Racism and Mental Health: Then and Now

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Professor of African & African American Studies and of Sociology
Harvard University
Understanding the Persistence and Patterning of Racial Disparities in Health

A driver of early interest in racism and health
Life Expectancy Lags, 1950-2006

Diabetes Death Rates 1955-1998

Deaths per 100,000 Population

Source: Indian Health Service; Trends in Indian Health 2000-2001
Lower Prevalence, Poorer Outcomes: Major Depression

National data reveal that Blacks have lower current and lifetime rates of major depression than Whites, but depressed Blacks are more likely than their White counterparts to:

-- be chronically or persistently depressed
-- have higher levels of impairment
-- have more severe symptoms
-- not receive treatment

Williams et al. 2007; Archives of Gen. Psychiatry
Racial/Ethnic Disparities in Health:
More than just Socioeconomic Status
## Life Expectancy At Age 25

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Infant Death Rates by Mother’s Education

Deaths per 1,000 population

Education

NCHS, 1998
Infant Mortality by Mother’s Education

Years of Education

- <12
- 12
- 13-15
- 16+

Infant Mortality

- NH White
- Black
- Hispanic
- API
- AmI/AN

NCHS, 1998
Why Does Race Still Matter?

Could *racism* be a critical missing piece of the puzzle to understand the patterning of racial disparities in health?
2000 Review: Racism and Mental Health

- Despite changes in racial attitudes, negative racial stereotypes persist and shape social policy.
- Racism can adversely affect mental health in 3 ways:
  1. Institutional racism can lead to truncated SES mobility, differential access to resources and poor living conditions – all risks for mental health problems.
  2. Experiences of discrimination can induce physiological and psychological reactions that lead to adverse changes in mental health.
  3. Internalized racism (acceptance of negative cultural stereotypes) can have deleterious effects on mental health.
Perceived Discrimination:

Experiences of discrimination are a neglected psychosocial stressor
“..Discrimination is a hellhound that gnaws at Negroes in every waking moment of their lives declaring that the lie of their inferiority is accepted as the truth in the society dominating them.”

Martin Luther King, Jr. [1967]
2003 Review: Mental Health

- 53 population-based empirical studies
- 24 published between 2000 and 2002
- 32 included a measure of mental health
- 23 of 25 studies report positive association with distress
- All but one of 14 studies find inverse association of discrimination with well-being, self-esteem and mastery
- All but one of 8 studies find positive association with major depression, anxiety disorder, substance use, psychosis, anger

Williams, Neighbors & Jackson, AJPH, 2003
Early Studies: Discrimination & Health

- Most studies were of mental health outcomes
- Other self-reported indicators of health widely used
- Most studies were cross-sectional
- Most studies focused on adults
- Most studies were U.S.-based
- Most focused on African Americans

Krieger, 1999; Williams et al. 2003
Challenges to Research on Perceived Discrimination and Health
Key Questions

• Does it really make sense to talk about racism today?
• What is the contribution of shared response bias between measures of discrimination and self-report measures of health?
• Are mentally ill individuals (mis-)perceiving discrimination that does not even exist? That is, to what extent are reports of discrimination and health driven by selective recall as a function of current mental health?
• What are the key psychological confounding factors (such as social desirability, neuroticism, self-esteem) that could drive observed associations?
Principle: Equality in Housing

Principle: Whites have the right to keep Negroes/Blacks out of their neighborhood and Negroes/Blacks should respect that right.

Schuman et al. 1997
Principle: Equality in Employment

Year

Percent Support

'44 '63 '64 '72

Principle: Whites should have first chance at any kind of job

Schuman et al. 1997
...But Racial Attitudes are Complicated

The Principle-Implementation Gap: Support for the Principle of Equality is Not Matched by Support for Policies to Actually Implement Equality
Principle vs. Implementation in Housing

Principle: Whites have right to keep Blacks out of neighborhood

Implementation: Would support law to let homeowners discriminate (decide for himself who to sell house to even if he preferred not to sell to blacks)

Schuman et al. 1997
We still have a long way to Go!

