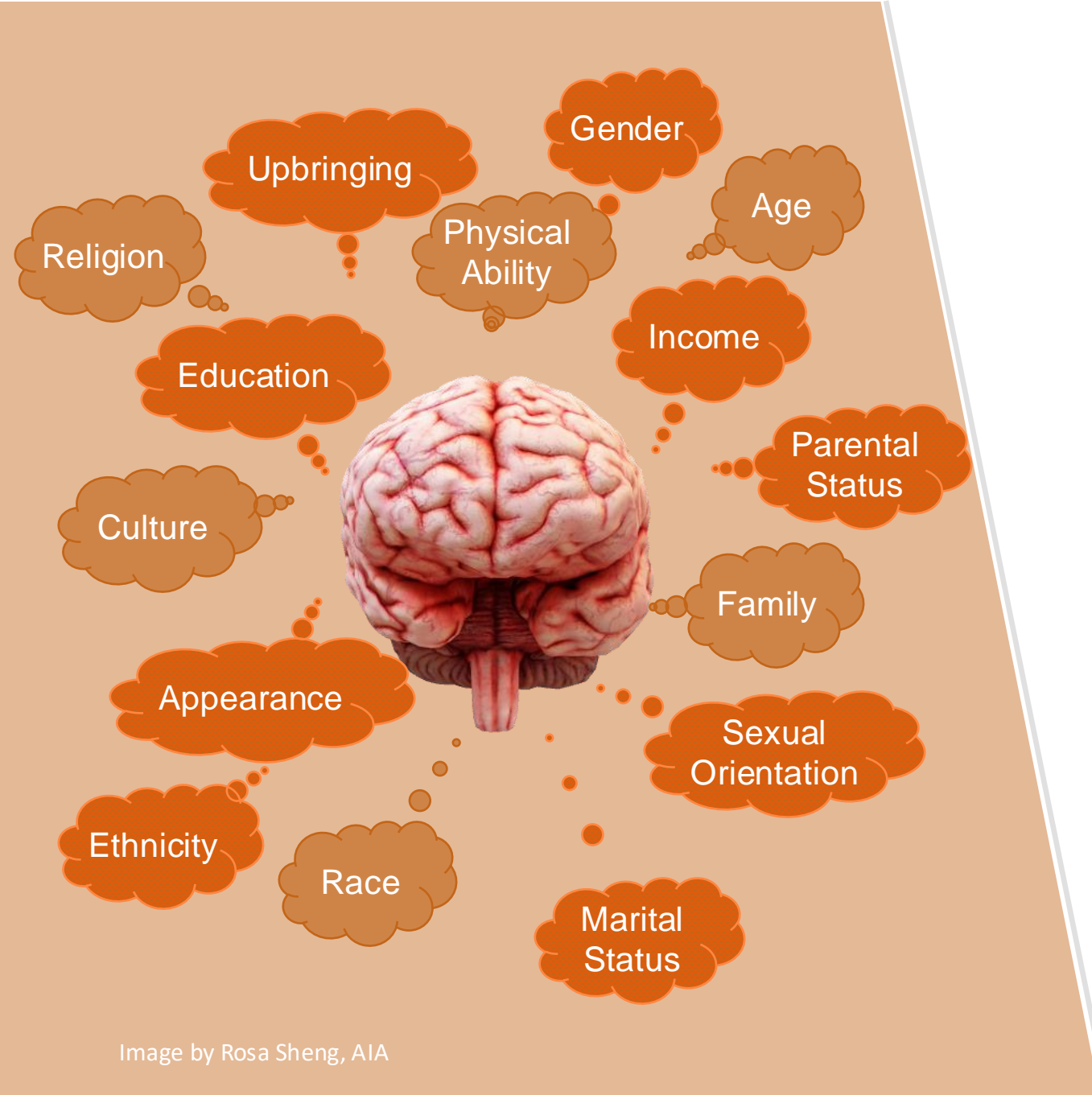


Image by Rosa Sheng, AIA

Health Equity

Means that everyone has a **fair** and **just** opportunity to be as healthy as possible.

This requires removing obstacles to health such as **poverty, discrimination, and their consequences**, including **powerlessness** and **lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care**.

Behavioral health equity builds on this definition and directs specific attention to behavioral health disorders.



Robert Wood Johnson Foundation

Equality – Everyone gets the same – regardless if its needed or right for them.



Equality – Everyone gets what they need – understanding the barriers, circumstances, and conditions.



Source: Robert Wood Johnson Foundation

Intersectionality

- Refers to the **interconnected nature** of social categorizations such as gender, race, class, and others that cannot be examined in isolation from one another.
- This creates overlapping and interdependent systems of discrimination and disadvantage



“ There is no such thing as a single-issue struggle, because we do not live single-issue lives.”

- Audre Lorde



Health Disparity

- ✓ “Particular type of **health difference** that is closely linked with **social, economic, and/or environmental** disadvantage.”
- ✓ Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on:
 - Racial or ethnic group
 - Religion
 - Socioeconomic status
 - Gender
 - Age
 - Mental health
 - Cognitive, Sensory, or Physical Disability
 - Sexual orientation or gender identity
 - Geographic location
 - Other characteristics historically linked to discrimination or exclusion

SECTION BREAK: COMMUNITY HEALTH



Image Source: <http://www.i-fink.com/building-sustainably/>

Disparities

Race, Racism, Discrimination and Health

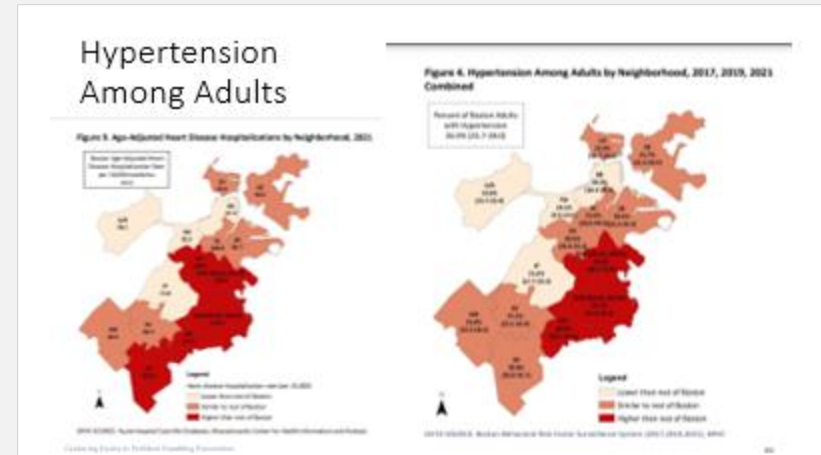
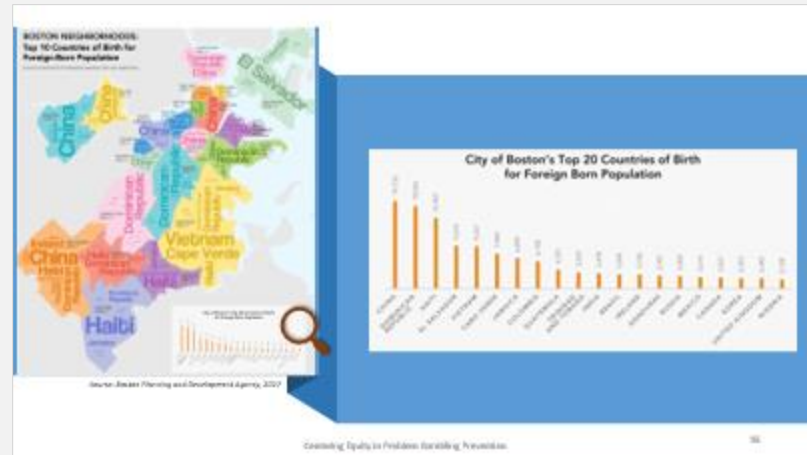
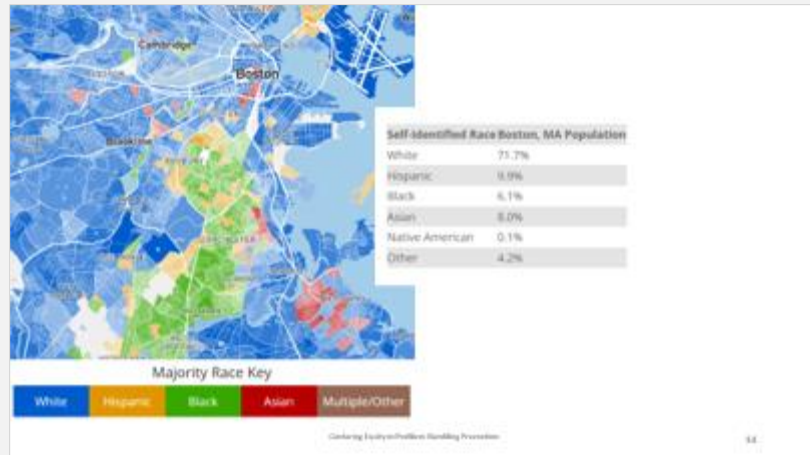
At least half
of AIAN, Black, and Hispanic
adults and about four in ten
Asian adults say they have
experienced at least one
type of discrimination in
daily life.

