What is structural racism?

Structural racism refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values and distribution of resources, according to Zinzi Bailey, ScD, MSPH, et al.¹

What experts are saying about structural racism

Structural racism an “invisible evil”

During an appearance on “The Root Cause” episode of the AMA’s Prioritizing Equity video series, Dr. Bailey—assistant scientist, Jay Weiss Institute for Health Equity, Sylvester Comprehensive Cancer Center; managing director, Health Equity Research Solutions, LLC, spoke of the importance of defining structural racism and how it operates to drive health inequities.

"Structural racism has been called an invisible evil, because it's pervasive, impacting different systems and sectors, and also making us color blind to white supremacy,” said Dr. Bailey.

Further, she indicates that "Racism is embedded into our educational, health care, political and our health department systems.”

Bailey references the article she and her colleagues wrote on structural racism, published in The Lancet in 2017, where they discuss past practices and how they impact contemporary practices of institutional racism.

“I think it was important for us to explicitly name and recognize that there was racism baked into our system, and it was accepted as normal. It wasn't just oh, it's baked in and we recognize, and we can do these things. It's accepted as normal. We can really have well-meaning liberal types, even people of color who could be perpetuating racism on a structural level, while aiming to quote, unquote reduce disparities.”

URL: https://www.ama-assn.org/delivering-care/health-equity/what-structural-racism

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Maintaining white supremacy

Policies, practices and norms created to maintain white supremacy are forms of structural racism, said Ruth Enid Zambrana, PhD, distinguished university professor and interim chair, Department of Women's Studies, director, Consortium on Race, Gender and Ethnicity, and adjunct professor, family medicine, University of Maryland Baltimore School of Medicine. Dr. Zambrana was a guest panelist on the Prioritizing Equity video episode, “Structural Racism and the LatinX Community.”

Dr. Zambrana singled out segregation, poor educational systems that have created barriers to wealth accumulation, upward mobility, and lack of health insurance. “And as we all know, Latinos are not in job sectors that usually provide good health benefits. We’re talking about domestic workers, farm workers, small businesses, many of the communities have their own businesses, so oftentimes they cannot afford health care.”

The “AMA’s strategic plan to embed racial justice and advance health equity” points out that societies foster racial discrimination by mutually reinforcing systems (including health care) which in turn reinforce discriminatory beliefs, values and distribution of resources.

Acknowledging structural racism

The normalizing of racism in society also impacts medicine and health care at multiple levels. Earlier in 2021, AMA spoke out against structural racism at JAMA (Journal of the American Medical Association) and across health care. This occurred after a JAMA Network™ podcast questioned whether structural racism existed.

“To be clear, structural racism exists in the U.S. and in medicine, genuinely affecting the health of all people, especially people of color and others historically marginalized in society,” said AMA CEO and Executive Vice President James Madara, MD. “This is not opinion or conjecture, it is proven in numerous studies, through the science and in the evidence.”

In June 2021, the AMA House of Delegates adopted policy addressing systemic racism in medicine, including discrimination, bias and abuse.

In 2020 the AMA Board of Trustees issued this statement:

“The AMA recognizes that racism in its systemic, structural, institutional, and interpersonal forms is an urgent threat to public health, the advancement of health equity, and a barrier
to excellence in the delivery of medical care. The AMA opposes all forms of racism. The AMA denounces police brutality and all forms of racially motivated violence. The AMA will actively work to dismantle racist and discriminatory policies and practices across all of health care."

In addition, the “AMA’s strategic plan to embed racial justice and advance health equity” three-year roadmap includes pushing upstream to address all determinants of health and root causes of inequities by:

- Strengthening physicians’ knowledge of public health and structural/social drivers of health and inequities
- Empowering physicians and health systems to dismantle structural racism and intersecting systems of oppression
- Equipping physicians and health systems to improve services, technology, partnership and payment models that advance public health and health equity

**Explore AMA resources on structural racism**

Learn more about health equity education on the AMA Ed Hub™ featuring CME from the AMA’s Center for Health Equity and curated education from collaborating organizations. To earn CME on the AMA’s “Prioritizing Equity” videos, visit the courses page on AMA Ed Hub™.

Other key health equity resources include:

- Advancing Health Equity: A Guide to Language, Narrative and Concepts
- AMA’s strategic plan to embed racial justice and advance health equity
- AMA policies on structural racism
- Defining racism is key to helping doctors advance health equity
- AMA Center for Health Equity
- Health Equity topics
- Press release: AMA adopts guidelines to confront systemic racism in medicine
- *Journal of Ethics*:
  - What Does It Mean to Heal From Historical Trauma?
  - Health Inequity From the Founding of the Freedmen’s Bureau to COVID-19

**Reference**

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