

MGUH Equity Forward Faculty Workshop: History of DC and Health Inequities (IEM)

Activity Information

Original Release Date October 1, 2025
Termination Date April 30, 2028

Target Audience Physicians, Nurses

Speaker Name:
Sarah Kureshi MD, MPH
Keri F. Kirk, PhD

Speaker Disclosure Information: No relevant financial relationships to report.

Learning Objectives

- Examine the historical context of the District of Columbia, focusing on the resilience and struggles of oppressed populations
- Analyze the current health status of the District of Columbia, highlighting disparities and challenges
- Explore the healthcare system of DC, with an emphasis on access, equity, and resources
- Define health inequities and discuss the impact of structural determinants of health on historically marginalized populations in DC

Evaluation Information

You must complete an online evaluation at the end of this course to receive continuing education credit.

After completing the evaluation, your CE credits will be available on your MedStar Health CE transcript on CloudCME™ **on the next business day.**

No commercial support has been provided.

The following Planning Committee members have reported no relevant financial relationships:

Mun Chun Chan, PhD | Sneha Daya, MD | Vicki Girard, JD | Aniket Kini, MBBS, MPH | Sarah Kureshi, MD, MPH | Michelle A. Roett, MD, MPH | Lois Wessel, DNP, FNP-BC

Accreditation



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This activity was planned by and for the healthcare team, and learners will receive **1.00** Interprofessional Continuing Education (IPCE) credits for learning and change.

MGUH Equity Forward Faculty Workshop: History of DC and Health Inequities (IEM)

Credits Available for this Activity

Nurses: This activity is approved for 1.00 ANCC contact hours. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

Physicians: MedStar Health designates this enduring material for a maximum of 1.00 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



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MGUH Equity Forward Faculty Workshop: History of DC and Health Inequities (IEM) Bibliographic Resources

- National Academies of Sciences E, Division H and M, Practice B on PH and PH, et al. The Root Causes of Health Inequity. National Academies Press (US); 2017. Accessed July 29, 2020. <https://www.ncbi.nlm.nih.gov/books/NBK425845/>
- Boston Public Health Commision's Framework for Understanding Health Inequities
- <https://collegeofcuriosity.com/2-96-how-slavery-tore-dc-apart-literally/>
- <https://giequity.org/washington-dc/>
- Health Disparities in the Black Community: An Imperative for Racial Equity in the District of Columbia. Christopher J. King, PhD, FACHE and Patricia Cloonan, PhD, RN. https://issuu.com/ck806/docs/nhs-health_disparities_in_the_black_community_repo
- <https://emancipation.dc.gov/page/ending-slavery-district-columbia>
- <https://en.wikipedia.org/wiki/Nacotchtank>
- <https://www.whitehousehistory.org/the-complexities-of-slavery-in-the-nations-capital>
- <http://mallhistory.org/explorations/show/mall-slavery>
- <https://www.aacu.org/diversitydemocracy/2018/summer/rothman>
- <https://www.nytimes.com/2017/03/12/us/georgetown-university-slaves-life-campbell.html>
- <https://slaveryarchive.georgetown.edu/exhibits/show/gallery/item/89>
- <http://www.mappingsegregationdc.org/index.html#mapping>
- <https://www.washingtonpost.com/news/wonk/wp/2016/05/04/how-your-parents-affect-your-chances-of-buying-a-home/>



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MGUH Equity Forward Faculty Workshop: History of DC and Health Inequities (IEM) Bibliographic Resources (Cont.)

- <https://www.dcfpi.org/all/dc-can-advance-racial-equity-and-black-homeownership-through-the-property-tax/>
- <https://prologue.blogs.archives.gov/2020/08/31/treating-race-at-st-elizabeths-hospital/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222469>
- <https://www.culturaltourismdc.org/portal/a-brief-history-of-african-americans-in-washington-dc>
- <https://www.teachingforchange.org/how-well-do-you-know-dc>
- <https://www.zinnedproject.org/materials/teaching-central-america/>
- <https://www.census.gov/quickfacts/DC>
- <https://censusreporter.org/profiles/31000US47900-washington-arlington-alexandria-dc-va-md-wv-metro-area/>
- <https://www.dchealthmatters.org/demographicdata>
- <https://ourhealthydc.org/dc-chna/health-outcomes/life-expectancy/>
- DC DOH Perinatal Health and Infant Mortality Report 2018
- <https://usafacts.org/topics/health/state/district-of-columbia/>
- (Number of beds) from DCHA Utilization Indicators Calendar Year 2023 Report
<https://dcha.org/calendar-year-2023-utilization-report/>
- *<https://www.kff.org/other/state-indicator/beds-by-ownership>
- District of Columbia HEALTH SYSTEMS PLAN 2017: <https://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/Health-Systems-Plan-5-8.pdf>



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MGUH Equity Forward Faculty Workshop: History of DC and Health Inequities (IEM) Bibliographic Resources (Cont.)

- <https://giequity.org/washington-dc/>
- The new gilded age: Income inequality in the U.S. by state, metropolitan area, and county, 2009 to 2015. Economic Policy Institute, 2018. <https://www.epi.org/publication/the-new-gilded-age-income-inequality-in-the-u-s-by-state-metropolitan-area-and-county/>
- King CJ, Buckley BO, Maheshwari R, Griffith DM. Race, Place, And Structural Racism: A Review Of Health And History In Washington, D.C. Health Aff (Millwood). 2022 Feb;41(2):273-280. doi: 10.1377/hlthaff.2021.01805. PMID: 35130070
- Community Health Needs Assessment, District of Columbia, 2022. DC Health Matters Collaborative. June 2022, www.dchealthmatters.org.
- American Psychological Association, 2025
- <https://www.nature.com/articles/s41591-021-01381-y>
- <https://www.youtube.com/watch?v=umtAJbFI5GY>
- Unequal Treatment. IOM, 2003.
- <https://nonprofitquarterly.org/covid-19-using-a-racial-justice-lens-now-to-transform-our-future/>



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MGUH Equity Forward Faculty Workshop: History of DC and Health Inequities (IEM) Evaluation and Transcript

You must complete an online evaluation at the end of this course within 30 days to receive continuing education credit.

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It's how we treat people.



MedStar Health

History of DC & Health Inequities

Equity Forward Workshop

Sarah Kureshi MD, MPH
Associate Professor
Vice Chair of Education
Department of Family Medicine

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Assistant Professor
Director of Behavioral Health (FM)
Departments of Family Medicine &
Psychiatry



GEORGETOWN UNIVERSITY

Trigger Warning

We will be discussing historical events that are disturbing, and may even be traumatizing to some of you. Please feel free to turn off your cameras or step away for a little bit or even leave the zoom if you need to. Please do reach out to us if there's anything you want to discuss afterwards.

By the end of the talk you will be able to:

- Examine the historical context of the District of Columbia, focusing on the resilience and struggles of oppressed populations
- Analyze the current health status of the District of Columbia, highlighting disparities and challenges
- Explore the healthcare system of DC, with an emphasis on access, equity, and resources
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Health Disparities:

“Measurable differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific populations.” –National Institutes of Health



Health Inequities:

“Systematic differences in the opportunities groups have to achieve optimal health, leading to unfair and avoidable differences in health outcomes”

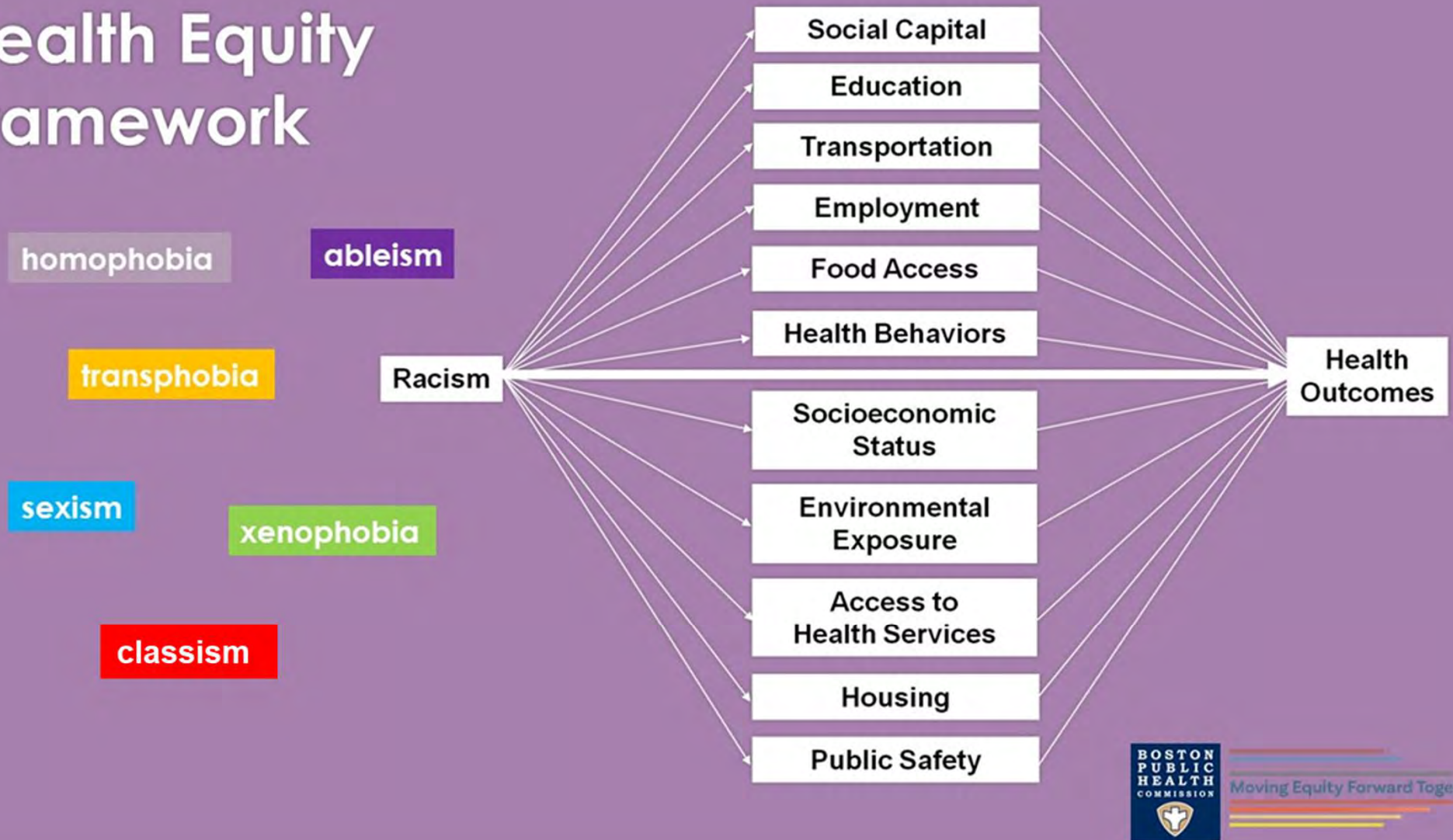
National Academies of Sciences E, Division H and M, Practice B on PH and PH, et al. The Root Causes of Health Inequity. National Academies Press (US); 2017. Accessed July 29, 2020. <https://www.ncbi.nlm.nih.gov/books/NBK425845/>

Health Equity:

“Health equity is assurance of the condition for optimal health for all people” (Camara Jones)