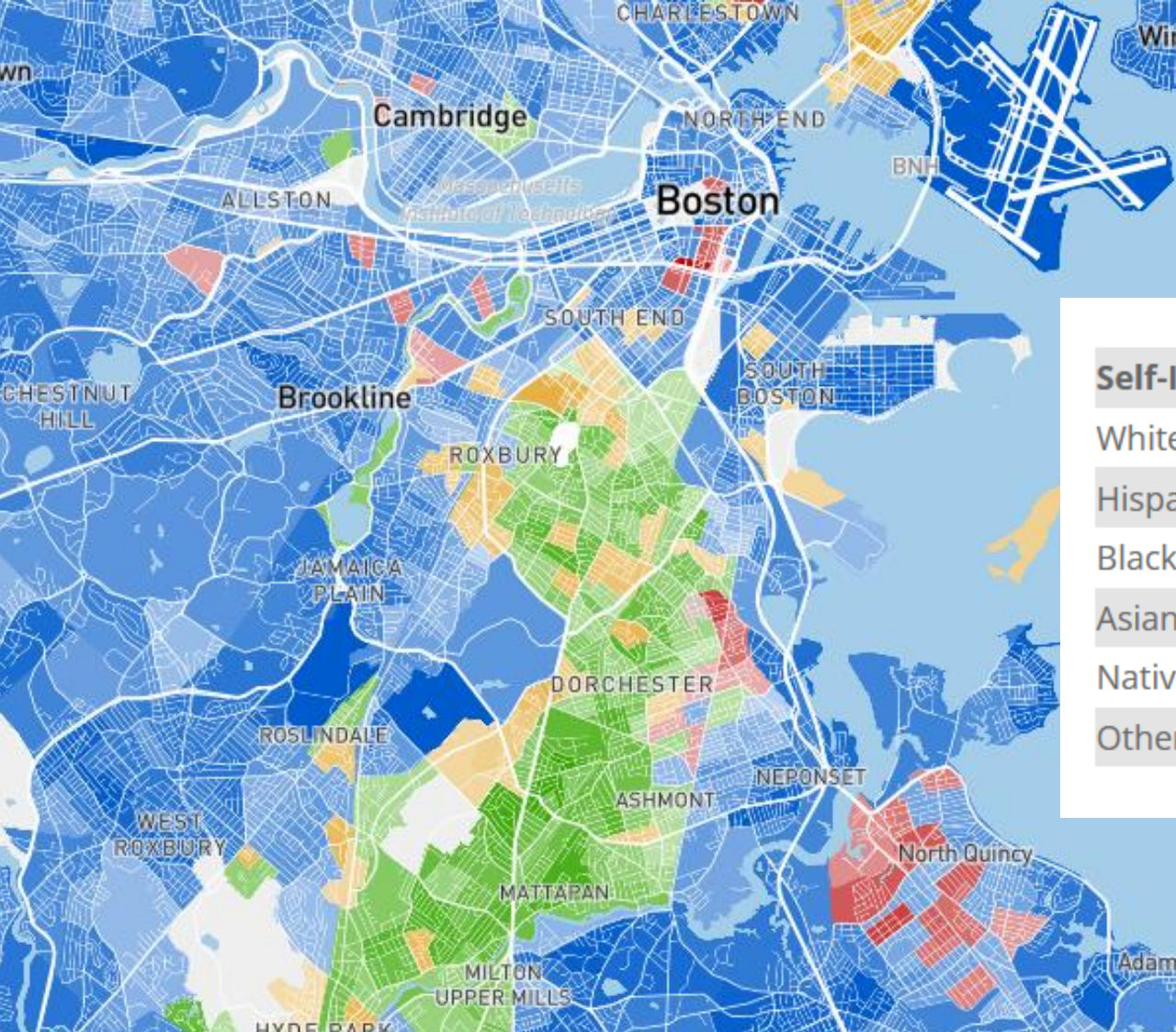
People who experience
discrimination are
more likely
to report adverse effects from
worry or stress as well as
regular feelings of loneliness,
anxiety and depression.

30% of adults
overall report at least one
negative experience with a
health care provider in the
past three years... because of
their race or ethnicity.

Negative experiences with health care providers as well as language access challenges have consequences for health and health care use.

A Snapshot on Race, Immigration and Health





Self-Identified Race Boston, MA Population

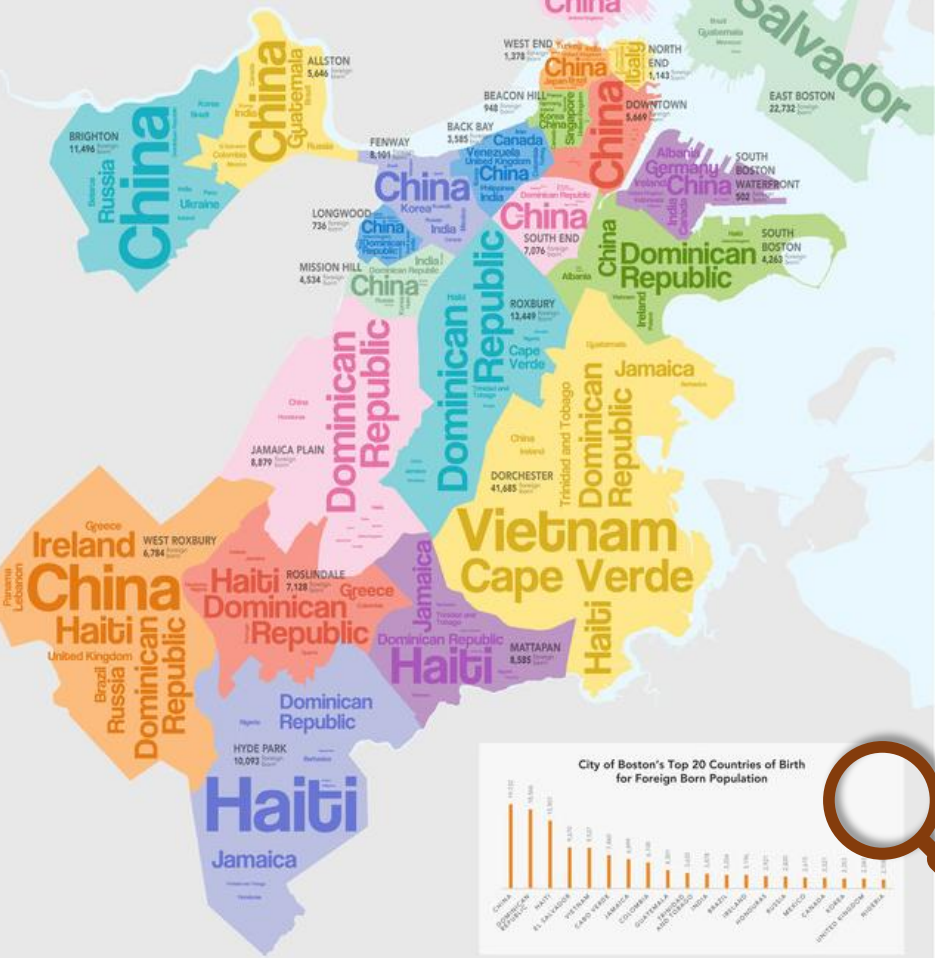
White	71.7%
Hispanic	9.9%
Black	6.1%
Asian	8.0%
Native American	0.1%
Other	4.2%

Majority Race Key



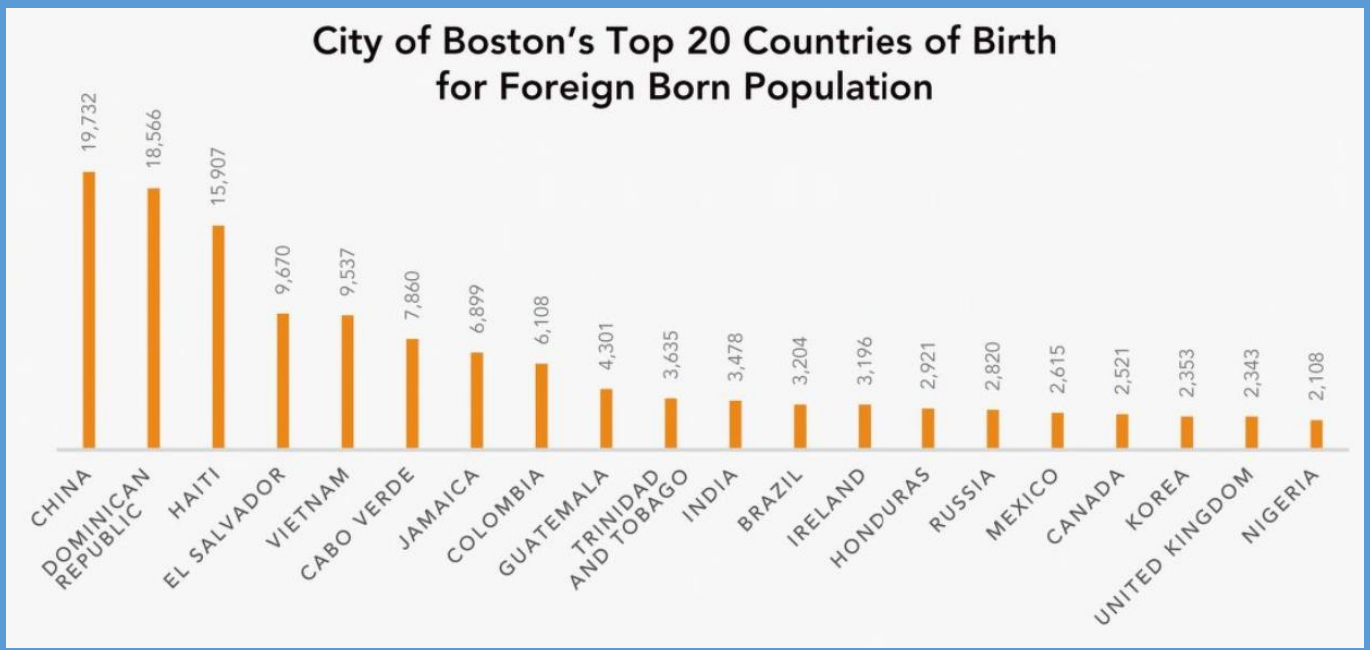
**BOSTON NEIGHBORHOODS:
Top 10 Countries of Birth for
Foreign-Born Population**

Font size is proportional to the foreign-born population within each neighborhood.



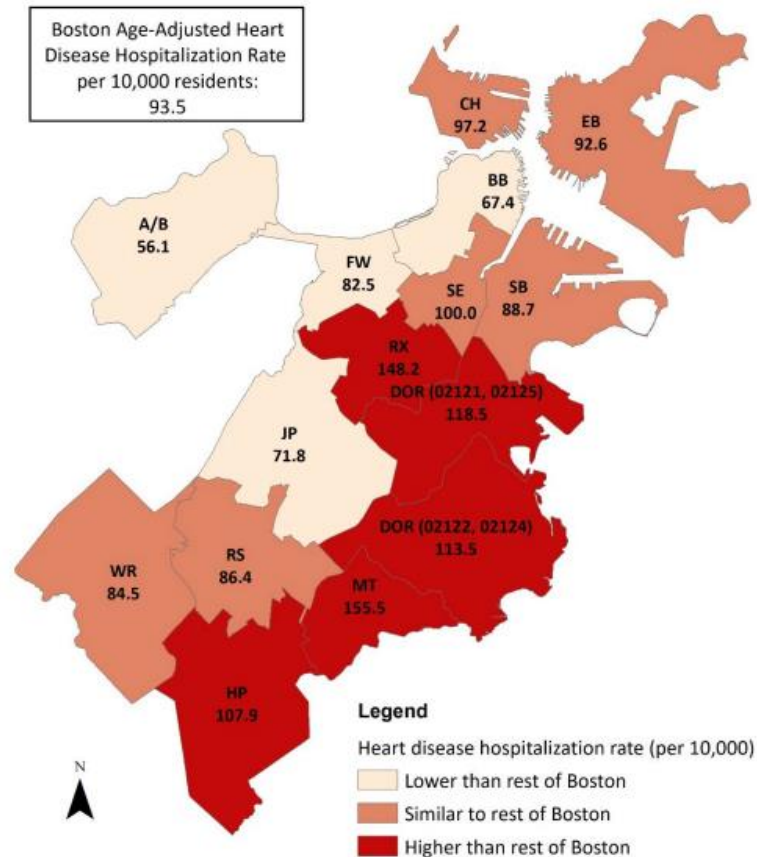
Source: Boston Planning and Development Agency, 2017