There is overwhelming scientific evidence for the persistence of discrimination in contemporary America.
Discrimination Persists

• Pairs of young, well-groomed, well-spoken college men with identical resumes apply for 350 advertised entry-level jobs in Milwaukee, Wisconsin. Two teams were black and two were white. In each team, one said that he had served an 18-month prison sentence for cocaine possession.

• The study found that it was easier for a white male with a felony conviction to get a job than a black male whose record was clean.

Devah Pager; Am J Sociology, 2004
Percent of Job Applicants Receiving a Callback

<table>
<thead>
<tr>
<th>Criminal Record</th>
<th>White</th>
<th>Black</th>
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<tbody>
<tr>
<td>No</td>
<td>34%</td>
<td>14%</td>
</tr>
<tr>
<td>Yes</td>
<td>17%</td>
<td>5%</td>
</tr>
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</table>

Devah Pager; Am J Sociology, 2004
Race, Criminal Record, and Entry-level Jobs in NY, 2004

Devah Pager et al Am Soc Review, 2009; 169 employers
Subtle Racial Clues and Employment

- 5,000 fictitious applications sent to 1,300 ads for white-collar job openings in Boston and Chicago
- No explicit identification of race
- Scientific matching of applicants on first name based on
  - Distinctively White names: Allison, Emily, Brad and Greg
  - Distinctively Black names: Latisha, Aisha, Jamal and Darnell
- White first names produced more favorable results than identical resumes with Black first names
- White applicants send out 10 applications to get a call for a job interview. Black applicants had to send 15.

Bertrand and Mullainathan, 2004, American Economic Review
Levels of Negative Racial Stereotypes are High

These stereotypes undergird behavior
Percent of Whites Agreeing that Blacks are

- Lazy: 44%
- Prefer Welfare: 56%
- Prone to Violence: 51%
- Unintelligent: 29%

General Social Survey (Davis and Smith), 1990
Percent of Whites Agreeing that Blacks and Whites are

<table>
<thead>
<tr>
<th>Phenomenon</th>
<th>Black</th>
<th>White</th>
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<tbody>
<tr>
<td>Lazy</td>
<td>44</td>
<td>5</td>
</tr>
<tr>
<td>Prefer Welfare</td>
<td>56</td>
<td>4</td>
</tr>
<tr>
<td>Prone to Violence</td>
<td>51</td>
<td>16</td>
</tr>
<tr>
<td>Unintelligent</td>
<td>29</td>
<td>6</td>
</tr>
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General Social Survey (Davis and Smith), 1990
Percent of Whites Agreeing that Blacks and Whites are

General Social Survey (Davis and Smith), 1990
Percent of Whites Agreeing that Group Prefers to Live Off Welfare (1990)

<table>
<thead>
<tr>
<th>Race</th>
<th>Percent Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blacks</td>
<td>56</td>
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<tr>
<td>Whites</td>
<td>4</td>
</tr>
<tr>
<td>Hispanics</td>
<td>42</td>
</tr>
<tr>
<td>Asians</td>
<td>16</td>
</tr>
<tr>
<td>Southern Whites</td>
<td>13</td>
</tr>
<tr>
<td>Jews</td>
<td>2</td>
</tr>
</tbody>
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General Social Survey (Davis and Smith), 1990
Percent of Whites Agreeing that Blacks are Lazy (1990-2006)

General Social Survey, 1990-2006
Percent of Whites Agreeing that Blacks are Hardworking (1990-2006)

General Social Survey, 1990-2006
Racial Segregation Is …

1. Myrdal (1944): …"basic" to understanding racial inequality in America.


3. Kerner Commission (1968): …the "linchpin" of U.S. race relations and the source of the large and growing racial inequality in SES.

4. John Cell (1982): …"one of the most successful political ideologies" of the last century and "the dominant system of racial regulation and control" in the U.S.

