

Closing the Gaps in Health Disparities

Historical Policies, Current Efforts, and Sustainable
Solutions

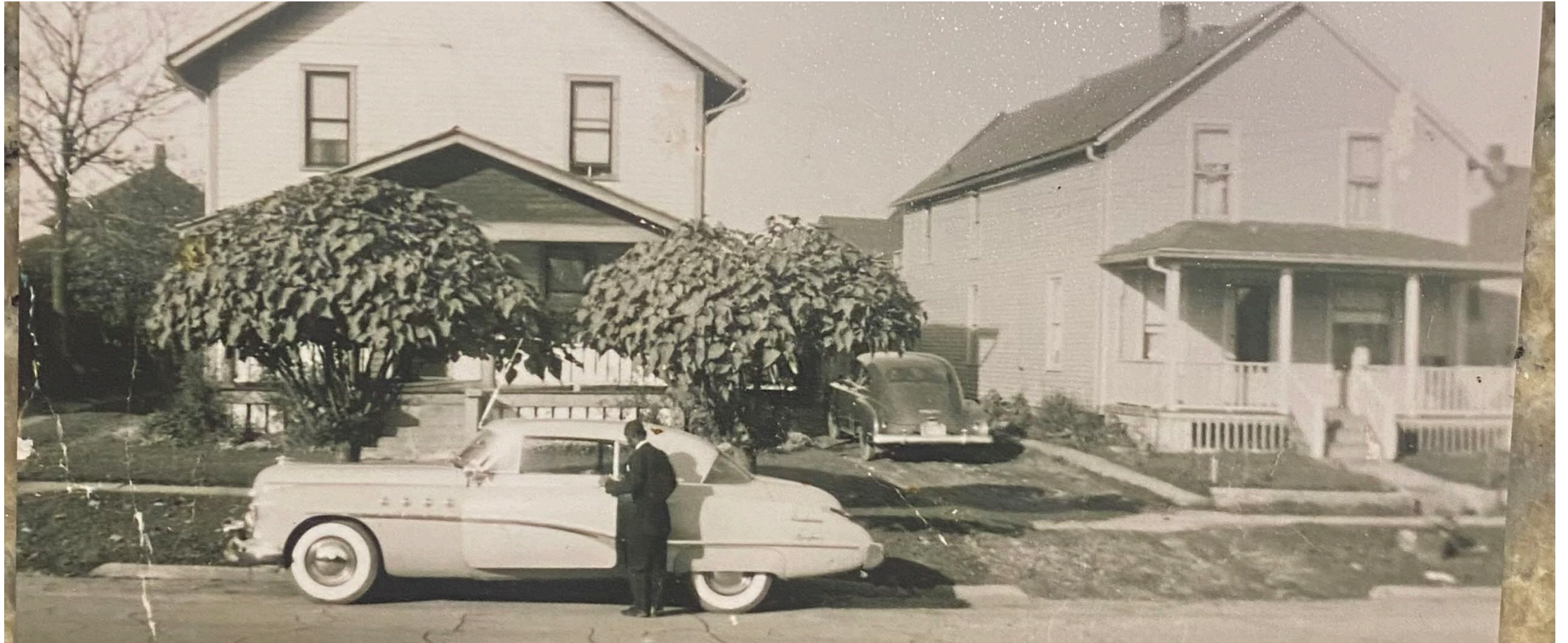
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Historical Landscape of Systemic Discrimination



Discriminatory Laws/Policies

Jim Crow Laws (Late 19th Century - 1965)

- Impact: Enforced racial segregation in the Southern United States.
- Population Impacted: African Americans.
- Health Disparities: These laws resulted in substandard healthcare facilities and limited access to medical services for African Americans, leading to higher mortality rates and poorer health outcomes.

Indian Removal Act (1830)

- Impact: Authorized the forced relocation of Native American tribes from their ancestral lands.
- Population Impacted: Native Americans.
- Health Disparities: Displacement led to loss of traditional food sources, increased exposure to new diseases, and long-term trauma, all contributing to poor health outcomes.

Chinese Exclusion Act (1882)

- Impact: Banned Chinese immigrants from entering the U.S. and limited the rights of those already in the country.
- Population Impacted: Chinese immigrants.
- Health Disparities: The law led to economic hardships, poor living conditions, and limited access to healthcare, contributing to health issues within the Chinese-American community.