**City of Boston's Top 20 Countries of Birth
for Foreign Born Population**



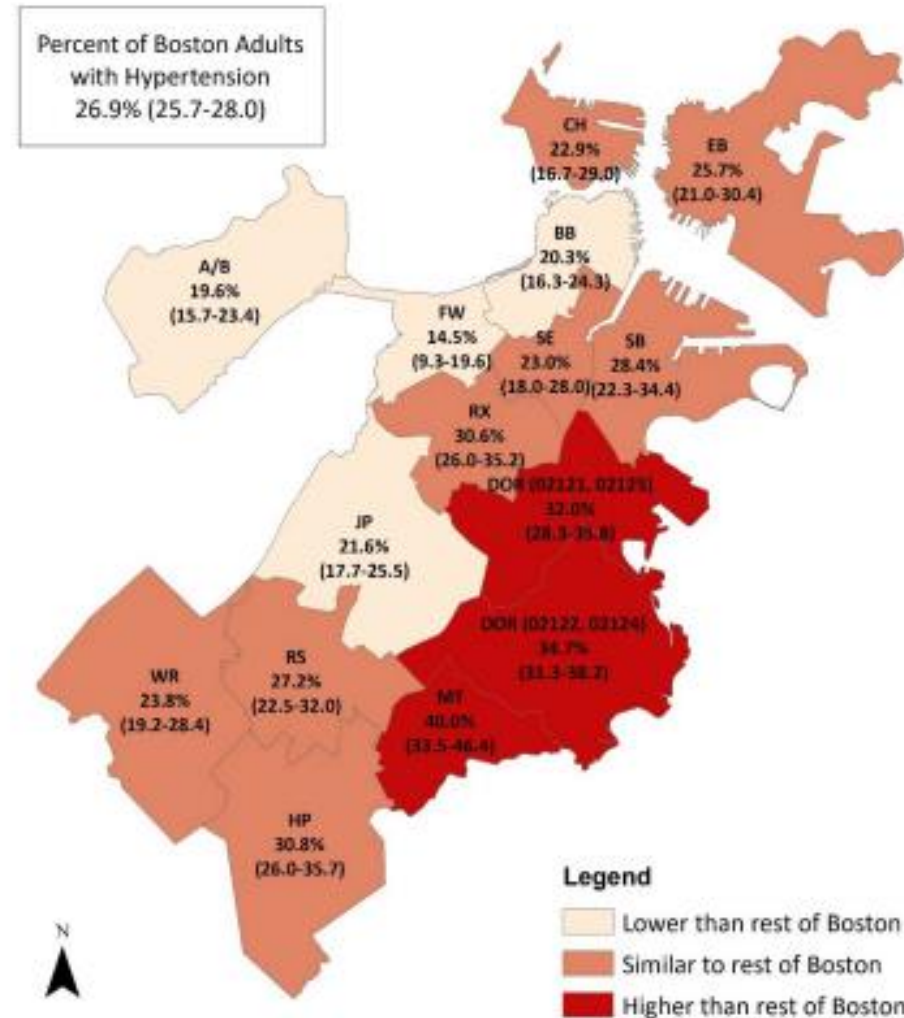
Hypertension Among Adults

Figure 9. Age-Adjusted Heart Disease Hospitalizations by Neighborhood, 2021



DATA SOURCE: Acute Hospital Case Mix Database, Massachusetts Center for Health Information and Analysis

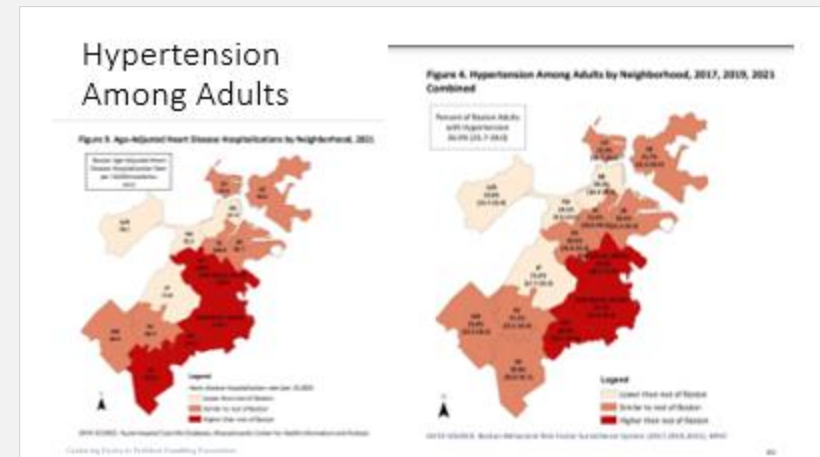
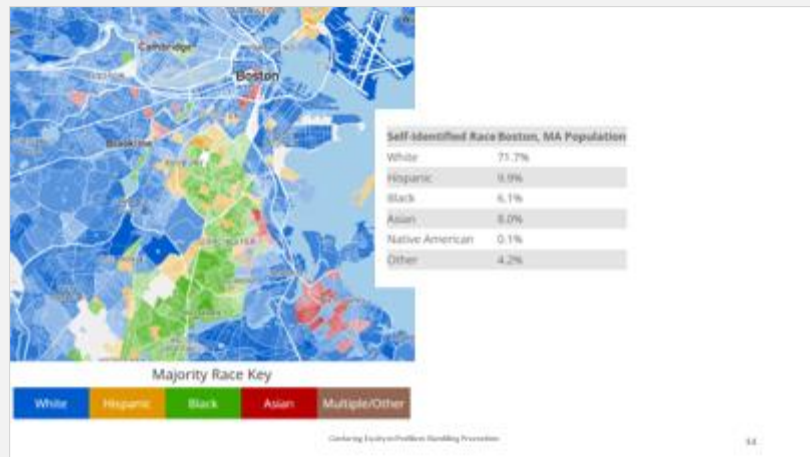
Figure 4. Hypertension Among Adults by Neighborhood, 2017, 2019, 2021 Combined



DATA SOURCE: Boston Behavioral Risk Factor Surveillance System (2017,2019,2021), BPHC

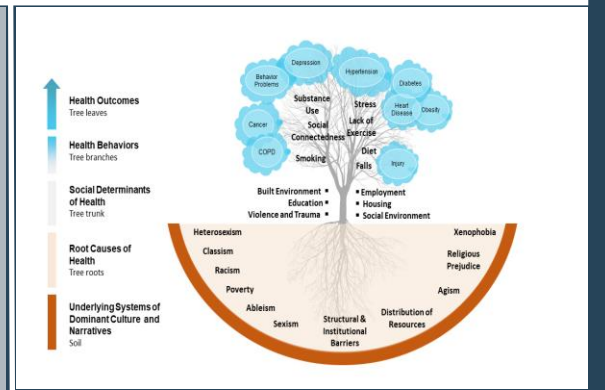
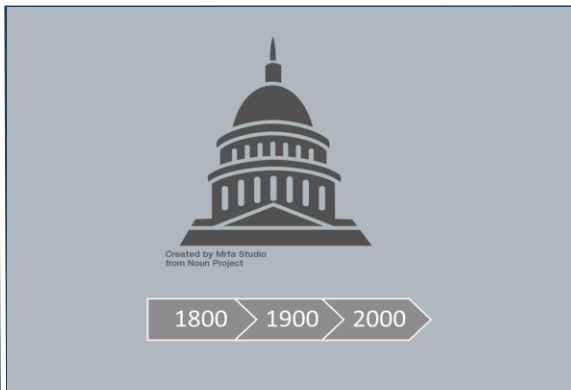
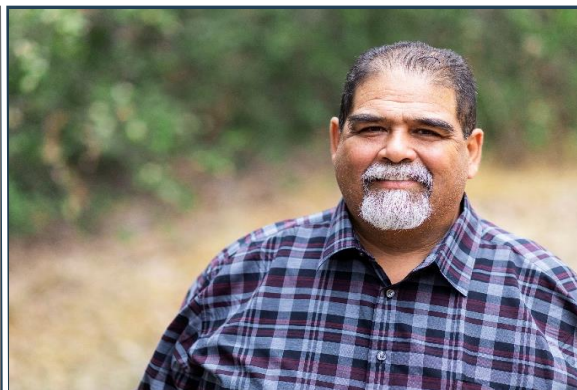
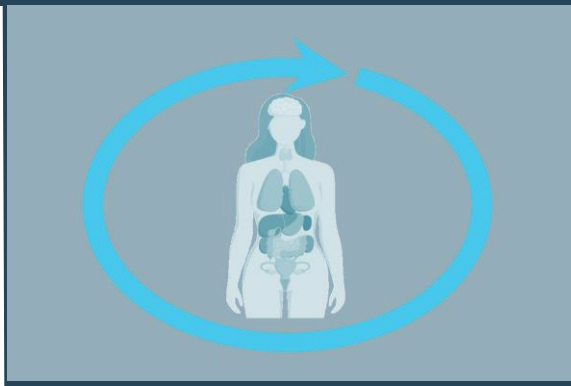
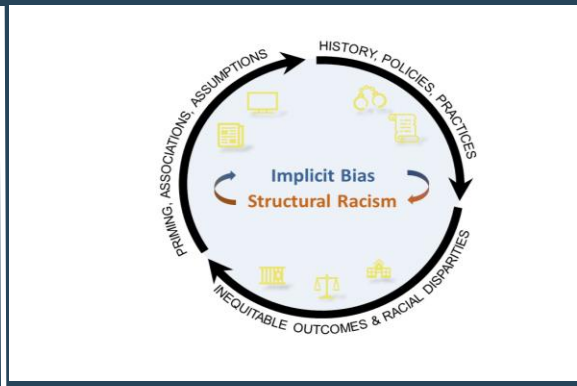
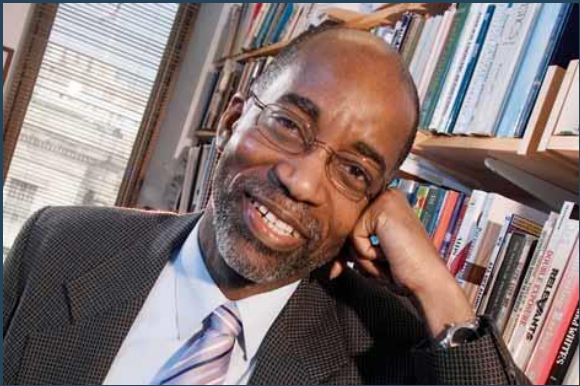
Health Outcomes for This Community

Hypertension (heart disease)



