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PRRAC

Poverty & Race

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Herewith Part II of our series on Environmental Racism, guest-edited by Kary Moss of the Sugar Law Center for Economic & Social Justice. The May/June P&R contained four case-studies, written by activists—from Michigan, Louisiana, New York and California—illustrating successful use of demographic data in community environmental struggles. The two articles below, by academics working in this area, provide a more general discussion of the issue.

We will be making the entire six-article collection available for wider distribution, contact our office for details.

Determining the Disproportionate Impacts from Pollution Sources

by Stuart Batterman and Yu-Li Huang

This article explores how to determine whether disproportionate impacts have occurred or are likely to occur from facilities handling or emitting hazardous substances. It emphasizes the use of risk assessment and other technical assessment techniques in these determinations. A number of suggestions and issues are highlighted to ensure that equity concerns are adequately addressed in environmental analyses

Environmental impacts and health risks from hazardous chemicals and industrial facilities in communities are evaluated using three general approaches: monitoring, modeling and proxy techniques.

Monitoring. Environmental monitoring of air, water and soil is often used to indicate the presence and extent of contamination and to identify some environmental impacts. For example, a local air quality monitoring site can quantify levels of particles (e.g., lead) and gases (e.g., sulfur dioxide gas, carbon monoxide). More sophisticated monitoring approaches to assess exposure and dose are available but rarely used—for example, indoor air sampling, personal monitoring and sampling of breath, blood, urine, hair, etc. (called

“biological monitoring”), from which chemicals exposure may be inferred. Monitoring can produce exposure estimates free of the many assumptions necessary using models and other techniques discussed below.

However, monitoring is only relevant for facilities or contaminants already present in communities: a proposed facility cannot be evaluated in this manner. There are other important limitations. Serious questions can be raised regarding the extent and accuracy of available monitoring data, the ability to identify specific sources contributing to the pollution (called “source apportionment”), the inability to estimate long-term impacts from the “snapshot” of monitoring information usually available, and the need to interpret monitoring information in order to gauge its health significance.

Modeling. Environmental and health impacts may be predicted by mathematical modeling processes that govern the distribution of contaminants in the environment, and by modeling the human uptake and dose-response relationships, based on toxicological studies. Well developed models exist for contaminants in air, surface water, ground water and soil. To estimate

impacts at a specific location (called “receptors”), these models take input data regarding pollution sources (e.g., type and quantity of emissions) and combine them with site-specific data (e.g., the local meteorology, topography and hydrology).

Three model methodologies are most relevant to evaluate disproportionate impact. First, exposure assessments evaluate the nature and severity of chemical exposures to specific groups.

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Exposure assessments are routinely performed, for example, in workplace settings by industrial hygienists. Second, environmental impact assessments evaluate the probable and possible effects of construction projects, chemical use and other actions. Such assessments are routinely conducted by state, federal and international organizations. Third, risk assessments combine exposure assessment information with chemical toxicity and demographic information to estimate the potential health threats from the manufacture, use and disposal of chemicals. Risk assessments have been extensively employed in the last decade, especially at toxic waste sites, due to EPA requirements.

Economically disadvantaged and some racial populations tend to have higher incidence of cancer and other diseases. The exposure, uptake and effects of toxic chemicals in an individual—and in a population—depend on many factors. For example, the absorption of lead is higher in poorly nourished individuals. Also, fish-eating populations may have greater exposure to certain contaminants. In most cases, however, insufficient information exists to separate environmental risks by race, income and other factors. Instead, risk

analyses use “default” or average assumptions designed to represent typical or sometimes conservative parameters for dietary and other factors.

These exposure, environmental impact and risk analyses, called technical analyses in this article, are very flexible. They may be used to estimate historical impacts and predict future impacts. Individual pollution sources as well as multiple sources can be evaluated. The analyses are imperfect, of course, subject to limitations of available knowledge and data. The cumulative uncertainty grows as the analysis grows in

Absorption of lead is higher in poorly nourished individuals.

complexity. Consider, for example, the dispersal of a contaminant from a smokestack to ambient air, the deposition of pollutants from that air to soil and vegetation, the incorporation of those contaminants in forage, their ingestion by cattle and dairy cows, consumption of contaminated beef or milk, and breast-feeding of fat-soluble contaminants to infants. In some cases, these steps are incompletely understood, and many processes are likely to be site-specific. Further, consider that food preferences may vary by race, and nutritional status and possibly genetics may alter the uptake and effects of the same contaminant in different individuals. The number of “exposure pathways” and other “mode parameters,” such as the populations being considered, must be held to some reasonable bound to make analysis manageable, communicable to interested parties and feasible, given time and cost constraints.

Proxy. The third approach to determine pollution impacts is based on measures of industrial activity or location. Most environmental equity studies have used this approach, with proximity to a pollution source or the total tonnage of emissions in the county being the major criteria identifying potentially affected populations. While convenient, proximity and tonnage may

not be a good indicator of impacts, especially for elevated air pollution sources such as smokestacks that disperse pollutants over large distances. In addition, these measures do not account for the toxicity of contaminants, which varies over an enormous range. On the other hand, proximity may be a reasonable surrogate for noise, visual impacts (aesthetics) and possibly stress.

Summary. The development and analysis of monitoring, modeling and proxy measures represent technical exercises that by themselves cannot be expected to provide all information needed to address and resolve an issue. However, completing and understanding them offers several advantages: The analyses should provide an explicit presentation of assumptions, parameters and data. Environmental impact and risk assessment studies are designed to be comprehensive, although important processes (pathways) accounting for the major portion of the risk or pollution burden may be emphasized at the expense of minor processes. They are scientific in the sense that “objective” techniques are used, i.e., informed and rational persons should reach similar numerical estimates of impacts (with similar assumptions). Finally, because the technical analyses should be explicit, comprehensive and objective, they form a potentially effective communication vehicle aiding discussion and hopefully resolution among the parties involved.

