

Racism as a Determinant of Health: How Social Policies

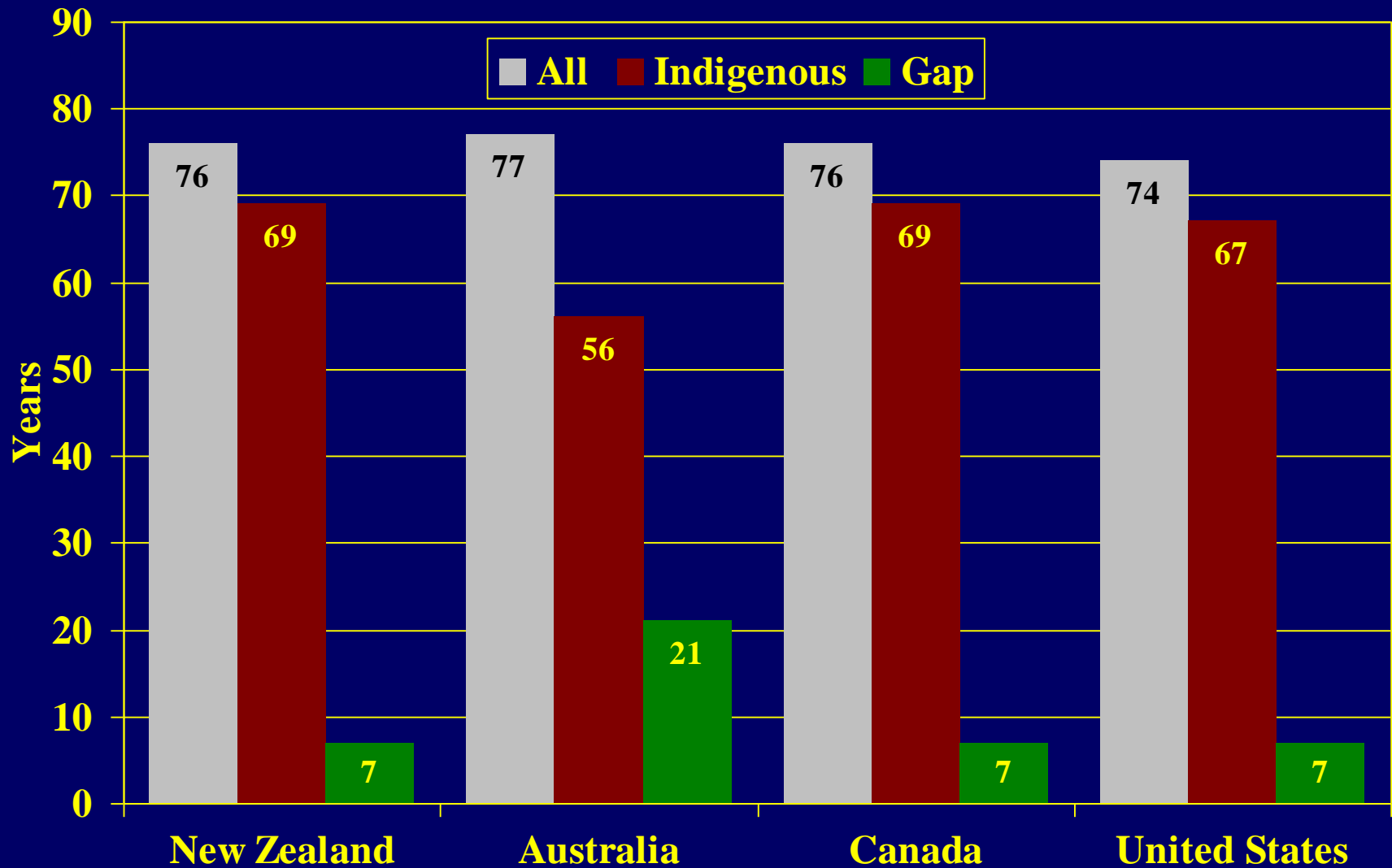
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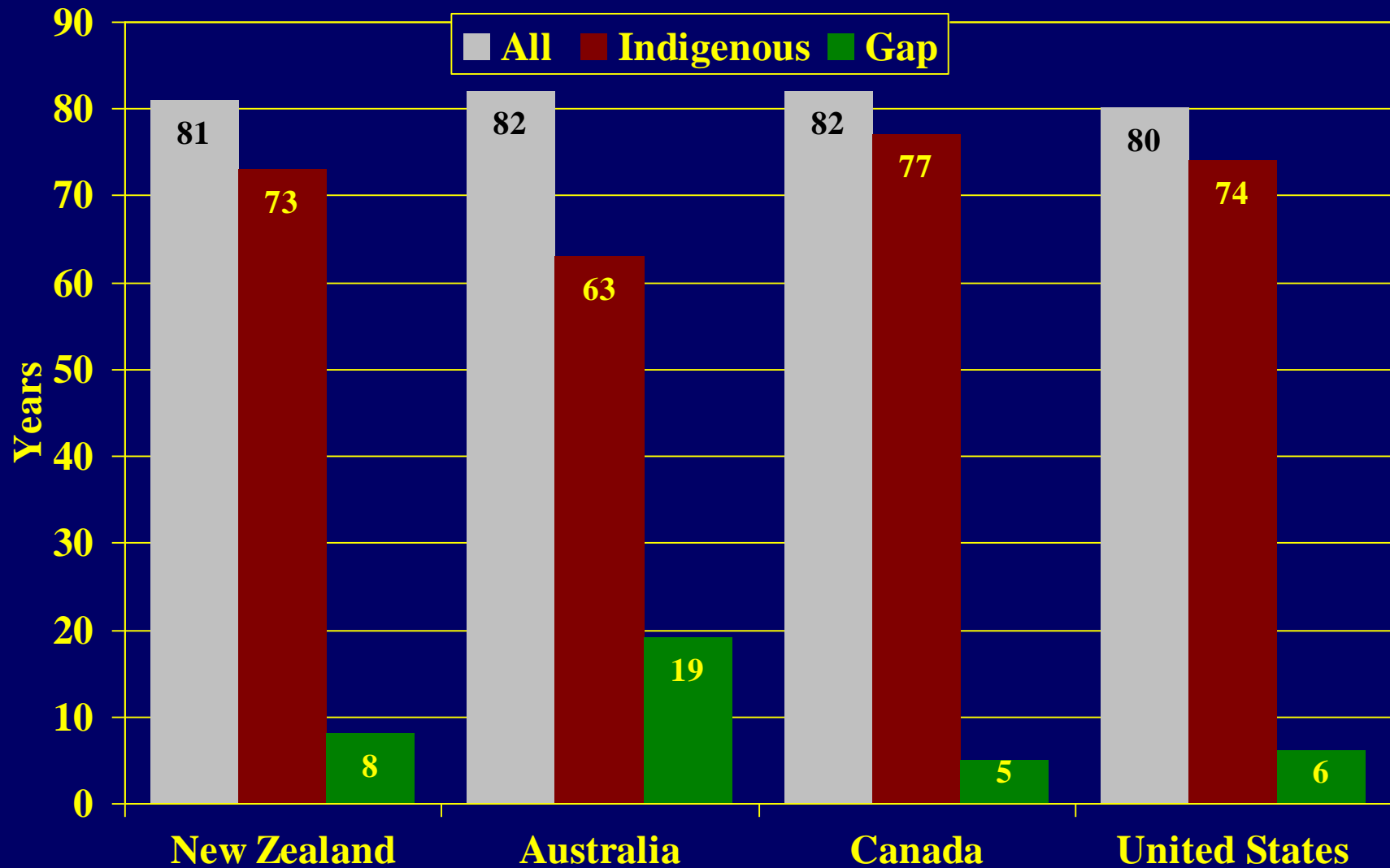
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Life Expectancy, Indigenous Men