-Health equity pursues the elimination of health disparities

Health Equity Framework



Moving Equity Forward Together



Founding of DC & The Birth of Inequity

DC – founded in 1790

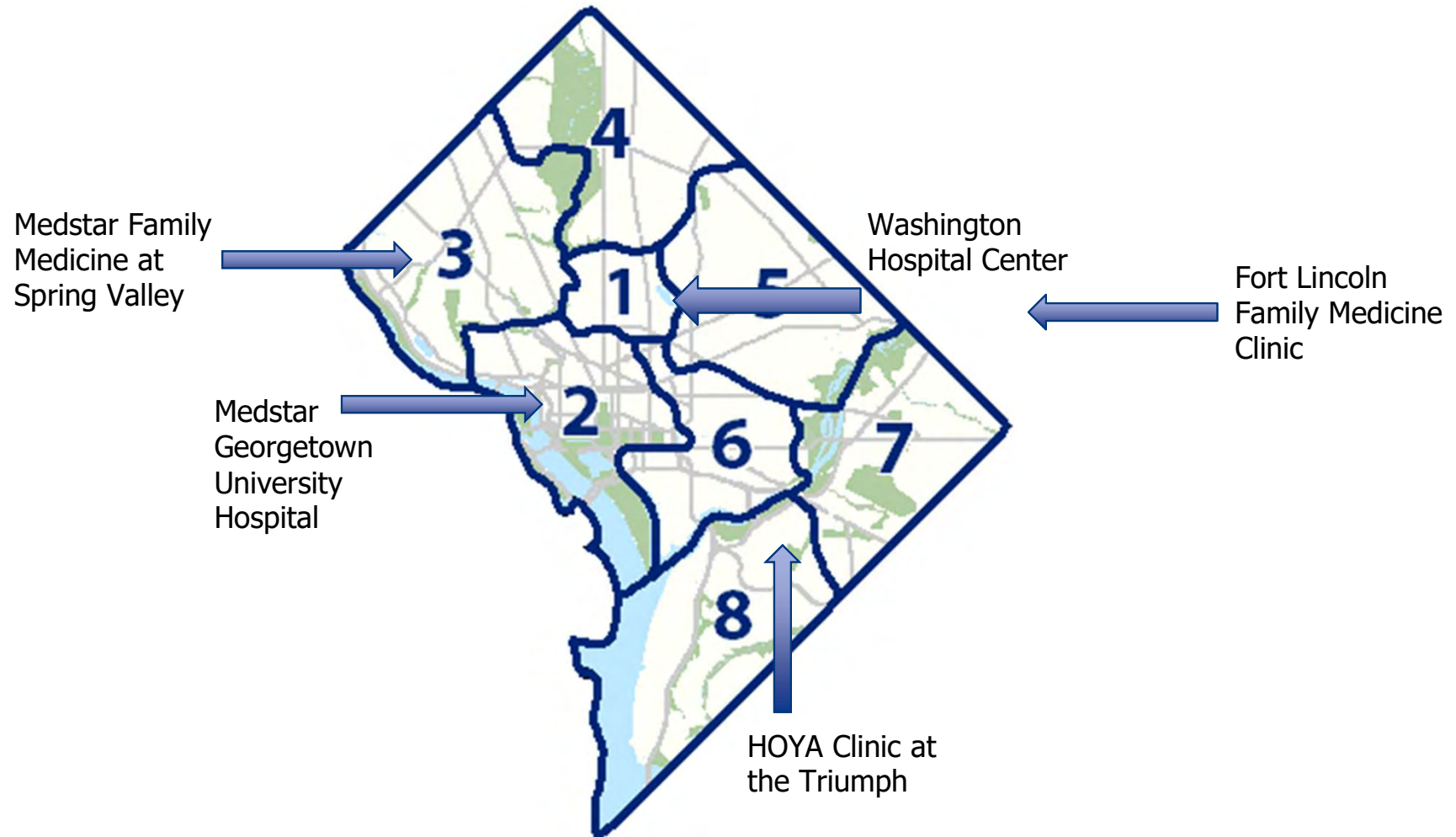


The original plan with the diamond shape
<https://collegeofcuriosity.com/2-96-how-slavery-tore-dc-apart-literally/>

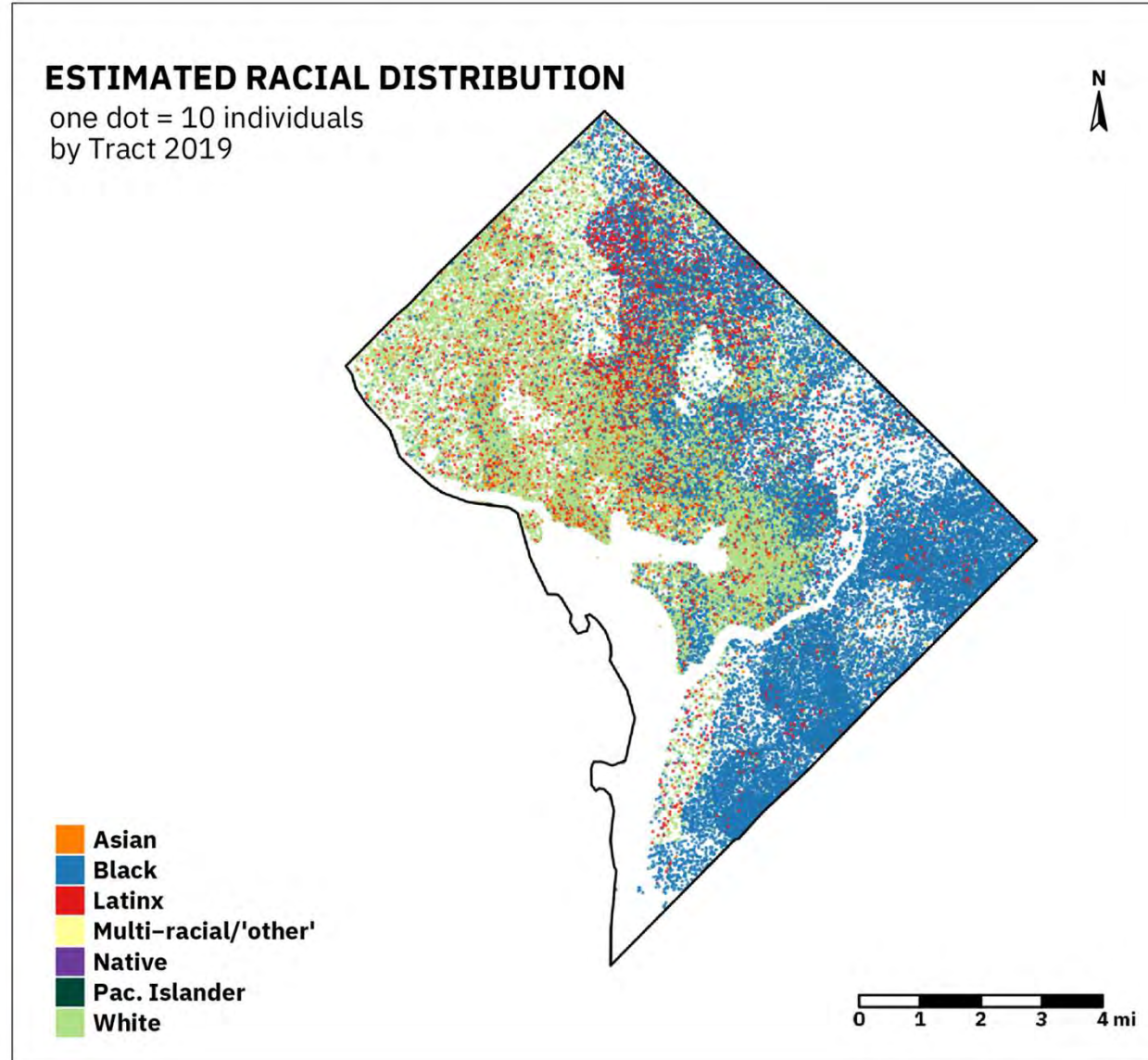


Borders of DC since 1846

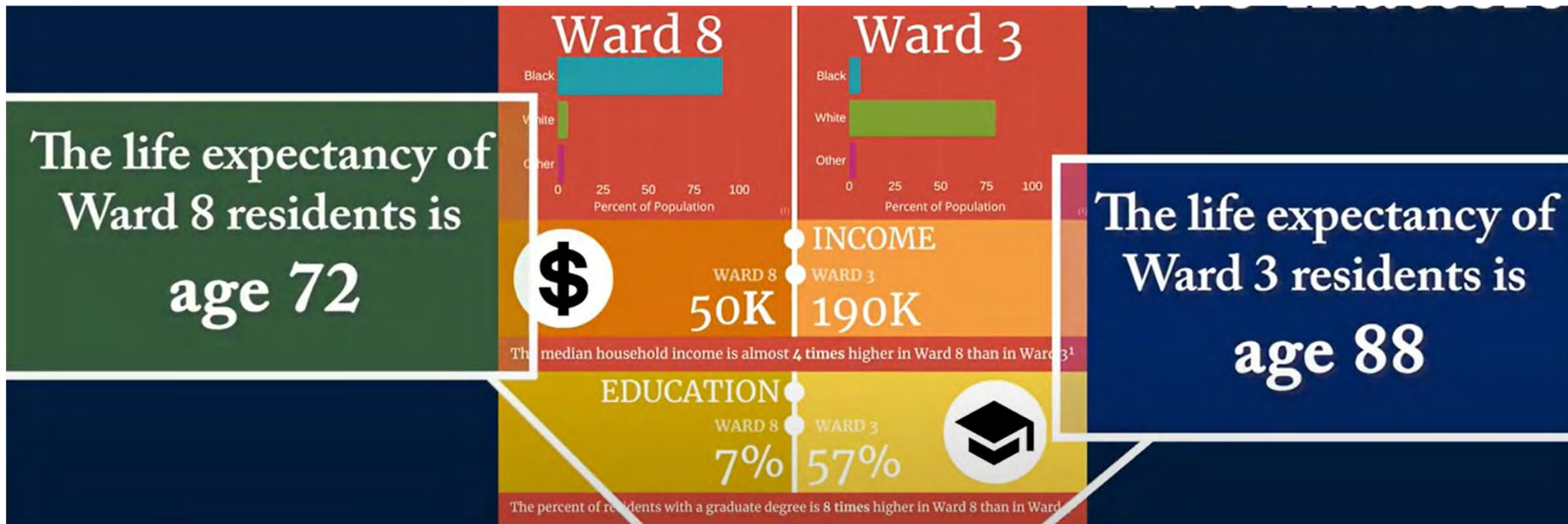
DC Wards



DC Racial Figure Ground



You will see ward comparisons like this time and again...



slido

Why and how did DC become this way?

 Start presenting to display the poll results on this slide.

Origins of Washington, D.C.: Indigenous Displacement and Slavery

- The **Nacotchtank (Anacostans)** were Algonquian-speaking people who lived along the Anacostia River—prosperous farmers, hunters, and traders whose name means “a town of traders”
- British arrival in **1608** brought deadly diseases and warfare, leading to the loss of Nacotchtank land, life, and sovereignty
- By the **1650s**, survivors relocated to Anacostine Island (now Theodore Roosevelt Island), later merging with the Piscataway tribe
- In **1619**, enslaved Africans were brought to the colonies—torn from families, subjected to violence, denied education, and treated as property
- **Slavery** was a legal, economic, and social system—justified by false beliefs in racial inferiority—that fueled U.S. development, especially in the South



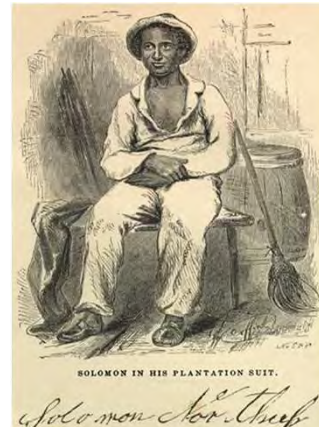
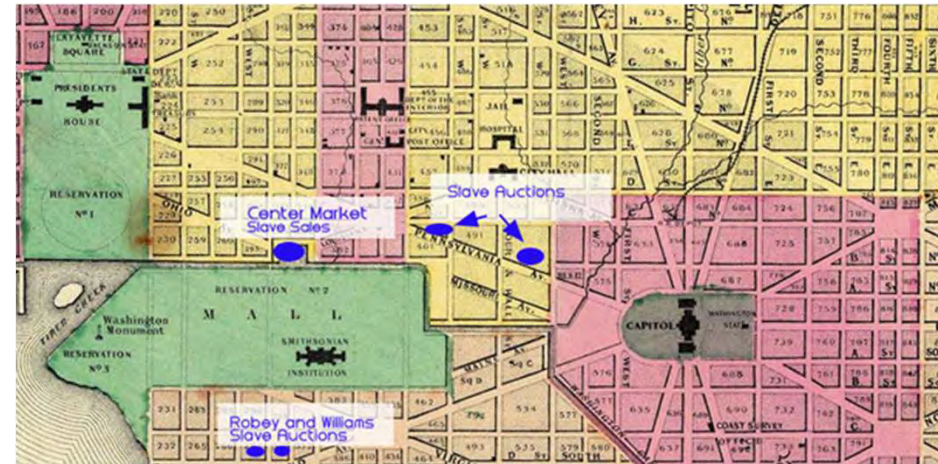
Captain John Smith's "Map Of Virginia" indicates the locations of indigenous groups as he encountered them. This image is a zoomed-in version with a red circle to indicate where Smith plotted the Nacotchtank as living in 1608.

