RACE AND IDENTITY ARE MAJOR INTERSECTIONAL FACTORS THAT HAVE HISTORICALLY IMPACTED HOW ROBUSTLY PRESENT OR ABSENT THE SOCIAL DETERMINANTS ARE IN OUR COMMUNITIES. MANY POLICIES THAT ARE CURRENTLY IN PLACE STILL CARRY THE LEGACY OF STRUCTURAL RACISM THAT CONTINUE TO AFFECT OPPORTUNITIES FOR GOOD HEALTH.
SOCIAL DETERMINANTS OF HEALTH EQUITY

- Immigration Climate
- Health Care Access
- Civic Participation
- Housing Justice
- Reproductive Justice
- Hope & Efficacy
- Education Justice
- Community Safety
- Transportation Justice
- Community Infrastructure
- Food Justice
- Clean Water, Air & Soil
- Connections with Neighbors
- Identities That Are Valued & Welcomed
- Fair & Unbiased Justice System
- Healthy Marketing & Retail Environment
- Economic Justice
- Access to Parks & Recreational Space
JUST IMMIGRATION CLIMATE

Just immigration policies support individuals when they leave countries and conditions that endanger their lives or deprive them of opportunities for health. These include policies that protect families from being separated, reduce fear in communities, protect individuals’ livelihoods, and facilitate access to quality, health-affirming services.

DISPARITIES AND STATISTICS

Race and Ethnicity: In 2014, 48% of foreign-born individuals reported their race as white, 26% as Asian, 9% as black, and 15% as some other race; more than 2% reported having two or more races. In the same year, 46% of immigrants reported having Hispanic or Latinx origins.¹

Socioeconomic Status: In 2016, there were 27 million foreign-born people in the U.S. labor force. The median usual weekly earnings of foreign-born full-time wage and salary workers were 83.1% of the earnings of their United States-born counterparts. Among men, median weekly earnings for the foreign-born ($751) were 79% of the earnings of those born in the United States. Median earnings for foreign-born women ($655) were 86% of the earnings of their United States-born counterparts.²

Health: There are currently approximately 11 million undocumented immigrants in the U.S. who do not have access to quality healthcare due to high costs and policies that restrict them from obtaining federally funded insurance (Medicare and Medicaid). Other barriers, such as a lack of transportation and limited healthcare capacity (lack of translation services and cultural competency) also prevent immigrants from receiving needed care. The threat of deportation prevents many individuals from signing up for services that they may qualify for.³ It also prevents parents in mixed-status families from accessing services for their American-born children.⁴

For more information regarding immigration, deportations, and current reform efforts, check out the following toolkit.⁵
EDUCATION JUSTICE

A just education system provides access to high quality education and literacy development for learners of all ages and backgrounds. Educational equity encourages health literacy and lays the foundation for upward mobility through greater employment opportunities.

DISPARITIES AND STATISTICS

Race and Ethnicity: While 87% of white students graduate from high school on time, that number falls to 76% for Hispanics, and 73% among African Americans. And although white, African American and Hispanic students are now about equally likely to start college immediately after completing high school, black and brown students remain much less likely to complete a BA within six years. That disparity highlights the large enduring difference in the quality of the K-12 preparation many minority students are receiving.⁸

Socioeconomic Status: Increases in the income gap between high- and low-income children account for approximately three-quarters of the increasing gap in completed schooling, one-half of the gap in college attendance, and one-fifth of the gap in college graduation.⁹

Health: In today’s economy, an applicant with more education is more likely to be employed and obtain a job that provides health-promoting benefits such as health insurance, paid leave, and retirement. Conversely, people with less education are more likely to work in high-risk occupations with few benefits.¹⁰
An equitable health care system provides universal access to high quality, affordable, and culturally appropriate clinical care that is responsive to the social conditions that influence an individual’s health. Access to health care empowers individuals to actively engage in preventive and health-promoting activities and provides a safety net in the unfortunate event of major health crises.