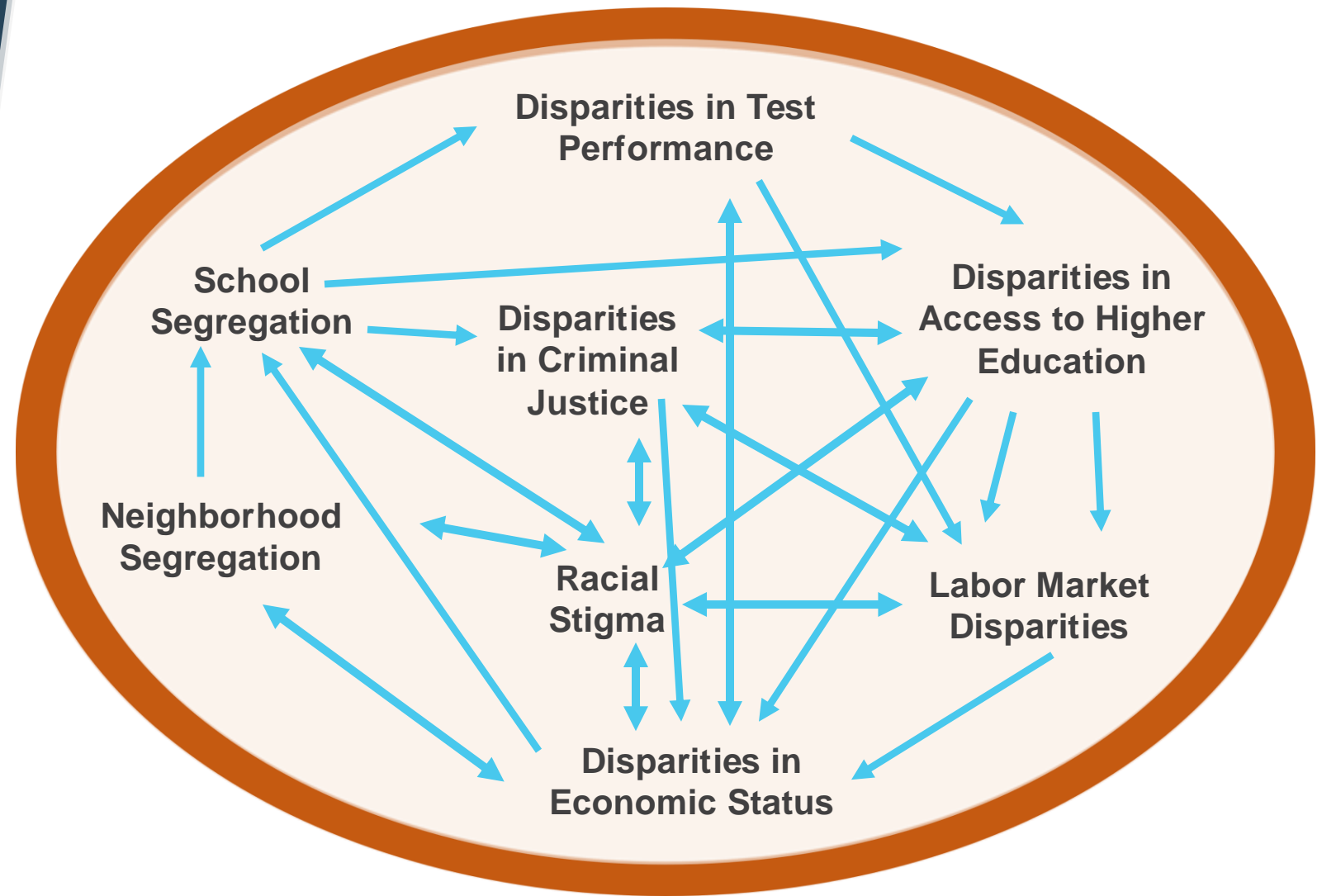
1. What populations bear burden of disease?
2. What questions do you have? Additional data you want to request?
3. Interventions or solutions to address disparities?

SECTION 3: APPLICATION



Structuralized Racialization

The historical and current interactions and relationships across systems, combine to create barriers that deny access, resource or participation.



The **cumulative and compounded** impact of the systems that create disadvantage, disparities and racialized health outcomes.

Understanding How Racism Impacts Health Outcomes

Infant Mortality as an Example

Racism is defined as an organized social system that devalues and disempowers racial groups regarded as inferior, reduces access to resources and opportunities such as employment, housing, education, and health care and increases exposure to risk factors, segregation, displacement, dispossession, violence

Created by Mike Stauder from Noun Project

1300 1900 2000



The contribution of racism-related stress and adversity to disparities in birth outcomes: evidence and research recommendations

Sabrina R. Liu, Ph.D.^{a,b} and Laura M. Glynn, Ph.D.^a

^a Department of Psychology, Crean College of Health and Behavioral Sciences, Chapman University, One University Drive, Orange, California; and ^b Conte Center, Department of Pediatrics, University of California, Irvine, California

Current by race and ethnic differences in adverse birth outcomes and infant mortality are some of the largest and most persistent health disparities in the United States. This narrative review article synthesizes existing literature to present a conceptual model of how racism-related stress and adversity are critical determinants of such disparities. We describe how historical and ongoing racism has created conditions wherein women of color are disproportionately exposed to chronic, multi-layered stress and adversity and how the biological consequences of exposure to these stressors confer risk for adverse birth outcomes. Next, we identify important priorities and considerations for future research, including the heterogeneity of racism-related stressors, biomarkers and mechanisms, chronic and sensitive periods of exposure, developmental programming of lifespan health, resilience, and community-engaged research methodologies. (Fertil Steril Rep® 2022;3:5–13. ©2021 by American Society for Reproductive Medicine.)

Key Words: Birth, disparities, racism, pregnancy, preterm

Discuss: You can discuss this article with its authors and other readers at <https://www.fertstertdublog.com/posts/sfr-e-d-31-00142>.

ESSENTIAL POINTS

- Historical and ongoing racism has created conditions wherein women of color are disproportionately exposed to stress and adversity.
- The consequences of exposure to racism-related stress and adversity can confer risk for health conditions implicated in adverse birth outcomes and alter maternal physiology associated with fetal development and timing of parturition.
- Conjointly studying racism-related stress, biological profiles, and birth outcomes is a priority for future research.
- It is important to identify factors that mitigate the impact of racism-related stress and adversity on birth outcomes.

RACIAL/ETHNIC DISPARITIES IN BIRTH OUTCOMES

Five decades ago, the United States had the sixth lowest infant mortality rate among industrialized countries. Today, it ranks 26th (1). During that same half century, the Black-White infant

mortality ratio has increased from 1.6 to 2.2 (1). Despite significant advances in obstetric and perinatal medicine, the magnitude of this disparity is greater today than during antebellum slavery (2). Preterm birth and low birth weight comprise the leading causes of

infant mortality, and unsurprisingly, these outcomes occur almost twice as often among Black women compared with White women. Although not to the same extent as Black women, Latinx/Hispanic, Asian American/Pacific Islander, Native American, and Multiracial women also have higher rates of adverse birth outcomes compared with White women (3). The urgency of this public health crisis is compounded by the fact that in addition to being contributors to infant mortality, preterm birth and low birth weight are associated with risk for physical and mental health disorders across the lifespan and impose a significant economic burden, most recently estimated at \$26.2 billion annually (4).

Received August 3, 2021; revised October 27, 2021; accepted October 29, 2021.

S.R.L. has nothing to disclose. L.M.G. has nothing to disclose.

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More pre-existing health conditions and disrupted physiology increase risk for adverse outcomes



Infant mortality
Low birth weight
Preterm birth

Racism is defined as an organized social system that devalues and disempowers racial groups regarded as inferior, reduces access to resources and opportunities such as employment, housing, education, and health care and increases exposure to risk factors.

Case Study: A Look at Gambling Disparities

Individuals Living in Poverty, Older Adults, and AAPI

**People with Annual
Income Less Than
\$15,000**

are twice as likely to
experience gambling
problems.

Over 70%

of older adults

gambled in MA last year.
They are susceptible to
problem gambling and many
experience economic
devastation.

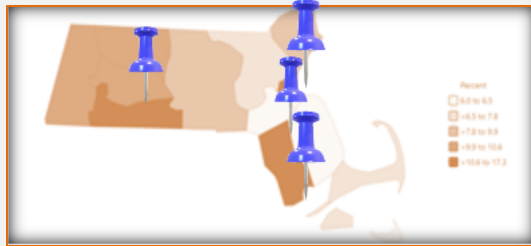
**Asian American and
Pacific Islander
(AAPI) communities**

are disproportionately
impacted by problem
gambling.

Racism is defined as an organized social system that devalues and disempowers racial groups regarded as inferior, reduces access to resources and opportunities such as employment, housing, education, and health care and increases exposure to risk factors.

(Williams & Lawrence 2019)

Examples of Disparities in Massachusetts driven by inequities.



Lexington Senior Services
Upcoming Trip:
ENCORE CASINO
Thursday, September 12
Depart: 9:00 am Return: 4:45 pm
Residents \$27, Non-residents \$37

Sign up now for the upcoming trip with Lexington Senior Services to Encore Casino in Everett, MA on Thursday, September 12! You will take a ride on a coach bus with your friends to New England's newest casino with over 2,800 slot machines and 166 table games, from craps and roulette to blackjack and baccarat, all at state-of-the-art tables with superior service! Each person who registers gets \$20 in slot credits! Lunch is on your own for this trip.



- Individuals with low incomes are exposed to increased gambling access, as casinos may be strategically placed in disadvantaged communities, and they are more prone to believe that gambling may be a means to supplement their income.
- Older adults are aggressively targeted by the industry, with offers of free food, transportation, and other incentives. They may be on a fixed income, prone to isolation, and sometimes depression.
- For many in the AAPI community, gambling is a source of recreation and relief from social isolation and concentrated poverty. In the U.S., the vulnerability of Asian immigrants to problem gambling showcases several cyclic structures that work against low-income Asian immigrants in relation to gambling behaviors.

Understanding How Racism Impacts Health Outcomes

Individuals Making Less than 15,000 as an Example

Discriminatory policies and practices across U.S. history toward individuals living in poverty.

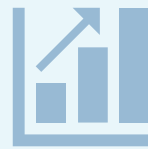


Created by Mike Stork from Noun Project

1800 → 1900 → 2000

Segregation, displacement, economic destruction, violence

Individuals making less than 15,000 are more likely to live in disadvantaged neighborhoods (food, safety, and environmental)



Toxic stress, pollution, stigma (perceived, anticipated & endorsed), barriers to resources.

Genetic factors



Diminished well-being

Negative affect

Mental Health Challenges

Economic challenges, including medical debt, increasing the motivation to gamble as a means to cope or supplement income.

Vulnerability to disorders and higher risk to experience gambling harms.



Greater risk for economic devastation, impact on families and relationships

Racism is defined as an organized social system that devalues and disempowers racial groups regarded as inferior, reduces access to resources and opportunities such as employment, housing, education, and health care and increases exposure to risk factors.

Case Study: Jorge



Jorge is a 54-year-old man, who migrated to Jamestown from Mexico six years ago. He arrived in Jamestown without a high school diploma. He was able to secure a job with a construction company. The pay was acceptable to him but didn't include health insurance benefits. Jorge moved into a neighborhood where he would connect with others recently migrating from Mexico. It turns out that gambling was a popular past time among these new friends, and that some thought it was a chance get ahead and change their life. While he made some friends, his salary was not sufficient to bring his extended family to Jamestown and he often felt isolated, bored, and lonely. Jorge began gambling more and more. At first, he would only occasionally purchase a lottery ticket, and then over time having been exposed to marketing targeting individuals living in lower income neighborhood, Jorge added new types of gambling to his routine. Soon he was experiencing problems with paying his bills, more strain at work, and what started as gambling to deal with isolation became more pronounced depression.