<https://en.wikipedia.org/wiki/Nacotchtank>



The National Shame: Slavery in the Shadow of the Capitol

- Enslaved labor was used to build D.C., with enslavers paid while the enslaved received only food and clothing
- By **1800**, Black Americans - most of them enslaved - made up **25% of D.C.'s population**
- Carved from two slave states, D.C. became a key hub in the **domestic slave trade**
- At the same time, D.C. was home to a **growing abolitionist movement**, which called slavery in the capital “a national shame”



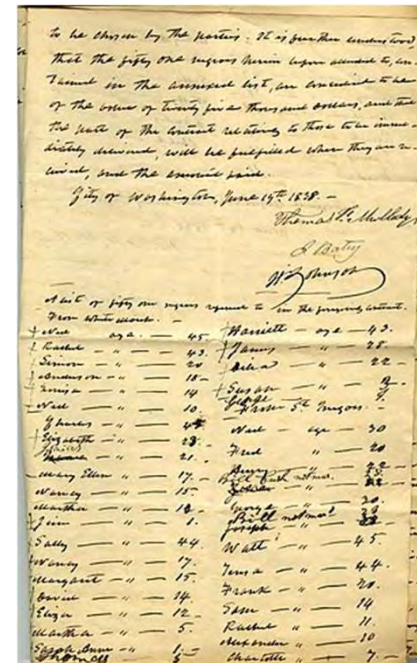
Georgetown & 20th Century DC

Has anyone heard of the “Georgetown 272” before?

Slavery and the Foundations of Georgetown's University

- 1789: Georgetown was founded by Maryland Catholic elites whose wealth was tied to slavery (enslaved labor supported the campus until emancipation in 1862)
- Since the 1500's: Maryland Jesuits participated in the transatlantic slave trade, viewing slavery as a tool for Christianization
- 1830s: Nearly 300 enslaved people worked on Jesuit plantations (profits subsidized the education of white students)
- 1838: Thomas F. Mulledy (prior Pres of Georgetown) & William McSherry (then president) sold 272 Jesuit-owned slaves (men, women, & children) to plantation owners in Louisiana for \$115,000
 - **This money saved Georgetown from debt and helped transform it into a well-reputed enterprise**

<https://www.aacu.org/diversitydemocracy/2018/summer/rothman>



In 1838, Georgetown University sold 272 slaves to plantations in Louisiana.

Men, women, and children.

University folklore says they perished without a trace.

But almost one hundred survived the Civil War.

Thousands of descendants are alive today.

Their story is part of our story.

Persons Identified & Located by GMP to Date



232

GU272 Ancestors

Last Updated: 03/01/2021



10,642

Direct Descendants

Last Updated: 03/01/2021



Mr. Frank Campbell

Born circa 1819 in St. Inigoes, Maryland; died circa 1916 in Terrebonne Parish, Louisiana.


Original photograph courtesy of Nicholls State University, Thibodaux, LA.



How do I know if I am related to the GU272?



*Research Memo - 2018
The Lost Jesuit Slaves of*

 American Ancestors.

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GU272 MEMORY PROJECT

[GU272 HISTORY](#) ▾

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BUTLER,
NACE
(GROUP 27)



CAMPBELL,
WATT
(GROUP 32)



CAMPBELL,
ADELINE
(GROUP 33)



By Rachel L. Swarns

March 12, 2017

He was an enslaved teenager on a Jesuit plantation in Maryland on the night that the stars fell. It was November 1833, and meteor showers set the sky ablaze.

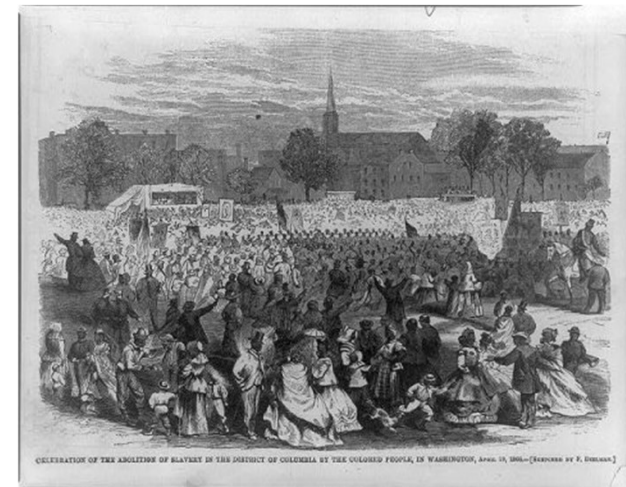
His name was Frank Campbell. He would hold tight to that memory for decades, even when he was an old man living hundreds of miles away from his birthplace. In 1838, he was shipped to a sugar plantation in Louisiana with dozens of other slaves from Maryland. They had been sold by the nation's most prominent Jesuit priests to raise money to help save the Jesuit college [now known as Georgetown University](#).

Mr. Campbell would survive slavery and the Civil War. He would live to see freedom and the dawning of the 20th century. Like many of his contemporaries from Maryland, he would marry and have children and grandchildren. But in one respect, he was singular: His image has survived, offering us the first look at one of the 272 slaves sold to help keep Georgetown afloat.

<https://www.nytimes.com/2017/03/12/us/georgetown-university-slaves-life-campbell.html>
<https://slaveryarchive.georgetown.edu/exhibits/show/gallery/item/89>

Ending Slavery in DC

- 1848: The Pearl Incident
 - 77 enslaved adults and children from Washington, Georgetown, and Alexandria attempted escape by schooner
 - Though unsuccessful, it was likely the largest escape attempt in U.S. history.
- 1850: Compromise of 1850 – Ended the slave trade in D.C., but not slavery itself
- 1862: D.C. Emancipation Act – Freed all enslaved persons in the nation's capital



Georgetown University and
Washington, DC were built on the
backs of enslaved people

The Early 20th Century

- By 1900 DC had the largest percentage of African Americans of any city in the nation
- D.C. was considered “Black America’s leading cultural and financial center,” home to a growing Black middle class with stable, decent-paying federal jobs and thriving Black-owned businesses

But, many white veterans & residents resented rising Black prosperity and social mobility

- **July 1919 Race Riots**
 - Part of the “Red Summer” of racial violence nationwide, the D.C. riots were sparked by a white woman’s accusation against Black men
 - Over four days, white mobs—many including servicemen—attacked Black residents, while some Black Washingtonians armed themselves in self-defense

One Hundred Years Ago, a Four-Day Race Riot Engulfed Washington, D.C.

Rumors ran wild as white mobs assaulted black residents who in turn fought back, refusing to be intimidated



Members of the 3rd Cavalry arrive in D.C. to quash the racial unrest (Bettmann / Contributor)

Segregation & Racially Restrictive Covenants

- For the first half of the 20th century racially restrictive deed covenants legally barred black settlement
 - a legal mechanism for enforcing residential segregation and making it the norm
 - a signifier of property values - assigned value to housing and whole neighborhoods based on the race of their occupants



**Attention
White Home
Buyers!**

**The Largest Restricted White
Community in Washington**

Invites your attention
to the decision of
The U. S. Supreme Court
—that negroes cannot buy
in a restricted white section

**Buy or Rent
in the section known as**

**Eckington High View
Bloomingdale Edgewood**

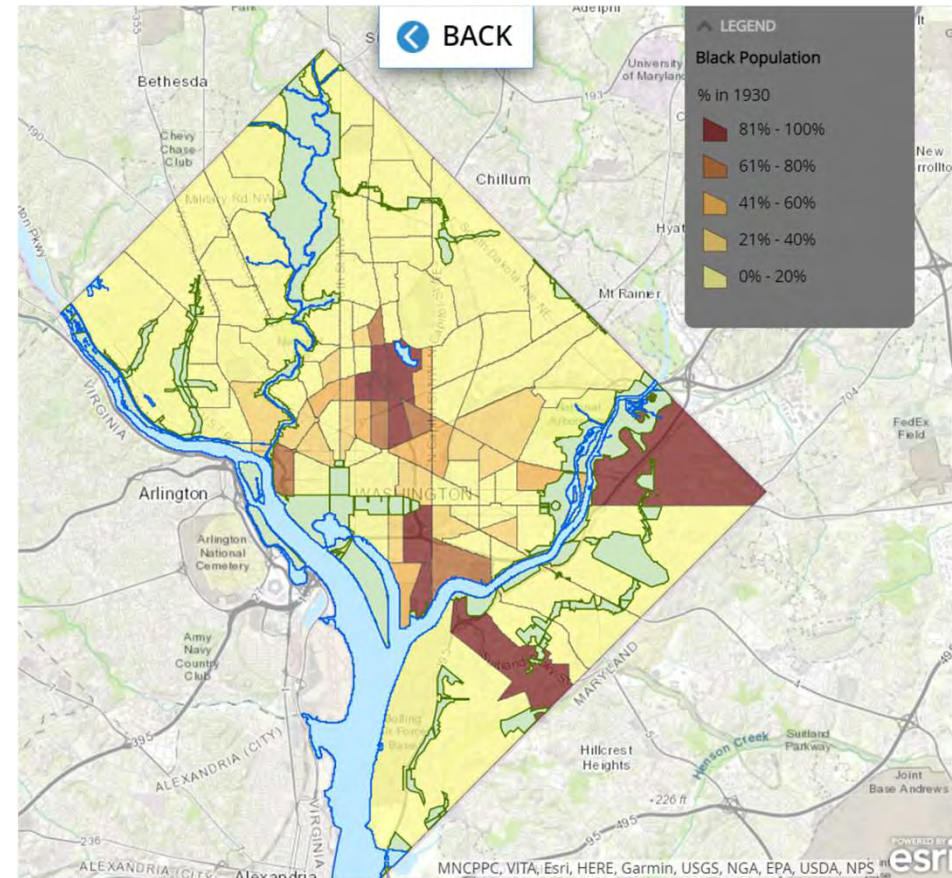
For further information apply to:
Executive Committee of

Bloomingdale Owners	North Capitol Citizens'
P. W. Pritchett, Chairman	Association
2651 North Capitol St.	Henry Gilligan, President
W. T. Richardson, Secy.	2304 1st St. N.W.
78 S St. N.W.	Jesse W. Morgan, Secy.
	47 Seaton St. N.W.

Segregation & Racially Restrictive Covenants

- Federal policy and local zoning codes served to institutionalize segregation and the displacement of black residents. Segregated housing projects, schools, and playgrounds helped solidify racial boundaries
- 1948 – the Supreme Court ruled these covenants were unconstitutional, BUT the damage was already done and the association of race with property values was inseparable ...

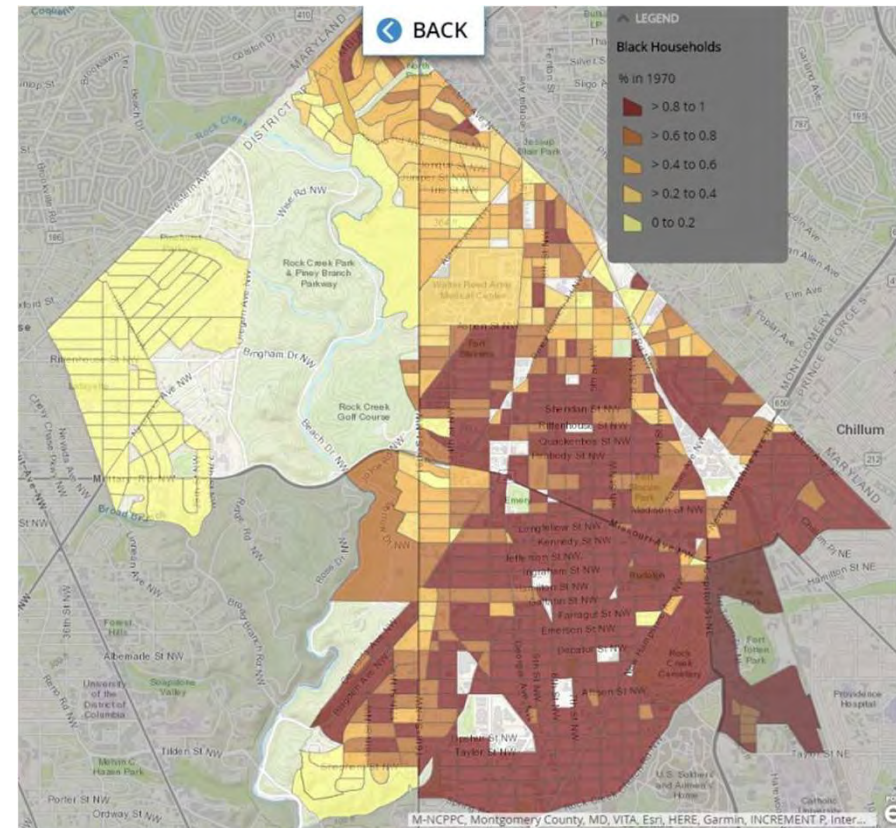
<http://www.mappingsegregationdc.org/index.html#mapping>



Households in the District mapped by race in 1930.
Image by Prologue DC. Data courtesy of US Census Bureau.

