

# Health Survey Questions on Racism

Community Input from Durham, NC



Revised May 2024

## **Project Background**

Through support from the Robert Wood Johnson Foundation, the CDC Foundation administered [a multi-faceted project](#) in partnership with the Centers for Disease Control and Prevention (CDC), the National Alliance Against Disparities in Patient Health (NADPH) and Data Equity Coalitions (DECs) in Atlanta, Detroit, Durham, Pittsburgh and San Antonio—local organizations collaborating with communities to improve access to and use of public health data.

As part of the project, the DECs and NADPH conducted coordinated and tailored research investigating opportunities for surveillance systems to better respond to local data priorities related to the social and structural determinants of health (SDOH), including the experiences and impacts of systemic injustices.

The DEC and NADPH efforts sought to understand community and local public health SDOH data needs and priorities, the strengths and limitations of existing SDOH survey tools and promising approaches for increasing access and use of public health data. The DECs and NADPH gathered community feedback through one-on-one community survey validation interviews, focus groups, testing approaches to increase survey participation, piloting SDOH survey modules and facilitating community discussions. Feedback focused on use of the [Behavioral Risk Factor Surveillance System \(BRFSS\)](#), [Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#) and [PLACES](#). Across the five locations, our DEC and NADPH partners engaged over 1,250 public health professionals, community leaders and members of groups who have been historically marginalized.

View a collaborative recap of the project and a list of promising actions for surveillance systems to consider for enhancing community engagement and developing more relevant SDOH metrics in our [Final Collaborative Report](#).

## **Our Role**

As a local DEC for the project, DataWorks NC was funded by CDC Foundation to conduct the activities outlined herein. This report was developed by our team and does not necessarily reflect the views of the CDC Foundation or the Robert Wood Johnson Foundation.

## Introduction

[DataWorks NC](#) is one of 5 organizations in the United States participating in the Data Equity Coalition Project. The main purpose of this project is to inform the national dialogue on racism and health, centering the concerns of Durham's communities of color, low income, and historical disinvestment. Working closely with community partners and the Durham County Department of Public Health, DataWorks aims to identify meaningful questions about racism for consideration in two national survey efforts:

- [Behavioral Risk Factor Surveillance System \(BRFSS\)](#) (CDC, 2017a)
- [Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#) (CDC, 2017b)

**DataWorks Problem Statement:** The BRFSS Reactions to Race module (2017) is inadequate for documenting structural racism because of the questions' focus on individual behaviors and interactions.

## Theoretical Background

Drawing on Public Health Critical Race Praxis, this analysis centers “contemporary racism,”<sup>1</sup> acknowledges cumulative biases that are part of the scientific evidence base, examines racism beyond the individual level, and prioritizes perspectives and goals of community members impacted by racism ([Ford & Airhihenbuwa, 2010](#)). There is a large body of public health literature documenting disparities in disease, mortality, and health outcomes by race and ethnicity. Because of its grounding in white ideology and white supremacist institutions, much of this public health research undermines efforts toward achieving health equity ([Zuberi & Bonilla-Silva, 2008](#)). We therefore approach this assessment with an awareness of common

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<sup>1</sup> Contemporary racism is covert, ordinary, and systematic perpetuation of inequalities established through historic acts and policies of more overt racism (e.g., Jim Crow, redlining, etc.).

pitfalls in health equity research, one of which is perpetuating a narrative that individual behaviors and biology drive health disparities. As such, we are focused on ways to highlight and operationalize measurement of institutional and structural racism and their impacts ([Bailey et al, 2021](#); [Gee & Ford, 2011](#); [Jones, 2000](#)) .

## Contextual Background

The [Durham County Community Health Assessment](#), administered by the Durham County Department of Public Health, Duke Health and the Partnership for a Healthy Durham, has repeatedly shown racism to be a primary issue of concern for Durham community members. Durham's long standing coalition of health-focused community organizations and members, the [Partnership for a Healthy Durham](#), established a [Racial Equity Task Force](#) and adopted racial equity principles in response to the 2017 Community Health Assessment results as well as frequently voiced community concerns.