5. Massey and Denton (1993): …"the key structural factor for the perpetuation of Black poverty in the U.S." and the "missing link" in efforts to understand urban poverty.
Segregation in the 2000 Census

• Dissimilarity index declined from .70 in 1990 to .66 in 2000

• Decline in segregation due to blacks moving to formerly all white census tracts

• Segregation declined most in small growing cities where the percentage of blacks is small

• Between 1990 and 2000, number of census tracts where over 80% of the population was black remained constant

• The decline in segregation has had no impact on a) very high percentage black census tracts, b) the residential isolation of most African Americans, and c) the concentration of urban poverty.

Source: Glaeser & Vigdor, 2001
Residential Segregation and SES

A study of the effects of segregation on young African American adults found that the elimination of segregation would erase black-white differences in

- Earnings
- High School Graduation Rate
- Unemployment

And reduce racial differences in single motherhood by two-thirds

Cutler, Glaeser & Vigdor, 1997
Racial Differences in Residential Environment

• In the 171 largest cities in the U.S., there is not even one city where whites live in ecological equality to blacks in terms of poverty rates or rates of single-parent households.

• “The worst urban context in which whites reside is considerably better than the average context of black communities.”

p.41

Source: Sampson & Wilson 1995

Massey 2004; Iceland et al. 2002; Glaeser & Vigdor 2001
Unequal Access:

Discrimination can lead to reduced access to desirable goods and services.
The Effect of Race and Sex on Physicians' Recommendations for Cardiac Catheterization

- 720 physicians viewed recorded interviews
- Reviewed data about a hypothetical patient
- The physicians then made recommendations about that patient's care
The Effect of Race and Sex on Physicians' Recommendations for Cardiac Catheterization

- Women (OR = 0.60) and blacks (OR = 0.60) were less likely to be referred for cardiac catheterization than men and whites, respectively.

- Black women were significantly less likely to be referred for catheterization than white men (OR = 0.4)

Schulman et. al., NEJM 1999;340:618.
David Williams, a University of Michigan professor, right, says: “We have a health care system that is the pride of the world, but this report documents that the playing field is not even.”
Race and Medical Care

• Across virtually every therapeutic intervention, ranging from high technology procedures to the most elementary forms of diagnostic and treatment interventions, minorities receive fewer procedures and poorer quality medical care than whites.

• These differences persist even after differences in health insurance, SES, stage and severity of disease, co-morbidity, and the type of medical facility are taken into account.

• Moreover, they persist in contexts such as Medicare and the VA Health System, where differences in economic status and insurance coverage are minimized.

Institute of Medicine, 2002
Ethnicity and Analgesia

A chart review of 139 patients with isolated long-bone fracture at UCLA Emergency Department (ED):

• All patients aged 15 to 55 years, had the injury within 6 hours of ER visit, had no alcohol intoxication.

• 55% of Hispanics received no analgesic compared to 26% of non-Hispanic whites.

• With simultaneous adjustment for sex, primary language, insurance status, occupational injury, time of presentation, total time in ED, fracture reduction and hospital admission, Hispanic ethnicity was the strongest predictor of no analgesia.

• After adjustment for all factors, Hispanics were 7.5 times more likely than non-Hispanic whites to receive no analgesia.

Todd, et al. 1993
Race and Inpatient Psychiatric Treatment

- Chart review of 76 black and 88 white patients consecutively admitted to inpatient psychiatric facility
- After controlling for diagnosis, severity, demographics, comorbidity and type of insurance:
  - Non-psychotic black patients (16 days) had a shorter length of stay than whites (28 days)
  - White patients were 3.8 times more likely than blacks to be one-to-one observational status
  - High SES black patients were 3.5 times more likely than white peers to receive urine drug screens, regardless of diagnosis

Chung et al. 1995
Race and Anti-psychotic ER Care

• Study of 422 patients independently observed over 5 years in psychiatric emergency room (ER)

1. After adjusting for psychotic disorders, severity of disturbance, dangerousness, psychiatric history, use of restraints, time spent in ER, etc. compared to other patients, black patients received, on average;
   – One additional dose of psychiatric medication
   – One additional anti-psychotic dose
   – An additional half dose of anti-psychotic med by injection

