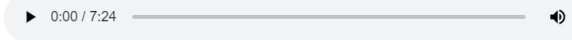


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UCSD Public Health School Dean Explains How Redlining Contributed To Health Disparities

KPBS Midday Edition Segments / July 13, 2020



The coronavirus pandemic's disproportionate impact on Black and Hispanic communities has highlighted long-existing health disparities.

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Speaker 1: 00:00 The coronavirus pandemic's disproportionate impact on black and Hispanic community. It says highlighted long existing health disparities, KPBS health reporter, Teran, mento digs into the history of how inequities developed. She speaks with dr. Cheryl Anderson of UC San Diego center for excellence in health promotion and equity.

Speaker 2: 00:21 San Diego city Heights neighborhood is seeing a higher rate of coronavirus cases than the County. It's the same trend in Southeast San Diego. These communities that have larger Hispanic and black populations than the region are where the nearly century old and now illegal practice of redlining occurred. That's when a government backed body marked maps of predominantly minority communities in red and labeled them a poor financial investment, black Americans being, um, essentially by policy forced to stay in one part of a community, UC San Diego's. Cheryl Anderson joined me outside the school of public health, where she's Dean to explain how this anti-black policy led to the health disparities. We're seeing today in black and even Hispanic communities, the start lines are different. And so you now have, uh, certain neighborhoods that by sheer structure and design don't get resources. She says those disproportionate jumping off points became exacerbated over time.

Speaker 2: 01:21 And then you look up and you see outcomes, whether they be educational in nature or health in nature. And you say, Oh, it must be that there's something wrong with black people because black people are having these poor outcomes. No black people were by policy, forced into neighborhoods that were not developed that were not invested in, give me a specific example of a lack of investment. So in San Diego, um, much of our counties activities are based on a concept of three, four 50 and three, four 50 is a way that we think about chronic disease prevention in that three behaviors are responsible for four health conditions that are responsible for the mortality of 50% of our County. And these figures play out across the country as well. When you look at those three behaviors, they are physical inactivity, inadequate diets, and tobacco use. When you think about where in our region, you have the least ability to be active, right?

Speaker 2: 02:29 So you've got a system that is, um, that is more likely to result in you being physically inactive, where you see few grocery stores, few, um, opportunities to get really adequate nutrition, whether it's where you're living or where you're working or where you're playing. You also see tobacco use being rampant, um, because the sales of tobacco products are more so in those neighborhoods that in other neighborhoods, those are examples of how the lack of investment in, in certain communities where people have been forced to live because of policies around housing, all tied together to then impact health outcomes. So you have a policy around housing that then settles people in a neighborhood where it is more likely to have tobacco and alcohol sold to you where you are less likely to have green space and be physically active, where you are less likely to have access to, uh, grocery stores that allow you to nourish yourself in ways that are more, um, adequate says, this goes back to zoning and planning decision.

Speaker 2: 03:41 And then the chances of you developing high blood pressure, diabetes, lung disease, um, are increased. The center Anderson leads works with groups in city Heights to provide better healthcare access in the neighborhood. And it established community gardens to bring more healthy resources to the area, but she says that's a small part of what needs to be the real deal is when we take a justice approach, which is to really understand what is the barrier, what is the reason, what is the root cause for us, seeing the outcomes that we're seeing and removing those systemic barriers so that people can actually have, you know, the ability to, to get to that better outcome. I asked Anderson, if there's anyone anywhere doing the work to counter these barriers, and she brought up the recent news that certain sports teams are rethinking their mascots that people have long pointed out are racist.

Speaker 2: 04:33 Why are they rethinking that there? We thinking, yeah, because certain businesses are saying, we will not advertise. We will not support you if you continue to have

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this practice. And so I think what, what needs to happen is we need to think about this from a systems perspective, and we're all accountable. We all have a role here. And so when you see the power and the privilege beginning to listen and say, this is not okay, we have to figure out how it is that we're going to turn this around. Then they begin to use their money's in there different ways. There might be some people out there, business owners or individuals who have nothing to do with healthcare who have nothing to do with providing resources for our community, who may think that they are exempt from having to take any action, because they're not part of what created it.

Speaker 2: 05:27 And they're not part of the system that can directly fix it. But it sounds like with your mascot's example, you're saying that's not the case. It's not the case. And what happens is when each of us, um, understands our role in this, it, you're not going to like this by miss that anyway. So it may not be that someone is racist or engaged in racist practices, but they have to ask themselves the, is racism, a deal breaker. So what I mean by that is when you engage with corporations or activities or communities where you can see these things happening. And now that the couple of the national conversation has opened so that if you're listening and you're hearing more about what is actually happening, if you decide that this isn't going to affect you or this isn't for you, then you're not actually hearing what is being discussed. So if you are supporting a community practice that has racist, historical origins, racism is not a deal breaker for you. So you may not be racist. You may not be practicing or engaging in a racist moment, but is racism a deal breaker for you? And if racism is a deal breaker for you, then the way you vote, where you spend your money and how you exercise, you know, your, your time and energy will somehow be engaged in trying to help us address this issue of racism. Doctor

Speaker 3: 07:16 Is pending an op ed on the actions. An individual can take Taren, mento, KPBS news,



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