DataWorks hosted three community conversations in the fall of 2022 to discuss the intersection of racism and health, and to perform a critical evaluation of North Carolina agencies' uses of BRFSS and PRAMS. Partners in Language Access provided translation services, and the [report](#) (DataWorks, 2023a) is available in both Spanish and English. Our main takeaways from the community conversations were:

1. Structural determinants of health should be centered instead of individual behaviors and risk factors.
2. More transparency and accountability is needed from government agencies when it comes to resources dedicated toward health equity.
3. Deficit-focused metrics and language are stigmatizing, and community input on language would make reports and tools more inclusive.

# Problem statement

## Health Survey Questions on Racism

BRFSS piloted a module to collect data on experiences of racism entitled “Reactions to Race.” The questions in the *Reactions to Race* module are included below ([CDC, 2013](#)).

### BRFSS *Reactions to Race* Module

Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.

How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

- 1 White
- 2 Black or African American
- 3 Hispanic or Latino
- 4 Asian
- 5 Native Hawaiian or Other Pacific Islander
- 6 American Indian or Alaska Native
- 8 Some other group (please specify) \_\_\_\_\_
- 7 Don't know / Not sure
- 9 Refused

How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

- 1 Never
- 2 Once a year
- 3 Once a month
- 4 Once a week
- 5 Once a day
- 6 Once an hour
- 8 Constantly
- 7 Don't know / Not sure
- 9 Refused

Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 6 No health care in past 12 months
- 7 Don't know / Not sure
- 9 Refused

Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

In discussions with Durham community members and public health workers, we identified some specific issues with the *Reactions to Race* module. One of the key takeaways from our community conversations was to shift the focus of national

health survey data to structural determinants of health, and away from personal responsibility. One community member said:

*"These reports don't address root causes and completely miss the mark. These are all important things to address, but we need to tackle the foundation in order to resolve the issues. People put bandaids or low-hanging objectives that can be checked off, but needs to be levels deeper."*

Durham public health workers were also concerned about the accessibility of the survey questions. The compound questions feel difficult to follow, and some experiences of racism, particularly those at levels higher than interpersonal, are difficult to identify. For example, a person could be denied a loan because of their race, but they might not know the reason for the denial. Public health workers also felt that concepts like structural racism should be defined for respondents.

More broadly, while the current *Reactions to Race* module addresses crucial content for understanding population health equity in the US, the questions' wording and content are lacking in several domains. First, health inequity is caused by discrimination based on race and other social and political identities, and neither racism nor discrimination is named in the module. Second, the questions focus on experiences of interpersonal interactions related to the individual respondent's race. This perpetuates a focus on individual biology and behaviors rather than measuring the broader impacts of racism on health equity, which operate at community, institutional, and structural levels. Third, the question centers whiteness by listing "White" as the first race option. Finally, the reactions to race module includes minimal context for the questions. Context and definitions are necessary to operationalize measurement of racism. For example, the concept of injustice is intrinsic to racism. The reactions to race questions are worded in a value-free way, with no acknowledgement of power dynamics at play in the US racial hierarchy.

# Alternative approaches

## Alternative Health Survey Questions on Racism

Previous years of the Durham Community Health Assessment included a question about experiences of discrimination that asked respondents if they were treated differently because of their race, sex, sexual orientation, disability, etc.

Respondents said they had a hard time answering because they didn't know what others experienced. In the 2023 survey, the questions below were included instead.

Racism-focused questions included in the 2023 Durham Community Health Assessment:

Discrimination (interpersonal or structural) can happen because of many reasons. Please choose which of these reasons you think may have contributed to the discrimination you experienced in the last 12 months. (Read choices. Choose all that apply.) (If asked: examples of interpersonal discrimination include: hanging a confederate flag, supervisors not taking you seriously because of your age or sex, being treated differently by a person because of a mental or physical disability or your health status. Examples of structural discrimination include: redlining (it was a discriminatory practice in which banks provided higher interest rates or poor loan options to people of color when purchasing homes), gaps in education or access to higher education, political disempowerment (obstructions to voting, no representation), financial institutions (receiving poor interest rates), fewer high wage job opportunities and/or retirement benefits, racial profiling by law enforcement, receiving poor quality of care because of your race, sex, health status, or age.)