**DISPARITIES AND STATISTICS**

*Race and Ethnicity:* In 2016, non-Hispanic Whites had the lowest uninsured rate among other racial and Hispanic origin groups at 6.3%. The uninsured rates for Blacks and Asians were higher than for non-Hispanic Whites, at 10.5% and 7.6%, respectively. Hispanics had the highest uninsured rate, at 16.0%. Since the implementation of the Affordable Care Act, decreases in the uninsured rate were larger among communities of color compared to Whites, which helped narrow disparities in coverage.⁷

*Socioeconomic Status:* In 2016, 27.5 million nonelderly people lacked health insurance. Overall, an estimated 53% of this population is eligible for financial assistance for coverage. This includes one in four who are eligible for Medicaid. However, eligibility for financial assistance for coverage among the uninsured varies substantially across racial and ethnic groups.⁷

*Health:* Although the ACA coverage expansions have helped narrow disparities in health coverage for people of color, disparities persist. Hispanics adults and children, in particular, remain at higher risk of being uninsured. These ongoing coverage disparities contribute to greater barriers to accessing care and a greater risk of unaffordable medical bills that could lead to medical debt and financial instability.⁷
ECONOMIC JUSTICE

Economic Justice refers to the availability of safe, reliable, high quality employment opportunities that provide individuals with living wages and salaries. It also includes equitable opportunities for asset ownership, including homes and businesses, and the equitable distribution of wealth, resources, and taxation policies. Economic justice promotes health by creating opportunities for economic security and enabling the purchase of health-promoting goods and services.

DISPARITIES AND STATISTICS

Race and Ethnicity: In 2016, the median black worker earned 75% of what the median white worker earned in an hour; the median black household earned 61% of the income the median white household earned in a year; and the value of net worth for the median black family was just 10% of the value for the median white family. While median hourly wages vary by a few dollars ($14.92 for black workers, $19.79 for white workers), the difference in median household income is tens of thousands of dollars ($39,490 for black households, $65,041 for white households), and the difference in median family net worth is hundreds of thousands of dollars ($17,600 for black families, $171,000 for white families).¹¹

Socioeconomic Status: In recent years, the U.S. economy has become less conducive to socioeconomic mobility. A worker’s chances of moving up during the period of 1993-2008 have dropped from those during the period of 1981-1996. The chance that someone starting in the bottom 10% would move above the 40th percentile decreased by 16%. The chance that someone starting in the middle of the earnings distribution would reach one of the top two earnings deciles decreased by 20%. Yet people who started in the seventh decile are 12% more likely to end up in the fifth or sixth decile—a drop in earnings—than they used to be.¹²

Health: Families with higher incomes can more easily purchase healthy foods, have time to exercise regularly, and pay for health services and transportation. Conversely, the job insecurity, low wages, and lack of assets associated with less education can make individuals and families more vulnerable—which can lead to poor nutrition, unstable housing, and unmet medical needs.¹⁰
COMMUNITY INFRASTRUCTURE

Safe community infrastructure refers to the development of aspects of the built environment, including complete streets, sidewalks, marked crossings, public utilities, and community gathering spaces. Good maintenance of functional infrastructure plays a critical role in promoting health by encouraging residents to feel safe and capable of traveling throughout their communities.

DISPARITIES AND STATISTICS

Race and Ethnicity: Communities of color have higher exposure rates to air pollution than their white, non-Hispanic counterparts. Landfills, hazardous waste sites, and other industrial facilities are most often located in communities of color.¹³

Socioeconomic Status: While almost 90% of high-income areas have sidewalks on one or both sides of the street, in low-income communities that percentage drops to 49%. Streets with street lighting are also significantly more common in high-income areas than in low-income communities. Streets with marked crosswalks are almost double as common in high-income areas than in low-income communities. Traffic calming features, such as traffic islands, curb bulb outs that shorten crossing distances, and traffic circles, are found almost three times as often in high-income areas.¹⁴

Health: Communities cannot thrive or enjoy good health unless they are safe. Violence and fear of violence increase the risk of poor health outcomes and undermine the community supports and conditions that would otherwise promote health and wellbeing. Now that safety is recognized as a community health issue, many are developing place-based solutions tailored to the unique needs of their communities.¹⁵
HEALTHY MARKETING AND RETAIL ENVIRONMENT

A healthy marketing and retail environment promotes the sale of safe, healthy and affordable products and services. The accessibility of such products allows consumers of all backgrounds to make informed and health conscious decisions about their purchases and the products they are consuming.

