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BLACK LIVES MATTER, CIVIL RIGHTS, AND HEALTH INEQUITIES

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As a social justice and civil rights movement, Black Lives Matter (BLM) emerged out of state sanctioned violence against African-Americans.[1] With police violence as the backdrop, the movement recognizes all forms of violence and oppression that unfairly target Black Americans.[2] *A Vision for Black Lives* has called for the United States government to take action against the ongoing assaults targeting African-Americans.[3] Accordingly, the document states, "We demand an end to the war against Black people. . . . We demand an end to the criminalization, incarceration, and killing of our people."[4] In addition to over-policing and racial profiling, the manifesto addresses concerns around community and economic development, education, criminal justice, health, and the environment.[5] These issues are not far removed from the civil rights era of the late 1940s through 1960s. Despite the Civil Rights Act of 1964, the legislative protections that were sought

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1.   *See A Vision for Black Lives: Policy Demands for Black Power, Freedom & Justice*, MOVEMENT FOR BLACK LIVES, https://policy.m4bl.org/platform/ [https://perma.cc/G2R8-U379] [hereinafter *A Vision for Black Lives*].

2.   *See id.*

3.   *See id.*

4.   Rachel Herzing et al., *End the War on Black People*, MOVEMENT FOR BLACK LIVES, https://policy.m4bl.org/end-war-on-black-people/ [https://perma.cc/33GM-YRGK].

5.   *Id.*

were not fully realized for African-Americans. Continued segregation, intimidation, and disenfranchisement prevented economic, political, and social advancements. BLM highlights the ongoing struggle for full participation, economic inclusion, and equity, as well as the continued struggle for social and legal justice.[6] Jim Crow era laws that emerged in the 1890s, after Reconstruction, codified the separation of Blacks and Whites.[7] While the Civil Rights Acts of 1964 and 1968 attempted to disband separate and unequal facilities under Jim Crow, today, the distribution and quality of facilities and resources still remain unequal and Blacks and other racial-ethnic minorities experience disparities in educational, professional, and financial advancements.[8]

As the twenty-first century civil rights movement, BLM acknowledges the continued disenfranchisement of Blacks.[9] One of the most sensitive indicators of social injustice and disenfranchisement is health.[10] A comparison of data from the 1950s to 2000s indicates that African-Americans continue to experience shorter life expectancy and succumb, more frequently, to preventable health conditions.[11] Social determinants of health (SDOH) and root cause analysis approaches to health connect excess mortality as well as the burden of disease among African-Americans to racial injustice and social disadvantage.[12] The connection between health and social disadvantage is foundational to public health.

SDOH connects disparate health outcomes to specific social indicators.[13] According to Healthy People, which describes the health goals for the nation, the five core social determinants for health include: economic stability, neighborhood and built environment, health and

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6. *Id.*

7. *Jim Crow Laws*, PBS AM. EXPERIENCE: FREEDOM RIDERS, http://www.pbs.org/ wgbh/americanexperience/features/freedom-riders-jim-crow-laws/ [https://perma.cc/WG9N-N3QG].

8. *See id.*

9. *See A Vision for Black Lives*, *supra* note 1.

10. Nancy Krieger, *Embodying Inequality: A Review of Concepts, Measures, and Methods for Studying Health Consequences of Discrimination*, 29 INT'L J. HEALTH SERV. 295, 295 (1999).

11. *See* David R. Williams & Chiquita Collins, *Racial Residential Segregation: A Fundamental Cause of Racial Disparities in Health*, *in* RACE, ETHNICITY, AND HEALTH: A PUBLIC HEALTH READER 331 (Thomas A. LaVeist & Lydia A. Isaac eds., 2d ed. 2013).