Determining Disproportionate Impact

The investigation and possible determination of a disproportionate impact is a straightforward extension to a monitoring, modeling or proxy analysis. In essence, demographic information, giving population and racial distributions, is simply coupled to the exposure, impact or risk estimate.

Demographic information. Demographic information is collected and distributed by the Bureau of the Census, and 1990 information is available on CD ROM. Major updates are performed every ten years. Census infor-

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mation includes population, racial composition, housing, income, occupation and zip code. Information at the "block" level gives the most detailed and highest spatial resolution. Each block typically contains 250 to 550 housing units. The next level of aggregation, "blockgroup," aggregates a number of blocks and may constitute the most relevant scale for determining disproportionate impacts for chemical exposures, although most studies have aggregated these data at much larger scales, e.g., by zip code and county. The most appropriate Census information to use should match the spatial scale of the technical analysis. For example, while air pollution concentrations resulting from an incinerator may be slightly elevated over a radius of several miles, localized pollution hotspots that are much smaller—perhaps 0.1 to 0.25 miles across—may occur. This area more closely matches blockgroup data; thus, a more accurate reflection of the minority population affected will be obtained.

Impact measures. The next step in assessing disproportionate impact is to select an appropriate measure of chemical exposure or risk. At least two different measures should be evaluated. These should examine pollution hotspots that indicate both maximum individual risk and more broadly dispersed pollution patterns and demographics that show population risk. Either is sufficient to show disproportionate impact.

Individual risk—hotspot analysis. The first approach follows EPA guidance for conventional risk assessments aimed at evaluating worst-case scenarios. It involves examination of the racial composition in pollution hotspots or the risks to the "most exposed individual." For an air pollution impact, for example, the population in the pollution hotspot downwind of the source should be examined. If the ground water is polluted by fuel or chemical spills and local (residential) wells are used, then the composition of the population near and downstream of the spill should be examined. If risk occurs due to the accumulation of pollutants in fish, for example, then the

specific populations eating contaminated fish should be examined. In all cases, disproportionate impact is demonstrated by a high minority fraction in the population currently or potentially affected by the pollution in the hotspot area. The impact may be disproportionate if this fraction exceeds that in the larger region, state or county.

Elevated air pollution sources such as smokestacks disperse pollutants over large distances.

Population risk. Disproportionate impact may also be shown if a minority population bears most of the aggregate risk experienced by the affected population, rather than just the population in the hotspot. Many environmental contaminants present risks at low levels, and while the calculated risk will be reduced, exposure of large populations to a low level of contaminants still increases the expected incidence of harm among the population. Incidence

refers to the fraction or number of individuals affected, e.g., the number of excess cancer cases. For example, if the pollution exposure is half as much in one area as another, but the population density is double, then the incidence of disease or death will be the same, all else being equal. The analysis of the pattern of disease in a population has tremendous relevance to public health, as all potentially affected individuals are considered, not just those in an identified hotspot. Because a population analysis employs exposure or risk information and demographic statistics over a broader area, it is more complex than the hotspot analysis.

An example will clarify distinctions between the two approaches. The Flint woodwaste facility described in Kary Moss' case study in the May-June *P&R* was located near an elementary school and minority neighborhood. But the pollution hotspot from this facility occurred several miles away in a largely non-minority, but sparsely populated, area. The precise location, in fact, fell within a county recreation area. However, a portion of urban Flint with a

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READER POLL

You may have been one of the 202 randomly selected readers of *P&R* recently interviewed by The Share Group, so we could get a better response to our current and planned work. The results were super-encouraging:

- 88% rated *P&R* as "excellent" or "good," compared to other periodicals you read; only 2% said "not so good" or "poor."
- 71% said they would subscribe to *P&R* if it no longer could be distributed free.
- There is considerable interest in two proposed PRRAC products: 1) A National Directory of Academic Resources Available to Community Groups; 2) A compilation of the cumulative *P&R* Resource Sections.
- 55% of you said you would purchase our forthcoming "best of *P&R*" book—*Double Exposure: Poverty & Race in America* (see ordering materials elsewhere in this issue).
- There is considerable interest in attending regional and national conferences PRRAC might organize.

Thanks to those of you who participated in the phone poll.

(IMPACTS: Continued from page 3)

population approximately ten times that in the hotspot area was exposed to a pollution level roughly one-third that of the hotspot. Because this was primarily a minority population, disproportionate impact is demonstrated, as the expected incidence of risk will be approximately three times higher among minorities than in the non-minority population.

De minimis impact. The methods suggested above for determining disproportionate impact should require that the severity of the potential or the existing impacts be above *de minimis* levels. That is, impacts due to pollution in the hotspot or elsewhere should not be minimal or insignificant, but should result in a meaningful likelihood of harm. This determination can raise numerous questions that should be dealt with in a risk assessment—for example, the amount of toxic chemicals released, their toxicity, the exposed population, etc. The determination of disproportionate impacts can be credible despite large uncertainties in estimating the existing or potential harm.

Most technical analyses require the use of many quantitative parameters. These numbers may be uncertain and controversial. Take incinerators, for example: emissions of greatest health significance may include various gases (carbon monoxide, nitrogen oxides), metals (arsenic, cadmium, lead) and organic compounds (benzo(a)pyrene, dioxin). Emission rate measurements of certain gases are easy, inexpensive and required by regulators, but measurements of many other gases and particles are difficult, imprecise, expensive, infrequent and sometimes unavailable. Moreover, emission rates are a function of the fuel and waste burned and operating conditions, factors which can vary significantly. Finally, for a new facility, emission rates must be predicted by analogy, modeling or engineering estimation, and the applicability and reliability of the predicted rates for the site-specific conditions are not always clear.