Discriminatory Laws/Policies, Continued

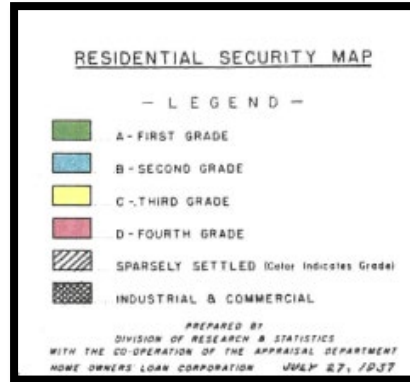
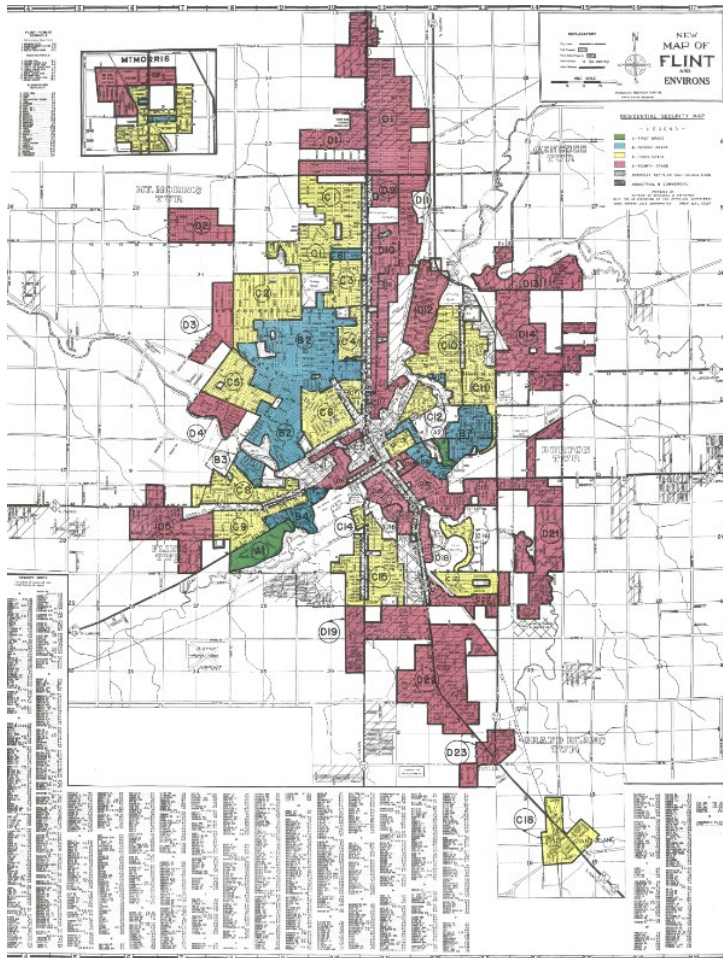
Sterilization Laws (Early 20th Century - 1970s)

- Impact: Laws that allowed involuntary sterilization of individuals deemed "unfit" by the State.
- Population Impacted: African Americans, Native Americans, Latinos, people with disabilities, and low-income individuals.
- Health Disparities: Led to reproductive health violations and long-term psychological trauma, particularly among minority women.

Redlining (1930s - 1960s)

- Impact: The practice of denying mortgages and loans to people in certain neighborhoods based on racial composition.
- Population Impacted: African Americans, Latinos, and other minorities.
- Health Disparities: Created economically depressed areas with poor housing conditions, limited access to healthcare, and exposure to environmental hazards, resulting in significant health disparities.

What is Redlining?



Redlined neighborhoods

Government appraisers redlined neighborhoods to the northeast “Undesirables – aliens and negroes” lived there; in the downtown center of Flint because of its age; and in southern neighborhoods because they were quickly and cheaply constructed for laborers.

Yellow-graded neighborhoods

Government appraisers graded northern neighborhoods yellow because there were adjacent to Buick and Chevrolet plants; and southern neighborhoods because they had “cheap showy construction – ‘Florida’ style.”