12. *See generally id.*

13. *See generally* Michael Marmot, *Social Determinants of Health Inequalities*, 365 LANCET 1099 (2005).

health care, education, and social and community context.[14] Accordingly, limitations across any of these areas directly and indirectly impact health. Further, Healthy People acknowledges that disparities in health disproportionately impact marginalized populations who have faced discrimination such as racial ethnic groups, low-income populations, religious minorities, and those with physical and mental disabilities.[15] The social determinants approach emphasizes the intrinsic need to change social policies which are both directly and indirectly related to health care and public health. Hence, social policies may be examined for their impact on population health.

The sections that follow discuss health inequities among African-Americans and connect health outcomes to social policies and civil rights violations. Police brutality, as an important aspect of the BLM movement, is discussed and presented as a political issue that aggravates health outcomes among African-Americans and, specifically, Black men. The paper closes with a discussion on the need to examine discrimination and discriminatory policies as part of a Health in All Policies (HiAP) approach. The HiAP approach recommends social institutions and agencies to examine the impact of policies on health.[16] This requires analyzing discrimination and the impact on HiAP. This is a call to action.

I.   AFRICAN-AMERICAN HEALTH INEQUITIES

The presence of health disparities, and specifically health inequities, is well established in the United States.[17] Health inequities are rooted in the social, economic, and environmental contexts in which people live, work, and play. Social inequalities that are maintained systemically through social disadvantage, access, and discriminatory practices lead racial and ethnic minorities to become more vulnerable to social and environmental factors affecting health such as pollution and community violence, health impacts such as obesity, and other behavioral and mental health outcomes.[18] Achieving health equity is the highest level of health for all people. This will require addressing social and

14.   *Social Determinants of Health*, HEALTHYPEOPLE, https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health [https://perma.cc/B78H-7A63].

15.   *See id.*

16.   *Health in All Policies*, CTRS. FOR DISEASE CONTROL & PREVENTION, https://www.cdc.gov/policy/hiap/index.html [https://perma.cc/6V43-NBGC].

17.   *See generally* Williams & Collins, *supra* note 11.

18.   *See generally id.*

environmental determinants through both broad-based population approaches and targeted approaches which focus on those communities experiencing the greatest disparities.[19]

Health disparities data suggests that communities of color, and specifically African-Americans, are most vulnerable to social inequalities on overall health.[20] Higher rates of stress from racism and related inequities in areas of social life, including employment, neighborhood and community underdevelopment, crowding, and poverty all lead to a sequelae of disparate health outcomes in minority communities such as obesity, hypertension, physical inactivity, diabetes, heart disease, cancer, mental health outcomes, and overall pre-mature mortality.[21] On average, African-Americans/Blacks experience earlier death and suffer from preventable diseases at a greater rate than Whites.[22] This remains consistent for all causes of death.[23] Health inequities reveal that on average African-Americans can expect to live 3.6 years (to age 75.1) less than their White counterparts (to age 78.7).[24] For Black men, who on average live to age 71.8, this gap increases to 4.5 years less, considerably reducing life expectancy.[25] The leading causes of death for African-Americans are heart disease, cancer, unintentional injury, stroke, homicide, diabetes, chronic lower respiratory disease, kidney disease, HIV, and septicemia. Generally, the leading causes of death are preventable and traceable to disadvantages in social determinants.[26]

Disease-specific mortality rates, specifying the cause of death, can illustrate how people lived and the conditions in which they lived. However, as behaviors are patterned by limitations, they must be placed in social and environmental context. "In 2014, African-Americans were almost three times more likely to die from asthma related causes than the [W]hite population."[27] In 2015, African-American children had an

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19. *Foundation Health Measures*, HEALTHYPEOPLE, https://www.healthypeople.gov/2020/About-Healthy-People/Foundation-Health-Measures (last visited June 19, 2018).

20. *See generally* Williams & Collins, *supra* note 11.

21. *Id.* at 339–40.