Segal et al. 1996
2. Clinicians spent less time to evaluate black patients

3. Tendency to overmedicate black patients was lower when clinicians' efforts to engage patient in treatment (e.g. elicit information, include patient in planning, respond with empathy) were rated as higher

Segal et al. 1996
Disparities in the Clinical Encounter: The Core Paradox

How could well-meaning and highly educated health professionals, working in their usual circumstances with diverse populations of patients, create a pattern of care that appears to be discriminatory?
Unconscious Discrimination

- When one holds a negative stereotype about a group and meets someone who fits the stereotype s/he will discriminate against that individual.
- Stereotype-linked bias is an
  - Automatic process
  - Unconscious process
- It occurs even among persons who are not prejudiced.
“I am not racist: I know I don’t stereotype”

• Conclusive evidence that stereotypes are activated automatically (without intent).
• Individuals frequently are not aware of activation nor impact on their perceptions, emotions and behavior.
• They are activated more quickly and effortlessly than conscious cognition.
• Many cognitive processes result in confirmation of expectancies (we process information in ways that support our beliefs).

van Ryn, 2003
Factors that Increase Stereotype Usage

- Time Pressure
- Need for Quick Judgments
- High Cognitive demands
- Task Complexity
- Resource constraints
- Anger or Anxiety

Medical Encounter: Time pressure, brief encounters, need to manage complex cognitive tasks.

van Ryn 2002
Recent Research on Perceived Discrimination and Health
2006 Review

- Identified 138 empirical studies
- 65% (n=89) published between 2000-2004
- 86% in U.S., but 20 studies from Europe, Canada, Australia/New Zealand and the Caribbean
- After adjustment for confounders, discrimination tends to be associated with poor health
- Similar to the literature on stress, consistent inverse association more often found for measures of mental health than physical health

Paradies, 2006: *International Journal of Epidemiology*
“314 of the 613 health outcomes examined, and 62 of the 138 studies in this review relating to mental health...

“The most consistent association between self-reported racism and health was found for negative mental health outcomes, for which 72% of examined outcomes were significantly associated with self-reported racism, all in the expected direction”

Paradies; Int. J. Epidemiology, 2006
2009 Review

• 115 studies in PubMed between 2005 and 2007
• Some longitudinal data
• Attention to the severity and course of disease
• International studies:
  -- national: New Zealand, Sweden, & South Africa
  -- Australia, Canada, Denmark, the Netherlands, Norway, Spain, Bosnia, Croatia, Austria, Hong Kong, and the U.K.
Perceived Discrimination and Health

- Discrimination is associated with elevated risk of:
  - C-reactive protein (CRP)
  - coronary artery calcification (CAC)
  - breast cancer incidence
  - uterine myomas (fibroids)
  - subclinical carotid artery disease (IMT; intima-media thickness)
  - Delays in seeking treatment, lower adherence to treatment regimes, lower rates of follow-up

- Discrimination accounts, in part, for racial/ethnic disparities in health, in U.S., and elsewhere

Williams & Mohammed, J Behav Med 2009
Every Day Discrimination

In your day-to-day life how often have any of the following things happened to you?

- You are treated with less courtesy than other people.
- You are treated with less respect than other people.
- You receive poorer service than other people at restaurants or stores.
- People act as if they think you are not smart.
- People act as if they are afraid of you.
- People act as if they think you are dishonest.
- People act as if they’re better than you are.
- You are called names or insulted.
- You are threatened or harassed.

What do you think was the main reason for these experiences?
Discrimination & Health: An Example

Dr. Tene Lewis
Everyday Discrimination: positively associated with:

- coronary artery calcification (Lewis et al., Psy Med, 2006)
- C-reactive protein (Lewis et al., Brain Beh Immunity, 2010)
- lower birth weight (Earnshaw et al., Ann Beh Med, 2013)
- cognitive impairment (Barnes et al., 2012)
- poor sleep [object. & subject.] (Lewis et al, Hlth Psy, 2012)
- visceral fat (Lewis et al., Am J Epidemiology, 2011)
Lewis et al. Am J Epidemiology, 2011