Maori, Aboriginal, First Nation, Am Indian & Alaskan Native; Bramley et al. 2004

Life Expectancy, Indigenous Women



Maori, Aboriginal, First Nation, Am Indian & Alaskan Native; Bramley et al. 2004

Life Expectancy At Age 25

Group	White	Black	Difference
All	53.4	48.4	5.0

Life Expectancy At Age 25

Group	White	Black	Difference
All	53.4	48.4	5.0
Education			
a. 0-12 Years	50.1		
b. 12 Years	54.1		
c. Some College	55.2		
d. College Grad	56.5		
Difference	6.4		

Life Expectancy At Age 25, 1998

Group	White	Black	Difference
All	53.4	48.4	5.0
Education			
a. 0-12 Years	50.1	47.0	
b. 12 Years	54.1	49.9	
c. Some College	55.2	50.9	
d. College Grad	56.5	52.3	
Difference	6.4	5.3	

Life Expectancy At Age 25

Group	White	Black	Difference
All	53.4	48.4	5.0
Education			
a. 0-12 Years	50.1	47.0	3.1
b. 12 Years	54.1	49.9	4.2
c. Some College	55.2	50.9	4.3
d. College Grad	56.5	52.3	4.2
Difference	6.4	5.3	

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.

Percent of Job Applicants Receiving a Callback

Criminal Record	White	Black
No	34%	14%
Yes	17%	5%

Racism and Health: Mechanisms

- Institutional discrimination can restrict socioeconomic attainment and group differences in SES and health.
 - Segregation can create pathogenic residential conditions.
 - Discrimination can lead to reduced access to desirable goods and services.
 - Internalized racism (acceptance of society's negative characterization) can adversely affect health.
 - Racism can create conditions that increase exposure to traditional stressors (e.g. unemployment).
 - Experiences of discrimination may be a neglected psychosocial stressor.
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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: Tene Lewis et al

- **Everyday Discrimination: positively associated with:**
 - coronary artery calcification (Lewis et al., Psy Med, 2006)
 - C-reactive protein (Lewis et al., Brain Beh Immunity, 2010)
 - blood pressure (Lewis et al., J Gerontology: Bio Sci & Med Sci 2009)
 - **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)
 - mortality (Barnes et al., J Gerontology: Bio Sci & Med Sci, 2008).
 - visceral fat (Lewis et al., Am J Epidemiology, 2011)
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UNEQUAL TREATMENT

CONFRONTING RACIAL AND ETHNIC
DISPARITIES IN HEALTH CARE

INSTITUTE OF MEDICINE

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.

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.
- After adjustment for sex, primary language, insurance, occupational injury, time of presentation, total time in ED, fracture reduction and hospital admission, being Hispanic was the strongest predictor of no analgesia.
- Hispanics were 7.5 times more likely than NH whites to receive no analgesia, after adjustment for all factors

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).

Reducing Racial Bias Among Health Care Providers: Lessons from Social-Cognitive Psychology

Diana Burgess, PhD^{1,2}, Michelle van Ryn, PhD, MPH^{1,3}, John Dovidio, PhD⁴, and Somnath Saha, MD, MPH⁵

Counteracting unconscious prejudice and stereotypes: Individuation

- Individuation: provider focuses on the individual attributes of specific patient (vs *categorization*: perceiving patient through filter of group (e.g, race))
- With adequate motivation, cognitive resources, and effort, people can learn to focus on the unique qualities of individuals, rather than the groups they belong to, in forming impressions and behavior
- Even automatically activated prejudice and stereotypes can be inhibited when people are perceived more in terms of their particular qualities vs. primarily as members of social categories.

Improving Population Health & Reducing Inequities in Health

What Can We Do?

Centrality of the Social Environment

An individual's chances of getting sick are largely unrelated to the receipt of medical care

Where we live, learn, work, play and worship determine our opportunities and chances for being healthy

Social Policies can make it easier or harder to make healthy choices

Policy Area

Place Matters!

Geographic location determines exposure to risk factors and resources that affect health.



Our Neighborhood Affects Our Health

Unhealthy Community

vs

Healthy Community

Unsafe even in daylight



Safe neighborhoods, safe schools, safe walking routes

Exposure to toxic air, hazardous waste



Clean air and environment

No parks/areas for physical activity



Well-equipped parks and open/spaces/organized community recreation

Limited affordable housing is run-down; linked to crime ridden neighborhoods



High-quality mixed income housing, both owned and rental

Convenience/liquor stores, cigarettes and liquor billboards, no grocery store



Well-stocked grocery stores offering nutritious foods



Our Neighborhood Affects Our Health

Unhealthy Community

vs

Healthy Community

Streets and sidewalks in disrepair



Clean streets that are easy to navigate

Burned-out homes, littered streets



Well-kept homes and tree-lined streets

No culturally sensitive community centers, social services or opportunities to engage with neighbors in community life



Organized multicultural community programs, social services, neighborhood councils or other opportunities for participation in community life

No local health care services



Primary care through physicians' offices or health center; school-based health programs

Lack of public transportation, walking or biking paths



Accessible, safe public transportation, walking and bike paths

Residential Segregation is an example of a Social Policy that continues to have pervasive adverse effects on health

How Segregation Can Affect Health

1. Segregation determines SES by affecting quality of education and employment opportunities.
2. Segregation can create pathogenic neighborhood and housing conditions.
3. Conditions linked to segregation can constrain the practice of health behaviors and encourage unhealthy ones.
4. Segregation can adversely affect access to medical care and to high-quality care.

Residential Segregation and SES

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

- Earnings
- High School Graduation Rate
- Unemployment

And reduce racial differences in single motherhood by two-thirds

Improving Health

Enhancing neighborhood quality to
Improve health

3 Major HUD Initiatives in 1990s

- **Residential Relocation: Moving to Opportunity:** helping poor families move from high-poverty public housing
 - **In-Place Services and Incentives: Jobs-Plus:** saturating public housing with high-quality employment services and rent-based financial incentives
 - **Suburban Job Linkage: Bridges to Work:** help residents of high-poverty, central-city communities find jobs in opportunity-rich suburban areas
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Lessons from HUD Initiatives

- Interventions can increase income, improve safety and security and improve physical and mental health
- Families will respond to real opportunities
- Meaningful change requires sustained effort over time
- People need help in finding jobs and in keeping jobs (retention, advancement, commuting costs, child care)
- Programs must tackle all of the major barriers: housing, safety, health, employment, education

Moving to Opportunity

- The Moving to Opportunity Program randomized families with children in high poverty neighborhoods to move to less poor neighborhoods.
- Three years later, there were improvements in the mental health of both parents and sons **who** moved to the low-poverty neighborhoods
- 10 to 15 years later, movers had lower levels of obesity, severe obesity & diabetes risk (HbA_{1c})