22. *See* U.S. DEP'T OF HEALTH & HUMAN SERVS., CTRS. FOR DISEASE CONTROL & PREVENTION, HEALTH, UNITED STATES, 2016, 134–37 tbl.21 (2016), https://www.cdc.gov/nchs/data/hus/hus16.pdf [https://perma.cc/8VDU-5V5D] [hereinafter HEALTH, UNITED STATES, 2016].

23. *Id.*

24. *Id.* at 44–45.

25. *Id.* at 16 fig.6.

26. *Id.* at 128–31 tbl.19.

27. *Asthma and African Americans*, U.S. DEP'T OF HEALTH & HUMAN SERVS., OFFICE

asthma death rate ten times that of non-Hispanic White children.[28] "Black children were four times more likely to be admitted to the hospital for asthma, as compared to non-Hispanic [W]hite children."[29] Asthma-related health inequities among African-Americans are an environmental justice concern. Accordingly, African-American and Latino populations are more susceptible to toxic environments because they reside in areas with greater exposure to traffic, highways, and other toxic chemicals that reduce air quality or threaten the water supply.[30] Further, African-American communities are typically situated in closer proximity to toxic and hazardous waste sites and are more likely to be subject to—due to non-stringent and lower fines—toxic dumping that impacts water supplies and reduces air quality.[31] Older housing stock in low-income and predominately minority communities are more vulnerable to asbestos and vermin, both of which are linked to heightened rates of asthma.[32] Additionally, targeted marketing strategies often allow for advertisements in underprivileged communities, which glorify smoking and other high-risk behaviors.[33]

African-Americans have the highest mortality rate of any racial and ethnic group for all cancers combined and for most major cancers individually.[34] African-American men had lower five-year cancer survival rates for all cancer sites as compared to non-Hispanic White men.[35] The five-year relative survival rate for breast cancer diagnosed in 2002–2008 among African-American women was seventy-eight percent, compared to ninety percent among Whites.[36] Environmental exposures are paramount to cancer disparities among African-Americans.[37] Diet

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OF MINORITY HEALTH, https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=15 [https://perma.cc/H7KS-S2SG].

28. *Id.*

29. *Id.*

30. Ivor L. Livingston & Raja Staggers-Hakim, *Environmental Justice: Past, Present, and Emerging Concerns*, *in* THE PRAEGER HANDBOOK OF ENVIRONMENTAL HEALTH 311, 322–23 (Robert H. Friis, ed., 2012).

31. *See generally id.*

32. *Id.*

33. *See* Nancy Krieger, *Theories for Social Epidemiology in the 21st Century: An Ecosocial Perspective*, 30 INT'L J. EPIDEMIOLOGY 668, 673 (2001); *see also*, Williams & Collins, *supra* note 11, at 342.

34. *Cancer Facts & Figures for African Americans*, AM. CANCER SOCIETY, https://www.cancer.org/research/cancer-facts-statistics/cancer-facts-figures-for-african-americans.html [https://perma.cc/B9TY-FKAW].

35. *Id.*

36. *Id.*

37. Livingston & Staggers-Hakim, *supra* note 30.

and alcohol use are two behavioral risk factors for cancer and related deaths.[38]   However, diet and alcohol behaviors must be considered within a neighborhood context since smoking, the fast food industry, and alcohol distributors racially target segments of the population. Advertisements that appeal to "urban markets," for example, aim to create lifelong customers. More importantly, the built environment and food deserts present a plethora of fast food establishments and liquor stores in predominately African-American neighborhoods while at the same time presenting very limited opportunities to access or purchase healthy food choices.[39]

In addition to targeted marketing of fast food and alcohol and limitations of the food environment, diabetes and obesity rates of African-Americans are also sensitive to limited opportunities to exercise and access to green space in racially segregated communities.[40] "African Americans are almost twice as likely to be diagnosed with diabetes as non-Hispanic [W]hites."[41] Kidney disease is often linked to diabetes.[42] In 2010, non-Hispanic Blacks were 4.2 times more likely to be diagnosed with end-stage renal disease as compared to non-Hispanic Whites.[43] In 2012, non-Hispanic Blacks were 3.5 times more likely to be hospitalized for lower-limb amputations due to diabetes as compared to non-Hispanic Whites.[44]   In 2013, African-Americans were twice as likely as non-Hispanic Whites to die from diabetes.[45]