Lasting Effects of Covenants

- Racial covenants inflated housing costs for Black buyers by restricting where they could live and increasing demand in limited areas
- Property values were racially tied: Black families paid more, but home values dropped after they moved in due to white flight
- White flight accelerated after the end of restaurant segregation (1953) and school desegregation (1954)
- Decades of disinvestment and discriminatory lending left these neighborhoods vulnerable to gentrification today

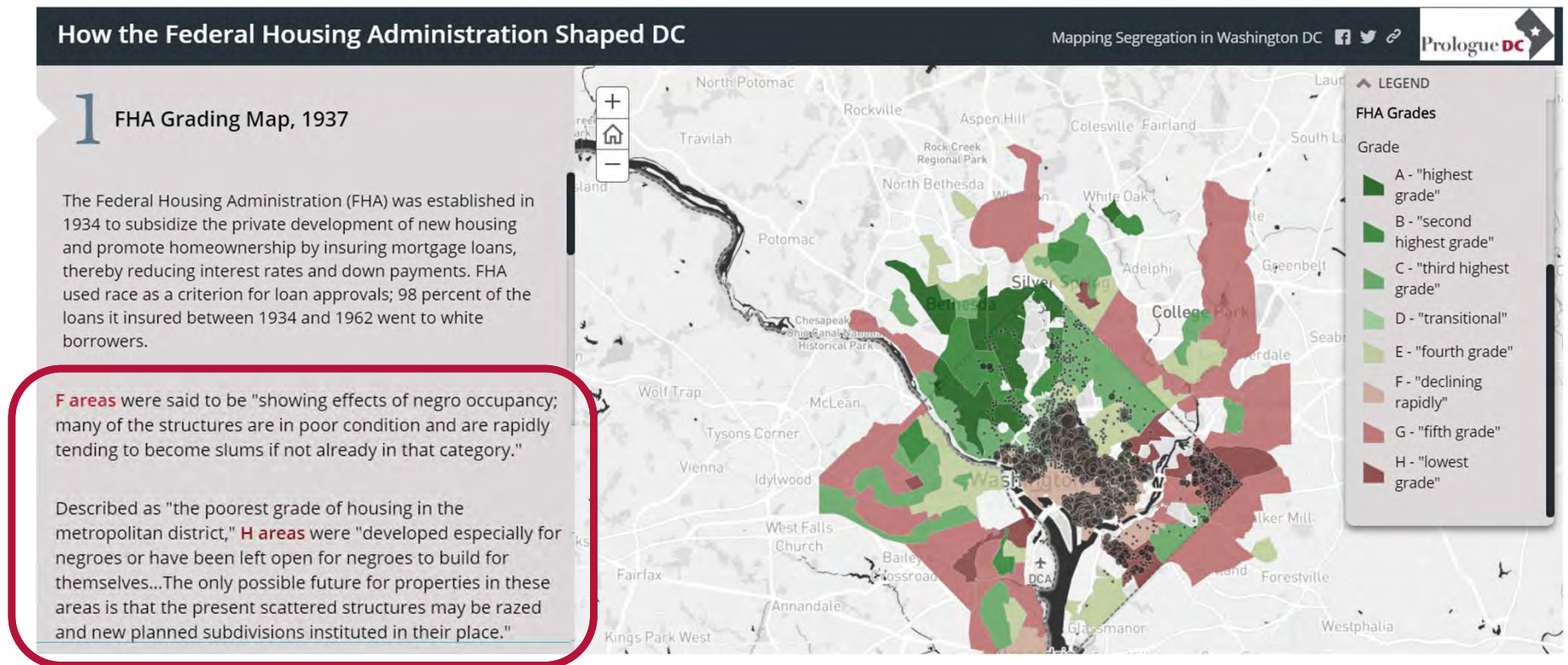


Households in the District mapped by race in 1970. Image by Prologue DC. Data courtesy of US Census Bureau and NHGIS.org.

Redlining

Systemic discriminatory practices by which banks, insurance companies, etc., refuse or limit loans, mortgages, insurance, etc., within specific geographic areas, especially those with higher numbers of non-white people

Federal housing loans refused to millions of Black, Asian, Hispanic, Jewish, and immigrant families



Housing Discrimination & Black-White Wealth Gaps

Economic Policy

How your parents affect your chances of buying a home



By Emily Badger
Reporter

May 4, 2016 at 7:00 a.m. EDT

+ Add to list

For many would-be home buyers, the biggest obstacle isn't the income to cover the mortgage or the credit score to qualify for one. It's the huge pile of cash you have to hand over on closing day. A first home — especially in a high-cost city — demands not just that you make enough to cover the payments, but also that you have a lot to start with.

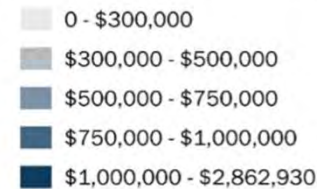
And that's where it comes in really handy to have parents with money.

“Historic disparities in the housing market are transmitted over time, from parent to child to grandchild. Earlier generations of blacks were excluded from homeownership by lending practices and government policies, and as a result those generations didn’t accumulate the housing wealth that enabled them to pass money onto their children.”

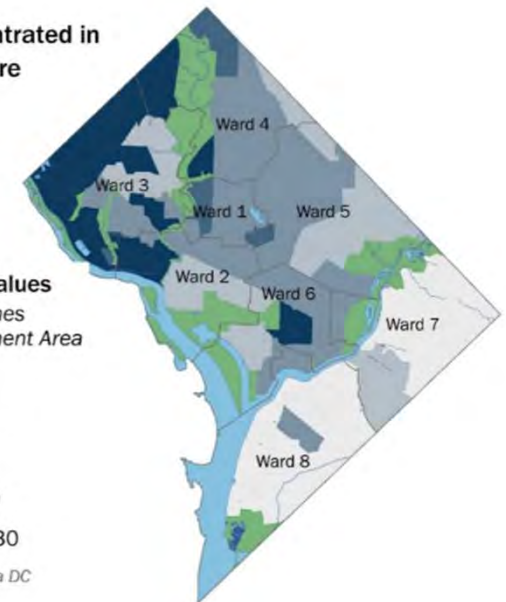
- Median white wealth in the United States is between 6.9 to 10 times greater than the median wealth held by Black Americans
- A 2016 study showed that, in the DC area, white households have 81 times the wealth of Black households

High Value Homes Concentrated in Wards Where Residents are Predominantly White

Median Assessed Home Values
Of Taxable Single Family Homes
and Condo Units, by Assessment Area



Sources: DCFPI Analysis of Open Data DC
Integrated Tax System Public Extract



Segregation in Hospitals



This photograph from 1925 shows the crowded beds of St. Elizabeth's African American patients.
(National Archives Identifier 5664243)

- St. Elizabeth's Hospital: Govt hospital created in 1852 to provide highest quality mental healthcare
- Segregated Black patients – “colored wards” of Black men and women were initially in small, outlying buildings without ventilation systems
- After the Civil War, hosp population blew up and these “colored wards” quickly exceeded capacity and were the most crowded parts of the hospital
- Psychiatrists there believed the minds of black and white patients were fundamentally different (“medical professionals treated Black minds as inherently abnormal, unknowable, and typically incurable”)
 - St. Elizabeths Doctors published 10 studies (from 1914 – 1933) that claimed to show fundamental differences between the hospital's white and Black patients
 - Treatment Disparities (symptoms, psychotherapy, labor gang)

*****Efforts of HU, NAACP, patients' families led to the hospital gradually integrating its wards in the 1950's & then hiring Black nurses, doctors, & leaders!**

DC As A Cultural “Mecca”



Paul B. Cornely, MD, DrPH (1906–2002):
Civil Rights Leader and Public Health
Pioneer in Hospitals



Iona Rollin Whipper, MD (1872–1953):
Physician, Educator, and Social
Reformer



William Montague Cobb, MD, PhD (1904–1990):
Physician, Physical Anthropologist, Professor, and Civil
Rights Activist



Mamie Phipps Clarke & Kenneth Clarke:
Pioneering Psychologists, Civil Rights
Activists

Late 20th Century: The Resilience of DC's Black Community

- 1957: Black Americans made up more than 50% of DC's population, making it the first predominantly black major city in the nation
- 1963 March on Washington for Jobs and Freedom: brought more than 250,000 people to the Lincoln Memorial
- 1968: Assassination of Rev. Martin Luther King, Jr. and then the 1968 riots to bring attention to the continued racism, injustice, and the federal government's abandonment of the city
- 1974: DC residents chose Walter Washington as the city's first elected black mayor and the first mayor of the 20th century
- **1975: Black Americans were politically and culturally leading the city with more than 70 percent of the population. The Black Arts, Black Power, Women's, and Statehood movements flowered here**

<https://www.culturaltourismdc.org/portal/a-brief-history-of-african-americans-in-washington-dc>



**The heritage of the greatest
percentage of Latinos in DC is:**

Approximately 30% of D.C.'s Latino population is Salvadoran.

- Over 5 million Central Americans live in the United States today
- Most schools lack resources on Central American heritage, history, and literature
- Central American contributions and stories are often invisible in the curriculum
- U.S. foreign policy's impact on Central American immigration is rarely taught

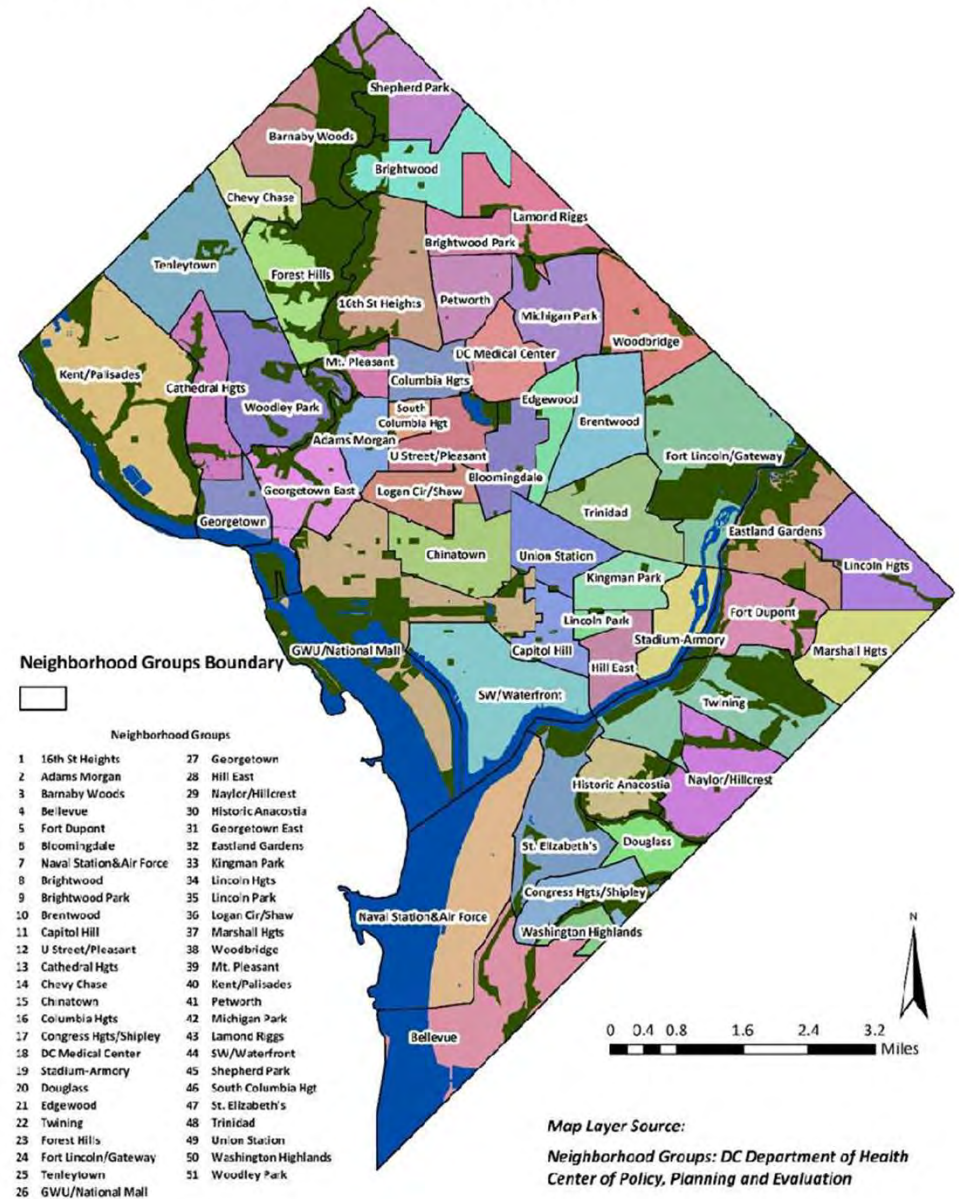
History of Other Groups in DC

- Latino DC: Local, National & Global Stories Come Together:
https://artsandculture.google.com/story/latino-dc-local-national-global-stories-come-together-uslatinomuseum/_QXhoqojGxr6IA?hl=en
- Beyond Chinatown: Researching Asian American and Pacific Islander spaces in DC: <https://wtop.com/dc/2022/05/beyond-chinatown-researching-asian-american-and-pacific-islander-spaces-in-dc/>
- The Past and Future of DC Chinatown (documentary film, 2018): https://www.youtube.com/watch?v=_HIYU5TsUHU&t=795s
- Indigenous Tribes of Washington, D.C.:
<https://www.ala.org/aboutala/indigenous-tribes-washington-dc>