Based on the information provided above:

1. What are some of the impacts of racism on Jorge?
2. How might he have been devalued or disempowered, or faced barriers in access to resources or opportunities?
3. What exposures to risk for problem gambling is he experiencing?



Group
Discussion



MASSACHUSETTS CENTER OF EXCELLENCE

Q & A

Closing and Evaluation

One word that you're feeling or that you're thinking about after our session today

Preparing for Part 2

Partnering for Change: Understanding the Structural and Social Determinants of Health to Prevent Problem Gambling (November 5, 2024)

Objectives

- Identify key issues to analyze and address in planning to eliminate health disparities caused by the social determinants of health
- Describe the social determinants of health and ways they could address them through problem gambling prevention efforts
- Identify ways to collect and analyze data on health disparities to inform and prioritize key issues in the community to inform a health equity action plan
- Identify ways to build authentic partnerships in the community to facilitate a community change process

The Health Tree: Connecting Health Outcomes to Root Causes



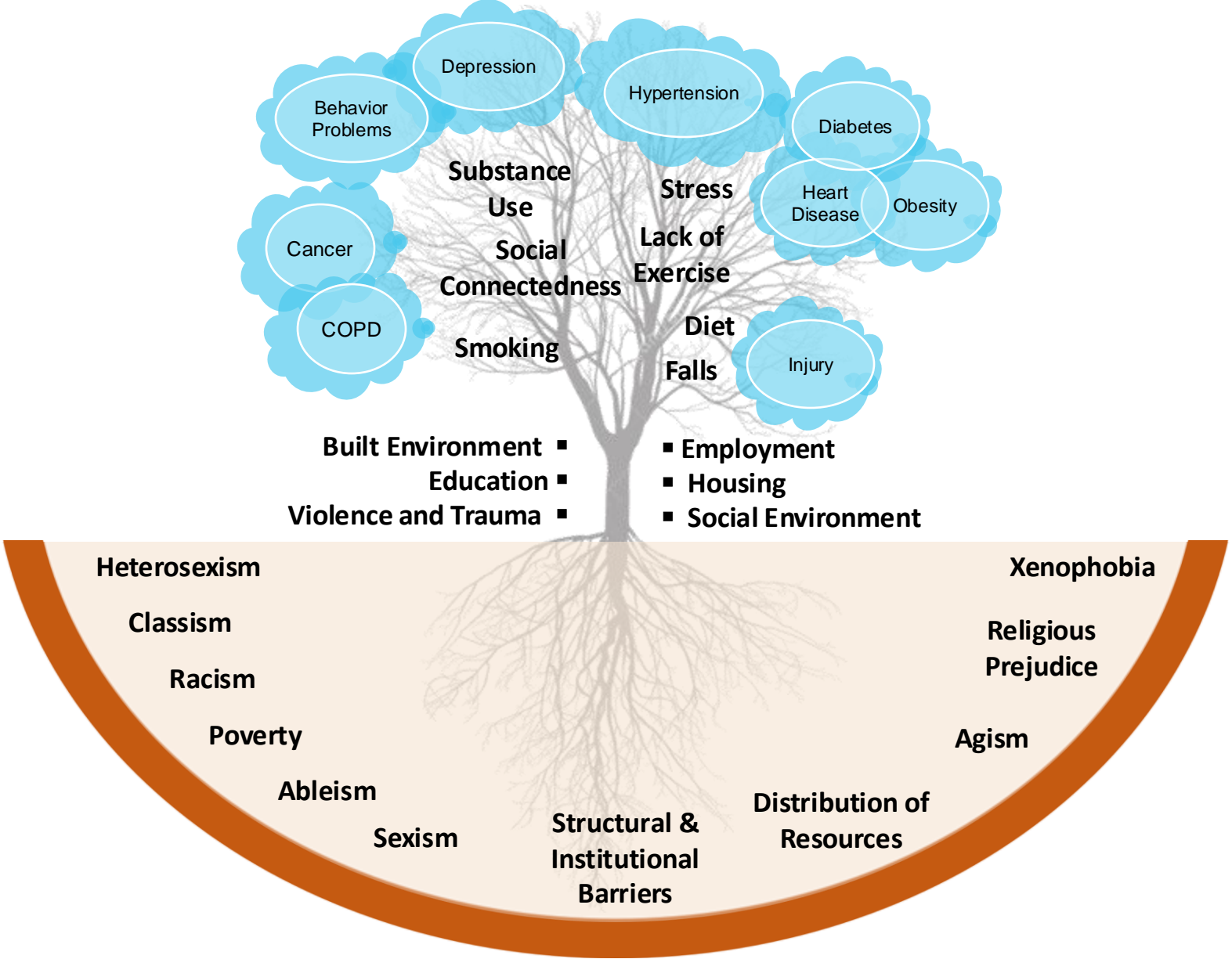
Health Outcomes
Tree leaves

Health Behaviors
Tree branches

Social Determinants of Health
Tree trunk

Root Causes of Health
Tree roots

Underlying Systems of Dominant Culture and Narratives
Soil



Adapted from The Health Tree is adapted by Health Resources in Action from the Human Impact Partners



Health Outcomes

Tree leaves

Health Behaviors

Tree branches

Social Determinants of Health

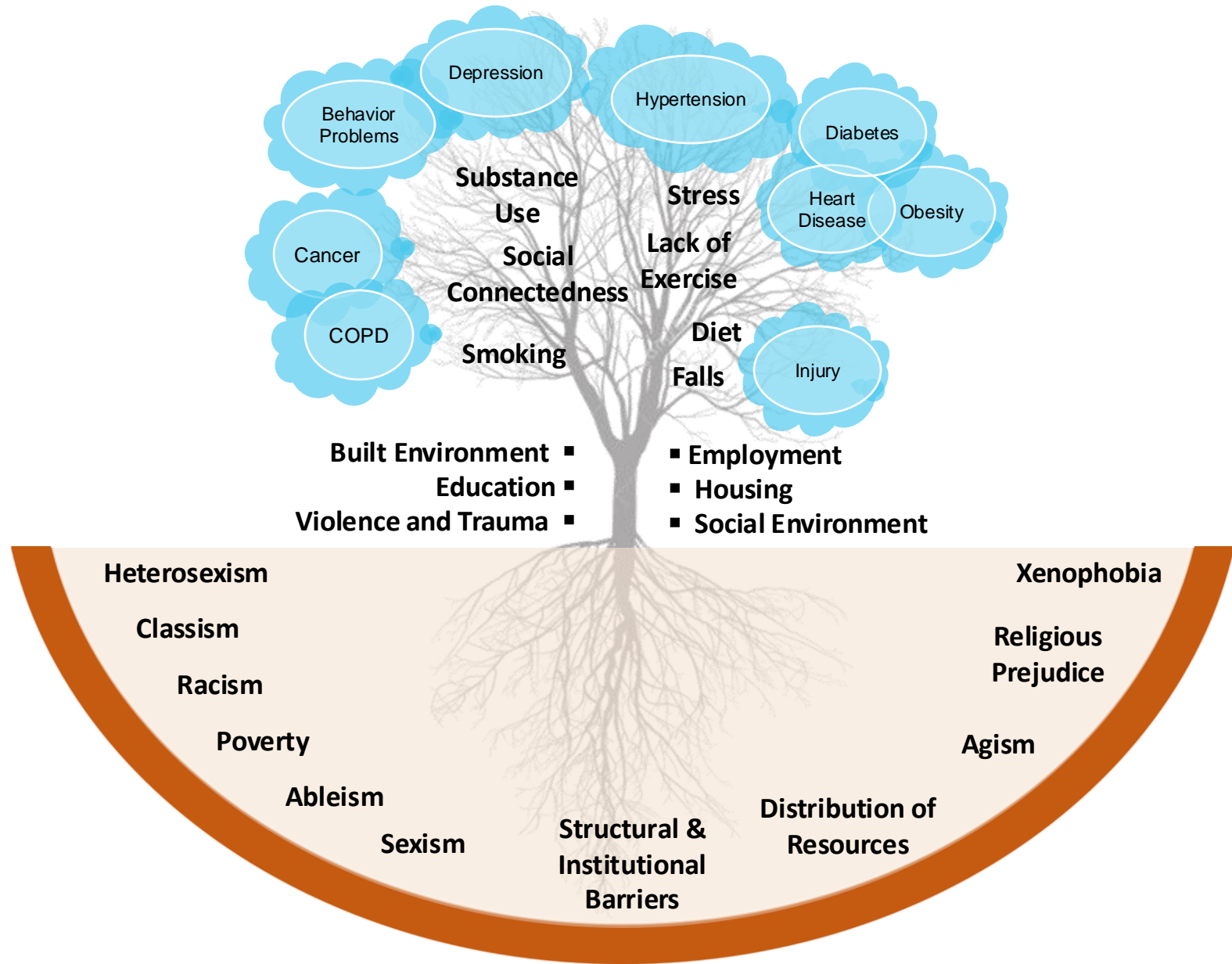
Tree trunk

Root Causes of Health

Tree roots

Underlying Systems of Dominant Culture and Narratives

Soil



The Healthier Tree: Connecting Health Outcomes to Root Causes

**Community
Resilience**

**Equitable
Systems and
Supports**



Upcoming MCOE PGP Training

**Partnering for Change: Understanding the
Structural and Social Determinants of
Health to Prevent Problem Gambling –**
Tuesday, November 5, 2024,
2:30 – 4:00 pm

**Engaging the Community and Partners to
Build Capacity to Prevent Problem
Gambling -**
Thursday, November 7, 2024,
1:30 – 3:30 pm



We Are Now on Social Media!