Thus, the emission rates of many

pollutants for both existing and proposed facilities are uncertain. In some cases, the uncertainty of the emission rate is relatively small, e.g., factor of two. In others, the uncertainty may be a factor of 10, 100 or more. Predictions of the severity of environmental and health impact are proportional to the emission rate; thus, the severity of possible impacts may vary over a very large range. However, the location of the hotspot will not vary. Thus, disproportionate impact exists if a high fraction of minorities live, work or go to school in a high-impact location where there is a reasonable likelihood that impacts will be above *de minimis* levels.

There is little guidance or precedent that indicates what is a reasonable likelihood of impact. In a somewhat similar application, EPA guidance suggests a 95% confidence level for risk assessments designed to protect public health around Superfund sites. This confidence level is usually factored in the dose-response calculation, that is, the exposure-to-risk extrapolation. The guidance recognizes that information regarding the toxicity of chemicals, based largely on animal studies, may not be directly applicable to humans, and that people vary considerably in their responses to chemicals.

However, no standard approach exists for adjusting most parameters in technical assessments, e.g., emission data. In instances where a facility already exists, the one or two emission tests often available may not permit confidence levels to be established. While a range of emission estimates is sometimes presented, procedures to estimate confidence levels in predicted emission levels have not been widely employed. Such estimates are not trivial to perform. In the Flint facility, for example, the amount of lead emitted depends on the fraction of demolition debris burned, the lead content in this debris, the effectiveness of hand-sorting to remove undesirable material, the amount of lead in vapor and particulate phases after combustion, and the efficiency of the air pollution control system.

Finally, even less guidance exists

regarding *de minimis* levels of harm where population risk is considered. No new issue arises if the likely exposure or risk is above *de minimis* levels. This will generally not be the case for the larger population, since such a showing would clearly indicate unacceptable impacts without consideration of environmental equity. Consider, however, whether disproportionate impact occurs if individual risks fall below commonly used *de minimis* levels (say, one-in-ten-thousand to one-in-a-million chance of cancer), but a large population is exposed (say, hundreds of thousands or millions); thus, excess morbidity or mortality is expected in a minority group. Clearly, the number of people affected influences policy judgments, but exactly how many people must be affected to constitute disproportionate impact? It should be further noted that population risks should reflect expected risks, yet most risk analyses are protective in nature, using conservative assumptions. In some cases, the information necessary to calculate expected risks is not available.

Conclusion

The use of technical analyses like risk assessment in environmental equity studies to evaluate disproportionate impacts is feasible and has been demonstrated. It represents a logical extension of environmental assessment methodologies. While some work to develop appropriate guidelines and information is necessary, these methodologies can provide flexible, objective, comprehensive and transparent techniques that can be used to investigate potential harm to minorities from pollution sources.

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Key Research and Policy Issues Facing Environmental Justice

by Bunyan Bryant

Environmental justice refers to those cultural norms, values, rules, regulations, behaviors, policies and decisions that support sustainable communities, where people can interact with confidence that their environment is safe, nurturing and productive. Environmental justice is served when people can realize their highest potential, without experiencing "isms." Environmental justice is supported by decent-paying and safe jobs, quality schools and recreation, decent housing and adequate health care, democratic decision-making, personal empowerment, and communities free of violence, drugs and poverty. These are communities where both cultural and biological diversity are respected and highly revered and where distributive justice prevails.

The environmental justice movement has generated a good deal of attention and debate. The arguments presented below are those I have encountered in various forms in conferences and in my work with community groups across the country. These arguments are by no means conclusive.

Argument One: Policy decisions should be based on a demonstration of a causal relationship between a given chemical and a corresponding health effect.

Response: Causal relationships are most difficult to establish, even under the most ideal research conditions. The use of control groups using human beings to test the effect of certain toxic chemicals is unethical, thus rendering it extremely difficult to demonstrate causality. The best we can do in many instances is simply to demonstrate an association between certain chemicals and certain corresponding health effects. Given these uncertainties, an alternative view is to focus on pollution prevention.

Argument Two: Pollution control of fugitive emissions by 90% is a reason-

able policy to implement because it reduces emissions to acceptable risks and allows for reasonable profits.

Response: Not everyone agrees that pollution control of fugitive emissions by 90% is safe, because some chemicals are persistent and fat-soluble. Synthetic chemicals, such as the pesticide DDT, some radioactive materials, and toxic mercury and lead compounds become more concentrated in fatty tissues of organisms at successively higher trophic levels in various food chains and food webs. These bioaccumulate or amplify themselves hundreds of thousands of times as they move up the food chain. By the time these chemicals reach the top of the food chain, they are highly concentrated and present a public health problem. This is a key reason many environmental justice groups champion pollution prevention rather than pollution control.

Environmental Justice is served when people can realize their highest potential, without experiencing "isms."

Argument Three: Income is a greater explanatory variable than race in determining where pollution sources are located.

Response: The results of 16 urban, regional and national studies demonstrate a consistent pattern: Where the distribution of pollution has been analyzed by both income and race (and where it has been possible to weigh the relative importance of each), race has been found, in most cases, to be more strongly related to the incidence of pollution than income.

One response by industry is that their sitings are motivated not by race, but

only by an attraction to low land values. However, it is possible to establish a racial motivation so long as there is a pattern of locating LULUs (locally unwanted land uses) in communities of color more so than in poor white neighborhoods. Moreover, it is also important to compare the introduction of LULUs to Census data indicating the racial composition of a particular neighborhood over the same time period.