DC Today

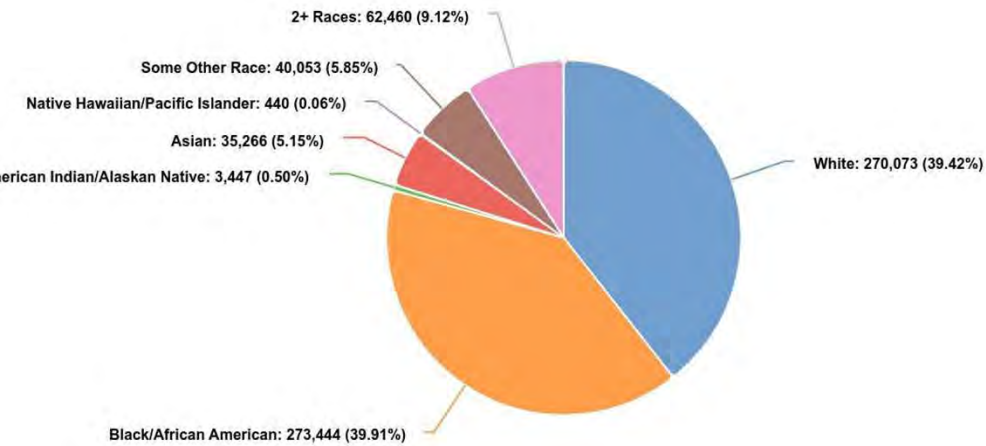
- 61 square miles
- Pop 702,250

DISTRICT OF COLUMBIA (PROXIMAL) NEIGHBORHOOD GROUPS

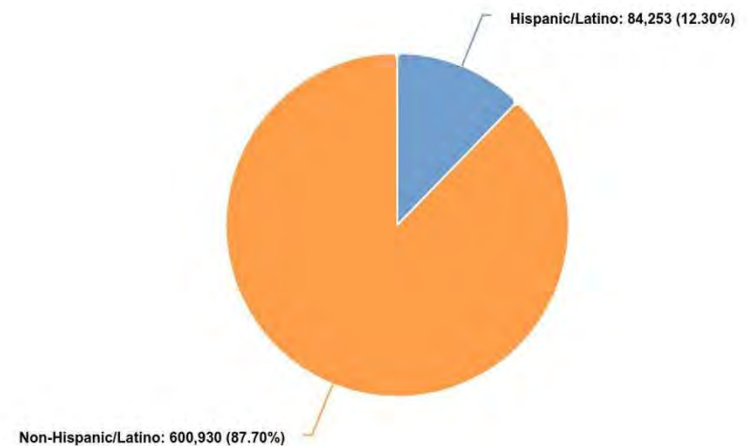


DC Demographics 2025

Population by Race
City: District of Columbia



Population by Ethnicity
City: District of Columbia



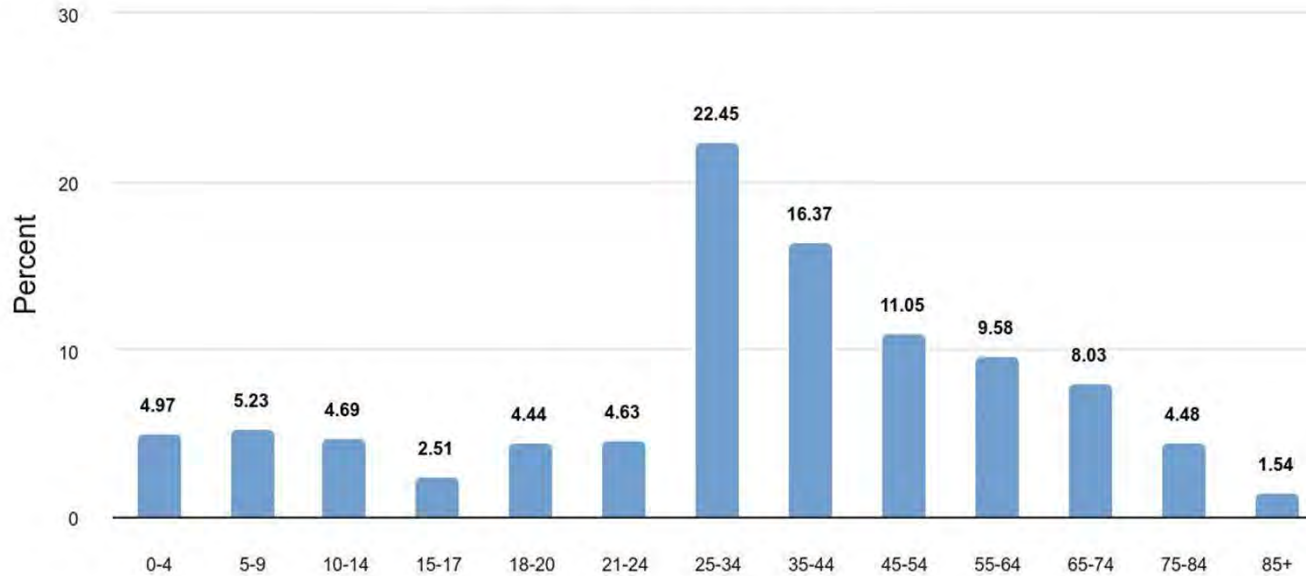
Claritas, 2025. www.dchealthmatters.org

Claritas, 2025. www.dchealthmatters.org

DC Health Inequities

DC Demographics 2025

Population by Age Group City: District of Columbia



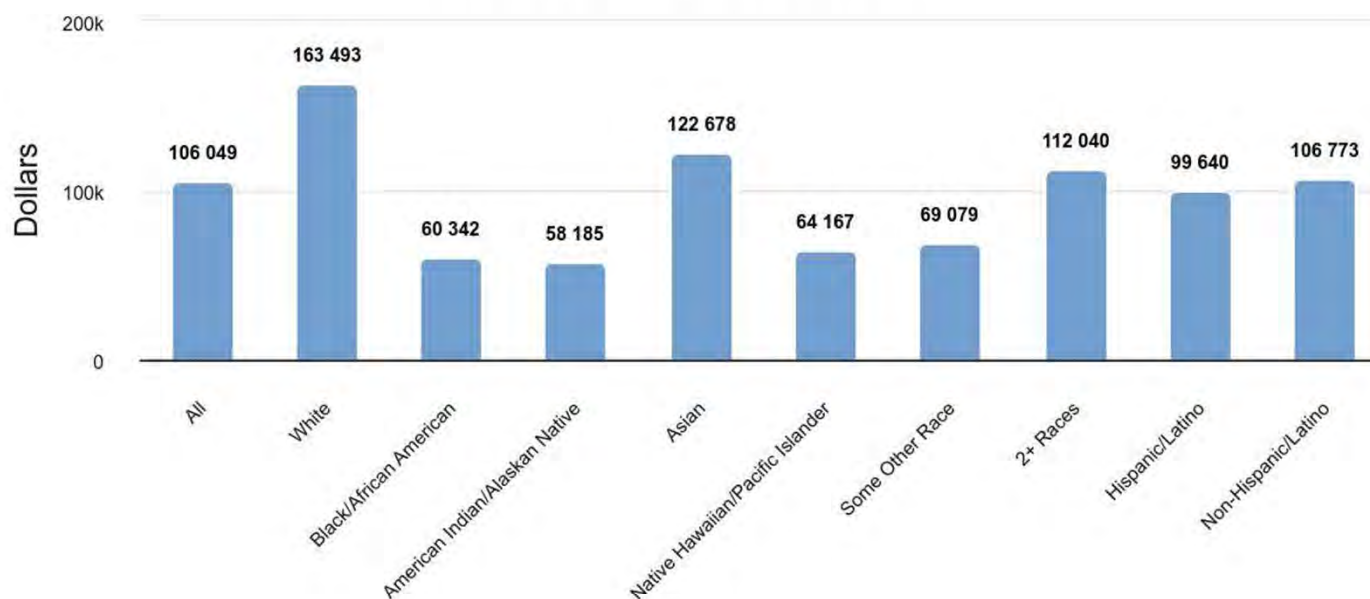
Claritas, 2025. www.dchealthmatters.org

Population by Sex

Population by Sex	City: District of Columbia	
	Persons	% of Population
Male	321,202	46.88%
Female	363,981	53.12%

DC Demographics 2025

Median Household Income by Race/Ethnicity
City: District of Columbia



Claritas, 2025. www.dchealthmatters.org

Families Below Poverty

City: District of Columbia

12,283 Families
(9.38% of Families)

Families Below Poverty with Children

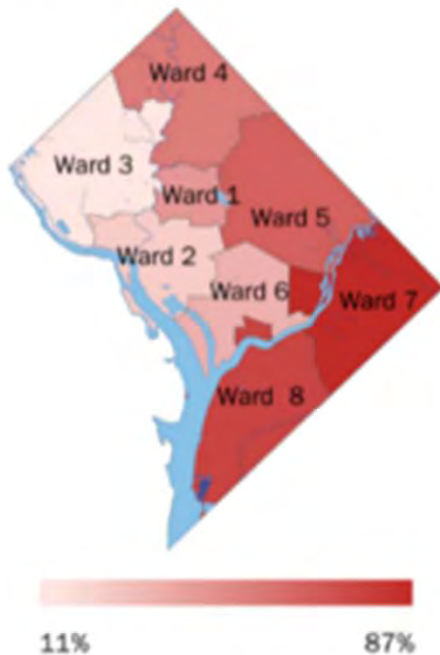
City: District of Columbia

8,243 Families
(6.30% of Families)

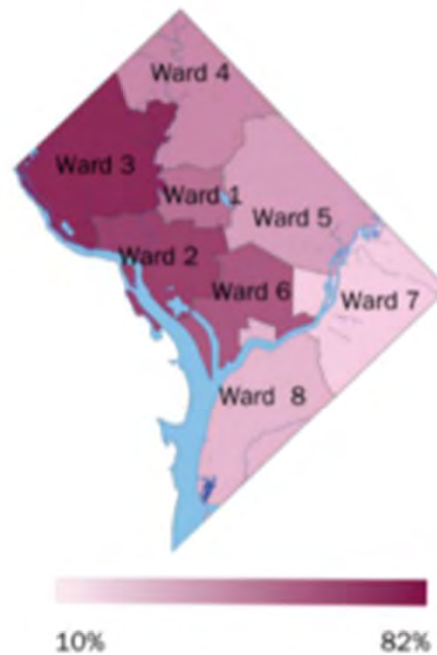
District Population is Highly Segregated by Race

Racial Demographics of DC, by Ward

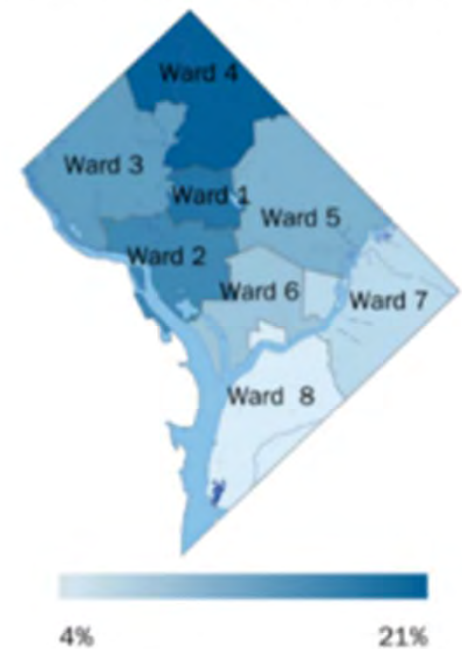
Percent of Ward Population that is Black