Diet and eating behavior, stress, and particularly stress from discrimination, have been well documented as important factors in elevated blood pressure among African-Americans.[46] Although African-American adults are forty percent more likely to have high blood pressure, they are less likely than their non-Hispanic White counterparts to have their blood pressure under control.[47]   "In 2010, African

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38.   Williams & Collins, *supra* note 11.

39.   *See id.* at 342.

40.   Shiriki K. Kumanyika, *Environmental Influences on Childhood Obesity: Ethnic and Cultural Influences in Context*, 94 PHYSIOLOGY & BEHAV. 61, 67 (2008).

41.   *Diabetes and African Americans*, U.S. DEP'T OF HEALTH & HUMAN SRVS., OFFICE OF MINORITY HEALTH, https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18 [https://perma.cc/MM5T-SYJG].

42.   *Id.*

43.   *See* HEALTH, UNITED STATES, 2016, *supra* note 22.

44.   *Id.*

45.   *Id.*

46.   *See generally* William W. Dressler, *Social Class, Skin Color, and Arterial Blood Pressure in Two Societies*, 1 ETHNICITY & DISEASE 60 (1991).

47.   *See* HEALTH, UNITED STATES, 2016, *supra* note 22; *see also High Blood Pressure*

Americans were [thirty] percent more likely to die from heart disease than non-Hispanic [W]hites."[48] "African American women are 1.6 times more likely ([sixty] percent more likely) than non-Hispanic [W]hite women to have high blood pressure."[49]

II.   BLACK LIVES MATTER, POLICE KILLINGS, AND THE CASE OF THE BLACK MALE

African-American health is further aggravated as a result of extra-judicial killings.[50] While African-American men and women of all ages have been affected, this section highlights the case of African-American men who already face dire health outcomes and the lowest life expectancy rate of any racial-ethnic and gender group in the U.S.[51] The murder of young African-American men "by police aggravate excess mortality rates" already experienced and further implicate adverse psychological and physical health issues emerging from structural inequality and racism to which minority communities are most vulnerable.[52]

Although the leading causes of death in all males ages fifteen to thirty-four are unintentional injury, suicide, and homicide, in African-American men homicide is the leading cause of death.[53] In African-American boys between the ages of one to four, homicide is the second leading cause of death.[54] According to the Centers for Disease Control

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and African Americans, AM. HEART ASS'N, http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/UnderstandYourRiskforHighBloodPressure/High-Blood-Pressure-and-African-Americans_UCM_301832_Article.jsp#.WtI-RtPwaYV   [https://perma.cc/EB42-Y5FS].

48.   *Heart Disease and African Americans*, U.S. DEP'T OF HEALTH & HUMAN SERVS. OFFICE OF MINORITY HEALTH, https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=19 [https://perma.cc/G7X6-YXTL].

49.   *Id.*

50.   Keon L. Gilbert, *We See the Dead and Don't See the Living: The Realities of Black Men*, ROBERT WOOD JOHNSON FOUND.: CULTURE HEALTH BLOG (Aug. 22, 2014, 9:00 A.M.),   http://www.rwjf.org/en/culture-of-health/2014/08/we_see_the_dead_and.html [https://perma.cc/BF9H-L794].

51.   *See* Melonie Heron, *Deaths: Leading Causes for 2011*, 64 NAT'L VITAL STATS. REPS., 1, 20, 34 (July 27, 2015), http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_07.pdf [https://perma.cc/9Y23-MU2B].