Yonkers Housing Intervention

City-wide de-concentration of public housing

- ❖ Half of public housing residents selected via a lottery to move to better housing
- ❖ 2 years later, movers reported better overall health, less substance abuse, neighborhood disorder and violence than those who stayed
- ❖ Movers also reported greater satisfaction with public transportation, recreation facilities and medical care
- ❖ Movers had higher rates of employment and lower welfare use

Purpose Built Communities

Instead of addressing poverty, urban blight, failing schools, crime and unemployment piecemeal, community activists and philanthropists in Atlanta took them on at once (integrative strategies include cradle-to-college educational opportunities, mixed-income housing, early child development, recreational opportunities).

Atlanta's East Lake District results:

- A 95% reduction in crime since its launch in 1995
 - Employment rate of low-income: from 13% to 70%
 - Striking school achievement: East Lake students at or above grade level increase from 5% at start to 96%
 - Purpose Built Communities in Atlanta, New Orleans, Indianapolis, Charlotte, among others.
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Improving Health

Improve economic well-being

Increased Income and Health

- A study conducted in the early 1970s found that mothers in the experimental income group who received expanded income support had infants with higher birth weight than that of mothers in the control group.
- Neither group experienced any experimental manipulation of health services.
- Improved nutrition, probably a result of the income manipulation, appeared to have been the key intervening factor.

Increased Household Income and Health

- A study by Hoynes et al. used variation in the federal Earned Income Tax Credit (EITC) over time and the presence of state EITC's to examine the effect of these cash awards on birth outcomes
- Findings: income from EITC reduced the rate of low birth weight and increased mean birth weight
- These effects were evident for both blacks and whites but were larger for blacks.
- Another study by Strully et al. using changes in state EITC as a natural experiment found that state EITCs increased birth weights and reduced maternal smoking

Hoynes, et al. 2012, *Nat Bur of Econ Research Working Paper Series*.

Strully, et al. 2010, *American Sociological Review*

Social Security and the Health of the Elderly

- An analysis of the impact of the social security program in increasing the SES of the elderly was conducted
- It found that the initial implementation of the program was associated with mortality declines for the elderly
- Subsequent increases in the level of social security benefits were also associated with mortality declines for the elderly

Great Smoky Mountain Study, NC

- A natural experiment that assessed the impact of additional income on the health of American Indians who were 9 to 13 years old at baseline
- During this longitudinal study Indian households received extra income due to the opening of a Casino
- The study found declining rates of deviant and aggressive behavior among adolescents whose families received additional income.
- After four years of cash supplements, the level of psychiatric symptoms was similar to those of adolescents who had never been poor.
- Lower risk of psychiatric disorders in adolescence when youth lived at home persisted into young adulthood when most had moved out of their childhood home.

Great Smoky Mountain Study, NC

- This study also found that the additional income received by adolescents was associated with higher levels of education and lower incidence of minor criminal offenses in young adulthood and the elimination of racial disparities on both of these outcomes
- These effects existed only for the households that were poor at the time of the inception of income supplements. Improved parenting appears to be responsible for the effects.

Conditional Cash Transfer (CCT) Programs

Provide cash payments to low income families contingent on regular health care visits, school attendance or participation in educational programs.

- A program in Mexico in which families had been randomized to receive cash transfers led to:
 - Reduced illness rates and child stunting (Rawlings & Rubio, 2005)
 - Increased the quality of prenatal care (Barber & Gertler, 2009)
 - Reduced rural infant mortality by 17% (Barham, 2011)