DISPARITIES AND STATISTICS

Race and Ethnicity: Existing data indicates that ethnic minorities are subject to a disproportionately large amount of junk food advertising on television, billboards and other traditional media, relative to the general public. Indeed, studies consistently show that the “most frequently promoted and most accessible products to African Americans, relative to White Americans, [are] high-calorie and low-nutrition foods and beverages.”¹⁷

Socioeconomic Status: While the growth of fast food in poor urban neighborhoods has increased steadily, supermarkets stocking fresh, high-quality food have simultaneously relocated to the more spacious and affluent suburbs. Economic realities, spatial considerations, industry-related concerns, and social factors have all led to supermarket divestment of poor urban areas. This migration, combined with lack of transportation to the suburbs and the higher prices charged by local convenience stores, has made fast food the dominant food source in many low-income, urban communities.¹⁸

Health: Low-income, urban neighborhoods disproportionately patronize fast food restaurants. Statistically, they also tend to have nutritionally deficient diets and suffer disproportionately from diseases and deaths related to the consumption of unhealthy food. There are higher rates of diabetes, heart disease, strokes, and cancer in poor neighborhoods than in any other areas.¹⁸
A just housing system ensures access to high-quality, safe, and affordable housing to residents with mixed income levels. Quality housing reduces stress and provides individuals with a sense of security. Housing located near necessary resources and amenities, such as grocery stores, employment opportunities, and parks promotes health by providing individuals with access to necessary goods and services.

DISPARITIES AND STATISTICS

Race and Ethnicity: There has been little change in the racial composition of neighborhoods over time. People of color, especially black people, continue to live in racially segregated communities. Racial segregation is part of a cycle of inequality and can deprive groups of access to important health-promoting resources such as healthy food options, quality schools, and parks and green space. Racially segregated low-income areas also have higher crime rates, substandard housing, and limited access to broader social networks limiting opportunities for upward social mobility and better health. Another characteristic of racially segregated poorer areas is hyper-policing and racial profiling.

Socioeconomic Status: Facing a shortage of more than 7.2 million affordable and available rental homes, extremely low income households account for nearly 73% of the nation’s severely cost-burdened renters, who spend more than half of their income on housing. Even with these housing challenges, three out of four low-income households in need of housing assistance are denied federal help with their housing due to chronic underfunding. Over half a million people were homeless on a single night in 2017 and many more millions of families without assistance face difficult choices between spending their limited incomes on rent or taking care of other necessities like food and medical care.

Health: Caregivers of young children in low-income unstable housing are subjected to significant negative health effects, becoming two times more likely than those in stable housing to be in fair or poor health, and almost three times more likely to report depressive symptoms. Children aged four and under in these families had almost a 20% increased risk of hospitalization, and over a 25% increased risk of developmental delays.

For more information on the impact of foreclosures on public health, check out the following report by Causa Justa :: Just Cause.
TRANSPORTATION JUSTICE

An equitable transportation system provides users with access to safe, reliable and affordable modes of transportation including public transit, walking, and biking. Access to transportation is critical to promoting health because it allows individuals to move around freely and connects them to resources such as employment opportunities, schools, healthcare services, and parks and recreational spaces.

DISPARITIES AND STATISTICS

Race and Ethnicity: Public transit is vital to people of color who own fewer cars and tend to live further away from living-wage jobs than their white peers. For instance, Black people are six times more likely and Latinxs three times more likely than White people to rely on public transit. Further, in the last decade, the proximity of job centers to high-poverty communities has declined by 61%, which means that people of color are increasingly disconnected from their jobs.²⁴

Socioeconomic Status: Low-income people have the highest rates of walking and bicycling to work—the very highest rates of walking and bicycling to work are among those who make under $10,000 per year, with high rates also seen for those making under $25,000 per year.¹⁴

Health: Transportation barriers are often cited as barriers to healthcare access. Transportation barriers lead to rescheduled or missed appointments, delayed care, and missed or delayed medication use. These consequences may lead to poorer management of chronic illness and thus poorer health outcomes.²⁵

Other option: Physical inactivity is one of the primary contributors to obesity. Residents of low-income communities and communities of color have significantly less access to recreational facilities than those in higher-income or predominantly white communities. People in low-income communities have lower activity levels and higher body mass indexes.¹⁴
VALUED CULTURES & IDENTITIES

CULTURAL IDENTITY

Cultural identity refers to individuals’ ability to creatively express and celebrate their culture, history and traditions. It also calls for arts and culture to positively reflect and value the backgrounds of all community residents. Positive reflections of cultural identities encourage health by promoting a sense of pride and community connection among people.