52.   Raja Staggers-Hakim, *The Nation's Unprotected Children and the Ghost of Mike Brown, or the Impact of National Police Killings on the Health and Social Development of African American Boys*, 26 J. HUM. BEHAV. SOC. ENV'T 390, 391 (2016) [hereinafter Staggers-Hakim 2016].

53.   *See* Heron, *supra* note 51.

54.   *Id.* at 33 tbl.1.

and Prevention's Vital Statistics Report, homicide is the leading cause of death in African-Americans boys fifteen to nineteen years of age and in African-American men twenty to twenty-four years of age through age thirty-nine.[55] Although environmental and neighborhood factors, such as community violence, pose a risk to young boys and men, police homicides are fast becoming recognized as a risk factor.[56]

The 2015 data on police brutality and extrajudicial killings indicate that 547 people were killed by police at the end of June 2015.[57] Accordingly, 478 people were shot and killed, thirty-one died due to being shocked by a taser, sixteen were struck and killed by police vehicles, and nineteen died after being taken into police custody.[58] Of the people killed by law enforcement, 49.7% were White, 28.3% were Black, and 15.5% were Hispanic/Latino.[59] As African-Americans consist of thirteen percent of the overall U.S. population, data suggests that Blacks were three times more likely to be killed by police than any other racial and ethnic group.[60] Greater than one in five of those killed in 2015 were unarmed.[61] However, Blacks killed by police were more likely to be unarmed (31.6%) than Whites (16.5%).[62] It was estimated that police killings would reach over 1000 by the end of 2015.[63]

The killing of Black boys and men, often unarmed, has been met with apathy from segments of the population while the Black community has mourned.[64] These senseless killings have been accompanied by the failure of the judicial system to hold perpetrators accountable.[65] The

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55. *Id.* at 34 tbl.1.

56. *See* Rich Juzwiak & Aleksander Chan, *Unarmed People of Color Killed by Police, 1999–2014*, GAWKER (Dec. 8, 2014, 2:15 PM), http://gawker.com/unarmed-people-of-color-killed-by-police-1999-2014-1666672349 [https://perma.cc/R774-4LLD].

57. Oliver Laughland et. al., *US Police Killings Headed for 1,11 This Year, with Black Americans Twice as Likely to Die*, GUARDIAN (July 10, 2015), https://www.theguardian.com/us-news/2015/jul/01/us-police-killings-this-year-black-americans, [https://perma.cc/8N8D-NHP9].

58. *Id.*

59. *Id.*

60. *Id.*

61. *Id.*

62. *Id.*

63. *Id.*

64. Donovan X. Ramsey, *White America's Silence on Police Brutality is Consent*, JUST. GAWKER (Apr. 10, 2015, 10:45 AM), http://justice.gawker.com/white-americas-silence-on-police-brutality-is-consent-1696780967 [https://perma.cc/SZ9X-XA74].

65. *See generally* C.R. DIVISION, U.S. DEP'T JUST. INVESTIGATION OF THE FERGUSON POLICE DEPARTMENT (Mar. 4, 2015), https://www.justice.gov/sites/default/files/opa/press-releases/attachments/2015/03/04/ferguson_police_department_report.pdf

slow government response and limited judicial action that follows police killings demonstrate the difference in how Black children and youth are protected under the law compared to White children. Additionally, data collection measures on police violence fail to accurately capture the number of cases of extrajudicial killings of racial ethnic minorities.[66] Moreover, the criminal justice system has failed to appropriately convict police officers who use deadly force.[67] "[T]he United States faces a crisis in the policing system and the most vulnerable victims are Black males."[68]