Blue-graded neighborhoods

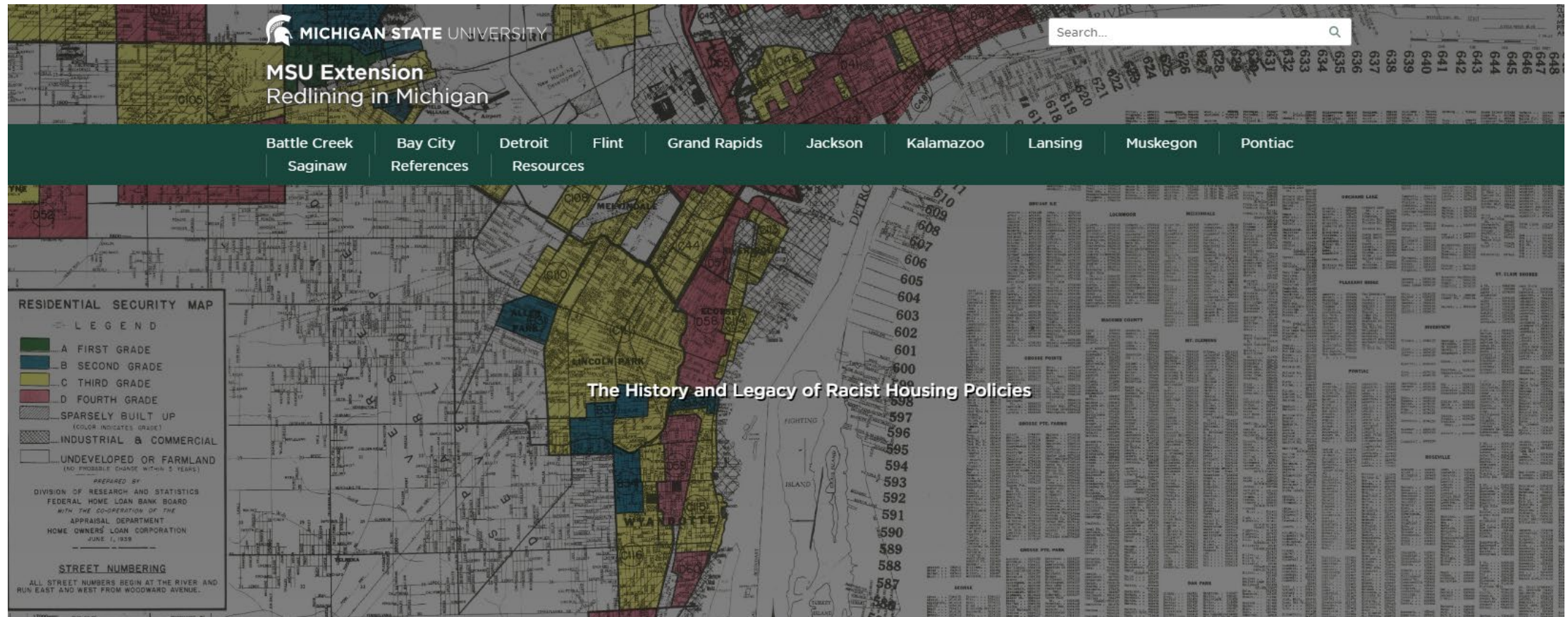
Government appraisers graded neighborhoods as blue near the downtown rather than green because “Too close to ‘C’ and ‘D’ areas.” That is, too close to where Black people lived. Government appraisers graded the neighborhood to the west blue because it was “built by a subsidiary of general Motors to house company employees.” They note that HOLC has insured 70 mortgages in this area.

Green-graded neighborhoods

Government appraisers gave the small green neighborhoods that rating because they were insulated from the other neighborhoods by blue-graded areas.

This research was conducted by Michigan State University Assistant Professor and Extension Specialist Craig Wesley Carpenter, Ph.D. (@DrCWCarpenter or cwcarp@msu.edu).

The History and Legacy of Racist Housing Policies



MICHIGAN STATE UNIVERSITY
MSU Extension
Redlining in Michigan

Search...

