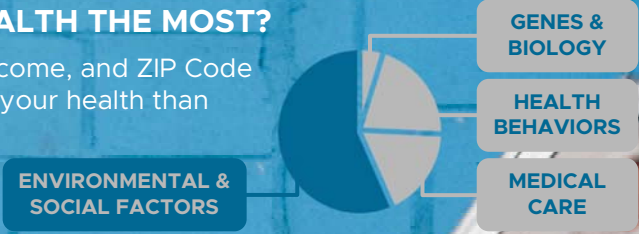


HEALTH: A WHITE PRIVILEGE?

Education, money, and power provide access to good health. However, access to those systems is limited for people of color by the historic and systemic injustices that benefit white people.^{1,2} This is one manifestation of White Privilege.

WHAT IMPACTS HEALTH THE MOST?

Factors like your race, income, and ZIP Code have a bigger impact on your health than anything else.³



EDUCATION

Coloradans with more education have better health and lower rates of:

- CHRONIC DISEASE
- EARLY DEATH
- BEING UNINSURED

However, Coloradans of color have less access to high quality education.

MONEY

Coloradans with more money have better health and can more easily afford:

- SAFE HOUSING
- HEALTH CARE
- HEALTH INSURANCE

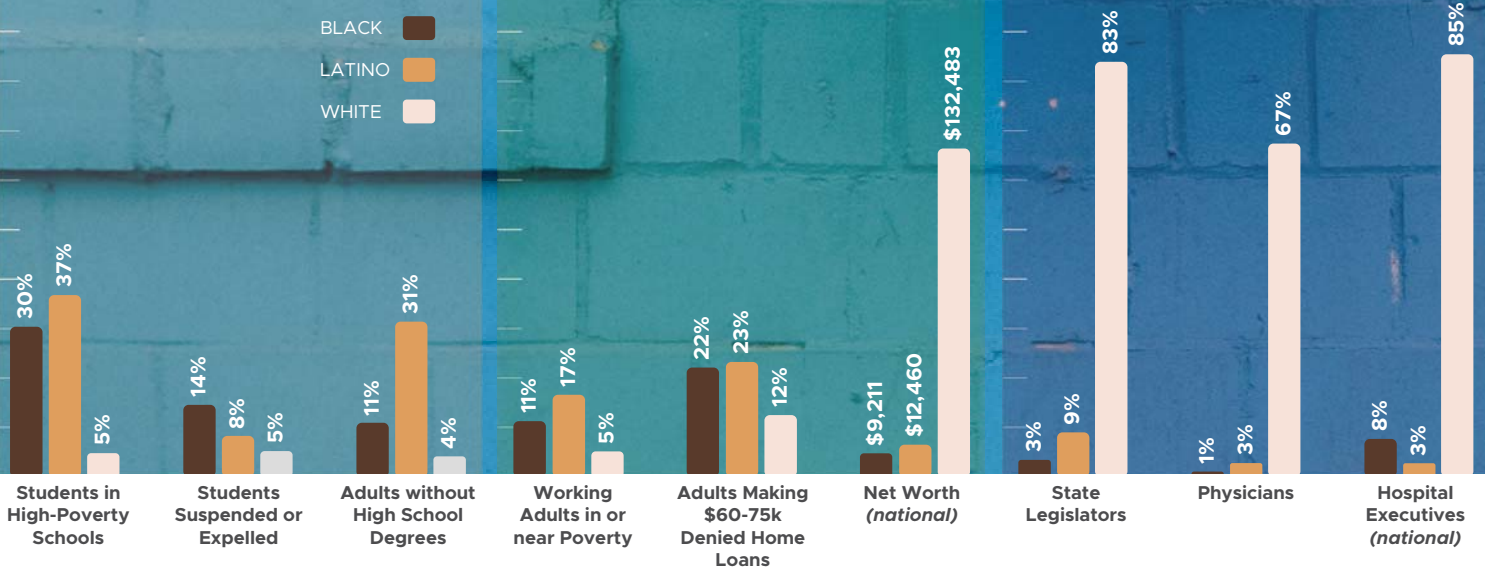
However, Coloradans of color have less access to good jobs and economic opportunity.

POWER

Coloradans in paid or elected positions of power can shape policies around:

- COSTS OF CARE
- HEALTH PRIORITIES
- HEALTH INSURANCE

However, Coloradans of color have less access to health care decision-making roles.



These disparities exist for many reasons. For example, despite the 1954 Brown v. Board of Education ruling, many Colorado schools remain as segregated as ever due to institutional policies that under-resource schools in communities of color. These policies, and others that reinforce implicit biases—such as school discipline policies that disproportionately punish students of color—have led to an achievement and graduation gap.

