

PUBLIC HEALTH ASSOCIATION

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For immediate use

Being “White”: a key determinant of good health

The Public Health Association conference has been told that ethnicity is a powerful predictor of a person’s health, because of a racist “system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”).

Dr Camara Jones – who is Adjunct Professor at the Rollins School of Public Health at Emory University and at the Morehouse School of Medicine, both in Atlanta, Georgia – described research to the delegates gathered at Turangawaewae Marae that compared self identified “race”/ethnicity and responses to the question “How do other people usually classify you in this country?”

“Our research into socially-assigned and self-assigned race/ethnicity found that excellent or very good self-rated health is associated with the ‘on the street’ race that others assign you. Being socially assigned as ‘White’ in the United States is linked to advantages in health status, even for those who identify with a non-White group.”

She says racism unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities and saps the strength of the whole society through the waste of human resources.

Dr Jones, who spent time in New Zealand in 1999 examining Ministry of Health programmes to try to narrow the disparity between the health of Māori and Pakeha, told delegates that health inequality between ethnic groups can be seen through the lens, not only of non-White disadvantage but also through White advantage.

“These advantages may include the benefit of the doubt, high expectations, trust, laxity in enforcing the same rules with which non-White people must strictly comply, the sense of entitlement and the day-to-day breaks which White people often experience as ‘luck’ or never even notice. Instead of “Whiteness” being invisible or neutral or normal, we can talk about it as being an asset in a race conscious society.”

Dr Jones says that achieving health equity requires valuing all individuals and populations equally, recognising and rectifying historical injustices, and providing resources according to need.

“Partnership in decision-making and self-determination – the power to decide, the power to act and the control of resources – are vital to achieving equity in health.”

For further information contact Anton Blank, Conference Media Liaison, 021 406 031