Race and health disparities in small towns like Bethel, NC: “You’d have to be blind not to see it”

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RATIONALE

In this exercise, we sought to immerse ourselves in nearby town Bethel, NC to better understand the sociological factors that influence the health of its 1,611 citizens. Bethel is a racially diverse community; 58% of its residents are black and 40% are white. Because race and ethnicity are strongly associated with health outcomes in the U.S., we examined racial differences in local factors like school performance, residence location, and home value and considered how these may contribute to health disparities.

OBSERVATIONS AND RESULTS

The residential segregation by race was striking to see on the Census map. Railroad tracks almost perfectly segregate Bethel’s black and white households. The values of the homes differ significantly; Mayor Brown pointed out that “you would have to be blind not to see it.” She described racially charged incidents she has dealt with as Bethel’s first black mayor, but also identified community initiatives that effectively include citizens of all backgrounds.

Racial residential segregation is a fundamental driver of racial disparities in health; one suggested mechanism is varied educational quality and opportunity bringing about eventual socioeconomic inequality. Interestingly, although all children in Bethel are zoned to the same public school, they experience different outcomes on standardized testing: black students at Bethel Elementary received a performance grade score of 37, while their white counterparts scored 76. However, the school has exceeded predicted score for both subgroups (black = 86.0, white = 85.5).

CONCLUSIONS

It is well-established that health disparities between racial groups exist in the U.S., but it is less clear which mechanisms of institutional racism contribute most. Residential segregation is often cited as a driver of socioeconomic, educational, and health inequity. Bethel’s example demonstrates that residential segregation is just as prevalent in rural areas. However, the standardized testing differences between black and white elementary students in Bethel, even as the school effectively grew the scores of each group, point out that issues of inequity run deeper than geographic proximity to better schools. Similarly, while access to nearby clinics or grocery stores is important, it likely would not explain racial health disparities in towns like Bethel. These inequities are deeply ingrained in both urban and rural America.

RECOMMENDATIONS FOR ECU/VIDANT

Racial disparities in physical and mental health represent a vital challenge for health systems leaders to tackle in both rural and urban areas. Because race is inextricably linked to factors like housing and education, collaboration with local leaders like mayors and principals is essential for health systems. Organizations like Vidant have good reason to work to advance health equity and should marshal their resources to make an impact in their communities.

METHODS

We began with an exploratory walking and driving tour. Mayor Gloristine Brown graciously accepted our interview request; her perspectives regarding Bethel citizens’ health and her vision for the future were enlightening. A census map of residential segregation in America and the NC School Report Cards provided valuable data.

SOURCES