Discrimination & Visceral Fat

Mean Visceral Fat, cm²

Tertiles of Discrimination

Low
Moderate
High
2009 Review: Mental Health

- 47 studies of mental health outcomes
- Additional studies of both physical and mental health outcomes
- Almost all studies are cross-sectional, but increasing number of prospective analyses

“Almost without exception, studies of discrimination and mental health find that higher levels of discrimination are associated with poorer mental health” p. 22

Williams and Mohammad; J Behav Med, 2009
2009 Meta-Analysis

- Analysis of 110 studies of discrimination and mental health
- Higher levels of perceived discrimination associated with more negative mental health outcomes
- Association consistent across indicators of depressive symptoms, psychiatric distress and general well-being
- Seven studies have examined discrimination and the diagnosis of mental disorder
- Perceived discrimination associated with increased probability of clinical levels of mental illness

Pascoe & Richman, Psych Bulletin, 2009
NSBA Prospective Analyses


- High psychological distress and depression at Wave 2 are unrelated to reports of discrimination at Wave 3 – indicating that poor mental health did not predict subsequent reports of discrimination

- Perceived racial discrimination at Wave 2 were associated with high levels of psychological distress, but not depression, at Wave 3

Brown et al. Race and Society, 2000
NLSY Prospective Analyses

• Study of 3,450 whites, 1,851 blacks, 1,170 Hispanics, and 1,387 other-race persons aged 14-21 in the NLSY between 1979 and 1983

• Employment-based racial discrimination predicts subsequent health-related work limitations

• Repeated reports of discrimination are strongly related to chronic limitations but single reports are not

• Work limitations did not predict subsequent reports of racial discrimination in seeking employment

Gee and Wasserman, 2009
Prospective Analyses: Adolescents

- Study of 714 black adolescents, ages 10-12, at baseline
- Interviewed 3 times over 5 years
- Increases in discrimination associated with conduct problems and depressive symptoms
- Association between discrimination and conduct problems stronger for boys but no gender differences for depressive symptoms
- Association was weaker when youths received nurturant-involved parenting, had prosocial friends and performed well academically

Prospective Analyses: Adults

- Study of 343 black women interviewed in 1996 and 2001 in Eastside Village Health Worker Partnership survey in Detroit, MI
- Changes over time in chronic discrimination was associated with an increase in symptoms of depression and a decline in self-reported health status
- Associations remain significant net of household income and education

Schulz et al. AJPH, 2006
Discrimination and Health: New Zealand

• National study of 4,108 Maori and 6,269 whites

• A 5-item scale captured ethnically motivated physical or verbal attack, unfair treatment (due to ethnicity) in health care, getting a job, at work, or in housing. Maori were 10 times more likely than whites to report discrimination in 3 or more settings.

• Perceived discrimination made an incremental contribution over and above SES in explaining disparities in poor self-rated health, low physical functioning, psychological distress, and self-reported cardiovascular diseases

Harris et al., 2006, Lancet
Discrimination and Health: South Africa

• National study of 4,351 adults
• All black groups 2 to 4 times more likely than whites to report chronic and acute racial discrimination
• All black groups had higher levels of psychological distress than whites
• Perceived discrimination made an incremental contribution over and above SES in accounting for racial disparities in psychological distress
• Discrimination unrelated to poor self-rated health

Williams et al., 2008, Social Science & Medicine
Discrimination & Disorders: South Africa

- Even after adjustment for demographics, other stressors, and psychological factors (self esteem, mastery, social desirability)
- Acute racial discrimination is associated with an elevated risk (1.68) of lifetime substance use disorders
- Chronic non-racial discrimination is associated with elevated risk (1.68 to 2.16) of past year and lifetime mood, anxiety and substance use disorders

Moomal et al., SAMJ, 2009
It Starts Early

• Cross-sectional study of 5,147 fifth graders (10 - 11 years old) from 3 US metropolitan areas

• Measure: a positive response to either “Have you ever been treated badly because of your race or ethnicity?” or “because of the color of your skin?”