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

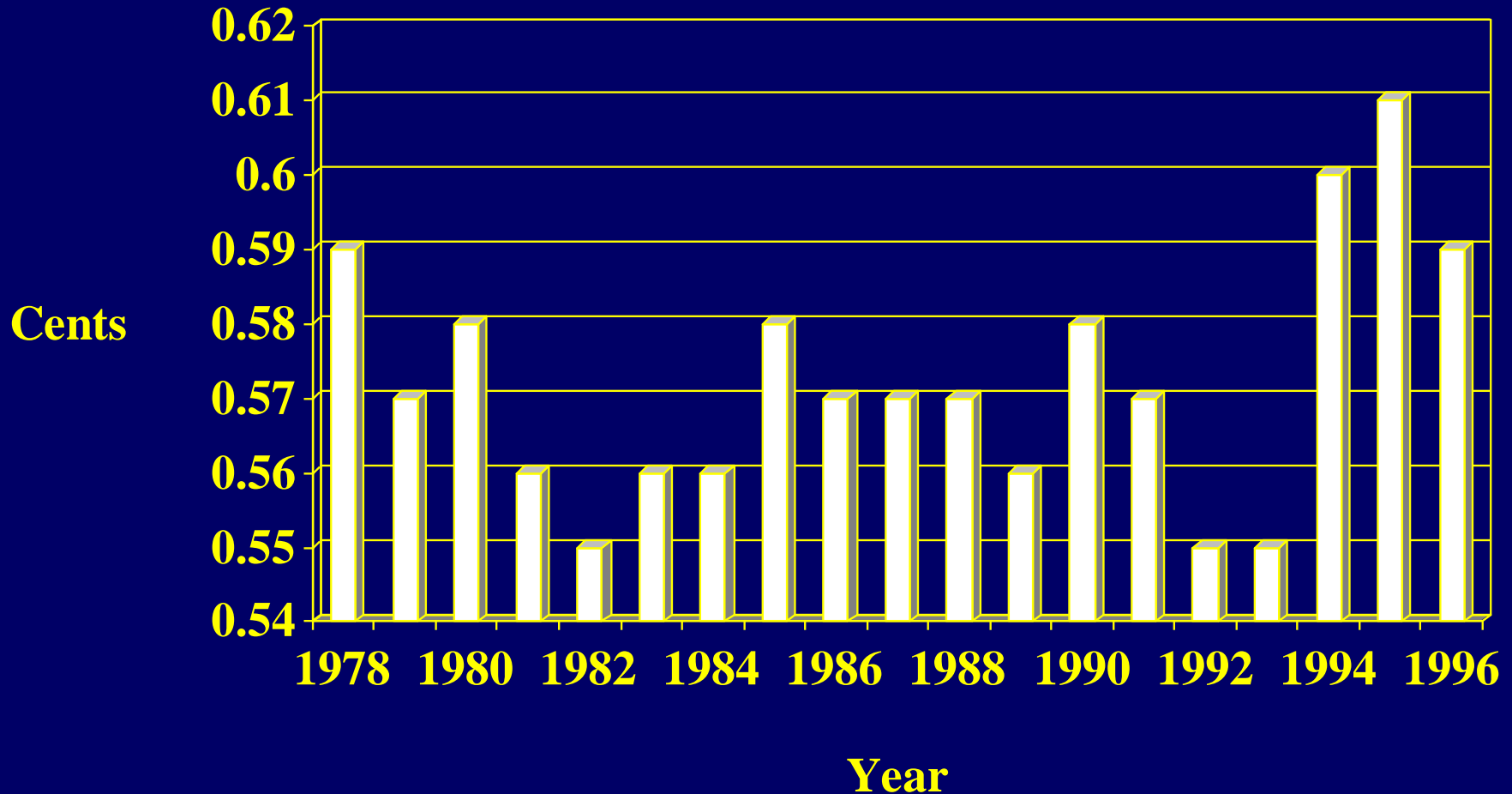
Health Effects of Civil Rights Policy I

- 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

Health Effects of Civil Rights Policy II

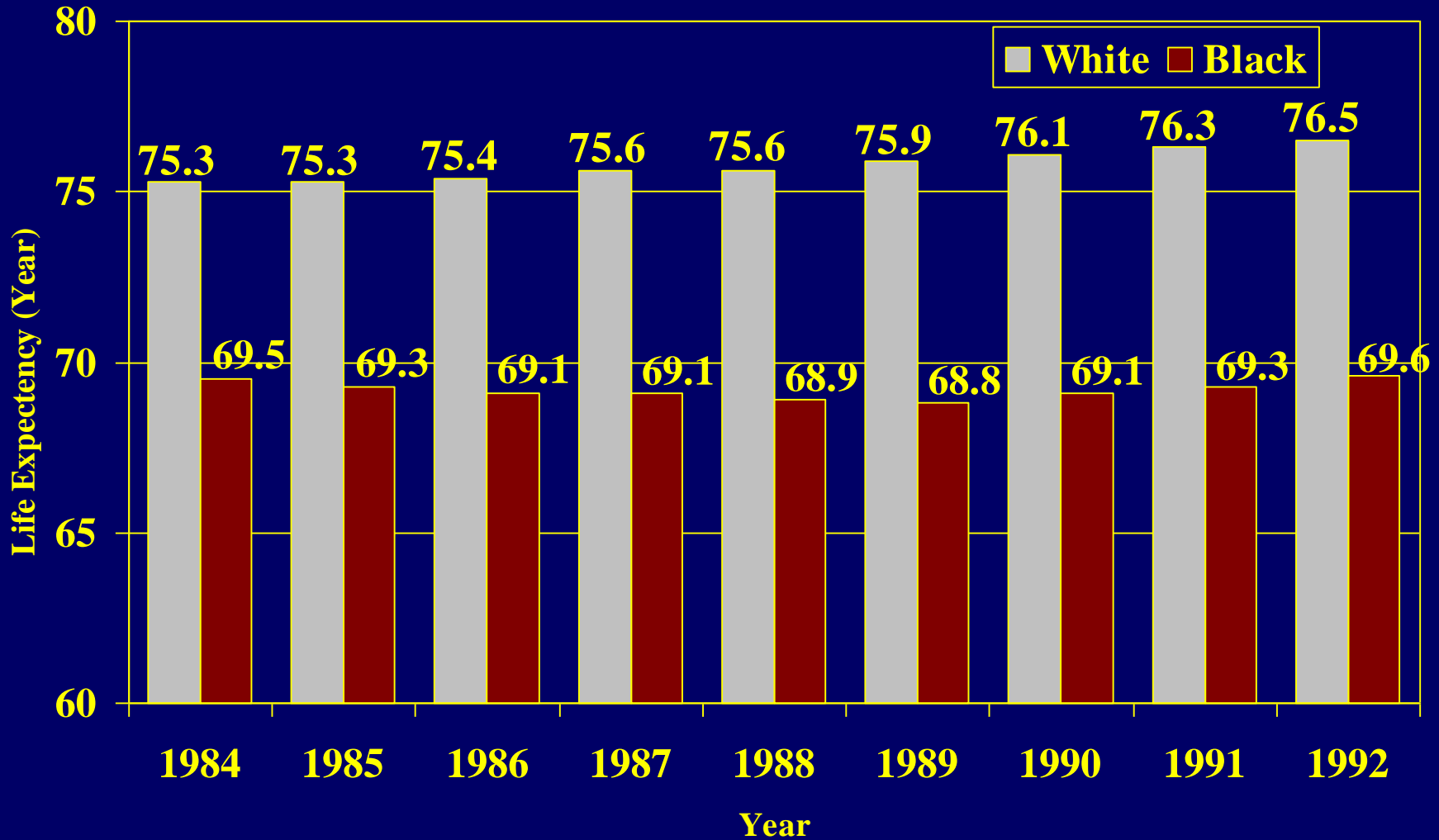
- Black women born 1967 - 69 had lower risk factor rates as adults and were less likely to have infants with low-birth weight and low APGAR scores than those born 1961- 63
- Desegregation of Southern hospitals enabled 5,000 to 7,000 additional Black babies to survive infancy between 1965 to 1975