DISPARITIES AND STATISTICS

Race and Ethnicity: The census received backlash for grouping individuals from different Latin American countries into one group, as many of people self-identify with distinct cultures, languages, and social norms.²⁶

Socioeconomic Status: Poverty is an important cause and product of social exclusion. Material deprivation can generate experiences of social exclusion and isolation because of limited available resources for engaging in community, leisure and family activities and accessing health and social services. In turn, processes of stigma and discrimination can limit opportunities in the workplace and the labour market that can lead to material deprivation.

Health: Social deprivation due to non-participation in community activities, and social isolation, have all been linked to poor health outcomes. The social capital and health literature has demonstrated quite convincingly that meaningful participation in formal and informal community activities and organisations is linked to good health.
CONNECTIONS WITH NEIGHBORS

An interconnected community is built upon trusting relationships among community members who support one another and communicate openly. This trust fosters the formation of new, and strengthens existing, community connections. Connections with neighbors encourage health by incentivizing outdoor interactions, creating support systems for vulnerable individuals, and promoting positive relationships for youth.

DISPARITIES AND STATISTICS

Race and Ethnicity: Six-in-ten whites say they trust all or most of their neighbors, compared with 31% of blacks and 27% of Hispanics. While whites as a group are wealthier than blacks and Hispanics, there are still gaps in trust between whites and nonwhites of the same income brackets.²⁷

Socioeconomic Status: Americans who can afford to live in more affluent neighborhoods are generally more trusting of their neighbors: 67% of those with household incomes of $75,000 or more say they trust all or most of their neighbors, compared with just 37% of those earning less than $30,000 per year.²⁷

Health: Residents of “close-knit” neighborhoods may be more likely to work together to achieve common goals (e.g., cleaner and safer public spaces, healthy behaviors and good schools), to exchange information (e.g., regarding childcare, jobs and other resources that affect health), and to maintain informal social controls (e.g., discouraging crime or other undesirable behaviors such as smoking or alcohol use among youths, drunkenness, littering and graffiti), all of which can directly or indirectly influence health. Children in more closely-knit neighborhoods are more likely to receive guidance from multiple adults and less likely to engage in health-damaging behaviors like smoking, drinking, drug use or gang involvement.²⁸
Hope and efficacy refer to an individual’s capacity, desire, and ability to participate, communicate, and work to improve their family or community. They also incorporate individual or collective feelings of optimism for the future, opportunities for success, and wellbeing. Individual and collective hope and efficacy foster health by developing a mindset that fosters healthy choices and behaviors.

**DISPARITIES AND STATISTICS**

Race and Ethnicity: A study of students at various two and four year college students found that 50% of white students felt more academically prepared than their peers, versus 36% of black students; white students were also more likely to feel emotionally prepared for college. Students of color were more likely than white students to say that “everyone has college figured out but them,” and 75% of black college students responded that they tend to keep their feelings about the difficulty of college to themselves, versus 61% of white students.²⁹

Socioeconomic Status: Many working class individuals have suffered from the decline of organized labor. When asked in national surveys about the people with whom they discussed “important matters” in the past six months, those with just a high-school education or less are likelier to say no one (this percentage has risen over the years for college graduates, too). This trend is troubling, given that social isolation is linked to depression and, in turn, suicide and substance abuse.³⁰

Health: Hope and Efficacy means that individuals feel that they can meaningfully impact change and contribute to solving larger problems within their immediate family or community. It also includes feelings of optimism for oneself and a future in which all people are able to contribute and succeed.
CLEAN WATER, AIR, & SOIL

Safe and non-toxic water, soil, indoor and outdoor air are imperative to ensuring community health and protecting residents. Pollution and toxic exposures impose devastating health risks on residents, which often require complex and expensive treatment and care.

