What does Health Care Reform Mean for “Racialized Urban Ghettoes?”: A Role for Community Based Participatory Research.

By

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Abstract

I am honored to be invited to speak at this conference because of the recognition that the foundation of this talk today are the lessons learned while spending 11½ years here on the faculty of the Department of Health Behavior and Health Education. After leaving UNC in 1987, and spending a year in France, I took up my new position as Chair of the Department of Anthropology at the University of Maryland, College Park. A year after my arrival in the DC area (1989), I began ethnographic studies of community health and social issues in predominantly African American (more than 90%), economically depressed, and underserved communities in the Baltimore-Washington Corridor. I began to refer to these communities, and those of similar demographic and social characteristics around the country, as “racialized urban ghettos” (or RUGs). Rationale for this designation as RUGs is found not only in their predominantly African American populations, but also because of the role that race, racism, and related conditions of persistent poverty, educational deficiencies, lack of access to health care, ecological deterioration, high crime and incarceration rates, etc., have played in the creation and persistence of RUGs. More disturbingly is that from my arrival in the DC area until the present, conditions in these communities worsened as the primary policy response to them has been the mass incarceration of their young, and returning them to these communities upon release with worse health and social deficits than when they were imprisoned. These trends worsened further over the last 10 years, as the country’s politics moved from addressing these needs of these communities, to the shift of national resources to fighting wars in foreign lands. In the present paper, I will explore my reflections on what impact I think Health Care Reform will have on RUG populations, and the role that universities, in particular schools of public health, and similar professions such as social work, and community health nursing, psychology, and anthropology might play in addressing some of the needs of these communities. Support for the papers primary argument will come from CuSAG’s most recently established University to Community Health Outreach Network (UC-HON), in particular the UC-HON’s community based participatory research (CBPR) approach that integrates research, training, and technical assistance.

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