Argument Four: Census tract rather than zip code data is a more critical unit of analysis to test hypotheses regarding disparate impact.

Response: In recent years, an epistemological debate has been taking place about how to measure whether a particular practice or set of practices has disproportionately harmed communities of color to a degree that far exceeds their percentage of the population. Many studies that attempt to show "disparate impact" have used either census tracts or zip codes as the unit of analysis. When census tracts are used, the relative weight of income often becomes a greater explanatory variable than race. When zip codes are used, we often get the opposite effect: the relative weight of race often becomes the greater explanatory variable. While some critics claim that census tracts are too small to yield meaningful results, other critics claim that zip codes are too large to yield meaningful results. There are compelling arguments on both sides. The question is: what is the appropriate unit of analysis to show disparate impact?

Argument Five: Too many environmental regulations hinder efficient business practices, causing loss of valuable time and profits.

Response: This assumption is not necessarily true. For example, although Germany and Japan have some of the

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most stringent environmental regulations in the world, their regulations have motivated industry to become more creative about developing pollution prevention and abatement technologies. Further, the development of technology helps move us toward an environmentally just society by creating safe, decent-paying jobs, and balances the national debt by exporting pollution prevention, abatement and control technologies to Eastern Europe and developing countries. Finally, loss of environmental regulations often leaves people of color and low-income groups who live close to LULUs vulnerable and overexposed to toxic waste in the interest of corporate profits.

Argument Six: Government officials assume that community people are too irrational and that environmental problems are too complex for the public to understand. Therefore, policy decisions should be left to the experts.

Response: Community members can and must be intimately involved in shaping environmental policy. Few policies with local impacts will work without the affected community possessing a vested interest in their success. In fact, studies have shown that the vast majority of community groups interact successfully with scientists (89%) and health professionals (73%). One scientist, Nicholas Freudenberg, found that these groups had a sophisticated understanding of the limits of scientific studies, issues of toxic waste and waste site remediation, and alternatives to area spraying of pesticides. He also found that these activist groups were more complex than policymakers realized.

Argument Seven: Positivism is a better way of knowing because it embraces a specific scientific methodology that reduces complex phenomena to hypotheses to be tested and quantified.

Response: It is often difficult for environmental justice to prevail when the locus of control is placed with the outside researcher. Positivism or traditional scientific methodology is not the only effective method of problem-solving.

ing. Positivism or traditional research is adversarial and contradictory: it often leaves laypeople confused about the certainty and solutions regarding exposure to environmental toxins.

Often scientists or policymakers cannot be certain about the singular or synergistic effects of chemicals on the health of people. This inability has created both anger and distrust of scientists and government officials and has led affected groups to question traditional science as the only legitimate and effective way of problem-solving.

Race has been found to be more strongly related to pollution than income.

Participatory research enables community people to become an integral part of the research process. Affected groups feel that environmental justice is better served if they themselves are involved in a participatory research process, where they at least share in the locus of control of the research process along with researchers and policymakers. They want to be involved in problem identification, questionnaire construction, data collection and data analysis. Often the process outcomes of inclusion, decision-making and respect for the affected populations may be more important and weigh heavier on satisfactory outcomes than content outcomes.

PRRAC has E-mail!!!

Contact us at prrac@aol.com.

Argument Eight: Building incinerators or landfills will provide jobs and economic growth for local communities.

Response: Although new landfills and incinerators will provide jobs, the number of jobs they provide is relatively few. Technical jobs have a tendency to go to people outside the relevant community. Further, there exist serious potential health effects of exposing people to pollutants that arise from capacity expansion. The relevant question is not one simply of job quantity, but rather of job quality.

In conclusion, we need to expend greater resources to clean up our pollution. If the effects of certain illnesses disappear, we then know that we have dealt with the general causes, even though we may never know the specific cause and effect outcomes. Second, we need to devote more research money to pollution control technologies. Third, we must ask ourselves the role population and consumption play in disparate impacts of pollution on communities of color.

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Thank You, Contributor\$

Since we published the May/June issue so late, and are getting back on schedule with this issue, few contributions were received in the brief interim period. Nonetheless, we are, as usual, grateful for your help.

Now that we are switching from a free publication (with voluntary contributions encouraged) to a subscription journal, in future issues we will be acknowledging only those of you generous enough to provide support beyond the required subscription amount.

Alba Alexander
Beth Edelman
Mary Emery

Ken Kimerling
Hope Melton

Jan Reiner
Carol Thompson

"Is Racial Integration Essential to Achieving Quality Education for Low-Income Minority Students, In The Short Term? In the Long Term?"

We asked a number of education reform activists to respond to this important question. Below are contributions from Elaine Gantz Berman, Phyllis Hart/Joyce Germaine Watts, Lyman Ho and Kati Haycock. We welcome others' views and will consider extending this symposium in a future issue of P&R.

Elaine Gantz Berman

Is racial integration essential to achieving quality education for low-income minority students? No. Let me describe the experience of one Denver high school to explain why.

Manual High School, which has been racially "integrated" for the past 25 years, is located on the outskirts of downtown Denver in a neighborhood that is 95% Hispanic and African American. Historically, the neighborhoods surrounding the school have high rates of poverty, single-parent families, and crime and gang activity. Because Denver has been under court-ordered busing for the past 25 years, Anglos now account for approximately 50% of Manual's student population. During this time the teaching staff has been predominantly Anglo. And, while Anglo parents have to travel greater distances to the school, they are more involved with a wide range of school activities than parents of children of color.

In September 1995, Denver was released from court-ordered busing. School boundaries are being redrawn to coincide with those of the neighborhood. If Manual becomes a neighborhood school, the student body will reflect the neighborhood and be comprised of 95% students of color. As Manual charts its future course, it needs to consider the success of its current education program. Has "integration" improved student achievement for its low-income students? Should "integration" be a goal for the future?

