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

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

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, Taner, memoleds 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 minority area and now inequity, practice of redlining occurred. That’s a government blocked body of the housing communities. In red and labeled them a poor financial investment. Black Americans being, um, essentially by policy forced to stay in one part of the community. UC San Diego’s. Cheryl Anderson paneled 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 or 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 diet, 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’s 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 are in other neighborhoods. Those are examples of how the lack of investment 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 saturates 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 decisions.

Speaker 3: 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 these 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 anywhere anywhere doing the work to counter these barriers, and she brought up the recent news that certain sports teams are removing their mascots that people have long pointed out are racist.

Speaker 2: 04:33 Why are they removing that then? 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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