III.   CIVIL RIGHTS AND THE SOCIAL DETERMINANTS OF HEALTH

The Civil Rights Acts of 1964 was perhaps the greatest achievement of the civil rights era. The Civil Rights Act of 1964 and 1968 ended legalized segregation in public spaces and made discrimination in employment and housing based on race, color, religion, national origin, and sex illegal.[69] In subsequent years, Congress expanded the Civil Rights Act of 1964 by passing additional legislation aimed at bringing equality to African Americans, such as the Voting Rights Act of 1965.[70] While legislation exists to protect African-Americans from racial ethnic discrimination, the threshold to prove discrimination poses complications. In theory, the Civil Rights Acts of 1964 and 1948 suggests that violations to certain social determinants that shape health outcomes are illegal.[71] As previously discussed, social determinants of health are the "conditions in which people are born, grow, live, work[,] and age."[72] They include factors like socioeconomic status, education, the physical environment, employment, social support networks, as well as access to health care. According to the Civil Rights Acts of 1964 and 1968, limitations and barriers to accessing employment, housing, transportation, education, and health care due to race is illegal under the

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[https://perma.cc/5BZT-CH6F].

66.   *Id.*

67.   *See* Staggers-Hakim 2016, *supra* note 52, at 391.

68.   *Id.*

69.   *See* Civil Rights Act of 1964, Pub. L. No. 88-352, 78 Stat. 241 (codified as amended in scattered sections of 2 U.S.C., 28 U.S.C., and 42 U.S.C.).

70.   Voting Rights Act of 1965, Pub. L. 89-110, 79 Stat. 437 (codified as amended in 42 U.S.C. §§ 1973 to 1973aa-6); *see also Civil Rights Act of 1964*, HISTORY, https://www.history.com/topics/black-history/civil-rights-act [https://perma.cc/DYF5-SB3J].

71.   *See* Civil Rights Act of 1964, Pub. L. No. 88-352, 78 Stat. 241.

72.   *About Social Determinants of Health*, WORLD HEALTH ORG., http://www.who.int/social_determinants/sdh_definition/en/ [https://perma.cc/3VJ7-3UBE].

law.[73] BLM emphasizes that, while the Civil Rights Acts provide the legislation to address inequality based on race, disenfranchisement continues.[74] Racial ethnic health inequities, as indicators of social progress, illustrate continued gross injustices.

While the Civil Rights Act of 1964 banned legalized segregation,[75] it is noted that segregation continues to exist in most of the country. Residential segregation, despite the Civil Rights Act of 1968, is one of the greatest ways that racial and ethnic health disparities have persisted.[76] Residential segregation continues to exist through unenforced legislation, lending and economic institutional formulas, and other housing policies.[77] Segregation of minority communities, particularly African-American and Latino communities, is distinctive. Racial segregation correlates with access to educational and employment opportunities for African-Americans.[78] Hence, community economic development is limited through access and transportation to jobs. Furthermore, tax brackets coincide with school performance and political power to shape, or not, community-based resources.

Prior to the Civil Rights Act of 1968, residential segregation limited Black people to less desirable communities and neighborhoods with scant resources. Despite the legal overturning of Jim Crow Era polices, today, much of the United States remains segregated.[79] Dissimilarity indices, which assess the proximity of segments of the population in residential settings, demonstrate that more Black people live nearer to other Black people while White people live in proximity of other White people.[80] Differential access to resources in the environment where mostly minorities reside remains the most significant concern.

Neighborhood quality, through residential segregation, adversely affects health across multiple pathways.[81] Limitations in services, goods, and resources, such as grocery stores, employment opportunities, or accessible health practitioners, as well as limits on the built environment, including parks, green spaces, or exercise facilities, collectively impact health. More than weight, blood pressure, or any

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73. *See generally* Civil Rights Act of 1964, Pub. L. No. 88-352, 78 Stat. 241.

74. *See generally A Vision for Black Lives*, *supra* note 1.

75. *See id.*

76. *See* Williams & Collins, *supra* note 11, at 331–32.

77. *Id.*

78. *Id.* at 333–35.

79. *Id.* at 332.

80. *See id.* at 333.