DISPARITIES AND STATISTICS

Race and Ethnicity: Black, Latinx and other marginalized groups have historically been disproportionately affected by toxins from industrial plants, cars, hazardous housing conditions and other sources. Recent high-profile controversies such as Flint, where a series of failures allowed lead to leach into the drinking supply, and the Dakota Access pipeline, where protesters in North Dakota have clashed with police over concerns the Standing Rock tribe’s water will be contaminated; have elevated the profile of environmental justice. However, similar problems have dotted the US for years, often lingering stubbornly.³¹

Socioeconomic Status: Localities are grappling with water service costs that are increasingly unaffordable for more and more of their residents. This problem becomes especially complex in this period of widening income inequality and reliance on regressive water billing practices, which cause low-income households to pay a disproportionate amount of their income for their water bills. One study found that water rates are already unaffordable for nearly 12% of households in the United States. In the next five years, because of increasing water prices, more than one in three households could be unable to afford their water bills, and water privatization could make this affordability challenge more severe.³²

Health: Environmental quality, income levels, and access to health care can all affect people’s health. People with low incomes and inadequate access to health care may also be disproportionately exposed to environmental contamination that threatens their health. Some diseases and disabilities that have an environmental component are unequally distributed across race and income levels. For example, asthma prevalence in the U.S. is significantly higher in minority and low-income populations than in the general population. Compounding this problem, minorities often receive lower quality health care, and may be forced to rely more on emergency room visits, rather than routine doctor visits.³³
ACCESS TO PARKS & RECREATIONAL SPACES

Ample availability and access to safe, clean and green open parks and recreational spaces, that appeal to interests and activities across generations, incentivize physical activity among residents. Communities that lack the resources to support low-cost physical activity often fall into sedentariness and are more likely to experience social-emotional problems.

DISPARITIES AND STATISTICS

Race and Ethnicity: Evidence shows that white populations disproportionately access public lands for outdoor recreation. The second National Park Service Comprehensive Survey of the American Public, carried out by the University of Wyoming and published in 2011, found that only about one in five visitors to a national park site is nonwhite, and only about one in 10 is Hispanic.³⁴

Socioeconomic Status: There are wide-ranging disparities between low-income communities and areas that are more affluent in both the quantity and quality of park spaces. According to Environmental Health Sciences professor Michael Jerrett, “People living in low-income communities aren’t getting sufficient access to this health-promoting resource, and when they do have access, the area tends to be more polluted, the park facilities are not as well-maintained, and there is less park programming and less energy going into the programs offered.”³⁵

Health: Green spaces bring numerous health benefits. Experiences in nature can lead to decreased blood pressure and levels of the stress hormone cortisol, assist with direct attention fatigue, and increase cognitive function. Nature might even buffer the impact of stress and can bring people together while fostering neighborhood social ties.

For more information about the various efforts to diversify outdoor spaces, check out the following article.³⁴
FOOD JUSTICE

FOOD JUSTICE

Food security means having safe and reliable access to an appropriate amount of nutritious food at an affordable price. In order to have the ability to maintain a healthy diet, individuals and families must feel secure in their ability to buy healthy foods. Entire communities experience food insecurity at a macro level, sometimes referred to as food apartheid. Food apartheid results from political and economic decisions rooted in structural racism, which have inequitably led to long-term disinvestment in primarily low-income communities and communities of color. These communities lack economic power to maintain grocery stores and are instead bombarded with junk and fast food.

DISPARITIES AND STATISTICS

Race and Ethnicity: Rates of food insecurity are disproportionately higher in minority households. The national average of households with food insecurity is 10.9%. Black households experience food insecurity at a rate of 21.8% and Hispanic households experience food insecurity at a rate of 19.5%. White households experienced food insecurity at a rate of 7.8%.³⁶

Socioeconomic Status: Schools with limited budgets often can’t supplement the federal school lunch program’s average reimbursement rate. This makes it nearly impossible to provide fresh, healthy or local foods. Thus, the only options for lower-income schools become a ‘reheat and eat program’ where schools microwave or heat frozen, processed foods.³⁷

Health: Over 30 million Americans live in places that lack access to healthy foods. This includes over 8% of rural families who live 10 miles or more from a grocery store--a concern highest among Native American populations in the West. In urban areas, the disparity continues for low-income families, with low-income families of color much less likely to have access to healthy food.³⁷

Other option: Research shows that children from food insecure homes have poorer overall health status: they are sick more often, much more likely to have ear infections, have higher rates of iron deficiency anemia, and are hospitalized more frequently. In short, going hungry makes kids sick.³⁶
Reproductive justice refers to an individual’s social, political, and economic power to make empowering and healthy choices regarding their sexual and reproductive health. This includes access to affordable and supportive care providers that support women’s autonomy to make decisions about when and if to have children and ability to parent the children in a safe community, as well as the availability of services that are responsive to people’s sexual orientation and gender identity. An equitable reproductive justice system promotes health by ensuring access to comprehensive care options and recognizing that reproductive oppression affects individuals differently based on their identity.