• Mental Health: DSM-IV symptoms of 4 disorders: depression, attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD) and conduct disorder in prior 12 months

Coker et al., AJPH, 2009
Discrimination and Mental Health Problems


* p<0.05
Discrimination and Mental Health Problems


* p<0.05
How much does discrimination contribute to the declining mental health status of immigrants over time?
Lifetime Prevalence of Psychiatric Disorder, by Race and Generational Status (%)

Williams et al., AJPH, 2007; Alegria et al., AJPH, 2007; Takeuchi et al., AJPH, 2007
Acculturation Stressors and health

• A study of migrant Mexican workers in Fresno, CA
• Acculturation stress: stressors linked to discrimination, legal status and problems speaking English.
• Acculturation stressors:
  - inversely related to physical & mental health
  - partially accounted for declines in health with years in the U.S.
  - had a more severe negative effect on migrants who were more acculturated than those who were less acculturated.

Finch, Frank & Vega 2004 Int Migration Rev
How Stress Affects Health

Identify and Examine Plausible Pathways:

1. Shapes Health Behaviors

2. Can affect compliance with medical regimens

3. Creates Negative Emotional States that can affect specific physiological systems e.g. cardiovascular, immune, neuroendocrine

Cohen et al 1995
Discrimination and Substance Use

- Study of 1,507 Blacks and 1,813 Whites in the CARDIA study of young adults
- Racial discrimination in African Americans was associated with current smoking, alcohol consumption, and lifetime use of marijuana and cocaine
- Associations similar for Whites, but not significant

Borrell et al. 2007, American Journal of Epidemiology
How Stress Affects Health

Identify and Examine Plausible Pathways:

1. Shapes Health Behaviors

2. Can affect compliance with medical regimens

3. Creates Negative Emotional States that can affect specific physiological systems e.g. cardiovascular, immune, neuroendocrine

Cohen et al 1995
Discrimination and Health Care Behaviors

Recent studies indicate that experiences of discrimination are associated with:

- Delays in seeking treatment
- Lower adherence to treatment regimens
- Lower rates of follow-up

Williams & Mohammed, J Behav Med 2009
Discrimination and Help Seeking: Sweden

• National survey of 14,736 men and 17,115 women in Sweden

• Both perceived discrimination and socioeconomic disadvantage were independently associated with refraining from seeking medical treatment

• Frequent discrimination was associated with three to nine-fold increased odds of refraining from seeking medical treatment

• Combination of discrimination and socioeconomic disadvantage was associated with a multiplicative effect

Wamala et al. 2007
Discrimination and Delays in Pharmacy
Prescriptions and Medical Tests

- Study of 181 Blacks, 148 Latinos, and 193 Whites in Durham County, NC
- Odds of delaying filling prescriptions were significantly higher for persons who perceived unfair treatment
- Odds of delaying medical tests or treatments were significantly higher for persons who thought racism was a problem in health care locally

Van Houtven al. 2005
Disparities in the Progression and Severity of Disease highlight a Potential Role of Discrimination in Access, Quality and Intensity of Care
How Stress Affects Health

Identify and Examine Plausible Pathways:

1. Shapes Health Behaviors
2. Can affect compliance with medical regimens
3. Creates negative emotional states that can affect specific physiological systems e.g. cardiovascular, immune, neuroendocrine

Cohen et al 1995
Discrimination and C-reactive Protein

• Study of 296 older African American adults
• Outcome: C-reactive protein (CRP), a marker of inflammation and correlate of CVD outcomes
• Discrimination was positively associated with CRP (b=.10, p=.03)
• Association independent of SES, depressive symptoms, smoking, chronic disease
• Association attenuated by BMI (b=.09, p=.07)

Lewis et al. 2009, Brain, Behavior, and Immunity
Discrimination and E-selectin

• Study of 804 White adults in a sample from the Survey of Midlife in the United States (MIDUS)

• Women reported significantly more instances of major and everyday discrimination than men

• Greater lifetime exposure to major discrimination and chronic exposures to everyday discrimination predicted higher levels of E-selectin in men