- ☐ Language (accent or English proficiency)
- ☐ Age
- ☐ Disability
- ☐ Faith
- ☐ Gender
- ☐ Health status
- ☐ Physical appearance
- ☐ Race or ethnicity
- ☐ Sexuality
- ☐ Socioeconomic status
- ☐ Weight or size
- ☐ Other \_\_\_\_\_
- ☐ I have not experienced discrimination (SKIP NEXT QUESTION)
- ☐ I don't know



- I don't want to answer

In the past 12 months, in what situations have you experienced discrimination? (Read choices. Choose all that apply. For each situation, ask if the discrimination was interpersonal or structural and circle the appropriate – see examples in previous question.)

- By banks (interpersonal/structural)
- By government agencies (ex: health department, social services...) (interpersonal/structural)
- By police (interpersonal/structural)
- In a faith community (interpersonal/structural)
- In a healthcare setting (interpersonal/structural)
- In interpersonal situations (interpersonal/structural)
- In your neighborhood (interpersonal/structural)
- In school or educational settings (interpersonal/structural)
- In the workplace (interpersonal/structural)
- While seeking housing (interpersonal/structural)
- While seeking employment (interpersonal/structural)
- While shopping (interpersonal/structural)
- Other \_\_\_\_\_ (interpersonal/structural)
- I don't know
- I don't want to answer

The table below shows the results of one example metric collected through the new racism-focused questions in the Community Health Assessment.

Situations in which Respondents Reported Experiencing Discrimination:

<b>Setting</b>	<b>% Reporting Experiences of Discrimination in each Setting</b>
In the workplace	20%
While shopping	18%
In interpersonal situations	16%
By police	6%

In Durham County, 20% of respondents experienced discrimination in the workplace, 18% experienced discrimination while shopping, 16% experienced

discrimination in interpersonal situations, and 6% experienced discrimination by police.

## Community Feedback on Survey Questions

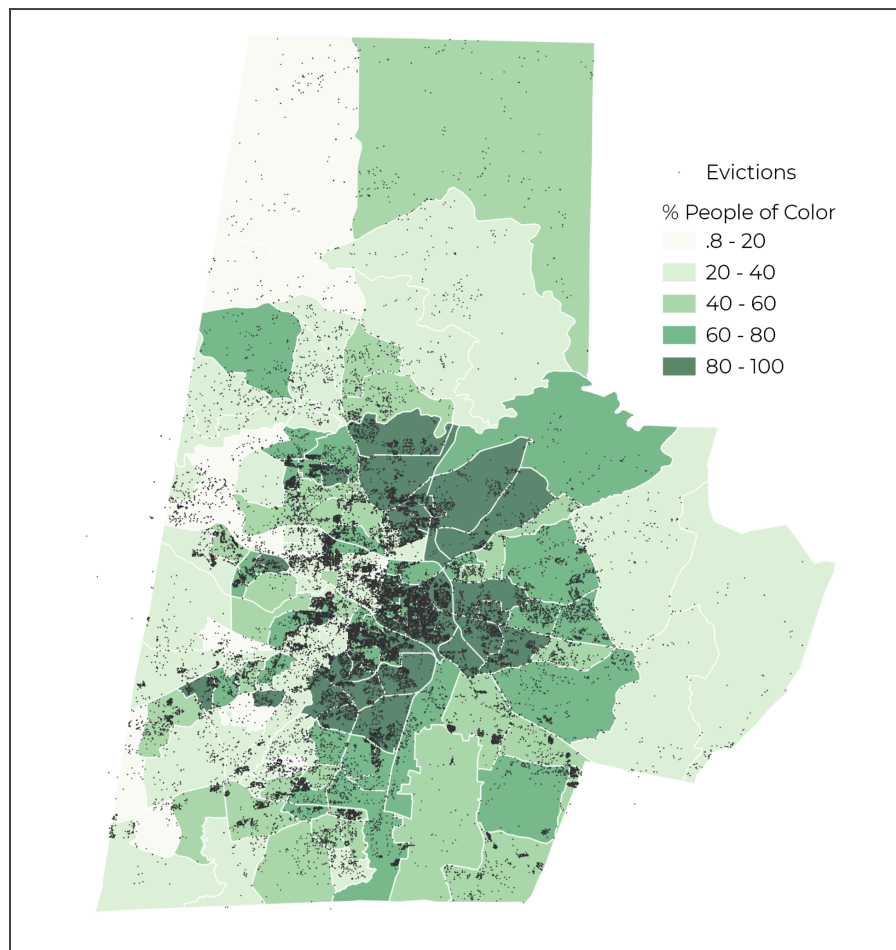
Participants offered feedback on the new questions about discrimination. Specific feedback included: (1) requests that the questions be reversed in order, so that respondents are asked first whether or not they experienced discrimination and (2) the questions are currently written at too high a comprehension level, a lower level would be more inclusive. More broadly, participants found the questions to be triggering and difficult to answer. Asking participants directly about their experiences of discrimination forces them to re-live painful and often traumatizing events. Additionally, participants found it difficult to know whether they experienced forms of structural discrimination without knowledge of others' outcomes (e.g., mortgage discrimination). The Health Department does not plan to include these questions (at least as they are currently written) in the next Community Health Assessment.

