African American Symposium

Moving Beyond Health Disparity & Achieving Health Equity: From Strategy To Action

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Social Determinants of Health

Individual Lifestyle Choices

Individual Health and Illness

Society’s assumptions about health and Illness
What are Social Determinants of Health? (SDOH)

✓ the **economic and social conditions** that influence the health of individuals, communities and nations

✓ they determine whether individuals stay healthy or become ill

✓ **they are about the equity** – i.e., the quality of resources (various kinds) that a society makes available to its members
One’s capacity to flourish, or to lead a life one has reason to value, is contingent on access to opportunity. **Opportunities, are resources and services** that contribute to stability and advancement.

Nobel Laureate Amartya Sen

Access to opportunity is not equally available to all.
Social Determinants of Health

- Early life/childhood
- Schools/Education
- Employment
- Income
- Housing
- Community Safety
- Transportation Options
- Food Security
- Sanitation
- Built Environment
- Recreation Spaces

Rafael (2004)
Public Policies are Social Determinants of Health

- **Early Life** - child support services, progressive family policy, family income support

- **Education** – spending on education, support for literacy

- **Employment & working conditions** – minimum wage, worker safety
Public Policies - continued

**Food Security** – food assurance policy, income policy

**Build Environment** – urban planning, community development

**Housing** – affordable housing, safety & maintenance

**Sanitation** – codes and enforcement
Policies Create Social Environments

Powerful Predictor of Health and Wellbeing

- An individual’s chances of getting sick are largely unrelated to the receipt of medical care.
- Where we live, learn, work and play determine our opportunities and chances for being healthy.
- Social Policies can make it easier or harder to make healthy choices.
Investment in Public Policy for the Public’s Good

Is reflected in how much a country spends on Public Social Expenditure
Public Social Expenditure as Percentage of GDP, 1980-2001

![Bar Chart showing public social expenditure as a percentage of GDP for different years and countries. The chart includes data for Canada, United States, United Kingdom, and Sweden.](http://www.oecd.org/els/social/expenditure)

Avoidable group health differences that result from unequal social status

Caused by:

Policy decisions and societal arrangements adopted and implemented by government

Source: Andres, 2009A
Health Inequities are:”… result of deliberate public policy choices and systems that, with intentional action, and alternative societal arrangements or policy decisions, might be avoided, diminished or ameliorated.”

Source: Andres, 2009A
An Example of Public Policy
Prison Policy in the US
The World's Leading Jailers

Prisoners of the World - 2008

Racial Demographic: America's Prison Population 2008

- Black: 38%
- White: 34%
- Hispanic: 20%
- Other: 8%

Source: U.S. Bureau of Justice Statistics
Bulletin NCJ 228417 - Prisoners in 2008
Poverty:
Socioeconomic Status (SES) (measured by income, education, or occupation) influences health in every society.

SES:
One of the most powerful predictors of health more than genetics, exposure to carcinogens, and smoking.
Income Inequality – Gini Coefficient
Canada, USA, UK, and Sweden, Mid 80’s, mid 90’s 2000

Percentage of Persons in Poverty by Race/Ethnicity in US

U.S. Census 2006
2010 Annual Unemployment Rate
for Workers with a Bachelor's or Higher Degree by Race
(25 years old and over, not seasonally adjusted)

- White: 4.3%
- Black: 7.9% (1.8 times the white rate)
- Hispanic: 6.0% (1.4 times the white rate)
- Asian: 5.5% (1.3 times the white rate)

The Burden of Race & Ethnicity Beyond SES

- Race-ethnicity still matters and predicts health outcomes:

  → Poor blacks are still doing worse than poor whites

  → Even high-income blacks and Latinos are doing worse than high-income whites
Poverty and Health

For example:

- The gap in all-causes of death between high and low SES persons is larger than the gap between smokers and non-smokers.
- Non-high school graduates have death rates two - three times higher than college graduates.
- Low SES adults have levels of illness in their 30s and 40s than the highest SES group does not have until after the ages of 65-75.
Why Does Race Matter?

Compared to whites, blacks:

- receive less income even with same levels of education
- have less wealth even when at equivalent income levels
- have less purchasing power
Example of Race and Socio-Economic Status

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.

Source: Devan Pager; NYT March 20, 2004
What Does Race Have to Do With Health?