Median Family Income of Blacks per \$1 of Whites



Source: Economic Report of the President, 1998

U.S. Life Expectancy at Birth, 1984-1992



Policy Area

Family Structure

Consequences for SES and Health

Family Structure and SES

Compared to children raised by 2 parents those raised by a single parent are more likely to:

- grow up poor
- drop out of high school
- be unemployed in young adulthood
- not enroll in college
- have an elevated risk of juvenile delinquency and participation in violent crime.

Determinants of Family Structure

- Economic marginalization of males (high unemployment & low wage rates) is the central determinant of high rates of female-headed households.
- Marriage rates are positively related to average male earnings.
- Marriage rates are inversely related to male unemployment.

Social Context of Homicide

1. Lack of access to jobs produces high male unemployment and underemployment
2. This in turn leads to high rates of out of wedlock births, female-headed households and the extreme concentration of poverty.
3. Single-parent households lead to lower levels of social control and guardianship
4. The association between family structure and violent crime is identical in sign and magnitude for whites and blacks.
5. Racial differences at the neighborhood level in availability of jobs, family structure, opportunities for marriage and concentrated poverty underlie racial differences in crime and homicide.

Racial Differences in Residential Environment

- “The sources of violent crime...are remarkably invariant across race and rooted instead in the structural differences among communities, cities, and states in economic and family organization,” p. 41
- 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

Policy Matters

Social Policy can cushion the negative effects of family structure on poverty and child outcomes

Child Poverty Rates

Country	Before Taxes	After Taxes
Netherlands	16.0	7.7
Spain	21.1	12.3
Sweden	23.4	2.6
Canada	24.6	15.5
Italy	24.6	20.5
United States	26.7	22.4
Australia	28.1	12.6
France	28.7	7.9
United Kingdom	36.1	19.8
Poland	44.4	15.4

Source: UNICEF (United Nations' Children's Fund), 2000

Learning from the Military

- Black men in the military earn more than civilian peers
- The command and control, bureaucratic structure of the military has created a more race-blind environment than larger society
- Military benefits include family housing, day care centers, school-age activity centers
- Active duty military service promotes marriage over cohabitation, increased the likelihood of 1st marriage, and leads to greater stability of marriage. Effects greater for blacks than for whites
- Economic resources eliminates disparities in marriage

Improving Health

Enhance the quality of education

Education Policy

In a country as racially polarized as the United States, no single change ... could possibly eliminate the entire legacy of slavery and Jim Crow ... But if racial equality is America's goal, reducing the black-white test score gap would probably do more to promote this goal than any other strategy that could command broad political support. Reducing the test score gap is probably both necessary and sufficient for substantially reducing racial inequality in educational attainment and earnings. [These] ... in turn help reduce racial differences in crime, health, and family structure....”