## Alternative Data Sources

Our recommendation and plan for future Community Health Assessments is to use alternative data sources to contextualize survey results about racism. The many ways in which structural racism manifests in housing access offer several salient examples for Durham. While racism in housing can operate at many levels, one example of structural racism in housing is in white displacement of residents of color ([Durham County, 2023](#)). Below is an example of how we would report area-level data about structural racism in our public-facing reports and presentations.

Evictions are perhaps the most concrete and violent acts of displacement, and in Durham, residents of color are much more likely to be evicted and see evictions in their neighborhoods than white residents. For the county overall, the average eviction rate in 2022 was 21 evictions per square mile. When broken down by neighborhood racial composition, however, it reveals how structural racism operates in eviction rates. In neighborhoods with the largest Black population, the

average eviction rate in 2022 was 75 evictions per square mile. In predominantly white neighborhoods, the average eviction rate in 2022 was only 2 evictions per square mile. These patterns are represented in the map below showing few eviction events in predominantly white block groups (lighter green) and high concentrations of evictions in block groups with high proportions of residents of color. The [Durham Neighborhood Compass](#) data on race/ethnicity comes from the 2020 Census, and evictions are from Durham County Sheriff Department data from 2012-2018 (DataWorks NC, 2023b).



Structural racism in displacement operates through mechanisms other than evictions, as well. People currently buying homes in Durham make more money on average than people already living here, and renters have much lower average wealth than homeowners. Distributions of these factors also follow racialized gradients. In Durham County, 45.6% of housing is renter occupied, and 50.8% of

renters are cost burdened, or paying over 30% of their income in rent. In neighborhoods with the largest population of People of Color, 61% of housing is renter occupied, and 58.1% of the renter population is cost burdened. In predominantly white neighborhoods, only 23.1% of housing is renter occupied, with 44.2% of renters being cost burdened (DataWorks NC, 2023b).

Disparities persist through homeownership and facilitate racialized displacement. Durham's Southside neighborhood has seen massive white displacement of Black residents. In Southside, the median household income in 2017 was about \$16,000, while the median homebuyer income was \$100,000 or more in each year since (CFPB, 2023). The neighborhood median income tripled in 2 years as a result (to \$48,000 by 2019). The median homebuyer income in Southside in 2021 was \$109,000. 68% of those folks reported their race to be white, 9% Black, 4% Latinx, less than 1% Asian (15.5% do not have their race included in the published mortgage record).

## Conclusion

Structural determinants of health should be centered instead of individual behaviors & risk factors. Alternative sources of data should be considered for characterizing and quantifying instances of structural racism in order to avoid burdening survey participants with potentially trauma-inducing questions and to provide appropriate history and context. Our systems of funding and healthcare are rooted in racist histories (Bailey et al, 2021). Public health research and communication are often focused on individual biology, behaviors, and risk factors – this perpetuates a narrative of personal responsibility, which national health surveys can combat by including the proposed methods for measuring structural racism in their data collection and analysis efforts.

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