Academically, there are two schools at Manual—one for Anglos and one for students of color. For example, Manual has a highly regarded college

preparatory program and has graduated students who on a regular basis go on to attend the country's most elite colleges. However, the vast majority of these students are Anglo. Most of the students who assume leadership positions in the school—student council representatives, yearbook staff, class presidents—also are Anglos. On the other hand, only a handful of students of color are in the accelerated and advanced placement college preparatory classes. And while 35% of Manual High School's 1000 students are African American, on average ten African American males have graduated each of the past three years. In examining standardized test scores, there are large gaps in performance between the middle-income Anglo students and the lower-income students of color. It is clear from looking at numerous educational indicators that an integrated student body has not improved outcomes for low-income students of color at Manual High School. And it is equally clear that Manual is not racially "integrated." Rather, it is desegregated.

As the community ponders Manual's future, Denver citizens reflect on its past reputation and express fears about its future. Over the past 25 years, the teachers, parents and alumni have taken great pride in the school, its educational program, the quality of its teaching staff and its racial diversity. Many Manual parents and teachers are worried that if the school becomes racially segregated, discipline problems and gang-related violence will increase. There also is concern that many of Manual's excellent teachers will leave, both for perceived safety reasons and

because the majority of highly motivated students will no longer attend the school. And there is genuine concern for the social considerations of having a diverse student body. Parent activists argue that students need to get to know youth from other backgrounds, to break down stereotypes and become more tolerant of racial and cultural differences.

While it is unsettling to imagine a Manual that is not desegregated and without a superb college-bound program, it is even more disturbing to admit the school has not successfully educated almost half of its students. The reasons are complex and have more to do with income than race. But, all this considered, as the Denver school community ponders the future of Manual, they would be wise to focus on the attributes of a great school, such as

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Do You Know of Any Studies/Reports on the Government's Role in Creating Residential Segregation by Race?

For a PRRAC project on the two-way cause-and-effect relationship between segregated housing and segregated school patterns, please send any such documents or references to Prof. Arnold Hirsch, Dept. of History, Univ. of New Orleans, New Orleans, LA 70148, 504/286-6884.

(INTEGRATION: Continued from page 7)

a clear educational mission, a strong visionary principal, motivated, competent teachers with high morale, and strong parent and neighborhood involvement, rather than on the goal of attracting an integrated student body. One of the challenges now facing Manual is who should be involved in determining its fate: the current group of predominantly Anglo active parents and teachers; the parents from the surrounding neighborhoods whose children will soon be attending Manual; or the school board and administration? I

would entrust the future of Manual to the parents from the neighborhood; they have the most to gain and the most to lose.

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Phyllis Hart and Joyce Germaine Watts

"Integrated" or "segregated" public schools? Given the evidence, a case could be made on either side. After almost 30 years in urban public education, we have to respond to this question by spotlighting what has shown to be as critical as material resources: teacher beliefs and expectations about student ability.

We live in a society with deeply held beliefs about ability and intelligence, and an educational system that is organized to sort and separate those who are perceived as talented and smart from those who are perceived as lacking those qualities. Institutional belief systems play out both in "segregated" and "integrated" school settings.

What is it that happens in a "segregated" school setting where students attend school in their home communities? At the risk of stereotyping, our experience shows that these schools have higher numbers of inexperienced teachers, many of whom are underprepared in pedagogy and content knowledge in their subject field. In these "segregated" school settings there is a culture of low expectations and remediation. From primary grades on, students are labeled and tracked. At the secondary level, very few college preparatory classes are offered and few students have access to information about opportunities for higher educa-

tion. These schools remain separate and unequal.

The obvious alternative would seem to be an "integrated" school, where ample resources are available and the test scores are higher, right? Well, not likely.

What are students finding at the end of the bus ride? Something that the plaintiffs in *Brown vs. Board of Education* could never have foreseen. Because these students come from less desirable schools and are presumed to be less capable, regardless of their real potential, they often are "re-segregated" into the same kinds of remedial curriculum that characterize their home schools. In elementary school, they are placed in groups for "slow learners." When they reach high school, they are automatically programmed into the low-level track. Their courses are usually taught by the least prepared teachers. Obviously, they are still not viewed as "college material" and don't get access to college prep courses or information about higher education. Educators defend the placement of these students in slow tracks according to what they consider "objective criteria." However, actual practice is to the contrary.

Since math is the gatekeeper subject, we asked teachers and counselors in many "integrated" schools why there were so few students of color in algebra,

the first stepping stone toward college. They explained that students are placed through a fair system of using standardized math test scores, and those who scored above the 60th percentile were enrolled in algebra. However, when disaggregated by race, the data revealed that even when African American and Latino students score in the top 25th percentile, only 51% and 42%, respectively, are programmed into algebra, compared to 100% Asians and 87.5% of Whites.

The struggle for racial integration of schools meant fighting for access and equity to have quality education nationwide, regardless of setting. In essence, this was an attempt to level the playing field. However, without addressing the beliefs held about African American, Latino, Native American and low-income students, this does little to change the educational outcomes. The real question is how do we get all schools, whether "integrated" or "segregated," to hold high expectations for all students? There are success stories in both settings, but only when educators and communities decide that educational equity must be central to a reform agenda and that a system that groups, sorts and tracks students on "perceived" ability serves no one well.

There is no magic bullet of reform. We have to ask ourselves: Do we have the will to see every child in this society educated? If so, then we must invest in making the necessary changes to fundamentally overhaul our schools from a culture of low expectations and remediation to one of high expectations and a belief that all children, especially those who have been underserved historically, need and deserve the highest quality education.