- Health is affected not only by current SES but by exposure to social and economic adversity over the life course.
- Experiences of discrimination and institutional racism are added causes of disease that affect the health of minorities.
Race, Socio-Economic Status and Health

African American women of Highest SES group:

- Have equivalent or higher rates of infant mortality, low birth-weight
- Are hypertensive and overweight more than the lowest SES group of white women
Infant Death Rates by Mother’s Education, 1995

- Deaths per 1,000 population
- Education: <High School, High School, Some College, College grad. +
- B/W Ratio: White, Black, B/W Ratio

The graph shows the infant death rates by mother's education level, with a clear trend indicating higher death rates for lower education levels and a B/W ratio showing disparities between races.
Racism: How does it work?

- **Institutional discrimination**: restricts economic attainment = differences in SES and health.
- **Segregation**: creates disease promoting residential conditions.
- **Discrimination**: leads to reduced access to desirable goods and services.
Racism: How does it work?

- **Racism**: can lead to increased exposure to traditional stressors (e.g. unemployment).

- **Experiences of discrimination**: may be a neglected psychosocial stressor.

- **Internalized racism**: acceptance of society’s negative beliefs can adversely affect health.
RACISM:

“...personal experiences of discrimination and institutional racism are added pathogenic factors that affect health outside of SES.... Racism can lead to increased exposure to traditional stressors (e.g. unemployment).

David Williams, PhD
Harvard School of Public Health
Perceived Discrimination:

Experiences of discrimination may be a neglected psychosocial stressor
Every Day Discrimination

In your day-to-day life how often do the following things happen 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.
Everyday Discrimination and Subclinical Disease

In the study of Women’s Health Across the Nation (SWAN):

-- Everyday discrimination was positively related to subclinical carotid artery disease for black but not white women

-- chronic exposure to discrimination over 5 years was positively related to coronary artery calcification (CAC)

Troxel et al. 2003; Lewis et al. 2006
Arab American Discrimination and Stress: Birth Outcomes

- 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 birth weight 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
The U.S. is guilty of policies that allow “Arrested National Development”

• Fundamental restructuring of our spending portfolios is needed to redirect monies towards the social determinants of health

• We must create the political resonance that allows politicians to act on health and not just health care
Social Policy as a determinant of inequity in the US
Popular and scholarly definitions of racism refer to:

- Beliefs and belief systems (thoughts harbored)
- Feelings corresponding to race
- Behaviors responding to race (words and actions)

Refers first and foremost to individuals, i.e., racism is in the “hearts & minds of people.”
Institutional Racism

Institutional racism describes “the biased racial outcomes associated with public policies and institutional practices, some of which may be intentional but some of which may appear to be race neutral.”
Examples of institutional racism over the history of this country

- exclusions from unions, organizations, social clubs
- seniority systems (last hired, first fired)
- income differentials
- predatory lending practices
- inferior municipal services
- admissions based on test scores
- differential education based on preconceived potential or ability
- monocultural school curricula
“…the collective failure of an organization (institution) to provide an appropriate and professional service to people because of their colour, culture or ethnic origin”.

Stokely Carmichael
Black Panther Party
1964
Impact of Structural Racism

Social structures that maintain and reinforce the barriers to the attainment of maximal human potential and dignity
Structural racism is the silent opportunity killer ....

It is the blind interaction between institutions, policies and practices which inevitably perpetuates barriers to opportunities and racial disparities.

Center for Social Inclusion
Program of the Tides Center
A CONCISE HISTORY OF BLACK–WHITE RELATIONS IN THE U.S.A.
EXAMPLES OF STRUCTURAL RACISM
In 1935, the U.S. Congress passed the Social Security Act, guaranteeing an income for millions of workers after retirement.

However, the Act specifically excluded domestic and agricultural workers (many of whom were Mexican-American, African-American, and Asian-American)

These workers were therefore not guaranteed an income after retirement - and had less opportunity to save, accumulate, and pass wealth on to future generations.
GOAL: Enable Equal Access to Housing

- Structurally Racist Policies
  - Lending Policies – mortgages
  - Zoning Restrictions – multifamily dwellings
  - Transportation – limited infrastructure

- Outcome – residential segregation
  - NYC – 3rd highest segregation index
Structural Racism at the Community Level

Etiology of Social Determinants of Health

Neighborhoods:

- Poor educational systems – equality vs equity in funding
- Inadequate public services (e.g., sanitation)
- Poor or no public recreational spaces
- Food deserts
- No accountability of real estate owners resulting in unsafe/not maintained housing
“Could you please tell me where the nearest level playing field is?”

How does the playing field get leveled?
Effective Policies to reduce inequalities in health must address fundamental non-medical determinants.
Individual Health and Illness

Individual Lifestyle Choices

Social Determinants of Health

Addressing Social Determinants of Health Begins the Leveling Process
We hold these truths to be self-evident, that all men are created equal.