These disparities exist for many reasons. For example, the 1934 American Housing Act led to the practice of denying financial loans and services to people of color. Policies like these, plus discriminatory lending, hiring, and employment practices still in effect today, have led to residential segregation and racial disparities in wealth, economic investment, wages, and poverty.

These disparities exist for many reasons. For example, America's long history of racial oppression and voter discrimination continues to suppress the non-white vote, and keep people of color out of political power. Within the health care system, medical school admissions and the economic and educational disparities faced by people of color have led to their under-representation in health care decision-making roles.

The opportunity to live a healthy life should be a matter of fact, not a matter of privilege. Because when our neighbors are healthy, our communities prosper, and Colorado is stronger.



SOURCES & NOTES

All data are Colorado-specific unless otherwise noted. For more comprehensive citations, contact weare@centerforhealthprogress.org.



- ¹ Center for Health Progress (2017). *Waiting for Health Equity*.
- ² Gee, G. & Ford, C. in the Du Bois Review (2011). *Structural racism and health inequities: Old issues and new directions*.
- ³ Center for Disease Control and Prevention (1999). *Social Determinants of Health FAQ*.

EDUCATION DATA

HIGH POVERTY COLORADO SCHOOLS

A high poverty school is defined as one in which more than 75% of students are eligible for free or reduced-price lunch.

Source: National Equity Atlas

Data: School Poverty, 2014

STUDENT DISCIPLINE IN COLORADO

Disciplinary action includes suspension, referral to law enforcement, expulsion, and other serious disciplinary actions.

Source: Colorado Department of Education

Data: Analysis of Colorado K-12 Student Discipline Incidents, 2015-16

HIGH SCHOOL GRADS IN COLORADO

Non-high school graduates are those adults aged 25 and older without a high school degree.

Source: US Census Bureau, American Community Survey

Data: Educational Attainment, 2011-2015

EDUCATION INEQUITIES

Rocky Mountain PBS (October 2015). *Standing in the gap: Education*.

Gottlieb, A. for The Colorado Trust (March 2016). *Denver's deeply segregated schools fit a national trend*.

The Equity Project at Indiana University (2014). *Discipline Disparities Series*.

Justice Center (2014). *The school discipline consensus report*.

MONEY DATA

COLORADO'S WORKING POOR

Working poor is defined as adults ages 25-64 who work full-time and earn less than 200% of the Federal Poverty Level.

Source: National Equity Atlas

Data: Working Poor, 2014

COLORADANS DENIED HOME LOANS

Home loan denials are loan applications to finance the purchase of a home that were denied by a financial institution.

Source: Colorado Department of Local Affairs

Data: State of Colorado Analysis of Impediments to Fair Housing Choice, 2015

NET WORTH OF AMERICANS

Net worth is the sum of asset values, such as cash, investments, and property equity, minus the sum of liabilities.

Source: US Census Bureau

Data: Survey of Income and Program Participation: Wealth & Assets, 2013

MONEY INEQUITIES

Collins, W. & Margo, R. (2001). Race and home ownership: A century-long view. *Explorations in Economic History*.

Patten, E. for Pew Research Center (July 2016). *Racial, gender wage gaps persist in the US despite some progress*.

POWER DATA

COLORADO STATE LEGISLATORS

The count of legislators includes 100% of elected state legislators at the time of data collection.

Source: National Conference of State Legislators

Data: Legislators' Race & Ethnicity, 2015

COLORADO PHYSICIANS

The count of physicians—not residents or fellows—includes only those who are in direct patient care roles.

Source: Association of American Medical Colleges

Data: Diversity in Workforce, 2014

NATIONAL HOSPITAL EXECUTIVES

Hospital executives include c-suite (CEO, COO, etc.) leadership employed at hospitals around the country.

Source: Institute for Diversity in Health & Management

Data: Diversity & Disparities, 2015

POWER INEQUITIES

American Civil Liberties Union. *Voting rights act: Major dates in history*.

Grumbach, K. & Mendoza, R. in Health Affairs (March 2008). *Disparities in human resources: Addressing the lack of diversity in the health professions*.

At Center for Health Progress, we believe our health care system should work for all Coloradans. So, we bring people together, to ensure factors like race, income, and ZIP Code don't determine a person's access to care and opportunity to live a healthy life. When we uncover commonsense solutions to these complex challenges, we get closer to ensuring our health care system works for everyone.

Because when our neighbors are healthy, our communities prosper, and Colorado is stronger.