Phyllis Hart is Executive Director and Joyce Germaine Watts is Associate Director of The Achievement Council (3460 Wilshire Blvd., #420, Los Angeles, CA 90010, 213/487-3194), a non-profit organization whose mission is to improve kindergarten through 12th grade academic outcomes for African American, Latino, Native American and low-income youth so that all students are eligible to enter a four-year college. □

Lyman Ho

For the past 25 years, racial integration has been used as an essential tool to provide equitable access to facilities, teachers and educational budgets for low-income minority students. Very often, federal judges oversaw implementation of this access by local boards and administration staff. Chief Federal Judge Richard Matsch released the Denver Public Schools District from federal supervision on September 18, 1995. From Denver's experience, low-income minority students have benefitted in terms of access to better facilities, better teachers and a more equitable share of the district budget but have not achieved the goal of a quality education.

As damning as this conclusion may appear, forced racial integration remains an incomplete social policy that after a quarter-century of massive public funding has produced particularly poor results, as demonstrated in high dropout rates, low graduation rates and consistently large gaps in test scores between African American/Hispanic students and Anglo/Asian American students. The results of this failed social policy, coupled with trends towards fiscal and social conservatism, have contributed towards increasing racial separatism. Similarly, Denver's movement towards neighborhood schools is a theme that excites many white families frightened from the District by court-ordered busing, while scaring many minority families too familiar

with the inequities that forced the District into the federal lawsuit in the 1960's. The District, committed to returning to neighborhood schools, has reacted convulsively, alternating between passing a resolution against inferior as well as superior school facilities, reopening recently closed schools in low-income minority neighborhoods, relocating popular magnet schools to white middle-class neighborhoods, and simultaneously implementing and postponing attendance boundaries for elementary and secondary schools, respectively.

If a quality education for low-income minority students is the goal, Afro or African-centric charter schools, back-to-basics magnet schools and small neighborhood schools are simply the school design *du jour*. Separationist ideals are not new and do not automatically lead to a bad education, any more than racial integration automatically implies a quality education. Examples of extreme separationist school designs currently out of vogue include male military academies and finishing schools for girls. A quality education, particularly for low-income minority students, is a direct result from successful schools, notwithstanding design or operating philosophy.

Successful schools include well-trained staff, engaged communities and a focus on learning. The successful schools share with the student the assumption of responsibility in the

classroom; share with the parent the value of education; and share with the community the high expectations in a school's role within society. Essential ingredients to a quality education include parents and students engaged in the process of learning; school districts focused on providing basic and clear standards; and staff devoted to the challenge of teaching children.

Racial integration and quality education are not necessarily dependent on each other or mutually exclusive from each other. Forcing one to accomplish the other has not produced the intended results nor has it lessened friction between interested factions or tribes. It is time for those interested in quality education to focus on education, to produce literate children who are ready for school each morning and are prepared to learn the skills necessary to survive and succeed in life, build businesses and strengthen families. When the merit of a quality education rises above the considerations of personal finances and ethnicity, the education of all children will benefit.

Lyman Ho (1470 South Havana St., Suite 212, Aurora, CO 80012, 303/695-7300) is a parent member of a site-based governing committee for Merrill Middle School in the Denver Public School District, a board member of Citizens for Quality Schools in Denver and a member of the Cross City Campaign for Urban School Reform. □

Kati Haycock

Fifteen years ago, I was dead certain that the answer to this question was a resounding "No"! Black kids and brown kids absolutely did not need white kids sitting next to them in order to achieve at high levels. Rather than obsessing about who was sitting next to whom—an increasingly useless preoccupation given the pitifully small numbers of whites left in urban school districts like Oakland, where I lived—it seemed to me that we ought to be

concentrating on ensuring that students in predominantly minority schools were educated at the highest levels.

That, in fact, is what I've spent most of the last fifteen years doing, working to upgrade the education provided by schools serving poor and minority children, first in California and then in urban centers across the country. I figured that while Gary Orfield and others like him were worrying about how to get a bitter mix of students,

people like me could work on improving schools no matter *who* they served.

I still believe today what I believed back then: students with lots of pigment do not need students with less pigment in order to achieve at the highest levels. I believe it because I have seen it over and over again. When students are *taught* to high levels, when they are *challenged* to use their minds, they absolutely will achieve.

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But I am haunted by three as yet unanswered questions:

- Will the American people ever care enough about schools filled with poor black and brown children to invest in them the resources necessary to get these young people to high levels of achievement . . . or must such schools also contain more affluent white children?
- Will rank-and-file teachers—minority and white—ever abandon their low expectations and watered-down curriculum for poor minority children . . . or must teaching be forced upward by the

presence of more affluent white children?

● Will graduates of racially isolated schools—no matter how well educated—ever be able to come together across racial lines to create a culture where race is no longer a hindrance . . . or must such a society be seeded in our classrooms?

In my bleaker moments—when I despair in the dark of night about the pace of change or about how difficult it is to secure change not just in a few schools but in a whole system—these doubts crowd their way in and demand equal time. At those moments, I wonder whether Gary hasn't been right all

along.

But then there are the good days—the days when our work is going very well; when more poor and minority students in our cities are writing at high levels, passing courses like Algebra and Geometry, and moving on into college; and when we feel like nothing can stop us. On those days—which, fortunately, are in the majority—I don't spend a lot of time agonizing about these questions. I figure Gary can do that.

Kati Haycock, PRRAC Board Vice-Chair, is Executive Director of The Education Trust (1 Dupont Circle NW, Wash., DC 20036, 202/293-0115). □

PRRAC Update

Board News: Rotating off the PRRAC Board, after many collective years of service, are **Gary Delgado**, **Tessie Guillermo**, **Mary Ellen Hombs**, **Maria Jimenez** and **Jim Weill**. We thank them for their support and good work.