Scan the QR codes below to follow our pages



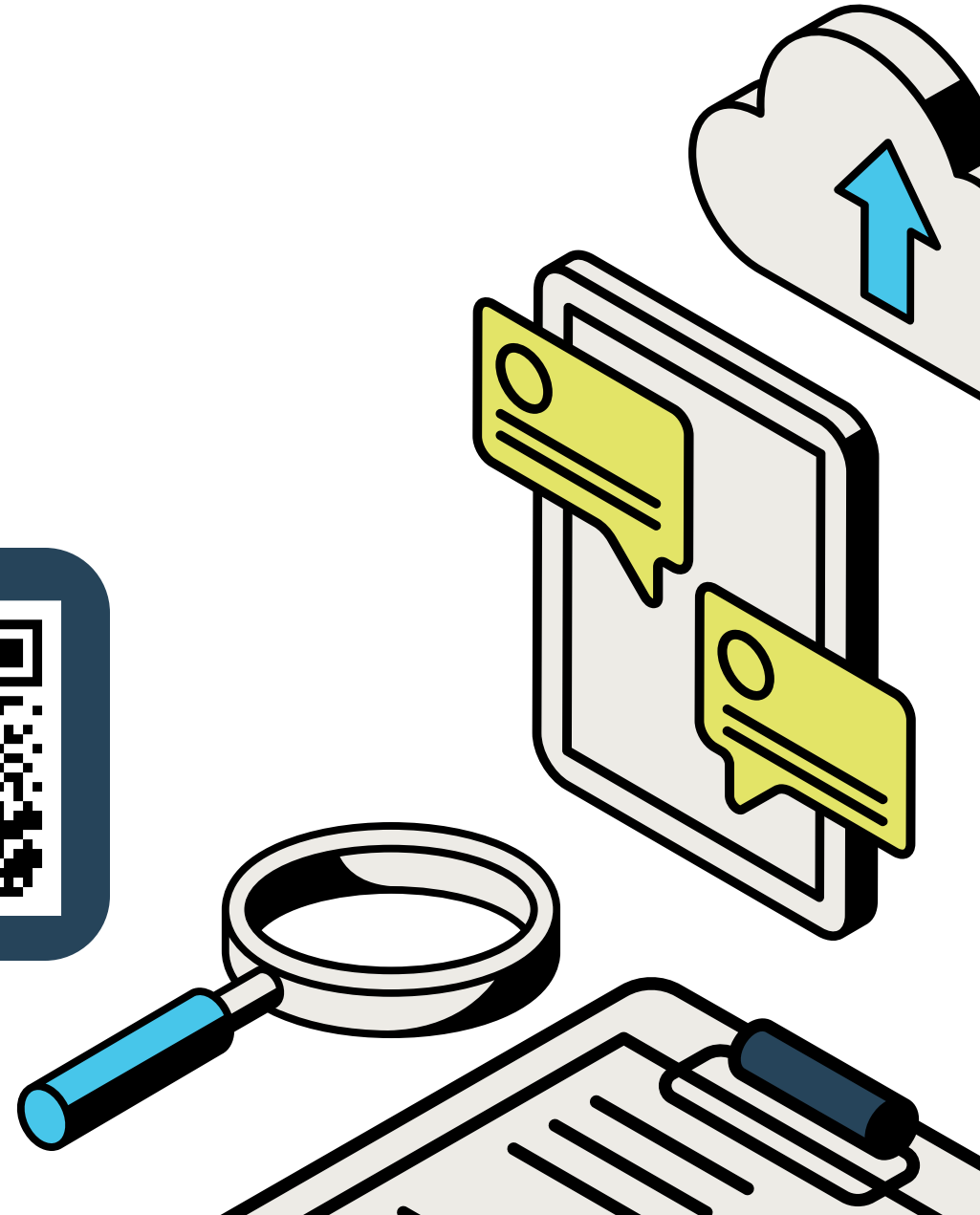
Facebook



Instagram



LinkedIn



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3. Alegría, A. A., Petry, N. M., Hasin, D. S., Liu, S. M., Grant, B. F., & Blanco, C. (2009). Disordered gambling among racial and ethnic groups in the US: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *CNS spectrums*, 14(3), 132-143.
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END

Engaging the Community Through Cultural Humility

“Cultural humility incorporates a **lifelong commitment to self-evaluation and self-critique**, to **redressing the power imbalances** in the [peer-to-peer] dynamic, and to developing **mutually beneficial and nonpaternalistic clinical and advocacy partnerships with communities** on behalf of individuals and defined populations.”

Source: Melanie Tervalon & Jann Murray García, “Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education,” *Journal of Health Care for the Poor and Underserved* (May 1998), vol. 9, no. 2, p. 117



Having the Equity Conversation

Goals

- Safety – Honor differences as strengths
- Ground in Socioecological Model: Highlight beyond individual level and examine broader Relationship, Community, Societal level influences

Collect & Analyze Data: race, gender identity, income, housing status, education level, employment status

- Who bears the burden of disease, identify disparities, opportunities for intervention and solutions

Cultural Intelligence

“Cultural Intelligence is the **capability to relate and work effectively** in culturally diverse situations. **It goes beyond existing notions of cultural sensitivity and awareness** to highlight a theoretically-based set of capabilities needed to **successfully and respectfully accomplish** your objectives in culturally diverse settings.”

Source: Cultural Intelligence Center, Grand Rapids, Michigan



Equity in Everyday Practice

Embedding Equity in Your Work	<ul style="list-style-type: none">• Develop a collective language for discussing issues of health equity.• Engage all staff and community members in creating and executing a health equity plan.• Be accountable and follow through.
Addressing Equity in Our Personal Lives	<ul style="list-style-type: none">• Examine your personal equity journey.• Check your own thinking about health equity.• Ask for help and get the coaching you need.
Using Equitable Language	<ul style="list-style-type: none">• Understand how language affects how we think and who we see.• Listen to how others interpret words we use.• Recognize that we all fumble; when you make a mistake, own it.
Power Sharing	<ul style="list-style-type: none">• Think about the power of institutions but also power of people.• Acknowledge that everyone has innate power.• Go beyond “who is sitting in the room.”

CONSIDER PUTTING FRAMEWORKS IN PART 2

Structural and Social Determinants of Health

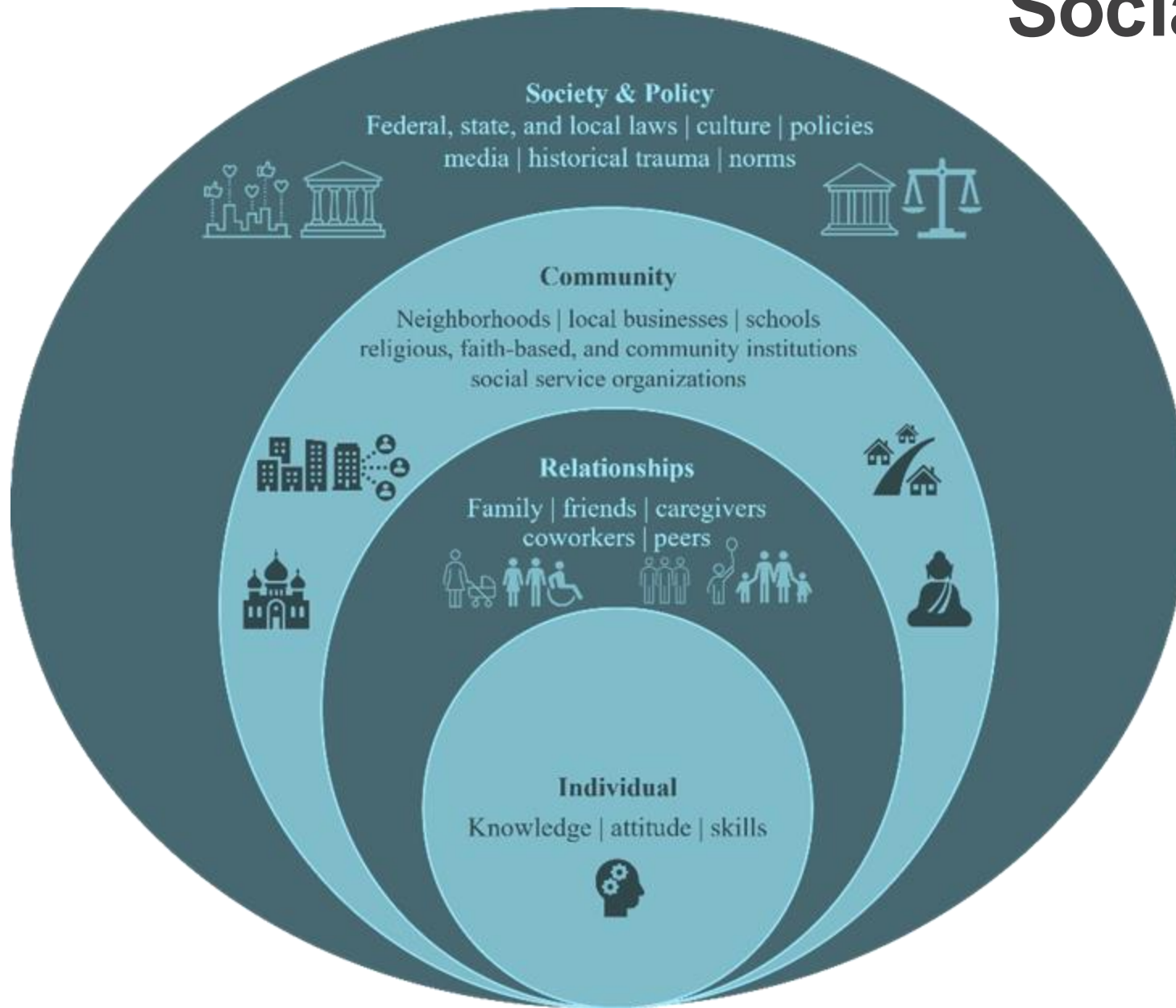
Social determinants of health (SDOH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.





Source: Let's Get Healthy California

Social Ecological Model



Considers the complex interplay between individual, relationship, community, and societal factors.

“Individual behaviors are linked and often limited by the social and economic context of an individual’s life”

Adapted McLeroy, Bibeau, Steckler, & Glanz, 1988 Social Ecological Model to understand the factors that influence cultural and linguistic responsiveness



Centering Equity in Problem Gambling Prevention

How Massachusetts Is Addressing the SDOH Through Prevention Approaches



Source: Center for Disease Control and Prevention, Public Health Professionals Gateway, Social Determinants of Health

Ambassador Project: A strategy that trains men of color with a history of substance misuse to lead conversations about the intersection of problem gambling and substance misuse.

Community Wellness Project: An initiative that trains community health workers to educate local neighborhoods about gambling risks and available support services.