DISPARITIES AND STATISTICS

Race and Ethnicity: Under the ACA, the proportion of Black and Hispanic women of reproductive age without health insurance fell by 36% and 31%, respectively. These declines were driven by gains in private coverage and, in particular, the ACA’s Medicaid expansion. Women of color are disproportionately likely to be insured through Medicaid: 31% of Black women and 27% of Hispanic women aged 15–44 were enrolled in Medicaid in 2015, compared with 16% of white women.⁸

Socioeconomic Status: Low-income women tend to get their contraception dispensed from the same reproductive health care clinics that are being shut down. Further, of all women obtaining abortions, 42% are living below the federal poverty level of $10,830 for a single woman without children. Another 37% live between 100% and 199% of the federal poverty level. Women denied the abortions they seek are three times more likely to be living in poverty two years later.⁹

Health: The medical benefits alone of contraceptive and maternal health services and services related to STIs comprise a lengthy and compelling list. This includes the prevention of high-risk pregnancies, unsafe abortion and its complications, obstetric complications, cancers of the reproductive system and deaths to AIDS. These services also contribute to improved nutrition for women and their children, decreased risk of anemia and infertility for women, and increased survival rates and better health for infants.⁴⁰
A fair and unbiased criminal justice system is one where all people, regardless of their identities, are treated equitably by law enforcement officers and members of the justice system, including lawyers, prosecutors, and judges. If an individual is already in contact with the justice system, they should have access to affordable and high-quality legal services. Ensuring fairness within the justice system necessitates ending the privatization of prison facilities, eradicating disproportionately punitive policies and encouraging the health and rehabilitation of individuals that have been impacted by mass incarceration.

**DISPARITIES AND STATISTICS**

**Race and Ethnicity:** The Bureau of Justice Statistics reports that 35% of state prisoners are white, 38% are black, and 21% are Hispanic. In twelve states more than half of the prison population is African American. Though the reliability of data on ethnicity is not as strong as it is for race estimates, the Hispanic population in state prisons is as high as 61% in New Mexico and 42% in both Arizona and California. In an additional seven states, at least one in five inmates is Hispanic.⁴¹

**Socioeconomic Status:** In many jurisdictions in the United States, people who are arrested and do not have money to pay bail are jailed while awaiting trial. While some people are denied bail because they are at risk of flight or illegal activity, most are detained solely because they are too poor to pay. Pretrial detention interferes with employment, payment of bills, and caregiving, and can inflict extraordinary psychological damage. Even for minor offenses, people who are detained pretrial are more likely to be incarcerated and more likely to receive a longer sentence. Many poor people charged with misdemeanors appear in court hearings without a lawyer, where they must make the untenable choice of pleading guilty and being released (burdened by fines, court costs, and other collateral consequences of a criminal conviction that they cannot afford) or remaining in jail indefinitely waiting for a lawyer.⁴²

**Health:** People held in correctional facilities are the only group in the U.S. with a constitutional right to healthcare. Yet, the overcrowded, unsanitary conditions inside many correctional facilities combined with poor nutrition, lack of ventilation, enforced idleness, and the impact of violence, trauma, and solitary confinement can have long-term negative effects on health that infringe on the constitutional and human rights of prisoners and detainees. Each year, millions of incarcerated people—who experience chronic health conditions, infectious diseases, substance use, and mental illness at much higher rates than the general population—return home from correctional institutions to communities that are already rife with health disparities, violence, and poverty, among other structural inequities.⁴³
CIVIC PARTICIPATION

Civic participation refers to when individuals or a collective of people engage through formal or informal activities such as voting or volunteering to benefit their self, families or entire communities. People’s right to participate civically should be protected, broadened and encouraged to exercise regardless of their race, ethnicity, sex, gender, or even age. Decision makers must be responsive to individuals and communities’ needs communicated through their civic participation. The strength of our democracy and the ability to protect everyone’s rights and interests requires inclusive civic processes at all levels.