Newly elected Board members are **David Cohen**, Co-Director of the Advocacy Institute, and **Bill Fletcher, Jr.**, Director of the Public Sector Division of the Service Employees International Union. Welcome to both!

The Board, at its June 1-2 Spring meeting, also voted to create two Vice-Chair positions, and elected **Kati Haycock** and **José Padilla** to fill those slots.

Board member **Bill Taylor** (and his wife **Harriet Taylor**, a DC Superior Court Judge) will be spending the coming academic year as **Herman Pflager Visiting Professors** at Stanford University Law School.

Board member **Esmeralda Simmons** has been awarded a **Revson Fellowship** at Columbia University and will spend the year working on issues of cultural diversity and public policy.

Ex-Board member **Bob Greenstein** just received a **MacArthur Foundation**

"genius grant" for his long-time work at the Center on Budget and Policy Priorities. Thoroughly deserved. Congrats, Bob!

California Data Reconnaissance Project: The four research studies PRRAC commissioned are now available: "Analysis of Data Collection and Reporting in State Supported Health Programs," by **Gail Berkowitz** (46 pp. + Apps., 1996); "A Review of the Availability and Characteristics of Datasets Related to Poverty and Program Participation in California," by **Dorie Apollonia**, **Jon Stiles** & **Ilona Einowski** (22 pp., 1996); "Analysis of Data Collection and Reporting on Beneficiaries in State Assisted-Housing Programs," by **Robert Wiener** (51 pp. + Apps., 1995); "A Review of Existing California State Data on Education," by **Susan Conklin** & **Julia Koppich** (40 pp., 1995). Each report is available from us for \$5. A 32-page Executive Summary is also available from us for \$2.

~~**Madison-Hughes v. Shalala**~~ We're sorry to report that the Sixth Circuit

Court of Appeals recently dismissed this case (upholding a September 1994 District Court decision), which had challenged the failure of the Dept. of Health & Human Services to require federally subsidized health care providers to collect and report data that reflect whether and how they are serving minority Americans. PRRAC joined an *amicus curiae* brief. Further information available from PRRAC Board members **Jane Perkins** (Nat'l. Health Law Program, 313 Ironwoods Dr., Chapel Hill, NC 27516, 919/968-6308) or **Ken Kimerling** (Puerto Rican Legal Defense & Educ. Fund, 99 Hudson St., NYC, NY 10013, 212/219-3360). □

Remember to
send us items
for our
Resources Section.

PRRAC Researchers Report

Prenatal Care Access for Medicaid Moms in Tennessee

by Pat Post and Tony Garr

In 1993, the Tennessee Health Care Campaign (THCC), a coalition of consumer advocates, decided to audit the state's reported number of physicians participating in the state's Medicaid program for pregnant women, via a statewide telephone survey of these physicians. We wanted to provide objective evidence of the discrepancy between state claims of adequate maternity care access for Medicaid recipients and the difficulties we knew these women were experiencing in obtaining prenatal care.

This discrepancy had already been documented within a single county. A 1992 survey conducted by the grassroots organization Solutions to Issues of Concern to Knoxvillians (SICK) determined that only two (4%) of Knox County's 57 obstetrical care providers would schedule a prenatal visit for a Medicaid patient. These findings contradicted the state's report to the federal Health Care Finance Administration (HCFA) that 71% of licensed maternity care providers in Knox County fully participated in the Tennessee Medicaid program in 1991.

In April 1990, HCFA mandated that mothers on Medicaid have the same access to maternity care as patients with private insurance. In order to demonstrate adherence to this equal access standard, states were required to show that Medicaid payment rates were sufficient to ensure that obstetrical services were available to Medicaid recipients at least to the extent such services were available to the general population within the same geographical area.

The state's claims to have met this standard were at odds with what Medicaid mothers and their advocates knew: that prenatal care providers willing to see Medicaid recipients were hard to find. In response to their Medicaid

clients' complaints, Legal Services programs in Tennessee filed an extensive class action lawsuit in 1992, alleging that the Tennessee Dept. of Health had failed to assure adequate and timely access to maternity care for Medicaid recipients, thereby failing to prevent persistent, de facto provider discrimination against these women, a significant number of whom were racial minorities.

That was the context for THCC's telephone survey, carried out with a PRRAC research grant. Because of threatened cutbacks in Medicaid eligibility for prenatal services, THCC believed it was critical to document on a statewide basis the actual extent of participation by maternity care providers in the Medicaid program. The study's findings also provide baseline data against which to measure TennCare's effectiveness in improving access to prenatal care for publicly insured women. (TennCare is the capitated managed care program which replaced Tennessee's fee-for-service Medicaid program in January 1994 as a five-year Medicaid waiver demonstration project.)

Background

Early, high-quality, comprehensive prenatal care is thought to be one of the most effective weapons against complications of pregnancy, including infant mortality and morbidity. Nearly one-third of all Tennessee women who gave birth in 1990-92 did not receive adequate prenatal care. The Tennessee Department of Health identified 74 out of 98 counties that had either inadequate or no obstetrical services as of February 1992, and 75 such counties in 1993. Thirty-five of these counties had no physicians practicing either obsto-

trics, obstetrics-gynecology or family medicine with obstetrical services. Between 1990 and 1992, an average of 48% of nonwhite births and 27% of white births in Tennessee received inadequate prenatal care, according to standards set by the American College of Obstetrics and Gynecology.