Percent of Ward Population that is White



Percent of Ward Population that is Hispanic or Latino



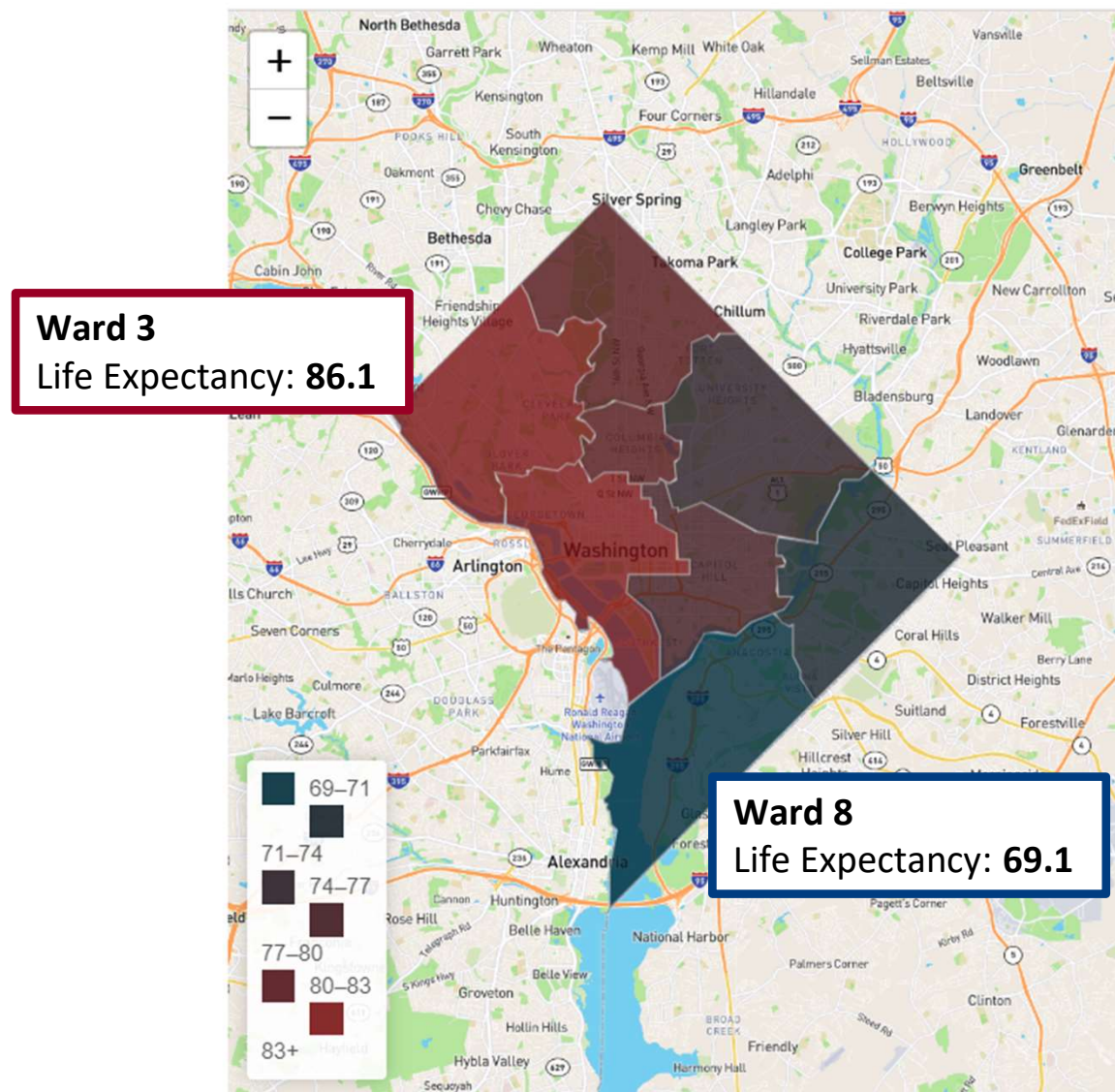
Source: 2017-2021 American Community Survey (ACS) 5-year data, accessed through DC Open Data Portal, August 2023

Note: Maps use single race data (ie Black category includes Black non-Hispanic, White category includes White non-Hispanic)

Life Expectancy

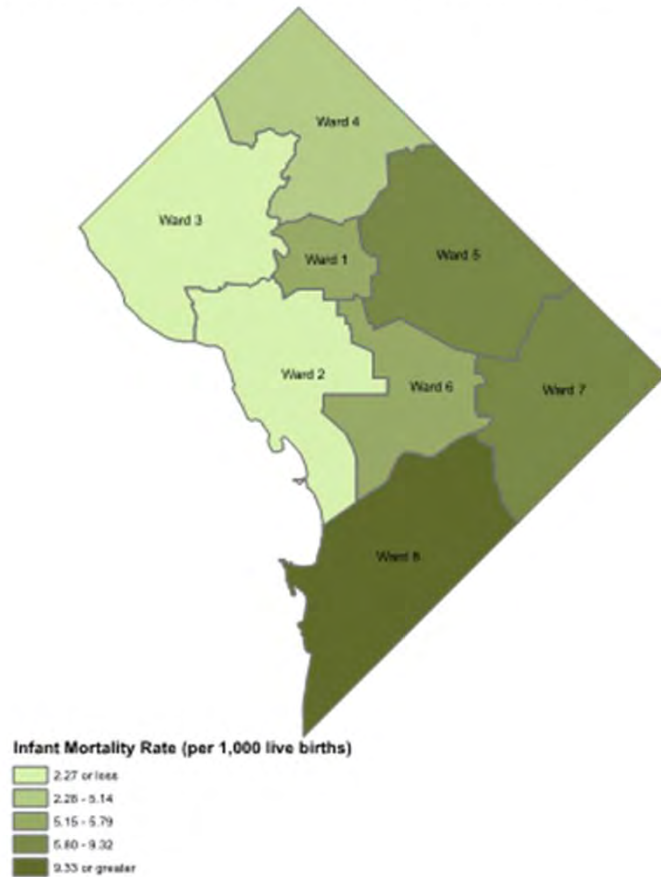
Life Expectancy at Birth by Ward, District of Columbia, 2013-2017

Source: DC Health, Center for Policy, Planning, and Evaluation

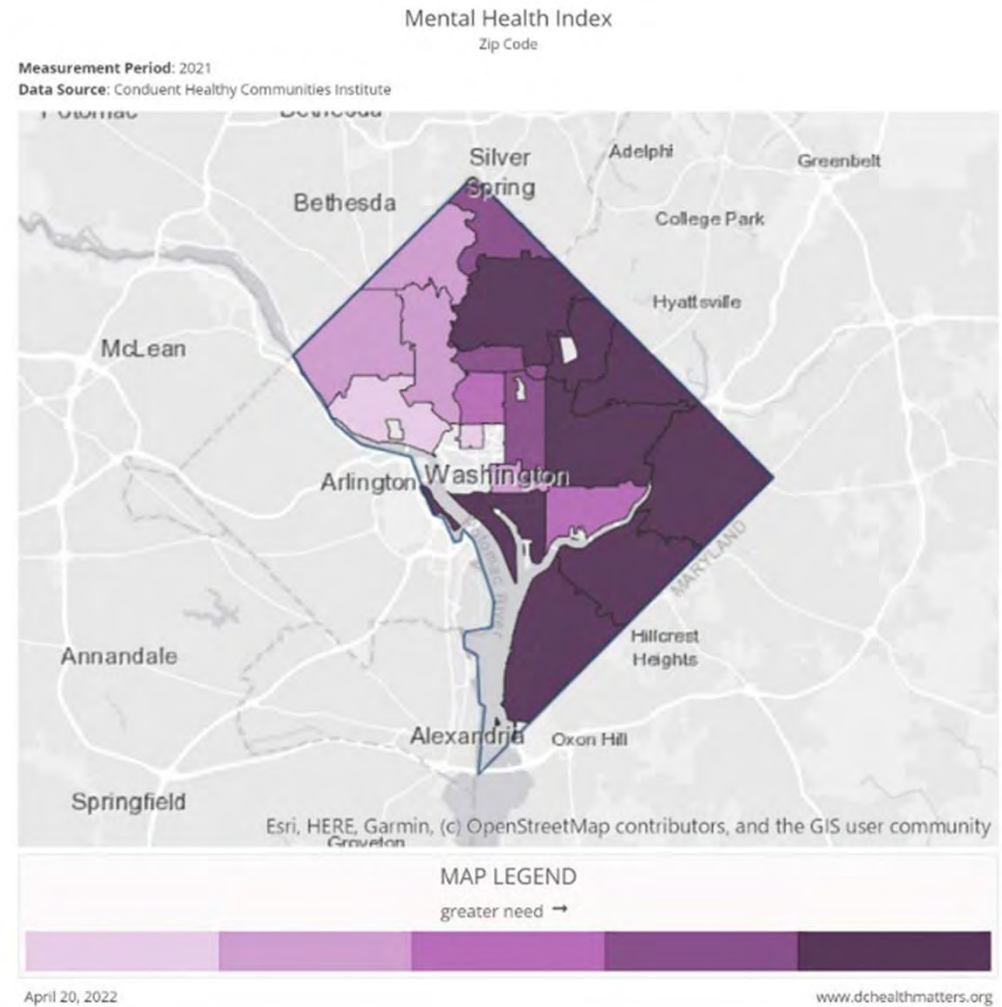


More Stats

Figure 26. Infant Mortality Rate by Ward, District of Columbia 2012-2016



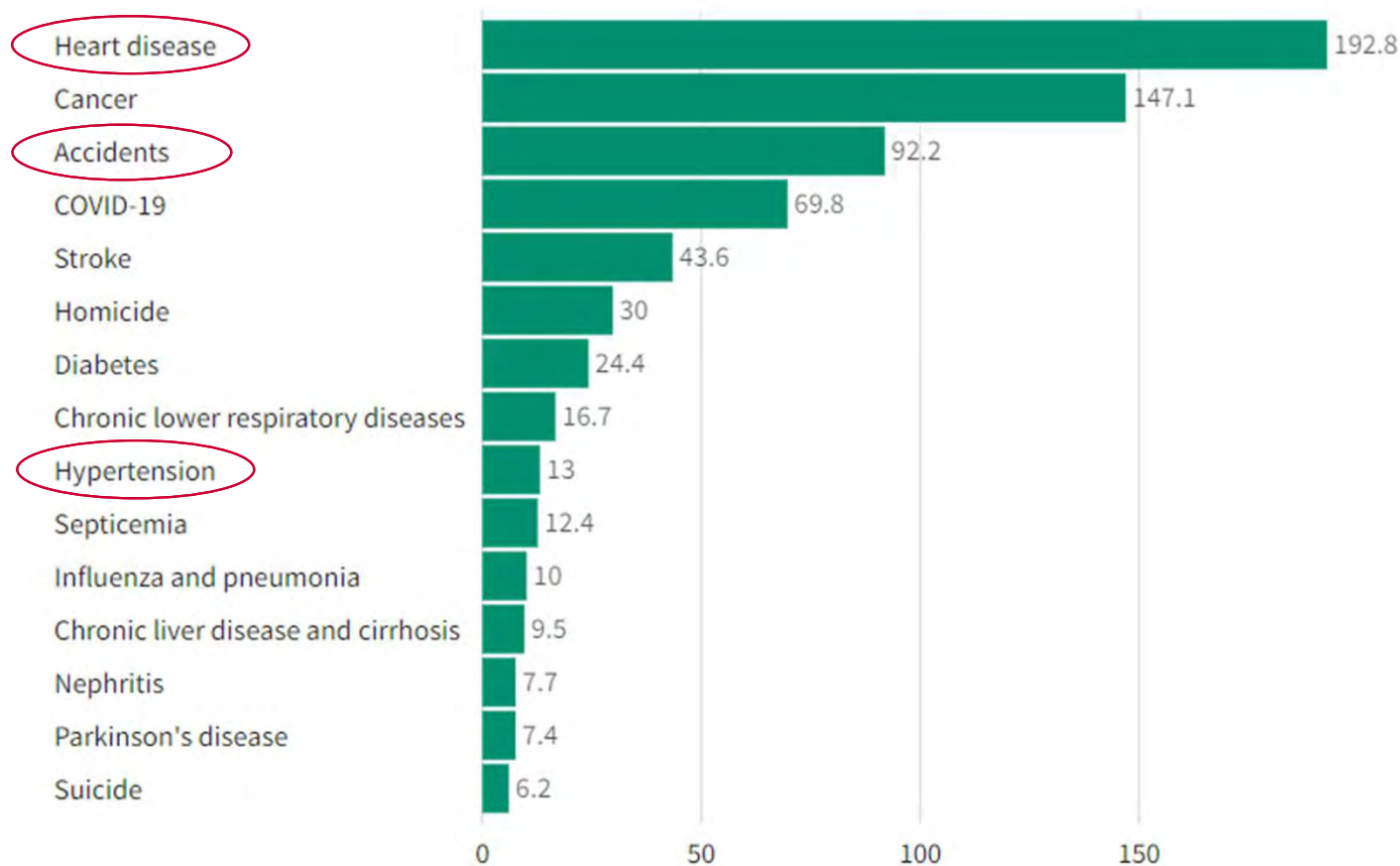
DC DOH Perinatal Health and Infant Mortality Report 2018



DC Leading Causes of Death

Leading causes of death, by death rate: 2021

In 2021, the age-adjusted death rate of heart disease was 192.8 per 100,000 District of Columbia residents.