Battle Creek
Saginaw

Bay City
References

Detroit
Resources

Flint

Grand Rapids

Jackson

Kalamazoo

Lansing

Muskegon

Pontiac

RESIDENTIAL SECURITY MAP
LEGEND

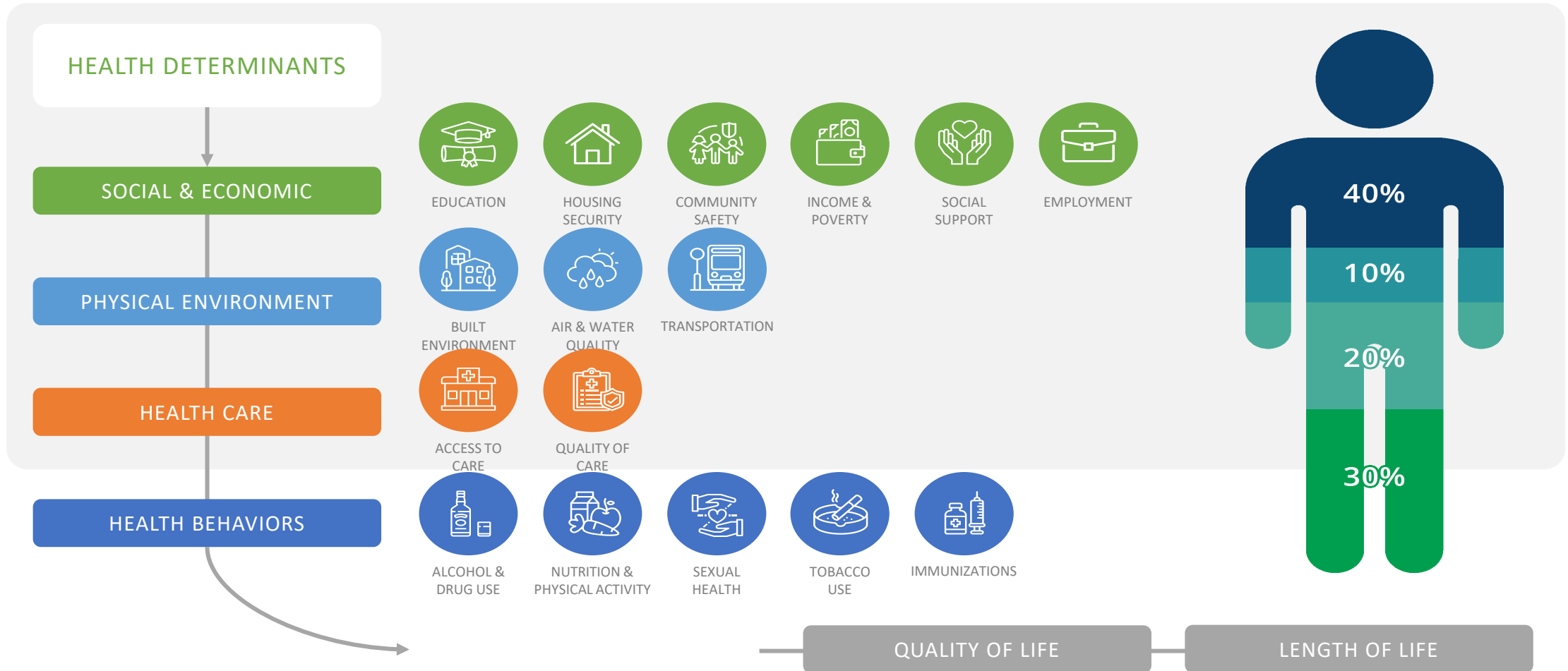
- A FIRST GRADE
- B SECOND GRADE
- C THIRD GRADE
- D FOURTH GRADE
- SPARSELY BUILT UP (COLOR INDICATES GRADE)
- INDUSTRIAL & COMMERCIAL
- UNDEVELOPED OR FARMLAND (NO PROBABLE CHANGE WITHIN 5 YEARS)

PREPARED BY
DIVISION OF RESEARCH AND STATISTICS
FEDERAL HOME LOAN BANK BOARD
WITH THE CO-OPERATION OF THE
APPRAISAL DEPARTMENT
HOME OWNERS LOAN CORPORATION
JUNE 1, 1938

STREET NUMBERING
ALL STREET NUMBERS BEGIN AT THE RIVER AND RUN EAST AND WEST FROM WOODWARD AVENUE.

The History and Legacy of Racist Housing Policies

Social Determinants of Health: *What Goes Into Health?*



SDOH Strategy Phases

PHASE I

Refinement

- **Focus Areas: Housing Stability, Food Security, and Health Equity.**
- **IMPROVEMENT** of internal programs and policies.
- **ALIGNMENT** of internal initiatives and collated resources.

PHASE II

Holistic

HOLISTIC structural interventions:

- Community Information Exchange (CIE).
- Community Health Workers (CHWs).
- Health Equity Partnerships.

PHASE III

Innovation

INNOVATIVE, community-driven solutions:

- SDOH Hubs.
- Health in All Policies Multi-sectoral Initiatives.
- Closing the Disparity Gap.

Phase III Priorities

Build on **health equity partnerships** to close the gap' in disparate health outcomes.

Align efforts across sectors utilizing a **Health in All Policies (HiAP)** approach to integrate and articulate health considerations into policymaking.



Launch innovative **SDOH Hubs** to foster collaboration, innovation, and support community-driven initiatives.