Jencks and Phillips, *The American Prospect*, 1998

Improving Education

- In 2006, the Education Trust published a report entitled,
 - Yes We Can: Telling Truths and Dispelling Myths About Race and Education in America
 - It indicates, for example, that teacher quality is the single biggest predictor of student performance
 - It provides examples of schools of excellence in poor African American, Latino and American Indian communities
-

Policy Matters

Investments in early childhood programs in the U.S. have been shown to have decisive beneficial effects

High/Scope Perry Preschool

Program: Black children, living in poverty & at risk of school failure

- Random assignment
- Daily classes and weekly home visits



At age 40, those who received the program:

- Were more likely to graduated from high school
- Had higher employment, income, savings, home ownership
- Had fewer arrests for violent, property and drug crimes
- Cost-benefit: \$17 return to society for every dollar invested

Costs of Inaction

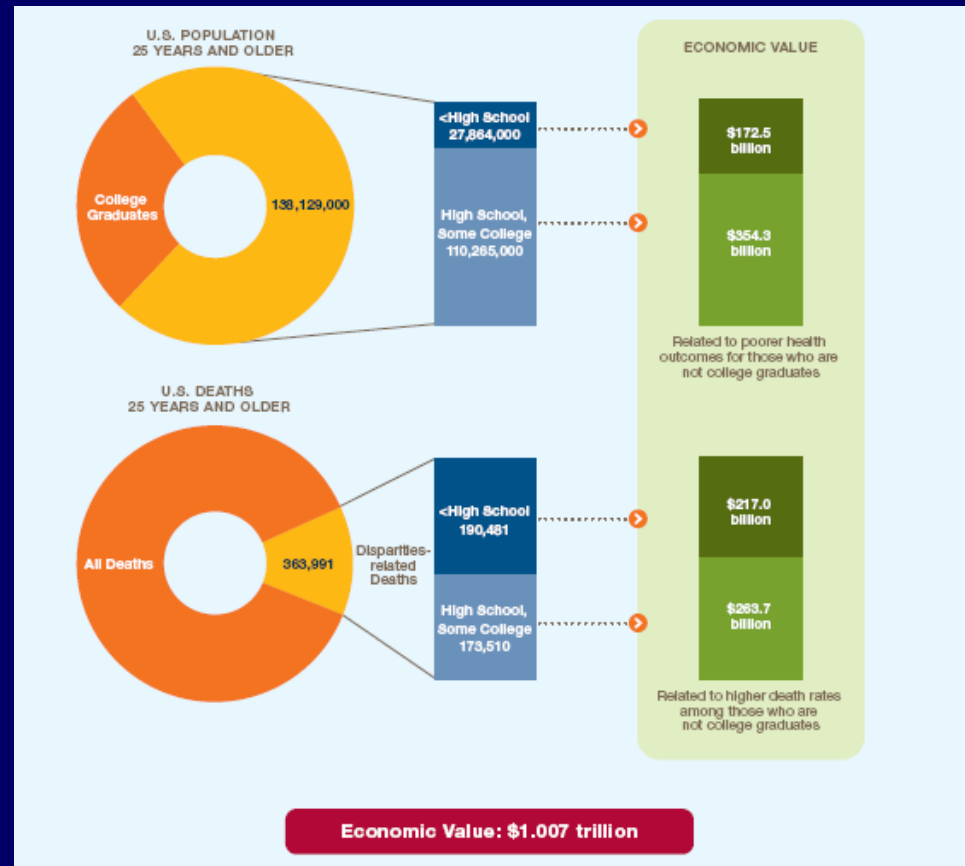
**Social Disparities in health are
really costly to our society**

Total Costs of Racial Disparities, 2003-2006

- Medical Care Costs = \$229.4 Billion
- Lower worker productivity & premature death costs = \$1,008 Trillion
- **Total Costs = \$1.24 Trillion**
- More than GDP of India (12th largest economy)
- \$309.3 Billion annual loss to the economy
- Social Justice can be cost effective
- Doing nothing has a cost that we should not continue to bear