DC Healthcare: Hospitals



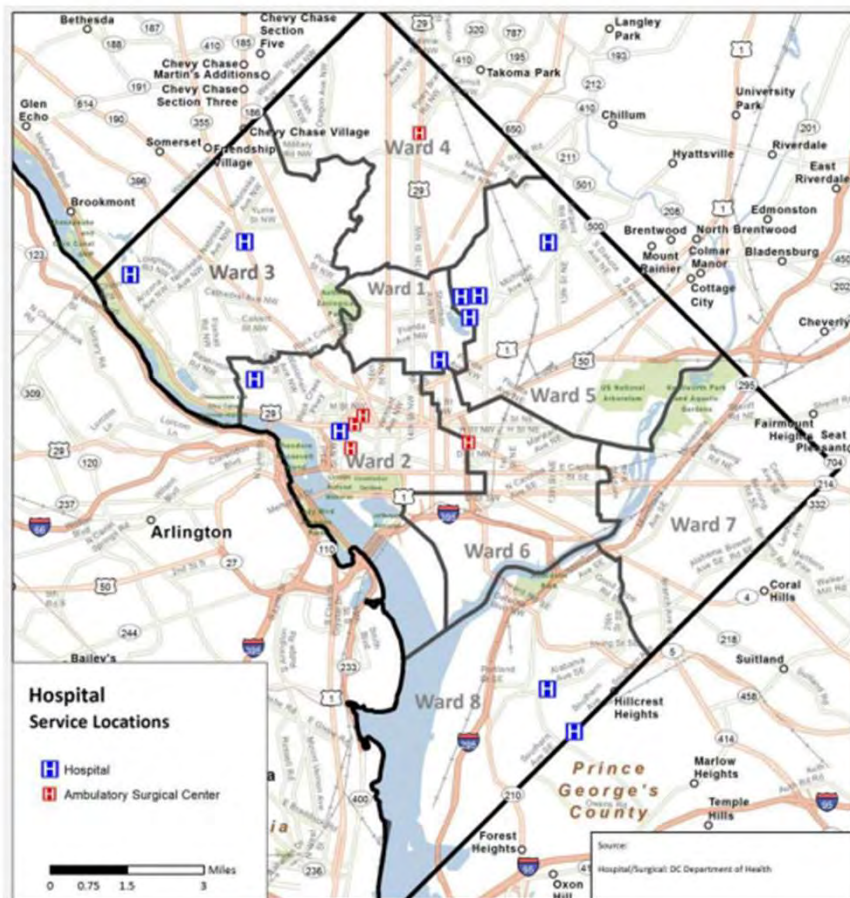
- 4.87 beds/1000 people vs. 2.32 U.S.
(2023, KFF)*
- Three University Hospitals
 - **MedStar** Georgetown University Hospital (412)
 - George Washington University Hospital (395)
 - Howard University Hospital (230)
- Other Hospitals
 - **MedStar** Washington Hospital Center (762)
 - ~~Providence Hospital (119)~~
 - *United Medical Center (195) – closed 2024*
→ Cedar Hill Regional Medical Center (136) – *opened early 2025*
 - Sibley Hospital (407)
 - Children's National Medical Center (333)
 - **MedStar** National Rehabilitation Hospital (137)
 - Washington DC VA Medical Center (164)
 - Psychiatric Institute of Wash (130)
 - Saint Elizabeth's Hospital (291)
 - Bridgepoint Hospitals: Capitol Hill (179) & National Harborside (176)

DC Hospitals: Breaking it down by Ward ...

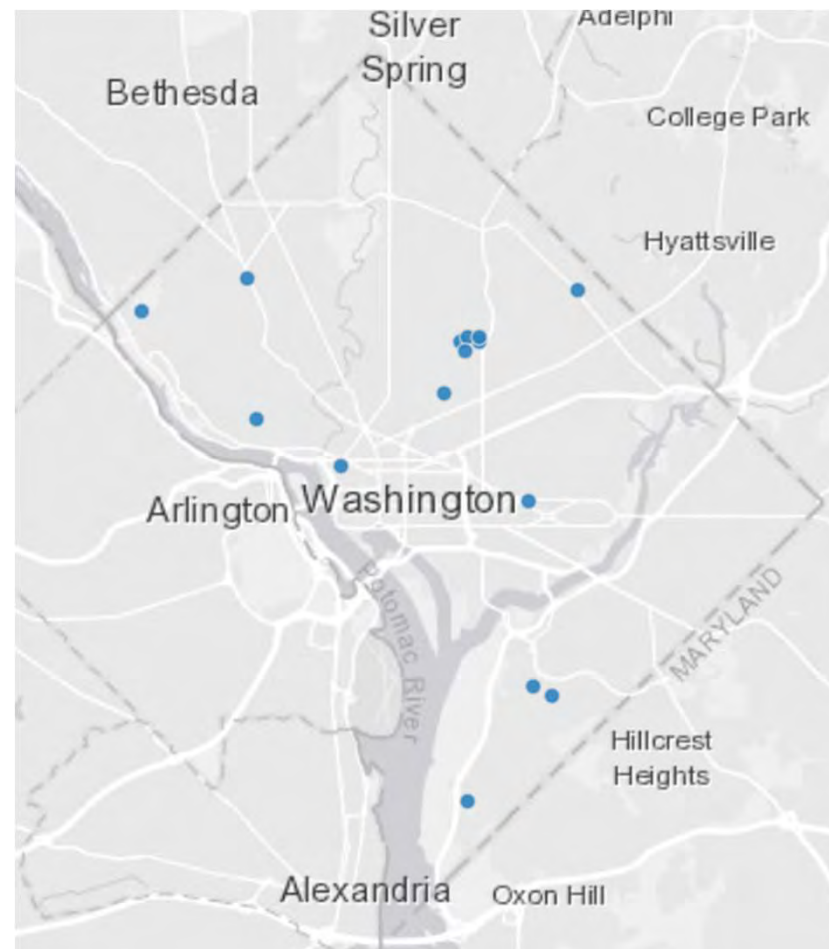
2017

2025

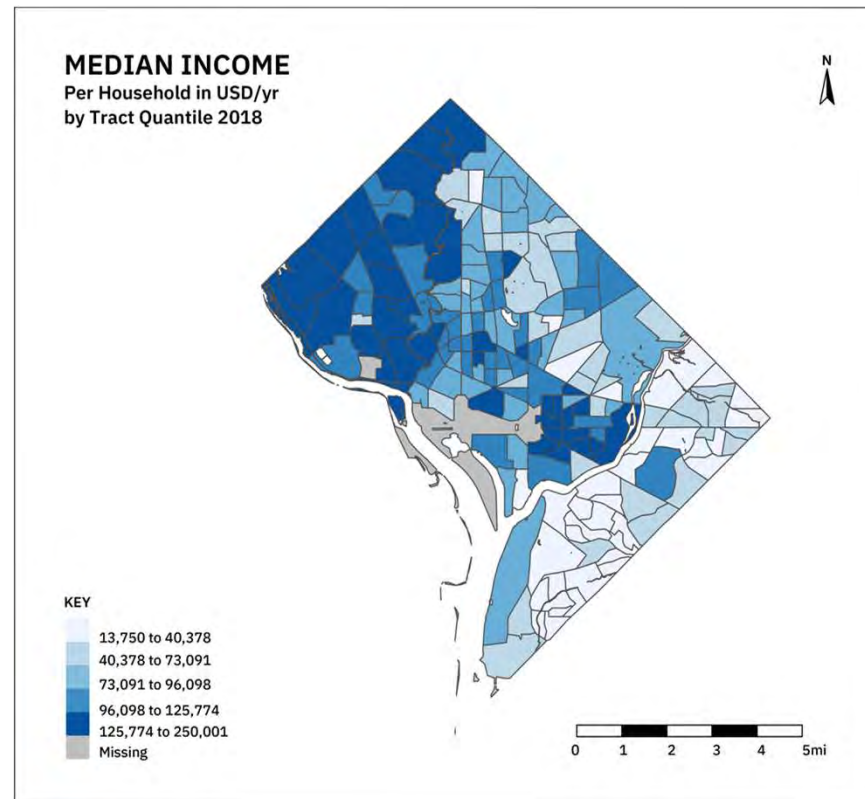
Figure 2: Distribution of DC Hospital and Surgical Services



Source: DC Department of Health



Income Inequality in DC



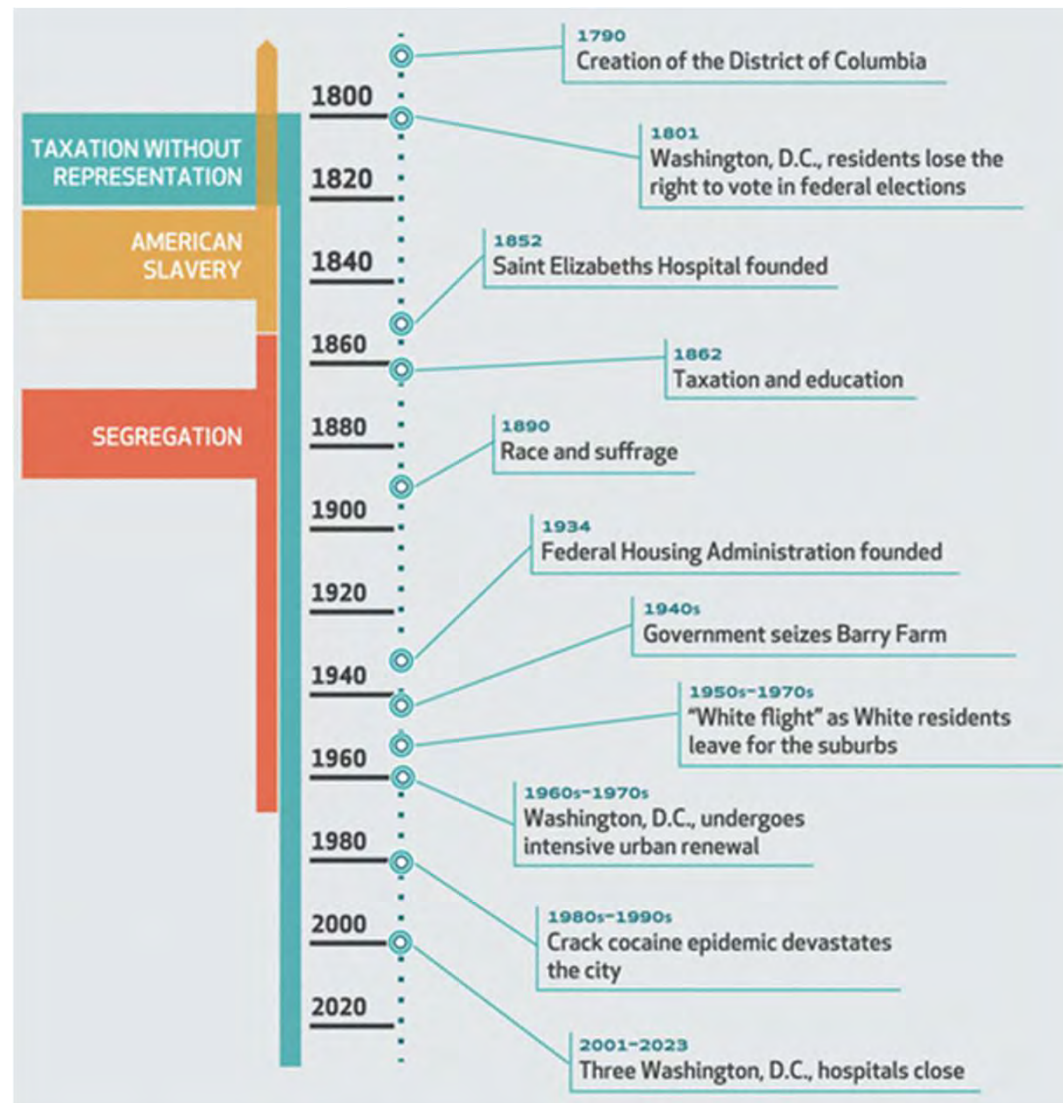
Average income
of top 1%

\$1,786,248

Average income of
bottom 99%

\$61,835

Timeline of historical events and policies that have influenced the health of Black residents of Washington, D.C.