Friedman, Williams et al. 2009, Brain, Behavior, and Immunity
Research Needs

- More systematic attention to measuring discrimination comprehensively
- Measuring discrimination accurately
- Capturing its stressful dimensions
- Assessing how it combines with other aspects of racism and other stressors
- Attention to the underlying pathways by which discrimination can affect health.
Arab American Birth Outcomes

• Non race-related stressors can be racialized in ways that can generate racial/ethnic discrimination
• September 11 terrorist attacks an example
• Well-documented increase in discrimination and harassment of Arab Americans after 9/11/2001
• Arab American women in California had an increased risk of low birthweight and preterm birth in the 6 months after Sept. 11 compared to pre-Sept. 11
• Other women in California had no change in birth outcome risk, pre-and post-September 11

Lauderdale, 2006
Historical Trauma (HT) - I

• Intergenerational effects of racism, genocide, & assimilation on American Indian health
• Cumulative & collective psychological wounding over the life-span and across generations
• Similar to studies of other generational group traumas, such as, the Jewish Holocaust, or the internment of Japanese Americans in concentration camps
• HT may contribute to unresolved grief, substance abuse, physical and mental illnesses, suicide, homicide, problematic gambling behaviors, domestic violence, child abuse & low SES in American Indians

Whitbeck et al. 2004
Historical Trauma -II

- Scales with good psychometric properties have been developed to assess HT
- Prevalence levels of HT are high in American Indians
- Recent empirical studies have found an inverse association between HT and health.
- Clinical interventions to address HT have also been developed.
- Need to assess other race-specific experiences: brutal lynchings of blacks? Internment and relocation of Japanese Americans (WW II

Whitbeck et al 2004; Braveheart 2003;
Online Discrimination

- Study of 264 adolescents (14-18 year olds)
- 20% of whites, 29% of blacks, 42% of multiracial/other reported individual discrimination
- 71% of blacks and whites and 67% of multiracial/other witnessed vicarious discrimination
- Location of victimization: text messaging (35%), chat (13%), discussion forums (10%), online games (13%), social network sites (50%), and other (instant messenger, facebook, yahoo games (22%))

Tynes, Giang, Williams & Thompson, 2008; J Adolescent Health
Online Discrimination and Mental Health

- 34% were victimized in more than one location
- Most common combination was text messaging and social network sites
- After adjustment for age, gender, ethnicity, perceived stress, and offline discrimination:
  - Online individual discrimination was positively related to depressive symptoms and anxiety symptoms
  - Online vicarious discrimination was unrelated to mental health

Tynes, Giang, Williams & Thompson, 2008; J Adolescent Health
Perceived Discrimination: Overall Assessment

• Studies of discrimination and health continue to proliferate

• The consistency of an inverse association between discrimination, operationalized in various ways, and an increasingly broad range of health outcomes, across multiple population groups, in a wide range of national and cultural contexts, is impressive

• It lends credibility to the plausibility that discrimination is an important emerging risk factor for disease
Internalized Racism:

Acceptance of society’s negative characterization can adversely affect health
Blacks Perceptions of Blacks Compared to Whites Perceptions of Blacks (1990)

General Social Survey, 1990
Internalized Racism and Mental Health

- The National Study of Black Americans assessed the extent to which 7 negative stereotypes and 7 positive stereotypes were true of most black people
- Endorsement of negative stereotypes positively associated with psychological distress
- Rejection of positive stereotypes as true inversely related to happiness and life satisfaction
- Endorsement of stereotypes inversely related to self-esteem (Hughes & Demo 1989)

Williams & Willams-Morris, Ethnicity and Health, 2000
Internalized Racialism and Health
(Jerome Taylor and Colleagues)

A high score on internalized racialism was related to:
1. Higher consumption of alcohol
2. Higher levels of psychological distress
3. Higher levels of depressive symptoms
Internalized Racism: U.S.