81. *See generally id.*

other indicator, social epidemiologists have stated that one's zip code is the most important indicator of health.[82] This has been reinforced in documentaries such as *Unnatural Causes*, which highlight the impact of neighborhood on social determinants affecting health.[83]

The limitations of residential segregation also impact medical care availability, accessibility, and acceptability.[84] Nationally, there continues to be challenges for African-Americans in accessing quality medical care that is effective and culturally competent.[85] More often, health facilities in predominately minority communities close down or have limited service provisions.[86] Studies have shown that African-Americans, despite residential settings, continue to experience practitioner bias in health care.[87] In a study by Schulman et al., African-Americans were rated less favorably by physicians around areas such as level of education and medication or treatment compliance.[88] Further, doctors often under-prescribed pain medication to Blacks and people of color, presented life-saving treatment opportunities later in the process, or recommended aggressive treatment options that might severely limit life quality when less drastic and effective measures were available.[89] The article *We Don't Carry That Here* indicates that fifty-one percent of pharmacies in predominately African-American communities "[do] not have opioid supplies that were sufficient to provide adequate treatment for a patient with severe pain."[90] Furthermore, authors found that pharmacies with inadequate supplies indicated a low demand for such medications, concerns of robbery, and medication misuse.[91]

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82. *Unnatural Causes*, *Place Matters* (PBS television broadcast, California Newsreel 2008).

83. *Id.*

84. *Id.* at 343.

85. *See generally id.*

86. *Id.* at 343.

87. *See* Kevin A. Schulman et al., *The Effect of Race and Sex on Physicians' Recommendations for Cardiac Catheterization*, *in* RACE, ETHNICITY, AND HEALTH: A PUBLIC HEALTH READER 516, 525–27 (Thomas A. LaVeist & Lydia A. Isaac eds., 2d ed. 2013).

88. *Id.* at 523–25.

89. *See generally* Darrell J. Gaskin et al., *Residential Segregation and the Availability of Primary Care Physicians*, 47 HEALTH SERV. RES. 2353 (2012).

90. R. Sean Morrison et al., *"We Don't Carry That"—Failure of Pharmacies in Predominantly Nonwhite Neighborhoods to Stock Opioid Analgesics*, *in* RACE, ETHNICITY, AND HEALTH: A PUBLIC HEALTH READER 697, 700–01 (Thomas A. LaVeist & Lydia A. Isaac eds., 2nd ed. 2013).

91. *Id.* at 703.

CONCLUSION: HEALTH IN ALL POLICIES APPROACH (HiAP)

The root cause of health inequities is social. Social determinants of health align adverse racial and ethnic health outcomes with limitations of social policies and, in many cases, civil rights violations. This paper discussed differences in life expectancy, disease mortality, and targeted racial profiling in police brutality and extrajudicial killings among African-Americans. It is argued that the disparate health outcomes experienced by African-Americans are linked to racism and social disadvantages. The HiAP approach requires institutions and entities that are both integral to the health care system and outside of the health care system to be accountable for the impact of policies and actions on health.[92] Accordingly, areas such as transportation, education, agriculture, community and economic development, urban renewal, environmental protections, the criminal justice system, and legal justice systems have a responsibility to acknowledge accountability for the role such agencies play in unfair and unjust health outcomes particularly affecting racial and ethnic minority populations.[93] While it is imperative that agencies address health in their work to achieve health parity, it is exceedingly important that these same agencies begin to critically acknowledge, establish accountability for, and correct the impact of racial oppression and discriminatory practices inherent in all agency policies. Addressing social determinants on health linked to race requires critical analysis of systems that perpetuate racism. Examining racism and health in the HiAP approach offers a more comprehensive and realistic picture of how social determinants impact African-American health.

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92. *Mass in Motion: Community*, MASS.GOV, https://www.mass.gov/mass-in-motion-community [https://perma.cc/JBB7-TNTH].

93. *Health in All Policies*, PUB. HEALTH INST., http://www.phi.org/focus-areas/?program=health-in-all-policies [https://perma.cc/WHB8-HBUN].