Key Health & Social Challenges Impacting DC Communities Today

Declines in mental health and well-being, including increased isolation, substance use, and stress.

Reduced income opportunities and lower life expectancy

Limited access to technology for healthcare, education, and social services

Social needs like childcare, housing, employment, food, and transportation significantly impact well-being

Decreased neighborhood safety and a greater need for violence prevention

Barriers to healthcare access, including insurance gaps, mistrust, discrimination, and communication challenges

Black D.C. residents face higher chronic disease, COVID-19 mortality, and less access to wealth and care

Importance of emergency preparedness for systems, providers, and individuals

Shortage of health and behavioral health professionals

Need for culturally competent, trauma-informed, and respectful care and communication

Resilience & Action

Resilience &...



re·sil·ience

/rəˈzɪliəns/

noun

1. the capacity to withstand or to recover quickly from difficulties; toughness.

"the remarkable resilience of so many institutions"

2. the ability of a substance or object to spring back into shape; elasticity.

"nylon is excellent in wearability and resilience"

Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands.

Resilience &...

How do your patients fit into this model?



Resilience &...

There is no
resilience without
rest.



Resilience & Action

Domains of Resilience



Resilience & Action: What We can Do

Acknowledge and
address your
implicit biases

Study the history
of racism in
medicine

Evaluate provider
behaviors and
clinical outcomes
by race

Approach race as a
social construct

Acknowledge and
deconstruct
privilege

Increased
commitment to
EBM

Increased
commitment to
cultural humility
training

Treat patients as
equal partners and
get input from
local communities

Call out racism
when you see it

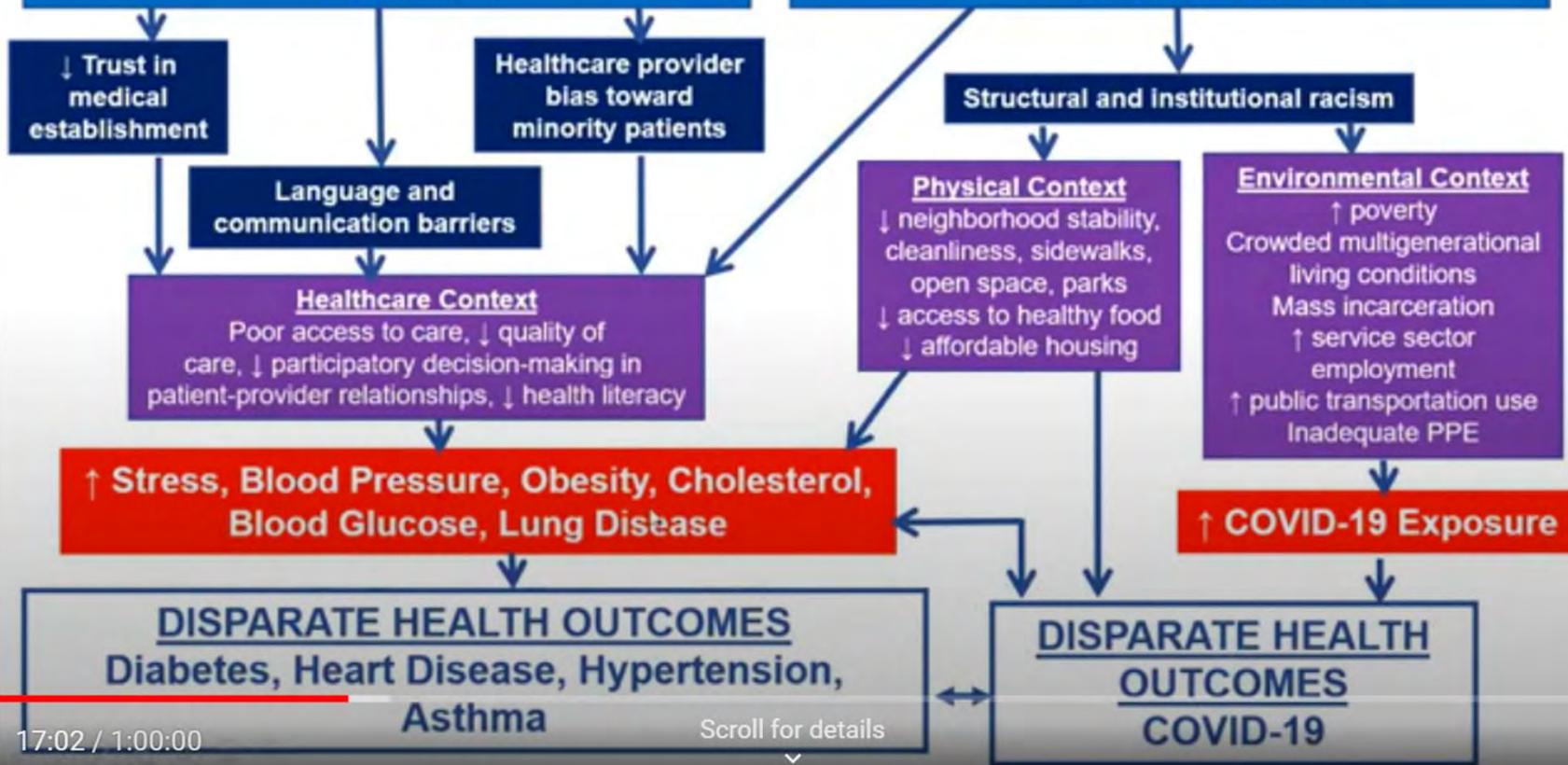
HISTORICAL DISCRIMINATION AND RACISM DURING SLAVERY AND POST-CIVIL WAR

Medical and Scientific Contributors

- Eugenics Theory defining certain races and ethnicities as biologically inferior
- Closure of medical schools training black physicians in 1910s
- Experimentation on vulnerable groups without their consent

Social Conditions and Policies

- Redlining and predatory lending leading to racial residential segregation and housing insecurity
- Inadequate investment to maintain public works and school systems in minority neighborhoods
- Discrimination in access to high quality jobs with adequate health insurance



17:02 / 1:00:00

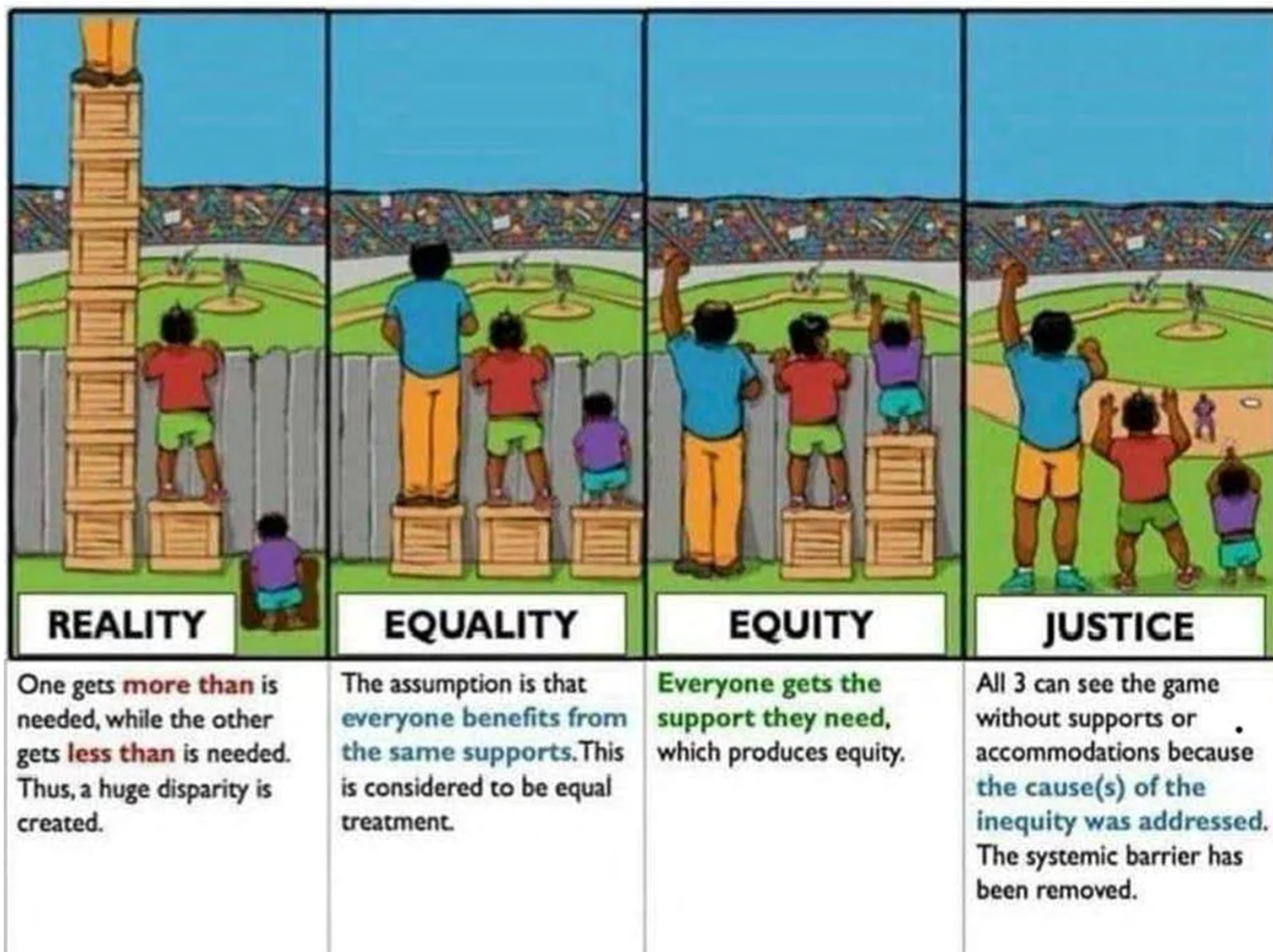
Scroll for details

What can be done? What can you do?

- Improve access (Practice)
- Invest in staff (Practice)
- Better data and research (Science)
- Increase incentives (Policy)
- Address Structural Determinants (Policy)
- Increase diversity in health care fields
- Acknowledge and be self-aware of bias, prejudice, and discrimination
- Patients as equal partners
- Cross-cultural education/training of health care professionals (culture of medicine)
- Increase awareness and self-learning
- Increased commitment to EBM

Unequal Treatment. IOM, 2003.

Unequal Treatment. IOM, 2003.



Racial Equity

The original guide describes four important features of **a racial equity lens**:

Analyzes data and information about race and ethnicity

Understands disparities and the reasons they exist

Looks at structural root causes of problems

Names race explicitly when talking about problems and solutions

Racial Justice

A **racial justice lens** adds four more critical elements:

Understands and acknowledges racial history

Creates a shared affirmative vision of a fair and inclusive society

Focuses explicitly on building civic, cultural, and political power by those most impacted

Emphasizes transformative solutions that impact multiple systems

Summary

- **History Shapes Health:** DC's past - including slavery, segregation, and systemic oppression - continues to shape present-day health outcomes
- **Persistent Disparities:** Stark health inequities persist across wards, especially affecting Black residents and other historically marginalized communities
- **Access Remains Unequal:** Despite rich healthcare resources, barriers to equitable access remain due to geography, coverage, trust, and infrastructure
- **Systems Reflect Structures:** Structural racism and social determinants - like housing, income, education, and transportation - deeply influence health
- **Resilience & Change:** DC communities have shown extraordinary resilience - advancing health equity requires policy, advocacy, and community-led solutions

Questions

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