Liberalization of Medicaid eligibility in recent years resulted in Medicaid coverage of nearly 50% of all births in Tennessee by 1990. Further expansion of TennCare eligibility for women of childbearing age (14-44 years) increased the percentage of publicly funded births in Tennessee still further to over 60% in 1994. Any impairment of Medicaid/TennCare mothers' access to prenatal care therefore has the potential to affect extremely large numbers of pregnancies.

Methodology

According to a listing of Medicaid maternity care providers submitted to HCFA by the Tennessee Medicaid Bureau, 818 private physicians who provided obstetric services were full participants in Tennessee's Medicaid program in FY 1992. As such, these physicians should have been accepting all Medicaid recipients who presented themselves for care or treatment. THCC was able to contact 661 (81%) of these physicians who were still practicing in Tennessee at the beginning of FY 1993. From July to November 1993, THCC conducted three consecutive telephone surveys of these 661 practicing physicians.

The objective of the first survey was to determine a more accurate number of licensed Tennessee physicians who accepted Medicaid-insured and newly Medicaid-eligible patients for maternity

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care, and their conditions of acceptance. Callers identified themselves as conducting a statewide maternity survey for THCC. The respondent was asked if all doctors within the respondent's practice followed the same guidelines. If the answer was yes, others in the practice, although not individually surveyed, were included in the survey results.

THCC then conducted a second survey to test the accuracy of the provider-reported data collection in Survey #1. A woman called, representing herself as pregnant and newly Medicaid-eligible or presumptively Medicaid-insured. The surveyor asked, "Are you accepting new patients?" If the answer was "Yes," the surveyor then asked, "Do you accept Medicaid patients?" In a third survey, similar to the second, the caller represented herself as privately insured and also asked if the practice was accepting new patients.

Discussion

The state's list of 818 doctors providing maternity services to Medicaid recipients submitted to HCFA in 1992 was filled with errors. Fully 58% of the 661 physicians THCC surveyed did not provide routine prenatal care and/or delivery. The state list contained emergency room doctors, doctors treating gestational diabetes and non-maternity care providers who were taking weekend call for obstetrical caregivers. The vast majority of obstetricians (579 total) and family or general practitioners (1,456 total) licensed and practicing in Tennessee in 1992 simply refused to participate in Tennessee's Medicaid program.

Less than half (273) of the physicians surveyed said they provided routine prenatal care and/or delivery; only 28% (182) said they saw Medicaid patients; and only 22% (148) said they would see new Medicaid patients without a referral. When the caller tried to make an appointment, only 19% of physicians surveyed would actually make one for a new Medicaid patient, whereas 42% (all self-identified routine

prenatal care providers) make appointments when the caller identified herself as a private pay patient.

Consequences of this de facto discrimination against Tennessee women at highest risk for complications of pregnancy were significant, both for these individuals and for the state. Excessive numbers of low-weight, premature births and infant deaths within the Medicaid population are but two indicators of the high personal and societal costs that might have been minimized with adequate maternity care.

The number of premature, unhealthy babies born annually to Tennessee women has steadily increased during the past decade. Low-income and minority women are at greater risk for delivery of a premature, low-weight infant. In Tennessee, 14.9% of low-birthweight babies were born in 1993 to nonwhite women, while 6.7% were born to white women. Low-weight premature birth is associated with a high incidence of infant death and chronic disability.

The infant death rate for nonwhites in Tennessee, who are disproportionately represented in the population of citizens eligible for Medicaid, is double the rate for whites and twice the national average for all races. The 1990-92 infant mortality rate for nonwhites in Tennessee averaged 17.5 infant deaths per 1,000 live births, climbing to 17.9 in 1993. In contrast, the average 1990-92 infant mortality rate for white Tennesseans was 7.4 deaths per 1,000 live births, declining to 6.7 in 1993.

Recommendations

Future research should compare maternity care access and birth outcomes for Medicaid-eligible TennCare recipients, the privately insured and the uninsured, before and after TennCare implementation. In addition, we recommend the following strategy for future advocacy to decrease maternal and infant morbidity and mortality rates in Tennessee, particularly for poor and minority women:

1. Insist on more stringent administrative and legislative oversight of the

TennCare program. Advocate for improved access to obstetrical services for TennCare mothers through stricter accountability mechanisms for managed care organizations (MCOs).

2. Monitor provider utilization of presumptive TennCare eligibility for pregnant women; evaluate the effectiveness of administrative procedures to expedite confirmation of presumptive eligibility.

3. Determine the distribution of women at risk for adverse pregnancy outcomes among MCOs and hold each MCO accountable for initiating aggressive preventive measures, such as education and outreach to underserved populations in rural and urban areas.

4. Pay special attention to Memphis/Shelby County, where a high birthrate (17.9 live births per 1000 population in 1994) is combined with a high incidence of prenatal care begun after the first trimester of pregnancy or not at all (34%), low-weight births (11.9%) and infant deaths (14.4 per 1000 live births).

5. Monitor the financial viability of MCOs contracting with TennCare; protest continued monetary rewards for poor performance in the form of increased capitation rates, insist upon state enforcement of mandated quality standards.

6. Continue to advocate for mandatory, universal coverage of health care that would eliminate quantitative and qualitative distinctions between privately insured care and TennCare. Aggressively oppose current administrative policies to cap TennCare enrollment, encourage disenrollment and/or reduce benefits.

Pat Post is Executive Director of the Tenn. Perinatal Assn. (1101 Kermit Drive, #201, Nashville, TN 37217, 615/399-7890) and serves on the Tenn. Health Care Campaign Board of Directors. Tony Garr is Executive Director of the Tenn. Health Care Campaign, a statewide consumer advocacy coalition of more than 55 organizations (1103 Chapel Ave., Nashville, TN 37206-2446, 615/227-7500). A copy of the full 10-page report is available from the authors for \$2 (with survey instrument + other attachments, \$5). □