- The Nandanolitization scale is a 24 item internalized racism measure.
- It captures the extent to which blacks are socially uncomfortable with other blacks.
- And the extent to which blacks endorse traditional racist stereotype of blacks:
  - Blacks are mentally defective (intellectually, morally, emotionally)
  - Blacks are physically gifted (athletically, sexually, artistically)
- Estimates that one in three blacks are high on internalized racism (community and student samples).

Taylor & Gundy, 1996. Handbook of Tests & Measurements for Black Populations
Internalized Racism: Australia

- Study of 312 Indigenous volunteers in Darwin, Australia. Internalized racism measured by 4 item scale:
  1. Not feeling good about being Indigenous
  2. Wanting Indigenous people to think and act more like other Australian
  3. Disagreeing that Indigenous people have fewer opportunities than other Australians
  4. Reporting not being accepted by other Indigenous people

- One third had high levels of internalized racism

Paradies & Cunningham, Ethnic and Racial Studies, 2009
Undoing Racism & Health

Limited evidence that policies and events that address the legacies of racism may have positive effects on physical and mental health
Economic Policy is Health Policy

In the last 50 years, black-white differences in health have narrowed and widened with black-white differences in income.
Health Effects of Civil Rights Policy I

- Civil Rights policies narrowed black-white economic gap
- Gains greater for women than men
- Black women had larger gains in life expectancy during 1965 - 74 than other groups (3 times as large as those in the decade before)
- Between 1968 and 1978, black males and females, aged 35-74, had larger absolute and relative declines in mortality than whites

Kaplan et al. 2008; Cooper et al. 1981
Health Effects of Civil Rights Policy II

• Black women born 1967 - 69 had lower risk factor rates as adults and were less likely to have infants with low-birth weight and low APGAR scores than those born 1961- 63

• Desegregation of Southern hospitals enabled 5,000 to 7,000 additional Black babies to survive infancy between 1965 to 1975

Almond & Chay, 2006; Almond et al. 2006
Median Family Income of Blacks per $1 of Whites

Year

Cents

Economic Report of the President, 1998
U.S. Life Expectancy at Birth, 1984-1992

NCHS, 1995
A Jesse Jackson Effect?

- A national panel study of U.S. Blacks from 1979 to 1992
- At the third Wave (1988):
  -- reports of health problems, disability, and psychological distress were at their lowest levels over the 13-year period
  -- the lowest proportion of blacks reporting that whites wanted to keep blacks down and the lowest reports of racial discrimination in the past month
- In 1988, Jesse Jackson, a black man, was running the most successful presidential campaign ever by a black person in U.S. history
- A spill-over effect from the political climate to health?

Jackson, Brown, Williams et al.; Ethnicity and Disease, 1996
Nelson Mandela: Election Euphoria

- During apartheid, blacks report markedly lower levels of happiness & life satisfaction than whites in South African.
- In 1994, black levels of happiness and life satisfaction at highest level between 1983 and 1995.
- In 1994, percent of happy and satisfied blacks slightly higher than those of whites.
- For the first time in history: all South Africans have the same level of happiness.
- Among black South Africans, levels of psychological well-being revert to earlier levels 18 months later.

Moeller, Social Indicators Research, 1998
An Obama Effect?

- Study of 46,000 Ohio adults, Aug 6, 2008 to Jan 24, 2009
- Period covers Obama’s nomination (Aug. 29, 2008), election (Nov. 4, 2008), and inauguration (Jan. 21, 2009)
- Quasi-experimental “interrupted time-series” analysis adjusted for income, education, health insurance, age, sex, marital status, Dow Jones average, and unemployment rate
- Self-rated health was higher for blacks and Hispanics, after Obama’s nomination for president
- Similar effect not evident after his election or inauguration
- No effect among whites

Malat, Timberlake & Williams; Ethnicity and Disease, In Press
Conclusions

• Racism, in its multiple forms, is rapidly emerging as a major risk factor for health
• Need for increased research attention to understand its potential effects
• Urgent need to identify:
  -- effective efforts to mitigate its pathogenic effects
  -- feasible and optimal strategies to create the political will and support to dismantle societal structures that support racism, ethno-centrism, anti-immigrant sentiments and incivility