Expected economic gains from reducing education differences in health

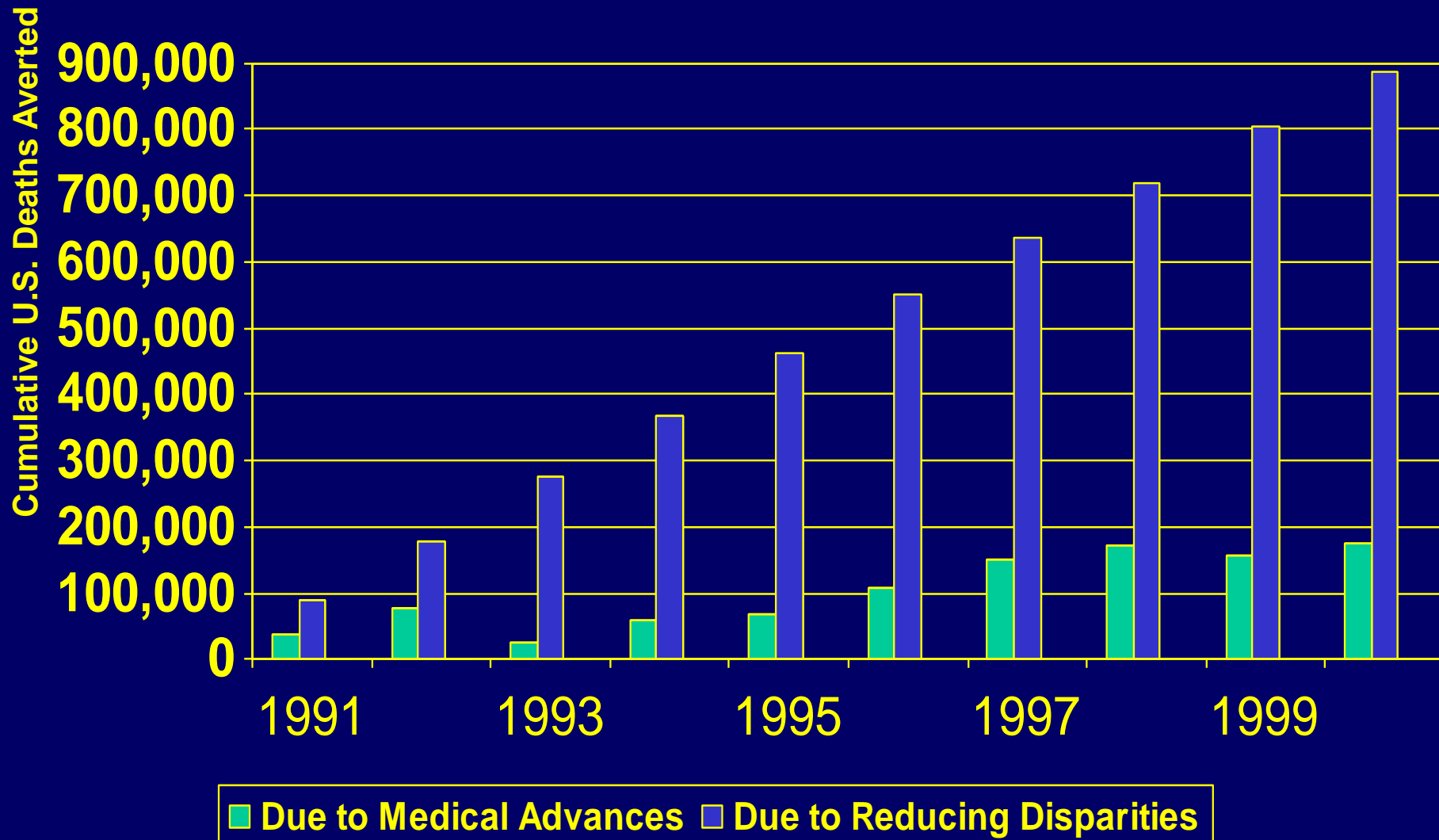
If all Americans had the better health of college graduates, they would live longer and healthier lives. These improvements would translate into gains of \$1.007 trillion annually.



Medical Advances Vs. Disparities, 1991 - 2000

- 176,633 deaths averted due to declines in mortality
- Assume all the decline is due to medical advances
- If the death rates of blacks and whites were identical, 886,202 deaths would have been averted
- 5 deaths could be averted by reducing disparities for every life saved by medical advances
- Eliminating disparities in health would save more lives than current advances in medical technology

Medical Advances Vs. Disparities, 1991- 2000



Keys to Long-term Success

- Building the perspective of Health into all policy-making
 - Including an explicit focus on health equity into policy-making
 - Convening, enabling and supporting cross-sectoral collaborations
 - Developing institutional mechanisms to provide policy coherence and the constant need for action
 - Developing consensus-based standard data and methods for surveillance systems linking health, health equity and their determinants
 - Ensure data is available at the local level
 - Investing in strengthening community capacity and the potential for community advocacy
-

Improving Health

Health Care Improvement alone will
NOT solve any nation's health
problems

Healthier lifestyles are needed

Improving Health

Need for Social Responsibility:

- We have to create the opportunities to promote good health for all
- We have to remove the barriers that make it almost impossible for some to make healthy choices

We need to build a science base that will guide us in developing the political will to support the needed policies to effectively address social inequalities in health

Conclusions

1. All policy that affects health is health policy
 2. Inequality in health is created by inequalities in society
 3. SES and racial/ethnic disparities in health reflect the successful implementation of social policies.
 4. Eliminating them requires political will, and a commitment to new strategies to improve living and working conditions.
 5. Health officials need to work collaboratively with other sectors of society to initiate and support social policies that promote health & reduce health inequality
 6. Our great need is to begin in a systematic and comprehensive manner, to use all of the current knowledge that we have.
 7. Now is the time
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