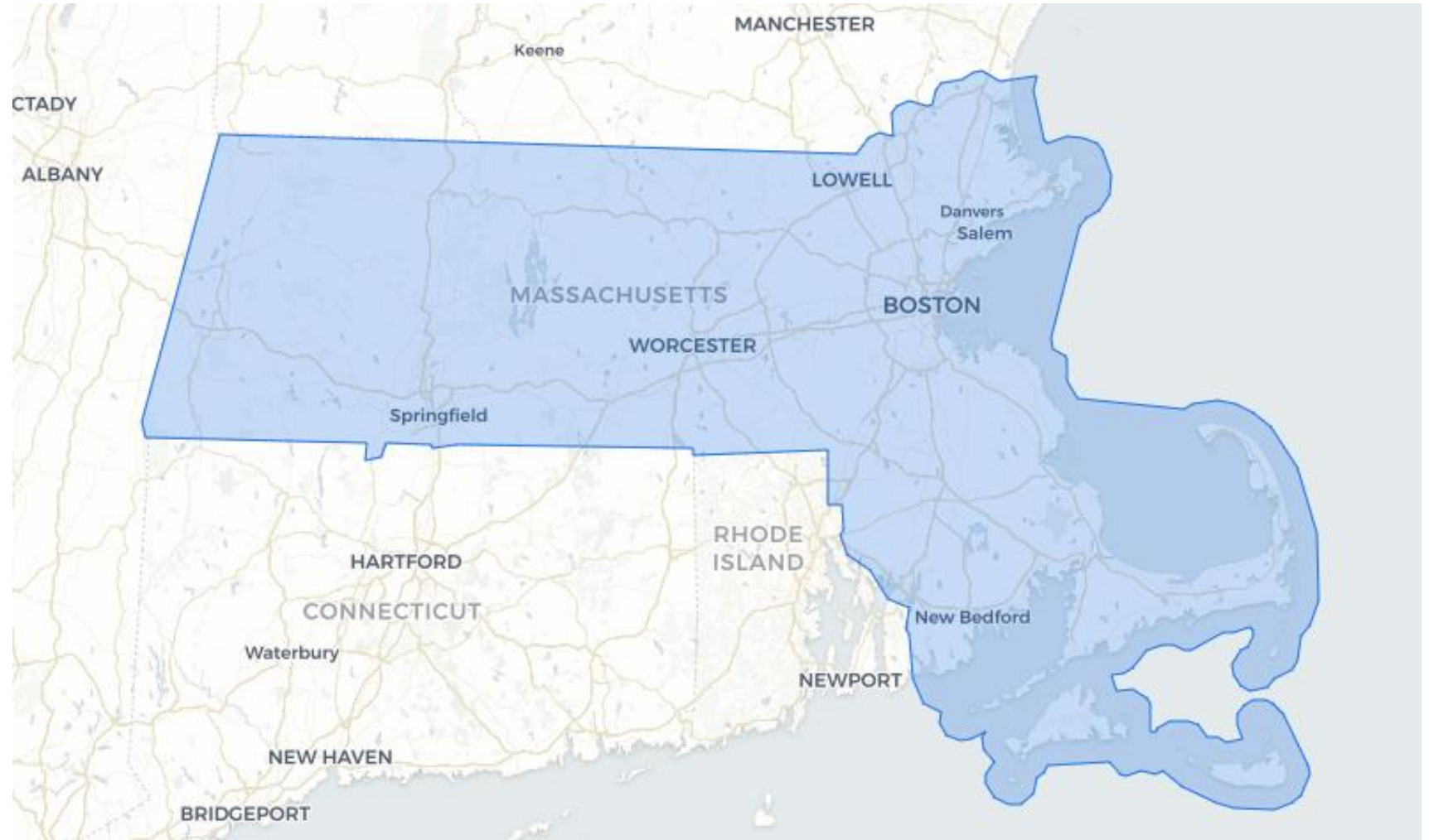
Youth Photovoice: A strategy centered on storytelling and photography by young individuals, tackles the issue of underage gambling, highlighting community concerns and inspiring action.

Project RISE (Resilient Immigrants Striving for Equity): Empowering immigrant communities to support emotional wellness and create a sense of belonging and togetherness.

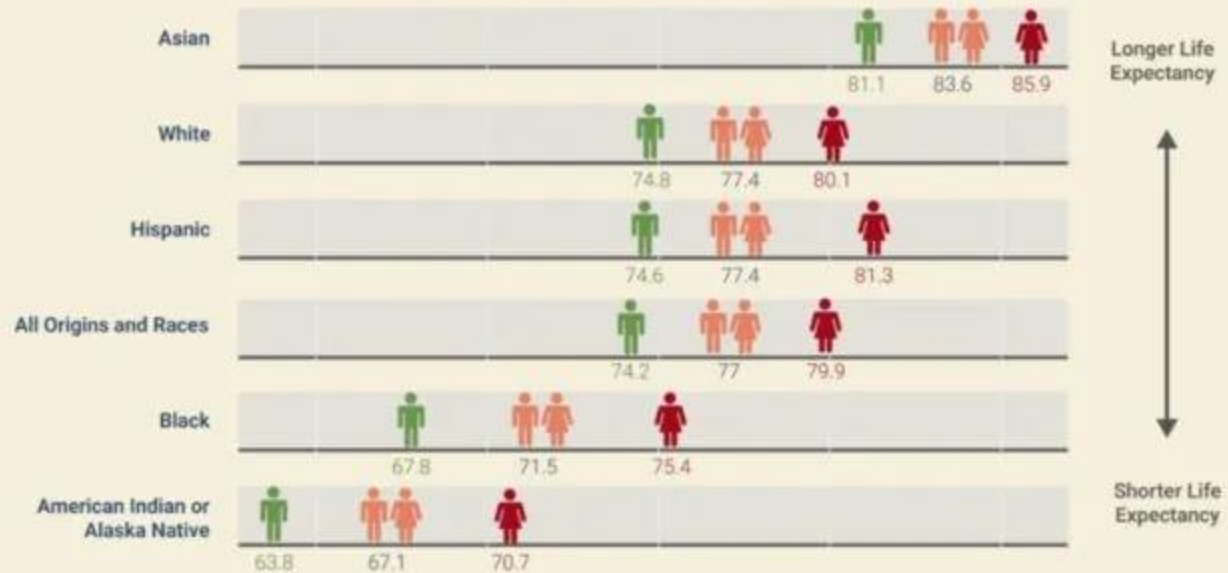
CLHP Springfield: Social marketing campaign aiming to decrease discrimination and prejudice around behavioral health problems that can keep young people and families from seeking treatment.

Everett





American Indian or Alaska Native and Black Americans Had the Lowest Life Expectancy in 2020

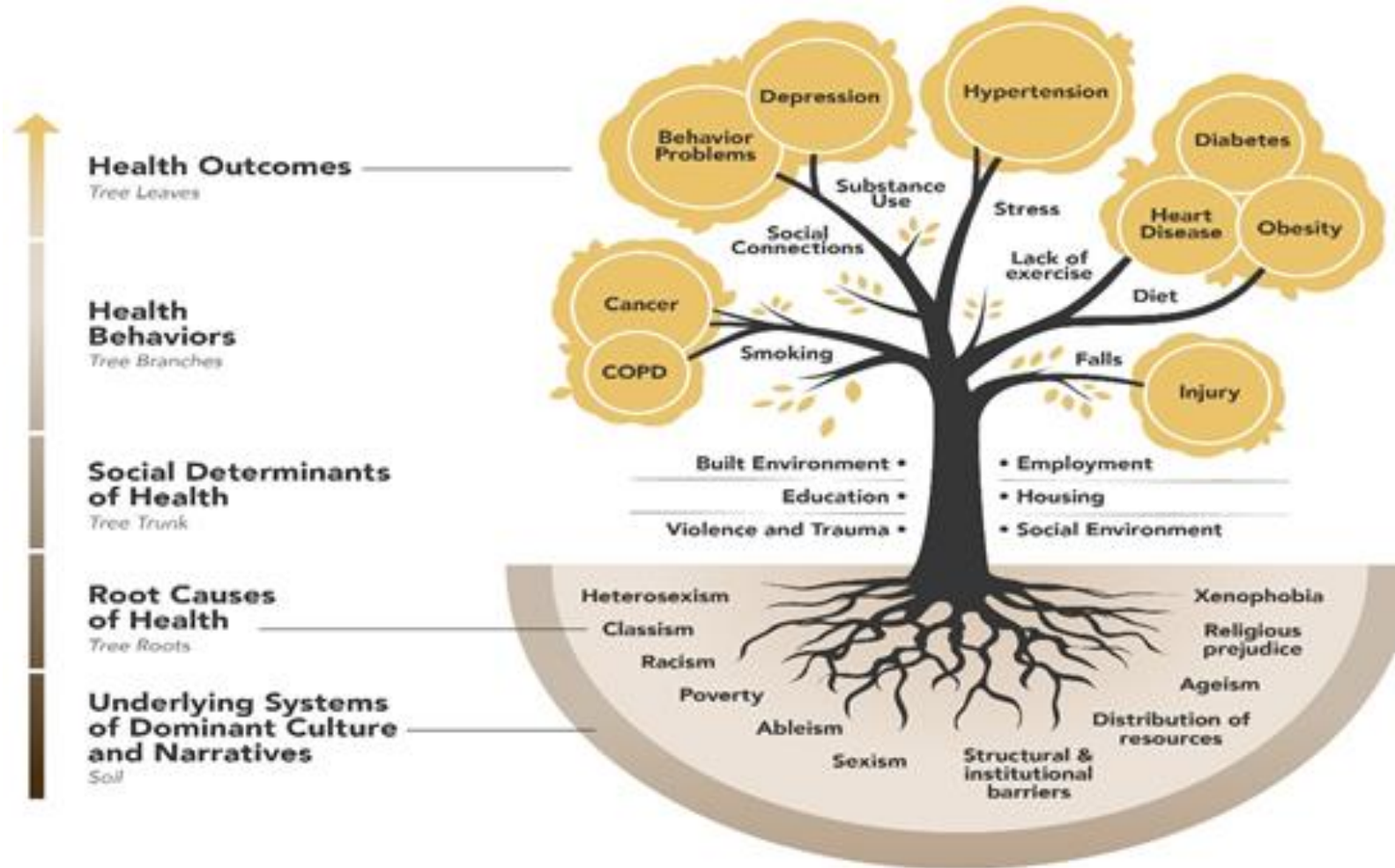


Note: Data for Asian, White, Black, and American Indian or Alaska Native exclude people with Hispanic or Latino descent.
 Data Source: CDC National Vital Statistics Reports. <https://www.cdc.gov/nchs/data/nvsr/nvsr71/nvsr71-01.pdf>