Supporting Priority Populations



Health Equity
Partnerships



Community Health
Worker Integration to
Improve Equity (CITIE)
Initiative



Produce
Prescription
Pilot Program



Good Housing =
Good Health
Partnership

Closing

Disparity Gap

Racial Health Equity Think Tank



Health Disparities

CITIE Initiatives



Rural Health Equity Plan

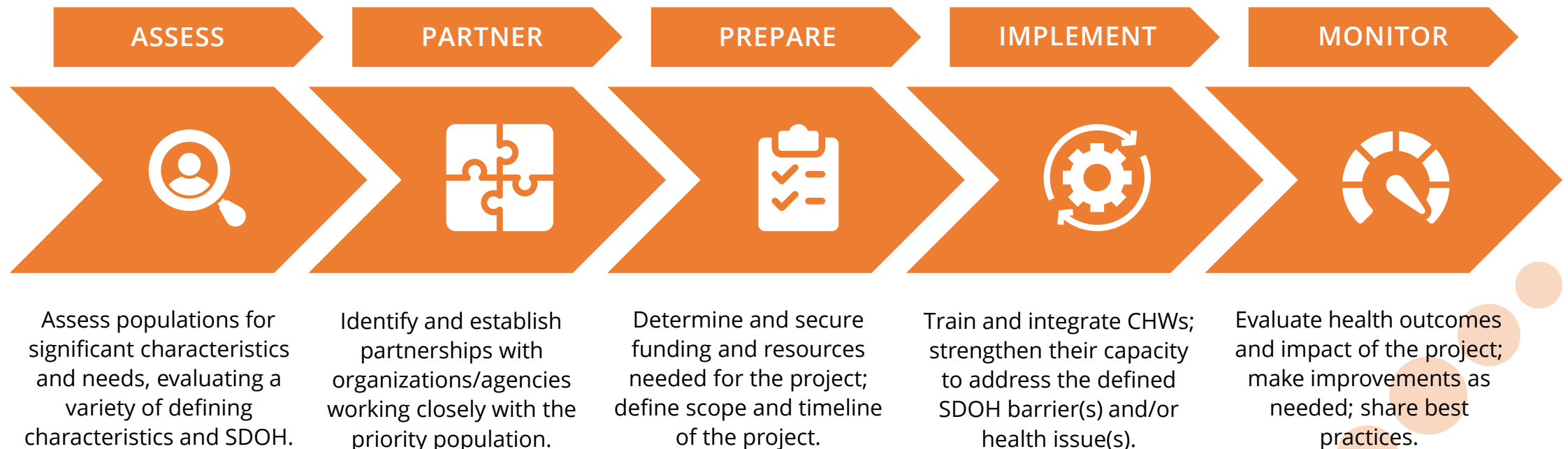
The **Racial Health Equity Think Tank** will look closely at groups that are marginalized who have faced long-standing barriers in getting fair access to good health.

CITIE Initiatives integrate CHWs in local communities and in partnership with internal and external partners to close disparity gaps for targeted populations.

The **Rural Health Equity Plan** considers the unique challenges faced by rural communities to find ways to make things better for people living in rural areas.

CITIE Initiative

Community Health Worker Integration to Improve Equity (CITIE) is an innovative, collaborative initiative that aims to address health disparities by training and integrating CHWs in communities that have been disproportionately burdened by health inequities.



SDOH Hub Framework

Community Engagement

Foster meaningful, sustained community engagement across all phases of intervention planning and implementation.

Governance

Establish criteria, actionable steps, and strategies for partnerships, collaborations, and relationships that result in improved health outcomes over the long term.

Policy & Advocacy

Identify evidence, tools and resources to enhance communication about policies that affect SDOH with policymakers and other stakeholders.



Data Collection & Storytelling

Embed a consistent SDOH approach to the collection, analysis and dissemination of quantitative and qualitative data.

Evaluation & Evidence Building

Advance evaluation and build evidence for strategies that address SDOH to reduce disparities and promote health equity.

Infrastructure

Strengthen and sustain infrastructure such as workforce, training, and access to financial resources required to address SDOH and reduce health disparities.

Michigan's Roadmap to Healthy Communities



Engagement Opportunities

Stay involved with implementation and expansion efforts:



**Sign up for
the SDOH
newsletter**

bit.ly/MDHHS-SDOH-Newsletter



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SDOH
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Michigan.gov/SDOH



**Partner with
your local
SDOH Hub**

Thank You!

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