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## POLICY BRIEF

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People without good health or health care often struggle to fully participate in the economy. The current system of mainstream health care – and the surrounding systems that feed into the social determinants of health – do not serve all people equitably due in part to racist structures. The ongoing COVID-19 pandemic has increased attention on how social conditions impact people’s health, job availability, housing conditions, and many other factors.

Through a partnership of the 12 District Banks of the Federal Reserve System, we explored the intersection of health, racism, and the economy through a virtual [event series](#). This work is critical to the Federal Reserve’s mandate to promote a strong economy and maximum employment.

The eighth installment of our virtual series [focused on Health](#), took place on Sept. 9, 2021, and highlighted the following policy proposals:

- **Provide stipends for Black mothers (from first trimester to two years postpartum) to address persistent racial disparities in birth outcomes.** According to Dr. Zea Malawa, “The Centers for Disease Control and Prevention identify being ‘Black’ as a risk factor for premature birth, but the literature increasingly indicates that exposure to racism is the true risk factor. Income inequality has been identified as a manifestation of structural racism, with important public health ramifications including adverse maternal health outcomes for Black women. ...This policy could determine if programs aimed at modifying social determinants can impact individual health outcomes.”
- **Prioritize the needs of under-resourced patients through schedule flexibility, increasing access to and trust of mid-level care providers, and building infrastructure for telemedicine.** According to Dr. Wayne Frederick, “If patients can’t come to their doctors on their own, we must either bring the providers to the people or provide transportation for the patient. Mobile health units are a proven method to increase access for low-income communities to essential health care services. In addition, going into communities with the support and assistance of trusted community leaders and organizations increases the confidence patients develop in health care providers. ...(Additionally,) a national telemedicine network could connect communities over wireless and wired access points with enough bandwidth to transmit and receive data. Building such a network would allow a distributed backbone of medical teams ... to collectively diagnose and monitor interventions and identify risks and therapies for any patient. ... Such a network would not be as constrained by time of day.”
- **Improve the quality and collection of health data for Asian Americans and non-Black minority groups to enable better understanding of variations across ethnic groups.** According to Stella Yi, Data on Asian Americans is often “missing, miscategorized, over-representative of higher income Asian Americans, or presented in aggregate across diverse Asian American groups.” This creates local, state, and federal exclusion of Asian Americans from social services and resources. Corrective data collection paired with community-based solutions and leadership can ensure adequate economic and societal representation.

# Racism and the Economy

focus on Health



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Parts of these proposals are explored in papers created for the event. These papers are linked above and hosted alongside Fed research in the [event's resource library](#).

These policies and other ideas presented during the session emphasize that in many communities of color, poor community health does not reflect the traits or genes of community members. Rather, it's the result of a lack of access to quality care, longstanding inequalities and abuses, compromised working and living conditions, and limited or lacking health benefits attached to employment.

Improving community health means substantively improving representation, trust, access, and quality in and around local health care and systems that impact health. Panelists said that to do this, policies and community solutions must focus on patient schedules, geography, and needs. They highlighted the importance of establishing or rebuilding trust with communities of color, who have long been harmed by medical experimentation, the absence of preventive and specialty care, and care limited to what insurance might cover. Presenters stressed that access to mental health care is essential in communities neglected and maltreated by mainstream health care systems. And they emphasized that accurate health data about the wide range of communities of color and underserved communities in the U.S. are vital to effectively and proactively monitor and improve their health and well-being.

## For more information

If you have additional questions or would like to be connected with Federal Reserve staff in your area, contact [Gabriella Chiarenza](#) at the Federal Reserve Bank of Boston.