BU Center for Antiracist Research

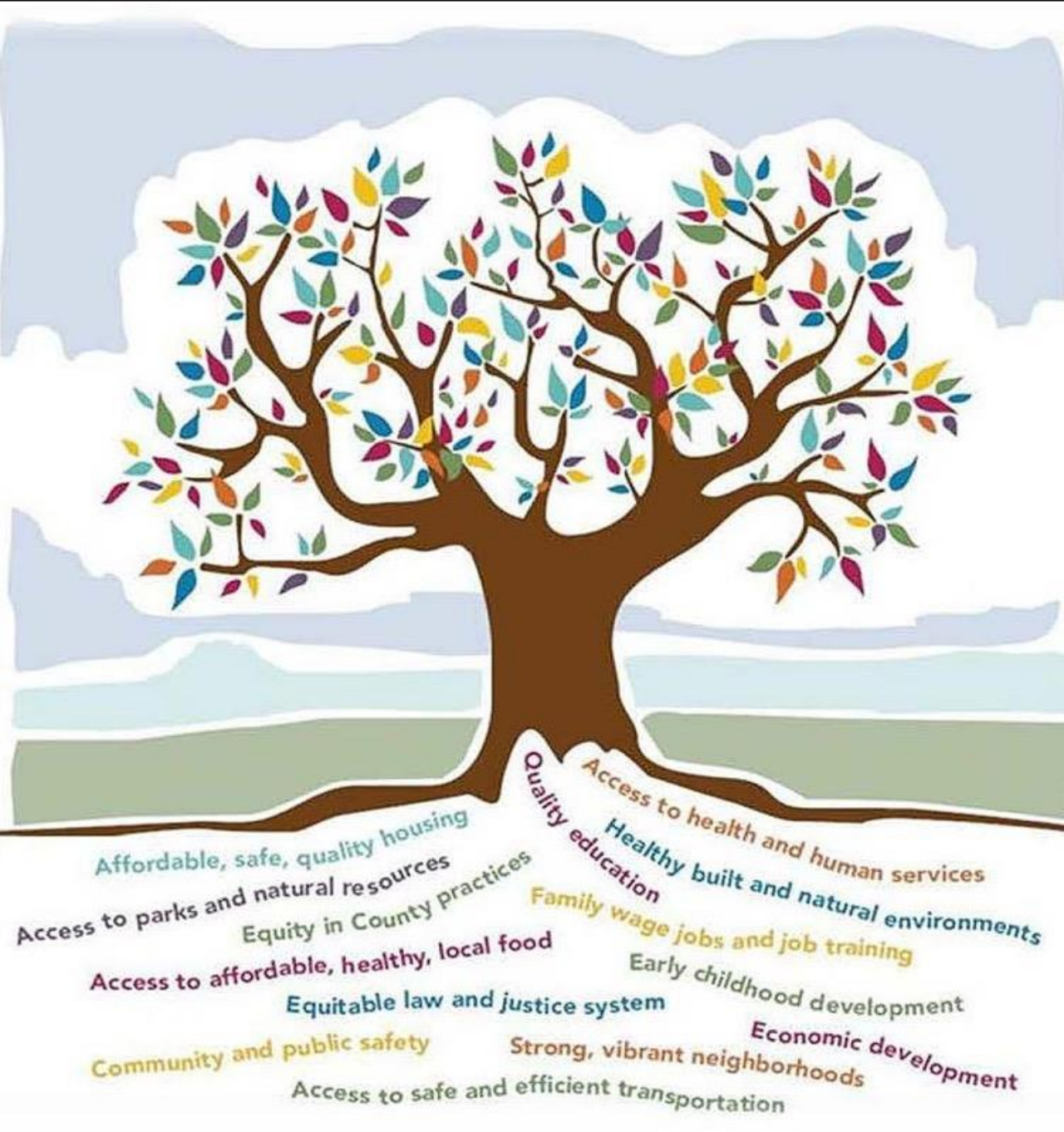
The cause of racial disparities is bad policies, not bad people

The Health Tree: Connecting Health Outcomes to Root Causes

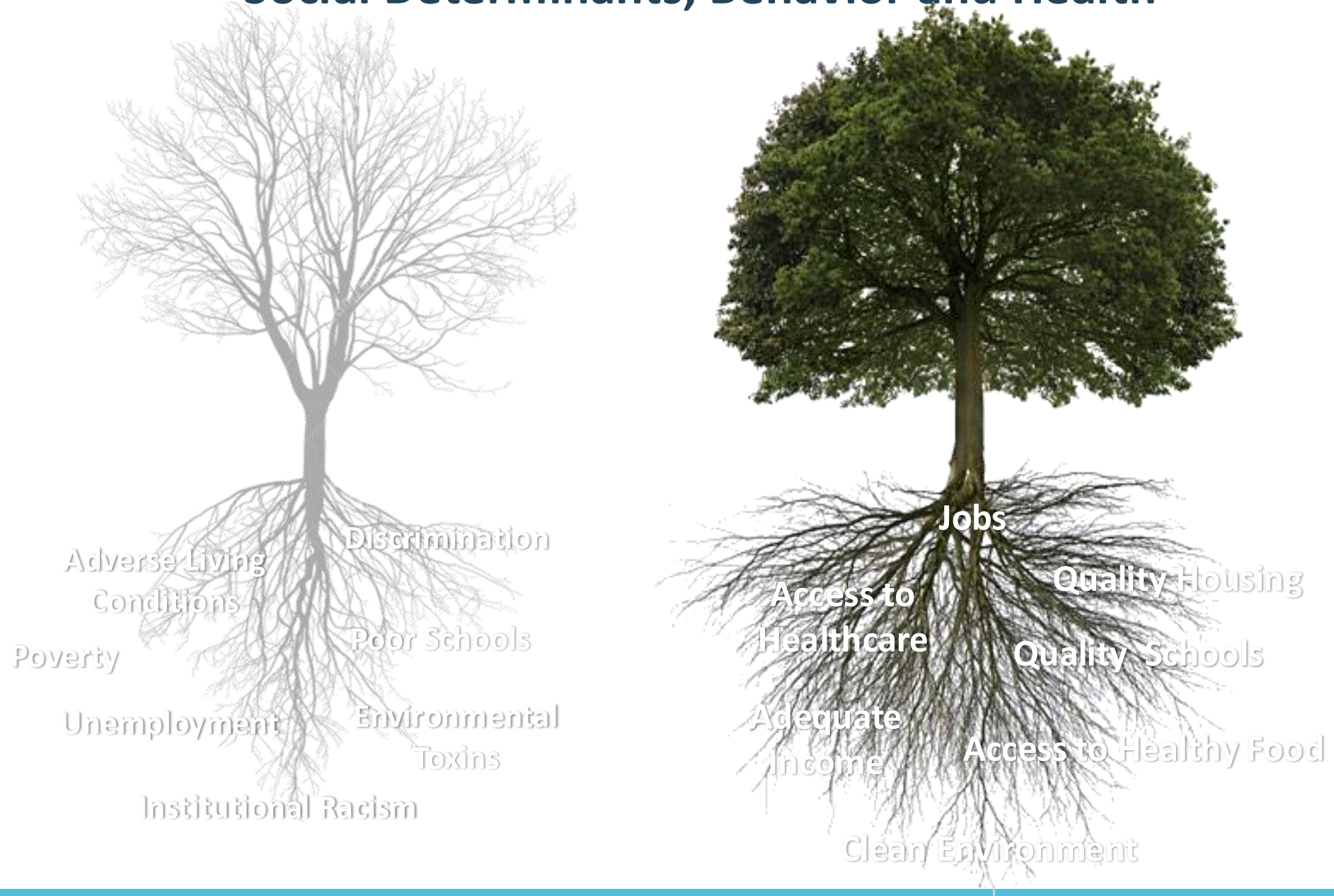


Adapted from The Health Tree is adapted by Health Resources in Action from the Human Impact Partners

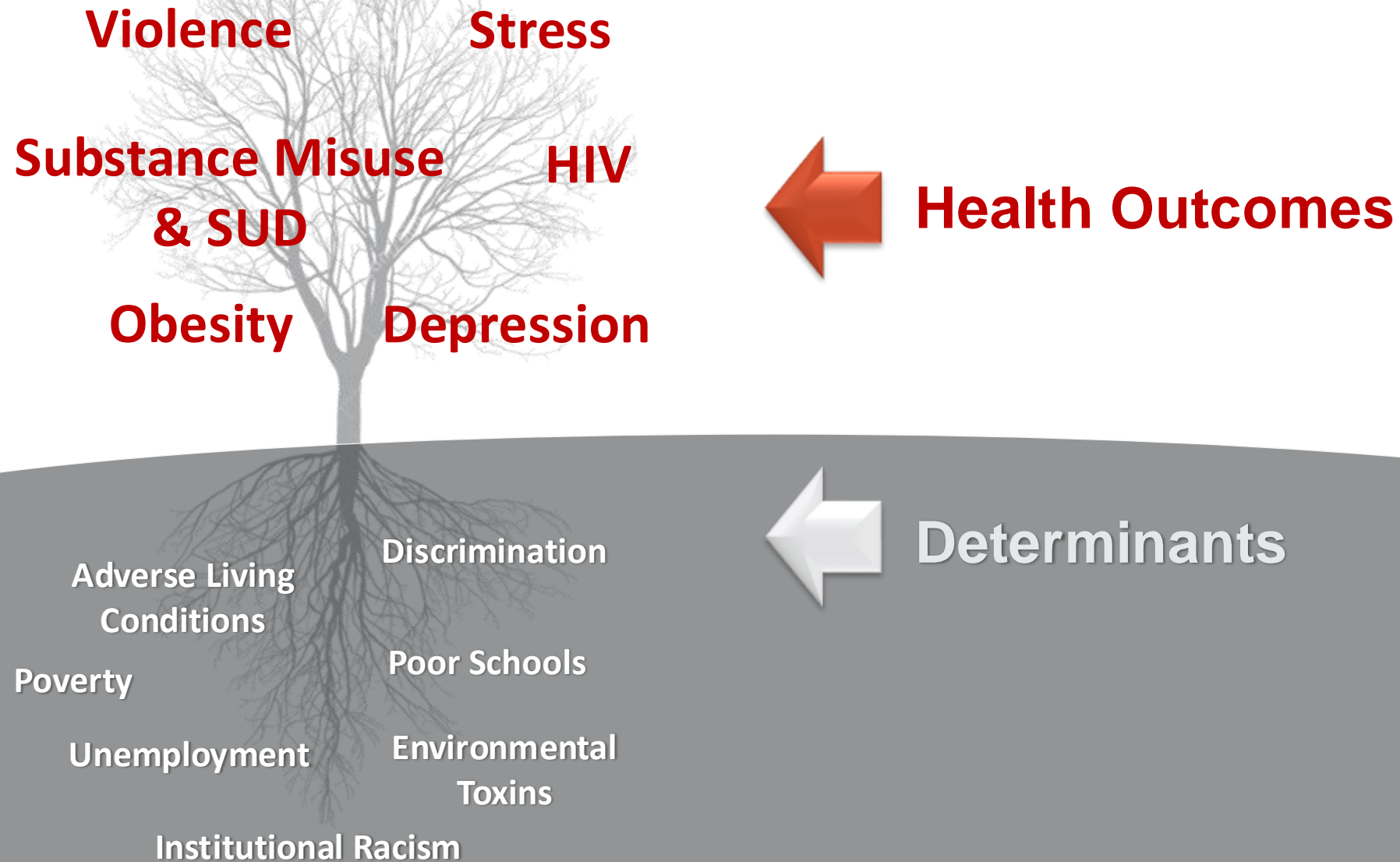
The Healthier Tree: Connecting Health Outcomes to the Root Causes



Social Determinants, Behavior and Health



Social Determinants, Behavior and Health



Social Determinants, Behavior and Health

Fragmented System
Restricted Power
Disinvestment
Disconnected Members



Networks
Social Support
Participation
Sense of Community



Adverse Living Conditions
Poverty
Unemployment
Institutional Racism
Discrimination
Poor Schools
Environmental Toxins

Jobs
Access to Healthcare
Adequate Income
Clean Environment
Quality Housing
Quality Schools
Access to Healthy Food

Key Points

These disparities are not new and reflect longstanding structural and systemic inequalities rooted in contemporary and [historical](#) racism and discrimination.

Addressing health disparities is not only important from an equity standpoint but also for improving the nation's overall health and economic prosperity.

Growing mental health and substance use concerns may contribute to racial and ethnic health disparities.

Figure 1

Health Disparities are Driven by Social and Economic Inequities