DISPARITIES AND STATISTICS

Race and Ethnicity: Voter discrimination and suppression has undermined civic participation in communities of color, particularly among Black communities. In the 2000 Presidential election, over half of uncounted votes were cast by African Americans, although they only represent 11% of the electorate. Systemic policies themselves have perpetuated unequal opportunities in civic participation due to the racial inequities embedded in our society. The mass incarceration of Black men and laws disenfranchising returning citizens has led to approximately 15% of the Black male population to lose their right to vote.

Socioeconomic Status: Civic participation is greatest among higher income, home-owning individuals who are more likely to be asked by others to volunteer, failing to include low-income renters. Also, we know money has great political influence that leads decision makers to overlook other forms of civic engagement for donations. This is concerning considering that of contributions above $200, 89% come from predominantly White zip codes, 3% from Black zip codes, 2% from Latino zip codes, and <1% from Asian zip codes. Given that donations have great influence to have your interests heard, the interests of low-income communities of color will often be undermined and overlooked by decision-makers.

Health: When community members are able to civically participate, they are improving the social cohesion in their community—they are building networks and a collective sense of trust and value for the wellbeing of their community and its members. Effective civic participation will not only increase the opportunity for transformative community changes but studies have shown, civic participation like volunteering can also improve an individual’s sense of purpose and belonging, improving their behavior.
COMMUNITY SAFETY

Everyone should feel and be safe in their home, work, school and community. An individual’s community should be a nurturing and restorative, not punitive, environment. Beyond violence prevention, it is about dealing with chronic stress and healing from the trauma already experienced directly, indirectly, or collectively in their community. Ensuring community safety requires public safety officials to be knowledgeable about the community they are intended to serve to have their safety interests in mind. Community safety requires using healing centered care and engagement (vs. trauma-informed) that is accessible to anyone regardless of across race, class, age, sex, gender and ethnicity.

DISPARITIES AND STATISTICS

Race and Ethnicity: The normalization and rise of cops in schools has actually made Black and Brown youth less safe, evidently increasing the youth’s risk for trauma from being criminalized and pushed into the school-to-prison/deportation pipeline. 34% of incidents involving Black and Brown youth ended in police using handcuffs, versus 26% of incidents involving white students. Schools’ reliance on punitive practices clearly come from the lack of understanding of students’ holistic safety needs for thriving learning environments. 1.7 million students attend schools with at least one cop and no counselors and over 10 million students go to a school with police officers and no social workers in the 2015-16 school year.

Socioeconomic Status: Among surveyed domestic abuse survivors, 99% reported experiencing economic abuse—finances often cited as the biggest barrier to leaving an abusive relationship. Without the proper support, survivors of domestic abuse are thus at a higher risk for job and overall economic, and even housing, instability.

Health: Unsafe neighborhoods have higher rates of mental health instability; anxiety, depression, stress/persistent post-traumatic stress disorders, as well as higher rates of maternal health complications including pre-term births and low-birth weights. Lack of community safety will also keep people from engaging outdoors in parks, exercising, or bonding with neighbors.
RESOURCES: JUST IMMIGRATION CLIMATE


RESOURCES: HEALTH CARE ACCESS


RESOURCES: EDUCATION JUSTICE


RESOURCES: ECONOMIC JUSTICE


RESOURCES: COMMUNITY INFRASTRUCTURE


RESOURCES: HOUSING JUSTICE


RESOURCES: TRANSPORTATION JUSTICE


RESOURCES: VALUED CULTURES & IDENTITIES


RESOURCES: HOPE & EFFICACY

RESOURCES: CLEAN WATER, AIR, & SOIL


RESOURCES: REPRODUCTIVE JUSTICE


RESOURCES: FAIR & UNBIASED JUSTICE SYSTEM


RESOURCES: CIVIC PARTICIPATION


THE PRAXIS PROJECT

SOCIAL DETERMINANTS OF HEALTH EQUITY

RESOURCES: COMMUNITY SAFETY